



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

Medicare Eligible Participants

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

DUR (Drug Utilization Review) Programs

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

Over-The-Counter Medications

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

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

Filling a Prescription

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

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

Maintenance Medications

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

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

PA Health & Wellness Health Plan Pharmacy Program - Additional Information

Specialty Medications

Most specialty medication requires prior authorization by Centene's Pharmacy Department. A list of specialty 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 PO</i>	P	QL(45 ML per fill retail; 45 per fill mail)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
ORALAIR SUBL	P	QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old)
ALTERNATIVE MEDICINES		
Alternative Medicine - M's		
MELADOX TBCR	P	
MELATONIN ER TBCR	P	
MELATONIN FAST MELTZ TBDP	P	
MELATONIN MAXIMUM STRENGTH LIQD	P	
MELATONIN SLEEP FAST DISSOLVE TBDP	P	
MELATONIN TR TBCR	P	
<i>melatonin CAPS 5 MG, 10 MG</i>	P	
MELATONIN CAPS 1 MG, 3 MG	P	
<i>melatonin CHEW</i>	P	
<i>melatonin LIQD</i>	P	RX/OTC
MELATONIN LIQD	P	
MELATONIN LOZG SL 5 MG	P	
MELATONINMAX GUMMIES CHEW	P	
<i>melatonin SUBL</i>	P	
MELATONIN SUBL	P	
<i>melatonin TABS 1 MG, 3 MG, 5 MG, 10 MG</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
MELATONIN TABS 12 MG, 300 MCG	P	
<i>melatonin TBCR</i>	P	
<i>melatonin TBDP</i>	P	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML</i>	P	
<i>tobramycin sulfate SOLR</i>	P	
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesics Other		
<i>acetaminophen CAPS 500 MG</i>	P	QL(6 EA daily)
<i>acetaminophen CHEW 80 MG</i>	P	
<i>acetaminophen CHEW 160 MG</i>	P	QL(20 EA daily)
<i>acetaminophen ELIX</i>	P	QL(75 ML daily)
<i>acetaminophen LIQD 500 MG/15ML, 1000 MG/30ML</i>	P	QL(90 ML daily)
<i>acetaminophen LIQD 160 MG/5ML</i>	P	QL(75 ML daily)
<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P	QL(75 ML daily)
<i>acetaminophen SUPP 120 MG</i>	P	QL(20 EA daily)
<i>acetaminophen SUPP 650 MG</i>	P	QL(6 EA daily)
<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	P	QL(75 ML daily)
<i>acetaminophen TABS 500 MG</i>	P	QL(6 EA daily)

PAHW Formulary Updated December 2025
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>acetaminophen TABS 325 MG</i>	P	QL(10 EA daily)
FEVERALL INFANTS SUPP	P	
FEVERALL JUNIOR STRENGTH SUPP	P	QL(10 EA daily)
Salicylates		
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	QL(12 EA daily)
<i>aspirin CHEW</i>	P	QL(12 EA daily)
ASPIRIN SUPP 300 MG	P	QL(6 EA daily)
<i>aspirin TABS 325 MG</i>	P	QL(12 EA daily)
<i>aspirin TBEC 81 MG, 325 MG</i>	P	QL(12 EA daily)
<i>salsalate</i>	P	QL(4 EA daily)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>hydrocortisone (intrarectal)</i>	P	
Rectal Local Anesthetics		
<i>dibucaine (rectal) EX</i>	P	QL(30 GM per fill retail; 30 per fill mail)
Rectal Steroids		
<i>hydrocortisone (rectal) EX 2.5 %</i>	P	
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone CHEW 200 MG-25 MG-200 MG</i>	P	
<i>alum & mag hydrox-simethicone LIQD</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML</i>	P	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP	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	
CALCIUM CARBONATE ANTACID SUSP	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		
<i>disopyramide phosphate CAPS</i>	P	MP
NORPACE CR CP12 150 MG	P	

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Drug Name	Drug Tier	Requirements/ Limits
<i>quinidine gluconate TBCR</i>	P	
<i>quinidine sulfate TABS</i>	P	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	P	MP
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	P	MP
<i>propafenone hcl TABS</i>	P	MP
Antiarrhythmics Type III		
<i>amiodarone hcl TABS</i>	P	MP
<i>dofetilide</i>	P	QL(2 EA daily)
TIKOSYN (<i>dofetilide</i>)	P	QL(2 EA daily)
ANTIASTHMATIC 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	
THEOPHYLLINE ER TB12 100 MG, 200 MG	P	MP
<i>theophylline ELIX</i>	P	
<i>theophylline SOLN</i>	P	QL(475 ML per fill retail; 1425 per fill mail); MP
<i>theophylline TB12</i>	P	MP
<i>theophylline TB24</i>	P	MP
ANTICOAGULANTS - Blood Thinners		
Heparins And Heparinoid-Like Agents		
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	P	
HEPARIN SODIUM (PORCINE) SOSY IJ	P	
ANTICONVULSANTS - Drugs to Treat Seizures		

Drug Name	Drug Tier	Requirements/ Limits
Anticonvulsants - Misc.		
<i>levetiracetam SOLN IV 500 MG/5ML</i>	P	QL(30 ML daily)
Valproic Acid		
<i>valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML</i>	P	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate CHEW 262 MG</i>	P	
<i>bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML</i>	P	
<i>bismuth subsalicylate TABS</i>	P	
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	P	
<i>diphenoxylate w/ atropine TABS</i>	P	
<i>loperamide hcl CAPS</i>	P	QL(8 EA daily); RX/OTC
<i>loperamide hcl TABS</i>	P	QL(8 EA daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	P	
ANTI HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate SYRP</i>	P	QL(60 ML daily)
<i>chlorpheniramine maleate TABS</i>	P	QL(120 EA per fill retail; 120 per fill mail)
<i>dexchlorpheniramine maleate SOLN</i>	P	

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Drug Name	Drug Tier	Requirements/ Limits
Antihistamines - Ethanolamines		
<i>clemastine fumarate TABS 1.34 MG</i>	P	
DAYHIST ALLERGY 12 HOUR RELIEF TABS	P	
<i>diphenhydramine hcl CAPS 25 MG</i>	P	QL(12 EA daily)
<i>diphenhydramine hcl CAPS 50 MG</i>	P	QL(6 EA daily)
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	P	QL(240 ML per fill retail)
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	P	QL(240 ML per fill retail)
<i>diphenhydramine hcl TABS 25 MG</i>	P	QL(12 EA daily)
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	P	
<i>cyproheptadine hcl TABS</i>	P	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
Vasodilators		
<i>hydralazine hcl TABS</i>	P	MP
<i>minoxidil 2.5 MG, 10 MG</i>	P	MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>trimethoprim TABS</i>	P	
Anti-infective Misc. - Combinations		
<i>sulfamethoxazole-trimethoprim SUSP</i>	P	
<i>sulfamethoxazole-trimethoprim TABS</i>	P	
Glycopeptides		
<i>vancomycin hcl SOLR IV 1 GM, 500 MG</i>	P	

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>mercaptopurine SUSP 2000 MG/100ML</i>	P	
<i>mercaptopurine TABS</i>	P	
PURIXAN SUSP 2000 MG/100ML (<i>mercaptopurine</i>)	P	
Antineoplastic - Hormonal and Related Agents		
EMCYT	P	SP
EULEXIN	P	QL(6 EA daily)
LYSODREN	P	SP
<i>megestrol acetate SUSP</i>	P	
<i>megestrol acetate TABS</i>	P	
Antineoplastic Enzyme Inhibitors		
ISTODAX SOLR (<i>romidepsin</i>)	P	SP; PA
<i>romidepsin SOLR</i>	P	SP; PA
Antineoplastics Misc.		
<i>bexarotene</i>	P	SP; PA
MATULANE	P	SP
<i>tretinoin (chemotherapy)</i>	P	SP
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium TABS</i>	P	
<i>mesna TABS</i>	P	SP
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		

Drug Name	Drug Tier	Requirements/ Limits
Antimanic Agents		
<i>lithium</i>	P	AL(At least 18 yrs old)
<i>lithium carbonate CAPS</i>	P	
<i>lithium carbonate TABS</i>	P	
<i>lithium carbonate TBCR</i>	P	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiviral Combinations		
PAXLOVID (150/100)	P	
PAXLOVID (300/100)	P	
Misc. Antivirals		
LAGEVRIO	P	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN PO 0.05 MG/ML</i>	P	MP
<i>digoxin TABS 125 MCG, 250 MCG</i>	P	MP
LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>)	P	MP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
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		

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Drug Name	Drug Tier	Requirements/ Limits
Cephalosporins - 3rd Generation		
<i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i>	P	QL(4 EA daily)
CHEMICALS		
Liquids		
CASTOR OIL	P	RX/OTC
QC CASTOR OIL	P	RX/OTC
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Emergency Contraceptives		
ELLA	P	
<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
DEPO-MEDROL SUSP	P	
DEPO-MEDROL SUSP (<i>methylprednisolone acetate</i>)	P	
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	P	QL(5 ML daily)
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	P	QL(5 ML daily)
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	P	QL(5 ML daily)
KENALOG-10 SUSP (<i>triamcinolone acetonide</i>)	P	
KENALOG-40 SUSP (<i>triamcinolone acetonide</i>)	P	
<i>methylprednisolone acetate SUSP</i>	P	
METHYLPREDNISOLONE ACETATE SUSP 40 MG/ML, 80 MG/ML	P	

