CCA One Care (HMO D-SNP)

Lista de medicamentos cubiertos (*Lista de medicamentos* o Formulario) de 2026

POR FAVOR, LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

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Esta *Lista de medicamentos* se actualizó el 06/01/2026.

Para obtener información más reciente o si tiene otras preguntas, contáctenos al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana o visite ccama.org.

Introducción

Este documento se denomina *Lista de medicamentos cubiertos* (también conocida como la *Lista de medicamentos*). Le indica qué medicamentos y productos no farmacológicos están cubiertos por CCA One Care. La *Lista de medicamentos* también le indica si existen reglas o restricciones especiales sobre los medicamentos cubiertos por CCA One Care. Los términos clave y sus definiciones aparecen en el último capítulo del Manual para miembros, también conocido como Evidencia de cobertura.

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A. Descargos de responsabilidad

Esta es una lista de medicamentos que los miembros pueden obtener en *CCA One Care*.

- CCA One Care (HMO D-SNP) es un plan de salud que tiene contratos con Medicare y MassHealth (Medicaid) para proporcionar los beneficios de ambos programas a los inscritos. La inscripción en el plan depende de la renovación del contrato del plan con Medicare.
- Cuando en este documento se dice “nosotros”, “nos” o “nuestro/a”, se hace referencia a Commonwealth Care Alliance, Inc. Cuando se dice “plan” o “nuestro plan”, se hace referencia a CCA One Care.
- En Commonwealth of Massachusetts, Commonwealth Care Alliance, Inc. opera como Commonwealth Care Alliance Massachusetts (CCA).
- **Concientización sobre la recuperación del patrimonio:** la ley federal exige que MassHealth (Medicaid) recupere dinero de los patrimonios de determinados miembros de MassHealth (Medicaid)

que sean mayores de 55 años y miembros de cualquier edad que estén recibiendo atención a largo plazo en un hogar de convalecencia u otra institución médica. Para obtener más información sobre la recuperación del patrimonio de MassHealth (Medicaid), visite www.mass.gov/estaterecovery.

- La lista de medicamentos cubiertos puede cambiar en cualquier momento. Recibirá un aviso cuando sea necesario.
- Los beneficios pueden cambiar el 1 de enero de cada año.
- Siempre puede consultar la *Lista de medicamentos cubiertos* de CCA One Care más reciente en línea en ccama.org o llamando a Servicios al miembro al 866-610-2273 (TTY 711), de 8 am a 8 pm, 7 días a la semana. Esta llamada es gratuita.
- Puede obtener este documento de forma gratuita en otros formatos, como letra grande, braille o audio. Llame a Servicios al miembro al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. Esta llamada es gratuita.

- Este documento está disponible de forma gratuita en otros 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.
- Para las comunicaciones futuras, conservaremos su solicitud de formatos alternativos e idioma especial. Comuníquese con Servicios al miembro para cambiar su solicitud por un idioma o formato preferido.

Aviso de no discriminación

Commonwealth Care Alliance, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina, excluye a las personas ni las trata de manera diferente por cuestiones relacionadas con afecciones médicas, estado de salud, recepción de servicios de salud, experiencia con reclamaciones, historia clínica, discapacidad (incluido el deterioro conductual), estado civil, edad, sexo (incluidos los estereotipos sexuales y la identidad de género), orientación sexual, nacionalidad, raza, color, religión, credo, asistencia pública o lugar de residencia.
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- Proporciona recursos y servicios gratuitos a personas con discapacidades para que puedan comunicarse de forma eficaz con nosotros, como los siguientes:
    - Intérpretes calificados de lenguaje de señas
    - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)

- Proporciona servicios de idioma gratuitos para personas cuya lengua materna no es el inglés, como los siguientes:
    - Intérpretes calificados
    - Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con Servicios al miembro.

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Commonwealth Care Alliance, Inc.
Civil Rights Coordinator
30 Winter Street, 11th Floor
Boston, MA 02108

Teléfono: 617-960-0474, ext. 3932 (TTY: 711)
fax: 857-453-4517
Correo electrónico:
civilrightscoordinator@commonwealthcare.org

Puede presentar un reclamo en persona o por correo, fax o correo electrónico. Si necesita ayuda para presentar un reclamo, el coordinador de derechos civiles está disponible para ayudarlo.

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los Estados Unidos, de manera electrónica a través del Portal de quejas de la Oficina de Derechos Civiles, disponible en ocrportal.hhs.gov/ocr/portal/lobby.jsf, o por correo o teléfono a:

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

Los formularios de quejas están disponibles en www.hhs.gov/ocr/office/file/index.html.

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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)。

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

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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.

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

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

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

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

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

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

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

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

Polish: Jeśli mówisz po polsku, możesz skorzystać 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を入手するための補助手段やサービスも無料でご利用いただけます。1-866-610-2273 (TTY: 711) にお電話ください。

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

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

Si tiene preguntas, llame a CCA One Care al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

06/01/2026.

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

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

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B. Preguntas frecuentes (FAQ)

Encuentre aquí respuestas a las preguntas que tenga sobre esta *Lista de medicamentos cubiertos (Lista de medicamentos)*. Puede leer todas las preguntas frecuentes para obtener más información o buscar una pregunta y respuesta.

B1. ¿Qué medicamentos están en la *Lista de Medicamentos Cubiertos*? (Para abreviar, llamamos *Lista de Medicamentos* a la *Lista de Medicamentos cubiertos*).

Los medicamentos en la *Lista de medicamentos* que comienza en la **Sección C** son los medicamentos cubiertos por CCA One Care. Los medicamentos están disponibles en farmacias de nuestra red. Una farmacia está en nuestra red si tenemos un acuerdo con ella para trabajar juntos y brindarle servicios a usted. A estas farmacias las llamamos "farmacias de la red".

- CCA One Care cubrirá todos los medicamentos médicamente necesarios en la *Lista de medicamentos* si:
    - su médico u otro médico que le receta medicamentos le dice que los necesita para mejorar o mantenerse saludable;
    - CCA One Care está de acuerdo con que el medicamento es médicamente necesario para usted; **y**

- usted surte la receta en una farmacia de la red CCA One Care.

- En algunos casos, es necesario hacer algo antes de poder conseguir un medicamento. Consulte la pregunta B4 para obtener más información.

También puede encontrar una lista actualizada de los medicamentos que cubrimos en nuestro sitio web ccama.org o llamar a Servicios al miembro al 866-610-2273 (TTY 711) de 8 am a 8 pm, los 7 días de la semana.

B2. ¿La *Lista de medicamentos* cambia alguna vez?

Sí, y CCA One Care debe seguir las reglas de Medicare y MassHealth (Medicaid) al realizar cambios. Podemos agregar o eliminar medicamentos de la *Lista de medicamentos* durante el año.

También podemos cambiar nuestras reglas sobre los medicamentos. Por ejemplo, podríamos hacer lo siguiente:

- Decidir si se requiere o no autorización previa para un medicamento. (La autorización previa es el permiso de CCA One Care antes de que pueda obtener un medicamento).
- Agregar o cambiar la cantidad de un medicamento que puede obtener (llamados límites de cantidad).
- Agregar o cambiar las restricciones de terapia escalonada en un medicamento. (La terapia escalonada significa que debe probar un medicamento antes de que cubramos otro).

Para obtener más información sobre estas reglas sobre medicamentos, consulte la pregunta B4.

Si está tomando un medicamento que estaba cubierto a **principios** de año, generalmente no eliminaremos ni cambiaremos la cobertura de ese medicamento **durante el resto del año**, a menos que:

- aparezca un medicamento nuevo y más barato en el mercado que funciona tan bien como un medicamento que figura actualmente en la *Lista de Medicamentos*, **o**
- nos enteremos de que un medicamento no es seguro, **o**
- un medicamento se retire del mercado.

Las preguntas B3 y B6 a continuación tienen más información sobre lo que sucede cuando cambia la *Lista de medicamentos*.

- Siempre puede consultar la *Lista de medicamentos* actualizada de CCA One Care en línea en ccama.org. Las actualizaciones de la *Lista de medicamentos* se publican en el sitio web mensualmente.
- También puede llamar a Servicios al miembro al 866-610-2273 (TTY 711) de 8 am a 8 pm, los 7 días de la semana para consultar la *Lista de medicamentos* actual.

B3. ¿Qué sucede cuando hay un cambio en la *Lista de Medicamentos*?

Algunos cambios en la *Lista de Medicamentos* se producirán **de inmediato**. Entre algunos de los ejemplos, se incluyen los siguientes:

- **Sustituciones de ciertas nuevas versiones de medicamentos.** Podemos eliminar de inmediato los medicamentos de la *Lista de medicamentos* si los reemplazamos con ciertas versiones nuevas de ese medicamento, pero el costo del nuevo medicamento seguirá siendo el mismo. Cuando agregamos una nueva versión de un medicamento, también podemos decidir mantener el medicamento de marca o el producto biológico original en la lista, pero cambiar sus reglas o límites de cobertura.
    - Es posible que no le informemos antes de realizar este cambio, pero le enviaremos información sobre el cambio específico que realizamos una vez que ocurra.

- Podemos realizar estos cambios solo si el medicamento que estamos agregando:
  - es una nueva versión genérica de un medicamento de marca, o
  - es una nueva versión biosimilar determinada de productos biológicos originales de la *Lista de Medicamentos* (por ejemplo, agregar un biosimilar intercambiable que pueda sustituir a un producto biológico original sin una nueva receta).
  - Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la **Sección B14**.
- Usted o su proveedor pueden solicitar una excepción a estos cambios. Le enviaremos un aviso con los pasos que puede seguir para solicitar una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

- **Eliminar medicamentos inseguros y otros medicamentos que se retiran del mercado.** A veces, un medicamento puede resultar inseguro o retirarse del mercado por otro motivo. Si esto sucede, podemos retirarlo de inmediato de la *Lista de medicamentos*. Si está tomando el medicamento, le enviaremos un aviso después de que realicemos el cambio. Su proveedor emitirá una receta para un nuevo medicamento para reemplazar al medicamento que se retiró del mercado.

Podemos realizar otros cambios que afecten a los medicamentos que toma. Le informaremos con antelación sobre estos otros cambios en la *Lista de Medicamentos*. Estos cambios podrían ocurrir si:

- La FDA proporciona nuevas pautas o existen nuevas pautas clínicas sobre un medicamento.

- Eliminamos un medicamento de marca de la *Lista de medicamentos* cuando agregamos un medicamento genérico que no es nuevo en el mercado, o
- Eliminamos un producto biológico original al agregar uno biosimilar, o
- Cambiamos las reglas o límites de cobertura para el medicamento de marca.

Cuando se produzcan estos cambios, haremos lo siguiente:

- informarle al menos 30 días antes de que hagamos el cambio en la *Lista de Medicamentos*, **o**
- le informaremos y le daremos un suministro del medicamento para 31 días después de que solicite un resurtido.

Esto le dará tiempo para hablar con su médico u otro profesional que le recetó el medicamento. Pueden ayudarle a decidir lo siguiente:

- si hay un medicamento similar en la *Lista de medicamentos* que puede tomar en su lugar, **o**

- si se debe solicitar una excepción a estos cambios. Para obtener más información sobre las excepciones, consulte las preguntas B10 a B12.

B4. ¿Existen restricciones o límites en la cobertura de medicamentos o alguna acción obligatoria a tomar para obtener determinados medicamentos?

Sí, algunos medicamentos tienen reglas de cobertura o límites en la cantidad que puede obtener. En algunos casos, usted, su médico u otro profesional que le receta el medicamento deben hacer algo antes de que pueda obtenerlo. Entre algunos de los ejemplos, se incluyen los siguientes:

- **Autorización previa:** Para algunos medicamentos, usted, su médico u otro profesional que receta deben obtener autorización de CCA One Care antes de surtir su receta. La autorización previa es diferente a una remisión. Es posible que CCA One Care no cubra el medicamento si no obtiene autorización previa.

- **Límites de cantidad:** A veces CCA One Care limita la cantidad de un medicamento que puede obtener.
- **Terapia escalonada:** A veces CCA One Care requiere que usted realice una terapia escalonada. Esto significa que tendrá que probar medicamentos para su afección médica en un orden determinado. Es posible que tenga que probar un medicamento antes de que cubramos otro. Si su médico considera que el primer medicamento no funciona para usted, entonces cubriremos el segundo.
- **Cobertura basada en indicaciones:** Si CCA One Care cubre un medicamento solo para algunas afecciones médicas, lo identificamos claramente en la *Lista de medicamentos* junto con las afecciones médicas específicas que están cubiertas.

Puede consultar las tablas de la **Sección C** para saber si su medicamento tiene requisitos o límites adicionales. También puede obtener más información visitando nuestro sitio web ccama.org. Hemos publicado documentos en línea que

explican nuestras restricciones de autorización previa y de terapia escalonada. También puede solicitarnos que le enviemos una copia.

Puede solicitar una excepción a estos límites. Esto le dará tiempo para hablar con su médico u otro profesional que le recetó el medicamento. Pueden ayudarle a decidir si hay un medicamento similar en la *Lista de medicamentos* que pueda tomar en su lugar o si debe solicitar una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

B5. ¿Cómo sabré si el medicamento que quiero tiene límites o si hay acciones necesarias a realizar para obtenerlo?

La tabla en la sección titulada “Lista de medicamentos por afección médica” tiene una columna denominada “Acciones necesarias, restricciones o límites de uso”.

B6. ¿Qué sucede si CCA One Care cambia sus reglas sobre cómo cubren algunos medicamentos (por ejemplo, autorización previa, límites de cantidad y/o restricciones de terapia escalonada)?

En algunos casos, le informaremos con anticipación si agregamos o modificamos la autorización previa, los límites de cantidad y/o las restricciones de terapia escalonada de un medicamento. Consulte la pregunta B3 para obtener más información sobre este aviso anticipado y las situaciones en las que es posible que no podamos informarle con anticipación cuando cambien nuestras reglas sobre los medicamentos en la *Lista de medicamentos*.

B7. ¿Cómo puedo encontrar un medicamento en la *Lista de medicamentos*?

Hay dos formas de encontrar un medicamento:

- Puede buscar alfabéticamente, **o**
- Puede buscar por afección médica.

Para buscar **alfabéticamente**, busque su medicamento en la sección Índice de medicamentos cubiertos. Puede encontrarlo en la **Sección D**. El Índice de medicamentos cubiertos es una lista alfabética de todos los medicamentos incluidos en la *Lista de Medicamentos*. En el índice se enumeran los medicamentos de marca y los medicamentos genéricos.

Para buscar por afección médica, busque la **Sección C** denominada “Lista de medicamentos por afección médica”. Los medicamentos de esta sección están agrupados por categorías, según qué tipo de afecciones médicas tratan. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría Agentes cardiovasculares. Ahí es donde encontrará medicamentos que tratan afecciones cardíacas.

B8. ¿Qué pasa si el medicamento que quiero tomar no está en la *Lista de Medicamentos*?

Si no encuentra su medicamento en la *Lista de medicamentos*, llame a Servicios al miembro al 866-610-2273 (TTY 711) de 8 am a 8 pm, los 7 días de la semana y pregunte al respecto. Si se entera de que

CCA One Care no cubrirá el medicamento, puede hacer una de estas cosas:

- Solicite a Servicios al miembro una lista de medicamentos como el que desea tomar. Luego, muestre la lista a su médico u otro profesional que receta. Pueden recetarle un medicamento de la *Lista de Medicamentos* que sea similar al que usted desea tomar. **O bien**
- Pídale a CCA One Care que haga una excepción para cubrir su medicamento. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

B9. ¿Qué pasa si soy un nuevo miembro de CCA One Care y no puedo encontrar mi medicamento en la *Lista de medicamentos* o tengo un problema para obtenerlo?

Podemos ayudar. Podemos cubrir un suministro temporal de 31 días de su medicamento durante los primeros 90 días que sea miembro de CCA One Care. Esto le dará tiempo para

hablar con su médico u otro profesional que le recetó el medicamento. Pueden ayudarle a decidir si hay un medicamento similar en la *Lista de medicamentos* que pueda tomar en su lugar o si debe solicitar una excepción.

Si su receta está escrita para menos días, permitiremos múltiples resurtidos para proporcionar hasta un máximo de 31 días de medicación.

Cubriremos un suministro para 31 días de su medicamento si:

- está tomando un medicamento que no está en nuestra *Lista de Medicamentos*, **o**
- las reglas de nuestro plan no le permiten obtener la cantidad ordenada por su médico, **o**
- el medicamento requiere autorización previa de CCA One Care, **o**
- está tomando un medicamento que es parte de una restricción de terapia escalonada.

Si está tomando un medicamento cubierto que CCA One Care no considera un medicamento de la Parte D, tiene derecho a obtener un suministro único del medicamento para 72 horas. Si la farmacia no puede facturar a CCA One Care por este suministro único, MassHealth (Medicaid) lo pagará.

Si se encuentra en un hogar de ancianos u otro centro de atención a largo plazo y necesita un medicamento que no está en la *Lista de medicamentos*, o si no puede conseguir fácilmente el medicamento que necesita, podemos ayudarlo. Si ha estado en el plan durante más de 90 días, vive en un centro de atención a largo plazo y necesita un suministro de inmediato:

- Cubriremos un suministro del medicamento que necesita por 31 días (a menos que tenga una receta para menos días), independientemente de si es o no un nuevo miembro de CCA One Care.
- Esto se suma al suministro temporal durante los primeros 90 días que es miembro de CCA One Care.

