

Florida Medicaid Preferred Drug List (05-15-2017)

The Florida Medicaid Preferred Drug List (PDL) is subject to revision following consideration and recommendations by the Pharmaceutical and Therapeutics (P T) Committee and the Agency for Health Care Administration. The quarterly P T Committee meeting was held on March 24, 2017.

This list is in order by the therapeutic classification. To locate a specific drug or therapeutic class, use the search feature available in Adobe Acrobat Reader. (keyboard shortcut: CTRL+F)

For additional information, please refer to the Prescribed Drug Services Coverage, Limitations and Reimbursement Handbook.

Note: While a product name may be listed in the PDL, a specific National Drug Code (NDC) may or may not be reimbursable.

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
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Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
A1A		DIGITALIS GLYCOSIDES			
A1A	DIGOXIN 0.125 MG TABLET	DIGOXIN	0	999	No
A1A	DIGOXIN 0.25 MG TABLET	DIGOXIN	0	999	No
A1A	DIGOXIN 125 MCG TABLET	DIGOXIN	0	999	No
A1A	DIGOXIN 250 MCG TABLET	DIGOXIN	0	999	No
A1A	DIGOXIN 50 MCG/ML SOLUTION	DIGOXIN	0	999	No
A1B		XANTHINES			
A1B	CAFFEINE CIT 20 MG/ML ORAL SOL	CAFFEINE CITRATE		999	No
A1B	CAFFEINE CIT 60 MG/3 ML ORAL	CAFFEINE CITRATE		999	No
A1B	CAFFEINE CIT 60 MG/3 ML SOLN	CAFFEINE CITRATE		999	No
A1B	CAFFEINE CIT 60 MG/3 ML VIAL	CAFFEINE CITRATE		999	No
A1B	CAFFEINE CITRATE 20 MG/ML VIAL	CAFFEINE CITRATE		999	No
A1B	CAFFEINE CITRATE 60 MG/3 ML VL	CAFFEINE CITRATE		999	No
A1B	ELIXOPHYLLIN 80 MG/15 ML ELIX	THEOPHYLLINE ANHYDROUS	0	999	No
A1B	THEO-24 ER 100 MG CAPSULE	THEOPHYLLINE ANHYDROUS	0	999	No
A1B	THEO-24 ER 200 MG CAPSULE	THEOPHYLLINE ANHYDROUS	0	999	No
A1B	THEO-24 ER 300 MG CAPSULE	THEOPHYLLINE ANHYDROUS	0	999	No
A1B	THEO-24 ER 400 MG CAPSULE	THEOPHYLLINE ANHYDROUS	0	999	No
A1B	THEOPHYLLINE 100 MG TAB SA	THEOPHYLLINE ANHYDROUS	0	999	No
A1B	THEOPHYLLINE 200 MG TAB SA	THEOPHYLLINE ANHYDROUS	0	999	No
A1B	THEOPHYLLINE 300 MG TAB SA	THEOPHYLLINE ANHYDROUS	0	999	No
A1B	THEOPHYLLINE 450 MG TAB SA	THEOPHYLLINE ANHYDROUS	0	999	No
A1B	THEOPHYLLINE 80 MG/15 ML SOLN	THEOPHYLLINE ANHYDROUS	0	999	No
A1B	THEOPHYLLINE ER 100 MG TAB	THEOPHYLLINE ANHYDROUS	0	999	No
A1B	THEOPHYLLINE ER 300 MG TAB	THEOPHYLLINE ANHYDROUS	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
A1B	THEOPHYLLINE ER 400 MG TABLET	THEOPHYLLINE ANHYDROUS	0	999	No
A1B	THEOPHYLLINE ER 450 MG TAB	THEOPHYLLINE ANHYDROUS	0	999	No
A1B	THEOPHYLLINE ER 600 MG TABLET	THEOPHYLLINE ANHYDROUS	0	999	No
A1C		INOTROPIC DRUGS			
A1C	DOBUTAMINE 1 GM/D5W 250 ML	DOBUTAMINE HCL IN DEXTROSE 5 %	0	999	No
A1C	DOBUTAMINE 12.5 MG/ML VIAL	DOBUTAMINE HCL	0	999	No
A1C	DOBUTAMINE 250 MG/D5W 250 ML	DOBUTAMINE HCL IN DEXTROSE 5 %	0	999	No
A1C	DOBUTAMINE 500 MG/D5W 250 ML	DOBUTAMINE HCL IN DEXTROSE 5 %	0	999	No
A1C	MILRINONE 0.2 MG/ML IN D5W	MILRINONE LACTATE/D5W	0	999	No
A1C	MILRINONE LACT 10 MG/10 ML VL	MILRINONE LACTATE	0	999	No
A1C	MILRINONE LACT 20 MG/20 ML VL	MILRINONE LACTATE	0	999	No
A1C	MILRINONE LACT 50 MG/50 ML VL	MILRINONE LACTATE	0	999	No
A1C	MILRINONE LACTATE 1 MG/ML VL	MILRINONE LACTATE	0	999	No
A1C	MILRINONE-D5W 20 MG/100 ML	MILRINONE LACTATE/D5W	0	999	No
A1C	MILRINONE-D5W 40 MG/200 ML	MILRINONE LACTATE/D5W	0	999	No
A2A		ANTIARRHYTHMICS			
A2A	AMIODARONE HCL 100 MG TABLET	AMIODARONE HCL	0	999	No
A2A	AMIODARONE HCL 200 MG TABLET	AMIODARONE HCL	0	999	No
A2A	DISOPYRAMIDE 100 MG CAPSULE	DISOPYRAMIDE PHOSPHATE	0	999	No
A2A	DISOPYRAMIDE 150 MG CAPSULE	DISOPYRAMIDE PHOSPHATE	0	999	No
A2A	FLECAIDIDE ACETATE 150 MG TAB	FLECAINIDE ACETATE	0	999	No
A2A	FLECAINIDE ACETATE 100 MG TAB	FLECAINIDE ACETATE	0	999	No
A2A	FLECAINIDE ACETATE 100 MG TB	FLECAINIDE ACETATE	0	999	No
A2A	FLECAINIDE ACETATE 150 MG TAB	FLECAINIDE ACETATE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
A2A	FLECAINIDE ACETATE 150 MG TB	FLECAINIDE ACETATE	0	999	No
A2A	FLECAINIDE ACETATE 50 MG TAB	FLECAINIDE ACETATE	0	999	No
A2A	MEXILETINE 150 MG CAPSULE	MEXILETINE HCL	0	999	No
A2A	MEXILETINE 200 MG CAPSULE	MEXILETINE HCL	0	999	No
A2A	MEXILETINE 250 MG CAPSULE	MEXILETINE HCL	0	999	No
A2A	PROPAFENONE HCL 150 MG TAB	PROPAFENONE HCL	0	999	No
A2A	PROPAFENONE HCL 150 MG TABLET	PROPAFENONE HCL	0	999	No
A2A	PROPAFENONE HCL 225 MG TAB	PROPAFENONE HCL	0	999	No
A2A	PROPAFENONE HCL 300 MG TAB	PROPAFENONE HCL	0	999	No
A2A	QUINIDINE GLUC 324 MG TAB SA	QUINIDINE GLUCONATE	0	999	No
A2A	QUINIDINE SULFATE 200 MG TAB	QUINIDINE SULFATE	0	999	No
A2A	QUINIDINE SULFATE 300 MG TAB	QUINIDINE SULFATE	0	999	No
A2A	TIKOSYN 125 MCG CAPSULE	DOFETILIDE	0	999	Requires Med Cert 3
A2A	TIKOSYN 250 MCG CAPSULE	DOFETILIDE	0	999	Requires Med Cert 3
A2A	TIKOSYN 500 MCG CAPSULE	DOFETILIDE	0	999	Requires Med Cert 3
A2C		ANTIANGINAL, ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC			
A2C	RANEXA ER 1,000 MG TABLET	RANOLAZINE	0	999	No
A2C	RANEXA ER 500 MG TABLET	RANOLAZINE	0	999	No
A4A		ANTIHYPERTENSIVES, VASODILATORS			
A4A	HYDRALAZINE 10 MG TABLET	HYDRALAZINE HCL	0	999	No
A4A	HYDRALAZINE 100 MG TABLET	HYDRALAZINE HCL	0	999	No
A4A	HYDRALAZINE 25 MG TABLET	HYDRALAZINE HCL	0	999	No
A4A	HYDRALAZINE 50 MG TABLET	HYDRALAZINE HCL	0	999	No
A4A	HYDRALAZINE HCL 100 MG TABLET	HYDRALAZINE HCL	0	999	No

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A4A	HYDRALAZINE HCL 25 MG TABLET	HYDRALAZINE HCL	0	999	No
A4A	HYDRALAZINE HCL 50 MG TABLET	HYDRALAZINE HCL	0	999	No
A4A	MINOXIDIL 10 MG TABLET	MINOXIDIL	0	999	No
A4A	MINOXIDIL 2.5 MG TABLET	MINOXIDIL	0	999	No
	A4B	ANTIHYPERTENSIVES, SYMPATHOLYTIC			
A4B	CATAPRES-TTS 1 PATCH	CLONIDINE	0	999	No
A4B	CATAPRES-TTS 2 PATCH	CLONIDINE	0	999	No
A4B	CATAPRES-TTS 3 PATCH	CLONIDINE	0	999	No
A4B	CLONIDINE HCL 0.1 MG TABLET	CLONIDINE HCL	0	999	No
A4B	CLONIDINE HCL 0.2 MG TABLET	CLONIDINE HCL	0	999	No
A4B	CLONIDINE HCL 0.3 MG TABLET	CLONIDINE HCL	0	999	No
A4B	GUANFACINE 1 MG TABLET	GUANFACINE HCL	0	999	No
A4B	GUANFACINE 2 MG TABLET	GUANFACINE HCL	0	999	No
A4B	METHYLDOPA 250 MG TABLET	METHYLDOPA	0	999	No
A4B	METHYLDOPA 500 MG TABLET	METHYLDOPA	0	999	No
A4B	METHYLDOPA/HCTZ 250-15 TAB	METHYLDOPA/HYDROCHLOROTHIAZIDE	0	999	No
A4B	METHYLDOPA/HCTZ 250-25 TAB	METHYLDOPA/HYDROCHLOROTHIAZIDE	0	999	No
	A4D	ANTIHYPERTENSIVES, ACE INHIBITORS			
A4D	BENAZEPRIL HCL 10 MG TABLET	BENAZEPRIL HCL	0	999	No
A4D	BENAZEPRIL HCL 20 MG TABLET	BENAZEPRIL HCL	0	999	No
A4D	BENAZEPRIL HCL 40 MG TABLET	BENAZEPRIL HCL	0	999	No
A4D	BENAZEPRIL HCL 5 MG TABLET	BENAZEPRIL HCL	0	999	No
A4D	CAPTOPRIL 100 MG TABLET	CAPTOPRIL	0	999	No
A4D	CAPTOPRIL 12.5 MG TABLET	CAPTOPRIL	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
A4D	CAPTOPRIL 25 MG TABLET	CAPTOPRIL	0	999	No
A4D	CAPTOPRIL 50 MG TABLET	CAPTOPRIL	0	999	No
A4D	ENALAPRIL MALEATE 10 MG TAB	ENALAPRIL MALEATE	0	999	No
A4D	ENALAPRIL MALEATE 10 MG TABLET	ENALAPRIL MALEATE	0	999	No
A4D	ENALAPRIL MALEATE 2.5 MG TAB	ENALAPRIL MALEATE	0	999	No
A4D	ENALAPRIL MALEATE 20 MG TAB	ENALAPRIL MALEATE	0	999	No
A4D	ENALAPRIL MALEATE 20 MG TABLET	ENALAPRIL MALEATE	0	999	No
A4D	ENALAPRIL MALEATE 5 MG TAB	ENALAPRIL MALEATE	0	999	No
A4D	ENALAPRIL MALEATE 5 MG TABLET	ENALAPRIL MALEATE	0	999	No
A4D	FOSINOPRIL SODIUM 10 MG TAB	FOSINOPRIL SODIUM	0	999	No
A4D	FOSINOPRIL SODIUM 20 MG TAB	FOSINOPRIL SODIUM	0	999	No
A4D	FOSINOPRIL SODIUM 40 MG TAB	FOSINOPRIL SODIUM	0	999	No
A4D	LISINOPRIL 10 MG TABLET	LISINOPRIL	0	999	No
A4D	LISINOPRIL 2.5 MG TABLET	LISINOPRIL	0	999	No
A4D	LISINOPRIL 20 MG TABLET	LISINOPRIL	0	999	No
A4D	LISINOPRIL 30 MG TABLET	LISINOPRIL	0	999	No
A4D	LISINOPRIL 40 MG TABLET	LISINOPRIL	0	999	No
A4D	LISINOPRIL 5 MG TABLET	LISINOPRIL	0	999	No
A4D	QUINAPRIL 10 MG TABLET	QUINAPRIL HCL	0	999	No
A4D	QUINAPRIL 20 MG TABLET	QUINAPRIL HCL	0	999	No
A4D	QUINAPRIL 40 MG TABLET	QUINAPRIL HCL	0	999	No
A4D	QUINAPRIL 5 MG TABLET	QUINAPRIL HCL	0	999	No
A4D	QUINAPRIL HCL 10 MG TABLET	QUINAPRIL HCL	0	999	No
A4D	QUINAPRIL HCL 20 MG TABLET	QUINAPRIL HCL	0	999	No

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A4D	QUINAPRIL HCL 40 MG TABLET	QUINAPRIL HCL	0	999	No
A4D	QUINAPRIL HCL 5 MG TABLET	QUINAPRIL HCL	0	999	No
A4D	RAMIPRIL 1.25 MG CAPSULE	RAMIPRIL	0	999	No
A4D	RAMIPRIL 10 MG CAPSULE	RAMIPRIL	0	999	No
A4D	RAMIPRIL 2.5 MG CAPSULE	RAMIPRIL	0	999	No
A4D	RAMIPRIL 5 MG CAPSULE	RAMIPRIL	0	999	No
A4F ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST					
A4F	IRBESARTAN 150 MG TABLET	IRBESARTAN	0	999	No
A4F	IRBESARTAN 300 MG TABLET	IRBESARTAN	0	999	No
A4F	IRBESARTAN 75 MG TABLET	IRBESARTAN	0	999	No
A4F	LOSARTAN POTASSIUM 100 MG TAB	LOSARTAN POTASSIUM	0	999	No
A4F	LOSARTAN POTASSIUM 25 MG TAB	LOSARTAN POTASSIUM	0	999	No
A4F	LOSARTAN POTASSIUM 50 MG TAB	LOSARTAN POTASSIUM	0	999	No
A4F	MICARDIS 20 MG TABLET	TELMISARTAN	0	999	No
A4F	MICARDIS 40 MG TABLET	TELMISARTAN	0	999	No
A4F	MICARDIS 80 MG TABLET	TELMISARTAN	0	999	No
A4F	VALSARTAN 160 MG TABLET	VALSARTAN	0	999	No
A4F	VALSARTAN 320 MG TABLET	VALSARTAN	0	999	No
A4F	VALSARTAN 40 MG TABLET	VALSARTAN	0	999	No
A4F	VALSARTAN 80 MG TABLET	VALSARTAN	0	999	No
A4H ANGIOTENSIN RECEPTOR BLOCKR-CALCIUM CHANNEL BLOCKR					
A4H	AMLODIPINE-VALSARTAN 10-160 MG	AMLODIPINE/VALSARTAN	0	999	No
A4H	AMLODIPINE-VALSARTAN 10-320 MG	AMLODIPINE/VALSARTAN	0	999	No
A4H	AMLODIPINE-VALSARTAN 5-160 MG	AMLODIPINE/VALSARTAN	0	999	No

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A4H	AMLODIPINE-VALSARTAN 5-320 MG	AMLODIPINE/VALSARTAN	0	999	No
A4H	AZOR 10/20 MG TABLET	AMLODIPINE BES/OLMESARTAN MED	0	999	No
A4H	AZOR 10/40 MG TABLET	AMLODIPINE BES/OLMESARTAN MED	0	999	No
A4H	AZOR 5/20 MG TABLET	AMLODIPINE BES/OLMESARTAN MED	0	999	No
A4H	AZOR 5/40 MG TABLET	AMLODIPINE BES/OLMESARTAN MED	0	999	No
A4I ANGIOTENSIN RECEPTOR ANTAG.-THIAZIDE DIURETIC COMB					
A4I	LOSARTAN-HCTZ 100-12.5 MG TAB	LOSARTAN/HYDROCHLOROTHIAZIDE	0	999	No
A4I	LOSARTAN-HCTZ 100-25 MG TAB	LOSARTAN/HYDROCHLOROTHIAZIDE	0	999	No
A4I	LOSARTAN-HCTZ 100-25 MG TABLET	LOSARTAN/HYDROCHLOROTHIAZIDE	0	999	No
A4I	LOSARTAN-HCTZ 50-12.5 MG TAB	LOSARTAN/HYDROCHLOROTHIAZIDE	0	999	No
A4I	MICARDIS HCT 40/12.5 MG TAB	TELMISARTAN/HYDROCHLOROTHIAZID	0	999	No
A4I	MICARDIS HCT 80/12.5 MG TAB	TELMISARTAN/HYDROCHLOROTHIAZID	0	999	No
A4I	MICARDIS HCT 80/25 MG TABLET	TELMISARTAN/HYDROCHLOROTHIAZID	0	999	No
A4I	VALSARTAN-HCTZ 160-12.5 MG TAB	VALSARTAN/HYDROCHLOROTHIAZIDE	0	999	No
A4I	VALSARTAN-HCTZ 160-25 MG TAB	VALSARTAN/HYDROCHLOROTHIAZIDE	0	999	No
A4I	VALSARTAN-HCTZ 320-12.5 MG TAB	VALSARTAN/HYDROCHLOROTHIAZIDE	0	999	No
A4I	VALSARTAN-HCTZ 320-25 MG TAB	VALSARTAN/HYDROCHLOROTHIAZIDE	0	999	No
A4I	VALSARTAN-HCTZ 80-12.5 MG TAB	VALSARTAN/HYDROCHLOROTHIAZIDE	0	999	No
A4J ACE INHIBITOR-THIAZIDE OR THIAZIDE-LIKE DIURETIC					
A4J	ENALAPRIL/HCTZ 10-25MG TAB	ENALAPRIL/HYDROCHLOROTHIAZIDE	0	999	No
A4J	ENALAPRIL/HCTZ 5-12.5MG TAB	ENALAPRIL/HYDROCHLOROTHIAZIDE	0	999	No
A4J	ENALAPRIL-HCTZ 10-25 MG TAB	ENALAPRIL/HYDROCHLOROTHIAZIDE	0	999	No
A4J	ENALAPRIL-HCTZ 10-25 MG TABLET	ENALAPRIL/HYDROCHLOROTHIAZIDE	0	999	No
A4J	ENALAPRIL-HCTZ 5-12.5 MG TAB	ENALAPRIL/HYDROCHLOROTHIAZIDE	0	999	No

