



Preferred Drug List

The PA Health & Wellness Health Plan utilizes a combination of the Pennsylvania Medical Assistance Program Statewide Preferred Drug List (PDL) as well as a supplemental drug list to determine drugs covered by your prescription benefit. These lists are updated often and may change. You may view the Statewide PDL at <https://papdl.com>. To view the latest supplemental drug list, visit our website at www.PAHealthWellness.com or call us at 1-844-626-6813 (TTY/TDD: 711).

Supplemental Drug List Medication Locator Instructions:

1. With the PDF open, click on the Edit menu, then click Find
2. In the Find box type the name of the medication you want to locate
3. Click the Next button until you find the medication(s) you are looking for

PA Health & Wellness Health Plan Pharmacy Program

PA Health & Wellness Health Plan, Inc. (PA Health & Wellness) is committed to providing appropriate, high quality, and cost effective drug therapy to all PA Health & Wellness participants. PA Health & Wellness works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered according to Centers for Medicare & Medicaid (CMS) designation of an outpatient covered drug. PA Health & Wellness covers prescription medications and certain over-the-counter (OTC) medications when ordered by a physician/clinician. The pharmacy program covers all outpatient drugs as defined by CMS. Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum quantities. This section provides an overview of the PA Health & Wellness pharmacy program. For more detailed information, please visit our website at www.PAHealthWellness.com.

Plan Preferred Drug List and Prior Authorization List

PA Health & Wellness utilizes a combination of the Pennsylvania Medical Assistance Program Statewide Preferred Drug List (PDL) as well as a supplemental drug list. To view the Statewide PDL, visit <https://papdl.com> or visit www.PAHealthWellness.com and follow the links to the Statewide PDL. All drugs covered under the Pennsylvania Medicaid program are available for PA Health & Wellness participants. The Statewide PDL lists all drugs available and includes the restrictions that apply to each drug, such as Age Limits (AL), Quantity Limits (QL), and prior authorization requirements. The Statewide PDL applies to drugs you receive in outpatient setting. The supplemental drug list is continually evaluated by the PA Health & Wellness Pharmacy and Therapeutics (P&T) Committee to promote the appropriate and cost-effective use of medications. The Committee is composed of the PA Health & Wellness Medical Director, PA Health & Wellness Pharmacy Director, and several Pennsylvania primary care physicians, pharmacists, and specialists and a consumer representative. The PDL and supplemental drug list do not:

- Require or prohibit the prescribing or dispensing of any medication
- Substitute for the independent professional judgment of the physician/clinician or pharmacist
- Relieve the physician/clinician or pharmacist of any obligation to the patient or others

Participant Copay Responsibility

- Generics - \$0
- Brands - \$3

No copay applies to the following categories:

- Participants under age 18
- Participants in long-term care, hospice, women in the Breast and Cervical Cancer Program, Foster Care, Pregnant women
- Antihypertensive agents
- Anticonvulsants
- Antineoplastic agents
- Antiglaucoma agents

- Antipsychotic agents, except those that are also Schedule C-IV antianxiety agents
- Antidiabetic agents
- Cardiovascular preparations
- HIV/AIDS
- Antiparkinson drugs
- Naloxone

Centene's Pharmacy Department

PA Health & Wellness works with Centene's Pharmacy Department to process all pharmacy claims for prescribed drugs. Some drugs on the Pennsylvania Medical Assistance Program's Statewide PDL and PA Health & Wellness's supplemental drug list require a PA and Centene's Pharmacy Department is responsible for administering this process.

Follow these guidelines for efficient processing of your authorization requests:

1. Complete the PA Health & Wellness Health Plan form: Medication Prior Authorization Request Form.
2. Fax to Centene's Pharmacy Department at 1-844-205-3386.
3. Prior Authorization decisions will be completed within 24 hours of receipt.
4. Once approved, notification will be sent to the prescriber and participant.
5. If the clinical information provided does not explain the medical necessity for the requested PA medication, the request will be denied and the prescriber and the participant will be notified.
6. A pharmacy can provide up to a 72-hour supply of a new medication or 15-day supply for ongoing medication.

Prior Authorization Process

The Pennsylvania Medical Assistance Program's Statewide PDL and PA Health & Wellness's supplemental drug list include a broad spectrum of brand name and generic drugs. Clinicians are encouraged to prescribe from these preferred drug lists for their patients who are participants of PA Health & Wellness. Some drugs will require PA and are listed on the PA list. In addition, all name brand drugs not listed on either the PDL or PA list will require prior authorization. If a request for authorization is needed, the information should be submitted by your physician/clinician to Centene's Pharmacy Department on the PA Health & Wellness Health Plan form: Medication Prior Authorization Request Form. This form should be faxed to 1-844-205-3386. This document is located on the PA Health & Wellness website at www.PAHealthWellness.com.

PA Health & Wellness will cover the medication if it is determined that:

1. There is a medical reason you need the specific medication.

2. Depending on the medication, other medications on the PDL have not worked or cannot be tried.

For requests for drugs that are listed on the Pennsylvania Medical Assistance Program's Statewide PDL, reviews are performed by professionals using the criteria established by the Pennsylvania Medical Assistance Program. For requests for drugs that are listed on the PA Health & Wellness supplemental drug list, reviews are performed by professionals using the criteria established by the PA Health & Wellness P&T Committee. Once approved, Centene's Pharmacy Department notifies the physician/clinician and participant. If the clinical information provided does not meet the coverage criteria for the requested medication, a physician will review the request to determine medical necessity. We will notify you and your physician/clinician of alternatives and provide information regarding the appeal process.

The PA Health & Wellness P&T Committee has reviewed and approved, with input from its participants and in consideration of medical evidence, the supplemental list of drugs requiring prior authorization. This supplemental drug list attempts to provide appropriate and cost-effective drug therapy in addition to the Pennsylvania Medical Assistance Program's Statewide PDL to all participants covered under the PA Health & Wellness pharmacy program. If a patient requires a brand name medication that does not appear on the supplemental drug list, the physician/clinician can make a PA request for the brand name medication. It is anticipated that such exceptions will be rare and that Statewide PDL and supplemental drug list medications will be appropriate to treat the vast majority of medical conditions.

Clinicians are requested to utilize the Pennsylvania Medical Assistance Program's Statewide PDL and PA Health & Wellness's supplemental drug list when prescribing medication for those patients covered by the PA Health & Wellness pharmacy program. If a pharmacist receives a prescription for a non-preferred drug that requires a PA, the pharmacist should attempt to contact the clinician to request a change to a product included in the PDL.

Phone Numbers for PA Health & Wellness Health Plan Participant Services

The phone and fax lines listed in the Prior Authorization Process section are dedicated to clinicians requesting PA medication items only. Participants cannot be assisted if they call the PA toll-free number. PA Health & Wellness Participant Services may be reached at 1-844-626-6813 (TTY 711).

Transition Period

PA Health & Wellness participants age 21 and older new to managed care will be able to receive their prescription drugs with no new PA requirements for first 60 days they are enrolled in our plan. Participants under the age of 21 will be allowed to complete the course of treatment without any new PA requirements. This will allow you and your doctor time to consider other medications that do not require PA and to learn the steps to getting PA. The Pennsylvania Medical Assistance Program's Statewide PDL and the PA Health & Wellness supplemental drug list identify the drugs that will require PA. If you are not sure when you will need to have your medications prior authorized or you have other questions about continuing to get your medications, call participant services at 1-844-626-6813 (TTY 711).

72-Hour and 15-Day Supply Policy

State and federal law require that a pharmacy dispense a 72-hour (3-day) supply of medication to any patient awaiting a PA determination. If the prescription is for continuation of an existing drug a 15-day supply may be provided. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. All participating pharmacies are authorized to provide a 72-hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication, whether or not the PA request is ultimately approved or denied. All participating pharmacies are authorized to provide a 15-day supply of a continuation of an existing medication, not including diabetic supplies and will be reimbursed for the ingredient cost and dispensing fee of the 15-day supply of medication, whether or not the PA request is ultimately approved or denied. The pharmacy can submit override for 72-hour or 15-day medication supply for payment.

Dispensing Limits, Quantity Limits, and Age Limits

You may receive up to a maximum 34-day supply for each new or refill non-controlled substance. A total of 80 percent (80%) of the days supplied must have elapsed before the prescription for a non-controlled medication can be refilled. For example with a 34-day supply, you must have taken 28 days of the medication before you can get the next refill. A total of 90 percent (90%) of the days supplied must have elapsed before the prescription for a controlled medication can be refilled. Prescriptions that exceed the Quantity Limit (QL) allowed or Age Limits (AL) require PA. PA Health & Wellness may limit how much of a medication you can get at one time. If the physician/clinician feels you have a medical reason for getting a larger amount, he or she can ask for PA. If PA Health & Wellness does not grant PA, we will notify you and your physician/clinician and provide information regarding the appeal process. Some medications on the PDL may have AL. These are set for certain drugs based on Food and Drug Administration (FDA) approved labeling and for safety concerns and quality standards of care. The AL aligns with current FDA alerts for the appropriate use of pharmaceuticals.

Opioid medications are subject to a cumulative daily morphine milligram equivalent (MME) limit of 50MME daily. Prescriptions exceeding that dose will require a prior authorization. Note: all prescriptions for long-acting opioids require prior authorization. Exceptions to the above requirements will be made for those participants with an active cancer, sickle cell with crisis, or those in hospice or palliative care.

Certain oral cancer drugs will be limited to a 15-day supply until you and your prescriber determine you are able to tolerate the medication. A list of these medications is located at www.PAHealthWellness.com.

Medical Necessity Requests

If you require a medication that does not appear on either the Pennsylvania Medical Assistance Program's Statewide PDL or the PA Health & Wellness supplemental drug list, you or your physician/clinician can make a medical necessity request for the medication by submitting a request for prior authorization. It is anticipated that such exceptions will be rare and that medications included

on the Statewide PDL and supplemental drug list will be appropriate to treat the vast majority of medical conditions.

Such reviews are performed by professionals using the criteria established by the Pennsylvania Department of Human Services P&T Committee for drugs included in the Statewide PDL, or using criteria established by the PA Health & Wellness P&T Committee for drugs not included in the Statewide PDL. If the clinical information provided does not meet the coverage criteria for the requested medication a physician will review the request to determine medical necessity. We will notify you and your physician/clinician of alternatives and provide information regarding the appeal process.

