

# CCA One Care (HMO D-SNP)

## 2026 List of Covered Drugs (*Drug List* or Formulary)



### PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

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This *Drug List* was updated on 04/01/2026.

For more recent information or other questions, contact us at  
866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week or  
visit [ccama.org](http://ccama.org).

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The call is free. **For more information**, visit [ccama.org](http://ccama.org).



04/01/2026

# Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs and non-drug products are covered by CCA One Care. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by CCA One Care. Key terms and their definitions appear in the last chapter of the Member Handbook, otherwise known as the Evidence of Coverage.

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## A. Disclaimers

This is a list of drugs that members can get in *CCA One Care*.

- ❖ CCA One Care (HMO D-SNP) is a health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- ❖ When this document says “we,” “us,” or “our,” it means Commonwealth Care Alliance, Inc. When it says “plan” or “our plan,” it means CCA One Care.
- ❖ In the Commonwealth of Massachusetts, Commonwealth Care Alliance, Inc. does business as Commonwealth Care Alliance Massachusetts (CCA).
- ❖ **Estate Recovery Awareness:** MassHealth (Medicaid) is required by federal law to recover money from the estates of certain MassHealth (Medicaid) members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth (Medicaid) estate recovery, please visit [www.mass.gov/estaterecovery](http://www.mass.gov/estaterecovery).

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- ❖ The List of Covered Drugs may change at any time. You will receive notice when necessary.
- ❖ Benefits may change on January 1 of each year.
- ❖ You can always check CCA One Care's up-to-date *List of Covered Drugs* online at [ccama.org](http://ccama.org) or by calling Member Services at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. This call is free.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. This call is free.
- ❖ This document is available for free in other languages.
- ❖ ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita.
- ❖ We will keep your request for alternative formats and special language on file for future mailings. Please contact Member Services to change your request for a preferred language and/or format.

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Commonwealth Care Alliance, Inc.

Civil Rights Coordinator

30 Winter Street, 11<sup>th</sup> Floor

Boston, MA 02108

Phone: 617-960-0474, ext. 3932 (TTY 711)

Fax: 857-453-4517

Email: [civilrightscordinator@commonwealthcare.org](mailto:civilrightscordinator@commonwealthcare.org)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
Phone: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at  
[www.hhs.gov/ocr/office/file/index.html](https://www.hhs.gov/ocr/office/file/index.html).

Massachusetts 2026 ND



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**English:** If you speak English, free language assistance services are available. Auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-610-2273 (TTY: 711).

**Spanish:** Si habla español, tiene a su disposición servicios de asistencia lingüística gratuitos. También están disponibles sin costo recursos auxiliares y servicios para proporcionar información en formatos accesibles. Llame al 1-866-610-2273 (TTY: 711).

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**Chinese Cantonese:** 如果您講粵語，我們可以提供免費的語言協助服務。此外，還免費提供以無障礙格式提供資訊的輔助工具和服務。請致電 1-866-610-2273 (TTY: 711)。

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**Vietnamese:** Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và phương tiện phụ trợ cung cấp thông tin ở định dạng dễ tiếp cận cũng được miễn phí. Gọi 1-866-610-2273 (TTY: 711).

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**Russian:** Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Звоните по номеру 1-866-610-2273 (TTY: 711).

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**Hindi:** यदि आप हिन्दी बोलते हैं, तो निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूप में सूचना उपलब्ध कराने के लिए सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। 1-866-610-2273 (TTY: 711) पर कॉल करें।

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**Italian:** Se parla italiano, può usufruire di servizi di assistenza linguistica gratuiti. Sono disponibili gratuitamente anche dei servizi e supporti ausiliari che forniscono informazioni in formati accessibili. Chiami il numero 1-866-610-2273 (TTY: 711)

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**Cape Verdean Creole:** Si bu ta papia Kriolu di Kabu Verdi, sirvisus di apoiu lingustikui ta sta dispunível. També ta sta dispunível apoiu y sirvisus ausiliaris pa da informason na formatus asesível. Txoma pa 1-866-610-2273 (TTY: 711).

**Haitian Creole:** Si ou pale kreyòl Ayisyen, gen sèvis asistans lang gratis ki disponib. Gen èd ak sèvis oksilyè pou bay enfòmasyon nan fòm aksèsib ki disponib gratis tou. Rele 1-866-610-2273 (TTY: 711).

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**Polish:** Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-610-2273 (TTY: 711).

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**Gujarati:** જો તમે ગુજરાતી બોલનાર છો, તો મફત ભાષા સહાય સેવા ઉપલબ્ધ છે. માહિતીને સુલભ ફોર્મેટમાં પ્રદાન કરવા માટે સહાયક સહાય અને સેવા પણ મફતમાં ઉપલબ્ધ છે. 1-866-610-2273 (TTY: 711) પર કોલ કરો.

**Lao/Laotian:** ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພາສາພາສາພາສາ. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເພື່ອສະໜອງຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ແມ່ນຍັງສາມາດໃຊ້ໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-866-610-2273 (TTY: 711).

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**Greek:** Εάν μιλάτε ελληνικά, διατίθενται δωρεάν υπηρεσίες γλωσσικής βοήθειας. Διατίθενται επίσης δωρεάν βοηθητικά μέσα και υπηρεσίες για την παροχή πληροφοριών σε προσβάσιμη μορφή. Καλέστε στο 1-866-610-2273 (TTY: 711).

**Khmer:** ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ នោះនឹងមានការផ្តល់ជូនសេវាជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ។ ជំនួយនិងសេវាក្នុងការផ្តល់ព័ត៌មានជាទម្រង់ដែលអាចចូលប្រើបានក៏នឹងមានផ្តល់ជូនដោយឥតគិតថ្លៃផងដែរ។ ទូរសព្ទទៅ 1-866-610-2273 (TTY: 711)។

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## **B. Frequently Asked Questions (FAQ)**

Find answers here to questions you have about this *List of Covered Drugs (Drug List)*. You can read all of the FAQ to learn more, or look for a question and answer.

### **B1. What drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the *Drug List* for short.)**

The drugs on the *Drug List* that starts in **Section C** are the drugs covered by CCA One Care. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- CCA One Care will cover all medically necessary drugs on the *Drug List* if:
  - your doctor or other prescriber says you need them to get better or stay healthy,

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- CCA One Care agrees that the drug is medically necessary for you, **and**
- you fill the prescription at a CCA One Care network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at [ccama.org](http://ccama.org) or call Member Services at 866-610-2273 (TTY 711) 8 am to 8 pm, 7 days a week.

## **B2. Does the *Drug List* ever change?**

Yes, and CCA One Care must follow Medicare and MassHealth (Medicaid) rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from CCA One Care before you can get a drug.)

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- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we'll cover another drug.)

For more information on these drug rules, refer to question B4.

If you're taking a drug that was covered at the **beginning** of the year, we'll generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that a drug isn't safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check CCA One Care's up-to-date *Drug List* online at [ccama.org](http://ccama.org). Updates to the *Drug List* are posted on the website monthly.

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- You can also call Member Services at 866-610-2273 (TTY 711) 8 am to 8 pm, 7 days a week to check the current *Drug List*.

### **B3. What happens when there's a change to the *Drug List*?**

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will stay the same. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
  - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
  - We can make these changes only if the drug we're adding:

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- is a new generic version of a brand name drug, or
- is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
- Some of these drug types may be new to you. For more information, refer to **Section B14**.
- You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change. Your provider will issue a prescription for a new medication to replace the drug that is taken off the market.

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**We may make other changes that affect the drugs you take.** We'll tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that isn't new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we'll:

- tell you at least 30 days before we make the change to the *Drug List* **or**
- let you know and give you a 31-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

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- if there's a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

#### **B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?**

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from CCA One Care before you fill your prescription. Prior authorization is different from a referral. CCA One Care may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes CCA One Care limits the amount of a drug you can get.

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**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit [ccama.org](http://ccama.org).



- **Step therapy:** Sometimes CCA One Care requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.
- **Indication-based coverage:** If CCA One Care covers a drug only for some medical conditions, we clearly identify it on the *Drug List* along with the specific medical conditions that are covered.

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C**. You can also get more information by visiting our website at [ccama.org](http://ccama.org). We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

**You can ask for an exception from these limits.** This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

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**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit [ccama.org](http://ccama.org).



Refer to questions B10-B12 for more information about exceptions.

### **B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?**

The table in the section titled, “List of Drugs by Medical Condition” has a column labeled “Necessary actions, restrictions, or limits on use.”

### **B6. What happens if CCA One Care changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?**

In some cases, we’ll tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

### **B7. How can I find a drug on the *Drug List*?**

There are two ways to find a drug:

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**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit [ccama.org](http://ccama.org).



- you can search alphabetically, **or**
- you can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it in **Section D**. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs are listed in the index.

To search by medical condition, find **Section C** labeled “List of Drugs by Medical Condition”. The drugs in this section are grouped into categories depending on the type of medical conditions they’re used to treat. For example, if you have a heart condition, you should look in the Cardiovascular Agents category. That’s where you’ll find drugs that treat heart conditions.

## **B8. What if the drug I want to take isn’t on the *Drug List*?**

If you don’t find your drug on the *Drug List*, call Member Services at 866-610-2273 (TTY 711) 8 am to 8 pm, 7 days a week and ask about it. If you learn that CCA One Care won’t cover the drug, you can do one of these things:

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**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit [ccama.org](http://ccama.org).



- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that's like the one you want to take. **Or**
- Ask CCA One Care to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

## **B9. What if I'm a new CCA One Care member and can't find my drug on the *Drug List* or have a problem getting my drug?**

We can help. We may cover a temporary 31-day supply of your drug during the first 90 days you're a member of CCA One Care. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we'll allow multiple refills to provide up to a maximum of 31 days of medication.

We'll cover a 31-day supply of your drug if:

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**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit [ccama.org](http://ccama.org).



- you're taking a drug that isn't on our *Drug List*, **or**
- our plan rules don't let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by CCA One Care, **or**
- you're taking a drug that's part of a step therapy restriction.

If you're taking a covered drug that CCA One Care doesn't consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug. If the pharmacy isn't able to bill CCA One Care for this one-time supply, MassHealth (Medicaid) will pay for it.

If you're in a nursing home or other long-term care facility and need a drug that isn't on the *Drug List* or if you can't easily get the drug you need, we can help. If you've been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days),

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**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit [ccama.org](http://ccama.org).



whether or not you're a new CCA One Care member.

- This is in addition to the temporary supply during the first 90 days you're a member of CCA One Care.

For current enrollees with level-of-care changes, we will provide an emergency supply of at least 31 days (unless the prescription is written for fewer days) for all non-formulary medications including those that may have step therapy or prior authorization requirements. An unplanned level of care transition could be any of the following:

- a discharge or admission to a long-term care facility
- a discharge or admission to a hospital, or
- a nursing facility skilled level change

## **B10. Can I ask for an exception to cover my drug?**

Yes. You can ask CCA One Care to make an exception to cover a drug that isn't on the *Drug List*.

You can also ask us to change the rules on your drug.

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**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit [ccama.org](http://ccama.org).



- For example, CCA One Care may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

### **B11. How can I ask for an exception?**

To ask for an exception, call *Member Services*. A Member Services representative will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9** of the *Member Handbook* to learn more about exceptions.

### **B12. How long does it take to get an exception?**

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours.

A member, a member's prescriber, and/or appointed representative (with written consent) can request the exception by completing the Prescription Drug Coverage

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**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit [ccama.org](http://ccama.org).



Determination Request form available on our website at [ccama.org](http://ccama.org). The form may be submitted by mail or fax:

CVS Caremark Part D Appeals and Exceptions

PO Box 52000, MC109

Phoenix, AZ 85072-2000

Fax: 855-633-7673

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we'll give you a decision within 24 hours of getting your prescriber's supporting statement.

### **B13. What are generic drugs?**

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

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**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit [ccama.org](http://ccama.org).



CCA One Care covers both brand name drugs and generic drugs.

## **B14. What are original biological products and how are they related to biosimilars?**

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information on drug types, refer to **Chapter 5** of the *Member Handbook*.

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**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit [ccama.org](http://ccama.org).



## **B15. What are OTC drugs?**

OTC stands for “over-the-counter”. CCA One Care covers some OTC drugs when they’re written as prescriptions by your provider.

You can read the CCA One Care *Drug List* to find out what OTC drugs are covered.

## **B16. Does CCA One Care cover non-drug OTC products?**

CCA One Care covers some non-drug OTC products when they are written as prescriptions by your provider. Examples of non-drug OTC products include gauze pads and dressings, alcohol swabs, and certain needles/syringes.

You can read the CCA One Care *Drug List* to find out what non-drug OTC products are covered.

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**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit [ccama.org](http://ccama.org).



## **B17. Does CCA One Care cover long-term supplies of prescriptions?**

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 100-day supply of your drugs sent directly to your home. There is no copay for mail-order drugs. Specialty drugs are limited to a 31-day supply.
- **100-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 100-day supply of covered drugs. There is no copay for retail pharmacy prescriptions. Specialty drugs are limited to a 31-day supply.

## **B18. Can I get prescriptions delivered to my home from my local pharmacy?**

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

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**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit [ccama.org](http://ccama.org).



## **B19. What's my copay?**

CCA One Care members have no copays for prescription and OTC drugs as long as the member follows the plan's rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our *Drug List*.

Every drug in the plan's Drug List is on tier 1. You have no copays for prescription and OTC drugs on CCA One Care's Drug List. To find your drugs, you can look in the Drug List.

Tier 1 consists of both part D drugs and non-Medicare covered drugs, and/or non-Medicare covered OTC drugs.

If you have questions, call Member Services at 866-610-2273 (TTY 711) 8 am to 8 pm, 7 days a week.

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## **C. Overview of the *List of Covered Drugs***

The *List of Covered Drugs* gives you information about the drugs covered by CCA One Care. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in **Section D**. The index alphabetically lists all drugs covered by CCA One Care.

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**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit [ccama.org](http://ccama.org).



**Note:** The asterisk (\*) next to a drug means the drug isn't a "Part D drug." These drugs have different rules for appeals.

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want isn't covered or is no longer covered by Medicare or MassHealth (Medicaid).
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Member Services at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week *or* at the numbers listed at the bottom of this page or at the numbers in the footer of this document.
- You can also read **Chapter 9** of the *Member Handbook* to learn how to appeal a decision.

## **C1. List of Drugs by Medical Condition**

The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the category, cardiovascular agents. That's where you'll find drugs that treat heart conditions.

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**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit [ccama.org](http://ccama.org).



Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

PA = Prior authorization: you must have authorization from the plan before you can get this drug.

ST = Step therapy: you must try another drug before you can get this one.

QL = Quantity limit. Sometimes CCA One Care limits the amount of a drug you can get.

NDS = Non-Extended Day Supply. You may be able to receive greater than a 1-month supply of most of the drugs on your Formulary via retail or mail order. Drugs noted with “NDS” are limited to a 1-month supply for both Retail and Mail Order.

B/D = This drug may be eligible for payment under Medicare Part B or Medicare Part D. You or your healthcare provider are required to get a prior authorization from CCA One Care to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, CCA may not cover this drug. PA\_BVD does not apply to Medicaid Only members.

Asterisk (\*) = Denotes non- Part D drugs

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**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit [ccama.org](http://ccama.org).



The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *valsartan*), brand name drugs are capitalized (for example, MYRBETRIQ). The information in the “Necessary actions, restrictions, or limits on use” column tells you if CCA One Care has any rules for covering your drug.

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**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit [ccama.org](http://ccama.org).



# CCA\_CY26\_1T\_SNP eff 04/01/2026

**NAME OF DRUG**

**NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

## **ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION**

### ***GOUT - DRUGS TO TREAT GOUT***

---

*allopurinol tab 100 mg*

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*allopurinol tab 300 mg*

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*colchicine tab 0.6 mg*

QL (120 tabs /  
30 days)

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*colchicine w/ probenecid tab  
0.5-500 mg*

---

*probenecid tab 500 mg*

---

### ***MISCELLANEOUS***

---

*lidocaine hcl local inj 0.5%*

B/D

---

*lidocaine hcl local inj 1%*

B/D

---

*lidocaine hcl local inj 2%*

B/D

---

*lidocaine hcl local preservative*

B/D

*free (pf) inj 0.5%*

---

*lidocaine hcl local preservative*

B/D

*free (pf) inj 1%*

---

*lidocaine hcl local preservative*

B/D

*free (pf) inj 1.5%*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE*****NSAIDS - DRUGS TO TREAT PAIN AND  
INFLAMMATION***

<i>celecoxib cap 50 mg</i>	QL (60 caps / 30 days)
<i>celecoxib cap 100 mg</i>	QL (60 caps / 30 days)
<i>celecoxib cap 200 mg</i>	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	QL (30 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	
<i>diclofenac sodium tab delayed release 50 mg</i>	
<i>diclofenac sodium tab delayed release 75 mg</i>	
<i>diclofenac sodium tab er 24hr 100 mg</i>	
<i>diflunisal tab 500 mg</i>	
<i>etodolac cap 200 mg</i>	
<i>etodolac cap 300 mg</i>	

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*etodolac tab 400 mg*

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*etodolac tab 500 mg*

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*etodolac tab er 24hr 400 mg*

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*etodolac tab er 24hr 500 mg*

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*etodolac tab er 24hr 600 mg*

---

*flurbiprofen tab 100 mg*

---

*ibu*

---

*ibuprofen susp 100 mg/5ml*

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*ibuprofen tab 400 mg*

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*ibuprofen tab 600 mg*

---

*ibuprofen tab 800 mg*

---

*meloxicam tab 7.5 mg*

---

*meloxicam tab 15 mg*

---

*nabumetone tab 500 mg*

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*nabumetone tab 750 mg*

---

*naproxen sodium tab 275 mg*

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*naproxen sodium tab 550 mg*

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*naproxen tab 250 mg*

---

*naproxen tab 375 mg*

---

*naproxen tab 500 mg*

---

*naproxen tab ec 375 mg*

---

QL (120 tabs /  
30 days)

---

*piroxicam cap 10 mg*

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**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*piroxicam cap 20 mg*

---

*sulindac tab 150 mg*

---

*sulindac tab 200 mg*

---

**OPIOID ANALGESICS, LONG-ACTING**

---

*buprenorphine td patch weekly* QL (4 patches /  
*5 mcg/hr* 28 days), PA

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*buprenorphine td patch weekly* QL (4 patches /  
*7.5 mcg/hr* 28 days), PA

---

*buprenorphine td patch weekly* QL (4 patches /  
*10 mcg/hr* 28 days), PA

---

*buprenorphine td patch weekly* QL (4 patches /  
*15 mcg/hr* 28 days), PA

---

*buprenorphine td patch weekly* QL (4 patches /  
*20 mcg/hr* 28 days), PA

---

*fentanyl td patch 72hr 12* QL (10 patches /  
*mcg/hr* 30 days), PA

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*fentanyl td patch 72hr 25* QL (10 patches /  
*mcg/hr* 30 days), PA

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*fentanyl td patch 72hr 37.5* QL (10 patches /  
*mcg/hr* 30 days), PA

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*fentanyl td patch 72hr 50* QL (10 patches /  
*mcg/hr* 30 days), PA

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**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	QL (30 tabs / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>methadone hcl soln 5 mg/5ml</i>	QL (450 mL / 30 days), PA
<i>methadone hcl soln 10 mg/5ml</i>	QL (450 mL / 30 days), PA
<i>methadone hcl tab 5 mg</i>	QL (90 tabs / 30 days), PA
<i>methadone hcl tab 10 mg</i>	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i>	QL (90 mL / 30 days), PA
<i>morphine sulfate tab er 15 mg</i>	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 30 mg</i>	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 60 mg</i>	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 100 mg</i>	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 200 mg</i>	QL (90 tabs / 30 days), PA
<b>OXYCONTIN TAB 10MG ER</b>	QL (60 tabs / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
OXYCONTIN TAB 15MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG ER	QL (60 tabs / 30 days), PA

### ***OPIOID ANALGESICS, SHORT-ACTING***

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	QL (180 tabs / 30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

<i>butorphanol tartrate inj 2 mg/ml</i>	
<i>endocet tab 2.5-325mg</i>	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	QL (150 tabs / 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	QL (600 mL / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>hydromorphone hcl tab 2 mg</i>	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	QL (180 tabs / 30 days)
<i>morphine sulfate iv soln 2 mg/ml</i>	B/D
<i>morphine sulfate iv soln 4 mg/ml</i>	B/D
<i>morphine sulfate iv soln 8 mg/ml</i>	B/D
<i>morphine sulfate iv soln 10 mg/ml</i>	B/D
<i>morphine sulfate oral soln 10 mg/5ml</i>	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	QL (180 mL / 30 days)
<i>morphine sulfate tab 15 mg</i>	QL (180 tabs / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>morphine sulfate tab 30 mg</i>	QL (180 tabs / 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	QL (180 mL / 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	QL (900 mL / 30 days)
<i>oxycodone hcl tab 5 mg</i>	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	QL (240 tabs / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	QL (180 tabs / 30 days)
<i>tramadol hcl tab 50 mg</i>	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	QL (240 tabs / 30 days)

## **ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS**

### **ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole tab 200 mg</i>	QL (672 tabs / year), PA
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	
ARIKAYCE SUS	PA
<i>atovaquone susp 750 mg/5ml</i>	QL (300 mL / 30 days), PA
<i>aztreonam for inj 1 gm</i>	
<i>aztreonam for inj 2 gm</i>	
BLUJEPATAB 750MG	
CAYSTON INH 75MG	PA
<i>clindamycin hcl cap 75 mg</i>	

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*clindamycin hcl cap 150 mg*

---

*clindamycin hcl cap 300 mg*

---

*clindamycin palmitate hcl for  
soln 75 mg/5ml (base equiv)*

---

*clindamycin phosphate in d5w  
iv soln 300 mg/50ml*

---

*clindamycin phosphate in d5w  
iv soln 600 mg/50ml*

---

*clindamycin phosphate in d5w  
iv soln 900 mg/50ml*

---

*clindamycin phosphate inj 300  
mg/2ml*

---

*clindamycin phosphate inj 600  
mg/4ml*

---

*clindamycin phosphate inj 900  
mg/6ml*

---

*CLINDMYC/NAC INJ 300/50ML*

---

*CLINDMYC/NAC INJ 600/50ML*

---

*CLINDMYC/NAC INJ 900/50ML*

---

*colistimethate sod for inj 150  
mg (colistin base activity)*

---

*dapsone tab 25 mg*

---

*dapsone tab 100 mg*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*daptomycin for iv soln 350 mg*

---

*daptomycin for iv soln 500 mg*

---

*DAPTOMYCIN INJ 350MG*

---

*EMVERM CHW 100MG**QL (12 tabs /  
year)*

---

*ertapenem sodium for inj 1 gm  
(base equivalent)*

---

*fosfomicin tromethamine  
powd pack 3 gm (base  
equivalent)*

---

*gentamicin in saline inj 0.8  
mg/ml*

---

*gentamicin in saline inj 1  
mg/ml*

---

*gentamicin in saline inj 1.2  
mg/ml*

---

*gentamicin in saline inj 1.6  
mg/ml*

---

*gentamicin in saline inj 2  
mg/ml*

---

*gentamicin sulfate inj 10  
mg/ml*

---

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gentamicin sulfate inj 40 mg/ml</i>	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	
IMPAVIDO CAP 50MG	PA
<i>ivermectin tab 3 mg</i>	QL (20 tabs / 90 days), PA
<i>ivermectin tab 6 mg</i>	QL (10 tabs / 90 days), PA
<i>linezolid for susp 100 mg/5ml</i>	QL (1800 mL / 30 days)
LINEZOLID INJ 2MG/ML	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	
<i>linezolid tab 600 mg</i>	QL (60 tabs / 30 days)
<i>meropenem iv for soln 1 gm</i>	
<i>meropenem iv for soln 2 gm</i>	
<i>meropenem iv for soln 500 mg</i>	
<i>methenamine hippurate tab 1 gm</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>metronidazole iv soln 500 mg/100ml</i>	
<i>metronidazole tab 250 mg</i>	
<i>metronidazole tab 500 mg</i>	
<i>neomycin sulfite tab 500 mg</i>	
<i>nitazoxanide tab 500 mg</i>	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	
<i>pentamidine isethionate inh</i>	B/D
<i>pentamidine isethionate inj</i>	
<i>polymyxin b sulfate for inj 500000 unit</i>	
<i>praziquantel tab 600 mg</i>	
<i>pyrimethamine tab 25 mg</i>	QL (90 tabs / 30 days), PA
<i>streptomycin sulfate for inj 1 gm</i>	
<i>sulfadiazine tab 500 mg</i>	

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*sulfamethoxazole-trimethoprim  
iv soln 400-80 mg/5ml*

---

*sulfamethoxazole-trimethoprim  
susp 200-40 mg/5ml*

---

*sulfamethoxazole-trimethoprim  
tab 400-80 mg*

---

*sulfamethoxazole-trimethoprim  
tab 800-160 mg*

---

*tinidazole tab 250 mg*

---

*tinidazole tab 500 mg*

---

TOBI PODHALR CAP 28MG PA

---

*tobramycin nebu soln 300  
mg/5ml* PA

---

*tobramycin sulfate inj 1.2  
gm/30ml (40 mg/ml) (base  
equiv)*

---

*tobramycin sulfate inj 10  
mg/ml (base equivalent)*

---

*tobramycin sulfate inj 80  
mg/2ml (40 mg/ml) (base  
equiv)*

---

*trimethoprim tab 100 mg*

---

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	QL (80 caps / 180 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	QL (160 caps / 180 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	
<i>vancomycin hcl for iv soln 1.5 gm (base equivalent)</i>	
<i>vancomycin hcl for iv soln 1.25 gm (base equivalent)</i>	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	
<b>VANCOMYCIN INJ 1 GM</b>	
<b>VANCOMYCIN INJ 500MG</b>	
<b>VANCOMYCIN INJ 750MG</b>	

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE****ANTIFUNGALS - DRUGS TO TREAT FUNGAL  
INFECTIONS**

---

<i>amphotericin b for iv soln 50 mg</i>	B/D
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<i>amphotericin b liposome iv for susp 50 mg</i>	B/D
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<i>casprofungin acetate for iv soln 50 mg</i>	
---	--

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<i>casprofungin acetate for iv soln 70 mg</i>	
---	--

---

CRESEMBA CAP 74.5MG	PA
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CRESEMBA CAP 186MG	PA
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---

<i>fluconazole for susp 10 mg/ml</i>	
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<i>fluconazole for susp 40 mg/ml</i>	
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<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	
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---

<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	
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<i>fluconazole tab 50 mg</i>	
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<i>fluconazole tab 100 mg</i>	
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<i>fluconazole tab 150 mg</i>	
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---

<i>fluconazole tab 200 mg</i>	
-------------------------------	--

---

<i>flucytosine cap 250 mg</i>	PA
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<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>flucytosine cap 500 mg</i>	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	
<i>griseofulvin microsize tab 500 mg</i>	
<i>griseofulvin ultramicrosize tab 125 mg</i>	
<i>griseofulvin ultramicrosize tab 250 mg</i>	
<i>itraconazole cap 100 mg</i>	QL (120 caps / 30 days)
<i>ketoconazole tab 200 mg</i>	PA
<i>micafungin sodium for iv soln 50 mg</i>	
<i>micafungin sodium for iv soln 100 mg</i>	
<i>nystatin tab 500000 unit</i>	
<i>posaconazole tab delayed release 100 mg</i>	QL (93 tabs / 30 days), PA

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*terbinafine hcl tab 250 mg*QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year

---

*voriconazole for inj 200 mg*PA

---

*voriconazole for susp 40 mg/ml*QL (600 mL / 28 days), PA

---

*voriconazole tab 50 mg*QL (480 tabs / 30 days)

---

*voriconazole tab 200 mg*QL (120 tabs / 30 days)

---

**ANTIMALARIALS - DRUGS TO TREAT  
MALARIA**

---

*atovaquone-proguanil hcl tab 62.5-25 mg*

---

*atovaquone-proguanil hcl tab 250-100 mg*

---

*chloroquine phosphate tab 250 mg*

---

*chloroquine phosphate tab 500 mg*

---

**COARTEM TAB 20-120MG**

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*mefloquine hcl tab 250 mg*

---

*primaquine phosphate tab  
26.3 mg (15 mg base)*

---

PRIMAQUINE TAB 26.3MG

---

*quinine sulfate cap 324 mg* PA

---

**ANTIRETROVIRAL AGENTS - DRUGS TO  
SUPPRESS HIV/AIDS INFECTION**

---

*abacavir sulfate soln 20 mg/ml  
(base equiv)*

---

*abacavir sulfate tab 300 mg  
(base equiv)*

---

APTIVUS CAP 250MG

---

*atazanavir sulfate cap 150 mg  
(base equiv)*

---

*atazanavir sulfate cap 200 mg  
(base equiv)*

---

*atazanavir sulfate cap 300 mg  
(base equiv)*

---

*darunavir tab 600 mg* QL (60 tabs / 30  
days)

---

*darunavir tab 800 mg* QL (30 tabs / 30  
days)

---

EDURANT PED TAB 2.5MG

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

EDURANT TAB 25MG

---

*efavirenz tab 600 mg*

---

*emtricitabine caps 200 mg*

---

EMTRIVA SOL 10MG/ML

---

*etravirine tab 100 mg*

---

*etravirine tab 200 mg*

---

*fosamprenavir calcium tab 700  
mg (base equiv)*

---

INTELENCE TAB 25MG

---

ISENTRESS CHW 25MG

---

ISENTRESS CHW 100MG

---

ISENTRESS HD TAB 600MG

---

ISENTRESS POW 100MG

---

ISENTRESS TAB 400MG

---

*lamivudine oral soln 10 mg/ml*

---

*lamivudine tab 150 mg*

---

*lamivudine tab 300 mg*

---

*maraviroc tab 150 mg*

---

*maraviroc tab 300 mg*

---

*nevirapine susp 50 mg/5ml*

---

*nevirapine tab 200 mg*

---

*nevirapine tab er 24hr 400 mg*

---

NORVIR POW 100MG

---

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PIFELTRO TAB 100MG	
PREZISTA SUS 100MG/ML	QL (400 mL / 30 days)
PREZISTA TAB 75MG	QL (480 tabs / 30 days)
PREZISTA TAB 150MG	QL (240 tabs / 30 days)
REYATAZ POW 50MG	
<i>ritonavir tab 100 mg</i>	
RUKOBIA TAB 600MG ER	
SELZENTRY SOL 20MG/ML	
SUNLENCA TAB 300MG	
<i>tenofovir disoproxil fumarate tab 300 mg</i>	
TIVICAY PD TAB 5MG	
TIVICAY TAB 50MG	
TROGARZO INJ 150MG/ML	
TYBOST TAB 150MG	
VIRACEPT TAB 250MG	
VIRACEPT TAB 625MG	
VIREAD POW 40MG/GM	
VIREAD TAB 150MG	
VIREAD TAB 200MG	

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

VIREAD TAB 250MG

---

*zidovudine cap 100 mg*

---

*zidovudine syrup 10 mg/ml*

---

*zidovudine tab 300 mg*

---

**ANTIRETROVIRAL COMBINATION AGENTS  
- DRUGS TO SUPPRESS HIV/AIDS  
INFECTION**

---

*abacavir sulfate-lamivudine  
tab 600-300 mg*

---

BIKTARVY TAB 30-120-15 MG

---

BIKTARVY TAB 50-200-25 MG

---

CIMDUO TAB 300-300

---

DELSTRIGO TAB

---

DESCOVY TAB 120-15MG

---

DESCOVY TAB 200/25MG

---

DOVATO TAB 50-300MG

---

*efavirenz-emtricitabine-  
tenofovir df tab 600-200-300  
mg*

---

*efavirenz-lamivudine-tenofovir  
df tab 400-300-300 mg*

---

*efavirenz-lamivudine-tenofovir  
df tab 600-300-300 mg*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*emtricitabine-rilpivirine-  
tenofovir df tab 200-25-300  
mg*

---

*emtricitabine-tenofovir  
disoproxil fumarate tab 100-  
150 mg*

---

*emtricitabine-tenofovir  
disoproxil fumarate tab 133-  
200 mg*

---

*emtricitabine-tenofovir  
disoproxil fumarate tab 167-  
250 mg*

---

*emtricitabine-tenofovir  
disoproxil fumarate tab 200-  
300 mg*

---

EVOTAZ TAB 300-150

---

GENVOYA TAB

---

JULUCA TAB 50-25MG

---

KALETRA SOL

---

*lamivudine-zidovudine tab  
150-300 mg*

---

*lopinavir-ritonavir tab 100-25  
mg*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*lopinavir-ritonavir tab 200-50  
mg*