Proporcionaremos un suministro de emergencia para al menos 31 días (a menos que la receta esté indicada para menos días) para todos los medicamentos que no estén en el formulario, incluidos los que pueden tener requisitos de tratamiento escalonado o autorización previa. Un nivel de atención no planeado podría incluir cualquiera de las siguientes situaciones:

- El alta de un centro de atención a largo plazo o la admisión en este
- El alta de un hospital o la admisión en este
- Un cambio de nivel de un centro de atención de enfermería especializada

B10. ¿Puedo solicitar una excepción para la cobertura de mi medicamento?

Sí. Puede solicitarle a CCA One Care que haga una excepción para cubrir un medicamento que no esté en la *Lista de medicamentos*.

También puede solicitarnos que cambiemos las reglas sobre su medicamento.

- Por ejemplo, CCA One Care puede limitar la cantidad de un medicamento que cubriremos. Si su medicamento tiene un límite, puede solicitarnos que cambiemos el límite y cubramos más.
- Otros ejemplos: Puede solicitarnos que eliminemos las restricciones de la terapia escalonada o los requisitos de autorización previa.

B11. ¿Cómo puedo solicitar una excepción?

Para solicitar una excepción, llame a *Servicios al miembro*. Un representante de Servicios al miembro trabajará con usted y su médico para ayudarlo a solicitar una excepción. También puede leer el **Capítulo 9** del *Manual para miembros* para obtener más información sobre las excepciones.

B12. ¿Cuánto tiempo se tarda en obtener una excepción?

Después de que recibamos una declaración de su médico que respalde su solicitud de excepción, le daremos una decisión dentro de las 72 horas.

Un miembro, el profesional que receta de un miembro y/o representante designado (con consentimiento por escrito) puede solicitar la excepción completando el formulario de Solicitud de determinación de cobertura de medicamentos recetados disponible en nuestro sitio web en ccama.org. El formulario puede enviarse por correo o fax:

CVS Caremark Part D Appeals and Exceptions
PO Box 52000, MC109
Pheonix, AZ 85072-2000
Fax: 855-633-7673

Si usted o su médico creen que su salud puede verse perjudicada si tiene que esperar 72 horas para recibir una decisión, puede solicitar una excepción acelerada. Esta es una decisión más rápida. Si su médico respalda su solicitud, le daremos una decisión dentro de las 24 horas de recibir la declaración de respaldo de su médico.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos están compuestos de los mismos ingredientes activos que los medicamentos de marca. Por lo general, cuestan menos que los medicamentos

de marca y, en general, funcionan igual de bien. Estos generalmente no tienen nombres conocidos. Los medicamentos genéricos están aprobados por la Food and Drug Administration (FDA). Hay medicamentos genéricos disponibles para muchos medicamentos de marca. Los medicamentos genéricos generalmente pueden sustituir a los medicamentos de marca en la farmacia sin necesidad de una nueva receta, dependiendo de las leyes estatales.

CCA One Care cubre tanto medicamentos de marca como medicamentos genéricos.

B14. ¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

Cuando nos referimos a medicamentos, podríamos referirnos a un medicamento o a un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Como los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen formas llamadas biosimilares.

Generalmente, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares a algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, según la ley estatal, pueden reemplazarse por el producto biológico original en la farmacia sin la necesidad de una nueva receta, del mismo modo que los medicamentos genéricos pueden reemplazarse por los medicamentos de marca.

Para obtener más información sobre los tipos de medicamentos, consulte el **Capítulo 5** del *Manual para miembros*.

B15. ¿Qué son los medicamentos OTC?

OTC significa “over-the-counter” (de venta libre).
CCA One Care cubre algunos medicamentos OTC cuando su proveedor los prescribe como recetas.

Puede leer la *Lista de medicamentos* de CCA One Care para saber qué medicamentos OTC están cubiertos.

B16. ¿CCA One Care cubre productos OTC que no son medicamentos?

CCA One Care cubre algunos productos OTC que no son medicamentos cuando su proveedor los prescribe como recetas. Algunos ejemplos de productos OTC que no son medicamentos incluyen gasas y apósitos, hisopos con alcohol y ciertas agujas y jeringas.

Puede leer la *Lista de medicamentos* de CCA One Care para saber qué productos OTC que no son medicamentos están cubiertos.

B17. ¿CCA One Care cubre el suministro de recetas a largo plazo?

- **Programas de pedidos por correo.** Ofrecemos un programa de pedidos por correo que le permite obtener un suministro de hasta 100 días de sus medicamentos, que se envían directamente a su hogar. No hay copago para medicamentos pedidos por correo. Los medicamentos especializados se limitan a un suministro para 31 días.

- **Programas de 100 días de farmacias minoristas**. Algunas farmacias minoristas también pueden ofrecer un suministro de hasta 100 días de medicamentos cubiertos. No hay copago para recetas de farmacias minoristas. Los medicamentos especializados se limitan a un suministro para 31 días.

B18. ¿Puedo obtener recetas enviadas a mi domicilio desde mi farmacia local?

Es posible que su farmacia local pueda entregarle su medicamento recetado a su domicilio. Puede llamar a su farmacia para averiguar si ofrecen entrega a domicilio.

B19. ¿Cuál es mi copago?

Los miembros de CCA One Care no tienen copagos para medicamentos recetados y OTC siempre que el miembro siga las reglas del plan. Consulte las preguntas B15 y B16 para obtener más información sobre medicamentos OTC y productos que no son medicamentos.

Los niveles son grupos de medicamentos en nuestra *Lista de medicamentos*.

Todos los medicamentos de la Lista de medicamentos del plan están en el nivel 1. No tiene copagos para medicamentos recetados y OTC en la Lista de medicamentos de CCA One Care. Para encontrar sus medicamentos, puede consultar la Lista de medicamentos.

El nivel 1 consta de medicamentos de la Parte D y medicamentos no cubiertos por Medicare, y/o medicamentos OTC no cubiertos por Medicare.

Si tiene preguntas, llame a Servicios al miembro al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana.

C. Descripción general de la *Lista de medicamentos cubiertos*

La *Lista de medicamentos cubiertos* le brinda información sobre los medicamentos cubiertos por CCA One Care. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice de medicamentos cubiertos que comienza

en la **Sección D**. El índice enumera alfabéticamente todos los medicamentos cubiertos por CCA One Care.

Nota: El asterisco (*) junto a un medicamento significa que el medicamento no es un “medicamento de la Parte D”. Estos medicamentos tienen diferentes reglas de apelación.

- Una apelación es una forma formal de solicitarnos que revisemos una decisión que tomamos sobre su cobertura y que la cambiemos si cree que cometimos un error.
- Por ejemplo, podríamos decidir que un medicamento que usted desea no está cubierto o ya no está cubierto por Medicare o MassHealth (Medicaid).
- Si usted o su médico no están de acuerdo con nuestra decisión, pueden apelar. Si alguna vez tiene alguna pregunta, llame a Servicios al miembro al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana, *o* a los números que aparecen al final de esta página o al pie de página de este documento.

- También puede leer el **Capítulo 9** del *Manual para miembros* para saber cómo apelar una decisión.

C1. Lista de medicamentos por afección médica

Los medicamentos de esta sección están agrupados por categorías, según qué tipo de afecciones médicas tratan. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría de agentes cardiovasculares. Ahí es donde encontrará medicamentos que tratan afecciones cardíacas.

A continuación se detallan los significados de los códigos utilizados en la columna “Acciones necesarias, restricciones o límites de uso”:

PA = Autorización previa: debe tener autorización del plan antes de poder obtener este medicamento.

ST = Terapia escalonada: debe probar otro medicamento antes de poder obtener éste.

QL = Límite de cantidad. A veces CCA One Care limita la cantidad de un medicamento que puede obtener.

NDS = Suministro no extendido por día. Es posible que pueda recibir un suministro para más de un mes de la mayoría de los medicamentos de su Formulario a través de pedidos minoristas o por correo. Los medicamentos con la indicación “NDS” están limitados a un suministro de 1 mes tanto para venta minorista como para pedidos por correo.

B/D = Este medicamento puede ser elegible para pago bajo la Parte B o la Parte D de Medicare. Usted o su proveedor de atención médica deben obtener una autorización previa de CCA One Care para determinar que este medicamento está cubierto por la Parte D de Medicare antes de surtir su receta para este medicamento. Sin aprobación previa, es posible que CCA no cubra este medicamento. PA_BVD no se aplica a quienes solo son miembros de Medicaid.

Asterisco (*) = Indica medicamentos que no pertenecen a la Parte D.

La primera columna de la tabla enumera el nombre del medicamento. Los medicamentos genéricos aparecen en cursiva minúscula (por ejemplo, *valsartán*), los medicamentos de marca aparecen en mayúscula (por ejemplo,

MYRBETRIQ). La información en la columna “Acciones necesarias, restricciones o límites de uso” le indica si CCA One Care tiene alguna regla para cubrir su medicamento.

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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION	
GOUT - DRUGS TO TREAT GOUT	
allopurinol tab 100 mg	
allopurinol tab 300 mg	
colchicine tab 0.6 mg	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	
probenecid tab 500 mg	
MISCELLANEOUS	
lidocaine hcl local inj 0.5%	B/D
lidocaine hcl local inj 1%	B/D
lidocaine hcl local inj 2%	B/D
lidocaine hcl local preservative free (pf) inj 0.5%	B/D
lidocaine hcl local preservative free (pf) inj 1%	B/D
lidocaine hcl local preservative free (pf) inj 1.5%	B/D

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
etodolac tab 400 mg	
etodolac tab 500 mg	
etodolac tab er 24hr 400 mg	
etodolac tab er 24hr 500 mg	
etodolac tab er 24hr 600 mg	
flurbiprofen tab 100 mg	
ibu	
ibuprofen susp 100 mg/5ml	
ibuprofen tab 400 mg	
ibuprofen tab 600 mg	
ibuprofen tab 800 mg	
meloxicam tab 7.5 mg	
meloxicam tab 15 mg	
nabumetone tab 500 mg	
nabumetone tab 750 mg	
naproxen sodium tab 275 mg	
naproxen sodium tab 550 mg	
naproxen tab 250 mg	
naproxen tab 375 mg	
naproxen tab 500 mg	
naproxen tab ec 375 mg	QL (120 tabs / 30 days)
piroxicam cap 10 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
piroxicam cap 20 mg	
sulindac tab 150 mg	
sulindac tab 200 mg	
OPIOID ANALGESICS, LONG-ACTING	
buprenorphine td patch weekly 5 mcg/hr	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 7.5 mcg/hr	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 10 mcg/hr	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 15 mcg/hr	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 20 mcg/hr	QL (4 patches / 28 days), PA
fentanyl td patch 72hr 12 mcg/hr	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 25 mcg/hr	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 37.5 mcg/hr	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 50 mcg/hr	QL (10 patches / 30 days), PA

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OXYCONTIN TAB 15MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG ER	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING	
acetaminophen w/ codeine soln 120-12 mg/5ml	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	QL (180 tabs / 30 days)
butorphanol tartrate inj 1 mg/ml	

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

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

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clindamycin hcl cap 150 mg	
clindamycin hcl cap 300 mg	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	
clindamycin phosphate in d5w iv soln 300 mg/50ml	
clindamycin phosphate in d5w iv soln 600 mg/50ml	
clindamycin phosphate in d5w iv soln 900 mg/50ml	
clindamycin phosphate inj 300 mg/2ml	
clindamycin phosphate inj 600 mg/4ml	
clindamycin phosphate inj 900 mg/6ml	
CLINDMYC/NAC INJ 300/50ML	
CLINDMYC/NAC INJ 600/50ML	
CLINDMYC/NAC INJ 900/50ML	
colistimethate sod for inj 150 mg (colistin base activity)	
dapsone tab 25 mg	
dapsone tab 100 mg	

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	
sulfamethoxazole-trimethoprim tab 400-80 mg	
sulfamethoxazole-trimethoprim tab 800-160 mg	
tinidazole tab 250 mg	
tinidazole tab 500 mg	
TOBI PODHALR CAP 28MG	PA
tobramycin nebu soln 300 mg/5ml	PA
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	
tobramycin sulfate inj 10 mg/ml (base equivalent)	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	
trimethoprim tab 100 mg	

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
terbinafine hcl tab 250 mg	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
voriconazole for inj 200 mg	PA
voriconazole for susp 40 mg/ml	QL (600 mL / 28 days), PA
voriconazole tab 50 mg	QL (480 tabs / 30 days)
voriconazole tab 200 mg	QL (120 tabs / 30 days)
ANTIMALARIALS - DRUGS TO TREAT MALARIA	
atovaquone-proguanil hcl tab 62.5-25 mg	
atovaquone-proguanil hcl tab 250-100 mg	
chloroquine phosphate tab 250 mg	
chloroquine phosphate tab 500 mg	
COARTEM TAB 20-120MG	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
mefloquine hcl tab 250 mg	
primaquine phosphate tab 26.3 mg (15 mg base)	
PRIMAQUINE TAB 26.3MG	
quinine sulfate cap 324 mg	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION	
abacavir sulfate soln 20 mg/ml (base equiv)	
abacavir sulfate tab 300 mg (base equiv)	
APTIVUS CAP 250MG	
atazanavir sulfate cap 150 mg (base equiv)	
atazanavir sulfate cap 200 mg (base equiv)	
atazanavir sulfate cap 300 mg (base equiv)	
darunavir tab 600 mg	QL (60 tabs / 30 days)
darunavir tab 800 mg	QL (30 tabs / 30 days)
EDURANT PED TAB 2.5MG	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EDURANT TAB 25MG	
efavirenz tab 600 mg	
emtricitabine caps 200 mg	
EMTRIVA SOL 10MG/ML	
etravirine tab 100 mg	
etravirine tab 200 mg	
fosamprenavir calcium tab 700 mg (base equiv)	
INTELENCE TAB 25MG	
ISENTRESS CHW 25MG	
ISENTRESS CHW 100MG	
ISENTRESS HD TAB 600MG	
ISENTRESS POW 100MG	
ISENTRESS TAB 400MG	
lamivudine oral soln 10 mg/ml	
lamivudine tab 150 mg	
lamivudine tab 300 mg	
maraviroc tab 150 mg	
maraviroc tab 300 mg	
nevirapine susp 50 mg/5ml	
nevirapine tab 200 mg	
nevirapine tab er 24hr 400 mg	
NORVIR POW 100MG	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VIREAD TAB 150MG	
VIREAD TAB 200MG	
VIREAD TAB 250MG	
zidovudine cap 100 mg	
zidovudine syrup 10 mg/ml	
zidovudine tab 300 mg	
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION	
abacavir sulfate-lamivudine tab 600-300 mg	
BIKTARVY TAB 30-120-15 MG	
BIKTARVY TAB 50-200-25 MG	
CIMDUO TAB 300-300	
DELSTRIGO TAB	
DESCOVY TAB 120-15MG	
DESCOVY TAB 200/25MG	
DOVATO TAB 50-300MG	
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	
EVOTAZ TAB 300-150	
GENVOYA TAB	
JULUCA TAB 50-25MG	
KALETRA SOL	
lamivudine-zidovudine tab 150-300 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lopinavir-ritonavir tab 100-25 mg	
lopinavir-ritonavir tab 200-50 mg	
ODEFSEY TAB	
PREZCOBIX TAB 675/150	
PREZCOBIX TAB 800-150	
STRIBILD TAB	
SYMTUZA TAB	
TRIUMEQ PD TAB	
TRIUMEQ TAB	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS	
cycloserine cap 250 mg	
ethambutol hcl tab 100 mg	
ethambutol hcl tab 400 mg	
isoniazid syrup 50 mg/5ml	
isoniazid tab 100 mg	
isoniazid tab 300 mg	
PRIFTIN TAB 150MG	
pyrazinamide tab 500 mg	
rifabutin cap 150 mg	
rifampin cap 150 mg	