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A4J	ENALAPRIL-HCTZ 5-12.5MG TAB	ENALAPRIL/HYDROCHLOROTHIAZIDE	0	999	No
A4J	FOSINOPRIL-HCTZ 10-12.5 MG TAB	FOSINOPRIL/HYDROCHLOROTHIAZIDE	0	999	No
A4J	FOSINOPRIL-HCTZ 20-12.5 MG TAB	FOSINOPRIL/HYDROCHLOROTHIAZIDE	0	999	No
A4J	LISINOPRIL-HCTZ 10/12.5 TAB	LISINOPRIL/HYDROCHLOROTHIAZIDE	0	999	No
A4J	LISINOPRIL-HCTZ 10/12.5 TB	LISINOPRIL/HYDROCHLOROTHIAZIDE	0	999	No
A4J	LISINOPRIL-HCTZ 10-12.5 MG TAB	LISINOPRIL/HYDROCHLOROTHIAZIDE	0	999	No
A4J	LISINOPRIL-HCTZ 10-12.5 TAB	LISINOPRIL/HYDROCHLOROTHIAZIDE	0	999	No
A4J	LISINOPRIL-HCTZ 20/12.5 TAB	LISINOPRIL/HYDROCHLOROTHIAZIDE	0	999	No
A4J	LISINOPRIL-HCTZ 20/12.5 TB	LISINOPRIL/HYDROCHLOROTHIAZIDE	0	999	No
A4J	LISINOPRIL-HCTZ 20/25 TAB	LISINOPRIL/HYDROCHLOROTHIAZIDE	0	999	No
A4J	LISINOPRIL-HCTZ 20/25MG TB	LISINOPRIL/HYDROCHLOROTHIAZIDE	0	999	No
A4J	LISINOPRIL-HCTZ 20-12.5 MG TAB	LISINOPRIL/HYDROCHLOROTHIAZIDE	0	999	No
A4J	LISINOPRIL-HCTZ 20-12.5 TAB	LISINOPRIL/HYDROCHLOROTHIAZIDE	0	999	No
A4J	LISINOPRIL-HCTZ 20-25 MG TAB	LISINOPRIL/HYDROCHLOROTHIAZIDE	0	999	No
A4J	LISINOPRIL-HCTZ 20-25 TAB	LISINOPRIL/HYDROCHLOROTHIAZIDE	0	999	No
A4J	LISINOPRIL-HCTZ 20-25 TABLET	LISINOPRIL/HYDROCHLOROTHIAZIDE	0	999	No
A4J	QUINAPRIL-HCTZ 10-12.5 MG TAB	QUINAPRIL/HYDROCHLOROTHIAZIDE	0	999	No
A4J	QUINAPRIL-HCTZ 20-12.5 MG TAB	QUINAPRIL/HYDROCHLOROTHIAZIDE	0	999	No
A4J	QUINAPRIL-HCTZ 20-25 MG TAB	QUINAPRIL/HYDROCHLOROTHIAZIDE	0	999	No
A4K	ACE INHIBITOR-CALCIUM CHANNEL BLOCKER COMBINATION				
A4K	AMLODIPINE-BENAZEPRIL 10/20 MG	AMLODIPINE BESYLATE/BENAZEPRIL	0	999	No
A4K	AMLODIPINE-BENAZEPRIL 10-20 MG	AMLODIPINE BESYLATE/BENAZEPRIL	0	999	No
A4K	AMLODIPINE-BENAZEPRIL 10-40 MG	AMLODIPINE BESYLATE/BENAZEPRIL	0	999	No
A4K	AMLODIPINE-BENAZEPRIL 2.5/10	AMLODIPINE BESYLATE/BENAZEPRIL	0	999	No

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A4K	AMLODIPINE-BENAZEPRIL 2.5-10	AMLODIPINE BESYLATE/BENAZEPRIL	0	999	No
A4K	AMLODIPINE-BENAZEPRIL 5/10 MG	AMLODIPINE BESYLATE/BENAZEPRIL	0	999	No
A4K	AMLODIPINE-BENAZEPRIL 5/20 MG	AMLODIPINE BESYLATE/BENAZEPRIL	0	999	No
A4K	AMLODIPINE-BENAZEPRIL 5-10 MG	AMLODIPINE BESYLATE/BENAZEPRIL	0	999	No
A4K	AMLODIPINE-BENAZEPRIL 5-20 MG	AMLODIPINE BESYLATE/BENAZEPRIL	0	999	No
A4K	AMLODIPINE-BENAZEPRIL 5-40 MG	AMLODIPINE BESYLATE/BENAZEPRIL	0	999	No
A4L		ANGIOTENSIN RECEPT-NEPRILYSIN INHIBITOR COMB(ARNI)			
A4L	ENTRESTO 24 MG-26 MG TABLET	SACUBITRIL/VALSARTAN	0	999	No
A4L	ENTRESTO 49 MG-51 MG TABLET	SACUBITRIL/VALSARTAN	0	999	No
A4L	ENTRESTO 97 MG-103 MG TABLET	SACUBITRIL/VALSARTAN	0	999	No
A7B		VASODILATORS,CORONARY			
A7B	ISOSORBIDE DN 10 MG TABLET	ISOSORBIDE DINITRATE	0	999	No
A7B	ISOSORBIDE DN 20 MG TABLET	ISOSORBIDE DINITRATE	0	999	No
A7B	ISOSORBIDE DN 30 MG TABLET	ISOSORBIDE DINITRATE	0	999	No
A7B	ISOSORBIDE DN 5 MG TABLET	ISOSORBIDE DINITRATE	0	999	No
A7B	ISOSORBIDE MN 10 MG TABLET	ISOSORBIDE MONONITRATE	0	999	No
A7B	ISOSORBIDE MN 120 MG TAB SA	ISOSORBIDE MONONITRATE	0	999	No
A7B	ISOSORBIDE MN 20 MG TABLET	ISOSORBIDE MONONITRATE	0	999	No
A7B	ISOSORBIDE MN 30 MG TAB SA	ISOSORBIDE MONONITRATE	0	999	No
A7B	ISOSORBIDE MN 30 MG TABLET ER	ISOSORBIDE MONONITRATE	0	999	No
A7B	ISOSORBIDE MN 60 MG TAB ER	ISOSORBIDE MONONITRATE	0	999	No
A7B	ISOSORBIDE MN 60 MG TAB SA	ISOSORBIDE MONONITRATE	0	999	No
A7B	ISOSORBIDE MN 60 MG TABLET ER	ISOSORBIDE MONONITRATE	0	999	No
A7B	ISOSORBIDE MN ER 120 MG TAB	ISOSORBIDE MONONITRATE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
A7B	ISOSORBIDE MN ER 30 MG TABLET	ISOSORBIDE MONONITRATE	0	999	No
A7B	ISOSORBIDE MN ER 60 MG TABLET	ISOSORBIDE MONONITRATE	0	999	No
A7B	NITROGLYCERIN 0.1 MG/HR PATCH	NITROGLYCERIN	0	999	No
A7B	NITROGLYCERIN 0.1 MG/HR PTCH	NITROGLYCERIN	0	999	No
A7B	NITROGLYCERIN 0.2 MG/HR PATCH	NITROGLYCERIN	0	999	No
A7B	NITROGLYCERIN 0.2 MG/HR PTCH	NITROGLYCERIN	0	999	No
A7B	NITROGLYCERIN 0.3 MG TABLET SL	NITROGLYCERIN	0	999	No
A7B	NITROGLYCERIN 0.4 MG TABLET SL	NITROGLYCERIN	0	999	No
A7B	NITROGLYCERIN 0.4 MG/HR PATCH	NITROGLYCERIN	0	999	No
A7B	NITROGLYCERIN 0.4 MG/HR PTCH	NITROGLYCERIN	0	999	No
A7B	NITROGLYCERIN 0.6 MG TABLET SL	NITROGLYCERIN	0	999	No
A7B	NITROGLYCERIN 0.6 MG/HR PATCH	NITROGLYCERIN	0	999	No
A7B	NITROGLYCERIN 0.6 MG/HR PTCH	NITROGLYCERIN	0	999	No
A7B	NITROGLYCERIN 2.5 MG CAP SA	NITROGLYCERIN	0	999	No
A7B	NITROGLYCERIN 6.5 MG CAP SA	NITROGLYCERIN	0	999	No
A7B	NITROGLYCERIN 9 MG CAP SA	NITROGLYCERIN	0	999	No
A7B	NITROSTAT 0.3 MG TABLET SL	NITROGLYCERIN	0	999	No
A7B	NITROSTAT 0.4 MG TABLET SL	NITROGLYCERIN	0	999	No
A7B	NITROSTAT 0.6 MG TABLET SL	NITROGLYCERIN	0	999	No
	A7M	BRADYKININ B2 RECEPTOR ANTAGONISTS			
A7M	FIRAZYR 30 MG/3 ML SYRINGE	ICATIBANT ACETATE	18	999	Auto PA For Select Diag
	A9A	CALCIUM CHANNEL BLOCKING AGENTS			
A9A	AMLODIPINE BESYLATE 10 MG TAB	AMLODIPINE BESYLATE	0	999	No
A9A	AMLODIPINE BESYLATE 2.5 MG TAB	AMLODIPINE BESYLATE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
A9A	AMLODIPINE BESYLATE 5 MG TAB	AMLODIPINE BESYLATE	0	999	No
A9A	DILTIAZEM 120 MG CAPSULE SA	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM 120 MG TABLET	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM 24HR CD 120 MG CAP	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM 24HR CD 180 MG CAP	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM 24HR CD 240 MG CAP	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM 24HR CD 300 MG CAP	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM 24HR CD 360 MG CAP	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM 24HR ER 120 MG CAP	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM 24HR ER 120 MG CAP	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM 24HR ER 180 MG CAP	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM 24HR ER 240 MG CAP	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM 24HR ER 300 MG CAP	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM 24HR ER 360 MG CAP	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM 30 MG TABLET	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM 60 MG CAPSULE SA	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM 60 MG TABLET	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM 90 MG CAPSULE SA	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM 90 MG TABLET	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM ER 120 MG CAP SA	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM ER 120 MG CAP SA	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM ER 120 MG CAPSULE	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM ER 120 MG CAPSULE	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM ER 180 MG CAP SA	DILTIAZEM HCL	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
A9A	DILTIAZEM ER 180 MG CAPSULE	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM ER 180 MG CAPSULE	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM ER 240 MG CAP SA	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM ER 240 MG CAPSULE	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM ER 60 MG CAP SA	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM ER 90 MG CAP SA	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM HCL 120 MG CAP SA	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM HCL 120 MG CAP SA	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM HCL 180 MG CAP SA	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM HCL 180 MG CAP SA	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM HCL 240 MG CAP SA	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM HCL 240 MG CAP SA	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM HCL 300 MG CAP SA	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM HCL ER 120 MG CAP	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM HCL ER 180 MG CAP	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM HCL ER 240 MG CAP	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM HCL ER 300 MG CAP	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM HCL ER 360 MG CAP	DILTIAZEM HCL	0	999	No
A9A	DILTIAZEM HCL ER 420 MG CAP	DILTIAZEM HCL	0	999	No
A9A	FELODIPINE ER 10 MG TABLET	FELODIPINE	0	999	No
A9A	FELODIPINE ER 2.5 MG TABLET	FELODIPINE	0	999	No
A9A	FELODIPINE ER 5 MG TABLET	FELODIPINE	0	999	No
A9A	NIFEDIPINE 10 MG CAPSULE	NIFEDIPINE	0	999	No
A9A	NIFEDIPINE 20 MG CAPSULE	NIFEDIPINE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
A9A	NIFEDIPINE ER 30 MG TABLET	NIFEDIPINE	0	999	No
A9A	NIFEDIPINE ER 60 MG TABLET	NIFEDIPINE	0	999	No
A9A	NIFEDIPINE ER 90 MG TABLET	NIFEDIPINE	0	999	No
A9A	NIMODIPINE 30 MG CAPSULE	NIMODIPINE	18	999	No
A9A	VERAPAMIL 120 MG CAP PELLETT	VERAPAMIL HCL	0	999	No
A9A	VERAPAMIL 120 MG CAP PELLETT	VERAPAMIL HCL	0	999	No
A9A	VERAPAMIL 120 MG TABLET	VERAPAMIL HCL	0	999	No
A9A	VERAPAMIL 120 MG TABLET SA	VERAPAMIL HCL	0	999	No
A9A	VERAPAMIL 180 MG CAP PELLETT	VERAPAMIL HCL	0	999	No
A9A	VERAPAMIL 180 MG CAP PELLETT	VERAPAMIL HCL	0	999	No
A9A	VERAPAMIL 180 MG TABLET SA	VERAPAMIL HCL	0	999	No
A9A	VERAPAMIL 240 MG CAP PELLETT	VERAPAMIL HCL	0	999	No
A9A	VERAPAMIL 240 MG CAP PELLETT	VERAPAMIL HCL	0	999	No
A9A	VERAPAMIL 240 MG TABLET SA	VERAPAMIL HCL	0	999	No
A9A	VERAPAMIL 360 MG CAP PELLETT	VERAPAMIL HCL	0	999	No
A9A	VERAPAMIL 40 MG TABLET	VERAPAMIL HCL	0	999	No
A9A	VERAPAMIL 80 MG TABLET	VERAPAMIL HCL	0	999	No
A9A	VERAPAMIL ER 120 MG TABLET	VERAPAMIL HCL	0	999	No
A9A	VERAPAMIL ER 180 MG TABLET	VERAPAMIL HCL	0	999	No
A9A	VERAPAMIL ER 240 MG TABLET	VERAPAMIL HCL	0	999	No
	BOA	GENERAL INHALATION AGENTS			
BOA	SODIUM CHLORIDE 0.9% INHAL VL	SODIUM CHLORIDE FOR INHALATION	0	999	No
BOA	SODIUM CHLORIDE 0.9% VIAL	SODIUM CHLORIDE FOR INHALATION	0	999	No
BOA	SODIUM CHLORIDE 10% VIAL	SODIUM CHLORIDE FOR INHALATION	0	999	Auto PA For Select Diag

