

CCA Senior Care Options (HMO D-SNP)

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



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

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

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



Para mais informações, visite ccama.org.

08/01/2026

Introdução

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

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A. Avisos legais

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

- ❖ O Senior Care Options (HMO D-SNP) é um plano de saúde com atendimento coordenado, com contrato com o Medicare e com o programa Medicaid do estado de Massachusetts. A inscrição no plano depende da renovação do contrato do plano com o Medicare.
- ❖ Quando este documento usar “nós”, “nos” ou “nosso”, significa Commonwealth Care Alliance, Inc. Quando usar “plano” ou “nosso plano”, significa CCA Senior Care Options.
- ❖ No Commonwealth of Massachusetts, a Commonwealth Care Alliance, Inc. atua como Commonwealth Care Alliance Massachusetts (CCA).

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- ❖ **Conscientização sobre recuperação de patrimônio:**
O MassHealth (Medicaid) é obrigado por lei federal a recuperar dinheiro dos espólios de certos associados do MassHealth (Medicaid) que tenham 55 anos ou mais, ou de pessoas de qualquer idade que esteja recebendo cuidados de longo prazo em uma instituição de permanência longa para idosos ou outra instituição médica. Para obter mais informações sobre a recuperação de patrimônio do MassHealth (Medicaid), visite www.mass.gov/estaterecovery.
- ❖ A Lista de Medicamentos Cobertos pode mudar a qualquer momento. Você receberá um aviso sempre que necessário.
- ❖ Você pode sempre consultar a versão atualizada da *Lista de Medicamentos Cobertos* do CCA Senior Care Options online em ccama.org ou ligando para o Serviços ao Associado pelo número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. Essa ligação é gratuita.

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- ❖ Você pode obter este documento gratuitamente em outros formatos, como em letras grandes, braile ou áudio. Ligue para o Serviços ao Associado pelo número 866-610-2273 (TTY 711), das 8 am às 8 pm, 7 dias por semana. Essa ligação é gratuita.
- ❖ Manteremos sua solicitação de formatos alternativos e linguagem especial registrada para futuras correspondências. Entre em contato com o Serviços ao Associado para alterar sua solicitação de idioma e/ou formato preferido.
- ❖ Este documento está disponível gratuitamente em outros idiomas.
- ❖ ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita.

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Aviso de não discriminação

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

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

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- Intérpretes qualificados
- Informações escritas em outros idiomas

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

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

Commonwealth Care Alliance, Inc.

Civil Rights Coordinator

30 Winter Street, 11th Floor

Boston, MA 02108

Telefone: 617-960-0474, ramal. 3932 (TTY 711)

Fax: 857-453-4517

E-mail: civilrightscoordinator@commonwealthcare.org

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



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

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

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

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

Massachusetts 2026 ND

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Interpreter Services

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

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

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

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

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

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

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

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

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



Para mais informações , visite ccama.org.

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 सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-866-610-2273 (TTY: 711) पर कॉल करें।

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Para mais informações , visite ccama.org.

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

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

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

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

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

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 કોલ કરો.

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

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

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

Notice of Availability 2026

B. Perguntas frequentes (FAQ)

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

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



Para mais informações , visite ccama.org.

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

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

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

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- você retira o medicamento em uma farmácia da rede do CCA Senior Care Options.
- Em alguns casos, é necessário fazer algo antes de poder obter um medicamento. Consulte a pergunta B4 para mais informações.

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

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

Sim, e o CCA Senior Care Options deve seguir as regras do Medicare e do MassHealth (Medicaid) ao fazer alterações. Podemos adicionar ou remover medicamentos da *Lista de Medicamentos* ao longo do ano.

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

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



Para mais informações, visite ccama.org.

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

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

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

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Para mais informações , visite ccama.org.

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

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

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

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

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

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



Para mais informações, visite ccama.org.

- **Substituições de determinadas versões novas de medicamentos.** Podemos remover imediatamente medicamentos da *Lista de Medicamentos* se os substituirmos por determinadas novas versões desse medicamento, mas o seu custo para o novo medicamento continuará sendo \$0. Quando adicionamos uma nova versão de um medicamento, também podemos decidir manter o medicamento de marca ou o produto biológico original na lista, mas alterar suas regras ou limites de cobertura.
 - Talvez não possamos avisá-lo antes de fazermos essa alteração, mas enviaremos informações sobre a mudança específica assim que ela acontecer.
 - Podemos fazer essas alterações apenas se o medicamento adicionado for:
 - uma versão nova genérica de um medicamento de marca, ou

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

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a alteração. Se você estiver utilizando o medicamento, enviaremos um aviso para substituí-lo caso ele seja retirado do mercado. Nesse caso, entre em contato com o seu profissional de saúde. O seu médico emitirá uma nova prescrição para substituir o medicamento que foi retirado do mercado.

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

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

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



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- Adicionarmos um medicamento genérico e substituímos um medicamento de marca atualmente na *Lista de Medicamentos*, ou
- adicionamos um novo biossimilar para substituir um produto biológico original atualmente na *Lista de Medicamentos*, ou
- Alterarmos as regras ou limites de cobertura para o medicamento de marca.

Quando essas alterações acontecerem, nós:

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

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

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

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

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

- **Autorização prévia:** para alguns medicamentos, é necessário obter autorização prévia do CCA Senior Care Options antes de retirar o medicamento na farmácia. Essa solicitação pode ser feita por você, pelo seu médico ou por outro profissional habilitado a prescrever. A autorização prévia é diferente de um encaminhamento. O CCA Senior Care Options pode não cobrir o medicamento se você não obtiver autorização prévia.

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



Para mais informações, visite ccama.org.

- **Limites de quantidade:** às vezes, o CCA Senior Care Options limita a quantidade de um medicamento que você pode receber.
- **Terapia sequencial:** às vezes, o CCA Senior Care Options exige que você siga terapia sequencial. Isso significa que você terá que usar certos medicamentos em uma ordem específica para tratar sua condição médica. Pode ser necessário iniciar o tratamento com um medicamento antes que o plano cubra outro. Se o seu médico considerar que o primeiro medicamento não funciona para você, então cobriremos o segundo.
- **Cobertura baseada em indicação:** se o CCA Senior Care Options cobrir um medicamento apenas para algumas condições médicas, indicaremos isso claramente na *Lista de Medicamentos*, junto com as condições específicas que são cobertas. É necessária autorização prévia para insumos de monitorização do diabetes não preferenciais (monitores de glicose e tiras de teste).

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



Para mais informações, visite ccama.org.

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

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

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

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

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



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

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

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

Existem duas maneiras de encontrar um medicamento:

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

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



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

Para pesquisar por condição médica, encontre a **Seção C** denominada “Lista de Medicamentos por Condição Médica”. Os medicamentos desta seção estão agrupados em categorias de acordo com o tipo de condição médica para a qual são usados no tratamento. Por exemplo, se você tem um problema cardíaco, você deve procurar agentes cardiovasculares. É lá que você encontrará medicamentos usados para tratar condições cardíacas.

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

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

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

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

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

Nós podemos ajudar. Podemos cobrir um fornecimento temporário de 31 dias do seu medicamento durante os

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primeiros 90 dias em que você é associado do CCA Senior Care Options. Isso lhe dará tempo para conversar com seu médico ou outro profissional autorizado a prescrever. Eles podem ajudar você a decidir se há um medicamento semelhante na *Lista de Medicamentos* que possa ser utilizado em substituição ou se é o caso de solicitar uma exceção.

Se a sua receita for para menos dias, permitiremos múltiplas renovações até atingir, no máximo, um fornecimento de 31 dias do medicamento.

O plano cobrirá um fornecimento de 31 dias do seu medicamento se:

- você estiver utilizando um medicamento que não está na *Lista de Medicamentos*, **ou**
- as regras do plano não permitirem que você receba a quantidade solicitada pelo seu médico ou profissional de saúde habilitado para prescrever, **ou**
- o medicamento exigir autorização prévia do CCA Senior Care Options, **ou**

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- você estiver utilizando um medicamento sujeito a restrição de terapia sequencial.

Se você estiver tomando um medicamento coberto que o CCA Senior Care Options não considera um medicamento da Parte D, você tem direito a um fornecimento único de 72 horas desse medicamento. Se a farmácia não conseguir cobrar o CCA Senior Care Options por esse fornecimento único, o MassHealth (Medicaid) arcará com o custo.

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

- Nós cobriremos um fornecimento para 31 dias do medicamento de que você precisa (a menos que tenha uma prescrição para um número inferior de dias), independentemente de você ser ou não um novo membro do CCA Senior Care Options.

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



Para mais informações, visite ccama.org.

- Isso se soma ao fornecimento temporário durante os primeiros 90 dias em que você é associado do CCA Senior Care Options.

Ofereceremos um fornecimento emergencial de pelo menos 31 dias (a menos que a receita seja para menos dias) para todos os medicamentos fora da Lista de Medicamentos, incluindo aqueles que possam ter exigências de terapia sequencial ou autorização prévia, em caso de mudança não planejada no nível de cuidados. Uma mudança não planejada no nível de cuidados pode incluir qualquer uma das seguintes situações:

- alta ou admissão em uma instituição de cuidados de longa duração
- alta ou admissão em um hospital, ou
- mudança no nível de cuidados especializados em uma instituição de enfermagem.

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



Para mais informações, visite ccama.org.

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

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

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

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

B11. Como posso solicitar uma exceção?

Para pedir uma exceção, ligue para o *Serviços ao Associado*. Um representante do Serviços ao Associado trabalhará com você e com o seu profissional habilitado

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a prescrever para ajudar no pedido da exceção. Você também pode consultar o **Capítulo 9** do *Manual do Associado* para saber mais sobre as exceções.

B12. Quanto tempo demora para conseguir uma exceção?

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

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

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

Se você ou o seu profissional habilitado a prescrever acharem que sua saúde pode ser prejudicada caso precise esperar 72 horas por uma decisão, você pode solicitar uma

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exceção acelerada. Esta é uma decisão mais rápida. Se o seu profissional habilitado a prescrever apoiar o seu pedido, daremos uma decisão em até 24 horas após recebermos a declaração de apoio do prescritor.

B13. O que são medicamentos genéricos?

Os medicamentos genéricos são compostos pelos mesmos princípios ativos que os medicamentos de marca. Eles geralmente custam menos que os medicamentos de marca e funcionam da mesma forma. Eles você geralmente não têm nomes muito conhecidos. Os medicamentos genéricos são aprovados pela Food and Drug Administration (FDA). Existem medicamentos genéricos disponíveis para muitos medicamentos de marca. Os medicamentos genéricos geralmente podem ser substituídos pelos medicamentos de marca na farmácia sem a necessidade de uma nova prescrição, dependendo das leis estaduais.

O CCA Senior Care Options cobre tanto medicamentos de marca quanto medicamentos genéricos.

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Para mais informações, visite ccama.org.

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

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

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

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Para mais informações, visite ccama.org.

B15. O que são medicamentos OTC?

OTC significa “over-the-counter” (medicamentos de venda livre). O CCA Senior Care Options cobre alguns medicamentos OTC quando forem prescritos pelo seu profissional habilitado a prescrever.

Você pode consultar a *Lista de Medicamentos* do MassHealth (Medicaid) para saber quais medicamentos OTC são cobertos.

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

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

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

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Para mais informações, visite ccama.org.

B17. O CCA Senior Care Options cobre fornecimento de longo prazo de medicamentos com receita?

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

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



Para mais informações , visite ccama.org.

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

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

B19. Qual é o meu copagamento?

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

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

Todos os medicamentos da Lista de Medicamentos do plano estão no nível 1. Você não tem copagamento para medicamentos prescritos e medicamentos OTC que constam na Lista de Medicamentos do CCA Senior Care Options. Para localizar seus medicamentos, consulte a Lista de Medicamentos.

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

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

C. *Visão geral da Lista de Medicamentos Cobertos*

A *Lista de Medicamentos Cobertos* fornece informações sobre os medicamentos cobertos pelo CCA Senior Care Options. Se tiver dificuldade em encontrar seu medicamento na lista, consulte o Índice de Medicamentos Cobertos, que começa na **Seção D**. Esse índice apresenta, em ordem alfabética, todos os medicamentos cobertos pelo CCA Senior Care Options. Para itens que não são da Parte D ou itens OTC cobertos pelo MassHealth (Medicaid), os planos devem colocar um asterisco (*) ou outro símbolo ao lado do medicamento para indicar que o associado pode precisar seguir um processo diferente de recursos, e incluir o seguinte texto.

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



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

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

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



Para mais informações, visite ccama.org.

C1. Lista de Medicamentos por Condição Médica

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

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

NDS = Fornecimento não estendido. Você pode ter direito a receber mais do que o fornecimento de 1 mês da maioria dos medicamentos incluídos na sua *Lista de Medicamentos* por meio de farmácia de varejo ou de correspondência. Os medicamentos marcados com “NDS” são limitados a um suprimento de 1 mês para varejo e venda pelo correio.

PA = Aprovação prévia (ou Autorização prévia). Para alguns medicamentos, você, seu médico ou outro profissional de saúde autorizado a prescrever devem obter autorização prévia do CCA Senior Care Options antes de

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



Para mais informações, visite ccama.org.

retirar o medicamento na farmácia. Se a autorização prévia não for obtida, o CCA Senior Care Options pode não cobrir o medicamento.

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

QL= Limite de quantidade. às vezes, o CCA Senior Care Options limita a quantidade de um medicamento que você pode receber.

ST = Terapia sequencial. às vezes, o CCA Senior Care Options exige que você siga terapia sequencial. Isso significa que você terá de usar medicamentos em uma ordem específica para tratar suas condições médicas. Pode ser

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necessário tentar primeiro um medicamento antes que o plano cubra outro. Se o seu médico ou outro profissional de saúde autorizado a prescrever entender que o primeiro medicamento não funciona para você, o plano cobrirá o segundo.

Asterisco (*) = indica medicamentos que não são da Parte D.

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

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CCA_CY26_1T_SNP eff 08/01/2026

NAME OF DRUG

NECESSARY ACTIONS

RESTRICTIONS OR LIMITS ON USE

ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION

GOUT - DRUGS TO TREAT GOUT

allopurinol tab 100 mg

allopurinol tab 300 mg

*colchicine tab 0.6 mg**QL (120 tabs /
30 days)*

*colchicine w/ probenecid tab
0.5-500 mg*

probenecid tab 500 mg

MISCELLANEOUS

*JOURNAVX TAB 50MG**QL (29 tabs / 14
days), PA*

*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%*

*lidocaine hcl local preservative
free (pf) inj 1%*

*lidocaine hcl local preservative
free (pf) inj 1.5%*

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

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

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

etodolac tab 400 mg

etodolac tab 500 mg

etodolac tab er 24hr 400 mg

etodolac tab er 24hr 500 mg

etodolac tab er 24hr 600 mg

flurbiprofen tab 100 mg

ibu

ibuprofen susp 100 mg/5ml

ibuprofen tab 400 mg

ibuprofen tab 600 mg

ibuprofen tab 800 mg

meloxicam tab 7.5 mg

meloxicam tab 15 mg

nabumetone tab 500 mg

nabumetone tab 750 mg

naproxen sodium tab 275 mg

naproxen sodium tab 550 mg

naproxen tab 250 mg

naproxen tab 375 mg

naproxen tab 500 mg

naproxen tab ec 375 mg

QL (120 tabs /
30 days)

piroxicam cap 10 mg

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

piroxicam cap 20 mg

sulindac tab 150 mg

sulindac tab 200 mg

OPIOID ANALGESICS, LONG-ACTING

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

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

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

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

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

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

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

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

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

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

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

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

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

OXYCONTIN TAB 15MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG ER	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG ER	QL (60 tabs / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

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

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

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

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

<i>hydromorphone hcl tab 2 mg</i>	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	QL (180 tabs / 30 days)
<i>morphine sulfate iv soln 2 mg/ml</i>	B/D
<i>morphine sulfate iv soln 4 mg/ml</i>	B/D
<i>morphine sulfate iv soln 8 mg/ml</i>	B/D
<i>morphine sulfate iv soln 10 mg/ml</i>	B/D
<i>morphine sulfate oral soln 10 mg/5ml</i>	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	QL (180 mL / 30 days)
<i>morphine sulfate tab 15 mg</i>	QL (180 tabs / 30 days)

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

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

<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	QL (180 tabs / 30 days)
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<i>tramadol hcl tab 50 mg</i>	QL (240 tabs / 30 days)
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<i>tramadol-acetaminophen tab 37.5-325 mg</i>	QL (240 tabs / 30 days)
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**ANTI-INFECTIVES - DRUGS TO TREAT
INFECTIONS****ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole tab 200 mg</i>	QL (672 tabs / year), PA
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<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	
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<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	
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ARIKAYCE SUS	NDS, PA
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<i>atovaquone susp 750 mg/5ml</i>	QL (300 mL / 30 days), PA
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<i>aztreonam for inj 1 gm</i>	
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<i>aztreonam for inj 2 gm</i>	
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BLUJEPA TAB 750MG	
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CAYSTON INH 75MG	NDS, PA
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<i>clindamycin hcl cap 75 mg</i>	
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NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

clindamycin hcl cap 150 mg

clindamycin hcl cap 300 mg

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

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

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

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

*clindamycin phosphate inj 300
mg/2ml*

*clindamycin phosphate inj 600
mg/4ml*

*clindamycin phosphate inj 900
mg/6ml*

CLINDMYC/NAC INJ 300/50ML

CLINDMYC/NAC INJ 600/50ML

CLINDMYC/NAC INJ 900/50ML

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

dapsone tab 25 mg

dapsone tab 100 mg

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

<i>daptomycin for iv soln 350 mg</i>	NDS
<i>daptomycin for iv soln 500 mg</i>	NDS
DAPTOMYCIN INJ 350MG	NDS
EMVERM CHW 100MG	NDS, QL (12 tabs / year)
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	
<i>gentamicin in saline inj 0.8 mg/ml</i>	
<i>gentamicin in saline inj 1 mg/ml</i>	
<i>gentamicin in saline inj 1.2 mg/ml</i>	
<i>gentamicin in saline inj 1.6 mg/ml</i>	
<i>gentamicin in saline inj 2 mg/ml</i>	
<i>gentamicin sulfate inj 10 mg/ml</i>	

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

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

*metronidazole iv soln 500
mg/100ml*

metronidazole tab 250 mg

metronidazole tab 500 mg

neomycin sulfate tab 500 mg

nitazoxanide tab 500 mg

NDS, 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

NDS, QL (90 tabs
/ 30 days), PA

*streptomycin sulfate for inj 1
gm*

NDS

sulfadiazine tab 500 mg

NDS

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

NDS, PA

*tobramycin nebu soln 300
mg/5ml*

NDS, PA

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

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

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

trimethoprim tab 100 mg

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

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

<i>amphotericin b for iv soln 50 mg</i>	B/D
<i>amphotericin b liposome iv for susp 50 mg</i>	NDS, B/D
<i>caspofungin acetate for iv soln 50 mg</i>	
<i>caspofungin acetate for iv soln 70 mg</i>	
CRESEMBA CAP 74.5MG	NDS, PA
CRESEMBA CAP 186MG	NDS, PA
<i>fluconazole for susp 10 mg/ml</i>	
<i>fluconazole for susp 40 mg/ml</i>	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	
<i>fluconazole tab 50 mg</i>	
<i>fluconazole tab 100 mg</i>	
<i>fluconazole tab 150 mg</i>	
<i>fluconazole tab 200 mg</i>	
<i>flucytosine cap 250 mg</i>	NDS, PA

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

<i>flucytosine cap 500 mg</i>	NDS, PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	
<i>griseofulvin microsize tab 500 mg</i>	
<i>griseofulvin ultramicrosize tab 125 mg</i>	
<i>griseofulvin ultramicrosize tab 250 mg</i>	
<i>itraconazole cap 100 mg</i>	QL (120 caps / 30 days)
<i>ketoconazole tab 200 mg</i>	PA
<i>micafungin sodium for iv soln 50 mg</i>	
<i>micafungin sodium for iv soln 100 mg</i>	
<i>nystatin tab 500000 unit</i>	
<i>posaconazole tab delayed release 100 mg</i>	NDS, 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

NDS, 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 NDS

*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 NDS

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	NDS
<i>emtricitabine-rilpivirine- tenofovir df tab 200-25-300 mg</i>	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 100- 150 mg</i>	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133- 200 mg</i>	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 167- 250 mg</i>	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200- 300 mg</i>	
EVOTAZ TAB 300-150	NDS
GENVOYA TAB	NDS
IDVYNZO TAB 100-0.25	NDS
JULUCA TAB 50-25MG	NDS
KALETRA SOL	

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

lamivudine-zidovudine tab
150-300 mg

lopinavir-ritonavir tab 100-25
mg

lopinavir-ritonavir tab 200-50
mg

ODEFSEY TAB NDS

PREZCOBIX TAB 675/150 NDS

PREZCOBIX TAB 800-150 NDS

STRIBILD TAB NDS

SYMTUZA TAB NDS

TRIUMEQ PD TAB

TRIUMEQ TAB NDS

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

cycloserine cap 250 mg NDS

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

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

rifabutin cap 150 mg

rifampin cap 150 mg

rifampin cap 300 mg

rifampin for inj 600 mg

SIRTURO TAB 20MG

NDS, PA

SIRTURO TAB 100MG

NDS, 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

NDS, ST

entecavir tab 0.5 mg

entecavir tab 1 mg

EPCLUSA PAK 150-37.5

NDS, PA

EPCLUSA PAK 200-50MG

NDS, PA

EPCLUSA TAB 200-50MG

NDS, PA

EPCLUSA TAB 400-100

NDS, PA

famciclovir tab 125 mg

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

<i>famciclovir tab 250 mg</i>	
<i>famciclovir tab 500 mg</i>	
<i>ganciclovir sodium for inj 500 mg</i>	B/D
<i>lamivudine tab 100 mg (hbv)</i>	
LIVTENCITY TAB 200MG	NDS, QL (336 tabs / 28 days), PA
MAVYRET PAK 50-20MG	NDS, PA
MAVYRET TAB 100-40MG	NDS, PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	QL (84 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	QL (1080 mL / year)
PAXLOVID PAK	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	QL (40 tabs / 90 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PAXLOVID TAB 300-100	QL (60 tabs / 90 days)
PEGASYS INJ	NDS, PA
PEGASYS INJ 180MCG/M	NDS, PA
PREVYMIS TAB 240MG	NDS, QL (28 tabs / 28 days), PA
PREVYMIS TAB 480MG	NDS, QL (28 tabs / 28 days), PA
RELENZA MIS DISKHALE	QL (6 inhalers / year)
<i>ribavirin cap 200 mg</i>	
<i>ribavirin tab 200 mg</i>	
<i>rimantadine hydrochloride tab 100 mg</i>	
<i>valacyclovir hcl tab 1 gm</i>	
<i>valacyclovir hcl tab 500 mg</i>	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	NDS
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	
VOSEVI TAB	NDS, PA
XOFLUZA TAB 40MG	QL (1 tab / 180 days)

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

XOFLUZA TAB 80MG

QL (1 tab / 180
days)

***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%

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

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

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*

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

cefoxitin sodium for iv soln 2 gm

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 NDS

ceftaroline fosamil for iv soln 600 mg NDS

ceftazidime for inj 1 gm

ceftazidime for inj 6 gm

ceftazidime for iv soln 2 gm

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

ceftriaxone sodium for inj 1 gm

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

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

*cephalexin for susp 125
mg/5ml*

*cephalexin for susp 250
mg/5ml*

tazicef

TEFLARO INJ 400MG

NDS

TEFLARO INJ 600MG

NDS

***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

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

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 NDS

*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	NDS
NUZYRA TAB 150MG	NDS, QL (30 tabs / 14 days)
<i>tetracycline hcl cap 250 mg</i>	
<i>tetracycline hcl cap 500 mg</i>	
<i>tigecycline for iv soln 50 mg</i>	

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

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

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

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

<i>cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml)</i>	B/D
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FRINDOVYX INJ 1GM/2ML	NDS, B/D
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FRINDOVYX INJ 2GM/4ML	NDS, B/D
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FRINDOVYX INJ 500MG/ML	NDS, B/D
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GLEOSTINE CAP 10MG	
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GLEOSTINE CAP 40MG	
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GLEOSTINE CAP 100MG	NDS
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LEUKERAN TAB 2MG	NDS, PA
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<i>lomustine cap 10 mg</i>	
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<i>lomustine cap 40 mg</i>	
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<i>lomustine cap 100 mg</i>	NDS
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<i>oxaliplatin for iv inj 50 mg</i>	NDS, B/D
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<i>oxaliplatin for iv inj 100 mg</i>	NDS, B/D
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<i>oxaliplatin iv soln 50 mg/10ml</i>	B/D
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<i>oxaliplatin iv soln 100 mg/20ml</i>	B/D
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<i>oxaliplatin iv soln 200 mg/40ml</i>	B/D
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VIVIMUSTA INJ 100/4ML	NDS, B/D
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ANTIMETABOLITES