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS	
cefaclor cap 250 mg	
cefaclor cap 500 mg	
cefadroxil cap 500 mg	
cefadroxil for susp 250 mg/5ml	
cefadroxil for susp 500 mg/5ml	
CEFAZOLIN INJ 1GM/50ML	
CEFAZOLIN INJ 2GM	
CEFAZOLIN INJ 3GM	
cefazolin sodium for inj 1 gm	
cefazolin sodium for inj 2 gm	
cefazolin sodium for inj 3 gm	
cefazolin sodium for inj 10 gm	
cefazolin sodium for inj 500 mg	
cefazolin sodium for iv soln 1 gm	
CEFAZOLIN SOLN 2GM/100ML-4%	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CEFAZOLIN/DEX SOL 2GM/50ML-3%	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	
cefdinir cap 300 mg	
cefdinir for susp 125 mg/5ml	
cefdinir for susp 250 mg/5ml	
cefepime hcl for inj 1 gm	
cefepime hcl for iv soln 2 gm	
cefixime cap 400 mg	
cefixime for susp 100 mg/5ml	
cefixime for susp 200 mg/5ml	
cefotetan disodium for inj 1 gm	
cefotetan disodium for inj 2 gm	
cefoxitin sodium for iv soln 1 gm	
cefoxitin sodium for iv soln 2 gm	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cefoxitin sodium for iv soln 10 gm	
cefpodoxime proxetil for susp 50 mg/5ml	
cefpodoxime proxetil for susp 100 mg/5ml	
cefpodoxime proxetil tab 100 mg	
cefpodoxime proxetil tab 200 mg	
cefprozil for susp 125 mg/5ml	
cefprozil for susp 250 mg/5ml	
cefprozil tab 250 mg	
cefprozil tab 500 mg	
ceftaroline fosamil for iv soln 400 mg	
ceftaroline fosamil for iv soln 600 mg	
ceftazidime for inj 1 gm	
ceftazidime for inj 6 gm	
ceftazidime for iv soln 2 gm	
ceftriaxone sodium for inj 1 gm	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ceftriaxone sodium for inj 2 gm	
ceftriaxone sodium for inj 10 gm	
ceftriaxone sodium for inj 250 mg	
ceftriaxone sodium for inj 500 mg	
ceftriaxone sodium for iv soln 1 gm	
ceftriaxone sodium for iv soln 2 gm	
cefuroxime axetil tab 250 mg	
cefuroxime axetil tab 500 mg	
cefuroxime sodium for inj 750 mg	
cefuroxime sodium for iv soln 1.5 gm	
cephalexin cap 250 mg	
cephalexin cap 500 mg	
cephalexin for susp 125 mg/5ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cephalexin for susp 250 mg/5ml	
tazicef	
TEFLARO INJ 400MG	
TEFLARO INJ 600MG	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS	
azithromycin for susp 100 mg/5ml	
azithromycin for susp 200 mg/5ml	
azithromycin iv for soln 500 mg	
azithromycin tab 250 mg	
azithromycin tab 500 mg	
azithromycin tab 600 mg	
clarithromycin for susp 125 mg/5ml	
clarithromycin for susp 250 mg/5ml	
clarithromycin tab 250 mg	
clarithromycin tab 500 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clarithromycin tab er 24hr 500 mg	
DIFICID SUS	
e.e.s. 400	
ERYTHROCIN INJ 500MG	
erythromycin ethylsuccinate tab 400 mg	
erythromycin lactobionate for inj 500 mg	
erythromycin tab 250 mg	
erythromycin tab 500 mg	
erythromycin tab delayed release 250 mg	
erythromycin tab delayed release 333 mg	
erythromycin tab delayed release 500 mg	
erythromycin w/ delayed release particles cap 250 mg	
fidaxomicin tab 200 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS	
ciprofloxacin 200 mg/100ml in d5w	
ciprofloxacin 400 mg/200ml in d5w	
ciprofloxacin hcl tab 250 mg (base equiv)	
ciprofloxacin hcl tab 500 mg (base equiv)	
ciprofloxacin hcl tab 750 mg (base equiv)	
levofloxacin in d5w iv soln 250 mg/50ml	
levofloxacin in d5w iv soln 500 mg/100ml	
levofloxacin in d5w iv soln 750 mg/150ml	
levofloxacin iv soln 25 mg/ml	
levofloxacin oral soln 25 mg/ml	
levofloxacin tab 250 mg	
levofloxacin tab 500 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levofloxacin tab 750 mg	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	
moxifloxacin hcl tab 400 mg (base equiv)	
PENICILLINS - DRUGS TO TREAT INFECTIONS	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	
amoxicillin & k clavulanate tab 250-125 mg	
amoxicillin & k clavulanate tab 500-125 mg	
amoxicillin & k clavulanate tab 875-125 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amoxicillin (trihydrate) cap 250 mg	
amoxicillin (trihydrate) cap 500 mg	
amoxicillin (trihydrate) chew tab 125 mg	
amoxicillin (trihydrate) chew tab 250 mg	
amoxicillin (trihydrate) for susp 125 mg/5ml	
amoxicillin (trihydrate) for susp 200 mg/5ml	
amoxicillin (trihydrate) for susp 250 mg/5ml	
amoxicillin (trihydrate) for susp 400 mg/5ml	
amoxicillin (trihydrate) tab 500 mg	
amoxicillin (trihydrate) tab 875 mg	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ampicillin & sulbactam sodium for inj 3 (2-1) gm	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	
ampicillin cap 500 mg	
ampicillin sodium for inj 1 gm	
ampicillin sodium for inj 2 gm	
ampicillin sodium for inj 250 mg	
ampicillin sodium for inj 500 mg	
ampicillin sodium for iv soln 1 gm	
ampicillin sodium for iv soln 2 gm	
ampicillin sodium for iv soln 10 gm	
BICILLIN L-A INJ 600000	
BICILLIN L-A INJ 1200000	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BICILLIN L-A INJ 2400000	
dicloxacillin sodium cap 250 mg	
dicloxacillin sodium cap 500 mg	
nafcillin sodium for inj 1 gm	
nafcillin sodium for inj 2 gm	
nafcillin sodium for iv soln 10 gm	
oxacillin sodium for inj 1 gm (base equivalent)	
oxacillin sodium for inj 2 gm (base equivalent)	
oxacillin sodium for iv soln 10 gm (base equivalent)	
penicillin g potassium for inj 5000000 unit	
penicillin g potassium for inj 20000000 unit	
penicillin g sodium for inj 5000000 unit	
penicillin v potassium for soln 125 mg/5ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
penicillin v potassium for soln 250 mg/5ml	
penicillin v potassium tab 250 mg	
penicillin v potassium tab 500 mg	
pfizerpen	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS	
doxy 100	

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

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

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cisplatin inj 200 mg/200ml (1 mg/ml)	B/D
CYCLOPHOSPH INJ 1GM/2ML	B/D
CYCLOPHOSPH INJ 1GM/5ML	B/D
CYCLOPHOSPH INJ 2GM/4ML	B/D
CYCLOPHOSPH INJ 500/5ML	B/D
CYCLOPHOSPH INJ 500MG/ML	B/D
CYCLOPHOSPH INJ 1000MG	B/D
CYCLOPHOSPH INJ 2000MG	B/D
CYCLOPHOSPH TAB 25MG	B/D
CYCLOPHOSPH TAB 50MG	B/D
CYCLOPHOSPHA INJ 2GM/10ML	B/D
CYCLOPHOSPHA INJ 500/2.5	B/D
cyclophosphamide cap 25 mg	B/D
cyclophosphamide cap 50 mg	B/D
cyclophosphamide for inj 1 gm	B/D
cyclophosphamide for inj 2 gm	B/D
cyclophosphamide for inj 500 mg	B/D
cyclophosphamide iv soln 1 gm/5ml (200 mg/ml)	B/D
FRINDOVYX INJ 1GM/2ML	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FRINDOVYX INJ 2GM/4ML	B/D
FRINDOVYX INJ 500MG/ML	B/D
GLEOSTINE CAP 10MG	
GLEOSTINE CAP 40MG	
GLEOSTINE CAP 100MG	
LEUKERAN TAB 2MG	PA
lomustine cap 10 mg	
lomustine cap 40 mg	
lomustine cap 100 mg	
oxaliplatin for iv inj 50 mg	B/D
oxaliplatin for iv inj 100 mg	B/D
oxaliplatin iv soln 50 mg/10ml	B/D
oxaliplatin iv soln 100 mg/20ml	B/D
oxaliplatin iv soln 200 mg/40ml	B/D
VIVIMUSTA INJ 100/4ML	B/D
ANTIMETABOLITES	
azacitidine for inj 100 mg	B/D
cytarabine inj 20 mg/ml	B/D
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	B/D

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pemetrexed disodium for iv soln 500 mg (base equiv)	B/D
pemetrexed disodium for iv soln 750 mg (base equiv)	B/D
pemetrexed disodium for iv soln 1000 mg (base equiv)	B/D
TABLOID TAB 40MG	PA
HORMONAL ANTINEOPLASTIC AGENTS	
abiraterone acetate tab 250 mg	QL (120 tabs / 30 days), PA
abiraterone acetate tab 500 mg	QL (60 tabs / 30 days), PA
abirtega tab 250mg	QL (120 tabs / 30 days), PA
AKEEGA TAB 50/500MG	QL (60 tabs / 30 days), PA
AKEEGA TAB 100/500	QL (60 tabs / 30 days), PA
anastrozole tab 1 mg	
bicalutamide tab 50 mg	
ELIGARD INJ 7.5MG	PA
ELIGARD INJ 22.5MG	PA
ELIGARD INJ 30MG	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ELIGARD INJ 45MG	PA
ERLEADA TAB 60MG	QL (120 tabs / 30 days), PA
ERLEADA TAB 240MG	QL (30 tabs / 30 days), PA
EULEXIN CAP 125MG	
exemestane tab 25 mg	
FIRMAGON INJ 80MG	PA
FIRMAGON INJ 120MG	PA
fulvestrant inj soln pref syr 250 mg/5ml	B/D
INLURIYO TAB 200MG	QL (56 tabs / 28 days), PA
letrozole tab 2.5 mg	
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	PA
LUPRON DEPOT INJ 3.75MG	PA
LUPRON DEPOT INJ 11.25MG	PA
LYSODREN TAB 500MG	
megestrol acetate tab 20 mg	
megestrol acetate tab 40 mg	
nilutamide tab 150 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NUBEQA TAB 300MG	QL (120 tabs / 30 days), PA
ORGOVYX TAB 120MG	PA
ORSERDU TAB 86MG	QL (90 tabs / 30 days), PA
ORSERDU TAB 345MG	QL (30 tabs / 30 days), PA
SOLTAMOX SOL 10MG/5ML	
tamoxifen citrate tab 10 mg (base equivalent)	
tamoxifen citrate tab 20 mg (base equivalent)	
toremifene citrate tab 60 mg (base equivalent)	PA
XTANDI CAP 40MG	QL (120 caps / 30 days), PA
XTANDI TAB 40MG	QL (120 tabs / 30 days), PA
XTANDI TAB 80MG	QL (60 tabs / 30 days), PA
YONSA TAB 125MG	QL (120 tabs / 30 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
POMALYST CAP 2MG	QL (21 caps / 28 days), PA
POMALYST CAP 3MG	QL (21 caps / 28 days), PA
POMALYST CAP 4MG	QL (21 caps / 28 days), PA
THALOMID CAP 50MG	QL (84 caps / 28 days), PA
THALOMID CAP 100MG	QL (112 caps / 28 days), PA
MISCELLANEOUS	
BESREMI SOL 500MCG	QL (2 syringes / 28 days), PA
bexarotene cap 75 mg	QL (300 caps / 30 days), PA
doxorubicin hcl inj 2 mg/ml	B/D
doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml	B/D
hydroxyurea cap 500 mg	
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	B/D
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	B/D

