# 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 06/01/2026.

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.

# 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.

- 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 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. complies with applicable Federal civil rights laws and does not discriminate on the basis of, or exclude people or treat them differently because of, medical condition, health status, receipt of health services, claims experience, medical history, disability (including behavioral impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, public assistance, or place of residence. Commonwealth Care Alliance, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Member Services.

If you believe that Commonwealth Care Alliance, Inc. has failed to provide these services or discriminated in another way based on medical condition, health status, receipt of health services, claims experience, medical history, disability (including behavioral impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, public assistance, or place of residence, you can file a grievance with:

Commonwealth Care Alliance, Inc.
Civil Rights Coordinator
30 Winter Street, 11th Floor
Boston, MA 02108
Phone: 617-960-0474, ext. 3932 (TTY 711)
Fax: 857-453-4517
Email: civilrightscoordinator@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.

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, 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.

Massachusetts 2026 ND

# Notice of Availability

# Interpreter Services

**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).

**Chinese Mandarin:** 如果您讲普通话，我们可以提供免费的语言协助服务。此外，还免费提供以无障碍格式提供信息的辅助工具和服务。请致电 1-866-610-2273 (TTY: 711)。

**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)。

**Tagalog:** Kung nagsasalita ka ng Tagalog, magagamit ang mga libreng serbisyo sa tulong sa wika. Ang mga pantulong na tulong at serbisyo para magbigay ng impormasyon sa mga naa-access na format ay makukuha rin nang walang bayad. Tumawag sa 1-866-610-2273 (TTY: 711).

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**German:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachunterstützungsdienste zur Verfügung. Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in barrierefreien Formaten sind ebenfalls kostenlos verfügbar. Rufen Sie die Nummer +1-866-610-2273 (TTY: 711) an.

**Korean:** 한국어를 구사하는 경우, 무료 언어 지원 서비스를 이용할 수 있습니다. 접근 가능한 형식으로 정보를 제공하는 보조 도구와 서비스도 무료로 제공됩니다. 1-866-610-2273 (TTY: 711) 으로 전화하세요.

**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).

**Arabic:** إذا كنت تتحدث اللغة العربية، تتوفر خدمات المساعدة اللغوية المجانية. وتتوفر أيضًا مساعدات وخدمات إضافية لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل على الرقم 1-866-610-2273 (TTY: 711).

**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।

**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)

**Portuguese:** se você fala português, serviços de assistência linguística gratuitos estão disponíveis. Recursos e serviços auxiliares para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-866-610-2273 (TTY: 711).

**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 fòma aksesib ki disponib gratis tou. Rele 1-866-610-2273 (TTY: 711).

**Polish:** Jeśli mówisz po polsku, możesz skorzystać 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).

**Japanese:** 日本語を話せる方は、無料の言語支援サービスをご利用いただけます。受け入れ可能な方法で情報を入手するための補助手段やサービスも無料でご利用いただけます。1-866-610-2273 (TTY: 711) にお電話ください。

**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 કૉલ કરો.

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

**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។ ជំនួយ និងសេវាក្នុងការផ្តល់ព័ត៌មានជាទម្រង់ដែលអាចចូលប្រើបានក៏នឹងមានផ្តល់ជូនដោយឥតគិតថ្លៃផងដែរ។ ទូរសព្ទទៅ 1-866-610-2273 (TTY: 711)។

# 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,

- 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 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.)

- 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. Updates to the *Drug List* are posted on the website monthly.

- 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:

  - 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.

**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:

- 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.

- **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. 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.

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:

- 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:

- 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:

- 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),

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.

- 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

Determination Request form available on our website at ccama.org. The form may be submitted by mail or fax:

CVS Caremark Part D Appeals and Exceptions
PO Box 52000, MC109
Pheonix, 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.

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*.

## 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.

## 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.

### 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.

## 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.

**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.

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

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.

# CCA_CY26_1T_SNP eff 06/01/2026

| 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* | |
| *allopurinol tab 300 mg* | |
| *colchicine tab 0.6 mg* | QL (120 tabs / 30 days) |
| *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 free (pf) inj 0.5%* | B/D |
| *lidocaine hcl local preservative free (pf) inj 1%* | B/D |
| *lidocaine hcl local preservative free (pf) inj 1.5%* | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION*** | |
| *celecoxib cap 50 mg* | QL (60 caps / 30 days) |
| *celecoxib cap 100 mg* | QL (60 caps / 30 days) |
| *celecoxib cap 200 mg* | QL (60 caps / 30 days) |
| *celecoxib cap 400 mg* | QL (30 caps / 30 days) |
| *diclofenac potassium tab 50 mg* | QL (120 tabs / 30 days) |
| *diclofenac sodium tab delayed release 25 mg* | |
| *diclofenac sodium tab delayed release 50 mg* | |
| *diclofenac sodium tab delayed release 75 mg* | |
| *diclofenac sodium tab er 24hr 100 mg* | |
| *diflunisal tab 500 mg* | |
| *etodolac cap 200 mg* | |
| *etodolac cap 300 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *etodolac tab 400 mg* | |
| *etodolac tab 500 mg* | |
| *etodolac tab er 24hr 400 mg* | |
| *etodolac tab er 24hr 500 mg* | |
| *etodolac tab er 24hr 600 mg* | |
| *flurbiprofen tab 100 mg* | |
| *ibu* | |
| *ibuprofen susp 100 mg/5ml* | |
| *ibuprofen tab 400 mg* | |
| *ibuprofen tab 600 mg* | |
| *ibuprofen tab 800 mg* | |
| *meloxicam tab 7.5 mg* | |
| *meloxicam tab 15 mg* | |
| *nabumetone tab 500 mg* | |
| *nabumetone tab 750 mg* | |
| *naproxen sodium tab 275 mg* | |
| *naproxen sodium tab 550 mg* | |
| *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* | |

| 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 5 mcg/hr* | QL (4 patches / 28 days), PA |
| *buprenorphine td patch weekly 7.5 mcg/hr* | QL (4 patches / 28 days), PA |
| *buprenorphine td patch weekly 10 mcg/hr* | QL (4 patches / 28 days), PA |
| *buprenorphine td patch weekly 15 mcg/hr* | QL (4 patches / 28 days), PA |
| *buprenorphine td patch weekly 20 mcg/hr* | QL (4 patches / 28 days), PA |
| *fentanyl td patch 72hr 12 mcg/hr* | QL (10 patches / 30 days), PA |
| *fentanyl td patch 72hr 25 mcg/hr* | QL (10 patches / 30 days), PA |
| *fentanyl td patch 72hr 37.5 mcg/hr* | QL (10 patches / 30 days), PA |
| *fentanyl td patch 72hr 50 mcg/hr* | QL (10 patches / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *fentanyl td patch 72hr 62.5 mcg/hr* | QL (10 patches / 30 days), PA |
| *fentanyl td patch 72hr 75 mcg/hr* | QL (10 patches / 30 days), PA |
| *fentanyl td patch 72hr 87.5 mcg/hr* | QL (10 patches / 30 days), PA |
| *fentanyl td patch 72hr 100 mcg/hr* | QL (10 patches / 30 days), PA |
| *hydrocodone bitartrate tab er 24hr deter 20 mg* | QL (30 tabs / 30 days), PA |
| *hydrocodone bitartrate tab er 24hr deter 30 mg* | QL (30 tabs / 30 days), PA |
| *hydrocodone bitartrate tab er 24hr deter 40 mg* | QL (30 tabs / 30 days), PA |
| *hydrocodone bitartrate tab er 24hr deter 60 mg* | QL (30 tabs / 30 days), PA |
| *hydrocodone bitartrate tab er 24hr deter 80 mg* | QL (30 tabs / 30 days), PA |
| *hydrocodone bitartrate tab er 24hr deter 100 mg* | QL (30 tabs / 30 days), PA |
| *hydrocodone bitartrate tab er 24hr deter 120 mg* | QL (30 tabs / 30 days), PA |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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*** | |
| *acetaminophen w/ codeine soln 120-12 mg/5ml* | QL (2700 mL / 30 days) |
| *acetaminophen w/ codeine tab 300-15 mg* | QL (400 tabs / 30 days) |
| *acetaminophen w/ codeine tab 300-30 mg* | QL (360 tabs / 30 days) |
| *acetaminophen w/ codeine tab 300-60 mg* | QL (180 tabs / 30 days) |
| *butorphanol tartrate inj 1 mg/ml* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *butorphanol tartrate inj 2 mg/ml* | |
| *endocet tab 2.5-325mg* | QL (360 tabs / 30 days) |
| *endocet tab 5-325mg* | QL (360 tabs / 30 days) |
| *endocet tab 7.5-325mg* | QL (240 tabs / 30 days) |
| *endocet tab 10-325mg* | QL (180 tabs / 30 days) |
| *hydrocodone-acetaminophen soln 7.5-325 mg/15ml* | QL (2700 mL / 30 days) |
| *hydrocodone-acetaminophen tab 5-325 mg* | QL (240 tabs / 30 days) |
| *hydrocodone-acetaminophen tab 7.5-325 mg* | QL (180 tabs / 30 days) |
| *hydrocodone-acetaminophen tab 10-325 mg* | QL (180 tabs / 30 days) |
| *hydrocodone-ibuprofen tab 7.5-200 mg* | QL (150 tabs / 30 days) |
| *hydromorphone hcl liqd 1 mg/ml* | QL (600 mL / 30 days) |

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

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

You can find information on what the symbols and abbreviations in this table mean by going to the beginning of this table.

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *oxycodone w/ acetaminophen tab 10-325 mg* | QL (180 tabs / 30 days) |
| *tramadol hcl tab 50 mg* | QL (240 tabs / 30 days) |
| *tramadol-acetaminophen tab 37.5-325 mg* | QL (240 tabs / 30 days) |
| **ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS** | |
| ***ANTI-INFECTIVES - MISCELLANEOUS*** | |
| *albendazole tab 200 mg* | QL (672 tabs / year), PA |
| *amikacin sulfate inj 1 gm/4ml (250 mg/ml)* | |
| *amikacin sulfate inj 500 mg/2ml (250 mg/ml)* | |
| ARIKAYCE SUS | PA |
| *atovaquone susp 750 mg/5ml* | QL (300 mL / 30 days), PA |
| *aztreonam for inj 1 gm* | |
| *aztreonam for inj 2 gm* | |
| BLUJEPA TAB 750MG | |
| CAYSTON INH 75MG | PA |
| *clindamycin hcl cap 75 mg* | |

| 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)* | |
| *fosfomycin 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 |
|---|---|
| *gentamicin sulfate inj 40 mg/ml* | |
| *imipenem-cilastatin intravenous for soln 250 mg* | |
| *imipenem-cilastatin intravenous for soln 500 mg* | |
| IMPAVIDO CAP 50MG | PA |
| *ivermectin tab 3 mg* | QL (20 tabs / 90 days), PA |
| *ivermectin tab 6 mg* | QL (10 tabs / 90 days), PA |
| *linezolid for susp 100 mg/5ml* | QL (1800 mL / 30 days) |
| LINEZOLID INJ 2MG/ML | |
| *linezolid iv soln 600 mg/300ml (2 mg/ml)* | |
| *linezolid tab 600 mg* | QL (60 tabs / 30 days) |
| *meropenem iv for soln 1 gm* | |
| *meropenem iv for soln 2 gm* | |
| *meropenem iv for soln 500 mg* | |
| *methenamine hippurate tab 1 gm* | |

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

| 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* | |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS*** | |
| *amphotericin b for iv soln 50 mg* | B/D |
| *amphotericin b liposome iv for susp 50 mg* | B/D |
| *caspofungin acetate for iv soln 50 mg* | |
| *caspofungin acetate for iv soln 70 mg* | |
| CRESEMBA CAP 74.5MG | PA |
| CRESEMBA CAP 186MG | PA |
| *fluconazole for susp 10 mg/ml* | |
| *fluconazole for susp 40 mg/ml* | |
| *fluconazole in nacl 0.9% inj 200 mg/100ml* | |
| *fluconazole in nacl 0.9% inj 400 mg/200ml* | |
| *fluconazole tab 50 mg* | |
| *fluconazole tab 100 mg* | |
| *fluconazole tab 150 mg* | |
| *fluconazole tab 200 mg* | |
| *flucytosine cap 250 mg* | PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *flucytosine cap 500 mg* | PA |
| *griseofulvin microsize susp 125 mg/5ml* | |
| *griseofulvin microsize tab 500 mg* | |
| *griseofulvin ultramicrosize tab 125 mg* | |
| *griseofulvin ultramicrosize tab 250 mg* | |
| *itraconazole cap 100 mg* | QL (120 caps / 30 days) |
| *ketoconazole tab 200 mg* | PA |
| *micafungin sodium for iv soln 50 mg* | |
| *micafungin sodium for iv soln 100 mg* | |
| *nystatin tab 500000 unit* | |
| *posaconazole tab delayed release 100 mg* | 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 | |
| *rilpivirine hcl tab 25 mg (base equivalent)* | |
| *ritonavir tab 100 mg* | |
| RUKOBIA TAB 600MG ER | |
| SELZENTRY SOL 20MG/ML | |
| SUNLENCA TAB 300MG | |
| *tenofovir disoproxil fumarate tab 300 mg* | |
| TIVICAY PD TAB 5MG | |
| TIVICAY TAB 50MG | |
| TROGARZO INJ 150MG/ML | |
| TYBOST TAB 150MG | |
| VIRACEPT TAB 250MG | |
| VIRACEPT TAB 625MG | |
| VIREAD POW 40MG/GM | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| VIREAD TAB 150MG | |
| VIREAD TAB 200MG | |
| 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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *efavirenz-lamivudine-tenofovir df tab 600-300-300 mg* | |
| *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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *lopinavir-ritonavir tab 100-25 mg* | |
| *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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *rifampin cap 300 mg* | |
| *rifampin for inj 600 mg* | |
| SIRTURO TAB 20MG | PA |
| SIRTURO TAB 100MG | PA |
| ***ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS*** | |
| *acyclovir cap 200 mg* | |
| *acyclovir sodium iv soln 50 mg/ml* | B/D |
| *acyclovir susp 200 mg/5ml* | |
| *acyclovir tab 400 mg* | |
| *acyclovir tab 800 mg* | |
| *adefovir dipivoxil tab 10 mg* | |
| BARACLUDE SOL | ST |
| *entecavir tab 0.5 mg* | |
| *entecavir tab 1 mg* | |
| EPCLUSA PAK 150-37.5 | PA |
| EPCLUSA PAK 200-50MG | PA |
| EPCLUSA TAB 200-50MG | PA |
| EPCLUSA TAB 400-100 | PA |
| *famciclovir tab 125 mg* | |
| *famciclovir tab 250 mg* | |
| *famciclovir tab 500 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *ganciclovir sodium for inj 500 mg* | B/D |
| *lamivudine tab 100 mg (hbv)* | |
| LIVTENCITY TAB 200MG | QL (336 tabs / 28 days), PA |
| MAVYRET PAK 50-20MG | PA |
| MAVYRET TAB 100-40MG | PA |
| *oseltamivir phosphate cap 30 mg (base equiv)* | QL (168 caps / year) |
| *oseltamivir phosphate cap 45 mg (base equiv)* | QL (84 caps / year) |
| *oseltamivir phosphate cap 75 mg (base equiv)* | QL (84 caps / year) |
| *oseltamivir phosphate for susp 6 mg/ml (base equiv)* | 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| PREVYMIS TAB 240MG | QL (28 tabs / 28 days), PA |
| PREVYMIS TAB 480MG | QL (28 tabs / 28 days), PA |
| RELENZA MIS DISKHALE | QL (6 inhalers / year) |
| *ribavirin cap 200 mg* | |
| *ribavirin tab 200 mg* | |
| *rimantadine hydrochloride tab 100 mg* | |
| *valacyclovir hcl tab 1 gm* | |
| *valacyclovir hcl tab 500 mg* | |
| *valganciclovir hcl for soln 50 mg/ml (base equiv)* | |
| *valganciclovir hcl tab 450 mg (base equivalent)* | |
| VOSEVI TAB | PA |
| XOFLUZA TAB 40MG | QL (1 tab / 180 days) |
| XOFLUZA TAB 80MG | QL (1 tab / 180 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS*** | |
| *cefaclor cap 250 mg* | |
| *cefaclor cap 500 mg* | |
| *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% | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| CEFAZOLIN/DEX SOL 2GM/50ML-3% | |
| CEFAZOLIN/DEX SOL 3GM/50ML-2% | |
| 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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *cefoxitin sodium for iv soln 10 gm* | |
| *cefpodoxime proxetil for susp 50 mg/5ml* | |
| *cefpodoxime proxetil for susp 100 mg/5ml* | |
| *cefpodoxime proxetil tab 100 mg* | |
| *cefpodoxime proxetil tab 200 mg* | |
| *cefprozil for susp 125 mg/5ml* | |
| *cefprozil for susp 250 mg/5ml* | |
| *cefprozil tab 250 mg* | |
| *cefprozil tab 500 mg* | |
| *ceftaroline fosamil for iv soln 400 mg* | |
| *ceftaroline fosamil 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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *ceftriaxone sodium for inj 2 gm* | |
| *ceftriaxone sodium for inj 10 gm* | |
| *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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *cephalexin for susp 250 mg/5ml* | |
| *tazicef* | |
| TEFLARO INJ 400MG | |
| TEFLARO INJ 600MG | |
| ***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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *clarithromycin tab er 24hr 500 mg* | |
| DIFICID SUS | |
| *e.e.s. 400* | |
| ERYTHROCIN INJ 500MG | |
| *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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS*** | |
| *ciprofloxacin 200 mg/100ml in d5w* | |
| *ciprofloxacin 400 mg/200ml in d5w* | |
| *ciprofloxacin hcl tab 250 mg (base equiv)* | |
| *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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *levofloxacin tab 750 mg* | |
| *moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj* | |
| *moxifloxacin hcl tab 400 mg (base equiv)* | |
| ***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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *amoxicillin (trihydrate) cap 250 mg* | |
| *amoxicillin (trihydrate) cap 500 mg* | |
| *amoxicillin (trihydrate) chew tab 125 mg* | |
| *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* | |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| BICILLIN L-A INJ 2400000 | |
| *dicloxacillin sodium cap 250 mg* | |
| *dicloxacillin sodium cap 500 mg* | |
| *nafcillin sodium for inj 1 gm* | |
| *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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *penicillin v potassium for soln 250 mg/5ml* | |
| *penicillin v potassium tab 250 mg* | |
| *penicillin v potassium tab 500 mg* | |
| *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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *doxycycline hyclate cap 50 mg* | |
| *doxycycline hyclate cap 100 mg* | |
| *doxycycline hyclate for inj 100 mg* | |
| *doxycycline hyclate tab 20 mg* | |
| *doxycycline hyclate tab 100 mg* | |
| *doxycycline monohydrate cap 50 mg* | |
| *doxycycline monohydrate cap 100 mg* | |
| *doxycycline monohydrate for susp 25 mg/5ml* | |
| *doxycycline monohydrate tab 50 mg* | |
| *doxycycline monohydrate tab 75 mg* | |
| *doxycycline monohydrate tab 100 mg* | |
| *minocycline hcl cap 50 mg* | |
| *minocycline hcl cap 75 mg* | |
| *minocycline hcl cap 100 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| NUZYRA INJ 100MG | |
| NUZYRA TAB 150MG | QL (30 tabs / 14 days) |
| *tetracycline hcl cap 250 mg* | |
| *tetracycline hcl cap 500 mg* | |
| *tigecycline for iv soln 50 mg* | |

## ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

### *ALKYLATING AGENTS*

| | |
|---|---|
| BENDAMUSTINE SOL 100/4ML | B/D |
| BENDEKA INJ 100/4ML | B/D |
| *carboplatin iv soln 50 mg/5ml* | B/D |
| *carboplatin iv soln 150 mg/15ml* | B/D |
| *carboplatin iv soln 450 mg/45ml* | B/D |
| *carboplatin iv soln 600 mg/60ml* | B/D |
| *cisplatin inj 50 mg/50ml (1 mg/ml)* | B/D |
| *cisplatin inj 100 mg/100ml (1 mg/ml)* | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *cisplatin inj 200 mg/200ml (1 mg/ml)* | 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 |
| 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 |
| *cyclophosphamide cap 25 mg* | B/D |
| *cyclophosphamide cap 50 mg* | B/D |
| *cyclophosphamide for inj 1 gm* | B/D |
| *cyclophosphamide for inj 2 gm* | B/D |
| *cyclophosphamide for inj 500 mg* | B/D |
| *cyclophosphamide iv soln 1 gm/5ml (200 mg/ml)* | B/D |
| FRINDOVYX INJ 1GM/2ML | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| *lomustine cap 10 mg* | |
| *lomustine cap 40 mg* | |
| *lomustine cap 100 mg* | |
| *oxaliplatin for iv inj 50 mg* | B/D |
| *oxaliplatin for iv inj 100 mg* | B/D |
| *oxaliplatin iv soln 50 mg/10ml* | B/D |
| *oxaliplatin iv soln 100 mg/20ml* | B/D |
| *oxaliplatin iv soln 200 mg/40ml* | B/D |
| VIVIMUSTA INJ 100/4ML | B/D |
| ***ANTIMETABOLITES*** | |
| *azacitidine for inj 100 mg* | B/D |
| *cytarabine inj 20 mg/ml* | B/D |
| *fluorouracil iv soln 1 gm/20ml (50 mg/ml)* | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)* | B/D |
| *fluorouracil iv soln 5 gm/100ml (50 mg/ml)* | B/D |
| *fluorouracil iv soln 500 mg/10ml (50 mg/ml)* | B/D |
| *gemcitabine hcl for inj 1 gm* | B/D |
| *gemcitabine hcl for inj 2 gm* | B/D |
| *gemcitabine hcl for inj 200 mg* | B/D |
| *gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)* | B/D |
| *gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)* | B/D |
| *gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)* | B/D |
| INQOVI TAB 35-100MG | QL (5 tabs / 28 days), PA |
| LONSURF TAB 15-6.14 | QL (100 tabs / 28 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| LONSURF TAB 20-8.19 | QL (80 tabs / 28 days), PA |
| *mercaptopurine susp 2000 mg/100ml (20 mg/ml)* | |
| *mercaptopurine tab 50 mg* | |
| *methotrexate sodium for inj 1 gm* | B/D |
| *methotrexate sodium inj 50 mg/2ml (25 mg/ml)* | B/D |
| *methotrexate sodium inj 250 mg/10ml (25 mg/ml)* | B/D |
| *methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)* | B/D |
| *methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)* | B/D |
| *methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)* | B/D |
| ONUREG TAB 200MG | QL (14 tabs / 28 days), PA |
| ONUREG TAB 300MG | QL (14 tabs / 28 days), PA |
| *pemetrexed disodium for iv soln 100 mg (base equiv)* | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *pemetrexed disodium for iv soln 500 mg (base equiv)* | B/D |
| *pemetrexed disodium for iv soln 750 mg (base equiv)* | B/D |
| *pemetrexed disodium for iv soln 1000 mg (base equiv)* | B/D |
| TABLOID TAB 40MG | PA |
| ***HORMONAL ANTINEOPLASTIC AGENTS*** | |
| *abiraterone acetate tab 250 mg* | QL (120 tabs / 30 days), PA |
| *abiraterone acetate tab 500 mg* | QL (60 tabs / 30 days), PA |
| *abirtega tab 250mg* | 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 |
| *anastrozole tab 1 mg* | |
| *bicalutamide tab 50 mg* | |
| ELIGARD INJ 7.5MG | PA |
| ELIGARD INJ 22.5MG | PA |
| ELIGARD INJ 30MG | PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 | |
| *exemestane tab 25 mg* | |
| FIRMAGON INJ 80MG | PA |
| FIRMAGON INJ 120MG | PA |
| *fulvestrant inj soln pref syr 250 mg/5ml* | B/D |
| INLURIYO TAB 200MG | QL (56 tabs / 28 days), PA |
| *letrozole tab 2.5 mg* | |
| *leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)* | PA |
| LUPRON DEPOT INJ 3.75MG | PA |
| LUPRON DEPOT INJ 11.25MG | PA |
| LYSODREN TAB 500MG | |
| *megestrol acetate tab 20 mg* | |
| *megestrol acetate tab 40 mg* | |
| *nilutamide tab 150 mg* | |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***IMMUNOMODULATORS*** | |
| *lenalidomide cap 5 mg* | QL (28 caps / 28 days), PA |
| *lenalidomide cap 10 mg* | QL (28 caps / 28 days), PA |
| *lenalidomide cap 15 mg* | QL (28 caps / 28 days), PA |
| *lenalidomide cap 20 mg* | QL (21 caps / 28 days), PA |
| *lenalidomide cap 25 mg* | QL (21 caps / 28 days), PA |
| *lenalidomide caps 2.5 mg* | QL (28 caps / 28 days), PA |
| *pomalidomide cap 1 mg* | QL (21 caps / 28 days), PA |
| *pomalidomide cap 2 mg* | QL (21 caps / 28 days), PA |
| *pomalidomide cap 3 mg* | QL (21 caps / 28 days), PA |
| *pomalidomide cap 4 mg* | QL (21 caps / 28 days), PA |
| POMALYST CAP 1MG | QL (21 caps / 28 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| ***MISCELLANEOUS*** | |
| BESREMI SOL 500MCG | QL (2 syringes / 28 days), PA |
| *bexarotene cap 75 mg* | QL (300 caps / 30 days), PA |
| *doxorubicin hcl inj 2 mg/ml* | B/D |
| *doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml* | B/D |
| *hydroxyurea cap 500 mg* | |
| *irinotecan hcl inj 40 mg/2ml (20 mg/ml)* | B/D |
| *irinotecan hcl inj 100 mg/5ml (20 mg/ml)* | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *irinotecan hcl inj 300 mg/15ml (20 mg/ml)* | B/D |
| *irinotecan hcl inj 500 mg/25ml (20 mg/ml)* | B/D |
| IWILFIN TAB 192MG | QL (240 tabs / 30 days), PA |
| *leucovorin calcium for inj 50 mg* | B/D |
| *leucovorin calcium for inj 100 mg* | B/D |
| *leucovorin calcium for inj 200 mg* | B/D |
| *leucovorin calcium for inj 350 mg* | B/D |
| *leucovorin calcium for inj 500 mg* | B/D |
| *leucovorin calcium inj 500 mg/50ml (10 mg/ml)* | B/D |
| *leucovorin calcium tab 5 mg* | |
| *leucovorin calcium tab 10 mg* | |
| *leucovorin calcium tab 15 mg* | |
| *leucovorin calcium tab 25 mg* | |
| MATULANE CAP 50MG | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *mesna tab 400 mg* | |
| MODEYSO CAP 125MG | QL (20 caps / 28 days), PA |
| *tretinoin cap 10 mg* | |
| WELIREG TAB 40MG | QL (90 tabs / 30 days), PA |
| ***MITOTIC INHIBITORS*** | |
| *docetaxel for inj conc 20 mg/ml* | B/D |
| *docetaxel for inj conc 80 mg/4ml (20 mg/ml)* | B/D |
| *docetaxel for inj conc 160 mg/8ml (20 mg/ml)* | B/D |
| DOCETAXEL INJ 20MG/2ML | B/D |
| DOCETAXEL INJ 80MG/4ML | B/D |
| DOCETAXEL INJ 80MG/8ML | B/D |
| DOCETAXEL INJ 160/8ML | B/D |
| DOCETAXEL INJ 160/16ML | B/D |
| *docetaxel soln for iv infusion 20 mg/2ml* | B/D |
| *docetaxel soln for iv infusion 80 mg/8ml* | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *docetaxel soln for iv infusion 160 mg/16ml* | B/D |
| DOCIVYX INJ 20MG/2ML | B/D |
| DOCIVYX INJ 80MG/8ML | B/D |
| DOCIVYX INJ 160/16ML | B/D |
| *etoposide inj 1 gm/50ml (20 mg/ml)* | B/D |
| *etoposide inj 100 mg/5ml (20 mg/ml)* | B/D |
| *etoposide inj 500 mg/25ml (20 mg/ml)* | B/D |
| *paclitaxel inj 100mg* | B/D |
| *paclitaxel iv conc 30 mg/5ml (6 mg/ml)* | B/D |
| *paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)* | B/D |
| *paclitaxel iv conc 150 mg/25ml (6 mg/ml)* | B/D |
| *paclitaxel iv conc 300 mg/50ml (6 mg/ml)* | B/D |
| *vincristine sulfate iv soln 1 mg/ml* | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *vinorelbine tartrate inj 10 mg/ml (base equiv)* | B/D |
| *vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)* | B/D |
| ***MOLECULAR TARGET AGENTS*** | |
| ALECENSA CAP 150MG | QL (240 caps / 30 days), PA |
| ALUNBRIG PAK | QL (30 tabs / 30 days), PA |
| ALUNBRIG TAB 30MG | QL (120 tabs / 30 days), PA |
| ALUNBRIG TAB 90MG | QL (30 tabs / 30 days), PA |
| ALUNBRIG TAB 180MG | QL (30 tabs / 30 days), PA |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| *bortezomib for inj 3.5 mg* | PA |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| DANZITEN TAB 95MG | QL (112 tabs / 28 days), PA |
| *dasatinib tab 20 mg* | QL (90 tabs / 30 days), PA |
| *dasatinib tab 50 mg* | QL (30 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *dasatinib tab 70 mg* | QL (30 tabs / 30 days), PA |
| *dasatinib tab 80 mg* | QL (30 tabs / 30 days), PA |
| *dasatinib tab 100 mg* | QL (30 tabs / 30 days), PA |
| *dasatinib tab 140 mg* | 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 |
| ERIVEDGE CAP 150MG | QL (30 caps / 30 days), PA |
| *erlotinib hcl tab 25 mg (base equivalent)* | QL (90 tabs / 30 days), PA |
| *erlotinib hcl tab 100 mg (base equivalent)* | QL (30 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *erlotinib hcl tab 150 mg (base equivalent)* | QL (30 tabs / 30 days), PA |
| *everolimus tab 2.5 mg* | QL (30 tabs / 30 days), PA |
| *everolimus tab 5 mg* | QL (30 tabs / 30 days), PA |
| *everolimus tab 7.5 mg* | QL (30 tabs / 30 days), PA |
| *everolimus tab 10 mg* | QL (30 tabs / 30 days), PA |
| *everolimus tab for oral susp 2 mg* | QL (60 tabs / 30 days), PA |
| *everolimus tab for oral susp 3 mg* | QL (90 tabs / 30 days), PA |
| *everolimus tab for oral susp 5 mg* | QL (60 tabs / 30 days), PA |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| FRUZAQLA CAP 5MG | QL (21 caps / 28 days), PA |
| GAVRETO CAP 100MG | QL (120 caps / 30 days), PA |
| *gefitinib tab 250 mg* | 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 |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| *imatinib mesylate tab 100 mg (base equivalent)* | QL (90 tabs / 30 days), PA |
| *imatinib mesylate tab 400 mg (base equivalent)* | QL (60 tabs / 30 days), PA |
| IMBRUVICA CAP 70MG | QL (30 caps / 30 days), PA |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| *lapatinib ditosylate tab 250 mg (base equiv)* | QL (180 tabs / 30 days), PA |
| LAZCLUZE TAB 80MG | QL (60 tabs / 30 days), PA |
| LAZCLUZE TAB 240MG | QL (30 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| NERLYNX TAB 40MG | QL (180 tabs / 30 days), PA |
| *nilotinib hcl cap 50 mg (base equivalent)* | QL (120 caps / 30 days), PA |
| *nilotinib hcl cap 150 mg (base equivalent)* | QL (112 caps / 28 days), PA |
| *nilotinib hcl cap 200 mg (base equivalent)* | 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 |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| *pazopanib hcl tab 200 mg (base equiv)* | QL (120 tabs / 30 days), PA |
| *pazopanib hcl tab 400 mg (base equiv)* | QL (60 tabs / 30 days), PA |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| SCEMBLIX TAB 20MG | QL (60 tabs / 30 days), PA |
| SCEMBLIX TAB 40MG | QL (300 tabs / 30 days), PA |
| SCEMBLIX TAB 100MG | QL (120 tabs / 30 days), PA |
| *sorafenib tosylate tab 200 mg (base equivalent)* | QL (120 tabs / 30 days), PA |
| STIVARGA TAB 40MG | QL (84 tabs / 28 days), PA |
| *sunitinib malate cap 12.5 mg (base equivalent)* | QL (30 caps / 30 days), PA |
| *sunitinib malate cap 25 mg (base equivalent)* | QL (30 caps / 30 days), PA |
| *sunitinib malate cap 37.5 mg (base equivalent)* | QL (30 caps / 30 days), PA |
| *sunitinib malate cap 50 mg (base equivalent)* | QL (30 caps / 30 days), PA |
| TABRECTA TAB 150MG | QL (112 tabs / 28 days), PA |
| TABRECTA TAB 200MG | QL (112 tabs / 28 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| TAGRISSO TAB 40MG | QL (30 tabs / 30 days), PA |
| TAGRISSO 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 |
| 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 |
| TECENTRIQ INJ 840/14 | PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| *torpenz* | QL (30 tabs / 30 days), PA |
| TRAZIMERA INJ 150MG | PA |
| TRAZIMERA INJ 420MG | PA |
| TRUQAP PAK 160MG | QL (4 packs / 28 days), PA |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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*** | |
| *amlodipine besylate-benazepril hcl cap 2.5-10 mg* | QL (30 caps / 30 days) |
| *amlodipine besylate-benazepril hcl cap 5-10 mg* | QL (30 caps / 30 days) |
| *amlodipine besylate-benazepril hcl cap 5-20 mg* | QL (30 caps / 30 days) |
| *amlodipine besylate-benazepril hcl cap 5-40 mg* | QL (30 caps / 30 days) |