---

ODEFSEY TAB

---

PREZCOBIX TAB 675/150

---

PREZCOBIX TAB 800-150

---

STRIBILD TAB

---

SYMTUZA TAB

---

TRIUMEQ PD TAB

---

TRIUMEQ TAB

---

***ANTITUBERCULAR AGENTS - DRUGS TO  
TREAT TUBERCULOSIS***

---

*cycloserine cap 250 mg*

---

*ethambutol hcl tab 100 mg*

---

*ethambutol hcl tab 400 mg*

---

*isoniazid syrup 50 mg/5ml*

---

*isoniazid tab 100 mg*

---

*isoniazid tab 300 mg*

---

PRIFTIN TAB 150MG

---

*pyrazinamide tab 500 mg*

---

*rifabutin cap 150 mg*

---

*rifampin cap 150 mg*

---

*rifampin cap 300 mg*

---

*rifampin for inj 600 mg*

---

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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SIRTURO TAB 20MG	PA
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SIRTURO TAB 100MG	PA
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### ***ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS***

<i>acyclovir cap 200 mg</i>	
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<i>acyclovir sodium iv soln 50 mg/ml</i>	B/D
--	-----

<i>acyclovir susp 200 mg/5ml</i>	
----------------------------------	--

<i>acyclovir tab 400 mg</i>	
-----------------------------	--

<i>acyclovir tab 800 mg</i>	
-----------------------------	--

<i>adefovir dipivoxil tab 10 mg</i>	
-------------------------------------	--

BARACLUDE SOL	ST
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<i>entecavir tab 0.5 mg</i>	
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<i>entecavir tab 1 mg</i>	
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EPCLUSA PAK 150-37.5	PA
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EPCLUSA PAK 200-50MG	PA
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EPCLUSA TAB 200-50MG	PA
----------------------	----

EPCLUSA TAB 400-100	PA
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<i>famciclovir tab 125 mg</i>	
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<i>famciclovir tab 250 mg</i>	
-------------------------------	--

<i>famciclovir tab 500 mg</i>	
-------------------------------	--

<i>ganciclovir sodium for inj 500 mg</i>	B/D
--	-----

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>lamivudine tab 100 mg (hbv)</i>	
LIVTENCITY TAB 200MG	QL (336 tabs / 28 days), PA
MAVYRET PAK 50-20MG	PA
MAVYRET TAB 100-40MG	PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	QL (84 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	QL (1080 mL / year)
PAXLOVID PAK	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	QL (60 tabs / 90 days)
PEGASYS INJ	PA
PEGASYS INJ 180MCG/M	PA
PREVYMIS TAB 240MG	QL (28 tabs / 28 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
PREVYMIS TAB 480MG	QL (28 tabs / 28 days), PA
RELENZA MIS DISKHALE	QL (6 inhalers / year)
<i>ribavirin cap 200 mg</i>	
<i>ribavirin tab 200 mg</i>	
<i>rimantadine hydrochloride tab 100 mg</i>	
<i>valacyclovir hcl tab 1 gm</i>	
<i>valacyclovir hcl tab 500 mg</i>	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	
VOSEVI TAB	PA
XOFLUZA TAB 40MG	QL (1 tab / 180 days)
XOFLUZA TAB 80MG	QL (1 tab / 180 days)

### **CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS**

<i>cefaclor cap 250 mg</i>
<i>cefaclor cap 500 mg</i>

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*cefadroxil cap 500 mg*

---

*cefadroxil for susp 250 mg/5ml*

---

*cefadroxil for susp 500 mg/5ml*

---

CEFAZOLIN INJ 1GM/50ML

---

CEFAZOLIN INJ 2GM

---

CEFAZOLIN INJ 3GM

---

*cefazolin sodium for inj 1 gm*

---

*cefazolin sodium for inj 2 gm*

---

*cefazolin sodium for inj 3 gm*

---

*cefazolin sodium for inj 10 gm*

---

*cefazolin sodium for inj 500  
mg*

---

*cefazolin sodium for iv soln 1  
gm*

---

CEFAZOLIN SOLN 2GM/100ML-  
4%

---

CEFAZOLIN/DEX SOL  
1GM/50ML-4%

---

CEFAZOLIN/DEX SOL  
2GM/50ML-3%

---

CEFAZOLIN/DEX SOL  
3GM/50ML-2%

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

CEFAZOLIN/DEX SOL  
3GM/150ML-4%

---

*cefdinir cap 300 mg*

---

*cefdinir for susp 125 mg/5ml*

---

*cefdinir for susp 250 mg/5ml*

---

*cefepime hcl for inj 1 gm*

---

*cefepime hcl for iv soln 2 gm*

---

*cefixime cap 400 mg*

---

*cefixime for susp 100 mg/5ml*

---

*cefixime for susp 200 mg/5ml*

---

*cefotetan disodium for inj 1  
gm*

---

*cefotetan disodium for inj 2  
gm*

---

*cefoxitin sodium for iv soln 1  
gm*

---

*cefoxitin sodium for iv soln 2  
gm*

---

*cefoxitin sodium for iv soln 10  
gm*

---

*cefpodoxime proxetil for susp  
50 mg/5ml*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*cefepodoxime proxetil for susp  
100 mg/5ml*

---

*cefepodoxime proxetil tab 100  
mg*

---

*cefepodoxime proxetil tab 200  
mg*

---

*cefprozil for susp 125 mg/5ml*

---

*cefprozil for susp 250 mg/5ml*

---

*cefprozil tab 250 mg*

---

*cefprozil tab 500 mg*

---

*ceftazidime for iv soln  
400 mg*

---

*ceftazidime for iv soln  
600 mg*

---

*ceftazidime for inj 1 gm*

---

*ceftazidime for inj 6 gm*

---

*ceftazidime for iv soln 2 gm*

---

*ceftriaxone sodium for inj 1  
gm*

---

*ceftriaxone sodium for inj 2  
gm*

---

*ceftriaxone sodium for inj 10  
gm*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*ceftriaxone sodium for inj 250 mg*

---

*ceftriaxone sodium for inj 500 mg*

---

*ceftriaxone sodium for iv soln 1 gm*

---

*ceftriaxone sodium for iv soln 2 gm*

---

*cefuroxime axetil tab 250 mg*

---

*cefuroxime axetil tab 500 mg*

---

*cefuroxime sodium for inj 750 mg*

---

*cefuroxime sodium for iv soln 1.5 gm*

---

*cephalexin cap 250 mg*

---

*cephalexin cap 500 mg*

---

*cephalexin for susp 125 mg/5ml*

---

*cephalexin for susp 250 mg/5ml*

---

*tazicef*

---

TEFLARO INJ 400MG

---

TEFLARO INJ 600MG

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE****ERYTHROMYCINS/MACROLIDES - DRUGS  
TO TREAT INFECTIONS**

---

*azithromycin for susp 100  
mg/5ml*

---

*azithromycin for susp 200  
mg/5ml*

---

*azithromycin iv for soln 500  
mg*

---

*azithromycin tab 250 mg*

---

*azithromycin tab 500 mg*

---

*azithromycin tab 600 mg*

---

*clarithromycin for susp 125  
mg/5ml*

---

*clarithromycin for susp 250  
mg/5ml*

---

*clarithromycin tab 250 mg*

---

*clarithromycin tab 500 mg*

---

*clarithromycin tab er 24hr 500  
mg*

---

DIFICID SUS

---

*e.e.s. 400*

---

ERYTHROCIN INJ 500MG

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*erythromycin ethylsuccinate  
tab 400 mg*

---

*erythromycin lactobionate for  
inj 500 mg*

---

*erythromycin tab 250 mg*

---

*erythromycin tab 500 mg*

---

*erythromycin tab delayed  
release 250 mg*

---

*erythromycin tab delayed  
release 333 mg*

---

*erythromycin tab delayed  
release 500 mg*

---

*erythromycin w/ delayed  
release particles cap 250 mg*

---

*fidaxomicin tab 200 mg*

---

**FLUOROQUINOLONES - DRUGS TO TREAT  
INFECTIONS**

---

*ciprofloxacin 200 mg/100ml in  
d5w*

---

*ciprofloxacin 400 mg/200ml in  
d5w*

---

*ciprofloxacin hcl tab 250 mg  
(base equiv)*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*ciprofloxacin hcl tab 500 mg  
(base equiv)*

---

*ciprofloxacin hcl tab 750 mg  
(base equiv)*

---

*levofloxacin in d5w iv soln 250  
mg/50ml*

---

*levofloxacin in d5w iv soln 500  
mg/100ml*

---

*levofloxacin in d5w iv soln 750  
mg/150ml*

---

*levofloxacin iv soln 25 mg/ml*

---

*levofloxacin oral soln 25  
mg/ml*

---

*levofloxacin tab 250 mg*

---

*levofloxacin tab 500 mg*

---

*levofloxacin tab 750 mg*

---

*moxifloxacin hcl 400  
mg/250ml in sodium chloride  
0.8% inj*

---

*moxifloxacin hcl tab 400 mg  
(base equiv)*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE*****PENICILLINS - DRUGS TO TREAT  
INFECTIONS***

---

*amoxicillin & k clavulanate for  
susp 200-28.5 mg/5ml*

---

*amoxicillin & k clavulanate for  
susp 250-62.5 mg/5ml*

---

*amoxicillin & k clavulanate for  
susp 400-57 mg/5ml*

---

*amoxicillin & k clavulanate for  
susp 600-42.9 mg/5ml*

---

*amoxicillin & k clavulanate tab  
250-125 mg*

---

*amoxicillin & k clavulanate tab  
500-125 mg*

---

*amoxicillin & k clavulanate tab  
875-125 mg*

---

*amoxicillin (trihydrate) cap  
250 mg*

---

*amoxicillin (trihydrate) cap  
500 mg*

---

*amoxicillin (trihydrate) chew  
tab 125 mg*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*amoxicillin (trihydrate) chew  
tab 250 mg*

---

*amoxicillin (trihydrate) for  
susp 125 mg/5ml*

---

*amoxicillin (trihydrate) for  
susp 200 mg/5ml*

---

*amoxicillin (trihydrate) for  
susp 250 mg/5ml*

---

*amoxicillin (trihydrate) for  
susp 400 mg/5ml*

---

*amoxicillin (trihydrate) tab 500  
mg*

---

*amoxicillin (trihydrate) tab 875  
mg*

---

*ampicillin & sulbactam sodium  
for inj 1.5 (1-0.5) gm*

---

*ampicillin & sulbactam sodium  
for inj 3 (2-1) gm*

---

*ampicillin & sulbactam sodium  
for iv soln 1.5 (1-0.5) gm*

---

*ampicillin & sulbactam sodium  
for iv soln 3 (2-1) gm*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*ampicillin & sulbactam sodium  
for iv soln 15 (10-5) gm*

---

*ampicillin cap 500 mg*

---

*ampicillin sodium for inj 1 gm*

---

*ampicillin sodium for inj 2 gm*

---

*ampicillin sodium for inj 250  
mg*

---

*ampicillin sodium for inj 500  
mg*

---

*ampicillin sodium for iv soln 1  
gm*

---

*ampicillin sodium for iv soln 2  
gm*

---

*ampicillin sodium for iv soln 10  
gm*

---

*BICILLIN L-A INJ 600000*

---

*BICILLIN L-A INJ 1200000*

---

*BICILLIN L-A INJ 2400000*

---

*dicloxacillin sodium cap 250  
mg*

---

*dicloxacillin sodium cap 500  
mg*

---

*nafcillin sodium for inj 1 gm*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*nafcillin sodium for inj 2 gm*

---

*nafcillin sodium for iv soln 10 gm*

---

*oxacillin sodium for inj 1 gm (base equivalent)*

---

*oxacillin sodium for inj 2 gm (base equivalent)*

---

*oxacillin sodium for iv soln 10 gm (base equivalent)*

---

*penicillin g potassium for inj 5000000 unit*

---

*penicillin g potassium for inj 20000000 unit*

---

*penicillin g sodium for inj 5000000 unit*

---

*penicillin v potassium for soln 125 mg/5ml*

---

*penicillin v potassium for soln 250 mg/5ml*

---

*penicillin v potassium tab 250 mg*

---

*penicillin v potassium tab 500 mg*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*pfizerpen*

---

*piperacillin sod-tazobactam na  
for inj 3.375 gm (3-0.375 gm)*

---

*piperacillin sod-tazobactam  
sod for inj 2.25 gm (2-0.25  
gm)*

---

*piperacillin sod-tazobactam  
sod for inj 4.5 gm (4-0.5 gm)*

---

*piperacillin sod-tazobactam  
sod for inj 13.5 gm (12-1.5  
gm)*

---

*piperacillin sod-tazobactam  
sod for inj 40.5 gm (36-4.5  
gm)*

---

**TETRACYCLINES - DRUGS TO TREAT  
INFECTIONS**

---

*doxy 100*

---

*doxycycline hyclate cap 50 mg*

---

*doxycycline hyclate cap 100  
mg*

---

*doxycycline hyclate for inj 100  
mg*

---

*doxycycline hyclate tab 20 mg*

---

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>doxycycline hyclate tab 100 mg</i>	
<i>doxycycline monohydrate cap 50 mg</i>	
<i>doxycycline monohydrate cap 100 mg</i>	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	
<i>doxycycline monohydrate tab 50 mg</i>	
<i>doxycycline monohydrate tab 75 mg</i>	
<i>doxycycline monohydrate tab 100 mg</i>	
<i>minocycline hcl cap 50 mg</i>	
<i>minocycline hcl cap 75 mg</i>	
<i>minocycline hcl cap 100 mg</i>	
NUZYRA INJ 100MG	
NUZYRA TAB 150MG	QL (30 tabs / 14 days)
<i>tetracycline hcl cap 250 mg</i>	
<i>tetracycline hcl cap 500 mg</i>	
<i>tigecycline for iv soln 50 mg</i>	

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE****ANTINEOPLASTIC AGENTS - DRUGS TO  
TREAT CANCER*****ALKYLATING AGENTS***

BENDAMUSTINE SOL 100/4ML	B/D
BENDEKA INJ 100/4ML	B/D
<i>carboplatin iv soln 50 mg/5ml</i>	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	B/D
CYCLOPHOSPH INJ 1GM/2ML	B/D
CYCLOPHOSPH INJ 1GM/5ML	B/D
CYCLOPHOSPH INJ 2GM/4ML	B/D
CYCLOPHOSPH INJ 500/5ML	B/D
CYCLOPHOSPH INJ 500MG/ML	B/D

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
CYCLOPHOSPH INJ 1000MG	B/D
CYCLOPHOSPH INJ 2000MG	B/D
CYCLOPHOSPH TAB 25MG	B/D
CYCLOPHOSPH TAB 50MG	B/D
CYCLOPHOSPHA INJ 2GM/10ML	B/D
CYCLOPHOSPHA INJ 500/2.5	B/D
<i>cyclophosphamide cap 25 mg</i>	B/D
<i>cyclophosphamide cap 50 mg</i>	B/D
<i>cyclophosphamide for inj 1 gm</i>	B/D
<i>cyclophosphamide for inj 2 gm</i>	B/D
<i>cyclophosphamide for inj 500 mg</i>	B/D
FRINDOVYX INJ 1GM/2ML	B/D
FRINDOVYX INJ 2GM/4ML	B/D
FRINDOVYX INJ 500MG/ML	B/D
GLEOSTINE CAP 10MG	
GLEOSTINE CAP 40MG	
GLEOSTINE CAP 100MG	
LEUKERAN TAB 2MG	PA
<i>lomustine cap 10 mg</i>	
<i>lomustine cap 40 mg</i>	
<i>lomustine cap 100 mg</i>	

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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<i>oxaliplatin for iv inj 50 mg</i>	B/D
<i>oxaliplatin for iv inj 100 mg</i>	B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	B/D
<i>oxaliplatin iv soln 200 mg/40ml</i>	B/D
VIVIMUSTA INJ 100/4ML	B/D

### **ANTIMETABOLITES**

<i>azacitidine for inj 100 mg</i>	B/D
<i>cytarabine inj 20 mg/ml</i>	B/D
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	B/D
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	B/D
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	B/D
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	B/D
<i>gemcitabine hcl for inj 1 gm</i>	B/D
<i>gemcitabine hcl for inj 2 gm</i>	B/D
<i>gemcitabine hcl for inj 200 mg</i>	B/D

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	B/D
INQOVI TAB 35-100MG	QL (5 tabs / 28 days), PA
LONSURF TAB 15-6.14	QL (100 tabs / 28 days), PA
LONSURF TAB 20-8.19	QL (80 tabs / 28 days), PA
<i>mercaptapurine susp 2000 mg/100ml (20 mg/ml)</i>	
<i>mercaptapurine tab 50 mg</i>	
<i>methotrexate sodium for inj 1 gm</i>	B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	B/D

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	B/D
ONUREG TAB 200MG	QL (14 tabs / 28 days), PA
ONUREG TAB 300MG	QL (14 tabs / 28 days), PA
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	B/D
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	B/D
<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	B/D
<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	B/D
TABLOID TAB 40MG	PA

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE*****HORMONAL ANTINEOPLASTIC AGENTS***

<i>abiraterone acetate tab 250 mg</i>	QL (120 tabs / 30 days), PA
<i>abiraterone acetate tab 500 mg</i>	QL (60 tabs / 30 days), PA
<i>abirtega tab 250mg</i>	QL (120 tabs / 30 days), PA
AKEEGA TAB 50/500MG	QL (60 tabs / 30 days), PA
AKEEGA TAB 100/500	QL (60 tabs / 30 days), PA
<i>anastrozole tab 1 mg</i>	
<i>bicalutamide tab 50 mg</i>	
ELIGARD INJ 7.5MG	PA
ELIGARD INJ 22.5MG	PA
ELIGARD INJ 30MG	PA
ELIGARD INJ 45MG	PA
ERLEADA TAB 60MG	QL (120 tabs / 30 days), PA
ERLEADA TAB 240MG	QL (30 tabs / 30 days), PA
EULEXIN CAP 125MG	
<i>exemestane tab 25 mg</i>	

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
FIRMAGON INJ 80MG	PA
FIRMAGON INJ 120MG	PA
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	B/D
INLURIYO TAB 200MG	QL (56 tabs / 28 days), PA
<i>letrozole tab 2.5 mg</i>	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	PA
LUPRON DEPOT INJ 3.75MG	PA
LUPRON DEPOT INJ 11.25MG	PA
LYSODREN TAB 500MG	
<i>megestrol acetate tab 20 mg</i>	
<i>megestrol acetate tab 40 mg</i>	
<i>nilutamide tab 150 mg</i>	
NUBEQA TAB 300MG	QL (120 tabs / 30 days), PA
ORGOVYX TAB 120MG	PA
ORSERDU TAB 86MG	QL (90 tabs / 30 days), PA
ORSERDU TAB 345MG	QL (30 tabs / 30 days), PA
SOLTAMOX SOL 10MG/5ML	

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	
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<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	
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<i>toremifene citrate tab 60 mg (base equivalent)</i>	PA
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XTANDI CAP 40MG	QL (120 caps / 30 days), PA
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XTANDI TAB 40MG	QL (120 tabs / 30 days), PA
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XTANDI TAB 80MG	QL (60 tabs / 30 days), PA
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YONSA TAB 125MG	QL (120 tabs / 30 days), PA
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**IMMUNOMODULATORS**

<i>lenalidomide cap 5 mg</i>	QL (28 caps / 28 days), PA
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<i>lenalidomide cap 10 mg</i>	QL (28 caps / 28 days), PA
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<i>lenalidomide cap 15 mg</i>	QL (28 caps / 28 days), PA
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<i>lenalidomide cap 20 mg</i>	QL (21 caps / 28 days), PA
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<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>lenalidomide cap 25 mg</i>	QL (21 caps / 28 days), PA
<i>lenalidomide caps 2.5 mg</i>	QL (28 caps / 28 days), PA
POMALYST CAP 1MG	QL (21 caps / 28 days), PA
POMALYST CAP 2MG	QL (21 caps / 28 days), PA
POMALYST CAP 3MG	QL (21 caps / 28 days), PA
POMALYST CAP 4MG	QL (21 caps / 28 days), PA
THALOMID CAP 50MG	QL (84 caps / 28 days), PA
THALOMID CAP 100MG	QL (112 caps / 28 days), PA
<b>MISCELLANEOUS</b>	
BESREMI SOL 500MCG	QL (2 syringes / 28 days), PA
<i>bexarotene cap 75 mg</i>	QL (300 caps / 30 days), PA
<i>doxorubicin hcl inj 2 mg/ml</i>	B/D

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i>	B/D
<i>hydroxyurea cap 500 mg</i>	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	B/D
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	B/D
IWILFIN TAB 192MG	QL (240 tabs / 30 days), PA
<i>leucovorin calcium for inj 50 mg</i>	B/D
<i>leucovorin calcium for inj 100 mg</i>	B/D
<i>leucovorin calcium for inj 200 mg</i>	B/D
<i>leucovorin calcium for inj 350 mg</i>	B/D
<i>leucovorin calcium for inj 500 mg</i>	B/D

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	B/D
<i>leucovorin calcium tab 5 mg</i>	
<i>leucovorin calcium tab 10 mg</i>	
<i>leucovorin calcium tab 15 mg</i>	
<i>leucovorin calcium tab 25 mg</i>	
MATULANE CAP 50MG	
<i>mesna tab 400 mg</i>	
MODEYSO CAP 125MG	QL (20 caps / 28 days), PA
<i>tretinoin cap 10 mg</i>	
WELIREG TAB 40MG	QL (90 tabs / 30 days), PA
<b>MITOTIC INHIBITORS</b>	
<i>docetaxel for inj conc 20 mg/ml</i>	B/D
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	B/D
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	B/D
DOCETAXEL INJ 20MG/2ML	B/D
DOCETAXEL INJ 80MG/4ML	B/D
DOCETAXEL INJ 80MG/8ML	B/D

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
DOCETAXEL INJ 160/8ML	B/D
DOCETAXEL INJ 160/16ML	B/D
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	B/D
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	B/D
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	B/D
DOCIVYX INJ 20MG/2ML	B/D
DOCIVYX INJ 80MG/8ML	B/D
DOCIVYX INJ 160/16ML	B/D
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	B/D
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	B/D
<i>paclitaxel inj 100mg</i>	B/D
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	B/D

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

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*paclitaxel iv conc 150 mg/25ml/B/D  
(6 mg/ml)*

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*paclitaxel iv conc 300 mg/50ml/B/D  
(6 mg/ml)*

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*vincristine sulfate iv soln 1 mg/ml*      B/D

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*vinorelbine tartrate inj 10 mg/ml (base equiv)*      B/D

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*vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)*      B/D

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**MOLECULAR TARGET AGENTS**

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ALECENSA CAP 150MG      QL (240 caps / 30 days), PA

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ALUNBRIG PAK      QL (30 tabs / 30 days), PA

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ALUNBRIG TAB 30MG      QL (120 tabs / 30 days), PA

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ALUNBRIG TAB 90MG      QL (30 tabs / 30 days), PA

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ALUNBRIG TAB 180MG      QL (30 tabs / 30 days), PA

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<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
AUGTYRO CAP 40MG	QL (240 caps / 30 days), PA
AUGTYRO CAP 160MG	QL (60 caps / 30 days), PA
AVMAPKI PAK FAKZYNJA	QL (1 pack / 28 days), PA
AYVAKIT TAB 25MG	QL (30 tabs / 30 days), PA
AYVAKIT TAB 50MG	QL (30 tabs / 30 days), PA
AYVAKIT TAB 100MG	QL (30 tabs / 30 days), PA
AYVAKIT TAB 200MG	QL (30 tabs / 30 days), PA
AYVAKIT TAB 300MG	QL (30 tabs / 30 days), PA
BALVERSA TAB 3MG	QL (84 tabs / 28 days), PA
BALVERSA TAB 4MG	QL (56 tabs / 28 days), PA
BALVERSA TAB 5MG	QL (28 tabs / 28 days), PA
<i>bortezomib for inj 3.5 mg</i>	PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
BORTEZOMIB INJ 1MG	PA
BORTEZOMIB INJ 2.5MG	PA
BOSULIF CAP 50MG	QL (30 caps / 30 days), PA
BOSULIF CAP 100MG	QL (300 caps / 30 days), PA
BOSULIF TAB 100MG	QL (180 tabs / 30 days), PA
BOSULIF TAB 400MG	QL (30 tabs / 30 days), PA
BOSULIF TAB 500MG	QL (30 tabs / 30 days), PA
BRAFTOVI CAP 75MG	QL (180 caps / 30 days), PA
BRUKINSA CAP 80MG	QL (120 caps / 30 days), PA
BRUKINSA TAB 160MG	QL (60 tabs / 30 days), PA
CABOMETYX TAB 20MG	QL (30 tabs / 30 days), PA
CABOMETYX TAB 40MG	QL (30 tabs / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
CABOMETYX TAB 60MG	QL (30 tabs / 30 days), PA
CALQUENCE TAB 100MG	QL (60 tabs / 30 days), PA
CAPRELSA TAB 100MG	QL (60 tabs / 30 days), PA
CAPRELSA TAB 300MG	QL (30 tabs / 30 days), PA
COMETRIQ (60MG DOSE)	QL (84 caps / 28 days), PA
COMETRIQ KIT 100MG	QL (56 caps / 28 days), PA
COMETRIQ KIT 140MG	QL (112 caps / 28 days), PA
COPIKTRA CAP 15MG	QL (56 caps / 28 days), PA
COPIKTRA CAP 25MG	QL (56 caps / 28 days), PA
COTELLIC TAB 20MG	QL (63 tabs / 28 days), PA
DANZITEN TAB 71MG	QL (112 tabs / 28 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
DANZITEN TAB 95MG	QL (112 tabs / 28 days), PA
<i>dasatinib tab 20 mg</i>	QL (90 tabs / 30 days), PA
<i>dasatinib tab 50 mg</i>	QL (30 tabs / 30 days), PA
<i>dasatinib tab 70 mg</i>	QL (30 tabs / 30 days), PA
<i>dasatinib tab 80 mg</i>	QL (30 tabs / 30 days), PA
<i>dasatinib tab 100 mg</i>	QL (30 tabs / 30 days), PA
<i>dasatinib tab 140 mg</i>	QL (30 tabs / 30 days), PA
DAURISMO TAB 25MG	QL (60 tabs / 30 days), PA
DAURISMO TAB 100MG	QL (30 tabs / 30 days), PA
ENSACOVE CAP 25MG	QL (270 caps / 30 days), PA
ENSACOVE CAP 100MG	QL (60 caps / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
ERIVEDGE CAP 150MG	QL (30 caps / 30 days), PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	QL (90 tabs / 30 days), PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	QL (30 tabs / 30 days), PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab 2.5 mg</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab 5 mg</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab 7.5 mg</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab 10 mg</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab for oral susp 2 mg</i>	QL (60 tabs / 30 days), PA
<i>everolimus tab for oral susp 3 mg</i>	QL (90 tabs / 30 days), PA
<i>everolimus tab for oral susp 5 mg</i>	QL (60 tabs / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
FOTIVDA CAP 0.89MG	QL (21 caps / 28 days), PA
FOTIVDA CAP 1.34MG	QL (21 caps / 28 days), PA
FRUZAQLA CAP 1MG	QL (84 caps / 28 days), PA
FRUZAQLA CAP 5MG	QL (21 caps / 28 days), PA
GAVRETO CAP 100MG	QL (120 caps / 30 days), PA
<i>gefitinib tab 250 mg</i>	QL (60 tabs / 30 days), PA
GILOTRIF TAB 20MG	QL (30 tabs / 30 days), PA
GILOTRIF TAB 30MG	QL (30 tabs / 30 days), PA
GILOTRIF TAB 40MG	QL (30 tabs / 30 days), PA
GOMEKLI CAP 1MG	QL (168 caps / 28 days), PA
GOMEKLI CAP 2MG	QL (84 caps / 28 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
GOMEKLI TAB 1MG	QL (168 tabs / 28 days), PA
HERCEP HYLEC SOL 60-10000	PA
HERCEPTIN INJ 150MG	PA
HERCESSI INJ 150MG	PA
HERCESSI INJ 420MG	PA
HERNEXEOS TAB 60MG	QL (120 tabs / 30 days), PA
HERZUMA INJ 150MG	PA
HERZUMA INJ 420MG	PA
HYRNUO TAB 10MG	QL (120 tabs / 30 days), PA
IBRANCE CAP 75MG	QL (21 caps / 28 days), PA
IBRANCE CAP 100MG	QL (21 caps / 28 days), PA
IBRANCE CAP 125MG	QL (21 caps / 28 days), PA
IBRANCE TAB 75MG	QL (21 tabs / 28 days), PA
IBRANCE TAB 100MG	QL (21 tabs / 28 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
IBRANCE TAB 125MG	QL (21 tabs / 28 days), PA
IBTROZI CAP 200MG	QL (90 caps / 30 days), PA
ICLUSIG TAB 10MG	QL (30 tabs / 30 days), PA
ICLUSIG TAB 15MG	QL (30 tabs / 30 days), PA
ICLUSIG TAB 30MG	QL (30 tabs / 30 days), PA
ICLUSIG TAB 45MG	QL (30 tabs / 30 days), PA
IDHIFA TAB 50MG	QL (30 tabs / 30 days), PA
IDHIFA TAB 100MG	QL (30 tabs / 30 days), PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	QL (90 tabs / 30 days), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	QL (60 tabs / 30 days), PA
IMBRUVICA CAP 70MG	QL (30 caps / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
IMBRUVICA CAP 140MG	QL (120 caps / 30 days), PA
IMBRUVICA SUS 70MG/ML	QL (216 mL / 27 days), PA
IMBRUVICA TAB 140MG	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 280MG	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 420MG	QL (30 tabs / 30 days), PA
IMKELDI SOL 80MG/ML	QL (280 mL / 28 days), PA
INLYTA TAB 1MG	QL (180 tabs / 30 days), PA
INLYTA TAB 5MG	QL (120 tabs / 30 days), PA
INREBIC CAP 100MG	QL (120 caps / 30 days), PA
ITOVEBI TAB 3MG	QL (56 tabs / 28 days), PA
ITOVEBI TAB 9MG	QL (28 tabs / 28 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
JAKAFI TAB 5MG	QL (60 tabs / 30 days), PA
JAKAFI TAB 10MG	QL (60 tabs / 30 days), PA
JAKAFI TAB 15MG	QL (60 tabs / 30 days), PA
JAKAFI TAB 20MG	QL (60 tabs / 30 days), PA
JAKAFI TAB 25MG	QL (60 tabs / 30 days), PA
JAYPIRCA TAB 50MG	QL (30 tabs / 30 days), PA
JAYPIRCA TAB 100MG	QL (60 tabs / 30 days), PA
KADCYLA INJ 100MG	B/D
KADCYLA INJ 160MG	B/D
KANJINTI INJ 420MG	PA
KANJINTI SOL 150MG	PA
KEYTRUDA INJ 100MG/4M	PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	QL (1 vial / 21 days), PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	QL (1 vial / 42 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
KISQALI 200 DOSE	QL (21 tabs / 28 days), PA
KISQALI 400 DOSE	QL (42 tabs / 28 days), PA
KISQALI 400 PAK FEMARA	QL (70 tabs / 28 days), PA
KISQALI 600 DOSE	QL (63 tabs / 28 days), PA
KISQALI 600 PAK FEMARA	QL (91 tabs / 28 days), PA
KOMZIFTI CAP 200MG	QL (90 caps / 30 days), PA
KOSELUGO CAP 5MG	QL (600 caps / 30 days), PA
KOSELUGO CAP 7.5MG	QL (360 caps / 30 days), PA
KOSELUGO CAP 10MG	QL (240 caps / 30 days), PA
KOSELUGO CAP 25MG	QL (120 caps / 30 days), PA
KRAZATI TAB 200MG	QL (180 tabs / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	QL (180 tabs / 30 days), PA
LAZCLUZE TAB 80MG	QL (60 tabs / 30 days), PA
LAZCLUZE TAB 240MG	QL (30 tabs / 30 days), PA
LENVIMA CAP 4MG	QL (30 caps / 30 days), PA
LENVIMA CAP 8 MG	QL (60 caps / 30 days), PA
LENVIMA CAP 10 MG	QL (30 caps / 30 days), PA
LENVIMA CAP 12MG	QL (90 caps / 30 days), PA
LENVIMA CAP 14 MG	QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	QL (90 caps / 30 days), PA
LENVIMA CAP 20 MG	QL (60 caps / 30 days), PA
LENVIMA CAP 24 MG	QL (90 caps / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
LORBRENA TAB 25MG	QL (90 tabs / 30 days), PA
LORBRENA TAB 100MG	QL (30 tabs / 30 days), PA
LUMAKRAS TAB 120MG	QL (240 tabs / 30 days), PA
LUMAKRAS TAB 240MG	QL (120 tabs / 30 days), PA
LUMAKRAS TAB 320MG	QL (90 tabs / 30 days), PA
LYNPARZA TAB 100MG	QL (120 tabs / 30 days), PA
LYNPARZA TAB 150MG	QL (120 tabs / 30 days), PA
LYTGOBI (12 MG DAILY DOSE)	QL (84 tabs / 28 days), PA
LYTGOBI (16 MG DAILY DOSE)	QL (112 tabs / 28 days), PA
LYTGOBI (20 MG DAILY DOSE)	QL (140 tabs / 28 days), PA
MEKINIST SOL 0.05/ML	QL (1260 mL / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
MEKINIST TAB 0.5MG	QL (90 tabs / 30 days), PA
MEKINIST TAB 2MG	QL (30 tabs / 30 days), PA
MEKTOVI TAB 15MG	QL (180 tabs / 30 days), PA
MONJUVI INJ 200MG	PA
NERLYNX TAB 40MG	QL (180 tabs / 30 days), PA
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	QL (120 caps / 30 days), PA
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	QL (112 caps / 28 days), PA
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	QL (112 caps / 28 days), PA
NINLARO CAP 2.3MG	QL (3 caps / 28 days), PA
NINLARO CAP 3MG	QL (3 caps / 28 days), PA
NINLARO CAP 4MG	QL (3 caps / 28 days), PA
ODOMZO CAP 200MG	QL (30 caps / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
OGIVRI INJ 150MG	PA
OGIVRI INJ 420MG	PA
OGSIVEO TAB 100MG	QL (56 tabs / 28 days), PA
OGSIVEO TAB 150MG	QL (56 tabs / 28 days), PA
OJEMDA SUS 25MG/ML	QL (96 mL / 28 days), PA
OJEMDA TAB 100MG	QL (24 tabs / 28 days), PA
OJJAARA TAB 100MG	QL (30 tabs / 30 days), PA
OJJAARA TAB 150MG	QL (30 tabs / 30 days), PA
OJJAARA TAB 200MG	QL (30 tabs / 30 days), PA
ONTRUZANT INJ 150MG	PA
ONTRUZANT INJ 420MG	PA
<i>pazopanib hcl tab 200 mg (base equiv)</i>	QL (120 tabs / 30 days), PA
<i>pazopanib hcl tab 400 mg (base equiv)</i>	QL (60 tabs / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
PEMAZYRE TAB 4.5MG	QL (28 tabs / 28 days), PA
PEMAZYRE TAB 9MG	QL (28 tabs / 28 days), PA
PEMAZYRE TAB 13.5MG	QL (28 tabs / 28 days), PA
PHESGO SOL	PA
PIQRAY 200MG TAB DOSE	QL (28 tabs / 28 days), PA
PIQRAY 250MG TAB DOSE	QL (56 tabs / 28 days), PA
PIQRAY 300MG TAB DOSE	QL (56 tabs / 28 days), PA
QINLOCK TAB 50MG	QL (90 tabs / 30 days), PA
RETEVMO TAB 40MG	QL (90 tabs / 30 days), PA
RETEVMO TAB 80MG	QL (120 tabs / 30 days), PA
RETEVMO TAB 120MG	QL (60 tabs / 30 days), PA
RETEVMO TAB 160MG	QL (60 tabs / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
REVUFORJ TAB 25MG	QL (240 tabs / 30 days), PA
REVUFORJ TAB 110MG	QL (120 tabs / 30 days), PA
REVUFORJ TAB 160MG	QL (60 tabs / 30 days), PA
REZLIDHIA CAP 150MG	QL (60 caps / 30 days), PA
ROMVIMZA CAP 14MG	QL (8 caps / 28 days), PA
ROMVIMZA CAP 20MG	QL (8 caps / 28 days), PA
ROMVIMZA CAP 30MG	QL (8 caps / 28 days), PA
ROZLYTREK CAP 100MG	QL (180 caps / 30 days), PA
ROZLYTREK CAP 200MG	QL (90 caps / 30 days), PA
ROZLYTREK PAK 50MG	QL (336 packets / 28 days), PA
RUBRACA TAB 200MG	QL (120 tabs / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
RUBRACA TAB 250MG	QL (120 tabs / 30 days), PA
RUBRACA TAB 300MG	QL (120 tabs / 30 days), PA
RYDAPT CAP 25MG	QL (224 caps / 28 days), PA
SCSEMBLIX TAB 20MG	QL (60 tabs / 30 days), PA
SCSEMBLIX TAB 40MG	QL (300 tabs / 30 days), PA
SCSEMBLIX TAB 100MG	QL (120 tabs / 30 days), PA
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	QL (120 tabs / 30 days), PA
STIVARGA TAB 40MG	QL (84 tabs / 28 days), PA
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	QL (30 caps / 30 days), PA
<i>sunitinib malate cap 25 mg (base equivalent)</i>	QL (30 caps / 30 days), PA
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	QL (30 caps / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>sunitinib malate cap 50 mg (base equivalent)</i>	QL (30 caps / 30 days), PA
TABRECTA TAB 150MG	QL (112 tabs / 28 days), PA
TABRECTA TAB 200MG	QL (112 tabs / 28 days), PA
TAFINLAR CAP 50MG	QL (120 caps / 30 days), PA
TAFINLAR CAP 75MG	QL (120 caps / 30 days), PA
TAFINLAR TAB 10MG	QL (840 tabs / 28 days), PA
TAGRISSE TAB 40MG	QL (30 tabs / 30 days), PA
TAGRISSE TAB 80MG	QL (30 tabs / 30 days), PA
TALZENNA CAP 0.1MG	QL (30 caps / 30 days), PA
TALZENNA CAP 0.5MG	QL (30 caps / 30 days), PA
TALZENNA CAP 0.25MG	QL (90 caps / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
TALZENNA CAP 0.35MG	QL (30 caps / 30 days), PA
TALZENNA CAP 0.75MG	QL (30 caps / 30 days), PA
TALZENNA CAP 1MG	QL (30 caps / 30 days), PA
TAZVERIK TAB 200MG	QL (240 tabs / 30 days), PA
TECENTRIQ INJ 840/14	PA
TECENTRIQ INJ 1200/20	PA
TECENTRIQ INJ HYBREZA	QL (1 vial / 21 days), PA
TEPMETKO TAB 225MG	QL (60 tabs / 30 days), PA
TIBSOVO TAB 250MG	QL (60 tabs / 30 days), PA
<i>torpenz</i>	QL (30 tabs / 30 days), PA
TRAZIMERA INJ 150MG	PA
TRAZIMERA INJ 420MG	PA
TRUQAP PAK 160MG	QL (4 packs / 28 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
TRUQAP PAK 200MG	QL (4 packs / 28 days), PA
TRUQAP TAB 160MG	QL (64 tabs / 28 days), PA
TRUQAP TAB 200MG	QL (64 tabs / 28 days), PA
TRUXIMA INJ 100/10ML	PA
TRUXIMA INJ 500/50ML	PA
TUKYSA TAB 50MG	QL (120 tabs / 30 days), PA
TUKYSA TAB 150MG	QL (120 tabs / 30 days), PA
TURALIO CAP 125MG	QL (120 caps / 30 days), PA
VANFLYTA TAB 17.7MG	QL (56 tabs / 28 days), PA
VANFLYTA TAB 26.5MG	QL (56 tabs / 28 days), PA
VENCLEXTA TAB 10MG	QL (112 tabs / 28 days), PA
VENCLEXTA TAB 50MG	QL (112 tabs / 28 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
VENCLEXTA TAB 100MG	QL (180 tabs / 30 days), PA
VENCLEXTA TAB START PK	QL (42 tabs / 28 days), PA
VERZENIO TAB 50MG	QL (56 tabs / 28 days), PA
VERZENIO TAB 100MG	QL (56 tabs / 28 days), PA
VERZENIO TAB 150MG	QL (56 tabs / 28 days), PA
VERZENIO TAB 200MG	QL (56 tabs / 28 days), PA
VITRAKVI CAP 25MG	QL (180 caps / 30 days), PA
VITRAKVI CAP 100MG	QL (60 caps / 30 days), PA
VITRAKVI SOL 20MG/ML	QL (300 mL / 30 days), PA
VIZIMPRO TAB 15MG	QL (30 tabs / 30 days), PA
VIZIMPRO TAB 30MG	QL (30 tabs / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
VIZIMPRO TAB 45MG	QL (30 tabs / 30 days), PA
VONJO CAP 100MG	QL (120 caps / 30 days), PA
VORANIGO TAB 10MG	QL (60 tabs / 30 days), PA
VORANIGO TAB 40MG	QL (30 tabs / 30 days), PA
XALKORI CAP 20MG	QL (120 caps / 30 days), PA
XALKORI CAP 50MG	QL (120 caps / 30 days), PA
XALKORI CAP 150MG	QL (180 caps / 30 days), PA
XALKORI CAP 200MG	QL (120 caps / 30 days), PA
XALKORI CAP 250MG	QL (120 caps / 30 days), PA
XOSPATA TAB 40MG	QL (90 tabs / 30 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	QL (16 tabs / 28 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
XPOVIO PAK (40 MG ONCE WEEKLY)	QL (4 tabs / 28 days), PA
XPOVIO PAK (40 MG TWICE WEEKLY)	QL (8 tabs / 28 days), PA
XPOVIO PAK (60 MG ONCE WEEKLY)	QL (4 tabs / 28 days), PA
XPOVIO PAK (60 MG TWICE WEEKLY)	QL (24 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY)	QL (4 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY)	QL (8 tabs / 28 days), PA
XPOVIO PAK (80 MG TWICE WEEKLY)	QL (32 tabs / 28 days), PA
XPOVIO PAK (100 MG ONCE WEEKLY)	QL (8 tabs / 28 days), PA
ZEJULA TAB 100MG	QL (30 tabs / 30 days), PA
ZEJULA TAB 200MG	QL (30 tabs / 30 days), PA
ZEJULA TAB 300MG	QL (30 tabs / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
ZELBORAF TAB 240MG	QL (240 tabs / 30 days), PA
ZIRABEV INJ 100/4ML	PA
ZIRABEV INJ 400/16ML	PA
ZOLINZA CAP 100MG	QL (120 caps / 30 days), PA
ZYDELIG TAB 100MG	QL (60 tabs / 30 days), PA
ZYDELIG TAB 150MG	QL (60 tabs / 30 days), PA
ZYKADIA TAB 150MG	QL (84 tabs / 28 days), PA

**CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS**  
**ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE**

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	QL (30 caps / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	QL (30 caps / 30 days)
<i>benazepril &amp; hydrochlorothiazide tab 5- 6.25mg</i>	
<i>benazepril &amp; hydrochlorothiazide tab 10- 12.5 mg</i>	
<i>benazepril &amp; hydrochlorothiazide tab 20- 12.5 mg</i>	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

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*captopril & hydrochlorothiazide  
tab 50-15 mg*

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*captopril & hydrochlorothiazide  
tab 50-25 mg*

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*enalapril maleate &  
hydrochlorothiazide tab 5-12.5  
mg*

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*enalapril maleate &  
hydrochlorothiazide tab 10-25  
mg*

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*fosinopril sodium &  
hydrochlorothiazide tab 10-  
12.5 mg*

---

*fosinopril sodium &  
hydrochlorothiazide tab 20-  
12.5 mg*

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*lisinopril & hydrochlorothiazide  
tab 10-12.5 mg*

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*lisinopril & hydrochlorothiazide  
tab 20-12.5 mg*

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*lisinopril & hydrochlorothiazide  
tab 20-25 mg*

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**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE****ACE INHIBITORS - DRUGS TO TREAT HIGH  
BLOOD PRESSURE**

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*benazepril hcl tab 5 mg*

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*benazepril hcl tab 10 mg*

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*benazepril hcl tab 20 mg*

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*benazepril hcl tab 40 mg*

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*captopril tab 12.5 mg*

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*captopril tab 25 mg*

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*captopril tab 50 mg*

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*captopril tab 100 mg*

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*enalapril maleate tab 2.5 mg*

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*enalapril maleate tab 5 mg*

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*enalapril maleate tab 10 mg*

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*enalapril maleate tab 20 mg*

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*fosinopril sodium tab 10 mg*

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*fosinopril sodium tab 20 mg*

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*fosinopril sodium tab 40 mg*

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*lisinopril tab 2.5 mg*

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*lisinopril tab 5 mg*

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*lisinopril tab 10 mg*

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*lisinopril tab 20 mg*

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*lisinopril tab 30 mg*

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*lisinopril tab 40 mg*

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**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

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*moexipril hcl tab 7.5 mg*

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*moexipril hcl tab 15 mg*

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*perindopril erbumine tab 2 mg*

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*perindopril erbumine tab 4 mg*

---

*perindopril erbumine tab 8 mg*

---

*quinapril hcl tab 5 mg*

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*quinapril hcl tab 10 mg*

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*quinapril hcl tab 20 mg*

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*quinapril hcl tab 40 mg*

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*ramipril cap 1.25 mg*

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*ramipril cap 2.5 mg*

---

*ramipril cap 5 mg*

---

*ramipril cap 10 mg*

---

*trandolapril tab 1 mg*

---

*trandolapril tab 2 mg*

---

*trandolapril tab 4 mg*

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**ALDOSTERONE RECEPTOR ANTAGONISTS -  
DRUGS TO TREAT HIGH BLOOD PRESSURE**

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*eplerenone tab 25 mg*

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*eplerenone tab 50 mg*

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**KERENDIA TAB 10MG****QL (30 tabs / 30  
days)**

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**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

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**KERENDIA TAB 20MG**

QL (30 tabs / 30 days)

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**KERENDIA TAB 40MG**

QL (30 tabs / 30 days)

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*spironolactone tab 25 mg*

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*spironolactone tab 50 mg*

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*spironolactone tab 100 mg***ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE**

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*doxazosin mesylate tab 1 mg*

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*doxazosin mesylate tab 2 mg*

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*doxazosin mesylate tab 4 mg*

---

*doxazosin mesylate tab 8 mg*

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*prazosin hcl cap 1 mg*

---

*prazosin hcl cap 2 mg*

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*prazosin hcl cap 5 mg*

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*terazosin hcl cap 1 mg (base equivalent)*

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*terazosin hcl cap 2 mg (base equivalent)*

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*terazosin hcl cap 5 mg (base equivalent)*

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**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

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*terazosin hcl cap 10 mg (base equivalent)*

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**ANGIOTENSIN II RECEPTOR ANTAGONIST  
COMBINATIONS - DRUGS TO TREAT HIGH  
BLOOD PRESSURE**

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<i>amlodipine besylate- olmesartan medoxomil tab 5- 20 mg</i>	QL (30 tabs / 30 days)
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<i>amlodipine besylate- olmesartan medoxomil tab 5- 40 mg</i>	QL (30 tabs / 30 days)
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<i>amlodipine besylate- olmesartan medoxomil tab 10- 20 mg</i>	QL (30 tabs / 30 days)
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<i>amlodipine besylate- olmesartan medoxomil tab 10- 40 mg</i>	QL (30 tabs / 30 days)
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<i>amlodipine besylate-valsartan tab 5-160 mg</i>	QL (30 tabs / 30 days)
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<i>amlodipine besylate-valsartan tab 5-320 mg</i>	QL (30 tabs / 30 days)
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<i>amlodipine besylate-valsartan tab 10-160 mg</i>	QL (30 tabs / 30 days)
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<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	QL (240 caps / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	QL (30 tabs / 30 days)
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	QL (30 tabs / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	QL (30 tabs / 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	QL (60 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	QL (30 tabs / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	QL (30 tabs / 30 days)

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE****ANGIOTENSIN II RECEPTOR  
ANTAGONISTS - DRUGS TO TREAT HIGH  
BLOOD PRESSURE**

<i>candesartan cilexetil tab 4 mg</i>	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 8 mg</i>	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 16 mg</i>	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 32 mg</i>	QL (30 tabs / 30 days)
<i>irbesartan tab 75 mg</i>	QL (30 tabs / 30 days)
<i>irbesartan tab 150 mg</i>	QL (30 tabs / 30 days)
<i>irbesartan tab 300 mg</i>	QL (30 tabs / 30 days)
<i>losartan potassium tab 25 mg</i>	
<i>losartan potassium tab 50 mg</i>	
<i>losartan potassium tab 100 mg</i>	
<i>olmesartan medoxomil tab 5 mg</i>	QL (60 tabs / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>olmesartan medoxomil tab 20 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan medoxomil tab 40 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan tab 20 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan tab 40 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan tab 80 mg</i>	QL (30 tabs / 30 days)
<i>valsartan tab 40 mg</i>	QL (60 tabs / 30 days)
<i>valsartan tab 80 mg</i>	QL (60 tabs / 30 days)
<i>valsartan tab 160 mg</i>	QL (60 tabs / 30 days)
<i>valsartan tab 320 mg</i>	QL (30 tabs / 30 days)

### **ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM**

<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>
---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*amiodarone hcl inj 450  
mg/9ml (50 mg/ml)*

---

*amiodarone hcl inj 900  
mg/18ml (50 mg/ml)*

---

*amiodarone hcl tab 100 mg*

---

*amiodarone hcl tab 200 mg*

---

*amiodarone hcl tab 400 mg*

---

*disopyramide phosphate cap  
100 mg*

---

*disopyramide phosphate cap  
150 mg*

---

*dofetilide cap 125 mcg (0.125  
mg)*

---

*dofetilide cap 250 mcg (0.25  
mg)*

---

*dofetilide cap 500 mcg (0.5  
mg)*

---

*flecainide acetate tab 50 mg*

---

*flecainide acetate tab 100 mg*

---

*flecainide acetate tab 150 mg*

---

*MULTAQ TAB 400MG**QL (60 tabs / 30  
days)*

---

*pacerone*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*propafenone hcl cap er 12hr  
225 mg*

---

*propafenone hcl cap er 12hr  
325 mg*

---

*propafenone hcl cap er 12hr  
425 mg*

---

*propafenone hcl tab 150 mg*

---

*propafenone hcl tab 225 mg*

---

*propafenone hcl tab 300 mg*

---

*quinidine sulfate tab 200 mg*

---

*quinidine sulfate tab 300 mg*

---

*sotalol hcl (afib/afl) tab 80 mg*

---

*sotalol hcl (afib/afl) tab 120  
mg*

---

*sotalol hcl (afib/afl) tab 160  
mg*

---

*sotalol hcl tab 80 mg*

---

*sotalol hcl tab 120 mg*

---

*sotalol hcl tab 160 mg*

---

*sotalol hcl tab 240 mg*

---

**ANTILIPEMICS, FIBRATES**

---

*fenofibrate micronized cap 67  
mg*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*fenofibrate micronized cap 134 mg*

---

*fenofibrate micronized cap 200 mg*

---

*fenofibrate tab 48 mg*

---

*fenofibrate tab 54 mg*

---

*fenofibrate tab 145 mg*

---

*fenofibrate tab 160 mg*

---

*gemfibrozil tab 600 mg*

---

**ANTILIPEMICS, HMG-CoA REDUCTASE  
INHIBITORS - DRUGS TO TREAT HIGH  
CHOLESTEROL**

---

*atorvastatin calcium tab 10 mg* QL (30 tabs / 30 days)  
*(base equivalent)*

---

*atorvastatin calcium tab 20 mg* QL (30 tabs / 30 days)  
*(base equivalent)*

---

*atorvastatin calcium tab 40 mg* QL (30 tabs / 30 days)  
*(base equivalent)*

---

*atorvastatin calcium tab 80 mg* QL (30 tabs / 30 days)  
*(base equivalent)*

---

*lovastatin tab 10 mg* QL (60 tabs / 30 days)

---

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>lovastatin tab 20 mg</i>	QL (60 tabs / 30 days)
<i>lovastatin tab 40 mg</i>	QL (60 tabs / 30 days)
<i>pravastatin sodium tab 10 mg</i>	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 20 mg</i>	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 40 mg</i>	QL (30 tabs / 30 days)
<i>pravastatin sodium tab 80 mg</i>	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 5 mg</i>	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	QL (30 tabs / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>simvastatin tab 10 mg</i>	QL (30 tabs / 30 days)
<i>simvastatin tab 20 mg</i>	QL (30 tabs / 30 days)
<i>simvastatin tab 40 mg</i>	QL (30 tabs / 30 days)
<i>simvastatin tab 80 mg</i>	QL (30 tabs / 30 days)

### **ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL**

*cholestyramine light powder 4 gm/dose*

*cholestyramine light powder packets 4 gm*

*cholestyramine powder 4 gm/dose*

*cholestyramine powder packets 4 gm*

*colesevelam hcl packet for susp 3.75 gm*

*colesevelam hcl tab 625 mg*

*colestipol hcl granule packets 5 gm*

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>colestipol hcl granules 5 gm</i>	
<i>colestipol hcl tab 1 gm</i>	
<i>ezetimibe tab 10 mg</i>	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	QL (30 tabs / 30 days)
NEXLETOL TAB 180MG	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	QL (30 tabs / 30 days)
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	QL (60 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	QL (60 tabs / 30 days)
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	QL (60 tabs / 30 days)

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*omega-3-acid ethyl esters cap* PA  
*1 gm*

---

*prevalite*

---

REPATHA INJ 140MG/ML

QL (6 syringes /  
28 days), PA

---

REPATHA SURE INJ 140MG/ML

QL (6  
autoinjectors /  
28 days), PA

---

VASCEPA CAP 0.5GM

---

VASCEPA CAP 1GM

---

***BETA-BLOCKER/DIURETIC COMBINATIONS  
- DRUGS TO TREAT HIGH BLOOD  
PRESSURE AND HEART CONDITIONS***

---

*atenolol & chlorthalidone tab*  
*50-25 mg*

---

*atenolol & chlorthalidone tab*  
*100-25 mg*

---

*bisoprolol &*  
*hydrochlorothiazide tab 2.5-*  
*6.25 mg*

---

*bisoprolol &*  
*hydrochlorothiazide tab 5-6.25*  
*mg*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*bisoprolol &  
hydrochlorothiazide tab 10-  
6.25 mg*

---

*metoprolol &  
hydrochlorothiazide tab 50-25  
mg*

---

*metoprolol &  
hydrochlorothiazide tab 100-25  
mg*

---

*metoprolol &  
hydrochlorothiazide tab 100-50  
mg*

---

**BETA-BLOCKERS - DRUGS TO TREAT HIGH  
BLOOD PRESSURE AND HEART  
CONDITIONS**

---

*acebutolol hcl cap 200 mg*

---

*acebutolol hcl cap 400 mg*

---

*atenolol tab 25 mg*

---

*atenolol tab 50 mg*

---

*atenolol tab 100 mg*

---

*betaxolol hcl tab 10 mg*

---

*betaxolol hcl tab 20 mg*

---

*bisoprolol fumarate tab 5 mg*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*bisoprolol fumarate tab 10 mg*

---

*carvedilol tab 3.125 mg*

---

*carvedilol tab 6.25 mg*

---

*carvedilol tab 12.5 mg*

---

*carvedilol tab 25 mg*

---

*labetalol hcl tab 100 mg*

---

*labetalol hcl tab 200 mg*

---

*labetalol hcl tab 300 mg*

---

*metoprolol succinate tab er  
24hr 25 mg (tartrate equiv)*

---

*metoprolol succinate tab er  
24hr 50 mg (tartrate equiv)*

---

*metoprolol succinate tab er  
24hr 100 mg (tartrate equiv)*

---

*metoprolol succinate tab er  
24hr 200 mg (tartrate equiv)*

---

*metoprolol tartrate iv soln 5  
mg/5ml*

---

*metoprolol tartrate tab 25 mg*

---

*metoprolol tartrate tab 50 mg*

---

*metoprolol tartrate tab 100 mg*

---

*nadolol tab 20 mg*

---

*nadolol tab 40 mg*

---

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nadolol tab 80 mg</i>	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	QL (30 tabs / 30 days)
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	QL (60 tabs / 30 days)
<i>pindolol tab 5 mg</i>	
<i>pindolol tab 10 mg</i>	
<i>propranolol hcl cap er 24hr 60 mg</i>	
<i>propranolol hcl cap er 24hr 80 mg</i>	
<i>propranolol hcl cap er 24hr 120 mg</i>	
<i>propranolol hcl cap er 24hr 160 mg</i>	
<i>propranolol hcl oral soln 20 mg/5ml</i>	
<i>propranolol hcl oral soln 40 mg/5ml</i>	

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*propranolol hcl tab 10 mg*

---

*propranolol hcl tab 20 mg*

---

*propranolol hcl tab 40 mg*

---

*propranolol hcl tab 60 mg*

---

*propranolol hcl tab 80 mg*

---

*timolol maleate tab 5 mg*

---

*timolol maleate tab 10 mg*

---

*timolol maleate tab 20 mg*

---

**CALCIUM CHANNEL BLOCKERS - DRUGS TO  
TREAT HIGH BLOOD PRESSURE AND  
HEART CONDITIONS**

---

*amlodipine besylate tab 2.5  
mg (base equivalent)*

---

*amlodipine besylate tab 5 mg  
(base equivalent)*

---

*amlodipine besylate tab 10 mg  
(base equivalent)*

---

*cartia xt*

---

*dilt-xr*

---

*diltiazem hcl cap er 12hr 60  
mg*

---

*diltiazem hcl cap er 12hr 90  
mg*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*diltiazem hcl cap er 12hr 120 mg*

---

*diltiazem hcl cap er 24hr 120 mg*

---

*diltiazem hcl cap er 24hr 180 mg*

---

*diltiazem hcl cap er 24hr 240 mg*

---

*diltiazem hcl coated beads cap er 24hr 120 mg*

---

*diltiazem hcl coated beads cap er 24hr 180 mg*

---

*diltiazem hcl coated beads cap er 24hr 240 mg*

---

*diltiazem hcl coated beads cap er 24hr 300 mg*

---

*diltiazem hcl coated beads cap er 24hr 360 mg*

---

*diltiazem hcl extended release beads cap er 24hr 120 mg*

---

*diltiazem hcl extended release beads cap er 24hr 180 mg*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*diltiazem hcl extended release  
beads cap er 24hr 240 mg*

---

*diltiazem hcl extended release  
beads cap er 24hr 300 mg*

---

*diltiazem hcl extended release  
beads cap er 24hr 360 mg*

---

*diltiazem hcl extended release  
beads cap er 24hr 420 mg*

---

*diltiazem hcl iv soln 25 mg/5ml  
(5 mg/ml)*

---

*diltiazem hcl iv soln 50  
mg/10ml (5 mg/ml)*

---

*diltiazem hcl iv soln 125  
mg/25ml (5 mg/ml)*

---

*diltiazem hcl tab 30 mg*

---

*diltiazem hcl tab 60 mg*

---

*diltiazem hcl tab 90 mg*

---

*diltiazem hcl tab 120 mg*

---

*felodipine tab er 24hr 2.5 mg*

---

*felodipine tab er 24hr 5 mg*

---

*felodipine tab er 24hr 10 mg*

---

*isradipine cap 2.5 mg*

---

*isradipine cap 5 mg*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*nicardipine hcl cap 20 mg*

---

*nicardipine hcl cap 30 mg*

---

*nifedipine tab er 24hr 30 mg*

---

*nifedipine tab er 24hr 60 mg*

---

*nifedipine tab er 24hr 90 mg*

---

*nifedipine tab er 24hr osmotic  
release 30 mg*

---

*nifedipine tab er 24hr osmotic  
release 60 mg*

---

*nifedipine tab er 24hr osmotic  
release 90 mg*

---

*nimodipine cap 30 mg*

---

*tiadylt er*

---

*verapamil hcl cap er 24hr 100  
mg*

---

*verapamil hcl cap er 24hr 120  
mg*

---

*verapamil hcl cap er 24hr 180  
mg*

---

*verapamil hcl cap er 24hr 200  
mg*

---

*verapamil hcl cap er 24hr 240  
mg*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*verapamil hcl cap er 24hr 300 mg*

---

*verapamil hcl cap er 24hr 360 mg*

---

*verapamil hcl iv soln 2.5 mg/ml*

---

*verapamil hcl tab 40 mg*

---

*verapamil hcl tab 80 mg*

---

*verapamil hcl tab 120 mg*

---

*verapamil hcl tab er 120 mg*

---

*verapamil hcl tab er 180 mg*

---

*verapamil hcl tab er 240 mg*

---

**DIURETICS - DRUGS TO TREAT HEART  
CONDITIONS**

---

*acetazolamide cap er 12hr 500 mg*

---

*acetazolamide tab 125 mg*

---

*acetazolamide tab 250 mg*

---

*amiloride &*

*hydrochlorothiazide tab 5-50 mg*

---

*amiloride hcl tab 5 mg*

---

*bumetanide inj 0.25 mg/ml*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*bumetanide tab 0.5 mg*

---

*bumetanide tab 1 mg*

---

*bumetanide tab 2 mg*

---

*chlorthalidone tab 25 mg*

---

*chlorthalidone tab 50 mg*

---

*furosemide inj*

---

*furosemide oral soln 8 mg/ml*

---

*furosemide oral soln 10 mg/ml*

---

*furosemide tab 20 mg*

---

*furosemide tab 40 mg*

---

*furosemide tab 80 mg*

---

*hydrochlorothiazide cap 12.5  
mg*

---

*hydrochlorothiazide tab 12.5  
mg*

---

*hydrochlorothiazide tab 25 mg*

---

*hydrochlorothiazide tab 50 mg*

---

*indapamide tab 1.25 mg*

---

*indapamide tab 2.5 mg*

---

*methazolamide tab 25 mg*

---

*methazolamide tab 50 mg*

---

*metolazone tab 2.5 mg*

---

*metolazone tab 5 mg*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*metolazone tab 10 mg*

---

*spironolactone &  
hydrochlorothiazide tab 25-25  
mg*

---

*torseamide tab 5 mg*

---

*torseamide tab 10 mg*

---

*torseamide tab 20 mg*

---

*torseamide tab 100 mg*

---

*triamterene &  
hydrochlorothiazide cap 37.5-  
25 mg*

---

*triamterene &  
hydrochlorothiazide tab 37.5-  
25 mg*

---

*triamterene &  
hydrochlorothiazide tab 75-50  
mg*

---

**MISCELLANEOUS**

---

*aliskiren fumarate tab 150 mg* QL (30 tabs / 30  
*(base equivalent)* days

---

*aliskiren fumarate tab 300 mg* QL (30 tabs / 30  
*(base equivalent)* days

---

*clonidine hcl tab 0.1 mg*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

<i>clonidine hcl tab 0.2 mg</i>	
<i>clonidine hcl tab 0.3 mg</i>	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	
CORLANOR SOL 5MG/5ML	QL (450 mL / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	
<i>digoxin oral soln 0.05 mg/ml</i>	
<i>digoxin tab 125 mcg (0.125 mg)</i>	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	QL (30 tabs / 30 days)
<i>droxidopa cap 100 mg</i>	QL (90 caps / 30 days), PA
<i>droxidopa cap 200 mg</i>	QL (180 caps / 30 days), PA
<i>droxidopa cap 300 mg</i>	QL (180 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>epinephrine inj 1 mg/ml (1:1000)</i>	
<i>guanfacine hcl tab 1 mg</i>	PA; PA applies if 65 years and older
<i>guanfacine hcl tab 2 mg</i>	PA; PA applies if 65 years and older
<i>hydralazine hcl inj 20 mg/ml</i>	
<i>hydralazine hcl tab 10 mg</i>	
<i>hydralazine hcl tab 25 mg</i>	
<i>hydralazine hcl tab 50 mg</i>	
<i>hydralazine hcl tab 100 mg</i>	
<i>ivabradine hcl tab 5 mg (base equiv)</i>	QL (60 tabs / 30 days)
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	QL (60 tabs / 30 days)
<i>metyrosine cap 250 mg</i>	PA
<i>midodrine hcl tab 2.5 mg</i>	
<i>midodrine hcl tab 5 mg</i>	
<i>midodrine hcl tab 10 mg</i>	
<i>minoxidil tab 2.5 mg</i>	
<i>minoxidil tab 10 mg</i>	

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>ranolazine tab er 12hr 500 mg</i>	
<i>ranolazine tab er 12hr 1000 mg</i>	
VERQUVO TAB 2.5MG	QL (30 tabs / 30 days), PA
VERQUVO TAB 5MG	QL (30 tabs / 30 days), PA
VERQUVO TAB 10MG	QL (30 tabs / 30 days), PA

### ***NITRATES - DRUGS TO TREAT HEART CONDITIONS***

<i>isosorbide dinitrate tab 5 mg</i>	
<i>isosorbide dinitrate tab 10 mg</i>	
<i>isosorbide dinitrate tab 20 mg</i>	
<i>isosorbide dinitrate tab 30 mg</i>	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	
NITRO-BID OIN 2%	
<i>nitroglycerin sl tab 0.3 mg</i>	

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*nitroglycerin sl tab 0.4 mg*

---

*nitroglycerin sl tab 0.6 mg*

---

*nitroglycerin td patch 24hr 0.1  
mg/hr*

---

*nitroglycerin td patch 24hr 0.2  
mg/hr*

---

*nitroglycerin td patch 24hr 0.4  
mg/hr*

---

*nitroglycerin td patch 24hr 0.6  
mg/hr*

---

*nitroglycerin tl soln 0.4  
mg/spray (400 mcg/spray)*

---

***PULMONARY ARTERIAL HYPERTENSION -  
DRUGS TO TREAT PULMONARY  
HYPERTENSION***

---

ADEMPAS TAB 0.5MGQL (90 tabs / 30  
days), PA

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ADEMPAS TAB 1.5MGQL (90 tabs / 30  
days), PA