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
vinorelbine tartrate inj 10 mg/ml (base equiv)	B/D
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)	B/D
MOLECULAR TARGET AGENTS	
ALECENSA CAP 150MG	QL (240 caps / 30 days), PA
ALUNBRIG PAK	QL (30 tabs / 30 days), PA
ALUNBRIG TAB 30MG	QL (120 tabs / 30 days), PA
ALUNBRIG TAB 90MG	QL (30 tabs / 30 days), PA
ALUNBRIG TAB 180MG	QL (30 tabs / 30 days), PA
AUGTYRO CAP 40MG	QL (240 caps / 30 days), PA
AUGTYRO CAP 160MG	QL (60 caps / 30 days), PA
AVMAPKI PAK FAKZYNJA	QL (1 pack / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AYVAKIT TAB 25MG	QL (30 tabs / 30 days), PA
AYVAKIT TAB 50MG	QL (30 tabs / 30 days), PA
AYVAKIT TAB 100MG	QL (30 tabs / 30 days), PA
AYVAKIT TAB 200MG	QL (30 tabs / 30 days), PA
AYVAKIT TAB 300MG	QL (30 tabs / 30 days), PA
BALVERSA TAB 3MG	QL (84 tabs / 28 days), PA
BALVERSA TAB 4MG	QL (56 tabs / 28 days), PA
BALVERSA TAB 5MG	QL (28 tabs / 28 days), PA
bortezomib for inj 3.5 mg	PA
BORTEZOMIB INJ 1MG	PA
BORTEZOMIB INJ 2.5MG	PA
BOSULIF CAP 50MG	QL (30 caps / 30 days), PA
BOSULIF CAP 100MG	QL (300 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BOSULIF TAB 100MG	QL (180 tabs / 30 days), PA
BOSULIF TAB 400MG	QL (30 tabs / 30 days), PA
BOSULIF TAB 500MG	QL (30 tabs / 30 days), PA
BRAFTOVI CAP 75MG	QL (180 caps / 30 days), PA
BRUKINSA CAP 80MG	QL (120 caps / 30 days), PA
BRUKINSA TAB 160MG	QL (60 tabs / 30 days), PA
CABOMETYX TAB 20MG	QL (30 tabs / 30 days), PA
CABOMETYX TAB 40MG	QL (30 tabs / 30 days), PA
CABOMETYX TAB 60MG	QL (30 tabs / 30 days), PA
CALQUENCE TAB 100MG	QL (60 tabs / 30 days), PA
CAPRELSA TAB 100MG	QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CAPRELSA TAB 300MG	QL (30 tabs / 30 days), PA
COMETRIQ (60MG DOSE)	QL (84 caps / 28 days), PA
COMETRIQ KIT 100MG	QL (56 caps / 28 days), PA
COMETRIQ KIT 140MG	QL (112 caps / 28 days), PA
COPIKTRA CAP 15MG	QL (56 caps / 28 days), PA
COPIKTRA CAP 25MG	QL (56 caps / 28 days), PA
COTELLIC TAB 20MG	QL (63 tabs / 28 days), PA
DANZITEN TAB 71MG	QL (112 tabs / 28 days), PA
DANZITEN TAB 95MG	QL (112 tabs / 28 days), PA
dasatinib tab 20 mg	QL (90 tabs / 30 days), PA
dasatinib tab 50 mg	QL (30 tabs / 30 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
erlotinib hcl tab 150 mg (base equivalent)	QL (30 tabs / 30 days), PA
everolimus tab 2.5 mg	QL (30 tabs / 30 days), PA
everolimus tab 5 mg	QL (30 tabs / 30 days), PA
everolimus tab 7.5 mg	QL (30 tabs / 30 days), PA
everolimus tab 10 mg	QL (30 tabs / 30 days), PA
everolimus tab for oral susp 2 mg	QL (60 tabs / 30 days), PA
everolimus tab for oral susp 3 mg	QL (90 tabs / 30 days), PA
everolimus tab for oral susp 5 mg	QL (60 tabs / 30 days), PA
FOTIVDA CAP 0.89MG	QL (21 caps / 28 days), PA
FOTIVDA CAP 1.34MG	QL (21 caps / 28 days), PA
FRUZAQLA CAP 1MG	QL (84 caps / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FRUZAQLA CAP 5MG	QL (21 caps / 28 days), PA
GAVRETO CAP 100MG	QL (120 caps / 30 days), PA
gefitinib tab 250 mg	QL (60 tabs / 30 days), PA
GILOTRIF TAB 20MG	QL (30 tabs / 30 days), PA
GILOTRIF TAB 30MG	QL (30 tabs / 30 days), PA
GILOTRIF TAB 40MG	QL (30 tabs / 30 days), PA
GOMEKLI CAP 1MG	QL (168 caps / 28 days), PA
GOMEKLI CAP 2MG	QL (84 caps / 28 days), PA
GOMEKLI TAB 1MG	QL (168 tabs / 28 days), PA
HERCEP HYLEC SOL 60-10000	PA
HERCEPTIN INJ 150MG	PA
HERCESSI INJ 150MG	PA
HERCESSI INJ 420MG	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HERNEXEOS TAB 60MG	QL (120 tabs / 30 days), PA
HERZUMA INJ 150MG	PA
HERZUMA INJ 420MG	PA
HYRNUO TAB 10MG	QL (120 tabs / 30 days), PA
IBRANCE CAP 75MG	QL (21 caps / 28 days), PA
IBRANCE CAP 100MG	QL (21 caps / 28 days), PA
IBRANCE CAP 125MG	QL (21 caps / 28 days), PA
IBRANCE TAB 75MG	QL (21 tabs / 28 days), PA
IBRANCE TAB 100MG	QL (21 tabs / 28 days), PA
IBRANCE TAB 125MG	QL (21 tabs / 28 days), PA
IBTROZI CAP 200MG	QL (90 caps / 30 days), PA
ICLUSIG TAB 10MG	QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ICLUSIG TAB 15MG	QL (30 tabs / 30 days), PA
ICLUSIG TAB 30MG	QL (30 tabs / 30 days), PA
ICLUSIG TAB 45MG	QL (30 tabs / 30 days), PA
IDHIFA TAB 50MG	QL (30 tabs / 30 days), PA
IDHIFA TAB 100MG	QL (30 tabs / 30 days), PA
imatinib mesylate tab 100 mg (base equivalent)	QL (90 tabs / 30 days), PA
imatinib mesylate tab 400 mg (base equivalent)	QL (60 tabs / 30 days), PA
IMBRUVICA CAP 70MG	QL (30 caps / 30 days), PA
IMBRUVICA CAP 140MG	QL (120 caps / 30 days), PA
IMBRUVICA SUS 70MG/ML	QL (216 mL / 27 days), PA
IMBRUVICA TAB 140MG	QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IMBRUVICA TAB 280MG	QL (30 tabs / 30 days), PA
IMBRUVICA TAB 420MG	QL (30 tabs / 30 days), PA
IMKELDI SOL 80MG/ML	QL (280 mL / 28 days), PA
INLYTA TAB 1MG	QL (180 tabs / 30 days), PA
INLYTA TAB 5MG	QL (120 tabs / 30 days), PA
INREBIC CAP 100MG	QL (120 caps / 30 days), PA
ITOVEBI TAB 3MG	QL (56 tabs / 28 days), PA
ITOVEBI TAB 9MG	QL (28 tabs / 28 days), PA
JAKAFI TAB 5MG	QL (60 tabs / 30 days), PA
JAKAFI TAB 10MG	QL (60 tabs / 30 days), PA
JAKAFI TAB 15MG	QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JAKAFI TAB 20MG	QL (60 tabs / 30 days), PA
JAKAFI TAB 25MG	QL (60 tabs / 30 days), PA
JAYPIRCA TAB 50MG	QL (30 tabs / 30 days), PA
JAYPIRCA TAB 100MG	QL (60 tabs / 30 days), PA
KADCYLA INJ 100MG	B/D
KADCYLA INJ 160MG	B/D
KANJINTI INJ 420MG	PA
KANJINTI SOL 150MG	PA
KEYTRUDA INJ 100MG/4M	PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	QL (1 vial / 21 days), PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	QL (1 vial / 42 days), PA
KISQALI 200 DOSE	QL (21 tabs / 28 days), PA
KISQALI 400 DOSE	QL (42 tabs / 28 days), PA
KISQALI 400 PAK FEMARA	QL (70 tabs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KISQALI 600 DOSE	QL (63 tabs / 28 days), PA
KISQALI 600 PAK FEMARA	QL (91 tabs / 28 days), PA
KOMZIFTI CAP 200MG	QL (90 caps / 30 days), PA
KOSELUGO CAP 5MG	QL (600 caps / 30 days), PA
KOSELUGO CAP 7.5MG	QL (360 caps / 30 days), PA
KOSELUGO CAP 10MG	QL (240 caps / 30 days), PA
KOSELUGO CAP 25MG	QL (120 caps / 30 days), PA
KRAZATI TAB 200MG	QL (180 tabs / 30 days), PA
lapatinib ditosylate tab 250 mg (base equiv)	QL (180 tabs / 30 days), PA
LAZCLUZE TAB 80MG	QL (60 tabs / 30 days), PA
LAZCLUZE TAB 240MG	QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LENVIMA CAP 4MG	QL (30 caps / 30 days), PA
LENVIMA CAP 8 MG	QL (60 caps / 30 days), PA
LENVIMA CAP 10 MG	QL (30 caps / 30 days), PA
LENVIMA CAP 12MG	QL (90 caps / 30 days), PA
LENVIMA CAP 14 MG	QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	QL (90 caps / 30 days), PA
LENVIMA CAP 20 MG	QL (60 caps / 30 days), PA
LENVIMA CAP 24 MG	QL (90 caps / 30 days), PA
LORBRENA TAB 25MG	QL (90 tabs / 30 days), PA
LORBRENA TAB 100MG	QL (30 tabs / 30 days), PA
LUMAKRAS TAB 120MG	QL (240 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LUMAKRAS TAB 240MG	QL (120 tabs / 30 days), PA
LUMAKRAS TAB 320MG	QL (90 tabs / 30 days), PA
LYNPARZA TAB 100MG	QL (120 tabs / 30 days), PA
LYNPARZA TAB 150MG	QL (120 tabs / 30 days), PA
LYTGOBI (12 MG DAILY DOSE)	QL (84 tabs / 28 days), PA
LYTGOBI (16 MG DAILY DOSE)	QL (112 tabs / 28 days), PA
LYTGOBI (20 MG DAILY DOSE)	QL (140 tabs / 28 days), PA
MEKINIST SOL 0.05/ML	QL (1260 mL / 30 days), PA
MEKINIST TAB 0.5MG	QL (90 tabs / 30 days), PA
MEKINIST TAB 2MG	QL (30 tabs / 30 days), PA
MEKTOVI TAB 15MG	QL (180 tabs / 30 days), PA
MONJUVI INJ 200MG	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NERLYNX TAB 40MG	QL (180 tabs / 30 days), PA
nilotinib hcl cap 50 mg (base equivalent)	QL (120 caps / 30 days), PA
nilotinib hcl cap 150 mg (base equivalent)	QL (112 caps / 28 days), PA
nilotinib hcl cap 200 mg (base equivalent)	QL (112 caps / 28 days), PA
NINLARO CAP 2.3MG	QL (3 caps / 28 days), PA
NINLARO CAP 3MG	QL (3 caps / 28 days), PA
NINLARO CAP 4MG	QL (3 caps / 28 days), PA
ODOMZO CAP 200MG	QL (30 caps / 30 days), PA
OGIVRI INJ 150MG	PA
OGIVRI INJ 420MG	PA
OGSIVEO TAB 100MG	QL (56 tabs / 28 days), PA
OGSIVEO TAB 150MG	QL (56 tabs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OJEMDA SUS 25MG/ML	QL (96 mL / 28 days), PA
OJEMDA TAB 100MG	QL (24 tabs / 28 days), PA
OJJAARA TAB 100MG	QL (30 tabs / 30 days), PA
OJJAARA TAB 150MG	QL (30 tabs / 30 days), PA
OJJAARA TAB 200MG	QL (30 tabs / 30 days), PA
ONTRUZANT INJ 150MG	PA
ONTRUZANT INJ 420MG	PA
pazopanib hcl tab 200 mg (base equiv)	QL (120 tabs / 30 days), PA
pazopanib hcl tab 400 mg (base equiv)	QL (60 tabs / 30 days), PA
PEMAZYRE TAB 4.5MG	QL (28 tabs / 28 days), PA
PEMAZYRE TAB 9MG	QL (28 tabs / 28 days), PA
PEMAZYRE TAB 13.5MG	QL (28 tabs / 28 days), PA
PHESGO SOL	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PIQRAY 200MG TAB DOSE	QL (28 tabs / 28 days), PA
PIQRAY 250MG TAB DOSE	QL (56 tabs / 28 days), PA
PIQRAY 300MG TAB DOSE	QL (56 tabs / 28 days), PA
QINLOCK TAB 50MG	QL (90 tabs / 30 days), PA
RETEVMO TAB 40MG	QL (90 tabs / 30 days), PA
RETEVMO TAB 80MG	QL (120 tabs / 30 days), PA
RETEVMO TAB 120MG	QL (60 tabs / 30 days), PA
RETEVMO TAB 160MG	QL (60 tabs / 30 days), PA
REVUFORJ TAB 25MG	QL (240 tabs / 30 days), PA
REVUFORJ TAB 110MG	QL (120 tabs / 30 days), PA
REVUFORJ TAB 160MG	QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REZLIDHIA CAP 150MG	QL (60 caps / 30 days), PA
ROMVIMZA CAP 14MG	QL (8 caps / 28 days), PA
ROMVIMZA CAP 20MG	QL (8 caps / 28 days), PA
ROMVIMZA CAP 30MG	QL (8 caps / 28 days), PA
ROZLYTREK CAP 100MG	QL (180 caps / 30 days), PA
ROZLYTREK CAP 200MG	QL (90 caps / 30 days), PA
ROZLYTREK PAK 50MG	QL (336 packets / 28 days), PA
RUBRACA TAB 200MG	QL (120 tabs / 30 days), PA
RUBRACA TAB 250MG	QL (120 tabs / 30 days), PA
RUBRACA TAB 300MG	QL (120 tabs / 30 days), PA
RYDAPT CAP 25MG	QL (224 caps / 28 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TAFINLAR CAP 50MG	QL (120 caps / 30 days), PA
TAFINLAR CAP 75MG	QL (120 caps / 30 days), PA
TAFINLAR TAB 10MG	QL (840 tabs / 28 days), PA
TAGRISSO TAB 40MG	QL (30 tabs / 30 days), PA
TAGRISSO TAB 80MG	QL (30 tabs / 30 days), PA
TALZENNA CAP 0.1MG	QL (30 caps / 30 days), PA
TALZENNA CAP 0.5MG	QL (30 caps / 30 days), PA
TALZENNA CAP 0.25MG	QL (90 caps / 30 days), PA
TALZENNA CAP 0.35MG	QL (30 caps / 30 days), PA
TALZENNA CAP 0.75MG	QL (30 caps / 30 days), PA
TALZENNA CAP 1MG	QL (30 caps / 30 days), PA
TECENTRIQ INJ 840/14	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TECENTRIQ INJ 1200/20	PA
TECENTRIQ INJ HYBREZA	QL (1 vial / 21 days), PA
TEPMETKO TAB 225MG	QL (60 tabs / 30 days), PA
TIBSOVO TAB 250MG	QL (60 tabs / 30 days), PA
torpenz	QL (30 tabs / 30 days), PA
TRAZIMERA INJ 150MG	PA
TRAZIMERA INJ 420MG	PA
TRUQAP PAK 160MG	QL (4 packs / 28 days), PA
TRUQAP PAK 200MG	QL (4 packs / 28 days), PA
TRUQAP TAB 160MG	QL (64 tabs / 28 days), PA
TRUQAP TAB 200MG	QL (64 tabs / 28 days), PA
TRUXIMA INJ 100/10ML	PA
TRUXIMA INJ 500/50ML	PA
TUKYSA TAB 50MG	QL (120 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TUKYSA TAB 150MG	QL (120 tabs / 30 days), PA
TURALIO CAP 125MG	QL (120 caps / 30 days), PA
VANFLYTA TAB 17.7MG	QL (56 tabs / 28 days), PA
VANFLYTA TAB 26.5MG	QL (56 tabs / 28 days), PA
VENCLEXTA TAB 10MG	QL (112 tabs / 28 days), PA
VENCLEXTA TAB 50MG	QL (112 tabs / 28 days), PA
VENCLEXTA TAB 100MG	QL (180 tabs / 30 days), PA
VENCLEXTA TAB START PK	QL (42 tabs / 28 days), PA
VERZENIO TAB 50MG	QL (56 tabs / 28 days), PA
VERZENIO TAB 100MG	QL (56 tabs / 28 days), PA
VERZENIO TAB 150MG	QL (56 tabs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VERZENIO TAB 200MG	QL (56 tabs / 28 days), PA
VITRAKVI CAP 25MG	QL (180 caps / 30 days), PA
VITRAKVI CAP 100MG	QL (60 caps / 30 days), PA
VITRAKVI SOL 20MG/ML	QL (300 mL / 30 days), PA
VIZIMPRO TAB 15MG	QL (30 tabs / 30 days), PA
VIZIMPRO TAB 30MG	QL (30 tabs / 30 days), PA
VIZIMPRO TAB 45MG	QL (30 tabs / 30 days), PA
VONJO CAP 100MG	QL (120 caps / 30 days), PA
VORANIGO TAB 10MG	QL (60 tabs / 30 days), PA
VORANIGO TAB 40MG	QL (30 tabs / 30 days), PA
XALKORI CAP 20MG	QL (120 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XALKORI CAP 50MG	QL (120 caps / 30 days), PA
XALKORI CAP 150MG	QL (180 caps / 30 days), PA
XALKORI CAP 200MG	QL (120 caps / 30 days), PA
XALKORI CAP 250MG	QL (120 caps / 30 days), PA
XOSPATA TAB 40MG	QL (90 tabs / 30 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	QL (16 tabs / 28 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	QL (4 tabs / 28 days), PA
XPOVIO PAK (40 MG TWICE WEEKLY)	QL (8 tabs / 28 days), PA
XPOVIO PAK (60 MG ONCE WEEKLY)	QL (4 tabs / 28 days), PA
XPOVIO PAK (60 MG TWICE WEEKLY)	QL (24 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY)	QL (4 tabs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XPOVIO PAK (80 MG ONCE WEEKLY)	QL (8 tabs / 28 days), PA
XPOVIO PAK (80 MG TWICE WEEKLY)	QL (32 tabs / 28 days), PA
XPOVIO PAK (100 MG ONCE WEEKLY)	QL (8 tabs / 28 days), PA
ZEJULA TAB 100MG	QL (30 tabs / 30 days), PA
ZEJULA TAB 200MG	QL (30 tabs / 30 days), PA
ZEJULA TAB 300MG	QL (30 tabs / 30 days), PA
ZELBORAF TAB 240MG	QL (240 tabs / 30 days), PA
ZIRABEV INJ 100/4ML	PA
ZIRABEV INJ 400/16ML	PA
ZOLINZA CAP 100MG	QL (120 caps / 30 days), PA
ZYDELIG TAB 100MG	QL (60 tabs / 30 days), PA
ZYDELIG TAB 150MG	QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZYKADIA TAB 150MG	QL (84 tabs / 28 days), PA

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

amlodipine besylate-benazepril hcl cap 2.5-10 mg	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	

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

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

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

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

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

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

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

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

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

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM	
amiodarone hcl inj 150 mg/3ml (50 mg/ml)	
amiodarone hcl inj 450 mg/9ml (50 mg/ml)	
amiodarone hcl inj 900 mg/18ml (50 mg/ml)	
amiodarone hcl tab 100 mg	
amiodarone hcl tab 200 mg	
amiodarone hcl tab 400 mg	
disopyramide phosphate cap 100 mg	
disopyramide phosphate cap 150 mg	
dofetilide cap 125 mcg (0.125 mg)	
dofetilide cap 250 mcg (0.25 mg)	
dofetilide cap 500 mcg (0.5 mg)	
flecainide acetate tab 50 mg	
flecainide acetate tab 100 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
flecainide acetate tab 150 mg	
MULTAQ TAB 400MG	QL (60 tabs / 30 days)
pacerone	
propafenone hcl cap er 12hr 225 mg	
propafenone hcl cap er 12hr 325 mg	
propafenone hcl cap er 12hr 425 mg	
propafenone hcl tab 150 mg	
propafenone hcl tab 225 mg	
propafenone hcl tab 300 mg	
quinidine sulfate tab 200 mg	
quinidine sulfate tab 300 mg	
sotalol hcl (afib/afl) tab 80 mg	
sotalol hcl (afib/afl) tab 120 mg	
sotalol hcl (afib/afl) tab 160 mg	
sotalol hcl tab 80 mg	
sotalol hcl tab 120 mg	
sotalol hcl tab 160 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sotalol hcl tab 240 mg	
ANTILIPEMICS, FIBRATES	
fenofibrate micronized cap 67 mg	
fenofibrate micronized cap 134 mg	
fenofibrate micronized cap 200 mg	
fenofibrate tab 48 mg	
fenofibrate tab 54 mg	
fenofibrate tab 145 mg	
fenofibrate tab 160 mg	
gemfibrozil tab 600 mg	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL	
atorvastatin calcium tab 10 mg (base equivalent)	QL (30 tabs / 30 days)
atorvastatin calcium tab 20 mg (base equivalent)	QL (30 tabs / 30 days)
atorvastatin calcium tab 40 mg (base equivalent)	QL (30 tabs / 30 days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
rosuvastatin calcium tab 40 mg	QL (30 tabs / 30 days)
simvastatin tab 5 mg	QL (30 tabs / 30 days)
simvastatin tab 10 mg	QL (30 tabs / 30 days)
simvastatin tab 20 mg	QL (30 tabs / 30 days)
simvastatin tab 40 mg	QL (30 tabs / 30 days)
simvastatin tab 80 mg	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL	
cholestyramine light powder 4 gm/dose	
cholestyramine light powder packets 4 gm	
cholestyramine powder 4 gm/dose	
cholestyramine powder packets 4 gm	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
niacin tab er 750 mg (antihyperlipidemic)	QL (60 tabs / 30 days)
niacin tab er 1000 mg (antihyperlipidemic)	QL (60 tabs / 30 days)
omega-3-acid ethyl esters cap 1 gm	
prevalite	
REPATHA INJ 140MG/ML	QL (6 syringes / 28 days), PA
REPATHA SURE INJ 140MG/ML	QL (6 autoinjectors / 28 days), PA
VASCEPA CAP 0.5GM	
VASCEPA CAP 1GM	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	
atenolol & chlorthalidone tab 50-25 mg	
atenolol & chlorthalidone tab 100-25 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	
metoprolol & hydrochlorothiazide tab 50-25 mg	
metoprolol & hydrochlorothiazide tab 100-25 mg	
metoprolol & hydrochlorothiazide tab 100-50 mg	