Drug Name	Drug Tier	Requirements/ Limits
SOLU-MEDROL (PF) 40 MG	P	
<i>triamcinolone acetonide SUSP</i>	P	
TRIAMCINOLONE ACETONIDE SUSP 40 MG/ML, 50 MG/ML	P	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate 100 MG, 200 MG</i>	P	AL(At least 10 yrs old)
<i>dextromethorphan polistirex SUER</i>	P	
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	P	QL(30 ML daily)
Cough/Cold/Allergy Combinations		
<i>brompheniramine & phenyleph ELIX</i>	P	QL(120 ML per fill retail; 120 per fill mail)
<i>brompheniramine & pseudoeph ELIX</i>	P	QL(120 ML per fill retail; 120 per fill mail)
<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	P	QL(120 ML per fill retail; 120 per fill mail)
COLD & ALLERGY CHILDRENS LIQD	P	QL(120 ML per fill retail; 120 per fill mail)
CVS COLD & ALLERGY CHILDRENS LIQD	P	QL(120 ML per fill retail; 120 per fill mail)
<i>dextromethorphan-doxylamine-acetaminophen LIQD</i>	P	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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>promethazine & phenylephrine SYRP</i>	P	QL(240 ML per fill retail); AL(At least 2 yrs old)
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	P		<i>promethazine w/codeine SOLN</i>	P	QL(30 ML daily); AL(At least 2 yrs old)
<i>dextromethorphan-guaifenesin TABS 400 MG-20 MG</i>	P		<i>promethazine w/codeine SYRP</i>	P	QL(30 ML daily); AL(At least 2 yrs old)
<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	P		<i>promethazine-dm SYRP</i>	P	QL(240 ML per fill retail)
<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	P		<i>promethazine-phenylephrine-codeine</i>	P	QL(30 ML daily); AL(At least 2 yrs old)
DIMETAPP CHILDREN COLD/ALLERGY LIQD	P	QL(120 ML per fill retail; 120 per fill mail)	<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	P	
ED BRON GP LIQD	P		<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	P	
<i>guaifenesin-codeine SOLN</i>	P	QL(60 ML daily)	<i>pseudoephedrine-ibuprofen TABS</i>	P	
<i>guaifenesin-codeine SYRP</i>	P	QL(60 ML daily)	QC DIBROMM CHILDRENS COLD/ALL LIQD	P	QL(120 ML per fill retail; 120 per fill mail)
LOHIST-D LIQD	P		QC TRIACTING DAYTIME CHILDRENS SYRP	P	
MAXI-TUSS PE MAX LIQD	P		SM COLD & ALLERGY CHILDRENS LIQD	P	QL(120 ML per fill retail; 120 per fill mail)
<i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	P		TRIAMINIC COLD/COUGH DAY TIME SYRP	P	
<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	P		TYLENOL CHILDRENS COLD/COUGH SUSP	P	QL(75 ML daily)
<i>phenylephrine-dm SOLN</i>	P		WAL-TAP COLD/ALLERGY LIQD	P	QL(120 ML per fill retail; 120 per fill mail)
<i>phenylephrine-doxylamine-dextromethorphan-acetaminophen MISC 5 MG-325 MG-6.25 MG</i>	P		Expectorants		
			GERI-TUSSIN SYRP	P	
			<i>guaifenesin LIQD</i>	P	
			<i>guaifenesin TB12</i>	P	
			Misc. Respiratory Inhalants		

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

Drug Name	Drug Tier	Requirements/ Limits
<i>podofilox SOLN</i>	P	QL(4 ML per fill retail)
<i>salicylic acid GEL 6 %</i>	P	QL(40 GM per fill retail; 40 per fill mail)
Local Anesthetics - Topical		
<i>dibucaine</i>	P	QL(30 GM per fill retail; 30 per fill mail)
Misc. Topical		
DRYSOL SOLN	P	
INSECT REPELLENT - AEROSOL	P	
INSECT REPELLENT - LIQUID	P	
INSECT REPELLENT - LOTION	P	
<i>isopropyl alcohol (skin cleanser) MISC</i>	P	MP
<i>zinc oxide (topical) OINT 20 %, 40 %</i>	P	QL(60 GM per fill retail; 60 per fill mail)
Rosacea Agents		
<i>metronidazole (topical) CREA</i>	P	
<i>metronidazole (topical) GEL 0.75 %</i>	P	
<i>metronidazole (topical) LOTN</i>	P	
Tar Products		
<i>coal tar extract SHAM 0.5 %, 1 %</i>	P	
Wound Care Products		
CALCIUM ALGINATE WOUND DRESSING	P	
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
CHEMSTRIP K STRP	P	
FORA GTEL BLOOD KETONE TEST	P	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
FORA TEST N'GO ADV-VOICE-6 CON	P	QL(1 EA daily)
GOJJI BLOOD KETONE TEST	P	QL(1 EA daily)
KETONE TEST STRP	P	
KETOSTIX STRP	P	
NOVA MAX PLUS KETONE TEST	P	QL(1 EA daily)
PRECISION XTRA KETONE	P	QL(1 EA daily)
RELION KETONE TEST STRP	P	

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

Dietary Management Products		
DEPLIN 15	P	
DEPLIN 7.5	P	
ELFOLATE TABS	P	
L-METHYLFOLATE FORTE	P	
L-METHYLFOLATE-ALGAE	P	
<i>l-methylfolate TABS 7.5 MG, 15 MG</i>	P	
L-METHYLFOLATE TABS	P	

DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure

Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	P	MP
<i>acetazolamide TABS</i>	P	MP
<i>methazolamide TABS</i>	P	
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide</i>	P	QL(2 EA daily)
<i>spironolactone & hydrochlorothiazide</i>	P	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	P	QL(1 EA daily); MP
<i>triamterene & hydrochlorothiazide TABS</i>	P	QL(1 EA daily); MP
Loop Diuretics		
<i>bumetanide TABS</i>	P	MP
<i>furosemide SOLN IJ 10 MG/ML</i>	P	
FUROSEMIDE SOLN IJ	P	
<i>furosemide TABS</i>	P	MP
SOAANZ TABS 20 MG	P	MP
<i>torseamide TABS</i>	P	MP
Potassium Sparing Diuretics		
<i>amiloride hcl TABS</i>	P	QL(4 EA daily)
<i>spironolactone TABS</i>	P	MP
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	P	MP
<i>hydrochlorothiazide CAPS</i>	P	MP
<i>hydrochlorothiazide TABS</i>	P	MP
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	P	MP
<i>metolazone</i>	P	MP
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	P	SP; PA
Metabolic Modifiers		
FABRAZYME	P	SP; PA
GALAFOLD	P	QL(0.5 EA daily); SP; PA
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	P	

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<i>levocarnitine (metabolic modifiers) TABS</i>	P		Genitourinary Irrigants		
Posterior Pituitary Hormones			<i>acetic acid 0.25 %</i>	P	
<i>desmopressin acetate spray</i>	P	QL(0.4 ML daily)	<i>sodium chloride (gu irrigant) 0.9 %</i>	P	
<i>desmopressin acetate spray refrigerated 0.01 %</i>	P	QL(0.4 ML daily)	Interstitial Cystitis Agents		
<i>desmopressin acetate SOLN IJ</i>	P	SP	ELMIRON CAPS	P	QL(3 EA daily)
<i>desmopressin acetate SOLN IJ</i>	P	SP; PA	Urinary Analgesics		
<i>desmopressin acetate TABS</i>	P	QL(3 EA daily); SP	<i>phenazopyridine hcl TABS 100 MG, 200 MG</i>	P	
Vasopressin Receptor Antagonists			HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
JYNARQUE TBPB (tolvaptan)	P	QL(2 EA daily); SP; PA	Antihemophilic Products		
<i>tolvaptan TBPB</i>	P	QL(2 EA daily); SP; PA	CORIFACT	P	SP; PA
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs			FIBRYGA	P	SP; PA
Antiflatulents			RIASTAP	P	SP; PA
<i>simethicone CHEW 80 MG</i>	P		TRETTEN	P	SP; PA
<i>simethicone LIQD PO</i>	P	QL(30 ML per fill retail)	Hematorheologic Agents		
<i>simethicone SUSP</i>	P	QL(30 ML per fill retail)	<i>pentoxifylline</i>	P	MP
Intestinal Acidifiers			Platelet Aggregation Inhibitors		
<i>lactulose (encephalopathy)</i>	P		<i>anagrelide hcl</i>	P	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System			<i>cilostazol</i>	P	QL(2 EA daily); MP
Alkalinizers			HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
<i>potassium citrate (alkalinizer) TBCR</i>	P		Cobalamins		
<i>potassium citrate-citric acid PACK</i>	P		<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	P	
<i>sodium citrate & citric acid</i>	P	RX/OTC	Folic Acid/Folates		
			<i>folic acid TABS</i>	P	
			Iron		
			<i>ferrous fumarate TABS</i>	P	
			<i>ferrous gluconate TABS 324 MG</i>	P	
			<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	P	

