

**AHCCCS 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: 1/1/2025

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days	Maintenance Indicator (Maintenance Drugs are allowed 90 Days Supply)
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS*</b>								
<b>AMPHETAMINES**</b>								
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
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS**</b>								
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
<b>STIMULANTS - MISC.**</b>								
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
<b>ALTERNATIVE MEDICINES*</b>								
<b>ALTERNATIVE MEDICINE COMBINATIONS**</b>								
OMEGA 3 FATTY ACIDS-OMEGA 6 FATTY ACIDS-OMEGA 9 FATTY ACIDS CAPSULE	SUPER OMEGA-3							
<b>ALTERNATIVE MEDICINE - T'S**</b>								
TEA TREE OIL OIL	TEA TREE OIL							
<b>AMINOGLYCOSIDES*</b>								
<b>AMINOGLYCOSIDES**</b>								
AMIKACIN SULFATE SOLUTION	AMIKACIN SULFATE							
GENTAMICIN IN SALINE SOLUTION	ISOTONIC GENTAMICIN							
GENTAMICIN SULFATE SOLUTION	GENTAMICIN SULFATE PEDIATRIC							
NEOMYCIN SULFATE TABLET	NEOMYCIN SULFATE							
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							
<b>ANALGESICS - ANTI-INFLAMMATORY*</b>								
<b>ANTIRHEUMATIC - ENZYME INHIBITORS**</b>								
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
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**</b>								
ADALIMUMAB-ADBIM AUTO-INJECTOR KIT	CYLTEZO		Preferred Drug	PA Required				X
ADALIMUMAB-ADBIM PREFILLED SYRINGE KIT	CYLTEZO		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
ADALIMUMAB-RYVK PREFILLED SYRINGE KIT	SIMLANDI		Preferred Drug	PA Required				X
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)**</b>								
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

<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**</b>							
APREMILAST TABLET	OTEZLA	Brand Only	Preferred Drug	PA Required			X
APREMILAST TAB THER PACK	OTEZLA	Brand Only	Preferred Drug	PA Required			
<b>PYRIMIDINE SYNTHESIS INHIBITORS**</b>							
LEFLUNOMIDE TABLET	ARAVA						X
<b>SELECTIVE COSTIMULATION MODULATORS**</b>							
ABATACEPT SOLN AUTO-INJ	ORENCIA CLICKJECT			PA Required			X
ABATACEPT SOLN PREF SYR	ORENCIA			PA Required			X
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS**</b>							
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
<b>ANALGESICS - NONNARCOTIC*</b>							
<b>ANALGESIC COMBINATIONS**</b>							
BUTALBITAL-ACETAMINOPHEN-CAFFEINE TABLET	BAC				120	30	
<b>ANALGESICS OTHER**</b>							
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						
<b>SALICYLATES**</b>							
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
<b>ANALGESICS - OPIOID*</b>							
<b>OPIOID AGONISTS**</b>							
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 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.			
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			
<b>OPIOID COMBINATIONS**</b>							
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.				
<b>OPIOID PARTIAL AGONISTS**</b>								
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				
BUPRENORPHINE SOLN PREF SYR	BRIXADI		Preferred Drug	PA Required - if approved the prescriber must buy and bill a medical claim for the drug				
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM	SUBOXONE	Brand Only	Preferred Drug					
		GENERIC FORMULATIONS ONLY						
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE TAB SUBLINGUAL	ZUBSOLV		Preferred Drug					
METHADONE	VARIOUS			Only available at an Opioid Treatment Program (OTP) provider.				
<b>ANDROGENS-ANABOLIC*</b>								
<b>ANDROGENS**</b>								
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
<b>ANORECTAL AND RELATED PRODUCTS*</b>								
<b>INTRARECTAL STEROIDS**</b>								
HYDROCORTISONE (INTRARECTAL) ENEMA	CORTENEMA							
HYDROCORTISONE ACETATE (INTRARECTAL) FOAM	CORTIFOAM							
<b>RECTAL STEROIDS**</b>								
HYDROCORTISONE (RECTAL) CREAM	PROCTO-PAK							
<b>ANTACIDS*</b>								
<b>ANTACID COMBINATIONS**</b>								
ALUM & MAG HYDROX-SIMETHICONE LIQUID	MAG-AL PLUS							
ALUM & MAG HYDROX-SIMETHICONE SUSPENSION	GNP MASANTI REGULAR STRENGTH							
<b>ANTACIDS - BICARBONATE**</b>								
SODIUM BICARBONATE (ANTACID) POWDER	SODIUM BICARBONATE							
SODIUM BICARBONATE (ANTACID) TABLET	SODIUM BICARBONATE							
<b>ANTACIDS - CALCIUM SALTS**</b>								
CALCIUM CARBONATE (ANTACID) TABLET CHEWABLE	MAALOX CHILDRENS							
CALCIUM CARBONATE (ANTACID) LIQUID	CVS ANTACID CHILDRENS							
CALCIUM CARBONATE (ANTACID) TABLET	CALCIUM CARBONATE							
<b>ANTACIDS - MAGNESIUM SALTS**</b>								
MAGNESIUM OXIDE TABLET	MAOX							
<b>ANTHELMINTICS*</b>								
<b>ANTHELMINTICS**</b>								
ALBENDAZOLE TABLET	ALBENZA			PA Required				
IVERMECTIN TABLET	STROMECTOL			PA Required				
MEBENDAZOLE TABLET CHEWABLE	EMVERM			PA Required				
PRAZICUANTEL TABLET	BILTRICIDE							
<b>ANTIANGINAL AGENTS*</b>								
<b>ANTIANGINALS-OTHER**</b>								
RANOLAZINE TABLET ER 12HR	RANEXA			PA Required				X
<b>NITRATES**</b>								
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
<b>ANTIANSIETY AGENTS*</b>								
<b>ANTIANSIETY AGENTS - MISC.**</b>								
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	
<b>BENZODIAZEPINES**</b>								

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	
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	
<b>ANTIARRHYTHMICS*</b>								
<b>ANTIARRHYTHMICS TYPE I-A**</b>								
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
<b>ANTIARRHYTHMICS TYPE I-B**</b>								
MEXILETINE HCL CAPSULE	MEXILETINE HCL							X
<b>ANTIARRHYTHMICS TYPE I-C**</b>								
FLECAINIDE ACETATE TABLET	FLECAINIDE ACETATE							X
PROPAFENONE HCL CAPSULE ER 12 HR	RYTHMOL SR							X
PROPAFENONE HCL TABLET	PROPAFENONE HCL							X
<b>ANTIARRHYTHMICS TYPE III**</b>								
AMIODARONE HCL TABLET (100MG & 200MG)	PACERONE							X
DOFETILIDE CAPSULE	TIKOSYN				PA Required			X
DRONEDARONE HCL TABLET	MULTAQ				PA Required			X
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS*</b>								
<b>ANTI-INFLAMMATORY AGENTS**</b>								
CROMOLYN SODIUM NEBULIZATION SOLUTION	CROMOLYN SODIUM							X
<b>BRONCHODILATORS - ANTICHOLINERGICS**</b>								
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
<b>LEUKOTRIENE MODULATORS**</b>								
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
<b>STEROID INHALANTS**</b>								
BECLMETHASONE 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
FLUTICASON FUROATE (INHALATION) ARSL PWDR-BREATH ACTIVATE	ARNUITY							X
FLUTICASON PROPIONATE (INHALATION) ARSL PWDR-BREATH ACTIVATE	FLOVENT DISKUS							X
FLUTICASON 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
<b>SYMPATHOMIMETICS**</b>								
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
BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL	SYMBICORT	Brand Only	Preferred Drug					X
FLUTICASON-SALMETEROL ARSL PWDR-BREATH ACTIVATE	ADVAIR DISKUS/AIRDUO	Brand Only	Preferred Drug					X
FLUTICASON-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
<b>XANTHINES**</b>								

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
<b>ANTICOAGULANTS*</b>									
<b>COUMARIN ANTICOAGULANTS**</b>									
WARFARIN SODIUM TABLET	JANTOVEN								X
<b>DIRECT FACTOR XA INHIBITORS**</b>									
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		
<b>HEPARINS AND HEPARINOID-LIKE AGENTS**</b>									
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								
<b>THROMBIN INHIBITORS**</b>									
DABIGATRAN ETEXILATE MESYLATE CAPSULE	PRADAXA	Brand Only	Preferred Drug			180	90		X
<b>ANTICONVULSANTS*</b>									
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS**</b>									
PERAMPANEL TABLET	FYCOMPA				PA Required				X
PERAMPANEL SUSPENSION	FYCOMPA				PA Required				X
<b>ANTICONVULSANTS - BENZODIAZEPINES**</b>									
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	DIASAT					2	30		
DIAZEPAM (ANTICONVULSANT) LIQUID	VALTOCO					2	30		
DIAZEPAM (ANTICONVULSANT) LIQD THER PACK	VALTOCO					2	30		
MIDAZOLAM (ANTICONVULSANT) SOLUTION	NAVZILAM					2	30		
<b>ANTICONVULSANTS - MISC.**</b>									
CANNABIDIOL SOLUTION	EPIDIOLEX				PA Required				X
CARBAMAZEPINE TABLET CHEWABLE	CARBAMAZEPINE								X
CARBAMAZEPINE CAPSULE ER 12 HR	CARBATROL								X
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	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
<b>CARBAMATES**</b>									
CENOBAMATE TABLET	XCOPRI				PA Required				X
CENOBAMATE TAB THER PACK	XCOPRI				PA Required				
FELBAMATE SUSPENSION	FELBATOL								X
FELBAMATE TABLET	FELBATOL								X
<b>GABA MODULATORS**</b>									
TIAGABINE HCL TABLET	GABITRIL				PA Required				X
<b>HYDANTOINS**</b>									
PHENYTOIN TABLET CHEWABLE	DILANTIN CHEWABLES								X
PHENYTOIN SODIUM EXTENDED CAPSULE	DILANTIN/PHENYTEK ER								X
PHENYTOIN SUSPENSION	DILANTIN-125								X
<b>SUCCINIMIDES**</b>									

