



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

• Generic Drugs Are Preferred Over Brand Name Drugs Unless Specified as Brand Only

• Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List Are Available Through Prior Authorization

Effective Date: 1/1/2024

Drug Class/Drug Name	Reference Brand Name	Brand Only / Generic Notes	Preferred Drug Status	PA Type	Step Therapy Requirements	Quantity Limit	QL Days
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS*</b>							
<b>AMPHETAMINES**</b>							
AMPHETAMINE-DEXTROAMPHETAMINE CAPSULE ER 24 HR	ADDERALL XR	Brand Only	Preferred Drug	PA Required for Ages < 6 years		30	30
AMPHETAMINE-DEXTROAMPHETAMINE TABLET	ADDERALL	Brand and Generic	Preferred Drug	PA Required for Ages < 6 years		60	30
DEXTROAMPHETAMINE SULFATE TABLET	ZENZEDI		Preferred Drug	PA Required for Ages < 6 years		60	30
LISDEXAMFETAMINE DIMESYLATE CAPSULE	VYVANSE	Brand Only	Preferred Drug	PA Required for Ages < 6 years		30	30
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS**</b>							
ATOMOXETINE HCL CAPSULE	STRATTERA		Preferred Drug	PA Required for Ages < 6 years		30	30
CLONIDINE HCL TABLET	CLONIDINE HYDROCHLORIDE			PA Required for Ages < 6 years			
CLONIDINE PATCH WEEKLY	CATAPRES-TTS-1			PA Required for Ages < 6 years		4	30
CLONIDINE HCL (ADHD) TABLET ER 12HR	KAPVAY			PA Required for Ages < 6 years		120	30
GUANFACINE HCL TABLET	GUANFACINE HCL			PA Required for Ages < 6 years			
GUANFACINE HCL (ADHD) TABLET ER 24HR	INTUNIV		Preferred Drug	PA Required for Ages < 6 years		30	30
<b>STIMULANTS - MISC.**</b>							
DEXMETHYLPHENIDATE HCL CAPSULE ER 24 HR	FOCALIN XR		Preferred Drug	PA Required for Ages < 6 years		60	30
DEXMETHYLPHENIDATE HCL TABLET	FOCALIN		Preferred Drug	PA Required for Ages < 6 years		60	30
METHYLPHENIDATE HCL CAPSULE ER 24 HR	RITALIN LA	Brand Only	Preferred Drug	PA Required for Ages < 6 years		30	30
METHYLPHENIDATE HCL CAPSULE ER	METHYLPHENIDATE HYDROCHLORIDE CD		Preferred Drug	PA Required for Ages < 6 years		30	30
METHYLPHENIDATE HCL SOLUTION	METHYLIN	Brand Only	Preferred Drug	PA Required for Ages < 6 years		300	30
METHYLPHENIDATE HCL TABLET	RITALIN		Preferred Drug	PA Required for Ages < 6 years		90	30
METHYLPHENIDATE HCL TABLET ER	CONCERTA ONLY	Brand Only	Preferred Drug	PA Required for Ages < 6 years		60	30
METHYLPHENIDATE PATCH	DAYTRANA	Brand Only	Preferred Drug	PA Required for Ages < 6 years		30	30
<b>ALTERNATIVE MEDICINES*</b>							
<b>ALTERNATIVE MEDICINE COMBINATIONS**</b>							
OMEGA 3 FATTY ACIDS-OMEGA 6 FATTY ACIDS-OMEGA 9 FATTY ACIDS CAPSULE	SUPER OMEGA-3						
<b>AMINOGLYCOSIDES*</b>							
<b>AMINOGLYCOSIDES**</b>							
AMIKACIN SULFATE SOLUTION	AMIKACIN SULFATE						
GENTAMICIN IN SALINE SOLUTION	ISOTONIC GENTAMICIN						
GENTAMICIN SULFATE SOLUTION	GENTAMICIN SULFATE PEDIATRIC						
NEOMYCIN SULFATE TABLET	NEOMYCIN SULFATE						
PAROMOMYCIN SULFATE CAPSULE	HUMATIN						
TOBRAMYCIN NEBULIZATION SOLUTION	KITABIS AND BETHKIS	Brand Only	Preferred Drug	PA Required			
TOBRAMYCIN SULFATE SOLUTION	TOBRAMYCIN SULFATE						
TOBRAMYCIN SULFATE SOLUTION RECONSTITUTED	NEBCIN ADD-VANTAGE						
<b>ANALGESICS - ANTI-INFLAMMATORY*</b>							
<b>ANTIRHEUMATIC - ENZYME INHIBITORS**</b>							
TOFACITINIB CITRATE TABLET	XELJANZ IMMEDIATE RELEASE ONLY	Brand Only	Preferred Drug	PA Required			
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**</b>							
ADALIMUMAB PEN-INJECTOR KIT	HUMIRA PEN		Preferred Drug	PA Required			
ADALIMUMAB PREFILLED SYRINGE KIT	HUMIRA		Preferred Drug	PA Required			
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)**</b>							
CELECOXIB CAPSULE	CELEBREX						
DICLOFENAC SODIUM TABLET ER 24HR	DICLOFENAC SODIUM ER					30	30
DICLOFENAC SODIUM TABLET ENTERIC COATED	DICLOFENAC SODIUM DR						
DICLOFENAC TABLET ENTERIC COATED	DICLOFENAC SODIUM EC						
ETODOLAC CAPSULE	ETODOLAC						
ETODOLAC TABLET	LODINE						
ETODOLAC TABLET ER 24HR	ETODOLAC ER						
FENOPROFEN CALCIUM CAPSULE	FENORTHO						

FENOPROFEN CALCIUM TABLET	NALFON						
FLURBIPROFEN TABLET	FLURBIPROFEN						
IBUPROFEN CAPSULE	MOTRIN IB						
IBUPROFEN TABLET CHEWABLE	ADVIL JUNIOR STRENGTH						
IBUPROFEN SUSPENSION	MEDI-PROFEN						
IBUPROFEN TABLET	ADVIL JUNIOR STRENGTH						
INDOMETHACIN CAPSULE	TIVORBEX						
INDOMETHACIN CAPSULE ER	INDOMETHACIN ER						
INDOMETHACIN SUPPOSITORY	INDOCIN						
INDOMETHACIN SUSPENSION	INDOCIN						
KETOROLAC TROMETHAMINE TABLET	KETOROLAC TROMETHAMINE					20	30
MEFENAMIC ACID CAPSULE	MEFENAMIC ACID						
MELOXICAM SUSPENSION	MELOXICAM						
MELOXICAM TABLET	MOBIC						
NABUMETONE TABLET	RELAFEN						
	PAMPRIN ALL DAY MAXIMUM						
NAPROXEN SODIUM TABLET	STRENGTH						
NAPROXEN SUSPENSION	NAPROSYN						
NAPROXEN TABLET	NAPROSYN						
NAPROXEN TABLET ENTERIC COATED	EC-NAPROSYN						
OXAPROZIN TABLET	DAYPRO						
PIROXICAM CAPSULE	FELDENE						
SULINDAC TABLET	SULINDAC						
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**</b>							
APREMILAST TABLET	OTEZLA	Brand Only	Preferred Drug			PA Required	
APREMILAST TAB THER PACK	OTEZLA	Brand Only	Preferred Drug			PA Required	
<b>PYRIMIDINE SYNTHESIS INHIBITORS**</b>							
LEFLUNOMIDE TABLET	ARAVA						
<b>SELECTIVE COSTIMULATION MODULATORS**</b>							
ABATACEPT SOLN AUTO-INJ	ORENCIA CLICKJECT					PA Required	
ABATACEPT SOLN PREF SYR	ORENCIA					PA Required	
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS**</b>							
ETANERCEPT SOLN AUTO-INJ	ENBREL SURECLICK		Preferred Drug			PA Required	
ETANERCEPT SOLN CARTRIDGE	ENBREL MINI		Preferred Drug			PA Required	
ETANERCEPT SOLUTION	ENBREL		Preferred Drug			PA Required	
ETANERCEPT SOLUTION RECONSTITUTED	ENBREL		Preferred Drug			PA Required	
ETANERCEPT SOLN PREF SYR	ENBREL		Preferred Drug			PA Required	
<b>ANALGESICS - NONNARCOTIC*</b>							
<b>ANALGESIC COMBINATIONS**</b>							
BUTALBITAL-ACETAMINOPHEN-CAFFEINE TABLET	BAC					120	30
<b>ANALGESICS OTHER**</b>							
ACETAMINOPHEN CAPSULE	TYLENOL						
ACETAMINOPHEN TABLET CHEWABLE	MAPAP CHILDRENS						
ACETAMINOPHEN ELIXIR	MEDI-TABS CHILDRENS						
	LITTLE REMEDIES FOR FEVERS						
ACETAMINOPHEN LIQUID	FEVER/PAIN RELIEVER CHILDRENS						
ACETAMINOPHEN SOLUTION	OFIRMEV						
ACETAMINOPHEN SUPPOSITORY	FEVERALL INFANTS						
ACETAMINOPHEN SUSPENSION	PANADOL CHILDRENS						
	TRIAMINIC FEVER REDUCER PAIN						
ACETAMINOPHEN SYRUP	RELIEVER INFANTS						
ACETAMINOPHEN TABLET	PHARBETOL						
ACETAMINOPHEN TABLET ER	MIDOL						
ACETAMINOPHEN TABLET DISINTEGRATING	CHILDRENS ACETAMINOPHEN						
<b>SALICYLATES**</b>							
ASPIRIN TABLET CHEWABLE	BAYER CHEWABLE LOW DOSE						
ASPIRIN SUPPOSITORY	ASPIRIN						
ASPIRIN TABLET	BAYER ASPIRIN						
ASPIRIN TABLET ENTERIC COATED	BAYER ASPIRIN EC LOW DOSE						

DIFLUNISAL TABLET	DIFLUNISAL						
SALSALATE TABLET	SALSALATE						
<b>ANALGESICS - OPIOID*</b>							
<b>OPIOID AGONISTS**</b>							
<b>FENTANYL PATCH 72 HR (12MCG, 25MCG, 50MCG, 75MCG, 100MCG)</b>	<b>DURAGESIC</b>		<b>Preferred Drug</b>	<b>PA Required</b>			
HYDROMORPHONE HCL LIQUID	DILAUDID			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
HYDROMORPHONE HCL SUPPOSITORY	HYDROMORPHONE HCL			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
HYDROMORPHONE HCL TABLET	DILAUDID			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
MEPERIDINE HCL TABLET	MEPERIDINE HCL			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
MORPHINE SULFATE SOLUTION	MORPHINE SULFATE			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
MORPHINE SULFATE SUPPOSITORY	MORPHINE SULFATE			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
MORPHINE SULFATE TABLET	MORPHINE SULFATE			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
<b>MORPHINE SULFATE TABLET ER</b>	<b>MS CONTIN</b>		<b>Preferred Drug</b>	<b>PA Required</b>			
<b>OXYCODONE CAP 12HR DETER</b>	<b>XTAMPZA ER</b>		<b>Preferred Drug</b>	<b>PA Required</b>			
OXYCODONE HCL CAPSULE	OXYCODONE HCL			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE HCL CONCENTRATE	OXYCODONE HYDROCHLORIDE			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE HCL SOLUTION	OXYCODONE HYDROCHLORIDE			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE HCL TABLET	OXAYDO			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
TRAMADOL HCL TABLET	ULTRAM			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
<b>TRAMADOL HCL TABLET ER 24HR</b>	<b>TRAMADOL HCL ER</b>		<b>Preferred Drug</b>	<b>PA Required</b>			
<b>OPIOID COMBINATIONS**</b>							
ACETAMINOPHEN W/ CODEINE SOLUTION	ACETAMINOPHEN/CODEINE			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
ACETAMINOPHEN W/ CODEINE TABLET	TYLENOL/CODEINE #4			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
BUTALBITAL-ACETAMINOPHEN-CAFFEINE W/ CODEINE CAPSULE	FIORICET/CODEINE			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
BUTALBITAL-ASPIRIN-CAFFEINE W/COD CAPSULE	ASCOMP/CODEINE			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			

HYDROCODONE-ACETAMINOPHEN ELIXIR	LORTAB			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
HYDROCODONE-ACETAMINOPHEN SOLUTION	HYDROCODONE BITARTRATE/ACETAMINOPHEN			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
HYDROCODONE-ACETAMINOPHEN TABLET	HYDROCODONE BITARTRATE/ACETAMINOPHEN			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
HYDROCODONE-IBUPROFEN TABLET	HYDROCODONE/IBUPROFEN			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE W/ ACETAMINOPHEN SOLUTION	PROLATE			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE W/ ACETAMINOPHEN TABLET	ENDOCET			PA Required for > 2 Different Short Acting Opioid Medications in a 30-day time period.			
<b>OPIOID PARTIAL AGONISTS**</b>							
BUPRENORPHINE VARIOUS	VARIOUS			<p>PA Required unless the member is pregnant or nursing.</p> <p>The prescriber must note the following ICD-10 codes on the prescription:</p> <ol style="list-style-type: none"> <li>009.91- Supervision of high risk pregnancy, 1st Trimester.</li> <li>009.92- Supervision of high risk pregnancy, 2nd Trimester.</li> <li>009.93- Supervision of high risk pregnancy, 3rd Trimester.</li> <li>009.91- Supervision of high risk pregnancy- use for Postpartum Nursing Mothers.</li> </ol> <p>The first digit of the diagnosis code is the Letter - O and the second is a Zero - 0</p>			
BUPRENORPHINE HCL TAB SUBLINGUAL	BUPRENORPHINE HCL			PA Required			
BUPRENORPHINE PATCH WEEKLY	BUTRANS	Brand Only	Preferred Drug	PA Required			
BUPRENORPHINE SOLN PREF SYR	SUBLOCADE		Preferred Drug	PA Required			
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM	SUBOXONE	Brand Only	Preferred Drug				
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE TAB SUBLINGUAL	ZUBSOLV	GENERIC FORMULATIONS ONLY	Preferred Drug				
METHADONE	VARIOUS			Only available at an Opioid Treatment Program (OTP) provider.			
<b>ANDROGENS-ANABOLIC*</b>							
<b>ANDROGENS**</b>							
DANAZOL CAPSULE	DANAZOL						
TESTOSTERONE CYPIONATE KIT	TESTONE CIK			PA Required			
TESTOSTERONE CYPIONATE SOLUTION	DEPO-TESTOSTERONE			PA Required			
TESTOSTERONE ENANTHATE SOLUTION	TESTOSTERONE ENANTHATE			PA Required			
TESTOSTERONE GEL	ANDROGEL/TESTOSTERONE (AG)			PA Required			
TESTOSTERONE PATCH 24 HR	ANDRODERM			PA Required			
<b>ANORECTAL AND RELATED PRODUCTS*</b>							
<b>INTRARECTAL STEROIDS**</b>							
HYDROCORTISONE (INTRARECTAL) ENEMA	CORTENEMA						
HYDROCORTISONE ACETATE (INTRARECTAL) FOAM	CORTIFOAM						
<b>RECTAL STEROIDS**</b>							
HYDROCORTISONE (RECTAL) CREAM	PROCTO-PAK						

<b>ANTACIDS*</b>							
<b>ANTACID COMBINATIONS**</b>							
ALUM & MAG HYDROX-SIMETHICONE LIQUID	MAG-AL PLUS						
ALUM & MAG HYDROX-SIMETHICONE SUSPENSION	GNP MASANTI REGULAR STRENGTH						
<b>ANTACIDS - BICARBONATE**</b>							
SODIUM BICARBONATE (ANTACID) POWDER	SODIUM BICARBONATE						
SODIUM BICARBONATE (ANTACID) TABLET	SODIUM BICARBONATE						
<b>ANTACIDS - CALCIUM SALTS**</b>							
CALCIUM CARBONATE (ANTACID) TABLET CHEWABLE	MAALOX CHILDRENS						
CALCIUM CARBONATE (ANTACID) LIQUID	CVS ANTACID CHILDRENS						
CALCIUM CARBONATE (ANTACID) TABLET	CALCIUM CARBONATE						
<b>ANTACIDS - MAGNESIUM SALTS**</b>							
MAGNESIUM OXIDE TABLET	MAOX						
<b>ANTHELMINTICS*</b>							
<b>ANTHELMINTICS**</b>							
ALBENDAZOLE TABLET	ALBENZA			PA Required			
IVERMECTIN TABLET	STROMECTOL			PA Required			
MEBENDAZOLE TABLET CHEWABLE	EMVERM			PA Required			
PRAZIQUANTEL TABLET	BILTRICIDE						
<b>ANTIANGINAL AGENTS*</b>							
<b>ANTIANGINALS-OTHER**</b>							
RANOLAZINE TABLET ER 12HR	RANEXA			PA Required			
<b>NITRATES**</b>							
ISOSORBIDE DINITRATE TABLET	ISORDIL TITRADOSE						
ISOSORBIDE MONONITRATE TABLET	ISOSORBIDE MONONITRATE						
ISOSORBIDE MONONITRATE TABLET ER 24HR	ISOSORBIDE MONONITRATE ER						
NITROGLYCERIN CAPSULE ER	NITRO-TIME						
NITROGLYCERIN OINTMENT	NITRO-BID						
NITROGLYCERIN PATCH 24 HR	MINITRAN						
NITROGLYCERIN TAB SUBLINGUAL	NITROSTAT						
<b>ANTIAXIETY AGENTS*</b>							
<b>ANTIAXIETY AGENTS - MISC.**</b>							
BUSPIRONE HCL TABLET (5MG, 7.5MG, 10MG, 15MG)	BUSPIRONE HCL			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	120.00	30.00	
BUSPIRONE HCL TABLET (30 MG)	BUSPIRONE HCL			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	60.00	30.00	
HYDROXYZINE HCL SYRUP	HYDROXYZINE HCL				300	30	
HYDROXYZINE HCL TABLET	HYDROXYZINE HYDROCHLORIDE				240	30	
HYDROXYZINE PAMOATE CAPSULE	VISTARIL				120	30	
<b>BENZODIAZEPINES**</b>							
ALPRAZOLAM CONCENTRATE (1 MG/ML)	ALPRAZOLAM INTENSOL			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	60.00	15.00	
ALPRAZOLAM TABLET DISINTEGRATING (0.25 MG, 0.5MG, 1MG)	ALPRAZOLAM ODT			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	120.00	30.00	
ALPRAZOLAM TABLET DISINTEGRATING (2 MG)	ALPRAZOLAM ODT			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	60.00	30.00	
ALPRAZOLAM TABLET (0.25 MG, 0.5MG, 1MG)	XANAX			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	120.00	30.00	
ALPRAZOLAM TABLET (2 MG)	XANAX			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	60.00	30.00	
ALPRAZOLAM TABLET ER 24HR (0.5 MG, 1MG, 2MG, 3MG)	XANAX XR			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	30.00	30.00	
CHLORDIAZEPOXIDE HCL CAPSULE	CHLORDIAZEPOXIDE HCL			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	60	30	
CLORAZEPATE DIPOTASSIUM TABLET (15 MG)	TRANXENE T			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	60.00	30.00	
CLORAZEPATE DIPOTASSIUM TABLET (3.75 MG, 7.5MG)	TRANXENE T			PA Required for > 1 Anxiolytic Medication in a 30-day time period.	120.00	30.00	

DIAZEPAM CONCENTRATE (5 MG/ML)	DIAZEPAM INTENSOL			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		60.00	30.00
DIAZEPAM SOLUTION (1 MG/ML)	DIAZEPAM			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		300.00	30.00
DIAZEPAM TABLET (2MG, 5MG, 10 MG)	VALIUM			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		120.00	30.00
LORAZEPAM CONCENTRATE (2 MG/ML)	LORAZEPAM INTENSOL			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		60.00	30.00
LORAZEPAM TABLET (0.5 MG, 1MG)	ATIVAN			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		120.00	30.00
LORAZEPAM TABLET (2 MG)	ATIVAN			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		60.00	30.00
OXAZEPAM CAPSULE (10 MG, 15MG, 30MG)	OXAZEPAM			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		60.00	30.00
<b>ANTIARRHYTHMICS*</b>							
<b>ANTIARRHYTHMICS TYPE I-A**</b>							
DISOPYRAMIDE PHOSPHATE CAPSULE	NORPACE						
DISOPYRAMIDE PHOSPHATE CAPSULE ER 12 HR	NORPACE CR						
QUINIDINE GLUCONATE TABLET ER	QUINIDINE GLUCONATE CR						
QUINIDINE SULFATE TABLET	QUINIDINE SULFATE						
<b>ANTIARRHYTHMICS TYPE I-B**</b>							
MEXILETINE HCL CAPSULE	MEXILETINE HCL						
<b>ANTIARRHYTHMICS TYPE I-C**</b>							
FLECAINIDE ACETATE TABLET	FLECAINIDE ACETATE						
PROPAFENONE HCL CAPSULE ER 12 HR	RYTHMOL SR						
PROPAFENONE HCL TABLET	PROPAFENONE HCL						
<b>ANTIARRHYTHMICS TYPE III**</b>							
AMIODARONE HCL TABLET (100MG & 200MG)	PACERONE						
DOFETILIDE CAPSULE	TIKOSYN				PA Required		
DRONEDARONE HCL TABLET	MULTAQ				PA Required		
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS*</b>							
<b>ANTI-INFLAMMATORY AGENTS**</b>							
CROMOLYN SODIUM NEBULIZATION SOLUTION	CROMOLYN SODIUM						
<b>BRONCHODILATORS - ANTICHOLINERGICS**</b>							
ACLIDINIUM BROMIDE ARSL PWDR-BREATH ACTIVATE	TUDORZA PRESSAIR		Preferred Drug				
IPRATROPIUM BROMIDE HFA AEROSOL SOLUTION	ATROVENT HFA		Preferred Drug				
IPRATROPIUM BROMIDE SOLUTION	IPRATROPIUM BROMIDE		Preferred Drug				
TIOTROPIUM BROMIDE MONOHYDRATE AEROSOL SOLUTION	SPIRIVA AEROSOL		Preferred Drug				
TIOTROPIUM BROMIDE MONOHYDRATE CAPSULE	SPIRIVA HANDIHALER	Brand Only	Preferred Drug				
<b>LEUKOTRIENE MODULATORS**</b>							
MONTELUKAST SODIUM TABLET CHEWABLE	SINGULAIR					30	30
MONTELUKAST SODIUM PACKET	SINGULAIR				PA Required for > 4 Years of Age		
MONTELUKAST SODIUM TABLET	SINGULAIR					30	30
<b>STEROID INHALANTS**</b>							
BECLOMETHASONE DIPROPIONATE	QVAR REDHALER	Brand Only	Preferred Drug				
BUDESONIDE (INHALATION) ARSL PWDR-BREATH ACTIVATE	PULMICORT FLEXHALER	Brand Only	Preferred Drug				
BUDESONIDE (INHALATION) SUSPENSION	PULMICORT	Brand Only	Preferred Drug	PA Required for > 4 Years of Age			
FLUTICASONE FUROATE	ARNUIITY ELLIPTA	Brand Only	Preferred Drug				
FLUTISAONE PROPIONATE HFA (AG)	FLOVENT HFA	AUTHORIZED GENERIC ONLY	Preferred Drug				
FLUTICASONE PROPIONATE (INHALATION) ARSL PWDR-BREATH ACTIVATE	FLOVENT DISKUS	AUTHORIZED GENERIC ONLY	Preferred Drug				
MOMETASONE FUROATE HFA	ASMANEX HFA	Brand Only	Preferred Drug				
MOMETASONE FUROATE (INHALATION) ARSL PWDR-BREATH ACTIVATE	ASMANEX TWISTHALER	Brand Only	Preferred Drug				
<b>SYMPATHOMIMETICS**</b>							
ALBUTEROL SULFATE AEROSOL SOLUTION	ALBUTEROL HFA (PROVENTIL) (AG) (INHALATION)	NDC 00254100752 NDC 00781729685	Preferred Albuterol NDCs				
ALBUTEROL SULFATE NEBULIZATION SOLUTION	ALBUTEROL SULFATE						

