

CCA One Care (HMO D-SNP)

Lista de medicamentos cobertos 2026 (*Lista de Medicamentos* ou formulário)



ATENÇÃO: ESTE DOCUMENTO CONTÉM INFORMAÇÕES SOBRE OS MEDICAMENTOS QUE COBRIMOS NESTE PLANO

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06/01/2026.

Para mais informações ou outras dúvidas, entre em contato
pelo telefone 866-610-2273 (TTY 711), das 8 am às 8 pm,
7 dias por semana, ou acesse ccama.org.

Se você tiver dúvidas, ligue para o CCA One Care no
número 866-610-2273 (TTY 711), das 8 am às 8 pm,
7 dias por semana. A ligação é gratuita.



Para mais informações , visite ccama.org.

06/01/2026.

Introdução

Este documento é chamado de *Lista de Medicamentos Cobertos* (também conhecida como *Lista de Medicamentos*). Ela informa quais medicamentos e produtos não medicamentosos são cobertos pelo CCA One Care. A *Lista de Medicamentos* também informa se existem regras especiais ou restrições sobre quaisquer medicamentos cobertos pelo CCA One Care. Os termos principais e suas definições aparecem no último capítulo do Manual do Associado, também conhecido como Evidência de Cobertura.

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A. Avisos legais

Esta é uma lista de medicamentos que os associados podem obter no *CCA One Care*.

- ❖ CCA One Care (HMO D-SNP) é um plano de saúde que tem contrato tanto com o Medicare quanto com o MassHealth (Medicaid) para oferecer benefícios de ambos os programas aos beneficiários. A inscrição no plano depende da renovação do contrato do plano com o Medicare.
- ❖ Quando este documento usar “nós”, “nos” ou “nosso”, significa Commonwealth Care Alliance, Inc. Quando usar “plano” ou “nosso plano”, significa CCA One Care.
- ❖ No Commonwealth of Massachusetts, a Commonwealth Care Alliance, Inc. atua como Commonwealth Care Alliance Massachusetts (CCA).
- ❖ **Conscientização sobre recuperação de patrimônio:** O MassHealth (Medicaid) é obrigado por lei federal a recuperar dinheiro dos espólios de certos associados do MassHealth (Medicaid) que

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tenham 55 anos ou mais, ou de pessoas de qualquer idade que esteja recebendo cuidados de longo prazo em uma instituição de permanência longa para idosos ou outra instituição médica. Para obter mais informações sobre a recuperação de patrimônio do MassHealth (Medicaid), visite www.mass.gov/estaterecovery.

- ❖ A Lista de Medicamentos Cobertos pode mudar a qualquer momento. Você receberá um aviso sempre que necessário.
- ❖ Os benefícios podem mudar em 1º de janeiro de cada ano.
- ❖ Você pode sempre consultar a versão atualizada da *Lista de Medicamentos Cobertos* do CCA One Care online em ccama.org ou ligando para o Serviços ao Associado pelo número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. Essa ligação é gratuita.

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- ❖ Você pode obter este documento gratuitamente em outros formatos, como em letras grandes, braile ou áudio. Ligue para o Serviços ao Associado pelo número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. Essa ligação é gratuita.
- ❖ Este documento está disponível gratuitamente em outros idiomas.
- ❖ 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.
- ❖ Manteremos sua solicitação de formatos alternativos e linguagem especial registrada para futuras correspondências. Entre em contato com o Serviços ao Associado para alterar sua solicitação de idioma e/ou formato preferido.

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Aviso de não discriminação

A Commonwealth Care Alliance, Inc. cumpre as leis federais de direitos civis aplicáveis e não discrimina, exclui nem trata pessoas de forma diferente em razão de quadros clínicos, estado de saúde, recebimento de serviços de saúde, experiência com reivindicações, histórico médico, deficiência (incluindo deficiência comportamental), estado civil, idade, sexo (incluindo estereótipos sexuais e identidade de gênero), orientação sexual, nacionalidade, raça, cor, religião, credo, assistência pública ou local de residência. A Commonwealth Care Alliance, Inc.:

- Fornece auxílios e serviços gratuitos para pessoas com deficiência se comunicarem efetivamente conosco, como:
 - Oferece intérpretes qualificados de linguagem de sinais
 - Oferecer informações escritas em outros formatos (letras grandes, áudio, formatos eletrônicos acessíveis, outros formatos)
- Fornece serviços de idiomas gratuitos para pessoas cuja língua materna não seja o inglês, como:

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- Intérpretes qualificados
- Informações escritas em outros idiomas

Se precisar desses serviços, entre em contato com o Serviços ao Associado.

Se você acredita que a Commonwealth Care Alliance, Inc. deixou de fornecer esses serviços ou discriminou de outra forma em decorrência de quadro clínico, estado de saúde, recebimento de serviços de saúde, experiência com reivindicações, histórico médico, deficiência (incluindo deficiência comportamental), estado civil, idade, sexo (incluindo estereótipos sexuais e identidade de gênero), orientação sexual, nacionalidade, raça, cor, religião, credo, assistência pública ou local de residência, você pode registrar uma reclamação em:

Commonwealth Care Alliance, Inc.

Civil Rights Coordinator

30 Winter Street, 11th Floor

Boston, MA 02108

Telefone: 617-960-0474, ramal. 3932 (TTY 711) Fax:
857-453-4517

E-mail: civilrightscoordinator@commonwealthcare.org

Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita.



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Você pode registrar uma reclamação pessoalmente ou por correio, fax ou e-mail. Se precisar de ajuda para registrar uma queixa, o Coordenador de Direitos Civis está disponível para ajudar você.

Você também pode registrar uma reclamação de direitos civis no Department of Health and Human Services, Office for Civil Rights, eletronicamente por meio do Office for Civil Rights Complaint Portal, disponível em ocrportal.hhs.gov/ocr/portal/lobby.jsf, ou por correio ou telefone em:

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

Os formulários de reclamação estão disponíveis em www.hhs.gov/ocr/office/file/index.html.

Massachusetts 2026 ND

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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)。

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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).

French: Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles. Des aides et services auxiliaires permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-610-2273 (TTY : 711).

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

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.

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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।

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

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

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

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 કોલ કરો.

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

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

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

Notice of Availability 2026

B. Perguntas frequentes (FAQ)

Encontre aqui respostas para dúvidas que você tenha sobre esta *Lista de Medicamentos Cobertos (Lista de Medicamentos)*. Você pode ler todas as perguntas frequentes para saber mais ou procurar uma pergunta e resposta.

Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita.



Para mais informações , visite ccama.org.

B1. Quais medicamentos estão na *Lista de Medicamentos Cobertos?* (Chamamos a *Lista de Medicamentos Cobertos de Lista de Medicamentos*, para simplificar.)

Os medicamentos da *Lista de Medicamentos* que começa na **Seção C** são os medicamentos cobertos pelo CCA One Care. Os medicamentos estão disponíveis em farmácias dentro da nossa rede. Uma farmácia faz parte da nossa rede se tivermos um acordo com ela para trabalhar conosco e prestar serviços a você. Chamamos essas farmácias de “farmácias da rede”.

- O CCA One Care cobrirá todos os medicamentos clinicamente necessários da *Lista de Medicamentos* se:
 - o seu médico ou outro prescritor disser que você precisa deles para melhorar ou manter a saúde,
 - O CCA One Care concorda que o medicamento é clinicamente necessário para você, e

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- você preenche a prescrição em uma farmácia da rede CCA One Care.
- Em alguns casos, é necessário fazer algo antes de poder obter um medicamento. Consulte a pergunta B4 para mais informações.

Você também pode encontrar uma versão atualizada da lista de medicamentos que cobrimos em nosso site em ccama.org ou ligando para o Serviços ao Associado pelo número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana.

B2. A *Lista de Medicamentos* muda alguma vez?

Sim, e o CCA One Care deve seguir as regras do Medicare e do MassHealth (Medicaid) ao fazer alterações.

Podemos adicionar ou remover medicamentos da *Lista de Medicamentos* ao longo do ano.

Também podemos alterar nossas regras sobre medicamentos. Por exemplo, podemos:

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Para mais informações , visite ccama.org.

- Decidir exigir ou não exigir autorização prévia para um medicamento. (Autorização prévia é a permissão do CCA One Care antes de você poder obter um medicamento.)
- Adicionar ou alterar a quantidade de um medicamento que você pode receber (chamado de limite de quantidade).
- Adicionar ou alterar restrições de terapia sequencial em um medicamento. (Terapia sequencial significa que você deve tentar primeiro um medicamento antes que outro seja coberto.)

Para mais informações sobre essas regras, consulte a pergunta B4.

Se você estiver utilizando um medicamento que foi coberto no **início** do ano, em geral não removeremos ou mudaremos a cobertura desse medicamento **durante o restante do ano**, a menos que:

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- um novo medicamento mais barato chegue ao mercado e funcione tão bem quanto um medicamento da *Lista de Medicamentos* atual, **ou**
- descobramos que um medicamento não é seguro, **ou**
- um medicamento seja retirado do mercado.

As perguntas B3 e B6 abaixo trazem mais informações sobre o que acontece quando a *Lista de Medicamentos* muda.

- Você pode sempre consultar a versão atualizada da *Lista de Medicamentos* do CCA One Care online em ccama.org. As atualizações da *Lista de Medicamentos* são publicadas mensalmente no site.
- Você também pode ligar para o Serviços ao Associado no 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana, para verificar a versão mais atual da *Lista de Medicamentos*.

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B3. O que acontece quando há uma alteração na *Lista de Medicamentos*?

Algumas mudanças na *Lista de Medicamentos* acontecerão **imediatamente**. Por exemplo:

- **Substituições de determinadas versões novas de medicamentos.** Podemos remover imediatamente medicamentos da *Lista de Medicamentos* se os substituirmos por determinadas novas versões desse medicamento, mas o seu custo para o novo medicamento permanecerá o mesmo. Quando adicionamos uma nova versão de um medicamento, também podemos decidir manter o medicamento de marca ou o produto biológico original na lista, mas alterar suas regras ou limites de cobertura.
 - Talvez não possamos avisá-lo antes de fazermos essa alteração, mas enviaremos informações sobre a mudança específica assim que ela acontecer.
 - Podemos fazer essas alterações apenas se o medicamento adicionado for:

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- uma versão nova genérica de um medicamento de marca, ou
- uma nova versão bioequivalente de produtos biológicos originais da *Lista de Medicamentos* (por exemplo, adicionar um bioequivalente intercambiável que pode substituir um produto biológico original sem a necessidade de uma nova prescrição).
- Alguns desses tipos de medicamentos podem ser novos para você. Para mais informações, consulte a **Seção B14**.
- Você ou seu médico podem solicitar uma exceção a essas alterações. Enviaremos um aviso com os passos que você pode seguir para solicitar uma exceção. Consulte as perguntas B10–B12 para mais informações sobre exceções.
- **Remoção de medicamentos inseguros e outros medicamentos retirados do mercado** Às vezes, um medicamento pode ser considerado inseguro ou retirado do mercado por outro motivo. Se isso

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acontecer, podemos removê-lo imediatamente da *Lista de Medicamentos*. Se você estiver usando esse medicamento, enviaremos um aviso após fazermos a alteração. O seu médico emitirá uma nova prescrição para substituir o medicamento que foi retirado do mercado.

Podemos fazer outras alterações que afetam os medicamentos que você usa Informaremos você com antecedência sobre essas outras alterações na *Lista de Medicamentos*. Essas alterações podem acontecer se:

- A FDA emitir novas orientações ou surgirem novas diretrizes clínicas sobre um medicamento.
- Removermos um medicamento de marca da *Lista de Medicamentos* ao adicionar um genérico que seja novo no mercado, ou
- Removermos um produto biológico original ao adicionar um biossimilar, ou
- Alterarmos as regras ou limites de cobertura para o medicamento de marca.

Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita.



Para mais informações , visite ccama.org.

Quando essas alterações acontecerem, nós:

- avisaremos você com pelo menos 30 dias de antecedência antes de fazermos a alteração na *Lista de Medicamentos*, **ou**
- informaremos você e forneceremos um suprimento de 31 dias do medicamento após você solicitar a renovação da receita.

Isso lhe dará tempo para conversar com seu médico ou outro profissional autorizado a prescrever. Eles podem ajudar você a decidir:

- se há um medicamento semelhante na *Lista de Medicamentos* que você pode usar em substituição, **ou**
- se deve solicitar uma exceção para essas alterações. Para saber mais sobre exceções, consulte as perguntas B10-B12.

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Para mais informações , visite ccama.org.

B4. Existem restrições ou limites na cobertura de medicamentos ou alguma ação necessária para obter determinados medicamentos?

Sim, alguns medicamentos têm regras de cobertura ou limites na quantidade que você pode receber. Em alguns casos, você ou seu médico (ou outro profissional autorizado a prescrever) devem tomar alguma medida antes que você possa obter o medicamento. Por exemplo:

- **Autorização prévia:** para alguns medicamentos, você, seu médico ou outro profissional autorizado a prescrever devem obter autorização do CCA One Care antes de retirar a prescrição. A autorização prévia é diferente de um encaminhamento. O CCA One Care pode não cobrir o medicamento se você não obtiver a autorização prévia.
- **Limites de quantidade:** às vezes, o CCA One Care limita a quantidade de um medicamento que você pode receber.

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- **Terapia sequencial:** às vezes, o CCA One Care exige que você faça terapia sequencial. Isso significa que você terá que usar certos medicamentos em uma ordem específica para tratar sua condição médica. Pode ser necessário iniciar o tratamento com um medicamento antes que o plano cubra outro. Se o seu médico considerar que o primeiro medicamento não funciona para você, então cobriremos o segundo.
- **Cobertura baseada em indicação:** se o CCA One Care cobre um medicamento apenas para determinadas condições médicas, isso será claramente indicado na *Lista de Medicamentos*, junto com as condições médicas específicas que estão incluídas

Você pode verificar se o seu medicamento possui requisitos ou limites adicionais consultando as tabelas na **Seção C**. Também pode obter mais informações acessando o nosso site em ccama.org. Disponibilizamos documentos online que explicam nossa política de autorização prévia e as restrições

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de terapia sequencial. Você também pode solicitar que enviemos uma cópia.

Você pode solicitar uma exceção a esses limites. Isso lhe dará tempo para conversar com seu médico ou outro profissional autorizado a prescrever. Eles podem ajudar você a decidir se há um medicamento semelhante na *Lista de Medicamentos* que possa ser utilizado em substituição ou se é o caso de solicitar uma exceção. Consulte as perguntas B10-B12 para obter mais informações sobre as exceções.

B5. Como saberei se o medicamento que quero tem limitações ou se existem ações necessárias para obtê-lo?

A tabela na seção intitulada “Lista de Medicamentos por Condição Médica” tem uma coluna chamada “Ações necessárias, restrições ou limites de uso”.

Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita.



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B6. O que acontece se o CCA One Care mudar suas regras sobre como cobre alguns medicamentos (por exemplo, autorização prévia, limites de quantidade e/ou restrições de terapia sequencial)?

Em alguns casos, informaremos você com antecedência se adicionarmos ou alterarmos exigências de autorização prévia, limites de quantidade e/ou restrições de terapia sequencial para um medicamento. Consulte a pergunta B3 para mais informações sobre este aviso prévio e as situações em que talvez não seja possível avisar com antecedência quando nossas regras sobre medicamentos da *Lista de Medicamentos* mudarem.

B7. Como posso encontrar um medicamento na *Lista de Medicamentos* ?

Existem duas maneiras de encontrar um medicamento:

- você pode pesquisar em ordem alfabética, **ou**
- você pode pesquisar por condição médica.

Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita.



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Para pesquisar **em ordem alfabética**, procure seu medicamento na seção Índice de Medicamentos Cobertos. Você pode encontrá-lo na **Seção D**. O Índice de Medicamentos Cobertos é uma lista alfabética de todos os medicamentos incluídos na *Lista de Medicamentos*. Os medicamentos de marca e os genéricos estão listados no índice.

Para pesquisar por condição médica, encontre a **Seção C** denominada “Lista de Medicamentos por Condição Médica”. Os medicamentos desta seção estão agrupados em categorias de acordo com o tipo de condição médica para a qual são usados no tratamento. Por exemplo, se você tiver uma condição cardíaca, deverá procurar na categoria Agentes Cardiovasculares. É lá que você encontrará medicamentos usados para tratar condições cardíacas.

B8. E se o medicamento que desejo tomar não estiver na *Lista de Medicamentos* ?

Se você não encontrar seu medicamento na *Lista de Medicamentos*, ligue para o Serviços ao Associado pelo número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias

Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita.



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por semana, e pergunte sobre ele. Se você souber que o CCA One Care não irá cobrir o medicamento, pode fazer uma destas coisas:

- Solicitar ao Serviços ao Associado uma lista de medicamentos semelhantes ao que você deseja usar. Em seguida, mostrar essa lista ao seu médico ou outro profissional de saúde habilitado para prescrever. Eles podem prescrever um medicamento da *Lista de Medicamentos* semelhante ao que você gostaria de utilizar. **Ou**
- Solicitar ao CCA One Care que abra uma exceção para cobrir o seu medicamento. Consulte as perguntas B10-B12 para obter mais informações sobre as exceções.

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B9. E se eu for um novo associado do CCA One Care e não encontrar meu medicamento na *Lista de Medicamentos* ou tiver problemas para consegui-lo?

Nós podemos ajudar. Podemos cobrir temporariamente um fornecimento de até 31 dias do seu medicamento durante os primeiros 90 dias em que você for associado do CCA One Care. Isso lhe dará tempo para conversar com seu médico ou outro profissional autorizado a prescrever. Eles podem ajudar você a decidir se há um medicamento semelhante na *Lista de Medicamentos* que possa ser utilizado em substituição ou se é o caso de solicitar uma exceção.

Se a sua receita médica for emitida para um período menor, permitiremos múltiplos fornecimentos até atingir o máximo de 31 dias de tratamento.

Cobriremos temporariamente um fornecimento de até 31 dias do seu medicamento se:

- você estiver utilizando um medicamento que não está na *Lista de Medicamentos*, **ou**

Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita.

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- as regras do plano não permitirem que você receba a quantidade solicitada pelo seu médico ou profissional de saúde habilitado para prescrever, **ou**
- o medicamento exigir autorização prévia do CCA One Care, **ou**
- você estiver utilizando um medicamento sujeito a restrição de terapia sequencial.

Se você estiver utilizando um medicamento coberto que o CCA One Care não considera parte da cobertura da Parte D, você terá direito a um fornecimento único de 72 horas do medicamento. Se a farmácia não conseguir cobrar o CCA One Care por esse fornecimento único, o MassHealth (Medicaid) arcará com o custo.

Se você estiver em um lar de idosos ou outra instituição de cuidados de longa duração e precisar de um medicamento que não esteja na *Lista de Medicamentos* ou se não conseguir obter facilmente o medicamento de que precisa, nós podemos ajudar. Se você participa do plano há mais de 90 dias, vive em uma instituição de cuidados de longa duração e precisa de um fornecimento imediato:

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- Nós cobriremos um fornecimento para 31 dias do medicamento de que você precisa (a menos que tenha uma prescrição para um número inferior de dias), independentemente de você ser ou não um novo membro do CCA One Care.
- Isso se soma ao fornecimento temporário durante os primeiros 90 dias em que você é associado do CCA One Care.

Para os associados atuais com mudanças no nível de cuidados, o plano cobrirá um fornecimento emergencial de pelo menos 31 dias (a menos que a prescrição seja para menos dias) de todos os medicamentos que não estejam na Lista de Medicamentos, incluindo aqueles que possam ter exigências de terapia sequencial ou autorização prévia. Uma mudança não planejada no nível de cuidados pode incluir qualquer uma das seguintes situações:

- alta ou admissão em uma instituição de cuidados de longa duração
- alta ou admissão em um hospital, ou

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- mudança no nível de cuidados especializados em uma instituição de enfermagem

B10. Posso solicitar uma exceção para a cobertura do meu medicamento?

Sim. Você pode solicitar ao CCA One Care para abrir uma exceção para cobrir um medicamento que não esteja na *Lista de Medicamentos*.

Você também pode solicitar que sejam alteradas as regras aplicadas ao seu medicamento.

- Por exemplo, o CCA One Care pode limitar a quantidade de um medicamento que o plano cobrirá. Se o seu medicamento tiver um limite, você pode pedir para alterarmos esse limite e cobrir uma quantidade maior.
- Outros exemplos: você pode pedir para retirarmos as exigências de terapia sequencial ou de autorização prévia.

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Para mais informações , visite ccama.org.

B11. Como posso solicitar uma exceção?

Para pedir uma exceção, ligue para o *Serviços ao Associado*. Um representante do Serviços ao Associado trabalhará com você e com o seu profissional habilitado a prescrever para ajudar no pedido da exceção. Você também pode consultar o **Capítulo 9** do *Manual do Associado* para saber mais sobre as exceções.

B12. Quanto tempo demora para conseguir uma exceção?

Após recebermos uma declaração do seu profissional habilitado a prescrever apoiando o seu pedido de exceção, daremos uma resposta em até 72 horas.

Um associado, o profissional habilitado a prescrever do associado e/ou um representante designado (com consentimento por escrito) podem solicitar a exceção preenchendo o formulário de Solicitação de Determinação de Cobertura de Medicamento Prescrito, disponível em nosso site em ccama.org. O formulário pode ser enviado por correio ou fax:

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CVS Caremark Part D Appeals and Exceptions

PO Box 52000, MC109

Phoenix, AZ 85072-2000

Fax: 855-633-7673

Se você ou o seu profissional habilitado a prescrever acharem que sua saúde pode ser prejudicada caso precise esperar 72 horas por uma decisão, você pode solicitar uma exceção acelerada. Esta é uma decisão mais rápida. Se o seu profissional habilitado a prescrever apoiar o seu pedido, daremos uma decisão em até 24 horas após recebermos a declaração de apoio do prescritor.

B13. O que são medicamentos genéricos?