<i>azacitidine for inj 100 mg</i>	NDS, B/D
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<i>cytarabine inj 20 mg/ml</i>	B/D
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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	B/D
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	B/D
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	B/D
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	B/D
<i>gemcitabine hcl for inj 1 gm</i>	B/D
<i>gemcitabine hcl for inj 2 gm</i>	B/D
<i>gemcitabine hcl for inj 200 mg</i>	B/D
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	B/D
INQOVI TAB 35-100MG	NDS, QL (5 tabs / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LONSURF TAB 15-6.14	NDS, QL (100 tabs / 28 days), PA
LONSURF TAB 20-8.19	NDS, QL (80 tabs / 28 days), PA
<i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>	NDS
<i>mercaptopurine tab 50 mg</i>	
<i>methotrexate sodium for inj 1 gm</i>	B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	B/D
ONUREG TAB 200MG	NDS, QL (14 tabs / 28 days), PA

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

ONUREG TAB 300MG	NDS, QL (14 tabs / 28 days), PA
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	NDS, B/D
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	NDS, B/D
<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	NDS, B/D
<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	NDS, B/D
TABLOID TAB 40MG	NDS, PA

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate tab 250 mg</i>	NDS, QL (120 tabs / 30 days), PA
<i>abiraterone acetate tab 500 mg</i>	NDS, QL (60 tabs / 30 days), PA
<i>abirtega</i>	QL (120 tabs / 30 days), PA
AKEEGA TAB 50/500MG	NDS, QL (60 tabs / 30 days), PA
AKEEGA TAB 100/500	NDS, QL (60 tabs / 30 days), PA

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

<i>anastrozole tab 1 mg</i>	
<i>bicalutamide tab 50 mg</i>	
ELIGARD INJ 7.5MG	PA
ELIGARD INJ 22.5MG	PA
ELIGARD INJ 30MG	PA
ELIGARD INJ 45MG	PA
ERLEADA TAB 60MG	NDS, QL (120 tabs / 30 days), PA
ERLEADA TAB 240MG	NDS, QL (30 tabs / 30 days), PA
EULEXIN CAP 125MG	NDS
<i>exemestane tab 25 mg</i>	
FIRMAGON INJ 80MG	PA
FIRMAGON INJ 120MG	NDS, PA
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	NDS, B/D
INLURIYO TAB 200MG	NDS, QL (56 tabs / 28 days), PA
<i>letrozole tab 2.5 mg</i>	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	PA

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

LIFYORLI CAP 125MG DS	NDS, QL (18 caps / 28 days), PA
LIFYORLI CAP 150MG DS	NDS, QL (27 caps / 28 days), PA
LUPRON DEPOT INJ 3.75MG	NDS, PA
LUPRON DEPOT INJ 11.25MG	NDS, PA
LYSODREN TAB 500MG	NDS
<i>megestrol acetate tab 20 mg</i>	
<i>megestrol acetate tab 40 mg</i>	
<i>nilutamide tab 150 mg</i>	NDS
NUBEQA TAB 300MG	NDS, QL (120 tabs / 30 days), PA
ORGOVYX TAB 120MG	NDS, PA
ORSERDU TAB 86MG	NDS, QL (90 tabs / 30 days), PA
ORSERDU TAB 345MG	NDS, QL (30 tabs / 30 days), PA
SOLTAMOX SOL 10MG/5ML	NDS
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	

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

*tamoxifen citrate tab 20 mg
(base equivalent)*

*toremifene citrate tab 60 mg
(base equivalent)*

PA

XTANDI CAP 40MG

NDS, QL (120
caps / 30 days),
PA

XTANDI TAB 40MG

NDS, QL (120
tabs / 30 days),
PA

XTANDI TAB 80MG

NDS, QL (60 tabs
/ 30 days), PA

YONSA TAB 125MG

NDS, QL (120
tabs / 30 days),
PA

IMMUNOMODULATORS

lenalidomide cap 5 mg

NDS, QL (28
caps / 28 days),
PA

lenalidomide cap 10 mg

NDS, QL (28
caps / 28 days),
PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lenalidomide cap 15 mg</i>	NDS, QL (28 caps / 28 days), PA
<i>lenalidomide cap 20 mg</i>	NDS, QL (21 caps / 28 days), PA
<i>lenalidomide cap 25 mg</i>	NDS, QL (21 caps / 28 days), PA
<i>lenalidomide caps 2.5 mg</i>	NDS, QL (28 caps / 28 days), PA
<i>pomalidomide cap 1 mg</i>	NDS, QL (21 caps / 28 days), PA
<i>pomalidomide cap 2 mg</i>	NDS, QL (21 caps / 28 days), PA
<i>pomalidomide cap 3 mg</i>	NDS, QL (21 caps / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pomalidomide cap 4 mg</i>	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 1MG	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 2MG	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 3MG	NDS, QL (21 caps / 28 days), PA
POMALYST CAP 4MG	NDS, QL (21 caps / 28 days), PA
THALOMID CAP 50MG	NDS, QL (84 caps / 28 days), PA
THALOMID CAP 100MG	NDS, QL (112 caps / 28 days), PA

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

BESREMI SOL 500MCG	NDS, QL (2 syringes / 28 days), PA
<i>bexarotene cap 75 mg</i>	NDS, QL (300 caps / 30 days), PA
<i>doxorubicin hcl inj 2 mg/ml</i>	B/D
<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i>	NDS, B/D
<i>hydroxyurea cap 500 mg</i>	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	B/D
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	B/D
IWILFIN TAB 192MG	NDS, QL (240 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>leucovorin calcium for inj 50 mg</i>	B/D
<i>leucovorin calcium for inj 100 mg</i>	B/D
<i>leucovorin calcium for inj 200 mg</i>	B/D
<i>leucovorin calcium for inj 350 mg</i>	B/D
<i>leucovorin calcium for inj 500 mg</i>	B/D
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	B/D
<i>leucovorin calcium tab 5 mg</i>	
<i>leucovorin calcium tab 10 mg</i>	
<i>leucovorin calcium tab 15 mg</i>	
<i>leucovorin calcium tab 25 mg</i>	
MATULANE CAP 50MG	NDS
<i>mesna tab 400 mg</i>	NDS
MODEYSO CAP 125MG	NDS, QL (20 caps / 28 days), PA
<i>tretinoin cap 10 mg</i>	NDS

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
WELIREG TAB 40MG	NDS, QL (90 tabs / 30 days), PA

MITOTIC INHIBITORS

<i>docetaxel for inj conc 20 mg/ml</i>	B/D
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	NDS, B/D
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	NDS, B/D
DOCETAXEL INJ 20MG/2ML	NDS, B/D
DOCETAXEL INJ 80MG/4ML	NDS, B/D
DOCETAXEL INJ 80MG/8ML	NDS, B/D
DOCETAXEL INJ 160/8ML	NDS, B/D
DOCETAXEL INJ 160/16ML	NDS, B/D
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	NDS, B/D
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	NDS, B/D
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	NDS, B/D
DOCIVYX INJ 20MG/2ML	NDS, B/D
DOCIVYX INJ 80MG/8ML	NDS, B/D
DOCIVYX INJ 160/16ML	NDS, B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	B/D
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	B/D
<i>paclitaxel inj 100mg</i>	NDS, B/D
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	B/D
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	B/D
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	B/D

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE*****MOLECULAR TARGET AGENTS***

ALECENSA CAP 150MG	NDS, QL (240 caps / 30 days), PA
ALUNBRIG PAK	NDS, QL (30 tabs / 30 days), PA
ALUNBRIG TAB 30MG	NDS, QL (120 tabs / 30 days), PA
ALUNBRIG TAB 90MG	NDS, QL (30 tabs / 30 days), PA
ALUNBRIG TAB 180MG	NDS, QL (30 tabs / 30 days), PA
AUGTYRO CAP 40MG	NDS, QL (240 caps / 30 days), PA
AUGTYRO CAP 160MG	NDS, QL (60 caps / 30 days), PA
AVMAPKI PAK FAKZYNJA	NDS, QL (1 pack / 28 days), PA
AYVAKIT TAB 25MG	NDS, QL (30 tabs / 30 days), PA

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

AYVAKIT TAB 50MG	NDS, QL (30 tabs / 30 days), PA
AYVAKIT TAB 100MG	NDS, QL (30 tabs / 30 days), PA
AYVAKIT TAB 200MG	NDS, QL (30 tabs / 30 days), PA
AYVAKIT TAB 300MG	NDS, QL (30 tabs / 30 days), PA
BALVERSA TAB 3MG	NDS, QL (84 tabs / 28 days), PA
BALVERSA TAB 4MG	NDS, QL (56 tabs / 28 days), PA
BALVERSA TAB 5MG	NDS, QL (28 tabs / 28 days), PA
<i>bortezomib for inj 3.5 mg</i>	NDS, PA
BORTEZOMIB INJ 1MG	PA
BORTEZOMIB INJ 2.5MG	PA
BOSULIF CAP 50MG	NDS, QL (30 caps / 30 days), PA
BOSULIF CAP 100MG	NDS, QL (300 caps / 30 days), PA

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

BOSULIF TAB 100MG	NDS, QL (180 tabs / 30 days), PA
BOSULIF TAB 400MG	NDS, QL (30 tabs / 30 days), PA
BOSULIF TAB 500MG	NDS, QL (30 tabs / 30 days), PA
BRAFTOVI CAP 75MG	NDS, QL (180 caps / 30 days), PA
BRUKINSA CAP 80MG	NDS, QL (120 caps / 30 days), PA
BRUKINSA TAB 160MG	NDS, QL (60 tabs / 30 days), PA
CABOMETYX TAB 20MG	NDS, QL (30 tabs / 30 days), PA
CABOMETYX TAB 40MG	NDS, QL (30 tabs / 30 days), PA
CABOMETYX TAB 60MG	NDS, QL (30 tabs / 30 days), PA
CALQUENCE TAB 100MG	NDS, QL (60 tabs / 30 days), PA

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

CAPRELSA TAB 100MG	NDS, QL (60 tabs / 30 days), PA
CAPRELSA TAB 300MG	NDS, QL (30 tabs / 30 days), PA
COMETRIQ (60MG DOSE)	NDS, QL (84 caps / 28 days), PA
COMETRIQ KIT 100MG	NDS, QL (56 caps / 28 days), PA
COMETRIQ KIT 140MG	NDS, QL (112 caps / 28 days), PA
COPIKTRA CAP 15MG	NDS, QL (56 caps / 28 days), PA
COPIKTRA CAP 25MG	NDS, QL (56 caps / 28 days), PA
COTELLIC TAB 20MG	NDS, QL (63 tabs / 28 days), PA

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

DANZITEN TAB 71MG	NDS, QL (112 tabs / 28 days), PA
DANZITEN TAB 95MG	NDS, QL (112 tabs / 28 days), PA
<i>dasatinib tab 20 mg</i>	NDS, QL (90 tabs / 30 days), PA
<i>dasatinib tab 50 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>dasatinib tab 70 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>dasatinib tab 80 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>dasatinib tab 100 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>dasatinib tab 140 mg</i>	NDS, QL (30 tabs / 30 days), PA
DAURISMO TAB 25MG	NDS, QL (60 tabs / 30 days), PA
DAURISMO TAB 100MG	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ENSACOVE CAP 25MG	NDS, QL (270 caps / 30 days), PA
ENSACOVE CAP 100MG	NDS, QL (60 caps / 30 days), PA
ERIVEDGE CAP 150MG	NDS, QL (30 caps / 30 days), PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	NDS, QL (90 tabs / 30 days), PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	NDS, QL (30 tabs / 30 days), PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	NDS, QL (30 tabs / 30 days), PA
<i>everolimus tab 2.5 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>everolimus tab 5 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>everolimus tab 7.5 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>everolimus tab 10 mg</i>	NDS, QL (30 tabs / 30 days), PA

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

<i>everolimus tab for oral susp 2 mg</i>	NDS, QL (60 tabs / 30 days), PA
<i>everolimus tab for oral susp 3 mg</i>	NDS, QL (90 tabs / 30 days), PA
<i>everolimus tab for oral susp 5 mg</i>	NDS, QL (60 tabs / 30 days), PA
FOTIVDA CAP 0.89MG	NDS, QL (21 caps / 28 days), PA
FOTIVDA CAP 1.34MG	NDS, QL (21 caps / 28 days), PA
FRUZAQLA CAP 1MG	NDS, QL (84 caps / 28 days), PA
FRUZAQLA CAP 5MG	NDS, QL (21 caps / 28 days), PA
GAVRETO CAP 100MG	NDS, QL (120 caps / 30 days), PA
<i>gefitinib tab 250 mg</i>	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GILOTRIF TAB 20MG	NDS, QL (30 tabs / 30 days), PA
GILOTRIF TAB 30MG	NDS, QL (30 tabs / 30 days), PA
GILOTRIF TAB 40MG	NDS, QL (30 tabs / 30 days), PA
GOMEKLI CAP 1MG	NDS, QL (168 caps / 28 days), PA
GOMEKLI CAP 2MG	NDS, QL (84 caps / 28 days), PA
GOMEKLI TAB 1MG	NDS, QL (168 tabs / 28 days), PA
HERCEP HYLEC SOL 60-10000	NDS, PA
HERCEPTIN INJ 150MG	NDS, PA
HERCESSI INJ 150MG	NDS, PA
HERCESSI INJ 420MG	NDS, PA
HERNEXEOS TAB 60MG	NDS, QL (120 tabs / 30 days), PA
HERZUMA INJ 150MG	NDS, PA

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

HERZUMA INJ 420MG	NDS, PA
HYRNUO TAB 10MG	NDS, QL (120 tabs / 30 days), PA
IBRANCE CAP 75MG	NDS, QL (21 caps / 28 days), PA
IBRANCE CAP 100MG	NDS, QL (21 caps / 28 days), PA
IBRANCE CAP 125MG	NDS, QL (21 caps / 28 days), PA
IBRANCE TAB 75MG	NDS, QL (21 tabs / 28 days), PA
IBRANCE TAB 100MG	NDS, QL (21 tabs / 28 days), PA
IBRANCE TAB 125MG	NDS, QL (21 tabs / 28 days), PA
IBTROZI CAP 200MG	NDS, QL (90 caps / 30 days), PA

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

ICLUSIG TAB 10MG	NDS, QL (30 tabs / 30 days), PA
ICLUSIG TAB 15MG	NDS, QL (30 tabs / 30 days), PA
ICLUSIG TAB 30MG	NDS, QL (30 tabs / 30 days), PA
ICLUSIG TAB 45MG	NDS, QL (30 tabs / 30 days), PA
IDHIFA TAB 50MG	NDS, QL (30 tabs / 30 days), PA
IDHIFA TAB 100MG	NDS, QL (30 tabs / 30 days), PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	QL (90 tabs / 30 days), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	NDS, QL (60 tabs / 30 days), PA
IMBRUVICA CAP 70MG	NDS, QL (30 caps / 30 days), PA
IMBRUVICA CAP 140MG	NDS, QL (120 caps / 30 days), PA

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

IMBRUVICA SUS 70MG/ML	NDS, QL (216 mL / 27 days), PA
IMBRUVICA TAB 140MG	NDS, QL (30 tabs / 30 days), PA
IMBRUVICA TAB 280MG	NDS, QL (30 tabs / 30 days), PA
IMBRUVICA TAB 420MG	NDS, QL (30 tabs / 30 days), PA
IMKELDI SOL 80MG/ML	NDS, QL (280 mL / 28 days), PA
INLYTA TAB 1MG	NDS, QL (180 tabs / 30 days), PA
INLYTA TAB 5MG	NDS, QL (120 tabs / 30 days), PA
INREBIC CAP 100MG	NDS, QL (120 caps / 30 days), PA
ITOVEBI TAB 3MG	NDS, QL (56 tabs / 28 days), PA
ITOVEBI TAB 9MG	NDS, QL (28 tabs / 28 days), PA

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

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

KISQALI 200 DOSE	NDS, QL (21 tabs / 28 days), PA
KISQALI 400 DOSE	NDS, QL (42 tabs / 28 days), PA
KISQALI 600 DOSE	NDS, QL (63 tabs / 28 days), PA
KOMZIFTI CAP 200MG	NDS, QL (90 caps / 30 days), PA
KOSELUGO CAP 5MG	NDS, QL (600 caps / 30 days), PA
KOSELUGO CAP 7.5MG	NDS, QL (360 caps / 30 days), PA
KOSELUGO CAP 10MG	NDS, QL (240 caps / 30 days), PA
KOSELUGO CAP 25MG	NDS, QL (120 caps / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KRAZATI TAB 200MG	NDS, QL (180 tabs / 30 days), PA
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	NDS, QL (180 tabs / 30 days), PA
LAZCLUZE TAB 80MG	NDS, QL (60 tabs / 30 days), PA
LAZCLUZE TAB 240MG	NDS, QL (30 tabs / 30 days), PA
LENVIMA CAP 4MG	NDS, QL (30 caps / 30 days), PA
LENVIMA CAP 8 MG	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 10 MG	NDS, QL (30 caps / 30 days), PA
LENVIMA CAP 12MG	NDS, QL (90 caps / 30 days), PA

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

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

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

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

ODOMZO CAP 200MG	NDS, QL (30 caps / 30 days), PA
OGIVRI INJ 150MG	NDS, PA
OGIVRI INJ 420MG	NDS, PA
OGSIVEO TAB 100MG	NDS, QL (56 tabs / 28 days), PA
OGSIVEO TAB 150MG	NDS, QL (56 tabs / 28 days), PA
OJEMDA SUS 25MG/ML	NDS, QL (96 mL / 28 days), PA
OJEMDA TAB 100MG	NDS, QL (24 tabs / 28 days), PA
OJJAARA TAB 100MG	NDS, QL (30 tabs / 30 days), PA
OJJAARA TAB 150MG	NDS, QL (30 tabs / 30 days), PA
OJJAARA TAB 200MG	NDS, QL (30 tabs / 30 days), PA
ONTRUZANT INJ 150MG	NDS, PA
ONTRUZANT INJ 420MG	NDS, PA

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

<i>pazopanib hcl tab 200 mg (base equiv)</i>	NDS, QL (120 tabs / 30 days), PA
<i>pazopanib hcl tab 400 mg (base equiv)</i>	NDS, QL (60 tabs / 30 days), PA
PEMAZYRE TAB 4.5MG	NDS, QL (28 tabs / 28 days), PA
PEMAZYRE TAB 9MG	NDS, QL (28 tabs / 28 days), PA
PEMAZYRE TAB 13.5MG	NDS, QL (28 tabs / 28 days), PA
PHESGO SOL	NDS, PA
PIQRAY 200MG TAB DOSE	NDS, QL (28 tabs / 28 days), PA
PIQRAY 250MG TAB DOSE	NDS, QL (56 tabs / 28 days), PA
PIQRAY 300MG TAB DOSE	NDS, QL (56 tabs / 28 days), PA
QINLOCK TAB 50MG	NDS, QL (90 tabs / 30 days), PA
RETEVMO TAB 40MG	NDS, QL (90 tabs / 30 days), PA

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

RETEVMO TAB 80MG	NDS, QL (120 tabs / 30 days), PA
RETEVMO TAB 120MG	NDS, QL (60 tabs / 30 days), PA
RETEVMO TAB 160MG	NDS, QL (60 tabs / 30 days), PA
REVUFORJ TAB 25MG	NDS, QL (240 tabs / 30 days), PA
REVUFORJ TAB 110MG	NDS, QL (120 tabs / 30 days), PA
REVUFORJ TAB 160MG	NDS, QL (60 tabs / 30 days), PA
REZLIDHIA CAP 150MG	NDS, QL (60 caps / 30 days), PA
ROMVIMZA CAP 14MG	NDS, QL (8 caps / 28 days), PA
ROMVIMZA CAP 20MG	NDS, QL (8 caps / 28 days), PA

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

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

SCEMBLIX TAB 20MG	NDS, QL (60 tabs / 30 days), PA
SCEMBLIX TAB 40MG	NDS, QL (300 tabs / 30 days), PA
SCEMBLIX TAB 100MG	NDS, QL (120 tabs / 30 days), PA
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	NDS, QL (120 tabs / 30 days), PA
STIVARGA TAB 40MG	NDS, QL (84 tabs / 28 days), PA
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	NDS, QL (30 caps / 30 days), PA
<i>sunitinib malate cap 25 mg (base equivalent)</i>	NDS, QL (30 caps / 30 days), PA
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	NDS, QL (30 caps / 30 days), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TALZENNA CAP 0.1MG	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 0.5MG	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 0.25MG	NDS, QL (90 caps / 30 days), PA
TALZENNA CAP 0.35MG	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 0.75MG	NDS, QL (30 caps / 30 days), PA
TALZENNA CAP 1MG	NDS, QL (30 caps / 30 days), PA
TECENTRIQ INJ 840/14	NDS, PA
TECENTRIQ INJ 1200/20	NDS, PA
TECENTRIQ INJ HYBREZA	NDS, QL (1 vial / 21 days), PA

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

TEPMETKO TAB 225MG	NDS, QL (60 tabs / 30 days), PA
TIBSOVO TAB 250MG	NDS, QL (60 tabs / 30 days), PA
<i>torpenz</i>	NDS, QL (30 tabs / 30 days), PA
TRAZIMERA INJ 150MG	NDS, PA
TRAZIMERA INJ 420MG	NDS, PA
TRUQAP PAK 160MG	NDS, QL (4 packs / 28 days), PA
TRUQAP PAK 200MG	NDS, QL (4 packs / 28 days), PA
TRUQAP TAB 160MG	NDS, QL (64 tabs / 28 days), PA
TRUQAP TAB 200MG	NDS, QL (64 tabs / 28 days), PA
TRUXIMA INJ 100/10ML	NDS, PA
TRUXIMA INJ 500/50ML	NDS, PA
TUKYSA TAB 50MG	NDS, QL (120 tabs / 30 days), PA

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

TUKYSA TAB 150MG	NDS, QL (120 tabs / 30 days), PA
TURALIO CAP 125MG	NDS, QL (120 caps / 30 days), PA
VANFLYTA TAB 17.7MG	NDS, QL (56 tabs / 28 days), PA
VANFLYTA TAB 26.5MG	NDS, QL (56 tabs / 28 days), PA
VENCLEXTA TAB 10MG	QL (112 tabs / 28 days), PA
VENCLEXTA TAB 50MG	NDS, QL (112 tabs / 28 days), PA
VENCLEXTA TAB 100MG	NDS, QL (180 tabs / 30 days), PA
VENCLEXTA TAB START PK	NDS, QL (42 tabs / 28 days), PA
VERZENIO TAB 50MG	NDS, QL (56 tabs / 28 days), PA

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

VERZENIO TAB 100MG	NDS, QL (56 tabs / 28 days), PA
VERZENIO TAB 150MG	NDS, QL (56 tabs / 28 days), PA
VERZENIO TAB 200MG	NDS, QL (56 tabs / 28 days), PA
VITRAKVI CAP 25MG	NDS, QL (180 caps / 30 days), PA
VITRAKVI CAP 100MG	NDS, QL (60 caps / 30 days), PA
VITRAKVI SOL 20MG/ML	NDS, QL (300 mL / 30 days), PA
VIZIMPRO TAB 15MG	NDS, QL (30 tabs / 30 days), PA
VIZIMPRO TAB 30MG	NDS, QL (30 tabs / 30 days), PA
VIZIMPRO TAB 45MG	NDS, QL (30 tabs / 30 days), PA
VONJO CAP 100MG	NDS, QL (120 caps / 30 days), PA

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

VORANIGO TAB 10MG	NDS, QL (60 tabs / 30 days), PA
VORANIGO TAB 40MG	NDS, QL (30 tabs / 30 days), PA
XALKORI CAP 20MG	NDS, QL (120 caps / 30 days), PA
XALKORI CAP 50MG	NDS, QL (120 caps / 30 days), PA
XALKORI CAP 150MG	NDS, QL (180 caps / 30 days), PA
XALKORI CAP 200MG	NDS, QL (120 caps / 30 days), PA
XALKORI CAP 250MG	NDS, QL (120 caps / 30 days), PA
XOSPATA TAB 40MG	NDS, QL (90 tabs / 30 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	NDS, QL (16 tabs / 28 days), PA

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

XPOVIO PAK (40 MG ONCE WEEKLY)	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (40 MG TWICE WEEKLY)	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (60 MG ONCE WEEKLY)	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (60 MG TWICE WEEKLY)	NDS, QL (24 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY)	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY)	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (80 MG TWICE WEEKLY)	NDS, QL (32 tabs / 28 days), PA
XPOVIO PAK (100 MG ONCE WEEKLY)	NDS, QL (8 tabs / 28 days), PA
<i>yulithira</i>	QL (30 tabs / 30 days), PA
ZEJULA TAB 100MG	NDS, QL (30 tabs / 30 days), PA
ZEJULA TAB 200MG	NDS, QL (30 tabs / 30 days), PA