ALBUTEROL SULFATE SYRUP	ALBUTEROL SULFATE						
BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL	SYMBICORT	Brand Only	Preferred Drug				
FLUTICASONE-SALMETEROL ARSL PWDR-BREATH ACTIVATE	ADVAIR DISKUS	Brand Only	Preferred Drug				
FLUTICASONE-SALMETEROL AEROSOL	ADVAIR HFA	Brand Only	Preferred Drug				
IPRATROPIUM-ALBUTEROL AEROSOL SOLUTION	COMBIVENT RESPIMAT		Preferred Drug				
IPRATROPIUM-ALBUTEROL SOLUTION	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE		Preferred Drug				
MOMETASONE FUROATE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL	DULERA	Brand Only	Preferred Drug				
SALMETEROL XINAFOATE ARSL PWDR-BREATH ACTIVATE	SEREVENT DISKUS		Preferred Drug	PA Required			
TIOTROPIUM BROMIDE-OLODATEROL HCL AEROSOL SOLUTION	STIOLTO RESPIMAT		Preferred Drug	PA Required		1	30
UMECLIDINIUM-VILANTEROL ARSL PWDR-BREATH ACTIVATE	ANORO ELLIPTA		Preferred Drug	PA Required		1	30
<b>XANTHINES**</b>							
THEOPHYLLINE CAPSULE ER 24 HR	THEO-24						
THEOPHYLLINE ELIXIR	ELIXOPHYLLIN						
THEOPHYLLINE SOLUTION	THEOPHYLLINE						
THEOPHYLLINE TABLET ER 12HR	THEOPHYLLINE CR						
THEOPHYLLINE TABLET ER 24HR	THEOPHYLLINE ER						
<b>ANTICOAGULANTS*</b>							
<b>COUMARIN ANTICOAGULANTS**</b>							
WARFARIN SODIUM TABLET	JANTOVEN						
<b>DIRECT FACTOR XA INHIBITORS**</b>							
APIXABAN TABLET	ELIQUIS	Brand Only	Preferred Drug			60	30
APIXABAN TAB THER PACK	ELIQUIS STARTER PACK	Brand Only	Preferred Drug			74	365
RIVAROXABAN TABLET	XARELTO	Brand Only	Preferred Drug			60	30
RIVAROXABAN TAB THER PACK	XARELTO STARTER PACK	Brand Only	Preferred Drug			51	30
<b>HEPARINS AND HEPARINOID-LIKE AGENTS**</b>							
ENOXAPARIN SODIUM SOLUTION	LOVENOX		Preferred Drug			60	30
ENOXAPARIN SODIUM SOLN PREF SYR	LOVENOX		Preferred Drug			60	30
HEPARIN (PORCINE) IN SODIUM CHLORIDE SOLUTION	HEPARIN SODIUM/SODIUM CHLORIDE 0.9% PREMIX						
HEPARIN SOD (PORCINE) IN D5W SOLUTION	HEPARIN SODIUM/D5W						
HEPARIN SODIUM (PORCINE) SOLUTION	HEPARIN SODIUM						
<b>THROMBIN INHIBITORS**</b>							
DABIGATRAN ETEXILATE MESYLATE CAPSULE	PRADAXA	Brand Only	Preferred Drug			60	30
<b>ANTICONVULSANTS*</b>							
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS**</b>							
PERAMPANEL TABLET	FYCOMPA			PA Required			
PERAMPANEL SUSPENSION	FYCOMPA			PA Required			
<b>ANTICONVULSANTS - BENZODIAZEPINES**</b>							
CLOBAZAM SUSPENSION	ONFI			PA Required			
CLOBAZAM TABLET	ONFI			PA Required			
CLONAZEPAM TABLET (0.5MG, 1.0MG)	KLONOPIN			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		120.00	30.00
CLONAZEPAM TABLET (2MG)	KLONOPIN			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		60.00	30.00
CLONAZEPAM TABLET DISINTEGRATING (0.125MG, 0.25MG, 0.5MG, 1MG)	CLONAZEPAM ODT			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		120.00	30.00
CLONAZEPAM TABLET DISINTEGRATING (2MG)	CLONAZEPAM ODT			PA Required for > 1 Anxiolytic Medication in a 30-day time period.		60.00	30.00
DIAZEPAM (ANTICONVULSANT) GEL	DIASAT PEDIATRIC					2	30
DIAZEPAM (ANTICONVULSANT) LIQUID	VALTOCO					2	30
DIAZEPAM (ANTICONVULSANT) LIQD THER PACK	VALTOCO					2	30
MIDAZOLAM (ANTICONVULSANT) SOLUTION	NAYZILAM					2	30
<b>ANTICONVULSANTS - MISC.**</b>							
CANNABIDIOL SOLUTION	EPIDIOLEX			PA Required			
CARBAMAZEPINE TABLET CHEWABLE	CARBAMAZEPINE						
CARBAMAZEPINE CAPSULE ER 12 HR	CARBATROL						
CARBAMAZEPINE SUSPENSION	TEGRETOL						

CARBAMAZEPINE TABLET	EPITOL						
CARBAMAZEPINE TABLET ER 12HR	TEGRETOL-XR						
GABAPENTIN CAPSULE	NEURONTIN						
GABAPENTIN SOLUTION	NEURONTIN						
GABAPENTIN TABLET	NEURONTIN						
LACOSAMIDE SOLUTION	VIMPAT				PA Required		
LACOSAMIDE TABLET	VIMPAT				PA Required		
LAMOTRIGINE TABLET CHEWABLE	LAMICTAL CHEWABLE DISPERSIBLE						
LAMOTRIGINE TABLET	SUBVENITE						
LAMOTRIGINE TABLET ER 24HR	LAMICTAL XR						
LAMOTRIGINE TABLET DISINTEGRATING	LAMICTAL ODT						
LEVETIRACETAM SOLUTION	KEPPRA						
LEVETIRACETAM TABLET	ROWEEPRA						
LEVETIRACETAM TABLET ER 24HR	KEPPRA XR						
OXCARBAZEPINE SUSPENSION	TRILEPTAL	Brand Only					
OXCARBAZEPINE TABLET	TRILEPTAL						
PREGABALIN CAPSULE (25MG, 50MG, 75MG, 100MG, 150MG, 200MG)	LYRICA					90.00	30.00
PREGABALIN CAPSULE (225MG, 300MG)	LYRICA					60.00	30.00
PREGABALIN SOLUTION	LYRICA					900	30
PRIMIDONE TABLET (20MG, 250MG)	MYSOLINE						
RUFINAMIDE SUSPENSION	BANZEL	Brand Only			PA Required		
RUFINAMIDE TABLET	BANZEL				PA Required		
TOPIRAMATE CAPSULE ER 24 HR	TROKENDI XR	Brand Only			PA Required		
TOPIRAMATE CAPSULE SPRINKLE	TOPAMAX SPRINKLE						
TOPIRAMATE CP24 SPRINKLE	QUDEXY XR				PA Required		
TOPIRAMATE TABLET	TOPAMAX						
ZONISAMIDE CAPSULE	ZONEGRAN						
<b>CARBAMATES**</b>							
CENOBAAMATE TABLET	XCOPRI				PA Required		
CENOBAAMATE TAB THER PACK	XCOPRI				PA Required		
FELBAMATE SUSPENSION	FELBATOL						
FELBAMATE TABLET	FELBATOL						
<b>GABA MODULATORS**</b>							
TIAGABINE HCL TABLET	GABITRIL				PA Required		
<b>HYDANTOINS**</b>							
PHENYTOIN TABLET CHEWABLE	DILANTIN CHEWABLES						
PHENYTOIN SODIUM EXTENDED CAPSULE	DILANTIN/PHENYTEK ER						
PHENYTOIN SUSPENSION	DILANTIN-125						
<b>SUCCINIMIDES**</b>							
ETHOSUXIMIDE CAPSULE	ZARONTIN						
ETHOSUXIMIDE SOLUTION	ZARONTIN						
<b>METHSUXIMIDE CAPSULE</b>	<b>CELONTIN</b>	<b>Brand Only</b>					
<b>VALPROIC ACID**</b>							
DIVALPROEX SODIUM CAP DR SPRINKLE	DEPAKOTE SPRINKLES						
DIVALPROEX SODIUM TABLET ER 24HR	DEPAKOTE ER						
DIVALPROEX SODIUM TABLET ENTERIC COATED	DEPAKOTE						
VALPROATE SODIUM SOLUTION	VALPROATE SODIUM						
VALPROIC ACID CAPSULE	VALPROIC ACID						
<b>ANTIDEPRESSANTS*</b>							
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**</b>							
MIRTAZAPINE TABLET	REMERON				PA Required for Ages < 6 years	30	30
MIRTAZAPINE TABLET DISINTEGRATING	REMERON SOLTAB				PA Required for Ages < 6 years	30	30
<b>ANTIDEPRESSANTS - MISC.**</b>							
BUPROPION HCL TABLET	BUPROPION HCL				PA Required for Ages < 6 years	120	30
BUPROPION HCL TABLET ER 12HR	WELLBUTRIN SR				PA Required for Ages < 6 years	60	30
BUPROPION HCL TABLET ER 24HR (150MG & 300MG)	WELLBUTRIN XL				PA Required for Ages < 6 years	30	30
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS**</b>							



ESKETAMINE HCL SOLN THER PACK	SPRAVATO			PA Required		
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**</b>						
CITALOPRAM HYDROBROMIDE SOLUTION	CITALOPRAM HYDROBROMIDE			PA Required for Ages < 6 years and for > the age of 12 years of age	600	30
CITALOPRAM HYDROBROMIDE TABLET (10MG)	CELEXA			PA Required for Ages < 6 years	60.00	30.00
CITALOPRAM HYDROBROMIDE TABLET (20MG, 40MG)	CELEXA			PA Required for Ages < 6 years	30.00	30.00
ESCITALOPRAM OXALATE TABLET (5MG)	LEXAPRO			PA Required for Ages < 6 years	60.00	30.00
ESCITALOPRAM OXALATE TABLET (10MG, 20MG)	LEXAPRO			PA Required for Ages < 6 years	30.00	30.00
FLUOXETINE HCL CAPSULE (10MG, 40MG)	PROZAC			PA Required for Ages < 6 years	60.00	30.00
FLUOXETINE HCL CAPSULE (20MG)	PROZAC			PA Required for Ages < 6 years	120.00	30.00
FLUOXETINE HCL SOLUTION	FLUOXETINE HCL			PA Required for Ages < 6 years and for > the age of 12 years of age	600	30
FLUVOXAMINE MALEATE TABLET (25MG)	LUVOX			PA Required for Ages < 6 years	60.00	30.00
FLUVOXAMINE MALEATE TABLET (50MG)	LUVOX			PA Required for Ages < 6 years	180.00	30.00
FLUVOXAMINE MALEATE TABLET (100MG)	LUVOX			PA Required for Ages < 6 years	90.00	30.00
PAROXETINE HCL TABLET (10MG, 20MG, 30MG)	PAXIL			PA Required for Ages < 6 years	30.00	30.00
PAROXETINE HCL TABLET (40MG)	PAXIL			PA Required for Ages < 6 years	45.00	30.00
SERTRALINE HCL CONCENTRATE	ZOLOFT			PA Required for Ages < 6 years and for > the age of 12 years of age	300	30
SERTRALINE HCL TABLET (25MG)	ZOLOFT			PA Required for Ages < 6 years	90.00	30.00
SERTRALINE HCL TABLET (50MG)	ZOLOFT			PA Required for Ages < 6 years	120.00	30.00
SERTRALINE HCL TABLET (100MG)	ZOLOFT			PA Required for Ages < 6 years	60.00	30.00
<b>SEROTONIN MODULATORS**</b>						
TRAZODONE HCL TABLET (50MG)	TRAZODONE HYDROCHLORIDE			PA Required for Ages < 6 years	90.00	30.00
TRAZODONE HCL TABLET (100MG)	TRAZODONE HYDROCHLORIDE			PA Required for Ages < 6 years	120.00	30.00
TRAZODONE HCL TABLET (150MG)	TRAZODONE HYDROCHLORIDE			PA Required for Ages < 6 years	60.00	30.00
TRAZODONE HCL TABLET (300MG)	TRAZODONE HYDROCHLORIDE			PA Required for Ages < 6 years	30.00	30.00
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)**</b>						
DULOXETINE HCL CAPSULE DR PART (20MG, 30MG)	CYMBALTA			PA Required for Ages < 6 years	120.00	30.00
DULOXETINE HCL CAPSULE DR PART(60MG)	CYMBALTA			PA Required for Ages < 6 years	60.00	30.00
VENLAFAXINE HCL CAPSULE ER 24 HR - CAPSULE ONLY (37.5MG, 75MG)	EFFEXOR XR			PA Required for Ages < 6 years	90.00	30.00
VENLAFAXINE HCL CAPSULE ER 24 HR - CAPSULE ONLY (150MG)	EFFEXOR XR			PA Required for Ages < 6 years	30.00	30.00
VENLAFAXINE HCL TABLET - IMMEDIATE RELEASE ONLY - TABLET ONLY (25MG)	VENLAFAXINE HYDROCHLORIDE			PA Required for Ages < 6 years	120.00	30.00
VENLAFAXINE HCL TABLET - IMMEDIATE RELEASE ONLY - TABLET ONLY (37.5MG, 50MG)	VENLAFAXINE HYDROCHLORIDE			PA Required for Ages < 6 years	90.00	30.00
VENLAFAXINE HCL TABLET - IMMEDIATE RELEASE ONLY - TABLET ONLY (75MG)	VENLAFAXINE HYDROCHLORIDE			PA Required for Ages < 6 years	150.00	30.00
VENLAFAXINE HCL TABLET - IMMEDIATE RELEASE ONLY - TABLET ONLY (100MG)	VENLAFAXINE HYDROCHLORIDE			PA Required for Ages < 6 years	90.00	30.00
<b>TRICYCLIC AGENTS**</b>						
AMITRIPTYLINE HCL TABLET	AMITRIPTYLINE HYDROCHLORIDE			PA Required for Ages < 6 years		
AMOXAPINE TABLET	AMOXAPINE			PA Required for Ages < 6 years		
CLOMIPRAMINE HCL CAPSULE	ANAFRANIL			PA Required for Ages < 6 years		
DESIPRAMINE HCL TABLET	NORPRAMIN			PA Required for Ages < 6 years		
DOXEPIN HCL CAPSULE	DOXEPIN HCL			PA Required for Ages < 6 years	90	30
DOXEPIN HCL CONCENTRATE	DOXEPIN HCL			PA Required for Ages < 6 years	180	30
IMIPRAMINE HCL TABLET	IMIPRAMINE HCL			PA Required for Ages < 6 years		
IMIPRAMINE PAMOATE CAPSULE	IMIPRAMINE PAMOATE			PA Required for Ages < 6 years	30	30
NORTRIPTYLINE HCL CAPSULE	PAMELOR			PA Required for Ages < 6 years		
NORTRIPTYLINE HCL SOLUTION	NORTRIPTYLINE HCL			PA Required for Ages < 6 years		
PROTRIPTYLINE HCL TABLET	PROTRIPTYLINE HCL			PA Required for Ages < 6 years		
TRIMIPRAMINE MALEATE CAPSULE	TRIMIPRAMINE MALEATE			PA Required for Ages < 6 years		
TRIMIPRAMINE MALEATE POWDER	TRIMIPRAMINE MALEATE			PA Required for < 6 years of age		
<b>ANTIDIABETICS*</b>						
<b>ALPHA-GLUCOSIDASE INHIBITORS**</b>						
ACARBOSE TABLET	PRECOSE					
<b>ANTIDIABETIC - AMYLIN ANALOGS**</b>						

PRAMLINTIDE ACETATE SOLN PEN-INJ ANTIDIABETIC COMBINATIONS**	SYMLINPEN 60		Preferred Drug	PA Required			
ALOGLIPTIN-METFORMIN HCL TABLET	KAZANO	Brand Only	Preferred Drug		Step Through Metformin		
ALOGLIPTIN-PIOGLITAZONE TABLET	OSENI	Brand Only	Preferred Drug		Step Through Metformin		
CANAGLIFLOZIN-METFORMIN HCL TABLET	INVOKAMET	Brand Only	Preferred Drug		Step Through Metformin		
DAPAGLIFLOZIN PROPANEDIOL-METFORMIN HCL TABLET ER 24HR	XIGDUO XR	Brand Only	Preferred Drug		Step Through Metformin		
EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN TABLET ER 24HR	TRIJARDY XR	Brand Only	Preferred Drug		Step Through Metformin		
EMPAGLIFLOZIN-METFORMIN HCL TABLET	SYNJARDY	Brand Only	Preferred Drug		Step Through Metformin		
GLYBURIDE-METFORMIN TABLET	GLYBURIDE/METFORMIN HYDROCHLORIDE		Preferred Drug				
LINAGLIPTIN-METFORMIN HCL TABLET	JENTADUETO	Brand Only	Preferred Drug		Step Through Metformin		
LINAGLIPTIN-METFORMIN HCL TABLET ER 24HR	JENTADUETO XR	Brand Only	Preferred Drug		Step Through Metformin		
PIOGLITAZONE HCL-METFORMIN HCL TABLET	ACTOPLUS MET		Preferred Drug				
SAXAGLIPTIN-METFORMIN HCL TABLET ER 24HR	KOMBIGLYZE XR	Brand Only	Preferred Drug		Step Through Metformin		
SITAGLIPTIN-METFORMIN HCL TABLET	JANUMET	Brand Only	Preferred Drug		Step Through Metformin		
SITAGLIPTIN-METFORMIN HCL TABLET ER 24HR	JANUMET XR	Brand Only	Preferred Drug		Step Through Metformin		
BIGUANIDES**							
METFORMIN HCL TABLET	METFORMIN HYDROCHLORIDE						
METFORMIN HCL TABLET ER 24HR (GENERIC OF GLUCOPHAGE XR ONLY-500MG, 750MG)	Various GENERIC OF GLUCOPHAGE XR ONLY-500MG & 750MG			PA Required for Osmotic and Modified Release Products			
DIABETIC OTHER**							
DASIGLUCAGON HCL SOLN AUTO-INJ	ZEGALOGUE		Preferred Drug			2	30
DIAZOXIDE SUSPENSION	PROGLYCEM	Brand Only	Preferred Drug				
GLUCAGON SOLUTION	GVOKE KIT		Preferred Drug			2	30
GLUCAGON (RDNA) KIT	GLUCAGON EMERGENCY KIT (BY AMPHASTAR)		Preferred Drug			2	30
GLUCAGON HCL (RDNA) SOLUTION RECONSTITUTED	GLUCAGEN HYPOKIT		Preferred Drug			2	30
GLUCAGON SOLN AUTO-INJ	GVOKE HYPOPEN 1-PACK		Preferred Drug			2	30
GLUCAGON SOLN PREF SYR	GVOKE PFS		Preferred Drug			2	30
MIFEPRISTONE (HYPERGLYCEMIA) TABLET	KORLYM			PA Required			
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS**							
ALOGLIPTIN BENZOATE TABLET	NESINA	Brand Only	Preferred Drug		Step Through Metformin		
LINAGLIPTIN TABLET	TRADJENTA	Brand Only	Preferred Drug		Step Through Metformin		
SAXAGLIPTIN HCL TABLET	ONGLYZA	Brand Only	Preferred Drug		Step Through Metformin		
SITAGLIPTIN PHOSPHATE TABLET	JANUVIA	Brand Only	Preferred Drug		Step Through Metformin		
INCRETIN MIMETIC AGENTS**							
DULAGLUTIDE SOLN PEN-INJ	TRULICITY		Preferred Drug	PA Required			
EXENATIDE SOLN PEN-INJ	BYETTA		Preferred Drug	PA Required			
LIRAGLUTIDE SOLN PEN-INJ	VICTOZA		Preferred Drug	PA Required			
INSULIN SENSITIZING AGENTS**							
PIOGLITAZONE HCL TABLET	ACTOS						
INSULIN**							
INSULIN ASPART PROTAMINE & ASPART (HUMAN) SUSP PEN-INJ (70/30)	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	Authorized Generic Only	Preferred Drug				
INSULIN ASPART PROTAMINE & ASPART (HUMAN) SUSPENSION (70/30)	NOVOLOG MIX 70/30	Authorized Generic Only	Preferred Drug				
INSULIN ASPART SOLN CARTRIDGE	NOVOLOG PENFILL	Authorized Generic Only	Preferred Drug				
INSULIN ASPART SOLUTION	NOVOLOG	Authorized Generic Only	Preferred Drug				
INSULIN ASPART SOLN PEN-INJ	NOVOLOG FLEXPEN	Authorized Generic Only	Preferred Drug				
INSULIN DETEMIR SOLUTION	LEVEMIR	Brand Only	Preferred Drug				
INSULIN DETEMIR SOLN PEN-INJ	LEVEMIR FLEXPEN	Brand Only	Preferred Drug				
INSULIN GLARGINE SOLUTION	LANTUS	Brand Only	Preferred Drug				
INSULIN GLARGINE SOLN PEN-INJ	LANTUS SOLOSTAR	Brand Only	Preferred Drug				
INSULIN LISPRO PROTAMINE & LISPRO SUSP PEN-INJ (50/50), (75/25)	HUMALOG MIX 50/50 KWIKPEN, HUMALOG MIX 75/25 KWIKPEN		Preferred Drug				

