



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. 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 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
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 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)
ORALAIR CHILDREN/ADOLESCENTS STARTER PACK SUBL	P	QL(3 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 liqd 500 mg/15ml</i>	P	QL(90 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 elix</i>	P	QL(75 ml daily)
<i>acetaminophen supp 120 mg</i>	P	QL(20 ea daily; 12 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen caps 500 mg</i>	P	
<i>acetaminophen tabs 325 mg</i>	P	QL(10 ea daily)
<i>acetaminophen chew 160 mg</i>	P	QL(20 ea daily)
<i>acetaminophen tabs 500 mg</i>	P	QL(6 ea daily)
<i>acetaminophen chew 80 mg</i>	P	
<i>acetaminophen liqd 160 mg/5ml</i>	P	QL(75 ml daily)
<i>acetaminophen susp 80 mg/2.5ml, 160 mg/5ml, 650 mg/20.3ml</i>	P	QL(75 ml daily)
FEVERALL INFANTS SUPP	P	
FEVERALL JUNIOR STRENGTH SUPP	P	QL(12 ea per fill retail)
Salicylates		
<i>aspirin tbec 325 mg</i>	P	
<i>aspirin tbec 81 mg</i>	P	QL(12 ea daily)
<i>aspirin tabs 325 mg</i>	P	QL(12 ea daily; 56 ea per fill retail)
<i>aspirin chew</i>	P	
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)

PAHW Formulary

Updated July 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
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 200 mg-25 mg-200 mg</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		
Antiarrhythmics Type I-A		

Drug Name	Drug Tier	Requirements/ Limits
<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		
<i>amiodarone hcl tabs 200 mg</i>	P	MP
<i>dofetilide</i>	P	QL(2 ea daily)
TIKOSYN (dofetilide)	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 tb12 300 mg, 450 mg</i>	P	MP
<i>theophylline soln</i>	P	QL(475 ml per fill retail; 1425 per fill mail); MP
<i>theophylline tb24</i>	P	MP
ANTICOAGULANTS - Blood Thinners		
Heparins And Heparinoid-Like Agents		
HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	P	

PAHW Formulary Updated July 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>heparin sodium (porcine) soln iv 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, 500 mg/5ml</i>	P	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate susp 262 mg/15ml, 525 mg/15ml, 525 mg/30ml, 527 mg/30ml, 1050 mg/30ml</i>	P	
<i>bismuth subsalicylate chew 262 mg</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 tabs</i>	P	
<i>loperamide hcl caps</i>	P	QL(8 ea daily); RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	P	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate tabs</i>	P	QL(120 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpheniramine maleate syrup</i>	P	QL(60 ml daily)
<i>dexchlorpheniramine maleate soln</i>	P	
Antihistamines - Ethanolamines		
<i>clemastine fumarate tabs 1.34 mg</i>	P	
<i>diphenhydramine hcl elix 12.5 mg/5ml</i>	P	QL(240 ml per fill retail)
<i>diphenhydramine hcl tabs 25 mg</i>	P	QL(12 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 caps</i>	P	QL(6 ea daily)
Antihistamines - Piperidines		
<i>cycloheptadine hcl tabs</i>	P	
<i>cycloheptadine hcl syrup</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 tabs</i>	P	
<i>sulfamethoxazole-trimethoprim susp</i>	P	
Glycopeptides		
<i>vancomycin hcl solr iv 1 gm, 500 mg, 1000 mg</i>	P	
Leprostatics		

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Drug Name	Drug Tier	Requirements/ Limits
dapsone	P	PA
Lincosamides		
clindamycin hcl 150 mg, 300 mg	P	
clindamycin palmitate hydrochloride	P	
Oxazolidinones		
SIVEXTRO TABS	P	QL(1 ea daily; 6 ea per fill retail); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
pyridostigmine bromide tabs 60 mg	P	
pyridostigmine bromide tbcr	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
ethambutol hcl tabs	P	MP
isoniazid tabs	P	MP
isoniazid syr	P	MP
pyrazinamide	P	
rifampin caps	P	
TRECTOR	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
cyclophosphamide caps	P	
LEUKERAN	P	
melfalan	P	
MYLERAN TABS	P	
TEMODAR SOLR	P	SP; PA
Antimetabolites		
mercaptopurine tabs	P	
PURIXAN SUSP	P	