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
B0A	SODIUM CHLORIDE 3% VIAL	SODIUM CHLORIDE FOR INHALATION	0	999	Auto PA For Select Diag
B1B		PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST			
B1B	LETAIRIS 10 MG TABLET	AMBRISENTAN	0	999	Clinical PA Required
B1B	LETAIRIS 5 MG TABLET	AMBRISENTAN	0	999	Clinical PA Required
B1B	TRACLEER 125 MG TABLET	BOSENTAN	0	999	Clinical PA Required
B1B	TRACLEER 62.5 MG TABLET	BOSENTAN	0	999	Clinical PA Required
B1C		PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE			
B1C	EPOPROSTENOL SODIUM 0.5 MG VL	EPOPROSTENOL SODIUM (GLYCINE)	0	999	No
B1C	EPOPROSTENOL SODIUM 1.5 MG VL	EPOPROSTENOL SODIUM (GLYCINE)	0	999	No
B1C	VENTAVIS 10 MCG/1 ML SOLUTION	ILOPROST TROMETHAMINE	0	999	Clinical PA Required
B1C	VENTAVIS 20 MCG/1 ML SOLUTION	ILOPROST TROMETHAMINE	0	999	Clinical PA Required
B1D		PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB			
B1D	SILDENAFIL 20 MG TABLET	SILDENAFIL CITRATE	0	999	Clinical PA Required
B3A		MUCOLYTICS			
B3A	ACETYLCYSTEINE 10% VIAL	ACETYLCYSTEINE	0	999	No
B3A	ACETYLCYSTEINE 20% VIAL	ACETYLCYSTEINE	0	999	No
B3A	PULMOZYME 1 MG/ML AMPUL	DORNASE ALFA	0	65	Auto PA For Select Diag
B3J		EXPECTORANTS			
B3J	GUAIFENESIN 100 MG/5 ML SOLN	GUAIFENESIN	0	999	No
B3J	GUAIFENESIN 100 MG/5 ML SYRUP	GUAIFENESIN	0	999	No
B3J	GUAIFENESIN 200 MG/10 ML SOLN	GUAIFENESIN	0	999	No
B3J	GUAIFENESIN 300 MG/15 ML SOLN	GUAIFENESIN	0	999	No
B3J	GUAIFENESIN ER 1,200 MG TABLET	GUAIFENESIN	0	999	No
B3J	GUAIFENESIN ER 600 MG TABLET	GUAIFENESIN	0	999	No
B3J	KID'S MUCINEX MINI-MELTS PACK	GUAIFENESIN	0	20	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
B3J	MUCINEX ER 1200 MG TABLET	GUAIFENESIN	0	999	No
B3J	MUCINEX ER 600 MG TABLET	GUAIFENESIN	0	999	No
B3R		NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST			
B3R	ALA-HIST DM LIQUID	BROMPHENIRAM/PHENYLEPHRINE/DM	0	20	No
B3R	BROMIPHENIR-PSEUDOEPHED-DM SYR	BROMPHENIRAMINE/PSEUDOEPHED/DM	0	20	No
B3R	BROMPHENIR-PSEUDOEPHED-DM SYR	BROMPHENIRAMINE/PSEUDOEPHED/DM	0	20	No
B4E		NON-NARC ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.			
B4E	PROMETHAZINE DM SYRUP	PROMETHAZINE/DEXTROMETHORPHAN	0	20	No
B4E	PROMETHAZINE W/DM SYRUP	PROMETHAZINE/DEXTROMETHORPHAN	0	20	No
B60		ANTICHOLINERGICS, ORALLY INHALED SHORT ACTING			
B60	ATROVENT HFA INHALER	IPRATROPIUM BROMIDE	0	999	No
B60	IPRATROPIUM BR 0.02% SOLN	IPRATROPIUM BROMIDE	0	999	No
B61		ANTICHOLINERGICS, ORALLY INHALED LONG ACTING			
B61	SPIRIVA 18 MCG CP-HANDIHALER	TIOTROPIUM BROMIDE	18	999	No
B62		BETA-ADRENERGIC AND ANTICHOLINERGIC COMBO, INHALED			
B62	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	IPRATROPIUM/ALBUTEROL SULFATE	0	999	No
B62	IPRATR-ALBUTEROL 0.5-3 MG/3 ML	IPRATROPIUM/ALBUTEROL SULFATE	0	999	No
B62	STIOLTO RESPIMAT INHAL SPRAY	TIOTROPIUM BR/OLODATEROL HCL	0	999	No
B63		BETA-ADRENERGIC AND GLUCOCORTICOID COMBO, INHALED			
B63	ADVAIR 100/50 DISKUS	FLUTICASONE/SALMETEROL	4	999	No
B63	ADVAIR 100-50 DISKUS	FLUTICASONE/SALMETEROL	4	999	No
B63	ADVAIR 250/50 DISKUS	FLUTICASONE/SALMETEROL	4	999	No
B63	ADVAIR 250-50 DISKUS	FLUTICASONE/SALMETEROL	4	999	No
B63	ADVAIR 500/50 DISKUS	FLUTICASONE/SALMETEROL	4	999	No
B63	ADVAIR 500-50 DISKUS	FLUTICASONE/SALMETEROL	4	999	No
B63	ADVAIR HFA 115-21 MCG INHALER	FLUTICASONE/SALMETEROL	5	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
B63	ADVAIR HFA 230-21 MCG INHALER	FLUTICASONE/SALMETEROL	5	999	No
B63	ADVAIR HFA 45-21 MCG INHALER	FLUTICASONE/SALMETEROL	5	999	No
B63	DULERA 100 MCG/5 MCG INHALER	MOMETASONE/FORMOTEROL	12	999	No
B63	DULERA 200 MCG/5 MCG INHALER	MOMETASONE/FORMOTEROL	12	999	No
B63	SYMBICORT 160/4.5 MCG INHALER	BUDESONIDE/FORMOTEROL FUMARATE	5	999	No
B63	SYMBICORT 80/4.5 MCG INHALER	BUDESONIDE/FORMOTEROL FUMARATE	5	999	No
	B6M	GLUCOCORTICIDS, ORALLY INHALED			
B6M	ASMANEX TWISTHALER 110 MCG #30	MOMETASONE FUROATE	4	999	No
B6M	ASMANEX TWISTHALER 110 MCG #7	MOMETASONE FUROATE	4	999	No
B6M	ASMANEX TWISTHALER 220 MCG #14	MOMETASONE FUROATE	4	999	No
B6M	ASMANEX TWISTHALER 220 MCG #30	MOMETASONE FUROATE	4	999	No
B6M	ASMANEX TWISTHALER 220 MCG #60	MOMETASONE FUROATE	4	999	No
B6M	ASMANEX TWISTHALR 220 MCG #120	MOMETASONE FUROATE	4	999	No
B6M	FLOVENT 100 MCG DISKUS	FLUTICASONE PROPIONATE	4	999	No
B6M	FLOVENT 250 MCG DISKUS	FLUTICASONE PROPIONATE	4	999	No
B6M	FLOVENT 50 MCG DISKUS	FLUTICASONE PROPIONATE	4	999	No
B6M	FLOVENT HFA 110 MCG INHALER	FLUTICASONE PROPIONATE	0	999	No
B6M	FLOVENT HFA 220 MCG INHALER	FLUTICASONE PROPIONATE	0	999	No
B6M	FLOVENT HFA 44 MCG INHALER	FLUTICASONE PROPIONATE	0	999	No
B6M	PULMICORT 0.25 MG/2 ML RESPUL	BUDESONIDE	1	8	No
B6M	PULMICORT 0.5 MG/2 ML RESPULE	BUDESONIDE	1	8	No
B6M	PULMICORT 1 MG/2 ML RESPULE	BUDESONIDE	1	8	No
B6M	QVAR 40 MCG ORAL INHALER	BECLOMETHASONE DIPROPIONATE	5	999	No
B6M	QVAR 80 MCG ORAL INHALER	BECLOMETHASONE DIPROPIONATE	5	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
B6W		BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING			
B6W	ALBUTEROL 0.083% INHAL SOLN	ALBUTEROL SULFATE	0	999	No
B6W	ALBUTEROL 0.83 MG/ML SOLUTION	ALBUTEROL SULFATE	0	999	No
B6W	ALBUTEROL 5 MG/ML SOLUTION	ALBUTEROL SULFATE	0	999	No
B6W	ALBUTEROL SUL 0.63 MG/3 ML SOL	ALBUTEROL SULFATE	0	999	No
B6W	ALBUTEROL SUL 1.25 MG/3 ML SOL	ALBUTEROL SULFATE	0	999	No
B6W	ALBUTEROL SUL 2.5 MG/3 ML SOLN	ALBUTEROL SULFATE	0	999	No
B6W	PROAIR HFA 90 MCG INHALER	ALBUTEROL SULFATE	0	999	No
B6W	PROVENTIL HFA 90 MCG INHALER	ALBUTEROL SULFATE	0	999	No
B6Y		BETA-ADRENERGIC AGENTS, ORALLY INHALED, LONG ACTING			
B6Y	SEREVENT DISKUS 50 MCG	SALMETEROL XINAFOATE	4	999	No
C0D		ANTI-ALCOHOLIC PREPARATIONS			
C0D	ACAMPROSATE CALC DR 333 MG TAB	ACAMPROSATE CALCIUM	0	999	No
C0D	DISULFIRAM 250 MG TABLET	DISULFIRAM	0	999	No
C0D	DISULFIRAM 500 MG TABLET	DISULFIRAM	0	999	No
C0K		BICARBONATE PRODUCING/CONTAINING AGENTS			
C0K	SODIUM ACETATE 100 MEQ/50 ML	SODIUM ACETATE	0	999	No
C0K	SODIUM ACETATE 2 MEQ/ML VIAL	SODIUM ACETATE	0	999	No
C0K	SODIUM ACETATE 200 MEQ/100 ML	SODIUM ACETATE	0	999	No
C0K	SODIUM ACETATE 4 MEQ/ML VIAL	SODIUM ACETATE	0	999	No
C0K	SODIUM ACETATE 40 MEQ/20 ML VL	SODIUM ACETATE	0	999	No
C0K	SODIUM BICARB 4.2% VIAL	SODIUM BICARBONATE	0	999	No
C0K	SODIUM LACTATE 5 MEQ/ML VIAL	SODIUM LACTATE	0	999	No
C1A		ELECTROLYTE DEPLETERS			
C1A	CALCIUM ACETATE 667 MG CAPSULE	CALCIUM ACETATE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
C1A	CALCIUM ACETATE 667 MG GELCAP	CALCIUM ACETATE	0	999	No
C1A	CALCIUM ACETATE 667 MG TABLET	CALCIUM ACETATE	0	999	No
C1A	CALCIUM ACETATE 668 MG TABLET	CALCIUM ACETATE	0	999	No
C1A	RENAGEL 400 MG TABLET	SEVELAMER HCL	0	999	No
C1A	RENAGEL 800 MG TABLET	SEVELAMER HCL	0	999	No
C1A	REVELA 0.8 GM POWDER PACKET	SEVELAMER CARBONATE	0	11	No
C1A	REVELA 2.4 GM POWDER PACKET	SEVELAMER CARBONATE	0	11	No
C1A	SOD POLYSTYREN SULF 15 G/60 ML	SODIUM POLYSTYRENE SULFONATE	0	999	No
C1A	SODIUM POLYSTYRENE SULF POWDER	SODIUM POLYSTYRENE SULFONATE	0	999	No
C1A	SODIUM POLYSTYRENE SULF PWD	SODIUM POLYSTYRENE SULFONATE	0	999	No
C1A	SPS 15 GM/60 ML SUSPENSION	SODIUM POLYSTYRENE SULFON/SORB	0	999	No
C1A	SPS 15 GM/60 ML SUSPENSION	SODIUM POLYSTYRENE SULFONATE	0	999	No
C1A	SPS 30 GM/120 ML ENEMA	SODIUM POLYSTYRENE SULFON/SORB	0	999	No
C1A	SPS 30 GM/120 ML ENEMA	SODIUM POLYSTYRENE SULFONATE	0	999	No
C1A	SPS 50 GM/200 ML ENEMA	SODIUM POLYSTYRENE SULFONATE	0	999	No
C1D		POTASSIUM REPLACEMENT			
C1D	EFFER-K 25 MEQ TABLET EFF	POTASSIUM BICARBONATE/CIT AC	0	999	No
C1D	K EFFERVESCENT 25 MEQ TABLET	POTASSIUM BICARBONATE/CIT AC	0	999	No
C1D	KLOR-CON 10 MEQ TABLET	POTASSIUM CHLORIDE	0	999	No
C1D	KLOR-CON 20 MEQ PACKET	POTASSIUM CHLORIDE	0	999	No
C1D	KLOR-CON 25 MEQ PACKET	POTASSIUM CHLORIDE	0	999	No
C1D	KLOR-CON 8 MEQ TABLET	POTASSIUM CHLORIDE	0	999	No
C1D	KLOR-CON M10 TABLET	POTASSIUM CHLORIDE	0	999	No
C1D	KLOR-CON M15 TABLET	POTASSIUM CHLORIDE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
C1D	KLOR-CON M20 TABLET	POTASSIUM CHLORIDE	0	999	No
C1D	KLOR-CON SPRINKLE ER 10 MEQ CP	POTASSIUM CHLORIDE	0	999	No
C1D	KLOR-CON SPRINKLE ER 8 MEQ CAP	POTASSIUM CHLORIDE	0	999	No
C1D	KLOR-CON-EF 25 MEQ TAB EFF	POTASSIUM BICARBONATE/CIT AC	0	999	No
C1D	POTASSIUM 25 MEQ TABLET EFF	POTASSIUM BICARBONATE/CIT AC	0	999	No
C1D	POTASSIUM ACET 100 MEQ/50 ML	POTASSIUM ACETATE	0	999	No
C1D	POTASSIUM ACET 2 MEQ/ML VIAL	POTASSIUM ACETATE	0	999	No
C1D	POTASSIUM ACET 40 MEQ/20 ML VL	POTASSIUM ACETATE	0	999	No
C1D	POTASSIUM CHLORIDE 10% LIQUID	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CHLORIDE-DW5-LR SOLN	POTASSIUM CHLORIDE IN LR-D5	0	999	No
C1D	POTASSIUM CL 10 MEQ CAP SA	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CL 10 MEQ TAB SA	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CL 10 MEQ TABLET ER	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CL 10 MEQ/100 ML SOL	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CL 10 MEQ/5 ML CONC	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CL 10 MEQ/50 ML SOL	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CL 10% (20 MEQ/15 ML	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CL 10% (40 MEQ/30 ML	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CL 2 MEQ/ML VIAL	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CL 20 MEQ PACKET	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CL 20 MEQ TAB ER	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CL 20 MEQ TAB SA	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CL 20 MEQ TABLET ER	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CL 20 MEQ/10 ML CONC	POTASSIUM CHLORIDE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
C1D	POTASSIUM CL 20 MEQ/100 ML SOL	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CL 20 MEQ/50 ML SOL	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CL 20% (40 MEQ/15 ML	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CL 25 MEQ TAB EFF	POT CHLORIDE/POT BICARB/CIT AC	0	999	No
C1D	POTASSIUM CL 30 MEQ/100 ML SOL	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CL 30 MEQ/15 ML CONC	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CL 40 MEQ/100 ML SOL	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CL 40 MEQ/20 ML CONC	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CL 8 MEQ CAP SA	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CL 8 MEQ TABLET SA	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CL ER 10 MEQ CAPSULE	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CL ER 10 MEQ TABLET	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CL ER 20 MEQ TABLET	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CL ER 8 MEQ CAPSULE	POTASSIUM CHLORIDE	0	999	No
C1D	POTASSIUM CL ER 8 MEQ TABLET	POTASSIUM CHLORIDE	0	999	No
	C1H	MAGNESIUM SALTS REPLACEMENT			
C1H	MAGNESIUM CHL 200 MG/ML VIAL	MAGNESIUM CHLORIDE	0	999	No
	C1P	PHOSPHATE REPLACEMENT			
C1P	POTASSIUM PH 3MM/ML VIAL	POTASSIUM PHOS,M-BASIC-D-BASIC	0	999	No
C1P	SODIUM PHOSPHATE 3MM/ML VIAL	SOD PHOSPHATE,MONOBASIC-DIBAS	0	999	No
	C1W	ELECTROLYTE MAINTENANCE			
C1W	DEXTROSE 5%-ELECTROLYTE 48	ELECTROLYTE-48 SOLUTION/D5W	0	999	No
C1W	HYPERLYTE CR VIAL	SODIUM/POT/MAG/CALC/CHLOR/ACET	0	999	No
C1W	IONOSOL B/D5W IV SOLUTION	ELECTROLYTE-B SOLUTION/D5W	0	999	No
C1W	IONOSOL MB IN 5% DEXTROSE	ELECTROLYTE-MB SOLUTION/D5W	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
C1W	IONOSOL MB/D5W IV SOLUTION	ELECTROLYTE-MB SOLUTION/D5W	0	999	No
C1W	ISOLYTE P/DEXTROSE 5% SOLN	ELECTROLYTE-P SOLUTION/D5W	0	999	No
C1W	ISOLYTE S IV SOLN PH7.4	ELECTROLYTE-S (PH 7.4)	0	999	No
C1W	ISOLYTE S IV SOLUTION/EXCEL	ELECTROLYTE-S SOLUTION	0	999	No
C1W	LACTATED RINGERS INJ/EXCEL	RINGER'S SOLUTION,LACTATED	0	999	No
C1W	LACTATED RINGERS INJECTION	RINGER'S SOLUTION,LACTATED	0	999	No
C1W	NORMOSOL-M AND DEXTROSE 5%	ELECTROLYTE-M SOLUTION/D5W	0	999	No
C1W	NORMOSOL-M/DEXTROSE 5%	ELECTROLYTE-M SOLUTION/D5W	0	999	No
C1W	NORMOSOL-R IV SOLUTION	ELECTROLYTE-R SOLUTION	0	999	No
C1W	NORMOSOL-R PH 7.4 IV SOLN.	ELECTROLYTE-R (PH 7.4)	0	999	No
C1W	NORMOSOL-R PH 7.4 IV SOLUTION	ELECTROLYTE-R (PH 7.4)	0	999	No
C1W	NORMOSOL-R/DEXTROSE 5% IV SOLN	ELECTROLYTE-R SOLUTION/D5W	0	999	No
C1W	NUTRILYTE VIAL	SOD/POT/MAG/CAL/CL/ACET/GLUCON	0	999	No
C1W	PLASMA-LYTE 148 IV SOLUTION	ELECTROLYTE-148 SOLUTION	0	999	No
C1W	PLASMA-LYTE 56/DEXTROSE 5%	ELECTROLYTE-56 SOLUTION/D5W	0	999	No
C1W	PLASMA-LYTE A PH 7.4 SOLN.	ELECTROLYTE-A SOLUTION	0	999	No
C1W	RINGERS INJECTION	RINGER'S SOLUTION	0	999	No
C1W	RINGER'S INJECTION IV SOLN	RINGER'S SOLUTION	0	999	No
C1W	TPN ELECTROLYTES II IV SOLN	SODIUM/POT/MAG/CALC/CHLOR/ACET	0	999	No
C1W	TPN ELECTROLYTES VIAL	SODIUM/POT/MAG/CALC/CHLOR/ACET	0	999	No
	C3B	IRON REPLACEMENT			
C3B	FERATE 27 MG TABLET	FERROUS GLUCONATE	0	999	No
C3B	FER-IN-SOL 75 MG/0.6 ML DROPS	FERROUS SULFATE	0	999	No
C3B	FEROSUL 325 MG TABLET	FERROUS SULFATE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
C3B	FERRALET 90 TABLET	IRON CARB,GL/FA/B12/C/DOCUSATE	0	999	No
C3B	FERRAPLUS 90 TABLET	IRON/FOLIC ACID/B12/C/DOCUSATE	0	999	No
C3B	FERRIMIN 150 TAB	FERROUS FUMARATE	0	999	No
C3B	FERRLECIT 62.5 MG/5 ML VIAL	SODIUM FERRIC GLUCONAT/SUCROSE	0	18	No
C3B	FERRO-TIME 325 MG TABLET	FERROUS SULFATE	0	999	No
C3B	FERROUS FUMARATE 29 MG TAB	FERROUS FUMARATE	0	999	No
C3B	FERROUS FUMARATE 324 MG TAB	FERROUS FUMARATE	0	999	No
C3B	FERROUS GLUCONATE 324 MG TAB	FERROUS GLUCONATE	0	999	No
C3B	FERROUS GLUCONATE 325 MG TAB	FERROUS GLUCONATE	0	999	No
C3B	FERROUS SULF 15 MG IRON/ML DRP	FERROUS SULFATE	0	999	No
C3B	FERROUS SULF 220 MG/5 ML ELIX	FERROUS SULFATE	0	999	No
C3B	FERROUS SULF 220 MG/5 ML ELIX	FERROUS SULFATE	0	999	No
C3B	FERROUS SULF 300 MG/5 ML LIQ	FERROUS SULFATE	0	999	No
C3B	FERROUS SULF 324 MG TAB EC	FERROUS SULFATE	0	999	No
C3B	FERROUS SULF 325 MG TAB EC	FERROUS SULFATE	0	999	No
C3B	FERROUS SULFATE 15 MG/ML DROPS	FERROUS SULFATE	0	999	No
C3B	FERROUS SULFATE 15 MG/ML DROPS	FERROUS SULFATE	0	999	No
C3B	FERROUS SULFATE 325 MG TAB	FERROUS SULFATE	0	999	No
C3B	FERROUS SULFATE 325 MG TAB	FERROUS SULFATE	0	999	No
C3B	FERROUS SULFATE 325 MG TABLET	FERROUS SULFATE	0	999	No
C3B	FERROUS SULFATE ER 140 MG TAB	FERROUS SULFATE	0	999	No
C3B	FERROUS SULFATE ER 140MG TAB	FERROUS SULFATE	0	999	No
C3B	FOLIVANE-F CAPSULE	IRON FUM,PS/FOLIC ACID/VITC/B3	0	999	No
C3B	FUSION PLUS CAPSULE	IRON,FM,PS/FOLIC/B,C18/L.CASEI	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
C3B	FUSION SPRINKLES POWDER PACKET	IRON FUM, PS/FA/VIT C/L. CASEI	0	999	No
C3B	HEMATOGEN FA SOFTGEL	IRON FUMARATE/VIT C/VIT B12/FA	0	999	No
C3B	HEMATOGEN SOFTGEL	FERROUS FUM/VIT C/B12/STOMC	0	999	No
C3B	HEMOCYTE PLUS CAPSULE	IRON FUM/FOLIC ACID/MV,MIN 15	0	999	No
C3B	HEMOCYTE TABLET	FERROUS FUMARATE	0	999	No
C3B	HEMOCYTE-F TABLET	FERROUS FUMARATE/FOLIC ACID	0	999	No
C3B	HM SLOW RELEASE IRON TABLET	FERROUS SULFATE	0	999	No
C3B	IFEREX 150 FORTE CAPSULE	IRON PS CMLPX/VIT B12/FA	0	999	No
C3B	INTEGRA F CAPSULE	IRON FUM,PS/FOLIC ACID/VITC/B3	0	999	No
C3B	INTEGRA PLUS CAPSULE	IRON FUM,PS/FOLIC/BCOMP,C NO.9	0	999	No
C3B	IRON 15 MG/ML DROPS	FERROUS SULFATE	0	999	No
C3B	IRON 27 MG TABLET	FERROUS GLUCONATE	0	999	No
C3B	IRON 325 MG TABLET	FERROUS SULFATE	0	999	No
C3B	IRON 45 MG TABLET	FERROUS SULFATE, DRIED	0	999	No
C3B	IRON 65 MG TABLET	FERROUS SULFATE	0	999	No
C3B	NEPHRON FA TABLET	IRON FUM/DOCUSAT/FOLIC/BCOMP,C	0	999	No
C3B	PUREVIT DUALFE PLUS CAPSULE	IRON FM,PS NO.1/FOLIC/MV NO.18	0	999	No
C3B	SE-TAN PLUS CAPSULE	IRON FM,PS NO.1/FOLIC/MV NO.18	0	999	No
C3B	TANDEM PLUS CAPSULE	IRON FM,PS NO.1/FOLIC/MV NO.18	0	999	No
C3B	TARON FORTE CAPSULE	IRON BG,PS/VITC/B12/FA/CALCIUM	0	999	No
C3B	TL ICON CAPSULE	FERROUS FUM/VIT C/B12-IF/FOLIC	0	999	No
C3B	TL-HEM 150 CAPLET	IRON/DSS/B12-IF/FOLIC AC/MV-MN	0	999	No
C3B	TRICON CAPSULE	FERROUS FUM/VIT C/B12-IF/FOLIC	0	999	No
C3B	WEE CARE 15 MG/1.25 ML SUSP	IRON,CARBONYL	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
C3C		ZINC REPLACEMENT			
C3C	ZINC CHLORIDE 1 MG/ML VIAL	ZINC CHLORIDE	0	999	No
C3C	ZINC SULFATE 5 MG/ML VIAL	ZINC SULFATE	0	999	No
C3H		IODINE CONTAINING AGENTS			
C3H	IODOPEN 100 MCG/ML VIAL	SODIUM IODIDE	0	999	No
C3H	SSKI 1 GM/ML SOLUTION	POTASSIUM IODIDE	0	999	No
C3M		MINERAL REPLACEMENT, MISCELLANEOUS			
C3M	CHROMIUM 4 MCG/ML VIAL	CHROMIC CHLORIDE	0	999	No
C3M	CHROMIUM CL 40 MCG/10 ML VIAL	CHROMIC CHLORIDE	0	999	No
C3M	COPPER CHLORIDE 0.4 MG/ML VL	CUPRIC CHLORIDE	0	999	No
C3M	MANGANESE 0.1 MG/ML VIAL	MANGANESE CHLORIDE	0	999	No
C3M	MULTITRACE-4 CONC VIAL	ZINC/COPPER/MANGAN/CHROMIC CHL	0	999	No
C3M	MULTITRACE-4 VIAL	ZINC/COPPER/MANGAN/CHROMIC CHL	0	999	No
C3M	MULTITRACE-5 CONC VIAL	ZINC/COPPER/MANGAN/CHROM/SELEN	0	999	No
C3M	MULTITRACE-5 VIAL	ZINC/COPPER/MANGAN/CHROM/SELEN	0	999	No
C3M	SELENIUM 40 MCG/ML VIAL	SELENIUM	0	999	No
C3M	TRACE ELEMENTS-4 VIAL	ZINC/COPPER/MANGAN/CHROMIC CHL	0	999	No
C4D		ANTIHYPERGLYCEMIC-SOD/GLUC COTRANSPORT2(SGLT2)INHIB			
C4D	FARXIGA 10 MG TABLET	DAPAGLIFLOZIN PROPANEDIOL	0	999	No
C4D	FARXIGA 5 MG TABLET	DAPAGLIFLOZIN PROPANEDIOL	0	999	No
C4D	INVOKANA 100 MG TABLET	CANAGLIFLOZIN	0	999	No
C4D	INVOKANA 300 MG TABLET	CANAGLIFLOZIN	0	999	No
C4E		ANTIHYPERGLYCEMIC-SGLT2 INHIBITOR-BIGUANIDE COMBS.			
C4E	INVOKAMET 150-1,000 MG TABLET	CANAGLIFLOZIN/METFORMIN HCL	0	999	No
C4E	INVOKAMET 150-500 MG TABLET	CANAGLIFLOZIN/METFORMIN HCL	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
C4E	INVOKAMET 50-1,000 MG TABLET	CANAGLIFLOZIN/METFORMIN HCL	0	999	No
C4E	INVOKAMET 50-500 MG TABLET	CANAGLIFLOZIN/METFORMIN HCL	0	999	No
C4F		ANTIHYPERGLYCEMIC,DPP-4 INHIBITOR-BIGUANIDE COMBS.			
C4F	JANUMET 50-1,000 MG TABLET	SITAGLIPTIN PHOS/METFORMIN HCL	18	999	No
C4F	JANUMET 50-500 MG TABLET	SITAGLIPTIN PHOS/METFORMIN HCL	18	999	No
C4F	JANUMET XR 100-1,000 MG TABLET	SITAGLIPTIN PHOS/METFORMIN HCL	18	999	No
C4F	JANUMET XR 50-1,000 MG TABLET	SITAGLIPTIN PHOS/METFORMIN HCL	18	999	No
C4F	JANUMET XR 50-500 MG TABLET	SITAGLIPTIN PHOS/METFORMIN HCL	18	999	No
C4F	JENTADUETO 2.5 MG-1000 MG TAB	LINAGLIPTIN/METFORMIN HCL	18	999	No
C4F	JENTADUETO 2.5 MG-500 MG TAB	LINAGLIPTIN/METFORMIN HCL	18	999	No
C4F	JENTADUETO 2.5 MG-850 MG TAB	LINAGLIPTIN/METFORMIN HCL	18	999	No
C4F	KOMBIGLYZE XR 2.5-1,000 MG TAB	SAXAGLIPTIN HCL/METFORMIN HCL	18	999	No
C4F	KOMBIGLYZE XR 5-1,000 MG TAB	SAXAGLIPTIN HCL/METFORMIN HCL	18	999	No
C4F	KOMBIGLYZE XR 5-500 MG TABLET	SAXAGLIPTIN HCL/METFORMIN HCL	18	999	No
C4G		INSULINS			
C4G	HUMALOG 100 UNITS/ML CARTRIDGE	INSULIN LISPRO	0	999	No
C4G	HUMALOG 100 UNITS/ML KWIKPEN	INSULIN LISPRO	0	999	No
C4G	HUMALOG 100 UNITS/ML VIAL	INSULIN LISPRO	0	999	No
C4G	HUMALOG MIX 50/50 KWIKPEN	INSULIN LISPRO PROTAMIN/LISPRO	0	999	No
C4G	HUMALOG MIX 50/50 VIAL	INSULIN LISPRO PROTAMIN/LISPRO	0	999	No
C4G	HUMALOG MIX 50-50 KWIKPEN	INSULIN LISPRO PROTAMIN/LISPRO	0	999	No
C4G	HUMALOG MIX 75/25 KWIKPEN	INSULIN LISPRO PROTAMIN/LISPRO	0	999	No
C4G	HUMALOG MIX 75/25 VIAL	INSULIN LISPRO PROTAMIN/LISPRO	0	999	No
C4G	HUMALOG MIX 75-25 KWIKPEN	INSULIN LISPRO PROTAMIN/LISPRO	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
C4G	HUMULIN 70/30 KWIKPEN	INSULIN NPH HUM/REG INSULIN HM	0	999	No
C4G	HUMULIN 70/30 VIAL	INSULIN NPH HUM/REG INSULIN HM	0	999	No
C4G	HUMULIN 70-30 VIAL	INSULIN NPH HUM/REG INSULIN HM	0	999	No
C4G	HUMULIN N 100 UNITS/ML KWIKPEN	INSULIN NPH HUMAN ISOPHANE	0	999	No
C4G	HUMULIN N 100 UNITS/ML VIAL	INSULIN NPH HUMAN ISOPHANE	0	999	No
C4G	HUMULIN R 100 UNITS/ML VIAL	INSULIN REGULAR, HUMAN	0	999	No
C4G	LANTUS 100 UNITS/ML VIAL	INSULIN GLARGINE,HUM.REC.ANLOG	0	999	No
C4G	LANTUS SOLOSTAR 100 UNITS/ML	INSULIN GLARGINE,HUM.REC.ANLOG	0	999	No
C4G	LEVEMIR 100 UNITS/ML VIAL	INSULIN DETEMIR	0	999	No
C4G	LEVEMIR FLEXTOUCH 100 UNITS/ML	INSULIN DETEMIR	0	999	No
C4G	NOVOLIN 70/30 100 UNITS/ML VIA	INSULIN NPH HUM/REG INSULIN HM	0	999	No
C4G	NOVOLIN N 100 UNITS/ML VIAL	INSULIN NPH HUMAN ISOPHANE	0	999	No
C4G	NOVOLIN R 100 UNITS/ML VIAL	INSULIN REGULAR, HUMAN	0	999	No
C4G	NOVOLOG 100 UNITS/ML CARTRIDGE	INSULIN ASPART	0	999	No
C4G	NOVOLOG 100 UNITS/ML VIAL	INSULIN ASPART	0	999	No
C4G	NOVOLOG FLEXPEN SYRINGE	INSULIN ASPART	0	999	No
C4G	NOVOLOG MIX 70/30 FLEXPEN SYRN	INSULIN ASPART PROT/INSULN ASP	0	999	No
C4G	NOVOLOG MIX 70/30 VIAL	INSULIN ASPART PROT/INSULN ASP	0	999	No
C4G	RELION NOVOLIN 70-30 VIAL	INSULIN NPH HUM/REG INSULIN HM	0	999	No
C4G	RELION NOVOLIN N 100 UNIT/ML	INSULIN NPH HUMAN ISOPHANE	0	999	No
C4G	RELION NOVOLIN R 100 UNIT/ML	INSULIN REGULAR, HUMAN	0	999	No
	C4H	ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE			
C4H	SYMLINPEN 120 PEN INJECTOR	PRAMLINTIDE ACETATE	0	999	No
C4H	SYMLINPEN 60 PEN INJECTOR	PRAMLINTIDE ACETATE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
C4I	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)				
C4I	BYDUREON 2 MG VIAL	EXENATIDE MICROSPHERES	0	999	No
C4I	BYETTA 10 MCG DOSE PEN INJ	EXENATIDE	0	999	No
C4I	BYETTA 5 MCG DOSE PEN INJ	EXENATIDE	0	999	No
C4J	ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS				
C4J	JANUVIA 100 MG TABLET	SITAGLIPTIN PHOSPHATE	18	999	No
C4J	JANUVIA 25 MG TABLET	SITAGLIPTIN PHOSPHATE	18	999	No
C4J	JANUVIA 50 MG TABLET	SITAGLIPTIN PHOSPHATE	18	999	No
C4J	ONGLYZA 2.5 MG TABLET	SAXAGLIPTIN HCL	18	999	No
C4J	ONGLYZA 5 MG TABLET	SAXAGLIPTIN HCL	18	999	No
C4J	TRADJENTA 5 MG TABLET	LINAGLIPTIN	18	999	No
C4K	ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE				
C4K	CHLORPROPAMIDE 100 MG TABLET	CHLORPROPAMIDE	0	999	No
C4K	CHLORPROPAMIDE 250 MG TABLET	CHLORPROPAMIDE	0	999	No
C4K	GLIMEPIRIDE 1 MG TABLET	GLIMEPIRIDE	0	999	No
C4K	GLIMEPIRIDE 2 MG TABLET	GLIMEPIRIDE	0	999	No
C4K	GLIMEPIRIDE 4 MG TABLET	GLIMEPIRIDE	0	999	No
C4K	GLIPIZIDE 10 MG TABLET	GLIPIZIDE	0	999	No
C4K	GLIPIZIDE 5 MG TABLET	GLIPIZIDE	0	999	No
C4K	GLIPIZIDE ER 10 MG TABLET	GLIPIZIDE	0	999	No
C4K	GLIPIZIDE ER 2.5 MG TABLET	GLIPIZIDE	0	999	No
C4K	GLIPIZIDE ER 5 MG TABLET	GLIPIZIDE	0	999	No
C4K	GLIPIZIDE XL 10 MG TABLET	GLIPIZIDE	0	999	No
C4K	GLIPIZIDE XL 2.5 MG TABLET	GLIPIZIDE	0	999	No
C4K	GLIPIZIDE XL 5 MG TABLET	GLIPIZIDE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
C4K	GLYBURIDE 1.25 MG TABLET	GLYBURIDE	0	999	No
C4K	GLYBURIDE 2.5 MG TABLET	GLYBURIDE	0	999	No
C4K	GLYBURIDE 5 MG TABLET	GLYBURIDE	0	999	No
C4K	GLYBURIDE MICRO 1.5 MG TAB	GLYBURIDE,MICRONIZED	0	999	No
C4K	GLYBURIDE MICRO 3 MG TAB	GLYBURIDE,MICRONIZED	0	999	No
C4K	GLYBURIDE MICRO 3 MG TABLET	GLYBURIDE,MICRONIZED	0	999	No
C4K	GLYBURIDE MICRO 6 MG TAB	GLYBURIDE,MICRONIZED	0	999	No
C4K	GLYBURIDE MICRO 6 MG TABLET	GLYBURIDE,MICRONIZED	0	999	No
C4K	NATEGLINIDE 120 MG TABLET	NATEGLINIDE	0	999	No
C4K	NATEGLINIDE 60 MG TABLET	NATEGLINIDE	0	999	No
C4K	REPAGLINIDE 0.5 MG TABLET	REPAGLINIDE	0	999	No
C4K	REPAGLINIDE 1 MG TABLET	REPAGLINIDE	0	999	No
C4K	REPAGLINIDE 2 MG TABLET	REPAGLINIDE	0	999	No
C4K	TOLAZAMIDE 250 MG TABLET	TOLAZAMIDE	0	999	No
C4K	TOLAZAMIDE 500 MG TABLET	TOLAZAMIDE	0	999	No
C4K	TOLBUTAMIDE 500 MG TABLET	TOLBUTAMIDE	0	999	No
	C4L	ANTIHYPERTENSIVE, BIGUANIDE TYPE			
C4L	METFORMIN ER 1,000 MG OSM-TAB	METFORMIN HCL	0	999	No
C4L	METFORMIN HCL 1,000 MG TABLET	METFORMIN HCL	0	999	No
C4L	METFORMIN HCL 500 MG TABLET	METFORMIN HCL	0	999	No
C4L	METFORMIN HCL 750 MG ER TABLET	METFORMIN HCL	0	999	No
C4L	METFORMIN HCL 850 MG TABLET	METFORMIN HCL	0	999	No
C4L	METFORMIN HCL ER 1,000 MG TAB	METFORMIN HCL	0	999	No
C4L	METFORMIN HCL ER 500 MG OSM-TB	METFORMIN HCL	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
C4L	METFORMIN HCL ER 500 MG TAB	METFORMIN HCL	0	999	No
C4L	METFORMIN HCL ER 500 MG TABLET	METFORMIN HCL	0	999	No
C4L	METFORMIN HCL ER 750 MG TABLET	METFORMIN HCL	0	999	No
C4M		ANTIHYPERTENSIVE, ALPHA-GLUCOSIDASE INHIBITORS			
C4M	ACARBOSE 100 MG TABLET	ACARBOSE	0	999	No
C4M	ACARBOSE 25 MG TABLET	ACARBOSE	0	999	No
C4M	ACARBOSE 50 MG TABLET	ACARBOSE	0	999	No
C4M	GLYSET 100 MG TABLET	MIGLITOL	0	999	No
C4M	GLYSET 25 MG TABLET	MIGLITOL	0	999	No
C4M	GLYSET 50 MG TABLET	MIGLITOL	0	999	No
C4N		ANTIHYPERTENSIVE, THIAZOLIDINEDIONE (PPARG AGONIST)			
C4N	PIOGLITAZONE 15 MG TABLET	PIOGLITAZONE HCL	0	999	No
C4N	PIOGLITAZONE 30 MG TABLET	PIOGLITAZONE HCL	0	999	No
C4N	PIOGLITAZONE 45 MG TABLET	PIOGLITAZONE HCL	0	999	No
C4N	PIOGLITAZONE HCL 15 MG TABLET	PIOGLITAZONE HCL	0	999	No
C4N	PIOGLITAZONE HCL 30 MG TABLET	PIOGLITAZONE HCL	0	999	No
C4N	PIOGLITAZONE HCL 45 MG TABLET	PIOGLITAZONE HCL	0	999	No
C4S		ANTIHYPERTENSIVE, INSULIN-RELEASE STIM.-BIGUANIDE			
C4S	GLIPIZIDE-METFORMIN 2.5/250 MG	GLIPIZIDE/METFORMIN HCL	0	999	No
C4S	GLIPIZIDE-METFORMIN 2.5/500 MG	GLIPIZIDE/METFORMIN HCL	0	999	No
C4S	GLIPIZIDE-METFORMIN 2.5-250 MG	GLIPIZIDE/METFORMIN HCL	0	999	No
C4S	GLIPIZIDE-METFORMIN 2.5-500 MG	GLIPIZIDE/METFORMIN HCL	0	999	No
C4S	GLIPIZIDE-METFORMIN 5/500 MG	GLIPIZIDE/METFORMIN HCL	0	999	No
C4S	GLIPIZIDE-METFORMIN 5-500 MG	GLIPIZIDE/METFORMIN HCL	0	999	No
C4S	GLYBURIDE-METFORMIN 2.5/500 MG	GLYBURIDE/METFORMIN HCL	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
C4S	GLYBURIDE-METFORMIN 2.5-500 MG	GLYBURIDE/METFORMIN HCL	0	999	No
C4S	GLYBURIDE-METFORMIN 5/500 MG	GLYBURIDE/METFORMIN HCL	0	999	No
C4S	GLYBURIDE-METFORMIN 5-500 MG	GLYBURIDE/METFORMIN HCL	0	999	No
C4S	GLYBURID-METFORMIN 1.25/250 MG	GLYBURIDE/METFORMIN HCL	0	999	No
C4S	GLYBURID-METFORMIN 1.25-250 MG	GLYBURIDE/METFORMIN HCL	0	999	No
C4S	GLYBURID-METFORMIN 2.5-500 MG	GLYBURIDE/METFORMIN HCL	0	999	No
C4S	GLYBURID-METFORMIN 5-500 MG	GLYBURIDE/METFORMIN HCL	0	999	No
C4T ANTIHYPERGLYCEMIC, THIAZOLIDINEDIONE AND BIGUANIDE					
C4T	PIOGLITAZONE-METFORMIN 15-500	PIOGLITAZONE HCL/METFORMIN HCL	0	999	No
C4T	PIOGLITAZONE-METFORMIN 15-850	PIOGLITAZONE HCL/METFORMIN HCL	0	999	No
C4W ANTIHYPERGLYCEMIC, SGLT-2 AND DPP-4 INHIBITOR COMB					
C4W	GLYXAMBI 10 MG-5 MG TABLET	EMPAGLIFLOZIN/LINAGLIPTIN	18	999	No
C4W	GLYXAMBI 25 MG-5 MG TABLET	EMPAGLIFLOZIN/LINAGLIPTIN	18	999	No
C5B PROTEIN REPLACEMENT					
C5B	AMINOSYN 7%-ELECTROLYTE SOL	AMINO ACIDS 7 %/ELECTROLYTES	0	999	No
C5B	AMINOSYN 8.5% IV SOLUTION	AMINO ACIDS 8.5 %/ELECTROLYTES	0	999	No
C5B	AMINOSYN II 8.5% ELECTROLYT	AMINO ACIDS 8.5 %/ELECTROLYTES	0	999	No
C5B	AMINOSYN M 3.5% IV SOLUTION	AMINO ACIDS 3.5%/ELECTROLYTE M	0	999	No
C5B	AMINOSYN-HBC 7% IV SOLUTION	AMINO ACIDS 7 %	0	999	No
C5B	CLINIMIX 2.75/5 SOLUTION	AMINO ACIDS 2.75 %/D5W	0	999	No
C5B	CLINIMIX 4.25%/10 SOLUTION	AMINO ACIDS 4.25%/DEXTROSE 10%	0	999	No
C5B	CLINIMIX 4.25%/20 SOLUTION	AMINO ACIDS 4.25%/DEXTROSE 20%	0	999	No
C5B	CLINIMIX 4.25%/25 SOLUTION	AMINO ACID 4.25 %/DEXTROSE 25%	0	999	No
C5B	CLINIMIX 4.25/20 SOLUTION	AMINO ACIDS 4.25%/DEXTROSE 20%	0	999	No
C5B	CLINIMIX 4.25/5 SOLUTION	AMINO ACIDS 4.25 %/DEXTROSE 5%	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
C5B	CLINIMIX 5/15 SOLUTION	AMINO ACIDS 5 %/DEXTROSE 15 %	0	999	No
C5B	CLINIMIX 5/20 SOLUTION	AMINO ACIDS 5 %/DEXTROSE 20 %	0	999	No
C5B	CLINIMIX 5/25 SOLUTION	AMINO ACIDS 5 %/DEXTROSE 25 %	0	999	No
C5B	CLINIMIX E 2.75/10 SOLUTION	AA 2.75%/CALCIUM/LYTES/D10W	0	999	No
C5B	CLINIMIX E 2.75/5 SOLUTION	AA 2.75%/CALCIUM/LYTES/D5W	0	999	No
C5B	CLINIMIX E 4.25/10 SOLUTION	AA 4.25%/CALCIUM/LYTES/DEX 10%	0	999	No
C5B	CLINIMIX E 4.25/25 SOLUTION	AA 4.25%/CALCIUM/LYTES/D25W	0	999	No
C5B	CLINIMIX E 4.25/5 SOLUTION	AA 4.25%/CALCIUM/LYTES/D5W	0	999	No
C5B	CLINIMIX E 5/15 SOLUTION	AA 5 %/CALCIUM/LYTES/DEXT 15 %	0	999	No
C5B	CLINIMIX E 5/20 SOLUTION	AA 5 %/CALCIUM/LYTES/DEXT 20 %	0	999	No
C5B	CLINIMIX E 5/25 SOLUTION	AA 5 %/CALCIUM/LYTES/DEXT 25 %	0	999	No
C5B	FREAMINE HBC 6.9% IV SOLN	AMINO ACIDS 6.9 %	0	999	No
C5B	HEPATAMINE 8% IV SOLUTION	AMINO ACIDS 8 %	0	999	No
C5B	L-CYSTEINE 50 MG/ML VIAL	CYSTEINE HCL	0	999	No
C5B	NEPHRAMINE 5.4% IV SOLUTION	AMINO ACIDS 5.4 %	0	999	No
C5B	PROCALAMINE IV SOLUTION	AMINO AC 3%/ELECTROLYTE/GLYCER	0	999	No
C5B	TROPHAMINE 10% IV SOLUTION	AMINO ACIDS 10 %	0	999	No
C5B	TROPHAMINE 6% IV SOLUTION	AMINO ACIDS 6 %	0	999	No
	C5J	IV SOLUTIONS: DEXTROSE-WATER			
C5J	DEXTROSE 10% WATER IV SOLN.	DEXTROSE 10 % IN WATER	0	999	No
C5J	DEXTROSE 10%/H2O/EXCEL CONT	DEXTROSE 10 % IN WATER	0	999	No
C5J	DEXTROSE 10%/WATER IV SOLN	DEXTROSE 10 % IN WATER	0	999	No
C5J	DEXTROSE 10%/WATER IV SOLN.	DEXTROSE 10 % IN WATER	0	999	No
C5J	DEXTROSE 10%-WATER IV SOLUTION	DEXTROSE 10 % IN WATER	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
C5J	DEXTROSE 20%/WATER IV SOLN	DEXTROSE 20 % IN WATER	0	999	No
C5J	DEXTROSE 25%/WATER SYRINGE	DEXTROSE 25 % IN WATER	0	999	No
C5J	DEXTROSE 30%/WATER IV SOLN.	DEXTROSE 30 % IN WATER	0	999	No
C5J	DEXTROSE 40%/WATER IV SOLN	DEXTROSE 40 % IN WATER	0	999	No
C5J	DEXTROSE 5%/WATER IV SOLN	DEXTROSE 5 % IN WATER	0	999	No
C5J	DEXTROSE 5%/WATER IV SOLN.	DEXTROSE 5 % IN WATER	0	999	No
C5J	DEXTROSE 5%/WATER VIAL	DEXTROSE 5 % IN WATER	0	999	No
C5J	DEXTROSE 5%/WATER/EXCEL CON	DEXTROSE 5 % IN WATER	0	999	No
C5J	DEXTROSE 5%-MULTI-PACK	DEXTROSE 5 % IN WATER	0	999	No
C5J	DEXTROSE 5%-WATER IV SOLN	DEXTROSE 5 % IN WATER	0	999	No
C5J	DEXTROSE 5%-WATER IV SOLUTION	DEXTROSE 5 % IN WATER	0	999	No
C5J	DEXTROSE 50%/WATER ABBOJECT	DEXTROSE 50 % IN WATER	0	999	No
C5J	DEXTROSE 50%/WATER IV SOLN	DEXTROSE 50 % IN WATER	0	999	No
C5J	DEXTROSE 50%/WATER SYRINGE	DEXTROSE 50 % IN WATER	0	999	No
C5J	DEXTROSE 50%/WATER VIAL	DEXTROSE 50 % IN WATER	0	999	No
C5J	DEXTROSE 50%-WATER SYRINGE	DEXTROSE 50 % IN WATER	0	999	No
C5J	DEXTROSE 70%/WATER IV SOLN	DEXTROSE 70 % IN WATER	0	999	No
C5J	DEXTROSE 70%/WATER IV SOLN.	DEXTROSE 70 % IN WATER	0	999	No
C5J	DEXTROSE 70%-WATER IV SOLN	DEXTROSE 70 % IN WATER	0	999	No
	C5K	IV SOLUTIONS: DEXTROSE-SALINE			
C5K	D10%-1/2NS SOLN/EXCEL CONT	DEXTROSE 10 % AND 0.45 % NACL	0	999	No
C5K	D2.5%-1/2NS SOLN/EXCEL CONT	DEXTROSE 2.5 % AND 0.45 % NACL	0	999	No
C5K	D5%-1/2NS SOLN/EXCEL CONT	DEXTROSE 5 %-0.45 % SOD CHLORD	0	999	No
C5K	D5%-1/3NS SOLN/EXCEL CONT	DEXTROSE 5 % AND 0.3 % NACL	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
C5K	D5%-1/4NS SOLN/EXCEL CONT	DEXTROSE 5 %-0.2 % SOD CHLORID	0	999	No
C5K	DEXTROSE 10%-1/4NS IV SOLN	DEXTROSE 10 % AND 0.2 % NACL	0	999	No
C5K	DEXTROSE 2.5%-1/2NS IV SOLN	DEXTROSE 2.5 % AND 0.45 % NACL	0	999	No
C5K	DEXTROSE 5%-1/2NS IV SOLN	DEXTROSE 5 %-0.45 % SOD CHLORD	0	999	No
C5K	DEXTROSE 5%-1/2NS IV SOLN.	DEXTROSE 5 %-0.45 % SOD CHLORD	0	999	No
C5K	DEXTROSE 5%-1/3NS IV SOLN	DEXTROSE 5 % AND 0.3 % NACL	0	999	No
C5K	DEXTROSE 5%-1/3NS IV SOLN.	DEXTROSE 5 % AND 0.3 % NACL	0	999	No
C5K	DEXTROSE 5%-1/3NS IV SOLN.	DEXTROSE 5 % AND 0.3 % NACL	0	999	No
C5K	DEXTROSE 5%-1/4NS IV SOLN	DEXTROSE 5 %-0.2 % SOD CHLORID	0	999	No
C5K	DEXTROSE 5%-1/4NS IV SOLN.	DEXTROSE 5 %-0.2 % SOD CHLORID	0	999	No
C5K	DEXTROSE 5%-1/4NS IV SOLN.	DEXTROSE 5 %-0.2 % SOD CHLORID	0	999	No
C5K	DEXTROSE 5%-NS IV SOLUTION	DEXTROSE 5 % AND 0.9 % NACL	0	999	No
	C5M	IV SOLUTIONS: DEXTROSE AND LACTATED RINGERS			
C5M	DEXTROSE 5%-LR IV SOLUTION	DEXTROSE 5%-LACTATED RINGERS	0	999	No
C5M	DEXTROSE 5%-LR SOLN/EXCEL	DEXTROSE 5%-LACTATED RINGERS	0	999	No
	C6B	VITAMIN B PREPARATIONS			
C6B	DIALYVITE 3,000 TABLET	FOLIC ACID/B CPLX/C/SELEN/ZINC	0	999	No
C6B	DIALYVITE 5000 TABLET	MULTIVIT-MINS NO.11/FOLIC ACID	0	999	No
C6B	DIALYVITE SUPREME D TABLET	MULTIVIT-MINS 25/FOLIC ACID/D3	0	999	No
C6B	DIALYVITE TABLET	FOLIC ACID/VIT B COMPLEX AND C	0	999	No
C6B	DIALYVITE WITH ZINC TABLET	B COMPLEX 11/FOLIC/C/BIOT/ZINC	0	999	No
C6B	FABB TABLET	CYANOCOBALAMIN/FOLIC AC/VIT B6	0	999	No
C6B	NEPHPLEX RX TABLET	B COMP NO3/FOLIC/C/BIOTIN/ZINC	0	999	No
C6B	RENAL CAPS SOFTGEL	B COMPLEX W-C NO.20/FOLIC ACID	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
C6B	TL GARD RX TABLET	CYANOCOBALAMIN/FOLIC AC/VIT B6	0	999	No
C6B	VIRT-VITE PLUS TABLET	FOLIC ACID/B COMPLEX C NO.17	0	999	No
C6B	VITAL-D RX TABLET	B CMLX 4/VIT D3/C/FOLIC/ZINC	0	999	No
C6B	VOL-CARE RX TABLET	VIT B COMP NO.3/FOLIC/C/BIOTIN	0	999	No
C6B	VP-VITE RX TABLET	VIT B COMP NO.3/FOLIC/C/BIOTIN	0	999	No
	C6C	VITAMIN C PREPARATIONS			
C6C	ASCORBIC ACID 500 MG-ML VIAL	ASCORBIC ACID	0	999	No
	C6D	VITAMIN D PREPARATIONS			
C6D	CALCITRIOL 0.25 MCG CAPSULE	CALCITRIOL	0	999	No
C6D	CALCITRIOL 0.5 MCG CAPSULE	CALCITRIOL	0	999	No
C6D	CALCITRIOL 1 MCG/ML AMPUL	CALCITRIOL	0	999	No
C6D	CALCITRIOL 1 MCG/ML SOLUTION	CALCITRIOL	0	999	No
C6D	VIT D2 1.25 MG (50,000 UNIT)	ERGOCALCIFEROL (VITAMIN D2)	0	999	No
C6D	VITAMIN D 1.25 MG SOFTGEL	ERGOCALCIFEROL (VITAMIN D2)	0	999	No
C6D	VITAMIN D 50,000 UNITS CAPSULE	ERGOCALCIFEROL (VITAMIN D2)	0	999	No
	C6F	PRENATAL VITAMIN PREPARATIONS			
C6F	ACTIVE OB SOFTGEL	PNV NO.66/IRON,CARB/FOLIC/DHA	12	999	No
C6F	BAL-CARE DHA COMBO PACK	PNV81/IRON EDTA,PS/FOLIC/OMEG3	12	999	No
C6F	BAL-CARE DHA ESSENTIAL PACK	PRENATAL VIT100/IRON/FOLIC/OM3	12	999	No
C6F	CALCIUM-PNV 28-1-250 MG SFTGL	PNV, CALCIUM 70/IRON/FOLIC/DHA	12	999	No
C6F	CITRANATAL 90 DHA COMBO PACK	PNV72/IRON,GLUC/FOLIC/DSS/DHA	12	999	No
C6F	CITRANATAL ASSURE COMBO PACK	PNV73/IRON,GLUC/FOLIC/DSS/DHA	12	999	No
C6F	CITRANATAL B-CALM COMBO PACK	PRENATAL 48/IRON/FOLIC ACID/B6	12	999	No
C6F	CITRANATAL DHA PACK	PNV 76/IRON,GLUC/FOLIC/DSS/DHA	12	999	No
C6F	CITRANATAL HARMONY CAPSULE	PNV59/IRON,CARB,FUM/FA/DSS/DHA	12	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
C6F	CITRANATAL RX TABLET	PRENATAL81/IRON/FOLIC/DOCUSATE	12	999	No
C6F	C-NATE DHA SOFTGEL	PNV 11/IRON FUM/FOLIC ACID/OM3	12	999	No
C6F	COMPLETE NATAL DHA	PRENATAL 2/IRON/FOLIC ACID/OM3	12	999	No
C6F	COMPLETENATE TABLET CHEW	PRENATAL VIT 14/IRON FUM/FOLIC	12	999	No
C6F	CONCEPT DHA CAPSULE	PNV 16/IRON FUM,PS/FOLIC/OM-3	12	999	No
C6F	CONCEPT OB CAPSULE	PNV 15/IRON FUM,PS/FOLIC ACID	12	999	No
C6F	DOTHELLE DHA SOFTGEL	PNV 16/IRON FUM,PS/FOLIC/OM-3	12	999	No
C6F	ENBRACE HR SOFTGEL	PRENATAL92/IRON/FOLATE8/PS-DHA	12	999	No
C6F	EXTRA-VIRT PLUS DHA SOFTGEL	PRENATAL 57/IRON/FOLIC/DSS/DHA	12	999	No
C6F	FOCALGIN 90 DHA COMBO PACK	PNV72/IRON,GLUC/FOLIC/DSS/DHA	12	999	No
C6F	FOCALGIN CA COMBO PACK	PNV73/IRON,GLUC/FOLIC/DSS/DHA	12	999	No
C6F	FOLIVANE-OB CAPSULE	PNV 15/IRON FUM,PS/FOLIC ACID	12	999	No
C6F	INATAL ULTRA TABLET	PRENATAL VITS18/IRON/FOLIC/DSS	12	999	No
C6F	MACNATAL CN DHA SOFTGEL	PNV 69/IRON/FOLIC/DOCUSATE/DHA	12	999	No
C6F	MARNATAL-F CAPSULE	PRENATAL,CALC NO.65/IRON/FOLIC	12	999	No
C6F	NATELLE ONE CAPSULE	PNV, CALCIUM 70/IRON/FOLIC/DHA	12	999	No
C6F	NESTABS ABC PRENATAL COMBO PK	PRENATAL 86/IRON/FOLIC/DHA/EPA	12	999	No
C6F	NESTABS DHA COMBO PACK	PRENATAL 87/IRON BIS/FOLIC/DHA	12	999	No
C6F	NESTABS PRENATAL TABLET	PRENATAL VIT86/IRON/FOLIC ACID	12	999	No
C6F	NEWGEN TABLET	PRENATAL VIT86/IRON/FOLIC ACID	12	999	No
C6F	NEXA PLUS SOFTGEL	PNV53/IRON FUM/FA/DOCUSATE/DHA	12	999	No
C6F	NIVA-PLUS TABLET	PRENATAL VIT,CAL 74/IRON/FOLIC	12	999	No
C6F	OB COMPLETE CAPLET	IRON,CARBONYL/FOLIC ACID/MV-MN	12	999	No
C6F	OB COMPLETE GOLD SOFTGEL	PNV NO.106/IRON/FOLATE NO6/DHA	12	999	No

