# CCA Senior Care Options (HMO D-SNP)

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

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

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Esta *Lista de medicamentos* se actualizó el 09/01/2026.

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

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# Introducción

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

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# A. Descargos de responsabilidad

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

- Senior Care Options (HMO D-SNP) es un plan de atención coordinada con un contrato de Medicare y un contrato con el programa Commonwealth of Massachusetts Medicaid. La inscripción en el plan depende de la renovación del contrato del plan con Medicare.
- Cuando en este documento se dice “nosotros”, “nos” o “nuestro/a”, se hace referencia a Commonwealth Care Alliance, Inc. Cuando se dice “plan” o “nuestro plan”, se hace referencia a CCA Senior Care Options.
- En Commonwealth of Massachusetts, Commonwealth Care Alliance, Inc. opera como Commonwealth Care Alliance Massachusetts (CCA).
- Concientización sobre la recuperación del patrimonio: la ley federal exige que MassHealth (Medicaid) recupere dinero de los patrimonios de determinados miembros de MassHealth (Medicaid) que sean mayores de 55 años

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

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

- Para las comunicaciones futuras, conservaremos su solicitud de formatos alternativos e idioma especial. Comuníquese con al Miembro para cambiar su solicitud por un idioma o formato preferido.
- Este documento está disponible de forma gratuita en otros idiomas.
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita.

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- Proporciona recursos y servicios gratuitos a personas con discapacidades para que puedan comunicarse de forma eficaz con nosotros, como los siguientes:
  - Intérpretes calificados de lenguaje de señas
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Si necesita estos servicios, comuníquese con Servicios al Miembro.

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

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

Fax: 857-453-4517

Correo electrónico:

civilrightscoordinator@commonwealthcare.org

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

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

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

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

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).

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

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**Vietnamese:** Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và phương

tiện phụ trợ cung cấp thông tin ở định dạng dễ tiếp cận cũng được miễn phí. Gọi 1-866-610-2273 (TTY: 711).

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

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

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

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

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

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

**Cape Verdean Creole:** Si bu ta papia Kriolu di Kabu Verdi, sirvisus di apoiu lingustikui ta sta dispunível. També ta sta

dispunível apoiu y sirvisus ausiliaris pa da informason na formatus asesível. Txoma pa 1-866-610-2273 (TTY: 711).

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

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

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

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

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

**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 នោះនឹងមាន
ការផ្តល់ជូនសេវាជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ។ ជំនួយ
និងសេវាក្នុងការផ្តល់ព័ត៌មានជាទម្រង់ដែលអាច
ចូលប្រើបានក៏នឹងមានផ្តល់ជូនដោយឥតគិតថ្លៃផងដែរ។
ទូរសព្ទទៅ 1-866-610-2273 (TTY: 711)។



## B. Preguntas frecuentes (FAQ)

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

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

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

- CCA Senior Care Options cubrirá todos los medicamentos médicamente necesarios en la *Lista de medicamentos* si:

- su médico u otro médico que le receta medicamentos le dice que los necesita para mejorar o mantenerse saludable;
- CCA Senior Care Options acepta que el medicamento es médicamente necesario para usted, **y**
- usted surte la el medicamento con receta en una farmacia de la red CCA Senior Care Options.

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

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

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

Sí, y CCA Senior Care Options debe seguir las reglas de Medicare y MassHealth (Medicaid) al realizar cambios.

Podemos agregar o eliminar medicamentos de la *Lista de medicamentos* durante el año.

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

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

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

Si está tomando un medicamento que estaba cubierto a **principios** de año, generalmente no eliminaremos ni

cambiaremos la cobertura de ese medicamento **durante el resto del año**, a menos que:

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

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

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

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

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

- **Sustituciones de ciertas nuevas versiones de medicamentos.** Podemos eliminar de inmediato los medicamentos de la *Lista de medicamentos* si los reemplazamos con ciertas versiones nuevas de ese medicamento, pero el costo del nuevo medicamento seguirá siendo $0. Cuando agregamos una nueva versión de un medicamento, también podemos decidir mantener el medicamento de marca o el producto biológico original en la lista, pero cambiar sus reglas o límites de cobertura.
  - Es posible que no le informemos antes de realizar este cambio, pero le enviaremos información sobre el cambio específico que realizamos una vez que ocurra.
  - Podemos realizar estos cambios solo si el medicamento que estamos agregando:
    - es una nueva versión genérica de un medicamento

de marca, o

- es una nueva versión biosimilar determinada de productos biológicos originales de la *Lista de Medicamentos* (por ejemplo, agregar un biosimilar intercambiable que pueda sustituir a un producto biológico original sin una nueva receta).
- Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la **Sección B14**.

- Usted o su proveedor pueden solicitar una excepción a estos cambios. Le enviaremos un aviso con los pasos que puede seguir para solicitar una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

- **Eliminar medicamentos inseguros y otros medicamentos que se retiran del mercado.** A veces, un medicamento puede resultar inseguro o retirarse del mercado por otro motivo. Si esto sucede, podemos retirarlo de inmediato de la *Lista de medicamentos*. Si está tomando el medicamento, le enviaremos un aviso

después de que realicemos el cambio. Si está tomando el medicamento, le enviaremos un aviso para reemplazar el medicamento que se retira del mercado. Comuníquese con su proveedor de atención médica. Su proveedor emitirá una receta para un nuevo medicamento para reemplazar al medicamento que se retiró del mercado.

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

- La FDA proporciona nuevas pautas o existen nuevas pautas clínicas sobre un medicamento.
- Eliminamos un medicamento de marca de la *Lista de medicamentos* cuando agregamos un medicamento genérico que no es nuevo en el mercado, o
- Eliminamos un producto biológico original al agregar uno biosimilar, o

- Cambiamos las reglas o límites de cobertura para el medicamento de marca.
- Agregamos un medicamento genérico y reemplazamos un medicamento de marca que actualmente está en la *Lista de medicamentos*, o
- Agregamos un nuevo biosimilar para reemplazar un producto biológico original que actualmente se encuentra en la *Lista de Medicamentos,* o
- Cambiamos las reglas o límites de cobertura para el medicamento de marca.

Cuando se produzcan estos cambios, haremos lo siguiente:

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

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

- si hay un medicamento similar en la *Lista de medicamentos* que puede tomar en su lugar, **o**
- si se debe solicitar una excepción a estos cambios. Para obtener más información sobre las excepciones, consulte las preguntas B10 a B12.

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

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

- **Autorización previa:** Para algunos medicamentos, usted, su médico u otro profesional que receta deben

obtener autorización de CCA Senior Care Options antes de surtir su receta. La autorización previa es diferente a una remisión. Es posible que CCA Senior Care Options no cubra el medicamento si no obtiene autorización previa.

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

afecciones médicas específicas que están cubiertas. Se requiere autorización previa para suministros de pruebas para diabéticos no preferidas (monitores de glucosa y tiras reactivas).

Puede consultar las tablas de la **Sección C** para saber si su medicamento tiene requisitos o límites adicionales. También puede obtener más información visitando nuestro sitio web ccama.org. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y de terapia escalonada. También puede solicitarnos que le enviemos una copia.

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

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

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

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

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

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

Hay dos formas de encontrar un medicamento:

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

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

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

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

Si no encuentra su medicamento en la *Lista de medicamentos*, llame a Servicios al Miembro al 866-610-2273 (TTY 711) de 8 am a 8 pm, los 7 días de la semana y pregunte al respecto. Si se entera de que CCA Senior Care Options no cubrirá el medicamento, puede hacer una de estas cosas:

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

## B9. ¿Qué pasa si soy un nuevo miembro de CCA Senior Care Options y no puedo encontrar mi

## medicamento en la *Lista de medicamentos* o tengo un problema para obtenerlo?

Podemos ayudar. Podemos cubrir un suministro temporal de 31 días de su medicamento durante los primeros 90 días que sea miembro de CCA Senior Care Options. Esto le dará tiempo para hablar con su médico u otro profesional que le recetó el medicamento. Pueden ayudarle a decidir si hay un medicamento similar en la *Lista de medicamentos* que pueda tomar en su lugar o si debe solicitar una excepción.

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

Cubriremos un suministro para 31 días de su medicamento si:

- está tomando un medicamento que no está en nuestra *Lista de Medicamentos*, **o**
- las reglas de nuestro plan no le permiten obtener la cantidad ordenada por su médico, **o**

- el medicamento requiere autorización previa de CCA Senior Care Options, **o**
- está tomando un medicamento que es parte de una restricción de terapia escalonada.

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

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

- Cubriremos un suministro del medicamento que necesita para 31 días (a menos que tenga una receta para

menos días), independientemente de si es o no un miembro nuevo de CCA Senior Care Options.

- Esto se suma al suministro temporal durante los primeros 90 días que es miembro de CCA Senior Care Options.

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

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

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

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

También puede solicitarnos que cambiemos las reglas sobre su medicamento.

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

## B11. ¿Cómo puedo solicitar una excepción?

Para solicitar una excepción, llame a *Servicios al Miembro*. Un representante de Servicios al Miembro trabajará con usted y su médico para ayudarlo a solicitar una excepción.

También puede leer el **Capítulo 9** del *Manual para miembros* para obtener más información sobre las excepciones.

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

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

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

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

Si usted o su médico creen que su salud puede verse perjudicada si tiene que esperar 72 horas para recibir una decisión, puede solicitar una excepción acelerada. Esta es

una decisión más rápida. Si su médico respalda su solicitud, le daremos una decisión dentro de las 24 horas de recibir la declaración de respaldo de su médico.

## B13. ¿Qué son los medicamentos genéricos?

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

CCA Senior Care Options cubre tanto medicamentos de marca como medicamentos genéricos.

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

Cuando nos referimos a medicamentos, podríamos referirnos a un medicamento o a un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Como los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen formas llamadas biosimilares. Generalmente, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares a algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, según la ley estatal, pueden reemplazarse por el producto biológico original en la farmacia sin la necesidad de una nueva receta, del mismo modo que los medicamentos genéricos pueden reemplazarse por los medicamentos de marca.

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

## B15. ¿Qué son los medicamentos OTC?

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

Puede leer la *Lista de medicamentos* de MassHealth (Medicaid) para saber qué medicamentos OTC están cubiertos.

## B16. ¿CCA Senior Care Options cubre productos OTC que no son medicamentos?

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

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

## B17. ¿CCA Senior Care Options cubre el suministro de medicamentos recetados a largo plazo?

- **Programas de pedidos por correo**. Ofrecemos un programa de pedidos por correo que le permite obtener un suministro de hasta 100 días de sus medicamentos, que se envían directamente a su hogar. No hay copago para medicamentos pedidos por correo. Los medicamentos especializados están limitados a un suministro de 31 días.
- **Programas de 100 días de farmacias minoristas**. Algunas farmacias minoristas también pueden ofrecer un suministro de hasta 100 días de medicamentos cubiertos. No hay copago para recetas de farmacias minoristas. Los medicamentos especializados están limitados a un suministro de 31 días.

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

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

## B19. ¿Cuál es mi copago?

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

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

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

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

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

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

La *Lista de medicamentos cubiertos* le brinda información sobre los medicamentos cubiertos por CCA Senior Care Options. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice de medicamentos cubiertos que comienza en la **Sección D**. El índice enumera alfabéticamente todos los medicamentos cubiertos por CCA Senior Care Options. Para medicamentos que no pertenecen a la Parte D o artículos OTC que están cubiertos por MassHealth (Medicaid), los planes deben colocar un asterisco (*) u otro símbolo junto al medicamento para indicar que el miembro puede necesitar seguir un proceso diferente para las apelaciones e incluir el siguiente texto.

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

- Una apelación es una forma formal de solicitarnos que revisemos una decisión que tomamos sobre su cobertura y que la cambiemos si cree que cometimos un error.
- Por ejemplo, podríamos decidir que un medicamento que usted desea no está cubierto o ya no está cubierto por Medicare o MassHealth (Medicaid).
- Si usted o su médico no están de acuerdo con nuestra decisión, pueden apelar. Si alguna vez tiene alguna pregunta, llame a Servicios al Miembro al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana, o a los números que aparecen al final de esta página o al pie de página de este documento.
- También puede leer el **Capítulo 9** del Manual para miembros para saber cómo apelar una decisión.

## C1. Lista de medicamentos por afección médica

Los medicamentos de esta sección están agrupados por categorías, según qué tipo de afecciones médicas tratan. Por ejemplo, si tiene una afección cardíaca, debe buscar en la

categoría de agentes cardiovasculares. Ahí es donde encontrará medicamentos que tratan afecciones cardíacas.

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

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

**PA = Aprobación previa (o autorización previa).** Para algunos medicamentos, usted, su médico u otro profesional que receta deben obtener aprobación de CCA Senior Care Options antes de surtir su receta. Si no obtiene la aprobación, es posible que CCA Senior Care Options no cubra el medicamento.

**B/D = Restricción de autorización previa para la determinación de la Parte B frente a la Parte D**: Este medicamento puede ser elegible para pago bajo la Parte B

o la Parte D de Medicare. Usted o su proveedor de atención médica deben obtener una autorización previa de CCA Senior Care Options para determinar que este medicamento está cubierto por la Parte D de Medicare antes de surtir su receta para este medicamento. Sin aprobación previa, es posible que CCA no cubra este medicamento. PA_BVD no se aplica a quienes solo son miembros de Medicaid.

**QL = Límite de cantidad.** A veces, CCA Senior Care Options limita la cantidad de un medicamento que puede obtener.

**ST = Terapia escalonada.** A veces, CCA Senior Care Options requiere que usted realice una terapia escalonada. Esto significa que tendrá que probar medicamentos en un orden determinado para sus afecciones médicas. Es posible que tenga que probar un medicamento antes de que cubramos otro. Si su proveedor de atención médica piensa que el primer medicamento no funciona para usted, entonces cubriremos el segundo.

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

La primera columna de la tabla enumera el nombre del medicamento. Los medicamentos genéricos aparecen en cursiva minúscula (por ejemplo, *valsartán*), los medicamentos de marca aparecen en mayúscula (por ejemplo, MYRBETRIQ). La información en la columna “Acciones necesarias, restricciones o límites de uso” le indica si CCA Senior Care Options tiene alguna regla para cubrir su medicamento.

