HMSA Essential Prescription Formulary

(Effective 04/01/2019)

INTRODUCTION

_HMSA’s Essential Prescription Formulary_ for commercial plan members is a new product to help keep health care affordable, while maintaining a patient's health and safety, and providing quality care.

_HMSA Essential Prescription Formulary_ is a managed formulary. Drugs listed on this formulary are considered covered benefits.

Consistent with the principles of this formulary, new drugs will be reviewed by HMSA's Pharmacy & Therapeutics Committee (HMSA P&T Committee) to assess safety and effectiveness before any drug is added to the formulary. The HMSA P&T Committee is comprised of practicing physicians and pharmacists from our community.

In addition to new drugs, the HMSA P&T Committee reviews the formulary on a continuous basis with the help of HMSA staff. The formulary approval process is designed to ensure that clinical evidence and medical value are considered before cost. If drugs within a treatment class are clinically comparable, the committee will assess cost-effectiveness and choose agents with the best value.

PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action. Tier level and coverage criteria (if applicable) are noted next to each drug.

- **Tier 1** - mostly Generic Drugs
- **Tier 2** - mostly Preferred Drugs
- **Tier 3** - mostly Other Brand Name Drugs
- **Tier 4** - mostly Preferred Specialty Drugs
- **Tier 5** - mostly Other Brand Name Specialty Drugs

*If applicable to your plan coverage

Zero ($0) Copay - When obtained from a Participating Provider, HMSA pays 100% of Eligible Charge. You owe no copayment.

Please refer to your Plan's Prescription Drug Benefits Rider for the specific copayment or coinsurance amount associated with each tier.
ABBREVIATIONS USED IN THIS FORMULARY

AGE - Age Limit: age requirements for coverage of drug
DS - Diabetic Supply: Refer to plan benefits
OC - Oral Chemotherapy: Refer to plan benefits
PA - Prior Authorization: Requires that you or your physician receive approval from HMSA before we will cover your prescription
QL - Quantity Limit: A limit on the amount of the drug that HMSA will cover
SP - Specialty Drug with Network Requirements: Must go to a Specialty Network Provider, limited to a 30 days supply
ST - Step Therapy: Requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition
$0 - Zero ($0) Copay: When obtained from a Participating Provider, HMSA pays 100% of Eligible Charge. You owe no copayment.

EXCEPTION REQUEST

Drugs listed on this formulary are considered covered benefits. Certain medications on the list are covered if utilization management criteria are met (i.e. Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

To request a PA or an exception, please call or fax CVS Caremark®, HMSA’s Pharmacy Benefit Manager

Call Commercial 1 (855) 240-0543 toll-free
FAX Commercial 1 (855) 762-5207 toll-free

This drug list is subject to change and drugs may be added or removed without notice. Please contact HMSA to confirm your drug plan coverage. This list is effective April 1, 2019.

LEGEND

AGE Age Limit
DS Diabetic Supply: Refer to plan benefits
lowercase Indicates generic drug
OC Oral Chemotherapy: Refer to plan benefits
PA Prior Authorization
QL Quantity Limit
SP Specialty Drug with network requirement
ST Step Therapy
UPPERCASE Indicates brand name drug
$0 Zero ($0) Copay
NOTE
The status of a drug on this list is current as of the date of this publication.

The list serves as a guide to product selection for our providers and members. The list is subject to change. Participating pharmacies have the most up-to-date formulary information at the time prescriptions are filled. New drugs, strengths, forms, and/or therapeutic categories introduced in the marketplace will be reflected in the formulary, as applicable, following the completion of HMSA's review process.

Not all generic drugs may be listed.

Coverage of a drug will depend on your drug plan.

HMSA's mission is to provide the people of Hawaii access to a sustainable, quality health care system that improves the overall health and well-being of our state.

HMSA CENTERS
Convenient evening and Saturday hours:

**HMSA Center @ Honolulu**
818 Keeauumoku St.
Monday through Friday, 8 a.m. - 6 p.m. | Saturday, 9 a.m. - 2 p.m.

**HMSA Center @ Pearl City**
Pearl City Gateway | 1132 Kuala St., Suite 400
Monday through Friday, 9 a.m. - 7 p.m. | Saturday, 9 a.m. - 2 p.m.

**HMSA Center @ Hilo**
Waiakea Center | 303A E. Makaala St.
Monday through Friday, 9 a.m. - 7 p.m. | Saturday, 9 a.m. - 2 p.m.

OFFICES
Visit your local HMSA office Monday through Friday, 8 a.m. - 4 p.m.:

**Kailua-Kona, Hawaii Island** | 75-1029 Henry St., Suite 301 | Phone: 329-5291
**Kahului, Maui** | 33 Lono Ave., Suite 350 | Phone: 871-6295
**Lihue, Kauai** | 4366 Kukui Grove St., Suite 103 | Phone: 245-3393

PHONE
948-6372 on Oahu

If you are calling from the U.S. Mainland, please call 1 (800) 776-4672. If you need to call a local Hawaii telephone number from the Mainland, the area code is 808.

Check hmsa.com/contact for our holiday schedule.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td><strong>ANALGESICS</strong></td>
<td></td>
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<tr>
<td><strong>COX-II INHIBITORS</strong></td>
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<tr>
<td>colchicine cap 0.6 mg</td>
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<td>QL (Try allopurinol, probenecid or colchicine w/ probenecid)</td>
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<td>colchicine w/ probenecid tab 0.5-500 mg</td>
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<tr>
<td>ULORIC TAB 40MG</td>
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<td>QL (30 per 30 days)</td>
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<td><strong>NON-OPIOID ANALGESICS</strong></td>
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<td>esgic cap</td>
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<td><strong>NSAIDS</strong></td>
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<td>Drug Name</td>
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<td>Requirements/Limits</td>
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<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<td><strong>NSAIDS, COMBINATIONS</strong></td>
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<td><strong>NSAIDS, TOPICAL</strong></td>
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<tr>
<td>diclofenac sodium soln 1.5%</td>
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<tr>
<td>FLECTOR DIS 1.3%</td>
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<tr>
<td>KETOROLAC GEL 2%</td>
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<tr>
<td><strong>OPIOID ANALGESICS</strong></td>
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<tr>
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<td>QL (5000 mL per 30 days)</td>
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<td>buprenorphine td patch weekly 20 mcg/hr</td>
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<td>QL (360 caps per 30 days)</td>
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<td>QL (360 caps per 30 days)</td>
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<td>butorphanol tartrate nasal soln 10 mg/ml</td>
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<td>QL (2 bottles per 30 days)</td>
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<td>codeine sulfate tab 15 mg</td>
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<td>codeine sulfate tab 60 mg</td>
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<tr>
<td>fentanyl citrate lozenge on a handle 200 mcg</td>
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<td>QL (120 per 30 days), PA</td>
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<tr>
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<td>QL (120 per 30 days), PA</td>
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<tr>
<td>fentanyl citrate lozenge on a handle 600 mcg</td>
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<td>QL (120 per 30 days), PA</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<td>QL (5538 mL per 30 days)</td>
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<td>HYDROMORPHON SUP 3MG</td>
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<td>LORTAB ELX 10-300MG</td>
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**ANTI-INFECTIVES**

**AMINOGYCOSIDES**
- neomycin sulfate tab 500 mg 1
- paromomycin sulfate cap 250 mg 1

**ANTIBACTERIALS, CEPHALOSPORINS, First Generation**
- cefadroxil cap 500 mg 1
- cefadroxil for susp 250 mg/5ml 1
- cefadroxil for susp 500 mg/5ml 1
- cefadroxil tab 1 gm 1
- cephalexin cap 250 mg 1
- cephalexin cap 500 mg 1
- cephalexin cap 750 mg 1
- cephalexin for susp 125 mg/5ml 1
- cephalexin for susp 250 mg/5ml 1
- cephalexin tab 250 mg 1
- cephalexin tab 500 mg 1

**ANTIBACTERIALS, CEPHALOSPORINS, Second Generation**
- cefaclor cap 250 mg 1
- cefaclor cap 500 mg 1
- cefaclor for susp 125 mg/5ml 1
- cefaclor for susp 250 mg/5ml 1
- cefaclor for susp 375 mg/5ml 1
- cefprozil for susp 125 mg/5ml 1
- cefprozil for susp 250 mg/5ml 1
- cefprozil tab 250 mg 1
- cefprozil tab 500 mg 1
- cefuroxime axetil tab 250 mg 1
- cefuroxime axetil tab 500 mg 1

**ANTIBACTERIALS, CEPHALOSPORINS, Third Generation**
- cefdinir cap 300 mg 1
- cefdinir for susp 125 mg/5ml 1
- cefdinir for susp 250 mg/5ml 1
- cefditoren pivoxil tab 200 mg (base equivalent) 1
- cefditoren pivoxil tab 400 mg (base equivalent) 1
- cefixime for susp 100 mg/5ml 1
- cefixime for susp 200 mg/5ml 1
- cefpodoxime proxetil tab 100 mg 1
- cefpodoxime proxetil tab 200 mg 1
- SUPRAX CAP 400MG 3
- SUPRAX CHW 100MG 3
- SUPRAX CHW 200MG 3
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<td>SUPRAX SUS 200/5ML</td>
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<tr>
<td>SUPRAX SUS 500/5ML</td>
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<td>Drug Name</td>
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<td>sulfamethoxazole-trimethoprim tab 400-80 mg</td>
<td>1</td>
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</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------</td>
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</tr>
<tr>
<td>sulfamethoxazole-trimethoprim tab 800-160 mg</td>
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**ANTIBACTERIALS, TETRACYCLINES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
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<tbody>
<tr>
<td>ACTICLATE TAB 75MG</td>
<td>3</td>
<td></td>
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<tr>
<td>ACTICLATE TAB 150MG</td>
<td>3</td>
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</tr>
<tr>
<td>demeclocycline hcl tab 150 mg</td>
<td>1</td>
<td></td>
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<tr>
<td>demeclocycline hcl tab 300 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>doxycycline hyclate cap 50 mg</td>
<td>1</td>
<td></td>
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<tr>
<td>doxycycline hyclate cap 100 mg</td>
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<td>doxycycline hyclate tab 20 mg</td>
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<tr>
<td>doxycycline hyclate tab 75 mg</td>
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<tr>
<td>doxycycline hyclate tab 100 mg</td>
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</tr>
<tr>
<td>doxycycline hyclate tab 150 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>doxycycline hyclate tab delayed release 75 mg</td>
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<td></td>
</tr>
<tr>
<td>doxycycline hyclate tab delayed release 100 mg</td>
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<td></td>
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<tr>
<td>doxycycline hyclate tab delayed release 150 mg</td>
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<tr>
<td>doxycycline hyclate tab delayed release 200 mg</td>
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<tr>
<td>doxycycline monohydrate cap 50 mg</td>
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<td>doxycycline monohydrate cap 75 mg</td>
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<td></td>
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<tr>
<td>doxycycline monohydrate cap 100 mg</td>
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</tr>
<tr>
<td>doxycycline monohydrate cap 150 mg</td>
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<td></td>
</tr>
<tr>
<td>doxycycline monohydrate for susp 25 mg/5ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>doxycycline monohydrate tab 50 mg</td>
<td>1</td>
<td></td>
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<tr>
<td>doxycycline monohydrate tab 75 mg</td>
<td>1</td>
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<tr>
<td>doxycycline monohydrate tab 100 mg</td>
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<tr>
<td>doxycycline monohydrate tab 150 mg</td>
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<tr>
<td>minocycline hcl cap 50 mg</td>
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<td>minocycline hcl cap 75 mg</td>
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<td>minocycline hcl cap 100 mg</td>
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<tr>
<td>minocycline hcl tab 50 mg</td>
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<tr>
<td>minocycline hcl tab 75 mg</td>
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<td></td>
</tr>
<tr>
<td>minocycline hcl tab 100 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>minocycline hcl tab er 24hr 45 mg</td>
<td>1</td>
<td>AGE: Min age 12 years</td>
</tr>
<tr>
<td>minocycline hcl tab er 24hr 65 mg</td>
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<td>AGE: Min age 12 years</td>
</tr>
<tr>
<td>minocycline hcl tab er 24hr 90 mg</td>
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<tr>
<td>minocycline hcl tab er 24hr 115 mg</td>
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<td>AGE: Min age 12 years</td>
</tr>
<tr>
<td>minocycline hcl tab er 24hr 135 mg</td>
<td>1</td>
<td>AGE: Min age 12 years</td>
</tr>
<tr>
<td>morgidox cap 1x100mg</td>
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<td></td>
</tr>
<tr>
<td>morgidox cap 2x100mg</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>SOLODYN TAB 55MG</td>
<td>3</td>
<td>AGE: Min age 12 years; ST (Try 2 generics, including minocycline)</td>
</tr>
<tr>
<td>SOLODYN TAB 65MG</td>
<td>3</td>
<td>AGE: Min age 12 years; ST (Try 2 generics, including minocycline)</td>
</tr>
<tr>
<td>SOLODYN TAB 80MG</td>
<td>3</td>
<td>AGE: Min age 12 years; ST (Try 2 generics, including minocycline)</td>
</tr>
<tr>
<td>SOLODYN TAB 105MG</td>
<td>3</td>
<td>AGE: Min age 12 years; ST (Try 2 generics, including minocycline)</td>
</tr>
<tr>
<td>SOLODYN TAB 115MG</td>
<td>3</td>
<td>AGE: Min age 12 years; ST (Try 2 generics, including minocycline)</td>
</tr>
<tr>
<td>tetracycline hcl cap 250 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tetracycline hcl cap 500 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>VIBRAMYCIN SYP 50MG/5ML</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**ANTIFUNGALS**

- clotrimazole troche 10 mg 1
- fluconazole for susp 10 mg/ml 1
- fluconazole for susp 40 mg/ml 1
- fluconazole tab 50 mg 1
- fluconazole tab 100 mg 1
- fluconazole tab 150 mg 1
- fluconazole tab 200 mg 1
- griseofulvin microsize susp 125 mg/5ml 1
- griseofulvin microsize tab 500 mg 1
- griseofulvin ultramicrosize tab 125 mg 1
- griseofulvin ultramicrosize tab 250 mg 1
- itraconazole cap 100 mg 1
- itraconazole oral soln 10 mg/ml 1
- ketoconazole tab 200 mg 1
- NOXAFIL SUS 40MG/ML 3
- NOXAFIL TAB 100MG 3
- nystatin susp 100000 unit/ml 1
- nystatin tab 500000 unit 1
- SPORANOX SOL 10MG/ML 3
- terbinafine hcl tab 250 mg 1
- voriconazole for susp 40 mg/ml 1
- voriconazole tab 50 mg 1
- voriconazole tab 200 mg 1

**ANTIMALARIALS**

- atovaquone-proguanil hcl tab 62.5-25 mg 1
- atovaquone-proguanil hcl tab 250-100 mg 1
- chloroquine phosphate tab 250 mg 1
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>chloroquine phosphate tab 500 mg</td>
<td>1</td>
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<tr>
<td>COARTEM TAB 20-120MG</td>
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<tr>
<td>mefloquine hcl tab 250 mg</td>
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<tr>
<td>PRIMAQUINE TAB 26.3MG</td>
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<tr>
<td>quinine sulfate cap 324 mg</td>
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**ANTIRETROVIRALS, ANTIRETROVIRAL COMBINATIONS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>abacavir sulfate-lamivudine tab 600-300 mg</td>
<td>1</td>
<td></td>
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<tr>
<td>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</td>
<td>1</td>
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</tr>
<tr>
<td>ATRIPLA TAB</td>
<td>2</td>
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</tr>
<tr>
<td>BIKTARVY TAB</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>COMPLERA TAB</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DELSTRIGO TAB</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DESCOVY TAB 200/25</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>GENVOYA TAB</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>JULUCA TAB 50-25MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>lamivudine-zidovudine tab 150-300 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ODEFSEY TAB</td>
<td>2</td>
<td></td>
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<tr>
<td>STRIBILD TAB</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SYMTUZA TAB</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TRIUMEQ TAB</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TRUVADA TAB 200-300</td>
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**ANTIRETROVIRALS, CHEMOKINE RECEPTOR ANTAGONISTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>SELZENTRY TAB 150MG</td>
<td>2</td>
<td></td>
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<tr>
<td>SELZENTRY TAB 300MG</td>
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**ANTIRETROVIRALS, INTEGRASE INHIBITORS**

<table>
<thead>
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>ISENTRESS TAB 400MG</td>
<td>2</td>
<td></td>
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<tr>
<td>TIVICAY TAB 50MG</td>
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</tbody>
</table>