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

ZEJULA TAB 300MG	NDS, QL (30 tabs / 30 days), PA
ZELBORAF TAB 240MG	NDS, QL (240 tabs / 30 days), PA
ZIRABEV INJ 100/4ML	NDS, PA
ZIRABEV INJ 400/16ML	NDS, PA
ZOLINZA CAP 100MG	NDS, QL (120 caps / 30 days), PA
ZYDELIG TAB 100MG	NDS, QL (60 tabs / 30 days), PA
ZYDELIG TAB 150MG	NDS, QL (60 tabs / 30 days), PA
ZYKADIA TAB 150MG	NDS, QL (84 tabs / 28 days), PA

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

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	QL (30 caps / 30 days)
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NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	
<i>benazepril & hydrochlorothiazide tab 10- 12.5 mg</i>	
<i>benazepril & hydrochlorothiazide tab 20- 12.5 mg</i>	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	

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

*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*

*fosinopril sodium &
hydrochlorothiazide tab 10-
12.5 mg*

*fosinopril sodium &
hydrochlorothiazide tab 20-
12.5 mg*

*lisinopril & hydrochlorothiazide
tab 10-12.5 mg*

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

*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

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

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

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

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

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

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

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)

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

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)

*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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	QL (30 tabs / 30 days)
<i>candesartan cilexetil- hydrochlorothiazide tab 16- 12.5 mg</i>	QL (60 tabs / 30 days)
<i>candesartan cilexetil- hydrochlorothiazide tab 32- 12.5 mg</i>	QL (30 tabs / 30 days)
<i>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg</i>	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	QL (240 caps / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	QL (30 tabs / 30 days)

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

*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)*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)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>telmisartan-amlodipine tab 80-5 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	QL (30 tabs / 30 days)

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

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

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

<i>olmesartan medoxomil tab 20 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan medoxomil tab 40 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan tab 20 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan tab 40 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan tab 80 mg</i>	QL (30 tabs / 30 days)
<i>valsartan tab 40 mg</i>	QL (60 tabs / 30 days)
<i>valsartan tab 80 mg</i>	QL (60 tabs / 30 days)
<i>valsartan tab 160 mg</i>	QL (60 tabs / 30 days)
<i>valsartan tab 320 mg</i>	QL (30 tabs / 30 days)

**ANTIARRHYTHMICS - DRUGS TO CONTROL
HEART RHYTHM**

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

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

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

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

amiodarone hcl tab 100 mg

amiodarone hcl tab 200 mg

amiodarone hcl tab 400 mg

*disopyramide phosphate cap
100 mg*

*disopyramide phosphate cap
150 mg*

*dofetilide cap 125 mcg (0.125
mg)*

*dofetilide cap 250 mcg (0.25
mg)*

*dofetilide cap 500 mcg (0.5
mg)*

flecainide acetate tab 50 mg

flecainide acetate tab 100 mg

flecainide acetate tab 150 mg

MULTAQ TAB 400MG

**QL (60 tabs / 30
days)**

pacerone

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

*propafenone hcl cap er 12hr
225 mg*

*propafenone hcl cap er 12hr
325 mg*

*propafenone hcl cap er 12hr
425 mg*

propafenone hcl tab 150 mg

propafenone hcl tab 225 mg

propafenone hcl tab 300 mg

quinidine sulfate tab 200 mg

quinidine sulfate tab 300 mg

sotalol hcl (afib/afl) tab 80 mg

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

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

sotalol hcl tab 80 mg

sotalol hcl tab 120 mg

sotalol hcl tab 160 mg

sotalol hcl tab 240 mg

ANTIIPEMICS, FIBRATES

*fenofibrate micronized cap 67
mg*

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

fenofibrate micronized cap 134 mg

fenofibrate micronized cap 200 mg

fenofibrate tab 48 mg

fenofibrate tab 54 mg

fenofibrate tab 145 mg

fenofibrate tab 160 mg

gemfibrozil tab 600 mg

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

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

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

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

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

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

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

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

ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL

*cholestyramine light powder 4
gm/dose*

*cholestyramine light powder
packets 4 gm*

*cholestyramine powder 4
gm/dose*

*cholestyramine powder
packets 4 gm*

*colesevelam hcl packet for
susp 3.75 gm*

colesevelam hcl tab 625 mg

*colestipol hcl granule packets 5
gm*

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

<i>colestipol hcl granules 5 gm</i>	
<i>colestipol hcl tab 1 gm</i>	
<i>ezetimibe tab 10 mg</i>	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	QL (30 tabs / 30 days)
NEXLETOL TAB 180MG	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	QL (30 tabs / 30 days)
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	QL (60 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	QL (60 tabs / 30 days)
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	QL (60 tabs / 30 days)

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

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

prevalite

REPATHA INJ 140MG/ML

QL (6 syringes /
28 days), PA

REPATHA SURE INJ 140MG/ML

QL (6
autoinjectors /
28 days), PA

VASCEPA CAP 0.5GM

VASCEPA CAP 1GM

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

*atenolol & chlorthalidone tab
50-25 mg*

*atenolol & chlorthalidone tab
100-25 mg*

*bisoprolol &
hydrochlorothiazide tab 2.5-
6.25 mg*

*bisoprolol &
hydrochlorothiazide tab 5-6.25
mg*

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

*bisoprolol &
hydrochlorothiazide tab 10-
6.25 mg*

*metoprolol &
hydrochlorothiazide tab 50-25
mg*

*metoprolol &
hydrochlorothiazide tab 100-25
mg*

*metoprolol &
hydrochlorothiazide tab 100-50
mg*

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

acebutolol hcl cap 200 mg

acebutolol hcl cap 400 mg

atenolol tab 25 mg

atenolol tab 50 mg

atenolol tab 100 mg

betaxolol hcl tab 10 mg

betaxolol hcl tab 20 mg

bisoprolol fumarate tab 5 mg

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

bisoprolol fumarate tab 10 mg

carvedilol tab 3.125 mg

carvedilol tab 6.25 mg

carvedilol tab 12.5 mg

carvedilol tab 25 mg

labetalol hcl tab 100 mg

labetalol hcl tab 200 mg

labetalol hcl tab 300 mg

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

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

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

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

*metoprolol tartrate iv soln 5
mg/5ml*

metoprolol tartrate tab 25 mg

metoprolol tartrate tab 50 mg

metoprolol tartrate tab 100 mg

nadolol tab 20 mg

nadolol tab 40 mg

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

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

propranolol hcl tab 10 mg

propranolol hcl tab 20 mg

propranolol hcl tab 40 mg

propranolol hcl tab 60 mg

propranolol hcl tab 80 mg

timolol maleate tab 5 mg

timolol maleate tab 10 mg

timolol maleate tab 20 mg

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

*amlodipine besylate tab 2.5
mg (base equivalent)*

*amlodipine besylate tab 5 mg
(base equivalent)*

*amlodipine besylate tab 10 mg
(base equivalent)*

cartia xt

dilt-xr

*diltiazem hcl cap er 12hr 60
mg*

*diltiazem hcl cap er 12hr 90
mg*

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

diltiazem hcl cap er 12hr 120 mg

diltiazem hcl cap er 24hr 120 mg

diltiazem hcl cap er 24hr 180 mg

diltiazem hcl cap er 24hr 240 mg

diltiazem hcl coated beads cap er 24hr 120 mg

diltiazem hcl coated beads cap er 24hr 180 mg

diltiazem hcl coated beads cap er 24hr 240 mg

diltiazem hcl coated beads cap er 24hr 300 mg

diltiazem hcl coated beads cap er 24hr 360 mg

diltiazem hcl extended release beads cap er 24hr 120 mg

diltiazem hcl extended release beads cap er 24hr 180 mg

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

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

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

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

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

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

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

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

diltiazem hcl tab 30 mg

diltiazem hcl tab 60 mg

diltiazem hcl tab 90 mg

diltiazem hcl tab 120 mg

felodipine tab er 24hr 2.5 mg

felodipine tab er 24hr 5 mg

felodipine tab er 24hr 10 mg

isradipine cap 2.5 mg

isradipine cap 5 mg

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

nicardipine hcl cap 20 mg

nicardipine hcl cap 30 mg

nifedipine tab er 24hr 30 mg

nifedipine tab er 24hr 60 mg

nifedipine tab er 24hr 90 mg

*nifedipine tab er 24hr osmotic
release 30 mg*

*nifedipine tab er 24hr osmotic
release 60 mg*

*nifedipine tab er 24hr osmotic
release 90 mg*

nimodipine cap 30 mg

tiadylt er

*verapamil hcl cap er 24hr 100
mg*

*verapamil hcl cap er 24hr 120
mg*

*verapamil hcl cap er 24hr 180
mg*

*verapamil hcl cap er 24hr 200
mg*

*verapamil hcl cap er 24hr 240
mg*

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

verapamil hcl cap er 24hr 300 mg

verapamil hcl cap er 24hr 360 mg

verapamil hcl iv soln 2.5 mg/ml

verapamil hcl tab 40 mg

verapamil hcl tab 80 mg

verapamil hcl tab 120 mg

verapamil hcl tab er 120 mg

verapamil hcl tab er 180 mg

verapamil hcl tab er 240 mg

**DIURETICS - DRUGS TO TREAT HEART
CONDITIONS**

acetazolamide cap er 12hr 500 mg

acetazolamide tab 125 mg

acetazolamide tab 250 mg

amiloride &

hydrochlorothiazide tab 5-50 mg

amiloride hcl tab 5 mg

bumetanide inj 0.25 mg/ml

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

bumetanide tab 0.5 mg

bumetanide tab 1 mg

bumetanide tab 2 mg

chlorthalidone tab 25 mg

chlorthalidone tab 50 mg

furosemide inj

furosemide oral soln 8 mg/ml

furosemide oral soln 10 mg/ml

furosemide tab 20 mg

furosemide tab 40 mg

furosemide tab 80 mg

*hydrochlorothiazide cap 12.5
mg*

*hydrochlorothiazide tab 12.5
mg*

hydrochlorothiazide tab 25 mg

hydrochlorothiazide tab 50 mg

indapamide tab 1.25 mg

indapamide tab 2.5 mg

methazolamide tab 25 mg

methazolamide tab 50 mg

metolazone tab 2.5 mg

metolazone tab 5 mg

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

metolazone tab 10 mg

*spironolactone &
hydrochlorothiazide tab 25-25
mg*

torseamide tab 5 mg

torseamide tab 10 mg

torseamide tab 20 mg

torseamide tab 100 mg

*triamterene &
hydrochlorothiazide cap 37.5-
25 mg*

*triamterene &
hydrochlorothiazide tab 37.5-
25 mg*

*triamterene &
hydrochlorothiazide tab 75-50
mg*

MISCELLANEOUS

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

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

clonidine hcl tab 0.1 mg

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

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

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

*NDS, QL (180
caps / 30 days),
PA*

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>droxidopa cap 300 mg</i>	NDS, QL (180 caps / 30 days), PA
<i>epinephrine inj 1 mg/ml</i>	
<i>guanfacine hcl tab 1 mg</i>	PA; PA applies if 65 years and older
<i>guanfacine hcl tab 2 mg</i>	PA; PA applies if 65 years and older
<i>hydralazine hcl inj 20 mg/ml</i>	
<i>hydralazine hcl tab 10 mg</i>	
<i>hydralazine hcl tab 25 mg</i>	
<i>hydralazine hcl tab 50 mg</i>	
<i>hydralazine hcl tab 100 mg</i>	
<i>ivabradine hcl tab 5 mg (base equiv)</i>	QL (60 tabs / 30 days)
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	QL (60 tabs / 30 days)
<i>metyrosine cap 250 mg</i>	NDS, PA
<i>midodrine hcl tab 2.5 mg</i>	
<i>midodrine hcl tab 5 mg</i>	
<i>midodrine hcl tab 10 mg</i>	

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

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

VYNDAMAX CAP 61MG

NDS, QL (30
caps / 30 days),
PA

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

isosorbide dinitrate tab 5 mg

isosorbide dinitrate tab 10 mg

isosorbide dinitrate tab 20 mg

isosorbide dinitrate tab 30 mg

*isosorbide mononitrate tab er
24hr 30 mg*

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

*isosorbide mononitrate tab er
24hr 60 mg*

*isosorbide mononitrate tab er
24hr 120 mg*

nitro-bid

nitroglycerin oint 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	NDS, QL (90 tabs / 30 days), PA
ADEMPAS TAB 1.5MG	NDS, QL (90 tabs / 30 days), PA
ADEMPAS TAB 1MG	NDS, QL (90 tabs / 30 days), PA
ADEMPAS TAB 2.5MG	NDS, QL (90 tabs / 30 days), PA
ADEMPAS TAB 2MG	NDS, QL (90 tabs / 30 days), PA
<i>alyq</i>	NDS, QL (60 tabs / 30 days), PA
<i>ambrisentan tab 5 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>ambrisentan tab 10 mg</i>	NDS, QL (30 tabs / 30 days), PA
<i>bosentan tab 62.5 mg</i>	NDS, QL (60 tabs / 30 days), PA
<i>bosentan tab 125 mg</i>	NDS, QL (60 tabs / 30 days), PA

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

<i>bosentan tab for oral susp 32 mg</i>	NDS, QL (120 tabs / 30 days), PA
<i>macitentan tab 10 mg</i>	NDS, QL (30 tabs / 30 days), PA
OPSUMIT TAB 10MG	NDS, QL (30 tabs / 30 days), PA
<i>sildenafil citrate tab 20 mg</i>	QL (360 tabs / 30 days), PA
<i>tadalafil tab 20 mg (pah)</i>	QL (60 tabs / 30 days), PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	NDS, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	NDS, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	NDS, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	NDS, PA
UPTRAVI PACK TAB 200/800	NDS, QL (1 pack / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
UPTRAVI TAB 200MCG	NDS, QL (140 tabs / 28 days), PA
UPTRAVI TAB 400MCG	NDS, QL (60 tabs / 30 days), PA
UPTRAVI TAB 600MCG	NDS, QL (60 tabs / 30 days), PA
UPTRAVI TAB 800MCG	NDS, QL (60 tabs / 30 days), PA
UPTRAVI TAB 1000MCG	NDS, QL (60 tabs / 30 days), PA
UPTRAVI TAB 1200MCG	NDS, QL (60 tabs / 30 days), PA
UPTRAVI TAB 1400MCG	NDS, QL (60 tabs / 30 days), PA
UPTRAVI TAB 1600MCG	NDS, QL (60 tabs / 30 days), PA
WINREVAIR INJ 45MG	NDS, QL (2 vials / 21 days), PA
WINREVAIR INJ 60MG	NDS, QL (2 vials / 21 days), PA

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

YUTREPIA CAP 26.5MCG

NDS, QL (140
caps / 28 days),
PA

YUTREPIA CAP 53MCG

NDS, QL (140
caps / 28 days),
PA

YUTREPIA CAP 79.5MCG

NDS, QL (140
caps / 28 days),
PA

YUTREPIA CAP 106MCG

NDS, QL (224
caps / 28 days),
PA**CENTRAL NERVOUS SYSTEM - DRUGS TO
TREAT NERVOUS SYSTEM DISORDERS*****ANTI-ANXIETY - DRUGS TO TREAT ANXIETY****alprazolam tab 0.5 mg*QL (150 tabs /
30 days)*alprazolam tab 0.25 mg*QL (150 tabs /
30 days)*alprazolam tab 1 mg*QL (150 tabs /
30 days)*alprazolam tab 2 mg*QL (150 tabs /
30 days)

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

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE****ANTIDEMENTIA - DRUGS TO TREAT
DEMENTIA AND MEMORY LOSS**

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	QL (30 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	
<i>donepezil hydrochloride tab 5 mg</i>	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	QL (30 caps / 30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	QL (200 mL / 30 days)
<i>galantamine hydrobromide tab 4 mg</i>	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	QL (60 tabs / 30 days)

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

<i>galantamine hydrobromide tab 12 mg</i>	QL (60 tabs / 30 days)
<i>memantine hcl cap er 24hr 7 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 14 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 21 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl cap er 24hr 28 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl oral solution 2 mg/ml</i>	PA; PA applies if 29 years and younger
<i>memantine hcl tab 5 mg</i>	PA; PA applies if 29 years and younger
<i>memantine hcl tab 10 mg</i>	PA; PA applies if 29 years and younger

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	
NAMZARIC CAP 7-10MG	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	QL (30 patches / 30 days)

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

*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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amoxapine tab 25 mg</i>	PA; PA applies if 65 years and older
<i>amoxapine tab 50 mg</i>	PA; PA applies if 65 years and older
<i>amoxapine tab 100 mg</i>	PA; PA applies if 65 years and older
<i>amoxapine tab 150 mg</i>	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	QL (60 tabs / 30 days), PA
<i>bupropion hcl tab 75 mg</i>	
<i>bupropion hcl tab 100 mg</i>	
<i>bupropion hcl tab er 12hr 100 mg</i>	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 12hr 150 mg</i>	QL (60 tabs / 30 days)
<i>bupropion hcl tab er 12hr 200 mg</i>	QL (60 tabs / 30 days)

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

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

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

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

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

*escitalopram oxalate tab 10
mg (base equiv)*

*escitalopram oxalate tab 20
mg (base equiv)*

EXXUA TAB 18.2MGNDS, QL (30 tabs
/ 30 days), PA

EXXUA TAB 36.3MG

NDS, QL (30 tabs
/ 30 days), PA

EXXUA TAB 54.5MG

NDS, QL (30 tabs
/ 30 days), PA

EXXUA TAB 72.6MG

NDS, QL (30 tabs
/ 30 days), PA

EXXUA TITRAT TAB 18.2MG

NDS, 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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FETZIMA CAP TITRATIO	QL (2 packs / year), PA
<i>fluoxetine hcl cap 10 mg</i>	
<i>fluoxetine hcl cap 20 mg</i>	
<i>fluoxetine hcl cap 40 mg</i>	
<i>fluoxetine hcl solution 20 mg/5ml</i>	
<i>imipramine hcl tab 10 mg</i>	PA; PA applies if 65 years and older
<i>imipramine hcl tab 25 mg</i>	PA; PA applies if 65 years and older
<i>imipramine hcl tab 50 mg</i>	PA; PA applies if 65 years and older
MARPLAN TAB 10MG	QL (180 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 15 mg</i>	
<i>mirtazapine orally disintegrating tab 30 mg</i>	

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

*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

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

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

<i>paroxetine hcl tab 10 mg</i>	PA; PA applies if 65 years and older
<i>paroxetine hcl tab 20 mg</i>	PA; PA applies if 65 years and older
<i>paroxetine hcl tab 30 mg</i>	PA; PA applies if 65 years and older
<i>paroxetine hcl tab 40 mg</i>	PA; PA applies if 65 years and older
<i>phenelzine sulfate tab 15 mg</i>	
<i>protriptyline hcl tab 5 mg</i>	
<i>protriptyline hcl tab 10 mg</i>	
RALDESY SOL 10MG/ML	QL (1800 mL / 30 days), PA
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	
<i>sertraline hcl tab 25 mg</i>	
<i>sertraline hcl tab 50 mg</i>	
<i>sertraline hcl tab 100 mg</i>	

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

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)

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)

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

*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)*

*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

NDS, QL (28
caps / 14 days),
PA

ZURZUVAE CAP 25MG

NDS, QL (28
caps / 14 days),
PA

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

ZURZUVAE CAP 30MG

NDS, 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*

*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)*

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

*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*

*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*

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>carbidopa-levodopa- entacapone tabs 18.75-75-200 mg</i>	
<i>carbidopa-levodopa- entacapone tabs 25-100-200 mg</i>	
<i>carbidopa-levodopa- entacapone tabs 31.25-125- 200 mg</i>	
<i>carbidopa-levodopa- entacapone tabs 37.5-150-200 mg</i>	
<i>carbidopa-levodopa- entacapone tabs 50-200-200 mg</i>	
<i>entacapone tab 200 mg</i>	
INBRIJA CAP 42MG	NDS, QL (300 caps / 30 days), PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	

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

*pramipexole dihydrochloride
tab 0.75 mg*

*pramipexole dihydrochloride
tab 0.125 mg*

*pramipexole dihydrochloride
tab 1 mg*

*pramipexole dihydrochloride
tab 1.5 mg*

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

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

*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*

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

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

**ANTIPSYCHOTICS - DRUGS TO TREAT
PSYCHOSES**

ABILIFY ASIM INJ 720MG

NDS, QL (1
syringe / 56
days)

ABILIFY ASIM INJ 960MG

NDS, QL (1
syringe / 56
days)

ABILIFY MAIN INJ 300MG

NDS, QL (1
injection / 28
days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ABILIFY MAIN INJ 300MG	NDS, QL (1 syringe / 28 days)
ABILIFY MAIN INJ 400MG	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	NDS, QL (1 syringe / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	QL (60 tabs / 30 days), ST
<i>aripiprazole orally disintegrating tab 15 mg</i>	QL (60 tabs / 30 days), ST
<i>aripiprazole tab 2 mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	QL (30 tabs / 30 days)

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clozapine orally disintegrating tab 100 mg</i>	QL (270 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 150 mg</i>	QL (180 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 200 mg</i>	QL (120 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	
<i>clozapine tab 50 mg</i>	
<i>clozapine tab 100 mg</i>	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	QL (120 tabs / 30 days)
COBENFY CAP 50-20MG	NDS, QL (60 caps / 30 days)
COBENFY CAP 100-20MG	NDS, QL (60 caps / 30 days)
COBENFY CAP 125-30MG	NDS, QL (60 caps / 30 days)
COBENFY STRT CAP PACK	NDS, QL (2 packs / year)
ERZOFRI INJ 39/0.25	QL (1 syringe / 28 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ERZOFRI INJ 78/0.5ML	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 117/0.75	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 156MG/ML	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 234/1.5	NDS, QL (1 syringe / 28 days)
ERZOFRI INJ 351/2.25	NDS, 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	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FANAPT TAB 2MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 4MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 6MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 8MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 10MG	NDS, QL (60 tabs / 30 days), PA
FANAPT TAB 12MG	NDS, QL (60 tabs / 30 days), PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	
<i>fluphenazine hcl tab 1 mg</i>	
<i>fluphenazine hcl tab 2.5 mg</i>	
<i>fluphenazine hcl tab 5 mg</i>	
<i>fluphenazine hcl tab 10 mg</i>	

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

*haloperidol decanoate im soln
50 mg/ml*

*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**NDS, QL (1
injection / 180
days)**

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INVEGA SUST INJ 78/0.5ML	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 117/0.75	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 156MG/ML	NDS, QL (1 syringe / 28 days)
INVEGA SUST INJ 234/1.5	NDS, QL (1 syringe / 28 days)
INVEGA TRINZ INJ 273MG	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	NDS, QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	NDS, QL (1 syringe / 90 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INVEGA TRINZ INJ 819MG	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate cap 5 mg</i>	
<i>loxapine succinate cap 10 mg</i>	
<i>loxapine succinate cap 25 mg</i>	
<i>loxapine succinate cap 50 mg</i>	
<i>lurasidone hcl tab 20 mg</i>	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 40 mg</i>	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 60 mg</i>	QL (30 tabs / 30 days)
<i>lurasidone hcl tab 80 mg</i>	QL (60 tabs / 30 days)
<i>lurasidone hcl tab 120 mg</i>	QL (30 tabs / 30 days)
LYBALVI TAB 5-10MG	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	NDS, QL (30 tabs / 30 days)

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

LYBALVI TAB 20-10MG	NDS, QL (30 tabs / 30 days)
<i>molindone hcl tab 5 mg</i>	
<i>molindone hcl tab 10 mg</i>	
<i>molindone hcl tab 25 mg</i>	
NUPLAZID CAP 34MG	NDS, QL (30 caps / 30 days), PA
NUPLAZID TAB 10MG	NDS, QL (30 tabs / 30 days), PA
<i>olanzapine for im inj 10 mg</i>	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	QL (30 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 10 mg</i>	QL (60 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 15 mg</i>	QL (30 tabs / 30 days), ST
<i>olanzapine orally disintegrating tab 20 mg</i>	QL (30 tabs / 30 days), ST
<i>olanzapine tab 2.5 mg</i>	QL (60 tabs / 30 days)

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

<i>olanzapine tab 5 mg</i>	QL (60 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	QL (30 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	QL (30 tabs / 30 days)
OPIPZA MIS 2MG	NDS, QL (30 films / 30 days), PA
OPIPZA MIS 5MG	NDS, QL (30 films / 30 days), PA
OPIPZA MIS 10MG	NDS, QL (90 films / 30 days), PA
<i>paliperidone tab er 24hr 1.5 mg</i>	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	QL (30 tabs / 30 days)

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

<i>paliperidone tab er 24hr 6 mg</i>	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	
<i>perphenazine tab 4 mg</i>	
<i>perphenazine tab 8 mg</i>	
<i>perphenazine tab 16 mg</i>	
<i>pimozide tab 1 mg</i>	
<i>pimozide tab 2 mg</i>	
<i>quetiapine fumarate tab 25 mg</i>	QL (180 tabs / 30 days)
<i>quetiapine fumarate tab 50 mg</i>	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 100 mg</i>	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 150 mg</i>	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 200 mg</i>	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 300 mg</i>	QL (60 tabs / 30 days)