# CCA_CY26_1T_SNP eff 09/01/2026

| 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%* | B/D |
| *lidocaine hcl local preservative free (pf) inj 1%* | B/D |
| *lidocaine hcl local preservative free (pf) inj 1.5%* | B/D |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *metronidazole iv soln 500 mg/100ml* | |
| *metronidazole tab 250 mg* | |
| *metronidazole tab 500 mg* | |
| *neomycin sulfate tab 500 mg* | |
| *nitazoxanide tab 500 mg* | 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 |
|---|---|
| *vancomycin hcl cap 125 mg (base equivalent)* | QL (80 caps / 180 days) |
| *vancomycin hcl cap 250 mg (base equivalent)* | QL (160 caps / 180 days) |
| *vancomycin hcl for iv soln 1 gm (base equivalent)* | |
| *vancomycin hcl for iv soln 1.5 gm (base equivalent)* | |
| *vancomycin hcl for iv soln 1.25 gm (base equivalent)* | |
| *vancomycin hcl for iv soln 5 gm (base equivalent)* | |
| *vancomycin hcl for iv soln 10 gm (base equivalent)* | |
| *vancomycin hcl for iv soln 500 mg (base equivalent)* | |
| *vancomycin hcl for iv soln 750 mg (base equivalent)* | |
| VANCOMYCIN INJ 1 GM | |
| VANCOMYCIN INJ 500MG | |
| VANCOMYCIN INJ 750MG | |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *flucytosine cap 500 mg* | NDS, PA |
| *griseofulvin microsize susp 125 mg/5ml* | |
| *griseofulvin microsize tab 500 mg* | |
| *griseofulvin ultramicrosize tab 125 mg* | |
| *griseofulvin ultramicrosize tab 250 mg* | |
| *itraconazole cap 100 mg* | QL (120 caps / 30 days) |
| *ketoconazole tab 200 mg* | PA |
| *micafungin sodium for iv soln 50 mg* | |
| *micafungin sodium for iv soln 100 mg* | |
| *nystatin tab 500000 unit* | |
| *posaconazole tab delayed release 100 mg* | 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 |
| *efavirenz tab 600 mg* | |
| *emtricitabine caps 200 mg* | |
| EMTRIVA SOL 10MG/ML | |
| *etravirine tab 100 mg* | NDS |
| *etravirine tab 200 mg* | NDS |
| *fosamprenavir calcium tab 700 mg (base equiv)* | NDS |
| INTELENCE TAB 25MG | |
| ISENTRESS CHW 25MG | |
| ISENTRESS CHW 100MG | NDS |
| ISENTRESS HD TAB 600MG | NDS |
| ISENTRESS POW 100MG | NDS |
| ISENTRESS TAB 400MG | NDS |
| *lamivudine oral soln 10 mg/ml* | |
| *lamivudine tab 150 mg* | |
| *lamivudine tab 300 mg* | |
| *maraviroc tab 150 mg* | NDS |
| *maraviroc tab 300 mg* | NDS |
| *nevirapine susp 50 mg/5ml* | |
| *nevirapine tab 200 mg* | |
| *nevirapine tab er 24hr 400 mg* | |
| NORVIR POW 100MG | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| PIFELTRO TAB 100MG | 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 |
| *rilpivirine hcl tab 25 mg (base equivalent)* | NDS |
| *ritonavir tab 100 mg* | |
| RUKOBIA TAB 600MG ER | NDS |
| SELZENTRY SOL 20MG/ML | NDS |
| SUNLENCA TAB 300MG | NDS |
| *tenofovir disoproxil fumarate tab 300 mg* | |
| 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 |
| *zidovudine cap 100 mg* | |
| *zidovudine syrup 10 mg/ml* | |
| *zidovudine tab 300 mg* | |
| ***ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION*** | |
| *abacavir sulfate-lamivudine tab 600-300 mg* | |
| BIKTARVY TAB 30-120-15 MG | 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 |
| *efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg* | |
| *efavirenz-lamivudine-tenofovir df tab 400-300-300 mg* | NDS |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *efavirenz-lamivudine-tenofovir df tab 600-300-300 mg* | NDS |
| *emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg* | NDS |
| *emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg* | |
| *emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg* | NDS |
| *emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg* | |
| *emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg* | |
| EVOTAZ TAB 300-150 | NDS |
| GENVOYA TAB | NDS |
| IDVYNSO 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 |
|---|---|
| *famciclovir tab 250 mg* | |
| *famciclovir tab 500 mg* | |
| *ganciclovir sodium for inj 500 mg* | B/D |
| *lamivudine tab 100 mg (hbv)* | |
| LIVTENCITY TAB 200MG | NDS, QL (336 tabs / 28 days), PA |
| MAVYRET PAK 50-20MG | NDS, PA |
| MAVYRET TAB 100-40MG | NDS, PA |
| *oseltamivir phosphate cap 30 mg (base equiv)* | QL (168 caps / year) |
| *oseltamivir phosphate cap 45 mg (base equiv)* | QL (84 caps / year) |
| *oseltamivir phosphate cap 75 mg (base equiv)* | QL (84 caps / year) |
| *oseltamivir phosphate for susp 6 mg/ml (base equiv)* | QL (1080 mL / year) |
| PAXLOVID PAK | QL (22 tabs / 90 days) |
| PAXLOVID TAB 150-100 | QL (40 tabs / 90 days) |

| 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) |
| *ribavirin cap 200 mg* | |
| *ribavirin tab 200 mg* | |
| *rimantadine hydrochloride tab 100 mg* | |
| *valacyclovir hcl tab 1 gm* | |
| *valacyclovir hcl tab 500 mg* | |
| *valganciclovir hcl for soln 50 mg/ml (base equiv)* | NDS |
| *valganciclovir hcl tab 450 mg (base equivalent)* | |
| 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 |
|---|---|
| *clarithromycin tab 500 mg* | |
| *clarithromycin tab er 24hr 500 mg* | |
| DIFICID SUS | NDS |
| *e.e.s. 400* | |
| ERYTHROCIN INJ 500MG | |
| *erythromycin ethylsuccinate tab 400 mg* | |
| *erythromycin lactobionate for inj 500 mg* | |
| *erythromycin tab 250 mg* | |
| *erythromycin tab 500 mg* | |
| *erythromycin tab delayed release 250 mg* | |
| *erythromycin tab delayed release 333 mg* | |
| *erythromycin tab delayed release 500 mg* | |
| *erythromycin w/ delayed release particles cap 250 mg* | |
| *fidaxomicin tab 200 mg* | 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) |
| *tetracycline hcl cap 250 mg* | |
| *tetracycline hcl cap 500 mg* | |
| *tigecycline for iv soln 50 mg* | |

## ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

### *ALKYLATING AGENTS*

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml)* | B/D |
| FRINDOVYX INJ 1GM/2ML | NDS, B/D |
| FRINDOVYX INJ 2GM/4ML | NDS, B/D |
| FRINDOVYX INJ 500MG/ML | NDS, B/D |
| GLEOSTINE CAP 10MG | |
| GLEOSTINE CAP 40MG | |
| GLEOSTINE CAP 100MG | NDS |
| LEUKERAN TAB 2MG | NDS, PA |
| *lomustine cap 10 mg* | |
| *lomustine cap 40 mg* | |
| *lomustine cap 100 mg* | NDS |
| *oxaliplatin for iv inj 50 mg* | NDS, B/D |
| *oxaliplatin for iv inj 100 mg* | NDS, B/D |
| *oxaliplatin iv soln 50 mg/10ml* | B/D |
| *oxaliplatin iv soln 100 mg/20ml* | B/D |
| *oxaliplatin iv soln 200 mg/40ml* | B/D |
| VIVIMUSTA INJ 100/4ML | NDS, B/D |
| ***ANTIMETABOLITES*** | |
| *azacitidine for inj 100 mg* | NDS, B/D |
| *cytarabine inj 20 mg/ml* | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *fluorouracil iv soln 1 gm/20ml (50 mg/ml)* | B/D |
| *fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)* | B/D |
| *fluorouracil iv soln 5 gm/100ml (50 mg/ml)* | B/D |
| *fluorouracil iv soln 500 mg/10ml (50 mg/ml)* | B/D |
| *gemcitabine hcl for inj 1 gm* | B/D |
| *gemcitabine hcl for inj 2 gm* | B/D |
| *gemcitabine hcl for inj 200 mg* | B/D |
| *gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)* | B/D |
| *gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)* | B/D |
| *gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)* | B/D |
| INQOVI TAB 35-100MG | 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 |
| *mercaptopurine susp 2000 mg/100ml (20 mg/ml)* | NDS |
| *mercaptopurine tab 50 mg* | |
| *methotrexate sodium for inj 1 gm* | B/D |
| *methotrexate sodium inj 50 mg/2ml (25 mg/ml)* | B/D |
| *methotrexate sodium inj 250 mg/10ml (25 mg/ml)* | B/D |
| *methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)* | B/D |
| *methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)* | B/D |
| *methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)* | B/D |
| ONUREG TAB 200MG | 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 |
| *pemetrexed disodium for iv soln 100 mg (base equiv)* | NDS, B/D |
| *pemetrexed disodium for iv soln 500 mg (base equiv)* | NDS, B/D |
| *pemetrexed disodium for iv soln 750 mg (base equiv)* | NDS, B/D |
| *pemetrexed disodium for iv soln 1000 mg (base equiv)* | NDS, B/D |
| TABLOID TAB 40MG | NDS, PA |
| ***HORMONAL ANTINEOPLASTIC AGENTS*** | |
| *abiraterone acetate tab 250 mg* | NDS, QL (120 tabs / 30 days), PA |
| *abiraterone acetate tab 500 mg* | NDS, QL (60 tabs / 30 days), PA |
| *abirtega* | 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 |
|---|---|
| *anastrozole tab 1 mg* | |
| *bicalutamide tab 50 mg* | |
| 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 |
| *exemestane tab 25 mg* | |
| FIRMAGON INJ 80MG | PA |
| FIRMAGON INJ 120MG | NDS, PA |
| *fulvestrant inj soln pref syr 250 mg/5ml* | NDS, B/D |
| INLURIYO TAB 200MG | NDS, QL (56 tabs / 28 days), PA |
| *letrozole tab 2.5 mg* | |
| *leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)* | 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 |
| *megestrol acetate tab 20 mg* | |
| *megestrol acetate tab 40 mg* | |
| *nilutamide tab 150 mg* | 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 |
| *tamoxifen citrate tab 10 mg (base equivalent)* | |

| 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 |
| VEPPANU TAB 100MG | NDS, QL (90 tabs / 30 days), PA |
| VEPPANU TAB 200MG | NDS, QL (30 tabs / 30 days), 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 |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *pomalidomide cap 3 mg* | NDS, QL (21 caps / 28 days), PA |
| *pomalidomide cap 4 mg* | 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| THALOMID CAP 100MG | NDS, QL (112 caps / 28 days), PA |
| ***MISCELLANEOUS*** | |
| BESREMI SOL 500MCG | NDS, QL (2 syringes / 28 days), PA |
| *bexarotene cap 75 mg* | NDS, QL (300 caps / 30 days), PA |
| *doxorubicin hcl inj 2 mg/ml* | B/D |
| *doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml* | NDS, B/D |
| *hydroxyurea cap 500 mg* | |
| *irinotecan hcl inj 40 mg/2ml (20 mg/ml)* | B/D |
| *irinotecan hcl inj 100 mg/5ml (20 mg/ml)* | B/D |
| *irinotecan hcl inj 300 mg/15ml (20 mg/ml)* | B/D |
| *irinotecan hcl inj 500 mg/25ml (20 mg/ml)* | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| IWILFIN TAB 192MG | NDS, QL (240 tabs / 30 days), PA |
| *leucovorin calcium for inj 50 mg* | B/D |
| *leucovorin calcium for inj 100 mg* | B/D |
| *leucovorin calcium for inj 200 mg* | B/D |
| *leucovorin calcium for inj 350 mg* | B/D |
| *leucovorin calcium for inj 500 mg* | B/D |
| *leucovorin calcium inj 500 mg/50ml (10 mg/ml)* | B/D |
| *leucovorin calcium tab 5 mg* | |
| *leucovorin calcium tab 10 mg* | |
| *leucovorin calcium tab 15 mg* | |
| *leucovorin calcium tab 25 mg* | |
| MATULANE CAP 50MG | NDS |
| *mesna tab 400 mg* | NDS |

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *vinorelbine tartrate inj 10 mg/ml (base equiv)* | B/D |
| *vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)* | B/D |
| ***MOLECULAR TARGET AGENTS*** | |
| ALECENSA CAP 150MG | 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| 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 |
| *bortezomib for inj 3.5 mg* | NDS, PA |
| BORTEZOMIB INJ 1MG | PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| 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 |
| *bosutinib tab 100 mg* | NDS, QL (180 tabs / 30 days), PA |
| *bosutinib tab 400 mg* | NDS, QL (30 tabs / 30 days), PA |
| *bosutinib tab 500 mg* | NDS, QL (30 tabs / 30 days), PA |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| DANZITEN TAB 71MG | NDS, QL (112 tabs / 28 days), PA |
| DANZITEN TAB 95MG | NDS, QL (112 tabs / 28 days), PA |
| *dasatinib tab 20 mg* | NDS, QL (90 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *dasatinib tab 50 mg* | NDS, QL (30 tabs / 30 days), PA |
| *dasatinib tab 70 mg* | NDS, QL (30 tabs / 30 days), PA |
| *dasatinib tab 80 mg* | NDS, QL (30 tabs / 30 days), PA |
| *dasatinib tab 100 mg* | NDS, QL (30 tabs / 30 days), PA |
| *dasatinib tab 140 mg* | 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 |
| 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *erlotinib hcl tab 25 mg (base equivalent)* | NDS, QL (90 tabs / 30 days), PA |
| *erlotinib hcl tab 100 mg (base equivalent)* | NDS, QL (30 tabs / 30 days), PA |
| *erlotinib hcl tab 150 mg (base equivalent)* | NDS, QL (30 tabs / 30 days), PA |
| *everolimus tab 2.5 mg* | NDS, QL (30 tabs / 30 days), PA |
| *everolimus tab 5 mg* | NDS, QL (30 tabs / 30 days), PA |
| *everolimus tab 7.5 mg* | NDS, QL (30 tabs / 30 days), PA |
| *everolimus tab 10 mg* | NDS, QL (30 tabs / 30 days), PA |
| *everolimus tab for oral susp 2 mg* | NDS, QL (60 tabs / 30 days), PA |
| *everolimus tab for oral susp 3 mg* | NDS, QL (90 tabs / 30 days), PA |
| *everolimus tab for oral susp 5 mg* | NDS, QL (60 tabs / 30 days), PA |
| FOTIVDA CAP 0.89MG | NDS, QL (21 caps / 28 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| *gefitinib tab 250 mg* | NDS, QL (60 tabs / 30 days), PA |
| 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 |

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| IDHIFA TAB 50MG | NDS, QL (30 tabs / 30 days), PA |
| IDHIFA TAB 100MG | NDS, QL (30 tabs / 30 days), PA |
| *imatinib mesylate tab 100 mg (base equivalent)* | QL (90 tabs / 30 days), PA |
| *imatinib mesylate tab 400 mg (base equivalent)* | 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 |
| 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 |