Participants started and stabilized on medications in the following classes will not be required to try a PDL medication.

- Antipsychotics
- Antidepressants
- Anticonvulsants
- Hepatitis C antivirals
- MS Treatments
- Human Immunodeficiency Virus (HIV)
- Cytokine and CAM Antagonists
- Dupixent
- Hereditary Angioedema Treatments
- Oral Immunosuppressives
- MABs, -Anti-IL, Anti-IgE
- Pancreatic Enzymes
- Pulmonary Arterial Hypertension Agents
- Stimulants and Related Agents
- Ulcerative Colitis Agents
- Antifibrotic Respiratory Agents
- Oral Oncology Agents
- Thalidomide and Derivatives
- Antiparkinson's Agents

Appropriate Use and Safety Edits

Your health and safety is a priority for PA Health & Wellness. One of the ways we address your safety is through Point-of-Sale (POS) edits at the time a prescription is processed at the pharmacy. These edits are based on FDA recommendations and promote safe and effective medication utilization.

Medicare Eligible Participants

Participants that are also eligible for Medicare must bill the pharmacy claim to Medicare first. The pharmacy will bill Medicare first and then bill the plan. PA Health & Wellness will cover certain medications, like OTC drugs, that Medicare does not cover. If the drug is part of the Medicare benefit but Medicare denies coverage PA Health & Wellness will not cover the drug.

DUR (Drug Utilization Review) Programs

PA Health & Wellness will monitor ongoing prescribing of medications for clinical appropriateness. PA Health & Wellness reviews prescribing retrospectively to review for both safety and efficacy. PA Health & Wellness will work with Centene's Pharmacy Department to review for such things as disease management, fraud and abuse (i.e. Coordinated Services Program), and prescriber profiling. Prescriber or participant outreach may occur based on prescribing/dispensing patterns. PA Health & Wellness will continue to monitor for issues going forward and take action as needed.

Over-The-Counter Medications

The pharmacy program covers a selection of OTC medications as allowed by Pennsylvania rules. All covered OTC medications appear in the PDL. All OTC medications must be written on a valid prescription by a licensed physician/clinician in order to be reimbursed. OTC categories covered:

- Analgesics except long acting products
- Antacids
- Antidiarrheal
- Antiflatulent
- Antinauseant
- Bronchodilators
- Cough and cold preparations
- Contraceptives
- Hematinics (low iron)
- Insulin and insulin syringes
- Laxatives and stool softeners
- Nasal preparations
- Ophthalmic preparations
- Topical products containing anesthetics, antibacterial, dermatological baths, fungicidal, rectal preparations, tar preparations, wet dressing
- Vitamins and minerals
- Vitamins for prenatal use
- Vitamins containing Nicotinic acid and Calcium salts
- Diagnostic agents
- Quinine

Filling a Prescription

You can have prescriptions filled at a PA Health & Wellness network pharmacy. If you decide to have a prescription filled at a network pharmacy, you can locate a pharmacy near you by contacting a PA Health & Wellness Participant Services Representative. At the pharmacy, you will need to provide the pharmacist with your prescription and your PA Health & Wellness ID card. Please visit the PA Health & Wellness website at www.PAHealthWellness.com to access the PA Health & Wellness PDL, PA

Health & Wellness PA lists, important forms, and provider/participant information 24 hours a day, seven days a week.

Maintenance Medications

PA Health & Wellness Health Plan offers participants a longer days supply of maintenance medications by mail and at certain retail pharmacies. You can receive up to 90 days of these medications at a time. These drugs are used to treat long-term conditions or illnesses. You can find a list of covered maintenance medications and pharmacies in the Maintenance Drug Pharmacy Program document located on the PA Health & Wellness website at www.PAHealthWellness.com.

Please contact a PA Health & Wellness Participant Service Representative if you have any questions.

PA Health & Wellness Health Plan Pharmacy Program - Additional Information

Specialty Medications

PA Health & Wellness works with a network of specialty pharmacies. Most specialty medication requires prior authorization by Centene's Pharmacy Department. A list of specialty pharmacies and medications is located at www.PAHealthWellness.com. Fax prior authorization forms to 1-844-205-3386.

Pharmacy and Therapeutics Committee

The PA Health & Wellness Pharmacy and Therapeutics (P&T) Committee continually evaluates the therapeutic classes included in the PA Health & Wellness supplemental drug list. The Committee is composed of the PA Health & Wellness Medical Directors, PA Health & Wellness Pharmacists, and several community based primary care physicians, specialists, and a consumer representative. The primary purpose of the Committee is to assist in developing and monitoring the PA Health & Wellness supplemental drug list and to establish programs and procedures that promote the appropriate and cost-effective use of medications. The P&T Committee schedules meetings at least quarterly, and coordinates reviews with a national P&T Committee that meets at least 4 times a year. Changes to the PA Health & Wellness supplemental drug list are done in conjunction with the approval of the State of Pennsylvania. PA Health & Wellness will submit any proposed changes to the State for approval and update the supplemental drug list accordingly. PA Health & Wellness will follow all State policies regarding participant notification when changes are made to the supplemental drug list.

Unapproved Use of Preferred Medication

Medication coverage under this program is limited to non-experimental indications as approved by the FDA. Other indications may also be covered if they are accepted as safe and effective using current medical and pharmaceutical reference texts and evidence-based medicine. Reimbursement decisions for specific non-approved indications will be made by PA Health & Wellness. Experimental drugs and investigational drugs are not eligible for coverage.

Benefit Exclusions

The following drug categories are not part of the PA Health & Wellness benefit and are not covered by the 72-hour supply policy:

- Fertility enhancing drugs
- Anorexia, or weight gain drugs
- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective
- Drugs and other agents used for cosmetic purposes or for hair growth - erectile dysfunction drugs prescribed to treat impotence
- Bulk powders, because there is a lack of substantial evidence of effectiveness for all labeling indications and because a compelling justification for their medical need has not been established.
- Drugs and devices classified as experimental by the FDA
- Drugs and devices not approved by the FDA
- Legend and non-legend soaps, cleansing agents, dentifrices, mouthwashes, douche solutions, diluents, ear wax removal agents, deodorants, liniments, antiseptics, irrigants and other person care items
- Specific items when prescribed for recipients in a skilled nursing facility, an intermediate care facility or an intermediate care facility for the mentally retarded (Intravenous solutions: non-legend: analgesics, antacids, cough/cold, contraceptives, laxative and stool softeners, ophthalmic preparations, diagnostic agents, and legend laxatives
- Non-legend drugs in the form of troches, lozenges, throat tablets, cough drops, chewing gum, mouthwashes and similar items

Newly Approved Products

We review new drugs for safety and effectiveness before adding them to the PA Health & Wellness supplemental drug list. During this period, access to these medications will be considered through the PA review process. If PA Health & Wellness does not grant PA, we will notify you and your physician/clinician and provide information regarding the appeal process.

DME/Home Health Benefits

The following medical services are a part of the PA Health & Wellness medical benefit and are not available at the retail pharmacy:

1. Enteral products
2. Nebulizers
3. Medical supplies – this does not include diabetic supplies, as those are available at the retail pharmacy.

Injectable Drugs

A number of injectable drugs appear on the Statewide PDL and the PA Health & Wellness supplemental drug list. Injectable drugs that are self-administered by the participant and/or family member are covered by the PA Health & Wellness pharmacy program. Most injectable drugs require PA.

We help keep you informed

The PA Health & Wellness Pharmacy Director, a registered pharmacist, compiles current pharmacological policy and information about important seasonal topics such as Respiratory Syncytial Virus (RSV) and influenza. The information is consistent with published guidelines and is mailed to network providers as a service. The most current Statewide PDL and supplemental drug list can be downloaded from our website at www.PAHealthWellness.com.

Contacts for Pharmacy Appeals/Grievances

Participants: In the event that a participant disagrees with the decision regarding coverage of a medication, the participant may file an appeal with PA Health & Wellness by calling PA Health & Wellness Participant Services at 1-844-626-6813 (TTY 711).

Physicians / Clinicians: In the event that a clinician disagrees with the decision regarding coverage of a medication, the clinician may request an appeal by submitting additional information to PA Health & Wellness in writing to the Appeals Department at the following address:

PA Health & Wellness Health Plan
Appeal Department
1700 Bent Creek Blvd., Suite 200
Mechanicsburg, PA 17050
Fax: 1-844-873-7451

A decision will be rendered and the clinician will be notified with a mailed response. An expedited appeal may be requested at any time the provider believes the adverse determination might seriously jeopardize the life or health of a participant by calling PA Health & Wellness Health Plan at 1-844-626-6813 (TTY 711). A response will be rendered the same day as receipt of complete information. In circumstances that require research, a same day response may not be possible.

Abbreviations

The following notations and abbreviations may be found throughout the supplemental drug listing in the limitations and restrictions column.

AL:	Age Limit
PA:	Prior Authorization
QL:	Quantity Limit
SP:	Specialty Medication

MP: Maintenance Product

APA: Advanced Prior Authorization – an automated prior authorization process to determine whether clinical criteria is met. If clinical criteria is not fully met, an electronic or manual prior authorization will still need to be done.

