

- Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Specified As BRAND ONLY
- Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List May Be Available Through Prior Authorization

ADBID/ANTI-NARCOLEPSY Amphetamines AMPHETAMINE-DEXTROAMPHETAMINE CAPSULE 24-HOUR AMPHETAMINE-DEXTROAMPHETAMINE TABLETS ADDERALL PREFERRED DRUG PA REQUIRED for Ages < 6 years of age ADDERALL PREFERRED DRUG PA REQUIRED for Ages < 6 years of age 60 DEXTROAMPHETAMINE DIMESTRATE CAPSULES VARIOUS PREFERRED DRUG PA REQUIRED for Ages < 6 years of age 60 DEXTROAMPHETAMINE DIMESTRATE CAPSULES VARIOUS PREFERRED DRUG PA REQUIRED for Ages < 6 years of age 60 DEXMETHYLPHENIDATE HCL CAPSULE 24-HOUR PREFERRED DRUG PA REQUIRED for Ages < 6 years of age 60 DEXMETHYLPHENIDATE HCL TABLETS VARIOUS PREFERRED DRUG PA REQUIRED for Ages < 6 years of age 60 DEXMETHYLPHENIDATE HCL TABLETS VARIOUS PREFERRED DRUG PA REQUIRED for Ages < 6 years of age 60 DEXMETHYLPHENIDATE HCL TABLETS VARIOUS PREFERRED DRUG PA REQUIRED for Ages < 6 years of age 60 DEXMETHYLPHENIDATE HCL TABLETS VARIOUS PREFERRED DRUG PA REQUIRED for Ages < 6 years of age 60 METHYLPHENIDATE HCL CAPSULE CONTROLLED RELEASE CD VARIOUS PREFERRED DRUG PA REQUIRED for Ages < 6 years of age 90 METHYLPHENIDATE HCL CAPSULE CONTROLLED RELEASE CD VARIOUS PREFERRED DRUG PA REQUIRED for Ages < 6 years of age 90 METHYLPHENIDATE HCL CAPSULE CONTROLLED RELEASE CD VARIOUS PREFERRED DRUG PA REQUIRED for Ages < 6 years of age 90 METHYLPHENIDATE HCL CAPSULE CONTROLLED RELEASE CD VARIOUS PREFERRED DRUG PA REQUIRED for Ages < 6 years of age 90 METHYLPHENIDATE HCL CABSULE FOR AGES VARIOUS PREFERRED DRUG PA REQUIRED for Ages < 6 years of age 90 METHYLPHENIDATE HCL CABSULE FOR AGES VARIOUS PREFERRED DRUG PA REQUIRED for Ages < 6 years of age 90 METHYLPHENIDATE HCL CABSULE FOR AGES PREFERRED DRUG PA REQUIRED for Ages < 6 years of age 90 METHYLPHENIDATE HCL CABSULE FOR AGES PREFERRED DRUG PA REQUIRED for Ages < 6 years of age 90 METHYLPHENIDATE HCL CABSULE FOR AGES PREFERRED DRUG PA REQUIRED FOR Ages < 6 years of age 90 METHYLPHENIDATE HCL CABSULE FOR AGES PREFERRED DRUG PA REQUIRED FOR Ages < 6 years of age 90	Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List May Be Available Thrughten Thrughten State (1997)	ougn Prior Authorization	Prand Only/Ganaria				Quantity	
ADDITIONAL PROCESSARY ADDITIONAL SECTION ADDI	Drug Class/Drug Name	Reference Brand Name	Brand Only/Generic	Preferred Drug Status	PA Status	Step Therapy Requirements	Quantity Limit (OL)	QL Days
Applications	ADHD/ANTI-NARCOLEPSY		Notes				Emilit (QL)	
ADDITIONAL CAPACITY OF THE PROPERTY OF THE P								
AMPRICAMENT CARGINAL CONTROLANCE (AMPRICA CONTROL AMPRICANCE) AMPRICAMENT CARGINAL CARGINES AMPRICA CONTROLANCE CARGINES AMPRICA CONTROLANCE CARGINES AMPRICANCE CARGINES AM		ADDERALL XR		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		30	30
INCOMPANDED FORM PARTICULAR		ADDERALL		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		60	30
Simulated	DEXTROAMPHETAMINE SULFATE TABLETS	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		60	30
DEMONTHY PENNANT HIC (LASSILE 24-HOUR FOCALINAS PREFERED DRILLY SECURISD FOR Ages of year of age 0.0	LISDEXAMFETAMINE DIMESYLATE CAPSULES	VYVANSE		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		30	30
DOMESTIFY DEPONDED FINE COPYRIDED FOR ICE OF SQUENT DIRECT SQUENT DIRE	Stimulants							
MITCHIPPENDATE INC. CAPAGE 24 SHOULD FOR age 6 years of age 30	DEXMETHYLPHENIDATE HCL CAPSULE 24-HOUR	FOCALIN XR		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		60	30
METHORPHINATE REC CAPAGE CONTROLED RELIANS CD MATCHURE								30
METHYPHINIANTE RATCH MATERIAN METHYNIN PREFEREND DILLIG PARCURENT for Ages < 9 years of age 30								30
METHORNOME RECURSION		VARIOUS						30
METHORNOATE ICL TABLETS VARIOUS PREFERED DRUG PR								30
METHYPHONOTE INC. TALES CYNTROLED RELAKE ONLY AND CONTROLED RELAKE ONL								30
METHAPHENDATE PICLIABLE POLICIA PRESENTATION OF METHAPES OF METHAP								30
Miscellaneous Agents ACMONICHTER (LAPSUES) VARIOUS PREFERED DRUG PA REQUIRED for Ages 4 eyears of age (CONDORS HCL. CONDORS HCL. PARTICULAR OF AGES 4 eyears of age 4 20 CONDORS HCL. PARTICULAR OF AGES 4 eyears of age 4 20 CONDORS HCL. PARTICULAR OF AGES 4 eyears of age 4 20 CONDORS HCL. PARTICULAR OF AGES 4 eyears of age 4 20 CONDORS HCL. PARTICULAR OF AGES 4 eyears of age 4 20 CONDORS HCL. PARTICULAR OF AGES 4 eyears of age A RECLURED For A								30
AGMONDER PEC, CAPSULSS ARROURS PREFERED DRUG AR REQUIRED for Ages < 6 years of age 30		CONCERTA		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		60	30
CONDITION FOR THE COUNTY OF TH								
CLOMDINE RCI. CHANDSPEARLY PATCH		VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		30	30
CLOMIDIE NC. TRANSCERMAL PATCH CLOMIDIC NC. TRANSCERMAL PATCH		Learning			DA DECUMPED (
GLOMDINE ECI, ADRIDO TABLET 12-HOUR GLAMFACHE FER GLAMFACHE FER GREFFRED DRUG GLAMFACHE FER FERFERED DRUG GLAMFACHE FER FERFERED DRUG GLAMFACHE FER FERFERED DRUG FAREQUIRED for Ages < 6 years of age GLAMFACHE FER GLAMFACHE FERFERED DRUG FAREQUIRED for Ages < 6 years of age ARREQUIRED for Ages < 7 years of		I .						
GUANFACINE FICE (ADRIPT) TABLET 24-HOUR GO FAGES 6 years of age GUANFACINE FICE (SUANFACINE FICE SUANFACINE FICE				225552252 22110			4	28
GLIAMFACINE HCL TABLET Alternative Medicine MELATONIN TARS VARIOUS ALTERNATIVE MEDICINE AND ARROYS ALCOXIDE HCL 1- SYRINGE ALCOXID HCL 1- S								30
Alternative Medicine Mel (ATONIN TABS	` '			PREFERRED DRUG			30	30
ALERENTEW REDICTION TABS AND COME		GUANFACINE HCL			PA REQUIRED for Ages < 6 years of age			
Alternative Medicine Combinations LAX + DHA CAPS VARIOUS MEGA 3-69 CAPS VARIOUS MITTINE DIMEGA 5-69 CAPS VARIOUS NALOXONE H.C. LASOLITION + SYRINGE NALOXONE H.C. LASO		MADIOLIC						
FLAX = PHA CAPS VARIOUS WARIOUS WARIOUS TRIPLE OMEGA 3-69 CAPS WARIOUS WALIOUS WARIOUS WIVITROL PREFERRED DRUG WALIOUS WARIOUS		VARIOUS						
OMEGA 3-69 CAPS VARIOUS VARIOU		VADIOLIS						
TRIPLE OMEGA 3-6-9 CAPS VARIOUS ANIDOTES OPIOD ANTAGONISTS NALOXONE HCL SYRINGE NALOXONE HCL NASAL SPRAY NALOXONE HCL SPRAY MRC NASAL SPRAY NALOXONE HCL NASAL SPRAY NALOXONE HCL SPRAY MRC NASAL SPRAY NALOXONE HCL NASAL SPRAY NALOXONE HCL SPRAY MRC NASAL SPRAY NALOXONE HCL NASAL SPRAY NALOXONE HCL SPRAY MRC NASAL SPRAY NALOXONE HCL SPRAY MRC NASAL SPRAY NALOXONE HCL NASAL SPRAY NALOXONE								
ANTIDOTES OPCIDIO ANTAGONISTS NALOXONE HCL SOLUTION + SYRINGE NALOXONE HCL NASAL SPRAY NALOX								
OPICID ANTAGONISTS NALOXONE HCL + SYRINGE PREFERED DRUG PREFERED DRUG NARCAN NASAL SPRAY NARCAN NASAL SPRAY PRESCRIPTION ONLY PREFERED DRUG		VARIOUS						
NALOXONE HCL SOLUTION + SYRINGE NALOXONE HCL SOLUTION + SYRINGE NALOXONE HCL NASAL SPRAY NARCAN NASAL SPRAY NARCAN NASAL SPRAY NALOXONE HCL NASAL SPRAY PREFERRED DRUG NALOXONE HCL NASAL SPRAY PREF								
NALOXONE HCL NASAL SPRAY NACAN NASAL SPRAY NACONE HCL NASAL SPRAY NA		NALOXONE HCL + SYRINGE		DREEEDBED DRIIG				
NALOXONE HCL NASAL SPRAY NACAN NASAL SPRAY NALOXNADO NASAL SPRAY N	WALESKONE TICE SOLOTION 1 STRINGE	WALCHOLD FIRE FORMINGE	OVER-THE-COLINTER &	FIXEI ENNED DINOG				
NALOXONE HCL NASAL SPRAY 8mg KLOXADO NASAL SPRAY NALTREXONE HCL NALTREXONE HCL NALTREXONE HCL PREFERRED DRUG NALTREXONE HCL PREFERRED DRUG NALTREXONE WIVITROL PREFERRED DRUG NALTREXONE PREFERRED DRUG NALTREXONE PREFERRED DRUG NALTREXONE PREFERRED DRUG PR	NALOXONE HCL NASAL SPRAY	NARCAN NASAI SPRAY		PREFERRED DRUG			2	1
NALTERONE HCL TABLETS NALTERONE SUSPENSION VIVITOL PREFERRED DRUG DRUGGE PREFERRED DRUG PREFERRED DRUG DRUGGE PREFERRED DRUG			- NESONII TIGIT GILET				2	1
NALITREXONE SUSPENSION OPIOID AGONISTS PA REQUIRED unless the member is pregnant or nursing. The prescriber must note the following ICD-10 codes on the prescription: 1. 009.91 - Supervision of high risk pregnancy, 1st Trimester. 2. 009.92 - Supervision of high risk pregnancy, 2nd Trimester. 3. 009.93 - Supervision of high risk pregnancy, 3rd Trimester. 4. 009.91 - Supervision of high risk pregnancy, 3rd Trimester. 4. 009.91 - Supervision of high risk pregnancy use for Postpartum Nursing Mothers. The first digit of the diagnosis code is the Letter - O and the second is a Zero - 0 BUPRENORPHINE BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM GENERIC							_	
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PA REQUIRED unless the member is pregnant or nursing. The prescriber must note the following ICD-10 codes on the prescription: 1. 009.91- Supervision of high risk pregnancy, 1st Trimester. 2. 009.92- Supervision of high risk pregnancy, 2nd Trimester. 3. 009.93- Supervision of high risk pregnancy, 2nd Trimester. 4. 009.91- Supervision of high risk pregnancy ard Trimester. 5. 009.93- Supervision of high risk pregnancy are for Postpartum Nursing Mothers. The first digit of the diagnosis code is the Letter - O and the second is a Zero - O BUPRENORPHINE BUPRENORPHINE SUBOXONE FILM PREFERRED DRUG GENERIC								
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Trimester. 2. 009.92- Supervision of high risk pregnancy, 2nd Trimester. 3. 009.93- Supervision of high risk pregnancy, 3rd Trimester. 4. 009.91- Supervision of high risk pregnancy- use for Postpartum Nursing Mothers. The first digit of the diagnosis code is the Letter - O and the second is a Zero - 0 BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM SUBOXONE FILM GENERIC					codes on the prescription:			
2. O09.92- Supervision of high risk pregnancy, 2nd Trimester. 3. O09.93- Supervision of high risk pregnancy, 3rd Trimester. 4. O09.91- Supervision of high risk pregnancy- use for Postpartum Nursing Mothers. The first digit of the diagnosis code is the Letter - O and the second is a Zero - O BUPRENORPHINE OVARIOUS BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM SUBOXONE FILM GENERIC					1. O09.91- Supervision of high risk pregnancy, 1st			
Trimester. 3. 009.93- Supervision of high risk pregnancy, 3rd Trimester. 4. 009.91- Supervision of high risk pregnancy- use for Postpartum Nursing Mothers. The first digit of the diagnosis code is the Letter - O and the second is a Zero - O BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM SUBOXONE FILM GENERIC								
Trimester. 3. 009.93- Supervision of high risk pregnancy, 3rd Trimester. 4. 009.91- Supervision of high risk pregnancy- use for Postpartum Nursing Mothers. The first digit of the diagnosis code is the Letter - O and the second is a Zero - O BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM SUBOXONE FILM GENERIC					2. O09.92- Supervision of high risk pregnancy, 2nd			
Trimester. 4. 009.91- Supervision of high risk pregnancy- use for Postpartum Nursing Mothers. The first digit of the diagnosis code is the Letter - O and the second is a Zero - 0 BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM SUBOXONE FILM GENERIC Trimester. 4. 009.91- Supervision of high risk pregnancy- use for Postpartum Nursing Mothers. The first digit of the diagnosis code is the Letter - O and the second is a Zero - 0								
4. O9.91- Supervision of high risk pregnancy- use for Postpartum Nursing Mothers. The first digit of the diagnosis code is the Letter - O and the second is a Zero - 0 BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM SUBOXONE FILM GENERIC 4. O9.91- Supervision of high risk pregnancy- use for Postpartum Nursing Mothers. The first digit of the diagnosis code is the Letter - O and the second is a Zero - O					3. O09.93- Supervision of high risk pregnancy, 3rd			
BUPRENORPHINE SUBOXONE FILM FOR PREFERRED DRUG FOR PREFERRED FOR					Trimester.			
BUPRENORPHINE VARIOUS The first digit of the diagnosis code is the Letter - 0 and the second is a Zero - 0 BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM SUBOXONE FILM PREFERRED DRUG GENERIC GENERIC					4. O09.91- Supervision of high risk pregnancy- use			
BUPRENORPHINE VARIOUS and the second is a Zero - 0 BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM SUBOXONE FILM PREFERRED DRUG GENERIC GENERIC					for Postpartum Nursing Mothers.			
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM SUBOXONE FILM PREFERRED DRUG GENERIC					The first digit of the diagnosis code is the Letter - O		1	
GENERIC	BUPRENORPHINE				and the second is a Zero - 0			
	BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE FILM	SUBOXONE FILM		PREFERRED DRUG				
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE ORALLY DISINTEGRATING TABLETS VARIOUS FORMULATIONS ONLY PREFERRED DRUG			GENERIC					
			FORMULATIONS ONLY					
BUPRENORPHINE EXTENDED RELEASE INJECTION SUBLOCADE PREFERRED DRUG PA REQUIRED					-			
BUPRENORPHINE SOLN PREF SYR BRIXADI PREFERRED DRUG PA REQUIRED		BRIXADI		PREFERRED DRUG	PA REQUIRED			
MISCELLANEOUS AGENTS STATE OF THE PROPERTY OF								
ACAMPROSATE VARIOUS VARIOUS	ACAMPROSATE	VARIOUS						

		Broad Oak (Consile	i			Overstitus	
Drug Class/Drug Name	Reference Brand Name	Brand Only/Generic Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Quantity Limit (QL)	QL Days
DISULFIRAM	ANTABUSE	Notes				Ellille (QE)	
ANTIANXIETY AGENTS	THE THE SECOND S						
ANTIANXIETY AGENTS - MISC.							
				PA REQUIRED for Ages < 6 years.			
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
BUSPIRONE HCL TAB 5 MG	BUSPIRONE HCL			day time period.		120	30
				PA REQUIRED for Ages < 6 years.			
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
BUSPIRONE HCL TAB 7.5 MG	BUSPIRONE HCL			day time period.		120	30
				PA REQUIRED for Ages < 6 years.			
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
BUSPIRONE HCL TAB 10 MG	BUSPIRONE HCL			day time period.		120	30
				PA REQUIRED for Ages < 6 years.			
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
BUSPIRONE HCL TAB 15 MG	BUSPIRONE HCL			day time period.		120	30
				PA REQUIRED for Ages < 6 years.			
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
BUSPIRONE HCL TAB 30 MG	BUSPIRONE HCL			day time period.		60	30
HYDROXYZINE HCL SYRUP	HYDROXYZINE SYRUP			,		300	30
HYDROXYZINE HCL TABLETS	HYDROXYZINE TABLETS					240	30
HYDROXYZINE PAMOATE CAPSULES	VISTARIL					120	30
BENZODIAZEPINES							
				PA REQUIRED for Ages < 6 years.			
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
ALPRAZOLAM CONC 1 MG/ML	ALPRAZOLAM INTENSOL			day time period.		60	15
ALI IMEDIANI CONCI MOJNIE	ALI MAZOLAWI INTENSOL			PA REQUIRED for Ages < 6 years.		-	
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG	VARIOUS			day time period.		120	30
ALFINAZOLAWI ONALET DISHVIEGNATHVO TAB 0.25 WIG	VAINOUS			PA REQUIRED for Ages < 6 years.		120	50
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG	VARIOUS			day time period.		120	30
ALFINAZOLAWI ONALLI DISHVILGINATING TAB 0.5 MIG	VAINOUS			PA REQUIRED for Ages < 6 years.		120	50
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
ALPRAZOLAM ORALLY DISINTEGRATING TAB 1 MG	VARIOUS			day time period.		120	30
ALF NAZOLAW ONALLY DISHVILGINATING TAB I IVIG	VAINOUS			PA REQUIRED for Ages < 6 years.		120	50
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG	VARIOUS			day time period.		60	30
ALFINAZOLAWI ONALLI DISINTEGNATING TAB 2 IVIG	VAINOUS			PA REQUIRED for Ages < 6 years.		00	30
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
ALPRAZOLAM TAB 0.25 MG	VARIOUS			day time period.		120	30
ALFRAZOLAWI TAB 0.23 WIG	VARIOUS			PA REQUIRED for Ages < 6 years.	 	120	30
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
ALPRAZOLAM TAB 0.5 MG	VARIOUS			day time period.		120	30
ALFINAZOLAWI TAB 0.3 WG	VAINOUS			PA REQUIRED for Ages < 6 years.		120	30
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
ALPRAZOLAM TAB 1 MG	VARIOUS			day time period.		120	30
THE THE SECTION OF SEC	7.4.000	+		PA REQUIRED for Ages < 6 years.			
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-	1	1	
ALPRAZOLAM TAB 2 MG	VARIOUS			day time period.		60	30
THE THE ENTER PROPERTY OF THE	7.4.000	+		PA REQUIRED for Ages < 6 years.			
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-	1	1	
ALPRAZOLAM TAB SR 24HR 0.5 MG	VARIOUS			day time period.	1	30	30
ALT MAZOLANI TAD SA 24TIA U.S INIO	VAINIOUS	+	1	PA REQUIRED for Ages < 6 years.	 	50	50
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-	1	1	
ALPRAZOLAM TAB SR 24HR 1 MG	VARIOUS			day time period.	1	30	30
ALFRAZULAIVI IAD SK Z4NK I IVIU	VANIOUS			PA REQUIRED for Ages < 6 years.		50	30
					1	1	
ALDRAZOLAM TAR SR 24HR 2 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-	1	30	30
ALPRAZOLAM TAB SR 24HR 2 MG	VARIOUS			day time period.		30	30
				PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Appropriate Medication in a 30-	1	1	
ALDDAZOLAM TARICRIZALIRIZING	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-	1	30	30
ALPRAZOLAM TAB SR 24HR 3 MG	VARIOUS		1	day time period.	I.	JU	JU

		Brand Only/Generic				Quantity	
Drug Class/Drug Name	Reference Brand Name	Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Limit (QL)	QL Days
				PA REQUIRED for Ages < 6 years.			
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
CHLORDIAZEPOXIDE HCL CAP 10 MG	VARIOUS			day time period.		60	30
				PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
CHLORDIAZEPOXIDE HCL CAP 25 MG	VARIOUS			day time period.		60	30
one one one of the one as the	Villious .			PA REQUIRED for Ages < 6 years.			
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
CHLORDIAZEPOXIDE HCL CAP 5 MG	VARIOUS			day time period.		60	30
				PA REQUIRED for Ages < 6 years.			
CLONATERANO E MC	MARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-		120	30
CLONAZEPAM 0.5 MG	VARIOUS			day time period. PA REQUIRED for Ages < 6 years.		120	30
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
CLONAZEPAM 1.0 MG	VARIOUS			day time period.		120	30
				PA REQUIRED for Ages < 6 years.			
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
CLONAZEPAM 2 MG	VARIOUS			day time period.		60	30
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
CLONAZEPAM ODT 0.125MG	VARIOUS			day time period.		120	30
CLONAZEPAM ODT 0.25MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-		120	30
CLONAZEPAM OD 1 0.23WIG	VARIOUS			day time period. PA REQUIRED for > 1 Anxiolytic Medication in a 30-		120	30
CLONAZEPAM ODT 0.5 MG	VARIOUS			day time period.		120	30
CECTALE THE GOT OF THE				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
CLONAZEPAM ODT 1MG	VARIOUS			day time period.		120	30
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
CLONAZEPAM ODT 2MG	VARIOUS			day time period.		60	30
				PA REQUIRED for Ages < 6 years.			
CLODATEDATE DIRECTORS AND AS ALC	LARIOUS.			PA REQUIRED for > 1 Anxiolytic Medication in a 30-			20
CLORAZEPATE DIPOTASSIUM TAB 15 MG	VARIOUS			day time period. PA REQUIRED for Ages < 6 years.		60	30
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
CLORAZEPATE DIPOTASSIUM TAB 3.75 MG	VARIOUS			day time period.		120	30
				PA REQUIRED for Ages < 6 years.			
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
CLORAZEPATE DIPOTASSIUM TAB 7.5 MG	VARIOUS			day time period.		120	30
				PA REQUIRED for Ages < 6 years.			
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			20
DIAZEPAM CONC 5 MG/ML	DIAZEPAM INTENSOL			day time period. PA REQUIRED for Ages < 6 years.		60	30
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
DIAZEPAM SOLN 1 MG/ML	VARIOUS			day time period.		300	30
				PA REQUIRED for Ages < 6 years.			
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
DIAZEPAM TAB 10 MG	VARIOUS			day time period.		120	30
				PA REQUIRED for Ages < 6 years.			
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-		420	20
DIAZEPAM TAB 2 MG	VARIOUS			day time period.		120	30
				PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
DIAZEPAM TAB 5 MG	VARIOUS			day time period.		120	30
DIVILLE THE THE SHO				PA REQUIRED for Ages < 6 years.			
		1		PA REQUIRED for > 1 Anxiolytic Medication in a 30-	1		
LORAZEPAM CONC 2 MG/ML	LORAZEPAM INTENSOL			day time period.		60	30
				PA REQUIRED for Ages < 6 years.			
		1		PA REQUIRED for > 1 Anxiolytic Medication in a 30-	1	l	
LORAZEPAM TAB 0.5 MG	VARIOUS	-		day time period.	-	120	30
		1		PA REQUIRED for Ages < 6 years.	1		
LORAZEPAM TAB 1 MG	VARIOUS	1		PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.	1	120	30
CONTROL THE INC	1	I	<u> </u>	Tay ame periodi	1	1	1

		2 10 1 /0 :		i e			
Drug Class/Drug Name	Reference Brand Name	Brand Only/Generic Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Quantity Limit (QL)	QL Days
		Notes		PA REQUIRED for Ages < 6 years.		LIIIII (QL)	
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
LORAZEPAM TAB 2 MG	VARIOUS			day time period.		60	30
ESTALLE THE PLANT OF THE PARTY				PA REQUIRED for Ages < 6 years.			
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
OXAZEPAM CAP 10 MG	VARIOUS			day time period.		60	30
				PA REQUIRED for Ages < 6 years.			
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
OXAZEPAM CAP 15 MG	VARIOUS			day time period.		60	30
				PA REQUIRED for Ages < 6 years.			
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
OXAZEPAM CAP 30 MG	VARIOUS			day time period.		60	30
ANTICONVULSANTS							
ANTICONVULSANTS - BENZODIAZEPINES							
CLOBAZAM SUSPENSION	ONFI			PA REQUIRED			
CLOBAZAM TABLETS	ONFI			PA REQUIRED			
				PA REQUIRED for Ages < 6 years.			
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
CLONAZEPAM TAB 0.5 MG	KLONOPIN			day time period.		120	30
				PA REQUIRED for Ages < 6 years.			
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
CLONAZEPAM TAB 1 MG	KLONOPIN			day time period.		120	30
				PA REQUIRED for Ages < 6 years.			
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
CLONAZEPAM TAB 2 MG	KLONOPIN			day time period.		60	30
				PA REQUIRED for Ages < 6 years.			
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG	CLONAZEPAM ODT			day time period.		120	30
				PA REQUIRED for Ages < 6 years.			
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG	CLONAZEPAM ODT			day time period.		120	30
				PA REQUIRED for Ages < 6 years.			
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG	CLONAZEPAM ODT			day time period.		120	30
				PA REQUIRED for Ages < 6 years.			
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
CLONAZEPAM ORALLY DISINTEGRATING TAB 1 MG	CLONAZEPAM ODT			day time period.		120	30
				PA REQUIRED for Ages < 6 years.			
				PA REQUIRED for > 1 Anxiolytic Medication in a 30-			
CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG	CLONAZEPAM ODT			day time period.		60	30
DIAZEPAM (ANTICONVULSANT) GEL	DIASTAT PEDIATRIC					2	30
DIAZEPAM (ANTICONVULSANT) LIQUID	VALTOCO					2	30
DIAZEPAM (ANTICONVULSANT) LIQD THER PACK	VALTOCO					2	30
ANTICONVULSANTS - MISC.	0400444750005						
CARBAMAZEPINE TABLET CHEWABLE	CARBAMAZEPINE						
CARBAMAZEPINE CAPSULE ER 12 HR	CARBATROL					<u> </u>	
CARBAMAZEPINE SUSPENSION	TEGRETOL					1	
CARBAMAZEPINE TABLET	EPITOL YP					1	
CARBAMAZEPINE TABLET ER 12HR	TEGRETOL-XR					1	
GABAPENTIN CAPSULE	NEURONTIN						
GABAPENTIN SOLUTION	NEURONTIN					1	
GABAPENTIN TABLET	NEURONTIN						
LAMOTRIGINE TABLET CHEWABLE	LAMICTAL CHEWABLE DISPERSIBLE					1	
LAMOTRIGINE TABLET LAMOTRIGINE TABLET ER 24HR	SUBVENITE LAMICTAL XR					-	
						1	
LAMOTRIGINE TABLET DISINTEGRATING	LAMICTAL ODT		1		-	1	
OXCARBAZEPINE SUSPENSION	TRILEPTAL					-	
OXCARBAZEPINE TABLET PREGABALIN CAPSULE (25MG, 50MG, 75MG, 100MG, 150MG, 200MG)	TRILEPTAL LYRICA					90.00	30.00
						60.00	30.00
PREGABALIN CAPSULE (225MG, 300MG) PREGABALIN SOLUTION	LYRICA					900	
TOPIRAMATE CAPSULE SPRINKLE	LYRICA TOPAMAX SPRINKLE		1		-	900	30
TOFTMAINIATE CAPOULE SPRINKLE	TUPAIVIAN SPRIINNLE		1		I	<u> </u>	

Drug Class/Drug Name	Reference Brand Name	Brand Only/Generic Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Quantity Limit (QL)	QL Days
TOPIRAMATE TABLET	TOPAMAX	Notes				Lillie (QL)	
VALPROIC ACID**	TOTAWAX						
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						
ANTIDEPRESSANTS	VALI ROIC ACID						
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)							
MIRTAZAPINE TABLETS	MIRTAZAPINE			PA REQUIRED for Ages < 6 years of age		30	30
MIRTAZAPINE ORALLY DISINTEGRATING TABLETS	REMERON SOLTAB			PA REQUIRED for Ages < 6 years of age		30	30
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID**	NEMERON SOLING			Transaction riges to years or age		50	50
ZURANOLONE CAPSULE	ZURZUVAE			PA REQUIRED			
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST	ZONZOVAL			TAREGOINED			
ESKETAMINE HYDROCHLORIDE	SPRAVATO			PA REQUIRED			
NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITORS (NDRIs)	STINVATO			TAREGOINED			
BUPROPION HCL TABLETS	WELLBUTRIN			PA REQUIRED for Ages < 6 years of age		120	30
BUPROPION HCL TABLETS BUPROPION HCL TABLET 12-HOUR	BUDEPRION SR			PA REQUIRED for Ages < 6 years of age		60	30
BUPROPION HCL TABLET 12-HOUR (150MG & 300MG)	WELLBUTRIN XL			PA REQUIRED for Ages < 6 years of age		30	30
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	WELLBOTKINAL			TA REQUIRED for Ages < 0 years of age		30	30
SELECTIVE SEROTONIN REOFTARE INHIBITORS (SSRIS)				DA RECHIRED for Agos < 6 years of ago and greater			
CITALOPRAM HYDROBROMIDE SOLUTION	CELEXA			PA REQUIRED for Ages < 6 years of age and greater		600	30
CITALOPRAIN HYDROBROWIDE SOLUTION	CELEXA			than 12 years of age		10mg: 60	30
							30
CITALOPRAM HYDROBROMIDE TABLETS	CELEXA			DA DECLUBED for Agos & C years of ago		20mg: 30	30
CITALOPRAIN HTDROBROINIDE TABLETS	CELEXA			PA REQUIRED for Ages < 6 years of age		40mg: 30	30
						5mg: 60	
ECCUTAL ORDANA OVALATE TARLETC	LEVADRO			DA DECLUBED for Account of the		10mg: 30	30
ESCITALOPRAM OXALATE TABLETS	LEXAPRO			PA REQUIRED for Ages < 6 years of age		20mg: 30	30
						10mg: 60	30
ELHOVETIME LICE CARCILLES ONLY	PPO74.C			DA DECLUBED for Account of the		20mg: 120	
FLUOXETINE HCL CAPSULES ONLY	PROZAC			PA REQUIRED for Ages < 6 years of age		40mg: 60	30
FILIOVETINE LICE COLUTION	DD074.C			PA REQUIRED for Ages < 6 years of age and greater		c00	20
FLUOXETINE HCL SOLUTION FLUOXETINE HCL TABLETS - WEEKLY	PROZAC PROZAC WEEKLY			than 12 years of age		600	30
FLOOKETINE HCL TABLETS - WEEKLY	PROZAC WEEKLY			PA REQUIRED		25	20
						_	30
FLUVOXAMINE MALEATE TABLETS	LUVOX			DA DECLUBED for Agos & C years of ago		50mg: 180	
FLUVUXAIVIINE IVIALEATE TABLETS	LUVUX			PA REQUIRED for Ages < 6 years of age		100mg: 90	
						10mg: 30	30
						20mg: 30	30 30
DAROVETINE LICE TARLETS	DAVII			DA DECLUBED for Agos & C years of ago		30mg: 30	
PAROXETINE HCL TABLETS	PAXIL			PA REQUIRED for Ages < 6 years of age		40mg: 45	30
CERTRALINE LICE CONCENTRATE	701.057			PA REQUIRED for Ages < 6 years of age and greater		200	30
SERTRALINE HCL CONCENTRATE	ZOLOFT			than 12 years of age		300	
						25mg: 90	30
CEDTRALINE LICE TABLETC	701.057			DA DECLUBED for Account of the		50mg: 120	
SERTRALINE HCL TABLETS SEROTONIN MODULATORS	ZOLOFT			PA REQUIRED for Ages < 6 years of age		100mg: 60	30
SERUTUNIN MODULATURS						FO 00	20
						50mg:90	30
						100mg:120	
TRAZODONE UCI TABLETO	TRAZODONE LICI			DA DECUMPED for Ages & Comment of the		150mg: 60	
TRAZODONE HCL TABLETS SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI)	TRAZODONE HCL			PA REQUIRED for Ages < 6 years of age		300mg 30	5U
SENOTONIN-NOREPINEPRINE REOPTAKE INHIBITORS (SNKI)						20,000, 120	20
						20mg: 120	
DUILOVETINE LICE CARCULE DELAVED RELEACE 2004C 2004C 9 COMO	CVARDALTA CONAC CONAC O CONAC			DA DECUMPED for Ages & Comment of the		30mg: 120	
DULOXETINE HCL CAPSULE DELAYED RELEASE 20MG, 30MG & 60MG	CYMBALTA 20MG, 30MG & 60MG		 	PA REQUIRED for Ages < 6 years of age	1	60mg: 60	30
						37.5mg: 90	
VENUA FAVINE LICE CARCULE CONTROLLED BELFACE	EFFERAN VID			DA DEQUIDED for Account of ac		75mg: 90	30
VENLAFAXINE HCL CAPSULE CONTROLLED RELEASE	EFFEXOR XR		L	PA REQUIRED for Ages < 6 years of age	1	150mg: 30	οU

		Brand Only/Generic				Quantity	
Drug Class/Drug Name	Reference Brand Name	Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Limit (QL)	QL Days
						25mg: 120	30
						37.5mg: 90	30
						50mg: 90	30
						75mg: 150	30
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY	VENLAFAXINE HCL			PA REQUIRED for Ages < 6 years of age		100mg: 90	30
TRICYCLIC AGENTS							
AMITRIPTYLINE HCL TABLETS	AMITRIPTYLINE HCL			PA REQUIRED for Ages < 6 years of age			
AMOXAPINE TABLETS	VARIOUS			PA REQUIRED for Ages < 6 years of age			
CLOMIPRAMINE HCL CAPSULES	ANAFRANIL			PA REQUIRED for Ages < 6 years of age			
DESIPRAMINE HCL TABLETS	NORPRAMIN			PA REQUIRED for Ages < 6 years of age			
DOXEPIN HCL CAPSULES	DOXEPIN HCL			PA REQUIRED for Ages < 6 years of age		90	30
DOXEPIN HCL CONCENTRATE	DOXEPIN HCL			PA REQUIRED for Ages < 6 years of age		180	30
IMIPRAMINE PAMOATE CAPSULES	TORFRANIL-PM			PA REQUIRED for Ages < 6 years of age		30	30
IMIPRAMINE HCL TABLETS	TOFRANIL			PA REQUIRED for Ages < 6 years of age			
NORTRIPTYLINE HCL CAPSULES	PAMELOR			PA REQUIRED for Ages < 6 years of age			
NORTRIPTYLINE HCL SOLUTION	NORTRIPTYLINE HCL			PA REQUIRED for Ages < 6 years of age			
PROTRIPTYLINE HCL TABLETS	VIVACTIL			PA REQUIRED for Ages < 6 years of age			
TRIMIPRAMINE MALEATE	SURMONTIL			PA REQUIRED for Ages < 6 years of age			
ANTIDOTES							
OPIOID ANTAGONISTS							
NALOXONE HCL SOLUTION + SYRINGE	NALOXONE HCL + SYRINGE		PREFERRED DRUG				
NALOXONE	KLOXXADO		PREFERRED DRUG				
NALOXONE HCL NASAL SPRAY	NARCAN NASAL SPRAY/REXTOVY NASAL SPRAY		PREFERRED DRUG			2	1
ANTIHISTAMINES							
ANTIHISTAMINES - ETHANOLAMINES							
DIPHENHYDRAMINE HCL CAPSULES	VARIOUS						
DIPHENHYDRAMINE HCL CHEWABLE TABLETS	VARIOUS						
DIPHENHYDRAMINE HCL ELIXIR	VARIOUS						
DIPHENHYDRAMINE HCL LIQUID	VARIOUS						
DIPHENHYDRAMINE HCL SOLUTION	VARIOUS						
DIPHENHYDRAMINE HCL SUSPENSION	VARIOUS						
DIPHENHYDRAMINE HCL SYRUP	VARIOUS						
DIPHENHYDRAMINE HCL TABLETS	VARIOUS						
ANTIHISTAMINES - PIPERIDINES							
CYPROHEPTADINE TABS	VARIOUS						
ANTIHYPERLIPIDEMICS							
NICOTINIC ACID DERIVATIVES							
NIACIN CAPSULE CONTROLLED RELEASE	VARIOUS						
NIACIN TABLET CONTROLLED RELEASE	VARIOUS						
MISC. NUTRITIONAL SUBSTANCES							
OMEGA-3 FATTY ACIDS CAPSULES	FISH OIL						
OMEGA-3 FATTY ACIDS CAPSULE DELAYED RELEASE	FISH OIL						
ANTIPARKINSON AGENTS							
ANTIPARKINSON ANTICHOLINERGICS							
BENZTROPINE MESYLATE TABLETS	BENZTROPINE MESYLATE						
TRIHEXYPHENIDYL HCL ELIXIR	TRIHEXYPHENIDYL HCL						
TRIHEXYPHENIDYL HCL TABLETS	TRIHEXYPHENIDYL HCL						
ANTIPARKINSON DOPAMINERGICS							
AMANTADINE HCL CAPSULES	AMANTADINE HCL						
AMANTADINE HCL SYRUP	AMANTADINE HCL						
PRAMIPEXOLE DIHYDROCHLORIDE TABLETS	MIRAPEX						
ANTIPSYCHOTICS/ANTIMANIC AGENTS							
ANTIMANIC AGENTS							
				PA REQUIRED for Ages < 6 years			
				Prior Authorization is not REQUIRED for ages 6 and			1
				greater when prescribed by a psychiatric clinician, a			1
				developmental pediatrician or other prescribers as			1
LITHIUM CARBONATE CAPSULES	LITHIUM CARBONATE			approved by the MCO Contractors.			1