Os medicamentos genéricos são compostos pelos mesmos princípios ativos que os medicamentos de marca. Eles geralmente custam menos que os medicamentos de marca e funcionam da mesma forma. Eles você geralmente não têm nomes muito conhecidos. Os medicamentos genéricos são aprovados pela Food and Drug Administration (FDA). Existem medicamentos genéricos disponíveis para muitos medicamentos de marca. Os medicamentos genéricos

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geralmente podem ser substituídos pelos medicamentos de marca na farmácia sem a necessidade de uma nova prescrição, dependendo das leis estaduais.

O CCA One Care cobre tanto medicamentos de marca quanto medicamentos genéricos.

B14. O que são produtos biológicos originais e como eles se relacionam com os biossimilares?

Quando nos referimos a medicamentos, isso pode significar um medicamento ou um produto biológico. Os produtos biológicos são medicamentos mais complexos do que os medicamentos comuns. Como os produtos biológicos são mais complexos do que os medicamentos comuns, em vez de terem uma forma genérica, eles têm formas chamadas biossimilares. De modo geral, os biossimilares funcionam tão bem quanto o produto biológico original e podem custar menos. Existem alternativas biossimilares para alguns produtos biológicos originais. Alguns biossimilares são biossimilares intercambiáveis e, dependendo das leis

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estaduais, podem ser substituídos pelo produto biológico original na farmácia sem a necessidade de uma nova prescrição, assim como os medicamentos genéricos podem ser substituídos pelos medicamentos de marca.

Para mais informações sobre tipos de medicamentos, consulte o **Capítulo 5** do *Manual do Associado*.

B15. O que são medicamentos OTC?

OTC significa “over-the-counter” (medicamentos de venda livre). O CCA One Care cobre alguns medicamentos OTC quando forem prescritos pelo seu profissional de saúde.

Você pode consultar a *Lista de Medicamentos* do CCA One Care para saber quais medicamentos OTC são cobertos.

B16. O CCA One Care cobre produtos OTC que não sejam medicamentos?

O CCA One Care cobre alguns produtos OTC que não sejam medicamentos quando forem prescritos pelo seu profissional de saúde. Exemplos de produtos OTC que não são medicamentos incluem: gazes e curativos, swabs com álcool e determinadas agulhas/seringas.

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Para mais informações , visite ccama.org.

Você pode consultar a *Lista de Medicamentos* do CCA One Care para saber quais produtos OTC que não são medicamentos são cobertos.

B17. O CCA One Care cobre fornecimentos de longo prazo de medicamentos prescritos?

- **Programas de venda por correspondência.**
Oferecemos um programa de venda por correspondência que permite a você receber até 100 dias de fornecimento dos seus medicamentos, entregues diretamente em sua casa. Não há copagamento para medicamentos obtidos por correspondência. Os medicamentos especializados têm limite de fornecimento de até 31 dias.
- **Programas de farmácias de varejo com fornecimento para 100 dias.** Algumas farmácias de varejo também podem oferecer até 100 dias de fornecimento de medicamentos cobertos. Não há copagamento para medicamentos adquiridos em farmácias de varejo. Os medicamentos especializados têm limite de fornecimento de até 31 dias.

Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita.



Para mais informações , visite ccama.org.

B18. Posso receber medicamentos prescritos em casa de minha farmácia local?

A sua farmácia local pode entregar suas prescrições diretamente em sua casa. Você pode ligar para a farmácia para descobrir se eles oferecem entrega a domicílio.

B19. Qual é o meu copagamento?

Os associados do CCA One Care não têm copagamento para medicamentos prescritos e medicamentos OTC, desde que sigam as regras do plano. Consulte as perguntas B15 e B16 para mais informações sobre medicamentos OTC e produtos que não sejam medicamentos.

Os níveis são grupos de medicamentos dentro da *Lista de Medicamentos*.

Todos os medicamentos da Lista de Medicamentos do plano estão no nível 1. Você não terá copagamento para medicamentos prescritos e medicamentos OTC incluídos na Lista de Medicamentos do CCA One Care. Para localizar seus medicamentos, consulte a Lista de Medicamentos.

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O nível 1 inclui tanto medicamentos da parte D quanto medicamentos não cobertos pelo Medicare, e/ou medicamentos OTC não cobertos pelo Medicare.

Se tiver dúvidas, ligue para o Serviços ao Associado no telefone 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana.

C. Visão geral da *Lista de Medicamentos Cobertos*

A *Lista de Medicamentos Cobertos* fornece informações sobre os medicamentos cobertos pelo CCA One Care. Se tiver dificuldade em encontrar seu medicamento na lista, consulte o Índice de Medicamentos Cobertos, que começa na **Seção D**. Esse índice apresenta, em ordem alfabética, todos os medicamentos cobertos pelo CCA One Care.

Observação: O asterisco (*) ao lado de um medicamento significa que ele não é um “medicamento da Parte D”. Esses medicamentos têm regras diferentes para recursos.

Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita.



Para mais informações, visite ccama.org.

- Um recurso é a forma oficial de pedir que revisemos uma decisão tomada sobre a sua cobertura e de solicitar alteração caso você ache que houve um erro.
- Por exemplo, podemos decidir que um medicamento que você deseja não é coberto ou deixou de ser coberto pelo Medicare ou pelo MassHealth (Medicaid).
- Se você ou o seu profissional habilitado a prescrever discordarem da nossa decisão, é possível apresentar um recurso. Se tiver alguma dúvida, ligue para o Serviços ao Associado no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana, *ou* utilize os números indicados no rodapé deste documento.
- Você também pode consultar o **Capítulo 9** do *Manual do Associado* para saber como apresentar um recurso.

Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita.



Para mais informações , visite ccama.org.

C1. Lista de Medicamentos por Condição Médica

Os medicamentos desta seção estão agrupados em categorias de acordo com o tipo de condição médica para a qual são usados no tratamento. Por exemplo, se você tiver uma condição cardíaca, deve procurar na categoria agentes cardiovasculares. É lá que você encontrará medicamentos usados para tratar condições cardíacas.

Aqui estão os significados dos códigos usados na coluna “Ações necessárias, restrições ou limites de uso”:

PA = Autorização prévia: você deve obter autorização do plano antes de poder ter acesso a esse medicamento.

ST = Terapia sequencial: você deve tentar outro medicamento antes de poder receber este.

QL= Limite de quantidade. Às vezes, o CCA One Care limita a quantidade de um medicamento que você pode receber.

NDS = Fornecimento não estendido. Você pode ter direito a receber mais do que o fornecimento de 1 mês da maioria dos medicamentos incluídos na sua *Lista de Medicamentos* por meio de farmácia de varejo ou de correspondência. Os

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medicamentos marcados com “NDS” estão limitados a um fornecimento de 1 mês, tanto em farmácias de varejo quanto em farmácias por correspondência.

B/D = Este medicamento pode ser elegível para cobertura pelo Medicare Parte B ou Medicare Parte D. Você ou o seu profissional habilitado a prescrever devem obter uma autorização prévia do CCA One Care para determinar se esse medicamento será coberto pelo Medicare Parte D antes de preencher a sua receita. Sem autorização prévia, o CCA pode não cobrir esse medicamento. PA_BVD não se aplica a associados somente do Medicaid.

Asterisco (*) = Indica medicamentos que não fazem parte da Parte D

A primeira coluna da tabela apresenta o nome do medicamento. Os medicamentos genéricos são listados em itálico e em letras minúsculas (por exemplo, *valsartan*). Já os medicamentos de marca são listados em letras maiúsculas (por exemplo, MYRBETRIQ). As informações na coluna “Ações necessárias, restrições ou limites de uso” indicam se o CCA One Care possui alguma regra de cobertura para o seu medicamento.

Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita.



Para mais informações, visite ccama.org.

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

B/D

free (pf) inj 0.5%

lidocaine hcl local preservative

B/D

free (pf) inj 1%

lidocaine hcl local preservative

B/D

free (pf) inj 1.5%

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

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

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

etodolac tab 400 mg

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 QL (4 patches /
5 mcg/hr 28 days), PA

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-INFECTIVES - MISCELLANEOUS

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

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

clindamycin hcl cap 150 mg

clindamycin hcl cap 300 mg

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

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

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

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

*clindamycin phosphate inj 300
mg/2ml*

*clindamycin phosphate inj 600
mg/4ml*

*clindamycin phosphate inj 900
mg/6ml*

CLINDMYC/NAC INJ 300/50ML

CLINDMYC/NAC INJ 600/50ML

CLINDMYC/NAC INJ 900/50ML

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

dapsone tab 25 mg

dapsone tab 100 mg

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>daptomycin for iv soln 350 mg</i>	
<i>daptomycin for iv soln 500 mg</i>	
DAPTOMYCIN INJ 350MG	
EMVERM CHW 100MG	QL (12 tabs / year)
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	
<i>fosfomicin tromethamine powd pack 3 gm (base equivalent)</i>	
<i>gentamicin in saline inj 0.8 mg/ml</i>	
<i>gentamicin in saline inj 1 mg/ml</i>	
<i>gentamicin in saline inj 1.2 mg/ml</i>	
<i>gentamicin in saline inj 1.6 mg/ml</i>	
<i>gentamicin in saline inj 2 mg/ml</i>	
<i>gentamicin sulfate inj 10 mg/ml</i>	

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

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

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

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

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

*sulfamethoxazole-trimethoprim
tab 400-80 mg*

*sulfamethoxazole-trimethoprim
tab 800-160 mg*

tinidazole tab 250 mg

tinidazole tab 500 mg

TOBI PODHALR CAP 28MG PA

*tobramycin nebu soln 300
mg/5ml* PA

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

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

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

trimethoprim tab 100 mg

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

<i>amphotericin b for iv soln 50 mg</i>	B/D
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<i>amphotericin b liposome iv for susp 50 mg</i>	B/D
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<i>casprofungin acetate for iv soln 50 mg</i>	
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<i>casprofungin acetate for iv soln 70 mg</i>	
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CRESEMBA CAP 74.5MG	PA
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CRESEMBA CAP 186MG	PA
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<i>fluconazole for susp 10 mg/ml</i>	
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<i>fluconazole for susp 40 mg/ml</i>	
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<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	
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<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	
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<i>fluconazole tab 50 mg</i>	
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<i>fluconazole tab 100 mg</i>	
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<i>fluconazole tab 150 mg</i>	
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<i>fluconazole tab 200 mg</i>	
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<i>flucytosine cap 250 mg</i>	PA
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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>flucytosine cap 500 mg</i>	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	
<i>griseofulvin microsize tab 500 mg</i>	
<i>griseofulvin ultramicrosize tab 125 mg</i>	
<i>griseofulvin ultramicrosize tab 250 mg</i>	
<i>itraconazole cap 100 mg</i>	QL (120 caps / 30 days)
<i>ketoconazole tab 200 mg</i>	PA
<i>micafungin sodium for iv soln 50 mg</i>	
<i>micafungin sodium for iv soln 100 mg</i>	
<i>nystatin tab 500000 unit</i>	
<i>posaconazole tab delayed release 100 mg</i>	QL (93 tabs / 30 days), PA

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

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

*voriconazole for inj 200 mg*PA

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

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

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

**ANTIMALARIALS - DRUGS TO TREAT
MALARIA**

atovaquone-proguanil hcl tab 62.5-25 mg

atovaquone-proguanil hcl tab 250-100 mg

chloroquine phosphate tab 250 mg

chloroquine phosphate tab 500 mg

COARTEM TAB 20-120MG

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

mefloquine hcl tab 250 mg

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

PRIMAQUINE TAB 26.3MG

quinine sulfate cap 324 mg PA

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

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

*abacavir sulfate tab 300 mg
(base equiv)*

APTIVUS CAP 250MG

*atazanavir sulfate cap 150 mg
(base equiv)*

*atazanavir sulfate cap 200 mg
(base equiv)*

*atazanavir sulfate cap 300 mg
(base equiv)*

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

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

EDURANT PED TAB 2.5MG

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

EDURANT TAB 25MG

efavirenz tab 600 mg

emtricitabine caps 200 mg

EMTRIVA SOL 10MG/ML

etravirine tab 100 mg

etravirine tab 200 mg

*fosamprenavir calcium tab 700
mg (base equiv)*

INTELENCE TAB 25MG

ISENTRESS CHW 25MG

ISENTRESS CHW 100MG

ISENTRESS HD TAB 600MG

ISENTRESS POW 100MG

ISENTRESS TAB 400MG

lamivudine oral soln 10 mg/ml

lamivudine tab 150 mg

lamivudine tab 300 mg

maraviroc tab 150 mg

maraviroc tab 300 mg

nevirapine susp 50 mg/5ml

nevirapine tab 200 mg

nevirapine tab er 24hr 400 mg

NORVIR POW 100MG

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PIFELTRO TAB 100MG	
PREZISTA SUS 100MG/ML	QL (400 mL / 30 days)
PREZISTA TAB 75MG	QL (480 tabs / 30 days)
PREZISTA TAB 150MG	QL (240 tabs / 30 days)
REYATAZ POW 50MG	
<i>rilpivirine hcl tab 25 mg (base equivalent)</i>	
<i>ritonavir tab 100 mg</i>	
RUKOBIA TAB 600MG ER	
SELZENTRY SOL 20MG/ML	
SUNLENCA TAB 300MG	
<i>tenofovir disoproxil fumarate tab 300 mg</i>	
TIVICAY PD TAB 5MG	
TIVICAY TAB 50MG	
TROGARZO INJ 150MG/ML	
TYBOST TAB 150MG	
VIRACEPT TAB 250MG	
VIRACEPT TAB 625MG	
VIREAD POW 40MG/GM	

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
<i>ganciclovir sodium for inj 500 mg</i>	B/D
<i>lamivudine tab 100 mg (hbv)</i>	
LIVTENCITY TAB 200MG	QL (336 tabs / 28 days), PA
MAVYRET PAK 50-20MG	PA
MAVYRET TAB 100-40MG	PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	QL (84 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	QL (1080 mL / year)
PAXLOVID PAK	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	QL (60 tabs / 90 days)
PEGASYS INJ	PA
PEGASYS INJ 180MCG/M	PA

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)
<i>ribavirin cap 200 mg</i>	
<i>ribavirin tab 200 mg</i>	
<i>rimantadine hydrochloride tab 100 mg</i>	
<i>valacyclovir hcl tab 1 gm</i>	
<i>valacyclovir hcl tab 500 mg</i>	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	
VOSEVI TAB	PA
XOFLUZA TAB 40MG	QL (1 tab / 180 days)
XOFLUZA TAB 80MG	QL (1 tab / 180 days)

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
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NUZYRA INJ 100MG	
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NUZYRA TAB 150MG	
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QL (30 tabs / 14 days)

<i>tetracycline hcl cap 250 mg</i>	
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<i>tetracycline hcl cap 500 mg</i>	
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<i>tigecycline for iv soln 50 mg</i>	
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ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

BENDAMUSTINE SOL 100/4ML	B/D
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BENDEKA INJ 100/4ML	B/D
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<i>carboplatin iv soln 50 mg/5ml</i>	B/D
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<i>carboplatin iv soln 150 mg/15ml</i>	B/D
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<i>carboplatin iv soln 450 mg/45ml</i>	B/D
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<i>carboplatin iv soln 600 mg/60ml</i>	B/D
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<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	B/D
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<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	B/D
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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	B/D
CYCLOPHOSPH INJ 1GM/2ML	B/D
CYCLOPHOSPH INJ 1GM/5ML	B/D
CYCLOPHOSPH INJ 2GM/4ML	B/D
CYCLOPHOSPH INJ 500/5ML	B/D
CYCLOPHOSPH INJ 500MG/ML	B/D
CYCLOPHOSPH INJ 1000MG	B/D
CYCLOPHOSPH INJ 2000MG	B/D
CYCLOPHOSPH TAB 25MG	B/D
CYCLOPHOSPH TAB 50MG	B/D
CYCLOPHOSPHA INJ 2GM/10ML	B/D
CYCLOPHOSPHA INJ 500/2.5	B/D
<i>cyclophosphamide cap 25 mg</i>	B/D
<i>cyclophosphamide cap 50 mg</i>	B/D
<i>cyclophosphamide for inj 1 gm</i>	B/D
<i>cyclophosphamide for inj 2 gm</i>	B/D
<i>cyclophosphamide for inj 500 mg</i>	B/D
<i>cyclophosphamide iv soln 1 gm/5ml (200 mg/ml)</i>	B/D
FRINDOVYX INJ 1GM/2ML	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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FRINDOVYX INJ 2GM/4ML	B/D
FRINDOVYX INJ 500MG/ML	B/D
GLEOSTINE CAP 10MG	
GLEOSTINE CAP 40MG	
GLEOSTINE CAP 100MG	
LEUKERAN TAB 2MG	PA
<i>lomustine cap 10 mg</i>	
<i>lomustine cap 40 mg</i>	
<i>lomustine cap 100 mg</i>	
<i>oxaliplatin for iv inj 50 mg</i>	B/D
<i>oxaliplatin for iv inj 100 mg</i>	B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	B/D
<i>oxaliplatin iv soln 200 mg/40ml</i>	B/D
VIVIMUSTA INJ 100/4ML	B/D

ANTIMETABOLITES

<i>azacitidine for inj 100 mg</i>	B/D
<i>cytarabine inj 20 mg/ml</i>	B/D
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	B/D

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	B/D
<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	B/D
<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	B/D
TABLOID TAB 40MG	PA

HORMONAL ANTINEOPLASTIC AGENTS

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

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	
<i>exemestane tab 25 mg</i>	
FIRMAGON INJ 80MG	PA
FIRMAGON INJ 120MG	PA
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	B/D
INLURIYO TAB 200MG	QL (56 tabs / 28 days), PA
<i>letrozole tab 2.5 mg</i>	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	PA
LUPRON DEPOT INJ 3.75MG	PA
LUPRON DEPOT INJ 11.25MG	PA
LYSODREN TAB 500MG	
<i>megestrol acetate tab 20 mg</i>	
<i>megestrol acetate tab 40 mg</i>	
<i>nilutamide tab 150 mg</i>	

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	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	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***

<i>lenalidomide cap 5 mg</i>	QL (28 caps / 28 days), PA
<i>lenalidomide cap 10 mg</i>	QL (28 caps / 28 days), PA
<i>lenalidomide cap 15 mg</i>	QL (28 caps / 28 days), PA
<i>lenalidomide cap 20 mg</i>	QL (21 caps / 28 days), PA
<i>lenalidomide cap 25 mg</i>	QL (21 caps / 28 days), PA
<i>lenalidomide caps 2.5 mg</i>	QL (28 caps / 28 days), PA
<i>pomalidomide cap 1 mg</i>	QL (21 caps / 28 days), PA
<i>pomalidomide cap 2 mg</i>	QL (21 caps / 28 days), PA
<i>pomalidomide cap 3 mg</i>	QL (21 caps / 28 days), PA
<i>pomalidomide cap 4 mg</i>	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
<i>bexarotene cap 75 mg</i>	QL (300 caps / 30 days), PA
<i>doxorubicin hcl inj 2 mg/ml</i>	B/D
<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i>	B/D
<i>hydroxyurea cap 500 mg</i>	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	B/D

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>mesna tab 400 mg</i>	
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MODEYSO CAP 125MG	QL (20 caps / 28 days), PA
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<i>tretinoin cap 10 mg</i>	
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WELIREG TAB 40MG	QL (90 tabs / 30 days), PA
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MITOTIC INHIBITORS

<i>docetaxel for inj conc 20 mg/ml</i>	B/D
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<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	B/D
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<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	B/D
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DOCETAXEL INJ 20MG/2ML	B/D
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DOCETAXEL INJ 80MG/4ML	B/D
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DOCETAXEL INJ 80MG/8ML	B/D
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DOCETAXEL INJ 160/8ML	B/D
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DOCETAXEL INJ 160/16ML	B/D
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<i>docetaxel soln for iv infusion 20 mg/2ml</i>	B/D
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<i>docetaxel soln for iv infusion 80 mg/8ml</i>	B/D
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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	B/D
DOCIVYX INJ 20MG/2ML	B/D
DOCIVYX INJ 80MG/8ML	B/D
DOCIVYX INJ 160/16ML	B/D
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	B/D
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	B/D
<i>paclitaxel inj 100mg</i>	B/D
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	B/D
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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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
<i>bortezomib for inj 3.5 mg</i>	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
<i>dasatinib tab 20 mg</i>	QL (90 tabs / 30 days), PA
<i>dasatinib tab 50 mg</i>	QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>dasatinib tab 70 mg</i>	QL (30 tabs / 30 days), PA
<i>dasatinib tab 80 mg</i>	QL (30 tabs / 30 days), PA
<i>dasatinib tab 100 mg</i>	QL (30 tabs / 30 days), PA
<i>dasatinib tab 140 mg</i>	QL (30 tabs / 30 days), PA
DAURISMO TAB 25MG	QL (60 tabs / 30 days), PA
DAURISMO TAB 100MG	QL (30 tabs / 30 days), PA
ENSACOVE CAP 25MG	QL (270 caps / 30 days), PA
ENSACOVE CAP 100MG	QL (60 caps / 30 days), PA
ERIVEDGE CAP 150MG	QL (30 caps / 30 days), PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	QL (90 tabs / 30 days), PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab 2.5 mg</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab 5 mg</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab 7.5 mg</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab 10 mg</i>	QL (30 tabs / 30 days), PA
<i>everolimus tab for oral susp 2 mg</i>	QL (60 tabs / 30 days), PA
<i>everolimus tab for oral susp 3 mg</i>	QL (90 tabs / 30 days), PA
<i>everolimus tab for oral susp 5 mg</i>	QL (60 tabs / 30 days), PA
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
<i>gefitinib tab 250 mg</i>	QL (60 tabs / 30 days), PA
GILOTRIF TAB 20MG	QL (30 tabs / 30 days), PA
GILOTRIF TAB 30MG	QL (30 tabs / 30 days), PA
GILOTRIF TAB 40MG	QL (30 tabs / 30 days), PA
GOMEKLI CAP 1MG	QL (168 caps / 28 days), PA
GOMEKLI CAP 2MG	QL (84 caps / 28 days), PA
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
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	QL (90 tabs / 30 days), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	QL (60 tabs / 30 days), PA
IMBRUVICA CAP 70MG	QL (30 caps / 30 days), PA
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
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	QL (180 tabs / 30 days), PA
LAZCLUZE TAB 80MG	QL (60 tabs / 30 days), PA
LAZCLUZE TAB 240MG	QL (30 tabs / 30 days), PA