| *amlodipine besylate-benazepril hcl cap 10-20 mg* | QL (30 caps / 30 days) |
| *amlodipine besylate-benazepril hcl cap 10-40 mg* | QL (30 caps / 30 days) |
| *benazepril & hydrochlorothiazide tab 5-6.25mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *benazepril & hydrochlorothiazide tab 10-12.5 mg* | |
| *benazepril & hydrochlorothiazide tab 20-12.5 mg* | |
| *benazepril & hydrochlorothiazide tab 20-25 mg* | |
| *captopril & hydrochlorothiazide tab 25-15 mg* | |
| *captopril & hydrochlorothiazide tab 25-25 mg* | |
| *captopril & hydrochlorothiazide tab 50-15 mg* | |
| *captopril & hydrochlorothiazide tab 50-25 mg* | |
| *enalapril maleate & hydrochlorothiazide tab 5-12.5 mg* | |
| *enalapril maleate & hydrochlorothiazide tab 10-25 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg* | |
| *fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg* | |
| *lisinopril & hydrochlorothiazide tab 10-12.5 mg* | |
| *lisinopril & hydrochlorothiazide tab 20-12.5 mg* | |
| *lisinopril & hydrochlorothiazide tab 20-25 mg* | |
| ***ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE*** | |
| *benazepril hcl tab 5 mg* | |
| *benazepril hcl tab 10 mg* | |
| *benazepril hcl tab 20 mg* | |
| *benazepril hcl tab 40 mg* | |
| *captopril tab 12.5 mg* | |
| *captopril tab 25 mg* | |
| *captopril tab 50 mg* | |
| *captopril tab 100 mg* | |
| *enalapril maleate tab 2.5 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *enalapril maleate tab 5 mg* | |
| *enalapril maleate tab 10 mg* | |
| *enalapril maleate tab 20 mg* | |
| *fosinopril sodium tab 10 mg* | |
| *fosinopril sodium tab 20 mg* | |
| *fosinopril sodium tab 40 mg* | |
| *lisinopril tab 2.5 mg* | |
| *lisinopril tab 5 mg* | |
| *lisinopril tab 10 mg* | |
| *lisinopril tab 20 mg* | |
| *lisinopril tab 30 mg* | |
| *lisinopril tab 40 mg* | |
| *moexipril hcl tab 7.5 mg* | |
| *moexipril hcl tab 15 mg* | |
| *perindopril erbumine tab 2 mg* | |
| *perindopril erbumine tab 4 mg* | |
| *perindopril erbumine tab 8 mg* | |
| *quinapril hcl tab 5 mg* | |
| *quinapril hcl tab 10 mg* | |
| *quinapril hcl tab 20 mg* | |
| *quinapril hcl tab 40 mg* | |
| *ramipril cap 1.25 mg* | |
| *ramipril cap 2.5 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *ramipril cap 5 mg* | |
| *ramipril cap 10 mg* | |
| *trandolapril tab 1 mg* | |
| *trandolapril tab 2 mg* | |
| *trandolapril tab 4 mg* | |
| ***ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE*** | |
| *eplerenone tab 25 mg* | |
| *eplerenone tab 50 mg* | |
| KERENDIA TAB 10MG | QL (30 tabs / 30 days) |
| KERENDIA TAB 20MG | QL (30 tabs / 30 days) |
| KERENDIA TAB 40MG | QL (30 tabs / 30 days) |
| *spironolactone tab 25 mg* | |
| *spironolactone tab 50 mg* | |
| *spironolactone tab 100 mg* | |
| ***ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE*** | |
| *doxazosin mesylate tab 1 mg* | |
| *doxazosin mesylate tab 2 mg* | |
| *doxazosin mesylate tab 4 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *doxazosin mesylate tab 8 mg* | |
| *prazosin hcl cap 1 mg* | |
| *prazosin hcl cap 2 mg* | |
| *prazosin hcl cap 5 mg* | |
| *terazosin hcl cap 1 mg (base equivalent)* | |
| *terazosin hcl cap 2 mg (base equivalent)* | |
| *terazosin hcl cap 5 mg (base equivalent)* | |
| *terazosin hcl cap 10 mg (base equivalent)* | |
| ***ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE*** | |
| *amlodipine besylate-olmesartan medoxomil tab 5-20 mg* | QL (30 tabs / 30 days) |
| *amlodipine besylate-olmesartan medoxomil tab 5-40 mg* | QL (30 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *amlodipine besylate-olmesartan medoxomil tab 10-20 mg* | QL (30 tabs / 30 days) |
| *amlodipine besylate-olmesartan medoxomil tab 10-40 mg* | QL (30 tabs / 30 days) |
| *amlodipine besylate-valsartan tab 5-160 mg* | QL (30 tabs / 30 days) |
| *amlodipine besylate-valsartan tab 5-320 mg* | QL (30 tabs / 30 days) |
| *amlodipine besylate-valsartan tab 10-160 mg* | QL (30 tabs / 30 days) |
| *amlodipine besylate-valsartan tab 10-320 mg* | QL (30 tabs / 30 days) |
| *candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg* | QL (60 tabs / 30 days) |
| *candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg* | QL (30 tabs / 30 days) |
| *candesartan cilexetil-hydrochlorothiazide tab 32-25 mg* | QL (30 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ENTRESTO CAP 6-6MG | QL (240 caps / 30 days) |
| ENTRESTO CAP 15-16MG | QL (240 caps / 30 days) |
| *irbesartan-hydrochlorothiazide tab 150-12.5 mg* | QL (60 tabs / 30 days) |
| *irbesartan-hydrochlorothiazide tab 300-12.5 mg* | QL (30 tabs / 30 days) |
| *losartan potassium & hydrochlorothiazide tab 50-12.5 mg* | |
| *losartan potassium & hydrochlorothiazide tab 100-12.5 mg* | |
| *losartan potassium & hydrochlorothiazide tab 100-25 mg* | |
| *olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg* | QL (30 tabs / 30 days) |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg* | QL (30 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg* | QL (30 tabs / 30 days) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg* | QL (30 tabs / 30 days) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg* | QL (30 tabs / 30 days) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg* | QL (30 tabs / 30 days) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg* | QL (30 tabs / 30 days) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg* | QL (30 tabs / 30 days) |
| *sacubitril-valsartan tab 24-26 mg* | QL (60 tabs / 30 days) |
| *sacubitril-valsartan tab 49-51 mg* | QL (60 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *sacubitril-valsartan tab 97-103 mg* | QL (60 tabs / 30 days) |
| *telmisartan-amlodipine tab 40-5 mg* | QL (30 tabs / 30 days) |
| *telmisartan-amlodipine tab 40-10 mg* | QL (30 tabs / 30 days) |
| *telmisartan-amlodipine tab 80-5 mg* | QL (30 tabs / 30 days) |
| *telmisartan-amlodipine tab 80-10 mg* | QL (30 tabs / 30 days) |
| *telmisartan-hydrochlorothiazide tab 40-12.5 mg* | QL (30 tabs / 30 days) |
| *telmisartan-hydrochlorothiazide tab 80-12.5 mg* | QL (60 tabs / 30 days) |
| *telmisartan-hydrochlorothiazide tab 80-25 mg* | QL (30 tabs / 30 days) |
| *valsartan-hydrochlorothiazide tab 80-12.5 mg* | QL (30 tabs / 30 days) |
| *valsartan-hydrochlorothiazide tab 160-12.5 mg* | QL (30 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *valsartan-hydrochlorothiazide tab 160-25 mg* | QL (30 tabs / 30 days) |
| *valsartan-hydrochlorothiazide tab 320-12.5 mg* | QL (30 tabs / 30 days) |
| *valsartan-hydrochlorothiazide tab 320-25 mg* | QL (30 tabs / 30 days) |
| ***ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE*** | |
| *candesartan cilexetil tab 4 mg* | QL (60 tabs / 30 days) |
| *candesartan cilexetil tab 8 mg* | QL (60 tabs / 30 days) |
| *candesartan cilexetil tab 16 mg* | QL (60 tabs / 30 days) |
| *candesartan cilexetil tab 32 mg* | QL (30 tabs / 30 days) |
| *irbesartan tab 75 mg* | QL (30 tabs / 30 days) |
| *irbesartan tab 150 mg* | QL (30 tabs / 30 days) |
| *irbesartan tab 300 mg* | QL (30 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *losartan potassium tab 25 mg* | |
| *losartan potassium tab 50 mg* | |
| *losartan potassium tab 100 mg* | |
| *olmesartan medoxomil tab 5 mg* | QL (60 tabs / 30 days) |
| *olmesartan medoxomil tab 20 mg* | QL (30 tabs / 30 days) |
| *olmesartan medoxomil tab 40 mg* | QL (30 tabs / 30 days) |
| *telmisartan tab 20 mg* | QL (30 tabs / 30 days) |
| *telmisartan tab 40 mg* | QL (30 tabs / 30 days) |
| *telmisartan tab 80 mg* | QL (30 tabs / 30 days) |
| *valsartan tab 40 mg* | QL (60 tabs / 30 days) |
| *valsartan tab 80 mg* | QL (60 tabs / 30 days) |
| *valsartan tab 160 mg* | QL (60 tabs / 30 days) |
| *valsartan tab 320 mg* | QL (30 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM*** | |
| *amiodarone hcl inj 150 mg/3ml (50 mg/ml)* | |
| *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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *flecainide acetate tab 150 mg* | |
| MULTAQ TAB 400MG | QL (60 tabs / 30 days) |
| *pacerone* | |
| *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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *sotalol hcl tab 240 mg* | |
| ***ANTILIPEMICS, FIBRATES*** | |
| *fenofibrate micronized cap 67 mg* | |
| *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 (base equivalent)* | QL (30 tabs / 30 days) |
| *atorvastatin calcium tab 20 mg (base equivalent)* | QL (30 tabs / 30 days) |
| *atorvastatin calcium tab 40 mg (base equivalent)* | QL (30 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *atorvastatin calcium tab 80 mg (base equivalent)* | QL (30 tabs / 30 days) |
| *lovastatin tab 10 mg* | QL (60 tabs / 30 days) |
| *lovastatin tab 20 mg* | QL (60 tabs / 30 days) |
| *lovastatin tab 40 mg* | QL (60 tabs / 30 days) |
| *pravastatin sodium tab 10 mg* | QL (30 tabs / 30 days) |
| *pravastatin sodium tab 20 mg* | QL (30 tabs / 30 days) |
| *pravastatin sodium tab 40 mg* | QL (30 tabs / 30 days) |
| *pravastatin sodium tab 80 mg* | QL (30 tabs / 30 days) |
| *rosuvastatin calcium tab 5 mg* | QL (30 tabs / 30 days) |
| *rosuvastatin calcium tab 10 mg* | QL (30 tabs / 30 days) |
| *rosuvastatin calcium tab 20 mg* | QL (30 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *rosuvastatin calcium tab 40 mg* | QL (30 tabs / 30 days) |
| *simvastatin tab 5 mg* | QL (30 tabs / 30 days) |
| *simvastatin tab 10 mg* | QL (30 tabs / 30 days) |
| *simvastatin tab 20 mg* | QL (30 tabs / 30 days) |
| *simvastatin tab 40 mg* | QL (30 tabs / 30 days) |
| *simvastatin tab 80 mg* | 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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *colesevelam hcl packet for susp 3.75 gm* | |
| *colesevelam hcl tab 625 mg* | |
| *colestipol hcl granule packets 5 gm* | |
| *colestipol hcl granules 5 gm* | |
| *colestipol hcl tab 1 gm* | |
| *ezetimibe tab 10 mg* | QL (30 tabs / 30 days) |
| *ezetimibe-simvastatin tab 10-10 mg* | QL (30 tabs / 30 days) |
| *ezetimibe-simvastatin tab 10-20 mg* | QL (30 tabs / 30 days) |
| *ezetimibe-simvastatin tab 10-40 mg* | QL (30 tabs / 30 days) |
| *ezetimibe-simvastatin tab 10-80 mg* | QL (30 tabs / 30 days) |
| NEXLETOL TAB 180MG | QL (30 tabs / 30 days) |
| NEXLIZET TAB 180/10MG | QL (30 tabs / 30 days) |
| *niacin tab er 500 mg (antihyperlipidemic)* | QL (60 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *niacin tab er 750 mg (antihyperlipidemic)* | QL (60 tabs / 30 days) |
| *niacin tab er 1000 mg (antihyperlipidemic)* | QL (60 tabs / 30 days) |
| *omega-3-acid ethyl esters cap 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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg* | |
| *bisoprolol & hydrochlorothiazide tab 5-6.25 mg* | |
| *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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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* | |
| *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)* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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* | |
| *nadolol tab 80 mg* | |
| *nebivolol hcl tab 2.5 mg (base equivalent)* | QL (30 tabs / 30 days) |
| *nebivolol hcl tab 5 mg (base equivalent)* | QL (30 tabs / 30 days) |
| *nebivolol hcl tab 10 mg (base equivalent)* | QL (30 tabs / 30 days) |
| *nebivolol hcl tab 20 mg (base equivalent)* | QL (60 tabs / 30 days) |
| *pindolol tab 5 mg* | |
| *pindolol tab 10 mg* | |
| *propranolol hcl cap er 24hr 60 mg* | |
| *propranolol hcl cap er 24hr 80 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *propranolol hcl cap er 24hr 120 mg* | |
| *propranolol hcl cap er 24hr 160 mg* | |
| *propranolol hcl oral soln 20 mg/5ml* | |
| *propranolol hcl oral soln 40 mg/5ml* | |
| *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)* | |