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<i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>	P	75 MG/ML (15 MG/ML Elemental Fe); QL(3.34 ML daily)	<i>psyllium POWD 25 %, 28.3 %, 30 %, 33 %, 43 %, 49 %, 51.7 %, 58.6 %, 100 %</i>	P	
<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	P	MP	Laxative Combinations		
Stem Cell Mobilizers			<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	
<i>MOZOBIL (plerixafor)</i>	P	QL(2.4 ML daily); SP; PA	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P	
<i>plerixafor</i>	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)	<i>lactulose SOLN</i>	P	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS			<i>PEDIA-LAX SUPP</i>	P	
Antihistamine Hypnotics			<i>polyethylene glycol 3350 PACK</i>	P	
<i>diphenhydramine hcl (sleep) CAPS 50 MG</i>	P	QL(6 EA daily)	<i>polyethylene glycol 3350 POWD</i>	P	
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	P	QL(12 EA daily)	<i>SORBITOL PR 70 %</i>	P	
Non-Barbiturate Hypnotics			Lubricant Laxatives		
<i>midazolam hcl SOLN IJ</i>	P	PA	<i>mineral oil ENEM</i>	P	
<i>MIDAZOLAM HCL SOLN IJ</i>	P	PA	<i>mineral oil OIL PO</i>	P	QL(4 ML daily); RX/OTC
LAXATIVES - Bowel Treatment Drugs			Saline Laxatives		
Bulk Laxatives			<i>magnesium citrate 1.745 GM/30ML</i>	P	
<i>calcium polycarbophil TABS</i>	P	QL(10 EA daily)	<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	P	
<i>KONSYL DAILY FIBER PACK 100 %</i>	P		<i>MILK OF MAGNESIA CONCENTRATE SUSP</i>	P	
<i>NATURAL FIBER LAXATIVE POWD</i>	P		<i>sodium phosphates ENEM</i>	P	
<i>psyllium CAPS 0.52 GM, 400 MG</i>	P		Stimulant Laxatives		

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<i>bisacodyl SUPP</i>	P		FANTASY LUBRICATED MISC	P	
<i>bisacodyl TBEC</i>	P		KAMELEON LUBRICATED MISC	P	
<i>castor oil OIL 100 %</i>	P		KIMONO COLORS DEVI	P	
SENNA SYRP	P		KIMONO MAXX-LARGE FLARE MISC	P	
<i>sennosides LIQD</i>	P		KIMONO MICRO THIN PLUS MISC	P	
<i>sennosides SYRP 8.8 MG/5ML</i>	P		KIMONO PLUS MISC	P	
<i>sennosides TABS 8.6 MG, 15 MG, 17.2 MG, 25 MG</i>	P		KIMONO PS PLUS MISC	P	
Surfactant Laxatives			KIMONO PS MISC	P	
<i>docusate calcium</i>	P		KIMONO SENSATION PLUS MISC	P	
<i>docusate sodium CAPS 100 MG, 250 MG</i>	P		KIMONO SENSATION MISC	P	
<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	P		KIMONO SPECIAL DEVI	P	
DOCUSATE SODIUM SYRP	P		KIMONO MISC	P	
<i>docusate sodium TABS</i>	P		K-Y ME & YOU EXTRA LUBRICATED DEVI	P	
MEDICAL DEVICES AND SUPPLIES			K-Y ME & YOU INTENSE DEVI	P	
Bandages-Dressings-Tape			MAXX PLUS MISC	P	
GAUZE PADS	P		MAXX MISC	P	
GAUZE PADS & DRESSINGS - PADS 2" X 2"	P		REALITY LATEX CONDOMS MISC	P	
GAUZE PADS & DRESSINGS - PADS 4" X 4"	P		REALITY LATEX/ULTRA TEXTURED DEVI	P	
Contraceptives			REALITY LATEX/ULTRA THIN DEVI	P	
AIMSCO LUBRICATED MISC	P		TROJAN BARESKIN DEVI	P	
DUREX EXTRA SENSITIVE THIN DEVI	P		TROJAN MAGNUM MISC	P	
DUREX EXTRA SENSITIVE THIN MISC	P		TROJAN ULTRA THIN/SPERMICIDAL MISC	P	
DUREX TROPICAL MISC	P		TROJAN ULTRA THIN MISC	P	
FANTASY LUBRICATED/SPERMICIDE MISC	P		TROJAN-ENZ LUBRICATED MISC	P	
			TROJAN-ENZ/SPERMICIDAL MISC	P	

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TRUE COVER DEVI	P		LANCETS	P	
TRUSTEX COLOR CONDOMS + LUBE MISC	P		GI-GU Ostomy & Irrigation Supplies		
TRUSTEX LUB/RIBBED/STUDDERED MISC	P		CATHETER KIT	P	Rx/OTC
TRUSTEX LUB/SPERMICIDE EX ST MISC	P		Misc. Devices		
TRUSTEX LUB/SPERMICIDE XL MISC	P		ALCOHOL SWABS	P	QL(400 ea per fill); Rx/OTC
TRUSTEX LUBRICATED EX LARGE MISC	P		Parenteral Therapy Supplies		
TRUSTEX LUBRICATED EXTRA ST MISC	P		INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	P	QL(5 ea daily); Rx/OTC
TRUSTEX LUBRICATED/SPERMICIDE MISC	P		INSULIN PEN NEEDLE 29 G X 12.7 MM	P	QL(5 ea daily); Rx/OTC
TRUSTEX LUBRICATED MISC	P		INSULIN PEN NEEDLE 31 G X 5 MM (3/16")	P	QL(5 ea daily); Rx/OTC
TRUSTEX NATURAL CONDOMS + LUBE MISC	P		INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	P	QL(5 ea daily); Rx/OTC
TRUSTEX RIA LUB/SPERMICIDE MISC	P		INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	P	QL(5 ea daily); Rx/OTC
TRUSTEX RIA LUBRICATED MISC	P		INSULIN PEN NEEDLE 32 G X 4 MM (5/32")	P	QL(5 ea daily); Rx/OTC
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	P		INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	P	QL(5 ea daily); Rx/OTC
Diabetic Supplies			INSULIN PEN NEEDLE 32 G X 6 MM (1/4")	P	QL(5 ea daily); Rx/OTC
BLOOD GLUCOSE CALIBRATION - LIQUID	P		INSULIN SYRINGE (DISP) U-100 1/2 ML	P	Rx/OTC
BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH	P		INSULIN SYRINGE/NEEDLE U-100 0.3 ML 29 X 1/2"	P	QL(5 ea daily); Rx/OTC
BLOOD GLUCOSE CALIBRATION - LIQUID - LOW	P		INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 1/2"	P	QL(5 ea daily); Rx/OTC
BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL	P		INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 5/16"	P	QL(5 ea daily); Rx/OTC
LANCET DEVICES	P	QL(1 ea per 180 days)	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 ML 25 X 1"	P	QL(5 ea daily); Rx/OTC

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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 day(s) retail; 3 EA per 180 days mail)
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 + D3 TABS 125 UNIT-250 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	P	QL(2 EA daily)
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 27 X 1/2"	P	QL(5 ea daily); Rx/OTC	CALCIUM CARB- CHOLECALCIFEROL CHEW	P	
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2"	P	QL(5 ea daily); Rx/OTC	CALCIUM CARBONATE CHEW	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, 5 MCG-600 MG, 800 UNIT-600 MG</i>	P	QL(2 EA daily)
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 1/2"	P	QL(5 ea daily); Rx/OTC	<i>calcium carbonate- cholecalciferol TABS 10 MCG-600 MG, 400 UNIT- 600 MG</i>	P	QL(3 EA daily)
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 3/8"	P	QL(5 ea daily); Rx/OTC	<i>calcium carbonate- cholecalciferol TABS 10 MCG-500 MG, 125 UNIT- 500 MG, 200 UNIT-500 MG, 400 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG</i>	P	

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Drug Name	Drug Tier	Requirements/ Limits
<i>calcium carbonate TABS 1250 MG, 500 MG</i>	P	
<i>calcium carbonate-vitamin d TABS 600 MG-200 UNIT</i>	P	QL(2 EA daily)
<i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT</i>	P	
<i>calcium citrate TABS</i>	P	
CALCIUM CHEW	P	
<i>oyster shell</i>	P	
OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	P	
OYSTER SHELL CALCIUM/VIT D3 TABS 200 UNIT-500 MG, 3.12 MCG-250 MG	P	
PARVA-CAL 200 UNIT-500 MG	P	
Electrolyte Mixtures		
ORAL ELECTROLYTE SOLUTION	P	
Fluoride		
<i>sodium fluoride CHEW</i>	P	AL(Up to 15 yrs old)
<i>sodium fluoride SOLN 0.5 MG/ML</i>	P	AL(Up to 15 yrs old); RX/OTC
SOLUVITA SOLN	P	AL(Up to 15 yrs old); RX/OTC
Magnesium		
<i>magnesium oxide (mg supplement) TABS</i>	P	
<i>magnesium TABS 400 MG</i>	P	
MAGOX 400 TABS (<i>magnesium oxide (mg supplement)</i>)	P	
Phosphate		

Drug Name	Drug Tier	Requirements/ Limits
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	P	QL(8 EA daily)
Potassium		
<i>potassium bicarbonate TBEF</i>	P	
<i>potassium chloride microencapsulated crystals er</i>	P	MP
<i>potassium chloride CPCR</i>	P	MP
<i>potassium chloride PACK PO 20 MEQ</i>	P	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	P	MP
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	P	MP
Sodium		
<i>sodium chloride flush</i>	P	
SODIUM CHLORIDE FLUSH	P	
<i>sodium chloride SOLN IV 0.9 %</i>	P	
SODIUM CHLORIDE SOLN IV 0.9 %	P	
Zinc		
<i>zinc sulfate CAPS</i>	P	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
<i>penicillamine TABS</i>	P	
Immunosuppressive Agents		
<i>mycophenolate mofetil hcl</i>	P	
PROGRAF SOLN	P	PA
<i>tacrolimus SOLN 5 MG/ML</i>	P	PA
Potassium Removing Agents		
<i>sodium polystyrene sulfonate POWD</i>	P	QL(454 GM per fill retail; 454 per fill mail)

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

Drug Name	Drug Tier	Requirements/ Limits
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
Ped Multiple Vitamins w/ Minerals		
PEDIATRIC MULTIPLE VITAMIN W/ MINERALS	P	