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

<i>quetiapine fumarate tab 400 mg</i>	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 150 mg</i>	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 200 mg</i>	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 300 mg</i>	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 400 mg</i>	QL (60 tabs / 30 days), PA
REXULTI TAB 0.5MG	NDS, QL (60 tabs / 30 days)
REXULTI TAB 0.25MG	NDS, QL (60 tabs / 30 days)
REXULTI TAB 1MG	NDS, QL (60 tabs / 30 days)
REXULTI TAB 2MG	NDS, QL (60 tabs / 30 days)
REXULTI TAB 3MG	NDS, QL (30 tabs / 30 days)

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

REXULTI TAB 4MG	NDS, QL (30 tabs / 30 days)
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 25 mg</i>	QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	NDS, QL (2 injections / 28 days)
<i>risperidone microspheres for im extended rel susp 50 mg</i>	NDS, QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	QL (90 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 0.25 mg</i>	QL (90 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 1 mg</i>	QL (60 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 2 mg</i>	QL (60 tabs / 30 days), ST
<i>risperidone orally disintegrating tab 3 mg</i>	QL (60 tabs / 30 days), ST

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

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

thiothixene cap 1 mg

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**NDS, QL (600 mL
/ 30 days), PA*

*VRAYLAR CAP 0.5MG**NDS, QL (30
caps / 30 days)*

*VRAYLAR CAP 0.75MG**NDS, QL (30
caps / 30 days)*

*VRAYLAR CAP 1.5MG**NDS, QL (60
caps / 30 days)*

*VRAYLAR CAP 3MG**NDS, QL (30
caps / 30 days)*

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

VRAYLAR CAP 4.5MG	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 6MG	NDS, QL (30 caps / 30 days)
<i>ziprasidone hcl cap 20 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	QL (60 caps / 30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	QL (6 injections / 3 days)
ZYPREXA RELP INJ 210MG	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	NDS, QL (1 vial / 28 days), PA

ANTIEPILEPTIC AGENTS

APTOM TAB 200MG	NDS, QL (30 tabs / 30 days)
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NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

APTIOM TAB 400MG	NDS, QL (30 tabs / 30 days)
APTIOM TAB 600MG	NDS, QL (60 tabs / 30 days)
APTIOM TAB 800MG	NDS, QL (60 tabs / 30 days)
<i>brivaracetam oral soln 10 mg/ml</i>	QL (600 mL / 30 days), PA
<i>brivaracetam tab 10 mg</i>	QL (60 tabs / 30 days), PA
<i>brivaracetam tab 25 mg</i>	QL (60 tabs / 30 days), PA
<i>brivaracetam tab 50 mg</i>	QL (60 tabs / 30 days), PA
<i>brivaracetam tab 75 mg</i>	QL (60 tabs / 30 days), PA
<i>brivaracetam tab 100 mg</i>	QL (60 tabs / 30 days), PA
BRIVIACT SOL 10MG/ML	NDS, QL (600 mL / 30 days), PA
BRIVIACT TAB 10MG	NDS, QL (60 tabs / 30 days), PA

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

BRIVIACT TAB 25MG	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 50MG	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 75MG	NDS, QL (60 tabs / 30 days), PA
BRIVIACT TAB 100MG	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine cap er 12hr 100 mg</i>	
<i>carbamazepine cap er 12hr 200 mg</i>	
<i>carbamazepine cap er 12hr 300 mg</i>	
<i>carbamazepine chew tab 100 mg</i>	
<i>carbamazepine chew tab 200 mg</i>	
<i>carbamazepine susp 100 mg/5ml</i>	
<i>carbamazepine tab 200 mg</i>	
<i>carbamazepine tab er 12hr 100 mg</i>	

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

*carbamazepine tab er 12hr
200 mg*

*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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clonazepam tab 1 mg</i>	QL (90 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAP 250MG	NDS, QL (360 caps / 30 days), PA
DIACOMIT CAP 500MG	NDS, QL (180 caps / 30 days), PA

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

DIACOMIT PAK 250MG	NDS, QL (360 packets / 30 days), PA
DIACOMIT PAK 500MG	NDS, QL (180 packets / 30 days), PA
<i>diazepam inj</i>	
<i>diazepam intensol</i>	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam oral soln 1 mg/ml</i>	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam rectal gel delivery system 2.5 mg</i>	

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

*diazepam rectal gel delivery
system 10 mg*

*diazepam rectal gel delivery
system 20 mg*

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

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

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*

*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

NDS, QL (600 mL
/ 30 days), PA

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

<i>eslicarbazepine acetate tab 200 mg</i>	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate tab 400 mg</i>	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate tab 600 mg</i>	QL (60 tabs / 30 days)
<i>eslicarbazepine acetate tab 800 mg</i>	QL (60 tabs / 30 days)
<i>ethosuximide cap 250 mg</i>	
<i>ethosuximide soln 250 mg/5ml</i>	
<i>felbamate susp 600 mg/5ml</i>	
<i>felbamate tab 400 mg</i>	
<i>felbamate tab 600 mg</i>	
FINTEPLA SOL 2.2MG/ML	NDS, QL (360 mL / 30 days), PA
FYCOMPA SUS 0.5MG/ML	NDS, QL (680 mL / 28 days), PA
FYCOMPA TAB 2MG	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 6MG	NDS, QL (30 tabs / 30 days), PA

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

FYCOMPA TAB 8MG	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	QL (360 caps / 30 days)
<i>gabapentin cap 300 mg</i>	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	QL (120 tabs / 30 days)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	
<i>lacosamide oral</i>	QL (1200 mL / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lacosamide tab 50 mg</i>	QL (120 tabs / 30 days)
<i>lacosamide tab 100 mg</i>	QL (60 tabs / 30 days)
<i>lacosamide tab 150 mg</i>	QL (60 tabs / 30 days)
<i>lacosamide tab 200 mg</i>	QL (60 tabs / 30 days)
<i>lamotrigine tab 25 mg</i>	
<i>lamotrigine tab 100 mg</i>	
<i>lamotrigine tab 150 mg</i>	
<i>lamotrigine tab 200 mg</i>	
<i>lamotrigine tab chewable dispersible 5 mg</i>	
<i>lamotrigine tab chewable dispersible 25 mg</i>	
<i>lamotrigine tab er 24hr 25 mg</i>	ST
<i>lamotrigine tab er 24hr 50 mg</i>	ST
<i>lamotrigine tab er 24hr 100 mg</i>	ST
<i>lamotrigine tab er 24hr 200 mg</i>	ST

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lamotrigine tab er 24hr 250 mg</i>	ST
<i>lamotrigine tab er 24hr 300 mg</i>	ST
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	
<i>levetiracetam oral soln 100 mg/ml</i>	
<i>levetiracetam tab 250 mg</i>	
<i>levetiracetam tab 500 mg</i>	
<i>levetiracetam tab 750 mg</i>	
<i>levetiracetam tab 1000 mg</i>	
<i>levetiracetam tab disintegrating soluble 250 mg</i>	QL (360 tabs / 30 days)

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

<i>levetiracetam tab disintegrating soluble 500 mg</i>	QL (180 tabs / 30 days)
<i>levetiracetam tab er 24hr 500 mg</i>	
<i>levetiracetam tab er 24hr 750 mg</i>	
<i>methsuximide cap 300 mg</i>	
NAYZILAM SPR 5MG	QL (10 nasal units / 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	
<i>oxcarbazepine tab 150 mg</i>	
<i>oxcarbazepine tab 300 mg</i>	
<i>oxcarbazepine tab 600 mg</i>	
<i>perampanel susp 0.5 mg/ml</i>	NDS, QL (680 mL / 28 days), PA
<i>perampanel tab 2 mg</i>	QL (60 tabs / 30 days), PA
<i>perampanel tab 4 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 6 mg</i>	QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>perampanel tab 8 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 10 mg</i>	QL (30 tabs / 30 days), PA
<i>perampanel tab 12 mg</i>	QL (30 tabs / 30 days), PA
<i>phenobarbital elixir 20 mg/5ml</i>	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital sodium inj 65 mg/ml</i>	PA; PA applies if 65 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	PA; PA applies if 65 years and older
<i>phenobarbital tab 15 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older

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

<i>phenobarbital tab 16.2 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 30 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 32.4 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 60 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 64.8 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital tab 97.2 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older

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

<i>phenobarbital tab 100 mg</i>	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenytek</i>	
<i>phenytoin chew tab 50 mg</i>	
<i>phenytoin sodium extended cap 100 mg</i>	
<i>phenytoin sodium extended cap 200 mg</i>	
<i>phenytoin sodium extended cap 300 mg</i>	
<i>phenytoin sodium inj 50 mg/ml</i>	
<i>phenytoin susp 125 mg/5ml</i>	
<i>pregabalin cap 25 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 50 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older

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

<i>pregabalin cap 75 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 100 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 150 mg</i>	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 200 mg</i>	QL (90 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 225 mg</i>	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin cap 300 mg</i>	QL (60 caps / 30 days), PA; PA applies if 65 years and older

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pregabalin soln 20 mg/ml</i>	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>primidone tab 50 mg</i>	
<i>primidone tab 125 mg</i>	
<i>primidone tab 250 mg</i>	
<i>relgaabi</i>	QL (270 caps / 30 days)
<i>relgaabi</i>	QL (360 caps / 30 days)
<i>roweepra</i>	
<i>rufinamide susp 40 mg/ml</i>	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide tab 200 mg</i>	QL (480 tabs / 30 days), PA
<i>rufinamide tab 400 mg</i>	NDS, QL (240 tabs / 30 days), PA
SPRITAM TAB 250MG	QL (360 tabs / 30 days)

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

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

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

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

<i>vigabatrin tab 500 mg</i>	NDS, QL (180 tabs / 30 days), PA
<i>vigadrone</i>	NDS, QL (180 packets / 30 days), PA
<i>vigadrone</i>	NDS, QL (180 tabs / 30 days), PA
VIGAFYDE SOL 100MG/ML	NDS, QL (900 mL / 30 days), PA
XCOPRI PAK 12.5-25	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	NDS, QL (28 tabs / 28 days)
XCOPRI TAB 25MG	NDS, QL (30 tabs / 30 days)

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

XCOPRI TAB 50MG	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 100MG	NDS, QL (30 tabs / 30 days)
XCOPRI TAB 150MG	NDS, QL (60 tabs / 30 days)
XCOPRI TAB 200MG	NDS, QL (60 tabs / 30 days)
ZONISADE SUS 100MG/5	NDS, QL (900 mL / 30 days), PA
<i>zonisamide cap 25 mg</i>	
<i>zonisamide cap 50 mg</i>	
<i>zonisamide cap 100 mg</i>	
ZTALMY SUS 50MG/ML	NDS, QL (1100 mL / 30 days), PA

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

<i>amphetamine- dextroamphetamine cap er 24hr 5 mg</i>	QL (30 caps / 30 days), PA
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NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

<i>amphetamine- dextroamphetamine cap er 24hr 10 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine- dextroamphetamine cap er 24hr 15 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine- dextroamphetamine cap er 24hr 20 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine- dextroamphetamine cap er 24hr 25 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine- dextroamphetamine cap er 24hr 30 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine- dextroamphetamine tab 5 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine- dextroamphetamine tab 7.5 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine- dextroamphetamine tab 10 mg</i>	QL (60 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amphetamine- dextroamphetamine tab 12.5 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine- dextroamphetamine tab 15 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine- dextroamphetamine tab 20 mg</i>	QL (90 tabs / 30 days), PA
<i>amphetamine- dextroamphetamine tab 30 mg</i>	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	QL (60 caps / 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	QL (30 caps / 30 days)

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

<i>dexmethylphenidate hcl tab 2.5 mg</i>	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl tab 5 mg</i>	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl tab 10 mg</i>	QL (60 tabs / 30 days), PA
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older

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

<i>methylphenidate hcl chew tab 2.5 mg</i>	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl chew tab 5 mg</i>	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl chew tab 10 mg</i>	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl soln 5 mg/5ml</i>	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl soln 10 mg/5ml</i>	QL (900 mL / 30 days), PA
<i>methylphenidate hcl tab 5 mg</i>	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 10 mg</i>	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl tab 20 mg</i>	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 10 mg</i>	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl tab er 20 mg</i>	QL (90 tabs / 30 days), PA

HYPNOTICS - DRUGS TO TREAT INSOMNIA

DAYVIGO TAB 5MG	QL (30 tabs / 30 days)
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NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

DAYVIGO TAB 10MG	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>eszopiclone tab 1 mg</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 2 mg</i>	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**

<i>eszopiclone tab 3 mg</i>	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>ramelteon tab 8 mg</i>	QL (30 tabs / 30 days)
<i>tasimelteon capsule 20 mg</i>	NDS, QL (30 caps / 30 days), PA
<i>temazepam cap 7.5 mg</i>	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam cap 15 mg</i>	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam cap 30 mg</i>	QL (30 caps / 30 days), PA; PA applies if 65 years and older

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

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

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

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

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

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

NDS, 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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>naratriptan hcl tab 1 mg (base equiv)</i>	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	QL (12 tabs / 30 days)
NURTEC TAB 75MG ODT	QL (16 tabs / 30 days), PA
QULIPTA TAB 10MG	QL (30 tabs / 30 days), PA
QULIPTA TAB 30MG	QL (30 tabs / 30 days), PA
QULIPTA TAB 60MG	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	QL (18 tabs / 30 days)

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

<i>sumatriptan nasal spray 5 mg/act</i>	QL (24 units / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	QL (12 units / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	QL (12 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	QL (12 tabs / 30 days)
UBRELVY TAB 50MG	QL (16 tabs / 30 days), PA
UBRELVY TAB 100MG	QL (16 tabs / 30 days), PA

MISCELLANEOUS

AUSTEDO TAB 6MG	NDS, QL (60 tabs / 30 days), PA
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NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE**

AUSTEDO TAB 9MG	NDS, QL (120 tabs / 30 days), PA
AUSTEDO TAB 12MG	NDS, QL (120 tabs / 30 days), PA
AUSTEDO XR TAB 6MG	NDS, QL (90 tabs / 30 days), PA
AUSTEDO XR TAB 12MG	NDS, QL (120 tabs / 30 days), PA
AUSTEDO XR TAB 18MG	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 24MG	NDS, QL (60 tabs / 30 days), PA
AUSTEDO XR TAB 30MG	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 36MG	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 42MG	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TAB 48MG	NDS, QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AUSTEDO XR TAB TITR KIT	NDS, QL (2 packs / year), PA
<i>lithium carbonate cap 150 mg</i>	
<i>lithium carbonate cap 300 mg</i>	
<i>lithium carbonate cap 600 mg</i>	
<i>lithium carbonate tab 300 mg</i>	
<i>lithium carbonate tab er 300 mg</i>	
<i>lithium carbonate tab er 450 mg</i>	
<i>lithium oral solution 8 meq/5ml</i>	
NUEDEXTA CAP 20-10MG	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide tab 60 mg</i>	
<i>riluzole tab 50 mg</i>	
<i>tetrabenazine tab 12.5 mg</i>	QL (90 tabs / 30 days), PA
<i>tetrabenazine tab 25 mg</i>	NDS, QL (120 tabs / 30 days), PA

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE*****MULTIPLE SCLEROSIS AGENTS - DRUGS TO
TREAT MULTIPLE SCLEROSIS***

BAFIERTAM CAP 95MG	NDS, QL (120 caps / 30 days), PA
BETASERON INJ 0.3MG	NDS, QL (14 kits / 28 days), PA
COPAXONE INJ 20MG/ML	NDS, QL (30 syringes / 30 days), PA
COPAXONE INJ 40MG/ML	NDS, QL (12 syringes / 28 days), PA
<i>dalfampridine tab er 12hr 10 mg</i>	QL (60 tabs / 30 days), PA
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	NDS, QL (30 caps / 30 days), PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	NDS, QL (30 syringes / 30 days), PA

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

*glatiramer acetate soln
prefilled syringe 40 mg/ml*

NDS, QL (12
syringes / 28
days), PA

glatopa

NDS, QL (12
syringes / 28
days), PA

glatopa

NDS, QL (30
syringes / 30
days), PA

KESIMPTA INJ 20/.4ML

NDS, 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**

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

PSYCHOTHERAPEUTIC-MISC

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

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

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

*naloxone hcl soln prefilled
syringe 2 mg/2ml*

naltrexone hcl tab 50 mg

NICOTROL NS SPR 10MG/ML

varenicline tartrate tab 0.5 mg QL (56 tabs / 28
(base equiv) days

varenicline tartrate tab 1 mg QL (56 tabs / 28
(base equiv) days

varenicline tartrate tab 11 x QL (2 packs /
0.5 mg & 42 x 1 mg start pack year)

VIVITROL INJ 380MG NDS

**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

testosterone cypionate im inj PA
in oil 100 mg/ml

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

<i>testosterone cypionate im inj in oil 200 mg/ml</i>	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	PA
<i>testosterone pump</i>	QL (150 gm / 30 days), PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	QL (300 gm / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	QL (300 gm / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	QL (300 gm / 30 days), PA

ANTIDIABETICS

<i>acarbose tab 25 mg</i>	
<i>acarbose tab 50 mg</i>	
<i>acarbose tab 100 mg</i>	
<i>dapagliflozin free base- metformin hcl tab er 24hr 5- 500 mg</i>	QL (60 tabs / 30 days)
<i>dapagliflozin free base- metformin hcl tab er 24hr 5- 1000 mg</i>	QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>dapagliflozin free base- metformin hcl tab er 24hr 10- 500 mg</i>	QL (30 tabs / 30 days)
<i>dapagliflozin free base- metformin hcl tab er 24hr 10- 1000 mg</i>	QL (30 tabs / 30 days)
<i>dapagliflozin tab 5 mg</i>	QL (30 tabs / 30 days)
<i>dapagliflozin tab 10 mg</i>	QL (30 tabs / 30 days)
FARXIGA TAB 5MG	QL (30 tabs / 30 days)
FARXIGA TAB 10MG	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	QL (90 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	QL (90 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	QL (240 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>glipizide tab 10 mg</i>	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
JENTADUETO TAB 2.5-1000	QL (60 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JENTADUETO TAB XR 2.5-1000MG	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	QL (30 tabs / 30 days)
<i>metformin hcl oral soln 500 mg/5ml</i>	QL (765 mL / 30 days)
<i>metformin hcl tab 500 mg</i>	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO INJ 2.5/0.5	QL (4 pens / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MOUNJARO INJ 5MG/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 7.5/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 10MG/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 12.5/0.5	QL (4 pens / 28 days), PA
MOUNJARO INJ 15MG/0.5	QL (4 pens / 28 days), PA
<i>nateglinide tab 60 mg</i>	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE)	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE)	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE)	QL (1 pen / 28 days), PA
OZEMPIC TAB 1.5MG	QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OZEMPIC TAB 4MG	QL (30 tabs / 30 days), PA
OZEMPIC TAB 9MG	QL (30 tabs / 30 days), PA
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	QL (90 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	QL (240 tabs / 30 days)
RYBELSUS TAB 3MG	QL (30 tabs / 30 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RYBELSUS TAB 7MG	QL (30 tabs / 30 days), PA
RYBELSUS TAB 14MG	QL (30 tabs / 30 days), PA
<i>sitagliptin phosphate tab 25 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>sitagliptin phosphate tab 50 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>sitagliptin phosphate tab 100 mg (base equiv)</i>	QL (30 tabs / 30 days)
<i>sitagliptin phosphate-metformin hcl tab 50-500 mg</i>	QL (60 tabs / 30 days)
<i>sitagliptin phosphate-metformin hcl tab 50-1000 mg</i>	QL (60 tabs / 30 days)
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)

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

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)
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
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	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	NDS, B/D
HUMULIN R INJ U-500KWP	NDS
INSULIN GLAR INJ 300/ML	
INSULIN LISP INJ 100/ML	
INSULIN LISP INJ 100/ML	B/D
INSULIN LISP INJ JR KWPN	
INSULIN LISP INJ PROT KWP	
INSULIN PEN NEEDLES: EMBECTA-BD	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	PA
INSULIN SYRINGES: EMBECTA-BD	PA
LANTUS INJ 100/ML	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NOVOLOG MIX INJ 70/30	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	(brand RELION not covered)
OMNIPOD5 LIB KIT INTRO	QL (1 kit / year), PA
OMNIPOD5 LIB MIS PODS	QL (15 pods / 30 days), PA
OMNIPOD 5 DX KIT INT G7G6	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	QL (15 pods / 30 days), PA
REZVOGLAR KP INJ 100UT/ML	
SEMGLEE INJ 100U/ML	
SOLIQUA INJ 100/33	QL (5 pens / 25 days)
TOUJEO MAX INJ 300/ML	
TOUJEO SOLO INJ 300/ML	
TRESIBA FLEX INJ 100UNIT	

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

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

NDS, QL (1 pen / 28 days), PA

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 3B/D mg/ml**pamidronate disodium iv soln 9B/D mg/ml*

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PAMIDRONATE INJ 6MG/ML	B/D
PROLIA INJ 60MG/ML	QL (1 syringe / 180 days)
<i>risedronate sodium tab 5 mg</i>	
<i>risedronate sodium tab 35 mg</i>	
<i>risedronate sodium tab 150 mg</i>	
<i>risedronate sodium tab delayed release 35 mg</i>	ST
TERIPARATIDE INJ 560/2.24	NDS, QL (1 pen / 28 days), PA; (ALVOGEN product)
<i>teriparatide soln pen-inj 560 mcg/2.24ml</i>	NDS, QL (1 pen / 28 days), PA
TYMLOS INJ	NDS, QL (1 pen / 30 days), PA
WYOST INJ 120/1.7	NDS, PA
XTRENBO SOL 120/1.7	PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	B/D
<i>zoledronic acid iv soln 5 mg/100ml</i>	B/D

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

CHEMET CAP 100MG	NDS
<i>deferasirox tab 90 mg</i>	PA
<i>deferasirox tab 180 mg</i>	PA
<i>deferasirox tab 360 mg</i>	PA
<i>deferasirox tab for oral susp 125 mg</i>	PA
<i>deferasirox tab for oral susp 250 mg</i>	NDS, PA
<i>deferasirox tab for oral susp 500 mg</i>	NDS, PA
<i>kionex</i>	
LOKELMA PAK 5GM	
LOKELMA PAK 10GM	
<i>penicillamine tab 250 mg</i>	NDS
<i>sodium polystyrene sulfonate powder</i>	
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	
<i>sps</i>	
<i>sps rectal</i>	
<i>trientine hcl cap 250 mg</i>	NDS, PA

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

ayuna

azurette

balziva

blisovi 24 fe

blisovi fe 1.5/30

blisovi fe 1/20

briellyn

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

camila

camrese

camrese lo

chateal eq

cryselle

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

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

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

*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 1.5/30

feirza 1/20

finzala

galbriela

hailey 1.5/30

hailey 24 fe

hailey fe 1/20

heather

iclevia

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

incassia

introvale

isibloom

jaimiess

jasmiel

jencycla

jolessa

juleber

junel 1.5/30

junel 1/20

junel fe 1.5/30

junel fe 1/20

junel fe 24

kaitlib fe

kariva

kelnor 1/35

kurvelo

larin 1.5/30

larin 1/20

larin 24 fe

larin fe 1.5/30

larin fe 1/20

lessina

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

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*

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

levora 0.15/30-28

LILETTA IUD 52MG

loestrin 1.5/30-21

loestrin 1/20-21

loestrin fe 1.5/30

loestrin fe 1/20

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

lojaimiess

loryna

low-ogestrel

luizza 1.5/30

luizza 1/20

lutra

lyleq

lyza

marlissa

medroxyprogesterone acetate

im susp 150 mg/ml

medroxyprogesterone acetate

im susp prefilled syr 150

mg/ml

meleya

mibelas 24 fe

microgestin 1.5/30

microgestin 1/20

microgestin fe 1.5/30

microgestin fe 1/20

mili

mono-lynyah

necon 0.5/35-28

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

NEXPLANON IMP 68MG

nikki

nora-be

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

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

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

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

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

*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*

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

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

philith

pimtrea

portia-28

reclipsen

rivelsa

rosyrah

setlakin

sharobel

simliya

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

simpesse

sprintec 28

sronyx

syeda

tarina 24 fe

tarina fe 1/20 eq

tilia fe

tri-estarylla

tri-legest fe

tri-lynyah

tri-lo-estarylla

tri-lo-marzia

tri-lo-mili

tri-lo-sprintec

tri-mili

tri-sprintec

tri-vylibra

tri-vylibra lo

turqoz

tydemy

valtya 1/35

valtya 1/50

velivet

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

vestura

vienva

viorele

vyfemla

vylibra

wera

wymzya fe

xarah fe

xelria fe

xulane

zafemy

zovia 1/35

zumandimine

**ESTROGENS - DRUGS TO REGULATE
FEMALE HORMONES**

abigale

abigale lo

dotti

estradiol & norethindrone

acetate tab 0.5-0.1 mg

estradiol & norethindrone

acetate tab 1-0.5 mg

estradiol tab 0.5 mg

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

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

estradiol td patch weekly 0.06

mg/24hr

estradiol td patch weekly

0.025 mg/24hr

estradiol td patch weekly

0.075 mg/24hr

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

*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

norethindrone acetate-ethinyl

estradiol tab 0.5 mg-2.5 mcg

norethindrone acetate-ethinyl

estradiol tab 1 mg-5 mcg

yuvaferm

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

*dexamethasone sodium
phosphate inj 120 mg/30ml*

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

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

*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*

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	B/D
<i>methylprednisolone sod succ for inj 500 mg (base equiv)</i>	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	B/D
<i>methylprednisolone tab 4 mg</i>	B/D
<i>methylprednisolone tab 8 mg</i>	B/D
<i>methylprednisolone tab 16 mg</i>	B/D
<i>methylprednisolone tab 32 mg</i>	B/D
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	B/D
<i>prednisolone soln 15 mg/5ml</i>	B/D
PREDNISONE CON 5MG/ML	B/D