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C6F	OB COMPLETE ONE SOFTGEL	PNV 85/IRON/FOLIC/DHA/FISH OIL	12	999	No
C6F	OB COMPLETE PETITE SOFTGEL	PRENATAL56/IRON/FOLIC ACID/DHA	12	999	No
C6F	OB COMPLETE PREMIER TABLET	PNV83/IRON,CARB,ASP/FOLIC ACID	12	999	No
C6F	OB COMPLETE WITH DHA SOFTGEL	PNV 30/IRON CARB,AG/FOLIC/OM3	12	999	No
C6F	O-CAL FA TABLET	PRENATAL VIT/IRON FUM/FOLIC AC	12	999	No
C6F	O-CAL PRENATAL TABLET	PRENATAL VIT NO.127/IRON/FOLIC	12	999	No
C6F	PNV 29-1 TABLET	PRENATAL VIT,CALC76/IRON/FOLIC	12	999	No
C6F	PNV OB+DHA COMBO PACK	PNV 22/IRON,GLUC/FOLIC/DSS/DHA	12	999	No
C6F	PNV PRENATAL PLUS MULTIVIT TAB	PNV,CALCIUM 72/IRON/FOLIC ACID	12	999	No
C6F	PNV-DHA + DOCUSATE SOFTGEL	PNV 66/IRON/FOLIC/DOCUSATE/DHA	12	999	No
C6F	PNV-FERROUS FUMARATE-DOCU-FA	PRENAT 115/IRON FUM/FOLIC/DSS	12	999	No
C6F	PNV-OMEGA SOFTGEL	PRENATAL 68/IRON/FOLIC NO1/DHA	12	999	No
C6F	PNV-VP-U CAPSULE	PNV NO.5/FERROUS FUM/FOLIC AC	12	999	No
C6F	PR NATAL 400 COMBO PACK	PRENATAL 53/IRON/FOLIC AC/OMG3	12	999	No
C6F	PR NATAL 400 EC COMBO PACK	PNV19/IRON BG,S.P/FOLIC AC/OM3	12	999	No
C6F	PR NATAL 430 COMBO PACK	PRENATAL 54/IRON/FOLIC AC/OMG3	12	999	No
C6F	PR NATAL 430 EC COMBO PACK	PRENATAL VIT 55/IRON/FOLIC/OM3	12	999	No
C6F	PREFERA OB TABLET	PNV 21/IRON PS,HEME PPEP/FOLIC	12	999	No
C6F	PREFERA-OB ONE SOFTGEL	PNV 19/IRON PS,HEME/FOLIC/DHA	12	999	No
C6F	PREFERA-OB PLUS DHA COMBO PACK	PNV NO.88/IRON PS,HEME/FA/DHA	12	999	No
C6F	PRENAISSANCE CAPSULE	PNV 80/IRON FUM/FOLIC/DSS/DHA	12	999	No
C6F	PRENAISSANCE PLUS SOFTGEL	PNV 69/IRON/FOLIC/DOCUSATE/DHA	12	999	No
C6F	PRENATA CHEWABLE TABLET	PRENATAL VIT37/IRON/FOLIC ACID	12	999	No
C6F	PRENATAL PLUS MULTIVITAMIN TAB	PNV,CALCIUM 72/IRON/FOLIC ACID	12	999	No