\$0 Copay: Member will not be charged a copay for the specific drug

Drug Tier Definitions

P: Preferred These drugs are covered on the preferred drug list

NP: Non-preferred These drugs require a Prior Authorization (PA) and are covered when found to be medically necessary.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Analeptics		
<i>caffeine citrate SOLN OR</i>	P	QL(45 ml per fill retail)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
ORALAIR ADULT STARTER PACK SUBL	P	QL(1 ea daily); AL(At least 5 yrs old - Up to 65 yrs old)
ORALAIR CHILDREN/ADOLESCENTS STARTER PACK SUBL	P	QL(3 ea daily); AL(At least 5 yrs old - Up to 65 yrs old)
ORALAIR SUBL	P	QL(1 ea daily); AL(At least 5 yrs old - Up to 65 yrs old)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>tobramycin sulfate SOLN IJ</i>	P	
<i>tobramycin sulfate SOLR</i>	P	
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesics Other		
<i>acetaminophen CAPS 500 MG</i>	P	
<i>acetaminophen CHEW 80 MG</i>	P	
<i>acetaminophen CHEW 160 MG</i>	P	QL(20 ea daily)
<i>acetaminophen ELIX</i>	P	QL(75 ml daily)
<i>acetaminophen LIQD 500 MG/15ML</i>	P	QL(90 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen LIQD 160 MG/5ML</i>	P	QL(75 ml daily)
<i>acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P	QL(75 ml daily)
<i>acetaminophen SUPP 650 MG</i>	P	QL(12 ea per fill retail)
<i>acetaminophen SUPP 120 MG</i>	P	QL(20 ea daily; 12 ea per fill retail)
<i>acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML</i>	P	QL(75 ml daily)
<i>acetaminophen TABS 500 MG</i>	P	QL(6 ea daily)
<i>acetaminophen TABS 325 MG</i>	P	QL(10 ea daily)
FEVERALL INFANTS SUPP	P	
FEVERALL JUNIOR STRENGTH SUPP	P	QL(12 ea per fill retail)
Salicylates		
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	
<i>aspirin CHEW</i>	P	
ASPIRIN SUPP 300 MG	P	QL(6 ea daily)
<i>aspirin TABS 325 MG</i>	P	QL(12 ea daily)
<i>aspirin TBEC 325 MG</i>	P	
<i>aspirin TBEC 81 MG</i>	P	QL(12 ea daily)
<i>salsalate</i>	P	QL(4 ea daily)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>hydrocortisone (intrarectal)</i>	P	
Rectal Local Anesthetics		

PAHW Formulary

Updated February 15, 2024

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, APA = Advanced Prior Authorization, QL = Quantity Limit, SP = Specialty Drug
ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product

Drug Name	Drug Tier	Requirements/Limits
<i>dibucaine (rectal) EX</i>	P	QL(30 gm per fill retail)
Rectal Steroids		
<i>hydrocortisone (rectal) EX 2.5 %</i>	P	QL(30 gm per fill retail)
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone CHEW 200 MG-25 MG-200 MG</i>	P	
<i>alum & mag hydrox-simethicone LIQD</i>	P	
<i>alum & mag hydrox-simethicone SUSP</i>	P	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	P	
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG</i>	P	
<i>calcium carbonate (antacid) SUSP</i>	P	
Antacids - Magnesium Salts		
<i>magnesium oxide TABS 400 MG</i>	P	
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>droperidol SOLN 2.5 MG/ML</i>	P	
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	P	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		

Drug Name	Drug Tier	Requirements/Limits
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	P	MP
NORPACE CR CP12 150 MG	P	
<i>quinidine gluconate TBCR</i>	P	
<i>quinidine sulfate TABS</i>	P	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	P	MP
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	P	MP
<i>propafenone hcl TABS</i>	P	MP
Antiarrhythmics Type III		
<i>amiodarone hcl TABS 200 MG</i>	P	MP
<i>dofetilide</i>	P	QL(2 ea daily)
TIKOSYN (<i>dofetilide</i>)	P	QL(2 ea daily)
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	P	QL(8 ml daily)
Xanthines		
THEO-24 CP24	P	
<i>theophylline ELIX</i>	P	
<i>theophylline SOLN</i>	P	QL(475 ml per fill retail; 1425 per fill mail); MP
<i>theophylline TB12</i>	P	MP
<i>theophylline TB24</i>	P	MP
ANTICOAGULANTS - Blood Thinners		
Heparins And Heparinoid-Like Agents		
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	P	

PAHW Formulary

Updated February 15, 2024

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, APA = Advanced Prior Authorization, QL = Quantity Limit, SP = Specialty Drug, ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product

Drug Name	Drug Tier	Requirements/Limits
HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	P	
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Misc.		
<i>levetiracetam SOLN IV 500 MG/5ML</i>	P	QL(30 ml daily)
Valproic Acid		
<i>valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML</i>	P	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate CHEW 262 MG</i>	P	
<i>bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML</i>	P	
<i>bismuth subsalicylate TABS</i>	P	
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	P	
<i>diphenoxylate w/ atropine TABS</i>	P	
<i>loperamide hcl CAPS</i>	P	QL(8 ea daily); RX/OTC
<i>loperamide hcl TABS</i>	P	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	P	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate SYRP</i>	P	QL(60 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpheniramine maleate TABS</i>	P	QL(120 ea per fill retail)
<i>dexchlorpheniramine maleate SOLN</i>	P	
Antihistamines - Ethanolamines		
<i>clemastine fumarate TABS 1.34 MG</i>	P	
<i>diphenhydramine hcl CAPS 50 MG</i>	P	QL(6 ea daily)
<i>diphenhydramine hcl CAPS 25 MG</i>	P	QL(12 ea daily)
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	P	QL(240 ml per fill retail)
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	P	QL(240 ml per fill retail)
<i>diphenhydramine hcl TABS 25 MG</i>	P	QL(12 ea daily)
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	P	
<i>cyproheptadine hcl TABS</i>	P	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
Vasodilators		
<i>hydralazine hcl TABS</i>	P	MP
<i>minoxidil 2.5 MG, 10 MG</i>	P	MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>trimethoprim TABS</i>	P	
Anti-infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim SUSP</i>	P	
<i>sulfamethoxazole-trimethoprim TABS</i>	P	
Glycopeptides		

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl SOLR IV 1 GM, 500 MG, 1000 MG</i>	P	
Leprostatics		
<i>dapsone</i>	P	PA
Lincosamides		
<i>clindamycin hcl 150 MG, 300 MG</i>	P	
<i>clindamycin palmitate hydrochloride</i>	P	
Oxazolidinones		
SIVEXTRO TABS	P	QL(1 ea daily) PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
<i>pyridostigmine bromide TABS 60 MG</i>	P	
<i>pyridostigmine bromide TBCR</i>	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl TABS</i>	P	MP
<i>isoniazid SYRP</i>	P	MP
<i>isoniazid TABS</i>	P	MP
<i>pyrazinamide</i>	P	
<i>rifampin CAPS</i>	P	
TRECTOR	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
<i>cyclophosphamide CAPS</i>	P	
LEUKERAN	P	
<i>melphalan</i>	P	SP
MYLERAN TABS	P	
TEMODAR SOLR	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
Antimetabolites		
<i>mercaptopurine TABS</i>	P	
PURIXAN SUSP	P	
Antineoplastic - Hormonal and Related Agents		
EMCYT	P	SP
<i>flutamide</i>	P	QL(6 ea daily)
LYSODREN	P	SP
<i>megestrol acetate SUSP</i>	P	
<i>megestrol acetate TABS</i>	P	
Antineoplastic Enzyme Inhibitors		
ISTODAX SOLR (<i>romidepsin</i>)	P	PA
<i>romidepsin SOLR</i>	P	PA
Antineoplastics Misc.		
<i>bexarotene</i>	P	SP; PA
MATULANE	P	SP
<i>tretinoin (chemotherapy)</i>	P	SP
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium TABS</i>	P	
MESNEX TABS	P	SP
Mitotic Inhibitors		
<i>etoposide CAPS</i>	P	SP
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	P	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	P	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		

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Drug Name	Drug Tier	Requirements/Limits
LITHIUM	P	AL(At least 18 yrs old)
<i>lithium carbonate CAPS</i>	P	
<i>lithium carbonate TABS</i>	P	
<i>lithium carbonate TBCR</i>	P	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiviral Combinations		
PAXLOVID 100 MG-150 MG	P	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN OR 0.05 MG/ML</i>	P	MP
<i>digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG</i>	P	MP
LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>)	P	MP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Peripheral Vasodilators		
<i>isoxsuprine hcl 10 MG</i>	P	
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	P	SP
REMODULIN SOLN IJ 20 MG/20ML, 50 MG/20ML	P	SP; PA
<i>treprostinil SOLN IJ 20 MG/20ML, 50 MG/20ML</i>	P	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	P	SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 3rd Generation		

Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i>	P	QL(4 ea daily)
CHEMICALS		
Liquids		
CASTOR OIL	P	RX/OTC
HM CASTOR OIL	P	RX/OTC
QC CASTOR OIL	P	RX/OTC
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Emergency Contraceptives		
ELLA	P	
<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
DEPO-MEDROL SUSP (<i>methylprednisolone acetate</i>)	P	
DEPO-MEDROL SUSP	P	
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	P	QL(5 ml daily)
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	P	QL(5 ml daily)
KENALOG-10 SUSP	P	
KENALOG-40 SUSP (<i>triamcinolone acetonide</i>)	P	
<i>methylprednisolone acetate SUSP</i>	P	
METHYLPREDNISOLON E ACETATE SUSP 40 MG/ML, 80 MG/ML	P	
SOLU-MEDROL 40 MG	P	
TRIAMCINOLONE ACETONIDE PF SUSP	P	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML</i>	P		<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML-10 MG/5ML</i>	P	
TRIAMCINOLONE ACETONIDE SUSP	P		<i>dextromethorphan-guaifenesin TABS</i>	P	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms					
Antitussives					
<i>benzonatate 100 MG, 200 MG</i>	P	AL(At least 10 yrs old)	<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	P	
<i>dextromethorphan polistirex LQCR</i>	P		<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	P	
<i>dextromethorphan polistirex SUER</i>	P		DIMETAPP CHILDREN'S COLD & ALLERGY LIQD	P	QL(120 ml per fill retail)
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	P	QL(30 ml daily)	ED BRON GP LIQD	P	
Cough/Cold/Allergy Combinations					
<i>brompheniramine & phenyleph ELIX</i>	P	QL(120 ml per fill retail)	<i>guaifenesin-codeine LIQD 10 MG/5ML-100 MG/5ML</i>	P	QL(60 ml daily)
<i>brompheniramine & pseudoeph ELIX</i>	P	QL(120 ml per fill retail)	<i>guaifenesin-codeine SOLN 10 MG/5ML-100 MG/5ML</i>	P	QL(60 ml daily)
<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	P	QL(120 ml per fill retail)	<i>guaifenesin-codeine SYRP</i>	P	QL(60 ml daily)
COLD & ALLERGY CHILDRENS LIQD	P	QL(120 ml per fill retail)	HM DIBROMM COLD AND ALLERGY CHILDRENS LIQD	P	QL(120 ml per fill retail)
<i>dextromethorphan-doxylamine-acetaminophen LIQD</i>	P		LOHIST-D LIQD	P	
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	P		MAXI-TUSS PE MAX LIQD	P	
			<i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	P	
			<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	P	
			<i>phenylephrine-dm SOLN</i>	P	
			<i>phenylephrine-doxylamine-dextromethorphan-acetaminophen MISC 5 MG-325 MG-6.25 MG</i>	P	
			<i>promethazine & phenylephrine SYRP</i>	P	QL(240 ml per fill retail); AL(At least 2 yrs old)