**ANTIRETROVIRALS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>efavirenz cap 50 mg</td>
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<td></td>
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<tr>
<td>efavirenz cap 200 mg</td>
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<td></td>
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<tr>
<td>efavirenz tab 600 mg</td>
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<td></td>
</tr>
<tr>
<td>INTELENCE TAB 25MG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>INTELENCE TAB 100MG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>INTELENCE TAB 200MG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>nevirapine tab 200 mg</td>
<td>1</td>
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</tr>
<tr>
<td>nevirapine tab er 24hr 100 mg</td>
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</tr>
<tr>
<td>nevirapine tab er 24hr 400 mg</td>
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<td></td>
</tr>
<tr>
<td>PIFELTRO TAB 100MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RESSCRIPTOR TAB 200MG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>SUSTIVA CAP 50MG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>SUSTIVA CAP 200MG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>SUSTIVA TAB 600MG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td><strong>ANTIRETROVIRALS, NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS</strong></td>
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</tr>
<tr>
<td>abacavir sulfate soln 20 mg/ml (base equiv)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>abacavir sulfate tab 300 mg (base equiv)</td>
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<td></td>
</tr>
<tr>
<td>didanosine delayed release capsule 200 mg1</td>
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<tr>
<td>didanosine delayed release capsule 250 mg1</td>
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<tr>
<td>didanosine delayed release capsule 400 mg1</td>
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<tr>
<td>EMTRIVA CAP 200MG</td>
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</tr>
<tr>
<td>EPIVIR SOL 10MG/ML</td>
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</tr>
<tr>
<td>lamivudine oral soln 10 mg/ml</td>
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<tr>
<td>lamivudine tab 150 mg</td>
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<td>lamivudine tab 300 mg</td>
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<tr>
<td>stavudine cap 15 mg</td>
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<td>stavudine cap 20 mg</td>
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<td>stavudine cap 30 mg</td>
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<td>stavudine cap 40 mg</td>
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<td>VIDEX EC CAP 125MG</td>
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<td>ZIAGEN SOL 20MG/ML</td>
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<td>zidovudine syrup 10 mg/ml</td>
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<tr>
<td>zidovudine tab 300 mg</td>
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<tr>
<td><strong>ANTIRETROVIRALS, NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS</strong></td>
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<tr>
<td>tenofovir disoproxil fumarate tab 300 mg</td>
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<tr>
<td>VIREAD TAB 150MG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>VIREAD TAB 200MG</td>
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<td></td>
</tr>
<tr>
<td>VIREAD TAB 250MG</td>
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<tr>
<td><strong>ANTIRETROVIRALS, PROTEASE INHIBITORS</strong></td>
<td></td>
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<tr>
<td>APTIVUS CAP 250MG</td>
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<tr>
<td>atazanavir sulfate cap 150 mg (base equiv)</td>
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</tr>
<tr>
<td>atazanavir sulfate cap 200 mg (base equiv)</td>
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<td></td>
</tr>
<tr>
<td>atazanavir sulfate cap 300 mg (base equiv)</td>
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<tr>
<td>fosamprenavir calcium tab 700 mg (base equiv)</td>
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<tr>
<td>INVIRASE TAB 500MG</td>
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<tr>
<td>KALETRA SOL</td>
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<td>KALETRA TAB 200-50MG</td>
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<tr>
<td>LEXIVA TAB 700MG</td>
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<tr>
<td>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</td>
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<tr>
<td>NORVIR TAB 100MG</td>
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<tr>
<td>PREZISTA TAB 75MG</td>
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</tr>
<tr>
<td>PREZISTA TAB 150MG</td>
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<td></td>
</tr>
<tr>
<td>PREZISTA TAB 600MG</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<tr>
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</tr>
<tr>
<td>PREZISTA TAB 800MG</td>
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<tr>
<td>ritonavir tab 100 mg</td>
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<tr>
<td>VIRACEPT TAB 250MG</td>
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</tr>
<tr>
<td>VIRACEPT TAB 625MG</td>
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<td><strong>ANTITUBERCULAR AGENTS</strong></td>
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<td>ethambutol hcl tab 100 mg</td>
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<td>ethambutol hcl tab 400 mg</td>
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<tr>
<td>isoniazid syrup 50 mg/5ml</td>
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<td></td>
</tr>
<tr>
<td>isoniazid tab 100 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>isoniazid tab 300 mg</td>
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<td></td>
</tr>
<tr>
<td>PRIFTIN TAB 150MG</td>
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</tr>
<tr>
<td>pyrazinamide tab 500 mg</td>
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</tr>
<tr>
<td>rifampin cap 150 mg</td>
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<td></td>
</tr>
<tr>
<td>rifampin cap 300 mg</td>
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<td></td>
</tr>
<tr>
<td><strong>ANTIVIRALS, CYTOMEGALOVIRUS AGENTS</strong></td>
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<tr>
<td>valganciclovir hcl for soln 50 mg/ml (base equiv)</td>
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<td></td>
</tr>
<tr>
<td>valganciclovir hcl tab 450 mg (base equivalent)</td>
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<tr>
<td><strong>ANTIVIRALS, HEPATITIS AGENTS, Hepatitis B</strong></td>
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<tr>
<td>adefovir dipivoxil tab 10 mg</td>
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</tr>
<tr>
<td>entecavir tab 0.5 mg</td>
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<td></td>
</tr>
<tr>
<td>entecavir tab 1 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>VEMLIDY TAB 25MG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>ANTIVIRALS, HEPATITIS AGENTS, Hepatitis C</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EPCLUSA TAB 400-100</td>
<td>4</td>
<td>SP, PA; for genotypes 1, 2, 3, 4, 5, 6</td>
</tr>
<tr>
<td>HARVONI TAB 90-400MG</td>
<td>4</td>
<td>SP, PA; for genotypes 1, 2, 3, 4, 5, 6</td>
</tr>
<tr>
<td>MAVYRET TAB 100-40MG</td>
<td>4</td>
<td>SP, PA; for genotypes 1, 2, 3, 4, 5, 6</td>
</tr>
<tr>
<td>MODERIBA PAK 1200/DAY</td>
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<td>PA</td>
</tr>
<tr>
<td>moderiba tab 200mg</td>
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<td>PA</td>
</tr>
<tr>
<td>RIBAPAK PAK 800/DAY</td>
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<td>PA</td>
</tr>
<tr>
<td>RIBAPAK PAK 1200/DAY</td>
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<td>PA</td>
</tr>
<tr>
<td>RIBAPAK TAB 600/DAY</td>
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<td>PA</td>
</tr>
<tr>
<td>RIBAPAK TAB 1000/DAY</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ribasphere cap 200mg</td>
<td>1</td>
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<tr>
<td>ribasphere tab 200mg</td>
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<td>RIBASPHERE TAB 400MG</td>
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<td>ribasphere tab 600mg</td>
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<td>ribavirin tab 200 mg</td>
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</tr>
<tr>
<td>VOSEVI TAB</td>
<td>4</td>
<td>SP, PA; for use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).</td>
</tr>
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</table>

**ANTIVIRALS, HERPES AGENTS**

- acyclovir cap 200 mg  
- acyclovir susp 200 mg/5ml
- acyclovir tab 400 mg
- acyclovir tab 800 mg
- famciclovir tab 125 mg
- famciclovir tab 250 mg
- famciclovir tab 500 mg
- SITAVIG TAB 50MG
- valacyclovir hcl tab 1 gm
- valacyclovir hcl tab 500 mg

**ANTIVIRALS, INFLUENZA AGENTS**

- oseltamivir phosphate cap 30 mg (base equiv)  
- oseltamivir phosphate cap 45 mg (base equiv)  
- oseltamivir phosphate cap 75 mg (base equiv)  
- oseltamivir phosphate for susp 6 mg/ml (base equiv)  
- RELENZA MIS DISKHALE
- XOFLUZA TAB 20MG
- XOFLUZA TAB 40MG

**MISCELLANEOUS**

- albendazole tab 200 mg
- ALBENZA TAB 200MG
- ALINIA SUS 100/5ML
- ALINIA TAB 500MG
- atovaquone susp 750 mg/5ml
- clindamycin hcl cap 75 mg
- clindamycin hcl cap 150 mg
- clindamycin hcl cap 300 mg
- clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)
- dapsone tab 25 mg
- dapsone tab 100 mg
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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<td>DARAPRIM TAB 25MG</td>
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<td>linezolid tab 600 mg</td>
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<td>metronidazole tab 250 mg</td>
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<td>metronidazole tab 500 mg</td>
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<td>MONUROL PAK GRANULES</td>
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<td>nitrofurantoin macrocrystalline cap 100 mg</td>
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<tr>
<td>nitrofurantoin macrohydrate macrocrystalline cap 100 mg</td>
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<td>praziquantel tab 600 mg</td>
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<td>tinidazole tab 250 mg</td>
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<td>trimethoprim tab 100 mg</td>
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<td>XIFAXAN TAB 550MG</td>
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**ANTINEOPLASTIC AGENTS**

**ALKYLATING AGENTS**

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<tr>
<td>ALKERAN TAB 2MG</td>
<td>OC</td>
<td>oral chemotherapy - refer to plan benefits</td>
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<tr>
<td>CYCLOPHOSPH CAP 25MG</td>
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<td>cyclophosphamide cap 25 mg</td>
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<td>cyclophosphamide cap 50 mg</td>
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<tr>
<td>EMCYT CAP 140MG</td>
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<tr>
<td>GLEOSTINE CAP 10MG</td>
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<td>GLEOSTINE CAP 40MG</td>
<td>OC</td>
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<td>GLEOSTINE CAP 100MG</td>
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<td>Drug Name</td>
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<td>MYLERAN TAB 2MG</td>
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<td>TEMODAR CAP 5MG</td>
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<tr>
<td>TEMODAR CAP 20MG</td>
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<td>TEMODAR CAP 180MG</td>
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<td>TEMODAR CAP 250MG</td>
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<tr>
<td>temozolomide cap 5 mg</td>
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<tr>
<td>temozolomide cap 250 mg</td>
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<td>VALCHLOR GEL 0.016%</td>
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**ANTIMETABOLITES**

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<tbody>
<tr>
<td>capecitabine tab 150 mg</td>
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<tr>
<td>capecitabine tab 500 mg</td>
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<tr>
<td>Drug Name</td>
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<tr>
<td>mercaptopurine tab 50 mg</td>
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<td>methotrexate sodium tab 2.5 mg (base equiv)</td>
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<td>TABLOID TAB 40MG</td>
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<td>XATMEP SOL 2.5MG/ML</td>
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<td>ERLEADA TAB 60MG</td>
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<tr>
<td>anastrozole tab 1 mg</td>
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<tr>
<td>ARIMIDEX TAB 1MG</td>
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**MISCELLANEOUS**

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**TOPOISOMERASE INHIBITORS**

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**CARDIOVASCULAR**

**ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS**

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**ACE INHIBITOR/DIURETIC COMBINATIONS**

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**ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS**

- amlodipine besylate-olmesartan medoxomil tab 5-20 mg
- amlodipine besylate-olmesartan medoxomil tab 5-40 mg
- amlodipine besylate-olmesartan medoxomil tab 10-20 mg
- amlodipine besylate-olmesartan medoxomil tab 10-40 mg
- amlodipine besylate-valsartan tab 5-160 mg
- amlodipine besylate-valsartan tab 5-320 mg
- amlodipine besylate-valsartan tab 10-160 mg
- amlodipine besylate-valsartan tab 10-320 mg
- telmisartan-amlodipine tab 40-5 mg
- telmisartan-amlodipine tab 40-10 mg
- telmisartan-amlodipine tab 80-5 mg
- telmisartan-amlodipine tab 80-10 mg

**ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS**

- amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg
- amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg
- amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg
- amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg
- amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg
- olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg
- olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg
- olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg
- olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg
- olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg
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<td><strong>BETA-BLOCKER/DIURETIC COMBINATIONS</strong></td>
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**BETA-BLOCKERS**

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**CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS**

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**MISCELLANEOUS**

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**NITRATES, ORAL**

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**NITRATES, SUBLINGUAL/TRANSLINGUAL**

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<td></td>
</tr>
<tr>
<td>nitroglycerin tl soln 0.4 mg/spray</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>(400 mcg/spray)</td>
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**NITRATES, TRANSDERMAL**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>minitran dis 0.1mg/hr</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>minitran dis 0.2mg/hr</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>minitran dis 0.4mg/hr</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>minitran dis 0.6mg/hr</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>NITRO-BID OIN 2%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NITRO-DUR DIS 0.1MG/HR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>NITRO-DUR DIS 0.2MG/HR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>NITRO-DUR DIS 0.3MG/HR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-----------</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td>NITRO-DUR DIS 0.4MG/HR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>NITRO-DUR DIS 0.6MG/HR</td>
<td>2</td>
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<tr>
<td>NITRO-DUR DIS 0.8MG/HR</td>
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<tr>
<td>nitroglycerin td patch 24hr 0.1 mg/hr</td>
<td>1</td>
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<tr>
<td>nitroglycerin td patch 24hr 0.2 mg/hr</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>nitroglycerin td patch 24hr 0.4 mg/hr</td>
<td>1</td>
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<tr>
<td>nitroglycerin td patch 24hr 0.6 mg/hr</td>
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**PULMONARY ARTERIAL HYPERTENSION, ENDOThelin RECEPTOR ANTAGONISTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>LETAIRIS TAB 5MG</td>
<td>4</td>
<td>SP, QL (30 per 30 days), PA</td>
</tr>
<tr>
<td>LETAIRIS TAB 10MG</td>
<td>4</td>
<td>SP, QL (30 per 30 days), PA</td>
</tr>
<tr>
<td>OPSUMIT TAB 10MG</td>
<td>4</td>
<td>SP, QL (30 per 30 days), PA</td>
</tr>
<tr>
<td>TRACLEER TAB 32MG</td>
<td>4</td>
<td>SP, QL (60 per 30 days), PA</td>
</tr>
<tr>
<td>TRACLEER TAB 62.5MG</td>
<td>4</td>
<td>SP, QL (60 per 30 days), PA</td>
</tr>
<tr>
<td>TRACLEER TAB 125MG</td>
<td>4</td>
<td>SP, QL (60 per 30 days), PA</td>
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**PULMONARY ARTERIAL HYPERTENSION, PHOSPHODIESTERASE INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADCIRCA TAB 20MG</td>
<td>4</td>
<td>SP, QL (60 per 30 days), PA</td>
</tr>
<tr>
<td>REVATIO SUS 10MG/ML</td>
<td>4</td>
<td>SP, QL (180 mL per 30 days), PA</td>
</tr>
<tr>
<td>REVATIO TAB 20MG</td>
<td>4</td>
<td>SP, QL (90 per 30 days), PA</td>
</tr>
<tr>
<td>sildenafil citrate tab 20 mg</td>
<td>4</td>
<td>SP, QL (90 per 30 days), PA</td>
</tr>
<tr>
<td>tadalafil tab 20 mg (pah)</td>
<td>4</td>
<td>SP, QL (60 per 30 days), PA</td>
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**PULMONARY ARTERIAL HYPERTENSION, PROSTAGLANDIN VASODILATORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORENITRAM TAB 0.25MG</td>
<td>4</td>
<td>SP, QL (90 per 30 days), PA</td>
</tr>
<tr>
<td>ORENITRAM TAB 0.125MG</td>
<td>4</td>
<td>SP, QL (90 per 30 days), PA</td>
</tr>
<tr>
<td>ORENITRAM TAB 1MG</td>
<td>4</td>
<td>SP, QL (90 per 30 days), PA</td>
</tr>
<tr>
<td>ORENITRAM TAB 2.5MG</td>
<td>4</td>
<td>SP, QL (90 per 30 days), PA</td>
</tr>
<tr>
<td>TYVASO REFIL SOL 0.6MG/ML</td>
<td>4</td>
<td>SP, QL (Max 1 ampule per day), PA</td>
</tr>
<tr>
<td>TYVASO SOL 0.6MG/ML</td>
<td>4</td>
<td>SP, QL (Max 1 ampule per day), PA</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>TYVASO START SOL 0.6MG/ML</td>
<td>4</td>
<td>SP, QL (Max 1 ampule per day), PA</td>
</tr>
<tr>
<td>VENTAVIS SOL 10MCG/ML</td>
<td>4</td>
<td>SP, QL (Max 9 ampules per day), PA</td>
</tr>
<tr>
<td>VENTAVIS SOL 20MCG/ML</td>
<td>4</td>
<td>SP, QL (Max 9 ampules per day), PA</td>
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**PULMONARY ARTERIAL HYPERTENSION, SOLUBLE GUANYLATE CYCLASE STIMULATORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADEMPAS TAB 0.5MG</td>
<td>4</td>
<td>SP, QL (90 per 30 days), PA</td>
</tr>
<tr>
<td>ADEMPAS TAB 1.5MG</td>
<td>4</td>
<td>SP, QL (90 per 30 days), PA</td>
</tr>
<tr>
<td>ADEMPAS TAB 1MG</td>
<td>4</td>
<td>SP, QL (90 per 30 days), PA</td>
</tr>
<tr>
<td>ADEMPAS TAB 2.5MG</td>
<td>4</td>
<td>SP, QL (90 per 30 days), PA</td>
</tr>
<tr>
<td>ADEMPAS TAB 2MG</td>
<td>4</td>
<td>SP, QL (90 per 30 days), PA</td>
</tr>
</tbody>
</table>

**VASOPRESSORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</tr>
</thead>
<tbody>
<tr>
<td>midodrine hcl tab 2.5 mg</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>midodrine hcl tab 5 mg</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>midodrine hcl tab 10 mg</td>
<td>1</td>
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</tbody>
</table>

**CENTRAL NERVOUS SYSTEM**

**ANTIANXIETY, BENZODIAZEPINES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>alprazolam orally disintegrating tab 0.5 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>alprazolam orally disintegrating tab 0.25 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>alprazolam orally disintegrating tab 1 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>alprazolam orally disintegrating tab 2 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>alprazolam tab 0.5 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>alprazolam tab 0.5 mg xr</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>alprazolam tab 0.25 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>alprazolam tab 1 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>alprazolam tab 2 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>alprazolam tab 2mg xr</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>alprazolam tab 3mg xr</td>
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<td></td>
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<tr>
<td>alprazolam tab er 24hr 0.5 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>alprazolam tab er 24hr 1 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>alprazolam tab er 24hr 2 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>alprazolam tab er 24hr 3 mg</td>
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<tr>
<td>chlordiazepoxide hcl cap 5 mg</td>
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<td></td>
</tr>
<tr>
<td>chlordiazepoxide hcl cap 10 mg</td>
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<td></td>
</tr>
<tr>
<td>chlordiazepoxide hcl cap 25 mg</td>
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<td></td>
</tr>
<tr>
<td>clonazepam orally disintegrating tab 0.5 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td>clonazepam orally disintegrating tab 0.25 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clonazepam orally disintegrating tab 0.125 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clonazepam orally disintegrating tab 1 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clonazepam orally disintegrating tab 2 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clonazepam tab 0.5 mg</td>
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<tr>
<td>clonazepam tab 1 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clonazepam tab 2 mg</td>
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</tr>
<tr>
<td>clorazepate dipotassium tab 3.75 mg</td>
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<tr>
<td>clorazepate dipotassium tab 7.5 mg</td>
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<tr>
<td>clorazepate dipotassium tab 15 mg</td>
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</tr>
<tr>
<td>diazepam oral soln 1 mg/ml</td>
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<td></td>
</tr>
<tr>
<td>diazepam tab 2 mg</td>
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<td></td>
</tr>
<tr>
<td>diazepam tab 5 mg</td>
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<td></td>
</tr>
<tr>
<td>diazepam tab 10 mg</td>
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<td></td>
</tr>
<tr>
<td>KLONPIN TAB 0.5MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>KLONPIN TAB 1MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>KLONPIN TAB 2MG</td>
<td>3</td>
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</tr>
<tr>
<td>lorazepam con 2mg/ml</td>
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</tr>
<tr>
<td>lorazepam tab 0.5 mg</td>
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<td></td>
</tr>
<tr>
<td>lorazepam tab 1 mg</td>
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</tr>
<tr>
<td>lorazepam tab 2 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>oxazepam cap 10 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>oxazepam cap 15 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>oxazepam cap 30 mg</td>
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<td></td>
</tr>
<tr>
<td>VALIUM TAB 2MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VALIUM TAB 5MG</td>
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</tr>
<tr>
<td>VALIUM TAB 10MG</td>
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</table>

**ANTIANXIETY, MISCELLANEOUS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>buspirone hcl tab 5 mg</td>
<td>1</td>
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<tr>
<td>buspirone hcl tab 7.5 mg</td>
<td>1</td>
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</tr>
<tr>
<td>buspirone hcl tab 10 mg</td>
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<td></td>
</tr>
<tr>
<td>buspirone hcl tab 15 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>buspirone hcl tab 30 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clomipramine hcl cap 25 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clomipramine hcl cap 50 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clomipramine hcl cap 75 mg</td>
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<td></td>
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<tr>
<td>fluvoxamine maleate cap er 24hr 100 mg</td>
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</tr>
<tr>
<td>fluvoxamine maleate cap er 24hr 150 mg</td>
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<td></td>
</tr>
<tr>
<td>fluvoxamine maleate tab 25 mg</td>
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<td></td>
</tr>
<tr>
<td>fluvoxamine maleate tab 50 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluvoxamine maleate tab 100 mg</td>
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<td></td>
</tr>
<tr>
<td>meprobamate tab 200 mg</td>
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<td></td>
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<tr>
<td>meprobamate tab 400 mg</td>
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<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
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<td>-----------------------------------------------</td>
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<tr>
<td><strong>ANTICONVULSANTS</strong></td>
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<td>BANZEL TAB 200MG</td>
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</tr>
<tr>
<td>BANZEL TAB 400MG</td>
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<tr>
<td>carbamazepine cap er 12hr 100 mg</td>
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<tr>
<td>carbamazepine cap er 12hr 200 mg</td>
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<tr>
<td>carbamazepine cap er 12hr 300 mg</td>
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<tr>
<td>carbamazepine chew tab 100 mg</td>
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<tr>
<td>carbamazepine susp 100 mg/5ml</td>
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<tr>
<td>carbamazepine tab 200 mg</td>
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</tr>
<tr>
<td>carbamazepine tab er 12hr 100 mg</td>
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<tr>
<td>carbamazepine tab er 12hr 200 mg</td>
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<tr>
<td>carbamazepine tab er 12hr 400 mg</td>
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<tr>
<td>CARBATROL CAP 100MG</td>
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<td>CARBATROL CAP 200MG</td>
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</tr>
<tr>
<td>CARBATROL CAP 300MG</td>
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</tr>
<tr>
<td>CELONTIN CAP 300MG</td>
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<tr>
<td>clobazam suspension 2.5 mg/ml</td>
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<td></td>
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<td>clobazam tab 10 mg</td>
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<tr>
<td>clobazam tab 20 mg</td>
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<tr>
<td>DEPAKENE SOL 250/5ML</td>
<td>3</td>
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<tr>
<td>DEPAKOTE ER TAB 250MG</td>
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<tr>
<td>DEPAKOTE ER TAB 500MG</td>
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<tr>
<td>DEPAKOTE SPR CAP 125MG</td>
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<td>DEPAKOTE TAB 125MG DR</td>
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<tr>
<td>DEPAKOTE TAB 250MG DR</td>
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<tr>
<td>DEPAKOTE TAB 500MG DR</td>
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<td>DIASTAT ACDL GEL 5-10MG</td>
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<td>DIASTAT PED GEL 2.5M GEL</td>
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<td>diazepam rectal gel delivery system 2.5 mg</td>
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<tr>
<td>diazepam rectal gel delivery system 10 mg</td>
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<td>diazepam rectal gel delivery system 20 mg</td>
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<tr>
<td>DILANTIN CAP 30MG</td>
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</tr>
<tr>
<td>DILANTIN CAP 100MG</td>
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<td></td>
</tr>
<tr>
<td>DILANTIN CHW 50MG</td>
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<tr>
<td>DILANTIN-125 SUS 125/5ML</td>
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<td></td>
</tr>
<tr>
<td>divalproex sodium cap delayed release sprinkle 125 mg</td>
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<tr>
<td>divalproex sodium tab delayed release 125 mg</td>
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<td></td>
</tr>
<tr>
<td>divalproex sodium tab delayed release 250 mg</td>
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<td></td>
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<tr>
<td>divalproex sodium tab delayed release 500 mg</td>
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<td></td>
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<tr>
<td>divalproex sodium tab er 24 hr 250 mg</td>
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<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td>divalproex sodium tab er 24 hr 500 mg</td>
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</tr>
<tr>
<td>EPIDIOLEX SOL 100MG/ML</td>
<td>5</td>
<td>SP, PA</td>
</tr>
<tr>
<td>epitol tab 200mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ethosuximide cap 250 mg</td>
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</tr>
<tr>
<td>ethosuximide soln 250 mg/5ml</td>
<td>1</td>
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**ANTIDEPRESSANTS, MONOAMINE OXIDASE INHIBITORS (MAOIs)**

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<td>EMSAM DIS 9MG/24HR</td>
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<td>EMSAM DIS 12MG/24H</td>
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**ANTIDEPRESSANTS, SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)**

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<td>QL (30 per 30 days)</td>
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**ANTIDEPRESSANTS, SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)**

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<td>QL (240 per 30 days)</td>
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<td>Drug Tier</td>
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<tr>
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<td>DAYTRANA DIS 30MG/9HR</td>
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<tr>
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<td>methylphenidate hcl tab 20 mg</td>
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<td>zenzedi tab 30mg</td>
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**FIBROMYALGIA**

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<th>Drug Name</th>
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<td>LYRICA CAP 25MG</td>
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<td>QL (120 per 30 days)</td>
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<td>LYRICA CAP 50MG</td>
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<td>QL (120 per 30 days)</td>
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<tr>
<td>LYRICA CAP 75MG</td>
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</tr>
<tr>
<td>LYRICA CAP 100MG</td>
<td>2</td>
<td>QL (120 per 30 days)</td>
</tr>
<tr>
<td>LYRICA CAP 150MG</td>
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<td>QL (120 per 30 days)</td>
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<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<tr>
<td>LYRICA CAP 200MG</td>
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<td>QL (90 per 30 days)</td>
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<td>LYRICA CAP 225MG</td>
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<td>QL (60 per 30 days)</td>
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<tr>
<td>LYRICA CAP 300MG</td>
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<tr>
<td>LYRICA SOL 20MG/ML</td>
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<td>SAVELLA MIS TITR PAK</td>
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<td>SAVELLA TAB 12.5MG</td>
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<td>SAVELLA TAB 25MG</td>
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**HUNTINGTON'S DISEASE AGENTS**

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<td>tetrabenazine tab 12.5 mg</td>
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<td>SP, PA</td>
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<td>tetrabenazine tab 25 mg</td>
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**HYPNOTICS, BENZODIAZEPINES**

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<td>estazolam tab 1 mg</td>
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<tr>
<td>estazolam tab 2 mg</td>
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<tr>
<td>flurazepam hcl cap 15 mg</td>
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<td>flurazepam hcl cap 30 mg</td>
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<td>temazepam cap 7.5 mg</td>
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<td>temazepam cap 15 mg</td>
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<td>temazepam cap 22.5 mg</td>
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<td>temazepam cap 30 mg</td>
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<td>triazolam tab 0.25 mg</td>
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<td>triazolam tab 0.125 mg</td>
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**HYPNOTICS, NON-BENZODIAZEPINES**

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<tbody>
<tr>
<td>BELSOMRA TAB 5MG</td>
<td>3</td>
<td>QL (30 per 30 days)</td>
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<td>BELSOMRA TAB 10MG</td>
<td>3</td>
<td>QL (30 per 30 days)</td>
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<tr>
<td>BELSOMRA TAB 15MG</td>
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<td>QL (30 per 30 days)</td>
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<tr>
<td>BELSOMRA TAB 20MG</td>
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<td>QL (30 per 30 days)</td>
</tr>
<tr>
<td>EDLUAR SUB 5MG</td>
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<td>QL (30 per 30 days)</td>
</tr>
<tr>
<td>EDLUAR SUB 10MG</td>
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<td>QL (30 per 30 days)</td>
</tr>
<tr>
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<td>ROZEREM TAB 8MG</td>
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<td>SECONAL SOD CAP 100MG</td>
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<td>zaleplon cap 5 mg</td>
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<tr>
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<td>zolpidem tartrate tab er 12.5 mg</td>
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<td>Drug Name</td>
<td>Drug Tier</td>
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<td><strong>HYPNOTICS, TRICYCLICS</strong></td>
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<td><strong>MIGRAINE, SELECTIVE SEROTONIN AGONIST/NSAID COMBINATIONS</strong></td>
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<td>TREXIMET TAB 85-500MG</td>
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<td><strong>MIGRAINE, SELECTIVE SEROTONIN AGONISTS</strong></td>
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</tr>
<tr>
<td>LITHIUM SOL 8MEQ/5ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LITHOBID TAB 300MG CR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>AMPYRA TAB 10MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>AUBAGIO TAB 7MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>AUBAGIO TAB 14MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>dalfampridine tab er 12hr 10 mg</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>GILENYA CAP 0.5MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>TECFIDERA CAP 120MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>TECFIDERA CAP 240MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>TECFIDERA MIS STARTER</td>
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<td>SP, PA</td>
</tr>
<tr>
<td>AMRIX CAP 15MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AMRIX CAP 30MG</td>
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<td></td>
</tr>
<tr>
<td>baclofen tab 10 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>baclofen tab 20 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>carisoprodol tab 250 mg</td>
<td>1</td>
<td>QL (1400 mg per day)</td>
</tr>
<tr>
<td>carisoprodol tab 350 mg</td>
<td>1</td>
<td>QL (1400 mg per day)</td>
</tr>
<tr>
<td>chlorzoxazone tab 500 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------</td>
<td>---------------------</td>
</tr>
<tr>
<td>cyclobenzaprine hcl tab 5 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cyclobenzaprine hcl tab 7.5 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cyclobenzaprine hcl tab 10 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>dantrolene sodium cap 25 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>dantrolene sodium cap 50 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>dantrolene sodium cap 100 mg</td>
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<td></td>
</tr>
<tr>
<td>LORZONE TAB 375MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LORZONE TAB 750MG</td>
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</tr>
<tr>
<td>metaxalone tab 400 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>metaxalone tab 800 mg</td>
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<td></td>
</tr>
<tr>
<td>methocarbamol tab 500 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>methocarbamol tab 750 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>orphenadrine citrate tab er 12hr 100 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tizanidine hcl cap 2 mg (base equivalent)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tizanidine hcl cap 4 mg (base equivalent)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tizanidine hcl cap 6 mg (base equivalent)</td>
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<td></td>
</tr>
<tr>
<td>tizanidine hcl tab 2 mg (base equivalent)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tizanidine hcl tab 4 mg (base equivalent)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>MYASTHENIA GRAVIS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pyridostigmine bromide tab 60 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>pyridostigmine bromide tab er 180 mg</td>
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<td></td>
</tr>
<tr>
<td><strong>NARCOLEPSY/CATAPLEXY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>armodafinil tab 50 mg</td>
<td>1</td>
<td>PA</td>
</tr>
<tr>
<td>armodafinil tab 150 mg</td>
<td>1</td>
<td>PA</td>
</tr>
<tr>
<td>armodafinil tab 200 mg</td>
<td>1</td>
<td>PA</td>
</tr>
<tr>
<td>armodafinil tab 250 mg</td>
<td>1</td>
<td>PA</td>
</tr>
<tr>
<td>modafinil tab 100 mg</td>
<td>1</td>
<td>PA</td>
</tr>
<tr>
<td>modafinil tab 200 mg</td>
<td>1</td>
<td>PA</td>
</tr>
<tr>
<td>XYREM SOL 500MG/ML</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td><strong>POSTHERPETIC NEURALGIA (PHN)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GRALISE STAR MIS 300/600</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GRALISE TAB 300MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GRALISE TAB 600MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>HORIZANT TAB 300MG ER</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>HORIZANT TAB 600MG ER</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>PSYCHOTHERAPEUTIC-MISCELLANEOUS, ALCOHOL DETERRENTS</strong></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>acamprosate calcium tab delayed release 333 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>disulfiram tab 250 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>disulfiram tab 500 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>PSYCHOTHERAPEUTIC-MISCELLANEOUS, ALPHA-2 ADRENERGIC AGONISTS</strong></td>
<td>3</td>
<td>QL (224 per 90 days)</td>
</tr>
<tr>
<td>LUCEMYRA TAB 0.18MG</td>
<td>3</td>
<td>QL (224 per 90 days)</td>
</tr>
<tr>
<td><strong>PSYCHOTHERAPEUTIC-MISCELLANEOUS, OPIOID ANTAGONISTS</strong></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>naltrexone hcl tab 50 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------</td>
<td>-------------------</td>
</tr>
<tr>
<td>NARCAN SPR</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**PSYCHOTHERAPEUTIC-MISCELLANEOUS, PARTIAL OPIOID AGONIST/OPIOID ANTAGONIST COMBINATIONS**

- **buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)**
  - Drug Tier: 1
- **buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)**
  - Drug Tier: 1
- **SUBOXONE MIS 2-0.5MG**
  - Drug Tier: 2
- **SUBOXONE MIS 4-1MG**
  - Drug Tier: 2
- **SUBOXONE MIS 8-2MG**
  - Drug Tier: 2
- **SUBOXONE MIS 12-3MG**
  - Drug Tier: 2
- **ZUBSOLV SUB 1.4-0.36**
  - Drug Tier: 3
- **ZUBSOLV SUB 5.7-1.4**
  - Drug Tier: 3
- **ZUBSOLV SUB 8.6-2.1**
  - Drug Tier: 3