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - Hormonal and Related Agents		
EMCYT	P	SP
EULEXIN	P	QL(6 ea daily)
flutamide	P	QL(6 ea daily)
LYSODREN	P	SP
megestrol acetate tabs	P	
megestrol acetate susp	P	
Antineoplastic Enzyme Inhibitors		
ISTODAX (OVERFILL) SOLR (romidepsin)	P	PA
romidepsin solr	P	PA
Antineoplastics Misc.		
bexarotene	P	SP; PA
MATULANE	P	SP
tretinoin (chemotherapy)	P	SP
Chemotherapy Rescue/Antidote/Protective Agents		
leucovorin calcium tabs	P	
MESNEX TABS	P	SP
Mitotic Inhibitors		
etoposide caps	P	SP
Topoisomerase I Inhibitors		
HYCANTIN CAPS	P	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Anticholinergics		
benztropine mesylate soln	P	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
lithium carbonate tabs	P	
lithium carbonate caps	P	
lithium carbonate tbcr	P	
CARDIOTONICS - Drugs to Treat Heart Failure		

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Drug Name	Drug Tier	Requirements/ Limits
and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin tabs 0.125 mg, 0.25 mg, 125 mcg, 250 mcg</i>	P	MP
<i>digoxin soln or 0.05 mg/ml</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		
<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

Drug Name	Drug Tier	Requirements/ Limits
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		
<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)
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</i>	P	QL(30 ml daily; 240 ml per fill retail)
Cough/Cold/Allergy Combinations		
<i>brompheniramine & phenyleph elix</i>	P	QL(120 ml per fill retail)
<i>brompheniramine & pseudoeph elix</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)
COLD & ALLERGY CHILDRENS LIQD	P	QL(120 ml per fill retail)

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TYLENOL COLD/COUGH/SORE THROAT CHILDRENS SUSP	P	QL(75 ml daily)	<i>urea crea 40 %</i>	P	QL(210 gm per fill retail); RX/OTC
VIRTUSSIN DAC SOLN	P	QL(240 ml per fill retail)	<i>urea lotn 40 %</i>	P	QL(240 gm per fill retail)
WAL-TAP COLD/ALLERGY LIQD	P	QL(120 ml per fill retail)	Emollients		
Expectorants			<i>lactic acid (ammonium lactate) crea</i>	P	RX/OTC
GERI-TUSSIN SYRP	P		<i>lactic acid (ammonium lactate) lotn 12 %</i>	P	RX/OTC
<i>guaifenesin liqd</i>	P		Keratolytic/Antimitotic Agents		
<i>guaifenesin tb12</i>	P		<i>podofilox soln</i>	P	QL(4 ml per fill retail)
<i>guaifenesin syrp</i>	P		<i>salicylic acid gel 6 %</i>	P	QL(40 gm per fill retail)
Misc. Respiratory Inhalants			Local Anesthetics - Topical		
<i>sodium chloride (inhalant) nebu 0.9 %, 3 %, 10 %</i>	P		<i>dibucaine</i>	P	QL(30 gm per fill retail)
Mucolytics			Misc. Topical		
<i>acetylcysteine soln</i>	P		DRYSOL SOLN	P	
DERMATOLOGICALS - Drugs to Treat Skin Conditions			INSECT REPELLENT - AEROSOL	P	
Antineoplastic or Premalignant Lesion Agents - Topical			INSECT REPELLENT - LIQUID	P	
<i>fluorouracil (topical) soln</i>	P	QL(10 ml per fill retail)	INSECT REPELLENT - LOTION	P	
<i>fluorouracil (topical) crea 0.5 %</i>	P	QL(30 gm per fill retail)	<i>isopropyl alcohol (skin cleanser) misc</i>	P	
<i>fluorouracil (topical) crea 5 %</i>	P	QL(40 gm per fill retail)	<i>zinc oxide (topical) oint 20 %, 40 %</i>	P	QL(60 gm per fill retail)
Antiseborrheic Products			Rosacea Agents		
<i>selenium sulfide lotn 2.5 %</i>	P	QL(120 ml per fill retail)	<i>metronidazole (topical) crea</i>	P	QL(45 gm per fill retail)
Burn Products			<i>metronidazole (topical) gel 0.75 %</i>	P	QL(45 gm per fill retail)
<i>silver sulfadiazine</i>	P		<i>metronidazole (topical) lotn</i>	P	
Corticosteroids - Topical			Tar Products		
EPIFOAM FOAM	P		<i>coal tar extract sham 0.5 %, 1 %</i>	P	
Emollient/Keratolytic Agents					

