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

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

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

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

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

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

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

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

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

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

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

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

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

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

INSULIN PRESCRIPTION PRICING CAP INFORMATION FOR UTAH RESIDENTS ONLY

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

LONG-ACTING (BASAL) INSULIN PRODUCTS
There is at least one long-acting (basal) preferred insulin product listed on your formulary with a maximum out of pocket cost set at or below the Utah state cap of $30 for the current year, regardless of whether you have met your deductible.

PRESCRIPTION DRUG LIMITS & REQUIREMENTS

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

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

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

ADDITIONAL POLICIES AND PROCESSES

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

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

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

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

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

SPECIALTY PHARMACY
The Plan requires that all prescription drugs noted as Specialty must be filled through the Plan’s designated Specialty Pharmacies. These drugs are usually listed on Tier 4, but certain generics of brand name specialty products may be placed in a lower tier and still be considered specialty. In cases where prescription drugs are available only through a limited distribution source from the manufacturer, these prescription drugs will be directed by the Plan to another designated specialty pharmacy.
<table>
<thead>
<tr>
<th>TIER</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Preferred Generics</td>
</tr>
<tr>
<td>2</td>
<td>Preferred Brands/Non-Preferred Generics</td>
</tr>
<tr>
<td>3</td>
<td>Non-Preferred Brands</td>
</tr>
<tr>
<td>4</td>
<td>Specialty</td>
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<table>
<thead>
<tr>
<th>TYPE</th>
<th>DESCRIPTION</th>
</tr>
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<tbody>
<tr>
<td>QL</td>
<td>Quantity Limit: There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.</td>
</tr>
<tr>
<td>PA</td>
<td>Prior Authorization: You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.</td>
</tr>
<tr>
<td>ST</td>
<td>Step Therapy: In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.</td>
</tr>
<tr>
<td>GL</td>
<td>Gender Limit: This prescription drug may only be covered for a single gender.</td>
</tr>
<tr>
<td>AL1</td>
<td>Age Limit: This prescription drug may only be covered if you meet the minimum or maximum age limit.</td>
</tr>
<tr>
<td>MFL</td>
<td>Max Fill Limit: There is a limit on the number of times this drug can be refilled.</td>
</tr>
<tr>
<td>MDS1</td>
<td>Max Days Supply: There is a limit on the amount of this drug that is covered.</td>
</tr>
<tr>
<td>S</td>
<td>Specialty Drug: Specialty drugs are high-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.</td>
</tr>
<tr>
<td>PREV</td>
<td>Preventative: Certain medications are considered preventive under the Affordable Care Act (ACA). ACA preventive drugs are covered at 100 percent (no patient responsibility), although limits may apply. For more information about your preventive drug benefits, please contact Pharmacy Customer Service at the number listed on the back of your ID Card.</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
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<tr>
<td>---------------------</td>
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<tr>
<td>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</td>
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<td>AMPHETAMINES</td>
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<td>ADZENYS XR-ODT 12.5 MG TAB ER DISP</td>
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<td><strong>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</strong></td>
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<tr>
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<td>TIER</td>
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<td>metadate er 20 mg tab er</td>
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<tr>
<td>METHYLIN 10 MG/5ML SOLUTION</td>
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<tr>
<td>methylphenidate hcl 10 mg/5ml solution</td>
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<td><strong>ALTERNATIVE MEDICINE - CI'S</strong></td>
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<td>CITRUS BERGAMOT 250 MG/0.25GM POWDER</td>
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<td>RED YEAST RICE 500 MG/0.5GM POWDER</td>
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<td><em>red yeast rice extract</em></td>
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<td><em>tobramycin 300 mg/5ml nebu soln</em></td>
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<td>ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS</td>
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<td>OTREXUP 10 MG/0.4ML SOLN A-INJ</td>
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<td>OTREXUP 22.5 MG/0.4ML SOLN A-INJ</td>
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<td>RASUVO 10 MG/0.2ML SOLN A-INJ methotrexate (antirheumatic)</td>
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<td>RASUVO 7.5 MG/0.15ML SOLN A-INJ methotrexate (antirheumatic)</td>
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<td>REDITREX 10 MG/0.4ML SOLN PRSYR methotrexate (antirheumatic)</td>
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<td>REDITREX 25 MG/ML SOLN PRSYR methotrexate (antirheumatic)</td>
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<td>RIDAURA 3 MG CAP auranofin</td>
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<td>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</td>
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<td>KINERET 100 MG/0.67ML SOLN PRSYR anakinra</td>
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<td>ILARIS 150 MG/ML SOLUTION canakinumab</td>
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<td>INTERLEUKIN-6 RECEPTOR INHIBITORS</td>
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<td>ACTEMRA 162 MG/0.9ML SOLN PRSYR tocolizumab</td>
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<td>ACTEMRA ACTPEN 162 MG/0.9ML SOLN A-INJ tocolizumab</td>
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<td>NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS</td>
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<td>diclofenac-misoprostol 50-0.2 mg tab dr</td>
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<td>diclofenac-misoprostol 75-0.2 mg tab dr</td>
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<td>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</td>
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<td>fentanyl 25 mcg/hr patch 72hr</td>
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<td>fentanyl 37.5 mcg/hr patch 72hr</td>
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<td>fentanyl citrate 1600 mcg loz handle</td>
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<td>FENTANYL CITRATE 400 MCG TAB</td>
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<td>PRODUCT DESCRIPTION</td>
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| **FENTANYL CITRATE 600 MCG TAB** | 2 | fentanyl citrate  

- 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 |
| **FENTANYL CITRATE 800 MCG TAB** | 2 | fentanyl citrate  

- QL: 112 / 28 DAYS  
- PA:  
- MFL: 1 / 60 DAYS  
- MDS1: 7 / 1 DAY |
| **HYDROCODONE BITARTRATE ER 10 MG CAP ER 12H** | 2 | hydrocodone bitartrate  

- PA:  
- MFL: 1 / 60 DAYS  
- MDS1: 7 / 1 DAY |
| **hydrocodone bitartrate er 100 mg tb24 deter** | 2 | PA:  
- MFL: 1 / 60 DAYS  
- MDS1: 7 / 1 DAY |
| **hydrocodone bitartrate er 120 mg tb24 deter** | 2 | PA:  
- MFL: 1 / 60 DAYS  
- MDS1: 7 / 1 DAY |
| **hydrocodone bitartrate er 15 mg cap er 12h** | 2 | PA:  
- MFL: 1 / 60 DAYS  
- MDS1: 7 / 1 DAY |
| **HYDROCODONE BITARTRATE ER 15 MG CAP ER 12H** | 2 | hydrocodone bitartrate  

- PA:  
- MFL: 1 / 60 DAYS  
- MDS1: 7 / 1 DAY |
| **HYDROCODONE BITARTRATE ER 20 MG CAP ER 12H** | 2 | hydrocodone bitartrate  

- PA:  
- MFL: 1 / 60 DAYS  
- MDS1: 7 / 1 DAY |
| **hydrocodone bitartrate er 20 mg tb24 deter** | 2 | PA:  
- MFL: 1 / 60 DAYS  
- MDS1: 7 / 1 DAY |
| **hydrocodone bitartrate er 30 mg cap er 12h** | 2 | PA:  
- MFL: 1 / 60 DAYS  
- MDS1: 7 / 1 DAY |
| **HYDROCODONE BITARTRATE ER 30 MG CAP ER 12H** | 2 | hydrocodone bitartrate  

- PA:  
- MFL: 1 / 60 DAYS  
- MDS1: 7 / 1 DAY |
| **hydrocodone bitartrate er 30 mg tb24 deter** | 2 | PA:  
- MFL: 1 / 60 DAYS  
- MDS1: 7 / 1 DAY |
| **hydrocodone bitartrate er 40 mg cap er 12h** | 2 | PA:  
- MFL: 1 / 60 DAYS  
- MDS1: 7 / 1 DAY |
| **HYDROCODONE BITARTRATE ER 40 MG CAP ER 12H** | 2 | hydrocodone bitartrate  

- PA:  
- MFL: 1 / 60 DAYS  
- MDS1: 7 / 1 DAY |
| **hydrocodone bitartrate er 40 mg tb24 deter** | 2 | PA:  
- MFL: 1 / 60 DAYS  
- MDS1: 7 / 1 DAY |
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**OPIOID COMBINATIONS**

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**OPIOID PARTIAL AGONISTS**

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## PRODUCT DESCRIPTION

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<tr>
<td>TESTOSTERONE 50 MG/5GM (1%) GEL</td>
<td>1</td>
<td>PA</td>
</tr>
<tr>
<td>testosterone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>testosterone 50 mg/5gm (1%) gel</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>TESTOSTERONE CYPIONATE 100 MG/ML SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>testosterone cypionate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>testosterone cypionate 100 mg/ml solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION</td>
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<tr>
<td>testosterone cypionate</td>
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<tr>
<td>testosterone cypionate 200 mg/ml solution</td>
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<tr>
<td>TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>testosterone enanthate</td>
<td></td>
<td></td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------</td>
<td>------</td>
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</tr>
<tr>
<td>testosterone enanthate 200 mg/ml solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ANORECTAL AND RELATED PRODUCTS</td>
<td></td>
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<tr>
<td>INTRARECTAL STEROIDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>colocort 100 mg/60ml enema</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CORTIFOAM 10 % FOAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone acetate (intrarectal)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hydrocortisone 100 mg/60ml enema</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>UCERIS 2 MG/ACT FOAM</td>
<td>3</td>
<td>QL 133.6 / 30 day(s)</td>
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<tr>
<td>budesonide (intrarectal)</td>
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<tr>
<td>RECTAL ANESTHETIC/STEROIDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANALPRAM-HC 2.5-1 % LOTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone acetate w/ pramoxine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hydrocort-pramoxine (perianal) 2.5-1 % cream</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone ace-pramoxine 1-1 % cream</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>lidocaine-hydrocort (perianal) 3-0.5 % cream</td>
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<td></td>
</tr>
<tr>
<td>lidocort 3-0.5 % cream</td>
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</tr>
<tr>
<td>PROCTOFOAM HC 1-1 % FOAM</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone acetate w/ pramoxine</td>
<td></td>
<td></td>
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<tr>
<td>RECTAL STEROIDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>anucort-hc 25 mg suppos</td>
<td>2</td>
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</tr>
<tr>
<td>ANUSOL-HC 2.5 % CREAM</td>
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<td></td>
</tr>
<tr>
<td>hydrocortisone (rectal)</td>
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<td></td>
</tr>
<tr>
<td>anusol-hc 25 mg suppos</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>hemmorex-hc 25 mg suppos</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>hemmorex-hc 30 mg suppos</td>
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<td></td>
</tr>
<tr>
<td>hydrocortisone (perianal) 1 % cream</td>
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<td></td>
</tr>
<tr>
<td>hydrocortisone (perianal) 2.5 % cream</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone acetate 25 mg suppos</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone acetate 30 mg suppos</td>
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<td></td>
</tr>
<tr>
<td>procto-med hc 2.5 % cream</td>
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<td></td>
</tr>
<tr>
<td>procto-pak 1 % cream</td>
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<td></td>
</tr>
<tr>
<td>proctosol hc 2.5 % cream</td>
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<td></td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
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<td>---------------------</td>
<td>------</td>
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<tr>
<td>proctozone-hc 2.5 % cream</td>
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**ANTHELMINTICS**

<table>
<thead>
<tr>
<th>PRODUC T DESCRIPTION</th>
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<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>albendazole 200 mg tab</td>
<td>2</td>
<td>QL 120 / 30 DAYS PA MFL 1 / 365 DAYS</td>
</tr>
<tr>
<td>EMVERM 100 MG CHEW TAB</td>
<td>3</td>
<td>QL 6 / 3 DAYS</td>
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<tr>
<td>mebendazole</td>
<td></td>
<td></td>
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<tr>
<td>ivermectin 3 mg tab</td>
<td>1</td>
<td>QL 6 / 1 day(s) MFL 1 / 365 DAYS MDS1 2 / 1 day(s)</td>
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<tr>
<td>praziquantel 600 mg tab</td>
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**ANTI-INFECTIVE AGENTS - MISC.**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>IMPAVIDO 50 MG CAP</td>
<td>3</td>
<td>QL 84 / 28 DAYS PA</td>
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<tr>
<td>miltefosine</td>
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<tr>
<td>metronidazole 250 mg tab</td>
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<tr>
<td>metronidazole 375 mg cap</td>
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<tr>
<td>metronidazole 500 mg tab</td>
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<tr>
<td>pentamidine isethionate 300 mg recon soln</td>
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</tr>
<tr>
<td>tinidazole 250 mg tab</td>
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<td></td>
</tr>
<tr>
<td>tinidazole 500 mg tab</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>TRIMETHOPRIM 100 MG TAB</td>
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<td></td>
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<tr>
<td>trimethoprim</td>
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</tr>
<tr>
<td>trimethoprim 100 mg tab</td>
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<td></td>
</tr>
<tr>
<td>XIFAXAN 200 MG TAB</td>
<td>3</td>
<td>QL 9 / 30 DAYS PA</td>
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<tr>
<td>rifaximin</td>
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<tr>
<td>XIFAXAN 550 MG TAB</td>
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<td>QL 90 / 30 DAYS PA</td>
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**ANTI-INFECTIVE MISC. - COMBINATIONS**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
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<th>LIMITS &amp; RESTRICTIONS</th>
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</thead>
<tbody>
<tr>
<td>sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension</td>
<td>1</td>
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<tr>
<td>sulfamethoxazole-trimethoprim 400-80 mg tab</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td>------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>sulfamethoxazole-trimethoprim 400-80 mg/5ml solution</td>
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<tr>
<td>sulfamethoxazole-trimethoprim 800-160 mg tab</td>
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</tr>
<tr>
<td>sulfatrim pediatric 200-40 mg/5ml suspension</td>
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<tr>
<td><strong>ANTIPROTOZOAL AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALINIA 100 MG/5ML RECON SUSP</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>nitazoxanide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>atovaquone 750 mg/5ml suspension</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>LAMPIT 120 MG TAB</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>nifurtimox</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAMPIT 30 MG TAB</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>nifurtimox</td>
<td></td>
<td></td>
</tr>
<tr>
<td>nitazoxanide 500 mg tab</td>
<td>2</td>
<td>QL 20 / 10 day(s)</td>
</tr>
<tr>
<td><strong>GLYCOPEPTIDES</strong></td>
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<tr>
<td>vancomycin hcl 125 mg cap</td>
<td>2</td>
<td>QL 56 / 14 DAYS</td>
</tr>
<tr>
<td>vancomycin hcl 250 mg cap</td>
<td>2</td>
<td>QL 56 / 14 DAYS</td>
</tr>
<tr>
<td><strong>LEPROSTATICS</strong></td>
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<tr>
<td>dapsone 100 mg tab</td>
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<td></td>
</tr>
<tr>
<td>dapsone 25 mg tab</td>
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<tr>
<td><strong>LINCOSAMIDES</strong></td>
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<tr>
<td>clindamycin hcl 150 mg cap</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clindamycin hcl 300 mg cap</td>
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<td></td>
</tr>
<tr>
<td>clindamycin hcl 75 mg cap</td>
<td>1</td>
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<tr>
<td>clindamycin palmitate hcl 75 mg/5ml recon soln</td>
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<tr>
<td><strong>MONOBACTAMS</strong></td>
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<tr>
<td>CAYSTON 75 MG RECON SOLN</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>aztreonam lysine</td>
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<td>Specialty Drug</td>
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<tr>
<td><strong>OXAZOLIDINONES</strong></td>
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<td></td>
</tr>
<tr>
<td>linezolid 100 mg/5ml recon susp</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>linezolid 600 mg tab</td>
<td>1</td>
<td>QL 56 / 28 DAYS</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------</td>
<td>------</td>
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</tr>
<tr>
<td>linezolid 600 mg/300ml solution</td>
<td>4</td>
<td>PA, S Specialty Drug</td>
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**URINARY ANTI-INFECTIVES**

<table>
<thead>
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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>fosfomycin tromethamine 3 gm packet</td>
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<td></td>
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<tr>
<td>methenamine hippurate 1 gm tab</td>
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</tr>
<tr>
<td>nitrofurantoin 25 mg/5ml suspension</td>
<td>1</td>
<td>AL1 Up to 8 yrs old</td>
</tr>
<tr>
<td>nitrofurantoin macrocrystal 100 mg cap</td>
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<td></td>
</tr>
<tr>
<td>nitrofurantoin macrocrystal 25 mg cap</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>nitrofurantoin macrocrystal 50 mg cap</td>
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<td></td>
</tr>
<tr>
<td>nitrofurantoin monohyd macro 100 mg cap</td>
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**URINARY ANTISEPTIC-ANTISPASMODIC &/OR ANALGESICS**

<table>
<thead>
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<tbody>
<tr>
<td>uramit mb 118 mg cap</td>
<td>2</td>
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<tr>
<td>uribel 118 mg cap</td>
<td>2</td>
</tr>
<tr>
<td>uro-mp 118 mg cap</td>
<td>2</td>
</tr>
<tr>
<td>vilamit mb 118 mg cap</td>
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**ANTIANGINAL AGENTS**

**ANTIANGINALS-OTHER**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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</thead>
<tbody>
<tr>
<td>ranolazine er 1000 mg tab er 12h</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>ranolazine er 500 mg tab er 12h</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
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**NITRATES**

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<thead>
<tr>
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<tbody>
<tr>
<td>isosorbide dinitrate 10 mg tab</td>
<td>1</td>
</tr>
<tr>
<td>isosorbide dinitrate 20 mg tab</td>
<td>1</td>
</tr>
<tr>
<td>isosorbide dinitrate 30 mg tab</td>
<td>1</td>
</tr>
<tr>
<td>isosorbide dinitrate 5 mg tab</td>
<td>1</td>
</tr>
<tr>
<td>ISOSORBIDE DINITRATE ER 40 MG TAB ER</td>
<td>1</td>
</tr>
<tr>
<td>isosorbide dinitrate</td>
<td>1</td>
</tr>
<tr>
<td>isosorbide mononitrate 10 mg tab</td>
<td>1</td>
</tr>
<tr>
<td>isosorbide mononitrate 20 mg tab</td>
<td>1</td>
</tr>
<tr>
<td>isosorbide mononitrate er 120 mg tab er 24h</td>
<td>1</td>
</tr>
<tr>
<td>isosorbide mononitrate er 30 mg tab er 24h</td>
<td>1</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>isosorbide mononitrate er 60 mg tab er 24h</td>
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<tr>
<td>minitran 0.1 mg/hr patch 24hr</td>
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<td>minitran 0.2 mg/hr patch 24hr</td>
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</tr>
<tr>
<td>minitran 0.4 mg/hr patch 24hr</td>
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</tr>
<tr>
<td>minitran 0.6 mg/hr patch 24hr</td>
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</tr>
<tr>
<td>NITRO-BID 2 % OINTMENT nitroglycerin</td>
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<tr>
<td>NITRO-DUR 0.3 MG/HR PATCH 24HR nitroglycerin</td>
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<tr>
<td>NITRO-DUR 0.8 MG/HR PATCH 24HR nitroglycerin</td>
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<tr>
<td>NITRO-TIME 2.5 MG CAP ER nitroglycerin</td>
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<tr>
<td>NITRO-TIME 6.5 MG CAP ER nitroglycerin</td>
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</tr>
<tr>
<td>NITRO-TIME 9 MG CAP ER nitroglycerin</td>
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</tr>
<tr>
<td>nitroglycerin 0.1 mg/hr patch 24hr</td>
<td>1</td>
</tr>
<tr>
<td>nitroglycerin 0.2 mg/hr patch 24hr</td>
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<tr>
<td>nitroglycerin 0.3 mg sl tab</td>
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<tr>
<td>nitroglycerin 0.4 mg sl tab</td>
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<tr>
<td>nitroglycerin 0.4 mg/hr patch 24hr</td>
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<td>nitroglycerin 0.4 mg/spray solution</td>
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<tr>
<td>nitroglycerin 0.6 mg sl tab</td>
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<td>nitroglycerin 0.6 mg/hr patch 24hr</td>
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<tr>
<td>NITROGLYCERIN 400 MCG/SPRAY AERO SOLN nitroglycerin</td>
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<tr>
<td>nitroglycerin er 2.5 mg cap er</td>
<td>1</td>
</tr>
<tr>
<td>nitroglycerin er 6.5 mg cap er</td>
<td>1</td>
</tr>
<tr>
<td>nitroglycerin er 9 mg cap er</td>
<td>1</td>
</tr>
<tr>
<td>NITROMIST 400 MCG/SPRAY AERO SOLN nitroglycerin</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
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<tr>
<td>---------------------------------------------</td>
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<tr>
<td>ANTIANXIETY AGENTS</td>
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<td>ANTIANXIETY AGENTS - MISC.</td>
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<td>buspirone hcl 10 mg tab</td>
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<td>buspirone hcl 15 mg tab</td>
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<td>buspirone hcl 30 mg tab</td>
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<tr>
<td>buspirone hcl 5 mg tab</td>
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</tr>
<tr>
<td>buspirone hcl 7.5 mg tab</td>
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</tr>
<tr>
<td>hydroxyzine hcl 10 mg tab</td>
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</tr>
<tr>
<td>hydroxyzine hcl 10 mg/5ml syrup</td>
<td>1</td>
</tr>
<tr>
<td>hydroxyzine hcl 25 mg tab</td>
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</tr>
<tr>
<td>hydroxyzine hcl 50 mg tab</td>
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<tr>
<td>HYDROXYZINE PAMOATE 100 MG CAP</td>
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<td>hydroxyzine pamoate</td>
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</tr>
<tr>
<td>hydroxyzine pamoate 25 mg cap</td>
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</tr>
<tr>
<td>hydroxyzine pamoate 50 mg cap</td>
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<tr>
<td>meprobamate 200 mg tab</td>
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<td>meprobamate 400 mg tab</td>
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<tr>
<td>BENZODIAZEPINES</td>
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<td>alprazolam 0.25 mg tab</td>
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<tr>
<td>alprazolam 0.5 mg tab</td>
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<tr>
<td>alprazolam 0.5 mg tab disp</td>
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<td>alprazolam 1 mg tab</td>
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<td>alprazolam 1 mg tab disp</td>
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</tr>
<tr>
<td>alprazolam 2 mg tab</td>
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</tr>
<tr>
<td>alprazolam 2 mg tab disp</td>
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</tr>
<tr>
<td>alprazolam er 0.5 mg tab er 24h</td>
<td>1</td>
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## PRODUCT DESCRIPTION