---

ADEMPAS TAB 1MGQL (90 tabs / 30  
days), PA

---

ADEMPAS TAB 2.5MGQL (90 tabs / 30  
days), PA

---

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
ADEMPAS TAB 2MG	QL (90 tabs / 30 days), PA
<i>alyq</i>	QL (60 tabs / 30 days), PA
<i>ambrisentan tab 5 mg</i>	QL (30 tabs / 30 days), PA
<i>ambrisentan tab 10 mg</i>	QL (30 tabs / 30 days), PA
<i>bosentan tab 62.5 mg</i>	QL (60 tabs / 30 days), PA
<i>bosentan tab 125 mg</i>	QL (60 tabs / 30 days), PA
<i>bosentan tab for oral susp 32 mg</i>	QL (120 tabs / 30 days), PA
OPSUMIT TAB 10MG	QL (30 tabs / 30 days), PA
<i>sildenafil citrate tab 20 mg</i>	QL (360 tabs / 30 days), PA
<i>tadalafil tab 20 mg (pah)</i>	QL (60 tabs / 30 days), PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	PA
UPTRAVI PACK TAB 200/800	QL (1 pack / 28 days), PA
UPTRAVI TAB 200MCG	QL (140 tabs / 28 days), PA
UPTRAVI TAB 400MCG	QL (60 tabs / 30 days), PA
UPTRAVI TAB 600MCG	QL (60 tabs / 30 days), PA
UPTRAVI TAB 800MCG	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1000MCG	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1200MCG	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1400MCG	QL (60 tabs / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
UPTRAVI TAB 1600MCG	QL (60 tabs / 30 days), PA
WINREVAIR INJ 45MG	QL (2 vials / 21 days), PA
WINREVAIR INJ 60MG	QL (2 vials / 21 days), PA
YUTREPIA CAP 26.5MCG	QL (140 caps / 28 days), PA
YUTREPIA CAP 53MCG	QL (140 caps / 28 days), PA
YUTREPIA CAP 79.5MCG	QL (140 caps / 28 days), PA
YUTREPIA CAP 106MCG	QL (224 caps / 28 days), PA

**CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS**

***ANTI-ANXIETY - DRUGS TO TREAT ANXIETY***

<i>alprazolam tab 0.5 mg</i>	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	QL (150 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	QL (150 tabs / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>alprazolam tab 2 mg</i>	QL (150 tabs / 30 days)
<i>buspirone hcl tab 5 mg</i>	
<i>buspirone hcl tab 7.5 mg</i>	
<i>buspirone hcl tab 10 mg</i>	
<i>buspirone hcl tab 15 mg</i>	
<i>buspirone hcl tab 30 mg</i>	
<i>fluvoxamine maleate tab 25 mg</i>	
<i>fluvoxamine maleate tab 50 mg</i>	
<i>fluvoxamine maleate tab 100 mg</i>	
<i>lorazepam conc 2 mg/ml</i>	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	
<i>lorazepam inj 4 mg/ml</i>	
<i>lorazepam intensol</i>	QL (150 mL / 30 days)
<i>lorazepam tab 0.5 mg</i>	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	QL (150 tabs / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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<i>lorazepam tab 2 mg</i>	QL (150 tabs / 30 days)
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**ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS**

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	QL (30 tabs / 30 days)
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<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	
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<i>donepezil hydrochloride tab 5 mg</i>	QL (30 tabs / 30 days)
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<i>donepezil hydrochloride tab 10 mg</i>	
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<i>galantamine hydrobromide cap er 24hr 8 mg</i>	QL (30 caps / 30 days)
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<i>galantamine hydrobromide cap er 24hr 16 mg</i>	QL (30 caps / 30 days)
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<i>galantamine hydrobromide cap er 24hr 24 mg</i>	QL (30 caps / 30 days)
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<i>galantamine hydrobromide oral soln 4 mg/ml</i>	QL (200 mL / 30 days)
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<i>galantamine hydrobromide tab 4 mg</i>	QL (60 tabs / 30 days)
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<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>galantamine hydrobromide tab 8 mg</i>	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	QL (60 tabs / 30 days)
<i>memantine hcl cap er 24hr 7 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 14 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 21 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 28 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl oral solution 2 mg/ml</i>	PA; PA applies if 29 years and younger
<i>memantine hcl tab 5 mg</i>	PA; PA applies if 29 years and younger

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>memantine hcl tab 10 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	
<b>NAMZARIC CAP 7-10MG</b>	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	QL (30 patches / 30 days)

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

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<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	QL (30 patches / 30 days)

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**ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION**

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<i>amitriptyline hcl tab 10 mg</i>	PA; PA applies if 65 years and older
<i>amitriptyline hcl tab 25 mg</i>	PA; PA applies if 65 years and older
<i>amitriptyline hcl tab 50 mg</i>	PA; PA applies if 65 years and older
<i>amitriptyline hcl tab 75 mg</i>	PA; PA applies if 65 years and older
<i>amitriptyline hcl tab 100 mg</i>	PA; PA applies if 65 years and older

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<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>amitriptyline hcl tab 150 mg</i>	PA; PA applies if 65 years and older
<i>amoxapine tab 25 mg</i>	PA; PA applies if 65 years and older
<i>amoxapine tab 50 mg</i>	PA; PA applies if 65 years and older
<i>amoxapine tab 100 mg</i>	PA; PA applies if 65 years and older
<i>amoxapine tab 150 mg</i>	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	QL (60 tabs / 30 days), PA
<i>bupropion hcl tab 75 mg</i>	
<i>bupropion hcl tab 100 mg</i>	
<i>bupropion hcl tab er 12hr 100 mg</i>	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 12hr 150 mg</i>	QL (60 tabs / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>bupropion hcl tab er 12hr 200 mg</i>	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 24hr 150 mg</i>	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	QL (30 tabs / 30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	
<i>clomipramine hcl cap 25 mg</i>	PA
<i>clomipramine hcl cap 50 mg</i>	PA
<i>clomipramine hcl cap 75 mg</i>	PA
<i>desipramine hcl tab 10 mg</i>	PA; PA applies if 65 years and older
<i>desipramine hcl tab 25 mg</i>	PA; PA applies if 65 years and older

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>desipramine hcl tab 50 mg</i>	PA; PA applies if 65 years and older
<i>desipramine hcl tab 75 mg</i>	PA; PA applies if 65 years and older
<i>desipramine hcl tab 100 mg</i>	PA; PA applies if 65 years and older
<i>desipramine hcl tab 150 mg</i>	PA; PA applies if 65 years and older
<i>desvenlafaxine succinate tablet 24hr 25 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tablet 24hr 50 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tablet 24hr 100 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>doxepin hcl cap 10 mg</i>	PA; PA applies if 65 years and older

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>doxepin hcl cap 25 mg</i>	PA; PA applies if 65 years and older
<i>doxepin hcl cap 50 mg</i>	PA; PA applies if 65 years and older
<i>doxepin hcl cap 75 mg</i>	PA; PA applies if 65 years and older
<i>doxepin hcl cap 100 mg</i>	PA; PA applies if 65 years and older
<i>doxepin hcl cap 150 mg</i>	PA; PA applies if 65 years and older
<i>doxepin hcl conc 10 mg/ml</i>	PA; PA applies if 65 years and older
DRIZALMA CAP 20MG DR	QL (60 caps / 30 days), PA
DRIZALMA CAP 30MG DR	QL (60 caps / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
DRIZALMA CAP 40MG DR	QL (60 caps / 30 days), PA
DRIZALMA CAP 60MG DR	QL (60 caps / 30 days), PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	
EXXUA TAB 18.2MG	QL (30 tabs / 30 days), PA
EXXUA TAB 36.3MG	QL (30 tabs / 30 days), PA
EXXUA TAB 54.5MG	QL (30 tabs / 30 days), PA
EXXUA TAB 72.6MG	QL (30 tabs / 30 days), PA
EXXUA TITRAT TAB 18.2MG	QL (2 packs / year), PA
FETZIMA CAP 20MG	QL (60 caps / 30 days), PA
FETZIMA CAP 40MG	QL (60 caps / 30 days), PA
FETZIMA CAP 80MG	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	QL (2 packs / year), PA
<i>fluoxetine hcl cap 10 mg</i>	

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

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*fluoxetine hcl cap 20 mg*

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*fluoxetine hcl cap 40 mg*

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*fluoxetine hcl solution 20  
mg/5ml*

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*imipramine hcl tab 10 mg*PA; PA applies if  
65 years and  
older

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*imipramine hcl tab 25 mg*

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PA; PA applies if  
65 years and  
older

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*imipramine hcl tab 50 mg*

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PA; PA applies if  
65 years and  
older

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MARPLAN TAB 10MG

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QL (180 tabs /  
30 days)

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*mirtazapine orally*

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*disintegrating tab 15 mg*

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*mirtazapine orally*

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*disintegrating tab 30 mg*

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*mirtazapine orally*

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*disintegrating tab 45 mg*

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*mirtazapine tab 7.5 mg*

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*mirtazapine tab 15 mg*

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**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

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*mirtazapine tab 30 mg*

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*mirtazapine tab 45 mg*

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*nefazodone hcl tab 50 mg*

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*nefazodone hcl tab 100 mg*

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*nefazodone hcl tab 150 mg*

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*nefazodone hcl tab 200 mg*

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*nefazodone hcl tab 250 mg*

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*nortriptyline hcl cap 10 mg*

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*nortriptyline hcl cap 25 mg*

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*nortriptyline hcl cap 50 mg*

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*nortriptyline hcl cap 75 mg*

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*nortriptyline hcl soln 10  
mg/5ml*

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*paroxetine hcl oral susp 10  
mg/5ml (base equiv)*QL (900 mL / 30  
days), PA; PA  
applies if 65  
years and older*paroxetine hcl tab 10 mg*

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PA; PA applies if  
65 years and  
older*paroxetine hcl tab 20 mg*

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PA; PA applies if  
65 years and  
older

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>paroxetine hcl tab 30 mg</i>	PA; PA applies if 65 years and older
<i>paroxetine hcl tab 40 mg</i>	PA; PA applies if 65 years and older
<i>phenelzine sulfate tab 15 mg</i>	
<i>protriptyline hcl tab 5 mg</i>	
<i>protriptyline hcl tab 10 mg</i>	
RALDESY SOL 10MG/ML	QL (1800 mL / 30 days), PA
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	
<i>sertraline hcl tab 25 mg</i>	
<i>sertraline hcl tab 50 mg</i>	
<i>sertraline hcl tab 100 mg</i>	
<i>tranylcypromine sulfate tab 10 mg</i>	
<i>trazodone hcl tab 50 mg</i>	
<i>trazodone hcl tab 100 mg</i>	
<i>trazodone hcl tab 150 mg</i>	
<i>trimipramine maleate cap 25 mg</i>	QL (120 caps / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>trimipramine maleate cap 50 mg</i>	QL (120 caps / 30 days)
<i>trimipramine maleate cap 100 mg</i>	QL (60 caps / 30 days)
TRINTELLIX TAB 5MG	QL (30 tabs / 30 days), PA
TRINTELLIX TAB 10MG	QL (30 tabs / 30 days), PA
TRINTELLIX TAB 20MG	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	
<i>vilazodone hcl tab 10 mg</i>	QL (30 tabs / 30 days)
<i>vilazodone hcl tab 20 mg</i>	QL (30 tabs / 30 days)
<i>vilazodone hcl tab 40 mg</i>	QL (30 tabs / 30 days)
ZURZUVAE CAP 20MG	QL (28 caps / 14 days), PA
ZURZUVAE CAP 25MG	QL (28 caps / 14 days), PA
ZURZUVAE CAP 30MG	QL (14 caps / 14 days), PA

**ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE**

<i>amantadine hcl cap 100 mg</i>	QL (120 caps / 30 days)
<i>amantadine hcl soln 50 mg/5ml</i>	
<i>amantadine hcl tab 100 mg</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>benztropine mesylate inj 1 mg/ml</i>	
<i>benztropine mesylate tab 0.5 mg</i>	PA; PA applies if 65 years and older
<i>benztropine mesylate tab 1 mg</i>	PA; PA applies if 65 years and older
<i>benztropine mesylate tab 2 mg</i>	PA; PA applies if 65 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	
<i>carb/levo orally disintegrating tab 10-100mg</i>	
<i>carb/levo orally disintegrating tab 25-100mg</i>	
<i>carb/levo orally disintegrating tab 25-250mg</i>	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

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*carbidopa & levodopa tab 25-100 mg*

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*carbidopa & levodopa tab 25-250 mg*

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*carbidopa & levodopa tab er 25-100 mg*

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*carbidopa & levodopa tab er 50-200 mg*

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*carbidopa-levodopa-entacapone tabs 12.5-50-200 mg*

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*carbidopa-levodopa-entacapone tabs 18.75-75-200 mg*

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*carbidopa-levodopa-entacapone tabs 25-100-200 mg*

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*carbidopa-levodopa-entacapone tabs 31.25-125-200 mg*

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*carbidopa-levodopa-entacapone tabs 37.5-150-200 mg*

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**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

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*carbidopa-levodopa-  
entacapone tabs 50-200-200  
mg*

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*entacapone tab 200 mg*

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INBRIJA CAP 42MG

QL (300 caps /  
30 days), PA

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*pramipexole dihydrochloride  
tab 0.5 mg*

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*pramipexole dihydrochloride  
tab 0.25 mg*

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*pramipexole dihydrochloride  
tab 0.75 mg*

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*pramipexole dihydrochloride  
tab 0.125 mg*

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*pramipexole dihydrochloride  
tab 1 mg*

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*pramipexole dihydrochloride  
tab 1.5 mg*

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*rasagiline mesylate tab 0.5 mg* QL (30 tabs / 30  
*(base equiv)* days)

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*rasagiline mesylate tab 1 mg* QL (30 tabs / 30  
*(base equiv)* days)

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**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

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*ropinirole hydrochloride tab  
0.5 mg*

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*ropinirole hydrochloride tab  
0.25 mg*

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*ropinirole hydrochloride tab 1  
mg*

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*ropinirole hydrochloride tab 2  
mg*

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*ropinirole hydrochloride tab 3  
mg*

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*ropinirole hydrochloride tab 4  
mg*

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*ropinirole hydrochloride tab 5  
mg*

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*selegiline hcl cap 5 mg*

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*selegiline hcl tab 5 mg*

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*trihexyphenidyl hcl oral soln  
0.4 mg/ml*

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*trihexyphenidyl hcl tab 2 mg*

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*trihexyphenidyl hcl tab 5 mg*

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**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE*****ANTIPSYCHOTICS - DRUGS TO TREAT  
PSYCHOSES***

ABILIFY ASIM INJ 720MG	QL (1 syringe / 56 days)
ABILIFY ASIM INJ 960MG	QL (1 syringe / 56 days)
ABILIFY MAIN INJ 300MG	QL (1 injection / 28 days)
ABILIFY MAIN INJ 300MG	QL (1 syringe / 28 days)
ABILIFY MAIN INJ 400MG	QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	QL (1 syringe / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	QL (60 tabs / 30 days), ST
<i>aripiprazole orally disintegrating tab 15 mg</i>	QL (60 tabs / 30 days), ST
<i>aripiprazole tab 2 mg</i>	QL (30 tabs / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>aripiprazole tab 5 mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	QL (1 syringe / 28 days)
ARISTADA INJ 662MG/2	QL (1 syringe / 28 days)
ARISTADA INJ 882MG/3	QL (1 syringe / 28 days)
ARISTADA INJ 1064MG	QL (1 syringe / 56 days)
ARISTADA INJ INITIO	
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	QL (60 tabs / 30 days)
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	QL (60 tabs / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	QL (60 tabs / 30 days)
CAPLYTA CAP 10.5MG	QL (30 caps / 30 days)
CAPLYTA CAP 21MG	QL (30 caps / 30 days)
CAPLYTA CAP 42MG	QL (30 caps / 30 days)
<i>chlorpromazine hcl conc 30 mg/ml</i>	
<i>chlorpromazine hcl conc 100 mg/ml</i>	
<i>chlorpromazine hcl inj 25 mg/ml</i>	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	
<i>chlorpromazine hcl tab 10 mg</i>	
<i>chlorpromazine hcl tab 25 mg</i>	
<i>chlorpromazine hcl tab 50 mg</i>	
<i>chlorpromazine hcl tab 100 mg</i>	
<i>chlorpromazine hcl tab 200 mg</i>	
<i>clozapine orally disintegrating PA tab 12.5 mg</i>	

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>clozapine orally disintegrating tab 25 mg</i>	PA
<i>clozapine orally disintegrating tab 100 mg</i>	QL (270 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 150 mg</i>	QL (180 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 200 mg</i>	QL (120 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	
<i>clozapine tab 50 mg</i>	
<i>clozapine tab 100 mg</i>	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	QL (120 tabs / 30 days)
COBENFY CAP 50-20MG	QL (60 caps / 30 days)
COBENFY CAP 100-20MG	QL (60 caps / 30 days)
COBENFY CAP 125-30MG	QL (60 caps / 30 days)
COBENFY STRT CAP PACK	QL (2 packs / year)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
ERZOFRI INJ 39/0.25	QL (1 syringe / 28 days)
ERZOFRI INJ 78/0.5ML	QL (1 syringe / 28 days)
ERZOFRI INJ 117/0.75	QL (1 syringe / 28 days)
ERZOFRI INJ 156MG/ML	QL (1 syringe / 28 days)
ERZOFRI INJ 234/1.5	QL (1 syringe / 28 days)
ERZOFRI INJ 351/2.25	QL (2 syringes / year)
FANAPT PAK PACK A	QL (2 packs / year), PA
FANAPT PAK PACK B	QL (2 packs / year), PA
FANAPT PAK PACK C	QL (2 packs / year), PA
FANAPT TAB 1MG	QL (60 tabs / 30 days), PA
FANAPT TAB 2MG	QL (60 tabs / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
FANAPT TAB 4MG	QL (60 tabs / 30 days), PA
FANAPT TAB 6MG	QL (60 tabs / 30 days), PA
FANAPT TAB 8MG	QL (60 tabs / 30 days), PA
FANAPT TAB 10MG	QL (60 tabs / 30 days), PA
FANAPT TAB 12MG	QL (60 tabs / 30 days), PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	
<i>fluphenazine hcl tab 1 mg</i>	
<i>fluphenazine hcl tab 2.5 mg</i>	
<i>fluphenazine hcl tab 5 mg</i>	
<i>fluphenazine hcl tab 10 mg</i>	
<i>haloperidol decanoate im soln 50 mg/ml</i>	

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

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*haloperidol decanoate im soln  
100 mg/ml*

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*haloperidol lactate inj 5 mg/ml*

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*haloperidol lactate oral conc 2  
mg/ml*

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*haloperidol tab 0.5 mg*

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*haloperidol tab 1 mg*

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*haloperidol tab 2 mg*

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*haloperidol tab 5 mg*

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*haloperidol tab 10 mg*

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*haloperidol tab 20 mg*

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INVEGA HAFYE INJ 1092MG      QL (1 injection /  
180 days)

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INVEGA HAFYE INJ 1560MG      QL (1 injection /  
180 days)

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INVEGA SUST INJ 39/0.25      QL (1 syringe /  
28 days)

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INVEGA SUST INJ 78/0.5ML      QL (1 syringe /  
28 days)

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INVEGA SUST INJ 117/0.75      QL (1 syringe /  
28 days)

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INVEGA SUST INJ 156MG/ML      QL (1 syringe /  
28 days)

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<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
INVEGA SUST INJ 234/1.5	QL (1 syringe / 28 days)
INVEGA TRINZ INJ 273MG	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 819MG	QL (1 syringe / 90 days)
<i>loxapine succinate cap 5 mg</i>	
<i>loxapine succinate cap 10 mg</i>	
<i>loxapine succinate cap 25 mg</i>	
<i>loxapine succinate cap 50 mg</i>	
<i>lurasidone hcl tab 20 mg</i>	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 40 mg</i>	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 60 mg</i>	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 80 mg</i>	QL (60 tabs / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>lurasidone hcl tab 120 mg</i>	QL (30 tabs / 30 days)
LYBALVI TAB 5-10MG	QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	QL (30 tabs / 30 days)
<i>molindone hcl tab 5 mg</i>	
<i>molindone hcl tab 10 mg</i>	
<i>molindone hcl tab 25 mg</i>	
NUPLAZID CAP 34MG	QL (30 caps / 30 days), PA
NUPLAZID TAB 10MG	QL (30 tabs / 30 days), PA
<i>olanzapine for im inj 10 mg</i>	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	QL (30 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 10 mg</i>	QL (60 tabs / 30 days), ST

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>olanzapine orally disintegrating tab 15 mg</i>	QL (30 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 20 mg</i>	QL (30 tabs / 30 days), ST
<i>olanzapine tab 2.5 mg</i>	QL (60 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	QL (60 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	QL (30 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	QL (30 tabs / 30 days)
OPIPZA MIS 2MG	QL (30 films / 30 days), PA
OPIPZA MIS 5MG	QL (30 films / 30 days), PA
OPIPZA MIS 10MG	QL (90 films / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>paliperidone tab er 24hr 1.5 mg</i>	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	
<i>perphenazine tab 4 mg</i>	
<i>perphenazine tab 8 mg</i>	
<i>perphenazine tab 16 mg</i>	
<i>pimozide tab 1 mg</i>	
<i>pimozide tab 2 mg</i>	
<i>quetiapine fumarate tab 25 mg</i>	QL (180 tabs / 30 days)
<i>quetiapine fumarate tab 50 mg</i>	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 100 mg</i>	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 150 mg</i>	QL (90 tabs / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>quetiapine fumarate tab 200 mg</i>	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 300 mg</i>	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab 400 mg</i>	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 150 mg</i>	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 200 mg</i>	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 300 mg</i>	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 400 mg</i>	QL (60 tabs / 30 days), PA
REXULTI TAB 0.5MG	QL (60 tabs / 30 days)
REXULTI TAB 0.25MG	QL (60 tabs / 30 days)
REXULTI TAB 1MG	QL (60 tabs / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
REXULTI TAB 2MG	QL (60 tabs / 30 days)
REXULTI TAB 3MG	QL (30 tabs / 30 days)
REXULTI TAB 4MG	QL (30 tabs / 30 days)
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 25 mg</i>	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 50 mg</i>	QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	QL (90 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 0.25 mg</i>	QL (90 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 1 mg</i>	QL (60 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 2 mg</i>	QL (60 tabs / 30 days), ST

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>risperidone orally disintegrating tab 3 mg</i>	QL (60 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 4 mg</i>	QL (120 tabs / 30 days), ST
<i>risperidone soln 1 mg/ml</i>	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	
<i>risperidone tab 0.25 mg</i>	
<i>risperidone tab 1 mg</i>	
<i>risperidone tab 2 mg</i>	
<i>risperidone tab 3 mg</i>	
<i>risperidone tab 4 mg</i>	
SECUADO DIS 3.8MG	QL (30 patches / 30 days)
SECUADO DIS 5.7MG	QL (30 patches / 30 days)
SECUADO DIS 7.6MG	QL (30 patches / 30 days)
<i>thioridazine hcl tab 10 mg</i>	
<i>thioridazine hcl tab 25 mg</i>	
<i>thioridazine hcl tab 50 mg</i>	
<i>thioridazine hcl tab 100 mg</i>	
<i>thiothixene cap 1 mg</i>	

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

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*thiothixene cap 2 mg*

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*thiothixene cap 5 mg*

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*thiothixene cap 10 mg*

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*trifluoperazine hcl tab 1 mg  
(base equivalent)*

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*trifluoperazine hcl tab 2 mg  
(base equivalent)*

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*trifluoperazine hcl tab 5 mg  
(base equivalent)*

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*trifluoperazine hcl tab 10 mg  
(base equivalent)*

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VERSACLOZ SUS 50MG/ML

QL (600 mL / 30  
days), PA

VRAYLAR CAP 0.5MG

QL (30 caps / 30  
days)

VRAYLAR CAP 0.75MG

QL (30 caps / 30  
days)

VRAYLAR CAP 1.5MG

QL (60 caps / 30  
days)

VRAYLAR CAP 3MG

QL (30 caps / 30  
days)

VRAYLAR CAP 4.5MG

QL (30 caps / 30  
days)

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<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
VRAYLAR CAP 6MG	QL (30 caps / 30 days)
<i>ziprasidone hcl cap 20 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	QL (6 injections / 3 days)
ZYPREXA RELP INJ 210MG	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	QL (1 vial / 28 days), PA
<b>ANTISEIZURE AGENTS</b>	
APTIOM TAB 200MG	QL (30 tabs / 30 days)
APTIOM TAB 400MG	QL (30 tabs / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
APTIOM TAB 600MG	QL (60 tabs / 30 days)
APTIOM TAB 800MG	QL (60 tabs / 30 days)
BRIVIACT SOL 10MG/ML	QL (600 mL / 30 days), PA
BRIVIACT TAB 10MG	QL (60 tabs / 30 days), PA
BRIVIACT TAB 25MG	QL (60 tabs / 30 days), PA
BRIVIACT TAB 50MG	QL (60 tabs / 30 days), PA
BRIVIACT TAB 75MG	QL (60 tabs / 30 days), PA
BRIVIACT TAB 100MG	QL (60 tabs / 30 days), PA
<i>carbamazepine cap er 12hr 100 mg</i>	
<i>carbamazepine cap er 12hr 200 mg</i>	
<i>carbamazepine cap er 12hr 300 mg</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>carbamazepine chew tab 100 mg</i>	
<i>carbamazepine chew tab 200 mg</i>	
<i>carbamazepine susp 100 mg/5ml</i>	
<i>carbamazepine tab 200 mg</i>	
<i>carbamazepine tab er 12hr 100 mg</i>	
<i>carbamazepine tab er 12hr 200 mg</i>	
<i>carbamazepine tab er 12hr 400 mg</i>	
<i>clobazam suspension 2.5 mg/ml</i>	QL (480 mL / 30 days), PA
<i>clobazam tab 10 mg</i>	QL (60 tabs / 30 days), PA
<i>clobazam tab 20 mg</i>	QL (60 tabs / 30 days), PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	QL (90 tabs / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>clonazepam orally disintegrating tab 0.125 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	QL (180 tabs / 30 days), PA; PA applies if 65 years and older

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>clorazepate dipotassium tab 15mg</i>	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAP 250MG	QL (360 caps / 30 days), PA
DIACOMIT CAP 500MG	QL (180 caps / 30 days), PA
DIACOMIT PAK 250MG	QL (360 packets / 30 days), PA
DIACOMIT PAK 500MG	QL (180 packets / 30 days), PA
<i>diazepam inj</i>	
<i>diazepam intensol</i>	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

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*diazepam oral soln 1 mg/ml*

QL (1200 mL /  
30 days), PA; PA  
applies if 65  
years and older  
when greater  
than 5 day  
supply

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*diazepam rectal gel delivery  
system 2.5 mg*

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*diazepam rectal gel delivery  
system 10 mg*

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*diazepam rectal gel delivery  
system 20 mg*

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*diazepam tab 2 mg*

QL (120 tabs /  
30 days), PA; PA  
applies if 65  
years and older  
when greater  
than 5 day  
supply

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**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

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*diazepam tab 5 mg*

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QL (120 tabs /  
30 days), PA; PA  
applies if 65  
years and older  
when greater  
than 5 day  
supply

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*diazepam tab 10 mg*

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QL (120 tabs /  
30 days), PA; PA  
applies if 65  
years and older  
when greater  
than 5 day  
supply

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**DILANTIN CAP 30MG**

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*divalproex sodium cap delayed  
release sprinkle 125 mg*

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*divalproex sodium tab delayed  
release 125 mg*

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*divalproex sodium tab delayed  
release 250 mg*

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*divalproex sodium tab delayed  
release 500 mg*

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<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>divalproex sodium tab er 24 hr 250 mg</i>	
<i>divalproex sodium tab er 24 hr 500 mg</i>	
EPIDIOLEX SOL 100MG/ML	QL (600 mL / 30 days), PA
<i>eslicarbazepine acetate tab 200 mg</i>	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate tab 400 mg</i>	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate tab 600 mg</i>	QL (60 tabs / 30 days)
<i>eslicarbazepine acetate tab 800 mg</i>	QL (60 tabs / 30 days)
<i>ethosuximide cap 250 mg</i>	
<i>ethosuximide soln 250 mg/5ml</i>	
<i>felbamate susp 600 mg/5ml</i>	
<i>felbamate tab 400 mg</i>	
<i>felbamate tab 600 mg</i>	
FINTEPLA SOL 2.2MG/ML	QL (360 mL / 30 days), PA
FYCOMPA SUS 0.5MG/ML	QL (680 mL / 28 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
FYCOMPA TAB 2MG	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	QL (30 tabs / 30 days), PA
FYCOMPA TAB 6MG	QL (30 tabs / 30 days), PA
FYCOMPA TAB 8MG	QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	QL (360 caps / 30 days)
<i>gabapentin cap 300 mg</i>	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	QL (180 tabs / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>gabapentin tab 800 mg</i>	QL (120 tabs / 30 days)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	
<i>lacosamide oral</i>	QL (1200 mL / 30 days)
<i>lacosamide tab 50 mg</i>	QL (120 tabs / 30 days)
<i>lacosamide tab 100 mg</i>	QL (60 tabs / 30 days)
<i>lacosamide tab 150 mg</i>	QL (60 tabs / 30 days)
<i>lacosamide tab 200 mg</i>	QL (60 tabs / 30 days)
<i>lamotrigine tab 25 mg</i>	
<i>lamotrigine tab 100 mg</i>	
<i>lamotrigine tab 150 mg</i>	
<i>lamotrigine tab 200 mg</i>	
<i>lamotrigine tab chewable dispersible 5 mg</i>	
<i>lamotrigine tab chewable dispersible 25 mg</i>	
<i>lamotrigine tab er 24hr 25 mg ST</i>	

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>lamotrigine tab er 24hr 50 mg</i>	ST
<i>lamotrigine tab er 24hr 100 mg</i>	ST
<i>lamotrigine tab er 24hr 200 mg</i>	ST
<i>lamotrigine tab er 24hr 250 mg</i>	ST
<i>lamotrigine tab er 24hr 300 mg</i>	ST
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	
<i>levetiracetam oral soln 100 mg/ml</i>	
<i>levetiracetam tab 250 mg</i>	
<i>levetiracetam tab 500 mg</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>levetiracetam tab 750 mg</i>	
<i>levetiracetam tab 1000 mg</i>	
<i>levetiracetam tab disintegrating soluble 250 mg</i>	QL (360 tabs / 30 days)
<i>levetiracetam tab disintegrating soluble 500 mg</i>	QL (180 tabs / 30 days)
<i>levetiracetam tab er 24hr 500 mg</i>	
<i>levetiracetam tab er 24hr 750 mg</i>	
<i>methsuximide cap 300 mg</i>	
NAYZILAM SPR 5MG	QL (10 nasal units / 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	
<i>oxcarbazepine tab 150 mg</i>	
<i>oxcarbazepine tab 300 mg</i>	
<i>oxcarbazepine tab 600 mg</i>	
<i>perampanel susp 0.5 mg/ml</i>	QL (680 mL / 28 days), PA
<i>perampanel tab 2 mg</i>	QL (60 tabs / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>perampanel tab 4 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 6 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 8 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 10 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 12 mg</i>	QL (30 tabs / 30 days), PA
<i>phenobarbital elixir 20 mg/5ml</i>	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital sodium inj 65 mg/ml</i>	PA; PA applies if 65 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	PA; PA applies if 65 years and older

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

<i>phenobarbital tab 15 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 16.2 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 30 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 32.4 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 60 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 64.8 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

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*phenobarbital tab 97.2 mg*QL (120 tabs /  
30 days), PA; PA  
applies if 65  
years and older

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*phenobarbital tab 100 mg*QL (120 tabs /  
30 days), PA; PA  
applies if 65  
years and older

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*phenytek*

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*phenytoin chew tab 50 mg*

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*phenytoin sodium extended  
cap 100 mg*

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*phenytoin sodium extended  
cap 200 mg*

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*phenytoin sodium extended  
cap 300 mg*

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*phenytoin sodium inj 50  
mg/ml*

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*phenytoin susp 125 mg/5ml*

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*pregabalin cap 25 mg*QL (120 caps /  
30 days), PA; PA  
applies if 65  
years and older

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

<i>pregabalin cap 50 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 75 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 100 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 150 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 200 mg</i>	QL (90 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 225 mg</i>	QL (60 caps / 30 days), PA; PA applies if 65 years and older

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

<i>pregabalin cap 300 mg</i>	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin soln 20 mg/ml</i>	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>primidone tab 50 mg</i>	
<i>primidone tab 125 mg</i>	
<i>primidone tab 250 mg</i>	
<i>roweepra</i>	
<i>rufinamide susp 40 mg/ml</i>	QL (2400 mL / 30 days), PA
<i>rufinamide tab 200 mg</i>	QL (480 tabs / 30 days), PA
<i>rufinamide tab 400 mg</i>	QL (240 tabs / 30 days), PA
SPRITAM TAB 250MG	QL (360 tabs / 30 days)
SPRITAM TAB 500MG	QL (180 tabs / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
SPRITAM TAB 750MG	QL (120 tabs / 30 days)
SPRITAM TAB 1000MG	QL (90 tabs / 30 days)
<i>subvenite</i>	
SUBVENITE SUS 10MG/ML	ST
SYMPAZAN MIS 5MG	QL (60 films / 30 days), PA
SYMPAZAN MIS 10MG	QL (60 films / 30 days), PA
SYMPAZAN MIS 20MG	QL (60 films / 30 days), PA
<i>tiagabine hcl tab 2 mg</i>	
<i>tiagabine hcl tab 4 mg</i>	
<i>tiagabine hcl tab 12 mg</i>	
<i>tiagabine hcl tab 16 mg</i>	
<i>topiramate oral soln 25 mg/ml</i>	QL (480 mL / 30 days), PA
<i>topiramate sprinkle cap 15 mg</i>	
<i>topiramate sprinkle cap 25 mg</i>	
<i>topiramate sprinkle cap 50 mg</i>	
<i>topiramate tab 25 mg</i>	
<i>topiramate tab 50 mg</i>	