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
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	QL (120 caps / 30 days), PA
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	QL (112 caps / 28 days), PA
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	QL (112 caps / 28 days), PA
NINLARO CAP 2.3MG	QL (3 caps / 28 days), PA
NINLARO CAP 3MG	QL (3 caps / 28 days), PA
NINLARO CAP 4MG	QL (3 caps / 28 days), PA
ODOMZO CAP 200MG	QL (30 caps / 30 days), PA
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
<i>pazopanib hcl tab 200 mg (base equiv)</i>	QL (120 tabs / 30 days), PA
<i>pazopanib hcl tab 400 mg (base equiv)</i>	QL (60 tabs / 30 days), PA
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
SCSEMBLIX TAB 20MG	QL (60 tabs / 30 days), PA
SCSEMBLIX TAB 40MG	QL (300 tabs / 30 days), PA
SCSEMBLIX TAB 100MG	QL (120 tabs / 30 days), PA
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	QL (120 tabs / 30 days), PA
STIVARGA TAB 40MG	QL (84 tabs / 28 days), PA
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	QL (30 caps / 30 days), PA
<i>sunitinib malate cap 25 mg (base equivalent)</i>	QL (30 caps / 30 days), PA
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	QL (30 caps / 30 days), PA
<i>sunitinib malate cap 50 mg (base equivalent)</i>	QL (30 caps / 30 days), PA
TABRECTA TAB 150MG	QL (112 tabs / 28 days), PA
TABRECTA TAB 200MG	QL (112 tabs / 28 days), PA

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
TAGRISSE TAB 40MG	QL (30 tabs / 30 days), PA
TAGRISSE TAB 80MG	QL (30 tabs / 30 days), PA
TALZENNA CAP 0.1MG	QL (30 caps / 30 days), PA
TALZENNA CAP 0.5MG	QL (30 caps / 30 days), PA
TALZENNA CAP 0.25MG	QL (90 caps / 30 days), PA
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
<i>torpenz</i>	QL (30 tabs / 30 days), PA
TRAZIMERA INJ 150MG	PA
TRAZIMERA INJ 420MG	PA
TRUQAP PAK 160MG	QL (4 packs / 28 days), PA
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
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	QL (30 tabs / 30 days)

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)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	QL (30 tabs / 30 days)

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	QL (30 tabs / 30 days)
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<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	QL (30 tabs / 30 days)
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<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	QL (30 tabs / 30 days)
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ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>candesartan cilexetil tab 4 mg</i>	QL (60 tabs / 30 days)
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<i>candesartan cilexetil tab 8 mg</i>	QL (60 tabs / 30 days)
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<i>candesartan cilexetil tab 16 mg</i>	QL (60 tabs / 30 days)
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<i>candesartan cilexetil tab 32 mg</i>	QL (30 tabs / 30 days)
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<i>irbesartan tab 75 mg</i>	QL (30 tabs / 30 days)
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<i>irbesartan tab 150 mg</i>	QL (30 tabs / 30 days)
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<i>irbesartan tab 300 mg</i>	QL (30 tabs / 30 days)
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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>losartan potassium tab 25 mg</i>	
<i>losartan potassium tab 50 mg</i>	
<i>losartan potassium tab 100 mg</i>	
<i>olmesartan medoxomil tab 5 mg</i>	QL (60 tabs / 30 days)
<i>olmesartan medoxomil tab 20 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan medoxomil tab 40 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan tab 20 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan tab 40 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan tab 80 mg</i>	QL (30 tabs / 30 days)
<i>valsartan tab 40 mg</i>	QL (60 tabs / 30 days)
<i>valsartan tab 80 mg</i>	QL (60 tabs / 30 days)
<i>valsartan tab 160 mg</i>	QL (60 tabs / 30 days)
<i>valsartan tab 320 mg</i>	QL (30 tabs / 30 days)

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 mgQL (30 tabs / 30 days)
(base equivalent)*

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

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

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

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

ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL

cholestyramine light powder 4 gm/dose

cholestyramine light powder packets 4 gm

cholestyramine powder 4 gm/dose

cholestyramine powder packets 4 gm

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	QL (60 tabs / 30 days)
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	
<i>prevalite</i>	
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*

toremide tab 5 mg

toremide tab 10 mg

toremide tab 20 mg

toremide 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 QL (30 tabs / 30
(base equivalent) days)

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

clonidine hcl tab 0.1 mg

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
<i>digoxin oral soln 0.05 mg/ml</i>	
<i>digoxin tab 125 mcg (0.125 mg)</i>	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	QL (30 tabs / 30 days)
<i>droxidopa cap 100 mg</i>	QL (90 caps / 30 days), PA
<i>droxidopa cap 200 mg</i>	QL (180 caps / 30 days), PA
<i>droxidopa cap 300 mg</i>	QL (180 caps / 30 days), PA
<i>epinephrine inj 1 mg/ml</i>	
<i>guanfacine hcl tab 1 mg</i>	PA; PA applies if 65 years and older
<i>guanfacine hcl tab 2 mg</i>	PA; PA applies if 65 years and older
<i>hydralazine hcl inj 20 mg/ml</i>	
<i>hydralazine hcl tab 10 mg</i>	
<i>hydralazine hcl tab 25 mg</i>	
<i>hydralazine hcl tab 50 mg</i>	
<i>hydralazine hcl tab 100 mg</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ivabradine hcl tab 5 mg (base equiv)</i>	QL (60 tabs / 30 days)
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	QL (60 tabs / 30 days)
<i>metyrosine cap 250 mg</i>	PA
<i>midodrine hcl tab 2.5 mg</i>	
<i>midodrine hcl tab 5 mg</i>	
<i>midodrine hcl tab 10 mg</i>	
<i>minoxidil tab 2.5 mg</i>	
<i>minoxidil tab 10 mg</i>	
<i>ranolazine tab er 12hr 500 mg</i>	
<i>ranolazine tab er 12hr 1000 mg</i>	
VERQUVO TAB 2.5MG	QL (30 tabs / 30 days), PA
VERQUVO TAB 5MG	QL (30 tabs / 30 days), PA
VERQUVO TAB 10MG	QL (30 tabs / 30 days), PA

NITRATES - DRUGS TO TREAT HEART CONDITIONS

<i>isosorbide dinitrate tab 5 mg</i>
<i>isosorbide dinitrate tab 10 mg</i>

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
<i>alyq</i>	QL (60 tabs / 30 days), PA
<i>ambrisentan tab 5 mg</i>	QL (30 tabs / 30 days), PA
<i>ambrisentan tab 10 mg</i>	QL (30 tabs / 30 days), PA
<i>bosentan tab 62.5 mg</i>	QL (60 tabs / 30 days), PA
<i>bosentan tab 125 mg</i>	QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>bosentan tab for oral susp 32 mg</i>	QL (120 tabs / 30 days), PA
OPSUMIT TAB 10MG	QL (30 tabs / 30 days), PA
<i>sildenafil citrate tab 20 mg</i>	QL (360 tabs / 30 days), PA
<i>tadalafil tab 20 mg (pah)</i>	QL (60 tabs / 30 days), PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	PA
UPTRAVI PACK TAB 200/800	QL (1 pack / 28 days), PA
UPTRAVI TAB 200MCG	QL (140 tabs / 28 days), PA
UPTRAVI TAB 400MCG	QL (60 tabs / 30 days), PA

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*****ANTI-ANXIETY - 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
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<i>fluvoxamine maleate tab 100 mg</i>	
<i>lorazepam conc 2 mg/ml</i>	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	
<i>lorazepam inj 4 mg/ml</i>	
<i>lorazepam intensol</i>	QL (150 mL / 30 days)
<i>lorazepam tab 0.5 mg</i>	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	QL (150 tabs / 30 days)

ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	QL (30 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	
<i>donepezil hydrochloride tab 5 mg</i>	QL (30 tabs / 30 days)

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

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

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**

<i>amitriptyline hcl tab 25 mg</i>	PA; PA applies if 65 years and older
<i>amitriptyline hcl tab 50 mg</i>	PA; PA applies if 65 years and older
<i>amitriptyline hcl tab 75 mg</i>	PA; PA applies if 65 years and older
<i>amitriptyline hcl tab 100 mg</i>	PA; PA applies if 65 years and older
<i>amitriptyline hcl tab 150 mg</i>	PA; PA applies if 65 years and older
<i>amoxapine tab 25 mg</i>	PA; PA applies if 65 years and older
<i>amoxapine tab 50 mg</i>	PA; PA applies if 65 years and older

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

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

<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	
<i>clomipramine hcl cap 25 mg</i>	PA
<i>clomipramine hcl cap 50 mg</i>	PA
<i>clomipramine hcl cap 75 mg</i>	PA
<i>desipramine hcl tab 10 mg</i>	PA; PA applies if 65 years and older
<i>desipramine hcl tab 25 mg</i>	PA; PA applies if 65 years and older
<i>desipramine hcl tab 50 mg</i>	PA; PA applies if 65 years and older
<i>desipramine hcl tab 75 mg</i>	PA; PA applies if 65 years and older

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	QL (60 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	
EXXUA TAB 18.2MG	QL (30 tabs / 30 days), PA
EXXUA TAB 36.3MG	QL (30 tabs / 30 days), PA

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
<i>fluoxetine hcl cap 10 mg</i>	
<i>fluoxetine hcl cap 20 mg</i>	
<i>fluoxetine hcl cap 40 mg</i>	
<i>fluoxetine hcl solution 20 mg/5ml</i>	

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

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

<i>nefazodone hcl tab 150 mg</i>	
<i>nefazodone hcl tab 200 mg</i>	
<i>nefazodone hcl tab 250 mg</i>	
<i>nortriptyline hcl cap 10 mg</i>	
<i>nortriptyline hcl cap 25 mg</i>	
<i>nortriptyline hcl cap 50 mg</i>	
<i>nortriptyline hcl cap 75 mg</i>	
<i>nortriptyline hcl soln 10 mg/5ml</i>	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>paroxetine hcl tab 10 mg</i>	PA; PA applies if 65 years and older
<i>paroxetine hcl tab 20 mg</i>	PA; PA applies if 65 years and older
<i>paroxetine hcl tab 30 mg</i>	PA; PA applies if 65 years and older

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

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

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

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 QL (30 tabs / 30
(base equiv) days)

rasagiline mesylate tab 1 mg QL (30 tabs / 30
(base equiv) 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)
<i>aripiprazole oral solution 1 mg/ml</i>	QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	QL (60 tabs / 30 days), ST
<i>aripiprazole orally disintegrating tab 15 mg</i>	QL (60 tabs / 30 days), ST
<i>aripiprazole tab 2 mg</i>	QL (30 tabs / 30 days)

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

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

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

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
<i>fluphenazine decanoate inj 25 mg/ml</i>	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	
<i>fluphenazine hcl tab 1 mg</i>	
<i>fluphenazine hcl tab 2.5 mg</i>	
<i>fluphenazine hcl tab 5 mg</i>	
<i>fluphenazine hcl tab 10 mg</i>	
<i>haloperidol decanoate im soln 50 mg/ml</i>	

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

*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)
<i>loxapine succinate cap 5 mg</i>	
<i>loxapine succinate cap 10 mg</i>	
<i>loxapine succinate cap 25 mg</i>	
<i>loxapine succinate cap 50 mg</i>	
<i>lurasidone hcl tab 20 mg</i>	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 40 mg</i>	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 60 mg</i>	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 80 mg</i>	QL (60 tabs / 30 days)

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

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

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

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

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)
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 25 mg</i>	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 50 mg</i>	QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	QL (90 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 0.25 mg</i>	QL (90 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 1 mg</i>	QL (60 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 2 mg</i>	QL (60 tabs / 30 days), ST

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

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

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)
<i>ziprasidone hcl cap 20 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	QL (6 injections / 3 days)
ZYPREXA RELP INJ 210MG	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	QL (1 vial / 28 days), PA
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)
<i>brivaracetam oral soln 10 mg/ml</i>	QL (600 mL / 30 days), PA
<i>brivaracetam tab 10 mg</i>	QL (60 tabs / 30 days), PA
<i>brivaracetam tab 25 mg</i>	QL (60 tabs / 30 days), PA
<i>brivaracetam tab 50 mg</i>	QL (60 tabs / 30 days), PA
<i>brivaracetam tab 75 mg</i>	QL (60 tabs / 30 days), PA
<i>brivaracetam tab 100 mg</i>	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
<i>carbamazepine cap er 12hr 100 mg</i>	
<i>carbamazepine cap er 12hr 200 mg</i>	
<i>carbamazepine cap er 12hr 300 mg</i>	
<i>carbamazepine chew tab 100 mg</i>	
<i>carbamazepine chew tab 200 mg</i>	
<i>carbamazepine susp 100 mg/5ml</i>	
<i>carbamazepine tab 200 mg</i>	
<i>carbamazepine tab er 12hr 100 mg</i>	
<i>carbamazepine tab er 12hr 200 mg</i>	

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

<i>carbamazepine tab er 12hr 400 mg</i>	
<i>clobazam suspension 2.5 mg/ml</i>	QL (480 mL / 30 days), PA
<i>clobazam tab 10 mg</i>	QL (60 tabs / 30 days), PA
<i>clobazam tab 20 mg</i>	QL (60 tabs / 30 days), PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	QL (90 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clonazepam tab 2 mg</i>	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAP 250MG	QL (360 caps / 30 days), PA
DIACOMIT CAP 500MG	QL (180 caps / 30 days), PA
DIACOMIT PAK 250MG	QL (360 packets / 30 days), PA
DIACOMIT PAK 500MG	QL (180 packets / 30 days), PA
<i>diazepam inj</i>	

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
<i>felbamate tab 400 mg</i>	
<i>felbamate tab 600 mg</i>	
FINTEPLA SOL 2.2MG/ML	QL (360 mL / 30 days), PA
FYCOMPA SUS 0.5MG/ML	QL (680 mL / 28 days), PA
FYCOMPA TAB 2MG	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	QL (30 tabs / 30 days), PA
FYCOMPA TAB 6MG	QL (30 tabs / 30 days), PA
FYCOMPA TAB 8MG	QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	QL (360 caps / 30 days)
<i>gabapentin cap 300 mg</i>	QL (360 caps / 30 days)

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

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*QL (360 tabs /
30 days)

*disintegrating soluble 250 mg**levetiracetam tab*QL (180 tabs /
30 days)

*disintegrating soluble 500 mg**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
<i>oxcarbazepine tab 600 mg</i>	
<i>perampanel susp 0.5 mg/ml</i>	QL (680 mL / 28 days), PA
<i>perampanel tab 2 mg</i>	QL (60 tabs / 30 days), PA
<i>perampanel tab 4 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 6 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 8 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 10 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 12 mg</i>	QL (30 tabs / 30 days), PA
<i>phenobarbital elixir 20 mg/5ml</i>	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital sodium inj 65 mg/ml</i>	PA; PA applies if 65 years and older

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

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

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

<i>pregabalin cap 25 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 50 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 75 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 100 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 150 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 200 mg</i>	QL (90 caps / 30 days), PA; PA applies if 65 years and older

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

<i>pregabalin cap 225 mg</i>	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 300 mg</i>	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin soln 20 mg/ml</i>	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>primidone tab 50 mg</i>	
<i>primidone tab 125 mg</i>	
<i>primidone tab 250 mg</i>	
<i>roweepra</i>	
<i>rufinamide susp 40 mg/ml</i>	QL (2400 mL / 30 days), PA
<i>rufinamide tab 200 mg</i>	QL (480 tabs / 30 days), PA
<i>rufinamide tab 400 mg</i>	QL (240 tabs / 30 days), PA

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)
<i>subvenite</i>	
SUBVENITE SUS 10MG/ML	ST
SYMPAZAN MIS 5MG	QL (60 films / 30 days), PA
SYMPAZAN MIS 10MG	QL (60 films / 30 days), PA
SYMPAZAN MIS 20MG	QL (60 films / 30 days), PA
<i>tiagabine hcl tab 2 mg</i>	
<i>tiagabine hcl tab 4 mg</i>	
<i>tiagabine hcl tab 12 mg</i>	
<i>tiagabine hcl tab 16 mg</i>	
<i>topiramate oral soln 25 mg/ml</i>	QL (480 mL / 30 days), PA
<i>topiramate sprinkle cap 15 mg</i>	

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

<i>topiramate sprinkle cap 25 mg</i>	
<i>topiramate sprinkle cap 50 mg</i>	
<i>topiramate tab 25 mg</i>	
<i>topiramate tab 50 mg</i>	
<i>topiramate tab 100 mg</i>	
<i>topiramate tab 200 mg</i>	
<i>valproate sodium inj 100 mg/ml</i>	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	
<i>valproic acid cap 250 mg</i>	
VALTOCO SPR 5MG	QL (10 blister packs / 30 days)
VALTOCO SPR 10MG	QL (10 blister packs / 30 days)
VALTOCO SPR 15MG	QL (10 blister packs / 30 days)
VALTOCO SPR 20MG	QL (10 blister packs / 30 days)
<i>vigabatrin powd pack 500 mg</i>	QL (180 packets / 30 days), PA
<i>vigabatrin tab 500 mg</i>	QL (180 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>vigadrone</i>	QL (180 packets / 30 days), PA
<i>vigadrone</i>	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
<i>zonisamide cap 25 mg</i>	
<i>zonisamide cap 50 mg</i>	
<i>zonisamide cap 100 mg</i>	
ZTALMY SUS 50MG/ML	QL (1100 mL / 30 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

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

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

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>methylphenidate hcl soln 5 mg/5ml</i>	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl soln 10 mg/5ml</i>	QL (900 mL / 30 days), PA
<i>methylphenidate hcl tab 5 mg</i>	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 10 mg</i>	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 20 mg</i>	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 10 mg</i>	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 20 mg</i>	QL (90 tabs / 30 days), PA

HYPNOTICS - DRUGS TO TREAT INSOMNIA

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

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

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
<i>tasimelteon capsule 20 mg</i>	QL (30 caps / 30 days), PA
<i>temazepam cap 7.5 mg</i>	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam cap 15 mg</i>	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam cap 30 mg</i>	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>zaleplon cap 5 mg</i>	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

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

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

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
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	QL (24 units / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	QL (12 units / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	QL (12 injections / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	QL (12 tabs / 30 days)
UBRELVY TAB 50MG	QL (16 tabs / 30 days), PA
UBRELVY TAB 100MG	QL (16 tabs / 30 days), PA
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
<i>lithium carbonate cap 150 mg</i>	
<i>lithium carbonate cap 300 mg</i>	
<i>lithium carbonate cap 600 mg</i>	
<i>lithium carbonate tab 300 mg</i>	
<i>lithium carbonate tab er 300 mg</i>	
<i>lithium carbonate tab er 450 mg</i>	

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

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

riluzole tab 50 mg

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

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

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

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

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

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
<i>armodafinil tab 150 mg</i>	QL (30 tabs / 30 days), PA
<i>armodafinil tab 200 mg</i>	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	QL (30 tabs / 30 days), PA
<i>modafinil tab 100 mg</i>	QL (30 tabs / 30 days), PA
<i>modafinil tab 200 mg</i>	QL (60 tabs / 30 days), PA
<i>sodium oxybate oral solution 500 mg/ml</i>	QL (540 mL / 30 days), PA

PSYCHOTHERAPEUTIC-MISC

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

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

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

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

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

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

ANTIDIABETICS

<i>acarbose tab 25 mg</i>	
<i>acarbose tab 50 mg</i>	
<i>acarbose tab 100 mg</i>	
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg</i>	QL (60 tabs / 30 days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>glipizide tab 5 mg</i>	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	QL (60 tabs / 30 days)

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)
<i>metformin hcl oral soln 500 mg/5ml</i>	QL (765 mL / 30 days)
<i>metformin hcl tab 500 mg</i>	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)

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
<i>nateglinide tab 60 mg</i>	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE)	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE)	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE)	QL (1 pen / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	QL (90 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	QL (240 tabs / 30 days)
RYBELSUS TAB 3MG	QL (30 tabs / 30 days), PA
RYBELSUS TAB 7MG	QL (30 tabs / 30 days), PA
RYBELSUS TAB 14MG	QL (30 tabs / 30 days), PA

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)
<i>CALCIUM REGULATORS</i>	
<i>alendronate sodium oral soln 70 mg/75ml</i>	ST
<i>alendronate sodium tab 10 mg</i>	
<i>alendronate sodium tab 35 mg</i>	
<i>alendronate sodium tab 70 mg</i>	
BILDYOS INJ 60MG/ML	QL (1 syringe / 180 days)
BONSITY INJ 560/2.24	QL (1 pen / 28 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>teriparatide soln pen-inj 560 mcg/2.24ml</i>	QL (1 pen / 28 days), PA
WYOST INJ 120/1.7	PA
XTRENBO SOL 120/1.7	PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	B/D
<i>zoledronic acid iv soln 5 mg/100ml</i>	B/D

CHELATING AGENTS

CHEMET CAP 100MG	
<i>deferasirox tab 90 mg</i>	PA
<i>deferasirox tab 180 mg</i>	PA
<i>deferasirox tab 360 mg</i>	PA
<i>deferasirox tab for oral susp 125 mg</i>	PA
<i>deferasirox tab for oral susp 250 mg</i>	PA
<i>deferasirox tab for oral susp 500 mg</i>	PA
<i>kionex</i>	
LOKELMA PAK 5GM	
LOKELMA PAK 10GM	
<i>penicillamine tab 250 mg</i>	