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

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

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

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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* | |
| *metolazone tab 10 mg* | |
| *spironolactone & hydrochlorothiazide tab 25-25 mg* | |
| *torsemide tab 5 mg* | |
| *torsemide tab 10 mg* | |
| *torsemide tab 20 mg* | |
| *torsemide tab 100 mg* | |
| *triamterene & hydrochlorothiazide cap 37.5-25 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *triamterene & hydrochlorothiazide tab 37.5-25 mg* | |
| *triamterene & hydrochlorothiazide tab 75-50 mg* | |
| ***MISCELLANEOUS*** | |
| *aliskiren fumarate tab 150 mg (base equivalent)* | QL (30 tabs / 30 days) |
| *aliskiren fumarate tab 300 mg (base equivalent)* | QL (30 tabs / 30 days) |
| *clonidine hcl tab 0.1 mg* | |
| *clonidine hcl tab 0.2 mg* | |
| *clonidine hcl tab 0.3 mg* | |
| *clonidine td patch weekly 0.1 mg/24hr* | |
| *clonidine td patch weekly 0.2 mg/24hr* | |
| *clonidine td patch weekly 0.3 mg/24hr* | |
| CORLANOR SOL 5MG/5ML | QL (450 mL / 30 days) |
| *digoxin inj 0.25 mg/ml* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *digoxin oral soln 0.05 mg/ml* | |
| *digoxin tab 125 mcg (0.125 mg)* | QL (30 tabs / 30 days) |
| *digoxin tab 250 mcg (0.25 mg)* | QL (30 tabs / 30 days) |
| *droxidopa cap 100 mg* | QL (90 caps / 30 days), PA |
| *droxidopa cap 200 mg* | QL (180 caps / 30 days), PA |
| *droxidopa cap 300 mg* | QL (180 caps / 30 days), PA |
| *epinephrine inj 1 mg/ml* | |
| *guanfacine hcl tab 1 mg* | PA; PA applies if 65 years and older |
| *guanfacine hcl tab 2 mg* | PA; PA applies if 65 years and older |
| *hydralazine hcl inj 20 mg/ml* | |
| *hydralazine hcl tab 10 mg* | |
| *hydralazine hcl tab 25 mg* | |
| *hydralazine hcl tab 50 mg* | |
| *hydralazine hcl tab 100 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *ivabradine hcl tab 5 mg (base equiv)* | QL (60 tabs / 30 days) |
| *ivabradine hcl tab 7.5 mg (base equiv)* | QL (60 tabs / 30 days) |
| *metyrosine cap 250 mg* | PA |
| *midodrine hcl tab 2.5 mg* | |
| *midodrine hcl tab 5 mg* | |
| *midodrine hcl tab 10 mg* | |
| *minoxidil tab 2.5 mg* | |
| *minoxidil tab 10 mg* | |
| *ranolazine tab er 12hr 500 mg* | |
| *ranolazine tab er 12hr 1000 mg* | |
| 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*** | |
| *isosorbide dinitrate tab 5 mg* | |
| *isosorbide dinitrate tab 10 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *isosorbide dinitrate tab 20 mg* | |
| *isosorbide dinitrate tab 30 mg* | |
| *isosorbide mononitrate tab er 24hr 30 mg* | |
| *isosorbide mononitrate tab er 24hr 60 mg* | |
| *isosorbide mononitrate tab er 24hr 120 mg* | |
| *nitro-bid oin 2%* | |
| *nitroglycerin sl tab 0.3 mg* | |
| *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)* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION*** | |
| ADEMPAS TAB 0.5MG | QL (90 tabs / 30 days), PA |
| ADEMPAS TAB 1.5MG | QL (90 tabs / 30 days), PA |
| ADEMPAS TAB 1MG | QL (90 tabs / 30 days), PA |
| ADEMPAS TAB 2.5MG | QL (90 tabs / 30 days), PA |
| ADEMPAS TAB 2MG | QL (90 tabs / 30 days), PA |
| *alyq* | QL (60 tabs / 30 days), PA |
| *ambrisentan tab 5 mg* | QL (30 tabs / 30 days), PA |
| *ambrisentan tab 10 mg* | QL (30 tabs / 30 days), PA |
| *bosentan tab 62.5 mg* | QL (60 tabs / 30 days), PA |
| *bosentan tab 125 mg* | QL (60 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *bosentan tab for oral susp 32 mg* | QL (120 tabs / 30 days), PA |
| OPSUMIT TAB 10MG | QL (30 tabs / 30 days), PA |
| *sildenafil citrate tab 20 mg* | QL (360 tabs / 30 days), PA |
| *tadalafil tab 20 mg (pah)* | QL (60 tabs / 30 days), PA |
| *treprostinil inj soln 20 mg/20ml (1 mg/ml)* | PA |
| *treprostinil inj soln 50 mg/20ml (2.5 mg/ml)* | PA |
| *treprostinil inj soln 100 mg/20ml (5 mg/ml)* | PA |
| *treprostinil inj soln 200 mg/20ml (10 mg/ml)* | 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| YUTREPIA CAP 106MCG | QL (224 caps / 28 days), PA |
| **CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS** | |
| ***ANTIANXIETY - DRUGS TO TREAT ANXIETY*** | |
| *alprazolam tab 0.5 mg* | QL (150 tabs / 30 days) |
| *alprazolam tab 0.25 mg* | QL (150 tabs / 30 days) |
| *alprazolam tab 1 mg* | QL (150 tabs / 30 days) |
| *alprazolam tab 2 mg* | QL (150 tabs / 30 days) |
| *buspirone hcl tab 5 mg* | |
| *buspirone hcl tab 7.5 mg* | |
| *buspirone hcl tab 10 mg* | |
| *buspirone hcl tab 15 mg* | |
| *buspirone hcl tab 30 mg* | |
| *fluvoxamine maleate tab 25 mg* | |
| *fluvoxamine maleate tab 50 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *fluvoxamine maleate tab 100 mg* | |
| *lorazepam conc 2 mg/ml* | QL (150 mL / 30 days) |
| *lorazepam inj 2 mg/ml* | |
| *lorazepam inj 4 mg/ml* | |
| *lorazepam intensol* | QL (150 mL / 30 days) |
| *lorazepam tab 0.5 mg* | QL (150 tabs / 30 days) |
| *lorazepam tab 1 mg* | QL (150 tabs / 30 days) |
| *lorazepam tab 2 mg* | QL (150 tabs / 30 days) |
| ***ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS*** | |
| *donepezil hydrochloride orally disintegrating tab 5 mg* | QL (30 tabs / 30 days) |
| *donepezil hydrochloride orally disintegrating tab 10 mg* | |
| *donepezil hydrochloride tab 5 mg* | QL (30 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *donepezil hydrochloride tab 10 mg* | |
| *galantamine hydrobromide cap er 24hr 8 mg* | QL (30 caps / 30 days) |
| *galantamine hydrobromide cap er 24hr 16 mg* | QL (30 caps / 30 days) |
| *galantamine hydrobromide cap er 24hr 24 mg* | QL (30 caps / 30 days) |
| *galantamine hydrobromide oral soln 4 mg/ml* | QL (200 mL / 30 days) |
| *galantamine hydrobromide tab 4 mg* | QL (60 tabs / 30 days) |
| *galantamine hydrobromide tab 8 mg* | QL (60 tabs / 30 days) |
| *galantamine hydrobromide tab 12 mg* | QL (60 tabs / 30 days) |
| *memantine hcl cap er 24hr 7 mg* | PA; PA applies if 29 years and younger |
| *memantine hcl cap er 24hr 14 mg* | PA; PA applies if 29 years and younger |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *memantine hcl cap er 24hr 21 mg* | PA; PA applies if 29 years and younger |
| *memantine hcl cap er 24hr 28 mg* | PA; PA applies if 29 years and younger |
| *memantine hcl oral solution 2 mg/ml* | PA; PA applies if 29 years and younger |
| *memantine hcl tab 5 mg* | PA; PA applies if 29 years and younger |
| *memantine hcl tab 10 mg* | PA; PA applies if 29 years and younger |
| *memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack* | PA; PA applies if 29 years and younger |
| *memantine hcl-donepezil hcl cap er 24hr 14-10 mg* | |
| *memantine hcl-donepezil hcl cap er 24hr 21-10 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *memantine hcl-donepezil hcl cap er 24hr 28-10 mg* | |
| NAMZARIC CAP 7-10MG | |
| *rivastigmine tartrate cap 1.5 mg (base equivalent)* | QL (60 caps / 30 days) |
| *rivastigmine tartrate cap 3 mg (base equivalent)* | QL (60 caps / 30 days) |
| *rivastigmine tartrate cap 4.5 mg (base equivalent)* | QL (60 caps / 30 days) |
| *rivastigmine tartrate cap 6 mg (base equivalent)* | QL (60 caps / 30 days) |
| *rivastigmine td patch 24hr 4.6 mg/24hr* | QL (30 patches / 30 days) |
| *rivastigmine td patch 24hr 9.5 mg/24hr* | QL (30 patches / 30 days) |
| *rivastigmine td patch 24hr 13.3 mg/24hr* | QL (30 patches / 30 days) |
| ***ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION*** | |
| *amitriptyline hcl tab 10 mg* | PA; PA applies if 65 years and older |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *amitriptyline hcl tab 25 mg* | PA; PA applies if 65 years and older |
| *amitriptyline hcl tab 50 mg* | PA; PA applies if 65 years and older |
| *amitriptyline hcl tab 75 mg* | PA; PA applies if 65 years and older |
| *amitriptyline hcl tab 100 mg* | PA; PA applies if 65 years and older |
| *amitriptyline hcl tab 150 mg* | PA; PA applies if 65 years and older |
| *amoxapine tab 25 mg* | PA; PA applies if 65 years and older |
| *amoxapine tab 50 mg* | PA; PA applies if 65 years and older |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *amoxapine tab 100 mg* | PA; PA applies if 65 years and older |
| *amoxapine tab 150 mg* | PA; PA applies if 65 years and older |
| AUVELITY TAB 45-105MG | QL (60 tabs / 30 days), PA |
| *bupropion hcl tab 75 mg* | |
| *bupropion hcl tab 100 mg* | |
| *bupropion hcl tab er 12hr 100 mg* | QL (60 tabs / 30 days) |
| *bupropion hcl tab er 12hr 150 mg* | QL (60 tabs / 30 days) |
| *bupropion hcl tab er 12hr 200 mg* | QL (60 tabs / 30 days) |
| *bupropion hcl tab er 24hr 150 mg* | QL (60 tabs / 30 days) |
| *bupropion hcl tab er 24hr 300 mg* | QL (30 tabs / 30 days) |
| *citalopram hydrobromide oral soln 10 mg/5ml* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *citalopram hydrobromide tab 10 mg (base equiv)* | |
| *citalopram hydrobromide tab 20 mg (base equiv)* | |
| *citalopram hydrobromide tab 40 mg (base equiv)* | |
| *clomipramine hcl cap 25 mg* | PA |
| *clomipramine hcl cap 50 mg* | PA |
| *clomipramine hcl cap 75 mg* | PA |
| *desipramine hcl tab 10 mg* | PA; PA applies if 65 years and older |
| *desipramine hcl tab 25 mg* | PA; PA applies if 65 years and older |
| *desipramine hcl tab 50 mg* | PA; PA applies if 65 years and older |
| *desipramine hcl tab 75 mg* | PA; PA applies if 65 years and older |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *doxepin hcl cap 75 mg* | PA; PA applies if 65 years and older |
| *doxepin hcl cap 100 mg* | PA; PA applies if 65 years and older |
| *doxepin hcl cap 150 mg* | PA; PA applies if 65 years and older |
| *doxepin hcl conc 10 mg/ml* | 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 |
| DRIZALMA CAP 40MG DR | QL (60 caps / 30 days), PA |
| DRIZALMA CAP 60MG DR | QL (60 caps / 30 days), PA |
| *duloxetine hcl enteric coated pellets cap 20 mg (base eq)* | QL (60 caps / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *duloxetine hcl enteric coated pellets cap 30 mg (base eq)* | QL (60 caps / 30 days) |
| *duloxetine hcl enteric coated pellets cap 60 mg (base eq)* | 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 |
| *escitalopram oxalate soln 5 mg/5ml (base equiv)* | |
| *escitalopram oxalate tab 5 mg (base equiv)* | |
| *escitalopram oxalate tab 10 mg (base equiv)* | |
| *escitalopram oxalate tab 20 mg (base equiv)* | |
| EXXUA TAB 18.2MG | QL (30 tabs / 30 days), PA |
| EXXUA TAB 36.3MG | QL (30 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| *fluoxetine hcl cap 10 mg* | |
| *fluoxetine hcl cap 20 mg* | |
| *fluoxetine hcl cap 40 mg* | |
| *fluoxetine hcl solution 20 mg/5ml* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *imipramine hcl tab 10 mg* | PA; PA applies if 65 years and older |
| *imipramine hcl tab 25 mg* | PA; PA applies if 65 years and older |
| *imipramine hcl tab 50 mg* | PA; PA applies if 65 years and older |
| MARPLAN TAB 10MG | QL (180 tabs / 30 days) |
| *mirtazapine orally disintegrating tab 15 mg* | |
| *mirtazapine orally disintegrating tab 30 mg* | |
| *mirtazapine orally disintegrating tab 45 mg* | |
| *mirtazapine tab 7.5 mg* | |
| *mirtazapine tab 15 mg* | |
| *mirtazapine tab 30 mg* | |
| *mirtazapine tab 45 mg* | |
| *nefazodone hcl tab 50 mg* | |
| *nefazodone hcl tab 100 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *nefazodone hcl tab 150 mg* | |
| *nefazodone hcl tab 200 mg* | |
| *nefazodone hcl tab 250 mg* | |
| *nortriptyline hcl cap 10 mg* | |
| *nortriptyline hcl cap 25 mg* | |
| *nortriptyline hcl cap 50 mg* | |
| *nortriptyline hcl cap 75 mg* | |
| *nortriptyline hcl soln 10 mg/5ml* | |
| *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* | PA; PA applies if 65 years and older |
| *paroxetine hcl tab 20 mg* | PA; PA applies if 65 years and older |
| *paroxetine hcl tab 30 mg* | PA; PA applies if 65 years and older |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *trimipramine maleate cap 100 mg* | 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 |
| *venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)* | |
| *venlafaxine hcl cap er 24hr 75 mg (base equivalent)* | |
| *venlafaxine hcl cap er 24hr 150 mg (base equivalent)* | |
| *venlafaxine hcl tab 25 mg (base equivalent)* | |
| *venlafaxine hcl tab 37.5 mg (base equivalent)* | |
| *venlafaxine hcl tab 50 mg (base equivalent)* | |
| *venlafaxine hcl tab 75 mg (base equivalent)* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *venlafaxine hcl tab 100 mg (base equivalent)* | |
| *vilazodone hcl tab 10 mg* | QL (30 tabs / 30 days) |
| *vilazodone hcl tab 20 mg* | QL (30 tabs / 30 days) |
| *vilazodone hcl tab 40 mg* | 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*** | |
| *amantadine hcl cap 100 mg* | QL (120 caps / 30 days) |
| *amantadine hcl soln 50 mg/5ml* | |
| *amantadine hcl tab 100 mg* | |
| *benztropine mesylate inj 1 mg/ml* | |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *carbidopa & levodopa tab 25-250 mg* | |
| *carbidopa & levodopa tab er 25-100 mg* | |
| *carbidopa & levodopa tab er 50-200 mg* | |
| *carbidopa-levodopa-entacapone tabs 12.5-50-200 mg* | |
| *carbidopa-levodopa-entacapone tabs 18.75-75-200 mg* | |
| *carbidopa-levodopa-entacapone tabs 25-100-200 mg* | |
| *carbidopa-levodopa-entacapone tabs 31.25-125-200 mg* | |
| *carbidopa-levodopa-entacapone tabs 37.5-150-200 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *carbidopa-levodopa-entacapone tabs 50-200-200 mg* | |
| *entacapone tab 200 mg* | |
| INBRIJA CAP 42MG | QL (300 caps / 30 days), PA |
| *pramipexole dihydrochloride tab 0.5 mg* | |
| *pramipexole dihydrochloride tab 0.25 mg* | |
| *pramipexole dihydrochloride tab 0.75 mg* | |
| *pramipexole dihydrochloride tab 0.125 mg* | |
| *pramipexole dihydrochloride tab 1 mg* | |
| *pramipexole dihydrochloride tab 1.5 mg* | |
| *rasagiline mesylate tab 0.5 mg (base equiv)* | QL (30 tabs / 30 days) |
| *rasagiline mesylate tab 1 mg (base equiv)* | QL (30 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *ropinirole hydrochloride tab 0.5 mg* | |
| *ropinirole hydrochloride tab 0.25 mg* | |
| *ropinirole hydrochloride tab 1 mg* | |
| *ropinirole hydrochloride tab 2 mg* | |
| *ropinirole hydrochloride tab 3 mg* | |
| *ropinirole hydrochloride tab 4 mg* | |
| *ropinirole hydrochloride tab 5 mg* | |
| *selegiline hcl cap 5 mg* | |
| *selegiline hcl tab 5 mg* | |
| *trihexyphenidyl hcl oral soln 0.4 mg/ml* | |
| *trihexyphenidyl hcl tab 2 mg* | |
| *trihexyphenidyl hcl tab 5 mg* | |