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C6F	PRENATAL PLUS TABLET	PNV,CALCIUM 72/IRON/FOLIC ACID	12	999	No
C6F	PRENATAL PLUS TABLET	PNV,CALCIUM 72/IRON/FOLIC ACID	12	999	No
C6F	PRENATAL VITAMIN PLUS LOW IRON	PNV,CALCIUM 72/IRON/FOLIC ACID	12	999	No
C6F	PRENATAL VITAMIN WITH LOW IRON	PNV,CALCIUM 72/IRON/FOLIC ACID	12	999	No
C6F	PRENATE AM TABLET	PRENATAL VIT114/FOLATE6/GINGER	12	999	No
C6F	PRENATE CHEWABLE TABLET	PRENATAL VIT NO.112/FOLATE NO6	12	999	No
C6F	PRENATE DHA SOFTGEL	PRENATAL 78/IRON/FOLATE 1/DHA	12	999	No
C6F	PRENATE ELITE TABLET	PRENATAL 114/IRON A-G/FOLATE 1	12	999	No
C6F	PRENATE ENHANCE SOFTGEL	PRENATAL VIT68/IRON/FA NO6/DHA	12	999	No
C6F	PRENATE ESSENTIAL SOFTGEL	PRENATAL VIT 84/IRON/FA 1/DHA	12	999	No
C6F	PRENATE MINI SOFTGEL	PRENATAL VIT 87/IRON/FOLIC/DHA	12	999	No
C6F	PRENATE PIXIE SOFTGEL	PRENATAL VIT 85/IRON/FA 1/DHA	12	999	No
C6F	PRENATE RESTORE SOFTGEL	PRENATAL VIT69/IRON/FOLATE6/DH	12	999	No
C6F	PRENATE STAR TABLET	PRENATAL NO.77/IRON ASP GLY/FA	12	999	No
C6F	PREPLUS CA-FE 27 MG-FA 1 MG TB	PNV,CALCIUM 72/IRON/FOLIC ACID	12	999	No
C6F	PREPLUS TABLET	PNV,CALCIUM 72/IRON/FOLIC ACID	12	999	No
C6F	PREQUE 10 TABLET	PRENATAL 18/IRON/FOLIC/DSS/DHA	12	999	No
C6F	PRETAB 29 MG-1 MG TABLET	PRENATAL VIT,CALC78/IRON/FOLIC	12	999	No
C6F	PRIMACARE SOFTGEL	PRENATAL 118/IRON/FOLATE 6/DHA	12	999	No
C6F	PROVIDA DHA CAPSULE	PRENATAL 90/IRON FUM,PS/FA/DHA	12	999	No
C6F	PROVIDA OB CAPSULE	PRENATAL VIT 65/IRON FUM,PS/FA	12	999	No
C6F	PUREFE OB PLUS CAPSULE	PRENATAL NO4/IRON FUM,PS/FOLIC	12	999	No
C6F	PUREFE PLUS CAPSULE	PRENATAL VITS 4/IRON FUM/FOLIC	12	999	No
C6F	RELNATE DHA PRENATAL SOFTGEL	PNV 11/IRON FUM/FOLIC ACID/OM3	12	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
C6F	RULAVITE DHA SOFTGEL	PRENATAL 47/IRON/FOLATE 1/DHA	12	999	No
C6F	SELECT-OB + DHA PACK	PRENATAL VIT 33/IRON/FOLIC/DHA	12	999	No
C6F	SELECT-OB CAPLET	PRENATAL VITS/IRON/FOLIC ACID	12	999	No
C6F	SELECT-OB CHEWABLE CAPLET	PRENATAL NO13/IRON PS/FOLATE 1	12	999	No
C6F	SE-NATAL 19 CHEWABLE TABLET	PNV NO.118/IRON FUMARATE/FA	12	999	No
C6F	SE-NATAL 19 TABLET	PNV119/IRON FUM/FOLIC/DOCUSATE	12	999	No
C6F	TARON PRENATAL DHA CAPSULE	PNV 39/IRON/FOLIC/DOCUSATE/DHA	12	999	No
C6F	TARON-C DHA CAPSULE	PNV 16/IRON FUM,PS/FOLIC/OM-3	12	999	No
C6F	THRIVITE 19 TABLET	PNV119/IRON FUM/FOLIC/DOCUSATE	12	999	No
C6F	THRIVITE RX TABLET	PRENATAL VIT,CALC76/IRON/FOLIC	12	999	No
C6F	TRICARE PRENATAL CHEWABLE TAB	PRENATAL VIT 113/IRON/LMFOLATE	12	999	No
C6F	TRICARE PRENATAL DHA ONE SFTGL	PNV20/IRON/FOLIC/DOCUSATE/OM3S	12	999	No
C6F	TRICARE PRENATAL TABLET	PRENATAL VIT103/IRON FUM/FOLIC	12	999	No
C6F	TRINATAL GT TABLET	PRENATAL VITS16/IRON/FOLIC/DSS	12	999	No
C6F	TRINATAL RX 1 TABLET	PRENATAL VIT27,CALCIUM/IRON/FA	12	999	No
C6F	TRISTART DHA SOFTGEL	PRENATAL 93/IRON/FOLATE 9/DHA	12	999	No
C6F	TRI-TABS DHA COMBO PACK	PRENATAL 87/IRON BIS/FOLIC/DHA	12	999	No
C6F	TRIVEEN-DUO DHA COMBO PACK	PRENATAL 53/IRON/FOLIC AC/OMG3	12	999	No
C6F	TRUST NATAL DHA	PRENATAL 2/IRON/FOLIC ACID/OM3	12	999	No
C6F	ULTIMATECARE ONE CAPSULE	PNV,CALCIUM37/IRON/FOLIC/OMEG3	12	999	No
C6F	ULTIMATECARE ONE NF CAPSULE	PNV,CALC 35/IRON/FOLIC/DSS/OM3	12	999	No
C6F	VEMAVITE-PRX 2 CAPSULE	PNV 66/IRON/FOLIC/DOCUSATE/DHA	12	999	No
C6F	VINATE DHA RF GELCAP	PRENATAL64/IRON/LMFOLATE/ALGAL	12	999	No
C6F	VIRT-ADVANCE TABLET	PRENATAL VITS15/IRON/FOLIC/DSS	12	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
C6F	VIRT-C DHA SOFTGEL	PNV 16/IRON FUM,PS/FOLIC/OM-3	12	999	No
C6F	VIRT-NATE DHA SOFTGEL	PNV 11/IRON FUM/FOLIC ACID/OM3	12	999	No
C6F	VIRT-NATE TABLET	PRENATAL VIT,CAL 73/IRON/FOLIC	12	999	No
C6F	VIRT-PN DHA SOFTGEL	PRENATAL 47/IRON/FOLATE 1/DHA	12	999	No
C6F	VIRT-PN PLUS SOFTGEL	PRENATAL 68/IRON/FOLIC NO1/DHA	12	999	No
C6F	VIRT-PN TABLET	PRENATAL,CALC.40/IRON/FOLATE 1	12	999	No
C6F	VIRTPREX CAPSULE	PNV 66/IRON/FOLIC/DOCUSATE/DHA	12	999	No
C6F	VIRT-SELECT CAPSULE	PNV 80/IRON FUM/FOLIC/DSS/DHA	12	999	No
C6F	VIRT-VITE GT TABLET	PRENATAL VITS16/IRON/FOLIC/DSS	12	999	No
C6F	VITAFOL FE+ DOCUSATE COMBO PCK	PNV 102/IRON/FOLATE 1/DSS/DHA	12	999	No
C6F	VITAFOL GUMMIES	PNV 112/IRON/FOLIC/OM3/DHA/EPA	12	999	No
C6F	VITAFOL NANO TABLET	PRENATAL NO.75/IRON/FOLATE NO1	12	999	No
C6F	VITAFOL ULTRA SOFTGEL	PNV 67/IRON PS/FOLATE NO.1/DHA	12	999	No
C6F	VITAFOL-OB CAPLET	PRENATAL VIT 10/IRON FUM/FOLIC	12	999	No
C6F	VITAFOL-OB+DHA COMBO PACK	PRENATAL VIT 10/IRON/FOLIC/DHA	12	999	No
C6F	VITAFOL-ONE CAPSULE	PRENATAL 26/IRON PS/FOLIC/DHA	12	999	No
C6F	VOL-NATE TABLET	PRENATAL VIT,CAL 73/IRON/FOLIC	12	999	No
C6F	VOL-PLUS TABLET	PRENATAL VIT,CAL 74/IRON/FOLIC	12	999	No
C6F	VOL-TAB RX TABLET	PRENATAL VIT,CALC76/IRON/FOLIC	12	999	No
C6F	VP-CH PLUS SOFTGEL	PRENATAL 59/IRON/FOLIC/DSS/DHA	12	999	No
C6F	VP-CH-PNV PRENATAL SOFTGEL	PRENATAL 34/IRON/FOLIC/DSS/DHA	12	999	No
C6F	VP-HEME OB TABLET	PNV 21/IRON PS,HEME PPEP/FOLIC	12	999	No
C6F	VP-HEME ONE SOFTGEL	PNV 19/IRON PS,HEME/FOLIC/DHA	12	999	No
C6F	VP-PNV-DHA SOFTGEL	PRENATAL NO.52/IRON/FA/DHA	12	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
C6F	ZATEAN-CH CAPSULE	PNV 69/IRON/FOLIC/DOCUSATE/DHA	12	999	No
C6F	ZATEAN-PN DHA CAPSULE	PRENATAL 47/IRON/FOLATE 1/DHA	12	999	No
C6F	ZATEAN-PN PLUS SOFTGEL	PRENATAL 68/IRON/FOLIC NO1/DHA	12	999	No
C6H		PEDIATRIC VITAMIN PREPARATIONS			
C6H	INFUVITE PEDIATRIC VIAL	MULTIVIT INFUSION,PEDI 1,VIT K	0	999	No
C6H	M.V.I. PEDIATRIC VIAL	MULTIVIT INFUSION,PEDI 2,VIT K	0	999	No
C6H	MULTIVIT & FLUOR 0.5 MG/ML DRP	PEDI MULTIVIT NO.2 W-FLUORIDE	0	12	No
C6H	MULTI-VIT W-FLUOR 0.25 MG/ML	PEDI MULTIVIT NO.2 W-FLUORIDE	0	12	No
C6H	MULTI-VIT/IRON/FL 0.25 MG/ML	PEDI MULTIVIT 75/FLUORIDE/IRON	0	12	No
C6H	MULTIVITAMINS CHEWABLE TABLET	PEDI MULTIVIT 22/VIT D3/VIT K	0	999	No
C6H	MULTIVITAMINS PEDIATRIC DROPS	PEDI MULTIVIT #65/VIT D3/VIT K	0	12	No
C6H	MULTIVIT-FLUOR 0.25 MG TAB CHW	PEDI MULTIVIT NO.16 W-FLUORIDE	0	12	No
C6H	MULTIVIT-FLUOR 0.25 MG TAB CHW	PEDI MULTIVIT NO.17 W-FLUORIDE	0	12	No
C6H	MULTIVIT-FLUOR 0.25 MG TAB CHW	PEDI MULTIVIT NO.17 W-FLUORIDE	0	12	No
C6H	MULTIVIT-FLUOR 0.25 MG/ML DROP	PEDI MULTIVIT NO.2 W-FLUORIDE	0	12	No
C6H	MULTIVIT-FLUOR 0.5 MG TAB CHEW	PEDI MULTIVIT NO.16 W-FLUORIDE	0	12	No
C6H	MULTIVIT-FLUOR 0.5 MG TAB CHEW	PEDI MULTIVIT NO.17 W-FLUORIDE	0	12	No
C6H	MULTIVIT-FLUOR 0.5 MG TAB CHW	PEDI MULTIVIT NO.17 W-FLUORIDE	0	12	No
C6H	MULTIVIT-FLUORIDE 1 MG TAB CHW	PEDI MULTIVIT NO.16 W-FLUORIDE	0	12	No
C6H	MULTIVIT-FLUORIDE 1 MG TAB CHW	PEDI MULTIVIT NO.17 W-FLUORIDE	0	12	No
C6H	MULTIVIT-FLUORIDE 1 MG TAB CHW	PEDI MULTIVIT NO.17 W-FLUORIDE	0	12	No
C6H	MULTIVIT-IRON-FL 0.25 MG/ML	PEDI MULTIVIT 45/FLUORIDE/IRON	0	12	No
C6H	MULTIVITS W/F 0.25 MG/ML DRP	PEDI MULTIVIT NO.82 W-FLUORIDE	0	12	No
C6H	MULTIVITS W/F 0.5 MG/ML DROP	PEDI MULTIVIT NO.82 W-FLUORIDE	0	12	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
C6H	MVC-FLUORIDE 0.25 MG TAB CHEW	PEDI MULTIVIT NO.12 W-FLUORIDE	0	12	No
C6H	MVC-FLUORIDE 0.5 MG TAB CHEW	PEDI MULTIVIT NO.12 W-FLUORIDE	0	12	No
C6H	MVC-FLUORIDE 1 MG TAB CHEW	PEDI MULTIVIT NO.12 W-FLUORIDE	0	12	No
C6H	POLY-VI-FLOR 0.25 MG DROPS	PEDI MULTIVIT NO.37 W-FLUORIDE	0	12	No
C6H	POLY-VI-FLOR 0.25 MG TAB CHEW	PEDI MULTIVIT NO.33/FLUORIDE	0	12	No
C6H	POLY-VI-FLOR 0.5 MG TAB CHEW	PEDI MULTIVIT NO.33/FLUORIDE	0	12	No
C6H	POLY-VI-FLOR 1 MG TAB CHEW	PEDI MULTIVIT NO.33/FLUORIDE	0	12	No
C6H	POLY-VI-FLOR WITH IRON 0.25 MG	PEDI MULTIVIT 37/FLUORIDE/IRON	0	12	No
C6H	POLY-VI-FLOR WITH IRON 0.5 MG	PEDI MULTIVIT 33/FLUORIDE/IRON	0	12	No
C6H	TRIPLE-VIT W-FLUOR 0.25 MG/ML	PED MVIT A,C,D3 NO.21/FLUORIDE	0	12	No
C6H	TRI-VI-FLOR 0.25 MG DROPS	PED MVIT A,C,D3 NO.38/FLUORIDE	0	12	No
C6H	TRI-VI-FLOR 0.5 MG DROPS	PED MVIT A,C,D3 NO.38/FLUORIDE	0	12	No
C6H	TRI-VIT/FLUOR 0.25 MG DROPS	PED MVIT A,C,D3 NO.21/FLUORIDE	0	12	No
C6H	TRI-VIT/FLUOR 0.5 MG DROPS	PED MVIT A,C,D3 NO.21/FLUORIDE	0	12	No
C6H	TRI-VIT-FLUOR 0.25 MG/ML DROP	PED MVIT A,C,D3 NO.21/FLUORIDE	0	12	No
C6H	TRI-VIT-FLUOR 0.5 MG/ML DROP	PED MVIT A,C,D3 NO.21/FLUORIDE	0	12	No
C6H	VITAMINS A,C,D & FLUORIDE DROP	PED MVIT A,C,D3 NO.21/FLUORIDE	0	12	No
	C6K	VITAMIN K PREPARATIONS			
C6K	MEPHYTON 5 MG TABLET	PHYTONADIONE (VIT K1)	0	999	No
C6K	PHYTONADIONE 1 MG/0.5 ML SYR	PHYTONADIONE (VIT K1)	0	999	No
C6K	VITAMIN K 1 MG/0.5 ML AMPUL	PHYTONADIONE (VIT K1)	0	999	No
C6K	VITAMIN K 10 MG/ML AMPUL	PHYTONADIONE (VIT K1)	0	999	No
C6K	VITAMIN K-1 1 MG/0.5 ML AMPUL	PHYTONADIONE (VIT K1)	0	999	No
C6K	VITAMIN K-1 10 MG/ML AMPUL	PHYTONADIONE (VIT K1)	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
C6L		VITAMIN B12 PREPARATIONS			
C6L	CYANOCOBALAMIN 1,000 MCG/ML	CYANOCOBALAMIN (VITAMIN B-12)	0	999	No
C6L	CYANOCOBALAMIN 10,000 MCG/10	CYANOCOBALAMIN (VITAMIN B-12)	0	999	No
C6L	CYANOCOBALAMIN 30,000 MCG/30	CYANOCOBALAMIN (VITAMIN B-12)	0	999	No
C6L	FOLTRATE TABLET	CYANOCOBALAMIN/FOLIC ACID	0	999	No
C6M		FOLIC ACID PREPARATIONS			
C6M	ENLYTE SOFTGEL	IRON/FA/DHA/EPA/FAD/NADH/MV47	0	999	No
C6M	FOLIC ACID 1 MG TABLET	FOLIC ACID	0	999	No
C6M	FOLIC ACID 5 MG/ML VIAL	FOLIC ACID	0	999	No
C6Q		VITAMIN B6 PREPARATIONS			
C6Q	PYRIDOXINE 100 MG/ML VIAL	PYRIDOXINE HCL (VITAMIN B6)	0	999	No
C6T		VITAMIN B1 PREPARATIONS			
C6T	THIAMINE 100 MG/ML VIAL	THIAMINE HCL	0	999	No
C6T	THIAMINE 200 MG/2 ML VIAL	THIAMINE HCL	0	999	No
C6Z		MULTIVITAMIN PREPARATIONS			
C6Z	BACMIN CAPLET	MULTIVIT-MINS NO.20/IRON/FOLIC	0	999	No
C6Z	BP VIT 3 PLUS CAPSULE	OM-3/DHA/EPA/D3/B12/FA/B-6/PHY	0	999	No
C6Z	CORVITA TABLET	FOLIC/MVI THER-MIN/LYCOP/LUT	0	999	No
C6Z	CORVITE FREE TABLET	MV-MINS 6/FOLIC ACID/LUT/COQ10	0	999	No
C6Z	CORVITE TABLET	FOLIC/MVI THER-MIN/LYCOP/LUT	0	999	No
C6Z	DIALYVITE 800 WITH IRON TAB	FERROUS FUM/FOLIC ACID/BCOMP,C	0	999	No
C6Z	ELDERCAPS CAPSULE	MULTIVIT-MINS NO.5/FOLIC ACID	0	999	No
C6Z	INFUVITE ADULT VIAL	MULTIVIT INFUSN,ADULT 4,VIT K	0	999	No
C6Z	M.V.I. ADULT VIAL	MULTIVIT INFUSN,ADULT 1,VIT K	0	999	No
C6Z	M.V.I.-12 VIAL	MV INFUS,ADULT 2 WITHOUT VIT K	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
C6Z	MULTICHEW CHEWABLE TABLET	MULTIVIT, IRON, MIN #4, FA	0	999	No
C6Z	NUTRICAP CAPLET	FOLIC ACID/MV,IRON,MIN	0	999	No
C6Z	STROVITE FORTE CAPLET	MULTIVIT,IRON,MIN 5/FOLIC ACID	0	999	No
C6Z	STROVITE ONE CAPLET	MV,MIN10/FOLIC ACID/D3/ALA/LUT	0	999	No
C6Z	VIC-FORTE CAPSULE	MULTIVIT-MINS NO.7/FOLIC ACID	0	999	No
C7A	HYPERURICEMIA TX - XANTHINE OXIDASE INHIBITORS				
C7A	ALLOPURINOL 100 MG TABLET	ALLOPURINOL	0	999	No
C7A	ALLOPURINOL 300 MG TABLET	ALLOPURINOL	0	999	No
C7D	METABOLIC DEFICIENCY AGENTS				
C7D	CYSTADANE POWDER	BETAINE	0	999	No
C7D	LEVOCARNITINE 100 MG/ML SOLN	LEVOCARNITINE (WITH SUGAR)	0	999	No
C7D	LEVOCARNITINE 330 MG TABLET	LEVOCARNITINE	0	999	No
C7F	APPETITE STIM. FOR ANOREXIA,CACHEXIA,WASTING SYND.				
C7F	MEGESTROL 625 MG/5 ML SUSP	MEGESTROL ACETATE	0	999	No
C7F	MEGESTROL ACET 40 MG/ML SUSP	MEGESTROL ACETATE	0	999	No
C7F	MEGESTROL ACET 400 MG/10 ML	MEGESTROL ACETATE	0	999	No
C7I	CYTOCHROME P450 INHIBITORS				
C7I	TYBOST 150 MG TABLET	COBICISTAT	18	999	Auto PA For Select Diag
C8A	METALLIC POISON,AGENTS TO TREAT				
C8A	DEFEROXAMINE 2 GRAM VIAL	DEFEROXAMINE MESYLATE	0	999	No
C8A	DEFEROXAMINE 500 MG VIAL	DEFEROXAMINE MESYLATE	0	999	No
C8E	ANTIDOTES,MISCELLANEOUS				
C8E	ACETYLCYSTEINE 200 MG/ML VIAL	ACETYLCYSTEINE	0	999	No
C8E	ACETYLCYSTEINE 6 GRAM/30 ML VL	ACETYLCYSTEINE	0	999	No
C9C	PARENTERAL AMINO ACID SOLUTIONS AND COMBINATIONS				
C9C	AMINO ACIDS 15% SOLUTION	PARENTERAL AMINO ACID 15% NO.1	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
C9C	AMINOSYN 10% IV SOLUTION	PARENTERAL AMINO ACID 10% NO.2	0	999	No
C9C	AMINOSYN 8.5% IV SOLUTION	PARENT. AMINO ACID 8.5 % NO.2	0	999	No
C9C	AMINOSYN II 10% IV SOLUTION	PARENTERAL AMINO ACID 10% NO.1	0	999	No
C9C	AMINOSYN II 15% IV SOLUTION	PARENTERAL AMINO ACID 15% NO.2	0	999	No
C9C	AMINOSYN II 7% IV SOLUTION	PARENTERAL AMINO ACID 7 % NO.2	0	999	No
C9C	AMINOSYN II 8.5% ELECTROLYT	PARENT. AMINO ACID 8.5 % NO.3	0	999	No
C9C	AMINOSYN-PF 10% IV SOLUTION	PARENT.AMINO ACID 10% NO5(PED)	0	999	No
C9C	AMINOSYN-PF 7% IV SOLUTION	PARENT.AMINO ACID 7 % NO1(PED)	0	999	No
C9C	AMINOSYN-RF IV SOLUTION	PARENT AMINO AC 5.2 % (RENAL)	0	999	No
C9C	CLINISOL 15% SOLUTION	PARENTERAL AMINO ACID 15% NO.1	0	999	No
C9C	FREAMINE III 10% IV SOLN.	PARENTERAL AMINO ACID 10% NO.4	0	999	No
C9C	KABIVEN IV EMULSION	AA 3.31 %/D9.8W/FAT/E-LYTES 10	0	999	No
C9C	PERIKABIVEN IV EMULSION	AA 2.36%/D6.8W/FAT/E-LYTES NO9	0	999	No
C9C	PREMASOL 10% IV SOLUTION	PARENTERAL AMINO ACID 10% NO.7	0	999	No
C9C	PREMASOL 6% IV SOLUTION	PARENTERAL AMINO ACID 6 % NO.1	0	999	No
C9C	PROSOL 20% INJECTION	PARENTERAL AMINO ACID 20% NO.1	0	999	No
C9C	TRAVASOL 10% SOLN VIAFLEX	PARENTERAL AMINO ACID 10% NO.6	0	999	No
D1A		PERIODONTAL COLLAGENASE INHIBITORS			
D1A	DOXYCYCLINE 20 MG TABLET	DOXYCYCLINE HYCLATE	0	999	No
D1A	DOXYCYCLINE HYCLATE 20 MG TAB	DOXYCYCLINE HYCLATE	0	999	No
D1D		DENTAL AIDS AND PREPARATIONS			
D1D	CHLORHEXIDINE 0.12% RINSE	CHLORHEXIDINE GLUCONATE	0	999	No
D1D	TRIAMCINOLONE 0.1% PASTE	TRIAMCINOLONE ACETONIDE	0	999	No
D2A		FLUORIDE PREPARATIONS			
D2A	FLUORIDE 0.25 MG TABLET CHEW	SODIUM FLUORIDE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
D2A	FLUORIDE 0.5 MG TABLET CHEW	SODIUM FLUORIDE	0	999	No
D2A	FLUORIDE 1 MG TABLET CHEWABLE	SODIUM FLUORIDE	0	999	No
D2A	NEUTRAL SODIUM FLUORIDE	SODIUM FLUORIDE	0	999	No
D2A	SODIUM FLUORIDE 0.5 MG(1.1 MG)	SODIUM FLUORIDE	0	999	No
D2A	SODIUM FLUORIDE 0.5 MG/ML DROP	SODIUM FLUORIDE	0	999	No
D2A	SODIUM FLUORIDE 1 MG (2.2 MG)	SODIUM FLUORIDE	0	999	No
	D4E	ANTI-ULCER PREPARATIONS			
D4E	CARAFATE 1 GM/10 ML SUSPENSION	SUCRALFATE	0	999	No
D4E	MISOPROSTOL 100 MCG TABLET	MISOPROSTOL	0	999	No
D4E	MISOPROSTOL 200 MCG TABLET	MISOPROSTOL	0	999	No
D4E	SUCRALFATE 1 GM TABLET	SUCRALFATE	0	999	No
D4E	SUCRALFATE 1 GM/10 ML SUSP	SUCRALFATE	0	999	No
	D4F	ANTI-ULCER-H.PYLORI AGENTS			
D4F	PYLERA CAPSULE	BISMUTH/METRONID/TETRACYCLINE	0	999	No
	D4J	PROTON-PUMP INHIBITORS			
D4J	NEXIUM 10 MG PACKET	ESOMEPRAZOLE MAGNESIUM	0	11	No
D4J	NEXIUM 20 MG PACKET	ESOMEPRAZOLE MAGNESIUM	0	11	No
D4J	NEXIUM 40 MG PACKET	ESOMEPRAZOLE MAGNESIUM	0	11	No
D4J	NEXIUM DR 2.5 MG PACKET	ESOMEPRAZOLE MAGNESIUM	0	11	No
D4J	NEXIUM DR 5 MG PACKET	ESOMEPRAZOLE MAGNESIUM	0	11	No
D4J	OMEPRAZOLE 10 MG CAPSULE DR	OMEPRAZOLE	1	999	No
D4J	OMEPRAZOLE 20 MG CAPSULE DR	OMEPRAZOLE	1	999	No
D4J	OMEPRAZOLE 40 MG CAPSULE DR	OMEPRAZOLE	1	999	No
D4J	OMEPRAZOLE DR 10 MG CAPSULE	OMEPRAZOLE	1	999	No
D4J	OMEPRAZOLE DR 20 MG CAPSULE	OMEPRAZOLE	1	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
D4J	OMEPRAZOLE DR 40 MG CAPSULE	OMEPRAZOLE	1	999	No
D4J	PANTOPRAZOLE SOD 20 MG TAB EC	PANTOPRAZOLE SODIUM	5	999	No
D4J	PANTOPRAZOLE SOD 40 MG TAB EC	PANTOPRAZOLE SODIUM	5	999	No
D4J	PANTOPRAZOLE SOD DR 20 MG TAB	PANTOPRAZOLE SODIUM	5	999	No
D4J	PANTOPRAZOLE SOD DR 40 MG TAB	PANTOPRAZOLE SODIUM	5	999	No
D4J	PERVACID 15 MG SOLUTAB	LANSOPRAZOLE	1	11	No
D4J	PREVACID 15 MG SOLUTAB	LANSOPRAZOLE	1	11	No
D4J	PREVACID 30 MG SOLUTAB	LANSOPRAZOLE	1	11	No
D4J	PROTONIX 40 MG SUSPENSION	PANTOPRAZOLE SODIUM	5	11	No
D6C		IRRITABLE BOWEL SYNDROME AGENTS, 5-HT3 ANTAGONIST			
D6C	ALOSETRON HCL 0.5 MG TABLET	ALOSETRON HCL	0	999	Requires Med Cert 3
D6C	ALOSETRON HCL 1 MG TABLET	ALOSETRON HCL	0	999	Requires Med Cert 3
D6C	LOTRONEX 0.5 MG TABLET	ALOSETRON HCL	0	999	Requires Med Cert 3
D6C	LOTRONEX 1 MG TABLET	ALOSETRON HCL	0	999	Requires Med Cert 3
D6D		ANTIDIARRHEALS			
D6D	DIPHENOXYLATE/ATROPINE TAB	DIPHENOXYLATE HCL/ATROPINE	0	999	No
D6D	DIPHENOXYLATE-ATROPINE TABLET	DIPHENOXYLATE HCL/ATROPINE	0	999	No
D6D	LOPERAMIDE 2 MG CAPSULE	LOPERAMIDE HCL	0	999	No
D6F		DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALICYLAT			
D6F	APRISO 0.375 GM CAPSULE ER	MESALAMINE	0	999	No
D6F	DELZICOL DR 400 MG CAPSULE	MESALAMINE	0	999	No
D6F	SULFASALAZINE 500 MG TABLET	SULFASALAZINE	0	999	No
D6F	SULFASALAZINE DR 500 MG TAB	SULFASALAZINE	0	999	No
D6G		IBS-C/CIC AGENTS, GUANYLATE CYCLASE-C AGONIST			
D6G	LINZESS 145 MCG CAPSULE	LINACLOTIDE	18	999	Auto PA For Select Diag