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### LEUKOTRIENE RECEPTOR ANTAGONISTS

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### SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

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<td>DALIRESP 250 MCG TAB&lt;br&gt;roflumilast</td>
<td><strong>3</strong></td>
<td>QL 30 / 30 day(s)</td>
</tr>
<tr>
<td>DALIRESP 500 MCG TAB&lt;br&gt;roflumilast</td>
<td><strong>3</strong></td>
<td>QL 30 / 30 DAYS</td>
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</tbody>
</table>

### STEROID INHALANTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Tier</th>
<th>Limit &amp; Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARNUITY ELLIPTA 100 MCG/ACT AER POW BA&lt;br&gt;fluticasone furoate (inhalation)</td>
<td><strong>2</strong></td>
<td>QL 1 / 1 day(s)</td>
</tr>
<tr>
<td>ARNUITY ELLIPTA 200 MCG/ACT AER POW BA&lt;br&gt;fluticasone furoate (inhalation)</td>
<td><strong>2</strong></td>
<td>QL 1 / 1 day(s)</td>
</tr>
<tr>
<td>ARNUITY ELLIPTA 50 MCG/ACT AER POW BA&lt;br&gt;fluticasone furoate (inhalation)</td>
<td><strong>2</strong></td>
<td>QL 1 / 1 day(s)</td>
</tr>
<tr>
<td>ASMANEX (120 METERED DOSES) 220 MCG/INH AER POW BA&lt;br&gt;mometasone furoate (inhalation)</td>
<td><strong>3</strong></td>
<td>QL 1 / 30 day(s)</td>
</tr>
<tr>
<td>ASMANEX (14 METERED DOSES) 220 MCG/INH AER POW BA&lt;br&gt;mometasone furoate (inhalation)</td>
<td><strong>3</strong></td>
<td>QL 1 / 30 day(s)</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>ASMANEX (30 METERED DOSES) 110 MCG/INH AER POW BA</td>
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<td>QL 1 / 30 day(s)</td>
</tr>
<tr>
<td>mometasone furoate (inhalation)</td>
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</tr>
<tr>
<td>ASMANEX (30 METERED DOSES) 220 MCG/INH AER POW BA</td>
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<td>QL 1 / 30 day(s)</td>
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<tr>
<td>ASMANEX (60 METERED DOSES) 220 MCG/INH AER POW BA</td>
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<td>mometasone furoate (inhalation)</td>
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<td>ASMANEX (7 METERED DOSES) 110 MCG/INH AER POW BA</td>
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<td>mometasone furoate (inhalation)</td>
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</tr>
<tr>
<td>ASMANEX HFA 100 MCG/ACT AEROSOL</td>
<td>3</td>
<td>QL 13 / 30 day(s)</td>
</tr>
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<td>mometasone furoate (inhalation)</td>
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<tr>
<td>ASMANEX HFA 200 MCG/ACT AEROSOL</td>
<td>3</td>
<td>QL 13 / 30 day(s)</td>
</tr>
<tr>
<td>mometasone furoate (inhalation)</td>
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<td>ASMANEX HFA 50 MCG/ACT AEROSOL</td>
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<td>QL 13 / 30 day(s)</td>
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<td>mometasone furoate (inhalation)</td>
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<tr>
<td>budesonide 0.25 mg/2ml suspension</td>
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<td>QL 120 / 30 DAYS</td>
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<tr>
<td>budesonide 0.5 mg/2ml suspension</td>
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<td>QL 120 / 30 DAYS</td>
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<tr>
<td>budesonide 1 mg/2ml suspension</td>
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<tr>
<td>FLOVENT DISKUS 100 MCG/BLIST AER POW BA</td>
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<td>QL 28 / 14 DAYS</td>
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<td>fluticasone propionate (inhalation)</td>
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<tr>
<td>FLOVENT DISKUS 250 MCG/BLIST AER POW BA</td>
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<tr>
<td>FLOVENT DISKUS 50 MCG/BLIST AER POW BA</td>
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<td>QL 60 / 30 DAYS</td>
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<td>fluticasone propionate (inhalation)</td>
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<tr>
<td>FLOVENT HFA 110 MCG/ACT AEROSOL</td>
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<td>QL 12 / 30 DAYS</td>
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<tr>
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<tr>
<td>FLOVENT HFA 220 MCG/ACT AEROSOL</td>
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<td>QL 12 / 30 DAYS</td>
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<tr>
<td>fluticasone propionate hfa</td>
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<tr>
<td>FLOVENT HFA 44 MCG/ACT AEROSOL</td>
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<tr>
<td>PULMICORT FLEXHALER 180 MCG/ACT AER POW BA</td>
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<td>budesonide (inhalation)</td>
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<tr>
<td>PULMICORT FLEXHALER 90 MCG/ACT AER POW BA</td>
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<td><strong>PRODUCT DESCRIPTION</strong></td>
<td><strong>TIER</strong></td>
<td><strong>LIMITS &amp; RESTRICTIONS</strong></td>
</tr>
<tr>
<td>------------------------</td>
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</table>
| QVAR 40 MCG/ACT AERO SOLN  
beclomethasone dipropionate | 2 | QL 34.8 / 30 DAYS |
| QVAR 80 MCG/ACT AERO SOLN  
beclomethasone dipropionate | 2 | QL 18 / 30 DAYS |
| QVAR REDIHALER 40 MCG/ACT AERO BA  
beclomethasone dipropionate hfa | 2 | QL 10.6 / 30 DAYS |
| QVAR REDIHALER 80 MCG/ACT AERO BA  
beclomethasone dipropionate hfa | 2 | QL 10.6 / 30 DAYS |
| **XANTHINES** | | |
| ELIXOPYLLIN 80 MG/15ML ELIXIR  
theophylline | 1 | AL1 Up to 8 yrs old |
| THEO-24 100 MG CAP ER 24H  
theophylline | 2 | |
| THEO-24 200 MG CAP ER 24H  
theophylline | 2 | |
| THEO-24 300 MG CAP ER 24H  
theophylline | 2 | |
| THEO-24 400 MG CAP ER 24H  
theophylline | 2 | |
| theochron 300 mg tab er 12h | 1 | |
| theophylline 80 mg/15ml solution | 1 | AL1 Up to 8 yrs old |
| theophylline er 100 mg tab er 12h | 1 | |
| theophylline er 200 mg tab er 12h | 1 | |
| theophylline er 300 mg tab er 12h | 1 | |
| THEOPHYLLINE ER 300 MG TAB ER 12H  
theophylline | 1 | |
| theophylline er 400 mg tab er 24h | 1 | |
| theophylline er 450 mg tab er 12h | 1 | |
| THEOPHYLLINE ER 450 MG TAB ER 12H  
theophylline | 1 | |
<p>| theophylline er 600 mg tab er 24h | 1 | |
| <strong>ANTICOAGULANTS</strong> | | |
| <strong>COUMARIN ANTICOAGULANTS</strong> | | |
| jantoven 1 mg tab | 1 | |</p>
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>jantoven 10 mg tab</td>
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<td>jantoven 2 mg tab</td>
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<tr>
<td>jantoven 2.5 mg tab</td>
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<td>jantoven 3 mg tab</td>
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<td></td>
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<tr>
<td>jantoven 4 mg tab</td>
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<tr>
<td>jantoven 5 mg tab</td>
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<tr>
<td>jantoven 6 mg tab</td>
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<tr>
<td>jantoven 7.5 mg tab</td>
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<tr>
<td>warfarin sodium 1 mg tab</td>
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<tr>
<td>warfarin sodium 10 mg tab</td>
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<tr>
<td>warfarin sodium 2 mg tab</td>
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<td></td>
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<tr>
<td>warfarin sodium 2.5 mg tab</td>
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<td>warfarin sodium 3 mg tab</td>
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<td>warfarin sodium 4 mg tab</td>
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<tr>
<td>warfarin sodium 5 mg tab</td>
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<td>warfarin sodium 6 mg tab</td>
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<tr>
<td>warfarin sodium 7.5 mg tab</td>
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**DIRECT FACTOR XA INHIBITORS**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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</thead>
<tbody>
<tr>
<td>ELIQUIS 2.5 MG TAB</td>
<td>2</td>
<td>QL 2 / 1 day(s)</td>
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<tr>
<td>apixaban</td>
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<tr>
<td>ELIQUIS 5 MG TAB</td>
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<td>QL 2.5 / 1 day(s)</td>
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<tr>
<td>apixaban</td>
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<tr>
<td>ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK</td>
<td>2</td>
<td>QL 2.5 / 1 day(s)</td>
</tr>
<tr>
<td>apixaban</td>
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<tr>
<td>SAVAYSA 15 MG TAB</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>edoxaban tosylate</td>
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<tr>
<td>SAVAYSA 30 MG TAB</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>edoxaban tosylate</td>
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<tr>
<td>SAVAYSA 60 MG TAB</td>
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<tr>
<td>XARELTO 10 MG TAB</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
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<tr>
<td>rivaroxaban</td>
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</table>
### PRODUCT DESCRIPTION

<table>
<thead>
<tr>
<th>TIER LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td><strong>XARELTO 15 MG TAB</strong></td>
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<tr>
<td><strong>XARELTO 2.5 MG TAB</strong></td>
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<td>rivaroxaban</td>
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<tr>
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</tr>
<tr>
<td><strong>XARELTO 20 MG TAB</strong></td>
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<tr>
<td><strong>XARELTO STARTER PACK 15 &amp; 20 MG TAB THPK</strong></td>
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<td>rivaroxaban</td>
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### HEPARINS AND HEPARINOID-LIKE AGENTS

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
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</thead>
<tbody>
<tr>
<td>HEPARIN (PORCINE) IN NAACL 1000-0.9 UNIT/L-% SOLUTION</td>
<td></td>
</tr>
<tr>
<td>heparin (porcine) in sodium chloride</td>
<td></td>
</tr>
<tr>
<td>1</td>
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<tr>
<td>HEPARIN (PORCINE) IN NAACL 12500-0.45 UT/250ML-% SOLUTION</td>
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<tr>
<td>heparin (porcine) in sodium chloride</td>
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<tr>
<td>HEPARIN (PORCINE) IN NAACL 2000-0.9 UT/500ML-% SOLUTION</td>
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<tr>
<td>heparin (porcine) in sodium chloride</td>
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<tr>
<td>HEPARIN (PORCINE) IN NAACL 25000-0.45 UT/250ML-% SOLUTION</td>
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<tr>
<td>heparin (porcine) in sodium chloride</td>
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<tr>
<td>HEPARIN (PORCINE) IN NAACL 25000-5 UT/500ML-% SOLUTION</td>
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<td>HEPARIN (PORCINE) IN NAACL 4000-0.9 UNIT/L-% SOLUTION</td>
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<tr>
<td>HEPARIN (PORCINE) IN NAACL 6000-0.9 UNIT/L-% SOLUTION</td>
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<tr>
<td>HEPARIN LOCK FLUSH 1 UNIT/ml SOLUTION</td>
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<td>heparin sodium (porcine) lock flush</td>
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<tr>
<td>HEPARIN LOCK FLUSH 10 UNIT/ml SOLUTION</td>
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<td>heparin lock flush 10 unit/ml solution</td>
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<td>HEPARIN SOD (PORCINE) IN D5W 100 UNIT/ML SOLUTION</td>
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<td>HEPARIN SOD (PORCINE) IN D5W 25000-5 UT/500ML-% SOLUTION</td>
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<tr>
<td>heparin sod (porcine) in d5w</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>heparin sodium (porcine) pf 5000 unit/0.5ml solution</td>
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<td>heparin sodium lock flush 100 unit/ml solution</td>
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<td>sash kit 100-0.9 unit/ml-% kit</td>
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<td>LOW MOLECULAR WEIGHT HEPARINS</td>
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<td>enoxaparin sodium 100 mg/ml solution</td>
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<td>enoxaparin sodium 150 mg/ml solution</td>
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<td>enoxaparin sodium 60 mg/0.6ml solution</td>
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<td>enoxaparin sodium 80 mg/0.8ml solution</td>
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<tr>
<td>FRAGMIN 10000 UNIT/ML SOLUTION</td>
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<td>FRAGMIN 12500 UNIT/0.5ML SOLUTION</td>
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<td>FRAGMIN 15000 UNIT/0.6ML SOLUTION</td>
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<td>FRAGMIN 18000 UNT/0.72ML SOLUTION</td>
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<td>FRAGMIN 2500 UNIT/0.2ML SOLUTION</td>
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<td>FRAGMIN 5000 UNIT/0.2ML SOLUTION</td>
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<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
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<td>FRAGMIN 95000 UNIT/3.8ML SOLUTION dalteparin sodium</td>
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<tr>
<td>fondaparinux sodium 2.5 mg/0.5ml solution</td>
<td>2</td>
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<tr>
<td>fondaparinux sodium 5 mg/0.4ml solution</td>
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<tr>
<td>fondaparinux sodium 7.5 mg/0.6ml solution</td>
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<td><strong>THROMBIN INHIBITORS - SELECTIVE DIRECT &amp; REVERSIBLE</strong></td>
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<tr>
<td>PRADAXA 110 MG CAP dabigatran etexilate mesylate</td>
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<td>PRADAXA 150 MG CAP dabigatran etexilate mesylate</td>
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<td>PRADAXA 75 MG CAP dabigatran etexilate mesylate</td>
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<tr>
<td><strong>ANTICONVULSANTS</strong></td>
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<tr>
<td><strong>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</strong></td>
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<tr>
<td>FYCOMPA 0.5 MG/ML SUSPENSION perampanel</td>
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<td>FYCOMPA 10 MG TAB perampanel</td>
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<td>FYCOMPA 12 MG TAB perampanel</td>
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<tr>
<td>FYCOMPA 2 MG TAB perampanel</td>
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<tr>
<td>FYCOMPA 4 MG TAB perampanel</td>
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**SEROTONIN MODULATORS**

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

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<td>PRODUCT DESCRIPTION</td>
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<td>GVOKE PFS 1 MG/0.2ML SOLN PRSYR</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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| JANUMET XR 100-1000 MG TAB ER 24H  
sitagliptin-metformin hcl | 2 | QL 1 / 1 day(s) |
| JANUMET XR 50-1000 MG TAB ER 24H  
sitagliptin-metformin hcl | 2 | QL 2 / 1 day(s) |
| JANUMET XR 50-500 MG TAB ER 24H  
sitagliptin-metformin hcl | 2 | QL 30 / 30 DAYS |
| JENTADUETO 2.5-1000 MG TAB  
linagliptin-metformin hcl | 2 | QL 2 / 1 day(s) |
| JENTADUETO 2.5-500 MG TAB  
linagliptin-metformin hcl | 2 | QL 2 / 1 day(s) |
| JENTADUETO 2.5-850 MG TAB  
linagliptin-metformin hcl | 2 | QL 2 / 1 day(s) |
| JENTADUETO XR 2.5-1000 MG TAB ER 24H  
linagliptin-metformin hcl | 2 | QL 2 / 1 day(s) |
| JENTADUETO XR 5-1000 MG TAB ER 24H  
linagliptin-metformin hcl | 2 | QL 1 / 1 day(s) |
| KOMBIGLYZE XR 2.5-1000 MG TAB ER 24H  
saxagliptin-metformin hcl | 3 | QL 2 / 1 day(s) |
| KOMBIGLYZE XR 5-1000 MG TAB ER 24H  
saxagliptin-metformin hcl | 3 | QL 1 / 1 day(s) |
| KOMBIGLYZE XR 5-500 MG TAB ER 24H  
saxagliptin-metformin hcl | 3 | QL 1 / 1 day(s) |
| DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES |
| CYCLOSET 0.8 MG TAB  
bromocriptine mesylate (diabetes) | 3 | PA |
| HUMAN INSULIN |
| BASAGLAR KWIKPEN 100 UNIT/ML SOLN PEN  
insulin glargine | 2 | QL 2 / 1 day(s) |
| HUMALOG 100 UNIT/ML SOLN CART  
insulin lispro | 1 | QL 2 / 1 day(s) |
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<tr>
<td>TOLBUTAMIDE 500 MG TAB</td>
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<tr>
<td>tolbutamide</td>
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<tr>
<td>THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS</td>
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<tr>
<td>pioglitazone hcl-metformin hcl 15-500 mg tab</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
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<tr>
<td>pioglitazone hcl-metformin hcl 15-850 mg tab</td>
<td>1</td>
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<td>THIAZOLIDINEDIONES</td>
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<tr>
<td>pioglitazone hcl 15 mg tab</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>pioglitazone hcl 30 mg tab</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
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<td>------</td>
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<tr>
<td>pioglitazone hcl 45 mg tab</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
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</table>

### ANTIDIARRHEAL/PROBIOTIC AGENTS

- **ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS**
  - MYTESI 125 MG TAB DR
    - crofelemer
      - TIER: 3
      - LIMITS: PA

### ANTIPERISTALTIC AGENTS

- diphenoxylate-atropine 2.5-0.025 mg tab
  - TIER: 1
  - LIMITS: QL 80 / 10 DAYS

- DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID
  - TIER: 1
  - LIMITS: QL 80 / 10 DAYS

- diphenoxylate w/ atropine
- loperamide hcl 2 mg cap
- MOTOFEN 1-0.025 MG TAB
  - TIER: 3
  - LIMITS: QL 16 / 30 day(s)

- opium 10 mg/ml (1%) tincture
  - TIER: 1
  - LIMITS: MDS1 7 / 1 day(s)

- PAREGORIC 2 MG/5ML TINCTURE
  - paregoric
  - TIER: 1
  - LIMITS: AL1 Up to 8 yrs old

### ANTIDOTES AND SPECIFIC ANTAGONISTS

- **ANTIDOTES - CHELATING AGENTS**
  - CHEMET 100 MG CAP
    - succimer
      - TIER: 3
      - LIMITS: PA

- deferasirox 125 mg tab sol
  - TIER: 4
  - LIMITS: PA Specialty Drug

- deferasirox 180 mg packet
  - TIER: 4
  - LIMITS: PA Specialty Drug

- deferasirox 180 mg tab
  - TIER: 4
  - LIMITS: PA Specialty Drug

- deferasirox 250 mg tab sol
  - TIER: 4
  - LIMITS: PA Specialty Drug

- deferasirox 360 mg packet
  - TIER: 4
  - LIMITS: PA Specialty Drug

- deferasirox 360 mg tab
  - TIER: 4
  - LIMITS: PA Specialty Drug
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>deferasirox 500 mg tab sol</td>
<td>4</td>
<td>PA S Specialty Drug</td>
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<tr>
<td>deferasirox 90 mg packet</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>deferasirox 90 mg tab</td>
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<td>deferasirox granules 180 mg packet</td>
<td>4</td>
<td>PA S Specialty Drug</td>
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<tr>
<td>deferasirox granules 360 mg packet</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>deferasirox granules 90 mg packet</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>deferiprone 500 mg tab</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>FERRIPROX 100 MG/ML SOLUTION deferiprone</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>FERRIPROX 1000 MG TAB deferiprone</td>
<td>4</td>
<td>PA S Specialty Drug</td>
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<tr>
<td>FERRIPROX TWICE-A-DAY 1000 MG TAB deferiprone</td>
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<td>PA S Specialty Drug</td>
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<tr>
<td>CETYLEV 2.5 GM EFER TAB acetylcysteine (antidote)</td>
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<tr>
<td>CETYLEV 500 MG EFER TAB acetylcysteine (antidote)</td>
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<tr>
<td>RADIOGARDASE 0.5 GM CAP prussian blue insoluble (ferric hexacyanoferrate ii)</td>
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<td><strong>OPIOID ANTAGONISTS</strong></td>
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<tr>
<td>KLOXXADO 8 MG/0.1ML LIQUID naloxone hcl</td>
<td>1</td>
<td>QL 2 / 30 day(s)</td>
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<tr>
<td>NALOXONE HCL 0.4 MG/ML SOLN CART naloxone hcl</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>-------------------------------------</td>
<td>------</td>
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<tr>
<td>naloxone hcl 0.4 mg/ml solution</td>
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<tr>
<td>naloxone hcl 2 mg/2ml soln prsyr</td>
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<tr>
<td>naloxone hcl 4 mg/10ml solution</td>
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<tr>
<td>naltrexone hcl 50 mg tab</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>NARCAN 4 MG/0.1ML LIQUID</td>
<td>1</td>
<td>QL 2 / 30 DAYS</td>
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<tr>
<td>VIVITROL 380 MG RECON SUSP</td>
<td>4</td>
<td>MFL 1 / 28 DAYS, S Specialty Drug</td>
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<td>naltrexone</td>
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### ANTIEMETICS