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| KRAZATI TAB 200MG | NDS, QL (180 tabs / 30 days), PA |
| *lapatinib ditosylate tab 250 mg (base equiv)* | NDS, QL (180 tabs / 30 days), PA |
| LAZCLUZE TAB 80MG | NDS, QL (60 tabs / 30 days), PA |

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| 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 |
| *nilotinib hcl cap 50 mg (base equivalent)* | NDS, QL (120 caps / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *nilotinib hcl cap 150 mg (base equivalent)* | NDS, QL (112 caps / 28 days), PA |
| *nilotinib hcl cap 200 mg (base equivalent)* | 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 |
| 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 |

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

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| 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 |
| *sorafenib tosylate tab 200 mg (base equivalent)* | NDS, QL (120 tabs / 30 days), PA |
| STIVARGA TAB 40MG | NDS, QL (84 tabs / 28 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *sunitinib malate cap 12.5 mg (base equivalent)* | NDS, QL (30 caps / 30 days), PA |
| *sunitinib malate cap 25 mg (base equivalent)* | NDS, QL (30 caps / 30 days), PA |
| *sunitinib malate cap 37.5 mg (base equivalent)* | NDS, QL (30 caps / 30 days), PA |
| *sunitinib malate cap 50 mg (base equivalent)* | 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 |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| TEPMETKO TAB 225MG | NDS, QL (60 tabs / 30 days), PA |
| TIBSOVO TAB 250MG | NDS, QL (60 tabs / 30 days), PA |
| *torpenz* | 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 |

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

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

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

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

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

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

| | |
|---|---|
| *amlodipine besylate-benazepril hcl cap 2.5-10 mg* | QL (30 caps / 30 days) |
| *amlodipine besylate-benazepril hcl cap 5-10 mg* | QL (30 caps / 30 days) |
| *amlodipine besylate-benazepril hcl cap 5-20 mg* | QL (30 caps / 30 days) |
| *amlodipine besylate-benazepril hcl cap 5-40 mg* | QL (30 caps / 30 days) |
| *amlodipine besylate-benazepril hcl cap 10-20 mg* | QL (30 caps / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *amlodipine besylate-benazepril hcl cap 10-40 mg* | QL (30 caps / 30 days) |
| *benazepril & hydrochlorothiazide tab 5-6.25mg* | |
| *benazepril & hydrochlorothiazide tab 10-12.5 mg* | |
| *benazepril & hydrochlorothiazide tab 20-12.5 mg* | |
| *benazepril & hydrochlorothiazide tab 20-25 mg* | |
| *captopril & hydrochlorothiazide tab 25-15 mg* | |
| *captopril & hydrochlorothiazide tab 25-25 mg* | |
| *captopril & hydrochlorothiazide tab 50-15 mg* | |
| *captopril & hydrochlorothiazide tab 50-25 mg* | |

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

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

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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)* | |
| *terazosin hcl cap 5 mg (base equivalent)* | |
| *terazosin hcl cap 10 mg (base equivalent)* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***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) |
| *amlodipine besylate-valsartan tab 10-160 mg* | QL (30 tabs / 30 days) |
| *amlodipine besylate-valsartan tab 10-320 mg* | QL (30 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg* | QL (60 tabs / 30 days) |
| *candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg* | QL (30 tabs / 30 days) |
| *candesartan cilexetil-hydrochlorothiazide tab 32-25 mg* | QL (30 tabs / 30 days) |
| ENTRESTO CAP 6-6MG | QL (240 caps / 30 days) |
| ENTRESTO CAP 15-16MG | QL (240 caps / 30 days) |
| *irbesartan-hydrochlorothiazide tab 150-12.5 mg* | QL (60 tabs / 30 days) |
| *irbesartan-hydrochlorothiazide tab 300-12.5 mg* | QL (30 tabs / 30 days) |
| *losartan potassium & hydrochlorothiazide tab 50-12.5 mg* | |
| *losartan potassium & hydrochlorothiazide tab 100-12.5 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg* | QL (30 tabs / 30 days) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg* | QL (30 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg* | QL (30 tabs / 30 days) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg* | QL (30 tabs / 30 days) |
| *sacubitril-valsartan tab 24-26 mg* | QL (180 tabs / 30 days) |
| *sacubitril-valsartan tab 49-51 mg* | QL (60 tabs / 30 days) |
| *sacubitril-valsartan tab 97-103 mg* | QL (60 tabs / 30 days) |
| *telmisartan-amlodipine tab 40-5 mg* | QL (30 tabs / 30 days) |
| *telmisartan-amlodipine tab 40-10 mg* | QL (30 tabs / 30 days) |
| *telmisartan-amlodipine tab 80-5 mg* | QL (30 tabs / 30 days) |
| *telmisartan-amlodipine tab 80-10 mg* | QL (30 tabs / 30 days) |
| *telmisartan-hydrochlorothiazide tab 40-12.5 mg* | QL (30 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *telmisartan-hydrochlorothiazide tab 80-12.5 mg* | QL (60 tabs / 30 days) |
| *telmisartan-hydrochlorothiazide tab 80-25 mg* | QL (30 tabs / 30 days) |
| *valsartan-hydrochlorothiazide tab 80-12.5 mg* | QL (30 tabs / 30 days) |
| *valsartan-hydrochlorothiazide tab 160-12.5 mg* | QL (30 tabs / 30 days) |
| *valsartan-hydrochlorothiazide tab 160-25 mg* | QL (30 tabs / 30 days) |
| *valsartan-hydrochlorothiazide tab 320-12.5 mg* | QL (30 tabs / 30 days) |
| *valsartan-hydrochlorothiazide tab 320-25 mg* | QL (30 tabs / 30 days) |
| ***ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE*** | |
| *candesartan cilexetil tab 4 mg* | QL (60 tabs / 30 days) |
| *candesartan cilexetil tab 8 mg* | QL (60 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *candesartan cilexetil tab 16 mg* | QL (60 tabs / 30 days) |
| *candesartan cilexetil tab 32 mg* | QL (30 tabs / 30 days) |
| *irbesartan tab 75 mg* | QL (30 tabs / 30 days) |
| *irbesartan tab 150 mg* | QL (30 tabs / 30 days) |
| *irbesartan tab 300 mg* | QL (30 tabs / 30 days) |
| *losartan potassium tab 25 mg* | |
| *losartan potassium tab 50 mg* | |
| *losartan potassium tab 100 mg* | |
| *olmesartan medoxomil tab 5 mg* | QL (60 tabs / 30 days) |
| *olmesartan medoxomil tab 20 mg* | QL (30 tabs / 30 days) |
| *olmesartan medoxomil tab 40 mg* | QL (30 tabs / 30 days) |
| *telmisartan tab 20 mg* | QL (30 tabs / 30 days) |
| *telmisartan tab 40 mg* | QL (30 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *telmisartan tab 80 mg* | QL (30 tabs / 30 days) |
| *valsartan tab 40 mg* | QL (60 tabs / 30 days) |
| *valsartan tab 80 mg* | QL (60 tabs / 30 days) |
| *valsartan tab 160 mg* | QL (60 tabs / 30 days) |
| *valsartan tab 320 mg* | QL (30 tabs / 30 days) |
| ***ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM*** | |
| *amiodarone hcl inj 150 mg/3ml (50 mg/ml)* | |
| *amiodarone hcl inj 450 mg/9ml (50 mg/ml)* | |
| *amiodarone hcl inj 900 mg/18ml (50 mg/ml)* | |
| *amiodarone hcl tab 100 mg* | |
| *amiodarone hcl tab 200 mg* | |
| *amiodarone hcl tab 400 mg* | |
| *disopyramide phosphate cap 100 mg* | |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *quinidine sulfate tab 200 mg* | |
| *quinidine sulfate tab 300 mg* | |
| *sotalol hcl (afib/afl) tab 80 mg* | |
| *sotalol hcl (afib/afl) tab 120 mg* | |
| *sotalol hcl (afib/afl) tab 160 mg* | |
| *sotalol hcl tab 80 mg* | |
| *sotalol hcl tab 120 mg* | |
| *sotalol hcl tab 160 mg* | |
| *sotalol hcl tab 240 mg* | |
| ***ANTILIPEMICS, FIBRATES*** | |
| *fenofibrate micronized cap 67 mg* | |
| *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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL*** | |
| *atorvastatin calcium tab 10 mg (base equivalent)* | QL (30 tabs / 30 days) |
| *atorvastatin calcium tab 20 mg (base equivalent)* | QL (30 tabs / 30 days) |
| *atorvastatin calcium tab 40 mg (base equivalent)* | QL (30 tabs / 30 days) |
| *atorvastatin calcium tab 80 mg (base equivalent)* | QL (30 tabs / 30 days) |
| *lovastatin tab 10 mg* | QL (60 tabs / 30 days) |
| *lovastatin tab 20 mg* | QL (60 tabs / 30 days) |
| *lovastatin tab 40 mg* | QL (60 tabs / 30 days) |
| *pravastatin sodium tab 10 mg* | QL (30 tabs / 30 days) |
| *pravastatin sodium tab 20 mg* | QL (30 tabs / 30 days) |
| *pravastatin sodium tab 40 mg* | QL (30 tabs / 30 days) |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***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* | |
| *colestipol hcl granules 5 gm* | |
| *colestipol hcl tab 1 gm* | |
| *ezetimibe tab 10 mg* | QL (30 tabs / 30 days) |
| *ezetimibe-simvastatin tab 10-10 mg* | QL (30 tabs / 30 days) |
| *ezetimibe-simvastatin tab 10-20 mg* | QL (30 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *ezetimibe-simvastatin tab 10-40 mg* | QL (30 tabs / 30 days) |
| *ezetimibe-simvastatin tab 10-80 mg* | QL (30 tabs / 30 days) |
| NEXLETOL TAB 180MG | QL (30 tabs / 30 days) |
| NEXLIZET TAB 180/10MG | QL (30 tabs / 30 days) |
| *niacin tab er 500 mg (antihyperlipidemic)* | QL (60 tabs / 30 days) |
| *niacin tab er 750 mg (antihyperlipidemic)* | QL (60 tabs / 30 days) |
| *niacin tab er 1000 mg (antihyperlipidemic)* | QL (60 tabs / 30 days) |
| *omega-3-acid ethyl esters cap 1 gm* | |
| *prevalite* | |
| REPATHA INJ 140MG/ML | QL (6 syringes / 28 days), PA |
| REPATHA SURE INJ 140MG/ML | QL (6 autoinjectors / 28 days), PA |
| VASCEPA CAP 0.5GM | |

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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* | |
| *nadolol tab 80 mg* | |
| *nebivolol hcl tab 2.5 mg (base equivalent)* | QL (30 tabs / 30 days) |
| *nebivolol hcl tab 5 mg (base equivalent)* | QL (30 tabs / 30 days) |
| *nebivolol hcl tab 10 mg (base equivalent)* | QL (30 tabs / 30 days) |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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* | |
| *diltiazem hcl cap er 12hr 120 mg* | |
| *diltiazem hcl cap er 24hr 120 mg* | |
| *diltiazem hcl cap er 24hr 180 mg* | |

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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* | |
| *verapamil hcl cap er 24hr 300 mg* | |
| *verapamil hcl cap er 24hr 360 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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* | |
| *bumetanide tab 0.5 mg* | |
| *bumetanide tab 1 mg* | |
| *bumetanide tab 2 mg* | |
| *chlorthalidone tab 25 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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* | |
| *metolazone tab 10 mg* | |
| *spironolactone & hydrochlorothiazide tab 25-25 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *torsemide tab 5 mg* | |
| *torsemide tab 10 mg* | |
| *torsemide tab 20 mg* | |
| *torsemide 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 (base equivalent)* | QL (30 tabs / 30 days) |
| *aliskiren fumarate tab 300 mg (base equivalent)* | QL (30 tabs / 30 days) |
| *clonidine hcl tab 0.1 mg* | |
| *clonidine hcl tab 0.2 mg* | |
| *clonidine hcl tab 0.3 mg* | |
| *clonidine td patch weekly 0.1 mg/24hr* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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 |
| *droxidopa cap 300 mg* | NDS, QL (180 caps / 30 days), PA |
| *epinephrine inj 1 mg/ml* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *guanfacine hcl tab 1 mg* | PA; PA applies if 65 years and older |
| *guanfacine hcl tab 2 mg* | PA; PA applies if 65 years and older |
| *hydralazine hcl inj 20 mg/ml* | |
| *hydralazine hcl tab 10 mg* | |
| *hydralazine hcl tab 25 mg* | |
| *hydralazine hcl tab 50 mg* | |
| *hydralazine hcl tab 100 mg* | |
| *ivabradine hcl tab 5 mg (base equiv)* | QL (60 tabs / 30 days) |
| *ivabradine hcl tab 7.5 mg (base equiv)* | QL (60 tabs / 30 days) |
| *metyrosine cap 250 mg* | NDS, PA |
| *midodrine hcl tab 2.5 mg* | |
| *midodrine hcl tab 5 mg* | |
| *midodrine hcl tab 10 mg* | |
| *minoxidil tab 2.5 mg* | |
| *minoxidil tab 10 mg* | |
| *ranolazine tab er 12hr 500 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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* | |
| *isosorbide mononitrate tab er 24hr 60 mg* | |
| *isosorbide mononitrate tab er 24hr 120 mg* | |

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

## *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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| *alyq* | NDS, QL (60 tabs / 30 days), PA |
| *ambrisentan tab 5 mg* | NDS, QL (30 tabs / 30 days), PA |
| *ambrisentan tab 10 mg* | NDS, QL (30 tabs / 30 days), PA |
| *bosentan tab 62.5 mg* | NDS, QL (60 tabs / 30 days), PA |
| *bosentan tab 125 mg* | NDS, QL (60 tabs / 30 days), PA |
| *bosentan tab for oral susp 32 mg* | NDS, QL (120 tabs / 30 days), PA |
| *macitentan tab 10 mg* | NDS, QL (30 tabs / 30 days), PA |
| OPSUMIT TAB 10MG | NDS, QL (30 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *sildenafil citrate tab 20 mg* | QL (360 tabs / 30 days), PA |
| *tadalafil tab 20 mg (pah)* | QL (60 tabs / 30 days), PA |
| *treprostinil inj soln 20 mg/20ml (1 mg/ml)* | NDS, PA |
| *treprostinil inj soln 50 mg/20ml (2.5 mg/ml)* | NDS, PA |
| *treprostinil inj soln 100 mg/20ml (5 mg/ml)* | NDS, PA |
| *treprostinil inj soln 200 mg/20ml (10 mg/ml)* | NDS, PA |
| UPTRAVI PACK TAB 200/800 | NDS, QL (1 pack / 28 days), PA |
| 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 |