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
D6G	LINZESS 290 MCG CAPSULE	LINACLOTIDE	18	999	Auto PA For Select Diag
D6G	LINZESS 72 MCG CAPSULE	LINACLOTIDE	18	999	Auto PA For Select Diag
D6S		LAXATIVES AND CATHARTICS			
D6S	GOLYTELY PACKET	PEG3350/SOD SULF,BICARB,CL/KCL	0	999	No
D6S	GOLYTELY SOLUTION	PEG3350/SOD SULF,BICARB,CL/KCL	0	999	No
D6S	LACTULOSE 10 GM/15 ML SOLN	LACTULOSE	0	999	No
D6S	LACTULOSE 10 GM/15 ML SOLUTION	LACTULOSE	0	999	No
D6S	LACTULOSE 20 GM/30 ML SOLUTION	LACTULOSE	0	999	No
D6S	PEG 3350/ELECTROLYTE SOLN	PEG3350/SOD SULF,BICARB,CL/KCL	0	999	No
D6S	PEG 3350-ELECTROLYTE SOLUTION	SODIUM CHLORIDE/NAHCO3/KCL/PEG	0	999	No
D6S	PEG-3350 AND ELECTROLYTES SOLN	PEG3350/SOD SULF,BICARB,CL/KCL	0	999	No
D6S	PEG3350 POWDER	POLYETHYLENE GLYCOL 3350	0	999	No
D6S	POLYETHYLENE GLYCOL 3350 POWD	POLYETHYLENE GLYCOL 3350	0	999	No
D6S	TRILYTE WITH FLAVOR PACKETS	SODIUM CHLORIDE/NAHCO3/KCL/PEG	0	999	No
D7A		BILE SALTS			
D7A	URSODIOL 250 MG TABLET	URSODIOL	0	999	No
D7A	URSODIOL 300 MG CAPSULE	URSODIOL	0	999	No
D7A	URSODIOL 500 MG TABLET	URSODIOL	0	999	No
D7D		DRUGS TO TREAT HEREDITARY TYROSINEMIA			
D7D	ORFADIN 10 MG CAPSULE	NITISINONE	0	999	Clinical PA Required
D7D	ORFADIN 2 MG CAPSULE	NITISINONE	0	999	Clinical PA Required
D7D	ORFADIN 20 MG CAPSULE	NITISINONE	0	999	Clinical PA Required
D7D	ORFADIN 4 MG/ML SUSPENSION	NITISINONE	0	999	Clinical PA Required
D7D	ORFADIN 5 MG CAPSULE	NITISINONE	0	999	Clinical PA Required
D7L		BILE SALT SEQUESTRANTS			

