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: 11/1/2026

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)
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS*								
AMPHETAMINES**								
AMPHETAMINE-DEXTROAMPHETAMINE CAPSULE ER 24 HR	ADDERALL XR		PREFERRED DRUG	PA REQUIRED for < 6 Years of Age		90	90	X
AMPHETAMINE-DEXTROAMPHETAMINE TABLET	**ADDERALL**	**Brand and Generic**	**PREFERRED DRUG**	**PA REQUIRED for < 6 Years of Age**		**180**	**90**	**X**
DEXTROAMPHETAMINE SULFATE TABLET	ZENZEDI		PREFERRED DRUG	PA REQUIRED for < 6 Years of Age		180	90	X
LISDEXAMFETAMINE DIMESYLATE CAPSULE	**VYVANSE**		**PREFERRED DRUG**	**PA REQUIRED for < 6 Years of Age**		**90**	**90**	**X**
LISDEXAMFETAMINE DIMESYLATE TABLET CHEWABLE	**VYVANSE**		**PREFERRED DRUG**	**PA REQUIRED for < 6 Years of Age**		**90**	**90**	**X**
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS**								
ATOMOXETINE HCL CAPSULE	STRATTERA		PREFERRED DRUG	PA REQUIRED for < 6 Years of Age		90	90	X
CLONIDINE HCL TABLET	CLONIDINE HYDROCHLORIDE			PA REQUIRED for < 6 Years of Age				X
CLONIDINE PATCH WEEKLY	CATAPRES-TTS-1			PA REQUIRED for < 6 Years of Age		12	90	X
CLONIDINE HCL (ADHD) TABLET ER 12HR	KAPVAY			PA REQUIRED for < 6 Years of Age		360	90	X
GUANFACINE HCL TABLET	GUANFACINE HCL			PA REQUIRED for < 6 Years of Age				X
GUANFACINE HCL (ADHD) TABLET ER 24HR	INTUNIV		PREFERRED DRUG	PA REQUIRED for < 6 Years of Age		90	90	X
STIMULANTS - MISC.**								
ARMODAFINIL TABLET (50MG)	NUVIGIL	**Authorized Generic Only**	PREFERRED DRUG	PA REQUIRED for < 18 Years of Age		180	90	X
ARMODAFINIL TABLET (150MG, 200MG, 250MG)	NUVIGIL	**Authorized Generic Only**	PREFERRED DRUG	PA REQUIRED for < 18 Years of Age		90	90	X
DEXMETHYLPHENIDATE HCL CAPSULE ER 24 HR	FOCALIN XR		PREFERRED DRUG	PA REQUIRED for < 6 Years of Age		180	90	X
DEXMETHYLPHENIDATE HCL TABLET	FOCALIN		PREFERRED DRUG	PA REQUIRED for < 6 Years of Age		180	90	X
METHYLPHENIDATE HCL CAPSULE ER 24 HR	VARIOUS		PREFERRED DRUG	PA REQUIRED for < 6 Years of Age		90	90	X
METHYLPHENIDATE HCL CAPSULE ER	METHYLPHENIDATE HYDROCHLORIDE CD		PREFERRED DRUG	PA REQUIRED for < 6 Years of Age		90	90	X
METHYLPHENIDATE HCL SOLUTION	**METHYLIN**		**PREFERRED DRUG**	**PA REQUIRED for < 6 Years of Age**		**900**	**90**	**X**
METHYLPHENIDATE HCL TABLET	RITALIN		PREFERRED DRUG	PA REQUIRED for < 6 Years of Age		270	90	X
METHYLPHENIDATE HCL TABLET ER	CONCERTA		PREFERRED DRUG	PA REQUIRED for < 6 Years of Age		180	90	X
METHYLPHENIDATE HCL TABLET ER 24HR	METHYLPHENIDATE ER		PREFERRED DRUG	PA REQUIRED for < 6 Years of Age		90	90	X
METHYLPHENIDATE PATCH	**METHYLPHENIDATE PATCH**		**PREFERRED DRUG**	**PA REQUIRED for < 6 Years of Age**		**90**	**90**	**X**
MODAFINIL TABLET	PROVIGIL		PREFERRED DRUG	PA REQUIRED for < 18 Years of Age		90	90	X
ALTERNATIVE MEDICINES*								
ALTERNATIVE MEDICINE COMBINATIONS**								
OMEGA 3 FATTY ACIDS-OMEGA 6 FATTY ACIDS-OMEGA 9 FATTY ACIDS CAPSULE	SUPER OMEGA-3							
ALTERNATIVE MEDICINE - T'S**								
TEA TREE OIL OIL	TEA TREE OIL							
AMINOGLYCOSIDES*								
AMINOGLYCOSIDES**								
AMIKACIN SULFATE SOLUTION	AMIKACIN SULFATE							
GENTAMICIN IN SALINE SOLUTION	ISOTONIC GENTAMICIN							
GENTAMICIN SULFATE SOLUTION	GENTAMICIN SULFATE PEDIATRIC							
NEOMYCIN SULFATE TABLET	NEOMYCIN SULFATE							
TOBRAMYCIN NEBULIZATION SOLUTION	**KITABIS AND BETHKIS**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				**X**
TOBRAMYCIN SULFATE SOLUTION	TOBRAMYCIN SULFATE							
TOBRAMYCIN SULFATE SOLUTION RECONSTITUTED	NEBCIN ADD-VANTAGE							
ANALGESICS - ANTI-INFLAMMATORY*								
ANTIRHEUMATIC - ENZYME INHIBITORS**								
TOFACITINIB CITRATE TABLET	**XELJANZ**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				**X**
TOFACITINIB CITRATE TABLET ER 24HR	**XELJANZ XR**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				**X**
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**								
ADALIMUMAB-ADBM PREFILLED SYRINGE KIT (10MG)	**ADALIMUMAB-ADBM**	**Authorized Unbranded Biosimilar Only**	**PREFERRED DRUG**	**PA REQUIRED**				**X**
ADALIMUMAB-BWWD SOLN AUTO-INJ	**HADLIMA PUSH**	**BIOSIMILAR BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				**X**
ADALIMUMAB-BWWD SOLN PREF SYR	**HADLIMA**	**BIOSIMILAR BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				**X**
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	**HULIO**	**BIOSIMILAR BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				**X**
ADALIMUMAB-FKJP PREFILLED SYRINGE KIT	**HULIO**	**BIOSIMILAR BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				**X**
INTERLEUKIN-6 RECEPTOR INHIBITORS**								
TOCILIZUMAB-AAZG SOLUTION	**TYENNE**	**BIOSIMILAR BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				
TOCILIZUMAB-AAZG SOLN AUTO-INJ	**TYENNE**	**BIOSIMILAR BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				**X**
TOCILIZUMAB-AAZG SOLN PREF SYR	**TYENNE**	**BIOSIMILAR BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				**X**

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

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TOCILIZUMAB-BAVI SOLUTION	**TOFIDENCE**	**BIOSIMILAR BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				
TOCILIZUMAB-ANOH SOLUTION	**AVTOZMA**	**BIOSIMILAR BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				
TOCILIZUMAB-ANOH SOLN AUTO-INJ	**AVTOZMA**	**BIOSIMILAR BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				**X**
TOCILIZUMAB-ANOH SOLN PREF SYR	**AVTOZMA**	**BIOSIMILAR BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				**X**
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)**								
CELECOXIB CAPSULE	CELEBREX					180	90	X
CELECOXIB SUSPENSION	VYSCOXA			PA REQUIRED < 2 and > 10 Years of Age				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
FLURBIPROFEN TABLET	FLURBIPROFEN							X
IBUPROFEN CAPSULE	MOTRIN IB							X
IBUPROFEN SUSPENSION (RX ONLY)	MEDI-PROFEN							
IBUPROFEN TABLET (Excluding 300mg)	ADVIL							X
INDOMETHACIN CAPSULE	TIVORBEX							X
KETOPROFEN CAPSULE	KETOPROFEN							X
KETOROLAC TROMETHAMINE TABLET	KETOROLAC TROMETHAMINE					20	30	
MELOXICAM TABLET	MOBIC							X
NABUMETONE TABLET (Excluding 1000mg)	NABUMETONE							X
NAPROXEN SODIUM TABLET	PAMPRIN ALL DAY MAXIMUM STRENGTH							X
NAPROXEN TABLET	NAPROSYN							X
PIROXICAM CAPSULE	FELDENE							X
SULINDAC TABLET	SULINDAC							X
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**								
APREMILAST TABLET	**OTEZLA**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				**X**
APREMILAST TABLET ER 24HR	**OTEZLA**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				**X**
APREMILAST TAB THER PACK	**OTEZLA**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				
PYRIMIDINE SYNTHESIS INHIBITORS**								
LEFLUNOMIDE TABLET	ARAVA							X
SELECTIVE COSTIMULATION MODULATORS**								
ABATACEPT SOLN AUTO-INJ	ORENCIA CLICKJECT			PA REQUIRED				X
ABATACEPT SOLN PREF SYR	ORENCIA			PA REQUIRED				X
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS**								
ETANERCEPT SOLN AUTO-INJ	**ENBREL SURECLICK**		**PREFERRED DRUG**	**PA REQUIRED**				**X**
ETANERCEPT SOLN CARTRIDGE	**ENBREL MINI**		**PREFERRED DRUG**	**PA REQUIRED**				**X**
ETANERCEPT SOLUTION	**ENBREL**		**PREFERRED DRUG**	**PA REQUIRED**				**X**
ETANERCEPT SOLN PREF SYR	**ENBREL**		**PREFERRED DRUG**	**PA REQUIRED**				**X**
ANALGESICS - NONNARCOTIC*								
ANALGESIC COMBINATIONS**								
BUTALBITAL-ACETAMINOPHEN-CAFFEINE TABLET	BAC					120	30	
ANALGESICS OTHER**								
ACETAMINOPHEN CAPSULE	TYLENOL							
ACETAMINOPHEN TABLET CHEWABLE	MAPAP CHILDRENS							
ACETAMINOPHEN ELIXIR	MEDI-TABS CHILDRENS							
ACETAMINOPHEN LIQUID	LITTLE REMEDIES FOR FEVERS FEVER/PAIN RELIEVER CHILDRENS							
ACETAMINOPHEN SOLUTION	OFIRMEV							
ACETAMINOPHEN SUPPOSITORY	FEVERALL INFANTS							
ACETAMINOPHEN SUSPENSION	PANADOL CHILDRENS							
ACETAMINOPHEN TABLET	PHARBETOL							
ACETAMINOPHEN TABLET ER	MIDOL							
ACETAMINOPHEN TABLET DISINTEGRATING	CHILDRENS ACETAMINOPHEN							
SALICYLATES**								
ASPIRIN TABLET CHEWABLE	BAYER CHEWABLE LOW DOSE							
ASPIRIN SUPPOSITORY	ASPIRIN							
ASPIRIN TABLET	BAYER ASPIRIN							
ASPIRIN TABLET ENTERIC COATED	BAYER ASPIRIN EC LOW DOSE							

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

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SALSALATE TABLET	SALSALATE							X
ANALGESICS - OPIOID*								
OPIOID AGONISTS**								
FENTANYL PATCH 72 HR (12MCG, 25MCG, 50MCG, 75MCG, 100MCG)	**DURAGESIC**		**PREFERRED DRUG**	**PA REQUIRED**				
HYDROMORPHONE HCL TABLET	DILAUDID			PA REQUIRED for > 2 Different Short Acting Opioid Medications in a 30-day time period.				
METHADONE HCL TABLET	METHADONE			PA REQUIRED				
METHADONE HCL CONCENTRATE	METHADONE			PA REQUIRED				
METHADONE HCL SOLUTION	METHADONE			PA REQUIRED				
METHADONE HCL TABLET SOLUBLE	METHADONE			PA REQUIRED				
MORPHINE SULFATE SOLUTION	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 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.				
OXYCODONE HCL TAB 12HR DETER	OXYCONTIN	BRAND ONLY		PA REQUIRED				
TRAMADOL HCL TABLET (50MG)	ULTRAM			PA REQUIRED for > 2 Different Short Acting Opioid Medications in a 30-day time period.				
TRAMADOL HCL TABLET ER 24HR	TRAMADOL HCL ER		PREFERRED DRUG	PA REQUIRED				
OPIOID COMBINATIONS**								
ACETAMINOPHEN W/ CODEINE SOLUTION	ACETAMINOPHEN/CODEINE			PA REQUIRED for > 2 Different Short Acting Opioid Medications in a 30-day time period.				
ACETAMINOPHEN W/ CODEINE TABLET	TYLENOL/CODEINE #4			PA REQUIRED for > 2 Different Short Acting Opioid Medications in a 30-day time period.				
HYDROCODONE-ACETAMINOPHEN SOLUTION (ACETAMINOPHEN 325MG)	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.				
OXYCODONE W/ ACETAMINOPHEN TABLET (ACETAMINOPHEN 325MG)	ENDOCET			PA REQUIRED for > 2 Different Short Acting Opioid Medications in a 30-day time period.				
TRAMADOL-ACETAMINOPHEN TABLET	TRAMADOL/ACETAMINOPHEN							
OPIOID PARTIAL AGONISTS**								

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BUPRENORPHINE VARIOUS	VARIOUS			**PA REQUIRED unless the member is pregnant or nursing. The prescriber must note the following ICD-10 codes on the prescription: 1. O09.91- Supervision of high risk pregnancy, 1st Trimester. 2. O09.92- Supervision of high risk pregnancy, 2nd Trimester. 3. O09.93- Supervision of high risk pregnancy, 3rd Trimester. 4. O09.91- Supervision of high risk pregnancy- use for Postpartum Nursing Mothers. The first digit of the diagnosis code is the Letter - O and the second is a Zero - 0**				
BUPRENORPHINE HCL TAB SUBLINGUAL	BUPRENORPHINE HCL			**PA REQUIRED**				
BUPRENORPHINE PATCH WEEKLY	**BUTRANS**		**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**					
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE TAB SUBLINGUAL	VARIOUS	GENERIC FORMULATIONS ONLY	PREFERRED DRUG					
METHADONE	VARIOUS			Only avaliable at an Opioid Treatment Program (OTP) provider.				
ANDROGENS-ANABOLIC*								
ANDROGENS**								
DANAZOL CAPSULE	DANAZOL							
TESTOSTERONE CYPIONATE KIT	TESTONE CIK			PA REQUIRED				X
TESTOSTERONE CYPIONATE SOLUTION	DEPO-TESTOSTERONE			PA REQUIRED				X
TESTOSTERONE ENANTHATE SOLUTION	TESTOSTERONE ENANTHATE			PA REQUIRED				X
TESTOSTERONE GEL (1.62% - PUMP BOTTLE)	**ANDROGEL/TESTOSTERONE (AG)**	**AUTHORIZED GENERIC ONLY**		PA REQUIRED				X
ANORECTAL AND RELATED PRODUCTS*								
INTRARECTAL STEROIDS**								
HYDROCORTISONE (INTRARECTAL) ENEMA	CORTENEMA							
HYDROCORTISONE ACETATE (INTRARECTAL) FOAM	CORTIFOAM							
RECTAL STEROIDS**								
HYDROCORTISONE (RECTAL) CREAM	PROCTO-PAK							
ANTACIDS*								
ANTACID COMBINATIONS**								
ALUM & MAG HYDROX-SIMETHICONE LIQUID	MAG-AL PLUS							
ALUM & MAG HYDROX-SIMETHICONE SUSPENSION	GNP MASANTI REGULAR STRENGTH							
ANTACIDS - BICARBONATE**								
SODIUM BICARBONATE (ANTACID) POWDER	SODIUM BICARBONATE							
SODIUM BICARBONATE (ANTACID) TABLET	SODIUM BICARBONATE							
ANTACIDS - CALCIUM SALTS**								
CALCIUM CARBONATE (ANTACID) TABLET CHEWABLE	MAALOX CHILDRENS							
CALCIUM CARBONATE (ANTACID) LIQUID	CVS ANTACID CHILDRENS							
CALCIUM CARBONATE (ANTACID) TABLET	CALCIUM CARBONATE							
ANTACIDS - MAGNESIUM SALTS**								
MAGNESIUM OXIDE TABLET (250MG, 400MG, 420MG)	MAOX							
ANTHELMINTICS*								
ANTHELMINTICS**								
ALBENDAZOLE TABLET	ALBENZA			PA REQUIRED				
IVERMECTIN TABLET (3MG)	STROMECTOL			PA REQUIRED				
MEBENDAZOLE TABLET CHEWABLE	EMVERM			PA REQUIRED				
PRAZIQUANTEL TABLET	BILTRICIDE							

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ANTIANGINAL AGENTS*								
ANTIANGINALS-OTHER**								
RANOLAZINE TABLET ER 12HR	RANEXA			PA REQUIRED				X
NITRATES**								
ISOSORBIDE DINITRATE TABLET	ISORDIL TITRADOSE							X
ISOSORBIDE MONONITRATE TABLET	ISOSORBIDE MONONITRATE							X
ISOSORBIDE MONONITRATE TABLET ER 24HR	ISOSORBIDE MONONITRATE ER							X
NITROGLYCERIN CAPSULE ER	NITRO-TIME							X
NITROGLYCERIN OINTMENT	NITRO-BID							X
NITROGLYCERIN PATCH 24 HR	MINITRAN							X
NITROGLYCERIN TAB SUBLINGUAL	NITROSTAT							X
ANTIANXIETY AGENTS*								
ANTIANXIETY AGENTS - MISC.**								
BUSPIRONE HCL TABLET (EXCLUDING 2.5MG & 12.5MG)	BUSPIRONE HCL			**PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30	
BUSPIRONE HCL TABLET (30 MG)	BUSPIRONE HCL			**PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		60	30	
HYDROXYZINE HCL SYRUP	HYDROXYZINE HCL					300	30	
HYDROXYZINE HCL TABLET	HYDROXYZINE HYDROCHLORIDE					120	30	
HYDROXYZINE PAMOATE CAPSULE	VISTARIL					120	30	
BENZODIAZEPINES**								
ALPRAZOLAM CONCENTRATE (1 MG/ML)	ALPRAZOLAM INTENSOL			**PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		60	15	
ALPRAZOLAM TABLET DISINTEGRATING (0.25 MG, 0.5MG, 1MG)	ALPRAZOLAM ODT			**PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30	
ALPRAZOLAM TABLET DISINTEGRATING (2 MG)	ALPRAZOLAM ODT			**PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		60	30	
ALPRAZOLAM TABLET (0.25 MG, 0.5MG, 1MG)	XANAX			**PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30	
ALPRAZOLAM TABLET (2 MG)	XANAX			**PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		60	30	
ALPRAZOLAM TABLET ER 24HR	XANAX XR			**PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		30	30	
CHLORDIAZEPOXIDE HCL CAPSULE	CHLORDIAZEPOXIDE HCL			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30	
CLORAZEPATE DIPOTASSIUM TABLET (3.75 MG, 7.5MG)	TRANXENE T			**PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30	
CLORAZEPATE DIPOTASSIUM TABLET (15 MG)	TRANXENE T			**PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		60	30	
DIAZEPAM CONCENTRATE (5 MG/ML)	DIAZEPAM INTENSOL			**PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		60	30	
DIAZEPAM SOLUTION (1 MG/ML)	DIAZEPAM			**PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		300	30	
DIAZEPAM TABLET (2MG, 5MG, 10 MG)	VALIUM			**PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30	
LORAZEPAM CONCENTRATE (2 MG/ML)	LORAZEPAM INTENSOL			**PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		60	30	
LORAZEPAM TABLET (0.5 MG, 1MG)	ATIVAN			**PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30	
LORAZEPAM TABLET (2 MG)	ATIVAN			**PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		60	30	
OXAZEPAM CAPSULE (10 MG, 15MG, 30MG)	OXAZEPAM			**PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		60	30	
ANTIARRHYTHMICS*								
ANTIARRHYTHMICS TYPE I-A**								
DISOPYRAMIDE PHOSPHATE CAPSULE	NORPACE							X
DISOPYRAMIDE PHOSPHATE CAPSULE ER 12 HR	NORPACE CR							X
QUINIDINE GLUCONATE TABLET ER	QUINIDINE GLUCONATE CR							X
QUINIDINE SULFATE TABLET	QUINIDINE SULFATE							X