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine w/codeine SOLN</i>	P	QL(30 ml daily; 240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine w/codeine SYRP</i>	P	QL(30 ml daily; 240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine-dm SYRP</i>	P	QL(240 ml per fill retail)
<i>promethazine-phenylephrine-codeine</i>	P	QL(30 ml daily; 240 ml per fill retail); AL(At least 2 yrs old)
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	P	
<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	P	
<i>pseudoephedrine-ibuprofen TABS</i>	P	
QC DIBROMM CHILDRENS COLD& ALLERGY LIQD	P	QL(120 ml per fill retail)
QC TRIACTING DAYTIME CHILDRENS SYRP	P	
SM COLD & ALLERGY CHILDRENS LIQD	P	QL(120 ml per fill retail)
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	P	
TYLENOL COLD/COUGH/SORE THROAT CHILDRENS SUSP	P	QL(75 ml daily)
VIRTUSSIN DAC SOLN	P	QL(40ml daily)
WAL-TAP COLD/ALLERGY LIQD	P	QL(120 ml per fill retail)
Expectorants		
GERI-TUSSIN SYRP	P	
<i>guaifenesin LIQD</i>	P	
<i>guaifenesin SYRP</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>guaifenesin TB12</i>	P	
Misc. Respiratory Inhalants		
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i>	P	
Mucolytics		
<i>acetylcysteine SOLN</i>	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>fluorouracil (topical) CREA 0.5 %</i>	P	QL(30 gm per fill retail)
<i>fluorouracil (topical) CREA 5 %</i>	P	QL(40 gm per fill retail)
<i>fluorouracil (topical) SOLN</i>	P	QL(10 ml per fill retail)
Antiseborrheic Products		
<i>selenium sulfide LOTN 2.5 %</i>	P	QL(120 ml per fill retail)
Burn Products		
<i>silver sulfadiazine</i>	P	
Corticosteroids - Topical		
EPIFOAM FOAM	P	
Emollient/Keratolytic Agents		
<i>urea CREA 40 %</i>	P	QL(210 gm per fill retail); RX/OTC
<i>urea LOTN 40 %</i>	P	QL(240 gm per fill retail)
Emollients		
<i>lactic acid (ammonium lactate) CREA</i>	P	RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	P	RX/OTC
Keratolytic/Antimitotic Agents		
<i>podofilox SOLN</i>	P	QL(4 ml per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
<i>salicylic acid GEL 6 %</i>	P	QL(40 gm per fill retail)
Local Anesthetics - Topical		
<i>dibucaine</i>	P	QL(30 gm per fill retail)
Misc. Topical		
DRYSOL SOLN	P	
INSECT REPELLENT - AEROSOL	P	
INSECT REPELLENT - LIQUID	P	
INSECT REPELLENT - LOTION	P	
<i>isopropyl alcohol (skin cleanser) MISC</i>	P	
<i>zinc oxide (topical) OINT 20 %, 40 %</i>	P	QL(60 gm per fill retail)
Rosacea Agents		
<i>metronidazole (topical) CREA</i>	P	QL(45 gm per fill retail)
<i>metronidazole (topical) GEL 0.75 %</i>	P	QL(45 gm per fill retail)
<i>metronidazole (topical) LOTN</i>	P	
Tar Products		
<i>coal tar extract SHAM 0.5 %, 1 %</i>	P	
Wound Care Products		
CALCIUM ALGINATE WOUND DRESSING	P	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
CHEMSTRIP-K STRP	P	
FORA GTEL BLOOD KETONE TEST STRIPS	P	QL(1 ea daily)
FORA TEST N' GO ADVANCE/VOICE/6 CONNECT	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
GOJJI BLOOD KETONE TEST STRIPS	P	QL(1 ea daily)
KETONE TEST STRIPS STRP	P	
KETONE STRP	P	
KETOSTIX STRP	P	
NOVA MAX PLUS KETONE TESTSTRIPS	P	QL(1 ea daily)
PRECISION XTRA	P	QL(1 ea daily)
PTS PANELS KETONE TEST	P	QL(1 ea daily)
RELION KETONE TEST STRIPS STRP	P	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Dietary Management Products		
DEPLIN 15	P	
DEPLIN 7.5	P	
ELFOLATE TABS	P	
LEVOMEFOLATE CALCIUM ALGAL POWDER 15 MG-90.314 MG	P	
L-METHYLFOLATE CA/S-ALGAL	P	
L-METHYLFOLATE CALCIUM TABS	P	
L-METHYLFOLATE FORTE	P	
<i>l-methylfolate TABS 7.5 MG, 15 MG</i>	P	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	P	MP
<i>acetazolamide TABS</i>	P	MP
<i>methazolamide TABS</i>	P	
Diuretic Combinations		

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Drug Name	Drug Tier	Requirements/Limits
<i>amiloride & hydrochlorothiazide</i>	P	QL(1 ea daily)
<i>spironolactone & hydrochlorothiazide</i>	P	MP
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	P	QL(1 ea daily); MP
<i>triamterene & hydrochlorothiazide TABS</i>	P	QL(1 ea daily); MP
Loop Diuretics		
<i>bumetanide TABS</i>	P	MP
<i>furosemide SOLN IJ 10 MG/ML</i>	P	
<i>furosemide TABS</i>	P	MP
<i>torseamide TABS</i>	P	MP
Potassium Sparing Diuretics		
<i>amiloride hcl TABS</i>	P	QL(4 ea daily)
<i>spironolactone TABS</i>	P	MP
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	P	MP
<i>hydrochlorothiazide CAPS</i>	P	MP
<i>hydrochlorothiazide TABS</i>	P	MP
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	P	MP
<i>metolazone</i>	P	MP
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	P	SP; PA
Metabolic Modifiers		
FABRAZYME	P	SP; PA
GALAFOLD	P	QL(0.5 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	P	
<i>levocarnitine (metabolic modifiers) TABS</i>	P	
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	P	
<i>desmopressin acetate spray refrigerated</i>	P	
<i>desmopressin acetate SOLN IJ</i>	P	SP; PA
<i>desmopressin acetate TABS</i>	P	QL(3 ea daily); SP
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	P	PA
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
<i>simethicone CHEW 80 MG</i>	P	
<i>simethicone LIQD OR 20 MG/0.3ML</i>	P	QL(30 ml per fill retail)
<i>simethicone SUSP</i>	P	QL(30 ml per fill retail)
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	P	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG</i>	P	
<i>potassium citrate-citric acid PACK</i>	P	
<i>sodium citrate & citric acid</i>	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) 0.9 %</i>	P	
Interstitial Cystitis Agents		
ELMIRON CAPS	P	QL(3 ea daily)
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i>	P	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
CORIFACT	P	SP; PA
FIBRYGA	P	SP; PA
RIASTAP	P	SP; PA
TRETTEN	P	SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	P	MP
Platelet Aggregation Inhibitors		
<i>anagrelide hcl</i>	P	
<i>cilostazol</i>	P	QL(2 ea daily); MP
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Cobalamins		
<i>cyanocobalamin SOLN IJ</i>	P	
Folic Acid/Folates		
<i>folic acid TABS</i>	P	
Iron		
<i>ferrous fumarate TABS 324 MG</i>	P	
<i>ferrous gluconate TABS 324 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	P	
<i>ferrous sulfate SOLN 15 MG/ML</i>	P	75 MG/ML (15 MG/ML Elemental Fe); QL(3.34 ml daily)
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	P	MP
Stem Cell Mobilizers		
MOZOBIL (<i>plerixafor</i>)	P	QL(2.4 ml daily); SP; PA
<i>plerixafor</i>	P	QL(2.4 ml daily); SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>tranexamic acid TABS</i>	P	QL(6 ea daily; 30 ea per 5 days retail)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) CAPS 50 MG</i>	P	QL(6 ea daily)
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	P	QL(12 ea daily)
Non-Barbiturate Hypnotics		
<i>midazolam hcl SOLN IJ</i>	P	PA
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	P	QL(10 ea daily)
KONSYL DAILY FIBER PACK 100 %	P	
KONSYL DAILY PSYLLIUM FIBER PACK	P	
KONSYL ORIGINAL DAILY FIBER PACK	P	

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Drug Name	Drug Tier	Requirements/Limits
NATURAL FIBER LAXATIVE POWD	P	
<i>psyllium CAPS 0.52 GM, 400 MG</i>	P	
<i>psyllium POWD 25 %, 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 49 %, 51.7 %, 58.6 %, 100 %</i>	P	
REGULOID POWD	P	
Laxative Combinations		
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P	
<i>sennosides-docusate sodium TABS</i>	P	
Laxatives - Miscellaneous		
<i>glycerin (laxative) SUPP 1 GM, 1.2 GM, 2 GM, 2.1 GM, 80.7 %</i>	P	
<i>lactulose SOLN</i>	P	
PEDIA-LAX SUPP	P	
<i>polyethylene glycol 3350 PACK</i>	P	
<i>polyethylene glycol 3350 POWD</i>	P	
SORBITOL RE 70 %	P	
Lubricant Laxatives		
<i>mineral oil ENEM</i>	P	
<i>mineral oil OIL OR</i>	P	QL(4 ml daily); RX/OTC
Saline Laxatives		
<i>magnesium citrate</i>	P	
<i>magnesium hydroxide SUSP</i>	P	
MILK OF MAGNESIA CONCENTRATE SUSP	P	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium phosphates ENEM</i>	P	
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	P	
<i>bisacodyl TBEC</i>	P	
<i>castor oil OIL 100 %</i>	P	
SENNA SYRP	P	
<i>sennosides LIQD</i>	P	
<i>sennosides SYRP 8.8 MG/5ML</i>	P	
<i>sennosides TABS 8.6 MG, 15 MG, 17.2 MG, 25 MG</i>	P	
Surfactant Laxatives		
<i>docusate calcium</i>	P	
<i>docusate sodium CAPS 100 MG, 250 MG</i>	P	
<i>docusate sodium LIQD</i>	P	
<i>docusate sodium SYRP</i>	P	
DOCUSATE SODIUM SYRP	P	
<i>docusate sodium TABS</i>	P	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
GAUZE PADS	P	
GAUZE PADS & DRESSINGS - PADS 2" X 2"	P	
GAUZE PADS & DRESSINGS - PADS 4" X 4"	P	
Contraceptives		
AIMSCO LUBRICATED MISC	P	
DUREX EXTRA SENSITIVE THIN DEVI	P	
FANTASY LUBRICATED/SPERMICI DE MISC	P	