ETHOSUXIMIDE CAPSULE	ZARONTIN								X
ETHOSUXIMIDE SOLUTION	ZARONTIN								X
METHSUXIMIDE CAPSULE	CELONTIN								X
<b>VALPROIC ACID**</b>									
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
<b>ANTIDEPRESSANTS*</b>									
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**</b>									
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
<b>ANTIDEPRESSANTS - MISC.**</b>									
BUPROPION HCL TABLET	BUPROPION HCL					PA Required for Ages < 6 years	360	90	X
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	
<b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID**</b>									
ZURANOLONE CAPSULE	ZURZUVAE					PA Required			
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS**</b>									
ESKETAMINE HCL SOLN THER PACK	SPRAVATO					PA Required			X
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**</b>									
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	
<b>SEROTONIN MODULATORS**</b>									
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	
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)**</b>									
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	
<b>TRICYCLIC AGENTS**</b>									
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
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			
<b>ANTIDIABETICS*</b>									
<b>ALPHA-GLUCOSIDASE INHIBITORS**</b>									
ACARBOSE TABLET	PRECOSE								X
<b>ANTIDIABETIC - AMYLIN ANALOGS**</b>									
PRAMLINTIDE ACETATE SOLN PEN-INJ	SYMLINPEN 60			Preferred Drug		PA Required			X
<b>ANTIDIABETIC COMBINATIONS**</b>									
ALOGLIPTIN-METFORMIN HCL TABLET	KAZANO			Preferred Drug					X
ALOGLIPTIN-PIOGLITAZONE TABLET	OSENI			Preferred Drug					X
CANAGLIFLOZIN-METFORMIN HCL TABLET	INVOKAMET	Brand Only		Preferred Drug					X
DAPAGLIFLOZIN PROPANEDIOL-METFORMIN HCL TABLET ER 24HR	XIGDUO XR	Brand Only		Preferred Drug					X
EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN TABLET ER 24HR	TRIJARDY XR	Brand Only		Preferred Drug					X
EMPAGLIFLOZIN-METFORMIN HCL TABLET	SYNJARDY	Brand Only		Preferred Drug					X
GLYBURIDE-METFORMIN TABLET	GLYBURIDE/METFORMIN HYDROCHLORIDE			Preferred Drug					X
LINAGLIPTIN-METFORMIN HCL TABLET	JENTADUETO	Brand Only		Preferred Drug					X
LINAGLIPTIN-METFORMIN HCL TABLET ER 24HR	JENTADUETO XR	Brand Only		Preferred Drug					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
<b>BIGUANIDES**</b>									
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			
<b>DIABETIC OTHER**</b>									
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 HYPOPEN 1-PACK		Preferred Drug					2	30
GLUCAGON SOLN AUTO-INJ (1MG/.2ML)	GVOKE HYPOPEN 1-PACK		Preferred Drug					1	30
GLUCAGON SOLN PREF SYR	GVOKE PFS		Preferred Drug					2	30
MIFEPRISTONE (HYPERGLYCEMIA) TABLET	KORLYM					PA Required			X
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS**</b>									
ALOGLIPTIN BENZOATE TABLET	NESINA		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
<b>INCRETIN MIMETIC AGENTS**</b>									
DULAGLUTIDE SOLN PEN-INJ	TRULICITY		Preferred Drug			PA Required			X
EXENATIDE SOLN PEN-INJ	BYETTA		Preferred Drug			PA Required			X
LIRAGLUTIDE SOLN PEN-INJ	VICTOZA		Preferred Drug			PA Required			X
<b>INSULIN SENSITIZING AGENTS**</b>									
INSULIN DEGLUDEC SOLUTION	TRESIBA								X
INSULIN DEGLUDEC SOLN PEN-INJ	TRESIBA								X
PIOGLITAZONE HCL TABLET	ACTOS								X
<b>INSULIN**</b>									
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
<b>MEGLITINIDE ANALOGUES**</b>									
NATEGLINIDE TABLET	STARLIX								X
REPAGLINIDE TABLET	REPAGLINIDE								X
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**</b>									
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
<b>SULFONYLUREAS**</b>									
GLIMEPIRIDE TABLET (1MG,2MG,4MG)	AMARYL								X
GLIPIZIDE TABLET	GLUCOTROL								X
GLIPIZIDE TABLET ER 24HR	GLUCOTROL XL								X
GLYBURIDE MICRONIZED TABLET	GLYNASE								X
GLYBURIDE TABLET	GLYBURIDE								X
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS*</b>									
<b>ANTIPERISTALTIC AGENTS**</b>									
DIPHENOXYLATE W/ ATROPINE LIQUID	DIPHENOXYLATE/ATROPINE								
DIPHENOXYLATE W/ ATROPINE TABLET	LOMOTIL								
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								
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS*</b>									
<b>OPIOID ANTAGONISTS**</b>									
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 PEF SYR	NALOXONE HYDROCHLORIDE		Preferred Drug				
NALTREXONE HCL TABLET	NALTREXONE HCL		Preferred Drug				
NALTREXONE SUSPENSION RECONSTITUTED	VIVITROL		Preferred Drug				
<b>ANTIEMETICS*</b>							
<b>5-HT3 RECEPTOR ANTAGONISTS**</b>							
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 PEF SYR	ONDANSETRON HYDROCHLORIDE						
ONDANSETRON HCL TABLET	ZOFRAN					60	30
ONDANSETRON TABLET DISINTEGRATING	ONDANSETRON ODT					60	30
<b>ANTIEMETICS - ANTICHOLINERGIC**</b>							
MECLIZINE HCL TABLET CHEWABLE	DRAMAMINE MOTION SICKNESS LESS DROWSY						
MECLIZINE HCL TABLET	WAL-DRAM II						
TRIMETHOBENZAMIDE HCL CAPSULE	TIGAN						
TRIMETHOBENZAMIDE HCL SOLUTION	TIGAN						
<b>ANTIEMETICS - MISCELLANEOUS**</b>							
DOXYLAMINE-PYRIDOXINE TABLET ENTERIC COATED	DICLEGIS						
DRONABINOL CAPSULE	MARINOL				PA Required		
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS**</b>							
APREPITANT CAPSULE	EMEND					6	21
APREPITANT MISCELLANEOUS	APREPITANT					6	21
<b>ANTIFUNGALS*</b>							
<b>ANTIFUNGALS**</b>							
GRISEOFULVIN MICROSIZE SUSPENSION	GRISEOFULVIN MICROSIZE						
GRISEOFULVIN MICROSIZE TABLET	GRISEOFULVIN MICROSIZE						
NYSTATIN TABLET	NYSTATIN						
TERBINAFINE HCL TABLET	TERBINAFINE HCL					90	365
<b>IMIDAZOLE-RELATED ANTIFUNGALS**</b>							
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 TABLET	VFEND				PA Required		
VORICONAZOLE SUSPENSION RECONSTITUTED	VFEND	Brand Only			PA Required		
<b>ANTIHISTAMINES*</b>							
<b>ANTIHISTAMINES - ALKYLAMINES**</b>							
CHLORPHENIRAMINE MALEATE TABLET	WAL-FINATE						
DEXCHLORPHENIRAMINE MALEATE SOLUTION	RYCLORA						
<b>ANTIHISTAMINES - ETHANOLAMINES**</b>							
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						
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						
<b>ANTIHISTAMINES - NON-SEDATING**</b>							
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
<b>ANTIHISTAMINES - PHENOTHIAZINES**</b>							
PROMETHAZINE HCL SOLUTION	PHENERGAN						
PROMETHAZINE HCL SUPPOSITORY	PROMETHEGAN						
PROMETHAZINE HCL SYRUP	PROMETHAZINE HCL PLAIN						
PROMETHAZINE HCL TABLET	PROMETHAZINE HYDROCHLORIDE						
<b>ANTIHISTAMINES - PIPERIDINES**</b>							
CYPROHEPTADINE HCL SYRUP	CYPROHEPTADINE HCL						
CYPROHEPTADINE HCL TABLET	CYPROHEPTADINE HYDROCHLORIDE						
<b>ANTIHYPERLIPIDEMICS*</b>							
<b>BILE ACID SEQUESTRANTS**</b>							
CHOLESTYRAMINE LIGHT PACKET	PREVALITE						X
CHOLESTYRAMINE LIGHT POWDER	PREVALITE						X
CHOLESTYRAMINE PACKET	QUESTRAN						X
CHOLESTYRAMINE POWDER	QUESTRAN						X