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

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

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

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

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

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *amoxapine tab 100 mg* | PA; PA applies if 65 years and older |
| *amoxapine tab 150 mg* | PA; PA applies if 65 years and older |
| AUVELITY TAB 45-105MG | QL (60 tabs / 30 days) |
| AUVELITY TAB TITRATIO | NDS, QL (2 packs / year) |
| *bupropion hcl tab 75 mg* | |
| *bupropion hcl tab 100 mg* | |
| *bupropion hcl tab er 12hr 100 mg* | QL (60 tabs / 30 days) |
| *bupropion hcl tab er 12hr 150 mg* | QL (60 tabs / 30 days) |
| *bupropion hcl tab er 12hr 200 mg* | QL (60 tabs / 30 days) |
| *bupropion hcl tab er 24hr 150 mg* | QL (60 tabs / 30 days) |
| *bupropion hcl tab er 24hr 300 mg* | QL (30 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *citalopram hydrobromide oral soln 10 mg/5ml* | |
| *citalopram hydrobromide tab 10 mg (base equiv)* | |
| *citalopram hydrobromide tab 20 mg (base equiv)* | |
| *citalopram hydrobromide tab 40 mg (base equiv)* | |
| *clomipramine hcl cap 25 mg* | PA |
| *clomipramine hcl cap 50 mg* | PA |
| *clomipramine hcl cap 75 mg* | PA |
| *desipramine hcl tab 10 mg* | PA; PA applies if 65 years and older |
| *desipramine hcl tab 25 mg* | PA; PA applies if 65 years and older |
| *desipramine hcl tab 50 mg* | PA; PA applies if 65 years and older |
| *desipramine hcl tab 75 mg* | PA; PA applies if 65 years and older |

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

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| FETZIMA CAP TITRATIO | QL (2 packs / year), PA |
| *fluoxetine hcl cap 10 mg* | |
| *fluoxetine hcl cap 20 mg* | |
| *fluoxetine hcl cap 40 mg* | |
| *fluoxetine hcl solution 20 mg/5ml* | |

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

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

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

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

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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* | |
| *carbidopa-levodopa-entacapone tabs 18.75-75-200 mg* | |
| *carbidopa-levodopa-entacapone tabs 25-100-200 mg* | |
| *carbidopa-levodopa-entacapone tabs 31.25-125-200 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *carbidopa-levodopa-entacapone tabs 37.5-150-200 mg* | |
| *carbidopa-levodopa-entacapone tabs 50-200-200 mg* | |
| *entacapone tab 200 mg* | |
| INBRIJA CAP 42MG | NDS, QL (300 caps / 30 days), PA |
| *pramipexole dihydrochloride tab 0.5 mg* | |
| *pramipexole dihydrochloride tab 0.25 mg* | |
| *pramipexole dihydrochloride tab 0.75 mg* | |
| *pramipexole dihydrochloride tab 0.125 mg* | |
| *pramipexole dihydrochloride tab 1 mg* | |
| *pramipexole dihydrochloride tab 1.5 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *rasagiline mesylate tab 0.5 mg (base equiv)* | QL (30 tabs / 30 days) |
| *rasagiline mesylate tab 1 mg (base equiv)* | QL (30 tabs / 30 days) |
| *ropinirole hydrochloride tab 0.5 mg* | |
| *ropinirole hydrochloride tab 0.25 mg* | |
| *ropinirole hydrochloride tab 1 mg* | |
| *ropinirole hydrochloride tab 2 mg* | |
| *ropinirole hydrochloride tab 3 mg* | |
| *ropinirole hydrochloride tab 4 mg* | |
| *ropinirole hydrochloride tab 5 mg* | |
| *selegiline hcl cap 5 mg* | |
| *selegiline hcl tab 5 mg* | |
| *trihexyphenidyl hcl oral soln 0.4 mg/ml* | |
| *trihexyphenidyl hcl tab 2 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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) |
| 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) |
| *aripiprazole oral solution 1 mg/ml* | QL (900 mL / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *aripiprazole orally disintegrating tab 10 mg* | QL (60 tabs / 30 days), ST |
| *aripiprazole orally disintegrating tab 15 mg* | QL (60 tabs / 30 days), ST |
| *aripiprazole tab 2 mg* | QL (30 tabs / 30 days) |
| *aripiprazole tab 5 mg* | QL (30 tabs / 30 days) |
| *aripiprazole tab 10 mg* | QL (30 tabs / 30 days) |
| *aripiprazole tab 15 mg* | QL (30 tabs / 30 days) |
| *aripiprazole tab 20 mg* | QL (30 tabs / 30 days) |
| *aripiprazole tab 30 mg* | QL (30 tabs / 30 days) |
| ARISTADA INJ 441MG/1. | NDS, QL (1 syringe / 28 days) |
| ARISTADA INJ 662MG/2 | NDS, QL (1 syringe / 28 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ARISTADA INJ 882MG/3 | NDS, QL (1 syringe / 28 days) |
| ARISTADA INJ 1064MG | NDS, QL (1 syringe / 56 days) |
| ARISTADA INJ INITIO | NDS |
| *asenapine maleate sl tab 2.5 mg (base equiv)* | QL (60 tabs / 30 days) |
| *asenapine maleate sl tab 5 mg (base equiv)* | QL (60 tabs / 30 days) |
| *asenapine maleate sl tab 10 mg (base equiv)* | QL (60 tabs / 30 days) |
| BYSANTI TAB 1MG | NDS, QL (60 tabs / 30 days), PA |
| BYSANTI TAB 2MG | NDS, QL (60 tabs / 30 days), PA |
| BYSANTI TAB 4MG | NDS, QL (60 tabs / 30 days), PA |
| BYSANTI TAB 6MG | NDS, QL (60 tabs / 30 days), PA |
| BYSANTI TAB 8MG | NDS, QL (60 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| BYSANTI TAB 10MG | NDS, QL (60 tabs / 30 days), PA |
| BYSANTI TAB 12MG | NDS, QL (60 tabs / 30 days), PA |
| BYSANTI TAB PACK A | QL (2 packs / year), PA |
| BYSANTI TAB PACK B | QL (2 packs / year), PA |
| BYSANTI TAB PACK C | QL (2 packs / year), PA |
| 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) |
| *chlorpromazine hcl conc 30 mg/ml* | |
| *chlorpromazine hcl conc 100 mg/ml* | |
| *chlorpromazine hcl inj 25 mg/ml* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *chlorpromazine hcl inj 50 mg/2ml* | |
| *chlorpromazine hcl tab 10 mg* | |
| *chlorpromazine hcl tab 25 mg* | |
| *chlorpromazine hcl tab 50 mg* | |
| *chlorpromazine hcl tab 100 mg* | |
| *chlorpromazine hcl tab 200 mg* | |
| *clozapine orally disintegrating tab 12.5 mg* | PA |
| *clozapine orally disintegrating tab 25 mg* | PA |
| *clozapine orally disintegrating tab 100 mg* | QL (270 tabs / 30 days), PA |
| *clozapine orally disintegrating tab 150 mg* | QL (180 tabs / 30 days), PA |
| *clozapine orally disintegrating tab 200 mg* | QL (120 tabs / 30 days), PA |
| *clozapine tab 25 mg* | |
| *clozapine tab 50 mg* | |
| *clozapine tab 100 mg* | QL (270 tabs / 30 days) |
| *clozapine tab 200 mg* | QL (120 tabs / 30 days) |

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

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

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

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *lurasidone hcl tab 80 mg* | QL (60 tabs / 30 days) |
| *lurasidone hcl tab 120 mg* | 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) |
| LYBALVI TAB 20-10MG | NDS, QL (30 tabs / 30 days) |
| *molindone hcl tab 5 mg* | |
| *molindone hcl tab 10 mg* | |
| *molindone hcl tab 25 mg* | |
| NUPLAZID CAP 34MG | NDS, QL (30 caps / 30 days), PA |
| NUPLAZID TAB 10MG | NDS, QL (30 tabs / 30 days), PA |
| *olanzapine for im inj 10 mg* | QL (3 vials / 1 day) |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| OPIPZA MIS 5MG | NDS, QL (30 films / 30 days), PA |
| OPIPZA MIS 10MG | NDS, QL (90 films / 30 days), PA |
| *paliperidone tab er 24hr 1.5 mg* | QL (30 tabs / 30 days) |
| *paliperidone tab er 24hr 3 mg* | QL (30 tabs / 30 days) |
| *paliperidone tab er 24hr 6 mg* | QL (60 tabs / 30 days) |
| *paliperidone tab er 24hr 9 mg* | QL (30 tabs / 30 days) |
| *perphenazine tab 2 mg* | |
| *perphenazine tab 4 mg* | |
| *perphenazine tab 8 mg* | |
| *perphenazine tab 16 mg* | |
| *pimozide tab 1 mg* | |
| *pimozide tab 2 mg* | |
| *quetiapine fumarate tab 25 mg* | QL (180 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *quetiapine fumarate tab 50 mg* | QL (90 tabs / 30 days) |
| *quetiapine fumarate tab 100 mg* | QL (90 tabs / 30 days) |
| *quetiapine fumarate tab 150 mg* | QL (90 tabs / 30 days) |
| *quetiapine fumarate tab 200 mg* | QL (90 tabs / 30 days) |
| *quetiapine fumarate tab 300 mg* | QL (60 tabs / 30 days) |
| *quetiapine fumarate tab 400 mg* | QL (60 tabs / 30 days) |
| *quetiapine fumarate tab er 24hr 50 mg* | QL (60 tabs / 30 days), PA |
| *quetiapine fumarate tab er 24hr 150 mg* | QL (30 tabs / 30 days), PA |
| *quetiapine fumarate tab er 24hr 200 mg* | QL (30 tabs / 30 days), PA |
| *quetiapine fumarate tab er 24hr 300 mg* | QL (60 tabs / 30 days), PA |
| *quetiapine fumarate tab er 24hr 400 mg* | QL (60 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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) |
| REXULTI TAB 4MG | NDS, QL (30 tabs / 30 days) |
| *risperidone microspheres for im extended rel susp 12.5 mg* | QL (2 injections / 28 days) |
| *risperidone microspheres for im extended rel susp 25 mg* | QL (2 injections / 28 days) |
| *risperidone microspheres for im extended rel susp 37.5 mg* | NDS, QL (2 injections / 28 days) |
| *risperidone microspheres for im extended rel susp 50 mg* | NDS, QL (2 injections / 28 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *risperidone orally disintegrating tab 0.5 mg* | QL (90 tabs / 30 days), ST |
| *risperidone orally disintegrating tab 0.25 mg* | QL (90 tabs / 30 days), ST |
| *risperidone orally disintegrating tab 1 mg* | QL (60 tabs / 30 days), ST |
| *risperidone orally disintegrating tab 2 mg* | QL (60 tabs / 30 days), ST |
| *risperidone orally disintegrating tab 3 mg* | QL (60 tabs / 30 days), ST |
| *risperidone orally disintegrating tab 4 mg* | QL (120 tabs / 30 days), ST |
| *risperidone soln 1 mg/ml* | QL (240 mL / 30 days) |
| *risperidone tab 0.5 mg* | |
| *risperidone tab 0.25 mg* | |
| *risperidone tab 1 mg* | |
| *risperidone tab 2 mg* | |
| *risperidone tab 3 mg* | |
| *risperidone tab 4 mg* | |
| SECUADO DIS 3.8MG | NDS, QL (30 patches / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| SECUADO DIS 5.7MG | NDS, QL (30 patches / 30 days) |
| SECUADO DIS 7.6MG | NDS, QL (30 patches / 30 days) |
| *thioridazine hcl tab 10 mg* | |
| *thioridazine hcl tab 25 mg* | |
| *thioridazine hcl tab 50 mg* | |
| *thioridazine hcl tab 100 mg* | |
| *thiothixene cap 1 mg* | |
| *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)* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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) |
| VRAYLAR CAP 4.5MG | NDS, QL (30 caps / 30 days) |
| VRAYLAR CAP 6MG | NDS, QL (30 caps / 30 days) |
| *ziprasidone hcl cap 20 mg* | QL (60 caps / 30 days) |
| *ziprasidone hcl cap 40 mg* | QL (60 caps / 30 days) |
| *ziprasidone hcl cap 60 mg* | QL (60 caps / 30 days) |
| *ziprasidone hcl cap 80 mg* | QL (60 caps / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *ziprasidone mesylate for inj 20 mg (base equivalent)* | QL (6 injections / 3 days) |
| ZYPREXA RELP INJ 210MG | QL (2 vials / 28 days), PA |
| ZYPREXA RELP INJ 300MG | NDS, QL (2 vials / 28 days), PA |
| ZYPREXA RELP INJ 405MG | NDS, QL (1 vial / 28 days), PA |
| ***ANTISEIZURE AGENTS*** | |
| APTIOM TAB 200MG | NDS, QL (30 tabs / 30 days) |
| 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) |
| *brivaracetam oral soln 10 mg/ml* | QL (600 mL / 30 days), PA |
| *brivaracetam tab 10 mg* | QL (60 tabs / 30 days), PA |
| *brivaracetam tab 25 mg* | QL (60 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *brivaracetam tab 50 mg* | QL (60 tabs / 30 days), PA |
| *brivaracetam tab 75 mg* | QL (60 tabs / 30 days), PA |
| *brivaracetam tab 100 mg* | QL (60 tabs / 30 days), PA |
| BRIVIACT SOL 10MG/ML | NDS, QL (600 mL / 30 days), PA |
| BRIVIACT TAB 10MG | NDS, QL (60 tabs / 30 days), PA |
| 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 |
| *carbamazepine cap er 12hr 100 mg* | |
| *carbamazepine cap er 12hr 200 mg* | |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *clonazepam orally disintegrating tab 0.25 mg* | QL (90 tabs / 30 days) |
| *clonazepam orally disintegrating tab 0.125 mg* | QL (90 tabs / 30 days) |
| *clonazepam orally disintegrating tab 1 mg* | QL (90 tabs / 30 days) |
| *clonazepam orally disintegrating tab 2 mg* | QL (300 tabs / 30 days) |
| *clonazepam tab 0.5 mg* | QL (90 tabs / 30 days) |
| *clonazepam tab 1 mg* | QL (90 tabs / 30 days) |
| *clonazepam tab 2 mg* | QL (300 tabs / 30 days) |
| *clorazepate dipotassium tab 3.75 mg* | QL (180 tabs / 30 days), PA; PA applies if 65 years and older |
| *clorazepate dipotassium tab 7.5 mg* | QL (180 tabs / 30 days), PA; PA applies if 65 years and older |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *diazepam oral soln 1 mg/ml* | QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| *diazepam rectal gel delivery system 2.5 mg* | |
| *diazepam rectal gel delivery system 10 mg* | |
| *diazepam rectal gel delivery system 20 mg* | |
| *diazepam tab 2 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 5 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| *diazepam tab 10 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| DILANTIN CAP 30MG | |
| *divalproex sodium cap delayed release sprinkle 125 mg* | |
| *divalproex sodium tab delayed release 125 mg* | |
| *divalproex sodium tab delayed release 250 mg* | |
| *divalproex sodium tab delayed release 500 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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 |
| *eslicarbazepine acetate tab 200 mg* | QL (30 tabs / 30 days) |
| *eslicarbazepine acetate tab 400 mg* | QL (30 tabs / 30 days) |
| *eslicarbazepine acetate tab 600 mg* | QL (60 tabs / 30 days) |
| *eslicarbazepine acetate tab 800 mg* | QL (60 tabs / 30 days) |
| *ethosuximide cap 250 mg* | |
| *ethosuximide soln 250 mg/5ml* | |
| *felbamate susp 600 mg/5ml* | |
| *felbamate tab 400 mg* | |
| *felbamate tab 600 mg* | |
| FINTEPLA SOL 2.2MG/ML | NDS, QL (360 mL / 30 days), PA |
| FYCOMPA SUS 0.5MG/ML | NDS, QL (680 mL / 28 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| 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 |
| *gabapentin cap 100 mg* | QL (360 caps / 30 days) |
| *gabapentin cap 300 mg* | QL (360 caps / 30 days) |
| *gabapentin cap 400 mg* | QL (270 caps / 30 days) |
| *gabapentin oral soln 250 mg/5ml* | QL (2160 mL / 30 days) |
| *gabapentin tab 600 mg* | QL (180 tabs / 30 days) |