Drug Class/Drug Name	Reference Brand Name	Brand Only/Generic	Preferred Drug Status	PA Status	Step Therapy Requirements	Quantity	QL Days
Drug classy brug Nume	Reference Brana Hame	Notes	Treferred Brug Status		Step merupy nequirements	Limit (QL)	QL Duys
				PA REQUIRED for Ages < 6 years			
				Prior Authorization is not REQUIRED for ages 6 and			
				greater when prescribed by a psychiatric clinician, a			
				developmental pediatrician or other prescribers as			
LITHIUM CARBONATE TABLETS	LITHIUM CARBONATE			approved by the MCO Contractors.			
				PA REQUIRED for Ages < 6 years			
				Prior Authorization is not REQUIRED for ages 6 and			
				greater when prescribed by a psychiatric clinician, a			
				developmental pediatrician or other prescribers as			
LITHIUM CARBONATE TABLET CONTROLLED RELEASE	LITHOBID			approved by the MCO Contractors.			
				PA REQUIRED for Ages < 6 years			
				Prior Authorization is not REQUIRED for ages 6 and			
				greater when prescribed by a psychiatric clinician, a			
				developmental pediatrician or other prescribers as			
LITHIUM SOLUTION	LITHIUM			approved by the MCO Contractors.			
ANTIPSYCHOTICS							
ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL ORAL AGENTS							
				PA REQUIRED for Ages < 6 years			
				Prior Authorization is not REQUIRED for ages 6 and			
				greater when prescribed by a psychiatric clinician, a			
				developmental pediatrician or other prescribers as			
ARIPIPRAZOLE SOLUTION	ABILIFY		PREFERRED DRUG	approved by the MCO Contractors.		750	30
				PA REQUIRED for Ages < 6 years			
				Prior Authorization is not REQUIRED for ages 6 and			
				greater when prescribed by a psychiatric clinician, a			
				developmental pediatrician or other prescribers as			
ARIPIPRAZOLE TABLETS	ABILIFY		PREFERRED DRUG	approved by the MCO Contractors.		30	30
	, , , , , , , , , , , , , , , , , , ,		THE ENNES SHOO	PA REQUIRED for Ages < 18 years			
				Prior Authorization is not REQUIRED for ages 18			
				and greater when prescribed by a psychiatric			
				clinician, a developmental pediatrician or other			
CLOZAPINE ORALLY DISPERSABLE TABLET	FAZACLO		PREFERRED DRUG			150	30
CLOZAPINE ORALLY DISPERSABLE TABLET	FAZACLO		PREFERRED DRUG	prescribers as approved by the MCO Contractors. PA REQUIRED for Ages < 18 years		150	30
				Prior Authorization is not REQUIRED for ages 18			
				and greater when prescribed by a psychiatric			
				clinician, a developmental pediatrician or other			
CLOZAPINE TABLETS	CLOZARIL		PREFERRED DRUG	prescribers as approved by the MCO Contractors.		150	30
				PA REQUIRED for Ages < 6 years			
				Prior Authorization is not REQUIRED for ages 6 and			
				greater when prescribed by a psychiatric clinician, a			
				developmental pediatrician or other prescribers as			
LURASIDONE HCL TABS	LATUDA		PREFERRED DRUG	approved by the MCO Contractors.		30	30
				PA REQUIRED for Ages < 6 years			
				Prior Authorization is not REQUIRED for ages 6 and		5mg: 60	30
				greater when prescribed by a psychiatric clinician, a		10mg: 60	30
				developmental pediatrician or other prescribers as		15MG: 30	30
OLANZAPINE ORALLY DISPERSABLE TABLET	ZYPREXA ZYDIS		PREFERRED DRUG	approved by the MCO Contractors.			30
				PA REQUIRED for Ages < 6 years			
				Prior Authorization is not REQUIRED for ages 6 and			
				greater when prescribed by a psychiatric clinician, a			
				developmental pediatrician or other prescribers as			
OLANZAPINE TABLETS	ZYPREXA		PREFERRED DRUG	approved by the MCO Contractors.		30	30
			500	PA REQUIRED for Ages < 6 years			
				Prior Authorization is not REQUIRED for ages 6 and			
				greater when prescribed by a psychiatric clinician, a			
				developmental pediatrician or other prescribers as			
QUETIAPINE FUMARATE TABLETS	SEROQUEL		PREFERRED DRUG	approved by the MCO Contractors.		60	30
QUELIAN INE L'ONMINATE LABELTS	JENOQUEL	+	F NEFENNED DRUG			00	50
				PA REQUIRED for Ages < 6 years			
				Prior Authorization is not REQUIRED for ages 6 and			
				greater when prescribed by a psychiatric clinician, a			
RISPERIDONE ORALLY DISPERSABLE TABLET	DISPEDID ONE OF			developmental pediatrician or other prescribers as			20
	RISPERIDONE ODT	1	PREFERRED DRUG	approved by the MCO Contractors.	1	60	30

		Brand Only/Generic				Quantity	İ
Drug Class/Drug Name	Reference Brand Name	Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Limit (QL)	QL Days
				PA REQUIRED for Ages < 6 years			
				Prior Authorization is not REQUIRED for ages 6 and			
				greater when prescribed by a psychiatric clinician, a			
				developmental pediatrician or other prescribers as			
RISPERIDONE ORAL SOLUTION	RISPERDAL		PREFERRED DRUG	approved by the MCO Contractors.		240	30
				PA REQUIRED for Ages < 6 years			
				Prior Authorization is not REQUIRED for ages 6 and			
				greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as			
RISPERIDONE TABLETS	RISPERDAL		PREFERRED DRUG	approved by the MCO Contractors.		60	30
THIS ENDONE INDEEDS	THOSE ENGINE		T REFERENCE DROG	PA REQUIRED for Ages < 6 years		-	50
				Prior Authorization is not REQUIRED for ages 6 and			
				greater when prescribed by a psychiatric clinician, a			
				developmental pediatrician or other prescribers as			
ZIPRASIDONE HCL CAPSULES	GEODON		PREFERRED DRUG	approved by the MCO Contractors.		60	30
ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL LONG ACTING INJECTABLES							
				PA REQUIRED for Ages < 18 years			
				Prior Authorization is not REQUIRED for ages 18			
				and greater when prescribed by a psychiatric			
				clinician, a developmental pediatrician or other			
ARIPIPRAZOLE LAUROXIL	ARISTADA INITIO		PREFERRED DRUG	prescribers as approved by the MCO Contractors.		2	365
				PA REQUIRED for Ages < 18 years			
				Prior Authorization is not REQUIRED for ages 18			
				and greater when prescribed by a psychiatric			
				clinician, a developmental pediatrician or other			
ARIPIPRAZOLE LAUROXIL	ARISTADA		PREFERRED DRUG	prescribers as approved by the MCO Contractors.		1	30
				PA REQUIRED for Ages < 18 years			
				Prior Authorization is not REQUIRED for ages 18			
				and greater when prescribed by a psychiatric			
ADIDIDD AZOL E CUCDENCIONI	A DILLIEVA MALINITENIA			clinician, a developmental pediatrician or other		4	20
ARIPIPRAZOLE SUSPENSION	ABILIFY MAINTENA		PREFERRED DRUG	prescribers as approved by the MCO Contractors.		1	30
				PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18			
				and greater when prescribed by a psychiatric			
				clinician, a developmental pediatrician or other			
ARIPIPRAZOE SUSPENSION	ABILIFY ASIMTUFI		PREFERRED DRUG	prescribers as approved by the MCO Contractors.		1	60
ANTI II NAZOZ 3031 ENSION	ABELLITASIWITOTI		T REFERENCE BROO	PA REQUIRED for Ages < 18 years		_	00
				Prior Authorization is not REQUIRED for ages 18			
				and greater when prescribed by a psychiatric			
				clinician, a developmental pediatrician or other			
PALIPERIDONE PALMITATE SUSPENSION	INVEGA HAFYE		PREFERRED DRUG	prescribers as approved by the MCO Contractors.		1	170
				PA REQUIRED for Ages < 18 years			
				Prior Authorization is not REQUIRED for ages 18			
				years and greater when prescribed by a psychiatric			
				clinician, a developmental pediatrician or other			
PALIPERIDONE PALMITATE SUSPENSION	INVEGA SUSTENNA		PREFERRED DRUG	prescribers as approved by the MCO Contractors.		1	30
				PA REQUIRED for Ages < 18 years			
				Prior Authorization is not REQUIRED for ages 18			
				years and greater when prescribed by a psychiatric			
DALIDEDIDONE DALAMITATE CUCDENCION	INIVECA TRINITA		DDEEEDDED DDIIG	clinician, a developmental pediatrician or other		 	00
PALIPERIDONE PALMITATE SUSPENSION	INVEGA TRINZA	1	PREFERRED DRUG	prescribers as approved by the MCO Contractors.		1	90
				PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18			
				years and greater when prescribed by a psychiatric			
				clinician, a developmental pediatrician or other			
RISPERIDONE MICROSPHERES SUSPENSION	RISPERDAL CONSTA		PREFERRED DRUG	prescribers as approved by the MCO Contractors.		2	28
MIST EMBONE WICKOST HERES SOUT ENSION	NOT END AC CONSTA		FINEL ENKED DRUG	PA REQUIRED for Ages < 18 years			20
				Prior Authorization is not REQUIRED for ages 18			
				years and greater when prescribed by a psychiatric			
1	1	İ	1	clinician, a developmental pediatrician or other			
RISPERIDONE PREFILLED SYRINGE	PERSERIS		PREFERRED DRUG	prescribers as approved by the MCO Contractors.		2	28

David Charl David Name	Peterson Brand Name	Brand Only/Generic	Burstannad Bursa Status	PA Stratus	Character Barrian	Quantity	Ol Davis
Drug Class/Drug Name	Reference Brand Name	Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Limit (QL)	QL Days
				PA REQUIRED for Ages < 6 years			
				Prior Authorization is not REQUIRED for ages 6 and			
				greater when prescribed by a psychiatric clinician, a			
CHI OPPROMAZINE LICE COLUTION	VARIOUS			developmental pediatrician or other prescribers as			
CHLORPROMAZINE HCL SOLUTION	VARIOUS			approved by the MCO Contractors. PA REQUIRED for Ages < 6 years			
				Prior Authorization is not REQUIRED for ages 6 and			
				greater when prescribed by a psychiatric clinician, a			
				developmental pediatrician or other prescribers as			
CHLORPROMAZINE HCL TABLETS	VARIOUS			approved by the MCO Contractors.			
				PA REQUIRED for Ages < 6 years			
				Prior Authorization is not REQUIRED for ages 6 and			
				greater when prescribed by a psychiatric clinician, a			
				developmental pediatrician or other prescribers as			
FLUPHENAZINE HCL CONCENTRATE	VARIOUS			approved by the MCO Contractors.			
				PA REQUIRED for Ages < 6 years			
				Prior Authorization is not REQUIRED for ages 6 and			
				greater when prescribed by a psychiatric clinician, a			
				developmental pediatrician or other prescribers as			
FLUPHENAZINE HCL ELIXIR	VARIOUS			approved by the MCO Contractors.			
				PA REQUIRED for Ages < 6 years			
				Prior Authorization is not REQUIRED for ages 6 and			
				greater when prescribed by a psychiatric clinician, a			
				developmental pediatrician or other prescribers as			
FLUPHENAZINE HCL TABLETS	VARIOUS			approved by the MCO Contractors.			
				PA REQUIRED for Ages < 12 years			
				Prior Authorization is not REQUIRED for ages 6 and			
				greater when prescribed by a psychiatric clinician, a			
				developmental pediatrician or other prescribers as			
HALOPERIDOL LACTATE CONCENTRATE	VARIOUS			approved by the MCO Contractors.			
				PA REQUIRED for Ages < 12 years			
				Prior Authorization is not REQUIRED for ages 6 and			
				greater when prescribed by a psychiatric clinician, a			
HALOPERIDOL TABLETS	MARIOUS			developmental pediatrician or other prescribers as approved by the MCO Contractors.			
HALOPERIDOL TABLETS	VARIOUS			PA REQUIRED for Ages < 12 years			
				Prior Authorization is not REQUIRED for ages 6 and			
				greater when prescribed by a psychiatric clinician, a			
				developmental pediatrician or other prescribers as			
LOXAPINE SUCCINATE CAPSULES	LOXITANE			approved by the MCO Contractors.			
ESTATINE SOCIATIVE OF TOTAL	20/11/11/2			PA REQUIRED for Ages < 12 years			
				Prior Authorization is not REQUIRED for ages 6 and			
				greater when prescribed by a psychiatric clinician, a			
				developmental pediatrician or other prescribers as			
MOLINDONE	VARIOUS			approved by the MCO Contractors.			
				PA REQUIRED for Ages < 12 years			
				Prior Authorization is not REQUIRED for ages 6 and			
				greater when prescribed by a psychiatric clinician, a			
				developmental pediatrician or other prescribers as			
PERPHENAZINE TABLETS	VARIOUS			approved by the MCO Contractors.			
				PA REQUIRED for Ages < 12 years			
				Prior Authorization is not REQUIRED for ages 6 and			
				greater when prescribed by a psychiatric clinician, a			
				developmental pediatrician or other prescribers as]	
PIMOZIDE	ORAP			approved by the MCO Contractors.			
				PA REQUIRED for Ages < 12 years			
				Prior Authorization is not REQUIRED for ages 6 and			
				greater when prescribed by a psychiatric clinician, a			
THE REST OF THE PERSON OF THE	Lungue S			developmental pediatrician or other prescribers as			
THIORIDAZINE HCL TABLETS	VARIOUS	İ		approved by the MCO Contractors.			

## CALCURATE FOR Ages 12 years HIGHWADD S FIRELINOPERAZINE HCL TABLETS VARIOUS ***PRECISED ONLY 5000 STREET AGE OF A STREET								
Part	Drug Class/Drug Name	Reference Brand Name	Brand Only/Generic	Preferred Drug Status	PA Status	Step Therapy Requirements	Quantity	QL Days
PROF. ALTOCOLOGIC SER SER SER SER SER SER SER SER SER SER			Notes		PA REQUIRED for Ages < 12 years		LIIIII (QL)	
MINESTANCE OF ALTERNATION PROJUCT OF ALTERNAT								
INCLUDENCY CARLETS C					=			
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TRUILOFERAZING ICC TABLETS VAROUS TRUILOFERAZING ICC TABLETS VAROUS A PARTICULATION OF RETURN TO PERSON A CONTROL OF TABLET TO A CONT	THIOTHIXENE CAPSULES	VARIOUS						
Mode Automation to cold Regularity Designed and properties (criticals in approximate (criticals in approximate (criticals in approximate (criticals in approximate (criticals in approximate (criticals in approximate (criticals in approximate (criticals in approximate (criticals in approximate (criticals in approximate)								
## ADDITION OF CONTROLLED BY ADDITION OF CON								
### PAPER DESCRIPTION OF TABLETS VARIED PROPER DESCRIPT								
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AMOUNT SCHEMENT SCHEMENTON - TOPICAL CORN ATTION INCIDENCE AND ATT SCHEMENTON - TOPICAL CORN AS A SCHEMENT OF A SC	TRIFLUOPERAZINE HCL TABLETS	VARIOUS						
PREPARATIVE DEFAULT SQUARED FOR AGES 18 years 18 per special per la color of the per special p								
Prince Authoritation in an et ECQURED for ages 18 and symptome to the first of th					PA REQUIRED for Ages < 18 years			
Put Put								
ADDITION FLORIDATE SOLUTION FLORIDATE SOLUTIO								
FLUMPHANTHE DECANOATE SOLUTION PURPHANTHE DECANOATE SOLUTION PURPHANTHE DECANOATE SOLUTIO								
HAD PRINGED, TEXANDATES SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTION FLUPHENAZINE DECANOATE SOLUTION	FLUPHENAZINE DECANOATE			prescribers as approved by the MCO Contractors.				
HAD PRINGED, TEXANDATES SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTIONS HAD DESCRIPTION AND ADDRESS SOLUTION								
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ALDOUR PERIOD. DECANOATE SOUTHON ALDOUR PERIOD. DECANOATE SO ALDOUR PERIOD. DECANOATE SO ALDOUR PERIOD. DECANOATE SO ALDOUR PERIOD. DECANOATE SO ALDOUR PERIOD. DECANOATE SO ALDOUR PERIOD. DECANOATE SO ALDOUR PERIOD. DECANOATE SO ALDOUR PERIOD. DECANOATE SO ALDOUR PERIOD. DECANOATE SO ALDOUR PERIOD. DECANOATE SOUTHORN A					and greater when prescribed by a psychiatric			
MADDED DECAMONT SOUTHON MET BELOCKES								
RETA RELOCRATS THE RELOCRATS ON SELECTIVE ADDRESS ON SELECTIVE	HALOPERIDOL DECANOATE SOLUTION	HALDOL DECANOATE 50						
PREPRIED DRUG PREPRIED DRU	BETA BLOCKERS							
NAMEDICAS/SADATIVAS/LEEP DISONORA RAGENT SECOPICIONE LUNESTA UARIOUS PREFERED DRUG PARCUIRED for Ages - 6 years PARCUIRED for - 6 years - 6 years PARCUIRED for - 6 years	BETA BLOCKERS NON-SELECTIVE							
NON-MARRITARITE TRYPOTICS LUNSTA VARIOUS PREFERED DRUG PA REQUIRED for Ages -6 years	PROPRANOLOL HCL TABLETS	VARIOUS		PREFERRED DRUG				
LINESTA VARIOUS PREFERED DRUG PREFERED	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENT							
LINESTA VARIOUS PREFERED DRUG A REQUIRED for 2 Hypotric Drug 30 30 30 30 30 30 30 3	NON-BARBITURATE HYPNOTICS							
PREFERED DRUG					PA REQUIRED for Ages <6 years			
REMAZERMA CAPSULES 15MG & 30MG RESTORIL PREFERRED DRUG PA REQUIRED for 21 Hypnotic Drug So So So So So So So S	ESZOPICLONE	LUNESTA	VARIOUS	PREFERRED DRUG	PA REQUIRED for > 1 Hypnotic Drug		30	30
AMBIEN PREFERED DRUG PA REQUIRED for 74 physotic Drug 60 30 30 30 30 30 30 30 30 30 30 30 30 30					PA REQUIRED for Ages <6 years			
AMBIEN	TEMAZEPAM CAPSULES 15MG & 30MG	RESTORIL		PREFERRED DRUG	PA REQUIRED for > 1 Hypnotic Drug		30	30
PARECURED for Ages 46 years PARECURED DRIG PARECURE					PA REQUIRED for Ages <6 years			
AMBIEN PREFERED DRUG PA REQUIRED for > 1 Hypnotic Drug DA SQUIRED For > 1 Hypnotic Drug DA SQUIRED FOR ARES SYPENS DA SQUIRED FOR ARE SYPENS DA SQUI	ZOLPIDEM TARTRATE TABLETS 5MG	AMBIEN		PREFERRED DRUG	PA REQUIRED for > 1 Hypnotic Drug		60	30
AMBIECR APPLIED TARRET TABLET ER AMBIECR PREFERED DRUG PARES (syears PAREQUIRED for Ages 65 years of age PAREQUIRED for Ages 65 y					PA REQUIRED for Ages <6 years			
ABBIE CR ABBIE CR ABBIE CR PREFREED DRUG PREFRED DRUG	ZOLPIDEM TARTRATE TABLETS 10MG	AMBIEN		PREFERRED DRUG	PA REQUIRED for > 1 Hypnotic Drug		30	30
SELECTIVE MELATONIN RECEPTOR AGONISTS					PA Required for Ages <6 years			
RAMELTEON TABLETS ROZEREM PREFERRED DRUG PA REQUIRED for < 6 years of age preferred agents. 30 30 30 ADVANTIVES LAMATIVES VARIOUS S SOLUTION	ZOLPIDEM TARTRATE TABLET ER	AMBIEN CR		PREFERRED DRUG	PA Required for > 1 Hypnotic Drug		30	30
RAMELTON TABLETS ROZEREM ROZER	SELECTIVE MELATONIN RECEPTOR AGONISTS							
LAXATIVES AVARIOUS FIBER TABLETS VARIOUS FIBER PROWDER METAMUCIL WAFER METAMUCIL WAFER METAMUCIL WAFER VARIOUS METAMUCIL WAFER VARIOUS METAMUCIL WAFER VARIOUS METAMUCIL WAFER VARIOUS LAXATIVES - MISC. LACTULOSE SOLUTION VARIOUS VARIOUS MAGNESIM CITRATE VARIOUS MAGNESIM CITRATE VARIOUS MILL OF MAGNESIA CHEW STIMULANT LAXATIVES BISACODYL SUPPOSITORY VARIOUS VARIOUS MILL OF MAGNESIA CHEW STIMULANT LAXATIVES BISACODYL SUPPOSITORY VARIOUS WARIOUS W						Patient must have tried two		
MARTIVES - BULK LAXATIVES		ROZEREM		PREFERRED DRUG	PA REQUIRED for < 6 years of age	preferred agents.	30	30
HIBER CAPSULES								
FIRER TABLETS								
FIBER POWDER								
METHYLCELLULOSE POWDER VARIOUS	FIBER TABLETS							
METHYLCELLULOSE POWDER LAXATIVES - MISC. LAXATIVES - MISC. LACTULOSE SOLUTION VARIOUS MAGNESIUM CITRATE VARIOUS MAGNESIUM OXIDE VARIOUS MILK OF MAGNESIA CHEW STIMULANT LAXATIVES BISACODYL SUPPOSITIONY BISACODYL SUPPOSITIONY VARIOUS BISACODYL SUPPOSITIONY VARIOUS BISACODYL SUPPOSITIONY VARIOUS BISACODYL SUPPOSITIONY VARIOUS BISACODYL SUPPOSITIONY VARIOUS BISACODYL SUPPOSITIONY VARIOUS BISACODYL SUPPOSITIONY VARIOUS BISACODYL SUPPOSITIONY VARIOUS BISACODYL SUPPOSITIONY VARIOUS BISACODYL SUPPOSITIONY VARIOUS BISACODYL SUPPOSITIONY VARIOUS BISACODYL SUPPOSITIONY VARIOUS WARIOUS								
LACTULOSE SOLUTION VARIOUS VARIOUS MAGNESIUM CITRATE VARIOUS MAGNESIUM CITRATE VARIOUS MAGNESIUM CITRATE VARIOUS MAGNESIUM COTRATE VARIOUS MILK OF MAGNESIA CHEW STIMULANT LAXATIVES BISACODYL SUPPOSITORY VARIOUS BISACODYL TABLET VARIOUS SUBSACODYL TABLET VARIOUS SENONOSIDES VARIOUS SENNOSIDES VARIOUS SENNOSIDES VARIOUS SENNOSIDES VARIOUS SENNOSIDES VARIOUS SURFACTANT LAXATIVES DOCUSATE CAPS DOCUSATE CAPS VARIOUS MULTIVITAMINS WEIGHT VARIOUS DOCUSATE LIQUID MULTIVITAMINS								
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SALINE LAXATIVES MAGNESIUM CITRATE VARIOUS VARIOUS MILK OF MAGNESIA CHEW VARIOUS MILK OF MAGNESIA CHEW VARIOUS STIMULANT LAXATIVES BISACODYL SUPPOSITORY VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS SENACOSPLETEMA VARIOUS SENACOSPLETEMA VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS MULTIVITAMINS VARIOUS								
MAGNESIUM CITRATE MAGNESIUM OXIDE MAGNESIUM OXIDE VARIOUS VARIOUS VARIOUS MILK OF MAGNESIA CHEW VARIOUS BISACODYL SUPPOSITORY VARIOUS VARIOUS VARIOUS VARIOUS SERVACODYL TABLET VARIOUS VARIOUS VARIOUS VARIOUS SERVACODYL TABLET VARIOUS VARIOUS SERVACODYL TABLET VARIOUS SERVACODYL TABLET VARIOUS SERVACODYL TABLET VARIOUS SERVACODYL TABLET VARIOUS SERVACODYL TABLET VARIOUS SERVACODYL TABLET VARIOUS SERVACODYL TABLET VARIOUS VARIOUS SURFACTANT LAXATIVES DOCUSATE LAQUED MULTIVITAMINS MULTIVITAMINS		VARIOUS						
MAGNESIUM OXIDE								
MILK OF MAGNESIA CHEW STIMULANT LAXATIVES NARIOUS BISACODYL SUPPOSITORY VARIOUS FLEET BISACODYL ENEMA VARIOUS SENNOSIDES VARIOUS VARIOUS SURFACTANT LAXATIVES DOCUSATE LIQUID VARIOUS VARIOUS VARIOUS MULTIVITAMINS VARIOUS MULTIVITAMINS								
STIMULANT LAXATIVES								
SESSION SUPPOSITORY VARIOUS SUPPOSITORY VARIOUS SUPPOSITORY VARIOUS SUPPOSITORY SU		VARIOUS						
BISACODYL TABLET VARIOUS CONTROLL OF TABLET VARIOUS CONTROLL OF TABLET BISACODYL ENEMA VARIOUS CONTROLL OF TABLET BISACODYL ENEMA VARIOUS CONTROLL OF TABLET BISACODYL ENEMA CONTROLL OF TABLET								
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DOCUSATE LIQUID VARIOUS STATE CONTROL STATE								
MULTIVITAMINS STATE OF THE PROPERTY OF THE PRO								
		VARIOUS						
MULTIVITAMINS WITH OR WITHOUT MINERALS W/ FOLATE VARIOUS								
	MULTIVITAMINS WITH OR WITHOUT MINERALS W/ FOLATE	VARIOUS						

Drug Class/Drug Name	Reference Brand Name	Brand Only/Generic Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Quantity Limit (QL)	QL Days
MULTIVITAMINES WITH MINERAL W/FE-FA	VARIOUS						
MOUTH/THROAT/DENTAL AGENTS							
THROAT PRODUCTS - Misc							
ACT DRY MOUTH MOISTURIZING GUM	VARIOUS						
AQUORAL SOLUTION	VARIOUS						
BIOTENE DRY MOUTH MOIST SPRAY SOLUTION	VARIOUS						
ORAL RELIEF FOR DRY MOUTH GEL	VARIOUS						
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENT							
MOVEMENT DISORDERS							
DEUTETRABENAZINE TABLET	AUSTEDO			PA REQUIRED		60	30
DEUTETRABENAZINE TAB THERAPY PACK	AUSTEDO PATIENT TITRATION KIT			PA REQUIRED		1 kit	28
DEUTETRABENAZINE TABLET ER 24HR	AUSTEDO XR			PA REQUIRED		30	30
DEUTETRABENAZINE TBER THERAPY PACK	AUSTEDO XR PATIENT TITRATION KIT			PA REQUIRED		1 kit	28
VALBENAZINE TOSYLATE CAPSULE	INGREZZA			PA REQUIRED		30	30
VALBENAZINE TOSYLATE CAPSULE SPRINKLE	INGREZZA			PA REQUIRED		30	30
VALBENAZINE TOSYLATE CAP THER PACK	INGREZZA			PA REQUIRED		1 kit	28
THYROID AGENTS							
THYROID HORMONES							
LEVOTHYROXINE SODIUM TABLETS	VARIOUS						
LIOTHYRONINE SODIUM TABLETS	VARIOUS						
THYROID TABLETS	VARIOUS						
URINARY ANTISPASMODICS							
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLI)							
BETHANECHOL CHLORIDE	VARIOUS						
VITAMINS							
OIL SOLUBLE VITAMINS							
VITAMIN E CAPSULES	VARIOUS						
VITAMIN E CHEW	VARIOUS						
WATER SOLUBLE VITAMINS							
B-1 TABS	VARIOUS						
NIACIN CR CAPSULE	VARIOUS						
PYRIDOXINE TABS	VARIOUS						
SLO-NIACIN TABS	VARIOUS						
THIAMINE HCL TABS	VARIOUS						
THIAMINE MONONITRATE TABS	VARIOUS						
FOLIC ACID TABS	VARIOUS						

Generic Drugs Are Preferred Over Brand Name Drugs Unless The Drug Is Spec	cified As BRAND ONLY			Drug List Effective	Date: April 1, 2025		
Federally Reimbursable Drugs Not Listed On The AHCCCS Drug List May Be Av				•			
Drug Class/Drug Name	Reference Brand Name	Brand Only/Generic	Preferred Drug Status	PA Status	Step Therapy Requirements	Quantity Limit (OL)	QL Days
ADHD/ANTI-NARCOLEPSY		Notes	·			Limit (QL)	
Amphetamines							
AMPHETAMINE-DEXTROAMPHETAMINE CAPSULE 24-HOUR	ADDERALL XR		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		30	30
AMPHETAMINE-DEXTROAMPHETAMINE TABLETS	ADDERALL	BRAND & GENERIC	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		60	30
DEXTROAMPHETAMINE SULFATE TABLETS	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		60	30
LISDEXAMFETAMINE DIMESYLATE CAPSULES	VYVANSE	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age]	30	30
Stimulants	FOCALINIAN		DOCCCODED DOLLG	DA DECUMPED for A constitution of the constitu		60	30
DEXMETHYLPHENIDATE HCL CAPSULE 24-HOUR DEXMETHYLPHENIDATE HCL TABLETS	FOCALIN XR VARIOUS		PREFERRED DRUG PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age PA REQUIRED for Ages < 6 years of age		60	30
METHYLPHENIDATE HCL TABLETS METHYLPHENIDATE HCL CAPSULE 24-HOUR	RITALIN LA 10MG	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	+	30	30
METHYLPHENIDATE HCL CAPSULE CONTROLLED RELEASE CD	VARIOUS	DIGUID CITE!	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	+	30	30
METHYLPHENIDATE PATCH	DAYTRANA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		30	30
METHYLPHENIDATE HCL SOLUTION	METHYLIN	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		300	30
METHYLPHENIDATE HCL TABLETS	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	9	90	30
METHYLPHENIDATE HCL TABLET EXTENDED RELEASE	RITALIN LA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age	(60	30
METHYLPHENIDATE HCL TABLET CONTROLLED RELEASE	CONCERTA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		60	30
Miscellaneous Agents	Lucione						30
ATOMOXETINE HCL CAPSULES	VARIOUS		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		30	30
Central Alpha-Agonists CLONIDINE HCI	CATAPRES			PA REQUIRED for Ages < 6 years of age			+
CLONIDINE HCL TRANSDERMAL PATCH	CATAPRES CATAPRES PATCHES		 	PA REQUIRED for Ages < 6 years of age	 	4	28
CLONIDINE HCL (ADHD) TABLET 12-HOUR	CLONIDINE ER		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		120	30
GUANFACINE HCL (ADHD) TABLET 24-HOUR	GUANFACINE ER		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		30	30
GUANFACINE HCL TABLET	GUANFACINE HCL			PA REQUIRED for Ages < 6 years of age			
AMINOGLYCOSIDES							
AMINOGLYCOSIDES							
NEOMYCIN SULFATE TABLETS	NEOMYCIN SULFATE						
INHALED ANTIBIOTICS							
PAROMOMYCIN SULFATE CAPSULE	HUMATIN			Not covered through AHCCCS. Please contact Waylis Pharmaceuticals for the patient assistance program. Toll Free Number: 1-800-689-0255			
TOBRAMYCIN NEBULIZED	BETHKIS	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			+
TOBRAMYCIN NEBULIZED	KITABIS	BRAND ONLY	PREFERRED DRUG	PA REQUIRED	+		+
ANALGESICS - ANTI-INFLAMMATORY	RIADIS	DICATO CIVET	TRETERINED DIVOG	TA REQUIRED			
ANTIRHEUMATIC ANTIMETABOLITES							
METHOTREXATE SODIUM TABLETS	RHEUMATREX						1
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)							
CELECOXIB CAPSULES	CELEBREX				(60	30
DICLOFENAC SODIUM TABLET 24-HOUR	VOLTAREN-XR						
DICLOFENAC SODIUM TABLET ENTERIC COATED	VOLTAREN						—
ETODOLAC CAPSULES	VARIOUS VARIOUS						
ETODOLAC TABLETS FENOPROFEN CALCIUM CAPSULES	NALFON				+		+
FENOPROFEN CALCIUM TABLETS	FENOPROFEN CALCIUM				+		+
FLURBIPROFEN TABLETS	FLURBIPROFEN						+
IBUPROFEN CAPSULES	ADVIL						†
IBUPROFEN CHEWABLE TABLETS	CHILDRENS MOTRIN						
IBUPROFEN SUSPENSION	CHILDRENS MOTRIN						
IBUPROFEN TABLETS	ADVIL						
INDOMETHACIN CAPSULES	VARIOUS						
INDOMETHACIN CAPSULE CONTROLLED RELEASE	INDOMETHACIN CR						—
INDOMETHACIN SUPPOSITORY	INDOCIN						┿
INDOMETHACIN SUSPENSION KETOPROFEN CAPSULES	INDOCIN ORUDIS				+		+
KETOROLAC TROMETHAMINE TABLETS	KETOROLAC TROMETHAMINE				1	20	30
MELOXICAM SUSPENSION	MOBIC				+		-
MELOXICAM TABLETS	MOBIC						†
NABUMETONE TABLETS	NABUMETONE						
NAPROXEN SODIUM TABLETS	ALEVE. ANAPROX						
NAPROXEN SUSPENSION	NAPROSYN						
NAPROXEN TABLETS	NAPROSYN						
OXAPROZIN TABLETS	DAYPRO						₩
PIROXICAM CAPSULES	FELDENE				1		+
SULINDAC TABLETS PYRIMIDINE SYNTHESIS INHIBITORS	SULINDAC						\vdash
LEFLUNOMIDE TABLETS	ARAVA						+
SELECTIVE COSTIMULATION MODULATORS	Allava						-
ABATACEPT CLICKJECT OR SYRINGE	ORENCIA		PREFERRED DRUG	PA REQUIRED			1
CYTOKINE & CAM ANTAGONIST AGENTS							
ADALIMUMAB-ADBM AUTO-INJECTOR KIT	UNBRANDED ADALIMUMAD-ADBM		PREFERRED DRUG	PA REQUIRED			
ADALIMUMAB-ADBM PREFILLED SYRINGE KIT	UNBRANDED ADALIMUMAD-ADBM		PREFERRED DRUG	PA REQUIRED			
ADALIMUMAB-BWWD SOLN AUTO-INJ	HADLIMA PUSH	1	PREFERRED DRUG	PA REQUIRED			
ADALIMUMAB-BWWD SOLN PREF SYR ADALIMUMAB-RYVK AUTO-INJECTOR KIT	HADLIMA SIMLANDI		PREFERRED DRUG PREFERRED DRUG	PA REQUIRED PA REQUIRED			

		Brand Only/Generic				Quantity	
Drug Class/Drug Name	Reference Brand Name	Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Limit (QL)	QL Days
ADALIMUMAB-RYVK AUTO-SYRINGE KIT	SIMLANDI		PREFERRED DRUG	PA REQUIRED			
APREMILAST	OTEZLA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
ETANERCEPT	ENBREL	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
TOFACITINIB CITRATE	XELJANZ IMMEDIATE RELEASE ONLY	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
TOFACITINIB CITRATE TABLET ER 24HR	XELJANZ XR	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
ANALGESICS - NONNARCOTIC							
ANALGESIC COMBINATIONS							
BUTALBITAL-ACETAMINOPHEN-CAFFEINE TABLETS	VARIOUS					120	30
BUTALBITAL-ASPIRIN-CAFFEINE TABLETS	VARIOUS					120	30
ANALGESICS OTHER							
ACETAMINOPHEN CAPSULES	VARIOUS						
ACETAMINOPHEN CHEWABLE TABLETS	VARIOUS						
ACETAMINOPHEN ELIXIR	VARIOUS						
ACETAMINOPHEN LIQUID	VARIOUS						
ACETAMINOPHEN SUPPOSITORY	FEVERALL INFANTS						
ACETAMINOPHEN SUSPENSION	TYLENOL INFANTS						
SALICYLATES							
ASPIRIN CHEWABLE TABLETS	VARIOUS						
ASPIRIN SUPPOSITORY	VARIOUS						
ASPIRIN TABLETS	VARIOUS						
DIFLUNISAL TABLETS	DIFLUNISAL						
SALSALATE TABLETS	DISALCID						
ANALGESICS - OPIOID							
LONG-ACTING OPIOID AGONISTS							
	DURAGESIC 12mcg, 25mcg, 50mcg, 75mcg &						
FENTANYL PATCH 72-HOUR 12mcg, 25mcg, 50mcg, 75mcg & 100mcg	100mcg		PREFERRED DRUG	PA REQUIRED			
MORPHINE-NALTREXONE CAPSULE CONTROLLED RELEASE RELEASE	EMBEDA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
MORPHINE SULFATE TABLET CONTROLLED RELEASE MORPHINE SULFATE TABLET CONTROLLED RELEASE	VARIOUS	DIVELLE CHAFT	PREFERRED DRUG	PA REQUIRED	+	1	
OXYCODONE ER	OXYCOTIN	BRAND ONLY	PREFERRED DRUG	PA REQUIRED	+	 	
TRAMADOL HCL TABLETS ER	ULTRAM ER	BRAND UNLT	PREFERRED DRUG	PA REQUIRED			
BUPRENORPHINE PATCH WEEKLY	BUTRANS	BRAND ONLY	PREFERRED DRUG	PA REQUIRED	_	-	
SHORT-ACTING OPIOID AGONISTS	BUTRANS	BRAND UNLT	PREFERRED DRUG	PA REQUIRED			
HYDROMORPHONE HCL LIQUID	DILAUDID			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
HYDROMORPHONE HCL SUPPOSITORY	HYDROMORPHONE HCL						
	DII AUDID			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
HYDROMORPHONE HCL TABLETS	DEMEROI			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
MEPERIDINE HCL TABLETS	DEMEROE			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
MORPHINE SULFATE SOLUTION	MORPHINE SULFATE			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
MORPHINE SULFATE SUPPOSITORY	MORPHINE SULFATE			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
MORPHINE SULFATE TABLETS	MORPHINE SULFATE			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE HCL CAPSULES	OXYCODONE HCL			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE HCL CONCENTRATE	OXYCODONE HCL			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE HCL SOLUTION	OXYCODONE HCL			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE HCL TABLETS	ROXICODONE			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE HCL TAB 12HR DETER	OXYCONTIN	BRAND ONLY		PA REQUIRED			
TRAMADOL HCL TABLETS 50MG & 100MG	ULTRAM			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
OPIOID COMBINATIONS							
ACETAMINOPHEN W/ CODEINE SOLUTION	ACETAMINOPHEN/CODEINE			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
ACETAMINOPHEN W/ CODEINE TABLETS	ACETAMINOPHEN/CODEINE	1	1	PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
BUTALBITAL-ACETAMINOPHEN-CAFFEINE W/ CODEINE CAPSULES	FIORICET/CODEINE	1		PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
BUTALBITAL-ASPIRIN-CAFFEINE W/COD CAPSULES	ASCOMP/CODEINE	1	1	PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
HYDROCODONE-ACETAMINOPHEN CAPSULES	HYDROGESIC			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
HYDROCODONE-ACETAMINOPHEN SOLUTION	HYCET	1	1	PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
HYDROCODONE-ACETAMINOPHEN TABLETS	VERDROCET	1	1	PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
HYDROCODONE-IBUPROFEN TABLETS	REPREXAIN	1	1	PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE W/ ACETAMINOPHEN CAPSULES	OXYCODONE/ACETAMINOPHEN	1	1	PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE W/ ACETAMINOPHEN SOLUTION	ROXICET	1	1	PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE W/ ACETAMINOPHEN TABLETS	ENDOCET	<u> </u>		PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
OXYCODONE-IBUPROFEN TABLETS	OXYCODONE/IBUPROFEN			PA REQUIRED for > 2 Short Acting Opioid Medications in a 30-day time period.			
ANTIDOTES							
OPIOID ANTAGONISTS							
NALOXONE HCL SOLUTION + SYRINGE	NALOXONE HCL + SYRINGE		PREFERRED DRUG				
		OVER-THE-COUNTER &					
NALOXONE HCL NASAL SPRAY	NARCAN NASAL SPRAY	PRESCRIPTION ONLY	PREFERRED DRUG			2	1
NALOXONE HCL NASAL SPRAY 8mg	KLOXXADO NASAL SPRAY	1	PREFERRED DRUG			2	1
NALTREXONE HCL TABLETS	NALTREXONE HCL		PREFERRED DRUG				
			PREFERRED DRUG				
NALTREXONE SUSPENSION	VIVITROL						
	VIVITROL						
NALTREXONE SUSPENSION	VIVITROL			PA REQUIRED unless the member is pregnant or nursing.			
NALTREXONE SUSPENSION	VIVITROL			The prescriber must note the following ICD-10 codes on the prescription:			
NALTREXONE SUSPENSION	VIVITROL			The prescriber must note the following ICD-10 codes on the prescription: 1. 009.91- Supervision of high risk pregnancy, 1st Trimester.			
NALTREXONE SUSPENSION	VIVITROL			The prescriber must note the following ICD-10 codes on the prescription:			
NALTREXONE SUSPENSION	VIVITROL			The prescriber must note the following ICD-10 codes on the prescription: 1. 009.91- Supervision of high risk pregnancy, 1st Trimester. 2. 009.92- Supervision of high risk pregnancy, 2nd Trimester. 3. 009.93- Supervision of high risk pregnancy, 3rd Trimester.			
NALTREXONE SUSPENSION OPIOID AGONISTS				The prescriber must note the following ICD-10 codes on the prescription: 1. 009.91- Supervision of high risk pregnancy, 1st Trimester. 2. 009.92- Supervision of high risk pregnancy, 2nd Trimester. 3. 009.93- Supervision of high risk pregnancy, 3rd Trimester. 4. 009.93- Supervision of high risk pregnancy use for Postpartum Nursing Mothers.			
NALTREXONE SUSPENSION	VARIOUS			The prescriber must note the following ICD-10 codes on the prescription: 1. 009.91- Supervision of high risk pregnancy, 1st Trimester. 2. 009.92- Supervision of high risk pregnancy, 2nd Trimester. 3. 009.93- Supervision of high risk pregnancy, 3rd Trimester.			