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ANTIARRHYTHMICS TYPE I-B**								
MEXILETINE HCL CAPSULE	MEXILETINE HCL							X
ANTIARRHYTHMICS TYPE I-C**								
FLECAINIDE ACETATE TABLET	FLECAINIDE ACETATE							X
PROPAFENONE HCL CAPSULE ER 12 HR	RYTHMOL SR							X
PROPAFENONE HCL TABLET	PROPAFENONE HCL							X
ANTIARRHYTHMICS TYPE III**								
AMIODARONE HCL TABLET (100MG & 200MG)	PACERONE							X
DOFETILIDE CAPSULE	TIKOSYN			PA REQUIRED				X
DRONEDARONE HCL TABLET	MULTAQ			PA REQUIRED				X
ANTIASTHMATIC AND BRONCHODILATOR AGENTS*								
ANTIASTHMATIC - MONOCLONAL ANTIBODIES**								
BENRALIZUMAB SOLN AUTO-INJ	FASENRA		PREFERRED DRUG	PA REQUIRED				X
BENRALIZUMAB SOLN PREF SYR	FASENRA		PREFERRED DRUG	PA REQUIRED				X
OMALIZUMAB SOLUTION RECONSTITUTED	**XOLAIR**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				
OMALIZUMAB SOLN AUTO-INJ	**XOLAIR**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				
OMALIZUMAB SOLN PREF SYR	**XOLAIR**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				
ANTI-INFLAMMATORY AGENTS**								
CROMOLYN SODIUM NEBULIZATION SOLUTION	CROMOLYN SODIUM							X
BRONCHODILATORS - ANTICHOLINERGICS**								
IPRATROPIUM BROMIDE HFA AEROSOL SOLUTION	ATROVENT HFA	BRAND ONLY	PREFERRED DRUG					X
IPRATROPIUM BROMIDE SOLUTION	IPRATROPIUM BROMIDE		PREFERRED DRUG					X
TIOTROPIUM BROMIDE AEROSOL SOLUTION	SPIRIVA AEROSOL		PREFERRED DRUG					X
TIOTROPIUM BROMIDE CAPSULE	SPIRIVA HANDIHALER		PREFERRED DRUG					X
UMECLIDINIUM BROMIDE ARSL PWDR-BREATH ACTIVATE	INCRUSE		PREFERRED DRUG					X
LEUKOTRIENE MODULATORS**								
MONTELUKAST SODIUM TABLET CHEWABLE	SINGULAIR					90	90	X
MONTELUKAST SODIUM PACKET	SINGULAIR			PA REQUIRED for > 4 Years of Age				X
MONTELUKAST SODIUM TABLET	SINGULAIR					90	90	X
STEROID INHALANTS**								
BECLOMETHASONE DIPROPIONATE HFA AEROSOL BREATH ACTIVATED	QVAR							X
BUDESONIDE (INHALATION) ARSL PWDR-BREATH ACTIVATE	**PULMICORT FLEXHALER**	**BRAND ONLY**	**PREFERRED DRUG**					**X**
BUDESONIDE (INHALATION) SUSPENSION	PULMICORT		PREFERRED DRUG					X
FLUTICASONE FUROATE (INHALATION) ARSL PWDR-BREATH ACTIVATE	ARNUITY	BRAND ONLY						**X**
FLUTICASONE PROPIONATE (INHALATION) ARSL PWDR-BREATH ACTIVATE	FLOVENT DISKUS							X
FLUTICASONE PROPIONATE HFA AEROSOL	**FLOVENT HFA**		**PREFERRED DRUG**					**X**
MOMETASONE FUROATE (INHALATION) AEROSOL	ASMANEX HFA							X
MOMETASONE FUROATE (INHALATION) ARSL PWDR-BREATH ACTIVATE	**ASMANEX TWISTHALER**		**PREFERRED DRUG**					**X**
SYMPATHOMIMETICS**								
ALBUTEROL SULFATE AEROSOL SOLUTION	**ALBUTEROL HFA (PROVENTIL) (INHALATION)**		Preferred Albuterol NDCs					X
ALBUTEROL SULFATE NEBULIZATION SOLUTION	ALBUTEROL SULFATE							X
ALBUTEROL SULFATE SYRUP	ALBUTEROL SULFATE							X
BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL	SYMBICORT	**AUTHORIZED GENERIC ONLY**	PREFERRED DRUG			6	90	X
FLUTICASONE-SALMETEROL ARSL PWDR-BREATH ACTIVATE	**AIRDUO**		**PREFERRED DRUG**			**6**	**90**	**X**
FLUTICASONE-SALMETEROL ARSL PWDR-BREATH ACTIVATE	ADVAIR DISKUS	AUTHORIZED GENERIC ONLY	PREFERRED DRUG					X
FLUTICASONE-SALMETEROL AEROSOL	**ADVAIR HFA**	**BRAND ONLY**	**PREFERRED DRUG**			**3**	**90**	**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**			**6**	**90**	**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		3	90	X
UMECLIDINIUM-VILANTEROL ARSL PWDR-BREATH ACTIVATE	**ANORO ELLIPTA**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**		**3**	**90**	**X**
XANTHINES**								
THEOPHYLLINE CAPSULE ER 24 HR	THEO-24							X
THEOPHYLLINE ELIXIR	ELIXOPHYLLIN							X
THEOPHYLLINE SOLUTION	THEOPHYLLINE							X
THEOPHYLLINE TABLET ER 12HR	THEOPHYLLINE CR							X

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

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

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THEOPHYLLINE TABLET ER 24HR	THEOPHYLLINE ER							X
ANTICOAGULANTS*								
COUMARIN ANTICOAGULANTS**								
WARFARIN SODIUM TABLET	JANTOVEN							X
DIRECT FACTOR XA INHIBITORS**								
APIXABAN CAPSULE SPRINKLE	**ELIQUIS**	**BRAND ONLY**	**PREFERRED DRUG**			**222**	**90**	**X**
APIXABAN TABLET	**ELIQUIS**	**BRAND ONLY**	**PREFERRED DRUG**			**180**	**90**	**X**
APIXABAN TAB THER PACK	**ELIQUIS STARTER PACK**	**BRAND ONLY**	**PREFERRED DRUG**			**74**	**365**	
APIXABAN TABLET SOLUBLE	**ELIQUIS**	**BRAND ONLY**	**PREFERRED DRUG**			**222**	**90**	**X**
RIVAROXABAN TABLET	**XARELTO**	**BRAND ONLY**	**PREFERRED DRUG**			**180**	**90**	**X**
RIVAROXABAN TAB THER PACK	**XARELTO STARTER PACK**	**BRAND ONLY**	**PREFERRED DRUG**			**51**	**30**	
HEPARINS AND HEPARINOID-LIKE AGENTS**								
ENOXAPARIN SODIUM SOLUTION	LOVENOX		PREFERRED DRUG			60	30	
ENOXAPARIN SODIUM SOLN PREF SYR	LOVENOX		PREFERRED DRUG			60	30	
HEPARIN (PORCINE) IN SODIUM CHLORIDE SOLUTION	HEPARIN SODIUM/SODIUM CHLORIDE 0.9% PREMIX							
HEPARIN SOD (PORCINE) IN D5W SOLUTION	HEPARIN SODIUM/D5W							
HEPARIN SODIUM (PORCINE) SOLUTION	HEPARIN SODIUM							
THROMBIN INHIBITORS**								
DABIGATRAN ETEXILATE MESYLATE CAPSULE	**PRADAXA**		**PREFERRED DRUG**			**180**	**90**	**X**
ANTICONVULSANTS*								
AMPA GLUTAMATE RECEPTOR ANTAGONISTS**								
PERAMPANEL TABLET	FYCOMPA	BRAND ONLY		PA REQUIRED				X
PERAMPANEL SUSPENSION	FYCOMPA	BRAND ONLY		PA REQUIRED				X
ANTICONVULSANTS - BENZODIAZEPINES**								
CLOBAZAM SUSPENSION	ONFI			PA REQUIRED				X
CLOBAZAM TABLET	ONFI			PA REQUIRED				X
CLONAZEPAM TABLET (0.5MG, 1.0MG)	KLONOPIN			**PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30	
CLONAZEPAM TABLET (2MG)	KLONOPIN			**PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		60	30	
CLONAZEPAM TABLET DISINTEGRATING (0.125MG, 0.25MG, 0.5MG, 1MG)	CLONAZEPAM ODT			**PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		120	30	
CLONAZEPAM TABLET DISINTEGRATING (2MG)	CLONAZEPAM ODT			**PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.**		60	30	
DIAZEPAM (ANTICONVULSANT) GEL (10MG, 20MG)	VARIOUS	GENERIC ONLY				2	30	
DIAZEPAM (ANTICONVULSANT) LIQUID	VALTOCO					5	30	
DIAZEPAM (ANTICONVULSANT) LIQD THER PACK	VALTOCO					5	30	
MIDAZOLAM (ANTICONVULSANT) SOLUTION	NAYZILAM					4	30	
ANTICONVULSANTS - MISC.**								
BRIVARACETAM TABLET	BRIVIACT	BRAND ONLY		PA REQUIRED				X
BRIVARACETAM SOLUTION	BRIVIACT	BRAND ONLY		PA REQUIRED				X
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 (25MG, 50MG, 600MG, 800MG)	NEURONTIN							X
LACOSAMIDE SOLUTION	VIMPAT			PA REQUIRED				X
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
LAMOTRIGINE SUSPENSION	SUBVENITE			PA REQUIRED > 10 Years of Age				X
LEVETIRACETAM SOLUTION	KEPPRA							X

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LEVETIRACETAM TABLET	ROWEEPRA							X
LEVETIRACETAM TABLET ER 24HR	KEPPRA XR							X
OXCARBAZEPINE SUSPENSION	TRILEPTAL							X
OXCARBAZEPINE TABLET	TRILEPTAL							X
PREGABALIN CAPSULE (25MG, 50MG, 75MG, 100MG, 150MG, 200MG)	LYRICA					270	90	X
PREGABALIN CAPSULE (225MG, 300MG)	LYRICA					180	90	X
PREGABALIN SOLUTION	LYRICA					2700	90	X
PRIMIDONE TABLET	MYSOLINE							X
RUFINAMIDE SUSPENSION	BANZEL			PA REQUIRED				X
RUFINAMIDE TABLET	BANZEL			PA REQUIRED				X
TOPIRAMATE CAPSULE ER 24 HR	TROKENDI XR	BRAND ONLY		PA REQUIRED				X
TOPIRAMATE CAPSULE SPRINKLE (15MG, 25MG)	TOPAMAX SPRINKLE							X
TOPIRAMATE CP24 SPRINKLE	QUDEXY XR			PA REQUIRED				X
TOPIRAMATE TABLET	TOPAMAX							X
ZONISAMIDE CAPSULE	ZONEGRAN							X
ZONISAMIDE SUSPENSION	ZONISADE					240	90	X
CARBAMATES**								
CENOBAMATE TABLET	XCOPRI			PA REQUIRED				X
CENOBAMATE TAB THER PACK	XCOPRI			PA REQUIRED				X
FELBAMATE SUSPENSION	FELBATOL							X
FELBAMATE TABLET	FELBATOL							X
GABA MODULATORS**								
TIAGABINE HCL TABLET	GABITRIL			PA REQUIRED				X
HYDANTOINS**								
PHENYTOIN TABLET CHEWABLE	DILANTIN CHEWABLES							X
PHENYTOIN SODIUM EXTENDED CAPSULE	DILANTIN/PHENYTEK ER							X
PHENYTOIN SUSPENSION	DILANTIN-125							X
SUCCINIMIDES**								
ETHOSUXIMIDE CAPSULE	ZARONTIN							X
ETHOSUXIMIDE SOLUTION	ZARONTIN							X
METHSUXIMIDE CAPSULE	CELONTIN							X
VALPROIC ACID**								
DIVALPROEX SODIUM CAP DR SPRINKLE	DEPAKOTE SPRINKLES							X
DIVALPROEX SODIUM TABLET ER 24HR	DEPAKOTE ER							X
DIVALPROEX SODIUM TABLET ENTERIC COATED	DEPAKOTE							X
VALPROATE SODIUM SOLUTION	VALPROATE SODIUM							X
VALPROIC ACID CAPSULE	VALPROIC ACID							X
ANTIDEPRESSANTS*								
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**								
MIRTAZAPINE TABLET	REMERON			PA REQUIRED for < 6 Years of Age		90	90	X
MIRTAZAPINE TABLET DISINTEGRATING	REMERON SOLTAB			PA REQUIRED for < 6 Years of Age		90	90	X
ANTIDEPRESSANTS - MISC.**								
BUPROPION HCL TABLET	BUPROPION HCL			PA REQUIRED for < 6 Years of Age		360	90	X
BUPROPION HCL TABLET ER 12HR	WELLBUTRIN SR			PA REQUIRED for < 6 Years of Age		180	90	X
BUPROPION HCL TABLET ER 24HR	WELLBUTRIN XL			PA REQUIRED for < 6 Years of Age		90	90	X
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID**								
ZURANOLONE CAPSULE	ZURZUVAE			PA REQUIRED				
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS**								
ESKETAMINE HCL SOLN THER PACK	**SPRAVATO**			PA REQUIRED				X
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**								
CITALOPRAM HYDROBROMIDE SOLUTION	CITALOPRAM HYDROBROMIDE			PA REQUIRED for < 6 Years of Age and for > the age of 12 Years of Age		1800	90	X
CITALOPRAM HYDROBROMIDE TABLET (10MG)	CELEXA			**PA REQUIRED for < 6 Years of Age**		180	90	X
CITALOPRAM HYDROBROMIDE TABLET (20MG, 40MG)	CELEXA			**PA REQUIRED for < 6 Years of Age**		90	90	X
ESCITALOPRAM OXALATE TABLET (5MG)	LEXAPRO			**PA REQUIRED for < 6 Years of Age**		180	90	X
ESCITALOPRAM OXALATE TABLET (10MG, 20MG)	LEXAPRO			**PA REQUIRED for < 6 Years of Age**		90	90	X
FLUOXETINE HCL CAPSULE (10MG, 40MG)	PROZAC			**PA REQUIRED for < 6 Years of Age**		180	90	X
FLUOXETINE HCL CAPSULE (20MG)	PROZAC			**PA REQUIRED for < 6 Years of Age**		360	90	X

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FLUOXETINE HCL SOLUTION	FLUOXETINE HCL			PA REQUIRED for < 6 Years of Age and for > the age of 12 Years of Age		1800	90	X
FLUVOXAMINE MALEATE TABLET (25MG)	LUVOX			**PA REQUIRED for < 6 Years of Age**		180	90	X
FLUVOXAMINE MALEATE TABLET (50MG)	LUVOX			**PA REQUIRED for < 6 Years of Age**		540	90	X
FLUVOXAMINE MALEATE TABLET (100MG)	LUVOX			**PA REQUIRED for < 6 Years of Age**		270	90	X
PAROXETINE HCL TABLET (10MG, 20MG, 30MG)	PAXIL			**PA REQUIRED for < 6 Years of Age**		90	90	X
PAROXETINE HCL TABLET (40MG)	PAXIL			**PA REQUIRED for < 6 Years of Age**		135	90	X
SERTRALINE HCL CONCENTRATE	ZOLOFT			PA REQUIRED for < 6 Years of Age and for > the age of 12 Years of Age		900	90	X
SERTRALINE HCL TABLET (25MG)	ZOLOFT			**PA REQUIRED for < 6 Years of Age**		270	90	X
SERTRALINE HCL TABLET (50MG)	ZOLOFT			**PA REQUIRED for < 6 Years of Age**		360	90	X
SERTRALINE HCL TABLET (100MG)	ZOLOFT			**PA REQUIRED for < 6 Years of Age**		180	90	X
SEROTONIN MODULATORS**								
TRAZODONE HCL TABLET (50MG)	TRAZODONE HYDROCHLORIDE			**PA REQUIRED for < 6 Years of Age**		270	90	X
TRAZODONE HCL TABLET (100MG)	TRAZODONE HYDROCHLORIDE			**PA REQUIRED for < 6 Years of Age**		360	90	X
TRAZODONE HCL TABLET (150MG)	TRAZODONE HYDROCHLORIDE			**PA REQUIRED for < 6 Years of Age**		180	90	X
TRAZODONE HCL TABLET (300MG)	TRAZODONE HYDROCHLORIDE			**PA REQUIRED for < 6 Years of Age**		90	90	X
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)**								
DESVENLAFAXINE SUCCINATE TABLET ER 24HR	PRISTIQ			**PA REQUIRED for < 6 Years of Age**		90	90	X
DULOXETINE HCL CAPSULE DR PART (20MG, 30MG)	CYMBALTA			**PA REQUIRED for < 6 Years of Age**		360	90	X
DULOXETINE HCL CAPSULE DR PART(60MG)	CYMBALTA			**PA REQUIRED for < 6 Years of Age**		180	90	X
VENLAFAXINE HCL CAPSULE ER 24 HR - CAPSULE ONLY (37.5MG, 75MG)	EFFEXOR XR			**PA REQUIRED for < 6 Years of Age**		270	90	X
VENLAFAXINE HCL CAPSULE ER 24 HR - CAPSULE ONLY (150MG)	EFFEXOR XR			**PA REQUIRED for < 6 Years of Age**		90	90	X
VENLAFAXINE HCL TABLET - IMMEDIATE RELEASE ONLY - TABLET ONLY (25MG)	VENLAFAXINE HYDROCHLORIDE			**PA REQUIRED for < 6 Years of Age**		360	90	X
VENLAFAXINE HCL TABLET - IMMEDIATE RELEASE ONLY - TABLET ONLY (37.5MG, 50MG)	VENLAFAXINE HYDROCHLORIDE			**PA REQUIRED for < 6 Years of Age**		270	90	X
VENLAFAXINE HCL TABLET - IMMEDIATE RELEASE ONLY - TABLET ONLY (75MG)	VENLAFAXINE HYDROCHLORIDE			**PA REQUIRED for < 6 Years of Age**		450	90	X
VENLAFAXINE HCL TABLET - IMMEDIATE RELEASE ONLY - TABLET ONLY (100MG)	VENLAFAXINE HYDROCHLORIDE			**PA REQUIRED for < 6 Years of Age**		270	90	X
TRICYCLIC AGENTS**								
AMITRIPTYLINE HCL TABLET	AMITRIPTYLINE HYDROCHLORIDE			PA REQUIRED for < 6 Years of Age				X
AMOXAPINE TABLET	AMOXAPINE			PA REQUIRED for < 6 Years of Age				X
CLOMIPRAMINE HCL CAPSULE	ANAFRANIL			PA REQUIRED for < 6 Years of Age				X
DESIPRAMINE HCL TABLET	NORPRAMIN			PA REQUIRED for < 6 Years of Age				X
DOXEPIN HCL CAPSULE	DOXEPIN HCL			PA REQUIRED for < 6 Years of Age		270	90	X
DOXEPIN HCL CONCENTRATE	DOXEPIN HCL			PA REQUIRED for < 6 Years of Age		540	90	X
IMIPRAMINE HCL TABLET	IMIPRAMINE HCL			PA REQUIRED for < 6 Years of Age				X
IMIPRAMINE PAMOATE CAPSULE	IMIPRAMINE PAMOATE			PA REQUIRED for < 6 Years of Age		90	90	X
NORTRIPTYLINE HCL CAPSULE	PAMELOR			PA REQUIRED for < 6 Years of Age				X
NORTRIPTYLINE HCL SOLUTION	NORTRIPTYLINE HCL			PA REQUIRED for < 6 Years of Age				X
PROTRIPTYLINE HCL TABLET	PROTRIPTYLINE HCL			PA REQUIRED for < 6 Years of Age				X
TRIMIPRAMINE MALEATE CAPSULE	TRIMIPRAMINE MALEATE			PA REQUIRED for < 6 Years of Age				X
TRIMIPRAMINE MALEATE POWDER	TRIMIPRAMINE MALEATE			PA REQUIRED for < 6 Years of Age				
ANTIDIABETICS*								
ALPHA-GLUCOSIDASE INHIBITORS**								
ACARBOSE TABLET	PRECOSE							X
ANTIDIABETIC - AMYLIN ANALOGS**								
PRAMLINTIDE ACETATE SOLN PEN-INJ	**SYMLINPEN 60**		**PREFERRED DRUG**	**PA REQUIRED**				**X**
ANTIDIABETIC COMBINATIONS**								
ALOGLIPTIN-METFORMIN HCL TABLET	**ALOGLIPTIN-METFORMIN**		**PREFERRED DRUG**		**Step Through Metformin**			**X**
ALOGLIPTIN-PIOGLITAZONE TABLET	**ALOGLIPTIN-PIOGLITAZONE**		**PREFERRED DRUG**		**Step Through Metformin**			**X**
DAPAGLIFLOZIN FREE BASE-METFORMIN HCL TABLET ER 24HR	**XIGDUO XR**	**BRAND ONLY**	**PREFERRED DRUG**		**Step Through Metformin**			**X**
EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN TABLET ER 24HR	**TRIJARDY XR**	**BRAND ONLY**	**PREFERRED DRUG**		**Step Through Metformin**			**X**
EMPAGLIFLOZIN-METFORMIN HCL TABLET	**SYNJARDY**	**BRAND ONLY**	**PREFERRED DRUG**		**Step Through Metformin**			**X**
LINAGLIPTIN-METFORMIN HCL TABLET	**JENTADUETO**	**BRAND ONLY**	**PREFERRED DRUG**		**Step Through Metformin**			**X**
PIOGLITAZONE HCL-METFORMIN HCL TABLET	ACTOPLUS MET		PREFERRED DRUG					X
SITAGLIPTIN PHOSPHATE-METFORMIN HCL TABLET	**JANUMET**	**BRAND ONLY**	**PREFERRED DRUG**		**Step Through Metformin**			**X**
SITAGLIPTIN PHOSPHATE-METFORMIN HCL TABLET ER 24HR	**JANUMET XR**	**BRAND ONLY**	**PREFERRED DRUG**		**Step Through Metformin**			**X**
BIGUANIDES**								
METFORMIN HCL TABLET (500MG, 850MG, 1000MG)	METFORMIN HYDROCHLORIDE							X