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Drug Name	Drug Tier	Requirements/ Limits
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	P	
DEPLIN 7.5	P	
ELFOLATE TABS	P	
LEVOMEFOLATE CALCIUM ALGAL POWDER 15 MG-90.314 MG	P	
<i>l-methylfolate tabs 7.5 mg, 15 mg</i>	P	
L-METHYLFOLATE CA/S-ALGAL	P	
L-METHYLFOLATE CALCIUM TABS	P	
L-METHYLFOLATE FORTE	P	

Drug Name	Drug Tier	Requirements/ Limits
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</i>	P	QL(1 ea daily)
<i>spironolactone & hydrochlorothiazide</i>	P	MP
<i>triamterene & hydrochlorothiazide tabs</i>	P	QL(1 ea daily); MP
<i>triamterene & hydrochlorothiazide caps 25 mg-37.5 mg</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
SOAANZ TABS 20 MG	P	MP
<i>torsemide 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 tabs</i>	P	MP
<i>hydrochlorothiazide caps</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		

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Drug Name	Drug Tier	Requirements/Limits
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) tabs</i>	P	
<i>levocarnitine (metabolic modifiers) soln or 1 gm/10ml</i>	P	
Posterior Pituitary Hormones		
<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	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		

Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate (alkalinizer) tbc 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
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		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ferrous fumarate tabs 324 mg</i>	P		<i>psyllium caps 0.52 gm, 400 mg</i>	P	
<i>ferrous gluconate tabs 324 mg</i>	P		<i>psyllium powd 25 %, 28.3 %, 30 %, 30.9 %, 33 %, 48.57 %, 49 %, 51.7 %, 58.6 %, 100 %</i>	P	
<i>ferrous sulfate elix</i>	P		REGULOID POWD	P	
<i>ferrous sulfate tabs 65 mg, 325 mg</i>	P	MP	Laxative Combinations		
<i>ferrous sulfate soln 75mg/ml</i>	P	QL(3.34 ml daily)	<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>	P	
Stem Cell Mobilizers			<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P	
MOZOBIL	P	QL(2.4 ml daily); SP; PA	<i>sennosides-docusate sodium tabs</i>	P	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders			Laxatives - Miscellaneous		
Hemostatics - Systemic			<i>glycerin (laxative) supp 1 gm, 1.2 gm, 2 gm, 2.1 gm, 80.7 %</i>	P	
<i>tranexamic acid tabs</i>	P	QL(6 ea daily; 30 ea per 5 days retail)	<i>lactulose soln</i>	P	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS			PEDIA-LAX SUPP	P	
Antihistamine Hypnotics			<i>polyethylene glycol 3350 powd</i>	P	
<i>diphenhydramine hcl (sleep) caps 50 mg</i>	P	QL(6 ea daily)	<i>polyethylene glycol 3350 pack</i>	P	
<i>diphenhydramine hcl (sleep) tabs 25 mg</i>	P	QL(12 ea daily)	SORBITOL RE 70 %	P	
Non-Barbiturate Hypnotics			Lubricant Laxatives		
<i>midazolam hcl soln ij</i>	P	PA	<i>mineral oil oil or</i>	P	QL(4 ml daily); RX/OTC
LAXATIVES - Bowel Treatment Drugs			<i>mineral oil enem</i>	P	
Bulk Laxatives			Saline Laxatives		
<i>calcium polycarbophil tabs</i>	P	QL(10 ea daily)	<i>magnesium citrate</i>	P	
KONSYL DAILY FIBER PACK 100 %	P		<i>magnesium hydroxide susp</i>	P	
KONSYL DAILY PSYLLIUM FIBER PACK	P		MILK OF MAGNESIA CONCENTRATE SUSP	P	
KONSYL ORIGINAL DAILY FIBER PACK	P		<i>sodium phosphates enem</i>	P	
NATURAL FIBER LAXATIVE POWD	P		Stimulant Laxatives		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>bisacodyl tbec</i>	P		KIMONO COLORS DEVI	P	
<i>bisacodyl supp</i>	P		KIMONO LUBRICATED MISC	P	
<i>castor oil oil 100 %</i>	P		KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	P	
SENNA SYRP	P		KIMONO PLUS SPERMICIDE LUBRICATED MISC	P	
<i>sennosides syrp 8.8 mg/5ml</i>	P		KIMONO PLUS SPERMICIDE/LUBRICATED MISC	P	
<i>sennosides tabs 8.6 mg, 15 mg, 17.2 mg, 25 mg</i>	P		KIMONO PS LUBRICATED MISC	P	
<i>sennosides liqd</i>	P		KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	P	
Surfactant Laxatives			KIMONO SENSATION LUBRICATED MISC	P	
<i>docusate calcium</i>	P		KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	P	
<i>docusate sodium syrp</i>	P		KIMONO SPECIAL DEVI	P	
<i>docusate sodium liqd</i>	P		K-Y ME & YOU EXTRA LUBRICATED DEVI	P	
<i>docusate sodium caps 100 mg, 250 mg</i>	P		K-Y ME & YOU INTENSE DEVI	P	
<i>docusate sodium tabs</i>	P		MAXX LUBRICATED MISC	P	
DOCUSATE SODIUM SYRP	P		MAXX PLUS SPERMICIDE LUBRICATED MISC	P	
MEDICAL DEVICES AND SUPPLIES			PREMIUM CONDOMS LUBRICATED MISC	P	
Bandages-Dressings-Tape			REALITY LATEX CONDOMS/LUBRICATED MISC	P	
GAUZE PADS	P		REALITY LATEX/ULTRA TEXTURED DEVI	P	
GAUZE PADS & DRESSINGS - PADS 2" X 2"	P		REALITY LATEX/ULTRA THIN DEVI	P	
GAUZE PADS & DRESSINGS - PADS 4" X 4"	P		TRUSTEX COLOR CONDOMS + LUBE MISC	P	
Contraceptives					
AIMSCO LUBRICATED MISC	P				
DUREX EXTRA SENSITIVE THIN DEVI	P				
FANTASY LUBRICATED MISC	P				
FANTASY LUBRICATED/SPERMICI DE MISC	P				
KAMELEON LUBRICATED MISC	P				