#### 5-HT3 RECEPTOR ANTAGONISTS

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<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>granisetron hcl 1 mg tab</td>
<td>2</td>
<td>QL 14 / 30 DAYS</td>
</tr>
<tr>
<td>ondansetron 4 mg tab disp</td>
<td>1</td>
<td>QL 180 / 30 DAYS</td>
</tr>
<tr>
<td>ondansetron 8 mg tab disp</td>
<td>1</td>
<td>QL 180 / 30 DAYS</td>
</tr>
<tr>
<td>ondansetron hcl 4 mg tab</td>
<td>1</td>
<td>QL 180 / 30 DAYS</td>
</tr>
<tr>
<td>ondansetron hcl 4 mg/5ml solution</td>
<td>1</td>
<td>QL 100 / 30 DAYS</td>
</tr>
<tr>
<td>ondansetron hcl 8 mg tab</td>
<td>1</td>
<td>QL 180 / 30 DAYS</td>
</tr>
<tr>
<td>SANCUSO 3.1 MG/24HR PATCH</td>
<td>3</td>
<td>QL 1 / 7 DAYS</td>
</tr>
<tr>
<td>granisetron</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUSTOL 10 MG/0.4ML PRSYR</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>granisetron</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZUPLENZ 4 MG FILM</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ondansetron</td>
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<tr>
<td>ZUPLENZ 8 MG FILM</td>
<td>3</td>
<td>PA</td>
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<tr>
<td>ondansetron</td>
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### ANTIEMETIC COMBINATIONS

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
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<tbody>
<tr>
<td>AKYNZEO 300-0.5 MG CAP</td>
<td>3</td>
<td>QL 1 / 0 day(s)</td>
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<tr>
<td>netupitant-palonosetron</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>
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<tr>
<td>ANTIEMETICS - ANTICHOLINERGIC</td>
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<tr>
<td>meclizine hcl 12.5 mg tab</td>
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<tr>
<td>meclizine hcl 25 mg tab</td>
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<tr>
<td>scopolamine 1 mg/3days patch 72hr</td>
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<tr>
<td>trimethobenzamide hcl 300 mg cap</td>
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<tr>
<td>ANTIEEMETICS - MISCELLANEOUS</td>
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<tr>
<td>dronabinol 10 mg cap</td>
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<td>dronabinol 2.5 mg cap</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>dronabinol 5 mg cap</td>
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<td>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</td>
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<tr>
<td>aprepitant 125 mg cap</td>
<td>1</td>
<td>QL 1 / 21 day(s)</td>
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<tr>
<td>aprepitant 80 &amp; 125 mg cap</td>
<td>1</td>
<td>QL 3 / 21 day(s)</td>
</tr>
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<td>aprepitant 80 &amp; 125 mg misc</td>
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<td>QL 3 / 21 day(s)</td>
</tr>
<tr>
<td>aprepitant 80 mg cap</td>
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<td>VARUBI (180 MG DOSE) 2 X 90 MG TAB THPK</td>
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<td>rolapitant hcl</td>
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<td>ANTFUNGALS</td>
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<td>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOIDS)</td>
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<tr>
<td>BREXAFEMME 150 MG TAB</td>
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<tr>
<td>ibrexafungerp citrate</td>
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<tr>
<td>griseofulvin microsize 125 mg/5ml suspension</td>
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<td>griseofulvin microsize 500 mg tab</td>
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<tr>
<td>griseofulvin ultramicrosize 125 mg tab</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>griseofulvin ultramicrosize 250 mg tab</td>
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<td>nystatin 500000 unit tab</td>
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<td>terbinafine hcl 250 mg tab</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>IMIDAZOLES</td>
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<td>ketoconazole 200 mg tab</td>
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<td>TRIAZOLES</td>
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<td>CRESEMBA 186 MG CAP</td>
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<td>PA</td>
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<tr>
<td>isavuconazonium sulfate</td>
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<td>S Specialty Drug</td>
</tr>
<tr>
<td>fluconazole 10 mg/ml recon susp</td>
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</tr>
<tr>
<td>fluconazole 100 mg tab</td>
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</tr>
<tr>
<td>fluconazole 150 mg tab</td>
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<td>QL 180 / 30 DAYS</td>
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<td>fluconazole 40 mg/ml recon susp</td>
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<td>NOXAFIL 40 MG/ML SUSPENSION</td>
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<td>posaconazole</td>
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<td>voriconazole 200 mg tab</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>voriconazole 40 mg/ml recon susp</td>
<td>1</td>
<td>AL1 Up to 8 yrs old</td>
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<tr>
<td>voriconazole 50 mg tab</td>
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<td>QL 120 / 30 DAYS</td>
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<td>ANTIHISTAMINES</td>
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<td>ANTIHISTAMINES - ETHANOLAMINES</td>
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<tr>
<td>carbinoxamine maleate 4 mg tab</td>
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<td>CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION</td>
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<td>carbinoxamine maleate</td>
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<td>carbinxamine maleate 4 mg/5ml solution</td>
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<tr>
<td>CLEMASTINE FUMARATE 2.68 MG TAB</td>
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<tr>
<td>clemastine fumarate</td>
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<tr>
<td>di-phen 12.5 mg/5ml elixir</td>
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<td>PA</td>
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<tr>
<td></td>
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<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
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<tr>
<td><strong>ANTIHISTAMINES - NON-SEDATING</strong></td>
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<tr>
<td>cetirizine hcl 1 mg/ml solution</td>
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<td>cetirizine hcl 5 mg/5ml solution</td>
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<td>desloratadine 5 mg tab</td>
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<td>desloratadine</td>
<td>1</td>
<td><strong>QL</strong> 30 / 30 DAYS</td>
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<tr>
<td>levocetirizine dihydrochloride 2.5 mg/5ml solution</td>
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<td><strong>QL</strong> 300 / 30 DAYS</td>
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<tr>
<td>levocetirizine dihydrochloride 5 mg tab</td>
<td>1</td>
<td><strong>QL</strong> 30 / 30 DAYS</td>
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<td>phenadoz 12.5 mg suppos</td>
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<td>phenadoz 25 mg suppos</td>
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<td><strong>QL</strong> 30 / 30 DAYS</td>
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<td>phenergan 12.5 mg suppos</td>
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<tr>
<td>phenergan 25 mg suppos</td>
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<td><strong>QL</strong> 30 / 30 DAYS</td>
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<td>promethazine hcl 12.5 mg suppos</td>
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<td>promethazine hcl 12.5 mg tab</td>
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<td>promethazine hcl 25 mg suppos</td>
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<td><strong>QL</strong> 30 / 30 DAYS</td>
</tr>
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<td>promethazine hcl 25 mg tab</td>
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<tr>
<td>promethazine hcl 50 mg suppos</td>
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<td>promethazine hcl 50 mg tab</td>
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<td>promethazine hcl 6.25 mg/5ml solution</td>
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<tr>
<td>promethazine hcl 6.25 mg/5ml syrup</td>
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<td>promethegan 12.5 mg suppos</td>
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<tr>
<td>promethegan 25 mg suppos</td>
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<td><strong>ANTIHISTAMINES - PIPERIDINES</strong></td>
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<td>cyproheptadine hcl 2 mg/5ml syrup</td>
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<td>cyproheptadine hcl 4 mg tab</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>ANTIHYPERLIPIDEMICS</td>
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<tr>
<td>ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB</td>
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<tr>
<td>NEXLIZET 180-10 MG TAB bempedoic acid-ezetimibe</td>
<td>3</td>
<td>PA</td>
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<tr>
<td>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</td>
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<tr>
<td>NEXLETOL 180 MG TAB bempedoic acid</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ANTIHYPERLIPIDEMICS - MISC.</td>
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<tr>
<td>icosapent ethyl 1 gm cap</td>
<td>2</td>
<td>QL 4 / 1 day(s)</td>
</tr>
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<td>omega-3-acid ethyl esters 1 gm cap</td>
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</tr>
<tr>
<td>triklo 1 gm cap</td>
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<tr>
<td>VASCEPA 0.5 GM CAP icosapent ethyl</td>
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<td>QL 120 / 30 DAYS</td>
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<td>BILE ACID SEQUESTRANTS</td>
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<tr>
<td>cholestyramine 4 gm packet</td>
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<tr>
<td>cholestyramine 4 gm/dose powder</td>
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PAGE 88 LAST UPDATED 10/2021
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**PAGE 89**

**LAST UPDATED 10/2021**
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**ACE INHIBITORS**

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**QBRELIS 1 MG/ML SOLUTION**

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**Angiotensin II Receptor Antagonists**

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<td>hydralazine hcl 50 mg tab</td>
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<td>minoxidil 2.5 mg tab</td>
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<td>atovaquone-proguanil hcl 250-100 mg tab</td>
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<td>atovaquone-proguanil hcl 62.5-25 mg tab</td>
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<td>COARTEM 20-120 MG TAB</td>
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<td>artemether-lumefantrine</td>
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<td>chloroquine phosphate</td>
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<td>hydroxychloroquine sulfate</td>
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<td><strong>PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB</strong></td>
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<td>primaquine phosphate</td>
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<td>RUZURGI 10 MG TAB</td>
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<td>amifampridine</td>
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<td>RIFAMATE 150-300 MG CAP</td>
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<td>isoniazid &amp; rifampin</td>
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<td>RIFATER 50-120-300 MG TAB</td>
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<td>PRETOMANID 200 MG TAB</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>rifampin 150 mg cap</td>
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<td>SIRTURO 100 MG TAB</td>
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<td>bedaquiline fumarate</td>
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<td>SIRTURO 20 MG TAB</td>
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<td>bedaquiline fumarate</td>
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<td>TRECATOR 250 MG TAB</td>
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**ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**

**ALKYLATING AGENTS**

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<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>HEXALEN 50 MG CAP</td>
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<td>MYLERAN 2 MG TAB</td>
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<td>busulfan</td>
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<td>Specialty Drug</td>
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**ANDROGEN BIOSYNTHESIS INHIBITORS**

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<tbody>
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<td>abiraterone acetate 250 mg tab</td>
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**ANTIADRENALS**

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<tr>
<td>LYSODREN 500 MG TAB</td>
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**ANTIANDROGENS**

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<tr>
<td>ERLEADA 60 MG TAB</td>
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<td>PA</td>
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<td>apalutamide</td>
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<td>Specialty Drug</td>
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<td>FLUTAMIDE 125 MG CAP</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>XTANDI 40 MG CAP</td>
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<td>PA</td>
</tr>
<tr>
<td>enzalutamide</td>
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<td>Specialty Drug</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>XTANDI 40 MG TAB</td>
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<td>XTANDI 80 MG TAB</td>
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<td>ANTIESTROGENS</td>
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<td>SOLTAMOX 10 MG/5ML SOLUTION</td>
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<td>methotrexate sodium (pf) 50 mg/2ml solution</td>
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<td>ALECENSA 150 MG CAP</td>
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leuprolide acetate (6 month) 4  
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| VANTAS 50 MG KIT | 4 | PA  
histrelin acetate 4  
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| ZOLADEX 10.8 MG IMPLANT | 4 | PA  
goserelin acetate 4  
PA  
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| ZOLADEX 3.6 MG IMPLANT | 4 | PA  
goserelin acetate 4  
PA  
S Specialty Drug |
| MITOTIC INHIBITORS | | |
| ETOPOSIDE 50 MG CAP | 4 | PA  
etoposide 4  
PA  
S Specialty Drug |
| NITROGEN MUSTARDS AND RELATED ANALOGUES | | |
| ALKERAN 2 MG TAB | 4 | PA  
melphalan 4  
PA  
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| CYCLOPHOSPHAMIDE 25 MG CAP | 1 |  
cyclophosphamide 1  
cyclophosphamide 25 mg cap 1  
cyclophosphamide 50 mg cap 1  
PA  
S Specialty Drug |
| CYCLOPHOSPHAMIDE 50 MG CAP | 1 |  
cyclophosphamide 1  
cyclophosphamide 25 mg cap 1  
cyclophosphamide 50 mg cap 1  
PA  
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| LEUKERAN 2 MG TAB | 4 | PA  
chlorambucil 4  
melphalan 2 mg tab 1  
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| NITROSOUREAS | | |
| GLEOSTINE 10 MG CAP | 4 | PA  
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| GLEOSTINE 100 MG CAP | 4 | PA  
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### PRODUCT DESCRIPTION

**LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK**

*lenvatinib mesylate*

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### ANTIPARKINSON AND RELATED THERAPY AGENTS

#### ANTIPARKINSON ANTICHOLINERGICS

- **benztropine mesylate 0.5 mg tab**
- **benztropine mesylate 1 mg tab**
- **benztropine mesylate 1 mg/ml solution**
- **benztropine mesylate 2 mg tab**
- **tri hexyphenidyl hcl 0.4 mg/ml solution**
- **tri hexyphenidyl hcl 2 mg tab**
- **tri hexyphenidyl hcl 5 mg tab**

#### ANTIPARKINSON DOPAMINERGICS

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

#### ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

- **ELDEPRYL 5 MG CAP**
  - *selegiline hcl*
- **rasagiline mesylate 0.5 mg tab**
- **rasagiline mesylate 1 mg tab**
- **selegiline hcl 5 mg cap**
- **SELEGILINE HCL 5 MG TAB**
  - *selegiline hcl*
- **selegiline hcl 5 mg tab**
- **ZELAPAR 1.25 MG TAB DISP**
  - *selegiline hcl*
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**BUTYROPHENONES**

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**DIBENZO-OXEPINO PYRROLES**

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PAGE 131  LAST UPDATED 10/2021
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ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)

<p>| SELZENTRY 150 MG TAB maraviroc | 4 | PA S Specialty Drug |</p>
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| NORVIR 80 MG/ML SOLUTION  
*ritonavir* | 4    | **QL**: 480 / 30 DAYS  
**AL1**: Up to 8 yrs old  
**S**: Specialty Drug |
| PREZISTA 100 MG/ML SUSPENSION  
*darunavir ethanolate* | 4    | **QL**: 400 / 30 DAYS  
**S**: Specialty Drug |
| PREZISTA 150 MG TAB  
*darunavir ethanolate* | 4    | **QL**: 180 / 30 DAYS  
**S**: Specialty Drug |
| PREZISTA 600 MG TAB  
*darunavir ethanolate* | 4    | **QL**: 60 / 30 DAYS  
**S**: Specialty Drug |
| PREZISTA 75 MG TAB  
*darunavir ethanolate* | 4    | **QL**: 300 / 30 DAYS  
**S**: Specialty Drug |
| PREZISTA 800 MG TAB  
*darunavir ethanolate* | 4    | **S**: Specialty Drug |
| REYATAZ 50 MG PACKET  
*atazanavir sulfate*  
*ritonavir 100 mg tab* | 4    | **AL1**: Up to 8 yrs old  
**S**: Specialty Drug |
| VIRACEPT 250 MG TAB  
*nelfinavir mesylate* | 4    | **S**: Specialty Drug |
| VIRACEPT 625 MG TAB  
*nelfinavir mesylate* | 4    | **S**: Specialty Drug |
| **ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES** |   | |
| EDURANT 25 MG TAB  
*rilpivirine hcl* | 4    | **QL**: 30 / 30 DAYS  
**S**: Specialty Drug |
| efavirenz 200 mg cap | 4    | **S**: Specialty Drug |
| efavirenz 50 mg cap | 4    | **S**: Specialty Drug |
| efavirenz 600 mg tab | 4    | **S**: Specialty Drug |
| etravirine 100 mg tab | 4    | **QL**: 120 / 30 day(s)  
**S**: Specialty Drug |
| etravirine 200 mg tab | 4    | **QL**: 60 / 30 day(s)  
**S**: Specialty Drug |
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<tr>
<th>PRODUCT DESCRIPTION</th>
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<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
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<tr>
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<td>1</td>
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<td>NEVIRAPINE 50 MG/5ML SUSPENSION</td>
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<td>QL 1200 / 30 day(s)</td>
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<td>nevirapine</td>
<td></td>
<td>AL1 Up to 8 yrs old</td>
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<tr>
<td>nevirapine er 100 mg tab er 24h</td>
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<td>QL 90 / 30 DAYS</td>
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<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>nevirapine er 400 mg tab er 24h</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
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<tr>
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<td>delavirdine mesylate</td>
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<td>RESCRIPTOR 200 MG TAB</td>
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<tr>
<td>abacavir sulfate 20 mg/ml solution</td>
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<td>ZIAGEN 300 MG TAB abacavir sulfate</td>
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**ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES**

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<tr>
<td>emtricitabine 200 mg cap</td>
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<td>EMTRIVA 10 MG/ML SOLUTION emtricitabine</td>
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<td>lamivudine 150 mg tab</td>
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<tr>
<td>lamivudine 300 mg tab</td>
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**ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES**

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<td>STAVUDINE 15 MG CAP stavudine</td>
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<td>stavudine 15 mg cap</td>
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<td>STAVUDINE 20 MG CAP stavudine</td>
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<tr>
<td>STAVUDINE 30 MG CAP stavudine</td>
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<tr>
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<tr>
<td>ZERIT 1 MG/ML RECON SOLN</td>
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<tr>
<td>zidovudine 100 mg cap</td>
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<td>tenofovir disoproxil fumarate 300 mg tab</td>
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<td>VIREAD 150 MG TAB</td>
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<tr>
<td>VIREAD 200 MG TAB</td>
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<tr>
<td>VIREAD 250 MG TAB</td>
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<td>VIREAD 40 MG/GM POWDER</td>
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<td><strong>ANTIRETROVIRALS ADJUVANTS</strong></td>
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<td>TYBOST 150 MG TAB</td>
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<td><strong>CMV AGENTS</strong></td>
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<td>valganciclovir hcl 50 mg/ml recon soln</td>
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<td><strong>HEPATITIS B AGENTS</strong></td>
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<td>adefovir dipivoxil 10 mg tab</td>
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<tr>
<td>BARACLUDE 0.05 MG/ML SOLUTION</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>entecavir 0.5 mg tab</td>
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</tr>
<tr>
<td>lamivudine 100 mg tab</td>
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**HEPATITIS C AGENT - COMBINATIONS**

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<tr>
<td>LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB</td>
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<td>MAVYRET 100-40 MG TAB</td>
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<td>SOFOSBUVIR-VELPATASVIR 400-100 MG TAB</td>
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**HEPATITIS C AGENTS**

<table>
<thead>
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<th>PRODUCT DESCRIPTION</th>
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<td>COPEGUS 200 MG TAB</td>
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<tr>
<td>MODERIBA (1000 MG PACK) 400 &amp; 600 MG TAB THPK</td>
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<td>PA</td>
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<tr>
<td>MODERIBA (1200 MG PACK) 600 MG TAB THPK</td>
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<td>PA</td>
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<tr>
<td>MODERIBA (600 MG PACK) 200 &amp; 400 MG TAB THPK</td>
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<td>PA</td>
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<tr>
<td>MODERIBA (800 MG PACK) 400 MG TAB THPK</td>
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<tr>
<td>moderiba 200 mg cap</td>
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<td>moderiba 200 mg tab</td>
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<td>PEGINTRON 50 MCG/0.5ML KIT</td>
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<td>REBETOL 40 MG/ML SOLUTION</td>
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<tr>
<td>RIBASPHERE 600 MG TAB</td>
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<td>PA</td>
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<td>RIBASPHERE RIBAPAK (1000 PACK) 400 &amp; 600 MG TAB THPK</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>RIBASPHERE RIBAPAK (1200 PACK) 600 MG TAB THPK ribavirin (hepatitis c)</td>
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<td>acyclovir 200 mg/5ml suspension</td>
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<td>acyclovir 400 mg tab</td>
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<td>acyclovir 800 mg tab</td>
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<tr>
<td>acyclovir sodium 50 mg/ml solution</td>
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<td>SITAVIG 50 MG TAB acyclovir</td>
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<tr>
<td>valacyclovir hcl 1 gm tab</td>
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<td>valacyclovir hcl 500 mg tab</td>
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<tr>
<td>famciclovir 125 mg tab</td>
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<td>QL 60 / 30 DAYS</td>
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<td>famciclovir 250 mg tab</td>
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<td>QL 60 / 30 DAYS</td>
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<td>famciclovir 500 mg tab</td>
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<td>QL 60 / 30 DAYS</td>
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<td>RIMANTADINE HCL 100 MG TAB rimantadine hydrochloride</td>
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<td>oseltamivir phosphate 30 mg cap</td>
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<td>QL 10 / 0 DAYS</td>
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<td>oseltamivir phosphate 45 mg cap</td>
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<td>oseltamivir phosphate 6 mg/ml recon susp</td>
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<td>QL 180 / 5 DAYS</td>
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<td></td>
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<td>AL1 Up to 12 yrs old</td>
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<tr>
<td></td>
<td></td>
<td>MFL 1 / 180 DAYS</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>oseltamivir phosphate 75 mg cap</td>
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<td>RELENZA DISKHALER 5 MG/BLISTER AER POW BA zanamivir</td>
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**PA ENDONUCLEASE INHIBITORS**

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<tr>
<td>XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK baloxavir marboxil</td>
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<tr>
<td>XOFLUZA (40 MG DOSE) 2 X 20 MG TAB THPK baloxavir marboxil</td>
<td>3</td>
<td>QL 2 / 0 DAYS MFL 1 / 180 DAYS</td>
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<tr>
<td>XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK baloxavir marboxil</td>
<td>3</td>
<td>QL 1 / 0 day(s) MFL 1 / 180 day(s)</td>
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<td>XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK baloxavir marboxil</td>
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<td>QL 2 / 0 DAYS MFL 1 / 180 DAYS</td>
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**BETA BLOCKERS**

**ALPHA-BETA BLOCKERS**

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<tr>
<td>carvedilol 3.125 mg tab</td>
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<td>QL 4 / 1 day(s)</td>
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<tr>
<td>carvedilol 6.25 mg tab</td>
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<td>QL 4 / 1 day(s)</td>
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<tr>
<td>carvedilol phosphate er 10 mg cap er 24h</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>carvedilol phosphate er 20 mg cap er 24h</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>carvedilol phosphate er 40 mg cap er 24h</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>carvedilol phosphate er 80 mg cap er 24h</td>
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**BETA BLOCKERS CARDIO-SELECTIVE**