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**estrاد 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

lutra

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-lynyah

necon 0.5/35-28

NEXPLANON IMP 68MG

nikki

nora-be

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

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

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

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

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

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-lynyah

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
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	B/D
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	B/D
<i>methylprednisolone sod succ for inj 500 mg (base equiv)</i>	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	B/D
<i>methylprednisolone tab 4 mg</i>	B/D
<i>methylprednisolone tab 8 mg</i>	B/D
<i>methylprednisolone tab 16 mg</i>	B/D
<i>methylprednisolone tab 32 mg</i>	B/D
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	B/D
<i>prednisolone soln 15 mg/5ml</i>	B/D
PREDNISON CON 5MG/ML	B/D
<i>prednisone oral soln 5 mg/5ml</i>	B/D
<i>prednisone tab 1 mg</i>	B/D
<i>prednisone tab 2.5 mg</i>	B/D
<i>prednisone tab 5 mg</i>	B/D
<i>prednisone tab 10 mg</i>	B/D
<i>prednisone tab 20 mg</i>	B/D
<i>prednisone tab 50 mg</i>	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	
<i>prednisone tab therapy pack 5 mg (48)</i>	
<i>prednisone tab therapy pack 10 mg (21)</i>	
<i>prednisone tab therapy pack 10 mg (48)</i>	
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*

CERDELGA CAP 84MG PA

CEREZYME INJ 400UNIT PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	B/D, QL (120 tabs / 30 days)
CYSTAGON CAP 50MG	PA
CYSTAGON CAP 150MG	PA
<i>desmopressin acetate inj 4 mcg/ml</i>	
<i>desmopressin acetate nasal spray soln 0.01%</i>	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	
<i>desmopressin acetate tab 0.1 mg</i>	
<i>desmopressin acetate tab 0.2 mg</i>	
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
<i>javygtor</i>	PA
<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	B/D
<i>levocarnitine tab 330 mg</i>	B/D
LUMIZYME INJ 50MG	PA
LUPR DEP-PED INJ 3M 30MG	PA
LUPR DEP-PED INJ 7.5MG	PA

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
<i>mifepristone tab 300 mg</i>	PA
NAGLAZYME INJ 1MG/ML	PA
<i>nitisinone cap 2 mg</i>	PA
<i>nitisinone cap 5 mg</i>	PA
<i>nitisinone cap 10 mg</i>	PA
<i>nitisinone cap 20 mg</i>	PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	PA
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	PA
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	PA
<i>raloxifene hcl tab 60 mg</i>	
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
<i>sapropterin dihydrochloride powder packet 100 mg</i>	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	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
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	PA
<i>sodium phenylbutyrate tab 500mg</i>	PA
SOMATULINE INJ 60/0.2ML	PA
SOMATULINE INJ 90/0.3ML	PA
SOMAVERT INJ 10MG	PA
SOMAVERT INJ 15MG	PA
SOMAVERT INJ 20MG	PA
SOMAVERT INJ 25MG	PA
SOMAVERT INJ 30MG	PA
SYNAREL SOL 2MG/ML	PA
<i>tolvaptan tab 15 mg</i>	PA; (generic of JYNARQUE)
<i>tolvaptan tab 30 mg</i>	PA; (generic of JYNARQUE)
<i>tolvaptan tab therapy pack 15 mg</i>	PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	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 B/D

pack 80 & 125 mg

compro

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

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 B/D
disintegrating tab 4 mg

ondansetron orally B/D
disintegrating tab 8 mg

*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**

<i>promethazine hcl tab 12.5 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
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<i>promethazine hcl tab 25 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
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<i>promethazine hcl tab 50 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
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<i>scopolamine td patch 72hr 1 mg/3days</i>	QL (10 patches / 30 days)
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ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

<i>dicyclomine hcl cap 10 mg</i>	PA; PA applies if 65 years and older
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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***

<i>balsalazide disodium cap 750 mg</i>	
<i>budesonide delayed release particles cap 3 mg</i>	QL (90 caps / 30 days)
<i>budesonide tab er 24hr 9 mg</i>	QL (30 tabs / 30 days), PA
<i>hydrocortisone enema 100 mg/60ml</i>	
<i>mesalamine cap dr 400 mg</i>	QL (180 caps / 30 days)
<i>mesalamine cap er 24hr 0.375 gm</i>	QL (120 caps / 30 days)
<i>mesalamine enema 4 gm</i>	QL (1680 mL / 28 days)
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	QL (28 bottles / 28 days)
<i>mesalamine suppos 1000 mg</i>	QL (30 suppositories / 30 days)
<i>mesalamine tab delayed release 1.2 gm</i>	QL (120 tabs / 30 days)
<i>sulfasalazine tab 500 mg</i>	

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>alosetron hcl tab 1 mg (base equiv)</i>	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	
CREON CAP 6000UNIT	
CREON CAP 12000UNT	
CREON CAP 24000UNT	
CREON CAP 36000UNT	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	
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)
<i>loperamide hcl cap 2 mg</i>	
<i>lubiprostone cap 8 mcg</i>	QL (60 caps / 30 days)
<i>lubiprostone cap 24 mcg</i>	QL (60 caps / 30 days)

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

<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	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 QL (30 packets /
delayed release susp packet 1030 days)
mg

esomeprazole magnesium for QL (30 packets /
delayed release susp packet 2030 days)
mg

esomeprazole magnesium for QL (30 packets /
delayed release susp packet 4030 days)
mg

lansoprazole cap delayed QL (60 caps / 30
release 15 mg days)

lansoprazole cap delayed QL (60 caps / 30
release 30 mg 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***

<i>fesoterodine fumarate tab er 24hr 4 mg</i>	QL (30 tabs / 30 days)
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	QL (30 tabs / 30 days)
GEMTESA TAB 75MG	QL (30 tabs / 30 days)
<i>mirabegron tab er 24 hr 25 mg</i>	QL (30 tabs / 30 days)
<i>mirabegron tab er 24 hr 50 mg</i>	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)
<i>oxybutynin chloride solution 5 mg/5ml</i>	QL (600 mL / 30 days)
<i>oxybutynin chloride tab 5 mg</i>	QL (120 tabs / 30 days)

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

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

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

dabigatran etexilate mesylate QL (60 caps / 30
cap 150 mg (etexilate base eq) 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)
<i>enoxaparin sodium inj 300 mg/3ml</i>	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	

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
<i>rivaroxaban for susp 1 mg/ml</i>	QL (620 mL / 30 days)
<i>rivaroxaban tab 2.5 mg</i>	QL (60 tabs / 30 days)
<i>warfarin sodium tab 1 mg</i>	
<i>warfarin sodium tab 2 mg</i>	
<i>warfarin sodium tab 2.5 mg</i>	
<i>warfarin sodium tab 3 mg</i>	
<i>warfarin sodium tab 4 mg</i>	
<i>warfarin sodium tab 5 mg</i>	
<i>warfarin sodium tab 6 mg</i>	
<i>warfarin sodium tab 7.5 mg</i>	
<i>warfarin sodium tab 10 mg</i>	
XARELTO STAR TAB 15/20MG	QL (51 tabs / 30 days)
XARELTO TAB 2.5MG	QL (60 tabs / 30 days)
XARELTO TAB 10MG	QL (30 tabs / 30 days)
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
<i>anagrelide hcl cap 0.5 mg</i>	
<i>anagrelide hcl cap 1 mg</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BERINERT INJ 500UNIT	QL (24 boxes / 30 days), PA
<i>cilostazol tab 50 mg</i>	
<i>cilostazol tab 100 mg</i>	
DOPTELET SPR CAP 10MG	PA
DOPTELET TAB 20MG	PA
DROXIA CAP 200MG	
DROXIA CAP 300MG	
DROXIA CAP 400MG	
HAEGARDA INJ 2000UNIT	QL (30 vials / 30 days), PA
HAEGARDA INJ 3000UNIT	QL (20 vials / 30 days), PA
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	QL (9 syringes / 30 days), PA
<i>l-glutamine (sickle cell)</i>	PA
<i>pentoxifylline tab er 400 mg</i>	
<i>sajazir</i>	QL (9 syringes / 30 days), PA
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
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PANZYGA SOL 30/300ML	PA
PRIVIGEN INJ 5 GRAMS	PA
PRIVIGEN INJ 10GRAMS	PA
PRIVIGEN INJ 20GRAMS	PA
PRIVIGEN INJ 40GRAMS	PA

IMMUNOMODULATORS

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

IMMUNOSUPPRESSANTS

ASTAGRAF XL CAP 0.5MG	B/D
ASTAGRAF XL CAP 1MG	B/D
ASTAGRAF XL CAP 5MG	B/D
<i>azathioprine tab 50 mg</i>	B/D
BENLYSTA INJ 120MG	PA
BENLYSTA INJ 200MG/ML	QL (8 pens / 28 days), PA
BENLYSTA INJ 200MG/ML	QL (8 syringes / 28 days), PA
BENLYSTA INJ 400MG	PA
<i>cyclosporine cap 25 mg</i>	B/D
<i>cyclosporine cap 100 mg</i>	B/D
<i>cyclosporine modified cap 25 mg</i>	B/D

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

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
<i>sirolimus oral soln 1 mg/ml</i>	B/D
<i>sirolimus tab 0.5 mg</i>	B/D
<i>sirolimus tab 1 mg</i>	B/D
<i>sirolimus tab 2 mg</i>	B/D
<i>tacrolimus cap 0.5 mg</i>	B/D
<i>tacrolimus cap 1 mg</i>	B/D
<i>tacrolimus cap 5 mg</i>	B/D
VACCINES	
ABRYSVO INJ 120MCG	PA
ACTHIB INJ	
ADACEL INJ	
AREXVY INJ 120MCG	PA
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
<i>plenamine</i>	B/D
PREMASOL SOL 10%	B/D
PROSOL INJ 20%	B/D
TRAVASOL INJ 10%	B/D
TROPHAMINE INJ 10%	B/D

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION

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
<i>gentamicin sulfate ophth soln 0.3%</i>	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	QL (12 mL / 30 days)
NATACYN SUS 5% OP	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt- mg/ml</i>	
<i>ofloxacin ophth soln 0.3%</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml- 0.1%</i>	
<i>sulfacetamide sodium ophth soln 10%</i>	
<i>tobramycin ophth soln 0.3%</i>	
<i>trifluridine ophth soln 1%</i>	
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%*

ZERVIAE 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%

MISCELLANEOUSATROPINE 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)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	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)
<i>ipratropium bromide hfa inhal aerosol 17 mcg/act</i>	QL (2 inhalers / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	
SPIRIVA RESP AER 1.25MCG	QL (1 inhaler / 30 days)

**ANTI-HISTAMINES - DRUGS TO TREAT
ALLERGIES**

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	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**

<i>hydroxyzine pamoate cap 50 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride tab 5 mg</i>	QL (30 tabs / 30 days)

**BETA AGONISTS - DRUGS TO TREAT
ASTHMA AND COPD**

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	QL (2 inhalers / 30 days); (generic of Ventolin HFA)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SEREVENT DIS AER 50MCG	QL (60 inhalations / 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	
<i>terbutaline sulfate tab 5 mg</i>	
VENTOLIN HFA (INSTITUTIONAL PACK)	QL (6 inhalers / 30 days)
VENTOLIN HFA AER	QL (2 inhalers / 30 days)

LEUKOTRIENE MODULATORS

montelukast sodium chew tab 4 mg (base equiv)

montelukast sodium chew tab 5 mg (base equiv)

montelukast sodium oral granules packet 4 mg (base equiv)

montelukast sodium tab 10 mg (base equiv)

zafirlukast tab 10 mg

zafirlukast tab 20 mg

MISCELLANEOUS

acetylcysteine inhal soln 10% B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>acetylcysteine inhal soln 20%</i>	B/D
ALYFTREK TAB 4-20-50	QL (84 tabs / 28 days), PA
ALYFTREK TAB 10-50-125	QL (56 tabs / 28 days), PA
ARALAST NP INJ 500MG	PA
ARALAST NP INJ 1000MG	PA
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	B/D
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	(generic of Adrenaclick)
FASENRA INJ 10MG/0.5	QL (1 syringe / 28 days), PA

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
<i>nintedanib esylate cap 100 mg (base equivalent)</i>	QL (60 caps / 30 days), PA
<i>nintedanib esylate cap 150 mg (base equivalent)</i>	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
<i>pirfenidone cap 267 mg</i>	QL (270 caps / 30 days), PA
<i>pirfenidone tab 267 mg</i>	QL (270 tabs / 30 days), PA
<i>pirfenidone tab 534 mg</i>	QL (90 tabs / 30 days), PA
<i>pirfenidone tab 801 mg</i>	QL (90 tabs / 30 days), PA
PROLASTIN-C INJ 1000MG	PA
PULMOZYME SOL 1MG/ML	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>roflumilast tab 250 mcg</i>	QL (56 tabs / year)
<i>roflumilast tab 500 mcg</i>	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
<i>theophylline elixir 80 mg/15ml</i>	
<i>theophylline soln 80 mg/15ml</i>	
<i>theophylline tab er 12hr 100 mg</i>	
<i>theophylline tab er 12hr 200 mg</i>	
<i>theophylline tab er 12hr 300 mg</i>	
<i>theophylline tab er 12hr 450 mg</i>	
<i>theophylline tab er 24hr 400 mg</i>	
<i>theophylline tab er 24hr 600 mg</i>	

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
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ZEMAIRA INJ 4000MG	PA
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ZEMAIRA INJ 5000MG	PA
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NASAL STEROIDS - DRUGS TO TREAT ALLERGIES

<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	QL (3 bottles / 30 days)
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<i>fluticasone propionate nasal susp 50 mcg/act</i>	QL (1 bottle / 30 days)
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XHANCE MIS 93MCG	QL (32 mL / 30 days), PA
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STEROID INHALANTS - DRUGS TO TREAT ASTHMA

ALVESCO AER 80MCG	QL (3 inhalers / 30 days)
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ALVESCO AER 160MCG	QL (2 inhalers / 30 days)
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ARNUITY ELPT INH 50MCG	QL (30 inhalations / 30 days)
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ARNUITY ELPT INH 100MCG	QL (30 inhalations / 30 days)
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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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ARNUITY ELPT INH 200MCG	QL (30 inhalations / 30 days)
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<i>budesonide inhalation susp 0.5 mg/2ml</i>	B/D
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<i>budesonide inhalation susp 0.25 mg/2ml</i>	B/D
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<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	QL (2 inhalers / 30 days)
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<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	QL (2 inhalers / 30 days)
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<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	QL (2 inhalers / 30 days)
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STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD

ADVAIR HFA AER 45/21	QL (1 inhaler / 30 days)
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ADVAIR HFA AER 115/21	QL (1 inhaler / 30 days)
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ADVAIR HFA AER 230/21	QL (1 inhaler / 30 days)
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AIRSUPRA AER 90-80MCG	QL (3 inhalers / 30 days)
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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)
<i>breynd</i>	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	QL (60 inhalations / 30 days)

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

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>tretinoin cream 0.025%</i>	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.01%</i>	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.025%</i>	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i>	QL (60 gm / 30 days)
<i>zenatane</i>	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate cream 0.1%</i>	QL (30 gm / 30 days)
<i>gentamicin sulfate oint 0.1%</i>	QL (30 gm / 30 days)
<i>mupirocin oint 2%</i>	QL (220 gm / 30 days)
<i>silver sulfadiazine cream 1%</i>	
<i>ssd</i>	
SULFAMYLON CRE 85MG/GM	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox olamine cream 0.77% (base equiv)</i>	QL (90 gm / 30 days)
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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	QL (60 mL / 30 days)
<i>ciclopirox shampoo 1%</i>	QL (120 mL / 30 days)
<i>clotrimazole cream 1%</i>	QL (45 gm / 30 days)
<i>clotrimazole soln 1%</i>	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	QL (45 gm / 30 days)
<i>econazole nitrate cream 1%</i>	QL (85 gm / 30 days)
<i>ketoconazole cream 2%</i>	QL (60 gm / 30 days)
<i>ketoconazole shampoo 2%</i>	QL (120 mL / 30 days)
<i>klayesta</i>	QL (60 gm / 30 days)
<i>nyamyc</i>	QL (60 gm / 30 days)
<i>nystatin cream 100000 unit/gm</i>	QL (30 gm / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nystatin oint 100000 unit/gm</i>	QL (30 gm / 30 days)
<i>nystatin topical powder 100000 unit/gm</i>	QL (60 gm / 30 days)
<i>nystop</i>	QL (60 gm / 30 days)
<i>selenium sulfide lotion 2.5%</i>	

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin cap 10 mg</i>	PA
<i>acitretin cap 17.5 mg</i>	PA
<i>acitretin cap 25 mg</i>	PA
<i>calcipotriene cream 0.005%</i>	QL (120 gm / 30 days), PA
<i>calcipotriene oint 0.005%</i>	QL (120 gm / 30 days), PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	QL (120 mL / 30 days), PA
<i>calcitrene</i>	QL (120 gm / 30 days), PA
ENSTILAR AER	QL (120 gm / 30 days), PA
<i>tazarotene cream 0.1%</i>	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
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	QL (120 gm / 30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	QL (120 mL / 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	QL (120 gm / 30 days)
<i>clobetasol propionate cream 0.05%</i>	QL (120 gm / 30 days)
<i>clobetasol propionate e</i>	QL (120 gm / 30 days)
<i>clobetasol propionate gel 0.05%</i>	QL (120 gm / 30 days)
<i>clobetasol propionate oint 0.05%</i>	QL (120 gm / 30 days)
<i>clobetasol propionate shampoo 0.05%</i>	QL (236 mL / 30 days)
<i>clobetasol propionate soln 0.05%</i>	QL (100 mL / 30 days)
<i>clodan</i>	QL (236 mL / 30 days)
<i>fluocinolone acetonide cream 0.01%</i>	QL (60 gm / 30 days)

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>triamcinolone acetonide cream 0.5%</i>	QL (454 gm / 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	QL (454 gm / 30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	
<i>triamcinolone acetonide lotion 0.025%</i>	
<i>triamcinolone acetonide oint 0.1%</i>	
<i>triamcinolone acetonide oint 0.5%</i>	
<i>triamcinolone acetonide oint 0.025%</i>	
<i>triderm</i>	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS	
<i>glydo</i>	QL (60 mL / 30 days), PA
<i>lidocaine hcl soln 4%</i>	QL (50 mL / 30 days), PA
<i>lidocaine oint 5%</i>	QL (50 gm / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lidocaine patch 5%</i>	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	B/D, QL (30 gm / 30 days)
<i>lidocan</i>	QL (3 patches / 1 day), PA
<i>tridacaine ii</i>	QL (3 patches / 1 day), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>bexarotene gel 1%</i>	QL (60 gm / 30 days), PA
<i>diclofenac sodium soln 1.5%</i>	QL (300 mL / 28 days)
EUCRISA OIN 2%	QL (120 gm / 30 days), PA
<i>fluorouracil cream 5%</i>	QL (40 gm / 30 days)
<i>fluorouracil soln 2%</i>	QL (10 mL / 30 days)
<i>fluorouracil soln 5%</i>	QL (10 mL / 30 days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>podofilox soln 0.5%</i>	QL (7 mL / 28 days)
<i>procto-med hc</i>	
<i>proctocort</i>	
<i>proctosol hc</i>	
<i>proctozone-hc</i>	
<i>tacrolimus oint 0.1%</i>	QL (100 gm / 30 days), PA
<i>tacrolimus oint 0.03%</i>	QL (100 gm / 30 days), PA
VALCHLOR GEL 0.016%	QL (60 gm / 30 days), PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion lotion 0.5%</i>	QL (59 mL / 30 days)
<i>permethrin cream 5%</i>	QL (60 gm / 30 days)

DERMATOLOGY, WOUND CARE AGENTS

SANTYL OIN 250/GM	QL (180 gm / 30 days), PA
<i>sodium chloride irrigation soln 0.9%</i>	

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.Índice de Medicamentos Cobertos

Nesta seção, você pode localizar um medicamento pesquisando pelo nome em ordem alfabética. O índice informa o número da página onde você pode encontrar informações adicionais sobre a cobertura do seu medicamento.

Se você tiver dúvidas, ligue para o CCA One Care no número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. A ligação é gratuita.



Para mais informações , visite ccama.org.