<b>GLYCOPEPTIDES**</b>								
DALBAVANCIN HCL SOLUTION RECONSTITUTED	DALVANCE							
ORITAVANCIN DIPHOSPHATE SOLUTION RECONSTITUTED	ORBACTIV							
TELAVANCIN HCL SOLUTION RECONSTITUTED	VIBATIV							
<b>VANCOMYCIN HCL CAPSULE</b>								
VANCOMYCIN HCL SOLUTION	VANCOMYCIN HCL (IV)					PA Required		
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							
<b>LEPROSTATICS**</b>								
DAPSONE TABLET	DAPSONE							X
<b>LINCOSAMIDES**</b>								
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							
<b>MONOBACTAMS**</b>								
AZTREONAM SOLUTION RECONSTITUTED	AZACTAM							
<b>OXAZOLIDINONES**</b>								
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							
<b>POLYMYXINS**</b>								
COLISTIMETHATE SODIUM SOLUTION RECONSTITUTED	COLY-MYCIN M							
POLYMYXIN B SULFATE SOLUTION RECONSTITUTED	POLYMYXIN B SULFATE							
<b>STREPTOGRAMINS**</b>								
QUINUPRISTIN-DALFOPRISTIN SOLUTION RECONSTITUTED	SYNERCID							
<b>URINARY ANTI-INFECTIVES**</b>								
NITROFURANTOIN MACROCRYSTAL CAPSULE	MACRODANTIN							
NITROFURANTOIN MONOHYD MACRO CAPSULE	MACROBID							
NITROFURANTOIN SUSPENSION	NITROFURANTOIN							
<b>ANTIMALARIALS*</b>								
<b>ANTIMALARIAL COMBINATIONS**</b>								
ARTEMETHER-LUMEFANTRINE TABLET	COARTEM							
ATOVAQUONE-PROGUANIL HCL TABLET	MALARONE							
<b>ANTIMALARIALS**</b>								
CHLOROQUINE PHOSPHATE TABLET	CHLOROQUINE PHOSPHATE							X
HYDROXYCHLOROQUINE SULFATE TABLET	PLAQUENIL							X
PRIMAQUINE PHOSPHATE TABLET	PRIMAQUINE PHOSPHATE							
PYRIMETHAMINE TABLET	DARAPRIM							
QUININE SULFATE CAPSULE	QUALAQUIN							
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS*</b>								
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS**</b>								
PYRIDOSTIGMINE BROMIDE SOLUTION	MESTINON							
PYRIDOSTIGMINE BROMIDE TABLET	MESTINON							
PYRIDOSTIGMINE BROMIDE TABLET ER	MESTINON TIMESPAN							
<b>ANTIMYCOBACTERIAL AGENTS*</b>								
<b>ANTIMYCOBACTERIAL AGENTS**</b>								
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							
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b>								
<b>ALKYLATING AGENTS**</b>								
CYCLOPHOSPHAMIDE CAPSULE	CYCLOPHOSPHAMIDE							
CYCLOPHOSPHAMIDE TABLET	CYCLOPHOSPHAMIDE							
LOMUSTINE CAPSULE	GLEOSTINE							
MELPHALAN TABLET	ALKERAN					PA Required		
TEMOZOLOMIDE CAPSULE	TEMODAR					PA Required		
<b>ANTIMETABOLITES**</b>								
MERCAPTOPYRINE TABLET	MERCAPTOPYRINE							
METHOTREXATE SODIUM TABLET	TREXALL							
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS**</b>								
AXITINIB TABLET	INLYTA					PA Required		
BEVACIZUMAB-AWWB SOLUTION	MVASI					PA Required		
BEVACIZUMAB-BVZR SOLUTION	ZIRABEV					PA Required		
<b>ANTINEOPLASTIC - ANTIBODIES**</b>								
RITUXIMAB-ABBS SOLUTION	TRUXIMA					PA Required		
RITUXIMAB-PVVR SOLUTION	RUXIENCE					PA Required		
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS**</b>								
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		
<b>ANTINEOPLASTIC - EGFR INHIBITORS**</b>								
ERLOTINIB HCL TABLET	TARCEVA					PA Required		
GEFITINIB TABLET	IRESSA					PA Required		

<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS**</b>								
VISMODEGIB CAPSULE	ERIVEDGE			PA Required				
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS**</b>								
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
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
<b>ANTINEOPLASTIC ENZYME INHIBITORS**</b>								
ALECTINIB HCL CAPSULE	ALECENSA			PA Required				
COBIMETINIB FUMARATE TABLET	COTELLIC			PA Required				
CRIZOTINIB CAPSULE	XALKORI			PA Required				
CRIZOTINIB CAPSULE SPRINKLE	XALKORI			PA Required				
DASATINIB TABLET	SPRYCEL	Brand Only		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				
VENURAFENIB TABLET	ZELBORAF			PA Required				
VORINOSTAT CAPSULE	ZOLINZA			PA Required				
<b>ANTINEOPLASTICS MISC.**</b>								
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				
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS**</b>								
LEUCOVORIN CALCIUM TABLET	LEUCOVORIN CALCIUM							
<b>MITOTIC INHIBITORS**</b>								
ETOPOSIDE CAPSULE	ETOPOSIDE							
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS*</b>								
<b>ANTIPARKINSON ANTICHOLINERGICS**</b>								
BENZTROPINE MESYLATE TABLET	BENZTROPINE MESYLATE							X
TRIHEXYPHENIDYL HCL SOLUTION	TRIHEXYPHENIDYL HCL							X
TRIHEXYPHENIDYL HCL TABLET	TRIHEXYPHENIDYL HYDROCHLORIDE							X
<b>ANTIPARKINSON COMT INHIBITORS**</b>								
ENTACAPONE TABLET	COMTAN							X
<b>ANTIPARKINSON DOPAMINERGICS**</b>								
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
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS*</b>								
<b>ANTIMANIC AGENTS**</b>								
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
<b>ANTIPSYCHOTICS - MISC.**</b>								
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
<b>BENZISOXAZOLES**</b>								
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	
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	
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
<b>DIBENZAPINES**</b>							
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
<b>DIHYDROINDOLONES**</b>							
MOLINDONE HCL TABLET	MOLINDONE HYDROCHLORIDE			PA Required for < 12 years of age			X
<b>PHENOTHIAZINES**</b>							
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.			
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
<b>QUINOLINONE DERIVATIVES**</b>								
ARIPIRAZOLE 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	
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 ASIMTUFI		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 ASIMTUFI		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
ARIPIRAZOLE SOLUTION THIOXANTHENES**	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.	2250	90	X
THIOTHIXENE CAPSULE	THIOTHIXENE			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
<b>ANTIVIRALS*</b>							
<b>ANTIRETROVIRALS**</b>							
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	SYMPI LO	Brand Only			90	90	X
ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLET	GENVOVA				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
LOPINAVIR-RITONAVIR TABLET	KALETRA						X
MARAVIROC TABLET	SELZENTRY			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
<b>ANTIVIRAL COMBINATIONS**</b>							
NIRMATRELVIR-RITONAVIR TAB THER PACK	PAXLOVID			Minimum Patient Age of 12 Years	60	365	
<b>CMV AGENTS**</b>							
MARIBAVIR TABLET	LIVTENCITY			PA Required			X
VALGANICLOVIR HCL SOLUTION RECONSTITUTED	VALCYTE			PA Required			X
VALGANICLOVIR HCL TABLET	VALCYTE			PA Required			X
<b>HEPATITIS AGENTS**</b>							
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				
SOFOBUVIR-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	
<b>HERPES AGENTS**</b>								
ACYCLOVIR SUSPENSION	ZOVIRAX							
ACYCLOVIR TABLET	SITAVIG							
FAMCICLOVIR TABLET	FAMCICLOVIR							
VALACYCLOVIR HCL TABLET	VALTREX					30	30	
<b>INFLUENZA AGENTS**</b>								
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	
<b>MISC. ANTIVIRALS**</b>								
MOLNUPIRAVIR CAPSULE	LAGEVIRIO			Minimum Patient Age of 18 Years		80	365	
REMSDESIVIR SOLUTION	VEKLURY							
REMSDESIVIR SOLUTION RECONSTITUTED	VEKLURY							
TECOVIRIMAT CAPSULE	TPOXX							
<b>BETA BLOCKERS*</b>								
<b>ALPHA-BETA BLOCKERS**</b>								
CARVEDILOL TABLET	COREG							X
LABELALOL HCL TABLET	LABELALOL HYDROCHLORIDE							X
<b>BETA BLOCKERS CARDIO-SELECTIVE**</b>								
ATENOLOL TABLET	TENORMIN							X
BISOPROLOL FUMARATE TABLET	BISOPROLOL FUMARATE							X
METOPROLOL SUCCINATE TABLET ER 24HR	TOPROL XL							X
METOPROLOL TARTRATE TABLET	LOPRESSOR							X
NEBIVOLOL HCL TABLET	BYSTOLIC							X
<b>BETA BLOCKERS NON-SELECTIVE**</b>								
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/AF) TABLET	BETAPACE AF							X
SOTALOL HCL TABLET	SORINE							X
<b>CALCIUM CHANNEL BLOCKERS*</b>								
<b>CALCIUM CHANNEL BLOCKERS**</b>								
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	TAZIA 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
<b>CARDIOTONICS*</b>								
<b>CARDIAC GLYCOSIDES**</b>								
DIGOXIN SOLUTION	LANOXIN PEDIATRIC							
DIGOXIN TABLET	DIGITEK							X
<b>CARDIOVASCULAR AGENTS - MISC.*</b>								
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**</b>								
SACUBITRIL-VALSARTAN TABLET	ENTRESTO							X
SACUBITRIL-VALSARTAN CAPSULE SPRINKLE	ENTRESTO SPRINKLE							X
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS**</b>								
AMBRISENTAN TABLET	LETAIRIS		Preferred Drug	PA Required				X
BOSENTAN TABLET (62.5MG, 125MG)	TRACLEER		Preferred Drug	PA Required				
<b>PROSTAGLANDIN VASODILATORS**</b>								
TREPROSTINIL DIOLAMINE TABLET ER	ORENITRAM			PA Required				X
TREPROSTINIL DIOLAMINE TBER THER PACK	ORENITRAM			PA Required				X
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS**</b>								
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
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
<b>CEPHALOSPORINS*</b>							
<b>CEPHALOSPORIN COMBINATIONS**</b>							
CEFTAZIDIME-AVIBACTAM SODIUM SOLUTION RECONSTITUTED	AVYCAZ						
CEFTOLOZANE SULFATE-TAZOBACTAM SODIUM SOLUTION RECONSTITUTED	ZERBAXA						
<b>CEPHALOSPORINS - 1ST GENERATION**</b>							
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						
<b>CEPHALOSPORINS - 2ND GENERATION**</b>							
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						
<b>CEPHALOSPORINS - 3RD GENERATION**</b>							
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						
<b>CEPHALOSPORINS - 4TH GENERATION**</b>							
CEFEPIME HCL SOLUTION	CEFEPIME						
CEFEPIME HCL SOLUTION RECONSTITUTED	CEFEPIME HYDROCHLORIDE						
CEFEPIME HCL-DEXTROSE SOLUTION RECONSTITUTED	CEFEPIME/DEXTROSE						
<b>CEPHALOSPORINS - 5TH GENERATION**</b>							
CEFTAROLINE FOSAMIL SOLUTION RECONSTITUTED	TEFLARO						
<b>CONTRACEPTIVES*</b>							
<b>COMBINATION CONTRACEPTIVES - ORAL**</b>							
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 ACET & ETH ESTRA TABLET DISINTEGRATING	FEMLYV						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	CRYSELLE-28						X
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL**</b>							
NORELGESTROMIN-ETHINYL ESTRADIOL PATCH WEEKLY	XULANE						X
<b>COMBINATION CONTRACEPTIVES - VAGINAL**</b>							
ETONOGESTREL-ETHINYL ESTRADIOL RING	NUVARING	Brand Only					X
<b>COPPER CONTRACEPTIVES - IUD**</b>							
COPPER (IUD) INTRAUTERINE DEVICE	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A						
<b>EMERGENCY CONTRACEPTIVES**</b>							
LEVONORGESTREL (EMERGENCY OC) TABLET	OPTION 2						
ULIPRISTAL ACETATE TABLET	ELLA				1	5	
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS**</b>							
ETONOGESTREL IMPLANT	NEXPLANON				1	2 Years	
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE**</b>							

MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSPENSION	DEPO-PROVERA CONTRACEPTIVE							
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSP PREF SYR	DEPO-PROVERA CONTRACEPTIVE							
<b>PROGESTIN CONTRACEPTIVES - IUD**</b>								
LEVONORGESTREL (IUD) INTRAUTERINE DEVICE	SKYLA							
<b>PROGESTIN CONTRACEPTIVES - ORAL**</b>								
NORETHINDRONE (CONTRACEPTIVE) TABLET	DEBLITANE							X
NORGESTREL TABLET	OPILL							X
<b>CORTICOSTEROIDS*</b>								
<b>GLUCOCORTICOSTEROIDS**</b>								
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							
PREDNISOLONE SODIUM PHOSPHATE TABLET DISINTEGRATING	ORAPRED ODT							
PREDNISOLONE SOLUTION	PREDNISOLONE							
PREDNISOLONE TABLET	MILLIPRED							
PREDNISONE CONCENTRATE	PREDNISONE INTENSOL							
PREDNISONE SOLUTION	PREDNISONE							
PREDNISONE TABLET	PREDNISONE							
PREDNISONE TABLET ENTERIC COATED	RAYOS							
PREDNISONE TAB THER PACK	PREDNISONE							
TRIAMCINOLONE ACETONIDE SUSPENSION	KENALOG-10				PA Required			
TRIAMCINOLONE DIACETATE SUSPENSION	TRIAMCINOLONE				PA Required			
TRIAMCINOLONE HEXACETONIDE SUSPENSION	HEXATRIONE							
<b>MINERALOCORTICIDS**</b>								
FLUDROCORTISONE ACETATE TABLET	FLUDROCORTISONE ACETATE							X
<b>COUGH/COLD/ALLERGY*</b>								
<b>ANTITUSSIVES**</b>								
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			
<b>COUGH/COLD/ALLERGY COMBINATIONS**</b>								
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			
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/DEXTROMETHORPHAN 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							
<b>EXPECTORANTS**</b>								
GUAIFENESIN LIQUID	HERBAL EXPEC							
GUAIFENESIN PACKET	MUCINEX FOR KIDS							
GUAIFENESIN SYRUP	SM TUSSIN							
GUAIFENESIN TABLET	XPECT							
GUAIFENESIN TABLET ER 12HR	EQ MUCUS ER							
<b>MISC. RESPIRATORY INHALANTS**</b>								
SODIUM CHLORIDE (INHALANT) NEBULIZATION SOLUTION	NEBUSAL							
<b>DERMATOLOGICALS*</b>								
<b>ACNE PRODUCTS**</b>								
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	
<b>ANTIBIOTICS - TOPICAL**</b>								
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							
MUPIROCIIN CALCIUM (TOPICAL) CREAM	MUPIROCIIN							
MUPIROCIIN OINTMENT	CENTANY							
NEOMYCIN-BACITRACIN-POLYMYXIN OINTMENT	LANABIOTIC							
<b>ANTIFUNGALS - TOPICAL**</b>								
BUTENAFINE HCL CREAM	MENTAX							
CICLOPIROX OLAMINE CREAM	LOPROX							
CICLOPIROX SOLUTION	CICLODAN							
CLOTRIMAZOLE (TOPICAL) CREAM	DESENEX							
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						PA Required (Bulk Powder Only)	
NYSTATIN (TOPICAL) CREAM	NYSTATIN							
NYSTATIN (TOPICAL) OINTMENT	NYSTATIN							
NYSTATIN (TOPICAL) POWDER	NYSTOP							
TERBINAFINE HCL (TOPICAL) CREAM	LAMISIL AT							
TOLNAFTATE AEROSOL POWDER	ODOR EATERS FOOT & SNEAKER SPRAY							
TOLNAFTATE CREAM	TING							
TOLNAFTATE POWDER	ODOR EATERS ANTIFUNGAL							
<b>ANTIHISTAMINES-TOPICAL**</b>								
DIPHENHYDRAMINE HCL (TOPICAL) CREAM	SM ALLERGY MAXIMUM STRENGTH							
DIPHENHYDRAMINE HCL (TOPICAL) GEL	BENADRYL ITCH STOPPING							
DIPHENHYDRAMINE HCL (TOPICAL) SOLUTION	THE ITCH ERASER							
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL**</b>								
DICLOFENAC SODIUM (TOPICAL) GEL	MOTRIN ARTHRITIS PAIN						100 GM	300
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL**</b>								
BEXAROTENE (TOPICAL) GEL	TARGRETIN							
FLUOROURACIL (TOPICAL) CREAM	CARAC							
FLUOROURACIL (TOPICAL) SOLUTION	FLUOROURACIL							
<b>ANTIPSORIATICS**</b>								
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							
<b>ANTISEBORRHEIC PRODUCTS**</b>								
SELENIUM SULFIDE LOTION	SELSUN BLUE							
SELENIUM SULFIDE SHAMPOO	SELRX							
<b>ANTIVIRALS - TOPICAL**</b>								
ACYCLOVIR TOPICAL CREAM	ZOVIRAX	Brand Only					15 GM	30
ACYCLOVIR TOPICAL OINTMENT	ZOVIRAX	Brand Only					15 GM	30
DOCOSANOL CREAM	ABREVA						2 GM	30
<b>BURN PRODUCTS**</b>								
SILVER SULFADIAZINE CREAM	SSD							
<b>CORTICOSTEROIDS - TOPICAL**</b>								
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	
CLOBETASOL PROPIONATE SHAMPOO	CLODAN					118	30	
CLOBETASOL PROPIONATE SOLUTION	CLOBETASOL PROPIONATE					100	30	
FLUOCINOLONE ACETONIDE OIL	DERMA-SMOOTHIE/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							
<b>ECZEMA AGENTS**</b>								
RUXOLITINIB PHOSPHATE (TOPICAL) CREAM	OPZELURA					PA Required		
TRALOKINUMAB-LDRM SOLN AUTO-INJ	ADBRY					PA Required		X
TRALOKINUMAB-LDRM SOLN PREF SYR	ADBRY					PA Required		X
<b>EMOLLIENTS**</b>								
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							
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL**</b>								
PIMECROLIMUS CREAM	ELIDEL					PA Required	60 GM	30
TACROLIMUS (TOPICAL) OINTMENT	PROTOPIC					PA Required		
<b>KERATOLYTIC/ANTIMITOTIC AGENTS**</b>								
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 CLEAN & CLEAR ADVANTAGE ACNE CONTROL							
SALICYLIC ACID LOTION	MOISTURIZER							
SALICYLIC ACID SHAMPOO	P & S							
SALICYLIC ACID SOLUTION	DUOFILM							
<b>LOCAL ANESTHETICS - TOPICAL**</b>								
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							
LIDOCAINE PATCH	ZTLIDO					PA Required (1.8% & 3.5% Only)	60	30
LIDOCAINE-PRILOCAINE CREAM	LIDOCAINE/PRILOCAINE						30 GM	30
<b>MISC. TOPICAL**</b>								
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							
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL**</b>								
CRISABOROLE OINTMENT	EUCRISA					PA Required		
<b>ROSACEA AGENTS**</b>								
METRONIDAZOLE (TOPICAL) CREAM	ROSADAN							
METRONIDAZOLE (TOPICAL) GEL	ROSADAN							
METRONIDAZOLE (TOPICAL) LOTION	METROLOTION							
<b>SCABICIDES &amp; PEDICULICIDES**</b>								
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				
<b>WOUND CARE PRODUCTS**</b>									
BECAPLERMIN GEL	REGRANEX				PA Required				
<b>DIAGNOSTIC PRODUCTS*</b>									
<b>DIAGNOSTIC TESTS**</b>									
COVID-19 AT HOME TEST KIT	BINAXNOW COV KIT HOME TEST						2	30	
GLUCOSE BLOOD STRIP	ACCU-CHEK AVIVA, ACCU-CHEK GUIDE, TRUE METRIX, TRUETRACK						200	30	
<b>DIGESTIVE AIDS*</b>									
<b>DIGESTIVE ENZYMES**</b>									
PANCRELIPASE (LIPASE-PROTEASE-AMYLASE) CAPSULE DR PART	CREON/ZENPEP	Brand Only	Preferred Drug				900	90	X
SACROSIDASE SOLUTION	SUCRAID				PA Required				X
<b>DIURETICS*</b>									
<b>CARBONIC ANHYDRASE INHIBITORS**</b>									
ACETAZOLAMIDE CAPSULE ER 12 HR	ACETAZOLAMIDE ER								X
ACETAZOLAMIDE TABLET	ACETAZOLAMIDE								X
METHAZOLAMIDE TABLET	METHAZOLAMIDE								X
<b>DIURETIC COMBINATIONS**</b>									
SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TABLET	ALDACTAZIDE								X
TRIAMTERENE & HYDROCHLOROTHIAZIDE CAPSULE	TRIAMTERENE/HYDROCHLOROTHIAZIDE								X
TRIAMTERENE & HYDROCHLOROTHIAZIDE TABLET	MAXZIDE-25								X
<b>LOOP DIURETICS**</b>									
BUMETANIDE TABLET	BUMEX								X
FUROSEMIDE SOLUTION	FUROSEMIDE								X
FUROSEMIDE TABLET	LASIX								X
TORSEMIDE TABLET	SOAANZ								X
<b>POTASSIUM SPARING DIURETICS**</b>									
AMILORIDE HCL TABLET	AMILORIDE HCL								X
SPIRONOLACTONE TABLET	ALDACTONE								X
TRIAMTERENE CAPSULE	DYRENIUM								X
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS**</b>									
CHLOROTHIAZIDE SUSPENSION	DIURIL								X
CHLORTHALIDONE TABLET	THALITONE								X
HYDROCHLOROTHIAZIDE CAPSULE (12.5MG)	HYDROCHLOROTHIAZIDE								X
HYDROCHLOROTHIAZIDE TABLET (25MG, 50MG)	HYDROCHLOROTHIAZIDE								X
INDAPAMIDE TABLET	INDAPAMIDE								X
METOLAZONE TABLET	METOLAZONE								X
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.*</b>									
<b>BONE DENSITY REGULATORS**</b>									
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
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS**</b>									
PEGVISOMANT SOLUTION RECONSTITUTED	SOMAVERT				PA Required				X
<b>GROWTH HORMONES**</b>									
SOMATROPIN PREFILLED SYR	GENOTROPIN MINIQUICK	Brand Only			PA Required				X
SOMATROPIN SOLN PEN-INJ	NORDITROPIN FLEXPPO				PA Required				X
<b>HORMONE RECEPTOR MODULATORS**</b>									
RALOXIFENE HCL TABLET	EVISTA						90	90	X
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)**</b>									
MECASERMIN SOLUTION	INCRELEX				PA Required				X
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS**</b>									
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				
<b>METABOLIC MODIFIERS**</b>									
CALCITRIOL CAPSULE	ROCALTROL								X
CALCITRIOL SOLUTION	ROCALTROL								X
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
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS**</b>									
FINERENONE TABLET	KERENDIA				PA Required				X
<b>POSTERIOR PITUITARY HORMONES**</b>									
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
<b>PROLACTIN INHIBITORS**</b>									
CABERGOLINE TABLET	CABERGOLINE				PA Required				
<b>SOMATOSTATIC AGENTS**</b>									
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