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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/STUDDERED MISC	P		GI-GU Ostomy & Irrigation Supplies		
TRUSTEX LUBRICATED/SPERMICI DE MISC	P		CATHETER KIT	P	Rx/OTC
TRUSTEX LUBRICATED/SPERMICI DE EXTRA LARGE MISC	P		Misc. Devices		
TRUSTEX LUBRICATED/SPERMICI DE 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/STUDDERED 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/SPERMICI DE MISC	P		INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	P	QL(5 ea daily); Rx/OTC
Diabetic Supplies			INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	P	QL(5 ea daily); Rx/OTC
BLOOD GLUCOSE CALIBRATION - LIQUID	P		INSULIN PEN NEEDLE 32 G X 4 MM (5/32")	P	QL(5 ea daily); Rx/OTC
BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH	P		INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	P	QL(5 ea daily); Rx/OTC
BLOOD GLUCOSE CALIBRATION - LIQUID - LOW	P		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
			INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	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	P	QL(2 ea daily)
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 27 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 28 X 1/2"	P	QL(5 ea daily); Rx/OTC	CALCIUM CARBONATE CHEW 500 MG	P	
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 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)
			<i>calcium carbonate-cholecalciferol chew 400 unit-500 mg</i>	P	
			<i>calcium carbonate-cholecalciferol tabs 10 mcg-600 mg, 400 unit-600 mg</i>	P	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>calcium carbonate-cholecalciferol tabs</i>	P	
<i>calcium carbonate-vitamin d tabs 125 unit-250 mg, 250 mg-125 unit</i>	P	
<i>calcium carbonate-vitamin d tabs 600 mg-200 unit</i>	P	QL(2 ea daily)
<i>calcium citrate tabs 200 mg</i>	P	
<i>oyster shell</i>	P	
OYSTER SHELL CALCIUM/D TABS	P	
PARVA-CAL	P	
Electrolyte Mixtures		
ORAL ELECTROLYTE SOLUTION	P	
Fluoride		
<i>sodium fluoride soln 0.125 mg/drop</i>	P	
<i>sodium fluoride soln 0.5 mg/ml</i>	P	AL(Up to 15 yrs old); RX/OTC
<i>sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 2.2 mg</i>	P	AL(Up to 15 yrs old)
Magnesium		
<i>magnesium tabs 400 mg, 400 mg</i>	P	
<i>magnesium oxide (mg supplement) tabs 400 mg</i>	P	
MAGOX 400 TABS (magnesium oxide (mg supplement))	P	
Phosphate		
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	P	QL(8 ea daily); RX/OTC
Potassium		
<i>potassium bicarbonate tbef</i>	P	
<i>potassium chloride soln or 10 %, 20 %</i>	P	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride cpcr 8 meq</i>	P	QL(1 ea daily); MP
<i>potassium chloride cpcr 10 meq</i>	P	MP
<i>potassium chloride tbcr 8 meq, 10 meq</i>	P	MP
<i>potassium chloride pack or 20 meq</i>	P	
<i>potassium chloride microencapsulated crystals er</i>	P	MP
Sodium		
<i>sodium chloride soln iv 0.9 %</i>	P	
<i>sodium chloride flush</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)
<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	

