



Fee-For-Service Acute/Long Term Care Program Drug List

- Generic Drugs Are Preferred Over Brand Name Drugs Unless Specified as Brand Only
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Effective Date: 10/1/2024

| Drug Class/Drug Name | Reference Brand Name | Brand Only / Generic Notes | Preferred Drug Status | PA Type | Step Therapy Requirements | Quantity Limit | QL Days | Maintenace Indicator (Maintenace Drugs are allowed 90 Days Supply) |
|---|----------------------------------|----------------------------|-----------------------|--|---------------------------|----------------|---------|--|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS* | | | | | | | | |
| AMPHETAMINES** | | | | | | | | |
| AMPHETAMINE-DEXTROAMPHETAMINE CAPSULE ER 24 HR | ADDERALL XR | | Preferred Drug | PA Required for Ages < 6 years | | 90 | 90 | X |
| AMPHETAMINE-DEXTROAMPHETAMINE TABLET | ADDERALL | Brand and Generic | Preferred Drug | PA Required for Ages < 6 years | | 180 | 90 | X |
| DEXTROAMPHETAMINE SULFATE TABLET | ZENZEDI | | Preferred Drug | PA Required for Ages < 6 years | | 180 | 90 | X |
| LISDEXAMFETAMINE DIMESYLATE CAPSULE | VYVANSE | Brand Only | Preferred Drug | PA Required for Ages < 6 years | | 90 | 90 | X |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS** | | | | | | | | |
| ATOMOXETINE HCL CAPSULE | STRATTERA | | Preferred Drug | PA Required for Ages < 6 years | | 90 | 90 | X |
| CLONIDINE HCL TABLET | CLONIDINE HYDROCHLORIDE | | | PA Required for Ages < 6 years | | | | X |
| CLONIDINE PATCH WEEKLY | CATAPRES-TTS-1 | | | PA Required for Ages < 6 years | | 12 | 90 | X |
| CLONIDINE HCL (ADHD) TABLET ER 12HR | KAPVAY | | | PA Required for Ages < 6 years | | 360 | 90 | X |
| GUANFACINE HCL TABLET | GUANFACINE HCL | | | PA Required for Ages < 6 years | | | | X |
| GUANFACINE HCL (ADHD) TABLET ER 24HR | INTUNIV | | Preferred Drug | PA Required for Ages < 6 years | | 90 | 90 | X |
| STIMULANTS - MISC.** | | | | | | | | |
| DESMETHYLPHENIDATE HCL CAPSULE ER 24 HR | FOCALIN XR | | Preferred Drug | PA Required for Ages < 6 years | | 180 | 90 | X |
| DESMETHYLPHENIDATE HCL TABLET | FOCALIN | | Preferred Drug | PA Required for Ages < 6 years | | 180 | 90 | X |
| METHYLPHENIDATE HCL CAPSULE ER 24 HR | RITALIN LA | Brand Only | Preferred Drug | PA Required for Ages < 6 years | | 90 | 90 | X |
| METHYLPHENIDATE HCL CAPSULE ER | METHYLPHENIDATE HYDROCHLORIDE CD | | Preferred Drug | PA Required for Ages < 6 years | | 90 | 90 | X |
| METHYLPHENIDATE HCL SOLUTION | METHYLIN | Brand Only | Preferred Drug | PA Required for Ages < 6 years | | 900 | 90 | X |
| METHYLPHENIDATE HCL TABLET | RITALIN | | Preferred Drug | PA Required for Ages < 6 years | | 270 | 90 | X |
| METHYLPHENIDATE HCL TABLET ER | CONCERTA ONLY | Brand Only | Preferred Drug | PA Required for Ages < 6 years | | 180 | 90 | X |
| METHYLPHENIDATE PATCH | DAYTRANA | Brand Only | Preferred Drug | PA Required for Ages < 6 years | | 90 | 90 | X |
| ALTERNATIVE MEDICINES* | | | | | | | | |
| ALTERNATIVE MEDICINE COMBINATIONS** | | | | | | | | |
| OMEGA 3 FATTY ACIDS-OMEGA 6 FATTY ACIDS-OMEGA 9 FATTY ACIDS CAPSULE | SUPER OMEGA-3 | | | | | | | |
| ALTERNATIVE MEDICINE - T'S** | | | | | | | | |
| TEA TREE OIL OIL | TEA TREE OIL | | | | | | | |
| AMINOGLYCOSIDES* | | | | | | | | |
| AMINOGLYCOSIDES** | | | | | | | | |
| AMIKACIN SULFATE SOLUTION | AMIKACIN SULFATE | | | | | | | |
| GENTAMICIN IN SALINE SOLUTION | ISOTONIC GENTAMICIN | | | | | | | |
| GENTAMICIN SULFATE SOLUTION | GENTAMICIN SULFATE PEDIATRIC | | | | | | | |
| NEOMYCIN SULFATE TABLET | NEOMYCIN SULFATE | | | | | | | |
| PAROMOMYCIN SULFATE CAPSULE | HUMATIN | | | Not covered through AHCCCS. Please contact Waylis Pharmaceuticals for the patient assistance program. Toll Free Number: 1-800-689-0255 | | | | |
| TOBRAMYCIN NEBULIZATION SOLUTION | KITABIS AND BETHKIS | Brand Only | Preferred Drug | PA Required | | | | X |
| TOBRAMYCIN SULFATE SOLUTION | TOBRAMYCIN SULFATE | | | | | | | |
| TOBRAMYCIN SULFATE SOLUTION RECONSTITUTED | NEBCIN ADD-VANTAGE | | | | | | | |
| ANALGESICS - ANTI-INFLAMMATORY* | | | | | | | | |
| ANTIRHEUMATIC - ENZYME INHIBITORS** | | | | | | | | |
| TOFACITINIB CITRATE TABLET | XELJANZ | Brand Only | Preferred Drug | PA Required | | | | X |
| TOFACITINIB CITRATE TABLET ER 24HR | XELJANZ XR | Brand Only | Preferred Drug | PA Required | | | | X |

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| ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES** | | | | | | | | |
| ADALIMUMAB PEN-INJECTOR KIT | HUMIRA PEN | | Preferred Drug | PA Required | | | | X |
| ADALIMUMAB PREFILLED SYRINGE KIT | HUMIRA | | Preferred Drug | PA Required | | | | X |
| ADALIMUMAB-ADBAM AUTO-INJECTOR KIT | UNBRANDED ADALIMUMAD-ADBAM | | Preferred Drug | PA Required | | | | X |
| ADALIMUMAB-ADBAM PREFILLED SYRINGE KIT | UNBRANDED ADALIMUMAD-ADBAM | | Preferred Drug | PA Required | | | | X |
| ADALIMUMAB-BWWD SOLN AUTO-INJ | HADLIMA PUSH | | Preferred Drug | PA Required | | | | X |
| ADALIMUMAB-BWWD SOLN PREF SYR | HADLIMA | | Preferred Drug | PA Required | | | | X |
| ADALIMUMAB-RYVK AUTO-INJECTOR KIT | SIMLANDI | | Preferred Drug | PA Required | | | | X |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)** | | | | | | | | |
| CELECOXIB CAPSULE | CELEBREX | | | | 180 | 90 | | X |
| DICLOFENAC SODIUM TABLET ER 24HR | DICLOFENAC SODIUM ER | | | | 90 | 90 | | X |
| DICLOFENAC SODIUM TABLET ENTERIC COATED | DICLOFENAC SODIUM DR | | | | | | | X |
| DICLOFENAC TABLET ENTERIC COATED | DICLOFENAC SODIUM EC | | | | | | | X |
| ETODOLAC CAPSULE | ETODOLAC | | | | | | | X |
| ETODOLAC TABLET | LODINE | | | | | | | X |
| ETODOLAC TABLET ER 24HR | ETODOLAC ER | | | | | | | X |
| FENOPROFEN CALCIUM CAPSULE | FENORTHO | | | | | | | X |
| FENOPROFEN CALCIUM TABLET | NALFON | | | | | | | X |
| FLURBIPROFEN TABLET | FLURBIPROFEN | | | | | | | X |
| IBUPROFEN CAPSULE | MOTRIN IB | | | | | | | |
| IBUPROFEN TABLET CHEWABLE | ADVIL JUNIOR STRENGTH | | | | | | | |
| IBUPROFEN SUSPENSION | MEDI-PROFEN | | | | | | | |
| IBUPROFEN TABLET | ADVIL JUNIOR STRENGTH | | | | | | | |
| INDOMETHACIN CAPSULE | TIVORBEX | | | | | | | |
| INDOMETHACIN CAPSULE ER | INDOMETHACIN ER | | | | | | | X |
| INDOMETHACIN SUPPOSITORY | INDOCIN | | | | | | | X |
| INDOMETHACIN SUSPENSION | INDOCIN | | | | | | | X |
| KETOROLAC TROMETHAMINE TABLET | KETOROLAC TROMETHAMINE | | | | 20 | 30 | | |
| MEFENAMIC ACID CAPSULE | MEFENAMIC ACID | | | | | | | X |
| MELOXICAM SUSPENSION | MELOXICAM | | | | | | | X |
| MELOXICAM TABLET | MOBIC | | | | | | | X |
| NABUMETONE TABLET | RELAFEN | | | | | | | X |
| NAPROXEN SODIUM TABLET | PAMPRIN ALL DAY MAXIMUM STRENGTH | | | | | | | |
| NAPROXEN SUSPENSION | NAPROSYN | | | | | | | X |
| NAPROXEN TABLET | NAPROSYN | | | | | | | X |
| NAPROXEN TABLET ENTERIC COATED | EC-NAPROSYN | | | | | | | X |
| OXAPROZIN TABLET | DAYPRO | | | | | | | X |
| PIROXICAM CAPSULE | FELDENE | | | | | | | X |
| SULINDAC TABLET | SULINDAC | | | | | | | X |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS** | | | | | | | | |
| APREMILAST TABLET | OTEZLA | Brand Only | Preferred Drug | PA Required | | | | X |
| APREMILAST TAB THER PACK | OTEZLA | Brand Only | Preferred Drug | PA Required | | | | |
| PYRIMIDINE SYNTHESIS INHIBITORS** | | | | | | | | |
| LEFLUNOMIDE TABLET | ARAVA | | | | | | | X |
| SELECTIVE COSTIMULATION MODULATORS** | | | | | | | | |
| ABATACEPT SOLN AUTO-INJ | ORENCIA CLICKJECT | | | PA Required | | | | X |
| ABATACEPT SOLN PREF SYR | ORENCIA | | | PA Required | | | | X |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS** | | | | | | | | |
| ETANERCEPT SOLN AUTO-INJ | ENBREL SURECLICK | | Preferred Drug | PA Required | | | | X |
| ETANERCEPT SOLN CARTRIDGE | ENBREL MINI | | Preferred Drug | PA Required | | | | X |
| ETANERCEPT SOLUTION | ENBREL | | Preferred Drug | PA Required | | | | X |
| ETANERCEPT SOLUTION RECONSTITUTED | ENBREL | | Preferred Drug | PA Required | | | | |
| ETANERCEPT SOLN PREF SYR | ENBREL | | Preferred Drug | PA Required | | | | X |
| ANALGESICS - NONNARCOTIC* | | | | | | | | |

| ANALGESIC COMBINATIONS** | | | | | | | | |
|---|---|--|----------------|--|--|-----|----|---|
| BUTALBITAL-ACETAMINOPHEN-CAFFEINE TABLET | BAC | | | | | 120 | 30 | |
| ANALGESICS OTHER** | | | | | | | | |
| ACETAMINOPHEN CAPSULE | TYLENOL | | | | | | | |
| ACETAMINOPHEN TABLET CHEWABLE | MAPAP CHILDRENS | | | | | | | |
| ACETAMINOPHEN ELIXIR | MEDI-TABS CHILDRENS | | | | | | | |
| ACETAMINOPHEN LIQUID | LITTLE REMEDIES FOR FEVERS FEVER/PAIN RELIEVER CHILDRENS | | | | | | | |
| ACETAMINOPHEN SOLUTION | OFIRMEV | | | | | | | |
| ACETAMINOPHEN SUPPOSITORY | FEVERALL INFANTS | | | | | | | |
| ACETAMINOPHEN SUSPENSION | PANADOL CHILDRENS | | | | | | | |
| ACETAMINOPHEN SYRUP | TRIAMINIC FEVER REDUCER PAIN RELIEVER INFANTS | | | | | | | |
| ACETAMINOPHEN TABLET | PHARBETOL | | | | | | | |
| ACETAMINOPHEN TABLET ER | MIDOL | | | | | | | |
| ACETAMINOPHEN TABLET DISINTEGRATING | CHILDRENS ACETAMINOPHEN | | | | | | | |
| SALICYLATES** | | | | | | | | |
| ASPIRIN TABLET CHEWABLE | BAYER CHEWABLE LOW DOSE | | | | | | | |
| ASPIRIN SUPPOSITORY | ASPIRIN | | | | | | | |
| ASPIRIN TABLET | BAYER ASPIRIN | | | | | | | |
| ASPIRIN TABLET ENTERIC COATED | BAYER ASPIRIN EC LOW DOSE | | | | | | | |
| DIFLUNISAL TABLET | DIFLUNISAL | | | | | | | X |
| SALSALATE TABLET | SALSALATE | | | | | | | X |
| ANALGESICS - OPIOID* | | | | | | | | |
| OPIOID AGONISTS** | | | | | | | | |
| FENTANYL PATCH 72 HR (12MCG, 25MCG, 50MCG, 75MCG, 100MCG) | DURAGESIC | | Preferred Drug | | PA Required | | | |
| HYDROMORPHONE HCL LIQUID | DILAUDID | | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| HYDROMORPHONE HCL SUPPOSITORY | HYDROMORPHONE HCL | | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| HYDROMORPHONE HCL TABLET | DILAUDID | | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| MEPERIDINE HCL TABLET | MEPERIDINE HCL | | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| MORPHINE SULFATE SOLUTION | MORPHINE SULFATE | | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| MORPHINE SULFATE SUPPOSITORY | MORPHINE SULFATE | | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| MORPHINE SULFATE TABLET | MORPHINE SULFATE | | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| MORPHINE SULFATE TABLET ER | MS CONTIN | | Preferred Drug | | PA Required | | | |
| OXYCODONE CAP 12HR DETER | XTAMPZA ER | | Preferred Drug | | PA Required | | | |
| OXYCODONE HCL CAPSULE | OXYCODONE HCL | | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |
| OXYCODONE HCL CONCENTRATE | OXYCODONE HYDROCHLORIDE | | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | |

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| OXYCODONE HCL SOLUTION | OXYCODONE HYDROCHLORIDE | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | | |
| OXYCODONE HCL TABLET | OXAYDO | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | | |
| TRAMADOL HCL TABLET (50MG & 100MG) | ULTRAM | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | | |
| TRAMADOL HCL TABLET ER 24HR | TRAMADOL HCL ER | | Preferred Drug | PA Required | | | | |
| OPIOID COMBINATIONS** | | | | | | | | |
| ACETAMINOPHEN W/ CODEINE SOLUTION | ACETAMINOPHEN/CODEINE | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | | |
| ACETAMINOPHEN W/ CODEINE TABLET | TYLENOL/CODEINE #4 | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | | |
| BUTALBITAL-ACETAMINOPHEN-CAFFEINE W/ CODEINE CAPSULE | FIORICET/CODEINE | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | | |
| BUTALBITAL-ASPIRIN-CAFFEINE W/COD CAPSULE | ASCOMP/CODEINE | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | | |
| HYDROCODONE-ACETAMINOPHEN ELIXIR | LORTAB | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | | |
| HYDROCODONE-ACETAMINOPHEN SOLUTION | HYDROCODONE BITARTRATE/ACETAMINOPHEN | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | | |
| HYDROCODONE-ACETAMINOPHEN TABLET | HYDROCODONE BITARTRATE/ACETAMINOPHEN | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | | |
| HYDROCODONE-IBUPROFEN TABLET | HYDROCODONE/IBUPROFEN | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | | |
| OXYCODONE W/ ACETAMINOPHEN SOLUTION | PROLATE | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | | |
| OXYCODONE W/ ACETAMINOPHEN TABLET | ENDOCET | | | PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period. | | | | |
| OPIOID PARTIAL AGONISTS** | | | | | | | | |

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| BUPRENORPHINE VARIOUS | VARIOUS | | | PA Required unless the member is pregnant or nursing. The prescriber must note the following ICD-10 codes on the prescription: 1. O09.91- Supervision of high risk pregnancy, 1st Trimester. 2. O09.92- Supervision of high risk pregnancy, 2nd Trimester. 3. O09.93- Supervision of high risk pregnancy, 3rd Trimester. 4. O09.91- Supervision of high risk pregnancy- use for Postpartum Nursing Mothers. The first digit of the diagnosis code is the Letter - O and the second is a Zero - 0 | | | | |
| BUPRENORPHINE HCL TAB SUBLINGUAL | BUPRENORPHINE HCL | | | PA Required | | | | |
| BUPRENORPHINE PATCH WEEKLY | BUTRANS | Brand Only | Preferred Drug | PA Required | | | | |
| BUPRENORPHINE SOLN PREF SYR | SUBLOCADE | | Preferred Drug | PA Required - Effective November 1st When approved, the prescriber must buy and bill and submit a medical claim for the drug | | | | |
| BUPRENORPHINE SOLN PREF SYR | BRIXADI | | Preferred Drug | PA Required - When approved the prescriber must buy and bill a medical claim for the drug | | | | |
| BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM | SUBOXONE | Brand Only | Preferred Drug | | | | | |
| BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE TAB SUBLINGUAL | ZUBSOLV | GENERIC FORMULATIONS ONLY | Preferred Drug | | | | | |
| METHADONE | VARIOUS | | | Only available at an Opioid Treatment Program (OTP) provider. | | | | |
| ANDROGENS-ANABOLIC* | | | | | | | | |
| ANDROGENS** | | | | | | | | |
| DANAZOL CAPSULE | DANAZOL | | | | | | | |
| TESTOSTERONE CYPIONATE KIT | TESTONE CIK | | | PA Required | | | | X |
| TESTOSTERONE CYPIONATE SOLUTION | DEPO-TESTOSTERONE | | | PA Required | | | | X |
| TESTOSTERONE ENANTHATE SOLUTION | TESTOSTERONE ENANTHATE | | | PA Required | | | | X |
| TESTOSTERONE GEL (1%-50MG & 1.62% - PUMP BOTTLE) | ANDROGEL/TESTOSTERONE (AG) | | | PA Required | | | | |
| TESTOSTERONE PATCH 24 HR | ANDRODERM | | | PA Required | | | | X |
| ANORECTAL AND RELATED PRODUCTS* | | | | | | | | |
| INTRARECTAL STEROIDS** | | | | | | | | |
| HYDROCORTISONE (INTRARECTAL) ENEMA | CORTENEMA | | | | | | | |
| HYDROCORTISONE ACETATE (INTRARECTAL) FOAM | CORTIFOAM | | | | | | | |
| RECTAL STEROIDS** | | | | | | | | |
| HYDROCORTISONE (RECTAL) CREAM | PROCTO-PAK | | | | | | | |
| ANTACIDS* | | | | | | | | |
| ANTACID COMBINATIONS** | | | | | | | | |
| ALUM & MAG HYDROX-SIMETHICONE LIQUID | MAG-AL PLUS | | | | | | | |
| ALUM & MAG HYDROX-SIMETHICONE SUSPENSION | GNP MASANTI REGULAR STRENGTH | | | | | | | |
| ANTACIDS - BICARBONATE** | | | | | | | | |
| SODIUM BICARBONATE (ANTACID) POWDER | SODIUM BICARBONATE | | | | | | | |
| SODIUM BICARBONATE (ANTACID) TABLET | SODIUM BICARBONATE | | | | | | | |
| ANTACIDS - CALCIUM SALTS** | | | | | | | | |

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| CALCIUM CARBONATE (ANTACID) TABLET CHEWABLE | MAALOX CHILDRENS | | | | | | | |
| CALCIUM CARBONATE (ANTACID) LIQUID | CVS ANTACID CHILDRENS | | | | | | | |
| CALCIUM CARBONATE (ANTACID) TABLET | CALCIUM CARBONATE | | | | | | | |
| ANTACIDS - MAGNESIUM SALTS** | | | | | | | | |
| MAGNESIUM OXIDE TABLET | MAOX | | | | | | | |
| ANTHELMINTICS* | | | | | | | | |
| ANTHELMINTICS** | | | | | | | | |
| ALBENDAZOLE TABLET | ALBENZA | | | PA Required | | | | |
| IVERMECTIN TABLET | STROMECTOL | | | PA Required | | | | |
| MEBENDAZOLE TABLET CHEWABLE | EMVERM | | | PA Required | | | | |
| PRAZIQUANTEL TABLET | BILTRICIDE | | | | | | | |
| ANTIANGINAL AGENTS* | | | | | | | | |
| ANTIANGINALS-OTHER** | | | | | | | | |
| RANOLAZINE TABLET ER 12HR | RANEXA | | | PA Required | | | | X |
| NITRATES** | | | | | | | | |
| ISOSORBIDE DINITRATE TABLET | ISORDIL TITRADOSE | | | | | | | X |
| ISOSORBIDE MONONITRATE TABLET | ISOSORBIDE MONONITRATE | | | | | | | X |
| ISOSORBIDE MONONITRATE TABLET ER 24HR | ISOSORBIDE MONONITRATE ER | | | | | | | X |
| NITROGLYCERIN CAPSULE ER | NITRO-TIME | | | | | | | X |
| NITROGLYCERIN OINTMENT | NITRO-BID | | | | | | | X |
| NITROGLYCERIN PATCH 24 HR | MINITRAN | | | | | | | X |
| NITROGLYCERIN TAB SUBLINGUAL | NITROSTAT | | | | | | | X |
| ANTIANSIETY AGENTS* | | | | | | | | |
| ANTIANSIETY AGENTS - MISC.** | | | | | | | | |
| BUSPIRONE HCL TABLET (5MG, 7.5MG, 10MG, 15MG) | BUSPIRONE HCL | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 | |
| BUSPIRONE HCL TABLET (30 MG) | BUSPIRONE HCL | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60.00 | 30.00 | |
| HYDROXYZINE HCL SYRUP | HYDROXYZINE HCL | | | | | 300 | 30 | |
| HYDROXYZINE HCL TABLET | HYDROXYZINE HYDROCHLORIDE | | | | | 120 | 30 | |
| HYDROXYZINE PAMOATE CAPSULE | VISTARIL | | | | | 120 | 30 | |
| BENZODIAZEPINES** | | | | | | | | |
| ALPRAZOLAM CONCENTRATE (1 MG/ML) | ALPRAZOLAM INTENSOL | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60.00 | 15.00 | |
| ALPRAZOLAM TABLET DISINTEGRATING (0.25 MG, 0.5MG, 1MG) | ALPRAZOLAM ODT | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 | |
| ALPRAZOLAM TABLET DISINTEGRATING (2 MG) | ALPRAZOLAM ODT | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60.00 | 30.00 | |
| ALPRAZOLAM TABLET (0.25 MG, 0.5MG, 1MG) | XANAX | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 | |
| ALPRAZOLAM TABLET (2 MG) | XANAX | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60.00 | 30.00 | |
| ALPRAZOLAM TABLET ER 24HR (0.5 MG, 1MG, 2MG, 3MG) | XANAX XR | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 30.00 | 30.00 | |
| CHLORDIAZEPOXIDE HCL CAPSULE | CHLORDIAZEPOXIDE HCL | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60 | 30 | |
| CLORAZEPATE DIPOTASSIUM TABLET (15 MG) | TRANXENE T | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60.00 | 30.00 | |
| CLORAZEPATE DIPOTASSIUM TABLET (3.75 MG, 7.5MG) | TRANXENE T | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 | |
| DIAZEPAM CONCENTRATE (5 MG/ML) | DIAZEPAM INTENSOL | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60.00 | 30.00 | |
| DIAZEPAM SOLUTION (1 MG/ML) | DIAZEPAM | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 300.00 | 30.00 | |
| DIAZEPAM TABLET (2MG, 5MG, 10 MG) | VALIUM | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 | |

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| LORAZEPAM CONCENTRATE (2 MG/ML) | LORAZEPAM INTENSOL | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60.00 | 30.00 | |
| LORAZEPAM TABLET (0.5 MG, 1MG) | ATIVAN | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 120.00 | 30.00 | |
| LORAZEPAM TABLET (2 MG) | ATIVAN | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60.00 | 30.00 | |
| OXAZEPAM CAPSULE (10 MG, 15MG, 30MG) | OXAZEPAM | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | | 60.00 | 30.00 | |
| ANTIARRHYTHMICS* | | | | | | | | |
| ANTIARRHYTHMICS TYPE I-A** | | | | | | | | |
| DISOPYRAMIDE PHOSPHATE CAPSULE | NORPACE | | | | | | | X |
| DISOPYRAMIDE PHOSPHATE CAPSULE ER 12 HR | NORPACE CR | | | | | | | X |
| QUINIDINE GLUCONATE TABLET ER | QUINIDINE GLUCONATE CR | | | | | | | X |
| QUINIDINE SULFATE TABLET | QUINIDINE SULFATE | | | | | | | X |
| ANTIARRHYTHMICS TYPE I-B** | | | | | | | | |
| MEXILETINE HCL CAPSULE | MEXILETINE HCL | | | | | | | X |
| ANTIARRHYTHMICS TYPE I-C** | | | | | | | | |
| FLECAINIDE ACETATE TABLET | FLECAINIDE ACETATE | | | | | | | X |
| PROPafenONE HCL CAPSULE ER 12 HR | RYTHMOL SR | | | | | | | X |
| PROPafenONE HCL TABLET | PROPafenONE HCL | | | | | | | X |
| ANTIARRHYTHMICS TYPE III** | | | | | | | | |
| AMIODARONE HCL TABLET (100MG & 200MG) | PACERONE | | | | | | | X |
| DOFETILIDE CAPSULE | TIKOSYN | | | PA Required | | | | X |
| DRONEDARONE HCL TABLET | MULTAQ | | | PA Required | | | | X |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS* | | | | | | | | |
| ANTI-INFLAMMATORY AGENTS** | | | | | | | | |
| CROMOLYN SODIUM NEBULIZATION SOLUTION | CROMOLYN SODIUM | | | | | | | X |
| BRONCHODILATORS - ANTICHOLINERGICS** | | | | | | | | |
| ACLIDINIUM BROMIDE ARSL PWDR-BREATH ACTIVATE | TUDORZA PRESSAIR | | Preferred Drug | | | | | X |
| IPRATROPIUM BROMIDE HFA AEROSOL SOLUTION | ATROVENT HFA | | Preferred Drug | | | | | X |
| IPRATROPIUM BROMIDE SOLUTION | IPRATROPIUM BROMIDE | | Preferred Drug | | | | | X |
| TIOTROPIUM BROMIDE MONOHYDRATE AEROSOL SOLUTION | SPIRIVA AEROSOL | | Preferred Drug | | | | | X |
| TIOTROPIUM BROMIDE MONOHYDRATE CAPSULE | SPIRIVA HANDIHALER | Brand Only | Preferred Drug | | | | | X |
| LEUKOTRIENE MODULATORS** | | | | | | | | |
| MONTELUKAST SODIUM TABLET CHEWABLE | SINGULAIR | | | | | 90 | 90 | X |
| MONTELUKAST SODIUM PACKET | SINGULAIR | | | PA Required for > 4 Years of Age | | | | X |
| MONTELUKAST SODIUM TABLET | SINGULAIR | | | | | 90 | 90 | X |
| STEROID INHALANTS** | | | | | | | | |
| BECLOMETHASONE DIPROPIONATE HFA AEROSOL BREATH ACTIVATED | QVAR | | | | | | | X |
| BUDESONIDE (INHALATION) ARSL PWDR-BREATH ACTIVATE | PULMICORT FLEXHALER | Brand Only | Preferred Drug | | | | | X |
| BUDESONIDE (INHALATION) SUSPENSION | PULMICORT | | Preferred Drug | | | | | X |
| FLUTICASONE FUROATE (INHALATION) ARSL PWDR-BREATH ACTIVATE | ARNUITY | | | | | | | X |
| FLUTICASONE PROPIONATE (INHALATION) ARSL PWDR-BREATH ACTIVATE | FLOVENT DISKUS | | | | | | | X |
| FLUTICASONE PROPIONATE HFA AEROSOL | FLOVENT HFA | | Preferred Drug | | | | | X |
| MOMETASONE FUROATE (INHALATION) AEROSOL | ASMANEX HFA | | | | | | | X |
| MOMETASONE FUROATE (INHALATION) ARSL PWDR-BREATH ACTIVATE | ASMANEX TWISTHALER | | Preferred Drug | | | | | X |
| SYMPATHOMIMETICS** | | | | | | | | |
| ALBUTEROL SULFATE AEROSOL SOLUTION | ALBUTEROL HFA (PROVENTIL) (AG) (INHALATION) | NDC 00254100752 NDC 00781729685 | Preferred Albuterol NDCs | | | | | X |
| ALBUTEROL SULFATE NEBULIZATION SOLUTION | ALBUTEROL SULFATE | | | | | | | X |
| ALBUTEROL SULFATE SYRUP | ALBUTEROL SULFATE | | | | | | | X |