<b>ESTROGENS*</b>									
<b>ESTROGEN COMBINATIONS**</b>									
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
<b>ESTROGENS**</b>									
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
<b>FLUOROQUINOLONES*</b>									
<b>FLUOROQUINOLONES**</b>									
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								
<b>GASTROINTESTINAL AGENTS - MISC.*</b>									
<b>ANTIPLATULENTS**</b>									
SIMETHICONE SUSPENSION	LITTLE REMEDIES GAS RELIEF								
<b>GALLSTONE SOLUBILIZING AGENTS**</b>									
URSODIOL CAPSULE	RELTONE								X
URSODIOL TABLET	URSO 250								X
<b>GASTROINTESTINAL ANTIALLERGY AGENTS**</b>									
CROMOLYN SODIUM (MASTOCYTOSIS) CONCENTRATE	GASTROCROM								X
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS**</b>									
LUBIPROSTONE CAPSULE	AMITIZA						PA Required		X
<b>GASTROINTESTINAL STIMULANTS**</b>									
METOCLOPRAMIDE HCL SOLUTION	GIMOTI								
METOCLOPRAMIDE HCL TABLET	REGLAN								
METOCLOPRAMIDE HCL TABLET DISINTEGRATING	METOCLOPRAMIDE ODT								
<b>INFLAMMATORY BOWEL AGENTS**</b>									
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					540	90		X
MESALAMINE ENEMA	SFROWASA	Brand Only				30	30		
MESALAMINE SUPPOSITORY	CANASA	Brand Only				30	30		
MESALAMINE TABLET ENTERIC COATED (800 MG)	ASACOL HD					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
<b>INTESTINAL ACIDIFIERS**</b>									
LACTULOSE (ENCEPHALOPATHY) SOLUTION	LACTULOSE								X
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS**</b>									
ALOSETRON HCL TABLET	LOTROXEX							PA Required	X
LINACLOTIDE CAPSULE	LINZESS							PA Required	X
<b>PHOSPHATE BINDER AGENTS**</b>									
CALCIUM ACETATE (PHOSPHATE BINDER) CAPSULE	CALCIUM ACETATE								X
CALCIUM ACETATE (PHOSPHATE BINDER) TABLET	CALPHRON								X
SEVELAMER CARBONATE TABLET	RENVELA	VARIOUS							X
<b>GENITOURINARY AGENTS - MISCELLANEOUS*</b>									
<b>ACIDIFIERS**</b>									
POTASSIUM & SODIUM ACID PHOSPHATES TABLET	K-PHOS NO 2								
<b>ALKALINIZERS**</b>									
POT & SOD CITRATES W/CITRIC AC SOLUTION	TRICITRATES								
POTASSIUM CITRATE (ALKALINIZER) TABLET ER	UROKIT-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								
<b>INTERSTITIAL CYSTITIS AGENTS**</b>									
PENTOSAN POLYSULFATE SODIUM CAPSULE	ELMIRON							PA Required	
<b>PROSTATIC HYPERTROPHY AGENTS**</b>									
ALFUZOSIN HCL TABLET ER 24HR	UROXATRAL								X
DUTASTERIDE CAPSULE	AVODART								X
FINASTERIDE TABLET	PROSCAR								X
TAMSULOSIN HCL CAPSULE	FLOMAX								X
<b>URINARY ANALGESICS**</b>									
PHENAZOPYRIDINE HCL TABLET	PHENAZO								
<b>GOUT AGENTS*</b>									
<b>GOUT AGENT COMBINATIONS**</b>									
COLCHICINE W/ PROBENECID TABLET	PROBENECID/COLCHICINE								X
<b>GOUT AGENTS**</b>									
ALLOPURINOL TABLET (100MG, 300MG)	ZYLOPRIM								
COLCHICINE TABLET	COLCRYS								
FEBUXOSTAT TABLET	ULORIC					90	90		X