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
D7L	CHOLESTYRAMINE LIGHT PACKET	CHOLESTYRAMINE/ASPARTAME	0	999	No
D7L	CHOLESTYRAMINE LIGHT POWDER	CHOLESTYRAMINE/ASPARTAME	0	999	No
D7L	CHOLESTYRAMINE PACKET	CHOLESTYRAMINE (WITH SUGAR)	0	999	No
D7L	CHOLESTYRAMINE POWDER	CHOLESTYRAMINE (WITH SUGAR)	0	999	No
D7L	COLESTIPOL HCL 1 GM TABLET	COLESTIPOL HCL	0	999	No
	D8A	PANCREATIC ENZYMES			
D8A	CREON DR 12,000 UNITS CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	No
D8A	CREON DR 24,000 UNITS CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	No
D8A	CREON DR 3,000 UNITS CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	No
D8A	CREON DR 36,000 UNITS CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	No
D8A	CREON DR 6,000 UNITS CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	No
D8A	PANCREAZE 10,500 UNIT CAP DR	LIPASE/PROTEASE/AMYLASE	0	999	No
D8A	PANCREAZE 16,800 UNIT CAP DR	LIPASE/PROTEASE/AMYLASE	0	999	No
D8A	PANCREAZE 21,000 UNIT CAP DR	LIPASE/PROTEASE/AMYLASE	0	999	No
D8A	PANCREAZE 4,200 UNIT CAP DR	LIPASE/PROTEASE/AMYLASE	0	999	No
D8A	PANCREAZE DR 2,600 UNIT CAP	LIPASE/PROTEASE/AMYLASE	0	999	No
D8A	PANCRELIPASE 5,000 DR CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	No
D8A	PERTZYE DR 16,000 UNITS CAPS	LIPASE/PROTEASE/AMYLASE	0	999	No
D8A	PERTZYE DR 4,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	No
D8A	PERTZYE DR 8,000 UNITS CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	No
D8A	VIOKACE 10,440-39,150 UNITS TB	LIPASE/PROTEASE/AMYLASE	0	999	No
D8A	VIOKACE 20,880-78,300 UNITS TB	LIPASE/PROTEASE/AMYLASE	0	999	No
D8A	ZENPEP DR 10,000 UNITS CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	No
D8A	ZENPEP DR 15,000 UNITS CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
D8A	ZENPEP DR 20,000 UNITS CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	No
D8A	ZENPEP DR 25,000 UNITS CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	No
D8A	ZENPEP DR 3,000 UNITS CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	No
D8A	ZENPEP DR 40,000 UNITS CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	No
D8A	ZENPEP DR 5,000 UNITS CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	No
D9A		AMMONIA INHIBITORS			
D9A	LACTULOSE 10 GM/15 ML SOLUTION	LACTULOSE	0	999	No
EOG		PRENATAL VITAMINS WITHOUT IRON			
EOG	PRENAISSANCE NEXT TABLET	PNV/FOLIC AC/B6/CALCIUM/GINGER	12	999	No
EOG	VP-GGR-B6 TABLET	PNV/FOLIC AC/B6/CALCIUM/GINGER	12	999	No
EOG	ZINGIBER TABLET	PNV/FOLIC AC/B6/CALCIUM/GINGER	12	999	No
F1A		ANDROGENIC AGENTS			
F1A	ANDROGEL 1% GEL PUMP	TESTOSTERONE	18	999	Clinical PA Required
F1A	ANDROGEL 1%(2.5G) GEL PACKET	TESTOSTERONE	18	999	Clinical PA Required
F1A	ANDROGEL 1%(5G) GEL PACKET	TESTOSTERONE	18	999	Clinical PA Required
F1A	ANDROGEL 1.62% GEL PUMP	TESTOSTERONE	18	999	Clinical PA Required
F1A	ANDROGEL 1.62%(1.25G) GEL PCKT	TESTOSTERONE	18	999	Clinical PA Required
F1A	ANDROGEL 1.62%(2.5G) GEL PCKT	TESTOSTERONE	18	999	Clinical PA Required
F1A	TESTOSTERON CYP 1,000 MG/10 ML	TESTOSTERONE CYPIONATE	0	999	No
F1A	TESTOSTERON CYP 2,000 MG/10 ML	TESTOSTERONE CYPIONATE	0	999	No
F1A	TESTOSTERON ENAN 1,000 MG/5 ML	TESTOSTERONE ENANTHATE	0	999	No
F1A	TESTOSTERONE CYP 100 MG/ML	TESTOSTERONE CYPIONATE	0	999	No
F1A	TESTOSTERONE CYP 200 MG/ML	TESTOSTERONE CYPIONATE	0	999	No
F1A	TESTOSTERONE ENAN 200 MG/ML	TESTOSTERONE ENANTHATE	0	999	No
G1A		ESTROGENIC AGENTS			