**PSYCHOTHERAPEUTIC-MISCELLANEOUS, PARTIAL OPIOID AGONISTS**

- **buprenorphine hcl sl tab 2 mg (base equiv)**
  - Drug Tier: 1
- **buprenorphine hcl sl tab 8 mg (base equiv)**
  - Drug Tier: 1

**PSYCHOTHERAPEUTIC-MISCELLANEOUS, PSEUDOBULBAR AFFECT AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUEDEXTA CAP 20-10MG</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**PSYCHOTHERAPEUTIC-MISCELLANEOUS, SMOKING DETERRENTS**

- **bupropion hcl (smoking deterrent) tab er 12hr 150 mg**
  - Drug Tier: 0
  - Requirements/Limits: QL (Max 180 days per year); AGE: Min Age 19 years; $0
- **CHANTIX PAK 0.5& 1MG**
  - Drug Tier: 0
  - Requirements/Limits: QL (Max 180 days per year); AGE: Min Age 19 years; $0
- **CHANTIX PAK 1MG**
  - Drug Tier: 0
  - Requirements/Limits: QL (Max 180 days per year); AGE: Min Age 19 years; $0
- **CHANTIX TAB 0.5MG**
  - Drug Tier: 0
  - Requirements/Limits: QL (Max 180 days per year); AGE: Min Age 19 years; $0
- **CHANTIX TAB 1MG**
  - Drug Tier: 0
  - Requirements/Limits: QL (Max 180 days per year); AGE: Min Age 19 years; $0
- **NICODERM CQ DIS 7MG/24HR**
  - Drug Tier: 0
  - Requirements/Limits: QL (Max 180 days per year); AGE: Min Age 19 years; $0
- **NICODERM CQ DIS 14MG/24H**
  - Drug Tier: 0
  - Requirements/Limits: QL (Max 180 days per year); AGE: Min Age 19 years; $0
- **NICODERM CQ DIS 21MG/24H**
  - Drug Tier: 0
  - Requirements/Limits: QL (Max 180 days per year); AGE: Min Age 19 years; $0
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICORETTE GUM 2MG ORIG</td>
<td>0</td>
<td>QL (Max 180 days per year); AGE: Min Age 19 years; $0</td>
</tr>
<tr>
<td>NICORETTE GUM 4MG ORIG</td>
<td>0</td>
<td>QL (Max 180 days per year); AGE: Min Age 19 years; $0</td>
</tr>
<tr>
<td>NICORETTE LOZ 2MG ORIG</td>
<td>0</td>
<td>QL (Max 180 days per year); AGE: Min Age 19 years; $0</td>
</tr>
<tr>
<td>NICORETTE LOZ 4MG ORIG</td>
<td>0</td>
<td>QL (Max 180 days per year); AGE: Min Age 19 years; $0</td>
</tr>
<tr>
<td>nicotine polacrilex gum 2 mg</td>
<td>0</td>
<td>QL (Max 180 days per year); AGE: Min Age 19 years; $0</td>
</tr>
<tr>
<td>nicotine polacrilex gum 4 mg</td>
<td>0</td>
<td>QL (Max 180 days per year); AGE: Min Age 19 years; $0</td>
</tr>
<tr>
<td>nicotine polacrilex lozenge 2 mg</td>
<td>0</td>
<td>QL (Max 180 days per year); AGE: Min Age 19 years; $0</td>
</tr>
<tr>
<td>nicotine polacrilex lozenge 4 mg</td>
<td>0</td>
<td>QL (Max 180 days per year); AGE: Min Age 19 years; $0</td>
</tr>
<tr>
<td>nicotine td patch 24hr 7 mg/24hr</td>
<td>0</td>
<td>QL (Max 180 days per year); AGE: Min Age 19 years; $0</td>
</tr>
<tr>
<td>nicotine td patch 24hr 14 mg/24hr</td>
<td>0</td>
<td>QL (Max 180 days per year); AGE: Min Age 19 years; $0</td>
</tr>
<tr>
<td>nicotine td patch 24hr 21 mg/24hr</td>
<td>0</td>
<td>QL (Max 180 days per year); AGE: Min Age 19 years; $0</td>
</tr>
<tr>
<td>NICOTROL INH</td>
<td>3</td>
<td>QL (Max 180 days per year); AGE: Min Age 19 years; $0</td>
</tr>
<tr>
<td>NICOTROL NS SPR 10MG/ML</td>
<td>3</td>
<td>QL (Max 180 days per year); AGE: Min Age 19 years; $0</td>
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</tbody>
</table>

**PSYCHOTHERAPEUTIC-MISCELLANEOUS, VASOMOTOR SYMPTOM AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRISDELLE CAP 7.5MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>paroxetine mesylate cap 7.5 mg (base equiv)</td>
<td>1</td>
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**TARDIVE DYSKINESIA**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>INGREZZA CAP 40MG</td>
<td>5</td>
<td>SP, PA</td>
</tr>
<tr>
<td>INGREZZA CAP 80MG</td>
<td>5</td>
<td>SP, PA</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------</td>
<td>---------------------</td>
</tr>
<tr>
<td><strong>ENDOCRINE AND METABOLIC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ANDROGENS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>METHITEST TAB 10MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>methyltestosterone cap 10 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>NATESTO GEL 5.5MG</td>
<td>3</td>
<td>males only</td>
</tr>
<tr>
<td>oxandrolone tab 2.5 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>oxandrolone tab 10 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>testosterone td gel 10mg/act (2%)</td>
<td>1</td>
<td>QL (300 grams per 30 days); males only</td>
</tr>
<tr>
<td>testosterone td gel 12.5 mg/act (1%)</td>
<td>1</td>
<td>QL (300 grams per 30 days); males only</td>
</tr>
<tr>
<td>testosterone td gel 25 mg/2.5gm (1%)</td>
<td>1</td>
<td>QL (300 grams per 30 days); males only</td>
</tr>
<tr>
<td>testosterone td gel 50 mg/5gm (1%)</td>
<td>1</td>
<td>QL (300 grams per 30 days); males only</td>
</tr>
<tr>
<td><strong>ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acarbose tab 25 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>acarbose tab 50 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>acarbose tab 100 mg</td>
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<td></td>
</tr>
<tr>
<td>miglitol tab 25 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>miglitol tab 50 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>miglitol tab 100 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>ANTIDIABETICS, AMYLIN ANALOGS</strong></td>
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</tr>
<tr>
<td>SYMLINPEN 60 INJ 1000MCG</td>
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</tr>
<tr>
<td>SYMLINPEN 120 INJ 1000MCG</td>
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</tr>
<tr>
<td><strong>ANTIDIABETICS, BIGUANIDE/SULFONYLUREA COMBINATIONS</strong></td>
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</tr>
<tr>
<td>glipizide-metformin hcl tab 2.5-250 mg</td>
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<td></td>
</tr>
<tr>
<td>glipizide-metformin hcl tab 2.5-500 mg</td>
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<td></td>
</tr>
<tr>
<td>glipizide-metformin hcl tab 5-500 mg</td>
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</tr>
<tr>
<td>glyburide-metformin tab 1.25-250 mg</td>
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<td></td>
</tr>
<tr>
<td>glyburide-metformin tab 2.5-500 mg</td>
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<td></td>
</tr>
<tr>
<td>glyburide-metformin tab 5-500 mg</td>
<td>1</td>
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</tr>
<tr>
<td><strong>ANTIDIABETICS, BIGUANIDES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>metformin hcl tab 500 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>metformin hcl tab 850 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>metformin hcl tab 1000 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>metformin hcl tab er 24hr 500 mg</td>
<td>1</td>
<td>(generic for GLUCOPHAGE XR)</td>
</tr>
<tr>
<td>metformin hcl tab er 24hr 750 mg</td>
<td>1</td>
<td>(generic for GLUCOPHAGE XR)</td>
</tr>
<tr>
<td><strong>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR/BIGUANIDE COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JANUMET TAB 50-500MG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>JANUMET TAB 50-1000</td>
<td>2</td>
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</tr>
<tr>
<td>JANUMET XR TAB 50-500MG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td>JANUMET XR TAB 50-1000</td>
<td>2</td>
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</tr>
<tr>
<td>JANUMET XR TAB 100-1000</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>JENTADUETO TAB 2.5-500</td>
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<td></td>
</tr>
<tr>
<td>JENTADUETO TAB 2.5-850</td>
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<td></td>
</tr>
<tr>
<td>JENTADUETO TAB 2.5-1000</td>
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</tr>
<tr>
<td>JENTADUETO TAB XR</td>
<td>2</td>
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</tbody>
</table>

**ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>JANUVIA TAB 25MG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>JANUVIA TAB 50MG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>JANUVIA TAB 100MG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TRADJENTA TAB 5MG</td>
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</tbody>
</table>

**ANTIDIABETICS, INCRETIN MIMETIC AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>OZEMPIC INJ 2/1.5ML</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TRULICITY INJ 0.75/0.5</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TRULICITY INJ 1.5/0.5</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>VICTOZA INJ 18MG/3ML</td>
<td>2</td>
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</tr>
</tbody>
</table>

**ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATIONS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTOPLUS MET TAB XR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>pioglitazone hcl-metformin hcl tab 15-500 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>pioglitazone hcl-metformin hcl tab 15-850 mg</td>
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<td></td>
</tr>
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**ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATIONS**

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**ANTIDIABETICS, INSULIN SENSITIZERS**

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**ANTIDIABETICS, INSULINS**

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

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**ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR/DPP-4 INHIBITOR COMBINATIONS**

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**ANTIDIABETICS, SULFONYLUREAS**

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**ANTIDIABETICS, SUPPLIES**

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<td>UNISTIK 2 MIS SUPER</td>
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<td>UNISTRIP1 TES GENERIC</td>
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<td>VANTAGE LANC MIS DEVICE</td>
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<tr>
<td>VICTORY SOL CONTROL</td>
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<tr>
<td>VICTORY TES AGM-4000</td>
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<tr>
<td>VOCAL POINT TES BLD GLUC</td>
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<td>WAVESENSE TES PRESTO</td>
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**ANTIDOTES**

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<tr>
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<tbody>
<tr>
<td>CHEMET CAP 100MG</td>
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**ANTIOBESITY AGENTS, ORAL**

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<tr>
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<td>BELVIQ TAB 10MG</td>
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<td>PA</td>
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<td>XENICAL CAP 120MG</td>
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**CALCIUM RECEPTOR ANTAGONISTS**

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<tbody>
<tr>
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<td>SENSIPAR TAB 60MG</td>
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<tr>
<td>SENSIPAR TAB 90MG</td>
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**CALCIUM REGULATORS, BISPHOSPHONATES**

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<td>alendronate sodium tab 5 mg</td>
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<tr>
<td>alendronate sodium tab 10 mg</td>
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<tr>
<td>alendronate sodium tab 35 mg</td>
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<td>alendronate sodium tab 40 mg</td>
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<tr>
<td>alendronate sodium tab 70 mg</td>
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<tr>
<td>FOSAMAX + D TAB 70-2800</td>
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<tr>
<td>FOSAMAX + D TAB 70-5600</td>
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<td>Drug Name</td>
<td>Drug Tier</td>
</tr>
<tr>
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<tr>
<td>ibandronate sodium tab 150 mg (base equivalent)</td>
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<tr>
<td>risedronate sodium tab 150 mg</td>
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<tr>
<td>risedronate sodium tab delayed release 35 mg</td>
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<td><strong>CALCIUM REGULATORS, CALCITONINS</strong></td>
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<tr>
<td>calcitonin (salmon) nasal soln 200 unit/act</td>
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<tr>
<td>levocarnitine oral soln 1 gm/10ml (10%)</td>
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<td>levocarnitine tab 330 mg</td>
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<td><strong>CONTRACEPTIVES, BIPHASIC</strong></td>
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<tr>
<td>azurette tab 28 day</td>
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<tr>
<td>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</td>
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<tr>
<td>kariva tab 28 day</td>
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<td>LO LOESTRIN TAB 1-10-10</td>
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<td>pimtreas tab</td>
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<td>viorele tab</td>
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<td>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</td>
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<td>econtra ez tab 1.5mg</td>
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<tr>
<td>ELLA TAB 30MG</td>
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<td>fallback tab 1.5mg</td>
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<td>my way tab 1.5mg</td>
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<td>next choice tab 1.5mg</td>
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<td>opcicon tab 1.5mg</td>
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<td>PLAN B TAB 1.5MG</td>
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<td>take action tab 1.5mg</td>
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<td>ashlyna tab</td>
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<td>camrese lo tab</td>
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<td>jolessa tab</td>
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<td>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</td>
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<td>Drug Name</td>
<td>Drug Tier</td>
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<tr>
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<tr>
<td>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</td>
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<td>quasense tab</td>
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<td>rivelsa tab</td>
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<td>vcf vaginal gel contrace</td>
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<td><strong>CONTRACEPTIVES, MONOPHASIC, 20 mcg Estrogen</strong></td>
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<td>gianvi tab 3-0.02mg</td>
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<td>sronyx tab</td>
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<td>Drug Tier</td>
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<td><strong>CONTRACEPTIVES, MONOPHASIC, 25 mcg Estrogen</strong></td>
<td></td>
</tr>
<tr>
<td>layolis fe chw</td>
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<tr>
<td>norethindrone &amp; ethinyl estradiol-fe chew</td>
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<tr>
<td>tab 0.8 mg-25 mcg</td>
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<tr>
<td><strong>CONTRACEPTIVES, MONOPHASIC, 30 mcg Estrogen</strong></td>
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</tr>
<tr>
<td>altavera tab</td>
<td>0</td>
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<tr>
<td>apri tab</td>
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</tr>
<tr>
<td>chateal tab 0.15/30</td>
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</tr>
<tr>
<td>cryselle-28 tab 28 tabs</td>
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</tr>
<tr>
<td>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30</td>
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</tr>
<tr>
<td>mcg</td>
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<tr>
<td>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</td>
<td>0</td>
</tr>
<tr>
<td>drospirenone-ethinyl estradiol tab 3-0.03 mg</td>
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</tr>
<tr>
<td>elinest tab</td>
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</tr>
<tr>
<td>emoquette tab</td>
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<tr>
<td>enskyce tab</td>
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<tr>
<td>junel 1.5/30 tab</td>
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<tr>
<td>junel fe tab 1.5/30</td>
<td>0</td>
</tr>
<tr>
<td>kurvelo tab 0.15/30</td>
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</tr>
<tr>
<td>larin fe tab 1.5/30</td>
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<tr>
<td>larin tab 1.5/30</td>
<td>0</td>
</tr>
<tr>
<td>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</td>
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</tr>
<tr>
<td>levora-28 tab 0.15/30</td>
<td>0</td>
</tr>
<tr>
<td>low-oestrel tab</td>
<td>0</td>
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<tr>
<td>marlissa tab 0.15/30</td>
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<tr>
<td>microgestin tab 1.5/30</td>
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<tr>
<td>microgestin tab fe1.5/30</td>
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<tr>
<td>ocella tab 3-0.03mg</td>
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</tr>
<tr>
<td>portia-28 tab</td>
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<tr>
<td>reclipsen tab</td>
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<tr>
<td>SAFYRAL TAB</td>
<td>3</td>
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<tr>
<td>syeda tab 3-0.03mg</td>
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<tr>
<td>tydemy tab</td>
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<tr>
<td>zarah tab 3-0.03mg</td>
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<td><strong>CONTRACEPTIVES, MONOPHASIC, 35 mcg Estrogen</strong></td>
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</tr>
<tr>
<td>alyacen tab 1/35</td>
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<tr>
<td>balziva tab</td>
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<tr>
<td>briellyn tab</td>
<td>0</td>
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<tr>
<td>cyclafem tab 1/35</td>
<td>0</td>
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<tr>
<td>dasetta tab 1/35</td>
<td>0</td>
</tr>
<tr>
<td>estarylla tab 0.25-35</td>
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<tr>
<td>kelnor tab 1/35</td>
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</tr>
<tr>
<td>mono-linyah tab 0.25-35</td>
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</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
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<tr>
<td>mononessa tab</td>
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<tr>
<td>necon tab 0.5/35</td>
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<tr>
<td>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</td>
<td>0</td>
</tr>
<tr>
<td>nortrel tab 0.5/35</td>
<td>0</td>
</tr>
<tr>
<td>nortrel tab 1/35</td>
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</tr>
<tr>
<td>philith tab 0.4-35</td>
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</tr>
<tr>
<td>pirmella tab 1/35</td>
<td>0</td>
</tr>
<tr>
<td>previfem tab</td>
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<tr>
<td>sprintec 28 tab 28 day</td>
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<tr>
<td>vyfemla tab 0.4-35</td>
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<tr>
<td>wera tab 0.5/35</td>
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<tr>
<td>wymzya fe chw 0.4mg-35</td>
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<tr>
<td>zovia 1/35e tab</td>
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<td><strong>CONTRACEPTIVES, MONOPHASIC, 50 mcg Estrogen</strong></td>
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<tr>
<td>ethynodiol diacetate &amp; ethinyl estradiol tab 0 1 mg-50 mcg</td>
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<tr>
<td>kelnor 1/50 tab</td>
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<tr>
<td>ogestrel tab</td>
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<tr>
<td><strong>CONTRACEPTIVES, PROGESTIN ONLY</strong></td>
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<tr>
<td>camila tab 0.35mg</td>
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<tr>
<td>debilitane tab 0.35mg</td>
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<tr>
<td>errin tab 0.35mg</td>
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<tr>
<td>heather tab 0.35mg</td>
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<tr>
<td>jencycla tab 0.35mg</td>
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<tr>
<td>jolivette tab 0.35mg</td>
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<tr>
<td>lyza tab 0.35mg</td>
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<tr>
<td>nora-be tab 0.35mg</td>
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<tr>
<td>norethindrone tab 0.35 mg</td>
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<tr>
<td>norlyroc tab 0.35mg</td>
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<tr>
<td>sharobel tab 0.35mg</td>
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<tr>
<td><strong>CONTRACEPTIVES, TRANSDERMAL</strong></td>
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<tr>
<td>xulane dis 150-35</td>
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<tr>
<td><strong>CONTRACEPTIVES, TRIPHASIC</strong></td>
<td>0</td>
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<tr>
<td>alyacen tab 7/7/7</td>
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<td>aranelle tab</td>
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<tr>
<td>caziant pak</td>
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<tr>
<td>cyclafem tab 7/7/7</td>
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</tr>
<tr>
<td>dasetta tab 7/7/7</td>
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</tr>
<tr>
<td>enpresse-28 tab</td>
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<tr>
<td>leena tab</td>
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<tr>
<td>levonest tab</td>
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</tr>
<tr>
<td>myzilra tab</td>
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</tr>
<tr>
<td>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</td>
<td>0</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------</td>
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<tr>
<td>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</td>
<td>0</td>
</tr>
<tr>
<td>nortrel tab 7/7</td>
<td>0</td>
</tr>
<tr>
<td>pirmella tab 7/7</td>
<td>0</td>
</tr>
<tr>
<td>tilia fe tab</td>
<td>0</td>
</tr>
<tr>
<td>tri-estaryll tab</td>
<td>0</td>
</tr>
<tr>
<td>tri-legenst tab fe</td>
<td>0</td>
</tr>
<tr>
<td>tri-linyah tab</td>
<td>0</td>
</tr>
<tr>
<td>tri-lo tab estaryll</td>
<td>0</td>
</tr>
<tr>
<td>tri-lo- tab marzia</td>
<td>0</td>
</tr>
<tr>
<td>tri-lo- tab sprintec</td>
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<tr>
<td>tri-sprintec tab</td>
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</tr>
<tr>
<td>trivora-28 tab</td>
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</tr>
<tr>
<td>velvet pak</td>
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<tr>
<td><strong>CONTRACEPTIVES, VAGINAL</strong></td>
<td></td>
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<tr>
<td>NUVARING MIS</td>
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<td><strong>ENDOMETRIOSIS</strong></td>
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<td>danazol cap 50 mg</td>
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<td>danazol cap 100 mg</td>
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<td>danazol cap 200 mg</td>
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<tr>
<td>ORILISSA TAB 150MG</td>
<td>5</td>
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<tr>
<td>ORILISSA TAB 200MG</td>
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<tr>
<td>SYNAREL SOL 2MG/ML</td>
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<td><strong>ESTROGEN/PROGESTIN, ORAL</strong></td>
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<tr>
<td>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</td>
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<tr>
<td>estradiol &amp; norethindrone acetate tab 1-0.51 mg</td>
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</tr>
<tr>
<td>jinteli tab 1mg-5mcg</td>
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</tr>
<tr>
<td>mimvey lo tab 0.5-0.1</td>
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</tr>
<tr>
<td>mimvey tab 1-0.5mg</td>
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</tr>
<tr>
<td>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</td>
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</tr>
<tr>
<td>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</td>
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</tr>
<tr>
<td>PREFEST TAB</td>
<td>3</td>
</tr>
<tr>
<td>PREMPHASE TAB</td>
<td>2</td>
</tr>
<tr>
<td>PREMPRO TAB 0.3-1.5</td>
<td>2</td>
</tr>
<tr>
<td>PREMPRO TAB 0.45-1.5</td>
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<tr>
<td>PREMPRO TAB 0.625-5</td>
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<tr>
<td>PREMPRO TAB .625-2.5</td>
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<td><strong>ESTROGEN/PROGESTIN, TRANSDERMAL</strong></td>
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<tr>
<td>CLIMARA PRO DIS WEEKLY</td>
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<tr>
<td>COMBIPATCH DIS .05/.14</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
</tr>
<tr>
<td>------------------------------------------</td>
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<tr>
<td>COMBIPATCH DIS .05/.25</td>
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**ESTROGEN/SELECTIVE ESTROGEN RECEPTOR MODULATOR COMBINATIONS**