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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				X
DIABETIC OTHER**								
DASIGLUCAGON HCL SOLN AUTO-INJ	**ZEGALOGUE**	**BRAND ONLY**	**PREFERRED DRUG**			**2**	**30**	
DASIGLUCAGON HCL SOLN PREF SYR	**ZEGALOGUE**	**BRAND ONLY**	**PREFERRED DRUG**			**2**	**30**	
DIAZOXIDE SUSPENSION	**PROGLYCEM**	**BRAND ONLY**	**PREFERRED DRUG**					**X**
GLUCAGON POWDER	**BAQSIMI**	**BRAND ONLY**	**PREFERRED DRUG**			**2**	**30**	
GLUCAGON SOLUTION RECONSTITUTED	**GLUCAGON EMERGENCY KIT**		**PREFERRED DRUG**			**2**	**30**	
MIFEPRISTONE (HYPERGLYCEMIA) TABLET	KORLYM			PA REQUIRED				X
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS**								
ALOGLIPTIN BENZOATE TABLET	VARIOUS		PREFERRED DRUG		**Step Through Metformin**			**X**
LINAGLIPTIN TABLET	**TRADJENTA**	**BRAND ONLY**	**PREFERRED DRUG**		**Step Through Metformin**			**X**
SITAGLIPTIN PHOSPHATE TABLET	**JANUVIA**	**BRAND ONLY**	**PREFERRED DRUG**		**Step Through Metformin**			**X**
INCRETIN MIMETIC AGENTS**								
DULAGLUTIDE SOLN AUTO-INJ	**TRULICITY**		**PREFERRED DRUG**	**PA REQUIRED**				**X**
EXENATIDE SOLN PEN-INJ *Byetta will be Obsolete 2027-03-07	BYETTA	**BRAND ONLY**	PREFERRED DRUG	PA REQUIRED				X
LIRAGLUTIDE SOLN PEN-INJ	**VICTOZA**	**Brand & Generic**	**PREFERRED DRUG**	**PA REQUIRED**				**X**
TIRZEPATIDE SOLN AUTO-INJ	**MOUNJARO**			**PA REQUIRED**				**X**
INSULIN SENSITIZING AGENTS**								
INSULIN DEGLUDEC SOLUTION	TRESIBA	BRAND ONLY						X
INSULIN DEGLUDEC SOLN PEN-INJ	TRESIBA	BRAND ONLY						X
PIOGLITAZONE HCL TABLET	ACTOS							X
INSULIN**								
INSULIN ASPART PROTAMINE & ASPART (HUMAN) SUSP PEN-INJ (70/30)	**NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION**		**PREFERRED DRUG**					**X**
INSULIN ASPART PROTAMINE & ASPART (HUMAN) SUSPENSION	**NOVOLOG MIX 70/30**		**PREFERRED DRUG**					**X**
INSULIN ASPART SOLN CARTRIDGE	**NOVOLOG PENFILL**		**PREFERRED DRUG**					**X**
INSULIN ASPART SOLUTION	**NOVOLOG**		**PREFERRED DRUG**					**X**
INSULIN ASPART SOLN PEN-INJ	**NOVOLOG FLEXPEN**		**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 GLARGINE-YFGN SOLN PEN-INJ	SEMGLEE							**X**
INSULIN LISPRO PROTAMINE & LISPRO SUSP PEN-INJ	**HUMALOG MIX 50/50 KWIKPEN, HUMALOG MIX 75/25 KWIKPEN**	**AUTHORIZED GENERIC 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**					**X**
INSULIN NPH (HUMAN) (ISOPHANE) SUSPENSION	**NOVOLIN N**	**BRAND ONLY**	**PREFERRED DRUG**					**X**
INSULIN NPH ISOPHANE & REG (HUMAN) SUSP PEN-INJ	HUMULIN 70/30 KWIKPEN							X
INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION	**HUMULIN 70/30, NOVOLIN 70/30, HUMULIN 70/30 KWIKPEN**	**BRAND ONLY**	**PREFERRED DRUG**					**X**
INSULIN REGULAR (HUMAN) SOLUTION	**NOVOLIN/HUMULIN R U-100**	**BRAND ONLY**	**PREFERRED DRUG**					**X**
INSULIN REGULAR (HUMAN) SOLUTION	**HUMULIN R U-500**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				**X**
INSULIN REGULAR (HUMAN) SOLN PEN-INJ	**HUMULIN R U-500 KWIKPEN**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				**X**
MEGLITINIDE ANALOGUES**								
NATEGLINIDE TABLET	STARLIX							X
REPAGLINIDE TABLET	REPAGLINIDE							X
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**								
DAPAGLIFLOZIN TABLET	**FARXIGA**	**BRAND ONLY**	**PREFERRED DRUG**		**Step Through Metformin**			**X**
EMPAGLIFLOZIN TABLET	**JARDIANCE**	**BRAND ONLY**	**PREFERRED DRUG**		**Step Through Metformin**			**X**
SULFONYLUREAS**								
GLIMEPIRIDE TABLET (EXCLUDING 3MG)	AMARYL							X
GLIPIZIDE TABLET (EXCLUDING 15MG)	GLUCOTROL							X
GLIPIZIDE TABLET ER 24HR	GLUCOTROL XL							X
GLYBURIDE MICRONIZED TABLET	GLYNASE							X
GLYBURIDE TABLET	GLYBURIDE							X
ANTIDIARRHEAL/PROBIOTIC AGENTS*								
ANTIPERISTALTIC AGENTS**								

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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							
ANTIDOTES AND SPECIFIC ANTAGONISTS*								
OPIOID ANTAGONISTS**								
NALOXONE HCL LIQUID (4mg, 8mg)	**NARCAN/KLOXXADO/REXTOVY NASAL SPRAY**		**PREFERRED DRUG**			**2**	**1**	
NALOXONE HCL SOLN CARTRIDGE	NALOXONE HYDROCHLORIDE		PREFERRED DRUG					
NALOXONE HCL SOLUTION	NALOXONE HYDROCHLORIDE		PREFERRED DRUG					
NALOXONE HCL SOLN PREF SYR	NALOXONE HYDROCHLORIDE		PREFERRED DRUG					
NALTREXONE HCL TABLET	**NALTREXONE HCL**		**PREFERRED DRUG**					
NALTREXONE SUSPENSION RECONSTITUTED	**VIVITROL**		**PREFERRED DRUG**					
ANTIEMETICS*								
5-HT3 RECEPTOR ANTAGONISTS**								
DOLASETRON MESYLATE TABLET	ANZEMET			PA REQUIRED				
GRANISETRON HCL SOLUTION	GRANISETRON HCL			PA REQUIRED				
GRANISETRON HCL TABLET	GRANISETRON HYDROCHLORIDE			PA REQUIRED				
ONDANSETRON HCL SOLUTION	ONDANSETRON HYDROCHLORIDE					300	30	
ONDANSETRON HCL SOLN PREF SYR	ONDANSETRON HYDROCHLORIDE							
ONDANSETRON HCL TABLET	ZOFRAN					60	30	
ONDANSETRON TABLET DISINTEGRATING	ONDANSETRON ODT					60	30	
ANTIEMETICS - ANTICHOLINERGIC**								
MECLIZINE HCL TABLET CHEWABLE	DRAMAMINE MOTION SICKNESS LESS DROWSY							
MECLIZINE HCL TABLET	WAL-DRAM II							
TRIMETHOBENZAMIDE HCL CAPSULE	TIGAN							
TRIMETHOBENZAMIDE HCL SOLUTION	TIGAN							
ANTIEMETICS - MISCELLANEOUS**								
DOXYLAMINE-PYRIDOXINE TABLET ENTERIC COATED	DICLEGIS							
DRONABINOL CAPSULE	MARINOL			PA REQUIRED				
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS**								
APREPITANT CAPSULE	EMEND					6	21	
APREPITANT CAPSULE	APREPITANT					6	21	
ANTIFUNGALS*								
ANTIFUNGALS**								
GRISEOFULVIN MICROSIZE SUSPENSION	GRISEOFULVIN MICROSIZE							
GRISEOFULVIN MICROSIZE TABLET	GRISEOFULVIN MICROSIZE							
NYSTATIN TABLET	NYSTATIN							
TERBINAFINE HCL TABLET	TERBINAFINE HCL					90	365	
IMIDAZOLE-RELATED ANTIFUNGALS**								
FLUCONAZOLE SUSPENSION RECONSTITUTED (10MG/ML)	DIFLUCAN					600	30	
FLUCONAZOLE SUSPENSION RECONSTITUTED (40MG/ML)	DIFLUCAN					300	30	
FLUCONAZOLE TABLET (50MG, 100MG, 200MG)	DIFLUCAN					60	30	
FLUCONAZOLE TABLET (150MG)	DIFLUCAN					3	30	
POSACONAZOLE TABLET ENTERIC COATED	NOXAFIL	AUTHORIZED GENERIC & GENERIC FORMULATIONS		PA REQUIRED				X
VORICONAZOLE TABLET	VFEND							
VORICONAZOLE SUSPENSION RECONSTITUTED	VFEND	BRAND ONLY		PA REQUIRED				
ANTIHISTAMINES*								
ANTIHISTAMINES - ALKYLAMINES**								
BROMPHENIRAMINE MALEATE LIQUID	DIMETAPP							
CHLORPHENIRAMINE MALEATE TABLET	WAL-FINATE							
DEXCHLORPHENIRAMINE MALEATE SOLUTION	RYCLORA							
ANTIHISTAMINES - ETHANOLAMINES**								
CLEMASTINE FUMARATE TABLET	DAYHIST ALLERGY 12 HOUR RELIEF							

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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							
ANTIHISTAMINES - NON-SEDATING**								
CETIRIZINE HCL SOLUTION	WAL-ZYR CHILDRENS					150	30	
CETIRIZINE HCL TABLET	KLS ALLER-TEC					30	30	
CETIRIZINE HCL TABLET DISINTEGRATING	ZYRTEC ALLERGY CHILDRENS					30	30	
FEXOFENADINE HCL TABLET (60 MG)	ALLEGRA ALLERGY					60	30	
FEXOFENADINE HCL TABLET (180 MG)	ALLEGRA ALLERGY					30	30	
LEVOCETIRIZINE DIHYDROCHLORIDE TABLET	LEVOCETIRIZINE					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 (5MG)	CLARITIN REDITABS					30	30	
ANTIHISTAMINES - PHENOTHIAZINES**								
PROMETHAZINE HCL SOLUTION	PHENERGAN							
PROMETHAZINE HCL SUPPOSITORY	PROMETHEGAN							
PROMETHAZINE HCL TABLET	PROMETHAZINE HYDROCHLORIDE							
ANTIHISTAMINES - PIPERIDINES**								
CYPROHEPTADINE HCL SYRUP	CYPROHEPTADINE HCL							
CYPROHEPTADINE HCL TABLET	CYPROHEPTADINE HYDROCHLORIDE							
ANTIHYPERLIPIDEMICS*								
BILE ACID SEQUESTRANTS**								
CHOLESTYRAMINE LIGHT PACKET	PREVALITE							X
CHOLESTYRAMINE LIGHT POWDER	PREVALITE							X
CHOLESTYRAMINE PACKET	QUESTRAN							X
CHOLESTYRAMINE POWDER	QUESTRAN							X
COLESTIPOL HCL TABLET	COLESTID							X
FIBRIC ACID DERIVATIVES**								
FENOFIBRATE MICRONIZED CAPSULE (67MG, 134MG, 200MG)	ANTARA							X
FENOFIBRATE TABLET (48MG, 54MG, 145MG, 160MG)	FENOGLIDE							X
GEMFIBROZIL TABLET	LOPID							X
HMG COA REDUCTASE INHIBITORS**								
ATORVASTATIN CALCIUM TABLET	LIPITOR					90	90	X
LOVASTATIN TABLET	LOVASTATIN					90	90	X
PRAVASTATIN SODIUM TABLET	PRAVASTATIN SODIUM					90	90	X
ROSUVASTATIN CALCIUM TABLET	CRESTOR					90	90	X
SIMVASTATIN TABLET	ZOCOR					90	90	X
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS**								
EZETIMIBE TABLET	ZETIA							X
NICOTINIC ACID DERIVATIVES**								
NIACIN (ANTIHYPERLIPIDEMIC) TABLET	NIACOR							
ANTIHYPERTENSIVES*								
ACE INHIBITORS**								
BENAZEPRIL HCL TABLET	LOTENSIN							X
ENALAPRIL MALEATE SOLUTION	EPANED							X
ENALAPRIL MALEATE TABLET	VASOTEC							X
LISINOPRIL TABLET	ZESTRIL							X
RAMIPRIL CAPSULE	ALTACE							X
ANGIOTENSIN II RECEPTOR ANTAGONISTS**								
IRBESARTAN TABLET	AVAPRO							X
LOSARTAN POTASSIUM TABLET	COZAAR							X

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TELMISARTAN TABLET	MICARDIS							X
VALSARTAN TABLET	DIOVAN							X
ANTIADRENERGIC ANTIHYPERTENSIVES**								
CLONIDINE HCL TABLET (EXCLUDING 0.05MG)	CLONIDINE HYDROCHLORIDE			PA REQUIRED for < 6 Years of Age				X
CLONIDINE PATCH WEEKLY	CATAPRES-TTS-1			PA REQUIRED for < 6 Years of Age		12	90	X
DOXAZOSIN MESYLATE TABLET	CARDURA							X
GUANFACINE HCL TABLET	GUANFACINE HCL			PA REQUIRED for < 6 Years of Age				X
METHYLDOPA TABLET	METHYLDOPA							X
PRAZOSIN HCL CAPSULE	MINIPRESS							X
TERAZOSIN HCL CAPSULE	TERAZOSIN HCL							X
ANTIHYPERTENSIVE COMBINATIONS**								
AMLODIPINE BESYLATE-BENAZEPRIL HCL CAPSULE	LOTREL							X
AMLODIPINE BESYLATE-VALSARTAN TABLET	EXFORGE							X
ATENOLOL & CHLORTHALIDONE TABLET	TENORETIC 50							X
BENAZEPRIL & HYDROCHLOROTHIAZIDE TABLET	LOTENSIN HCT							X
BISOPROLOL & HYDROCHLOROTHIAZIDE TABLET	ZIAC							X
CAPTOPRIL & HYDROCHLOROTHIAZIDE TABLET (25-15MG, 50-15MG)	CAPTOPRIL/HYDROCHLOROTHIAZIDE							X
ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TABLET	VASERETIC							X
IRBESARTAN-HYDROCHLOROTHIAZIDE TABLET	AVALIDE							X
LISINOPRIL & HYDROCHLOROTHIAZIDE TABLET	ZESTORETIC							X
LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TABLET	HYZAAR							X
METOPROLOL & HYDROCHLOROTHIAZIDE TABLET	METOPROLOL/HYDROCHLOROTHIAZIDE							X
QUINAPRIL-HYDROCHLOROTHIAZIDE TABLET	ACCURETIC							X
VALSARTAN-HYDROCHLOROTHIAZIDE TABLET	DIOVAN HCT							X
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)**								
EPLERENONE TABLET	INSPRA			PA REQUIRED				X
VASODILATORS**								
HYDRALAZINE HCL TABLET	HYDRALAZINE HCL							X
MINOXIDIL TABLET	MINOXIDIL							X
ANTI-INFECTIVE AGENTS - MISC.*								
ANTI-INFECTIVE AGENTS - MISC.**								
METRONIDAZOLE SOLUTION	METRONIDAZOLE							
METRONIDAZOLE SUSPENSION	LIKMEZ			PA REQUIRED				
METRONIDAZOLE TABLET (250MG, 500MG)	FLAGYL							
PENTAMIDINE ISETHIONATE SOLUTION RECONSTITUTED	PENTAM 300							
RIFAXIMIN TABLET	XIFAXAN							X
TINIDAZOLE TABLET	TINIDAZOLE							
TRIMETHOPRIM TABLET	TRIMETHOPRIM							
ANTI-INFECTIVE MISC. - COMBINATIONS**								
SULFAMETHOXAZOLE-TRIMETHOPRIM SOLUTION	SULFAMETHOXAZOLE/TRIMETHOPRIM							
SULFAMETHOXAZOLE-TRIMETHOPRIM SUSPENSION	SULFATRIM PEDIATRIC							
SULFAMETHOXAZOLE-TRIMETHOPRIM TABLET	BACTRIM							
CARBAPENEMS**								
ERTAPENEM SODIUM SOLUTION RECONSTITUTED	INVANZ							
IMIPENEM-CILASTATIN SOLUTION RECONSTITUTED	PRIMAXIN IV							
MEROPENEM & SODIUM CHLORIDE SOLUTION RECONSTITUTED	MEROPENEM/SODIUM CHLORIDE							
MEROPENEM SOLUTION RECONSTITUTED	MEROPENEM							
MEROPENEM-VABORBACTAM SOLUTION RECONSTITUTED	VABOMERE							
CHLORAMPHENICOLS**								
CHLORAMPHENICOL SODIUM SUCCINATE SOLUTION RECONSTITUTED	CHLORAMPHENICOL SODIUM SUCCINATE							
CYCLIC LIPOPEPTIDES**								
DAPTOMYCIN SOLUTION RECONSTITUTED	CUBICIN							
GLYCOPEPTIDES**								
DALBAVANCIN HCL SOLUTION RECONSTITUTED	DALVANCE							
ORITAVANCIN DIPHOSPHATE SOLUTION RECONSTITUTED	ORBACTIV							

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TELAVANCIN HCL SOLUTION RECONSTITUTED	VIBATIV							
VANCOMYCIN HCL CAPSULE	**VANCOCIN**			**PA REQUIRED**				
VANCOMYCIN HCL SOLUTION	VANCOMYCIN HCL (IV)							
VANCOMYCIN HCL SOLUTION RECONSTITUTED	VANCOCIN HCL (IV)							
VANCOMYCIN HCL SOLUTION RECONSTITUTED	FIRVANQ (ORAL)							
VANCOMYCIN HCL-DEXTROSE SOLUTION	VANCOMYCIN HYDROCHLORIDE/DEXTROSE							
VANCOMYCIN HCL-SODIUM CHLORIDE SOLUTION	VANCOMYCIN							
LEPROSTATICS**								
DAPSONE TABLET	DAPSONE							X
LINCOSAMIDES**								
CLINDAMYCIN HCL CAPSULE	CLEOCIN							
CLINDAMYCIN PALMITATE HYDROCHLORIDE SOLUTION RECONSTITUTED	CLEOCIN PEDIATRIC GRANULES							
CLINDAMYCIN PHOSPHATE IN D5W SOLUTION	CLINDAMYCIN PHOSPHATE IN D5W							
CLINDAMYCIN PHOSPHATE IN NACL SOLUTION	CLINDAMYCIN/SODIUM CHLORIDE							
CLINDAMYCIN PHOSPHATE SOLUTION	CLEOCIN PHOSPHATE							
LINCOMYCIN HCL SOLUTION	LINCOCIN							
MONOBACTAMS**								
AZTREONAM SOLUTION RECONSTITUTED	AZACTAM							
OXAZOLIDINONES**								
LINEZOLID IN SODIUM CHLORIDE SOLUTION	LINEZOLID							
LINEZOLID SOLUTION	ZYVOX							
LINEZOLID SUSPENSION RECONSTITUTED	ZYVOX			PA REQUIRED				
LINEZOLID TABLET	ZYVOX							
TEDIZOLID PHOSPHATE SOLUTION RECONSTITUTED	SIVEXTRO							
POLYMYXINS**								
COLISTIMETHATE SODIUM SOLUTION RECONSTITUTED	COLY-MYCIN M							
POLYMYXIN B SULFATE SOLUTION RECONSTITUTED	POLYMYXIN B SULFATE							
STREPTOGRAMINS**								
URINARY ANTI-INFECTIVES**								
NITROFURANTOIN MACROCRYSTAL CAPSULE	MACRODANTIN							
NITROFURANTOIN MONOHYD MACRO CAPSULE	MACROBID							
NITROFURANTOIN SUSPENSION	NITROFURANTOIN							
ANTIMALARIALS*								
ANTIMALARIAL COMBINATIONS**								
ARTEMETHER-LUMEFANTRINE TABLET	COARTEM							
ATOVAQUONE-PROGUANIL HCL TABLET	MALARONE							
ANTIMALARIALS**								
CHLOROQUINE PHOSPHATE TABLET	CHLOROQUINE PHOSPHATE							X
HYDROXYCHLOROQUINE SULFATE TABLET	PLAQUENIL							X
PRIMAQUINE PHOSPHATE TABLET	PRIMAQUINE PHOSPHATE							
PYRIMETHAMINE TABLET	DARAPRIM							
QUININE SULFATE CAPSULE	QUALAQUIN							
ANTIMYASTHENIC/CHOLINERGIC AGENTS*								
ANTIMYASTHENIC/CHOLINERGIC AGENTS**								
PYRIDOSTIGMINE BROMIDE SOLUTION	MESTINON							
PYRIDOSTIGMINE BROMIDE TABLET	MESTINON							
PYRIDOSTIGMINE BROMIDE TABLET ER	MESTINON TIMESPAN							
ANTIMYCOBACTERIAL AGENTS*								
ANTIMYCOBACTERIAL AGENTS**								
ETHAMBUTOL HCL TABLET	MYAMBUTOL							
ISONIAZID SOLUTION	ISONIAZID							
ISONIAZID SYRUP	ISONIAZID							X
ISONIAZID TABLET	ISONIAZID							X
PYRAZINAMIDE TABLET	PYRAZINAMIDE							
RIFAMPIN CAPSULE	RIFAMPIN							
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*								
ALKYLATING AGENTS**								
CYCLOPHOSPHAMIDE CAPSULE	CYCLOPHOSPHAMIDE							