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Drug Name	Drug Tier	Requirements/ Limits
sodium fluoride (dental) crea	P	QL(60 gm per fill retail)
sodium fluoride (dental) gel	P	QL(60 gm per fill retail)
sodium fluoride (dental) soln 0.2 %	P	
Steroids - Mouth/Throat/Dental		
triamcinolone acetonide (mouth)	P	QL(0.72 gm daily; 5 gm per fill retail)
Throat Products - Misc.		
ARTIFICIAL SALIVA - SOLUTION	P	QL(900 ea per fill);
pilocarpine hcl (oral) 5 mg	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)
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		

Drug Name	Drug Tier	Requirements/ Limits
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
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

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Drug Name	Drug Tier	Requirements/ Limits
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
PEDIATRIC MULTIPLE VITAMIN DROPS	P	Rx/OTC
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Sympathomimetic Decongestants		
ADRENALIN 0.1 % (<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)

Drug Name	Drug Tier	Requirements/ Limits
<i>pseudoephedrine hcl tabs</i>	P	
<i>pseudoephedrine hcl tb12</i>	P	QL(2 ea daily)
SUDAFED CHILDRENS LIQD	P	
NUTRIENTS		
Proteins		
LEVOCARNITINE TABS	P	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<i>artificial tear solution</i>	P	
<i>polyvinyl alcohol 1.4 %</i>	P	QL(15 ml per fill retail)
<i>polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 mg/ml-6 mg/ml</i>	P	
<i>white petrolatum-mineral oil</i>	P	QL(4 gm per fill retail)
Cycloplegic Mydriatics		
ATROPINE SULFATE SOLN 1 %	P	QL(15 ea per fill retail)
<i>atropine sulfate (ophthalmic) oint</i>	P	QL(4 gm per fill retail)
<i>atropine sulfate (ophthalmic) soln</i>	P	QL(15 ml per fill retail)
CYCLOGYL 0.5 %	P	QL(15 ml per fill retail)
CYCLOGYL 2 %	P	
<i>cyclopentolate hcl 0.5 %, 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		

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Drug Name	Drug Tier	Requirements/ Limits
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</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	
SIMPLE SYRUP	P	RX/OTC
SYRPALTA	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	QL(3 ea daily)
RESPIRATORY AGENTS - MISC. - Drugs to Treat		

