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.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Preferred Generics</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Non-Preferred Generics/Preferred Brands</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Non-Preferred Brands</td>
</tr>
<tr>
<td>Tier 4</td>
<td>Specialty (Most specialty drugs require PA and must be filled at the Plan’s designated Specialty Pharmacy)</td>
</tr>
</tbody>
</table>

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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>QL</td>
<td>Quantity Limit</td>
</tr>
<tr>
<td></td>
<td>There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.</td>
</tr>
<tr>
<td>PA</td>
<td>Prior Authorization</td>
</tr>
<tr>
<td></td>
<td>You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.</td>
</tr>
<tr>
<td>ST</td>
<td>Step Therapy</td>
</tr>
<tr>
<td></td>
<td>In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.</td>
</tr>
<tr>
<td>GL</td>
<td>Gender Limit</td>
</tr>
<tr>
<td></td>
<td>This prescription drug may only be covered for a single gender.</td>
</tr>
<tr>
<td>AL1</td>
<td>Age Limit</td>
</tr>
<tr>
<td></td>
<td>This prescription drug may only be covered if you meet the minimum or maximum age limit.</td>
</tr>
<tr>
<td>MFL</td>
<td>Max Fill Limit</td>
</tr>
<tr>
<td></td>
<td>There is a limit on the number of times this drug can be refilled.</td>
</tr>
<tr>
<td>MDS1</td>
<td>Max Days Supply</td>
</tr>
<tr>
<td></td>
<td>There is a limit on the amount of this drug that is covered.</td>
</tr>
<tr>
<td>S</td>
<td>Specialty Drug</td>
</tr>
<tr>
<td></td>
<td>Specialty drugs are high-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.</td>
</tr>
<tr>
<td>PREV</td>
<td>Preventative</td>
</tr>
<tr>
<td></td>
<td>Certain medications are considered preventive under the Affordable Care Act (ACA). ACA preventive drugs are covered at 100 percent (no patient responsibility), although limits may apply. For more information about your preventive drug benefits, please contact Pharmacy Customer Service at the number listed on the back of your ID Card.</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</td>
<td></td>
</tr>
<tr>
<td>ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS</td>
<td></td>
</tr>
<tr>
<td>clonidine hcl er 0.1 mg tab er 12h</td>
<td>1</td>
</tr>
<tr>
<td>guanfacine hcl er 1 mg tab er 24h</td>
<td>1</td>
</tr>
<tr>
<td>guanfacine hcl er 2 mg tab er 24h</td>
<td>1</td>
</tr>
<tr>
<td>guanfacine hcl er 3 mg tab er 24h</td>
<td>1</td>
</tr>
<tr>
<td>guanfacine hcl er 4 mg tab er 24h</td>
<td>1</td>
</tr>
<tr>
<td>ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR</td>
<td></td>
</tr>
<tr>
<td>atomoxetine hcl 10 mg cap</td>
<td>1</td>
</tr>
<tr>
<td>atomoxetine hcl 100 mg cap</td>
<td>1</td>
</tr>
<tr>
<td>atomoxetine hcl 18 mg cap</td>
<td>1</td>
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<tr>
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<td>atomoxetine hcl 40 mg cap</td>
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<tr>
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<td>1</td>
</tr>
<tr>
<td>atomoxetine hcl 80 mg cap</td>
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</tr>
<tr>
<td>AMPHETAMINE MIXTURES</td>
<td></td>
</tr>
<tr>
<td>amphetamine-dextroamphet er 10 mg cap er 24h</td>
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</tr>
<tr>
<td>amphetamine-dextroamphet er 15 mg cap er 24h</td>
<td>1</td>
</tr>
<tr>
<td>amphetamine-dextroamphet er 20 mg cap er 24h</td>
<td>1</td>
</tr>
<tr>
<td>amphetamine-dextroamphet er 25 mg cap er 24h</td>
<td>1</td>
</tr>
<tr>
<td>amphetamine-dextroamphet er 30 mg cap er 24h</td>
<td>1</td>
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<tr>
<td>amphetamine-dextroamphet er 5 mg cap er 24h</td>
<td>1</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine 10 mg tab</td>
<td>1</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine 12.5 mg tab</td>
<td>1</td>
</tr>
<tr>
<td>Product Description</td>
<td>Tier</td>
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<tr>
<td>--------------------</td>
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</tr>
<tr>
<td>amphetamine-dextroamphetamine 15 mg tab</td>
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</tr>
<tr>
<td>amphetamine-dextroamphetamine 20 mg tab</td>
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</tr>
<tr>
<td>amphetamine-dextroamphetamine 30 mg tab</td>
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<tr>
<td>amphetamine-dextroamphetamine 5 mg tab</td>
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</tr>
<tr>
<td>amphetamine-dextroamphetamine 7.5 mg tab</td>
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</tr>
<tr>
<td>AMPHETAMINES</td>
<td></td>
</tr>
<tr>
<td>ADZENYS ER 1.25 MG/ML SUSP amphetamine</td>
<td>3</td>
</tr>
<tr>
<td>ADZENYS XR-ODT 12.5 MG TAB ER DISP amphetamine</td>
<td>3</td>
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<tr>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>ADZENYS XR-ODT 15.7 MG TAB ER DISP amphetamine</td>
<td>3</td>
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<td></td>
<td></td>
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<tr>
<td>ADZENYS XR-ODT 18.8 MG TAB ER DISP amphetamine</td>
<td>3</td>
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<td></td>
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<tr>
<td>ADZENYS XR-ODT 3.1 MG TAB ER DISP amphetamine</td>
<td>3</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>ADZENYS XR-ODT 6.3 MG TAB ER DISP amphetamine</td>
<td>3</td>
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<td></td>
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<tr>
<td>ADZENYS XR-ODT 9.4 MG TAB ER DISP amphetamine</td>
<td>3</td>
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<td></td>
<td></td>
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<tr>
<td>AMPHETAMINE ER 1.25 MG/ML SUSP amphetamine</td>
<td>3</td>
</tr>
<tr>
<td>amphetamine sulfate 10 mg tab</td>
<td>2</td>
</tr>
<tr>
<td>amphetamine sulfate 5 mg tab</td>
<td>2</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
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<tr>
<td>----------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>dexedrine 10 mg tab</td>
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</tr>
<tr>
<td>dextroamphetamine sulfate 10 mg tab</td>
<td>1</td>
</tr>
<tr>
<td>dextroamphetamine sulfate 5 mg tab</td>
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<tr>
<td>dextroamphetamine sulfate 5 mg/5ml solution</td>
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<tr>
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<tr>
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<tr>
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<tr>
<td>DYANAVEL XR 2.5 MG/ML SUSP amphetamine</td>
<td>3</td>
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<tr>
<td>VYVANSE 10 MG CAP lisdexamfetamine dimesylate</td>
<td>2</td>
</tr>
<tr>
<td>VYVANSE 10 MG CHEW TAB lisdexamfetamine dimesylate</td>
<td>2</td>
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<tr>
<td>VYVANSE 20 MG CAP lisdexamfetamine dimesylate</td>
<td>2</td>
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<tr>
<td>VYVANSE 20 MG CHEW TAB lisdexamfetamine dimesylate</td>
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<td>VYVANSE 30 MG CHEW TAB lisdexamfetamine dimesylate</td>
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<td>VYVANSE 40 MG CAP lisdexamfetamine dimesylate</td>
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<td>VYVANSE 50 MG CAP lisdexamfetamine dimesylate</td>
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<td>VYVANSE 50 MG CHEW TAB lisdexamfetamine dimesylate</td>
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<tr>
<td>VYVANSE 60 MG CAP lisdexamfetamine dimesylate</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
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<tr>
<td>---------------------</td>
<td>------</td>
</tr>
<tr>
<td>VYVANSE 60 MG CHEW TAB</td>
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<tr>
<td>ANALEPTICS</td>
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<tr>
<td>caffeine citrate 20 mg/ml solution</td>
<td>1</td>
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<tr>
<td>caffeine citrate 60 mg/3ml solution</td>
<td>1</td>
</tr>
<tr>
<td>caffeine citrate 60 mg/3ml solution</td>
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</tr>
<tr>
<td>DOPAMINE AND NOREPINEPHrine REUPTAKE INHIBITORS (DNRIS)</td>
<td></td>
</tr>
<tr>
<td>SUNOSI 150 MG TAB</td>
<td>3</td>
</tr>
<tr>
<td>solriamfetol hcl</td>
<td></td>
</tr>
<tr>
<td>SUNOSI 75 MG TAB</td>
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</tr>
<tr>
<td>solriamfetol hcl</td>
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<tr>
<td>STIMULANTS - MISC.</td>
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<tr>
<td>armodafinil 150 mg tab</td>
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</tr>
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<td>armodafinil 200 mg tab</td>
<td>2</td>
</tr>
<tr>
<td>armodafinil 250 mg tab</td>
<td>1</td>
</tr>
<tr>
<td>armodafinil 50 mg tab</td>
<td>1</td>
</tr>
<tr>
<td>DAYTRANA 10 MG/9HR PATCH</td>
<td>3</td>
</tr>
<tr>
<td>methylphenidate</td>
<td></td>
</tr>
<tr>
<td>DAYTRANA 15 MG/9HR PATCH</td>
<td>3</td>
</tr>
<tr>
<td>methylphenidate</td>
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<tr>
<td>DAYTRANA 20 MG/9HR PATCH</td>
<td>3</td>
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<tr>
<td>methylphenidate</td>
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</tr>
<tr>
<td>DAYTRANA 30 MG/9HR PATCH</td>
<td>3</td>
</tr>
<tr>
<td>methylphenidate</td>
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</tr>
<tr>
<td>dexamethasone hcl 10 mg tab</td>
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</tr>
<tr>
<td>dexamethasone hcl 2.5 mg tab</td>
<td>1</td>
</tr>
<tr>
<td>dexamethasone hcl 5 mg tab</td>
<td>1</td>
</tr>
<tr>
<td>dexamethasone hcl er 10 mg cap er 24h</td>
<td>1</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>dexmethylphenidate hcl er 15 mg cap er 24h</td>
<td>1</td>
</tr>
<tr>
<td>dexmethylphenidate hcl er 20 mg cap er 24h</td>
<td>1</td>
</tr>
<tr>
<td>dexmethylphenidate hcl er 25 mg cap er 24h</td>
<td>1</td>
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CYCLOOXYGENASE 2 (COX-2) INHIBITORS

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<td>QL 60 / 30 DAYS</td>
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PAGE 14

LAST UPDATED 11/2021
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### DIHYDROCODEINE COMBINATIONS

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### HYDROCODONE COMBINATIONS

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**OPIOID COMBINATIONS**

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**OPIOID PARTIAL AGONISTS**

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</tr>
<tr>
<td>BUPRENOPHINE 15 MCG/HR PATCH WK</td>
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<td>BUPRENOPHINE 5 MCG/HR PATCH WK</td>
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<td>buprenorphine 5 mcg/hr patch wk</td>
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<td>buprenorphine 7.5 mcg/hr patch wk</td>
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<td>buprenorphine hcl 8 mg sl tab</td>
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<td>QL 90 / 30 DAYS</td>
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<td>buprenorphine hcl-naloxone hcl 8-2 mg film</td>
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<td>QL 90 / 30 DAYS</td>
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<td>butorphanol tartrate 10 mg/ml solution</td>
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<td>pentazocine-naloxone hcl 50-0.5 mg tab</td>
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<td>SUBLOCADE 100 MG/0.5 ML SOLN PRSYR buprenorphine</td>
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<td>S Specialty Drug</td>
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<td>SUBLOCADE 300 MG/1.5 ML SOLN PRSYR buprenorphine</td>
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<td>METHYLTESTOSTERONE 10 MG CAP</td>
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<tr>
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<td>TESTOSTERONE 25 MG/2.5GM (1%) GEL</td>
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<tr>
<td>testostosterone 25 mg/2.5gm (1%) gel</td>
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<td>testostosterone 30 mg/act solution</td>
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<td>TESTOSTERONE 50 MG/5GM (1%) GEL</td>
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<td>TESTOSTERONE CYPIONATE 100 MG/ML SOLUTION</td>
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<td>TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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</table>

**ANORECTAL AND RELATED PRODUCTS**

**INTRARECTAL STEROIDS**

- colocort 100 mg/60ml enema 1

**CORTIFOAM 10 % FOAM**

- hydrocortisone acetate (intrarectal) 3

- hydrocortisone 100 mg/60ml enema 1

**UCERIS 2 MG/ACT FOAM**

- budesonide (intrarectal) 3  
  **QL** 133.6 / 30 day(s)

**RECTAL ANESTHETIC/STEROIDS**

- ANALPRAM-HC 2.5-1 % LOTION
  - hydrocortisone acetate w/ pramoxine 3

- hydrocort-pramoxine (perianal) 2.5-1 % cream 1

- hydrocortisone ace-pramoxine 1-1 % cream 1

- lidocaine-hydrocort (perianal) 3-0.5 % cream 1

- lidocort 3-0.5 % cream 1

**PROCTOFOAM HC 1-1 % FOAM**

- hydrocortisone acetate w/ pramoxine 2

**RECTAL STEROIDS**

- anucort-hc 25 mg suppos 2

- ANUSOL-HC 2.5 % CREAM
  - hydrocortisone (rectal) 1

- anusol-hc 25 mg suppos 2

- hemmorex-hc 25 mg suppos 2

- hemmorex-hc 30 mg suppos 2

- hydrocortisone (perianal) 1 % cream 1

- hydrocortisone (perianal) 2.5 % cream 1

- hydrocortisone acetate 25 mg suppos 2

- hydrocortisone acetate 30 mg suppos 2

- procto-med hc 2.5 % cream 1

- procto-pak 1 % cream 1

- proctosol hc 2.5 % cream 1
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
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<td>proctozone-hc 2.5 % cream</td>
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<tr>
<td>albendazole 200 mg tab</td>
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<td>QL 120 / 30 DAYS</td>
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<td>EMVERM 100 MG CHEW TAB</td>
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<td>QL 6 / 3 DAYS</td>
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<td>mebendazole</td>
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<tr>
<td>ivermectin 3 mg tab</td>
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<td>QL 6 / 1 day(s)</td>
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<tr>
<td>praziquantel 600 mg tab</td>
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<td><strong>ANTI-INFECTIVE AGENTS - MISC.</strong></td>
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<tr>
<td>IMPAVIDO 50 MG CAP</td>
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<td>miltefosine</td>
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<td>sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>atovaquone 750 mg/5ml suspension</td>
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<td>LAMPIT 120 MG TAB nifurtimox</td>
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<td>LAMPIT 30 MG TAB nifurtimox</td>
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<td>linezolid 600 mg tab</td>
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**ANTIARRHYTHMICS**