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|--|--|------------|----------------|--|-----|-----|--|---|
| BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL | SYMBICORT | Brand Only | Preferred Drug | | | | | X |
| FLUTICASONE-SALMETEROL ARSL PWDR-BREATH ACTIVATE | ADVAIR DISKUS/AIRDUO | Brand Only | Preferred Drug | | | | | X |
| FLUTICASONE-SALMETEROL AEROSOL | ADVAIR HFA | Brand Only | Preferred Drug | | | | | X |
| IPRATROPIUM-ALBUTEROL AEROSOL SOLUTION | COMBIVENT RESPIMAT | | Preferred Drug | | | | | X |
| IPRATROPIUM-ALBUTEROL SOLUTION | IPRATROPIUM BROMIDE/ALBUTEROL SULFATE | | Preferred Drug | | | | | X |
| MOMETASONE FUROATE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL | DULERA | Brand Only | Preferred Drug | | | | | X |
| SALMETEROL XINAFOATE ARSL PWDR-BREATH ACTIVATE | SEREVENT DISKUS | | Preferred Drug | PA Required | | | | X |
| TIOTROPIUM BROMIDE-OLODATEROL HCL AEROSOL SOLUTION | STIOLTO RESPIMAT | | Preferred Drug | PA Required | 12 | 90 | | X |
| UMECLIDINIUM-VILANTEROL ARSL PWDR-BREATH ACTIVATE | ANORO ELLIPTA | | Preferred Drug | PA Required | 3 | 90 | | X |
| XANTHINES** | | | | | | | | |
| THEOPHYLLINE CAPSULE ER 24 HR | THEO-24 | | | | | | | X |
| THEOPHYLLINE ELIXIR | ELIXOPHYLLIN | | | | | | | X |
| THEOPHYLLINE SOLUTION | THEOPHYLLINE | | | | | | | X |
| THEOPHYLLINE TABLET ER 12HR | THEOPHYLLINE CR | | | | | | | X |
| THEOPHYLLINE TABLET ER 24HR | THEOPHYLLINE ER | | | | | | | X |
| ANTICOAGULANTS* | | | | | | | | |
| COUMARIN ANTICOAGULANTS** | | | | | | | | |
| WARFARIN SODIUM TABLET | JANTOVEN | | | | | | | X |
| DIRECT FACTOR XA INHIBITORS** | | | | | | | | |
| APIXABAN TABLET | ELIQUIS | Brand Only | Preferred Drug | | 180 | 90 | | X |
| APIXABAN TAB THER PACK | ELIQUIS STARTER PACK | Brand Only | Preferred Drug | | 74 | 365 | | |
| RIVAROXABAN TABLET | XARELTO | Brand Only | Preferred Drug | | 180 | 90 | | X |
| RIVAROXABAN TAB THER PACK | XARELTO STARTER PACK | Brand Only | Preferred Drug | | 51 | 30 | | |
| HEPARINS AND HEPARINOID-LIKE AGENTS** | | | | | | | | |
| ENOXAPARIN SODIUM SOLUTION | LOVENOX | | Preferred Drug | | 60 | 30 | | |
| ENOXAPARIN SODIUM SOLN PREF SYR | LOVENOX | | Preferred Drug | | 60 | 30 | | |
| HEPARIN (PORCINE) IN SODIUM CHLORIDE SOLUTION | HEPARIN SODIUM/SODIUM CHLORIDE 0.9% PREMIX | | | | | | | |
| HEPARIN SOD (PORCINE) IN D5W SOLUTION | HEPARIN SODIUM/D5W | | | | | | | |
| HEPARIN SODIUM (PORCINE) SOLUTION | HEPARIN SODIUM | | | | | | | |
| THROMBIN INHIBITORS** | | | | | | | | |
| DABIGATRAN ETEXILATE MESYLATE CAPSULE | PRADAXA | Brand Only | Preferred Drug | | 180 | 90 | | X |
| ANTICONVULSANTS* | | | | | | | | |
| AMPA GLUTAMATE RECEPTOR ANTAGONISTS** | | | | | | | | |
| PERAMPANEL TABLET | FYCOMPA | | | PA Required | | | | X |
| PERAMPANEL SUSPENSION | FYCOMPA | | | PA Required | | | | X |
| ANTICONVULSANTS - BENZODIAZEPINES** | | | | | | | | |
| CLOBAZAM SUSPENSION | ONFI | | | PA Required | | | | X |
| CLOBAZAM TABLET | ONFI | | | PA Required | | | | X |
| CLONAZEPAM TABLET (0.5MG, 1.0MG) | KLONOPIN | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | 120 | 30 | | |
| CLONAZEPAM TABLET (2MG) | KLONOPIN | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | 60 | 30 | | |
| CLONAZEPAM TABLET DISINTEGRATING (0.125MG, 0.25MG, 0.5MG, 1MG) | CLONAZEPAM ODT | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | 120 | 30 | | |
| CLONAZEPAM TABLET DISINTEGRATING (2MG) | CLONAZEPAM ODT | | | PA Required for > 1 Anxiolytic Medication in a 30-day time period. | 60 | 30 | | |
| DIAZEPAM (ANTICONVULSANT) GEL | DIASTAT PEDIATRIC | | | | 2 | 30 | | |
| DIAZEPAM (ANTICONVULSANT) LIQUID | VALTOCO | | | | 2 | 30 | | |
| DIAZEPAM (ANTICONVULSANT) LIQD THER PACK | VALTOCO | | | | 2 | 30 | | |
| MIDAZOLAM (ANTICONVULSANT) SOLUTION | NAYZILAM | | | | 2 | 30 | | |
| ANTICONVULSANTS - MISC.** | | | | | | | | |
| CANNABIDIOL SOLUTION | EPIDIOLEX | | | PA Required | | | | X |
| CARBAMAZEPINE TABLET CHEWABLE | CARBAMAZEPINE | | | | | | | X |
| CARBAMAZEPINE CAPSULE ER 12 HR | CARBATROL | | | | | | | X |

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|--|-------------------------------|------------|--|--|--------------------------------|-------|-------|---|
| CARBAMAZEPINE SUSPENSION | TEGRETOL | | | | | | | X |
| CARBAMAZEPINE TABLET | EPITOL | | | | | | | X |
| CARBAMAZEPINE TABLET ER 12HR | TEGRETOL-XR | | | | | | | X |
| GABAPENTIN CAPSULE | NEURONTIN | | | | | | | X |
| GABAPENTIN SOLUTION | NEURONTIN | | | | | | | X |
| GABAPENTIN TABLET | NEURONTIN | | | | | | | X |
| LACOSAMIDE SOLUTION | VIMPAT | | | | PA Required | | | |
| LACOSAMIDE TABLET | VIMPAT | | | | PA Required | | | X |
| LAMOTRIGINE TABLET CHEWABLE | LAMICTAL CHEWABLE DISPERSIBLE | | | | | | | X |
| LAMOTRIGINE TABLET | SUBVENITE | | | | | | | X |
| LAMOTRIGINE TABLET ER 24HR | LAMICTAL XR | | | | | | | X |
| LAMOTRIGINE TABLET DISINTEGRATING | LAMICTAL ODT | | | | | | | X |
| LEVETIRACETAM SOLUTION | KEPPRA | | | | | | | X |
| LEVETIRACETAM TABLET | ROWEEPRA | | | | | | | X |
| LEVETIRACETAM TABLET ER 24HR | KEPPRA XR | | | | | | | X |
| OXCARBAZEPINE SUSPENSION | TRILEPTAL | BRAND ONLY | | | | | | X |
| OXCARBAZEPINE TABLET | TRILEPTAL | | | | | | | X |
| PREGABALIN CAPSULE (25MG, 50MG, 75MG, 100MG, 150MG, 200MG) | LYRICA | | | | | 90.00 | 30.00 | |
| PREGABALIN CAPSULE (225MG, 300MG) | LYRICA | | | | | 60.00 | 30.00 | |
| PREGABALIN SOLUTION | LYRICA | | | | | 2700 | 90 | X |
| PRIMIDONE TABLET (20MG, 250MG) | MYSOLINE | | | | | | | |
| RUFINAMIDE SUSPENSION | BANZEL | BRAND ONLY | | | PA Required | | | X |
| RUFINAMIDE TABLET | BANZEL | | | | PA Required | | | X |
| TOPIRAMATE CAPSULE ER 24 HR | TROKENDI XR | BRAND ONLY | | | PA Required | | | X |
| TOPIRAMATE CAPSULE SPRINKLE | TOPAMAX SPRINKLE | | | | | | | X |
| TOPIRAMATE CP24 SPRINKLE | QUDEXY XR | | | | PA Required | | | X |
| TOPIRAMATE TABLET | TOPAMAX | | | | | | | X |
| ZONISAMIDE CAPSULE | ZONEGRAN | | | | | | | X |
| CARBAMATES** | | | | | | | | |
| CENOBAMATE TABLET | XCOPRI | | | | PA Required | | | X |
| CENOBAMATE TAB THER PACK | XCOPRI | | | | PA Required | | | |
| FELBAMATE SUSPENSION | FELBATOL | | | | | | | X |
| FELBAMATE TABLET | FELBATOL | | | | | | | X |
| GABA MODULATORS** | | | | | | | | |
| TIAGABINE HCL TABLET | GABITRIL | | | | PA Required | | | X |
| HYDANTOINS** | | | | | | | | |
| PHENYTOIN TABLET CHEWABLE | DILANTIN CHEWABLES | | | | | | | X |
| PHENYTOIN SODIUM EXTENDED CAPSULE | DILANTIN/PHENYTEK ER | | | | | | | X |
| PHENYTOIN SUSPENSION | DILANTIN-125 | | | | | | | X |
| SUCCINIMIDES** | | | | | | | | |
| ETHOSUXIMIDE CAPSULE | ZARONTIN | | | | | | | X |
| ETHOSUXIMIDE SOLUTION | ZARONTIN | | | | | | | X |
| METHSUXIMIDE CAPSULE | CELONTIN | | | | | | | X |
| VALPROIC ACID** | | | | | | | | |
| DIVALPROEX SODIUM CAP DR SPRINKLE | DEPAKOTE SPRINKLES | | | | | | | X |
| DIVALPROEX SODIUM TABLET ER 24HR | DEPAKOTE ER | | | | | | | X |
| DIVALPROEX SODIUM TABLET ENTERIC COATED | DEPAKOTE | | | | | | | X |
| VALPROATE SODIUM SOLUTION | VALPROATE SODIUM | | | | | | | |
| VALPROIC ACID CAPSULE | VALPROIC ACID | | | | | | | X |
| ANTIDEPRESSANTS* | | | | | | | | |
| ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)** | | | | | | | | |
| MIRTAZAPINE TABLET | REMERON | | | | PA Required for Ages < 6 years | 90 | 90 | X |
| MIRTAZAPINE TABLET DISINTEGRATING | REMERON SOLTAB | | | | PA Required for Ages < 6 years | 90 | 90 | X |
| ANTIDEPRESSANTS - MISC.** | | | | | | | | |
| BUPROPION HCL TABLET | BUPROPION HCL | | | | PA Required for Ages < 6 years | 360 | 90 | X |

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|--|-----------------------------|--|--|---|--|--------|-------|---|
| BUPROPION HCL TABLET ER 12HR | WELLBUTRIN SR | | | PA Required for Ages < 6 years | | 180 | 90 | X |
| BUPROPION HCL TABLET ER 24HR (150MG & 300MG) | WELLBUTRIN XL | | | PA Required for Ages < 6 years | | 30 | 30 | |
| GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID** | | | | | | | | |
| ZURANOLONE CAPSULE | ZURZUVAE | | | PA Required | | | | |
| N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS** | | | | | | | | |
| ESKETAMINE HCL SOLN THER PACK | SPRAVATO | | | PA Required | | | | X |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)** | | | | | | | | |
| CITALOPRAM HYDROBROMIDE SOLUTION | CITALOPRAM HYDROBROMIDE | | | PA Required for Ages < 6 years and for > the age of 12 years of age | | 1800 | 90 | X |
| CITALOPRAM HYDROBROMIDE TABLET (10MG) | CELEXA | | | PA Required for Ages < 6 years | | 60.00 | 30.00 | |
| CITALOPRAM HYDROBROMIDE TABLET (20MG, 40MG) | CELEXA | | | PA Required for Ages < 6 years | | 30.00 | 30.00 | |
| ESCITALOPRAM OXALATE TABLET (5MG) | LEXAPRO | | | PA Required for Ages < 6 years | | 60.00 | 30.00 | |
| ESCITALOPRAM OXALATE TABLET (10MG, 20MG) | LEXAPRO | | | PA Required for Ages < 6 years | | 30.00 | 30.00 | |
| FLUOXETINE HCL CAPSULE (10MG, 40MG) | PROZAC | | | PA Required for Ages < 6 years | | 60.00 | 30.00 | |
| FLUOXETINE HCL CAPSULE (20MG) | PROZAC | | | PA Required for Ages < 6 years | | 120.00 | 30.00 | |
| FLUOXETINE HCL SOLUTION | FLUOXETINE HCL | | | PA Required for Ages < 6 years and for > the age of 12 years of age | | 1800 | 90 | X |
| FLUVOXAMINE MALEATE TABLET (25MG) | LUVOX | | | PA Required for Ages < 6 years | | 60.00 | 30.00 | |
| FLUVOXAMINE MALEATE TABLET (50MG) | LUVOX | | | PA Required for Ages < 6 years | | 180.00 | 30.00 | |
| FLUVOXAMINE MALEATE TABLET (100MG) | LUVOX | | | PA Required for Ages < 6 years | | 90.00 | 30.00 | |
| PAROXETINE HCL TABLET (10MG, 20MG, 30MG) | PAXIL | | | PA Required for Ages < 6 years | | 30.00 | 30.00 | |
| PAROXETINE HCL TABLET (40MG) | PAXIL | | | PA Required for Ages < 6 years | | 45.00 | 30.00 | |
| SERTRALINE HCL CONCENTRATE | ZOLOFT | | | PA Required for Ages < 6 years and for > the age of 12 years of age | | 900 | 90 | X |
| SERTRALINE HCL TABLET (25MG) | ZOLOFT | | | PA Required for Ages < 6 years | | 90.00 | 30.00 | |
| SERTRALINE HCL TABLET (50MG) | ZOLOFT | | | PA Required for Ages < 6 years | | 120.00 | 30.00 | |
| SERTRALINE HCL TABLET (100MG) | ZOLOFT | | | PA Required for Ages < 6 years | | 60.00 | 30.00 | |
| SEROTONIN MODULATORS** | | | | | | | | |
| TRAZODONE HCL TABLET (50MG) | TRAZODONE HYDROCHLORIDE | | | PA Required for Ages < 6 years | | 90.00 | 30.00 | |
| TRAZODONE HCL TABLET (100MG) | TRAZODONE HYDROCHLORIDE | | | PA Required for Ages < 6 years | | 120.00 | 30.00 | |
| TRAZODONE HCL TABLET (150MG) | TRAZODONE HYDROCHLORIDE | | | PA Required for Ages < 6 years | | 60.00 | 30.00 | |
| TRAZODONE HCL TABLET (300MG) | TRAZODONE HYDROCHLORIDE | | | PA Required for Ages < 6 years | | 30.00 | 30.00 | |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)** | | | | | | | | |
| DULOXETINE HCL CAPSULE DR PART (20MG, 30MG) | CYMBALTA | | | PA Required for Ages < 6 years | | 120.00 | 30.00 | |
| DULOXETINE HCL CAPSULE DR PART(60MG) | CYMBALTA | | | PA Required for Ages < 6 years | | 60.00 | 30.00 | |
| VENLAFAXINE HCL CAPSULE ER 24 HR - CAPSULE ONLY (37.5MG, 75MG) | EFFEXOR XR | | | PA Required for Ages < 6 years | | 90.00 | 30.00 | |
| VENLAFAXINE HCL CAPSULE ER 24 HR - CAPSULE ONLY (150MG) | EFFEXOR XR | | | PA Required for Ages < 6 years | | 30.00 | 30.00 | |
| VENLAFAXINE HCL TABLET - IMMEDIATE RELEASE ONLY - TABLET ONLY (25MG) | VENLAFAXINE HYDROCHLORIDE | | | PA Required for Ages < 6 years | | 120.00 | 30.00 | |
| VENLAFAXINE HCL TABLET - IMMEDIATE RELEASE ONLY - TABLET ONLY (37.5MG, 50MG) | VENLAFAXINE HYDROCHLORIDE | | | PA Required for Ages < 6 years | | 90.00 | 30.00 | |
| VENLAFAXINE HCL TABLET - IMMEDIATE RELEASE ONLY - TABLET ONLY (75MG) | VENLAFAXINE HYDROCHLORIDE | | | PA Required for Ages < 6 years | | 150.00 | 30.00 | |
| VENLAFAXINE HCL TABLET - IMMEDIATE RELEASE ONLY - TABLET ONLY (100MG) | VENLAFAXINE HYDROCHLORIDE | | | PA Required for Ages < 6 years | | 90.00 | 30.00 | |
| TRICYCLIC AGENTS** | | | | | | | | |
| AMITRIPTYLINE HCL TABLET | AMITRIPTYLINE HYDROCHLORIDE | | | PA Required for Ages < 6 years | | | | X |
| AMOXAPINE TABLET | AMOXAPINE | | | PA Required for ages < 6 years | | | | X |
| CLOMIPRAMINE HCL CAPSULE | ANAFRANIL | | | PA Required for Ages < 6 years | | | | X |
| DESIPRAMINE HCL TABLET | NORPRAMIN | | | PA Required for Ages < 6 years | | | | X |
| DOXEPIN HCL CAPSULE | DOXEPIN HCL | | | PA Required for Ages < 6 years | | 270 | 90 | X |
| DOXEPIN HCL CONCENTRATE | DOXEPIN HCL | | | PA Required for Ages < 6 years | | 540 | 90 | X |
| IMIPRAMINE HCL TABLET | IMIPRAMINE HCL | | | PA Required for Ages < 6 years | | | | X |
| IMIPRAMINE PAMOATE CAPSULE | IMIPRAMINE PAMOATE | | | PA Required for Ages < 6 years | | 90 | 90 | X |
| NORTRIPTYLINE HCL CAPSULE | PAMELOR | | | PA Required for Ages < 6 years | | | | X |
| NORTRIPTYLINE HCL SOLUTION | NORTRIPTYLINE HCL | | | PA Required for Ages < 6 years | | | | X |

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|---|--|------------|----------------|---|------------------------|---|----|---|
| PROTRIPTYLINE HCL TABLET | PROTRIPTYLINE HCL | | | PA Required for Ages < 6 years | | | | X |
| TRIMIPRAMINE MALEATE CAPSULE | TRIMIPRAMINE MALEATE | | | PA Required for Ages < 6 years | | | | X |
| TRIMIPRAMINE MALEATE POWDER | TRIMIPRAMINE MALEATE | | | PA Required for < 6 years of age | | | | |
| ANTIDIABETICS* | | | | | | | | |
| ALPHA-GLUCOSIDASE INHIBITORS** | | | | | | | | |
| ACARBOSE TABLET | PRECOSE | | | | | | | X |
| ANTIDIABETIC - AMYLIN ANALOGS** | | | | | | | | |
| PRAMLINTIDE ACETATE SOLN PEN-INJ | SYMLINPEN 60 | | Preferred Drug | PA Required | | | | X |
| ANTIDIABETIC COMBINATIONS** | | | | | | | | |
| ALOGLIPTIN-METFORMIN HCL TABLET | VARIOUS | | Preferred Drug | | Step Through Metformin | | | X |
| ALOGLIPTIN-PIOGLITAZONE TABLET | VARIOUS | | Preferred Drug | | Step Through Metformin | | | X |
| CANAGLIFLOZIN-METFORMIN HCL TABLET | INVOKAMET | Brand Only | Preferred Drug | | Step Through Metformin | | | X |
| DAPAGLIFLOZIN PROPANEDIOL-METFORMIN HCL TABLET ER 24HR | XIGDUO XR | Brand Only | Preferred Drug | | Step Through Metformin | | | X |
| EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN TABLET ER 24HR | TRIJARDY XR | Brand Only | Preferred Drug | | Step Through Metformin | | | X |
| EMPAGLIFLOZIN-METFORMIN HCL TABLET | SYNJARDY | Brand Only | Preferred Drug | | Step Through Metformin | | | X |
| GLYBURIDE-METFORMIN TABLET | GLYBURIDE/METFORMIN HYDROCHLORIDE | | Preferred Drug | | | | | X |
| LINAGLIPTIN-METFORMIN HCL TABLET | JENTADUETO | Brand Only | Preferred Drug | | Step Through Metformin | | | X |
| LINAGLIPTIN-METFORMIN HCL TABLET ER 24HR | JENTADUETO XR | Brand Only | Preferred Drug | | Step Through Metformin | | | X |
| PIOGLITAZONE HCL-METFORMIN HCL TABLET | ACTOPLUS MET | | Preferred Drug | | | | | X |
| SITAGLIPTIN-METFORMIN HCL TABLET | JANUMET | Brand Only | Preferred Drug | | Step Through Metformin | | | X |
| SITAGLIPTIN-METFORMIN HCL TABLET ER 24HR | JANUMET XR | Brand Only | Preferred Drug | | Step Through Metformin | | | X |
| BIGUANIDES** | | | | | | | | |
| METFORMIN HCL TABLET | METFORMIN HYDROCHLORIDE | | | | | | | X |
| METFORMIN HCL TABLET ER 24HR (GENERIC OF GLUCOPHAGE XR ONLY-500MG, 750MG) | Various GENERIC OF GLUCOPHAGE XR ONLY-500MG & 750MG | | | PA Required for Osmotic and Modified Release Products | | | | |
| DIABETIC OTHER** | | | | | | | | |
| DASIGLUCAGON HCL SOLN AUTO-INJ | ZEGALOGUE | | Preferred Drug | | | 2 | 30 | |
| DIAZOXIDE SUSPENSION | PROGLYCEM | Brand Only | Preferred Drug | | | | | X |
| GLUCAGON SOLUTION | GVOKE KIT | | Preferred Drug | | | 2 | 30 | |
| GLUCAGON (RDNA) KIT | GLUCAGON EMERGENCY KIT (BY AMPHASTAR) | | Preferred Drug | | | 2 | 30 | |
| GLUCAGON HCL (RDNA) SOLUTION RECONSTITUTED | GLUCAGEN HYPOKIT | | Preferred Drug | | | 2 | 30 | |
| GLUCAGON SOLN AUTO-INJ (.5/.1ML) | GVOKE HYOPEN 1-PACK | | Preferred Drug | | | 2 | 30 | |
| GLUCAGON SOLN AUTO-INJ (1MG/.2ML) | GVOKE HYOPEN 1-PACK | | Preferred Drug | | | 1 | 30 | |
| GLUCAGON SOLN PREF SYR | GVOKE PFS | | Preferred Drug | | | 2 | 30 | |
| MIFEPRISTONE (HYPERGLYCEMIA) TABLET | KORLYM | | | PA Required | | | | X |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS** | | | | | | | | |
| ALOGLIPTIN BENZOATE TABLET | VARIOUS | | Preferred Drug | | Step Through Metformin | | | X |
| LINAGLIPTIN TABLET | TRADJENTA | Brand Only | Preferred Drug | | Step Through Metformin | | | X |
| SITAGLIPTIN PHOSPHATE TABLET | JANUVIA | Brand Only | Preferred Drug | | Step Through Metformin | | | X |
| INCRETIN MIMETIC AGENTS** | | | | | | | | |
| DULAGLUTIDE SOLN PEN-INJ | TRULICITY | | Preferred Drug | PA Required | | | | X |

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|---|---|----------------------------|----------------|-------------|---------------------------|--|--|---|
| EXENATIDE SOLN PEN-INJ | BYETTA | | Preferred Drug | PA Required | | | | X |
| LIRAGLUTIDE SOLN PEN-INJ | VICTOZA | | Preferred Drug | PA Required | | | | X |
| INSULIN SENSITIZING AGENTS** | | | | | | | | |
| INSULIN DEGLUDEC SOLUTION | TRESIBA | Unbranded Biologic Only | | | | | | X |
| INSULIN DEGLUDEC SOLN PEN-INJ | TRESIBA | Unbranded Biologic Only | | | | | | X |
| PIOGLITAZONE HCL TABLET | ACTOS | | | | | | | X |
| INSULIN** | | | | | | | | |
| INSULIN ASPART PROTAMINE & ASPART (HUMAN) SUSP PEN-INJ (70/30) | NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION | Authorized Generic Only | Preferred Drug | | | | | |
| INSULIN ASPART PROTAMINE & ASPART (HUMAN) SUSPENSION (70/30) | NOVOLOG MIX 70/30 | Authorized Generic Only | Preferred Drug | | | | | |
| INSULIN ASPART SOLN CARTRIDGE | NOVOLOG PENFILL | Authorized Generic Only | Preferred Drug | | | | | X |
| INSULIN ASPART SOLUTION | NOVOLOG | Authorized Generic Only | Preferred Drug | | | | | X |
| INSULIN ASPART SOLN PEN-INJ | NOVOLOG FLEXPEN | Authorized Generic Only | Preferred Drug | | | | | X |
| INSULIN GLARGINE SOLUTION | LANTUS | Brand Only | Preferred Drug | | | | | X |
| INSULIN GLARGINE SOLN PEN-INJ | LANTUS SOLOSTAR | Brand Only | Preferred Drug | | | | | X |
| INSULIN LISPRO PROTAMINE & LISPRO SUSP PEN-INJ (50/50), (75/25) | HUMALOG MIX 50/50 KWIKPEN, HUMALOG MIX 75/25 KWIKPEN | | Preferred Drug | | | | | |
| INSULIN LISPRO PROTAMINE & LISPRO SUSPENSION (50/50), (75/25) | HUMALOG MIX 50/50, HUMALOG MIX 75/25 | Brand Only | Preferred Drug | | | | | |
| INSULIN LISPRO SOLN CARTRIDGE | HUMALOG | Brand Only | Preferred Drug | | | | | X |
| INSULIN LISPRO SOLUTION | HUMALOG | Authorized Generic Only | Preferred Drug | | | | | X |
| INSULIN LISPRO SOLN PEN-INJ (100/ML) | HUMALOG JUNIOR KWIKPEN, HUMALOG KWIKPEN INJ 100/ML | Authorized Generic Only | Preferred Drug | | | | | |
| INSULIN NPH (HUMAN) (ISOPHANE) SUSPENSION | NOVOLIN N | Brand Only | Preferred Drug | | | | | X |
| INSULIN NPH ISOPHANE & REG (HUMAN) SUSP PEN-INJ | HUMULIN 70/30 KWIKPEN | | | | | | | X |
| INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION | HUMULIN 70/30, NOVOLIN 70/30, HUMULIN 70/30 KWIKPEN | Brand Only | Preferred Drug | | | | | X |
| INSULIN REGULAR (HUMAN) SOLUTION | NOVOLIN/HUMULIN R U-100 | Brand Only | Preferred Drug | | | | | X |
| INSULIN REGULAR (HUMAN) SOLUTION | HUMULIN R U-500 | Brand Only | Preferred Drug | PA Required | | | | X |
| INSULIN REGULAR (HUMAN) SOLN PEN-INJ | HUMULIN R U-500 KWIKPEN | Brand Only | Preferred Drug | PA Required | | | | X |
| MEGLITINIDE ANALOGUES** | | | | | | | | |
| NATEGLINIDE TABLET | STARLIX | | | | | | | X |
| REPAGLINIDE TABLET | REPAGLINIDE | | | | | | | X |
| SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS** | | | | | | | | |
| CANAGLIFLOZIN TABLET | INVOKANA | | Preferred Drug | | Step Through Metformin | | | X |
| DAPAGLIFLOZIN PROPANEDIOL TABLET | FARXIGA | Brand Only | Preferred Drug | | Step Through Metformin | | | X |
| EMPAGLIFLOZIN TABLET | JARDIANCE | | Preferred Drug | | Step Through Metformin | | | X |
| SULFONYLUREAS** | | | | | | | | |
| GLIMEPIRIDE TABLET | AMARYL | | | | | | | X |
| GLIPIZIDE TABLET | GLUCOTROL | | | | | | | X |
| GLIPIZIDE TABLET ER 24HR | GLUCOTROL XL | | | | | | | X |
| GLYBURIDE MICRONIZED TABLET | GLYNASE | | | | | | | X |
| GLYBURIDE TABLET | GLYBURIDE | | | | | | | X |
| ANTIDIARRHEAL/PROBIOTIC AGENTS* | | | | | | | | |
| ANTIPERISTALTIC AGENTS** | | | | | | | | |
| DIPHENOXYLATE W/ ATROPINE LIQUID | DIPHENOXYLATE/ATROPINE | | | | | | | |
| DIPHENOXYLATE W/ ATROPINE TABLET | LOMOTIL | | | | | | | |

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|--|---------------------------------------|------------|----------------|-------------|--|------|------|--|
| LOPERAMIDE HCL CAPSULE | IMODIUM A-D | | | | | | | |
| LOPERAMIDE HCL LIQUID | IMODIUM A-D | | | | | | | |
| LOPERAMIDE HCL SOLUTION | IMODIUM A-D | | | | | | | |
| LOPERAMIDE HCL SUSPENSION | LOPERAMIDE HCL | | | | | | | |
| LOPERAMIDE HCL TABLET | IMODIUM A-D | | | | | | | |
| ANTIDOTES AND SPECIFIC ANTAGONISTS* | | | | | | | | |
| OPIOID ANTAGONISTS** | | | | | | | | |
| NALOXONE HCL LIQUID (4mg, 8mg) | NARCAN/KLOXXADO/REXTOVY NASAL SPRAY | | Preferred Drug | | | 2.00 | 1.00 | |
| NALOXONE HCL SOLN CARTRIDGE | NALOXONE HYDROCHLORIDE | | Preferred Drug | | | | | |
| NALOXONE HCL SOLUTION | NALOXONE HYDROCHLORIDE | | Preferred Drug | | | | | |
| NALOXONE HCL SOLN PREF SYR | NALOXONE HYDROCHLORIDE | | Preferred Drug | | | | | |
| NALTREXONE HCL TABLET | NALTREXONE HCL | | Preferred Drug | | | | | |
| NALTREXONE SUSPENSION RECONSTITUTED | VIVITROL | | Preferred Drug | | | | | |
| ANTIEMETICS* | | | | | | | | |
| 5-HT3 RECEPTOR ANTAGONISTS** | | | | | | | | |
| DOLASETRON MESYLATE TABLET | ANZEMET | | | PA Required | | | | |
| GRANISETRON HCL SOLUTION | GRANISETRON HCL | | | PA Required | | | | |
| GRANISETRON HCL TABLET | GRANISETRON HYDROCHLORIDE | | | PA Required | | | | |
| ONDANSETRON HCL SOLUTION | ONDANSETRON HYDROCHLORIDE | | | | | 300 | 30 | |
| ONDANSETRON HCL SOLN PREF SYR | ONDANSETRON HYDROCHLORIDE | | | | | | | |
| ONDANSETRON HCL TABLET | ZOFRAN | | | | | 60 | 30 | |
| ONDANSETRON TABLET DISINTEGRATING | ONDANSETRON ODT | | | | | 60 | 30 | |
| ANTIEMETICS - ANTICHOLINERGIC** | | | | | | | | |
| MECLIZINE HCL TABLET CHEWABLE | DRAMAMINE MOTION SICKNESS LESS DROWSY | | | | | | | |
| MECLIZINE HCL TABLET | WAL-DRAM II | | | | | | | |
| TRIMETHOBENZAMIDE HCL CAPSULE | TIGAN | | | | | | | |
| TRIMETHOBENZAMIDE HCL SOLUTION | TIGAN | | | | | | | |
| ANTIEMETICS - MISCELLANEOUS** | | | | | | | | |
| DOXYLAMINE-PYRIDOXINE TABLET ENTERIC COATED | DICLEGIS | | | | | | | |
| DRONABINOL CAPSULE | MARINOL | | | PA Required | | | | |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS** | | | | | | | | |
| APREPITANT CAPSULE | EMEND | | | | | 6 | 21 | |
| APREPITANT MISCELLANEOUS | APREPITANT | | | | | 6 | 21 | |
| ANTIFUNGALS* | | | | | | | | |
| ANTIFUNGALS** | | | | | | | | |
| GRISEOFULVIN MICROSIZED SUSPENSION | GRISEOFULVIN MICROSIZED | | | | | | | |
| GRISEOFULVIN MICROSIZED TABLET | GRISEOFULVIN MICROSIZED | | | | | | | |
| NYSTATIN TABLET | NYSTATIN | | | | | | | |
| TERBINAFINE HCL TABLET | TERBINAFINE HCL | | | | | 90 | 365 | |
| IMIDAZOLE-RELATED ANTIFUNGALS** | | | | | | | | |
| FLUCONAZOLE SUSPENSION RECONSTITUTED (10MG/ML) | DIFLUCAN | | | | | 600 | 30 | |
| FLUCONAZOLE SUSPENSION RECONSTITUTED (40MG/ML) | DIFLUCAN | | | | | 300 | 30 | |
| FLUCONAZOLE TABLET (50MG, 100MG, 200MG) | DIFLUCAN | | | | | 60 | 30 | |
| FLUCONAZOLE TABLET (150MG) | DIFLUCAN | | | | | 3 | 30 | |
| VORICONAZOLE SUSPENSION RECONSTITUTED | VFEND | Brand Only | | PA Required | | | | |
| ANTIHISTAMINES* | | | | | | | | |
| ANTIHISTAMINES - ALKYLAMINES** | | | | | | | | |
| CHLORPHENIRAMINE MALEATE TABLET | WAL-FINATE | | | | | | | |
| DEXCHLORPHENIRAMINE MALEATE SOLUTION | RYCLORA | | | | | | | |
| ANTIHISTAMINES - ETHANOLAMINES** | | | | | | | | |
| CLEMASTINE FUMARATE SYRUP | CLEMASTINE FUMARATE | | | | | | | |
| CLEMASTINE FUMARATE TABLET | DAYHIST ALLERGY 12 HOUR RELIEF | | | | | | | |
| DIPHENHYDRAMINE HCL CAPSULE | WAL-DRYL ALLERGY | | | | | | | |
| DIPHENHYDRAMINE HCL TABLET CHEWABLE | BENADRYL ALLERGY CHILDRENS | | | | | | | |
| DIPHENHYDRAMINE HCL ELIXIR | DIPHENHYDRAMINE HCL | | | | | | | |