Drug Name	Drug Tier	Requirements/ Limits
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 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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
KINRIX SUSP	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 SUSY	P	QL(0.5 ml per fill retail); AL(At least 5 yrs old)
VAXELIS SUSP	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		
<i>dicyclomine hcl tabs</i>	P	
<i>dicyclomine hcl soln or</i>	P	QL(40 ml daily)
<i>dicyclomine hcl caps</i>	P	
<i>glycopyrrolate tabs 1 mg, 2 mg</i>	P	QL(4 ea daily)
ROBINUL TABS (<i>glycopyrrolate</i>)	P	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ROBINUL FORTE TABS (<i>glycopyrrolate</i>)	P	QL(4 ea daily)
Misc. Anti-Ulcer		
<i>sucralfate tabs</i>	P	
<i>sucralfate susp</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	QL(0.5 ml daily); AL(At least 10 yrs old - Up to 25 yrs old)
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 SOLR	P	AL(Up to 55 yrs old)
PEDVAX HIB SUSP	P	QL(0.5 ml per fill retail)
PNEUMOVAX 23	P	QL(0.5 ml daily)
PNEUMOVAX 23/1 DOSE	P	QL(0.5 ml daily)
PREVNAR 13	P	QL(0.5 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PREVNAR 20	P	QL(0.5 ml per fill retail); AL(At least 18 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)
TRUMENBA	P	AL(At least 10 yrs old - Up to 25 yrs old)	HEPLISAV-B SOSY	P	QL(0.5 ml per fill retail); AL(At least 18 yrs old)
TYPHIM VI SOLN	P	QL(0.5 ml daily); AL(At least 2 yrs old)	IMOVAX RABIES (H.D.C.V.) SUSR	P	AL(At least 19 yrs old)
TYPHIM VI SOSY	P	QL(0.5 ml daily); AL(At least 2 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)
VAXCHORA	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)
VAXNEUVANCE	P	QL(0.5 ml per fill retail); AL(At least 18 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)
VIVOTIF	P	QL(0.58 ea daily); AL(At least 6 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)
Viral Vaccines			INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT	P	1 rtl MAX fill, 180 rtl day(s) supply; AL(At least 19 yrs old)
ENGRIX-B SUSY 20 MCG/ML	P	AL(At least 19 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)
ENGRIX-B SUSP 20 MCG/ML	P	QL(1 ml daily); AL(At least 19 yrs old)			
ENGRIX-B SUSY 10 MCG/0.5ML	P	QL(0.5 ml daily); 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)			
GARDASIL 9 SUSP	P	QL(0.5 ml daily); AL(At least 19 yrs old - Up to 45 yrs old)			
HAVRIX 720 ELU/0.5ML	P	QL(0.5 ml daily); AL(At least 19 yrs old)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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)	TWINRIX SUSY	P	AL (At least 19 yrs old)
IPOL INACTIVATED IPV	P		VAQTA 25 UNIT/0.5ML	P	QL (0.5 ml daily); AL (At least 19 yrs old)
IXIARO	P	QL (0.5 ml per fill retail)	VAQTA 50 UNIT/ML	P	QL (1 ml daily); AL (At least 19 yrs old)
JANSSEN COVID-19 VACCINE	P		VARIVAX INJ	P	QL (1 ea daily); AL (At least 1 yrs old)
M-M-R II SOLR	P	AL (At least 1 yrs old)	YF-VAX INJ	P	
MODERNA COVID-19 VACCINE 100 MCG/0.5ML	P		VAGINAL AND RELATED PRODUCTS		
PFIZER-BIONTECH COVID-19 VACCINE	P		Spermicides		
PROQUAD SUSR	P	QL (1 ea per fill retail); AL (Up to 13 yrs old)	OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	P	
RABAVERT	P		VCF VAGINAL CONTRACEPTIVE FILM FILM	P	
RECOMBIVAX HB SUSP 10 MCG/ML, 40 MCG/ML	P	AL (At least 19 yrs old)	VCF VAGINAL CONTRACEPTIVE FOAM FOAM	P	
RECOMBIVAX HB SUSY 5 MCG/0.5ML	P	QL (0.5 ml daily); AL (At least 19 yrs old)	VCF VAGINAL CONTRACEPTIVE GEL GEL	P	
RECOMBIVAX HB SUSP 5 MCG/0.5ML	P	QL (0.5 ml daily); AL (At least 19 yrs old)	VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
RECOMBIVAX HB SUSY 10 MCG/ML	P	AL (At least 19 yrs old)	Vasopressors		
ROTARIX SUSR	P	QL (1 ml per fill retail); AL (Up to 1 yrs old)	<i>midodrine hcl</i>	P	
ROTATEQ SOLN	P		VITAMINS		
SHINGRIX	P	QL (1 ea daily); AL (At least 50 yrs old)	Oil Soluble Vitamins		
SPIKEVAX COVID-19 VACCINE	P		<i>cholecalciferol caps 25 mcg, 1000 unit</i>	P	QL (1 ea daily)
STAMARIL SUSR	P	QL (1 ea daily)	<i>cholecalciferol caps 125 mcg, 5000 unit</i>	P	QL (2 ea daily)
TICOVAC 2.4 MCG/0.5ML	P	AL (At least 1 yrs old)	<i>cholecalciferol caps 50 mcg, 2000 unit</i>	P	
			<i>cholecalciferol tabs 25 mcg, 400 unit, 1000 unit</i>	P	