**ANTIARRHYTHMICS TYPE I-A**

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**ANTIARRHYTHMICS TYPE I-C**

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<td>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</td>
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<tr>
<td>2</td>
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### ANTI-IGE MONOCLONAL ANTIBODIES

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<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>4</td>
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<td>XOLAIR 150 MG RECON SOLN omalizumab</td>
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<td>XOLAIR 150 MG/ML SOLN PRSYR omalizumab</td>
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Specialty Drug
## PRODUCT DESCRIPTION

### ANTI-INFLAMMATORY AGENTS
- **Cromolyn sodium 20 mg/2ml nebu soln**
  - Tier: 1
  - Limits & Restrictions: QL 240 / 30 DAYS

### BETA ADRENERGICS
- **Albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln**
  - Tier: 1
  - Limits & Restrictions: QL 360 / 30 DAYS
- **Albuterol sulfate (5 mg/ml) 0.5% nebu soln**
  - Tier: 1
- **Albuterol sulfate 0.63 mg/3ml nebu soln**
  - Tier: 1
  - Limits & Restrictions: QL 360 / 30 DAYS
- **Albuterol sulfate 1.25 mg/3ml nebu soln**
  - Tier: 1
  - Limits & Restrictions: QL 360 / 30 DAYS
- **Albuterol sulfate 2 mg tab**
  - Tier: 2
- **Albuterol sulfate 2 mg/5ml syrup**
  - Tier: 1
- **Albuterol sulfate 2.5 mg/0.5ml nebu soln**
  - Tier: 1
- **Albuterol sulfate 4 mg tab**
  - Tier: 2
  - Limits & Restrictions: QL 120 / 30 DAYS
- **Albuterol sulfate ER 4 mg tab ER 12H**
  - Tier: 1
- **Albuterol sulfate ER 8 mg tab ER 12H**
  - Tier: 1
- **Albuterol sulfate hfa 108 (90 base) mcg/act aero soln**
  - Tier: 1
  - Limits & Restrictions: QL 18 / 15 day(s)
- **Albuterol sulfate HFA 108 (90 BASE) MCG/ACT AERO SOLN**
  - Tier: 1
  - Limits & Restrictions: QL 18 / 15 day(s)
- **Arformoterol tartrate 15 mcg/2ml nebu soln**
  - Tier: 2
- **Formoterol fumarate 20 mcg/2ml nebu soln**
  - Tier: 2
- **Levalbuterol HCL 0.31 mg/3ml nebu soln**
  - Tier: 1
  - Limits & Restrictions: QL 270 / 30 DAYS
- **Levalbuterol HCL 0.63 mg/3ml nebu soln**
  - Tier: 1
  - Limits & Restrictions: QL 270 / 30 day(s)
- **Levalbuterol HCL 1.25 mg/0.5ml nebu soln**
  - Tier: 1
- **Levalbuterol HCL 1.25 mg/3ml nebu soln**
  - Tier: 1
  - Limits & Restrictions: QL 270 / 30 DAYS
- **Levalbuterol Tartrate 45 MCG/ACT AEROSOL**
  - Tier: 1
  - Limits & Restrictions: QL 30 / 30 DAYS
- **Metaproterenol Sulfate 10 mg tab**
  - Tier: 1
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**XANTHINES**

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**ANTICOAGULANTS**

**COUMARIN ANTICOAGULANTS**

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**DIRECT FACTOR XA INHIBITORS**

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<th>PRODUCT DESCRIPTION</th>
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<tr>
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<td>SAVAYSA 15 MG TAB</td>
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<td>enoxaparin sodium 30 mg/0.3ml solution</td>
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<td>enoxaparin sodium 300 mg/3ml solution</td>
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<td>enoxaparin sodium 40 mg/0.4ml solution</td>
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<td>QL 0.8 / 1 day(s)</td>
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<td>enoxaparin sodium 60 mg/0.6ml solution</td>
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<td>QL 1.2 / 1 day(s)</td>
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<td>enoxaparin sodium 80 mg/0.8ml solution</td>
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<td>FRAGMIN 12500 UNIT/0.5ML SOLUTION dalteparin sodium</td>
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<td>FRAGMIN 15000 UNIT/0.6ML SOLUTION dalteparin sodium</td>
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<td>QL 1.2 / 1 day(s)</td>
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<td>FRAGMIN 18000 UNT/0.72ML SOLUTION dalteparin sodium</td>
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<td>QL 1.44 / 1 day(s)</td>
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<td>FRAGMIN 25000 UNIT/0.2ML SOLUTION dalteparin sodium</td>
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<td>FRAGMIN 50000 UNIT/0.2ML SOLUTION dalteparin sodium</td>
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<td>FRAGMIN 75000 UNIT/0.3ML SOLUTION dalteparin sodium</td>
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<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>FRAGMIN 95000 UNIT/3.8ML SOLUTION dalteparin sodium</td>
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**SYNTHETIC HEPARINOID-LIKE AGENTS**

<table>
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<td>fondaparinux sodium 10 mg/0.8ml solution</td>
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<td>fondaparinux sodium 2.5 mg/0.5ml solution</td>
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<td>QL 0.5 / 1 day(s)</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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**THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE**

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<td>PRADAXA 150 MG CAP dabigatran etexilate mesylate</td>
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<tr>
<td>PRADAXA 75 MG CAP dabigatran etexilate mesylate</td>
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**ANTICONVULSANTS**

**AMPA GLUTAMATE RECEPTOR ANTAGONISTS**

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<td>FYCOMPA 10 MG TAB perampanel</td>
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<td>FYCOMPA 4 MG TAB perampanel</td>
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<td>FYCOMPA 6 MG TAB perampanel</td>
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<td>FYCOMPA 8 MG TAB perampanel</td>
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<td>subvenite starter kit-green 84 x 25 mg &amp; 14x100 mg kit</td>
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<td>subvenite starter kit-orange 42 x 25 mg &amp; 7 x 100 mg kit</td>
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ANTIDIABETICS

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<td>TRIJARDY XR 10-5-1000 MG TAB ER 24H</td>
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<td>empagliflozin-linagliptin-metformin</td>
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<td>TRIJARDY XR 25-5-1000 MG TAB ER 24H empagliflozin-linagliptin-metformin</td>
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**SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS**

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

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

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<tbody>
<tr>
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<td>SYNJARDY 12.5-500 MG TAB empagliflozin-metformin hcl</td>
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**SULFONYLUREA-BIGUANIDE COMBINATIONS**

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**SULFONYLUREAS**

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<tr>
<td>scopolamine 1 mg/3days patch 72hr</td>
<td>1</td>
<td>QL 10 / 30 DAYS</td>
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<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
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<tr>
<td>trimethobenzamide hcl 300 mg cap</td>
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**ANTIEMETICS - MISCELLANEOUS**

<table>
<thead>
<tr>
<th>Product</th>
<th>Tier</th>
<th>Limit</th>
</tr>
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<tbody>
<tr>
<td>dronabinol 10 mg cap</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>dronabinol 2.5 mg cap</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>dronabinol 5 mg cap</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
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**SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS**

<table>
<thead>
<tr>
<th>Product</th>
<th>Tier</th>
<th>Limit</th>
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<tbody>
<tr>
<td>aprepitant 125 mg cap</td>
<td>1</td>
<td>QL 1 / 21 day(s)</td>
</tr>
<tr>
<td>aprepitant 80 &amp; 125 mg cap</td>
<td>1</td>
<td>QL 3 / 21 day(s)</td>
</tr>
<tr>
<td>aprepitant 80 &amp; 125 mg misc</td>
<td>1</td>
<td>QL 3 / 21 day(s)</td>
</tr>
<tr>
<td>aprepitant 80 mg cap</td>
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<td>QL 2 / 21 day(s)</td>
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**VARUBI (180 MG DOSE) 2 X 90 MG TAB THPK**

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<thead>
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<th>Tier</th>
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<tbody>
<tr>
<td>rolapitant hcl</td>
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<td>PA</td>
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**ANTIFUNGALS**

**ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOIDS)**

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<tr>
<th>Product</th>
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<th>Limit</th>
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</thead>
<tbody>
<tr>
<td>BREXAFEMME 150 MG TAB</td>
<td>3</td>
<td>QL 4 / 30 day(s)</td>
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**BREXAFEMME 150 MG TAB**

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<tr>
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<td>ibrexafungerp citrate</td>
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<td>ST, GL, AL1</td>
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<table>
<thead>
<tr>
<th>Product</th>
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<tbody>
<tr>
<td>flucytosine 250 mg cap</td>
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<tr>
<td>flucytosine 500 mg cap</td>
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</tr>
<tr>
<td>griseofulvin microsize 125 mg/5ml suspension</td>
<td>1</td>
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</tr>
<tr>
<td>griseofulvin microsize 500 mg tab</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
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<tr>
<td>griseofulvin ultramicrosize 125 mg tab</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>griseofulvin ultramicrosize 250 mg tab</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>nystatin 50000 unit tab</td>
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<tr>
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**IMIDAZOLES**

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<td><strong>TRIAZOLES</strong></td>
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<tr>
<td>CRESEMBA 186 MG CAP</td>
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<tr>
<td>isavuconazonium sulfate</td>
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<tr>
<td>fluconazole 10 mg/ml recon susp</td>
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<td></td>
</tr>
<tr>
<td>fluconazole 100 mg tab</td>
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<tr>
<td>fluconazole 150 mg tab</td>
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<td>180 / 30 DAYS</td>
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<td>fluconazole 200 mg tab</td>
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<tr>
<td>fluconazole 40 mg/ml recon susp</td>
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<td>fluconazole 50 mg tab</td>
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<tr>
<td>NOXAFIL 40 MG/ML SUSPENSION</td>
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<tr>
<td>posaconazole</td>
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<td>posaconazole 100 mg tab dr</td>
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<td>PA S Specialty Drug</td>
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<tr>
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<td>voriconazole 40 mg/ml recon susp</td>
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<td>voriconazole 50 mg tab</td>
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<td>carbinoxamine maleate 4 mg tab</td>
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<td>S Specialty Drug</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td><strong>ANTIHISTAMINES - NON-SEDATING</strong></td>
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<td>cetirizine hcl 5 mg/5ml solution</td>
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<td>QL 30 / 30 DAYS</td>
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<td>phenergan 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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PAGE 87 LAST UPDATED 11/2021
<table>
<thead>
<tr>
<th>Product Description</th>
<th>Tier</th>
<th>Limits &amp; Restrictions</th>
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<tr>
<td><strong>ANTIHYPERLIPIDEMICS</strong></td>
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<tr>
<td>ACL INHIB-INTESTINAL CHOLESTEROL Absorption Inhib Comb</td>
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<td>Nexlizet 180-10 mg Tab</td>
<td>3</td>
<td>PA</td>
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<tr>
<td>Bempedoic acid-ezetimibe</td>
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<td><strong>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</strong></td>
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<tr>
<td>Nexletol 180 mg Tab</td>
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<td>PA</td>
</tr>
<tr>
<td>Bempedoic acid</td>
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<td><strong>ANTIHYPERLIPIDEMICS - MISC.</strong></td>
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<td>Icosapent ethyl 1 gm cap</td>
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<td>Omega-3-acid ethyl esters 1 gm cap</td>
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<td>Triklo 1 gm cap</td>
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<td>Cholestyramine light 4 gm packet</td>
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<td>Cholestyramine light 4 gm/dose powder</td>
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<td>Colesevelam hcl 625 mg tab</td>
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<td>Colestipol hcl 5 gm granules</td>
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<td>Colestipol hcl 5 gm packet</td>
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<td>Prevalite 4 gm packet</td>
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<tr>
<td>Prevalite 4 gm/dose powder</td>
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<tr>
<td><strong>FIBRIC ACID DERIVATIVES</strong></td>
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<td>Fenofibrate 145 mg tab</td>
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<td>fenofibrate 200 mg cap</td>
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<td>fenofibrate 40 mg tab</td>
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<td>QL 30 / 30 DAYS</td>
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<td>fenofibrate 48 mg tab</td>
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<td>FENOFIBRIC ACID 105 MG TAB</td>
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<td>fenofibric acid</td>
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<td>fenofibric acid 135 mg cap dr</td>
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<td>FENOFIBRIC ACID 35 MG TAB</td>
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<td>QL 30 / 30 DAYS</td>
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<td>atorvastatin calcium 40 mg tab</td>
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<tr>
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LAST UPDATED 11/2021
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<td>PREV Preventative</td>
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<td>PREV Preventative</td>
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<tr>
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<td>PREV Preventative</td>
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<td>rosuvastatin calcium 10 mg tab</td>
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<td>PREV Preventative</td>
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<td>PREV Preventative</td>
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<td>PREV Preventative</td>
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<tr>
<td>simvastatin 5 mg tab</td>
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<td>PREV Preventative</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
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<tr>
<td>simvastatin 80 mg tab</td>
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**INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB**