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<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
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<tbody>
<tr>
<td>DUAVEE TAB 0.45-20</td>
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**ESTROGENS, ORAL**

<table>
<thead>
<tr>
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<th>Drug Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>estradiol tab 0.5 mg</td>
<td>1</td>
</tr>
<tr>
<td>estradiol tab 1 mg</td>
<td>1</td>
</tr>
<tr>
<td>estradiol tab 2 mg</td>
<td>1</td>
</tr>
<tr>
<td>MENEST TAB 0.3MG</td>
<td>3</td>
</tr>
<tr>
<td>MENEST TAB 0.625MG</td>
<td>3</td>
</tr>
<tr>
<td>MENEST TAB 1.25MG</td>
<td>3</td>
</tr>
<tr>
<td>PREMARIN TAB 0.3MG</td>
<td>2</td>
</tr>
<tr>
<td>PREMARIN TAB 0.9MG</td>
<td>2</td>
</tr>
<tr>
<td>PREMARIN TAB 0.45MG</td>
<td>2</td>
</tr>
<tr>
<td>PREMARIN TAB 0.625MG</td>
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</tr>
<tr>
<td>PREMARIN TAB 1.25MG</td>
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**ESTROGENS, TRANSDERMAL**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
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<tbody>
<tr>
<td>DIVIGEL GEL 0.5MG</td>
<td>3</td>
</tr>
<tr>
<td>DIVIGEL GEL 0.25MG</td>
<td>3</td>
</tr>
<tr>
<td>DIVIGEL GEL 1MG/GM</td>
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</tr>
<tr>
<td>ELESTRIN GEL 0.06%</td>
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</tr>
<tr>
<td>estradiol td patch twice weekly 0.1 mg/24hr</td>
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</tr>
<tr>
<td>estradiol td patch twice weekly 0.05 mg/24hr</td>
<td>1</td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.025 mg/24hr</td>
<td>1</td>
</tr>
<tr>
<td>estradiol td patch twice weekly 0.075 mg/24hr</td>
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</tr>
<tr>
<td>estradiol td patch twice weekly 0.0375 mg/24hr</td>
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</tr>
<tr>
<td>estradiol td patch weekly 0.1 mg/24hr</td>
<td>1</td>
</tr>
<tr>
<td>estradiol td patch weekly 0.05 mg/24hr</td>
<td>1</td>
</tr>
<tr>
<td>estradiol td patch weekly 0.06 mg/24hr</td>
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</tr>
<tr>
<td>estradiol td patch weekly 0.025 mg/24hr</td>
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<tr>
<td>estradiol td patch weekly 0.075 mg/24hr</td>
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<tr>
<td>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</td>
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<td>ESTROGEL GEL</td>
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<td>EVAMIST SPR 1.53MG</td>
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<td>MENOSTAR DIS 14MCG</td>
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**ESTROGENS, VAGINAL**

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<td>estradiol vaginal cream 0.1 mg/gm</td>
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<tr>
<td>ESTRING MIS 2MG</td>
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<tr>
<td>FEMRING MIS 0.1MG/24</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
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<tr>
<td>-------------------------------------</td>
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</tr>
<tr>
<td>FEMRING MIS 0.05/24H</td>
<td>3</td>
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<tr>
<td>PREMARIN VAG CRE 0.625MG</td>
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<tr>
<td>yuvaFem tab 10mcg</td>
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<td><strong>GLUCOCORTICOIDs</strong></td>
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<tr>
<td>cortisone acetate tab 25 mg</td>
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<td>DEXAMETHASON CON 1MG/ML</td>
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<tr>
<td>dexamethasone elixir 0.5 mg/5ml</td>
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<tr>
<td>dexamethasone soln 0.5 mg/5ml</td>
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<td>dexamethasone tab 0.5 mg</td>
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<td>dexamethasone tab 0.75 mg</td>
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<td>dexamethasone tab 1 mg</td>
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<td>dexamethasone tab 1.5 mg</td>
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<td>dexamethasone tab 2 mg</td>
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<td>dexamethasone tab 4 mg</td>
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<tr>
<td>dexamethasone tab 6 mg</td>
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<tr>
<td>dexamethasone tab therapy pack 1.5 mg (35)</td>
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<tr>
<td>dexamethasone tab therapy pack 1.5 mg (51)</td>
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<td>DEXPAK PAK 6 DAY</td>
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<td>DEXPAK PAK 10 DAY</td>
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<td>DEXPAK PAK 13 DAY</td>
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<td>hydrocortisone tab 20 mg</td>
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<td>MEDROL TAB 2MG</td>
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<td>methylprednisolone tab 4 mg</td>
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<td>methylprednisolone tab 8 mg</td>
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<td>methylprednisolone tab 16 mg</td>
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<td>methylprednisolone tab 32 mg</td>
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<td>methylprednisolone tab therapy pack 4 mg (21)</td>
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<td>MILLIPRED SOL 10MG/5ML</td>
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<td>MILLIPRED TAB 5MG</td>
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<td>prednisolone sod phos orally disint tab 10 mg (base eq)</td>
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<td>prednisolone sod phos orally disintegr tab 30 mg (base eq)</td>
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<td>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</td>
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<tr>
<td>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
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<tr>
<td>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</td>
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<td>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</td>
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<td>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</td>
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<td>prednisolone syrup 15 mg/5ml (usp solution equivalent)</td>
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<td>PREDNISONE CON 5MG/ML</td>
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<td>prednisone tab 2.5 mg</td>
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<td>prednisone tab therapy pack 10 mg (21)</td>
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<td>VERIPRED 20 SOL 20MG/5ML</td>
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<td>GLUCOSE ELEVATING AGENTS</td>
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<tr>
<td>GLUCAGEN INJ HYPOKIT</td>
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<td>HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS</td>
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<tr>
<td>calcitriol cap 0.25 mcg</td>
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<tr>
<td>calcitriol oral soln 1 mcg/ml</td>
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<tr>
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<td>doxercalciferol cap 2.5 mcg</td>
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<tr>
<td>paricalcitol cap 1 mcg</td>
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<td>MINERALOCORTICOIDS</td>
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<td>fludrocortisone acetate tab 0.1 mg</td>
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<td>CYSTADANE POW</td>
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<tr>
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<td>GALAFOLD CAP 123MG</td>
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<td>KUVAN TAB 100MG</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
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<tr>
<td><strong>PHOSPHATE BINDER AGENTS</strong></td>
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<td>CRINONE GEL 8% VAG</td>
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<td>OSPHENA TAB 60MG</td>
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<td>raloxifene hcl tab 60 mg</td>
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<td>Drug Name</td>
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<td>Drug Name</td>
<td>Drug Tier</td>
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<td><strong>UREA CYCLE DISORDERS</strong></td>
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<td>JYNARQUE PAK 45-15MG</td>
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<td>JYNARQUE PAK 90-30MG</td>
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<td>SAMSCA TAB 15MG</td>
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<td>SAMSCA TAB 30MG</td>
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<td><strong>VASOPRESSIONS</strong></td>
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<td>Drug Name</td>
<td>Drug Tier</td>
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<td><strong>GASTROINTESTINAL</strong></td>
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<td><strong>ANTIDIARRHEALS</strong></td>
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<td>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</td>
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<td>diphenoxylate w/ atropine tab 2.5-0.025 mg</td>
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<td>MYTESI TAB 125MG</td>
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<td><strong>ANTIEMETICS</strong></td>
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<td>aprepitant capsule therapy pack 80 &amp; 125 mg</td>
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<td>CESAMET CAP 1MG</td>
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<td>DICLEGIS TAB 10-10MG</td>
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<td>EMEND CAP 80MG</td>
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<td>EMEND CAP 125MG</td>
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<td>EMEND TRIPAC PAK 80 &amp; 125</td>
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<td>meclizine hcl tab 12.5 mg</td>
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<tr>
<td>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</td>
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<td>metoclopramide hcl tab 5 mg (base equivalent)</td>
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<td>phenadoz sup 25mg</td>
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<td>prochlorperazine maleate tab 5 mg (base equivalent)</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
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<td>prometheghan sup 12.5mg</td>
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<td>prometheghan sup 50mg</td>
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<tr>
<td>SANCUSO DIS 3.1MG</td>
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<td>TRANSDERM-SC DIS 1.5MG</td>
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<td>trimethobenzamide hcl cap 300 mg</td>
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<td>ZUPLENZ MIS 4MG</td>
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<td>ZUPLENZ MIS 8MG</td>
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**ANTISPASMODICS**

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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</td>
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<tr>
<td>dicyclomine hcl cap 10 mg</td>
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<td>dicyclomine hcl oral soln 10 mg/5ml</td>
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<td>dicyclomine hcl tab 20 mg</td>
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**CHOLELITHOLYTICS**

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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>ursodiol cap 300 mg</td>
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<tr>
<td>ursodiol tab 250 mg</td>
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<td>ursodiol tab 500 mg</td>
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**H2-RECEPTOR ANTAGONISTS**