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

<i>prednisone oral soln 5 mg/5ml</i>	B/D
<i>prednisone tab 1 mg</i>	B/D
<i>prednisone tab 2.5 mg</i>	B/D
<i>prednisone tab 5 mg</i>	B/D
<i>prednisone tab 10 mg</i>	B/D
<i>prednisone tab 20 mg</i>	B/D
<i>prednisone tab 50 mg</i>	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	
<i>prednisone tab therapy pack 5 mg (48)</i>	
<i>prednisone tab therapy pack 10 mg (21)</i>	
<i>prednisone tab therapy pack 10 mg (48)</i>	
SOLU-CORTEF INJ 250MG	
SOLU-CORTEF INJ 500MG	
SOLU-CORTEF INJ 1000MG	

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

BAQSIMI ONE POW 3MG/DOSE
BAQSIMI TWO POW 3MG/DOSE

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>diazoxide susp 50 mg/ml</i>	NDS
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GVOKE HYPO 1 INJ 0.5/.1ML	
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GVOKE HYPO 1 INJ 1/0.2ML	
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GVOKE HYPO 2 INJ 0.5/.1ML	
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GVOKE HYPO 2 INJ 1/0.2ML	
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GVOKE KIT SOL 1/0.2ML	
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GVOKE PFS INJ 1/0.2ML	
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ZEGALOGUE INJ 0.6/0.6	
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MISCELLANEOUS

ALDURAZyme INJ 2.9MG/5M	NDS, PA
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<i>betaine powder for oral solution</i>	NDS
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<i>cabergoline tab 0.5 mg</i>	
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<i>carglumic acid soluble tab 200 mg</i>	NDS, PA
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CERDELGA CAP 84MG	NDS, PA
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CEREZYME INJ 400UNIT	NDS, PA
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<i>cinacalcet hcl tab 30 mg (base equiv)</i>	B/D, QL (60 tabs / 30 days)
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<i>cinacalcet hcl tab 60 mg (base equiv)</i>	B/D, QL (60 tabs / 30 days)
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<i>cinacalcet hcl tab 90 mg (base equiv)</i>	B/D, QL (120 tabs / 30 days)
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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CYSTAGON CAP 50MG	PA
CYSTAGON CAP 150MG	PA
<i>desmopressin acetate inj 4 mcg/ml</i>	NDS
<i>desmopressin acetate nasal spray soln 0.01%</i>	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	NDS
<i>desmopressin acetate tab 0.1 mg</i>	
<i>desmopressin acetate tab 0.2 mg</i>	
FABRAZYME INJ 5MG	NDS, PA
FABRAZYME INJ 35MG	NDS, PA
GENOTROPIN INJ 0.2MG	PA
GENOTROPIN INJ 0.4MG	NDS, PA
GENOTROPIN INJ 0.6MG	NDS, PA
GENOTROPIN INJ 0.8MG	NDS, PA
GENOTROPIN INJ 1.2MG	NDS, PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GENOTROPIN INJ 1.4MG	NDS, PA
GENOTROPIN INJ 1.6MG	NDS, PA
GENOTROPIN INJ 1.8MG	NDS, PA
GENOTROPIN INJ 1MG	NDS, PA
GENOTROPIN INJ 2MG	NDS, PA
GENOTROPIN INJ 5MG	NDS, PA
GENOTROPIN INJ 12MG	NDS, PA
INCRELEX INJ 40MG/4ML	NDS, PA
<i>javygtor</i>	NDS, PA
<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	NDS, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	B/D
<i>levocarnitine tab 330 mg</i>	B/D
LUMIZYME INJ 50MG	NDS, PA
LUPR DEP-PED INJ 3M 30MG	NDS, PA
LUPR DEP-PED INJ 7.5MG	NDS, PA
LUPR DEP-PED INJ 11.25MG	NDS, PA
LUPR DEP-PED INJ 15MG	NDS, PA
LUPRON DEPOT INJ 45MG	NDS, PA
<i>mifepristone tab 300 mg</i>	NDS, PA
NAGLAZYME INJ 1MG/ML	NDS, PA
<i>nitisinone cap 2 mg</i>	NDS, PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nitisinone cap 5 mg</i>	NDS, PA
<i>nitisinone cap 10 mg</i>	NDS, PA
<i>nitisinone cap 20 mg</i>	NDS, PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	NDS, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	NDS, PA
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	PA
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	PA
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	NDS, PA
<i>raloxifene hcl tab 60 mg</i>	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REVCovi INJ 1.6MG/ML	NDS, PA
REZDIFFRA TAB 60MG	NDS, QL (30 tabs / 30 days), PA
REZDIFFRA TAB 80MG	NDS, QL (30 tabs / 30 days), PA
REZDIFFRA TAB 100MG	NDS, QL (30 tabs / 30 days), PA
<i>sapropterin dihydrochloride powder packet 100 mg</i>	NDS, PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	NDS, PA
<i>sapropterin dihydrochloride tab 100 mg</i>	NDS, PA
SIGNIFOR INJ 0.3MG/ML	NDS, PA
SIGNIFOR INJ 0.6MG/ML	NDS, PA
SIGNIFOR INJ 0.9MG/ML	NDS, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	NDS, PA
<i>sodium phenylbutyrate tab 500mg</i>	NDS, PA
SOMATULINE INJ 60/0.2ML	NDS, PA
SOMATULINE INJ 90/0.3ML	NDS, PA
SOMAVERT INJ 10MG	NDS, PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SOMAVERT INJ 15MG	NDS, PA
SOMAVERT INJ 20MG	NDS, PA
SOMAVERT INJ 25MG	NDS, PA
SOMAVERT INJ 30MG	NDS, PA
SYNAREL SOL 2MG/ML	NDS, PA
<i>tolvaptan tab 15 mg</i>	NDS, PA; (generic of JYNARQUE)
<i>tolvaptan tab 30 mg</i>	NDS, PA; (generic of JYNARQUE)
<i>tolvaptan tab therapy pack 15 mg</i>	NDS, PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	NDS, PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	NDS, PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	NDS, PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	NDS, PA
<i>zelvysia</i>	NDS, PA

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE****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 PA
mg/5ml*

*norethindrone acetate tab 5
mg*

progesterone cap 100 mg

progesterone cap 200 mg

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

levo-t

*levothyroxine sodium tab 25
mcg*

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

*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*

*levothyroxine sodium tab 200
mcg*

*levothyroxine sodium tab 300
mcg*

levoxyl

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

liomny

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

SYNTHROID TAB 137MCG

SYNTHROID TAB 150MCG

SYNTHROID TAB 175MCG

SYNTHROID TAB 200MCG

SYNTHROID TAB 300MCG

unithroid

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE****VITAMIN D ANALOGS**

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

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

<i>aprepitant capsule 40 mg</i>	B/D
<i>aprepitant capsule 80 mg</i>	B/D
<i>aprepitant capsule 125 mg</i>	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	B/D
<i>compro</i>	
<i>dronabinol cap 2.5 mg</i>	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	B/D, QL (60 caps / 30 days)

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

<i>granisetron hcl inj 1 mg/ml</i>	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	
<i>granisetron hcl tab 1 mg</i>	B/D
<i>meclizine hcl tab 12.5 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>meclizine hcl tab 25 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	

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

*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 B/D
mg/5ml*

ondansetron hcl tab 4 mg B/D

ondansetron hcl tab 8 mg B/D

*ondansetron orally B/D
disintegrating tab 4 mg*

*ondansetron orally B/D
disintegrating tab 8 mg*

*prochlorperazine edisylate inj
10 mg/2ml*

*prochlorperazine maleate tab 5
mg (base equivalent)*

*prochlorperazine maleate tab
10 mg (base equivalent)*

*prochlorperazine suppos 25
mg*

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

<i>promethazine hcl inj 25 mg/ml</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethazine hcl inj 50 mg/ml</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethazine hcl tab 12.5 mg</i>	PA; PA applies if 65 years and older after a 30 day supply in a calendar year

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

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

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

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

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

INFLAMMATORY BOWEL DISEASE

*balsalazide disodium cap 750
mg*

*budesonide delayed release
particles cap 3 mg*

QL (90 caps / 30 days)

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

<i>budesonide tab er 24hr 9 mg</i>	NDS, QL (30 tabs / 30 days), PA
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<i>hydrocortisone enema 100 mg/60ml</i>

<i>mesalamine cap dr 400 mg</i>	QL (180 caps / 30 days)
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<i>mesalamine cap er 24hr 0.375 gm</i>	QL (120 caps / 30 days)
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<i>mesalamine enema 4 gm</i>	QL (1680 mL / 28 days)
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<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	QL (28 bottles / 28 days)
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<i>mesalamine suppos 1000 mg</i>	QL (30 suppositories / 30 days)
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<i>mesalamine tab delayed release 1.2 gm</i>	QL (120 tabs / 30 days)
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<i>sulfasalazine tab 500 mg</i>

<i>sulfasalazine tab delayed release 500 mg</i>

LAXATIVES

<i>constulose</i>

<i>enulose</i>

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

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 QL (60 tabs / 30
equiv) days), PA

alosetron hcl tab 1 mg (base NDS, QL (60 tabs
equiv) / 30 days), PA

CREON CAP 3000UNIT

CREON CAP 6000UNIT

CREON CAP 12000UNT

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CREON CAP 24000UNT	
CREON CAP 36000UNT	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	
GATTEX KIT 5MG	NDS, PA
LINZESS CAP 72MCG	QL (30 caps / 30 days)
LINZESS CAP 145MCG	QL (30 caps / 30 days)
LINZESS CAP 290MCG	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	
<i>lubiprostone cap 8 mcg</i>	QL (60 caps / 30 days)
<i>lubiprostone cap 24 mcg</i>	QL (60 caps / 30 days)
<i>misoprostol tab 100 mcg</i>	
<i>misoprostol tab 200 mcg</i>	
MOVANTIK TAB 12.5MG	QL (30 tabs / 30 days)

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

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

VOWST CAP	NDS, QL (12 caps / 30 days), PA
XERMELO TAB 250MG	NDS, QL (84 tabs / 28 days), PA
XIFAXAN TAB 550MG	NDS, PA
ZENPEP CAP 3000UNIT	
ZENPEP CAP 5000UNIT	
ZENPEP CAP 10000UNT	
ZENPEP CAP 15000UNT	
ZENPEP CAP 20000UNT	
ZENPEP CAP 25000UNT	
ZENPEP CAP 40000UNT	
ZENPEP CAP 60000UNT	

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

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

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

*esomeprazole magnesium for
delayed release susp pack 2.5
mg*

*esomeprazole magnesium for
delayed release susp packet 5
mg*

esomeprazole magnesium for QL (30 packets /
*delayed release susp packet 10*30 days)
mg

esomeprazole magnesium for QL (30 packets /
*delayed release susp packet 20*30 days)
mg

esomeprazole magnesium for QL (30 packets /
*delayed release susp packet 40*30 days)
mg

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

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

omeprazole cap delayed
release 10 mg

omeprazole cap delayed
release 20 mg

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

*omeprazole cap delayed
release 40 mg*

*pantoprazole sodium ec tab 20
mg (base equiv)*

*pantoprazole sodium ec tab 40
mg (base equiv)*

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

rabeprazole sodium ec tab 20 mg QL (30 tabs / 30 days)

**GENITOURINARY - DRUGS TO TREAT
GENITAL AND URINARY TRACT
CONDITIONS*****BENIGN PROSTATIC HYPERPLASIA -
DRUGS TO TREAT ENLARGED PROSTATE***

alfuzosin hcl tab er 24hr 10 mg QL (30 tabs / 30 days)

dutasteride cap 0.5 mg QL (30 caps / 30 days)

dutasteride-tamsulosin hcl cap 0.5-0.4 mg QL (30 caps / 30 days)

finasteride tab 5 mg QL (30 tabs / 30 days)

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

tadalafil tab 5 mg

QL (30 tabs / 30 days), PA

tamsulosin hcl cap 0.4 mg

QL (60 caps / 30 days)

MISCELLANEOUS

*acetic acid irrigation soln
0.25%*

bethanechol chloride tab 5 mg

*bethanechol chloride tab 10
mg*

*bethanechol chloride tab 25
mg*

*bethanechol chloride tab 50
mg*

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

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

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

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE*****URINARY ANTISPASMODICS - DRUGS TO
TREAT URINARY INCONTINENCE***

<i>fesoterodine fumarate tab er 24hr 4 mg</i>	QL (30 tabs / 30 days)
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	QL (30 tabs / 30 days)
GEMTESA TAB 75MG	QL (30 tabs / 30 days)
<i>mirabegron tab er 24 hr 25 mg</i>	QL (30 tabs / 30 days)
<i>mirabegron tab er 24 hr 50 mg</i>	QL (30 tabs / 30 days)
MYRBETRIQ SUS 8MG/ML	QL (300 mL / 28 days)
MYRBETRIQ TAB 25MG	QL (30 tabs / 30 days)
MYRBETRIQ TAB 50MG	QL (30 tabs / 30 days)
<i>oxybutynin chloride solution 5 mg/5ml</i>	QL (600 mL / 30 days)
<i>oxybutynin chloride tab 5 mg</i>	QL (120 tabs / 30 days)

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

<i>oxybutynin chloride tab er 24hr 5 mg</i>	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	QL (60 tabs / 30 days)
<i>solifenacin succinate tab 5 mg</i>	QL (30 tabs / 30 days)
<i>solifenacin succinate tab 10 mg</i>	QL (30 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	QL (30 caps / 30 days)
<i>tolterodine tartrate cap er 24hr 4 mg</i>	QL (30 caps / 30 days)
<i>tolterodine tartrate tab 1 mg</i>	QL (60 tabs / 30 days)
<i>tolterodine tartrate tab 2 mg</i>	QL (60 tabs / 30 days)
<i>trospium chloride tab 20 mg</i>	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>

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

metronidazole vaginal gel
0.75%

terconazole vaginal cream
0.4%

terconazole vaginal cream
0.8%

terconazole vaginal suppos 80
mg

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

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

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

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

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

ELIQUIS (2MG PACK) 4 X QL (592 tabs /
30 days)

ELIQUIS CAP 0.15MG QL (56 caps / 21
days)

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

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

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

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE*****HEMATOPOIETIC GROWTH FACTORS***

FULPHILA INJ 6/0.6ML	NDS, 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	NDS, PA
PROCRIT INJ 40000/ML	NDS, PA
ZARXIO INJ 300/0.5	NDS, PA
ZARXIO INJ 480/0.8	NDS, PA

MISCELLANEOUS

ALVAIZ TAB 9MG	NDS, QL (60 tabs / 30 days), PA
ALVAIZ TAB 18MG	NDS, QL (90 tabs / 30 days), PA
ALVAIZ TAB 36MG	NDS, QL (90 tabs / 30 days), PA
ALVAIZ TAB 54MG	NDS, QL (60 tabs / 30 days), PA
<i>anagrelide hcl cap 0.5 mg</i>	
<i>anagrelide hcl cap 1 mg</i>	

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

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

*sajazir*NDS, QL (9
syringes / 30
days), PA

SIKLOS TAB 100MG

SIKLOS TAB 1000MG

NDS

TAVNEOS CAP 10MG

NDS, QL (180
caps / 30 days),
PA

*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

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

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

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

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

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

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

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BIMZELX INJ 320MG/2	NDS, QL (2 pens / 28 days), PA
BIMZELX INJ 320MG/2	NDS, QL (2 syringes / 28 days), PA
DUPIXENT INJ 200/1.14	NDS, QL (4 syringes / 28 days), PA
DUPIXENT INJ 200MG	NDS, QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	NDS, QL (4 pens / 28 days), PA
DUPIXENT INJ 300/2ML	NDS, QL (4 syringes / 28 days), PA
ENBREL INJ 25/0.5ML	NDS, QL (16 syringes / 28 days), PA
ENBREL INJ 25MG	NDS, QL (16 vials / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ENBREL INJ 50MG/ML	NDS, QL (8 syringes / 28 days), PA
ENBREL MINI INJ 50MG/ML	NDS, QL (8 cartridges / 28 days), PA
ENBREL SRCLK INJ 50MG/ML	NDS, QL (8 pens / 28 days), PA
HADLIMA INJ 40/0.4ML	NDS, QL (6 syringes / 28 days), PA
HADLIMA INJ 40/0.8ML	NDS, QL (6 syringes / 28 days), PA
HADLIMA PUSH INJ 40/0.4ML	NDS, QL (6 autoinjectors / 28 days), PA
HADLIMA PUSH INJ 40/0.8ML	NDS, QL (6 autoinjectors / 28 days), PA
HUMIRA INJ 10/0.1ML	NDS, QL (2 syringes / 28 days), PA

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

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

PYZCHIVA INJ 45/0.5ML	QL (1 pen / 28 days), PA
PYZCHIVA INJ 45/0.5ML	QL (1 syringe / 28 days), PA
PYZCHIVA INJ 45/0.5ML	QL (1 vial / 28 days), PA
PYZCHIVA INJ 90MG/ML	NDS, QL (1 pen / 28 days), PA
PYZCHIVA INJ 90MG/ML	NDS, QL (1 syringe / 28 days), PA
PYZCHIVA INJ 130/26ML	NDS, PA
REMICADE INJ 100MG	NDS, PA
RENFLEXIS INJ 100MG	NDS, PA
RINVOQ LQ SOL 1MG/ML	NDS, QL (360 mL / 30 days), PA
RINVOQ TAB 15MG ER	NDS, QL (30 tabs / 30 days), PA
RINVOQ TAB 30MG ER	NDS, QL (30 tabs / 30 days), PA
RINVOQ TAB 45MG ER	NDS, QL (168 tabs / year), PA

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TREMFYA INJ 100MG/ML	NDS, QL (1 pen / 28 days), PA
TREMFYA INJ 100MG/ML	NDS, QL (1 syringe / 28 days), PA
TREMFYA INJ 200/2ML	NDS, QL (2 pens / 28 days), PA
TREMFYA INJ 200/2ML	NDS, QL (2 syringes / 28 days), PA
TREMFYA INJ 200/20ML	NDS, PA
TYENNE INJ 80MG/4ML	NDS, PA
TYENNE INJ 162/0.9	NDS, QL (4 pens / 28 days), PA
TYENNE INJ 162MG	NDS, QL (4 syringes / 28 days), PA
TYENNE INJ 200/10ML	NDS, PA
TYENNE INJ 400/20ML	NDS, PA
USTEKINUMAB INJ 45/0.5ML	NDS, QL (1 syringe / 28 days), PA

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

USTEKINUMAB INJ 45/0.5ML	NDS, QL (1 vial / 28 days), PA
USTEKINUMAB INJ 90MG/ML	NDS, QL (1 syringe / 28 days), PA
USTEKINUMAB INJ 130/26ML	NDS, PA
VELSIPITY TAB 2MG	NDS, QL (30 tabs / 30 days), PA
XELJANZ SOL 1MG/ML	NDS, QL (480 mL / 24 days), PA
XELJANZ TAB 5MG	NDS, QL (60 tabs / 30 days), PA
XELJANZ TAB 10MG	NDS, QL (60 tabs / 30 days), PA
XELJANZ XR TAB 11MG	NDS, QL (30 tabs / 30 days), PA
XELJANZ XR TAB 22MG	NDS, 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

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

YESINTEK INJ 90MG/ML

NDS, 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)*

XATMEP SOL 2.5MG/ML

B/D

IMMUNOGLOBULINS

ALYGLO INJ 5GM/50ML

NDS, PA

ALYGLO INJ 10/100ML

NDS, PA

ALYGLO INJ 20/200ML

NDS, PA

BIVIGAM INJ 10%

NDS, PA

FLEBOGAMMA INJ 10/200ML

NDS, PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FLEBOGAMMA INJ 20/400ML	NDS, PA
FLEBOGAMMA INJ DIF 5%	NDS, PA
GAMASTAN INJ	B/D
GAMMAGARD INJ 1GM/10ML	NDS, PA
GAMMAGARD INJ 2.5GM/25	NDS, PA
GAMMAGARD INJ 5GM/50ML	NDS, PA
GAMMAGARD INJ 10GM/100	NDS, PA
GAMMAGARD INJ 20GM/200	NDS, PA
GAMMAGARD INJ 30GM/300	NDS, PA
GAMMAGARD SD INJ 5GM HU	NDS, PA
GAMMAGARD SD INJ 10GM HU	NDS, PA
GAMMAKED INJ 1GM/10ML	NDS, PA
GAMMAKED INJ 5GM/50ML	NDS, PA
GAMMAKED INJ 10GM/100	NDS, PA
GAMMAKED INJ 20GM/200	NDS, PA
GAMMAPLEX INJ 5%	NDS, PA
GAMMAPLEX INJ 10%	NDS, PA
GAMMGD ERC INJ 5GM/50ML	NDS, PA
GAMMGD ERC INJ 10/100ML	NDS, PA
GAMUNEX-C INJ 1GM/10ML	NDS, PA
GAMUNEX-C INJ 2.5GM/25	NDS, PA
GAMUNEX-C INJ 5GM/50ML	NDS, PA
GAMUNEX-C INJ 10GM/100	NDS, PA

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

GAMUNEX-C INJ 20GM/200	NDS, PA
GAMUNEX-C INJ 40/400ML	NDS, PA
OCTAGAM INJ 1GM	NDS, PA
OCTAGAM INJ 2.5GM	NDS, PA
OCTAGAM INJ 2GM/20ML	NDS, PA
OCTAGAM INJ 5GM	NDS, PA
OCTAGAM INJ 5GM/50ML	NDS, PA
OCTAGAM INJ 10/100ML	NDS, PA
OCTAGAM INJ 10GM	NDS, PA
OCTAGAM INJ 20/200ML	NDS, PA
OCTAGAM INJ 30/300ML	NDS, PA
PANZYGA SOL 1GM/10ML	NDS, PA
PANZYGA SOL 2.5/25ML	NDS, PA
PANZYGA SOL 5GM/50ML	NDS, PA
PANZYGA SOL 10/100ML	NDS, PA
PANZYGA SOL 20/200ML	NDS, PA
PANZYGA SOL 30/300ML	NDS, PA
PRIVIGEN INJ 5 GRAMS	NDS, PA
PRIVIGEN INJ 10GRAMS	NDS, PA
PRIVIGEN INJ 20GRAMS	NDS, PA
PRIVIGEN INJ 40GRAMS	NDS, PA
<i>IMMUNOMODULATORS</i>	
ACTIMMUNE INJ 2MU/0.5	NDS, PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ARCALYST INJ 220MG	NDS, PA
<i>IMMUNOSUPPRESSANTS</i>	
ASTAGRAF XL CAP 0.5MG	B/D
ASTAGRAF XL CAP 1MG	B/D
ASTAGRAF XL CAP 5MG	NDS, B/D
<i>azathioprine tab 50 mg</i>	B/D
BENLYSTA INJ 120MG	NDS, PA
BENLYSTA INJ 200MG/ML	NDS, QL (8 pens / 28 days), PA
BENLYSTA INJ 200MG/ML	NDS, QL (8 syringes / 28 days), PA
BENLYSTA INJ 400MG	NDS, PA
<i>cyclosporine cap 25 mg</i>	B/D
<i>cyclosporine cap 100 mg</i>	B/D
<i>cyclosporine modified cap 25 mg</i>	B/D
<i>cyclosporine modified cap 50 mg</i>	B/D
<i>cyclosporine modified cap 100 mg</i>	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>everolimus tab 0.5 mg</i>	NDS, B/D
<i>everolimus tab 0.25 mg</i>	B/D
<i>everolimus tab 0.75 mg</i>	NDS, B/D
<i>everolimus tab 1 mg</i>	NDS, B/D
<i>gengraf</i>	B/D
<i>mycophenolate mofetil cap 250 mg</i>	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	NDS, B/D
<i>mycophenolate mofetil tab 500 mg</i>	B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	B/D
NULOJIX INJ 250MG	NDS, B/D
PROGRAF GRA 0.2MG	B/D
PROGRAF GRA 1MG	B/D
REZUROCK TAB 200MG	NDS, QL (30 tabs / 30 days), PA
<i>sirolimus oral soln 1 mg/ml</i>	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>sirolimus tab 0.5 mg</i>	B/D
<i>sirolimus tab 1 mg</i>	B/D
<i>sirolimus tab 2 mg</i>	B/D
<i>tacrolimus cap 0.5 mg</i>	B/D
<i>tacrolimus cap 1 mg</i>	B/D
<i>tacrolimus cap 5 mg</i>	B/D
<i>tacrolimus cap er 24hr 0.5 mg</i>	B/D
<i>tacrolimus cap er 24hr 1 mg</i>	B/D
<i>tacrolimus cap er 24hr 5 mg</i>	NDS, 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	
DENG VAXIA SUS	
ENGERIX-B INJ 10/0.5ML	B/D
ENGERIX-B INJ 20MCG/ML	B/D
GARDASIL 9 INJ	
HAVRIX INJ 720UNIT	