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<th>PRODUCT DESCRIPTION</th>
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<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>EZETIMIBE-ROSUVASTATIN 10-10 MG TAB</td>
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<tr>
<td><em>ezetimibe-rosuvastatin calcium</em></td>
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<td>EZETIMIBE-ROSUVASTATIN 10-20 MG TAB</td>
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<td><em>ezetimibe-rosuvastatin calcium</em></td>
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<td>EZETIMIBE-ROSUVASTATIN 10-40 MG TAB</td>
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<td><em>ezetimibe-rosuvastatin calcium</em></td>
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<tr>
<td>EZETIMIBE-ROSUVASTATIN 10-5 MG TAB</td>
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<td>QL 1 / 1 day(s)</td>
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<tr>
<td><em>ezetimibe-rosuvastatin calcium</em></td>
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<thead>
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<th>PRODUCT DESCRIPTION</th>
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<tr>
<td>ezetimibe-simvastatin 10-10 mg tab</td>
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<td>ezetimibe-simvastatin 10-20 mg tab</td>
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<td>ezetimibe-simvastatin 10-80 mg tab</td>
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**INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS**

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**MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS**

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<th>PRODUCT DESCRIPTION</th>
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<tbody>
<tr>
<td>JUXTAPID 10 MG CAP</td>
<td>4</td>
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<td><em>lomitapide mesylate</em></td>
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<td>S Specialty Drug</td>
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<tr>
<td>JUXTAPID 20 MG CAP</td>
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<tr>
<td><em>lomitapide mesylate</em></td>
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<td>S Specialty Drug</td>
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<tr>
<td>JUXTAPID 30 MG CAP</td>
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<td>PA</td>
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<tr>
<td><em>lomitapide mesylate</em></td>
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<td>S Specialty Drug</td>
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<tr>
<td>JUXTAPID 40 MG CAP</td>
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<td>PA</td>
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<tr>
<td><em>lomitapide mesylate</em></td>
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<td>S Specialty Drug</td>
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<tr>
<td>JUXTAPID 5 MG CAP</td>
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<tr>
<td><em>lomitapide mesylate</em></td>
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<td>S Specialty Drug</td>
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<tr>
<td>JUXTAPID 60 MG CAP</td>
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<td>NICOTINIC ACID DERIVATIVES</td>
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<td>REPATHA 140 MG/ML SOLN PRSYR</td>
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<tr>
<td>evolocumab</td>
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<td>REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART</td>
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<td>evolocumab</td>
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<td>amlodipine besy-benazepril hcl 10-20 mg cap</td>
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<td>amlodipine besy-benazepril hcl 10-40 mg cap</td>
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<tr>
<td>amlodipine besy-benazepril hcl 2.5-10 mg cap</td>
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<td>amlodipine besy-benazepril hcl 5-10 mg cap</td>
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<td>amlodipine besy-benazepril hcl 5-40 mg cap</td>
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<td>TRANDOLAPRIL-VERAPAMIL HCL ER 2-180 MG TAB ER</td>
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<td>trandolapril-verapamil hcl</td>
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<tr>
<td>trandolapril-verapamil hcl er 4-240 mg tab er</td>
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<td>TRANDOLAPRIL-VERAPAMIL HCL ER 4-240 MG TAB ER</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>trandolapril-verapamil hcl</td>
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**ACE INHIBITORS**

- **Benazepril HCL**
  - 10 mg tab
  - 20 mg tab
  - 40 mg tab
  - 5 mg tab

- **Captopril**
  - 100 mg tab
  - 12.5 mg tab
  - 25 mg tab
  - 50 mg tab

- **Enalapril Maleate**
  - 1 mg/ml solution
  - 10 mg tab
  - 2.5 mg tab
  - 20 mg tab
  - 5 mg tab

- **Fosinopril Sodium**
  - 10 mg tab
  - 20 mg tab
  - 40 mg tab

- **Lisinopril**
  - 10 mg tab
  - 2.5 mg tab
  - 20 mg tab
  - 30 mg tab
  - 40 mg tab
  - 5 mg tab

- **Moexipril HCL**
  - 15 mg tab
  - 7.5 mg tab

- **Perindopril Erbumine**
  - 2 mg tab
  - 4 mg tab
  - 8 mg tab

<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
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<tr>
<td>QBRELIS 1 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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<td>quinapril hcl 20 mg tab</td>
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<td>quinapril hcl 40 mg tab</td>
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<td>ramipril 1.25 mg cap</td>
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<td>ramipril 10 mg cap</td>
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<td>QL 60 / 30 DAYS</td>
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<td>ramipril 5 mg cap</td>
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<td>QL 30 / 30 DAYS</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>trandolapril 2 mg tab</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
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<td><strong>ACE INHIBITORS &amp; THIAZIDE/THIAZIDE-LIKE</strong></td>
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<td>benazepril-hydrochlorothiazide 10-12.5 mg tab</td>
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<td>benazepril-hydrochlorothiazide 20-12.5 mg tab</td>
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<tr>
<td>benazepril-hydrochlorothiazide 20-25 mg tab</td>
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<td>benazepril-hydrochlorothiazide 5-6.25 mg tab</td>
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<tr>
<td>BENAZEPRIL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB</td>
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<td>CAPTOPRIL-HYDROCHLOROTHIAZIDE 25-25 MG TAB</td>
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<td>captopril &amp; hydrochlorothiazide</td>
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<tr>
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<td>enalapril-hydrochlorothiazide 5-12.5 mg tab</td>
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<td>fosinopril sodium-hctz 20-12.5 mg tab</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>moexipril-hydrochlorothiazide 15-25 mg tab</td>
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<td>moexipril-hydrochlorothiazide 7.5-12.5 mg tab</td>
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<td>quinapril-hydrochlorothiazide 10-12.5 mg tab</td>
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<td>quinapril-hydrochlorothiazide 20-12.5 mg tab</td>
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<td>quinapril-hydrochlorothiazide 20-25 mg tab</td>
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<td>ADRENOLYTICS-CENTRAL &amp; THIAZIDE/THIAZIDE-LIKE COMB</td>
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<tr>
<td>CLORPRES 0.1-15 MG TAB clonidine &amp; chlorthalidone</td>
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<td>CLORPRES 0.2-15 MG TAB clonidine &amp; chlorthalidone</td>
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<td>CLORPRES 0.3-15 MG TAB clonidine &amp; chlorthalidone</td>
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<td>METHYLDOPA-HYDROCHLOROTHIAZIDE 250-15 MG TAB methyl dopa &amp; hydrochlorothiazide</td>
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<td>ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES</td>
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<td>amlodipine-valsartan-hctz 10-160-12.5 mg tab</td>
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<td>amlodipine-valsartan-hctz 10-160-25 mg tab</td>
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<td>amlodipine-valsartan-hctz 10-320-25 mg tab</td>
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<td>amlodipine besylate-valsartan 10-320 mg tab</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>clonidine 0.3 mg/24hr patch wk</td>
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<tr>
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<tr>
<td>methyl dopa 500 mg tab</td>
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<td>QL 30 / 30 DAYS</td>
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<td>doxazosin mesylate 8 mg tab</td>
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<td>prazosin hcl 1 mg cap</td>
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<td>prazosin hcl 5 mg cap</td>
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<td>terazosin hcl 1 mg cap</td>
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<td>QL 30 / 30 DAYS</td>
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<td>terazosin hcl 10 mg cap</td>
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<tr>
<td>terazosin hcl 5 mg cap</td>
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<td>QL 30 / 30 DAYS</td>
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<td><strong>ANTIHYPERTENSIVES - MISC.</strong></td>
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<td>VECAMYL 2.5 MG TAB</td>
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<td>mecamylamine hcl</td>
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<td>PRODUCT DESCRIPTION</td>
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<td><strong>BETA BLOCKER &amp; DIURETIC COMBINATIONS</strong></td>
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<td>atenolol-chlorthalidone 50-25 mg tab</td>
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<tr>
<td><strong>DUTOPROL 100-12.5 MG TAB ER 24H</strong> metoprolol &amp; hydrochlorothiazide</td>
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<td>metoprolol-hydrochlorothiazide 50-25 mg tab</td>
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<td><strong>PROPRANOLOL-HCTZ 40-25 MG TAB</strong> propranolol &amp; hydrochlorothiazide</td>
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<td><strong>PROPRANOLOL-HCTZ 80-25 MG TAB</strong> propranolol &amp; hydrochlorothiazide</td>
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<td><strong>DIRECT RENIN INHIBITORS</strong></td>
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<tr>
<td>aliskiren fumarate 300 mg tab</td>
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<td><strong>DIRECT RENIN INHIBITORS &amp; THIAZIDE/THIAZIDE-LIKE COMB</strong></td>
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<td>TEKTURNA HCT 150-12.5 MG TAB aliskiren-hydrochlorothiazide</td>
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<td>TEKTURNA HCT 300-12.5 MG TAB aliskiren-hydrochlorothiazide</td>
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<td>QL 30 / 30 DAYS</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td><strong>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</strong></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 500 MG TAB</td>
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<td>HYDROXYCHLOROQUINE SULFATE 300 MG TAB</td>
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<td>hydroxychloroquine sulfate</td>
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<td>mefloquine hcl 250 mg tab</td>
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<tr>
<td>primaquine phosphate</td>
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<td>primaquine phosphate 26.3 (15 base) mg tab</td>
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## PRODUCT DESCRIPTION

### TIER LIMITS & RESTRICTIONS

#### ANTIMYASTHENIC/CHOLINERGIC AGENTS

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<tr>
<th>Medication</th>
<th>Tier</th>
<th>Restrictions</th>
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<tbody>
<tr>
<td>Guanidine HCl 125 mg Tab guanidine hcl</td>
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<tr>
<td>Pyridostigmine bromide 60 mg tab</td>
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<td>Pyridostigmine bromide er 180 mg tab</td>
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<tr>
<td>Ruzurgi 10 mg Tab amifampridine</td>
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<td>Specialty Drug</td>
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#### ANTIMYCObACTERIAL AGENTS

### ANTI TB COMBINATIONS

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<th>Medication</th>
<th>Tier</th>
<th>Restrictions</th>
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<tbody>
<tr>
<td>Rifamate 150-300 mg Cap isoniazid &amp; rifampin</td>
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<tr>
<td>Rifater 50-120-300 mg Tab isoniazid-rifampin w/ pyrazinamide</td>
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<tr>
<td>Cycloserine 250 mg Cap cycloserine</td>
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<td>Ethambutol hcl 100 mg tab</td>
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<td>Isoniazid 100 mg/ML Solution isoniazid</td>
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<td>Isoniazid 300 mg tab</td>
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<td>Isoniazid 50 MG/5ML Syrup isoniazid</td>
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<td>Paser 4 GM Packet aminosalicylic acid</td>
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<td>Pretomanid 200 mg Tab pretomanid</td>
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<td>Priftin 150 mg Tab rifapentine</td>
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<td>Rifabutin 150 mg cap</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
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<td>SIRTURO 100 MG TAB bedaquiline fumarate</td>
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<td>S Specialty Drug</td>
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<td>TRECATOR 250 MG TAB ethionamide</td>
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<td><strong>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</strong></td>
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<td>MYLERAN 2 MG TAB busulfan</td>
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<td>PA</td>
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<td>TARGRETIN 75 MG CAP</td>
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<td>Lenvima (10 mg daily dose) 10 mg cap thpk</td>
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<td>LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK</td>
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**LENVIMA**
lenvatinib mesylate

**ANTIPARKINSON AND RELATED THERAPY AGENTS**

**ANTIPARKINSON ANTICHOLINERGICS**

- benztropine mesylate 0.5 mg tab | 1 |
- benztropine mesylate 1 mg tab | 1 |
- benztropine mesylate 1 mg/ml solution | 1 |
- benztropine mesylate 2 mg tab | 1 |
- trihexyphenidyl hcl 0.4 mg/ml solution | 1 AL1 Up to 8 yrs old |
- trihexyphenidyl hcl 2 mg tab | 1 |
- trihexyphenidyl hcl 5 mg tab | 1 |

**ANTIPARKINSON DOPAMINERGICS**

- amantadine hcl 100 mg cap | 1 |
- amantadine hcl 100 mg tab | 1 |
- amantadine hcl 50 mg/5ml solution | 1 |
- amantadine hcl 50 mg/5ml syrup | 1 |
- bromocriptine mesylate 2.5 mg tab | 1 |
- bromocriptine mesylate 5 mg cap | 1 |

**ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS**

ELDEPRYL 5 MG CAP
selegiline hcl

- rasagiline mesylate 0.5 mg tab | 2 QL 30 / 30 DAYS |
- rasagiline mesylate 1 mg tab | 2 QL 30 / 30 DAYS |