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>topiramate tab 100 mg</i>	
<i>topiramate tab 200 mg</i>	
<i>valproate sodium inj 100 mg/ml</i>	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	
<i>valproic acid cap 250 mg</i>	
VALTOCO SPR 5MG	QL (10 blister packs / 30 days)
VALTOCO SPR 10MG	QL (10 blister packs / 30 days)
VALTOCO SPR 15MG	QL (10 blister packs / 30 days)
VALTOCO SPR 20MG	QL (10 blister packs / 30 days)
<i>vigabatrin powd pack 500 mg</i>	QL (180 packets / 30 days), PA
<i>vigabatrin tab 500 mg</i>	QL (180 tabs / 30 days), PA
<i>vigadrone</i>	QL (180 packets / 30 days), PA
<i>vigadrone</i>	QL (180 tabs / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
VIGAFYDE SOL 100MG/ML	QL (900 mL / 30 days), PA
XCOPRI PAK 12.5-25	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	QL (28 tabs / 28 days)
XCOPRI TAB 25MG	QL (30 tabs / 30 days)
XCOPRI TAB 50MG	QL (30 tabs / 30 days)
XCOPRI TAB 100MG	QL (30 tabs / 30 days)
XCOPRI TAB 150MG	QL (60 tabs / 30 days)
XCOPRI TAB 200MG	QL (60 tabs / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
ZONISADE SUS 100MG/5	QL (900 mL / 30 days), PA
<i>zonisamide cap 25 mg</i>	
<i>zonisamide cap 50 mg</i>	
<i>zonisamide cap 100 mg</i>	
ZTALMY SUS 50MG/ML	QL (1100 mL / 30 days), PA

**ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD**

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	QL (30 caps / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	QL (60 tabs / 30 days), PA

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	QL (60 caps / 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl tab 5 mg</i>	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl tab 10 mg</i>	QL (60 tabs / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>methylphenidate hcl chew tab 2.5 mg</i>	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl chew tab 5 mg</i>	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl chew tab 10 mg</i>	QL (180 tabs / 30 days), PA

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

<i>methylphenidate hcl soln 5 mg/5ml</i>	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl soln 10 mg/5ml</i>	QL (900 mL / 30 days), PA
<i>methylphenidate hcl tab 5 mg</i>	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 10 mg</i>	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 20 mg</i>	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 10 mg</i>	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 20 mg</i>	QL (90 tabs / 30 days), PA

**HYPNOTICS - DRUGS TO TREAT INSOMNIA**

DAYVIGO TAB 5MG	QL (30 tabs / 30 days)
DAYVIGO TAB 10MG	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	QL (30 tabs / 30 days)

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

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*eszopiclone tab 1 mg*

QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

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*eszopiclone tab 2 mg*

QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

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*eszopiclone tab 3 mg*

QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

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*ramelteon tab 8 mg*

QL (30 tabs / 30 days)

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<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>tasimelteon capsule 20 mg</i>	QL (30 caps / 30 days), PA
<i>temazepam cap 7.5 mg</i>	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam cap 15 mg</i>	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam cap 30 mg</i>	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>zaleplon cap 5 mg</i>	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

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*zaleplon cap 10 mg*

QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

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*zolpidem tartrate tab 5 mg*

QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

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*zolpidem tartrate tab 10 mg*

QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

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**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE*****MIGRAINE - DRUGS TO TREAT SEVERE  
HEADACHES***

AIMOVIG INJ 70MG/ML	QL (1 pen / 30 days), PA
AIMOVIG INJ 140MG/ML	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	QL (8 mL / 30 days), PA
EMGALITY INJ 100MG/ML	QL (3 syringes / 30 days), PA
EMGALITY INJ 120MG/ML	QL (2 pens / 30 days), PA
EMGALITY INJ 120MG/ML	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	QL (40 tabs / 28 days), PA
<i>naratriptan hcl tab 1 mg (base equiv)</i>	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	QL (12 tabs / 30 days)
NURTEC TAB 75MG ODT	QL (16 tabs / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
QULIPTA TAB 10MG	QL (30 tabs / 30 days), PA
QULIPTA TAB 30MG	QL (30 tabs / 30 days), PA
QULIPTA TAB 60MG	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	QL (24 units / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	QL (12 units / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	QL (12 injections / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	QL (12 tabs / 30 days)
UBRELVY TAB 50MG	QL (16 tabs / 30 days), PA
UBRELVY TAB 100MG	QL (16 tabs / 30 days), PA
<b>MISCELLANEOUS</b>	
AUSTEDO TAB 6MG	QL (60 tabs / 30 days), PA
AUSTEDO TAB 9MG	QL (120 tabs / 30 days), PA
AUSTEDO TAB 12MG	QL (120 tabs / 30 days), PA
AUSTEDO XR TAB 6MG	QL (90 tabs / 30 days), PA
AUSTEDO XR TAB 12MG	QL (120 tabs / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
AUSTEDO XR TAB 18MG	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 24MG	QL (60 tabs / 30 days), PA
AUSTEDO XR TAB 30MG	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 36MG	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 42MG	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 48MG	QL (30 tabs / 30 days), PA
AUSTEDO XR TAB TITR KIT	QL (2 packs / year), PA
<i>lithium carbonate cap 150 mg</i>	
<i>lithium carbonate cap 300 mg</i>	
<i>lithium carbonate cap 600 mg</i>	
<i>lithium carbonate tab 300 mg</i>	
<i>lithium carbonate tab er 300 mg</i>	
<i>lithium carbonate tab er 450 mg</i>	

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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*lithium oral solution 8 meq/5ml*

NUEDEXTA CAP 20-10MG	QL (60 caps / 30 days), PA
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*pyridostigmine bromide tab 60 mg*

*riluzole tab 50 mg*

tetrabenazine tab 12.5 mg	QL (90 tabs / 30 days), PA
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tetrabenazine tab 25 mg	QL (120 tabs / 30 days), PA
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**MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS**

BAFIERTAM CAP 95MG	QL (120 caps / 30 days), PA
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BETASERON INJ 0.3MG	QL (14 kits / 28 days), PA
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COPAXONE INJ 20MG/ML	QL (30 syringes / 30 days), PA
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COPAXONE INJ 40MG/ML	QL (12 syringes / 28 days), PA
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<i>dalfampridine tab er 12hr 10 mg</i>	QL (60 tabs / 30 days), PA
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<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	QL (30 caps / 30 days), PA
<i> glatiramer acetate soln prefilled syringe 20 mg/ml</i>	QL (30 syringes / 30 days), PA
<i> glatiramer acetate soln prefilled syringe 40 mg/ml</i>	QL (12 syringes / 28 days), PA
<i> glatopa</i>	QL (12 syringes / 28 days), PA
<i> glatopa</i>	QL (30 syringes / 30 days), PA
KESIMPTA INJ 20/.4ML	QL (16 pens / 365 days), PA

**MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS**

<i> baclofen tab 5 mg</i>	QL (90 tabs / 30 days)
<i> baclofen tab 10 mg</i>	
<i> baclofen tab 20 mg</i>	

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

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*carisoprodol tab 350 mg*

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QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

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*cyclobenzaprine hcl tab 5 mg*

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QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

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*cyclobenzaprine hcl tab 10 mg*

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QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

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*dantrolene sodium cap 25 mg*

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*dantrolene sodium cap 50 mg*

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*dantrolene sodium cap 100 mg*

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**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

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*methocarbamol tab 500 mg*

QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

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*methocarbamol tab 750 mg*

QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

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*tizanidine hcl tab 2 mg (base equivalent)*

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*tizanidine hcl tab 4 mg (base equivalent)*

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**NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS**

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*armodafinil tab 50 mg*

QL (60 tabs / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>armodafinil tab 150 mg</i>	QL (30 tabs / 30 days), PA
<i>armodafinil tab 200 mg</i>	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	QL (30 tabs / 30 days), PA
<i>modafinil tab 100 mg</i>	QL (30 tabs / 30 days), PA
<i>modafinil tab 200 mg</i>	QL (60 tabs / 30 days), PA
<i>sodium oxybate oral solution 500 mg/ml</i>	QL (540 mL / 30 days), PA

### **PSYCHOTHERAPEUTIC-MISC**

<i>acamprosate calcium tab delayed release 333 mg</i>	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	QL (180 tabs / 30 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	QL (120 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	QL (180 films / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	QL (120 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	QL (180 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	QL (120 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	QL (60 tabs / 30 days)
<i>disulfiram tab 250 mg</i>	
<i>disulfiram tab 500 mg</i>	
<b>KLOXXADO SPR 8MG</b>	
<i>naloxone hcl inj 0.4 mg/ml</i>	
<i>naloxone hcl inj 4 mg/10ml</i>	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	
<i>naltrexone hcl tab 50 mg</i>	
NICOTROL NS SPR 10MG/ML	
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 1 mg (base equiv)</i>	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack year</i>	QL (2 packs / year)
VIVITROL INJ 380MG	

## **ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES**

### **ANDROGENS - DRUGS TO REGULATE MALE HORMONES**

<i>danazol cap 50 mg</i>	
<i>danazol cap 100 mg</i>	
<i>danazol cap 200 mg</i>	
<i>depo-testosterone</i>	PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	PA
<i>testosterone pump</i>	QL (150 gm / 30 days), PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	QL (300 gm / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	QL (300 gm / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	QL (300 gm / 30 days), PA

### **ANTIDIABETICS**

<i>acarbose tab 25 mg</i>	
<i>acarbose tab 50 mg</i>	
<i>acarbose tab 100 mg</i>	
<i>dapagliflozin propanediol tab 5 mg (base equivalent)</i>	QL (30 tabs / 30 days)
<i>dapagliflozin propanediol tab 10 mg (base equivalent)</i>	QL (30 tabs / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
FARXIGA TAB 5MG	QL (30 tabs / 30 days)
FARXIGA TAB 10MG	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	QL (90 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	QL (90 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	QL (240 tabs / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	QL (30 tabs / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
JANUVIA TAB 100MG	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	QL (30 tabs / 30 days)
JARDIANCE TAB 25MG	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	QL (30 tabs / 30 days)
<i>metformin hcl oral soln 500 mg/5ml</i>	QL (765 mL / 30 days)
<i>metformin hcl tab 500 mg</i>	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	QL (90 tabs / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>metformin hcl tab 1000 mg</i>	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO INJ 2.5/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 5MG/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 7.5/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 10MG/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 12.5/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 15MG/0.5	QL (4 pens / 28 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>nateglinide tab 60 mg</i>	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE)	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE)	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE)	QL (1 pen / 28 days), PA
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	QL (90 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	QL (120 tabs / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>repaglinide tab 1 mg</i>	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	QL (240 tabs / 30 days)
RYBELSUS TAB 3MG	QL (30 tabs / 30 days), PA
RYBELSUS TAB 7MG	QL (30 tabs / 30 days), PA
RYBELSUS TAB 14MG	QL (30 tabs / 30 days), PA
TRADJENTA TAB 5MG	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	QL (30 tabs / 30 days)
TRULICITY INJ 0.75/0.5	QL (4 pens / 28 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
TRULICITY INJ 1.5/0.5	QL (4 pens / 28 days), PA
TRULICITY INJ 3/0.5	QL (4 pens / 28 days), PA
TRULICITY INJ 4.5/0.5	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	QL (30 tabs / 30 days)
<b><i>ANTIDIABETICS, INSULINS</i></b>	
ADMELOG INJ 100U/ML	B/D
ADMELOG SOLO INJ 100U/ML	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	PA
APIDRA INJ SOLOSTAR	
APIDRA INJ U-100	B/D

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
BASAGLAR KWP INJ 100/ML	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	QL (2 inserters / year), PA
FIASP FLEX INJ TOUCH	
FIASP INJ 100/ML	B/D
FIASP PENFIL INJ U-100	
FIASP PMPCRT INJ U-100	B/D
GAUZE PADS 2" X 2"	PA
GLARGIN YFGN INJ 100U/ML	
GLARGIN YFGN SOL 100U/ML	
HUMALOG INJ 100/ML	
HUMALOG INJ 100/ML	B/D
HUMALOG JR INJ 100/ML	
HUMALOG KWPN INJ 100/ML	
HUMALOG KWPN INJ 200/ML	
HUMALOG MIX INJ 50/50KWP	
HUMALOG MIX INJ 75/25KWP	
HUMALOG MIX SUS 75/25	
HUMALOG TMPO INJ 100/ML	

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
HUMULIN INJ 70/30	
HUMULIN INJ 70/30KWP	
HUMULIN N INJ U-100	
HUMULIN N INJ U-100KWP	
HUMULIN R INJ U-100	B/D
HUMULIN R INJ U-500	B/D
HUMULIN R INJ U-500KWP	
INSULIN GLAR INJ 300/ML	
INSULIN LISP INJ 100/ML	
INSULIN LISP INJ 100/ML	B/D
INSULIN LISP INJ JR KWPN	
INSULIN LISP INJ PROT KWP	
INSULIN PEN NEEDLES: EMBECTA-BD	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	PA
INSULIN SYRINGES: EMBECTA-BD	PA
LANTUS INJ 100/ML	
LANTUS SOLOS INJ 100/ML	
LYUMJEV INJ 100UT/ML	B/D
LYUMJEV KWPN INJ 100UT/ML	
LYUMJEV KWPN INJ 200UT/ML	

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
NOVOLIN INJ 70/30	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	(brand RELION not covered)
NOVOLIN N INJ 100 UNIT	(brand RELION not covered)
NOVOLIN N INJ U-100	(brand RELION not covered)
NOVOLIN R INJ 100 UNIT	(brand RELION not covered)
NOVOLIN R INJ U-100	B/D; (brand RELION not covered)
NOVOLOG INJ 100/ML	B/D
NOVOLOG INJ FLEX REL	
NOVOLOG INJ FLEXPEN	
NOVOLOG INJ PENFILL	
NOVOLOG INJ RELION	B/D
NOVOLOG MIX INJ 70/30	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	(brand RELION not covered)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
OMNIPOD 5 DX KIT INT G7G6	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	QL (15 pods / 30 days), PA
REZVOGLAR KP INJ 100UT/ML	
SEMGLEE INJ 100U/ML	
SOLIQUA INJ 100/33	QL (5 pens / 25 days)
TOUJEO MAX INJ 300/ML	
TOUJEO SOLO INJ 300/ML	
TRESIBA FLEX INJ 100UNIT	
TRESIBA FLEX INJ 200UNIT	
TRESIBA INJ 100UNIT	
XULTOPHY INJ 100/3.6	QL (5 pens / 30 days)

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE*****CALCIUM REGULATORS***

<i>alendronate sodium oral soln</i> 70 mg/75ml	ST
<i>alendronate sodium tab 10 mg</i>	
<i>alendronate sodium tab 35 mg</i>	
<i>alendronate sodium tab 70 mg</i>	
BILDYOS INJ 60MG/ML	QL (1 syringe / 180 days)
BONSITY INJ 560/2.24	QL (1 pen / 28 days), PA
<i>calcitonin (salmon) spray</i>	B/D
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	B/D
OSPOMYV INJ 60MG/ML	QL (1 syringe / 180 days)
<i>pamidronate disodium iv soln</i> 3B/D <i>mg/ml</i>	
<i>pamidronate disodium iv soln</i> 9B/D <i>mg/ml</i>	
PAMIDRONATE INJ 6MG/ML	B/D
PROLIA INJ 60MG/ML	QL (1 syringe / 180 days)
<i>risedronate sodium tab 5 mg</i>	

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
---------------------	--

<i>risedronate sodium tab 35 mg</i>	
<i>risedronate sodium tab 150 mg</i>	
<i>risedronate sodium tab delayed release 35 mg</i>	ST
TERIPARATIDE INJ 560/2.24	QL (1 pen / 28 days), PA; (ALVOGEN product)
<i>teriparatide soln pen-inj 560 mcg/2.24ml</i>	QL (1 pen / 28 days), PA
WYOST INJ 120/1.7	PA
XTRENBO SOL 120/1.7	PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	B/D
<i>zoledronic acid iv soln 5 mg/100ml</i>	B/D

### **CHELATING AGENTS**

CHEMET CAP 100MG	
<i>deferasirox tab 90 mg</i>	PA
<i>deferasirox tab 180 mg</i>	PA
<i>deferasirox tab 360 mg</i>	PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>deferasirox tab for oral susp 125 mg</i>	PA
<i>deferasirox tab for oral susp 250 mg</i>	PA
<i>deferasirox tab for oral susp 500 mg</i>	PA
<i>kionex</i>	
LOKELMA PAK 5GM	
LOKELMA PAK 10GM	
<i>penicillamine tab 250 mg</i>	
<i>sodium polystyrene sulfonate powder</i>	
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	
<i>sps</i>	
<i>sps rectal</i>	
<i>trientine hcl cap 250 mg</i>	PA

### **CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL**

<i>afirmelle</i>
<i>altavera</i>
<i>alyacen 1/35</i>
<i>alyacen 7/7/7</i>

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*amethyst*

---

*apri*

---

*aranelle*

---

*ashlyna*

---

*aubra eq*

---

*aurovela 1/20*

---

*aurovela 24 fe*

---

*aurovela fe 1.5/30*

---

*aurovela fe 1/20*

---

*aviane*

---

*ayuna*

---

*azurette*

---

*balziva*

---

*blisovi 24 fe*

---

*blisovi fe 1.5/30*

---

*blisovi fe tab 1/20*

---

*briellyn*

---

*camila*

---

*camrese*

---

*camrese lo*

---

*chateal eq*

---

*cryselle-28*

---

*cyred eq*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*dasetta 1/35*

---

*dasetta 7/7/7*

---

*daysee*

---

*deblitane*

---

*DEPO-SQ PROV INJ 104*

---

*desogest-eth estrad & eth  
estrad tab 0.15-0.02/0.01  
mg(21/5)*

---

*dolishale*

---

*drospirenone-ethinyl estrad-  
levomefolate tab 3-0.02-0.451  
mg*

---

*drospirenone-ethinyl estrad-  
levomefolate tab 3-0.03-0.451  
mg*

---

*drospirenone-ethinyl estradiol  
tab 3-0.02 mg*

---

*drospirenone-ethinyl estradiol  
tab 3-0.03 mg*

---

*elinest*

---

*eluryng*

---

*emzahh*

---

*enilloring*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*enskyce*

---

*errin*

---

*estarylla*

---

*ethynodiol diacetate & ethinyl  
estradiol tab 1 mg-50 mcg*

---

*etonogestrel-ethinyl estradiol  
va ring 0.12-0.015 mg/24hr*

---

*falmina*

---

*feirza tab 1.5/30*

---

*feirza tab 1/20*

---

*finzala*

---

*galbriela chw*

---

*hailey 1.5/30*

---

*hailey 24 fe*

---

*hailey fe tab 1/20*

---

*heather*

---

*iclevia*

---

*incassia*

---

*introvale*

---

*isibloom*

---

*jaimiess tab*

---

*jasmiel*

---

*jencycla tab 0.35mg*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*jolessa*

---

*juleber*

---

*junel 1.5/30*

---

*junel 1/20*

---

*junel fe 1.5/30*

---

*junel fe 1/20*

---

*junel fe 24*

---

*kaitlib fe*

---

*kariva*

---

*kelnor 1/35*

---

*kurvelo*

---

*larin 1.5/30*

---

*larin 1/20*

---

*larin 24 fe*

---

*larin fe 1.5/30*

---

*larin fe 1/20*

---

*lessina*

---

*levonest*

---

*levonor-eth est tab 0.15-  
0.02/0.025/0.03 mg &eth est  
0.01 mg*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*levonorg-eth est tab 0.1-  
0.02mg(84) & eth est tab  
0.01mg(7)*

---

*levonorgestrel & ethinyl  
estradiol (91-day) tab 0.15-  
0.03 mg*

---

*levonorgestrel & ethinyl  
estradiol tab 0.1 mg-20 mcg*

---

*levonorgestrel-eth estra tab  
0.05-30/0.075-40/0.125-  
30mg-mcg*

---

*levonorgestrel-ethinyl estradiol  
(continuous) tab 90-20 mcg*

---

*levora 0.15/30-28*

---

*LILETTA IUD 52MG*

---

*loestrin 1.5/30-21*

---

*loestrin 1/20-21*

---

*loestrin fe 1.5/30*

---

*loestrin fe 1/20*

---

*lojaimiess tab*

---

*loryna*

---

*low-ogestrel*

---

*luizza 1/20 tab*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*luizza tab 1.5/30*

---

*lutra*

---

*lyleq*

---

*lyza*

---

*marlissa*

---

*medroxyprogesterone acetate  
im susp 150 mg/ml*

---

*medroxyprogesterone acetate  
im susp prefilled syr 150  
mg/ml*

---

*meleya tab 0.35mg*

---

*mibelas 24 fe*

---

*microgestin 1.5/30*

---

*microgestin 1/20*

---

*microgestin fe 1.5/30*

---

*microgestin fe 1/20*

---

*mili*

---

*mono-lynyah*

---

*necon 0.5/35-28*

---

*NEXPLANON IMP 68MG*

---

*nikki*

---

*nora-be*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*norelgestromin-ethinyl  
estradiol td ptwk 150-35  
mcg/24hr*

---

*norethindrone ac-ethinyl  
estradiol-fe tab 1-20/1-30/1-35  
mg-mcg*

---

*norethindrone ace & ethinyl  
estradiol tab 1 mg-20 mcg*

---

*norethindrone ace & ethinyl  
estradiol tab 1.5 mg-30 mcg*

---

*norethindrone ace & ethinyl  
estradiol-fe tab 1 mg-20 mcg*

---

*norethindrone ace-eth  
estradiol-fe chew tab 1 mg-20  
mcg (24)*

---

*norethindrone tab 0.35 mg*

---

*norgestimate & ethinyl  
estradiol tab 0.25 mg-35 mcg*

---

*norgestimate-eth estradiol tab  
0.18-25/0.215-25/0.25-25  
mg-mcg*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*norgestimate-eth estrad tab*  
*0.18-35/0.215-35/0.25-35*  
*mg-mcg*

---

*norlyroc*

---

*nortrel 0.5/35 (28)*

---

*nortrel 1/35 (21)*

---

*nortrel 1/35 (28)*

---

*nortrel 7/7/7*

---

*nylia 1/35*

---

*nylia 7/7/7*

---

*orquidea tab 0.35mg*

---

*philith*

---

*pimtrea*

---

*portia-28*

---

*reclipsen*

---

*rivelsa*

---

*rosyrah tab*

---

*setlakin*

---

*sharobel*

---

*simliya*

---

*simpesse*

---

*sprintec 28*

---

*sronyx*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*syeda*

---

*tarina 24 fe*

---

*tarina fe 1/20 eq*

---

*tilia fe*

---

*tri-estarylla*

---

*tri-legest fe*

---

*tri-lynyah*

---

*tri-lo-estarylla*

---

*tri-lo-marzia*

---

*tri-lo-mili*

---

*tri-lo-sprintec*

---

*tri-mili*

---

*tri-sprintec*

---

*tri-vylibra*

---

*tri-vylibra lo*

---

*turqoz*

---

*tydemy tab*

---

*valtya 1/35 tab*

---

*valtya 1/50 tab*

---

*velivet*

---

*vestura*

---

*vienva*

---

*viorele*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*vyfemla*

---

*vylibra*

---

*wera*

---

*wymzya fe*

---

*xarah fe tab*

---

*xelria fe chw 0.4mg-35*

---

*xulane*

---

*zafemy*

---

*zovia 1/35*

---

*zumandimine*

---

***ESTROGENS - DRUGS TO REGULATE  
FEMALE HORMONES***

---

*abigale lo tab 0.5-0.1*

---

*abigale tab 1-0.5mg*

---

*dotti*

---

*estradiol & norethindrone*

---

*acetate tab 0.5-0.1 mg*

---

*estradiol & norethindrone*

---

*acetate tab 1-0.5 mg*

---

*estradiol tab 0.5 mg*

---

*estradiol tab 1 mg*

---

*estradiol tab 2 mg*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*estradiol td patch twice weekly  
0.1 mg/24hr*

---

*estradiol td patch twice weekly  
0.05 mg/24hr*

---

*estradiol td patch twice weekly  
0.025 mg/24hr*

---

*estradiol td patch twice weekly  
0.075 mg/24hr*

---

*estradiol td patch twice weekly  
0.0375 mg/24hr*

---

*estradiol td patch weekly 0.1  
mg/24hr*

---

*estradiol td patch weekly 0.05  
mg/24hr*

---

*estradiol td patch weekly 0.06  
mg/24hr*

---

*estradiol td patch weekly  
0.025 mg/24hr*

---

*estradiol td patch weekly  
0.075 mg/24hr*

---

*estradiol td patch weekly  
0.0375 mg/24hr (37.5  
mcg/24hr)*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*estradiol vaginal cream 0.01%*

---

*estradiol vaginal tab 10 mcg*

---

*estradiol valerate im in oil 10  
mg/ml*

---

*estradiol valerate im in oil 20  
mg/ml*

---

*estradiol valerate im in oil 40  
mg/ml*

---

*fyavolv tab 0.5mg-2.5mcg*

---

*fyavolv tab 1mg-5mcg*

---

*jinteli*

---

*lyllana*

---

*mimvey*

---

*norethindrone acetate-ethinyl  
estradiol tab 0.5 mg-2.5 mcg*

---

*norethindrone acetate-ethinyl  
estradiol tab 1 mg-5 mcg*

---

*yuvafem*

---

**GLUCOCORTICOIDS - DRUGS TO TREAT  
INFLAMMATORY RESPONSE**

---

**DEXAMETHASON CON 1MG/ML**

---

*dexamethasone elixir 0.5  
mg/5ml*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*dexamethasone sod phos inj  
sol pref syr 10 mg/ml (pf)*

---

*dexamethasone sod phosphate  
preservative free inj 10 mg/ml*

---

*dexamethasone sodium  
phosphate inj 4 mg/ml*

---

*dexamethasone sodium  
phosphate inj 10 mg/ml*

---

*dexamethasone sodium  
phosphate inj 20 mg/5ml*

---

*dexamethasone sodium  
phosphate inj 100 mg/10ml*

---

*dexamethasone sodium  
phosphate inj 120 mg/30ml*

---

*dexamethasone sodium  
phosphate inj soln pref syr 4  
mg/ml*

---

*dexamethasone soln 0.5  
mg/5ml*

---

*dexamethasone tab 0.5 mg*

---

*dexamethasone tab 0.75 mg*

---

*dexamethasone tab 1 mg*

---

*dexamethasone tab 1.5 mg*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*dexamethasone tab 2 mg*

---

*dexamethasone tab 4 mg*

---

*dexamethasone tab 6 mg*

---

*fludrocortisone acetate tab 0.1  
mg*

---

*hydrocortisone sodium  
succinate pf for inj 100 mg*

---

*hydrocortisone tab 5 mg*

---

*hydrocortisone tab 10 mg*

---

*hydrocortisone tab 20 mg*

---

*methylprednisolone acetate inj B/D  
susp 40 mg/ml*

---

*methylprednisolone acetate inj B/D  
susp 80 mg/ml*

---

*methylprednisolone sod succ B/D  
for inj 40 mg (base equiv)*

---

*methylprednisolone sod succ B/D  
for inj 125 mg (base equiv)*

---

*methylprednisolone sod succ B/D  
for inj 500 mg (base equiv)*

---

*methylprednisolone sod succ B/D  
for inj 1000 mg (base equiv)*

---

*methylprednisolone tab 4 mg B/D*

---

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>methylprednisolone tab 8 mg</i>	B/D
<i>methylprednisolone tab 16 mg</i>	B/D
<i>methylprednisolone tab 32 mg</i>	B/D
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	B/D
<i>prednisolone soln 15 mg/5ml</i>	B/D
<b>PREDNISONONE CON 5MG/ML</b>	B/D
<i>prednisone oral soln 5 mg/5ml</i>	B/D
<i>prednisone tab 1 mg</i>	B/D
<i>prednisone tab 2.5 mg</i>	B/D
<i>prednisone tab 5 mg</i>	B/D
<i>prednisone tab 10 mg</i>	B/D
<i>prednisone tab 20 mg</i>	B/D
<i>prednisone tab 50 mg</i>	B/D

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*prednisone tab therapy pack 5  
mg (21)*

---

*prednisone tab therapy pack 5  
mg (48)*

---

*prednisone tab therapy pack  
10 mg (21)*

---

*prednisone tab therapy pack  
10 mg (48)*

---

SOLU-CORTEF INJ 250MG

---

SOLU-CORTEF INJ 500MG

---

SOLU-CORTEF INJ 1000MG

---

***GLUCOSE ELEVATING AGENTS - DRUGS TO  
TREAT LOW BLOOD SUGAR***

---

BAQSIMI ONE POW 3MG/DOSE

---

BAQSIMI TWO POW  
3MG/DOSE

---

*diazoxide susp 50 mg/ml*

---

ZEGALOGUE INJ 0.6/0.6

---

***MISCELLANEOUS***

---

ALDURAZYME INJ 2.9MG/5M PA

---

*betaine powder for oral  
solution*

---

*cabergoline tab 0.5 mg*

---

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>carglumic acid soluble tab 200 mg</i>	PA
CERDELGA CAP 84MG	PA
CEREZYME INJ 400UNIT	PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	B/D, QL (120 tabs / 30 days)
CYSTAGON CAP 50MG	PA
CYSTAGON CAP 150MG	PA
<i>desmopressin acetate inj 4 mcg/ml</i>	
<i>desmopressin acetate nasal spray soln 0.01%</i>	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*desmopressin acetate tab 0.1  
mg*

---

*desmopressin acetate tab 0.2  
mg*

---

FABRAZYME INJ 5MG	PA
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---

FABRAZYME INJ 35MG	PA
--------------------	----

---

GENOTROPIN INJ 0.2MG	PA
----------------------	----

---

GENOTROPIN INJ 0.4MG	PA
----------------------	----

---

GENOTROPIN INJ 0.6MG	PA
----------------------	----

---

GENOTROPIN INJ 0.8MG	PA
----------------------	----

---

GENOTROPIN INJ 1.2MG	PA
----------------------	----

---

GENOTROPIN INJ 1.4MG	PA
----------------------	----

---

GENOTROPIN INJ 1.6MG	PA
----------------------	----

---

GENOTROPIN INJ 1.8MG	PA
----------------------	----

---

GENOTROPIN INJ 1MG	PA
--------------------	----

---

GENOTROPIN INJ 2MG	PA
--------------------	----

---

GENOTROPIN INJ 5MG	PA
--------------------	----

---

GENOTROPIN INJ 12MG	PA
---------------------	----

---

INCRELEX INJ 40MG/4ML	PA
-----------------------	----

---

<i>javygtor</i>	PA
-----------------	----

---

<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	PA
---	----

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<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	B/D
<i>levocarnitine tab 330 mg</i>	B/D
LUMIZYME INJ 50MG	PA
LUPR DEP-PED INJ 3M 30MG	PA
LUPR DEP-PED INJ 7.5MG	PA
LUPR DEP-PED INJ 11.25MG	PA
LUPR DEP-PED INJ 15MG	PA
LUPRON DEPOT INJ 45MG	PA
<i>mifepristone tab 300 mg</i>	PA
NAGLAZYME INJ 1MG/ML	PA
<i>nitisinone cap 2 mg</i>	PA
<i>nitisinone cap 5 mg</i>	PA
<i>nitisinone cap 10 mg</i>	PA
<i>nitisinone cap 20 mg</i>	PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	PA
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	PA
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	PA
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	PA
<i>raloxifene hcl tab 60 mg</i>	
REVCIVI INJ 1.6MG/ML	PA
REZDIFFRA TAB 60MG	QL (30 tabs / 30 days), PA
REZDIFFRA TAB 80MG	QL (30 tabs / 30 days), PA
REZDIFFRA TAB 100MG	QL (30 tabs / 30 days), PA
<i>sapropterin dihydrochloride powder packet 100 mg</i>	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>sapropterin dihydrochloride tab</i> <i>100 mg</i>	PA
SIGNIFOR INJ 0.3MG/ML	PA
SIGNIFOR INJ 0.6MG/ML	PA
SIGNIFOR INJ 0.9MG/ML	PA
<i>sodium phenylbutyrate oral</i> <i>powder 3 gm/teaspoonful</i>	PA
<i>sodium phenylbutyrate tab</i> <i>500 mg</i>	PA
SOMATULINE INJ 60/0.2ML	PA
SOMATULINE INJ 90/0.3ML	PA
SOMAVERT INJ 10MG	PA
SOMAVERT INJ 15MG	PA
SOMAVERT INJ 20MG	PA
SOMAVERT INJ 25MG	PA
SOMAVERT INJ 30MG	PA
SYNAREL SOL 2MG/ML	PA
<i>tolvaptan tab 15 mg</i>	PA; (generic of JYNARQUE)
<i>tolvaptan tab 30 mg</i>	PA; (generic of JYNARQUE)
<i>tolvaptan tab therapy pack</i> <i>15 mg</i>	PA