PAHW Formulary Updated July 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>cholecalciferol caps 1.25 mg, 1.25 mg, 50000 unit</i>	P	QL(8 ea per 28 days retail)
<i>cholecalciferol chew 400 unit</i>	P	
<i>cholecalciferol liqd or 10 mcg/ml, 400 unit/ml</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 soln 15 unit/0.3ml</i>	P	
<i>vitamin e caps 180 mg, 400 unit</i>	P	
Water Soluble Vitamins		
ACEROLA C 500 WAFR	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)
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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1 ML 27 X 1/2"	13	isoxsuprine hcl 10 mg	5	1
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PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.5 MG/ML 16		podofilox soln	7
PEDVAX HIB SUSP 18		polyethylene glycol 3350 pack	10
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 10		polyethylene glycol 3350 powd	10
peg 3350-potassium chloride-sod bicarbonate-sod chloride 10		POLYETHYLENE GLYCOL 3350 POWD	17
penicillamine tabs 14		polyvinyl alcohol 1.4 %	16
PENTACEL 18		polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 mg/ml-6 mg/ml	16
		pot phosphate monobasic w/ sod phosphate dibasic & monobasic	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 9			
PRECISION XTRA 8	.....		.....
PREMIUM CONDOMS			
LUBRICATED MISC 11	.....		.....
PREVIDENT RINSE SOLN 14	.....		.....
PREVNAR 13 18	.....		.....
PREVNAR 20 19	.....		.....
PROGRAF SOLN 14	.....		.....
promethazine & phenylephrine syrp 6			.....
promethazine w/codeine soln 6	.....	
promethazine w/codeine syrp 6			.....
promethazine-dm syrp 6	.....		.....
promethazine-phenylephrine-codeine	..		.....
6			.....
propafenone hcl tabs 2	.....		.....
propylthiouracil 17			.....
PROQUAD SUSR 20	.....		.....
pseudoephed-bromphen-dm syrp 10			.....
mg/5ml-30 mg/5ml-2 mg/5ml 6			
pseudoephedrine hcl tabs 16	.....		.....
pseudoephedrine hcl tb12 16			
pseudoephedrine-guaifenesin tb12			.....
600 mg-60 mg 6			

pseudoephedrine-ibuprofen tabs...	6	RECOMBIVAX HB SUSY 10 MCG/ML	20	simethicone susp	9
psyllium caps 0.52 gm, 400 mg	10	RECOMBIVAX HB SUSY 5 MCG/0.5ML	20	SIMPLE SYRUP	17
psyllium powd 25 %, 28.3 %, 30 %, 30.9 %, 33 %, 48.57. %, 49. %, 51.7 %, 58.6 %, 100 %	10	REGULOID POWD	10	SIVEXTRO TABS	4
PTS PANELS KETONE TEST	8	RELION KETONE TEST STRIPS STRP	8	SM COLD & ALLERGY CHILDRENS LIQD	6
PULMOZYME	17	REMODULIN SOLN IJ 20 MG/20ML, 50 MG/20ML	5	SOAANZ TABS 20 MG	8
PURIXAN SUSP	4	RESPIRATORY THERAPY		sodium bicarbonate (antacid) tabs 325 mg, 650 mg	2
pyrazinamide	4	SUPPLIES - DEVICES	13	sodium chloride (gu irrigant) 0.9 %	9
pyridostigmine bromide tabs 60 mg	4	RIASTAP	9	sodium chloride (inhalant) nebu 0.9 %, 3 %, 10 %	7
pyridostigmine bromide tbcr	4	riboflavin tabs 50 mg, 100 mg	21	sodium chloride flush	14
pyridoxine hcl tabs 25 mg, 50 mg, 100 mg, 250 mg	21	rifampin caps	4	sodium chloride soln iv 0.9 %	14
QC CASTOR OIL	5	romidepsin solr	4	sodium citrate & citric acid	9
QC DIBROMM CHILDRENS COLD& ALLERGY LIQD	6	ROTARIX SUSR	20	sodium fluoride (dental) crea	15
QC TRIACTING DAYTIME		ROTATEQ SOLN	20	sodium fluoride (dental) gel	15
CHILDRENS SYRP	6	salicylic acid gel 6 %	7	sodium fluoride (dental) soln 0.2 % 15	
QUADRACEL SUSP	18	salsalate	1	sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 2.2 mg	14
QUADRACEL SUSY	18	selenium sulfide lotn 2.5 %	7	sodium fluoride soln 0.125 mg/drop 14	
quinidine gluconate tbcr	2	SENNA SYRP	11	sodium fluoride soln 0.5 mg/ml	14
quinidine sulfate tabs	2	sennosides liqd	11	sodium phosphates enem	10
RABAVERT	20	sennosides syrp 8.8 mg/5ml	11	sodium polystyrene sulfonate powd 14	
REALITY LATEX CONDOMS/LUBRICATED MISC	11	sennosides tabs 8.6 mg, 15 mg, 17.2 mg, 25 mg	11	sodium polystyrene sulfonate susp or 15 gm/60ml	14
REALITY LATEX/ULTRA TEXTURED DEVI	11	SHINGRIX	20	SORBITOL RE 70 %	10
REALITY LATEX/ULTRA THIN DEVI	11	sildenafil citrate (pulmonary hypertension) soln	5	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	13
RECOMBIVAX HB SUSP 10 MCG/ML, 40 MCG/ML	20	silver sulfadiazine	7	SPIKEVAX COVID-19 VACCINE	20
RECOMBIVAX HB SUSP 5 MCG/0.5ML	20	simethicone chew 80 mg	9	spironolactone & hydrochlorothiazide	
		simethicone liqd or 20 mg/0.3ml	9		

