



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: 1-844-349-8916).

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 1-844-349-8916).

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 1-844-349-8916).

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. Additionally, short-acting opioid prescriptions exceeding a 5 day (participants 21 years or older) or 3 day (participants under 21 years of age) duration will also be subject to 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
- Enzyme Replacements, Gauchers Disease
- Antifibrotic Respiratory Agents
- Oral Oncology Agents
- Thalidomide and Derivatives
- Antiparkinson's Agents

Appropriate Use and Safety Edits

Your health and safety are 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 1-844-3498916).

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
300 Corporate Center Drive
Camp Hill, PA 17011
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 1-844-349-8916). 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 SUBL	P	QL(1 ea daily); AL(At least 5 yrs old - Up to 65 yrs old)
ORALAIR ADULT STARTER PACK 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 chew</i>	P	
<i>acetaminophen tabs 325 mg, 500 mg</i>	P	
<i>acetaminophen soln or 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	P	QL(100 ml daily)
<i>acetaminophen susp 80 mg/2.5ml, 160 mg/5ml, 650 mg/20.3ml</i>	P	
<i>acetaminophen liqd 160 mg/5ml, 500 mg/15ml</i>	P	
<i>acetaminophen elix</i>	P	
<i>acetaminophen caps 500 mg</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen supp</i>	P	QL(12 ea per fill retail)
FEVERALL INFANTS SUPP	P	
FEVERALL JUNIOR STRENGTH SUPP	P	QL(12 ea per fill retail)
Salicylates		
<i>aspirin chew</i>	P	
<i>aspirin tabs 325 mg</i>	P	QL(12 ea daily; 56 ea per fill retail)
<i>aspirin tbec 325 mg</i>	P	
<i>aspirin tbec 81 mg</i>	P	QL(12 ea daily)
ASPIRIN SUPP 300 MG, 600 MG	P	QL(6 ea daily; 12 ea per fill retail)
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	
<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		
<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 liqd</i>	P	
<i>alum & mag hydrox-simethicone chew 25 mg-200 mg-200 mg</i>	P	
<i>alum & mag hydrox-simethicone susp</i>	P	

PAHW Formulary

Updated April 1, 2023

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
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		
Anti-anxiety 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		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	P	MP
NORPACE CR CP12 150 MG	P	
<i>quinidine gluconate tbc</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		

Drug Name	Drug Tier	Requirements/Limits
<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 tb12 300 mg, 450 mg</i>	P	MP
<i>theophylline elix</i>	P	
<i>theophylline soln</i>	P	QL(475 ml per fill retail; 1425 per fill mail MG/15ML); MP
<i>theophylline tb24</i>	P	MP
ANTICOAGULANTS - Blood Thinners		
Heparins And Heparinoid-Like Agents		
HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	P	
<i>heparin sodium (porcine) soln ij 1000 unit/ml, 5000 unit/0.5ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	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</i>	P	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		

PAHW Formulary Updated April 1, 2023
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>bismuth subsalicylate tabs</i>	P	
<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	
Antiperistaltic Agents		
ANTI-DIARRHEAL LIQD	P	
<i>diphenoxylate w/ atropine liqd 0.025 mg/5ml-2.5 mg/5ml</i>	P	
<i>diphenoxylate w/ atropine tabs 0.025 mg-2.5 mg</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 syrup</i>	P	QL(60 ml daily)
<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</i>	P	QL(4 ea daily)
<i>diphenhydramine hcl tabs 25 mg</i>	P	QL(4 ea daily)
<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 elix 12.5 mg/5ml</i>	P	QL(240 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrup</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	
TRIMETHOPRIM TABS	P	
Anti-infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim tabs</i>	P	
<i>sulfamethoxazole-trimethoprim susp 40 mg/5ml-200 mg/5ml</i>	P	
Glycopeptides		
<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; 6 ea per fill retail); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide tabs 60 mg</i>	P	
<i>pyridostigmine bromide tbc</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	
MYLERAN TABS	P	
TEMODAR SOLR	P	SP; PA
Antimetabolites		
<i>mercaptopurine tabs</i>	P	
PURIXAN SUSP	P	
Antineoplastic - Hormonal and Related Agents		
EMCYT	P	SP
EULEXIN	P	
<i>flutamide</i>	P	
LYSODREN	P	SP
<i>megestrol acetate susp</i>	P	
<i>megestrol acetate tabs</i>	P	
Antineoplastic Enzyme Inhibitors		
ISTODAX (OVERFILL) SOLR (<i>romidepsin</i>)	P	PA
<i>romidepsin solr</i>	P	PA

Drug Name	Drug Tier	Requirements/Limits
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		
HYCANTIN 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		
<i>lithium carbonate caps</i>	P	
<i>lithium carbonate tabs</i>	P	
<i>lithium carbonate tbc</i>	P	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin soln or .05 mg/ml</i>	P	MP
<i>digoxin tabs .125 mg, .25 mg, 125 mcg, 250 mcg</i>	P	MP
LANOXIN TABS .125 MG, .25 MG, 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	

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Drug Name	Drug Tier	Requirements/Limits
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		
<i>ceftriaxone sodium ij 250 mg</i>	P	QL(1 ea daily; 21 ea per 7 days retail)
<i>ceftriaxone sodium ij 1 gm</i>	P	QL(2 ea daily; 28 ea per 7 days retail)
<i>ceftriaxone sodium ij 500 mg</i>	P	QL(2 ea daily; 21 ea per 7 days retail)
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		

Drug Name	Drug Tier	Requirements/Limits
<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	P	QL(5 ml daily)
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 polistirex lqcr</i>	P	
<i>dextromethorphan polistirex suer</i>	P	
<i>hydrocodone bitartrate-homatropine methylbromide soln 1.5 mg/5ml-5 mg/5ml</i>	P	QL(30 ml daily; 240 ml per fill retail)
Cough/Cold/Allergy Combinations		
<i>brompheniramine & phenyleph elix 1 mg/5ml-2.5 mg/5ml</i>	P	QL(120 ml per fill retail)
<i>brompheniramine & pseudoeph liqd 15 mg/5ml-1 mg/5ml</i>	P	QL(120 ml per fill retail)
<i>brompheniramine & pseudoeph elix 1 mg/5ml-15 mg/5ml</i>	P	QL(120 ml per fill retail)
COLD & ALLERGY CHILDRENS LIQD 2 MG/10ML-5 MG/10ML	P	QL(120 ml per fill retail)
<i>dextromethorphan-doxylamine-acetaminophen liqd</i>	P	
<i>dextromethorphan-guaifenesin tabs</i>	P	
<i>dextromethorphan-guaifenesin syrp 10 mg/5ml-10 mg/5ml-100 mg/5ml-100 mg/5ml, 10 mg/5ml-100 mg/5ml</i>	P	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dextromethorphan-guaifenesin tb12 30 mg-600 mg</i>	P		<i>phenylephrine-dm liqd 2.5 mg/5ml-5 mg/5ml</i>	P	
<i>dextromethorphan-guaifenesin liqd 10 mg/5ml-100 mg/5ml, 10 mg/5ml-200 mg/5ml, 100 mg/5ml-10 mg/5ml, 100 mg/5ml-5 mg/5ml, 150 mg/7.5ml-15 mg/7.5ml, 20 mg/10ml-200 mg/10ml, 20 mg/20ml-400 mg/20ml, 200 mg/10ml-20 mg/10ml, 400 mg/20ml-20 mg/20ml, 5 mg/5ml-100 mg/5ml</i>	P		<i>phenylephrine-doxylamine-dextromethorphan-acetaminophen misc 5 mg-6.25 mg-325 mg</i>	P	
<i>dextromethorphan-phenylephrine-acetaminophen caps 5 mg-10 mg-325 mg</i>	P		<i>promethazine & phenylephrine syrps 5 mg/5ml-6.25 mg/5ml</i>	P	QL(240 ml per fill retail); AL(At least 2 yrs old)
DIMETAPP CHILDREN'S COLD & ALLERGY LIQD 5 MG/10ML-2 MG/10ML	P	QL(120 ml per fill retail)	<i>promethazine w/codeine soln 6.25 mg/5ml-10 mg/5ml</i>	P	QL(240 ml per fill retail); AL(At least 2 yrs old)
ED BRON GP LIQD 5 MG/5ML-100 MG/5ML	P		<i>promethazine w/codeine syrps 10 mg/5ml-6.25 mg/5ml</i>	P	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>guaifenesin-codeine soln</i>	P	QL(60 ml daily; 240 ml per fill retail)	<i>promethazine-dm syrps 6.25 mg/5ml-15 mg/5ml</i>	P	QL(240 ml per fill retail)
<i>guaifenesin-codeine syrps 10 mg/5ml-100 mg/5ml</i>	P	QL(60 ml daily; 240 ml per fill retail)	<i>promethazine-phenylephrine-codeine 5 mg/5ml-6.25 mg/5ml-10 mg/5ml</i>	P	QL(30 ml daily; 240 ml per fill retail); AL(At least 2 yrs old)
<i>guaifenesin-codeine liqd 10 mg/5ml-100 mg/5ml</i>	P	QL(60 ml daily; 240 ml per fill retail)	<i>pseudoephed-bromphen-dm syrps 2 mg/5ml-10 mg/5ml-30 mg/5ml, 30 mg/5ml-2 mg/5ml-10 mg/5ml</i>	P	
HM DIBROMM COLD AND ALLERGY CHILDRENS LIQD 2 MG/10ML-5 MG/10ML	P	QL(120 ml per fill retail)	<i>pseudoephedrine-guaifenesin tb12 60 mg-600 mg</i>	P	
LOHIST-D LIQD 2 MG/5ML-30 MG/5ML	P		<i>pseudoephedrine-ibuprofen tabs 30 mg-200 mg</i>	P	
MAXI-TUSS PE MAX LIQD 100 MG/5ML-5 MG/5ML	P		QC DIBROMM CHILDRENS COLD & ALLERGY LIQD 2 MG/10ML-5 MG/10ML	P	QL(120 ml per fill retail)
<i>phenylephrine-chlorphen-dm liqd 4 mg/5ml-10 mg/5ml-15 mg/5ml</i>	P		QC TRIACTING DAYTIME CHILDRENS SYRPS 2.5 MG/5ML-5 MG/5ML	P	
<i>phenylephrine-dm soln 5 mg/5ml-2.5 mg/5ml</i>	P		SM COLD & ALLERGY CHILDRENS LIQD 2 MG/10ML-5 MG/10ML	P	QL(120 ml per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP 2.5 MG/5ML-5 MG/5ML	P	
TYLENOL COLD/COUGH/SORE THROAT CHILDRENS SUSP 5 MG/5ML-160 MG/5ML	P	
VIRTUSSIN DAC SOLN 10 MG/5ML-30 MG/5ML-70 %-100 MG/5ML	P	QL(240 ml per fill retail)
WAL-TAP COLD/ALLERGY LIQD 2 MG/10ML-5 MG/10ML	P	QL(120 ml per fill retail)
Expectorants		
<i>guaifenesin tb12</i>	P	
<i>guaifenesin syrp</i>	P	
<i>guaifenesin liqd</i>	P	
Misc. Respiratory Inhalants		
<i>sodium chloride (inhalant) nebu .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) soln</i>	P	QL(10 ml per fill retail)
<i>fluorouracil (topical) crea .5 %</i>	P	QL(30 gm per fill retail)
<i>fluorouracil (topical) crea 5 %</i>	P	QL(40 gm 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	