<b>URICOSURICS**</b>									
PROBENECID TABLET	PROBENECID								X
<b>HEMATOLOGICAL AGENTS - MISC.*</b>									
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS**</b>									
ICATIBANT ACETATE SOLN PREF SYR	FIRAZYR				PA Required				
<b>COMPLEMENT INHIBITORS**</b>									
C1 ESTERASE INHIBITOR (HUMAN) KIT	BERINERT				PA Required				
<b>HEMATORHEOLOGIC AGENTS**</b>									
PENTOXIFYLLINE TABLET ER	PENTOXIFYLLINE ER								X
<b>PLASMA KALLIKREIN INHIBITORS**</b>									
ECALLANTIDE SOLUTION	KALBITOR				PA Required				
<b>PLATELET AGGREGATION INHIBITORS**</b>									
ANAGRELIDE HCL CAPSULE	AGRYLIN								X
CLOSTAZOL TABLET	CLOSTAZOL								X
CLOPIDOGREL BISULFATE TABLET	PLAVIX								X
DIPYRIDAMOLE TABLET	DIPYRIDAMOLE								X
TICAGRELOR TABLET	BRILINTA								X
<b>THROMBOLYTIC ENZYMES**</b>									
ALTEPLASE SOLUTION RECONSTITUTED	CATHFLO ACTIVASE						1	30	
<b>HEMATOPOIETIC AGENTS*</b>									
<b>AGENTS FOR GAUCHER DISEASE**</b>									
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				
<b>FOLIC ACID/FOLATES**</b>									
FOLIC ACID CAPSULE	FA-8								X
FOLIC ACID TABLET	FOLIC ACID								
<b>HEMATOPOIETIC GROWTH FACTORS**</b>									
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				
<b>HEMATOPOIETIC MIXTURES**</b>									
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								
<b>IRON**</b>									
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								
<b>HEMOSTATICS*</b>									
<b>HEMOSTATICS - SYSTEMIC**</b>									
AMINOCAPROIC ACID SOLUTION	AMICAR								
AMINOCAPROIC ACID TABLET	AMICAR								
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS*</b>									
<b>ANTIHISTAMINE HYPNOTICS**</b>									
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								
<b>BARBITURATE HYPNOTICS**</b>									
PHENOBARBITAL ELIXIR	PHENOBARBITAL								X
PHENOBARBITAL TABLET	PHENOBARBITAL								X
<b>NON-BARBITURATE HYPNOTICS**</b>									
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	
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS**</b>									

RAMELTEON TABLET	ROZEREM	Brand Only			Patient must have tried two preferred agents (Temazepam, Zolpidem and Eszopiclone)	30	30	
<b>LAXATIVES*</b>								
<b>BULK LAXATIVES**</b>								
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							
<b>LAXATIVE COMBINATIONS**</b>								
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							
<b>LAXATIVES - MISCELLANEOUS**</b>								
GLYCERIN (LAXATIVE) SUPPOSITORY	PEDIA-LAX							
LACTULOSE SOLUTION	LACTULOSE							X
POLYETHYLENE GLYCOL 3350 PACKET	SMOOTH LAX							
POLYETHYLENE GLYCOL 3350 POWDER	GOODSENSE CLEARLAX							
<b>SALINE LAXATIVES**</b>								
MAGNESIUM CITRATE SOLUTION	CITROMA							
MAGNESIUM OXIDE (LAXATIVE) TABLET	PHILLIPS							
SODIUM PHOSPHATES ENEMA	PURE & GENTLE ENEMA							
<b>STIMULANT LAXATIVES**</b>								
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							
<b>SURFACTANT LAXATIVES**</b>								
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							
<b>MACROLIDES*</b>								
<b>AZITHROMYCIN**</b>								
AZITHROMYCIN PACKET	ZITHROMAX							
AZITHROMYCIN SOLUTION RECONSTITUTED	ZITHROMAX							
AZITHROMYCIN SUSPENSION RECONSTITUTED	ZITHROMAX							
AZITHROMYCIN TABLET	ZITHROMAX							
<b>CLARITHROMYCIN**</b>								
CLARITHROMYCIN SUSPENSION RECONSTITUTED	CLARITHROMYCIN							
CLARITHROMYCIN TABLET	CLARITHROMYCIN							
CLARITHROMYCIN TABLET ER 24HR	CLARITHROMYCIN ER							
<b>ERYTHROMYCINS**</b>								
ERYTHROMYCIN LACTOBIONATE SOLUTION RECONSTITUTED	ERYTHROCIN LACTOBIONATE							
<b>FIDAXOMICIN**</b>								
FIDAXOMICIN TABLET	DIFICID				PA Required			
<b>MEDICAL DEVICES AND SUPPLIES*</b>								
<b>CONTRACEPTIVES**</b>								
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/STUDDED					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	
<b>DIABETIC SUPPLIES**</b>								
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							
<b>MISC. DEVICES**</b>								
ALCOHOL SHEETS SHEET	ESSENTA WIPES 9X9" CLEANROOM SUPPLIES/PRESATURATED							
ALCOHOL SWABS PAD	WEBCOL ALCOHOL PREP LARGE 1 PLY							
<b>PARENTERAL THERAPY SUPPLIES**</b>								



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"							
<b>RESPIRATORY THERAPY SUPPLIES**</b>								
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	
SPACER/AEROSOL-HOLDING CHAMBERS MISCELLANEOUS	INSPIREASE DRUG DELIVERY SYSTEM					2	365	
<b>MIGRAINE PRODUCTS*</b>								
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG**</b>								
DIHYDROERGOTAMINE MESYLATE SOLUTION	MIGRANAL							
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	
<b>MIGRAINE COMBINATIONS**</b>								
ERGOTAMINE W/ CAFFEINE TABLET	CAFERGOT					40	30	
<b>SEROTONIN AGONISTS**</b>								
ELETRIPTAN HYDROBROMIDE TABLET	RELPAX					9	30	
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	
<b>MINERALS &amp; ELECTROLYTES*</b>								
<b>BICARBONATES**</b>								
SODIUM BICARBONATE SOLUTION	SODIUM BICARBONATE							
<b>CALCIUM**</b>								
CALCIUM CARBONATE TABLET CHEWABLE	CALCIUM CARBONATE							
CALCIUM LACTATE TABLET	CALCIUM LACTATE							
<b>FLUORIDE**</b>								
SODIUM FLUORIDE TABLET CHEWABLE	NAFRINSE							X
SODIUM FLUORIDE SOLUTION	NAFRINSE DROPS							X
SODIUM FLUORIDE TABLET	SODIUM FLUORIDE							X
<b>MAGNESIUM**</b>								
MAGNESIUM OXIDE (MG SUPPLEMENT) CAPSULE	MAGNESIUM							
MAGNESIUM OXIDE (MG SUPPLEMENT) TABLET	MAG-OXIDE							
MAGNESIUM OXIDE (MG SUPPLEMENT) TABLET CHEWABLE	MAGNESIUM							
<b>POTASSIUM**</b>								
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
<b>MISCELLANEOUS THERAPEUTIC CLASSES*</b>								
<b>CHELATING AGENTS**</b>								
PENICILLAMINE CAPSULE	CUPRIMINE							
<b>IMMUNOMODULATORS**</b>								
BELUMOSUDIL MESYLATE TABLET	REZUROCK							PA Required
LENALIDOMIDE CAPSULE	REVLIMID							PA Required
<b>IMMUNOSUPPRESSIVE AGENTS**</b>								
AZATHIOPRINE TABLET	AZASAN							X
CYCLOSPORINE CAPSULE	SANDIMMUNE							X
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) CAPSULE	GENGRAF							X
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) SOLUTION	GENGRAF							X
CYCLOSPORINE SOLUTION	SANDIMMUNE							
EVEROLIMUS (IMMUNOSUPPRESSANT) TABLET	ZORTRESS							PA Required
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
<b>IRRIGATION SOLUTIONS**</b>								
WATER FOR IRRIGATION, STERILE SOLUTION	ARGYLE STERILE WATER 100ML							
<b>POTASSIUM REMOVING AGENTS**</b>								
SODIUM POLYSTYRENE SULFONATE POWDER	SODIUM POLYSTYRENE SULFONATE							
SODIUM POLYSTYRENE SULFONATE SUSPENSION	SPS							
SODIUM ZIRCONIUM CYCLOSILICATE PACKET	LOKELMA					90	90	X
<b>MOUTH/THROAT/DENTAL AGENTS*</b>								