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FANTASY LUBRICATED MISC	P		REALITY LATEX/ULTRA THIN DEVI	P	
KAMELEON LUBRICATED MISC	P		TRUSTEX COLOR CONDOMS + LUBE MISC	P	
KIMONO COLORS DEVI	P		TRUSTEX LUBRICATED EXTRALARGE MISC	P	
KIMONO LUBRICATED MISC	P		TRUSTEX LUBRICATED EXTRASTRENGTH MISC	P	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	P		TRUSTEX LUBRICATED/RIBBED/STUDDDED MISC	P	
KIMONO PLUS SPERMICIDE LUBRICATED MISC	P		TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	P	
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	P		TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	P	
KIMONO PS LUBRICATED MISC	P		TRUSTEX LUBRICATED/SPERMICIDE MISC	P	
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	P		TRUSTEX LUBRICATED MISC	P	
KIMONO SENSATION LUBRICATED MISC	P		TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	P	
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	P		TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDDED MISC	P	
KIMONO SPECIAL DEVI	P		TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	P	
K-Y ME & YOU EXTRA LUBRICATED DEVI	P		TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	P	
K-Y ME & YOU INTENSE DEVI	P		TRUSTEX/RIA LUBRICATED MISC	P	
MAXX LUBRICATED MISC	P		Diabetic Supplies		
MAXX PLUS SPERMICIDE LUBRICATED MISC	P		BLOOD GLUCOSE CALIBRATION - LIQUID	P	
PREMIUM CONDOMS LUBRICATED MISC	P				
REALITY LATEX CONDOMS/LUBRICATED MISC	P				
REALITY LATEX/ULTRA TEXTURED DEVI	P				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH	P		INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 1/2"	P	QL(5 ea daily); Rx/OTC
BLOOD GLUCOSE CALIBRATION - LIQUID - LOW	P		INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 5/16"	P	QL(5 ea daily); Rx/OTC
BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL	P		INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	P	QL(5 ea daily); Rx/OTC
LANCET DEVICES	P	QL(1 ea per 180 days)	INSULIN SYRINGE/NEEDLE U-100 1 ML 25 X 1"	P	QL(5 ea daily); Rx/OTC
LANCETS	P		INSULIN SYRINGE/NEEDLE U-100 1 ML 25 X 5/8"	P	QL(5 ea daily); Rx/OTC
GI-GU Ostomy & Irrigation Supplies			INSULIN SYRINGE/NEEDLE U-100 1 ML 26 X 1/2"	P	QL(5 ea daily); Rx/OTC
CATHETER KIT	P	Rx/OTC	INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 1/2"	P	QL(5 ea daily); Rx/OTC
Misc. Devices			INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 5/8"	P	QL(5 ea daily); Rx/OTC
ALCOHOL SWABS	P	QL(400 ea per fill); Rx/OTC	INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2"	P	QL(5 ea daily); Rx/OTC
Parenteral Therapy Supplies			INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2"	P	QL(5 ea daily); Rx/OTC
INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	P	QL(5 ea daily); Rx/OTC	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2"	P	QL(5 ea daily); Rx/OTC
INSULIN PEN NEEDLE 29 G X 12.7 MM	P	QL(5 ea daily); Rx/OTC	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16"	P	QL(5 ea daily); Rx/OTC
INSULIN PEN NEEDLE 31 G X 5 MM (3/16")	P	QL(5 ea daily); Rx/OTC	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 15/64"	P	QL(5 ea daily); Rx/OTC
INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	P	QL(5 ea daily); Rx/OTC	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	P	QL(5 ea daily); Rx/OTC
INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	P	QL(5 ea daily); Rx/OTC	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 27 X 1/2"	P	QL(5 ea daily); Rx/OTC
INSULIN PEN NEEDLE 32 G X 4 MM (5/32")	P	QL(5 ea daily); Rx/OTC			
INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	P	QL(5 ea daily); Rx/OTC			
INSULIN PEN NEEDLE 32 G X 6 MM (1/4")	P	QL(5 ea daily); Rx/OTC			
INSULIN SYRINGE (DISP) U-100 1/2 ML	P	Rx/OTC			
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 29 X 1/2"	P	QL(5 ea daily); Rx/OTC			

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INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2"	P	QL(5 ea daily); Rx/OTC	<i>calcium carbonate-cholecalciferol TABS 20 MCG-600 MG, 200 UNIT-600 MG, 400 UNIT-800 UNIT-600 MG-600 MG, 5 MCG-600 MG, 800 UNIT-600 MG</i>	P	QL(2 ea daily)
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2"	P	QL(5 ea daily); Rx/OTC	<i>calcium carbonate TABS 500 MG, 1250 MG</i>	P	
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 1/2"	P	QL(5 ea daily); Rx/OTC	<i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT</i>	P	
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 3/8"	P	QL(5 ea daily); Rx/OTC	<i>calcium carbonate-vitamin d TABS 600 MG-200 UNIT</i>	P	QL(2 ea daily)
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16"	P	QL(5 ea daily); Rx/OTC	<i>calcium citrate TABS 200 MG</i>	P	
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	P	QL(5 ea daily); Rx/OTC	CALCIUM CHEW	P	
Respiratory Therapy Supplies			<i>oyster shell</i>	P	
INSPIREASE RESERVOIR BAGS	P	QL(3 ea per 180 days retail)	OYSTER SHELL CALCIUM/D TABS	P	
RESPIRATORY THERAPY SUPPLIES - DEVICES	P	QL(2 ea per 365 days); Rx/OTC	PARVA-CAL	P	
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	P	QL(2 ea per 365 days); Rx/OTC	Electrolyte Mixtures		
MINERALS & ELECTROLYTES			ORAL ELECTROLYTE SOLUTION	P	
Calcium			Fluoride		
CALCIUM 600+D HIGH POTENCY TABS	P	QL(2 ea daily)	<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	P	AL(Up to 15 yrs old)
CALCIUM CARBONATE CHEW 500 MG	P		<i>sodium fluoride SOLN 0.125 MG/DROP</i>	P	
<i>calcium carbonate-cholecalciferol CHEW 400 UNIT-500 MG</i>	P		<i>sodium fluoride SOLN 0.5 MG/ML</i>	P	AL(Up to 15 yrs old); RX/OTC
<i>calcium carbonate-cholecalciferol TABS</i>	P		Magnesium		
<i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 400 UNIT-600 MG</i>	P	QL(3 ea daily)	<i>magnesium oxide (mg supplement) TABS 400 MG</i>	P	
			<i>magnesium TABS 400 MG, 400 MG</i>	P	
			MAGOX 400 TABS (<i>magnesium oxide (mg supplement)</i>)	P	

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Drug Name	Drug Tier	Requirements/Limits
Phosphate		
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	P	QL(8 ea daily)
Potassium		
<i>potassium bicarbonate TBEF</i>	P	
<i>potassium chloride microencapsulated crystals er</i>	P	MP
<i>potassium chloride CPCR 8 MEQ</i>	P	MP
<i>potassium chloride CPCR 10 MEQ</i>	P	MP
<i>potassium chloride PACK OR 20 MEQ</i>	P	
<i>potassium chloride SOLN OR 10 %, 20 %</i>	P	MP
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	P	MP
Sodium		
<i>sodium chloride flush</i>	P	
<i>sodium chloride SOLN IV 0.9 %</i>	P	
Zinc		
<i>zinc sulfate CAPS</i>	P	
ZINC SULFATE CAPS	P	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
<i>penicillamine TABS</i>	P	
Immunosuppressive Agents		
<i>mycophenolate mofetil hcl</i>	P	
PROGRAF SOLN	P	PA
Potassium Removing Agents		
<i>sodium polystyrene sulfonate POWD</i>	P	QL(454 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i>	P	
MOUTH/THROAT/DENTAL AGENTS		
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	P	
Dental Products		
PREVIDENT RINSE SOLN	P	
<i>sodium fluoride (dental) CREA</i>	P	QL(60 gm per fill retail)
<i>sodium fluoride (dental) GEL</i>	P	QL(60 gm per fill retail)
<i>sodium fluoride (dental) SOLN 0.2 %</i>	P	
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	P	QL(0.72 gm daily; 5 gm per fill retail)
Throat Products - Misc.		
ARTIFICIAL SALIVA - SOLUTION	P	QL(900 ea per fill);
<i>pilocarpine hcl (oral) 5 MG</i>	P	QL(6 ea daily)
MULTIVITAMINS		
B-Complex Vitamins		
B-COMPLEX VITAMIN CAP	P	QL(1 ea daily)
B-COMPLEX VITAMIN TAB	P	QL(1 ea daily)
B-Complex w/ C		
B-COMPLEX W/ C	P	Rx/OTC
B-COMPLEX W/ C CAP	P	QL(1 ea daily)
B-COMPLEX W/ C TAB	P	
B-Complex w/ Folic Acid		
B-COMPLEX W/ C & FOLIC ACID CAP 1 MG	P	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
B-COMPLEX W/ C & FOLIC ACID TAB	P	
B-COMPLEX W/ C & FOLIC ACID TAB 1 MG	P	QL(1 ea daily)
B-COMPLEX W/ C-BIOTIN-VIT E	P	Rx/OTC
B-COMPLEX W/ FOLIC ACID CAP	P	
B-COMPLEX W/BIOTIN & FOLIC ACID TAB	P	
B-Complex w/ Minerals		
B-COMPLEX W/ MINERALS LIQ	P	Rx/OTC
Bioflavonoid Products		
BIOFLAVONOID PRODUCTS TAB CR	P	
Multiple Vitamins w/ Iron		
MULTIPLE VITAMINS W/ IRON TAB	P	QL(1 ea daily); Rx/OTC
Multiple Vitamins w/ Minerals		
MULTIPLE VITAMINS W/ MINERALS CAP	P	Rx/OTC
MULTIPLE VITAMINS W/ MINERALS CHEW TAB	P	Rx/OTC
MULTIPLE VITAMINS W/ MINERALS PACK	P	Rx/OTC
MULTIPLE VITAMINS W/ MINERALS POWDER	P	Rx/OTC
MULTIPLE VITAMINS W/ MINERALS SYRUP	P	Rx/OTC
Multivitamins		
MULTIPLE VITAMIN TAB	P	QL(1 ea daily); Rx/OTC
Ped Multi Vitamins w/FI & FE		
PEDIATRIC MULTIPLE VITAMINS W/ FL-FE DROPS 0.25-10 MG/ML	P	QL(50 ml per fill retail);RX/OTC
Ped Multiple Vitamins w/ Minerals		