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
PROQUAD INJ	
QUADRACEL INJ 0.5ML	
RABAVERT INJ	B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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	
YF-VAX INJ	

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE****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 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 INJB/D

***ELECTROLYTES/MINERALS/VITAMINS,
ORAL***

klor-con

klor-con 8

KLOR-CON 8 TAB 8MEQ ER

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*

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

potassium chloride cap er 10 meq

potassium chloride microencapsulated crys er tab 10 meq

potassium chloride microencapsulated crys er tab 15 meq

potassium chloride microencapsulated crys er tab 20 meq

potassium chloride oral soln 10% (20 meq/15ml)

potassium chloride oral soln 20% (40 meq/15ml)

potassium chloride powder packet 20 meq

potassium chloride tab er 8 meq (600 mg)

potassium chloride tab er 10 meq

potassium chloride tab er 20 meq (1500 mg)

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

PRENATAL TAB 27-1MG

PRENATAL TAB PLUS

*sodium fluoride chew; tab; 1.1
(0.5 f) mg/ml soln*

WESTAB PLUS TAB 27-1MG

IV NUTRITION

aminosyn ii soln 15% B/D

AMINOSYN INJ 10% B/D

AMINOSYN-PF INJ 10% B/D

CLINIMIX INJ 4.25/D5W B/D

CLINIMIX INJ 4.25/D10 B/D

CLINIMIX INJ 5%/D15W B/D

CLINIMIX INJ 5%/D20W B/D

CLINIMIX INJ 6/5 B/D

CLINIMIX INJ 8/10 B/D

CLINIMIX INJ 8/14 B/D

clinisol sf 15% B/D

CLINOLIPID EMU 20% B/D

dextrose inj 5%

dextrose inj 10%

DEXTROSE INJ 10%

dextrose inj 50% B/D

DEXTROSE INJ 70% B/D

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INTRALIPID INJ 20%	B/D
INTRALIPID INJ 30%	B/D
NUTRILIPID EMU 20%	B/D
<i>plenamine</i>	B/D
PREMASOL SOL 10%	NDS, 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%*

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

*neomycin-polymyxin-
dexamethasone ophth susp
0.1%*

*neomycin-polymyxin-hc ophth
susp*

*sulfacetamide sodium-
prednisolone ophth soln 10-
0.23(0.25)%*

TOBRADEX OIN 0.3-0.1%

*tobramycin-dexamethasone
ophth susp 0.3-0.1%*

ZYLET SUS 0.5-0.3%

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

*bacitracin-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)*

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

*erythromycin ophth oint 5
mg/gm*

gatifloxacin ophth soln 0.5%

*gentamicin sulfate ophth soln
0.3%*

*moxifloxacin hcl ophth soln
0.5% (base equiv)*

QL (12 mL / 30
days)

NATACYN SUS 5% OP

*neomycin-bacitrac zn-polymyx
5(3.5)mg-400unt-10000unt op
oin*

*neomycin-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%

XDEMZY DRO 0.25%

NDS, PA

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

ZIRGAN GEL 0.15%

***ANTI-INFLAMMATORIES - DRUGS TO
TREAT INFLAMMATION***

dexamethasone sodium

phosphate ophth soln 0.1%

*diclofenac sodium ophth soln
0.1%*

*difluprednate ophth emulsion
0.05%*

*fluorometholone ophth susp
0.1%*

*flurbiprofen sodium ophth soln
0.03%*

*ketorolac tromethamine ophth
soln 0.4%*

*ketorolac tromethamine ophth
soln 0.5%*

LOTEMAX OIN 0.5%

PRED SOD PHO SOL 1% OP

*prednisolone acetate ophth
susp 1%*

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE****ANTIALLERGICS - DRUGS TO TREAT
ALLERGIES**

azelastine hcl ophth soln
0.05%

cromolyn sodium ophth soln
4%

ZERVIAE DRO 0.24%

**ANTIGLAUCOMA - DRUGS TO TREAT
GLAUCOMA**

betaxolol hcl ophth soln 0.5%

brimonidine tartrate ophth soln
0.2%

brinzolamide ophth susp 1% ST

carteolol hcl ophth soln 1%

COMBIGAN SOL 0.2/0.5%

dorzolamide hcl ophth soln 2%

dorzolamide hcl-timolol
maleate ophth soln 2-0.5%

latanoprost ophth soln 0.005%

levobunolol hcl ophth soln
0.5%

LUMIGAN SOL 0.01% OP

pilocarpine hcl ophth soln 1%

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

pilocarpine hcl ophth soln 2%

pilocarpine hcl ophth soln 4%

RHOPRESSA SOL 0.02%

ROCKLATAN DRO

SIMBRINZA SUS 1-0.2%

*timolol maleate ophth gel
forming soln 0.5%*

*timolol maleate ophth gel
forming soln 0.25%*

*timolol maleate ophth soln
0.5%*

*timolol maleate ophth soln
0.25%*

VYZULTA SOL 0.024%

MISCELLANEOUS

ATROPINE SUL SOL 1% OP

atropine sulfate ophth soln 1%

CYSTADROPS SOL 0.37% NDS, PA

CYSTARAN SOL 0.44% NDS, 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

*fluocinolone acetonide (otic) oil
0.01%*

*hydrocortisone w/ acetic acid
otic soln 1-2%*

*neomycin-polymyxin-hc otic
soln 1%*

*neomycin-polymyxin-hc otic
susp 3.5 mg/ml-10000
unit/ml-1%*

ofloxacin otic soln 0.3%

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE****RESPIRATORY - DRUGS TO TREAT
BREATHING DISORDERS*****ANTICHOLINERGIC/BETA AGONIST******COMBINATIONS - DRUGS TO TREAT COPD***

ANORO ELLIPT AER 62.5-25	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	B/D
TRELEGY AER ELLIPTA 100- 62.5-25 MCG	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200- 62.5-25 MCG	QL (60 blisters / 30 days)

NAME OF DRUG**NECESSARY
ACTIONS
RESTRICTIONS
OR LIMITS ON
USE****ANTICHOLINERGICS - DRUGS TO TREAT
COPD**

ATROVENT HFA AER 17MCG	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	QL (30 blisters / 30 days)
<i>ipratropium bromide hfa inhal aerosol 17 mcg/act</i>	QL (2 inhalers / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	
SPIRIVA RESP AER 1.25MCG	QL (1 inhaler / 30 days)

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

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	QL (300 mL / 30 days)

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

*cycloheptadine hcl syrup 2
mg/5ml*

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

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

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

SEREVENT DIS AER 50MCG

QL (60
inhalations / 30
days)

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**

<i>acetylcysteine inhal soln 20%</i>	B/D
ALYFTREK TAB 4-20-50	NDS, QL (84 tabs / 28 days), PA
ALYFTREK TAB 10-50-125	NDS, QL (56 tabs / 28 days), PA
ARALAST NP INJ 500MG	NDS, PA
ARALAST NP INJ 1000MG	NDS, PA
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	B/D
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	(generic of Adrenaclick)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FASENRA INJ 10MG/0.5	NDS, QL (1 syringe / 28 days), PA
FASENRA INJ 30MG/ML	NDS, QL (1 syringe / 28 days), PA
FASENRA PEN INJ 30MG/ML	NDS, QL (1 pen / 28 days), PA
KALYDECO GRA 5.8MG	NDS, QL (56 packets / 28 days), PA
KALYDECO GRA 13.4MG	NDS, QL (56 packets / 28 days), PA
KALYDECO PAK 25MG	NDS, QL (56 packets / 28 days), PA
KALYDECO PAK 50MG	NDS, QL (56 packets / 28 days), PA
KALYDECO PAK 75MG	NDS, QL (56 packets / 28 days), PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KALYDECO TAB 150MG	NDS, QL (60 tabs / 30 days), PA
<i>nintedanib esylate cap 100 mg (base equivalent)</i>	NDS, QL (60 caps / 30 days), PA
<i>nintedanib esylate cap 150 mg (base equivalent)</i>	NDS, QL (60 caps / 30 days), PA
OFEV CAP 100MG	NDS, QL (60 caps / 30 days), PA
OFEV CAP 150MG	NDS, QL (60 caps / 30 days), PA
ORKAMBI GRA 75-94MG	NDS, QL (56 packets / 28 days), PA
ORKAMBI GRA 100-125	NDS, QL (56 packets / 28 days), PA
ORKAMBI GRA 150-188	NDS, QL (56 packets / 28 days), PA

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

ORKAMBI TAB 100-125	NDS, QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	NDS, QL (112 tabs / 28 days), PA
<i>pirfenidone cap 267 mg</i>	NDS, QL (270 caps / 30 days), PA
<i>pirfenidone tab 267 mg</i>	NDS, QL (270 tabs / 30 days), PA
<i>pirfenidone tab 534 mg</i>	NDS, QL (90 tabs / 30 days), PA
<i>pirfenidone tab 801 mg</i>	NDS, QL (90 tabs / 30 days), PA
PROLASTIN-C INJ 1000MG	NDS, PA
PULMOZYME SOL 1MG/ML	NDS, PA
<i>roflumilast tab 250 mcg</i>	QL (56 tabs / year)
<i>roflumilast tab 500 mcg</i>	QL (30 tabs / 30 days)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYMDEKO TAB 50-75MG	NDS, QL (56 tabs / 28 days), PA
SYMDEKO TAB 100-150	NDS, QL (56 tabs / 28 days), PA
<i>theophylline elixir 80 mg/15ml</i>	
<i>theophylline soln 80 mg/15ml</i>	
<i>theophylline tab er 12hr 100 mg</i>	
<i>theophylline tab er 12hr 200 mg</i>	
<i>theophylline tab er 12hr 300 mg</i>	
<i>theophylline tab er 12hr 450 mg</i>	
<i>theophylline tab er 24hr 400 mg</i>	
<i>theophylline tab er 24hr 600 mg</i>	
TRIKAFTA PAK 59.5MG	NDS, QL (56 packs / 28 days), PA

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

TRIKAFTA PAK 75MG	NDS, QL (56 packs / 28 days), PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	NDS, QL (84 tabs / 28 days), PA
TRIKAFTA TAB 100-50-75MG & 150MG	NDS, QL (84 tabs / 28 days), PA
XOLAIR INJ 75/0.5	NDS, QL (4 pens / 28 days), PA
XOLAIR INJ 75/0.5	NDS, QL (4 syringes / 28 days), PA
XOLAIR INJ 150MG/ML	NDS, QL (8 pens / 28 days), PA
XOLAIR INJ 150MG/ML	NDS, QL (8 syringes / 28 days), PA
XOLAIR INJ 300/2ML	NDS, QL (4 pens / 28 days), PA
XOLAIR INJ 300/2ML	NDS, QL (4 syringes / 28 days), PA

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

XOLAIR SOL 150MG	NDS, QL (8 vials / 28 days), PA
ZEMAIRA INJ 1000MG	NDS, PA
ZEMAIRA INJ 4000MG	NDS, PA
ZEMAIRA INJ 5000MG	NDS, PA

NASAL STEROIDS - DRUGS TO TREAT ALLERGIES

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

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)

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

ARNUITY ELPT INH 100MCG

QL (30
inhalations / 30
days)

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)

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ADVAIR HFA AER 230/21	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	QL (60 blisters / 30 days)
<i>breyna</i>	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160- 4.5 mcg/act</i>	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	QL (3 inhalers / 30 days)

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

DULERA AER 200-5MCG	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	QL (60 inhalations / 30 days)
<i>wixela inhub</i>	QL (60 inhalations / 30 days)

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS***DERMATOLOGY, ACNE***

<i>accutane</i>	PA
<i>amnesteam</i>	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	QL (46.6 gm / 30 days)
<i>claravis</i>	PA

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)- 5%</i>	QL (45 gm / 30 days)
<i>clindamycin phosphate gel 1% (once-daily)</i>	QL (75 mL / 30 days), PA
<i>clindamycin phosphate lotion 1%</i>	QL (60 mL / 30 days)
<i>clindamycin phosphate soln 1%</i>	QL (60 mL / 30 days)
<i>ery</i>	QL (60 pledgets / 30 days)
<i>erythromycin gel 2%</i>	QL (60 gm / 30 days)
<i>erythromycin soln 2%</i>	QL (60 mL / 30 days)
<i>isotretinoin cap 10 mg</i>	PA
<i>isotretinoin cap 20 mg</i>	PA
<i>isotretinoin cap 30 mg</i>	PA
<i>isotretinoin cap 40 mg</i>	PA
<i>neuac</i>	QL (45 gm / 30 days)
<i>sulfacetamide sodium lotion 10% (acne)</i>	QL (118 mL / 30 days)

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

<i>tretinoin cream 0.1%</i>	QL (45 gm / 30 days), PA
<i>tretinoin cream 0.05%</i>	QL (45 gm / 30 days), PA
<i>tretinoin cream 0.025%</i>	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.01%</i>	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.025%</i>	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i>	QL (60 gm / 30 days)
<i>zenatane</i>	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfite cream 0.1%</i>	QL (30 gm / 30 days)
<i>gentamicin sulfite oint 0.1%</i>	QL (30 gm / 30 days)
<i>mupirocin oint 2%</i>	QL (220 gm / 30 days)
<i>silver sulfadiazine cream 1%</i>	
<i>ssd</i>	

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

SULFAMYLLON CRE 85MG/GM	QL (453.6 gm / 30 days)
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DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox olamine cream 0.77% (base equiv)</i>	QL (90 gm / 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	QL (60 mL / 30 days)
<i>ciclopirox shampoo 1%</i>	QL (120 mL / 30 days)
<i>clotrimazole cream 1%</i>	QL (45 gm / 30 days)
<i>clotrimazole soln 1%</i>	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	QL (45 gm / 30 days)
<i>econazole nitrate cream 1%</i>	QL (85 gm / 30 days)
<i>ketoconazole cream 2%</i>	QL (60 gm / 30 days)
<i>ketoconazole shampoo 2%</i>	QL (120 mL / 30 days)
<i>klayesta</i>	QL (60 gm / 30 days)

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

<i>nyamyc</i>	QL (60 gm / 30 days)
<i>nystatin cream 100000 unit/gm</i>	QL (30 gm / 30 days)
<i>nystatin oint 100000 unit/gm</i>	QL (30 gm / 30 days)
<i>nystatin topical powder 100000 unit/gm</i>	QL (60 gm / 30 days)
<i>nystop</i>	QL (60 gm / 30 days)
<i>selenium sulfide lotion 2.5%</i>	

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin cap 10 mg</i>	PA
<i>acitretin cap 17.5 mg</i>	PA
<i>acitretin cap 25 mg</i>	PA
<i>calcipotriene cream 0.005%</i>	QL (120 gm / 30 days), PA
<i>calcipotriene oint 0.005%</i>	QL (120 gm / 30 days), PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	QL (120 mL / 30 days), PA
<i>calcitrene</i>	QL (120 gm / 30 days), PA

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

ENSTILAR AER

NDS, QL (120
gm / 30 days),
PA*tazarotene cream 0.1%*QL (60 gm / 30
days), PA*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)

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clodan</i>	QL (236 mL / 30 days)
<i>fluocinolone acetonide cream 0.01%</i>	QL (60 gm / 30 days)
<i>fluocinolone acetonide cream 0.025%</i>	QL (120 gm / 30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide oint 0.025%</i>	QL (120 gm / 30 days)
<i>fluocinolone acetonide soln 0.01%</i>	QL (60 mL / 30 days)
<i>fluocinonide cream 0.1%</i>	QL (120 gm / 30 days)
<i>fluocinonide cream 0.05%</i>	QL (120 gm / 30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	QL (120 gm / 30 days)
<i>fluocinonide gel 0.05%</i>	QL (60 gm / 30 days)

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

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

mometasone furoate solution
0.1% (lotion)

triamcinolone acetonide cream QL (454 gm / 30
0.1% days)

triamcinolone acetonide cream QL (454 gm / 30
0.5% days)

triamcinolone acetonide cream QL (454 gm / 30
0.025% days)

triamcinolone acetonide lotion
0.1%

triamcinolone acetonide lotion
0.025%

triamcinolone acetonide oint
0.1%

triamcinolone acetonide oint
0.5%

triamcinolone acetonide oint
0.025%

triderm QL (454 gm / 30
days)

DERMATOLOGY, LOCAL ANESTHETICS*glydo* QL (60 mL / 30
days), PA

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

<i>lidocaine hcl soln 4%</i>	QL (50 mL / 30 days), PA
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	QL (60 mL / 30 days), PA
<i>lidocaine oint 5%</i>	QL (50 gm / 30 days), PA
<i>lidocaine patch 5%</i>	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	B/D, QL (30 gm / 30 days)
<i>lidocan</i>	QL (3 patches / 1 day), PA
<i>tridacaine iii</i>	QL (3 patches / 1 day), PA

**DERMATOLOGY, MISCELLANEOUS SKIN
AND MUCOUS MEMBRANE**

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

NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluorouracil cream 5%</i>	QL (40 gm / 30 days)
<i>fluorouracil soln 2%</i>	QL (10 mL / 30 days)
<i>fluorouracil soln 5%</i>	QL (10 mL / 30 days)
<i>hydrocortisone perianal cream 1%</i>	
<i>hydrocortisone perianal cream 2.5%</i>	
<i>imiquimod cream 5%</i>	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	
<i>lactic acid (ammonium lactate) lotion 12%</i>	
<i>metronidazole cream 0.75%</i>	QL (45 gm / 30 days)
<i>metronidazole gel 0.75%</i>	QL (45 gm / 30 days)
<i>metronidazole lotion 0.75%</i>	QL (59 mL / 30 days)

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

<i>nitroglycerin oint 0.4%</i>	QL (30 gm / 30 days)
PANRETIN GEL 0.1%	NDS, QL (60 gm / 30 days), PA
<i>pimecrolimus cream 1%</i>	QL (100 gm / 30 days), PA
<i>podofilox soln 0.5%</i>	QL (7 mL / 28 days)
<i>procto-med hc</i>	
<i>proctocort</i>	
<i>proctosol hc</i>	
<i>proctozone-hc</i>	
<i>tacrolimus oint 0.1%</i>	QL (100 gm / 30 days), PA
<i>tacrolimus oint 0.03%</i>	QL (100 gm / 30 days), PA
VALCHLOR GEL 0.016%	NDS, QL (60 gm / 30 days), PA

**DERMATOLOGY, SCABICIDES AND
PEDICULIDES**

<i>malathion lotion 0.5%</i>	QL (59 mL / 30 days)
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NAME OF DRUG	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>permethrin cream 5%</i>	QL (60 gm / 30 days)
<i>DERMATOLOGY, WOUND CARE AGENTS</i>	
SANTYL OIN 250/GM	QL (180 gm / 30 days), PA
<i>sodium chloride irrigation soln 0.9%</i>	
<i>water for irrigation, sterile irrigation soln</i>	
<i>MOUTH/THROAT/DENTAL AGENTS</i>	
<i>cevimeline hcl cap 30 mg</i>	
<i>chlorhexidine gluconate soln 0.12%</i>	
<i>clotrimazole troche 10 mg</i>	QL (150 lozenges / 30 days)
<i>kourzeq</i>	
<i>lidocaine hcl viscous soln 2%</i>	
<i>nystatin susp 100000 unit/ml</i>	
<i>periogard</i>	
<i>pilocarpine hcl tab 5 mg</i>	
<i>pilocarpine hcl tab 7.5 mg</i>	
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D.Índice de Medicamentos Cobertos

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

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



Para mais informações , visite ccama.org.

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<i>atomoxetine hcl cap 100</i>	<i>hcl tab 62.5-25 mg</i> ..66
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<i>atomoxetine hcl cap 18</i>	OP341
<i>mg (base equiv)</i>231	<i>atropine sulfate ophth</i>
<i>atomoxetine hcl cap 25</i>	<i>soln 1%</i>341
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<i>atomoxetine hcl cap 40</i>	17MCG344
<i>mg (base equiv)</i>231	<i>aubra eq</i>265
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<i>mg (base equiv)</i>231	104
<i>atomoxetine hcl cap 80</i>	AUGTYRO CAP 40MG 104
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<i>equivalent)</i>148	<i>aurovela fe 1/20</i>265
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<i>20 mg (base</i>	AUSTEDO TAB 6MG .239
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<i>40 mg (base</i>	240
<i>equivalent)</i>148	AUSTEDO XR TAB 18MG
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<i>equivalent)</i>148	240

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<i>ceftaroline fosamil for iv soln 600 mg.....</i>	<i>78</i>	<i>celecoxib cap 200 mg.</i>	<i>48</i>
<i>ceftazidime for inj 1 gm</i>	<i>78</i>	<i>celecoxib cap 400 mg.</i>	<i>48</i>
<i>ceftazidime for inj 6 gm</i>	<i>78</i>	<i>celecoxib cap 50 mg ..</i>	<i>48</i>
<i>ceftazidime for iv soln 2 gm.....</i>	<i>78</i>	<i>cephalexin cap 250 mg</i>	<i>79</i>
<i>ceftriaxone sodium for inj 1 gm</i>	<i>79</i>	<i>cephalexin cap 500 mg</i>	<i>79</i>
<i>ceftriaxone sodium for inj 10 gm.....</i>	<i>79</i>	<i>cephalexin for susp 125 mg/5ml</i>	<i>80</i>
<i>ceftriaxone sodium for inj 2 gm</i>	<i>79</i>	<i>cephalexin for susp 250 mg/5ml</i>	<i>80</i>
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CEREZYME INJ 400UNIT	281	<i>chlorpromazine hcl tab</i> 50 mg	194
<i>cetirizine hcl oral soln 1</i> <i>mg/ml (5 mg/5ml) .</i>	344	<i>chlorthalidone tab 25 mg</i>	161
<i>cevimeline hcl cap 30</i> <i>mg.....</i>	372	<i>chlorthalidone tab 50 mg</i>	161
<i>chateal eq</i>	266	<i>cholestyramine light</i> <i>powder 4 gm/dose .</i>	150
CHEMET CAP 100MG	264	<i>cholestyramine light</i> <i>powder packets 4 gm</i>	150
<i>chlorhexidine gluconate</i> <i>soln 0.12%</i>	372	<i>cholestyramine powder 4</i> <i>gm/dose.....</i>	150
<i>chloroquine phosphate</i> <i>tab 250 mg</i>	66	<i>cholestyramine powder</i> <i>packets 4 gm</i>	150
<i>chloroquine phosphate</i> <i>tab 500 mg</i>	66	<i>ciclopirox olamine cream</i> 0.77% (base equiv)	362
<i>chlorpromazine hcl conc</i> 100 mg/ml.....	194	<i>ciclopirox olamine susp</i> 0.77% (base equiv)	362
<i>chlorpromazine hcl conc</i> 30 mg/ml	194	<i>ciclopirox shampoo 1%</i>	362
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<i>cinacalcet hcl tab 60 mg (base equiv).....</i>	281	<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	177
<i>cinacalcet hcl tab 90 mg (base equiv).....</i>	281	<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	177
<i>ciprofloxacin 200 mg/100ml in d5w</i>	82	<i>claravis</i>	359
<i>ciprofloxacin 400 mg/200ml in d5w</i>	82	<i>clarithromycin for susp 125 mg/5ml.....</i>	80
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	337	<i>clarithromycin for susp 250 mg/5ml.....</i>	80
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	82	<i>clarithromycin tab 250 mg</i>	80
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	82	<i>clarithromycin tab 500 mg</i>	81
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	82	<i>clarithromycin tab er 24hr 500 mg.....</i>	81
<i>ciprofloxacin- dexamethasone otic susp 0.3-0.1%</i>	342	<i>clindamycin hcl cap 150 mg</i>	58
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	89	<i>clindamycin hcl cap 300 mg</i>	58
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	90		