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CYCLOPHOSPHAMIDE TABLET	CYCLOPHOSPHAMIDE							
MELPHALAN TABLET	MELPHALAN			PA REQUIRED				
TEMOZOLOMIDE CAPSULE	TEMODAR			PA REQUIRED				
ANTIMETABOLITES**								
MERCAPTOPURINE TABLET	MERCAPTOPURINE							
METHOTREXATE SODIUM TABLET	TREXALL							
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS**								
AXITINIB TABLET	INLYTA			PA REQUIRED				
BEVACIZUMAB-AWWB SOLUTION	MVASI			PA REQUIRED				
BEVACIZUMAB-BVZR SOLUTION	ZIRABEV			PA REQUIRED				
ANTINEOPLASTIC - ANTIBODIES**								
PEMBROLIZUMAB SOLUTION	KEYTRUDA			PA REQUIRED				
RITUXIMAB-ARRX SOLUTION	RIABNI			PA REQUIRED				
RITUXIMAB-PVVR SOLUTION	RUXIENCE			PA REQUIRED				
ANTINEOPLASTIC - ANTI-HER2 AGENTS**								
TRASTUZUMAB-DKST SOLUTION RECONSTITUTED	OGIVRI			PA REQUIRED				
ANTINEOPLASTIC - EGFR INHIBITORS**								
ERLOTINIB HCL TABLET	TARCEVA			PA REQUIRED				
GEFITINIB TABLET	IRESSA			PA REQUIRED				
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS**								
VISMODEGIB CAPSULE	ERIVEDGE			PA REQUIRED				
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS**								
ABIRATERONE ACETATE MICRONIZED TABLET	YONSA			PA REQUIRED				
ABIRATERONE ACETATE TABLET	ZYTIGA			PA REQUIRED				
ANASTROZOLE TABLET	ARIMIDEX			PA REQUIRED				X
BICALUTAMIDE TABLET	CASODEX							
DEGARELIX ACETATE SOLUTION RECONSTITUTED	FIRMAGON			PA REQUIRED				
ESTRAMUSTINE PHOSPHATE SODIUM CAPSULE	EMCYT			PA REQUIRED				
EXEMESTANE TABLET	AROMASIN			PA REQUIRED				X
LETROZOLE TABLET	FEMARA			PA REQUIRED				X
LEUPROLIDE ACETATE KIT	LUPRON DEPOT (1-MONTH)		PREFERRED DRUG	PA REQUIRED				
LEUPROLIDE ACETATE (3 MONTH) INJECTABLE	ELIGARD			PA REQUIRED				
LEUPROLIDE ACETATE (3 MONTH) KIT	LEUPROLIDE			PA REQUIRED				
LEUPROLIDE ACETATE (4 MONTH) KIT	ELIGARD			PA REQUIRED				
LEUPROLIDE ACETATE (6 MONTH) KIT	ELIGARD			PA REQUIRED				
MEGESTROL ACETATE SUSPENSION	MEGESTROL ACETATE							
MEGESTROL ACETATE TABLET	MEGESTROL ACETATE							
MITOTANE TABLET	LYSODREN							
NILUTAMIDE TABLET	NILANDRON					60	30	
TAMOXIFEN CITRATE SOLUTION	SOLTAMOX							X
TAMOXIFEN CITRATE TABLET	TAMOXIFEN CITRATE							X
TOREMIFENE CITRATE TABLET	FARESTON			PA REQUIRED				X
ANTINEOPLASTIC ENZYME INHIBITORS**								
ALECTINIB HCL CAPSULE	ALECENSA			PA REQUIRED				
COBIMETINIB FUMARATE TABLET	COTELLIC			PA REQUIRED				
CRIZOTINIB CAPSULE	XALKORI			PA REQUIRED				
CRIZOTINIB CAPSULE SPRINKLE	XALKORI			PA REQUIRED				
DASATINIB TABLET	SPRYCEL	BRAND ONLY		PA REQUIRED				
EVEROLIMUS TABLET	AFINITOR			PA REQUIRED				
EVEROLIMUS TABLET SOLUBLE	AFINITOR DISPERZ			PA REQUIRED				
IBRUTINIB CAPSULE	IMBRUVICA			PA REQUIRED				
IBRUTINIB SUSPENSION	IMBRUVICA			PA REQUIRED				
IMATINIB MESYLATE TABLET	GLEEVEC			PA REQUIRED				
LAPATINIB DITOSYLATE TABLET	TYKERB			PA REQUIRED				
NILOTINIB HCL CAPSULE	TASIGNA	BRAND ONLY		PA REQUIRED				
RUXOLITINIB PHOSPHATE TABLET	JAKAFI			PA REQUIRED				
RUXOLITINIB PHOSPHATE TABLET ER 24HR	JAKAFI XR			PA REQUIRED				
SORAFENIB TOSYLATE TABLET	NEXAVAR			PA REQUIRED				
SUNITINIB MALATE CAPSULE	SUTENT			PA REQUIRED				

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VANDETANIB TABLET	CAPRELSA			PA REQUIRED				
VEMURAFENIB TABLET	ZELBORAF			PA REQUIRED				
VORINOSTAT CAPSULE	ZOLINZA			PA REQUIRED				
ANTINEOPLASTICS MISC.**								
BEXAROTENE CAPSULE	TARGRETIN			PA REQUIRED				
HYDROXYUREA CAPSULE	HYDREA							
INTERFERON ALFA-N3 SOLUTION	ALFERON N			PA REQUIRED				
INTERFERON GAMMA-1B SOLUTION	ACTIMMUNE			PA REQUIRED				X
PROCARBAZINE HCL CAPSULE	MATULANE							
TRETINOIN (CHEMOTHERAPY) CAPSULE	TRETINOIN			PA REQUIRED For > 26 Years of Age				
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS**								
LEUCOVORIN CALCIUM TABLET	LEUCOVORIN CALCIUM			PA REQUIRED				
MITOTIC INHIBITORS**								
ETOPOSIDE CAPSULE	ETOPOSIDE							
ANTIPARKINSON AND RELATED THERAPY AGENTS*								
ANTIPARKINSON ANTICHOLINERGICS**								
BENZTROPINE MESYLATE TABLET	BENZTROPINE MESYLATE							X
TRIHEXYPHENIDYL HCL SOLUTION	TRIHEXYPHENIDYL HCL							X
TRIHEXYPHENIDYL HCL TABLET	TRIHEXYPHENIDYL HYDROCHLORIDE							X
ANTIPARKINSON COMT INHIBITORS**								
ENTACAPONE TABLET	COMTAN							X
ANTIPARKINSON DOPAMINERGICS**								
AMANTADINE HCL CAPSULE	AMANTADINE HCL							X
AMANTADINE HCL SOLUTION	AMANTADINE HCL							X
BROMOCRIPTINE MESYLATE CAPSULE	PARLODEL							X
BROMOCRIPTINE MESYLATE TABLET	PARLODEL							X
CARBIDOPA-LEVODOPA TABLET	SINEMET							X
CARBIDOPA-LEVODOPA TABLET ER	CARBIDOPA/LEVODOPA ER							X
PRAMIPEXOLE DIHYDROCHLORIDE TABLET	MIRAPEX							X
ROPINIROLE HYDROCHLORIDE TABLET	ROPINIROLE HYDROCHLORIDE							X
ANTIPSYCHOTICS/ANTIMANIC AGENTS*								
ANTIMANIC AGENTS**								
LITHIUM CARBONATE CAPSULE	LITHIUM CARBONATE			Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration				X
LITHIUM CARBONATE POWDER	LITHIUM CARBONATE			Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration				
LITHIUM CARBONATE TABLET	LITHIUM CARBONATE			Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration				X
LITHIUM CARBONATE TABLET ER	LITHOBID			Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration				X
LITHIUM SOLUTION	LITHIUM			Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration				X
ANTIPSYCHOTICS - MISC.**								
CARIPRAZINE HCL CAPSULE (0.5MG, 0.75MG, 4.5MG, 6MG)	**VRAYLAR**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**		**90**	**90**	**X**

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CARIPRAZINE HCL CAPSULE (1.5MG, 3MG)	**VRAYLAR**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**		**180**	**90**	**X**
LURASIDONE HCL TABLET	LATUDA		PREFERRED DRUG	PA REQUIRED for < 6 Years of Age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		90	90	X
ZIPRASIDONE HCL CAPSULE	GEODON		PREFERRED DRUG	PA REQUIRED for < 6 Years of Age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		180	90	X
BENZISOXAZOLES**								
PALIPERIDONE PALMITATE SUSP PREF SYR	**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.**		**1**	**180**	
PALIPERIDONE PALMITATE SUSP PREF SYR	**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	**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**	**90**	
PALIPERIDONE TABLET ER 24HR (1.5MG, 3MG, 9MG)	**INVEGA**			**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.**		**90**	**90**	**X**
PALIPERIDONE TABLET ER 24HR (6MG)	**INVEGA**			**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.**		**180**	**90**	**X**
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**	**28**	
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**

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RISPERIDONE SUSP PREF SYR (50MG, 75MG, 100MG, 125MG)	**UZEDY**		**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.**		**1**	**30**	
RISPERIDONE SUSP PREF SYR (150MG, 200MG, 250MG)	**UZEDY**		**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.**		**1**	**60**	
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	**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**
BUTYROPHENONES**								
HALOPERIDOL DECANOATE SOLUTION	HALDOL DECANOATE 50			PA REQUIRED for < 18 Years of Age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.				
HALOPERIDOL LACTATE CONCENTRATE	HALOPERIDOL			PA REQUIRED for < 12 Years of Age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.				X
HALOPERIDOL TABLET	HALOPERIDOL			PA REQUIRED for < 12 Years of Age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.				X
DIBENZAPINES**								
CLOZAPINE TABLET	CLOZARIL		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.		150	30	
CLOZAPINE TABLET DISINTEGRATING	CLOZAPINE ODT		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.		150	30	

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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.		180	90	X
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.		90	90	X
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
QUETIAPINE FUMARATE TABLET ER 24HR	SEROQUEL XR		PREFERRED DRUG	PA REQUIRED for < 6 Years of Age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		180	90	X
DIHYDROINDOLONES**								
MOLINDONE HCL TABLET	MOLINDONE HYDROCHLORIDE			PA REQUIRED for < 12 Years of Age				X
PHENOTHIAZINES**								
CHLORPROMAZINE HCL CONCENTRATE	CHLORPROMAZINE HYDROCHLORIDE			PA REQUIRED				X
CHLORPROMAZINE HCL SOLUTION	CHLORPROMAZINE HCL			PA REQUIRED for < 18 Years of Age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.				
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.				

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FLUPHENAZINE HCL CONCENTRATE	FLUPHENAZINE HCL			PA REQUIRED for < 12 Years of Age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.				X
FLUPHENAZINE HCL ELIXIR	FLUPHENAZINE HYDROCHLORIDE			PA REQUIRED for < 12 Years of Age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.				X
FLUPHENAZINE HCL TABLET	FLUPHENAZINE HCL			PA REQUIRED for < 12 Years of Age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.				X
PERPHENAZINE TABLET	PERPHENAZINE			PA REQUIRED for < 12 Years of Age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.				X
PROCHLORPERAZINE MALEATE TABLET	PROCHLORPERAZINE MALEATE							X
PROCHLORPERAZINE SUPPOSITORY	COMPRO							
THIORIDAZINE HCL TABLET	THIORIDAZINE HCL			PA REQUIRED for < 12 Years of Age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.				X
TRIFLUOPERAZINE HCL TABLET	TRIFLUOPERAZINE HCL			PA REQUIRED for < 12 Years of Age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.				X
QUINOLINONE DERIVATIVES**								
ARIPIPRAZOLE LAUROXIL PREFILLED SYR (441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML)	**ARISTADA**		**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**	
ARIPIPRAZOLE LAUROXIL PREFILLED SYR (1064 MG/3.9ML)	**ARISTADA**		**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**	**60**	
ARIPIPRAZOLE LAUROXIL PREFILLED SYR (675 MG/2.4ML)	**ARISTADA INITIO**		**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**	**365**	**X**

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ARIPIPRAZOLE PREFILLED SYR (300MG)	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.		1	30	X
ARIPIPRAZOLE PREFILLED SYR (400MG)	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.		2	30	X
ARIPIPRAZOLE PREFILLED SYR	ABILIFY ASIMTUFII		PREFERRED DRUG	PA REQUIRED for < 18 Years of Age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		1	60	X
ARIPIPRAZOLE SUSP RECONSTITUTED ER (300MG)	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.		1	30	X
ARIPIPRAZOLE SUSP RECONSTITUTED ER (400MG)	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.		2	30	X
ARIPIPRAZOLE 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
ARIPIPRAZOLE SOLUTION	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
THIOXANTHENES**								
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
ANTIVIRALS*								
ANTIRETROVIRALS**								
ABACAVIR SULFATE SOLUTION	ZIAGEN							X
ABACAVIR SULFATE TABLET	ZIAGEN							X
ABACAVIR SULFATE-LAMIVUDINE TABLET	EPZICOM							X
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLET	TRIUMEQ					90	90	X
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLET SOLUBLE	TRIUMEQ PD					540	90	X
ATAZANAVIR SULFATE CAPSULE	REYATAZ							X
ATAZANAVIR SULFATE PACKET	REYATAZ							X
ATAZANAVIR SULFATE-COBICISTAT TABLET	EVOTAZ							X

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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	SYMTUZA							X
DOLUTEGRAVIR SODIUM TABLET	TIVICAY							X
DOLUTEGRAVIR SODIUM TABLET SOLUBLE	TIVICAY PD							X
DOLUTEGRAVIR SODIUM-LAMIVUDINE TABLET	DOVATO							X
DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL TABLET	JULUCA							X
DORAVIRINE TABLET	PIFELTRO							X
DORAVIRINE-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLET	DELSTRIGO							X
EFAVIRENZ CAPSULE	SUSTIVA							X
EFAVIRENZ TABLET	SUSTIVA							X
EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLET	EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE							X
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLET	**SYMFI LO**					**90**	**90**	**X**
ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLET	GENVOYA					90	90	X
ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR DF TABLET	STRIBILD							X
EMTRICITABINE CAPSULE	EMTRIVA							X
EMTRICITABINE SOLUTION	EMTRIVA							X
EMTRICITABINE-RILPIVIRINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLET	ODEFSEY					90	90	X
EMTRICITABINE-RILPIVIRINE-TENOFOVIR DISOPROXIL FUMARATE TABLET	**COMPLERA**	**BRAND ONLY**						**X**
EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLET	DESCOVY					90	90	X
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLET	TRUVADA							X
ENFUVIRTIDE 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 TABLET	KALETRA							X
LOPINAVIR-RITONAVIR SOLUTION	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	BRAND ONLY						X
RILPIVIRINE HCL TABLET SOLUBLE	EDURANT PED							X
RITONAVIR CAPSULE	NORVIR							X
RITONAVIR PACKET	NORVIR							X
RITONAVIR TABLET	NORVIR							X
TENOFOVIR DISOPROXIL FUMARATE TABLET	VIREAD							X
ZIDOVUDINE CAPSULE	RETROVIR							X
ZIDOVUDINE SYRUP	RETROVIR							X
ZIDOVUDINE TABLET	ZIDOVUDINE							X
ANTIVIRAL COMBINATIONS**								
NIRMATRELVIR-RITONAVIR TAB THER PACK	PAXLOVID			Minimum Patient Age of 12 Years		60	365	
CMV AGENTS**								
MARIBAVIR TABLET	LIVTENCITY			PA REQUIRED				X
VALGANCICLOVIR HCL SOLUTION RECONSTITUTED	VALCYTE			PA REQUIRED				X
VALGANCICLOVIR HCL TABLET	VALCYTE			PA REQUIRED				X
HEPATITIS AGENTS**								
ADEFOVIR DIPIVOXIL TABLET	HEPSERA			PA REQUIRED				X
ENTECAVIR SOLUTION	BARACLUDE			PA REQUIRED				X

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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) TABLET	EPIVIR HBV							X
PEGINTERFERON ALFA-2A SOLUTION	PEGASYS		PREFERRED DRUG	PA REQUIRED				
PEGINTERFERON ALFA-2A SOLN PREF SYR	PEGASYS	BRAND ONLY		PA REQUIRED				
RIBAVIRIN (HEPATITIS C) CAPSULE	RIBAVIRIN		PREFERRED DRUG	PA REQUIRED				
RIBAVIRIN (HEPATITIS C) TABLET	RIBAVIRIN		PREFERRED DRUG	PA REQUIRED				
SOFOSBUVIR-VELPATASVIR TABLET	EPCLUSA	**AUTHORIZED GENERIC ONLY**	PREFERRED DRUG	PA REQUIRED if member has been treated with Direct-Acting Antiviral (DAA) Hep C Regimens in the past.		168	Lifetime	
HERPES AGENTS**								
ACYCLOVIR SUSPENSION	ZOVIRAX							
ACYCLOVIR TABLET	SITAVIG							
FAMCICLOVIR TABLET	FAMCICLOVIR							
VALACYCLOVIR HCL TABLET	VALTREX					30	30	
INFLUENZA AGENTS**								
BALOXAVIR MARBOXIL TAB THER PACK	XOFLUZA							
OSELTAMIVIR PHOSPHATE CAPSULE	TAMIFLU					20	270	
OSELTAMIVIR PHOSPHATE SUSPENSION RECONSTITUTED	TAMIFLU							
RIMANTADINE HYDROCHLORIDE TABLET	RIMANTADINE HYDROCHLORIDE							
ZANAMIVIR ARSL PWDR-BREATH ACTIVATE	RELENZA DISKHALER					40	270	
MISC. ANTIVIRALS**								
MOLNUPIRAVIR CAPSULE	LAGEVRIO			Minimum Patient Age of 18 Years		80	365	
REMDESIVIR SOLUTION RECONSTITUTED	VEKLURY							
TECOVIRIMAT CAPSULE	TPOXX							
BETA BLOCKERS*								
ALPHA-BETA BLOCKERS**								
CARVEDILOL TABLET	COREG							X
LABETALOL HCL TABLET	LABETALOL HYDROCHLORIDE							X
BETA BLOCKERS CARDIO-SELECTIVE**								
ATENOLOL TABLET	TENORMIN							X
BISOPROLOL FUMARATE TABLET	BISOPROLOL FUMARATE							X
METOPROLOL SUCCINATE TABLET ER 24HR	TOPROL XL							X
METOPROLOL TARTRATE TABLET	LOPRESSOR							X
METOPROLOL TARTRATE SOLUTION	LOPRESSOR			PA REQUIRED > 10 Years of Age				X
NEBIVOLOL HCL TABLET	BYSTOLIC							X
BETA BLOCKERS NON-SELECTIVE**								
NADOLOL TABLET	CORGARD			PA NOT REQUIRED FOR CHILDREN AND ADOLESCENTS UNDER 19 Years of Age				X
PROPRANOLOL HCL CAPSULE ER 24 HR	INDERAL LA							X
PROPRANOLOL HCL SOLUTION	HEMANGEOL			PA REQUIRED > 10 Years of Age				X
PROPRANOLOL HCL TABLET	PROPRANOLOL HYDROCHLORIDE							X
SOTALOL HCL (AFIB/AFL) TABLET	BETAPACE AF							X
SOTALOL HCL TABLET	SORINE							X
CALCIUM CHANNEL BLOCKERS*								
CALCIUM CHANNEL BLOCKERS**								
AMLODIPINE BENZOATE SUSPENSION	KATERZIA			PA REQUIRED for > 7 Years Old		900	90	X
AMLODIPINE BESYLATE TABLET	NORVASC					90	90	X
DILTIAZEM HCL COATED BEADS CAPSULE ER 24 HR	CARTIA XT							X
DILTIAZEM HCL CAPSULE ER 12 HR	DILTIAZEM HCL ER					180	90	X
DILTIAZEM HCL CAPSULE ER 24 HR	DILTIAZEM HYDROCHLORIDE ER					90	90	X
DILTIAZEM HCL EXTENDED RELEASE BEADS CAPSULE ER 24 HR	TAZTIA XT							X
DILTIAZEM HCL TABLET	CARDIZEM							X
FELODIPINE TABLET ER 24HR	FELODIPINE ER							X

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NIFEDIPINE CAPSULE	NIFEDIPINE							X
NIFEDIPINE TABLET ER 24HR	PROCARDIA XL					90	90	X
VERAPAMIL HCL CAPSULE ER 24 HR (120MG, 180MG, 240MG)	VERELAN PM					90	90	X
VERAPAMIL HCL TABLET	VERAPAMIL HCL					90	90	X
VERAPAMIL HCL TABLET ER	CALAN SR					90	90	X
CARDIOTONICS*								
CARDIAC GLYCOSIDES**								
DIGOXIN SOLUTION	LANOXIN PEDIATRIC							X
DIGOXIN TABLET	DIGITEK							X
CARDIOVASCULAR AGENTS - MISC.*								
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**								
SACUBITRIL-VALSARTAN TABLET	**ENTRESTO**	**GENERIC ONLY**						**X**
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS**								
AMBRISENTAN TABLET	LETAIRIS		PREFERRED DRUG	PA REQUIRED				X
BOSENTAN TABLET SOLUBLE	TRACLEER		PREFERRED DRUG	PA REQUIRED				X
PROSTAGLANDIN VASODILATORS**								
TREPROSTINIL DIOLAMINE TABLET ER	ORENITRAM	BRAND ONLY		PA REQUIRED				X
TREPROSTINIL DIOLAMINE TBER THER PACK	ORENITRAM	BRAND ONLY		PA REQUIRED				X
TREPROSTINIL SODIUM CAPSULE	YUTREPIA	BRAND ONLY		PA REQUIRED				X
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS**								
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 Years of Age				X
TADALAFIL (PULMONARY HYPERTENSION) TABLET	**ADCIRCA**		**PREFERRED DRUG**	**PA REQUIRED**				**X**
CEPHALOSPORINS*								
CEPHALOSPORIN COMBINATIONS**								
CEFTAZIDIME-AVIBACTAM SODIUM SOLUTION RECONSTITUTED	AVYCAZ							
CEFTOLOZANE SULFATE-TAZOBACTAM SODIUM SOLUTION RECONSTITUTED	ZERBAXA							
CEPHALOSPORINS - 1ST GENERATION**								
CEFADROXIL CAPSULE	CEFADROXIL							
CEFADROXIL SUSPENSION RECONSTITUTED	CEFADROXIL							
CEFADROXIL TABLET	CEFADROXIL							
CEFAZOLIN SODIUM IN SODIUM CHLORIDE SOLUTION	CEFAZOLIN/SODIUM CHLORIDE							
CEFAZOLIN SODIUM SOLUTION RECONSTITUTED	CEFAZOLIN SODIUM							
CEFAZOLIN SODIUM SOLN PREF SYR	CEFAZOLIN SODIUM							
CEFAZOLIN SODIUM-DEXTROSE SOLUTION	CEFAZOLIN SODIUM							
CEFAZOLIN SODIUM-DEXTROSE SOLUTION RECONSTITUTED	CEFAZOLIN SODIUM/DEXTROSE							
CEPHALEXIN CAPSULE	KEFLEX							
CEPHALEXIN SUSPENSION RECONSTITUTED	CEPHALEXIN							
CEPHALEXIN TABLET	CEPHALEXIN							
CEPHALOSPORINS - 2ND GENERATION**								
CEFACLOR CAPSULE	CEFACLOR							
CEFACLOR SUSPENSION RECONSTITUTED	CEFACLOR							
CEFOTETAN DISODIUM SOLUTION RECONSTITUTED	CEFOTAN							
CEFOXITIN SODIUM AND DEXTROSE SOLUTION RECONSTITUTED	CEFOXITIN SODIUM							
CEFOXITIN SODIUM SOLUTION RECONSTITUTED	CEFOXITIN SODIUM							
CEFPROZIL SUSPENSION RECONSTITUTED	CEFPROZIL							
CEFPROZIL TABLET	CEFPROZIL							
CEFUROXIME AXETIL TABLET	CEFUROXIME AXETIL							
CEFUROXIME SODIUM SOLUTION RECONSTITUTED	CEFUROXIME SODIUM							
CEPHALOSPORINS - 3RD GENERATION**								
CEFDINIR CAPSULE	CEFDINIR							
CEFDINIR SUSPENSION RECONSTITUTED	CEFDINIR							
CEFIXIME CAPSULE	SUPRAX							
CEFIXIME SUSPENSION RECONSTITUTED	SUPRAX							
CEFOTAXIME SODIUM SOLUTION RECONSTITUTED	CEFOTAXIME SODIUM							
CEFPODOXIME PROXETIL SUSPENSION RECONSTITUTED	CEFPODOXIME PROXETIL							
CEFPODOXIME PROXETIL TABLET	CEFPODOXIME PROXETIL							
CEFTAZIDIME SODIUM IN DEXTROSE SOLUTION	TAZICEF							