Drug Name	Drug Tier	Requirements/Limits
PEDIATRIC MULTIPLE VITAMIN W/ MINERALS	P	
PEDIATRIC MULTIPLE VITAMIN W/ MINERALS & C CHEW TAB 60 MG	P	
Ped MV w/ Fluoride		
PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG	P	QL(1 ea daily); Rx/OTC
PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.5 MG	P	QL(1 ea daily); Rx/OTC
PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 1 MG	P	QL(1 ea daily); Rx/OTC
PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.25 MG/ML	P	QL(50 ml per fill retail);RX/OTC
PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.5 MG/ML	P	QL(50 ml per fill retail);RX/OTC
PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.25 MG/ML	P	QL(50 ml per fill retail);RX/OTC
PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.5 MG/ML	P	QL(50 ml per fill retail);RX/OTC
Ped MV w/ Iron		
PEDIATRIC MULTIPLE VITAMINS W/ IRON CHEW TAB 10 MG	P	
PEDIATRIC MULTIPLE VITAMINS W/ IRON CHEW TAB 15 MG	P	
PEDIATRIC MULTIPLE VITAMINS W/ IRON CHEW TAB 18 MG	P	QL(1 ea daily); Rx/OTC
PEDIATRIC MULTIPLE VITAMINS W/ IRON DROPS 10 MG/ML	P	QL(50 ml per fill retail);RX/OTC
Pediatric Multiple Vitamins		
PEDIATRIC MULTIPLE VITAMIN CHEW TAB	P	Rx/OTC

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Drug Name	Drug Tier	Requirements/Limits
PEDIATRIC MULTIPLE VITAMIN DROPS	P	Rx/OTC
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Sympathomimetic Decongestants		
ADRENALIN 0.1 % (epinephrine hcl (nasal))	P	
epinephrine hcl (nasal)	P	
phenylephrine hcl (oral) TABS	P	QL(24 ea per fill retail)
pseudoephedrine hcl TABS	P	
pseudoephedrine hcl TB12	P	QL(2 ea daily)
pseudoephedrine hcl 15 MG/ 5 ML	P	
NUTRIENTS		
Proteins		
LEVOCARNITINE TABS	P	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
artificial tear solution	P	
polyvinyl alcohol 1.4 %	P	QL(15 ml per fill retail)
polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 MG/ML-6 MG/ML	P	
white petrolatum-mineral oil	P	QL(4 gm per fill retail)
Cycloplegic Mydriatics		
atropine sulfate (ophthalmic) OINT	P	QL(4 gm per fill retail)
atropine sulfate (ophthalmic) SOLN	P	QL(15 ml per fill retail)
ATROPINE SULFATE SOLN 1 %	P	QL(15 ea per fill retail)
CYCLOGYL 2 %	P	
CYCLOGYL 0.5 %	P	QL(15 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
cyclopentolate hcl 0.5 %, 1 %	P	QL(15 ml per fill retail)
cyclopentolate hcl 2 %	P	
ISOPTO ATROPINE SOLN	P	QL(15 ml per fill retail)
phenylephrine hcl (mydriatic) SOLN 2.5 %	P	QL(15 ml per fill retail)
tropicamide SOLN	P	QL(15 ml per fill retail)
Ophthalmic Anti-infectives		
trifluridine	P	QL(8 ml per fill retail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	P	QL(15 ml per fill retail)
Otic Steroids		
fluocinolone acetonide (otic)	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
hydrocortisone w/acetic acid	P	QL(10 ml per fill retail)
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Monoclonal Antibodies		
SYNAGIS SOLN	P	SP; PA
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		
CHERRY CONCENTRATE	P	RX/OTC
CHERRY SYRUP	P	RX/OTC
ORAL VEHICLES	P	
ORAL VEHICLES - SUSP	P	
ORAL VEHICLES - SYRUP	P	
SIMPLE SYRUP	P	RX/OTC
SYRPALTA	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
SYRUP NF	P	RX/OTC
Semi Solid Vehicles		
POLYETHYLENE GLYCOL 3350 POWD	P	RX/OTC
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	P	QL(3 ea daily)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK 25 MG, 50 MG, 75 MG	P	QL(2 ea daily); SP; PA
KALYDECO TABS	P	QL(2 ea daily); SP; PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	P	QL(2 ea daily); SP; PA
ORKAMBI TABS	P	QL(4 ea daily); SP; PA
PULMOZYME	P	QL(5 ml daily); SP; PA
SYMDEKO	P	QL(2 ea daily); PA
TRIKAFTA TBPK	P	QL(3 ea daily); PA
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	P	MP
<i>propylthiouracil</i>	P	MP
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	P	QL(0.5 ml daily); AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX SUSP	P	QL(0.5 ml daily); AL(At least 19 yrs old)
BOOSTRIX SUSY	P	QL(0.5 ml daily)
DAPTACEL	P	QL(0.5 ml per fill retail); AL(At least 6 yrs old)
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	P	QL(0.5 ml per fill retail); AL(At least 6 yrs old)
INFANRIX	P	QL(0.5 ml per fill retail); AL(At least 6 yrs old)
KINRIX SUSY	P	QL(0.5 ml per fill retail); AL(At least 6 yrs old)
PEDIARIX SUSY	P	QL(0.5 ml per fill retail); AL(At least 6 yrs old)
PENTACEL	P	QL(1 ea per fill retail); AL(At least 5 yrs old)
QUADRACEL SUSP	P	QL(0.5 ml per fill retail); AL(At least 6 yrs old)
QUADRACEL SUSY	P	QL(0.5 ml per fill retail); AL(At least 6 yrs old)
TDVAX SUSP	P	
TENIVAC INJ	P	QL(0.5 ml daily); AL(At least 19 yrs old)
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	P	
VAXELIS SUSP	P	QL(0.5 ml per fill retail); AL(At least 5 yrs old)
VAXELIS SUSY	P	QL(0.5 ml per fill retail); AL(At least 5 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		

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<i>dicyclomine hcl CAPS</i>	P		MENVEO SOLR	P	AL(Up to 55 yrs old)
<i>dicyclomine hcl SOLN OR</i>	P	QL(40 ml daily)	PEDVAX HIB SUSP	P	QL(0.5 ml per fill retail)
<i>dicyclomine hcl TABS</i>	P		PNEUMOVAX 23	P	QL(0.5 ml daily)
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	P	QL(4 ea daily)	PNEUMOVAX 23/1 DOSE	P	QL(0.5 ml daily)
ROBINUL FORTE TABS (<i>glycopyrrolate</i>)	P	QL(4 ea daily)	PREVNAR 13	P	QL(0.5 ml daily)
ROBINUL TABS (<i>glycopyrrolate</i>)	P	QL(4 ea daily)	PREVNAR 20	P	QL(0.5 ml per fill retail); AL(At least 18 yrs old)
Misc. Anti-Ulcer			TRUMENBA	P	AL(At least 10 yrs old - Up to 25 yrs old)
<i>sucralfate SUSP</i>	P		TYPHIM VI SOLN	P	QL(0.5 ml daily); AL(At least 2 yrs old)
<i>sucralfate TABS</i>	P		TYPHIM VI SOSY	P	QL(0.5 ml daily); AL(At least 2 yrs old)
Ulcer Drugs - Prostaglandins			VAXCHORA	P	
<i>misoprostol</i>	P		VAXNEUVANCE	P	QL(0.5 ml per fill retail); AL(At least 18 yrs old)
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			VIVOTIF	P	QL(0.58 ea daily); AL(At least 6 yrs old)
Urinary Antispasmodics - Cholinergic Agonists			Viral Vaccines		
<i>bethanechol chloride</i>	P	MP	ABRYSVO	P	QL(1 ea per fill retail); AL(At least 60 yrs old)
VACCINES			AREXVY	P	QL(1 ea per fill retail); AL(At least 60 yrs old)
Bacterial Vaccines			COMIRNATY 2023-24 SUSP	P	AL(At least 12 yrs old)
ACTHIB SOLR IM	P	QL(1 ea per fill retail)	COMIRNATY 2023-24 SUSY	P	AL(At least 12 yrs old)
BCG VACCINE	P	QL(1 ea daily)	COMIRNATY SUSP	P	AL(At least 12 yrs old)
BEXSERO	P	QL(0.5 ml daily); AL(At least 10 yrs old - Up to 25 yrs old)	DENGVAXIA	P	
BIOTHRAX	P	AL(At least 18 yrs old - Up to 65 yrs old)			
HIBERIX SOLR IJ	P	QL(1 ea per fill retail; 4 ea per 999 days retail)			
MENACTRA	P	QL(0.5 ml daily); AL(Up to 55 yrs old)			
MENQUADFI	P	AL(Up to 55 yrs old)			
MENVEO SOLN	P				