<i>clindamycin hcl cap 75 mg</i>	57	<i>(refrig) gel 1.2 (1)-5%</i>	360
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	58	CLINDMYC/NAC INJ 300/50ML.....	58
<i>clindamycin phosphate gel 1% (once-daily)</i>	360	CLINDMYC/NAC INJ 600/50ML.....	58
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	58	CLINDMYC/NAC INJ 900/50ML.....	58
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	58	CLINIMIX INJ 4.25/D10	335
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	58	CLINIMIX INJ 4.25/D5W	335
<i>clindamycin phosphate inj 300 mg/2ml</i>	58	CLINIMIX INJ 5%/D15W	335
<i>clindamycin phosphate inj 600 mg/4ml</i>	58	CLINIMIX INJ 5%/D20W	335
<i>clindamycin phosphate inj 900 mg/6ml</i>	58	CLINIMIX INJ 6/5	335
<i>clindamycin phosphate lotion 1%</i>	360	CLINIMIX INJ 8/10 ..	335
<i>clindamycin phosphate soln 1%</i>	360	CLINIMIX INJ 8/14 ..	335
<i>clindamycin phosphate vaginal cream 2%</i> ..	305	<i>clinisol sf 15%</i>	335
<i>clindamycin phosph-benzoyl peroxide</i>		CLINOLIPID EMU 20%	335
		<i>clobazam suspension 2.5 mg/ml</i>	211
		<i>clobazam tab 10 mg</i>	211
		<i>clobazam tab 20 mg</i>	211
		<i>clobetasol propionate cream 0.05%</i>	365
		<i>clobetasol propionate e</i>	365

<i>clobetasol propionate gel</i> <i>0.05%</i>	<i>365</i>	<i>clonazepam tab 0.5 mg</i> <i>.....</i>	<i>211</i>
<i>clobetasol propionate</i> <i>oint 0.05%.....</i>	<i>365</i>	<i>clonazepam tab 1 mg</i> <i>.....</i>	<i>212</i>
<i>clobetasol propionate</i> <i>shampoo 0.05%</i>	<i>365</i>	<i>clonazepam tab 2 mg</i> <i>.....</i>	<i>212</i>
<i>clobetasol propionate</i> <i>soln 0.05%</i>	<i>365</i>	<i>clonidine hcl tab 0.1 mg</i> <i>.....</i>	<i>162</i>
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<i>clomipramine hcl cap 25</i> <i>mg.....</i>	<i>177</i>	<i>clonidine hcl tab 0.3 mg</i> <i>.....</i>	<i>163</i>
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<i>clonazepam orally</i> <i>disintegrating tab</i> <i>0.125 mg.....</i>	<i>211</i>	<i>clonidine td patch</i> <i>weekly 0.3 mg/24hr</i> <i>.....</i>	<i>163</i>
<i>clonazepam orally</i> <i>disintegrating tab 0.25</i> <i>mg.....</i>	<i>211</i>	<i>clopidogrel bisulfate tab</i> <i>75 mg (base equiv) 312</i>	
<i>clonazepam orally</i> <i>disintegrating tab 0.5</i> <i>mg.....</i>	<i>211</i>	<i>clorazepate dipotassium</i> <i>tab 15 mg.....</i>	<i>212</i>
<i>clonazepam orally</i> <i>disintegrating tab 1 mg</i> <i>.....</i>	<i>211</i>	<i>clorazepate dipotassium</i> <i>tab 3.75 mg.....</i>	<i>212</i>
<i>clonazepam orally</i> <i>disintegrating tab 2 mg</i> <i>.....</i>	<i>211</i>	<i>clorazepate dipotassium</i> <i>tab 7.5 mg.....</i>	<i>212</i>

<i>clotrimazole cream 1%</i>		<i>COARTEM TAB 20-</i>	
.....	362	<i>120MG</i>	66
<i>clotrimazole soln 1%</i>	362	<i>COBENFY CAP 100-20MG</i>	
<i>clotrimazole troche 10</i>		.....	195
<i>mg</i>	372	<i>COBENFY CAP 125-30MG</i>	
<i>clotrimazole w/</i>		.....	195
<i>betamethasone cream</i>		<i>COBENFY CAP 50-20MG</i>	
<i>1-0.05%</i>	362	.....	195
<i>clozapine orally</i>		<i>COBENFY STRT CAP</i>	
<i>disintegrating tab 100</i>		<i>PACK</i>	195
<i>mg</i>	195	<i>colchicine tab 0.6 mg</i>	.47
<i>clozapine orally</i>		<i>colchicine w/ probenecid</i>	
<i>disintegrating tab 12.5</i>		<i>tab 0.5-500 mg</i>	47
<i>mg</i>	194	<i>colesevelam hcl packet</i>	
<i>clozapine orally</i>		<i>for susp 3.75 gm</i>	150
<i>disintegrating tab 150</i>		<i>colesevelam hcl tab 625</i>	
<i>mg</i>	195	<i>mg</i>	150
<i>clozapine orally</i>		<i>colestipol hcl granule</i>	
<i>disintegrating tab 200</i>		<i>packets 5 gm</i>	150
<i>mg</i>	195	<i>colestipol hcl granules 5</i>	
<i>clozapine orally</i>		<i>gm</i>	151
<i>disintegrating tab 25</i>		<i>colestipol hcl tab 1 gm</i>	
<i>mg</i>	194	.....	151
<i>clozapine tab 100 mg</i>		<i>colistimethate sod for inj</i>	
.....	195	<i>150 mg (colistin base</i>	
<i>clozapine tab 200 mg</i>		<i>activity)</i>	58
.....	195	<i>COMBIGAN SOL</i>	
<i>clozapine tab 25 mg</i>	195	<i>0.2/0.5%</i>	340
<i>clozapine tab 50 mg</i>	195	<i>COMBIVENT AER 20-100</i>	
		.....	343

COMETRIQ (60MG DOSE)	107	CRESEMBA CAP 74.5MG	64
COMETRIQ KIT 100MG	107	<i>cromolyn sodium ophth soln 4%.....</i>	340
COMETRIQ KIT 140MG	107	<i>cromolyn sodium oral conc 100 mg/5ml...</i>	298
<i>compro</i>	290	<i>cromolyn sodium soln nebu 20 mg/2ml....</i>	350
<i>constulose</i>	296	<i>cryselle</i>	266
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COPAXONE INJ 40MG/ML.....	242	<i>cyclobenzaprine hcl tab 5 mg</i>	244
COPIKTRA CAP 15MG107		CYCLOPHOSPH INJ 1000MG	90
COPIKTRA CAP 25MG107		CYCLOPHOSPH INJ 1GM/2ML.....	90
CORLANOR SOL 5MG/5ML.....	163	CYCLOPHOSPH INJ 1GM/5ML.....	90
COTELLIC TAB 20MG 107		CYCLOPHOSPH INJ 2000MG	90
CREON CAP 12000UNT	297	CYCLOPHOSPH INJ 2GM/4ML.....	90
CREON CAP 24000UNT	298	CYCLOPHOSPH INJ 500/5ML.....	90
CREON CAP 3000UNIT	297	CYCLOPHOSPH INJ 500MG/ML.....	90
CREON CAP 36000UNT	298	CYCLOPHOSPH TAB 25MG	90
CREON CAP 6000UNIT	297		
CRESEMBA CAP 186MG	64		

CYCLOPHOSPH TAB		
50MG	90	
CYCLOPHOSPHA INJ		
2GM/10ML	90	
CYCLOPHOSPHA INJ		
500/2.5	90	
<i>cyclophosphamide cap</i>		
25 mg	90	
<i>cyclophosphamide cap</i>		
50 mg	90	
<i>cyclophosphamide for inj</i>		
1 gm	90	
<i>cyclophosphamide for inj</i>		
2 gm	90	
<i>cyclophosphamide for inj</i>		
500 mg	90	
<i>cyclophosphamide iv</i>		
<i>soln 1 gm/5ml (200</i>		
<i>mg/ml).....</i>	90	
<i>cyclophosphamide iv</i>		
<i>soln 500 mg/2.5ml</i>		
<i>(200 mg/ml)</i>	91	
<i>cycloserine cap 250 mg</i>		
.....	72	
<i>cyclosporine cap 100 mg</i>		
.....	324	
<i>cyclosporine cap 25 mg</i>		
.....	324	
<i>cyclosporine modified</i>		
<i>cap 100 mg.....</i>	324	
<i>cyclosporine modified</i>		
<i>cap 25 mg</i>	324	
<i>cyclosporine modified</i>		
<i>cap 50 mg</i>	324	
<i>cyclosporine modified</i>		
<i>oral soln 100 mg/ml</i>		
.....	324	
<i>cycloheptadine hcl syrup</i>		
2 mg/5ml	345	
<i>cycloheptadine hcl tab 4</i>		
<i>mg</i>	345	
<i>cyred eq.....</i>	266	
CYSTADROPS SOL		
0.37%.....	341	
CYSTAGON CAP 150MG		
.....	282	
CYSTAGON CAP 50MG		
.....	282	
CYSTARAN SOL 0.44%		
.....	341	
<i>cytarabine inj 20 mg/ml</i>		
.....	91	
D		
D10W/NACL INJ 0.2%		
.....	329	
D10W/NACL INJ 0.45%		
.....	329	
D2.5W/NACL INJ 0.45%		
.....	329	
D5W/NACL INJ 0.2%		
.....	329	

D5W/NACL INJ 0.45%	
.....	329
dabigatran etexilate	
mesylate cap 110 mg	
(etexilate base eq).	306
dabigatran etexilate	
mesylate cap 150 mg	
(etexilate base eq).	306
dabigatran etexilate	
mesylate cap 75 mg	
(etexilate base eq).	306
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12hr 10 mg.....	242
danazol cap 100 mg.	248
danazol cap 200 mg.	248
danazol cap 50 mg ..	248
dantrolene sodium cap	
100 mg	244
dantrolene sodium cap	
25 mg	244
dantrolene sodium cap	
50 mg	244
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.....	108
DANZITEN TAB 95MG	
.....	108
dapagliflozin free base-	
metformin hcl tab er	
24hr 10-1000 mg ..	250
dapagliflozin free base-	
metformin hcl tab er	
24hr 10-500 mg	250
dapagliflozin free base-	
metformin hcl tab er	
24hr 5-1000 mg	249
dapagliflozin free base-	
metformin hcl tab er	
24hr 5-500 mg	249
dapagliflozin tab 10 mg	
.....	250
dapagliflozin tab 5 mg	
.....	250
dapsone tab 100 mg ..	58
dapsone tab 25 mg	58
DAPTACEL INJ.....	326
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350 mg	59
daptomycin for iv soln	
500 mg	59
DAPTOMYCIN INJ 350MG	
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darunavir tab 600 mg	67
darunavir tab 800 mg	67
dasatinib tab 100 mg	108
dasatinib tab 140 mg	108
dasatinib tab 20 mg.	108
dasatinib tab 50 mg.	108
dasatinib tab 70 mg.	108
dasatinib tab 80 mg.	108

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<i>dasetta 7/7/7</i>	266	200/25MG	70
DAURISMO TAB 100MG		<i>desipramine hcl tab 10</i>	
.....	108	<i>mg</i>	177
DAURISMO TAB 25MG		<i>desipramine hcl tab 100</i>	
.....	108	<i>mg</i>	178
<i>daysee</i>	266	<i>desipramine hcl tab 150</i>	
DAYVIGO TAB 10MG	234	<i>mg</i>	178
DAYVIGO TAB 5MG ..	233	<i>desipramine hcl tab 25</i>	
<i>deblitane</i>	266	<i>mg</i>	177
<i>deferasirox tab 180 mg</i>		<i>desipramine hcl tab 50</i>	
.....	264	<i>mg</i>	178
<i>deferasirox tab 360 mg</i>		<i>desipramine hcl tab 75</i>	
.....	264	<i>mg</i>	178
<i>deferasirox tab 90 mg</i>		<i>desmopressin acetate inj</i>	
.....	264	4 mcg/ml.....	282
<i>deferasirox tab for oral</i>		<i>desmopressin acetate</i>	
<i>susp 125 mg</i>	264	<i>nasal spray soln 0.01%</i>	
<i>deferasirox tab for oral</i>		.....	282
<i>susp 250 mg</i>	264	<i>desmopressin acetate</i>	
<i>deferasirox tab for oral</i>		<i>nasal spray soln 0.01%</i>	
<i>susp 500 mg</i>	264	(refrigerated)	282
DELSTRIGO TAB	70	<i>desmopressin acetate</i>	
DENG VAXIA SUS	326	<i>preservative free (pf)</i>	
DEPO-SQ PROV INJ	104	<i>inj 4 mcg/ml</i>	282
.....	266	<i>desmopressin acetate</i>	
<i>depo-testosterone</i> ...	248	<i>tab 0.1 mg</i>	282
DESCOVY TAB 120-		<i>desmopressin acetate</i>	
15MG	70	<i>tab 0.2 mg</i>	282

desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)	266	dexamethasone sodium phosphate inj 120 mg/30ml	277
desvenlafaxine succinate tab er 24hr 100 mg (base equiv).....	178	dexamethasone sodium phosphate inj 20 mg/5ml	277
desvenlafaxine succinate tab er 24hr 25 mg (base equiv).....	178	dexamethasone sodium phosphate inj 4 mg/ml	277
desvenlafaxine succinate tab er 24hr 50 mg (base equiv).....	178	dexamethasone sodium phosphate inj soln pref syr 4 mg/ml.....	277
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dexamethasone elixir 0.5 mg/5ml.....	277	dexamethasone soln 0.5 mg/5ml	278
dexamethasone sod phos inj sol pref syr 10 mg/ml (pf).....	277	dexamethasone tab 0.5 mg	278
dexamethasone sod phosphate preservative free inj 10 mg/ml...	277	dexamethasone tab 0.75 mg	278
dexamethasone sodium phosphate inj 10 mg/ml	277	dexamethasone tab 1 mg	278
dexamethasone sodium phosphate inj 100 mg/10ml	277	dexamethasone tab 1.5 mg	278
		dexamethasone tab 2 mg	278
		dexamethasone tab 4 mg	278

<i>dexamethasone tab 6 mg</i>	278
<i>dexmethylphenidate hcl tab 10 mg</i>	232
<i>dexmethylphenidate hcl tab 2.5 mg</i>	232
<i>dexmethylphenidate hcl tab 5 mg</i>	232
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	329
<i>dextrose 5% in lactated ringers</i>	329
<i>dextrose 5% w/ sodium chloride 0.225%</i>	329
<i>dextrose 5% w/ sodium chloride 0.3%</i>	329
<i>dextrose 5% w/ sodium chloride 0.45%</i>	329
<i>dextrose 5% w/ sodium chloride 0.9%</i>	329
<i>dextrose inj 10%</i>	335
DEXTROSE INJ 10%.	335
<i>dextrose inj 5%</i>	335
<i>dextrose inj 50%</i>	335
DEXTROSE INJ 70%.	335
DIACOMIT CAP 250MG	212
DIACOMIT CAP 500MG	212
DIACOMIT PAK 250MG	213
DIACOMIT PAK 500MG	213
<i>diazepam inj</i>	213
<i>diazepam intensol</i> ...	213
<i>diazepam oral soln 1 mg/ml</i>	213
<i>diazepam rectal gel delivery system 10 mg</i>	214
<i>diazepam rectal gel delivery system 2.5 mg</i>	213
<i>diazepam rectal gel delivery system 20 mg</i>	214
<i>diazepam tab 10 mg</i>	215
<i>diazepam tab 2 mg</i> ..	214
<i>diazepam tab 5 mg</i> ..	214
<i>diazoxide susp 50 mg/ml</i>	281
<i>diclofenac potassium tab 50 mg</i>	48
<i>diclofenac sodium ophth soln 0.1%</i>	339
<i>diclofenac sodium soln 1.5%</i>	369

<i>diclofenac sodium tab delayed release 25 mg</i>	<i>48</i>	<i>digoxin tab 125 mcg (0.125 mg)</i>	<i>163</i>
<i>diclofenac sodium tab delayed release 50 mg</i>	<i>48</i>	<i>digoxin tab 250 mcg (0.25 mg).....</i>	<i>163</i>
<i>diclofenac sodium tab delayed release 75 mg</i>	<i>48</i>	<i>dihydroergotamine mesylate nasal spray 4 mg/ml.....</i>	<i>237</i>
<i>diclofenac sodium tab er 24hr 100 mg</i>	<i>48</i>	<i>DILANTIN CAP 30MG</i>	<i>215</i>
<i>dicloxacillin sodium cap 250 mg</i>	<i>86</i>	<i>diltiazem hcl cap er 12hr 120 mg</i>	<i>157</i>
<i>dicloxacillin sodium cap 500 mg</i>	<i>86</i>	<i>diltiazem hcl cap er 12hr 60 mg</i>	<i>156</i>
<i>dicyclomine hcl cap 10 mg.....</i>	<i>294</i>	<i>diltiazem hcl cap er 12hr 90 mg</i>	<i>156</i>
<i>dicyclomine hcl oral soln 10 mg/5ml.....</i>	<i>294</i>	<i>diltiazem hcl cap er 24hr 120 mg</i>	<i>157</i>
<i>dicyclomine hcl tab 20 mg.....</i>	<i>294</i>	<i>diltiazem hcl cap er 24hr 180 mg</i>	<i>157</i>
<i>DIFICID SUS.....</i>	<i>81</i>	<i>diltiazem hcl cap er 24hr 240 mg</i>	<i>157</i>
<i>diflunisal tab 500 mg .</i>	<i>48</i>	<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	<i>157</i>
<i>difluprednate ophth emulsion 0.05%</i>	<i>339</i>	<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	<i>157</i>
<i>digoxin inj 0.25 mg/ml</i>	<i>163</i>	<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	<i>157</i>
<i>digoxin oral soln 0.05 mg/ml</i>	<i>163</i>		

<i>diltiazem hcl coated beads cap er 24hr 300 mg.....</i>	<i>157</i>	<i>diltiazem hcl tab 120 mg</i>	<i>158</i>
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<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	<i>157</i>	<i>diltiazem hcl tab 60 mg</i>	<i>158</i>
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<i>0.5%</i>	340		<i>doxorubicin hcl inj 2</i>	
<i>dotti</i>	274		<i>mg/ml</i>	100
<i>DOVATO TAB 50-300MG</i>			<i>doxorubicin hcl</i>	
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<i>doxazosin mesylate tab</i>			<i>infusion) 2 mg/ml ..</i>	100
<i>1 mg</i>	138		<i>doxy 100</i>	87
<i>doxazosin mesylate tab</i>			<i>doxycycline hyclate cap</i>	
<i>2 mg</i>	138		<i>100 mg</i>	88
<i>doxazosin mesylate tab</i>			<i>doxycycline hyclate cap</i>	
<i>4 mg</i>	138		<i>50 mg</i>	88
<i>doxazosin mesylate tab</i>			<i>doxycycline hyclate for</i>	
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<i>mg (base equiv)</i>	234		<i>100 mg</i>	88
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<i>mg</i>	88	
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<i>dronabinol cap 2.5 mg</i>		
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<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg.</i>	302
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<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	70
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	70
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	71
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<i>emtricitabine caps 200 mg</i>	68	<i>enalapril maleate tab 2.5 mg</i>	136
<i>emtricitabine-rilpivirine- tenofovir df tab 200- 25-300 mg</i>	71	<i>enalapril maleate tab 20 mg</i>	136
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<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	135	<i>endocet tab 2.5-325mg</i>	54
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<i>enoxaparin sodium inj</i>	
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mg/ml	307
<i>enoxaparin sodium inj</i>	
soln pref syr 120	
mg/0.8ml	307
<i>enoxaparin sodium inj</i>	
soln pref syr 150	
mg/ml	308
<i>enoxaparin sodium inj</i>	
soln pref syr 30	
mg/0.3ml	307
<i>enoxaparin sodium inj</i>	
soln pref syr 40	
mg/0.4ml	307
<i>enoxaparin sodium inj</i>	
soln pref syr 60	
mg/0.6ml	307
<i>enoxaparin sodium inj</i>	
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.....	164
<i>epinephrine solution</i>	
auto-injector 0.15	
mg/0.15ml (1:1000)	
.....	350
<i>epinephrine solution</i>	
auto-injector 0.15	
mg/0.3ml (1:2000)	350

<i>epinephrine solution</i>	
<i>auto-injector 0.3</i>	
<i>mg/0.3ml (1:1000)</i>	350
<i>eplerenone tab 25 mg</i>	
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<i>eplerenone tab 50 mg</i>	
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<i>(base equivalent)</i> ...	109
<i>erlotinib hcl tab 150 mg</i>	
<i>(base equivalent)</i> ...	109
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<i>(base equivalent)</i> ...	109
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<i>inj 1 gm (base</i>	
<i>equivalent)</i>	59
<i>ery</i>	360
<i>ERYTHROCIN INJ 500MG</i>	
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<i>erythromycin</i>	
<i>ethylsuccinate tab 400</i>	
<i>mg</i>	81
<i>erythromycin gel 2%</i>	360
<i>erythromycin</i>	
<i>lactobionate for inj 500</i>	
<i>mg</i>	81
<i>erythromycin ophth oint</i>	
<i>5 mg/gm</i>	338
<i>erythromycin soln 2%</i>	
.....	360
<i>erythromycin tab 250</i>	
<i>mg</i>	81
<i>erythromycin tab 500</i>	
<i>mg</i>	81
<i>erythromycin tab</i>	
<i>delayed release 250</i>	
<i>mg</i>	81
<i>erythromycin tab</i>	
<i>delayed release 333</i>	
<i>mg</i>	81
<i>erythromycin tab</i>	
<i>delayed release 500</i>	
<i>mg</i>	81
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<i>release particles cap</i>	
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<i>escitalopram oxalate soln 5 mg/5ml (base equiv) 180</i>	<i>esomeprazole</i>
<i>escitalopram oxalate tab 10 mg (base equiv) 181</i>	<i>magnesium for delayed release susp packet 10 mg 301</i>
<i>escitalopram oxalate tab 20 mg (base equiv) 181</i>	<i>esomeprazole</i>
<i>escitalopram oxalate tab 5 mg (base equiv) .180</i>	<i>magnesium for delayed release susp packet 20 mg 301</i>
<i>eslicarbazepine acetate tab 200 mg 216</i>	<i>esomeprazole</i>
<i>eslicarbazepine acetate tab 400 mg 216</i>	<i>magnesium for delayed release susp packet 40 mg 301</i>
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<i>eslicarbazepine acetate tab 800 mg 216</i>	<i>magnesium for delayed release susp packet 5 mg 301</i>
<i>esomeprazole</i>	<i>estarylla 267</i>
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<i>magnesium cap</i>	<i>norethindrone acetate tab 1-0.5 mg 274</i>
	<i>estradiol tab 0.5 mg 274</i>

<i>estradiol tab 1 mg ...</i>	<i>275</i>	<i>estradiol vaginal cream</i>	
<i>estradiol tab 2 mg ...</i>	<i>275</i>	<i>0.01%.....</i>	<i>276</i>
<i>estradiol td patch twice</i>		<i>estradiol vaginal tab 10</i>	
<i>weekly 0.025 mg/24hr</i>		<i>mcg</i>	<i>276</i>
<i>.....</i>	<i>275</i>	<i>estradiol valerate im in</i>	
<i>estradiol td patch twice</i>		<i>oil 10 mg/ml</i>	<i>276</i>
<i>weekly 0.0375</i>		<i>estradiol valerate im in</i>	
<i>mg/24hr</i>	<i>275</i>	<i>oil 20 mg/ml</i>	<i>276</i>
<i>estradiol td patch twice</i>		<i>estradiol valerate im in</i>	
<i>weekly 0.05 mg/24hr</i>		<i>oil 40 mg/ml</i>	<i>276</i>
<i>.....</i>	<i>275</i>	<i>eszopiclone tab 1 mg</i>	<i>234</i>
<i>estradiol td patch twice</i>		<i>eszopiclone tab 2 mg</i>	<i>234</i>
<i>weekly 0.075 mg/24hr</i>		<i>eszopiclone tab 3 mg</i>	<i>235</i>
<i>.....</i>	<i>275</i>	<i>ethambutol hcl tab 100</i>	
<i>estradiol td patch twice</i>		<i>mg</i>	<i>72</i>
<i>weekly 0.1 mg/24hr</i>		<i>ethambutol hcl tab 400</i>	
<i>.....</i>	<i>275</i>	<i>mg</i>	<i>72</i>
<i>estradiol td patch weekly</i>		<i>ethosuximide cap 250</i>	
<i>0.025 mg/24hr</i>	<i>275</i>	<i>mg</i>	<i>216</i>
<i>estradiol td patch weekly</i>		<i>ethosuximide soln 250</i>	
<i>0.0375 mg/24hr (37.5</i>		<i>mg/5ml</i>	<i>216</i>
<i>mcg/24hr)</i>	<i>276</i>	<i>ethynodiol diacetate &</i>	
<i>estradiol td patch weekly</i>		<i>ethinyl estradiol tab 1</i>	
<i>0.05 mg/24hr.....</i>	<i>275</i>	<i>mg-50 mcg</i>	<i>267</i>
<i>estradiol td patch weekly</i>		<i>etodolac cap 200 mg..</i>	<i>48</i>
<i>0.06 mg/24hr.....</i>	<i>275</i>	<i>etodolac cap 300 mg..</i>	<i>48</i>
<i>estradiol td patch weekly</i>		<i>etodolac tab 400 mg..</i>	<i>49</i>
<i>0.075 mg/24hr</i>	<i>275</i>	<i>etodolac tab 500 mg..</i>	<i>49</i>
<i>estradiol td patch weekly</i>		<i>etodolac tab er 24hr 400</i>	
<i>0.1 mg/24hr</i>	<i>275</i>	<i>mg</i>	<i>49</i>