Drug Name	Drug Tier	Requirements/Limits
Corticosteroids - Topical		
EPIFOAM FOAM 1 %-1 %	P	
Emollient/Keratolytic Agents		
<i>urea lotn 40 %</i>	P	QL(240 gm per fill retail)
<i>urea crea 40 %</i>	P	QL(210 gm per fill retail); RX/OTC
Emollients		
<i>lactic acid (ammonium lactate) lotn 12 %</i>	P	RX/OTC
<i>lactic acid (ammonium lactate) crea</i>	P	RX/OTC
Keratolytic/Antimitotic Agents		
<i>podofilox soln</i>	P	QL(4 ml per fill retail)
<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		
ALCOHOL WIPES MISC	P	
CVS ISOPROPYL ALCOHOL WIPES MISC	P	
DRYSOL SOLN	P	
INSECT REPELLENT - AEROSOL	P	
INSECT REPELLENT - LIQUID	P	
INSECT REPELLENT - LOTION	P	
ISOPROPYL ALCOHOL WIPES MISC	P	
MEDPURA ALCOHOL PADS MISC	P	
RA ISOPROPYL ALCOHOL WIPES MISC	P	
<i>zinc oxide (topical) oint 20 %, 40 %</i>	P	QL(60 gm per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
Rosacea Agents		
<i>metronidazole (topical) crea</i>	P	QL(45 gm per fill retail)
<i>metronidazole (topical) gel .75 %</i>	P	QL(45 gm per fill retail)
<i>metronidazole (topical) lotn</i>	P	
Tar Products		
<i>coal tar extract sham .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)
GOJJI BLOOD KETONE TEST STRIPS	P	QL(1 ea daily)
KETONE STRP	P	
KETONE TEST STRIPS 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 15 MG-90.314 MG	P	
DEPLIN 7.5 7.5 MG-90.314 MG	P	

Drug Name	Drug Tier	Requirements/Limits
ELFOLATE TABS	P	
LEVOMEFOLATE CALCIUM ALGAL POWDER	P	
<i>l-methylfolate tabs 7.5 mg, 15 mg</i>	P	
L-METHYLFOLATE CA/S-ALGAL 15 MG-90.314 MG	P	
L-METHYLFOLATE CALCIUM TABS	P	
L-METHYLFOLATE FORTE	P	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide tabs</i>	P	MP
<i>acetazolamide cp12</i>	P	MP
<i>methazolamide tabs</i>	P	
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide 5 mg-50 mg</i>	P	QL(1 ea daily)
<i>spironolactone & hydrochlorothiazide 25 mg-25 mg</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 tabs</i>	P	MP
<i>furosemide soln ij 10 mg/ml</i>	P	
SOAANZ TABS	P	MP
<i>torseamide tabs</i>	P	MP
Potassium Sparing Diuretics		
<i>amiloride hcl tabs</i>	P	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<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
<i>levocarnitine (metabolic modifiers) soln or 1 gm/10ml</i>	P	
<i>levocarnitine (metabolic modifiers) tabs</i>	P	
Posterior Pituitary Hormones		
DDAVP	P	QL(5 ml per fill retail)
<i>desmopressin acetate soln ij</i>	P	SP; PA
<i>desmopressin acetate tabs</i>	P	QL(3 ea daily)
<i>desmopressin acetate spray</i>	P	QL(5 ml per fill retail)
<i>desmopressin acetate spray refrigerated</i>	P	QL(5 ml per fill retail)
Vasopressin Receptor Antagonists		
JYNARQUE TBPK 0	P	PA
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		

Drug Name	Drug Tier	Requirements/Limits
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)
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln ij 5 mg/ml</i>	P	
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	P	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbc 10 meq, 540 mg, 1080 mg</i>	P	
<i>potassium citrate-citric acid pack 1002 mg-3300 mg</i>	P	
<i>sodium citrate & citric acid 334 mg/5ml-500 mg/5ml</i>	P	RX/OTC
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) .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

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Drug Name	Drug Tier	Requirements/Limits
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	
Stem Cell Mobilizers		
MOZOBIL	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(4 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)

Drug Name	Drug Tier	Requirements/Limits
KONSYL DAILY FIBER PACK 83 %, 100 %	P	
KONSYL DAILY PSYLLIUM FIBER PACK	P	
KONSYL ORIGINAL DAILY FIBER PACK	P	
NATURAL FIBER LAXATIVE POWD	P	
<i>psyllium caps .52 gm, 400 mg</i>	P	
<i>psyllium powd 25 %, 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 49 %, 51.7 %, 57.6 %, 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 1.48 gm-5.72 gm-11.2 gm-420 gm</i>	P	
<i>sennosides-docusate sodium tabs 8.6 mg-50 mg</i>	P	
Laxatives - Miscellaneous		
<i>glycerin (laxative) supp 1 gm, 1.2 gm, 2 gm, 2.1 gm, 2.8 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