<b>ANESTHETICS TOPICAL ORAL**</b>									
LIDOCAINE HCL (MOUTH-THROAT) SOLUTION	LIDOCAINE VISCOUS						100	30	
<b>ANTI-INFECTIVES - THROAT**</b>									
CLOTRIMAZOLE TROCHE	CLOTRIMAZOLE								
NYSTATIN (MOUTH-THROAT) SUSPENSION	NYSTATIN								
<b>ANTISEPTICS - MOUTH/THROAT**</b>									
CHLORHEXIDINE GLUCONATE (MOUTH-THROAT) SOLUTION	PERIOGARD						100	30	
<b>STEROIDS - MOUTH/THROAT/DENTAL**</b>									
TRIAMCINOLONE ACETONIDE (MOUTH) PASTE	ORALONE DENTAL PASTE						10	30	
<b>THROAT PRODUCTS - MISC.**</b>									
ARTIFICIAL SALIVA KIT	ORAL RELIEF FOR DRY MOUTH& DISCOMFORT								
ARTIFICIAL SALIVA LIQUID	NUMOISYN								
ARTIFICIAL SALIVA LOZENGE	ACT DRY MOUTH								
ARTIFICIAL SALIVA SOLUTION	AQUORAL								
<b>MULTIVITAMINS*</b>									
<b>B-COMPLEX VITAMINS**</b>									
B-COMPLEX VITAMINS ELIXIR	APETEX								
B-COMPLEX VITAMINS LIQUID	B-COMPLEX/B-12								
B-COMPLEX VITAMINS TABLET	B-COMPLEX WITH B-12								
<b>B-COMPLEX W/ C**</b>									
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>B-COMPLEX W/ FOLIC ACID**</b>									
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>B-COMPLEX W/ MINERALS**</b>									
B-COMPLEX W/ MINERALS LIQUID	ELDERTONIC						30	30	
<b>IRON W/ VITAMINS**</b>									
IRON W/ VITAMINS TABLET	VITAFOL						30	30	
<b>MULTIPLE VITAMINS W/ IRON**</b>									
MULTIPLE VITAMINS W/ IRON TABLET	TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE						30	30	
<b>MULTIPLE VITAMINS W/ MINERALS**</b>									
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	
<b>PED MULTI VITAMINS W/FL &amp; FE**</b>									
PED MULTIVITAMINS W/FL & IRON SOLUTION	FLORVITE/IRON								
<b>PED MULTIPLE VITAMINS W/ MINERALS**</b>									
PEDIATRIC MULTIPLE VITAMIN W/ MINERALS TABLET CHEWABLE	CENTRUM KIDS						30	30	
<b>PED MV W/ FLUORIDE**</b>									
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								
<b>PED MV W/ IRON**</b>									
PEDIATRIC MULTIPLE VITAMINS W/ IRON TABLET CHEWABLE	CEROVITE JR								
PEDIATRIC MULTIPLE VITAMINS W/ IRON SOLUTION	BPROTECTED PEDIA POLY-VITE/IRON								
<b>PEDIATRIC MULTIPLE VITAMINS**</b>									
PEDIATRIC MULTIPLE VITAMINS SOLUTION	POLY-VI-SOL								
<b>PRENATAL VITAMINS**</b>									
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	
<b>MUSCULOSKELETAL THERAPY AGENTS*</b>									
<b>CENTRAL MUSCLE RELAXANTS**</b>									
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								
<b>DIRECT MUSCLE RELAXANTS**</b>									
DANTROLENE SODIUM CAPSULE	DANTRIUM								
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL*</b>									
<b>NASAL AGENTS - MISC.**</b>									
ALCOHOL (NASAL) KIT	NOZIN NASAL SANITIZER								
ALCOHOL (NASAL) SWAB	NOZIN NASAL SANITIZER								
SALINE SOLUTION	AFRIN SALINE NASAL MIST								

<b>NASAL ANTIALLERGY**</b>								
AZELASTINE HCL SOLUTION (0.1%)	ASTEPRO							
<b>NASAL ANTICHOLINERGICS**</b>								
IPRATROPIUM BROMIDE (NASAL) SOLUTION	IPRATROPIUM BROMIDE							X
<b>NASAL STEROIDS**</b>								
FLUNISOLIDE (NASAL) SOLUTION	FLUNISOLIDE							
FLUTICASON PROPIONATE (NASAL) SUSPENSION	CLARISPRAY							
MOMETASON FUROATE (NASAL) SUSPENSION	NASONEX							
<b>SYMPATHOMIMETIC DECONGESTANTS**</b>								
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							
<b>NEUROMUSCULAR AGENTS*</b>								
<b>FRIEDRICH'S ATAXIA AGENTS**</b>								
OMAVELOXOLONE CAPSULE	SKYCLARYS				PA Required			X
<b>NUTRIENTS*</b>								
<b>MISC. NUTRITIONAL SUBSTANCES**</b>								
OMEGA-3 FATTY ACIDS CAPSULE	SUPER OMEGA 3							
OMEGA-3 FATTY ACIDS CAPSULE DELAYED RELEASE	OMEGAPURE 600 EC							
<b>OPHTHALMIC AGENTS*</b>								
<b>ARTIFICIAL TEARS AND LUBRICANTS**</b>								
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	GONIOITAIRE							
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.							
<b>BETA-BLOCKERS - OPHTHALMIC**</b>								
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
<b>CYCLOPLEGIC MYDRIATICS**</b>								
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							
<b>MIOTICS**</b>								
PILOCARPINE HCL SOLUTION	ISOPTO CARPINE							X
<b>OPHTHALMIC ADRENERGIC AGENTS**</b>								
APRACLONIDINE HCL SOLUTION	IOPIDINE							
BRIMONIDINE TARTRATE SOLUTION	LUMIFY							X
<b>OPHTHALMIC ANTI-INFECTIVES**</b>								
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							
<b>OPHTHALMIC DECONGESTANTS**</b>								
HYPROMELLOSE-NAPHAZOLINE-POLYSORBATE 80-ZINC SULFATE SOLUTION	CLEAR EYES COMPLETE 7 SYMPTOM RELIEF							
NAPHAZOLINE W/ PHENIRAMINE SOLUTION	NAPHCON-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							
<b>OPHTHALMIC IMMUNOMODULATORS**</b>								
CYCLOSPORINE (OPHTH) EMULSION (SINGLE DOSE)	RESTASIS							
<b>OPHTHALMIC INTEGRIN ANTAGONISTS**</b>								
LIFITEGRAST SOLUTION	XIIDRA			PA Required				X
<b>OPHTHALMIC STEROIDS**</b>								
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						
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							
<b>OPHTHALMICS - MISC.**</b>								
AZELASTINE HCL (OPHTH) SOLUTION	AZELASTINE HCL							
BRINZOLAMIDE SUSPENSION	AZOPT	Brand Only						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							
<b>PROSTAGLANDINS - OPHTHALMIC**</b>								
LATANOPROST SOLUTION	XALATAN					7.5	90	X
TAFLUPROST SOLUTION	ZIOPATAN			PA Required				X
TRAVOPROST SOLUTION	TRAVATAN Z	Brand Only						X
<b>OTIC AGENTS*</b>								
<b>OTIC AGENTS - MISCELLANEOUS**</b>								
ACETIC ACID (OTIC) SOLUTION	ACETIC ACID							
<b>OTIC ANTI-INFECTIVES**</b>								
CIPROFLOXACIN HCL (OTIC) SOLUTION	CETRAXAL			Preferred Drug				
OFLOXACIN (OTIC) SOLUTION	OFLOXACIN							
<b>OTIC COMBINATIONS**</b>								
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				
<b>OTIC STEROIDS**</b>								
FLUOCINOLONE ACETONIDE (OTIC) OIL	FLAC							
HYDROCORTISONE W/ACETIC ACID SOLUTION	HYDROCORTISONE/ACETIC ACID							
<b>OXYTOCICS*</b>								
<b>OXYTOCICS**</b>								
METHYLERGONOVINE MALEATE TABLET	METHERGINE							
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS*</b>								
<b>IMMUNE SERUMS**</b>								
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		
<b>MONOCLONAL ANTIBODIES**</b>								
PALIVIZUMAB SOLUTION	SYNAGIS					PA Required		
<b>PENICILLINS*</b>								
<b>AMINOPENICILLINS**</b>								
AMOXICILLIN CAPSULE	AMOXICILLIN							
AMOXICILLIN TABLET CHEWABLE	AMOXICILLIN							
AMOXICILLIN SUSPENSION RECONSTITUTED	AMOXICILLIN							
AMOXICILLIN TABLET	AMOXICILLIN							
AMPICILLIN CAPSULE	AMPICILLIN							
AMPICILLIN SODIUM SOLUTION RECONSTITUTED	AMPICILLIN SODIUM							