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<i>carbamazepine chew tab</i>	
100 mg	200
<i>carbamazepine chew tab</i>	
200 mg	200
<i>carbamazepine susp 100</i>	
mg/5ml	200

<i>carbamazepine tab 200 mg</i>	200	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	180
<i>carbamazepine tab er 12hr 100 mg</i>	200	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	181
<i>carbamazepine tab er 12hr 200 mg</i>	200	<i>carboplatin iv soln 150 mg/15ml</i>	88
<i>carbamazepine tab er 12hr 400 mg</i>	201	<i>carboplatin iv soln 450 mg/45ml</i>	88
<i>carbidopa & levodopa tab 10-100 mg</i>	179	<i>carboplatin iv soln 50 mg/5ml</i>	88
<i>carbidopa & levodopa tab 25-100 mg</i>	179	<i>carboplatin iv soln 600 mg/60ml</i>	88
<i>carbidopa & levodopa tab 25-250 mg</i>	180	<i>carglumic acid soluble tab 200 mg</i>	268
<i>carbidopa & levodopa tab er 25-100 mg</i> ..	180	<i>carisoprodol tab 350 mg</i>	232
<i>carbidopa & levodopa tab er 50-200 mg</i> ..	180	<i>carteolol hcl ophth soln 1%</i>	325
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	180	<i>cartia xt</i>	149
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	180	<i>carvedilol tab 12.5 mg</i>	146
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	180	<i>carvedilol tab 25 mg</i>	146
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	180	<i>carvedilol tab 3.125 mg</i>	146
		<i>carvedilol tab 6.25 mg</i>	146
		<i>casprofungin acetate for iv soln 50 mg</i>	63

<i>casprofungin acetate for iv soln 70 mg</i>	63	CEFAZOLIN/DEX SOL 2GM/50ML-3%	76
CAYSTON INH 75MG ..	56	CEFAZOLIN/DEX SOL 3GM/150ML-4%	76
<i>cefaclor cap 250 mg...</i>	75	CEFAZOLIN/DEX SOL 3GM/50ML-2%	76
<i>cefaclor cap 500 mg...</i>	75	<i>cefdinir cap 300 mg ...</i>	76
<i>cefadroxil cap 500 mg</i>	75	<i>cefdinir for susp 125 mg/5ml</i>	76
<i>cefadroxil for susp 250 mg/5ml</i>	75	<i>cefdinir for susp 250 mg/5ml</i>	76
<i>cefadroxil for susp 500 mg/5ml</i>	75	<i>cefepime hcl for inj 1 gm</i>	76
CEFAZOLIN INJ 1GM/50ML	75	<i>cefepime hcl for iv soln 2 gm</i>	76
CEFAZOLIN INJ 2GM ..	75	<i>cefixime cap 400 mg..</i>	76
CEFAZOLIN INJ 3GM ..	75	<i>cefixime for susp 100 mg/5ml</i>	76
<i>cefazolin sodium for inj 1 gm</i>	75	<i>cefixime for susp 200 mg/5ml</i>	76
<i>cefazolin sodium for inj 10 gm</i>	75	<i>cefotetan disodium for inj 1 gm</i>	76
<i>cefazolin sodium for inj 2 gm</i>	75	<i>cefotetan disodium for inj 2 gm</i>	76
<i>cefazolin sodium for inj 3 gm</i>	75	<i>cefoxitin sodium for iv soln 1 gm</i>	76
<i>cefazolin sodium for inj 500 mg</i>	75	<i>cefoxitin sodium for iv soln 10 gm</i>	77
<i>cefazolin sodium for iv soln 1 gm</i>	75	<i>cefoxitin sodium for iv soln 2 gm</i>	76
CEFAZOLIN SOLN 2GM/100ML-4%	75		
CEFAZOLIN/DEX SOL 1GM/50ML-4%	75		

<i>cefpodoxime proxetil for susp 100 mg/5ml.....</i>	<i>77</i>	<i>ceftriaxone sodium for inj 250 mg.....</i>	<i>78</i>
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	<i>77</i>	<i>ceftriaxone sodium for inj 500 mg.....</i>	<i>78</i>
<i>cefpodoxime proxetil tab 100 mg</i>	<i>77</i>	<i>ceftriaxone sodium for iv soln 1 gm</i>	<i>78</i>
<i>cefpodoxime proxetil tab 200 mg</i>	<i>77</i>	<i>ceftriaxone sodium for iv soln 2 gm</i>	<i>78</i>
<i>cefprozil for susp 125 mg/5ml</i>	<i>77</i>	<i>cefuroxime axetil tab 250 mg</i>	<i>78</i>
<i>cefprozil for susp 250 mg/5ml</i>	<i>77</i>	<i>cefuroxime axetil tab 500 mg</i>	<i>78</i>
<i>cefprozil tab 250 mg ..</i>	<i>77</i>	<i>cefuroxime sodium for inj 750 mg.....</i>	<i>78</i>
<i>cefprozil tab 500 mg ..</i>	<i>77</i>	<i>cefuroxime sodium for iv soln 1.5 gm</i>	<i>78</i>
<i>ceftaroline fosamil for iv soln 400 mg.....</i>	<i>77</i>	<i>celecoxib cap 100 mg.</i>	<i>47</i>
<i>ceftaroline fosamil for iv soln 600 mg.....</i>	<i>77</i>	<i>celecoxib cap 200 mg.</i>	<i>47</i>
<i>ceftazidime for inj 1 gm</i>	<i>77</i>	<i>celecoxib cap 400 mg.</i>	<i>47</i>
<i>ceftazidime for inj 6 gm</i>	<i>77</i>	<i>celecoxib cap 50 mg ..</i>	<i>47</i>
<i>ceftazidime for iv soln 2 gm.....</i>	<i>77</i>	<i>cephalexin cap 250 mg</i>	<i>78</i>
<i>ceftriaxone sodium for inj 1 gm</i>	<i>77</i>	<i>cephalexin cap 500 mg</i>	<i>78</i>
<i>ceftriaxone sodium for inj 10 gm.....</i>	<i>78</i>	<i>cephalexin for susp 125 mg/5ml</i>	<i>78</i>
<i>ceftriaxone sodium for inj 2 gm</i>	<i>78</i>	<i>cephalexin for susp 250 mg/5ml</i>	<i>79</i>
		CEQUR SIMPL KIT	
		PATCH 2U (3-DAY).	245

CEQUR SIMPL KIT PATCH 2U (4-DAY) .	245	<i>chlorpromazine hcl tab</i> 100 mg	185
CEQUR SIMPL MIS INSERTER	245	<i>chlorpromazine hcl tab</i> 200 mg	185
CERDELGA CAP 84MG	268	<i>chlorpromazine hcl tab</i> 25 mg	185
CEREZYME INJ 400UNIT	268	<i>chlorpromazine hcl tab</i> 50 mg	185
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml) .</i>	329	<i>chlorthalidone tab 25 mg</i>	153
<i>cevimeline hcl cap 30 mg.....</i>	356	<i>chlorthalidone tab 50 mg</i>	153
<i>chateal eq</i>	253	<i>cholestyramine light powder 4 gm/dose .</i>	142
CHEMET CAP 100MG	251	<i>cholestyramine light powder packets 4 gm</i>	142
<i>chlorhexidine gluconate soln 0.12%</i>	356	<i>cholestyramine powder 4 gm/dose.....</i>	142
<i>chloroquine phosphate tab 250 mg</i>	65	<i>cholestyramine powder packets 4 gm</i>	142
<i>chloroquine phosphate tab 500 mg</i>	65	<i>ciclopirox olamine cream 0.77% (base equiv)</i>	345
<i>chlorpromazine hcl conc 100 mg/ml.....</i>	185	<i>ciclopirox olamine susp 0.77% (base equiv)</i>	346
<i>chlorpromazine hcl conc 30 mg/ml</i>	185	<i>ciclopirox shampoo 1%</i>	346
<i>chlorpromazine hcl inj 25 mg/ml</i>	185	<i>cilostazol tab 100 mg</i>	298
<i>chlorpromazine hcl inj 50 mg/2ml.....</i>	185	<i>cilostazol tab 50 mg .</i>	298
<i>chlorpromazine hcl tab 10 mg</i>	185		

CILOXAN OIN 0.3% OP	322	<i>cisplatin inj 50 mg/50ml (1 mg/ml).....</i>	88
CIMDUO TAB 300-300	69	<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	168
<i>cinacalcet hcl tab 30 mg (base equiv).....</i>	269	<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	169
<i>cinacalcet hcl tab 60 mg (base equiv).....</i>	269	<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	169
<i>cinacalcet hcl tab 90 mg (base equiv).....</i>	269	<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	169
<i>ciprofloxacin 200 mg/100ml in d5w</i>	81	<i>claravis</i>	343
<i>ciprofloxacin 400 mg/200ml in d5w</i>	81	<i>clarithromycin for susp 125 mg/5ml.....</i>	79
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	322	<i>clarithromycin for susp 250 mg/5ml.....</i>	79
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	81	<i>clarithromycin tab 250 mg</i>	79
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	81	<i>clarithromycin tab 500 mg</i>	79
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	81	<i>clarithromycin tab er 24hr 500 mg.....</i>	80
<i>ciprofloxacin- dexamethasone otic susp 0.3-0.1%</i>	327	<i>clindamycin hcl cap 150 mg</i>	57
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	88	<i>clindamycin hcl cap 300 mg</i>	57
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	89		

<i>clindamycin hcl cap 75 mg</i>.....56	<i>(refrig) gel 1.2 (1)-5%</i> 343
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>.....57	CLINDMYC/NAC INJ 300/50ML..... 57
<i>clindamycin phosphate gel 1% (once-daily)</i> 343	CLINDMYC/NAC INJ 600/50ML..... 57
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> .....57	CLINDMYC/NAC INJ 900/50ML..... 57
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> .....57	CLINIMIX INJ 4.25/D10 320
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> .....57	CLINIMIX INJ 4.25/D5W 320
<i>clindamycin phosphate inj 300 mg/2ml</i>.....57	CLINIMIX INJ 5%/D15W 320
<i>clindamycin phosphate inj 600 mg/4ml</i>.....57	CLINIMIX INJ 5%/D20W 320
<i>clindamycin phosphate inj 900 mg/6ml</i>.....57	CLINIMIX INJ 6/5 320
<i>clindamycin phosphate lotion 1%</i> 344	CLINIMIX INJ 8/10 .. 320
<i>clindamycin phosphate soln 1%</i> 344	CLINIMIX INJ 8/14 .. 320
<i>clindamycin phosphate vaginal cream 2%</i> .. 292	<i>clinisol sf 15%</i> 320
<i>clindamycin phosph- benzoyl peroxide</i>	CLINOLIPID EMU 20% 320
	<i>clobazam suspension 2.5 mg/ml</i> 201
	<i>clobazam tab 10 mg</i> 201
	<i>clobazam tab 20 mg</i> 201
	<i>clobetasol propionate cream 0.05%</i> 349
	<i>clobetasol propionate e</i> 349

<i>clobetasol propionate gel</i> <i>0.05%</i>	<i>349</i>	<i>clonazepam tab 0.5 mg</i> <i>.....</i>	<i>201</i>
<i>clobetasol propionate</i> <i>oint 0.05%.....</i>	<i>349</i>	<i>clonazepam tab 1 mg</i> <i>.....</i>	<i>201</i>
<i>clobetasol propionate</i> <i>shampoo 0.05%</i>	<i>349</i>	<i>clonazepam tab 2 mg</i> <i>.....</i>	<i>202</i>
<i>clobetasol propionate</i> <i>soln 0.05%</i>	<i>349</i>	<i>clonidine hcl tab 0.1 mg</i> <i>.....</i>	<i>155</i>
<i>clodan.....</i>	<i>349</i>	<i>clonidine hcl tab 0.2 mg</i> <i>.....</i>	<i>155</i>
<i>clomipramine hcl cap 25</i> <i>mg.....</i>	<i>169</i>	<i>clonidine hcl tab 0.3 mg</i> <i>.....</i>	<i>155</i>
<i>clomipramine hcl cap 50</i> <i>mg.....</i>	<i>169</i>	<i>clonidine td patch</i> <i>weekly 0.1 mg/24hr</i> <i>.....</i>	<i>155</i>
<i>clomipramine hcl cap 75</i> <i>mg.....</i>	<i>169</i>	<i>clonidine td patch</i> <i>weekly 0.2 mg/24hr</i> <i>.....</i>	<i>155</i>
<i>clonazepam orally</i> <i>disintegrating tab</i> <i>0.125 mg.....</i>	<i>201</i>	<i>clonidine td patch</i> <i>weekly 0.3 mg/24hr</i> <i>.....</i>	<i>155</i>
<i>clonazepam orally</i> <i>disintegrating tab 0.25</i> <i>mg.....</i>	<i>201</i>	<i>clopidogrel bisulfate tab</i> <i>75 mg (base equiv) 299</i>	
<i>clonazepam orally</i> <i>disintegrating tab 0.5</i> <i>mg.....</i>	<i>201</i>	<i>clorazepate dipotassium</i> <i>tab 15 mg.....</i>	<i>202</i>
<i>clonazepam orally</i> <i>disintegrating tab 1 mg</i> <i>.....</i>	<i>201</i>	<i>clorazepate dipotassium</i> <i>tab 3.75 mg.....</i>	<i>202</i>
<i>clonazepam orally</i> <i>disintegrating tab 2 mg</i> <i>.....</i>	<i>201</i>	<i>clorazepate dipotassium</i> <i>tab 7.5 mg.....</i>	<i>202</i>

<i>clotrimazole cream 1%</i>		<i>COARTEM TAB 20-</i>	
.....	346	<i>120MG</i>	65
<i>clotrimazole soln 1%</i>	346	<i>COBENFY CAP 100-20MG</i>	
<i>clotrimazole troche 10</i>		.....	186
<i>mg</i>	356	<i>COBENFY CAP 125-30MG</i>	
<i>clotrimazole w/</i>		.....	186
<i>betamethasone cream</i>		<i>COBENFY CAP 50-20MG</i>	
<i>1-0.05%</i>	346	.....	186
<i>clozapine orally</i>		<i>COBENFY STRT CAP</i>	
<i>disintegrating tab 100</i>		<i>PACK</i>	186
<i>mg</i>	186	<i>colchicine tab 0.6 mg</i>	46
<i>clozapine orally</i>		<i>colchicine w/ probenecid</i>	
<i>disintegrating tab 12.5</i>		<i>tab 0.5-500 mg</i>	46
<i>mg</i>	185	<i>colesevelam hcl packet</i>	
<i>clozapine orally</i>		<i>for susp 3.75 gm</i>	143
<i>disintegrating tab 150</i>		<i>colesevelam hcl tab 625</i>	
<i>mg</i>	186	<i>mg</i>	143
<i>clozapine orally</i>		<i>colestipol hcl granule</i>	
<i>disintegrating tab 200</i>		<i>packets 5 gm</i>	143
<i>mg</i>	186	<i>colestipol hcl granules 5</i>	
<i>clozapine orally</i>		<i>gm</i>	143
<i>disintegrating tab 25</i>		<i>colestipol hcl tab 1 gm</i>	
<i>mg</i>	186	.....	143
<i>clozapine tab 100 mg</i>		<i>colistimethate sod for inj</i>	
.....	186	<i>150 mg (colistin base</i>	
<i>clozapine tab 200 mg</i>		<i>activity)</i>	57
.....	186	<i>COMBIGAN SOL</i>	
<i>clozapine tab 25 mg</i>	186	<i>0.2/0.5%</i>	325
<i>clozapine tab 50 mg</i>	186	<i>COMBIVENT AER 20-100</i>	
		.....	328

COMETRIQ (60MG DOSE)	104	CRESEMBA CAP 74.5MG	63
COMETRIQ KIT 100MG	104	<i>cromolyn sodium ophth soln 4%</i>	325
COMETRIQ KIT 140MG	104	<i>cromolyn sodium oral conc 100 mg/5ml...</i>	285
<i>compro</i>	277	<i>cromolyn sodium soln nebu 20 mg/2ml....</i>	335
<i>constulose</i>	284	<i>cryselle-28</i>	253
COPAXONE INJ 20MG/ML.....	230	<i>cyclobenzaprine hcl tab 10 mg</i>	232
COPAXONE INJ 40MG/ML.....	230	<i>cyclobenzaprine hcl tab 5 mg</i>	232
COPIKTRA CAP 15MG	104	CYCLOPHOSPH INJ 1000MG	89
COPIKTRA CAP 25MG	104	CYCLOPHOSPH INJ 1GM/2ML.....	89
CORLANOR SOL 5MG/5ML.....	155	CYCLOPHOSPH INJ 1GM/5ML.....	89
COTELLIC TAB 20MG	104	CYCLOPHOSPH INJ 2000MG	89
CREON CAP 12000UNT	285	CYCLOPHOSPH INJ 2GM/4ML.....	89
CREON CAP 24000UNT	285	CYCLOPHOSPH INJ 500/5ML.....	89
CREON CAP 3000UNIT	285	CYCLOPHOSPH INJ 500MG/ML.....	89
CREON CAP 36000UNT	285	CYCLOPHOSPH TAB 25MG	89
CREON CAP 6000UNIT	285		
CRESEMBA CAP 186MG	63		

CYCLOPHOSPH TAB		
50MG	89	
CYCLOPHOSPHA INJ		
2GM/10ML	89	
CYCLOPHOSPHA INJ		
500/2.5	89	
<i>cyclophosphamide cap</i>		
25 mg	89	
<i>cyclophosphamide cap</i>		
50 mg	89	
<i>cyclophosphamide for inj</i>		
1 gm	89	
<i>cyclophosphamide for inj</i>		
2 gm	89	
<i>cyclophosphamide for inj</i>		
500 mg	89	
<i>cyclophosphamide iv</i>		
<i>soln 1 gm/5ml (200</i>		
<i>mg/ml).....</i>	89	
<i>cycloserine cap 250 mg</i>		
.....	71	
<i>cyclosporine cap 100 mg</i>		
.....	309	
<i>cyclosporine cap 25 mg</i>		
.....	309	
<i>cyclosporine modified</i>		
<i>cap 100 mg.....</i>	310	
<i>cyclosporine modified</i>		
<i>cap 25 mg</i>	309	
<i>cyclosporine modified</i>		
<i>cap 50 mg</i>	310	
<i>cyclosporine modified</i>		
<i>oral soln 100 mg/ml</i>		
.....	310	
<i>cyproheptadine hcl syrup</i>		
2 mg/5ml	330	
<i>cyproheptadine hcl tab 4</i>		
<i>mg</i>	330	
<i>cyred eq.....</i>	253	
CYSTADROPS SOL		
0.37%.....	326	
CYSTAGON CAP 150MG		
.....	269	
CYSTAGON CAP 50MG		
.....	269	
CYSTARAN SOL 0.44%		
.....	326	
<i>cytarabine inj 20 mg/ml</i>		
.....	90	
D		
D10W/NACL INJ 0.2%		
.....	314	
D10W/NACL INJ 0.45%		
.....	314	
D2.5W/NACL INJ 0.45%		
.....	314	
D5W/NACL INJ 0.2%		314
D5W/NACL INJ 0.45%		
.....	314	

<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq).</i>	293	<i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i>	238
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq).</i>	293	<i>dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg</i>	237
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq).</i>	293	<i>dapagliflozin tab 10 mg</i>	238
<i>dalfampridine tab er 12hr 10 mg.....</i>	230	<i>dapagliflozin tab 5 mg</i>	238
<i>danazol cap 100 mg.</i>	236	<i>dapsone tab 100 mg ..</i>	57
<i>danazol cap 200 mg.</i>	236	<i>dapsone tab 25 mg....</i>	57
<i>danazol cap 50 mg ..</i>	236	<i>DAPTACEL INJ.....</i>	311
<i>dantrolene sodium cap 100 mg</i>	232	<i>daptomycin for iv soln 350 mg</i>	58
<i>dantrolene sodium cap 25 mg</i>	232	<i>daptomycin for iv soln 500 mg</i>	58
<i>dantrolene sodium cap 50 mg</i>	232	<i>DAPTOMYCIN INJ 350MG</i>	58
<i>DANZITEN TAB 71MG</i>	104	<i>darunavir tab 600 mg</i>	66
<i>DANZITEN TAB 95MG</i>	104	<i>darunavir tab 800 mg</i>	66
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg ..</i>	238	<i>dasatinib tab 100 mg</i>	105
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg</i>	238	<i>dasatinib tab 140 mg</i>	105
		<i>dasatinib tab 20 mg.</i>	104
		<i>dasatinib tab 50 mg.</i>	104
		<i>dasatinib tab 70 mg.</i>	105
		<i>dasatinib tab 80 mg.</i>	105
		<i>dasetta 1/35.....</i>	253
		<i>dasetta 7/7/7.....</i>	253

DAURISMO TAB 100MG		<i>desipramine hcl tab 10</i>	
.....	105	<i>mg</i>	169
DAURISMO TAB 25MG		<i>desipramine hcl tab 100</i>	
.....	105	<i>mg</i>	170
<i>daysee</i>	253	<i>desipramine hcl tab 150</i>	
DAYVIGO TAB 10MG	222	<i>mg</i>	170
DAYVIGO TAB 5MG ..	222	<i>desipramine hcl tab 25</i>	
<i>deblitane</i>	253	<i>mg</i>	169
<i>deferasirox tab 180 mg</i>		<i>desipramine hcl tab 50</i>	
.....	251	<i>mg</i>	169
<i>deferasirox tab 360 mg</i>		<i>desipramine hcl tab 75</i>	
.....	251	<i>mg</i>	169
<i>deferasirox tab 90 mg</i>		<i>desmopressin acetate inj</i>	
.....	251	<i>4 mcg/ml.....</i>	269
<i>deferasirox tab for oral</i>		<i>desmopressin acetate</i>	
<i>susp 125 mg</i>	251	<i>nasal spray soln 0.01%</i>	
<i>deferasirox tab for oral</i>		.....	269
<i>susp 250 mg</i>	251	<i>desmopressin acetate</i>	
<i>deferasirox tab for oral</i>		<i>nasal spray soln 0.01%</i>	
<i>susp 500 mg</i>	251	<i>(refrigerated).....</i>	269
DELSTRIGO TAB	69	<i>desmopressin acetate</i>	
DENGVAXIA SUS	311	<i>preservative free (pf)</i>	
DEPO-SQ PROV INJ	104	<i>inj 4 mcg/ml</i>	269
.....	253	<i>desmopressin acetate</i>	
<i>depo-testosterone</i>	236	<i>tab 0.1 mg.....</i>	269
DESCOVY TAB 120-		<i>desmopressin acetate</i>	
15MG	69	<i>tab 0.2 mg.....</i>	269
DESCOVY TAB		<i>desogest-eth estrad &</i>	
200/25MG	69	<i>eth estrad tab 0.15-</i>	

0.02/0.01 mg(21/5)	
.....	253
desvenlafaxine succinate	
tab er 24hr 100 mg	
(base equiv).....	170
desvenlafaxine succinate	
tab er 24hr 25 mg	
(base equiv).....	170
desvenlafaxine succinate	
tab er 24hr 50 mg	
(base equiv).....	170
DEXAMETHASON CON	
1MG/ML.....	264
dexamethasone elixir	
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		<i>etodolac tab er 24hr 400 mg</i>	48
		<i>etodolac tab er 24hr 500 mg</i>	48
		<i>etodolac tab er 24hr 600 mg</i>	48