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|---|-----------------------------------|--|--|--|--|-----|----|---|
| DIPHENHYDRAMINE HCL LIQUID | WAL-DRYL ALLERGY CHILDRENS | | | | | | | |
| DIPHENHYDRAMINE HCL SOLUTION | DIPHENHYDRAMINE HCL | | | | | | | |
| DIPHENHYDRAMINE HCL SUSPENSION RECONSTITUTED | DICOPANOL FUSEPAQ | | | | | | | |
| DIPHENHYDRAMINE HCL TABLET | WAL-DRYL ALLERGY | | | | | | | |
| DIPHENHYDRAMINE HCL TABLET DISINTEGRATING | WAL-DRYL ALLERGY RELIEF CHILDRENS | | | | | | | |
| ANTIHISTAMINES - NON-SEDATING** | | | | | | | | |
| CETIRIZINE HCL CAPSULE | WAL-ZYR | | | | | 30 | 30 | |
| CETIRIZINE HCL TABLET CHEWABLE | ZYRTEC CHILDRENS ALLERGY | | | | | 30 | 30 | |
| CETIRIZINE HCL SOLUTION | WAL-ZYR CHILDRENS | | | | | 150 | 30 | |
| CETIRIZINE HCL SYRUP | ZYRTEC CHILDRENS ALLERGY | | | | | 150 | 30 | |
| CETIRIZINE HCL TABLET | KLS ALLER-TEC | | | | | 30 | 30 | |
| CETIRIZINE HCL TABLET DISINTEGRATING | ZYRTEC ALLERGY CHILDRENS | | | | | 30 | 30 | |
| FEXOFENADINE HCL SUSPENSION | ALLEGRA ALLERGY CHILDRENS | | | | | 150 | 30 | |
| FEXOFENADINE HCL TABLET (60 MG) | ALLEGRA ALLERGY | | | | | 60 | 30 | |
| FEXOFENADINE HCL TABLET (180 MG) | ALLEGRA ALLERGY | | | | | 30 | 30 | |
| FEXOFENADINE HCL TABLET DISINTEGRATING (60mg) | WAL-FEX ALLERGY 12 HOUR | | | | | 60 | 30 | |
| FEXOFENADINE HCL TABLET DISINTEGRATING (180mg) | WAL-FEX ALLERGY 12 HOUR | | | | | 30 | 30 | |
| FEXOFENADINE HCL TABLET DISINTEGRATING | ALLEGRA ALLERGY CHILDRENS | | | | | 30 | 30 | |
| LORATADINE CAPSULE | CLARITIN | | | | | 30 | 30 | |
| LORATADINE TABLET CHEWABLE | WAL-ITIN ALLERGY CHILDRENS | | | | | 30 | 30 | |
| LORATADINE SOLUTION | WAL-ITIN | | | | | 150 | 30 | |
| LORATADINE SYRUP | CHILDRENS LORATADINE | | | | | 150 | 30 | |
| LORATADINE TABLET | WAL-ITIN | | | | | 30 | 30 | |
| LORATADINE TABLET DISINTEGRATING | CLARITIN REDITABS | | | | | 30 | 30 | |
| ANTIHISTAMINES - PHENOTHIAZINES** | | | | | | | | |
| PROMETHAZINE HCL SOLUTION | PHENERGAN | | | | | | | |
| PROMETHAZINE HCL SUPPOSITORY | PROMETHEGAN | | | | | | | |
| PROMETHAZINE HCL SYRUP | PROMETHAZINE HCL PLAIN | | | | | | | |
| PROMETHAZINE HCL TABLET | PROMETHAZINE HYDROCHLORIDE | | | | | | | |
| ANTIHISTAMINES - PIPERIDINES** | | | | | | | | |
| CYPROHEPTADINE HCL SYRUP | CYPROHEPTADINE HCL | | | | | | | |
| CYPROHEPTADINE HCL TABLET | CYPROHEPTADINE HYDROCHLORIDE | | | | | | | |
| ANTIHYPERTENSIVES* | | | | | | | | |
| BILE ACID SEQUESTRANTS** | | | | | | | | |
| CHOLESTYRAMINE LIGHT PACKET | PREVALITE | | | | | | | X |
| CHOLESTYRAMINE LIGHT POWDER | PREVALITE | | | | | | | X |
| CHOLESTYRAMINE PACKET | QUESTRAN | | | | | | | X |
| CHOLESTYRAMINE POWDER | QUESTRAN | | | | | | | X |
| COLESTIPOL HCL TABLET | COLESTID | | | | | | | X |
| FIBRIC ACID DERIVATIVES** | | | | | | | | |
| FENOFIBRATE MICRONIZED CAPSULE (67MG, 134MG, 200MG) | ANTARA | | | | | | | |
| FENOFIBRATE TABLET (48MG, 54MG, 145MG, 160MG) | FENOGLIDE | | | | | | | |
| GEMFIBROZIL TABLET | LOPID | | | | | | | X |
| HMG COA REDUCTASE INHIBITORS** | | | | | | | | |
| ATORVASTATIN CALCIUM TABLET | LIPITOR | | | | | 90 | 90 | X |
| LOVASTATIN TABLET | LOVASTATIN | | | | | 90 | 90 | X |
| PRAVASTATIN SODIUM TABLET | PRAVASTATIN SODIUM | | | | | 90 | 90 | X |
| ROSUVASTATIN CALCIUM TABLET | CRESTOR | | | | | 90 | 90 | X |
| SIMVASTATIN TABLET | ZOCOR | | | | | 90 | 90 | X |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS** | | | | | | | | |
| EZETIMIBE TABLET | ZETIA | | | | | | | X |
| NICOTINIC ACID DERIVATIVES** | | | | | | | | |
| NIACIN (ANTIHYPERTENSIVE) TABLET | NIACOR | | | | | | | |
| ACE INHIBITORS** | | | | | | | | |

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|---|---------------------------------------|--|--|--|----------------------------------|----|----|---|
| BENAZEPRIL HCL TABLET | LOTENSIN | | | | | | | X |
| CAPTOPRIL TABLET | CAPTOPRIL | | | | | | | X |
| ENALAPRIL MALEATE SOLUTION | EPANED | | | | | | | X |
| ENALAPRIL MALEATE TABLET | VASOTEC | | | | | | | X |
| FOSINOPRIL SODIUM TABLET | FOSINOPRIL SODIUM | | | | | | | X |
| LISINOPRIL TABLET | ZESTRIL | | | | | | | X |
| MOEXIPRIL HCL TABLET | MOEXIPRIL HCL | | | | | | | X |
| PERINDOPRIL ERBUMINE TABLET | PERINDOPRIL ERBUMINE | | | | | | | X |
| QUINAPRIL HCL TABLET | ACCUPRIL | | | | | | | X |
| RAMIPRIL CAPSULE | ALTACE | | | | | | | X |
| TRANDOLAPRIL TABLET | TRANDOLAPRIL | | | | | | | X |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS** | | | | | | | | |
| IRBESARTAN TABLET | AVAPRO | | | | | | | X |
| LOSARTAN POTASSIUM TABLET | COZAAR | | | | | | | X |
| OLMESARTAN MEDOXOMIL TABLET | BENICAR | | | | | | | X |
| VALSARTAN SOLUTION | VALSARTAN | | | | PA Required for > 7 Years Old | | | X |
| VALSARTAN TABLET | DIOVAN | | | | | | | X |
| ANTIADRENERGIC ANTIHYPERTENSIVES** | | | | | | | | |
| CLONIDINE HCL TABLET | CLONIDINE HYDROCHLORIDE | | | | PA Required for Ages < 6 years | | | X |
| CLONIDINE PATCH WEEKLY | CATAPRES-TTS-1 | | | | PA Required for < 6 years of age | 12 | 90 | X |
| DOXAZOSIN MESYLATE TABLET | CARDURA | | | | | | | X |
| GUANFACINE HCL TABLET | GUANFACINE HCL | | | | PA Required for Ages < 6 years | | | X |
| METHYLDOPA TABLET | METHYLDOPA | | | | | | | X |
| PRAZOSIN HCL CAPSULE | MINIPRESS | | | | | | | X |
| TERAZOSIN HCL CAPSULE | TERAZOSIN HCL | | | | | | | X |
| ANTIHYPERTENSIVE COMBINATIONS** | | | | | | | | |
| ATENOLOL & CHLOROTHALIDONE TABLET | TENORETIC 50 | | | | | | | X |
| BENAZEPRIL & HYDROCHLOROTHIAZIDE TABLET | LOTENSIN HCT | | | | | | | X |
| BISOPROLOL & HYDROCHLOROTHIAZIDE TABLET | ZIAC | | | | | | | X |
| CAPTOPRIL & HYDROCHLOROTHIAZIDE TABLET | CAPTOPRIL/HYDROCHLOROTHIAZIDE | | | | | | | X |
| ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TABLET | VASERETIC | | | | | | | X |
| FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TABLET | FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE | | | | | | | X |
| LISINOPRIL & HYDROCHLOROTHIAZIDE TABLET | ZESTORETIC | | | | | | | X |
| LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TABLET | HYZAAR | | | | | | | X |
| METOPROLOL & HYDROCHLOROTHIAZIDE TABLET | METOPROLOL/HYDROCHLOROTHIAZIDE | | | | | | | X |
| OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TABLET | BENICAR HCT | | | | | | | X |
| QUINAPRIL-HYDROCHLOROTHIAZIDE TABLET | ACCURETIC | | | | | | | X |
| VALSARTAN-HYDROCHLOROTHIAZIDE TABLET | DIOVAN HCT | | | | | | | X |
| DIRECT RENIN INHIBITORS** | | | | | | | | |
| ALISKIREN FUMARATE TABLET | TEKTURNA | | | | PA Required | | | X |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)** | | | | | | | | |
| EPLERENONE TABLET | INSPRA | | | | PA Required | | | X |
| VASODILATORS** | | | | | | | | |
| HYDRALAZINE HCL TABLET | HYDRALAZINE HCL | | | | | | | X |
| MINOXIDIL TABLET | MINOXIDIL | | | | | | | X |
| ANTI-INFECTIVE AGENTS - MISC.* | | | | | | | | |
| ANTI-INFECTIVE AGENTS - MISC.** | | | | | | | | |
| METRONIDAZOLE SOLUTION | METRONIDAZOLE | | | | | | | |
| METRONIDAZOLE SUSPENSION | LIKMEZ | | | | PA Required | | | |
| METRONIDAZOLE TABLET | FLAGYL | | | | | | | |
| PENTAMIDINE ISETHIONATE SOLUTION RECONSTITUTED | PENTAM 300 | | | | | | | |
| RIFAXIMIN TABLET | XIFAXAN | | | | | | | |
| TINIDAZOLE TABLET | TINIDAZOLE | | | | | | | |
| TRIMETHOPRIM TABLET | TRIMETHOPRIM | | | | | | | |

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|--|-----------------------------------|--|--|--|--------------------|--|--|---|
| ANTI-INFECTIVE MISC. - COMBINATIONS** | | | | | | | | |
| SULFAMETHOXAZOLE-TRIMETHOPRIM SOLUTION | SULFAMETHOXAZOLE/TRIMETHOPRIM | | | | | | | |
| SULFAMETHOXAZOLE-TRIMETHOPRIM SUSPENSION | SULFATRIM PEDIATRIC | | | | | | | |
| SULFAMETHOXAZOLE-TRIMETHOPRIM TABLET | BACTRIM | | | | | | | |
| CARBAPENEMS** | | | | | | | | |
| ERTAPENEM SODIUM SOLUTION RECONSTITUTED | INVANZ | | | | | | | |
| IMIPENEM-CILASTATIN SOLUTION RECONSTITUTED | PRIMAXIN IV | | | | | | | |
| MEROPENEM & SODIUM CHLORIDE SOLUTION RECONSTITUTED | MEROPENEM/SODIUM CHLORIDE | | | | | | | |
| MEROPENEM SOLUTION RECONSTITUTED | MEROPENEM | | | | | | | |
| MEROPENEM-VABORBACTAM SOLUTION RECONSTITUTED | VABOMERE | | | | | | | |
| CHLORAMPHENICOLS** | | | | | | | | |
| CHLORAMPHENICOL SODIUM SUCCINATE SOLUTION RECONSTITUTED | CHLORAMPHENICOL SODIUM SUCCINATE | | | | | | | |
| CYCLIC LIPOPEPTIDES** | | | | | | | | |
| DAPTOMYCIN SOLUTION RECONSTITUTED | CUBICIN | | | | | | | |
| GLYCOPEPTIDES** | | | | | | | | |
| DALBAVANCIN HCL SOLUTION RECONSTITUTED | DALVANCE | | | | | | | |
| ORITAVANCIN DIPHOSPHATE SOLUTION RECONSTITUTED | ORBACTIV | | | | | | | |
| TELAVANCIN HCL SOLUTION RECONSTITUTED | VIBATIV | | | | | | | |
| VANCOMYCIN HCL CAPSULE | VANCOCIN | | | | PA Required | | | |
| VANCOMYCIN HCL SOLUTION | VANCOMYCIN HCL (IV) | | | | | | | |
| VANCOMYCIN HCL SOLUTION RECONSTITUTED | VANCOCIN HCL (IV) | | | | | | | |
| VANCOMYCIN HCL SOLUTION RECONSTITUTED | FIRVANQ (ORAL) | | | | | | | |
| VANCOMYCIN HCL-DEXTROSE SOLUTION | VANCOMYCIN HYDROCHLORIDE/DEXTROSE | | | | | | | |
| VANCOMYCIN HCL-SODIUM CHLORIDE SOLUTION | VANCOMYCIN | | | | | | | |
| LEPROSTATICS** | | | | | | | | |
| DAPSONE TABLET | DAPSONE | | | | | | | X |
| LINCOSAMIDES** | | | | | | | | |
| CLINDAMYCIN HCL CAPSULE | CLEOCIN | | | | | | | |
| CLINDAMYCIN PALMITATE HYDROCHLORIDE SOLUTION RECONSTITUTED | CLEOCIN PEDIATRIC GRANULES | | | | | | | |
| CLINDAMYCIN PHOSPHATE IN D5W SOLUTION | CLINDAMYCIN PHOSPHATE IN D5W | | | | | | | |
| CLINDAMYCIN PHOSPHATE IN NACL SOLUTION | CLINDAMYCIN/SODIUM CHLORIDE | | | | | | | |
| CLINDAMYCIN PHOSPHATE SOLUTION | CLEOCIN PHOSPHATE | | | | | | | |
| LINCOMYCIN HCL SOLUTION | LINCOCIN | | | | | | | |
| MONOBACTAMS** | | | | | | | | |
| AZTREONAM SOLUTION RECONSTITUTED | AZACTAM | | | | | | | |
| OXAZOLIDINONES** | | | | | | | | |
| LINEZOLID IN SODIUM CHLORIDE SOLUTION | LINEZOLID | | | | | | | |
| LINEZOLID SOLUTION | ZYVOX | | | | | | | |
| LINEZOLID SUSPENSION RECONSTITUTED | ZYVOX | | | | PA Required | | | |
| LINEZOLID TABLET | ZYVOX | | | | PA Required | | | |
| TEDIZOLID PHOSPHATE SOLUTION RECONSTITUTED | SIVEXTRO | | | | | | | |
| POLYMYXINS** | | | | | | | | |
| COLISTIMETHATE SODIUM SOLUTION RECONSTITUTED | COLY-MYCIN M | | | | | | | |
| POLYMYXIN B SULFATE SOLUTION RECONSTITUTED | POLYMYXIN B SULFATE | | | | | | | |
| STREPTOGRAMINS** | | | | | | | | |
| QUINUPRISTIN-DALFOPRISTIN SOLUTION RECONSTITUTED | SYNERCID | | | | | | | |
| URINARY ANTI-INFECTIVES** | | | | | | | | |
| NITROFURANTOIN MACROCRYSTAL CAPSULE | MACRODANTIN | | | | | | | |
| NITROFURANTOIN MONOHYD MACRO CAPSULE | MACROBID | | | | | | | |
| NITROFURANTOIN SUSPENSION | NITROFURANTOIN | | | | | | | |
| ANTIMALARIALS* | | | | | | | | |

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|---|-----------------------|--|--|--|--|-------------|--|---|
| ANTIMALARIAL COMBINATIONS** | | | | | | | | |
| ARTEMETHER-LUMEFANTRINE TABLET | COARTEM | | | | | | | |
| ATOVAQUONE-PROGUANIL HCL TABLET | MALARONE | | | | | | | |
| ANTIMALARIALS** | | | | | | | | |
| CHLOROQUINE PHOSPHATE TABLET | CHLOROQUINE PHOSPHATE | | | | | | | X |
| HYDROXYCHLOROQUINE SULFATE TABLET | PLAQUENIL | | | | | | | X |
| PRIMAQUINE PHOSPHATE TABLET | PRIMAQUINE PHOSPHATE | | | | | | | |
| PYRIMETHAMINE TABLET | DARAPRIM | | | | | | | |
| QUININE SULFATE CAPSULE | QUALAQUIN | | | | | | | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS* | | | | | | | | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS** | | | | | | | | |
| PYRIDOSTIGMINE BROMIDE SOLUTION | MESTINON | | | | | | | |
| PYRIDOSTIGMINE BROMIDE TABLET | MESTINON | | | | | | | |
| PYRIDOSTIGMINE BROMIDE TABLET ER | MESTINON TIMESPAN | | | | | | | |
| ANTIMYCOBACTERIAL AGENTS* | | | | | | | | |
| ANTIMYCOBACTERIAL AGENTS** | | | | | | | | |
| CAPREOMYCIN SULFATE SOLUTION RECONSTITUTED | CAPASTAT SULFATE | | | | | | | |
| ETHAMBUTOL HCL TABLET | MYAMBUTOL | | | | | | | |
| ISONIAZID SOLUTION | ISONIAZID | | | | | | | |
| ISONIAZID SYRUP | ISONIAZID | | | | | | | X |
| ISONIAZID TABLET | ISONIAZID | | | | | | | X |
| PYRAZINAMIDE TABLET | PYRAZINAMIDE | | | | | | | |
| RIFAMPIN CAPSULE | RIFAMPIN | | | | | | | |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* | | | | | | | | |
| ALKYLATING AGENTS** | | | | | | | | |
| CYCLOPHOSPHAMIDE CAPSULE | CYCLOPHOSPHAMIDE | | | | | | | |
| CYCLOPHOSPHAMIDE TABLET | CYCLOPHOSPHAMIDE | | | | | | | |
| LOMUSTINE CAPSULE | GLEOSTINE | | | | | | | |
| TEMOZOLOMIDE CAPSULE | TEMODAR | | | | | PA Required | | |
| ANTIMETABOLITES** | | | | | | | | |
| MERCAPTOPYRINE TABLET | MERCAPTOPYRINE | | | | | | | |
| METHOTREXATE SODIUM TABLET | TREXALL | | | | | | | |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS** | | | | | | | | |
| AXITINIB TABLET | INLYTA | | | | | PA Required | | |
| BEVACIZUMAB-AWWB SOLUTION | MVASI | | | | | PA Required | | |
| BEVACIZUMAB-BVZR SOLUTION | ZIRABEV | | | | | PA Required | | |
| ANTINEOPLASTIC - ANTIBODIES** | | | | | | | | |
| RITUXIMAB-ABBS SOLUTION | TRUXIMA | | | | | PA Required | | |
| RITUXIMAB-PVVR SOLUTION | RUXIENCE | | | | | PA Required | | |
| ANTINEOPLASTIC - ANTI-HER2 AGENTS** | | | | | | | | |
| TRASTUZUMAB-ANNS SOLUTION RECONSTITUTED | KANJINTI | | | | | PA Required | | |
| TRASTUZUMAB-DKST SOLUTION RECONSTITUTED | OGIVRI | | | | | PA Required | | |
| TRASTUZUMAB-PKRB SOLUTION RECONSTITUTED | HERZUMA | | | | | PA Required | | |
| TRASTUZUMAB-QYYP SOLUTION RECONSTITUTED | TRAZIMERA | | | | | PA Required | | |
| ANTINEOPLASTIC - EGFR INHIBITORS** | | | | | | | | |
| ERLOTINIB HCL TABLET | TARCEVA | | | | | PA Required | | |
| GEFITINIB TABLET | IRESSA | | | | | PA Required | | |
| ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS** | | | | | | | | |
| VISMODEGIB CAPSULE | ERIVEDGE | | | | | PA Required | | |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS** | | | | | | | | |
| ABIRATERONE ACETATE MICRONIZED TABLET | YONSA | | | | | PA Required | | |
| ABIRATERONE ACETATE TABLET | ZYTIGA | | | | | PA Required | | |
| ANASTROZOLE TABLET | ARIMIDEX | | | | | PA Required | | X |
| BICALUTAMIDE TABLET | CASODEX | | | | | | | |
| DEGARELIX ACETATE SOLUTION RECONSTITUTED | FIRMAGON | | | | | PA Required | | |
| ESTRAMUSTINE PHOSPHATE SODIUM CAPSULE | EMCYT | | | | | PA Required | | |
| EXEMESTANE TABLET | AROMASIN | | | | | PA Required | | X |

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| | | | | Not covered through AHCCCS. Please contact Waylis Pharmaceuticals for the patient assistance program. Toll Free Number: 1-800-689-0255 | | | | |
| FLUTAMIDE CAPSULE | EULEXIN | | | | | | | |
| LETROZOLE TABLET | FEMARA | | | PA Required | | | | X |
| LEUPROLIDE ACETATE (3 MONTH) INJECTABLE | LEUPROLIDE ACETATE | | | PA Required | | | | |
| LEUPROLIDE ACETATE (3 MONTH) KIT | LUPRON DEPOT (3-MONTH) | | | PA Required | | | | |
| LEUPROLIDE ACETATE (4 MONTH) KIT | LUPRON DEPOT (4-MONTH) | | | PA Required | | | | |
| LEUPROLIDE ACETATE (6 MONTH) KIT | ELIGARD | | | PA Required | | | | |
| LEUPROLIDE ACETATE KIT | LUPRON DEPOT (1-MONTH) | | | PA Required | | | | |
| MEGESTROL ACETATE SUSPENSION | MEGESTROL ACETATE | | | | | | | |
| MEGESTROL ACETATE TABLET | MEGESTROL ACETATE | | | | | | | |
| MITOTANE TABLET | LYSODREN | | | | | | | |
| NILUTAMIDE TABLET | NILANDRON | | | | | 60 | 30 | |
| TAMOXIFEN CITRATE SOLUTION | SOLTAMOX | | | | | | | X |
| TAMOXIFEN CITRATE TABLET | TAMOXIFEN CITRATE | | | | | | | X |
| TOREMIFENE CITRATE TABLET | FARESTON | | | PA Required | | | | X |
| ANTINEOPLASTIC ENZYME INHIBITORS** | | | | | | | | |
| ALECTINIB HCL CAPSULE | ALECENSA | | | PA Required | | | | |
| COBIMETINIB FUMARATE TABLET | COTELIC | | | PA Required | | | | |
| CRIZOTINIB CAPSULE | XALKORI | | | PA Required | | | | |
| CRIZOTINIB CAPSULE SPRINKLE | XALKORI | | | PA Required | | | | |
| DASATINIB TABLET | SPRYCEL | | | PA Required | | | | |
| EVEROLIMUS TABLET SOLUBLE | AFINITOR DISPERZ | | | PA Required | | | | |
| IBRUTINIB CAPSULE | IMBRUVICA | | | PA Required | | | | |
| IBRUTINIB SUSPENSION | IMBRUVICA | | | PA Required | | | | |
| IBRUTINIB TABLET | IMBRUVICA | | | PA Required | | | | |
| IMATINIB MESYLATE TABLET | GLEEVEC | | | PA Required | | | | |
| LAPATINIB DITOSYLATE TABLET | TYKERB | | | PA Required | | | | |
| NILOTINIB HCL CAPSULE | TASIGNA | | | PA Required | | | | |
| PAZOPANIB HCL TABLET | VOTRIENT | | | PA Required | | | | |
| RUXOLITINIB PHOSPHATE TABLET | JAKAFI | | | PA Required | | | | |
| SORAFENIB TOSYLATE TABLET | NEXAVAR | | | PA Required | | | | |
| SUNITINIB MALATE CAPSULE | SUTENT | | | PA Required | | | | |
| VANDETANIB TABLET | CAPRELSA | | | PA Required | | | | |
| VEMURAFENIB TABLET | ZELBORAF | | | PA Required | | | | |
| VORINOSTAT CAPSULE | ZOLINZA | | | PA Required | | | | |
| ANTINEOPLASTICS MISC.** | | | | | | | | |
| BEXAROTENE CAPSULE | TARGRETIN | | | PA Required | | | | |
| HYDROXYUREA CAPSULE | HYDREA | | | | | | | |
| INTERFERON ALFA-2B SOLUTION RECONSTITUTED | INTRON A | | | PA Required | | | | X |
| INTERFERON ALFA-N3 SOLUTION | ALFERON N | | | PA Required | | | | |
| INTERFERON GAMMA-1B SOLUTION | ACTIMMUNE | | | PA Required | | | | X |
| PROCARBAZINE HCL CAPSULE | MATULANE | | | | | | | |
| TRETINOIN (CHEMOTHERAPY) CAPSULE | TRETINOIN | | | PA Required For > 26 Years of Age | | | | |
| CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS** | | | | | | | | |
| LEUCOVORIN CALCIUM TABLET | LEUCOVORIN CALCIUM | | | | | | | |
| MITOTIC INHIBITORS** | | | | | | | | |
| ETOPOSIDE CAPSULE | ETOPOSIDE | | | | | | | |
| ANTIPARKINSON AND RELATED THERAPY AGENTS* | | | | | | | | |
| ANTIPARKINSON ANTICHOLINERGICS** | | | | | | | | |
| BENZTROPINE MESYLATE TABLET | BENZTROPINE MESYLATE | | | | | | | X |
| TRIHEXYPHENIDYL HCL SOLUTION | TRIHEXYPHENIDYL HCL | | | | | | | X |
| TRIHEXYPHENIDYL HCL TABLET | TRIHEXYPHENIDYL HYDROCHLORIDE | | | | | | | X |
| ANTIPARKINSON COMT INHIBITORS** | | | | | | | | |
| ENTACAPONE TABLET | COMTAN | | | | | | | X |

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| ANTIPARKINSON DOPAMINERGICS** | | | | | | | | |
| AMANTADINE HCL CAPSULE | AMANTADINE HCL | | | | | | | X |
| AMANTADINE HCL SOLUTION | AMANTADINE HCL | | | | | | | X |
| BROMOCRIPTINE MESYLATE CAPSULE | PARLODEL | | | | | | | X |
| BROMOCRIPTINE MESYLATE TABLET | PARLODEL | | | | | | | X |
| CARBIDOPA-LEVODOPA TABLET | SINEMET | | | | | | | X |
| CARBIDOPA-LEVODOPA TABLET ER | CARBIDOPA/LEVODOPA ER | | | | | | | X |
| PRAMIPEXOLE DIHYDROCHLORIDE TABLET | MIRAPEX | | | | | | | X |
| ROPINIROLE HYDROCHLORIDE TABLET | ROPINIROLE HYDROCHLORIDE | | | | | | | X |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS* | | | | | | | | |
| ANTIMANIC AGENTS** | | | | | | | | |
| LITHIUM CARBONATE CAPSULE | LITHIUM CARBONATE | | | | Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration | | | X |
| LITHIUM CARBONATE POWDER | LITHIUM CARBONATE | | | | Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration | | | |
| LITHIUM CARBONATE TABLET | LITHIUM CARBONATE | | | | Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration | | | X |
| LITHIUM CARBONATE TABLET ER | LITHOBID | | | | Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration | | | X |
| LITHIUM SOLUTION | LITHIUM | | | | Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration | | | X |
| ANTIPSYCHOTICS - MISC.** | | | | | | | | |
| LURASIDONE HCL TABLET | LATUDA | | | Preferred Drug | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 90 | 90 | X |
| ZIPRASIDONE HCL CAPSULE | GEODON | | | Preferred Drug | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 180 | 90 | X |
| BENZISOXAZOLES** | | | | | | | | |
| PALIPERIDONE PALMITATE SUSP PREF SYR (1,092 MG/3.5ML) | INVEGA HAFYE | | | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 3.5 | 170 | |