SELEGILINE HCL 5 MG TAB
selegiline hcl

- selegiline hcl 5 mg cap | 1 |
- selegiline hcl 5 mg tab | 1 |

ZELAPAR 1.25 MG TAB DISP
selegiline hcl

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<tr>
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<tr>
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<td>APOKYN 30 MG/3ML SOLN CART</td>
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<td>KYNMOBI 10 MG FILM</td>
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<td>NEUPRO 1 MG/24HR PATCH 24HR</td>
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<tr>
<td>rotigotine</td>
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<td>NEUPRO 2 MG/24HR PATCH 24HR</td>
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<tr>
<td>NEUPRO 3 MG/24HR PATCH 24HR</td>
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<td>PRODUCT DESCRIPTION</td>
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<tr>
<td>NEUPRO 8 MG/24HR PATCH 24HR rotigotine</td>
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<td>pramipexole dihydrochloride er 4.5 mg tab er 24h</td>
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<td>ropinirole hcl 1 mg tab</td>
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<td>ropinirole hcl 2 mg tab</td>
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<td>ropinirole hcl 4 mg tab</td>
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<tr>
<td>ropinirole hcl 5 mg tab</td>
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<td>ropinirole hcl er 2 mg tab er 24h</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>ropinirole hcl er 4 mg tab er 24h</td>
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<td>QL 30 / 30 DAYS</td>
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<td>PRODUCT DESCRIPTION</td>
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<tr>
<td>ropinirole hcl er 6 mg tab er 24h</td>
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<td>ropinirole hcl er 8 mg tab er 24h</td>
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**PERIPHERAL COMT INHIBITORS**

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<tr>
<td>entacapone 200 mg tab</td>
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**ONGENTYS 25 MG CAP**

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<tr>
<td>opicapone</td>
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**ONGENTYS 50 MG CAP**

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<tr>
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**ANTIPSYCHOTICS/ANTIMANIC AGENTS**

**ANTIMANIC AGENTS**

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<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
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<tbody>
<tr>
<td>LITHIUM 8 MEQ/5ML SOLUTION</td>
<td>1</td>
<td>AL1 Up to 8 yrs old</td>
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<td>lithium</td>
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<th>PRODUCT DESCRIPTION</th>
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<tr>
<td>LITHIUM CARBONATE 150 MG CAP</td>
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**ANTIPSYCHOTICS - MISC.**

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<th>PRODUCT DESCRIPTION</th>
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<td>carbamazepine (antipsychotic)</td>
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<th>PRODUCT DESCRIPTION</th>
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<td>PRODUCT DESCRIPTION</td>
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<td>VRAYLAR 1.5 &amp; 3 MG CAP THPK</td>
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<td>FANAPT 8 MG TAB iloperidone</td>
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<td>INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR</td>
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<td>INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR</td>
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<td>INVEGA SUSTENNA 156 MG/ML SUSP PRSYR</td>
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<td>INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR</td>
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<td>INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR</td>
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<td>INVEGA TRINZA 410 MG/1.315ML SUSP PRSYR</td>
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<td>INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR</td>
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<td>INVEGA TRINZA 819 MG/2.625ML SUSP PRSYR</td>
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<td>PRODUCT DESCRIPTION</td>
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**BUTYROPHENONES**

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### entecavir 0.5 mg tab

- **TIER**: 1
- **QL**: 30 / 30 DAYS

### entecavir 1 mg tab

- **TIER**: 1
- **QL**: 30 / 30 DAYS

### lamivudine 100 mg tab

- **TIER**: 1

### HEPATITIS C AGENT - COMBINATIONS

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### HEPATITIS C AGENTS

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<td>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</td>
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<td>ambrisentan 10 mg tab</td>
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<td>PA S Specialty Drug</td>
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<td>ambrisentan 5 mg tab</td>
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<td>PA S Specialty Drug</td>
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<td>bosentan 125 mg tab</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>sildenafil citrate 20 mg tab</td>
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**PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST**

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<tr>
<td>UPTRAVI 1000 MCG TAB selexipag</td>
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<td>UPTRAVI 1200 MCG TAB selexipag</td>
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<td>UPTRAVI 1400 MCG TAB selexipag</td>
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<td>UPTRAVI 1600 MCG TAB selexipag</td>
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<td>UPTRAVI 200 &amp; 800 MCG TAB THPK selexipag</td>
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<td>PA S Specialty Drug</td>
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<td>UPTRAVI 200 MCG TAB selexipag</td>
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<td>UPTRAVI 400 MCG TAB selexipag</td>
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**SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS**

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**SINUS NODE INHIBITORS**

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<tr>
<td>CORLANOR 7.5 MG TAB ivabradine hcl</td>
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<td>QL 60 / 30 day(s)</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td><strong>CEPHALOSPORINS</strong></td>
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<tr>
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<td>CEFACLOR 125 MG/5ML RECON SUSP</td>
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<td>desogestrel-ethinyl estradiol 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>LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB</td>
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<td>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</td>
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<td>volnea 0.15-0.02/0.01 mg (21/5) tab</td>
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<td>altavera 0.15-30 mg-mcg tab</td>
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<td>alyacen 1/35 1-35 mg-mcg tab</td>
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<tr>
<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>aubra eq 0.1-20 mg-mcg tab</td>
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<td>aurovela 1/20 1-20 mg-mcg tab</td>
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<td>ayuna 0.15-30 mg-mcg tab</td>
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<tr>
<td>BEYAZ 3-0.02-0.451 MG TAB</td>
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<tr>
<td>charlotte 24 fe 1-20 mg-mcg(24) chew tab</td>
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LAST UPDATED 11/2021
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| TWIRLA 120-30 MCG/24HR PATCH WK  
*levonorgestrel-ethinyl estradiol* | 2 | QL 3 / 21 day(s)  
PREV Preventative |
| xulane 150-35 mcg/24hr patch wk | 1 | QL 3 / 21 day(s)  
PREV Preventative |
| zafemy 150-35 mcg/24hr patch wk | 1 | QL 3 / 21 day(s)  
PREV Preventative |
| **COMBINATION CONTRACEPTIVES - VAGINAL** |
| ANNOVERA 0.013-0.15 MG/24HR RING  
*segesterone acetate-ethinyl estradiol* | 2 | QL 1 / 365 day(s)  
PREV Preventative |
| eluryng 0.12-0.015 mg/24hr ring | 1 | QL 1 / 28 DAYS  
PREV Preventative |
| etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring | 1 | QL 1 / 28 DAYS  
PREV Preventative |
| **CONTINUOUS CONTRACEPTIVES - ORAL** |
| amethyst 90-20 mcg tab | 1 | PREV Preventative |
| dolishale 90-20 mcg tab | 1 | PREV Preventative |
| levonorgestrel-ethinyl estrad 90-20 mcg tab | 1 | PREV Preventative |
| **COPPER CONTRACEPTIVES - IUD** |
| PARAGARD INTRAUTERINE COPPER IUD  
*copper (iud)* | 2 | PREV Preventative |
| **EMERGENCY CONTRACEPTIVES** |
| ELLA 30 MG TAB  
*ulipristal acetate* | 2 | QL 1 / 30 DAYS  
PREV Preventative |
| **EXTENDED-CYCLE CONTRACEPTIVES - ORAL** |
| amethia 0.15-0.03 &0.01 mg tab | 1 | QL 91 / 91 DAYS  
PREV Preventative |
| amethia lo 0.1-0.02 & 0.01 mg tab | 1 | QL 91 / 91 DAYS  
PREV Preventative |
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**CORTICOSTEROIDS**

**GLUCOCORTICOSTEROIDS**

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<td>MDS1 7 / 1 day(s)</td>
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<td>MDS1 7 / 1 day(s)</td>
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<td><strong>OPIOID ANTITUSSIVE-ANTIHISTAMINE</strong></td>
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<td>hydrocod polst-cpm polst er 10-8 mg/5ml susp</td>
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<td>clindacin etz 1 % swab</td>
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<td>clindacin-p 1 % swab</td>
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<td>clindamycin phosphate 1 % foam</td>
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<td>dapsone 5 % gel</td>
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<td>DAPSONE 7.5 % GEL</td>
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<td>dapsone (topical)</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>dapsone 7.5 % gel</td>
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<tr>
<td>erythromycin 2 % gel</td>
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<tr>
<td>erythromycin 2 % solution</td>
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<tr>
<td>sulfacetamide sodium (acne) 10 % lotion</td>
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**ACNE COMBINATIONS**

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<tbody>
<tr>
<td>adapalene-benzoyl peroxide 0.1-2.5 % gel</td>
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<td><strong>QL</strong> 90 / 30 DAYS</td>
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<td>avar cleanser 10-5 % liquid</td>
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<td>avar-e green 10-5 % cream</td>
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<td>INOVA 8 &amp; 5 % KIT</td>
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<td>benzoyl peroxide &amp; vitamin e</td>
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<td>amnesteem 40 mg cap</td>
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<td>BENZOYL PEROXIDE 8 % GEL</td>
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<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>claravis 30 mg cap</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>claravis 40 mg cap</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>isotretinoin 10 mg cap</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>isotretinoin 20 mg cap</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>isotretinoin 30 mg cap</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
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<tr>
<td>isotretinoin 40 mg cap</td>
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<td>QL 60 / 30 DAYS</td>
</tr>
<tr>
<td>myorisan 10 mg cap</td>
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<tr>
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<tr>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>myorisan 40 mg cap</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>pr benzoyl peroxide wash 7 % liquid</td>
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<tr>
<td>tretinoin 0.01 % gel</td>
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<td>QL 45 / 30 DAYS</td>
</tr>
<tr>
<td>tretinoin 0.025 % cream</td>
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<td>tretinoin 0.05 % gel</td>
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<tr>
<td>tretinoin 0.1 % cream</td>
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<td>QL 45 / 30 DAYS</td>
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<tr>
<td>tretinoin microsphere 0.04 % gel</td>
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<tr>
<td>tretinoin microsphere 0.1 % gel</td>
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<tr>
<td>tretinoin microsphere pump 0.04 % gel</td>
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<tr>
<td>tretinoin microsphere pump 0.1 % gel</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
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<tr>
<td>zenatane 10 mg cap</td>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>zenatane 20 mg cap</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
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<td>zenatane 30 mg cap</td>
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<tr>
<td>zenatane 40 mg cap</td>
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**AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS**

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<tr>
<td>VEREGEN 15 % OINTMENT</td>
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<td>PA</td>
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<tr>
<td>sinecatechins</td>
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**ANTI-INFLAMMATORY AGENTS - TOPICAL**

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<tr>
<td>DICLOFENAC EPOAMINE 1.3 % PATCH</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
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<tr>
<td>diclofenac epolamine</td>
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<td></td>
</tr>
<tr>
<td>diclofenac sodium 1 % gel</td>
<td>1</td>
<td>QL 500 / 30 DAYS</td>
</tr>
<tr>
<td>diclofenac sodium 1.5 % solution</td>
<td>1</td>
<td>QL 150 / 30 DAYS</td>
</tr>
<tr>
<td>klofensaid ii 1.5 % solution</td>
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<td>QL 150 / 30 DAYS</td>
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**ANTIBIOTIC STEROID COMBINATIONS - TOPICAL**

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<tbody>
<tr>
<td>CORTISPORIN 1 % OINTMENT</td>
<td>3</td>
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<tr>
<td>bacitracin-polymyxin-neomycin hc</td>
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<tr>
<td>CORTISPORIN 3.5-10000-0.5 CREAM</td>
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<td></td>
</tr>
<tr>
<td>neomycin-polymyxin-hc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEO-SYNALAR 0.5-0.025 % CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>neomycin sulfate-fluocinolone acetonide</td>
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</tr>
<tr>
<td>NEO-SYNALAR 0.5-0.025 % KIT</td>
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</tr>
<tr>
<td>neomycin-fluocinolone &amp; emollient</td>
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**ANTIBIOTICS - TOPICAL**

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<thead>
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<td>retapamulin</td>
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<tr>
<td>gentamicin sulfate 0.1 % cream</td>
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<tr>
<td>gentamicin sulfate 0.1 % ointment</td>
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<tr>
<td>mupirocin 2 % ointment</td>
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**ANTIFUNGALS - TOPICAL**