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*tolvaptan tab therapy pack 30  
& 15 mg* PA

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*tolvaptan tab therapy pack 45  
& 15 mg* PA

---

*tolvaptan tab therapy pack 60  
& 30 mg* PA

---

*tolvaptan tab therapy pack 90  
& 30 mg* PA

---

*zelvysia pow 100mg* PA

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*zelvysia pow 500mg* PA

---

**PROGESTINS - DRUGS TO REGULATE  
FEMALE HORMONES**

---

*gallifrey*

---

*medroxyprogesterone acetate  
tab 2.5 mg*

---

*medroxyprogesterone acetate  
tab 5 mg*

---

*medroxyprogesterone acetate  
tab 10 mg*

---

*megestrol acetate susp 40  
mg/ml*

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*megestrol acetate susp 625  
mg/5ml* PA

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**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*norethindrone acetate tab 5  
mg*

---

*progesterone cap 100 mg*

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*progesterone cap 200 mg*

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**THYROID AGENTS - DRUGS TO REGULATE  
THYROID LEVELS**

---

*levo-t*

---

*levothyroxine sodium tab 25  
mcg*

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*levothyroxine sodium tab 50  
mcg*

---

*levothyroxine sodium tab 75  
mcg*

---

*levothyroxine sodium tab 88  
mcg*

---

*levothyroxine sodium tab 100  
mcg*

---

*levothyroxine sodium tab 112  
mcg*

---

*levothyroxine sodium tab 125  
mcg*

---

*levothyroxine sodium tab 137  
mcg*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*levothyroxine sodium tab 150  
mcg*

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*levothyroxine sodium tab 175  
mcg*

---

*levothyroxine sodium tab 200  
mcg*

---

*levothyroxine sodium tab 300  
mcg*

---

*levoxyl*

---

*liomny tab 5mcg*

---

*liomny tab 25mcg*

---

*liomny tab 50mcg*

---

*liothyronine sodium tab 5 mcg*

---

*liothyronine sodium tab 25  
mcg*

---

*liothyronine sodium tab 50  
mcg*

---

*methimazole tab 5 mg*

---

*methimazole tab 10 mg*

---

*propylthiouracil tab 50 mg*

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**SYNTHROID TAB 25MCG**

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**SYNTHROID TAB 50MCG**

---

**SYNTHROID TAB 75MCG**

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

SYNTHROID TAB 88MCG

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SYNTHROID TAB 100MCG

---

SYNTHROID TAB 112MCG

---

SYNTHROID TAB 125MCG

---

SYNTHROID TAB 137MCG

---

SYNTHROID TAB 150MCG

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SYNTHROID TAB 175MCG

---

SYNTHROID TAB 200MCG

---

SYNTHROID TAB 300MCG

*unithroid*

**VITAMIN D ANALOGS**

---

<i>calcitriol (oral)</i>	B/D
<i>calcitriol cap 0.5 mcg</i>	B/D
<i>calcitriol cap 0.25 mcg</i>	B/D
<i>paricalcitol cap 1 mcg</i>	B/D
<i>paricalcitol cap 2 mcg</i>	B/D
<i>paricalcitol cap 4 mcg</i>	B/D

**GASTROINTESTINAL - DRUGS TO TREAT  
STOMACH AND INTESTINAL DISORDERS  
ANTIEMETICS - DRUGS FOR NAUSEA AND  
VOMITING**

---

<i>aprepitant capsule 40 mg</i>	B/D
<i>aprepitant capsule 80 mg</i>	B/D

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<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>aprepitant capsule 125 mg</i>	B/D
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	B/D
<i>compro</i>	
<i>dronabinol cap 2.5 mg</i>	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	B/D, QL (60 caps / 30 days)
<i>granisetron hcl inj 1 mg/ml</i>	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	
<i>granisetron hcl tab 1 mg</i>	B/D
<i>meclizine hcl tab 12.5 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>meclizine hcl tab 25 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	B/D
<i>ondansetron hcl tab 4 mg</i>	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ondansetron hcl tab 8 mg</i>	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	B/D
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	
<i>prochlorperazine suppos 25 mg</i>	
<i>promethazine hcl inj 25 mg/ml</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethazine hcl inj 50 mg/ml</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*promethazine hcl oral soln  
6.25 mg/5ml*

PA; PA applies if 65 years and older after a 30 day supply in a calendar year

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*promethazine hcl tab 12.5 mg*

PA; PA applies if 65 years and older after a 30 day supply in a calendar year

---

*promethazine hcl tab 25 mg*

PA; PA applies if 65 years and older after a 30 day supply in a calendar year

---

*promethazine hcl tab 50 mg*

PA; PA applies if 65 years and older after a 30 day supply in a calendar year

---

*scopolamine td patch 72hr 1  
mg/3days*

QL (10 patches / 30 days)

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**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE****ANTISPASMODICS - DRUGS FOR STOMACH  
SPASMS**

<i>dicyclomine hcl cap 10 mg</i>	PA; PA applies if 65 years and older
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	PA; PA applies if 65 years and older
<i>dicyclomine hcl tab 20 mg</i>	PA; PA applies if 65 years and older
<i>glycopyrrolate tab 1 mg</i>	QL (90 tabs / 30 days)
<i>glycopyrrolate tab 2 mg</i>	QL (120 tabs / 30 days)

**H2-RECEPTOR ANTAGONISTS - DRUGS FOR  
ULCERS AND STOMACH ACID**

<i>famotidine for susp 40 mg/5ml</i>
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>
<i>famotidine inj 40 mg/4ml</i>
<i>famotidine inj 200 mg/20ml</i>

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*famotidine preservative free  
inj 20 mg/2ml*

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*famotidine tab 20 mg*

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*famotidine tab 40 mg*

---

*nizatidine cap 150 mg*

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*nizatidine cap 300 mg*

---

***INFLAMMATORY BOWEL DISEASE***

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*balsalazide disodium cap 750  
mg*

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*budesonide delayed release  
particles cap 3 mg* QL (90 caps / 30  
days)

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*budesonide tab er 24hr 9 mg* QL (30 tabs / 30  
days), PA

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*hydrocortisone enema 100  
mg/60ml*

---

*mesalamine cap dr 400 mg* QL (180 caps /  
30 days)

---

*mesalamine cap er 24hr 0.375  
gm* QL (120 caps /  
30 days)

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*mesalamine enema 4 gm* QL (1680 mL /  
28 days)

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*mesalamine rectal enema 4  
gm & cleanser wipe kit* QL (28 bottles /  
28 days)

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<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>mesalamine suppos 1000 mg</i>	QL (30 suppositories / 30 days)
<i>mesalamine tab delayed release 1.2 gm</i>	QL (120 tabs / 30 days)
<i>sulfasalazine tab 500 mg</i>	
<i>sulfasalazine tab delayed release 500 mg</i>	

### **LAXATIVES**

*constulose*

*enulose*

*gavilyte-c*

*gavilyte-g*

*gavilyte-n/flavor pack*

*generlac*

*lactulose (encephalopathy) solution 10 gm/15ml*

*lactulose solution 10 gm/15ml*

*peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm*

*peg 3350-kcl-sod bicarb-nacl for soln 420 gm*

**PLENVU SOL**

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

*sod sulfate-pot sulf-mg sulf  
oral sol 17.5-3.13-1.6  
gm/177ml*

**MISCELLANEOUS**

*alose tron hcl tab 0.5 mg (base equiv)* QL (60 tabs / 30 days), PA

*alose tron hcl tab 1 mg (base equiv)* QL (60 tabs / 30 days), PA

CREON CAP 3000UNIT

CREON CAP 6000UNIT

CREON CAP 12000UNT

CREON CAP 24000UNT

CREON CAP 36000UNT

*cromolyn sodium oral conc 100  
mg/5ml*

*diphenoxylate w/ atropine tab  
2.5-0.025 mg*

GATTEX KIT 5MG PA

LINZESS CAP 72MCG QL (30 caps / 30 days)

LINZESS CAP 145MCG QL (30 caps / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
LINZESS CAP 290MCG	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	
<i>misoprostol tab 100 mcg</i>	
<i>misoprostol tab 200 mcg</i>	
MOVANTIK TAB 12.5MG	QL (30 tabs / 30 days)
MOVANTIK TAB 25MG	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	QL (28 vials / 28 days), PA
<i>sucralfate susp 1 gm/10ml</i>	
<i>sucralfate tab 1 gm</i>	
TRULANCE TAB 3MG	QL (30 tabs / 30 days)
<i>ursodiol cap 300 mg</i>	
<i>ursodiol tab 250 mg</i>	
<i>ursodiol tab 500 mg</i>	

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
VOQUEZNA PAK DUAL PAK	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	QL (2 kits / year), PA
VOWST CAP	QL (12 caps / 30 days), PA
XERMELO TAB 250MG	QL (84 tabs / 28 days), PA
XIFAXAN TAB 550MG	PA
ZENPEP CAP 3000UNIT	
ZENPEP CAP 5000UNIT	
ZENPEP CAP 10000UNT	
ZENPEP CAP 15000UNT	
ZENPEP CAP 20000UNT	
ZENPEP CAP 25000UNT	
ZENPEP CAP 40000UNT	
ZENPEP CAP 60000UNT	

***PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID***

<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	QL (30 caps / 30 days), ST
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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>	
<i>esomeprazole magnesium for delayed release susp packet 5 mg</i>	
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	QL (30 packets / 30 days)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	QL (30 packets / 30 days)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	QL (30 packets / 30 days)
<i>lansoprazole cap delayed release 15 mg</i>	QL (60 caps / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	QL (60 caps / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>omeprazole cap delayed release 10 mg</i>	
<i>omeprazole cap delayed release 20 mg</i>	
<i>omeprazole cap delayed release 40 mg</i>	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	
<i>rabeprazole sodium ec tab 20 mg</i>	QL (30 tabs / 30 days)

**GENITOURINARY - DRUGS TO TREAT  
GENITAL AND URINARY TRACT  
CONDITIONS**

***BENIGN PROSTATIC HYPERPLASIA -  
DRUGS TO TREAT ENLARGED PROSTATE***

<i>alfuzosin hcl tab er 24hr 10 mg</i>	QL (30 tabs / 30 days)
<i>dutasteride cap 0.5 mg</i>	QL (30 caps / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	QL (30 tabs / 30 days)
<i>tadalafil tab 5 mg</i>	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl cap 0.4 mg</i>	QL (60 caps / 30 days)

### **MISCELLANEOUS**

*acetic acid irrigation soln 0.25%*

*bethanechol chloride tab 5 mg*

*bethanechol chloride tab 10 mg*

*bethanechol chloride tab 25 mg*

*bethanechol chloride tab 50 mg*

*potassium citrate tab er 5 meq (540 mg)*

*potassium citrate tab er 10 meq (1080 mg)*

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*potassium citrate tab er 15  
meq (1620 mg)*

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**URINARY ANTISPASMODICS - DRUGS TO  
TREAT URINARY INCONTINENCE**

---

*fesoterodine fumarate tab er  
24hr 4 mg* QL (30 tabs / 30  
days)

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*fesoterodine fumarate tab er  
24hr 8 mg* QL (30 tabs / 30  
days)

---

GEMTESA TAB 75MG QL (30 tabs / 30  
days)

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*mirabegron tab er 24 hr 25 mg* QL (30 tabs / 30  
days)

---

*mirabegron tab er 24 hr 50 mg* QL (30 tabs / 30  
days)

---

MYRBETRIQ SUS 8MG/ML QL (300 mL / 28  
days)

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MYRBETRIQ TAB 25MG QL (30 tabs / 30  
days)

---

MYRBETRIQ TAB 50MG QL (30 tabs / 30  
days)

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*oxybutynin chloride solution 5  
mg/5ml* QL (600 mL / 30  
days)

---

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>oxybutynin chloride tab 5 mg</i>	QL (120 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	QL (60 tabs / 30 days)
<i>solifenacin succinate tab 5 mg</i>	QL (30 tabs / 30 days)
<i>solifenacin succinate tab 10 mg</i>	QL (30 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	QL (30 caps / 30 days)
<i>tolterodine tartrate cap er 24hr 4 mg</i>	QL (30 caps / 30 days)
<i>tolterodine tartrate tab 1 mg</i>	QL (60 tabs / 30 days)
<i>tolterodine tartrate tab 2 mg</i>	QL (60 tabs / 30 days)
<i>tropium chloride tab 20 mg</i>	QL (60 tabs / 30 days)

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE****VAGINAL ANTI-INFECTIVES**

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*clindamycin phosphate vaginal cream 2%*

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*metronidazole vaginal gel 0.75%*

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*terconazole vaginal cream 0.4%*

---

*terconazole vaginal cream 0.8%*

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*terconazole vaginal suppos 80 mg*

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**HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS****ANTICOAGULANTS - BLOOD THINNERS**

---

*dabigatran etexilate mesylate cap 75 mg (etexilate base eq)* QL (60 caps / 30 days)

---

*dabigatran etexilate mesylate cap 110 mg (etexilate base eq)* QL (120 caps / 30 days)

---

*dabigatran etexilate mesylate cap 150 mg (etexilate base eq)* QL (60 caps / 30 days)

---

*ELIQUIS (1.5MG PACK) 3 X* QL (591 tabs / 29 days)

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<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
ELIQUIS (2MG PACK) 4 X	QL (592 tabs / 30 days)
ELIQUIS CAP 0.15MG	QL (56 caps / 21 days)
ELIQUIS ST P TAB 5MG	QL (74 tabs / 30 days)
ELIQUIS TAB 0.5MG	QL (588 tabs / 29 days)
ELIQUIS TAB 2.5MG	QL (60 tabs / 30 days)
ELIQUIS TAB 5MG	QL (74 tabs / 30 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*enoxaparin sodium inj soln  
pref syr 100 mg/ml*

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*enoxaparin sodium inj soln  
pref syr 120 mg/0.8ml*

---

*enoxaparin sodium inj soln  
pref syr 150 mg/ml*

---

*fondaparinux sodium  
subcutaneous inj 2.5 mg/0.5ml*

---

*fondaparinux sodium  
subcutaneous inj 5 mg/0.4ml*

---

*fondaparinux sodium  
subcutaneous inj 7.5 mg/0.6ml*

---

*fondaparinux sodium  
subcutaneous inj 10 mg/0.8ml*

---

*HEP SOD/NAACL INJ 25000UNT*

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*heparin sodium (porcine) inj 1000 unit/ml*      B/D

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*heparin sodium (porcine) inj 5000 unit/ml*      B/D

---

*heparin sodium (porcine) inj 10000 unit/ml*      B/D

---

*heparin sodium (porcine) inj 20000 unit/ml*      B/D

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

<i>heparin sodium (porcine) pf inj</i>	B/D
<i>1000 unit/ml</i>	
<i>jantoven</i>	
<i>rivaroxaban for susp 1 mg/ml</i>	QL (620 mL / 30 days)
<i>rivaroxaban tab 2.5 mg</i>	QL (60 tabs / 30 days)
<i>warfarin sodium tab 1 mg</i>	
<i>warfarin sodium tab 2 mg</i>	
<i>warfarin sodium tab 2.5 mg</i>	
<i>warfarin sodium tab 3 mg</i>	
<i>warfarin sodium tab 4 mg</i>	
<i>warfarin sodium tab 5 mg</i>	
<i>warfarin sodium tab 6 mg</i>	
<i>warfarin sodium tab 7.5 mg</i>	
<i>warfarin sodium tab 10 mg</i>	
XARELTO STAR TAB 15/20MG	QL (51 tabs / 30 days)
XARELTO TAB 2.5MG	QL (60 tabs / 30 days)
XARELTO TAB 10MG	QL (30 tabs / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
XARELTO TAB 15MG	QL (30 tabs / 30 days)
XARELTO TAB 20MG	QL (30 tabs / 30 days)

### ***HEMATOPOIETIC GROWTH FACTORS***

FULPHILA INJ 6/0.6ML	QL (2 syringes / 28 days), PA
PROCRIT INJ 2000/ML	PA
PROCRIT INJ 3000/ML	PA
PROCRIT INJ 4000/ML	PA
PROCRIT INJ 10000/ML	PA
PROCRIT INJ 20000/ML	PA
PROCRIT INJ 40000/ML	PA
ZARXIO INJ 300/0.5	PA
ZARXIO INJ 480/0.8	PA

### ***MISCELLANEOUS***

ALVAIZ TAB 9MG	QL (60 tabs / 30 days), PA
ALVAIZ TAB 18MG	QL (90 tabs / 30 days), PA
ALVAIZ TAB 36MG	QL (90 tabs / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
ALVAIZ TAB 54MG	QL (60 tabs / 30 days), PA
<i>anagrelide hcl cap 0.5 mg</i>	
<i>anagrelide hcl cap 1 mg</i>	
BERINERT INJ 500UNIT	QL (24 boxes / 30 days), PA
<i>cilostazol tab 50 mg</i>	
<i>cilostazol tab 100 mg</i>	
DOPTELET SPR CAP 10MG	PA
DOPTELET TAB 20MG	PA
DROXIA CAP 200MG	
DROXIA CAP 300MG	
DROXIA CAP 400MG	
HAEGARDA INJ 2000UNIT	QL (30 vials / 30 days), PA
HAEGARDA INJ 3000UNIT	QL (20 vials / 30 days), PA
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	QL (9 syringes / 30 days), PA
<i>l-glutamine (sickle cell)</i>	PA
<i>pentoxifylline tab er 400 mg</i>	
<i>sajazir</i>	QL (9 syringes / 30 days), PA

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

SIKLOS TAB 100MG

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SIKLOS TAB 1000MG

---

TAVNEOS CAP 10MG

QL (180 caps /  
30 days), PA

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*tranexamic acid iv soln 1000  
mg/10ml (100 mg/ml)*

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*tranexamic acid tab 650 mg*

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**PLATELET AGGREGATION INHIBITORS**

---

*aspirin-dipyridamole cap er  
12hr 25-200 mg*

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*clopidogrel bisulfate tab 75 mg  
(base equiv)*

---

*dipyridamole tab 25 mg*

PA; PA applies if  
65 years and  
older

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*dipyridamole tab 50 mg*

PA; PA applies if  
65 years and  
older

---

*dipyridamole tab 75 mg*

PA; PA applies if  
65 years and  
older

---

*prasugrel hcl tab 5 mg (base  
equiv)*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

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*prasugrel hcl tab 10 mg (base equiv)*

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*ticagrelor tab 60 mg*

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*ticagrelor tab 90 mg*

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**IMMUNOLOGIC AGENTS - DRUGS TO TREAT  
DISORDERS OF THE IMMUNE SYSTEM  
AUTOIMMUNE AGENTS**

---

ADALIMU-BWWD INJ 40/0.4ML QL (6  
autoinjectors /  
28 days), PA

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ADALIMU-BWWD INJ 40/0.4ML QL (6 syringes /  
28 days), PA

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BIMZELX INJ 160MG/ML QL (2 pens / 28  
days), PA

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BIMZELX INJ 160MG/ML QL (2 syringes /  
28 days), PA

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BIMZELX INJ 320MG/2 QL (2 pens / 28  
days), PA

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BIMZELX INJ 320MG/2 QL (2 syringes /  
28 days), PA

---

DUPIXENT INJ 200/1.14 QL (4 syringes /  
28 days), PA

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<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
DUPIXENT INJ 200MG	QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	QL (4 syringes / 28 days), PA
ENBREL INJ 25/0.5ML	QL (16 syringes / 28 days), PA
ENBREL INJ 25MG	QL (16 vials / 28 days), PA
ENBREL INJ 50MG/ML	QL (8 syringes / 28 days), PA
ENBREL MINI INJ 50MG/ML	QL (8 cartridges / 28 days), PA
ENBREL SRCLK INJ 50MG/ML	QL (8 pens / 28 days), PA
HADLIMA INJ 40/0.4ML	QL (6 syringes / 28 days), PA
HADLIMA INJ 40/0.8ML	QL (6 syringes / 28 days), PA
HADLIMA PUSH INJ 40/0.4ML	QL (6 autoinjectors / 28 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
HADLIMA PUSH INJ 40/0.8ML	QL (6 autoinjectors / 28 days), PA
HUMIRA INJ 10/0.1ML	QL (2 syringes / 28 days), PA
HUMIRA INJ 20/0.2ML	QL (4 syringes / 28 days), PA
HUMIRA INJ 40/0.4ML	QL (6 syringes / 28 days), PA
HUMIRA KIT 40MG/0.8	QL (6 syringes / 28 days), PA
HUMIRA PEN INJ 40/0.4ML	QL (6 pens / 28 days), PA
HUMIRA PEN INJ 40MG/0.8	QL (6 pens / 28 days), PA
HUMIRA PEN INJ 80/0.8ML	QL (4 pens / 28 days), PA
HUMIRA PEN KIT CD/UC/HS	QL (3 pens / 28 days), PA
HUMIRA PEN KIT PS/UV	QL (3 pens / 28 days), PA
INFLIXIMAB INJ 100MG	PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
KINERET INJ	QL (28 syringes / 28 days), PA
PYZCHIVA INJ 45/0.5ML	QL (1 pen / 28 days), PA
PYZCHIVA INJ 45/0.5ML	QL (1 syringe / 28 days), PA
PYZCHIVA INJ 45/0.5ML	QL (1 vial / 28 days), PA
PYZCHIVA INJ 90MG/ML	QL (1 pen / 28 days), PA
PYZCHIVA INJ 90MG/ML	QL (1 syringe / 28 days), PA
PYZCHIVA INJ 130/26ML	PA
REMICADE INJ 100MG	PA
RENFLEXIS INJ 100MG	PA
RINVOQ LQ SOL 1MG/ML	QL (360 mL / 30 days), PA
RINVOQ TAB 15MG ER	QL (30 tabs / 30 days), PA
RINVOQ TAB 30MG ER	QL (30 tabs / 30 days), PA
RINVOQ TAB 45MG ER	QL (168 tabs / year), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
SKYRIZI INJ 150MG/ML	QL (6 syringes / 365 days), PA
SKYRIZI INJ 180/1.2	QL (1 cartridge / 56 days), PA
SKYRIZI INJ 360/2.4	QL (1 cartridge / 56 days), PA
SKYRIZI PEN INJ 150MG/ML	QL (6 pens / 365 days), PA
SKYRIZI SOL 60MG/ML	PA
SOTYKTU TAB 6MG	QL (30 tabs / 30 days), PA
STELARA INJ 5MG/ML	PA
STELARA INJ 45/0.5ML	QL (1 syringe / 28 days), PA
STELARA INJ 45/0.5ML	QL (1 vial / 28 days), PA
STELARA INJ 90MG/ML	QL (1 syringe / 28 days), PA
TREMFYA INJ 100MG/ML	QL (1 pen / 28 days), PA
TREMFYA INJ 100MG/ML	QL (1 syringe / 28 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
TREMFYA INJ 200/2ML	QL (2 pens / 28 days), PA
TREMFYA INJ 200/2ML	QL (2 syringes / 28 days), PA
TREMFYA INJ 200/20ML	PA
TYENNE INJ 80MG/4ML	PA
TYENNE INJ 162/0.9	QL (4 pens / 28 days), PA
TYENNE INJ 162MG	QL (4 syringes / 28 days), PA
TYENNE INJ 200/10ML	PA
TYENNE INJ 400/20ML	PA
USTEKINUMAB INJ 45/0.5ML	QL (1 syringe / 28 days), PA
USTEKINUMAB INJ 45/0.5ML	QL (1 vial / 28 days), PA
USTEKINUMAB INJ 90MG/ML	QL (1 syringe / 28 days), PA
USTEKINUMAB INJ 130/26ML	PA
VELSIPITY TAB 2MG	QL (30 tabs / 30 days), PA
XELJANZ SOL 1MG/ML	QL (480 mL / 24 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
XELJANZ TAB 5MG	QL (60 tabs / 30 days), PA
XELJANZ TAB 10MG	QL (60 tabs / 30 days), PA
XELJANZ XR TAB 11MG	QL (30 tabs / 30 days), PA
XELJANZ XR TAB 22MG	QL (30 tabs / 30 days), PA
YESINTEK INJ 45/0.5ML	QL (1 syringe / 28 days), PA
YESINTEK INJ 45/0.5ML	QL (1 vial / 28 days), PA
YESINTEK INJ 90MG/ML	QL (1 syringe / 28 days), PA
YESINTEK INJ 130/26ML	PA

***DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS***

*hydroxychloroquine sulfate tab  
200 mg*

JYLAMVO SOL 2MG/ML

B/D

*leflunomide tab 10 mg*

QL (30 tabs / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>leflunomide tab 20 mg</i>	QL (30 tabs / 30 days)

*methotrexate sodium tab 2.5 mg (base equiv)*

XATMEP SOL 2.5MG/ML B/D

### **IMMUNOGLOBULINS**

ALYGLO INJ 5GM/50ML PA

ALYGLO INJ 10/100ML PA

ALYGLO INJ 20/200ML PA

BIVIGAM INJ 10% PA

FLEBOGAMMA INJ 10/200ML PA

FLEBOGAMMA INJ 20/400ML PA

FLEBOGAMMA INJ DIF 5% PA

GAMASTAN INJ B/D

GAMMAGARD INJ 1GM/10ML PA

GAMMAGARD INJ 2.5GM/25 PA

GAMMAGARD INJ 5GM/50ML PA

GAMMAGARD INJ 10GM/100 PA

GAMMAGARD INJ 20GM/200 PA

GAMMAGARD INJ 30GM/300 PA

GAMMAGARD SD INJ 5GM HU PA

GAMMAGARD SD INJ 10GM HU PA

GAMMAKED INJ 1GM/10ML PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
GAMMAKED INJ 5GM/50ML	PA
GAMMAKED INJ 10GM/100	PA
GAMMAKED INJ 20GM/200	PA
GAMMAPLEX INJ 5%	PA
GAMMAPLEX INJ 10%	PA
GAMMGD ERC INJ 5GM/50ML	PA
GAMMGD ERC INJ 10/100ML	PA
GAMUNEX-C INJ 1GM/10ML	PA
GAMUNEX-C INJ 2.5GM/25	PA
GAMUNEX-C INJ 5GM/50ML	PA
GAMUNEX-C INJ 10GM/100	PA
GAMUNEX-C INJ 20GM/200	PA
GAMUNEX-C INJ 40/400ML	PA
OCTAGAM INJ 1GM	PA
OCTAGAM INJ 2.5GM	PA
OCTAGAM INJ 2GM/20ML	PA
OCTAGAM INJ 5GM	PA
OCTAGAM INJ 5GM/50ML	PA
OCTAGAM INJ 10/100ML	PA
OCTAGAM INJ 10GM	PA
OCTAGAM INJ 20/200ML	PA
OCTAGAM INJ 30/300ML	PA
PANZYGA SOL 1GM/10ML	PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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PANZYGA SOL 2.5/25ML	PA
PANZYGA SOL 5GM/50ML	PA
PANZYGA SOL 10/100ML	PA
PANZYGA SOL 20/200ML	PA
PANZYGA SOL 30/300ML	PA
PRIVIGEN INJ 5 GRAMS	PA
PRIVIGEN INJ 10GRAMS	PA
PRIVIGEN INJ 20GRAMS	PA
PRIVIGEN INJ 40GRAMS	PA

### ***IMMUNOMODULATORS***

ACTIMMUNE INJ 2MU/0.5	PA
ARCALYST INJ 220MG	PA

### ***IMMUNOSUPPRESSANTS***

ASTAGRAF XL CAP 0.5MG	B/D
ASTAGRAF XL CAP 1MG	B/D
ASTAGRAF XL CAP 5MG	B/D
<i>azathioprine tab 50 mg</i>	B/D
BENLYSTA INJ 120MG	PA
BENLYSTA INJ 200MG/ML	QL (8 pens / 28 days), PA
BENLYSTA INJ 200MG/ML	QL (8 syringes / 28 days), PA
BENLYSTA INJ 400MG	PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>cyclosporine cap 25 mg</i>	B/D
<i>cyclosporine cap 100 mg</i>	B/D
<i>cyclosporine modified cap 25 mg</i>	B/D
<i>cyclosporine modified cap 50 mg</i>	B/D
<i>cyclosporine modified cap 100 mg</i>	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	B/D
<i>everolimus tab 0.5 mg</i>	B/D
<i>everolimus tab 0.25 mg</i>	B/D
<i>everolimus tab 0.75 mg</i>	B/D
<i>everolimus tab 1 mg</i>	B/D
<i>gengraf</i>	B/D
<i>mycophenolate mofetil cap 250 mg</i>	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	B/D
<i>mycophenolate mofetil tab 500 mg</i>	B/D

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	B/D
NULOJIX INJ 250MG	B/D
PROGRAF GRA 0.2MG	B/D
PROGRAF GRA 1MG	B/D
REZUROCK TAB 200MG	QL (30 tabs / 30 days), PA
<i>sirolimus oral soln 1 mg/ml</i>	B/D
<i>sirolimus tab 0.5 mg</i>	B/D
<i>sirolimus tab 1 mg</i>	B/D
<i>sirolimus tab 2 mg</i>	B/D
<i>tacrolimus cap 0.5 mg</i>	B/D
<i>tacrolimus cap 1 mg</i>	B/D
<i>tacrolimus cap 5 mg</i>	B/D

### **VACCINES**

ABRYSVO INJ 120MCG	PA
ACTHIB INJ	
ADACEL INJ	
AREXVY INJ 120MCG	PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
BCG VACCINE INJ 50MG	
BEXSERO INJ	
BOOSTRIX INJ	
DAPTACEL INJ	
DENGVAXIA SUS	
ENGERIX-B INJ 10/0.5ML	B/D
ENGERIX-B INJ 20MCG/ML	B/D
GARDASIL 9 INJ	
HAVRIX INJ 720UNIT	
HAVRIX INJ 1440UNIT	
HEPLISAV-B INJ 20/0.5ML	B/D
HIBERIX SOL 10MCG	
IMOVAX RABIE INJ 2.5/ML	B/D
INFANRIX INJ	
IPOL INJ INACTIVE	
IXIARO INJ	
JYNNEOS INJ	B/D
KINRIX INJ	
M-M-R II INJ	
MENQUADFI INJ	
MENVEO INJ	
MENVEO SOL	
MRESVIA INJ 50MCG	PA

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

PEDIARIX INJ 0.5ML	
PEDVAX HIB INJ	
PENBRAYA INJ	
PENMENVY INJ	
PENTACEL INJ	
PRIORIX INJ	
PROQUAD INJ	
QUADRACEL INJ 0.5ML	
RABAVERT INJ	B/D
RECOMBIVA HB INJ 5MCG/0.5	B/D
RECOMBIVA HB INJ 10MCG/ML	B/D
RECOMBIVA-HB INJ 40MCG/ML	B/D
ROTARIX SUS	
ROTATEQ SOL	
SHINGRIX INJ 50/0.5ML	QL (2 syringes per lifetime)
SHINGRIX INJ 50/0.5ML	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	B/D
TICOVAC INJ	
TRUMENBA INJ	
TWINRIX INJ	
TYPHIM VI INJ	

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

VAQTA INJ 25/0.5ML

---

VAQTA INJ 50UNT/ML

---

VARIVAX INJ

---

VAXCHORA SUS

---

VIMKUNYA INJ 40/0.8ML

---

VIVOTIF CAP EC

---

YF-VAX INJ

---

**NUTRITIONAL/SUPPLEMENTS - VITAMINS  
AND SUPPLEMENTS*****ELECTROLYTES/MINERALS, INJECTABLE***

---

D2.5W/NACL INJ 0.45%

---

D5W/NACL INJ 0.2%

---

D5W/NACL INJ 0.45%

---

D10W/NACL INJ 0.2%

---

D10W/NACL INJ 0.45%

---

*dextrose 2.5% w/ sodium  
chloride 0.45%*

---

*dextrose 5% in lactated  
ringers*

---

*dextrose 5% w/ sodium  
chloride 0.3%*

---

*dextrose 5% w/ sodium  
chloride 0.9%*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*dextrose 5% w/ sodium  
chloride 0.45%*

---

*dextrose 5% w/ sodium  
chloride 0.225%*

---

*ISOLYTE-P INJ /D5W*

---

*ISOLYTE-S INJ PH 7.4*

---

*kcl 10 meq/l (0.075%) in  
dextrose 5% & nacl 0.45% inj*

---

*kcl 20 meq/l (0.15%) in  
dextrose 5% & nacl 0.9% inj*

---

*kcl 20 meq/l (0.15%) in  
dextrose 5% & nacl 0.45% inj*

---

*kcl 20 meq/l (0.15%) in nacl  
0.9% inj*

---

*kcl 20 meq/l (0.15%) in nacl  
0.45% inj*

---

*kcl 20 meq/l (0.149%) in nacl  
0.9% inj*

---

*kcl 20 meq/l (0.149%) in nacl  
0.45% inj*

---

*kcl 30 meq/l (0.224%) in  
dextrose 5% & nacl 0.45% inj*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*kcl 40 meq/l (0.3%) in  
dextrose 5% & nacl 0.9% inj*