INSULIN LISPRO PROTAMINE & LISPRO SUSPENSION (50/50), (75/25)	HUMALOG MIX 50/50, HUMALOG MIX 75/25	Brand Only	Preferred Drug				
INSULIN LISPRO SOLN CARTRIDGE	HUMALOG	Brand Only	Preferred Drug				
INSULIN LISPRO SOLUTION	HUMALOG	Authorized Generic Only	Preferred Drug				
INSULIN LISPRO SOLN PEN-INJ (100/ML)	HUMALOG JUNIOR KWIKPEN, HUMALOG KWIKPEN INJ 100/ML	Authorized Generic Only	Preferred Drug				
INSULIN NPH (HUMAN) (ISOPHANE) SUSPENSION	NOVOLIN N	Brand Only	Preferred Drug				
INSULIN NPH ISOPHANE & REG (HUMAN) SUSP PEN-INJ	HUMULIN 70/30 KWIKPEN						
INSULIN NPH ISOPHANE & REG (HUMAN) SUSPENSION	HUMULIN 70/30, NOVOLIN 70/30, HUMULIN 70/30 KWIKPEN	Brand Only	Preferred Drug				
INSULIN REGULAR (HUMAN) SOLUTION	NOVOLIN R, HUMULIN R U-500 (CONCENTRATED)	Brand Only	Preferred Drug				
INSULIN REGULAR (HUMAN) SOLN PEN-INJ	HUMULIN R U-500 KWIKPEN	Brand Only	Preferred Drug	PA Required			
<b>MEGLITINIDE ANALOGUES**</b>							
NATEGLINIDE TABLET	STARLIX						
REPAGLINIDE TABLET	REPAGLINIDE						
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**</b>							
CANAGLIFLOZIN TABLET	INVOKANA		Preferred Drug			Step Through Metformin	
DAPAGLIFLOZIN PROPANEDIOL TABLET	FARXIGA		Preferred Drug			Step Through Metformin	
EMPAGLIFLOZIN TABLET	JARDIANCE		Preferred Drug			Step Through Metformin	
<b>SULFONYLUREAS**</b>							
GLIMEPIRIDE TABLET	AMARYL						
GLIPIZIDE TABLET	GLUCOTROL						
GLIPIZIDE TABLET ER 24HR	GLUCOTROL XL						
GLYBURIDE MICRONIZED TABLET	GLYNASE						
GLYBURIDE TABLET	GLYBURIDE						
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS*</b>							
<b>ANTIPERISTALTIC AGENTS**</b>							
DIPHENOXYLATE W/ ATROPINE LIQUID	DIPHENOXYLATE/ATROPINE						
DIPHENOXYLATE W/ ATROPINE TABLET	LOMOTIL						
LOPERAMIDE HCL CAPSULE	IMODIUM A-D						
LOPERAMIDE HCL LIQUID	IMODIUM A-D						
LOPERAMIDE HCL SOLUTION	IMODIUM A-D						
LOPERAMIDE HCL SUSPENSION	LOPERAMIDE HCL						
LOPERAMIDE HCL TABLET	IMODIUM A-D						
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS*</b>							
<b>OPIOID ANTAGONISTS**</b>							
NALOXONE HCL LIQUID (4mg, 8mg)	NARCAN/KLOXXADO NASAL SPRAY		Preferred Drug			2.00	1.00
NALOXONE HCL SOLN CARTRIDGE	NALOXONE HYDROCHLORIDE		Preferred Drug				
NALOXONE HCL SOLUTION	NALOXONE HYDROCHLORIDE		Preferred Drug				
NALOXONE HCL SOLN PREF SYR	NALOXONE HYDROCHLORIDE		Preferred Drug				
NALTREXONE HCL TABLET	NALTREXONE HCL		Preferred Drug				
NALTREXONE SUSPENSION RECONSTITUTED	VIVITROL		Preferred Drug				
<b>ANTIEMETICS*</b>							
<b>5-HT3 RECEPTOR ANTAGONISTS**</b>							
DOLASETRON MESYLATE TABLET	ANZEMET			PA Required			
GRANISETRON HCL SOLUTION	GRANISETRON HCL			PA Required			
GRANISETRON HCL TABLET	GRANISETRON HYDROCHLORIDE			PA Required			
ONDANSETRON HCL SOLUTION	ONDANSETRON HYDROCHLORIDE				300	30	
ONDANSETRON HCL SOLN PREF SYR	ONDANSETRON HYDROCHLORIDE						
ONDANSETRON HCL TABLET	ZOFRAN				60	30	
ONDANSETRON TABLET DISINTEGRATING	ONDANSETRON ODT				60	30	
<b>ANTIEMETICS - ANTICHOLINERGIC**</b>							
MECLIZINE HCL TABLET CHEWABLE	DRAMAMINE MOTION SICKNESS LESS DROWSY						
MECLIZINE HCL TABLET	WAL-DRAM II						
TRIMETHOBENZAMIDE HCL CAPSULE	TIGAN						

TRIMETHOBENZAMIDE HCL SOLUTION	TIGAN						
<b>ANTIEMETICS - MISCELLANEOUS**</b>							
DOXYLAMINE-PYRIDOXINE TABLET ENTERIC COATED	DICLEGIS						
DRONABINOL CAPSULE	MARINOL			PA Required			
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS**</b>							
APREPITANT CAPSULE	EMEND				6	21	
APREPITANT MISCELLANEOUS	APREPITANT				6	21	
<b>ANTIFUNGALS*</b>							
<b>ANTIFUNGALS**</b>							
GRISEOFULVIN MICROSIZE SUSPENSION	GRISEOFULVIN MICROSIZE						
GRISEOFULVIN MICROSIZE TABLET	GRISEOFULVIN MICROSIZE						
NYSTATIN TABLET	NYSTATIN						
TERBINAFINE HCL TABLET	TERBINAFINE HCL				90	365	
<b>IMIDAZOLE-RELATED ANTIFUNGALS**</b>							
FLUCONAZOLE SUSPENSION RECONSTITUTED	DIFLUCAN				600	30	
FLUCONAZOLE TABLET	DIFLUCAN				60	30	
VORICONAZOLE SUSPENSION RECONSTITUTED	VFEND	Brand Only		PA Required			
<b>ANTIHISTAMINES*</b>							
<b>ANTIHISTAMINES - ALKYLAMINES**</b>							
CHLORPHENIRAMINE MALEATE TABLET	WAL-FINATE						
DEXCHLORPHENIRAMINE MALEATE SOLUTION	RYCLORA						
<b>ANTIHISTAMINES - ETHANOLAMINES**</b>							
CLEMASTINE FUMARATE SYRUP	CLEMASTINE FUMARATE						
CLEMASTINE FUMARATE TABLET	DAYHIST ALLERGY 12 HOUR RELIEF						
DIPHENHYDRAMINE HCL CAPSULE	WAL-DRYL ALLERGY						
DIPHENHYDRAMINE HCL TABLET CHEWABLE	BENADRYL ALLERGY CHILDRENS						
DIPHENHYDRAMINE HCL ELIXIR	DIPHENHYDRAMINE HCL						
DIPHENHYDRAMINE HCL LIQUID	WAL-DRYL ALLERGY CHILDRENS						
DIPHENHYDRAMINE HCL SOLUTION	DIPHENHYDRAMINE HCL						
DIPHENHYDRAMINE HCL SUSPENSION RECONSTITUTED	DICOPANOL FUSEPAQ						
DIPHENHYDRAMINE HCL TABLET	WAL-DRYL ALLERGY						
DIPHENHYDRAMINE HCL TABLET DISINTEGRATING	WAL-DRYL ALLERGY RELIEF CHILDRENS						
<b>ANTIHISTAMINES - NON-SEDATING**</b>							
CETIRIZINE HCL CAPSULE	WAL-ZYR				30	30	
CETIRIZINE HCL TABLET CHEWABLE	ZYRTEC CHILDRENS ALLERGY				30	30	
CETIRIZINE HCL SOLUTION	WAL-ZYR CHILDRENS				150	30	
CETIRIZINE HCL SYRUP	ZYRTEC CHILDRENS ALLERGY				150	30	
CETIRIZINE HCL TABLET	KLS ALLER-TEC				30	30	
CETIRIZINE HCL TABLET DISINTEGRATING	ZYRTEC ALLERGY CHILDRENS				30	30	
FEXOFENADINE HCL SUSPENSION	ALLEGRA ALLERGY CHILDRENS				150	30	
FEXOFENADINE HCL TABLET	WAL-FEX ALLERGY 12 HOUR				30	30	
FEXOFENADINE HCL TABLET DISINTEGRATING	ALLEGRA ALLERGY CHILDRENS				30	30	
LORATADINE CAPSULE	CLARITIN				30	30	
LORATADINE TABLET CHEWABLE	WAL-ITIN ALLERGY CHILDRENS				30	30	
LORATADINE SOLUTION	WAL-ITIN				150	30	
LORATADINE SYRUP	CHILDRENS LORATADINE				150	30	
LORATADINE TABLET	WAL-ITIN				30	30	
LORATADINE TABLET DISINTEGRATING	CLARITIN REDITABS				30	30	
<b>ANTIHISTAMINES - PHENOTHIAZINES**</b>							
PROMETHAZINE HCL SOLUTION	PHENERGAN						
PROMETHAZINE HCL SUPPOSITORY	PROMETHEGAN						
PROMETHAZINE HCL SYRUP	PROMETHAZINE HCL PLAIN						
PROMETHAZINE HCL TABLET	PROMETHAZINE HYDROCHLORIDE						
<b>ANTIHISTAMINES - PIPERIDINES**</b>							
CYPROHEPTADINE HCL SYRUP	CYPROHEPTADINE HCL						
CYPROHEPTADINE HCL TABLET	CYPROHEPTADINE HYDROCHLORIDE						
<b>ANTHYPERLIPIDEMICS*</b>							

<b>BILE ACID SEQUESTRANTS**</b>							
CHOLESTYRAMINE LIGHT PACKET	PREVALITE						
CHOLESTYRAMINE LIGHT POWDER	PREVALITE						
CHOLESTYRAMINE PACKET	QUESTRAN						
CHOLESTYRAMINE POWDER	QUESTRAN						
COLESTIPOL HCL TABLET	COLESTID						
<b>FIBRIC ACID DERIVATIVES**</b>							
FENOFIBRATE MICRONIZED CAPSULE (67MG, 134MG, 200MG)	ANTARA						
FENOFIBRATE TABLET (48MG, 54MG, 145MG, 160MG)	FENOGLIDE						
GEMFIBROZIL TABLET	LOPID						
<b>HMG COA REDUCTASE INHIBITORS**</b>							
ATORVASTATIN CALCIUM TABLET	LIPITOR					30	30
LOVASTATIN TABLET	LOVASTATIN					30	30
PRAVASTATIN SODIUM TABLET	PRAVASTATIN SODIUM					30	30
ROSUVASTATIN CALCIUM TABLET	CRESTOR					30	30
SIMVASTATIN TABLET	ZOCOR					30	30
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS**</b>							
EZETIMIBE TABLET	ZETIA						
<b>NICOTINIC ACID DERIVATIVES**</b>							
NIACIN (ANTHYPERLIPIDEMIC) TABLET	NIACOR						
<b>ANTIHYPERTENSIVES*</b>							
<b>ACE INHIBITORS**</b>							
BENAZEPRIL HCL TABLET	LOTENSIN						
CAPTAPRIL TABLET	CAPTAPRIL						
ENALAPRIL MALEATE SOLUTION	EPANED						
ENALAPRIL MALEATE TABLET	VASOTEC						
FOSINOPRIL SODIUM TABLET	FOSINOPRIL SODIUM						
LISINOPRIL TABLET	ZESTRIL						
MOEXIPRIL HCL TABLET	MOEXIPRIL HCL						
PERINDOPRIL ERBUMINE TABLET	PERINDOPRIL ERBUMINE						
QUINAPRIL HCL TABLET	ACCUPRIL						
RAMIPRIL CAPSULE	ALTACE						
TRANDOLAPRIL TABLET	TRANDOLAPRIL						
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS**</b>							
IRBESARTAN TABLET	AVAPRO						
LOSARTAN POTASSIUM TABLET	COZAAR						
OLMESARTAN MEDOXOMIL TABLET	BENICAR						
VALSARTAN SOLUTION	VALSARTAN				PA Required for > 7 Years Old		
VALSARTAN TABLET	DIOVAN						
<b>ANTIADRENERGIC ANTIHYPERTENSIVES**</b>							
CLONIDINE HCL TABLET	CLONIDINE HYDROCHLORIDE				PA Required for Ages < 6 years		
CLONIDINE PATCH WEEKLY	CATAPRES-TTS-1				PA Required for < 6 years of age	4	30
DOXAZOSIN MESYLATE TABLET	CARDURA						
GUANFACINE HCL TABLET	GUANFACINE HCL				PA Required for Ages < 6 years		
METHYLDOPA TABLET	METHYLDOPA						
PRAZOSIN HCL CAPSULE	MINIPRESS						
TERAZOSIN HCL CAPSULE	TERAZOSIN HCL						
<b>ANTIHYPERTENSIVE COMBINATIONS**</b>							
ATENOLOL & CHLORTHALIDONE TABLET	TENORETIC 50						
BENAZEPRIL & HYDROCHLOROTHIAZIDE TABLET	LOTENSIN HCT						
BISOPROLOL & HYDROCHLOROTHIAZIDE TABLET	ZIAC						
CAPTAPRIL & HYDROCHLOROTHIAZIDE TABLET	CAPTAPRIL/HYDROCHLOROTHIAZIDE						
ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TABLET	VASERETIC						
FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TABLET	FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE						
LISINOPRIL & HYDROCHLOROTHIAZIDE TABLET	ZESTORETIC						
LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TABLET	HYZAAR						

METOPROLOL & HYDROCHLOROTHIAZIDE TABLET	METOPROLOL/HYDROCHLOROTHIAZIDE						
OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TABLET	BENICAR HCT						
QUINAPRIL-HYDROCHLOROTHIAZIDE TABLET	ACCURETIC						
VALSARTAN-HYDROCHLOROTHIAZIDE TABLET	DIOVAN HCT						
<b>DIRECT RENIN INHIBITORS**</b>							
ALISKIREN FUMARATE TABLET	TEKTURNA				PA Required		
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)**</b>							
EPLERENONE TABLET	INSPRA				PA Required		
<b>VASODILATORS**</b>							
HYDRALAZINE HCL TABLET	HYDRALAZINE HCL						
MINOXIDIL TABLET	MINOXIDIL						
<b>ANTI-INFECTIVE AGENTS - MISC.*</b>							
<b>ANTI-INFECTIVE AGENTS - MISC.**</b>							
METRONIDAZOLE CAPSULE (250MG, 500MG)	FLAGYL						
METRONIDAZOLE SOLUTION	METRONIDAZOLE						
METRONIDAZOLE TABLET	FLAGYL						
PENTAMIDINE ISETHIONATE SOLUTION RECONSTITUTED	PENTAM 300						
RIFAXIMIN TABLET	XIFAXAN						
TINIDAZOLE TABLET	TINIDAZOLE						
TRIMETHOPRIM TABLET	TRIMETHOPRIM						
<b>ANTI-INFECTIVE MISC. - COMBINATIONS**</b>							
SULFAMETHOXAZOLE-TRIMETHOPRIM SOLUTION	SULFAMETHOXAZOLE/TRIMETHOPRIM						
SULFAMETHOXAZOLE-TRIMETHOPRIM SUSPENSION	SULFATRIM PEDIATRIC						
SULFAMETHOXAZOLE-TRIMETHOPRIM TABLET	BACTRIM						
<b>CARBAPENEMS**</b>							
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						
<b>CHLORAMPHENICOLS**</b>							
CHLORAMPHENICOL SODIUM SUCCINATE SOLUTION RECONSTITUTED	CHLORAMPHENICOL SODIUM SUCCINATE						
<b>CYCLIC LIPOPEPTIDES**</b>							
DAPTOMYCIN SOLUTION RECONSTITUTED	CUBICIN						
DAPTOMYCIN-SODIUM CHLORIDE SOLUTION	DAPTOMYCIN-SODIUM CHLORIDE						
<b>GLYCOPEPTIDES**</b>							
DALBAVANCIN HCL SOLUTION RECONSTITUTED	DALVANCE						
ORITAVANCIN DIPHOSPHATE SOLUTION RECONSTITUTED	ORBACTIV						
TELAVANCIN HCL SOLUTION RECONSTITUTED	VIBATIV						
<b>VANCOMYCIN HCL CAPSULE</b>	<b>VANCOCIN</b>				PA Required		
VANCOMYCIN HCL SOLUTION	VANCOMYCIN HCL (IV)						
VANCOMYCIN HCL SOLUTION RECONSTITUTED	VANCOCIN HCL (IV)						
VANCOMYCIN HCL SOLUTION RECONSTITUTED	FIRVANQ (ORAL)				PA Required		
VANCOMYCIN HCL-DEXTROSE SOLUTION	VANCOMYCIN HYDROCHLORIDE/DEXTROSE						
VANCOMYCIN HCL-SODIUM CHLORIDE SOLUTION	VANCOMYCIN						
<b>LEPROSTATICS**</b>							
DAPSONE TABLET	DAPSONE						
<b>LINCOSAMIDES**</b>							
CLINDAMYCIN HCL CAPSULE	CLEOCIN						
CLINDAMYCIN PALMITATE HYDROCHLORIDE SOLUTION RECONSTITUTED	CLEOCIN PEDIATRIC GRANULES						
CLINDAMYCIN PHOSPHATE IN D5W SOLUTION	CLINDAMYCIN PHOSPHATE IN D5W						
CLINDAMYCIN PHOSPHATE IN NACL SOLUTION	CLINDAMYCIN/SODIUM CHLORIDE						

CLINDAMYCIN PHOSPHATE SOLUTION	CLEOCIN PHOSPHATE					
LINCOMYCIN HCL SOLUTION	LINCOCIN					
<b>MONOBACTAMS**</b>						
AZTREONAM SOLUTION RECONSTITUTED	AZACTAM					
<b>OXAZOLIDINONES**</b>						
LINEZOLID IN SODIUM CHLORIDE SOLUTION	LINEZOLID					
LINEZOLID SOLUTION	ZYVOX					
LINEZOLID SUSPENSION RECONSTITUTED	ZYVOX				PA Required	
LINEZOLID TABLET	ZYVOX				PA Required	
TEDIZOLID PHOSPHATE SOLUTION RECONSTITUTED	SIVEXTRO					
<b>POLYMYXINS**</b>						
COLISTIMETHATE SODIUM SOLUTION RECONSTITUTED	COLY-MYCIN M					
POLYMYXIN B SULFATE SOLUTION RECONSTITUTED	POLYMYXIN B SULFATE					
<b>STREPTOGRAMINS**</b>						
QUINUPRISTIN-DALFOPRISTIN SOLUTION RECONSTITUTED	SYNERCID					
<b>URINARY ANTI-INFECTIVES**</b>						
NITROFURANTOIN MACROCRYSTAL CAPSULE	MACRODANTIN					
NITROFURANTOIN MONOHD MACRO CAPSULE	MACROBID					
NITROFURANTOIN SUSPENSION	NITROFURANTOIN					
<b>ANTIMALARIALS*</b>						
<b>ANTIMALARIAL COMBINATIONS**</b>						
ARTEMETHER-LUMEFANTRINE TABLET	COARTEM					
ATOVAQUONE-PROGUANIL HCL TABLET	MALARONE					
<b>ANTIMALARIALS**</b>						
CHLOROQUINE PHOSPHATE TABLET	CHLOROQUINE PHOSPHATE					
HYDROXYCHLOROQUINE SULFATE TABLET	PLAQUENIL					
PRIMAQUINE PHOSPHATE TABLET	PRIMAQUINE PHOSPHATE					
PYRIMETHAMINE TABLET	DARAPRIM					
QUININE SULFATE CAPSULE	QUALAQUIN					
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS*</b>						
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS**</b>						
PYRIDOSTIGMINE BROMIDE SOLUTION	<b>MESTINON</b>					
PYRIDOSTIGMINE BROMIDE TABLET	MESTINON					
PYRIDOSTIGMINE BROMIDE TABLET ER	MESTINON TIMESPAN					
<b>ANTIMYCOBACTERIAL AGENTS*</b>						
<b>ANTIMYCOBACTERIAL AGENTS**</b>						
CAPREOMYCIN SULFATE SOLUTION RECONSTITUTED	CAPASTAT SULFATE					
ETHAMBUTOL HCL TABLET	MYAMBUTOL					
ISONIAZID SOLUTION	ISONIAZID					
ISONIAZID SYRUP	ISONIAZID					
ISONIAZID TABLET	ISONIAZID					
PYRAZINAMIDE TABLET	PYRAZINAMIDE					
RIFAMPIN CAPSULE	RIFAMPIN					
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b>						
<b>ALKYLATING AGENTS**</b>						
CYCLOPHOSPHAMIDE CAPSULE	CYCLOPHOSPHAMIDE					
CYCLOPHOSPHAMIDE TABLET	CYCLOPHOSPHAMIDE					
LOMUSTINE CAPSULE	GLEOSTINE					
MELPHALAN TABLET	ALKERAN	Brand Only			PA Required	
TEMOZOLOMIDE CAPSULE	TEMODAR				PA Required	
<b>ANTIMETABOLITES**</b>						
MERCAPTOPYRINE TABLET	MERCAPTOPYRINE					
METHOTREXATE SODIUM TABLET	TREXALL					
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS**</b>						
AXITINIB TABLET	INLYTA				PA Required	
BEVACIZUMAB-AWWB SOLUTION	MVASI				PA Required	
BEVACIZUMAB-BVZR SOLUTION	ZIRABEV				PA Required	
<b>ANTINEOPLASTIC - ANTIBODIES**</b>						
RITUXIMAB-ABBS SOLUTION	TRUXIMA				PA Required	

RITUXIMAB-ARRX SOLUTION	RIABNI			PA Required		
RITUXIMAB-PVVR SOLUTION	RUXIENCE			PA Required		
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS**</b>						
TRASTUZUMAB-ANNS SOLUTION RECONSTITUTED	KANJINTI			PA Required		
TRASTUZUMAB-DKST SOLUTION RECONSTITUTED	OGIVRI			PA Required		
TRASTUZUMAB-PKRB SOLUTION RECONSTITUTED	HERZUMA			PA Required		
TRASTUZUMAB-QYYP SOLUTION RECONSTITUTED	TRAZIMERA			PA Required		
<b>ANTINEOPLASTIC - EGFR INHIBITORS**</b>						
ERLOTINIB HCL TABLET	TARCEVA			PA Required		
GEFITINIB TABLET	IRESSA			PA Required		
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS**</b>						
VISMODEGIB CAPSULE	ERIVEDGE			PA Required		
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS**</b>						
ABIRATERONE ACETATE MICRONIZED TABLET	YONSA			PA Required		
ABIRATERONE ACETATE TABLET	ZYTIGA			PA Required		
ANASTROZOLE TABLET	ARIMIDEX			PA Required		
BICALUTAMIDE TABLET	CASODEX					
DEGARELIX ACETATE SOLUTION RECONSTITUTED	FIRMAGON			PA Required		
ESTRAMUSTINE PHOSPHATE SODIUM CAPSULE	EMCYT			PA Required		
EXEMESTANE TABLET	AROMASIN			PA Required		
FLUTAMIDE CAPSULE	EULEXIN					
LETROZOLE TABLET	FEMARA			PA Required		
LEUPROLIDE ACETATE (3 MONTH) INJECTABLE	LEUPROLIDE ACETATE			PA Required		
LEUPROLIDE ACETATE (3 MONTH) KIT	LUPRON DEPOT (3-MONTH)			PA Required		
LEUPROLIDE ACETATE (4 MONTH) KIT	LUPRON DEPOT (4-MONTH)			PA Required		
LEUPROLIDE ACETATE (6 MONTH) KIT	ELIGARD			PA Required		
LEUPROLIDE ACETATE KIT	LUPRON DEPOT (1-MONTH)			PA Required		
MEGESTROL ACETATE SUSPENSION	MEGESTROL ACETATE					
MEGESTROL ACETATE TABLET	MEGESTROL ACETATE					
MITOTANE TABLET	LYSODREN					
NILUTAMIDE TABLET	NILANDRON				60	30
TAMOXIFEN CITRATE SOLUTION	SOLTAMOX					
TAMOXIFEN CITRATE TABLET	TAMOXIFEN CITRATE					
TOREMIFENE CITRATE TABLET	FARESTON			PA Required		
<b>ANTINEOPLASTIC ENZYME INHIBITORS**</b>						
ALECTINIB HCL CAPSULE	ALECENSA			PA Required		
COBIMETINIB FUMARATE TABLET	COTELLIC			PA Required		
CRIZOTINIB CAPSULE	XALKORI			PA Required		
DASATINIB TABLET	SPRYCEL			PA Required		
EVEROLIMUS TABLET	AFINITOR			PA Required		
EVEROLIMUS TABLET SOLUBLE	AFINITOR DISPERZ			PA Required		
IBRUTINIB CAPSULE	IMBRUVICA			PA Required		
IBRUTINIB SUSPENSION	IMBRUVICA			PA Required		
IBRUTINIB TABLET	IMBRUVICA			PA Required		
IMATINIB MESYLATE TABLET	GLEEVEC	Brand Only		PA Required		
LAPATINIB DITOSYLATE TABLET	TYKERB			PA Required		
NILOTINIB HCL CAPSULE	TASIGNA			PA Required		
PAZOPANIB HCL TABLET	VOTRIENT			PA Required		
RUXOLITINIB PHOSPHATE TABLET	JAKAFI			PA Required		
SORAFENIB TOSYLATE TABLET	NEXAVAR			PA Required		
SUNITINIB MALATE CAPSULE	SUTENT			PA Required		
VANDETANIB TABLET	CAPRELSA			PA Required		
VEMURAFENIB TABLET	ZELBORAF			PA Required		
VORINOSTAT CAPSULE	ZOLINZA			PA Required		
<b>ANTINEOPLASTICS MISC.**</b>						
BEXAROTENE CAPSULE	TARGRETIN			PA Required		
HYDROXYUREA CAPSULE	HYDREA					
INTERFERON ALFA-2B SOLUTION RECONSTITUTED	INTRON A			PA Required		
INTERFERON ALFA-N3 SOLUTION	ALFERON N			PA Required		