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

Drug Name	Drug Tier	Requirements/ Limits
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Sympathomimetic Decongestants		
AFRIN CHILDRENS EXTRA MOISTURE SOLN	P	
LITTLE REMEDIES DECONG NOSE SOLN	P	
NEO-SYNEPHRINE COLD/ALLRGY REG SOLN	P	
<i>oxymetazoline hcl SOLN 0.05 %</i>	P	
<i>phenylephrine hcl (oral) TABS</i>	P	QL(24 EA per fill retail; 24 per fill mail)
<i>phenylephrine hcl SOLN 1 %</i>	P	
<i>pseudoephedrine hcl TABS</i>	P	
<i>pseudoephedrine hcl TB12</i>	P	QL(2 EA daily)
SUDAFED CHILDRENS LIQD	P	
NUTRIENTS		
Proteins		
LEVOCARNITINE (DIETARY) 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	
<i>polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 MG/ML-6 MG/ML</i>	P	
<i>white petrolatum-mineral oil</i>	P	
Cycloplegic Mydriatics		
<i>atropine sulfate (ophthalmic) OINT</i>	P	

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Drug Name	Drug Tier	Requirements/ Limits
<i>atropine sulfate (ophthalmic) SOLN</i>	P	
ATROPINE SULFATE SOLN 1 %	P	
CYCLOGYL	P	
<i>cyclopentolate hcl 1 %</i>	P	
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	P	
PHENYLEPHRINE HCL SOLN (<i>phenylephrine hcl (mydriatic)</i>)	P	
<i>tropicamide SOLN</i>	P	
Ophthalmic Anti-infectives		
<i>trifluridine</i>	P	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	P	
Otic Steroids		
<i>fluocinolone acetonide (otic)</i>	P	
<i>hydrocortisone w/acetic acid</i>	P	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Monoclonal Antibodies		
SYNAGIS SOLN	P	SP; PA
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		
CHERRY	P	RX/OTC
CHERRY CONCENTRATE	P	RX/OTC
ORAL VEHICLES	P	
ORAL VEHICLES - SUSP	P	
ORAL VEHICLES - SYRUP	P	
SIMPLE SYRUP	P	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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 Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK 25 MG, 50 MG, 75 MG	P	QL(2 EA daily); SP; PA
KALYDECO TABS	P	QL(2 EA daily); SP; PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	P	QL(2 EA daily); SP; PA
ORKAMBI TABS	P	QL(4 EA daily); SP; PA
PULMOZYME	P	QL(5 ML daily); SP; PA
SYMDEKO	P	QL(2 EA daily); SP; 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		

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Drug Name	Drug Tier	Requirements/ Limits
ADACEL SUSP	P	QL(0.5 ML daily); AL(At least 10 yrs old - Up to 64 yrs old)
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	P	QL(0.5 ML daily); AL(At least 10 yrs old - Up to 64 yrs old)
BOOSTRIX SUSP	P	QL(0.5 ML daily); AL(At least 10 yrs old)
BOOSTRIX SUSY	P	QL(0.5 ML daily); AL(At least 10 yrs old)
DAPTACEL	P	QL(0.5 ML per fill retail; 0.5 per fill mail)
INFANRIX	P	QL(0.5 ML per fill retail; 0.5 per fill mail)
KINRIX SUSY	P	QL(0.5 ML per fill retail; 0.5 per fill mail); AL(At least 4 yrs old - Up to 7 yrs old)
PEDIARIX SUSY	P	QL(0.5 ML per fill retail; 0.5 per fill mail)
PENTACEL	P	AL(At least 5 yrs old)
QUADRACEL SUSP	P	AL(At least 4 yrs old - Up to 7 yrs old)
QUADRACEL SUSY	P	QL(0.5 ML per fill retail; 0.5 per fill mail); AL(At least 4 yrs old - Up to 7 yrs old)
TDVAX SUSP	P	
TENIVAC SUSP 2 LFU-5 LFU	P	QL(0.5 ML daily); AL(At least 7 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	P	
VAXELIS SUSP	P	QL(0.5 ML per fill retail; 0.5 per fill mail); AL(Up to 5 yrs old)
VAXELIS SUSY	P	QL(0.5 ML per fill retail; 0.5 per fill mail); AL(Up to 5 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>dicyclomine hcl CAPS</i>	P	
<i>dicyclomine hcl SOLN PO</i>	P	QL(40 ML daily)
<i>dicyclomine hcl TABS</i>	P	
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	P	QL(4 EA daily)
ROBINUL-FORTE TABS (<i>glycopyrrolate</i>)	P	QL(4 EA daily)
ROBINUL TABS (<i>glycopyrrolate</i>)	P	QL(4 EA daily)
Misc. Anti-Ulcer		
<i>sucralfate SUSP</i>	P	
<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	
BCG VACCINE	P	

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BEXSERO 0.5 ML	P	AL(At least 10 yrs old - Up to 25 yrs old)	AFLURIA PRESERVATIVE FREE SUSY	P	
BIOTHRAX	P	AL(At least 18 yrs old - Up to 65 yrs old)	AFLURIA QUADRIVALENT SUSY 0.5 ML	P	
CAPVAXIVE	P	AL(At least 18 yrs old)	AFLURIA SUSP	P	
HIBERIX SOLR IJ	P		AREXVY	P	QL(1 EA per fill retail; 1 per fill mail); AL(At least 60 yrs old)
MENACTRA	P	AL(Up to 55 yrs old)	AUDENZ EMUL	P	
MENQUADFI 0.5 ML	P	AL(Up to 55 yrs old)	AUDENZ PRSY	P	
MENVEO SOLN	P	AL(Up to 55 yrs old)	COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	P	AL(At least 5 yrs old - Up to 11 yrs old)
MENVEO SOLR	P	AL(Up to 55 yrs old)	COMIRNATY SUSP	P	AL(At least 12 yrs old)
PEDVAX HIB SUSP	P		COMIRNATY SUSY	P	AL(At least 12 yrs old)
PENBRAYA	P		DENG VAXIA	P	
PENMENVY SUSR IM	P	AL(At least 10 yrs old - Up to 25 yrs old)	ENGERIX-B SUSP 20 MCG/ML	P	3 max fill(s) per 999 day(s) retail; 3 max fill(s) per 999 day(s) mail; AL(At least 19 yrs old)
PNEUMOVAX 23 SOLN	P		ENGERIX-B SUSY	P	3 max fill(s) per 999 day(s) retail; 3 max fill(s) per 999 day(s) mail; AL(At least 19 yrs old)
PNEUMOVAX 23 SOSY	P		FLUAD	P	
PREVNAR 13	P		FLUARIX QUADRIVALENT SUSY	P	
PREVNAR 20	P	AL(At least 18 yrs old)	FLUARIX SUSY	P	
TRUMENBA 0.5 ML	P	AL(At least 10 yrs old - Up to 25 yrs old)	FLUBLOK SOSY	P	AL(At least 18 yrs old)
TYPHIM VI SOLN	P	AL(At least 2 yrs old)	FLUCELVAX SUSP	P	
TYPHIM VI SOSY	P	AL(At least 2 yrs old)	FLUCELVAX SUSY	P	
VAXCHORA	P		FLULAVAL QUADRIVALENT SUSY	P	
VAXNEUVANCE	P	AL(At least 18 yrs old)			
VIVOTIF	P	AL(At least 6 yrs old)			
Viral Vaccines					
ABRYSVO	P	QL(1 EA per fill retail); AL(At least 60 yrs old)			
ACAM2000	P				