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

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

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *phenobarbital tab 15 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older |
| *phenobarbital tab 16.2 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older |
| *phenobarbital tab 30 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older |
| *phenobarbital tab 32.4 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older |
| *phenobarbital tab 60 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older |
| *phenobarbital tab 64.8 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *phenobarbital tab 97.2 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older |
| *phenobarbital tab 100 mg* | QL (120 tabs / 30 days), PA; PA applies if 65 years and older |
| *phenytek* | |
| *phenytoin chew tab 50 mg* | |
| *phenytoin sodium extended cap 100 mg* | |
| *phenytoin sodium extended cap 200 mg* | |
| *phenytoin sodium extended cap 300 mg* | |
| *phenytoin sodium inj 50 mg/ml* | |
| *phenytoin susp 125 mg/5ml* | |
| *pregabalin cap 25 mg* | QL (120 caps / 30 days), PA; PA applies if 65 years and older |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *pregabalin cap 50 mg* | QL (120 caps / 30 days), PA; PA applies if 65 years and older |
| *pregabalin cap 75 mg* | QL (120 caps / 30 days), PA; PA applies if 65 years and older |
| *pregabalin cap 100 mg* | QL (120 caps / 30 days), PA; PA applies if 65 years and older |
| *pregabalin cap 150 mg* | QL (120 caps / 30 days), PA; PA applies if 65 years and older |
| *pregabalin cap 200 mg* | QL (90 caps / 30 days), PA; PA applies if 65 years and older |
| *pregabalin cap 225 mg* | QL (60 caps / 30 days), PA; PA applies if 65 years and older |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *pregabalin cap 300 mg* | QL (60 caps / 30 days), PA; PA applies if 65 years and older |
| *pregabalin soln 20 mg/ml* | QL (900 mL / 30 days), PA; PA applies if 65 years and older |
| *primidone tab 50 mg* | |
| *primidone tab 125 mg* | |
| *primidone tab 250 mg* | |
| *relgaabi* | QL (270 caps / 30 days) |
| *relgaabi* | QL (360 caps / 30 days) |
| *roweepra* | |
| *rufinamide susp 40 mg/ml* | NDS, QL (2400 mL / 30 days), PA |
| *rufinamide tab 200 mg* | QL (480 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *rufinamide tab 400 mg* | NDS, QL (240 tabs / 30 days), PA |
| SPRITAM TAB 250MG | QL (360 tabs / 30 days) |
| SPRITAM TAB 500MG | QL (180 tabs / 30 days) |
| SPRITAM TAB 750MG | QL (120 tabs / 30 days) |
| SPRITAM TAB 1000MG | QL (90 tabs / 30 days) |
| *subvenite* | |
| SUBVENITE SUS 10MG/ML | 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 |
| *tiagabine hcl tab 2 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *tiagabine hcl tab 4 mg* | |
| *tiagabine hcl tab 12 mg* | |
| *tiagabine hcl tab 16 mg* | |
| *topiramate oral soln 25 mg/ml* | QL (480 mL / 30 days), PA |
| *topiramate sprinkle cap 15 mg* | |
| *topiramate sprinkle cap 25 mg* | |
| *topiramate sprinkle cap 50 mg* | |
| *topiramate tab 25 mg* | |
| *topiramate tab 50 mg* | |
| *topiramate tab 100 mg* | |
| *topiramate tab 200 mg* | |
| *valproate sodium inj 100 mg/ml* | |
| *valproate sodium oral soln 250 mg/5ml (base equiv)* | |
| *valproic acid cap 250 mg* | |
| VALTOCO SPR 5MG | QL (10 blister packs / 30 days) |
| VALTOCO SPR 10MG | QL (10 blister packs / 30 days) |
| VALTOCO SPR 15MG | QL (10 blister packs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| VALTOCO SPR 20MG | QL (10 blister packs / 30 days) |
| *vigabatrin powd pack 500 mg* | NDS, QL (180 packets / 30 days), PA |
| *vigabatrin tab 500 mg* | NDS, QL (180 tabs / 30 days), PA |
| *vigadrone* | NDS, QL (180 packets / 30 days), PA |
| *vigadrone* | 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) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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) |
| 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 |
| *zonisamide cap 25 mg* | |
| *zonisamide cap 50 mg* | |
| *zonisamide cap 100 mg* | |
| ZTALMY SUS 50MG/ML | NDS, QL (1100 mL / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD*** | |
| *amphetamine-dextroamphetamine cap er 24hr 5 mg* | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine cap er 24hr 10 mg* | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine cap er 24hr 15 mg* | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine cap er 24hr 20 mg* | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine cap er 24hr 25 mg* | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine cap er 24hr 30 mg* | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine tab 5 mg* | QL (60 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *amphetamine-dextroamphetamine tab 7.5 mg* | QL (60 tabs / 30 days), PA |
| *amphetamine-dextroamphetamine tab 10 mg* | QL (60 tabs / 30 days), PA |
| *amphetamine-dextroamphetamine tab 12.5 mg* | QL (60 tabs / 30 days), PA |
| *amphetamine-dextroamphetamine tab 15 mg* | QL (60 tabs / 30 days), PA |
| *amphetamine-dextroamphetamine tab 20 mg* | QL (90 tabs / 30 days), PA |
| *amphetamine-dextroamphetamine tab 30 mg* | QL (60 tabs / 30 days), PA |
| *atomoxetine hcl cap 10 mg (base equiv)* | QL (120 caps / 30 days) |
| *atomoxetine hcl cap 18 mg (base equiv)* | QL (120 caps / 30 days) |
| *atomoxetine hcl cap 25 mg (base equiv)* | QL (120 caps / 30 days) |
| *atomoxetine hcl cap 40 mg (base equiv)* | QL (60 caps / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *atomoxetine hcl cap 60 mg (base equiv)* | QL (30 caps / 30 days) |
| *atomoxetine hcl cap 80 mg (base equiv)* | QL (30 caps / 30 days) |
| *atomoxetine hcl cap 100 mg (base equiv)* | QL (30 caps / 30 days) |
| *dexmethylphenidate hcl tab 2.5 mg* | QL (120 tabs / 30 days), PA |
| *dexmethylphenidate hcl tab 5 mg* | QL (120 tabs / 30 days), PA |
| *dexmethylphenidate hcl tab 10 mg* | QL (60 tabs / 30 days), PA |
| *guanfacine hcl tab er 24hr 1 mg (base equiv)* | QL (30 tabs / 30 days), PA; PA applies if 65 years and older |
| *guanfacine hcl tab er 24hr 2 mg (base equiv)* | QL (30 tabs / 30 days), PA; PA applies if 65 years and older |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *guanfacine hcl tab er 24hr 3 mg (base equiv)* | QL (60 tabs / 30 days), PA; PA applies if 65 years and older |
| *guanfacine hcl tab er 24hr 4 mg (base equiv)* | QL (30 tabs / 30 days), PA; PA applies if 65 years and older |
| *methylphenidate hcl chew tab 2.5 mg* | QL (180 tabs / 30 days), PA |
| *methylphenidate hcl chew tab 5 mg* | QL (180 tabs / 30 days), PA |
| *methylphenidate hcl chew tab 10 mg* | QL (180 tabs / 30 days), PA |
| *methylphenidate hcl soln 5 mg/5ml* | QL (1800 mL / 30 days), PA |
| *methylphenidate hcl soln 10 mg/5ml* | QL (900 mL / 30 days), PA |
| *methylphenidate hcl tab 5 mg* | QL (180 tabs / 30 days), PA |
| *methylphenidate hcl tab 10 mg* | QL (180 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *methylphenidate hcl tab 20 mg* | QL (90 tabs / 30 days), PA |
| *methylphenidate hcl tab er 10 mg* | QL (90 tabs / 30 days), PA |
| *methylphenidate hcl tab er 20 mg* | QL (90 tabs / 30 days), PA |
| ***HYPNOTICS - DRUGS TO TREAT INSOMNIA*** | |
| DAYVIGO TAB 5MG | QL (30 tabs / 30 days) |
| DAYVIGO TAB 10MG | QL (30 tabs / 30 days) |
| *doxepin hcl (sleep) tab 3 mg (base equiv)* | QL (30 tabs / 30 days) |
| *doxepin hcl (sleep) tab 6 mg (base equiv)* | QL (30 tabs / 30 days) |
| *eszopiclone tab 1 mg* | QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *eszopiclone tab 2 mg* | QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| *eszopiclone tab 3 mg* | QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| *ramelteon tab 8 mg* | QL (30 tabs / 30 days) |
| *tasimelteon capsule 20 mg* | NDS, QL (30 caps / 30 days), PA |
| *temazepam cap 7.5 mg* | QL (30 caps / 30 days), PA; PA applies if 65 years and older |

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| EMGALITY INJ 100MG/ML | QL (3 syringes / 30 days), PA |
| EMGALITY INJ 120MG/ML | QL (2 pens / 30 days), PA |
| EMGALITY INJ 120MG/ML | QL (2 syringes / 30 days), PA |
| *ergotamine w/ caffeine tab 1-100 mg* | QL (40 tabs / 28 days), PA |
| *naratriptan hcl tab 1 mg (base equiv)* | QL (12 tabs / 30 days) |
| *naratriptan hcl tab 2.5 mg (base equiv)* | QL (12 tabs / 30 days) |
| NURTEC TAB 75MG ODT | QL (16 tabs / 30 days), PA |
| QULIPTA TAB 10MG | QL (30 tabs / 30 days), PA |
| QULIPTA TAB 30MG | QL (30 tabs / 30 days), PA |
| QULIPTA TAB 60MG | QL (30 tabs / 30 days), PA |
| *rizatriptan benzoate oral disintegrating tab 5 mg (base eq)* | QL (18 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *rizatriptan benzoate oral disintegrating tab 10 mg (base eq)* | QL (18 tabs / 30 days) |
| *rizatriptan benzoate tab 5 mg (base equivalent)* | QL (18 tabs / 30 days) |
| *rizatriptan benzoate tab 10 mg (base equivalent)* | QL (18 tabs / 30 days) |
| *sumatriptan nasal spray 5 mg/act* | QL (24 units / 30 days) |
| *sumatriptan nasal spray 20 mg/act* | QL (12 units / 30 days) |
| *sumatriptan succinate inj 6 mg/0.5ml* | QL (12 injections / 30 days) |
| *sumatriptan succinate solution auto-injector 6 mg/0.5ml* | QL (12 injections / 30 days) |
| *sumatriptan succinate tab 25 mg* | QL (12 tabs / 30 days) |
| *sumatriptan succinate tab 50 mg* | QL (12 tabs / 30 days) |
| *sumatriptan succinate tab 100 mg* | QL (12 tabs / 30 days) |
| UBRELVY TAB 50MG | QL (16 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| UBRELVY TAB 100MG | QL (16 tabs / 30 days), PA |
| ***MISCELLANEOUS*** | |
| AUSTEDO TAB 6MG | NDS, QL (60 tabs / 30 days), PA |
| 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 |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *riluzole tab 50 mg* | |
| *tetrabenazine tab 12.5 mg* | QL (90 tabs / 30 days), PA |
| *tetrabenazine tab 25 mg* | NDS, QL (120 tabs / 30 days), PA |
| ***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 |
| *dalfampridine tab er 12hr 10 mg* | QL (60 tabs / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *fingolimod hcl cap 0.5 mg (base equiv)* | NDS, QL (30 caps / 30 days), PA |
| *glatiramer acetate soln prefilled syringe 20 mg/ml* | NDS, QL (30 syringes / 30 days), PA |
| *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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *baclofen tab 20 mg* | |
| *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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *dantrolene sodium cap 100 mg* | |
| *methocarbamol tab 500 mg* | QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| *methocarbamol tab 750 mg* | QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| *tizanidine hcl tab 2 mg (base equivalent)* | |
| *tizanidine hcl tab 4 mg (base equivalent)* | |
| ***NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS*** | |
| *armodafinil tab 50 mg* | QL (60 tabs / 30 days), PA |