INTERFERON GAMMA-1B SOLUTION	ACTIMMUNE			PA Required			
PROCARBAZINE HCL CAPSULE	MATULANE						
TRETINOIN (CHEMOTHERAPY) CAPSULE	TRETINOIN			PA Required For > 26 Years of Age			
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS**</b>							
LEUCOVORIN CALCIUM TABLET	LEUCOVORIN CALCIUM						
<b>MITOTIC INHIBITORS**</b>							
ETOPOSIDE CAPSULE	ETOPOSIDE						
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS*</b>							
<b>ANTIPARKINSON ANTICHOLINERGICS**</b>							
BENZTROPINE MESYLATE TABLET	BENZTROPINE MESYLATE						
TRIHEXYPHENIDYL HCL SOLUTION	TRIHEXYPHENIDYL HCL						
TRIHEXYPHENIDYL HCL TABLET	TRIHEXYPHENIDYL HYDROCHLORIDE						
<b>ANTIPARKINSON COMT INHIBITORS**</b>							
ENTACAPONE TABLET	COMTAN						
<b>ANTIPARKINSON DOPAMINERGICS**</b>							
AMANTADINE HCL CAPSULE	AMANTADINE HCL						
AMANTADINE HCL SOLUTION	AMANTADINE HCL						
BROMOCRIPTINE MESYLATE CAPSULE	PARLODEL						
BROMOCRIPTINE MESYLATE TABLET	PARLODEL						
CARBIDOPA-LEVODOPA TABLET	SINEMET						
CARBIDOPA-LEVODOPA TABLET ER	CARBIDOPA/LEVODOPA ER						
PRAMIPEXOLE DIHYDROCHLORIDE TABLET	MIRAPEX						
ROPINIROLE HYDROCHLORIDE TABLET	ROPINIROLE HYDROCHLORIDE						
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS*</b>							
<b>ANTIMANIC AGENTS**</b>							
LITHIUM CARBONATE CAPSULE	LITHIUM CARBONATE			Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration			
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			
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			
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			
<b>ANTIPSYCHOTICS - MISC.**</b>							
LURASIDONE HCL TABLET	LATUDA		Preferred Drug	PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		30	30

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.	60	30
BENZISOXAZOLES**						
PALIPERIDONE PALMITATE SUSP PREF SYR (1,092 MG/3.5ML)	INVEGA HAFYE		Preferred Drug	PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	3.5	170
PALIPERIDONE PALMITATE SUSP PREF SYR (1,560 MG/5ML)	INVEGA HAFYE		Preferred Drug	PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	5	170
PALIPERIDONE PALMITATE SUSP PREF SYR (39 MG/0.25ML)	INVEGA SUSTENNA		Preferred Drug	PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	0.25	30
PALIPERIDONE PALMITATE SUSP PREF SYR (78 MG/0.5ML)	INVEGA SUSTENNA		Preferred Drug	PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	0.5	30
PALIPERIDONE PALMITATE SUSP PREF SYR (117 MG/0.75ML)	INVEGA SUSTENNA		Preferred Drug	PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	0.75	30
PALIPERIDONE PALMITATE SUSP PREF SYR (156 MG/ML)	INVEGA SUSTENNA		Preferred Drug	PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	1	30
PALIPERIDONE PALMITATE SUSP PREF SYR (234 MG/1.5ML)	INVEGA SUSTENNA		Preferred Drug	PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	1.5	30
PALIPERIDONE PALMITATE SUSP PREF SYR (273 MG/0.88ML)	INVEGA TRINZA		Preferred Drug	PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	0.88	84

PALIPERIDONE PALMITATE SUSP PEF SYR (410 MG/1.32ML)	INVEGA TRINZA		Preferred Drug	PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	1.32	84
PALIPERIDONE PALMITATE SUSP PEF SYR (546 MG/1.75ML)	INVEGA TRINZA		Preferred Drug	PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	1.75	84
PALIPERIDONE PALMITATE SUSP PEF SYR (819 MG/2.63ML)	INVEGA TRINZA		Preferred Drug	PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	2.63	84
RISPERIDONE MICROSPHERES SUSP RECONSTITUTED ER	RISPERDAL CONSTA		Preferred Drug	PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	2	30
RISPERIDONE PREFILLED SYR	PERSERIS		Preferred Drug	PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	2	30
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.	240	30
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.	60	30
RISPERIDONE TABLET DISINTEGRATING BUTYROPHENONES**	RISPERIDONE ODT		Preferred Drug	PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	60	30
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.			
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.			
<b>DIBENZAPINES**</b>							
CLOZAPINE TABLET	CLOZARIL		Preferred Drug	PA Required for Ages < 18 years Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	150	30	
CLOZAPINE TABLET DISINTEGRATING	CLOZAPINE ODT		Preferred Drug	PA Required for Ages < 18 years Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	150	30	
LOXAPINE SUCCINATE CAPSULE	LOXAPINE SUCCINATE			PA Required for < 12 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.			
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.	30	30	
OLANZAPINE TABLET DISINTEGRATING (5MG, 10MG)	ZYPREXA ZYDIS		Preferred Drug	PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	60.00	30.00	
OLANZAPINE TABLET DISINTEGRATING (15MG, 20MG)	ZYPREXA ZYDIS		Preferred Drug	PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	30.00	30.00	
QUETIAPINE FUMARATE TABLET	SEROQUEL		Preferred Drug	PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	60	30	
<b>DIHYDROINDOLONES**</b>							
MOLINDONE HCL TABLET	MOLINDONE HYDROCHLORIDE			PA Required for < 12 years of age			
<b>PHENOTHIAZINES**</b>							

CHLORPROMAZINE HCL CONCENTRATE	CHLORPROMAZINE HYDROCHLORIDE			PA Required			
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.			
FLUPHENAZINE DECANOATE SOLUTION	FLUPHENAZINE DECANOATE			PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.			
FLUPHENAZINE HCL CONCENTRATE	FLUPHENAZINE HCL			PA Required for < 12 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.			
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.			
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.			
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.			
PROCHLORPERAZINE MALEATE TABLET	PROCHLORPERAZINE MALEATE						
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.			
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.			
<b>QUINOLINONE DERIVATIVES**</b>							

ARIPRAZOLE LAUROXIL PREFILLED SYR (441 MG/1.6ML)	ARISTADA		Preferred Drug	PA Required for Ages < 18 years Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	1.6	30
ARIPRAZOLE LAUROXIL PREFILLED SYR (662 MG/2.4ML)	ARISTADA		Preferred Drug	PA Required for Ages < 18 years Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	2.4	30
ARIPRAZOLE LAUROXIL PREFILLED SYR (882 MG/3.2ML)	ARISTADA		Preferred Drug	PA Required for Ages < 18 years Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	3.2	30
ARIPRAZOLE LAUROXIL PREFILLED SYR (1064 MG/3.9ML)	ARISTADA		Preferred Drug	PA Required for Ages < 18 years Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	3.9	60
ARIPRAZOLE LAUROXIL PREFILLED SYR	ARISTADA INITIO		Preferred Drug	PA Required for Ages < 18 years Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	2	365
ARIPRAZOLE PREFILLED SYR	ABILIFY MAINTENA		Preferred Drug	PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	1	30
ARIPRAZOLE SUSP RECONSTITUTED ER	ABILIFY MAINTENA		Preferred Drug	PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	1	30
ARIPRAZOLE PREFILLED SYR (720 MG/2.4ML)	ABILIFY ASIMTUFII		Preferred Drug	PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	2.4	60
ARIPRAZOLE PREFILLED SYR (960 MG/3.2ML)	ABILIFY ASIMTUFII		Preferred Drug	PA Required for < 18 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.	3.2	60

ARIPIRAZOLE TABLET	ABILIFY		Preferred Drug	PA Required for < 6 years of age, Prior Authorization is not required when prescribed by a psychiatric clinician, a behavioral pediatrician or other prescribers as approved by the FFS Administration.		30	30
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.			
<b>ANTIVIRALS*</b>							
<b>ANTIRETROVIRALS**</b>							
ABACAVIR SULFATE SOLUTION	ZIAGEN						
ABACAVIR SULFATE TABLET	ZIAGEN						
ABACAVIR SULFATE-LAMIVUDINE TABLET	EPZICOM						
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLET	TRIUMEQ					30	30
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TABLET SOLUBLE	TRIUMEQ PD					180	30
ATAZANAVIR SULFATE CAPSULE	REYATAZ						
ATAZANAVIR SULFATE PACKET	REYATAZ						
ATAZANAVIR SULFATE-COBICISTAT TABLET	EVOTAZ						
BICTEGRAVIR-EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLET	BIKTARVY					30	30
COBICISTAT TABLET	TYBOST					30	30
DARUNAVIR SUSPENSION	PREZISTA	Brand Only					
DARUNAVIR TABLET	PREZISTA	Brand Only					
DARUNAVIR-COBICISTAT TABLET	PREZCOBIX						
DARUNAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLET	SYMTUZA						
DOLUTEGRAVIR SODIUM TABLET	TIVICAY						
DOLUTEGRAVIR SODIUM TABLET SOLUBLE	TIVICAY PD						
DOLUTEGRAVIR SODIUM-LAMIVUDINE TABLET	DOVATO						
DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL TABLET	JULUCA						
DORAVIRINE TABLET	PIFELTRO						
DORAVIRINE-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLET	DELSTRIGO						
EFAVIRENZ CAPSULE	SUSTIVA						
EFAVIRENZ TABLET	SUSTIVA						
EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLET	EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE						
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TABLET	SYMFI LO	Brand Only				30	30
ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE TABLET	GENVOYA					30	30
ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR DF TABLET	STRIBILD						
EMTRICITABINE CAPSULE	EMTRIVA						
EMTRICITABINE SOLUTION	EMTRIVA						
EMTRICITABINE-RILPIVIRINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLET	ODEFSEY					30	30
EMTRICITABINE-RILPIVIRINE-TENOFOVIR DISOPROXIL FUMARATE TABLET	COMPLERA						
EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TABLET	DESCOVY					30	30
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABLET	TRUVADA						
ENFUVRTIDE SOLUTION RECONSTITUTED	FUZEON			PA Required		1	30
ETRAVIRINE TABLET	INTELENCE						
FOSAMPRENAVIR CALCIUM SUSPENSION	LEXIVA						

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



MOLNUPIRAVIR CAPSULE	LAGEVRIO			Minimum Patient Age of 18 Years		80	365
REMEDSIVIR SOLUTION	VEKLURY			PA Required < 28 days and > 17 Years Old			
REMEDSIVIR SOLUTION RECONSTITUTED	VEKLURY			PA Required < 28 days and > 17 Years Old			
TECOVIRIMAT CAPSULE	TPOXX						
<b>BETA BLOCKERS*</b>							
<b>ALPHA-BETA BLOCKERS**</b>							
CARVEDILOL TABLET	COREG						
LABETALOL HCL TABLET	LABETALOL HYDROCHLORIDE						
<b>BETA BLOCKERS CARDIO-SELECTIVE**</b>							
ATENOLOL TABLET	TENORMIN						
BISOPROLOL FUMARATE TABLET	BISOPROLOL FUMARATE						
METOPROLOL SUCCINATE TABLET ER 24HR	TOPROL XL						
METOPROLOL TARTRATE TABLET	LOPRESSOR						
<b>BETA BLOCKERS NON-SELECTIVE**</b>							
NADOLOL TABLET	CORGARD			PA NOT REQUIRED FOR CHILDREN AND ADOLESCENTS UNDER 19 YEARS OF AGE			
PROPRANOLOL HCL CAPSULE ER 24 HR	INDERAL LA						
PROPRANOLOL HCL SOLUTION	HEMANGEOL						
PROPRANOLOL HCL TABLET	PROPRANOLOL HYDROCHLORIDE						
SOTALOL HCL (AFIB/AFL) TABLET	BETAPACE AF						
SOTALOL HCL TABLET	SORINE						
<b>CALCIUM CHANNEL BLOCKERS*</b>							
<b>CALCIUM CHANNEL BLOCKERS**</b>							
AMLODIPINE BENZOATE SUSPENSION	KATERZIA			PA Required for > 7 Years Old		300	30
AMLODIPINE BESYLATE TABLET	NORVASC					30	30
DILTIAZEM HCL COATED BEADS CAPSULE ER 24 HR	CARTIA XT						
DILTIAZEM HCL CAPSULE ER 12 HR	DILTIAZEM HCL ER					60	30
DILTIAZEM HCL CAPSULE ER 24 HR	DILTIAZEM HYDROCHLORIDE ER					30	30
DILTIAZEM HCL EXTENDED RELEASE BEADS CAPSULE ER 24 HR	TAZTIA XT						
DILTIAZEM HCL TABLET	CARDIZEM						
FELODIPINE TABLET ER 24HR	FELODIPINE ER						
NIFEDIPINE CAPSULE	NIFEDIPINE						
NIFEDIPINE TABLET ER 24HR	PROCARDIA XL					30	30
VERAPAMIL HCL CAPSULE ER 24 HR	VERELAN PM						
VERAPAMIL HCL TABLET	VERAPAMIL HCL					30	30
VERAPAMIL HCL TABLET ER	CALAN SR					30	30
<b>CARDIOTONICS*</b>							
<b>CARDIAC GLYCOSIDES**</b>							
DIGOXIN SOLUTION	LANOXIN PEDIATRIC						
DIGOXIN TABLET	DIGITEK						
<b>CARDIOVASCULAR AGENTS - MISC.*</b>							
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**</b>							
SACUBITRIL-VALSARTAN TABLET	ENTRESTO						
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS**</b>							
AMBRISENTAN TABLET	LETAIRIS		Preferred Drug	PA Required			
BOSENTAN TABLET (62.5MG, 125MG)	TRACLEER		Preferred Drug	PA Required			
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS**</b>							
SILDENAFIL CITRATE (PULMONARY HYPERTENSION) SUSPENSION RECONSTITUTED	REVATIO		Preferred for Under the Age of 12	PA Required For > 12 Year of Age			
SILDENAFIL CITRATE (PULMONARY HYPERTENSION) TABLET	REVATIO		Preferred Drug	PA Required			
TADALAFIL (PULMONARY HYPERTENSION) TABLET	ADCIRCA	Brand Only	Preferred Drug	PA Required			
<b>CEPHALOSPORINS*</b>							
<b>CEPHALOSPORIN COMBINATIONS**</b>							
CEFTAZIDIME-AVIBACTAM SODIUM SOLUTION RECONSTITUTED	AVYCAZ						

CEFTOLOZANE SULFATE-TAZOBACTAM SODIUM SOLUTION RECONSTITUTED	ZERBAXA						
<b>CEPHALOSPORINS - 1ST GENERATION**</b>							
CEFADROXIL CAPSULE	CEFADROXIL						
CEFADROXIL SUSPENSION RECONSTITUTED	CEFADROXIL						
CEFADROXIL TABLET	CEFADROXIL						
CEFAZOLIN SODIUM IN SODIUM CHLORIDE SOLUTION	CEFAZOLIN/SODIUM CHLORIDE						
CEFAZOLIN SODIUM SOLUTION RECONSTITUTED	CEFAZOLIN SODIUM						
CEFAZOLIN SODIUM SOLN PREF SYR	CEFAZOLIN SODIUM						
CEFAZOLIN SODIUM-DEXTROSE SOLUTION	CEFAZOLIN SODIUM						
CEFAZOLIN SODIUM-DEXTROSE SOLUTION RECONSTITUTED	CEFAZOLIN SODIUM/DEXTROSE						
CEPHALEXIN CAPSULE	KEFLEX						
CEPHALEXIN SUSPENSION RECONSTITUTED	CEPHALEXIN						
CEPHALEXIN TABLET	CEPHALEXIN						
<b>CEPHALOSPORINS - 2ND GENERATION**</b>							
CEFACLOR CAPSULE	CEFACLOR						
CEFACLOR SUSPENSION RECONSTITUTED	CEFACLOR						
CEFOTETAN DISODIUM AND DEXTROSE SOLUTION RECONSTITUTED	CEFOTETAN/DEXTROSE						
CEFOTETAN DISODIUM SOLUTION RECONSTITUTED	CEFOTAN						
CEFOXITIN SODIUM AND DEXTROSE SOLUTION RECONSTITUTED	CEFOXITIN SODIUM						
CEFOXITIN SODIUM SOLUTION RECONSTITUTED	CEFOXITIN SODIUM						
CEFPROZIL SUSPENSION RECONSTITUTED	CEFPROZIL						
CEFPROZIL TABLET	CEFPROZIL						
CEFUROXIME AXETIL TABLET	CEFUROXIME AXETIL						
CEFUROXIME SODIUM SOLUTION RECONSTITUTED	CEFUROXIME SODIUM						
<b>CEPHALOSPORINS - 3RD GENERATION**</b>							
CEFDINIR CAPSULE	CEFDINIR						
CEFDINIR SUSPENSION RECONSTITUTED	CEFDINIR						
CEFIXIME CAPSULE	SUPRAX					1	30
CEFIXIME SUSPENSION RECONSTITUTED	SUPRAX					1	30
CEFOTAXIME SODIUM SOLUTION RECONSTITUTED	CEFOTAXIME SODIUM						
CEFPODOXIME PROXETIL SUSPENSION RECONSTITUTED	CEFPODOXIME PROXETIL						
CEFPODOXIME PROXETIL TABLET	CEFPODOXIME PROXETIL						
CEFTAZIDIME SODIUM IN DEXTROSE SOLUTION	TAZICEF						
CEFTAZIDIME SOLUTION RECONSTITUTED	FORTAZ						
CEFTAZIDIME-DEXTROSE SOLUTION RECONSTITUTED	CEFTAZIDIME/DEXTROSE						
CEFTRIAXONE SODIUM AND DEXTROSE SOLUTION RECONSTITUTED	CEFTRIAXONE/DEXTROSE						
CEFTRIAXONE SODIUM IN DEXTROSE SOLUTION	CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE						
CEFTRIAXONE SODIUM SOLUTION RECONSTITUTED	CEFTRIAXONE SODIUM						
<b>CEPHALOSPORINS - 4TH GENERATION**</b>							
CEFEPIME HCL SOLUTION	CEFEPIME						
CEFEPIME HCL SOLUTION RECONSTITUTED	CEFEPIME HYDROCHLORIDE						
CEFEPIME HCL-DEXTROSE SOLUTION RECONSTITUTED	CEFEPIME/DEXTROSE						
<b>CEPHALOSPORINS - 5TH GENERATION**</b>							
CEFTAROLINE FOSAMIL SOLUTION RECONSTITUTED	TEFLARO						
<b>CONTRACEPTIVES*</b>							
<b>COMBINATION CONTRACEPTIVES - ORAL**</b>							
DESOGESTREL & ETHINYL ESTRADIOL TABLET	RECLIPSEN						
DESOGESTREL-ETHINYL ESTRADIOL (BIPHASIC) TABLET	KARIVA						
DESOGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLET	VELIVET						
DROSPIRENONE-ETHINYL ESTRADIOL TABLET	VESTURA						
ETHYNODIOL DIACET & ETH ESTRAD TABLET	KELNOR 1/35						
LEVONORGESTREL & ETH ESTRADIOL TABLET CHEWABLE	TYBLUME						
LEVONORGESTREL & ETH ESTRADIOL TABLET	ORSYTHIA						
LEVONORGESTREL-ETH ESTRADIOL (TRIPHASIC) TABLET	ENPRESSE-28						
LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY) TABLET	CAMRESE LO						

LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TABLET	AMETHYST						
NORETHIN ACET & ESTRAD-FE CAPSULE	MERZEE						
NORETHIN ACET & ESTRAD-FE TABLET CHEWABLE	FINZALA						
NORETHIN ACET & ESTRAD-FE TABLET	JUNEL FE						
NORETHINDRONE & ETH ESTRADIOL TABLET	BALZIVA						
NORETHINDRONE & ETHINYL ESTRADIOL-FE TABLET CHEWABLE	KAITLIB FE						
NORETHINDRONE ACET & ETH ESTRA TABLET	JUNEL						
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL-FE TABLET	TRI-LEGEST FE						
NORETHINDRONE-ETH ESTRADIOL (TRIPHASIC) TABLET	NORTREL 7/7/7						
NORGESTIMATE-ETHINYL ESTRADIOL (TRIPHASIC) TABLET	TRI-LO-SPRINTEC						
NORGESTIMATE-ETHINYL ESTRADIOL TABLET	SPRINTEC 28						
NORGESTREL & ETHINYL ESTRADIOL TABLET	CRYSSELLE-28						
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL**</b>							
NORELGESTROMIN-ETHINYL ESTRADIOL PATCH WEEKLY	XULANE						
<b>COMBINATION CONTRACEPTIVES - VAGINAL**</b>							
ETONOGESTREL-ETHINYL ESTRADIOL RING	NUVARING	Brand Only					
<b>COPPER CONTRACEPTIVES - IUD**</b>							
COPPER (IUD) INTRAUTERINE DEVICE	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A						
<b>EMERGENCY CONTRACEPTIVES**</b>							
LEVONORGESTREL (EMERGENCY OC) TABLET	OPTION 2						
ULIPRISTAL ACETATE TABLET	ELLA					1	5
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS**</b>							
ETONOGESTREL IMPLANT	NEXPLANON					1	2 Years
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE**</b>							
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSPENSION	DEPO-PROVERA CONTRACEPTIVE						
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSP PREF SYR	DEPO-PROVERA CONTRACEPTIVE						
<b>PROGESTIN CONTRACEPTIVES - IUD**</b>							
LEVONORGESTREL (IUD) INTRAUTERINE DEVICE	SKYLA						
<b>PROGESTIN CONTRACEPTIVES - ORAL**</b>							
NORETHINDRONE (CONTRACEPTIVE) TABLET	DEBLITANE						
<b>CORTICOSTEROIDS*</b>							
<b>GLUCOCORTICOSTEROIDS**</b>							
CORTISONE ACETATE TABLET	CORTISONE ACETATE						
DEXAMETHASONE CONCENTRATE	DEXAMETHASONE INTENSOL						
DEXAMETHASONE ELIXIR	DEXAMETHASONE						
DEXAMETHASONE SOLUTION	DEXAMETHASONE						
DEXAMETHASONE TABLET	DECADRON						
DEXAMETHASONE TAB THER PACK	HIDEX 6-DAY						
HYDROCORTISONE SOD SUCCINATE SOLUTION RECONSTITUTED	SOLU-CORTEF				PA Required		
HYDROCORTISONE TABLET	CORTEF						
METHYLPREDNISOLONE ACETATE SUSPENSION	DEPO-MEDROL				PA Required		
METHYLPREDNISOLONE SOD SUCC SOLUTION RECONSTITUTED	SOLU-MEDROL				PA Required		
METHYLPREDNISOLONE TABLET	MEDROL						
METHYLPREDNISOLONE TAB THER PACK	MEDROL DOSEPAK						
PREDNISOLONE SODIUM PHOSPHATE SOLUTION	PEDIAPRED						
PREDNISOLONE SODIUM PHOSPHATE TABLET DISINTEGRATING	ORAPRED ODT						
PREDNISOLONE SOLUTION	PREDNISOLONE						
PREDNISOLONE TABLET	MILLIPRED						
PREDNISONE CONCENTRATE	PREDNISONE INTENSOL						
PREDNISONE SOLUTION	PREDNISONE						
PREDNISONE TABLET	PREDNISONE						
PREDNISONE TABLET ENTERIC COATED	RAYOS						
PREDNISONE TAB THER PACK	PREDNISONE						
TRIAMCINOLONE ACETONIDE SUSPENSION	KENALOG-10				PA Required		
TRIAMCINOLONE DIACETATE SUSPENSION	TRIAMCINOLONE				PA Required		
TRIAMCINOLONE HEXACETONIDE SUSPENSION	HEXATRIONE						

<b>MINERALOCORTICIDS**</b>							
FLUDROCORTISONE ACETATE TABLET	FLUDROCORTISONE ACETATE						
<b>COUGH/COLD/ALLERGY*</b>							
<b>ANTITUSSIVES**</b>							
BENZONATATE CAPSULE	TESSALON PERLES						
HYDROCODONE BITARTRATE-HOMATROPINE METHYLBROMIDE SOLUTION	HYCODAN			PA Required for < 18 years of age		240	12
HYDROCODONE BITARTRATE-HOMATROPINE METHYLBROMIDE TABLET	HYCODAN			PA Required for < 18 years of age			
<b>COUGH/COLD/ALLERGY COMBINATIONS**</b>							
BROMPHENIRAMINE & PSEUDOEPH ELIXIR	WAL-TAP COLD & ALLERGY						
BROMPHENIRAMINE & PSEUDOEPH LIQUID	RYNEX PSE						
CETIRIZINE-PSEUDOEPHEDRINE TABLET ER 12HR	WAL-ZYR D					30	30
CHLORPHENIRAMINE & PSEUDOEPH LIQUID	LOHIST-D						
CHLORPHENIRAMINE & PSEUDOEPH TABLET	WAL-PHED SINUS/ALLERGY						
DEXTROMETHORPHAN-GUAIFENESIN LIQUID	VICKS DAYQUIL MUCUS CONTROL DM						
DEXTROMETHORPHAN-GUAIFENESIN SYRUP	WAL-TUSSIN COUGH & CHEST CONGESTION DM						
DEXTROMETHORPHAN-GUAIFENESIN TABLET	SB TAB TUSSIN DM						
DEXTROMETHORPHAN-GUAIFENESIN TABLET ER 12HR	MUCINEX DM						
DIPHENHYDRAMINE-PHENYLEPHRINE-ACETAMINOPHEN LIQUID	THERAFLU EXPRESSMAX SEVERE COLD & COUGH NIGHTTIME						
DIPHENHYDRAMINE-PHENYLEPHRINE-ACETAMINOPHEN PACKET	WAL-FLU SEVERE COLD & COUGH NIGHTTIME						
DIPHENHYDRAMINE-PHENYLEPHRINE-ACETAMINOPHEN TABLET	THERAFLU EXPRESSMAX SEVERE COLD & COUGH NIGHTTIME						
FEXOFENADINE-PSEUDOEPHEDRINE TABLET ER 12HR	WAL-FEX D ALLERGY & CONGESTION					30	30
FEXOFENADINE-PSEUDOEPHEDRINE TABLET ER 24HR	WAL-FEX D 24 HOUR ALLERGY& CONGESTION					30	30
GUAIFENESIN-CODEINE LIQUID	NINJACOF-XG			PA Required for < 18 years of age		240	12
GUAIFENESIN-CODEINE SOLUTION	GUAIFENESIN/CODEINE			PA Required for < 18 years of age		240	12
GUAIFENESIN-CODEINE SYRUP	GUAIFENESIN AC						
LORATADINE & PSEUDOEPHEDRINE TABLET ER 12HR	WAL-ITIN D					30	30
LORATADINE & PSEUDOEPHEDRINE TABLET ER 24HR	WAL-ITIN D 24 HOUR					30	30
PHENYLEPHRINE W/ DM-GG LIQUID	ROBITUSSIN CHILDRENS COUGH & COLD CF						
PHENYLEPHRINE W/ DM-GG SYRUP	DESPEC DM						
PHENYLEPHRINE W/ DM-GG TABLET	MUCINEX FAST-MAX SEVERE CONGESTION & COUGH						
PHENYLEPHRINE-BROMPHENIRAMINE W/ CODEINE LIQUID	M-END PE			PA Required for < 18 years of age		240	12
PHENYLEPHRINE-BROMPHENIRAMINE-DM ELIXIR	WAL-TAP DM COLD/COUGH					480	30
PHENYLEPHRINE-BROMPHENIRAMINE-DM LIQUID	DIMAPHEN DM COLD & COUGH					480	30
PHENYLEPHRINE-BROMPHENIRAMINE-DM SYRUP	LOHIST-DM					480	30
PHENYLEPHRINE-CHLORPHEN-DM LIQUID	GENCONTUSS			PA Required			
PHENYLEPHRINE-CHLORPHEN-DM SOLUTION	FATHER JOHNS MEDICINE PLUS			PA Required			
PHENYLEPHRINE-CHLORPHEN-DM TABLET	MAXICHLOR PEH DM			PA Required			
PHENYLEPHRINE-GUAIFENESIN LIQUID	TRIAMINIC CHEST/NASAL CONGESTION						
PHENYLEPHRINE-GUAIFENESIN TABLET	GILPHEX TR						
PROMETHAZINE & PHENYLEPHRINE SYRUP	PROMETHAZINE/PHENYLEPHRINE						
PROMETHAZINE W/CODEINE SOLUTION	PROMETHAZINE/CODEINE			PA Required for < 18 years of age			
PROMETHAZINE W/CODEINE SYRUP	PROMETHAZINE/CODEINE			PA Required for < 18 years of age		240	12
PROMETHAZINE-DM SYRUP	PROMETHAZINE HYDROCHLORIDE/DEXTROMETHORPHAN HYDROBROMIDE			PA Required for < 18 years of age			
PSEUDOEPHEDRINE W/ CODEINE-GG SOLUTION	VIRTUSSIN DAC			PA Required for < 18 years of age			
PSEUDOEPHEDRINE W/ CODEINE-GG SYRUP	TUSNEL C			PA Required for < 18 years of age			

PSEUDOEPHEDRINE-BROMPHENIRAMINE-CODEINE LIQUID	RYDEX			PA Required for < 18 years of age		240	12
PSEUDOEPHEDRINE-GUAIFENESIN LIQUID	TUSNEL PEDIATRIC						
PSEUDOEPHEDRINE-GUAIFENESIN SYRUP	ALTARUSSIN-PE						
PSEUDOEPHEDRINE-GUAIFENESIN TABLET	POLY-VENT IR						
PSEUDOEPHEDRINE-GUAIFENESIN TABLET ER 12HR	MUCINEX D						
<b>EXPECTORANTS**</b>							
GUAIFENESIN LIQUID	HERBAL EXPEC						
GUAIFENESIN PACKET	MUCINEX FOR KIDS						
GUAIFENESIN SYRUP	SM TUSSIN						
GUAIFENESIN TABLET	XPECT						
GUAIFENESIN TABLET ER 12HR	EQ MUCUS ER						
<b>MISC. RESPIRATORY INHALANTS**</b>							
SODIUM CHLORIDE (INHALANT) NEBULIZATION SOLUTION	NEBUSAL						
<b>DERMATOLOGICALS*</b>							
<b>ACNE PRODUCTS**</b>							
ADAPALENE PAD	ADAPALENE						
BENZOYL PEROXIDE GEL	MEDPURA BENZOYL PEROXIDE						
BENZOYL PEROXIDE LIQUID	VARIOUS						
BENZOYL PEROXIDE LOTION	ACNE MEDICATION 5						
BENZOYL PEROXIDE PAD	RIAX						
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 (NDC: 45802096694, 45802096696, 63739005366, 63739005368)	ERYTHROMYCIN						
ERYTHROMYCIN (ACNE AID) SOLUTION	ERYTHROMYCIN						
ISOTRETINOIN CAPSULE	AMNESTEEM				PA Required		
TRETINOIN CREAM	RETIN-A	Brand Only			PA Required For > 26 Years of Age		
TRETINOIN GEL	RETIN-A	Brand Only			PA Required For > 26 Years of Age		
<b>ANTIBIOTICS - TOPICAL**</b>							
BACITRACIN (TOPICAL) OINTMENT	BACITRAYCIN PLUS						
BACITRACIN ZINC OINTMENT	BACITRACIN ZINC						
BACITRACIN-POLYMYXIN B OINTMENT	NEOSPORIN						
GENTAMICIN SULFATE (TOPICAL) CREAM	GENTAMICIN SULFATE						
GENTAMICIN SULFATE (TOPICAL) OINTMENT	GENTAMICIN SULFATE						
MUPIROCIN CALCIUM (TOPICAL) CREAM	MUPIROCIN						
MUPIROCIN OINTMENT	CENTANY						
NEOMYCIN-BACITRACIN-POLYMYXIN OINTMENT	LANABIOTIC						
<b>ANTIFUNGALS - TOPICAL**</b>							
BUTENAFINE HCL CREAM	MENTAX						
CICLOPIROX OLAMINE CREAM	LOPROX						
CICLOPIROX SOLUTION	CICLODAN						
CLOTRIMAZOLE (TOPICAL) CREAM	DESENEX						
CLOTRIMAZOLE (TOPICAL) SOLUTION	CLOTRIMAZOLE (RX Only)						
CLOTRIMAZOLE W/ BETAMETHASONE CREAM	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE						
KETOCONAZOLE (TOPICAL) CREAM	KETOCONAZOLE						
KETOCONAZOLE (TOPICAL) SHAMPOO	NIZORAL A-D						
MICONAZOLE NITRATE (TOPICAL) CREAM	CAVILON						
MICONAZOLE NITRATE (TOPICAL) POWDER	DESENEX						
NYSTATIN (TOPICAL) CREAM	NYSTATIN						
NYSTATIN (TOPICAL) OINTMENT	NYSTATIN						
NYSTATIN (TOPICAL) POWDER	NYSTOP						
TERBINAFINE HCL (TOPICAL) CREAM	LAMISIL AT						
TOLNAFTATE AEROSOL POWDER	ODOR EATERS FOOT & SNEAKER SPRAY						

TOLNAFTATE CREAM	TING						
TOLNAFTATE POWDER	ODOR EATERS ANTIFUNGAL						
<b>ANTIHISTAMINES-TOPICAL**</b>							
DIPHENHYDRAMINE HCL (TOPICAL) CREAM	SM ALLERGY MAXIMUM STRENGTH						
DIPHENHYDRAMINE HCL (TOPICAL) GEL	BENADRYL ITCH STOPPING						
DIPHENHYDRAMINE HCL (TOPICAL) SOLUTION	THE ITCH ERASER						
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL**</b>							
DICLOFENAC SODIUM (TOPICAL) GEL	MOTRIN ARTHRITIS PAIN					100 GM	300
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL**</b>							
BEXAROTENE (TOPICAL) GEL	TARGRETIN						
FLUOROURACIL (TOPICAL) CREAM	CARAC						
FLUOROURACIL (TOPICAL) SOLUTION	FLUOROURACIL						
<b>ANTIPSORIATICS**</b>							
ACITRETIN CAPSULE	SORIATANE						
ANTHRALIN CREAM	DRITHO-CREME HP						
CALCIPOTRIENE CREAM	DOVONEX						
CALCIPOTRIENE FOAM	SORILUX						
CALCIPOTRIENE OINTMENT	CALCITRENE						
CALCIPOTRIENE SOLUTION	CALCIPOTRIENE						
METHOXSALEN RAPID CAPSULE	OXSORALEN ULTRA						
<b>ANTISEBORRHEIC PRODUCTS**</b>							
SELENIUM SULFIDE LOTION	SELSUN BLUE						
SELENIUM SULFIDE SHAMPOO	SELRX						
<b>ANTIVIRALS - TOPICAL**</b>							
ACYCLOVIR TOPICAL CREAM	ZOVIRAX	Brand Only				15GM	30
ACYCLOVIR TOPICAL OINTMENT	ZOVIRAX	Brand Only				15GM	30
DOCOSANOL CREAM	ABREVA						
<b>BURN PRODUCTS**</b>							
SILVER SULFADIAZINE CREAM	SSD						
<b>CORTICOSTEROIDS - TOPICAL**</b>							
BETAMETHASONE DIPROPIONATE (TOPICAL) CREAM	BETAMETHASONE DIPROPIONATE						
BETAMETHASONE DIPROPIONATE (TOPICAL) LOTION	BETAMETHASONE DIPROPIONATE						
BETAMETHASONE DIPROPIONATE (TOPICAL) OINTMENT	BETAMETHASONE DIPROPIONATE						
BETAMETHASONE DIPROPIONATE AUGMENTED CREAM	DIPROLENE AF						
BETAMETHASONE VALERATE CREAM	BETAMETHASONE VALERATE						
BETAMETHASONE VALERATE LOTION	BETAMETHASONE VALERATE						
BETAMETHASONE VALERATE OINTMENT	BETAMETHASONE VALERATE						
CLOBETASOL PROPIONATE CREAM	IMPOYZ					100	30
CLOBETASOL PROPIONATE EMOLLIENT BASE CREAM	CLOBETASOL PROPIONATE EMOLLIENT					100	30
CLOBETASOL PROPIONATE GEL	CLOBETASOL PROPIONATE					118	30
CLOBETASOL PROPIONATE OINTMENT	TEMOVATE					100	30
CLOBETASOL PROPIONATE SHAMPOO	CLODAN					118	30
CLOBETASOL PROPIONATE SOLUTION	CLOBETASOL PROPIONATE					100	30
FLUOCINOLONE ACETONIDE OIL	DERMA-SMOOTH/FS BODY	Brand Only					
FLUOCINOLONE ACETONIDE SOLUTION	SYNALAR						
FLUOCINONIDE CREAM	VANOS						
FLUOCINONIDE OINTMENT	FLUOCINONIDE						
FLUOCINONIDE SOLUTION	FLUOCINONIDE						
FLUTICASONE PROPIONATE CREAM	FLUTICASONE PROPIONATE						
FLUTICASONE PROPIONATE OINTMENT	FLUTICASONE PROPIONATE						
HALOBETASOL PROPIONATE CREAM	HALOBETASOL PROPIONATE					100	30
HALOBETASOL PROPIONATE OINTMENT	HALOBETASOL PROPIONATE					100	30
HYDROCORTISONE (TOPICAL) CREAM	CORTAID MAXIMUM STRENGTH						
HYDROCORTISONE (TOPICAL) GEL	MG217 PSORIASIS ANTI-ITCH						
HYDROCORTISONE (TOPICAL) KIT	ADVANCED ALLERGY COLLECTION KIT						

HYDROCORTISONE (TOPICAL) LOTION	AQUANIL HC						
HYDROCORTISONE (TOPICAL) OINTMENT	CORTIZONE-10						
HYDROCORTISONE ACETATE (TOPICAL) CREAM	LANACORT 10						
HYDROCORTISONE ACETATE (TOPICAL) OINTMENT	HYDROCORTISONE						
HYDROCORTISONE-ALOE VERA CREAM	HYDROCORTISONE/ALOE						
MOMETASONE FUROATE CREAM	MOMETASONE FUROATE						
MOMETASONE FUROATE OINTMENT	MOMETASONE FUROATE						
MOMETASONE FUROATE SOLUTION	MOMETASONE FUROATE						
TRIAMCINOLONE ACETONIDE (TOPICAL) CREAM	TRIDERM						
TRIAMCINOLONE ACETONIDE (TOPICAL) LOTION	TRIAMCINOLONE ACETONIDE						
TRIAMCINOLONE ACETONIDE (TOPICAL) OINTMENT	TRITOCIN						
<b>ECZEMA AGENTS**</b>							
DUPILUMAB SOLN PEN-INJ	DUPIXENT		Preferred Drug	PA Required			
DUPILUMAB SOLN PREF SYR	DUPIXENT		Preferred Drug	PA Required			
TRALOKINUMAB-LDRM SOLN PREF SYR	ADBRY		Preferred Drug	PA Required			
<b>EMOLLIENTS**</b>							
EMOLLIENT OINTMENT	HYDROLATUM						
LACTIC ACID (AMMONIUM LACTATE) CREAM	AMMONIUM LACTATE						
LACTIC ACID (AMMONIUM LACTATE) LOTION	LAC-HYDRIN FIVE						
VITAMINS A & D (TOPICAL) OINTMENT	A+D PREVENT						
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL**</b>							
PIMECROLIMUS CREAM	ELIDEL				60gm	30	
TACROLIMUS (TOPICAL) OINTMENT	PROTOPIC			PA Required			
<b>KERATOLYTIC/ANTIMITOTIC AGENTS**</b>							
SALICYLIC ACID CREAM	CERAVE PSORIASIS						
SALICYLIC ACID GEL	CLEAN & CLEAR ADVANTAGE ACNE SPOT TREATMENT						
SALICYLIC ACID KIT	KERALYT SCALP						
SALICYLIC ACID LIQUID	AMBI EVEN & CLEAR FOAMINGCLEANSER						
SALICYLIC ACID LOTION	CLEAN & CLEAR ADVANTAGE ACNE CONTROL MOISTURIZER						
SALICYLIC ACID SHAMPOO	P & S						
SALICYLIC ACID SOLUTION	DUOFILM						
<b>LOCAL ANESTHETICS - TOPICAL**</b>							
CAPSAICIN CREAM	ZOSTRIX NATURAL PAIN RELIEF						
LIDOCAINE HCL AEROSOL SOLUTION	BURN RELIEF						
LIDOCAINE HCL CREAM	ASPERCREME W/LIDOCAINE						
LIDOCAINE HCL LOTION	LIDO-SORB						
LIDOCAINE HCL OINTMENT	ASPERFLEX LIDOCAINE						
LIDOCAINE HCL SOLUTION	MEDI-FIRST BURN SPRAY						
LIDOCAINE PATCH	ZTLIDO				60	30	
LIDOCAINE-PRILOCAINE CREAM	LIDOCAINE/PRILOCAINE						
<b>MISC. TOPICAL**</b>							
ALUMINUM CHLORIDE SOLUTION	DRYSOL						
ZINC OXIDE (TOPICAL) OINTMENT	MEDPURA ZINC OXIDE						
ZINC OXIDE (TOPICAL) PASTE	AQUAPHOR BABY DIAPER RASH PASTE						
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL**</b>							
CRISABOROLE OINTMENT	EUCRISA			PA Required			
<b>ROSACEA AGENTS**</b>							
METRONIDAZOLE (TOPICAL) CREAM	ROSADAN						
METRONIDAZOLE (TOPICAL) GEL	ROSADAN						
METRONIDAZOLE (TOPICAL) LOTION	METROLOTION						
<b>SCABICIDES &amp; PEDICULICIDES**</b>							
CROTAMITON LOTION	CROTAN						
IVERMECTIN (PEDICULICIDE) LOTION	IVERMECTIN			PA Required			
MALATHION LOTION	OVIDE						
PERMETHRIN CREAM	ELIMITE						