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Saline Laxatives			DUREX EXTRA SENSITIVE DEVI	P	
<i>magnesium citrate</i>	P		FANTASY LUBRICATED MISC	P	
<i>magnesium hydroxide susp</i>	P		FANTASY LUBRICATED/SPERMICIDE MISC	P	
MILK OF MAGNESIA CONCENTRATE SUSP	P		KAMELEON LUBRICATED MISC	P	
<i>sodium phosphates enem</i>	P		KIMONO COLORS DEVI	P	
Stimulant Laxatives			KIMONO LUBRICATED MISC	P	
<i>bisacodyl supp</i>	P		KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	P	
<i>bisacodyl tbec</i>	P		KIMONO PLUS SPERMICIDE LUBRICATED MISC	P	
<i>castor oil oil 100 %</i>	P		KIMONO PLUS SPERMICIDE/LUBRICATED MISC	P	
SENNA SYRP	P		KIMONO PS LUBRICATED MISC	P	
<i>sennosides liqd</i>	P		KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	P	
<i>sennosides tabs 8.6 mg, 15 mg, 17.2 mg, 25 mg</i>	P		KIMONO SENSATION LUBRICATED MISC	P	
<i>sennosides syrps 8.8 mg/5ml</i>	P		KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	P	
Surfactant Laxatives			KIMONO SPECIAL DEVI	P	
<i>docusate calcium</i>	P		K-Y ME & YOU EXTRA LUBRICATED DEVI	P	
<i>docusate sodium syrps</i>	P		K-Y ME & YOU INTENSE DEVI	P	
<i>docusate sodium liqd</i>	P		MAXX LUBRICATED MISC	P	
<i>docusate sodium caps 100 mg, 250 mg</i>	P		MAXX PLUS SPERMICIDE LUBRICATED MISC	P	
<i>docusate sodium tabs</i>	P		PREMIUM CONDOMS LUBRICATED MISC	P	
DOCUSATE SODIUM SYRP	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				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REALITY LATEX CONDOMS/LUBRICATED MISC	P		Diabetic Supplies		
REALITY LATEX/ULTRA TEXTURED DEVI	P		BLOOD GLUCOSE CALIBRATION - LIQUID	P	
REALITY LATEX/ULTRA THIN DEVI	P		BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH	P	
TRUSTEX COLOR CONDOMS + LUBE MISC	P		BLOOD GLUCOSE CALIBRATION - LIQUID - LOW	P	
TRUSTEX LUBRICATED MISC	P		BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL	P	
TRUSTEX LUBRICATED EXTRALARGE MISC	P		LANCET DEVICES	P	QL(1 ea per 180 days)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	P		LANCETS	P	
TRUSTEX LUBRICATED/RIBBED/STUDDDED MISC	P		GI-GU Ostomy & Irrigation Supplies		
TRUSTEX LUBRICATED/SPERMICIDE MISC	P		CATHETER KIT	P	Rx/OTC
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	P		Misc. Devices		
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	P		ALCOHOL SWABS	P	QL(400 ea per fill); Rx/OTC
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	P		Parenteral Therapy Supplies		
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDDED MISC	P		INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	P	QL(5 ea daily); Rx/OTC
TRUSTEX/RIA LUBRICATED MISC	P		INSULIN PEN NEEDLE 29 G X 12.7 MM	P	QL(5 ea daily); Rx/OTC
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	P		INSULIN PEN NEEDLE 31 G X 5 MM (3/16")	P	QL(5 ea daily); Rx/OTC
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	P		INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	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 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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 29 X 1/2"	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 SYRINGE/NEEDLE U-100 0.3 ML 30 X 1/2"	P	QL(5 ea daily); Rx/OTC	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2"	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 5/16"	P	QL(5 ea daily); Rx/OTC	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2"	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	P	QL(5 ea daily); Rx/OTC	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 1/2"	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 1 ML 25 X 1"	P	QL(5 ea daily); Rx/OTC	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 3/8"	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 1 ML 25 X 5/8"	P	QL(5 ea daily); Rx/OTC	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16"	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 1 ML 26 X 1/2"	P	QL(5 ea daily); Rx/OTC	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	P	QL(5 ea daily); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 1/2"	P	QL(5 ea daily); Rx/OTC	Respiratory Therapy Supplies		
INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 5/8"	P	QL(5 ea daily); Rx/OTC	INSPIREASE RESERVOIR BAGS	P	QL(3 ea per 180 days retail)
INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2"	P	QL(5 ea daily); Rx/OTC	RESPIRATORY THERAPY SUPPLIES - DEVICES	P	QL(2 ea per 365 days); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2"	P	QL(5 ea daily); Rx/OTC	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	P	QL(2 ea per 365 days); Rx/OTC
INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2"	P	QL(5 ea daily); Rx/OTC	MINERALS & ELECTROLYTES		
INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16"	P	QL(5 ea daily); Rx/OTC	Calcium		
INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 15/64"	P	QL(5 ea daily); Rx/OTC	CALCIUM CHEW 100 UNIT-500 MG	P	
INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	P	QL(5 ea daily); Rx/OTC	CALCIUM 600+D HIGH POTENCY TABS 400 UNIT-600 MG	P	QL(2 ea daily)
			<i>calcium carbonate tabs 500 mg, 1250 mg</i>	P	
			CALCIUM CARBONATE CHEW 500 MG	P	

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calcium carbonate-cholecalciferol chew 10 mcg-500 mg, 100 unit-500 mg, 500 mg-400 unit	P		magnesium tabs 400 mg, 400 mg	P	
calcium carbonate-cholecalciferol tabs 10 mcg-600 mg, 400 unit-600 mg, 600 mg-400 unit	P	QL(3 ea daily)	magnesium oxide (mg supplement) tabs 400 mg	P	
calcium carbonate-cholecalciferol tabs 20 mcg-600 mg, 200 unit-600 mg, 400 unit-600 mg-800 unit-600 mg, 5 mcg-600 mg, 600 mg-800 unit, 800 unit-600 mg	P	QL(2 ea daily)	MAGOX 400 TABS (magnesium oxide (mg supplement))	P	
calcium carbonate-cholecalciferol tabs	P		Phosphate		
calcium carbonate-vitamin d tabs 125 unit-250 mg, 200 unit-500 mg, 250 mg-125 unit	P		pot phosphate monobasic w/ sod phosphate dibasic & monobasic 130 mg-155 mg-852 mg	P	QL(8 ea daily); RX/OTC
calcium carbonate-vitamin d tabs 200 unit-600 mg, 400 unit-600 mg	P	QL(2 ea daily)	Potassium		
calcium citrate tabs 200 mg	P		potassium bicarbonate tbf	P	
oyster shell	P		potassium chloride cpcr 10 meq	P	MP
OYSTER SHELL CALCIUM/D TABS 200 UNIT-500 MG	P		potassium chloride tbcr 8 meq, 10 meq	P	MP
PARVA-CAL 200 UNIT-500 MG	P		potassium chloride pack or 20 meq	P	
Electrolyte Mixtures			potassium chloride cpcr 8 meq	P	QL(1 ea daily); MP
ORAL ELECTROLYTE SOLUTION	P		potassium chloride soln or 10 %, 20 %	P	MP
Fluoride			potassium chloride microencapsulated crystals er	P	MP
sodium fluoride soln .5 mg/ml	P	AL(Up to 15 yrs old); RX/OTC	Sodium		
sodium fluoride soln .125 mg/drop	P		sodium chloride soln iv .9 %	P	
sodium fluoride chew .25 mg, .5 mg, 1 mg, 2.2 mg	P	AL(Up to 15 yrs old)	sodium chloride flush	P	
Magnesium			Zinc		
			zinc sulfate caps	P	
			ZINC SULFATE CAPS	P	
MISCELLANEOUS THERAPEUTIC CLASSES					
Chelating Agents					
penicillamine tabs				P	
Immunosuppressive Agents					

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Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil hcl</i>	P	
PROGRAF SOLN	P	PA
Potassium Removing Agents		
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	P	
<i>sodium polystyrene sulfonate powd</i>	P	QL(454 gm per fill retail)
MOUTH/THROAT/DENTAL AGENTS		
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	P	
Dental Products		
<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 .2 %</i>	P	
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	P	QL(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		

Drug Name	Drug Tier	Requirements/Limits
B-COMPLEX W/ C & FOLIC ACID CAP 1 MG	P	QL(1 ea daily)
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/Fl & Fe		
PEDIATRIC MULTIPLE VITAMINS W/ FL-FE DROPS 0.25-10 MG/ML	P	QL(50 ml per fill retail);RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
Ped Multiple Vitamins w/ Minerals		
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		

Drug Name	Drug Tier	Requirements/Limits
PEDIATRIC MULTIPLE VITAMIN CHEW TAB	P	Rx/OTC
PEDIATRIC MULTIPLE VITAMIN DROPS	P	Rx/OTC
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Sympathomimetic Decongestants		
ADRENALIN .1 % (<i>epinephrine hcl (nasal)</i>)	P	
<i>epinephrine hcl (nasal)</i>	P	
<i>phenylephrine hcl (oral) tabs</i>	P	QL(24 ea per fill retail)
<i>pseudoephedrine hcl liqd 15 mg/5ml</i>	P	
<i>pseudoephedrine hcl tb12</i>	P	QL(2 ea daily)
<i>pseudoephedrine hcl tabs</i>	P	
SUDAFED CHILDRENS LIQD	P	
NUTRIENTS		
Proteins		
LEVOCARNITINE TABS	P	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<i>artificial tear solution 0.1 %-0.2 %-0.3 %</i>	P	
<i>polyvinyl alcohol 1.4 %</i>	P	QL(15 ml per fill retail)
<i>polyvinyl alcohol-povidone (ophth)</i>	P	
<i>white petrolatum-mineral oil 15 %-83 %</i>	P	QL(4 gm per fill retail)
Cycloplegic Mydriatics		
ATROPINE SULFATE SOLN 1 %	P	QL(15 ml per fill retail)
<i>atropine sulfate (ophthalmic) soln</i>	P	QL(15 ml per fill retail)
<i>atropine sulfate (ophthalmic) oint</i>	P	QL(4 gm per fill retail)