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| PALIPERIDONE PALMITATE SUSP PREF SYR (1,560 MG/5ML) | INVEGA HAFYE | | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 5 | 170 | |
| PALIPERIDONE PALMITATE SUSP PREF SYR (39 MG/0.25ML) | INVEGA SUSTENNA | | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 0.25 | 30 | |
| PALIPERIDONE PALMITATE SUSP PREF SYR (78 MG/0.5ML) | INVEGA SUSTENNA | | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 0.5 | 30 | |
| PALIPERIDONE PALMITATE SUSP PREF SYR (117 MG/0.75ML) | INVEGA SUSTENNA | | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 0.75 | 30 | |
| PALIPERIDONE PALMITATE SUSP PREF SYR (156 MG/ML) | INVEGA SUSTENNA | | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 1 | 30 | |
| PALIPERIDONE PALMITATE SUSP PREF SYR (234 MG/1.5ML) | INVEGA SUSTENNA | | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 1.5 | 30 | |
| PALIPERIDONE PALMITATE SUSP PREF SYR (273 MG/0.88ML) | INVEGA TRINZA | | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 0.88 | 84 | |
| PALIPERIDONE PALMITATE SUSP PREF SYR (410 MG/1.32ML) | INVEGA TRINZA | | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 1.32 | 84 | |
| PALIPERIDONE PALMITATE SUSP PREF SYR (546 MG/1.75ML) | INVEGA TRINZA | | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 1.75 | 84 | |

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| PALIPERIDONE PALMITATE SUSP PREF SYR (819 MG/2.63ML) | INVEGA TRINZA | | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 2.63 | 84 | |
| RISPERIDONE MICROSPHERES SUSP RECONSTITUTED ER | RISPERDAL CONSTA | Brand Only | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 2 | 30 | |
| RISPERIDONE PREFILLED SYR | PERSERIS | | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 6 | 90 | X |
| RISPERIDONE SOLUTION | RISPERDAL | | Preferred Drug | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 720 | 90 | X |
| RISPERIDONE TABLET | RISPERDAL | | Preferred Drug | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 180 | 90 | X |
| RISPERIDONE TABLET DISINTEGRATING BUTYROPHENONES** | RISPERIDONE ODT | | Preferred Drug | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 180 | 90 | X |
| HALOPERIDOL DECANOATE SOLUTION | HALDOL DECANOATE 50 | | | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | | | |
| HALOPERIDOL LACTATE CONCENTRATE | HALOPERIDOL | | | PA Required for < 12 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | | | X |
| HALOPERIDOL TABLET | HALOPERIDOL | | | PA Required for < 12 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | | | X |
| DIBENZAPINES** | | | | | | | |

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| CLOZAPINE TABLET | CLOZARIL | | Preferred Drug | PA Required for Ages < 18 years Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 150 | 30 | |
| CLOZAPINE TABLET DISINTEGRATING | CLOZAPINE ODT | | Preferred Drug | PA Required for Ages < 18 years Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 150 | 30 | |
| LOXAPINE SUCCINATE CAPSULE | LOXAPINE SUCCINATE | | | PA Required for < 12 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | | | X |
| OLANZAPINE TABLET | ZYPREXA | | Preferred Drug | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 90 | 90 | X |
| OLANZAPINE TABLET DISINTEGRATING (5MG, 10MG) | ZYPREXA ZYDIS | | Preferred Drug | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 60.00 | 30.00 | |
| OLANZAPINE TABLET DISINTEGRATING (15MG, 20MG) | ZYPREXA ZYDIS | | Preferred Drug | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 30.00 | 30.00 | |
| QUETIAPINE FUMARATE TABLET | SEROQUEL | | Preferred Drug | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 180 | 90 | X |
| DIHYDROINDOLONES** | | | | | | | |
| MOLINDONE HCL TABLET | MOLINDONE HYDROCHLORIDE | | | PA Required for < 12 years of age | | | X |
| PHENOTHIAZINES** | | | | | | | |
| CHLORPROMAZINE HCL CONCENTRATE | CHLORPROMAZINE HYDROCHLORIDE | | | PA Required | | | X |
| CHLORPROMAZINE HCL SOLUTION | CHLORPROMAZINE HCL | | | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | | | |

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| CHLORPROMAZINE HCL TABLET | CHLORPROMAZINE HYDROCHLORIDE | | | PA Required for < 12 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | | | | X |
| FLUPHENAZINE DECANOATE SOLUTION | FLUPHENAZINE DECANOATE | | | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | | | | |
| FLUPHENAZINE HCL CONCENTRATE | FLUPHENAZINE HCL | | | PA Required for < 12 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | | | | X |
| FLUPHENAZINE HCL ELIXIR | FLUPHENAZINE HYDROCHLORIDE | | | PA Required for < 12 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | | | | X |
| FLUPHENAZINE HCL TABLET | FLUPHENAZINE HCL | | | PA Required for < 12 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | | | | X |
| PERPHENAZINE TABLET | PERPHENAZINE | | | PA Required for < 12 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | | | | X |
| PROCHLORPERAZINE MALEATE TABLET | PROCHLORPERAZINE MALEATE | | | | | | | X |
| PROCHLORPERAZINE SUPPOSITORY | COMPRO | | | | | | | |
| THIORIDAZINE HCL TABLET | THIORIDAZINE HCL | | | PA Required for < 12 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | | | | X |
| TRIFLUOPERAZINE HCL TABLET | TRIFLUOPERAZINE HCL | | | PA Required for < 12 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | | | | X |
| QUINOLINONE DERIVATIVES** | | | | | | | | |
| ARIPIPRAZOLE LAUROXIL PREFILLED SYR (441 MG/1.6ML) | ARISTADA | | Preferred Drug | PA Required for Ages < 18 years Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | | 1.6 | 30 | |

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| ARIPIRAZOLE LAUROXIL PREFILLED SYR (662 MG/2.4ML) | ARISTADA | | Preferred Drug | PA Required for Ages < 18 years Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 2.4 | 30 | |
| ARIPIRAZOLE LAUROXIL PREFILLED SYR (882 MG/3.2ML) | ARISTADA | | Preferred Drug | PA Required for Ages < 18 years Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 3.2 | 30 | |
| ARIPIRAZOLE LAUROXIL PREFILLED SYR (1064 MG/3.9ML) | ARISTADA | | Preferred Drug | PA Required for Ages < 18 years Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 3.9 | 60 | |
| ARIPIRAZOLE LAUROXIL PREFILLED SYR | ARISTADA INITIO | | Preferred Drug | PA Required for Ages < 18 years Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 2 | 365 | X |
| ARIPIRAZOLE PREFILLED SYR | ABILIFY MAINTENA | | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 3 | 90 | X |
| ARIPIRAZOLE SUSP RECONSTITUTED ER | ABILIFY MAINTENA | | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 3 | 90 | X |
| ARIPIRAZOLE PREFILLED SYR (720 MG/2.4ML) | ABILIFY ASIMTUFII | | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 2.4 | 60 | |
| ARIPIRAZOLE PREFILLED SYR (960 MG/3.2ML) | ABILIFY ASIMTUFII | | Preferred Drug | PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 3.2 | 60 | |
| ARIPIRAZOLE TABLET | ABILIFY | | Preferred Drug | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | 90 | 90 | X |
| THIOXANTHENES** | | | | | | | |

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|--|---|------------|--|--|-----|----|--|---|
| | | | | PA Required for < 12 years of age. Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | | | | |
| THIOTHIXENE CAPSULE | THIOTHIXENE | | | | | | | X |
| ANTIVIRALS* | | | | | | | | |
| ANTIRETROVIRALS** | | | | | | | | |
| ABACAVIR SULFATE SOLUTION | ZIAGEN | | | | | | | X |
| ABACAVIR SULFATE TABLET | ZIAGEN | | | | | | | X |
| ABACAVIR SULFATE-LAMIVUDINE TABLET | EPZICOM | | | | | | | X |
| ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLET | TRIUMEQ | | | | 90 | 90 | | X |
| ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLET SOLUBLE | TRIUMEQ PD | | | | 540 | 90 | | X |
| ATAZANAVIR SULFATE CAPSULE | REYATAZ | | | | | | | X |
| ATAZANAVIR SULFATE PACKET | REYATAZ | | | | | | | X |
| ATAZANAVIR SULFATE-COBICISTAT TABLET | EVOTAZ | | | | | | | X |
| BICTEGRAVIR-EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLET | BIKTARVY | | | | 90 | 90 | | X |
| COBICISTAT TABLET | TYBOST | | | | 90 | 90 | | X |
| DARUNAVIR SUSPENSION | PREZISTA | Brand Only | | | | | | X |
| DARUNAVIR TABLET | PREZISTA | Brand Only | | | | | | X |
| DARUNAVIR-COBICISTAT TABLET | PREZCOBIX | | | | | | | X |
| DARUNAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLET | SYM TUZA | | | | | | | X |
| DOLUTEGRAVIR SODIUM TABLET | TIVICAY | | | | | | | X |
| DOLUTEGRAVIR SODIUM TABLET SOLUBLE | TIVICAY PD | | | | | | | X |
| DOLUTEGRAVIR SODIUM-LAMIVUDINE TABLET | DOVATO | | | | | | | X |
| DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL TABLET | JULUCA | | | | | | | X |
| DORAVIRINE TABLET | PIFELTRO | | | | | | | X |
| DORAVIRINE-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLET | DELSTRIGO | | | | | | | X |
| EFAVIRENZ CAPSULE | SUSTIVA | | | | | | | X |
| EFAVIRENZ TABLET | SUSTIVA | | | | | | | X |
| EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLET | EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE | | | | | | | X |
| EFAVIRENZ-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLET | SYMFI LO | Brand Only | | | 90 | 90 | | X |
| ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLET | GENVOYA | | | | 90 | 90 | | X |
| ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR DF TABLET | STRIBILD | | | | | | | X |
| EMTRICITABINE CAPSULE | EMTRIVA | | | | | | | X |
| EMTRICITABINE SOLUTION | EMTRIVA | | | | | | | X |
| EMTRICITABINE-RILPIVIRINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLET | ODEFSEY | | | | 90 | 90 | | X |
| EMTRICITABINE-RILPIVIRINE-TENOFOVIR DISOPROXIL FUMARATE TABLET | COMPLERA | | | | | | | X |
| EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLET | DESCOVY | | | | 90 | 90 | | X |
| EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLET | TRUVADA | | | | | | | X |
| ENFUVRTIDE SOLUTION RECONSTITUTED | FUZEON | | | PA Required | 3 | 90 | | X |
| ETRAVIRINE TABLET | INTELENCE | | | | | | | X |
| FOSAMPRENAVIR CALCIUM SUSPENSION | LEXIVA | | | | | | | X |
| FOSAMPRENAVIR CALCIUM TABLET | LEXIVA | | | | | | | X |
| LAMIVUDINE SOLUTION | EPIVIR | | | | | | | X |
| LAMIVUDINE TABLET | EPIVIR | | | | | | | X |
| LAMIVUDINE-ZIDOVUDINE TABLET | COMBIVIR | | | | | | | X |
| LOPINAVIR-RITONAVIR SOLUTION | KALETRA | | | | | | | X |

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|--|---------------------------|----------------------------|----------------|---|--|-----|----------|---|
| LOPINAVIR-RITONAVIR TABLET | KALETRA | | | | | | | X |
| MARAVIROC TABLET | SELZENTRY | Brand Only | | PA Required | | | | X |
| NEVIRAPINE SUSPENSION | VIRAMUNE | | | | | | | X |
| NEVIRAPINE TABLET | NEVIRAPINE | | | | | | | X |
| NEVIRAPINE TABLET ER 24HR | VIRAMUNE XR | | | | | | | X |
| RALTEGRAVIR POTASSIUM TABLET CHEWABLE | ISENTRESS | | | | | | | X |
| RALTEGRAVIR POTASSIUM PACKET | ISENTRESS | | | | | | | X |
| RALTEGRAVIR POTASSIUM TABLET | ISENTRESS | | | | | | | X |
| RILPIVIRINE HCL TABLET | EDURANT | | | | | | | X |
| RITONAVIR PACKET | NORVIR | | | | | | | X |
| RITONAVIR SOLUTION | NORVIR | | | | | | | X |
| RITONAVIR TABLET | NORVIR | | | | | | | X |
| TENOFOVIR DISOPROXIL FUMARATE POWDER | VIREAD | | | | | | | X |
| TENOFOVIR DISOPROXIL FUMARATE TABLET | VIREAD | | | | | | | X |
| ZIDOVUDINE CAPSULE | RETROVIR | | | | | | | X |
| ZIDOVUDINE SYRUP | RETROVIR | | | | | | | X |
| ZIDOVUDINE TABLET | ZIDOVUDINE | | | | | | | X |
| ANTIVIRAL COMBINATIONS** | | | | | | | | |
| NIRMATRELVIR-RITONAVIR TAB THER PACK | PAXLOVID | | | Minimum Patient Age of 12 Years | | 60 | 365 | |
| CMV AGENTS** | | | | | | | | |
| MARIBAVIR TABLET | LIVTENCITY | | | PA Required | | | | X |
| VALGANCICLOVIR HCL SOLUTION RECONSTITUTED | VALCYTE | | | PA Required | | | | X |
| VALGANCICLOVIR HCL TABLET | VALCYTE | | | PA Required | | | | X |
| HEPATITIS AGENTS** | | | | | | | | |
| ADEFOVIR DIPIVOXIL TABLET | HEPSERA | | | PA Required | | | | X |
| ENTECAVIR SOLUTION | BARACLUDE | | | PA Required | | | | X |
| ENTECAVIR TABLET | BARACLUDE | | | PA Required | | | | X |
| GLECAPREVIR-PIBRENTASVIR PACKET | MAVYRET | | Preferred Drug | PA Required if member has been treated with Direct-Acting Antiviral (DAA) Hep C Regimens in the past. | | 280 | Lifetime | |
| GLECAPREVIR-PIBRENTASVIR TABLET | MAVYRET | | Preferred Drug | PA Required if member has been treated with Direct-Acting Antiviral (DAA) Hep C Regimens in the past. | | 168 | Lifetime | |
| LAMIVUDINE (HBV) SOLUTION | EPIVIR HBV | | | | | | | X |
| LAMIVUDINE (HBV) TABLET | EPIVIR HBV | | | | | | | X |
| PEGINTERFERON ALFA-2A SOLUTION | PEGASYS | | Preferred Drug | PA Required | | | | |
| PEGINTERFERON ALFA-2A SOLN PREF SYR | PEGASYS | Brand Only | | PA Required | | | | |
| RIBAVIRIN (HEPATITIS C) CAPSULE | RIBAVIRIN | | Preferred Drug | PA Required | | | | |
| RIBAVIRIN (HEPATITIS C) TABLET | RIBAVIRIN | | Preferred Drug | PA Required | | | | |
| SOFOSBUVIR-VELPATASVIR TABLET | EPCLUSA | AUTHORIZED GENERIC ONLY | Preferred Drug | PA Required if member has been treated with Direct-Acting Antiviral (DAA) Hep C Regimens in the past. | | 168 | Lifetime | |
| HERPES AGENTS** | | | | | | | | |
| ACYCLOVIR SUSPENSION | ZOVIRAX | | | | | | | |
| ACYCLOVIR TABLET | SITAVIG | | | | | | | |
| FAMCICLOVIR TABLET | FAMCICLOVIR | | | | | | | |
| VALACYCLOVIR HCL TABLET | VALTREX | | | | | 30 | 30 | |
| INFLUENZA AGENTS** | | | | | | | | |
| BALOXAVIR MARBOXIL TAB THER PACK | XOFLUZA | | | | | | | |
| OSELTAMIVIR PHOSPHATE CAPSULE | TAMIFLU | | | | | 20 | 270 | |
| OSELTAMIVIR PHOSPHATE SUSPENSION RECONSTITUTED | TAMIFLU | | | | | | | |
| RIMANTADINE HYDROCHLORIDE TABLET | RIMANTADINE HYDROCHLORIDE | | | | | | | |
| ZANAMIVIR ARSL PWDR-BREATH ACTIVATE | RELENZA DISKHALER | | | | | 40 | 270 | |
| MISC. ANTIVIRALS** | | | | | | | | |
| MOLNUPIRAVIR CAPSULE | LAGEVRIO | | | Minimum Patient Age of 18 Years | | 80 | 365 | |
| REMDESIVIR SOLUTION | VEKLURY | | | | | | | |
| REMDESIVIR SOLUTION RECONSTITUTED | VEKLURY | | | | | | | |

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|---|----------------------------|--|-----------------------------------|--|-----|----|--|---|
| TECOVIRIMAT CAPSULE | TPOXX | | | | | | | |
| BETA BLOCKERS* | | | | | | | | |
| ALPHA-BETA BLOCKERS** | | | | | | | | |
| CARVEDILOL TABLET | COREG | | | | | | | X |
| LABETALOL HCL TABLET | LABETALOL HYDROCHLORIDE | | | | | | | X |
| BETA BLOCKERS CARDIO-SELECTIVE** | | | | | | | | |
| ATENOLOL TABLET | TENORMIN | | | | | | | X |
| BISOPROLOL FUMARATE TABLET | BISOPROLOL FUMARATE | | | | | | | X |
| METOPROLOL SUCCINATE TABLET ER 24HR | TOPROL XL | | | | | | | X |
| METOPROLOL TARTRATE TABLET | LOPRESSOR | | | | | | | X |
| BETA BLOCKERS NON-SELECTIVE** | | | | | | | | |
| NADOLOL TABLET | CORGARD | | | PA NOT REQUIRED FOR CHILDREN AND ADOLESCENTS UNDER 19 YEARS OF AGE | | | | X |
| PROPRANOLOL HCL CAPSULE ER 24 HR | INDERAL LA | | | | | | | X |
| PROPRANOLOL HCL SOLUTION | HEMANGEOL | | | | | | | |
| PROPRANOLOL HCL TABLET | PROPRANOLOL HYDROCHLORIDE | | | | | | | X |
| SOTALOL HCL (AFIB/AFL) TABLET | BETAPACE AF | | | | | | | X |
| SOTALOL HCL TABLET | SORINE | | | | | | | X |
| CALCIUM CHANNEL BLOCKERS* | | | | | | | | |
| CALCIUM CHANNEL BLOCKERS** | | | | | | | | |
| AMLODIPINE BENZOATE SUSPENSION | KATERZIA | | | PA Required for > 7 Years Old | 900 | 90 | | X |
| AMLODIPINE BESYLATE TABLET | NORVASC | | | | 90 | 90 | | X |
| DILTIAZEM HCL COATED BEADS CAPSULE ER 24 HR | CARTIA XT | | | | | | | X |
| DILTIAZEM HCL CAPSULE ER 12 HR | DILTIAZEM HCL ER | | | | 180 | 90 | | X |
| DILTIAZEM HCL CAPSULE ER 24 HR | DILTIAZEM HYDROCHLORIDE ER | | | | 90 | 90 | | X |
| DILTIAZEM HCL EXTENDED RELEASE BEADS CAPSULE ER 24 HR | TAZTIA XT | | | | | | | X |
| DILTIAZEM HCL TABLET | CARDIZEM | | | | | | | X |
| FELODIPINE TABLET ER 24HR | FELODIPINE ER | | | | | | | X |
| NIFEDIPINE CAPSULE | NIFEDIPINE | | | | | | | X |
| NIFEDIPINE TABLET ER 24HR | PROCARDIA XL | | | | 90 | 90 | | X |
| VERAPAMIL HCL CAPSULE ER 24 HR (120MG, 180MG, 240MG) | VERELAN PM | | | | | | | |
| VERAPAMIL HCL TABLET | VERAPAMIL HCL | | | | 90 | 90 | | X |
| VERAPAMIL HCL TABLET ER | CALAN SR | | | | 90 | 90 | | X |
| CARDIOTONICS* | | | | | | | | |
| CARDIAC GLYCOSIDES** | | | | | | | | |
| DIGOXIN SOLUTION | LANOXIN PEDIATRIC | | | | | | | |
| DIGOXIN TABLET | DIGITEK | | | | | | | X |
| CARDIOVASCULAR AGENTS - MISC.* | | | | | | | | |
| CARDIOVASCULAR AGENTS MISC. - COMBINATIONS** | | | | | | | | |
| SACUBITRIL-VALSARTAN TABLET | ENTRESTO | | | | | | | X |
| SACUBITRIL-VALSARTAN CAPSULE SPRINKLE | ENTRESTO SPRINKLE | | | | | | | X |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS** | | | | | | | | |
| AMBRISENTAN TABLET | LETAIRIS | | Preferred Drug | PA Required | | | | X |
| BOSENTAN TABLET (62.5MG, 125MG) | TRACLEER | | Preferred Drug | PA Required | | | | |
| PROSTAGLANDIN VASODILATORS** | | | | | | | | |
| TREPROSTINIL DIOLAMINE TABLET ER | ORENITRAM | | | PA Required | | | | X |
| TREPROSTINIL DIOLAMINE TBER THER PACK | ORENITRAM | | | PA Required | | | | X |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS** | | | | | | | | |
| SILDENAFIL CITRATE (PULMONARY HYPERTENSION) SUSPENSION | LIQREV | | Preferred for Under the Age of 12 | PA Required For > 12 Year of Age | | | | X |
| SILDENAFIL CITRATE (PULMONARY HYPERTENSION) TABLET | SILDENAFIL | | | PA Required | | | | X |

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|--|-------------------------------------|--|-----------------------------------|----------------------------------|--|--|--|---|
| SILDENAFIL CITRATE (PULMONARY HYPERTENSION) SUSPENSION RECONSTITUTED | REVATIO | | Preferred for Under the Age of 12 | PA Required For > 12 Year of Age | | | | X |
| TADALAFIL (PULMONARY HYPERTENSION) TABLET | ADCIRCA | | Preferred Drug | PA Required | | | | X |
| CEPHALOSPORINS* | | | | | | | | |
| CEPHALOSPORIN COMBINATIONS** | | | | | | | | |
| CEFTAZIDIME-AVIBACTAM SODIUM SOLUTION RECONSTITUTED | AVYCAZ | | | | | | | |
| CEFTOLOZANE SULFATE-TAZOBACTAM SODIUM SOLUTION RECONSTITUTED | ZERBAXA | | | | | | | |
| CEPHALOSPORINS - 1ST GENERATION** | | | | | | | | |
| CEFADROXIL CAPSULE | CEFADROXIL | | | | | | | |
| CEFADROXIL SUSPENSION RECONSTITUTED | CEFADROXIL | | | | | | | |
| CEFADROXIL TABLET | CEFADROXIL | | | | | | | |
| CEFAZOLIN SODIUM IN SODIUM CHLORIDE SOLUTION | CEFAZOLIN/SODIUM CHLORIDE | | | | | | | |
| CEFAZOLIN SODIUM SOLUTION RECONSTITUTED | CEFAZOLIN SODIUM | | | | | | | |
| CEFAZOLIN SODIUM SOLN PREF SYR | CEFAZOLIN SODIUM | | | | | | | |
| CEFAZOLIN SODIUM-DEXTROSE SOLUTION | CEFAZOLIN SODIUM | | | | | | | |
| CEFAZOLIN SODIUM-DEXTROSE SOLUTION RECONSTITUTED | CEFAZOLIN SODIUM/DEXTROSE | | | | | | | |
| CEPHALEXIN CAPSULE | KEFLEX | | | | | | | |
| CEPHALEXIN SUSPENSION RECONSTITUTED | CEPHALEXIN | | | | | | | |
| CEPHALEXIN TABLET | CEPHALEXIN | | | | | | | |
| CEPHALOSPORINS - 2ND GENERATION** | | | | | | | | |
| CEFACLOR CAPSULE | CEFACLOR | | | | | | | |
| CEFACLOR SUSPENSION RECONSTITUTED | CEFACLOR | | | | | | | |
| CEFOTETAN DISODIUM AND DEXTROSE SOLUTION RECONSTITUTED | CEFOTETAN/DEXTROSE | | | | | | | |
| CEFOTETAN DISODIUM SOLUTION RECONSTITUTED | CEFOTAN | | | | | | | |
| CEFOXITIN SODIUM AND DEXTROSE SOLUTION RECONSTITUTED | CEFOXITIN SODIUM | | | | | | | |
| CEFOXITIN SODIUM SOLUTION RECONSTITUTED | CEFOXITIN SODIUM | | | | | | | |
| CEFPROZIL SUSPENSION RECONSTITUTED | CEFPROZIL | | | | | | | |
| CEFPROZIL TABLET | CEFPROZIL | | | | | | | |
| CEFUROXIME AXETIL TABLET | CEFUROXIME AXETIL | | | | | | | |
| CEFUROXIME SODIUM SOLUTION RECONSTITUTED | CEFUROXIME SODIUM | | | | | | | |
| CEPHALOSPORINS - 3RD GENERATION** | | | | | | | | |
| CEFDINIR CAPSULE | CEFDINIR | | | | | | | |
| CEFDINIR SUSPENSION RECONSTITUTED | CEFDINIR | | | | | | | |
| CEFIXIME CAPSULE | SUPRAX | | | | | | | |
| CEFIXIME SUSPENSION RECONSTITUTED | SUPRAX | | | | | | | |
| CEFOTAXIME SODIUM SOLUTION RECONSTITUTED | CEFOTAXIME SODIUM | | | | | | | |
| CEFPODOXIME PROXETIL SUSPENSION RECONSTITUTED | CEFPODOXIME PROXETIL | | | | | | | |
| CEFPODOXIME PROXETIL TABLET | CEFPODOXIME PROXETIL | | | | | | | |
| CEFTAZIDIME SODIUM IN DEXTROSE SOLUTION | TAZICEF | | | | | | | |
| CEFTAZIDIME SOLUTION RECONSTITUTED | FORTAZ | | | | | | | |
| CEFTAZIDIME-DEXTROSE SOLUTION RECONSTITUTED | CEFTAZIDIME/DEXTROSE | | | | | | | |
| CEFTRIAXONE SODIUM AND DEXTROSE SOLUTION RECONSTITUTED | CEFTRIAXONE/DEXTROSE | | | | | | | |
| CEFTRIAXONE SODIUM IN DEXTROSE SOLUTION | CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE | | | | | | | |
| CEFTRIAXONE SODIUM SOLUTION RECONSTITUTED | CEFTRIAXONE SODIUM | | | | | | | |
| CEPHALOSPORINS - 4TH GENERATION** | | | | | | | | |
| CEFEPIME HCL SOLUTION | CEFEPIME | | | | | | | |
| CEFEPIME HCL SOLUTION RECONSTITUTED | CEFEPIME HYDROCHLORIDE | | | | | | | |
| CEFEPIME HCL-DEXTROSE SOLUTION RECONSTITUTED | CEFEPIME/DEXTROSE | | | | | | | |
| CEPHALOSPORINS - 5TH GENERATION** | | | | | | | | |
| CEFTAROLINE FOSAMIL SOLUTION RECONSTITUTED | TEFLARO | | | | | | | |
| CONTRACEPTIVES* | | | | | | | | |
| COMBINATION CONTRACEPTIVES - ORAL** | | | | | | | | |

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|---|--|------------|--|--|-------------|---|---------|---|
| DESOGESTREL & ETHINYL ESTRADIOL TABLET | RECLIPSEN | | | | | | | X |
| DESOGESTREL-ETHINYL ESTRADIOL (BIPHASIC) TABLET | KARIVA | | | | | | | X |
| DESOGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLET | VELIVET | | | | | | | X |
| DROSPIRENONE-ETHINYL ESTRADIOL TABLET | VESTURA | | | | | | | X |
| ETHYNODIOL DIACET & ETH ESTRAD TABLET | KELNOR 1/35 | | | | | | | X |
| LEVONORGESTREL & ETH ESTRADIOL TABLET CHEWABLE | TYBLUME | | | | | | | X |
| LEVONORGESTREL & ETH ESTRADIOL TABLET | ORSYTHIA | | | | | | | X |
| LEVONORGESTREL-ETH ESTRADIOL (TRIPHASIC) TABLET | ENPRESSE-28 | | | | | | | X |
| LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY) TABLET | CAMRESE LO | | | | | | | X |
| LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TABLET | AMETHYST | | | | | | | X |
| NORETHIN ACET & ESTRAD-FE CAPSULE | MERZEE | | | | | | | X |
| NORETHIN ACET & ESTRAD-FE TABLET CHEWABLE | FINZALA | | | | | | | X |
| NORETHIN ACET & ESTRAD-FE TABLET | JUNEL FE | | | | | | | X |
| NORETHINDRONE & ETH ESTRADIOL TABLET | BALZIVA | | | | | | | X |
| NORETHINDRONE & ETHINYL ESTRADIOL-FE TABLET CHEWABLE | KAITLIB FE | | | | | | | X |
| NORETHINDRONE ACET & ETH ESTRA TABLET | JUNEL | | | | | | | X |
| NORETHINDRONE ACETATE-ETHINYL ESTRADIOL-FE TABLET | TRI-LEGEST FE | | | | | | | X |
| NORETHINDRONE-ETH ESTRADIOL (TRIPHASIC) TABLET | NORTREL 7/7/7 | | | | | | | X |
| NORGESTIMATE-ETHINYL ESTRADIOL (TRIPHASIC) TABLET | TRI-LO-SPRINTEC | | | | | | | X |
| NORGESTIMATE-ETHINYL ESTRADIOL TABLET | SPRINTEC 28 | | | | | | | X |
| NORGESTREL & ETHINYL ESTRADIOL TABLET | CRYSSELLE-28 | | | | | | | X |
| COMBINATIONS - TRANSDERMAL** | | | | | | | | |
| NORELGESTROMIN-ETHINYL ESTRADIOL PATCH WEEKLY | XULANE | | | | | | | X |
| COMBINATIONS - VAGINAL** | | | | | | | | |
| ETONOGESTREL-ETHINYL ESTRADIOL RING | NUVARING | Brand Only | | | | | | X |
| COPPER CONTRACEPTIVES - IUD** | | | | | | | | |
| COPPER (IUD) INTRAUTERINE DEVICE | PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A | | | | | | | |
| EMERGENCY CONTRACEPTIVES** | | | | | | | | |
| LEVONORGESTREL (EMERGENCY OC) TABLET | OPTION 2 | | | | | | | |
| ULIPRISTAL ACETATE TABLET | ELLA | | | | | 1 | 5 | |
| PROGESTIN CONTRACEPTIVES - IMPLANTS** | | | | | | | | |
| ETONOGESTREL IMPLANT | NEXPLANON | | | | | 1 | 2 Years | |
| PROGESTIN CONTRACEPTIVES - INJECTABLE** | | | | | | | | |
| MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSPENSION | DEPO-PROVERA CONTRACEPTIVE | | | | | | | |
| MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSP PREF SYR | DEPO-PROVERA CONTRACEPTIVE | | | | | | | |
| PROGESTIN CONTRACEPTIVES - IUD** | | | | | | | | |
| LEVONORGESTREL (IUD) INTRAUTERINE DEVICE | SKYLA | | | | | | | |
| PROGESTIN CONTRACEPTIVES - ORAL** | | | | | | | | |
| NORETHINDRONE (CONTRACEPTIVE) TABLET | DEBLITANE | | | | | | | X |
| NORGESTREL TABLET | OPILL | | | | | | | X |
| CORTICOSTEROIDS* | | | | | | | | |
| GLUCOCORTICOSTEROIDS** | | | | | | | | |
| CORTISONE ACETATE TABLET | CORTISONE ACETATE | | | | | | | |
| DEXAMETHASONE CONCENTRATE | DEXAMETHASONE INTENSOL | | | | | | | |
| DEXAMETHASONE ELIXIR | DEXAMETHASONE | | | | | | | |
| DEXAMETHASONE SOLUTION | DEXAMETHASONE | | | | | | | |
| DEXAMETHASONE TABLET (ALL STRENGTHS EXCEPT 20MG) | DECADRON | | | | | | | |
| HYDROCORTISONE SOD SUCCINATE SOLUTION RECONSTITUTED | SOLU-CORTEF | | | | PA Required | | | |
| HYDROCORTISONE TABLET | CORTEF | | | | | | | |
| METHYLPREDNISOLONE ACETATE SUSPENSION | DEPO-MEDROL | | | | PA Required | | | |
| METHYLPREDNISOLONE SOD SUCC SOLUTION RECONSTITUTED | SOLU-MEDROL | | | | PA Required | | | |
| METHYLPREDNISOLONE TABLET | MEDROL | | | | | | | |
| METHYLPREDNISOLONE TAB THER PACK | MEDROL DOSEPAK | | | | | | | |
| PREDNISOLONE SODIUM PHOSPHATE SOLUTION | PEDIAPRED | | | | | | | |