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ENGERIX-B SUSP 20 MCG/ML	P	QL(1 ml daily); AL(At least 19 yrs old)	INFLUENZA VIRUS VACC TYPES A & B SURF ANTIGEN ADJUVANT QUAD	P	1 rtl MAX fill, 180 rtl day(s) supply; AL(At least 19 yrs old)
ENGERIX-B SUSY 10 MCG/0.5ML	P	QL(0.5 ml daily); AL(At least 19 yrs old)	INFLUENZA VIRUS VACCINE LIVE QUADRIVALENT	P	1 rtl MAX fill, 180 rtl day(s) supply; AL(At least 19 yrs old- Up to 49 yrs old)
ENGERIX-B SUSY 20 MCG/ML	P	AL(At least 19 yrs old)	INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT	P	1 rtl MAX fill, 180 rtl day(s) supply; AL(At least 19 yrs old)
GARDASIL 9 SUSP	P	QL(0.5 ml daily); AL(At least 19 yrs old - Up to 45 yrs old)	INFLUENZA VIRUS VACCINE TISSUE-CULTURED SUBUNIT QUADRIVALENT	P	1 rtl MAX fill, 180 rtl day(s) supply; AL(At least 19 yrs old)
GARDASIL 9 SUSY	P	QL(0.5 ml daily); AL(At least 19 yrs old - Up to 45 yrs old)	INFLUENZA VIRUS VACCINE TYPES A & B SURFACE ANTIGEN ADJUVANT	P	1 rtl MAX fill, 180 rtl day(s) supply; AL(At least 19 yrs old)
HAVRIX 720 ELU/0.5ML	P	QL(0.5 ml daily); AL(At least 19 yrs old)	IPOL INACTIVATED IPV	P	
HAVRIX 1440 ELU/ML	P	2 rtl MAX fill; 999 rtl day(s) supply; QL(1 ml per fill retail); AL(At least 19 yrs old)	IXIARO	P	QL(0.5 ml per fill retail)
HEPLISAV-B SOSY	P	QL(0.5 ml per fill retail); AL(At least 18 yrs old)	JANSSEN COVID-19 VACCINE	P	
IMOVAX RABIES (H.D.C.V.) SUSR	P	AL(At least 19 yrs old)	M-M-R II SOLR	P	AL(At least 1 yrs old)
INFLUENZA VIRUS VAC RECOMB HEMAGGLUTININ (HA) QUADRIVALENT	P	1 rtl MAX fill, 180 rtl day(s) supply; AL(At least 19 yrs old)	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	P	
INFLUENZA VIRUS VAC SPLIT HIGH-DOSE QUAD PRESERVATIVE FREE	P	1 rtl MAX fill, 180 rtl day(s) supply; AL(At least 19 yrs old)	MODERNA COVID-19 VACCINE SUSP 100 MCG/0.5ML	P	
			MODERNA COVID-19 VACCINE SUSP 50 MCG/0.5ML	P	AL(At least 12 yrs old)

PAHW Formulary

Updated February 15, 2024

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ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NOVAVAX COVID-19 VACCINE	P	AL(At least 12 yrs old)	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	P	AL(At least 12 yrs old)
NOVAVAX COVID-19 VACCINE/2023-24	P	AL(At least 12 yrs old)	SPIKEVAX COVID-19 VACCINE SUSP	P	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	P	AL(At least 5 yrs old - Up to 11 yrs old)	STAMARIL SUSR	P	QL(1 ea daily)
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	P		TICOVAC 2.4 MCG/0.5ML	P	AL(At least 1 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	P	AL(At least 12 yrs old)	TWINRIX SUSY	P	AL(At least 19 yrs old)
PFIZER-BIONTECH COVID-19VACCINE SUSP	P		VAQTA 25 UNIT/0.5ML	P	QL(0.5 ml daily); AL(At least 19 yrs old)
PREHEVBRIO	P		VAQTA 50 UNIT/ML	P	QL(1 ml daily); AL(At least 19 yrs old)
PRIORIX SUSR	P		VARIVAX INJ	P	QL(1 ea daily); AL(At least 1 yrs old)
PROQUAD SUSR	P	QL(1 ea per fill retail); AL(Up to 13 yrs old)	YF-VAX INJ	P	
RABAVERT	P		VAGINAL AND RELATED PRODUCTS		
RECOMBIVAX HB SUSP 10 MCG/ML, 40 MCG/ML	P	AL(At least 19 yrs old)	Spermicides		
RECOMBIVAX HB SUSP 5 MCG/0.5ML	P	QL(0.5 ml daily); AL(At least 19 yrs old)	OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	P	
RECOMBIVAX HB SUSY 5 MCG/0.5ML	P	QL(0.5 ml daily); AL(At least 19 yrs old)	VCF VAGINAL CONTRACEPTIVE FILM FILM	P	
RECOMBIVAX HB SUSY 10 MCG/ML	P	AL(At least 19 yrs old)	VCF VAGINAL CONTRACEPTIVEGEL GEL	P	
ROTARIX SUSP	P		VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
ROTARIX SUSR	P	QL(1 ml per fill retail); AL(Up to 1 yrs old)	Vasopressors		
ROTATEQ SOLN	P		<i>midodrine hcl</i>	P	
SHINGRIX	P	QL(1 ea daily); AL(At least 18 yrs old)	VITAMINS		
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	P	AL(At least 12 yrs old)	Oil Soluble Vitamins		
			<i>cholecalciferol CAPS 125 MCG, 5000 UNIT</i>	P	QL(2 ea daily)
			<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT</i>	P	QL(8 ea per 28 days retail)

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Drug Name	Drug Tier	Requirements/Limits
<i>cholecalciferol CAPS 50 MCG, 2000 UNIT</i>	P	
<i>cholecalciferol CAPS 25 MCG, 1000 UNIT</i>	P	QL(1 ea daily)
<i>cholecalciferol CHEW 400 UNIT</i>	P	
<i>cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML</i>	P	
<i>cholecalciferol TABS 25 MCG, 400 UNIT, 1000 UNIT</i>	P	
<i>ergocalciferol CAPS</i>	P	
<i>ergocalciferol SOLN OR</i>	P	
<i>phytonadione TABS 5 MG</i>	P	
<i>vitamin a CAPS 3000 MCG, 8000 UNIT, 10000 UNIT</i>	P	
<i>vitamin a TABS</i>	P	
<i>vitamin e CAPS 100 UNIT, 200 UNIT, 400 UNIT</i>	P	QL(2 ea daily)
<i>vitamin e CAPS 180 MG, 400 UNIT</i>	P	
VITAMIN E CAPS 200 UNIT	P	QL(2 ea daily)
<i>vitamin e SOLN 15 UNIT/0.3ML</i>	P	
Water Soluble Vitamins		
ACEROLA C 500 WAFR	P	
ASCORBIC ACID ORAL POWDER	P	
<i>ascorbic acid CHEW 500 MG, 500 MG-7.5 MG, 500 MG</i>	P	
<i>ascorbic acid TABS</i>	P	QL(100 ea per 34 days retail)
<i>biotin CAPS 5 MG, 5000 MCG</i>	P	
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>riboflavin TABS 50 MG, 100 MG</i>	P	QL(100 ea per 34 days retail)
<i>thiamine hcl TABS</i>	P	QL(100 ea per 34 days retail)
<i>thiamine mononitrate TABS</i>	P	
VITAMIN B-2 TABS	P	QL(100 ea per 34 days retail)

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levetiracetam SOLN IV 500 MG/5ML 3		MAGOX 400 TABS (magnesium oxide (mg supplement))	14	mineral oil ENEM	11
levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	9	MATULANE	4	mineral oil OIL OR	11
levocarnitine (metabolic modifiers) TABs	9	MAXI-TUSS PE MAX LIQD	6	minoxidil 2.5 MG, 10 MG	3
LEVOCARNITINE TABS	17	MAXX LUBRICATED MISC	12	misoprostol	19
LEVOMEFOLATE CALCIUM ALGAL POWDER 15 MG-90.314 MG	8	MAXX PLUS SPERMICIDE LUBRICATED MISC	12	M-M-R II SOLR	20
levonorgestrel (emergency oc) 1.5 MG	5	megestrol acetate SUSP	4	MODERNA COVID-19 VACCINE SUSP 100 MCG/0.5ML	20
LITHIUM	5	megestrol acetate TABs	4	MODERNA COVID-19 VACCINE SUSP 50 MCG/0.5ML	20
lithium carbonate CAPS	5	melphalan	4	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP . 20	
lithium carbonate TABs	5	MENACTRA	19	MOZOBIL (plerixafor)	10
lithium carbonate TBCR	5	MENQUADFI	19	MULTIPLE VITAMIN TAB	16
L-METHYLFOLATE CA/S-ALGAL .	8	MENVEO SOLN	19	MULTIPLE VITAMINS W/ IRON TAB	16
		MENVEO SOLR	19	MULTIPLE VITAMINS W/ MINERALS CAP	16
		mercaptopurine TABs	4		
		MESNEX TABs	4		

MULTIPLE VITAMINS W/ MINERALS CHEW TAB	16	oyster shell	14	PEDIATRIC MULTIPLE VITAMINS W/ IRON CHEW TAB 18 MG	16
MULTIPLE VITAMINS W/ MINERALS PACK	16	OYSTER SHELL CALCIUM/D TABS . 14		PEDIATRIC MULTIPLE VITAMINS W/ IRON DROPS 10 MG/ML	16
MULTIPLE VITAMINS W/ MINERALS POWDER	16	PARVA-CAL	14	PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.25 MG/ML ...	16
MULTIPLE VITAMINS W/ MINERALS SYRUP	16	PAXLOVID 100 MG-150 MG	5	PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.5 MG/ML	16
mycophenolate mofetil hcl	15	PEDIA-LAX SUPP	11	PEDVAX HIB SUSP	19
MYLERAN TABS	4	PEDIARIX SUSY	18	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	11
NATURAL FIBER LAXATIVE POWD 11		PEDIATRIC MULTIPLE VITAMIN CHEW TAB	16	peg 3350-potassium chloride-sod bicarbonate-sod chloride	11
NORPACE CR CP12 150 MG	2	PEDIATRIC MULTIPLE VITAMIN DROPS	17	penicillamine TABS	15
NOVA MAX PLUS KETONE TESTSTRIPS	8	PEDIATRIC MULTIPLE VITAMIN W/ MINERALS	16	PENTACEL	18
NOVAVAX COVID-19 VACCINE .	21	PEDIATRIC MULTIPLE VITAMIN W/ MINERALS & C CHEW TAB 60 MG . 16		pentoxifylline	10
NOVAVAX COVID-19 VACCINE/2023-24	21	PEDIATRIC MULTIPLE VITAMINS W/ FL-FE DROPS 0.25-10 MG/ML 16		PFIZER-BIONTECH COVID- 19VACCINE SUSP	21
OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	21	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG	16	PFIZER-BIONTECH COVID- 19VACCINE/5-11Y/2023-24 SUSP 21	
ORAL ELECTROLYTE SOLUTION . 14		PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.5 MG . 16		PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP	21
ORAL VEHICLES - SUSP	17	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 1 MG .16		phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG	10
ORAL VEHICLES - SYRUP	17	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.25 MG/ML 16		phenylephrine hcl (mydriatic) SOLN 2.5 %	17
ORAL VEHICLES	17	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.5 MG/ML .16		phenylephrine hcl (oral) TABS	17
ORALAIR ADULT STARTER PACK SUBL	1	PEDIATRIC MULTIPLE VITAMINS W/ IRON CHEW TAB 10 MG	16	phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML	6
ORALAIR CHILDREN/ADOLESCENTS STARTER PACK SUBL	1	PEDIATRIC MULTIPLE VITAMINS W/ IRON CHEW TAB 15 MG	16	phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML	6
ORALAIR SUBL	1				
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	18				
ORKAMBI TABS	18				