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CYCLOGYL	P	QL(15 ml per fill retail)
CYCLOGYL 2 %	P	
<i>cyclopentolate hcl .5 %, 1 %</i>	P	QL(15 ml per fill retail)
<i>cyclopentolate hcl 2 %</i>	P	
ISOPTO ATROPINE SOLN	P	QL(15 ml per fill retail)
<i>phenylephrine hcl (mydriatic) soln 2.5 %</i>	P	QL(15 ml per fill retail)
<i>tropicamide soln</i>	P	QL(15 ml per fill retail)
Ophthalmic Anti-infectives		
<i>trifluridine</i>	P	QL(8 ml per fill retail)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	P	QL(15 ml per fill retail)
Otic Steroids		
<i>fluocinolone acetonide (otic)</i>	P	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
<i>hydrocortisone w/acetic acid 1 %-2 %</i>	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	

Drug Name	Drug Tier	Requirements/Limits
SIMPLE SYRUP	P	RX/OTC
SYRPALTA 85 %	P	RX/OTC
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	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK 50 MG, 75 MG	P	QL(2 ea daily); SP; PA
KALYDECO PACK 25 MG	P	QL(2 ea daily); PA
KALYDECO TABS	P	QL(2 ea daily); SP; PA
ORKAMBI PACK 100 MG-125 MG, 150 MG-188 MG	P	SP; PA
ORKAMBI TABS	P	QL(4 ea daily); SP; PA
PULMOZYME	P	SP; PA
SYMDEKO	P	PA
TRIKAFTA	P	PA
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	P	MP
<i>propylthiouracil</i>	P	MP
TOXOIDS		
Toxoid Combinations		

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ADACEL SUSP 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	P	AL(At least 19 yrs old)	TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP 2 LF/0.5ML-2 LF/0.5ML	P	
BOOSTRIX SUSP 2.5 LF/0.5ML-5 LF/0.5ML-18.5 MCG/0.5ML	P	QL(0.5 ml daily); AL(At least 19 yrs old)	VAXELIS SUSP	P	QL(0.5 ml per fill retail); AL(At least 5 yrs old)
BOOSTRIX SUSY 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML	P	QL(0.5 ml daily)	VAXELIS SUSY	P	QL(0.5 ml per fill retail); AL(At least 5 yrs old)
DAPTACEL 5 LF/0.5ML-15 LF/0.5ML-23 MCG/0.5ML	P	QL(0.5 ml per fill retail); AL(At least 6 yrs old)	ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP 5 LFU/0.5ML-25 LFU/0.5ML	P	QL(0.5 ml per fill retail); AL(At least 6 yrs old)	Antispasmodics		
INFANRIX 10 LFU/0.5ML-25 LFU/0.5ML-58 MCG/0.5ML	P	QL(0.5 ml per fill retail); AL(At least 6 yrs old)	<i>dicyclomine hcl tabs</i>	P	
KINRIX SUSP 10 LFU/0.5ML-25 LFU/0.5ML-58 MCG/0.5ML	P	QL(0.5 ml per fill retail); AL(At least 6 yrs old)	<i>dicyclomine hcl soln or</i>	P	QL(40 ml daily)
KINRIX SUSY 10 LFU/0.5ML-25 LFU/0.5ML-58 MCG/0.5ML	P	QL(0.5 ml per fill retail); AL(At least 6 yrs old)	<i>dicyclomine hcl caps</i>	P	
PEDIARIX SUSY 10 LFU/0.5ML-10 MCG/0.5ML-25 LFU/0.5ML-58 MCG/0.5ML	P	QL(0.5 ml per fill retail); AL(At least 6 yrs old)	<i>glycopyrrolate tabs 1 mg, 2 mg</i>	P	QL(4 ea daily)
PENTACEL 48 MCG/0.5ML-5 LFU/0.5ML-15 LFU/0.5ML	P	QL(1 ea per fill retail); AL(At least 5 yrs old)	ROBINUL TABS (<i>glycopyrrolate</i>)	P	QL(4 ea daily)
QUADRACEL SUSP 5 LFU/0.5ML-15 LFU/0.5ML-48 MCG/0.5ML	P	QL(0.5 ml per fill retail); AL(At least 6 yrs old)	ROBINUL FORTE TABS (<i>glycopyrrolate</i>)	P	QL(4 ea daily)
QUADRACEL SUSY 5 LFU/0.5ML-15 LFU/0.5ML-48 MCG/0.5ML	P	QL(0.5 ml per fill retail); AL(At least 6 yrs old)	Misc. Anti-Ulcer		
TDVAX SUSP 2 LF/0.5ML-2 LF/0.5ML	P		<i>sucralfate susp</i>	P	
TENIVAC INJ 2 LFU-5 LFU	P	AL(At least 19 yrs old)	<i>sucralfate tabs</i>	P	
			Ulcer Drugs - Prostaglandins		
			<i>misoprostol</i>	P	
			URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
			Urinary Antispasmodics - Cholinergic Agonists		
			<i>bethanechol chloride</i>	P	MP
			VACCINES		
			Bacterial Vaccines		
			ACTHIB SOLR IM	P	QL(1 ea per fill retail)
			BCG VACCINE	P	QL(1 ea daily)
			BEXSERO	P	AL(At least 10 yrs old - Up to 25 yrs old)

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BIOTHRAX	P	AL(At least 18 yrs old - Up to 65 yrs old)	GARDASIL 9 SUSY	P	AL(At least 19 yrs old - Up to 45 yrs old)
HIBERIX SOLR IJ	P	QL(1 ea per fill retail; 4 ea per 999 days retail)	HAVRIX	P	AL(At least 19 yrs old)
MENACTRA	P	AL(Up to 55 yrs old)	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)
MENQUADFI	P	AL(Up to 55 yrs old)	HEPLISAV-B SOSY	P	QL(0.5 ml per fill retail); AL(At least 18 yrs old)
MENVEO SOLR	P	AL(Up to 55 yrs old)	IMOVAX RABIES (H.D.C.V.) SUSR	P	AL(At least 19 yrs old)
PEDVAX HIB SUSP	P	QL(0.5 ml per fill retail)	INFLUENZA VIRUS VAC RECOMB HEMAGGLUTININ (HA) QUADRIVALENT	P	1 rtl MAX fill, 180 rtl day(s) supply; AL(At least 19 yrs old)
PNEUMOVAX 23	P	QL(0.5 ml daily)	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)
PNEUMOVAX 23/1 DOSE	P	QL(0.5 ml daily)	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)
PREVNAR 13	P		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)
PREVNAR 20	P	QL(0.5 ml per fill retail); AL(At least 18 yrs old)	INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT	P	1 rtl MAX fill, 180 rtl day(s) supply; AL(At least 19 yrs old)
TRUMENBA	P	AL(At least 10 yrs old - Up to 25 yrs old)			
TYPHIM VI SOLN	P	QL(0.5 ml daily); AL(At least 2 yrs old)			
TYPHIM VI SOSY	P	AL(At least 2 yrs old)			
VAXCHORA	P				
VAXNEUVANCE	P	QL(0.5 ml per fill retail); AL(At least 18 yrs old)			
VIVOTIF	P	QL(0.58 ea daily); AL(At least 6 yrs old)			
Viral Vaccines					
ENGERIX-B SUSY	P	AL(At least 19 yrs old)			
ENGERIX-B SUSP 20 MCG/ML	P	QL(1 ml daily); AL(At least 19 yrs old)			
GARDASIL 9 SUSP	P	AL(At least 19 yrs old - Up to 45 yrs old)			

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Drug Name	Drug Tier	Requirements/Limits
INFLUENZA VIRUS VACCINE TISSUE-CULTURED SUBUNIT QUADRIVALENT	P	1 rtl MAX fill, 180 rtl day(s) supply; AL (At least 19 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)
IPOL INACTIVATED IPV	P	
IXIARO	P	QL(0.5 ml per fill retail)
JANSSEN COVID-19 VACCINE	P	
M-M-R II SOLR	P	AL (At least 1 yrs old)
MODERNA COVID-19 VACCINE	P	
PFIZER-BIONTECH COVID-19 VACCINE	P	
PROQUAD SUSR	P	QL(1 ea per fill retail); AL (Up to 13 yrs old)
RABAVERT	P	
RECOMBIVAX HB SUSP	P	AL (At least 19 yrs old)
RECOMBIVAX HB SUSY	P	AL (At least 19 yrs old)
ROTARIX SUSR	P	QL(1 ml per fill retail); AL (Up to 1 yrs old)
ROTATEQ SOLN	P	
SHINGRIX	P	QL(1 ea daily); AL (At least 50 yrs old)
SPIKEVAX COVID-19 VACCINE	P	
STAMARIL SUSR	P	QL(1 ea daily)
TICOVAC 2.4 MCG/0.5ML	P	AL (At least 1 yrs old)
TWINRIX SUSY 20 MCG/ML-720 ELU/ML	P	AL (At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits
VAQTA 50 UNIT/ML	P	QL(1 ml daily); AL (At least 19 yrs old)
VAQTA	P	AL (At least 19 yrs old)
VARIVAX INJ	P	QL(1 ea daily); AL (At least 1 yrs old)
YF-VAX INJ	P	
VAGINAL AND RELATED PRODUCTS		
Spermicides		
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	P	
VCF VAGINAL CONTRACEPTIVE FILM FILM	P	
VCF VAGINAL CONTRACEPTIVE FOAM FOAM	P	
VCF VAGINAL CONTRACEPTIVE GEL GEL	P	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Vasopressors		
<i>midodrine hcl</i>	P	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol caps 1.25 mg, 1.25 mg, 50000 unit</i>	P	QL(8 ea per 28 days retail)
<i>cholecalciferol caps 125 mcg, 5000 unit</i>	P	QL(2 ea daily)
<i>cholecalciferol liqd or 10 mcg/ml, 400 unit/ml</i>	P	
<i>cholecalciferol caps 50 mcg, 2000 unit</i>	P	
<i>cholecalciferol tabs 25 mcg, 400 unit, 1000 unit</i>	P	
<i>cholecalciferol chew 400 unit</i>	P	