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

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

| 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 (base equiv)* | QL (56 tabs / 28 days) |
| *varenicline tartrate tab 1 mg (base equiv)* | QL (56 tabs / 28 days) |
| *varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack* | QL (2 packs / year) |
| VIVITROL INJ 380MG | 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 in oil 100 mg/ml* | PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *testosterone cypionate im inj in oil 200 mg/ml* | PA |
| *testosterone enanthate im inj in oil 200 mg/ml* | PA |
| *testosterone pump* | QL (150 gm / 30 days), PA |
| *testosterone td gel 12.5 mg/act (1%)* | QL (300 gm / 30 days), PA |
| *testosterone td gel 25 mg/2.5gm (1%)* | QL (300 gm / 30 days), PA |
| *testosterone td gel 50 mg/5gm (1%)* | QL (300 gm / 30 days), PA |
| ***ANTIDIABETICS*** | |
| *acarbose tab 25 mg* | |
| *acarbose tab 50 mg* | |
| *acarbose tab 100 mg* | |
| *dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg* | QL (60 tabs / 30 days) |
| *dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg* | QL (60 tabs / 30 days) |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *glipizide tab 10 mg* | QL (120 tabs / 30 days) |
| *glipizide tab er 24hr 2.5 mg* | QL (90 tabs / 30 days) |
| *glipizide tab er 24hr 5 mg* | QL (90 tabs / 30 days) |
| *glipizide tab er 24hr 10 mg* | QL (60 tabs / 30 days) |
| *glipizide-metformin hcl tab 2.5-250 mg* | QL (240 tabs / 30 days) |
| *glipizide-metformin hcl tab 2.5-500 mg* | QL (120 tabs / 30 days) |
| *glipizide-metformin hcl tab 5-500 mg* | QL (120 tabs / 30 days) |
| GLYXAMBI TAB 10-5 MG | QL (30 tabs / 30 days) |
| GLYXAMBI TAB 25-5 MG | QL (30 tabs / 30 days) |
| JANUMET TAB 50-500MG | QL (60 tabs / 30 days) |
| 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) |
| *metformin hcl oral soln 500 mg/5ml* | QL (765 mL / 30 days) |
| *metformin hcl tab 500 mg* | QL (150 tabs / 30 days) |
| *metformin hcl tab 850 mg* | QL (90 tabs / 30 days) |
| *metformin hcl tab 1000 mg* | QL (75 tabs / 30 days) |
| *metformin hcl tab er 24hr 500 mg* | QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR) |
| *metformin hcl tab er 24hr 750 mg* | QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR) |
| 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 |
| *nateglinide tab 60 mg* | QL (90 tabs / 30 days) |
| *nateglinide tab 120 mg* | QL (90 tabs / 30 days) |
| OZEMPIC (0.25 OR 0.5MG/DOSE) | QL (1 pen / 28 days), PA |
| OZEMPIC (1MG/DOSE) | QL (1 pen / 28 days), PA |
| OZEMPIC (2MG/DOSE) | QL (1 pen / 28 days), PA |
| 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 |
| *pioglitazone hcl tab 15 mg (base equiv)* | QL (30 tabs / 30 days) |
| *pioglitazone hcl tab 30 mg (base equiv)* | QL (30 tabs / 30 days) |
| *pioglitazone hcl tab 45 mg (base equiv)* | QL (30 tabs / 30 days) |
| *pioglitazone hcl-metformin hcl tab 15-500 mg* | QL (90 tabs / 30 days) |
| *pioglitazone hcl-metformin hcl tab 15-850 mg* | QL (90 tabs / 30 days) |
| *repaglinide tab 0.5 mg* | QL (120 tabs / 30 days) |
| *repaglinide tab 1 mg* | QL (120 tabs / 30 days) |
| *repaglinide tab 2 mg* | QL (240 tabs / 30 days) |
| RYBELSUS TAB 3MG | QL (30 tabs / 30 days), PA |

| 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 |
| *sitagliptin phosphate tab 25 mg (base equiv)* | QL (30 tabs / 30 days) |
| *sitagliptin phosphate tab 50 mg (base equiv)* | QL (30 tabs / 30 days) |
| *sitagliptin phosphate tab 100 mg (base equiv)* | QL (30 tabs / 30 days) |
| *sitagliptin phosphate-metformin hcl tab 50-500 mg* | QL (60 tabs / 30 days) |
| *sitagliptin phosphate-metformin hcl tab 50-1000 mg* | 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 EXT WR MIS INSERTER | QL (2 inserters / year), PA |
| CEQUR SIMPL KIT 1U EXTND | QL (8 patches / 24 days), PA |
| CEQUR SIMPL KIT 2U EXTND | QL (10 patches / 30 days), PA |
| 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 | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| GLARGIN YFGN SOL 100U/ML | |
| HUMALOG INJ 100/ML | |
| HUMALOG INJ 100/ML | B/D |
| HUMALOG JR INJ 100/ML | |
| HUMALOG KWPN INJ 100/ML | |
| HUMALOG KWPN INJ 200/ML | |
| HUMALOG MIX INJ 50/50KWP | |
| HUMALOG MIX INJ 75/25KWP | |
| HUMALOG MIX SUS 75/25 | |
| HUMALOG TMPO INJ 100/ML | |
| HUMULIN INJ 70/30 | |
| HUMULIN INJ 70/30KWP | |
| HUMULIN N INJ U-100 | |
| HUMULIN N INJ U-100KWP | |
| HUMULIN R INJ U-100 | B/D |
| HUMULIN R INJ U-500 | 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 | |

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

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

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *teriparatide soln pen-inj 560 mcg/2.24ml* | 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 |
| *zoledronic acid inj conc for iv infusion 4 mg/5ml* | B/D |
| *zoledronic acid iv soln 5 mg/100ml* | B/D |
| ***CHELATING AGENTS*** | |
| CHEMET CAP 100MG | NDS |
| *deferasirox tab 90 mg* | PA |
| *deferasirox tab 180 mg* | PA |
| *deferasirox tab 360 mg* | PA |
| *deferasirox tab for oral susp 125 mg* | PA |
| *deferasirox tab for oral susp 250 mg* | NDS, PA |
| *deferasirox tab for oral susp 500 mg* | NDS, PA |
| *kionex* | |
| LOKELMA PAK 5GM | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| LOKELMA PAK 10GM | |
| *penicillamine tab 250 mg* | NDS |
| *sodium polystyrene sulfonate powder* | |
| *sodium polystyrene sulfonate susp 15 gm/60ml* | |
| *sps* | |
| *sps rectal* | |
| *trientine hcl cap 250 mg* | NDS, PA |
| ***CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL*** | |
| *afirmelle* | |
| *altavera* | |
| *alyacen 1/35* | |
| *alyacen 7/7/7* | |
| *amethyst* | |
| *apri* | |
| *aranelle* | |
| *ashlyna* | |
| *aubra eq* | |
| *aurovela 1/20* | |
| *aurovela 24 fe* | |
| *aurovela fe 1.5/30* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *aurovela fe 1/20* | |
| *aviane* | |
| *ayuna* | |
| *azurette* | |
| *balziva* | |
| *blisovi 24 fe* | |
| *blisovi fe 1.5/30* | |
| *blisovi fe 1/20* | |
| *briellyn* | |
| *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)* | |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *feirza 1.5/30* | |
| *feirza 1/20* | |
| *finzala* | |
| *galbriela* | |
| *hailey 1.5/30* | |
| *hailey 24 fe* | |
| *hailey fe 1/20* | |
| *heather* | |
| *iclevia* | |
| *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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *kariva* | |
| *kelnor 1/35* | |
| *kurvelo* | |
| *larin 1.5/30* | |
| *larin 1/20* | |
| *larin 24 fe* | |
| *larin fe 1.5/30* | |
| *larin fe 1/20* | |
| *lessina* | |
| *levonest* | |
| *levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg* | |
| *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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg* | |
| *levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg* | |
| *levora 0.15/30-28* | |
| LILETTA IUD 52MG | |
| *loestrin 1.5/30-21* | |
| *loestrin 1/20-21* | |
| *loestrin fe 1.5/30* | |
| *loestrin fe 1/20* | |
| *lojaimiess* | |
| *loryna* | |
| *low-ogestrel* | |
| *luizza 1.5/30* | |
| *luizza 1/20* | |
| *lutera* | |
| *lyleq* | |
| *lyza* | |
| *marlissa* | |
| *medroxyprogesterone acetate im susp 150 mg/ml* | |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg* | |
| *norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg* | |
| *norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)* | |
| *norethindrone tab 0.35 mg* | |
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* | |
| *norgestimate-eth 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* | |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *tri-lo-sprintec* | |
| *tri-mili* | |
| *tri-sprintec* | |
| *tri-vylibra* | |
| *tri-vylibra lo* | |
| *turqoz* | |
| *tydemy* | |
| *valtya 1/35* | |
| *valtya 1/50* | |
| *velivet* | |
| *vestura* | |
| *vienva* | |
| *viorele* | |
| *vyfemla* | |
| *vylibra* | |
| *wera* | |
| *wymzya fe* | |
| *xarah fe* | |
| *xelria fe* | |
| *xulane* | |
| *zafemy* | |
| *zovia 1/35* | |
| *zumandimine* | |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *estradiol td patch weekly 0.1 mg/24hr* | |
| *estradiol td patch weekly 0.05 mg/24hr* | |
| *estradiol td patch weekly 0.06 mg/24hr* | |
| *estradiol td patch weekly 0.025 mg/24hr* | |
| *estradiol td patch weekly 0.075 mg/24hr* | |
| *estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)* | |
| *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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *jinteli* | |
| *lyllana* | |
| *mimvey* | |
| *norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg* | |
| *norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg* | |
| *yuvafem* | |
| ***GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE*** | |
| DEXAMETHASON CON 1MG/ML | |
| *dexamethasone elixir 0.5 mg/5ml* | |
| *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* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *dexamethasone sodium phosphate inj 100 mg/10ml* | |
| *dexamethasone sodium phosphate inj 120 mg/30ml* | |
| *dexamethasone sodium phosphate inj soln pref syr 4 mg/ml* | |
| *dexamethasone soln 0.5 mg/5ml* | |
| *dexamethasone tab 0.5 mg* | |
| *dexamethasone tab 0.75 mg* | |
| *dexamethasone tab 1 mg* | |
| *dexamethasone tab 1.5 mg* | |
| *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* | |

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| SOLU-CORTEF INJ 250MG | |
| SOLU-CORTEF INJ 500MG | |
| SOLU-CORTEF INJ 1000MG | |
| ***GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR*** | |
| BAQSIMI ONE POW 3MG/DOSE | |
| BAQSIMI TWO POW 3MG/DOSE | |
| *diazoxide susp 50 mg/ml* | NDS |
| GVOKE HYPO 1 INJ 0.5/.1ML | |
| GVOKE HYPO 1 INJ 1/0.2ML | |
| GVOKE HYPO 2 INJ 0.5/.1ML | |
| GVOKE HYPO 2 INJ 1/0.2ML | |
| GVOKE KIT SOL 1/0.2ML | |
| GVOKE PFS INJ 1/0.2ML | |
| ZEGALOGUE INJ 0.6/0.6 | |
| ***MISCELLANEOUS*** | |
| ALDURAZYME INJ 2.9MG/5M | NDS, PA |
| *betaine powder for oral solution* | NDS |
| *cabergoline tab 0.5 mg* | |
| *carglumic acid soluble tab 200 mg* | NDS, PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| CERDELGA CAP 84MG | NDS, PA |
| CEREZYME INJ 400UNIT | NDS, PA |
| *cinacalcet hcl tab 30 mg (base equiv)* | B/D, QL (60 tabs / 30 days) |
| *cinacalcet hcl tab 60 mg (base equiv)* | B/D, QL (60 tabs / 30 days) |
| *cinacalcet hcl tab 90 mg (base equiv)* | B/D, QL (120 tabs / 30 days) |
| CYSTAGON CAP 50MG | PA |
| CYSTAGON CAP 150MG | PA |
| *desmopressin acetate inj 4 mcg/ml* | NDS |
| *desmopressin acetate nasal spray soln 0.01%* | |
| *desmopressin acetate nasal spray soln 0.01% (refrigerated)* | |
| *desmopressin acetate preservative free (pf) inj 4 mcg/ml* | NDS |
| *desmopressin acetate tab 0.1 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *desmopressin acetate tab 0.2 mg* | |
| 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 |
| 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 |
| *javygtor* | NDS, PA |
| *lanreotide acetate extended release inj 120 mg/0.5ml* | NDS, PA |
| *levocarnitine oral soln 1 gm/10ml (10%)* | B/D |
| *levocarnitine tab 330 mg* | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| *mifepristone tab 300 mg* | NDS, PA |
| NAGLAZYME INJ 1MG/ML | NDS, PA |
| *nitisinone cap 2 mg* | NDS, PA |
| *nitisinone cap 5 mg* | NDS, PA |
| *nitisinone cap 10 mg* | NDS, PA |
| *nitisinone cap 20 mg* | NDS, PA |
| *octreotide acetate inj 50 mcg/ml (0.05 mg/ml)* | PA |
| *octreotide acetate inj 100 mcg/ml (0.1 mg/ml)* | PA |
| *octreotide acetate inj 200 mcg/ml (0.2 mg/ml)* | PA |
| *octreotide acetate inj 500 mcg/ml (0.5 mg/ml)* | NDS, PA |
| *octreotide acetate inj 1000 mcg/ml (1 mg/ml)* | NDS, PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *octreotide acetate subcutaneous soln pref syr 50 mcg/ml* | PA |
| *octreotide acetate subcutaneous soln pref syr 100 mcg/ml* | PA |
| *octreotide acetate subcutaneous soln pref syr 500 mcg/ml* | NDS, PA |
| *raloxifene hcl tab 60 mg* | |
| 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 |
| *sapropterin dihydrochloride powder packet 100 mg* | NDS, PA |
| *sapropterin dihydrochloride powder packet 500 mg* | NDS, PA |
| *sapropterin dihydrochloride tab 100 mg* | NDS, PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| SIGNIFOR INJ 0.3MG/ML | NDS, PA |
| SIGNIFOR INJ 0.6MG/ML | NDS, PA |
| SIGNIFOR INJ 0.9MG/ML | NDS, PA |
| *sodium phenylbutyrate oral powder 3 gm/teaspoonful* | NDS, PA |
| *sodium phenylbutyrate tab 500 mg* | NDS, PA |
| SOMATULINE INJ 60/0.2ML | NDS, PA |
| SOMATULINE INJ 90/0.3ML | NDS, PA |
| SOMAVERT INJ 10MG | NDS, PA |
| 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 |
| *tolvaptan tab 15 mg* | NDS, PA; (generic of JYNARQUE) |
| *tolvaptan tab 30 mg* | NDS, PA; (generic of JYNARQUE) |
| *tolvaptan tab therapy pack 15 mg* | NDS, PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *tolvaptan tab therapy pack 30 & 15 mg* | NDS, PA |
| *tolvaptan tab therapy pack 45 & 15 mg* | NDS, PA |
| *tolvaptan tab therapy pack 60 & 30 mg* | NDS, PA |
| *tolvaptan tab therapy pack 90 & 30 mg* | NDS, PA |
| *zelvysia* | NDS, PA |
| ***PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES*** | |
| *gallifrey* | |
| *medroxyprogesterone acetate tab 2.5 mg* | |
| *medroxyprogesterone acetate tab 5 mg* | |
| *medroxyprogesterone acetate tab 10 mg* | |
| *megestrol acetate susp 40 mg/ml* | |
| *megestrol acetate susp 625 mg/5ml* | PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *norethindrone acetate tab 5 mg* | |
| *progesterone cap 100 mg* | |
| *progesterone cap 200 mg* | |
| ***THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS*** | |
| *levothyroxine sodium tab 25 mcg* | |
| *levothyroxine sodium tab 50 mcg* | |
| *levothyroxine sodium tab 75 mcg* | |
| *levothyroxine sodium tab 88 mcg* | |
| *levothyroxine sodium tab 100 mcg* | |
| *levothyroxine sodium tab 112 mcg* | |
| *levothyroxine sodium tab 125 mcg* | |
| *levothyroxine sodium tab 137 mcg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *levothyroxine sodium tab 150 mcg* | |
| *levothyroxine sodium tab 175 mcg* | |
| *levothyroxine sodium tab 200 mcg* | |
| *levothyroxine sodium tab 300 mcg* | |
| *levoxyl* | |
| *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 | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| SYNTHROID TAB 112MCG | |
| SYNTHROID TAB 125MCG | |
| SYNTHROID TAB 137MCG | |
| SYNTHROID TAB 150MCG | |
| SYNTHROID TAB 175MCG | |
| SYNTHROID TAB 200MCG | |
| SYNTHROID TAB 300MCG | |
| *unithroid* | |
| ***VITAMIN D ANALOGS*** | |
| *calcitriol (oral)* | B/D |
| *calcitriol cap 0.5 mcg* | B/D |
| *calcitriol cap 0.25 mcg* | B/D |
| *paricalcitol cap 1 mcg* | B/D |
| *paricalcitol cap 2 mcg* | B/D |
| *paricalcitol cap 4 mcg* | B/D |
| **GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS** | |
| ***ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING*** | |
| *aprepitant capsule 40 mg* | B/D |
| *aprepitant capsule 80 mg* | B/D |
| *aprepitant capsule 125 mg* | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *aprepitant capsule therapy pack 80 & 125 mg* | B/D |
| *compro* | |
| *dronabinol cap 2.5 mg* | B/D, QL (60 caps / 30 days) |
| *dronabinol cap 5 mg* | B/D, QL (60 caps / 30 days) |
| *dronabinol cap 10 mg* | B/D, QL (60 caps / 30 days) |
| *granisetron hcl inj 1 mg/ml* | |
| *granisetron hcl inj 4 mg/4ml (1 mg/ml)* | |
| *granisetron hcl tab 1 mg* | B/D |
| *meclizine hcl tab 12.5 mg* | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *meclizine hcl tab 25 mg* | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *prochlorperazine edisylate inj 10 mg/2ml* | |
| *prochlorperazine maleate tab 5 mg (base equivalent)* | |
| *prochlorperazine maleate tab 10 mg (base equivalent)* | |
| *prochlorperazine suppos 25 mg* | |
| *promethazine hcl inj 25 mg/ml* | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *promethazine hcl inj 50 mg/ml* | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *promethazine hcl oral soln 6.25 mg/5ml* | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |

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

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

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

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *misoprostol tab 100 mcg* | |
| *misoprostol tab 200 mcg* | |
| MOVANTIK TAB 12.5MG | QL (30 tabs / 30 days) |
| MOVANTIK TAB 25MG | QL (30 tabs / 30 days) |
| RELISTOR INJ 8/0.4ML | 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 |
| *sucralfate susp 1 gm/10ml* | |
| *sucralfate tab 1 gm* | |
| TRULANCE TAB 3MG | QL (30 tabs / 30 days) |
| *ursodiol cap 300 mg* | |
| *ursodiol tab 250 mg* | |
| *ursodiol tab 500 mg* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| VOQUEZNA PAK DUAL PAK | QL (2 kits / year), PA |
| VOQUEZNA PAK TRIP PK | QL (2 kits / year), PA |
| 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*** | |
| *esomeprazole magnesium cap delayed release 20 mg (base eq)* | QL (30 caps / 30 days), ST |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *omeprazole cap delayed release 10 mg* | |
| *omeprazole cap delayed release 20 mg* | |
| *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) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *dutasteride-tamsulosin hcl cap 0.5-0.4 mg* | QL (30 caps / 30 days) |
| *finasteride tab 5 mg* | QL (30 tabs / 30 days) |
| *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)* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *potassium citrate tab er 15 meq (1620 mg)* | |
| ***URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE*** | |
| *fesoterodine fumarate tab er 24hr 4 mg* | QL (30 tabs / 30 days) |
| *fesoterodine fumarate tab er 24hr 8 mg* | QL (30 tabs / 30 days) |
| GEMTESA TAB 75MG | QL (30 tabs / 30 days) |
| *mirabegron tab er 24 hr 25 mg* | QL (30 tabs / 30 days) |
| *mirabegron tab er 24 hr 50 mg* | QL (30 tabs / 30 days) |
| MYRBETRIQ SUS 8MG/ML | QL (300 mL / 28 days) |
| MYRBETRIQ TAB 25MG | QL (30 tabs / 30 days) |
| MYRBETRIQ TAB 50MG | QL (30 tabs / 30 days) |
| *oxybutynin chloride solution 5 mg/5ml* | QL (600 mL / 30 days) |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***VAGINAL ANTI-INFECTIVES*** | |
| *clindamycin phosphate vaginal cream 2%* | |
| *metronidazole vaginal gel 0.75%* | |
| *terconazole vaginal cream 0.4%* | |
| *terconazole vaginal cream 0.8%* | |
| *terconazole vaginal suppos 80 mg* | |
| **HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS** | |
| ***ANTICOAGULANTS - BLOOD THINNERS*** | |
| *dabigatran etexilate mesylate cap 75 mg (etexilate base eq)* | QL (60 caps / 30 days) |
| *dabigatran etexilate mesylate cap 110 mg (etexilate base eq)* | QL (120 caps / 30 days) |
| *dabigatran etexilate mesylate cap 150 mg (etexilate base eq)* | QL (60 caps / 30 days) |
| ELIQUIS (1.5MG PACK) 3 X | QL (591 tabs / 29 days) |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *enoxaparin sodium inj soln pref syr 100 mg/ml* | |
| *enoxaparin sodium inj soln pref syr 120 mg/0.8ml* | |
| *enoxaparin sodium inj soln pref syr 150 mg/ml* | |
| *fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml* | |
| *fondaparinux sodium subcutaneous inj 5 mg/0.4ml* | NDS |
| *fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml* | NDS |
| *fondaparinux sodium subcutaneous inj 10 mg/0.8ml* | NDS |
| HEP SOD/NACL INJ 25000UNT | |
| *heparin sodium (porcine) inj 1000 unit/ml* | B/D |
| *heparin sodium (porcine) inj 5000 unit/ml* | B/D |
| *heparin sodium (porcine) inj 10000 unit/ml* | B/D |
| *heparin sodium (porcine) inj 20000 unit/ml* | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *heparin sodium (porcine) pf inj 1000 unit/ml* | B/D |
| *jantoven* | |
| *rivaroxaban for susp 1 mg/ml* | QL (620 mL / 30 days) |
| *rivaroxaban tab 2.5 mg* | QL (60 tabs / 30 days) |
| *warfarin sodium tab 1 mg* | |
| *warfarin sodium tab 2 mg* | |
| *warfarin sodium tab 2.5 mg* | |
| *warfarin sodium tab 3 mg* | |
| *warfarin sodium tab 4 mg* | |
| *warfarin sodium tab 5 mg* | |
| *warfarin sodium tab 6 mg* | |
| *warfarin sodium tab 7.5 mg* | |
| *warfarin sodium tab 10 mg* | |
| XARELTO STAR TAB 15/20MG | QL (51 tabs / 30 days) |
| XARELTO TAB 2.5MG | QL (60 tabs / 30 days) |
| XARELTO TAB 10MG | QL (30 tabs / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| XARELTO TAB 15MG | QL (30 tabs / 30 days) |
| XARELTO TAB 20MG | QL (30 tabs / 30 days) |
| ***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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ALVAIZ TAB 54MG | NDS, QL (60 tabs / 30 days), PA |
| *anagrelide hcl cap 0.5 mg* | |
| *anagrelide hcl cap 1 mg* | |
| BERINERT INJ 500UNIT | NDS, QL (24 boxes / 30 days), PA |
| *cilostazol tab 50 mg* | |
| *cilostazol tab 100 mg* | |
| 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 |
| *icatibant acetate subcutaneous soln pref syr 30 mg/3ml* | NDS, QL (9 syringes / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *l-glutamine (sickle cell)* | NDS, PA |
| *pentoxifylline tab er 400 mg* | |
| *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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *dipyridamole tab 50 mg* | PA; PA applies if 65 years and older |
| *dipyridamole tab 75 mg* | PA; PA applies if 65 years and older |
| *prasugrel hcl tab 5 mg (base equiv)* | |
| *prasugrel hcl tab 10 mg (base equiv)* | |
| *ticagrelor tab 60 mg* | |
| *ticagrelor tab 90 mg* | |

## 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 |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| BIMZELX INJ 160MG/ML | NDS, QL (2 syringes / 28 days), PA |
| 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 |
| EBGLYSS INJ 250/2ML | NDS, QL (20 pens / 365 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| EBGLYSS INJ 250/2ML | NDS, QL (20 syringes / 365 days), PA |
| ENBREL INJ 25/0.5ML | NDS, QL (16 syringes / 28 days), PA |
| ENBREL INJ 25MG | NDS, QL (16 vials / 28 days), PA |
| 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 |

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

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| *tofacitinib citrate oral soln 1 mg/ml (base equivalent)* | NDS, QL (480 mL / 24 days), PA |
| *tofacitinib citrate tab 5 mg (base equivalent)* | NDS, QL (60 tabs / 30 days), PA |
| *tofacitinib citrate tab 10 mg (base equivalent)* | NDS, QL (60 tabs / 30 days), PA |
| *tofacitinib citrate tab er 24hr 11 mg (base equivalent)* | NDS, QL (30 tabs / 30 days), PA |
| *tofacitinib citrate tab er 24hr 22 mg (base equivalent)* | NDS, QL (30 tabs / 30 days), PA |
| TREMFYA INJ 100MG/ML | NDS, QL (1 pen / 28 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| USTEKINUMAB INJ 45/0.5ML | NDS, QL (1 vial / 28 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| YESINTEK INJ 90MG/ML | NDS, QL (1 syringe / 28 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| FLEBOGAMMA INJ 20/400ML | NDS, PA |
| FLEBOGAMMA INJ DIF 5% | NDS, PA |
| GAMASTAN INJ | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| GAMUNEX-C INJ 20GM/200 | NDS, PA |
| GAMUNEX-C INJ 40/400ML | NDS, PA |
| OCTAGAM INJ 1GM | NDS, PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| ***IMMUNOMODULATORS*** | |
| ACTIMMUNE INJ 2MU/0.5 | NDS, PA |
| ARCALYST INJ 220MG | NDS, PA |
| ***IMMUNOSUPPRESSANTS*** | |
| ASTAGRAF XL CAP 0.5MG | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ASTAGRAF XL CAP 1MG | B/D |
| ASTAGRAF XL CAP 5MG | NDS, B/D |
| *azathioprine tab 50 mg* | 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 |
| *cyclosporine cap 25 mg* | B/D |
| *cyclosporine cap 100 mg* | B/D |
| *cyclosporine modified cap 25 mg* | B/D |
| *cyclosporine modified cap 50 mg* | B/D |
| *cyclosporine modified cap 100 mg* | B/D |
| *cyclosporine modified oral soln 100 mg/ml* | B/D |
| *everolimus tab 0.5 mg* | NDS, B/D |
| *everolimus tab 0.25 mg* | B/D |
| *everolimus tab 0.75 mg* | NDS, B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *everolimus tab 1 mg* | NDS, B/D |
| *gengraf* | B/D |
| *mycophenolate mofetil cap 250 mg* | B/D |
| *mycophenolate mofetil for oral susp 200 mg/ml* | NDS, B/D |
| *mycophenolate mofetil tab 500 mg* | B/D |
| *mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)* | B/D |
| *mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)* | B/D |
| 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 |
| *sirolimus oral soln 1 mg/ml* | B/D |
| *sirolimus tab 0.5 mg* | B/D |
| *sirolimus tab 1 mg* | B/D |
| *sirolimus tab 2 mg* | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *tacrolimus cap 0.5 mg* | B/D |
| *tacrolimus cap 1 mg* | B/D |
| *tacrolimus cap 5 mg* | B/D |
| *tacrolimus cap er 24hr 0.5 mg* | B/D |
| *tacrolimus cap er 24hr 1 mg* | B/D |
| *tacrolimus cap er 24hr 5 mg* | 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 | |
| ENGERIX-B INJ 10/0.5ML | B/D |
| ENGERIX-B INJ 20MCG/ML | B/D |
| GARDASIL 9 INJ | |
| HAVRIX INJ 720UNIT | |
| HAVRIX INJ 1440UNIT | |
| HEPLISAV-B INJ 20/0.5ML | B/D |
| HIBERIX SOL 10MCG | |
| IMOVAX RABIE INJ 2.5/ML | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 | |
| PEDVAXHIB INJ 7.5MCG | |
| PENBRAYA INJ | |
| PENMENVY INJ | |
| PENTACEL INJ | |
| PRIORIX INJ | |
| PROQUAD INJ | |
| QUADRACEL INJ 0.5ML | |
| RABAVERT INJ | B/D |
| RECOMBIVA HB INJ 5MCG/0.5 | B/D |
| RECOMBIVA HB INJ 10MCG/ML | B/D |
| RECOMBIVA-HB INJ 40MCG/ML | B/D |
| ROTARIX SUS | |