---

*kcl 40 meq/l (0.3%) in  
dextrose 5% & nacl 0.45% inj*

---

*kcl 40 meq/l (0.3%) in nacl  
0.9% inj*

---

*kcl 40 meq/l (0.298%) in nacl  
0.9% inj*

---

KCL/D5W/NACL INJ 0.3/0.9%

---

KCL/D5W/NACL INJ 0.15/0.2

---

LACTATED RIN INJ

---

*lactated ringer's solution*

---

MAGNESIUM SU INJ  
2GM/50ML

---

MAGNESIUM SU INJ 4G/100ML

---

MAGNESIUM SU INJ 20/500ML

---

MAGNESIUM SU INJ 40G/1000

---

MAGNESIUM SU INJ 80MG/ML

---

*magnesium sulfate in dextrose  
5% iv soln 1 gm/100ml*

---

*magnesium sulfate inj 50%*

---

*magnesium sulfate iv soln 2  
gm/50ml (40 mg/ml)*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*magnesium sulfate iv soln 3  
gm/100ml (30 mg/ml)*

---

*magnesium sulfate iv soln 4  
gm/50ml (80 mg/ml)*

---

*magnesium sulfate iv soln 4  
gm/100ml (40 mg/ml)*

---

*magnesium sulfate iv soln 20  
gm/500ml (40 mg/ml)*

---

*magnesium sulfate iv soln 40  
gm/1000ml (40 mg/ml)*

---

*multiple electrolytes ph 5.5*

---

POT CHL 20MEQ/L IN NACL  
0.9% INJ

---

POT CHL 20MEQ/L IN NACL  
0.45% INJ

---

POT CHL 40MEQ/L IN NACL  
0.9% INJ

---

*potassium chloride 20 meq/l  
(0.15%) in dextrose 5% inj*

---

*potassium chloride inj 2  
meq/ml*

---

*potassium chloride inj 10  
meq/50ml*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*potassium chloride inj 10  
meq/100ml*

---

---

*potassium chloride inj 20  
meq/50ml*

---

---

*potassium chloride inj 20  
meq/100ml*

---

---

*potassium chloride inj 40  
meq/100ml*

---

---

*sodium chloride inj 2.5 meq/ml  
(14.6%)*

---

---

*sodium chloride iv soln 0.9%*

---

---

*sodium chloride iv soln 0.45%*

---

---

*sodium chloride iv soln 3%*

---

---

*sodium chloride iv soln 5%*

---

---

TPN ELECTROL INJB/D

---

***ELECTROLYTES/MINERALS/VITAMINS,  
ORAL***

---

*klor-con*

---

KLOR-CON 8

---

*klor-con 10*

---

KLOR-CON 10 TAB 10MEQ ER

---

*klor-con m10*

---

*klor-con m15*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*klor-con m20*

---

*M-NATAL PLUS TAB*

---

*potassium chloride cap er 8  
meq*

---

*potassium chloride cap er 10  
meq*

---

*potassium chloride  
microencapsulated crys er tab  
10 meq*

---

*potassium chloride  
microencapsulated crys er tab  
15 meq*

---

*potassium chloride  
microencapsulated crys er tab  
20 meq*

---

*potassium chloride oral soln  
10% (20 meq/15ml)*

---

*potassium chloride oral soln  
20% (40 meq/15ml)*

---

*potassium chloride powder  
packet 20 meq*

---

*potassium chloride tab er 8  
meq (600 mg)*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*potassium chloride tab er 10 meq*

---

*potassium chloride tab er 20 meq (1500 mg)*

---

PRENATAL TAB 27-1MG

---

PRENATAL TAB PLUS

---

*sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln*

---

WESTAB PLUS TAB 27-1MG

---

***IV NUTRITION***

---

*aminosyn ii soln 15%* B/D

---

AMINOSYN INJ 10% B/D

---

AMINOSYN-PF INJ 10% B/D

---

CLINIMIX INJ 4.25/D5W B/D

---

CLINIMIX INJ 4.25/D10 B/D

---

CLINIMIX INJ 5%/D15W B/D

---

CLINIMIX INJ 5%/D20W B/D

---

CLINIMIX INJ 6/5 B/D

---

CLINIMIX INJ 8/10 B/D

---

CLINIMIX INJ 8/14 B/D

---

*clinisol sf 15%* B/D

---

CLINOLIPID EMU 20% B/D

---

*dextrose inj 5%*

---

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>dextrose inj 10%</i>	
DEXTROSE INJ 10%	
<i>dextrose inj 50%</i>	B/D
DEXTROSE INJ 70%	B/D
INTRALIPID INJ 20%	B/D
INTRALIPID INJ 30%	B/D
NUTRILIPID EMU 20%	B/D
<i>plenamine</i>	B/D
PREMASOL SOL 10%	B/D
PROSOL INJ 20%	B/D
TRAVASOL INJ 10%	B/D
TROPHAMINE INJ 10%	B/D

## **OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS**

### ***ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION***

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*neomycin-polymyxin-  
dexamethasone ophth oint  
0.1%*

---

*neomycin-polymyxin-  
dexamethasone ophth susp  
0.1%*

---

*neomycin-polymyxin-hc ophth  
susp*

---

*sulfacetamide sodium-  
prednisolone ophth soln 10-  
0.23(0.25)%*

---

*TOBRADEX OIN 0.3-0.1%*

---

*tobramycin-dexamethasone  
ophth susp 0.3-0.1%*

---

*ZYLET SUS 0.5-0.3%*

---

**ANTI-INFECTIVES - DRUGS TO TREAT  
INFECTIONS**

---

*bacitracin ophth oint 500  
unit/gm*

---

*bacitracin-polymyxin b ophth  
oint*

---

*besifloxacin hcl ophth susp  
0.6% (base equiv)*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

BESIVANCE SUS 0.6%

---

CILOXAN OIN 0.3% OP

---

*ciprofloxacin hcl ophth soln  
0.3% (base equivalent)*

---

*erythromycin ophth oint 5  
mg/gm*

---

*gatifloxacin ophth soln 0.5%*

---

*gentamicin sulfate ophth soln  
0.3%*

---

*moxifloxacin hcl ophth soln  
0.5% (base equiv)*

---

QL (12 mL / 30  
days)

---

NATACYN SUS 5% OP

---

*neomycin-bacitrac zn-polymyx  
5(3.5)mg-400unt-10000unt op  
oin*

---

*neomycin-polymyx-gramicid op  
sol 1.75-10000-0.025mg-unt-  
mg/ml*

---

*ofloxacin ophth soln 0.3%*

---

*polymyxin b-trimethoprim  
ophth soln 10000 unit/ml-  
0.1%*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*sulfacetamide sodium ophth  
soln 10%*

---

*tobramycin ophth soln 0.3%*

---

*trifluridine ophth soln 1%*

---

XDEMYV DRO 0.25%

---

PA

---

ZIRGAN GEL 0.15%

---

**ANTI-INFLAMMATORIES - DRUGS TO  
TREAT INFLAMMATION**

---

*dexamethasone sodium  
phosphate ophth soln 0.1%*

---

*diclofenac sodium ophth soln  
0.1%*

---

*difluprednate ophth emulsion  
0.05%*

---

*fluorometholone ophth susp  
0.1%*

---

*flurbiprofen sodium ophth soln  
0.03%*

---

*ketorolac tromethamine ophth  
soln 0.4%*

---

*ketorolac tromethamine ophth  
soln 0.5%*

---

LOTEMAX OIN 0.5%

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

PRED SOD PHO SOL 1% OP  
*prednisolone acetate ophth  
susp 1%*

---

**ANTIALLERGICS - DRUGS TO TREAT  
ALLERGIES**

---

*azelastine hcl ophth soln  
0.05%*

---

*cromolyn sodium ophth soln  
4%*

---

ZERVIATE DRO 0.24%

---

**ANTI GLAUCOMA - DRUGS TO TREAT  
GLAUCOMA**

---

*betaxolol hcl ophth soln 0.5%*

---

*brimonidine tartrate ophth soln  
0.2%*

---

*brinzolamide ophth susp 1% ST*

---

*carteolol hcl ophth soln 1%*

---

COMBIGAN SOL 0.2/0.5%

---

*dorzolamide hcl ophth soln 2%*

---

*dorzolamide hcl-timolol  
maleate ophth soln 2-0.5%*

---

*latanoprost ophth soln 0.005%*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*levobunolol hcl ophth soln  
0.5%*

---

LUMIGAN SOL 0.01% OP

---

*pilocarpine hcl ophth soln 1%*

---

*pilocarpine hcl ophth soln 2%*

---

*pilocarpine hcl ophth soln 4%*

---

RHOPRESSA SOL 0.02%

---

ROCKLATAN DRO

---

SIMBRINZA SUS 1-0.2%

---

*timolol maleate ophth gel  
forming soln 0.5%*

---

*timolol maleate ophth gel  
forming soln 0.25%*

---

*timolol maleate ophth soln  
0.5%*

---

*timolol maleate ophth soln  
0.25%*

---

VYZULTA SOL 0.024%

---

**MISCELLANEOUS**

---

ATROPINE SUL SOL 1% OP

---

*atropine sulfite ophth soln 1%*

---

CYSTADROPS SOL 0.37% PA

---

CYSTARAN SOL 0.44% PA

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

EYSUVIS DRO 0.25%

---

MIEBO DRO 1.3GM/ML

---

*proparacaine hcl ophth soln  
0.5%*

---

RESTASIS EMU 0.05% OP

---

RESTASIS MUL EMU 0.05% OP

---

XIIDRA DRO 5%

**OTIC - DRUGS TO TREAT CONDITIONS OF  
THE EAR*****OTIC AGENTS***

---

*acetic acid otic soln 2%*

---

*ciprofloxacin-dexamethasone  
otic susp 0.3-0.1%*

---

*flac*

---

*fluocinolone acetonide (otic) oil  
0.01%*

---

*hydrocortisone w/ acetic acid  
otic soln 1-2%*

---

*neomycin-polymyxin-hc otic  
soln 1%*

---

*neomycin-polymyxin-hc otic  
susp 3.5 mg/ml-10000  
unit/ml-1%*

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*ofloxacin otic soln 0.3%*

---

**RESPIRATORY - DRUGS TO TREAT  
BREATHING DISORDERS****ANTICHOLINERGIC/BETA AGONIST****COMBINATIONS - DRUGS TO TREAT COPD**

---

ANORO ELLIPT AER 62.5-25      QL (60 blisters /  
30 days)

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---

BEVESPI AER 9-4.8MCG      QL (1 inhaler /  
30 days)

---

---

BREZTRI AERO AER SPHERE      QL (1 inhaler /  
30 days)

---

---

BREZTRI AERO AER SPHERE      QL (4 inhalers /  
(INSTITUTIONAL PACK)      28 days)

---

---

COMBIVENT AER 20-100      QL (2 inhalers /  
30 days)

---

---

*ipratropium-albuterol nebu*      B/D  
*soln 0.5-2.5(3) mg/3ml*

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---

TRELEGY AER ELLIPTA 100-      QL (60 blisters /  
62.5-25 MCG      30 days)

---

---

TRELEGY AER ELLIPTA 200-      QL (60 blisters /  
62.5-25 MCG      30 days)

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE****ANTICHOLINERGICS - DRUGS TO TREAT  
COPD**

---

ATROVENT HFA AER 17MCG	QL (2 inhalers / 30 days)
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---

INCRUSE ELPT INH 62.5MCG	QL (30 blisters / 30 days)
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---

*ipratropium bromide inhal soln* B/D  
*0.02%*

---

*ipratropium bromide nasal soln*  
*0.03% (21 mcg/spray)*

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*ipratropium bromide nasal soln*  
*0.06% (42 mcg/spray)*

---

SPIRIVA RESP AER 1.25MCG	QL (1 inhaler / 30 days)
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**ANTIHIISTAMINES - DRUGS TO TREAT  
ALLERGIES**

---

*azelastine hcl nasal spray*  
*0.1% (137 mcg/spray)*

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<i>cetirizine hcl oral soln 1 mg/ml</i> <i>(5 mg/5ml)</i>	QL (300 mL / 30 days)
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**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*cyproheptadine hcl syrup 2  
mg/5ml*PA; PA applies if  
65 years and  
older after a 30  
day supply in a  
calendar year

---

*cyproheptadine hcl tab 4 mg*PA; PA applies if  
65 years and  
older after a 30  
day supply in a  
calendar year

---

*diphenhydramine hcl inj 50  
mg/ml*

---

*hydroxyzine hcl im soln 25  
mg/ml*PA; PA applies if  
65 years and  
older

---

*hydroxyzine hcl im soln 50  
mg/ml*PA; PA applies if  
65 years and  
older

---

*hydroxyzine hcl syrup 10  
mg/5ml*PA; PA applies if  
65 years and  
older after a 30  
day supply in a  
calendar year

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*hydroxyzine hcl tab 10 mg*

PA; PA applies if 65 years and older after a 30 day supply in a calendar year

---

*hydroxyzine hcl tab 25 mg*

PA; PA applies if 65 years and older after a 30 day supply in a calendar year

---

*hydroxyzine hcl tab 50 mg*

PA; PA applies if 65 years and older after a 30 day supply in a calendar year

---

*hydroxyzine pamoate cap 25 mg*

PA; PA applies if 65 years and older after a 30 day supply in a calendar year

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

<i>hydroxyzine pamoate cap 50 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride tab 5 mg</i>	QL (30 tabs / 30 days)

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**BETA AGONISTS - DRUGS TO TREAT  
ASTHMA AND COPD**

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<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (2 inhalers / 30 days); (generic of Ventolin HFA)

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<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	
<i>albuterol sulfate tab 2 mg</i>	
<i>albuterol sulfate tab 4 mg</i>	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	B/D
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	B/D
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	B/D
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	QL (2 inhalers / 30 days), ST

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
SEREVENT DIS AER 50MCG	QL (60 inhalations / 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	
<i>terbutaline sulfate tab 5 mg</i>	
VENTOLIN HFA (INSTITUTIONAL PACK)	QL (6 inhalers / 30 days)
VENTOLIN HFA AER	QL (2 inhalers / 30 days)

### **LEUKOTRIENE MODULATORS**

*montelukast sodium chew tab 4 mg (base equiv)*

*montelukast sodium chew tab 5 mg (base equiv)*

*montelukast sodium oral granules packet 4 mg (base equiv)*

*montelukast sodium tab 10 mg (base equiv)*

*zafirlukast tab 10 mg*

*zafirlukast tab 20 mg*

### **MISCELLANEOUS**

*acetylcysteine inhal soln 10% B/D*

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>acetylcysteine inhal soln 20%</i>	B/D
ALYFTREK TAB 4-20-50	QL (84 tabs / 28 days), PA
ALYFTREK TAB 10-50-125	QL (56 tabs / 28 days), PA
ARALAST NP INJ 500MG	PA
ARALAST NP INJ 1000MG	PA
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	B/D
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	(generic of Adrenaclick)
FASENRA INJ 10MG/0.5	QL (1 syringe / 28 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
FASENRA INJ 30MG/ML	QL (1 syringe / 28 days), PA
FASENRA PEN INJ 30MG/ML	QL (1 pen / 28 days), PA
KALYDECO GRA 5.8MG	QL (56 packets / 28 days), PA
KALYDECO GRA 13.4MG	QL (56 packets / 28 days), PA
KALYDECO PAK 25MG	QL (56 packets / 28 days), PA
KALYDECO PAK 50MG	QL (56 packets / 28 days), PA
KALYDECO PAK 75MG	QL (56 packets / 28 days), PA
KALYDECO TAB 150MG	QL (60 tabs / 30 days), PA
OFEV CAP 100MG	QL (60 caps / 30 days), PA
OFEV CAP 150MG	QL (60 caps / 30 days), PA
ORKAMBI GRA 75-94MG	QL (56 packets / 28 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
ORKAMBI GRA 100-125	QL (56 packets / 28 days), PA
ORKAMBI GRA 150-188	QL (56 packets / 28 days), PA
ORKAMBI TAB 100-125	QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	QL (112 tabs / 28 days), PA
<i>pirfenidone cap 267 mg</i>	QL (270 caps / 30 days), PA
<i>pirfenidone tab 267 mg</i>	QL (270 tabs / 30 days), PA
<i>pirfenidone tab 534 mg</i>	QL (90 tabs / 30 days), PA
<i>pirfenidone tab 801 mg</i>	QL (90 tabs / 30 days), PA
PROLASTIN-C INJ 1000MG	PA
PULMOZYME SOL 1MG/ML	PA
<i>roflumilast tab 250 mcg</i>	QL (56 tabs / year)
<i>roflumilast tab 500 mcg</i>	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYMDEKO TAB 50-75MG	QL (56 tabs / 28 days), PA
SYMDEKO TAB 100-150	QL (56 tabs / 28 days), PA
<i>theophylline elixir 80 mg/15ml</i>	
<i>theophylline soln 80 mg/15ml</i>	
<i>theophylline tab er 12hr 100 mg</i>	
<i>theophylline tab er 12hr 200 mg</i>	
<i>theophylline tab er 12hr 300 mg</i>	
<i>theophylline tab er 12hr 450 mg</i>	
<i>theophylline tab er 24hr 400 mg</i>	
<i>theophylline tab er 24hr 600 mg</i>	
TRIKAFTA PAK 59.5MG	QL (56 packs / 28 days), PA
TRIKAFTA PAK 75MG	QL (56 packs / 28 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
TRIKAFTA TAB 50-25-37.5MG & 75MG	QL (84 tabs / 28 days), PA
TRIKAFTA TAB 100-50-75MG & 150MG	QL (84 tabs / 28 days), PA
XOLAIR INJ 75/0.5	QL (4 pens / 28 days), PA
XOLAIR INJ 75/0.5	QL (4 syringes / 28 days), PA
XOLAIR INJ 150MG/ML	QL (8 pens / 28 days), PA
XOLAIR INJ 150MG/ML	QL (8 syringes / 28 days), PA
XOLAIR INJ 300/2ML	QL (4 pens / 28 days), PA
XOLAIR INJ 300/2ML	QL (4 syringes / 28 days), PA
XOLAIR SOL 150MG	QL (8 vials / 28 days), PA
ZEMAIRA INJ 1000MG	PA
ZEMAIRA INJ 4000MG	PA
ZEMAIRA INJ 5000MG	PA

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE*****NASAL STEROIDS - DRUGS TO TREAT  
ALLERGIES***

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<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	QL (3 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	QL (1 bottle / 30 days)
XHANCE MIS 93MCG	QL (32 mL / 30 days), PA

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***STEROID INHALANTS - DRUGS TO TREAT  
ASTHMA***

---

ALVESCO AER 80MCG	QL (3 inhalers / 30 days)
ALVESCO AER 160MCG	QL (2 inhalers / 30 days)
ARNUITY ELPT INH 50MCG	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	QL (30 inhalations / 30 days)

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<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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<i>budesonide inhalation susp 0.5 mg/2ml</i>	B/D
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<i>budesonide inhalation susp 0.25 mg/2ml</i>	B/D
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<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	QL (2 inhalers / 30 days)
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<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	QL (2 inhalers / 30 days)
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<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	QL (2 inhalers / 30 days)
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**STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD**

ADVAIR HFA AER 45/21	QL (1 inhaler / 30 days)
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ADVAIR HFA AER 115/21	QL (1 inhaler / 30 days)
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ADVAIR HFA AER 230/21	QL (1 inhaler / 30 days)
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AIRSUPRA AER 90-80MCG	QL (3 inhalers / 30 days)
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BREO ELLIPTA INH 50-25MCG	QL (60 blisters / 30 days)
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<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
BREO ELLIPTA INH 100-25	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	QL (60 blisters / 30 days)
<i>breyana</i>	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	QL (60 inhalations / 30 days); (generic PRASCO not covered)

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*fluticasone-salmeterol aer  
powder ba 250-50 mcg/act*

---

QL (60  
inhalations / 30  
days); (generic  
PRASCO not  
covered)

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---

*fluticasone-salmeterol aer  
powder ba 500-50 mcg/act*

---

QL (60  
inhalations / 30  
days); (generic  
PRASCO not  
covered)

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---

*wixela inhub*

---

QL (60  
inhalations / 30  
days)

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**TOPICAL - DRUGS TO TREAT EAR AND SKIN  
CONDITIONS*****DERMATOLOGY, ACNE***

---

*accutane*

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PA

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*amnesteem*

---

PA

---

*amnesteem cap 30mg*

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PA

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*benzoyl peroxide-erythromycin  
gel 5-3%*

---

QL (46.6 gm / 30  
days)

---

*claravis*

---

PA

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<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	QL (45 gm / 30 days)
<i>clindamycin phosphate gel 1% (once-daily)</i>	QL (75 mL / 30 days), PA
<i>clindamycin phosphate lotion 1%</i>	QL (60 mL / 30 days)
<i>clindamycin phosphate soln 1%</i>	QL (60 mL / 30 days)
<i>ery</i>	QL (60 pledgets / 30 days)
<i>erythromycin gel 2%</i>	QL (60 gm / 30 days)
<i>erythromycin soln 2%</i>	QL (60 mL / 30 days)
<i>isotretinoin cap 10 mg</i>	PA
<i>isotretinoin cap 20 mg</i>	PA
<i>isotretinoin cap 30 mg</i>	PA
<i>isotretinoin cap 40 mg</i>	PA
<i>neuac gel 1.2-5%</i>	QL (45 gm / 30 days)
<i>sulfacetamide sodium lotion 10% (acne)</i>	QL (118 mL / 30 days)

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

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<i>tretinoin cream 0.1%</i>	QL (45 gm / 30 days), PA
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<i>tretinoin cream 0.05%</i>	QL (45 gm / 30 days), PA
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<i>tretinoin cream 0.025%</i>	QL (45 gm / 30 days), PA
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<i>tretinoin gel 0.01%</i>	QL (45 gm / 30 days), PA
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<i>tretinoin gel 0.025%</i>	QL (45 gm / 30 days), PA
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<i>twice-daily clindamycin phosphate (topical)</i>	QL (60 gm / 30 days)
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<i>zenatane</i>	PA
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**DERMATOLOGY, ANTIBIOTICS**

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<i>gentamicin sulfate cream 0.1%</i>	QL (30 gm / 30 days)
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<i>gentamicin sulfate oint 0.1%</i>	QL (30 gm / 30 days)
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<i>mupirocin oint 2%</i>	QL (220 gm / 30 days)
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<i>silver sulfadiazine cream 1%</i>	
<i>ssd</i>	

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<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
SULFAMYLON CRE 85MG/GM	QL (453.6 gm / 30 days)

### ***DERMATOLOGY, ANTIFUNGALS***

<i>ciclopirox olamine cream 0.77% (base equiv)</i>	QL (90 gm / 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	QL (60 mL / 30 days)
<i>ciclopirox shampoo 1%</i>	QL (120 mL / 30 days)
<i>clotrimazole cream 1%</i>	QL (45 gm / 30 days)
<i>clotrimazole soln 1%</i>	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	QL (45 gm / 30 days)
<i>econazole nitrate cream 1%</i>	QL (85 gm / 30 days)
<i>ketoconazole cream 2%</i>	QL (60 gm / 30 days)
<i>ketoconazole shampoo 2%</i>	QL (120 mL / 30 days)
<i>klayesta</i>	QL (60 gm / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>nyamyc</i>	QL (60 gm / 30 days)
<i>nystatin cream 100000 unit/gm</i>	QL (30 gm / 30 days)
<i>nystatin oint 100000 unit/gm</i>	QL (30 gm / 30 days)
<i>nystatin topical powder 100000 unit/gm</i>	QL (60 gm / 30 days)
<i>nystop</i>	QL (60 gm / 30 days)
<i>selenium sulfide lotion 2.5%</i>	

### **DERMATOLOGY, ANTIPSORIATICS**

<i>acitretin cap 10 mg</i>	PA
<i>acitretin cap 17.5 mg</i>	PA
<i>acitretin cap 25 mg</i>	PA
<i>calcipotriene cream 0.005%</i>	QL (120 gm / 30 days), PA
<i>calcipotriene oint 0.005%</i>	QL (120 gm / 30 days), PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	QL (120 mL / 30 days), PA
<i>calcitrene</i>	QL (120 gm / 30 days), PA

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
ENSTILAR AER	QL (120 gm / 30 days), PA
<i>tazarotene cream 0.1%</i>	QL (60 gm / 30 days), PA
<i>tazarotene cream 0.05%</i>	QL (60 gm / 30 days), PA

### **DERMATOLOGY, CORTICOSTEROIDS**

*ala-cort*

<i>alclometasone dipropionate cream 0.05%</i>	QL (60 gm / 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	QL (60 gm / 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	QL (120 gm / 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	QL (120 gm / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>betamethasone dipropionate lotion 0.05%</i>	QL (120 mL / 30 days)
<i>betamethasone dipropionate oint 0.05%</i>	QL (120 gm / 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	QL (120 gm / 30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	QL (120 mL / 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	QL (120 gm / 30 days)
<i>clobetasol propionate cream 0.05%</i>	QL (120 gm / 30 days)
<i>clobetasol propionate e</i>	QL (120 gm / 30 days)
<i>clobetasol propionate gel 0.05%</i>	QL (120 gm / 30 days)
<i>clobetasol propionate oint 0.05%</i>	QL (120 gm / 30 days)
<i>clobetasol propionate shampoo 0.05%</i>	QL (236 mL / 30 days)
<i>clobetasol propionate soln 0.05%</i>	QL (100 mL / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>clodan</i>	QL (236 mL / 30 days)
<i>fluocinolone acetonide cream 0.01%</i>	QL (60 gm / 30 days)
<i>fluocinolone acetonide cream 0.025%</i>	QL (120 gm / 30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide oint 0.025%</i>	QL (120 gm / 30 days)
<i>fluocinolone acetonide soln 0.01%</i>	QL (60 mL / 30 days)
<i>fluocinonide cream 0.1%</i>	QL (120 gm / 30 days)
<i>fluocinonide cream 0.05%</i>	QL (120 gm / 30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	QL (120 gm / 30 days)
<i>fluocinonide gel 0.05%</i>	QL (60 gm / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>fluocinonide oint 0.05%</i>	QL (60 gm / 30 days)
<i>fluocinonide soln 0.05%</i>	QL (60 mL / 30 days)
<i>fluticasone propionate cream 0.05%</i>	
<i>fluticasone propionate oint 0.005%</i>	
<i>halobetasol propionate cream 0.05%</i>	QL (50 gm / 30 days)
<i>halobetasol propionate oint 0.05%</i>	QL (50 gm / 30 days)
<i>hydrocortisone cream 1%</i>	
<i>hydrocortisone cream 2.5%</i>	
<i>hydrocortisone lotion 2.5%</i>	
<i>hydrocortisone oint 1%</i>	QL (30 gm / 30 days)
<i>hydrocortisone oint 2.5%</i>	
<i>hydrocortisone valerate cream 0.2%</i>	QL (60 gm / 30 days)
<i>mometasone furoate cream 0.1%</i>	
<i>mometasone furoate oint 0.1%</i>	

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

---

*mometasone furoate solution*  
*0.1% (lotion)*

---

*triamcinolone acetonide cream* QL (454 gm / 30  
*0.1%* days)

---

*triamcinolone acetonide cream* QL (454 gm / 30  
*0.5%* days)

---

*triamcinolone acetonide cream* QL (454 gm / 30  
*0.025%* days)

---

*triamcinolone acetonide lotion*  
*0.1%*

---

*triamcinolone acetonide lotion*  
*0.025%*

---

*triamcinolone acetonide oint*  
*0.1%*

---

*triamcinolone acetonide oint*  
*0.5%*

---

*triamcinolone acetonide oint*  
*0.025%*

---

*triderm* QL (454 gm / 30  
days)

---

**DERMATOLOGY, LOCAL ANESTHETICS**

---

*glydo* QL (60 mL / 30  
days), PA

---

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE**

<i>lidocaine hcl soln 4%</i>	QL (50 mL / 30 days), PA
<i>lidocaine oint 5%</i>	QL (50 gm / 30 days), PA
<i>lidocaine patch 5%</i>	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	B/D, QL (30 gm / 30 days)
<i>lidocan</i>	QL (3 patches / 1 day), PA
<i>tridacaine ii</i>	QL (3 patches / 1 day), PA

**DERMATOLOGY, MISCELLANEOUS SKIN  
AND MUCOUS MEMBRANE**

<i>bexarotene gel 1%</i>	QL (60 gm / 30 days), PA
<i>diclofenac sodium soln 1.5%</i>	QL (300 mL / 28 days)
EUCRISA OIN 2%	QL (120 gm / 30 days), PA
<i>fluorouracil cream 5%</i>	QL (40 gm / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>fluorouracil soln 2%</i>	QL (10 mL / 30 days)
<i>fluorouracil soln 5%</i>	QL (10 mL / 30 days)
<i>hydrocortisone perianal cream 1%</i>	
<i>hydrocortisone perianal cream 2.5%</i>	
<i>imiquimod cream 5%</i>	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	
<i>lactic acid (ammonium lactate) lotion 12%</i>	
<i>metronidazole cream 0.75%</i>	QL (45 gm / 30 days)
<i>metronidazole gel 0.75%</i>	QL (45 gm / 30 days)
<i>metronidazole lotion 0.75%</i>	QL (59 mL / 30 days)
<i>nitroglycerin oint 0.4%</i>	QL (30 gm / 30 days)

<b>NAME OF DRUG</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
PANRETIN GEL 0.1%	QL (60 gm / 30 days), PA
<i>pimecrolimus cream 1%</i>	QL (100 gm / 30 days), PA
<i>podofilox soln 0.5%</i>	QL (7 mL / 28 days)
<i>procto-med hc</i>	
<i>proctocort</i>	
<i>proctosol hc</i>	
<i>proctozone-hc</i>	
<i>tacrolimus oint 0.1%</i>	QL (100 gm / 30 days), PA
<i>tacrolimus oint 0.03%</i>	QL (100 gm / 30 days), PA
VALCHLOR GEL 0.016%	QL (60 gm / 30 days), PA

### **DERMATOLOGY, SCABICIDES AND PEDICULIDES**

<i>malathion lotion 0.5%</i>	QL (59 mL / 30 days)
<i>permethrin cream 5%</i>	QL (60 gm / 30 days)

**NAME OF DRUG****NECESSARY  
ACTIONS  
RESTRICTIONS  
OR LIMITS ON  
USE*****DERMATOLOGY, WOUND CARE AGENTS***

---

*SANTYL OIN 250/GM**QL (180 gm / 30  
days), PA*

---

*sodium chloride irrigation soln  
0.9%*

---

*water for irrigation, sterile  
irrigation soln*

---

***MOUTH/THROAT/DENTAL AGENTS***

---

*cevimeline hcl cap 30 mg*

---

*chlorhexidine gluconate soln  
0.12%*

---

*clotrimazole troche 10 mg**QL (150 lozenges  
/ 30 days)*

---

*kourzeq*

---

*lidocaine hcl viscous soln 2%*

---

*nystatin susp 100000 unit/ml*

---

*periogard*

---

*pilocarpine hcl tab 5 mg*

---

*pilocarpine hcl tab 7.5 mg*

---

*triamcinolone acetonide dental  
paste 0.1%*

---

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## D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

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**If you have questions**, please call CCA One Care at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week. The call is free. **For more information**, visit [ccama.org](http://ccama.org). 347



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<i>armodafinil tab 250 mg</i> .....	225	<i>atazanavir sulfate cap 300 mg (base equiv)</i>	58