<i>etonogestrel-ethinyl</i>	
<i>estradiol va ring 0.12-</i>	
<i>0.015 mg/24hr</i>	254
<i>etoposide inj 1 gm/50ml</i>	
<i>(20 mg/ml)</i>	100
<i>etoposide inj 100</i>	
<i>mg/5ml (20 mg/ml)100</i>	
<i>etoposide inj 500</i>	
<i>mg/25ml (20 mg/ml)</i>	
<i>.....</i>	100
<i>etravirine tab 100 mg</i>	67
<i>etravirine tab 200 mg</i>	67
<i>EUCRISA OIN 2%</i>	353
<i>EULEXIN CAP 125MG .</i>	94
<i>everolimus tab 0.25 mg</i>	
<i>.....</i>	310
<i>everolimus tab 0.5 mg</i>	
<i>.....</i>	310
<i>everolimus tab 0.75 mg</i>	
<i>.....</i>	310
<i>everolimus tab 1 mg</i>	310
<i>everolimus tab 10 mg</i>	
<i>.....</i>	106
<i>everolimus tab 2.5 mg</i>	
<i>.....</i>	106
<i>everolimus tab 5 mg</i>	106
<i>everolimus tab 7.5 mg</i>	
<i>.....</i>	106
<i>everolimus tab for oral</i>	
<i>susp 2 mg.....</i>	106
<i>everolimus tab for oral</i>	
<i>susp 3 mg</i>	106
<i>everolimus tab for oral</i>	
<i>susp 5 mg</i>	106
<i>EVOTAZ TAB 300-150</i>	70
<i>exemestane tab 25 mg</i>	
<i>.....</i>	94
<i>EXXUA TAB 18.2MG .</i>	172
<i>EXXUA TAB 36.3MG .</i>	172
<i>EXXUA TAB 54.5MG .</i>	173
<i>EXXUA TAB 72.6MG .</i>	173
<i>EXXUA TITRAT TAB</i>	
<i>18.2MG</i>	173
<i>EYSUVIS DRO 0.25%326</i>	
<i>ezetimibe tab 10 mg</i>	143
<i>ezetimibe-simvastatin</i>	
<i>tab 10-10 mg.....</i>	143
<i>ezetimibe-simvastatin</i>	
<i>tab 10-20 mg.....</i>	143
<i>ezetimibe-simvastatin</i>	
<i>tab 10-40 mg.....</i>	143
<i>ezetimibe-simvastatin</i>	
<i>tab 10-80 mg.....</i>	143
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<i>FABRAZYME INJ 35MG</i>	
<i>.....</i>	270
<i>FABRAZYME INJ 5MG269</i>	
<i>falmina</i>	254
<i>famciclovir tab 125 mg</i>	
<i>.....</i>	72

<i>famciclovir tab 250 mg</i>	72	FASENRA INJ 10MG/0.5	335
<i>famciclovir tab 500 mg</i>	72	FASENRA INJ 30MG/ML	336
<i>famotidine for susp 40 mg/5ml</i>	282	FASENRA PEN INJ 30MG/ML	336
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	282	<i>feirza tab 1.5/30</i>	254
<i>famotidine inj 200 mg/20ml</i>	282	<i>feirza tab 1/20</i>	255
<i>famotidine inj 40 mg/4ml</i>	282	<i>felbamate susp 600 mg/5ml</i>	205
<i>famotidine preservative free inj 20 mg/2ml</i>	282	<i>felbamate tab 400 mg</i>	206
<i>famotidine tab 20 mg</i>	282	<i>felbamate tab 600 mg</i>	206
<i>famotidine tab 40 mg</i>	282	<i>felodipine tab er 24hr 10 mg</i>	151
FANAPT PAK PACK A	187	<i>felodipine tab er 24hr 2.5 mg</i>	151
FANAPT PAK PACK B	187	<i>felodipine tab er 24hr 5 mg</i>	151
FANAPT PAK PACK C	187	<i>fenofibrate micronized cap 134 mg</i>	140
FANAPT TAB 10MG...	188	<i>fenofibrate micronized cap 200 mg</i>	140
FANAPT TAB 12MG...	188	<i>fenofibrate micronized cap 67 mg</i>	140
FANAPT TAB 1MG	187	<i>fenofibrate tab 145 mg</i>	140
FANAPT TAB 2MG	187	<i>fenofibrate tab 160 mg</i>	140
FANAPT TAB 4MG	188		
FANAPT TAB 6MG	188		
FANAPT TAB 8MG	188		
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<i>fenofibrate tab 48 mg</i>	140	FIASP FLEX INJ TOUCH	245
.....	140	FIASP INJ 100/ML....	245
<i>fenofibrate tab 54 mg</i>	140	FIASP PENFIL INJ U-100	245
.....	140	.....	245
<i>fentanyl td patch 72hr</i>	50	FIASP PMPCRT INJ U-	246
100 mcg/hr.....	50	100.....	246
<i>fentanyl td patch 72hr</i>	49	<i>fidaxomicin tab 200 mg</i>	80
12 mcg/hr	49	.....	80
<i>fentanyl td patch 72hr</i>	49	<i>finasteride tab 5 mg</i>	289
25 mcg/hr	49	<i>finzala</i>	255
<i>fentanyl td patch 72hr</i>	49	FIRMAGON INJ 120MG	94
37.5 mcg/hr.....	49	FIRMAGON INJ 80MG	.94
<i>fentanyl td patch 72hr</i>	49	<i>flac oil 0.01% ot</i>	327
50 mcg/hr	49	FLEBOGAMMA INJ	307
<i>fentanyl td patch 72hr</i>	50	10/200ML.....	307
62.5 mcg/hr.....	50	FLEBOGAMMA INJ	307
<i>fentanyl td patch 72hr</i>	50	20/400ML.....	307
75 mcg/hr	50	FLEBOGAMMA INJ DIF	307
<i>fentanyl td patch 72hr</i>	50	5%	307
87.5 mcg/hr.....	50	<i>flecainide acetate tab</i>	138
<i>fesoterodine fumarate</i>	291	100 mg	138
<i>tab er 24hr 4 mg</i> ...	291	<i>flecainide acetate tab</i>	139
<i>fesoterodine fumarate</i>	291	150 mg	139
<i>tab er 24hr 8 mg</i> ...	291	<i>flecainide acetate tab 50</i>	138
FETZIMA CAP 120MG	173	mg	138
FETZIMA CAP 20MG	.173		
FETZIMA CAP 40MG	.173		
FETZIMA CAP 80MG	.173		
FETZIMA CAP TITRATIO	173		
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<i>fluconazole for susp 10 mg/ml</i>	63	<i>fluocinolone acetonide oil 0.01% (body oil)</i>	350
<i>fluconazole for susp 40 mg/ml</i>	63	<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	350
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	63	<i>fluocinolone acetonide oint 0.025%</i>	350
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	63	<i>fluocinolone acetonide soln 0.01%</i>	350
<i>fluconazole tab 100 mg</i>	63	<i>fluocinonide cream 0.05%</i>	350
<i>fluconazole tab 150 mg</i>	63	<i>fluocinonide cream 0.1%</i>	350
<i>fluconazole tab 200 mg</i>	63	<i>fluocinonide emulsified base cream 0.05%</i> . 350	
<i>fluconazole tab 50 mg</i>	63	<i>fluocinonide gel 0.05%</i>	350
<i>flucytosine cap 250 mg</i>	63	<i>fluocinonide oint 0.05%</i>	350
<i>flucytosine cap 500 mg</i>	64	<i>fluocinonide soln 0.05%</i>	350
<i>fludrocortisone acetate tab 0.1 mg</i>	265	<i>fluorometholone ophth susp 0.1%</i>	324
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i> .	340	<i>fluorouracil cream 5%</i>	353
<i>fluocinolone acetonide (otic) oil 0.01%</i>	327	<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	90
<i>fluocinolone acetonide cream 0.01%</i>	349	<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	91
<i>fluocinolone acetonide cream 0.025%</i>	350		

<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	91	<i>fluphenazine hcl tab 5 mg</i>	188
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	91	<i>flurbiprofen sodium ophth soln 0.03%</i>	324
<i>fluorouracil soln 2%</i>	353	<i>flurbiprofen tab 100 mg</i>	48
<i>fluorouracil soln 5%</i>	353	<i>fluticasone propionate cream 0.05%</i>	351
<i>fluoxetine hcl cap 10 mg</i>	173	<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	341
<i>fluoxetine hcl cap 20 mg</i>	173	<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	341
<i>fluoxetine hcl cap 40 mg</i>	173	<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	341
<i>fluoxetine hcl solution 20 mg/5ml</i>	173	<i>fluticasone propionate nasal susp 50 mcg/act</i>	340
<i>fluphenazine decanoate inj 25 mg/ml</i>	188	<i>fluticasone propionate oint 0.005%</i>	351
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	188	<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	342
<i>fluphenazine hcl inj 2.5 mg/ml</i>	188	<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	343
<i>fluphenazine hcl oral conc 5 mg/ml</i>	188		
<i>fluphenazine hcl tab 1 mg</i>	188		
<i>fluphenazine hcl tab 10 mg</i>	188		
<i>fluphenazine hcl tab 2.5 mg</i>	188		

<i>fluticasone-salmeterol</i>	
<i>aer powder ba 500-50</i>	
<i>mcg/act.....</i>	<i>343</i>
<i>fluvoxamine maleate tab</i>	
<i>100 mg</i>	<i>163</i>
<i>fluvoxamine maleate tab</i>	
<i>25 mg</i>	<i>162</i>
<i>fluvoxamine maleate tab</i>	
<i>50 mg</i>	<i>162</i>
<i>fondaparinux sodium</i>	
<i>subcutaneous inj 10</i>	
<i>mg/0.8ml</i>	<i>295</i>
<i>fondaparinux sodium</i>	
<i>subcutaneous inj 2.5</i>	
<i>mg/0.5ml</i>	<i>295</i>
<i>fondaparinux sodium</i>	
<i>subcutaneous inj 5</i>	
<i>mg/0.4ml</i>	<i>295</i>
<i>fondaparinux sodium</i>	
<i>subcutaneous inj 7.5</i>	
<i>mg/0.6ml</i>	<i>295</i>
<i>fosamprenavir calcium</i>	
<i>tab 700 mg (base</i>	
<i>equiv)</i>	<i>67</i>
<i>fosfomycin</i>	
<i>tromethamine powd</i>	
<i>pack 3 gm (base</i>	
<i>equivalent)</i>	<i>58</i>
<i>fosinopril sodium &</i>	
<i>hydrochlorothiazide tab</i>	
<i>10-12.5 mg</i>	<i>128</i>
<i>fosinopril sodium &</i>	
<i>hydrochlorothiazide tab</i>	
<i>20-12.5 mg</i>	<i>128</i>
<i>fosinopril sodium tab 10</i>	
<i>mg</i>	<i>129</i>
<i>fosinopril sodium tab 20</i>	
<i>mg</i>	<i>129</i>
<i>fosinopril sodium tab 40</i>	
<i>mg</i>	<i>129</i>
<i>FOTIVDA CAP 0.89MG</i>	
<i>.....</i>	<i>106</i>
<i>FOTIVDA CAP 1.34MG</i>	
<i>.....</i>	<i>106</i>
<i>FRINDOVYX INJ</i>	
<i>1GM/2ML.....</i>	<i>89</i>
<i>FRINDOVYX INJ</i>	
<i>2GM/4ML.....</i>	<i>90</i>
<i>FRINDOVYX INJ</i>	
<i>500MG/ML.....</i>	<i>90</i>
<i>FRUZAQLA CAP 1MG</i>	<i>106</i>
<i>FRUZAQLA CAP 5MG</i>	<i>107</i>
<i>FULPHILA INJ 6/0.6ML</i>	
<i>.....</i>	<i>297</i>
<i>fulvestrant inj soln pref</i>	
<i>syr 250 mg/5ml.....</i>	<i>94</i>
<i>furosemide inj.....</i>	<i>153</i>

<i>furosemide oral soln 10 mg/ml</i>	153	<i>gabapentin oral soln 250 mg/5ml</i>	207
<i>furosemide oral soln 8 mg/ml</i>	153	<i>gabapentin tab 600 mg</i>	207
<i>furosemide tab 20 mg</i>	153	<i>gabapentin tab 800 mg</i>	207
<i>furosemide tab 40 mg</i>	153	<i>galantamine hydrobromide cap er 24hr 16 mg</i>	164
<i>furosemide tab 80 mg</i>	153	<i>galantamine hydrobromide cap er 24hr 24 mg</i>	164
<i>fyavolv tab 0.5mg-2.5mcg</i>	263	<i>galantamine hydrobromide cap er 24hr 8 mg</i>	164
<i>fyavolv tab 1mg-5mcg</i>	263	<i>galantamine hydrobromide oral soln 4 mg/ml</i>	164
FYCOMPA SUS 0.5MG/ML.....	206	<i>galantamine hydrobromide tab 12 mg</i>	164
FYCOMPA TAB 10MG	206	<i>galantamine hydrobromide tab 4 mg</i>	164
FYCOMPA TAB 12MG	206	<i>galantamine hydrobromide tab 8 mg</i>	164
FYCOMPA TAB 2MG..	206	<i>galbriela chw</i>	255
FYCOMPA TAB 4MG..	206	<i>gallifrey</i>	274
FYCOMPA TAB 6MG..	206	GAMASTAN INJ	307
FYCOMPA TAB 8MG..	206		
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<i>gabapentin cap 100 mg</i>	206		
<i>gabapentin cap 300 mg</i>	206		
<i>gabapentin cap 400 mg</i>	207		

GAMMAGARD INJ		GAMMGD ERC INJ	
10GM/100	307	5GM/50ML	308
GAMMAGARD INJ		GAMUNEX-C INJ	
1GM/10ML	307	10GM/100	308
GAMMAGARD INJ		GAMUNEX-C INJ	
2.5GM/25	307	1GM/10ML	308
GAMMAGARD INJ		GAMUNEX-C INJ	
20GM/200	307	2.5GM/25	308
GAMMAGARD INJ		GAMUNEX-C INJ	
30GM/300	307	20GM/200	308
GAMMAGARD INJ		GAMUNEX-C INJ	
5GM/50ML	307	40/400ML	308
GAMMAGARD SD INJ		GAMUNEX-C INJ	
10GM HU	307	5GM/50ML	308
GAMMAGARD SD INJ		<i>ganciclovir sodium for inj</i>	
5GM HU	307	500 mg	73
GAMMAKED INJ		GARDASIL 9 INJ	312
10GM/100	307	<i>gatifloxacin ophth soln</i>	
GAMMAKED INJ		0.5%	322
1GM/10ML	307	GATTEX KIT 5MG	285
GAMMAKED INJ		GAUZE PADS 2	246
20GM/200	307	<i>gavilyte-c</i>	284
GAMMAKED INJ		<i>gavilyte-g</i>	284
5GM/50ML	307	<i>gavilyte-n/flavor pack</i>	
GAMMAPLEX INJ 10%		.....	284
.....	308	GAVRETO CAP 100MG	
GAMMAPLEX INJ 5%	307	.....	107
GAMMGD ERC INJ		<i>gefitinib tab 250 mg</i>	107
10/100ML	308	<i>gemcitabine hcl for inj 1</i>	
		<i>gm</i>	91

<i>gemcitabine hcl for inj 2 gm</i>	91	GENOTROPIN INJ 1.6MG	270
<i>gemcitabine hcl for inj 200 mg</i>	91	GENOTROPIN INJ 1.8MG	270
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	91	GENOTROPIN INJ 12MG	270
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	91	GENOTROPIN INJ 1MG	270
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	91	GENOTROPIN INJ 2MG	270
<i>gemfibrozil tab 600 mg</i>	140	GENOTROPIN INJ 5MG	270
GEMTESA TAB 75MG	291	<i>gentamicin in saline inj 0.8 mg/ml</i>	58
<i>generlac</i>	284	<i>gentamicin in saline inj 1 mg/ml</i>	58
<i>gengraf</i>	310	<i>gentamicin in saline inj 1.2 mg/ml</i>	58
GENOTROPIN INJ 0.2MG	270	<i>gentamicin in saline inj 1.6 mg/ml</i>	58
GENOTROPIN INJ 0.4MG	270	<i>gentamicin in saline inj 2 mg/ml</i>	58
GENOTROPIN INJ 0.6MG	270	<i>gentamicin sulfate cream 0.1%</i>	345
GENOTROPIN INJ 0.8MG	270	<i>gentamicin sulfate inj 10 mg/ml</i>	58
GENOTROPIN INJ 1.2MG	270	<i>gentamicin sulfate inj 40 mg/ml</i>	59
GENOTROPIN INJ 1.4MG	270	<i>gentamicin sulfate oint 0.1%</i>	345

<i>gentamicin sulfate ophth soln 0.3%</i>	323	<i>glipizide tab er 24hr 2.5 mg</i>	239
GENVOYA TAB.....	70	<i>glipizide tab er 24hr 5 mg</i>	239
GILOTRIF TAB 20MG	107	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	239
GILOTRIF TAB 30MG	107	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	239
GILOTRIF TAB 40MG	107	<i>glipizide-metformin hcl tab 5-500 mg</i>	239
GLARGIN YFGN INJ 100U/ML.....	246	<i>glycopyrrolate tab 1 mg</i>	282
GLARGIN YFGN SOL 100U/ML.....	246	<i>glycopyrrolate tab 2 mg</i>	282
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	231	<i>glydo</i>	352
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	231	GLYXAMBI TAB 10-5 MG	239
<i>glatopa</i>	231	GLYXAMBI TAB 25-5 MG	239
GLEOSTINE CAP 100MG	90	GOMEKLI CAP 1MG ..	107
GLEOSTINE CAP 10MG	90	GOMEKLI CAP 2MG ..	107
GLEOSTINE CAP 40MG	90	GOMEKLI TAB 1MG ..	107
<i>glimepiride tab 1 mg</i>	238	<i>granisetron hcl inj 1 mg/ml</i>	278
<i>glimepiride tab 2 mg</i>	238	<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i> .	278
<i>glimepiride tab 4 mg</i>	238	<i>granisetron hcl tab 1 mg</i>	278
<i>glipizide tab 10 mg</i> ..	239	<i>griseofulvin microsize susp 125 mg/5ml</i>	64
<i>glipizide tab 5 mg</i>	239		
<i>glipizide tab er 24hr 10 mg</i>	239		

<i>griseofulvin microsized</i>	GVOKE HYPO 2 INJ
<i>tab 500 mg</i> 64	1/0.2ML 268
<i>griseofulvin</i>	GVOKE KIT SOL 1/0.2ML
<i>ultramicrosized tab 125</i>	..... 268
<i>mg</i> 64	GVOKE PFS INJ 1/0.2ML
<i>griseofulvin</i>	..... 268
<i>ultramicrosized tab 250</i>	H
<i>mg</i> 64	HADLIMA INJ 40/0.4ML
<i>guanfacine hcl tab 1 mg</i>	..... 301
..... 156	HADLIMA INJ 40/0.8ML
<i>guanfacine hcl tab 2 mg</i>	..... 301
..... 156	HADLIMA PUSH INJ
<i>guanfacine hcl tab er</i>	40/0.4ML..... 301
<i>24hr 1 mg (base equiv)</i>	HADLIMA PUSH INJ
..... 221	40/0.8ML..... 301
<i>guanfacine hcl tab er</i>	HAEGARDA INJ
<i>24hr 2 mg (base equiv)</i>	2000UNIT 298
..... 221	HAEGARDA INJ
<i>guanfacine hcl tab er</i>	3000UNIT 298
<i>24hr 3 mg (base equiv)</i>	<i>hailey 1.5/30</i> 255
..... 221	<i>hailey 24 fe</i> 255
<i>guanfacine hcl tab er</i>	<i>hailey fe tab 1/20</i> 255
<i>24hr 4 mg (base equiv)</i>	<i>halobetasol propionate</i>
..... 221	<i>cream 0.05%</i> 351
GVOKE HYPO 1 INJ	<i>halobetasol propionate</i>
0.5/.1ML..... 268	<i>oint 0.05%</i> 351
GVOKE HYPO 1 INJ	<i>haloperidol decanoate im</i>
1/0.2ML..... 268	<i>soln 100 mg/ml</i> 189
GVOKE HYPO 2 INJ	<i>haloperidol decanoate im</i>
0.5/.1ML..... 268	<i>soln 50 mg/ml</i> 188

<i>haloperidol lactate inj 5 mg/ml</i>	189	<i>heparin sodium (porcine) inj 5000 unit/ml</i>	295
<i>haloperidol lactate oral conc 2 mg/ml</i>	189	<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	295
<i>haloperidol tab 0.5 mg</i>	189	HEPLISAV-B INJ 20/0.5ML	312
<i>haloperidol tab 1 mg</i>	189	HERCEP HYLEC SOL 60-10000	107
<i>haloperidol tab 10 mg</i>	189	HERCEPTIN INJ 150MG	107
<i>haloperidol tab 2 mg</i>	189	HERCESSI INJ 150MG	107
<i>haloperidol tab 20 mg</i>	189	HERCESSI INJ 420MG	107
<i>haloperidol tab 5 mg</i>	189	HERNEXEOS TAB 60MG	108
HAVRIX INJ 1440UNIT	312	HERZUMA INJ 150MG	108
HAVRIX INJ 720UNIT	312	HERZUMA INJ 420MG	108
<i>heather</i>	255	HIBERIX SOL 10MCG	312
HEP SOD/NACL INJ 25000UNT	295	HUMALOG INJ 100/ML	246
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	295	HUMALOG JR INJ 100/ML	246
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	295	HUMALOG KWPN INJ 100/ML	246
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	295		

HUMALOG KWPN INJ 200/ML.....	246	HUMULIN INJ 70/30KWP	246
HUMALOG MIX INJ 50/50KWP	246	HUMULIN N INJ U-100	246
HUMALOG MIX INJ 75/25KWP	246	HUMULIN N INJ U- 100KWP	246
HUMALOG MIX SUS 75/25.....	246	HUMULIN R INJ U-100	246
HUMALOG TMPO INJ 100/ML.....	246	HUMULIN R INJ U-500	246
HUMIRA INJ 10/0.1ML	302	HUMULIN R INJ U- 500KWP	246
HUMIRA INJ 20/0.2ML	302	<i>hydralazine hcl inj 20 mg/ml.....</i>	156
HUMIRA INJ 40/0.4ML	302	<i>hydralazine hcl tab 10 mg</i>	156
HUMIRA KIT 40MG/0.8	302	<i>hydralazine hcl tab 100 mg</i>	156
HUMIRA PEN INJ 40/0.4ML.....	302	<i>hydralazine hcl tab 25 mg</i>	156
HUMIRA PEN INJ 40MG/0.8	302	<i>hydralazine hcl tab 50 mg</i>	156
HUMIRA PEN INJ 80/0.8ML.....	302	<i>hydrochlorothiazide cap 12.5 mg</i>	154
HUMIRA PEN KIT CD/UC/HS.....	302	<i>hydrochlorothiazide tab 12.5 mg</i>	154
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<i>hydrocodone bitartrate tab er 24hr deter 40 mg.....</i>	<i>50</i>	<i>hydrocortisone enema 100 mg/60ml</i>	<i>283</i>
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		<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	<i>265</i>
		<i>hydrocortisone tab 10 mg</i>	<i>265</i>
		<i>hydrocortisone tab 20 mg</i>	<i>265</i>
		<i>hydrocortisone tab 5 mg</i>	<i>265</i>