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<td>acebutolol hcl 400 mg cap</td>
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<td>bisoprolol fumarate 10 mg tab</td>
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<td>BYSTOLIC 20 MG TAB nebivolol hcl</td>
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<td>bosentan 62.5 mg tab</td>
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<td>OPSUMIT 10 MG TAB</td>
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<td>sildenafil citrate 10 mg/ml recon susp</td>
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<td>bekyree 0.15-0.02/0.01 mg (21/5) tab</td>
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<td>kariva 0.15-0.02/0.01 mg (21/5) tab</td>
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<td>kimidess 0.15-0.02/0.01 mg (21/5) tab</td>
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<td>volnea 0.15-0.02/0.01 mg (21/5) tab</td>
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<td>apri 0.15-30 mg-mcg tab</td>
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<td>aubra 0.1-20 mg-mcg tab</td>
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<td>ayuna 0.15-30 mg-mcg tab</td>
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noretinone & ethinyl estradiol-fe
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**ALKINDI SPRINKLE 0.5 MG CAP SPRINK**
- hydrocortisone
  - TIER: 3
  - LIMITS & RESTRICTIONS: QL 2 / 1 day(s), AL1 Up to 8 yrs old

**ALKINDI SPRINKLE 1 MG CAP SPRINK**
- hydrocortisone
  - TIER: 3
  - LIMITS & RESTRICTIONS: QL 2 / 1 day(s), AL1 Up to 8 yrs old

**ALKINDI SPRINKLE 2 MG CAP SPRINK**
- hydrocortisone
  - TIER: 3
  - LIMITS & RESTRICTIONS: QL 2 / 1 day(s), AL1 Up to 8 yrs old

**ALKINDI SPRINKLE 5 MG CAP SPRINK**
- hydrocortisone
  - TIER: 3
  - LIMITS & RESTRICTIONS: QL 2 / 1 day(s), AL1 Up to 8 yrs old

**budesonide 3 mg cp dr part**
- TIER: 2
- LIMITS & RESTRICTIONS: QL 90 / 30 DAYS

**budesonide er 9 mg tab er 24h**
- TIER: 2

**CORTISONE ACETATE 25 MG TAB**
- cortisone acetate
  - TIER: 1

**decadron 0.5 mg tab**
- TIER: 1

**decadron 0.5 mg/5ml elixir**
- TIER: 1

**decadron 0.75 mg tab**
- TIER: 1

**decadron 4 mg tab**
- TIER: 1

**decadron 6 mg tab**
- TIER: 1

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

**dexamethasone 0.5 mg tab**
- TIER: 1

**dexamethasone 0.5 mg/5ml elixir**
- TIER: 1

**DEXAMETHASONE 0.5 MG/5ML SOLUTION**
- dexamethasone
  - TIER: 1

**dexamethasone 0.75 mg tab**
- TIER: 1

**DEXAMETHASONE 1 MG TAB**
- dexamethasone
  - TIER: 1

**dexamethasone 1.5 mg tab**
- TIER: 1

**DEXAMETHASONE 2 MG TAB**
- dexamethasone
  - TIER: 1

**dexamethasone 4 mg tab**
- TIER: 1
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<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<th>PRODUCT DESCRIPTION</th>
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<th>LIMITS &amp; RESTRICTIONS</th>
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<td>ACNE COMBINATIONS</td>
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<td>BENZOYL PEROXIDE 8 % GEL</td>
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<td>QL 60 / 30 DAYS</td>
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<td>QL 60 / 30 DAYS</td>
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<td>VEREGEN 15 % OINTMENT</td>
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<td>DICLOFENAC EPOLAMINE 1.3 % PATCH</td>
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<td>NEO-SYNALAR 0.5-0.025 % CREAM</td>
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<td>ciclopirox olamine 0.77 % cream</td>
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<td>ciclopirox olamine 0.77 % suspension</td>
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<td>nyata 100000 unit/gm powder</td>
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<td>nystatin 100000 unit/gm powder</td>
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**ANTIFUNGALS - TOPICAL COMBINATIONS**

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<tr>
<td>ALA-QUIN 3-0.5 % CREAM</td>
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<tr>
<td>clotrimazole-betamethasone 1-0.05 % cream</td>
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<td>clotrimazole-betamethasone 1-0.05 % lotion</td>
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<td>corti-sav 1-1 % cream</td>
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<tr>
<td>dermazene 1-1 % cream</td>
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<td>EXODERM 25-1 % LOTION</td>
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<td>sodium thiosulfate-salicylic acid</td>
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<td>hydrocortisone-iodoquinol 1-1 % cream</td>
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<td>MICONAZOLE-ZINC OXIDE-PETROLAT 0.25-15-81.35 % OINTMENT</td>
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<td>miconazole-zinc oxide-white petrolatum</td>
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<td>nystatin-triamcinolone 100000-0.1 unit/gm-% cream</td>
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<td>VUSION 0.25-15-81.35 % OINTMENT</td>
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<td>miconazole-zinc oxide-white petrolatum</td>
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**ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL**

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<td>S Specialty Drug</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>FLUOROPLEX 1 % CREAM</td>
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<td>fluorouracil (topical)</td>
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<td>TOLAK 4 % CREAM</td>
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<td>fluorouracil (topical)</td>
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<td>Specialty Drug</td>
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<td>Specialty Drug</td>
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**ANTISEBORRHEIC COMBINATIONS**

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<td>SODIUM SULFACETAMIDE-BAKUCHIOL 10 % LIQUID</td>
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<td>sulfacetamide sodium in bakuchiol vehicle</td>
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**ANTISEBORRHEIC PRODUCTS**

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<tr>
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<tbody>
<tr>
<td>OVACE PLUS 10 % CREAM</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>sulfacetamide sodium</td>
<td></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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<tr>
<td>selenium sulfide 2.5 % lotion</td>
<td>1</td>
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<tr>
<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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**ANTIVIRAL TOPICAL COMBINATIONS**

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<td>acyclovir-hydrocortisone</td>
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<td><strong>ANTIVIRALS - TOPICAL</strong></td>
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<td>acyclovir 5 % ointment</td>
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<td>DENVIR 1 % CREAM</td>
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<td><strong>ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES</strong></td>
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<td>DUPIXENT 200 MG/1.14ML SOLN PRSYR</td>
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<td>silver sulfadiazine 1 % cream</td>
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<td>ssd 1 % cream</td>
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<td>SULFAMYLON 85 MG/GM CREAM</td>
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<td><strong>CAUTERIZING AGENT COMBINATIONS</strong></td>
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<td>ARZOL SILVER NIT APPLICATORS 75-25 % MISC</td>
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<tr>
<td>grafco silver nit applicator 75-25 % misc</td>
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<td>CORTICOSTEROIDS - TOPICAL</td>
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<tr>
<td>AMCINONIDE 0.1 % LOTION</td>
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LAST UPDATED 10/2021
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<thead>
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<tr>
<td>triamcinolone acetonide 0.5 % ointment</td>
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<td>triderm 0.1 % cream</td>
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| EMOLLIENT/KERATOLYTIC AGENTS             |      |                       |
| CEM-UREA 45 % SOLUTION                   | 1    |                       |
| urea                                      |      |                       |
| rea lo 40 40 % cream                      | 1    |                       |
| URAMAXIN 45 % LOTION                      | 3    |                       |
| urea                                      |      |                       |
| urea 40 % cream                           | 1    |                       |
| UREA 45 % LOTION                          | 1    |                       |
| urea                                      |      |                       |
| urea nail 45 % gel                        | 1    |                       |
| uremez-40 40 % cream                      | 1    |                       |

<p>| EMOLLIENT/KERATOLYTIC COMBINATIONS        |      |                       |
| URAMAXIN 20 % FOAM                        | 3    |                       |
| urea in ammonium lactate vehicle          |      |                       |</p>
<table>
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<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<td><strong>ENZYMES - TOPICAL</strong></td>
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<td>clotrimazole 1 % cream</td>
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<td>ERTACZO 2 % CREAM</td>
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<td>sertaconazole nitrate</td>
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<td>EXELDERM 1 % CREAM</td>
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<td>ketoconazole 2 % foam</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ketoconazole 2 % shampoo</td>
<td>1</td>
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</tr>
<tr>
<td>ketodan 2 % foam</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>oxiconazole nitrate 1 % cream</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>OXISTAT 1 % LOTION</td>
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<td>PA</td>
</tr>
<tr>
<td>oxiconazole nitrate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>XOLEGEL 2 % GEL</td>
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</tr>
<tr>
<td>ketoconazole (topical)</td>
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<tr>
<td><strong>IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL</strong></td>
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<tr>
<td>imiquimod 5 % cream</td>
<td>1</td>
<td></td>
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<tr>
<td>ZYCLARA PUMP 2.5 % CREAM</td>
<td>3</td>
<td>QL 56 / 28 DAYS</td>
</tr>
<tr>
<td>imiquimod</td>
<td></td>
<td></td>
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</tbody>
</table>

PAGE 186  
LAST UPDATED 10/2021
### PRODUCT DESCRIPTION TIER LIMITS & RESTRICTIONS

<table>
<thead>
<tr>
<th>KERATOLYTIC AND/OR ANTIMITOTIC COMBINATIONS</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SALVAX DUO PLUS 6 &amp; 35 % KIT</strong>&lt;br&gt;salicylic acid &amp; urea in lactic acid vehicle</td>
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<table>
<thead>
<tr>
<th>KERATOLYTIC/ANTIMITOTIC AGENTS</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td><strong>CONDYLOX 0.5 % GEL</strong>&lt;br&gt;podofilox</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td><strong>keralyt 6 % shampoo</strong></td>
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</tr>
<tr>
<td><strong>KERALYT SCALP 6 % KIT</strong>&lt;br&gt;salicylic acid</td>
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<tr>
<td><strong>PODOCON 25 % SOLUTION</strong>&lt;br&gt;podophyllum resin</td>
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<tr>
<td><strong>podofilox 0.5 % solution</strong></td>
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</tr>
<tr>
<td><strong>salacy 6 % cream</strong></td>
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</tr>
<tr>
<td><strong>salacy 6 % lotion</strong></td>
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</tr>
<tr>
<td><strong>salicylic acid 6 % cream</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>salicylic acid 6 % foam</strong></td>
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<tr>
<td><strong>salicylic acid 6 % gel</strong></td>
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<tr>
<td><strong>SALICYLIC ACID 6 % LOTION</strong>&lt;br&gt;salicylic acid</td>
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<tr>
<td><strong>salicylic acid 6 % lotion</strong></td>
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<tr>
<td><strong>salicylic acid 6 % shampoo</strong></td>
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<tr>
<td><strong>salicylic acid-cleanser 6 % (cream) kit</strong></td>
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</tr>
<tr>
<td><strong>saliotech forte 6 % lotion</strong></td>
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<tr>
<td><strong>SALVAX 6 % FOAM</strong>&lt;br&gt;salicylic acid</td>
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<table>
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<tr>
<th>LINIMENTS</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td><strong>TURPENTINE  SPIRIT</strong>&lt;br&gt;turpentine (topical)</td>
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<table>
<thead>
<tr>
<th>LOCAL ANESTHETICS - TOPICAL</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANACAIN 10 % OINTMENT</strong>&lt;br&gt;benzocaine (topical)</td>
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</tr>
<tr>
<td><strong>lidocaine 5 % ointment</strong></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>lidocaine 5 % patch</strong></td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
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</table>
## PRODUCT DESCRIPTION

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Tier</th>
<th>Limits &amp; Restrictions</th>
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<tbody>
<tr>
<td>lidocaine hcl 3 % cream</td>
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<tr>
<td>lidocaine hcl urethral/mucosal 2 % gel</td>
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<tr>
<td>LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL</td>
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</tr>
<tr>
<td>lidocaine hcl</td>
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<td></td>
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<tr>
<td>lidocaine hcl urethral/mucosal 2 % prsyr</td>
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<td></td>
</tr>
<tr>
<td>lidocaine pak 5 % ointment</td>
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<tr>
<td>lidopin 3 % cream</td>
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<tr>
<td>premium lidocaine 5 % ointment</td>
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### MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL

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<thead>
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<th>Product Description</th>
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<th>Limits &amp; Restrictions</th>
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</thead>
<tbody>
<tr>
<td>pimecrolimus 1 % cream</td>
<td>2</td>
<td>QL 60 / 30 day(s)</td>
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<tr>
<td>tacrolimus 0.03 % ointment</td>
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<tr>
<td>tacrolimus 0.1 % ointment</td>
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### MISC. TOPICAL

<table>
<thead>
<tr>
<th>Product Description</th>
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<tbody>
<tr>
<td>DRYSOL 20 % SOLUTION</td>
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<tr>
<td>aluminum chloride</td>
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### OXABOROLE-RELATED ANTIFUNGALS - TOPICAL

<table>
<thead>
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<th>Product Description</th>
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<tbody>
<tr>
<td>tavaborole 5 % solution</td>
<td>2</td>
</tr>
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</table>

### PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL

<table>
<thead>
<tr>
<th>Product Description</th>
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</thead>
<tbody>
<tr>
<td>EUCRISA 2 % OINTMENT</td>
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<tr>
<td>crisaborole</td>
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### ROSacea Agents

<table>
<thead>
<tr>
<th>Product Description</th>
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<th>Limits &amp; Restrictions</th>
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</thead>
<tbody>
<tr>
<td>azelaic acid 15 % gel</td>
<td>1</td>
<td>QL 50 / 30 DAYS</td>
</tr>
<tr>
<td>ivermectin 1 % cream</td>
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<td>QL 1 / 1 day(s)</td>
</tr>
<tr>
<td>metronidazole 0.75 % cream</td>
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</tr>
<tr>
<td>metronidazole 0.75 % gel</td>
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</tr>
<tr>
<td>metronidazole 0.75 % lotion</td>
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</tr>
<tr>
<td>metronidazole 1 % gel</td>
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<tr>
<td>MIRVASO 0.33 % GEL</td>
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<td>PA</td>
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<tr>
<td>brimonidine tartrate (topical)</td>
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<tr>
<td>RHOFADE 1 % CREAM</td>
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<td>PA</td>
</tr>
<tr>
<td>oxymetazoline hcl (topical)</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>
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</tr>
<tr>
<td>rosadan 0.75 % cream</td>
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<tr>
<td>rosadan 0.75 % gel</td>
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**SCABICIDES & PEDICULICIDES**

<table>
<thead>
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<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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</thead>
<tbody>
<tr>
<td>EURAX 10 % CREAM</td>
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<tr>
<td>crotamiton</td>
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<tr>
<td>LINDANE 1 % SHAMPOO</td>
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<tr>
<td>lindane</td>
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<tr>
<td>malathion 0.5 % lotion</td>
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<tr>
<td>OVIDE 0.5 % LOTION</td>
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<tr>
<td>malathion</td>
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<tr>
<td>permethrin 5 % cream</td>
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<tr>
<td>SPINOSAD 0.9 % SUSPENSION</td>
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<tr>
<td>spinosad</td>
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<tr>
<td>ULESFIA 5 % LOTION</td>
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<tr>
<td>benzyl alcohol (pediculicide)</td>
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**SKIN PROTECTANTS**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>BENZOIN TINCTURE</td>
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<tr>
<td>benzoin</td>
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<td>benzoin compound tincture</td>
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**STEROID-LOCAL ANESTHETIC COMBINATIONS**

<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>CORTANE-B 10-10-1 MG/ML LOTION</td>
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<tr>
<td>hydrocortisone-pramoxine-chloroxylenol</td>
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<tr>
<td>EPIFOAM 1-1 % FOAM</td>
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<tr>
<td>pramoxine-hc</td>
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<tr>
<td>hydrocortisone ace-pramoxine 2.5-1 % cream</td>
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<td></td>
</tr>
<tr>
<td>NOVACORT 1-2 % GEL</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>pramoxine-hc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRAMOSONE 1-1 % CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>pramoxine-hc</td>
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<td></td>
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<tr>
<td>PRAMOSONE 1-1 % LOTION</td>
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</tr>
<tr>
<td>pramoxine-hc</td>
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<tr>
<td>PRAMOSONE 1-1 % OINTMENT</td>
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</tr>
<tr>
<td>pramoxine-hc</td>
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<tr>
<td>PRAMOSONE 1-2.5 % LOTION</td>
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<td>pramoxine-hc</td>
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<tr>
<td>Product Description</td>
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<tr>
<td>PRAMOSONE 1-2.5 % OINTMENT</td>
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<td>pramoxine-hc</td>
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<tr>
<td>PRAMOSONE E 1-2.5 % CREAM</td>
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<tr>
<td>pramoxine-hc emollient base</td>
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<tr>
<td>TOPICAL ANESTHETIC COMBINATIONS</td>
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<td>CETACAINE 2-2-14 % AEROSOL</td>
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<td>butamben-tetracaine-benzocaine</td>
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<td>lidocaine-prilocaine 2.5-2.5 % cream</td>
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<td>SYNERA 70-70 MG PATCH</td>
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<td>TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS</td>
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<td>TARGRETIN 1 % GEL</td>
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<tr>
<td>bexarotene (topical)</td>
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<td>Specialty Drug</td>
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<td>TOPICAL STEROID COMBINATIONS</td>
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<tr>
<td>calcipotriene-betameth diprop 0.05-0.064 % suspension</td>
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<tr>
<td>SCALACORT DK 2 &amp; 2-2 % KIT</td>
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<tr>
<td>hydrocortisone &amp; salicylic acid-sulfur &amp; shampoo</td>
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<tr>
<td>ULTRAVATE X (CREAM) 0.05 &amp; 10 % KIT</td>
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<td>PA</td>
</tr>
<tr>
<td>halobetasol propionate &amp; lactic acid</td>
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<td>ULTRAVATE X (OINTMENT) 0.05 &amp; 10 % KIT</td>
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<td>PA</td>
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<td>halobetasol propionate &amp; lactic acid</td>
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<td>WOUND CARE - GROWTH FACTOR AGENTS</td>
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<td>REGRANEX 0.01 % GEL</td>
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<td>becaplermin</td>
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<td>WOUND CLEANSERS/DECUBITUS ULCER THERAPY</td>
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<td>LAVARE WOUND WASH GEL</td>
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<td>GLUCAGEN DIAGNOSTIC 1 MG RECON SOLN</td>
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<tr>
<td>glucagon hcl rdna (diagnostic)</td>
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<td>GLUCAGON HCL (DIAGNOSTIC) 1 MG RECON SOLN</td>
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<td>QL 1 / 30 DAYS</td>
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<td>glucagon hcl (diagnostic)</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
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<tr>
<td>PROVOCHOLINE 100 MG RECON SOLN methacholine chloride</td>
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<td><strong>DIAGNOSTIC TESTS</strong></td>
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<td>FREESTYLE INSULINX TEST STRIP glucose blood</td>
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<td>QL 150 / 30 DAYS</td>
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<tr>
<td>FREESTYLE LITE TEST STRIP glucose blood</td>
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<td>FREESTYLE TEST STRIP glucose blood</td>
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<td>QL 150 / 30 DAYS</td>
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<tr>
<td>ONETOUCH ULTRA STRIP glucose blood</td>
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<td>QL 150 / 30 DAYS</td>
</tr>
<tr>
<td>ONETOUCH VERIO STRIP glucose blood</td>
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<tr>
<td>BD VERITOR SYSTEM SARS-COV-2 KIT covid-19 antigen test</td>
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<tr>
<td>BINAXNOW COVID-19 AG CARD KIT covid-19 antigen test</td>
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<td>PREV Preventative</td>
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<tr>
<td>BINAXNOW COVID-19 AG HOME TEST KIT covid-19 at home test</td>
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<td>PREV Preventative</td>
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<tr>
<td>ID NOW COVID-19 KIT covid-19 test</td>
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<tr>
<td>LUCIRA COVID-19 ALL-IN-ONE KIT covid-19 at home test</td>
<td>2</td>
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<tr>
<td>LYRA DIRECT SARS-COV-2 ASSAY KIT covid-19 test</td>
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<td>LYRA SARS-COV-2 ASSAY KIT covid-19 test</td>
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<tr>
<td>QUICKVUE SARS ANTIGEN TEST KIT covid-19 antigen test</td>
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<td>PREV Preventative</td>
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<tr>
<td>SOFIA SARS ANTIGEN FIA KIT covid-19 antigen test</td>
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<td>SOFIA2 SARS ANTIGEN FIA KIT covid-19 antigen test</td>
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<tr>
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**LAST UPDATED 10/2021**
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<td>GENOTROPIN MINIQUICK 1.8 MG RECON SOLN</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>somatropin</td>
<td></td>
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<tr>
<td>GENOTROPIN MINIQUICK 2 MG RECON SOLN</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>somatropin</td>
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</tr>
<tr>
<td>NORDITROPIN FLEXPRO 10 MG/1.5ML SOLN PEN</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>somatropin</td>
<td></td>
<td></td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
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<tr>
<td>NORDITROPIN FLEXPRO 15 MG/1.5ML SOLN PEN somatropin</td>
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<tr>
<td>NORDITROPIN FLEXPRO 30 MG/3ML SOLN PEN somatropin</td>
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<tr>
<td>NORDITROPIN FLEXPRO 5 MG/1.5ML SOLN PEN somatropin</td>
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<td>S</td>
</tr>
<tr>
<td>NUTROPIN AQ NUSPIN 10 10 MG/2ML SOLN PEN somatropin</td>
<td>4</td>
<td>S</td>
</tr>
<tr>
<td>NUTROPIN AQ NUSPIN 20 20 MG/2ML SOLN PEN somatropin</td>
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<td>S</td>
</tr>
<tr>
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<td>S</td>
</tr>
<tr>
<td>OMNITROPE 10 MG/1.5ML SOLN CART somatropin</td>
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<td>S</td>
</tr>
<tr>
<td>OMNITROPE 5 MG/1.5ML SOLN CART somatropin</td>
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<td>OMNITROPE 5.8 MG RECON SOLN somatropin</td>
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</tr>
<tr>
<td>HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS</td>
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<td></td>
</tr>
<tr>
<td>ORFADIN 4 MG/ML SUSPENSION nitisinone</td>
<td>4</td>
<td>S</td>
</tr>
<tr>
<td>HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS</td>
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<tr>
<td>calcitriol 0.25 mcg cap</td>
<td>1</td>
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</tr>
<tr>
<td>calcitriol 0.5 mcg cap</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>calcitriol 1 mcg/ml solution</td>
<td>1</td>
<td>AL1</td>
</tr>
<tr>
<td>doxercalciferol 0.5 mcg cap</td>
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<td></td>
</tr>
<tr>
<td>doxercalciferol 1 mcg cap</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>doxercalciferol 2.5 mcg cap</td>
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<td></td>
</tr>
<tr>
<td>doxercalciferol 4 mcg/2ml solution</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>
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</tr>
<tr>
<td>paricalcitol 1 mcg cap</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>paricalcitol 2 mcg cap</td>
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</tr>
<tr>
<td>paricalcitol 2 mcg/ml solution</td>
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</tr>
<tr>
<td>paricalcitol 4 mcg cap</td>
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<td>paricalcitol 5 mcg/ml solution</td>
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**HYPOPHOSPHATASIA (HPP) AGENTS**