	8	treprostinil soln ij 20 mg/20ml, 50 mg/20ml	5	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	12
spironolactone tabs	8				
STAMARIL SUSR	20	tretinoin (chemotherapy)	4	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC	12
sucralfate susp	18	TRETEN	9		
sucralfate tabs	18	triamcinolone acetonide (mouth)	15	TRUSTEX/RIA LUBRICATED MISC	12
SUDAFED CHILDRENS LIQD	16	TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	6	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	12
sulfamethoxazole-trimethoprim susp 3		triamterene & hydrochlorothiazide caps 25 mg-37.5 mg	8	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	
sulfamethoxazole-trimethoprim tabs 3		triamterene & hydrochlorothiazide tabs	8		
SYMDEKO	17			TWINRIX SUSY	20
SYNAGIS SOLN	17	trifluridine	16	TYLENOL COLD/COUGH/SORE	
SYRPALTA	17	TRIKAFTA TBPk	17	THROAT CHILDRENS SUSP	7
SYRUP NF	17	trimethoprim tabs	3	TYPHIM VI SOLN	19
TDVAX SUSP	18	tropicamide soln	16	TYPHIM VI SOSY	19
TEMODAR SOLR	4	TRUMENBA	19	urea crea 40 %	7
TENIVAC INJ	18	TRUSTEX COLOR CONDOMS + LUBE MISC	11	urea lotn 40 %	7
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	18	TRUSTEX LUBRICATED EXTRALARGE MISC	12	valproate sodium soln iv 100 mg/ml, 500 mg/5ml	3
THEO-24 CP24	2	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	12	vancomycin hcl solr iv 1 gm, 500 mg, 1000 mg	3
theophylline elix	2			VAQTA 25 UNIT/0.5ML	20
theophylline soln	2	TRUSTEX LUBRICATED MISC	12	VAQTA 50 UNIT/ML	20
theophylline tb12 300 mg, 450 mg	2	TRUSTEX		VARIVAX INJ	20
theophylline tb24	2	LUBRICATED/RIBBED/STUDED MISC	12	VAXCHORA	19
thiamine hcl tabs	21			VAXELIS SUSP	18
thiamine mononitrate tabs	21	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	12	VAXELIS SUSY	18
TICOVAC 2.4 MCG/0.5ML	20			VAXNEUVANCE	19
tobramycin sulfate soln ij	1	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	12	VCF VAGINAL CONTRACEPTIVE FILM FILM	20
tobramycin sulfate solr	1				
torsemide tabs	8	TRUSTEX		VCF VAGINAL CONTRACEPTIVE FOAM FOAM	20
tranexamic acid tabs	10	LUBRICATED/SPERMICIDE MISC	12		
TRECTOR	4			VCF VAGINAL	

CONTRACEPTIVEGEL GEL	20
VIRTUSSIN DAC SOLN	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
WAL-TAP COLD/ALLERGY LIQD	7
white petrolatum-mineral oil	16
YF-VAX INJ	20
zinc oxide (topical) oint 20 %, 40 %	7
zinc sulfate caps	14
ZINC SULFATE CAPS	14