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<i>hydrocortisone w/ acetic</i>	
acid otic soln 1-2%	327
<i>hydromorphone hcl liqd</i>	
1 mg/ml	53
<i>hydromorphone hcl tab</i>	
2 mg	54
<i>hydromorphone hcl tab</i>	
4 mg	54
<i>hydromorphone hcl tab</i>	
8 mg	54
<i>hydroxychloroquine</i>	
sulfate tab 200 mg	306
<i>hydroxyurea cap 500 mg</i>	
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25 mg/ml	330
<i>hydroxyzine hcl im soln</i>	
50 mg/ml	330
<i>hydroxyzine hcl syrup 10</i>	
mg/5ml	330
<i>hydroxyzine hcl tab 10</i>	
mg.....	331
<i>hydroxyzine hcl tab 25</i>	
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<i>hydroxyzine pamoate</i>	
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150 mg (base	
equivalent)	250
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IBRANCE CAP 125MG	108
IBRANCE CAP 75MG.	108
IBRANCE TAB 100MG	108
IBRANCE TAB 125MG	108
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<i>ibuprofen susp 100</i>	
mg/5ml	48
<i>ibuprofen tab 400 mg</i>	48
<i>ibuprofen tab 600 mg</i>	48
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IMBRUVICA CAP 70MG	109	IMPAVIDO CAP 50MG.	59
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IMBRUVICA TAB 280MG	110	INCRELEX INJ 40MG/4ML.....	270
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<i>imipenem-cilastatin</i> <i>intravenous for soln</i> 500 mg	59	<i>indapamide tab 2.5 mg</i>	154
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		INLYTA TAB 1MG.....	110
		INLYTA TAB 5MG.....	110
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<i>hydrochlorothiazide tab</i>	
<i>300-12.5 mg</i>	133
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<i>mg/5ml (20 mg/ml) .97</i>	
<i>irinotecan hcl inj 300</i>	
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<i>30 mg</i>	158
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<i>mg</i>	157
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<i>ivabradine hcl tab 7.5 mg</i> (base equiv)	157	JARDIANCE TAB 25MG	240
<i>ivermectin tab 3 mg</i> ...	59	<i>jasmiel</i>	255
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JANUMET XR TAB 100- 1000	240	<i>junel 1.5/30</i>	255
JANUMET XR TAB 50- 1000	240	<i>junel 1/20</i>	255
JANUMET XR TAB 50- 500MG	240	<i>junel fe 1.5/30</i>	255
JANUVIA TAB 100MG	240	<i>junel fe 1/20</i>	255
JANUVIA TAB 25MG .	240	<i>junel fe 24</i>	255

JYLAMVO SOL 2MG/ML	<i>kcl 20 meq/l (0.149%)</i>
..... 306	<i>in nacl 0.9% inj 315</i>
JYNNEOS INJ 312	<i>kcl 20 meq/l (0.15%) in</i>
K	<i>dextrose 5% & nacl</i>
KADCYLA INJ 100MG 111	<i>0.45% inj 315</i>
KADCYLA INJ 160MG 111	<i>kcl 20 meq/l (0.15%) in</i>
<i>kaitlib fe</i> 255	<i>dextrose 5% & nacl</i>
KALETRA SOL..... 70	<i>0.9% inj 315</i>
KALYDECO GRA 13.4MG	<i>kcl 20 meq/l (0.15%) in</i>
..... 336	<i>nacl 0.45% inj 315</i>
KALYDECO GRA 5.8MG	<i>kcl 20 meq/l (0.15%) in</i>
..... 336	<i>nacl 0.9% inj 315</i>
KALYDECO PAK 25MG	<i>kcl 30 meq/l (0.224%)</i>
..... 336	<i>in dextrose 5% & nacl</i>
KALYDECO PAK 50MG	<i>0.45% inj 315</i>
..... 336	<i>kcl 40 meq/l (0.298%)</i>
KALYDECO PAK 75MG	<i>in nacl 0.9% inj 316</i>
..... 336	<i>kcl 40 meq/l (0.3%) in</i>
KALYDECO TAB 150MG	<i>dextrose 5% & nacl</i>
..... 336	<i>0.45% inj 315</i>
KANJINTI INJ 420MG 111	<i>kcl 40 meq/l (0.3%) in</i>
KANJINTI SOL 150MG	<i>dextrose 5% & nacl</i>
..... 111	<i>0.9% inj 315</i>
<i>kariva</i> 255	<i>kcl 40 meq/l (0.3%) in</i>
<i>kcl 10 meq/l (0.075%)</i>	<i>nacl 0.9% inj 315</i>
<i>in dextrose 5% & nacl</i>	KCL/D5W/NACL INJ
<i>0.45% inj 315</i>	0.15/0.2 316
<i>kcl 20 meq/l (0.149%)</i>	KCL/D5W/NACL INJ
<i>in nacl 0.45% inj ... 315</i>	0.3/0.9% 316
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KERENDIA TAB 20MG	130	KISQALI 400 PAK FEMARA	111
KERENDIA TAB 40MG	130	KISQALI 600 DOSE..	112
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<i>ketoconazole shampoo 2%</i>	346	<i>klor-con</i>	318
<i>ketoconazole tab 200 mg</i>	64	<i>klor-con 10</i>	318
<i>ketorolac tromethamine ophth soln 0.4%</i>	324	KLOR-CON 10 TAB 10MEQ ER	318
<i>ketorolac tromethamine ophth soln 0.5%</i>	324	KLOR-CON 8	318
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KEYTRUDA INJ QLEX 790-9600 MG- UNIT/4.8ML	111	<i>klor-con m20</i>	318
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<i>labetalol hcl tab 200 mg</i>	
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<i>labetalol hcl tab 300 mg</i>	
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<i>mg/20ml (10 mg/ml)</i>	
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<i>lacosamide oral</i>	207
<i>lacosamide tab 100 mg</i>	
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<i>(encephalopathy)</i>	
<i>solution 10 gm/15ml</i>	
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<i>gm/15ml</i>	284
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<i>mg/ml</i>	67
<i>lamivudine tab 100 mg</i>	
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<i>lamivudine tab 150 mg</i>	
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<i>lamivudine tab 300 mg</i>	
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<i>lamotrigine tab 150 mg</i>	
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<i>lamotrigine tab 200 mg</i>	
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<i>lamotrigine tab 25 mg</i>	
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<i>100 mg</i>	208
<i>lamotrigine tab er 24hr</i>	
<i>200 mg</i>	208
<i>lamotrigine tab er 24hr</i>	
<i>25 mg</i>	208

<i>lamotrigine tab er 24hr</i>		<i>leflunomide tab 10 mg</i>	
250 mg	208	306
<i>lamotrigine tab er 24hr</i>		<i>leflunomide tab 20 mg</i>	
300 mg	208	306
<i>lamotrigine tab er 24hr</i>		<i>lenalidomide cap 10 mg</i>	
50 mg	208	96
<i>lanreotide acetate</i>		<i>lenalidomide cap 15 mg</i>	
<i>extended release inj</i>		96
120 mg/0.5ml	270	<i>lenalidomide cap 20 mg</i>	
<i>lansoprazole cap delayed</i>		96
<i>release 15 mg</i>	288	<i>lenalidomide cap 25 mg</i>	
<i>lansoprazole cap delayed</i>		96
<i>release 30 mg</i>	288	<i>lenalidomide cap 5 mg</i>	96
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LANTUS SOLOS INJ		mg	96
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250 mg (base equiv)		LENVIMA CAP 14 MG	113
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0.005%	325	<i>leucovorin calcium for inj</i>	
LAZCLUZE TAB 240MG		100 mg	98
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LAZCLUZE TAB 80MG		200 mg	98
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<i>leucovorin calcium for inj</i> 350 mg	98	<i>levalbuterol hcl soln</i> nebu conc 1.25 mg/0.5ml (base equiv)	333
<i>leucovorin calcium for inj</i> 50 mg	98	<i>levalbuterol tartrate</i> inhal aerosol 45 mcg/act (base equiv)	333
<i>leucovorin calcium for inj</i> 500 mg	98	<i>levetiracetam in sodium</i> chloride iv soln 1000 mg/100ml	208
<i>leucovorin calcium inj</i> 500 mg/50ml (10 mg/ml).....	98	<i>levetiracetam in sodium</i> chloride iv soln 1500 mg/100ml	208
<i>leucovorin calcium tab</i> 10 mg	98	<i>levetiracetam in sodium</i> chloride iv soln 500 mg/100ml	208
<i>leucovorin calcium tab</i> 15 mg	98	<i>levetiracetam inj 500</i> mg/5ml (100 mg/ml)	209
<i>leucovorin calcium tab</i> 25 mg	98	<i>levetiracetam oral soln</i> 100 mg/ml.....	209
<i>leucovorin calcium tab 5</i> mg.....	98	<i>levetiracetam tab 1000</i> mg	209
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<i>leuprolide acetate inj kit</i> 1 mg/0.2ml (5 mg/ml)	94	<i>levetiracetam tab 500</i> mg	209
<i>levalbuterol hcl soln</i> nebu 0.31 mg/3ml (base equiv).....	333	<i>levetiracetam tab 750</i> mg	209
<i>levalbuterol hcl soln</i> nebu 0.63 mg/3ml (base equiv).....	333		
<i>levalbuterol hcl soln</i> nebu 1.25 mg/3ml (base equiv).....	333		

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<i>levetiracetam tab er</i>	
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<i>levetiracetam tab er</i>	
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<i>levobunolol hcl ophth</i>	
<i>soln 0.5%</i>	325
<i>levocarnitine oral soln 1</i>	
<i>gm/10ml (10%)</i>	270
<i>levocarnitine tab 330 mg</i>	
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<i>dihydrochloride soln</i>	
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mg/ml).....	332
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<i>soln 500 mg/100ml..</i>	81
<i>levofloxacin in d5w iv</i>	
<i>soln 750 mg/150ml..</i>	81
<i>levofloxacin iv soln 25</i>	
mg/ml.....	81
<i>levofloxacin oral soln 25</i>	
mg/ml.....	81
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<i>levofloxacin tab 500 mg</i>	
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<i>levofloxacin tab 750 mg</i>	
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mg ð est 0.01 mg	
.....	256
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<i>estradiol (91-day) tab</i>	
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<i>levonorgestrel & ethinyl</i>	
<i>estradiol tab 0.1 mg-20</i>	
mcg	256
<i>levonorgestrel-eth estra</i>	
<i>tab 0.05-30/0.075-</i>	
40/0.125-30mg-mcg	
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<i>tab 125 mcg</i>	275
<i>levothyroxine sodium</i>	
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<i>nitroglycerin oint 0.4%</i>		<i>mg-20 mcg</i>	258
.....	354	<i>norethindrone ace &</i>	
<i>nitroglycerin sl tab 0.3</i>		<i>ethinyl estradiol tab 1.5</i>	
<i>mg.....</i>	158	<i>mg-30 mcg</i>	258
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<i>mg.....</i>	158	<i>ethinyl estradiol-fe tab</i>	
<i>nitroglycerin sl tab 0.6</i>		1 mg-20 mcg	258
<i>mg.....</i>	158	<i>norethindrone ace-eth</i>	
<i>nitroglycerin td patch</i>		<i>estradiol-fe chew tab 1</i>	
24hr 0.1 mg/hr.....	158	1 mg-20 mcg (24)	259
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NUZYRA TAB 150MG ..	88	<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	271
<i>nyamyc</i>	346	<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	271
<i>nylia 1/35</i>	259	<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	271
<i>nylia 7/7/7</i>	259	<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	271
<i>nystatin cream 100000 unit/gm</i>	346	<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	272
<i>nystatin oint 100000 unit/gm</i>	347		
<i>nystatin susp 100000 unit/ml</i>	356		
<i>nystatin tab 500000 unit</i>	64		
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<i>subcutaneous soln pref</i>	
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<i>0.3%</i>	323
<i>ofloxacin otic soln 0.3%</i>	
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OGIVRI INJ 420MG ..	115
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OGSIVEO TAB 150MG	
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OJEMDA TAB 100MG	116
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OJJAARA TAB 150MG	116
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<i>olanzapine orally</i>	
<i>disintegrating tab 10</i>	
<i>mg</i>	191
<i>olanzapine orally</i>	
<i>disintegrating tab 15</i>	
<i>mg</i>	192
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<i>mg</i>	192
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<i>olanzapine tab 10 mg</i>	
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<i>olanzapine tab 20 mg</i>	
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<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	133	OMNIPOD 5 DX KIT INT G7G6	248
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	134	OMNIPOD 5 DX MIS POD G7G6	248
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	134	OMNIPOD 5 L2 KIT INTRO G6	248
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	134	OMNIPOD 5 L2 MIS PODS G6	248
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	134	OMNIPOD DASH KIT INTRO	248
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	134	OMNIPOD DASH MIS PODS	249
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	134	<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i> .	279
<i>omega-3-acid ethyl esters cap 1 gm</i>	144	<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	279
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<i>omeprazole cap delayed release 20 mg</i>	288	<i>ondansetron hcl oral soln 4 mg/5ml</i>	279
		<i>ondansetron hcl tab 4 mg</i>	279
		<i>ondansetron hcl tab 8 mg</i>	279
		<i>ondansetron orally disintegrating tab 4 mg</i>	279

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<i>disintegrating tab 8 mg</i>	
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ONTRUZANT INJ 150MG	
.....	116
ONTRUZANT INJ 420MG	
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ONUREG TAB 200MG..	92
ONUREG TAB 300MG..	92
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OPIPZA MIS 2MG.....	192
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<i>cap 30 mg (base equiv)</i>	
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<i>oseltamivir phosphate</i>	
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.....	73
<i>oseltamivir phosphate</i>	
<i>cap 75 mg (base equiv)</i>	
.....	73
<i>oseltamivir phosphate</i>	
<i>for susp 6 mg/ml (base</i>	
<i>equiv)</i>	73
OSPOMYV INJ 60MG/ML	
.....	250
<i>oxacillin sodium for inj 1</i>	
<i>gm (base equivalent)</i>	85
<i>oxacillin sodium for inj 2</i>	
<i>gm (base equivalent)</i>	85
<i>oxacillin sodium for iv</i>	
<i>soln 10 gm (base</i>	
<i>equivalent)</i>	85
<i>oxaliplatin for iv inj 100</i>	
<i>mg</i>	90
<i>oxaliplatin for iv inj 50</i>	
<i>mg</i>	90
<i>oxaliplatin iv soln 100</i>	
<i>mg/20ml</i>	90
<i>oxaliplatin iv soln 200</i>	
<i>mg/40ml</i>	90
<i>oxaliplatin iv soln 50</i>	
<i>mg/10ml</i>	90
<i>oxcarbazepine susp 300</i>	
<i>mg/5ml (60 mg/ml)</i>	209

<i>oxcarbazepine tab 150 mg</i>	209	<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	56
<i>oxcarbazepine tab 300 mg</i>	209	<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	55
<i>oxcarbazepine tab 600 mg</i>	210	<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	55
<i>oxybutynin chloride solution 5 mg/5ml.</i>	291	<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	55
<i>oxybutynin chloride tab 5 mg</i>	291	<i>OXYCONTIN TAB 10MG ER</i>	51
<i>oxybutynin chloride tab er 24hr 10 mg</i>	292	<i>OXYCONTIN TAB 15MG ER</i>	52
<i>oxybutynin chloride tab er 24hr 15 mg</i>	292	<i>OXYCONTIN TAB 20MG ER</i>	52
<i>oxybutynin chloride tab er 24hr 5 mg</i>	292	<i>OXYCONTIN TAB 30MG ER</i>	52
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i> .	55	<i>OXYCONTIN TAB 40MG ER</i>	52
<i>oxycodone hcl soln 5 mg/5ml</i>	55	<i>OXYCONTIN TAB 60MG ER</i>	52
<i>oxycodone hcl tab 10 mg</i>	55	<i>OXYCONTIN TAB 80MG ER</i>	52
<i>oxycodone hcl tab 15 mg</i>	55	<i>OZEMPIC (0.25 OR 0.5MG/DOSE)</i>	242
<i>oxycodone hcl tab 20 mg</i>	55	<i>OZEMPIC (1MG/DOSE)</i>	242
<i>oxycodone hcl tab 30 mg</i>	55		
<i>oxycodone hcl tab 5 mg</i>	55		

OZEMPIC (2MG/DOSE)
..... 242

P

pacerone 139

paclitaxel inj 100mg. 100

paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)
..... 100

*paclitaxel iv conc 150 mg/25ml (6 mg/ml)*100

paclitaxel iv conc 30 mg/5ml (6 mg/ml). 100

*paclitaxel iv conc 300 mg/50ml (6 mg/ml)*100

paliperidone tab er 24hr 1.5 mg 193

paliperidone tab er 24hr 3 mg 193

paliperidone tab er 24hr 6 mg 193

paliperidone tab er 24hr 9 mg 193

pamidronate disodium iv soln 3 mg/ml..... 250

pamidronate disodium iv soln 9 mg/ml..... 250

PAMIDRONATE INJ
6MG/ML..... 250

PANRETIN GEL 0.1% 354

pantoprazole sodium ec tab 20 mg (base equiv)
..... 289

pantoprazole sodium ec tab 40 mg (base equiv)
..... 289

pantoprazole sodium for iv soln 40 mg (base equiv) 289

PANZYGA SOL 10/100ML
..... 308

PANZYGA SOL
1GM/10ML..... 308

PANZYGA SOL 2.5/25ML
..... 308

PANZYGA SOL 20/200ML
..... 308

PANZYGA SOL 30/300ML
..... 309

PANZYGA SOL
5GM/50ML..... 308

paricalcitol cap 1 mcg
..... 277

paricalcitol cap 2 mcg
..... 277

paricalcitol cap 4 mcg
..... 277

paroxetine hcl oral susp 10 mg/5ml (base equiv) 175

<i>paroxetine hcl tab 10 mg</i>	PEMAZYRE TAB 4.5MG
..... 175	..... 116
<i>paroxetine hcl tab 20 mg</i>	PEMAZYRE TAB 9MG 116
..... 175	<i>pemetrexed disodium for</i>
<i>paroxetine hcl tab 30 mg</i>	<i>iv soln 100 mg (base</i>
..... 175	<i>equiv) 92</i>
<i>paroxetine hcl tab 40 mg</i>	<i>pemetrexed disodium for</i>
..... 176	<i>iv soln 1000 mg (base</i>
PAXLOVID PAK 73	<i>equiv) 93</i>
PAXLOVID TAB 150-100	<i>pemetrexed disodium for</i>
..... 73	<i>iv soln 500 mg (base</i>
PAXLOVID TAB 300-100	<i>equiv) 93</i>
..... 73	<i>pemetrexed disodium for</i>
<i>pazopanib hcl tab 200</i>	<i>iv soln 750 mg (base</i>
<i>mg (base equiv) 116</i>	<i>equiv) 93</i>
<i>pazopanib hcl tab 400</i>	PENBRAYA INJ 312
<i>mg (base equiv) 116</i>	<i>penicillamine tab 250</i>
PEDIARIX INJ 0.5ML 312	<i>mg 251</i>
PEDVAX HIB INJ 312	<i>penicillin g potassium for</i>
<i>peg 3350-kcl-na bicarb-</i>	<i>inj 20000000 unit 85</i>
<i>nacl-na sulfatate for soln</i>	<i>penicillin g potassium for</i>
<i>236 gm 284</i>	<i>inj 5000000 unit 85</i>
<i>peg 3350-kcl-sod bicarb-</i>	<i>penicillin g sodium for inj</i>
<i>nacl for soln 420 gm</i>	<i>5000000 unit 85</i>
..... 284	<i>penicillin v potassium for</i>
PEGASYS INJ 73	<i>soln 125 mg/5ml 85</i>
PEGASYS INJ 180MCG/M	<i>penicillin v potassium for</i>
..... 73	<i>soln 250 mg/5ml 86</i>
PEMAZYRE TAB 13.5MG	<i>penicillin v potassium</i>
..... 116	<i>tab 250 mg 86</i>

<i>penicillin v potassium</i>	
<i>tab 500 mg</i>	86
PENMENVY INJ	312
PENTACEL INJ	312
<i>pentamidine isethionate</i>	
<i>inh</i>	60
<i>pentamidine isethionate</i>	
<i>inj</i>	60
<i>pentoxifylline tab er 400</i>	
<i>mg</i>	298
<i>perampanel susp 0.5</i>	
<i>mg/ml</i>	210
<i>perampanel tab 10 mg</i>	
.....	210
<i>perampanel tab 12 mg</i>	
.....	210
<i>perampanel tab 2 mg</i>	
.....	210
<i>perampanel tab 4 mg</i>	
.....	210
<i>perampanel tab 6 mg</i>	
.....	210
<i>perampanel tab 8 mg</i>	
.....	210
<i>perindopril erbumine tab</i>	
<i>2 mg</i>	129
<i>perindopril erbumine tab</i>	
<i>4 mg</i>	129
<i>perindopril erbumine tab</i>	
<i>8 mg</i>	129
<i>periogard</i>	356
<i>permethrin cream 5%</i>	
.....	355
<i>perphenazine tab 16 mg</i>	
.....	193
<i>perphenazine tab 2 mg</i>	
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<i>perphenazine tab 4 mg</i>	
.....	193
<i>perphenazine tab 8 mg</i>	
.....	193
<i>pfizerpen</i>	86
<i>phenelzine sulfate tab</i>	
<i>15 mg</i>	176
<i>phenobarbital elixir 20</i>	
<i>mg/5ml</i>	210
<i>phenobarbital sodium inj</i>	
<i>130 mg/ml</i>	211
<i>phenobarbital sodium inj</i>	
<i>65 mg/ml</i>	210
<i>phenobarbital tab 100</i>	
<i>mg</i>	212
<i>phenobarbital tab 15 mg</i>	
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<i>phenobarbital tab 16.2</i>	
<i>mg</i>	211
<i>phenobarbital tab 30 mg</i>	
.....	211
<i>phenobarbital tab 32.4</i>	
<i>mg</i>	211