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<tr>
<td>ciclodan 0.77 % cream</td>
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<tr>
<td>ciclodan 8 % 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>---------------------</td>
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</tr>
<tr>
<td>ciclopirox 0.77 % gel</td>
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</tr>
<tr>
<td>ciclopirox 1 % shampoo</td>
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</tr>
<tr>
<td>ciclopirox 8 % solution</td>
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<tr>
<td>ciclopirox olamine 0.77 % cream</td>
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</tr>
<tr>
<td>ciclopirox olamine 0.77 % suspension</td>
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<tr>
<td>NAFTIFINE HCL 1 % CREAM</td>
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<td>PA</td>
</tr>
<tr>
<td>naftifine hcl 1 % cream</td>
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<td>PA</td>
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<tr>
<td>naftifine hcl 1 % gel</td>
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<tr>
<td>NAFTIFINE HCL 2 % CREAM</td>
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<td>PA</td>
</tr>
<tr>
<td>naftifine hcl 2 % cream</td>
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<td>PA</td>
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<tr>
<td>NAFTIN 2 % GEL</td>
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<td>PA</td>
</tr>
<tr>
<td>naftifine hcl</td>
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<td>PA</td>
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<td>nyamyc 100000 unit/gm powder</td>
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<tr>
<td>nyata 100000 unit/gm powder</td>
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<td>nystatin 100000 unit/gm cream</td>
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<tr>
<td>nystatin 100000 unit/gm ointment</td>
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<td>nystatin 100000 unit/gm powder</td>
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<tr>
<td>nystop 100000 unit/gm powder</td>
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<td>ANTIFUNGALS - TOPICAL COMBINATIONS</td>
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<tr>
<td>ALA-QUIN 3-0.5 % CREAM</td>
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<tr>
<td>clioquinol-hc</td>
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<td>clotrimazole-betamethasone 1-0.05 % cream</td>
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<tr>
<td>clotrimazole-betamethasone 1-0.05 % lotion</td>
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<tr>
<td>corti-sav 1-1 % cream</td>
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<tr>
<td>dermazene 1-1 % cream</td>
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<tr>
<td>EXODERM 25-1 % LOTION</td>
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<td>sodium thiosulfate-salicylic acid</td>
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<tr>
<td>hydrocortisone-iodoquinol 1-1 % cream</td>
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<tr>
<td>MICONAZOLE-ZINC OXIDE-PETROLAT 0.25-15-81.35 % OINTMENT</td>
<td>2</td>
<td>PA, QL 50 / 30 DAYS</td>
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<tr>
<td>miconazole-zinc oxide-white petrolatum</td>
<td>2</td>
<td>PA, QL 50 / 30 DAYS</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>----------------------------------------------------------</td>
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<td>nystatin-triamcinolone 100000-0.1 unit/gm-% cream</td>
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<tr>
<td>nystatin-triamcinolone 100000-0.1 unit/gm-% ointment</td>
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<td>RECURA CREAM</td>
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<tr>
<td>antifungal combination products, misc.</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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<td>ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL</td>
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<tr>
<td>VALCHLOR 0.016 % GEL</td>
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<tr>
<td>mechlorethamine hcl (topical)</td>
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<tr>
<td>ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL</td>
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<tr>
<td>FLUOROPLEX 1 % CREAM</td>
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<tr>
<td>fluorouracil (topical)</td>
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<tr>
<td>fluorouracil (topical)</td>
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<td>fluorouracil 5 % cream</td>
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<td>TOLAK 4 % CREAM</td>
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<td>fluorouracil (topical)</td>
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<td>ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID’S</td>
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<td>diclofenac sodium 3 % gel</td>
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<td>ANTINEOPLASTIC RETINOIDS - TOPICAL</td>
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<tr>
<td>PANRETIN 0.1 % GEL</td>
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<td>alitretinoin</td>
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<td>ANTIPRURITICS - TOPICAL</td>
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<td>DOXEPIN HCL 5 % CREAM</td>
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<td>doxepin hcl (antipruritic)</td>
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<td>ANTIPSORIATICS</td>
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<tr>
<td>calcipotriene 0.005 % cream</td>
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<td>CALCIPOTRIENE 0.005 % FOAM</td>
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<td>SORILUX 0.005 % FOAM</td>
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<tr>
<td>tazarotene 0.1 % cream</td>
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<tr>
<td>TAZORAC 0.05 % CREAM</td>
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<td>PA</td>
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<td>PA</td>
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<td>ZITHRANOL 1 % SHAMPOO</td>
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<td>COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR</td>
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<td>COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ</td>
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<tr>
<td>METHOXSALEN RAPID 10 MG CAP</td>
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<td>SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT</td>
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<tr>
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<tr>
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<td>ANTISEBORRHEIC COMBINATIONS</td>
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<tr>
<td>SODIUM SULFACETAMIDE-BAKUCHIOL 10 % LIQUID</td>
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<tr>
<td>sulfacetamide sodium in bakuchiol vehicle</td>
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<tr>
<td>ANTISEBORRHEIC PRODUCTS</td>
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<tr>
<td>OVACE PLUS 10 % CREAM</td>
<td>3</td>
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<tr>
<td>sulfacetamide sodium</td>
<td></td>
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<tr>
<td>OVACE PLUS 9.8 % FOAM</td>
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<tr>
<td>sulfacetamide sodium</td>
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<tr>
<td>OVACE PLUS 9.8 % LOTION</td>
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<tr>
<td>sulfacetamide sodium</td>
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</tr>
<tr>
<td>---------------------</td>
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</tr>
<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>
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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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<tbody>
<tr>
<td>XERESE 5-1 % CREAM acyclovirus-hydrocortisone</td>
<td>3</td>
<td>QL 5 / 30 DAYS PA</td>
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**ANTIVIRALS - TOPICAL**

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<tr>
<td>acyclovir 5 % ointment</td>
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<td>QL 30 / 30 DAYS PA</td>
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**ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES**

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<th>LIMITS &amp; RESTRICTIONS</th>
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<tbody>
<tr>
<td>DUPIXENT 100 MG/0.67ML SOLN PRSYR dupilumab</td>
<td>4</td>
<td>PA S Specialty Drug</td>
</tr>
<tr>
<td>DUPIXENT 200 MG/1.14ML SOLN PEN dupilumab</td>
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<tr>
<td>DUPIXENT 200 MG/1.14ML SOLN PRSYR dupilumab</td>
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<td>PA S Specialty Drug</td>
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**BURN PRODUCTS**

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<tbody>
<tr>
<td>silver sulfadiazine 1 % cream</td>
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<tr>
<td>ssd 1 % cream</td>
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<td>SULFAMYLON 85 MG/GM CREAM mafenide acetate</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>CAUTERIZING AGENT COMBINATIONS</td>
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<tr>
<td>ARZOL SILVER NIT APPLICATORS 75-25 % Misc</td>
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<tr>
<td>silver nitrate-potassium nitrate</td>
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<tr>
<td>grafco silver nit applicator 75-25 % misc</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>fluocinolone acetonide scalp 0.01 % oil</td>
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<tr>
<td>uremez-40 40 % cream</td>
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<tr>
<td><strong>EMOLLIENT/KERATOLYTIC COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>URAMAXIN 20 % FOAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>urea in ammonium lactate vehicle</td>
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<tr>
<td><strong>EMOLLIENTS</strong></td>
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<tr>
<td>ammonium lactate 12 % cream</td>
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</tr>
<tr>
<td>ammonium lactate 12 % lotion</td>
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<tr>
<td><strong>ENZYMES - TOPICAL</strong></td>
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<tr>
<td>SANTYL 250 UNIT/GM OINTMENT</td>
<td>2</td>
<td>QL 30 / 30 DAYS</td>
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<tr>
<td>collagenase</td>
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<td><strong>IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL</strong></td>
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<tr>
<td>clotrimazole 1 % cream</td>
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<td></td>
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<tr>
<td>clotrimazole 1 % solution</td>
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<tr>
<td>econazole nitrate 1 % cream</td>
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<tr>
<td>ECOZA 1 % FOAM</td>
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<td>QL 70 / 30 DAYS</td>
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<td>econazole nitrate</td>
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<td>ERTACZO 2 % CREAM</td>
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<td>PA</td>
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<tr>
<td>sertaconazole nitrate</td>
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<tr>
<td>EXELDERM 1 % CREAM</td>
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<tr>
<td>sulconazole nitrate</td>
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<td>EXELDERM 1 % SOLUTION</td>
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<tr>
<td>sulconazole nitrate</td>
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<tr>
<td>ketoconazole 2 % cream</td>
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</tr>
<tr>
<td>ketoconazole 2 % foam</td>
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<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
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<tr>
<td>ketoconazole 2 % shampoo</td>
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<tr>
<td>ketodan 2 % foam</td>
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<tr>
<td>oxiconazole nitrate 1 % cream</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>OXISTAT 1 % LOTION oxiconazole nitrate</td>
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<td>PA</td>
</tr>
<tr>
<td>XOLEGEL 2 % GEL ketoconazole (topical)</td>
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<tr>
<td>IMMUNOMODULATORS IMIDAZOQUINOLAMINES - TOPICAL</td>
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<tr>
<td>imiquimod 5 % cream</td>
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<tr>
<td>ZYCLARA PUMP 2.5 % CREAM imiquimod</td>
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<td>QL 56 / 28 DAYS</td>
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<td>KERATOLYTIC AND/OR ANTIMITOTIC COMBINATIONS</td>
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<tr>
<td>SALVAX DUO PLUS 6 &amp; 35 % KIT salicylic acid &amp; urea in lactic acid vehicle</td>
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<td>KERATOLYTIC/ANTIMITOTIC AGENTS</td>
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<tr>
<td>CONDYLOX 0.5 % GEL podofilox</td>
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<tr>
<td>keralyt 6 % shampoo</td>
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<tr>
<td>KERALYT SCALP 6 % KIT salicylic acid</td>
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<tr>
<td>PODOCON 25 % SOLUTION podophyllum resin</td>
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<tr>
<td>podofilox 0.5 % solution</td>
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<tr>
<td>salacyn 6 % cream</td>
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<tr>
<td>salacyn 6 % lotion</td>
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<tr>
<td>salicylic acid 6 % cream</td>
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</tr>
<tr>
<td>salicylic acid 6 % foam</td>
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<td>salicylic acid 6 % gel</td>
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<td>SALICYLIC ACID 6 % LOTION salicylic acid</td>
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<td>salicylic acid 6 % shampoo</td>
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<td>salicylic acid-cleanser 6 % (cream) kit</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>salitech forte 6 % lotion</td>
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<tr>
<td>SALVAX 6 % FOAM</td>
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<tr>
<td>turpentine (topical)</td>
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<td>LOCAL ANESTHETICS - TOPICAL</td>
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<tr>
<td>ANACAIN 10 % OINTMENT</td>
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</tr>
<tr>
<td>benzocaine (topical)</td>
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<tr>
<td>lidocaine 5 % ointment</td>
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</tr>
<tr>
<td>lidocaine 5 % patch</td>
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<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>lidocaine hcl 3 % cream</td>
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</tr>
<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>
<td>lidocaine hcl</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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<td></td>
</tr>
<tr>
<td>lidopin 3 % cream</td>
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<tr>
<td>premium lidocaine 5 % ointment</td>
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<tr>
<td>MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL</td>
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</tr>
<tr>
<td>pimecrolimus 1 % cream</td>
<td>2</td>
<td>QL 60 / 30 day(s)</td>
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<tr>
<td>tacrolimus 0.03 % ointment</td>
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<td>tacrolimus 0.1 % ointment</td>
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<td>MISC. TOPICAL</td>
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<td>DRYSOL 20 % SOLUTION</td>
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<td>aluminum chloride</td>
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<tr>
<td>OXABOROLE-RELATED ANTIFUNGALS - TOPICAL</td>
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<tr>
<td>tavaborole 5 % solution</td>
<td>2</td>
<td>QL 10 / 30 day(s)</td>
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<tr>
<td>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</td>
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<tr>
<td>EUCRISA 2 % OINTMENT</td>
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<td>PA</td>
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<tr>
<td>crisaborole</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
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<tr>
<td>ROSACEA AGENTS</td>
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<tr>
<td>azelaic acid 15 % gel</td>
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<td>QL 50 / 30 DAYS</td>
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<tr>
<td>ivermectin 1 % cream</td>
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<td>QL 1 / 1 day(s)</td>
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<tr>
<td>metronidazole 0.75 % cream</td>
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<tr>
<td>metronidazole 0.75 % gel</td>
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<tr>
<td>metronidazole 0.75 % lotion</td>
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</tr>
<tr>
<td>metronidazole 1 % gel</td>
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<td>MIRVASO 0.33 % GEL</td>
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<td>brimonidine tartrate (topical)</td>
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<tr>
<td>RHOFADE 1 % CREAM</td>
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<tr>
<td>oxymetazoline hcl (topical)</td>
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<tr>
<td>rosadan 0.75 % cream</td>
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<td>rosadan 0.75 % gel</td>
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<tr>
<td>SCABICIDES &amp; PEDI CULICIDES</td>
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<tr>
<td>EURAX 10 % CREAM</td>
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<td>crotamiton</td>
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<td>LINDANE 1 % SHAM POO</td>
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<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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<td>spinosad</td>
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<td>ULESFIA 5 % LOTION</td>
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<td>STEROID-LOCAL ANESTHETIC COMBINATIONS</td>
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<tr>
<td>CORTANE-B 10-10-1 MG/ML LOTION</td>
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<td>hydrocortisone-pramoxine-chloroxylenol</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------------------------------</td>
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</tr>
<tr>
<td>EPIFOAM 1-1 % FOAM</td>
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<tr>
<td>pramoxine-hc</td>
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<tr>
<td>hydrocortisone ace-pramoxine 2.5-1 % cream</td>
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<tr>
<td>NOVACORT 1-2 % GEL</td>
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<td>pramoxine-hc</td>
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<td>PRAMOSONE 1-1 % CREAM</td>
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<td>pramoxine-hc</td>
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<td>PRAMOSONE E 1-2.5 % CREAM</td>
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<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>lidocaine-tetracaine</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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<tr>
<td>TOPICAL STEROID COMBINATIONS</td>
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<tr>
<td>calcipotriene-betameth diprop 0.005-0.064 % suspension</td>
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<td>SCALACORT DK 2 &amp; 2-2 % KIT</td>
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<td>hydrocortisone &amp; salicylic acid-sulfur &amp; shampoo</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>PRODUCT DESCRIPTION</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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<tr>
<td>GLUCAGEN DIAGNOSTIC 1 MG RECON SOLN</td>
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<tr>
<td>glucagon hcl rdna (diagnostic)</td>
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<tr>
<td>GLUCAGON HCL (DIAGNOSTIC) 1 MG RECON SOLN</td>
<td>1</td>
<td>QL 1 / 30 DAYS</td>
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<td>glucagon hcl (diagnostic)</td>
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<td>FREESTYLE INSULINX TEST STRIP</td>
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<td>QL 150 / 30 DAYS</td>
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<td>FREESTYLE LITE TEST STRIP</td>
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<td>FREESTYLE TEST STRIP</td>
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<td>QL 150 / 30 DAYS</td>
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<td>ONE TOUCH ULTRA STRIP</td>
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<td>ONE TOUCH VERIO STRIP</td>
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<td>BD VERITOR SYSTEM SARS-COV-2 KIT</td>
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<td>BINAXNOW COVID-19 AG CARD KIT</td>
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<td>PREV Preventative</td>
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<td>ID NOW COVID-19 KIT</td>
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<td>PREV Preventative</td>
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<td>covid-19 at home test</td>
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<tr>
<td>LYRA DIRECT SARS-COV-2 ASSAY KIT</td>
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**DIGESTIVE AIDS**