| 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) |
| *aripiprazole oral solution 1 mg/ml* | QL (900 mL / 30 days) |
| *aripiprazole orally disintegrating tab 10 mg* | QL (60 tabs / 30 days), ST |
| *aripiprazole orally disintegrating tab 15 mg* | QL (60 tabs / 30 days), ST |
| *aripiprazole tab 2 mg* | QL (30 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *aripiprazole tab 5 mg* | QL (30 tabs / 30 days) |
| *aripiprazole tab 10 mg* | QL (30 tabs / 30 days) |
| *aripiprazole tab 15 mg* | QL (30 tabs / 30 days) |
| *aripiprazole tab 20 mg* | QL (30 tabs / 30 days) |
| *aripiprazole tab 30 mg* | 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 | |
| *asenapine maleate sl tab 2.5 mg (base equiv)* | QL (60 tabs / 30 days) |
| *asenapine maleate sl tab 5 mg (base equiv)* | QL (60 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *asenapine maleate sl tab 10 mg (base equiv)* | 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) |
| *chlorpromazine hcl conc 30 mg/ml* | |
| *chlorpromazine hcl conc 100 mg/ml* | |
| *chlorpromazine hcl inj 25 mg/ml* | |
| *chlorpromazine hcl inj 50 mg/2ml* | |
| *chlorpromazine hcl tab 10 mg* | |
| *chlorpromazine hcl tab 25 mg* | |
| *chlorpromazine hcl tab 50 mg* | |
| *chlorpromazine hcl tab 100 mg* | |
| *chlorpromazine hcl tab 200 mg* | |
| *clozapine orally disintegrating tab 12.5 mg* | PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *clozapine orally disintegrating tab 25 mg* | PA |
| *clozapine orally disintegrating tab 100 mg* | QL (270 tabs / 30 days), PA |
| *clozapine orally disintegrating tab 150 mg* | QL (180 tabs / 30 days), PA |
| *clozapine orally disintegrating tab 200 mg* | QL (120 tabs / 30 days), PA |
| *clozapine tab 25 mg* | |
| *clozapine tab 50 mg* | |
| *clozapine tab 100 mg* | QL (270 tabs / 30 days) |
| *clozapine tab 200 mg* | 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) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| *fluphenazine decanoate inj 25 mg/ml* | |
| *fluphenazine hcl elixir 2.5 mg/5ml* | |
| *fluphenazine hcl inj 2.5 mg/ml* | |
| *fluphenazine hcl oral conc 5 mg/ml* | |
| *fluphenazine hcl tab 1 mg* | |
| *fluphenazine hcl tab 2.5 mg* | |
| *fluphenazine hcl tab 5 mg* | |
| *fluphenazine hcl tab 10 mg* | |
| *haloperidol decanoate im soln 50 mg/ml* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *haloperidol decanoate im soln 100 mg/ml* | |
| *haloperidol lactate inj 5 mg/ml* | |
| *haloperidol lactate oral conc 2 mg/ml* | |
| *haloperidol tab 0.5 mg* | |
| *haloperidol tab 1 mg* | |
| *haloperidol tab 2 mg* | |
| *haloperidol tab 5 mg* | |
| *haloperidol tab 10 mg* | |
| *haloperidol tab 20 mg* | |
| INVEGA HAFYE INJ 1092MG | QL (1 injection / 180 days) |
| INVEGA HAFYE INJ 1560MG | QL (1 injection / 180 days) |
| INVEGA SUST INJ 39/0.25 | QL (1 syringe / 28 days) |
| INVEGA SUST INJ 78/0.5ML | QL (1 syringe / 28 days) |
| INVEGA SUST INJ 117/0.75 | QL (1 syringe / 28 days) |
| INVEGA SUST INJ 156MG/ML | QL (1 syringe / 28 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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) |
| *loxapine succinate cap 5 mg* | |
| *loxapine succinate cap 10 mg* | |
| *loxapine succinate cap 25 mg* | |
| *loxapine succinate cap 50 mg* | |
| *lurasidone hcl tab 20 mg* | QL (30 tabs / 30 days) |
| *lurasidone hcl tab 40 mg* | QL (30 tabs / 30 days) |
| *lurasidone hcl tab 60 mg* | QL (30 tabs / 30 days) |
| *lurasidone hcl tab 80 mg* | QL (60 tabs / 30 days) |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *olanzapine orally disintegrating tab 15 mg* | QL (30 tabs / 30 days), ST |
| *olanzapine orally disintegrating tab 20 mg* | QL (30 tabs / 30 days), ST |
| *olanzapine tab 2.5 mg* | QL (60 tabs / 30 days) |
| *olanzapine tab 5 mg* | QL (60 tabs / 30 days) |
| *olanzapine tab 7.5 mg* | QL (30 tabs / 30 days) |
| *olanzapine tab 10 mg* | QL (60 tabs / 30 days) |
| *olanzapine tab 15 mg* | QL (30 tabs / 30 days) |
| *olanzapine tab 20 mg* | 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 |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *quetiapine fumarate tab 200 mg* | QL (90 tabs / 30 days) |
| *quetiapine fumarate tab 300 mg* | QL (60 tabs / 30 days) |
| *quetiapine fumarate tab 400 mg* | QL (60 tabs / 30 days) |
| *quetiapine fumarate tab er 24hr 50 mg* | QL (60 tabs / 30 days), PA |
| *quetiapine fumarate tab er 24hr 150 mg* | QL (30 tabs / 30 days), PA |
| *quetiapine fumarate tab er 24hr 200 mg* | QL (30 tabs / 30 days), PA |
| *quetiapine fumarate tab er 24hr 300 mg* | QL (60 tabs / 30 days), PA |
| *quetiapine fumarate tab er 24hr 400 mg* | 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) |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *risperidone orally disintegrating tab 3 mg* | QL (60 tabs / 30 days), ST |
| *risperidone orally disintegrating tab 4 mg* | QL (120 tabs / 30 days), ST |
| *risperidone soln 1 mg/ml* | QL (240 mL / 30 days) |
| *risperidone tab 0.5 mg* | |
| *risperidone tab 0.25 mg* | |
| *risperidone tab 1 mg* | |
| *risperidone tab 2 mg* | |
| *risperidone tab 3 mg* | |
| *risperidone tab 4 mg* | |
| 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) |
| *thioridazine hcl tab 10 mg* | |
| *thioridazine hcl tab 25 mg* | |
| *thioridazine hcl tab 50 mg* | |
| *thioridazine hcl tab 100 mg* | |
| *thiothixene cap 1 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *thiothixene cap 2 mg* | |
| *thiothixene cap 5 mg* | |
| *thiothixene cap 10 mg* | |
| *trifluoperazine hcl tab 1 mg (base equivalent)* | |
| *trifluoperazine hcl tab 2 mg (base equivalent)* | |
| *trifluoperazine hcl tab 5 mg (base equivalent)* | |
| *trifluoperazine hcl tab 10 mg (base equivalent)* | |
| 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) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| VRAYLAR CAP 6MG | QL (30 caps / 30 days) |
| *ziprasidone hcl cap 20 mg* | QL (60 caps / 30 days) |
| *ziprasidone hcl cap 40 mg* | QL (60 caps / 30 days) |
| *ziprasidone hcl cap 60 mg* | QL (60 caps / 30 days) |
| *ziprasidone hcl cap 80 mg* | QL (60 caps / 30 days) |
| *ziprasidone mesylate for inj 20 mg (base equivalent)* | 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 |
| ***ANTISEIZURE AGENTS*** | |
| APTIOM TAB 200MG | QL (30 tabs / 30 days) |
| APTIOM TAB 400MG | QL (30 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| APTIOM TAB 600MG | QL (60 tabs / 30 days) |
| APTIOM TAB 800MG | QL (60 tabs / 30 days) |
| *brivaracetam oral soln 10 mg/ml* | QL (600 mL / 30 days), PA |
| *brivaracetam tab 10 mg* | QL (60 tabs / 30 days), PA |
| *brivaracetam tab 25 mg* | QL (60 tabs / 30 days), PA |
| *brivaracetam tab 50 mg* | QL (60 tabs / 30 days), PA |
| *brivaracetam tab 75 mg* | QL (60 tabs / 30 days), PA |
| *brivaracetam tab 100 mg* | QL (60 tabs / 30 days), PA |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| *carbamazepine cap er 12hr 100 mg* | |
| *carbamazepine cap er 12hr 200 mg* | |
| *carbamazepine cap er 12hr 300 mg* | |
| *carbamazepine chew tab 100 mg* | |
| *carbamazepine chew tab 200 mg* | |
| *carbamazepine susp 100 mg/5ml* | |
| *carbamazepine tab 200 mg* | |
| *carbamazepine tab er 12hr 100 mg* | |
| *carbamazepine tab er 12hr 200 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *carbamazepine tab er 12hr 400 mg* | |
| *clobazam suspension 2.5 mg/ml* | QL (480 mL / 30 days), PA |
| *clobazam tab 10 mg* | QL (60 tabs / 30 days), PA |
| *clobazam tab 20 mg* | QL (60 tabs / 30 days), PA |
| *clonazepam orally disintegrating tab 0.5 mg* | QL (90 tabs / 30 days) |
| *clonazepam orally disintegrating tab 0.25 mg* | QL (90 tabs / 30 days) |
| *clonazepam orally disintegrating tab 0.125 mg* | QL (90 tabs / 30 days) |
| *clonazepam orally disintegrating tab 1 mg* | QL (90 tabs / 30 days) |
| *clonazepam orally disintegrating tab 2 mg* | QL (300 tabs / 30 days) |
| *clonazepam tab 0.5 mg* | QL (90 tabs / 30 days) |
| *clonazepam tab 1 mg* | QL (90 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *clonazepam tab 2 mg* | QL (300 tabs / 30 days) |
| *clorazepate dipotassium tab 3.75 mg* | QL (180 tabs / 30 days), PA; PA applies if 65 years and older |
| *clorazepate dipotassium tab 7.5 mg* | QL (180 tabs / 30 days), PA; PA applies if 65 years and older |
| *clorazepate dipotassium tab 15 mg* | 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 |
| *diazepam inj* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *diazepam intensol* | QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| *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 |
| *diazepam rectal gel delivery system 2.5 mg* | |
| *diazepam rectal gel delivery system 10 mg* | |
| *diazepam rectal gel delivery system 20 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *diazepam tab 2 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| *diazepam tab 5 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| *diazepam tab 10 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| DILANTIN CAP 30MG | |
| *divalproex sodium cap delayed release sprinkle 125 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *divalproex sodium tab delayed release 125 mg* | |
| *divalproex sodium tab delayed release 250 mg* | |
| *divalproex sodium tab delayed release 500 mg* | |
| *divalproex sodium tab er 24 hr 250 mg* | |
| *divalproex sodium tab er 24 hr 500 mg* | |
| EPIDIOLEX SOL 100MG/ML | QL (600 mL / 30 days), PA |
| *eslicarbazepine acetate tab 200 mg* | QL (30 tabs / 30 days) |
| *eslicarbazepine acetate tab 400 mg* | QL (30 tabs / 30 days) |
| *eslicarbazepine acetate tab 600 mg* | QL (60 tabs / 30 days) |
| *eslicarbazepine acetate tab 800 mg* | QL (60 tabs / 30 days) |
| *ethosuximide cap 250 mg* | |
| *ethosuximide soln 250 mg/5ml* | |
| *felbamate susp 600 mg/5ml* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *felbamate tab 400 mg* | |
| *felbamate tab 600 mg* | |
| FINTEPLA SOL 2.2MG/ML | QL (360 mL / 30 days), PA |
| FYCOMPA SUS 0.5MG/ML | QL (680 mL / 28 days), PA |
| 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 |
| *gabapentin cap 100 mg* | QL (360 caps / 30 days) |
| *gabapentin cap 300 mg* | QL (360 caps / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *gabapentin cap 400 mg* | QL (270 caps / 30 days) |
| *gabapentin oral soln 250 mg/5ml* | QL (2160 mL / 30 days) |
| *gabapentin tab 600 mg* | QL (180 tabs / 30 days) |
| *gabapentin tab 800 mg* | QL (120 tabs / 30 days) |
| *lacosamide iv inj 200 mg/20ml (10 mg/ml)* | |
| *lacosamide oral* | QL (1200 mL / 30 days) |
| *lacosamide tab 50 mg* | QL (120 tabs / 30 days) |
| *lacosamide tab 100 mg* | QL (60 tabs / 30 days) |
| *lacosamide tab 150 mg* | QL (60 tabs / 30 days) |
| *lacosamide tab 200 mg* | QL (60 tabs / 30 days) |
| *lamotrigine tab 25 mg* | |
| *lamotrigine tab 100 mg* | |
| *lamotrigine tab 150 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *lamotrigine tab 200 mg* | |
| *lamotrigine tab chewable dispersible 5 mg* | |
| *lamotrigine tab chewable dispersible 25 mg* | |
| *lamotrigine tab er 24hr 25 mg* | ST |
| *lamotrigine tab er 24hr 50 mg* | ST |
| *lamotrigine tab er 24hr 100 mg* | ST |
| *lamotrigine tab er 24hr 200 mg* | ST |
| *lamotrigine tab er 24hr 250 mg* | ST |
| *lamotrigine tab er 24hr 300 mg* | ST |
| *levetiracetam in sodium chloride iv soln 500 mg/100ml* | |
| *levetiracetam in sodium chloride iv soln 1000 mg/100ml* | |
| *levetiracetam in sodium chloride iv soln 1500 mg/100ml* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *levetiracetam inj 500 mg/5ml (100 mg/ml)* | |
| *levetiracetam oral soln 100 mg/ml* | |
| *levetiracetam tab 250 mg* | |
| *levetiracetam tab 500 mg* | |
| *levetiracetam tab 750 mg* | |
| *levetiracetam tab 1000 mg* | |
| *levetiracetam tab disintegrating soluble 250 mg* | QL (360 tabs / 30 days) |
| *levetiracetam tab disintegrating soluble 500 mg* | QL (180 tabs / 30 days) |
| *levetiracetam tab er 24hr 500 mg* | |
| *levetiracetam tab er 24hr 750 mg* | |
| *methsuximide cap 300 mg* | |
| NAYZILAM SPR 5MG | QL (10 nasal units / 30 days) |
| *oxcarbazepine susp 300 mg/5ml (60 mg/ml)* | |
| *oxcarbazepine tab 150 mg* | |
| *oxcarbazepine tab 300 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *oxcarbazepine tab 600 mg* | |
| *perampanel susp 0.5 mg/ml* | QL (680 mL / 28 days), PA |
| *perampanel tab 2 mg* | QL (60 tabs / 30 days), PA |
| *perampanel tab 4 mg* | QL (30 tabs / 30 days), PA |
| *perampanel tab 6 mg* | QL (30 tabs / 30 days), PA |
| *perampanel tab 8 mg* | QL (30 tabs / 30 days), PA |
| *perampanel tab 10 mg* | QL (30 tabs / 30 days), PA |
| *perampanel tab 12 mg* | QL (30 tabs / 30 days), PA |
| *phenobarbital elixir 20 mg/5ml* | QL (1500 mL / 30 days), PA; PA applies if 65 years and older |
| *phenobarbital sodium inj 65 mg/ml* | PA; PA applies if 65 years and older |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *phenobarbital sodium inj 130 mg/ml* | PA; PA applies if 65 years and older |
| *phenobarbital tab 15 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older |
| *phenobarbital tab 16.2 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older |
| *phenobarbital tab 30 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older |
| *phenobarbital tab 32.4 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older |
| *phenobarbital tab 60 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *phenobarbital tab 64.8 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older |
| *phenobarbital tab 97.2 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older |
| *phenobarbital tab 100 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older |
| *phenytek* | |
| *phenytoin chew tab 50 mg* | |
| *phenytoin sodium extended cap 100 mg* | |
| *phenytoin sodium extended cap 200 mg* | |
| *phenytoin sodium extended cap 300 mg* | |
| *phenytoin sodium inj 50 mg/ml* | |
| *phenytoin susp 125 mg/5ml* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *pregabalin cap 25 mg* | QL (120 caps / 30 days), PA; PA applies if 65 years and older |
| *pregabalin cap 50 mg* | QL (120 caps / 30 days), PA; PA applies if 65 years and older |
| *pregabalin cap 75 mg* | QL (120 caps / 30 days), PA; PA applies if 65 years and older |
| *pregabalin cap 100 mg* | QL (120 caps / 30 days), PA; PA applies if 65 years and older |
| *pregabalin cap 150 mg* | QL (120 caps / 30 days), PA; PA applies if 65 years and older |
| *pregabalin cap 200 mg* | QL (90 caps / 30 days), PA; PA applies if 65 years and older |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *pregabalin cap 225 mg* | QL (60 caps / 30 days), PA; PA applies if 65 years and older |
| *pregabalin cap 300 mg* | QL (60 caps / 30 days), PA; PA applies if 65 years and older |
| *pregabalin soln 20 mg/ml* | QL (900 mL / 30 days), PA; PA applies if 65 years and older |
| *primidone tab 50 mg* | |
| *primidone tab 125 mg* | |
| *primidone tab 250 mg* | |
| *roweepra* | |
| *rufinamide susp 40 mg/ml* | QL (2400 mL / 30 days), PA |
| *rufinamide tab 200 mg* | QL (480 tabs / 30 days), PA |
| *rufinamide tab 400 mg* | QL (240 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| SPRITAM TAB 250MG | QL (360 tabs / 30 days) |
| SPRITAM TAB 500MG | QL (180 tabs / 30 days) |
| SPRITAM TAB 750MG | QL (120 tabs / 30 days) |
| SPRITAM TAB 1000MG | QL (90 tabs / 30 days) |
| *subvenite* | |
| 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 |
| *tiagabine hcl tab 2 mg* | |
| *tiagabine hcl tab 4 mg* | |
| *tiagabine hcl tab 12 mg* | |
| *tiagabine hcl tab 16 mg* | |
| *topiramate oral soln 25 mg/ml* | QL (480 mL / 30 days), PA |
| *topiramate sprinkle cap 15 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *topiramate sprinkle cap 25 mg* | |
| *topiramate sprinkle cap 50 mg* | |
| *topiramate tab 25 mg* | |
| *topiramate tab 50 mg* | |
| *topiramate tab 100 mg* | |
| *topiramate tab 200 mg* | |
| *valproate sodium inj 100 mg/ml* | |
| *valproate sodium oral soln 250 mg/5ml (base equiv)* | |
| *valproic acid cap 250 mg* | |
| 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) |
| *vigabatrin powd pack 500 mg* | QL (180 packets / 30 days), PA |
| *vigabatrin tab 500 mg* | QL (180 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *vigadrone* | QL (180 packets / 30 days), PA |
| *vigadrone* | QL (180 tabs / 30 days), PA |
| 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) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| XCOPRI TAB 150MG | QL (60 tabs / 30 days) |
| XCOPRI TAB 200MG | QL (60 tabs / 30 days) |
| ZONISADE SUS 100MG/5 | QL (900 mL / 30 days), PA |
| *zonisamide cap 25 mg* | |
| *zonisamide cap 50 mg* | |
| *zonisamide cap 100 mg* | |
| ZTALMY SUS 50MG/ML | QL (1100 mL / 30 days), PA |
| ***ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD*** | |
| *amphetamine-dextroamphetamine cap er 24hr 5 mg* | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine cap er 24hr 10 mg* | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine cap er 24hr 15 mg* | QL (30 caps / 30 days), PA |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *amphetamine-dextroamphetamine tab 30 mg* | QL (60 tabs / 30 days), PA |
| *atomoxetine hcl cap 10 mg (base equiv)* | QL (120 caps / 30 days) |
| *atomoxetine hcl cap 18 mg (base equiv)* | QL (120 caps / 30 days) |
| *atomoxetine hcl cap 25 mg (base equiv)* | QL (120 caps / 30 days) |
| *atomoxetine hcl cap 40 mg (base equiv)* | QL (60 caps / 30 days) |
| *atomoxetine hcl cap 60 mg (base equiv)* | QL (30 caps / 30 days) |
| *atomoxetine hcl cap 80 mg (base equiv)* | QL (30 caps / 30 days) |
| *atomoxetine hcl cap 100 mg (base equiv)* | QL (30 caps / 30 days) |
| *dexmethylphenidate hcl tab 2.5 mg* | QL (120 tabs / 30 days), PA |
| *dexmethylphenidate hcl tab 5 mg* | QL (120 tabs / 30 days), PA |
| *dexmethylphenidate hcl tab 10 mg* | QL (60 tabs / 30 days), PA |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *methylphenidate hcl soln 5 mg/5ml* | QL (1800 mL / 30 days), PA |
| *methylphenidate hcl soln 10 mg/5ml* | QL (900 mL / 30 days), PA |
| *methylphenidate hcl tab 5 mg* | QL (180 tabs / 30 days), PA |
| *methylphenidate hcl tab 10 mg* | QL (180 tabs / 30 days), PA |
| *methylphenidate hcl tab 20 mg* | QL (90 tabs / 30 days), PA |
| *methylphenidate hcl tab er 10 mg* | QL (90 tabs / 30 days), PA |
| *methylphenidate hcl tab er 20 mg* | 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) |
| *doxepin hcl (sleep) tab 3 mg (base equiv)* | QL (30 tabs / 30 days) |
| *doxepin hcl (sleep) tab 6 mg (base equiv)* | QL (30 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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 |
| *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 |
| *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 |
| *ramelteon tab 8 mg* | QL (30 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *tasimelteon capsule 20 mg* | QL (30 caps / 30 days), PA |
| *temazepam cap 7.5 mg* | QL (30 caps / 30 days), PA; PA applies if 65 years and older |
| *temazepam cap 15 mg* | QL (60 caps / 30 days), PA; PA applies if 65 years and older |
| *temazepam cap 30 mg* | QL (30 caps / 30 days), PA; PA applies if 65 years and older |
| *zaleplon cap 5 mg* | 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 |
|---|---|
| *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 |
| *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 |
| *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 |

| 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 |
| *dihydroergotamine mesylate nasal spray 4 mg/ml* | 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 |
| *ergotamine w/ caffeine tab 1-100 mg* | QL (40 tabs / 28 days), PA |
| *naratriptan hcl tab 1 mg (base equiv)* | QL (12 tabs / 30 days) |
| *naratriptan hcl tab 2.5 mg (base equiv)* | QL (12 tabs / 30 days) |
| NURTEC TAB 75MG ODT | QL (16 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| *rizatriptan benzoate oral disintegrating tab 5 mg (base eq)* | QL (18 tabs / 30 days) |
| *rizatriptan benzoate oral disintegrating tab 10 mg (base eq)* | QL (18 tabs / 30 days) |
| *rizatriptan benzoate tab 5 mg (base equivalent)* | QL (18 tabs / 30 days) |
| *rizatriptan benzoate tab 10 mg (base equivalent)* | QL (18 tabs / 30 days) |
| *sumatriptan nasal spray 5 mg/act* | QL (24 units / 30 days) |
| *sumatriptan nasal spray 20 mg/act* | QL (12 units / 30 days) |
| *sumatriptan succinate inj 6 mg/0.5ml* | QL (12 injections / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *sumatriptan succinate solution auto-injector 6 mg/0.5ml* | QL (12 injections / 30 days) |
| *sumatriptan succinate tab 25 mg* | QL (12 tabs / 30 days) |
| *sumatriptan succinate tab 50 mg* | QL (12 tabs / 30 days) |
| *sumatriptan succinate tab 100 mg* | QL (12 tabs / 30 days) |
| UBRELVY TAB 50MG | QL (16 tabs / 30 days), PA |
| UBRELVY TAB 100MG | QL (16 tabs / 30 days), PA |
| ***MISCELLANEOUS*** | |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| *lithium carbonate cap 150 mg* | |
| *lithium carbonate cap 300 mg* | |
| *lithium carbonate cap 600 mg* | |
| *lithium carbonate tab 300 mg* | |
| *lithium carbonate tab er 300 mg* | |
| *lithium carbonate tab er 450 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *lithium oral solution 8 meq/5ml* | |
| NUEDEXTA CAP 20-10MG | QL (60 caps / 30 days), PA |
| *pyridostigmine bromide tab 60 mg* | |
| *riluzole tab 50 mg* | |
| *tetrabenazine tab 12.5 mg* | QL (90 tabs / 30 days), PA |
| *tetrabenazine tab 25 mg* | QL (120 tabs / 30 days), PA |
| ***MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS*** | |
| BAFIERTAM CAP 95MG | QL (120 caps / 30 days), PA |
| BETASERON INJ 0.3MG | QL (14 kits / 28 days), PA |
| COPAXONE INJ 20MG/ML | QL (30 syringes / 30 days), PA |
| COPAXONE INJ 40MG/ML | QL (12 syringes / 28 days), PA |
| *dalfampridine tab er 12hr 10 mg* | QL (60 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *fingolimod hcl cap 0.5 mg (base equiv)* | QL (30 caps / 30 days), PA |
| *glatiramer acetate soln prefilled syringe 20 mg/ml* | QL (30 syringes / 30 days), PA |
| *glatiramer acetate soln prefilled syringe 40 mg/ml* | QL (12 syringes / 28 days), PA |
| *glatopa* | QL (12 syringes / 28 days), PA |
| *glatopa* | QL (30 syringes / 30 days), PA |
| KESIMPTA INJ 20/.4ML | QL (16 pens / 365 days), PA |
| ***MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS*** | |
| *baclofen tab 5 mg* | QL (90 tabs / 30 days) |
| *baclofen tab 10 mg* | |
| *baclofen tab 20 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *carisoprodol tab 350 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| *cyclobenzaprine hcl tab 5 mg* | QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| *cyclobenzaprine hcl tab 10 mg* | QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| *dantrolene sodium cap 25 mg* | |
| *dantrolene sodium cap 50 mg* | |
| *dantrolene sodium cap 100 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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 |
| *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 |
| *tizanidine hcl tab 2 mg (base equivalent)* | |
| *tizanidine hcl tab 4 mg (base equivalent)* | |
| ***NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS*** | |
| *armodafinil tab 50 mg* | QL (60 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *armodafinil tab 150 mg* | QL (30 tabs / 30 days), PA |
| *armodafinil tab 200 mg* | QL (30 tabs / 30 days), PA |
| *armodafinil tab 250 mg* | QL (30 tabs / 30 days), PA |
| *modafinil tab 100 mg* | QL (30 tabs / 30 days), PA |
| *modafinil tab 200 mg* | QL (60 tabs / 30 days), PA |
| *sodium oxybate oral solution 500 mg/ml* | QL (540 mL / 30 days), PA |
| ***PSYCHOTHERAPEUTIC-MISC*** | |
| *acamprosate calcium tab delayed release 333 mg* | |
| *buprenorphine hcl sl tab 2 mg (base equiv)* | QL (180 tabs / 30 days) |
| *buprenorphine hcl sl tab 8 mg (base equiv)* | QL (120 tabs / 30 days) |
| *buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)* | QL (180 films / 30 days) |