<i>phenobarbital tab 60 mg</i>	<i>pilocarpine hcl ophth</i>
..... 211	<i>soln 4%..... 326</i>
<i>phenobarbital tab 64.8</i>	<i>pilocarpine hcl tab 5 mg</i>
<i>mg..... 212</i> 356
<i>phenobarbital tab 97.2</i>	<i>pilocarpine hcl tab 7.5</i>
<i>mg..... 212</i>	<i>mg 356</i>
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<i>phenytoin chew tab 50</i> 354
<i>mg..... 212</i>	<i>pimozide tab 1 mg... 193</i>
<i>phenytoin sodium</i>	<i>pimozide tab 2 mg... 193</i>
<i>extended cap 100 mg</i>	<i>pimtrea..... 259</i>
..... 212	<i>pindolol tab 10 mg... 147</i>
<i>phenytoin sodium</i>	<i>pindolol tab 5 mg 147</i>
<i>extended cap 200 mg</i>	<i>pioglitazone hcl tab 15</i>
..... 212	<i>mg (base equiv) 243</i>
<i>phenytoin sodium</i>	<i>pioglitazone hcl tab 30</i>
<i>extended cap 300 mg</i>	<i>mg (base equiv) 243</i>
..... 212	<i>pioglitazone hcl tab 45</i>
<i>phenytoin sodium inj 50</i>	<i>mg (base equiv) 243</i>
<i>mg/ml..... 212</i>	<i>pioglitazone hcl-</i>
<i>phenytoin susp 125</i>	<i>metformin hcl tab 15-</i>
<i>mg/5ml..... 212</i>	<i>500 mg 243</i>
<i>PHESGO SOL..... 116</i>	<i>pioglitazone hcl-</i>
<i>philith..... 259</i>	<i>metformin hcl tab 15-</i>
<i>PIFELTRO TAB 100MG 68</i>	<i>850 mg 243</i>
<i>pilocarpine hcl ophth</i>	<i>piperacillin sod-</i>
<i>soln 1%..... 325</i>	<i>tazobactam na for inj</i>
<i>pilocarpine hcl ophth</i>	<i>3.375 gm (3-0.375</i>
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.....	<i>sodium chloride iv soln</i>	
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.....	<i>sodium chloride iv soln</i>	
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<i>80 mg</i>	139
<i>sotalol hcl tab 120 mg</i>	
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<i>mg</i>	130
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<i>mg</i>	130

<i>spironolactone tab 50 mg</i>	130	<i>sulfacetamide sodium lotion 10% (acne)</i> ..	344
<i>sprintec 28</i>	260	<i>sulfacetamide sodium ophth soln 10%</i>	323
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SPRITAM TAB 250MG	215	<i>sulfadiazine tab 500 mg</i>	60
SPRITAM TAB 500MG	215	<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	61
SPRITAM TAB 750MG	215	<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	61
<i>sps</i>	252	<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	61
<i>sps rectal</i>	252	<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	61
<i>sronyx tab</i>	260	SULFAMYLON CRE 85MG/GM	345
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<i>sumatriptan nasal spray</i> 5 mg/act	227	SYMDEKO TAB 50-75MG	338
<i>sumatriptan succinate</i> inj 6 mg/0.5ml	227	SYMPAZAN MIS 10MG	215
<i>sumatriptan succinate</i> solution auto-injector 6 mg/0.5ml	228	SYMPAZAN MIS 20MG	215
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<i>sunitinib malate cap 50</i> mg (base equivalent)	119	SYNTHROID TAB 137MCG	277
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<i>syeda</i>	260	SYNTHROID TAB 175MCG	277
		SYNTHROID TAB 200MCG	277
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 311
tacrolimus cap 1 mg 311
tacrolimus cap 5 mg 311
tacrolimus oint 0.03%
 355
tacrolimus oint 0.1% 355
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 160
tadalafil tab 5 mg290
 TAFINLAR CAP 50MG 120
 TAFINLAR CAP 75MG 120
 TAFINLAR TAB 10MG 120
 TAGRISSO TAB 40MG
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 TAGRISSO TAB 80MG
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TALZENNA CAP 0.1MG
 120
 TALZENNA CAP 0.25MG
 120
 TALZENNA CAP 0.35MG
 120
 TALZENNA CAP 0.5MG
 120
 TALZENNA CAP 0.75MG
 120
 TALZENNA CAP 1MG 120
*tamoxifen citrate tab 10
 mg (base equivalent)*95
*tamoxifen citrate tab 20
 mg (base equivalent)*95
*tamsulosin hcl cap 0.4
 mg* 290
tarina 24 fe 260
tarina fe 1/20 eq 260
*tasimelteon capsule 20
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<i>telmisartan-amlodipine tab 40-5 mg</i>	135	<i>terazosin hcl cap 2 mg (base equivalent)...</i>	131
<i>telmisartan-amlodipine tab 80-10 mg</i>	135	<i>terazosin hcl cap 5 mg (base equivalent)...</i>	131
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<i>telmisartan- hydrochlorothiazide tab 80-12.5 mg</i>	135	<i>terbutaline sulfate tab 5 mg</i>	334
<i>telmisartan- hydrochlorothiazide tab 80-25 mg</i>	135	<i>terconazole vaginal cream 0.4%</i>	293
		<i>terconazole vaginal cream 0.8%</i>	293

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<i>suppos 80 mg</i>	293
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560/2.24	250
<i>teriparatide soln pen-inj</i>	
560 mcg/2.24ml	251
<i>testosterone cypionate</i>	
<i>im inj in oil 100 mg/ml</i>	
.....	237
<i>testosterone cypionate</i>	
<i>im inj in oil 200 mg/ml</i>	
.....	237
<i>testosterone enanthate</i>	
<i>im inj in oil 200 mg/ml</i>	
.....	237
<i>testosterone pump...</i>	237
<i>testosterone td gel 12.5</i>	
<i>mg/act (1%)</i>	237
<i>testosterone td gel 25</i>	
<i>mg/2.5gm (1%)</i>	237
<i>testosterone td gel 50</i>	
<i>mg/5gm (1%)</i>	237
<i>tetrabenazine tab 12.5</i>	
<i>mg</i>	230
<i>tetrabenazine tab 25 mg</i>	
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<i>tetracycline hcl cap 250</i>	
<i>mg</i>	88
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<i>mg</i>	88
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<i>mg/15ml</i>	338
<i>theophylline soln 80</i>	
<i>mg/15ml</i>	338
<i>theophylline tab er 12hr</i>	
100 mg	338
<i>theophylline tab er 12hr</i>	
200 mg	338
<i>theophylline tab er 12hr</i>	
300 mg	338
<i>theophylline tab er 12hr</i>	
450 mg	338
<i>theophylline tab er 24hr</i>	
400 mg	338
<i>theophylline tab er 24hr</i>	
600 mg	338
<i>thioridazine hcl tab 10</i>	
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<i>thioridazine hcl tab 100</i>	
<i>mg</i>	196
<i>thioridazine hcl tab 25</i>	
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<i>tiadylt er</i>	151	<i>timolol maleate tab 5 mg</i>	148
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<i>tiagabine hcl tab 4 mg</i>	215	TIVICAY TAB 50MG	68
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<i>tilia fe</i>	260	<i>tobramycin ophth soln 0.3%</i>	323
<i>timolol maleate ophth gel forming soln 0.25%</i>	326	<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	61
<i>timolol maleate ophth gel forming soln 0.5%</i>	326	<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	61
<i>timolol maleate ophth soln 0.25%</i>	326		
<i>timolol maleate ophth soln 0.5%</i>	326		

<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv).....</i>	<i>61</i>	<i>topiramate sprinkle cap 25 mg</i>	<i>216</i>
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	<i>322</i>	<i>topiramate sprinkle cap 50 mg</i>	<i>216</i>
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<i>tolterodine tartrate tab 1 mg.....</i>	<i>292</i>	<i>topiramate tab 25 mg</i>	<i>216</i>
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		<i>TRADJENTA TAB 5MG</i>	<i>244</i>
		<i>tramadol hcl tab 50 mg</i>	<i>56</i>

<i>tramadol-acetaminophen</i>	TREMFYA INJ 200/20ML
<i>tab 37.5-325 mg</i> 56 304
<i>trandolapril tab 1 mg</i> 130	TREMFYA INJ 200/2ML
<i>trandolapril tab 2 mg</i> 130 304
<i>trandolapril tab 4 mg</i> 130	<i>treprostinil inj soln 100</i>
<i>tranexamic acid iv soln</i>	<i>mg/20ml (5 mg/ml)</i> 160
<i>1000 mg/10ml (100</i>	<i>treprostinil inj soln 20</i>
<i>mg/ml)</i> 299	<i>mg/20ml (1 mg/ml)</i> 160
<i>tranexamic acid tab 650</i>	<i>treprostinil inj soln 200</i>
<i>mg</i> 299	<i>mg/20ml (10 mg/ml)</i>
<i>tranylcypromine sulfata</i> 160
<i>tab 10 mg</i> 176	<i>treprostinil inj soln 50</i>
TRAVASOL INJ 10% . 321	<i>mg/20ml (2.5 mg/ml)</i>
TRAZIMERA INJ 150MG 160
..... 121	TRESIBA FLEX INJ
TRAZIMERA INJ 420MG	100UNIT..... 249
..... 121	TRESIBA FLEX INJ
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<i>mg</i> 176	TRESIBA INJ 100UNIT
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..... 176 345
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..... 304	<i>triamcinolone acetamide</i>
	<i>cream 0.025%</i> 352

<i>triamcinolone acetonide cream 0.1%</i>	351	<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	197
<i>triamcinolone acetonide cream 0.5%</i>	352	<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	197
<i>triamcinolone acetonide dental paste 0.1%</i> .	356	<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	197
<i>triamcinolone acetonide lotion 0.025%</i>	352	<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	197
<i>triamcinolone acetonide lotion 0.1%</i>	352	<i>trifluridine ophth soln 1%</i>	323
<i>triamcinolone acetonide oint 0.025%</i>	352	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	182
<i>triamcinolone acetonide oint 0.1%</i>	352	<i>trihexyphenidyl hcl tab 2 mg</i>	182
<i>triamcinolone acetonide oint 0.5%</i>	352	<i>trihexyphenidyl hcl tab 5 mg</i>	182
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	154	TRIJARDY XR TAB ER 24HR 10-5-1000MG	244
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	155	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	244
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	155	TRIJARDY XR TAB ER 24HR 25-5-1000MG	244
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<i>valsartan tab 40 mg.</i>	137	<i>vancomycin hcl cap 250 mg (base equivalent)</i>	62
<i>valsartan tab 80 mg.</i>	137	<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	62
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	135	<i>vancomycin hcl for iv soln 1.25 gm (base equivalent)</i>	62
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	136	<i>vancomycin hcl for iv soln 1.5 gm (base equivalent)</i>	62
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	136	<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	62
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	136	<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	62
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<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	236	<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	177
<i>varenicline tartrate tab 1 mg (base equiv)</i>	236	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	177
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<i>verapamil hcl cap er 24hr 120 mg</i>	152	VERQUVO TAB 5MG .	157
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<i>verapamil hcl cap er 24hr 300 mg</i>	152	VERZENIO TAB 200MG	123
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<i>verapamil hcl tab 40 mg</i>	152	<i>vigabatrin powd pack 500 mg</i>	216
<i>verapamil hcl tab 80 mg</i>	152	<i>vigabatrin tab 500 mg</i>	216
<i>verapamil hcl tab er 120 mg</i>	152	<i>vigadrone</i>	217
<i>verapamil hcl tab er 180 mg</i>	152	VIGAFYDE SOL 100MG/ML.....	217
		<i>vilazodone hcl tab 10 mg</i>	178
		<i>vilazodone hcl tab 20 mg</i>	178

<i>vilazodone hcl tab 40 mg</i>	VIZIMPRO TAB 30MG	123
.....	VIZIMPRO TAB 45MG	123
VIMKUNYA INJ 40/0.8ML	VONJO CAP 100MG..	123
.....	VOQUEZNA PAK DUAL	
<i>vincristine sulfate iv soln</i>	PAK	286
1 mg/ml	VOQUEZNA PAK TRIP PK	
100	.....	286
<i>vinorelbine tartrate inj</i>	VORANIGO TAB 10MG	
10 mg/ml (base equiv)	.....	123
.....	VORANIGO TAB 40MG	
101	.....	123
<i>vinorelbine tartrate inj</i>	<i>voriconazole for inj 200</i>	
50 mg/5ml (10 mg/ml)	mg	65
(base equiv).....	<i>voriconazole for susp 40</i>	
101	mg/ml.....	65
<i>viorele</i>	<i>voriconazole tab 200 mg</i>	
261	.....	65
VIRACEPT TAB 250MG	<i>voriconazole tab 50 mg</i>	
68	.....	65
VIRACEPT TAB 625MG	VOSEVI TAB	74
68	VOWST CAP.....	287
VIREAD POW 40MG/GM	VRAYLAR CAP 0.5MG	197
.....	VRAYLAR CAP 0.75MG	
68	.....	197
VIREAD TAB 150MG...	VRAYLAR CAP 1.5MG	197
69	VRAYLAR CAP 3MG ..	197
VIREAD TAB 200MG...	VRAYLAR CAP 4.5MG	197
69	VRAYLAR CAP 6MG ..	198
VIREAD TAB 250MG...	<i>vyfemla</i>	261
69	<i>vylibra</i>	261
VITRAKVI CAP 100MG		
.....		
123		
VITRAKVI CAP 25MG		
123		
VITRAKVI SOL 20MG/ML		
.....		
123		
VIVIMUSTA INJ 100/4ML		
.....		
90		
VIVITROL INJ 380MG		
236		
VIVOTIF CAP EC		
313		
VIZIMPRO TAB 15MG		
123		

VYZULTA SOL 0.024%
..... 326

W

warfarin sodium tab 1
mg..... 296

warfarin sodium tab 10
mg..... 296

warfarin sodium tab 2
mg..... 296

warfarin sodium tab 2.5
mg..... 296

warfarin sodium tab 3
mg..... 296

warfarin sodium tab 4
mg..... 296

warfarin sodium tab 5
mg..... 296

warfarin sodium tab 6
mg..... 296

warfarin sodium tab 7.5
mg..... 296

water for irrigation,
sterile irrigation soln
..... 356

WELIREG TAB 40MG .. 99

wera 261

WESTAB PLUS TAB 27-
1MG..... 320

WINREVAIR INJ 45MG
..... 161

WINREVAIR INJ 60MG
..... 161

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wymzya fe..... 261

WYOST INJ 120/1.7 . 251

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XALKORI CAP 150MG124

XALKORI CAP 200MG124

XALKORI CAP 20MG. 123

XALKORI CAP 250MG124

XALKORI CAP 50MG. 124

xarah fe tab..... 261

XARELTO STAR TAB
15/20MG 296

XARELTO TAB 10MG 296

XARELTO TAB 15MG 296

XARELTO TAB 2.5MG 296

XARELTO TAB 20MG 296

XATMEP SOL 2.5MG/ML
..... 307

XCOPRI PAK 100-150
..... 217

XCOPRI PAK 12.5-25 217

XCOPRI PAK 150-200MG
(MAINTENANCE).... 217

XCOPRI PAK 150-200MG
(TITRATION)..... 217

XCOPRI PAK 50-100MG
..... 217

XCOPRI TAB 100MG. 217

XCOPRI TAB 150MG .218	XOFLUZA TAB 40MG ..74
XCOPRI TAB 200MG .218	XOFLUZA TAB 80MG ..74
XCOPRI TAB 25MG... 217	XOLAIR INJ 150MG/ML
XCOPRI TAB 50MG... 217	..... 339
XDEMVY DRO 0.25% 323	XOLAIR INJ 300/2ML 339
XELJANZ SOL 1MG/ML	XOLAIR INJ 75/0.5 .. 339
..... 305	XOLAIR SOL 150MG. 339
XELJANZ TAB 10MG .305	XOSPATA TAB 40MG 124
XELJANZ TAB 5MG... 305	XPOVIO PAK (100 MG
XELJANZ XR TAB 11MG	ONCE WEEKLY) 125
..... 306	XPOVIO PAK (40 MG
XELJANZ XR TAB 22MG	ONCE WEEKLY) 124
..... 306	XPOVIO PAK (40 MG
<i>xelria fe chw 0.4mg-35</i>	TWICE WEEKLY) 124
..... 261	XPOVIO PAK (60 MG
XERMELO TAB 250MG	ONCE WEEKLY) 124
..... 287	XPOVIO PAK (60 MG
XHANCE MIS 93MCG 340	TWICE WEEKLY) 124
XIFAXAN TAB 550MG 287	XPOVIO PAK (80 MG
XIGDUO XR TAB 10-	ONCE WEEKLY) 124,
1000 245	125
XIGDUO XR TAB 10-	XPOVIO PAK (80 MG
500MG 245	TWICE WEEKLY) 125
XIGDUO XR TAB 2.5-	XTANDI CAP 40MG 95
1000 244	XTANDI TAB 40MG 95
XIGDUO XR TAB 5-	XTANDI TAB 80MG 95
1000MG..... 245	XTRENBO SOL 120/1.7
XIGDUO XR TAB 5-	..... 251
500MG 244	<i>xulane</i> 261
XIIDRA DRO 5%..... 327	

XULTOPHY INJ 100/3.6
..... 249

Y

YESINTEK INJ 130/26ML
..... 306

YESINTEK INJ 45/0.5ML
..... 306

YESINTEK INJ 90MG/ML
..... 306

YF-VAX INJ 314

YONSA TAB 125MG 95

YUTREPIA CAP 106MCG
..... 162

YUTREPIA CAP 26.5MCG
..... 161

YUTREPIA CAP 53MCG
..... 161

YUTREPIA CAP 79.5MCG
..... 161

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zafemy 261

zafirlukast tab 10 mg 334

zafirlukast tab 20 mg 334

zaleplon cap 10 mg .. 225

zaleplon cap 5 mg ... 224

ZARXIO INJ 300/0.5 297

ZARXIO INJ 480/0.8 297

ZEGALOGUE INJ 0.6/0.6
..... 268

ZEJULA TAB 100MG . 125

ZEJULA TAB 200MG . 125

ZEJULA TAB 300MG . 125

ZELBORAF TAB 240MG
..... 125

zelvysia pow 100mg 274

zelvysia pow 500mg 274

ZEMAIRA INJ 1000MG
..... 339

ZEMAIRA INJ 4000MG
..... 340

ZEMAIRA INJ 5000MG
..... 340

zenatane 345

ZENPEP CAP 10000UNT
..... 287

ZENPEP CAP 15000UNT
..... 287

ZENPEP CAP 20000UNT
..... 287

ZENPEP CAP 25000UNT
..... 287

ZENPEP CAP 3000UNIT
..... 287

ZENPEP CAP 40000UNT
..... 287

ZENPEP CAP 5000UNIT
..... 287

ZENPEP CAP 60000UNT
..... 287

ZERVIATE DRO 0.24%	
.....	325
<i>zidovudine cap 100 mg</i>	
.....	69
<i>zidovudine syrup 10</i>	
<i>mg/ml</i>	69
<i>zidovudine tab 300 mg</i>	
.....	69
<i>ziprasidone hcl cap 20</i>	
<i>mg</i>	198
<i>ziprasidone hcl cap 40</i>	
<i>mg</i>	198
<i>ziprasidone hcl cap 60</i>	
<i>mg</i>	198
<i>ziprasidone hcl cap 80</i>	
<i>mg</i>	198
<i>ziprasidone mesylate for</i>	
<i>inj 20 mg (base</i>	
<i>equivalent)</i>	198
ZIRABEV INJ 100/4ML	
.....	125
ZIRABEV INJ 400/16ML	
.....	125
ZIRGAN GEL 0.15% .	323
<i>zoledronic acid inj conc</i>	
<i>for iv infusion 4</i>	
<i>mg/5ml</i>	251
<i>zoledronic acid iv soln 5</i>	
<i>mg/100ml</i>	251
ZOLINZA CAP 100MG	
.....	125
<i>zolpidem tartrate tab 10</i>	
<i>mg</i>	225
<i>zolpidem tartrate tab 5</i>	
<i>mg</i>	225
ZONISADE SUS	
100MG/5	218
<i>zonisamide cap 100 mg</i>	
.....	218
<i>zonisamide cap 25 mg</i>	
.....	218
<i>zonisamide cap 50 mg</i>	
.....	218
<i>zovia 1/35</i>	261
ZTALMY SUS 50MG/ML	
.....	218
<i>zumandimine</i>	261
ZURZUVAE CAP 20MG	
.....	178
ZURZUVAE CAP 25MG	
.....	178
ZURZUVAE CAP 30MG	
.....	178
ZYDELIG TAB 100MG	125
ZYDELIG TAB 150MG	125
ZYKADIA TAB 150MG	126
ZYLET SUS 0.5-0.3%	322
ZYPREXA RELP INJ	
210MG	198

ZYPREXA RELP INJ
300MG 198

ZYPREXA RELP INJ
405MG 198

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/pyrethrin

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.

Esta *Lista de Medicamentos* foi atualizada em
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Para mais informações ou outras dúvidas, entre em contato
pelo telefone 866-610-2273 (TTY 711), das 8 am às 8 pm,
7 dias por semana, ou acesse ccama.org.

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