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<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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</thead>
<tbody>
<tr>
<td>cimetidine hcl soln 300 mg/5ml</td>
<td>1</td>
<td></td>
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<tr>
<td>cimetidine tab 200 mg</td>
<td>1</td>
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<tr>
<td>cimetidine tab 300 mg</td>
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<td></td>
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<td>cimetidine tab 400 mg</td>
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<tr>
<td>cimetidine tab 800 mg</td>
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<td></td>
</tr>
<tr>
<td>famotidine for susp 40 mg/5ml</td>
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</tr>
<tr>
<td>famotidine tab 20 mg</td>
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<tr>
<td>famotidine tab 40 mg</td>
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<tr>
<td>nizatidine cap 150 mg</td>
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<td>nizatidine cap 300 mg</td>
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<td>nizatidine oral soln 15 mg/ml</td>
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<td>ranitidine hcl tab 300 mg</td>
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<td>Drug Name</td>
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<tr>
<td>------------------------------------------------</td>
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<td><strong>INFLAMMATORY BOWEL DISEASE, ORAL AGENTS</strong></td>
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<td>APRISO CAP 0.375GM</td>
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<td>budesonide tab er 24hr 9 mg</td>
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<td>DELZICOL CAP 400MG</td>
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<td>DIPENTUM CAP 250MG</td>
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<td>UCERIS TAB 9MG</td>
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<td><strong>INFLAMMATORY BOWEL DISEASE, RECTAL AGENTS</strong></td>
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<td>CANASA SUP 1000MG</td>
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<td>colocort ene 100mg</td>
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<td>CORTIFOAM AER 90MG</td>
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<td>hydrocortisone enema 100 mg/60ml</td>
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<td>mesalamine enema 4 gm</td>
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<td>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</td>
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<td>QL (28 per 28 days)</td>
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<td>mesalamine suppos 1000 mg</td>
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<td>SFROWASA ENE 4GM</td>
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<td><strong>IRRITABLE BOWEL SYNDROME WITH CONSTIPATION/CHRONIC IDIOPATHIC CONSTIPATION</strong></td>
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<tr>
<td>AMITIZA CAP 8MCG</td>
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<td>AMITIZA CAP 24MCG</td>
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<td>LINZESS CAP 145MCG</td>
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<td>alosetron hcl tab 0.5 mg (base equiv)</td>
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<td>constulose sol 10gm/15</td>
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<td>gavilyte-c sol</td>
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<td>gavilyte-n sol flav pk</td>
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<td>KRISTALOSE PAK 10GM</td>
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<td>lactulose solution 10 gm/15ml</td>
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<td>MOVIPREP SOL</td>
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<td>OSMOPREP TAB 1.5GM</td>
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<td>Drug Name</td>
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<td>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</td>
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<td>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</td>
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<td>CARAFATE SUS 1GM/10ML</td>
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<td>generlac sol 10gm/15</td>
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<td>lactulose (encephalopathy) solution 10 gm/15ml</td>
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<td>OCALIVA TAB 5MG</td>
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<td>OCALIVA TAB 10MG</td>
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<td>SP, PA</td>
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<td>RECTIV OIN 0.4%</td>
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<td>PANCREAZE CAP 10500UNT</td>
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<td>PANCREAZE CAP 16800UNT</td>
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<td>PERTZYE CAP 16000U</td>
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<td>esomeprazole magnesium cap delayed release 20 mg (base eq)</td>
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<td>esomeprazole magnesium cap delayed release 40 mg (base eq)</td>
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<td>lansoprazole cap delayed release 15 mg</td>
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<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<tr>
<td>lansoprazole cap delayed release 30 mg</td>
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<td>omeprazole cap delayed release 10 mg</td>
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<td>omeprazole cap delayed release 20 mg</td>
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<td>omeprazole cap delayed release 40 mg</td>
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<td>pantoprazole sodium ec tab 20 mg (base equiv)</td>
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<td>pantoprazole sodium ec tab 40 mg (base equiv)</td>
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<tr>
<td>PRILOSEC POW 2.5MG</td>
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<td>PRILOSEC POW 10MG</td>
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<tr>
<td>PROTONIX PAK</td>
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<td>rabeprazole sodium ec tab 20 mg</td>
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<td><strong>SALIVA STIMULANTS</strong></td>
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<td>cevimeline hcl cap 30 mg</td>
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<td>pilocarpine hcl tab 7.5 mg</td>
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<td><strong>STEROIDS, RECTAL</strong></td>
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<td>ana-lex kit</td>
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<td>lidocaine-hydrocortisone acetate rectal cream kit 2-2%</td>
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<td>lidocaine-hydrocortisone acetate rectal gel kit 3-2.5%</td>
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<td>PROCORT CRE</td>
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<tr>
<td>procto-pak cre 1%</td>
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<td>PROCTOFOAM AER HC 1%</td>
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<td>proctosol hc cre 2.5%</td>
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<td>proctozone cre -hc 2.5%</td>
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<td><strong>ULCER THERAPY COMBINATIONS</strong></td>
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<td>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</td>
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<td>OMECLAMOX- MIS PAK</td>
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<td>PYLERA CAP</td>
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<td><strong>GENITOURINARY</strong></td>
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<td><strong>BENIGN PROSTATIC HYPERPLASIA</strong></td>
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<td>alfuzosin hcl tab er 24hr 10 mg</td>
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<tr>
<td>CARDURA XL TAB 4MG</td>
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<tr>
<td>CARDURA XL TAB 8MG</td>
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<tr>
<td>CIALIS TAB 2.5MG</td>
<td>3</td>
<td>AGE (Min age 18 years); ST (Try other BPH drugs); males only</td>
</tr>
<tr>
<td>CIALIS TAB 5MG</td>
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<td>AGE (Min age 18 years); ST (Try other BPH drugs); males only</td>
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<td>dutasteride cap 0.5 mg</td>
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<td>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</td>
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<td>finasteride tab 5 mg</td>
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<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<tr>
<td>---------------------------</td>
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<tr>
<td>RAPAFLO CAP 4MG</td>
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<tr>
<td>RAPAFLO CAP 8MG</td>
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<tr>
<td>silodosin cap 4 mg</td>
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<td>AGE (Min age 18 years); ST (Try other BPH drugs); males only</td>
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<tr>
<td>silodosin cap 8 mg</td>
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<tr>
<td>tadalafil tab 2.5 mg</td>
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<td>AGE (Min age 18 years); ST (Try other BPH drugs); males only</td>
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<tr>
<td>tadalafil tab 5 mg</td>
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<td>tamsulosin hcl cap 0.4 mg</td>
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**ERECTILE DYSFUNCTION, ALPROSTADIL AGENTS**

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<td>MUSE SUP 125MCG</td>
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<td>MUSE SUP 250MCG</td>
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<tr>
<td>MUSE SUP 500MCG</td>
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<tr>
<td>MUSE SUP 1000MCG</td>
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**MISCELLANEOUS**

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<th>Drug Name</th>
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<tr>
<td>bethanechol chloride tab 5 mg</td>
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<tr>
<td>bethanechol chloride tab 10 mg</td>
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<tr>
<td>bethanechol chloride tab 25 mg</td>
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<tr>
<td>bethanechol chloride tab 50 mg</td>
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<tr>
<td>cytra k gra crystals</td>
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<tr>
<td>cytra-2 sol</td>
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<td>cytra-k sol</td>
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<tr>
<td>ELMIRON CAP 100MG</td>
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<tr>
<td>FEM PH GEL</td>
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<td>INTRAROSA SUP 6.5MG</td>
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<td>K-PHOS TAB</td>
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<td>K-PHOS TAB NO 2</td>
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<td>phospha 250 tab neutral</td>
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<tr>
<td>pot &amp; sod citrates w/ cit ac soln 550-500-334 mg/5ml</td>
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<tr>
<td>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</td>
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<tr>
<td>potassium citrate tab er 5 meq (540 mg)</td>
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<tr>
<td>potassium citrate tab er 10 meq (1080 mg)</td>
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<td>potassium citrate tab er 15 meq (1620 mg)</td>
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<td>relagard gel</td>
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<td>sodium citrate &amp; citric acid soln 500-334 mg/5ml</td>
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<td>taron gra crystals</td>
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<td>virt-phos tab 250 neut</td>
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**URINARY ANTISPASMODICS**

<table>
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<td>darifenacn hydrobromide tab er 24hr 7.5 mg (base equiv)</td>
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<td>Drug Name</td>
<td>Drug Tier</td>
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<td>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</td>
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<td>CLINDESS CRE 2%</td>
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<td>bayer adv tab 500mg</td>
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<td>PROMACTA TAB 12.5MG</td>
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<td>XELJANZ TAB 5MG</td>
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<td>XELJANZ XR TAB 11MG</td>
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<td><strong>IMMUNOSUPPRESSANTS, ANTIMETABOLITES</strong></td>
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<td>MYFORTIC TAB 180MG</td>
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<td><strong>IMMUNOSUPPRESSANTS, CALCINEURIN INHIBITORS</strong></td>
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<td>cyclosporine modified cap 25 mg</td>
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**IMMUNOSUPPRESSANTS, RAPAMYCIN DERIVATIVE**

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<td>RAPAMUNE TAB 1MG</td>
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<td>sirolimus oral soln 1 mg/ml</td>
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<td>sirolimus tab 0.5 mg</td>
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<td>sirolimus tab 1 mg</td>
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<td>sirolimus tab 2 mg</td>
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<tr>
<td>ZORTRESS TAB 0.5MG</td>
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**MISCELLANEOUS**

**DIAGNOSTIC AGENTS**

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<td>E-Z-CAT DRY PAK</td>
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<td>E-Z-PAQUE SUS 60%</td>
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<td>ENTERO VU SUS 24%</td>
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<td>GLUCAGEN INJ 1MG</td>
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<td>POLIBAR PLUS SUS 105%</td>
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<td>TAGITOL V SUS 40%</td>
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<td>VARIBAR HONE SUS 40%</td>
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<td>VARIBAR NECT SUS 40%</td>
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<td>VARIBAR THIN SUS HONEY</td>
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**NUTRITIONAL / SUPPLEMENTS**

**ELECTROLYTES, POTASSIUM**

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<td>klor-con 10 tab 10meq er</td>
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<td>klor-con m15 tab 15meq er</td>
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<td>klor-con m20 tab 20meq er</td>
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<td>potassium chloride cap er 10 meq</td>
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<td>Drug Name</td>
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<tr>
<td>potassium chloride tab er 8 meq (600 mg)</td>
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<td></td>
</tr>
<tr>
<td>potassium chloride tab er 10 meq</td>
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<tr>
<td>potassium chloride tab er 20 meq (1500 mg)</td>
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<tr>
<td><strong>VITAMINS AND MINERALS, FOLIC ACID/COMBINATIONS</strong></td>
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</tr>
<tr>
<td>fa-8 tab 0.8mg</td>
<td>0</td>
<td>$0; AGE (Covered for ages 55 years and under); females only</td>
</tr>
<tr>
<td>folic acid tab 1 mg</td>
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<tr>
<td>folic acid tab 400 mcg</td>
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<td>folic acid tab 800mcg</td>
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<tr>
<td>sm folic acid tab 400mcg</td>
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<td>yl folic aci tab 400mcg</td>
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<td><strong>VITAMINS AND MINERALS, IRON/COMBINATIONS</strong></td>
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<td>FER-IN-SOL DRO 15MG/ML</td>
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<tr>
<td>fer-iron dro 15mg/ml</td>
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<tr>
<td>ferosul elx 220/5ml</td>
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<tr>
<td>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</td>
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<tr>
<td>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</td>
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<td>iron supplmt dro 15mg/ml</td>
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<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<tr>
<td>--------------------------------------------------------------------------</td>
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<tr>
<td>pedia iron dro 15mg/ml</td>
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<td><strong>VITAMINS AND MINERALS, MISCELLANEOUS</strong></td>
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<td>BABY DDROPS LIQ 400UNIT</td>
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<td>bio-d-mulsio liq 400unit</td>
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<td>bio-d-mulsio liq 2000unit</td>
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<td>cholecalciferol chew tab 2000 unit</td>
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<td>cholecalciferol chew tab 5000 unit</td>
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<td>cholecalciferol drops 5000 unit/ml (1000 unit/0.2ml)</td>
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<td>ludent chw 0.25mg f</td>
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<td>Drug Name</td>
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<td>Requirements/Limits</td>
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<td>nafrinse chw 1mg f</td>
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<td>nafrinse dro 0.125mg</td>
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<td>NASCOBAL SPR 500MCG</td>
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<td>phytonadione tab 5 mg</td>
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<tr>
<td>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</td>
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<tr>
<td>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</td>
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<tr>
<td>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</td>
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<td>$0; AGE (Covered for ages 16 years and under)</td>
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<tr>
<td>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</td>
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<td>$0; AGE (Covered for ages 16 years and under)</td>
</tr>
<tr>
<td>sodium fluoride tab 1 mg f (from 2.2 mg naf)</td>
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<td>$0; AGE (Covered for ages 16 years and under)</td>
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<td>VITAMIN D3 CAP 4000UNIT</td>
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<td>VITAMIN D3 LIQ 1000UNIT</td>
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<tr>
<td>VITAMIN D3 LIQ 1200UNIT</td>
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<tr>
<td>VITAMIN D3 SPR 1000UNIT</td>
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**RESPIRATORY**

**ANAPHYLAXIS TREATMENT AGENTS**

epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) | 1 |

**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS, LONG ACTING**

ANORO ELLIPT AER 62.5-25 | 2 |
STIOLTO AER 2.5-2.5 | 2 |

**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS, SHORT ACTING**

COMBIVENT AER 20-100 | 2 |
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml | 1 |
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANTICHOLINERGIC/BETA AGONIST/STEROID INHALANT COMBINATIONS</strong></td>
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<tr>
<td>TRELEGY AER ELLIPTA</td>
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<td><strong>ANTICHOLINERGICS</strong></td>
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<tr>
<td>ATROVENT HFA AER 17MCG</td>
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<tr>
<td>ipratropium bromide inhal soln 0.02%</td>
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<tr>
<td>SPIRIVA CAP HAN DIHLR</td>
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<tr>
<td>SPIRIVA SPR 2.5MCG</td>
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<tr>
<td><strong>ANTIHISTAMINE/DECONGESTANT COMBINATIONS</strong></td>
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<td>prometh/pe syp 6.25-5/5</td>
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<td><strong>ANTIHI STAMINES, SEDATING</strong></td>
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<td>carbinoxamine maleate tab 4 mg</td>
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<td>clemastine fumarate tab 2.68 mg</td>
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<td>cyproheptadine hcl syrup 2 mg/5ml</td>
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</tr>
<tr>
<td>cyproheptadine hcl tab 4 mg</td>
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</tr>
<tr>
<td>hydroxyzine hcl syrup 10 mg/5ml</td>
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</tr>
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<td>hydroxyzine hcl tab 10 mg</td>
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<td>hydroxyzine hcl tab 25 mg</td>
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<td>hydroxyzine hcl tab 50 mg</td>
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<td>hydroxyzine pamoate cap 25 mg</td>
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<td>hydroxyzine pamoate cap 100 mg</td>
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<tr>
<td>pharbedryl cap 50mg</td>
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<tr>
<td><strong>ANTITUSSIVE COMBINATIONS, NON-OPIOID</strong></td>
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<tr>
<td>promethazine-dm syrup 6.25-15 mg/5ml</td>
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<tr>
<td>pseudoephed-bromphen-dm syrup 30-2-101 mg/5ml</td>
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<tr>
<td><strong>ANTITUSSIVE COMBINATIONS, OPIOID</strong></td>
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</tr>
<tr>
<td>cheratussin sol dac</td>
<td>1</td>
<td>QL (1800 mL per 30 days); AGE (Covered for ages greater than 18 years old)</td>
</tr>
<tr>
<td>cheratussin syp ac</td>
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<td>QL (1800 mL per 30 days); AGE (Covered for ages greater than 18 years old)</td>
</tr>
<tr>
<td>guaiatussin syp 100-10/5</td>
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<td>QL (1800 mL per 30 days); AGE (Covered for ages greater than 18 years old)</td>
</tr>
<tr>
<td>guaifenesin sol dac</td>
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<td>QL (1800 mL per 30 days); AGE (Covered for ages greater than 18 years old)</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------</td>
<td>-------------------------------------------------------------------------------------</td>
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<tr>
<td>guaifenesin syp 100-10/5</td>
<td>1</td>
<td>QL (1800 mL per 30 days); AGE (Covered for ages greater than 18 years old)</td>
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<tr>
<td>guaifenesin-codeine soln 100-10 mg/5ml</td>
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<td>QL (1800 mL per 30 days); AGE (Covered for ages greater than 18 years old)</td>
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<tr>
<td>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</td>
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<td>QL (300 mL per 30 days); AGE (Covered for ages greater than 18 years old)</td>
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<tr>
<td>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</td>
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<td>QL (900 mL per 30 days); AGE (Covered for ages greater than 18 years old)</td>
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<td>hydrocodone w/ homatropine tab 5-1.5 mg</td>
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<td>hydromet syp 5-1.5/5</td>
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<td>QL (900 mL per 30 days); AGE (Covered for ages greater than 18 years old)</td>
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<tr>
<td>iophen c-nr liq 100-10/5</td>
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<td>QL (1800 mL per 30 days); AGE (Covered for ages greater than 18 years old)</td>
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<tr>
<td>prometh/pe/ syp codeine</td>
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<td>QL (900 mL per 30 days); AGE (Covered for ages greater than 18 years old)</td>
</tr>
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<td>promethazine w/ codeine syrup 6.25-10 mg/5ml</td>
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<td>QL (900 mL per 30 days); AGE (Covered for ages greater than 18 years old)</td>
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<tr>
<td>pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml</td>
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<td>QL (900 mL per 30 days); AGE (Covered for ages greater than 18 years old)</td>
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<tr>
<td>relcof c sol 100-6.3</td>
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<td>AGE (Covered for ages greater than 18 years old)</td>
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<tr>
<td>virtussin ac sol 100-10/5</td>
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<td>QL (1800 mL per 30 days); AGE (Covered for ages greater than 18 years old)</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<tr>
<td>---------------------------</td>
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<tr>
<td>virtussin sol dac</td>
<td>1</td>
<td>QL (1800 mL per 30 days); AGE (Covered for ages greater than 18 years old)</td>
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</tbody>
</table>

**ANTITUSSIVES**

- benzonatate cap 100 mg 1
- benzonatate cap 150 mg 1
- benzonatate cap 200 mg 1

**BETA AGONISTS, INHALANTS, Long Acting: Hand-held Active Inhalation**

- STRIVERDI AER 2.5MCG 2

**BETA AGONISTS, INHALANTS, Long Acting: Nebulized Passive Inhalation**

- BROVANA NEB 15MCG 3
- PERFOROMIST NEB 20MCG 3

**BETA AGONISTS, INHALANTS, Short Acting**

- albuterol sulfate soln nebu 0.5% (5 mg/ml) 1
- albuterol sulfate soln nebu 0.63 mg/3ml (base equiv) 1
- albuterol sulfate soln nebu 0.083% (2.5 mg/3ml) 1
- albuterol sulfate soln nebu 1.25 mg/3ml (base equiv) 1
- levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) 1
- levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) 1
- levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) 1
- levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) 1
- levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv) 1
- PROAIR HFA AER 2
- PROAIR RESPI AER 2
- VENTOLIN HFA AER 2
- XOPENEX HFA AER 3