<table>
<thead>
<tr>
<th>STRENSIQ 18 MG/0.45ML SOLUTION</th>
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<th>PA S Specialty Drug</th>
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<tbody>
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<td>asfotase alfa</td>
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<table>
<thead>
<tr>
<th>STRENSIQ 28 MG/0.7ML SOLUTION</th>
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<th>PA S Specialty Drug</th>
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<tr>
<td>asfotase alfa</td>
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<table>
<thead>
<tr>
<th>STRENSIQ 40 MG/ML SOLUTION</th>
<th>4</th>
<th>PA S Specialty Drug</th>
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<tbody>
<tr>
<td>asfotase alfa</td>
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<table>
<thead>
<tr>
<th>STRENSIQ 80 MG/0.8ML SOLUTION</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>asfotase alfa</td>
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**INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)**

<table>
<thead>
<tr>
<th>INCRELEX 40 MG/4ML SOLUTION</th>
<th>4</th>
<th>PA S Specialty Drug</th>
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</thead>
<tbody>
<tr>
<td>mecasermin</td>
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**LHRH/GNRH AGONIST ANALOG COMBINATIONS**

<table>
<thead>
<tr>
<th>LUPANETA PACK 11.25 &amp; 5 MG KIT</th>
<th>4</th>
<th>PA S Specialty Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>leuprolide acetate &amp; norethindrone acetate</td>
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</table>

<table>
<thead>
<tr>
<th>LUPANETA PACK 3.75 &amp; 5 MG KIT</th>
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<th>PA S Specialty Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>leuprolide acetate &amp; norethindrone acetate</td>
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**LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS**

<table>
<thead>
<tr>
<th>LUPRON DEPOT-PED (1-MONTH) 11.25 MG KIT</th>
<th>4</th>
<th>PA S Specialty Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>leuprolide acetate (cpp)</td>
<td></td>
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<table>
<thead>
<tr>
<th>LUPRON DEPOT-PED (1-MONTH) 15 MG KIT</th>
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<th>PA S Specialty Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>leuprolide acetate (cpp)</td>
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<table>
<thead>
<tr>
<th>LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT</th>
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</tr>
</thead>
<tbody>
<tr>
<td>leuprolide acetate (cpp)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------</td>
<td>------</td>
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</tr>
<tr>
<td>LUPRON DEPOT-PED (3-MONTH) 11.25 MG (PED) KIT</td>
<td>4 PA</td>
<td>S Specialty Drug</td>
</tr>
<tr>
<td>leuprolide acetate (cpp) (3 month)</td>
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<td></td>
</tr>
<tr>
<td>LUPRON DEPOT-PED (3-MONTH) 30 MG (PED) KIT</td>
<td>4 PA</td>
<td>S Specialty Drug</td>
</tr>
<tr>
<td>leuprolide acetate (cpp) (3 month)</td>
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<td></td>
</tr>
<tr>
<td>PARATHYROID HORMONE AND DERIVATIVES</td>
<td></td>
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<tr>
<td>FORTEO 620 MCG/2.48ML SOLN PEN</td>
<td>4 PA</td>
<td>S Specialty Drug</td>
</tr>
<tr>
<td>teriparatide (recombinant)</td>
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<tr>
<td>TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN</td>
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<td>S Specialty Drug</td>
</tr>
<tr>
<td>teriparatide (recombinant)</td>
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<tr>
<td>TYMLOS 3120 MCG/1.56ML SOLN PEN</td>
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<td>S Specialty Drug</td>
</tr>
<tr>
<td>abaloparatide</td>
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<tr>
<td>PHENYLKETONURIA TREATMENT - AGENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PALYNZIQ 10 MG/0.5ML SOLN PRSYR</td>
<td>4 PA</td>
<td>S Specialty Drug</td>
</tr>
<tr>
<td>pegvaliase-pqpz</td>
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<td></td>
</tr>
<tr>
<td>PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR</td>
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<td>S Specialty Drug</td>
</tr>
<tr>
<td>pegvaliase-pqpz</td>
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<td></td>
</tr>
<tr>
<td>PALYNZIQ 20 MG/ML SOLN PRSYR</td>
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<td>S Specialty Drug</td>
</tr>
<tr>
<td>pegvaliase-pqpz</td>
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<tr>
<td>sapropterin dihydrochloride 100 mg packet</td>
<td>4 PA</td>
<td>S Specialty Drug</td>
</tr>
<tr>
<td>sapropterin dihydrochloride 100 mg tab</td>
<td>4 PA</td>
<td>S Specialty Drug</td>
</tr>
<tr>
<td>sapropterin dihydrochloride 500 mg packet</td>
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<td>S Specialty Drug</td>
</tr>
<tr>
<td>SCLEROSTIN INHIBITORS</td>
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<tr>
<td>EVENITY 105 MG/1.17ML SOLN PRSYR</td>
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<td>MFL 12 / 999999 DAYS S Specialty Drug</td>
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<tr>
<td>romosozumab-aqqg</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>SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</strong></td>
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<tr>
<td>OSPHENA 60 MG TAB</td>
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<tr>
<td><em>ospemifene</em></td>
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<tr>
<td><em>raloxifene hcl 60 mg tab</em></td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
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<tr>
<td>Preventative</td>
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<td><strong>SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS</strong></td>
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<tr>
<td>JYNARQUE 15 MG TAB</td>
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<td>PA</td>
</tr>
<tr>
<td><em>tolvaptan</em></td>
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<td>Specialty Drug</td>
</tr>
<tr>
<td>JYNARQUE 15 MG TAB THPK</td>
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<td>PA</td>
</tr>
<tr>
<td><em>tolvaptan</em></td>
<td>S</td>
<td>Specialty Drug</td>
</tr>
<tr>
<td>JYNARQUE 30 &amp; 15 MG TAB THPK</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td><em>tolvaptan</em></td>
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<td>Specialty Drug</td>
</tr>
<tr>
<td>JYNARQUE 30 MG TAB</td>
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</tr>
<tr>
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<tr>
<td>JYNARQUE 45 &amp; 15 MG TAB THPK</td>
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<td>PA</td>
</tr>
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<tr>
<td>JYNARQUE 60 &amp; 30 MG TAB THPK</td>
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<tr>
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<tr>
<td>JYNARQUE 90 &amp; 30 MG TAB THPK</td>
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<td>SAMSCA 15 MG TAB</td>
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<td>TOLVAPTAN 15 MG TAB</td>
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<td>tolvaptan 30 mg tab</td>
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<td>PA</td>
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<td>S</td>
<td>Specialty Drug</td>
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</tr>
<tr>
<td><strong>SOMATOSTATIC AGENTS</strong></td>
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<tr>
<td>OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR</td>
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<td></td>
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<tr>
<td><em>octreotide acetate</em></td>
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<td></td>
</tr>
<tr>
<td><em>octreotide acetate 100 mcg/ml solution</em></td>
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</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
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<td>----------------------------------------------------------</td>
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</tr>
<tr>
<td>octreotide acetate 1000 mcg/ml solution</td>
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<tr>
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<td>OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR</td>
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<td>octreotide acetate 500 mcg/ml solution</td>
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<tr>
<td>SIGNIFOR 0.3 MG/ML SOLUTION</td>
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<td>PA</td>
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<td>PA</td>
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<td>PA</td>
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<tr>
<td>UREA CYCLE DISORDER - AGENTS</td>
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<tr>
<td>BUPHENYL 3 GM/TSP POWDER</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>sodium phenylbutyrate</td>
<td></td>
<td>AL1 Up to 8 yrs old</td>
</tr>
<tr>
<td></td>
<td></td>
<td>S Specialty Drug</td>
</tr>
<tr>
<td>BUPHENYL 500 MG TAB</td>
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<td>PA</td>
</tr>
<tr>
<td>sodium phenylbutyrate</td>
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<td>S Specialty Drug</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>sodium phenylbutyrate 3 gm/tsp powder</td>
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<td>AL1 Up to 8 yrs old</td>
</tr>
<tr>
<td>sodium phenylbutyrate 500 mg tab</td>
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<td>PA</td>
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<tr>
<td><strong>VASOPRESSIN</strong></td>
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<tr>
<td>desmopressin ace spray refrig 0.01 % solution</td>
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<tr>
<td>desmopressin acetate 0.1 mg tab</td>
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<tr>
<td>desmopressin acetate 0.2 mg tab</td>
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</tr>
<tr>
<td><strong>DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION</strong></td>
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<td></td>
</tr>
<tr>
<td>desmopressin acetate</td>
<td>2</td>
<td>QL 1 / 90 day(s)</td>
</tr>
<tr>
<td>desmopressin acetate 4 mcg/ml solution</td>
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<td>PA</td>
</tr>
<tr>
<td>desmopressin acetate pf 4 mcg/ml solution</td>
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<td>PA</td>
</tr>
<tr>
<td>desmopressin acetate spray 0.01 % solution</td>
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</tr>
<tr>
<td><strong>STIMATE 1.5 MG/ML SOLUTION</strong></td>
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</tr>
<tr>
<td>desmopressin acetate</td>
<td>2</td>
<td>QL 1 / 180 day(s)</td>
</tr>
<tr>
<td><strong>ESTROGENS</strong></td>
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<tr>
<td><strong>ESTROGEN &amp; ANDROGEN</strong></td>
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</tr>
<tr>
<td>covaryx 1.25-2.5 mg tab</td>
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<tr>
<td>covaryx hs 0.625-1.25 mg tab</td>
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<tr>
<td>eemt 1.25-2.5 mg tab</td>
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<td>eemt hs 0.625-1.25 mg tab</td>
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<tr>
<td>est estrogens-methyltest 0.625-1.25 mg tab</td>
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**FLUOROQUINOLONES**

ciprofloxacin 250 mg/5ml (5%) recon susp | 1    | AL1 Up to 8 yrs old |
ciprofloxacin 500 mg/5ml (10%) recon susp | 1    | AL1 Up to 8 yrs old |
CIPROFLOXACIN HCL 100 MG TAB | 1    |                       |
ciprofloxacin hcl |    |                       |
ciprofloxacin hcl 250 mg tab | 1    |                       |
ciprofloxacin hcl 500 mg tab | 1    |                       |
ciprofloxacin hcl 750 mg tab | 1    |                       |
CIPROFLOXACIN-CIPROFLOX HCL ER 1000 MG TAB ER 24H | 1    |                       |
ciprofloxacin-ciprofloxacin hcl |    |                       |
FACTIVE 320 MG TAB | 3    |                       |
gemifloxacin mesylate |    |                       |
levofloxacin 25 mg/ml solution | 1    | AL1 At least 8 yrs old |
levofloxacin 25 mg/ml solution | 1    | AL1 At least 8 yrs old |
levofloxacin 250 mg tab | 1    | QL 14 / 14 DAYS |
levofloxacin 500 mg tab | 1    | QL 14 / 14 DAYS |
levofloxacin 750 mg tab | 1    | QL 14 / 14 DAYS |
moxifloxacin hcl 400 mg tab | 1    | QL 14 / 0 DAYS MFL 1 / DAYS |
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<td>MOTEGRITY 1 MG TAB</td>
<td>3</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>prucalopride succinate</td>
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<tr>
<td>MOTEGRITY 2 MG TAB</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>prucalopride succinate</td>
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<tr>
<td>CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS</td>
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<tr>
<td>TRULANCE 3 MG TAB</td>
<td>3</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>plecanatide</td>
<td></td>
<td>PA</td>
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<tr>
<td>FARNESOID X RECEPTOR (FXR) AGONISTS</td>
<td></td>
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<tr>
<td>OCALIVA 10 MG TAB</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>obeticholic acid</td>
<td></td>
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<tr>
<td>OCALIVA 5 MG TAB</td>
<td>4</td>
<td>PA</td>
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<tr>
<td>obeticholic acid</td>
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<tr>
<td>Gallstone Solubilizing Agents</td>
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<tr>
<td>ursodiol 250 mg tab</td>
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<td>ursodiol 300 mg cap</td>
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</tr>
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<td>ursodiol 500 mg tab</td>
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<tr>
<td>Gastrointestinal Antiallergy Agents</td>
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<tr>
<td>cromolyn sodium 100 mg/5ml conc</td>
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<td>Gastrointestinal Chloride Channel Activators</td>
<td></td>
<td></td>
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<tr>
<td>AMITIZA 24 MCG CAP</td>
<td>3</td>
<td>QL 60 / 30 day(s)</td>
</tr>
<tr>
<td>lubiprostone</td>
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<td>PA</td>
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<tr>
<td>AMITIZA 8 MCG CAP</td>
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<td>LUBIPROSTONE 24 MCG CAP</td>
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<td>LUBIPROSTONE 8 MCG CAP</td>
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<td>lubiprostone</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
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<td><strong>GASTROINTESTINAL STIMULANTS</strong></td>
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<tr>
<td>metoclopramide hcl 10 mg tab</td>
<td>1</td>
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<tr>
<td><strong>METOCLOPRAMIDE HCL 10 MG TAB DISP</strong></td>
<td>1</td>
<td>QL 120 / 30 DAYS</td>
</tr>
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<tr>
<td>metoclopramide hcl 10 mg/10ml solution</td>
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<tr>
<td>metoclopramide hcl 5 mg tab</td>
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<tr>
<td><strong>METOCLOPRAMIDE HCL 5 MG TAB DISP</strong></td>
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<td>QL 120 / 30 DAYS</td>
</tr>
<tr>
<td>metoclopramide hcl</td>
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<td></td>
</tr>
<tr>
<td>metoclopramide hcl 5 mg/5ml solution</td>
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<tr>
<td><strong>IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS</strong></td>
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<tr>
<td>LINZESS 145 MCG CAP linacotide</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>LINZESS 290 MCG CAP linacotide</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>LINZESS 72 MCG CAP linacotide</td>
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<td>QL 30 / 30 DAYS</td>
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<td><strong>IBS AGENT - MU-OPIOID RECEPTOR AGONISTS</strong></td>
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<tr>
<td>VIBERZI 100 MG TAB eluxadoline</td>
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<td>PA</td>
</tr>
<tr>
<td>VIBERZI 75 MG TAB eluxadoline</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td><strong>IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS</strong></td>
<td></td>
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<tr>
<td>alosetron hcl 0.5 mg tab</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>alosetron hcl 1 mg tab</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td><strong>INFLAMMATORY BOWEL AGENTS</strong></td>
<td></td>
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<tr>
<td>balsalazide disodium 750 mg cap</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>DIPENTUM 250 MG CAP olsalazine sodium</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>GIAZO 1.1 GM TAB balsalazide disodium</td>
<td>3</td>
<td>QL 180 / 30 DAYS</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>------</td>
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</tr>
<tr>
<td>mesalamine 1.2 gm tab dr</td>
<td>2</td>
<td>QL 120 / 30 DAYS</td>
</tr>
<tr>
<td>mesalamine 1000 mg suppos</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>mesalamine 4 gm enema</td>
<td>1</td>
<td>QL 1680 / 28 DAYS</td>
</tr>
<tr>
<td>mesalamine 400 mg cap dr</td>
<td>1</td>
<td>QL 6 / 1 day(s)</td>
</tr>
<tr>
<td>mesalamine 800 mg tab dr</td>
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<td>QL 180 / 30 DAYS</td>
</tr>
<tr>
<td>mesalamine er 0.375 gm cap er 24h</td>
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<td>QL 4 / 1 day(s)</td>
</tr>
<tr>
<td>mesalamine-cleanser 4 gm kit</td>
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<td>QL 1680 / 28 DAYS</td>
</tr>
<tr>
<td>PENTASA 250 MG CAP ER</td>
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<td>mesalamine</td>
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<td>QL 90 / 30 DAYS</td>
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<tr>
<td>PENTASA 500 MG CAP ER</td>
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<td>mesalamine</td>
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<td>QL 240 / 30 DAYS</td>
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<td>sulfasalazine 500 mg tab</td>
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<td>sulfasalazine 500 mg tab dr</td>
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<td>INTESTINAL ACIDIFIERS</td>
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<tr>
<td>enulose 10 gm/15ml solution</td>
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<tr>
<td>generlac 10 gm/15ml solution</td>
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<tr>
<td>lactulose encephalopathy 10 gm/15ml solution</td>
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<tr>
<td>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</td>
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<tr>
<td>MOVANTIK 12.5 MG TAB</td>
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<tr>
<td>naloxegol oxalate</td>
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</tr>
<tr>
<td>MOVANTIK 25 MG TAB</td>
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<tr>
<td>naloxegol oxalate</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>SYMPROIC 0.2 MG TAB</td>
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<tr>
<td>naldemedine tosylate</td>
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<td>QL 30 / 30 DAYS</td>
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<td>PHOSPHATE BINDER AGENTS</td>
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<tr>
<td>AURYXIA 1 GM 210 MG(FE) TAB</td>
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<tr>
<td>ferric citrate</td>
<td>3</td>
<td>QL 360 / 30 DAYS</td>
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<tr>
<td>calcium acetate (phos binder) 667 mg cap</td>
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<td></td>
</tr>
<tr>
<td>calcium acetate (phos binder) 667 mg tab</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
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<tr>
<td>calcium acetate 667 mg tab</td>
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<tr>
<td>FOSRENOL 1000 MG CHEW TAB</td>
<td>3</td>
<td>PA</td>
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<tr>
<td>lanthanum carbonate</td>
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<tr>
<td>FOSRENOL 1000 MG PACKET</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>lanthanum carbonate</td>
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<tr>
<td>FOSRENOL 500 MG CHEW TAB</td>
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<td>PA</td>
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<tr>
<td>lanthanum carbonate</td>
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<tr>
<td>FOSRENOL 750 MG CHEW TAB</td>
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<td>FOSRENOL 750 MG PACKET</td>
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<td>PA</td>
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<tr>
<td>lanthanum carbonate</td>
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<tr>
<td>lanthanum carbonate 1000 mg chew tab</td>
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<tr>
<td>lanthanum carbonate 500 mg chew tab</td>
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<td>lanthanum carbonate 750 mg chew tab</td>
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<td>PHOSLYRA 667 MG/5ML SOLUTION</td>
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<td>AL1 Up to 8 yrs old</td>
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<tr>
<td>calcium acetate (phosphate binder)</td>
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<tr>
<td>sevelamer carbonate 2.4 gm packet</td>
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<td>AL1 Up to 8 yrs old</td>
</tr>
<tr>
<td>sevelamer carbonate 800 mg tab</td>
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<td>SEVELAMER HCL 400 MG TAB</td>
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<td>PA</td>
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<tr>
<td>sevelamer hcl</td>
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<tr>
<td>sevelamer hcl 800 mg tab</td>
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<td>PA</td>
</tr>
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<td>VELPHORO 500 MG CHEW TAB</td>
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<td>PA</td>
</tr>
<tr>
<td>sucroferric oxyhydroxide</td>
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<td>TUMOR NECROSIS FACTOR ALPHA BLOCKERS</td>
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<tr>
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<tr>
<td>certolizumab pegol</td>
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<td>S Specialty Drug</td>
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<tr>
<td>CIMZIA PREFILLED 2 X 200 MG/ML KIT</td>
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<td>PA</td>
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<tr>
<td>certolizumab pegol</td>
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<td>S Specialty Drug</td>
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<tr>
<td>CIMZIA STARTER KIT 6 X 200 MG/ML KIT</td>
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<td>certolizumab pegol</td>
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<td>S Specialty Drug</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<td>GENITOURINARY AGENTS - MISCELLANEOUS</td>
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<td>5-ALPHA REDUCTASE INHIBITORS</td>
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<td>dutasteride 0.5 mg cap</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>finasteride 5 mg tab</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td></td>
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<tr>
<td>ALPHA 1-ADRENOCEPTOR ANTAGONISTS</td>
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<tr>
<td>alfuzosin hcl er 10 mg tab er 24h</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>CARDURA XL 4 MG TAB ER 24H</td>
<td>3</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>doxazosin mesylate (bph)</td>
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<tr>
<td>CARDURA XL 8 MG TAB ER 24H</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td></td>
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<tr>
<td>silodosin 4 mg cap</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>silodosin 8 mg cap</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>tamsulosin hcl 0.4 mg cap</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
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<td></td>
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<tr>
<td>ANTI-INFECTIVE GENITOURINARY IRRIGANTS</td>
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<tr>
<td>NEOMYCIN-POLYMIXIN B GU 40-200000 SOLUTION</td>
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<tr>
<td>neomycin/polymyxin b gu</td>
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<td>neomycin-polymyxin b gu 40-200000 solution</td>
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<tr>
<td>CITRATES</td>
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<tr>
<td>CYTRA K CRYSTALS 3300-1002 MG PACKET</td>
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<tr>
<td>potassium citrate-citric acid</td>
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<tr>
<td>ORACIT 490-640 MG/5ML SOLUTION</td>
<td>3</td>
<td>AL1 Up to 8 yrs old</td>
</tr>
<tr>
<td>sodium citrate &amp; citric acid</td>
<td></td>
<td></td>
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<tr>
<td>pot &amp; sod cit-cit ac 550-500-334 mg/5ml solution</td>
<td>1</td>
<td>AL1 Up to 8 yrs old</td>
</tr>
<tr>
<td>potassium citrate er 10 meq (1080 mg) tab er</td>
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</tr>
<tr>
<td>potassium citrate er 15 meq (1620 mg) tab er</td>
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</tr>
<tr>
<td>potassium citrate er 5 meq (540 mg) tab er</td>
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<td></td>
</tr>
<tr>
<td>potassium citrate-citric acid 1100-334 mg/5ml solution</td>
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</tr>
<tr>
<td>potassium citrate-citric acid 3300-1002 mg packet</td>
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<tr>
<td>sod citrate-citric acid 500-334 mg/5ml solution</td>
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<td></td>
</tr>
<tr>
<td>taron-crystals 3300-1002 mg packet</td>
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</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
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<tr>
<td>tricitrates 550-500-334 mg/5ml solution</td>
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<td>AL1 Up to 8 yrs old</td>
</tr>
<tr>
<td>virtrate-2 500-334 mg/5ml solution</td>
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<tr>
<td>virtrate-3 550-500-334 mg/5ml solution</td>
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</tr>
<tr>
<td>virtrate-k 1100-334 mg/5ml solution</td>
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**CYSTINOSIS AGENTS**