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| PREDNISOLONE SODIUM PHOSPHATE TABLET DISINTEGRATING | ORAPRED ODT | | | | | | | |
| PREDNISOLONE SOLUTION | PREDNISOLONE | | | | | | | |
| PREDNISOLONE TABLET | MILLIPRED | | | | | | | |
| PREDNISON CONCENTRATE | PREDNISON INTENSOL | | | | | | | |
| PREDNISON SOLUTION | PREDNISON | | | | | | | |
| PREDNISON TABLET | PREDNISON | | | | | | | |
| PREDNISON TABLET ENTERIC COATED | RAYOS | | | | | | | |
| PREDNISON TAB THER PACK | PREDNISON | | | | | | | |
| TRIAMCINOLONE ACETONIDE SUSPENSION | KENALOG-10 | | | | | | | PA Required |
| TRIAMCINOLONE DIACETATE SUSPENSION | TRIAMCINOLONE | | | | | | | PA Required |
| TRIAMCINOLONE HEXACETONIDE SUSPENSION | HEXATRIONE | | | | | | | |
| MINERALOCORTICIDS** | | | | | | | | |
| FLUDROCORTISONE ACETATE TABLET | FLUDROCORTISONE ACETATE | | | | | | | X |
| COUGH/COLD/ALLERGY* | | | | | | | | |
| ANTITUSSIVES** | | | | | | | | |
| BENZONATATE CAPSULE | TESSALON PERLES | | | | | | | |
| HYDROCODONE BITARTRATE-HOMATROPINE METHYLBROMIDE SOLUTION | HYCODAN | | | | | | | PA Required for < 18 years of age 240 12 |
| HYDROCODONE BITARTRATE-HOMATROPINE METHYLBROMIDE TABLET | HYCODAN | | | | | | | PA Required for < 18 years of age |
| COUGH/COLD/ALLERGY COMBINATIONS** | | | | | | | | |
| BROMPHENIRAMINE & PSEUDOEPH ELIXIR | WAL-TAP COLD & ALLERGY | | | | | | | |
| BROMPHENIRAMINE & PSEUDOEPH LIQUID | RYNEX PSE | | | | | | | |
| CETIRIZINE-PSEUDOEPHEDRINE TABLET ER 12HR | WAL-ZYR D | | | | | | 30 | 30 |
| CHLORPHENIRAMINE & PSEUDOEPH LIQUID | LOHIST-D | | | | | | | |
| CHLORPHENIRAMINE & PSEUDOEPH TABLET | WAL-PHED SINUS/ALLERGY | | | | | | | |
| DEXTROMETHORPHAN-GUAIFENESIN LIQUID | VICKS DAYQUIL MUCUS CONTROL DM | | | | | | | |
| DEXTROMETHORPHAN-GUAIFENESIN SYRUP | WAL-TUSSIN COUGH & CHEST CONGESTION DM | | | | | | | |
| DEXTROMETHORPHAN-GUAIFENESIN TABLET | SB TAB TUSSIN DM | | | | | | | |
| DEXTROMETHORPHAN-GUAIFENESIN TABLET ER 12HR | MUCINEX DM | | | | | | | |
| DIPHENHYDRAMINE-PHENYLEPHRINE-ACETAMINOPHEN LIQUID | THERAFLU EXPRESSMAX SEVERE COLD & COUGH NIGHTTIME | | | | | | | |
| DIPHENHYDRAMINE-PHENYLEPHRINE-ACETAMINOPHEN PACKET | WAL-FLU SEVERE COLD & COUGH NIGHTTIME | | | | | | | |
| DIPHENHYDRAMINE-PHENYLEPHRINE-ACETAMINOPHEN TABLET | THERAFLU EXPRESSMAX SEVERE COLD & COUGH NIGHTTIME | | | | | | | |
| FEXOFENADINE-PSEUDOEPHEDRINE TABLET ER 12HR | WAL-FEX D ALLERGY & CONGESTION | | | | | | 30 | 30 |
| FEXOFENADINE-PSEUDOEPHEDRINE TABLET ER 24HR | WAL-FEX D 24 HOUR ALLERGY& CONGESTION | | | | | | 30 | 30 |
| GUAIFENESIN-CODEINE LIQUID | NINJACOF-XG | | | | | | | PA Required for < 18 years of age 240 12 |
| GUAIFENESIN-CODEINE SOLUTION | GUAIFENESIN/CODEINE | | | | | | | PA Required for < 18 years of age 240 12 |
| GUAIFENESIN-CODEINE SYRUP | GUAIFENESIN AC | | | | | | | PA Required for < 18 years of age 240 12 |
| LORATADINE & PSEUDOEPHEDRINE TABLET ER 12HR | WAL-ITIN D | | | | | | 30 | 30 |
| LORATADINE & PSEUDOEPHEDRINE TABLET ER 24HR | WAL-ITIN D 24 HOUR | | | | | | 30 | 30 |
| PHENYLEPHRINE W/ DM-GG LIQUID | ROBITUSSIN CHILDRENS COUGH & COLD CF | | | | | | | |
| PHENYLEPHRINE W/ DM-GG SYRUP | DESPEC DM | | | | | | | |
| PHENYLEPHRINE W/ DM-GG TABLET | MUCINEX FAST-MAX SEVERE CONGESTION & COUGH | | | | | | | |
| PHENYLEPHRINE-BROMPHENIRAMINE W/ CODEINE LIQUID | M-END PE | | | | | | | PA Required for < 18 years of age 240 12 |
| PHENYLEPHRINE-BROMPHENIRAMINE-DM ELIXIR | WAL-TAP DM COLD/COUGH | | | | | | 480 | 30 |
| PHENYLEPHRINE-BROMPHENIRAMINE-DM LIQUID | DIMAPHEN DM COLD & COUGH | | | | | | 480 | 30 |
| PHENYLEPHRINE-BROMPHENIRAMINE-DM SYRUP | LOHIST-DM | | | | | | 480 | 30 |
| PHENYLEPHRINE-CHLORPHEN-DM LIQUID | GENCONTUSS | | | | | | | PA Required |

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| PHENYLEPHRINE-CHLORPHEN-DM SOLUTION | FATHER JOHNS MEDICINE PLUS | | | PA Required | | | | |
| PHENYLEPHRINE-CHLORPHEN-DM TABLET | MAXICHLOR PEH DM | | | PA Required | | | | |
| PHENYLEPHRINE-GUAIFENESIN LIQUID | TRIAMINIC CHEST/NASAL CONGESTION | | | | | | | |
| PHENYLEPHRINE-GUAIFENESIN TABLET | GILPHEX TR | | | | | | | |
| PROMETHAZINE & PHENYLEPHRINE SYRUP | PROMETHAZINE/PHENYLEPHRINE | | | | | | | |
| PROMETHAZINE W/CODEINE SOLUTION | PROMETHAZINE/CODEINE | | | PA Required for < 18 years of age | 240 | 12 | | |
| PROMETHAZINE W/CODEINE SYRUP | PROMETHAZINE/CODEINE | | | PA Required for < 18 years of age | 240 | 12 | | |
| PROMETHAZINE-DM SYRUP | PROMETHAZINE HYDROCHLORIDE/DEXTROMETHORP HAN HYDROBROMIDE | | | PA Required for < 18 years of age | | | | |
| PSEUDOEPHEDRINE W/ CODEINE-GG SOLUTION | VIRTUSSIN DAC | | | PA Required for < 18 years of age | | | | |
| PSEUDOEPHEDRINE W/ CODEINE-GG SYRUP | TUSNEL C | | | PA Required for < 18 years of age | 240 | 12 | | |
| PSEUDOEPHEDRINE-BROMPHENIRAMINE-CODEINE LIQUID | RYDEX | | | PA Required for < 18 years of age | 240 | 12 | | |
| PSEUDOEPHEDRINE-GUAIFENESIN LIQUID | TUSNEL PEDIATRIC | | | | | | | |
| PSEUDOEPHEDRINE-GUAIFENESIN SYRUP | ALTARUSSIN-PE | | | | | | | |
| PSEUDOEPHEDRINE-GUAIFENESIN TABLET | POLY-VENT IR | | | | | | | |
| PSEUDOEPHEDRINE-GUAIFENESIN TABLET ER 12HR | MUCINEX D | | | | | | | |
| EXPECTORANTS** | | | | | | | | |
| GUAIFENESIN LIQUID | HERBAL EXPEC | | | | | | | |
| GUAIFENESIN PACKET | MUCINEX FOR KIDS | | | | | | | |
| GUAIFENESIN SYRUP | SM TUSSIN | | | | | | | |
| GUAIFENESIN TABLET | XPECT | | | | | | | |
| GUAIFENESIN TABLET ER 12HR | EQ MUCUS ER | | | | | | | |
| MISC. RESPIRATORY INHALANTS** | | | | | | | | |
| SODIUM CHLORIDE (INHALANT) NEBULIZATION SOLUTION | NEBUSAL | | | | | | | |
| DERMATOLOGICALS* | | | | | | | | |
| ACNE PRODUCTS** | | | | | | | | |
| ADAPALENE PAD | ADAPALENE | | | | | | | |
| BENZOYL PEROXIDE GEL | MEDPURA BENZOYL PEROXIDE | | | | | | | |
| BENZOYL PEROXIDE LIQUID | VARIOUS | | | | | | | |
| BENZOYL PEROXIDE LOTION | ACNE MEDICATION 5 | | | | | | | |
| CLINDAMYCIN PHOSPHATE (TOPICAL) GEL | CLINDAGEL | | | | | | | |
| CLINDAMYCIN PHOSPHATE (TOPICAL) LOTION | CLEOCIN-T | | | | | | | |
| CLINDAMYCIN PHOSPHATE (TOPICAL) SOLUTION | CLINDAMYCIN PHOSPHATE | | | | | | | |
| CLINDAMYCIN PHOSPHATE (TOPICAL) SWAB | CLINDACIN-P | | | | | | | |
| CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE (REFRIGERATE) GEL | NEUAC | | | | | | | |
| ERYTHROMYCIN (ACNE AID) GEL | ERYTHROMYCIN | | | | | | | |
| ERYTHROMYCIN (ACNE AID) SOLUTION | ERYTHROMYCIN | | | | | | | |
| ISOTRETINOIN CAPSULE | AMNESTEEM | | | PA Required | | | | |
| TRETINOIN CREAM | RETIN-A | Brand Only | | PA Required For > 26 Years of Age | | | | |
| TRETINOIN GEL | RETIN-A | Brand Only | | PA Required For > 26 Years of Age | | | | |
| ANTIBIOTICS - TOPICAL** | | | | | | | | |
| BACITRACIN (TOPICAL) OINTMENT | BACITRAYCIN PLUS | | | | | | | |
| BACITRACIN ZINC OINTMENT | BACITRACIN ZINC | | | | | | | |
| BACITRACIN-POLYMYXIN B OINTMENT | NEOSPORIN | | | | | | | |
| GENTAMICIN SULFATE (TOPICAL) CREAM | GENTAMICIN SULFATE | | | | | | | |
| GENTAMICIN SULFATE (TOPICAL) OINTMENT | GENTAMICIN SULFATE | | | | | | | |
| MUPIROCIN CALCIUM (TOPICAL) CREAM | MUPIROCIN | | | | | | | |
| MUPIROCIN OINTMENT | CENTANY | | | | | | | |
| NEOMYCIN-BACITRACIN-POLYMYXIN OINTMENT | LANABIOTIC | | | | | | | |
| ANTIFUNGALS - TOPICAL** | | | | | | | | |
| BUTENAFINE HCL CREAM | MENTAX | | | | | | | |
| CICLOPIROX OLAMINE CREAM | LOPROX | | | | | | | |
| CICLOPIROX SOLUTION | CICLODAN | | | | | | | |
| CLOTRIMAZOLE (TOPICAL) CREAM | DESENEK | | | | | | | |

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| CLOTRIMAZOLE (TOPICAL) SOLUTION | CLOTRIMAZOLE (RX Only) | | | | | | |
| CLOTRIMAZOLE W/ BETAMETHASONE CREAM | CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE | | | | | | |
| KETOCONAZOLE (TOPICAL) CREAM | KETOCONAZOLE | | | | | | |
| KETOCONAZOLE (TOPICAL) SHAMPOO | NIZORAL A-D | | | | | | |
| MICONAZOLE NITRATE (TOPICAL) CREAM | CAVILON | | | | | | |
| MICONAZOLE NITRATE (TOPICAL) POWDER | DESENEX | | | | | | |
| NYSTATIN (TOPICAL) CREAM | NYSTATIN | | | | | | |
| NYSTATIN (TOPICAL) OINTMENT | NYSTATIN | | | | | | |
| NYSTATIN (TOPICAL) POWDER | NYSTOP | | | | | | |
| TERBINAFFINE HCL (TOPICAL) CREAM | LAMISIL AT | | | | | | |
| TOLNAFTATE AEROSOL POWDER | ODOR EATERS FOOT & SNEAKER SPRAY | | | | | | |
| TOLNAFTATE CREAM | TING | | | | | | |
| TOLNAFTATE POWDER | ODOR EATERS ANTIFUNGAL | | | | | | |
| ANTIHISTAMINES-TOPICAL** | | | | | | | |
| DIPHENHYDRAMINE HCL (TOPICAL) CREAM | SM ALLERGY MAXIMUM STRENGTH | | | | | | |
| DIPHENHYDRAMINE HCL (TOPICAL) GEL | BENADRYL ITCH STOPPING | | | | | | |
| DIPHENHYDRAMINE HCL (TOPICAL) SOLUTION | THE ITCH ERASER | | | | | | |
| ANTI-INFLAMMATORY AGENTS - TOPICAL** | | | | | | | |
| DICLOFENAC SODIUM (TOPICAL) GEL | MOTRIN ARTHRITIS PAIN | | | | | 100 GM | 300 |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL** | | | | | | | |
| BEXAROTENE (TOPICAL) GEL | TARGETIN | | | | | | |
| FLUOROURACIL (TOPICAL) CREAM | CARAC | | | | | | |
| FLUOROURACIL (TOPICAL) SOLUTION | FLUOROURACIL | | | | | | |
| ANTIPSORIATICS** | | | | | | | |
| ACITRETIN CAPSULE | SORIATANE | | | | | | |
| ANTHRALIN CREAM | DRITHO-CREME HP | | | | | | |
| CALCIPOTRIENE CREAM | DOVONEX | | | | | | |
| CALCIPOTRIENE FOAM | SORILUX | | | | | | |
| CALCIPOTRIENE OINTMENT | CALCITRENE | | | | | | |
| CALCIPOTRIENE SOLUTION | CALCIPOTRIENE | | | | | | |
| METHOXSALEN RAPID CAPSULE | OXSORALEN ULTRA | | | | | | |
| ANTISEBORRHEIC PRODUCTS** | | | | | | | |
| SELENIUM SULFIDE LOTION | SELSUN BLUE | | | | | | |
| SELENIUM SULFIDE SHAMPOO | SELRX | | | | | | |
| ANTIVIRALS - TOPICAL** | | | | | | | |
| ACYCLOVIR TOPICAL CREAM | ZOVIRAX | Brand Only | | | | 15 GM | 30 |
| ACYCLOVIR TOPICAL OINTMENT | ZOVIRAX | Brand Only | | | | 15 GM | 30 |
| DOCOSANOL CREAM | ABREVA | | | | | 2 GM | 30 |
| BURN PRODUCTS** | | | | | | | |
| SILVER SULFADIAZINE CREAM | SSD | | | | | | |
| CORTICOSTEROIDS - TOPICAL** | | | | | | | |
| BETAMETHASONE DIPROPIONATE (TOPICAL) CREAM | BETAMETHASONE DIPROPIONATE | | | | | | |
| BETAMETHASONE DIPROPIONATE (TOPICAL) LOTION | BETAMETHASONE DIPROPIONATE | | | | | | |
| BETAMETHASONE DIPROPIONATE (TOPICAL) OINTMENT | BETAMETHASONE DIPROPIONATE | | | | | | |
| BETAMETHASONE DIPROPIONATE AUGMENTED CREAM | DIPROLENE AF | | | | | | |
| BETAMETHASONE VALERATE CREAM | BETAMETHASONE VALERATE | | | | | | |
| BETAMETHASONE VALERATE LOTION | BETAMETHASONE VALERATE | | | | | | |
| BETAMETHASONE VALERATE OINTMENT | BETAMETHASONE VALERATE | | | | | | |
| CLOBETASOL PROPIONATE CREAM | IMPOYZ | | | | | 100 | 30 |
| CLOBETASOL PROPIONATE EMOLLIENT BASE CREAM | CLOBETASOL PROPIONATE EMOLLIENT | | | | | 100 | 30 |
| CLOBETASOL PROPIONATE GEL | CLOBETASOL PROPIONATE | | | | | 118 | 30 |
| CLOBETASOL PROPIONATE OINTMENT | TEMOVATE | | | | | 100 | 30 |

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| CLOBETASOL PROPIONATE SHAMPOO | CLODAN | | | | | 118 | 30 | |
| CLOBETASOL PROPIONATE SOLUTION | CLOBETASOL PROPIONATE | | | | | 100 | 30 | |
| FLUOCINOLONE ACETONIDE OIL | DERMA-SMOOTH/FS BODY | Brand Only | | | | | | |
| FLUOCINOLONE ACETONIDE SOLUTION | SYNALAR | | | | | | | |
| FLUOCINONIDE CREAM | VANOS | | | | | | | |
| FLUOCINONIDE OINTMENT | FLUOCINONIDE | | | | | 60 GM | 30 | |
| FLUOCINONIDE SOLUTION | FLUOCINONIDE | | | | | | | |
| FLUTICASONE PROPIONATE CREAM | FLUTICASONE PROPIONATE | | | | | | | |
| FLUTICASONE PROPIONATE OINTMENT | FLUTICASONE PROPIONATE | | | | | | | |
| HALOBETASOL PROPIONATE CREAM | HALOBETASOL PROPIONATE | | | | | 100 | 30 | |
| HALOBETASOL PROPIONATE OINTMENT | HALOBETASOL PROPIONATE | | | | | 100 | 30 | |
| HYDROCORTISONE (TOPICAL) CREAM | CORTAID MAXIMUM STRENGTH | | | | | | | |
| HYDROCORTISONE (TOPICAL) GEL | MG217 PSORIASIS ANTI-ITCH | | | | | | | |
| HYDROCORTISONE (TOPICAL) KIT | ADVANCED ALLERGY COLLECTION KIT | | | | | | | |
| HYDROCORTISONE (TOPICAL) LOTION | AQUANIL HC | | | | | | | |
| HYDROCORTISONE (TOPICAL) OINTMENT | CORTIZONE-10 | | | | | | | |
| HYDROCORTISONE ACETATE (TOPICAL) CREAM | LANACORT 10 | | | | | | | |
| HYDROCORTISONE ACETATE (TOPICAL) OINTMENT | HYDROCORTISONE | | | | | | | |
| HYDROCORTISONE-ALOE VERA CREAM | HYDROCORTISONE/ALOE | | | | | | | |
| MOMETASONE FUROATE CREAM | MOMETASONE FUROATE | | | | | | | |
| MOMETASONE FUROATE OINTMENT | MOMETASONE FUROATE | | | | | | | |
| MOMETASONE FUROATE SOLUTION | MOMETASONE FUROATE | | | | | | | |
| TRIAMCINOLONE ACETONIDE (TOPICAL) CREAM | TRIDERM | | | | | | | |
| TRIAMCINOLONE ACETONIDE (TOPICAL) LOTION | TRIAMCINOLONE ACETONIDE | | | | | | | |
| TRIAMCINOLONE ACETONIDE (TOPICAL) OINTMENT | TRITOCIN | | | | | | | |
| ECZEMA AGENTS** | | | | | | | | |
| RUXOLITINIB PHOSPHATE (TOPICAL) CREAM | OPZELURA | | | | PA Required For Atopic Dermatitis Not Covered for Vitiligo | | | |
| TRALOKINUMAB-LDRM SOLN AUTO-INJ | ADBRY | | | | PA Required | | | X |
| TRALOKINUMAB-LDRM SOLN PREF SYR | ADBRY | | | | PA Required | | | X |
| EMOLLIENTS** | | | | | | | | |
| EMOLLIENT OINTMENT | HYDROLATUM | | | | | | | |
| LACTIC ACID (AMMONIUM LACTATE) CREAM | AMMONIUM LACTATE | | | | | | | |
| LACTIC ACID (AMMONIUM LACTATE) LOTION | LAC-HYDRIN FIVE | | | | | | | |
| VITAMINS A & D (TOPICAL) OINTMENT | A+D PREVENT | | | | | | | |
| IMMUNOSUPPRESSIVE AGENTS - TOPICAL** | | | | | | | | |
| PIMECROLIMUS CREAM | ELIDEL | | | | PA Required | 60 GM | 30 | |
| TACROLIMUS (TOPICAL) OINTMENT | PROTOPIC | | | | PA Required | | | |
| KERATOLYTIC/ANTIMITOTIC AGENTS** | | | | | | | | |
| SALICYLIC ACID CREAM | CERAVE PSORIASIS | | | | | | | |
| SALICYLIC ACID GEL | CLEAN & CLEAR ADVANTAGE ACNE SPOT TREATMENT | | | | | | | |
| SALICYLIC ACID KIT | KERALYT SCALP | | | | | | | |
| SALICYLIC ACID LIQUID | AMBI EVEN & CLEAR FOAMINGCLEANSER | | | | | | | |
| SALICYLIC ACID LOTION | CLEAN & CLEAR ADVANTAGE ACNE CONTROL MOISTURIZER | | | | | | | |
| SALICYLIC ACID SHAMPOO | P & S | | | | | | | |
| SALICYLIC ACID SOLUTION | DUOFILM | | | | | | | |
| LOCAL ANESTHETICS - TOPICAL** | | | | | | | | |
| CAPSAICIN CREAM | ZOSTRIX NATURAL PAIN RELIEF | | | | | | | |
| LIDOCAINE HCL AEROSOL SOLUTION | BURN RELIEF | | | | | | | |
| LIDOCAINE HCL CREAM | ASPERCREME W/LIDOCAINE | | | | | 267 GM | 30 | |
| LIDOCAINE HCL LOTION | LIDO-SORB | | | | PA Required (3% Only) | | | |
| LIDOCAINE HCL OINTMENT | ASPERFLEX LIDOCAINE | | | | | | | |
| LIDOCAINE HCL SOLUTION | MEDI-FIRST BURN SPRAY | | | | | | | |

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| LIDOCAINE PATCH | ZTLIDO | | | PA Required (1.8% & 3.5% Only) | | 60 | 30 | |
| LIDOCAINE-PRILOCAINE CREAM | LIDOCAINE/PRILOCAINE | | | | | 30 GM | 30 | |
| MISC. TOPICAL** | | | | | | | | |
| ALUMINUM CHLORIDE SOLUTION | DRYSOL | | | | | | | |
| EYELID CLEANSERS FOAM | OCUSOFT | | | | | | | |
| EYELID CLEANSERS PAD | OCUSOFT | | | | | | | |
| ZINC OXIDE (TOPICAL) OINTMENT | BOUDREAUXS | | | | | | | |
| ZINC OXIDE (TOPICAL) PASTE | AQUAPHOR BABY DIAPER RASH PASTE | | | | | | | |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL** | | | | | | | | |
| CRISABOROLE OINTMENT | EUCRISA | | | PA Required | | | | |
| ROSACEA AGENTS** | | | | | | | | |
| METRONIDAZOLE (TOPICAL) CREAM | ROSADAN | | | | | | | |
| METRONIDAZOLE (TOPICAL) GEL | ROSADAN | | | | | | | |
| METRONIDAZOLE (TOPICAL) LOTION | METROLOTION | | | | | | | |
| SCABICIDES & PEDICULICIDES** | | | | | | | | |
| CROTAMITON LOTION | CROTAN | | | | | | | |
| IVERMECTIN (PEDICULICIDE) LOTION | IVERMECTIN | | | PA Required | | | | |
| MALATHION LOTION | OVIDE | | | | | | | |
| PERMETHRIN CREAM | ELIMITE | | | | | | | |
| PERMETHRIN LIQUID | NIX LICE KILLING SPRAY | | | | | | | |
| PERMETHRIN LOTION | SM LICE TREATMENT | | | | | | | |
| PYRETHRINS-PIPERONYL BUTOXIDE GEL | LICEMD | | | | | | | |
| PYRETHRINS-PIPERONYL BUTOXIDE KIT | LICEMD COMPLETE KIT | | | | | | | |
| PYRETHRINS-PIPERONYL BUTOXIDE LIQUID | RID | | | | | | | |
| PYRETHRINS-PIPERONYL BUTOXIDE SHAMPOO | RID LICE KILLING SHAMPOO | | | | | | | |
| SPINOSAD SUSPENSION | NATROBA | | | PA Required | | | | |
| WOUND CARE PRODUCTS** | | | | | | | | |
| BECAPLERMIN GEL | REGRANEX | | | PA Required | | | | |
| DIAGNOSTIC PRODUCTS* | | | | | | | | |
| DIAGNOSTIC TESTS** | | | | | | | | |
| COVID-19 AT HOME TEST KIT | INTELISWAB COVID-19 RAPID TEST | | | | | 2 | 30 | |
| GLUCOSE BLOOD STRIP | ACCU-CHEK AVIVA, ACCU-CHEK GUIDE, TRUE METRIX, TRUETRACK | | | | | 200 | 30 | |
| DIGESTIVE AIDS* | | | | | | | | |
| DIGESTIVE ENZYMES** | | | | | | | | |
| PANCRELIPASE (LIPASE-PROTEASE-AMYLASE) CAPSULE DR PART | CREON/ZENPEP | Brand Only | Preferred Drug | | | 900 | 90 | X |
| SACROSIDASE SOLUTION | SUCRAID | | | PA Required | | | | X |
| DIURETICS* | | | | | | | | |
| CARBONIC ANHYDRASE INHIBITORS** | | | | | | | | |
| ACETAZOLAMIDE CAPSULE ER 12 HR | ACETAZOLAMIDE ER | | | | | | | X |
| ACETAZOLAMIDE TABLET | ACETAZOLAMIDE | | | | | | | X |
| METHAZOLAMIDE TABLET | METHAZOLAMIDE | | | | | | | X |
| DIURETIC COMBINATIONS** | | | | | | | | |
| SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TABLET | ALDACTAZIDE | | | | | | | X |
| TRIAMTERENE & HYDROCHLOROTHIAZIDE CAPSULE | TRIAMTERENE/HYDROCHLOROTHIAZIDE | | | | | | | X |
| TRIAMTERENE & HYDROCHLOROTHIAZIDE TABLET | MAXZIDE-25 | | | | | | | X |
| LOOP DIURETICS** | | | | | | | | |
| BUMETANIDE TABLET | BUMEX | | | | | | | X |
| FUROSEMIDE SOLUTION | FUROSEMIDE | | | | | | | |
| FUROSEMIDE TABLET | LASIX | | | | | | | X |
| TORSEMIDE TABLET | SOAANZ | | | | | | | X |
| POTASSIUM SPARING DIURETICS** | | | | | | | | |
| AMILORIDE HCL TABLET | AMILORIDE HCL | | | | | | | X |
| SPIRONOLACTONE TABLET | ALDACTONE | | | | | | | X |

| | | | | | | | | | |
|--|----------------------------|------------|--|--|-------------|----|----|--|---|
| TRIAMTERENE CAPSULE | DYRENIUM | | | | | | | | X |
| THIAZIDES AND THIAZIDE-LIKE DIURETICS** | | | | | | | | | |
| CHLOROTHIAZIDE SUSPENSION | DIURIL | | | | | | | | X |
| CHLORTHALIDONE TABLET | THALITONE | | | | | | | | X |
| HYDROCHLOROTHIAZIDE CAPSULE (12.5MG) | HYDROCHLOROTHIAZIDE | | | | | | | | |
| HYDROCHLOROTHIAZIDE TABLET (25MG, 50MG) | HYDROCHLOROTHIAZIDE | | | | | | | | |
| INDAPAMIDE TABLET | INDAPAMIDE | | | | | | | | X |
| METOLAZONE TABLET | METOLAZONE | | | | | | | | X |
| ENDOCRINE AND METABOLIC AGENTS - MISC.* | | | | | | | | | |
| BONE DENSITY REGULATORS** | | | | | | | | | |
| ALENDRONATE SODIUM SOLUTION | ALENDRONATE SODIUM | | | | PA Required | | | | X |
| ALENDRONATE SODIUM TABLET (5MG, 10MG) | FOSAMAX | | | | | 30 | 30 | | |
| ALENDRONATE SODIUM TABLET (35MG, 70MG) | FOSAMAX | | | | | 4 | 30 | | |
| CALCITONIN (SALMON) SOLUTION | MIACALCIN | | | | | | | | |
| DENOSUMAB SOLN PREF SYR | PROLIA | | | | PA Required | | | | |
| IBANDRONATE SODIUM TABLET | BONIVA | | | | | | | | X |
| TERIPARATIDE (RECOMBINANT) SOLN PEN-INJ | FORTEO | Brand Only | | | PA Required | | | | X |
| GROWTH HORMONE RECEPTOR ANTAGONISTS** | | | | | | | | | |
| PEGVISOMANT SOLUTION RECONSTITUTED | SOMAVERT | | | | PA Required | | | | X |
| GROWTH HORMONES** | | | | | | | | | |
| SOMATROPIN PREFILLED SYR | GENOTROPIN MINIQUICK | Brand Only | | | PA Required | | | | X |
| SOMATROPIN SOLN PEN-INJ | NORDITROPIN FLEXPRO | | | | PA Required | | | | X |
| HORMONE RECEPTOR MODULATORS** | | | | | | | | | |
| RALOXIFENE HCL TABLET | EVISTA | | | | | 90 | 90 | | X |
| INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)** | | | | | | | | | |
| MECASERMIN SOLUTION | INCRELEX | | | | PA Required | | | | X |
| LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS** | | | | | | | | | |
| LEUPROLIDE ACETATE (CPP) (3 MONTH) KIT | LUPRON DEPOT-PED (3-MONTH) | | | | PA Required | | | | |
| LEUPROLIDE ACETATE (CPP) (6 MONTH) KIT | FENSOLVI | | | | PA Required | | | | |
| LEUPROLIDE ACETATE (CPP) KIT | LUPRON DEPOT-PED (1-MONTH) | | | | PA Required | | | | |
| NAFARELIN ACETATE SOLUTION | SYNAREL | | | | PA Required | | | | |
| METABOLIC MODIFIERS** | | | | | | | | | |
| CALCITRIOL CAPSULE | ROCALTROL | | | | | | | | X |
| CALCITRIOL SOLUTION | ROCALTROL | | | | | | | | |
| CINACALCET HCL TABLET | SENSIPAR | | | | | | | | X |
| IDURSULFASE SOLUTION | ELAPRASE | | | | PA Required | | | | |
| LEVOCARNITINE (METABOLIC MODIFIERS) SOLUTION | CARNITOR | | | | | | | | X |
| LEVOCARNITINE (METABOLIC MODIFIERS) TABLET | CARNITOR | | | | | | | | X |
| SODIUM PHENYLBUTYRATE TABLET | BUPHENYL | | | | PA Required | | | | X |
| SODIUM PHENYLBUTYRATE POWDER | BUPHENYL | | | | PA Required | | | | X |
| MINERALOCORTICOID RECEPTOR ANTAGONISTS** | | | | | | | | | |
| FINERENONE TABLET | KERENDIA | | | | PA Required | | | | X |
| POSTERIOR PITUITARY HORMONES** | | | | | | | | | |
| DESMOPRESSIN ACETATE SPRAY REFRIGERATED SOLUTION | DDAVP | | | | | | | | X |
| DESMOPRESSIN ACETATE SOLUTION | STIMATE | | | | | | | | X |
| DESMOPRESSIN ACETATE SPRAY REFRIGERATED SOLUTION | DESMOPRESSIN ACETATE | | | | | | | | X |
| DESMOPRESSIN ACETATE SPRAY SOLUTION | DESMOPRESSIN ACETATE | | | | | | | | X |
| DESMOPRESSIN ACETATE TABLET | DDAVP | | | | | | | | X |
| PROLACTIN INHIBITORS** | | | | | | | | | |
| CABERGOLINE TABLET | CABERGOLINE | | | | PA Required | | | | |
| SOMATOSTATIC AGENTS** | | | | | | | | | |
| LANREOTIDE ACETATE SOLUTION | SOMATULINE DEPOT | | | | PA Required | | | | |
| OCTREOTIDE ACETATE KIT | SANDOSTATIN LAR DEPOT | | | | PA Required | | | | |
| OCTREOTIDE ACETATE SOLUTION | SANDOSTATIN | | | | PA Required | | | | X |
| OCTREOTIDE ACETATE SOLN PREF SYR | OCTREOTIDE ACETATE | | | | PA Required | | | | X |
| ESTROGENS* | | | | | | | | | |
| ESTROGEN COMBINATIONS** | | | | | | | | | |