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

acebutolol hcl cap 200 mg	
acebutolol hcl cap 400 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
atenolol tab 25 mg	
atenolol tab 50 mg	
atenolol tab 100 mg	
betaxolol hcl tab 10 mg	
betaxolol hcl tab 20 mg	
bisoprolol fumarate tab 5 mg	
bisoprolol fumarate tab 10 mg	
carvedilol tab 3.125 mg	
carvedilol tab 6.25 mg	
carvedilol tab 12.5 mg	
carvedilol tab 25 mg	
labetalol hcl tab 100 mg	
labetalol hcl tab 200 mg	
labetalol hcl tab 300 mg	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
metoprolol tartrate iv soln 5 mg/5ml	
metoprolol tartrate tab 25 mg	
metoprolol tartrate tab 50 mg	
metoprolol tartrate tab 100 mg	
nadolol tab 20 mg	
nadolol tab 40 mg	
nadolol tab 80 mg	
nebivolol hcl tab 2.5 mg (base equivalent)	QL (30 tabs / 30 days)
nebivolol hcl tab 5 mg (base equivalent)	QL (30 tabs / 30 days)
nebivolol hcl tab 10 mg (base equivalent)	QL (30 tabs / 30 days)
nebivolol hcl tab 20 mg (base equivalent)	QL (60 tabs / 30 days)
pindolol tab 5 mg	
pindolol tab 10 mg	
propranolol hcl cap er 24hr 60 mg	
propranolol hcl cap er 24hr 80 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
propranolol hcl cap er 24hr 120 mg	
propranolol hcl cap er 24hr 160 mg	
propranolol hcl oral soln 20 mg/5ml	
propranolol hcl oral soln 40 mg/5ml	
propranolol hcl tab 10 mg	
propranolol hcl tab 20 mg	
propranolol hcl tab 40 mg	
propranolol hcl tab 60 mg	
propranolol hcl tab 80 mg	
timolol maleate tab 5 mg	
timolol maleate tab 10 mg	
timolol maleate tab 20 mg	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	
amlodipine besylate tab 2.5 mg (base equivalent)	
amlodipine besylate tab 5 mg (base equivalent)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amlodipine besylate tab 10 mg (base equivalent)	
cartia xt	
dilt-xr	
diltiazem hcl cap er 12hr 60 mg	
diltiazem hcl cap er 12hr 90 mg	
diltiazem hcl cap er 12hr 120 mg	
diltiazem hcl cap er 24hr 120 mg	
diltiazem hcl cap er 24hr 180 mg	
diltiazem hcl cap er 24hr 240 mg	
diltiazem hcl coated beads cap er 24hr 120 mg	
diltiazem hcl coated beads cap er 24hr 180 mg	
diltiazem hcl coated beads cap er 24hr 240 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diltiazem hcl coated beads cap er 24hr 300 mg	
diltiazem hcl coated beads cap er 24hr 360 mg	
diltiazem hcl extended release beads cap er 24hr 120 mg	
diltiazem hcl extended release beads cap er 24hr 180 mg	
diltiazem hcl extended release beads cap er 24hr 240 mg	
diltiazem hcl extended release beads cap er 24hr 300 mg	
diltiazem hcl extended release beads cap er 24hr 360 mg	
diltiazem hcl extended release beads cap er 24hr 420 mg	
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	
diltiazem hcl tab 30 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diltiazem hcl tab 60 mg	
diltiazem hcl tab 90 mg	
diltiazem hcl tab 120 mg	
felodipine tab er 24hr 2.5 mg	
felodipine tab er 24hr 5 mg	
felodipine tab er 24hr 10 mg	
isradipine cap 2.5 mg	
isradipine cap 5 mg	
nicardipine hcl cap 20 mg	
nicardipine hcl cap 30 mg	
nifedipine tab er 24hr 30 mg	
nifedipine tab er 24hr 60 mg	
nifedipine tab er 24hr 90 mg	
nifedipine tab er 24hr osmotic release 30 mg	
nifedipine tab er 24hr osmotic release 60 mg	
nifedipine tab er 24hr osmotic release 90 mg	
nimodipine cap 30 mg	
tiadylt er	
verapamil hcl cap er 24hr 100 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
verapamil hcl cap er 24hr 120 mg	
verapamil hcl cap er 24hr 180 mg	
verapamil hcl cap er 24hr 200 mg	
verapamil hcl cap er 24hr 240 mg	
verapamil hcl cap er 24hr 300 mg	
verapamil hcl cap er 24hr 360 mg	
verapamil hcl iv soln 2.5 mg/ml	
verapamil hcl tab 40 mg	
verapamil hcl tab 80 mg	
verapamil hcl tab 120 mg	
verapamil hcl tab er 120 mg	
verapamil hcl tab er 180 mg	
verapamil hcl tab er 240 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DIURETICS - DRUGS TO TREAT HEART CONDITIONS	
acetazolamide cap er 12hr 500 mg	
acetazolamide tab 125 mg	
acetazolamide tab 250 mg	
amiloride & hydrochlorothiazide tab 5-50 mg	
amiloride hcl tab 5 mg	
bumetanide inj 0.25 mg/ml	
bumetanide tab 0.5 mg	
bumetanide tab 1 mg	
bumetanide tab 2 mg	
chlorthalidone tab 25 mg	
chlorthalidone tab 50 mg	
furosemide inj	
furosemide oral soln 8 mg/ml	
furosemide oral soln 10 mg/ml	
furosemide tab 20 mg	
furosemide tab 40 mg	
furosemide tab 80 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hydrochlorothiazide cap 12.5 mg	
hydrochlorothiazide tab 12.5 mg	
hydrochlorothiazide tab 25 mg	
hydrochlorothiazide tab 50 mg	
indapamide tab 1.25 mg	
indapamide tab 2.5 mg	
methazolamide tab 25 mg	
methazolamide tab 50 mg	
metolazone tab 2.5 mg	
metolazone tab 5 mg	
metolazone tab 10 mg	
spironolactone & hydrochlorothiazide tab 25-25 mg	
torsemide tab 5 mg	
torsemide tab 10 mg	
torsemide tab 20 mg	
torsemide tab 100 mg	
triamterene & hydrochlorothiazide cap 37.5-25 mg	

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ivabradine hcl tab 5 mg (base equiv)	QL (60 tabs / 30 days)
ivabradine hcl tab 7.5 mg (base equiv)	QL (60 tabs / 30 days)
metyrosine cap 250 mg	PA
midodrine hcl tab 2.5 mg	
midodrine hcl tab 5 mg	
midodrine hcl tab 10 mg	
minoxidil tab 2.5 mg	
minoxidil tab 10 mg	
ranolazine tab er 12hr 500 mg	
ranolazine tab er 12hr 1000 mg	
VERQUVO TAB 2.5MG	QL (30 tabs / 30 days), PA
VERQUVO TAB 5MG	QL (30 tabs / 30 days), PA
VERQUVO TAB 10MG	QL (30 tabs / 30 days), PA
NITRATES - DRUGS TO TREAT HEART CONDITIONS	
isosorbide dinitrate tab 5 mg	
isosorbide dinitrate tab 10 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
isosorbide dinitrate tab 20 mg	
isosorbide dinitrate tab 30 mg	
isosorbide mononitrate tab er 24hr 30 mg	
isosorbide mononitrate tab er 24hr 60 mg	
isosorbide mononitrate tab er 24hr 120 mg	
nitro-bid oin 2%	
nitroglycerin sl tab 0.3 mg	
nitroglycerin sl tab 0.4 mg	
nitroglycerin sl tab 0.6 mg	
nitroglycerin td patch 24hr 0.1 mg/hr	
nitroglycerin td patch 24hr 0.2 mg/hr	
nitroglycerin td patch 24hr 0.4 mg/hr	
nitroglycerin td patch 24hr 0.6 mg/hr	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
UPTRAVI TAB 600MCG	QL (60 tabs / 30 days), PA
UPTRAVI TAB 800MCG	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1000MCG	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1200MCG	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1400MCG	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1600MCG	QL (60 tabs / 30 days), PA
WINREVAIR INJ 45MG	QL (2 vials / 21 days), PA
WINREVAIR INJ 60MG	QL (2 vials / 21 days), PA
YUTREPIA CAP 26.5MCG	QL (140 caps / 28 days), PA
YUTREPIA CAP 53MCG	QL (140 caps / 28 days), PA
YUTREPIA CAP 79.5MCG	QL (140 caps / 28 days), PA

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

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

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

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

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

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

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

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

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EXXUA TAB 54.5MG	QL (30 tabs / 30 days), PA
EXXUA TAB 72.6MG	QL (30 tabs / 30 days), PA
EXXUA TITRAT TAB 18.2MG	QL (2 packs / year), PA
FETZIMA CAP 20MG	QL (60 caps / 30 days), PA
FETZIMA CAP 40MG	QL (60 caps / 30 days), PA
FETZIMA CAP 80MG	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	QL (2 packs / year), PA
fluoxetine hcl cap 10 mg	
fluoxetine hcl cap 20 mg	
fluoxetine hcl cap 40 mg	
fluoxetine hcl solution 20 mg/5ml	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nefazodone hcl tab 150 mg	
nefazodone hcl tab 200 mg	
nefazodone hcl tab 250 mg	
nortriptyline hcl cap 10 mg	
nortriptyline hcl cap 25 mg	
nortriptyline hcl cap 50 mg	
nortriptyline hcl cap 75 mg	
nortriptyline hcl soln 10 mg/5ml	
paroxetine hcl oral susp 10 mg/5ml (base equiv)	QL (900 mL / 30 days), PA; PA applies if 65 years and older
paroxetine hcl tab 10 mg	PA; PA applies if 65 years and older
paroxetine hcl tab 20 mg	PA; PA applies if 65 years and older
paroxetine hcl tab 30 mg	PA; PA applies if 65 years and older

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
venlafaxine hcl tab 100 mg (base equivalent)	
vilazodone hcl tab 10 mg	QL (30 tabs / 30 days)
vilazodone hcl tab 20 mg	QL (30 tabs / 30 days)
vilazodone hcl tab 40 mg	QL (30 tabs / 30 days)
ZURZUVAE CAP 20MG	QL (28 caps / 14 days), PA
ZURZUVAE CAP 25MG	QL (28 caps / 14 days), PA
ZURZUVAE CAP 30MG	QL (14 caps / 14 days), PA
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE	
amantadine hcl cap 100 mg	QL (120 caps / 30 days)
amantadine hcl soln 50 mg/5ml	
amantadine hcl tab 100 mg	
benztropine mesylate inj 1 mg/ml	

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

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES	
ABILIFY ASIM INJ 720MG	QL (1 syringe / 56 days)
ABILIFY ASIM INJ 960MG	QL (1 syringe / 56 days)
ABILIFY MAIN INJ 300MG	QL (1 injection / 28 days)
ABILIFY MAIN INJ 300MG	QL (1 syringe / 28 days)
ABILIFY MAIN INJ 400MG	QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	QL (1 syringe / 28 days)
aripiprazole oral solution 1 mg/ml	QL (900 mL / 30 days)
aripiprazole orally disintegrating tab 10 mg	QL (60 tabs / 30 days), ST
aripiprazole orally disintegrating tab 15 mg	QL (60 tabs / 30 days), ST
aripiprazole tab 2 mg	QL (30 tabs / 30 days)

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

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

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

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

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

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

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

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

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

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

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
thiothixene cap 2 mg	
thiothixene cap 5 mg	
thiothixene cap 10 mg	
trifluoperazine hcl tab 1 mg (base equivalent)	
trifluoperazine hcl tab 2 mg (base equivalent)	
trifluoperazine hcl tab 5 mg (base equivalent)	
trifluoperazine hcl tab 10 mg (base equivalent)	
VERSACLOZ SUS 50MG/ML	QL (600 mL / 30 days), PA
VRAYLAR CAP 0.5MG	QL (30 caps / 30 days)
VRAYLAR CAP 0.75MG	QL (30 caps / 30 days)
VRAYLAR CAP 1.5MG	QL (60 caps / 30 days)
VRAYLAR CAP 3MG	QL (30 caps / 30 days)
VRAYLAR CAP 4.5MG	QL (30 caps / 30 days)

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BRIVIACT TAB 50MG	QL (60 tabs / 30 days), PA
BRIVIACT TAB 75MG	QL (60 tabs / 30 days), PA
BRIVIACT TAB 100MG	QL (60 tabs / 30 days), PA
carbamazepine cap er 12hr 100 mg	
carbamazepine cap er 12hr 200 mg	
carbamazepine cap er 12hr 300 mg	
carbamazepine chew tab 100 mg	
carbamazepine chew tab 200 mg	
carbamazepine susp 100 mg/5ml	
carbamazepine tab 200 mg	
carbamazepine tab er 12hr 100 mg	
carbamazepine tab er 12hr 200 mg	

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diazepam intensol	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam oral soln 1 mg/ml	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam rectal gel delivery system 2.5 mg	
diazepam rectal gel delivery system 10 mg	
diazepam rectal gel delivery system 20 mg	

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
felbamate tab 400 mg	
felbamate tab 600 mg	
FINTEPLA SOL 2.2MG/ML	QL (360 mL / 30 days), PA
FYCOMPA SUS 0.5MG/ML	QL (680 mL / 28 days), PA
FYCOMPA TAB 2MG	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	QL (30 tabs / 30 days), PA
FYCOMPA TAB 6MG	QL (30 tabs / 30 days), PA
FYCOMPA TAB 8MG	QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	QL (30 tabs / 30 days), PA
gabapentin cap 100 mg	QL (360 caps / 30 days)
gabapentin cap 300 mg	QL (360 caps / 30 days)

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

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

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

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

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

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SPRITAM TAB 250MG	QL (360 tabs / 30 days)
SPRITAM TAB 500MG	QL (180 tabs / 30 days)
SPRITAM TAB 750MG	QL (120 tabs / 30 days)
SPRITAM TAB 1000MG	QL (90 tabs / 30 days)
subvenite	
SUBVENITE SUS 10MG/ML	ST
SYMPAZAN MIS 5MG	QL (60 films / 30 days), PA
SYMPAZAN MIS 10MG	QL (60 films / 30 days), PA
SYMPAZAN MIS 20MG	QL (60 films / 30 days), PA
tiagabine hcl tab 2 mg	
tiagabine hcl tab 4 mg	
tiagabine hcl tab 12 mg	
tiagabine hcl tab 16 mg	
topiramate oral soln 25 mg/ml	QL (480 mL / 30 days), PA
topiramate sprinkle cap 15 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
topiramate sprinkle cap 25 mg	
topiramate sprinkle cap 50 mg	
topiramate tab 25 mg	
topiramate tab 50 mg	
topiramate tab 100 mg	
topiramate tab 200 mg	
valproate sodium inj 100 mg/ml	
valproate sodium oral soln 250 mg/5ml (base equiv)	
valproic acid cap 250 mg	
VALTOCO SPR 5MG	QL (10 blister packs / 30 days)
VALTOCO SPR 10MG	QL (10 blister packs / 30 days)
VALTOCO SPR 15MG	QL (10 blister packs / 30 days)
VALTOCO SPR 20MG	QL (10 blister packs / 30 days)
vigabatrin powd pack 500 mg	QL (180 packets / 30 days), PA
vigabatrin tab 500 mg	QL (180 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
vigadrone	QL (180 packets / 30 days), PA
vigadrone	QL (180 tabs / 30 days), PA
VIGAFYDE SOL 100MG/ML	QL (900 mL / 30 days), PA
XCOPRI PAK 12.5-25	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	QL (28 tabs / 28 days)
XCOPRI TAB 25MG	QL (30 tabs / 30 days)
XCOPRI TAB 50MG	QL (30 tabs / 30 days)
XCOPRI TAB 100MG	QL (30 tabs / 30 days)

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

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

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
eszopiclone tab 1 mg	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
eszopiclone tab 2 mg	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
eszopiclone tab 3 mg	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
ramelteon tab 8 mg	QL (30 tabs / 30 days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
zaleplon cap 10 mg	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zolpidem tartrate tab 5 mg	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zolpidem tartrate tab 10 mg	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES	
AIMOVIG INJ 70MG/ML	QL (1 pen / 30 days), PA
AIMOVIG INJ 140MG/ML	QL (1 pen / 30 days), PA
dihydroergotamine mesylate nasal spray 4 mg/ml	QL (8 mL / 30 days), PA
EMGALITY INJ 100MG/ML	QL (3 syringes / 30 days), PA
EMGALITY INJ 120MG/ML	QL (2 pens / 30 days), PA
EMGALITY INJ 120MG/ML	QL (2 syringes / 30 days), PA
ergotamine w/ caffeine tab 1-100 mg	QL (40 tabs / 28 days), PA
naratriptan hcl tab 1 mg (base equiv)	QL (12 tabs / 30 days)
naratriptan hcl tab 2.5 mg (base equiv)	QL (12 tabs / 30 days)
NURTEC TAB 75MG ODT	QL (16 tabs / 30 days), PA

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

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

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

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methocarbamol tab 500 mg	QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
methocarbamol tab 750 mg	QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
tizanidine hcl tab 2 mg (base equivalent)	
tizanidine hcl tab 4 mg (base equivalent)	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS	
armodafinil tab 50 mg	QL (60 tabs / 30 days), PA