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Drug Name	Drug Tier	Requirements/ Limits
<i>cholecalciferol caps 25 mcg, 1000 unit</i>	P	QL(1 ea daily)
<i>ergocalciferol caps</i>	P	
<i>ergocalciferol soln or</i>	P	
<i>phytonadione tabs 5 mg</i>	P	
<i>vitamin a tabs</i>	P	
<i>vitamin a caps 3000 mcg, 8000 unit, 10000 unit</i>	P	
<i>vitamin e soln 15 unit/0.3ml</i>	P	
<i>vitamin e caps 180 mg, 400 unit</i>	P	
<i>vitamin e caps 100 unit, 200 unit, 400 unit</i>	P	QL(2 ea daily)
Water Soluble Vitamins		
ACEROLA C 500 WAFR	P	
<i>ascorbic acid tabs</i>	P	QL(100 ea per 34 days retail)
<i>ascorbic acid chew 500 mg, 7.5 mg-500 mg, 500 mg</i>	P	
ASCORBIC ACID ORAL POWDER	P	
<i>biotin caps 5 mg, 5000 mcg</i>	P	
<i>pyridoxine hcl tabs 25 mg, 50 mg, 100 mg, 250 mg</i>	P	
<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	

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INDEX

ACEROLA C 500 WAFR	21	amiloride hcl tabs	8	B-COMPLEX W/ C CAP	15
acetaminophen caps 500 mg	1	amiodarone hcl tabs 200 mg	2	B-COMPLEX W/ C TAB	15
acetaminophen chew	1	anagrelide hcl	10	B-COMPLEX W/ C-BIOTIN-VIT E	15
acetaminophen elix	1	ANTI-DIARRHEAL LIQD	3	B-COMPLEX W/ FOLIC ACID CAP .	15
acetaminophen liqd 160 mg/5ml, 500		ARTIFICIAL SALIVA - SOLUTION		B-COMPLEX W/ MINERALS LIQ .	15
mg/15ml	1	15		B-COMPLEX W/BIOTIN & FOLIC	
acetaminophen soln or 160 mg/5ml,		artificial tear solution 0.1 %-0.2 %-0.3		ACID TAB	15
325 mg/10.15ml, 650 mg/20.3ml	1	%	16	benzonatate 100 mg, 200 mg	5
acetaminophen supp	1	ascorbic acid chew 500 mg, 7.5 mg-		benztropine mesylate soln	4
acetaminophen susp 80 mg/2.5ml,		500 mg, 500 mg	21	bethanechol chloride	18
160 mg/5ml, 650 mg/20.3ml	1	ASCORBIC ACID ORAL POWDER .		bexarotene	4
acetaminophen tabs 325 mg, 500 mg		21		BEXSERO	18
.....	1	ascorbic acid tabs	21	BIOFLAVONOID PRODUCTS TAB	
acetazolamide cp12	8	aspirin buffered (cal carb-mag carb-		CR	15
acetazolamide tabs	8	mag oxide)	1	BIOTHRAX	19
acetic acid (otic)	17	aspirin chew	1	biotin caps 5 mg, 5000 mcg	21
acetylcysteine soln	7	ASPIRIN SUPP 300 MG, 600 MG ..	1	bisacodyl supp	11
ACTHIB SOLR IM	18	aspirin tabs 325 mg	1	bisacodyl tbec	11
ADACEL SUSP 2 LF/0.5ML-5		aspirin tbec 325 mg	1	bismuth subsalicylate chew 262 mg	3
LF/0.5ML-15.5 MCG/0.5ML	18	aspirin tbec 81 mg	1	bismuth subsalicylate susp 262	
AIMSCO LUBRICATED MISC	11	atropine sulfate (ophthalmic) oint .	16	mg/15ml, 525 mg/15ml, 525	
ALCOHOL SWABS	12	atropine sulfate (ophthalmic) soln .	16	mg/30ml, 527 mg/30ml, 1050	
ALCOHOL WIPES MISC	7	ATROPINE SULFATE SOLN 1 % .	16	mg/30ml	3
alum & mag hydrox-simethicone		BCG VACCINE	18	bismuth subsalicylate tabs	3
chew 25 mg-200 mg-200 mg	1	B-COMPLEX VITAMIN CAP	15	BLOOD GLUCOSE CALIBRATION -	
alum & mag hydrox-simethicone liqd .		B-COMPLEX VITAMIN TAB	15	LIQUID - HIGH	12
1		B-COMPLEX W/ C	15	BLOOD GLUCOSE CALIBRATION -	
alum & mag hydrox-simethicone susp		B-COMPLEX W/ C & FOLIC ACID		LIQUID - LOW	12
.....	1	CAP 1 MG	15	BLOOD GLUCOSE CALIBRATION -	
ALUMINUM HYDROXIDE SUSP 320		B-COMPLEX W/ C & FOLIC ACID		LIQUID - NORMAL	12
MG/5ML	2	TAB	15	BLOOD GLUCOSE CALIBRATION -	
amiloride & hydrochlorothiazide 5		B-COMPLEX W/ C & FOLIC ACID		LIQUID	12
mg-50 mg	8	TAB 1 MG	15		

BOOSTRIX SUSP 2.5 LF/0.5ML-5 LF/0.5ML-18.5 MCG/0.5ML	18	unit-250 mg, 200 unit-500 mg, 250 mg-125 unit	14	unit/ml	20
BOOSTRIX SUSY 18.5 MCG/0.5ML-2.5 LF/0.5ML-5 LF/0.5ML	18	calcium carbonate-vitamin d tabs 200 unit-600 mg, 400 unit-600 mg	14	cholecalciferol tabs 25 mcg, 400 unit, 1000 unit	20
brompheniramine & phenyleph elix 1 mg/5ml-2.5 mg/5ml	5	CALCIUM CHEW 100 UNIT-500 MG 13		cilostazol	10
brompheniramine & pseudoeph elix 1 mg/5ml-15 mg/5ml	5	calcium citrate tabs 200 mg	14	clemastine fumarate tabs 1.34 mg ..	3
brompheniramine & pseudoeph liqd 15 mg/5ml-1 mg/5ml	5	calcium polycarbophil tabs	10	clindamycin hcl 150 mg, 300 mg	3
bumetanide tabs	8	CASTOR OIL	5	clindamycin palmitate hydrochloride .	3
caffeine citrate soln or	1	castor oil oil 100 %	11	coal tar extract sham .5 %, 1 %	8
CALCIUM 600+D HIGH POTENCY TABS 400 UNIT-600 MG	13	CATHETER KIT	12	COLD & ALLERGY CHILDRENS LIQD 2 MG/10ML-5 MG/10ML	5
CALCIUM ALGINATE WOUND DRESSING	8	ceftriaxone sodium ij 1 gm	5	CORIFACT	9
calcium carbonate (antacid) chew 500 mg, 750 mg, 1000 mg	2	ceftriaxone sodium ij 250 mg	5	cromolyn sodium nebu	2
calcium carbonate (antacid) susp ...	2	ceftriaxone sodium ij 500 mg	5	CVS ISOPROPYL ALCOHOL WIPES MISC	7
CALCIUM CARBONATE CHEW 500 MG	13	CHEMET	3	cyanocobalamin soln ij	10
calcium carbonate tabs 500 mg, 1250 mg	13	CHEMSTRIP-K STRP	8	CYCLOGYL	17
calcium carbonate-cholecalciferol chew 10 mcg-500 mg, 100 unit-500 mg, 500 mg-400 unit	14	CHERRY CONCENTRATE	17	CYCLOGYL 2 %	17
calcium carbonate-cholecalciferol tabs 10 mcg-600 mg, 400 unit-600 mg, 600 mg-400 unit	14	CHERRY SYRUP	17	cyclopentolate hcl .5 %, 1 %	17
calcium carbonate-cholecalciferol tabs 20 mcg-600 mg, 200 unit-600 mg, 400 unit-600 mg-800 unit-600 mg, 5 mcg-600 mg, 600 mg-800 unit, 800 unit-600 mg	14	chlorhexidine gluconate (mouth-throat)	15	cyclopentolate hcl 2 %	17
calcium carbonate-cholecalciferol tabs	14	chlorpheniramine maleate syrps	3	cyclophosphamide caps	4
calcium carbonate-vitamin d tabs 125		chlorpheniramine maleate tabs	3	cyproheptadine hcl syrps	3
		chlorthalidone 25 mg, 50 mg	9	cyproheptadine hcl tabs	3
		cholecalciferol caps 1.25 mg, 1.25 mg, 50000 unit	20	dapsone	3
		cholecalciferol caps 125 mcg, 5000 unit	20	DAPTACEL 5 LF/0.5ML-15 LF/0.5ML-23 MCG/0.5ML	18
		cholecalciferol caps 25 mcg, 1000 unit	21	DDAVP	9
		cholecalciferol caps 50 mcg, 2000 unit	20	DEPLIN 15 15 MG-90.314 MG	8
		cholecalciferol chew 400 unit	20	DEPLIN 7.5 7.5 MG-90.314 MG	8
		cholecalciferol liqd or 10 mcg/ml, 400		desmopressin acetate soln ij	9
				desmopressin acetate spray	9
				desmopressin acetate spray	