**BETA AGONISTS, ORAL AGENTS**

- albuterol sulfate syrup 2 mg/5ml 1
- albuterol sulfate tab 2 mg 1
- albuterol sulfate tab 4 mg 1
- albuterol sulfate tab er 12hr 4 mg 1
- albuterol sulfate tab er 12hr 8 mg 1
- terbutaline sulfate tab 2.5 mg 1
- terbutaline sulfate tab 5 mg 1
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<th>Drug Name</th>
<th>Drug Tier</th>
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<td><strong>CYSTIC FIBROSIS</strong></td>
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<td>BETHKIS NEB 300/4ML</td>
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<td>SP, PA</td>
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<td>CAYSTON INH 75MG</td>
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<tr>
<td>KALYDECO PAK 50MG</td>
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<td>KALYDECO TAB 150MG</td>
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<td>KITABIS PAK NEB 300/5ML</td>
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<td>ORKAMBI TAB 200-125</td>
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<td>PULMOZYME SOL 1MG/ML</td>
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<td>SYMDEKO TAB 100-150</td>
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<td>TOBI PODHALR CAP 28MG</td>
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<td>montelukast sodium chew tab 5 mg (base equiv)</td>
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<td>montelukast sodium tab 10 mg (base equiv)</td>
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<td>MASK VORTEX/ MIS DUCK</td>
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<td>MASK VORTEX/ MIS LADY BUG</td>
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<td>PEAK AIR FLO MIS ADLT/PED</td>
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<td>VORTEX VALVE MIS CHAMBER</td>
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<td>$0</td>
</tr>
<tr>
<td>VORTEX/MASK MIS CHILDS</td>
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<tr>
<td>VORTEX/MASK MIS TODDLER</td>
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</tr>
<tr>
<td><strong>MISCELLANEOUS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acetylcysteine inhal soln 10%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>acetylcysteine inhal soln 20%</td>
<td>1</td>
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</tr>
<tr>
<td>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</td>
<td>1</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>-----------</td>
<td>--------------------------------------------------------</td>
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<tr>
<td>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</td>
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<tr>
<td>NEBUSAHL NEB 6%</td>
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<tr>
<td>sodium chloride soln nebu 10%</td>
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<tr>
<td><strong>NASAL ANTIHISTAMINES</strong></td>
<td></td>
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<tr>
<td>azelastine hcl nasal spray 0.1% (137 mcg/spray)</td>
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<tr>
<td>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</td>
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<tr>
<td>olopatadine hcl nasal soln 0.6%</td>
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<tr>
<td><strong>NASAL STEROIDS/COMBINATIONS</strong></td>
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<tr>
<td>DYMISTA SPR 137-50</td>
<td>3</td>
<td>ST (Try fluticasone and flunisolide)</td>
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<tr>
<td>flunisolide nasal soln 25 mcg/act (0.025%)</td>
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<td></td>
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<tr>
<td>fluticasone propionate nasal susp 50 mcg/act</td>
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</tr>
<tr>
<td>mometasone furoate nasal susp 50 mcg/act</td>
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<tr>
<td>QNASL AER 80MCG</td>
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<td>ST (Try fluticasone and flunisolide)</td>
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<tr>
<td>QNASL CHILD SPR 40MCG</td>
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<td>ST (Try fluticasone and flunisolide)</td>
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<tr>
<td><strong>PHOSPHODIESTERASE-4 INHIBITORS</strong></td>
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<tr>
<td>DALIRESP TAB 250MCG</td>
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</tr>
<tr>
<td>DALIRESP TAB 500MCG</td>
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</tr>
<tr>
<td><strong>PULMONARY FIBROSIS AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ESBRIET CAP 267MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>ESBRIET TAB 267MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>ESBRIET TAB 801MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>OFEV CAP 100MG</td>
<td>4</td>
<td>SP, PA</td>
</tr>
<tr>
<td>OFEV CAP 150MG</td>
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<td>SP, PA</td>
</tr>
<tr>
<td><strong>STEROID INHALANTS</strong></td>
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<tr>
<td>ALVESCO AER 80MCG</td>
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<tr>
<td>ALVESCO AER 160MCG</td>
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<tr>
<td>ARNUITY ELPT INH 100MCG</td>
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<td></td>
</tr>
<tr>
<td>ARNUITY ELPT INH 200MCG</td>
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</tr>
<tr>
<td>ASMANEX 7 AER 110MCG</td>
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</tr>
<tr>
<td>ASMANEX 14 AER 220MCG</td>
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<tr>
<td>ASMANEX 30 AER 110MCG</td>
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</tr>
<tr>
<td>ASMANEX 30 AER 220MCG</td>
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</tr>
<tr>
<td>ASMANEX 60 AER 220MCG</td>
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</tr>
<tr>
<td>ASMANEX 120 AER 220MCG</td>
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<tr>
<td>ASMANEX HFA AER 100 MCG</td>
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</tr>
<tr>
<td>ASMANEX HFA AER 200 MCG</td>
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<tr>
<td>budesonide inhalation susp 0.5 mg/2ml</td>
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<td></td>
</tr>
<tr>
<td>budesonide inhalation susp 0.25 mg/2ml</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<td>---------------------------------------</td>
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<tr>
<td><strong>budesonide inhalation susp 1 mg/2ml</strong></td>
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<td>FLOVENT DISK AER 50MCG</td>
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<td>FLOVENT DISK AER 100MCG</td>
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</tr>
<tr>
<td>FLOVENT DISK AER 250MCG</td>
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<tr>
<td>FLOVENT HFA AER 44MCG</td>
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</tr>
<tr>
<td>FLOVENT HFA AER 110MCG</td>
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<tr>
<td>FLOVENT HFA AER 220MCG</td>
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<tr>
<td>PULMICORT INH 90MCG</td>
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<tr>
<td>PULMICORT INH 180MCG</td>
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<tr>
<td>QVAR REDIHA AER 80MCG</td>
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<tr>
<td>QVAR REDIHAL AER 40MCG</td>
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<tr>
<td><strong>STEROID/BETA AGONIST COMBINATIONS</strong></td>
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<tr>
<td>ADVAIR DISKU AER 100/50</td>
<td>2</td>
<td>QL (1 inhaler per 30 days)</td>
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<tr>
<td>ADVAIR DISKU AER 250/50</td>
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<td>QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>ADVAIR DISKU AER 500/50</td>
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<td>QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>ADVAIR HFA AER 45/21</td>
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<td>QL (1 inhaler per 30 days)</td>
</tr>
<tr>
<td>ADVAIR HFA AER 115/21</td>
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<td>QL (1 inhaler per 30 days)</td>
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<tr>
<td>ADVAIR HFA AER 230/21</td>
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<td>QL (1 inhaler per 30 days)</td>
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<tr>
<td>BREO ELLIPTA INH 100-25</td>
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<tr>
<td>BREO ELLIPTA INH 200-25</td>
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</tr>
<tr>
<td>DULERA AER 100-5MCG</td>
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<tr>
<td>DULERA AER 200-5MCG</td>
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<tr>
<td>SYMBICORT AER 80-4.5</td>
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<tr>
<td>SYMBICORT AER 160-4.5</td>
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<tr>
<td><strong>XANTHINES</strong></td>
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<tr>
<td>ELIXOPHYLLIN ELX 80/15ML</td>
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<tr>
<td>THEO-24 CAP 100MG CR</td>
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<tr>
<td>THEO-24 CAP 200MG CR</td>
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</tr>
<tr>
<td>THEO-24 CAP 300MG CR</td>
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</tr>
<tr>
<td>THEO-24 CAP 400MG ER</td>
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<td>theochron tab 100mg cr</td>
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<tr>
<td>theochron tab 200mg cr</td>
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<tr>
<td>theochron tab 300mg cr</td>
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<tr>
<td>theophylline soln 80 mg/15ml</td>
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<tr>
<td>theophylline tab er 12hr 100 mg</td>
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<tr>
<td>theophylline tab er 12hr 200 mg</td>
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</tr>
<tr>
<td>theophylline tab er 12hr 300 mg</td>
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<tr>
<td>theophylline tab er 12hr 450 mg</td>
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<tr>
<td>theophylline tab er 24hr 400 mg</td>
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<tr>
<td>theophylline tab er 24hr 600 mg</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
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<tr>
<td><strong>TOPICAL</strong></td>
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<tr>
<td><strong>DERMATOLOGY, ACNE, Oral</strong></td>
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<tr>
<td>ABSORICA CAP 10MG</td>
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</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>ABSORICA CAP 25MG</td>
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</tr>
<tr>
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</tr>
<tr>
<td>ABSORICA CAP 35MG</td>
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<td>ABSORICA CAP 40MG</td>
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<tr>
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<tr>
<td>claravis cap 20mg</td>
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</tr>
<tr>
<td>claravis cap 30mg</td>
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<td>claravis cap 40mg</td>
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<td>myorisan cap 20mg</td>
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<td>myorisan cap 40mg</td>
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<tr>
<td>zenatane cap 10mg</td>
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<td></td>
</tr>
<tr>
<td>zenatane cap 20mg</td>
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<tr>
<td>zenatane cap 30mg</td>
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</tr>
<tr>
<td>zenatane cap 40mg</td>
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<tr>
<td><strong>DERMATOLOGY, ACNE, Topical</strong></td>
<td></td>
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</tr>
<tr>
<td>ACANYA GEL 1.2-2.5%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ACZONE GEL 5%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>adapalene cream 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>adapalene gel 0.1%</td>
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<td></td>
</tr>
<tr>
<td>adapalene gel 0.3%</td>
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</tr>
<tr>
<td>adapalene lotion 0.1%</td>
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<td></td>
</tr>
<tr>
<td>adapalene-benzoyl peroxide gel 0.1-2.5%</td>
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</tr>
<tr>
<td>avita cre 0.025%</td>
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</tr>
<tr>
<td>AZELEX CRE 20%</td>
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</tr>
<tr>
<td>BENZAC AC LIQ 5% WASH</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BENZIQ GEL 5.25%</td>
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</tr>
<tr>
<td>BENZIQ LS GEL 2.75%</td>
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<td></td>
</tr>
<tr>
<td>benzig wash liq 5.25%</td>
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<tr>
<td>benzoyl per liq 5% wash</td>
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<tr>
<td>benzoyl peroxide-erythromycin gel 5-3%</td>
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<tr>
<td>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</td>
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<tr>
<td>clindamycin phosphate foam 1%</td>
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<tr>
<td>clindamycin phosphate gel 1%</td>
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<tr>
<td>clindamycin phosphate lotion 1%</td>
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<tr>
<td>clindamycin phosphate soln 1%</td>
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<tr>
<td>clindamycin phosphate swab 1%</td>
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<tr>
<td>clindamycin phosphate-benzoyl peroxide gel 1-5%</td>
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<tr>
<td>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
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<tr>
<td>clindamycin phosphate-tretinoin gel 1.2-0.025%</td>
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<td></td>
</tr>
<tr>
<td>dapsone gel 5%</td>
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<tr>
<td>ery pad 2%</td>
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<tr>
<td>erythromycin gel 2%</td>
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<td>erythromycin pads 2%</td>
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<td>erythromycin soln 2%</td>
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<tr>
<td>FABIOR AER 0.1%</td>
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<tr>
<td>neuac gel 1.2-5%</td>
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<tr>
<td>ONEXTON GEL 1.2-3.75</td>
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<tr>
<td>sulfacetamide sodium lotion 10% (acne)</td>
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</tr>
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<td>tazarotene cream 0.1%</td>
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</tr>
<tr>
<td>TAZORAC CRE 0.1%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TAZORAC CRE 0.05%</td>
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</tr>
<tr>
<td>TAZORAC GEL 0.1%</td>
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<td>TAZORAC GEL 0.05%</td>
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</tr>
<tr>
<td>tretinoin cream 0.1%</td>
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<td>tretinoin cream 0.05%</td>
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<td>tretinoin microsphere gel 0.1%</td>
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<tr>
<td>diclofenac sodium (actinic keratoses) gel 3%</td>
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<td>FLUOROPLEX CRE 1%</td>
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<tr>
<td>fluorouracil cream 0.5%</td>
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<td>fluorouracil cream 5%</td>
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<td>fluorouracil soln 2%</td>
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<tr>
<td>fluorouracil soln 5%</td>
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<tr>
<td>imiquimod cream 3.75%</td>
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<tr>
<td>LEVULAN KERA SOL 20%</td>
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<tr>
<td>PICATO GEL 0.05%</td>
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<td>PICATO GEL 0.015%</td>
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<tr>
<td>ZYCLARA CRE 3.75%</td>
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</tr>
<tr>
<td>ZYCLARA PUMP CRE 2.5%</td>
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<td></td>
</tr>
<tr>
<td>ZYCLARA PUMP CRE 3.75%</td>
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<tr>
<td><strong>DERMATOLOGY, ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS</strong></td>
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<tr>
<td>CORTISPORIN CRE 0.5%</td>
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<tr>
<td>CORTISPORIN OIN 1%</td>
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<tr>
<td><strong>DERMATOLOGY, ANTIBIOTICS</strong></td>
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<tr>
<td>ALTABAX OIN 1%</td>
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<tr>
<td>BACTROBAN OIN NASAL 2%</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
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<tr>
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<tr>
<td>CENTANY OIN 2%</td>
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<tr>
<td>gentamicin sulfate cream 0.1%</td>
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<tr>
<td>gentamicin sulfate oint 0.1%</td>
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<td></td>
</tr>
<tr>
<td>mupirocin calcium cream 2%</td>
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</tr>
<tr>
<td>mupirocin oint 2%</td>
<td>1</td>
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</tr>
<tr>
<td>silver sulfadiazine cream 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ssd cre 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>SULFAMYLON CRE 85MG/GM</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**DERMATOLOGY, ANTIFUNGALS**

ciclodan sol 8%                            | 1         |                    |
ciclopirox gel 0.77%                       | 1         |                    |
ciclopirox kit 8%                          | 1         |                    |
ciclopirox olamine cream 0.77% (base equiv)| 1         |                    |
ciclopirox olamine susp 0.77% (base equiv) | 1         |                    |
ciclopirox shampoo 1%                      | 1         |                    |
ciclopirox solution 8%                     | 1         |                    |
clotrimazole cream 1%                      | 1         |                    |
clotrimazole soln 1%                       | 1         |                    |
clotrimazole w/ betamethasone cream 1-0.05%| 1         |                    |
clotrimazole w/ betamethasone lotion 1-0.05%| 1         |                    |
econazole nitrate cream 1%                 | 1         |                    |
ERTACZO CRE 2%                             | 3         |                    |
EXELDERM SOL 1%                            | 3         |                    |
ketoconazole cream 2%                      | 1         |                    |
ketoconazole foam 2%                       | 1         |                    |
ketoconazole shampoo 2%                   | 1         |                    |
luliconazole cream 1%                      | 1         |                    |
LUZU CRE 1%                                | 3         | ST (Try generic topical antifungal) |
MENTAX CRE 1%                              | 3         |                    |
naftifine hcl cream 1%                     | 1         |                    |
naftifine hcl cream 2%                     | 1         |                    |
NAFTIN GEL 1%                              | 3         |                    |
NAFTIN GEL 2%                              | 3         |                    |
nyamyc pow 100000                          | 1         |                    |
nystatin cream 100000 unit/gm              | 1         |                    |
nystatin oint 100000 unit/gm               | 1         |                    |
nystatin topical powder 100000 unit/gm     | 1         |                    |
nystatin-triamcinolone cream 100000-0.1 unit/gm-% | 1     |
nystatin-triamcinolone oint 100000-0.1 unit/gm-% | 1     |
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>nystop pow 100000</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>oxiconazole nitrate cream 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>OXISTAT LOT 1%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VUSION OIN</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>XOLEGEL GEL 2%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>DERMATOLOGY, ANTIPSORIATICS, ORAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acitretin cap 10 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>acitretin cap 17.5 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>acitretin cap 25 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>methoxsalen rapid cap 10 mg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>DERMATOLOGY, ANTIPSORIATICS, Topical</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>calcipotriene cream 0.005%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>calcipotriene oint 0.005%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>calcipotriene soln 0.005% (50 mcg/ml)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>calcitrene oin 0.005%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>calcitriol oint 3 mcg/gm</td>
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<td></td>
</tr>
<tr>
<td>SORILUX AER 0.005%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TACLONEX SUS</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>DERMATOLOGY, ANTISEBORRHEICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>selenium sulfide lotion 2.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>DERMATOLOGY, ATOPIC DERMATITIS, Topical</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELIDEL CRE 1%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>EUCRISA OIN 2%</td>
<td>3</td>
<td>QL (1 tube per 30 days)</td>
</tr>
<tr>
<td>pimecrolimus cream 1%</td>
<td>1</td>
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</tr>
<tr>
<td>tacrolimus oint 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tacrolimus oint 0.03%</td>
<td>1</td>
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<tr>
<td><strong>DERMATOLOGY, CORTICOSTEROID COMBINATIONS</strong></td>
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<tr>
<td>EPIFOAM AER 1%</td>
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<tr>
<td><strong>DERMATOLOGY, CORTICOSTEROIDS, High Potency</strong></td>
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</tr>
<tr>
<td>amcinonide cream 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>amcinonide lotion 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>betamethasone dipropionate augmented cream 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>betamethasone dipropionate augmented lotion 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>betamethasone dipropionate cream 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>betamethasone dipropionate lotion 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>betamethasone dipropionate oint 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>desoximetasone cream 0.25%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>desoximetasone gel 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>desoximetasone oint 0.25%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>diflorasone diacetate cream 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluocinonide cream 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td>fluocinonide gel 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluocinonide oint 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluocinonide soln 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide cream 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide oint 0.5%</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**DERMATOLOGY, CORTICOSTEROIDS, Low Potency**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ala-cort cre 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>alclometasone dipropionate cream 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>alclometasone dipropionate oint 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>desonide cream 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>desonide lotion 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>desonide oint 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluocinolone acetonide cream 0.01%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluocinolone acetonide oil 0.01% (body oil)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluocinolone acetonide oil 0.01% (scalp oil)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluocinolone acetonide soln 0.01%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone cream 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone cream 2.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone lotion 2.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone oint 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone oint 2.5%</td>
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**DERMATOLOGY, CORTICOSTEROIDS, Medium Potency**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
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<tbody>
<tr>
<td>betamethasone valerate aerosol foam 0.12%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>betamethasone valerate cream 0.1% (base equivalent)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>betamethasone valerate lotion 0.1% (base equivalent)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>betamethasone valerate oint 0.1% (base equivalent)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>clocortolone pivalate cream 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CORDRAN 80X3 TAP 4MCG/CM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>desoximetasone cream 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>desoximetasone oint 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluocinolone acetonide cream 0.025%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluocinolone acetonide oint 0.025%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluocinonide emulsified base cream 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>flurandrenolide cream 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>flurandrenolide lotion 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluticasone propionate cream 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluticasone propionate lotion 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>fluticasone propionate oint 0.005%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone butyrate cream 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone butyrate lotion 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>hydrocortisone butyrate oint 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone butyrate soln 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone valerate cream 0.2%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone valerate oint 0.2%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>mometasone furoate cream 0.1%</td>
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<td></td>
</tr>
<tr>
<td>mometasone furoate oint 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>mometasone furoate solution 0.1% (lotion)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>prednicarbate cream 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>prednicarbate oint 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide cream 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide cream 0.025%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide lotion 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide lotion 0.025%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide oint 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide oint 0.025%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>triderm cre 0.1%</td>
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<td></td>
</tr>
</tbody>
</table>