Drug Class/Drug Name	Reference Brand Name	Brand Only/Generic	Preferred Drug Status	PA Status	Step Therapy Requirements	Quantity	QL Days
		Notes GENERIC		L V States	Step merapy requirements	Limit (QL)	QE Days
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE ORALLY DISINTEGRATING TABLETS BUPRENORPHINE EXTENDED RELEASE INJECTION	VARIOUS SUBLOCADE	FORMULATIONS ONLY	PREFERRED DRUG PREFERRED DRUG	PA REQUIRED			+
BUPRENORPHINE EXTENDED RELEASE INJECTION BUPRENORPHINE SOLN PREF SYR	BRIXADI		PREFERRED DRUG	PA REQUIRED PA REQUIRED			+
METHADONE	VARIOUS		FREFERRED DROG	Only avaliable at an Opioid Treatment Program (OTP) provider.			+
MISCELLANEOUS AGENTS	VIII003						
ACAMPROSATE	VARIOUS						
DISULFIRAM	ANTABUSE						
ANDROGENS-ANABOLIC							
ANDROGENS							
DANAZOL CAPSULES	DANAZOL						
TESTOSTERONE CYPIONATE SOLUTION	DEPO-TESTOSTERONE			PA REQUIRED			
TESTOSTERONE ENANTHATE SOLUTION	TESTOSTERONE ENANTHATE	AUTHORIZED GENERIC		PA REQUIRED			
TESTOSTERONE GEL (1.62% - PUMP BOTTLE)	ANDROGEL/TESTOSTERONE (AG)	ONLY	PREFERRED DRUG	PA REQUIRED			
TESTOSTERONE PATCH	ANDROGEE TESTOSTERIONE (AG)	O.I.E.	T REFERENCE DROG	PA REQUIRED			
ANORECTAL AGENTS							
INTRARECTAL STEROIDS							
HYDROCORTISONE (INTRARECTAL) ENEMA	COLOCORT						
HYDROCORTISONE ACETATE (INTRARECTAL) FOAM	CORTIFOAM						
RECTAL STEROIDS							
HYDROCORTISONE (RECTAL) CREAM	PROCTOCORT						
ANTHELMINTICS							
ANTHELMINTICS ALDERIDAZOUS TARLETS	ALDENIZA			DA DECUMPED			_
ALBENDAZOLE TABLETS IVERMECTIN TABLETS	ALBENZA STROMECTOL			PA REQUIRED PA REQUIRED			+
PRAZIQUANTEL TABLETS	BILTRICIDE		1	- Triningonico	<u> </u>		+
ANTIANGINAL AGENTS	JETHICIDE .						
ANTIANGINALS-OTHER							
RANOLAZINE TABLET 12-HOUR	RANEXA			PA REQUIRED			
NITRATES							
ISOSORBIDE DINITRATE CAPSULE CONTROLLED RELEASE	DILATRATE SR						
ISOSORBIDE DINITRATE SUBLINGUAL	ISOSORBIDE DINITRATE						
ISOSORBIDE DINITRATE TABLETS	ISORDIL TITRADOSE						
ISOSORBIDE DINITRATE TABLET CONTROLLED RELEASE	ISOSORBIDE DINITRATE ER						
ISOSORBIDE MONONITRATE TABLETS	ISOSORBIDE MONONITRATE IMDUR						+
ISOSORBIDE MONONITRATE TABLET 24-HOUR NITROGLYCERIN CAPSULE CONTROLLED RELEASE	NITRO-TIME		+				+
NITROGLYCERIN CAPSOLE CONTROLLED RELEASE NITROGLYCERIN OINTMENT	NITRO-BID						+
NITROGLYCERIN PATCH 24-HOUR	NITRO-DUR						+
NITROGLYCERIN SUBLINGUAL	NITROSTAT						1
ANTIANXIETY AGENTS							
ANTIANXIETY AGENTS - MISC.							
				PA REQUIRED for Ages < 6 years.			
BUSPIRONE HCL TAB 5 MG	BUSPIRONE HCL			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
				PA REQUIRED for Ages < 6 years.		120	
BUSPIRONE HCL TAB 7.5 MG	BUSPIRONE HCL			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period. PA REQUIRED for Ages < 6 years.		120	30
BUSPIRONE HCL TAB 10 MG	BUSPIRONE HCL			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	20
BOSFINONE FICE TAB 10 WIG	BOSFINOINE FICE			PA REQUIRED for Ages < 6 years.		120	30
BUSPIRONE HCL TAB 15 MG	BUSPIRONE HCL			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
				PA REQUIRED for Ages < 6 years.			1
BUSPIRONE HCL TAB 30 MG	BUSPIRONE HCL			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
HYDROXYZINE HCL SYRUP	HYDROXYZINE SYRUP					300	30
HYDROXYZINE HCL TABLETS	HYDROXYZINE TABLETS					240	30
HYDROXYZINE PAMOATE CAPSULES	VISTARIL					120	30
BENZODIAZEPINES							
ALDRAZOLAN CONC. A MC /MI	ALBRAZOLANA INTENSOL			PA REQUIRED for Ages < 6 years.			45
ALPRAZOLAM CONC 1 MG/ML	ALPRAZOLAM INTENSOL		+	PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period. PA REQUIRED for Ages < 6 years.		60	15
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
ALFRAZOLAWI GRALLI DISINI EGRATING TAB 0.25 WIG	VARIOUS			PA REQUIRED for Ages < 6 years.		120	- 50
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
				PA REQUIRED for Ages < 6 years.			1
ALPRAZOLAM ORALLY DISINTEGRATING TAB 1 MG	VARIOUS		<u> </u>	PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
				PA REQUIRED for Ages < 6 years.			
ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
				PA REQUIRED for Ages < 6 years.			
ALPRAZOLAM TAB 0.25 MG	VARIOUS		1	PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
ALDRAZOLAM TARIO F MC	MARIOUS			PA REQUIRED for Ages < 6 years.		120	20
ALPRAZOLAM TAB 0.5 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period. PA REQUIRED for Ages < 6 years.		120	30
	VARIOUS		1	PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
ALPRAZOLAM TAB 1 MG							
ALPRAZOLAM TAB 1 MG	VARIOUS			PA REQUIRED for Ages < 6 years.			

	l	Brand Only/Generic				Quantity	
Drug Class/Drug Name	Reference Brand Name	Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Limit (QL)	QL Days
				PA REQUIRED for Ages < 6 years.			
ALPRAZOLAM TAB SR 24HR 0.5 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		30	30
ALPRAZOLAM TAB SR 24HR 1 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		30	30
ALFRAZOLAWI IAB 3K 24HK 1 WG	VARIOUS			PA REQUIRED for Ages < 6 years.		30	30
ALPRAZOLAM TAB SR 24HR 2 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		30	30
				PA REQUIRED for Ages < 6 years.			
ALPRAZOLAM TAB SR 24HR 3 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		30	30
				PA REQUIRED for Ages < 6 years.			
CHLORDIAZEPOXIDE HCL CAP 10 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period. PA REQUIRED for Ages < 6 years.		60	30
CHLORDIAZEPOXIDE HCL CAP 25 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
CHECKER CARDE HEE CAR ES MIC	7/11/005			PA REQUIRED for Ages < 6 years.			
CHLORDIAZEPOXIDE HCL CAP 5 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
				PA REQUIRED for Ages < 6 years.			
CLONAZEPAM 0.5 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
				PA REQUIRED for Ages < 6 years.		120	30
CLONAZEPAM 1.0 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period. PA REQUIRED for Ages < 6 years.		120	30
CLONAZEPAM 2 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
CLONAZEPAM ODT 0.125MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLONAZEPAM ODT 0.25MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLONAZEPAM ODT 0.5 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLONAZEPAM ODT 1MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLONAZEPAM ODT 2MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
CLODATEDATE DIRECTACCIUM TAR AS MC	MADIOUS			PA REQUIRED for Ages < 6 years.			20
CLORAZEPATE DIPOTASSIUM TAB 15 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
CLORAZEPATE DIPOTASSIUM TAB 3.75 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLORAZEFATE DIFOTASSIONI TAB 5.75 INIG	VARIOUS			PA REQUIRED for Ages < 6 years.		120	30
CLORAZEPATE DIPOTASSIUM TAB 7.5 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
				PA REQUIRED for Ages < 6 years.			
DIAZEPAM CONC 5 MG/ML	DIAZEPAM INTENSOL			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
				PA REQUIRED for Ages < 6 years.			
DIAZEPAM SOLN 1 MG/ML	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		300	30
				PA REQUIRED for Ages < 6 years.		120	20
DIAZEPAM TAB 10 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period. PA REQUIRED for Ages < 6 years.		120	30
DIAZEPAM TAB 2 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
DIAZEI AW TAB Z WIG	VARIOUS			PA REQUIRED for Ages < 6 years.		120	50
DIAZEPAM TAB 5 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
				PA REQUIRED for Ages < 6 years.			
LORAZEPAM CONC 2 MG/ML	LORAZEPAM INTENSOL			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
				PA REQUIRED for Ages < 6 years.			
LORAZEPAM TAB 0.5 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
LORAZEPAM TAB 1 MG	VARIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
LONAZEPAWI TAB 1 WIG	VARIOUS			PA REQUIRED for Ages < 6 years.		120	50
LORAZEPAM TAB 2 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
•				PA REQUIRED for Ages < 6 years.			
OXAZEPAM CAP 10 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
				PA REQUIRED for Ages < 6 years.			
OXAZEPAM CAP 15 MG	VARIOUS			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
CVATERAN CAR 30 MC	MADIOUS			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		co	20
OXAZEPAM CAP 30 MG ANTIARRHYTHMICS	VARIOUS			TA NEQUINED TO 2.1 ATTAIONY IL MEDICATION III a 30-day time period.		00	30
ANTIARRHYTHMICS TYPE I-A							
DISOPYRAMIDE PHOSPHATE CAPSULES	NORPACE						
DISOPYRAMIDE PHOSPHATE CAPSULE 12-HOUR	NORPACE CR	<u> </u>			<u> </u>		
QUINIDINE GLUCONATE TABLET CONTROLLED RELEASE	QUINIDINE GLUCONATE CR						
QUINIDINE SULFATE TABLETS	QUINIDINE SULFATE						
QUINIDINE SULFATE TABLET CONTROLLED RELEASE	QUINIDINE SULFATE ER						
ANTIARRHYTHMICS TYPE I-B	MACKIN STINIS LICE						
MEXILETINE HCL CAPSULES ANTIARRHYTHMICS TYPE I-C	MEXILETINE HCL						
FLECAINIDE ACETATE TABLETS	TAMBOCOR						
PROPAFENONE HCL CAPSULE 12-HOUR	RYTHMOL SR	-				†	
PROPAFENONE HCL TABLETS	RYTHMOL	 	 		1	1	
ANTIARRHYTHMICS TYPE III							
AMIODARONE HCL TABLETS 100MG & 200MG	PACERONE						
DOFETILIDE CAPSULES	TIKOSYN			PA REQUIRED			
DRONEDARONE HCL TABLETS	MULTAQ			PA REQUIRED			
ANTIASTHMATIC AND BRONCHODILATOR AGENTS							
ANTI-INFLAMMATORY AGENTS	COOLAGUAL CODULA						
CROMOLYN SODIUM NEBULIZER	CROMOLYN SODIUM	1	I.	<u>I</u>	l .	1	

		Brand Only/Generic				Quantity	
Drug Class/Drug Name	Reference Brand Name	Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Limit (QL)	QL Days
BRONCHODILATORS - ANTICHOLINERGICS							
ACLIDINIUM BROMIDE	TUDORZA PRESSAIR		PREFERRED DRUG				
IPRATROPIUM BROMIDE HFA AEROSOL	ATROVENT HFA		PREFERRED DRUG				
IPRATROPIUM BROMIDE SOLUTION	IPRATROPIUM BROMIDE		PREFERRED DRUG			\vdash	
TIOTROPIUM BROMIDE MONOHYDRATE AEROSOL SOLUTION	SPIRIVA RESPIMAT		PREFERRED DRUG			\longrightarrow	
TIOTROPIUM BROMIDE MONOHYDRATE CAPSULES	SPIRIVA HANDIHALER	BRAND ONLY	PREFERRED DRUG				
LEUKOTRIENE MODULATORS MONTELUKAST SODIUM CHEWABLE TABLETS	SINGUI AIR		DOCCCODED DOUG			20	30
MONTELUKAST SODIUM CHEWABLE TABLETS MONTELUKAST SODIUM GRANULES	SINGULAIR		PREFERRED DRUG	PA IS NOT REQUIRED for < 4 Years of Age		50	30
MONTELUKAST SODIOM GRANOLES MONTELUKAST SODIUM TABLETS	SINGULAIR	<u> </u>	PREFERRED DRUG	FA IS NOT REQUIRED TO CA TESTS OF Age			30
STEROID INHALANTS	Sitte Control		THE EMILE BROO				50
BECLOMETHASONE DIPROPIONATE	QVAR REDIHALER	BRAND ONLY	PREFERRED DRUG				
BUDESONIDE (INHALATION) SUSPENSION 0.25MG, 0.50MG & 1.0MG	PULMICORT	VARIOUS	PREFERRED DRUG				
BUDESONIDE INHALATION POWDER	PULMICORT FLEXHALER	BRAND ONLY	PREFERRED DRUG				
FLUTICASONE FUROATE	ARNUITY ELLIPTA	BRAND ONLY	PREFERRED DRUG				
FLUTICASONE PROPIONATE HFA AERO	VARIOUS	AUTHORIZED GENERIC ONLY	PREFERRED DRUG			1	
PEOTICASONE PROFIGNATE TIPA AERO	VARIOUS	AUTHORIZED GENERIC	FREFERRED DROG			\Box	
FLUTICASONE PROPIONATE ORAL INHALATION	VARIOUS	ONLY	PREFERRED DRUG				
MOMETASONE FUROATE HFA	ASMANEX HFA	BRAND ONLY	PREFERRED DRUG				
MOMETASONE FUROATE (INHALATION) AEPB	ASMANEX TWISTHALER	BRAND ONLY	PREFERRED DRUG				
SYMPATHOMIMETICS							
		NDC 00254100752				_i	1
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROVENTIL) (AG) (INHALATION)	NDC 00781729685	Preferred Albuterol NDCs			\longrightarrow	
		NDC 00054074287 NDC 69097014260				1	
		NDC 69097014260 NDC 72572001401				1	
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROVENTIL) (INHALATION)	NDC 76282067942	Preferred Albuterol NDCs			1	
ALBOTEROL SOLFATE INTIALER	ALBOTEROETH A (TROVERVILE) (INTIALATION)	1400 70202007342	T TETETTEG AIDUTETOT NDC3				
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROAIR) (AG) (INHALATION)	NDC 00093317431	Preferred Albuterol NDCs				
		NDC 45802008801					
ALBUTEROL SULFATE INHALER	ALBUTEROL HFA (PROAIR) (INHALATION)	NDC 68180096301	Preferred Albuterol NDCs			\vdash	
ALBUTEROL SULFATE INHALER ALBUTEROL SULFATE NEBULIZED	ALBUTEROL HFA (VENTOLIN) (AG) (INHALATION) ALBUTEROL SULFATE	NDC 66993001968	Preferred Albuterol NDCs PREFERRED DRUG			\vdash	
ALBUTEROL SULFATE NEBULIZED ALBUTEROL SULFATE SYRUP	ALBUTEROL SULFATE	-	PREFERRED DRUG			\vdash	
BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL	SYMBICORT	BRAND ONLY	PREFERRED DRUG			\longrightarrow	1
FLUTICASONE-SALMETEROL ORAL INHALATION	ADVAIR DISKUS/AIRDUO	BRAND ONLY	PREFERRED DRUG			\longrightarrow	
FLUTICASONE-SALMETEROL AEROSOL	ADVAIR HFA	BRAND ONLY	PREFERRED DRUG				
MOMETASONE FUROATE-FORMOTEROL FUMARATE DIHYDRATE AEROSOL	DULERA	BRAND ONLY	PREFERRED DRUG			-	1
IPRATROPIUM-ALBUTEROL AEROSOL	COMBIVENT RESPIMAT		PREFERRED DRUG				
IPRATROPIUM-ALBUTEROL SOLUTION	DUONEB		PREFERRED DRUG				
SALMETEROL XINAFOATE AEROSOL POWDER BREATH ACTIVATED	SEREVENT DISKUS			PA REQUIRED			
SALMETEROL XINAFOATE AEROSOL POWDER BREATH ACTIVATED	SEREVENT DISKUS			PA REQUIRED		\vdash	
TIOTROPIUM BROMIDE-OLODATEROL HCL AEROSOL SOLUTION	STIOLTO RESPIMAT		PREFERRED DRUG	PA REQUIRED		_	30
UMECLIDINIUM-VILANTEROL AEROSOL POWDER	ANORO ELLIPTA		PREFERRED DRUG	PA REQUIRED		1	30
ANTICOAGULANTS COUMARIN ANTICOAGULANTS							
WARFARIN SODIUM TABLETS							
	VARIOUS		PREFERRED DRUG				
DIRECT FACTOR XA INHIBITORS	VARIOUS		PREFERRED DRUG				
DIRECT FACTOR XA INHIBITORS		BRAND ONLY				60	30
	VARIOUS ELIQUIS ELIQUIS STARTER PACK	BRAND ONLY BRAND ONLY	PREFERRED DRUG PREFERRED DRUG PREFERRED DRUG			60 74	30 365
DIRECT FACTOR XA INHIBITORS APIXABAN TABLETS APIXABAN TABLETS STARTER PACK RIVAROXABAN TABLETS	ELIQUIS ELIQUIS STARTER PACK XARELTO	BRAND ONLY BRAND ONLY	PREFERRED DRUG PREFERRED DRUG PREFERRED DRUG			60	30
DIRECT FACTOR XA INHIBITORS APPXABAN TABLETS APIXABAN TABLETS STARTER PACK RIVAROXABAN TABLETS RIVAROXABAN TABLETS	ELIQUIS ELIQUIS STARTER PACK	BRAND ONLY	PREFERRED DRUG PREFERRED DRUG			60	
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		Brand Only/Generic				Quantity	
Drug Class/Drug Name	Reference Brand Name	Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Limit (QL)	QL Days
CLOBAZAM TABLETS	ONFI			PA REQUIRED			
				PA REQUIRED for Ages < 6 years.			
CLONAZEPAM TAB 0.5 MG	KLONOPIN			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period. PA REQUIRED for Ages < 6 years.		120	30
CLONAZEPAM TAB 1 MG	KLONOPIN			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
				PA REQUIRED for Ages < 6 years.			1
CLONAZEPAM TAB 2 MG	KLONOPIN			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG	CLONAZEPAM ODT			PA REQUIRED for Ages < 6 years.		120	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG	CLONAZEPAM OD I			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period. PA REQUIRED for Ages < 6 years.		120	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG	CLONAZEPAM ODT			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
				PA REQUIRED for Ages < 6 years.			
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG	CLONAZEPAM ODT			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 1 MG	CLONAZEPAM ODT			PA REQUIRED for Ages < 6 years. PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		120	30
CLUNAZEPAM OKALLY DISINTEGRATING TAB 1 MG	CLONAZEPAM OD I			PA REQUIRED for Ages < 6 years.		120	30
CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG	CLONAZEPAM ODT			PA REQUIRED for > 1 Anxiolytic Medication in a 30-day time period.		60	30
DIAZEPAM (ANTICONVULSANT) GEL	DIASTAT PEDIATRIC					2	30
DIAZEPAM (ANTICONVULSANT) LIQUID	VALTOCO					2	30
DIAZEPAM (ANTICONVULSANT) LIQD THER PACK	VALTOCO					2	30
MIDAZOLAM (ANTICONVULSANT) SOLUTION ANTICONVULSANTS - MISC.	NAYZILAM					2	30
CANNABIDIOL SOLUTION	EPIDIOLEX			PA REQUIRED			
CARBAMAZEPINE TABLET CHEWABLE	CARBAMAZEPINE	İ	1	**			†
CARBAMAZEPINE CAPSULE ER 12 HR	CARBATROL						
CARBAMAZEPINE SUSPENSION	TEGRETOL	ļ					
CARBAMAZEPINE TABLET	EPITOL TECNETOL VID	ļ				 	
CARBAMAZEPINE TABLET ER 12HR GABAPENTIN CAPSULE	TEGRETOL-XR NEURONTIN						
GABAPENTIN CAPSOLE GABAPENTIN SOLUTION	NEURONTIN						\vdash
GABAPENTIN TABLET	NEURONTIN						
LACOSAMIDE SOLUTION	VIMPAT			PA REQUIRED			
LACOSAMIDE TABLET	VIMPAT			PA REQUIRED			
LAMOTRIGINE TABLET CHEWABLE	LAMICTAL CHEWABLE DISPERSIBLE						
LAMOTRIGINE TABLET LAMOTRIGINE TABLET ER 24HR	SUBVENITE LAMICTAL XR						-
LAMOTRIGINE TABLET DISINTEGRATING	LAMICTAL ODT						_
LEVETIRACETAM SOLUTION	KEPPRA						
LEVETIRACETAM TABLET	ROWEEPRA						1
LEVETIRACETAM TABLET ER 24HR	KEPPRA XR						
OXCARBAZEPINE SUSPENSION OXCARBAZEPINE TABLET	TRILEPTAL TRILEPTAL	BRAND ONLY					
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 RUFINAMIDE TABLET	BANZEL BANZEL	BRAND ONLY		PA REQUIRED PA REQUIRED			
TOPIRAMATE CAPSULE ER 24 HR	TROKENDI XR	BRAND ONLY		PA REQUIRED PA REQUIRED			+
TOPIRAMATE CAPSULE SPRINKLE	TOPAMAX SPRINKLE	DIAND ONE!		TA NEGONEO			_
TOPIRAMATE CP24 SPRINKLE	QUDEXY XR			PA REQUIRED			
TOPIRAMATE TABLET	TOPAMAX						
ZONISAMIDE CAPSULE	ZONEGRAN						
CARBAMATES** CENOBAMATE TABLET	XCOPRI			PA REQUIRED			
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FELBAMATE SUSPENSION	FELBATOL						
FELBAMATE TABLET	FELBATOL						
GABA MODULATORS**							
TIAGABINE HCL TABLET HYDANTOINS**	GABITRIL			PA REQUIRED			
PHENYTOIN TABLET CHEWABLE	DILANTIN CHEWABLES						
PHENYTOIN SODIUM EXTENDED CAPSULE	DILANTIN/PHENYTEK ER						1
PHENYTOIN SUSPENSION	DILANTIN-125	<u> </u>					1
SUCCINIMIDES**							
ETHOSUXIMIDE CAPSULE	ZARONTIN	ļ					_
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VALPROIC ACID**	CLEONIN	DIANU UNLT					
DIVALPROEX SODIUM CAP DR SPRINKLE	DEPAKOTE SPRINKLES						
DIVALPROEX SODIUM TABLET ER 24HR	DEPAKOTE ER						
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SERTRALINE HCL TABLETS ZOLOFT PA REQUIRED for Ages < 6 years of age SEROTONIN MODULATORS PA REQUIRED for Ages < 6 years of age			30
SEROTONIN MODULATORS		25mg: 90	30
SEROTONIN MODULATORS		50mg: 120	
		100mg: 60	30
TRAZODONE HCL TABLETS TRAZODONE HCL PA RECULURED for Ages < 6 years of age	4		
TRAZODONE HCL TABLETS TRAZODONE HCL PA RECUIRED for Ages < 6 years of age		50mg:90	30
TRAZODONE HCI TARIETS TRAZODONE HCI		100mg:120	
			30 30
TINGEDUNE THE TRACETS TINGEDUNE THE TRACETS		300mg 30	30
SERO LOWIN-NOREPINEPRINIE REUP HAZE INVIDITIONS (SINII)		20mg: 120	30
		30mg: 120	
DULOXETINE HCL CAPSULE DELAYED RELEASE 20MG, 30MG & 60MG CYMBALTA 20MG, 30MG & 60MG PA REQUIRED for Ages < 6 years of age			30
2000 A THE CHAIN AND A CHAIN AND A CHAIN A CHAIN AND A	-	37.5mg: 90	
			30
VENIAFAXINE HCL CAPSULE CONTROLLED RELEASE EFFEXOR XR PA REQUIRED for Ages < 6 years of age		150mg: 30	
		25mg: 120	30
		37.5mg: 90	30
		50mg: 90	30
			30
VENLAFAXINE HCL TABLETS - IMMEDIATE RELEASE ONLY VENLAFAXINE HCL PA REQUIRED for Ages < 6 years of age		100mg: 90	30
TRICYCLIC AGENTS			
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DOXEPH NEL CONCENTRATE DOXEPH NEL CONCENTRATE DOXEPH NEL CONCENTRATE DOXEPH NEL CONCENTRATE DOXEPH NEL CONCENTRATE	+		30
	+		30
IMIPRAMINE HCL TABLETS TORANIL PAREQUIRED for Ages < 6 years of age	+	1	
MARROTILIBE HCL VARIOUS PAREQUIRED for Ages 4 6 years of age	+		
NORTRIPTYLINE HCL CAPSULES PAMELOR PA REQUIRED for Ages < 6 years of age	1		
NORTRIPTYLINE H.CL. SOLUTION NORTRIPTYLINE H.CL PA REQUIRED for Ages < 6 years of age			
PROTRIPTYLINE HCL TABLETS VIVACTIL PA REQUIRED for Ages < 6 years of age			
TRIMIPRAMINE MALEATE SURMONTIL PA REQUIRED for Ages < 6 years of age			
ANTIDIABETICS			
ALPHA-GLUCOSIDASE INHIBITORS SUBJECT STATES SUBJECT SU			
ACARBOSE TABLETS PRECOSE			
ANTIDIABETIC - AMLYN ANALOGS			
PRAMINITIDE ACETATE SOLUTION PEN INJECTION SYMLINPEN 60 PREFERRED DRUG PA REQUIRED			
ANTIDIABETIC COMBINATIONS	CTCD TUDOUSCU		
ALOGUPTIN-METFORMIN HCL TABLETS KAZANO PREFERRED DRUG			
ALOGLIPTIN-METFORMIN HCL TABLETS KAZANO PREFERRED DRUG	STEP THROUGH METFORMIN		