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|---|---|------------|--|--|-------------|-----|----|---|
| CONJUGATED ESTROGENS-MEDROXYPROGESTERONE ACETATE TABLET | PREMPRO | | | | | | | X |
| ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TABLET | COVARYX HS | | | | | | | X |
| ESTRADIOL & NORETHINDRONE ACETATE PATCH TWICE WEEKLY | COMBIPATCH | | | | | | | X |
| ESTRADIOL & NORETHINDRONE ACETATE TABLET | AMABELZ | | | | | | | X |
| ESTRADIOL-LEVONORGESTREL PATCH WEEKLY | CLIMARA PRO | | | | | | | X |
| NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TABLET | FYAVOLV | | | | | | | X |
| ESTROGENS** | | | | | | | | |
| ESTERIFIED ESTROGENS TABLET | MENEST | | | | | | | X |
| ESTRADIOL PATCH TWICE WEEKLY | ALORA | | | | | | | X |
| ESTRADIOL PATCH WEEKLY | MENOSTAR | | | | | | | X |
| ESTRADIOL TABLET | ESTRACE | | | | | | | X |
| ESTROGENS, CONJUGATED TABLET | PREMARIN | | | | | | | X |
| FLUROQUINOLONES* | | | | | | | | |
| FLUROQUINOLONES** | | | | | | | | |
| CIPROFLOXACIN HCL TABLET | CIPRO | | | | | | | |
| CIPROFLOXACIN IN D5W SOLUTION | CIPROFLOXACIN I.V.-IN D5W | | | | | | | |
| DELAFLOXACIN MEGLUMINE SOLUTION RECONSTITUTED | BAXDELA | | | | | | | |
| LEVOFLOXACIN IN D5W SOLUTION | LEVOFLOXACIN IN D5W | | | | | | | |
| LEVOFLOXACIN SOLUTION | LEVOFLOXACIN | | | | | | | |
| LEVOFLOXACIN TABLET | LEVOFLOXACIN | | | | | | | |
| MOXIFLOXACIN HCL IN SODIUM CHLORIDE SOLUTION | MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE | | | | | | | |
| MOXIFLOXACIN HCL SOLUTION | MOXIFLOXACIN HYDROCHLORIDE | | | | | | | |
| OFLOXACIN TABLET | OFLOXACIN | | | | | | | |
| GASTROINTESTINAL AGENTS - MISC.* | | | | | | | | |
| ANTIFLATULENTS** | | | | | | | | |
| SIMETHICONE SUSPENSION | LITTLE REMEDIES GAS RELIEF | | | | | | | |
| GALLSTONE SOLUBILIZING AGENTS** | | | | | | | | |
| URSODIOL CAPSULE | RELTONE | | | | | | | X |
| URSODIOL TABLET | URSO 250 | | | | | | | X |
| GASTROINTESTINAL ANTIALLERGY AGENTS** | | | | | | | | |
| CROMOLYN SODIUM (MASTOCYTOSIS) CONCENTRATE | GASTROCROM | | | | | | | X |
| GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS** | | | | | | | | |
| LUBIPROSTONE CAPSULE | AMITIZA | | | | PA Required | | | X |
| GASTROINTESTINAL STIMULANTS** | | | | | | | | |
| METOCLOPRAMIDE HCL SOLUTION | GIMOTI | | | | | | | |
| METOCLOPRAMIDE HCL TABLET | REGLAN | | | | | | | |
| METOCLOPRAMIDE HCL TABLET DISINTEGRATING | METOCLOPRAMIDE ODT | | | | | | | |
| INFLAMMATORY BOWEL AGENTS** | | | | | | | | |
| INFLIXIMAB SOLUTION RECONSTITUTED | REMICADE (AG) | | | | PA Required | | | |
| MESALAMINE CAPSULE ER 24 HR | APRISO | Brand Only | | | | 360 | 90 | X |
| MESALAMINE CAPSULE ER | PENTASA | Brand Only | | | | 810 | 90 | X |
| MESALAMINE CAPSULE DELAYED RELEASE | DELZICOL | Brand Only | | | | 540 | 90 | X |
| MESALAMINE ENEMA | SFROWASA | Brand Only | | | | 30 | 30 | |
| MESALAMINE SUPPOSITORY | CANASA | Brand Only | | | | 30 | 30 | |
| MESALAMINE TABLET ENTERIC COATED (800 MG) | VARIOUS | | | | | 180 | 30 | |
| MESALAMINE TABLET ENTERIC COATED (1.2 GM) | LIALDA | | | | | 120 | 30 | |
| SULFASALAZINE TABLET | AZULFIDINE | | | | | 720 | 90 | X |
| SULFASALAZINE TABLET ENTERIC COATED | AZULFIDINE EN-TABS | | | | | 720 | 90 | X |
| INTESTINAL ACIDIFIERS** | | | | | | | | |
| LACTULOSE (ENCEPHALOPATHY) SOLUTION | LACTULOSE | | | | | | | X |
| IRRITABLE BOWEL SYNDROME (IBS) AGENTS** | | | | | | | | |
| ALOSETRON HCL TABLET | LOTRONEX | | | | PA Required | | | X |
| LINACLOTIDE CAPSULE | LINZESS | | | | PA Required | | | X |
| PHOSPHATE BINDER AGENTS** | | | | | | | | |

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|--|-------------------------------|---------|----------------|-------------|--|----|----|---|
| CALCIUM ACETATE (PHOSPHATE BINDER) CAPSULE | CALCIUM ACETATE | | Preferred Drug | | | | | X |
| CALCIUM ACETATE (PHOSPHATE BINDER) TABLET | CALPHRON | | Preferred Drug | | | | | X |
| SEVELAMER CARBONATE TABLET | REVELA | VARIOUS | Preferred Drug | | | | | X |
| GENITOURINARY AGENTS - MISCELLANEOUS* | | | | | | | | |
| ACIDIFIERS** | | | | | | | | |
| POTASSIUM & SODIUM ACID PHOSPHATES TABLET | K-PHOS NO 2 | | | | | | | |
| ALKALINIZERS** | | | | | | | | |
| POT & SOD CITRATES W/CITRIC AC SOLUTION | TRICITRATES | | | | | | | |
| POTASSIUM CITRATE (ALKALINIZER) TABLET ER | UROCIT-K 5 | | | | | | | |
| POTASSIUM CITRATE-CITRIC ACID PACKET | CYTRA K CRYSTALS | | | | | | | |
| POTASSIUM CITRATE-CITRIC ACID SOLUTION | POTASSIUM CITRATE/CITRIC ACID | | | | | | | |
| SODIUM CITRATE & CITRIC ACID SOLUTION | ORACIT | | | | | | | |
| INTERSTITIAL CYSTITIS AGENTS** | | | | | | | | |
| PENTOSAN POLYSULFATE SODIUM CAPSULE | ELMIRON | | | PA Required | | | | |
| PROSTATIC HYPERTROPHY AGENTS** | | | | | | | | |
| ALFUZOSIN HCL TABLET ER 24HR | UROXATRAL | | | | | | | X |
| DUTASTERIDE CAPSULE | AVODART | | | | | | | X |
| FINASTERIDE TABLET | PROSCAR | | | | | | | X |
| TAMSULOSIN HCL CAPSULE | FLOMAX | | | | | | | X |
| URINARY ANALGESICS** | | | | | | | | |
| PHENAZOPYRIDINE HCL TABLET | PHENAZO | | | | | | | |
| GOUT AGENTS* | | | | | | | | |
| GOUT AGENT COMBINATIONS** | | | | | | | | |
| COLCHICINE W/ PROBENECID TABLET | PROBENECID/COLCHICINE | | | | | | | X |
| GOUT AGENTS** | | | | | | | | |
| ALLOPURINOL TABLET (100MG, 300MG) | ZYLOPRIM | | | | | | | |
| COLCHICINE TABLET | COLCRYS | | | | | | | |
| FEBUXOSTAT TABLET | ULORIC | | | | | 90 | 90 | X |
| URICOSURICS** | | | | | | | | |
| PROBENECID TABLET | PROBENECID | | | | | | | X |
| HEMATOLOGICAL AGENTS - MISC.* | | | | | | | | |
| BRADYKININ B2 RECEPTOR ANTAGONISTS** | | | | | | | | |
| ICATIBANT ACETATE SOLN PREF SYR | FIRAZYR | | | PA Required | | | | |
| COMPLEMENT INHIBITORS** | | | | | | | | |
| C1 ESTERASE INHIBITOR (HUMAN) KIT | BERINERT | | | PA Required | | | | |
| C1 ESTERASE INHIBITOR (HUMAN) SOLUTION RECONSTITUTED | HAEGARDA | | | PA Required | | | | |
| HEMATORHEOLOGIC AGENTS** | | | | | | | | |
| PENTOXIFYLLINE TABLET ER | PENTOXIFYLLINE ER | | | | | | | X |
| PLASMA KALLIKREIN INHIBITORS** | | | | | | | | |
| ECALLANTIDE SOLUTION | KALBITOR | | | PA Required | | | | |
| PLATELET AGGREGATION INHIBITORS** | | | | | | | | |
| ANAGRELIDE HCL CAPSULE | AGRYLIN | | | | | | | X |
| CILOSTAZOL TABLET | CILOSTAZOL | | | | | | | X |
| CLOPIDOGREL BISULFATE TABLET | PLAVIX | | | | | | | X |
| DIPYRIDAMOLE TABLET | DIPYRIDAMOLE | | | | | | | X |
| TICAGRELOR TABLET | BRILINTA | | | | | | | X |
| THROMBOLYTIC ENZYMES** | | | | | | | | |
| ALTEPLASE SOLUTION RECONSTITUTED | CATHFLO ACTIVASE | | | | | 1 | 30 | |
| HEMATOPOIETIC AGENTS* | | | | | | | | |
| AGENTS FOR GAUCHER DISEASE** | | | | | | | | |
| ELIGLUSTAT TARTRATE CAPSULE | CERDELGA | | | PA Required | | | | X |
| IMIGLUCERASE SOLUTION RECONSTITUTED | CEREZYME | | | PA Required | | | | |
| MIGLUSTAT CAPSULE | ZAVESCA | | | PA Required | | | | X |
| TALIGLUCERASE ALFA SOLUTION RECONSTITUTED | ELELYSO | | | PA Required | | | | |
| VELAGLUCERASE ALFA SOLUTION RECONSTITUTED | VPRIV | | | PA Required | | | | |
| FOLIC ACID/FOLATES** | | | | | | | | |
| FOLIC ACID CAPSULE | FA-8 | | | | | | | X |

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|--|--------------------------|------------|----------------|--|--|-------|-------|---|
| FOLIC ACID TABLET | FOLIC ACID | | | | | | | |
| HEMATOPOIETIC GROWTH FACTORS** | | | | | | | | |
| ELTROMBOPAG OLAMINE TABLET | PROMACTA | Brand Only | Preferred Drug | PA Required | | | | X |
| EPOETIN ALFA SOLUTION | EPOGEN | Brand Only | Preferred Drug | PA Required | | | | |
| EPOETIN ALFA-EPBX SOLUTION | RETACRIT | Brand Only | Preferred Drug | PA Required | | | | |
| FILGRASTIM SOLUTION | NEUPOGEN | Brand Only | Preferred Drug | PA Required | | | | |
| FILGRASTIM SOLN PREF SYR | NEUPOGEN | Brand Only | Preferred Drug | PA Required | | | | |
| FILGRASTIM-AAFI SOLUTION | NIVESTYM | Brand Only | Preferred Drug | PA Required | | | | |
| FILGRASTIM-AAFI SOLN PREF SYR | NIVESTYM | Brand Only | Preferred Drug | PA Required | | | | |
| PEGFILGRASTIM-APGF SOLN PREF SYR | NYVEPRIA | Brand Only | Preferred Drug | PA Required | | | | |
| PEGFILGRASTIM-BMEZ SOLN PREF SYR | ZIEXTENZO | Brand Only | Preferred Drug | PA Required | | | | |
| PEGFILGRASTIM-CBQV SOLN AUTO-INJ | UDENYCA | Brand Only | Preferred Drug | PA Required | | | | |
| PEGFILGRASTIM-PBBK SOLN PREF SYR | FYLNETRA | Brand Only | Preferred Drug | PA Required | | | | |
| ROMIPLOSTIM SOLUTION RECONSTITUTED | NPLATE | Brand Only | Preferred Drug | PA Required | | | | |
| HEMATOPOIETIC MIXTURES** | | | | | | | | |
| FE FUMARATE-VITAMIN C-VITAMIN B12-FOLIC ACID CAPSULE | HEMATOGEN FA | | | | | | | |
| FERROUS FUMARATE W/ B12-VIT C-FA-IFC CAPSULE | TRICON | | | | | | | |
| FERROUS FUMARATE W/ FA-DSS-B COMPLEX-VIT C TABLET | NEPHRON FA | | | | | | | |
| FOLATE-VITAMIN B12-INTRINSIC FACTOR TABLET | INTRINSI B12/FOLATE | | | | | | | |
| IRON COMBINATIONS CAPSULE | HEMATOGEN | | | | | | | |
| IRON COMBINATIONS TABLET | NUFERA | | | | | | | |
| IRON** | | | | | | | | |
| FERROUS FUMARATE CAPSULE | HIGH POTENCY IRON | | | | | | | |
| FERROUS FUMARATE TABLET | FERROCITE | | | | | | | |
| FERROUS GLUCONATE TABLET | FERATE | | | | | | | |
| FERROUS SULFATE DRIED TABLET | FEOSOL | | | | | | | |
| FERROUS SULFATE DRIED TABLET ER | SM SLOW RELEASE IRON | | | | | | | |
| FERROUS SULFATE SOLUTION | BPROTECTED PEDIA IRON | | | | | | | |
| FERROUS SULFATE TABLET | FEROSUL | | | | | | | |
| FERROUS SULFATE TABLET ER | SLOW FE | | | | | | | |
| FERROUS SULFATE TABLET ENTERIC COATED | FERROUS SULFATE | | | | | | | |
| HEMOSTATICS* | | | | | | | | |
| HEMOSTATICS - SYSTEMIC** | | | | | | | | |
| AMINOCAPROIC ACID SOLUTION | AMICAR | | | | | | | |
| AMINOCAPROIC ACID TABLET | AMICAR | | | | | | | |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS* | | | | | | | | |
| ANTI-HISTAMINE HYPNOTICS** | | | | | | | | |
| DIPHENHYDRAMINE HCL (SLEEP) CAPSULE | WAL-SLEEP Z | | | | | | | |
| DIPHENHYDRAMINE HCL (SLEEP) LIQUID | WAL-SLEEP Z LIQUID SHOTS | | | | | | | |
| DIPHENHYDRAMINE HCL (SLEEP) TABLET | SIMPLY SLEEP | | | | | | | |
| DIPHENHYDRAMINE HCL (SLEEP) TABLET DISINTEGRATING | WAL-SLEEP Z | | | | | | | |
| DOXYLAMINE SUCCINATE (SLEEP) TABLET | UNISOM SLEEPTABS | | | | | | | |
| BARBITURATE HYPNOTICS** | | | | | | | | |
| PHENOBARBITAL ELIXIR | PHENOBARBITAL | | | | | | | X |
| PHENOBARBITAL TABLET | PHENOBARBITAL | | | | | | | X |
| NON-BARBITURATE HYPNOTICS** | | | | | | | | |
| ESZOPICLONE TABLET | LUNESTA | | PREFERRED DRUG | PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug | | 30 | 30 | |
| TEMAZEPAM CAPSULE (15MG, 30MG) | RESTORIL | | PREFERRED DRUG | PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug | | 30.00 | 30.00 | |
| ZOLPIDEM TARTRATE TABLET (5MG) | AMBIEN | | PREFERRED DRUG | PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug | | 60.00 | 30.00 | |
| ZOLPIDEM TARTRATE TABLET (10MG) | AMBIEN | | PREFERRED DRUG | PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug | | 30.00 | 30.00 | |
| ZOLPIDEM TARTRATE TABLET ER | AMBIEN CR | | PREFERRED DRUG | PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug | | 30.00 | 30.00 | |
| SELECTIVE MELATONIN RECEPTOR AGONISTS** | | | | | | | | |

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|---|-------------------------|------------|--|--|--|----|----|---|
| RAMELTEON TABLET | ROZEREM | Brand Only | | | Patient must have tried two preferred agents (Temazepam, Zolpidem and Eszopiclone) | 30 | 30 | |
| LAXATIVES* | | | | | | | | |
| BULK LAXATIVES** | | | | | | | | |
| FIBER CAPSULE | OPTIFIBER LEAN | | | | | | | |
| FIBER TABLET CHEWABLE | PEDIA-LAX FIBER GUMMIES | | | | | | | |
| FIBER POWDER | SOLFIBER | | | | | | | |
| FIBER TABLET | FIBER COMPLETE | | | | | | | |
| METHYLCELLULOSE (LAXATIVE) POWDER | SOLUBLE FIBER | | | | | | | |
| METHYLCELLULOSE (LAXATIVE) TABLET | CITRUCEL | | | | | | | |
| PSYLLIUM CAPSULE | METAMUCIL | | | | | | | |
| PSYLLIUM PACKET | METAMUCIL | | | | | | | |
| PSYLLIUM WAFER | METAMUCIL | | | | | | | |
| LAXATIVE COMBINATIONS** | | | | | | | | |
| PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE SOLUTION RECONSTITUTED | GAVILYTE-G | | | | | | | |
| PEG 3350-POTASSIUM CHLORIDE-SOD BICARBONATE-SOD CHLORIDE SOLUTION RECONSTITUTED | GAVILYTE-N/FLAVOR PACK | | | | | | | |
| SENNOSIDES-DOCUSATE SODIUM TABLET | COLACE 2-IN-1 | | | | | | | |
| LAXATIVES - MISCELLANEOUS** | | | | | | | | |
| GLYCERIN (LAXATIVE) SUPPOSITORY | PEDIA-LAX | | | | | | | |
| LACTULOSE SOLUTION | LACTULOSE | | | | | | | X |
| POLYETHYLENE GLYCOL 3350 PACKET | SMOOTH LAX | | | | | | | |
| POLYETHYLENE GLYCOL 3350 POWDER | GOODSENSE CLEARLAX | | | | | | | |
| SALINE LAXATIVES** | | | | | | | | |
| MAGNESIUM CITRATE SOLUTION | CITROMA | | | | | | | |
| MAGNESIUM OXIDE (LAXATIVE) TABLET | PHILLIPS | | | | | | | |
| SODIUM PHOSPHATES ENEMA | PURE & GENTLE ENEMA | | | | | | | |
| STIMULANT LAXATIVES** | | | | | | | | |
| BISACODYL ENEMA | FLEET BISACODYL | | | | | | | |
| BISACODYL POWDER | BISACODYL | | | | PA Required (Bulk Power Only) | | | |
| BISACODYL SUPPOSITORY | THE MAGIC BULLET | | | | | | | |
| BISACODYL TABLET ENTERIC COATED | EX-LAX ULTRA | | | | | | | |
| CASCARA SAGRADA CAPSULE | CASCARA SAGRADA | | | | | | | |
| CASCARA SAGRADA TABLET | CASCARA SAGRADA | | | | | | | |
| SENNA SYRUP | SENNA | | | | | | | |
| SENNOSIDES CAPSULE | SENNA | | | | | | | |
| SENNOSIDES LIQUID | LITTLE TUMMYS LAXATIVE | | | | | | | |
| SENNOSIDES SYRUP | ONELAX SENNA | | | | | | | |
| SENNOSIDES TABLET | EVAC-U-GEN | | | | | | | |
| SURFACTANT LAXATIVES** | | | | | | | | |
| DOCUSATE SODIUM CAPSULE | DULCOLAX STOOL SOFTENER | | | | | | | |
| DOCUSATE SODIUM ENEMA | ENEMEEZ | | | | PA Required | | | |
| DOCUSATE SODIUM LIQUID | PEDIA-LAX | | | | | | | |
| DOCUSATE SODIUM SYRUP | DOCUSATE SODIUM | | | | | | | |
| DOCUSATE SODIUM TABLET | DOK | | | | | | | |
| MACROLIDES* | | | | | | | | |
| AZITHROMYCIN** | | | | | | | | |
| AZITHROMYCIN PACKET | ZITHROMAX | | | | | | | |
| AZITHROMYCIN SOLUTION RECONSTITUTED | ZITHROMAX | | | | | | | |
| AZITHROMYCIN SUSPENSION RECONSTITUTED | ZITHROMAX | | | | | | | |
| AZITHROMYCIN TABLET | ZITHROMAX | | | | | | | |

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|---|---|--|--|--|--------------------|----|-----|--|
| CLARITHROMYCIN** | | | | | | | | |
| CLARITHROMYCIN SUSPENSION RECONSTITUTED | CLARITHROMYCIN | | | | | | | |
| CLARITHROMYCIN TABLET | CLARITHROMYCIN | | | | | | | |
| CLARITHROMYCIN TABLET ER 24HR | CLARITHROMYCIN ER | | | | | | | |
| ERYTHROMYCINS** | | | | | | | | |
| ERYTHROMYCIN LACTOBIONATE SOLUTION RECONSTITUTED | ERYTHROCIN LACTOBIONATE | | | | | | | |
| FIDAXOMICIN** | | | | | | | | |
| FIDAXOMICIN TABLET | DIFICID | | | | PA Required | | | |
| MEDICAL DEVICES AND SUPPLIES* | | | | | | | | |
| CONTRACEPTIVES** | | | | | | | | |
| CONDOMS - FEMALE MISCELLANEOUS | FC2 FEMALE CONDOM | | | | | 30 | 30 | |
| CONDOMS - MALE MISCELLANEOUS | CONDOMS | | | | | 30 | 30 | |
| CONDOMS LATEX LUBRICATED - MALE DEVICE | DUREX EXTRA SENSITIVE | | | | | 30 | 30 | |
| CONDOMS LATEX LUBRICATED - MALE MISCELLANEOUS | TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED | | | | | 30 | 30 | |
| CONDOMS LATEX NON-LUBRICATED - MALE MISCELLANEOUS | TRUSTEX/RIA NON-LUBRICATED | | | | | 30 | 30 | |
| DIAPHRAGM ARC-SPRING DIAPHRAGM | CAYA | | | | | 1 | 365 | |
| DIAPHRAGM WIDE SEAL DIAPHRAGM | WIDE-SEAL SILICONE DIAPHRAGM KIT 60 | | | | | 1 | 365 | |
| DIAPHRAGMS DIAPHRAGM | OMNIFLEX DIAPHRAGM | | | | | 1 | 365 | |
| DIABETIC SUPPLIES** | | | | | | | | |
| BLOOD GLUCOSE CALIBRATION LIQUID | ASSURE II CONTROL LEVEL 1 | | | | | | | |
| BLOOD GLUCOSE CALIBRATION SOLUTION | ASSURE DOSE NORMAL/HIGH CONTROL | | | | | | | |
| BLOOD GLUCOSE MONITORING SUPPLIES DEVICE | TRUE METRIX | | | | | | | |
| BLOOD GLUCOSE MONITORING SUPPLIES KIT | TRUETRACK SMART SYSTEM | | | | | | | |
| CONTINUOUS GLUCOSE SYSTEM RECEIVER DEVICE | FREESTYLE READER | | | | PA Required | 1 | 365 | |
| CONTINUOUS GLUCOSE SYSTEM SENSOR MISCELLANEOUS | FREESTYLE SENSOR | | | | PA Required | | | |
| LANCET DEVICES MISCELLANEOUS | MICROLET NEXT | | | | | | | |
| LANCETS MISCELLANEOUS | FINGERSTIX LANCETS | | | | | | | |
| LANCETS MISC. KIT | AUTOLET LITE STARTER PACK | | | | | | | |
| LANCETS MISC. MISCELLANEOUS | AUTOLET PLATFORMS | | | | | | | |
| MISC. DEVICES** | | | | | | | | |
| ALCOHOL SHEETS SHEET | ESSENTRA WIPES 9X9" CLEANROOM SUPPLIES/PRESATURATED | | | | | | | |
| ALCOHOL SWABS PAD | WEBCOL ALCOHOL PREP LARGE 1 PLY | | | | | | | |
| PARENTERAL THERAPY SUPPLIES** | | | | | | | | |
| INSULIN PEN NEEDLE MISCELLANEOUS | BD AUTOSHIELD 29G X 3/16" | | | | | | | |
| INSULIN SYRINGE/NEEDLE U-100 MISCELLANEOUS | BD INSULIN SYRINGE MICROFINE/U-100/0.3ML/28G X 1/2" | | | | | | | |
| INSULIN SYRINGES (DISPOSABLE) MISCELLANEOUS | MONOJECT INSULIN SYRINGE/1ML | | | | | | | |
| SYRINGE/NEEDLE (DISP) 1 ML MISCELLANEOUS | BD LUER LOCK SYRINGE/1ML/20G X 1" | | | | | | | |
| RESPIRATORY THERAPY SUPPLIES** | | | | | | | | |
| PEAK FLOW METER DEVICE | TRUZONE PEAK FLOW METER | | | | | | | |
| PEAK FLOW METER W/INHALER ASSIST DEVICE KIT | AEROGear ASTHMA ACTION | | | | | 2 | 365 | |
| RESPIRATORY THERAPY SUPPLIES DEVICE | AEROBIKA | | | | | 2 | 365 | |
| RESPIRATORY THERAPY SUPPLIES KIT | SIDESTREAM REUSABLE NEBULIZER/PEDIATRIC MASK/TUBING | | | | | | | |
| RESPIRATORY THERAPY SUPPLIES MISCELLANEOUS | AEROTRACH PLUS | | | | | 2 | 365 | |
| SPACER/AEROSOL-HOLDING CHAMBERS DEVICE | AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE | | | | | 2 | 365 | |