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CEFTAZIDIME SOLUTION RECONSTITUTED	FORTAZ							
CEFTRIAXONE SODIUM AND DEXTROSE SOLUTION RECONSTITUTED	CEFTRIAXONE/DEXTROSE							
CEFTRIAXONE SODIUM IN DEXTROSE SOLUTION	CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE							
CEFTRIAXONE SODIUM SOLUTION RECONSTITUTED	CEFTRIAXONE SODIUM							
CEPHALOSPORINS - 4TH GENERATION**								
CEFEPIME HCL SOLUTION	CEFEPIME							
CEFEPIME HCL SOLUTION RECONSTITUTED	CEFEPIME HYDROCHLORIDE							
CEFEPIME HCL-DEXTROSE SOLUTION RECONSTITUTED	CEFEPIME/DEXTROSE							
CEPHALOSPORINS - 5TH GENERATION**								
CEFTAROLINE FOSAMIL SOLUTION RECONSTITUTED	TEFLARO							
CEFTOBIPROLE MEDOCARIL SOLUTION RECONSTITUTED	ZEVTERA							
CONTRACEPTIVES*								
COMBINATION CONTRACEPTIVES - ORAL**								
DESOGESTREL & ETHINYL ESTRADIOL TABLET	RECLIPSEN					336	365	X
DESOGESTREL-ETHINYL ESTRADIOL (BIPHASIC) TABLET	KARIVA					336	365	X
DESOGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLET	VELIVET					336	365	X
DROSPIRENONE-ETHINYL ESTRADIOL TABLET	VESTURA					336	365	X
DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE CALCIUM TABLET	BEYAZ/SAFYRAL					336	365	X
ETHYNODIOL DIACET & ETH ESTRAD TABLET (1/35)	KELNOR 1/35					336	365	X
LEVONORGESTREL & ETH ESTRADIOL TABLET CHEWABLE	TYBLUME					336	365	X
LEVONORGESTREL & ETH ESTRADIOL TABLET	ORSYTHIA					336	365	X
LEVONORGESTREL-ETH ESTRADIOL (TRIPHASIC) TABLET	ENPRESSE-28					336	365	X
LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY) TABLET	CAMRESE LO					364	365	X
NORETHIN ACET & ESTRAD-FE TABLET	**JUNEL FE**					336	365	X
NORETHINDRONE & ETH ESTRADIOL TABLET	BALZIVA					336	365	X
NORETHINDRONE & ETHINYL ESTRADIOL-FE TABLET CHEWABLE	KAITLIB FE					336	365	X
NORETHINDRONE ACET & ETH ESTRA TABLET	JUNEL					336	365	X
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL-FE TABLET	TILIA FE					336	365	X
NORETHINDRONE-ETH ESTRADIOL (TRIPHASIC) TABLET (7/7/7)	NORTREL 7/7/7					336	365	X
NORGESTIMATE-ETHINYL ESTRADIOL (TRIPHASIC) TABLET	TRI-LO-SPRINTEC					336	365	X
NORGESTIMATE-ETHINYL ESTRADIOL TABLET	SPRINTEC 28					336	365	X
NORGESTREL & ETHINYL ESTRADIOL TABLET	CRYSELLE-28					336	365	X
COMBINATION CONTRACEPTIVES - TRANSDERMAL**								
NORELGESTROMIN-ETHINYL ESTRADIOL PATCH WEEKLY	ZAFEMY							X
COMBINATION CONTRACEPTIVES - VAGINAL**								
ETONOGESTREL-ETHINYL ESTRADIOL RING	VARIOUS	**GENERIC ONLY BRAND IS EXCLUDED FROM COVERAGE**						X
COPPER CONTRACEPTIVES - IUD**								
COPPER (IUD) INTRAUTERINE DEVICE	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A							
EMERGENCY CONTRACEPTIVES**								
LEVONORGESTREL (EMERGENCY OC) TABLET	OPTION 2							
ULIPRISTAL ACETATE TABLET	ELLA					1	5	
PROGESTIN CONTRACEPTIVES - IMPLANTS**								
ETONOGESTREL IMPLANT	NEXPLANON					1	2 Years	
PROGESTIN CONTRACEPTIVES - INJECTABLE**								
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSPENSION	DEPO-PROVERA CONTRACEPTIVE							
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSP PREF SYR	DEPO-PROVERA CONTRACEPTIVE							
PROGESTIN CONTRACEPTIVES - IUD**								
LEVONORGESTREL (IUD) INTRAUTERINE DEVICE	SKYLA							
PROGESTIN CONTRACEPTIVES - ORAL**								
NORETHINDRONE (CONTRACEPTIVE) TABLET	DEBLITANE					336	365	X
NORGESTREL TABLET	OPILL					336	365	X
CORTICOSTEROIDS*								
GLUCOCORTICOSTEROIDS**								
DEFLAZACORT TABLET	EMFLAZA							
DEFLAZACORT SUSPENSION	EMFLAZA							

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DEXAMETHASONE CONCENTRATE	DEXAMETHASONE INTENSOL							
DEXAMETHASONE ELIXIR	DEXAMETHASONE							
DEXAMETHASONE SOLUTION	DEXAMETHASONE							
DEXAMETHASONE TABLET (ALL STRENGTHS EXCEPT 0.25MG & 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							
MINERALOCORTICOIDS**								
FLUDROCORTISONE ACETATE TABLET	FLUDROCORTISONE ACETATE							X
COUGH/COLD/ALLERGY*								
ANTITUSSIVES**								
BENZONATATE CAPSULE	TESSALON PERLES							
HYDROCODONE BITARTRATE-HOMATROPINE METHYLBROMIDE SOLUTION	HYCODAN			PA REQUIRED for < 18 Years of Age		240	12	
HYDROCODONE BITARTRATE-HOMATROPINE METHYLBROMIDE TABLET	HYCODAN			PA REQUIRED for < 18 Years of Age				
COUGH/COLD/ALLERGY COMBINATIONS**								
BROMPHENIRAMINE & PSEUDOEPH ELIXIR	WAL-TAP COLD & ALLERGY							
BROMPHENIRAMINE & PSEUDOEPH LIQUID	RYNEX PSE							
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 NIGHTIME							
DIPHENHYDRAMINE-PHENYLEPHRINE-ACETAMINOPHEN PACKET	WAL-FLU SEVERE COLD & COUGH NIGHTTIME							
DIPHENHYDRAMINE-PHENYLEPHRINE-ACETAMINOPHEN TABLET	THERAFLU EXPRESSMAX SEVERE COLD & COUGH NIGHTTIME							
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	
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				

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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 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-BROMPHENIRAMINE-CODEINE LIQUID	RYDEX			PA REQUIRED for < 18 Years of Age		240	12	
PSEUDOEPHEDRINE-GUAIFENESIN SYRUP	ALTARUSSIN-PE							
PSEUDOEPHEDRINE-GUAIFENESIN TABLET	POLY-VENT IR							
PSEUDOEPHEDRINE-GUAIFENESIN TABLET ER 12HR	MUCINEX D							
EXPECTORANTS**								
GUAIFENESIN LIQUID	HERBAL EXPEC							
GUAIFENESIN SYRUP	SM TUSSIN							
GUAIFENESIN TABLET	XPECT							
GUAIFENESIN TABLET ER 12HR	EQ MUCUS ER							
MISC. RESPIRATORY INHALANTS**								
SODIUM CHLORIDE (INHALANT) NEBULIZATION SOLUTION	NEBUSAL							
DERMATOLOGICALS*								
ACNE PRODUCTS**								
ADAPALENE PAD	ADAPALENE							
BENZOYL PEROXIDE GEL	MEDPURA BENZOYL PEROXIDE							
BENZOYL PEROXIDE LIQUID	VARIOUS							
BENZOYL PEROXIDE LOTION	ACNE MEDICATION 5							
CLINDAMYCIN PHOSPHATE (TOPICAL) GEL	CLINDAGEL							
CLINDAMYCIN PHOSPHATE (TOPICAL) LOTION	CLEOCIN-T							
CLINDAMYCIN PHOSPHATE (TOPICAL) SOLUTION	CLINDAMYCIN PHOSPHATE							
CLINDAMYCIN PHOSPHATE (TOPICAL) SWAB	CLINDACIN-P							
CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE (REFRIGERATE) GEL	NEUAC							
ERYTHROMYCIN (ACNE AID) GEL	ERYTHROMYCIN							
ERYTHROMYCIN (ACNE AID) SOLUTION	ERYTHROMYCIN							
ISOTRETINOIN CAPSULE	AMNESTEEM			PA REQUIRED				
TRETINOIN CREAM	VARIOUS			PA REQUIRED For > 26 Years of Age				
TRETINOIN GEL	VARIOUS			PA REQUIRED For > 26 Years of Age				
ANTIBIOTICS - TOPICAL**								
BACITRACIN (TOPICAL) OINTMENT	BACITRAYCIN PLUS							
BACITRACIN ZINC OINTMENT	BACITRACIN ZINC							
BACITRACIN-POLYMYXIN B OINTMENT	NEOSPORIN							
GENTAMICIN SULFATE (TOPICAL) CREAM	GENTAMICIN SULFATE							
GENTAMICIN SULFATE (TOPICAL) OINTMENT	GENTAMICIN SULFATE							
MUPIROCIN CALCIUM (TOPICAL) CREAM	MUPIROCIN							
MUPIROCIN OINTMENT	CENTANY							
NEOMYCIN-BACITRACIN-POLYMYXIN OINTMENT	LANABIOTIC							
ANTIFUNGALS - TOPICAL**								
BUTENAFINE HCL CREAM	MENTAX							
CICLOPIROX OLAMINE CREAM	LOPROX							
CICLOPIROX SOLUTION	CICLODAN							
CLOTRIMAZOLE (TOPICAL) CREAM	DESENEX							
CLOTRIMAZOLE W/ BETAMETHASONE CREAM	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE							
KETOCONAZOLE (TOPICAL) CREAM	KETOCONAZOLE							
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							

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TOLNAFTATE AEROSOL POWDER	ODOR EATERS FOOT & SNEAKER SPRAY							
TOLNAFTATE CREAM	TING							
TOLNAFTATE POWDER	ODOR EATERS ANTIFUNGAL							
ANTIHISTAMINES-TOPICAL**								
DIPHENHYDRAMINE HCL (TOPICAL) CREAM	SM ALLERGY MAXIMUM STRENGTH							
DIPHENHYDRAMINE HCL (TOPICAL) GEL	BENADRYL ITCH STOPPING							
DIPHENHYDRAMINE HCL (TOPICAL) SOLUTION	THE ITCH ERASER							
ANTI-INFLAMMATORY AGENTS - TOPICAL**								
DICLOFENAC SODIUM (TOPICAL) SOLUTION (1.5%)	DICLOFENAC SODIUM							
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL**								
BEXAROTENE (TOPICAL) GEL	TARGRETIN							
DICLOFENAC SODIUM (ACTINIC KERATOSES) GEL	DICLOFENAC							
FLUOROURACIL (TOPICAL) CREAM	CARAC							
FLUOROURACIL (TOPICAL) SOLUTION	FLUOROURACIL							
ANTIPSORIATICS**								
ACITRETIN CAPSULE	SORIATANE							
CALCIPOTRIENE CREAM	DOVONEX							
CALCIPOTRIENE FOAM	SORILUX							
CALCIPOTRIENE OINTMENT	CALCITRENE							
CALCIPOTRIENE SOLUTION	CALCIPOTRIENE							
METHOXSALEN RAPID CAPSULE	OXSORALEN ULTRA							
USTEKINUMAB-HMNY SOLUTION	STARJEMZA			PA REQUIRED				X
USTEKINUMAB-HMNY SOLN PREF SYR	STARJEMZA			PA REQUIRED				X
TAPINAROF CREAM	**VTAMA**	**BRAND ONLY**		**PA REQUIRED**		**60 GM**	**30**	
ANTISEBORRHEIC PRODUCTS**								
SELENIUM SULFIDE LOTION	SELSUN BLUE							
SELENIUM SULFIDE SHAMPOO	SELRX							
ANTIVIRALS - TOPICAL**								
ACYCLOVIR TOPICAL CREAM (NON AG)	VARIOUS					15 GM	30	
ACYCLOVIR TOPICAL OINTMENT	VARIOUS					15 GM	30	
DOCOSANOL CREAM	ABREVA					2 GM	30	
BURN PRODUCTS**								
SILVER SULFADIAZINE CREAM	SSD							
CORTICOSTEROIDS - TOPICAL**								
BETAMETHASONE DIPROPIONATE (TOPICAL) CREAM	BETAMETHASONE DIPROPIONATE							
BETAMETHASONE DIPROPIONATE (TOPICAL) LOTION	BETAMETHASONE DIPROPIONATE							
BETAMETHASONE DIPROPIONATE (TOPICAL) OINTMENT	BETAMETHASONE DIPROPIONATE							
BETAMETHASONE DIPROPIONATE AUGMENTED CREAM	DIPROLENE AF							
BETAMETHASONE VALERATE CREAM	BETAMETHASONE VALERATE							
BETAMETHASONE VALERATE LOTION	BETAMETHASONE VALERATE							
BETAMETHASONE VALERATE OINTMENT	BETAMETHASONE VALERATE							
CLOBETASOL PROPIONATE CREAM	IMPOYZ					100	30	
CLOBETASOL PROPIONATE EMOLLIENT BASE CREAM	CLOBETASOL PROPIONATE EMOLLIENT					100	30	
CLOBETASOL PROPIONATE GEL	CLOBETASOL PROPIONATE					118	30	
CLOBETASOL PROPIONATE OINTMENT	TEMOVATE					100	30	
CLOBETASOL PROPIONATE SHAMPOO	CLODAN					118	30	
CLOBETASOL PROPIONATE SOLUTION	CLOBETASOL PROPIONATE					100	30	
FLUOCINOLONE ACETONIDE OIL	DERMA-SMOOTHE/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							

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HYDROCORTISONE (TOPICAL) GEL	MG217 PSORIASIS ANTI-ITCH							
HYDROCORTISONE (TOPICAL) KIT	ADVANCED ALLERGY COLLECTION KIT							
HYDROCORTISONE (TOPICAL) LOTION	AQUANIL HC							
HYDROCORTISONE (TOPICAL) OINTMENT	CORTIZONE-10							
HYDROCORTISONE ACETATE (TOPICAL) CREAM	LANACORT 10							
HYDROCORTISONE ACETATE (TOPICAL) OINTMENT	HYDROCORTISONE							
HYDROCORTISONE-ALOE VERA CREAM	HYDROCORTISONE/ALOE							
MOMETASONE FUROATE CREAM	MOMETASONE FUROATE							
MOMETASONE FUROATE OINTMENT	MOMETASONE FUROATE							
MOMETASONE FUROATE SOLUTION	MOMETASONE FUROATE							
TRIAMCINOLONE ACETONIDE (TOPICAL) CREAM	TRIDERM							
TRIAMCINOLONE ACETONIDE (TOPICAL) LOTION	TRIAMCINOLONE ACETONIDE							
TRIAMCINOLONE ACETONIDE (TOPICAL) OINTMENT	TRITOCIN							
ECZEMA AGENTS**								
DUPILUMAB SOLN AUTO-INJ	DUPIXENT			PA REQUIRED				X
DUPILUMAB SOLN PREF SYR	DUPIXENT			PA REQUIRED				X
RUXOLITINIB PHOSPHATE (TOPICAL) CREAM	OPZELURA			PA REQUIRED		60 GM	30	
TRALOKINUMAB-LDRM SOLN AUTO-INJ	ADBRY			PA REQUIRED				X
TRALOKINUMAB-LDRM SOLN PREF SYR	ADBRY			PA REQUIRED				X
EMOLLIENTS**								
EMOLLIENT OINTMENT	HYDROLATUM							
LACTIC ACID (AMMONIUM LACTATE) CREAM	AMMONIUM LACTATE							
LACTIC ACID (AMMONIUM LACTATE) LOTION	LAC-HYDRIN FIVE							
VITAMINS A & D (TOPICAL) OINTMENT	A+D PREVENT							
IMMUNOSUPPRESSIVE AGENTS - TOPICAL**								
PIMECROLIMUS CREAM	ELIDEL			PA REQUIRED		60 GM	30	
TACROLIMUS (TOPICAL) OINTMENT	PROTOPIC			PA REQUIRED				
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS**								
SALICYLIC ACID CREAM	CERAVE PSORIASIS							
SALICYLIC ACID FOAM	SALVAX							
SALICYLIC ACID GEL	CLEAN & CLEAR ADVANTAGE ACNE SPOT TREATMENT							
SALICYLIC ACID KIT	KERALYT SCALP							
SALICYLIC ACID LIQUID	AMBI EVEN & CLEAR FOAMINGCLEANSER							
SALICYLIC ACID LOTION	CLEAN & CLEAR ADVANTAGE ACNE CONTROL MOISTURIZER							
SALICYLIC ACID SHAMPOO	P & S							
SALICYLIC ACID SOLUTION	DUOFILM							
LOCAL ANESTHETICS - TOPICAL**								
CAPSAICIN CREAM	ZOSTRIX NATURAL PAIN RELIEF							
LIDOCAINE HCL AEROSOL SOLUTION	BURN RELIEF							
LIDOCAINE HCL CREAM	ASPERCREME W/LIDOCAINE					267 GM	30	
LIDOCAINE HCL GEL	LIDOMAX							
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	
MISC. TOPICAL**								
ALUMINUM CHLORIDE SOLUTION	DRYSOL							
EYELID CLEANSERS FOAM	OCUSOFT							
EYELID CLEANSERS PAD	OCUSOFT							
ZINC OXIDE (TOPICAL) OINTMENT	BOUDREAUXS							
ZINC OXIDE (TOPICAL) PASTE	AQUAPHOR BABY DIAPER RASH PASTE							
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL**								
CRISABOROLE OINTMENT	EUCRISA			PA REQUIRED				

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ROFLUMILAST (TOPICAL) CREAM	ZORYVE			PA REQUIRED		60 GM	30	
ROSACEA AGENTS**								
METRONIDAZOLE (TOPICAL) CREAM	ROSADAN							
METRONIDAZOLE (TOPICAL) GEL	ROSADAN							
METRONIDAZOLE (TOPICAL) LOTION	METROLOTION							
SCABICIDES & PEDICULICIDES**								
CROTAMITON LOTION	CROTAN							
IVERMECTIN (PEDICULICIDE) LOTION	IVERMECTIN			PA REQUIRED				
MALATHION LOTION	OVIDE							
PERMETHRIN CREAM	ELIMITE							
PERMETHRIN LIQUID	NIX LICE KILLING SPRAY							
PERMETHRIN LOTION	SM LICE TREATMENT							
PYRETHRINS-PIPERONYL BUTOXIDE KIT	LICEMD COMPLETE KIT							
PYRETHRINS-PIPERONYL BUTOXIDE LIQUID	RID							
PYRETHRINS-PIPERONYL BUTOXIDE SHAMPOO	RID LICE KILLING SHAMPOO							
SPINOSAD SUSPENSION	NATROBA			PA REQUIRED				
WOUND CARE PRODUCTS**								
BECAPLERMIN GEL	REGRANEX			PA REQUIRED				
DIAGNOSTIC PRODUCTS*								
DIAGNOSTIC TESTS**								
COVID-19 ANTIGEN TEST KIT	BINAXNOW					2	30	
COVID-19 AT HOME TEST KIT	BINAXNOW COV KIT HOME TES					2	30	
COVID-19 TEST SPECIMEN COLLECTION KIT	COVID-19 TES KIT SPECIMEN					2	30	
GLUCOSE BLOOD STRIP	ACCU-CHEK AVIVA, ACCU-CHEK GUIDE, TRUE METRIX, TRUETRACK					200	30	
DIGESTIVE AIDS*								
DIGESTIVE ENZYMES**								
PANCRELIPASE (LIPASE-PROTEASE-AMYLASE) CAPSULE DR PART	**CREON/ZENPEP**	**BRAND ONLY**	**PREFERRED DRUG**			**900**	**90**	**X**
DIURETICS*								
CARBONIC ANHYDRASE INHIBITORS**								
ACETAZOLAMIDE CAPSULE ER 12 HR	ACETAZOLAMIDE ER							X
ACETAZOLAMIDE TABLET	ACETAZOLAMIDE							X
METHAZOLAMIDE TABLET	METHAZOLAMIDE							X
DIURETIC COMBINATIONS**								
SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TABLET	ALDACTAZIDE							X
TRIAMTERENE & HYDROCHLOROTHIAZIDE CAPSULE	TRIAMTERENE/HYDROCHLOROTHIAZIDE							X
TRIAMTERENE & HYDROCHLOROTHIAZIDE TABLET	MAXZIDE-25							X
LOOP DIURETICS**								
BUMETANIDE TABLET	BUMEX							X
FUROSEMIDE SOLUTION	FUROSEMIDE							X
FUROSEMIDE TABLET	LASIX							X
TORSEMIDE TABLET	SOAANZ							X
POTASSIUM SPARING DIURETICS**								
AMILORIDE HCL TABLET	AMILORIDE HCL							X
SPIRONOLACTONE TABLET	ALDACTONE							X
TRIAMTERENE CAPSULE	DYRENIUM							X
THIAZIDES AND THIAZIDE-LIKE DIURETICS**								
CHLOROTHIAZIDE SUSPENSION	DIURIL							X
CHLORTHALIDONE TABLET (15MG, 25MG, 50MG)	THALITONE							X
HYDROCHLOROTHIAZIDE CAPSULE (12.5MG)	HYDROCHLOROTHIAZIDE							X
HYDROCHLOROTHIAZIDE TABLET (25MG, 50MG)	HYDROCHLOROTHIAZIDE							X
HYDROCHLOROTHIAZIDE SUSPENSION RECONSTITUTED	INZIRQO			PA REQUIRED > 10 Years of Age				X
INDAPAMIDE TABLET	INDAPAMIDE							X
METOLAZONE TABLET	METOLAZONE							X
ENDOCRINE AND METABOLIC AGENTS - MISC.*								
BONE DENSITY REGULATORS**								
ALENDRONATE SODIUM SOLUTION	ALENDRONATE SODIUM			PA REQUIRED				X
ALENDRONATE SODIUM TABLET (10MG)	FOSAMAX					90	90	X