Drug Class/Drug Name	Reference Brand Name	Brand Only/Generic	Preferred Drug Status	PA Status	Step Therapy Requirements	Quantity	QL Days
		Notes			STEP THROUGH	Limit (QL)	, ,,
ALOGLIPTIN-PIOGLITAZONE TABLETS	OSENI		PREFERRED DRUG		METFORMIN		
					STEP THROUGH		
DAPAGLIFLOZIN - METFORMIN	XIDUO XR	BRAND ONLY	PREFERRED DRUG		METFORMIN		
EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN	TRIJARDY XR	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		
ENT AGENCE TO THE TOTAL	THISARDT AR	DICATED CITE	T KET ENKED DROG		STEP THROUGH	\vdash	
EMPAGLIFLOZIN-METFORMIN HCL	SYNJARDY	BRAND ONLY	PREFERRED DRUG		METFORMIN		
GLYBURIDE-METFORMIN HCL TABLETS	GLYBURIDE/METFORMIN HCL					لــــــــــــــــــــــــــــــــــــــ	
LINAGLIPTIN-METFORMIN HCL TABLETS	JENTADUETO	BRAND ONLY	PREFERRED DRUG		STEP THROUGH METFORMIN		
ENAGER THY-WELLOUGHING THE PADEETS	JENTADOETO	DICATED CITE	PREFERRED DROG		STEP THROUGH	\vdash	
LINAGLIPTIN-METFORMIN HCL TABLET 24-HOUR	JENTADUETO XR	BRAND ONLY	PREFERRED DRUG		METFORMIN		
PIOGLITAZONE HCL-METFORMIN HCL TABLETS	ACTOPLUS MET						
PIOGLITAZONE HCL-METFORMIN HCL TABLET 24-HOUR	ACTOPLUS MET XR				STEP THROUGH	<u> </u>	
SITAGLIPTIN-METFORMIN HCL TABLETS	JANUMET	BRAND ONLY	PREFERRED DRUG		METFORMIN		
					STEP THROUGH		
SITAGLIPTIN-METFORMIN HCL TABLET 24-HOUR	JANUMET XR	BRAND ONLY	PREFERRED DRUG		METFORMIN	ldot	
BIGUANIDES METFORMIN HCL TABLETS	GLUCOPHAGE						
METFORMIN HCL TABLET 3 METFORMIN HCL TABLET 24-HOUR (GENERIC OF GLUCOPHAGE XR ONLY-500MG & 750MG)	VARIOUS			PA REQUIRED for Osmotic and Modified Release Products		+	
DIABETIC OTHER							
DASIGLUCAGON HCL SOLN AUTO-INJ	ZEGALOGUE		PREFERRED DRUG			1	30
DIAZOXIDE SUSPENSION	PROGLYCEM	BRAND ONLY					
GLUCAGON HCL (RDNA) SOLUTION	GLUCAGEN HYPOKIT		PREFERRED DRUG				30
GLUCAGON SOLUTION AUTOINJECTOR - ADULT GLUCAGON SOLUTION AUTOINJECTOR - PEDIATRIC	GVOKE HYPO GVOKE HYPO		PREFERRED DRUG PREFERRED DRUG				30
GLUCAGON SOLUTION	GVOKE KIT		PREFERRED DRUG				30
GLUCAGON SOLN PREF SYR	GVOKE PFS		PREFERRED DRUG			1	30
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS							
ALOCUMENTO ATT TABLETS	NECINIA				STEP THROUGH		
ALOGLIPTIN BENZOATE TABLETS	NESINA		PREFERRED DRUG		METFORMIN STEP THROUGH	├	
LINAGLIPTIN TABLETS	TRADJENTA	BRAND ONLY	PREFERRED DRUG		METFORMIN		
					STEP THROUGH		
SITAGLIPTIN PHOSPHATE TABLETS	JANUVIA	BRAND ONLY	PREFERRED DRUG		METFORMIN		
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)							
DULAGLUTIDE SOLUTION PEN-INJECTION EXENATIDE SOLUTION PEN INJECTION	TRULICITY BYETTA		PREFERRED DRUG PREFERRED DRUG	PA REQUIRED PA REQUIRED		├	
LIRAGLUTIDE SOLUTION PEN INJECTION	VICTOZA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
DIABETIC MISCELLANEOUS AGENT							
PRAMLINTIDE	SYMLIN PEN		PREFERRED DRUG	PA REQUIRED			
INSULIN SENSITIZING AGENTS INSULIN DEGLUDEC SOLUTION	TRESIBA						
INSULIN DEGLUDEC SOLUTION INSULIN DEGLUDEC SOLN PEN-INJ	TRESIBA						
	TRESIRA					- 1	
	TRESIBA ACTOS						
PIOGLITAZONE HCL TABLETS INSULIN	TRESIBA ACTOS						
PIGGLITAZONE HCL TABLETS INSULIN	ACTOS	AUTHORIZED GENERIC					
PIOGLITAZONE HCL TABLETS INSULIN INSULIN LISPRO (HUMAN) SOLUTION	ACTOS	ONLY	PREFERRED DRUG				
PIGGLITAZONE HCL TABLETS INSULIN	ACTOS	ONLY BRAND ONLY	PREFERRED DRUG PREFERRED DRUG				
PIOGLITAZONE HCL TABLETS INSULIN INSULIN LISPRO (HUMAN) SOLUTION	ACTOS	ONLY	PREFERRED DRUG				
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PIOGLITAZONE HCL TABLETS INSULIN INSULIN LISPRO (HUMAN) SOLUTION INSULIN LISPRO (HUMAN) SOLUTION CARTRIDGE INSULIN LISPRO (HUMAN) SOLUTION PEN INJECTION 100/ML INSULIN LISPRO (HUMAN) SOLUTION PEN INJECTION 100/ML INSULIN LISPRO (HUMAN) SOLUTION PEN INJECTION 100/ML INSULIN LISPRO PROTAMINE & LISPRO (HUMAN) SUSPENSION PEN INJECTION (50-50)	HUMALOG HUMALOG HUMALOG HUMALOG HUMALOG HUMALOG HUMALOG HUMALOG KWIKPEN HUMALOG KWIKPEN HUMALOG MIX 50/50 KWIKPEN	ONLY BRAND ONLY AUTHORIZED GENERIC ONLY AUTHORIZED GENERIC ONLY BRAND ONLY	PREFERRED DRUG PREFERRED DRUG PREFERRED DRUG PREFERRED DRUG				
PIOGLITAZONE HCL TABLETS INSULIN INSULIN LISPRO (HUMAN) SOLUTION INSULIN LISPRO (HUMAN) SOLUTION CARTRIDGE INSULIN LISPRO (HUMAN) SOLUTION PEN INJECTION 100/ML INSULIN LISPRO (HUMAN) SOLUTION PEN INJECTION 100/ML	HUMALOG HUMALOG HUMALOG JUNIOR KWIKPEN HUMALOG KWIKPEN	ONLY BRAND ONLY AUTHORIZED GENERIC ONLY AUTHORIZED GENERIC ONLY BRAND ONLY BRAND ONLY	PREFERRED DRUG PREFERRED DRUG PREFERRED DRUG				
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Drug Class/Drug Name	Reference Brand Name	Brand Only/Generic Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Quantity Limit (QL)	QL Days
		AUTHORIZED GENERIC				Limit (QL)	
INSULIN ASPART PROTAMINE & ASPART (HUMAN) SUSPENSION (70/30)	NOVOLOG MIX 70/30	ONLY	PREFERRED DRUG				
		AUTHORIZED GENERIC					
INSULIN ASPART PROTAMINE & ASPART (HUMAN) SUSPENSION PEN INJECTION (70/30)	NOVOLOG MIX 70/30 FLEXPEN	ONLY AUTHORIZED GENERIC	PREFERRED DRUG				
INSULIN ASPART SOLUTION CARTRIDGE	NOVOLOG PENFILL	ONLY GENERIC	PREFERRED DRUG				
MEGLITINIDE ANALOGUES	NOVOLOG FENFILE	ONLI	FREFERRED DROG				
NATEGLINIDE TABLETS	STARLIX						
REPAGLINIDE TABLETS	PRANDIN						
SGLT2S							
DAPAGLIFLOZIN PROPANEDIOL	FARXIGA		22555225		STEP THROUGH METFORMIN		
DAPAGLIFLOZIN PROPANEDIOL	FARAIGA		PREFERRED DRUG		STEP THROUGH		
EMPAGLIFLOZIN	JARDIANCE		PREFERRED DRUG		METFORMIN		
SULFONYLUREAS							
GLIMEPIRIDE TABLETS (1MG, 2MG, 4MG)	AMARYL						
GLIPIZIDE TABLETS	GLUCOTROL						
GLIPIZIDE TABLET 24-HOUR	GLUCATROL XL						
GLYBURIDE MICRONIZED TABLETS GLYBURIDE TABLETS	GLYNASE DIABETA						
ANTIDIARRHEALS	DIADETA						
ANTIPERISTALTIC AGENTS							
DIPHENOXYLATE W/ ATROPINE LIQUID	DIPHENOXYLATE/ATROPINE						
DIPHENOXYLATE W/ ATROPINE TABLETS	LOMOTIL						
LOPERAMIDE HCL CAPSULES	LOPERAMIDE HCL						
LOPERAMIDE HCL LIQUID	IMODIUM A-D	-	1		1		
LOPERAMIDE HCL LIQUID LOPERAMIDE HCL SUSPENSION	LOPERAMIDE HCL IMODIUM A-D	1	1		1		
LOPERAMIDE HCL TABLETS	IMODIUM A-D						
ANTIDOTES							
OPIOID ANTAGONISTS							
NALOXONE HCL SOLUTION + SYRINGE	NALOXONE HCL + SYRINGE		PREFERRED DRUG				
NALOXONE NALOXONE HCL NASAL SPRAY	NARCAN NASAL SPRAY/REXTOVY NASAL SPRAY	BRAND ONLY BRAND ONLY	PREFERRED DRUG PREFERRED DRUG			_	
ANTIEMETICS	NARCAN NASAL SPRAY/REXTOVY NASAL SPRAY	BRAND ONLY	PREFERRED DRUG			2	1
5-HT3 RECEPTOR ANTAGONISTS							
DOLASETRON MESYLATE TABLETS	ANZEMET			PA REQUIRED			
GRANISETRON HCL SOLUTION	VARIOUS			PA REQUIRED			
GRANISETRON HCL TABLETS	VARIOUS			PA REQUIRED			
ONDANSETRON SOLUTION ONDANSETRON HCL ODT TABLETS	VARIOUS VARIOUS			PA REQUIRED for tablets > 8mg Per Dose PA REQUIRED for tablets > 8mg Per Dose			30
ONDANSETRON HCL OUT TABLETS ONDANSETRON HCL TABLETS	VARIOUS			PA REQUIRED for tablets > 8mg per Dose	1		30
ANTIEMETICS MISC.							
PROCHLORPERAZINE MALEATE TABLETS				Tritiagonias for tables 5 ong per 5000			
	COMPAZINE			Trinitation of tubers on give obt			
PROCHLORPERAZINE SUPPOSITORY	COMPAZINE COMPAZINE			Trinitional or tables - ong per obte			
PROCHLORPERAZINE SUPPOSITORY SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST	COMPAZINE			Threatened for addition only per doce			
PROCHLORPERAZINE SUPPOSITORY SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST APREPITANT CAPSULES				Trinition for table or only per bose			21
PROCHLORPERAZINE SUPPOSITORY SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST APPEPITANT CAPSULES ANTIFUNGALS	COMPAZINE			The second of second periods			21
PROCHLORPERAZINE SUPPOSITORY SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST APREPITANT CAPSULES	COMPAZINE			The second of sales o			21
PROCHLORPERAZINE SUPPOSITORY SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST APREPITANT CAPSULES ANTIFUNGALS ANTIFUNGAL ORAL AGENTS CLOTRIMAZOLE TROCHE GRISEOFULINI SUSPENSION	COMPAZINE EMEND VARIOUS VARIOUS			The Late of Addition of Additi			21
PROCHLORPERAZINE SUPPOSITORY SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST APREPITANT CAPSULES ANTIFUNGALS ANTIFUNGAL ORAL AGENTS CLOTRIMAZOLE TROCHE GRISEOFILIVIN SUSPENSION GRISEOFILIVIN SUSPENSION GRISEOFILIVIN MICROSIZE TABLETS	COMPAZINE EMEND VARIOUS VARIOUS GRIFULVIN V						21
PROCHLORPERAZINE SUPPOSITORY SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST APREPITANT CAPSULES ANTIFUNGALS ANTIFUNGAL ORAL AGENTS CLOTRIMAZOLE TROCHE GRISEOFULVIN SUSPENSION GRISEOFULVIN MICROSIZE TABLETS NYSTATIN SUSPENSION	COMPAZINE EMEND VARIOUS VARIOUS GRIFULVIN V NYSTATIN						21
PROCHLORPERAZINE SUPPOSITORY SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST APREPITANT CAPSULES ANTIFUNGALS ANTIFUNGAL ORAL AGENTS CLOTRIMAZOLE TROCHE GRISEOFULVIN SUSPENSION GRISEOFULVIN MICROSIZE TABLETS NYSTATIN SUSPENSION NYSTATIN TABLETS	COMPAZINE EMEND VARIOUS VARIOUS GRIFULVIN V NYSTATIN NYSTATIN					6	
PROCHLORPERAZINE SUPPOSITORY SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST APREPITANT CAPSULES ANTIEUNGALS CLOTRIMAZOLE TROCHE GRISEOPLUVIN SUSPENSION GRISEOPLUVIN MICROSIZE TABLETS NYSTATIN SUSPENSION NYSTATIN TABLETS	COMPAZINE EMEND VARIOUS VARIOUS GRIFULVIN V NYSTATIN					6	21
PROCHLORPERAZINE SUPPOSITORY SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST APREPITANT CAPSULES ANTIFUNGALS ANTIFUNGAL ORAL AGENTS CLOTRIMAZOLE TROCHE GRISEOFULVIN SUSPENSION GRISEOFULVIN MICROSIZE TABLETS NYSTATIN SUSPENSION NYSTATIN TABLETS	COMPAZINE EMEND VARIOUS VARIOUS GRIFULVIN V NYSTATIN NYSTATIN					6	
PROCHLORPERAZINE SUPPOSITORY SUBSTANCE P/NEUROKNIN I (NK1) RECEPTOR ANTAGONIST APREPITANT CAPSULES ANTIFUNGALS ANTIFUNGAL ORAL AGENTS CLOTRIMAZOLE TROCHE GRISEOFULVIN SUSPENSION GRISEOFULVIN MICROSIZE TABLETS NYSTATIN TABLETS TERBINAFINE HCL TABLETS IMIDAZOLE-RELATED ANTIFUNGALS FLUCONAZOLE SUSPENSION FLUCONAZOLE TABLETS	COMPAZINE EMEND VARIOUS VARIOUS GRIFULVIN V NYSTATIN NYSTATIN LAMISIL DIFLUCAN DIFLUCAN					90	365
PROCHLORPERAZINE SUPPOSITORY SUBSTANCE P/NEUROKININ 1 (INK1) RECEPTOR ANTAGONIST APREPITANT CAPSULES ANTIFUNGALS ANTIFUNGAL ORAL AGENTS CLOTRIMAZOLE TROCHE GRISEOFULVIN SUSPENSION GRISEOFULVIN MICROSIZE TABLETS NYSTATIN SUSPENSION NYSTATIN TABLETS TERBINAFINE HCL TABLETS TERBINAFINE HCL TABLETS FLUCONAZOLE SUSPENSION FLUCONAZOLE TABLETS FLUCONAZOLE TABLETS	COMPAZINE EMEND VARIOUS VARIOUS GRIFULVIN V NYSTATIN NYSTATIN LAMISIL DIFLUCAN DIFLUCAN VFEND			PA REQUIRED		90	365
PROCHLORPERAZINE SUPPOSITORY SUBSTANCE P/NEUROKININ 1 (INK1) RECEPTOR ANTAGONIST APREPITANT CAPSULES ANTIFUNGALS ANTIFUNGAL ORAL AGENTS CLOTRIMAZOLE TROCHE GRISEOFULVIN SUSPENSION GRISEOFULVIN MICROSIZE TABLETS NYSTATIN SUSPENSION NYSTATIN SUSPENSION NYSTATIN TABLETS TERBINARINE HCL TABLETS FILICONAZOLE SUSPENSION FULCONAZOLE TABLETS VORICONAZOLE TABLETS VORICONAZOLE SUSPENSION TUCONAZOLE SUSPENSION	COMPAZINE EMEND VARIOUS VARIOUS GRIFULVIN V NYSTATIN NYSTATIN LAMISIL DIFLUCAN DIFLUCAN	BRAND ONLY				90	365
PROCHLORPERAZINE SUPPOSITORY SUBSTANCE P/NEUROKNIN I (INK1) RECEPTOR ANTAGONIST APREPITANT CAPSULES ANTIFUNGALS ANTIFUNGAL SA ANTIFUNGAL ORAL AGENTS CLOTRIMAZOLE TROCHE GRISEOFULVIN SUSPENSION GRISEOFULVIN MICROSIZE TABLETS NYSTATIN SUSPENSION NYSTATIN TABLETS TERBINAFINE HCL TABLETS IMIDAZOLE-RELATED ANTIFUNGALS FLUCONAZOLE TABLETS VORICONAZOLE TABLETS VORICONAZOLE TABLETS VORICONAZOLE TABLETS VORICONAZOLE TABLETS VORICONAZOLE TABLETS VORICONAZOLE SUSPENSION ANTHISTANINES	COMPAZINE EMEND VARIOUS VARIOUS GRIFULVIN V NYSTATIN NYSTATIN LAMISIL DIFLUCAN DIFLUCAN VFEND	BRAND ONLY		PA REQUIRED		90	365
PROCHLORPERAZINE SUPPOSITORY SUBSTANCE P/NEUROKININ 1 (INK1) RECEPTOR ANTAGONIST APREPITANT CAPSULES ANTIFUNGALS ANTIFUNGAL ORAL AGENTS (LOTRIMAZOLE TROCHE GRISEOFULVIN SUSPENSION GRISEOFULVIN MICROSIZE TABLETS NYSTATIN SUSPENSION NYSTATIN TABLETS TERBINAFINE HCL TABLETS IMIDAZOLE FRUETED ANTIFUNGALS FLUCONAZOLE SUSPENSION FUCONAZOLE SUSPENSION FUCONAZOLE TABLET VORICONAZOLE TABLET VORICONAZOLE TABLET VORICONAZOLE SUSPENSION ANTIHISTAMINES ANTIHISTAMINES ANTIHISTAMINES ANTIHISTAMINES ANTIHISTAMINES	COMPAZINE EMEND VARIOUS VARIOUS GRIFULVIN V NYSTATIN NYSTATIN LAMISIL DIFLUCAN DIFLUCAN VEEND VEEND	BRAND ONLY		PA REQUIRED		90	365
PROCHLORPERAZINE SUPPOSITORY SUBSTANCE P/NEUROKININ 1 (INK1) RECEPTOR ANTAGONIST APREPITANT CAPSULES ANTIFUNGALS ANTIFUNGAL ORAL AGENTS CLOTRIMAZOLE TROCHE GRISEOFULVIN SUSPENSION GRISEOFULVIN MICROSIZE TABLETS NYSTATIN SUSPENSION NYSTATIN TABLETS TERBINAFINE HCL TABLETS IMIDAZOLE-RELATED ANTIFUNGALS FULCONAZOLE SUSPENSION FULCONAZOLE TABLETS VORICONAZOLE TABLET VORICONAZOLE SUSPENSION ANTIHISTAMINES ANTIHISTAMINES ANTIHISTAMINES BROMPHENIKAMINE MALEATE	COMPAZINE EMEND VARIOUS VARIOUS GRIFULVIN V NYSTATIN NYSTATIN LAMISIL DIFLUCAN DIFLUCAN VEEND VEEND J-TAN PD	BRAND ONLY		PA REQUIRED		90	365
PROCHLORPERAZINE SUPPOSITORY SUBSTANCE P/NEUROKININ 1 (INK1) RECEPTOR ANTAGONIST APREPITANT CAPSULES ANTIFUNGALS ANTIFUNGAL ORAL AGENTS (LOTRIMAZOLE TROCHE GRISEOFULVIN SUSPENSION GRISEOFULVIN MICROSIZE TABLETS NYSTATIN SUSPENSION NYSTATIN TABLETS TERBINAFINE HCL TABLETS HIMDAZOLE FRUETED ANTIFUNGALS FLUCONAZOLE SUSPENSION FLUCONAZOLE SUSPENSION FLUCONAZOLE TABLETS VORICONAZOLE TABLET VORICONAZOLE SUSPENSION ANTIHISTAMINES ANTIHISTAMINES ANTIHISTAMINES BROMPHENIRAMINE MALEATE CHLORPHENRAMINE MALEATE CHLORPHENIRAMINE MALEATE CHLORPHENIRAMINE MALEATE	COMPAZINE EMEND VARIOUS VARIOUS GRIFULVIN V NYSTATIN NYSTATIN LAMISIL DIFLUCAN DIFLUCAN VEEND VEEND	BRAND ONLY		PA REQUIRED		90	365
PROCHLORPERAZINE SUPPOSITORY SUBSTANCE P/NEUROKININ 1 (INK1) RECEPTOR ANTAGONIST APREPITANT CAPSULES ANTIEUNGALS ANTIEUNGALS CLOTRIMAZOLE TROCHE GRISEOFULVIN SUSPENSION GRISEOFULVIN MICROSIZE TABLETS NYSTATIN SUSPENSION NYSTATIN TABLETS TERBINAFINE HCL TABLETS IMIDAZOLE-RELATED ANTIFUNGALS FLUCONAZOLE SUSPENSION FLUCONAZOLE SUSPENSION FLUCONAZOLE TABLET VORICONAZOLE SUSPENSION FLUCONAZOLE SUSPENSION FLUCONAZOLE SUSPENSION FLUCONAZOLE SUSPENSION FLUCONAZOLE SUSPENSION ANTIHISTAMINES BROMPHENISMANINE MALEATE CHLORPHINERAMINE MALEATE CHLORPHINERAMINE MALEATE CHLORPHINERAMINE MALEATE DEXCHLORPHENIRAMINE MALEATE SYRUP ANTIHISTAMINES - ETHANOLAMINES	COMPAZINE EMEND VARIOUS VARIOUS GRIFULVIN V NYSTATIN NYSTATIN LAMISIL DIFLUCAN DIFLUCAN VFEND VFEND J-TAN PD CHLORPHENIRAMINE MALEATE DEXCHLORPHENIRAMINE MALEATE	BRAND ONLY		PA REQUIRED		90	365
PROCHLORPERAZINE SUPPOSITORY SUBSTANCE P/NEUROKININ I (INK1) RECEPTOR ANTAGONIST APREPITANT CAPSULES ANTIFUNGALS ANTIFUNGAL S ANTIFUNGAL ORAL AGENTS CLOTRIMAZOLE TROCHE GRISEOFULVIN SUSPENSION GRISEOFULVIN MICROSIZE TABLETS NYSTATIN SUSPENSION NYSTATIN TABLETS TERBINAFINE HCL TABLETS IMIDAZOLE FREATED ANTIFUNGALS FLUCONAZOLE SUSPENSION FLUCONAZOLE TABLETS VORICONAZOLE TABLETS VORICONAZOLE SUSPENSION ANTIHISTAMINES ANTIHISTAMINES ANTIHISTAMINES BROMPHENIRAMINE MALEATE DEXCHLORPHINERAMINE SYRUP	COMPAZINE EMEND VARIOUS VARIOUS GRIFULVIN V NYSTATIN NYSTATIN LAMISIL DIFLUCAN DIFLUCAN VFEND J-TAN PD CHLORPHENIRAMINE MALEATE DEXCHLORPHENIRAMINE MALEATE CLEMASTINE FUMARATE	BRAND ONLY		PA REQUIRED		90	365
PROCHLORPERAZINE SUPPOSITORY SUBSTANCE P/NEUROKININ 1 (INK1) RECEPTOR ANTAGONIST APREPITANT CAPSULES ANTIFUNGALS ANTIFUNGAL ORAL AGENTS CLOTRIMAZOLE TROCHE GRISEOFULVIN SUSPENSION GRISEOFULVIN MICROSIZE TABLETS NYSTATIN SUSPENSION NYSTATIN SUSPENSION NYSTATIN TABLETS TERBINAFINE HCL TABLETS IMDAZOLE-RELATED ANTIFUNGALS FLUCONAZOLE SUSPENSION FLUCONAZOLE SUSPENSION FULCONAZOLE TABLETS VORICONAZOLE SUSPENSION ANTIHISTAMINES ANTHISTAMINES BROMPHENIRAMINE MALEATE CHLORPHINEARMINE MALEATE CHLORPHINEARMINE MALEATE CHLORPHINEARMINE MALEATE CHECKEL SUSPENSION ANTIHISTAMINES - ALKYLAMINES BROMPHENIRAMINE MALEATE CHECKEL SUSPENSION ANTIHISTAMINES - ETHANOLAMINES CLEMASTINE FUMARATE TABLETS	COMPAZINE EMEND VARIOUS VARIOUS GRIFULVIN V NYSTATIN NYSTATIN LAMISIL DIFLUCAN DIFLUCAN DIFLUCAN J-TAN PD CHLORPHENIRAMINE MALEATE DEXCHLORPHENIRAMINE MALEATE CLEMASTINE FUMARATE CLEMASTINE FUMARATE	BRAND ONLY		PA REQUIRED		90	365
PROCHLORPERAZINE SUPPOSITORY SUBSTANCE P/NEUROKNINI I (INK1) RECEPTOR ANTAGONIST APREPITANT CAPSULES ANTIFUNGALS ANTIFUNGALS ANTIFUNGAL ORAL AGENTS CLOTRIMAZOLE TROCHE GRISEOFULVIN SUSPENSION GRISEOFULVIN MICROSIZE TABLETS NYSTATIN TABLETS TERBINAFINE HCL TABLETS IMIDAZOLE-RELATED ANTIFUNGALS FLUCONAZOLE TABLETS VORICONAZOLE TABLETS VORICONAZOLE SUSPENSION ANTIHISTAMINES ANTIHISTAMINES ANTIHISTAMINES BROMPHENIRAMINE MALEATE CHLORPHINERAMINE MALEATE CHLORPHINERAMINE MALEATE CHLORPHINERAMINE MALEATE CHLORPHINERAMINE MALEATE CELEMASTINE FUMARATE SYRUP CLEMASTINE FUMARATE SYRUP CLEMASTINE FUMARATE SYRUP CLEMASTINE FUMARATE TABLETS DIPHENIYPORAMINEN CASSULES	COMPAZINE EMEND VARIOUS VARIOUS GRIFULVIN V NYSTATIN NYSTATIN LAMISIL DIFLUCAN DIFLUCAN VEND VFEND J-TAN PD CHLORPHENIRAMINE MALEATE DEXCHLORPHENIRAMINE MALEATE CLEMASTINE FUMARATE CLEMASTINE FUMARATE CLEMASTINE FUMARATE VARIOUS	BRAND ONLY		PA REQUIRED		90	365
PROCHLORPERAZINE SUPPOSITORY SUBSTANCE P/NEUROKININ 1 (INK1) RECEPTOR ANTAGONIST APREPITANT CAPSULES ANTIFUNGALS ANTIFUNGAL ORAL AGENTS CLOTRIMAZOLE TROCHE GRISEOFULVIN MICROSIZE TABLETS NYSTATIN SUSPENSION GRISEOFULVIN MICROSIZE TABLETS NYSTATIN TABLETS TERBINAFINE HCL TABLETS IMIDAZOLE-RELATED ANTIFUNGALS FLUCONAZOLE TABLETS VORICONAZOLE TABLETS VORICONAZOLE TABLETS VORICONAZOLE SUSPENSION FLUCONAZOLE SUSPENSION ANTIHISTAMINES ANTIHISTAMINES ANTIHISTAMINES ANTIHISTAMINES ANTIHISTAMINES ANTIHISTAMINES ALKYLAMINES BROMPHENIRAMINE MALEATE DEXCHLORPHINERAMINE AMINE MALEATE DEXCHLORPHINERAMIN	COMPAZINE EMEND VARIOUS VARIOUS GRIFULVIN V NYSTATIN NYSTATIN LAMISIL DIFLUCAN DIFLUCAN VFEND J-TAN PD CHLORPHENIRAMINE MALEATE DEXCHLORPHENIRAMINE MALEATE CLEMASTINE FUMARATE CLEMASTINE FUMARATE VARIOUS VARIOUS	BRAND ONLY		PA REQUIRED		90	365
PROCHLORPERAZINE SUPPOSITORY SUBSTANCE P/NEUROKNINI I (INK1) RECEPTOR ANTAGONIST APREPITANT CAPSULES ANTIFUNGALS ANTIFUNGALS ANTIFUNGAL ORAL AGENTS CLOTRIMAZOLE TROCHE GRISEOFULVIN SUSPENSION GRISEOFULVIN MICROSIZE TABLETS NYSTATIN TABLETS TERBINAFINE HCL TABLETS IMIDAZOLE-RELATED ANTIFUNGALS FLUCONAZOLE TABLETS VORICONAZOLE TABLETS VORICONAZOLE SUSPENSION ANTIHISTAMINES ANTIHISTAMINES ANTIHISTAMINES BROMPHENIRAMINE MALEATE CHLORPHINERAMINE MALEATE CHLORPHINERAMINE MALEATE CHLORPHINERAMINE MALEATE CHLORPHINERAMINE MALEATE CELEMASTINE FUMARATE SYRUP CLEMASTINE FUMARATE SYRUP CLEMASTINE FUMARATE SYRUP CLEMASTINE FUMARATE TABLETS DIPHENIYPORAMINEN CASSULES	COMPAZINE EMEND VARIOUS VARIOUS GRIFULVIN V NYSTATIN NYSTATIN LAMISIL DIFLUCAN DIFLUCAN VEND VFEND J-TAN PD CHLORPHENIRAMINE MALEATE DEXCHLORPHENIRAMINE MALEATE CLEMASTINE FUMARATE CLEMASTINE FUMARATE CLEMASTINE FUMARATE VARIOUS	BRAND ONLY		PA REQUIRED		90	365
PROCHLORPERAZINE SUPPOSITORY SUBSTANCE P/NEUROKININ 1 (INK1) RECEPTOR ANTAGONIST APREPITANT CAPSULES ANTEUNGALS ANTEUNGAL ORAL AGENTS CLOTRIMAZOLE TROCHE GRISEOFULVIN SUSPENSION GRISEOFULVIN MICROSIZE TABLETS NYSTATIN SUSPENSION NYSTATIN SUSPENSION NYSTATIN TABLETS IMDAZOLE-RELATED ANTIFUNGALS FLUCONAZOLE SUSPENSION FLUCONAZOLE SUSPENSION FLUCONAZOLE SUSPENSION FLUCONAZOLE SUSPENSION ANTHISTAMINES ANTHISTAMINES ANTHISTAMINES BROMPHENIRAMINE MALEATE CHLORPHINEARMINE MALEATE CHLORPHINEARMINE MALEATE CHLORPHINEARMINE MALEATE CHECKEL SUSPENSION ANTHISTAMINES - ALKYLAMINES BROMPHENIRAMINE MALEATE CHLORPHINEARMINE MALEATE CHLORPHINEARMINE MALEATE DEPKEHLORPHINEAMINE MALEATE DECKEHLORPHENIRAMINE MALEATE CIEMASTINE FUMARATE TRABLETS DIPHENHYDRAMINE HOLL CAPSULES DIPHENHYDRAMINE HOLL CLEWARLES DIPHENHYDRAMINE HOLL CHEWARLES D	COMPAZINE EMEND VARIOUS VARIOUS GRIFULVIN V NYSTATIN NYSTATIN LAMISIL DIFLUCAN DIFLUCAN DIFLUCAN J-TAN PD CHLORPHENIRAMINE MALEATE DEXCHLORPHENIRAMINE MALEATE CLEMASTINE FUMARATE VARIOUS VARIOUS VARIOUS	BRAND ONLY		PA REQUIRED		90	365
PROCHLORPERAZINE SUPPOSITORY SUBSTANCE P/NEUROKININ 1 (INK1) RECEPTOR ANTAGONIST APREPITANT CAPSULES ANTIFUNGALS ANTIFUNGALS ANTIFUNGAL ORAL AGENTS CLOTRIMAZOLE TROCHE GRISEOFULVIN SUSPENSION GRISEOFULVIN SUSPENSION ON STATIN SUSPENSION NYSTATIN SUSPENSION NYSTATIN TABLETS TERBINARINE HCL TABLETS IMIDAZOLE-RELATED ANTIFUNGALS FLUCONAZOLE SUSPENSION FLUCONAZOLE TABLETS VORICONAZOLE TABLETS VORICONAZOLE TABLETS VORICONAZOLE SUSPENSION ANTHISTAMINES ANTHISTAMINES ANTHISTAMINES ANTHISTAMINES ANTHISTAMINES ALKYLAMINES BROMPHENIRAMINE MALEATE CHLORPHINERAMINE MALEATE CHLORPHINERAMINE MALEATE CHLORPHINERAMINES - ETHANDIAMINES CLEMASTINE FUMARATE SYRUP CLEMASTINE FUMARATE SYRUP CLEMASTINE FUMARATE TABLETS DIPHENHYDRAMINE HCL CLEWABLE TABLETS DIPHENHYDRAMINE HCL ELUXIN DIPHENHYDR	COMPAZINE EMEND VARIOUS VARIOUS VARIOUS GRIFULVIN V NYSTATIN NYSTATIN LAMISIL DIFLUCAN UFEND VFEND J-TAN PD CHLORPHENIRAMINE MALEATE DEXCHLORPHENIRAMINE MALEATE CLEMASTINE FUMARATE CLEMASTINE FUMARATE VARIOUS VARIOUS VARIOUS VARIOUS	BRAND ONLY		PA REQUIRED		90	365

		Brand Only/Generic				Quantity	
Drug Class/Drug Name	Reference Brand Name	Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Limit (QL)	QL Days
DIPHENHYDRAMINE HCL TABLETS	VARIOUS						
ANTIHISTAMINES - NON-SEDATING							
CETIRIZINE HCL CAPSULES	ZYRTEC ALLERGY					30	30
CETIRIZINE HCL CHEWABLE TABLETS	VARIOUS					30	30
CETIRIZINE HCL SYRUP CETIRIZINE HCL TABLETS	VARIOUS VARIOUS					150	30
CETIRIZINE HCL TABLETS CETIRIZINE HCL ORALLY DISINTEGRATING TABLETS	ZYRTEC ALLERGY					30	30
FEXOFENADINE HCL TABLET DISINTEGRATING (60mg)	WAL-FEX ALLERGY 12 HOUR		+		-	30 60	30
FEXOFENADINE HCL TABLET DISINTEGRATING (0011g) FEXOFENADINE HCL TABLET DISINTEGRATING (180mg)	WAL-FEX ALLERGY 12 HOUR					30	30
FEXOFENADINE HCL SUSPENSION	ALLEGRA ALLERGY CHILDRENS					150	30
FEXOFENADINE HCL TABLETS	ALLEGRA ALLERGY CHILDRENS					30	30
FEXOFENADINE HCL ORALLY DISINTEGRATING TABLETS	ALLEGRA ALLERGY CHILDRENS					30	30
LORATADINE CAPSULES	CLARITIN					30	30
LORATADINE CHEWABLE TABLETS	CLARITIN					30	30
LORATADINE SYRUP	CLARITIN					150	30
LORATADINE TABLETS	ALAVERT					30	30
LORATADINE ORALLY DISINTEGRATING TABLETS	CLARITIN REDITABS					30	30
ANTIHISTAMINES - PHENOTHIAZINES							
PROMETHAZINE HCL SUPPOSITORY	PHENERGAN						
PROMETHAZINE HCL TABLETS	PROMETHAZINE HCL						
ANTIHISTAMINES - PIPERIDINES CYPROHEPTADINE HCL SYRUP	CYPROHEPTADINE HCL						
CYPROHEPTADINE HCL TABLETS	CYPROHEPTADINE HCL CYPROHEPTADINE HCL		+			1	+
ANTIHYPERLIPIDEMICS	CIT NOTIEF TADINE FICE						
BILE ACID SEQUESTRANTS							
CHOLESTYRAMINE LIGHT PACKETS	PREVALITE						
CHOLESTYRAMINE LIGHT PACKETS CHOLESTYRAMINE LIGHT POWDER	PREVALITE		+			†	1
CHOLESTYRAMINE PACKETS	QUESTRAN		†			1	1
CHOLESTYRAMINE POWDER	QUESTRAN						
COLESTIPOL HCL TABLETS	COLESTID						
FIBRIC ACID DERIVATIVES							
FENOFIBRATE MICRONIZED CAPSULES 67MG, 134MG & 200MG	VARIOUS						
FENOFIBRATE TABLETS 48MG, 54MG, 145MG & 160MG	VARIOUS						
FENOFIBRIC ACID TABLETS	FIBRICOR						
GEMFIBROZIL TABLETS	LOPID						
HMG COA REDUCTASE INHIBITORS							
ATORVASTATIN CALCIUM TABLETS	LIPITOR		PREFERRED DRUG			30	30
LOVASTATIN TABLETS	MEVACOR		PREFERRED DRUG			30	30
PRAVASTATIN SODIUM TABLETS	PRAVACOL		PREFERRED DRUG			30	30
ROUVASTATIN TABLETS	CRESTOR		PREFERRED DRUG			30	30
SIMVASTATIN TABLETS	ZOCOR		PREFERRED DRUG			30	30
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS							
EZETIMIBE TABLETS	ZETIA		PREFERRED DRUG	PA REQUIRED			
NICOTINIC ACID DERIVATIVES NIACIN CAPSULE CONTROLLED RELEASE	VARIOUS						
NIACIN CAPSULE CONTROLLED RELEASE NIACIN TABLET CONTROLLED RELEASE	VARIOUS						+
MISC. NUTRITIONAL SUBSTANCES	VARIOUS						
OMEGA-3 FATTY ACIDS CAPSULES	FISH OIL						+
OMEGA-3 FATTY ACIDS CAPSULE DELAYED RELEASE	FISH OIL					1	+
ANTIHYPERTENSIVES	TISH OLD						
ACE INHIBITORS							
BENAZEPRIL HCL TABLETS	BENAZEPRIL HCL						
CAPTOPRIL TABLETS	CAPTOPRIL						
ENALAPRIL MALEATE SOLUTION	EPANED						
ENALAPRIL MALEATE TABLETS	VASOTEC						
FOSINOPRIL SODIUM TABLETS	FOSINOPRIL SODIUM						
LISINOPRIL TABLETS	ZESTRIL		1				
MOEXIPRIL HCL TABLETS	UNIVASC					ļ	1
PERINDOPRIL ERBUMINE TABLETS	ACEON		_			 	1
QUINAPRIL HCL TABLETS	ACCUPRIL		_			 	1
RAMIPRIL CAPSULES	ALTACE		1			1	+
TRANDOLAPRIL TABLETS	MAVIK		1				
ANGIOTENSIN II RECEPTOR ANTAGONISTS IRBESARTAN TABLETS	AVAPRO						
LOSARTAN POTASSIUM TABLETS	COZAAR		+			1	+
VALSARTAN SOLUTION	VALSARETAN		+	PA Required for > 7 Years Old		 	1
VALSARTAN TABLETS	DIOVAN		+	ranequired for 2.7 Tears Old		 	+
ANTIADRENERGIC ANTIHYPERTENSIVES	DIO VAIN						
CLONIDINE HCL PATCH-WEEKLY	CATAPRES-TTS-1			PA REQUIRED for Ages < 6 years of age		4	28
CLONIDINE HCL TABLETS	CATAPRES		+		<u> </u>	i –	+
CLONIDINE HCL (ADHD) TABLET 12-HOUR	CLONIDINE ER		1	PA REQUIRED for Ages < 6 years of age		120	30
		1	1			+	+
	CARDURA						
DOXAZOSIN MESYLATE TABLETS	CARDURA TENEX						
	CARDURA TENEX GUANFACINE ER		PREFERRED DRUG	PA REQUIRED for Ages < 6 years of age		30	30