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

## NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS

### *ELECTROLYTES/MINERALS, INJECTABLE*

| |
|---|
| D2.5W/NACL INJ 0.45% |
| D5W/NACL INJ 0.2% |
| D5W/NACL INJ 0.45% |

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

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

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *sodium chloride iv soln 5%* | |
| TPN ELECTROL INJ | B/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* | |
| *potassium chloride cap er 10 meq* | |
| *potassium chloride microencapsulated crys er tab 10 meq* | |
| *potassium chloride microencapsulated crys er tab 15 meq* | |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| AMINOSYN-PF INJ 10% | B/D |
| CLINIMIX INJ 4.25/D5W | B/D |
| CLINIMIX INJ 4.25/D10 | B/D |
| CLINIMIX INJ 5%/D15W | B/D |
| CLINIMIX INJ 5%/D20W | B/D |
| CLINIMIX INJ 6/5 | B/D |
| CLINIMIX INJ 8/10 | B/D |
| CLINIMIX INJ 8/14 | B/D |
| *clinisol sf 15%* | B/D |
| CLINOLIPID EMU 20% | B/D |
| *dextrose inj 5%* | |
| *dextrose inj 10%* | |
| DEXTROSE INJ 10% | |
| *dextrose inj 50%* | B/D |
| DEXTROSE INJ 70% | B/D |
| INTRALIPID INJ 20% | B/D |
| INTRALIPID INJ 30% | B/D |
| NUTRILIPID EMU 20% | B/D |
| *plenamine* | B/D |
| PREMASOL SOL 10% | NDS, B/D |
| PROSOL INJ 20% | B/D |
| TRAVASOL INJ 10% | B/D |
| TROPHAMINE INJ 10% | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| **OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS** | |
| ***ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION*** | |
| *bacitracin-polymyxin-neomycin-hc ophth oint 1%* | |
| *loteprednol etabonate-tobramycin ophth susp 0.5-0.3%* | |
| *neomycin-polymyxin-dexamethasone ophth oint 0.1%* | |
| *neomycin-polymyxin-dexamethasone ophth susp 0.1%* | |
| *neomycin-polymyxin-hc ophth susp* | |
| *sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%* | |
| TOBRADEX OIN 0.3-0.1% | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *tobramycin-dexamethasone ophth susp 0.3-0.1%* | |
| ZYLET SUS 0.5-0.3% | |
| ***ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS*** | |
| *bacitracin-polymyxin b ophth oint* | |
| *besifloxacin hcl ophth susp 0.6% (base equiv)* | |
| BESIVANCE SUS 0.6% | |
| CILOXAN OIN 0.3% OP | |
| *ciprofloxacin hcl ophth soln 0.3% (base equivalent)* | |
| *erythromycin ophth oint 5 mg/gm* | |
| *gatifloxacin ophth soln 0.5%* | |
| *gentamicin sulfate ophth soln 0.3%* | |
| *moxifloxacin hcl ophth soln 0.5% (base equiv)* | QL (12 mL / 30 days) |
| NATACYN SUS 5% OP | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin* | |
| *neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml* | |
| *ofloxacin ophth soln 0.3%* | |
| *polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%* | |
| *sulfacetamide sodium ophth soln 10%* | |
| *tobramycin ophth soln 0.3%* | |
| *trifluridine ophth soln 1%* | |
| XDEMVY DRO 0.25% | NDS, PA |
| ZIRGAN GEL 0.15% | |
| ***ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION*** | |
| *dexamethasone sodium phosphate ophth soln 0.1%* | |
| *diclofenac sodium ophth soln 0.1%* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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%* | |
| ***ANTIALLERGICS - DRUGS TO TREAT ALLERGIES*** | |
| *azelastine hcl ophth soln 0.05%* | |
| *cromolyn sodium ophth soln 4%* | |
| ZERVIATE DRO 0.24% | |

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *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%* | |
| **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 9MCG | QL (1 inhaler / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| BREZTRI AERO AER 18MCG | QL (1 inhaler / 30 days) |
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) | QL (4 inhalers / 28 days) |
| COMBIVENT AER 20-100 | QL (2 inhalers / 30 days) |
| *ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml* | B/D |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG | QL (60 blisters / 30 days) |
| TRELEGY AER ELLIPTA 200-62.5-25 MCG | QL (60 blisters / 30 days) |
| ***ANTICHOLINERGICS - DRUGS TO TREAT COPD*** | |
| ATROVENT HFA AER 17MCG | QL (2 inhalers / 30 days) |
| INCRUSE ELPT INH 62.5MCG | QL (30 blisters / 30 days) |
| *ipratropium bromide hfa inhal aerosol 17 mcg/act* | QL (2 inhalers / 30 days) |
| *ipratropium bromide inhal soln 0.02%* | B/D |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *ipratropium bromide nasal soln 0.03% (21 mcg/spray)* | |
| *ipratropium bromide nasal soln 0.06% (42 mcg/spray)* | |
| SPIRIVA RESP AER 1.25MCG | QL (1 inhaler / 30 days) |
| ***ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES*** | |
| *azelastine hcl nasal spray 0.1% (137 mcg/spray)* | |
| *cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)* | QL (300 mL / 30 days) |
| *cyproheptadine hcl syrup 2 mg/5ml* | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *cyproheptadine hcl tab 4 mg* | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***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) |
| *albuterol sulfate soln nebu 0.5% (5 mg/ml)* | B/D |
| *albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)* | B/D |
| *albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)* | B/D |
| *albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)* | B/D |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| *acetylcysteine inhal soln 20%* | 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 |

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| 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 |
| ORKAMBI TAB 100-125 | NDS, QL (112 tabs / 28 days), PA |
| ORKAMBI TAB 200-125 | NDS, QL (112 tabs / 28 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *pirfenidone cap 267 mg* | NDS, QL (270 caps / 30 days), PA |
| *pirfenidone tab 267 mg* | NDS, QL (270 tabs / 30 days), PA |
| *pirfenidone tab 534 mg* | NDS, QL (90 tabs / 30 days), PA |
| *pirfenidone tab 801 mg* | NDS, QL (90 tabs / 30 days), PA |
| PROLASTIN-C INJ 1000MG | NDS, PA |
| PULMOZYME SOL 1MG/ML | NDS, PA |
| *roflumilast tab 250 mcg* | QL (56 tabs / year) |
| *roflumilast tab 500 mcg* | QL (30 tabs / 30 days) |
| SYMDEKO TAB 50-75MG | NDS, QL (56 tabs / 28 days), PA |
| SYMDEKO TAB 100-150 | NDS, QL (56 tabs / 28 days), PA |
| *theophylline elixir 80 mg/15ml* | |
| *theophylline soln 80 mg/15ml* | |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *theophylline tab er 12hr 100 mg* | |
| *theophylline tab er 12hr 200 mg* | |
| *theophylline tab er 12hr 300 mg* | |
| *theophylline tab er 12hr 450 mg* | |
| *theophylline tab er 24hr 400 mg* | |
| *theophylline tab er 24hr 600 mg* | |
| TRIKAFTA PAK 59.5MG | NDS, QL (56 packs / 28 days), PA |
| 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 |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| ***NASAL STEROIDS - DRUGS TO TREAT ALLERGIES*** | |
| *flunisolide nasal soln 25 mcg/act (0.025%)* | QL (3 bottles / 30 days) |
| *fluticasone propionate nasal susp 50 mcg/act* | QL (1 bottle / 30 days) |
| XHANCE MIS 93MCG | QL (32 mL / 30 days), PA |
| ***STEROID INHALANTS - DRUGS TO TREAT ASTHMA*** | |
| ALVESCO AER 80MCG | QL (3 inhalers / 30 days) |
| ALVESCO AER 160MCG | QL (2 inhalers / 30 days) |
| ARNUITY ELPT INH 50MCG | QL (30 inhalations / 30 days) |
| ARNUITY ELPT INH 100MCG | QL (30 inhalations / 30 days) |
| ARNUITY ELPT INH 200MCG | QL (30 inhalations / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *budesonide inhalation susp 0.5 mg/2ml* | B/D |
| *budesonide inhalation susp 0.25 mg/2ml* | B/D |
| *fluticasone propionate hfa inhal aer 110 mcg/act* | QL (2 inhalers / 30 days) |
| *fluticasone propionate hfa inhal aer 220 mcg/act* | QL (2 inhalers / 30 days) |
| *fluticasone propionate hfa inhal aero 44 mcg/act* | QL (2 inhalers / 30 days) |
| ***STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD*** | |
| ADVAIR HFA AER 45/21 | QL (1 inhaler / 30 days) |
| ADVAIR HFA AER 115/21 | QL (1 inhaler / 30 days) |
| ADVAIR HFA AER 230/21 | QL (1 inhaler / 30 days) |
| AIRSUPRA AER 90-80MCG | QL (3 inhalers / 30 days) |
| BREO ELLIPTA INH 50-25MCG | QL (60 blisters / 30 days) |

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

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

## TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

### *DERMATOLOGY, ACNE*

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

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

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

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *pellix sol 0.005%* | QL (120 mL / 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 |
|---|---|
| *betamethasone dipropionate lotion 0.05%* | QL (120 mL / 30 days) |
| *betamethasone dipropionate oint 0.05%* | QL (120 gm / 30 days) |
| *betamethasone valerate cream 0.1% (base equivalent)* | QL (120 gm / 30 days) |
| *betamethasone valerate lotion 0.1% (base equivalent)* | QL (120 mL / 30 days) |
| *betamethasone valerate oint 0.1% (base equivalent)* | QL (120 gm / 30 days) |
| *clobetasol propionate cream 0.05%* | QL (120 gm / 30 days) |
| *clobetasol propionate e* | QL (120 gm / 30 days) |
| *clobetasol propionate gel 0.05%* | QL (120 gm / 30 days) |
| *clobetasol propionate oint 0.05%* | QL (120 gm / 30 days) |
| *clobetasol propionate shampoo 0.05%* | QL (236 mL / 30 days) |
| *clobetasol propionate soln 0.05%* | QL (100 mL / 30 days) |

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

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *mometasone furoate solution 0.1% (lotion)* | |
| *triamcinolone acetonide cream 0.1%* | QL (454 gm / 30 days) |
| *triamcinolone acetonide cream 0.5%* | QL (454 gm / 30 days) |
| *triamcinolone acetonide cream 0.025%* | QL (454 gm / 30 days) |
| *triamcinolone acetonide lotion 0.1%* | |
| *triamcinolone acetonide lotion 0.025%* | |
| *triamcinolone acetonide oint 0.1%* | |
| *triamcinolone acetonide oint 0.5%* | |
| *triamcinolone acetonide oint 0.025%* | |
| *triderm* | QL (454 gm / 30 days) |
| ***DERMATOLOGY, LOCAL ANESTHETICS*** | |
| *glydo* | QL (60 mL / 30 days), PA |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *lidocaine hcl soln 4%* | QL (50 mL / 30 days), PA |
| *lidocaine hcl urethral/mucosal gel prefilled syringe 2%* | QL (60 mL / 30 days), PA |
| *lidocaine oint 5%* | QL (50 gm / 30 days), PA |
| *lidocaine patch 5%* | QL (3 patches / 1 day), PA |
| *lidocaine-prilocaine cream 2.5-2.5%* | B/D, QL (30 gm / 30 days) |
| *lidocan* | QL (3 patches / 1 day), PA |
| *tridacaine iii* | QL (3 patches / 1 day), PA |
| ***DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE*** | |
| *bexarotene gel 1%* | NDS, QL (60 gm / 30 days), PA |
| *diclofenac sodium soln 1.5%* | QL (300 mL / 28 days) |
| EUCRISA OIN 2% | QL (120 gm / 30 days), PA |

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

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *nitroglycerin oint 0.4%* | QL (30 gm / 30 days) |
| PANRETIN GEL 0.1% | NDS, QL (60 gm / 30 days), PA |
| *pimecrolimus cream 1%* | QL (100 gm / 30 days), PA |
| *podofilox soln 0.5%* | QL (7 mL / 28 days) |
| *procto-med hc* | |
| *proctocort* | |
| *proctosol hc* | |
| *proctozone-hc* | |
| *tacrolimus oint 0.1%* | QL (100 gm / 30 days), PA |
| *tacrolimus oint 0.03%* | QL (100 gm / 30 days), PA |
| VALCHLOR GEL 0.016% | NDS, QL (60 gm / 30 days), PA |
| ***DERMATOLOGY, SCABICIDES AND PEDICULIDES*** | |
| *malathion lotion 0.5%* | QL (59 mL / 30 days) |

| NAME OF DRUG | NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE |
|---|---|
| *permethrin cream 5%* | QL (60 gm / 30 days) |
| ***DERMATOLOGY, WOUND CARE AGENTS*** | |
| SANTYL OIN 250/GM | QL (180 gm / 30 days), PA |
| *sodium chloride irrigation soln 0.9%* | |
| *water for irrigation, sterile irrigation soln* | |
| ***MOUTH/THROAT/DENTAL AGENTS*** | |
| *cevimeline hcl cap 30 mg* | |
| *chlorhexidine gluconate soln 0.12%* | |
| *clotrimazole troche 10 mg* | QL (150 lozenges / 30 days) |
| *kourzeq* | |
| *lidocaine hcl viscous soln 2%* | |
| *nystatin susp 100000 unit/ml* | |
| *periogard* | |
| *pilocarpine hcl tab 5 mg* | |
| *pilocarpine hcl tab 7.5 mg* | |
| *triamcinolone acetonide dental paste 0.1%* | |

# D. Índice de medicamentos cubiertos

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

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# MassHealth Over-the-Counter Drug List

**Allergy Agents, Ophthalmic**

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

**Analgesics**

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

**Anthelmintic Agents**

*Reese's Pinworm (pyrantel pamoate)

**Antihistamines/ Decongestants**

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

**Antimicrobials, Topical**

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

*tolnaftate cream, powder
*triple antibiotic ointment

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

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

*famotidine tablet

*Florastor (saccharomyces boulardii) < 21 years

*glycerin

*lactase

*loperamide

*magnesium salts

*meclizine

*methylcellulose

*mineral oil

*polyethylene glycol 3350

*psyllium capsule

*psyllium powder

*sennosides tablet

*sennosides syrup

*simethicone

*sodium bicarbonate

*sodium phosphate

**Intranasal Sprays**

*budesonide nasal spray ≤ 1 inhaler/ 30 days

*triamcinolone nasal spray ≤ 1 inhaler/30 days

**Medical Foods**

*levomethylfolate tablet ≤ 1 unit/day

**Opioid Reversal Agents**

*Narcan (naloxone 4 mg nasal spray) †

*Rivive (naloxone 3 mg nasal spray)

**Otic Agents**

*carbamide peroxide

**Pediculicides /Scabicides**

*permethrin

*piperonyl butoxide/pyrethrins

**Respiratory Agents**

*sodium chloride for inhalation

**Smoking Cessation**

*nicotine gum, lozenge, patch

**Tear/Saliva Replacement Agents**

*artificial tears

*saliva substitute

**Vitamins/ Nutrients/ Supplements**

*calcium replacement

*coenzyme Q10 < 21 years

*electrolyte solution, pediatric

*ferrous fumarate

*ferrous gluconate

*ferrous sulfate

*folic acid

*glucose products < 21 years

*iron polysaccharide complex

*magnesium salts

*melatonin

*melatonin/ pyridoxine tablet

*multivitamins

*niacinamide

*nicotinic acid

*pediatric multivitamins

*Phos-Flur (sodium fluoride oral rinse)

*prenatal vitamins

*potassium phosphate

*sodium chloride tablet

*sodium fluoride

*vitamin A (retinol)

*vitamin B-1 (thiamine)

*vitamin B-2 (riboflavin)

*vitamin B-3 (niacin)

*vitamin B-6 (pyridoxine)

*vitamin B-12 (cyanocobalamin)

*vitamin B complex

*vitamin C (ascorbic acid)

*vitamin D

*vitamin E, oral

*vitamins, multiple vitamins,

*multiple/minerals

*vitamins, pediatric

*vitamins, prenatal

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

Esta *Lista de medicamentos* se actualizó el 09/01/2026.

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

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