PERMETHRIN LIQUID	NIX LICE KILLING SPRAY						
PERMETHRIN LOTION	SM LICE TREATMENT						
PYRETHRINS-PIPERONYL BUTOXIDE GEL	LICEMD						
PYRETHRINS-PIPERONYL BUTOXIDE KIT	LICEMD COMPLETE KIT						
PYRETHRINS-PIPERONYL BUTOXIDE LIQUID	RID						
PYRETHRINS-PIPERONYL BUTOXIDE SHAMPOO	RID LICE KILLING SHAMPOO						
SPINOSAD SUSPENSION	NATROBA				PA Required		
<b>WOUND CARE PRODUCTS**</b>							
BECAPLERMIN GEL	REGRANEX				PA Required		
<b>DIAGNOSTIC PRODUCTS*</b>							
<b>DIAGNOSTIC TESTS**</b>							
COVID-19 AT HOME TEST KIT	INTELISWAB COVID-19 RAPID TEST					2	30
GLUCOSE BLOOD STRIP	ACCU-CHEK AVIVA, ACCU-CHEK GUIDE, TRUE METRIX, TRUETRACK					200	30
<b>DIGESTIVE AIDS*</b>							
<b>DIGESTIVE ENZYMES**</b>							
PANCRELIPASE (LIPASE-PROTEASE-AMYLASE) CAPSULE DR PART	PANCREAZE	Brand Only	Preferred Drug			300	30
SACROSIDASE SOLUTION	SUCRAID				PA Required		
<b>DIURETICS*</b>							
<b>CARBONIC ANHYDRASE INHIBITORS**</b>							
ACETAZOLAMIDE CAPSULE ER 12 HR	ACETAZOLAMIDE ER						
ACETAZOLAMIDE TABLET	ACETAZOLAMIDE						
METHAZOLAMIDE TABLET	METHAZOLAMIDE						
<b>DIURETIC COMBINATIONS**</b>							
SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TABLET	ALDACTAZIDE						
TRIAMTERENE & HYDROCHLOROTHIAZIDE CAPSULE	TRIAMTERENE/HYDROCHLOROTHIAZIDE						
TRIAMTERENE & HYDROCHLOROTHIAZIDE TABLET	MAXZIDE-25						
<b>LOOP DIURETICS**</b>							
BUMETANIDE TABLET	BUMEX						
FUROSEMIDE SOLUTION	FUROSEMIDE						
FUROSEMIDE TABLET	LASIX						
TORSEMIDE TABLET	SOAANZ						
<b>POTASSIUM SPARING DIURETICS**</b>							
AMILORIDE HCL TABLET	AMILORIDE HCL						
SPIRONOLACTONE TABLET	ALDACTONE						
TRIAMTERENE CAPSULE	DYRENIUM						
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS**</b>							
CHLOROTHIAZIDE SUSPENSION	DIURIL						
CHLORTHALIDONE TABLET	THALITONE						
HYDROCHLOROTHIAZIDE CAPSULE (12.5MG)	HYDROCHLOROTHIAZIDE						
HYDROCHLOROTHIAZIDE TABLET (25MG, 50MG)	HYDROCHLOROTHIAZIDE						
INDAPAMIDE TABLET	INDAPAMIDE						
METOLAZONE TABLET	METOLAZONE						
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.*</b>							
<b>BONE DENSITY REGULATORS**</b>							
ALENDRONATE SODIUM SOLUTION	ALENDRONATE SODIUM				PA Required		
ALENDRONATE SODIUM TABLET	FOSAMAX					30	30
CALCITONIN (SALMON) SOLUTION	MIACALCIN						
DENOSUMAB SOLN PREF SYR	PROLIA				PA Required		
IBANDRONATE SODIUM TABLET	BONIVA						
TERIPARATIDE (RECOMBINANT) SOLN PEN-INJ	FORTEO	Brand Only			PA Required		
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS**</b>							
PEGVISOMANT SOLUTION RECONSTITUTED	SOMAVERT				PA Required		
<b>GROWTH HORMONES**</b>							
SOMATROPIN CARTRIDGE	GENOTROPIN	Brand Only			PA Required		
SOMATROPIN PREFILLED SYR	GENOTROPIN MINIQUICK	Brand Only			PA Required		
SOMATROPIN SOLN PEN-INJ	NORDITROPIN FLEXPRO	Brand Only			PA Required		



SOMATROPIN SOLN CARTRIDGE	OMNITROPE			PA Required			
SOMATROPIN SOLUTION RECONSTITUTED	ZOMACTON			PA Required			
<b>HORMONE RECEPTOR MODULATORS**</b>							
RALOXIFENE HCL TABLET	EVISTA						
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)**</b>							
MECASERMIN SOLUTION	INCRELEX			PA Required			
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS**</b>							
LEUPROLIDE ACETATE (CPP) (3 MONTH) KIT	LUPRON DEPOT-PED (3-MONTH)			PA Required			
LEUPROLIDE ACETATE (CPP) (6 MONTH) KIT	FENSOLVI			PA Required			
LEUPROLIDE ACETATE (CPP) KIT	LUPRON DEPOT-PED (1-MONTH)			PA Required			
NAFARELIN ACETATE SOLUTION	SYNAREL			PA Required			
<b>METABOLIC MODIFIERS**</b>							
CALCITRIOL CAPSULE	ROCALTROL						
CALCITRIOL SOLUTION	ROCALTROL						
CINACALCET HCL TABLET	SENSIPAR						
IDURSULFASE SOLUTION	ELAPRASE			PA Required			
LEVOCARNITINE (METABOLIC MODIFIERS) SOLUTION	CARNITOR						
LEVOCARNITINE (METABOLIC MODIFIERS) TABLET	CARNITOR						
SODIUM PHENYLBUTYRATE TABLET	BUPHENYL			PA Required			
SODIUM PHENYLBUTYRATE POWDER	BUPHENYL			PA Required			
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS**</b>							
FINERENONE TABLET	KERENDIA			PA Required			
<b>POSTERIOR PITUITARY HORMONES**</b>							
DESMOPRESSIN ACETATE SPRAY REFRIGERATED SOLUTION	DDAVP						
DESMOPRESSIN ACETATE SOLUTION	STIMATE						
DESMOPRESSIN ACETATE SPRAY REFRIGERATED SOLUTION	DESMOPRESSIN ACETATE						
DESMOPRESSIN ACETATE SPRAY SOLUTION	DESMOPRESSIN ACETATE						
DESMOPRESSIN ACETATE TABLET	DDAVP						
<b>PROLACTIN INHIBITORS**</b>							
CABERGOLINE TABLET	CABERGOLINE			PA Required			
<b>SOMATOSTATIC AGENTS**</b>							
LANREOTIDE ACETATE SOLUTION	SOMATULINE DEPOT			PA Required			
OCTREOTIDE ACETATE KIT	SANDOSTATIN LAR DEPOT			PA Required			
OCTREOTIDE ACETATE SOLUTION	SANDOSTATIN			PA Required			
OCTREOTIDE ACETATE SOLN PREF SYR	OCTREOTIDE ACETATE			PA Required			
<b>ESTROGENS*</b>							
<b>ESTROGEN COMBINATIONS**</b>							
CONJUGATED ESTROGENS-MEDROXYPROGESTERONE ACETATE TABLET	PREMPRO						
ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TABLET	COVARYX HS						
ESTRADIOL & NORETHINDRONE ACETATE PATCH TWICE WEEKLY	COMBIPATCH						
ESTRADIOL & NORETHINDRONE ACETATE TABLET	AMABELZ						
ESTRADIOL-LEVONORGESTREL PATCH WEEKLY	CLIMARA PRO						
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TABLET	FYAVOLV						
<b>ESTROGENS**</b>							
ESTERIFIED ESTROGENS TABLET	MENEST						
ESTRADIOL PATCH TWICE WEEKLY	ALORA						
ESTRADIOL PATCH WEEKLY	MENOSTAR						
ESTRADIOL TABLET	ESTRACE						
ESTROGENS, CONJUGATED TABLET	PREMARIN						
<b>FLUROQUINOLONES*</b>							
<b>FLUROQUINOLONES**</b>							
CIPROFLOXACIN HCL TABLET	CIPRO						
CIPROFLOXACIN IN D5W SOLUTION	CIPROFLOXACIN I.V.-IN D5W						
DELAFLORACIN MEGLUMINE SOLUTION RECONSTITUTED	BAXDELA						
LEVOFLOXACIN IN D5W SOLUTION	LEVOFLOXACIN IN D5W						
LEVOFLOXACIN SOLUTION	LEVOFLOXACIN						
LEVOFLOXACIN TABLET	LEVOFLOXACIN						

MOXIFLOXACIN HCL IN SODIUM CHLORIDE SOLUTION	MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE					
MOXIFLOXACIN HCL SOLUTION	MOXIFLOXACIN HYDROCHLORIDE					
OFLOXACIN TABLET	OFLOXACIN					
<b>GASTROINTESTINAL AGENTS - MISC.*</b>						
<b>ANTIFLATULENTS**</b>						
SIMETHICONE SUSPENSION	LITTLE REMEDIES GAS RELIEF					
<b>GALLSTONE SOLUBILIZING AGENTS**</b>						
URSODIOL CAPSULE	RELTONE					
URSODIOL TABLET	URSO 250					
<b>GASTROINTESTINAL ANTIALLERGY AGENTS**</b>						
CROMOLYN SODIUM (MASTOCYTOSIS) CONCENTRATE	GASTROCROM					
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS**</b>						
LUBIPROSTONE CAPSULE	AMITIZA			PA Required		
<b>GASTROINTESTINAL STIMULANTS**</b>						
METOCLOPRAMIDE HCL SOLUTION	GIMOTI					
METOCLOPRAMIDE HCL TABLET	REGLAN					
METOCLOPRAMIDE HCL TABLET DISINTEGRATING	METOCLOPRAMIDE ODT					
<b>INFLAMMATORY BOWEL AGENTS**</b>						
INFLIXIMAB SOLUTION RECONSTITUTED	REMICADE (AG)			PA Required		
MESALAMINE CAPSULE ER 24 HR	APRISO	Brand Only			120	30
MESALAMINE CAPSULE ER	PENTASA	Brand Only			270	30
MESALAMINE CAPSULE DELAYED RELEASE	DELZICOL	Brand Only			180	30
MESALAMINE ENEMA	SFROWASA	Brand Only			30	30
MESALAMINE SUPPOSITORY	CANASA	Brand Only			30	30
MESALAMINE TABLET ENTERIC COATED	ASACOL HD	Brand Only			120	30
SULFASALAZINE TABLET	AZULFIDINE				240	30
SULFASALAZINE TABLET ENTERIC COATED	AZULFIDINE EN-TABS				240	30
<b>INTESTINAL ACIDIFIERS**</b>						
LACTULOSE (ENCEPHALOPATHY) SOLUTION	LACTULOSE					
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS**</b>						
ALOSETRON HCL TABLET	LOTRONEX			PA Required		
LINACLOTIDE CAPSULE	LINZESS			PA Required		
<b>PHOSPHATE BINDER AGENTS**</b>						
CALCIUM ACETATE (PHOSPHATE BINDER) CAPSULE	CALCIUM ACETATE		Preferred Drug			
CALCIUM ACETATE (PHOSPHATE BINDER) TABLET	CALPHRON		Preferred Drug			
SEVELAMER CARBONATE TABLET	REVELA	VARIOUS	Preferred Drug			
<b>GENITOURINARY AGENTS - MISCELLANEOUS*</b>						
<b>ACIDIFIERS**</b>						
POTASSIUM & SODIUM ACID PHOSPHATES TABLET	K-PHOS NO 2					
<b>ALKALINIZERS**</b>						
POT & SOD CITRATES W/CITRIC AC SOLUTION	TRICITRATES					
POTASSIUM CITRATE (ALKALINIZER) TABLET ER	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					
<b>INTERSTITIAL CYSTITIS AGENTS**</b>						
PENTOSAN POLYSULFATE SODIUM CAPSULE	ELMIRON			PA Required		
<b>PROSTATIC HYPERTROPHY AGENTS**</b>						
ALFUZOSIN HCL TABLET ER 24HR	UROXATRAL					
DUTASTERIDE CAPSULE	AVODART					
FINASTERIDE TABLET	PROSCAR					
TAMSULOSIN HCL CAPSULE	FLOMAX					
<b>URINARY ANALGESICS**</b>						
PHENAZOPYRIDINE HCL TABLET	PHENAZO					
<b>GOUT AGENTS*</b>						
<b>GOUT AGENT COMBINATIONS**</b>						
COLCHICINE W/ PROBENECID TABLET	PROBENECID/COLCHICINE					

<b>GOUT AGENTS**</b>							
ALLOPURINOL TABLET (100MG, 300MG)	ZYLOPRIM						
COLCHICINE TABLET	COLCRYS						
FEBUXOSTAT TABLET	ULORIC					30	30
<b>URICOSURICS**</b>							
PROBENECID TABLET	PROBENECID						
<b>HEMATOLOGICAL AGENTS - MISC.*</b>							
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS**</b>							
ICATIBANT ACETATE SOLN PREF SYR	FIRAZYR				PA Required		
<b>COMPLEMENT INHIBITORS**</b>							
<b>C1 ESTERASE INHIBITOR (HUMAN) KIT</b>	<b>BERINERT</b>	<b>BRAND ONLY</b>	<b>PREFERRED DRUG</b>		<b>PA Required</b>		
<b>C1 ESTERASE INHIBITOR (HUMAN) SOLUTION</b>	<b>CINRYZE</b>	<b>BRAND ONLY</b>	<b>PREFERRED DRUG</b>		<b>PA Required</b>		
<b>C1 ESTERASE INHIBITOR (HUMAN) SOLUTION RECONSTITUTED</b>	<b>HAEGARDA</b>	<b>BRAND ONLY</b>	<b>PREFERRED DRUG</b>		<b>PA Required</b>		
<b>HEMATORHEOLOGIC AGENTS**</b>							
PENTOXIFYLLINE TABLET ER	PENTOXIFYLLINE ER						
<b>PLASMA KALLIKREIN INHIBITORS**</b>							
ECALLANTIDE SOLUTION	KALBITOR				PA Required		
<b>PLATELET AGGREGATION INHIBITORS**</b>							
ANAGRELIDE HCL CAPSULE	AGRYLIN						
CILOSTAZOL TABLET	CILOSTAZOL						
CLOPIDOGREL BISULFATE TABLET	PLAVIX						
DIPYRIDAMOLE TABLET	DIPYRIDAMOLE						
TICAGRELOR TABLET	BRILINTA						
<b>THROMBOLYTIC ENZYMES**</b>							
ALTEPLASE SOLUTION RECONSTITUTED	CATHFLO ACTIVASE					1	30
<b>HEMATOPOIETIC AGENTS*</b>							
<b>AGENTS FOR GAUCHER DISEASE**</b>							
ELIGLUSTAT TARTRATE CAPSULE	CERDELGA				PA Required		
IMIGLUCERASE SOLUTION RECONSTITUTED	CEREZYME				PA Required		
MIGLUSTAT CAPSULE	ZAVESCA				PA Required		
TALIGLUCERASE ALFA SOLUTION RECONSTITUTED	ELELYSO				PA Required		
VELAGLUCERASE ALFA SOLUTION RECONSTITUTED	VPRIV				PA Required		
<b>FOLIC ACID/FOLATES**</b>							
FOLIC ACID CAPSULE	FA-8						
FOLIC ACID TABLET	FOLIC ACID						
<b>HEMATOPOIETIC GROWTH FACTORS**</b>							
<b>DARBEPOETIN ALFA SOLUTION</b>	<b>ARANESP</b>	<b>Brand Only</b>	<b>Preferred Drug</b>		<b>PA Required</b>		
<b>DARBEPOETIN ALFA SOLN PREF SYR</b>	<b>ARANESP</b>	<b>Brand Only</b>	<b>Preferred Drug</b>		<b>PA Required</b>		
<b>ELTROMBOPAG OLAMINE TABLET</b>	<b>PROMACTA</b>	<b>Brand Only</b>	<b>Preferred Drug</b>		<b>PA Required</b>		
<b>EPOETIN ALFA SOLUTION</b>	<b>EPOGEN</b>	<b>Brand Only</b>	<b>Preferred Drug</b>		<b>PA Required</b>		
<b>EPOETIN ALFA-EPBX SOLUTION</b>	<b>RETACRIT</b>	<b>Brand Only</b>	<b>Preferred Drug</b>		<b>PA Required</b>		
<b>FILGRASTIM-AAFI SOLUTION</b>	<b>NIVESTYM</b>	<b>Brand Only</b>	<b>Preferred Drug</b>		<b>PA Required</b>		
<b>FILGRASTIM-AAFI SOLN PREF SYR</b>	<b>NIVESTYM</b>	<b>Brand Only</b>	<b>Preferred Drug</b>		<b>PA Required</b>		
<b>PEGFILGRASTIM-BMEZ SOLN PREF SYR</b>	<b>ZIEXTENZO</b>	<b>Brand Only</b>	<b>Preferred Drug</b>		<b>PA Required</b>		
<b>PEGFILGRASTIM-PBBK SOLN PREF SYR</b>	<b>FYLNETRA</b>	<b>Brand Only</b>	<b>Preferred Drug</b>		<b>PA Required</b>		
<b>ROMIPLOSTIM SOLUTION RECONSTITUTED</b>	<b>NPLATE</b>	<b>Brand Only</b>	<b>Preferred Drug</b>		<b>PA Required</b>		
<b>HEMATOPOIETIC MIXTURES**</b>							
FE FUMARATE-VITAMIN C-VITAMIN B12-FOLIC ACID CAPSULE	HEMATOGEN FA						
FERROUS FUMARATE W/ B12-VIT C-FA-IFC CAPSULE	TRICON						
FERROUS FUMARATE W/ FA-DSS-B COMPLEX-VIT C TABLET	NEPHRON FA						
FOLATE-VITAMIN B12-INTRINSIC FACTOR TABLET	INTRINSI B12/FOLATE						
IRON COMBINATIONS CAPSULE	HEMATOGEN						
IRON COMBINATIONS TABLET	NUFERA						
<b>IRON**</b>							
FERROUS FUMARATE CAPSULE	HIGH POTENCY IRON						
FERROUS FUMARATE TABLET	FERROCITE						
FERROUS GLUCONATE TABLET	FERATE						
FERROUS SULFATE DRIED TABLET	FEOSOL						
FERROUS SULFATE DRIED TABLET ER	SM SLOW RELEASE IRON						

FERROUS SULFATE SOLUTION	BPROTECTED PEDIA IRON						
FERROUS SULFATE TABLET	FEROSUL						
FERROUS SULFATE TABLET ER	SLOW FE						
FERROUS SULFATE TABLET ENTERIC COATED	FERROUS SULFATE						
<b>HEMOSTATICS*</b>							
<b>HEMOSTATICS - SYSTEMIC**</b>							
AMINOCAPROIC ACID SOLUTION	AMICAR						
AMINOCAPROIC ACID TABLET	AMICAR						
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS*</b>							
<b>ANTI-HISTAMINE HYPNOTICS**</b>							
DIPHENHYDRAMINE HCL (SLEEP) CAPSULE	WAL-SLEEP Z						
DIPHENHYDRAMINE HCL (SLEEP) LIQUID	WAL-SLEEP Z LIQUID SHOTS						
DIPHENHYDRAMINE HCL (SLEEP) TABLET	SIMPLY SLEEP						
DIPHENHYDRAMINE HCL (SLEEP) TABLET DISINTEGRATING	WAL-SLEEP Z						
DOXYLAMINE SUCCINATE (SLEEP) TABLET	UNISOM SLEEPTABS						
<b>BARBITURATE HYPNOTICS**</b>							
PHENOBARBITAL ELIXIR	PHENOBARBITAL						
PHENOBARBITAL TABLET	PHENOBARBITAL						
<b>NON-BARBITURATE HYPNOTICS**</b>							
ESZOPICLONE TABLET	LUNESTA		PREFERRED DRUG	PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug		30	30
TEMAZEPAM CAPSULE (15MG, 30MG)	RESTORIL		PREFERRED DRUG	PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug		30.00	30.00
ZOLPIDEM TARTRATE TABLET (5MG)	AMBIEN		PREFERRED DRUG	PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug		60.00	30.00
ZOLPIDEM TARTRATE TABLET (10MG)	AMBIEN		PREFERRED DRUG	PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug		30.00	30.00
ZOLPIDEM TARTRATE TABLET ER	AMBIEN CR		PREFERRED DRUG	PA Required for Ages <6 years PA Required for > 1 Hypnotic Drug		30.00	30.00
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS**</b>							
RAMELTEON TABLET	ROZEREM	Brand Only			Patient must have tried two preferred agents (Temazepam, Zolpidem and Eszopiclone)	30	30
<b>LAXATIVES*</b>							
<b>BULK LAXATIVES**</b>							
FIBER CAPSULE	OPTIFIBER LEAN						
FIBER TABLET CHEWABLE	PEDIA-LAX FIBER GUMMIES						
FIBER POWDER	SOLFIBER						
FIBER TABLET	FIBER COMPLETE						
METHYLCELLULOSE (LAXATIVE) POWDER	SOLUBLE FIBER						
METHYLCELLULOSE (LAXATIVE) TABLET	CITRUCEL						
PSYLLIUM CAPSULE	METAMUCIL						
PSYLLIUM PACKET	METAMUCIL						
PSYLLIUM WAFER	METAMUCIL						
<b>LAXATIVE COMBINATIONS**</b>							
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE SOLUTION RECONSTITUTED	GAVILYTE-G						
PEG 3350-POTASSIUM CHLORIDE-SOD BICARBONATE-SOD CHLORIDE SOLUTION RECONSTITUTED	GAVILYTE-N/FLAVOR PACK						
SENNOSIDES-DOCUSATE SODIUM TABLET	COLACE 2-IN-1						
<b>LAXATIVES - MISCELLANEOUS**</b>							
GLYCERIN (LAXATIVE) SUPPOSITORY	PEDIA-LAX						
LACTULOSE SOLUTION	LACTULOSE						
POLYETHYLENE GLYCOL 3350 PACKET	SMOOTH LAX						
POLYETHYLENE GLYCOL 3350 POWDER	GOODSENSE CLEARLAX						
<b>SALINE LAXATIVES**</b>							
MAGNESIUM CITRATE SOLUTION	CITROMA						
MAGNESIUM OXIDE (LAXATIVE) TABLET	PHILLIPS						

SODIUM PHOSPHATES ENEMA	PURE & GENTLE ENEMA						
<b>STIMULANT LAXATIVES**</b>							
BISACODYL ENEMA	FLEET BISACODYL						
BISACODYL POWDER	BISACODYL						
BISACODYL SUPPOSITORY	THE MAGIC BULLET						
BISACODYL TABLET ENTERIC COATED	EX-LAX ULTRA						
CASCARA SAGRADA CAPSULE	CASCARA SAGRADA						
CASCARA SAGRADA TABLET	CASCARA SAGRADA						
SENNA SYRUP	SENNA						
SENNOSIDES CAPSULE	SENNA						
SENNOSIDES LIQUID	LITTLE TUMMYS LAXATIVE						
SENNOSIDES SYRUP	ONELAX SENNA						
SENNOSIDES TABLET	EVAC-U-GEN						
<b>SURFACTANT LAXATIVES**</b>							
DOCUSATE SODIUM CAPSULE	DULCOLAX STOOL SOFTENER						
DOCUSATE SODIUM LIQUID	PEDIA-LAX						
DOCUSATE SODIUM SYRUP	DOCUSATE SODIUM						
DOCUSATE SODIUM TABLET	DOK						
<b>MACROLIDES*</b>							
<b>AZITHROMYCIN**</b>							
AZITHROMYCIN PACKET	ZITHROMAX						
AZITHROMYCIN SOLUTION RECONSTITUTED	ZITHROMAX						
AZITHROMYCIN SUSPENSION RECONSTITUTED	ZITHROMAX						
AZITHROMYCIN TABLET	ZITHROMAX						
<b>CLARITHROMYCIN**</b>							
CLARITHROMYCIN SUSPENSION RECONSTITUTED	CLARITHROMYCIN						
CLARITHROMYCIN TABLET	CLARITHROMYCIN						
CLARITHROMYCIN TABLET ER 24HR	CLARITHROMYCIN ER						
<b>ERYTHROMYCINS**</b>							
ERYTHROMYCIN LACTOBIONATE SOLUTION RECONSTITUTED	ERYTHROCIN LACTOBIONATE						
<b>FIDAXOMICIN**</b>							
FIDAXOMICIN TABLET	DIFICID				PA Required		
<b>MEDICAL DEVICES AND SUPPLIES*</b>							
<b>CONTRACEPTIVES**</b>							
CONDOMS - FEMALE MISCELLANEOUS	FC2 FEMALE CONDOM					30	30
CONDOMS - MALE MISCELLANEOUS	CONDOMS					30	30
CONDOMS LATEX LUBRICATED - MALE DEVICE	DUREX EXTRA SENSITIVE						
CONDOMS LATEX LUBRICATED - MALE MISCELLANEOUS	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED					30	30
CONDOMS LATEX NON-LUBRICATED - MALE MISCELLANEOUS	TRUSTEX/RIA NON-LUBRICATED					30	30
DIAPHRAGM ARC-SPRING DIAPHRAGM	CAYA					1	365
DIAPHRAGM WIDE SEAL DIAPHRAGM	WIDE-SEAL SILICONE DIAPHRAGM KIT 60					1	365
DIAPHRAGMS DIAPHRAGM	OMNIFLEX DIAPHRAGM					1	365
<b>DIABETIC SUPPLIES**</b>							
BLOOD GLUCOSE CALIBRATION LIQUID	ASSURE II CONTROL LEVEL 1						
BLOOD GLUCOSE CALIBRATION SOLUTION	ASSURE DOSE NORMAL/HIGH CONTROL						
BLOOD GLUCOSE MONITORING SUPPLIES DEVICE	TRUE METRIX						
BLOOD GLUCOSE MONITORING SUPPLIES KIT	TRUETRACK SMART SYSTEM						
CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER DEVICE	FREESTYLE READER				PA Required	1	365
CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR MISCELLANEOUS	FREESTYLE SENSOR				PA Required		
LANCET DEVICES MISCELLANEOUS	MICROLET NEXT						
LANCETS MISCELLANEOUS	FINGERSTIX LANCETS						
LANCETS MISC. KIT	AUTOLET LITE STARTER PACK						
LANCETS MISC. MISCELLANEOUS	AUTOLET PLATFORMS						
<b>MISC. DEVICES**</b>							