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

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

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

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

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

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JANUMET TAB 50-1000	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	QL (30 tabs / 30 days)
JARDIANCE TAB 25MG	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JENTADUETO TAB 2.5-1000	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	QL (30 tabs / 30 days)
metformin hcl oral soln 500 mg/5ml	QL (765 mL / 30 days)
metformin hcl tab 500 mg	QL (150 tabs / 30 days)
metformin hcl tab 850 mg	QL (90 tabs / 30 days)
metformin hcl tab 1000 mg	QL (75 tabs / 30 days)
metformin hcl tab er 24hr 500 mg	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl tab er 24hr 750 mg	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MOUNJARO INJ 2.5/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 5MG/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 7.5/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 10MG/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 12.5/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 15MG/0.5	QL (4 pens / 28 days), PA
nateglinide tab 60 mg	QL (90 tabs / 30 days)
nateglinide tab 120 mg	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE)	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE)	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE)	QL (1 pen / 28 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRADJENTA TAB 5MG	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	QL (30 tabs / 30 days)
TRULICITY INJ 0.75/0.5	QL (4 pens / 28 days), PA
TRULICITY INJ 1.5/0.5	QL (4 pens / 28 days), PA
TRULICITY INJ 3/0.5	QL (4 pens / 28 days), PA
TRULICITY INJ 4.5/0.5	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XIGDUO XR TAB 5-1000MG	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS	
ADMELOG INJ 100U/ML	B/D
ADMELOG SOLO INJ 100U/ML	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	PA
APIDRA INJ SOLOSTAR	
APIDRA INJ U-100	B/D
BASAGLAR KWP INJ 100/ML	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	QL (2 inserters / year), PA
FIASP FLEX INJ TOUCH	
FIASP INJ 100/ML	B/D
FIASP PENFIL INJ U-100	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FIASP PMPCRT INJ U-100	B/D
GAUZE PADS 2" X 2"	PA
GLARGIN YFGN INJ 100U/ML	
GLARGIN YFGN SOL 100U/ML	
HUMALOG INJ 100/ML	
HUMALOG INJ 100/ML	B/D
HUMALOG JR INJ 100/ML	
HUMALOG KWPN INJ 100/ML	
HUMALOG KWPN INJ 200/ML	
HUMALOG MIX INJ 50/50KWP	
HUMALOG MIX INJ 75/25KWP	
HUMALOG MIX SUS 75/25	
HUMALOG TMPO INJ 100/ML	
HUMULIN INJ 70/30	
HUMULIN INJ 70/30KWP	
HUMULIN N INJ U-100	
HUMULIN N INJ U-100KWP	
HUMULIN R INJ U-100	B/D
HUMULIN R INJ U-500	B/D
HUMULIN R INJ U-500KWP	
INSULIN GLAR INJ 300/ML	
INSULIN LISP INJ 100/ML	
INSULIN LISP INJ 100/ML	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INSULIN LISP INJ JR KWPN	
INSULIN LISP INJ PROT KWP	
INSULIN PEN NEEDLES: EMBECTA-BD	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	PA
INSULIN SYRINGES: EMBECTA-BD	PA
LANTUS INJ 100/ML	
LANTUS SOLOS INJ 100/ML	
LYUMJEV INJ 100UT/ML	B/D
LYUMJEV KWPN INJ 100UT/ML	
LYUMJEV KWPN INJ 200UT/ML	
NOVOLIN INJ 70/30	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	(brand RELION not covered)
NOVOLIN N INJ 100 UNIT	(brand RELION not covered)
NOVOLIN N INJ U-100	(brand RELION not covered)
NOVOLIN R INJ 100 UNIT	(brand RELION not covered)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NOVOLIN R INJ U-100	B/D; (brand RELION not covered)
NOVOLOG INJ 100/ML	B/D
NOVOLOG INJ FLEX REL	
NOVOLOG INJ FLEXPEN	
NOVOLOG INJ PENFILL	
NOVOLOG INJ RELION	B/D
NOVOLOG MIX INJ 70/30	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	QL (1 kit / year), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OMNIPOD DASH MIS PODS	QL (15 pods / 30 days), PA
REZVOGLAR KP INJ 100UT/ML	
SEMGLEE INJ 100U/ML	
SOLIQUA INJ 100/33	QL (5 pens / 25 days)
TOUJEO MAX INJ 300/ML	
TOUJEO SOLO INJ 300/ML	
TRESIBA FLEX INJ 100UNIT	
TRESIBA FLEX INJ 200UNIT	
TRESIBA INJ 100UNIT	
XULTOPHY INJ 100/3.6	QL (5 pens / 30 days)
CALCIUM REGULATORS	
alendronate sodium oral soln 70 mg/75ml	ST
alendronate sodium tab 10 mg	
alendronate sodium tab 35 mg	
alendronate sodium tab 70 mg	
BILDYOS INJ 60MG/ML	QL (1 syringe / 180 days)
BONSITY INJ 560/2.24	QL (1 pen / 28 days), PA

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ayuna	
azurette	
balziva	
blisovi 24 fe	
blisovi fe 1.5/30	
blisovi fe tab 1/20	
briellyn	
camila	
camrese	
camrese lo	
chateal eq	
cryselle-28	
cyred eq	
dasetta 1/35	
dasetta 7/7/7	
daysee	
deblitane	
DEPO-SQ PROV INJ 104	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	
dolishale	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	
drospirenone-ethinyl estradiol tab 3-0.02 mg	
drospirenone-ethinyl estradiol tab 3-0.03 mg	
elinest	
eluryng	
emzahh	
enilloring	
enskyce	
errin	
estarylla	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	
falmina	
feirza tab 1.5/30	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
feirza tab 1/20	
finzala	
galbriela chw	
hailey 1.5/30	
hailey 24 fe	
hailey fe tab 1/20	
heather	
iclevia	
incassia	
introvale	
isibloom	
jaimiess tab	
jasmiel	
jencycla tab 0.35mg	
jolessa	
juleber	
junel 1.5/30	
junel 1/20	
junel fe 1.5/30	
junel fe 1/20	
junel fe 24	
kaitlib fe	
kariva	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
kelnor 1/35	
kurvelo	
larin 1.5/30	
larin 1/20	
larin 24 fe	
larin fe 1.5/30	
larin fe 1/20	
lessina	
levonest	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	
levora-28 tab 0.15/30	
LILETTA IUD 52MG	
loestrin 1.5/30-21	
loestrin 1/20-21	
loestrin fe 1.5/30	
loestrin fe 1/20	
lojaimiess tab	
loryna	
low-ogestrel	
luizza 1/20 tab	
luizza tab 1.5/30	
lutera	
lyleq	
lyza	
marlissa	
medroxyprogesterone acetate im susp 150 mg/ml	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	
meleya tab 0.35mg	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	
norethindrone tab 0.35 mg	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	
norlyroc	
nortrel 0.5/35 (28)	
nortrel 1/35 (21)	
nortrel 1/35 (28)	
nortrel 7/7/7	
nylia 1/35	
nylia 7/7/7	
orquidea tab 0.35mg	
philith	
pimtrea	
portia-28	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tri-vylibra lo	
turqoz	
tydemy tab	
valtya 1/35 tab	
valtya 1/50 tab	
velivet	
vestura	
vienva	
viorele	
vyfemla	
vylibra	
wera	
wymzya fe	
xarah fe tab	
xelria fe chw 0.4mg-35	
xulane	
zafemy	
zovia 1/35	
zumandimine	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES	
abigale lo tab 0.5-0.1	
abigale tab 1-0.5mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dotti	
estradiol & norethindrone acetate tab 0.5-0.1 mg	
estradiol & norethindrone acetate tab 1-0.5 mg	
estradiol tab 0.5 mg	
estradiol tab 1 mg	
estradiol tab 2 mg	
estradiol td patch twice weekly 0.1 mg/24hr	
estradiol td patch twice weekly 0.05 mg/24hr	
estradiol td patch twice weekly 0.025 mg/24hr	
estradiol td patch twice weekly 0.075 mg/24hr	
estradiol td patch twice weekly 0.0375 mg/24hr	
estradiol td patch weekly 0.1 mg/24hr	
estradiol td patch weekly 0.05 mg/24hr	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
estradiol td patch weekly 0.06 mg/24hr	
estradiol td patch weekly 0.025 mg/24hr	
estradiol td patch weekly 0.075 mg/24hr	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	
estradiol vaginal cream 0.01%	
estradiol vaginal tab 10 mcg	
estradiol valerate im in oil 10 mg/ml	
estradiol valerate im in oil 20 mg/ml	
estradiol valerate im in oil 40 mg/ml	
fyavolv tab 0.5mg-2.5mcg	
fyavolv tab 1mg-5mcg	
jinteli	
lyllana	
mimvey	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	
yuvafem	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE	
DEXAMETHASON CON 1MG/ML	
dexamethasone elixir 0.5 mg/5ml	
dexamethasone sod phos inj sol pref syr 10 mg/ml (pf)	
dexamethasone sod phosphate preservative free inj 10 mg/ml	
dexamethasone sodium phosphate inj 4 mg/ml	
dexamethasone sodium phosphate inj 10 mg/ml	
dexamethasone sodium phosphate inj 20 mg/5ml	
dexamethasone sodium phosphate inj 100 mg/10ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dexamethasone sodium phosphate inj 120 mg/30ml	
dexamethasone sodium phosphate inj soln pref syr 4 mg/ml	
dexamethasone soln 0.5 mg/5ml	
dexamethasone tab 0.5 mg	
dexamethasone tab 0.75 mg	
dexamethasone tab 1 mg	
dexamethasone tab 1.5 mg	
dexamethasone tab 2 mg	
dexamethasone tab 4 mg	
dexamethasone tab 6 mg	
fludrocortisone acetate tab 0.1 mg	
hydrocortisone sodium succinate pf for inj 100 mg	
hydrocortisone tab 5 mg	
hydrocortisone tab 10 mg	
hydrocortisone tab 20 mg	
methylprednisolone acetate inj B/D *susp 40 mg/ml*	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	B/D
prednisolone soln 15 mg/5ml	B/D
PREDNISONE CON 5MG/ML	B/D
prednisone oral soln 5 mg/5ml	B/D
prednisone tab 1 mg	B/D
prednisone tab 2.5 mg	B/D
prednisone tab 5 mg	B/D
prednisone tab 10 mg	B/D
prednisone tab 20 mg	B/D
prednisone tab 50 mg	B/D
prednisone tab therapy pack 5 mg (21)	
prednisone tab therapy pack 5 mg (48)	
prednisone tab therapy pack 10 mg (21)	
prednisone tab therapy pack 10 mg (48)	
SOLU-CORTEF INJ 250MG	
SOLU-CORTEF INJ 500MG	
SOLU-CORTEF INJ 1000MG	

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FABRAZYME INJ 35MG	PA
GENOTROPIN INJ 0.2MG	PA
GENOTROPIN INJ 0.4MG	PA
GENOTROPIN INJ 0.6MG	PA
GENOTROPIN INJ 0.8MG	PA
GENOTROPIN INJ 1.2MG	PA
GENOTROPIN INJ 1.4MG	PA
GENOTROPIN INJ 1.6MG	PA
GENOTROPIN INJ 1.8MG	PA
GENOTROPIN INJ 1MG	PA
GENOTROPIN INJ 2MG	PA
GENOTROPIN INJ 5MG	PA
GENOTROPIN INJ 12MG	PA
INCRELEX INJ 40MG/4ML	PA
javygtor	PA
lanreotide acetate extended release inj 120 mg/0.5ml	PA
levocarnitine oral soln 1 gm/10ml (10%)	B/D
levocarnitine tab 330 mg	B/D
LUMIZYME INJ 50MG	PA
LUPR DEP-PED INJ 3M 30MG	PA
LUPR DEP-PED INJ 7.5MG	PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	PA
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	PA
raloxifene hcl tab 60 mg	
REVCOVI INJ 1.6MG/ML	PA
REZDIFFRA TAB 60MG	QL (30 tabs / 30 days), PA
REZDIFFRA TAB 80MG	QL (30 tabs / 30 days), PA
REZDIFFRA TAB 100MG	QL (30 tabs / 30 days), PA
sapropterin dihydrochloride powder packet 100 mg	PA
sapropterin dihydrochloride powder packet 500 mg	PA
sapropterin dihydrochloride tab 100 mg	PA
SIGNIFOR INJ 0.3MG/ML	PA
SIGNIFOR INJ 0.6MG/ML	PA
SIGNIFOR INJ 0.9MG/ML	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sodium phenylbutyrate oral powder 3 gm/teaspoonful	PA
sodium phenylbutyrate tab 500 mg	PA
SOMATULINE INJ 60/0.2ML	PA
SOMATULINE INJ 90/0.3ML	PA
SOMAVERT INJ 10MG	PA
SOMAVERT INJ 15MG	PA
SOMAVERT INJ 20MG	PA
SOMAVERT INJ 25MG	PA
SOMAVERT INJ 30MG	PA
SYNAREL SOL 2MG/ML	PA
tolvaptan tab 15 mg	PA; (generic of JYNARQUE)
tolvaptan tab 30 mg	PA; (generic of JYNARQUE)
tolvaptan tab therapy pack 15 mg	PA
tolvaptan tab therapy pack 30 & 15 mg	PA
tolvaptan tab therapy pack 45 & 15 mg	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tolvaptan tab therapy pack 60 & 30 mg	PA
tolvaptan tab therapy pack 90 & 30 mg	PA
zelvysia pow 100mg	PA
zelvysia pow 500mg	PA
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	
gallifrey	
medroxyprogesterone acetate tab 2.5 mg	
medroxyprogesterone acetate tab 5 mg	
medroxyprogesterone acetate tab 10 mg	
megestrol acetate susp 40 mg/ml	
megestrol acetate susp 625 mg/5ml	PA
norethindrone acetate tab 5 mg	
progesterone cap 100 mg	
progesterone cap 200 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS	
levo-t	
levothyroxine sodium tab 25 mcg	
levothyroxine sodium tab 50 mcg	
levothyroxine sodium tab 75 mcg	
levothyroxine sodium tab 88 mcg	
levothyroxine sodium tab 100 mcg	
levothyroxine sodium tab 112 mcg	
levothyroxine sodium tab 125 mcg	
levothyroxine sodium tab 137 mcg	
levothyroxine sodium tab 150 mcg	
levothyroxine sodium tab 175 mcg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levothyroxine sodium tab 200 mcg	
levothyroxine sodium tab 300 mcg	
levoxyl	
liomny tab 5mcg	
liomny tab 25mcg	
liomny tab 50mcg	
liothyronine sodium tab 5 mcg	
liothyronine sodium tab 25 mcg	
liothyronine sodium tab 50 mcg	
methimazole tab 5 mg	
methimazole tab 10 mg	
propylthiouracil tab 50 mg	
SYNTHROID TAB 25MCG	
SYNTHROID TAB 50MCG	
SYNTHROID TAB 75MCG	
SYNTHROID TAB 88MCG	
SYNTHROID TAB 100MCG	
SYNTHROID TAB 112MCG	
SYNTHROID TAB 125MCG	

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
prochlorperazine maleate tab 5 mg (base equivalent)	
prochlorperazine maleate tab 10 mg (base equivalent)	
prochlorperazine suppos 25 mg	
promethazine hcl inj 25 mg/ml	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
promethazine hcl inj 50 mg/ml	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
promethazine hcl oral soln 6.25 mg/5ml	PA; PA applies if 65 years and older after a 30 day supply in a calendar year

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
promethazine hcl tab 12.5 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
promethazine hcl tab 25 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
promethazine hcl tab 50 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
scopolamine td patch 72hr 1 mg/3days	QL (10 patches / 30 days)
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS	
dicyclomine hcl cap 10 mg	PA; PA applies if 65 years and older

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INFLAMMATORY BOWEL DISEASE	
balsalazide disodium cap 750 mg	
budesonide delayed release particles cap 3 mg	QL (90 caps / 30 days)
budesonide tab er 24hr 9 mg	QL (30 tabs / 30 days), PA
hydrocortisone enema 100 mg/60ml	
mesalamine cap dr 400 mg	QL (180 caps / 30 days)
mesalamine cap er 24hr 0.375 gm	QL (120 caps / 30 days)
mesalamine enema 4 gm	QL (1680 mL / 28 days)
mesalamine rectal enema 4 gm & cleanser wipe kit	QL (28 bottles / 28 days)
mesalamine suppos 1000 mg	QL (30 suppositories / 30 days)
mesalamine tab delayed release 1.2 gm	QL (120 tabs / 30 days)
sulfasalazine tab 500 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sulfasalazine tab delayed release 500 mg	
LAXATIVES	
constulose	
enulose	
gavilyte-c	
gavilyte-g	
gavilyte-n/flavor pack	
generlac	
lactulose (encephalopathy) solution 10 gm/15ml	
lactulose solution 10 gm/15ml	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	
PLENVU SOL	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	
MISCELLANEOUS	
alosetron hcl tab 0.5 mg (base equiv)	QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
alosetron hcl tab 1 mg (base equiv)	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	
CREON CAP 6000UNIT	
CREON CAP 12000UNT	
CREON CAP 24000UNT	
CREON CAP 36000UNT	
cromolyn sodium oral conc 100 mg/5ml	
diphenoxylate w/ atropine tab 2.5-0.025 mg	
GATTEX KIT 5MG	PA
LINZESS CAP 72MCG	QL (30 caps / 30 days)
LINZESS CAP 145MCG	QL (30 caps / 30 days)
LINZESS CAP 290MCG	QL (30 caps / 30 days)
loperamide hcl cap 2 mg	
lubiprostone cap 8 mcg	QL (60 caps / 30 days)
lubiprostone cap 24 mcg	QL (60 caps / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
misoprostol tab 100 mcg	
misoprostol tab 200 mcg	
MOVANTIK TAB 12.5MG	QL (30 tabs / 30 days)
MOVANTIK TAB 25MG	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	QL (28 syringes / 28 days), PA
RELISTOR INJ 12/0.6ML	QL (28 vials / 28 days), PA
sucralfate susp 1 gm/10ml	
sucralfate tab 1 gm	
TRULANCE TAB 3MG	QL (30 tabs / 30 days)
ursodiol cap 300 mg	
ursodiol tab 250 mg	
ursodiol tab 500 mg	
VOQUEZNA PAK DUAL PAK	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	QL (2 kits / year), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VOWST CAP	QL (12 caps / 30 days), PA
XERMELO TAB 250MG	QL (84 tabs / 28 days), PA
XIFAXAN TAB 550MG	PA
ZENPEP CAP 3000UNIT	
ZENPEP CAP 5000UNIT	
ZENPEP CAP 10000UNT	
ZENPEP CAP 15000UNT	
ZENPEP CAP 20000UNT	
ZENPEP CAP 25000UNT	
ZENPEP CAP 40000UNT	
ZENPEP CAP 60000UNT	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID	
esomeprazole magnesium cap delayed release 20 mg (base eq)	QL (30 caps / 30 days), ST
esomeprazole magnesium cap delayed release 40 mg (base eq)	QL (30 caps / 30 days), ST