phenylephrine-dm SOLN	6	PRECISION XTRA	8	PURIXAN SUSP	4
phenylephrine-doxylamine- dextromethorphan-acetaminophen MISC 5 MG-325 MG-6.25 MG	6	PREHEVBRIO	21	pyrazinamide	4
phytonadione TABS 5 MG	22	PREMIUM CONDOMS LUBRICATED MISC	12	pyridostigmine bromide TABS 60 MG	4
pilocarpine hcl (oral) 5 MG	15	PREVIDENT RINSE SOLN	15	pyridostigmine bromide TBCR	4
plerixafor	10	PREVNAR 13	19	pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG	22
PNEUMOVAX 23	19	PREVNAR 20	19	QC CASTOR OIL	5
PNEUMOVAX 23/1 DOSE	19	PRIORIX SUSR	21	QC DIBROMM CHILDRENS COLD& ALLERGY LIQD	7
podofilox SOLN	7	PROGRAF SOLN	15	QC TRIACTING DAYTIME CHILDRENS SYRP	7
polyethylene glycol 3350 PACK ...	11	promethazine & phenylephrine SYRP	6	QUADRACEL SUSP	18
polyethylene glycol 3350 POWD ..	11	promethazine w/codeine SOLN	7	QUADRACEL SUSY	18
POLYETHYLENE GLYCOL 3350 POWD	18	promethazine w/codeine SYRP	7	quinidine gluconate TBCR	2
polyvinyl alcohol 1.4 %	17	promethazine-dm SYRP	7	quinidine sulfate TABS	2
polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 MG/ML-6 MG/ML ..	17	promethazine-phenylephrine-codeine	7	RABAVERT	21
pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	15	propafenone hcl TABS	2	REALITY LATEX CONDOMS/LUBRICATED MISC ..	12
potassium bicarbonate TBEF	15	propylthiouracil	18	REALITY LATEX/ULTRA TEXTURED DEVI	12
potassium chloride CPCR 10 MEQ 15	15	PROQUAD SUSR	21	REALITY LATEX/ULTRA THIN DEVI 12	12
potassium chloride CPCR 8 MEQ .	15	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 7	7	RECOMBIVAX HB SUSP 10 MCG/ML, 40 MCG/ML	21
potassium chloride microencapsulated crystals er	15	pseudoephedrine hcl TABS	17	RECOMBIVAX HB SUSP 5 MCG/0.5ML	21
potassium chloride PACK OR 20 MEQ	15	pseudoephedrine 15MG/5ML.....	17	RECOMBIVAX HB SUSY 10 MCG/ML	21
potassium chloride SOLN OR 10 %, 20 %	15	pseudoephedrine-guaifenesin TB12 600 MG-60 MG	7	RECOMBIVAX HB SUSY 5 MCG/0.5ML	21
potassium chloride TBCR 8 MEQ, 10 MEQ	15	pseudoephedrine-ibuprofen TABS ..	7	REGULOID POWD	11
potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG	9	psyllium CAPS 0.52 GM, 400 MG .	11	RELION KETONE TEST STRIPS STRP	8
potassium citrate-citric acid PACK ..	9	psyllium POWD 25 %, 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 49 %, 51.7 %, 58.6 %, 100 %	11		
		PTS PANELS KETONE TEST	8		
		PULMOZYME	18		

REMODULIN SOLN IJ 20 MG/20ML, 50 MG/20ML	5	SIMPLE SYRUP	17	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	21
RESPIRATORY THERAPY SUPPLIES - DEVICES	14	SIVEXTRO TABS	4	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	21
RIASTAP	10	SM COLD & ALLERGY CHILDRENS LIQD	7	spironolactone & hydrochlorothiazide	9
riboflavin TABS 50 MG, 100 MG ..	22	sodium bicarbonate (antacid) TABS 325 MG, 650 MG	2	spironolactone TABS	9
rifampin CAPS	4	sodium chloride (gu irrigant) 0.9 % 10		STAMARIL SUSR	21
ROBINUL FORTE TABS (glycopyrrolate)	19	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	7	sucralfate SUSP	19
ROBINUL TABS (glycopyrrolate) ..	19	sodium chloride flush	15	sucralfate TABS	19
romidepsin SOLR	4	sodium chloride SOLN IV 0.9 % ...	15	sulfamethoxazole-trimethoprim SUSP	3
ROTARIX SUSP	21	sodium citrate & citric acid	9	sulfamethoxazole-trimethoprim TABS	3
ROTARIX SUSR	21	sodium fluoride (dental) CREA	15	SYMDEKO	18
ROTATEQ SOLN	21	sodium fluoride (dental) GEL	15	SYNAGIS SOLN	17
salicylic acid GEL 6 %	8	sodium fluoride (dental) SOLN 0.2 % 15		SYRPALTA	17
salsalate	1	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	14	SYRUP NF	18
selenium sulfide LOTN 2.5 %	7	sodium fluoride SOLN 0.125 MG/DROP	14	TDVAX SUSP	18
SENNA SYRP	11	sodium fluoride SOLN 0.5 MG/ML .	14	TEMODAR SOLR	4
sennosides LIQD	11	sodium phosphates ENEM	11	TENIVAC INJ	18
sennosides SYRP 8.8 MG/5ML	11	sodium polystyrene sulfonate POWD 15		TETANUS/DIPHTHERIA TOXOIDS- ADSORBED ADULT SUSP	18
sennosides TABS 8.6 MG, 15 MG, 17.2 MG, 25 MG	11	sodium polystyrene sulfonate SUSP OR 15 GM/60ML	15	THEO-24 CP24	2
sennosides-docusate sodium TABS 11		SOLU-MEDROL 40 MG	5	theophylline ELIX	2
SHINGRIX	21	SORBITOL RE 70 %	11	theophylline SOLN	2
sildenafil citrate (pulmonary hypertension) SOLN	5	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	14	theophylline TB12	2
silver sulfadiazine	7	SPIKEVAX COVID-19 VACCINE SUSP	21	theophylline TB24	2
simethicone CHEW 80 MG	9			thiamine hcl TABS	22
simethicone LIQD OR 20 MG/0.3ML . 9				thiamine mononitrate TABS	22
simethicone SUSP	9			TICOVAC 2.4 MCG/0.5ML	21

TIKOSYN (dofetilide)	2	TRUSTEX LUBRICATED	MG, 1000 MG	4
tobramycin sulfate SOLN IJ	1	EXTRASTRENGTH MISC	VAQTA 25 UNIT/0.5ML	21
tobramycin sulfate SOLR	1	TRUSTEX LUBRICATED MISC ...	VAQTA 50 UNIT/ML	21
toremide TABS	9	TRUSTEX	VARIVAX INJ	21
tranexamic acid TABS	10	LUBRICATED/RIBBED/STUDED	VAXCHORA	19
TRECTOR	4	MISC	VAXELIS SUSP	18
treprostinil SOLN IJ 20 MG/20ML, 50		TRUSTEX	VAXELIS SUSY	18
MG/20ML	5	LUBRICATED/SPERMICIDE EXTRA	VAXNEUVANCE	19
tretinoin (chemotherapy)	4	LARGE MISC	VCF VAGINAL CONTRACEPTIVE	
TRETTEN	10	TRUSTEX	FILM FILM	21
triamcinolone acetonide (mouth) ..	15	LUBRICATED/SPERMICIDE EXTRA	VCF VAGINAL	
TRIAMCINOLONE ACETONIDE PF		STRENGTH MISC	CONTRACEPTIVEGEL GEL	21
SUSP	5	12	VIRTUSSIN DAC SOLN	7
triamcinolone acetonide SUSP 40		TRUSTEX NATURAL CONDOMS	vitamin a CAPS 3000 MCG, 8000	
MG/ML, 200 MG/5ML, 400 MG/10ML		+LUBE/LUBRICATED MISC	UNIT, 10000 UNIT	22
.....	6	TRUSTEX WITH NONOXYNOL-	vitamin a TABS	22
TRIAMCINOLONE ACETONIDE		9/RIBBED/STUDED MISC	VITAMIN B-2 TABS	22
SUSP	6	12	vitamin e CAPS 100 UNIT, 200 UNIT,	
TRIAMINIC COLD & COUGH DAY		TRUSTEX/RIA LUBRICATED MISC .	400 UNIT	22
TIME CHILDRENS SYRP	7	12	vitamin e CAPS 180 MG, 400 UNIT	
triamterene & hydrochlorothiazide		TRUSTEX/RIA LUBRICATED	22	
CAPS 25 MG-37.5 MG	9	SPERMICIDE MISC	VITAMIN E CAPS 200 UNIT	22
triamterene & hydrochlorothiazide		12	vitamin e SOLN 15 UNIT/0.3ML ...	22
TABS	9	TRUSTEX/RIA	VIVOTIF	19
trifluridine	17	LUBRICATED/SPERMICIDE MISC	WAL-TAP COLD/ALLERGY LIQD ..	7
TRIKAFTA TBPK	18	12	white petrolatum-mineral oil	17
trimethoprim TABS	3	TWINRIX SUSY	YF-VAX INJ	21
tropicamide SOLN	17	21	zinc oxide (topical) OINT 20 %, 40 %	
TRUMENBA	19	TYLENOL COLD/COUGH/SORE	8	
TRUSTEX COLOR CONDOMS +		THROAT CHILDRENS SUSP	zinc sulfate CAPS	15
LUBE MISC	12	7	ZINC SULFATE CAPS	15
TRUSTEX LUBRICATED		TYPHIM VI SOLN		
EXTRALARGE MISC	12	19		
		TYPHIM VI SOSY		
		7		
		urea CREA 40 %		
		7		
		urea LOTN 40 %		
		7		
		valproate sodium SOLN IV 100		
		MG/ML, 500 MG/5ML		
		3		
		vancomycin hcl SOLR IV 1 GM, 500		