**DIGESTIVE ENZYMES**

| CREON 12000 UNIT CP DR PART         | 2    | PA                     |
| CREON 24000-76000 UNIT CP DR PART   | 2    | PA                     |
| CREON 3000-9500 UNIT CP DR PART     | 2    | PA                     |
| CREON 36000 UNIT CP DR PART         | 2    | PA                     |
| CREON 6000 UNIT CP DR PART          | 2    | PA                     |
| PANCREAZE 10500 UNIT CP DR PART     | 3    | PA                     |
| PANCREAZE 16800 UNIT CP DR PART     | 3    | PA                     |
| PANCREAZE 21000 UNIT CP DR PART     | 3    | PA                     |
| PANCREAZE 2600 UNIT CP DR PART      | 3    | PA                     |
| PANCREAZE 2600-8800 UNIT CP DR PART | 3    | PA                     |
| PANCREAZE 37000-97300 UNIT CP DR PART | 3  | PA                     |
| PANCREAZE 4200 UNIT CP DR PART      | 3    | PA                     |
| ZENPEP 10000-32000 UNIT CP DR PART  | 2    | PA                     |

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<th>LIMITS &amp; RESTRICTIONS</th>
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<tr>
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<tr>
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<td>furosemide 10 mg/ml solution</td>
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<td>PRODUCT DESCRIPTION</td>
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| METHYCLOTHIAZIDE 5 MG TAB  
methyclothiazide | 1 | |
| metolazone 10 mg tab | 1 | |
| metolazone 2.5 mg tab | 1 | |
| metolazone 5 mg tab | 1 | |
| ENDOCRINE AND METABOLIC AGENTS - MISC.  
BISPHOSPHONATES | | |
| alendronate sodium 10 mg tab | 1 | QL 30 / 28 DAYS |
| alendronate sodium 35 mg tab | 1 | QL 4 / 28 DAYS |
| ALENDRONATE SODIUM 40 MG TAB  
alendronate sodium | 1 | QL 30 / 28 DAYS |
| alendronate sodium 5 mg tab | 1 | QL 30 / 28 DAYS |
| alendronate sodium 70 mg tab | 1 | QL 4 / 28 DAYS |
| alendronate sodium 70 mg/75ml solution | 1 | QL 300 / 28 DAYS  
AL1 Up to 8 yrs old |
| ETIDRONATE DISODIUM 200 MG TAB  
etidronate disodium | 1 | MFL 3 / 365 DAYS |
| ETIDRONATE DISODIUM 400 MG TAB  
etidronate disodium | 1 | MFL 3 / 365 DAYS |
| FOSAMAX PLUS D 70-2800 MG-UNIT TAB  
alendronate sodium-cholecalciferol | 3 | QL 4 / 28 DAYS |
| FOSAMAX PLUS D 70-5600 MG-UNIT TAB  
alendronate sodium-cholecalciferol | 3 | QL 4 / 28 DAYS |
<p>| ibandronate sodium 150 mg tab | 1 | QL 1 / 28 DAYS |
| risedronate sodium 150 mg tab | 1 | QL 1 / 30 DAYS |
| risedronate sodium 30 mg tab | 1 | QL 30 / 30 DAYS |
| risedronate sodium 35 mg tab | 1 | QL 30 / 30 DAYS |
| risedronate sodium 35 mg tab dr | 1 | QL 4 / 28 DAYS |
| risedronate sodium 5 mg tab | 1 | QL 30 / 30 DAYS |</p>
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<th>PRODUCT DESCRIPTION</th>
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<td>cinacalcet hcl 90 mg tab</td>
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<td>SOMAVER 10 MG RECON SOLN</td>
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<td>SOMAVERT 15 MG RECON SOLN pegvisomant</td>
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<td>SOMAVERT 30 MG RECON SOLN pegvisomant</td>
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**GROWTH HORMONE RELEASING HORMONES (GHRH)**

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<tr>
<td>EGRIFTA 1 MG RECON SOLN tesamorelin acetate</td>
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**GROWTH HORMONES**

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<td>GENOTROPIN 5 MG RECON SOLN somatropin</td>
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<td>GENOTROPIN MINIQUICK 0.4 MG RECON SOLN somatropin</td>
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<td>GENOTROPIN MINIQUICK 0.6 MG RECON SOLN somatropin</td>
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<tr>
<td>GENOTROPIN MINIQUICK 0.8 MG RECON SOLN somatropin</td>
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**HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS**

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<td>calcitriol 1 mcg/ml solution</td>
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<td>doxercalciferol 0.5 mcg cap</td>
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<td>paricalcitol 2 mcg/ml solution</td>
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<td>paricalcitol 5 mcg/ml solution</td>
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<td>LUPANETA PACK 11.25 &amp; 5 MG KIT</td>
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<td>SAMSCA 15 MG TAB tolvaptan</td>
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<td>TOLVAPTAN 15 MG TAB tolvaptan</td>
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# PRODUCT DESCRIPTION

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## SOMATOSTATIC AGENTS

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<td>tolvaptan 30 mg tab</td>
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### OCTREOTIDE ACETATE 100 MCG/ML SOLN PRSYR
- octreotide acetate 100 mcg/ml solution

### OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR
- octreotide acetate 50 mcg/ml solution

### OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR
- octreotide acetate 500 mcg/ml solution

### SIGNIFOR 0.3 MG/ML SOLUTION
- pasireotide diaspartate

### SIGNIFOR 0.6 MG/ML SOLUTION
- pasireotide diaspartate

### SIGNIFOR 0.9 MG/ML SOLUTION
- pasireotide diaspartate

### SIGNIFOR LAR 10 MG SRER
- pasireotide pamoate

### SIGNIFOR LAR 20 MG SRER
- pasireotide pamoate

### SIGNIFOR LAR 30 MG SRER
- pasireotide pamoate

### SIGNIFOR LAR 40 MG SRER
- pasireotide pamoate

### SIGNIFOR LAR 60 MG SRER
- pasireotide pamoate
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<td>DELESTROGEN 20 MG/ML OIL</td>
<td>3</td>
<td>estradiol valerate</td>
</tr>
<tr>
<td>DELESTROGEN 40 MG/ML OIL</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>DIVIGEL 0.25 MG/0.25GM GEL estradiol</td>
<td>3</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>DIVIGEL 0.5 MG/0.5GM GEL estradiol</td>
<td>3</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>DIVIGEL 1 MG/GM GEL estradiol</td>
<td>3</td>
<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>dotti 0.025 mg/24hr patch tw</td>
<td>1</td>
<td>QL 8 / 28 DAYS</td>
</tr>
<tr>
<td>dotti 0.0375 mg/24hr patch tw</td>
<td>3</td>
<td>QL 8 / 28 DAYS</td>
</tr>
<tr>
<td>dotti 0.05 mg/24hr patch tw</td>
<td>1</td>
<td>QL 8 / 28 DAYS</td>
</tr>
<tr>
<td>dotti 0.075 mg/24hr patch tw</td>
<td>1</td>
<td>QL 8 / 28 DAYS</td>
</tr>
<tr>
<td>dotti 0.1 mg/24hr patch tw</td>
<td>1</td>
<td>QL 8 / 28 DAYS</td>
</tr>
<tr>
<td>ELESTRIN 0.52 MG/0.87 GM (0.06%) GEL estradiol</td>
<td>3</td>
<td>QL 26 / 30 DAYS</td>
</tr>
<tr>
<td>estradiol 0.025 mg/24hr patch tw</td>
<td>1</td>
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</tr>
<tr>
<td>estradiol 0.025 mg/24hr patch wk</td>
<td>1</td>
<td>QL 4 / 28 DAYS</td>
</tr>
<tr>
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<td>1</td>
<td>QL 8 / 28 DAYS</td>
</tr>
<tr>
<td>estradiol 0.0375 mg/24hr patch wk</td>
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<td>QL 4 / 28 DAYS</td>
</tr>
<tr>
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</tr>
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</tr>
<tr>
<td>estradiol 0.06 mg/24hr patch wk</td>
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<td>QL 4 / 28 DAYS</td>
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<tr>
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<td>QL 4 / 28 DAYS</td>
</tr>
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<td>estradiol 0.5 mg tab</td>
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<td></td>
</tr>
<tr>
<td>estradiol 1 mg tab</td>
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<td>estradiol 2 mg tab</td>
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<td>PRODUCT DESCRIPTION</td>
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<tr>
<td>ESTROGEL 0.75 MG/1.25 GM (0.06%) GEL</td>
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<td>QL 50 / 30 DAYS</td>
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<td>QL 8 / 28 DAYS</td>
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<tr>
<td>lyllana 0.0375 mg/24hr patch tw</td>
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<td>QL 8 / 28 DAYS</td>
</tr>
<tr>
<td>lyllana 0.05 mg/24hr patch tw</td>
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<td>QL 8 / 28 DAYS</td>
</tr>
<tr>
<td>lyllana 0.075 mg/24hr patch tw</td>
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</tr>
<tr>
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<td>MENEST 0.625 MG TAB</td>
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<td>MENEST 2.5 MG TAB</td>
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<tr>
<td>MENOSTAR 14 MCG/24HR PATCH WK</td>
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<tr>
<td>MINIVELLE 0.025 MG/24HR PATCH TW</td>
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<td>QL 8 / 28 DAYS</td>
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<tr>
<td>estradiol</td>
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<tr>
<td>MINIVELLE 0.0375 MG/24HR PATCH TW</td>
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<td>QL 8 / 28 DAYS</td>
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<tr>
<td>estradiol</td>
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<tr>
<td>MINIVELLE 0.05 MG/24HR PATCH TW</td>
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<td>QL 8 / 28 DAYS</td>
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<td>PRODUCT DESCRIPTION</td>
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<tr>
<td>PREMARIN 0.3 MG TAB</td>
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<td>estrogens, conjugated</td>
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<tr>
<td>VIVELLE-DOT 0.025 MG/24HR PATCH TW</td>
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<td>QL 8 / 28 DAYS</td>
</tr>
<tr>
<td>estradiol</td>
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<td></td>
</tr>
<tr>
<td>VIVELLE-DOT 0.0375 MG/24HR PATCH TW</td>
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<td>QL 8 / 28 DAYS</td>
</tr>
<tr>
<td>estradiol</td>
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<td></td>
</tr>
<tr>
<td>VIVELLE-DOT 0.05 MG/24HR PATCH TW</td>
<td>3</td>
<td>QL 8 / 28 DAYS</td>
</tr>
<tr>
<td>estradiol</td>
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<td></td>
</tr>
<tr>
<td>VIVELLE-DOT 0.075 MG/24HR PATCH TW</td>
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<td>QL 8 / 28 DAYS</td>
</tr>
<tr>
<td>estradiol</td>
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<td></td>
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<tr>
<td>VIVELLE-DOT 0.1 MG/24HR PATCH TW</td>
<td>3</td>
<td>QL 8 / 28 DAYS</td>
</tr>
<tr>
<td>estradiol</td>
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<td>FLUOROQUINOLONES</td>
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</tr>
<tr>
<td>ciprofloxacin 250 mg/5ml (5%) recon susp</td>
<td>1</td>
<td>AL1 Up to 8 yrs old</td>
</tr>
<tr>
<td>ciprofloxacin 500 mg/5ml (10%) recon susp</td>
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<td>AL1 Up to 8 yrs old</td>
</tr>
<tr>
<td>CIPROFLOXACIN HCL 100 MG TAB</td>
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</tr>
<tr>
<td>ciprofloxacin hcl</td>
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<tr>
<td>ciprofloxacin hcl 250 mg tab</td>
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<tr>
<td>ciprofloxacin hcl 500 mg tab</td>
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<td></td>
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<tr>
<td>ciprofloxacin hcl 750 mg tab</td>
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<tr>
<td>CIPROFLOXACIN-CIPROFLOX HCL ER 1000 MG TAB ER 24H</td>
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<td>ciprofloxacin-ciprofloxacin hcl</td>
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<tr>
<td>FACTIVE 320 MG TAB</td>
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<td>gemifloxacin mesylate</td>
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<tr>
<td>levofloxacin 25 mg/ml solution</td>
<td>1</td>
<td>AL1 At least 8 yrs old</td>
</tr>
<tr>
<td>levofloxacin 25 mg/ml solution</td>
<td>1</td>
<td>AL1 At least 8 yrs old</td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------</td>
<td>------</td>
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</tr>
<tr>
<td><strong>levofloxacin 250 mg tab</strong></td>
<td>1</td>
<td>QL 14 / 14 DAYS</td>
</tr>
<tr>
<td><strong>levofloxacin 500 mg tab</strong></td>
<td>1</td>
<td>QL 14 / 14 DAYS</td>
</tr>
<tr>
<td><strong>levofloxacin 750 mg tab</strong></td>
<td>1</td>
<td>QL 14 / 14 DAYS</td>
</tr>
<tr>
<td><strong>moxifloxacin hcl 400 mg tab</strong></td>
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<td>QL 14 / 0 DAYS</td>
</tr>
<tr>
<td><strong>ofloxacin 400 mg tab</strong></td>
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<td>QL 14 / 14 DAYS</td>
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</table>

**GASTROINTESTINAL AGENTS - MISC.**

<table>
<thead>
<tr>
<th><strong>5-HT4 RECEPTOR AGONISTS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MOTEGRICTY 1 MG TAB</strong></td>
</tr>
<tr>
<td>prucalopride succinate</td>
</tr>
<tr>
<td><strong>MOTEGRICTY 2 MG TAB</strong></td>
</tr>
<tr>
<td>prucalopride succinate</td>
</tr>
</tbody>
</table>

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

| **TRULANCE 3 MG TAB**       |
| plecanatide                | 3    | QL 30 / 30 DAYS            |

**FARNESOID X RECEPTOR (FXR) AGONISTS**

| **OCALIVA 10 MG TAB**       |
| obeticholic acid            | 4    | PA                         |
| **OCALIVA 5 MG TAB**        |
| obeticholic acid            | 4    | PA                         |
| **Specialty Drug**          |