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ALENDRONATE SODIUM TABLET (35MG, 70MG)	FOSAMAX					12	90	X
CALCITONIN (SALMON) SOLUTION	MIACALCIN							X
DENOSUMAB-NXXP SOLN PREF SYR	BILDYOS	BIOSIMILAR BRAND ONLY		PA REQUIRED				
IBANDRONATE SODIUM TABLET	BONIVA							X
TERIPARATIDE SOLN PEN-INJ	FORTEO	BRAND ONLY		PA REQUIRED				X
GROWTH HORMONE RECEPTOR ANTAGONISTS**								
PEGVISOMANT SOLUTION RECONSTITUTED	SOMAVERT			PA REQUIRED				X
GROWTH HORMONES**								
SOMAPACITAN-BECO SOLN PEN-INJ	SOGROYA			PA REQUIRED				X
SOMATROPIN CARTRIDGE	GENOTROPIN	BRAND ONLY		PA REQUIRED				X
SOMATROPIN PREFILLED SYR	GENOTROPIN MINIQUICK	BRAND ONLY		PA REQUIRED				X
SOMATROPIN SOLN PEN-INJ	NORDITROPIN FLEXPRO			PA REQUIRED				X
GNRH/LHRH ANTAGONISTS**								
ENDOCRINE AND METABOLIC AGENTS - MISC.*	ORILISSA			PA REQUIRED				
HORMONE RECEPTOR MODULATORS**								
RALOXIFENE HCL TABLET	EVISTA					90	90	X
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)**								
MECASERMIN SOLUTION	INCRELEX			PA REQUIRED				X
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS**								
LEUPROLIDE ACETATE (CPP) (6 MONTH) KIT	FENSOLVI		PREFERRED DRUG	PA REQUIRED				
LEUPROLIDE ACETATE (CPP) KIT	LUPRON DEPOT-PED (1-MONTH)		PREFERRED DRUG	PA REQUIRED				
METABOLIC MODIFIERS**								
TIVIDENOFUSP ALFA-EKNM SOLUTION RECONSTITUTED	AVLAYAH			PA REQUIRED				
CALCITRIOL CAPSULE	ROCALTROL							X
CALCITRIOL SOLUTION	ROCALTROL							X
CINACALCET HCL TABLET	SENSIPAR							X
GLYCEROL PHENYLBUTYRATE LIQUID	RAVICTI	BRAND ONLY		PA REQUIRED				X
IDURSULFASE SOLUTION	ELAPRASE			PA REQUIRED				
LEVOCARNITINE (METABOLIC MODIFIERS) SOLUTION	CARNITOR							X
LEVOCARNITINE (METABOLIC MODIFIERS) TABLET	CARNITOR							X
SODIUM PHENYLBUTYRATE TABLET	BUPHENYL			PA REQUIRED				X
SODIUM PHENYLBUTYRATE POWDER	BUPHENYL			PA REQUIRED				X
MINERALOCORTICOID RECEPTOR ANTAGONISTS**								
FINERENONE TABLET	KERENDIA			PA REQUIRED				X
POSTERIOR PITUITARY HORMONES**								
DESMOPRESSIN ACETATE SPRAY REFRIGERATED SOLUTION	DESMOPRESSIN ACETATE							X
DESMOPRESSIN ACETATE SOLUTION	DDAVP							X
DESMOPRESSIN ACETATE SPRAY REFRIGERATED SOLUTION	DESMOPRESSIN ACETATE							X
DESMOPRESSIN ACETATE SPRAY SOLUTION	DESMOPRESSIN ACETATE							X
DESMOPRESSIN ACETATE TABLET	DDAVP							X
PROLACTIN INHIBITORS**								
CABERGOLINE TABLET	CABERGOLINE			PA REQUIRED				
SOMATOSTATIC AGENTS**								
LANREOTIDE ACETATE SOLUTION	SOMATULINE DEPOT			PA REQUIRED				
OCTREOTIDE ACETATE KIT	SANDOSTATIN LAR DEPOT			PA REQUIRED				
OCTREOTIDE ACETATE SOLUTION	SANDOSTATIN			PA REQUIRED				X
OCTREOTIDE ACETATE SOLN PREF SYR	OCTREOTIDE ACETATE			PA REQUIRED				X
VASOPRESSIN RECEPTOR ANTAGONISTS**								
TOLVAPTAN TABLET	JYNARQUE/SAMSCA	BRAND ONLY		PA REQUIRED				
TOLVAPTAN TAB THER PACK	JYNARQUE	BRAND ONLY		PA REQUIRED				
ESTROGENS*								
ESTROGEN COMBINATIONS**								
CONJUGATED ESTROGENS-MEDROXYPROGESTERONE ACETATE TABLET	PREMPRO							X
ELAGOLIX SODIUM-ESTRADIOL-NORETHINDRONE ACETATE CAP THER PACK	ORIAHNN			PA REQUIRED				
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

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RELUGOLIX-ESTRADIOL-NORETHINDRONE ACETATE TABLET	MYFEMBREE			PA REQUIRED				
ESTROGENS**								
ESTERIFIED ESTROGENS TABLET	MENEST							X
ESTRADIOL PATCH TWICE WEEKLY	ALORA							X
ESTRADIOL PATCH WEEKLY	MENOSTAR							X
ESTRADIOL TABLET	ESTRACE							X
ESTROGENS, CONJUGATED TABLET	PREMARIN	BRAND ONLY						X
FLUOROQUINOLONES*								
FLUOROQUINOLONES**								
CIPROFLOXACIN HCL TABLET	CIPRO							
CIPROFLOXACIN IN D5W SOLUTION	CIPROFLOXACIN I.V.-IN D5W							
DELAFLOXACIN MEGLUMINE SOLUTION RECONSTITUTED	BAXDELA							
LEVOFLOXACIN IN D5W SOLUTION	LEVOFLOXACIN IN D5W							
LEVOFLOXACIN SOLUTION	LEVOFLOXACIN							
LEVOFLOXACIN TABLET	LEVOFLOXACIN							
MOXIFLOXACIN HCL IN SODIUM CHLORIDE SOLUTION	MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE							
MOXIFLOXACIN HCL SOLUTION	MOXIFLOXACIN HYDROCHLORIDE							
OFLOXACIN TABLET	OFLOXACIN							
GASTROINTESTINAL AGENTS - MISC.*								
5-HT4 RECEPTOR AGONISTS**								
PRUCALOPRIDE SUCCINATE TABLET	MOTEGRITY							X
ANTIFLATULENTS**								
SIMETHICONE SUSPENSION	LITTLE REMEDIES GAS RELIEF							
GALLSTONE SOLUBILIZING AGENTS**								
URSODIOL CAPSULE	RELTONE							X
URSODIOL TABLET	URSO 250							X
GASTROINTESTINAL ANTIALLERGY AGENTS**								
CROMOLYN SODIUM (MASTOCYTOSIS) CONCENTRATE	GASTROCROM							X
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS**								
LUBIPROSTONE CAPSULE	AMITIZA					180	90	X
GASTROINTESTINAL STIMULANTS**								
METOCLOPRAMIDE HCL SOLUTION	GIMOTI							
METOCLOPRAMIDE HCL TABLET	REGLAN							
METOCLOPRAMIDE HCL TABLET DISINTEGRATING	METOCLOPRAMIDE ODT							
INFLAMMATORY BOWEL AGENTS**								
INFLIXIMAB SOLUTION RECONSTITUTED	REMICADE (AG)			PA REQUIRED				
MESALAMINE CAPSULE ER 24 HR	VARIOUS					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					30	30	
MESALAMINE TABLET ENTERIC COATED (1.2 GM)	LIALDA					360	90	X
SULFASALAZINE TABLET	AZULFIDINE					720	90	X
USTEKINUMAB-HMNY (IV) SOLUTION	STARJEMZA			PA REQUIRED				
SULFASALAZINE TABLET ENTERIC COATED	AZULFIDINE EN-TABS					720	90	X
INTESTINAL ACIDIFIERS**								
LACTULOSE (ENCEPHALOPATHY) SOLUTION	LACTULOSE							X
IRRITABLE BOWEL SYNDROME (IBS) AGENTS**								
LINACLOTIDE CAPSULE	LINZESS			PA REQUIRED				X
PHOSPHATE BINDER AGENTS**								
CALCIUM ACETATE (PHOSPHATE BINDER) CAPSULE	CALCIUM ACETATE		PREFERRED DRUG					X
CALCIUM ACETATE (PHOSPHATE BINDER) TABLET	CALPHRON		PREFERRED DRUG					X
FERRIC CITRATE TABLET	AURYXIA		PREFERRED DRUG	PA REQUIRED				X
LANTHANUM CARBONATE TABLET CHEWABLE	FOSRENOL		PREFERRED DRUG					X
SEVELAMER CARBONATE TABLET	RENVELA	VARIOUS	PREFERRED DRUG					X
GENITOURINARY AGENTS - MISCELLANEOUS*								
ACIDIFIERS**								

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POTASSIUM & SODIUM ACID PHOSPHATES TABLET	K-PHOS NO 2							
ALKALINIZERS**								
POT & SOD CITRATES W/CITRIC AC SOLUTION	TRICITRATES							
POTASSIUM CITRATE (ALKALINIZER) TABLET ER	UROCIT-K 5							
POTASSIUM CITRATE-CITRIC ACID PACKET	CYTRA K CRYSTALS							
POTASSIUM CITRATE-CITRIC ACID SOLUTION	POTASSIUM CITRATE/CITRIC ACID							
SODIUM CITRATE & CITRIC ACID SOLUTION	ORACIT							
INTERSTITIAL CYSTITIS AGENTS**								
PENTOSAN POLYSULFATE SODIUM CAPSULE	ELMIRON			PA REQUIRED				
PROSTATIC HYPERTROPHY AGENTS**								
ALFUZOSIN HCL TABLET ER 24HR	UROXATRAL							X
DUTASTERIDE CAPSULE	AVODART							X
FINASTERIDE TABLET	PROSCAR							X
TAMSULOSIN HCL CAPSULE	FLOMAX							X
URINARY ANALGESICS**								
PHENAZOPYRIDINE HCL TABLET	PHENAZO							
GOUT AGENTS*								
GOUT AGENT COMBINATIONS**								
COLCHICINE W/ PROBENECID TABLET	PROBENECID/COLCHICINE							X
GOUT AGENTS**								
ALLOPURINOL TABLET (100MG, 300MG)	ZYLOPRIM							X
COLCHICINE TABLET	COLCRYS							
FEBUXOSTAT TABLET	ULORIC					90	90	X
URICOSURICS**								
PROBENECID TABLET	PROBENECID							X
HEMATOLOGICAL AGENTS - MISC.*								
BRADYKININ B2 RECEPTOR ANTAGONISTS**								
ICATIBANT ACETATE SOLN PREF SYR	FIRAZYR			PA REQUIRED				
COMPLEMENT INHIBITORS**								
C1 ESTERASE INHIBITOR (HUMAN) KIT	BERINERT	BRAND ONLY		PA REQUIRED				
C1 ESTERASE INHIBITOR (HUMAN) SOLUTION RECONSTITUTED	CINRYZE/HAEGARDA	BRAND ONLY		PA REQUIRED				
ECULIZUMAB-AAGH SOLUTION	EPYSQLI			PA REQUIRED				
HEMATORHEOLOGIC AGENTS**								
PENTOXIFYLLINE TABLET ER	PENTOXIFYLLINE ER							X
PLASMA KALLIKREIN INHIBITORS**								
ECALLANTIDE SOLUTION	KALBITOR			PA REQUIRED				
PLATELET AGGREGATION INHIBITORS**								
ANAGRELIDE HCL CAPSULE	AGRYLIN							X
CILOSTAZOL TABLET	CILOSTAZOL							X
CLOPIDOGREL BISULFATE TABLET	PLAVIX							X
DIPYRIDAMOLE TABLET	DIPYRIDAMOLE							X
TICAGRELOR TABLET	BRILINTA	BRAND ONLY						X
THROMBOLYTIC ENZYMES**								
ALTEPLASE SOLUTION RECONSTITUTED	CATHFLO ACTIVASE					1	30	
HEMATOPOIETIC AGENTS*								
AGENTS FOR GAUCHER DISEASE**								
MIGLUSTAT CAPSULE	MIGLUSTAT (ORAL)	AUTHORIZED GENERIC ONLY		PA REQUIRED				X
TALIGLUCERASE ALFA SOLUTION RECONSTITUTED	ELELYSO			PA REQUIRED				
AGENTS FOR SICKLE CELL DISEASE**								
HYDROXYUREA (SICKLE CELL DISEASE) SOLUTION	XROMI			PA REQUIRED > 10 Years of Age				X
FOLIC ACID/FOLATES**								
FOLIC ACID CAPSULE	FA-8							X
FOLIC ACID TABLET	FOLIC ACID							X
HEMATOPOIETIC GROWTH FACTORS**								
ELTROMBOPAG OLAMINE TABLET	VARIOUS		PREFERRED DRUG	PA REQUIRED				X
ELTROMBOPAG OLAMINE PACKET	**PROMACTA**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				**X**
EPOETIN ALFA-EPBX SOLUTION	**RETACRIT**	**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**				

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FILGRASTIM-AYOW SOLUTION	**RELEUKO**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				
FILGRASTIM-AYOW SOLN PREF SYR	**RELEUKO**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				
PEGFILGRASTIM-JMDB SOLN PREF SYR	**FULPHILA**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				
PEGFILGRASTIM-PBBK SOLN PREF SYR	**FYLNETRA**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				
ROMIPLOSTIM SOLUTION RECONSTITUTED	**NPLATE**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				
HEMATOPOIETIC MIXTURES**								
FE FUMARATE-VITAMIN C-VITAMIN B12-FOLIC ACID CAPSULE	HEMATOGEN FA							
FERROUS FUMARATE W/ B12-VIT C-FA-IFC CAPSULE	TRICON							
FERROUS FUMARATE W/ FA-DSS-B COMPLEX-VIT C TABLET	NEPHRON FA							
FOLATE-VITAMIN B12-INTRINSIC FACTOR TABLET	INTRINSI B12/FOLATE							
IRON COMBINATIONS CAPSULE	HEMATOGEN							
IRON COMBINATIONS TABLET	NUFERA							
IRON**								
FERROUS FUMARATE CAPSULE	HIGH POTENCY IRON							
FERROUS FUMARATE TABLET	FERROCITE							
FERROUS GLUCONATE TABLET	FERATE							
FERROUS SULFATE DRIED TABLET	FEOSOL							
FERROUS SULFATE DRIED TABLET ER	SM SLOW RELEASE IRON							
FERROUS SULFATE SOLUTION	BPROTECTED PEDIA IRON							
FERROUS SULFATE TABLET	FEROSUL							
FERROUS SULFATE TABLET ER	SLOW FE							
FERROUS SULFATE TABLET ENTERIC COATED	FERROUS SULFATE							
HEMOSTATICS*								
HEMOSTATICS - SYSTEMIC**								
AMINOCAPROIC ACID SOLUTION	AMICAR							
AMINOCAPROIC ACID TABLET	AMICAR							
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS*								
ANTIHISTAMINE HYPNOTICS**								
DIPHENHYDRAMINE HCL (SLEEP) CAPSULE	WAL-SLEEP Z							
DIPHENHYDRAMINE HCL (SLEEP) LIQUID	WAL-SLEEP Z LIQUID SHOTS							
DIPHENHYDRAMINE HCL (SLEEP) TABLET	SIMPLY SLEEP							
DIPHENHYDRAMINE HCL (SLEEP) TABLET DISINTEGRATING	WAL-SLEEP Z							
DOXYLAMINE SUCCINATE (SLEEP) TABLET	UNISOM SLEEPTABS							
BARBITURATE HYPNOTICS**								
PHENOBARBITAL ELIXIR	PHENOBARBITAL							X
PHENOBARBITAL TABLET	PHENOBARBITAL							X
NON-BARBITURATE HYPNOTICS**								
ESZOPICLONE TABLET	LUNESTA		PREFERRED DRUG	PA REQUIRED for Ages <6 Years PA REQUIRED for > 1 Hypnotic Drug		30	30	
TEMAZEPAM CAPSULE (15MG, 30MG)	RESTORIL		PREFERRED DRUG	PA REQUIRED for Ages <6 Years PA REQUIRED for > 1 Hypnotic Drug		30	30	
ZOLPIDEM TARTRATE TABLET (5MG)	AMBIEN		PREFERRED DRUG	PA REQUIRED for Ages <6 Years PA REQUIRED for > 1 Hypnotic Drug		60	30	
ZOLPIDEM TARTRATE TABLET (10MG)	AMBIEN		PREFERRED DRUG	PA REQUIRED for Ages <6 Years PA REQUIRED for > 1 Hypnotic Drug		30	30	
ZOLPIDEM TARTRATE TABLET ER	AMBIEN CR		PREFERRED DRUG	PA REQUIRED for Ages <6 Years PA REQUIRED for > 1 Hypnotic Drug		30	30	
SELECTIVE MELATONIN RECEPTOR AGONISTS**								
RAMELTEON TABLET	ROZEREM				Patient must have tried two preferred agents (Temazepam, Zolpidem and Eszopiclone)	30	30	
LAXATIVES*								
BULK LAXATIVES**								
FIBER CAPSULE	OPTIFIBER LEAN							
FIBER TABLET CHEWABLE	PEDIA-LAX FIBER GUMMIES							
FIBER POWDER	SOLFIBER							
FIBER TABLET	FIBER COMPLETE							
METHYLCELLULOSE (LAXATIVE) POWDER	SOLUBLE FIBER							

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

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)
METHYLCELLULOSE (LAXATIVE) TABLET	CITRUCEL							
PSYLLIUM CAPSULE	METAMUCIL							
PSYLLIUM PACKET	METAMUCIL							
PSYLLIUM WAFER	METAMUCIL							
LAXATIVE COMBINATIONS**								
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE SOLUTION RECONSTITUTED	GAVILYTE-G							
PEG 3350-POTASSIUM CHLORIDE-SOD BICARBONATE-SOD CHLORIDE SOLUTION RECONSTITUTED	GAVILYTE-N/FLAVOR PACK							
SENNOSIDES-DOCUSATE SODIUM TABLET	COLACE 2-IN-1							
LAXATIVES - MISCELLANEOUS**								
GLYCERIN (LAXATIVE) SUPPOSITORY	PEDIA-LAX							
LACTULOSE SOLUTION	LACTULOSE							X
POLYETHYLENE GLYCOL 3350 PACKET	SMOOTH LAX							
POLYETHYLENE GLYCOL 3350 POWDER	GOODSENSE CLEARLAX							
SALINE LAXATIVES**								
MAGNESIUM CITRATE SOLUTION	CITROMA							
MAGNESIUM OXIDE (LAXATIVE) TABLET	PHILLIPS							
SODIUM PHOSPHATES ENEMA	PURE & GENTLE ENEMA							
STIMULANT LAXATIVES**								
BISACODYL ENEMA	FLEET BISACODYL							
BISACODYL POWDER	BISACODYL			PA REQUIRED (Bulk Power Only)				
BISACODYL SUPPOSITORY	THE MAGIC BULLET							
BISACODYL TABLET ENTERIC COATED	EX-LAX ULTRA							
CASCARA SAGRADA CAPSULE	CASCARA SAGRADA							
CASCARA SAGRADA TABLET	CASCARA SAGRADA							
SENNA SYRUP	SENNA							
SENNOSIDES CAPSULE	SENNA							
SENNOSIDES LIQUID	LITTLE TUMMYS LAXATIVE							
SENNOSIDES SYRUP	ONELAX SENNA							
SENNOSIDES TABLET	EVAC-U-GEN							
SURFACTANT LAXATIVES**								
DOCUSATE SODIUM CAPSULE	DULCOLAX STOOL SOFTENER							
DOCUSATE SODIUM ENEMA	ENEMEEZ			PA REQUIRED				
DOCUSATE SODIUM LIQUID	PEDIA-LAX							
DOCUSATE SODIUM TABLET	DOK							
MACROLIDES*								
AZITHROMYCIN**								
AZITHROMYCIN PACKET	ZITHROMAX							
AZITHROMYCIN SOLUTION RECONSTITUTED	ZITHROMAX							
AZITHROMYCIN SUSPENSION RECONSTITUTED	ZITHROMAX							
AZITHROMYCIN TABLET	ZITHROMAX							
CLARITHROMYCIN**								
CLARITHROMYCIN SUSPENSION RECONSTITUTED	CLARITHROMYCIN							
CLARITHROMYCIN TABLET	CLARITHROMYCIN							
CLARITHROMYCIN TABLET ER 24HR	CLARITHROMYCIN ER							
ERYTHROMYCINS**								
ERYTHROMYCIN LACTOBIONATE SOLUTION RECONSTITUTED	ERYTHROCIN LACTOBIONATE							
FIDAXOMICIN**								
FIDAXOMICIN TABLET	DIFICID	BRAND ONLY		PA REQUIRED				
MEDICAL DEVICES AND SUPPLIES*								
CONTRACEPTIVES**								
CONDOMS - FEMALE MISCELLANEOUS	FC2 FEMALE CONDOM					30	30	
CONDOMS - MALE MISCELLANEOUS	CONDOMS					30	30	
CONDOMS LATEX LUBRICATED - MALE DEVICE	DUREX EXTRA SENSITIVE					30	30	
CONDOMS LATEX LUBRICATED - MALE MISCELLANEOUS	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED					30	30	
CONDOMS LATEX NON-LUBRICATED - MALE MISCELLANEOUS	TRUSTEX/RIA NON-LUBRICATED					30	30	
DIAPHRAGM ARC-SPRING DIAPHRAGM	CAYA					1	365	