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Drug Class/Drug Name	Reference Brand Name	Brand Only/Generic	Preferred Drug Status	PA Status	Step Therapy Requirements	Quantity Limit (OL)	QL Days
PRAZOSIN HCL CAPSULES	MINIPRESS	Notes				Ellille (QL)	
TERAZOSIN HCL CAPSULES	TERAZOSIN HCL						
ANTIHYPERTENSIVE COMBINATIONS							
ATENOLOL & CHLORTHALIDONE TABLETS	VARIOUS						
CAPTOPRIL & HYDROCHLOROTHIAZIDE TABLETS	CAPTOPRIL/ HYDROCHLOROTHIAZIDE						
ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TABLETS	ENALAPRIL MALEATE/ HYDROCHLOROTHIAZIDE						
FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TABLETS	FOSINOPRIL SODIUM/ HYDROCHLOROTHIAZIDE						
LISINOPRIL & HYDROCHLOROTHIAZIDE TABLETS	ZESTORETIC						
LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TABLETS	HYZAAR						
MOEXIPRIL - HYDROCHLOROTHIAZIDE TABLETS QUINAPRIL - HYDROCHLOROTHIAZIDE TABLETS	UNIRETIC ACCURETIC				+		_
VALSARTAN - HYDROCHLOROTHIAZIDE TABLETS VALSARTAN - HYDROCHLOROTHIAZIDE TABLETS	DIOVAN HCT						
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)	DIOVAN NCI						
EPLERENONE TABLETS	INSPRA			PA REQUIRED			
VASODILATORS	1101			Tritegonies			
HYDRALAZINE HCL TABLETS	HYDRALAZINE HCL						
MINOXIDIL TABLETS	MINOXIDIL						
ANTI-INFECTIVE AGENTS - MISC.							
ANTI-INFECTIVE AGENTS - MISC.							
METRONIDAZOLE TABLET (250MG, 500MG)	FLAGYL						
METRONIDAZOLE SUSPENSION	LIKMEZ			PA NOT REQUIRED FOR < 10 YEARS OF AGE			
RIFAXIMIN TABLETS	XIFAXAN						
TINIDAZOLE	VARIOUS					ļ	
TRIMETHOPRIM TABLETS	TRIMETHOPRIM					ļ	
VANCOMYCIN HCL CAPSULES	VANCOCIN HCL	DDAND ON:::		PA REQUIRED			
VANCOMYCIN HCL SOLUTION RECONSTITUTED	FIRVANQ (ORAL)	BRAND ONLY					\vdash
ANTI-INFECTIVE MISC COMBINATIONS	r.c.p						
ERYTHROMYCIN-SULFISOXAZOLE SUSPENSION SULFAMETHOXAZOLE-TRIMETHOPRIM SUSPENSION	E.S.P. SULFATRIM PEDIATRIC						
SULFAMETHOXAZOLE-TRIMETHOPRIM SUSPENSION SULFAMETHOXAZOLE-TRIMETHOPRIM TABLETS	BACTRIM						
LEPROSTATICS	BACTRIVI						
DAPSONE TABLETS	DAPSONE						
OXAZOLIDINONES	DAI SONE						
LINEZOLID SUSPENSION	ZYVOX			PA REQUIRED			
LINEZOLID TABLETS	ZYVOX			PA REQUIRED			†
ANTIMALARIALS							
ANTIMALARIAL COMBINATIONS							
ARTEMETHER-LUMEFANTRINE TABLETS	COARTEM						
ATOVAQUONE-PROGUANIL HCL TABLETS	MALARONE						1
ANTIMALARIALS							
CHLOROQUINE PHOSPHATE TABLETS	CHLOROQUINE PHOSPHATE						
HYDROXYCHLOROQUINE SULFATE TABLETS	PLAQUENIL						
PRIMAQUINE PHOSPHATE TABLETS	PRIMAQUINE PHOSPHATE						4
QUININE SULFATE CAPSULES	QUALAQUIN						
ANTIMYCOBACTERIAL AGENTS	MYAMBUTOL						
ETHAMBUTOL HCL TABLETS ISONIAZID SYRUP	ISONIAZID	-					
ISONIAZID STROP	ISONIAZID						+
PYRAZINAMIDE TABLETS	PYRAZINAMIDE				+		+
RIFAMPIN CAPSULES	RIFADIN	 				1	++
ONCOLOGY -FEDERALLY REIMBURSABLE ANTINEOPLASTIC AGENTS, NOT LISTED BELOW, ARE							
AVAILABLE THROUGH PRIOR AUTHORIZATION							
ALKYLATING AGENTS							
				Not covered through AHCCCS. Please contact Waylis Pharmaceuticals for the patient assistance program.			
MELPHALAN TABLETS	ALKERAN	<u> </u>	<u> </u>	Toll Free Number: 1-800-689-0255	<u> </u>	<u></u>	
ANTIMETABOLITES							
MERCAPTOPURINE TABLETS	PURINETHOL						
METHOTREXATE SODIUM TABLETS	METHOTREXATE			-			
ANTINEOPLASTIC - ANTIBODIES							
RITUXIMAB-ABBS	TRUXIMA			PA REQUIRED		ļ	\perp
RITUXIMAB-PVVR	RUXIENCE			PA REQUIRED			-
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS	Lanuary .			DA DECUMPED			
BEVACIZUMAB-AWWB INJECTION BEVACIZUMAB-BVZR INJECTION	MVASI ZIRABEV	 		PA REQUIRED		 	\vdash
ANTINEOPLASTIC - ANTI-HER2 AGENTS	LINADEV			PA REQUIRED			
TRASTUZUMAB-ANNS SOLUTION	KANJINTI			PA REQUIRED			
TRASTUZUMAB-ANNS INJECTION TRASTUZUMAB-ANNS INJECTION	KANJINTI	 		PA REQUIRED		1	+
TRASTUZUMAB-ANNS INJECTION TRASTUZUMAB-DKST INJECTION	OGIVRI	 		PA REQUIRED		1	+
TRASTUZUMAB-PKRB INJECTION	HERZUMA	†		PA REQUIRED	1	 	\vdash
TRASTUZUMAB-QYYP INJECTION	TRAZIMERA	 		PA REQUIRED	1	1	t -
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS							
ANASTROZOLE TABLETS	ARIMIDEX			PA REQUIRED			
EXEMESTANE TABLETS	AROMASIN	İ		PA REQUIRED			\vdash
				Not covered through AHCCCS. Please contact Waylis Pharmaceuticals for the patient assistance program.			
FLUTAMIDE CAPSULE	EULEXIN	<u> </u>	<u> </u>	Toll Free Number: 1-800-689-0255	<u> </u>	<u></u>	
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		Brand Only/Generic				Quantity	
Drug Class/Drug Name	Reference Brand Name	Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Limit (QL)	QL Days
LEUPROLIDE ACETATE (3 MONTH) KIT	LUPRON DEPOT			PA REQUIRED			
LEUPROLIDE ACETATE (4 MONTH) KIT	LUPRON DEPOT			PA REQUIRED			
LEUPROLIDE ACETATE KIT	LUPRON DEPOT			PA REQUIRED			
TAMOXIFEN CITRATE TABLETS TOREMIFENE CITRATE TABLETS	TAMOXIFEN CITRATE			DA PROJUPED			
ANTINEOPLASTIC ENZYME INHIBITORS	FARESTON			PA REQUIRED			
AXITINIB TABLETS	INLYTA			PA REQUIRED			
CRIZOTINIB CAPSULES	XALKORI	+		PA REQUIRED			
CRIZOTINIB CAPSULE SPRINKLE	XALKORI	+		PA REQUIRED	+		1
DASATINIB TABLETS	SPRYCEL	+		PA REQUIRED			
ERLOTINIB HCL TABLETS	TARCEVA	+		PA REQUIRED			
EVEROLIMUS SOLUBLE TABLET	AFINITOR DISPERZ	1		PA REQUIRED			
GEFITINIB TABLETS	IRESSA	Ī		PA REQUIRED			
IBRUTINIB CAPSULES	IMBRUVICA			PA REQUIRED			
IBRUTINIB SUSPENSION	IMBRUVICA		1	PA REQUIRED			
IMATINIB MESYLATE TABLETS	GLEEVEC			PA REQUIRED			
LAPATINIB DITOSYLATE TABLETS	TYKERB			PA REQUIRED			
NILOTINIB HCL CAPSULES	TASIGNA			PA REQUIRED			
PAZOPANIB HCL TABLETS PONATINIB HCL TABLETS	VOTRIENT ICLUSIG	+		PA REQUIRED			
PONATINIB HCL TABLETS RUXOLITINIB PHOSPHATE TABLETS	JAKAFI	+		PA REQUIRED PA REQUIRED	+	1	1
SORAFENIB TOSYLATE TABLETS	NEXAVAR	+		PA REQUIRED	+		
SUNITINIB MALATE CAPSULES	SUTENT	+		PA REQUIRED	+		l -
VANDETANIB TABLETS	CAPRELSA	1		PA REQUIRED	1		†
VEMURAFENIB TABLETS	ZELBORAF	T		PA REQUIRED	1		1
VORINOSTAT CAPSULES	ZOLINZA	1		PA REQUIRED	<u> </u>		<u>L_</u>
ANTINEOPLASTICS - MISC.							
BEXAROTENE CAPSULES	TARGRETIN			PA REQUIRED			
HYDROXYUREA CAPSULES	HYDREA						
INTERFERON ALFA-2B SOLUTION	INTRON A			PA REQUIRED			
INTERFERON ALFA-2B SOLUTION INTERFERON ALFA-N3 SOLUTION	INTRON A ALFERON N			PA REQUIRED PA REQUIRED			
INTERFERON GAMMA-1B SOLUTION	ACTIMMUNE	+		PA REQUIRED PA REQUIRED			
PEGINTERFERON ALFA-2B (ANTINEOPLASTIC) KIT	SYLATRON	+		PA REQUIRED			
PROCARBAZINE HCL CAPSULES	MATULANE	+		FA REQUIRED			
TRETINOIN (CHEMOTHERAPY) CAPSULES	TRETINOIN	+		PA REQUIRED For > 26 Years of Age	+		1
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS							
LEUCOVORIN CALCIUM TABLETS	LEUCOVORIN CALCIUM			PA REQUIRED			
MITOTIC INHIBITORS							
ETOPOSIDE CAPSULES	ETOPOSIDE			PA REQUIRED			
ANTIPARKINSON AGENTS							
ANTIPARKINSON ANTICHOLINERGICS							
BENZTROPINE MESYLATE TABLETS	BENZTROPINE MESYLATE						
TRIHEXYPHENIDYL HCL ELIXIR	TRIHEXYPHENIDYL HCL						
TRIHEXYPHENIDYL HCL TABLETS ANTIPARKINSON COMT INHIBITORS	TRIHEXYPHENIDYL HCL						
	COMTAN						
ENTACAPONE TABLETS ANTIPARKINSON DOPAMINERGICS	COMTAN						
ANTIPARKINSON DOPAMINERGICS							
	COMTAN AMANTADINE HCL AMANTADINE HCL						
ANTIPARKINSON DOPAMINERGICS AMANTADINE HCL CAPSULES	AMANTADINE HCL						
ANTIPARKINSON DOPAMINERGICS AMANTADINE HCL CAPSULES AMANTADINE HCL SYRUP	AMANTADINE HCL AMANTADINE HCL						
ANTIPARKINSON DOPAMINERGICS AMANTADINE HCL CAPSULES BROMOCRIPTINE MESYLATE CAPSULES BROMOCRIPTINE MESYLATE TABLETS CARBIDOPA-LEVODOPA TABLETS	AMANTADINE HCL AMANTADINE HCL PARLODEL SINEMET						
ANTIPARKINSON DOPAMINERGICS AMANTADINE HCL CAPSULES BROMOCRIPTINE MESYLATE CAPSULES BROMOCRIPTINE MESYLATE TABLETS CARBIDOPA-LEVODOPA TABLETS CARBIDOPA-LEVODOPA TABLETS	AMANTADINE HCL AMANTADINE HCL PARLODEL PARLODEL STREET VARIOUS						
ANTIPARKINSON DOPAMINERGICS AMANTADINE HCL CAPSULES AMANTADINE HCL SYRUP BROMOCRIPTINE MESYLATE CAPSULES BROMOCRIPTINE MESYLATE TABLETS CARBIDOPA-LEVODOPA TABLETS CARBIDOPA-LEVODOPA ER TABLETS PRAMIPEXOLE DIHYDROCHLORIDE TABLETS PRAMIPEXOLE DIHYDROCHLORIDE TABLETS	AMANTADINE HCL AMANTADINE HCL PARLODEL PARLODEL SINEMET VARIOUS MIRAPEX						
ANTIPARKINSON DOPAMINERGICS AMANTADINE HCL SYRUP BROMOCRIPTINE MESYLATE CAPSULES BROMOCRIPTINE MESYLATE TABLETS CARBIDOPA-LEVODOPA TABLETS CARBIDOPA-LEVODOPA EN TABLETS PRAMIPEXOLE DIHYDROCHLORIDE TABLETS ROPINIROLE HYDROCHLORIDE TABLETS	AMANTADINE HCL AMANTADINE HCL PARLODEL PARLODEL STREET VARIOUS						
ANTIPARKINSON DOPAMINERGICS AMANTADINE HCL CAPSULES BROMOCRIPTINE MESYLATE CAPSULES BROMOCRIPTINE MESYLATE TABLETS CARBIDOPA-LEVODOPA TABLETS CARBIDOPA-LEVODOPA TABLETS CARBIDOPA-LEVODOPA TABLETS PRAMIPEXOLE DIHYDROCHLORIDE TABLETS ROPINIROLE HYDROCHLORIDE TABLETS ANTIPSYCHOTICS/ANTIMANIC AGENTS ANTIPSYCHOTICS/ANTIMANIC AGENTS	AMANTADINE HCL AMANTADINE HCL PARLODEL PARLODEL SINEMET VARIOUS MIRAPEX						
ANTIPARKINSON DOPAMINERGICS AMANTADINE HCL SYRUP BROMOCRIPTINE MESYLATE CAPSULES BROMOCRIPTINE MESYLATE TABLETS CARBIDOPA-LEVODOPA TABLETS CARBIDOPA-LEVODOPA EN TABLETS PRAMIPEXOLE DIHYDROCHLORIDE TABLETS ROPINIROLE HYDROCHLORIDE TABLETS	AMANTADINE HCL AMANTADINE HCL PARLODEL PARLODEL SINEMET VARIOUS MIRAPEX						
ANTIPARKINSON DOPAMINERGICS AMANTADINE HCL CAPSULES BROMOCRIPTINE MESYLATE CAPSULES BROMOCRIPTINE MESYLATE TABLETS CARBIDOPA-LEVODOPA TABLETS CARBIDOPA-LEVODOPA TABLETS CARBIDOPA-LEVODOPA TABLETS PRAMIPEXOLE DIHYDROCHLORIDE TABLETS ROPINIROLE HYDROCHLORIDE TABLETS ANTIPSYCHOTICS/ANTIMANIC AGENTS ANTIPSYCHOTICS/ANTIMANIC AGENTS	AMANTADINE HCL AMANTADINE HCL PARLODEL PARLODEL SINEMET VARIOUS MIRAPEX			PA REQUIRED for Ages < 6 years Price Authorization is not PECILIBED for space 6 and greater when prescribed by a psychiatric clinician. a			
ANTIPARKINSON DOPAMINERGICS AMANTADINE HCL CAPSULES AMANTADINE HCL SYRUP BROMOCRIPTINE MESYLATE CAPSULES BROMOCRIPTINE MESYLATE TABLETS CARBIDDPA-LEVODOPA TABLETS CARBIDDPA-LEVODOPA TABLETS CARBIDOPA-LEVODOPA TABLETS PRAMIPEXOLE DIHYDROCHLORIDE TABLETS ROPINIROLE HYDROCHLORIDE TABLETS ANTIPSYCHOTICS/ANTIMANIC AGENTS ANTIMANIC AGENTS	AMANTADINE HCL AMANTADINE HCL PARLODEL PARLODEL SINEMET VARIOUS MIRAPEX REQUIP			Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a			
ANTIPARKINSON DOPAMINERGICS AMANTADINE HCL CAPSULES BROMOCRIPTINE MESYLATE CAPSULES BROMOCRIPTINE MESYLATE TABLETS CARBIDOPA-LEVODOPA TABLETS CARBIDOPA-LEVODOPA TABLETS CARBIDOPA-LEVODOPA TABLETS PRAMIPEXOLE DIHYDROCHLORIDE TABLETS ROPINIROLE HYDROCHLORIDE TABLETS ANTIPSYCHOTICS/ANTIMANIC AGENTS ANTIPSYCHOTICS/ANTIMANIC AGENTS	AMANTADINE HCL AMANTADINE HCL PARLODEL PARLODEL SINEMET VARIOUS MIRAPEX			Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
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David Charles Maria	Policiona Provide Nove	Brand Only/Generic	Purfamed Programs	N. COLOR	St 71 8	Quantity	01.0
Drug Class/Drug Name	Reference Brand Name	Notes	Preferred Drug Status		Step Therapy Requirements	Limit (QL)	QL Days
				PA REQUIRED for Ages < 6 years			
ADDDDD AZOLE TABLETC	ABILIFY		2255522222222	Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a		20	20
ARIPIPRAZOLE TABLETS	ABILIFY		PREFERRED DRUG	developmental pediatrician or other prescribers as approved by the MCO Contractors. PA REQUIRED for Ages < 18 years		30	30
				Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a			
CLOZAPINE ORALLY DISPERSABLE TABLET	FAZACLO		PREFERRED DRUG	developmental pediatrician or other prescribers as approved by the MCO Contractors.		150	30
				PA REQUIRED for Ages < 18 years			
				Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a			
CLOZAPINE TABLETS	CLOZARIL		PREFERRED DRUG	developmental pediatrician or other prescribers as approved by the MCO Contractors.		150	30
				PA REQUIRED for Ages < 6 years			
				Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a			
LURASIDONE HCL TABS	LATUDA		PREFERRED DRUG	developmental pediatrician or other prescribers as approved by the MCO Contractors.	-	30	30
				PA REQUIRED for Ages < 6 years		5mg: 60 10mg: 60	30 30
				Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a		15MG: 30	30
OLANZAPINE ORALLY DISPERSABLE TABLET	ZYPREXA ZYDIS		PREFERRED DRUG	developmental pediatrician or other prescribers as approved by the MCO Contractors.		20mg: 30	30
OLANZAI INC GIVACEL DISI EIGABLE TABLET	ETT REAR ETUIS		I KEI EKKED DROG	PA REQUIRED for Ages < 6 years	†	2011ig. 30	50
				Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a			
OLANZAPINE TABLETS	ZYPREXA		PREFERRED DRUG	developmental pediatrician or other prescribers as approved by the MCO Contractors.		30	30
				PA REQUIRED for Ages < 6 years			
				Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a			
QUETIAPINE FUMARATE TABLETS	SEROQUEL		PREFERRED DRUG	developmental pediatrician or other prescribers as approved by the MCO Contractors.	l l	60	30
				PA REQUIRED for Ages < 6 years			
DICEPTIONS CONTRACTOR AND STARTS	DISPEDIDANS OF			Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a			20
RISPERIDONE ORALLY DISPERSABLE TABLET	RISPERIDONE ODT		PREFERRED DRUG	developmental pediatrician or other prescribers as approved by the MCO Contractors.		60	30
				PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when processed by a psychiatric clinician a			
RISPERIDONE ORAL SOLUTION	RISPERDAL		PREFERRED DRUG	Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		240	30
MIST EMBONE OTHE SOCIOTION	NOT ENDAL		FREFERRED DROG	PA REQUIRED for Ages < 6 years	i i	240	50
				Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a			
ISPERIDONE TABLETS	RISPERDAL		PREFERRED DRUG	developmental pediatrician or other prescribers as approved by the MCO Contractors.	l l	60	30
				PA REQUIRED for Ages < 6 years			
				Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a			
ZIPRASIDONE HCL CAPSULES	GEODON		PREFERRED DRUG	developmental pediatrician or other prescribers as approved by the MCO Contractors.		60	30
ANTIPSYCHOTICS - SECOND GENERATION - ATYPICAL LONG ACTING INJECTABLES							
				PA REQUIRED for Ages < 18 years			
ADDIDDATOLE LAUDOVII	ADISTADA INITIO		DDEEEDDED DDIIG	Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a		2	365
ARIPIPRAZOLE LAUROXIL	ARISTADA INITIO		PREFERRED DRUG	developmental pediatrician or other prescribers as approved by the MCO Contractors.		2	365
				PA REQUIRED for Ages < 18 years Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a			
ARIPIPRAZOLE LAUROXIL	ARISTADA		PREFERRED DRUG	developmental pediatrician or other prescribers as approved by the MCO Contractors.		1	30
7 Mill II WESE STOTONE	71113171671		T REFERENCES BROOK	PA REQUIRED for Ages < 18 years		-	50
				Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a			
ARIPIPRAZOLE SUSPENSION	ABILIFY MAINTENA		PREFERRED DRUG	developmental pediatrician or other prescribers as approved by the MCO Contractors.		1	30
				PA REQUIRED for Ages < 18 years			
				Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a			
ARIPIPRAZOE SUSPENSION	ABILIFY ASIMTUFI		PREFERRED DRUG	developmental pediatrician or other prescribers as approved by the MCO Contractors.		1	60
				PA REQUIRED for Ages < 18 years			
DALIDEDIDONE DALAMETATE CUCDENCION	INDICA HARVE			Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a			170
PALIPERIDONE PALMITATE SUSPENSION	INVEGA HAFYE		PREFERRED DRUG	developmental pediatrician or other prescribers as approved by the MCO Contractors.	+	1	1/0
				PA REQUIRED for Ages < 18 years			
PALIPERIDONE PALMITATE SUSPENSION	INVEGA SUSTENNA		PREFERRED DRUG	Prior Authorization is not REQUIRED for ages 18 years and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.		1	30
			, NEI ENNED DROG	PA REQUIRED for Ages < 18 years	†		
				Prior Authorization is not REQUIRED for ages 18 years and greater when prescribed by a psychiatric clinician, a			
PALIPERIDONE PALMITATE SUSPENSION	INVEGA TRINZA		PREFERRED DRUG	developmental pediatrician or other prescribers as approved by the MCO Contractors.		1	90
				PA REQUIRED for Ages < 18 years			
				Prior Authorization is not REQUIRED for ages 18 years and greater when prescribed by a psychiatric clinician, a			
RISPERIDONE MICROSPHERES SUSPENSION	RISPERDAL CONSTA	BRAND ONLY	PREFERRED DRUG	developmental pediatrician or other prescribers as approved by the MCO Contractors.		2	28
				PA REQUIRED for Ages < 18 years			
DICEPTION OF PRESIDENCE	process			Prior Authorization is not REQUIRED for ages 18 years and greater when prescribed by a psychiatric clinician, a		2	20
RISPERIDONE PREFILLED SYRINGE	PERSERIS		PREFERRED DRUG	developmental pediatrician or other prescribers as approved by the MCO Contractors.		2	28
ANTIPSYCHOTICS - FIRST GENERATION -TYPICAL ORAL AGENTS				PA REQUIRED for Ages < 6 years			
				Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a			
			1	developmental pediatrician or other prescribers as approved by the MCO Contractors.			
CHIORPROMAZINE HCI SOLUTION	VARIOUS						
CHLORPROMAZINE HCL SOLUTION	VARIOUS				1		
CHLORPROMAZINE HCL SOLUTION	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a			
CHLORPROMAZINE HCL SOLUTION CHLORPROMAZINE HCL TABLETS	VARIOUS VARIOUS			PA REQUIRED for Ages < 6 years			
				PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a			
CHLORPROMAZINE HCL TABLETS	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
				PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors. PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
CHLORPROMAZINE HCL TABLETS	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors. PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors. PA REQUIRED for Ages < 6 years			
CHLORPROMAZINE HCL TABLETS	VARIOUS			PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors. PA REQUIRED for Ages < 6 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			

		Brand Only/Generic				Quantity	
Drug Class/Drug Name	Reference Brand Name	Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Limit (QL)	QL Days
				PA REQUIRED for Ages < 6 years			
FLUPHENAZINE HCL TABLETS	VARIOUS			Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
TEOTHERALINE THE PABLETS	VAIIIOUS			PA REQUIRED for Ages < 12 years			
				Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a			
HALOPERIDOL LACTATE CONCENTRATE	VARIOUS			developmental pediatrician or other prescribers as approved by the MCO Contractors.			
				PA REQUIRED for Ages < 12 years			
HALOPERIDOL TABLETS	VARIOUS			Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
HALOPERIDOL TABLETS	VARIOUS			PA REQUIRED for Ages < 12 years			
				Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a			
LOXAPINE SUCCINATE CAPSULES	LOXITANE			developmental pediatrician or other prescribers as approved by the MCO Contractors.			
				PA REQUIRED for Ages < 12 years			
				Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a			
MOLINDONE	VARIOUS			developmental pediatrician or other prescribers as approved by the MCO Contractors.			
				PA REQUIRED for Ages < 12 years Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a			
PERPHENAZINE TABLETS	VARIOUS			developmental pediatrician or other prescribers as approved by the MCO Contractors.			
				PA REQUIRED for Ages < 12 years			
				Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a			
PIMOZIDE	ORAP		ļ	developmental pediatrician or other prescribers as approved by the MCO Contractors.			ļ
				PA REQUIRED for Ages < 12 years Prior Authorization is not BEQUIRED for ages 6 and greater when prescribed by a psychiatric clinician a			
THIORIDAZINE HCL TABLETS	VARIOUS			Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
THIS IS AND THE PARETY			<u> </u>	PA REQUIRED for Ages < 12 years	+		
				Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a			
THIOTHIXENE CAPSULES	VARIOUS			developmental pediatrician or other prescribers as approved by the MCO Contractors.			ļ
				PA REQUIRED for Ages < 12 years			
TRIFLUOPERAZINE HCL TABLETS	VARIOUS			Prior Authorization is not REQUIRED for ages 6 and greater when prescribed by a psychiatric clinician, a developmental pediatrician or other prescribers as approved by the MCO Contractors.			
ANTIPSYCHOTICS - FIRST GENERATION -TYPICAL -LONG ACTING INJECTIONS	VARIOUS			developmental pediatrician of other prescribers as approved by the MCO Contractors.			
ANTIFSTCHOTICS - FIRST GENERATION - ITFICAL -LONG ACTING INJECTIONS				PA REQUIRED for Ages < 18 years			
				Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a			
FLUPHENAZINE DECANOATE SOLUTION	FLUPHENAZINE DECANOATE			developmental pediatrician or other prescribers as approved by the MCO Contractors.			
				PA REQUIRED for Ages < 18 years			
HALOPERIDOL DECANOATE SOLUTION	HALBOL DECANOATE EQ			Prior Authorization is not REQUIRED for ages 18 and greater when prescribed by a psychiatric clinician, a			
HALOPERIDOL DECANOATE SOLUTION ANTIVIRALS	HALDOL DECANOATE 50			developmental pediatrician or other prescribers as approved by the MCO Contractors.			
ANTIRETROVIRALS							
ABACAVIR SULFATE SOLUTION	ZIAGEN						
			PREFERRED DRUG				
ABACAVIR SULFATE TABLETS	ZIAGEN		PREFERRED DRUG				
ABACAVIR SULFATE-LAMIVUDINE TABLETS	EPZICOM		PREFERRED DRUG PREFERRED DRUG				
ABACAVIR SULFATE-LAMIVUDINE TABLETS ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE TABLETS	EPZICOM TRIZIVIR		PREFERRED DRUG PREFERRED DRUG PREFERRED DRUG			20	20
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		Brand Only/Generic				Quantity	
Drug Class/Drug Name	Reference Brand Name	Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Limit (QL)	QL Days
ENFUVIRTIDE SOLUTION	FUZEON		PREFERRED DRUG	PA REQUIRED		1	30
FOSAMPRENAVIR CALCIUM SUSPENSION	LEXIVA		PREFERRED DRUG				
FOSAMPRENAVIR CALCIUM TABLETS	LEXIVA		PREFERRED DRUG				
INDINAVIR SULFATE CAPSULES	CRIXIVAN					L	
LAMIVUDINE SOLUTION	EPIVIR		PREFERRED DRUG				
LAMIVUDINE TABLETS	EPIVIR		PREFERRED DRUG				
LAMIVUDINE-ZIDOVUDINE TABLETS LOPINAVIR-RITONAVIR SOLUTION	COMBIVIR KALFTRA		PREFERRED DRUG			<u> </u>	-
LOPINAVIR-RITONAVIR SOLUTION LOPINAVIR-RITONAVIR TABLETS	KALETRA		PREFERRED DRUG PREFERRED DRUG			 	
MARAVIROC TABLETS	SELZENTRY		PREFERRED DRUG	PA REQUIRED		<u> </u>	
NEVIRAPINE SUSPENSION	VIRAMUNE		PREFERRED DRUG	TA NEQUINED			
NEVIRAPINE TABLETS	VIRAMUNE		PREFERRED DRUG				
NEVIRAPINE TABLET 24-HOUR	VIRAMUNE XR		PREFERRED DRUG				
RALTEGRAVIR POTASSIUM CHEWABLE TABLETS	ISENTRESS		PREFERRED DRUG				
RALTEGRAVIR POTASSIUM PACK	ISENTRESS		PREFERRED DRUG				
RALTEGRAVIR POTASSIUM TABLETS	ISENTRESS		PREFERRED DRUG				
RILPIVIRINE HCL TABLET	EDURANT		PREFERRED DRUG				
RITONAVIR CAPSULES	NORVIR		PREFERRED DRUG			L	
RITONAVIR SOLUTION	NORVIR		PREFERRED DRUG			<u> </u>	
RITONAVIR TABLETS	NORVIR		PREFERRED DRUG			<u> </u>	
RITONAVIR POWDER TENOFOVIR DISOPROXIL FUMARATE POWDER	NORVIR VIREAD		PREFERRED DRUG				
TENOFOVIR DISOPROXIL FUMARATE POWDER ZIDOVUDINE CAPSULES	VIREAD RETROVIR		PREFERRED DRUG PREFERRED DRUG			 	1
ZIDOVUDINE SYRUP	RETROVIR		PREFERRED DRUG			 	1
ZIDOVUDINE SYRUP ZIDOVUDINE TABLETS	ZIDOVUDINE		PREFERRED DRUG			 	1
CMV AGENTS	ZIBOVODINE		PREFERRED DRUG				
CIDOFOVIR IV	VISTIDE			PA REQUIRED			
FOSCARENT SODIUM	FOSCAVIR			PA REQUIRED			
GANCICLOVIR SODIUM	CYTOVENE			PA REQUIRED			
MARIBAVIR TABLETS	LIVTENCITY			PA REQUIRED			
VALGANCICLOVIR HCL SOLUTION	VALCYTE			PA REQUIRED			
VALGANCICLOVIR HCL TABLETS	VALCYTE			PA REQUIRED			
HEPATITIS B AGENTS							
ADEFOVIR DIPIVOXIL TABLETS	HEPSERA			PA REQUIRED			
ENTECAVIR SOLUTION	BARACLUDE			PA REQUIRED		<u> </u>	
ENTECAVIR TABLETS	BARACLUDE			PA REQUIRED		L'	
LAMIVUDINE (HBV) SOLUTION	EPIVIR HBV					<u> </u>	
LAMIVUDINE (HBV) TABLETS	EPIVIR HBV					<u> </u>	
TELBIVUDINE TABLETS	TYZEKA			PA REQUIRED			
HEPATITIS C AGENTS							
GLECAPREVIR-PIBRENTASVIR TABLETS	MAVYRET		PREFERRED DRUG	PA Required if member has been treated previously with Direct-Acting Antiviral (DAA) Hep C Regimens in the past.		168	Lifetime
GLECAFREVIN-FIBREIVIASVIN TABLETS	IVIAVIREI		PREFERRED DROG	A Required in member has been created previously with birect-Acting Antiviral (DAA) hep'c Regimens in the past.		100	Lifetime
GLECAPREVIR-PIBRENTASVIR PACKETS	MAVYRET		PREFERRED DRUG	PA Required if member has been treated previously with Direct-Acting Antiviral (DAA) Hep C Regimens in the past.		280	Lifetime
PEGINTERFERON ALFA-2A SOLUTION	PEGASYS		PREFERRED DRUG	PA REQUIRED		200	Lifetime
PEGINTERI ERON ALFA-2B KIT	PEGINTRON		PREFERRED DRUG	PA REQUIRED			
RIBAVIRIN (HEPATITIS C) CAPSULES	VARIOUS		PREFERRED DRUG	PA REQUIRED			
RIBAVIRIN (HEPATITIS C) TABLETS	VARIOUS			PA REQUIRED			
· ·		AUTHORIZED GENERIC					
SOFOSBUVIR-VELPATASVIR TABLETS	EPCLUSA	ONLY	PREFERRED DRUG	PA Required if member has been treated previously with Direct-Acting Antiviral (DAA) Hep C Regimens in the past.		168	Lifetime
HERPES AGENTS							
HERE ES AGENTS							
ACYCLOVIR SUSPENSION	ZOVIRAX						
ACYCLOVIR SUSPENSION ACYCLOVIR TABLETS	ZOVIRAX						
ACYCLOVIR SUSPENSION ACYCLOVIR TABLETS FAMCICLOVIR TABLETS	ZOVIRAX FAMVIR			PA REQUIRED			
ACYCLOVIR SUSPENSION ACYCLOVIR TABLETS FAMCILOVIR TABLETS VALACYCLOVIR HCL TABLETS	ZOVIRAX			PA REQUIRED PA REQUIRED			
ACYCLOVIR SUSPENSION ACYCLOVIR TABLETS FAMCICLOVIR TABLETS VALACYCLOVIR ROL TABLETS INFLUENZA AGENTS	ZOVIRAX FAMVIR VALTREX					20	270
ACYCLOVIR SUSPENSION ACYCLOVIR TABLETS FAMCICLOVIR TABLETS VALACYCLOVIR HCL TABLETS INFLUENZA AGENTS OSELTAMIVIR PHOSPHATE CAPSULES	ZOVIRAX FAMVIR VALTREX TAMIFLU					20	270
ACYCLOVIR SUSPENSION ACYCLOVIR TABLETS FAMCICLOVIR TABLETS VALACYCLOVIR HCL TABLETS VALACYCLOVIR HCL TABLETS INFLURZA AGENTS OSELTAMIVIR PHOSPHATE CAPSULES OSELTAMIVIR PHOSPHATE SUSPENSION	ZOVIRAX FAMVIR VALTREX TAMIFLU TAMIFLU					20	270
ACYCLOVIR SUSPENSION ACYCLOVIR TABLETS FAMCICLOVIR TABLETS VALACYCLOVIR HCL TABLETS INFLUENZA AGENTS OSELTAMIVIR PHOSPHATE CAPSULES OSELTAMIVIR PHOSPHATE SUSPENSION RIMANTADINE HYDROCHLORIDE TABLETS	ZOVIRAX FAMVIR VALTREX TAMIFLU TAMIFLU FLUMADINE					20	
ACYCLOVIR SUSPENSION ACYCLOVIR TABLETS FAMCICLOVIR TABLETS VALACYCLOVIR HCL TABLETS INFLUENZA AGENTS OSELTAMIVIR PHOSPHATE CAPSULES OSELTAMIVIR PHOSPHATE SUSPENSION RIMANTADINE HYDROCHLORIDE TABLETS ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED	ZOVIRAX FAMVIR VALTREX TAMIFLU TAMIFLU					20	270
ACYCLOVIR SUSPENSION ACYCLOVIR TABLETS FAMCICLOVIR TABLETS VALACYCLOVIR HCL TABLETS VALACYCLOVIR HCL TABLETS VELACYCLOVIR HCL TABLETS VELACYCLOVIR HCL TABLETS VELACYCLOVIR HCL TABLETS OSELTAMIVIR PHOSPHATE CAPSULES OSELTAMIVIR PHOSPHATE SUSPENSION RIMANTADINE HYDROCHLORIDE TABLETS ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED MISC. ANTIVIRALS	ZOVIRAX FAMVIR VALTREX TAMIFLU TAMIFLU FLUMADINE RELENZA DISKHALER			PA REQUIRED			270
ACYCLOVIR SUSPENSION ACYCLOVIR TABLETS FAMCICLOVIR TABLETS VALACYCLOVIR HCL TABLETS VALACYCLOVIR HCL TABLETS INFLUENZA AGENTS OSELTAMIVIR PHOSPHATE CAPSULES OSELTAMIVIR PHOSPHATE SUSPENSION RIMANTADINE HYDROCHLORDE TABLETS ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED MISC. ANTIVIRALS MISC. ANTIVIRALS	ZOVIRAX FAMVIR VALTREX TAMIFLU TAMIFLU FLUMADINE RELENZA DISKHALER LAGEVRIO			PA REQUIRED Minimum Patient Age of 18 Years		20 40 80 60	
ACYCLOVIR SUSPENSION ACYCLOVIR TABLETS FAMCICLOVIR TABLETS VALACYCLOVIR HCL TABLETS VALACYCLOVIR HCL TABLETS INFLURNZA AGENTS OSELTAMIVIR PHOSPHATE CAPSULES OSELTAMIVIR PHOSPHATE SUSPENSION RIMANTADINE HYDROCHLORIDE TABLETS ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED MISC. ANTIVIRALS MOLNUPIRAVIR CAPSULES MOLNUPIRAVIR CAPSULES NIRMATRELIVIR-RITONAVIR	ZOVIRAX FAMVIR VALTREX TAMIFLU TAMIFLU TAMIFLU FLUMADINE RELENZA DISKHALER LAGEVRIO PAXLOVID			PA REQUIRED		80	270
ACYCLOVIR SUSPENSION ACYCLOVIR TABLETS FAMCICLOVIR TABLETS VALACYCLOVIR HCL TABLETS VALACYCLOVIR HCL TABLETS INFLUENZA AGENTS OSELTAMIVIR PHOSPHATE CAPSULES OSELTAMIVIR PHOSPHATE SUSPENSION RIMANTADINE HYDROCHLORDE TABLETS ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED MISC. ANTIVIRALS MISC. ANTIVIRALS	ZOVIRAX FAMVIR VALTREX TAMIFLU TAMIFLU FLUMADINE RELENZA DISKHALER LAGEVRIO			PA REQUIRED Minimum Patient Age of 18 Years		80	270
ACYCLOVIR SUSPENSION ACYCLOVIR TABLETS FAMCICLOVIR TABLETS VALACYCLOVIR HOL TABLETS VALACYCLOVIR HOL TABLETS VALACYCLOVIR HOL TABLETS VOSEITAMIVIR PHOSPHATE CAPSULES OSEITAMIVIR PHOSPHATE SUSPENSION RIMANTADINE HYDROCHLORIDE TABLETS ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED MISC. ANTIVIRALS MOILUPIRAVIR CAPSULES MISC. ARTIVIRALS MOILUPIRAVIR CAPSULES NIRMATRELVIR-RITONAVIR REMDESIVIR SOLUTION	ZOVIRAX FAMVIR VALITEX VALITEX TAMIFLU TAMIFLU FLUMADINE RELENZA DISKHALER LAGEVRIO PAXLOVID VEKLURY			PA REQUIRED Minimum Patient Age of 18 Years		80	270
ACYCLOVIR SUSPENSION ACYCLOVIR TABLETS FAMCICLOVIR TABLETS VALACYCLOVIR HOL TABLETS VALACYCLOVIR HOL TABLETS VALACYCLOVIR HOL TABLETS VOSEITAMIVIR PHOSPHATE CAPSULES OSEITAMIVIR PHOSPHATE SUSPENSION RIMANTADINE HYDROCHLORIDE TABLETS ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED MISC. ANTIVIRALS MOILUPIRAVIR CAPSULES MISC. ARTIVIRALS MOILUPIRAVIR CAPSULES NIRMATRELVIR-RITONAVIR REMDESIVIR SOLUTION	ZOVIRAX FAMVIR VALITEX VALITEX TAMIFLU TAMIFLU FLUMADINE RELENZA DISKHALER LAGEVRIO PAXLOVID VEKLURY			PA REQUIRED Minimum Patient Age of 18 Years		80	270
ACYCLOVIR SUSPENSION ACYCLOVIR TABLETS FAMCICLOVIR TABLETS VALACYCLOVIR HCL TABLETS VALACYCLOVIR HCL TABLETS VALACYCLOVIR HCL TABLETS OSELTAMIVIR PHOSPHATE CAPSULES OSELTAMIVIR PHOSPHATE SUSPENSION RIMANTADINE HYDSPHATE SUSPENSION MISMATRIEVER REPOSOL POWDER BREATH ACTIVATED MISC. ANTIVIRALS MOLNUPIRAVIR CAPSULES NIRMATRIEVIR-RITONAVIR REMDESIVIR SOLUTION REMDESIVIR FOR SOLUTION ASSORTED CLASSES	ZOVIRAX FAMVIR VALITEX VALITEX TAMIFLU TAMIFLU FLUMADINE RELENZA DISKHALER LAGEVRIO PAXLOVID VEKLURY	BRAND ONLY	PREFERRED DRUG	PA REQUIRED Minimum Patient Age of 18 Years		80	270
ACYCLOVIR SUSPENSION ACYCLOVIR TABLETS FAMCICLOVIR TABLETS VALACYCLOVIR HCL TABLETS VALACYCLOVIR HCL TABLETS INFLUENZA AGENTS OSELTAMIVIR PHOSPHATE CAPSULES OSELTAMIVIR PHOSPHATE SUSPENSION RIMANTADIAN HYDROCHLODE TABLETS ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED MISC. ANTIVIRALS MOLNUPIRAVIR CAPSULES NIEMATRELIVIR-RITOMAVIR REMDESIVIR FOR SOLUTION REMDESIVIR FOR SOLUTION ASSORTED CLASSES BLOOD PRODUCTS - IMMUNE GLOBULINS	ZOVIRAX FAMVIR VALITEK VALITEK TAMIFLU TAMIFLU FLUMADINE RELENZA DISKHALER LAGEVRIO PAXLOVID VEKLURY VEKLURY	BRAND ONLY BRAND ONLY		PA REQUIRED Minimum Patient Age of 18 Years Minimum Patient Age of 12 Years		80	270
ACYCLOVIR SUSPENSION ACYCLOVIR TABLETS FAMCICLOVIR TABLETS VALACYCLOVIR HCL TABLETS VALACYCLOVIR HCL TABLETS OSELTAMIVIR PHOSPHATE CAPSULES OSELTAMIVIR PHOSPHATE SUSPENSION RIMANTADIAN PYODOCHLORDE TABLETS ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED MISC. ANTIVIRALS MOILUPIPRAYIR CAPSULES NIRMATELIVIR CAPSULES NIRMATELIVIR CAPSULES NIRMATELIVIR CAPSULES NIRMATELIVIR RITONAVIR REMDESIVIR POS OLUTION REMDESIVIR FOR SOLUTION ASSORTED CLASSES BLOOD PRODUCTS - IMMUNE GLOBULINS IMMUNE GLOBULIN IMMUNE GLOBULIN	ZOVIRAX FAMVIR VALITREX VALITREX TAMIFLU TAMIFLU FLUMADINE RELENZA DISKHALER LAGEVRIO PAXLOVID VEKLURY VEKLURY BIVIGAM (IV) FLUBOGFAMMA DIF (IV) GAMMAGARD LIQUID (INJ)	BRAND ONLY BRAND ONLY	PREFERRED DRUG	PA REQUIRED Minimum Patient Age of 18 Years Minimum Patient Age of 12 Years PA REQUIRED		80	270
ACYCLOVIR SUSPENSION ACYCLOVIR TABLETS FAMCICLOVIR TABLETS VALACYCLOVIR HCL TABLETS VALACYCLOVIR HCL TABLETS VALACYCLOVIR HCL TABLETS INFLUENZA AGENTS OSELTAMIVIR PHOSPHATE CAPSULES OSELTAMIVIR PHOSPHATE SUSPENSION RIMANTADINE HYDROCHLORIDE TABLETS ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED MISC. ANTIVIRALS MICHAEL STANAMIVIR CAPSULES NIRMATRELVIR-RITONAVIR REMDESIVIR FOR SOLUTION REMDESIVIR FOR SOLUTION ASSORTED CLASSES BLOOD PRODUCTS - IMMUNE GLOBULINS IMMUNE GLOBULIN IMMUNE GLOBULIN IMMUNE GLOBULIN	ZOVIRAX FAMIVIR TAMIFLU TAMIFLU TAMIFLU TAMIFLU TELUMADINE RELENZA DISKHALER LAGEVRIO PAXLOVID VEKLURY VEKLURY BIVIGAM (IV) FLEBOGFAMMA DIF (IV) GAMMAGARD LIQUID (IN) GAMMAGARD LIQUID (IN) GAMMAGARD LIQUID (IN) GAMMAGARD LIQUID (IN) GAMMAGARD LIQUID (IN)	BRAND ONLY BRAND ONLY BRAND ONLY	PREFERRED DRUG PREFERRED DRUG PREFERRED DRUG	PA REQUIRED Minimum Patient Age of 18 Years Minimum Patient Age of 12 Years Minimum Patient Age of 12 Years PA REQUIRED PA REQUIRED PA REQUIRED PA REQUIRED		80	270
ACYCLOVIR SUSPENSION ACYCLOVIR TABLETS FAMCICLOVIR TABLETS VALACYCLOVIR HCL TABLETS VALACYCLOVIR HCL TABLETS VALACYCLOVIR HCL TABLETS VALACYCLOVIR HCL TABLETS OSELTAMIVIR PHOSPHATE CAPSULES OSELTAMIVIR PHOSPHATE SUSPENSION RIMANTADINE HYDOFOLHORIDE TABLETS ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED MISC. ANTIVIRALS MOLNUPIRAVIR CAPSULES NIRMATRELIVIR-RITONAVIR REMDESIVIR SOLUTION REMDESIVIR FOR SOLUTION REMDESIVIR FOR SOLUTION ASSORTED CLASSES BLOOD PRODUCTS - IMMUNE GLOBULINS IMMUNE GLOBULIN IMMUNE GLOBULIN IMMUNE GLOBULIN IMMUNE GLOBULIN IMMUNE GLOBULIN IMMUNE GLOBULIN IMMUNE GLOBULIN IMMUNE GLOBULIN IMMUNE GLOBULIN IMMUNE GLOBULIN	ZOVIRAX FAMVIR VALTREX TAMIFLU TAMIFLU TAMIFLU FLUMADINE RELENZA DISKHALER LAGEVRIO PAXLOVID VEKLURY VEKLURY BIVIGAM (IV) FLEBOGFAMMA DIF (IV) GAMMAGARD LIQUID (INI) GAMMAKED (INJ) GAMMAKED (INJ) GAMMAKED (INJ) GAMMAKEC (INJ)	BRAND ONLY BRAND ONLY BRAND ONLY BRAND ONLY	PREFERRED DRUG PREFERRED DRUG PREFERRED DRUG PREFERRED DRUG	PA REQUIRED Minimum Patient Age of 18 Years Minimum Patient Age of 12 Years PA REQUIRED PA REQUIRED PA REQUIRED PA REQUIRED PA REQUIRED PA REQUIRED PA REQUIRED		80	270
ACYCLOVIR SUSPENSION ACYCLOVIR TABLETS FAMCICLOVIR TABLETS VALACYCLOVIR HCL TABLETS VALACYCLOVIR HCL TABLETS VALACYCLOVIR HCL TABLETS OSELTAMIVIR PHOSPHATE CAPSULES OSELTAMIVIR PHOSPHATE SUSPENSION RIMANTADIAN HYDROCHLORDE TABLETS ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED MISC. ANTIVIRALS MOINUPIRANY CAPSULES NIRMATRELIVR-RITONAVIR REMDESIVIR SOLUTION REMDESIVIR SOLUTION ASSORTED CLASSES BLOOD PRODUCTS - IMMUNE GLOBULINS IMMUNE GLOBULIN IMMUNE GLOBULIN IMMUNE GLOBULIN IMMUNE GLOBULIN IMMUNE GLOBULIN IMMUNE GLOBULIN	ZOVIRAX FAMVIR VALITREX VALITREX TAMIFLU TAMIFLU TAMIFLU FLUMADINE RELENZA DISKHALER LAGEVRIO PAXLOVID VEKLURY VEKLURY BIVIGAM (IV) FLEBOGFAMMA DIF (IV) GAMMAGARD LIQUID (INI) GAMUNEX-C (INI) HIZENTRA (SUBQ)	BRAND ONLY BRAND ONLY BRAND ONLY BRAND ONLY BRAND ONLY	PREFERRED DRUG PREFERRED DRUG PREFERRED DRUG PREFERRED DRUG PREFERRED DRUG	PA REQUIRED Minimum Patient Age of 18 Years Minimum Patient Age of 12 Years Minimum Patient Age of 12 Years PA REQUIRED PA REQUIRED PA REQUIRED PA REQUIRED PA REQUIRED PA REQUIRED PA REQUIRED PA REQUIRED PA REQUIRED		80	270
ACYCLOVIR SUSPENSION ACYCLOVIR TABLETS FAMCICLOVIR TABLETS VALACYCLOVIR HCL TABLETS VALACYCLOVIR HCL TABLETS VALACYCLOVIR HCL TABLETS VALACYCLOVIR HCL TABLETS OSELTAMIVIR PHOSPHATE CAPSULES OSELTAMIVIR PHOSPHATE SUSPENSION RIMANTADINE HYDOFOLHORIDE TABLETS ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED MISC. ANTIVIRALS MOLNUPIRAVIR CAPSULES NIRMATRELIVIR-RITONAVIR REMDESIVIR SOLUTION REMDESIVIR FOR SOLUTION REMDESIVIR FOR SOLUTION ASSORTED CLASSES BLOOD PRODUCTS - IMMUNE GLOBULINS IMMUNE GLOBULIN IMMUNE GLOBULIN IMMUNE GLOBULIN IMMUNE GLOBULIN IMMUNE GLOBULIN IMMUNE GLOBULIN IMMUNE GLOBULIN IMMUNE GLOBULIN IMMUNE GLOBULIN IMMUNE GLOBULIN	ZOVIRAX FAMVIR VALTREX TAMIFLU TAMIFLU TAMIFLU FLUMADINE RELENZA DISKHALER LAGEVRIO PAXLOVID VEKLURY VEKLURY BIVIGAM (IV) FLEBOGFAMMA DIF (IV) GAMMAGARD LIQUID (INI) GAMMAKED (INJ) GAMMAKED (INJ) GAMMAKED (INJ) GAMMAKEC (INJ)	BRAND ONLY BRAND ONLY BRAND ONLY BRAND ONLY	PREFERRED DRUG PREFERRED DRUG PREFERRED DRUG PREFERRED DRUG PREFERRED DRUG PREFERRED DRUG	PA REQUIRED Minimum Patient Age of 18 Years Minimum Patient Age of 12 Years PA REQUIRED PA REQUIRED PA REQUIRED PA REQUIRED PA REQUIRED PA REQUIRED PA REQUIRED		80	270