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

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

GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tadalafil tab 5 mg	QL (30 tabs / 30 days), PA
tamsulosin hcl cap 0.4 mg	QL (60 caps / 30 days)
MISCELLANEOUS	
acetic acid irrigation soln 0.25%	
bethanechol chloride tab 5 mg	
bethanechol chloride tab 10 mg	
bethanechol chloride tab 25 mg	
bethanechol chloride tab 50 mg	
potassium citrate tab er 5 meq (540 mg)	
potassium citrate tab er 10 meq (1080 mg)	
potassium citrate tab er 15 meq (1620 mg)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE	
fesoterodine fumarate tab er 24hr 4 mg	QL (30 tabs / 30 days)
fesoterodine fumarate tab er 24hr 8 mg	QL (30 tabs / 30 days)
GEMTESA TAB 75MG	QL (30 tabs / 30 days)
mirabegron tab er 24 hr 25 mg	QL (30 tabs / 30 days)
mirabegron tab er 24 hr 50 mg	QL (30 tabs / 30 days)
MYRBETRIQ SUS 8MG/ML	QL (300 mL / 28 days)
MYRBETRIQ TAB 25MG	QL (30 tabs / 30 days)
MYRBETRIQ TAB 50MG	QL (30 tabs / 30 days)
oxybutynin chloride solution 5 mg/5ml	QL (600 mL / 30 days)
oxybutynin chloride tab 5 mg	QL (120 tabs / 30 days)

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

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

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS - BLOOD THINNERS

dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	QL (60 caps / 30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	QL (120 caps / 30 days)
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	QL (60 caps / 30 days)
ELIQUIS (1.5MG PACK) 3 X	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X	QL (592 tabs / 30 days)
ELIQUIS CAP 0.15MG	QL (56 caps / 21 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ELIQUIS ST P TAB 5MG	QL (74 tabs / 30 days)
ELIQUIS TAB 0.5MG	QL (588 tabs / 29 days)
ELIQUIS TAB 2.5MG	QL (60 tabs / 30 days)
ELIQUIS TAB 5MG	QL (74 tabs / 30 days)
enoxaparin sodium inj 300 mg/3ml	
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	
enoxaparin sodium inj soln pref syr 100 mg/ml	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
enoxaparin sodium inj soln pref syr 150 mg/ml	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	
HEP SOD/NACL INJ 25000UNT	
heparin sodium (porcine) inj 1000 unit/ml	B/D
heparin sodium (porcine) inj 5000 unit/ml	B/D
heparin sodium (porcine) inj 10000 unit/ml	B/D
heparin sodium (porcine) inj 20000 unit/ml	B/D
heparin sodium (porcine) pf inj 1000 unit/ml	B/D
jantoven	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
rivaroxaban for susp 1 mg/ml	QL (620 mL / 30 days)
rivaroxaban tab 2.5 mg	QL (60 tabs / 30 days)
warfarin sodium tab 1 mg	
warfarin sodium tab 2 mg	
warfarin sodium tab 2.5 mg	
warfarin sodium tab 3 mg	
warfarin sodium tab 4 mg	
warfarin sodium tab 5 mg	
warfarin sodium tab 6 mg	
warfarin sodium tab 7.5 mg	
warfarin sodium tab 10 mg	
XARELTO STAR TAB 15/20MG	QL (51 tabs / 30 days)
XARELTO TAB 2.5MG	QL (60 tabs / 30 days)
XARELTO TAB 10MG	QL (30 tabs / 30 days)
XARELTO TAB 15MG	QL (30 tabs / 30 days)
XARELTO TAB 20MG	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HEMATOPOIETIC GROWTH FACTORS	
FULPHILA INJ 6/0.6ML	QL (2 syringes / 28 days), PA
PROCRIT INJ 2000/ML	PA
PROCRIT INJ 3000/ML	PA
PROCRIT INJ 4000/ML	PA
PROCRIT INJ 10000/ML	PA
PROCRIT INJ 20000/ML	PA
PROCRIT INJ 40000/ML	PA
ZARXIO INJ 300/0.5	PA
ZARXIO INJ 480/0.8	PA
MISCELLANEOUS	
ALVAIZ TAB 9MG	QL (60 tabs / 30 days), PA
ALVAIZ TAB 18MG	QL (90 tabs / 30 days), PA
ALVAIZ TAB 36MG	QL (90 tabs / 30 days), PA
ALVAIZ TAB 54MG	QL (60 tabs / 30 days), PA
anagrelide hcl cap 0.5 mg	
anagrelide hcl cap 1 mg	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BERINERT INJ 500UNIT	QL (24 boxes / 30 days), PA
cilostazol tab 50 mg	
cilostazol tab 100 mg	
DOPTELET SPR CAP 10MG	PA
DOPTELET TAB 20MG	PA
DROXIA CAP 200MG	
DROXIA CAP 300MG	
DROXIA CAP 400MG	
HAEGARDA INJ 2000UNIT	QL (30 vials / 30 days), PA
HAEGARDA INJ 3000UNIT	QL (20 vials / 30 days), PA
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	QL (9 syringes / 30 days), PA
l-glutamine (sickle cell)	PA
pentoxifylline tab er 400 mg	
sajazir	QL (9 syringes / 30 days), PA
SIKLOS TAB 100MG	
SIKLOS TAB 1000MG	
TAVNEOS CAP 10MG	QL (180 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	
tranexamic acid tab 650 mg	
PLATELET AGGREGATION INHIBITORS	
aspirin-dipyridamole cap er 12hr 25-200 mg	
clopidogrel bisulfate tab 75 mg (base equiv)	
dipyridamole tab 25 mg	PA; PA applies if 65 years and older
dipyridamole tab 50 mg	PA; PA applies if 65 years and older
dipyridamole tab 75 mg	PA; PA applies if 65 years and older
prasugrel hcl tab 5 mg (base equiv)	
prasugrel hcl tab 10 mg (base equiv)	
ticagrelor tab 60 mg	
ticagrelor tab 90 mg	

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HUMIRA INJ 10/0.1ML	QL (2 syringes / 28 days), PA
HUMIRA INJ 20/0.2ML	QL (4 syringes / 28 days), PA
HUMIRA INJ 40/0.4ML	QL (6 syringes / 28 days), PA
HUMIRA KIT 40MG/0.8	QL (6 syringes / 28 days), PA
HUMIRA PEN INJ 40/0.4ML	QL (6 pens / 28 days), PA
HUMIRA PEN INJ 40MG/0.8	QL (6 pens / 28 days), PA
HUMIRA PEN INJ 80/0.8ML	QL (4 pens / 28 days), PA
HUMIRA PEN KIT CD/UC/HS	QL (3 pens / 28 days), PA
HUMIRA PEN KIT PS/UV	QL (3 pens / 28 days), PA
INFLIXIMAB INJ 100MG	PA
KINERET INJ	QL (28 syringes / 28 days), PA
PYZCHIVA INJ 45/0.5ML	QL (1 pen / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PYZCHIVA INJ 45/0.5ML	QL (1 syringe / 28 days), PA
PYZCHIVA INJ 45/0.5ML	QL (1 vial / 28 days), PA
PYZCHIVA INJ 90MG/ML	QL (1 pen / 28 days), PA
PYZCHIVA INJ 90MG/ML	QL (1 syringe / 28 days), PA
PYZCHIVA INJ 130/26ML	PA
REMICADE INJ 100MG	PA
RENFLEXIS INJ 100MG	PA
RINVOQ LQ SOL 1MG/ML	QL (360 mL / 30 days), PA
RINVOQ TAB 15MG ER	QL (30 tabs / 30 days), PA
RINVOQ TAB 30MG ER	QL (30 tabs / 30 days), PA
RINVOQ TAB 45MG ER	QL (168 tabs / year), PA
SKYRIZI INJ 150MG/ML	QL (6 syringes / 365 days), PA
SKYRIZI INJ 180/1.2	QL (1 cartridge / 56 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SKYRIZI INJ 360/2.4	QL (1 cartridge / 56 days), PA
SKYRIZI PEN INJ 150MG/ML	QL (6 pens / 365 days), PA
SKYRIZI SOL 60MG/ML	PA
SOTYKTU TAB 6MG	QL (30 tabs / 30 days), PA
STELARA INJ 5MG/ML	PA
STELARA INJ 45/0.5ML	QL (1 syringe / 28 days), PA
STELARA INJ 45/0.5ML	QL (1 vial / 28 days), PA
STELARA INJ 90MG/ML	QL (1 syringe / 28 days), PA
TREMFYA INJ 100MG/ML	QL (1 pen / 28 days), PA
TREMFYA INJ 100MG/ML	QL (1 syringe / 28 days), PA
TREMFYA INJ 200/2ML	QL (2 pens / 28 days), PA
TREMFYA INJ 200/2ML	QL (2 syringes / 28 days), PA
TREMFYA INJ 200/20ML	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TYENNE INJ 80MG/4ML	PA
TYENNE INJ 162/0.9	QL (4 pens / 28 days), PA
TYENNE INJ 162MG	QL (4 syringes / 28 days), PA
TYENNE INJ 200/10ML	PA
TYENNE INJ 400/20ML	PA
USTEKINUMAB INJ 45/0.5ML	QL (1 syringe / 28 days), PA
USTEKINUMAB INJ 45/0.5ML	QL (1 vial / 28 days), PA
USTEKINUMAB INJ 90MG/ML	QL (1 syringe / 28 days), PA
USTEKINUMAB INJ 130/26ML	PA
VELSIPITY TAB 2MG	QL (30 tabs / 30 days), PA
XELJANZ SOL 1MG/ML	QL (480 mL / 24 days), PA
XELJANZ TAB 5MG	QL (60 tabs / 30 days), PA
XELJANZ TAB 10MG	QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XELJANZ XR TAB 11MG	QL (30 tabs / 30 days), PA
XELJANZ XR TAB 22MG	QL (30 tabs / 30 days), PA
YESINTEK INJ 45/0.5ML	QL (1 syringe / 28 days), PA
YESINTEK INJ 45/0.5ML	QL (1 vial / 28 days), PA
YESINTEK INJ 90MG/ML	QL (1 syringe / 28 days), PA
YESINTEK INJ 130/26ML	PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS	
hydroxychloroquine sulfate tab 200 mg	
JYLAMVO SOL 2MG/ML	B/D
leflunomide tab 10 mg	QL (30 tabs / 30 days)
leflunomide tab 20 mg	QL (30 tabs / 30 days)
methotrexate sodium tab 2.5 mg (base equiv)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XATMEP SOL 2.5MG/ML	B/D
IMMUNOGLOBULINS	
ALYGLO INJ 5GM/50ML	PA
ALYGLO INJ 10/100ML	PA
ALYGLO INJ 20/200ML	PA
BIVIGAM INJ 10%	PA
FLEBOGAMMA INJ 10/200ML	PA
FLEBOGAMMA INJ 20/400ML	PA
FLEBOGAMMA INJ DIF 5%	PA
GAMASTAN INJ	B/D
GAMMAGARD INJ 1GM/10ML	PA
GAMMAGARD INJ 2.5GM/25	PA
GAMMAGARD INJ 5GM/50ML	PA
GAMMAGARD INJ 10GM/100	PA
GAMMAGARD INJ 20GM/200	PA
GAMMAGARD INJ 30GM/300	PA
GAMMAGARD SD INJ 5GM HU	PA
GAMMAGARD SD INJ 10GM HU	PA
GAMMAKED INJ 1GM/10ML	PA
GAMMAKED INJ 5GM/50ML	PA
GAMMAKED INJ 10GM/100	PA
GAMMAKED INJ 20GM/200	PA
GAMMAPLEX INJ 5%	PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PANZYGA SOL 30/300ML	PA
PRIVIGEN INJ 5 GRAMS	PA
PRIVIGEN INJ 10GRAMS	PA
PRIVIGEN INJ 20GRAMS	PA
PRIVIGEN INJ 40GRAMS	PA
IMMUNOMODULATORS	
ACTIMMUNE INJ 2MU/0.5	PA
ARCALYST INJ 220MG	PA
IMMUNOSUPPRESSANTS	
ASTAGRAF XL CAP 0.5MG	B/D
ASTAGRAF XL CAP 1MG	B/D
ASTAGRAF XL CAP 5MG	B/D
azathioprine tab 50 mg	B/D
BENLYSTA INJ 120MG	PA
BENLYSTA INJ 200MG/ML	QL (8 pens / 28 days), PA
BENLYSTA INJ 200MG/ML	QL (8 syringes / 28 days), PA
BENLYSTA INJ 400MG	PA
cyclosporine cap 25 mg	B/D
cyclosporine cap 100 mg	B/D
cyclosporine modified cap 25 mg	B/D

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NULOJIX INJ 250MG	B/D
PROGRAF GRA 0.2MG	B/D
PROGRAF GRA 1MG	B/D
REZUROCK TAB 200MG	QL (30 tabs / 30 days), PA
sirolimus oral soln 1 mg/ml	B/D
sirolimus tab 0.5 mg	B/D
sirolimus tab 1 mg	B/D
sirolimus tab 2 mg	B/D
tacrolimus cap 0.5 mg	B/D
tacrolimus cap 1 mg	B/D
tacrolimus cap 5 mg	B/D
VACCINES	
ABRYSVO INJ 120MCG	PA
ACTHIB INJ	
ADACEL INJ	
AREXVY INJ 120MCG	PA
BCG VACCINE INJ 50MG	
BEXSERO INJ	
BOOSTRIX INJ	
DAPTACEL INJ	
DENGVAXIA SUS	
ENGERIX-B INJ 10/0.5ML	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ENGERIX-B INJ 20MCG/ML	B/D
GARDASIL 9 INJ	
HAVRIX INJ 720UNIT	
HAVRIX INJ 1440UNIT	
HEPLISAV-B INJ 20/0.5ML	B/D
HIBERIX SOL 10MCG	
IMOVAX RABIE INJ 2.5/ML	B/D
INFANRIX INJ	
IPOL INJ INACTIVE	
IXIARO INJ	
JYNNEOS INJ	B/D
KINRIX INJ	
M-M-R II INJ	
MENQUADFI INJ	
MENVEO INJ	
MENVEO SOL	
MRESVIA INJ 50MCG	PA
PEDIARIX INJ 0.5ML	
PEDVAX HIB INJ	
PENBRAYA INJ	
PENMENVY INJ	
PENTACEL INJ	
PRIORIX INJ	