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DIAPHRAGM WIDE SEAL DIAPHRAGM	WIDE-SEAL SILICONE DIAPHRAGM KIT 60					1	365	
DIAPHRAGMS DIAPHRAGM	OMNIFLEX DIAPHRAGM					1	365	
DIABETIC SUPPLIES**								
BLOOD GLUCOSE CALIBRATION LIQUID	ASSURE II CONTROL LEVEL 1							
BLOOD GLUCOSE CALIBRATION SOLUTION	ASSURE DOSE NORMAL/HIGH CONTROL							
BLOOD GLUCOSE MONITORING SUPPLIES DEVICE	TRUE METRIX							
BLOOD GLUCOSE MONITORING SUPPLIES KIT	TRUETRACK SMART SYSTEM							
CONTINUOUS GLUCOSE SYSTEM RECEIVER DEVICE	FREESTYLE READER			PA REQUIRED		1	365	
CONTINUOUS GLUCOSE SYSTEM SENSOR MISCELLANEOUS	FREESTYLE SENSOR			PA REQUIRED				
LANCET DEVICES MISCELLANEOUS	MICROLET NEXT							
LANCETS MISCELLANEOUS	FINGERSTIX LANCETS							
LANCETS MISC. KIT	AUTOLET LITE STARTER PACK							
LANCETS MISC. MISCELLANEOUS	AUTOLET PLATFORMS							
MISC. DEVICES**								
ALCOHOL SHEETS SHEET	ESSENTRA WIPES 9X9" CLEANROOM SUPPLIES/PRESATURATED							
ALCOHOL SWABS PAD	WEBCOL ALCOHOL PREP LARGE 1 PLY							
PARENTERAL THERAPY SUPPLIES**								
INSULIN PEN NEEDLE MISCELLANEOUS	BD AUTOSHIELD 29G X 3/16"							
INSULIN SYRINGE/NEEDLE U-100 MISCELLANEOUS	BD INSULIN SYRINGE MICROFINE/U-100/0.3ML/28G X 1/2"							
INSULIN SYRINGES (DISPOSABLE) MISCELLANEOUS	MONOJECT INSULIN SYRINGE/1ML							
SYRINGE/NEEDLE (DISP) 1 ML MISCELLANEOUS	BD LUER LOCK SYRINGE/1ML/20G X 1"							
RESPIRATORY THERAPY SUPPLIES**								
NEBULIZERS MISCELLANEOUS	AERIVA							
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 CHAMBER SUPPLIES - MASKS MISCELLANEOUS	FLEXICHAMBER MIS MASK					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	
MIGRAINE PRODUCTS*								
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG**								
DIHYDROERGOTAMINE MESYLATE SOLUTION	**MIGRANAL**							
ERENUMAB-AOOE SOLN AUTO-INJ	**AMOVIG**		**PREFERRED DRUG**	**PA REQUIRED**		**3**	**90**	**X**
FREMANEZUMAB-VFRM SOLN AUTO-INJ	**AJOVY**		**PREFERRED DRUG**	**PA REQUIRED**				**X**
FREMANEZUMAB-VFRM SOLN PREF SYR	**AJOVY**		**PREFERRED DRUG**	**PA REQUIRED**				**X**
GALCANEZUMAB-GNLM SOLN AUTO-INJ	**EMGALITY**		**PREFERRED DRUG**	**PA REQUIRED**				**X**
GALCANEZUMAB-GNLM SOLN PREF SYR	**EMGALITY**		**PREFERRED DRUG**	**PA REQUIRED**				**X**
UBROGEPANT TABLET	**UBRELVY**		**PREFERRED DRUG**	**PA REQUIRED**		**10**	**30**	
MIGRAINE COMBINATIONS**								
ERGOTAMINE W/ CAFFEINE TABLET	CAFERGOT					40	30	
SEROTONIN AGONISTS**								
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	

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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 TABLET	ZOMIG		PREFERRED DRUG			9	30	
ZOLMITRIPTAN TABLET DISINTEGRATING	ZOMIG ZMT		PREFERRED DRUG			9	30	
MINERALS & ELECTROLYTES*								
BICARBONATES**								
SODIUM BICARBONATE SOLUTION	SODIUM BICARBONATE							
CALCIUM**								
CALCIUM CARBONATE TABLET CHEWABLE	CALCIUM CARBONATE							
CALCIUM LACTATE TABLET	CALCIUM LACTATE							
FLUORIDE**								
SODIUM FLUORIDE TABLET CHEWABLE	NAFRINSE							X
SODIUM FLUORIDE SOLUTION	NAFRINSE DROPS							X
SODIUM FLUORIDE TABLET	SODIUM FLUORIDE							X
MAGNESIUM**								
MAGNESIUM OXIDE (MG SUPPLEMENT) CAPSULE	MAGNESIUM							
MAGNESIUM OXIDE (MG SUPPLEMENT) TABLET	MAG-OXIDE							
MAGNESIUM OXIDE (MG SUPPLEMENT) TABLET CHEWABLE	MAGNESIUM							
POTASSIUM**								
POTASSIUM BICARBONATE TABLET EFFERVESCENT	KLOR-CON/EF							X
POTASSIUM BICARBONATE-CITRIC ACID TABLET EFFERVESCENT	EFFER-K							
POTASSIUM CHLORIDE CAPSULE ER	POTASSIUM CHLORIDE ER							X
POTASSIUM CHLORIDE MICROENCAPSULATED CRYSTALS ER TABLET ER	KLOR-CON M10							X
POTASSIUM CHLORIDE PACKET (EXCLUDING 10MEQ)	KLOR-CON							X
POTASSIUM CHLORIDE SOLUTION	POTASSIUM CHLORIDE							X
POTASSIUM CHLORIDE TABLET ER	K-TAB							X
MISCELLANEOUS THERAPEUTIC CLASSES*								
CHELATING AGENTS**								
PENICILLAMINE CAPSULE	CUPRIMINE							
IMMUNOMODULATORS**								
BELUMOSUDIL MESYLATE TABLET	REZUROCK			PA REQUIRED				X
LENALIDOMIDE CAPSULE	REVLIMID	BRAND ONLY		PA REQUIRED				
IMMUNOSUPPRESSIVE AGENTS**								
AZATHIOPRINE TABLET	AZASAN							X
CYCLOSPORINE CAPSULE	SANDIMMUNE							X
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) CAPSULE	GENGRAF							X
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) SOLUTION	GENGRAF							X
CYCLOSPORINE SOLUTION	SANDIMMUNE							
EVEROLIMUS (IMMUNOSUPPRESSANT) TABLET	ZORTRESS			PA REQUIRED				X
MYCOPHENOLATE MOFETIL CAPSULE	CELLCEPT							X
MYCOPHENOLATE MOFETIL SUSPENSION RECONSTITUTED	CELLCEPT							X
MYCOPHENOLATE MOFETIL TABLET	CELLCEPT							X
SIROLIMUS SOLUTION	RAPAMUNE							X
SIROLIMUS TABLET	RAPAMUNE							X
TACROLIMUS CAPSULE	PROGRAF							X
TACROLIMUS CAPSULE ER 24 HR	ASTAGRAF XL							X
IRRIGATION SOLUTIONS**								
WATER FOR IRRIGATION, STERILE SOLUTION	ARGYLE STERILE WATER 100ML							
POTASSIUM REMOVING AGENTS**								
SODIUM POLYSTYRENE SULFONATE POWDER	SODIUM POLYSTYRENE SULFONATE							
SODIUM POLYSTYRENE SULFONATE SUSPENSION	SPS							
SODIUM ZIRCONIUM CYCLOSILICATE PACKET	LOKELMA					90	90	X
MOUTH/THROAT/DENTAL AGENTS*								
ANESTHETICS TOPICAL ORAL**								
LIDOCAINE HCL (MOUTH-THROAT) SOLUTION	LIDOCAINE VISCOUS					100	30	
ANTI-INFECTIVES - THROAT**								
CLOTRIMAZOLE TROCHE	CLOTRIMAZOLE							
NYSTATIN (MOUTH-THROAT) SUSPENSION	NYSTATIN							

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ANTISEPTICS - MOUTH/THROAT**								
CHLORHEXIDINE GLUCONATE (MOUTH-THROAT) SOLUTION	PERIOGARD					100	30	
STEROIDS - MOUTH/THROAT/DENTAL**								
TRIAMCINOLONE ACETONIDE (MOUTH) PASTE	ORALONE DENTAL PASTE					10	30	
THROAT PRODUCTS - MISC.**								
ARTIFICIAL SALIVA KIT	ORAL RELIEF FOR DRY MOUTH& DISCOMFORT							
ARTIFICIAL SALIVA LIQUID	NUMOISYN							
ARTIFICIAL SALIVA LOZENGE	ACT DRY MOUTH							
ARTIFICIAL SALIVA SOLUTION	AQUORAL							
MULTIVITAMINS*								
B-COMPLEX VITAMINS**								
B-COMPLEX VITAMINS ELIXIR	APETEX							
B-COMPLEX VITAMINS LIQUID	B-COMPLEX/B-12							
B-COMPLEX VITAMINS TABLET	B-COMPLEX WITH B-12							
B-COMPLEX VITAMINS SOLUTION	B-COMPLEX							
B-COMPLEX W/ C**								
B COMPLEX W/ C CAPSULE	B-COMPLEX W/C							
B COMPLEX W/ C TABLET	ALLBEE PLUS VITAMIN C							
B COMPLEX W/ C TABLET ER	RA B-COMPLEX/VITAMIN C TR							
B-COMPLEX W/ FOLIC ACID**								
B COMPLEX W/ C-BIOTIN-E-FOLIC ACID & IRON CARBONYL MISCELLANEOUS	RENATABS WITH IRON							
B-COMPLEX W/ C & FOLIC ACID CAPSULE	MYNEPHRON							
B-COMPLEX W/ C & FOLIC ACID TABLET	DIALYVITE 800							
B-COMPLEX W/ C-BIOTIN-D-ZINC & FOLIC ACID TABLET	VITAL-D RX							
B-COMPLEX W/ LYSINE-MIN-FE & FOLIC ACID LIQUID	NUTRIVIT							
B-COMPLEX W/ LYSINE-ZN & FOLIC ACID LIQUID	SUPERVITE							
B-COMPLEX W/ MINERALS**								
B-COMPLEX W/ MINERALS LIQUID	ELDERTONIC					30	30	
IRON W/ VITAMINS**								
IRON W/ VITAMINS TABLET	VITAFOL					30	30	
MULTIPLE VITAMINS W/ IRON**								
MULTIPLE VITAMINS W/ IRON TABLET	TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE					30	30	
MULTIPLE VITAMINS W/ MINERALS**								
MULTIPLE VITAMINS W/ MINERALS CAPSULE	ICAPS					30	30	
MULTIPLE VITAMINS W/ MINERALS TABLET CHEWABLE	CENTRUM VITAMINTS					30	30	
MULTIPLE VITAMINS W/ MINERALS LIQUID	BURIED TREASURE ACTIVE 55PLUS SENIOR COMPLEX					30	30	
MULTIPLE VITAMINS W/ MINERALS TABLET	CENTRUM CARDIO					30	30	
PED MULTI VITAMINS W/FL & FE**								
PED MULTIVITAMINS W/FL & IRON SOLUTION	FLORVITE/IRON							
PED MULTIPLE VITAMINS W/ MINERALS**								
PEDIATRIC MULTIPLE VITAMIN W/ MINERALS TABLET CHEWABLE	CENTRUM KIDS					30	30	
PED MV W/ FLUORIDE**								
PEDIATRIC MULTIVITAMINS W/FL TABLET CHEWABLE	QUFLORA GUMMIES					30	30	
PEDIATRIC MULTIVITAMINS W/FL SOLUTION	QUFLORA PEDIATRIC							
PEDIATRIC MULTIVITAMINS W/FL SUSPENSION	POLY-VI-FLOR							
PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLUTION	ADC/FLUORIDE							
PED MV W/ IRON**								
PEDIATRIC MULTIPLE VITAMINS W/ IRON TABLET CHEWABLE	CEROVITE JR							
PEDIATRIC MULTIPLE VITAMINS W/ IRON SOLUTION	BPROTECTED PEDIA POLY-VITE/IRON							
PEDIATRIC MULTIPLE VITAMINS**								
PEDIATRIC MULTIPLE VITAMINS SOLUTION	POLY-VI-SOL							
PRENATAL VITAMINS**								
PRENATAL 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	

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PRENATAL MV & MIN W/FE POLYSACCHARIDE COMPLEX-FA-DHA MISCELLANEOUS	SELECT-OB+DHA					30	30	
PRENATAL VIT W/ DOCUSATE-FE FUMARATE-FOLIC ACID TABLET	SE-NATAL 19					30	30	
PRENATAL VIT W/ FE BISGLYCINATE CHELATE-FOLIC ACID TABLET	VINATE II					30	30	
PRENATAL VIT W/ FE FUM-IRON POLYSACCH COMPLEX -FA-OMEGA 3 CAPSULE	CONCEPT DHA					30	30	
PRENATAL VIT W/ FERROUS FUMARATE-FA-OMEGA 3 FATTY ACIDS CAPSULE	VIVA DHA					30	30	
PRENATAL VIT W/ FERROUS FUMARATE-FOLIC ACID TABLET CHEWABLE	COMPLETENATE					30	30	
PRENATAL VIT W/ FERROUS FUMARATE-FOLIC ACID TABLET	VITATHELY/GINGER					30	30	
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID TABLET	ELITE-OB					30	30	
PRENATAL WITHOUT A VIT W/ FE FUM-IRON POLYSACCH COMPLEX -FA CAPSULE	CONCEPT OB					30	30	
MUSCULOSKELETAL THERAPY AGENTS*								
CENTRAL MUSCLE RELAXANTS**								
BACLOFEN TABLET (5MG, 10MG, 20MG)	BACLOFEN							
CYCLOBENZAPRINE HCL TABLET (5MG, 10MG)	FEXMID							
METAXALONE TABLET (400MG. 800MG, 500MG, 750MG)	SKELAXIN							
METHOCARBAMOL TABLET	METHOCARBAMOL							
ORPHENADRINE CITRATE TABLET ER 12HR	ORPHENADRINE CITRATE ER							
TIZANIDINE HCL TABLET	ZANAFLEX							
DIRECT MUSCLE RELAXANTS**								
DANTROLENE SODIUM CAPSULE	DANTRIUM							
NASAL AGENTS - SYSTEMIC AND TOPICAL*								
NASAL AGENTS - MISC.**								
ALCOHOL (NASAL) KIT	NOZIN NASAL SANITIZER							
ALCOHOL (NASAL) SWAB	NOZIN NASAL SANITIZER							
SALINE SOLUTION	AFRIN SALINE NASAL MIST							
NASAL ANTIALLERGY**								
AZELASTINE HCL SOLUTION (0.1%)	ASTEPRO							
NASAL ANTICHOLINERGICS**								
IPRATROPIUM BROMIDE (NASAL) SOLUTION	IPRATROPIUM BROMIDE							X
NASAL STEROIDS**								
FLUTICASONE PROPIONATE (NASAL) SUSPENSION	CLARISPRAY							
SYMPATHOMIMETIC DECONGESTANTS**								
PSEUDOEPHEDRINE HCL CAPSULE	CVS NASAL DECONGESTANT							
PSEUDOEPHEDRINE HCL LIQUID	SUDAFED CHILDRENS							
PSEUDOEPHEDRINE HCL TABLET	WAL-PHED							
PSEUDOEPHEDRINE HCL TABLET ER 12HR	SUDAFED SINUS CONGESTION 12 HOUR							
PSEUDOEPHEDRINE HCL TABLET ER 24HR	SUDAFED SINUS CONGESTION 24 HOUR							
NEUROMUSCULAR AGENTS*								
FRIEDRICH'S ATAXIA AGENTS**								
OMAVELOXOLONE CAPSULE	SKYCLARYS			PA REQUIRED				X
NUTRIENTS*								
MISC. NUTRITIONAL SUBSTANCES**								
OMEGA-3 FATTY ACIDS CAPSULE	SUPER OMEGA 3							
OMEGA-3 FATTY ACIDS CAPSULE DELAYED RELEASE	OMEGAPURE 600 EC							
OPHTHALMIC AGENTS*								
ARTIFICIAL TEARS AND LUBRICANTS**								
ARTIFICIAL TEAR OINTMENT OINTMENT	EYE LUBRICANT							
ARTIFICIAL TEAR SOLUTION SOLUTION	SYSTANE CONTACTS SOOTHING DROPS							
CARBOXYMETHYLCELLULOSE SODIUM (OPHTH) GEL	REFRESH LIQUIGEL							
CARBOXYMETHYLCELLULOSE SODIUM (OPHTH) SOLUTION	ULTRA FRESH							
CARBOXYMETHYLCELLULOSE-GLYCERIN SOLUTION	REFRESH OPTIVE PRESERVATIVE FREE							
CARBOXYMETHYLCELLULOSE-HYPROMELLOSE GEL	CVS LUBRICANT GEL DROPS							
DEXTRAN 70-HYPROMELLOSE SOLUTION	GENTEAL TEARS MILD							
HYPROMELLOSE (GONIOSCOPIC) SOLUTION	GONIOTAIRE							

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POLYETHYLENE GLYCOL 400 (OPHTH) GEL	BLINK TEARS LUBRICATING EYE DROPS							
POLYETHYLENE GLYCOL 400 (OPHTH) SOLUTION	BLINK TEARS LUBRICATING EYE DROPS							
POLYETHYLENE GLYCOL-PROPYLENE GLYCOL (OPHTH) SOLUTION	VISTA TEARS							
POLYVINYL ALCOHOL SOLUTION	POLYVINYL ALCOHOL 1.4% LUBRICATING EYE DROPS							
WHITE PETROLATUM-MINERAL OIL OINTMENT	REFRESH P.M.							
BETA-BLOCKERS - OPHTHALMIC**								
DORZOLAMIDE HCL-TIMOLOL MALEATE SOLUTION (EXCLUDES PRESERVATIVE FREE)	COSOPT							X
TIMOLOL MALEATE (OPHTH) GEL FORMING SOLUTION	TIMOPTIC-XE							X
TIMOLOL MALEATE (OPHTH) SOLUTION (EXCLUDES PRESERVATIVE FREE AND ONCE-DAILY)	TIMOPTIC							X
CYCLOPLEGIC MYDRIATICS**								
ATROPINE SULFATE (OPHTHALMIC) OINTMENT	ATROPINE SULFATE							X
ATROPINE SULFATE (OPHTHALMIC) SOLUTION	ISOPTO ATROPINE							X
CYCLOPENTOLATE HCL SOLUTION	CYCLOGYL							X
HOMATROPINE HBR SOLUTION	HOMATROPAIRE							X
PHENYLEPHRINE HCL (MYDRIATIC) SOLUTION	ALTAFRIN							
OPHTHALMIC ADRENERGIC AGENTS**								
BRIMONIDINE TARTRATE SOLUTION (0.025%, 0.2%)	LUMIFY							X
OPHTHALMIC ANTI-INFECTIVES**								
BACITRACIN (OPHTHALMIC) OINTMENT	BACITRACIN					4	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					4	7	
TOBRAMYCIN (OPHTH) SOLUTION	TOBREX							
TRIFLURIDINE SOLUTION	TRIFLURIDINE							
OPHTHALMIC DECONGESTANTS**								
HYPROMELLOSE-NAPHAZOLINE-POLYSORBATE 80-ZINC SULFATE SOLUTION	CLEAR EYES COMPLETE 7 SYMPTOM RELIEF							
NAPHAZOLINE W/ PHENIRAMINE SOLUTION	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							

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OPHTHALMIC IMMUNOMODULATORS**								
CYCLOSPORINE (OPHTH) EMULSION (SINGLE DOSE)	RESTASIS							X
OPHTHALMIC INTEGRIN ANTAGONISTS**								
LIFITEGRAST SOLUTION	XIIDRA			PA REQUIRED				X
OPHTHALMIC STEROIDS**								
BACITRACIN-POLY-NEOMYCIN-HC OINTMENT	NEO-POLYCIN HC							
DEXAMETHASONE (OPHTH) SUSPENSION	MAXIDEX							
DEXAMETHASONE SODIUM PHOSPHATE (OPHTH) SOLUTION	DEXAMETHASONE SODIUM PHOSPHATE							
FLUOROMETHOLONE (OPHTH) SUSPENSION	FML FORTE							
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 SOLUTION	SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE							
TOBRAMYCIN-DEXAMETHASONE OINTMENT	TOBRADEX					4	7	
TOBRAMYCIN-DEXAMETHASONE SUSPENSION	TOBRADEX ST							
MIOTICS								
PILOCARPINE HCL SOLUTION	PILOCARPINE							X
OPHTHALMICS - MISC.**								
AZELASTINE HCL (OPHTH) SOLUTION	AZELASTINE HCL							
BROMFENAC SODIUM (OPHTH) SOLUTION	PROLENSA							
CROMOLYN SODIUM (OPHTH) SOLUTION	CROMOLYN SODIUM							
DICLOFENAC SODIUM (OPHTH) SOLUTION	DICLOFENAC SODIUM							
DORZOLAMIDE HCL SOLUTION	TRUSOPT							X
EPINASTINE HCL (OPHTH) SOLUTION	EPINASTINE HCL							
FLURBIPROFEN SODIUM SOLUTION	FLURBIPROFEN SODIUM							
KETOROLAC TROMETHAMINE (OPHTH) SOLUTION	ACUVAIL							
KETOTIFEN FUMARATE (OPHTH) SOLUTION	ALAWAY							
LODOXAMIDE TROMETHAMINE SOLUTION	ALOMIDE							
OLOPATADINE HCL SOLUTION	PATADAY EXTRA STRENGTH							
SODIUM CHLORIDE HYPERTONIC OINTMENT	ALTACHLORE							
SODIUM CHLORIDE HYPERTONIC SOLUTION	MURO 128							
PROSTAGLANDINS - OPHTHALMIC**								
BIMATOPROST SOLUTION (0.03%)	BIMATOPROST							
LATANOPROST SOLUTION (EXCLUDES PRESERVATIVE FREE)	XALATAN					8	90	X
TRAVOPROST SOLUTION	VARIOUS							X
OTIC AGENTS*								
OTIC AGENTS - MISCELLANEOUS**								
ACETIC ACID (OTIC) SOLUTION	ACETIC ACID							
OTIC ANTI-INFECTIVES**								
CIPROFLOXACIN HCL (OTIC) SOLUTION	**CETRAXAL**		**PREFERRED DRUG**					
OFLOXACIN (OTIC) SOLUTION	OFLOXACIN							
OTIC COMBINATIONS**								
CIPROFLOXACIN-DEXAMETHASONE SUSPENSION	CIPRODEX		PREFERRED DRUG					
NEOMYCIN-POLYMYXIN-HC (OTIC) SOLUTION	NEOMYCIN/POLYMYXIN/HC		PREFERRED DRUG					
NEOMYCIN-POLYMYXIN-HC (OTIC) SUSPENSION	NEOMYCIN/POLYMYXIN/HYDROCORTISONE		PREFERRED DRUG					
OTIC STEROIDS**								
FLUOCINOLONE ACETONIDE (OTIC) OIL	VARIOUS							
HYDROCORTISONE W/ACETIC ACID SOLUTION	HYDROCORTISONE/ACETIC ACID							