**GALLSTONE SOLUBILIZING AGENTS**

| **ursodiol 250 mg tab**     |
|                            | 1    |                            |
| **ursodiol 300 mg cap**     |
|                            | 1    |                            |
| **ursodiol 500 mg tab**     |
|                            | 1    |                            |

**GASTROINTESTINAL ANTIALLERGY AGENTS**

<table>
<thead>
<tr>
<th><strong>cromolyn sodium 100 mg/5ml conc</strong></th>
<th>1</th>
</tr>
</thead>
</table>

**GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS**

<p>| <strong>AMITIZA 24 MCG CAP</strong> |
| lubiprostone           | 3 | QL 60 / 30 day(s)                         |
|                        | PA |                                         |</p>
<table>
<thead>
<tr>
<th>PRODUCT DESCRIPTION</th>
<th>TIER</th>
<th>LIMITS &amp; RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMITIZA 8 MCG CAP lubiprostone</td>
<td>3</td>
<td>QL 60 / 30 day(s)</td>
</tr>
<tr>
<td>LUBIPROSTONE 24 MCG CAP lubiprostone</td>
<td>3</td>
<td>QL 60 / 30 day(s)</td>
</tr>
<tr>
<td>LUBIPROSTONE 8 MCG CAP lubiprostone</td>
<td>3</td>
<td>QL 60 / 30 day(s)</td>
</tr>
<tr>
<td><strong>GASTROINTESTINAL STIMULANTS</strong></td>
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<tr>
<td>metoclopramide hcl 10 mg tab</td>
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<tr>
<td>METOCLOPRAMIDE HCL 10 MG TAB DISP metoclopramide hcl</td>
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<td>QL 120 / 30 DAYS</td>
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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>METOCLOPRAMIDE HCL 5 MG TAB DISP metoclopramide hcl</td>
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<td>QL 120 / 30 DAYS</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 linaclotide</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>LINZESS 290 MCG CAP linaclotide</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
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<td>LINZESS 72 MCG CAP linaclotide</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<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>
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<tr>
<td>VIBERZI 75 MG TAB eluxadoline</td>
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<td><strong>IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS</strong></td>
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<tr>
<td>alosetron hcl 0.5 mg tab</td>
<td>2</td>
<td>QL 60 / 30 DAYS</td>
</tr>
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<td>QL 60 / 30 DAYS</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>-------------------------------------</td>
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<tr>
<td><strong>INFLAMMATORY BOWEL AGENTS</strong></td>
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<td>balsalazide disodium 750 mg cap</td>
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<tr>
<td>DIPENTUM 250 MG CAP olsalazine sodium</td>
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<td>PA</td>
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<tr>
<td>GIAZO 1.1 GM TAB balsalazide disodium</td>
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<td>QL 180 / 30 DAYS</td>
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<tr>
<td>mesalamine 1.2 gm tab dr</td>
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<td>QL 120 / 30 DAYS</td>
</tr>
<tr>
<td>mesalamine 1000 mg suppos</td>
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<td>QL 30 / 30 DAYS</td>
</tr>
<tr>
<td>mesalamine 4 gm enema</td>
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<td>QL 1680 / 28 DAYS</td>
</tr>
<tr>
<td>mesalamine 400 mg cap dr</td>
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<td>QL 6 / 1 day(s)</td>
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<tr>
<td>mesalamine 800 mg tab dr</td>
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<td>QL 180 / 30 DAYS</td>
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<tr>
<td>mesalamine er 0.375 gm cap er 24h</td>
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<td>QL 4 / 1 day(s)</td>
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<td>mesalamine-cleanser 4 gm kit</td>
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<td>QL 1680 / 28 DAYS</td>
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<td>PENTASA 250 MG CAP ER mesalamine</td>
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<td>QL 90 / 30 DAYS</td>
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<td>PENTASA 500 MG CAP ER mesalamine</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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<tr>
<td>enulose 10 gm/15ml solution</td>
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<td>lactulose encephalopathy 10 gm/15ml solution</td>
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<tr>
<td><strong>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</strong></td>
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<td>MOVANTIK 12.5 MG TAB naloxegol oxalate</td>
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<td>QL 30 / 30 DAYS</td>
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<tr>
<td>MOVANTIK 25 MG TAB naloxegol oxalate</td>
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<td>QL 30 / 30 DAYS</td>
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<td>SYMPROIC 0.2 MG TAB naldemedine tosylate</td>
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<td>QL 30 / 30 DAYS</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</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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<td>QL 360 / 30 DAYS</td>
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<tr>
<td>ferric citrate</td>
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<tr>
<td>calcium acetate (phos binder) 667 mg cap</td>
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<tr>
<td>calcium acetate 667 mg tab</td>
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<tr>
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<tr>
<td>lanthanum carbonate</td>
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<td>lanthanum carbonate</td>
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<td>lanthanum carbonate</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>finasteride 5 mg tab</td>
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<td>ALPHA 1-ADRENOCEPTOR ANTAGONISTS</td>
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<td>QL 60 / 30 DAYS</td>
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<td>silodosin 8 mg cap</td>
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<td>NEOMYCIN-POLYMIXIN B GU 40-200000 SOLUTION neomycin-polymyxin b gu</td>
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<td>ORACIT 490-640 MG/5ML SOLUTION sodium citrate &amp; citric acid</td>
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<tr>
<td>pot &amp; sod cit-cit ac 550-500-334 mg/5ml solution</td>
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<td>AL1 Up to 8 yrs old</td>
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<tr>
<td>potassium citrate er 10 meq (1080 mg) tab er</td>
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<tr>
<td>potassium citrate er 15 meq (1620 mg) tab er</td>
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<tr>
<td>potassium citrate er 5 meq (540 mg) tab er</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>virtrate-3 550-500-334 mg/5ml solution</td>
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<td>cysteamine bitartrate</td>
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<td>GENITOURINARY IRRIGANTS</td>
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<td>aminoacetic acid 1.5 % solution</td>
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<td>curity sterile saline 0.9 % solution</td>
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<td>glycine 1.5 % solution</td>
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<td>glycine urologic 1.5 % solution</td>
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<td>citric acid-gluconolactone-magnesium carbonate</td>
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<td>RESECTISOL 5 % SOLUTION</td>
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<td>mannitol (gu irrigant)</td>
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<td>SORBITOL 3 % SOLUTION</td>
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<td>SORBITOL 3.3 % SOLUTION</td>
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<td><strong>PROSTATIC HYPERTROPHY AGENT COMBINATIONS</strong></td>
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<td><strong>GOUT AGENT COMBINATIONS</strong></td>
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<td>allopurinol 100 mg tab</td>
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<td>ARANESP (ALBUMIN FREE) 150 MCG/0.3ML SOLN PRSYR darbepoetin alfa</td>
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<td>MIRCERA 100 MCG/0.3ML SOLN PRSYR methoxy polyethylene glycol-epoetin beta</td>
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<td>MIRCERA 50 MCG/0.3ML SOLN PRSYR methoxy polyethylene glycol-epoetin beta</td>
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<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
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<td>zolpidem tartrate</td>
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Microlet Lancets, Lancets 1
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## PRODUCT DESCRIPTION

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## NEEDLES & SYRINGES

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<td><strong>ERGOMAR 2 MG SL TAB</strong></td>
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<td><strong>CAMBIA 50 MG PACKET</strong></td>
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<td>diclofenac potassium (migraine)</td>
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<td>TREXIMET 10-60 MG TAB</td>
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<td>sumatriptan succinate 25 mg tab</td>
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<td>sumatriptan succinate 4 mg/0.5ml soln a-inj</td>
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<td>sumatriptan succinate 6 mg/0.5ml soln a-inj</td>
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<td>QL 2 / 28 day(s)</td>
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PAGE 246 LAST UPDATED 11/2021
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<th>PRODUCT DESCRIPTION</th>
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<td>QL 9 / 30 DAYS</td>
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<td>QL 9 / 30 DAYS</td>
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<td>ZOMIG 5 MG SOLUTION zolmitriptan</td>
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<td>fluoritab 2.2 (1 f) mg chew tab</td>
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PAGE 247  LAST UPDATED 11/2021
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**PHOSPHATE**

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**POTASSIUM**

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<td>k-prime 25 meq effer tab</td>
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## PRODUCT DESCRIPTION

### TIER LIMITS & RESTRICTIONS

#### B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS

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<th>Tier</th>
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<td>PA</td>
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<tr>
<td>belimumab</td>
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#### CHELATING AGENTS

- **penicillamine 250 mg cap**
  - Tier: 4
  - Limits & Restrictions: PA S  Specialty Drug

- **penicillamine 250 mg tab**
  - Tier: 4
  - Limits & Restrictions: PA S  Specialty Drug

- **trientine hcl 250 mg cap**
  - Tier: 4
  - Limits & Restrictions: PA S  Specialty Drug

#### CYCLOSPORINE ANALOGS

- **cyclosporine 100 mg cap**
  - Tier: 2

- **cyclosporine 25 mg cap**
  - Tier: 2

- **cyclosporine modified 100 mg cap**
  - Tier: 1
  - Limits & Restrictions: QL 90 / 30 DAYS

- **cyclosporine modified 100 mg/ml solution**
  - Tier: 1
  - Limits & Restrictions: QL 90 / 30 DAYS

- **cyclosporine modified 25 mg cap**
  - Tier: 1
  - Limits & Restrictions: QL 90 / 30 DAYS

- **cyclosporine modified 50 mg cap**
  - Tier: 2
  - Limits & Restrictions: QL 120 / 30 DAYS

- **gengraf 100 mg cap**
  - Tier: 1
  - Limits & Restrictions: QL 90 / 30 DAYS

- **gengraf 100 mg/ml solution**
  - Tier: 1
  - Limits & Restrictions: QL 90 / 30 DAYS

- **gengraf 25 mg cap**
  - Tier: 1
  - Limits & Restrictions: QL 90 / 30 DAYS

- **gengraf 50 mg cap**
  - Tier: 2
  - Limits & Restrictions: QL 120 / 30 DAYS

- **LUPKYNIS 7.9 MG CAP**
  - Tier: 4
  - Limits & Restrictions: PA S  Specialty Drug

#### ENZYMES

- **XIAFLEX 0.9 MG RECON SOLN**
  - Tier: 4
  - Limits & Restrictions: PA S  Specialty Drug