<table>
<thead>
<tr>
<th>CYSTAGON 150 MG CAP</th>
<th>4</th>
<th>PA S Specialty Drug</th>
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<tbody>
<tr>
<td>cysteamine bitartrate</td>
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<table>
<thead>
<tr>
<th>CYSTAGON 50 MG CAP</th>
<th>4</th>
<th>PA S Specialty Drug</th>
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</thead>
<tbody>
<tr>
<td>cysteamine bitartrate</td>
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**GENITOURINARY IRRIGANTS**

<table>
<thead>
<tr>
<th>aminoacetic acid 1.5 % solution</th>
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</thead>
<tbody>
<tr>
<td>curity sterile saline 0.9 % solution</td>
<td>1</td>
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</tr>
<tr>
<td>glycine 1.5 % solution</td>
<td>1</td>
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</tr>
<tr>
<td>glycine urologic 1.5 % solution</td>
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<table>
<thead>
<tr>
<th>RENACIDIN SOLUTION</th>
<th>2</th>
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</thead>
<tbody>
<tr>
<td>citric acid-gluconolactone-magnesium carbonate</td>
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</tbody>
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<table>
<thead>
<tr>
<th>RESECTISOL 5 % SOLUTION</th>
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</thead>
<tbody>
<tr>
<td>mannitol (gu irrigant)</td>
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<td></td>
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</tbody>
</table>

| sodium chloride 0.9 % solution                           | 1    |                       |

**SORBITOL 3 % SOLUTION**

| sorbitol irrigation                                      | 1    |                       |

**SORBITOL 3.3 % SOLUTION**

| sorbitol irrigation                                      | 1    |                       |

**SORBITOL-MANNITOL 2.7-0.54 GM/100ML SOLUTION**

| sorbitol-mannitol                                       | 3    |                       |

**INTERSTITIAL CYSTITIS AGENTS**

<table>
<thead>
<tr>
<th>ELMIRON 100 MG CAP</th>
<th>3</th>
<th>PA</th>
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<tr>
<td>pentosan polysulfate sodium</td>
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**PHOSPHATES**

<table>
<thead>
<tr>
<th>K-PHOS NO 2 305-700 MG TAB</th>
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</thead>
<tbody>
<tr>
<td>potassium &amp; sodium acid phosphates</td>
<td></td>
<td></td>
</tr>
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**ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES**

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**BRADYKININ B2 RECEPTOR ANTAGONISTS**

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**C1 INHIBITORS**

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<tr>
<td><em>filgrastim-aafi</em></td>
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<td>UDENYCA 6 MG/0.6ML SOLN PRSYR</td>
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<tr>
<td><em>pegfilgrastim-cbqv</em></td>
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<td>ZIEXTENZO 6 MG/0.6ML SOLN PRSYR</td>
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<tr>
<td><em>pegfilgrastim-bmez</em></td>
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<tr>
<td>THROMBOPOIETIN (TPO) RECEPTOR AGONISTS</td>
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<tr>
<td>NPLATE 250 MCG RECON SOLN</td>
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<tr>
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</tr>
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<td>NPLATE 500 MCG RECON SOLN</td>
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<tr>
<td><em>romiplostim</em></td>
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</tr>
<tr>
<td>PROMACTA 12.5 MG PACKET</td>
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<tr>
<td><em>eltrombopag olamine</em></td>
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<td>S Specialty Drug</td>
</tr>
<tr>
<td>PROMACTA 12.5 MG TAB</td>
<td>4</td>
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<tr>
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<td>S Specialty Drug</td>
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<td>PROMACTA 25 MG PACKET</td>
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<tr>
<td>PROMACTA 25 MG TAB</td>
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<td>PROMACTA 50 MG TAB</td>
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<td><strong>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</strong></td>
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<td><strong>BARBITURATE HYPNOTICS</strong></td>
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<td>estazolam 2 mg tab</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>midazolam hcl (pf) 5 mg/ml solution</td>
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<tr>
<td>midazolam hcl 10 mg/2ml solution</td>
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<td>midazolam hcl 2 mg/ml syrup</td>
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<td>midazolam hcl 25 mg/5ml solution</td>
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<td>midazolam hcl 5 mg/ml solution</td>
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<tr>
<td>midazolam hcl 50 mg/10ml solution</td>
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<td>QUAZEPAM 15 MG TAB</td>
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<td>quazepam</td>
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<td>temazepam 15 mg cap</td>
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<td>temazepam 22.5 mg cap</td>
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<td><strong>NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS</strong></td>
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<tr>
<td>EDLUAR 10 MG SL TAB</td>
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<td>zolpidem tartrate</td>
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<tr>
<td>EDLUAR 5 MG SL TAB</td>
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<tr>
<td>zolpidem tartrate</td>
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<td>eszopiclone 1 mg tab</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>eszopiclone 2 mg tab</td>
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<tr>
<td>eszopiclone 3 mg tab</td>
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<td>zaleplon 10 mg cap</td>
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<td>QL 60 / 30 DAYS</td>
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<td>zaleplon 5 mg cap</td>
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<td>zolpidem tartrate 10 mg tab</td>
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<td>zolpidem tartrate 3.5 mg sl tab</td>
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<td>zolpidem tartrate 5 mg tab</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>zolpidem tartrate er 12.5 mg tab er</td>
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<tr>
<td>zolpidem tartrate er 6.25 mg tab er</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>ZOLPIMIST 5 MG/ACT SOLUTION</td>
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<td>PA</td>
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<td>zolpidem tartrate</td>
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<td><strong>OREXIN RECEPTOR ANTAGONISTS</strong></td>
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<tr>
<td>BELSOMRA 10 MG TAB</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>BELSOMRA 15 MG TAB</td>
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<td>PA</td>
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<tr>
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<tr>
<td>BELSOMRA 5 MG TAB</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>suvorexant</td>
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<td>PA</td>
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**SELECTIVE MELATONIN RECEPTOR AGONISTS**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
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<tbody>
<tr>
<td>ramelteon 8 mg tab</td>
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**LAXATIVES**

**BOWEL EVACUANT COMBINATIONS**

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<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>GAVILYTE-C 240 GM RECON SOLN</td>
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<tr>
<td>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</td>
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<tr>
<td>gavilyte-g 236 gm recon soln</td>
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<td>PREV Preventative</td>
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<tr>
<td>gavilyte-h 5-210 mg-gm kit</td>
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<tr>
<td>gavilyte-n with flavor pack 420 gm recon soln</td>
<td>1</td>
<td>PREV Preventative</td>
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<tr>
<td>GOLYTELY 227.1 GM RECON SOLN</td>
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<td>PREV Preventative</td>
</tr>
<tr>
<td>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</td>
<td></td>
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<tr>
<td>GOLYTELY 236 GM RECON SOLN</td>
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<td>PREV Preventative</td>
</tr>
<tr>
<td>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</td>
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<tr>
<td>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</td>
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<td>PREV Preventative</td>
</tr>
<tr>
<td>peg 3350/electrolytes 240 gm recon soln</td>
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<tr>
<td>peg-3350/electrolytes 236 gm recon soln</td>
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<td>PEG-PREP 5-210 MG-GM KIT</td>
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<td>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride</td>
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<td>SUPREP BOWEL PREP KIT 17.5-3.13-1.6 GM/177ML SOLUTION</td>
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<td>sodium sulfate-potassium sulfate-magnesium sulfate</td>
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**LAXATIVES - MISCELLANEOUS**

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<tr>
<td>LACTULOSE 10 GM PACKET</td>
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<td>AL1 Up to 8 yrs old</td>
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<tr>
<td>lactulose</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
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<tr>
<td>lactulose 10 gm/15ml solution</td>
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<td>lactulose 20 gm/30ml solution</td>
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<td>pegylax 17 gm/scoop powder</td>
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<td>polyethylene glycol 3350 17 gm packet</td>
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<tr>
<td>polyethylene glycol 3350 17 gm/scoop powder</td>
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<td>DIFICID 40 MG/ML RECON SUSP</td>
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### MIGRAINE PRODUCTS

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

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<td>UBRELVY 100 MG TAB</td>
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<td>UBRELVY 50 MG TAB</td>
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**CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES**

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<td>ERGOMAR 2 MG SL TAB</td>
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<td>diclofenac potassium (migraine)</td>
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### PRODUCT DESCRIPTION

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### TIER LIMITS & RESTRICTIONS

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### MONOCLONAL ANTIBODIES

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### POTASSIUM REMOVING AGENTS

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<td>kionex powder</td>
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<td>kionex 15 gm/60ml suspension</td>
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### SPS 15 GM/60ML SUSPENSION

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### VELTASSA 16.8 GM PACKET

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### VELTASSA 25.2 GM PACKET

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Tier</th>
<th>Limits &amp; Restrictions</th>
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</thead>
<tbody>
<tr>
<td>Veltassa 25.2 gm packet</td>
<td>3</td>
<td>QL 30 / 30 days</td>
</tr>
<tr>
<td>patiromer sorbitex calcium</td>
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### VELTASSA 8.4 GM PACKET

<table>
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<tbody>
<tr>
<td>Veltassa 8.4 gm packet</td>
<td>3</td>
<td>QL 60 / 28 days</td>
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<tr>
<td>patiromer sorbitex calcium</td>
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### PURINE ANALOGS

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>azathioprine 50 mg tab</td>
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### MOUTH/THROAT/DENTAL AGENTS

### ANESTHETICS TOPICAL ORAL

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<thead>
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<th>Product Description</th>
<th>Tier</th>
<th>Limits &amp; Restrictions</th>
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<tbody>
<tr>
<td>LIDOCAINE HCL 4 % SOLUTION</td>
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<tr>
<td>lidocaine hcl (mouth-throat)</td>
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<tr>
<td>lidocaine viscous hcl 2 % solution</td>
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### ANTI-INFECTIVES - THROAT