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PROQUAD INJ	
QUADRACEL INJ 0.5ML	
RABAVERT INJ	B/D
RECOMBIVA HB INJ 5MCG/0.5	B/D
RECOMBIVA HB INJ 10MCG/ML	B/D
RECOMBIVA-HB INJ 40MCG/ML	B/D
ROTARIX SUS	
ROTATEQ SOL	
SHINGRIX INJ 50/0.5ML	QL (2 syringes per lifetime)
SHINGRIX INJ 50/0.5ML	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	B/D
TICOVAC INJ	
TRUMENBA INJ	
TWINRIX INJ	
TYPHIM VI INJ	
VAQTA INJ 25/0.5ML	
VAQTA INJ 50UNT/ML	
VARIVAX INJ	
VAXCHORA SUS	
VIMKUNYA INJ 40/0.8ML	
VIVOTIF CAP EC	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
YF-VAX INJ	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS	
ELECTROLYTES/MINERALS, INJECTABLE	
D2.5W/NACL INJ 0.45%	
D5W/NACL INJ 0.2%	
D5W/NACL INJ 0.45%	
D10W/NACL INJ 0.2%	
D10W/NACL INJ 0.45%	
dextrose 2.5% w/ sodium chloride 0.45%	
dextrose 5% in lactated ringers	
dextrose 5% w/ sodium chloride 0.3%	
dextrose 5% w/ sodium chloride 0.9%	
dextrose 5% w/ sodium chloride 0.45%	
dextrose 5% w/ sodium chloride 0.225%	
ISOLYTE-P INJ /D5W	
ISOLYTE-S INJ PH 7.4	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	
kcl 20 meq/l (0.149%) in nacl 0.9% inj	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
kcl 40 meq/l (0.298%) in nacl 0.9% inj	
KCL/D5W/NACL INJ 0.3/0.9%	
KCL/D5W/NACL INJ 0.15/0.2	
LACTATED RIN INJ	
lactated ringer's solution	
MAGNESIUM SU INJ 2GM/50ML	
MAGNESIUM SU INJ 4G/100ML	
MAGNESIUM SU INJ 20/500ML	
MAGNESIUM SU INJ 40G/1000	
MAGNESIUM SU INJ 80MG/ML	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	
magnesium sulfate inj 50%	
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	
magnesium sulfate iv soln 3 gm/100ml (30 mg/ml)	
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)	
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)	
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)	
multiple electrolytes ph 5.5	
POT CHL 20MEQ/L IN NACL 0.9% INJ	
POT CHL 20MEQ/L IN NACL 0.45% INJ	
POT CHL 40MEQ/L IN NACL 0.9% INJ	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	
potassium chloride inj 2 meq/ml	
potassium chloride inj 10 meq/50ml	
potassium chloride inj 10 meq/100ml	
potassium chloride inj 20 meq/50ml	
potassium chloride inj 20 meq/100ml	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
potassium chloride inj 40 meq/100ml	
sodium chloride inj 2.5 meq/ml (14.6%)	
sodium chloride iv soln 0.9%	
sodium chloride iv soln 0.45%	
sodium chloride iv soln 3%	
sodium chloride iv soln 5%	
TPN ELECTROL INJ	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL	
klor-con	
KLOR-CON 8	
klor-con 10	
KLOR-CON 10 TAB 10MEQ ER	
klor-con m10	
klor-con m15	
klor-con m20	
M-NATAL PLUS TAB	
potassium chloride cap er 8 meq	
potassium chloride cap er 10 meq	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
potassium chloride microencapsulated crys er tab 10 meq	
potassium chloride microencapsulated crys er tab 15 meq	
potassium chloride microencapsulated crys er tab 20 meq	
potassium chloride oral soln 10% (20 meq/15ml)	
potassium chloride oral soln 20% (40 meq/15ml)	
potassium chloride powder packet 20 meq	
potassium chloride tab er 8 meq (600 mg)	
potassium chloride tab er 10 meq	
potassium chloride tab er 20 meq (1500 mg)	
PRENATAL TAB 27-1MG	
PRENATAL TAB PLUS	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	
WESTAB PLUS TAB 27-1MG	
IV NUTRITION	
aminosyn ii soln 15%	B/D
AMINOSYN INJ 10%	B/D
AMINOSYN-PF INJ 10%	B/D
CLINIMIX INJ 4.25/D5W	B/D
CLINIMIX INJ 4.25/D10	B/D
CLINIMIX INJ 5%/D15W	B/D
CLINIMIX INJ 5%/D20W	B/D
CLINIMIX INJ 6/5	B/D
CLINIMIX INJ 8/10	B/D
CLINIMIX INJ 8/14	B/D
clinisol sf 15%	B/D
CLINOLIPID EMU 20%	B/D
dextrose inj 5%	
dextrose inj 10%	
DEXTROSE INJ 10%	
dextrose inj 50%	B/D
DEXTROSE INJ 70%	B/D
INTRALIPID INJ 20%	B/D
INTRALIPID INJ 30%	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NUTRILIPID EMU 20%	B/D
plenamine	B/D
PREMASOL SOL 10%	B/D
PROSOL INJ 20%	B/D
TRAVASOL INJ 10%	B/D
TROPHAMINE INJ 10%	B/D

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
neomycin-polymyxin-hc ophth susp	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	
TOBRADEX OIN 0.3-0.1%	
tobramycin-dexamethasone ophth susp 0.3-0.1%	
ZYLET SUS 0.5-0.3%	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS	
bacitracin-polymyxin b ophth oint	
besifloxacin hcl ophth susp 0.6% (base equiv)	
BESIVANCE SUS 0.6%	
CILOXAN OIN 0.3% OP	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	
erythromycin ophth oint 5 mg/gm	
gatifloxacin ophth soln 0.5%	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gentamicin sulfate ophth soln 0.3%	
moxifloxacin hcl ophth soln 0.5% (base equiv)	QL (12 mL / 30 days)
NATACYN SUS 5% OP	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	
ofloxacin ophth soln 0.3%	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	
sulfacetamide sodium ophth soln 10%	
tobramycin ophth soln 0.3%	
trifluridine ophth soln 1%	
XDEMVY DRO 0.25%	PA
ZIRGAN GEL 0.15%	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION	
dexamethasone sodium phosphate ophth soln 0.1%	
diclofenac sodium ophth soln 0.1%	
difluprednate ophth emulsion 0.05%	
fluorometholone ophth susp 0.1%	
flurbiprofen sodium ophth soln 0.03%	
ketorolac tromethamine ophth soln 0.4%	
ketorolac tromethamine ophth soln 0.5%	
LOTEMAX OIN 0.5%	
PRED SOD PHO SOL 1% OP	
prednisolone acetate ophth susp 1%	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES	
azelastine hcl ophth soln 0.05%	
cromolyn sodium ophth soln 4%	
ZERVIATE DRO 0.24%	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA	
betaxolol hcl ophth soln 0.5%	
brimonidine tartrate ophth soln 0.2%	
brinzolamide ophth susp 1%	ST
carteolol hcl ophth soln 1%	
COMBIGAN SOL 0.2/0.5%	
dorzolamide hcl ophth soln 2%	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	
latanoprost ophth soln 0.005%	
levobunolol hcl ophth soln 0.5%	
LUMIGAN SOL 0.01% OP	
pilocarpine hcl ophth soln 1%	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pilocarpine hcl ophth soln 2%	
pilocarpine hcl ophth soln 4%	
RHOPRESSA SOL 0.02%	
ROCKLATAN DRO	
SIMBRINZA SUS 1-0.2%	
timolol maleate ophth gel forming soln 0.5%	
timolol maleate ophth gel forming soln 0.25%	
timolol maleate ophth soln 0.5%	
timolol maleate ophth soln 0.25%	
VYZULTA SOL 0.024%	
MISCELLANEOUS	
ATROPINE SUL SOL 1% OP	
atropine sulfate ophth soln 1%	
CYSTADROPS SOL 0.37%	PA
CYSTARAN SOL 0.44%	PA
EYSUVIS DRO 0.25%	
MIEBO DRO 1.3GM/ML	
proparacaine hcl ophth soln 0.5%	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RESTASIS EMU 0.05% OP	
RESTASIS MUL EMU 0.05% OP	
XIIDRA DRO 5%	

OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR

OTIC AGENTS

acetic acid otic soln 2%	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	
flac oil 0.01% ot	
fluocinolone acetonide (otic) oil 0.01%	
hydrocortisone w/ acetic acid otic soln 1-2%	
neomycin-polymyxin-hc otic soln 1%	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	
ofloxacin otic soln 0.3%	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD	
ANORO ELLIPT AER 62.5-25	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	QL (60 blisters / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTICHOLINERGICS - DRUGS TO TREAT COPD	
ATROVENT HFA AER 17MCG	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	QL (30 blisters / 30 days)
ipratropium bromide hfa inhal aerosol 17 mcg/act	QL (2 inhalers / 30 days)
ipratropium bromide inhal soln 0.02%	B/D
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	
SPIRIVA RESP AER 1.25MCG	QL (1 inhaler / 30 days)
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES	
azelastine hcl nasal spray 0.1% (137 mcg/spray)	
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	QL (300 mL / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cyproheptadine hcl syrup 2 mg/5ml	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
cyproheptadine hcl tab 4 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
diphenhydramine hcl inj 50 mg/ml	
hydroxyzine hcl im soln 25 mg/ml	PA; PA applies if 65 years and older
hydroxyzine hcl im soln 50 mg/ml	PA; PA applies if 65 years and older
hydroxyzine hcl syrup 10 mg/5ml	PA; PA applies if 65 years and older after a 30 day supply in a calendar year

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hydroxyzine hcl tab 10 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
hydroxyzine hcl tab 25 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
hydroxyzine hcl tab 50 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
hydroxyzine pamoate cap 25 mg	PA; PA applies if 65 years and older after a 30 day supply in a calendar year

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SEREVENT DIS AER 50MCG	QL (60 inhalations / 30 days)
terbutaline sulfate tab 2.5 mg	
terbutaline sulfate tab 5 mg	
VENTOLIN HFA (INSTITUTIONAL PACK)	QL (6 inhalers / 30 days)
VENTOLIN HFA AER	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS	
montelukast sodium chew tab 4 mg (base equiv)	
montelukast sodium chew tab 5 mg (base equiv)	
montelukast sodium oral granules packet 4 mg (base equiv)	
montelukast sodium tab 10 mg (base equiv)	
zafirlukast tab 10 mg	
zafirlukast tab 20 mg	
MISCELLANEOUS	
acetylcysteine inhal soln 10%	B/D

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FASENRA INJ 30MG/ML	QL (1 syringe / 28 days), PA
FASENRA PEN INJ 30MG/ML	QL (1 pen / 28 days), PA
KALYDECO GRA 5.8MG	QL (56 packets / 28 days), PA
KALYDECO GRA 13.4MG	QL (56 packets / 28 days), PA
KALYDECO PAK 25MG	QL (56 packets / 28 days), PA
KALYDECO PAK 50MG	QL (56 packets / 28 days), PA
KALYDECO PAK 75MG	QL (56 packets / 28 days), PA
KALYDECO TAB 150MG	QL (60 tabs / 30 days), PA
nintedanib esylate cap 100 mg (base equivalent)	QL (60 caps / 30 days), PA
nintedanib esylate cap 150 mg (base equivalent)	QL (60 caps / 30 days), PA
OFEV CAP 100MG	QL (60 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OFEV CAP 150MG	QL (60 caps / 30 days), PA
ORKAMBI GRA 75-94MG	QL (56 packets / 28 days), PA
ORKAMBI GRA 100-125	QL (56 packets / 28 days), PA
ORKAMBI GRA 150-188	QL (56 packets / 28 days), PA
ORKAMBI TAB 100-125	QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	QL (112 tabs / 28 days), PA
pirfenidone cap 267 mg	QL (270 caps / 30 days), PA
pirfenidone tab 267 mg	QL (270 tabs / 30 days), PA
pirfenidone tab 534 mg	QL (90 tabs / 30 days), PA
pirfenidone tab 801 mg	QL (90 tabs / 30 days), PA
PROLASTIN-C INJ 1000MG	PA
PULMOZYME SOL 1MG/ML	PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRIKAFTA PAK 59.5MG	QL (56 packs / 28 days), PA
TRIKAFTA PAK 75MG	QL (56 packs / 28 days), PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	QL (84 tabs / 28 days), PA
TRIKAFTA TAB 100-50-75MG & 150MG	QL (84 tabs / 28 days), PA
XOLAIR INJ 75/0.5	QL (4 pens / 28 days), PA
XOLAIR INJ 75/0.5	QL (4 syringes / 28 days), PA
XOLAIR INJ 150MG/ML	QL (8 pens / 28 days), PA
XOLAIR INJ 150MG/ML	QL (8 syringes / 28 days), PA
XOLAIR INJ 300/2ML	QL (4 pens / 28 days), PA
XOLAIR INJ 300/2ML	QL (4 syringes / 28 days), PA
XOLAIR SOL 150MG	QL (8 vials / 28 days), PA
ZEMAIRA INJ 1000MG	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZEMAIRA INJ 4000MG	PA
ZEMAIRA INJ 5000MG	PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES	
flunisolide nasal soln 25 mcg/act (0.025%)	QL (3 bottles / 30 days)
fluticasone propionate nasal susp 50 mcg/act	QL (1 bottle / 30 days)
XHANCE MIS 93MCG	QL (32 mL / 30 days), PA
STEROID INHALANTS - DRUGS TO TREAT ASTHMA	
ALVESCO AER 80MCG	QL (3 inhalers / 30 days)
ALVESCO AER 160MCG	QL (2 inhalers / 30 days)
ARNUITY ELPT INH 50MCG	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	QL (30 inhalations / 30 days)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BREO ELLIPTA INH 50-25MCG	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	QL (60 blisters / 30 days)
breyna	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	QL (3 inhalers / 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	QL (60 inhalations / 30 days)

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

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

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

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

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

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

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

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

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

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

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

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

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
water for irrigation, sterile irrigation soln	
MOUTH/THROAT/DENTAL AGENTS	
cevimeline hcl cap 30 mg	
chlorhexidine gluconate soln 0.12%	
clotrimazole troche 10 mg	QL (150 lozenges / 30 days)
kourzeq	
lidocaine hcl viscous soln 2%	
nystatin susp 100000 unit/ml	
periogard	
pilocarpine hcl tab 5 mg	
pilocarpine hcl tab 7.5 mg	
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D. Índice de medicamentos cubiertos

En esta sección podrá encontrar un medicamento buscando su nombre alfabéticamente. Esto le indicará el número de página donde puede encontrar información de cobertura adicional para su medicamento.

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MassHealth Over-the-Counter Drug List

Allergy Agents, Ophthalmic

*alcaftadine
*ketotifen
*naphazoline
*Naphcon-A (naphazoline/ pheniramine)
*Opcon-A (naphazoline/ pheniramine)

Analgesics

*acetaminophen
≤ 4 grams/day
*aspirin 81 mg
*aspirin 325 mg, 500 mg, 650 mg
*aspirin suppository
*aspirin with buffers
*capsaicin
*diclofenac 1% gel
*ibuprofen
*lidocaine 4% patches
≤ 4 patches/day
*naproxen capsule, tablet

Anthelmintic Agents

*Reese's Pinworm (pyrantel pamoate)

Antihistamines/ Decongestants

*cetirizine syrup, tablet
*cetirizine/ pseudoephedrine
chlorpheniramine
diphenhydramine
doxylamine
fexofenadine tablet
*fexofenadine/ pseudoephedrine
*loratadine tablet, solution
*loratadine/ pseudoephedrine
*pseudoephedrine
≤ 240 mg/day

Antimicrobials, Topical

*bacitracin
*chlorhexidine gluconate
*clotrimazole
*double antibiotic ointment
*hydrogen peroxide
*iodine
*isopropyl alcohol
*miconazole
*neomycin
*povidone
*terbinafine 1% cream

*tolnaftate cream, powder
*triple antibiotic ointment

Compounding Agents

*cherry syrup gelatin capsule, empty
*Ora-Plus suspending vehicle
*Ora-Sweet oral syrup
*Ora-Sweet-SF oral syrup
*simple syrup

Contraceptives, Oral

*levonorgestrel 1.5 mg tablet
*Opill (norgestrel tablet)

Contraceptives, Topical

*nonoxynol-9

Dermatologic Agents, Topical

*benzoyl peroxide
*butenafine
*calamine lotion
*colloidal oatmeal
*hydrocortisone cream, lotion, ointment
*hydrophilic ointment
*lanolin
*petrolatum
*selenium sulfide
*vitamin A and D ointment
*zinc oxide

Gastrointestinal Agents

*Align (bifidobacterium infantis) < 21 years
*aluminum carbonate
*aluminum hydroxide
*bisacodyl enema, suppository
*bisacodyl tablet
*bismuth subsalicylate
*calcium polycarbophil
*cimetidine tablet
*Culturelle (lactobacillus rhamnosus GG) < 21 years
*dextrin
*docusate sodium capsule, tablet
*docusate sodium enema
*docusate sodium solution, syrup

* Branded OTC nonoxynol-9 products are covered by MassHealth without PA. OTCDL (Rev. 05/26)

*famotidine tablet

*Florastor (saccharomyces boulardii)
< 21 years

*glycerin

*lactase

*loperamide

*magnesium salts

*meclizine

*methylcellulose

*mineral oil

*polyethylene glycol 3350

*psyllium capsule

*psyllium powder

*sennosides tablet

*sennosides syrup

*simethicone

*sodium bicarbonate

*sodium phosphate

Intranasal Sprays

*budesonide nasal spray
≤ 1 inhaler/ 30 days

*triamcinolone nasal spray ≤ 1 inhaler/30 days

Medical Foods

*levomethylfolate tablet
≤ 1 unit/day

Opioid Reversal Agents

*Narcan (naloxone 4 mg nasal spray) †

*Rivive (naloxone 3 mg nasal spray)

Otic Agents

*carbamide peroxide

Pediculicides/ Scabicides

*permethrin

*piperonyl butoxide/pyrethrins

Respiratory Agents

*sodium chloride for inhalation

Smoking Cessation

*nicotine gum, lozenge, patch

Tear/Saliva Replacement Agents

*artificial tears

*saliva substitute

Vitamins/ Nutrients/ Supplements

*calcium replacement

*coenzyme Q10 < 21 years

*electrolyte solution, pediatric

*ferrous fumarate

*ferrous gluconate

*ferrous sulfate

*folic acid

*glucose products < 21 years

*iron polysaccharide complex

*magnesium salts

*melatonin

*melatonin/ pyridoxine tablet

*multivitamins

*niacinamide

*nicotinic acid

*pediatric multivitamins

*Phos-Flur (sodium fluoride oral rinse)

*prenatal vitamins

*potassium phosphate

*sodium chloride tablet

*sodium fluoride

*vitamin A (retinol)

*vitamin B-1 (thiamine)

*vitamin B-2 (riboflavin)

*vitamin B-3 (niacin)

*vitamin B-6 (pyridoxine)

*vitamin B-12 (cyanocobalamin)

*vitamin B complex

*vitamin C (ascorbic acid)

*vitamin D

*vitamin E, oral

*vitamins, multiple vitamins,

*multiple/minerals

*vitamins, pediatric

*vitamins, prenatal

† Brand and generic products are covered by MassHealth without PA.

Esta *Lista de medicamentos* se actualizó el 06/01/2026.

Para obtener información más reciente o si tiene otras preguntas, contáctenos al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana o visite ccama.org.

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