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

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

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

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

| | |
|---|---|
| *danazol cap 50 mg* | |
| *danazol cap 100 mg* | |
| *danazol cap 200 mg* | |
| *depo-testosterone* | PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *testosterone cypionate im inj in oil 100 mg/ml* | PA |
| *testosterone cypionate im inj in oil 200 mg/ml* | PA |
| *testosterone enanthate im inj in oil 200 mg/ml* | PA |
| *testosterone pump* | QL (150 gm / 30 days), PA |
| *testosterone td gel 12.5 mg/act (1%)* | QL (300 gm / 30 days), PA |
| *testosterone td gel 25 mg/2.5gm (1%)* | QL (300 gm / 30 days), PA |
| *testosterone td gel 50 mg/5gm (1%)* | QL (300 gm / 30 days), PA |
| ***ANTIDIABETICS*** | |
| *acarbose tab 25 mg* | |
| *acarbose tab 50 mg* | |
| *acarbose tab 100 mg* | |
| *dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg* | QL (60 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg* | QL (60 tabs / 30 days) |
| *dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg* | QL (30 tabs / 30 days) |
| *dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg* | QL (30 tabs / 30 days) |
| *dapagliflozin tab 5 mg* | QL (30 tabs / 30 days) |
| *dapagliflozin tab 10 mg* | QL (30 tabs / 30 days) |
| FARXIGA TAB 5MG | QL (30 tabs / 30 days) |
| FARXIGA TAB 10MG | QL (30 tabs / 30 days) |
| *glimepiride tab 1 mg* | QL (90 tabs / 30 days) |
| *glimepiride tab 2 mg* | QL (90 tabs / 30 days) |
| *glimepiride tab 4 mg* | QL (60 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *glipizide tab 5 mg* | QL (240 tabs / 30 days) |
| *glipizide tab 10 mg* | QL (120 tabs / 30 days) |
| *glipizide tab er 24hr 2.5 mg* | QL (90 tabs / 30 days) |
| *glipizide tab er 24hr 5 mg* | QL (90 tabs / 30 days) |
| *glipizide tab er 24hr 10 mg* | QL (60 tabs / 30 days) |
| *glipizide-metformin hcl tab 2.5-250 mg* | QL (240 tabs / 30 days) |
| *glipizide-metformin hcl tab 2.5-500 mg* | QL (120 tabs / 30 days) |
| *glipizide-metformin hcl tab 5-500 mg* | 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) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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) |
| 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) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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) |
| *metformin hcl oral soln 500 mg/5ml* | QL (765 mL / 30 days) |
| *metformin hcl tab 500 mg* | QL (150 tabs / 30 days) |
| *metformin hcl tab 850 mg* | QL (90 tabs / 30 days) |
| *metformin hcl tab 1000 mg* | QL (75 tabs / 30 days) |
| *metformin hcl tab er 24hr 500 mg* | QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR) |
| *metformin hcl tab er 24hr 750 mg* | QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| *nateglinide tab 60 mg* | QL (90 tabs / 30 days) |
| *nateglinide tab 120 mg* | 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *pioglitazone hcl tab 15 mg (base equiv)* | QL (30 tabs / 30 days) |
| *pioglitazone hcl tab 30 mg (base equiv)* | QL (30 tabs / 30 days) |
| *pioglitazone hcl tab 45 mg (base equiv)* | QL (30 tabs / 30 days) |
| *pioglitazone hcl-metformin hcl tab 15-500 mg* | QL (90 tabs / 30 days) |
| *pioglitazone hcl-metformin hcl tab 15-850 mg* | QL (90 tabs / 30 days) |
| *repaglinide tab 0.5 mg* | QL (120 tabs / 30 days) |
| *repaglinide tab 1 mg* | QL (120 tabs / 30 days) |
| *repaglinide tab 2 mg* | 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| 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) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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) |
| ***ANTIDIABETICS, INSULINS*** | |
| 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 |
| 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 | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 | |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 | |
| 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) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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) |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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) |
| ***CALCIUM REGULATORS*** | |
| *alendronate sodium oral soln 70 mg/75ml* | ST |
| *alendronate sodium tab 10 mg* | |
| *alendronate sodium tab 35 mg* | |
| *alendronate sodium tab 70 mg* | |
| BILDYOS INJ 60MG/ML | QL (1 syringe / 180 days) |
| BONSITY INJ 560/2.24 | QL (1 pen / 28 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *calcitonin (salmon) spray* | B/D |
| *ibandronate sodium tab 150 mg (base equivalent)* | B/D |
| OSPOMYV INJ 60MG/ML | QL (1 syringe / 180 days) |
| *pamidronate disodium iv soln 3 mg/ml* | B/D |
| *pamidronate disodium iv soln 9 mg/ml* | B/D |
| PAMIDRONATE INJ 6MG/ML | B/D |
| PROLIA INJ 60MG/ML | QL (1 syringe / 180 days) |
| *risedronate sodium tab 5 mg* | |
| *risedronate sodium tab 35 mg* | |
| *risedronate sodium tab 150 mg* | |
| *risedronate sodium tab delayed release 35 mg* | ST |
| TERIPARATIDE INJ 560/2.24 | QL (1 pen / 28 days), PA; (ALVOGEN product) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *teriparatide soln pen-inj 560 mcg/2.24ml* | QL (1 pen / 28 days), PA |
| WYOST INJ 120/1.7 | PA |
| XTRENBO SOL 120/1.7 | PA |
| *zoledronic acid inj conc for iv infusion 4 mg/5ml* | B/D |
| *zoledronic acid iv soln 5 mg/100ml* | B/D |
| ***CHELATING AGENTS*** | |
| CHEMET CAP 100MG | |
| *deferasirox tab 90 mg* | PA |
| *deferasirox tab 180 mg* | PA |
| *deferasirox tab 360 mg* | PA |
| *deferasirox tab for oral susp 125 mg* | PA |
| *deferasirox tab for oral susp 250 mg* | PA |
| *deferasirox tab for oral susp 500 mg* | PA |
| *kionex* | |
| LOKELMA PAK 5GM | |
| LOKELMA PAK 10GM | |
| *penicillamine tab 250 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *sodium polystyrene sulfonate powder* | |
| *sodium polystyrene sulfonate susp 15 gm/60ml* | |
| *sps* | |
| *sps rectal* | |
| *trientine hcl cap 250 mg* | PA |
| ***CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL*** | |
| *afirmelle* | |
| *altavera* | |
| *alyacen 1/35* | |
| *alyacen 7/7/7* | |
| *amethyst* | |
| *apri* | |
| *aranelle* | |
| *ashlyna* | |
| *aubra eq* | |
| *aurovela 1/20* | |
| *aurovela 24 fe* | |
| *aurovela fe 1.5/30* | |
| *aurovela fe 1/20* | |
| *aviane* | |

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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* | |
| *jolessa* | |
| *juleber* | |
| *junel 1.5/30* | |
| *junel 1/20* | |
| *junel fe 1.5/30* | |
| *junel fe 1/20* | |
| *junel fe 24* | |
| *kaitlib fe* | |
| *kariva* | |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg* | |
| *levora-28 tab 0.15/30* | |
| 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* | |
| *luizza tab 1.5/30* | |
| *lutera* | |
| *lyleq* | |
| *lyza* | |
| *marlissa* | |
| *medroxyprogesterone acetate im susp 150 mg/ml* | |
| *medroxyprogesterone acetate im susp prefilled syr 150 mg/ml* | |
| *meleya tab 0.35mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *mibelas 24 fe* | |
| *microgestin 1.5/30* | |
| *microgestin 1/20* | |
| *microgestin fe 1.5/30* | |
| *microgestin fe 1/20* | |
| *mili* | |
| *mono-linyah* | |
| *necon 0.5/35-28* | |
| NEXPLANON IMP 68MG | |
| *nikki* | |
| *nora-be* | |
| *norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr* | |
| *norethindrone ac-ethinyl estrad-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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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 estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg* | |
| *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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *reclipsen* | |
| *rivelsa* | |
| *rosyrah tab* | |
| *setlakin* | |
| *sharobel* | |
| *simliya* | |
| *simpesse* | |
| *sprintec 28* | |
| *sronyx tab* | |
| *syeda* | |
| *tarina 24 fe* | |
| *tarina fe 1/20 eq* | |
| *tilia fe* | |
| *tri-estarylla* | |
| *tri-legest fe* | |
| *tri-linyah* | |
| *tri-lo-estarylla* | |
| *tri-lo-marzia* | |
| *tri-lo-mili* | |
| *tri-lo-sprintec* | |
| *tri-mili* | |
| *tri-sprintec* | |
| *tri-vylibra* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *tri-vylibra lo* | |
| *turqoz* | |
| *tydemy tab* | |
| *valtya 1/35 tab* | |
| *valtya 1/50 tab* | |
| *velivet* | |
| *vestura* | |
| *vienva* | |
| *viorele* | |
| *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* | |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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)* | |
| *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* | |

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *methylprednisolone acetate inj susp 80 mg/ml* | B/D |
| *methylprednisolone sod succ for inj 40 mg (base equiv)* | B/D |
| *methylprednisolone sod succ for inj 125 mg (base equiv)* | B/D |
| *methylprednisolone sod succ for inj 500 mg (base equiv)* | B/D |
| *methylprednisolone sod succ for inj 1000 mg (base equiv)* | B/D |
| *methylprednisolone tab 4 mg* | B/D |
| *methylprednisolone tab 8 mg* | B/D |
| *methylprednisolone tab 16 mg* | B/D |
| *methylprednisolone tab 32 mg* | B/D |
| *methylprednisolone tab therapy pack 4 mg (21)* | |
| *prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)* | B/D |
| *prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)* | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)* | B/D |
| *prednisolone soln 15 mg/5ml* | B/D |
| PREDNISONE CON 5MG/ML | B/D |
| *prednisone oral soln 5 mg/5ml* | B/D |
| *prednisone tab 1 mg* | B/D |
| *prednisone tab 2.5 mg* | B/D |
| *prednisone tab 5 mg* | B/D |
| *prednisone tab 10 mg* | B/D |
| *prednisone tab 20 mg* | B/D |
| *prednisone tab 50 mg* | B/D |
| *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 | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR*** | |
| BAQSIMI ONE POW 3MG/DOSE | |
| BAQSIMI TWO POW 3MG/DOSE | |
| *diazoxide susp 50 mg/ml* | |
| GVOKE HYPO 1 INJ 0.5/.1ML | |
| GVOKE HYPO 1 INJ 1/0.2ML | |
| GVOKE HYPO 2 INJ 0.5/.1ML | |
| GVOKE HYPO 2 INJ 1/0.2ML | |
| GVOKE KIT SOL 1/0.2ML | |
| GVOKE PFS INJ 1/0.2ML | |
| ZEGALOGUE INJ 0.6/0.6 | |
| ***MISCELLANEOUS*** | |
| ALDURAZYME INJ 2.9MG/5M | PA |
| *betaine powder for oral solution* | |
| *cabergoline tab 0.5 mg* | |
| *carglumic acid soluble tab 200 mg* | PA |
| CERDELGA CAP 84MG | PA |
| CEREZYME INJ 400UNIT | PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *cinacalcet hcl tab 30 mg (base equiv)* | B/D, QL (60 tabs / 30 days) |
| *cinacalcet hcl tab 60 mg (base equiv)* | B/D, QL (60 tabs / 30 days) |
| *cinacalcet hcl tab 90 mg (base equiv)* | B/D, QL (120 tabs / 30 days) |
| CYSTAGON CAP 50MG | PA |
| CYSTAGON CAP 150MG | PA |
| *desmopressin acetate inj 4 mcg/ml* | |
| *desmopressin acetate nasal spray soln 0.01%* | |
| *desmopressin acetate nasal spray soln 0.01% (refrigerated)* | |
| *desmopressin acetate preservative free (pf) inj 4 mcg/ml* | |
| *desmopressin acetate tab 0.1 mg* | |
| *desmopressin acetate tab 0.2 mg* | |
| FABRAZYME INJ 5MG | PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| *javygtor* | PA |
| *lanreotide acetate extended release inj 120 mg/0.5ml* | PA |
| *levocarnitine oral soln 1 gm/10ml (10%)* | B/D |
| *levocarnitine tab 330 mg* | B/D |
| LUMIZYME INJ 50MG | PA |
| LUPR DEP-PED INJ 3M 30MG | PA |
| LUPR DEP-PED INJ 7.5MG | PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| LUPR DEP-PED INJ 11.25MG | PA |
| LUPR DEP-PED INJ 15MG | PA |
| LUPRON DEPOT INJ 45MG | PA |
| *mifepristone tab 300 mg* | PA |
| NAGLAZYME INJ 1MG/ML | PA |
| *nitisinone cap 2 mg* | PA |
| *nitisinone cap 5 mg* | PA |
| *nitisinone cap 10 mg* | PA |
| *nitisinone cap 20 mg* | PA |
| *octreotide acetate inj 50 mcg/ml (0.05 mg/ml)* | PA |
| *octreotide acetate inj 100 mcg/ml (0.1 mg/ml)* | PA |
| *octreotide acetate inj 200 mcg/ml (0.2 mg/ml)* | PA |
| *octreotide acetate inj 500 mcg/ml (0.5 mg/ml)* | PA |
| *octreotide acetate inj 1000 mcg/ml (1 mg/ml)* | PA |
| *octreotide acetate subcutaneous soln pref syr 50 mcg/ml* | PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *octreotide acetate subcutaneous soln pref syr 100 mcg/ml* | PA |
| *octreotide acetate subcutaneous soln pref syr 500 mcg/ml* | PA |
| *raloxifene hcl tab 60 mg* | |
| REVCOVI 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 |
| *sapropterin dihydrochloride powder packet 100 mg* | PA |
| *sapropterin dihydrochloride powder packet 500 mg* | PA |
| *sapropterin dihydrochloride tab 100 mg* | PA |
| SIGNIFOR INJ 0.3MG/ML | PA |
| SIGNIFOR INJ 0.6MG/ML | PA |
| SIGNIFOR INJ 0.9MG/ML | PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *sodium phenylbutyrate oral powder 3 gm/teaspoonful* | PA |
| *sodium phenylbutyrate tab 500 mg* | 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 |
| *tolvaptan tab 15 mg* | PA; (generic of JYNARQUE) |
| *tolvaptan tab 30 mg* | PA; (generic of JYNARQUE) |
| *tolvaptan tab therapy pack 15 mg* | PA |
| *tolvaptan tab therapy pack 30 & 15 mg* | PA |
| *tolvaptan tab therapy pack 45 & 15 mg* | PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *tolvaptan tab therapy pack 60 & 30 mg* | PA |
| *tolvaptan tab therapy pack 90 & 30 mg* | PA |
| *zelvysia pow 100mg* | PA |
| *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* | |
| *megestrol acetate susp 625 mg/5ml* | PA |
| *norethindrone acetate tab 5 mg* | |
| *progesterone cap 100 mg* | |
| *progesterone cap 200 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS*** | |
| *levo-t* | |
| *levothyroxine sodium tab 25 mcg* | |
| *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* | |
| *levothyroxine sodium tab 150 mcg* | |
| *levothyroxine sodium tab 175 mcg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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* | |
| SYNTHROID TAB 25MCG | |
| SYNTHROID TAB 50MCG | |
| SYNTHROID TAB 75MCG | |
| SYNTHROID TAB 88MCG | |
| SYNTHROID TAB 100MCG | |
| SYNTHROID TAB 112MCG | |
| SYNTHROID TAB 125MCG | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| SYNTHROID TAB 137MCG | |
| SYNTHROID TAB 150MCG | |
| SYNTHROID TAB 175MCG | |
| SYNTHROID TAB 200MCG | |
| SYNTHROID TAB 300MCG | |
| *unithroid* | |
| ***VITAMIN D ANALOGS*** | |
| *calcitriol (oral)* | B/D |
| *calcitriol cap 0.5 mcg* | B/D |
| *calcitriol cap 0.25 mcg* | B/D |
| *paricalcitol cap 1 mcg* | B/D |
| *paricalcitol cap 2 mcg* | B/D |
| *paricalcitol cap 4 mcg* | B/D |
| **GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS** | |
| ***ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING*** | |
| *aprepitant capsule 40 mg* | B/D |
| *aprepitant capsule 80 mg* | B/D |
| *aprepitant capsule 125 mg* | B/D |
| *aprepitant capsule therapy pack 80 & 125 mg* | B/D |
| *compro* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *dronabinol cap 2.5 mg* | B/D, QL (60 caps / 30 days) |
| *dronabinol cap 5 mg* | B/D, QL (60 caps / 30 days) |
| *dronabinol cap 10 mg* | B/D, QL (60 caps / 30 days) |
| *granisetron hcl inj 1 mg/ml* | |
| *granisetron hcl inj 4 mg/4ml (1 mg/ml)* | |
| *granisetron hcl tab 1 mg* | B/D |
| *meclizine hcl tab 12.5 mg* | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *meclizine hcl tab 25 mg* | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *metoclopramide hcl inj 5 mg/ml (base equivalent)* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)* | |
| *metoclopramide hcl tab 5 mg (base equivalent)* | |
| *metoclopramide hcl tab 10 mg (base equivalent)* | |
| *ondansetron hcl inj 4 mg/2ml (2 mg/ml)* | |
| *ondansetron hcl inj 40 mg/20ml (2 mg/ml)* | |
| *ondansetron hcl inj soln pref syr 4 mg/2ml* | |
| *ondansetron hcl oral soln 4 mg/5ml* | B/D |
| *ondansetron hcl tab 4 mg* | B/D |
| *ondansetron hcl tab 8 mg* | B/D |
| *ondansetron orally disintegrating tab 4 mg* | B/D |
| *ondansetron orally disintegrating tab 8 mg* | B/D |
| *prochlorperazine edisylate inj 10 mg/2ml* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *prochlorperazine maleate tab 5 mg (base equivalent)* | |
| *prochlorperazine maleate tab 10 mg (base equivalent)* | |
| *prochlorperazine suppos 25 mg* | |
| *promethazine hcl inj 25 mg/ml* | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *promethazine hcl inj 50 mg/ml* | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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) |
| ***ANTISPASMODICS - DRUGS FOR STOMACH SPASMS*** | |
| *dicyclomine hcl cap 10 mg* | PA; PA applies if 65 years and older |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *dicyclomine hcl oral soln 10 mg/5ml* | PA; PA applies if 65 years and older |
| *dicyclomine hcl tab 20 mg* | PA; PA applies if 65 years and older |
| *glycopyrrolate tab 1 mg* | QL (90 tabs / 30 days) |
| *glycopyrrolate tab 2 mg* | QL (120 tabs / 30 days) |
| ***H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID*** | |
| *famotidine for susp 40 mg/5ml* | |
| *famotidine in nacl 0.9% iv soln 20 mg/50ml* | |
| *famotidine inj 40 mg/4ml* | |
| *famotidine inj 200 mg/20ml* | |
| *famotidine preservative free inj 20 mg/2ml* | |
| *famotidine tab 20 mg* | |
| *famotidine tab 40 mg* | |
| *nizatidine cap 150 mg* | |
| *nizatidine cap 300 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***INFLAMMATORY BOWEL DISEASE*** | |
| *balsalazide disodium cap 750 mg* | |
| *budesonide delayed release particles cap 3 mg* | QL (90 caps / 30 days) |
| *budesonide tab er 24hr 9 mg* | QL (30 tabs / 30 days), PA |
| *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) |
| *mesalamine enema 4 gm* | QL (1680 mL / 28 days) |
| *mesalamine rectal enema 4 gm & cleanser wipe kit* | QL (28 bottles / 28 days) |
| *mesalamine suppos 1000 mg* | QL (30 suppositories / 30 days) |
| *mesalamine tab delayed release 1.2 gm* | QL (120 tabs / 30 days) |
| *sulfasalazine tab 500 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *sulfasalazine tab delayed release 500 mg* | |
| ***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 | |
| *sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml* | |
| ***MISCELLANEOUS*** | |
| *alosetron hcl tab 0.5 mg (base equiv)* | QL (60 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *alosetron 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) |
| LINZESS CAP 290MCG | QL (30 caps / 30 days) |
| *loperamide hcl cap 2 mg* | |
| *lubiprostone cap 8 mcg* | QL (60 caps / 30 days) |
| *lubiprostone cap 24 mcg* | QL (60 caps / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *misoprostol tab 100 mcg* | |
| *misoprostol tab 200 mcg* | |
| 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 |
| *sucralfate susp 1 gm/10ml* | |
| *sucralfate tab 1 gm* | |
| TRULANCE TAB 3MG | QL (30 tabs / 30 days) |
| *ursodiol cap 300 mg* | |
| *ursodiol tab 250 mg* | |
| *ursodiol tab 500 mg* | |
| VOQUEZNA PAK DUAL PAK | QL (2 kits / year), PA |
| VOQUEZNA PAK TRIP PK | QL (2 kits / year), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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*** | |
| *esomeprazole magnesium cap delayed release 20 mg (base eq)* | QL (30 caps / 30 days), ST |
| *esomeprazole magnesium cap delayed release 40 mg (base eq)* | QL (30 caps / 30 days), ST |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *esomeprazole magnesium for delayed release susp pack 2.5 mg* | |
| *esomeprazole magnesium for delayed release susp packet 5 mg* | |
| *esomeprazole magnesium for delayed release susp packet 10 mg* | QL (30 packets / 30 days) |
| *esomeprazole magnesium for delayed release susp packet 20 mg* | QL (30 packets / 30 days) |
| *esomeprazole magnesium for delayed release susp packet 40 mg* | QL (30 packets / 30 days) |
| *lansoprazole cap delayed release 15 mg* | QL (60 caps / 30 days) |
| *lansoprazole cap delayed release 30 mg* | QL (60 caps / 30 days) |
| *omeprazole cap delayed release 10 mg* | |
| *omeprazole cap delayed release 20 mg* | |