		Brand Only/Generic				Quantity	
Drug Class/Drug Name	Reference Brand Name	Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Limit (QL)	QL Days
IMMUNE GLOBULIN	XEMBIFY (SUBQ)	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
CHELATING AGENTS							
PENICILLAMINE CAPSULES	CUPRIMINE						
IMMUNOMODULATORS LENALIDOMIDE CAPSULES	REVLIMID			PA REQUIRED			
THALIDOMIDE CAPSULES THALIDOMIDE CAPSULES	THALOMID			PA REQUIRED			\vdash
IMMUNOSUPPRESSIVE AGENTS	Threathe			TATALOGUED			
AZATHIOPRINE TABLETS	IMURAN						
CYCLOSPORINE CAPSULES	SANDIMMUNE						
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) CAPSULES	GENGRAF						ļ
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) SOLUTION CYCLOSPORINE SOLUTION	GENGRAF SANDIMMUNE						├──
EVEROLIMUS (IMMUNOSUPRESSANT) TABLETS	ZORTRESS			PA REQUIRED			
MYCOPHENOLATE MOFETIL CAPSULES	CELLCEPT			T T T T T T T T T T T T T T T T T T T			
MYCOPHENOLATE MOFETIL SUSPENSION	CELLCEPT						
MYCOPHENOLATE MOFETIL TABLETS	CELLCEPT						
SIROLIMUS SOLUTION	RAPAMUNE						<u> </u>
SIROLIMUS TABLETS TAGROLIMUS CARCILLES	RAPAMUNE						↓
TACROLIMUS CAPSULES TACROLIMUS CAPSULE CONTROLLED RELEASE	HECORIA ASTAGRAF XL						├ ──
ROCK2 INHIBITORS	ASTAURAF AL						
BELUMOSUDIL MESYLATE	REZUROCK			PA REQUIRED			
POTASSIUM REMOVING RESINS							
SODIUM POLYSTYRENE SULFONATE POWDER	KAYEXALATE						
SODIUM POLYSTYRENE SULFONATE SUSPENSION	KIONEX						$oldsymbol{ol}}}}}}}}}}}}}}}}}}$
BETA BLOCKERS							
ALPHA-BETA BLOCKERS CARVEDILOL TABLETS	COREG		PREFERRED DRUG				
LABETALOL HCL TABLETS	TRANDATE		PREFERRED DRUG				├ ──
BETA BLOCKERS CARDIO-SELECTIVE	TRANDATE		PREFERRED DRUG				
ATENOLOL TABLETS	TENORMIN		PREFERRED DRUG				
ATENOLOL/CHLORTHALIDONE	VARIOUS		PREFERRED DRUG				
BISOPROLOL	VARIOUS		PREFERRED DRUG				
BISOPROLOL/HCTZ	VARIOUS		PREFERRED DRUG				
METOPROLOL TARTRATE TABLETS	VARIOUS		PREFERRED DRUG				<u> </u>
METOPROLOL SUCCINATE TABLET XL 24-HOUR	VARIOUS		PREFERRED DRUG				<u> </u>
METOPROLOL TARTRATE/HCTZ NEBIVOLOL HCL TABLET	VARIOUS BYSTOLIC		PREFERRED DRUG				├ ──
BETA BLOCKERS NON-SELECTIVE	BYSTOLIC						
NADOLOL NADOLOL	VARIOUS		PREFERRED DRUG	PA NOT REQUIRED FOR CHILDREN AND ADOLESCENTS UNDER 19 YEARS OF AGE			
PROPRANOLOL HCL CAPSULE ER CONTROLLED RELEASE	VARIOUS		PREFERRED DRUG				
PROPRANOLOL HCL SOLUTION	VARIOUS		PREFERRED DRUG				
PROPRANOLOL HCL TABLETS	VARIOUS		PREFERRED DRUG				
PROPRANOLOL / HCTZ	VARIOUS		PREFERRED DRUG				<u> </u>
SOTALOL HCL TABLETS	BETAPACE		PREFERRED DRUG				
CALCIUM CHANNEL BLOCKERS CALCIUM CHANNEL BLOCKERS							
AMLODIPINE BESYLATE	VARIOUS		PREFERRED DRUG			30	30
AMLODIPINE BENZOATE SUSPENSION	KATERZIA		PREFERRED DRUG	PA Required for > 7 Years Old		300	30
DILTIAZEM CAPSULE ER	VARIOUS		PREFERRED DRUG				
DILTIAZEM TABLETS	VARIOUS		PREFERRED DRUG				
FELODIPINE TABLET ER 24-HOUR	VARIOUS		PREFERRED DRUG			30	30
NIFEDIPINE IR CAPSULES	VARIOUS	<u> </u>	PREFERRED DRUG				<u> </u>
NIFEDIPINE TABLET ER 24-HOUR	VARIOUS		PREFERRED DRUG			30	30
VERAPAMIL HCL CAPSULE SR VERAPAMIL HCL TABLETS	VARIOUS VARIOUS	+	PREFERRED DRUG PREFERRED DRUG		-	30	3U
VERAPAMIL HCL TABLETS VERAPAMIL HCL TABLET CONTROLLED RELEASE	VARIOUS		PREFERRED DRUG			30	30
CARDIOTONICS			. NEI EINED DROG				
CARDIAC GLYCOSIDES							
DIGOXIN SOLUTION	DIGOXIN						
DIGOXIN TABLETS	LANOXIN						
CARDIOVASCULAR AGENTS - MISC.							
ANGIOTENSTIN RECEPTOR NEPRILYSIN INHIBITOR	FAITDESTO			DA DECUMPED			\vdash
SACUBITRIL / VALSARTAN SACUBITRIL-VALSARTAN CAPSULE SPRINKLE	ENTRESTO ENTRESTO SPRINKLE		 	PA REQUIRED PA REQUIRED			├
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAG	ETTIESTO SI MINICE						
AMBRISENTAN TABLETS	LETAIRIS		PREFERRED DRUG	PA REQUIRED			
BOSENTAN TABLETS SOLUBLE	TRACLEER	BRAND ONLY	PREFERRED DRUG	PA REQUIRED	<u> </u>		
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBIT							
			Preferred for Under the				
SILDENAFIL CITRATE (PULMONARY HYPERTENSION) SUSPENSION RECONSTITUTED	VARIOUS		Age of 12	PA Required For > 12 Year of Age			
SILDENAFIL CITRATE (PULMONARY HYPERTENSION) TABLETS	VARIOUS			PA REQUIRED			
TADALAFIL (PULMONARY HYPERTENSION) TABLETS	VARIOUS			PA REQUIRED			
PROSTAGLANDIN VASODILATORS**							
TREPROSTINIL DIOLAMINE TABLET ER	ORENITRAM	BRAND ONLY		PA REQUIRED			

		Brand Only/Generic				Quantity	
Drug Class/Drug Name	Reference Brand Name	Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Limit (QL)	QL Days
TREPROSTINIL DIOLAMINE TBER THER PACK	ORENITRAM	BRAND ONLY		PA REQUIRED			
CEPHALOSPORINS - 1ST GENERATION							
CEFADROXIL CAPSULES	CEFADROXIL						
CEFADROXIL SUSPENSION	CEFADROXIL						
CEFADROXIL TABLETS	CEFADROXIL					í	
CEPHALEXIN CAPSULES	KEFLEX					<u> </u>	
CEPHALEXIN SUSPENSION	CEPHALEXIN						
CEPHALEXIN TABLETS CEPHALOSPORINS - 2ND GENERATION	CEPHALEXIN						
CEFACLOR CAPSULES	CEFACLOR						
CEFACLOR SUSPENSION	CEFACLOR					$\overline{}$	
CEFPROZIL SUSPENSION	CEFPROZIL						
CEFPROZIL TABLETS	CEFPROZIL						
CEFUROXIME AXETIL SUSPENSION	CEFTIN					ь—	
CEFUROXIME AXETIL TABLETS CEPHALOSPORINS - 3RD GENERATION	CEFTIN						
CEFDINIR CAPSULES	CEFDINIR						
CEFDINIR SUSPENSION	CEFDINIR					$\overline{}$	1
CEFIXIME CAPSULES	SUPRAX					1	30
CEFIXIME CHEWABLE TABLETS	SUPRAX					1	30
CEFIXIME SUSPENSION	SUPRAX	ļ				1	30
CEFIXIME TABLETS	SUPRAX	1	 		1	1	30
CEFPODOXIME PROXETIL SUSPENSION CEFPODOXIME PROXETIL TABLETS	CEFPODOXIME PROXETIL CEFPODOXIME PROXETIL	1	-				\vdash
CONTRACEPTION	CETT ODOMINIET NOMETIC						
COMBINATION CONTRACEPTIVES - ORAL							
DESOGESTREL & ETHINYL ESTRADIOL TABLET	APRI						
DESOGESTREL-ETHINYL ESTRADIOL (BIPHASIC) TABLETS	AZURETTE					ь—	
DESOGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS DROSPIRENONE-ETHINYL ESTRADIOL TABLETS	CAZIANT OCELLA						
ETHYNODIOL DIACET & ETHINYL ESTRADIOL TABLETS ETHYNODIOL DIACET & ETHINYL ESTRADIOL TABLETS	KELNOR 1/35						
LEVONORGESTREL & ETH ESTRADIOL TABLET CHEWABLE	TYBLUME					$\overline{}$	1
LEVONORGESTREL & ETHINYL ESTRADIOL TABLETS	AUBRA						
LEVONORGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS	ENPRESSE-28						
LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY) TABLETS	AMETHIA LO						
LEVONORGESTREL & ETHINYL ESTRADIOL (CONTINUOUS) TABLETS	AMETHYST						
NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAP NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TABLETS	VARIOUS JUNEL FE						
NORETHINDRONE ACET & ETHINTE ESTRA BABET DISINTEGRATING	FEMLYV						1
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE CHEWABLES	MELODETTA 24 FE						
NORETHINDRONE & ETH ESTRADIOL TABLETS	BALZIVA					í	
NORETHINDRONE & MESTRANOL TABLETS	NECON 1/50-28						
NORETHINDRONE ACET & ETH ESTRA TABLETS	GILDESS 1/20						
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL-FE TABLETS NORETHIN ACET & ESTRAD-FE TABLETS	ESTROSTEP FE LOESTRIN FE TAB 1/20						
NORETHIN ACET & ESTRADIFIC TABLETS NORETHINDRONE-ETH ESTRADIOL (BIPHASIC) TABLETS	NECON 10/11-28	1					-
NORETHINDRONE-ETH ESTRADIOL (TRIPHASIC) TABLETS	CYCLAFEM 7/7/7						†
NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEWABLES	KAITLIB FE		<u> </u>				
NORGESTIMATE-ETHINYL ESTRADIOL (TRIPHASIC) TABLETS	ORTHO TRI-CYCLEN						
NORGESTIMATE-ETHINYL ESTRADIOL TABLETS	ESTARYLLA CONCENTA DO	1					
NORGESTREL & ETHINYL ESTRADIOL TABLETS COMBINATION CONTRACEPTIVES - VAGINAL	CRYSELLE-28						
ETONOGESTREL-ETHINYL ESTRADIOL RING	NUVARING	BRAND ONLY					
COPPER CONTRACEPTIVES - IUD		1					
COPPERIUD	PARAGARD					1	999 Days
EMERGENCY CONTRACEPTIVES							
LEVONORGESTREL (EMERGENCY OC) TABLETS	PLAN B ONE-STEP OTC		PREFERRED DRUG				
LEVONORGESTREL (EMERGENCY OC) TABLETS LEVONORGESTREL (EMERGENCY OC) TABLETS	AFTERA OTC LEVONORGESTREL OTC	1	PREFERRED DRUG PREFERRED DRUG				\vdash
LEVONORGESTREL (EMERGENCY OC) TABLETS LEVONORGESTREL (EMERGENCY OC) TABLETS	MY CHOICE OTC	+	PREFERRED DRUG			$\overline{}$	\vdash
LEVONORGESTREL (EMERGENCY OC) TABLETS	MY WAY OTC	1	PREFERRED DRUG				
LEVONORGESTREL (EMERGENCY OC) TABLETS	NEW DAY OTC		PREFERRED DRUG				
LEVONORGESTREL (EMERGENCY OC) TABLETS	OPTION 2 OTC		PREFERRED DRUG			\vdash	
LEVONORGESTREL (EMERGENCY OC) TABLETS	TAKE ACTION OTC	1	PREFERRED DRUG				<u> </u>
ULIPRISTAL ACETATE TABLETS PROGESTINS	ELLA		PREFERRED DRUG			_	5
MEDROXYPROGESTERONE ACETATE TABLETS	PROVERA		PREFERRED DRUG				
NORETHINDRONE ACETATE NORETHINDRONE ACETATE	AYGESTIN		PREFERRED DRUG				
PROGESTERONE MICRONIZED CAPSULES	PROMETRIUM	İ	PREFERRED DRUG				
PROGESTIN CONTRACEPTIVES - IMPLANTS							
ETONOGESTREL IMPLANT	NEXPLANON					1	999 Days
PROGESTIN CONTRACEPTIVES - INJECTABLE	DEPO-PROVERA CONTRACEPTIVE						
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) SUSPENSION PROGESTIN CONTRACEPTIVES - IUD	DEFO-PROVERA CONTRACEPTIVE						

March Marc			Brand Only/Generic				Quantity	
Company 10	Drug Class/Drug Name	Reference Brand Name		Preferred Drug Status	PA Status	Step Therapy Requirements		QL Days
COMPANY NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT	LEVONORGESTREL (IUD)	LILETTA					1	999 Days
Comment 10							1	
March Marc							1	
Control Cont		KYLEENA					1	730 Days
Company Comp		CANADA						
March Marc								+
March Marc		OFILE						
Common		YIIIANE						+
SECONOMINATION OF THE PROPERTY		ACCANE						
Comment Comm								
COMMINISTRY COMMINISTRY	DEXAMETHASONE CONCENTRATE	DEXAMETHASONE INTENSOL						1
Content March Ma	DEXAMETHASONE ELIXIR	VARIOUS						
PRODUCTION COLUMN								
March Marc								
Marches Marc								↓
Management Man								
PRESENTING FORWARD FOR THE PROPERTY OF THE P					PA REQUIRED			↓
PRINCE CONTROL OF CO								+
PRINCE P				 				+
PRINCE P				1				+
### PROPRIES FOR CONTINUES AND PROPRIES AND	PREDNISOLONE TABLETS			1				†
RESIDENCY AUTONOM	PREDNISONE CONCENTRATE							1
MINISTRACTION ACCOUNTS APPROACH MINISTRACE MINISTRACTION ACCOUNTS APPROACH MINISTRACE MINISTRACTION ACCOUNTS AND ACCOUNT OF A MINISTRACE MINISTRACTION ACCOUNTS AND ACCOUNTS AND ACCOUNT OF A MINISTRACE MINISTRACTION ACCOUNTS AND A	PREDNISONE SOLUTION							†
TRANSPORT TRAN	PREDNISONE TABLETS	PREDNISONE						
MINISTRACTOR PROJECT PROVED PROJECT PROVED PROVIDED PRO	TRIAMCINOLONE ACETONIDE SUSPENSION (INJECTABLE)	KENALOG-10			PA REQUIRED			
MARIANGORISTONS	TRIAMCINOLONE DIACETATE SUSPENSION (INJECTABLE)							
INDIRECTORN ACTUAL TRAINS FIDENCY FIDENC		ARISTOSPAN INTRALESIONAL & INTRA-ARTICULAR			PA REQUIRED			
METHODAL MINERAL CORPITION RECEIVED METHODAL M								
INTERPROPER TABLES MERCONNECT MATERIAL		FLORINEF						
MACHINES		KEBENDIA			DA DECULIDED			+
### MERIODAN PRESIDES TESALON PRESIDES TESALON PRESIDES PARCIANTO FOR 18 years of age		REREINDIA			FA REQUIRED			
RECOMMATE CAPAIRS RESOURCE								
MRDICECTOR WINDERFORM PRINE MRDICE		TESSALON PERLES						1
MARCOUNT CAMBRITONS MARCON TRACETS MARCON S MARCON TO MARCON S MARCON TO MARCON S MARCON TO MARCON S MARCON TO MARCON S MARCON					PA REQUIRED for < 18 years of age		240	12
SIGNOMEPHENAME SPECIOOPERIORE LOUID NABIOS		VARIOUS			PA REQUIRED for < 18 years of age			1
SIGNOMPHENNAMING SPELLOOPHENDRET TABLET 12-HOUR	COUGH/COLD/ALLERGY COMBINATIONS							
BROMPHENDAMMS PERFORMENDER LOUGH (1) ARROUS								
CERTIFICATE SPELIODEFEDRATE ILEGALISM CARROLLES								
CHILOPHENIAMMER SPEUDOPHENIMER (UNID)								<u> </u>
CHOOPPENDAMME 895LUDOPPENDINS COUNTING ASIOUS ASIOU							30	30
CHILOPHENIMANNE REFLUDOPHEDININS SYRUP							400	120
CHIOSPHINAMINE REPSELOOPSHEDRINE TRAILETS								
CHILOPHENIMANIME REPSELUDEPHEDRINE TABLET 5 VARIOUS								
DECTROMETHORPHAN-GUAIENESIN TABLET 12-HOUR DECTROMETHORPHAN-GUAIENES							400	130
DESTROMETHORPHAN-GUAIRENST NIQUID								+
FEOTEMANNE-PSEUDOPEPERINK TABLET 12-HOUR							480	30
FEXOPERADINE-PSELIDOEPHERRINE TABLET 12-HOUR	DEXTROMETHORPHAN-GUAIFENESIN TABLET 12-HOUR	MUCINEX DM						1
GUAITEMENT-CODEINE SYRUP ROBITUSSIN AC PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18 years of age PA REQUIRED for < 18	FEXOFENADINE-PSEUDOEPHEDRINE TABLET 12-HOUR	VARIOUS					30	30
IDATATONIE & PSEUDOEPHERNIET TABLET 21-HOUR	FEXOFENADINE-PSEUDOEPHEDRINE TABLET 24-HOUR							
IDANTADNE & PSEUDOEPHEDRINE TABLET 24-HOUR					PA REQUIRED for < 18 years of age			
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN LIQUID ROBITUSSIN CHILDRENS COUGH & COLD CF				ļ				
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN UQUID PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN YBUP VARIOUS							30	30
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUIFENSIN SYRUP				1			400	120
PHENYLEPHRINE W/ DEXTROMETHORPHAN-GUAIFENESIN TABLET 12-HOUR				1				
PHENYLEPHRINE-GUAIFENSEN TABLET 12-HOUR				-		-	+6U	30
PHENYLEPHRINE-BROMPHENIRAMINE-DEXTROMETHORPHAN ELIXIR								+
PHENYLEPHRINE-BROMPHENIRAMINE-DEXTROMETHORPHAN LIQUID				 		+	480	30
PHENYLEPHRINE-BROMPHENIRAMINE-DEXTROMETHORPHAN SYRUP								
PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN DROPS VARIOUS PA REQUIRED for < 6 years age C C PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN SYRUP VARIOUS 480 30 PHENYLEPHRINE-GUAIFENESIN CAPSULES VARIOUS 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 7	PHENYLEPHRINE-BROMPHENIRAMINE-DEXTROMETHORPHAN SYRUP						480	30
PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN SYRUP VARIOUS 480 30 PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN TABLETS VARIOUS 5 6 7 6 7 6 7 6 7 6 7<	PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN LIQUID						480	30
PHENYLEPHRINE-CHLORPHENIRAMINE-DEXTROMETHORPHAN TABLETS VARIOUS					PA REQUIRED for < 6 years age			<u> </u>
PHENYLEPHRINE-GUAIFENESIN CAPSULES VARIOUS E PHENYLEPHRINE-GUAIFENESIN LIQUID TRIAMINIC CHEST NASAL CONGESTION 480 30 PHENYLEPHRINE-GUAIFENESIN SYRUP TRIAMINIC CHEST & NASAL CONGESTION 480 30 PHENYLEPHRINE-GUAIFENESIN TABLETS VARIOUS 5 480 30 PROMETHAZINE SYRUP PROMETHAZINE PHENYLEPHRINE SYRUP 480 30 PROMETHAZINE W/CODEINE SYRUP PROMETHAZINE W/CODEINE PA REQUIRED for < 18 years of age							480	30
PHENYLEPHRINE-GUAIFENESIN LIQUID TRIAMINIC CHEST/NASAL CONGESTION 480 30 PHENYLEPHRINE-GUAIFENESIN SYRUP TRIAMINIC CHEST & NASAL CONGESTION 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6				ļ				
PHENYLEPHRINE-GUAIFENESIN SYRUP TRIAMINIC CHEST & NASAL CONGESTION 480 30 PHENYLEPHRINE-GUAIFENESIN TABLETS VARIOUS VARIOUS PROMETHAZINE & PHENYLEPHRINE SYRUP PROMETHAZINE / PHENYLEPHRINE PROMETHAZINE W/CODEINE SYRUP PROMETHAZINE / CODEINE SYRUP								
PHENYLEPHRINE-GUAIFENESIN TABLETS VARIOUS 5 PROMETHAZINE & PHENYLEPHRINE SYRUP PROMETHAZINE A PHENYLEPHRINE SYRUP 480 30 PROMETHAZINE SYRUP PROMETHAZINE SYRUP 480 30 POMETHAZINE SYRUP PROMETHAZINE SYRUP 240 12							-00	50
PROMETHAZINE & PHENYLEPHRINE SYRUP PROMETHAZINE / PHENYLEPHRINE PROMETHAZI				1			480	30
PROMETHAZINE W/CODEINE SYRUP PROMETHAZINE/CODEINE PA REQUIRED for < 18 years of age 240 12				 		-	490	20
				-	DA RECHIRED for < 18 years of age	-		
	PROMETHAZINE W/CODEINE STROP PROMETHAZINE-DEXTROMETHORPHAN SYRUP	PROMETHAZINE/CODEINE PROMETHAZINE/ DEXTROMETHORPHAN		1	I A WE COUNTED TO I < 10 YEARS OF ABE		480	30

Drug Class/Drug Name	Reference Brand Name	Brand Only/Generic	Preferred Drug Status	PA Status	Step Therapy Requirements	Quantity	QL Days
PSEUDOEPHEDRINE W/ CODEINE-GUAIFENESIN SYRUP	VARIOUS	Notes		PA REQUIRED for < 18 years of age		Limit (QL) 240	12
EXPECTORANTS	VARIOUS			FA REQUIRED TOT 1 16 Years of age		240	12
GUAIFENESIN LIQUID	VARIOUS					480	30
GUAIFENESIN SYRUP	VARIOUS					480	30
GUAIFENESIN TABLETS	VARIOUS						
GUAIFENESIN TABLET 12-HOUR	VARIOUS						
DERMATOLOGICALS							
ACNE PRODUCTS							
BENZOYL PEROXIDE WASH 5% & 10%	VARIOUS						
BENZOYL PEROXIDE CLEANSER 6%	NEUTROGENA ON-THE-SPOT ACNE TREATMENT						
BENZOYL PEROXIDE GEL BENZOYL PEROXIDE LIQUID	BENZOYL PEROXIDE PANOXYL						
BENZOYL PEROXIDE LIQUID BENZOYL PEROXIDE LOTION	BP CLEANSING LOTION						1
BENZOYL PEROXIDE LOTION BENZOYL PEROXIDE-ERYTHROMYCIN PACK	BENZAMYCINPAK						1
CLINDAMYCIN PHOSPHATE (TOPICAL) GEL	CLEOCIN-T				+		
CLINDAMYCIN PHOSPHATE (TOPICAL) LOTION	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE (TOPICAL) SOLUTION	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE (TOPICAL) SWAB	CLEOCIN-T						
CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE (REFRIGERATE)	CLINDAMY/BEN						
ERYTHROMYCIN ACNE GEL	VARIOIUS	NDCs: 45802096694, 45802096696, 63739005366, 63739005368					
ERYTHROMYCIN (ACNE AID) SOLUTION	ERYTHROMYCIN	03733003300			+		
ISOTRETINOIN CAPSULES	ABSORICA	1	 	PA REQUIRED	+	1	1
TRETINOIN CREAM	RETIN-A	BRAND ONLY		PA REQUIRED For > 26 Years of Age			
TRETINOIN GEL	RETIN-A	BRAND ONLY		PA REQUIRED For > 26 Years of Age			
ANTIBIOTICS - TOPICAL							
BACITRACIN OINTMENT	BACIGUENT						
BACITRACIN ZINC OINTMENT	BACITRACIN						
BACITRACIN-POLYMYXIN B OINTMENT	POLYSPORIN						
BACITRACIN-POLYMYXIN-NEOMYCIN HC OINTMENT	CORTISPORIN						
GENTAMICIN SULFATE CREAM GENTAMICIN SULFATE OINTMENT	GENTAMICIN SULFATE						<u> </u>
MUPIROCIN CALCIUM CREAM	GENTAMICIN SULFATE BACTROBAN						ļ
MUPIROCIN CALCIOM CREAM MUPIROCIN OINTMENT	BACTROBAN						<u> </u>
NEOMYCIN-BACITRACIN-POLYMYXIN OINTMENT	NEOSPORIN		•		+		
ANTIFUNGALS - TOPICAL	NEOSFORIN						
BUTENAFINE	LOTRIMIN ULTRA						
CICLOPROX CREAM	VARIOUS		PREFERRED DRUG				
CICLOPROX SOLUTION	VARIOUS		PREFERRED DRUG				
CLOTRIMAZOLE CREAM (RX & OTC)	LOTRIMIN		PREFERRED DRUG				
CLOTRIMAZOLE OINTMENT	LOTRIMIN						
CLOTRIMAZOLE TOPICAL SOLUTION	CLOTRIMAZOLE (RX ONLY)						
CLOTRIMAZOLE W/ BETAMETHASONE CREAM	LOTRISONE		PREFERRED DRUG				
KETOCONAZOLE CREAM	VARIOUS		PREFERRED DRUG				
KETOCONAZOLE SHAMPOO	VARIOUS		PREFERRED DRUG		.		
MICONAZOLE NITRATE CREAM	VARIOUS		PREFERRED DRUG				<u> </u>
MICONAZOLE NITRATE POWDER	VARIOUS		PREFERRED DRUG PREFERRED DRUG				ļ
NYSTATIN CREAM NYSTATIN OINTMENT	VARIOUS VARIOUS		PREFERRED DRUG		-		
NYSTATIN OINTMENT	VARIOUS		PREFERRED DRUG				
TOLNAFTATE AERO POWDER	VARIOUS		PREFERRED DRUG				
TOLNAFTATE CREAM	VARIOUS		PREFERRED DRUG		1		†
TOLNAFTATE POWDER	VARIOUS	İ	PREFERRED DRUG		İ		1
TERBINAFINE CREAM	VARIOUS	İ	PREFERRED DRUG		İ		1
ANTIHISTAMINES-TOPICAL							
DIPHENHYDRAMINE HCL CREAM	ANTI-ITCH MAXIMUM STRENGTH						
DIPHENHYDRAMINE HCL GEL	BENADRYL ITCH STOPPING						
DIPHENHYDRAMINE HCL SOLUTION	BENADRYL MAXIMUM STRENGTH						
ANTISEBORRHEIC TOPICAL PRODUCTS							
SELENIUM SULFIDE LOTION	SELSUN SHAMPOO						
ANTIVIRALS - TOPICAL DOCOSANOL 10% CREAM	ARRENA		DDEEEDDED SSUC			2GM	30
	ABREVA	BRAND ONLY	PREFERRED DRUG PREFERRED DRUG		+	2GM 15GM	30
			PREFERKED DRUG		+	15GM 15GM	30
ACYCLOVIR OINTMENT	ZOVIRAX	DID THE CITE!					30
ACYCLOVIR OINTMENT ACYCLOVIR OINTMENT	ZOVIRAX ZOVIRAX	DIGHTS CITE.	PREFERRED DRUG			130141	
ACYCLOVIR OINTMENT ACYCLOVIR OINTMENT BURN PRODUCTS	ZOVIRAX	Old Market	PREFERRED DRUG			IJGIVI	
ACYCLOVIR OINTMENT ACYCLOVIR OINTMENT BURN PRODUCTS SILVER SULFADIAZINE CREAM			PREFERRED DRUG			13GW	
ACYCLOVIR OINTMENT ACYCLOVIR OINTMENT BURN PRODUCTS SILVER SULFADIAZINE CREAM CORTICOSTEROIDS - TOPICAL LOW POTENCY	ZOVIRAX					ISOM	
ACYCLOVIR OINTMENT ACYCLOVIR OINTMENT BURN PRODUCTS SILVER SULFADIAZINE CREAM	ZOVIRAX	BRAND ONLY	PREFERRED DRUG PREFERRED DRUG			1300	
ACYCLOVIR OINTMENT ACYCLOVIR OINTMENT BURN PRODUCTS SILVER SULFADIAZINE CREAM CORTICOSTEROIDS - TOPICAL LOW POTENCY FLUOCINOLONE ACETONIDE	ZOVIRAX SILVADENE DERMA-SMOOTH FS					15014	
ACYCLOVIR OINTMENT ACYCLOVIR OINTMENT BURN PRODUCTS SILVER SULFADIAZINE CREAM CORTICOSTEROIDS - TOPICAL LOW POTENCY FLUOCINOLONE ACETONIDE FLUOCINOLONE ACETONIDE SOLUTION	ZOVIRAX SILVADENE DERMA-SMOOTH FS SYNALAR		PREFERRED DRUG			ISON	