ALCOHOL SHEETS SHEET	ESSENTRA WIPES 9X9" CLEANROOM SUPPLIES/PRESATURATED						
ALCOHOL SWABS PAD	WEBCOL ALCOHOL PREP LARGE 1 PLY						
<b>PARENTERAL THERAPY SUPPLIES**</b>							
INSULIN PEN NEEDLE MISCELLANEOUS	BD AUTOSHIELD 29G X 3/16"						
INSULIN SYRINGE/NEEDLE U-100 MISCELLANEOUS	BD INSULIN SYRINGE MICROFINE/U-100/0.3ML/28G X 1/2"						
INSULIN SYRINGES (DISPOSABLE) MISCELLANEOUS	MONOJECT INSULIN SYRINGE/1ML						
SYRINGE/NEEDLE (DISP) 1 ML MISCELLANEOUS	BD LUER LOCK SYRINGE/1ML/20G X 1"						
<b>RESPIRATORY THERAPY SUPPLIES**</b>							
PEAK FLOW METER DEVICE	TRUZONE PEAK FLOW METER						
PEAK FLOW METER W/INHALER ASSIST DEVICE KIT	AEROGear ASTHMA ACTION					2	365
RESPIRATORY THERAPY SUPPLIES DEVICE	AEROBIKA						
RESPIRATORY THERAPY SUPPLIES KIT	SIDESTREAM REUSABLE NEBULIZER/PEDIATRIC MASK/TUBING						
RESPIRATORY THERAPY SUPPLIES MISCELLANEOUS	AEROTRACH PLUS					2	365
SPACER/AEROSOL-HOLDING CHAMBERS DEVICE	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE					2	365
SPACER/AEROSOL-HOLDING CHAMBERS MISCELLANEOUS	INSPIREASE DRUG DELIVERY SYSTEM						
<b>MIGRAINE PRODUCTS*</b>							
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG**</b>							
FREMANEZUMAB-VFRM SOLN AUTO-INJ	AJOVY		Preferred Drug	PA Required		1	30
FREMANEZUMAB-VFRM SOLN PREF SYR	AJOVY		Preferred Drug	PA Required		1	30
GALCANEZUMAB-GNLM SOLN AUTO-INJ	EMGALITY		Preferred Drug	PA Required			
GALCANEZUMAB-GNLM SOLN PREF SYR	EMGALITY		Preferred Drug	PA Required			
UBROGEPANT TABLET	UBRELVY		Preferred Drug	PA Required		10	30
<b>MIGRAINE COMBINATIONS**</b>							
ERGOTAMINE W/ CAFFEINE TABLET	CAFERGOT					40	30
<b>SEROTONIN AGONISTS**</b>							
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	Brand Only	Preferred Drug			6	30
SUMATRIPTAN SUCCINATE SOLN AUTO-INJ	ZEMBRACE SYMTOUCH		Preferred Drug			2	30
SUMATRIPTAN SUCCINATE SOLN CARTRIDGE	IMITREX STATDOSE REFILL		Preferred Drug			2	30
SUMATRIPTAN SUCCINATE SOLUTION	IMITREX		Preferred Drug			2	30
SUMATRIPTAN SUCCINATE TABLET	IMITREX		Preferred Drug			9	30
ZOLMITRIPTAN TABLET	ZOMIG		Preferred Drug			9	30
ZOLMITRIPTAN TABLET DISINTEGRATING	ZOMIG ZMT		Preferred Drug			9	30
<b>MINERALS &amp; ELECTROLYTES*</b>							
<b>BICARBONATES**</b>							
SODIUM BICARBONATE SOLUTION	SODIUM BICARBONATE						
<b>CALCIUM**</b>							
CALCIUM CARBONATE TABLET CHEWABLE	CALCIUM CARBONATE						
CALCIUM LACTATE TABLET	CALCIUM LACTATE						
<b>FLUORIDE**</b>							
SODIUM FLUORIDE TABLET CHEWABLE	NAFRINSE						
SODIUM FLUORIDE SOLUTION	NAFRINSE DROPS						
SODIUM FLUORIDE TABLET	SODIUM FLUORIDE						
<b>MAGNESIUM**</b>							
MAGNESIUM OXIDE (MG SUPPLEMENT) CAPSULE	MAGNESIUM						
MAGNESIUM OXIDE (MG SUPPLEMENT) TABLET	MAG-OXIDE						

MAGNESIUM OXIDE (MG SUPPLEMENT) TABLET CHEWABLE	MAGNESIUM						
<b>POTASSIUM**</b>							
POTASSIUM BICARBONATE TABLET EFFERVESCENT	KLOR-CON/EF						
POTASSIUM BICARBONATE-CITRIC ACID TABLET EFFERVESCENT	EFFER-K						
POTASSIUM CHLORIDE CAPSULE ER	POTASSIUM CHLORIDE ER						
POTASSIUM CHLORIDE MICROENCAPSULATED CRYSTALS ER TABLET ER	KLOR-CON M10						
POTASSIUM CHLORIDE PACKET	KLOR-CON						
POTASSIUM CHLORIDE SOLUTION	POTASSIUM CHLORIDE						
POTASSIUM CHLORIDE TABLET ER	K-TAB						
<b>MISCELLANEOUS THERAPEUTIC CLASSES*</b>							
<b>CHELATING AGENTS**</b>							
PENICILLAMINE CAPSULE	CUPRIMINE						
<b>IMMUNOMODULATORS**</b>							
BELUMOSUDIL MESYLATE TABLET	REZUROCK				PA Required		
LENALIDOMIDE CAPSULE	REVLIMID	Brand Only			PA Required		
<b>IMMUNOSUPPRESSIVE AGENTS**</b>							
AZATHIOPRINE TABLET	AZASAN						
CYCLOSPORINE CAPSULE	SANDIMMUNE						
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) CAPSULE	GENGRAF						
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) SOLUTION	GENGRAF						
CYCLOSPORINE SOLUTION	SANDIMMUNE						
EVEROLIMUS (IMMUNOSUPPRESSANT) TABLET	ZORTRESS				PA Required		
MYCOPHENOLATE MOFETIL CAPSULE	CELLCEPT						
MYCOPHENOLATE MOFETIL SUSPENSION RECONSTITUTED	CELLCEPT						
MYCOPHENOLATE MOFETIL TABLET	CELLCEPT						
SIROLIMUS SOLUTION	RAPAMUNE						
SIROLIMUS TABLET	RAPAMUNE						
TACROLIMUS CAPSULE	PROGRAF						
TACROLIMUS CAPSULE ER 24 HR	ASTAGRAF XL						
<b>IRRIGATION SOLUTIONS**</b>							
WATER FOR IRRIGATION, STERILE SOLUTION	ARGYLE STERILE WATER 100ML						
<b>POTASSIUM REMOVING AGENTS**</b>							
SODIUM POLYSTYRENE SULFONATE POWDER	SODIUM POLYSTYRENE SULFONATE						
SODIUM POLYSTYRENE SULFONATE SUSPENSION	SPS						
SODIUM ZIRCONIUM CYCLOSILICATE PACKET	LOKELMA					30	30
<b>MOUTH/THROAT/DENTAL AGENTS*</b>							
<b>ANESTHETICS TOPICAL ORAL**</b>							
LIDOCAINE HCL (MOUTH-THROAT) SOLUTION	LIDOCAINE VISCOUS						
<b>ANTI-INFECTIVES - THROAT**</b>							
CLOTRIMAZOLE TROCHE	CLOTRIMAZOLE						
NYSTATIN (MOUTH-THROAT) SUSPENSION	NYSTATIN						
<b>ANTISEPTICS - MOUTH/THROAT**</b>							
CHLORHEXIDINE GLUCONATE (MOUTH-THROAT) SOLUTION	PERIOGARD						
<b>STEROIDS - MOUTH/THROAT/DENTAL**</b>							
TRIAMCINOLONE ACETONIDE (MOUTH) PASTE	ORALONE DENTAL PASTE					10	30
<b>THROAT PRODUCTS - MISC.**</b>							
ARTIFICIAL SALIVA KIT	ORAL RELIEF FOR DRY MOUTH & DISCOMFORT						
ARTIFICIAL SALIVA LIQUID	NUMOISYN						
ARTIFICIAL SALIVA LOZENGE	ACT DRY MOUTH						
ARTIFICIAL SALIVA SOLUTION	AQUORAL						
<b>MULTIVITAMINS*</b>							
<b>B-COMPLEX VITAMINS**</b>							
B-COMPLEX VITAMINS ELIXIR	APETEX						
B-COMPLEX VITAMINS LIQUID	B-COMPLEX/B-12						
B-COMPLEX VITAMINS TABLET	B-COMPLEX WITH B-12						
<b>B-COMPLEX W/ C**</b>							

B COMPLEX W/ C CAPSULE	B-COMPLEX W/C						
B COMPLEX W/ C TABLET	ALLBEE PLUS VITAMIN C						
B COMPLEX W/ C TABLET ER	RA B-COMPLEX/VITAMIN C TR						
<b>B-COMPLEX W/ FOLIC ACID**</b>							
B COMPLEX W/ C-BIOTIN-E-FOLIC ACID & IRON CARBONYL MISCELLANEOUS	RENATABS WITH IRON						
B-COMPLEX W/ C & FOLIC ACID CAPSULE	MYNEPHRON						
B-COMPLEX W/ C & FOLIC ACID TABLET	DIALYVITE 800						
B-COMPLEX W/ C-BIOTIN-D-ZINC & FOLIC ACID TABLET	VITAL-D RX						
B-COMPLEX W/ LYSINE-MIN-FE & FOLIC ACID LIQUID	NUTRIVIT						
B-COMPLEX W/ LYSINE-ZN & FOLIC ACID LIQUID	SUPERVITE						
<b>B-COMPLEX W/ MINERALS**</b>							
B-COMPLEX W/ MINERALS LIQUID	ELDERTONIC					30	30
<b>IRON W/ VITAMINS**</b>							
IRON W/ VITAMINS TABLET	VITAFOL					30	30
<b>MULTIPLE VITAMINS W/ IRON**</b>							
MULTIPLE VITAMINS W/ IRON TABLET	TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE						
<b>MULTIPLE VITAMINS W/ MINERALS**</b>							
MULTIPLE VITAMINS W/ MINERALS CAPSULE	ICAPS					30	30
MULTIPLE VITAMINS W/ MINERALS TABLET CHEWABLE	CENTRUM VITAMINTS					30	30
MULTIPLE VITAMINS W/ MINERALS LIQUID	BURIED TREASURE ACTIVE 55PLUS SENIOR COMPLEX					30	30
MULTIPLE VITAMINS W/ MINERALS TABLET	CENTRUM CARDIO					30	30
<b>PED MULTI VITAMINS W/FL &amp; FE**</b>							
PED MULTIVITAMINS W/FL & IRON SOLUTION	FLORVITE/IRON						
<b>PED MULTIPLE VITAMINS W/ MINERALS**</b>							
PEDIATRIC MULTIPLE VITAMIN W/ MINERALS TABLET CHEWABLE	CENTRUM KIDS					30	30
<b>PED MV W/ FLUORIDE**</b>							
PEDIATRIC MULTIVITAMINS W/FL TABLET CHEWABLE	QUFLORA GUMMIES					30	30
PEDIATRIC MULTIVITAMINS W/FL SOLUTION	QUFLORA PEDIATRIC						
PEDIATRIC MULTIVITAMINS W/FL SUSPENSION	POLY-VI-FLOR						
PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLUTION	ADC/FLUORIDE						
<b>PED MV W/ IRON**</b>							
PEDIATRIC MULTIPLE VITAMINS W/ IRON TABLET CHEWABLE	CEROVITE JR						
PEDIATRIC MULTIPLE VITAMINS W/ IRON SOLUTION	BPROTECTED PEDIA POLY-VITE/IRON						
<b>PEDIATRIC MULTIPLE VITAMINS**</b>							
PEDIATRIC MULTIPLE VITAMINS SOLUTION	POLY-VI-SOL						
<b>PRENATAL VITAMINS**</b>							
PRENATAL MULTIVIT-MIN W/FE-FA TABLET	DERMACINRX PRETRATE					30	30
PRENATAL MV & MIN W/FE FUMARATE-FA-DHA MISCELLANEOUS	VITAFOL-OB+DHA					30	30
PRENATAL MV & MIN W/FE POLYSACCHARIDE COMPLEX-FA-DHA CAPSULE	VITAFOL-ONE					30	30
PRENATAL MV & MIN W/FE POLYSACCHARIDE COMPLEX-FA-DHA MISCELLANEOUS	SELECT-OB+DHA					30	30
PRENATAL VIT W/ DOCUSATE-FE FUMARATE-FOLIC ACID TABLET	SE-NATAL 19					30	30
PRENATAL VIT W/ FE BISGLYCINATE CHELATE-FOLIC ACID TABLET	VINATE II					30	30
PRENATAL VIT W/ FE FUM-IRON POLYSACCH COMPLEX -FA-OMEGA 3 CAPSULE	CONCEPT DHA					30	30
PRENATAL VIT W/ FERROUS FUMARATE-FA-OMEGA 3 FATTY ACIDS CAPSULE	VIVA DHA					30	30
PRENATAL VIT W/ FERROUS FUMARATE-FOLIC ACID TABLET CHEWABLE	COMPLETENATE					30	30
PRENATAL VIT W/ FERROUS FUMARATE-FOLIC ACID TABLET	VITATHELY/GINGER					30	30
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID TABLET	ELITE-OB					30	30
PRENATAL WITHOUT A VIT W/ FE FUM-IRON POLYSACCH COMPLEX -FA CAPSULE	CONCEPT OB					30	30



PRENATAL WITHOUT VIT A W/ FE CARBONYL-FE GLUC-DOCUSATE-FA TABLET	CITRANATAL RX					30	30
<b>MUSCULOSKELETAL THERAPY AGENTS*</b>							
<b>CENTRAL MUSCLE RELAXANTS**</b>							
BACLOFEN TABLET	BACLOFEN						
CYCLOBENZAPRINE HCL TABLET (5MG, 10MG)	FEXMID						
METAXALONE TABLET	SKELAXIN						
METHOCARBAMOL TABLET	METHOCARBAMOL						
ORPHENADRINE CITRATE TABLET ER 12HR	ORPHENADRINE CITRATE ER						
TIZANIDINE HCL TABLET	ZANAFLEX						
<b>DIRECT MUSCLE RELAXANTS**</b>							
DANTROLENE SODIUM CAPSULE	DANTRIUM						
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL*</b>							
<b>NASAL AGENTS - MISC.**</b>							
ALCOHOL (NASAL) KIT	NOZIN NASAL SANITIZER						
ALCOHOL (NASAL) SWAB	NOZIN NASAL SANITIZER						
SALINE SOLUTION	AFRIN SALINE NASAL MIST						
<b>NASAL ANTIALLERGY**</b>							
AZELASTINE HCL SOLUTION (0.1%)	ASTEPRO						
<b>NASAL ANTICHOLINERGICS**</b>							
IPRATROPIUM BROMIDE (NASAL) SOLUTION	IPRATROPIUM BROMIDE						
<b>NASAL STEROIDS**</b>							
FLUNISOLIDE (NASAL) SOLUTION	FLUNISOLIDE						
FLUTICASONE PROPIONATE (NASAL) SUSPENSION	CLARISPRAY						
MOMETASONE FUROATE (NASAL) SUSPENSION	NASONEX						
<b>SYMPATHOMIMETIC DECONGESTANTS**</b>							
PSEUDOEPHEDRINE HCL CAPSULE	CVS NASAL DECONGESTANT						
PSEUDOEPHEDRINE HCL LIQUID	SUDAFED CHILDRENS						
PSEUDOEPHEDRINE HCL TABLET	WAL-PHED						
PSEUDOEPHEDRINE HCL TABLET ER 12HR	SUDAFED SINUS CONGESTION 12 HOUR						
PSEUDOEPHEDRINE HCL TABLET ER 24HR	SUDAFED SINUS CONGESTION 24 HOUR						
<b>NUTRIENTS*</b>							
<b>MISC. NUTRITIONAL SUBSTANCES**</b>							
OMEGA-3 FATTY ACIDS CAPSULE	SUPER OMEGA 3						
OMEGA-3 FATTY ACIDS CAPSULE DELAYED RELEASE	OMEGAPURE 600 EC						
<b>OPHTHALMIC AGENTS*</b>							
<b>ARTIFICIAL TEARS AND LUBRICANTS**</b>							
ARTIFICIAL TEAR OINTMENT OINTMENT	EYE LUBRICANT						
ARTIFICIAL TEAR SOLUTION SOLUTION	SYSTANE CONTACTS SOOTHING DROPS						
CARBOXYMETHYLCELLULOSE SODIUM (OPHTH) GEL	REFRESH LIQUIGEL						
CARBOXYMETHYLCELLULOSE SODIUM (OPHTH) SOLUTION	ULTRA FRESH						
CARBOXYMETHYLCELLULOSE-GLYCERIN SOLUTION	REFRESH OPTIVE PRESERVATIVE FREE						
CARBOXYMETHYLCELLULOSE-HYPROMELLOSE GEL	CVS LUBRICANT GEL DROPS						
DEXTRAN 70-HYPROMELLOSE SOLUTION	GENTEAL TEARS MILD						
HYPROMELLOSE (GONIOSCOPIIC) SOLUTION	GONIOTAIRE						
POLYETHYLENE GLYCOL 400 (OPHTH) GEL	BLINK TEARS LUBRICATING EYE DROPS						
POLYETHYLENE GLYCOL 400 (OPHTH) SOLUTION	BLINK TEARS LUBRICATING EYE DROPS						
POLYETHYLENE GLYCOL-PROPYLENE GLYCOL (OPHTH) SOLUTION	VISTA TEARS						
POLYSORBATE 80 (OPHTH) SOLUTION	VIVA DROPS						
POLYVINYL ALCOHOL SOLUTION	POLYVINYL ALCOHOL 1.4% LUBRICATING EYE DROPS						
WHITE PETROLATUM-MINERAL OIL OINTMENT	REFRESH P.M.						
<b>BETA-BLOCKERS - OPHTHALMIC**</b>							

BETAXOLOL HCL (OPHTH) SOLUTION	BETAXOLOL HCL					
BETAXOLOL HCL (OPHTH) SUSPENSION	BETOPTIC-S					
BRIMONIDINE TARTRATE-TIMOLOL MALEATE SOLUTION	COMBIGAN					
CARTEOLOL HCL (OPHTH) SOLUTION	CARTEOLOL HCL					
DORZOLAMIDE HCL-TIMOLOL MALEATE SOLUTION	COSOPT					
LEVOBUNOLOL HCL SOLUTION	LEVOBUNOLOL HCL					
TIMOLOL MALEATE (OPHTH) GEL FORMING SOLUTION	TIMOPTIC-XE					
TIMOLOL MALEATE (OPHTH) SOLUTION	TIMOPTIC					
TIMOLOL SOLUTION	BETIMOL					
<b>CYCLOPLEGIC MYDRIATICS**</b>						
ATROPINE SULFATE (OPHTHALMIC) OINTMENT	ATROPINE SULFATE					
ATROPINE SULFATE (OPHTHALMIC) SOLUTION	ISOPTO ATROPINE					
CYCLOPENTOLATE HCL SOLUTION	CYCLOGYL					
HOMATROPINE HBR SOLUTION	HOMATROPAIRE					
PHENYLEPHRINE HCL (MYDRIATIC) SOLUTION	ALTAFRIN					
<b>MIOTICS**</b>						
PILOCARPINE HCL SOLUTION	ISOPTO CARPINE					
<b>OPHTHALMIC ADRENERGIC AGENTS**</b>						
APRACLONIDINE HCL SOLUTION	IOPIDINE					
BRIMONIDINE TARTRATE SOLUTION	LUMIFY					
<b>OPHTHALMIC ANTI-INFECTIVES**</b>						
BACITRACIN (OPHTHALMIC) OINTMENT	BACITRACIN				3.5	7
BACITRACIN-POLYMYXIN B (OPHTH) OINTMENT	POLYCIN					
CIPROFLOXACIN HCL (OPHTH) OINTMENT	CILOXAN					
CIPROFLOXACIN HCL (OPHTH) SOLUTION	CILOXAN					
ERYTHROMYCIN (OPHTH) OINTMENT	ERYTHROMYCIN					
GENTAMICIN SULFATE (OPHTH) OINTMENT	GENTAK					
GENTAMICIN SULFATE (OPHTH) SOLUTION	GENTAMICIN SULFATE					
MOXIFLOXACIN HCL (OPHTH) SOLUTION	VIGAMOX					
NATAMYCIN SUSPENSION	NATACYN					
NEOMYCIN-BACITRACIN ZN-POLYMYXIN OINTMENT	NEO-POLYCIN					
NEOMYCIN-POLYMYXIN-GRAMICIDIN SOLUTION	NEOMYCIN/POLYMYXIN/GRAMICIDIN					
OFLOXACIN (OPHTH) SOLUTION	OCUFLOX					
POLYMYXIN B-TRIMETHOPRIM SOLUTION	POLYTRIM					
SULFACETAMIDE SODIUM (OPHTH) OINTMENT	SULFACETAMIDE SODIUM					
SULFACETAMIDE SODIUM (OPHTH) SOLUTION	BLEPH-10					
TOBRAMYCIN (OPHTH) OINTMENT	TOBREX				3.5	7
TOBRAMYCIN (OPHTH) SOLUTION	TOBREX					
TRIFLURIDINE SOLUTION	TRIFLURIDINE					
<b>OPHTHALMIC DECONGESTANTS**</b>						
HYPROMELLOSE-NAPHAZOLINE-POLYSORBATE 80-ZINC SULFATE SOLUTION	CLEAR EYES COMPLETE 7 SYMPTOM RELIEF					
NAPHAZOLINE W/ PHENIRAMINE SOLUTION	NAPHCON-A					
NAPHAZOLINE W/ ZINC SULFATE SOLUTION	VASOCLEAR A					
NAPHAZOLINE-GLYCERIN SOLUTION	REDNESS RELIEF					
NAPHAZOLINE-GLYCERIN-ZINC SULFATE SOLUTION	CLEAR EYES COOLING COMFORT ITCHY EYE RELIEF					
NAPHAZOLINE-HYPROMELLOSE SOLUTION	TGT LUBRICANT REDNESS RELIEVER EYE DROPS					
NAPHAZOLINE-POLYETHYLENE GLYCOL 300 SOLUTION	RA STERILE EYE DROPS					
TETRAHYDROZOLINE HCL (OPHTH) SOLUTION	VISINE RED EYE COMFORT					
TETRAHYDROZOLINE W/ POLYETHYLENE GLYCOL SOLUTION	VISINE RED EYE HYDRATING COMFORT					
TETRAHYDROZOLINE W/ ZINC SULFATE SOLUTION	VISINE-AC					
TETRAHYDROZOLINE-DEXTRAN-POLYETHYLENE GLYCOL-POVIDONE SOLUTION	SM EYE DROPS					
TETRAHYDROZOLINE-POLYVINYL ALCOHOL-POVIDONE SOLUTION	CLEAR EYES TRAVELERS EYE RELIEF					
<b>OPHTHALMIC IMMUNOMODULATORS**</b>						