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

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

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

| | |
|---|---|
| *alfuzosin hcl tab er 24hr 10 mg* | QL (30 tabs / 30 days) |
| *dutasteride cap 0.5 mg* | QL (30 caps / 30 days) |
| *dutasteride-tamsulosin hcl cap 0.5-0.4 mg* | QL (30 caps / 30 days) |
| *finasteride tab 5 mg* | QL (30 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *tadalafil tab 5 mg* | QL (30 tabs / 30 days), PA |
| *tamsulosin hcl cap 0.4 mg* | 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)* | |
| *potassium citrate tab er 15 meq (1620 mg)* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE*** | |
| *fesoterodine fumarate tab er 24hr 4 mg* | QL (30 tabs / 30 days) |
| *fesoterodine fumarate tab er 24hr 8 mg* | QL (30 tabs / 30 days) |
| GEMTESA TAB 75MG | QL (30 tabs / 30 days) |
| *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) |
| MYRBETRIQ TAB 25MG | QL (30 tabs / 30 days) |
| MYRBETRIQ TAB 50MG | QL (30 tabs / 30 days) |
| *oxybutynin chloride solution 5 mg/5ml* | QL (600 mL / 30 days) |
| *oxybutynin chloride tab 5 mg* | QL (120 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *oxybutynin chloride tab er 24hr 5 mg* | QL (30 tabs / 30 days) |
| *oxybutynin chloride tab er 24hr 10 mg* | QL (60 tabs / 30 days) |
| *oxybutynin chloride tab er 24hr 15 mg* | QL (60 tabs / 30 days) |
| *solifenacin succinate tab 5 mg* | QL (30 tabs / 30 days) |
| *solifenacin succinate tab 10 mg* | QL (30 tabs / 30 days) |
| *tolterodine tartrate cap er 24hr 2 mg* | QL (30 caps / 30 days) |
| *tolterodine tartrate cap er 24hr 4 mg* | QL (30 caps / 30 days) |
| *tolterodine tartrate tab 1 mg* | QL (60 tabs / 30 days) |
| *tolterodine tartrate tab 2 mg* | QL (60 tabs / 30 days) |
| *trospium chloride tab 20 mg* | QL (60 tabs / 30 days) |
| ***VAGINAL ANTI-INFECTIVES*** | |
| *clindamycin phosphate vaginal cream 2%* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *metronidazole vaginal gel 0.75%* | |
| *terconazole vaginal cream 0.4%* | |
| *terconazole vaginal cream 0.8%* | |
| *terconazole vaginal suppos 80 mg* | |

## 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) |
| ELIQUIS (2MG PACK) 4 X | QL (592 tabs / 30 days) |
| ELIQUIS CAP 0.15MG | QL (56 caps / 21 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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) |
| *enoxaparin sodium inj 300 mg/3ml* | |
| *enoxaparin sodium inj soln pref syr 30 mg/0.3ml* | |
| *enoxaparin sodium inj soln pref syr 40 mg/0.4ml* | |
| *enoxaparin sodium inj soln pref syr 60 mg/0.6ml* | |
| *enoxaparin sodium inj soln pref syr 80 mg/0.8ml* | |
| *enoxaparin sodium inj soln pref syr 100 mg/ml* | |
| *enoxaparin sodium inj soln pref syr 120 mg/0.8ml* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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/NACL INJ 25000UNT | |
| *heparin sodium (porcine) inj 1000 unit/ml* | B/D |
| *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 |
| *heparin sodium (porcine) pf inj 1000 unit/ml* | B/D |
| *jantoven* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *rivaroxaban for susp 1 mg/ml* | QL (620 mL / 30 days) |
| *rivaroxaban tab 2.5 mg* | QL (60 tabs / 30 days) |
| *warfarin sodium tab 1 mg* | |
| *warfarin sodium tab 2 mg* | |
| *warfarin sodium tab 2.5 mg* | |
| *warfarin sodium tab 3 mg* | |
| *warfarin sodium tab 4 mg* | |
| *warfarin sodium tab 5 mg* | |
| *warfarin sodium tab 6 mg* | |
| *warfarin sodium tab 7.5 mg* | |
| *warfarin sodium tab 10 mg* | |
| 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) |
| XARELTO TAB 15MG | QL (30 tabs / 30 days) |
| XARELTO TAB 20MG | QL (30 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***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 |
| ALVAIZ TAB 54MG | QL (60 tabs / 30 days), PA |
| *anagrelide hcl cap 0.5 mg* | |
| *anagrelide hcl cap 1 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| BERINERT INJ 500UNIT | QL (24 boxes / 30 days), PA |
| *cilostazol tab 50 mg* | |
| *cilostazol tab 100 mg* | |
| 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 |
| *icatibant acetate subcutaneous soln pref syr 30 mg/3ml* | QL (9 syringes / 30 days), PA |
| *l-glutamine (sickle cell)* | PA |
| *pentoxifylline tab er 400 mg* | |
| *sajazir* | QL (9 syringes / 30 days), PA |
| SIKLOS TAB 100MG | |
| SIKLOS TAB 1000MG | |
| TAVNEOS CAP 10MG | QL (180 caps / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)* | |
| *tranexamic acid tab 650 mg* | |
| ***PLATELET AGGREGATION INHIBITORS*** | |
| *aspirin-dipyridamole cap er 12hr 25-200 mg* | |
| *clopidogrel bisulfate tab 75 mg (base equiv)* | |
| *dipyridamole tab 25 mg* | PA; PA applies if 65 years and older |
| *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)* | |
| *prasugrel hcl tab 10 mg (base equiv)* | |
| *ticagrelor tab 60 mg* | |
| *ticagrelor tab 90 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| **IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM** | |
| ***AUTOIMMUNE AGENTS*** | |
| ADALIMU-BWWD INJ 40/0.4ML | QL (6 autoinjectors / 28 days), PA |
| ADALIMU-BWWD INJ 40/0.4ML | QL (6 syringes / 28 days), PA |
| BIMZELX INJ 160MG/ML | QL (2 pens / 28 days), PA |
| BIMZELX INJ 160MG/ML | QL (2 syringes / 28 days), PA |
| BIMZELX INJ 320MG/2 | QL (2 pens / 28 days), PA |
| BIMZELX INJ 320MG/2 | QL (2 syringes / 28 days), PA |
| DUPIXENT INJ 200/1.14 | QL (4 syringes / 28 days), PA |
| DUPIXENT INJ 200MG | QL (4 pens / 28 days), PA |
| DUPIXENT INJ 300/2ML | QL (4 pens / 28 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| HADLIMA PUSH INJ 40/0.8ML | QL (6 autoinjectors / 28 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| KINERET INJ | QL (28 syringes / 28 days), PA |
| PYZCHIVA INJ 45/0.5ML | QL (1 pen / 28 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| SKYRIZI INJ 150MG/ML | QL (6 syringes / 365 days), PA |
| SKYRIZI INJ 180/1.2 | QL (1 cartridge / 56 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| XELJANZ TAB 5MG | QL (60 tabs / 30 days), PA |
| XELJANZ TAB 10MG | QL (60 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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) |
| *leflunomide tab 20 mg* | QL (30 tabs / 30 days) |
| *methotrexate sodium tab 2.5 mg (base equiv)* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| GAMMAKED INJ 5GM/50ML | PA |
| GAMMAKED INJ 10GM/100 | PA |
| GAMMAKED INJ 20GM/200 | PA |
| GAMMAPLEX INJ 5% | PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| PANZYGA SOL 2.5/25ML | PA |
| PANZYGA SOL 5GM/50ML | PA |
| PANZYGA SOL 10/100ML | PA |
| PANZYGA SOL 20/200ML | PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| *azathioprine tab 50 mg* | 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 |
| *cyclosporine cap 25 mg* | B/D |
| *cyclosporine cap 100 mg* | B/D |
| *cyclosporine modified cap 25 mg* | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *cyclosporine modified cap 50 mg* | B/D |
| *cyclosporine modified cap 100 mg* | B/D |
| *cyclosporine modified oral soln 100 mg/ml* | B/D |
| *everolimus tab 0.5 mg* | B/D |
| *everolimus tab 0.25 mg* | B/D |
| *everolimus tab 0.75 mg* | B/D |
| *everolimus tab 1 mg* | B/D |
| *gengraf* | B/D |
| *mycophenolate mofetil cap 250 mg* | B/D |
| *mycophenolate mofetil for oral susp 200 mg/ml* | B/D |
| *mycophenolate mofetil tab 500 mg* | B/D |
| *mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)* | B/D |
| *mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)* | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| *sirolimus oral soln 1 mg/ml* | B/D |
| *sirolimus tab 0.5 mg* | B/D |
| *sirolimus tab 1 mg* | B/D |
| *sirolimus tab 2 mg* | B/D |
| *tacrolimus cap 0.5 mg* | B/D |
| *tacrolimus cap 1 mg* | B/D |
| *tacrolimus cap 5 mg* | B/D |
| ***VACCINES*** | |
| ABRYSVO INJ 120MCG | PA |
| ACTHIB INJ | |
| ADACEL INJ | |
| AREXVY INJ 120MCG | PA |
| BCG VACCINE INJ 50MG | |
| BEXSERO INJ | |
| BOOSTRIX INJ | |
| DAPTACEL INJ | |
| DENGVAXIA SUS | |
| ENGERIX-B INJ 10/0.5ML | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| PEDIARIX INJ 0.5ML | |
| PEDVAX HIB INJ | |
| PENBRAYA INJ | |
| PENMENVY INJ | |
| PENTACEL INJ | |
| PRIORIX INJ | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 | |
| VAQTA INJ 25/0.5ML | |
| VAQTA INJ 50UNT/ML | |
| VARIVAX INJ | |
| VAXCHORA SUS | |
| VIMKUNYA INJ 40/0.8ML | |
| VIVOTIF CAP EC | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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%* | |
| *dextrose 5% w/ sodium chloride 0.45%* | |
| *dextrose 5% w/ sodium chloride 0.225%* | |
| ISOLYTE-P INJ /D5W | |
| ISOLYTE-S INJ PH 7.4 | |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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)* | |
| *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)* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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* | |
| *potassium chloride inj 10 meq/100ml* | |
| *potassium chloride inj 20 meq/50ml* | |
| *potassium chloride inj 20 meq/100ml* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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 INJ | B/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* | |
| *klor-con m20* | |
| M-NATAL PLUS TAB | |
| *potassium chloride cap er 8 meq* | |
| *potassium chloride cap er 10 meq* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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)* | |
| *potassium chloride tab er 10 meq* | |
| *potassium chloride tab er 20 meq (1500 mg)* | |
| PRENATAL TAB 27-1MG | |
| PRENATAL TAB PLUS | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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%* | |
| *dextrose inj 10%* | |
| DEXTROSE INJ 10% | |
| *dextrose inj 50%* | B/D |
| DEXTROSE INJ 70% | B/D |
| INTRALIPID INJ 20% | B/D |
| INTRALIPID INJ 30% | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| NUTRILIPID EMU 20% | B/D |
| *plenamine* | 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*

| |
|---|
| *bacitracin-polymyxin-neomycin-hc ophth oint 1%* |
| *loteprednol etabonate-tobramycin ophth susp 0.5-0.3%* |
| *neomycin-polymyxin-dexamethasone ophth oint 0.1%* |
| *neomycin-polymyxin-dexamethasone ophth susp 0.1%* |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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-polymyxin b ophth oint* | |
| *besifloxacin hcl ophth susp 0.6% (base equiv)* | |
| 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%* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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-polymy-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%* | |
| *sulfacetamide sodium ophth soln 10%* | |
| *tobramycin ophth soln 0.3%* | |
| *trifluridine ophth soln 1%* | |
| XDEMVY DRO 0.25% | PA |
| ZIRGAN GEL 0.15% | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***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% | |
| PRED SOD PHO SOL 1% OP | |
| *prednisolone acetate ophth susp 1%* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***ANTIALLERGICS - DRUGS TO TREAT ALLERGIES*** | |
| *azelastine hcl ophth soln 0.05%* | |
| *cromolyn sodium ophth soln 4%* | |
| ZERVIATE DRO 0.24% | |
| ***ANTIGLAUCOMA - 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%* | |
| *levobunolol hcl ophth soln 0.5%* | |
| LUMIGAN SOL 0.01% OP | |
| *pilocarpine hcl ophth soln 1%* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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 sulfate ophth soln 1%* | |
| CYSTADROPS SOL 0.37% | PA |
| CYSTARAN SOL 0.44% | PA |
| EYSUVIS DRO 0.25% | |
| MIEBO DRO 1.3GM/ML | |
| *proparacaine hcl ophth soln 0.5%* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 oil 0.01% ot* |
| *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%* |
| *ofloxacin otic soln 0.3%* |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| **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) |
| BEVESPI AER 9-4.8MCG | QL (1 inhaler / 30 days) |
| BREZTRI AERO AER SPHERE | QL (1 inhaler / 30 days) |
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) | QL (4 inhalers / 28 days) |
| COMBIVENT AER 20-100 | QL (2 inhalers / 30 days) |
| *ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml* | B/D |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG | QL (60 blisters / 30 days) |
| TRELEGY AER ELLIPTA 200-62.5-25 MCG | QL (60 blisters / 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) |
| INCRUSE ELPT INH 62.5MCG | QL (30 blisters / 30 days) |
| *ipratropium bromide hfa inhal aerosol 17 mcg/act* | QL (2 inhalers / 30 days) |
| *ipratropium bromide inhal soln 0.02%* | B/D |
| *ipratropium bromide nasal soln 0.03% (21 mcg/spray)* | |
| *ipratropium bromide nasal soln 0.06% (42 mcg/spray)* | |
| SPIRIVA RESP AER 1.25MCG | QL (1 inhaler / 30 days) |
| ***ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES*** | |
| *azelastine hcl nasal spray 0.1% (137 mcg/spray)* | |
| *cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)* | QL (300 mL / 30 days) |