refrigerated	9	digoxin soln or .05 mg/ml	4	MG/5ML	6
desmopressin acetate tabs	9	digoxin tabs .125 mg, .25 mg, 125 mcg, 250 mcg	4	ELFOLATE TABS	8
dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml	5	DIMETAPP CHILDREN'S COLD& ALLERGY LIQD 5 MG/10ML-2 MG/10ML	6	ELLA	5
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ	5	diphenhydramine hcl (sleep) caps 50 mg	10	ELMIRON CAPS	9
dexchlorpheniramine maleate soln ..	3	diphenhydramine hcl caps	3	EMCYT	4
dextromethorphan polistirex lqcr	5	diphenhydramine hcl elix 12.5 mg/5ml	3	ENGERIX-B SUSP 20 MCG/ML ...	19
dextromethorphan polistirex suer ...	5	diphenhydramine hcl liqd 12.5 mg/5ml, 25 mg/10ml, 50 mg/20ml ...	3	ENGERIX-B SUSY	19
dextromethorphan-doxylamine- acetaminophen liqd	5	diphenhydramine hcl tabs 25 mg ...	3	EPIFOAM FOAM 1 %-1 %	7
dextromethorphan-guaifenesin liqd 10 mg/5ml-100 mg/5ml, 10 mg/5ml- 200 mg/5ml, 100 mg/5ml-10 mg/5ml, 100 mg/5ml-5 mg/5ml, 150 mg/7.5ml- 15 mg/7.5ml, 20 mg/10ml-200 mg/10ml, 20 mg/20ml-400 mg/20ml, 200 mg/10ml-20 mg/10ml, 400 mg/20ml-20 mg/20ml, 5 mg/5ml-100 mg/5ml	6	diphenoxylate w/ atropine liqd 0.025 mg/5ml-2.5 mg/5ml	3	epinephrine hcl (nasal)	16
dextromethorphan-guaifenesin syrps 10 mg/5ml-10 mg/5ml-100 mg/5ml- 100 mg/5ml, 10 mg/5ml-100 mg/5ml . 5	5	diphenoxylate w/ atropine tabs 0.025 mg-2.5 mg	3	epoprostenol sodium	5
dextromethorphan-guaifenesin tabs 5	5	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP 5 LFU/0.5ML-25 LFU/0.5ML	18	ergocalciferol caps	21
dextromethorphan-guaifenesin tb12 30 mg-600 mg	6	disopyramide phosphate caps	2	ergocalciferol soln or	21
dextromethorphan-phenylephrine- acetaminophen caps 5 mg-10 mg- 325 mg	6	docusate calcium	11	ergoloid mesylates tabs	17
dibucaine (rectal) ex	1	docusate sodium caps 100 mg, 250 mg	11	ethambutol hcl tabs	4
dibucaine	7	docusate sodium liqd	11	etoposide caps	4
dicyclomine hcl caps	18	docusate sodium syrps	11	EULEXIN	4
dicyclomine hcl soln or	18	DOCUSATE SODIUM SYRPS	11	FABRAZYME	9
dicyclomine hcl tabs	18	docusate sodium tabs	11	FANTASY LUBRICATED MISC ...	11
		dofetilide	2	FANTASY LUBRICATED/SPERMICIDE MISC 11	
		droperidol soln 2.5 mg/ml	2	FEVERALL INFANTS SUPP	1
		DRYSOL SOLN	7	FEVERALL JUNIOR STRENGTH SUPP	1
		DUREX EXTRA SENSITIVE DEVI	11	FIBRYGA	10
		ED BRON GP LIQD 5 MG/5ML-100		flecainide acetate	2
				fluocinolone acetonide (otic)	17
				fluorouracil (topical) crea .5 %	7
				fluorouracil (topical) crea 5 %	7
				fluorouracil (topical) soln	7
				flutamide	4

folic acid tabs	10	HEPLISAV-B SOSY	19	QUADRIVALENT	19
FORA GTEL BLOOD KETONE TEST STRIPS	8	HIBERIX SOLR IJ	19	INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT	19
furosemide soln ij 10 mg/ml	8	HM CASTOR OIL	5	INFLUENZA VIRUS VACCINE TISSUE-CULTURED SUBUNIT QUADRIVALENT	20
furosemide tabs	8	HM DIBROMM COLD AND ALLERGY CHILDRENS LIQD 2 MG/10ML-5 MG/10ML	6	INFLUENZA VIRUS VACCINE TYPES A & B SURFACE ANTIGEN ADJUVANT	20
GALAFOLD	9	HYCANTIN CAPS	4	INSECT REPELLENT - AEROSOL	7
GARDASIL 9 SUSP	19	hydralazine hcl tabs	3	INSECT REPELLENT - LIQUID	7
GARDASIL 9 SUSY	19	hydrochlorothiazide caps	9	INSECT REPELLENT - LOTION	7
GAUZE PADS	11	hydrochlorothiazide tabs	9	INSPIREASE RESERVOIR BAGS	13
GAUZE PADS & DRESSINGS - PADS 2" X 2"	11	hydrocodone bitartrate-homatropine methylbromide soln 1.5 mg/5ml-5 mg/5ml	5	INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	12
GAUZE PADS & DRESSINGS - PADS 4" X 4"	11	hydrocortisone (intrarectal)	1	INSULIN PEN NEEDLE 29 G X 12.7 MM	12
glycerin (laxative) supp 1 gm, 1.2 gm, 2 gm, 2.1 gm, 2.8 gm, 80.7 %	10	hydrocortisone (rectal) ex 2.5 %	1	INSULIN PEN NEEDLE 31 G X 5 MM (3/16")	12
glycopyrrolate tabs 1 mg, 2 mg	18	hydrocortisone w/acetic acid 1 %-2 %	17	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	12
GOJJI BLOOD KETONE TEST STRIPS	8	hydroxyzine hcl soln 25 mg/ml, 50 mg/ml	2	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	12
guaifenesin liqd	7	IMOVAX RABIES (H.D.C.V.) SUSR	19	INSULIN PEN NEEDLE 32 G X 4 MM (5/32")	12
guaifenesin syrpf	7	INCRELEX	9	INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	12
guaifenesin tb12	7	indapamide tabs 1.25 mg, 2.5 mg	9	INSULIN PEN NEEDLE 32 G X 6 MM (1/4")	12
guaifenesin-codeine liqd 10 mg/5ml-100 mg/5ml	6	INFANRIX 10 LFU/0.5ML-25 LFU/0.5ML-58 MCG/0.5ML	18	INSULIN SYRINGE (DISP) U-100 1/2 ML	12
guaifenesin-codeine soln	6	INFLUENZA VIRUS VAC RECOMB HEMAGGLUTININ (HA) QUADRIVALENT	19	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 29 X 1/2"	13
guaifenesin-codeine syrpf 10 mg/5ml-100 mg/5ml	6	INFLUENZA VIRUS VAC SPLIT HIGH-DOSE QUAD PRESERVATIVE FREE	19	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 1/2"	13
HAVRIX	19	INFLUENZA VIRUS VACC TYPES A & B SURF ANTIGEN ADJUVANT QUAD	19		
HAVRIX 1440 ELU/ML	19	INFLUENZA VIRUS VACCINE LIVE			
heparin sodium (porcine) soln ij 1000 unit/ml, 5000 unit/0.5ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml	2				
HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	2				

INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 5/16" 13	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16" 13	SPERMICIDE/LUBRICATED MISC 11
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16" 13	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16" 13	KIMONO SENSATION LUBRICATED MISC 11
INSULIN SYRINGE/NEEDLE U-100 1 ML 25 X 1" 13	IPOLE INACTIVATED IPV 20 isoniazid syr 4 isoniazid tabs 4	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC 11
INSULIN SYRINGE/NEEDLE U-100 1 ML 25 X 5/8" 13	ISOPROPYL ALCOHOL WIPES MISC 7	KIMONO SPECIAL DEVI 11
INSULIN SYRINGE/NEEDLE U-100 1 ML 26 X 1/2" 13	ISOPTO ATROPINE SOLN 17	KINRIX SUSP 10 LFU/0.5ML-25 LFU/0.5ML-58 MCG/0.5ML 18
INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 1/2" 13	isoxsuprine hcl 10 mg 4	KINRIX SUSY 10 LFU/0.5ML-25 LFU/0.5ML-58 MCG/0.5ML 18
INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 5/8" 13	IXIARO 20	KONSYL DAILY FIBER PACK 83 %, 100 % 10
INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2" 13	JANSSEN COVID-19 VACCINE .. 20	KONSYL DAILY PSYLLIUM FIBER PACK 10
INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2" 13	JYNARQUE TBPK 0 9	KONSYL ORIGINAL DAILY FIBER PACK 10
INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2" 13	KALYDECO PACK 25 MG 17	K-Y ME & YOU EXTRA LUBRICATED DEVI 11
INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16" 13	KALYDECO PACK 50 MG, 75 MG 17	K-Y ME & YOU INTENSE DEVI ... 11
INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 15/64" 13	KALYDECO TABS 17	lactic acid (ammonium lactate) crea 7
INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16" 13	KAMELEON LUBRICATED MISC . 11	lactic acid (ammonium lactate) lotn 12 % 7
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 27 X 1/2" 13	KETONE STRP 8	lactulose (encephalopathy) 9
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2" 13	KETONE TEST STRIPS STRP 8	lactulose soln 10
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2" 13	KETOSTIX STRP 8	LANCET DEVICES 12
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 1/2" 13	KIMONO COLORS DEVI 11	LANCETS 12
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16" 13	KIMONO LUBRICATED MISC 11	leucovorin calcium tabs 4
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 1/2" 13	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC 11	LEUKERAN 4
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/8" 13	KIMONO PLUS SPERMICIDE LUBRICATED MISC 11	levetiracetam soln iv 500 mg/5ml ... 2
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16" 13	KIMONO PLUS SPERMICIDE/LUBRICATED MISC 11	levocarnitine (metabolic modifiers) soln or 1 gm/10ml 9
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 3/8" 13	KIMONO PS LUBRICATED MISC . 11	levocarnitine (metabolic modifiers)
	KIMONO PS PLUS	

tabs	9	megestrol acetate susp	4	MINERALS CAP	15
LEVOCARNITINE TABS	16	megestrol acetate tabs	4	MULTIPLE VITAMINS W/ MINERALS CHEW TAB	15
LEVOMEFOLATE CALCIUM ALGAL POWDER	8	melphalan	4	MULTIPLE VITAMINS W/ MINERALS PACK	15
levonorgestrel (emergency oc) 1.5 mg	5	MENACTRA	19	MULTIPLE VITAMINS W/ MINERALS POWDER	15
lithium carbonate caps	4	MENQUADFI	19	MULTIPLE VITAMINS W/ MINERALS SYRUP	15
lithium carbonate tabs	4	MENVEO SOLR	19	mycophenolate mofetil hcl	15
lithium carbonate tbcr	4	mercaptopurine tabs	4	MYLERAN TABS	4
L-METHYLFOLATE CA/S-ALGAL MG-90.314 MG	15 8	MESNEX TABS	4	NATURAL FIBER LAXATIVE POWD 10	
L-METHYLFOLATE CALCIUM TABS	8	methazolamide tabs	8	NORPACE CR CP12 150 MG	2
L-METHYLFOLATE FORTE	8	methimazole tabs	17	NOVA MAX PLUS KETONE TESTSTRIPS	8
l-methylfolate tabs 7.5 mg, 15 mg ..	8	metoclopramide hcl soln ij 5 mg/ml .	9	OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL 20	
LOHIST-D LIQD 2 MG/5ML-30 MG/5ML	6	metolazone	9	ORAL ELECTROLYTE SOLUTION . 14	
loperamide hcl caps	3	metronidazole (topical) crea	8	ORAL VEHICLES - SUSP	17
loperamide hcl tabs	3	metronidazole (topical) gel .75 % ...	8	ORAL VEHICLES - SYRUP	17
LYSODREN	4	metronidazole (topical) lotn	8	ORAL VEHICLES	17
magnesium citrate	11	mexiletine hcl	2	ORALAIR ADULT STARTER PACK SUBL	1
magnesium hydroxide susp	11	midazolam hcl soln ij	10	ORALAIR SUBL	1
magnesium oxide (mg supplement) tabs 400 mg	14	midodrine hcl	20	ORKAMBI PACK 100 MG-125 MG, 150 MG-188 MG	17
magnesium oxide tabs 400 mg	2	MILK OF MAGNESIA CONCENTRATE SUSP	11	ORKAMBI TABS	17
magnesium tabs 400 mg, 400 mg .	14	mineral oil enem	10	oyster shell	14
MATULANE	4	mineral oil oil or	10	OYSTER SHELL CALCIUM/D TABS 200 UNIT-500 MG	14
MAXI-TUSS PE MAX LIQD 100 MG/5ML-5 MG/5ML	6	minoxidil 2.5 mg, 10 mg	3	PARVA-CAL 200 UNIT-500 MG ...	14
MAXX LUBRICATED MISC	11	misoprostol	18	PEDIA-LAX SUPP	10
MAXX PLUS SPERMICIDE LUBRICATED MISC	11	M-M-R II SOLR	20		
MEDPURA ALCOHOL PADS MISC 7		MODERNA COVID-19 VACCINE .	20		
		MOZOBIL	10		
		MULTIPLE VITAMIN TAB	15		
		MULTIPLE VITAMINS W/ IRON TAB	15		
		MULTIPLE VITAMINS W/			