CYCLOSPORINE (OPHTH) EMULSION	RESTASIS						
<b>OPHTHALMIC STEROIDS**</b>							
BACITRACIN-POLY-NEOMYCIN-HC OINTMENT	NEO-POLYCIN HC						
DEXAMETHASONE (OPHTH) SUSPENSION	MAXIDEX						
DEXAMETHASONE SODIUM PHOSPHATE (OPHTH) SOLUTION	DEXAMETHASONE SODIUM PHOSPHATE						
FLUOROMETHOLONE (OPHTH) OINTMENT	FML						
FLUOROMETHOLONE (OPHTH) SUSPENSION	FML FORTE						
GENTAMICIN-PREDNISOLONE ACETATE OINTMENT	PRED-G S.O.P.						
GENTAMICIN-PREDNISOLONE ACETATE SUSPENSION	PRED-G						
NEOMYCIN-POLYMY-DEXAMETH OINTMENT	MAXITROL						
NEOMYCIN-POLYMY-DEXAMETH SUSPENSION	MAXITROL						
NEOMYCIN-POLYMYXIN-HC (OPHTH) SUSPENSION	NEOMYCIN/POLYMYXIN/HYDROCORTISONE						
PREDNISOLONE ACETATE (OPHTH) SUSPENSION	PRED MILD						
PREDNISOLONE SODIUM PHOSPHATE (OPHTH) SOLUTION	PREDNISOLONE SODIUM PHOSPHATE						
SULFACETAMIDE SOD-PREDNISOLONE OINTMENT	BLEPHAMIDE S.O.P.						
SULFACETAMIDE SOD-PREDNISOLONE SOLUTION	SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE						
SULFACETAMIDE SOD-PREDNISOLONE SUSPENSION	BLEPHAMIDE						
TOBRAMYCIN-DEXAMETHASONE OINTMENT	TOBRADEX					3.5	7
TOBRAMYCIN-DEXAMETHASONE SUSPENSION	TOBRADEX ST						
<b>OPHTHALMICS - MISC.**</b>							
AZELASTINE HCL (OPHTH) SOLUTION	AZELASTINE HCL						
BRINZOLAMIDE SUSPENSION	AZOPT						
BROMFENAC SODIUM (OPHTH) SOLUTION	PROLENSA						
CROMOLYN SODIUM (OPHTH) SOLUTION	CROMOLYN SODIUM						
DICLOFENAC SODIUM (OPHTH) SOLUTION	DICLOFENAC SODIUM						
DORZOLAMIDE HCL SOLUTION	TRUSOPT						
EPINASTINE HCL (OPHTH) SOLUTION	EPINASTINE HCL						
FLURBIPROFEN SODIUM SOLUTION	FLURBIPROFEN SODIUM						
KETOROLAC TROMETHAMINE (OPHTH) SOLUTION	ACUVAIL						
KETOTIFEN FUMARATE (OPHTH) SOLUTION	ALAWAY						
LODOXAMIDE TROMETHAMINE SOLUTION	ALOMIDE						
OLOPATADINE HCL SOLUTION	PATADAY EXTRA STRENGTH						
SODIUM CHLORIDE HYPERTONIC OINTMENT	ALTACHLORE						
SODIUM CHLORIDE HYPERTONIC SOLUTION	MURO 128						
<b>PROSTAGLANDINS - OPHTHALMIC**</b>							
LATANOPROST SOLUTION	XALATAN					2.5	30
TAFLUPROST SOLUTION	ZIOPTAN				PA Required		
TRAVOPROST SOLUTION	TRAVATAN Z	Brand Only					
<b>OTIC AGENTS*</b>							
<b>OTIC AGENTS - MISCELLANEOUS**</b>							
ACETIC ACID (OTIC) SOLUTION	ACETIC ACID						
<b>OTIC ANTI-INFECTIVES**</b>							
CIPROFLOXACIN HCL (OTIC) SOLUTION	CETRAXAL			Preferred Drug			
OFLOXACIN (OTIC) SOLUTION	OFLOXACIN						
<b>OTIC COMBINATIONS**</b>							
CIPROFLOXACIN-DEXAMETHASONE SUSPENSION	CIPRODEX	Brand Only		Preferred Drug			
CIPROFLOXACIN-HYDROCORTISONE SUSPENSION	CIPRO HC	Brand Only					
NEOMYCIN-POLYMYXIN-HC (OTIC) SOLUTION	NEOMYCIN/POLYMYXIN/HC			Preferred Drug			
NEOMYCIN-POLYMYXIN-HC (OTIC) SUSPENSION	NEOMYCIN/POLYMYXIN/HYDROCORTISONE			Preferred Drug			
<b>OTIC STEROIDS**</b>							
FLUOCINOLONE ACETONIDE (OTIC) OIL	FLAC						
HYDROCORTISONE W/ACETIC ACID SOLUTION	HYDROCORTISONE/ACETIC ACID						
<b>OXYTOCICS*</b>							

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

METHYLCELLULOSE POWDER	METHYLCELLULOSE						
<b>SEMI SOLID VEHICLES**</b>							
CREAM BASE CREAM	SANARE ADVANCED SCAR THERAPY						
GEL BASE GEL	VERSAPRO						
<b>PROGESTINS*</b>							
<b>PROGESTINS**</b>							
MEDROXYPROGESTERONE ACETATE TABLET	PROVERA						
NORETHINDRONE ACETATE TABLET	AYGESTIN						
PROGESTERONE CAPSULE	PROMETRIUM						
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*</b>							
<b>AGENTS FOR CHEMICAL DEPENDENCY**</b>							
ACAMPROSATE CALCIUM TABLET ENTERIC COATED	ACAMPROSATE CALCIUM DR						
DISULFIRAM TABLET	DISULFIRAM						
<b>ANTIDEMENTIA AGENTS**</b>							
DONEPEZIL HYDROCHLORIDE TABLET	ARICEPT						
DONEPEZIL HYDROCHLORIDE TABLET DISINTEGRATING	DONEPEZIL HCL						
GALANTAMINE HYDROBROMIDE CAPSULE ER 24 HR	RAZADYNE ER					PA Required	
GALANTAMINE HYDROBROMIDE SOLUTION	GALANTAMINE HYDROBROMIDE					PA Required	
GALANTAMINE HYDROBROMIDE TABLET	GALANTAMINE HYDROBROMIDE					PA Required	
MEMANTINE HCL CAPSULE ER 24 HR	NAMENDA XR TITRATION PACK					PA Required	
MEMANTINE HCL SOLUTION	MEMANTINE HYDROCHLORIDE					PA Required	
MEMANTINE HCL TABLET	NAMENDA					PA Required	
RIVASTIGMINE PATCH 24 HR	EXELON					PA Required	
RIVASTIGMINE TARTRATE CAPSULE	RIVASTIGMINE TARTRATE					PA Required	
<b>MOVEMENT DISORDER DRUG THERAPY**</b>							
DEUTETRABENAZINE TABLET	AUSTEDO					PA Required	
DEUTETRABENAZINE TAB THER PACK	AUSTEDO PATIENT TITRATION KIT					PA Required	
DEUTETRABENAZINE TABLET ER 24HR	AUSTEDO XR					PA Required	
DEUTETRABENAZINE TBER THER PACK	AUSTEDO XR PATIENT TITRATION KIT					PA Required	
VALBENAZINE TOSYLATE CAPSULE	INGREZZA					PA Required	
<b>MULTIPLE SCLEROSIS AGENTS**</b>							
DIMETHYL FUMARATE CAPSULE DELAYED RELEASE	TECFIDERA					PA Required	
DALFAMPRIDINE TABLET ER 12HR	AMPYRA					PA Required	
FINGOLIMOD HCL CAPSULE	GILENYA					PA Required	
GLATIRAMER ACETATE SOLN PREF SYR	COPAXONE	Brand Only	Preferred Drug			PA Required	
INTERFERON BETA-1A AUTO-INJECTOR KIT	AVONEX PEN					PA Required	
INTERFERON BETA-1A PREFILLED SYRINGE KIT	AVONEX					PA Required	
INTERFERON BETA-1A SOLN AUTO-INJ	REBIF REBIDOSE					PA Required	
INTERFERON BETA-1A SOLN PREF SYR	REBIF					PA Required	
NATALIZUMAB CONCENTRATE	TYSABRI					PA Required	
OCRELIZUMAB SOLUTION	OCREVUS					PA Required	
OFATUMUMAB (MS) SOLN AUTO-INJ	KESIMPTA					PA Required	
TERIFLUNOMIDE TABLET	AUBAGIO					PA Required	
<b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS**</b>							
GABAPENTIN (ONCE-DAILY) TABLET	GRALISE					PA Required	
GABAPENTIN (ONCE-DAILY) MISCELLANEOUS	GRALISE					PA Required	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**</b>							
ERGOLOID MESYLATES TABLET	ERGOLOID MESYLATES						
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.	
<b>RESTLESS LEG SYNDROME (RLS) AGENTS**</b>							
GABAPENTIN ENACARBIL TABLET ER	HORIZANT					PA Required	
<b>SMOKING DETERRENTS**</b>							

BUPROPION HCL (SMOKING DETERRENT) TABLET ER 12HR	BUPROPION HYDROCHLORIDE ER (SR)					168	180
NICOTINE INHALER	NICOTROL INHALER					1008	180
NICOTINE KIT	NICOTINE TRANSDERMAL SYSTEM					84	180
NICOTINE POLACRILEX GUM	THRIVE					540	180
NICOTINE POLACRILEX LOZENGE	KLS QUIT2					540	180
NICOTINE PATCH 24 HR	HABITROL					84	180
NICOTINE SOLUTION	NICOTROL NS					120	180
VARENICLINE TARTRATE TABLET	CHANTIX					168	180
VARENICLINE TARTRATE TAB THER PACK	CHANTIX STARTING MONTH PAK					53	180
<b>RESPIRATORY AGENTS - MISC.*</b>							
<b>ALPHA-PROTEINASE INHIBITOR (HUMAN)**</b>							
ALPHA1-PROTEINASE INHIBITOR (HUMAN) SOLUTION RECONSTITUTED	ARALAST NP				PA Required		
<b>CYSTIC FIBROSIS AGENTS**</b>							
DORNASE ALFA SOLUTION	PULMOZYME				PA Required		
IVACAFTOR PACKET	KALYDECO				PA Required		
IVACAFTOR TABLET	KALYDECO				PA Required		
<b>PULMONARY FIBROSIS AGENTS**</b>							
PIRFENIDONE CAPSULE	ESBRIET	Brand Only					
PIRFENIDONE TABLET	ESBRIET	Brand Only					
<b>SULFONAMIDES*</b>							
<b>SULFONAMIDES**</b>							
SULFADIAZINE TABLET	SULFADIAZINE						
<b>TETRACYCLINES*</b>							
<b>GLYCYLCYCLINES**</b>							
TIGECYCLINE SOLUTION RECONSTITUTED	TYGACIL						
<b>TETRACYCLINES**</b>							
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						
<b>THYROID AGENTS*</b>							
<b>ANTITHYROID AGENTS**</b>							
METHIMAZOLE TABLET	METHIMAZOLE						
PROPYLTHIOURACIL TABLET	PROPYLTHIOURACIL						
<b>THYROID HORMONES**</b>							
LEVOTHYROXINE SODIUM CAPSULE	TIROSINT					30	30
LEVOTHYROXINE SODIUM TABLET	LEVO-T					30	30
LIOthyronine SODIUM TABLET	CYTOMEL					30	30
THYROID TABLET	ARMOUR THYROID						
<b>TOXOIDS*</b>							
<b>TOXOID COMBINATIONS**</b>							
DIPH-AC PERT-TET TOX AD-POLIO IPV-HAEMOPHIL B POLY VAC SUSPENSION RECONSTITUTED	PENTACEL				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger		
DIPH-TETANUS TOX AD-ACELL PERTUSSIS & POLIO VIRUS, IPV VAC SUSPENSION	QUADRACEL				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger		
DIPH-TETANUS TOX AD-ACELL PERTUSSIS & POLIO VIRUS, IPV VAC SUSP 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			
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS*</b>							
<b>ANTISPASMODICS**</b>							
DICYCLOMINE HCL CAPSULE	DICYCLOMINE HYDROCHLORIDE						
DICYCLOMINE HCL SOLUTION	BENTYL						
DICYCLOMINE HCL TABLET	DICYCLOMINE HYDROCHLORIDE						
GLYCOPYRROLATE SOLUTION	GLYRX-PF						
GLYCOPYRROLATE TABLET	GLYCATE						
HYOSCYAMINE SULFATE ELIXIR	HYOSCYAMINE SULFATE					120	30
HYOSCYAMINE SULFATE SOLUTION	LEVSIN					120	30
HYOSCYAMINE SULFATE TAB SUBLINGUAL	LEVSIN/SL					120	30
HYOSCYAMINE SULFATE TABLET	LEVSIN					120	30
HYOSCYAMINE SULFATE TABLET ER 12HR	LEVBID					120	30
HYOSCYAMINE SULFATE TABLET DISINTEGRATING	NULEV					120	30
<b>H-2 ANTAGONISTS**</b>							
FAMOTIDINE SUSPENSION RECONSTITUTED	FAMOTIDINE						
FAMOTIDINE TABLET	ZANTAC 360						
NIZATIDINE CAPSULE	NIZATIDINE						
NIZATIDINE SOLUTION	NIZATIDINE						
RANITIDINE HCL TABLET	WAL-ZAN 150 MAXIMUM STRENGTH						
<b>MISC. ANTI-ULCER**</b>							
SUCRALFATE SUSPENSION	CARAFATE						
SUCRALFATE TABLET	CARAFATE						
<b>PROTON PUMP INHIBITORS**</b>							
ESOMEPRAZOLE MAGNESIUM PACKET	NEXIUM			PA Required for > 18 Years of Age		30	30
LANSOPRAZOLE CAPSULE DELAYED RELEASE	PREVACID					60	30
LANSOPRAZOLE TAB DR DISINT	PREVACID SOLUTAB			PA Required for > 18 Years of Age		60	30
OMEPRAZOLE CAPSULE DELAYED RELEASE	OMEPRAZOLE DR					60	30
PANTOPRAZOLE SODIUM PACKET	PROTONIX			PA Required for > 18 Years of Age		30	30
PANTOPRAZOLE SODIUM TABLET ENTERIC COATED	PROTONIX					60	30
<b>ULCER DRUGS - PROSTAGLANDINS**</b>							
MISOPROSTOL TABLET	CYTOTEC						
<b>URINARY ANTISPASMODICS*</b>							
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)**</b>							
FESOTERODINE FUMARATE TABLET ER 24HR	TOVIAZ	Brand Only	Preferred Drug				
OXYBUTYNIN CHLORIDE SOLUTION	OXYBUTYNIN CHLORIDE						
OXYBUTYNIN CHLORIDE TABLET (5MG)	OXYBUTYNIN CHLORIDE		Preferred Drug				
OXYBUTYNIN CHLORIDE TABLET ER 24HR	DITROPAN XL		Preferred Drug				
TOLTERODINE TARTRATE CAPSULE ER 24 HR	DETROL LA	Brand Only	Preferred Drug				
TOLTERODINE TARTRATE TABLET	DETROL	Brand Only	Preferred Drug				

<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS**</b>							
BETHANECHOL CHLORIDE TABLET	BETHANECHOL CHLORIDE						
<b>VACCINES*</b>							
<b>BACTERIAL VACCINES**</b>							
PNEUMOCOCCAL 13-VALENT CONJUGATE VACCINE SUSPENSION	PREVNAR 13						
PNEUMOCOCCAL 15-VALENT CONJUGATE VACCINE SUSP PREF SYR	VAXNEUVANCE						
PNEUMOCOCCAL 20-VALENT CONJUGATE VACCINE SUSP PREF SYR	PREVNAR 20						
PNEUMOCOCCAL VAC POLYVALENT INJECTABLE	PNEUMOVAX 23						
<b>VIRAL VACCINES**</b>							
COVID-19 (SARS-COV-2) MRNA VIRUS VACCINE SUSPENSION	COMIRNATY				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger		
COVID-19 (SARS-COV-2) MRNA VIRUS VACCINE SUSP PREF SYR	COMIRNATY				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger		
COVID-19 (SARS-COV-2) SUBUNIT (SPIKE) PROTEIN VIRUS VACCINE SUSPENSION	NOVAVAX COVID-19 VACCINE				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger		
HEPATITIS B VACCINE (RECOMB) SUSPENSION	RECOMBIVAX HB				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger		
HEPATITIS B VACCINE (RECOMB) SUSP PREF SYR	RECOMBIVAX HB				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger		
HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMBINANT VACCINE SUSPENSION	GARDASIL 9				Covered for Members 19 - 45 Years of Age, Obtain through VFC program for ages 18 and younger		
HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMBINANT VACCINE SUSP PREF SYR	GARDASIL 9				Covered for Members 19 - 45 Years of Age, Obtain through VFC program for ages 18 and younger		
INFLUENZA VIRUS VAC RECOMB HEMAGGLUTININ (HA) QUADRIVALENT SOLN PREF SYR	FLUBLOK QUADRIVALENT				Covered for Members 3 Years and Older		
INFLUENZA VIRUS VAC SPLIT HIGH-DOSE QUAD PRESERVATIVE FREE SUSP PREF SYR	FLUZONE HIGH-DOSE PF				Covered for Members 3 Years and Older		
INFLUENZA VIRUS VACC TYPES A & B SURF ANTIGEN ADJUVANT QUAD PREFILLED SYR	FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS				Covered for Members 3 Years and Older		
INFLUENZA VIRUS VACCINE LIVE QUADRIVALENT SUSPENSION	FLUMIST QUADRIVALENT				Covered for Members 3 Years and Older		
INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT SUSPENSION	AFLURIA QUADRIVALENT				Covered for Members 3 Years and Older		
INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT SUSP PREF SYR	AFLURIA QUADRIVALENT				Covered for Members 3 Years and Older		
INFLUENZA VIRUS VACCINE TISSUE-CULTURED SUBUNIT QUADRIVALENT SUSPENSION	FLUCELVAX QUADRIVALENT				Covered for Members 3 Years and Older		
INFLUENZA VIRUS VACCINE TISSUE-CULTURED SUBUNIT QUADRIVALENT SUSP PREF SYR	FLUCELVAX QUADRIVALENT				Covered for Members 3 Years and Older		
MEASLES, MUMPS & RUBELLA VIRUS VACCINES SOLUTION RECONSTITUTED	M-M-R II				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger		
MEASLES, MUMPS & RUBELLA VIRUS VACCINES SUSPENSION RECONSTITUTED	PRIORIX				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger		
MEASLES-MUMPS-RUBELLA-VARICELLA VIRUS VACCINES SUSPENSION RECONSTITUTED	PROQUAD				Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger		
RSV PRE-FUSION F3 PROTEIN (RSVPREF3) VAC RECOMB ADJUVANTED SUSPENSION RECONSTITUTED	AREXVY				Covered for Members 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
SMALLPOX & MONKEYPOX VACCINE, LIVE, NON-REPLICATING SUSPENSION	JYNNEOS			Covered for Members 19 Years and Older, Obtain through VFC program for ages 18 and younger		
ZOSTER VACCINE RECOMBINANT ADJUVANTED SUSPENSION RECONSTITUTED	SHINGRIX			Covered for Members 50 Years and Older, PA Required for Ages 19 - 49 Years of Age, Excluded for Ages 18 and Younger		
<b>VAGINAL AND RELATED PRODUCTS*</b>						
<b>SPERMICIDES**</b>						
NONOXYNOL-9 FILM	VCF VAGINAL CONTRACEPTIVE FILM					
NONOXYNOL-9 FOAM	VCF VAGINAL CONTRACEPTIVE FOAM					
NONOXYNOL-9 GEL	SHUR-SEAL					
NONOXYNOL-9 MISCELLANEOUS	TODAY SPONGE					
NONOXYNOL-9 SUPPOSITORY	ENCARE					
<b>VAGINAL ANTI-INFECTIVES**</b>						
CLINDAMYCIN PHOSPHATE VAGINAL CREAM	CLEOCIN					
CLINDAMYCIN PHOSPHATE VAGINAL SUPPOSITORY	CLEOCIN					
CLOTRIMAZOLE VAGINAL CREAM	GYNE-LOTRIMIN					
METRONIDAZOLE VAGINAL GEL	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					
<b>VAGINAL ESTROGENS**</b>						
ESTRADIOL ACETATE VAGINAL RING	FEMRING			PA Required	1	30
ESTRADIOL VAGINAL CREAM	ESTRACE					
ESTRADIOL VAGINAL RING	ESTRING				1	90
ESTRADIOL VAGINAL TABLET	YUVAFEM					
ESTROGENS, CONJUGATED VAGINAL CREAM	PREMARIN				1	30
<b>VASOPRESSORS*</b>						
<b>ANAPHYLAXIS THERAPY AGENTS**</b>						
EPINEPHRINE (ANAPHYLAXIS) SOLN AUTO-INJ	AUVI-Q	Mylan Generic	Preferred Drug	PA Required for > 2 Per Month	2	30
<b>VASOPRESSORS**</b>						
MIDODRINE HCL TABLET	MIDODRINE HCL					
<b>VITAMINS*</b>						
<b>OIL SOLUBLE VITAMINS**</b>						
CHOLECALCIFEROL LIQUID	BPROTECTED PEDIA D-VITE			PA Required for > 2 years of age		
ERGOCALCIFEROL CAPSULE	DRISDOL				12	30
VITAMIN E CAPSULE	XCELLENT E					
<b>WATER SOLUBLE VITAMINS**</b>						
ASCORBIC ACID TABLET CHEWABLE	SUNKIST VITAMIN C					
NIACIN CAPSULE ER	NIACIN TR					
NIACIN TABLET ER	ENDUR-ACIN					
PYRIDOXINE HCL TABLET	VITAMIN B-6					
THIAMINE HCL TABLET	VITAMIN B-1					