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OXYTOCICS*								
OXYTOCICS**								
METHYLERGONOVINE MALEATE TABLET	METHERGINE							
PASSIVE IMMUNIZING AND TREATMENT AGENTS*								
IMMUNE SERUMS**								
IMMUNE GLOBULIN (HUMAN)-HIPP SOLUTION	**CUTAQUIG**	**BRAND ONLY**		**PA REQUIRED**				
IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLUTION	**GAMMAGARD/GAMMAKED/GAMUNEX-C**	**BRAND ONLY**		**PA REQUIRED**				
IMMUNE GLOBULIN (HUMAN) IV SOLUTION	**BIVIGAM/GAMMAPLEX/FLEBOGAMMA/OCTAGAM/PRIVIGEN**	**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**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				
IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS SOLN PREF SYR	**HIZENTRA**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				
IMMUNE GLOBULIN (HUMAN)-KLHW SOLUTION	**XEMBIFY**	**BRAND ONLY**	**PREFERRED DRUG**	**PA REQUIRED**				
MONOCLONAL ANTIBODIES**								
PALIVIZUMAB SOLUTION	SYNAGIS			PA REQUIRED				
PENICILLINS*								
AMINOPENICILLINS**								
AMOXICILLIN CAPSULE	AMOXICILLIN							
AMOXICILLIN TABLET CHEWABLE	AMOXICILLIN							
AMOXICILLIN SUSPENSION RECONSTITUTED	AMOXICILLIN							
AMOXICILLIN TABLET	AMOXICILLIN							
AMPICILLIN CAPSULE	AMPICILLIN							
AMPICILLIN SODIUM SOLUTION RECONSTITUTED	AMPICILLIN SODIUM							
NATURAL PENICILLINS**								
PENICILLIN G 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							
PENICILLIN COMBINATIONS**								
AMOXICILLIN & POT CLAVULANATE TABLET CHEWABLE	AMOXICILLIN/CLAVULANATE POTASSIUM							
AMOXICILLIN & POT CLAVULANATE SUSPENSION RECONSTITUTED	AUGMENTIN							
AMOXICILLIN & POT CLAVULANATE TABLET	AUGMENTIN							
AMOXICILLIN & POT CLAVULANATE TABLET ER 12HR	AMOXICILLIN/CLAVULANATE POTASSIUM ER							
AMPICILLIN & SULBACTAM SODIUM SOLUTION RECONSTITUTED	UNASYN							
PIPERACILLIN SODIUM-TAZOBACTAM SODIUM IN DEXTROSE SOLUTION	ZOSYN							
PIPERACILLIN SODIUM-TAZOBACTAM SODIUM SOLUTION RECONSTITUTED	PIPERACILLIN SODIUM/TAZOBACTAM SODIUM							
PENICILLINASE-RESISTANT PENICILLINS**								
DICLOXACILLIN SODIUM CAPSULE	DICLOXACILLIN SODIUM							
NAFCILLIN SODIUM IN DEXTROSE SOLUTION	NAFCILLIN							
NAFCILLIN SODIUM SOLUTION RECONSTITUTED	NAFCILLIN SODIUM							
OXACILLIN SODIUM IN DEXTROSE SOLUTION	OXACILLIN SODIUM							
OXACILLIN SODIUM SOLUTION RECONSTITUTED	OXACILLIN SODIUM							
PHARMACEUTICAL ADJUVANTS*								
FLAVORING AGENTS**								
FLAVORING AGENT LIQUID	PCCA SWEETNESS ENHANCER							
LIQUID VEHICLES**								
CHERRY SYRUP SYRUP	CHERRY SYRUP							
DISTILLED WATER LIQUID	NICE DISTILLED WATER							
ORAL VEHICLES LIQUID	ORA-PLUS							
ORAL VEHICLES SUSPENSION	FLAVOR BLEND							
ORAL VEHICLES SYRUP	VERSAFREE							

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SIMPLE SYRUP SYRUP	SYRPALTA							
PHARMACEUTICAL EXCIPIENTS**								
METHYLCELLULOSE POWDER	METHYLCELLULOSE							
SEMI SOLID VEHICLES**								
CREAM BASE CREAM	SANARE ADVANCED SCAR THERAPY							
GEL BASE GEL	VERSAPRO							
PROGESTINS*								
PROGESTINS**								
MEDROXYPROGESTERONE ACETATE TABLET	PROVERA							X
NORETHINDRONE ACETATE TABLET	AYGESTIN							X
PROGESTERONE CAPSULE	PROMETRIUM							X
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*								
AGENTS FOR CHEMICAL DEPENDENCY**								
ACAMPROSATE CALCIUM TABLET ENTERIC COATED	ACAMPROSATE CALCIUM DR							X
DISULFIRAM TABLET	DISULFIRAM							X
ANTIDEMENTIA AGENTS**								
DONEPEZIL HYDROCHLORIDE TABLET	ARICEPT			PA REQUIRED (23 MG Only)				X
DONEPEZIL HYDROCHLORIDE TABLET DISINTEGRATING	DONEPEZIL HCL							X
GALANTAMINE HYDROBROMIDE CAPSULE ER 24 HR	RAZADYNE ER			PA REQUIRED				X
GALANTAMINE HYDROBROMIDE SOLUTION	GALANTAMINE HYDROBROMIDE			PA REQUIRED				X
GALANTAMINE HYDROBROMIDE TABLET	GALANTAMINE HYDROBROMIDE			PA REQUIRED				X
MEMANTINE HCL CAPSULE ER 24 HR	NAMENDA XR TITRATION PACK			PA REQUIRED				X
MEMANTINE HCL SOLUTION	MEMANTINE HYDROCHLORIDE			PA REQUIRED				X
MEMANTINE HCL TABLET	NAMENDA			PA REQUIRED				X
RIVASTIGMINE PATCH 24 HR	EXELON			PA REQUIRED				X
RIVASTIGMINE TARTRATE CAPSULE	RIVASTIGMINE TARTRATE			PA REQUIRED				X
MOVEMENT DISORDER DRUG THERAPY**								
DEUTETRABENAZINE TABLET	AUSTEDO			PA REQUIRED		180	90	X
DEUTETRABENAZINE TAB THER PACK	AUSTEDO PATIENT TITRATION KIT			PA REQUIRED				
DEUTETRABENAZINE TABLET ER 24HR	AUSTEDO XR			PA REQUIRED		90	90	X
DEUTETRABENAZINE TBER THER PACK	AUSTEDO XR PATIENT TITRATION KIT			PA REQUIRED				
TETRABENAZINE TABLET	XENAZINE			PA REQUIRED				X
VALBENAZINE TOSYLATE CAPSULE	INGREZZA			PA REQUIRED		90	90	X
VALBENAZINE TOSYLATE CAPSULE SPRINKLE	INGREZZA			PA REQUIRED		90	90	X
VALBENAZINE TOSYLATE CAP THER PACK	INGREZZA			PA REQUIRED				
MULTIPLE SCLEROSIS AGENTS**								
DIMETHYL FUMARATE CAPSULE DELAYED RELEASE	TECFIDERA			PA REQUIRED				X
DALFAMPRIDINE TABLET ER 12HR	AMPYRA			PA REQUIRED				X
FINGOLIMOD HCL CAPSULE (0.5mg)	GILENYA			PA REQUIRED				X
GLATIRAMER ACETATE SOLN PREF SYR	**COPAXONE**		**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				
OFATUMUMAB (MS) SOLN AUTO-INJ	**KESIMPTA**		**PREFERRED DRUG**	**PA REQUIRED**				**X**
TERIFLUNOMIDE TABLET	AUBAGIO			PA REQUIRED				X
UBLITUXIMAB-XIIY SOLUTION	BRIUMVI			PA REQUIRED				X
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS**								
GABAPENTIN (ONCE-DAILY) TABLET	GRALISE	BRAND ONLY		PA REQUIRED				X
GABAPENTIN (ONCE-DAILY) MISCELLANEOUS	GRALISE			PA REQUIRED				
PSEUDOBULBAR AFFECT (PBA) AGENTS**								
DEXTROMETHORPHAN HBR-QUINIDINE SULFATE CAPSULE	NUEDEXTA	BRAND ONLY		PA REQUIRED				X
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**								
ERGOLOID MESYLATES TABLET	ERGOLOID MESYLATES							X

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

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DIPH-TETANUS TOX AD-ACELL PERTUSSIS & POLIO VIRUS, IPV VAC SUSPENSION	QUADRACEL			Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger				
DIPH-TETANUS TOX AD-ACELL PERTUSSIS & POLIO VIRUS, IPV VAC SUSP PREF SYR	QUADRACEL			Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger				
DIPH-TETANUS TOX-ACELL PERT-HEPATITIS B RECOMB-POLIO IPV VA SUSP PREF SYR	PEDIARIX			Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger				
DIPHTHERIA, ACELLULAR PERTUSSIS & TETANUS TOXOIDS SUSPENSION	DAPTACEL			Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger				
DIPHTHERIA-TETANUS TOXOIDS (DT) SUSPENSION	DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC			Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger				
TETANUS TOXOID-DIPHTHERIA-ACELLULAR PERTUSSIS ADSORB (TDAP) SUSPENSION	ADACEL			Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger				
TETANUS TOXOID-DIPHTHERIA-ACELLULAR PERTUSSIS ADSORB (TDAP) SUSP PREF SYR	BOOSTRIX			Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger				
TETANUS-DIPHTHERIA TOXOIDS (TD) INJECTABLE	TENIVAC			Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger				
TETANUS-DIPHTHERIA TOXOIDS (TD) SUSPENSION	TDVAX			Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger				
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS*								
ANTISPASMODICS**								
DICYCLOMINE HCL CAPSULE	DICYCLOMINE HYDROCHLORIDE							
DICYCLOMINE HCL SOLUTION	BENTYL							
DICYCLOMINE HCL TABLET (20MG)	DICYCLOMINE HYDROCHLORIDE							
GLYCOPYRROLATE SOLUTION	GLYRX-PF							X
GLYCOPYRROLATE TABLET	GLYCATE							
HYOSCYAMINE SULFATE SOLUTION	LEVSIN					360	90	X
HYOSCYAMINE SULFATE TAB SUBLINGUAL	LEVSIN/SL					360	90	X
HYOSCYAMINE SULFATE TABLET	LEVSIN					360	90	X
HYOSCYAMINE SULFATE TABLET ER 12HR	LEVBID					360	90	X
HYOSCYAMINE SULFATE TABLET DISINTEGRATING	NULEV					360	90	X
H-2 ANTAGONISTS**								
FAMOTIDINE SUSPENSION RECONSTITUTED	FAMOTIDINE							X
FAMOTIDINE TABLET	ZANTAC 360							X
NIZATIDINE CAPSULE	NIZATIDINE							X
RANITIDINE HCL TABLET	WAL-ZAN 150 MAXIMUM STRENGTH							X
MISC. ANTI-ULCER**								
SUCRALFATE SUSPENSION	CARAFATE							X
SUCRALFATE TABLET	CARAFATE							X
PROTON PUMP INHIBITORS**								
ESOMEPRAZOLE MAGNESIUM CAPSULE DELAYED RELEASE	VARIOUS					180	90	X
ESOMEPRAZOLE MAGNESIUM PACKET	NEXIUM			PA REQUIRED for > 18 Years of Age		90	90	X
LANSOPRAZOLE CAPSULE DELAYED RELEASE	PREVACID					180	90	X
LANSOPRAZOLE TAB DR DISINT	PREVACID SOLUTAB			PA REQUIRED for > 18 Years of Age		180	90	X
OMEPRAZOLE CAPSULE DELAYED RELEASE	OMEPRAZOLE DR					180	90	X
PANTOPRAZOLE SODIUM PACKET	PROTONIX			PA REQUIRED for > 18 Years of Age		90	90	X
PANTOPRAZOLE SODIUM TABLET ENTERIC COATED	PROTONIX					180	90	X
ULCER DRUGS - PROSTAGLANDINS**								
MISOPROSTOL TABLET	CYTOTEC							X
URINARY ANTISPASMODICS*								

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URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)**								
FESOTERODINE FUMARATE TABLET ER 24HR	TOVIAZ		PREFERRED DRUG					X
OXYBUTYNIN CHLORIDE SOLUTION	OXYBUTYNIN CHLORIDE		PREFERRED DRUG					X
OXYBUTYNIN CHLORIDE TABLET (5MG)	OXYBUTYNIN CHLORIDE		PREFERRED DRUG					X
OXYBUTYNIN CHLORIDE TABLET ER 24HR	DITROPAN XL		PREFERRED DRUG					X
TOLTERODINE TARTRATE CAPSULE ER 24 HR	DETROL LA		PREFERRED DRUG					X
TOLTERODINE TARTRATE TABLET	DETROL		PREFERRED DRUG					X
SOLIFENACIN SUCCINATE TABLET	VESICARE							X
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS**								
BETHANECHOL CHLORIDE TABLET	BETHANECHOL CHLORIDE							
VACCINES*								
BACTERIAL VACCINES**								
MENING (A,C,W&Y) OLIGOSACCH CONJ-MENING B (RCMB) VACC SUSPENSION RECONSTITUTED	PENMENVY							
MENING (A,C,Y&W) POLYSACCH TETANUS CONJ-MENING B (RCMB) VAC SUSPENSION RECONSTITUTED	PENBRAYA INJ							
MENINGOCOCCAL (A,C,Y&W-135) OLIGOSACCHARIDE CONJUGATE VAC SOLUTION	MENVEO SOL							
MENINGOCOCCAL (A,C,Y&W-135) OLIGOSACCHARIDE CONJUGATE VAC SOLUTION RECONSTITUTED	MENVEO INJ							
MENINGOCOCCAL (A,C,Y&W-135) POLYSACCH DIPHTH CONJ VACCINE SOLUTION	MENACTRA INJ							
MENINGOCOCCAL (A,C,Y&W-135) POLYSACCH TETANUS CONJ VACCINE SOLUTION	MENQUADFI INJ							
MENINGOCOCCAL GROUP B VACCINE (RECOMBINANT) SUSP PREF SYR	TRUMENBA INJ							
MENINGOCOCCAL VAC GROUP B (RECOMBANT OMV ADJUVANTED) SUSP PREF SYR	BEXSERO INJ							
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 21-VALENT CONJUGATE VACCINE SOLN PREF SYR	CAPVAXIVE							
PNEUMOCOCCAL VAC POLYVALENT SOLN PREF SYR	PNEUMOVAX 23							
PNEUMOCOCCAL VAC POLYVALENT SOLUTION	PNEUMOVAX 23							
VIRAL VACCINES**								
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) 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) SUBUNIT (SPIKE) PROTEIN VIRUS VACCINE SUSP PREF SYR	NUVAXOVID			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) SUSP PREF SYR	RECOMBIVAX HB			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				
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				
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				
INFLUENZA A (H5N1) TISSUE-CULTURED SUBUNIT ADJUVANT VACCINE EMULSION	AUDENZ			Covered for Members 3 Years and Older				

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

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

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)
INFLUENZA A (H5N1) TISSUE-CULTURED SUBUNIT ADJUVANT VACCINE PREFILLED SYR	AUDENZ			Covered for Members 3 Years and Older				
INFLUENZA VIRUS VACCINE LIVE LIQUID	FLUMIST			Covered for Members 3 Years and Older				
INFLUENZA VIRUS VACCINE RECOMBINANT HEMAGGLUTININ (HA) SOLN PREF SYR	FLUBLOK			Covered for Members 3 Years and Older				
INFLUENZA VIRUS VACCINE SPLIT HIGH-DOSE PRESERVATIVE FREE SUSP PREF SYR	FLUZONE HD			Covered for Members 3 Years and Older				
INFLUENZA VIRUS VACCINE SPLIT PRESERVATIVE FREE SUSP PREF SYR	FLUZONE			Covered for Members 3 Years and Older				
INFLUENZA VIRUS VACCINE SPLIT SUSPENSION	FLUZONE			Covered for Members 3 Years and Older				
INFLUENZA VIRUS VACCINE TISSUE-CULTURED SUBUNIT SUSP PREF SYR	FLUCELVAX			Covered for Members 3 Years and Older				
INFLUENZA VIRUS VACCINE TISSUE-CULTURED SUBUNIT SUSPENSION	FLUCELVAX			Covered for Members 3 Years and Older				
INFLUENZA VIRUS VACCINE TYPES A & B SURFACE ANTIGEN ADJUVAN SUSP PREF SYR	FLUAD			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 MRNA PRE-FUSION VIRUS VACCINE SUSP PREF SYR	MRESVIA			Covered for Members 60 Years and Older, PA REQUIRED for < 60 Years of Age		1	2 Years	
RSV PRE-FUSION F A&B PROTEIN VACCINE RECOMBINANT SOLUTION RECONSTITUTED	ABRYSVO			Covered for Members 60 Years and Older, PA REQUIRED for < 60 Years of Age		1	2 Years	
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	
SMALLPOX & MONKEYPOX VACCINE, LIVE, NON-REPLICATING SUSPENSION	JYNNEOS			Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger				
ZOSTER VACCINE RECOMBINANT ADJUVANTED SUSPENSION RECONSTITUTED	SHINGRIX			Covered for Members 50 Years and Older, PA REQUIRED for Ages 19 - 49 Years of Age, Excluded for Ages 18 and Younger				
VAGINAL AND RELATED PRODUCTS*								
SPERMICIDES**								
NONOXYNOL-9 FILM	VCF VAGINAL CONTRACEPTIVE FILM							
NONOXYNOL-9 FOAM	VCF VAGINAL CONTRACEPTIVE FOAM							
NONOXYNOL-9 GEL	SHUR-SEAL							
NONOXYNOL-9 MISCELLANEOUS	TODAY SPONGE							
NONOXYNOL-9 SUPPOSITORY	ENCARE							
VAGINAL ANTI-INFECTIVES**								
CLINDAMYCIN PHOSPHATE VAGINAL CREAM	CLEOCIN							
CLINDAMYCIN PHOSPHATE VAGINAL SUPPOSITORY	CLEOCIN							
CLOTRIMAZOLE VAGINAL CREAM	GYNE-LOTRIMIN							
METRONIDAZOLE VAGINAL GEL	VANDAZOLE							
MICONAZOLE NITRATE VAGINAL KIT	VAGISTAT-3							
MICONAZOLE NITRATE VAGINAL SUPPOSITORY	MICONAZOLE 7							
TERCONAZOLE VAGINAL CREAM	TERCONAZOLE							
TERCONAZOLE VAGINAL SUPPOSITORY	TERCONAZOLE							
TIOCONAZOLE VAGINAL OINTMENT	MONISTAT 1-DAY							
VAGINAL ESTROGENS**								
ESTRADIOL ACETATE VAGINAL RING	FEMRING			PA REQUIRED		3	90	X
ESTRADIOL VAGINAL CREAM	ESTRACE							X
ESTRADIOL VAGINAL RING	ESTRING					1	90	X
ESTRADIOL VAGINAL TABLET	YUVAFEM							X

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ESTROGENS, CONJUGATED VAGINAL CREAM	PREMARIN					90 GM	90	X
VASOPRESSORS*								
ANAPHYLAXIS THERAPY AGENTS**								
EPINEPHRINE (ANAPHYLAXIS) SOLN AUTO-INJ	**EPIPEN**	**VIATRIS SP - AUTHORIZED GENERIC ONLY**	**PREFERRED DRUG**	**PA REQUIRED for > 2 Per Month**		**2**	**30**	
VASOPRESSORS**								
MIDODRINE HCL TABLET	MIDODRINE HCL							
VITAMINS*								
OIL SOLUBLE VITAMINS**								
CHOLECALCIFEROL LIQUID	BPROTECTED PEDIA D-VITE			PA REQUIRED for > 2 Years of Age				
ERGOCALCIFEROL CAPSULE	DRISDOL					36	90	X
VITAMIN E CAPSULE	XCELLENT E							
WATER SOLUBLE VITAMINS**								
ASCORBIC ACID TABLET CHEWABLE	SUNKIST VITAMIN C							
NIACIN CAPSULE ER	NIACIN TR							
NIACIN TABLET ER	ENDUR-ACIN							
PYRIDOXINE HCL TABLET	VITAMIN B-6							
THIAMINE HCL TABLET	VITAMIN B-1							