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|--|---------------------------------|------------|----------------|-------------|--|----|-----|---|
| SPACER/AEROSOL-HOLDING CHAMBERS MISCELLANEOUS | INSPIREASE DRUG DELIVERY SYSTEM | | | | | 2 | 365 | |
| MIGRAINE PRODUCTS* | | | | | | | | |
| CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG** | | | | | | | | |
| DIHYDROERGOTAMINE MESYLATE SOLUTION | VARIOUS | | | | | | | |
| ERENUMAB-AOOE SOLN AUTO-INJ | AMOVIG | | Preferred Drug | PA Required | | 3 | 90 | X |
| GALCANEZUMAB-GNLM SOLN AUTO-INJ | EMGALITY | | Preferred Drug | PA Required | | | | X |
| GALCANEZUMAB-GNLM SOLN PREF SYR | EMGALITY | | Preferred Drug | PA Required | | | | X |
| UBROGEPANT TABLET | UBRELVY | | Preferred Drug | PA Required | | 10 | 30 | |
| MIGRAINE COMBINATIONS** | | | | | | | | |
| ERGOTAMINE W/ CAFFEINE TABLET | CAFERGOT | | | | | 40 | 30 | |
| SEROTONIN AGONISTS** | | | | | | | | |
| NARATRIPTAN HCL TABLET | AMERGE | | Preferred Drug | | | 9 | 30 | |
| RIZATRIPTAN BENZOATE TABLET | MAXALT | | Preferred Drug | | | 9 | 30 | |
| RIZATRIPTAN BENZOATE TABLET DISINTEGRATING | MAXALT-MLT | | Preferred Drug | | | 9 | 30 | |
| SUMATRIPTAN SOLUTION | IMITREX NASAL SPRAY | | Preferred Drug | | | 6 | 30 | |
| SUMATRIPTAN SUCCINATE SOLN AUTO-INJ | ZEMBRACE SYMTOUCH | | Preferred Drug | | | 2 | 30 | |
| SUMATRIPTAN SUCCINATE SOLN CARTRIDGE | IMITREX STATDOSE REFILL | | Preferred Drug | | | 2 | 30 | |
| SUMATRIPTAN SUCCINATE SOLUTION | IMITREX | | Preferred Drug | | | 2 | 30 | |
| SUMATRIPTAN SUCCINATE TABLET | IMITREX | | Preferred Drug | | | 9 | 30 | |
| ZOLMITRIPTAN SOLUTION | ZOMIG NASAL SPRAY | Brand Only | Preferred Drug | | | 6 | 30 | |
| ZOLMITRIPTAN TABLET | ZOMIG | | Preferred Drug | | | 9 | 30 | |
| ZOLMITRIPTAN TABLET DISINTEGRATING | ZOMIG ZMT | | Preferred Drug | | | 9 | 30 | |
| MINERALS & ELECTROLYTES* | | | | | | | | |
| BICARBONATES** | | | | | | | | |
| SODIUM BICARBONATE SOLUTION | SODIUM BICARBONATE | | | | | | | |
| CALCIUM** | | | | | | | | |
| CALCIUM CARBONATE TABLET CHEWABLE | CALCIUM CARBONATE | | | | | | | |
| CALCIUM LACTATE TABLET | CALCIUM LACTATE | | | | | | | |
| FLUORIDE** | | | | | | | | |
| SODIUM FLUORIDE TABLET CHEWABLE | NAFRINSE | | | | | | | X |
| SODIUM FLUORIDE SOLUTION | NAFRINSE DROPS | | | | | | | X |
| SODIUM FLUORIDE TABLET | SODIUM FLUORIDE | | | | | | | X |
| MAGNESIUM** | | | | | | | | |
| MAGNESIUM OXIDE (MG SUPPLEMENT) CAPSULE | MAGNESIUM | | | | | | | |
| MAGNESIUM OXIDE (MG SUPPLEMENT) TABLET | MAG-OXIDE | | | | | | | |
| MAGNESIUM OXIDE (MG SUPPLEMENT) TABLET CHEWABLE | MAGNESIUM | | | | | | | |
| POTASSIUM** | | | | | | | | |
| POTASSIUM BICARBONATE TABLET EFFERVESCENT | KLOR-CON/EF | | | | | | | X |
| POTASSIUM BICARBONATE-CITRIC ACID TABLET EFFERVESCENT | EFFER-K | | | | | | | |
| POTASSIUM CHLORIDE CAPSULE ER | POTASSIUM CHLORIDE ER | | | | | | | X |
| POTASSIUM CHLORIDE MICROENCAPSULATED CRYSTALS ER TABLET ER | KLOR-CON M10 | | | | | | | X |
| POTASSIUM CHLORIDE PACKET | KLOR-CON | | | | | | | X |
| POTASSIUM CHLORIDE SOLUTION | POTASSIUM CHLORIDE | | | | | | | |
| POTASSIUM CHLORIDE TABLET ER | K-TAB | | | | | | | X |
| MISCELLANEOUS THERAPEUTIC CLASSES* | | | | | | | | |
| CHELATING AGENTS** | | | | | | | | |
| PENICILLAMINE CAPSULE | CUPRIMINE | | | | | | | |
| IMMUNOMODULATORS** | | | | | | | | |
| BELUMOSUDIL MESYLATE TABLET | REZUROCK | | | PA Required | | | | X |
| LENALIDOMIDE CAPSULE | REVLIMID | | | PA Required | | | | |
| IMMUNOSUPPRESSIVE AGENTS** | | | | | | | | |
| AZATHIOPRINE TABLET | AZASAN | | | | | | | X |
| CYCLOSPORINE CAPSULE | SANDIMMUNE | | | | | | | X |
| CYCLOSPORINE MODIFIED (FOR MICROEMULSION) CAPSULE | GENGRAF | | | | | | | X |
| CYCLOSPORINE MODIFIED (FOR MICROEMULSION) SOLUTION | GENGRAF | | | | | | | X |

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|--|--|--|--|--|--|-----|----|--|---|
| CYCLOSPORINE SOLUTION | SANDIMMUNE | | | | | | | | |
| EVEROLIMUS (IMMUNOSUPPRESSANT) TABLET | ZORTRESS | | | | | | | | X |
| MYCOPHENOLATE MOFETIL CAPSULE | CELLCEPT | | | | | | | | X |
| MYCOPHENOLATE MOFETIL SUSPENSION RECONSTITUTED | CELLCEPT | | | | | | | | X |
| MYCOPHENOLATE MOFETIL TABLET | CELLCEPT | | | | | | | | X |
| SIROLIMUS SOLUTION | RAPAMUNE | | | | | | | | X |
| SIROLIMUS TABLET | RAPAMUNE | | | | | | | | X |
| TACROLIMUS CAPSULE | PROGRAF | | | | | | | | X |
| TACROLIMUS CAPSULE ER 24 HR | ASTAGRAF XL | | | | | | | | X |
| IRRIGATION SOLUTIONS** | | | | | | | | | |
| WATER FOR IRRIGATION, STERILE SOLUTION | ARGYLE STERILE WATER 100ML | | | | | | | | |
| POTASSIUM REMOVING AGENTS** | | | | | | | | | |
| SODIUM POLYSTYRENE SULFONATE POWDER | SODIUM POLYSTYRENE SULFONATE | | | | | | | | |
| SODIUM POLYSTYRENE SULFONATE SUSPENSION | SPS | | | | | | | | |
| SODIUM ZIRCONIUM CYCLOSILICATE PACKET | LOKELMA | | | | | 90 | 90 | | X |
| MOUTH/THROAT/DENTAL AGENTS* | | | | | | | | | |
| ANESTHETICS TOPICAL ORAL** | | | | | | | | | |
| LIDOCAINE HCL (MOUTH-THROAT) SOLUTION | LIDOCAINE VISCOUS | | | | | 100 | 30 | | |
| ANTI-INFECTIVES - THROAT** | | | | | | | | | |
| CLOTRIMAZOLE TROCHE | CLOTRIMAZOLE | | | | | | | | |
| NYSTATIN (MOUTH-THROAT) SUSPENSION | NYSTATIN | | | | | | | | |
| ANTISEPTICS - MOUTH/THROAT** | | | | | | | | | |
| CHLORHEXIDINE GLUCONATE (MOUTH-THROAT) SOLUTION | PERIOGARD | | | | | 100 | 30 | | |
| STEROIDS - MOUTH/THROAT/DENTAL** | | | | | | | | | |
| TRIAMCINOLONE ACETONIDE (MOUTH) PASTE | ORALONE DENTAL PASTE | | | | | 10 | 30 | | |
| THROAT PRODUCTS - MISC.** | | | | | | | | | |
| ARTIFICIAL SALIVA KIT | ORAL RELIEF FOR DRY MOUTH & DISCOMFORT | | | | | | | | |
| ARTIFICIAL SALIVA LIQUID | NUMOISYN | | | | | | | | |
| ARTIFICIAL SALIVA LOZENGE | ACT DRY MOUTH | | | | | | | | |
| ARTIFICIAL SALIVA SOLUTION | AQUORAL | | | | | | | | |
| MULTIVITAMINS* | | | | | | | | | |
| B-COMPLEX VITAMINS** | | | | | | | | | |
| B-COMPLEX VITAMINS ELIXIR | APETEX | | | | | | | | |
| B-COMPLEX VITAMINS LIQUID | B-COMPLEX/B-12 | | | | | | | | |
| B-COMPLEX VITAMINS TABLET | B-COMPLEX WITH B-12 | | | | | | | | |
| B-COMPLEX W/ C** | | | | | | | | | |
| B COMPLEX W/ C CAPSULE | B-COMPLEX W/C | | | | | | | | |
| B COMPLEX W/ C TABLET | ALLBEE PLUS VITAMIN C | | | | | | | | |
| B COMPLEX W/ C TABLET ER | RA B-COMPLEX/VITAMIN C TR | | | | | | | | |
| B-COMPLEX W/ FOLIC ACID** | | | | | | | | | |
| B COMPLEX W/ C-BIOTIN-E-FOLIC ACID & IRON CARBONYL MISCELLANEOUS | RENATABS WITH IRON | | | | | | | | |
| B-COMPLEX W/ C & FOLIC ACID CAPSULE | MYNEPHRON | | | | | | | | |
| B-COMPLEX W/ C & FOLIC ACID TABLET | DIALYVITE 800 | | | | | | | | |
| B-COMPLEX W/ C-BIOTIN-D-ZINC & FOLIC ACID TABLET | VITAL-D RX | | | | | | | | |
| B-COMPLEX W/ LYSINE-MIN-FE & FOLIC ACID LIQUID | NUTRIVIT | | | | | | | | |
| B-COMPLEX W/ LYSINE-ZN & FOLIC ACID LIQUID | SUPERVITE | | | | | | | | |
| B-COMPLEX W/ MINERALS** | | | | | | | | | |
| B-COMPLEX W/ MINERALS LIQUID | ELDERTONIC | | | | | 30 | 30 | | |
| IRON W/ VITAMINS** | | | | | | | | | |
| IRON W/ VITAMINS TABLET | VITAFOL | | | | | 30 | 30 | | |
| MULTIPLE VITAMINS W/ IRON** | | | | | | | | | |
| MULTIPLE VITAMINS W/ IRON TABLET | TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE | | | | | 30 | 30 | | |
| MULTIPLE VITAMINS W/ MINERALS** | | | | | | | | | |

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|---|---|--|--|--|--|----|----|--|
| MULTIPLE VITAMINS W/ MINERALS CAPSULE | ICAPS | | | | | 30 | 30 | |
| MULTIPLE VITAMINS W/ MINERALS TABLET CHEWABLE | CENTRUM VITAMINTS | | | | | 30 | 30 | |
| MULTIPLE VITAMINS W/ MINERALS LIQUID | BURIED TREASURE ACTIVE 55PLUS SENIOR COMPLEX | | | | | 30 | 30 | |
| MULTIPLE VITAMINS W/ MINERALS TABLET | CENTRUM CARDIO | | | | | 30 | 30 | |
| PED MULTI VITAMINS W/FL & FE** | | | | | | | | |
| PED MULTIVITAMINS W/FL & IRON SOLUTION | FLORVITE/IRON | | | | | | | |
| PED MULTIPLE VITAMINS W/ MINERALS** | | | | | | | | |
| PEDIATRIC MULTIPLE VITAMIN W/ MINERALS TABLET CHEWABLE | CENTRUM KIDS | | | | | 30 | 30 | |
| PED MV W/ FLUORIDE** | | | | | | | | |
| PEDIATRIC MULTIVITAMINS W/FL TABLET CHEWABLE | QUFLORA GUMMIES | | | | | 30 | 30 | |
| PEDIATRIC MULTIVITAMINS W/FL SOLUTION | QUFLORA PEDIATRIC | | | | | | | |
| PEDIATRIC MULTIVITAMINS W/FL SUSPENSION | POLY-VI-FLOR | | | | | | | |
| PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLUTION | ADC/FLUORIDE | | | | | | | |
| PED MV W/ IRON** | | | | | | | | |
| PEDIATRIC MULTIPLE VITAMINS W/ IRON TABLET CHEWABLE | CEROVITE JR | | | | | | | |
| PEDIATRIC MULTIPLE VITAMINS W/ IRON SOLUTION | BPROTECTED PEDIA POLY-VITE/IRON | | | | | | | |
| PEDIATRIC MULTIPLE VITAMINS** | | | | | | | | |
| PEDIATRIC MULTIPLE VITAMINS SOLUTION | POLY-VI-SOL | | | | | | | |
| PRENATAL VITAMINS** | | | | | | | | |
| PRENATAL MULTIVIT-MIN W/FE-FA TABLET | DERMACINRX PRETRATE | | | | | 30 | 30 | |
| PRENATAL MV & MIN W/FE FUMARATE-FA-DHA MISCELLANEOUS | VITAFOL-OB+DHA | | | | | 30 | 30 | |
| PRENATAL MV & MIN W/FE POLYSACCHARIDE COMPLEX-FA-DHA CAPSULE | VITAFOL-ONE | | | | | 30 | 30 | |
| PRENATAL MV & MIN W/FE POLYSACCHARIDE COMPLEX-FA-DHA MISCELLANEOUS | SELECT-OB+DHA | | | | | 30 | 30 | |
| PRENATAL VIT W/ DOCUSATE-FE FUMARATE-FOLIC ACID TABLET | SE-NATAL 19 | | | | | 30 | 30 | |
| PRENATAL VIT W/ FE BISGLYCINATE CHELATE-FOLIC ACID TABLET | VINATE II | | | | | 30 | 30 | |
| PRENATAL VIT W/ FE FUM-IRON POLYSACCH COMPLEX -FA-OMEGA 3 CAPSULE | CONCEPT DHA | | | | | 30 | 30 | |
| PRENATAL VIT W/ FERROUS FUMARATE-FA-OMEGA 3 FATTY ACIDS CAPSULE | VIVA DHA | | | | | 30 | 30 | |
| PRENATAL VIT W/ FERROUS FUMARATE-FOLIC ACID TABLET CHEWABLE | COMPLETENATE | | | | | 30 | 30 | |
| PRENATAL VIT W/ FERROUS FUMARATE-FOLIC ACID TABLET | VITATHELY/GINGER | | | | | 30 | 30 | |
| PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID TABLET | ELITE-OB | | | | | 30 | 30 | |
| PRENATAL WITHOUT A VIT W/ FE FUM-IRON POLYSACCH COMPLEX -FA CAPSULE | CONCEPT OB | | | | | 30 | 30 | |
| MUSCULOSKELETAL THERAPY AGENTS* | | | | | | | | |
| CENTRAL MUSCLE RELAXANTS** | | | | | | | | |
| BACLOFEN TABLET (5MG, 10MG, 20MG) | BACLOFEN | | | | | | | |
| CYCLOBENZAPRINE HCL TABLET (5MG, 10MG) | FEXMID | | | | | | | |
| METAXALONE TABLET | SKELAXIN | | | | | | | |
| METHOCARBAMOL TABLET | METHOCARBAMOL | | | | | | | |
| ORPHENADRINE CITRATE TABLET ER 12HR | ORPHENADRINE CITRATE ER | | | | | | | |
| TIZANIDINE HCL TABLET | ZANAFLEX | | | | | | | |
| DIRECT MUSCLE RELAXANTS** | | | | | | | | |
| DANTROLENE SODIUM CAPSULE | DANTRIUM | | | | | | | |
| NASAL AGENTS - SYSTEMIC AND TOPICAL* | | | | | | | | |
| NASAL AGENTS - MISC.** | | | | | | | | |
| ALCOHOL (NASAL) KIT | NOZIN NASAL SANITIZER | | | | | | | |
| ALCOHOL (NASAL) SWAB | NOZIN NASAL SANITIZER | | | | | | | |
| SALINE SOLUTION | AFRIN SALINE NASAL MIST | | | | | | | |
| NASAL ANTIALLERGY** | | | | | | | | |
| AZELASTINE HCL SOLUTION (0.1%) | ASTEPRO | | | | | | | |
| NASAL ANTICHOLINERGICS** | | | | | | | | |

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|---|--|--|--|--|-------------|--|--|---|
| IPRATROPIUM BROMIDE (NASAL) SOLUTION | IPRATROPIUM BROMIDE | | | | | | | X |
| NASAL STEROIDS** | | | | | | | | |
| FLUNISOLIDE (NASAL) SOLUTION | FLUNISOLIDE | | | | | | | |
| FLUTICASONE PROPIONATE (NASAL) SUSPENSION | CLARISPRAY | | | | | | | |
| MOMETASONE FUROATE (NASAL) SUSPENSION | NASONEX | | | | | | | |
| SYMPATHOMIMETIC DECONGESTANTS** | | | | | | | | |
| PSEUDOEPHEDRINE HCL CAPSULE | CVS NASAL DECONGESTANT | | | | | | | |
| PSEUDOEPHEDRINE HCL LIQUID | SUDAFED CHILDRENS | | | | | | | |
| PSEUDOEPHEDRINE HCL TABLET | WAL-PHED | | | | | | | |
| PSEUDOEPHEDRINE HCL TABLET ER 12HR | SUDAFED SINUS CONGESTION 12 HOUR | | | | | | | |
| PSEUDOEPHEDRINE HCL TABLET ER 24HR | SUDAFED SINUS CONGESTION 24 HOUR | | | | | | | |
| NEUROMUSCULAR AGENTS* | | | | | | | | |
| FRIEDRICH'S ATAXIA AGENTS** | | | | | | | | |
| OMAVELOXOLONE CAPSULE | SKYCLARYS | | | | PA Required | | | X |
| NUTRIENTS* | | | | | | | | |
| MISC. NUTRITIONAL SUBSTANCES** | | | | | | | | |
| OMEGA-3 FATTY ACIDS CAPSULE | SUPER OMEGA 3 | | | | | | | |
| OMEGA-3 FATTY ACIDS CAPSULE DELAYED RELEASE | OMEGAPURE 600 EC | | | | | | | |
| OPHTHALMIC AGENTS* | | | | | | | | |
| ARTIFICIAL TEARS AND LUBRICANTS** | | | | | | | | |
| ARTIFICIAL TEAR OINTMENT OINTMENT | EYE LUBRICANT | | | | | | | |
| ARTIFICIAL TEAR SOLUTION SOLUTION | SYSTANE CONTACTS SOOTHING DROPS | | | | | | | |
| CARBOXYMETHYLCELLULOSE SODIUM (OPHTH) GEL | REFRESH LIQUIGEL | | | | | | | |
| CARBOXYMETHYLCELLULOSE SODIUM (OPHTH) SOLUTION | ULTRA FRESH | | | | | | | |
| CARBOXYMETHYLCELLULOSE-GLYCERIN SOLUTION | REFRESH OPTIVE PRESERVATIVE FREE | | | | | | | |
| CARBOXYMETHYLCELLULOSE-HYPROMELLOSE GEL | CVS LUBRICANT GEL DROPS | | | | | | | |
| DEXTRAN 70-HYPROMELLOSE SOLUTION | GENTEAL TEARS MILD | | | | | | | |
| HYPROMELLOSE (GONIOSCOPIC) SOLUTION | GONIOTAIRE | | | | | | | |
| POLYETHYLENE GLYCOL 400 (OPHTH) GEL | BLINK TEARS LUBRICATING EYE DROPS | | | | | | | |
| POLYETHYLENE GLYCOL 400 (OPHTH) SOLUTION | BLINK TEARS LUBRICATING EYE DROPS | | | | | | | |
| POLYETHYLENE GLYCOL-PROPYLENE GLYCOL (OPHTH) SOLUTION | VISTA TEARS | | | | | | | |
| POLYVINYL ALCOHOL SOLUTION | POLYVINYL ALCOHOL 1.4% LUBRICATING EYE DROPS | | | | | | | |
| WHITE PETROLATUM-MINERAL OIL OINTMENT | REFRESH P.M. | | | | | | | |
| BETA-BLOCKERS - OPHTHALMIC** | | | | | | | | |
| BETAXOLOL HCL (OPHTH) SOLUTION | BETAXOLOL HCL | | | | | | | X |
| BETAXOLOL HCL (OPHTH) SUSPENSION | BETOPTIC-S | | | | | | | X |
| BRIMONIDINE TARTRATE-TIMOLOL MALEATE SOLUTION | COMBIGAN | | | | | | | X |
| CARTEOLOL HCL (OPHTH) SOLUTION | CARTEOLOL HCL | | | | | | | X |
| DORZOLAMIDE HCL-TIMOLOL MALEATE SOLUTION | COSOPT | | | | | | | X |
| LEVOBUNOLOL HCL SOLUTION | LEVOBUNOLOL HCL | | | | | | | X |
| TIMOLOL MALEATE (OPHTH) GEL FORMING SOLUTION | TIMOPTIC-XE | | | | | | | X |
| TIMOLOL MALEATE (OPHTH) SOLUTION | TIMOPTIC | | | | | | | X |
| TIMOLOL SOLUTION | BETIMOL | | | | | | | X |
| CYCLOPLEGIC MYDRIATICS** | | | | | | | | |
| ATROPINE SULFATE (OPHTHALMIC) OINTMENT | ATROPINE SULFATE | | | | | | | X |
| ATROPINE SULFATE (OPHTHALMIC) SOLUTION | ISOPTO ATROPINE | | | | | | | X |
| CYCLOPENTOLATE HCL SOLUTION | CYCLOGYL | | | | | | | X |
| HOMATROPINE HBR SOLUTION | HOMATROPAIRE | | | | | | | X |
| PHENYLEPHRINE HCL (MYDRIATIC) SOLUTION | ALTAFRIN | | | | | | | |
| MIOTICS** | | | | | | | | |

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|--|---|------------|--|--|-------------|---|--|---|
| PILOCARPINE HCL SOLUTION | ISOPTO CARPINE | | | | | | | X |
| OPHTHALMIC ADRENERGIC AGENTS** | | | | | | | | |
| APRACLONIDINE HCL SOLUTION | IOPIDINE | | | | | | | |
| BRIMONIDINE TARTRATE SOLUTION | LUMIFY | | | | | | | X |
| OPHTHALMIC ANTI-INFECTIVES** | | | | | | | | |
| BACITRACIN (OPHTHALMIC) OINTMENT | BACITRACIN | | | | 3.5 | 7 | | |
| BACITRACIN-POLYMYXIN B (OPHTH) OINTMENT | POLYCIN | | | | | | | |
| CIPROFLOXACIN HCL (OPHTH) OINTMENT | CILOXAN | | | | | | | |
| CIPROFLOXACIN HCL (OPHTH) SOLUTION | CILOXAN | | | | | | | |
| ERYTHROMYCIN (OPHTH) OINTMENT | ERYTHROMYCIN | | | | | | | |
| GENTAMICIN SULFATE (OPHTH) OINTMENT | GENTAK | | | | | | | |
| GENTAMICIN SULFATE (OPHTH) SOLUTION | GENTAMICIN SULFATE | | | | | | | |
| MOXIFLOXACIN HCL (OPHTH) SOLUTION | VIGAMOX | | | | | | | |
| NATAMYCIN SUSPENSION | NATACYN | | | | | | | |
| NEOMYCIN-BACITRACIN ZN-POLYMYXIN OINTMENT | NEO-POLYCIN | | | | | | | |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN SOLUTION | NEOMYCIN/POLYMYXIN/GRAMICIDIN | | | | | | | |
| OFLOXACIN (OPHTH) SOLUTION | OCUFLOX | | | | | | | |
| POLYMYXIN B-TRIMETHOPRIM SOLUTION | POLYTRIM | | | | | | | |
| SULFACETAMIDE SODIUM (OPHTH) OINTMENT | SULFACETAMIDE SODIUM | | | | | | | |
| SULFACETAMIDE SODIUM (OPHTH) SOLUTION | BLEPH-10 | | | | | | | |
| TOBRAMYCIN (OPHTH) OINTMENT | TOBREX | | | | 3.5 | 7 | | |
| TOBRAMYCIN (OPHTH) SOLUTION | TOBREX | | | | | | | |
| TRIFLURIDINE SOLUTION | TRIFLURIDINE | | | | | | | |
| OPHTHALMIC DECONGESTANTS** | | | | | | | | |
| HYPROMELLOSE-NAPHAZOLINE-POLYSORBATE 80-ZINC SULFATE SOLUTION | CLEAR EYES COMPLETE 7 SYMPTOM RELIEF | | | | | | | |
| NAPHAZOLINE W/ PHENIRAMINE SOLUTION | NAPHCN-A | | | | | | | |
| NAPHAZOLINE W/ ZINC SULFATE SOLUTION | VASOCLEAR A | | | | | | | |
| NAPHAZOLINE-GLYCERIN SOLUTION | REDNESS RELIEF | | | | | | | |
| NAPHAZOLINE-GLYCERIN-ZINC SULFATE SOLUTION | CLEAR EYES COOLING COMFORT ITCHY EYE RELIEF | | | | | | | |
| NAPHAZOLINE-HYPROMELLOSE SOLUTION | TGT LUBRICANT REDNESS RELIEVER EYE DROPS | | | | | | | |
| NAPHAZOLINE-POLYETHYLENE GLYCOL 300 SOLUTION | RA STERILE EYE DROPS | | | | | | | |
| TETRAHYDROZOLINE HCL (OPHTH) SOLUTION | VISINE RED EYE COMFORT | | | | | | | |
| TETRAHYDROZOLINE W/ POLYETHYLENE GLYCOL SOLUTION | VISINE RED EYE HYDRATING COMFORT | | | | | | | |
| TETRAHYDROZOLINE W/ ZINC SULFATE SOLUTION | VISINE-AC | | | | | | | |
| TETRAHYDROZOLINE-DEXTRAN-POLYETHYLENE GLYCOL-POVIDONE SOLUTION | SM EYE DROPS | | | | | | | |
| TETRAHYDROZOLINE-POLYVINYL ALCOHOL-POVIDONE SOLUTION | CLEAR EYES TRAVELERS EYE RELIEF | | | | | | | |
| OPHTHALMIC IMMUNOMODULATORS** | | | | | | | | |
| CYCLOSPORINE (OPHTH) EMULSION (SINGLE DOSE) | RESTASIS | | | | | | | |
| OPHTHALMIC INTEGRIN ANTAGONISTS** | | | | | | | | |
| LIFITEGRAST SOLUTION | XIIDRA | | | | PA Required | | | X |
| OPHTHALMIC STEROIDS** | | | | | | | | |
| BACITRACIN-POLY-NEOMYCIN-HC OINTMENT | NEO-POLYCIN HC | | | | | | | |
| DEXAMETHASONE (OPHTH) SUSPENSION | MAXIDEX | | | | | | | |
| DEXAMETHASONE SODIUM PHOSPHATE (OPHTH) SOLUTION | DEXAMETHASONE SODIUM PHOSPHATE | | | | | | | |
| FLUOROMETHOLONE (OPHTH) OINTMENT | FML | | | | | | | |
| FLUOROMETHOLONE (OPHTH) SUSPENSION | FML FORTE | | | | | | | |
| GENTAMICIN-PREDNISOLONE ACETATE OINTMENT | PRED-G S.O.P. | | | | | | | |
| GENTAMICIN-PREDNISOLONE ACETATE SUSPENSION | PRED-G | | | | | | | |
| LOTEPREDNOL ETABONATE SUSPENSION (0.2% & 0.5%) | ALREX / LOTEMAX | Brand Only | | | | | | |
| LOTEPREDNOL ETABONATE GEL (0.5%) | LOTEMAX | Brand Only | | | | | | |