| 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 |
|---|---|
| *hydroxyzine pamoate cap 50 mg* | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)* | QL (300 mL / 30 days) |
| *levocetirizine dihydrochloride tab 5 mg* | QL (30 tabs / 30 days) |
| ***BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD*** | |
| *albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)* | QL (2 inhalers / 30 days); (generic of Proair HFA) |
| *albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)* | QL (2 inhalers / 30 days); (generic of Proventil HFA) |
| *albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)* | QL (2 inhalers / 30 days); (generic of Ventolin HFA) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *albuterol sulfate soln nebu 0.5% (5 mg/ml)* | B/D |
| *albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)* | B/D |
| *albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)* | B/D |
| *albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)* | B/D |
| *albuterol sulfate syrup 2 mg/5ml* | |
| *albuterol sulfate tab 2 mg* | |
| *albuterol sulfate tab 4 mg* | |
| *levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)* | B/D |
| *levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)* | B/D |
| *levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)* | B/D |
| *levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)* | B/D |
| *levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)* | QL (2 inhalers / 30 days), ST |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| SEREVENT DIS AER 50MCG | QL (60 inhalations / 30 days) |
| *terbutaline sulfate tab 2.5 mg* | |
| *terbutaline sulfate tab 5 mg* | |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *acetylcysteine inhal soln 20%* | 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 |
| *cromolyn sodium soln nebu 20 mg/2ml* | B/D |
| *epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)* | (generic of Adrenaclick) |
| *epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)* | (generic of EpiPen) |
| *epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)* | (generic of EpiPen) |
| *epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)* | (generic of Adrenaclick) |
| FASENRA INJ 10MG/0.5 | QL (1 syringe / 28 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| *nintedanib esylate cap 100 mg (base equivalent)* | QL (60 caps / 30 days), PA |
| *nintedanib esylate cap 150 mg (base equivalent)* | QL (60 caps / 30 days), PA |
| OFEV CAP 100MG | QL (60 caps / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| OFEV CAP 150MG | QL (60 caps / 30 days), PA |
| ORKAMBI GRA 75-94MG | QL (56 packets / 28 days), PA |
| 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 |
| *pirfenidone cap 267 mg* | QL (270 caps / 30 days), PA |
| *pirfenidone tab 267 mg* | QL (270 tabs / 30 days), PA |
| *pirfenidone tab 534 mg* | QL (90 tabs / 30 days), PA |
| *pirfenidone tab 801 mg* | QL (90 tabs / 30 days), PA |
| PROLASTIN-C INJ 1000MG | PA |
| PULMOZYME SOL 1MG/ML | PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *roflumilast tab 250 mcg* | QL (56 tabs / year) |
| *roflumilast tab 500 mcg* | QL (30 tabs / 30 days) |
| SYMDEKO TAB 50-75MG | QL (56 tabs / 28 days), PA |
| SYMDEKO TAB 100-150 | QL (56 tabs / 28 days), PA |
| *theophylline elixir 80 mg/15ml* | |
| *theophylline soln 80 mg/15ml* | |
| *theophylline tab er 12hr 100 mg* | |
| *theophylline tab er 12hr 200 mg* | |
| *theophylline tab er 12hr 300 mg* | |
| *theophylline tab er 12hr 450 mg* | |
| *theophylline tab er 24hr 400 mg* | |
| *theophylline tab er 24hr 600 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| TRIKAFTA PAK 59.5MG | QL (56 packs / 28 days), PA |
| TRIKAFTA PAK 75MG | QL (56 packs / 28 days), PA |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ZEMAIRA INJ 4000MG | PA |
| ZEMAIRA INJ 5000MG | PA |
| ***NASAL STEROIDS - DRUGS TO TREAT ALLERGIES*** | |
| *flunisolide nasal soln 25 mcg/act (0.025%)* | QL (3 bottles / 30 days) |
| *fluticasone propionate nasal susp 50 mcg/act* | QL (1 bottle / 30 days) |
| XHANCE MIS 93MCG | QL (32 mL / 30 days), PA |
| ***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) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ARNUITY ELPT INH 200MCG | QL (30 inhalations / 30 days) |
| *budesonide inhalation susp 0.5 mg/2ml* | B/D |
| *budesonide inhalation susp 0.25 mg/2ml* | B/D |
| *fluticasone propionate hfa inhal aer 110 mcg/act* | QL (2 inhalers / 30 days) |
| *fluticasone propionate hfa inhal aer 220 mcg/act* | QL (2 inhalers / 30 days) |
| *fluticasone propionate hfa inhal aero 44 mcg/act* | QL (2 inhalers / 30 days) |
| ***STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD*** | |
| ADVAIR HFA AER 45/21 | QL (1 inhaler / 30 days) |
| ADVAIR HFA AER 115/21 | QL (1 inhaler / 30 days) |
| ADVAIR HFA AER 230/21 | QL (1 inhaler / 30 days) |
| AIRSUPRA AER 90-80MCG | QL (3 inhalers / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| BREO ELLIPTA INH 50-25MCG | QL (60 blisters / 30 days) |
| BREO ELLIPTA INH 100-25 | QL (60 blisters / 30 days) |
| BREO ELLIPTA INH 200-25 | QL (60 blisters / 30 days) |
| *breyna* | QL (3 inhalers / 30 days) |
| *budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act* | QL (3 inhalers / 30 days) |
| *budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act* | 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) |
| *fluticasone-salmeterol aer powder ba 100-50 mcg/act* | QL (60 inhalations / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *fluticasone-salmeterol aer powder ba 250-50 mcg/act* | QL (60 inhalations / 30 days) |
| *fluticasone-salmeterol aer powder ba 500-50 mcg/act* | QL (60 inhalations / 30 days) |
| *wixela inhub* | QL (60 inhalations / 30 days) |

## TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

### *DERMATOLOGY, ACNE*

| | |
|---|---|
| *accutane* | PA |
| *amnesteem* | PA |
| *amnesteem cap 30mg* | PA |
| *benzoyl peroxide-erythromycin gel 5-3%* | QL (46.6 gm / 30 days) |
| *claravis* | PA |
| *clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%* | QL (45 gm / 30 days) |
| *clindamycin phosphate gel 1% (once-daily)* | QL (75 mL / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *clindamycin phosphate lotion 1%* | QL (60 mL / 30 days) |
| *clindamycin phosphate soln 1%* | QL (60 mL / 30 days) |
| *ery* | QL (60 pledgets / 30 days) |
| *erythromycin gel 2%* | QL (60 gm / 30 days) |
| *erythromycin soln 2%* | QL (60 mL / 30 days) |
| *isotretinoin cap 10 mg* | PA |
| *isotretinoin cap 20 mg* | PA |
| *isotretinoin cap 30 mg* | PA |
| *isotretinoin cap 40 mg* | PA |
| *neuac gel 1.2-5%* | QL (45 gm / 30 days) |
| *sulfacetamide sodium lotion 10% (acne)* | QL (118 mL / 30 days) |
| *tretinoin cream 0.1%* | QL (45 gm / 30 days), PA |
| *tretinoin cream 0.05%* | QL (45 gm / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *tretinoin cream 0.025%* | QL (45 gm / 30 days), PA |
| *tretinoin gel 0.01%* | QL (45 gm / 30 days), PA |
| *tretinoin gel 0.025%* | QL (45 gm / 30 days), PA |
| *twice-daily clindamycin phosphate (topical)* | QL (60 gm / 30 days) |
| *zenatane* | PA |
| ***DERMATOLOGY, ANTIBIOTICS*** | |
| *gentamicin sulfate cream 0.1%* | QL (30 gm / 30 days) |
| *gentamicin sulfate oint 0.1%* | QL (30 gm / 30 days) |
| *mupirocin oint 2%* | QL (220 gm / 30 days) |
| *silver sulfadiazine cream 1%* | |
| *ssd* | |
| SULFAMYLON CRE 85MG/GM | QL (453.6 gm / 30 days) |
| ***DERMATOLOGY, ANTIFUNGALS*** | |
| *ciclopirox olamine cream 0.77% (base equiv)* | QL (90 gm / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *ciclopirox olamine susp 0.77% (base equiv)* | QL (60 mL / 30 days) |
| *ciclopirox shampoo 1%* | QL (120 mL / 30 days) |
| *clotrimazole cream 1%* | QL (45 gm / 30 days) |
| *clotrimazole soln 1%* | QL (60 mL / 30 days) |
| *clotrimazole w/ betamethasone cream 1-0.05%* | QL (45 gm / 30 days) |
| *econazole nitrate cream 1%* | QL (85 gm / 30 days) |
| *ketoconazole cream 2%* | QL (60 gm / 30 days) |
| *ketoconazole shampoo 2%* | QL (120 mL / 30 days) |
| *klayesta* | QL (60 gm / 30 days) |
| *nyamyc* | QL (60 gm / 30 days) |
| *nystatin cream 100000 unit/gm* | QL (30 gm / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *nystatin oint 100000 unit/gm* | QL (30 gm / 30 days) |
| *nystatin topical powder 100000 unit/gm* | QL (60 gm / 30 days) |
| *nystop* | QL (60 gm / 30 days) |
| *selenium sulfide lotion 2.5%* | |
| ***DERMATOLOGY, ANTIPSORIATICS*** | |
| *acitretin cap 10 mg* | PA |
| *acitretin cap 17.5 mg* | PA |
| *acitretin cap 25 mg* | PA |
| *calcipotriene cream 0.005%* | QL (120 gm / 30 days), PA |
| *calcipotriene oint 0.005%* | QL (120 gm / 30 days), PA |
| *calcipotriene soln 0.005% (50 mcg/ml)* | QL (120 mL / 30 days), PA |
| *calcitrene* | QL (120 gm / 30 days), PA |
| ENSTILAR AER | QL (120 gm / 30 days), PA |
| *tazarotene cream 0.1%* | QL (60 gm / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *tazarotene cream 0.05%* | QL (60 gm / 30 days), PA |
| ***DERMATOLOGY, CORTICOSTEROIDS*** | |
| *ala-cort* | |
| *alclometasone dipropionate cream 0.05%* | QL (60 gm / 30 days) |
| *alclometasone dipropionate oint 0.05%* | QL (60 gm / 30 days) |
| *betamethasone dipropionate augmented cream 0.05%* | QL (120 gm / 30 days) |
| *betamethasone dipropionate augmented gel 0.05%* | QL (120 gm / 30 days) |
| *betamethasone dipropionate augmented lotion 0.05%* | QL (120 mL / 30 days) |
| *betamethasone dipropionate augmented oint 0.05%* | QL (120 gm / 30 days) |
| *betamethasone dipropionate cream 0.05%* | QL (120 gm / 30 days) |
| *betamethasone dipropionate lotion 0.05%* | QL (120 mL / 30 days) |
| *betamethasone dipropionate oint 0.05%* | QL (120 gm / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *betamethasone valerate cream 0.1% (base equivalent)* | QL (120 gm / 30 days) |
| *betamethasone valerate lotion 0.1% (base equivalent)* | QL (120 mL / 30 days) |
| *betamethasone valerate oint 0.1% (base equivalent)* | QL (120 gm / 30 days) |
| *clobetasol propionate cream 0.05%* | QL (120 gm / 30 days) |
| *clobetasol propionate e* | QL (120 gm / 30 days) |
| *clobetasol propionate gel 0.05%* | QL (120 gm / 30 days) |
| *clobetasol propionate oint 0.05%* | QL (120 gm / 30 days) |
| *clobetasol propionate shampoo 0.05%* | QL (236 mL / 30 days) |
| *clobetasol propionate soln 0.05%* | QL (100 mL / 30 days) |
| *clodan* | QL (236 mL / 30 days) |
| *fluocinolone acetonide cream 0.01%* | QL (60 gm / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *fluocinolone acetonide cream 0.025%* | QL (120 gm / 30 days) |
| *fluocinolone acetonide oil 0.01% (body oil)* | QL (118.28 mL / 30 days) |
| *fluocinolone acetonide oil 0.01% (scalp oil)* | QL (118.28 mL / 30 days) |
| *fluocinolone acetonide oint 0.025%* | QL (120 gm / 30 days) |
| *fluocinolone acetonide soln 0.01%* | QL (60 mL / 30 days) |
| *fluocinonide cream 0.1%* | QL (120 gm / 30 days) |
| *fluocinonide cream 0.05%* | QL (120 gm / 30 days) |
| *fluocinonide emulsified base cream 0.05%* | QL (120 gm / 30 days) |
| *fluocinonide gel 0.05%* | QL (60 gm / 30 days) |
| *fluocinonide oint 0.05%* | QL (60 gm / 30 days) |
| *fluocinonide soln 0.05%* | QL (60 mL / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *fluticasone propionate cream 0.05%* | |
| *fluticasone propionate oint 0.005%* | |
| *halobetasol propionate cream 0.05%* | QL (50 gm / 30 days) |
| *halobetasol propionate oint 0.05%* | QL (50 gm / 30 days) |
| *hydrocortisone cream 1%* | |
| *hydrocortisone cream 2.5%* | |
| *hydrocortisone lotion 2.5%* | |
| *hydrocortisone oint 1%* | QL (30 gm / 30 days) |
| *hydrocortisone oint 2.5%* | |
| *hydrocortisone valerate cream 0.2%* | QL (60 gm / 30 days) |
| *mometasone furoate cream 0.1%* | |
| *mometasone furoate oint 0.1%* | |
| *mometasone furoate solution 0.1% (lotion)* | |
| *triamcinolone acetonide cream 0.1%* | QL (454 gm / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *triamcinolone acetonide cream 0.5%* | QL (454 gm / 30 days) |
| *triamcinolone acetonide cream 0.025%* | QL (454 gm / 30 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 |
| *lidocaine hcl soln 4%* | QL (50 mL / 30 days), PA |
| *lidocaine oint 5%* | QL (50 gm / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *lidocaine patch 5%* | QL (3 patches / 1 day), PA |
| *lidocaine-prilocaine cream 2.5-2.5%* | B/D, QL (30 gm / 30 days) |
| *lidocan* | QL (3 patches / 1 day), PA |
| *tridacaine ii* | QL (3 patches / 1 day), PA |
| ***DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE*** | |
| *bexarotene gel 1%* | QL (60 gm / 30 days), PA |
| *diclofenac sodium soln 1.5%* | QL (300 mL / 28 days) |
| EUCRISA OIN 2% | QL (120 gm / 30 days), PA |
| *fluorouracil cream 5%* | QL (40 gm / 30 days) |
| *fluorouracil soln 2%* | QL (10 mL / 30 days) |
| *fluorouracil soln 5%* | QL (10 mL / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *hydrocortisone perianal cream 1%* | |
| *hydrocortisone perianal cream 2.5%* | |
| *imiquimod cream 5%* | QL (24 packets / 30 days) |
| *lactic acid (ammonium lactate) cream 12%* | |
| *lactic acid (ammonium lactate) lotion 12%* | |
| *metronidazole cream 0.75%* | QL (45 gm / 30 days) |
| *metronidazole gel 0.75%* | QL (45 gm / 30 days) |
| *metronidazole lotion 0.75%* | QL (59 mL / 30 days) |
| *nitroglycerin oint 0.4%* | QL (30 gm / 30 days) |
| PANRETIN GEL 0.1% | QL (60 gm / 30 days), PA |
| *pimecrolimus cream 1%* | QL (100 gm / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *podofilox soln 0.5%* | QL (7 mL / 28 days) |
| *procto-med hc* | |
| *proctocort* | |
| *proctosol hc* | |
| *proctozone-hc* | |
| *tacrolimus oint 0.1%* | QL (100 gm / 30 days), PA |
| *tacrolimus oint 0.03%* | QL (100 gm / 30 days), PA |
| VALCHLOR GEL 0.016% | QL (60 gm / 30 days), PA |
| ***DERMATOLOGY, SCABICIDES AND PEDICULIDES*** | |
| *malathion lotion 0.5%* | QL (59 mL / 30 days) |
| *permethrin cream 5%* | QL (60 gm / 30 days) |
| ***DERMATOLOGY, WOUND CARE AGENTS*** | |
| SANTYL OIN 250/GM | QL (180 gm / 30 days), PA |
| *sodium chloride irrigation soln 0.9%* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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%* | |

# 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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# 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
*butenafine
*calamine lotion
*colloidal oatmeal
*hydrocortisone cream, lotion, ointment
*hydrophilic ointment
*lanolin
*petrolatum
*selenium sulfide
*vitamin A and D ointment
*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. 05/26)

*famotidine tablet

*Florastor (saccharomyces boulardii)
< 21 years

*glycerin

*lactase

*loperamide

*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

*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 06/01/2026.

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.

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