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<tbody>
<tr>
<td>clotrimazole 10 mg troche</td>
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<tr>
<td>nystatin 100000 unit/ml suspension</td>
<td>1</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>ORAVIG 50 MG TAB</td>
<td>3</td>
<td>QL 14 / 14 DAYS</td>
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<tr>
<td>miconazole (mouth-throat)</td>
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<td><strong>ANTISEPTIC COMBINATIONS - MOUTH/THROAT</strong></td>
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<tr>
<td>DEBACTEROL 30-50 % SOLUTION</td>
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<tr>
<td>sulfuric acid-sulfonated phenolics</td>
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<tr>
<td>DEBACTEROL 30-50 % SOLUTION</td>
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<tr>
<td>sulfuric acid-sulfonated phenolics</td>
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<tr>
<td><strong>ANTISEPTICS - MOUTH/THROAT</strong></td>
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<tr>
<td>chlorhexidine gluconate 0.12 % solution</td>
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<tr>
<td>paroex 0.12 % solution</td>
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</tr>
<tr>
<td>periogard 0.12 % solution</td>
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<td><strong>PROTECTANTS - MOUTH/THROAT</strong></td>
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<td><strong>SALIVA STIMULANTS</strong></td>
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<td>cevimeline hcl 30 mg cap</td>
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<td>pilocarpine hcl 5 mg tab</td>
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<tr>
<td>pilocarpine hcl 7.5 mg tab</td>
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<td><strong>STERIODS - MOUTH/THROAT/DENTAL</strong></td>
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<tr>
<td>oralone 0.1 % paste</td>
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<tr>
<td>triamcinolone acetonide 0.1 % paste</td>
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<td><strong>MULTIVITAMINS</strong></td>
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<tr>
<td>PRENATAL MV &amp; MIN W/FE-FA</td>
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<td>CO-NATAL FA TAB</td>
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<td>prenatal vit w/ ferrous fumarate-folic acid</td>
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<td>PREV Preventative</td>
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<tr>
<td>COMPLETENATE 29-1 MG CHEW TAB</td>
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<td>prenatal vit w/ ferrous fumarate-folic acid</td>
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<td>CONCEPT DHA 53.5-38-1 MG CAP</td>
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<td>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</td>
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<td>ENBRACE HR CAP</td>
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<td>prenatal vit w/ fe glycine cysteinate-fa-omega 3 fatty acids</td>
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<td>M-NATAL PLUS 27-1 MG TAB</td>
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<td>prenatal vit w/ ferrous fumarate-folic acid</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<td>PRENATABS RX 29-1 MG TAB</td>
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<td>PRENATAL 19 29-1 MG TAB</td>
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<tr>
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<td>PRENATAL PLUS IRON 29-1 MG TAB</td>
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<td>PRETAB 29-1 MG TAB</td>
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<td>PREV Preventative</td>
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<td>prenatal vit w/ ferrous fumarate-folic acid</td>
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<tr>
<td>SE-NATAL 19 29-1 MG CHEW TAB</td>
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<td>SE-NATAL 19 29-1 MG TAB</td>
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<tr>
<td>prenatal vit w/ docusate-fe fumarate-folic acid</td>
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<td>TRICARE TAB</td>
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<td>VOL-PLUS 27-1 MG TAB</td>
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<td>VOL-TAB RX 29-1 MG TAB</td>
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<td>WESTAB PLUS 27-1 MG TAB</td>
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<tr>
<td>PRENATAL MV &amp; MIN W/FE-FA-CA-OMEGA 3 FISH OIL</td>
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<tr>
<td>complete natal dha 29-1-200 &amp; 200 mg misc</td>
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<tr>
<td>prenatal mv &amp; min w/fe bisglyc-fe prot succ-fa-ca-omega 3</td>
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<td>TRIVEEN-DUO DHA 29-1-200 &amp; 300 MG MISC</td>
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<td>PRENATAL MV &amp; MIN W/FE-FA-DHA</td>
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<td>folcal dha 27-1.25-300 mg cap</td>
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<tr>
<td>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</td>
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<td>PNV-DHA+DOCUSATE 27-1.25-300 MG CAP</td>
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<td>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
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<tr>
<td>VITAFOL-OB+DHA 65-1 &amp; 250 MG MISC</td>
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<td>prenatal mv &amp; min w/fe fumarate-fa-dha</td>
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<td>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</td>
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<td>VITAMEDMD REDICHEW RX 1.4 MG CHEW TAB</td>
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<td>prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid</td>
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<td>PRENATAL VITAMINS</td>
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<tr>
<td>COD LIVER OIL    OIL</td>
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<td>cod liver oil</td>
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<td>CENTRAL MUSCLE RELAXANTS</td>
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<tr>
<td>baclofen 10 mg tab</td>
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<td>QL 90 / 30 DAYS</td>
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<tr>
<td>baclofen 20 mg tab</td>
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<td>QL 6 / 1 day(s)</td>
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<td>baclofen 5 mg tab</td>
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<td>QL 90 / 30 DAYS</td>
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<td>chlorzoxazone 500 mg tab</td>
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<tr>
<td>cyclobenzaprine hcl 10 mg tab</td>
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<td>cyclobenzaprine hcl 5 mg tab</td>
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<td>cyclobenzaprine hcl 7.5 mg tab</td>
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<td>metaxall 800 mg tab</td>
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<td>QL 90 / 30 DAYS</td>
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<td>METAXALONE 400 MG TAB</td>
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<tr>
<td>metaxalone</td>
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<td>metaxalone 800 mg tab</td>
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<td>QL 90 / 30 DAYS</td>
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<td>methocarbamol 750 mg tab</td>
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<td>orphenadrine citrate 30 mg/ml solution</td>
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<td>orphenadrine citrate er 100 mg tab 12h</td>
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<td>tizanidine hcl 2 mg cap</td>
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<td>tizanidine hcl 2 mg tab</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<td>tizanidine hcl 6 mg cap</td>
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<td><strong>DIRECT MUSCLE RELAXANTS</strong></td>
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<tr>
<td>dantrolene sodium 100 mg cap</td>
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<td>dantrolene sodium 25 mg cap</td>
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<td>dantrolene sodium 50 mg cap</td>
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<td><strong>NASAL AGENTS - SYSTEMIC AND TOPICAL</strong></td>
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<td><strong>ANTIHISTAMINE-STEROID</strong></td>
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<tr>
<td>azelastine-fluticasone 137-50 mcg/act suspension</td>
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<tr>
<td><strong>NASAL ANTIBIOTICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BACTROBAN NASAL 2 % OINTMENT</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>mupirocin calcium</td>
<td></td>
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<tr>
<td><strong>NASAL ANTICHOLINERGICS</strong></td>
<td></td>
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</tr>
<tr>
<td>ipratropium bromide 0.03 % solution</td>
<td>1</td>
<td>QL 30 / 28 DAYS</td>
</tr>
<tr>
<td>ipratropium bromide 0.06 % solution</td>
<td>1</td>
<td>QL 15 / 14 DAYS</td>
</tr>
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<td><strong>NASAL ANTIHISTAMINES</strong></td>
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<tr>
<td>azelastine hcl 0.1 % solution</td>
<td>1</td>
<td>QL 30 / 25 DAYS</td>
</tr>
<tr>
<td>azelastine hcl 0.15 % solution</td>
<td>1</td>
<td>QL 30 / 25 DAYS</td>
</tr>
<tr>
<td>azelastine hcl 137 mcg/spray solution</td>
<td>1</td>
<td>QL 30 / 25 DAYS</td>
</tr>
<tr>
<td>olopatadine hcl 0.6 % solution</td>
<td>1</td>
<td>QL 30.5 / 30 DAYS</td>
</tr>
<tr>
<td><strong>NASAL STEROIDS</strong></td>
<td></td>
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<tr>
<td>BECONASE AQ 42 MCG/SPRAY SUSPENSION</td>
<td>3</td>
<td>QL 25 / 23 DAYS</td>
</tr>
<tr>
<td>beclomethasone diprop monohydr</td>
<td></td>
<td>ST</td>
</tr>
<tr>
<td>FLUNISOLIDE 25 MCG/ACT (0.025%) SOLUTION</td>
<td>1</td>
<td>QL 25 / 25 DAYS</td>
</tr>
<tr>
<td>flunisolide (nasal)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fluticasone propionate 50 mcg/act suspension</td>
<td>1</td>
<td>QL 16 / 30 DAYS</td>
</tr>
<tr>
<td>mometasone furoate 50 mcg/act suspension</td>
<td>1</td>
<td>QL 34 / 30 DAYS</td>
</tr>
<tr>
<td>OMNARIS 50 MCG/ACT SUSPENSION</td>
<td>3</td>
<td>QL 12.5 / 30 DAYS</td>
</tr>
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<td>ciclesonide (nasal)</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>QNASL 80 MCG/ACT AERO SOLN</td>
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<td>QL 10.6 / 30 DAYS</td>
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<td>beclomethasone dipropionate (nasal)</td>
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<tr>
<td>QNASL CHILDRENS 40 MCG/ACT AERO SOLN</td>
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<td>QL 4.9 / 30 DAYS</td>
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<td>beclomethasone dipropionate (nasal)</td>
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<tr>
<td>XHANCE 93 MCG/ACT EXHU</td>
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<tr>
<td>fluticasone propionate (nasal)</td>
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<td>NEUROMUSCULAR AGENTS</td>
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<tr>
<td>BENZATHIAZOLEs</td>
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</tr>
<tr>
<td>riluzole 50 mg tab</td>
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<td>SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS</td>
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</tr>
<tr>
<td>EVRYSDI 0.75 MG/ML RECON SOLN</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>risdiplam</td>
<td></td>
<td></td>
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<tr>
<td>NUTRIENTS</td>
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<tr>
<td>LIPIDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOJOLVI 100 % LIQUID</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>triheptanoin</td>
<td></td>
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<tr>
<td>LIPOTROPIC COMBINATIONS</td>
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<tr>
<td>LECITHIN GRANULES</td>
<td>3</td>
<td>AL1 Up to 8 yrs old</td>
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<tr>
<td>lecithin</td>
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<td>OPHTHALMIC AGENTS</td>
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<tr>
<td>ALPHA ADRENERGIC AGONIST &amp; CARBONIC ANHYDRASE INHIB COMB</td>
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</tr>
<tr>
<td>SIMBRINZA 1-0.2 % SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>brinzolamide-brimonidine tartrate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARTIFICIAL TEAR INSERTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LACRISERT 5 MG INSERT</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>artificial tear insert</td>
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<td>BETA-BLOCKERS - OPHTHALMIC</td>
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</tr>
<tr>
<td>betaxolol hcl 0.5 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>BETIMOL 0.25 % SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>timolol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BETIMOL 0.5 % SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>timolol</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
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<tr>
<td>BETOPTIC-S 0.25 % SUSPENSION</td>
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<td>betaxolol hcl (ophth)</td>
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<tr>
<td>CARTEOLOL HCL 1 % SOLUTION</td>
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<tr>
<td>carteolol hcl (ophth)</td>
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<tr>
<td>carteolol hcl 1 % solution</td>
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<td></td>
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<tr>
<td>LEVOBUNOLOL HCL 0.5 % SOLUTION</td>
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<td></td>
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<tr>
<td>levobunolol hcl</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>levobunolol hcl 0.5 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>METIPRANOLOL 0.3 % SOLUTION</td>
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<td></td>
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<tr>
<td>metipranol</td>
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<tr>
<td>TIMOLOL MALEATE 0.25 % GEL F SOLN</td>
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<td></td>
</tr>
<tr>
<td>timolol maleate (ophth)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>timolol maleate 0.25 % gel f soln</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>timolol maleate 0.25 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>TIMOLOL MALEATE 0.5 % GEL F SOLN</td>
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<td></td>
</tr>
<tr>
<td>timolol maleate (ophth)</td>
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<td></td>
</tr>
<tr>
<td>timolol maleate 0.5 % gel f soln</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>timolol maleate 0.5 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>TIMOPTIC OCUDOSE 0.25 % SOLUTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>timolol maleate (ophth)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TIMOPTIC OCUDOSE 0.5 % SOLUTION</td>
<td></td>
<td></td>
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<tr>
<td>timolol maleate (ophth)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BETA-BLOCKERS - OPHTHALMIC COMBINATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMBIGAN 0.2-0.5 % SOLUTION</td>
<td></td>
<td></td>
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<tr>
<td>brimonidine tartrate-timolol maleate</td>
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<tr>
<td>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution</td>
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<tr>
<td>dorzolamide hcl-timolol mal pt 2-0.5 % solution</td>
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<td></td>
</tr>
<tr>
<td>CYCLOPLEGIC MYDRIATIC COMBINATIONS</td>
<td></td>
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<tr>
<td>CYCLOMYDRIL 0.2-1 % SOLUTION</td>
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<td></td>
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<tr>
<td>cyclopentolate w/ phenylephrine</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CYCLOPLEGIC MYDRIATICS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>altafrin 10 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>altafrin 2.5 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ATROPINE SULFATE 1 % SOLUTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>atropine sulfate (ophthalmic)</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>cyclopentolate hcl 0.5 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cyclopentolate hcl 1 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cyclopentolate hcl 2 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>HOMATROPAIRE 5 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>homatropine hbr</td>
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<td></td>
</tr>
<tr>
<td>homatropine hbr 5 % solution</td>
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<td></td>
</tr>
<tr>
<td>phenylephrine hcl 10 % solution</td>
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<td></td>
</tr>
<tr>
<td>phenylephrine hcl 2.5 % solution</td>
<td>1</td>
<td></td>
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<tr>
<td>phenylephrine hcl 2.5 % solution</td>
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<tr>
<td>tropicamide 0.5 % solution</td>
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<tr>
<td>tropicamide 1 % solution</td>
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<td></td>
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<tr>
<td>LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG</td>
<td></td>
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</tr>
<tr>
<td>XIIDRA 5 % SOLUTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>lifitegrast</td>
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<tr>
<td>MIOTICS - CHOLINESTERASE INHIBITORS</td>
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<td></td>
</tr>
<tr>
<td>PHOSPHOLINE IODIDE 0.125 % RECON SOLN</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>echothiophate iodide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MIOTICS - DIRECT ACTING</td>
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<td></td>
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<tr>
<td>pilocarpine hcl 1 % solution</td>
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<td></td>
</tr>
<tr>
<td>pilocarpine hcl 2 % solution</td>
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<td></td>
</tr>
<tr>
<td>pilocarpine hcl 4 % solution</td>
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<td></td>
</tr>
<tr>
<td>OPHTHALMIC ANTI-INFECTIVE COMBINATIONS</td>
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<td></td>
</tr>
<tr>
<td>ak-poly-bac 500-10000 unit/gm ointment</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>bacitracin-polymyxin b 500-10000 unit/gm ointment</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>neo-polycin 3.5-400-10000 ointment</td>
<td>1</td>
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</tr>
<tr>
<td>neomycin-bacitracin zn-polymyx 3.5-400-10000 ointment</td>
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<tr>
<td>neomycin-bacitracin zn-polymyx 5-400-10000 ointment</td>
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<tr>
<td>NEOMYCIN-POLYMIXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION</td>
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<tr>
<td>neomycin-polymyxin-gramicidin</td>
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<tr>
<td>polycin 500-10000 unit/gm ointment</td>
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</tr>
<tr>
<td>polymyxin b-trimethoprim 10000-0.1 unit/ml-% 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>
<td><strong>OPHTHALMIC ANTIALLERGIC</strong></td>
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<tr>
<td>ALOCRIL 2 % SOLUTION</td>
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</tr>
<tr>
<td>nedocromil sodium (ophth)</td>
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</tr>
<tr>
<td>ALOMIDE 0.1 % SOLUTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>lodoxamide tromethamine</td>
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</tr>
<tr>
<td>azelastine hcl 0.05 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>bepotastine besilate 1.5 % solution</td>
<td>2</td>
<td>QL 10 / 30 day(s)</td>
</tr>
<tr>
<td>BEPREVE 1.5 % SOLUTION</td>
<td>3</td>
<td>QL 10 / 30 day(s)</td>
</tr>
<tr>
<td>bepotastine besilate</td>
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<tr>
<td>cromolyn sodium 4 % solution</td>
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<tr>
<td>EMADINE 0.05 % SOLUTION</td>
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<td></td>
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<tr>
<td>emedastine dilumarate</td>
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<td>epinastine hcl 0.05 % solution</td>
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<tr>
<td>LASTACAFT 0.25 % SOLUTION</td>
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<tr>
<td>alcaftadine</td>
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<tr>
<td>olopatadine hcl 0.1 % solution</td>
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<tr>
<td>olopatadine hcl 0.2 % solution</td>
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<tr>
<td>PAZEO 0.7 % SOLUTION</td>
<td>3</td>
<td>QL 2.5 / 18 DAYS</td>
</tr>
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<td>olopatadine hcl</td>
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<td>PA</td>
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<td><strong>OPHTHALMIC ANTIBIOTICS</strong></td>
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<td>AZASITE 1 % SOLUTION</td>
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<tr>
<td>azithromycin (ophth)</td>
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<tr>
<td>BACITRACIN 500 UNIT/GM OINTMENT</td>
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<tr>
<td>bacitracin (ophthalmic)</td>
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<tr>
<td>BESIVANCE 0.6 % SUSPENSION</td>
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<tr>
<td>besifloxacin hcl</td>
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<tr>
<td>CILOXAN 0.3 % OINTMENT</td>
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<tr>
<td>ciprofloxacin hcl (ophth)</td>
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<td>ciprofloxacin hcl 0.3 % solution</td>
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<td>erythromycin 5 mg/gm ointment</td>
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<td>QL 2.5 / 30 DAYS</td>
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<td>GENTAK 0.3 % OINTMENT</td>
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<tr>
<td>gentamicin sulfate (ophth)</td>
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<td>PRODUCT DESCRIPTION</td>
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<tr>
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<tr>
<td>levofloxacin 0.5 % solution</td>
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<tr>
<td>moxifloxacin hcl (2x day) 0.5 % solution</td>
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<tr>
<td>moxifloxacin hcl 0.5 % solution</td>
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</tr>
<tr>
<td>ofloxacin 0.3 % solution</td>
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<td>tobramycin 0.3 % solution</td>
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<tr>
<td>TOBREX 0.3 % OINTMENT tobramycin (ophth)</td>
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<tr>
<td><strong>OPHTHALMIC ANTIFUNGAL</strong></td>
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<tr>
<td>NATACYN 5 % SUSPENSION natamycin</td>
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<td><strong>OPHTHALMIC ANISEPTICS</strong></td>
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<td>BETADINE OPHTHALMIC PREP 5 % SOLUTION</td>
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<td>povidone-iodine (ophth)</td>
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<td>Povidone-Iodine 5 % SOLUTION</td>
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<td>povidone-iodine (ophth)</td>
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<td><strong>OPHTHALMIC ANTIVIRALS</strong></td>
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<td>TRIFLURIDINE 1 % SOLUTION trifluridine</td>
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</tr>
<tr>
<td>trifluridine 1 % solution</td>
<td>1</td>
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</tr>
<tr>
<td>ZIRGAN 0.15 % GEL ganciclovir ophthalmic</td>
<td>3</td>
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<tr>
<td><strong>OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS</strong></td>
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</tr>
<tr>
<td>brinzolamide 1 % suspension</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>dorzolamide hcl 2 % solution</td>
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<tr>
<td><strong>OPHTHALMIC DIAGNOSTIC PRODUCTS</strong></td>
<td></td>
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<tr>
<td>flucaine 0.25-0.5 % solution</td>
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<tr>
<td>PAREMYD 1-0.25 % SOLUTION hydroxyamphetamine-tropicamide</td>
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<tr>
<td>proparacaine-fluorescein 0.5-0.25 % solution</td>
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<tr>
<td><strong>OPHTHALMIC IMMUNOMODULATORS</strong></td>
<td></td>
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<tr>
<td>RESTASIS 0.05 % EMULSION cyclosporine (ophth)</td>
<td>2</td>
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<tr>
<td>RESTASIS MULTIDOSE 0.05 % EMULSION cyclosporine (ophth)</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><strong>OPHTHALMIC KINASE INHIBITORS - COMBINATIONS</strong></td>
<td></td>
<td></td>
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<tr>
<td>ROCKLATAN 0.02-0.005 % SOLUTION</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>netarsudil dimesylate-latanoprost</td>
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<tr>
<td><strong>OPHTHALMIC LOCAL ANESTHETICS</strong></td>
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<tr>
<td>AKTEN 3.5 % GEL</td>
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<tr>
<td>lidocaine hcl (ophth)</td>
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<td>altacaine 0.5 % solution</td>
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<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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<td><strong>OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS</strong></td>
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<tr>
<td>ACUVAIL 0.45 % SOLUTION</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>ketorolac tromethamine (ophth)</td>
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<tr>
<td>bromfenac sodium (once-daily) 0.09 % solution</td>
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<td>QL 3.4 / 30 DAYS</td>
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<td>diclofenac sodium 0.1 % solution</td>
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<td>FLURBIPROFEN SODIUM 0.03 % SOLUTION</td>
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<tr>
<td>flurbiprofen sodium</td>
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<tr>
<td>flurbiprofen sodium 0.03 % solution</td>
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<tr>
<td>ILEVRO 0.3 % SUSPENSION</td>
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<td>ketorolac tromethamine 0.4 % solution</td>
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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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<td>nepafenac</td>
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<td>PROLENSA 0.07 % SOLUTION</td>
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<td>bromfenac sodium (ophth)</td>
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<td><strong>OPHTHALMIC RHO KINASE INHIBITORS</strong></td>
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<td>RHOPRESSA 0.02 % SOLUTION</td>
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<tr>
<td>netarsudil dimesylate</td>
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<td><strong>OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS</strong></td>
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<tr>
<td>ALPHAGAN P 0.1 % SOLUTION</td>
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<tr>
<td>brimonidine tartrate</td>
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<tr>
<td>apraclonidine hcl 0.5 % solution</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>brimonidine tartrate 0.15 % solution</td>
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<td>brimonidine tartrate 0.2 % solution</td>
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<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>
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<tr>
<td>sulfacetamide sod-prednisolone</td>
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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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<tr>
<td>neo-polycin hc 1 % ointment</td>
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<td>neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment</td>
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<td>NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION</td>
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<td>neomycin-polymyxin-hc (ophth)</td>
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<tr>
<td>PRED-G 0.3-1 % SUSPENSION</td>
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<tr>
<td>gentamicin-prednisolone acetate</td>
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<td>PRED-G S.O.P. 0.3-0.6 % OINTMENT</td>
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<td>TOBRADEX 0.3-0.1 % OINTMENT</td>
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<tr>
<td>tobramycin-dexamethasone</td>
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<tr>
<td>TOBRADEX ST 0.3-0.05 % SUSPENSION</td>
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<td>tobramycin-dexamethasone</td>
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<td>ZYLET 0.5-0.3 % SUSPENSION</td>
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<tr>
<td>loteprednol etabonate-tobramycin</td>
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<td><strong>OPHTHALMIC STEROIDS</strong></td>
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<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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<tr>
<td>dexamethasone sodium phosphate (ophth)</td>
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<td>difluprednate 0.05 % emulsion</td>
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<td>QL 5 / 30 days</td>
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<td>FLAREX 0.1 % SUSPENSION</td>
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<tr>
<td>fluorometholone acetate</td>
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<tr>
<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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<td>loteprednol etabonate</td>
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<td>loteprednol etabonate 0.5 % suspension</td>
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<td>MAXIDEX 0.1 % SUSPENSION</td>
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<td>dexamethasone (ophth)</td>
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<td>OMNIPRED 1 % SUSPENSION</td>
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<td>QL 10 / 30 DAYS</td>
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<td>prednisolone acetate (ophth)</td>
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<tr>
<td>PRED FORTE 1 % SUSPENSION</td>
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<td>QL 10 / 30 DAYS</td>
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<td>prednisolone acetate (ophth)</td>
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<tr>
<td>PRED MILD 0.12 % SUSPENSION</td>
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<td>PREDNISOLONE ACETATE 1 % SUSPENSION</td>
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<td>QL 10 / 30 DAYS</td>
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<td>prednisolone acetate (ophth)</td>
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<tr>
<td>PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION</td>
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<tr>
<td>prednisolone sodium phosphate (ophth)</td>
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<tr>
<td>SULFACETAMIDE SODIUM 10 % OINTMENT</td>
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<tr>
<td>sulfacetamide sodium (ophth)</td>
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<td>sulfacetamide sodium 10 % solution</td>
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<tr>
<td>CYSTADROPS 0.37 % SOLUTION</td>
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<tr>
<td>cysteamine hcl</td>
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<tr>
<td>CYSTARAN 0.44 % SOLUTION</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>cysteamine hcl</td>
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<tr>
<td>bimatoprost 0.03 % solution</td>
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<tr>
<td>latanoprost 0.005 % solution</td>
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<td>QL 5 / 30 DAYS</td>
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<tr>
<td>LUMIGAN 0.01 % SOLUTION</td>
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<td>QL 7 / 30 DAYS</td>
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<td>bimatoprost</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
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<td>travoprost (bak free) 0.004 % solution</td>
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<td>QL 5 / 30 day(s)</td>
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<td>ZIOPTAN 0.0015 % SOLUTION</td>
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<td>tafluprost</td>
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<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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<td>CIPROFLOXACIN HCL 0.2 % SOLUTION</td>
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<td>ciprofloxacin hcl (otic)</td>
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<td>ofloxacin 0.3 % solution</td>
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<td>OTIC STEROID-ANTI-INFECTIVE COMBINATIONS</td>
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<td>CIPRO HC 0.2-1 % SUSPENSION</td>
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<tr>
<td>ciprofloxacin-hydrocortisone</td>
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<td>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</td>
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<td>COLY-MYCIN S 3.3-3-10-0.5 MG/ML SUSPENSION</td>
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<td>neomycin-collistin-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-collistin-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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<tr>
<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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<td>flac 0.01 % oil</td>
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<td>fluocinolone acetonide 0.01 % oil</td>
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<td>hydrocortisone-acetic acid 1-2 % solution</td>
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<td>ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS</td>
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<td>CERVIDIL 10 MG INSERT</td>
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<td>PROSTIN E2 20 MG SUPPOS</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</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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**PASSIVE IMMUNIZING AND TREATMENT AGENTS**

**ANTIVIRAL MONOCLONAL ANTIBODIES**

- SYNAGIS 100 MG/ML SOLUTION  
  palivizumab  

- SYNAGIS 50 MG/0.5ML SOLUTION  
  palivizumab  

**IMMUNE SERUMS**

- CUVITRU 1 GM/5ML SOLUTION  
  immune globulin (human) subcutaneous  

- CUVITRU 10 GM/50ML SOLUTION  
  immune globulin (human) subcutaneous  

- CUVITRU 2 GM/10ML SOLUTION  
  immune globulin (human) subcutaneous  

- CUVITRU 4 GM/20ML SOLUTION  
  immune globulin (human) subcutaneous  

- CUVITRU 8 GM/40ML SOLUTION  
  immune globulin (human) subcutaneous  

- HIZENTRA 1 GM/5ML SOLN PRSYR  
  immune globulin (human) subcutaneous  

- HIZENTRA 1 GM/5ML SOLUTION  
  immune globulin (human) subcutaneous  

- HIZENTRA 10 GM/50ML SOLUTION  
  immune globulin (human) subcutaneous  

- HIZENTRA 2 GM/10ML SOLN PRSYR  
  immune globulin (human) subcutaneous  

- HIZENTRA 2 GM/10ML SOLUTION  
  immune globulin (human) subcutaneous  
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<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>HIZENTRA 4 GM/20ML SOLN PRSYR</td>
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<td>immune globulin (human) subcutaneous</td>
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<td>S Specialty Drug</td>
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<tr>
<td>HIZENTRA 4 GM/20ML SOLUTION</td>
<td>4</td>
<td>PA</td>
</tr>
<tr>
<td>immune globulin (human) subcutaneous</td>
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<td>S Specialty Drug</td>
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**PASSIVE IMMUNIZING AGENTS - COMBINATIONS**

<table>
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<tr>
<th>Passive Immunizing Agents - Combinations</th>
<th>TIER</th>
<th>LIMITS</th>
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<tbody>
<tr>
<td>HYQVIA 10 GM/100ML KIT</td>
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<tr>
<td>immune globulin (human)-hyaluronidase (human recombinant)</td>
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<tr>
<td>HYQVIA 2.5 GM/25ML KIT</td>
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<td>PA</td>
</tr>
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<td>immune globulin (human)-hyaluronidase (human recombinant)</td>
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<td>S Specialty Drug</td>
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<tr>
<td>HYQVIA 20 GM/200ML KIT</td>
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<td>PA</td>
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<td>immune globulin (human)-hyaluronidase (human recombinant)</td>
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<td>HYQVIA 30 GM/300ML KIT</td>
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<tr>
<td>HYQVIA 5 GM/50ML KIT</td>
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<td>immune globulin (human)-hyaluronidase (human recombinant)</td>
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<td>S Specialty Drug</td>
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**PENICILLINS**

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<td>AMOXICILLIN 125 MG CHEW TAB</td>
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<tr>
<td>VANISHING CREAM</td>
<td>3</td>
</tr>
<tr>
<td>VANISHING CREAM BOTANICAL BASE CREAM</td>
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</tr>
<tr>
<td>VERSAPRO CREAM</td>
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</tr>
<tr>
<td>VERSATILE CREAM BASE</td>
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<tr>
<td>VERSATILE RICH BASE</td>
<td>3</td>
</tr>
<tr>
<td>WHITE PETROLATUM OINTMENT</td>
<td>3</td>
</tr>
<tr>
<td>XEMATOP BASE CREAM</td>
<td>3</td>
</tr>
<tr>
<td>PROGESTINS</td>
<td></td>
</tr>
<tr>
<td>hydroxyprogesterone caproate 250 mg/ml oil</td>
<td>2</td>
</tr>
<tr>
<td>medroxyprogesterone acetate 10 mg tab</td>
<td>1</td>
</tr>
<tr>
<td>medroxyprogesterone acetate 2.5 mg tab</td>
<td>1</td>
</tr>
<tr>
<td>medroxyprogesterone acetate 5 mg tab</td>
<td>1</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>megestrol acetate 625 mg/5ml suspension</td>
<td>1</td>
</tr>
<tr>
<td>norethindrone acetate 5 mg tab</td>
<td>1</td>
</tr>
<tr>
<td>progesterone 100 mg cap</td>
<td>1</td>
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<tr>
<td>progesterone 200 mg cap</td>
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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

**ALCOHOL DETERRENTS**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>acamprosate calcium 333 mg tab dr</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>disulfiram 250 mg tab</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>disulfiram 500 mg tab</td>
<td>1</td>
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**ANTIDEMENTIA AGENT COMBINATIONS**

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<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAMZARIC 14-10 MG CAP ER 24H</td>
<td>3</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>memantine hcl-donepezil hcl</td>
<td>3</td>
<td>PA 30 / 30 DAYS</td>
</tr>
<tr>
<td>NAMZARIC 21-10 MG CAP ER 24H</td>
<td>3</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>memantine hcl-donepezil hcl</td>
<td>3</td>
<td>PA 30 / 30 DAYS</td>
</tr>
<tr>
<td>NAMZARIC 28-10 MG CAP ER 24H</td>
<td>3</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>memantine hcl-donepezil hcl</td>
<td>3</td>
<td>PA 30 / 30 DAYS</td>
</tr>
<tr>
<td>NAMZARIC 7-10 MG CAP ER 24H</td>
<td>3</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>memantine hcl-donepezil hcl</td>
<td>3</td>
<td>PA 30 / 30 DAYS</td>
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**BENZODIAZEPINES & TRICYCLIC AGENTS**