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|---|--|------------|----------------|--|-------------|-----|----|---|
| LOTEPREDNOL ETABONATE OINTMENT (0.5%) | LOTEMAX | Brand Only | | | | | | |
| NEOMYCIN-POLYMY-DEXAMETH OINTMENT | MAXITROL | | | | | | | |
| NEOMYCIN-POLYMY-DEXAMETH SUSPENSION | MAXITROL | | | | | | | |
| NEOMYCIN-POLYMYXIN-HC (OPHTH) SUSPENSION | NEOMYCIN/POLYMYXIN/HYDROCORTISONE | | | | | | | |
| PREDNISOLONE ACETATE (OPHTH) SUSPENSION | PRED MILD | | | | | | | |
| PREDNISOLONE SODIUM PHOSPHATE (OPHTH) SOLUTION | PREDNISOLONE SODIUM PHOSPHATE | | | | | | | |
| SULFACETAMIDE SOD-PREDNISOLONE OINTMENT | BLEPHAMIDE S.O.P. | | | | | | | |
| SULFACETAMIDE SOD-PREDNISOLONE SOLUTION | SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE | | | | | | | |
| SULFACETAMIDE SOD-PREDNISOLONE SUSPENSION | BLEPHAMIDE | | | | | | | |
| TOBRAMYCIN-DEXAMETHASONE OINTMENT | TOBRADEX | | | | | 3.5 | 7 | |
| TOBRAMYCIN-DEXAMETHASONE SUSPENSION | TOBRADEX ST | | | | | | | |
| OPHTHALMICS - MISC.** | | | | | | | | |
| AZELASTINE HCL (OPHTH) SOLUTION | AZELASTINE HCL | | | | | | | |
| BRINZOLAMIDE SUSPENSION | AZOPT | | | | | | | X |
| BROMFENAC SODIUM (OPHTH) SOLUTION | PROLENSA | | | | | | | |
| CROMOLYN SODIUM (OPHTH) SOLUTION | CROMOLYN SODIUM | | | | | | | |
| DICLOFENAC SODIUM (OPHTH) SOLUTION | DICLOFENAC SODIUM | | | | | | | |
| DORZOLAMIDE HCL SOLUTION | TRUSOPT | | | | | | | X |
| EPINASTINE HCL (OPHTH) SOLUTION | EPINASTINE HCL | | | | | | | |
| FLURBIPROFEN SODIUM SOLUTION | FLURBIPROFEN SODIUM | | | | | | | |
| KETOROLAC TROMETHAMINE (OPHTH) SOLUTION | ACUVAIL | | | | | | | |
| KETOTIFEN FUMARATE (OPHTH) SOLUTION | ALAWAY | | | | | | | |
| LODOXAMIDE TROMETHAMINE SOLUTION | ALOMIDE | | | | | | | |
| OLOPATADINE HCL SOLUTION | PATADAY EXTRA STRENGTH | | | | | | | |
| SODIUM CHLORIDE HYPERTONIC OINTMENT | ALTACHLORE | | | | | | | |
| SODIUM CHLORIDE HYPERTONIC SOLUTION | MURO 128 | | | | | | | |
| PROSTAGLANDINS - OPHTHALMIC** | | | | | | | | |
| LATANOPROST SOLUTION | XALATAN | | | | | 7.5 | 90 | X |
| TAFLUPROST SOLUTION | ZIOPTAN | | | | PA Required | | | X |
| TRAVOPROST SOLUTION | TRAVATAN Z | Brand Only | | | | | | X |
| OTIC AGENTS* | | | | | | | | |
| OTIC AGENTS - MISCELLANEOUS** | | | | | | | | |
| ACETIC ACID (OTIC) SOLUTION | ACETIC ACID | | | | | | | |
| OTIC ANTI-INFECTIVES** | | | | | | | | |
| CIPROFLOXACIN HCL (OTIC) SOLUTION | CETRAXAL | | Preferred Drug | | | | | |
| OFLOXACIN (OTIC) SOLUTION | OFLOXACIN | | | | | | | |
| OTIC COMBINATIONS** | | | | | | | | |
| CIPROFLOXACIN-DEXAMETHASONE SUSPENSION | CIPRODEX | | Preferred Drug | | | | | |
| CIPROFLOXACIN-HYDROCORTISONE SUSPENSION | CIPRO HC | Brand Only | | | | | | |
| NEOMYCIN-POLYMYXIN-HC (OTIC) SOLUTION | NEOMYCIN/POLYMYXIN/HC | | Preferred Drug | | | | | |
| NEOMYCIN-POLYMYXIN-HC (OTIC) SUSPENSION | NEOMYCIN/POLYMYXIN/HYDROCORTISONE | | Preferred Drug | | | | | |
| OTIC STEROIDS** | | | | | | | | |
| FLUOCINOLONE ACETONIDE (OTIC) OIL | FLAC | | | | | | | |
| HYDROCORTISONE W/ACETIC ACID SOLUTION | HYDROCORTISONE/ACETIC ACID | | | | | | | |
| OXYTOCICS* | | | | | | | | |
| OXYTOCICS** | | | | | | | | |
| METHYLERGONOVINE MALEATE TABLET | METHERGINE | | | | | | | |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS* | | | | | | | | |
| IMMUNE SERUMS** | | | | | | | | |
| IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLUTION | GAMMAGARD LIQUID | | | | PA Required | | | |
| IMMUNE GLOBULIN (HUMAN) IV SOLUTION | FLEBOGAMMA/OCTAGAM | Brand Only | Preferred Drug | | PA Required | | | |

| IMMUNE GLOBULIN (HUMAN) IV SOLUTION RECONSTITUTED | GAMMAGARD S/D IGA LESS THAN 1MCG/ML | Brand Only | Preferred Drug | PA Required | | | | |
|--|--|------------|----------------|---|--|--|--|--|
| IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS SOLUTION | HIZENTRA | | | PA Required | | | | |
| IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS SOLN PREF SYR | HIZENTRA | | | PA Required | | | | |
| IMMUNE GLOBULIN (HUMAN)-KLHW SOLUTION | XEMBIFY | | | PA Required | | | | |
| MONOCLONAL ANTIBODIES** | | | | | | | | |
| PALIVIZUMAB SOLUTION | SYNAGIS | | | PA Required - if approved the prescriber must buy and bill a medical claim for the drug | | | | |
| PENICILLINS* | | | | | | | | |
| AMINOPENICILLINS** | | | | | | | | |
| AMOXICILLIN CAPSULE | AMOXICILLIN | | | | | | | |
| AMOXICILLIN TABLET CHEWABLE | AMOXICILLIN | | | | | | | |
| AMOXICILLIN SUSPENSION RECONSTITUTED | AMOXICILLIN | | | | | | | |
| AMOXICILLIN TABLET | AMOXICILLIN | | | | | | | |
| AMPICILLIN CAPSULE | AMPICILLIN | | | | | | | |
| AMPICILLIN SODIUM SOLUTION RECONSTITUTED | AMPICILLIN SODIUM | | | | | | | |
| NATURAL PENICILLINS** | | | | | | | | |
| PENICILLIN G POT IN DEXTROSE SOLUTION | PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE | | | | | | | |
| PENICILLIN G POTASSIUM SOLUTION RECONSTITUTED | PFIZERPEN | | | | | | | |
| PENICILLIN G SODIUM SOLUTION RECONSTITUTED | PENICILLIN G SODIUM | | | | | | | |
| PENICILLIN V POTASSIUM SOLUTION RECONSTITUTED | PENICILLIN V POTASSIUM | | | | | | | |
| PENICILLIN V POTASSIUM TABLET | PENICILLIN V POTASSIUM | | | | | | | |
| PENICILLIN COMBINATIONS** | | | | | | | | |
| AMOXICILLIN & POT CLAVULANATE TABLET CHEWABLE | AMOXICILLIN/CLAVULANATE POTASSIUM | | | | | | | |
| AMOXICILLIN & POT CLAVULANATE SUSPENSION RECONSTITUTED | AUGMENTIN | | | | | | | |
| AMOXICILLIN & POT CLAVULANATE TABLET | AUGMENTIN | | | | | | | |
| AMOXICILLIN & POT CLAVULANATE TABLET ER 12HR | AMOXICILLIN/CLAVULANATE POTASSIUM ER | | | | | | | |
| AMPICILLIN & SULBACTAM SODIUM SOLUTION RECONSTITUTED | UNASYN | | | | | | | |
| PIPERACILLIN SODIUM-TAZOBACTAM SODIUM IN DEXTROSE SOLUTION | ZOSYN | | | | | | | |
| PIPERACILLIN SODIUM-TAZOBACTAM SODIUM SOLUTION RECONSTITUTED | PIPERACILLIN SODIUM/TAZOBACTAM SODIUM | | | | | | | |
| PENICILLINASE-RESISTANT PENICILLINS** | | | | | | | | |
| DICLOXACILLIN SODIUM CAPSULE | DICLOXACILLIN SODIUM | | | | | | | |
| NAFCILLIN SODIUM IN DEXTROSE SOLUTION | NAFCILLIN | | | | | | | |
| NAFCILLIN SODIUM SOLUTION RECONSTITUTED | NAFCILLIN SODIUM | | | | | | | |
| OXACILLIN SODIUM IN DEXTROSE SOLUTION | OXACILLIN SODIUM | | | | | | | |
| OXACILLIN SODIUM SOLUTION RECONSTITUTED | OXACILLIN SODIUM | | | | | | | |
| PHARMACEUTICAL ADJUVANTS* | | | | | | | | |
| FLAVORING AGENTS** | | | | | | | | |
| FLAVORING AGENT LIQUID | PCCA SWEETNESS ENHANCER | | | | | | | |
| LIQUID VEHICLES** | | | | | | | | |
| CHERRY SYRUP SYRUP | CHERRY SYRUP | | | | | | | |
| DISTILLED WATER LIQUID | NICE DISTILLED WATER | | | | | | | |
| ORAL VEHICLES LIQUID | ORA-PLUS | | | | | | | |
| ORAL VEHICLES SUSPENSION | FLAVOR BLEND | | | | | | | |
| ORAL VEHICLES SYRUP | VERSAFREE | | | | | | | |
| SIMPLE SYRUP SYRUP | SYRPALTA | | | | | | | |
| PHARMACEUTICAL EXCIPIENTS** | | | | | | | | |
| METHYLCELLULOSE POWDER | METHYLCELLULOSE | | | | | | | |
| SEMI SOLID VEHICLES** | | | | | | | | |
| CREAM BASE CREAM | SANARE ADVANCED SCAR THERAPY | | | | | | | |

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|---|----------------------------------|------------|----------------|--|---|--|-------------------|---|
| GEL BASE GEL | VERSAPRO | | | | | | | |
| PROGESTINS* | | | | | | | | |
| PROGESTINS** | | | | | | | | |
| MEDROXYPROGESTERONE ACETATE TABLET | PROVERA | | | | | | | X |
| NORETHINDRONE ACETATE TABLET | AYGESTIN | | | | | | | X |
| PROGESTERONE CAPSULE | PROMETRIUM | | | | | | | X |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* | | | | | | | | |
| AGENTS FOR CHEMICAL DEPENDENCY** | | | | | | | | |
| ACAMPROSATE CALCIUM TABLET ENTERIC COATED | ACAMPROSATE CALCIUM DR | | | | | | | X |
| DISULFIRAM TABLET | DISULFIRAM | | | | | | | X |
| ANTIDEMENTIA AGENTS** | | | | | | | | |
| DONEPEZIL HYDROCHLORIDE TABLET | ARICEPT | | | | PA Required (23 MG Only) | | | X |
| DONEPEZIL HYDROCHLORIDE TABLET DISINTEGRATING | DONEPEZIL HCL | | | | | | | X |
| GALANTAMINE HYDROBROMIDE CAPSULE ER 24 HR | RAZADYNE ER | | | | PA Required | | | X |
| GALANTAMINE HYDROBROMIDE SOLUTION | GALANTAMINE HYDROBROMIDE | | | | PA Required | | | X |
| GALANTAMINE HYDROBROMIDE TABLET | GALANTAMINE HYDROBROMIDE | | | | PA Required | | | X |
| MEMANTINE HCL CAPSULE ER 24 HR | NAMENDA XR TITRATION PACK | | | | PA Required | | | X |
| MEMANTINE HCL SOLUTION | MEMANTINE HYDROCHLORIDE | | | | PA Required | | | X |
| MEMANTINE HCL TABLET | NAMENDA | | | | PA Required | | | X |
| RIVASTIGMINE PATCH 24 HR | EXELON | | | | PA Required | | | X |
| RIVASTIGMINE TARTRATE CAPSULE | RIVASTIGMINE TARTRATE | | | | PA Required | | | X |
| MOVEMENT DISORDER DRUG THERAPY** | | | | | | | | |
| DEUTETRABENAZINE TABLET | AUSTEDO | | | | PA Required | | 30 | X |
| DEUTETRABENAZINE TAB THER PACK | AUSTEDO PATIENT TITRATION KIT | | | | PA Required | | 28 | |
| DEUTETRABENAZINE TABLET ER 24HR | AUSTEDO XR | | | | PA Required | | 30 | X |
| DEUTETRABENAZINE TBER THER PACK | AUSTEDO XR PATIENT TITRATION KIT | | | | PA Required | | 1 pack in 28 days | |
| VALBENAZINE TOSYLATE CAPSULE | INGREZZA | | | | PA Required | | 30 | X |
| VALBENAZINE TOSYLATE CAPSULE SPRINKLE | INGREZZA | | | | PA Required | | 30 | X |
| VALBENAZINE TOSYLATE CAP THER PACK | INGREZZA | | | | PA Required | | 1 pack in 28 days | |
| MULTIPLE SCLEROSIS AGENTS** | | | | | | | | |
| DIMETHYL FUMARATE CAPSULE DELAYED RELEASE | TECFIDERA | | | | PA Required | | | X |
| DALFAMPRIDINE TABLET ER 12HR | AMPYRA | | | | PA Required | | | X |
| FINGOLIMOD HCL CAPSULE (0.5mg) | GILENYA | | | | PA Required | | | |
| GLATIRAMER ACETATE SOLN PREF SYR | COPAXONE | Brand Only | Preferred Drug | | PA Required | | | X |
| INTERFERON BETA-1A AUTO-INJECTOR KIT | AVONEX PEN | | | | PA Required | | | X |
| INTERFERON BETA-1A PREFILLED SYRINGE KIT | AVONEX | | | | PA Required | | | X |
| INTERFERON BETA-1A SOLN AUTO-INJ | REBIF REBIDOSE | | | | PA Required | | | X |
| INTERFERON BETA-1A SOLN PREF SYR | REBIF | | | | PA Required | | | X |
| NATALIZUMAB CONCENTRATE | TYSABRI | | | | PA Required | | | |
| OCRELIZUMAB SOLUTION | OCREVUS | | | | PA Required | | | |
| OFATUMUMAB (MS) SOLN AUTO-INJ | KESIMPTA | | | | PA Required | | | X |
| TERIFLUNOMIDE TABLET | AUBAGIO | | | | PA Required | | | X |
| POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS** | | | | | | | | |
| GABAPENTIN (ONCE-DAILY) TABLET | GRALISE | Brand Only | | | PA Required | | | X |
| GABAPENTIN (ONCE-DAILY) MISCELLANEOUS | GRALISE | | | | PA Required | | | |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.** | | | | | | | | |
| ERGOLOID MESYLATES TABLET | ERGOLOID MESYLATES | | | | | | | X |
| | | | | | PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration. | | | |
| PIMOZIDE TABLET | PIMOZIDE | | | | | | | X |
| RESTLESS LEG SYNDROME (RLS) AGENTS** | | | | | | | | |
| GABAPENTIN ENACARBIL TABLET ER | HORIZANT | | | | PA Required | | | X |
| SMOKING DETERRENTS** | | | | | | | | |

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|---|---------------------------------|------------|--|--|--|------|-----|---|
| BUPROPION HCL (SMOKING DETERRENT) TABLET ER 12HR | BUPROPION HYDROCHLORIDE ER (SR) | | | | | 168 | 180 | |
| NICOTINE INHALER | NICOTROL INHALER | | | | | 1008 | 180 | |
| NICOTINE KIT | NICOTINE TRANSDERMAL SYSTEM | | | | | 84 | 180 | |
| NICOTINE POLACRILEX GUM | THRIVE | | | | | 540 | 180 | |
| NICOTINE POLACRILEX LOZENGE | KLS QUIT2 | | | | | 540 | 180 | |
| NICOTINE PATCH 24 HR | HABITROL | | | | | 84 | 180 | |
| NICOTINE SOLUTION | NICOTROL NS | | | | | 120 | 180 | |
| VARENICLINE TARTRATE TABLET (0.5MG) | CHANTIX | | | | | 168 | 180 | |
| VARENICLINE TARTRATE TABLET(1MG) | CHANTIX | | | | | 56 | 180 | |
| VARENICLINE TARTRATE TAB THER PACK | CHANTIX STARTING MONTH PAK | | | | | 53 | 180 | |
| RESPIRATORY AGENTS - MISC.* | | | | | | | | |
| ALPHA-PROTEINASE INHIBITOR (HUMAN)** | | | | | | | | |
| ALPHA1-PROTEINASE INHIBITOR (HUMAN) SOLUTION | PROLASTIN-C | | | | PA Required | | | |
| ALPHA1-PROTEINASE INHIBITOR (HUMAN) SOLUTION RECONSTITUTED | ARALAST NP | | | | PA Required | | | |
| CYSTIC FIBROSIS AGENTS** | | | | | | | | |
| DORNASE ALFA SOLUTION | PULMOZYME | | | | PA Required | | | X |
| IVACAFTOR PACKET | KALYDECO | | | | PA Required | | | X |
| IVACAFTOR TABLET | KALYDECO | | | | PA Required | | | X |
| PULMONARY FIBROSIS AGENTS** | | | | | | | | |
| PIRFENIDONE CAPSULE | ESBRIET | Brand Only | | | | | | X |
| PIRFENIDONE TABLET | ESBRIET | Brand Only | | | | | | X |
| SULFONAMIDES* | | | | | | | | |
| SULFONAMIDES** | | | | | | | | |
| SULFADIAZINE TABLET | SULFADIAZINE | | | | | | | |
| TETRACYCLINES* | | | | | | | | |
| GLYCYLCYCLINES** | | | | | | | | |
| TIGECYCLINE SOLUTION RECONSTITUTED | TYGACIL | | | | | | | |
| TETRACYCLINES** | | | | | | | | |
| DEMECLOCYCLINE HCL TABLET | DEMECLOCYCLINE HCL | | | | PA Required | | | |
| DOXYCYCLINE (MONOHYDRATE) CAPSULE (50MG, 100MG) | MONDOXYNE NL | | | | | | | |
| DOXYCYCLINE HYCLATE CAPSULE | MORGIDOX | | | | | | | |
| DOXYCYCLINE HYCLATE SOLUTION RECONSTITUTED | DOXY 100 | | | | | | | |
| DOXYCYCLINE HYCLATE TABLET | TARGADOX | | | | | | | |
| MINOCYCLINE HCL CAPSULE | MINOCYCLINE HYDROCHLORIDE | | | | | | | |
| MINOCYCLINE HCL SOLUTION RECONSTITUTED | MINOCIN | | | | | | | |
| THYROID AGENTS* | | | | | | | | |
| ANTITHYROID AGENTS** | | | | | | | | |
| METHIMAZOLE TABLET | METHIMAZOLE | | | | | | | X |
| PROPYLTHIOURACIL TABLET | PROPYLTHIOURACIL | | | | | | | X |
| THYROID HORMONES** | | | | | | | | |
| LEVOTHYROXINE SODIUM CAPSULE | TIROSINT | | | | | 90 | 90 | X |
| LEVOTHYROXINE SODIUM TABLET | LEVO-T | | | | | 90 | 90 | X |
| LIOthyRONINE SODIUM TABLET | CYTOMEL | | | | | 90 | 90 | X |
| THYROID TABLET | ARMOUR THYROID | | | | | | | X |
| TOXOIDS* | | | | | | | | |
| TOXOID COMBINATIONS** | | | | | | | | |
| DIPH-AC PERT-TET TOX AD-POLIO IPV-HAEMOPHIL B POLY VAC SUSPENSION RECONSTITUTED | PENTACEL | | | | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger | | | |
| DIPH-TETANUS TOX AD-ACELL PERTUSSIS & POLIO VIRUS, IPV VAC SUSPENSION | QUADRACEL | | | | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger | | | |
| DIPH-TETANUS TOX AD-ACELL PERTUSSIS & POLIO VIRUS, IPV VAC SUSP PREF SYR | QUADRACEL | | | | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger | | | |

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| DIPH-TETANUS TOX-ACELL PERT-HEPATITIS B RECOMB-POLIO IPV VA SUSP PREF SYR | PEDIARIX | | | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger | | | | |
| DIPHTHERIA, ACELLULAR PERTUSSIS & TETANUS TOXOIDS SUSPENSION | DAPTACEL | | | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger | | | | |
| DIPHTHERIA-TETANUS TOXOIDS (DT) SUSPENSION | DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC | | | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger | | | | |
| TETANUS TOXOID-DIPHTHERIA-ACELLULAR PERTUSSIS ADSORB (TDAP) SUSPENSION | ADACEL | | | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger | | | | |
| TETANUS TOXOID-DIPHTHERIA-ACELLULAR PERTUSSIS ADSORB (TDAP) SUSP PREF SYR | BOOSTRIX | | | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger | | | | |
| TETANUS-DIPHTHERIA TOXOIDS (TD) INJECTABLE | TENIVAC | | | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger | | | | |
| TETANUS-DIPHTHERIA TOXOIDS (TD) SUSPENSION | TDVAX | | | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger | | | | |
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS* | | | | | | | | |
| ANTISPASMODICS** | | | | | | | | |
| DICYCLOMINE HCL CAPSULE | DICYCLOMINE HYDROCHLORIDE | | | | | | | |
| DICYCLOMINE HCL SOLUTION | BENTYL | | | | | | | |
| DICYCLOMINE HCL TABLET | DICYCLOMINE HYDROCHLORIDE | | | | | | | |
| GLYCOPYRROLATE SOLUTION | GLYRX-PF | | | | | | | |
| GLYCOPYRROLATE TABLET | GLYCATE | | | | | | | |
| HYOSCYAMINE SULFATE ELIXIR | HYOSCYAMINE SULFATE | | | | | 360 | 90 | X |
| HYOSCYAMINE SULFATE SOLUTION | LEVSIN | | | | | 360 | 90 | |
| HYOSCYAMINE SULFATE TAB SUBLINGUAL | LEVSIN/SL | | | | | 360 | 90 | X |
| HYOSCYAMINE SULFATE TABLET | LEVSIN | | | | | 360 | 90 | X |
| HYOSCYAMINE SULFATE TABLET ER 12HR | LEVBID | | | | | 360 | 90 | X |
| HYOSCYAMINE SULFATE TABLET DISINTEGRATING | NULEV | | | | | 360 | 90 | X |
| H-2 ANTAGONISTS** | | | | | | | | |
| FAMOTIDINE SUSPENSION RECONSTITUTED | FAMOTIDINE | | | | | | | X |
| FAMOTIDINE TABLET | ZANTAC 360 | | | | | | | |
| NIZATIDINE CAPSULE | NIZATIDINE | | | | | | | X |
| NIZATIDINE SOLUTION | NIZATIDINE | | | | | | | |
| RANITIDINE HCL TABLET | WAL-ZAN 150 MAXIMUM STRENGTH | | | | | | | |
| MISC. ANTI-ULCER** | | | | | | | | |
| SUCRALFATE SUSPENSION | CARAFATE | | | | | | | X |
| SUCRALFATE TABLET | CARAFATE | | | | | | | X |
| PROTON PUMP INHIBITORS** | | | | | | | | |
| ESOMEPRAZOLE MAGNESIUM PACKET | NEXIUM | | | PA Required for > 18 Years of Age | | 90 | 90 | X |
| LANSOPRAZOLE CAPSULE DELAYED RELEASE | PREVACID | | | | | 180 | 90 | X |
| LANSOPRAZOLE TAB DR DISINT | PREVACID SOLUTAB | | | PA Required for > 18 Years of Age | | 180 | 90 | X |
| OMEPRAZOLE CAPSULE DELAYED RELEASE | OMEPRAZOLE DR | | | | | 180 | 90 | X |
| PANTOPRAZOLE SODIUM PACKET | PROTONIX | | | PA Required for > 18 Years of Age | | 90 | 90 | X |
| PANTOPRAZOLE SODIUM TABLET ENTERIC COATED | PROTONIX | | | | | 180 | 90 | X |
| ULCER DRUGS - PROSTAGLANDINS** | | | | | | | | |
| MISOPROSTOL TABLET | CYTOTEC | | | | | | | X |
| URINARY ANTISPASMODICS* | | | | | | | | |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)** | | | | | | | | |
| FESOTERODINE FUMARATE TABLET ER 24HR | TOVIAZ | Brand Only | Preferred Drug | | | | | X |

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|---|---|------------|----------------|--|--|--|--|---|
| OXYBUTYNIN CHLORIDE SOLUTION | OXYBUTYNIN CHLORIDE | | | | | | | X |
| OXYBUTYNIN CHLORIDE TABLET (5MG) | OXYBUTYNIN CHLORIDE | | Preferred Drug | | | | | |
| OXYBUTYNIN CHLORIDE TABLET ER 24HR | DITROPAN XL | | Preferred Drug | | | | | X |
| TOLTERODINE TARTRATE CAPSULE ER 24 HR | DETROL LA | Brand Only | Preferred Drug | | | | | X |
| TOLTERODINE TARTRATE TABLET | DETROL | Brand Only | Preferred Drug | | | | | X |
| URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS** | | | | | | | | |
| BETHANECHOL CHLORIDE TABLET | BETHANECHOL CHLORIDE | | | | | | | |
| VACCINES* | | | | | | | | |
| BACTERIAL VACCINES** | | | | | | | | |
| PNEUMOCOCCAL 13-VALENT CONJUGATE VACCINE SUSPENSION | PREVNAR 13 | | | | | | | |
| PNEUMOCOCCAL 15-VALENT CONJUGATE VACCINE SUSP PEF SYR | VAXNEUVANCE | | | | | | | |
| PNEUMOCOCCAL 20-VALENT CONJUGATE VACCINE SUSP PEF SYR | PREVNAR 20 | | | | | | | |
| PNEUMOCOCCAL VAC POLYVALENT INJECTABLE | PNEUMOVAX 23 | | | | | | | |
| VIRAL VACCINES** | | | | | | | | |
| COVID-19 (SARS-COV-2) MRNA VIRUS VACCINE SUSPENSION | COMIRNATY | | | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger | | | | |
| COVID-19 (SARS-COV-2) MRNA VIRUS VACCINE SUSP PEF SYR | COMIRNATY | | | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger | | | | |
| COVID-19 (SARS-COV-2) SUBUNIT (SPIKE) PROTEIN VIRUS VACCINE SUSPENSION | NOVAVAX COVID-19 VACCINE | | | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger | | | | |
| HEPATITIS B VACCINE (RECOMB) SUSPENSION | RECOMBIVAX HB | | | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger | | | | |
| HEPATITIS B VACCINE (RECOMB) SUSP PEF SYR | RECOMBIVAX HB | | | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger | | | | |
| HUMAN PAPILOMAVIRUS (HPV) 9-VALENT RECOMBINANT VACCINE SUSPENSION | GARDASIL 9 | | | Covered for Members 19 - 45 Years of Age, Obtain through VFC program for ages 18 and younger | | | | |
| HUMAN PAPILOMAVIRUS (HPV) 9-VALENT RECOMBINANT VACCINE SUSP PEF SYR | GARDASIL 9 | | | Covered for Members 19 - 45 Years of Age, Obtain through VFC program for ages 18 and younger | | | | |
| INFLUENZA VIRUS VAC RECOMB HEMAGGLUTININ (HA) QUADRIVALENT SOLN PEF SYR | FLUBLOK QUADRIVALENT | | | Covered for Members 3 Years and Older | | | | |
| INFLUENZA VIRUS VAC SPLIT HIGH-DOSE QUAD PRESERVATIVE FREE SUSP PEF SYR | FLUZONE HIGH-DOSE PF | | | Covered for Members 3 Years and Older | | | | |
| INFLUENZA VIRUS VACC TYPES A & B SURF ANTIGEN ADJUVANT QUAD PREFILLED SYR | FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS | | | Covered for Members 3 Years and Older | | | | |
| INFLUENZA VIRUS VACCINE LIVE QUADRIVALENT SUSPENSION | FLUMIST QUADRIVALENT | | | Covered for Members 3 Years and Older | | | | |
| INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT SUSPENSION | AFLURIA QUADRIVALENT | | | Covered for Members 3 Years and Older | | | | |
| INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT SUSP PEF SYR | AFLURIA QUADRIVALENT | | | Covered for Members 3 Years and Older | | | | |
| INFLUENZA VIRUS VACCINE TISSUE-CULTURED SUBUNIT QUADRIVALENT SUSPENSION | FLUCELVAX QUADRIVALENT | | | Covered for Members 3 Years and Older | | | | |
| INFLUENZA VIRUS VACCINE TISSUE-CULTURED SUBUNIT QUADRIVALENT SUSP PEF SYR | FLUCELVAX QUADRIVALENT | | | Covered for Members 3 Years and Older | | | | |
| MEASLES, MUMPS & RUBELLA VIRUS VACCINES SOLUTION RECONSTITUTED | M-M-R II | | | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger | | | | |
| MEASLES, MUMPS & RUBELLA VIRUS VACCINES SUSPENSION RECONSTITUTED | PRIORIX | | | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger | | | | |

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| MEASLES-MUMPS-RUBELLA-VARICELLA VIRUS VACCINES SUSPENSION RECONSTITUTED | PROQUAD | | | | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger | | | | |
| RSV PRE-FUSION F3 PROTEIN (RSVPREF3) VAC RECOMB ADJUVANTED SUSPENSION RECONSTITUTED | AREXVY | | | | Covered for Members 50 Years and Older, PA Required for < 50 years of age | 1 | 2 Years | | |
| RSV PRE-FUSION F A&B PROTEIN VACCINE RECOMBINANT SOLUTION RECONSTITUTED | ABRYSVO | | | | Covered for Members 60 Years and Older, PA Required for < 60 years of age | 1 | 2 Years | | |
| SMALLPOX & MONKEYPOX VACCINE, LIVE, NON-REPLICATING SUSPENSION | JYNNEOS | | | | Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger | | | | |
| ZOSTER VACCINE RECOMBINANT ADJUVANTED SUSPENSION RECONSTITUTED | SHINGRIX | | | | Covered for Members 50 Years and Older, PA Required for Ages 19 - 49 Years of Age, Excluded for Ages 18 and Younger | | | | |
| VAGINAL AND RELATED PRODUCTS* | | | | | | | | | |
| SPERMICIDES** | | | | | | | | | |
| NONOXYNOL-9 FILM | VCF VAGINAL CONTRACEPTIVE FILM | | | | | | | | |
| NONOXYNOL-9 FOAM | VCF VAGINAL CONTRACEPTIVE FOAM | | | | | | | | |
| NONOXYNOL-9 GEL | SHUR-SEAL | | | | | | | | |
| NONOXYNOL-9 MISCELLANEOUS | TODAY SPONGE | | | | | | | | |
| NONOXYNOL-9 SUPPOSITORY | ENCARE | | | | | | | | |
| VAGINAL ANTI-INFECTIVES** | | | | | | | | | |
| CLINDAMYCIN PHOSPHATE VAGINAL CREAM | CLEOCIN | | | | | | | | |
| CLINDAMYCIN PHOSPHATE VAGINAL SUPPOSITORY | CLEOCIN | | | | | | | | |
| CLOTRIMAZOLE VAGINAL CREAM | GYNE-LOTTRIMIN | | | | | | | | |
| METRONIDAZOLE VAGINAL GEL | VANAZOLE | | | | | | | | |
| MICONAZOLE NITRATE VAGINAL KIT | VAGISTAT-3 | | | | | | | | |
| MICONAZOLE NITRATE VAGINAL SUPPOSITORY | MICONAZOLE 7 | | | | | | | | |
| TERCONAZOLE VAGINAL CREAM | TERCONAZOLE | | | | | | | | |
| TERCONAZOLE VAGINAL SUPPOSITORY | TERCONAZOLE | | | | | | | | |
| TIOCONAZOLE VAGINAL OINTMENT | MONISTAT 1-DAY | | | | | | | | |
| VAGINAL ESTROGENS** | | | | | | | | | |
| ESTRADIOL ACETATE VAGINAL RING | FEMRING | | | | PA Required | 3 | 90 | X | |
| ESTRADIOL VAGINAL CREAM | ESTRACE | | | | | | | | X |
| ESTRADIOL VAGINAL RING | ESTRING | | | | | 1 | 90 | X | |
| ESTRADIOL VAGINAL TABLET | YUVAFEM | | | | | | | | X |
| ESTROGENS, CONJUGATED VAGINAL CREAM | PREMARIN | | | | | 90 GM | 90 | X | |
| VASOPRESSORS* | | | | | | | | | |
| ANAPHYLAXIS THERAPY AGENTS** | | | | | | | | | |
| EPINEPHRINE (ANAPHYLAXIS) SOLN AUTO-INJ | AUVI-Q | Mylan Generic | Preferred Drug | | PA Required for > 2 Per Month | 2 | 30 | | |
| VASOPRESSORS** | | | | | | | | | |
| MIDODRINE HCL TABLET | MIDODRINE HCL | | | | | | | | |
| VITAMINS* | | | | | | | | | |
| OIL SOLUBLE VITAMINS** | | | | | | | | | |
| CHOLECALCIFEROL LIQUID | BPROTECTED PEDIA D-VITE | | | | PA Required for > 2 years of age | | | | |
| ERGOCALCIFEROL CAPSULE | DRISDOL | | | | | 36 | 90 | X | |
| VITAMIN E CAPSULE | XCELLENT E | | | | | | | | |
| WATER SOLUBLE VITAMINS** | | | | | | | | | |
| ASCORBIC ACID TABLET CHEWABLE | SUNKIST VITAMIN C | | | | | | | | |
| NIACIN CAPSULE ER | NIACIN TR | | | | | | | | |
| NIACIN TABLET ER | ENDUR-ACIN | | | | | | | | |
| PYRIDOXINE HCL TABLET | VITAMIN B-6 | | | | | | | | |
| THIAMINE HCL TABLET | VITAMIN B-1 | | | | | | | | |