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<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	103
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<i>everolimus tab 0.5 mg</i>	325
<i>everolimus tab 0.75 mg</i>	325
<i>everolimus tab 1 mg</i>	325
<i>everolimus tab 10 mg</i>	109
<i>everolimus tab 2.5 mg</i>	109
<i>everolimus tab 5 mg</i>	109
<i>everolimus tab 7.5 mg</i>	109
<i>everolimus tab for oral susp 2 mg</i>	110
<i>everolimus tab for oral susp 3 mg</i>	110
<i>everolimus tab for oral susp 5 mg</i>	110
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<i>ezetimibe-simvastatin tab 10-10 mg</i>	151
<i>ezetimibe-simvastatin tab 10-20 mg</i>	151
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<i>famciclovir tab 250 mg</i>		FASENRA INJ 10MG/0.5	
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<i>famciclovir tab 500 mg</i>		FASENRA INJ 30MG/ML	
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<i>famotidine for susp 40</i>		FASENRA PEN INJ	
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<i>famotidine in nacl 0.9%</i>		<i>feirza 1.5/30</i>	267
<i>iv soln 20 mg/50ml</i>	295	<i>feirza 1/20</i>	267
<i>famotidine inj 200</i>		<i>felbamate susp 600</i>	
<i>mg/20ml</i>	295	<i>mg/5ml</i>	216
<i>famotidine inj 40</i>		<i>felbamate tab 400 mg</i>	
<i>mg/4ml</i>	295		216
<i>famotidine preservative</i>		<i>felbamate tab 600 mg</i>	
<i>free inj 20 mg/2ml.</i>	295		216
<i>famotidine tab 20 mg</i>		<i>felodipine tab er 24hr 10</i>	
.....	295	<i>mg</i>	158
<i>famotidine tab 40 mg</i>		<i>felodipine tab er 24hr</i>	
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300-12.5 mg	140
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mg/5ml (20 mg/ml)	100
<i>irinotecan hcl inj 300</i>	
mg/15ml (20 mg/ml)	
.....	100
<i>irinotecan hcl inj 40</i>	
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kcl 10 meq/l (0.075%)
in dextrose 5% & nacl
0.45% inj 330

kcl 20 meq/l (0.149%)
in nacl 0.45% inj ... 330
kcl 20 meq/l (0.149%)
in nacl 0.9% inj 330
kcl 20 meq/l (0.15%) in
dextrose 5% & nacl
0.45% inj 330
kcl 20 meq/l (0.15%) in
dextrose 5% & nacl
0.9% inj 330
kcl 20 meq/l (0.15%) in
nacl 0.45% inj 330
kcl 20 meq/l (0.15%) in
nacl 0.9% inj 330
kcl 30 meq/l (0.224%)
in dextrose 5% & nacl
0.45% inj 330
kcl 40 meq/l (0.298%)
in nacl 0.9% inj 331
kcl 40 meq/l (0.3%) in
dextrose 5% & nacl
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kcl 40 meq/l (0.3%) in
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<i>ketorolac tromethamine</i>		
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<i>lopinavir-ritonavir tab</i>		<i>25 mg</i>	144
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.....	171	<i>tobramycin ophth susp</i>	
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<i>lorazepam tab 1 mg</i> .	171	<i>loxapine succinate cap</i>	
<i>lorazepam tab 2 mg</i> .	171	<i>10 mg</i>	200
LORBRENA TAB 100MG		<i>loxapine succinate cap</i>	
.....	118	<i>25 mg</i>	200
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.....	118	<i>mg</i>	200

<i>loxapine succinate cap</i>			
50 mg	200		
<i>lubiprostone cap 24 mcg</i>			
.....	298		
<i>lubiprostone cap 8 mcg</i>			
.....	298		
<i>luizza 1.5/30</i>	270		
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45MG	283		
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mg	200		
<i>lurasidone hcl tab 20 mg</i>			
.....	200		
<i>lurasidone hcl tab 40 mg</i>			
.....	200		
<i>lurasidone hcl tab 60 mg</i>			
.....	200		
<i>lurasidone hcl tab 80 mg</i>			
.....	200		
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LYUMJEV KWPN INJ
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*magnesium sulfate iv
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<i>mg</i>	253
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<i>mg</i>	253
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<i>mg</i>	52
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<i>mg</i>	161
<i>methazolamide tab 50</i>	
<i>mg</i>	161
<i>methenamine hippurate</i>	
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<i>methylprednisolone tab 32 mg</i>	<i>279</i>	<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	<i>153</i>
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<i>metoprolol tartrate iv</i>	
<i>soln 5 mg/5ml</i>	<i>154</i>
<i>metoprolol tartrate tab</i>	
<i>100 mg</i>	<i>154</i>
<i>metoprolol tartrate tab</i>	
<i>25 mg</i>	<i>154</i>
<i>metoprolol tartrate tab</i>	
<i>50 mg</i>	<i>154</i>
<i>metronidazole cream</i>	
<i>0.75%</i>	<i>370</i>
<i>metronidazole gel 0.75%</i>	
<i>.....</i>	<i>370</i>
<i>metronidazole iv soln</i>	
<i>500 mg/100ml</i>	<i>61</i>
<i>metronidazole lotion</i>	
<i>0.75%</i>	<i>370</i>
<i>metronidazole tab 250</i>	
<i>mg.....</i>	<i>61</i>
<i>metronidazole tab 500</i>	
<i>mg.....</i>	<i>61</i>
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<i>gel 0.75%.....</i>	<i>306</i>
<i>metyrosine cap 250 mg</i>	
<i>.....</i>	<i>164</i>
<i>mibelas 24 fe</i>	<i>270</i>
<i>micalfungin sodium for iv</i>	
<i>soln 100 mg.....</i>	<i>65</i>
<i>micalfungin sodium for iv</i>	
<i>soln 50 mg.....</i>	<i>65</i>
<i>microgestin 1.5/30 ..</i>	<i>270</i>
<i>microgestin 1/20</i>	<i>270</i>
<i>microgestin fe 1.5/30</i>	
<i>.....</i>	<i>270</i>
<i>microgestin fe 1/20 .</i>	<i>270</i>
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<i>.....</i>	<i>164</i>
<i>midodrine hcl tab 2.5</i>	
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<i>.....</i>	<i>341</i>
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<i>.....</i>	<i>283</i>
<i>mili.....</i>	<i>270</i>
<i>mimvey.....</i>	<i>276</i>
<i>minocycline hcl cap 100</i>	
<i>mg</i>	<i>88</i>
<i>minocycline hcl cap 50</i>	
<i>mg</i>	<i>88</i>
<i>minocycline hcl cap 75</i>	
<i>mg</i>	<i>88</i>
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<i>minoxidil tab 2.5 mg</i>	<i>165</i>
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<i>25 mg</i>	<i>304</i>
<i>mirabegron tab er 24 hr</i>	
<i>50 mg</i>	<i>304</i>

<i>mirtazapine orally</i>	
<i>disintegrating tab 15</i>	
<i>mg</i>	182
<i>mirtazapine orally</i>	
<i>disintegrating tab 30</i>	
<i>mg</i>	182
<i>mirtazapine orally</i>	
<i>disintegrating tab 45</i>	
<i>mg</i>	183
<i>mirtazapine tab 15 mg</i>	
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<i>mirtazapine tab 30 mg</i>	
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<i>mirtazapine tab 45 mg</i>	
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<i>mirtazapine tab 7.5 mg</i>	
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<i>modafinil tab 200 mg</i>	
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<i>moexipril hcl tab 15 mg</i>	
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<i>moexipril hcl tab 7.5 mg</i>	
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<i>molindone hcl tab 10 mg</i>	
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<i>molindone hcl tab 25 mg</i>	
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<i>molindone hcl tab 5 mg</i>	
.....	201
<i>mometasone furoate</i>	
<i>cream 0.1%</i>	367
<i>mometasone furoate</i>	
<i>oint 0.1%</i>	367
<i>mometasone furoate</i>	
<i>solution 0.1% (lotion)</i>	
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<i>mono-lynyah</i>	270
<i>montelukast sodium</i>	
<i>chew tab 4 mg (base</i>	
<i>equiv)</i>	349
<i>montelukast sodium</i>	
<i>chew tab 5 mg (base</i>	
<i>equiv)</i>	349
<i>montelukast sodium oral</i>	
<i>granules packet 4 mg</i>	
<i>(base equiv)</i>	349
<i>montelukast sodium tab</i>	
<i>10 mg (base equiv)</i>	349

<i>morphine sulfate iv soln</i>		
10 mg/ml	55	
<i>morphine sulfate iv soln</i>		
2 mg/ml	55	
<i>morphine sulfate iv soln</i>		
4 mg/ml	55	
<i>morphine sulfate iv soln</i>		
8 mg/ml	55	
<i>morphine sulfate oral</i>		
<i>soln 10 mg/5ml</i>	55	
<i>morphine sulfate oral</i>		
<i>soln 100 mg/5ml (20</i>		
<i>mg/ml).....</i>	55	
<i>morphine sulfate oral</i>		
<i>soln 20 mg/5ml</i>	55	
<i>morphine sulfate tab 15</i>		
<i>mg.....</i>	55	
<i>morphine sulfate tab 30</i>		
<i>mg.....</i>	56	
<i>morphine sulfate tab er</i>		
100 mg	52	
<i>morphine sulfate tab er</i>		
15 mg	52	
<i>morphine sulfate tab er</i>		
200 mg	52	
<i>morphine sulfate tab er</i>		
30 mg	52	
<i>morphine sulfate tab er</i>		
60 mg	52	
MOUNJARO INJ		
10MG/0.5	254	
MOUNJARO INJ 12.5/0.5		
.....	254	
MOUNJARO INJ		
15MG/0.5	254	
MOUNJARO INJ 2.5/0.5		
.....	253	
MOUNJARO INJ 5MG/0.5		
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MOUNJARO INJ 7.5/0.5		
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<i>moxifloxacin hcl 400</i>		
<i>mg/250ml in sodium</i>		
<i>chloride 0.8% inj</i>	83	
<i>moxifloxacin hcl ophth</i>		
<i>soln 0.5% (base equiv)</i>		
.....	338	
<i>moxifloxacin hcl tab 400</i>		
<i>mg (base equiv)</i>	83	
MRESVIA INJ 50MCG		327
MULTAQ TAB 400MG		146
<i>multiple electrolytes ph</i>		
5.5	332	
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mycophenolate mofetil
cap 250 mg..... 325
mycophenolate mofetil
for oral susp 200
mg/ml 325
mycophenolate mofetil
tab 500 mg 325
mycophenolate sodium
tab dr 180 mg
(mycophenolic acid
equiv) 325
mycophenolate sodium
tab dr 360 mg
(mycophenolic acid
equiv) 325
 MYRBETRIQ SUS
 8MG/ML..... 304
 MYRBETRIQ TAB 25MG
 304
 MYRBETRIQ TAB 50MG
 304

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nabumetone tab 500 mg
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nabumetone tab 750 mg
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nadolol tab 20 mg ... 154
nadolol tab 40 mg ... 154
nadolol tab 80 mg ... 155

nafcillin sodium for inj 1
gm 86
nafcillin sodium for inj 2
gm 86
nafcillin sodium for iv
soln 10 gm 86
 NAGLAZYME INJ 1MG/ML
 283
naloxone hcl inj 0.4
mg/ml..... 247
naloxone hcl inj 4
mg/10ml 247
naloxone hcl soln
cartridge 0.4 mg/ml 247
naloxone hcl soln
prefilled syringe 0.4
mg/ml..... 247
naloxone hcl soln
prefilled syringe 2
mg/2ml 248
naltrexone hcl tab 50 mg
 248
 NAMZARIC CAP 7-10MG
 174
naproxen sodium tab
275 mg 49
naproxen sodium tab
550 mg 49
naproxen tab 250 mg. 49
naproxen tab 375 mg. 49

<i>naproxen tab 500 mg</i>	49	<i>nefazodone hcl tab 250</i>	
<i>naproxen tab ec 375 mg</i>		<i>mg</i>	183
.....	49	<i>nefazodone hcl tab 50</i>	
<i>naratriptan hcl tab 1 mg</i>		<i>mg</i>	183
<i>(base equiv)</i>	238	<i>neomycin sulfate tab</i>	
<i>naratriptan hcl tab 2.5</i>		<i>500 mg</i>	61
<i>mg (base equiv)</i>	238	<i>neomycin-bacitrac zn-</i>	
<i>NATACYN SUS 5% OP</i>		<i>polymyx 5(3.5)mg-</i>	
.....	338	<i>400unt-10000unt op</i>	
<i>nateglinide tab 120 mg</i>		<i>oin</i>	338
.....	254	<i>neomycin-polymy-</i>	
<i>nateglinide tab 60 mg</i>		<i>gramicid op sol 1.75-</i>	
.....	254	<i>10000-0.025mg-unt-</i>	
<i>NAYZILAM SPR 5MG</i>	220	<i>mg/ml</i>	338
<i>nebivolol hcl tab 10 mg</i>		<i>neomycin-polymyxin-</i>	
<i>(base equivalent)</i>	155	<i>dexamethasone ophth</i>	
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..... 223	<i>pioglitazone hcl tab 30</i>	
<i>phenytoin sodium</i>	<i>mg (base equiv)</i>	255
<i>extended cap 300 mg</i>	<i>pioglitazone hcl tab 45</i>	
..... 223	<i>mg (base equiv)</i>	255
<i>phenytoin sodium inj 50</i>	<i>pioglitazone hcl-</i>	
<i>mg/ml</i>	<i>metformin hcl tab 15-</i>	
223	<i>500 mg</i>	255
<i>phenytoin susp 125</i>		
<i>mg/5ml</i>		
223		

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<i>metformin hcl tab 15-</i>	
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<i>3.375 gm (3-0.375</i>	
<i>gm)</i>	<i>87</i>
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<i>tazobactam sod for inj</i>	
<i>13.5 gm (12-1.5 gm)</i>	
<i>.....</i>	<i>87</i>
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<i>.....</i>	<i>98</i>
<i>pomalidomide cap 2 mg</i>	
<i>.....</i>	<i>98</i>
<i>pomalidomide cap 3 mg</i>	
<i>.....</i>	<i>98</i>
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meq/ml (14.6%)....	333
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sodium chloride iv soln	
0.9%	333
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3%	333
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5%	333
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tab; 1.1 (0.5 f) mg/ml	
soln	335
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oral powder 3	
gm/teaspoonful	285
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<i>equivalent)</i>	125
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<i>sotalol hcl (afib/afl) tab</i>	
<i>160 mg</i>	147
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<i>80 mg</i>	147
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<i>trimethoprim tab 400-</i>	
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<i>mg</i>	241
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<i>timolol maleate tab 5 mg.....</i>	<i>156</i>	<i>tolterodine tartrate cap er 24hr 4 mg.....</i>	<i>305</i>
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<i>topiramate tab 25 mg</i>		
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<i>trandolapril tab 2 mg</i>	137	
<i>trandolapril tab 4 mg</i>	137	
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mg/ml)	312	
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<i>mg</i>	312	
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<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	168	<i>triamcinolone acetonide lotion 0.025%</i>	368
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	168	<i>triamcinolone acetonide lotion 0.1%</i>	368
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UPTRAVI TAB 200MCG		<i>valproate sodium inj 100</i>	
.....	169	<i>mg/ml.....</i>	227
UPTRAVI TAB 400MCG		<i>valproate sodium oral</i>	
.....	169	<i>soln 250 mg/5ml (base</i>	
UPTRAVI TAB 600MCG		<i>equiv)</i>	227
.....	169	<i>valproic acid cap 250 mg</i>	
UPTRAVI TAB 800MCG		.....	227
.....	169	<i>valsartan tab 160 mg</i>	
<i>ursodiol cap 300 mg</i>	299	.....	145
<i>ursodiol tab 250 mg.</i>	299	<i>valsartan tab 320 mg</i>	
<i>ursodiol tab 500 mg.</i>	299	.....	145
USTEKINUMAB INJ		<i>valsartan tab 40 mg.</i>	145
130/26ML	320	<i>valsartan tab 80 mg.</i>	145
USTEKINUMAB INJ		<i>valsartan-</i>	
45/0.5ML.....	319, 320	<i>hydrochlorothiazide tab</i>	
USTEKINUMAB INJ		<i>160-12.5 mg.....</i>	143
90MG/ML.....	320	<i>valsartan-</i>	
V		<i>hydrochlorothiazide tab</i>	
<i>valacyclovir hcl tab 1 gm</i>		<i>160-25 mg</i>	143
.....	75	<i>valsartan-</i>	
<i>valacyclovir hcl tab 500</i>		<i>hydrochlorothiazide tab</i>	
<i>mg.....</i>	75	<i>320-12.5 mg.....</i>	143
VALCHLOR GEL 0.016%		<i>valsartan-</i>	
.....	371	<i>hydrochlorothiazide tab</i>	
<i>valganciclovir hcl for</i>		<i>320-25 mg</i>	143
<i>soln 50 mg/ml (base</i>		<i>valsartan-</i>	
<i>equiv)</i>	75	<i>hydrochlorothiazide tab</i>	
<i>valganciclovir hcl tab</i>		<i>80-12.5 mg</i>	143
<i>450 mg (base</i>		VALTOCO SPR 10MG	227
<i>equivalent)</i>	75	VALTOCO SPR 15MG	227

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VALTOCO SPR 5MG..	227		63
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<i>valtya 1/50</i>	273	500MG	63
<i>vancomycin hcl cap 125</i>		VANCOMYCIN INJ	
<i>mg (base equivalent)</i>	63	750MG	63
<i>vancomycin hcl cap 250</i>		VANFLYTA TAB 17.7MG	
<i>mg (base equivalent)</i>	63		129
<i>vancomycin hcl for iv</i>		VANFLYTA TAB 26.5MG	
<i>soln 1 gm (base</i>			129
<i>equivalent)</i>	63	VAQTA INJ 25/0.5ML	328
<i>vancomycin hcl for iv</i>		VAQTA INJ 50UNT/ML	
<i>soln 1.25 gm (base</i>			328
<i>equivalent)</i>	63	<i>varenicline tartrate tab</i>	
<i>vancomycin hcl for iv</i>		<i>0.5 mg (base equiv)</i>	
<i>soln 1.5 gm (base</i>			248
<i>equivalent)</i>	63	<i>varenicline tartrate tab 1</i>	
<i>vancomycin hcl for iv</i>		<i>mg (base equiv)</i>	248
<i>soln 10 gm (base</i>		<i>varenicline tartrate tab</i>	
<i>equivalent)</i>	63	<i>11 x 0.5 mg & 42 x 1</i>	
<i>vancomycin hcl for iv</i>		<i>mg start pack.....</i>	248
<i>soln 5 gm (base</i>		VARIVAX INJ.....	328
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<i>soln 500 mg (base</i>		VAXCHORA SUS	328
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<i>equivalent)</i>	63		129

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VENCLEXTA TAB START PK	129	<i>verapamil hcl cap er</i> 24hr 100 mg	159
<i>venlafaxine hcl cap er</i> 24hr 150 mg (base equivalent)	185	<i>verapamil hcl cap er</i> 24hr 120 mg	159
<i>venlafaxine hcl cap er</i> 24hr 37.5 mg (base equivalent)	185	<i>verapamil hcl cap er</i> 24hr 180 mg	159
<i>venlafaxine hcl cap er</i> 24hr 75 mg (base equivalent)	185	<i>verapamil hcl cap er</i> 24hr 200 mg	159
<i>venlafaxine hcl tab 100</i> <i>mg (base equivalent)</i>	186	<i>verapamil hcl cap er</i> 24hr 240 mg	159
<i>venlafaxine hcl tab 25</i> <i>mg (base equivalent)</i>	186	<i>verapamil hcl cap er</i> 24hr 300 mg	160
<i>venlafaxine hcl tab 37.5</i> <i>mg (base equivalent)</i>	186	<i>verapamil hcl cap er</i> 24hr 360 mg	160
<i>venlafaxine hcl tab 50</i> <i>mg (base equivalent)</i>	186	<i>verapamil hcl iv soln 2.5</i> <i>mg/ml</i>	160
<i>venlafaxine hcl tab 75</i> <i>mg (base equivalent)</i>	186	<i>verapamil hcl tab 120</i> <i>mg</i>	160
		<i>verapamil hcl tab 40 mg</i>	160
		<i>verapamil hcl tab 80 mg</i>	160
		<i>verapamil hcl tab er 120</i> <i>mg</i>	160
		<i>verapamil hcl tab er 180</i> <i>mg</i>	160

<i>verapamil hcl tab er 240 mg</i>	160	<i>vilazodone hcl tab 40 mg</i>	186
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50MG/ML.....	207	<i>10 mg/ml (base equiv)</i>	
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.....	130	<i>vinorelbine tartrate inj</i>	
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.....	130	<i>(base equiv)</i>	103
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<i>500 mg</i>	227	VIREAD TAB 250MG...	70
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100MG/ML.....	228		130
<i>vilazodone hcl tab 10 mg</i>		VIVIMUSTA INJ 100/4ML	
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ZEGALOGUE INJ 0.6/0.6		ZENPEP CAP 60000UNT	
.....	281		300
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ZEJULA TAB 200MG	.132		340
ZEJULA TAB 300MG	.133	<i>zidovudine cap 100 mg</i>	
ZELBORAF TAB 240MG			70
.....	133	<i>zidovudine syrup 10</i>	
<i>zelvysia</i>	286	<i>mg/ml</i>	70
ZEMAIRA INJ 1000MG		<i>zidovudine tab 300 mg</i>	
.....	356	.....	70
ZEMAIRA INJ 4000MG		<i>ziprasidone hcl cap 20</i>	
.....	356	<i>mg</i>	208
ZEMAIRA INJ 5000MG		<i>ziprasidone hcl cap 40</i>	
.....	356	<i>mg</i>	208
<i>zenatane</i>	361	<i>ziprasidone hcl cap 60</i>	
ZENPEP CAP 10000UNT		<i>mg</i>	208
.....	300	<i>ziprasidone hcl cap 80</i>	
ZENPEP CAP 15000UNT		<i>mg</i>	208
.....	300	<i>ziprasidone mesylate for</i>	
ZENPEP CAP 20000UNT		<i>inj 20 mg (base</i>	
.....	300	<i>equivalent)</i>	208
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.....	300		133
ZENPEP CAP 3000UNIT		ZIRABEV INJ 400/16ML	
.....	300		133
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.....	300		

<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	<i>263</i>	ZTALMY SUS 50MG/ML	229
<i>zoledronic acid iv soln 5 mg/100ml.....</i>	<i>263</i>	<i>zumandimine</i>	<i>274</i>
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<i>zonisamide cap 25 mg</i>	<i>229</i>	ZYKADIA TAB 150MG	133
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<i>zovia 1/35</i>	<i>274</i>	ZYPREXA RELP INJ 210MG	208
		ZYPREXA RELP INJ 300MG	208
		ZYPREXA RELP INJ 405MG	208

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

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
*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
subsalcylate
*calcium
polycarbophil
*cimetidine tablet
*Culturelle
(lactobacillus
rhamnosus GG)
< 21 years
*dextrin
*docusate sodium
capsule, tablet
*docusate sodium
enema
*docusate sodium
solution, syrup

*Branded OTC nonoxynol-9 products are covered by MassHealth without
PA. OTCDL (Rev. 07/26)

*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/pyrethroids

Respiratory Agents

*sodium chloride
for inhalation

Smoking Cessation

*nicotine gum,
lozenge, patch

Tear/Saliva Replacement Agents

*artificial tears
*saliva substitute

**Vitamins/
Nutrients/
Supplements**

*calcium
replacement
*coenzyme Q10
< 21 years
*electrolyte
solution,
pediatric
*ferrous
fumarate
*ferrous
gluconate
*ferrous sulfate
*folic acid
*glucose
products
< 21 years
*iron
polysaccharide
complex

*magnesium salts
*melatonin
*melatonin/
pyridoxine
tablet
*multivitamins
*niacinamide
*nicotinic acid
*pediatric
multivitamins
*Phos-Flur
(sodium fluoride
oral rinse)
*prenatal
vitamins
*potassium
phosphate
*sodium chloride
tablet
*sodium fluoride
*vitamin A
(retinol)

*vitamin B-1
(thiamine)
*vitamin B-2
(riboflavin)
*vitamin B-3
(niacin)
*vitamin B-6
(pyridoxine)
*vitamin B-12
(cyanocobalamin)
*vitamin B complex
*vitamin C
(ascorbic acid)
*vitamin D
*vitamin E, oral
*vitamins, multiple
vitamins,
*multiple/minerals
*vitamins, pediatric
*vitamins, prenatal

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

Esta *Lista de Medicamentos* foi atualizada em 08/01/2026.

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

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