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHLORDIAZEPOXIDE-AMITRIPTYLINE 10-25 MG TAB</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>chlordiazepoxide-amitriptyline</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TAB</td>
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<tr>
<td>chlordiazepoxide-amitriptyline</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
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**CHOLINOMIMETICS - ACHE INHIBITORS**

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<th>PRODUCT DESCRIPTION</th>
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<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>donepezil hcl 10 mg tab</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
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<tr>
<td>donepezil hcl 10 mg tab disp</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>donepezil hcl 23 mg tab</td>
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</tr>
<tr>
<td>donepezil hcl 5 mg tab</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>donepezil hcl 5 mg tab disp</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td>------</td>
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<tr>
<td>galantamine hydrobromide 12 mg tab</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>galantamine hydrobromide 4 mg tab</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>galantamine hydrobromide er 16 mg cap er 24h</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>galantamine hydrobromide er 24 mg cap er 24h</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>galantamine hydrobromide er 8 mg cap er 24h</td>
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</tr>
<tr>
<td>rivastigmine 13.3 mg/24hr patch 24hr</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>rivastigmine 4.6 mg/24hr patch 24hr</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>rivastigmine 9.5 mg/24hr patch 24hr</td>
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<tr>
<td>rivastigmine tartrate 1.5 mg cap</td>
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<tr>
<td>rivastigmine tartrate 3 mg cap</td>
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<tr>
<td>rivastigmine tartrate 4.5 mg cap</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>rivastigmine tartrate 6 mg cap</td>
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<tr>
<td><strong>FIBROMYALGIA AGENT - SNRIS</strong></td>
<td></td>
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<tr>
<td>SAVELLA 100 MG TAB</td>
<td>3</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>milnacipran hcl</td>
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<tr>
<td>SAVELLA 12.5 MG TAB</td>
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</tr>
<tr>
<td>milnacipran hcl</td>
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<td></td>
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<tr>
<td>SAVELLA 25 MG TAB</td>
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<td>milnacipran hcl</td>
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<tr>
<td>SAVELLA 50 MG TAB</td>
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<tr>
<td>milnacipran hcl</td>
<td></td>
<td></td>
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<tr>
<td>SAVELLA TITRATION PACK 12.5 &amp; 25 &amp; 50 MG MISC</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>milnacipran hcl</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
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<tr>
<td><strong>MOVEMENT DISORDER DRUG THERAPY</strong></td>
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<tr>
<td>tetrabenazine 12.5 mg tab</td>
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<tr>
<td>tetrabenazine 25 mg tab</td>
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<td>PA</td>
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<tr>
<td><strong>MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS</strong></td>
<td></td>
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<tr>
<td>AUBAGIO 14 MG TAB teriflunomide</td>
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<td>AUBAGIO 7 MG TAB teriflunomide</td>
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<tr>
<td><strong>MULTIPLE SCLEROSIS AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>glatiramer acetate 20 mg/ml soln prsyr</td>
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<td>PA S Specialty Drug</td>
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<tr>
<td>glatiramer acetate 40 mg/ml soln prsyr</td>
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<tr>
<td><strong>MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES</strong></td>
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<tr>
<td>MAVENCLAD (10 TABS) 10 MG TAB THPK cladribine (multiple sclerosis)</td>
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<tr>
<td>MAVENCLAD (4 TABS) 10 MG TAB THPK cladribine (multiple sclerosis)</td>
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<tr>
<td>MAVENCLAD (5 TABS) 10 MG TAB THPK cladribine (multiple sclerosis)</td>
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</tr>
<tr>
<td>MAVENCLAD (6 TABS) 10 MG TAB THPK cladribine (multiple sclerosis)</td>
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<td>MAVENCLAD (7 TABS) 10 MG TAB THPK cladribine (multiple sclerosis)</td>
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<td>PA S Specialty Drug</td>
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<tr>
<td>MAVENCLAD (8 TABS) 10 MG TAB THPK cladribine (multiple sclerosis)</td>
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<tr>
<td>MAVENCLAD (9 TABS) 10 MG TAB THPK cladribine (multiple sclerosis)</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>MULTIPLE SCLEROSIS AGENTS - INTERFERONS</td>
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</tr>
<tr>
<td>AVONEX 30 MCG KIT</td>
<td>interferon beta-1a</td>
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<tr>
<td>AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT</td>
<td>interferon beta-1a</td>
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<tr>
<td>AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT</td>
<td>interferon beta-1a</td>
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</tr>
<tr>
<td>BETASERON 0.3 MG KIT</td>
<td>interferon beta-1b</td>
<td>4</td>
</tr>
<tr>
<td>EXTAVIA 0.3 MG KIT</td>
<td>interferon beta-1b</td>
<td>4</td>
</tr>
<tr>
<td>PLEGRIDY 125 MCG/0.5ML SOLN PEN</td>
<td>peginterferon beta-1a</td>
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</tr>
<tr>
<td>PLEGRIDY 125 MCG/0.5ML SOLN PRSYR</td>
<td>peginterferon beta-1a</td>
<td>4</td>
</tr>
<tr>
<td>PLEGRIDY STARTER PACK 63 &amp; 94 MCG/0.5ML SOLN PEN</td>
<td>peginterferon beta-1a</td>
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</tr>
<tr>
<td>PLEGRIDY STARTER PACK 63 &amp; 94 MCG/0.5ML SOLN PRSYR</td>
<td>peginterferon beta-1a</td>
<td>4</td>
</tr>
<tr>
<td>REBIF 22 MCG/0.5ML SOLN PRSYR</td>
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<td>4</td>
</tr>
<tr>
<td>REBIF 44 MCG/0.5ML SOLN PRSYR</td>
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</tr>
<tr>
<td>REBIF REBIDOSE 22 MCG/0.5ML SOLN A-INJ</td>
<td>interferon beta-1a</td>
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</tr>
<tr>
<td>REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ</td>
<td>interferon beta-1a</td>
<td>4</td>
</tr>
<tr>
<td>REBIF REBIDOSE TITRATION PACK 6X8.8 &amp; 6X22 MCG SOLN A-INJ</td>
<td>interferon beta-1a</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>REBIF TITRATION PACK 6X8.8 &amp; 6X22 MCG SOLN PRSYR interferon beta-1a</td>
<td>4</td>
<td>PA - Specialty Drug</td>
</tr>
<tr>
<td>MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES</td>
<td></td>
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<tr>
<td>KESIMPTA 20 MG/0.4ML SOLN A-INJ ofatumumab (ms)</td>
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<td>PA - Specialty Drug</td>
</tr>
<tr>
<td>MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS</td>
<td></td>
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<tr>
<td>BAFIERTAM 95 MG CAP DR monomethyl fumarate</td>
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<td>PA - Specialty Drug</td>
</tr>
<tr>
<td>dimethyl fumarate 120 mg cap dr</td>
<td>4</td>
<td>PA - Specialty Drug</td>
</tr>
<tr>
<td>dimethyl fumarate 240 mg cap dr</td>
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<td>PA - Specialty Drug</td>
</tr>
<tr>
<td>dimethyl fumarate starter pack 120 &amp; 240 mg misc</td>
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<td>PA - Specialty Drug</td>
</tr>
<tr>
<td>VUMERITY (STARTER) 231 MG CAP DR diroximel fumarate</td>
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<td>PA - Specialty Drug</td>
</tr>
<tr>
<td>VUMERITY 231 MG CAP DR diroximel fumarate</td>
<td>4</td>
<td>PA - Specialty Drug</td>
</tr>
<tr>
<td>MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS</td>
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<td></td>
</tr>
<tr>
<td>dalfampridine er 10 mg tab er 12h</td>
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<tr>
<td>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS</td>
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<tr>
<td>memantine hcl 10 mg tab</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>memantine hcl 10 mg/5ml solution</td>
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</tr>
<tr>
<td>memantine hcl 2 mg/ml solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>memantine hcl 28 x 5 mg &amp; 21 x 10 mg tab</td>
<td>1</td>
<td>QL 49 / 30 day(s)</td>
</tr>
<tr>
<td>memantine hcl 5 mg tab</td>
<td>1</td>
<td>QL 120 / 30 DAYS</td>
</tr>
<tr>
<td>memantine hcl er 14 mg cap er 24h</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>memantine hcl er 21 mg cap er 24h</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>memantine hcl er 28 mg cap er 24h</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>memantine hcl er 7 mg cap er 24h</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>NAMENDA XR TITRATION PACK 7 &amp; 14 &amp; 21 &amp;28 MG CAP ER 24H memantine hcl</td>
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<td>QL 28 / 365 DAYS</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
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<tr>
<td>PHENOTHIAZINES &amp; TRICYCLIC AGENTS</td>
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<td></td>
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<tr>
<td>PERPHENAZINE-AMITRIPTYLINE 2-10 MG TAB</td>
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<tr>
<td>perphenazine-amitriptyline</td>
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<tr>
<td>PERPHENAZINE-AMITRIPTYLINE 2-25 MG TAB</td>
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<td>perphenazine-amitriptyline</td>
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<tr>
<td>PERPHENAZINE-AMITRIPTYLINE 4-10 MG TAB</td>
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<td>perphenazine-amitriptyline</td>
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<tr>
<td>PERPHENAZINE-AMITRIPTYLINE 4-25 MG TAB</td>
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<td>perphenazine-amitriptyline</td>
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<tr>
<td>PERPHENAZINE-AMITRIPTYLINE 4-50 MG TAB</td>
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<tr>
<td>perphenazine-amitriptyline</td>
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<tr>
<td>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</td>
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<tr>
<td>pregabalin er 165 mg tab er 24h</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>pregabalin er 330 mg tab er 24h</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>pregabalin er 82.5 mg tab er 24h</td>
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<td>PA</td>
</tr>
<tr>
<td>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS</td>
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<tr>
<td>FLUOXETINE HCL (PMDD) 10 MG CAP</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
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<tr>
<td>fluoxetine hcl (pmdd)</td>
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</tr>
<tr>
<td>FLUOXETINE HCL (PMDD) 10 MG TAB</td>
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<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>fluoxetine hcl (pmdd)</td>
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<td></td>
</tr>
<tr>
<td>FLUOXETINE HCL (PMDD) 20 MG CAP</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>fluoxetine hcl (pmdd)</td>
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<tr>
<td>FLUOXETINE HCL (PMDD) 20 MG TAB</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>fluoxetine hcl (pmdd)</td>
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<tr>
<td>PSEUDOBULBAR AFFECT AGENT COMBINATIONS</td>
<td></td>
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</tr>
<tr>
<td>NUEDEXTA 20-10 MG CAP</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>dextromethorphan hbr-quinidine sulfate</td>
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<td></td>
</tr>
<tr>
<td>ERGOLOID MESYLATES 1 MG TAB</td>
<td>1</td>
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<tr>
<td>ergoloid mesylates</td>
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</tr>
<tr>
<td>PIMOZIDE 1 MG TAB</td>
<td>1</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>pimozide</td>
<td></td>
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</tr>
<tr>
<td>PIMOZIDE 2 MG TAB</td>
<td>1</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>pimozide</td>
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### PRODUCT DESCRIPTION TIER LIMITS & RESTRICTIONS

#### SMOKING DETERRENTS

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Tier</th>
<th>Limits &amp; Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>APO-VARENICLINE 0.5 MG TAB</td>
<td>2</td>
<td>QL 60 / 30 day(s) PreV Preventative</td>
</tr>
<tr>
<td>Varenicline tartrate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>APO-VARENICLINE 1 MG TAB</td>
<td>2</td>
<td>QL 60 / 30 day(s) PreV Preventative</td>
</tr>
<tr>
<td>Varenicline tartrate</td>
<td></td>
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<tr>
<td>Bupropion hcl er (smoking det) 150 mg tab er 12h</td>
<td>1</td>
<td>PREV Preventative</td>
</tr>
<tr>
<td>Chantix 0.5 MG TAB</td>
<td>2</td>
<td>QL 60 / 30 day(s) PreV Preventative</td>
</tr>
<tr>
<td>Varenicline tartrate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chantix 1 MG TAB</td>
<td>2</td>
<td>QL 60 / 30 day(s) PreV Preventative</td>
</tr>
<tr>
<td>Varenicline tartrate</td>
<td></td>
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<tr>
<td>Chantix continuing month pak 1 mg tab</td>
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<td>QL 60 / 30 day(s) PreV Preventative</td>
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<tr>
<td>Varenicline tartrate</td>
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<tr>
<td>Chantix starting month pak 0.5 mg x 11 &amp; 1 mg x 42 tab</td>
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<td>PREV Preventative</td>
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<tr>
<td>Varenicline tartrate</td>
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<tr>
<td>Nicotrol 10 mg inhaler</td>
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<tr>
<td>Nicotine</td>
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<td>Nicotrol ns 10 mg/ml solution</td>
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<td>PREV Preventative</td>
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<tr>
<td>Nicotine</td>
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<td>Varenicline tartrate 0.5 mg tab</td>
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<td>QL 60 / 30 day(s) PreV Preventative</td>
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<td>Varenicline tartrate</td>
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<td>Varenicline tartrate 1 mg tab</td>
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<td>QL 60 / 30 day(s) PreV Preventative</td>
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<td>Varenicline tartrate</td>
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<td>Zyban 150 mg tab er 12h</td>
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<tr>
<td>Bupropion hcl (smoking deterrent)</td>
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#### SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS

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<tbody>
<tr>
<td>Gilenya 0.25 mg cap</td>
<td>4</td>
<td>PA Specialty Drug</td>
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<tr>
<td>Fingolimod hcl</td>
<td></td>
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<tr>
<td>Gilenya 0.5 mg cap</td>
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<td>PA Specialty Drug</td>
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<tr>
<td>Fingolimod hcl</td>
<td></td>
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<tr>
<td>Mayzent 0.25 mg tab</td>
<td>4</td>
<td>PA Specialty Drug</td>
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<tr>
<td>Siponimod fumarate</td>
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<td>MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK</td>
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<td>PONVORY 20 MG TAB</td>
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<td>ponesimod</td>
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<td>PONVORY STARTER PACK 2,3,4,5,6,7,8,9 &amp; 10 MG TAB THPK</td>
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<tr>
<td>ZEOSIA 0.92 MG CAP</td>
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<tr>
<td>ozanimod hcl</td>
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<tr>
<td>ZEOSIA 7-DAY STARTER PACK 4 X 0.23MG &amp; 3 X 0.46MG CAP THPK</td>
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<tr>
<td>ZEOSIA STARTER KIT 0.23MG &amp; 0.46MG &amp; 0.92MG CAP THPK</td>
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<td>VASOMOTOR SYMPTOM AGENTS - SSRIS</td>
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<td>paroxetine mesylate 7.5 mg cap</td>
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<td>RESPIRATORY AGENTS - MISC.</td>
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<td>ARALAST NP 1000 MG RECON SOLN</td>
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<tr>
<td>ARALAST NP 500 MG RECON SOLN</td>
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<tr>
<td>GLASSIA 1000 MG/50ML SOLUTION</td>
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<tr>
<td>PROLASTIN-C 1000 MG RECON SOLN</td>
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<tr>
<td>PROLASTIN-C 1000 MG/20ML SOLUTION</td>
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<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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| **ZEMAIRA 1000 MG RECON SOLN**  
alpha1-proteinase inhibitor (human) | 4 | PA S Specialty Drug |
| **CFTR POTENTIATORS** | | |
| **KALYDECO 150 MG TAB**  
ivacaftor | 4 | PA S Specialty Drug |
| **KALYDECO 25 MG PACKET**  
ivacaftor | 4 | PA S Specialty Drug |
| **KALYDECO 50 MG PACKET**  
ivacaftor | 4 | PA S Specialty Drug |
| **KALYDECO 75 MG PACKET**  
ivacaftor | 4 | PA S Specialty Drug |
| **CYSTIC FIBROSIS AGENT - COMBINATIONS** | | |
| **ORKAMBI 100-125 MG PACKET**  
lumacaftor-ivacaftor | 4 | PA S Specialty Drug |
| **ORKAMBI 100-125 MG TAB**  
lumacaftor-ivacaftor | 4 | PA S Specialty Drug |
| **ORKAMBI 150-188 MG PACKET**  
lumacaftor-ivacaftor | 4 | PA S Specialty Drug |
| **ORKAMBI 200-125 MG TAB**  
lumacaftor-ivacaftor | 4 | PA S Specialty Drug |
| **SYMDEKO 100-150 & 150 MG TAB THPK**  
tezaclafor-ivacaftor | 4 | PA S Specialty Drug |
| **SYMDEKO 50-75 & 75 MG TAB THPK**  
tezaclafor-ivacaftor | 4 | PA S Specialty Drug |
| **TRIKAFTA 100-50-75 & 150 MG TAB THPK**  
elexacaftor-tezaclafor-ivacaftor | 4 | PA S Specialty Drug |
| **TRIKAFTA 50-25-37.5 & 75 MG TAB THPK**  
elexacaftor-tezaclafor-ivacaftor | 4 | PA S Specialty Drug |
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<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
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<td>HYDROLYTIC ENZYMES</td>
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<td>ESBRIET 267 MG TAB pirfenidone</td>
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<td>ESBRIET 801 MG TAB pirfenidone</td>
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<td>OFEV 100 MG CAP nintedanib esylate</td>
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<td>OFEV 150 MG CAP nintedanib esylate</td>
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<tr>
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<td>coremino 45 mg tab er 24h</td>
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<td>QL 30 / 30 DAYS</td>
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<td>doxycycline hyclate 150 mg tab dr</td>
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<td>PRODUCT DESCRIPTION</td>
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<tr>
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<tr>
<td>doxycycline monohydrate 150 mg tab</td>
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<tr>
<td>doxycycline monohydrate 25 mg/5ml recon susp</td>
<td>1</td>
<td>AL1 Up to 8 yrs old</td>
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<tr>
<td>doxycycline monohydrate 50 mg cap</td>
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<tr>
<td>doxycycline monohydrate 50 mg tab</td>
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<td>doxycycline monohydrate 75 mg tab</td>
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<td>QL 30 / 30 DAYS</td>
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<td>minocycline hcl er 45 mg tab er 24h</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>morgidox 50 mg cap</td>
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<td>okebo 100 mg cap</td>
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<td>tetracycline hcl 500 mg cap</td>
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<td>VIBRAMYCIN 50 MG/5ML SYRUP doxycycline calcium</td>
<td>3</td>
<td>AL1 Up to 8 yrs old</td>
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**THYROID AGENTS**

**ANTITHYROID AGENTS**

| methimazole 10 mg tab                                     | 1    |                         |
| methimazole 5 mg tab                                      | 1    |                         |
| propylthiouracil 50 mg tab                                | 1    |                         |

**THYROID HORMONES**

<p>| ARMOUR THYROID 120 MG TAB thyroid                         | 2    |                         |
| ARMOUR THYROID 15 MG TAB thyroid                         | 2    |                         |
| ARMOUR THYROID 180 MG TAB thyroid                         | 2    |                         |
| ARMOUR THYROID 240 MG TAB thyroid                         | 2    |                         |
| ARMOUR THYROID 30 MG TAB thyroid                         | 2    |                         |
| ARMOUR THYROID 300 MG TAB thyroid                         | 2    |                         |
| ARMOUR THYROID 60 MG TAB thyroid                         | 2    |                         |
| ARMOUR THYROID 90 MG TAB thyroid                         | 2    |                         |
| euthyrox 100 mcg tab                                      | 1    |                         |
| euthyrox 112 mcg tab                                      | 1    |                         |
| euthyrox 125 mcg tab                                      | 1    |                         |
| euthyrox 137 mcg tab                                      | 1    |                         |
| euthyrox 150 mcg tab                                      | 1    |                         |</p>
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<th>PRODUCT DESCRIPTION</th>
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<tr>
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<td>levo-t 88 mcg tab</td>
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<tr>
<td>levothyroxine sodium 100 MCG CAP</td>
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<td>LEVOTHYROXINE SODIUM 13 MCG CAP</td>
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<td>levothyroxine sodium 137 mcg tab</td>
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MFL 1 / 365 DAYS  
PREV Preventative |
| AFLURIA QUADRIVALENT 0.25 ML SUSP PRSYR | 2 | QL 0.5 / 0 DAYS  
MFL 1 / 365 DAYS  
PREV Preventative |
| AFLURIA QUADRIVALENT 0.5 ML SUSP PRSYR | 2 | QL 0.5 / 0 DAYS  
MFL 1 / 365 DAYS  
PREV Preventative |
| ASTRazeneca COVID-19 VACCINE 0.5 ML SUSPENSION | 2 | MFL 3 / 1 year(s)  
PREV Preventative |
| ENGERIX-B 10 MCG/0.5ML INJECTABLE | 2 | PREV Preventative |
| ENGERIX-B 10 MCG/0.5ML SUSPENSION | 2 | PREV Preventative |
| ENGERIX-B 20 MCG/ML INJECTABLE | 2 | PREV Preventative |
| ENGERIX-B 20 MCG/ML SUSPENSION | 2 | PREV Preventative |
| FLUAD 0.5 ML SUSP PRSYR | 2 | QL 0.5 / 0 DAYS  
MFL 1 / 365 DAYS  
PREV Preventative |
| FLUAD QUADRIVALENT 0.5 ML PRSYR | 2 | MFL 1 / 365 day(s)  
PREV Preventative |
| FLUARIX QUADRIVALENT 0.5 ML SUSP PRSYR | 2 | QL 0.5 / 0 DAYS  
MFL 1 / 365 DAYS  
PREV Preventative |
| FLUBLOK SOLUTION | 2 | QL 0.5 / 0 DAYS  
MFL 1 / 365 DAYS  
PREV Preventative |
| FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR | 2 | QL 0.5 / 0 DAYS  
MFL 1 / 365 DAYS  
PREV Preventative |
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