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**PURPOSE**

A medication/device may be of value in the treatment or palliation of a condition(s) deemed to be in some way unusual, or, resistant to the action or effect of other products available in the Medication Listing.

**POLICY**

Restricted Use Conditions are reviewed a minimum of every two years. The conditions are based on the state of the art guidelines currently available. Special circumstances for use of an agent will always be considered.

**DEFINITION**

“Restricted Use “medications are defined as those agents which have unique pharmacotherapeutic activity not found in products listed in the Therapeutics Formulary.

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