<b>NATURAL PENICILLINS**</b>									
PENICILLIN G BENZATHINE SUSP PREF SYR	BICILLIN L-A								
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								
<b>PENICILLIN COMBINATIONS**</b>									
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								
<b>PENICILLINASE-RESISTANT PENICILLINS**</b>									
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								
<b>PHARMACEUTICAL ADJUVANTS*</b>									
<b>FLAVORING AGENTS**</b>									
FLAVORING AGENT LIQUID	PCCA SWEETNESS ENHANCER								
<b>LIQUID VEHICLES**</b>									
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								
<b>PHARMACEUTICAL EXCIPIENTS**</b>									
METHYLCELLULOSE POWDER	METHYLCELLULOSE								
<b>SEMI SOLID VEHICLES**</b>									
CREAM BASE CREAM	SANARE ADVANCED SCAR THERAPY								
GEL BASE GEL	VERSAURO								
<b>PROGESTINS*</b>									
<b>PROGESTINS**</b>									
MEDROXYPROGESTERONE ACETATE TABLET	PROVERA								X
NORETHINDRONE ACETATE TABLET	AYGESTIN								X
PROGESTERONE CAPSULE	PROMETRIUM								X
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*</b>									
<b>AGENTS FOR CHEMICAL DEPENDENCY**</b>									
ACAMPROSATE CALCIUM TABLET ENTERIC COATED	ACAMPROSATE CALCIUM DR								X
DISULFIRAM TABLET	DISULFIRAM								X
<b>ANTIDEMENTIA AGENTS**</b>									
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
<b>MOVEMENT DISORDER DRUG THERAPY**</b>									
DEUTERABENAZINE TABLET	AUSTEDO					PA Required	180	90	X
DEUTERABENAZINE TAB THER PACK	AUSTEDO PATIENT TITRATION KIT					PA Required			
DEUTERABENAZINE TABLET ER 24HR	AUSTEDO XR					PA Required	90	90	X
DEUTERABENAZINE TBER THER PACK	AUSTEDO XR PATIENT TITRATION KIT					PA Required			
VALBENAZINE TOSYLATE CAPSULE	INGREZZA					PA Required	90	90	X
VALBENAZINE TOSYLATE CAPSULE SPRINKLE	INGREZZA					PA Required			X
VALBENAZINE TOSYLATE CAP THER PACK	INGREZZA					PA Required			
<b>MULTIPLE SCLEROSIS AGENTS**</b>									
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			
OCRELIZUMAB-HYALURONIDASE-OCSEQ SOLUTION	OCREVUS					PA Required			
OFATUMUMAB (MS) SOLN AUTO-INJ	KESIMPTA					PA Required			X
TERIFLUNOMIDE TABLET	AUBAGIO					PA Required			X
<b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS**</b>									
GABAPENTIN (ONCE-DAILY) TABLET	GRALISE	Brand Only				PA Required			X
GABAPENTIN (ONCE-DAILY) MISCELLANEOUS	GRALISE					PA Required			
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**</b>									
ERGOLOID MESYLATES TABLET	ERGOLOID MESYLATES								X

PIMOZIDE TABLET	PIMOZIDE			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.					X
<b>RESTLESS LEG SYNDROME (RLS) AGENTS**</b>									
GABAPENTIN ENACARBIL TABLET ER	HORIZANT			PA Required					X
<b>SMOKING DETERRENTS**</b>									
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	
<b>RESPIRATORY AGENTS - MISC.*</b>									
<b>ALPHA-PROTEINASE INHIBITOR (HUMAN)**</b>									
ALPHA1-PROTEINASE INHIBITOR (HUMAN) SOLUTION	PROLASTIN-C			PA Required					
ALPHA1-PROTEINASE INHIBITOR (HUMAN) SOLUTION RECONSTITUTED	ARALAST NP			PA Required					
<b>CYSTIC FIBROSIS AGENTS**</b>									
DORNASE ALFA SOLUTION	PULMOZYME			PA Required					X
IVACAFTOR PACKET	KALYDECO			PA Required					X
IVACAFTOR TABLET	KALYDECO			PA Required					X
<b>PULMONARY FIBROSIS AGENTS**</b>									
PIRFENIDONE CAPSULE	ESBRIET	Brand Only							X
PIRFENIDONE TABLET	ESBRIET	Brand Only							X
<b>SULFONAMIDES**</b>									
SULFADIAZINE TABLET	SULFADIAZINE								
<b>TETRACYCLINES*</b>									
<b>GLYCYLICYCLINES**</b>									
TIGECYCLINE SOLUTION RECONSTITUTED	TYGACIL								
<b>TETRACYCLINES**</b>									
DEMECLOXYCLINE HCL TABLET	DEMECLOXYCLINE 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								
<b>THYROID AGENTS*</b>									
<b>ANTITHYROID AGENTS**</b>									
METHIMAZOLE TABLET	METHIMAZOLE								X
PROPYLTHIOURACIL TABLET	PROPYLTHIOURACIL								X
<b>THYROID HORMONES**</b>									
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
<b>TOXOIDS*</b>									
<b>TOXOID COMBINATIONS**</b>									
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 PEF SYR	QUADRACEL			Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger					
DIPH-TETANUS TOX-ACELL PERT-HEPATITIS B RECOMB-POLIO IPV VA SUSP PEF 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 PEF 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					
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS*</b>									
<b>ANTISPASMODICS**</b>									
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	LEVBIID					360	90		X
HYOSCYAMINE SULFATE TABLET DISINTEGRATING	NULEV					360	90		X
<b>H-2 ANTAGONISTS**</b>									
FAMOTIDINE SUSPENSION RECONSTITUTED	FAMOTIDINE								X
FAMOTIDINE TABLET	ZANTAC 360								X
NIZATIDINE CAPSULE	NIZATIDINE								X
NIZATIDINE SOLUTION	NIZATIDINE								X
RANITIDINE HCL TABLET	WAL-ZAN 150 MAXIMUM STRENGTH								X
<b>MISC. ANTI-ULCER**</b>									
SUCRALFATE SUSPENSION	CARAFATE								X
SUCRALFATE TABLET	CARAFATE								X
<b>PROTON PUMP INHIBITORS**</b>									
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
<b>ULCER DRUGS - PROSTAGLANDINS**</b>									
MISOPROSTOL TABLET	CYTOTEC								X
<b>URINARY ANTISPASMODICS*</b>									
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)**</b>									
FESOTERODINE FUMARATE TABLET ER 24HR	TOVIAZ	Brand Only	Preferred Drug						X
OXYBUTYRIN CHLORIDE SOLUTION	OXYBUTYRIN CHLORIDE								X
OXYBUTYRIN CHLORIDE TABLET (5MG)	OXYBUTYRIN CHLORIDE		Preferred Drug						X
OXYBUTYRIN 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
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS**</b>									
BETHANECHOL CHLORIDE TABLET	BETHANECHOL CHLORIDE								X
<b>VACCINES*</b>									
<b>BACTERIAL VACCINES**</b>									
PNEUMOCOCCAL 13-VALENT CONJUGATE VACCINE SUSPENSION	PREVNAR 13								
PNEUMOCOCCAL 15-VALENT CONJUGATE VACCINE SUSP PREF SYR	VAXNEUVANCE								
PNEUMOCOCCAL 20-VALENT CONJUGATE VACCINE SUSP PREF SYR	PREVNAR 20								
PNEUMOCOCCAL VAC POLYVALENT INJECTABLE	PNEUMOVAX 23								
<b>VIRAL VACCINES**</b>									
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 PREF 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 PREF SYR	RECOMBIVAX HB				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger				
HUMAN PAPILLOMAVIRUS (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 PAPILLOMAVIRUS (HPV) 9-VALENT RECOMBINANT VACCINE SUSP PREF 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 PREF SYR	FLUBLOK QUADRIVALENT				Covered for Members 3 Years and Older				
INFLUENZA VIRUS VAC SPLIT HIGH-DOSE QUAD PRESERVATIVE FREE SUSP PREF 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 PREF 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 PREF 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				
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	ABRYVO				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				
<b>VAGINAL AND RELATED PRODUCTS*</b>									
<b>SPERMICIDES**</b>									
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								
<b>VAGINAL ANTI-INFECTIVES**</b>									
CLINDAMYCIN PHOSPHATE VAGINAL CREAM	CLEOCIN								
CLINDAMYCIN PHOSPHATE VAGINAL SUPPOSITORY	CLEOCIN								

CLOTRIMAZOLE VAGINAL CREAM	GYNE-LOTRIMIN							
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							
<b>VAGINAL ESTROGENS**</b>								
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
<b>VASOPRESSORS*</b>								
<b>ANAPHYLAXIS THERAPY AGENTS**</b>								
EPINEPHRINE (ANAPHYLAXIS) SOLN AUTO-INJ	AUVI-Q	Mylan Generic	Preferred Drug	PA Required for > 2 Per Month		2	30	
<b>VASOPRESSORS**</b>								
MIDODRINE HCL TABLET	MIDODRINE HCL							
<b>VITAMINS*</b>								
<b>OIL SOLUBLE VITAMINS**</b>								
CHOLECALCIFEROL LIQUID	BPROTECTED PEDIA D-VITE			PA Required for > 2 years of age				
ERGOCALCIFEROL CAPSULE	DRISDOL					36	90	X
VITAMIN E CAPSULE	XCELLENT E							
<b>WATER SOLUBLE VITAMINS**</b>								
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							