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Drug Name	Drug Tier	Requirements/ Limits
FLULAVAL SUSY	P	
FLUMIST	P	AL(At least 2 yrs old - Up to 49 yrs old)
FLUZONE HIGH-DOSE SUSY	P	AL(At least 65 yrs old)
FLUZONE QUADRIVALENT SUSY	P	
FLUZONE SUSP	P	
FLUZONE SUSY	P	
GARDASIL 9 SUSP 0.5 ML	P	3 max fill(s) per 999 day(s) retail; 3 max fill(s) per 999 day(s) mail; AL(Up to 45 yrs old)
GARDASIL 9 SUSY 0.5 ML	P	3 max fill(s) per 999 day(s) retail; 3 max fill(s) per 999 day(s) mail; AL(Up to 45 yrs old)
HAVRIX IM 720 EL U/0.5ML	P	AL(At least 1 yrs old)
HAVRIX IM 1440 EL U/ML	P	AL(At least 19 yrs old)
HEPLISAV-B SOSY	P	QL(0.5 ML per fill retail; 0.5 per fill mail); 3 max fill(s) per 999 day(s) retail; 3 max fill(s) per 999 day(s) mail; AL(At least 18 yrs old)
IMOVAX RABIES SUSR	P	AL(At least 19 yrs old)
IPOL IJ	P	
IXCHIQ	P	
IXIARO	P	
JYNNEOS	P	
M-M-R II SOLR	P	AL(At least 1 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
MNEXSPIKE SUSY 10 MCG/0.2ML	P	AL(At least 12 yrs old)
MODERNA COVID-19 BIVALENT	P	
MODERNA COVID-19 VAC 6M-11Y SUSP	P	
MODERNA COVID-19 VAC 6M-11Y SUSY	P	
MODERNA COVID-19 VACCINE SUSP	P	AL(At least 12 yrs old)
MRESVIA	P	QL(0.5 ML per fill retail)
NOVAVAX COVID-19 VACCINE SUSP	P	AL(At least 12 yrs old)
NOVAVAX COVID-19 VACCINE SUSY	P	AL(At least 12 yrs old)
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	P	AL(At least 12 yrs old)
PFIZER COVID-19 VAC BIVALENT	P	
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	P	
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	P	AL(At least 5 yrs old - Up to 11 yrs old)
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	P	
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	P	AL(At least 12 yrs old)
PFIZER-BIONTECH COVID-19 VACC SUSP	P	
PREHEVBRIO	P	3 max fill(s) per 999 day(s) retail; 3 max fill(s) per 999 day(s) mail
PRIORIX SUSR	P	
PROQUAD SUSR	P	AL(Up to 13 yrs old)
RABAVERT	P	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RECOMBIVAX HB SUSP	P	3 max fill(s) per 999 day(s) retail; 3 max fill(s) per 999 day(s) mail; AL(At least 19 yrs old)	VARIVAX SUSR	P	2 max fill(s) per 999 day(s) retail; 2 max fill(s) per 999 day(s) mail; AL(At least 1 yrs old)
RECOMBIVAX HB SUSY	P	3 max fill(s) per 999 day(s) retail; 3 max fill(s) per 999 day(s) mail; AL(At least 19 yrs old)	YF-VAX SUSR	P	
ROTARIX SUSP	P		VAGINAL AND RELATED PRODUCTS		
ROTATEQ SOLN	P		Spermicides		
SHINGRIX	P	2 max fill(s) per 999 day(s) retail; 2 max fill(s) per 999 day(s) mail; AL(At least 18 yrs old)	OPTIONS GYNOL II CONTRACEPTIVE GEL	P	
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	P		VCF VAGINAL CONTRACEPTIVE FILM	P	
SPIKEVAX SUSP	P	AL(At least 12 yrs old)	VCF VAGINAL CONTRACEPTIVE GEL	P	
SPIKEVAX SUSY	P	AL(At least 12 yrs old)	VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
STAMARIL SUSR	P		Vasopressors		
TICOVAC	P	AL(At least 1 yrs old)	midodrine hcl	P	
TWINRIX SUSY	P	AL(At least 18 yrs old)	VITAMINS		
VAQTA 50 UNIT/ML	P	AL(At least 19 yrs old)	Oil Soluble Vitamins		
VAQTA IM 50 UNIT/ML	P	AL(At least 19 yrs old)	cholecalciferol CAPS 125 MCG, 5000 UNIT, 125 MCG	P	QL(2 EA daily)
VAQTA 25 UNIT/0.5ML	P	AL(At least 1 yrs old)	cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT	P	QL(8 EA per 28 day(s) retail; 8 EA per 28 days mail)
VAQTA IM 25 UNIT/0.5ML	P	AL(At least 1 yrs old)	cholecalciferol CHEW 400 UNIT	P	
			cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML	P	
			cholecalciferol TABS 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG	P	
			ergocalciferol CAPS	P	
			ergocalciferol SOLN PO 200 MCG/ML	P	
			phytonadione TABS 5 MG	P	

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Drug Name	Drug Tier	Requirements/ Limits
<i>vitamin a CAPS</i>	P	
<i>vitamin a TABS 10000 UNIT</i>	P	
<i>vitamin e CAPS 180 MG, 400 UNIT, 100 UNIT, 180 MG, 400 UNIT</i>	P	QL(2 EA daily)
VITAMIN E CAPS	P	QL(2 EA daily)
Water Soluble Vitamins		
ACEROLA C 500 WAFR	P	
ASCORBIC ACID ORAL POWDER	P	
<i>ascorbic acid CHEW 500 MG</i>	P	
<i>ascorbic acid TABS</i>	P	QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail)
<i>biotin CAPS 5 MG, 5000 MCG</i>	P	
<i>biotin TABS 5 MG, 5000 MCG</i>	P	
<i>niacin TABS 100 MG, 250 MG, 500 MG</i>	P	
<i>niacin TBCR 500 MG, 750 MG</i>	P	
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG</i>	P	
<i>riboflavin TABS 100 MG</i>	P	QL(4 EA daily)
<i>riboflavin TABS 50 MG</i>	P	QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail)
<i>thiamine hcl TABS</i>	P	QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail)
<i>thiamine mononitrate TABS 100 MG</i>	P	

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ABRYSVO	20	AFLURIA SUSP	20	aspirin TBEC 81 MG, 325 MG	2
ACAM2000	20	AFRIN CHILDRENS EXTRA MOISTURE SOLN	17	atropine sulfate (ophthalmic) OINT	17
ACEROLA C 500 WAFR	23	AIMSCO LUBRICATED MISC	12	atropine sulfate (ophthalmic) SOLN	18
acetaminophen CAPS 500 MG	1	ALCOHOL SWABS	13	ATROPINE SULFATE SOLN 1 %	18
acetaminophen CHEW 160 MG	1	alum & mag hydrox-simethicone CHEW 200 MG-25 MG-200 MG	2	AUDENZ EMUL	20
acetaminophen CHEW 80 MG	1	alum & mag hydrox-simethicone LIQD	2	AUDENZ PRSY	20
acetaminophen ELIX	1	alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML	2	BCG VACCINE	19
acetaminophen LIQD 160 MG/5ML	1			B-COMPLEX VITAMIN CAP	16
acetaminophen LIQD 500 MG/15ML, 1000 MG/30ML	1			B-COMPLEX VITAMIN TAB	16
acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	1	ALUMINUM HYDROXIDE GEL SUSP	2	B-COMPLEX W/ C	16
acetaminophen SUPP 120 MG	1			B-COMPLEX W/ C & FOLIC ACID CAP 1 MG	16
acetaminophen SUPP 650 MG	1			B-COMPLEX W/ C & FOLIC ACID TAB	16
acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML	1	amiloride & hydrochlorothiazide	9	B-COMPLEX W/ C & FOLIC ACID TAB 1 MG	16
acetaminophen TABS 325 MG	2	amiloride hcl TABS	9	B-COMPLEX W/ C CAP	16
acetaminophen TABS 500 MG	1	amiodarone hcl TABS	3	B-COMPLEX W/ C TAB	16
acetazolamide CP12	9	anagrelide hcl	10	B-COMPLEX W/ C-BIOTIN-VIT E 16	
acetazolamide TABS	9	AREXVY	20	B-COMPLEX W/ FOLIC ACID CAP . 16	
acetic acid (otic)	18	ARTIFICIAL SALIVA - SOLUTION 16		B-COMPLEX W/ MINERALS LIQ .	16
acetic acid 0.25 %	10	artificial tear solution	17	B-COMPLEX W/BIOTIN & FOLIC ACID TAB	16
acetylcysteine SOLN	8	ascorbic acid CHEW 500 MG	23	benzonatate 100 MG, 200 MG	6
ACTHIB SOLR IM	19	ASCORBIC ACID ORAL POWDER . 23		benztropine mesylate SOLN	5
ADACEL SUSP	19	ascorbic acid TABS	23	bethanechol chloride	19
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	19	aspirin buffered (cal carb-mag carb- mag oxide)	2	bexarotene	5
AFLURIA PRESERVATIVE FREE SUSY	20	aspirin CHEW	2	BEXSERO 0.5 ML	20
AFLURIA QUADRIVALENT SUSY 0.5 ML	20	ASPIRIN SUPP 300 MG	2	BIOFLAVONOID PRODUCTS TAB CR	16
		aspirin TABS 325 MG	2		

BIOTHRAX	20	CALCIUM ALGINATE WOUND DRESSING	8	ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG	6
biotin CAPS 5 MG, 5000 MCG	23	CALCIUM CARB-CHOLECALCIFEROL CHEW	14	CHEMET	3
biotin TABS 5 MG, 5000 MCG	23	calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG	2	CHEMSTRIP K STRP	8
bisacodyl SUPP	12	calcium carbonate (antacid) SUSP ..	2	CHERRY	18
bisacodyl TBEC	12	CALCIUM CARBONATE ANTACID SUSP	2	CHERRY CONCENTRATE	18
bismuth subsalicylate CHEW 262 MG	3	CALCIUM CARBONATE CHEW ..	14	chlorhexidine gluconate (mouth-throat)	16
bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	3	calcium carbonate TABS 1250 MG, 500 MG	15	chlorpheniramine maleate SYRP ...	3
bismuth subsalicylate TABS	3	calcium carbonate-cholecalciferol TABS 10 MCG-500 MG, 125 UNIT-500 MG, 200 UNIT-500 MG, 400 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG	14	chlorpheniramine maleate TABS ...	3
BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH	13	calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 400 UNIT-600 MG	14	chlorthalidone 25 MG, 50 MG	9
BLOOD GLUCOSE CALIBRATION - LIQUID - LOW	13	calcium carbonate-cholecalciferol TABS 20 MCG-600 MG, 200 UNIT-600 MG, 5 MCG-600 MG, 800 UNIT-600 MG	14	cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT	22
BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL	13	calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 400 UNIT-600 MG	14	cholecalciferol CAPS 125 MCG, 5000 UNIT, 125 MCG	22
BLOOD GLUCOSE CALIBRATION - LIQUID	13	CALCIUM CHEW	15	cholecalciferol CHEW 400 UNIT ...	22
BOOSTRIX SUSP	19	calcium citrate TABS	15	cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML	22
BOOSTRIX SUSY	19	calcium polycarbophil TABS	11	cholecalciferol TABS 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG	22
brompheniramine & phenyleph ELIX .	6	CAPVAXIVE	20	cilostazol	10
brompheniramine & pseudoeph ELIX	6	CASTOR OIL	6	clemastine fumarate TABS 1.34 MG .	4
brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML	6	castor oil OIL 100 %	12	clindamycin hcl 150 MG, 300 MG ...	4
bumetanide TABS	9	CATHETER KIT	13	clindamycin palmitate hydrochloride .	4
caffeine citrate SOLN PO	1			coal tar extract SHAM 0.5 %, 1 % ...	8
CALCIUM + D3 TABS 125 UNIT-250 MG	14			COLD & ALLERGY CHILDRENS LIQD	6
CALCIUM 600 +D HIGH POTENCY TABS	14			COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	20
				COMIRNATY SUSP	20
				COMIRNATY SUSY	20