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<i>dipropionate</i>	
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<i>betamethasone</i>	
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<i>augmented oint 0.05%</i>	
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<i>dipropionate cream</i>	
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<i>betamethasone</i>	
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mg (base equiv) ....	226
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<i>buprenorphine td patch</i>	
weekly 15 mcg/hr ....	41
<i>buprenorphine td patch</i>	
weekly 20 mcg/hr ....	41
<i>buprenorphine td patch</i>	
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<i>bupropion hcl tab er</i>	
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<i>buspirone hcl tab 30 mg</i>	154	<i>calcitriol cap 0.25 mcg</i>	267
<i>buspirone hcl tab 5 mg</i>	154	<i>calcitriol cap 0.5 mcg</i>	267
<i>buspirone hcl tab 7.5 mg</i>	154	CALQUENCE TAB 100MG	95
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<i>1 mg/ml</i>	44	<i>camrese</i>	243
<i>butorphanol tartrate inj</i>		<i>camrese lo</i>	243
<i>2 mg/ml</i>	45	<i>candesartan cilexetil tab</i>	
<b>C</b>		<i>16 mg</i>	128
<i>cabergoline tab 0.5 mg</i>	258	<i>candesartan cilexetil tab</i>	
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<i>0.005%</i>	337	<i>8 mg</i>	128
<i>calcipotriene oint</i>		<i>candesartan cilexetil-</i>	
<i>0.005%</i>	337	<i>hydrochlorothiazide tab</i>	
<i>calcipotriene soln</i>		<i>16-12.5 mg</i>	124
<i>0.005% (50 mcg/ml)</i>	337	<i>candesartan cilexetil-</i>	
<i>calcitonin (salmon)</i>		<i>hydrochlorothiazide tab</i>	
<i>spray</i>	240	<i>32-12.5 mg</i>	124
<i>calcitrene</i>	337	<i>candesartan cilexetil-</i>	
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<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i> .....	118	<i>carbamazepine chew tab 100 mg</i> .....	191
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<i>captopril tab 100 mg</i>	120	<i>carbamazepine tab 200 mg</i> .....	191
<i>captopril tab 12.5 mg .....</i>	120	<i>carbamazepine tab er 12hr 100 mg</i> .....	191
<i>captopril tab 25 mg</i>	120	<i>carbamazepine tab er 12hr 200 mg</i> .....	191
<i>captopril tab 50 mg</i>	120	<i>carbamazepine tab er 12hr 400 mg</i> .....	191
<i>carb/levo orally disintegrating tab 10- 100mg</i> .....	170	<i>carbidopa &amp; levodopa tab 10-100 mg</i> .....	170
<i>carb/levo orally disintegrating tab 25- 100mg</i> .....	170	<i>carbidopa &amp; levodopa tab 25-100 mg</i> .....	171
<i>carb/levo orally disintegrating tab 25- 250mg</i> .....	170	<i>carbidopa &amp; levodopa tab 25-250 mg</i> .....	171
		<i>carbidopa &amp; levodopa tab er 25-100 mg</i> ..	171
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<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> .....	171	<i>cartia xt</i> .....	140
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> .....	171	<i>carvedilol tab 12.5 mg</i> .....	138
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<i>carboplatin iv soln 50 mg/5ml</i> .....	80	CAYSTON INH 75MG ..	48
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<i>carglumic acid soluble tab 200 mg</i> .....	259	<i>cefaclor cap 500 mg</i> ..	66
<i>carisoprodol tab 350 mg</i> .....	223	<i>cefadroxil cap 500 mg</i>	67
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		<i>cefadroxil for susp 500 mg/5ml</i> .....	67
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<i>cefdinir cap 300 mg</i> ...	68	<i>cefpodoxime proxetil tab</i> <i>200 mg</i> .....	69
<i>cefdinir for susp 125</i> <i>mg/5ml</i> .....	68	<i>cefprozil for susp 125</i> <i>mg/5ml</i> .....	69
<i>cefdinir for susp 250</i> <i>mg/5ml</i> .....	68	<i>cefprozil for susp 250</i> <i>mg/5ml</i> .....	69
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<i>cefepime hcl for iv soln 2</i> <i>gm</i> .....	68	<i>cefprozil tab 500 mg</i> ..	69
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<i>ceftriaxone sodium for inj 1 gm</i>	
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<i>ceftriaxone sodium for inj 10 gm</i>	
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<i>ceftriaxone sodium for inj 2 gm</i>	
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<i>ceftriaxone sodium for inj 250 mg</i>	
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<i>ceftriaxone sodium for inj 500 mg</i>	
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<i>ceftriaxone sodium for iv soln 1 gm</i>	
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<i>ceftriaxone sodium for iv soln 2 gm</i>	
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<i>cefuroxime axetil tab 250 mg</i>	
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<i>cefuroxime axetil tab 500 mg</i>	
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<i>cefuroxime sodium for inj 750 mg</i>	
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<i>cefuroxime sodium for iv soln 1.5 gm</i>	
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<i>felbamate tab 600 mg</i>	
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<i>fentanyl td patch 72hr</i>	
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<i>fidaxomicin tab 200 mg</i> .....	72	<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i> ....	55
<i>finasteride tab 5 mg</i> .	280	<i>fluconazole tab 100 mg</i> .....	55
<i> fingolimod hcl cap 0.5 mg (base equiv) ....</i>	222	<i>fluconazole tab 150 mg</i> .....	55
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<i>finzala</i> .....	245	<i>fluconazole tab 50 mg</i>	55
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<i>fluocinonide oint 0.05% .....</i>	<i>341</i>	<i>fluphenazine decanoate inj 25 mg/ml .....</i>	<i>179</i>
<i>fluocinonide soln 0.05% .....</i>	<i>341</i>	<i>fluphenazine hcl elixir 2.5 mg/5ml.....</i>	<i>179</i>
<i>fluorometholone ophth susp 0.1% .....</i>	<i>314</i>	<i>fluphenazine hcl inj 2.5 mg/ml.....</i>	<i>179</i>
<i>fluorouracil cream 5% .....</i>	<i>343</i>	<i>fluphenazine hcl oral conc 5 mg/ml.....</i>	<i>179</i>
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<i>fluticasone propionate</i> hfa inhal aer 220 mcg/act.....	331	<i>fondaparinux sodium</i> subcutaneous inj 2.5 mg/0.5ml .....	285
<i>fluticasone propionate</i> hfa inhal aero 44 mcg/act.....	331	<i>fondaparinux sodium</i> subcutaneous inj 5 mg/0.4ml .....	285
<i>fluticasone propionate</i> nasal susp 50 mcg/act .....	330	<i>fondaparinux sodium</i> subcutaneous inj 7.5 mg/0.6ml .....	285
<i>fluticasone propionate</i> oint 0.005% .....	341	<i>fosamprenavir calcium</i> tab 700 mg (base equiv) .....	59
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<i>furosemide oral soln 8 mg/ml</i> .....	145	<i>gabapentin oral soln 250 mg/5ml</i> .....	197
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..... 155	GAMMAKED INJ
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<i>gentamicin sulfate inj 10 mg/ml</i> .....	50	<i>glimepiride tab 2 mg</i> .....	229
<i>gentamicin sulfate inj 40 mg/ml</i> .....	51	<i>glimepiride tab 4 mg</i> .....	229
<i>gentamicin sulfate oint 0.1%</i> .....	335	<i>glipizide tab 10 mg</i> ..	229
<i>gentamicin sulfate ophth soln 0.3%</i> .....	313	<i>glipizide tab 5 mg</i> ....	229
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<i>glipizide-metformin hcl</i>	
<i>tab 5-500 mg</i> .....	230
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<i>ultramicrosize tab 125</i>	
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<i>guanfacine hcl tab er</i>	
<i>24hr 1 mg (base equiv)</i>	
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<i>guanfacine hcl tab er</i>	
<i>24hr 2 mg (base equiv)</i>	
.....	212
<i>guanfacine hcl tab er</i>	
<i>24hr 3 mg (base equiv)</i>	
.....	212
<i>guanfacine hcl tab er</i>	
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HADLIMA INJ 40/0.8ML	
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HADLIMA PUSH INJ	
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<i>hailey 24 fe</i> .....	245	<i>(porcine) inj 1000</i>	
<i>hailey fe tab 1/20</i> ....	245	<i>unit/ml</i> .....	285
<i>halobetasol propionate</i>		<i>heparin sodium</i>	
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<i>halobetasol propionate</i>		<i>unit/ml</i> .....	285
<i>oint 0.05%</i> .....	341	<i>heparin sodium</i>	
<i>haloperidol decanoate im</i>		<i>(porcine) inj 20000</i>	
<i>soln 100 mg/ml</i> .....	180	<i>unit/ml</i> .....	285
<i>haloperidol decanoate im</i>		<i>heparin sodium</i>	
<i>soln 50 mg/ml</i> .....	179	<i>(porcine) inj 5000</i>	
<i>haloperidol lactate inj 5</i>		<i>unit/ml</i> .....	285
<i>mg/ml</i> .....	180	<i>heparin sodium</i>	
<i>haloperidol lactate oral</i>		<i>(porcine) pf inj 1000</i>	
<i>conc 2 mg/ml</i> .....	180	<i>unit/ml</i> .....	286
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<i>haloperidol tab 10 mg</i>		10000 .....	99
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<i>haloperidol tab 2 mg</i>	180	.....	99
<i>haloperidol tab 20 mg</i>		HERCESSI INJ 150MG	99
.....	180	HERCESSI INJ 420MG	99
<i>haloperidol tab 5 mg</i>	180	HERNEXEOS TAB 60MG	
HAVRIX INJ 1440UNIT		.....	99
.....	302	HERZUMA INJ 150MG.	99
HAVRIX INJ 720UNIT	302	HERZUMA INJ 420MG.	99
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HUMALOG MIX SUS		.....	237
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100/ML.....	236	HUMULIN R INJ U-	
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.....	292	<i>hydralazine hcl tab 10</i>	
HUMIRA INJ 40/0.4ML		<i>mg .....</i>	148
.....	292	<i>hydralazine hcl tab 100</i>	
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HUMIRA PEN INJ		<i>mg .....</i>	148
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HUMIRA PEN INJ		<i>mg .....</i>	148
40MG/0.8 .....	292	<i>hydrochlorothiazide cap</i>	
HUMIRA PEN INJ		<i>12.5 mg .....</i>	145
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<i>hydrochlorothiazide tab</i>	
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<i>hydrochlorothiazide tab</i>	
25 mg .....	145
<i>hydrochlorothiazide tab</i>	
50 mg .....	145
<i>hydrocodone bitartrate</i>	
<i>tab er 24hr deter</i> 100	
mg.....	42
<i>hydrocodone bitartrate</i>	
<i>tab er 24hr deter</i> 120	
mg.....	42
<i>hydrocodone bitartrate</i>	
<i>tab er 24hr deter</i> 20	
mg.....	42
<i>hydrocodone bitartrate</i>	
<i>tab er 24hr deter</i> 30	
mg.....	42
<i>hydrocodone bitartrate</i>	
<i>tab er 24hr deter</i> 40	
mg.....	42
<i>hydrocodone bitartrate</i>	
<i>tab er 24hr deter</i> 60	
mg.....	42
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<i>tab er 24hr deter</i> 80	
mg.....	42
<i>hydrocodone-</i>	
<i>acetaminophen soln</i>	
7.5-325 mg/15ml ....	45
<i>hydrocodone-</i>	
<i>acetaminophen tab</i> 10-	
325 mg .....	45
<i>hydrocodone-</i>	
<i>acetaminophen tab</i> 5-	
325 mg .....	45
<i>hydrocodone-</i>	
<i>acetaminophen tab</i>	
7.5-325 mg .....	45
<i>hydrocodone-ibuprofen</i>	
<i>tab</i> 7.5-200 mg .....	45
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<i>hydrocortisone lotion</i>	
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<i>hydrocortisone oint 1%</i>	
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<i>cream 1%</i> .....	344
<i>hydrocortisone perianal</i>	
<i>cream 2.5%</i> .....	344
<i>hydrocortisone sodium</i>	
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*in nacl 0.45% inj* ... 305

*kcl 20 meq/l (0.149%)*  
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*dextrose 5% & nacl*  
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*kcl 30 meq/l (0.224%)*  
*in dextrose 5% & nacl*  
*0.45% inj* ..... 305  
*kcl 40 meq/l (0.298%)*  
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*mg..... 140*  
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*mg..... 140*  
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*quetiapine fumarate tab*  
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<i>tri-sprintec</i> .....	251	TUKYSA TAB 50MG ..	113
TRIUMEQ PD TAB .....	63	TURALIO CAP 125MG	113
TRIUMEQ TAB .....	63	<i>turqoz</i> .....	251
<i>tri-vylibra</i> .....	251	<i>twice-daily clindamycin</i> <i>phosphate (topical)</i>	335
<i>tri-vylibra lo</i> .....	251	TWINRIX INJ.....	303
TROGARZO INJ 150MG/ML .....	60	TYBOST TAB 150MG ..	60
TROPHAMINE INJ 10% .....	311	<i>tydemy tab</i> .....	251
<i>trospium chloride tab 20</i> <i>mg</i> .....	282	TYENNE INJ 162/0.9	295
TRULANCE TAB 3MG	276	TYENNE INJ 162MG .	295
TRULICITY INJ 0.75/0.5 .....	234	TYENNE INJ 200/10ML .....	295
TRULICITY INJ 1.5/0.5 .....	235	TYENNE INJ 400/20ML .....	295
TRULICITY INJ 3/0.5	235	TYENNE INJ 80MG/4ML .....	295
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UPTRAVI TAB 1000MCG .....	152	VALCHLOR GEL 0.016% .....	345
UPTRAVI TAB 1200MCG .....	152	<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i> .....	66
UPTRAVI TAB 1400MCG .....	152	<i>valganciclovir hcl tab 450 mg (base equivalent)</i> .....	66
UPTRAVI TAB 1600MCG .....	153	<i>valproate sodium inj 100 mg/ml</i> .....	207
UPTRAVI TAB 200MCG .....	152	<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> .....	207
UPTRAVI TAB 400MCG .....	152	<i>valproic acid cap 250 mg .....</i>	207
UPTRAVI TAB 600MCG .....	152	<i>valsartan tab 160 mg .....</i>	129
UPTRAVI TAB 800MCG .....	152	<i>valsartan tab 320 mg .....</i>	129
<i>ursodiol cap 300 mg</i>	276	<i>valsartan tab 40 mg</i> .	129
<i>ursodiol tab 250 mg</i> .	276	<i>valsartan tab 80 mg</i> .	129
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USTEKINUMAB INJ 130/26ML .....	295	<i>valsartan- hydrochlorothiazide tab 160-25 mg</i> .....	127
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USTEKINUMAB INJ 90MG/ML.....	295		
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<i>valacyclovir hcl tab 1 gm .....</i>	66		
<i>valacyclovir hcl tab 500 mg</i> .....	66		

<i>valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>320-25 mg.....</i>	127
<i>valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>80-12.5 mg.....</i>	127
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VALTOCO SPR 15MG	207
VALTOCO SPR 20MG	207
VALTOCO SPR 5MG..	207
<i>valtya 1/35 tab .....</i>	251
<i>valtya 1/50 tab .....</i>	251
<i>vancomycin hcl cap 125</i>	
<i>mg (base equivalent)</i>	54
<i>vancomycin hcl cap 250</i>	
<i>mg (base equivalent)</i>	54
<i>vancomycin hcl for iv</i>	
<i>soln 1 gm (base</i>	
<i>equivalent) .....</i>	54
<i>vancomycin hcl for iv</i>	
<i>soln 1.25 gm (base</i>	
<i>equivalent) .....</i>	54
<i>vancomycin hcl for iv</i>	
<i>soln 1.5 gm (base</i>	
<i>equivalent) .....</i>	54
<i>vancomycin hcl for iv</i>	
<i>soln 10 gm (base</i>	
<i>equivalent) .....</i>	54
<i>vancomycin hcl for iv</i>	
<i>soln 5 gm (base</i>	
<i>equivalent) .....</i>	54
<i>vancomycin hcl for iv</i>	
<i>soln 500 mg (base</i>	
<i>equivalent) .....</i>	54
<i>vancomycin hcl for iv</i>	
<i>soln 750 mg (base</i>	
<i>equivalent) .....</i>	54
VANCOMYCIN INJ 1 GM	
.....	54
VANCOMYCIN INJ	
500MG .....	54
VANCOMYCIN INJ	
750MG .....	54
VANFLYTA TAB 17.7MG	
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VANFLYTA TAB 26.5MG	
.....	113
VAQTA INJ 25/0.5ML	304
VAQTA INJ 50UNT/ML	
.....	304
<i>varenicline tartrate tab</i>	
<i>0.5 mg (base equiv)</i>	
.....	227
<i>varenicline tartrate tab 1</i>	
<i>mg (base equiv) ....</i>	227
<i>varenicline tartrate tab</i>	
<i>11 x 0.5 mg &amp; 42 x 1</i>	
<i>mg start pack.....</i>	227

VARIVAX INJ .....	304	<i>venlafaxine hcl tab 37.5</i>	
VASCEPA CAP 0.5GM	136	<i>mg (base equivalent)</i>	
VASCEPA CAP 1GM ..	136	.....	168
VAXCHORA SUS .....	304	<i>venlafaxine hcl tab 50</i>	
<i>velivet</i> .....	251	<i>mg (base equivalent)</i>	
VELSIPITY TAB 2MG.	295	.....	168
VENCLEXTA TAB 100MG		<i>venlafaxine hcl tab 75</i>	
.....	114	<i>mg (base equivalent)</i>	
VENCLEXTA TAB 10MG		.....	169
.....	113	VENTOLIN HFA	
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VENCLEXTA TAB START		VENTOLIN HFA AER .	324
PK .....	114	<i>verapamil hcl cap er</i>	
<i>venlafaxine hcl cap er</i>		<i>24hr 100 mg</i> .....	143
<i>24hr 150 mg (base</i>		<i>verapamil hcl cap er</i>	
<i>equivalent)</i> .....	168	<i>24hr 120 mg</i> .....	143
<i>venlafaxine hcl cap er</i>		<i>verapamil hcl cap er</i>	
<i>24hr 37.5 mg (base</i>		<i>24hr 180 mg</i> .....	143
<i>equivalent)</i> .....	168	<i>verapamil hcl cap er</i>	
<i>venlafaxine hcl cap er</i>		<i>24hr 200 mg</i> .....	143
<i>24hr 75 mg (base</i>		<i>verapamil hcl cap er</i>	
<i>equivalent)</i> .....	168	<i>24hr 240 mg</i> .....	143
<i>venlafaxine hcl tab 100</i>		<i>verapamil hcl cap er</i>	
<i>mg (base equivalent)</i>		<i>24hr 300 mg</i> .....	144
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<i>venlafaxine hcl tab 25</i>		<i>24hr 360 mg</i> .....	144
<i>mg (base equivalent)</i>		<i>verapamil hcl iv soln 2.5</i>	
.....	168	<i>mg/ml</i> .....	144

<i>verapamil hcl tab 120 mg</i> .....	144	<i>vigabatrin tab 500 mg</i> .....	207
<i>verapamil hcl tab 40 mg</i> .....	144	<i>vigadrone</i> .....	207
<i>verapamil hcl tab 80 mg</i> .....	144	VIGAFYDE SOL 100MG/ML.....	208
<i>verapamil hcl tab er 120 mg</i> .....	144	<i>vilazodone hcl tab 10 mg</i> .....	169
<i>verapamil hcl tab er 180 mg</i> .....	144	<i>vilazodone hcl tab 20 mg</i> .....	169
<i>verapamil hcl tab er 240 mg</i> .....	144	<i>vilazodone hcl tab 40 mg</i> .....	169
VERQUVO TAB 10MG	149	VIMKUNYA INJ 40/0.8ML .....	304
VERQUVO TAB 2.5MG .....	149	<i>vincristine sulfate iv soln</i> <i>1 mg/ml</i> .....	92
VERQUVO TAB 5MG .	149	<i>vinorelbine tartrate inj</i> <i>10 mg/ml (base equiv)</i> .....	92
VERSACLOZ SUS 50MG/ML.....	188	<i>vinorelbine tartrate inj</i> <i>50 mg/5ml (10 mg/ml)</i> <i>(base equiv)</i> .....	92
VERZENIO TAB 100MG .....	114	<i>viorele</i> .....	251
VERZENIO TAB 150MG .....	114	VIRACEPT TAB 250MG	60
VERZENIO TAB 200MG .....	114	VIRACEPT TAB 625MG	60
VERZENIO TAB 50MG .....	114	VIREAD POW 40MG/GM .....	60
<i>vestura</i> .....	251	VIREAD TAB 150MG...	60
<i>vienva</i> .....	251	VIREAD TAB 200MG...	60
<i>vigabatrin powd pack</i> <i>500 mg</i> .....	207	VIREAD TAB 250MG...	61

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VITRAKVI CAP 25MG	114
VITRAKVI SOL 20MG/ML	188
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VIVIMUSTA INJ 100/4ML	82
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VIVITROL INJ 380MG	227
VIVOTIF CAP EC .....	304
VIZIMPRO TAB 15MG	114
VIZIMPRO TAB 30MG	114
VIZIMPRO TAB 45MG	115
VONJO CAP 100MG ..	115
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VORANIGO TAB 10MG	115
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VORANIGO TAB 40MG	115
.....	115
<i>voriconazole for inj 200</i>	
<i>mg.....</i>	57
<i>voriconazole for susp 40</i>	
<i>mg/ml.....</i>	57
<i>voriconazole tab 200 mg</i>	
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<i>voriconazole tab 50 mg</i>	
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VRAYLAR CAP 0.75MG	
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VRAYLAR CAP 1.5MG	188
VRAYLAR CAP 3MG ..	188
VRAYLAR CAP 4.5MG	188
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<i>warfarin sodium tab 1</i>	
<i>mg.....</i>	286
<i>warfarin sodium tab 10</i>	
<i>mg.....</i>	286
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<i>mg.....</i>	286
<i>warfarin sodium tab 2.5</i>	
<i>mg.....</i>	286
<i>warfarin sodium tab 3</i>	
<i>mg.....</i>	286
<i>warfarin sodium tab 4</i>	
<i>mg.....</i>	286
<i>warfarin sodium tab 5</i>	
<i>mg.....</i>	286
<i>warfarin sodium tab 6</i>	
<i>mg.....</i>	286

<i>warfarin sodium tab 7.5 mg</i> .....	286	XATMEP SOL 2.5MG/ML	297
<i>water for irrigation, sterile irrigation soln</i>	346	X COPRI PAK 100-150	208
WELIREG TAB 40MG ..	90	X COPRI PAK 12.5-25	208
<i>wera</i> .....	252	X COPRI PAK 150-200MG (MAINTENANCE)....	208
WESTAB PLUS TAB 27-1MG.....	310	X COPRI PAK 150-200MG (TITRATION).....	208
WINREVAIR INJ 45MG	153	X COPRI PAK 50-100MG	208
WINREVAIR INJ 60MG	153	X COPRI TAB 100MG.	208
<i>wixela inhub</i> .....	333	X COPRI TAB 150MG.	208
<i>wymzya fe</i> .....	252	X COPRI TAB 200MG.	208
WYOST INJ 120/1.7 .	241	X COPRI TAB 25MG ..	208
<b>X</b>		X COPRI TAB 50MG ..	208
XALKORI CAP 150MG	115	X DEMVY DRO 0.25%	314
XALKORI CAP 200MG	115	XELJANZ SOL 1MG/ML	295
XALKORI CAP 20MG.	115	XELJANZ TAB 10MG.	296
XALKORI CAP 250MG	115	XELJANZ TAB 5MG...	296
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<i>xarah fe tab</i> .....	252	XELJANZ XR TAB 22MG	296
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XARELTO TAB 15MG.	287	XHANCE MIS 93MCG	330
XARELTO TAB 2.5MG	286		
XARELTO TAB 20MG.	287		

XIFAXAN TAB 550MG	277	XPOVIO PAK (60 MG TWICE WEEKLY) ....	116
XIGDUO XR TAB 10- 1000 .....	235	XPOVIO PAK (80 MG ONCE WEEKLY) .....	116
XIGDUO XR TAB 10- 500MG .....	235	XPOVIO PAK (80 MG TWICE WEEKLY) ....	116
XIGDUO XR TAB 2.5- 1000 .....	235	XTANDI CAP 40MG ....	87
XIGDUO XR TAB 5- 1000MG.....	235	XTANDI TAB 40MG ....	87
XIGDUO XR TAB 5- 500MG .....	235	XTANDI TAB 80MG ....	87
XIIDRA DRO 5%.....	317	XTRENBO SOL 120/1.7 .....	241
XOFLUZA TAB 40MG ..	66	<i>xulane</i> .....	252
XOFLUZA TAB 80MG ..	66	XULTOPHY INJ 100/3.6 .....	239
XOLAIR INJ 150MG/ML .....	329	<b>Y</b>	
XOLAIR INJ 300/2ML	329	YESINTEK INJ 130/26ML .....	296
XOLAIR INJ 75/0.5 ..	329	YESINTEK INJ 45/0.5ML .....	296
XOLAIR SOL 150MG .	329	YESINTEK INJ 90MG/ML .....	296
XOSPATA TAB 40MG	115	YF-VAX INJ .....	304
XPOVIO PAK (100 MG ONCE WEEKLY).....	116	YONSA TAB 125MG....	87
XPOVIO PAK (40 MG ONCE WEEKLY).....	115, 116	YUTREPIA CAP 106MCG .....	153
XPOVIO PAK (40 MG TWICE WEEKLY) ....	116	YUTREPIA CAP 26.5MCG .....	153
XPOVIO PAK (60 MG ONCE WEEKLY).....	116	YUTREPIA CAP 53MCG .....	153

YUTREPIA CAP 79.5MCG	ZENPEP CAP 15000UNT
..... 153	..... 277
<i>yuvafem</i> ..... 254	ZENPEP CAP 20000UNT
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<i>zafemy</i> ..... 252	ZENPEP CAP 25000UNT
<i>zafirlukast tab 10 mg</i> 324	..... 277
<i>zafirlukast tab 20 mg</i> 324	ZENPEP CAP 3000UNIT
<i>zaleplon cap 10 mg</i> .. 216	..... 277
<i>zaleplon cap 5 mg</i> ... 215	ZENPEP CAP 40000UNT
ZARXIO INJ 300/0.5 287	..... 277
ZARXIO INJ 480/0.8 287	ZENPEP CAP 5000UNIT
ZEGALOGUE INJ 0.6/0.6	..... 277
..... 258	ZENPEP CAP 60000UNT
ZEJULA TAB 100MG . 116	..... 277
ZEJULA TAB 200MG . 116	ZERVIATE DRO 0.24%
ZEJULA TAB 300MG . 116	..... 315
ZELBORAF TAB 240MG	<i>zidovudine cap 100 mg</i>
..... 117	..... 61
<i>zelvysia pow 100mg</i> . 264	<i>zidovudine syrup 10</i>
<i>zelvysia pow 500mg</i> . 264	<i>mg/ml</i> ..... 61
ZEMAIRA INJ 1000MG	<i>zidovudine tab 300 mg</i>
..... 329	..... 61
ZEMAIRA INJ 4000MG	<i>ziprasidone hcl cap 20</i>
..... 329	<i>mg</i> ..... 189
ZEMAIRA INJ 5000MG	<i>ziprasidone hcl cap 40</i>
..... 329	<i>mg</i> ..... 189
<i>zenatane</i> ..... 335	<i>ziprasidone hcl cap 60</i>
ZENPEP CAP 10000UNT	<i>mg</i> ..... 189
..... 277	<i>ziprasidone hcl cap 80</i>
	<i>mg</i> ..... 189

<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i> .....	189	<i>zonisamide cap 25 mg</i> .....	209
ZIRABEV INJ 100/4ML .....	117	<i>zonisamide cap 50 mg</i> .....	209
ZIRABEV INJ 400/16ML .....	117	<i>zovia 1/35</i> .....	252
ZIRGAN GEL 0.15% .	314	ZTALMY SUS 50MG/ML .....	209
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i> .....	241	<i>zumandimine</i> .....	252
<i>zoledronic acid iv soln 5 mg/100ml</i> .....	241	ZURZUVAE CAP 20MG .....	169
ZOLINZA CAP 100MG .....	117	ZURZUVAE CAP 25MG .....	169
<i>zolpidem tartrate tab 10 mg</i> .....	216	ZURZUVAE CAP 30MG .....	169
<i>zolpidem tartrate tab 5 mg</i> .....	216	ZYDELIG TAB 100MG	117
ZONISADE SUS 100MG/5 .....	209	ZYDELIG TAB 150MG	117
<i>zonisamide cap 100 mg</i> .....	209	ZYKADIA TAB 150MG	117
		ZYLET SUS 0.5-0.3%	312
		ZYPREXA RELP INJ 210MG .....	189
		ZYPREXA RELP INJ 300MG .....	189
		ZYPREXA RELP INJ 405MG .....	189

# MassHealth Over-the-Counter Drug List

## Allergy Agents, Ophthalmic

\*alcaftadine  
\*ketotifen  
\*naphazoline  
\*Naphcon-A  
(naphazoline/  
pheniramine)  
\*Opcon-A  
(naphazoline/  
pheniramine)

## Analgesics

\*acetaminophen  
≤ 4 grams/day  
\*aspirin 81 mg  
\*aspirin 325 mg,  
500 mg, 650 mg  
\*aspirin  
suppository  
\*aspirin with  
buffers  
\*capsaicin  
\*diclofenac  
1% gel

\*ibuprofen  
\*lidocaine 4%  
patches  
≤ 4 patches/day  
\*naproxen  
capsule, tablet

## Anthelmintic Agents

\*Reese's Pinworm  
(pyrantel  
pamoate)

## Antihistamines/ Decongestants

\*cetirizine syrup,  
tablet  
\*cetirizine/  
pseudoephedrine  
chlorpheniramine  
diphenhydramine  
doxylamine  
fexofenadine  
tablet  
\*fexofenadine/  
pseudoephedrine

\*loratadine tablet,  
solution  
\*loratadine/  
pseudoephedrine  
\*pseudoephedrine  
≤ 240 mg/day

## Antimicrobials, Topical

\*bacitracin  
\*chlorhexidine  
gluconate  
\*clotrimazole  
\*double antibiotic  
\*ointment  
\*hydrogen peroxide  
\*iodine  
\*isopropyl alcohol  
\*miconazole  
\*neomycin  
\*povidone  
\*terbinafine 1%  
cream

\*tolnaftate  
cream, powder  
\*triple antibiotic  
ointment

### **Compounding Agents**

\*cherry syrup  
gelatin capsule,  
empty  
\*Ora-Plus  
suspending vehicle  
\*Ora-Sweet oral  
syrup  
\*Ora-Sweet-SF  
oral syrup  
\*simple syrup

### **Contraceptives, Oral**

\*levonorgestrel  
1.5 mg tablet  
\*Opill (norgestrel  
tablet)

### **Contraceptives, Topical**

\*nonoxynol-9

### **Dermatologic Agents, Topical**

\*benzoyl peroxide  
\*calamine lotion  
\*colloidal oatmeal  
\*hydrocortisone  
cream, lotion,  
ointment  
\*hydrophilic  
ointment  
\*lanolin  
\*petrolatum  
\*selenium sulfide  
\*vitamin A and D  
ointment  
\*witch hazel  
\*zinc oxide

### **Gastrointestinal Agents**

\*Align  
(bifidobacterium

infantis) < 21 years

\*aluminum  
carbonate  
\*aluminum  
hydroxide  
\*bisacodyl enema,  
suppository  
\*bisacodyl tablet  
\*bismuth  
subsalicylate  
\*calcium  
polycarbophil  
\*cimetidine tablet  
\*Culturelle  
(lactobacillus  
rhamnosus GG)  
< 21 years  
\*dextrin  
\*docusate sodium  
capsule, tablet  
\*docusate sodium  
enema  
\*docusate sodium  
solution, syrup

\* Branded OTC nonoxynol-9 products are covered by MassHealth without  
PA. OTCDL (Rev. 07/25)

\*famotidine  
tablet  
\*Florastor  
(saccharomyces  
boulardii)  
< 21 years  
\*glycerin  
\*lactase  
\*loperamide  
\*magaldrate  
\*magnesium  
salts  
\*meclizine  
\*methylcellulose  
\*mineral oil  
\*polyethylene  
glycol 3350  
\*psyllium  
capsule  
\*psyllium  
powder  
\*sennosides  
tablet  
\*sennosides  
syrup

\*simethicone  
\*sodium  
bicarbonate  
\*sodium  
phosphate

### **Intranasal Sprays**

\*budesonide  
nasal spray  
≤ 1 inhaler/  
30 days  
\*triamcinolone  
nasal spray ≤ 1  
inhaler/30 days

### **Medical Foods**

\*levomethylfolate  
tablet  
≤ 1 unit/day

### **Opioid Reversal Agents**

\*Narcan  
(naloxone 4 mg  
nasal spray) †  
\*Rivive (naloxone  
3 mg nasal spray)

### **Otic Agents**

\*carbamide  
peroxide

### **Pediculicides/ Scabicides**

\*permethrin  
\*piperonyl  
\*butoxide/  
pyrethrins

### **Respiratory Agents**

\*sodium chloride  
for inhalation

### **Smoking Cessation**

\*nicotine gum,  
lozenge, patch

### **Tear/Saliva Replacement Agents**

\*artificial tears  
\*saliva substitute

**Vitamins/  
Nutrients/  
Supplements**

\*calcium replacement  
\*cod liver oil  
\*coenzyme Q10 < 21 years  
\*electrolyte solution, pediatric  
\*ferrous fumarate  
\*ferrous gluconate  
\*ferrous sulfate  
\*folic acid  
\*glucose products < 21 years  
\*iron polysaccharide complex

\*magnesium salts  
\*melatonin  
\*melatonin/pyridoxine  
\*tablet  
\*multivitamins  
\*niacinamide  
\*nicotinic acid  
\*pediatric multivitamins  
\*Phos-Flur (sodium fluoride oral rinse)  
\*prenatal vitamins  
\*potassium phosphate  
\*sodium chloride tablet  
\*sodium fluoride  
\*vitamin A (retinol)

\*vitamin B-1 (thiamine)  
\*vitamin B-2 (riboflavin)  
\*vitamin B-3 (niacin)  
\*vitamin B-6 (pyridoxine)  
\*vitamin B-12 (cyanocobalamin)  
\*vitamin B complex  
\*vitamin C (ascorbic acid)  
\*vitamin D  
\*vitamin E, oral  
\*vitamins, multiple vitamins,  
\*multiple/minerals  
\*vitamins, pediatric  
\*vitamins, prenatal

† Brand and generic products are covered by MassHealth without PA.

This *Drug List* was updated on 04/01/2026.

For more recent information or other questions, contact us at 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week or visit [ccama.org](http://ccama.org).

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