PEDIARIX SUSY 10 LFU/0.5ML-10 MCG/0.5ML-25 LFU/0.5ML-58 MCG/0.5ML	18	PEDIATRIC MULTIPLE VITAMIN CHEW TAB	16	PEDIATRIC MULTIPLE VITAMIN DROPS	16	PEDIATRIC MULTIPLE VITAMIN W/ MINERALS	16	PEDIATRIC MULTIPLE VITAMIN W/ MINERALS & C CHEW TAB 60 MG .	16	PEDIATRIC MULTIPLE VITAMINS W/ FL-FE DROPS 0.25-10 MG/ML	15	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG	16	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.5 MG .	16	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 1 MG .	16	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.25 MG/ML	16	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.5 MG/ML .	16	PEDIATRIC MULTIPLE VITAMINS W/ IRON CHEW TAB 10 MG	16	PEDIATRIC MULTIPLE VITAMINS W/ IRON CHEW TAB 15 MG	16	PEDIATRIC MULTIPLE VITAMINS W/ IRON CHEW TAB 18 MG	16	PEDIATRIC MULTIPLE VITAMINS W/ IRON DROPS 10 MG/ML	16	PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.25 MG/ML ...	16	PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.5 MG/ML	16	PEDVAX HIB SUSP	19	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr	10	peg 3350-potassium chloride-sod bicarbonate-sod chloride 1.48 gm-5.72 gm-11.2 gm-420 gm	10	penicillamine tabs	14	PENTACEL 48 MCG/0.5ML-5 LFU/0.5ML-15 LFU/0.5ML	18	pentoxifylline	10	PFIZER-BIONTECH COVID-19VACCINE	20	phenazopyridine hcl tabs 100 mg, 100 mg, 200 mg	9	phenylephrine hcl (mydriatic) soln 2.5 %	17	phenylephrine hcl (oral) tabs	16	phenylephrine-chlorphen-dm liqd 4 mg/5ml-10 mg/5ml-15 mg/5ml	6	phenylephrine-dm liqd 2.5 mg/5ml-5 mg/5ml	6	phenylephrine-dm soln 5 mg/5ml-2.5 mg/5ml	6	phenylephrine-doxylamine-dextromethorphan-acetaminophen misc 5 mg-6.25 mg-325 mg	6	phytonadione tabs 5 mg	21	pilocarpine hcl (oral) 5 mg	15	PNEUMOVAX 23	19	PNEUMOVAX 23/1 DOSE	19	podofilox soln	7	polyethylene glycol 3350 pack	10	polyethylene glycol 3350 powd	10	POLYETHYLENE GLYCOL 3350 POWD	17	polyvinyl alcohol 1.4 %	16	polyvinyl alcohol-povidone (ophth)	16	pot phosphate monobasic w/ sod phosphate dibasic & monobasic 130 mg-155 mg-852 mg	14	potassium bicarbonate tbef	14	potassium chloride cpcr 10 meq ...	14	potassium chloride cpcr 8 meq	14	potassium chloride microencapsulated crystals er	14	potassium chloride pack or 20 meq	14	potassium chloride soln or 10 %, 20 %	14	potassium chloride tbcr 8 meq, 10 meq	14	potassium citrate (alkalinizer) tbcr 10 meq, 540 mg, 1080 mg	9	potassium citrate-citric acid pack 1002 mg-3300 mg	9	PRECISION XTRA	8	PREMIUM CONDOMS LUBRICATED MISC	11	PREVNAR 13	19	PREVNAR 20	19	PROGRAF SOLN	15	promethazine & phenylephrine syrup 5 mg/5ml-6.25 mg/5ml	6	promethazine w/codeine soln 6.25 mg/5ml-10 mg/5ml	6
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promethazine w/codeine syrp 10 mg/5ml-6.25 mg/5ml	6	ALLERGY LIQD 2 MG/10ML-5 MG/10ML	6	ROTATEQ SOLN	20
promethazine-dm syrp 6.25 mg/5ml-15 mg/5ml	6	QC TRIACTING DAYTIME CHILDRENS SYRP 2.5 MG/5ML-5 MG/5ML	6	salicylic acid gel 6 %	7
promethazine-phenylephrine-codeine 5 mg/5ml-6.25 mg/5ml-10 mg/5ml ..	6	QUADRACEL SUSP 5 LFU/0.5ML-15 LFU/0.5ML-48 MCG/0.5ML	18	salsalate	1
propafenone hcl tabs	2	QUADRACEL SUSY 5 LFU/0.5ML-15 LFU/0.5ML-48 MCG/0.5ML	18	selenium sulfide lotn 2.5 %	7
propylthiouracil	17	quinidine gluconate tbcr	2	SENNA SYRP	11
PROQUAD SUSR	20	quinidine sulfate tabs	2	sennosides liqd	11
pseudoephed-bromphen-dm syrp 2 mg/5ml-10 mg/5ml-30 mg/5ml, 30 mg/5ml-2 mg/5ml-10 mg/5ml	6	RA ISOPROPYL ALCOHOL WIPES MISC	7	sennosides syrp 8.8 mg/5ml	11
pseudoephedrine hcl liqd 15 mg/5ml .16	16	RABAVERT	20	sennosides tabs 8.6 mg, 15 mg, 17.2 mg, 25 mg	11
pseudoephedrine hcl tabs	16	REALITY LATEX CONDOMS/LUBRICATED MISC ..	12	sennosides-docusate sodium tabs 8.6 mg-50 mg	10
pseudoephedrine hcl tb12	16	REALITY LATEX/ULTRA TEXTURED DEVI	12	SHINGRIX	20
pseudoephedrine-guaifenesin tb12 60 mg-600 mg	6	REALITY LATEX/ULTRA THIN DEVI 12	12	sildenafil citrate (pulmonary hypertension) soln	5
pseudoephedrine-ibuprofen tabs 30 mg-200 mg	6	RECOMBIVAX HB SUSP	20	silver sulfadiazine	7
psyllium caps .52 gm, 400 mg	10	RECOMBIVAX HB SUSY	20	simethicone chew 80 mg	9
psyllium powd 25 %, 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 49 %, 51.7 %, 57.6 %, 58.6 %, 100 %	10	REGULOID POWD	10	simethicone liqd or 20 mg/0.3ml	9
PTS PANELS KETONE TEST	8	RELION KETONE TEST STRIPS STRP	8	simethicone susp	9
PULMOZYME	17	REMODULIN SOLN IJ 20 MG/20ML, 50 MG/20ML	5	SIMPLE SYRUP	17
PURIXAN SUSP	4	RESPIRATORY THERAPY SUPPLIES - DEVICES	13	SIVEXTRO TABS	3
pyrazinamide	4	RIASTAP	10	SM COLD & ALLERGY CHILDRENS LIQD 2 MG/10ML-5 MG/10ML	6
pyridostigmine bromide tabs 60 mg .4	4	riboflavin tabs 50 mg, 100 mg	21	SOAANZ TABS	8
pyridostigmine bromide tbcr	4	rifampin caps	4	sodium bicarbonate (antacid) tabs 325 mg, 650 mg	2
pyridoxine hcl tabs 25 mg, 50 mg, 100 mg, 250 mg	21	romidepsin solr	4	sodium chloride (gu irrigant) .9 % ...	9
QC CASTOR OIL	5	ROTARIX SUSR	20	sodium chloride (inhalant) nebu .9 %, 3 %, 10 %	7
QC DIBROMM CHILDRENS COLD&				sodium chloride flush	14
				sodium chloride soln iv .9 %	14
				sodium citrate & citric acid 334 mg/5ml-500 mg/5ml	9

sodium fluoride (dental) crea	15	TEMODAR SOLR	4	trimethoprim tabs	3
sodium fluoride (dental) gel	15	TENIVAC INJ 2 LFU-5 LFU	18	TRIMETHOPRIM TABS	3
sodium fluoride (dental) soln .2 %	15	TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT SUSP 2 LF/0.5ML-2 LF/0.5ML	18	tropicamide soln	17
sodium fluoride chew .25 mg, .5 mg, 1 mg, 2.2 mg	14	THEO-24 CP24	2	TRUMENBA	19
sodium fluoride soln .125 mg/drop	14	theophylline elix	2	TRUSTEX COLOR CONDOMS + LUBE MISC	12
sodium fluoride soln .5 mg/ml	14	theophylline soln	2	TRUSTEX LUBRICATED EXTRALARGE MISC	12
sodium phosphates enem	11	theophylline tb12 300 mg, 450 mg	2	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	12
sodium polystyrene sulfonate powd 15		theophylline tb24	2	TRUSTEX LUBRICATED MISC	12
sodium polystyrene sulfonate susp or 15 gm/60ml	15	thiamine hcl tabs	21	TRUSTEX LUBRICATED/RIBBED/STUDED MISC	12
SORBITOL RE 70 %	10	thiamine mononitrate tabs	21	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	12
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	13	TICOVAC 2.4 MCG/0.5ML	20	TRUSTEX LUBRICATED/SPERMICIDE MISC	12
SPIKEVAX COVID-19 VACCINE	20	tobramycin sulfate soln ij	1	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	12
spironolactone & hydrochlorothiazide 25 mg-25 mg	8	tobramycin sulfate solr	1	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	12
spironolactone tabs	9	torsemide tabs	8	TRUSTEX LUBRICATED/SPERMICIDE MISC	12
STAMARIL SUSR	20	tranexamic acid tabs	10	TRUSTEX LUBRICATED/SPERMICIDE MISC	12
sucralfate susp	18	TRECATOR	4	TRUSTEX LUBRICATED/SPERMICIDE MISC	12
sucralfate tabs	18	treprostinil soln ij 20 mg/20ml, 50 mg/20ml	5	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	12
SUDAFED CHILDRENS LIQD	16	tretinoin (chemotherapy)	4	TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDED MISC	12
sulfamethoxazole-trimethoprim susp 40 mg/5ml-200 mg/5ml	3	TRETEN	10	TRUSTEX/RIA LUBRICATED MISC	12
sulfamethoxazole-trimethoprim tabs	3	triamcinolone acetonide (mouth)	15	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	12
SYMDEKO	17	TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP 2.5 MG/5ML-5 MG/5ML	7	TRUSTEX/RIA LUBRICATED LUBRICATED/SPERMICIDE MISC	12
SYNAGIS SOLN	17	triamterene & hydrochlorothiazide caps 25 mg-37.5 mg	8	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	12
SYRPALTA 85 %	17	triamterene & hydrochlorothiazide tabs	8	TWINRIX SUSY 20 MCG/ML-720 ELU/ML	20
SYRUP NF	17	trifluridine	17		
TDVAX SUSP 2 LF/0.5ML-2 LF/0.5ML	18	TRIKAFTA	17		

TYLENOL COLD/COUGH/SORE THROAT CHILDRENS SUSP 5 MG/5ML-160 MG/5ML	7	WAL-TAP COLD/ALLERGY LIQD 2 MG/10ML-5 MG/10ML	7
TYPHIM VI SOLN	19	white petrolatum-mineral oil 15 %-83 %	16
TYPHIM VI SOSY	19	YF-VAX INJ	20
urea crea 40 %	7	zinc oxide (topical) oint 20 %, 40 % ..	7
urea lotn 40 %	7	zinc sulfate caps	14
valproate sodium soln iv 100 mg/ml ..	2	ZINC SULFATE CAPS	14
vancomycin hcl solr iv 1 gm, 500 mg, 1000 mg	3		
VAQTA	20		
VAQTA 50 UNIT/ML	20		
VARIVAX INJ	20		
VAXCHORA	19		
VAXELIS SUSP	18		
VAXELIS SUSY	18		
VAXNEUVANCE	19		
VCF VAGINAL CONTRACEPTIVE FILM FILM	20		
VCF VAGINAL CONTRACEPTIVE FOAM FOAM	20		
VCF VAGINAL CONTRACEPTIVEGEL GEL	20		
VIRTUSSIN DAC SOLN 10 MG/5ML-30 MG/5ML-70 %-100 MG/5ML	7		
vitamin a caps 3000 mcg, 8000 unit, 10000 unit	21		
vitamin a tabs	21		
vitamin e caps 100 unit, 200 unit, 400 unit	21		
vitamin e caps 180 mg, 400 unit ..	21		
vitamin e soln 15 unit/0.3ml	21		
VIVOTIF	19		