CORIFACT	10	dexchlorpheniramine maleate SOLN .	diphenhydramine hcl ELIX 12.5
cromolyn sodium NEBU	3	3	MG/5ML
CVS COLD & ALLERGY		dextromethorphan polistirex SUER .6	diphenhydramine hcl LIQD 12.5
CHILDRENS LIQD	6	dextromethorphan-doxylamine-	MG/5ML, 25 MG/10ML, 50 MG/20ML
cyanocobalamin SOLN IJ 1000		acetaminophen LIQD	4
MCG/ML	10	dextromethorphan-guaifenesin LIQD	diphenhydramine hcl TABS 25 MG .4
CYCLOGYL	18	100 MG/5ML-10 MG/5ML, 100	diphenoxylate w/ atropine LIQD3
cyclopentolate hcl 1 %	18	MG/5ML-5 MG/5ML, 150 MG/7.5ML-	diphenoxylate w/ atropine TABS3
cyclophosphamide CAPS	4	15 MG/7.5ML, 200 MG/10ML-20	disopyramide phosphate CAPS2
cyproheptadine hcl SYRP	4	MG/10ML, 200 MG/5ML-10 MG/5ML,	docusate calcium
cyproheptadine hcl TABS	4	400 MG/20ML-20 MG/20ML	12
dapsone	4	dextromethorphan-guaifenesin SYRP	docusate sodium CAPS 100 MG, 250
DAPTACEL	19	100 MG/5ML-10 MG/5ML, 200	MG
DAYHIST ALLERGY 12 HOUR		MG/10ML-20 MG/10ML	12
RELIEF TABS	4	dextromethorphan-guaifenesin TABS	docusate sodium LIQD 50 MG/5ML,
DENG VAXIA	20	400 MG-20 MG	100 MG/10ML
DEPLIN 15	9	dextromethorphan-guaifenesin TB12	12
DEPLIN 7.5	9	600 MG-30 MG	DOCUSATE SODIUM SYRP
DEPO-MEDROL SUSP		dextromethorphan-phenylephrine-	12
(methylprednisolone acetate)	6	acetaminophen CAPS	docusate sodium TABS
DEPO-MEDROL SUSP	6	7	12
desmopressin acetate SOLN IJ	10	dibucaine (rectal) EX	dofetilide
desmopressin acetate spray	10	2	3
desmopressin acetate spray		dibucaine	droperidol SOLN 2.5 MG/ML
refrigerated 0.01 %	10	8	2
desmopressin acetate TABS	10	dicyclomine hcl CAPS	DRYSOL SOLN
dexamethasone sodium phosphate		19	8
SOLN IJ 4 MG/ML, 20 MG/5ML, 120		dicyclomine hcl SOLN PO	DUREX EXTRA SENSITIVE THIN
MG/30ML	6	19	DEVI
DEXAMETHASONE SODIUM		dicyclomine hcl TABS	12
PHOSPHATE SOLN IJ 4 MG/ML ...	6	19	DUREX EXTRA SENSITIVE THIN
dexamethasone sodium phosphate		digoxin SOLN PO 0.05 MG/ML	MISC
SOSY IJ 4 MG/ML	6	5	12
		digoxin TABS 125 MCG, 250 MCG .5	DUREX TROPICAL MISC
		DIMETAPP CHILDREN	ED BRON GP LIQD
		COLD/ALLERGY LIQD	7
		diphenhydramine hcl (sleep) CAPS	ELFOLATE TABS
		50 MG	9
		diphenhydramine hcl (sleep) TABS	ELLA
		25 MG	6
		diphenhydramine hcl CAPS 25 MG .4	ELMIRON CAPS
		diphenhydramine hcl CAPS 50 MG .4	10
			EMCYT
			5
			ENERGIX-B SUSP 20 MCG/ML ...
			20
			ENERGIX-B SUSY
			20
			EPIFOAM FOAM
			8

epoprostenol sodium	5	FLULAVAL QUADRIVALENT SUSY .	20	glycopyrrolate TABS 1 MG, 2 MG .	19
ergocalciferol CAPS	22	FLULAVAL SUSY	21	GOJJI BLOOD KETONE TEST	9
ergocalciferol SOLN PO 200		FLUMIST	21	guaifenesin LIQD	7
MCG/ML	22	fluocinolone acetonide (otic)	18	guaifenesin TB12	7
ergoloid mesylates TABS	18	fluorouracil (topical) CREA 0.5 % ...	8	guaifenesin-codeine SOLN	7
ethambutol hcl TABS	4	fluorouracil (topical) CREA 5 %	8	guaifenesin-codeine SYRP	7
etoposide CAPS	5	fluorouracil (topical) SOLN	8	HAVRIX IM 1440 EL U/ML	21
EULEXIN	5	FLUZONE HIGH-DOSE SUSY	21	HAVRIX IM 720 EL U/0.5ML	21
FABRAZYME	9	FLUZONE QUADRIVALENT SUSY	21	heparin sodium (porcine) SOLN IJ	
FANTASY LUBRICATED MISC ...	12	21		1000 UNIT/ML, 5000 UNIT/0.5ML,	
FANTASY		FLUZONE SUSP	21	5000 UNIT/ML, 10000 UNIT/ML,	
LUBRICATED/SPERMICIDE MISC		FLUZONE SUSY	21	20000 UNIT/ML	3
12		folic acid TABS	10	HEPARIN SODIUM (PORCINE)	
ferrous fumarate TABS	10	FORA GTEL BLOOD KETONE TEST		SOSY IJ	3
ferrous gluconate TABS 324 MG ..	10		8	HEPLISAV-B SOSY	21
ferrous sulfate SOLN 15 MG/ML, 15		FORA TEST N'GO ADV-VOICE-6		HIBERIX SOLR IJ	20
MG/ML	11	CON	9	HYCANTIN CAPS	5
ferrous sulfate SOLN 220 MG/5ML,		furosemide SOLN IJ 10 MG/ML	9	hydralazine hcl TABS	4
300 MG/6.8ML	10	FUROSEMIDE SOLN IJ	9	hydrochlorothiazide CAPS	9
ferrous sulfate TABS 325 MG, 65		furosemide TABS	9	hydrochlorothiazide TABS	9
MG, 325 MG	11	GALAFOLD	9	hydrocodone bitartrate-homatropine	
FEVERALL INFANTS SUPP	2	GARDASIL 9 SUSP 0.5 ML	21	methylbromide SOLN	6
FEVERALL JUNIOR STRENGTH		GARDASIL 9 SUSY 0.5 ML	21	hydrocortisone (intrarectal)	2
SUPP	2	GAUZE PADS	12	hydrocortisone (rectal) EX 2.5 % ...	2
FIBRYGA	10	GAUZE PADS & DRESSINGS -		hydrocortisone w/acetic acid	18
flecainide acetate	3	PADS 2" X 2"	12	hydroxyzine hcl SOLN 25 MG/ML, 50	
FLUAD	20	GAUZE PADS & DRESSINGS -		MG/ML	2
FLUARIX QUADRIVALENT SUSY 20		PADS 4" X 4"	12	IMOVAX RABIES SUSR	21
FLUARIX SUSY	20	GERI-TUSSIN SYRP	7	INCRELEX	9
FLUBLOK SOSY	20	glycerin (laxative) SUPP 1 GM, 1.2		indapamide TABS 1.25 MG, 2.5 MG .	
FLUCELVAX SUSP	20	GM, 2 GM, 2.1 GM, 80.7 %	11	9	
FLUCELVAX SUSY	20			INFANRIX	19