		Brand Only/Generic				Quantity	
Drug Class/Drug Name	Reference Brand Name	Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Limit (QL)	QL Days
HYDROCORTISONE OINTMENT	VARIOUS		PREFERRED DRUG				
FLUOCINOLONE 0.01% OIL	VARIOUS		PREFERRED DRUG				
CORTICOSTEROIDS - TOPICAL MEDIUM POTENCY FLUTICASONE PROPIONATE CREAM	VARIOUS		PREFERRED DRUG				
FLUTICASONE PROPIONATE CREAM FLUTICASONE PROPIONATE OINTMENT	VARIOUS		PREFERRED DRUG				
MOMETASONE FUROATE CREAM	VARIOUS		PREFERRED DRUG				
MOMETASONE FUROATE OINTMENT	VARIOUS		PREFERRED DRUG				
MOMETASONE FUROATE SOLUTION	VARIOUS		PREFERRED DRUG				
CORTICOSTEROIDS - TOPICAL HIGH POTENCY							
BETAMETHASONE DIPROPIONATE LOTION	VARIOUS		PREFERRED DRUG				
BETAMETHASONE DIPROPIONATE CREAM BETAMETHASONE DIPROPIONATE/PROPYLENE GLYC. CREAM	VARIOUS VARIOUS		PREFERRED DRUG PREFERRED DRUG				
BETAMETHASONE DIPROPIONATE (TOPICAL) OINTMENT	VARIOUS		PREFERRED DRUG				
BETAMETHASONE VALERATE CREAM	VARIOUS		PREFERRED DRUG				
BETAMETHASONE VALERATE LOTION	VARIOUS		PREFERRED DRUG				
BETAMETHASONE VALERATE SOLUTION	VARIOUS		PREFERRED DRUG				
FLUOCINONIDE CREAM	VARIOUS		PREFERRED DRUG				
FLUOCINONIDE OINTMENT FLUOCINONIDE SOLUTION	VARIOUS VARIOUS		PREFERRED DRUG PREFERRED DRUG				
TRIAMCINOLONE ACETONIDE CREAM	VARIOUS		PREFERRED DRUG				
TRIAMCINOLONE ACETONIDE CREAM TRIAMCINOLONE ACETONIDE LOTION	VARIOUS	1	PREFERRED DRUG		+		
TRIAMCINOLONE ACETONIDE CONTINENT	VARIOUS	1	PREFERRED DRUG				
CORTICOSTEROIDS - TOPICAL VERY HIGH POTENCY							
CLOBETASOL PROPIONATE CREAM	VARIOUS		PREFERRED DRUG			100	30
CLOBETASOL PROPIONATE EMOLLIENT	VARIOUS		PREFERRED DRUG			100	30
CLOBETASOL PROPIONATE GEL	VARIOUS	ļ	PREFERRED DRUG			118	30
CLOBETASOL PROPIONATE OINTMENT CLOBETASOL PROPIONATE SHAMPOO	VARIOUS VARIOUS		PREFERRED DRUG PREFERRED DRUG			100	30
CLOBETASOL PROPIONATE SHAWPOO CLOBETASOL PROPIONATE SOLUTION	VARIOUS		PREFERRED DRUG			120	30
HALOBETASOL PROPIONATE CREAM	VARIOUS		PREFERRED DRUG			100	30
HALOBETASOL PROPIONATE OINTMENT	VARIOUS		PREFERRED DRUG			100	30
STEROIDS - MOUTH/THROAT/DENTAL**							
TRIAMCINOLONE ACETONIDE (MOUTH) PASTE	ORALONE DENTAL PASTE					10	30
ECZEMA AGENTS							
RUXOLITINIB PHOSPHATE (TOPICAL) CREAM	OPZELURA		PREFERRED DRUG	PA REQUIRED			
TRALOKINUMAB-LDRM SOLN AUTO-INJ TRALOKINUMAB-LDRM SOLN PREF SYR	ADBRY ADBRY		PREFERRED DRUG PREFERRED DRUG	PA REQUIRED PA REQUIRED			
ENZYMES - TOPICAL	Abbitt		I KEI EKKED DKOG	TA REQUIRED			
TACROLIMUS (TOPICAL) OINTMENT	PROTOPIC		PREFERRED DRUG	PA REQUIRED			
IMMUNOSUPPRESSIVE AGENTS - TOPICAL							
PIMECROLIMUS CREAM	ELIDEL			PA REQUIRED		60 GM	30
PIMECROLIMUS CREAM	VARIOUS		PREFERRED DRUG			60gm	30
KERATOLYTIC/ANTIMITOTIC AGENTS SALICYLIC ACID CREAM	SALACYN						
SALICYLIC ACID CREAM SALICYLIC ACID FOAM	SALVAX						
SALICYLIC ACID FOAW	KERALYT						
SALICYLIC ACID LIQUID	VIRASAL						
SALICYLIC ACID LOTION	SALACYN						
SALICYLIC ACID SHAMPOO	SALEX						
SALICYLIC ACID SOLUTION	VARIOUS						
LOCAL ANESTHETICS - TOPICAL							
LIDOCAINE CREAM 4% LIDOCAINE HCL GEL 2%	ASPERCREME W/LIDOCAINE GLYDO	1	 		-		-
LIDOCAINE HCL GEL 2%	LIDOCAINE HCL	1	1	PA REQUIRED	1		
LIDOCAINE OINTMENT	LIDOCAINE	1	1	PA REQUIRED			
LIDOCAINE PATCH	LIDODERM			PA REQUIRED			
LIDOCAINE HCL SOLUTION	VARIOUS						
LIDOCAINE-PRILOCAINE CREAM	EMLA						
TOPICAL - MISC.	Innue a						
ALUMINUM CHLORIDE SOLUTION PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL	DRYSOL						
CRISABOROLE OINTMENT	FUCRISA		PREFERRED DRUG	PA REQUIRED			
ROSACEA TOPICAL AGENTS			- IIII EIIILE DIIGG				
METRONIDAZOLE CREAM 0.75%	METROCREAM						
METRONIDAZOLE GEL 0.75%	METROGEL						
METRONIDAZOLE LOTION	METROLOTION						
SCABICIDES & PEDICULICIDES TOPICAI AGENTS+A1106							1
CROTAMITON CREAM	EURAX						
CROTAMITON CREAM CROTAMITON LOTION	EURAX			DA DECLINED			
CROTAMITON CREAM CROTAMITON LOTION IVERMECTIN LOTION	EURAX SKLICE			PA REQUIRED			
CROTAMITON CREAM CROTAMITON LOTION IVERMECTIN LOTION PERMETHRIN CREAM	EURAX			PA REQUIRED			
CROTAMITON CREAM CROTAMITON LOTION IVERMECTIN LOTION	EURAX SKLICE ACTICIN			PA REQUIRED			
CROTAMITON CREAM CROTAMITON LOTION IVERMECTIN LOTION PERMETHIN CREAM PERMETHRIN CREAM PERMETHRIN 1%, 5%	EURAX SKLICE ACTICIN NIX, ELIMITE			PA REQUIRED			

		Brand Only/Generic				Quantity	
Drug Class/Drug Name	Reference Brand Name	Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Limit (QL)	QL Days
PYRETHRINS-PIPERONYL BUTOXIDE SHAMPOO	LICIDE						
SPINOSAD SUSPENSION	NATROBA			PA REQUIRED			
DIAGNOSTIC PRODUCTS							
DIAGNOSTIC TESTS							
BLOOD GLUCOSE MONITORS & STRIPS	VARIOUS						
DIGESTIVE AIDS DIGESTIVE ENZYMES							
LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE	CREON	BRAND ONLY	PREFERRED DRUG			500	30
LIPASE-PROTEASE-AMYLASE CAPSULE DELAYED RELEASE	ZENPEP	BRAND ONLY	PREFERRED DRUG			500	30
DIURETICS							
CARBONIC ANHYDRASE INHIBITORS							
ACETAZOLAMIDE CAPSULE 12-HOUR	DIAMOX						
ACETAZOLAMIDE TABLETS	ACETAZOLAMIDE						
METHAZOLAMIDE TABLETS	NEPTAZANE						
DIURETIC COMBINATIONS SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TABLETS	ALDACTAZIDE						
TRIAMTERENE & HYDROCHLOROTHIAZIDE LABLETS TRIAMTERENE & HYDROCHLOROTHIAZIDE CAPSULES	DYAZIDE						
TRIAMTERENE & HYDROCHLOROTHIAZIDE CAI SOLES TRIAMTERENE & HYDROCHLOROTHIAZIDE TABLETS	MAXZIDE-25						
LOOP DIURETICS							
BUMETANIDE TABLETS	BUMETANIDE						
FUROSEMIDE SOLUTION	FUROSEMIDE						
FUROSEMIDE TABLETS	LASIX						
TORSEMIDE TABLETS	DEMADEX						
POTASSIUM SPARING DIURETICS	ALD ACTOMS						
SPIRONOLACTONE TABLETS THIAZIDES AND THIAZIDE-LIKE DIURETICS	ALDACTONE		1				
CHLOROTHIAZIDE SUSPENSION	DIURIL						
CHLOROTHIAZIDE SOSPENSION CHLOROTHIAZIDE TABLETS	CHLOROTHIAZIDE	1	†		†	 	
CHLORTHALIDONE TABLETS	CHLORTHALIDONE						
HYDROCHLOROTHIAZIDE CAPSULES 12.5MG	VARIOUS						
HYDROCHLOROTHIAZIDE TABLETS 25MG & 50MG	HYDROCHLOROTHIAZIDE						
INDAPAMIDE TABLETS	INDAPAMIDE						
METOLAZONE TABLETS	ZAROXOLYN						
ENDOCRINE AND METABOLIC AGENTS - MISC. BONE DENSITY REGULATORS							
ALENDRONATE SODIUM SOLUTION	ALENDRONATE SODIUM						
ALENDRONATE SODIUM TABLETS	ALENDRONATE SODIUM						
CALCITONIN (SALMON) SOLUTION	FORTICAL						
DENOSUMAB	PROLIA	BRAND ONLY		PA REQUIRED			
IBANDRONATE SODIUM	BONIVA						
RALOXIFENE TABLETS	VARIOUS	1					
TERIPARATIDE (RECOMBINANT)	FORTEO	BRAND ONLY		PA REQUIRED			
TERIPARATIDE (RECOMBINANT) GROWTH HORMONES	FORTEO						
TERIPARATIDE (RECOMBINANT) GROWTH HORMONES SOMATROPIN SOLUTION	FORTEO NORDITROPIN	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
TERIPARATIDE (RECOMBINANT) GROWTH HORMONES SOMATROPIN SOLUTION SOMATROPIN SOLUTION	FORTEO		PREFERRED DRUG PREFERRED DRUG				
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Drug Class/Drug Name	Reference Brand Name	Brand Only/Generic	Preferred Drug Status	PA Status	Step Therapy Requirements	Quantity	QL Days
		Notes		***************************************		Limit (QL)	~/-
CIPROFLOXACIN HCL TABLETS	CIPROFLOXACIN HCL					\longrightarrow	
LEVOFLOXACIN TABLETS	LEVAQUIN					\longrightarrow	\vdash
LEVOFLOXACIN TABLETS OFLOXACIN TABLETS	LEVAQUIN OFLOXACIN					\longrightarrow	
GASTROINTMENTESTINAL AGENTS - MISC.	OFLOXACIN						
GALLSTONE SOLUBILIZING AGENTS							
	ACTICALL						
URSODIOL CAPSULES URSODIOL TABLETS	ACTIGALL					\longrightarrow	-
	URSO 250						-
GASTROINTMENTESTINAL CHLORIDE CHANNEL ACTIVATORS LUBIPROSTONE CAPSULES	AMITIZA			PA REQUIRED		-	
GASTROINTMENTESTINAL STIMULANTS	AMITIZA			PA REQUIRED			-
METOCLOPRAMIDE HCL SOLUTION	VARIOUS					-	
METOCLOPRAMIDE HCL TABLETS METOCLOPRAMIDE HCL ORALLY DISINTEGRATING TABLETS	VARIOUS VARIOUS						
INFLAMMATORY BOWEL AGENTS	VARIOUS						-
INFLAMIMATORY BOWEL AGENTS		JANSSEN					
		PHARMACUETICALS'				, ,	1
		AUTHORIZED					1
INFLIXIMAB SOLUTION RECONSTITUTED	REMICADE (AG)	BIOSIMILIAR ONLY	PREFERRED DRUG	PA REQUIRED		, ,	1
MESALAMINE CAPSULE CONTROLLED RELEASE	PENTASA	BRAND ONLY	PREFERRED DRUG	TA REQUIRED		270	30
MESALAMINE CAPSULE CONTROLLED RELEASE MESALAMINE CAPSULE DELAYED RELEASE CAPSULE	DELZICOL	BRAND ONLY	PREFERRED DRUG				30
MESALAMINE CAPSULE DELAYED RELEASE CAPSULE MESALAMINE CAPSULE 24-HOUR	APRISO	BRAND ONLY	PREFERRED DRUG				30
MESALAMINE CAPSULE 24-HOUR MESALAMINE ENEMA	SFROWASA	BRAND ONLY	PREFERRED DRUG				30
MESALAMINE ENEMA MESALAMINE TABLET ENTERIC COATED	VARIOIUS	DRAND UNLT	PREFERRED DRUG				30
		1	PREFERRED DRUG PREFERRED DRUG				
SULFASALAZINE TABLETS	VARIOUS	AUTHORIZED CENTS:	PREFERRED DRUG			240	30
CHIEFACALAZINE TARIET ENTERIC COATER RELAVER RELEACE	ATHUE DINE EN TARIETS	AUTHORIZED GENERIC	DDEEEDDED DDIIG]	240	100
SULFASALAZINE TABLET ENTERIC COATED DELAYED RELEASE	AZULFIDINE EN-TABLETS	ONLY	PREFERRED DRUG			240	3U
IRRITABLE BOWEL SYNDROME (IBS) AGENTS							
LINACLOTIDE CAPSULES	LINZESS			PA REQUIRED			-
PHOSPHATE BINDER AGENTS						-	
CALCIUM ACETATE TABLETS	VARIOUS		PREFERRED DRUG				1
CALCIUM ACETATE CAPSULES	VARIOUS		PREFERRED DRUG				
SEVELAMER CARBONATE TABLETS	RENVELA	VARIOUS	PREFERRED DRUG				
GENITOURINARY AGENTS - MISC.							
INTERSTITIAL CYSTITIS AGENTS							
PENTOSAN POLYSULFATE SODIUM CAPSULES	ELMIRON			PA REQUIRED			
PROSTATIC HYPERTROPHY AGENTS							
ALFUZOSIN ER	VARIOUS		PREFERRED DRUG				
DOXAZOSIN MESYLATE	VARIOUS		PREFERRED DRUG				
DUTASTERIDE	VARIOUS		PREFERRED DRUG				
FINASTERIDE	PROSCAR		PREFERRED DRUG				ı
TAMSULOSIN HCL	FLOMAX		PREFERRED DRUG				i
TERAZOSIN	VARIOUS		PREFERRED DRUG				ĺ
URINARY ANALGESICS							
PHENAZOPYRIDINE HCL TABLETS	PYRIDIUM						
GOUT AGENTS							
GOUT AGENTS							
ALLOPURINOL TABLETS	ZYLOPRIM						
COLCHICINE TABLETS	VARIOUS						
FEBUXOSTAT TABLETS	ULORIC			PA REQUIRED			
URICOSURICS							
PROBENECID TABLETS	PROBENECID						
HEMATOLOGICAL AGENTS - MISC.							
PLATELET AGGREGATION INHIBITORS							
CILOSTAZOL TABLETS	PLETAL						
CLOPIDOGREL BISULFATE TABLETS	PLAVIX						
DIPYRIDAMOLE TABLETS	PERSANTINE						
TICAGRELOR TABLETS	BRILINTA			PA REQUIRED			
HEMATOPOIETIC AGENTS							
AGENTS FOR GAUCHER DISEASE							
TALIGLUCERASE ALFA	ELELYSO (IV)	BRAND ONLY		PA REQUIRED			
		AUTHORIZED GENERIC					
MIGLUSTAT	MIGLUSTAT (ORAL)	ONLY		PA REQUIRED			
MIGLUSTAT	MIGLUSTAT (ORAL)	VARIOUS		PA REQUIRED			
HEMATOPOIETIC GROWTH FACTORS							
ELTROMBOPAG OLAMINE TABLET	PROMACTA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			
EPOETIN ALFA SOLUTION	EPOGEN	BRAND ONLY		PA REQUIRED			
EPOETIN ALFA-EPBX SOLUTION	RETACRIT	BRAND ONLY		PA REQUIRED	1		$\overline{}$
FILGRASTIM SOLUTION	NEUPOGEN	BRAND ONLY	PREFERRED DRUG	PA REQUIRED	1		$\overline{}$
FILGRASTIM SOLN PREF SYR	NEUPOGEN	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			\vdash
FILGRASTIM-AAFI SOLUTION	NIVESTYM	BRAND ONLY		PA REQUIRED		,——	\vdash
	NIVESTYM	BRAND ONLY		PA REQUIRED	 	\rightarrow	\vdash
		DIGUID ONE					
FILGRASTIM-AAFI SOLN PREF SYR PEGFILGRASTIM-APGF SOLN PREF SYR		BRAND ONLY	PREFERRED DRUG	PA REOLIIRED			
PEGFILGRASTIM-APGF SOLN PREF SYR	NYVEPRIA	BRAND ONLY		PA REQUIRED		1	
		BRAND ONLY BRAND ONLY BRAND ONLY	PREFERRED DRUG	PA REQUIRED PA REQUIRED PA REQUIRED			

		Brand Only/Generic				Quantity	
Drug Class/Drug Name	Reference Brand Name	Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Limit (QL)	QL Days
PEGFILGRASTIM-PBBK SOLN PREF SYR	FYLNETRA	BRAND ONLY	PREFERRED DRUG	PA REQUIRED		()	1
ROMIPLOSTIM SOLUTION RECONSTITUTED	NPLATE	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			1
AGENTS FOR SICKLE CELL DISEASE**							
HYDROXYUREA (SICKLE CELL DISEASE) SOLUTION	XROMI			PA Required > 10 Years of Age			
HEMOSTATICS							
HEMOSTATICS - SYSTEMIC							
AMINOCAPROIC ACID SYRUP	AMICAR AMICAR						
AMINOCAPROIC ACID TABLETS HEREDITARY ANGIOEDEMA AGENTS	AMICAR					-	
ICATIBANT ACETATE SOLUTION	VARIOUS		PREFERRED DRUG	PA REQUIRED			-
C1 ESTERASE INHIBITOR (HUMAN) SOLUTION	BERINERT	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			+
C1 ESTERASE INHIBITOR (HUMAN) SOLUTION	CINRYZE	BRAND ONLY	PREFERRED DRUG	PA REQUIRED			+
ECALLANTIDE SOLUTION	KALBITOR			PA REQUIRED			†
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENT							
BARBITURATE HYPNOTICS							
PHENOBARBITAL SOLUTION	PHENOBARBITAL						
PHENOBARBITAL TABLETS	PHENOBARBITAL						
NON-BARBITURATE HYPNOTICS							
				PA REQUIRED for Ages <6 years			
ESZOPICLONE	LUNESTA	VARIOUS	PREFERRED DRUG	PA REQUIRED for > 1 Hypnotic Drug		30	30
TEMAZEPAM CAPSULES 15MG & 30MG	RESTORIL		PREFERRED DRUG	PA REQUIRED for Ages <6 years PA REQUIRED for > 1 Hypnotic Drug		30	30
TEIMALLI AINI CAFOULES ESINIO & SUNIO	NESTORIE	1	I REFEREND DRUG	PA REQUIRED for Ages <6 years		JU	30
ZOLPIDEM TARTRATE TABLETS 5MG	AMBIEN		PREFERRED DRUG	PA REQUIRED for > 1 Hypnotic Drug		60	30
ESERISENT TRANSPORTED SING	AMBIEN		T HET ETIMED BROOT	PA REQUIRED for Ages <6 years		-	-
ZOLPIDEM TARTRATE TABLETS 10MG	AMBIEN	İ	PREFERRED DRUG	PA REQUIRED for > 1 Hypnotic Drug		30	30
				PA Required for Ages <6 years			1
ZOLPIDEM TARTRATE TABLET ER	AMBIEN CR		PREFERRED DRUG	PA Required for > 1 Hypnotic Drug		30	30
SELECTIVE MELATONIN RECEPTOR AGONISTS							
					Patient must have tried two		
RAMELTEON TABLETS	ROZEREM	BRAND ONLY	PREFERRED DRUG	PA REQUIRED for < 6 years of age	preferred agents.	30	30
LAXATIVES							
LAXATIVE COMBINATIONS PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE SOLUTION	COLYTE						
LAXATIVES - MISC.	COLYTE						
LACTULOSE SOLUTION	LACTULOSE						+
MACROLIDES	B. C. To E COSE						
AZITHROMYCIN							
AZITHROMYCIN PACKETS	ZITHROMAX						1
AZITHROMYCIN SUSPENSION	ZITHROMAX						1
AZITHROMYCIN TABLETS	ZITHROMAX						Ĩ
CLARITHROMYCIN							
CLARITHROMYCIN SUSPENSION	CLARITHROMYCIN						<u> </u>
CLARITHROMYCIN TABLETS	BIAXIN					—	
CLARITHROMYCIN TABLET 24-HOUR	BIAXIN XL						
MEDICAL DEVICES CONTRACEPTIVES							_
CONDOMS - FEMALE MISC.	FC FEMALE CONDOM						-
CONDOMS - MALE MISC.	LIFESTYLES ASSORTED COLORS	+					+
DIAPHRAGM ARC-SPRING DPRH	CAYA	+				$\overline{}$	†
DIAPHRAGM COIL SPRING KIT	ORTHO DIAPHRAGM COIL SPRING KIT 50	1					†
DIAPHRAGM FLAT SPRING KIT	ORTHO DIAPHRAGM FLAT SPRING KIT 55						1
DIAPHRAGM WIDE SEAL DPRH	WIDE-SEAL SILICONE DIAPHRAGM KIT 60						
DIAPHRAGMS - OTHER+A1294	OMNIFLEX DIAPHRAGM						
DIABETIC SUPPLIES							
BLOOD GLUCOSE MONITORING KIT W/ DEVICE	VARIOUS					—	4
BLOOD GLUCOSE MONITORING DEVICES	VARIOUS VARIOUS	1	1			—	+
LANCET DEVICES MISC. LANCETS MISC.	VARIOUS VARIOUS						+
DEVICES - MISC.	VARIOUS					\vdash	_
ALCOHOL SWABS PADS	ALCOH-GLOVE CONTOURED WIPE						
RESPIRATORY THERAPY SUPPLIES							
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS	MASK VORTEX/BABY WHIRL DUCKLING					2	365
SPACER/AEROSOL-HOLDING CHAMBERS DEVICE	AEROCHAMBER/MINI AEROCHAMBER	1				2	365
MIGRAINE PRODUCTS							
MIGRAINE COMBINATIONS							
ERGOTAMINE W/ CAFFEINE TABLETS	CAFERGOT					40	30
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES							
DIHYDROERGOTAMINE MESYLATE SOLUTION	MIGRANAL					2	30
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONIST							1
ERENUMAB-AOOE SOLN AUTO-INJ	AMOVIG	+	PREFERRED DRUG	PA REQUIRED		1	30
GALCANEZUMAB-GNLM SOLUTION AUTOINJECTOR / PREFILLED SYRINGE / PEN UBROGEPANT TABLETS	EMGALITY UBRELVY		PREFERRED DRUG PREFERRED DRUG	PA REQUIRED PA REQUIRED		10	30
SEROTONIN AGONISTS	ODNEEV I		I REFEREND DRUG	I A REQUIRED		10	30
ELETRIPTAN HYDROBROMIDE TABLET	RELPAX					9	30
LELINI PARTITURGUNGINDE PADELI	nea 701	1	1		l		100

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Drug Class/Drug Name	Reference Brand Name	Brand Only/Generic Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Quantity	QL Days
NARATRIPTAN HCL TABLETS	AMERGE	Notes	PREFERRED DRUG			9	30
RIZATRIPTAN BENZOATE ORALLY DISPERSABLE TABLET	MAXALT-MLT		PREFERRED DRUG			9	30
RIZATRIPTAN BENZOATE TABLETS	MAXALT		PREFERRED DRUG			9	30
SUMATRIPTAN NASAL SPRAY	VARIOIUS		PREFERRED DRUG			6	30
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION AUTO INJECTION	IMITREX		PREFERRED DRUG			2	30
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION CARTRIDGE	IMITREX		PREFERRED DRUG			2	30
SUMATRIPTAN SUCCINATE TABLETS	IMITREX		PREFERRED DRUG			9	30
ZOLMITRIPTAN NASAL SPRAY	ZOMIG	BRAND ONLY	PREFERRED DRUG			6	30
ZOLMITRIPTAN SOLUTION	ZOMIG NASAL SPRAY	BRAND ONLY	PREFERRED DRUG			6	30
ZOLMITRIPTAN ORALLY DISPERSABLE TABLET ZOLMITRIPTAN TABLETS	ZOMIG ZMT ZOMIG		PREFERRED DRUG PREFERRED DRUG			9	30
MINERALS & ELECTROLYTES	ZUMIG		PREFERRED DRUG			9	30
SODIUM FLUORIDE CHEWABLE TABLETS	LUDENT						
SODIUM FLUORIDE CITEWABLE TABLETS SODIUM FLUORIDE LOZG	LOZI-FLUR						+
SODIUM FLUORIDE SOLUTION	FLUOR-A-DAY						+
SODIUM FLUORIDE TABLETS	SODIUM FLUORIDE						
MOUTH/THROAT/DENTAL AGENTS							
ANTI-INFECTIVES - THROAT							
CLOTRIMAZOLE TROC	CLOTRIMAZOLE						
STEROIDS - MOUTH/THROAT							
TRIAMCINOLONE ACETONIDE ORAL PASTE	ORALONE						
MULTIVITAMINS							
PRENATAL VITAMINS	MADIOLIC						
PRENATAL MULTIVITAMINS WITH OR WITHOUT MINERALS W/ FOLATE PRENATAL MULTIVITAMINES WITH MINERAL W/FE-FA	VARIOUS VARIOUS	+	1				
PRENATAL MULTIVITAMINES WITH MINERAL W/FE-FA MUSCULOSKELETAL THERAPY AGENTS	VANIOUS						_
CENTRAL MUSCLE RELAXANTS							
BACLOFEN TABLET (5MG, 10MG, 20MG)	BACLOFEN						
CYCLOBENZAPRINE HCL TABLETS 5MG & 10MG	FLEXERIL			PA REQUIRED for dosages other than 5mg and 10mg tablets			
METHOCARBAMOL TABLETS	ROBAXIN						1
TIZANIDINE HCL TABLETS - 2MG & 4MG ONLY	TIZANIDINE HCL						
DIRECT MUSCLE RELAXANTS							
DANTROLENE SODIUM CAPSULES	DANTRIUM						
NASAL AGENTS - SYSTEMIC AND TOPICAL							
NASAL ANTIALLERGY							
AZELASTINE HCL SOLUTION 0.10%	ASTELIN						
NASAL ANTICHOLINERGICS	ATROVENT						
IPRATROPIUM BROMIDE SOLUTION NASAL STEROIDS	ATROVENT						
FLUNISOLIDE SOLUTION	FLUNISOLIDE						-
FLUTICASONE PROPIONATE SUSPENSION	FLONASE						+
TRIAMCINOLONE ACETONIDE	NASACORT AQ						†
SYMPATHOMIMETIC DECONGESTANTS							
PSEUDOEPHEDRINE HCL LIQUID	SUDAFED CHILDRENS						
PSEUDOEPHEDRINE HCL SYRUP	PSEUDOEPHEDRINE						
PSEUDOEPHEDRINE HCL TABLETS	SUDAFED						
PSEUDOEPHEDRINE HCL TABLET 12-HOUR	NASAL DECONGESTANT						
PSEUDOEPHEDRINE HCL TABLET 24-HOUR	SUDAFED 24 HOUR						
NEUROMUSCULAR AGENTS*							
FRIEDRICH'S ATAXIA AGENTS** OMAVELOXOLONE CAPSULE	SKYCLARYS			PA REQUIRED			
OPHTHALMIC AGENTS	SKYCLARYS			PA REQUIRED			
OPHTHALMIC - BETA-BLOCKERS							
BETAXOLOL HCL SOLUTION	BETAXOLOL HCL						+
BETAXOLOL HCL SUSPENSION	BETOPTIC-S						+
CARTEOLOL HCL SOLUTION	CARTEOLOL HCL	†	1		1		
DORZOLAMIDE HCL-TIMOLOL MALEATE SOLUTION	COSOPT						1
LEVOBUNOLOL HCL SOLUTION	LEVOBUNOLOL HCL						1
METIPRANOLOL SOLUTION	METIPRANOLOL						
TIMOLOL MALEATE SOLUTION	TIMOPTIC-XE						
TIMOLOL MALEATE SOLUTION	TIMOPTIC						
OPHTHALMIC - CYCLOPLEGIC MYDRIATICS							
ATROPINE SULFATE CONTINUE	ATROPINE SULFATE	1					
ATROPINE SULFATE SOLUTION	ISOPTO ATROPINE						₩
CYCLOPENTOLATE HCL SOLUTION HOMATROPINE HBR SOLUTION	CYCLOGYL ISOPTO HOMATROPINE	1	1				₩
HOMATROPINE HBR SOLUTION OPHTHALMIC - MIOTICS	ISOPTO HUMATKUPINE						_
	DI ODINE US						+
			1	1			+
PILOCARPINE HCL GEL	PILOPINE HS ISOPTO CARPINE						
PILOCARPINE HCL GEL PILOCARPINE HCL SOLUTION	ISOPTO CARPINE						
PILOCARPINE HCL GEE PILOCARPINE HCL SOLUTION OPHTHALMIC - ANTI-INFECTIVES	ISOPTO CARPINE					3.5GM	7
PILOCARPINE HCL GEL PILOCARPINE HCL SOLUTION OPHTHALMIC - ANTI-INFECTIVES BACITRACIN OINTMENT	ISOPTO CARPINE BACITRACIN					3.5GM	7
PILOCARPINE HCL GEE PILOCARPINE HCL SOLUTION OPHTHALMIC - ANTI-INFECTIVES	ISOPTO CARPINE					3.5GM	7
PILOCARPINE HCL GEL PILOCARPINE HCL SOLUTION OPHTHALMIC - ANT-INFECTIVES BACITRACIN O INITMENT BACITRACIN-POLYMYXIN B OINTMENT	ISOPTO CARPINE BACITRACIN POLYCIN					3.5GM	7