  *collagenase clostridium histolyticum*
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<td>VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 MG CAP</td>
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<td></td>
</tr>
<tr>
<td>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</td>
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</tr>
<tr>
<td>PRENATAL VITAMINS</td>
<td></td>
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</tr>
<tr>
<td>VITAMEDMD REDICHEW RX 1.4 MG CHEW TAB</td>
<td>2</td>
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</tr>
<tr>
<td>prenatal w/ vit b2-b6-b12-choleciferol-folic acid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VITAMINS A &amp; D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COD LIVER OIL OIL</td>
<td>3</td>
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<tr>
<td>cod liver oil</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>MUSCULOSKELETAL THERAPY AGENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CENTRAL MUSCLE RELAXANTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>baclofen 10 mg tab</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>baclofen 20 mg tab</td>
<td>1</td>
<td>QL 6 / 1 day(s)</td>
</tr>
<tr>
<td>baclofen 5 mg tab</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>chlorzoxazone 500 mg tab</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cyclobenzaprine hcl 10 mg tab</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cyclobenzaprine hcl 5 mg tab</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cyclobenzaprine hcl 7.5 mg tab</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>metaxall 800 mg tab</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>METAXALONE 400 MG TAB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>metaxalone</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>metaxalone 400 mg tab</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>metaxalone 800 mg tab</td>
<td>1</td>
<td>QL 90 / 30 DAYS</td>
</tr>
<tr>
<td>methocarbamol 500 mg tab</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>methocarbamol 750 mg tab</td>
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<td></td>
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<tr>
<td>orphenadrine citrate 30 mg/ml solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>orphenadrine citrate er 100 mg tab er 12h</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tizanidine hcl 2 mg cap</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tizanidine hcl 2 mg tab</td>
<td>1</td>
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<tr>
<td>tizanidine hcl 4 mg cap</td>
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<td></td>
</tr>
<tr>
<td>tizanidine hcl 4 mg tab</td>
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<td></td>
</tr>
<tr>
<td>tizanidine hcl 6 mg cap</td>
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<td></td>
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<tr>
<td>DIRECT MUSCLE RELAXANTS</td>
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<tr>
<td>dantrolene sodium 100 mg cap</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>dantrolene sodium 25 mg cap</td>
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<tr>
<td>dantrolene sodium 50 mg cap</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
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<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------</td>
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</tr>
<tr>
<td><strong>NASAL AGENTS - SYSTEMIC AND TOPICAL</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>ANTIHISTAMINE-STEROID</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>azelastine-fluticasone 137-50 mcg/act suspension</td>
<td>2</td>
<td></td>
</tr>
<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>
<td></td>
</tr>
<tr>
<td><strong>NASAL ANTICHOLINERGICS</strong></td>
<td></td>
<td></td>
</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>
<tr>
<td><strong>NASAL ANTIHISTAMINES</strong></td>
<td></td>
<td></td>
</tr>
<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>
<td></td>
</tr>
<tr>
<td>BECONASE AQ 42 MCG/SPRAY SUSPENSION</td>
<td>3</td>
<td>QL 25 / 23 DAYS</td>
</tr>
<tr>
<td>beclomethasone diprop monohyd</td>
<td></td>
<td></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>
<tr>
<td>ciclesonide (nasal)</td>
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<td></td>
</tr>
<tr>
<td>QNASL 80 MCG/ACT AERO SOLN</td>
<td>3</td>
<td>QL 10.6 / 30 DAYS</td>
</tr>
<tr>
<td>beclomethasone dipropionate (nasal)</td>
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</tr>
<tr>
<td>QNASL CHILDRENS 40 MCG/ACT AERO SOLN</td>
<td>3</td>
<td>QL 4.9 / 30 DAYS</td>
</tr>
<tr>
<td>beclomethasone dipropionate (nasal)</td>
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</tr>
<tr>
<td>XHANCE 93 MCG/ACT EXHU</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>fluticasone propionate (nasal)</td>
<td></td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
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<tr>
<td>---------------------</td>
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<tr>
<td>NEUROMUSCULAR AGENTS</td>
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<tr>
<td>BENZATHIAZOLES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>riluzole 50 mg tab</td>
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<tr>
<td>SPINAL MUSCULAR ATROPHY-SMN2 SPICING MODIFIERS</td>
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<td></td>
</tr>
<tr>
<td>EVRYSDI 0.75 MG/ML RECON SOLN</td>
<td>4</td>
<td>PA, Specialty Drug</td>
</tr>
<tr>
<td>risdiplam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUTRIENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIPIDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOJOLVI 100 % LIQUID</td>
<td>4</td>
<td>PA, Specialty Drug</td>
</tr>
<tr>
<td>triheptanoin</td>
<td></td>
<td></td>
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<tr>
<td>LIPOTRISTIC COMBINATIONS</td>
<td></td>
<td></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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<tr>
<td>OPHTHALMIC AGENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALPHA ADRENERGIC AGONIST &amp; CARBONIC ANHYDRASE INHIB COMB</td>
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<td></td>
</tr>
<tr>
<td>SIMBRINZA 1-0.2 % SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>brinzolamide-brimonidine tartrate</td>
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<tr>
<td>ARTIFICIAL TEAR INSERTS</td>
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<tr>
<td>LACRISERT 5 MG INSERT</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>artificial tear insert</td>
<td></td>
<td></td>
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<tr>
<td>BETA-BLOCKERS - OPHTHALMIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>betaxolol hcl 0.5 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>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>
<td></td>
<td></td>
</tr>
<tr>
<td>BETOPTIC-S 0.25 % SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>betaxolol hcl (ophth)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARTEOLOL HCL 1 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>carteolol hcl (ophth)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>carteolol hcl 1 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>LEVOBUNOLOL HCL 0.5 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>levobunolol hcl</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>
<td>-----------------------</td>
</tr>
<tr>
<td>levobunolol hcl 0.5 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>METIPRANOLOL 0.3 % SOLUTION</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>metipranolol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TIMOLOL MALEATE 0.25 % GEL F SOLN</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>timolol maleate (ophth)</td>
<td></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>
<td>1</td>
<td></td>
</tr>
<tr>
<td>timolol maleate (ophth)</td>
<td></td>
<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>3</td>
<td></td>
</tr>
<tr>
<td>timolol maleate (ophth)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TIMOPTIC OCUDOSE 0.5 % SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>timolol maleate (ophth)</td>
<td></td>
<td></td>
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<tr>
<td>BETA-BLOCKERS - OPHTHALMIC COMBINATIONS</td>
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<td></td>
</tr>
<tr>
<td>COMBIGAN 0.2-0.5 % SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>brimonidine tartrate-timolol maleate</td>
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<td></td>
</tr>
<tr>
<td>dorzolamide hcl-timolol mal 22.3-6.8 mg/ml solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>dorzolamide hcl-timolol mal pf 2-0.5 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CYCLOPLEGIC MYDRIATIC COMBINATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYCLOMYDRIL 0.2-1 % SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>cyclopentolate w/ phenylephrine</td>
<td></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>1</td>
<td></td>
</tr>
<tr>
<td>atropine sulfate (ophthalmic)</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>
<td></td>
<td></td>
</tr>
<tr>
<td>homatropine hbr 5 % solution</td>
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<td></td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>---------------------</td>
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<td>-----------------------</td>
</tr>
<tr>
<td>phenylephrine hcl 10 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>phenylephrine hcl 2.5 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>phenylephrine hcl 2.5 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tropicamide 0.5 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tropicamide 1 % solution</td>
<td>1</td>
<td></td>
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<tr>
<td><strong>LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>XIIDRA 5 % SOLUTION</td>
<td>2</td>
<td>lifitegrast</td>
</tr>
<tr>
<td><strong>MIOTICS - CHOLINESTERASE INHIBITORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHOSPHOLINE IODIDE 0.125 % RECON SOLN</td>
<td>2</td>
<td>echothiophate iodide</td>
</tr>
<tr>
<td><strong>MIOTICS - DIRECT ACTING</strong></td>
<td></td>
<td></td>
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<tr>
<td>pilocarpine hcl 1 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>pilocarpine hcl 2 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>pilocarpine hcl 4 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC ANTI-INFECTIVE COMBINATIONS</strong></td>
<td></td>
<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>
<td></td>
</tr>
<tr>
<td>neomycin-bacitracin zn-polymyx 3.5-400-10000 ointment</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>neomycin-bacitracin zn-polymyx 5-400-10000 ointment</td>
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<td></td>
</tr>
<tr>
<td>NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION</td>
<td>1</td>
<td>neomycin-polymyxin-gramicidin</td>
</tr>
<tr>
<td>polymerin 500-10000 unit/gm ointment</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</td>
<td>1</td>
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</tr>
<tr>
<td><strong>OPHTHALMIC ANTIALLERGIC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALOCRIL 2 % SOLUTION</td>
<td>2</td>
<td>nedocromil sodium (ophth)</td>
</tr>
<tr>
<td>ALOMIDE 0.1 % SOLUTION</td>
<td>2</td>
<td>lodoxamide tromethamine</td>
</tr>
<tr>
<td>azelastine hcl 0.05 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
<td>LIMITS &amp; RESTRICTIONS</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------</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><strong>BEPREVE 1.5 % SOLUTION</strong> bepotastine besilate</td>
<td>3</td>
<td>QL 10 / 30 day(s)</td>
</tr>
<tr>
<td>cromolyn sodium 4 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>EMADINE 0.05 % SOLUTION</strong> emedastine difumarate</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>epinastine hcl 0.05 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>LASTACAFT 0.25 % SOLUTION</strong> alcaftadine</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>olopatadine hcl 0.1 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>olopatadine hcl 0.2 % solution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>PAZE0 0.7 % SOLUTION</strong> olopatadine hcl</td>
<td>3</td>
<td>QL 2.5 / 18 DAYS</td>
</tr>
<tr>
<td><strong>OPHTHALMIC ANTIBIOTICS</strong></td>
<td></td>
<td></td>
</tr>
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<td>AZASITE 1 % SOLUTION azithromycin (ophth)</td>
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<td>ROCKLATAN 0.02-0.005 % SOLUTION</td>
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**PASSIVE IMMUNIZING AND TREATMENT AGENTS**

**ANTIVIRAL MONOCLONAL ANTIBODIES**

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

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

**IMMUNE SERUMS**

- **CUVITRU 1 GM/5ML SOLUTION**
  - immune globulin (human) subcutaneous
  - TIER 4
  - PA
  - Specialty Drug

- **CUVITRU 10 GM/50ML SOLUTION**
  - immune globulin (human) subcutaneous
  - TIER 4
  - PA
  - Specialty Drug

- **CUVITRU 2 GM/10ML SOLUTION**
  - immune globulin (human) subcutaneous
  - TIER 4
  - PA
  - Specialty Drug

- **CUVITRU 4 GM/20ML SOLUTION**
  - immune globulin (human) subcutaneous
  - TIER 4
  - PA
  - Specialty Drug

- **CUVITRU 8 GM/40ML SOLUTION**
  - immune globulin (human) subcutaneous
  - TIER 4
  - PA
  - Specialty Drug

- **HIZENTRA 1 GM/5ML SOLN PRSYR**
  - immune globulin (human) subcutaneous
  - TIER 4
  - PA
  - Specialty Drug

- **HIZENTRA 1 GM/5ML SOLUTION**
  - immune globulin (human) subcutaneous
  - TIER 4
  - PA
  - Specialty Drug

- **HIZENTRA 10 GM/50ML SOLUTION**
  - immune globulin (human) subcutaneous
  - TIER 4
  - PA
  - Specialty Drug

- **HIZENTRA 2 GM/10ML SOLN PRSYR**
  - immune globulin (human) subcutaneous
  - TIER 4
  - PA
  - Specialty Drug

- **HIZENTRA 2 GM/10ML SOLUTION**
  - immune globulin (human) subcutaneous
  - TIER 4
  - PA
  - Specialty Drug

- **HIZENTRA 4 GM/20ML SOLN PRSYR**
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  - TIER 4
  - PA
  - Specialty Drug
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**PROGESTINS**

*hydroxyprogesterone caproate 250 mg/ml oil*  
2  
Specialty Drug

*medroxyprogesterone acetate 10 mg tab*  
1  
Preventative

*medroxyprogesterone acetate 2.5 mg tab*  
1  
Preventative

*medroxyprogesterone acetate 5 mg tab*  
1  
Preventative
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<tr>
<td>glatiramer acetate 40 mg/ml soln prsyr</td>
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<td>REBIF 44 MCG/0.5ML SOLN PRSYR</td>
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<tr>
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<td>REBIF REBIDOSE TITRATION PACK 6X8.8 &amp; 6X22 MCG SOLN A-INJ</td>
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<td><strong>PRODUCT DESCRIPTION</strong></td>
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</table>
| REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR | 4 | PA  
*interferon beta-1a*  
*S Specialty Drug* |
| MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES |      |                      |
| KESIMPTA 20 MG/0.4ML SOLN A-INJ | 4 | PA  
*ofatumumab (ms)*  
*S Specialty Drug* |
| MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS |      |                      |
| BAFIERTAM 95 MG CAP DR | 4 | PA  
*monomethyl fumarate*  
*S Specialty Drug* |
| dimethyl fumarate 120 mg cap dr | 4 | PA |
| dimethyl fumarate 240 mg cap dr | 4 | PA |
| dimethyl fumarate starter pack 120 & 240 mg misc | 4 | PA |
| VUMERITY (STARTER) 231 MG CAP DR | 4 | PA  
*diroximel fumarate*  
*S Specialty Drug* |
| VUMERITY 231 MG CAP DR | 4 | PA  
*diroximel fumarate*  
*S Specialty Drug* |
| MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS |      |                      |
| dalfampridine er 10 mg tab er 12h | 2 | QL 49 / 30 day(s) |
| N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS |      |                      |
| memantine hcl 10 mg tab | 1 | QL 120 / 30 DAYS |
| memantine hcl 10 mg/5ml solution | 1 | QL |
| memantine hcl 2 mg/ml solution | 1 | QL |
| memantine hcl 28 x 5 mg & 21 x 10 mg tab | 1 | QL 49 / 30 day(s) |
| memantine hcl 5 mg tab | 1 | QL 120 / 30 DAYS |
| memantine hcl er 14 mg cap er 24h | 1 | QL 30 / 30 DAYS |
| memantine hcl er 21 mg cap er 24h | 1 | QL 30 / 30 DAYS |
| memantine hcl er 28 mg cap er 24h | 1 | QL 30 / 30 DAYS |
| memantine hcl er 7 mg cap er 24h | 1 | QL 30 / 30 DAYS |
| NAMENDA XR TITRATION PACK 7 & 14 & 21 &28 MG CAP ER 24H | 3 | QL 28 / 365 DAYS |

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**LAST UPDATED 11/2021**
### PRODUCT DESCRIPTION

#### PHENOTHIAZINES & TRICYCLIC AGENTS

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Tier</th>
<th>Limits &amp; Restrictions</th>
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</thead>
<tbody>
<tr>
<td>Perphenazine-amitriptyline 2-10 mg tab</td>
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<tr>
<td>Perphenazine-amitriptyline 2-25 mg tab</td>
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<tr>
<td>Perphenazine-amitriptyline 4-10 mg tab</td>
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<tr>
<td>Perphenazine-amitriptyline 4-25 mg tab</td>
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<tr>
<td>Perphenazine-amitriptyline 4-50 mg tab</td>
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#### POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS

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<th>Product Description</th>
<th>Tier</th>
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<tbody>
<tr>
<td>Pregabalin ER 165 mg tab ER 24h</td>
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<td>PA</td>
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<tr>
<td>Pregabalin ER 330 mg tab ER 24h</td>
<td>2</td>
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<tr>
<td>Pregabalin ER 82.5 mg tab ER 24h</td>
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#### PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS

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<th>Tier</th>
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<tbody>
<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) 10 mg tab</td>
<td>1</td>
<td>QL 90 / 30 Days</td>
</tr>
<tr>
<td>Fluoxetine HCL (PMDD) 20 mg cap</td>
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<td>QL 90 / 30 Days</td>
</tr>
<tr>
<td>Fluoxetine HCL (PMDD) 20 mg tab</td>
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<td>QL 90 / 30 Days</td>
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#### PSEUDOBULBAR AFFECT AGENT COMBINATIONS

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<td>Nuedexta 20-10 mg cap</td>
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<td>Ergoloid Mesylates 1 mg tab</td>
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<tr>
<td>Pimozide 1 mg tab</td>
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<td>QL 30 / 30 Days</td>
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<tr>
<td>Pimozide 2 mg tab</td>
<td>1</td>
<td>QL 60 / 30 Days</td>
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<tr>
<td>PRODUCT DESCRIPTION</td>
<td>TIER</td>
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<td>VARENICLINE TARTRATE 1 MG TAB</td>
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THYROID AGENTS

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# PRODUCT DESCRIPTION

| WP THYROID 97.5 MG TAB | thyroid |

## TOXOIDS

### TOXOID COMBINATIONS

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