INSECT REPELLENT - AEROSOL	8	INSULIN SYRINGE/NEEDLE U-100	isopropyl alcohol (skin cleanser)
INSECT REPELLENT - LIQUID	8	1 ML 26 X 1/2"	MISC
INSECT REPELLENT - LOTION	8	INSULIN SYRINGE/NEEDLE U-100	ISTODAX SOLR (romidepsin)
INSPIREASE RESERVOIR BAGS		1 ML 27 X 1/2"	IXCHIQ
14		INSULIN SYRINGE/NEEDLE U-100	IXIARO
INSULIN PEN NEEDLE 29 G X 12		1 ML 27 X 5/8"	JYNARQUE TBPK (tolvaptan)
MM (1/2")	13	INSULIN SYRINGE/NEEDLE U-100	JYNNEOS
INSULIN PEN NEEDLE 29 G X 12.7		1 ML 28 X 1/2"	KALYDECO PACK 25 MG, 50 MG,
MM	13	INSULIN SYRINGE/NEEDLE U-100	75 MG
INSULIN PEN NEEDLE 31 G X 5		1 ML 29 X 1/2"	KALYDECO TABS
MM (3/16")	13	INSULIN SYRINGE/NEEDLE U-100	KAMELEON LUBRICATED MISC
INSULIN PEN NEEDLE 31 G X 6		1 ML 30 X 1/2"	KENALOG-10 SUSP (triamcinolone
MM (1/4" OR 15/64")	13	INSULIN SYRINGE/NEEDLE U-100	acetonide)
INSULIN PEN NEEDLE 31 G X 8		1 ML 30 X 5/16"	KENALOG-40 SUSP (triamcinolone
MM (1/3" OR 5/16")	13	INSULIN SYRINGE/NEEDLE U-100	acetonide)
INSULIN PEN NEEDLE 32 G X 4		1 ML 31 X 15/64"	KETONE TEST STRP
MM (5/32")	13	INSULIN SYRINGE/NEEDLE U-100	KETOSTIX STRP
INSULIN PEN NEEDLE 32 G X 5		1 ML 31 X 5/16"	KIMONO COLORS DEVI
MM (1/5" OR 3/16")	13	INSULIN SYRINGE/NEEDLE U-100	KIMONO MAXX-LARGE FLARE
INSULIN PEN NEEDLE 32 G X 6		1/2 ML 27 X 1/2"	MISC
MM (1/4")	13	INSULIN SYRINGE/NEEDLE U-100	KIMONO MICRO THIN PLUS MISC
INSULIN SYRINGE (DISP) U-100 1/2		1/2 ML 28 X 1/2"	12
ML	13	INSULIN SYRINGE/NEEDLE U-100	KIMONO MISC
INSULIN SYRINGE/NEEDLE U-100		1/2 ML 29 X 1/2"	KIMONO PLUS MISC
0.3 ML 29 X 1/2"	13	INSULIN SYRINGE/NEEDLE U-100	KIMONO PS MISC
INSULIN SYRINGE/NEEDLE U-100		1/2 ML 30 X 1/2"	KIMONO PS PLUS MISC
0.3 ML 30 X 1/2"	13	INSULIN SYRINGE/NEEDLE U-100	KIMONO SENSATION MISC
INSULIN SYRINGE/NEEDLE U-100		1/2 ML 30 X 3/8"	KIMONO SENSATION PLUS MISC
0.3 ML 30 X 5/16"	13	INSULIN SYRINGE/NEEDLE U-100	12
INSULIN SYRINGE/NEEDLE U-100		1/2 ML 31 X 5/16"	KIMONO SPECIAL DEVI
0.3 ML 31 X 5/16"	13	IPOL IJ	KINRIX SUSY
INSULIN SYRINGE/NEEDLE U-100		isoniazid SYRP	KONSYL DAILY FIBER PACK 100 %
1 ML 25 X 1"	13	isoniazid TABS	
INSULIN SYRINGE/NEEDLE U-100			
1 ML 25 X 5/8"	14		

K-Y ME & YOU EXTRA LUBRICATED DEVI12	l-methylfolate TABS 7.5 MG, 15 MG . 9	MELATONIN LIQD1
K-Y ME & YOU INTENSE DEVI ...12	L-METHYLFOLATE TABS9	MELATONIN LOZG SL 5 MG1
lactic acid (ammonium lactate) CREA8	L-METHYLFOLATE-ALGAE9	MELATONIN MAXIMUM STRENGTH LIQD1
lactic acid (ammonium lactate) LOTN 12 %8	LOHIST-D LIQD7	MELATONIN SLEEP FAST DISSOLVE TBDP1
lactulose (encephalopathy)10	loperamide hcl CAPS3	melatonin SUBL1
lactulose SOLN11	loperamide hcl TABS3	MELATONIN SUBL1
LAGEVRIO5	LYSODREN5	melatonin TABS 1 MG, 3 MG, 5 MG, 10 MG1
LANCET DEVICES13	magnesium citrate 1.745 GM/30ML 11	MELATONIN TABS 12 MG, 300 MCG1
LANCETS13	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML11	melatonin TBCR1
LANOXIN TABS 125 MCG, 250 MCG (digoxin)5	magnesium oxide (mg supplement) TABS15	melatonin TBDP1
leucovorin calcium TABS5	magnesium oxide TABS 400 MG ...2	MELATONIN TR TBCR1
LEUKERAN4	magnesium TABS 400 MG15	MELATONINMAX GUMMIES CHEW 1
levetiracetam SOLN IV 500 MG/5ML 3	MAGOX 400 TABS (magnesium oxide (mg supplement))15	melphalan4
LEVOCARNITINE (DIETARY) TABS . 17	MATULANE5	MENACTRA20
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML9	MAXI-TUSS PE MAX LIQD7	MENQUADFI 0.5 ML20
levocarnitine (metabolic modifiers) TABS10	MAXX MISC12	MENVEO SOLN20
levonorgestrel (emergency oc) 1.5 MG6	MAXX PLUS MISC12	MENVEO SOLR20
lithium5	megestrol acetate SUSP5	mercaptopurine SUSP 2000 MG/100ML5
lithium carbonate CAPS5	megestrol acetate TABS5	mercaptopurine TABS5
lithium carbonate TABS5	MELADOX TBCR1	mesna TABS5
lithium carbonate TBCR5	MELATONIN CAPS 1 MG, 3 MG ...1	MESNEX TABS5
LITTLE REMEDIES DECONG NOSE SOLN17	melatonin CAPS 5 MG, 10 MG1	methazolamide TABS9
L-METHYLFOLATE FORTE9	melatonin CHEW1	methimazole TABS18
	MELATONIN ER TBCR1	METHYLPREDNISOLONE ACETATE SUSP 40 MG/ML, 80 MG/ML6
	MELATONIN FAST MELTZ TBDP .1	methylprednisolone acetate SUSP .6
	melatonin LIQD1	

metolazone	9	MINERALS CHEW TAB	16	ORKAMBI TABS	18
metronidazole (topical) CREA	8	MULTIPLE VITAMINS W/ MINERALS PACK	16	oxymetazoline hcl SOLN 0.05 % ..	17
metronidazole (topical) GEL 0.75 %	8	MULTIPLE VITAMINS W/ MINERALS POWDER	16	oyster shell	15
metronidazole (topical) LOTN	8	MULTIPLE VITAMINS W/ MINERALS SYRUP	16	OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	15
mexiletine hcl	3	mycophenolate mofetil hcl	15	OYSTER SHELL CALCIUM/VIT D3 TABS 200 UNIT-500 MG, 3.12 MCG- 250 MG	15
midazolam hcl SOLN IJ	11	MYLERAN TABS	4	PARVA-CAL 200 UNIT-500 MG ...	15
MIDAZOLAM HCL SOLN IJ	11	NATURAL FIBER LAXATIVE POWD 11		PAXLOVID (150/100)	5
midodrine hcl	22	NEO-SYNEPHRINE COLD/ALLRGY REG SOLN	17	PAXLOVID (300/100)	5
MILK OF MAGNESIA CONCENTRATE SUSP	11	niacin TABS 100 MG, 250 MG, 500 MG	23	PEDIA-LAX SUPP	11
mineral oil ENEM	11	niacin TBCR 500 MG, 750 MG	23	PEDIARIX SUSY	19
mineral oil OIL PO	11	NORPACE CR CP12 150 MG	2	PEDIATRIC MULTIPLE VITAMIN CHEW TAB	17
minoxidil 2.5 MG, 10 MG	4	NOVA MAX PLUS KETONE TEST	9	PEDIATRIC MULTIPLE VITAMIN DROPS	17
misoprostol	19	NOVAVAX COVID-19 VACCINE SUSP	21	PEDIATRIC MULTIPLE VITAMIN W/ MINERALS	16
M-M-R II SOLR	21	NOVAVAX COVID-19 VACCINE SUSY	21	PEDIATRIC MULTIPLE VITAMIN W/ MINERALS & C CHEW TAB 60 MG .	17
MNEXSPIKE SUSY 10 MCG/0.2ML .	21	NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	21	PEDIATRIC MULTIPLE VITAMINS W/ FL-FE DROPS 0.25-10 MG/ML	16
MODERNA COVID-19 BIVALENT	21	OPTIONS GYNOL II CONTRACEPTIVE GEL	22	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG	17
MODERNA COVID-19 VAC 6M-11Y SUSP	21	ORAL ELECTROLYTE SOLUTION .	15	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.5 MG .	17
MODERNA COVID-19 VAC 6M-11Y SUSY	21	ORAL VEHICLES - SUSP	18	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 1 MG	17
MODERNA COVID-19 VACCINE SUSP	21	ORAL VEHICLES - SYRUP	18	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.25 MG/ML	17
MOZOBIL (plerixafor)	11	ORAL VEHICLES	18		
MRESVIA	21	ORALAIR SUBL	1		
MULTIPLE VITAMIN TAB	16	ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	18		
MULTIPLE VITAMINS W/ IRON TAB	16				
MULTIPLE VITAMINS W/ MINERALS CAP	16				
MULTIPLE VITAMINS W/					

PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.5 MG/ML .17	200 MG10	microencapsulated crystals er 15
PEDIATRIC MULTIPLE VITAMINS W/ IRON CHEW TAB 10 MG 17	phenylephrine hcl (mydriatic) SOLN 2.5 %18	potassium chloride PACK PO 20 MEQ15
PEDIATRIC MULTIPLE VITAMINS W/ IRON CHEW TAB 15 MG 17	phenylephrine hcl (oral) TABS17	potassium chloride SOLN PO 10 %, 20 %, 10 %15
PEDIATRIC MULTIPLE VITAMINS W/ IRON CHEW TAB 18 MG 17	PHENYLEPHRINE HCL SOLN (phenylephrine hcl (mydriatic))18	potassium chloride TBCR 8 MEQ, 10 MEQ15
PEDIATRIC MULTIPLE VITAMINS W/ IRON DROPS 10 MG/ML17	phenylephrine hcl SOLN 1 %17	potassium citrate (alkalinizer) TBCR . 10
PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.25 MG/ML ...17	phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML 7	potassium citrate-citric acid PACK .10
PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.5 MG/ML 17	phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML7	PRECISION XTRA KETONE9
PEDVAX HIB SUSP 20	phenylephrine-dm SOLN7	PREHEVBRIO21
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR11	phenylephrine-doxylamine- dextromethorphan-acetaminophen MISC 5 MG-325 MG-6.25 MG 7	PREVNAR 13 20
peg 3350-potassium chloride-sod bicarbonate-sod chloride11	phytonadione TABS 5 MG22	PREVNAR 20 20
PENBRAYA 20	pilocarpine hcl (oral) 5 MG16	PRIORIX SUSR21
penicillamine TABS 15	plerixafor11	PROGRAF SOLN15
PENMENVY SUSR IM20	PNEUMOVAX 23 SOLN20	promethazine & phenylephrine SYRP7
PENTACEL19	PNEUMOVAX 23 SOSY20	promethazine w/codeine SOLN7
pentoxifylline10	podofilox SOLN8	promethazine w/codeine SYRP7
PFIZER COVID-19 VAC BIVALENT . 21	polyethylene glycol 3350 PACK ... 11	promethazine-dm SYRP 7
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP21	polyethylene glycol 3350 POWD .. 11	promethazine-phenylephrine-codeine7
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP21	POLYETHYLENE GLYCOL 3350 POWD18	propafenone hcl TABS3
PFIZER-BIONT COVID-19 VAC- TRIS SUSP 21	polyvinyl alcohol 1.4 %17	propylthiouracil 18
PFIZER-BIONTECH COVID-19 VACC SUSP21	polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 MG/ML-6 MG/ML ..17	PROQUAD SUSR 21
phenazopyridine hcl TABS 100 MG,	pot phosphate monobasic w/ sod phosphate dibasic & monobasic .. 15	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 7
	potassium bicarbonate TBEF15	pseudoephedrine hcl TABS17
	potassium chloride CPCR 15	pseudoephedrine hcl TB12 17
	potassium chloride	pseudoephedrine-guaifenesin TB12 600 MG-60 MG7
		pseudoephedrine-ibuprofen TABS ..7

psyllium CAPS 0.52 GM, 400 MG . 11	RESPIRATORY THERAPY	LIQD7
psyllium POWD 25 %, 28.3 %, 30 %, 33 %, 43 %, 49 %, 51.7 %, 58.6 %, 100 % 11	SUPPLIES - DEVICES14	SOAANZ TABS 20 MG9
PULMOZYME 18	RIASTAP 10	sodium bicarbonate (antacid) TABS 325 MG, 650 MG2
PURIXAN SUSP 2000 MG/100ML (mercaptopurine)5	riboflavin TABS 100 MG 23	sodium chloride (gu irrigant) 0.9 % 10
pyrazinamide4	riboflavin TABS 50 MG 23	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %8
pyridostigmine bromide TABS 60 MG4	rifampin CAPS4	sodium chloride flush15
pyridostigmine bromide TBCR4	ROBINUL TABS (glycopyrrolate) ..19	SODIUM CHLORIDE FLUSH15
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG23	ROBINUL-FORTE TABS (glycopyrrolate)19	sodium chloride SOLN IV 0.9 % ...15
QC CASTOR OIL6	romidepsin SOLR 5	SODIUM CHLORIDE SOLN IV 0.9 %15
QC DIBROMM CHILDRENS COLD/ALL LIQD7	ROTARIX SUSP22	sodium citrate & citric acid 10
QC TRIACTING DAYTIME CHILDRENS SYRP 7	ROTATEQ SOLN22	sodium fluoride (dental) CREA 16
QUADRACEL SUSP19	salicylic acid GEL 6 %8	sodium fluoride (dental) GEL 16
QUADRACEL SUSY19	salsalate 2	sodium fluoride (dental) SOLN 0.2 % 16
quinidine gluconate TBCR 3	selenium sulfide LOTN 2.5 %8	sodium fluoride CHEW15
quinidine sulfate TABS3	SENNA SYRP12	sodium fluoride SOLN 0.5 MG/ML .15
RABAVERT21	sennosides LIQD12	sodium phosphates ENEM 11
REALITY LATEX CONDOMS MISC . 12	sennosides SYRP 8.8 MG/5ML12	sodium polystyrene sulfonate POWD 15
REALITY LATEX/ULTRA TEXTURED DEVI12	sennosides TABS 8.6 MG, 15 MG, 17.2 MG, 25 MG 12	sodium polystyrene sulfonate SUSP CO 15 GM/60ML16
REALITY LATEX/ULTRA THIN DEVI 12	sennosides-docusate sodium TABS 11	SOLU-MEDROL (PF) 40 MG 6
RECOMBIVAX HB SUSP22	SHINGRIX22	SOLUVITA SOLN15
RECOMBIVAX HB SUSY22	sildenafil citrate (pulmonary hypertension) SOLN5	SORBITOL PR 70 %11
RELION KETONE TEST STRP9	silver sulfadiazine8	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE14
REMODULIN SOLN IJ 20 MG/20ML, 50 MG/20ML5	simethicone CHEW 80 MG 10	SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML22
	simethicone LIQD PO10	SPIKEVAX SUSP22
	simethicone SUSP10	SPIKEVAX SUSY22
	SIMPLE SYRUP18	
	SIVEXTRO TABS 4	
	SM COLD & ALLERGY CHILDRENS	

spironolactone & hydrochlorothiazide	TIKOSYN (dofetilide)	3	12
.....9	tobramycin sulfate SOLN IJ 1.2		tropicamide SOLN 18
spironolactone TABS9	GM/30ML, 2 GM/50ML, 10 MG/ML,		TRUE COVER DEVI13
STAMARIL SUSR22	80 MG/2ML1		TRUMENBA 0.5 ML 20
sucralfate SUSP 19	tobramycin sulfate SOLR1		TRUSTEX COLOR CONDOMS +
sucralfate TABS19	tolvaptan TBPk 10		LUBE MISC 13
SUDAFED CHILDRENS LIQD17	torsemide TABS9		TRUSTEX LUB/RIBBED/STUDD
sulfamethoxazole-trimethoprim SUSP	tranexamic acid TABS 11		MISC 13
..... 4	treprostinil SOLN IJ 20 MG/20ML, 50		TRUSTEX LUB/SPERMICIDE EX ST
sulfamethoxazole-trimethoprim TABS	MG/20ML5		MISC 13
..... 4	tretinoin (chemotherapy)5		TRUSTEX LUB/SPERMICIDE XL
SYMDEKO 18	TRETEN 10		MISC 13
SYNAGIS SOLN 18	triamcinolone acetonide (mouth) ..16		TRUSTEX LUBRICATED EX LARGE
SYRPALTA18	TRIAMCINOLONE ACETONIDE		MISC 13
SYRUP NF 18	SUSP 40 MG/ML, 50 MG/ML6		TRUSTEX LUBRICATED EXTRA ST
tacrolimus SOLN 5 MG/ML 15	triamcinolone acetonide SUSP6		MISC 13
TDVAX SUSP19	TRIAMINIC COLD/COUGH DAY		TRUSTEX LUBRICATED MISC ... 13
TEMODAR SOLR4	TIME SYRP7		TRUSTEX
TENIVAC SUSP 2 LFU-5 LFU19	triamterene & hydrochlorothiazide		LUBRICATED/SPERMICIDE MISC
TETANUS-DIPHTHERIA TOXOIDS	CAPS 25 MG-37.5 MG9		13
TD SUSP19	triamterene & hydrochlorothiazide		TRUSTEX NATURAL CONDOMS +
THEO-24 CP243	TABS9		LUBE MISC 13
theophylline ELIX3	trifluridine18		TRUSTEX RIA LUB/SPERMICIDE
THEOPHYLLINE ER TB12 100 MG,	TRIKAFTA TBPk18		MISC 13
200 MG3	trimethoprim TABS4		TRUSTEX RIA LUBRICATED MISC .
theophylline SOLN3	TROJAN BARESKIN DEVI 12		13
theophylline TB123	TROJAN MAGNUM MISC12		TRUSTEX-NONOXYNOL-
theophylline TB243	TROJAN ULTRA THIN MISC12		9/RIB/STUD MISC 13
thiamine hcl TABS23	TROJAN ULTRA		TWINRIX SUSY22
thiamine mononitrate TABS 100 MG .	THIN/SPERMICIDAL MISC12		TYLENOL CHILDRENS
23	TROJAN-ENZ LUBRICATED MISC		COLD/COUGH SUSP7
TICOVAC22	12		TYPHIM VI SOLN20
	TROJAN-ENZ/SPERMICIDAL MISC .		TYPHIM VI SOSY20
			urea CREA 40 %8

urea LOTN 40 %	8
valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML	3
vancomycin hcl SOLR IV 1 GM, 500 MG	4
VANCOMYCIN HCL SOLR IV 1 GM, 500 MG	4
VAQTA 25 UNIT/0.5ML	22
VAQTA 50 UNIT/ML	22
VAQTA IM 25 UNIT/0.5ML	22
VAQTA IM 50 UNIT/ML	22
VARIVAX SUSR	22
VAXCHORA	20
VAXELIS SUSP	19
VAXELIS SUSY	19
VAXNEUVANCE	20
VCF VAGINAL CONTRACEPTIVE FILM	22
VCF VAGINAL CONTRACEPTIVE GEL	22
vitamin a CAPS	23
vitamin a TABS 10000 UNIT	23
vitamin e CAPS 180 MG, 400 UNIT, 100 UNIT, 180 MG, 400 UNIT	23
VITAMIN E CAPS	23
VIVOTIF	20
WAL-TAP COLD/ALLERGY LIQD ..	7
white petrolatum-mineral oil	17
YF-VAX SUSR	22
zinc oxide (topical) OINT 20 %, 40 % 8	
zinc sulfate CAPS	15