**DERMATOLOGY, CORTICOSTEROIDS, Very High Potency**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>betamethasone dipropionate augmented gel 0.05%</td>
<td>1</td>
<td>QC (100 grams per 30 days)</td>
</tr>
<tr>
<td>betamethasone dipropionate augmented oint 0.05%</td>
<td>1</td>
<td>QC (100 grams per 30 days)</td>
</tr>
<tr>
<td>clobetasol propionate emulsion foam 0.05%</td>
<td>1</td>
<td>QC (200 mL per 30 days)</td>
</tr>
<tr>
<td>clobetasol propionate foam 0.05%</td>
<td>1</td>
<td>QC (100 grams per 30 days)</td>
</tr>
<tr>
<td>clobetasol propionate gel 0.05%</td>
<td>1</td>
<td>QC (240 mL per 30 days)</td>
</tr>
<tr>
<td>clobetasol propionate lotion 0.05%</td>
<td>1</td>
<td>QC (200 mL per 30 days)</td>
</tr>
<tr>
<td>clobetasol propionate shampoo 0.05%</td>
<td>1</td>
<td>QC (240 mL per 30 days)</td>
</tr>
<tr>
<td>clobetasol propionate soln 0.05%</td>
<td>1</td>
<td>QC (100 grams per 30 days)</td>
</tr>
<tr>
<td>clobetasol propionate spray 0.05%</td>
<td>1</td>
<td>QC (100 grams per 30 days)</td>
</tr>
<tr>
<td>diflorasone diacetate oint 0.05%</td>
<td>1</td>
<td>QC (100 grams per 30 days)</td>
</tr>
<tr>
<td>halobetasol propionate cream 0.05%</td>
<td>1</td>
<td>QC (100 grams per 30 days)</td>
</tr>
<tr>
<td>halobetasol propionate oint 0.05%</td>
<td>1</td>
<td>QC (100 grams per 30 days)</td>
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</table>

**DERMATOLOGY, EMOLLIENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
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</thead>
<tbody>
<tr>
<td>lactic acid (ammonium lactate) cream 12%</td>
<td>1</td>
</tr>
<tr>
<td>lactic acid (ammonium lactate) lotion 12%</td>
<td>1</td>
</tr>
<tr>
<td>urea in zinc undecylenate-lactic acid vehicle emulsion 50%</td>
<td>1</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td><strong>DERMATOLOGY, LOCAL ANALGESICS</strong></td>
<td></td>
</tr>
<tr>
<td>lidocaine patch 5%</td>
<td>1</td>
</tr>
<tr>
<td>QUTENZA KIT 8% 1-PCH</td>
<td>3</td>
</tr>
<tr>
<td>QUTENZA KIT 8% 2-PCH</td>
<td>3</td>
</tr>
<tr>
<td><strong>DERMATOLOGY, LOCAL ANESTHETICS</strong></td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl gel 2%</td>
<td>1</td>
</tr>
<tr>
<td>lidocaine hcl soln 4%</td>
<td>1</td>
</tr>
<tr>
<td>lidocaine oint 5%</td>
<td>1</td>
</tr>
<tr>
<td>lidocaine-prilocaine cream 2.5-2.5%</td>
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</tr>
<tr>
<td><strong>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</strong></td>
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</tr>
<tr>
<td>acyclovir cream 5%</td>
<td>1</td>
</tr>
<tr>
<td>acyclovir oint 5%</td>
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</tr>
<tr>
<td>CONDYLOX GEL 0.5%</td>
<td>3</td>
</tr>
<tr>
<td>DENAVIR CRE 1%</td>
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</tr>
<tr>
<td>doxepin hcl cream 5%</td>
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</tr>
<tr>
<td>GENADUR LIQ</td>
<td>3</td>
</tr>
<tr>
<td>imiquimod cream 5%</td>
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</tr>
<tr>
<td>PANRETIN GEL 0.1%</td>
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</tr>
<tr>
<td>podofilox soln 0.5%</td>
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</tr>
<tr>
<td>SALEX CREAM KIT 6%</td>
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</tr>
<tr>
<td>salicylic acid cream 6% &amp; cleanser liqd kit</td>
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</tr>
<tr>
<td>SANTYL OIN 250/GM</td>
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</tr>
<tr>
<td>TRI-CHLOR LIQ 80%</td>
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<tr>
<td>VEREGEN OIN 15%</td>
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</tr>
<tr>
<td>XERESE CRE 5-1%</td>
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</tr>
<tr>
<td>ZOVIRAX CRE 5%</td>
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</tr>
<tr>
<td><strong>DERMATOLOGY, ROSacea LESIONS</strong></td>
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<tr>
<td>azelaic acid gel 15%</td>
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</tr>
<tr>
<td>doxycycline (rosacea) cap delayed release 40 mg</td>
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</tr>
<tr>
<td>FINACEA GEL 15%</td>
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<tr>
<td>metronidazole cream 0.75%</td>
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</tr>
<tr>
<td>metronidazole gel 0.75%</td>
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</tr>
<tr>
<td>metronidazole gel 1%</td>
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</tr>
<tr>
<td>metronidazole lotion 0.75%</td>
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</tr>
<tr>
<td>NORITATE CRE 1%</td>
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</tr>
<tr>
<td>rosadan cre 0.75%</td>
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</tr>
<tr>
<td>rosadan gel 0.75%</td>
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<tr>
<td><strong>DERMATOLOGY, SCABICIDES AND PEDICULICIDES</strong></td>
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</tr>
<tr>
<td>crotan lot 10%</td>
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</tr>
<tr>
<td>EURAX CRE 10%</td>
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</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>EURAX LOT 10%</td>
<td>3</td>
</tr>
<tr>
<td><em>lindane</em> shampoo 1%</td>
<td>1</td>
</tr>
<tr>
<td><em>malathion</em> lotion 0.5%</td>
<td>1</td>
</tr>
<tr>
<td><em>permethrin</em> cream 5%</td>
<td>1</td>
</tr>
<tr>
<td>SKLICE LOT 0.5%</td>
<td>3</td>
</tr>
<tr>
<td><em>spinosad</em> susp 0.9%</td>
<td>1</td>
</tr>
</tbody>
</table>

**MOUTH/THROAT/DENTAL AGENTS, MISCELLANEOUS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARESTIN MIS 1MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CAPHOSOL SOL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>chlorhexidine</em> gluconate soln 0.12%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><em>lidocaine</em> hcl laryngotraceal soln 4%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><em>lidocaine</em> hcl viscous soln 2%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>NUMOISYN LIQ</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>oralone dent pst 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>paroex sol 0.12%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>periogard sol 0.12%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide dental paste 0.1%</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**OPHTHALMIC, ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>bacitracin-polyoxymyxin-neomycin-hc ophth oint</em> 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>BLEPHAMIDE OIN S.O.P.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>BLEPHAMIDE SUS OP</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>neo-polycin oin hc 1%op</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><em>neomycin-polyoxymyxin-dexamethasone ophth oint</em> 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><em>neomycin-polyoxymyxin-dexamethasone ophth susp</em> 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><em>neomycin-polyoxymyxin-hc ophth susp</em></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>TOBRADEX OIN 0.3-0.1%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TOBRADEX ST SUS 0.3-0.05</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>tobramycin-dexamethasone ophth susp 0.3-0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ZYLET SUS 0.5-0.3%</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**OPHTHALMIC, ANTI-INFECTIVES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZASITE SOL 1%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>bacitracin</em> ophth oint 500 unit/gm</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><em>bacitracin-polyoxymyxin b ophth oint</em></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>BESIVANCE SUS 0.6%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CILOXAN OIN 0.3% OP</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ciprofloxacin hcl ophth soln 0.3%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>erythromycin ophth oint 5 mg/gm</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>gatifloxacin ophth soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><em>gentak</em> oin 0.3% op</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-----------</td>
<td>---------------------</td>
</tr>
<tr>
<td>gentamicin sulfate ophth soln 0.3%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>levofloxacin ophth soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>MOXEZA SOL 0.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>moxifloxacin hcl ophth soln 0.5% (base equiv)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>neo-polycin oin op</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>neomycin-polmy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ofloxacin ophth soln 0.3%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>polycin oin op</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>sulfacetamide sodium ophth oint 10%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>sulfacetamide sodium ophth soln 10%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tobramycin ophth soln 0.3%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>TOBREX OIN 0.3% OP</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**OPHTHALMIC, ANTI-INFLAMMATORY, Nonsteroidal**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACUVAIL SOL 0.45%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>diclofenac sodium ophth soln 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>flurbiprofen sodium ophth soln 0.03%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ILEVRO DRO 0.3% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ketorolac tromethamine ophth soln 0.4%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ketorolac tromethamine ophth soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>NEVANAC SUS 0.1%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PROLENSA SOL 0.07%</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**OPHTHALMIC, ANTI-INFLAMMATORY, Steroidal**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALREX SUS 0.2%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>dexamethasone sodium phosphate ophth soln 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>DUREZOL EMU 0.05%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>fluorometholone ophth susp 0.1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>FML FORTE SUS 0.25% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FML OIN 0.1% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LOTEMAX GEL 0.5%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>LOTEMAX OIN 0.5%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>LOTEMAX SUS 0.5%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>MAXIDEX SUS 0.1% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRED MILD SUS 0.12% OP</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PRED SOD PHO SOL 1% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>prednisolone acetate ophth susp 1%</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**OPHTHALMIC, ANTIALLERGICS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALOCROIL SOL 2%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-----------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>ALOMIDE SOL 0.1% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>azelastine hcl ophth soln 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>BEPREVE DRO 1.5%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>cromolyn sodium ophth soln 4%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>EMADINE SOL 0.05% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>epinastine hcl ophth soln 0.05%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>LASTACAFT SOL 0.25%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>olopatadine hcl ophth soln 0.1% (base equivalent)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>olopatadine hcl ophth soln 0.2% (base equivalent)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PAZEO DRO 0.7%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC, ANTIFUNGALS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NATACYN SUS 5% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC, ANTIVIRALS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>trifluridine ophth soln 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ZIRGAN GEL 0.15%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC, BETA-BLOCKERS, Nonselective</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BETIMOL SOL 0.5%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BETIMOL SOL 0.25%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>carteolol hcl ophth soln 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ISTALOL SOL 0.5% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>levobunolol hcl ophth soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>timolol maleate ophth gel forming soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>timolol maleate ophth gel forming soln 0.25%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>timolol maleate ophth soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>timolol maleate ophth soln 0.5% (once-daily)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>timolol maleate ophth soln 0.25%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>TIMOPTIC OCU SOL 0.5% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TIMOPTIC OCU SOL 0.25% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC, BETA-BLOCKERS, Selective</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>betaxolol hcl ophth soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>BETOPTIC-S SUS 0.25% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC, CARBONIC ANHYDRASE INHIBITOR/BETA-BLOCKER COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COSOPT PF SOL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC, CARBONIC ANHYDRAZE INHIBITOR/SYMPATHOMIMETIC COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SIMBRINZA SUS 1-0.2%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-----------</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td><strong>OPHTHALMIC, CARBONIC ANHYDRASE INHIBITORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AZOPT SUS 1% OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>dorzolamide hcl ophth soln 2%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC, DRY EYE DISEASE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESTASIS EMU 0.05%</td>
<td>2</td>
<td>QL (Max 2 vials per day)</td>
</tr>
<tr>
<td>RESTASIS MUL EMU 0.05%</td>
<td>2</td>
<td>QL (1 bottle per 30 days)</td>
</tr>
<tr>
<td><strong>OPHTHALMIC, MISCELLANEOUS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>altafrin sol 2.5% op</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>altafrin sol 10% op</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>LACRISERT MIS 5MG OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OXERVATE SOL 20MCG/ML</td>
<td>5</td>
<td>SP, QL (28 vials per 28 days, 8 weeks treatment, 1 treatment per year), PA</td>
</tr>
<tr>
<td>phenylephrine hcl ophth soln 2.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>phenylephrine hcl ophth soln 10%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>proparacaine hcl ophth soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tetracaine hcl ophth soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC, MYDRIATICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>atropine sulfate ophth soln 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CYCLOMYDRIL SOL OP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>cyclopentolate hcl ophth soln 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>cyclopentolate hcl ophth soln 2%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tropicamide ophth soln 0.5%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>tropicamide ophth soln 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC, PARASYMPATHOMIMETICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pilocarpine hcl ophth soln 1%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>pilocarpine hcl ophth soln 2%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>pilocarpine hcl ophth soln 4%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC, PROSTAGLANDINS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bimatoprost ophth soln 0.03%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>latanoprost ophth soln 0.005%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>LUMIGAN SOL 0.01%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TRAVATAN Z DRO 0.004%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VYZULTA SOL 0.024%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ZIOPTAN DRO 0.0015%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC, RHO KINASE INHIBITORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RHOPRESSA SOL 0.02%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC, SYMPATHOMIMETIC/BETA-BLOCKER COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMBIGAN SOL 0.2/0.5%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC, SYMPATHOMIMETICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALPHAGAN P SOL 0.1%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ALPHAGAN P SOL 0.15%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>brimonidine tartrate ophth soln 0.2%</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements/Limits</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>-----------</td>
<td>--------------------</td>
</tr>
<tr>
<td><em>brimonidine tartrate ophth soln 0.15%</em></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**OTIC, ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements/Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIPRO HC SUS OTIC</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CIPRODEX SUS 0.3-0.1%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>COLY-MYCIN S SUS OTIC</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>hydrocortisone w/ acetic acid otic soln 1-2%</em></td>
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**OTIC, ANTI-INFECTIVES**

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**OTIC, MISCELLANEOUS**

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budesonide inhalation susp 0.5 mg/2ml 135

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<td>clotrimazole w/ betamethasone lotion 1-0.05%</td>
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<td>irbesartan-hydrochlorothiazide tab 150-12.5 mg</td>
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<td>irbesartan-hydrochlorothiazide tab 300-12.5 mg</td>
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<tr>
<td>IRESSA TAB 250MG</td>
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<tr>
<td>iron supplmt dro 15mg/ml</td>
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<td>ISENTRESS TAB 400MG</td>
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pravastatin sodium tab 20 mg .......... 42
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