Drug Class/Drug Name	Reference Brand Name	Brand Only/Generic	Preferred Drug Status	PA Status	Step Therapy Requirements	Quantity	QL Days
GENTAMICIN SULFATE OINTMENT	GARAMYCIN	Notes			,	Limit (QL)	\ <i> -</i>
GENTAMICIN SULFATE CONTINENT GENTAMICIN SULFATE SOLUTION	GARAMYCIN						
MOXIFLOXACIN HCL SOLUTION	VIGAMOX						
NATAMYCIN SUSPENSION	NATACYN						
NEOMYCIN-BACITRACIN ZN-POLYMYXIN OINTMENT	NEO-POLYCIN						
NEOMYCIN-POLYMYXIN-GRAMICIDIN SOLUTION	NEOSPORIN						
OFLOXACIN SOLUTION	OCUFLOX						
POLYMYXIN B-TRIMETHOPRIM SOLUTION	POLYTRIM						
SULFACETAMIDE SODIUM OINTMENT	SULFACETAMIDE SODIUM						
SULFACETAMIDE SODIUM SOLUTION	BLEPH-10						
TOBRAMYCIN OINTMENT	TOBREX					3.5GM	7
TOBRAMYCIN SOLUTION	TOBREX						
TRIFLURIDINE SOLUTION	VIROPTIC						
OPHTHALMIC - DECONGESTANTS NAPHAZOLINE HCL SOLUTION	VASOCLEAR						
NAPHAZOLINE W/ PHENIRAMINE SOLUTION	NAPHCON-A						
OPHTHALMIC - IMMUNOMODULATORS	NAPHCON-A						
CYCLOSPORINE EMULSION	RESTASIS			PA REQUIRED			
OPHTHALMIC INTEGRIN ANTAGONISTS**	NEST/ OIS			Triticgonics			
LIFITEGRAST SOLUTION	XIIDRA			PA REQUIRED			
OPHTHALMIC - MISCELLANEOUS TOPICALS							
EYELID CLEANSERS FOAM	OCUSOFT						
EYELID CLEANSERS PAD	OCUSOFT						
TEA TREE OIL	VARIOUS						
OPHTHALMIC - STEROIDS							
BACITRACIN-POLY-NEOMYCIN-HC OINTMENT	NEO-POLYCIN HC						
DEXAMETHASONE SUSPENSION	MAXIDEX						
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION	DEXAMETHASONE SODIUM PHOSPHATE						
FLUOROMETHOLONE OINTMENT	FML						
FLUOROMETHOLONE SUSPENSION	FML LIQUIFILM						
GENTAMICIN-PREDNISOLONE ACETATE OINTMENT GENTAMICIN-PREDNISOLONE ACETATE SUSPENSION	PRED-G S.O.P. PRED-G						
NEOMYCIN-POLYMY-DEXAMETH OINTMENT	MAXITROL MAXITROL						
NEOMYCIN-POLYMY-DEXAMETH SUSPENSION	MAXITROL						
PREDNISOLONE ACETATE SUSPENSION	PRED MILD						
PREDNISOLONE SODIUM PHOSPHATE SOLUTION	PREDNISOLONE SODIUM PHOSPHATE						
SULFACETAMIDE SOD-PREDNISOLONE OINTMENT	BLEPHAMIDE S.O.P.						
	SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM						
SULFACETAMIDE SOD-PREDNISOLONE SOLUTION	PHOSPHATE						
SULFACETAMIDE SOD-PREDNISOLONE SUSPENSION	BLEPHAMIDE						
TOBRAMYCIN-DEXAMETHASONE OINTMENT	TOBRADEX						
TOBRAMYCIN-DEXAMETHASONE SUSPENSION	TOBRADEX ST						
OPHTHALMICS - MISC.							
BRINZOLAMIDE SUSPENSION	AZOPT	BRAND ONLY		PA REQUIRED			
BRINZOLAMIDE SUSPENSION CROMOLYN SODIUM SOLUTION	CROMOLYN SODIUM	BRAND ONLY		PA REQUIRED			
BRINZOLAMIDE SUSPENSION CROMOLYN SODIUM SOLUTION DICLOFENAC SODIUM SOLUTION	CROMOLYN SODIUM DICLOFENAC SODIUM	BRAND ONLY		PA REQUIRED			
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BRINZOLAMIDE SUSPENSION CROMOLYN SODIUM SOLUTION DICLOFENAC SODIUM SOLUTION DORZOLAMIDE HCL SOLUTION FLURBIPROFEN SODIUM SOLUTION KETOROLAC TROMETHAMINE SOLUTION KETOTIEN FUMARATE SOLUTION OPHTHALMIC - PROSTAGLANDINS	CROMOLYN SODIUM DICLOFENAC SODIUM TRUSOPT OCUFEN ACULAR LS ALAWAY	BRAND ONLY		PA REQUIRED PA REQUIRED		2.5	30
BRINZOLAMIDE SUSPENSION CROMOLYN SODIUM SOLUTION DICLOFENAC SODIUM SOLUTION DORZOLAMIDE HCL SOLUTION FLURBIPROFEN SODIUM SOLUTION KETOROLAC TROMETHAMINE SOLUTION KETORICAC TROMETHAMINE SOLUTION KETORICAC TROMETHAMINE SOLUTION METORICAC TROMETHAMINE SOLUTION METORICAC TROMETHAMINE SOLUTION LATANOPROST SOLUTION LATANOPROST SOLUTION LATANOPROST SOLUTION	CROMOLYN SODIUM DICLOFENAC SODIUM TRUSOPT OCUFEN ACULAR LS ALAWAY XALATAN	BRAND ONLY				2.5	30
BRINZOLAMIDE SUSPENSION CROMOLYN SODIUM SOLUTION DICLOFENAC SODIUM SOLUTION DORZOLAMIDE HCL SOLUTION FLURBIPROFEN SODIUM SOLUTION FLURBIPROFEN SODIUM SOLUTION KETORIOLAC TROMETHAMINE SOLUTION KETORIOLAC TROMETHAMINE SOLUTION VETORIEM FUMARATE SOLUTION OPHTHALMIC - PROSTAGLANDINS LATANOPROST SOLUTION TAFLUPROST SOLUTION TRAVOPROST SOLUTION OTIC AGENTS	CROMOLYN SODIUM DICLOFENAC SODIUM TRUSOPT OCUFEN ACULAR LS ALAWAY XALATAN ZIOPTAN	BRAND ONLY		PA REQUIRED		2.5	30
BRINZOLAMIDE SUSPENSION CROMOLYN SODIUM SOLUTION DICLOFERAC SODIUM SOLUTION DORZOLAMIDE HCL SOLUTION FLURBIBROFEN SODIUM SOLUTION KETOROLAC TROMETHAMINE SOLUTION KETOROLAC TROMETHAMINE SOLUTION KETORIJAC TROMETHAMINE SOLUTION OPHTHALMIC - PROSTAGLANDINS LATANOPROST SOLUTION TRALUPROST SOLUTION TRALUPROST SOLUTION OTIC AGENTS OTIC AGENTS OTIC AGENTS - MISCELLANEOUS	CROMOLYN SODIUM DICLOFENAC SODIUM TRUSOPT OCUFEN ACULAR LS ALAWAY XALATAN ZIOPTAN TRAVATAN Z	BRAND ONLY		PA REQUIRED		2.5	30
BRINZOLAMIDE SUSPENSION CROMOLYN SODIUM SOLUTION DICLOFENAC SODIUM SOLUTION DORZOLAMIDE HCL SOLUTION FLURBIPROFEN SODIUM SOLUTION KETOROLAC TROMETHAMINE SOLUTION KETOROLAC TROMETHAMINE SOLUTION KETORIEM FUMARATE SOLUTION OPHTHALMIC - PROSTAGLANDINS LATANOPROST SOLUTION TAFLUPROST SOLUTION TRAVOPROST SOLUTION TRAVOPROST SOLUTION OTIC AGENTS OTIC AGENTS OTIC AGENTS ACETIC ACID SOLUTION	CROMOLYN SODIUM DICLOFENAC SODIUM TRUSOPT OCUFEN ACULAR LS ALAWAY XALATAN ZIOPTAN	BRAND ONLY		PA REQUIRED		2.5	30
BRINZOLAMIDE SUSPENSION CROMOLYN SODIUM SOLUTION DICLOFENAC SODIUM SOLUTION DORZOLAMIDE HCL SOLUTION FLURBIPROFEN SODIUM SOLUTION FLURBIPROFEN SODIUM SOLUTION KETORIAC TROMETHAMINE SOLUTION KETORIAC TROMETHAMINE SOLUTION OPHTHALMIC - PROSTAGLANDINS LATANOPROST SOLUTION TAFLUPROST SOLUTION TRAVOPROST SOLUTION OTIC AGENTS OTIC AGENTS OTIC AGENTS OTIC AGENTS OTIC ACENTS.	CROMOLYN SODIUM DICLOFENAC SODIUM TRUSOPT OCUFEN ACULAR LS ALAWAY XALATAN ZIOPTAN TRAVATAN Z ACETIC ACID	BRAND ONLY		PA REQUIRED		2.5	30
BRINZOLAMIDE SUSPENSION CROMOLYN SODIUM SOLUTION DICLOFENAC SODIUM SOLUTION DORZOLAMIDE HCL SOLUTION PLURBIPROFEN SODIUM SOLUTION KETORIAC TROMETHAMINE SOLUTION KETORIAC TROMETHAMINE SOLUTION KETORIEN FUMARATE SOLUTION OPHTHALMIC- PROSTAGLANDINS LATANOPROST SOLUTION TAFLUPROST SOLUTION TRAVOPROST SOLUTION TRAVOPROST SOLUTION OTIC AGENTS OTIC AGENTS - MISCELLANEOUS ACETIC ACID SOLUTION OTIC AGENTS - MISCELLANEOUS CITC ACID SOLUTION OTIC AGENTS - MISCELLANEOUS CEPROFLOXACIN SOLUTION	CROMOLYN SODIUM DICLOFENAC SODIUM TRUSOPT OCUFEN ACULAR LS ALAWAY XALATAN ZIOPTAN TRAVATAN Z ACETIC ACID VARIOUS	BRAND ONLY		PA REQUIRED		2.5	30
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BRINZOLAMIDE SUSPENSION CROMOLYN SODIUM SOLUTION DICLOFENAC SODIUM SOLUTION DORZOLAMIDE HCL SOLUTION FLURBIPROFEN SODIUM SOLUTION FLURBIPROFEN SODIUM SOLUTION KETORILAC TROMETHAMINE SOLUTION KETORILAC TROMETHAMINE SOLUTION OPHTHALMIC - PROSTAGLANDINS LATANOPROST SOLUTION OPHTHALMIC - PROSTAGLANDINS LATANOPROST SOLUTION TRAUPROST SOLUTION TRAUPROST SOLUTION OTIC AGENTS OTIC AGENTS OTIC AGENTS OTIC ACENTS CIPROFLOXACIN SOLUTION OTIC ANTI-INFECTIVES CIPROFLOXACIN SOLUTION OFLOXACIN (DICL) SOLUTION OFLOXACIN (DICL) SOLUTION OFLOXACIN (DICL) SOLUTION OFLOXACIN (DICL) SOLUTION OFLOXACIN (DICL) SOLUTION OTIC COMBINATIONS	CROMOLYN SODIUM DICLOFENAC SODIUM TRUSOPT OCUFEN ACULAR LS ALAWAY XALATAN ZIOPTAN TRAVATAN Z ACETIC ACID VARIOUS VARIOUS	BRAND ONLY		PA REQUIRED		2.5	30
BRINZOLAMIDE SUSPENSION CROMOLYN SODIUM SOLUTION DICLOFENAC SODIUM SOLUTION DORZOLAMIDE HCL SOLUTION FULRBIENGENS SODIUM SOLUTION KETORICA TROMETHAMINE SOLUTION KETORICA TROMETHAMINE SOLUTION KETORICA TROMETHAMINE SOLUTION OPHTHALMIC - PROSTAGLANDINS LATANOPROST SOLUTION TAFLIPROST SOLUTION TAFLIPROST SOLUTION TARAUPROST SOLUTION OTIC AGENTS OTIC AGENTS - MISCELLANEOUS ACETIC ACID SOLUTION OTIC AGENTS - MISCELLANEOUS ACETIC ACID SOLUTION OTIC AGENTS - MISCELLANEOUS ACETIC ACID SOLUTION OTIC AGENTS - MISCELLANEOUS ACETIC ACID SOLUTION OTIC AGENTS - MISCELLANEOUS ACETIC ACID SOLUTION OTIC COMBINATIONS ANTIPYRINE-BERVOCAINE SOLUTION OTIC COMBINATIONS ANTIPYRINE-BERVOCAINE SOLUTION	CROMOLYN SODIUM DICLOFENAC SODIUM TRUSOPT OCUFEN ACULAR LS ALAWAY XALATAN ZIOPTAN TRAVATAN Z ACETIC ACID VARIOUS VARIOUS AURODEX	BRAND ONLY		PA REQUIRED		2.5	30
BRINZOLAMIDE SUSPENSION CROMOLYN SODIUM SOLUTION DICLOFENAC SODIUM SOLUTION DORZOLAMIDE HCL SOLUTION FLURBIPROFEN SODIUM SOLUTION KETOROLAC TROMETHAMINE SOLUTION KETOROLAC TROMETHAMINE SOLUTION KETORICAC TROMETHAMINE SOLUTION OPHTHALMIC - PROSTAGLANDINS LATANOPROST SOLUTION TAFLUPROST SOLUTION TRAVOPROST SOLUTION OTIC AGENTS OTIC AGENTS OTIC AGENTS OTIC AGENTS OTIC AGENTS OTIC AGENTS OTIC TROMETHAMIC SOLUTION OTIC ANTI-INFECTIVES CIPROFLOXACIN SOLUTION OTIC ANTI-INFECTIVES OFFORDOLOXACIN SOLUTION OTIC COMBINATIONS ANTIPYRINE-BENZOCAINE SOLUTION ANTIPYRINE-BENZOCAINE SOLUTION ANTIPYRINE-BENZOCAINE SOLUTION ANTIPYRINE-BENZOCAINE SOLUTION	CROMOLYN SODIUM DICLOFENAC SODIUM TRUSOPT OCUFEN ACULAR LS ALAWAY XALATAN ZIOPTAN TRAVATAN Z ACETIC ACID VARIOUS VARIOUS VARIOUS VARIOUS OTIC CARE	BRAND ONLY		PA REQUIRED		2.5	30
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BRINZOLAMIDE SUSPENSION CROMOLYN SODIUM SOLUTION DICLOFENAC SODIUM SOLUTION DORZOLAMIDE HCL SOLUTION FULRBIENDERS SODIUM SOLUTION KETORIAC TROMETHAMINE SOLUTION KETORIAC TROMETHAMINE SOLUTION KETORIEN FUMARATE SOLUTION OPHTHALMIC-PROSTAGLANDINS LATANOPROST SOLUTION TAFLUPROST SOLUTION TRAVOPROST SOLUTION OTIC AGENTS OTIC AGENTS OLUTION OTIC AGENTS OLUTION OTIC AGENTS OLUTION OTIC AMTI-INFECTIVES CIPROFLOXACIN SOLUTION OTIC AMTI-INFECTIVES CIPROFLOXACIN SOLUTION OFLOXACIN (OTIC) SOLUTION OTIC COMBINATIONS ANTIPYRINE-BRAVOCAINE SOLUTION ANTIPYRINE-BRAVOCAINE SOLUTION ANTIPYRINE-BRAVOCAINE SOLUTION ANTIPYRINE-BRAVOCAINE SOLUTION ANTIPYRINE-BRAVOCAINE SOLUTION CIPROFLOXACIN -DEXAMETHASONE CIPROFLOXACIN -DEXAMETHASONE CIPROFLOXACIN -POLYCOSANOL SOLUTION CIPROFLOXACIN -POLYCOSANOL SOLUTION CIPROFLOXACIN -POLYCOSANOL SOLUTION CIPROFLOXACIN -POLYCOSANOL SOLUTION CIPROFLOXACIN -POLYCOSANOL	CROMOLYN SODIUM DICLOFENAC SODIUM TRUSOPT OCUFEN ACULAR LS ALAWAY XALATAN ZIOPTAN TRAVATAN Z ACETIC ACID VARIOUS VARIOUS AURODEX OTIC CARE VAICOUS CIPRO HC CIPRO HC CIPRO HC COMMENTA COM		PREFERRED DRUG PREFERRED DRUG	PA REQUIRED		2.5	30
BRINZOLAMIDE SUSPENSION CROMOLYN SODIUM SOLUTION DICLOFENAC SODIUM SOLUTION DORZOLAMIDE HCL SOLUTION FULRIBENGEN SODIUM SOLUTION KETORICA TROMETHAMINE SOLUTION KETORICA TROMETHAMINE SOLUTION KETORIEN FUMARATE SOLUTION OPHTHALMIC-PROSTAGLANDINS LATANOPROST SOLUTION TAFLUPROST SOLUTION TAFLUPROST SOLUTION TOTAGENTS OTIC AGENTS - MISCELLANEOUS ACETIC ACID SOLUTION OTIC AGENTS - MISCELLANEOUS ACETIC ACID SOLUTION OTIC AMTHINFECTIVES CIPPOFLOXACIN SOLUTION OFIC COMBINATIONS ANTIPYRINE-BENZOCAINE SOLUTION OPIC COMBINATIONS ANTIPYRINE-BENZOCAINE-POLYCOSANOL SOLUTION CIPPOFLOXACIN POLYCOSANOL ONE NEOMYCIN-POLYMYNIN-HC SOLUTION NEOMYCIN-POLYMYNIN-HC SOLUTION NEOMYCIN-POLYMYNIN-HC SOLUTION	CROMOLYN SODIUM DICLOFENAC SODIUM TRUSOPT OCUFEN ACULAR LS ALAWAY XALATAN ZIOPTAN TRAVATAN Z ACETIC ACID VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS CIPRO HC CORTISPORIN		PREFERRED DRUG PREFERRED DRUG PREFERRED DRUG	PA REQUIRED		2.5	30
BRINZOLAMIDE SUSPENSION CROMOLYN SODIUM SOLUTION DICLOFENAC SODIUM SOLUTION DORZOLAMIDE HCL SOLUTION FLURBIPROFEN SODIUM SOLUTION KETOROLAC TROMETHAMINE SOLUTION KETOROLAC TROMETHAMINE SOLUTION KETORIEN FUMARATE SOLUTION DPHTHALMIC - PROSTAGLANDINS LATANOPROST SOLUTION TAFLUPROST SOLUTION TRAVOPROST SOLUTION OTIC AGENTS OTIC AGENTS OTIC AGENTS OTIC AGENTS OTIC AGENTS OTIC AGENTS CITIC AGENTS OTIC AGENTS OTIC AGENTS OTIC AGENTS OTIC AMTI-INECTIVES CIPROFLOXACIN SOLUTION OFIC ANTI-INECTIVES OTIC AMTI-INECTIVES CIPROFLOXACIN SOLUTION OTIC COMBINATIONS ANTIPPRINE-BENZOCAINE SOLUTION ANTIPPRINE-BENZOCAINE-POLYCOSANOL SOLUTION CIPROFLOXACIN ANTIPPRINE-BENZOCAINE-POLYCOSANOL SOLUTION CIPROFLOXACIN HORDOCOTISONE NEOMYCIN-POLYMYXIN-HC SOLUTION NEOMYCIN-POLYMYXIN-HC SOLUTION NEOMYCIN-POLYMYXIN-HC SOLUTION NEOMYCIN-POLYMYXIN-HC SUSPENSION OTIC STEROIDS	CROMOLYN SODIUM DICLOFENAC SODIUM TRUSOPT OCUFEN ACULAR LS ALAWAY XALATAN ZIOPTAN TRAVATAN Z ACETIC ACID VARIOUS VARIOUS VARIOUS VARIOUS CORE VARIOUS CORE VARIOUS CORTISPORIN NEO/POLYMYXIN/HC 5-10000-1		PREFERRED DRUG PREFERRED DRUG PREFERRED DRUG	PA REQUIRED		2.5	30
BRINZOLAMIDE SUSPENSION CROMOLYN SODIUM SOLUTION DICLOFENAC SODIUM SOLUTION DORZOLAMIDE HCL SOLUTION FLURBIPROFEN SODIUM SOLUTION KETORILAC TROMETHAMINE SOLUTION KETORILAC TROMETHAMINE SOLUTION DPHTHALMIC PROSTAGLANDINS LATANOPROST SOLUTION TAFLUPROST SOLUTION TAFLUPROST SOLUTION OTIC AGENTS OTIC AGENTS OTIC AGENTS OTIC AGENTS OTIC AGENTS OTIC ANTI-INFECTIVES CIPROFLOXACIN SOLUTION OFLOXACIN (OTIC) SOLUTION OFLOXACIN (OTIC) SOLUTION OTIC ANTI-INFECTIVES CIPROFLOXACIN SOLUTION OTIC COMBINATIONS ANTIPYRINE-BENZOCAINE-POLYCOSANOL SOLUTION CIPROFLOXACIN ANTIPYRINE-BENZOCAINE-POLYCOSANOL SOLUTION CIPROFLOXACIN-DEXAMETHASONE CIPROFLOXACIN-DEXAMETHASONE CIPROFLOXACIN-DEXAMETHASONE CIPROFLOXACIN-POLYMYXIN-HC SOLUTION NEOMYCIN-POLYMYXIN-HC SOLUTION NEOMYCIN-POLYMYXIN-HC SUSPENSION OTIC STEROIDS HYDROCORTISONE W/ACETIC ACID SOLUTION SYNTOCICS OXYTOCICS	CROMOLYN SODIUM DICLOFENAC SODIUM TRUSOPT OCUFEN ACULAR LS ALAWAY XALATAN ZIOPTAN TRAVATAN Z ACETIC ACID VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS CORRE VARIOUS CORRE VARIOUS CORRE VARIOUS CORRE VARIOUS AURODEX OTIC CARE VARIOUS CORRE VARIOUS CORTISPORIN NEO/POLYMYXIN/HC 5-10000-1 ACETASOL HC		PREFERRED DRUG PREFERRED DRUG PREFERRED DRUG	PA REQUIRED		2.5	30
BRINZOLAMIDE SUSPENSION CROMOLYN SODIUM SOLUTION DICLOFENAC SODIUM SOLUTION DORZOLAMIDE HCL SOLUTION FURBINGPEN SODIUM SOLUTION KETORICA TROMETHAMINE SOLUTION KETORICA TROMETHAMINE SOLUTION KETORICA TROMETHAMINE SOLUTION OPHTHALMIC - PROSTAGLANDINS LATANOPROST SOLUTION TAFLUPROST SOLUTION TRAVOPROST SOLUTION OTIC AGENTS OTIC AGENTS - MISCELLANEOUS ACETIC ACID SOLUTION OTIC AGENTS - MISCELLANEOUS ACETIC ACID SOLUTION OTIC AGENTS - MISCELLANEOUS ACETIC ACID SOLUTION OTIC AGENTS - OLUTION OTIC AGENTS - OLUTION OTIC COMBINATIONS ANTIPYRINE-BENZOCAINE SOLUTION OTIC COMBINATIONS ANTIPYRINE-BENZOCAINE - POLYCOSANOL SOLUTION CIPPOFLOXACIN / POLYCOSANOL SOLUTION CIPPOFLOXACIN / POLYCOSANOL SOLUTION CIPPOFLOXACIN / POLYCOSANOL SOLUTION CIPPOFLOXACIN / POLYCOSANOL SOLUTION CIPPOFLOXACIN / POLYCOSANOL SOLUTION NEOMYCIN-POLYMYXIN-HC SOLUTION NEOMYCIN-POLYMYXIN-HC SUSPENSION OTIC STEROIDS HYDROCORTISONE W/ACETIC ACID SOLUTION OXYTOCICS OXYTOCICS OXYTOCICS METHYLERGONOVINE MALEATE TABLETS	CROMOLYN SODIUM DICLOFENAC SODIUM TRUSOPT OCUFEN ACULAR LS ALAWAY XALATAN ZIOPTAN TRAVATAN Z ACETIC ACID VARIOUS VARIOUS VARIOUS VARIOUS CORE VARIOUS CORE VARIOUS CORTISPORIN NEO/POLYMYXIN/HC 5-10000-1		PREFERRED DRUG PREFERRED DRUG PREFERRED DRUG	PA REQUIRED		2.5	30
BRINZOLAMIDE SUSPENSION CROMOLYN SODIUM SOLUTION DORZOLAMIDE HCL SOLUTION FULRBIPROFEN SODIUM SOLUTION FURBIPROFEN SODIUM SOLUTION KETOROLAC TROMETHAMINE SOLUTION KETOROLAC TROMETHAMINE SOLUTION KETORIEN FUMARATE SOLUTION DPHTHALMIC - PROSTAGLANDINS LATANOPROST SOLUTION TAFLUPROST SOLUTION TRAVOPROST SOLUTION OTIC AGENTS OTIC AGENTS OTIC AGENTS OTIC AGENTS OTIC AGENTS OTIC AGENTS OTIC ANTI-INECTIVES CIPROFLOXACIN SOLUTION OFICOMBINATIONS ANTIPYRINE-BENZOCAINE SOLUTION OTIC OMBINATIONS ANTIPYRINE-BENZOCAINE SOLUTION ANTIPYRINE-BENZOCAINE SOLUTION CIPROFLOXACIN DEVALUE SOLUTION OTIC COMBINATIONS ANTIPYRINE-BENZOCAINE SOLUTION ANTIPYRINE-BENZOCAINE SOLUTION CIPROFLOXACIN-DEVALUE SOLUTION NATIPYRINE-BENZOCAINE SOLUTION NATIPYRINE-BENZOCAINE-POLYCOSANOL SOLUTION CIPROFLOXACIN-DEVALUETHASONE CIPROFLOXACIN-DEVALUETHASONE CIPROFLOXACIN-DEVALUETHASONE NEOMYCIN-POLYMYXIN-HC SOLUTION NEOMYCIN-POLYMYXIN-HC SOLUTION NEOMYCIN-POLYMYXIN-HC SUSPENSION OTIC STEROIDS HYDROCORTISONE W/ACETIC ACID SOLUTION DXYTOCICS	CROMOLYN SODIUM DICLOFENAC SODIUM TRUSOPT OCUFEN ACULAR LS ALAWAY XALATAN ZIOPTAN TRAVATAN Z ACETIC ACID VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS CORRE VARIOUS CORRE VARIOUS CORRE VARIOUS CORRE VARIOUS AURODEX OTIC CARE VARIOUS CORRE VARIOUS CORTISPORIN NEO/POLYMYXIN/HC 5-10000-1 ACETASOL HC		PREFERRED DRUG PREFERRED DRUG PREFERRED DRUG	PA REQUIRED		2.5	30

		Brand Only/Generic	ı		l l	Quantity	
Drug Class/Drug Name	Reference Brand Name	Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Limit (QL)	QL Days
				PA is not Required for children under the age of 2 years.			
PALIVIZUMAB SOLUTION	SYNAGIS			Note: the prescriber must buy and bill a medical claim for the drug			
PENICILLINS							
AMINOPENICILLINS							
AMOXICILLIN CAPSULES	AMOXICILLIN					<u> </u>	
AMOXICILLIN CHEWABLE TABLETS	AMOXICILLIN					<u> </u>	
AMOXICILLIN SUSPENSION AMOXICILLIN TABLETS	AMOXICILLIN AMOXICILLIN						+
AMPICILLIN CAPSULES	AMPICILLIN						+
AMPICILLIN SUSPENSION	AMPICILLIN				+	\vdash	+
NATURAL PENICILLINS							
PENICILLIN V POTASSIUM SOLUTION	PENICILLIN V POTASSIUM						
PENICILLIN V POTASSIUM TABLETS	PENICILLIN V POTASSIUM						
PENICILLIN COMBINATIONS							
AMOXICILLIN & POT CLAVULANATE CHEWABLE TABLETS	AUGMENTIN						
AMOXICILLIN & POT CLAVULANATE SUSPENSION	AUGMENTIN					<u> </u>	<u> </u>
AMOXICILLIN & POT CLAVULANATE TABLET 12-HOUR	AUGMENTIN XR						
PENICILLINASE-RESISTANT PENICILLINS							
DICLOXACILLIN SODIUM CAPSULES	DICLOXACILLIN SODIUM						
PROGESTINS							
PROGESTINS AMEDROWYPROCESTERONIS ACETATE TARRETS	DDOVEDA						
MEDROXYPROGESTERONE ACETATE TABLETS PROGESTERONE MICRONIZED CAPSULES	PROVERA PROMETRIUM	 			+		+
PROGESTERONE MICRONIZED CAPSULES PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENT	FROWETRIUM						_
ANTIDEMENTIA AGENTS							
DONEPEZIL HYDROCHLORIDE TABLETS	ARICEPT			PA REQUIRED			
DONEPEZIL HYDROCHLORIDE TABLETS DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TABLETS	ARICEPT ODT	1	 	PA REQUIRED	+	 	\leftarrow
GALANTAMINE HYDROBROMIDE CAPSULE CONTROLLED RELEASE	RAZADYNE ER	1		PA REQUIRED	+	$\vdash \!$	\vdash
GALANTAMINE HYDROBROMIDE CAI SOLE CONTROLLED RELEASE GALANTAMINE HYDROBROMIDE SOLUTION	RAZADYNE			PA REQUIRED	+	\vdash	-
GALANTAMINE HYDROBROMIDE TABLETS	RAZADYNE			PA REQUIRED	+	\vdash	+
MEMANTINE HCL SOLUTION	NAMENDA			PA REQUIRED			
MEMANTINE HCL TABLETS	NAMENDA			PA REQUIRED			
RIVASTIGMINE PATCH	EXELON			PA REQUIRED		†	1
RIVASTIGMINE TARTRATE CAPSULES	EXELON			PA REQUIRED			
RIVASTIGMINE TARTRATE SOLUTION	EXELON			PA REQUIRED			
MOVEMENT DISORDERS							
DEUTETRABENAZINE TABLET	AUSTEDO			PA REQUIRED		60	30
DEUTETRABENAZINE TAB THERAPY PACK	AUSTEDO PATIENT TITRATION KIT			PA REQUIRED		1 kit	28
DEUTETRABENAZINE TABLET ER 24HR	AUSTEDO XR			PA REQUIRED		30	30
DEUTETRABENAZINE TBER THERAPY PACK	AUSTEDO XR PATIENT TITRATION KIT			PA REQUIRED		1 kit	28
VALBENAZINE TOSYLATE CAPSULE	INGREZZA			PA REQUIRED		30	30
VALBENAZINE TOSYLATE CAPSULE SPRINKLE	INGREZZA			PA REQUIRED			30
VALBENAZINE TOSYLATE CAP THER PACK	INGREZZA			PA REQUIRED		1 kit	28
MULTIPLE SCLEROSIS AGENTS							
DIMETHYL FUMARATE CAPSULE DELAYED RELEASE	TECFIDERA			PA REQUIRED		<u> </u>	
DALFAMPRIDINE TABLET ER 12HR	AMPYRA			PA REQUIRED		<u> </u>	
FINGOLIMOD HCL CAPSULE	GILENYA			PA REQUIRED	.		<u> </u>
GLATIRAMER ACETATE SOLN PREF SYR	COPAXONE	BRAND ONLY		PA REQUIRED		<u> </u>	
INTERFERON BETA-1A AUTO-INJECTOR KIT INTERFERON BETA-1A PREFILLED SYRINGE KIT	AVONEX PEN			PA REQUIRED	+		₩
	AVONEX	1		PA REQUIRED	 		—
INTERFERON BETA-1A SOLN AUTO-INJ	REBIF REBIDOSE REBIF	 		PA REQUIRED	+		-
INTERFERON BETA-1A SOLN PREF SYR NATALIZUMAB CONCENTRATE	TYSABRI			PA REQUIRED PA REQUIRED	+	 	\vdash
OCRELIZUMAB SOLUTION	OCREVUS			PA REQUIRED	+	 	\vdash
OCRELIZUMAB-HYALURONIDASE-OCSQ SOLUTION	OCREVUS	<u> </u>		PA REQUIRED	†	 	-
OFATUMUMAB (MS) SOLN AUTO-INJ	KESIMPTA	1		PA REQUIRED	1	\vdash	$\overline{}$
TERIFLUNOMIDE TABLET	AUBAGIO	1		PA REQUIRED	1	\vdash	$\overline{}$
FINGOLIMOD HCL CAPSULES	GILENYA			PA REQUIRED	†	\vdash	
INTERFERON BETA-1A KIT	AVONEX			PA REQUIRED		†	†
SMOKING DETERRENTS							
						84-day	
BUPROPION HCL (SMOKING DETERRENT) TABLET 12-HOUR	BUPROBAN	<u> </u>	<u> </u>		<u>l </u>	supply	180
						84-day	
NICOTINE INHA	NICOTROL INHALER	<u> </u>			<u> </u>	supply	180
						84-day	
NICOTINE POLACRILEX GUM	NICORETTE GUM					supply	180
						84-day	
	COMMIT					supply	180
NICOTINE POLACRILEX LOZENGE		1				84-day	
							180
NICOTINE POLACRILEX LOZENGE NICOTINE PATCH	NICODERM CQ					supply	100
NICOTINE PATCH						84-day	
	NICODERM CQ NICOTROL NS					84-day supply	180
NICOTINE PATCH NICOTINE SOLUTION	NICOTROL NS					84-day supply 84-day	180
NICOTINE PATCH						84-day supply	

Drug Class/Drug Name	Reference Brand Name	Brand Only/Generic	Preferred Drug Status	PA Status	Step Therapy Requirements	Quantity	QL Days
ALPHA-PROTEINASE INHIBITOR (HUMAN)		Notes				Limit (QL)	~/-
ALPHA1-PROTEINASE INHIBITOR (HUMAN) SOLUTION	ARALAST NP			PA REQUIRED			
ALPHA1-PROTEINASE INHIBITOR (HOMAN) SOLUTION	PROLASTIN-C			PA REQUIRED			
CYSTIC FIBROSIS AGENTS	THOSE STATE			17/11cquincb			
DORNASE ALFA SOLUTION	PULMOZYME			PA REQUIRED			
PULMONARY FIBROSIS AGENTS							
PIRFENIDONE 267MG, 801MG	ESBRIET	BRAND ONLY					
SULFONAMIDES							
SULFONAMIDES							
SULFADIAZINE TABLETS	SULFADIAZINE						
TETRACYCLINES							
TETRACYCLINES DEMECLOCYCLINE HCL TABLETS	DEMECLOCYCLINE HCL			PA REQUIRED			
DOXYCYCLINE HCL TABLETS DOXYCYCLINE HYCLATE CAPSULES - 50MG AND 100MG CAPSULES ONLY	VARIOUS			PA REQUIRED			
DOXYCYCLINE HYCLATE TABLETS - 20MG AND 100MG TABLETS ONLY	VARIOUS						
DOXYCYCLINE MONOHYDRATE - CAPSULES 50MG & 100MG ONLY	VARIOUS						
MINOCYCLINE HCL - 50MG, 75MG & 100MG CAPSULES ONLY	MINOCIN						
THYROID AGENTS	THIN CONT						
ANTITHYROID AGENTS							
METHIMAZOLE TABLETS	TAPAZOLE						
PROPYLTHIOURACIL TABLETS	PROPYLTHIOURACIL						
THYROID HORMONES							
LEVOTHYROXINE SODIUM TABLETS	LEVO-T						
LIOTHYRONINE SODIUM TABLETS	CYTOMEL						
THYROID TABLETS	ARMOUR THYROID						
ULCER DRUGS							
ANTISPASMODICS							
DICYCLOMINE HCL CAPSULES	VARIOUS						
DICYCLOMINE HCL SOLUTION	VARIOUS VARIOUS						
DICYCLOMINE HCL TABLETS GLYCOPYRROLATE SOLUTION	VARIOUS						
GLYCOPYRROLATE SOLUTION GLYCOPYRROLATE TABLETS	VARIOUS						1
HYOSCYAMINE SULFATE ELIXIR	VARIOUS						1
HYOSCYAMINE SULFATE SOLUTION	VARIOUS						
HYOSCYAMINE SULFATE SUBLINGUAL	VARIOUS						1
HYOSCYAMINE SULFATE TABLETS	VARIOUS						1
HYOSCYAMINE SULFATE TABLET 12-HOUR	VARIOUS						
HYOSCYAMINE SULFATE CONTROLLED RELEASE TABLET	VARIOUS						
HYOSCYAMINE SULFATE ORALLY DISINTEGRATING TABLETS	VARIOUS						
PROPANTHELINE BROMIDE TABLETS	VARIOUS						
H-2 ANTAGONISTS							
FAMOTIDINE CHEWABLE TABLETS	PEPCID AC						
FAMOTIDINE SUSPENSION	PEPCID						
FAMOTIDINE TABLETS	PEPCID AC						
RANITIDINE HCL CAPSULES	RANITIDINE HCL						
RANITIDINE HCL SUSPENSION	DEPRIZINE FUSEPAQ						
RANITIDINE HCL SYRUP RANITIDINE HCL TABLETS	ZANTAC ZANTAC 75						
ANTI-ULCER - MISC.	ZANTAC 75						
SUCRALFATE TABLETS	CARAFATE						
PROTON PUMP INHIBITORS	CARATATE						
ESOMEPRAZOLE MAGNESIUM PACKETS	NEXIUM		PREFERRED DRUG	PA REQUIRED for > 18 Years of Age		30	30
LANSOPRAZOLE ORALLY DISPERSABLE TABLET (ODT)	PREVACID SOLUTAB			PA REQUIRED for > 18 Years of Age	İ	60	30
OMEPRAZOLE ORAL CAPSULES	VARIOUS		PREFERRED DRUG	·		60	30
PANTOPRAZOLE SODIUM PACKETS	PROTONIX		PREFERRED DRUG	PA REQUIRED for > 18 Years of Age		30	30
PANTOPRAZOLE TABLETS	PROTONIX		PREFERRED DRUG			30	30
URINARY ANTISPASMODICS							
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLI)							
FESOTERODINE FUMARATE	TOVIAZ	BRAND ONLY	PREFERRED DRUG			 	ļ
OXYBUTYNIN CHLORIDE SYRUP	VARIOUS		PREFERRED DRUG			 	ļ
OXYBUTYNIN CHLORIDE 5MG TABLETS	VARIOUS		PREFERRED DRUG		-	ļ	
OXYBUTYNIN CHLORIDE TABLET 24-HOUR TOLTERODINE TARTRATE CAPSULE CONTROLLED RELEASE	DITROPAN XL DETROL LA	BRAND ONLY	PREFERRED DRUG PREFERRED DRUG			ļ	1
		BRAND ONLY BRAND ONLY	PREFERRED DRUG PREFERRED DRUG		1	 	1
TOLTERODINE TARTRATE TABLETS VAGINAL PRODUCTS	DETROL	DRAND UNLY	FREFERRED DRUG				_
SPERMICIDES							
NONOXYNOL-9 FOAM	VCF VAGINAL CONTRACEPTIVE FOAM						
NONOXYNOL-9 FOAM NONOXYNOL-9 GEL	SHUR-SEAL				1	 	
VAGINAL ANTI-INFECTIVES							
VAGINAL ANTI-INFECTIVES CLINDAMYCIN PHOSPHATE VAGINAL CREAM	CLEOCIN						
VAGINAL ANTI-INFECTIVES CLINDAMYCIN PHOSPHATE VAGINAL CREAM CLINDAMYCIN PHOSPHATE VAGINAL SUPPOSITORY	CLEOCIN CLEOCIN						
CLINDAMYCIN PHOSPHATE VAGINAL CREAM							
CLINDAMYCIN PHOSPHATE VAGINAL CREAM CLINDAMYCIN PHOSPHATE VAGINAL SUPPOSITORY	CLEOCIN GYNE-LOTRIMIN METROGEL-VAGINAL						
CLINDAMYCIN PHOSPHATE VAGINAL CREAM CLINDAMYCIN PHOSPHATE VAGINAL SUPPOSITORY CLOTRIMAZOLE VAGINAL CREAM	CLEOCIN GYNE-LOTRIMIN						

Drug Class/Drug Name	Reference Brand Name	Brand Only/Generic Notes	Preferred Drug Status	PA Status	Step Therapy Requirements	Quantity Limit (QL)	QL Days
SULFANILAMIDE VAGINAL CREAM	AVC						
VAGINAL ESTROGENS							
ESTRADIOL ACETATE VAGINAL RING	FEMRING			PA REQUIRED			
ESTRADIOL VAGINAL RING	ESTRING						T
ESTRADIOL VAGINAL TABLETS	VAGIFEM						T
ESTRADIOL VAGINAL CREAM 0.01%	ESTRACE CREAM						T
ESTROGENS, CONJUGATED VAGINAL CREAM	PREMARIN VAGINAL CREAM			PA REQUIRED			
VASOPRESSORS							
ANAPHYLAXIS THERAPY AGENTS							
EPINEPHRINE SELF-INJECTABLE 0.15MG AND 0.30MG	EPINEPHRINE SELF-INJECTABLE (By Mylan)	Mylan Generic	PREFERRED DRUG	PA REQUIRED for > 2 Per Month		2	30
COVID AT-HOME TEST KITS							
COVID AT-HOME TEST KITS		VARIOUS				2 TESTS	30

Drug Class/Drug Name	Reference Brand Name
OXYCODONE HCL TAB 12HR DETER	OXYCONTIN
TESTOSTERONE GEL (1%-50MG, 1.62% - PUMP BOTTLE)	ANDROGEL/TESTOSTERONE (AG)
MAGNESIUM OXIDE TABLET (250MG, 400MG, 420MG)	MAOX
CANAGLIFLOZIN-METFORMIN HCL TABLET	INVOKAMET
LIRAGLUTIDE SOLN PEN-INJ	VICTOZA
CANAGLIFLOZIN TABLET	INVOKANA
METRONIDAZOLE TABLET (250MG, 500MG)	FLAGYL
BOSENTAN TABLET (62.5MG, 125MG)	TRACLEER
BOSENTAN TABLET SOLUBLE	TRACLEER
SILDENAFIL CITRATE (PULMONARY HYPERTENSION) SUSPENSION	LIQREV
MESALAMINE SUPPOSITORY	CANASA
MESALAMINE TABLET ENTERIC COATED (800 MG)	ASACOL HD
ELIGLUSTAT TARTRATE CAPSULE	CERDELGA
IMIGLUCERASE SOLUTION RECONSTITUTED	CEREZYME
VELAGLUCERASE ALFA SOLUTION RECONSTITUTED	VPRIV
HYDROXYUREA (SICKLE CELL DISEASE) SOLUTION	XROMI
METAXALONE TABLET (400MG. 800MG, 500MG, 750MG	SKELAXIN
IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLUTION	GAMMAGARD/GAMUNEX-C

MIGLUSTAT	MIGLUSTAT (ORAL)
TREPROSTINIL DIOLAMINE TABLET ER	ORENITRAM
TREPROSTINIL DIOLAMINE TBER THER PACK	ORENITRAM
BUDESONIDE	
LIALDA AG DISCONTINUED	

SILDENAFIL CITRATE (PULMONARY HYPERTENSION) SUSPENSION	
RECONSTITUTED	VARIOUS
SILDENAFIL CITRATE (PULMONARY HYPERTENSION) TABLETS	VARIOUS
TADALAFIL (PULMONARY HYPERTENSION) TABLETS	VARIOUS

BISOPROLOL	
BISOPROLOL/HCTZ	

Brand Only / Generic Notes	Preferred Drug Status	РА Туре	Step Therapy Requirements
Brand Only		PA Required	
		PA Required	
Brand Only	Preferred Drug		Step Through Metformin
Brand Only	Preferred Drug	PA Required	
	Preferred Drug		Step Through Metformin
	Preferred Drug	PA Required	
	Preferred Drug	PA Required	
	Preferred for Under the Age of 12	PA Required For > 12 Year of Age	
Brand Only			
		PA Required	
		PA Required	
		PA Required	
		PA Required > 10 Years of Age	
Brand Only		PA Required	

AUTHORIZED		
GENERIC ONLY	PA REQUIRED	
BRAND ONLY		
BRAND ONLY		

Preferred for Under the Age of 12	

Quantity	QL	Maintenace Indicator (Maintenace
Limit	Days	Drugs are allowed 90 Days Supply)
		X
		Х
		X
		X
30	30	
180	30	
		Х

Comment (Green=New, Orange = Update, Yellow=Remove)
1/9/25 - Added Per Suzi due to Xtampza XR Discontinuation
4/1/25 - Remove 1%-50MG - Per 4.1.25 P&T Changes
3/6/25 - Changed 440MG to NPD, Add Preferred strengths to Drug Name - Per 3.6.25 PA Criteria meeting
4/1/25 - Remove - Per 4.1.25 P&T Changes
1/9/25 - Added Brand Only
4/1/25 - Remove - Per 4.1.25 P&T Changes
2/6/23 - Added 250MG, 500MG - 125MG NPD - Per 2.6.25 PA Criteria meeting
4/1/25 - Remove - Per 4.1.25 P&T Changes
4/1/25 - Add - Per 4.1.25 P&T Changes
2/6/25 - Remove - Per 2.6.25 PA Criteria Meeting
4/1/25 - Remove Brand Only - Per 4.1.25 P&T Changes
4/1/25 - Remove - Per 4.1.25 P&T Changes
4/1/25 - Remove - Per 4.1.25 P&T Changes
4/1/25 - Remove - Per 4.1.25 P&T Changes
4/1/25 - Remove - Per 4.1.25 P&T Changes
3/6/26 - Added - Per 3.6.25 PA Criteria Meeting
3/6/25 - Changed 640MG to NPD, Add Preferred strengths to Drug Name - Per 3.6.25 PA Criteria meeting
2/17/25 - Added GAMUNEX-C and Brand Only

4/1/25 - Add - Per 4.1.25 P&T Changes
4/1/25 - Add - Per 4.1.25 P&T Changes
4/1/25 - Add - Per 4.1.25 P&T Changes
4/1/25 - Add - Per 4.1.25 P&T Changes
4/1/25 - Add - Per 4.1.25 P&T Changes

4/18/2025 - Change Per Suzi email
4/18/2025 - Change Per Suzi email
4/18/2025 - Change Per Suzi email