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
G1A	CLIMARA PRO PATCH	ESTRADIOL/LEVONORGESTREL	0	999	No
G1A	COMBIPATCH 0.05-0.14 MG PTCH	ESTRADIOL/NORETHINDRONE ACET	0	999	No
G1A	COMBIPATCH 0.05-0.25 MG PTCH	ESTRADIOL/NORETHINDRONE ACET	0	999	No
G1A	ENJUVIA 0.3 MG TABLET	ESTROGENS,CONJ.,SYNTHETIC B	0	999	No
G1A	ENJUVIA 0.45 MG TABLET	ESTROGENS,CONJ.,SYNTHETIC B	0	999	No
G1A	ENJUVIA 0.625 MG TABLET	ESTROGENS,CONJ.,SYNTHETIC B	0	999	No
G1A	ESTRADIOL 0.025 MG/DAY PATCH	ESTRADIOL	0	999	No
G1A	ESTRADIOL 0.0375 MG/DAY PATCH	ESTRADIOL	0	999	No
G1A	ESTRADIOL 0.05 MG/DAY PATCH	ESTRADIOL	0	999	No
G1A	ESTRADIOL 0.06 MG/DAY PATCH	ESTRADIOL	0	999	No
G1A	ESTRADIOL 0.075 MG/DAY PATCH	ESTRADIOL	0	999	No
G1A	ESTRADIOL 0.1 MG/DAY PATCH	ESTRADIOL	0	999	No
G1A	ESTRADIOL 0.5 MG TABLET	ESTRADIOL	0	999	No
G1A	ESTRADIOL 1 MG TABLET	ESTRADIOL	0	999	No
G1A	ESTRADIOL 2 MG TABLET	ESTRADIOL	0	999	No
G1A	ESTRADIOL TDS 0.025 MG/DAY	ESTRADIOL	0	999	No
G1A	ESTRADIOL TDS 0.0375 MG/DAY	ESTRADIOL	0	999	No
G1A	ESTRADIOL TDS 0.05 MG/DAY	ESTRADIOL	0	999	No
G1A	ESTRADIOL TDS 0.06 MG/DAY	ESTRADIOL	0	999	No
G1A	ESTRADIOL TDS 0.075 MG/DAY	ESTRADIOL	0	999	No
G1A	ESTRADIOL TDS 0.1 MG/DAY	ESTRADIOL	0	999	No
G1A	ESTRADIOL VALERATE 20 MG/ML VL	ESTRADIOL VALERATE	0	999	No
G1A	ESTRADIOL VALERATE 40 MG/ML VL	ESTRADIOL VALERATE	0	999	No
G1A	ESTRADIOL-NORETH 0.5-0.1 MG TB	ESTRADIOL/NORETHINDRONE ACET	18	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
G1A	ESTRADIOL-NORETHINDRONE TAB	ESTRADIOL/NORETHINDRONE ACET	18	999	No
G1A	ESTROPIPATE 0.625(0.75 MG) TAB	ESTROPIPATE	0	999	No
G1A	ESTROPIPATE 1.25(1.5 MG) TAB	ESTROPIPATE	0	999	No
G1A	ESTROPIPATE 2.5(3 MG) TAB	ESTROPIPATE	0	999	No
G1A	FEMHRT 0.5 MG/2.5 MCG TABLET	NORETHINDRONE AC-ETH ESTRADIOL	0	999	No
G1A	MENEST 0.3 MG TABLET	ESTROGENS,ESTERIFIED	0	999	No
G1A	MENEST 0.625 MG TABLET	ESTROGENS,ESTERIFIED	0	999	No
G1A	MENEST 1.25 MG TABLET	ESTROGENS,ESTERIFIED	0	999	No
G1A	NORETHIND-ETH ESTRAD 0.5-2.5	NORETHINDRONE AC-ETH ESTRADIOL	0	999	No
G1A	NORETHIN-ETH ESTRAD 1 MG-5 MCG	NORETHINDRONE AC-ETH ESTRADIOL	0	999	No
G1A	PREMARIN 0.3 MG TABLET	ESTROGENS, CONJUGATED	0	999	No
G1A	PREMARIN 0.45 MG TABLET	ESTROGENS, CONJUGATED	0	999	No
G1A	PREMARIN 0.625 MG TABLET	ESTROGENS, CONJUGATED	0	999	No
G1A	PREMARIN 0.9 MG TABLET	ESTROGENS, CONJUGATED	0	999	No
G1A	PREMARIN 1.25 MG TABLET	ESTROGENS, CONJUGATED	0	999	No
G1A	PREMPHASE 0.625-5 MG TABLET	ESTROGEN,CON/M-PROGEST ACET	0	999	No
G1A	PREMPRO 0.3 MG-1.5 MG TABLET	ESTROGEN,CON/M-PROGEST ACET	0	999	No
G1A	PREMPRO 0.45-1.5 MG TABLET	ESTROGEN,CON/M-PROGEST ACET	0	999	No
G1A	PREMPRO 0.625-2.5 MG TABLET	ESTROGEN,CON/M-PROGEST ACET	0	999	No
G1A	PREMPRO 0.625-5 MG TABLET	ESTROGEN,CON/M-PROGEST ACET	0	999	No
G2A		PROGESTATIONAL AGENTS			
G2A	MEDROXYPROGESTERONE 10 MG TAB	MEDROXYPROGESTERONE ACETATE	0	999	No
G2A	MEDROXYPROGESTERONE 10 MG TB	MEDROXYPROGESTERONE ACETATE	0	999	No
G2A	MEDROXYPROGESTERONE 2.5 MG	MEDROXYPROGESTERONE ACETATE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
G2A	MEDROXYPROGESTERONE 5 MG TAB	MEDROXYPROGESTERONE ACETATE	0	999	No
G2A	NORETHINDRN 5 MG TB (LUPANETA)	NORETHINDRONE ACETATE	0	999	No
G2A	NORETHINDRN 5 MG TB (LUPANETA)	NORETHINDRONE ACETATE	18	999	No
G2A	NORETHINDRONE 5 MG TABLET	NORETHINDRONE ACETATE	0	999	No
G2A	PROGESTERONE 100 MG CAPSULE	PROGESTERONE, MICRONIZED	0	999	No
G2A	PROGESTERONE 200 MG CAPSULE	PROGESTERONE, MICRONIZED	0	999	No
G2A	PROGESTERONE OIL 50 MG/ML VL	PROGESTERONE	0	999	No
G2A	PROGESTERONE OIL 50 MG/ML VL	PROGESTERONE	0	999	No
G2A	PROMETRIUM 100 MG CAPSULE	PROGESTERONE, MICRONIZED	0	999	No
G2A	PROMETRIUM 200 MG CAPSULE	PROGESTERONE, MICRONIZED	0	999	No
	G3A	OXYTOCICS			
G3A	METHYLERGONOVINE 0.2 MG TABLET	METHYLERGONOVINE MALEATE	0	999	No
	G8A	CONTRACEPTIVES,ORAL			
G8A	AFTERA 1.5 MG TABLET	LEVONORGESTREL	12	999	No
G8A	ALTAVERA-28 TABLET	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	ALYACEN 1-35-28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	ALYACEN 7-7-7-28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	AMETHIA 0.15-0.03-0.01 MG TAB	L-NORGEST/E.ESTRADIOL-E.ESTRAD	12	999	No
G8A	AMETHIA 0.15-0.03-0.01 TAB	L-NORGEST/E.ESTRADIOL-E.ESTRAD	12	999	No
G8A	AMETHIA LO TABLET	L-NORGEST/E.ESTRADIOL-E.ESTRAD	12	999	No
G8A	AMETHYST 90-20 MCG TABLET	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	APRI 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	12	999	No
G8A	ARANELLE 28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	ASHLYNA 0.15-0.03-0.01 MG TAB	L-NORGEST/E.ESTRADIOL-E.ESTRAD	12	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
G8A	AUBRA-28 TABLET	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	AVIANE-28 TABLET	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	AZURETTE 28 DAY TABLET	DESOG-E. ESTRADIOL/E. ESTRADIOL	12	999	No
G8A	BALZIVA 28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	BEKYREE 28 DAY TABLET	DESOG-E. ESTRADIOL/E. ESTRADIOL	12	999	No
G8A	BEYAZ 28 TABLET	DROSPIR/ETH ESTRA/LEVOMEFOL CA	12	999	No
G8A	BLISOVI 24 FE TABLET	NORETHINDRONE-E. ESTRADIOL-IRON	12	999	No
G8A	BLISOVI FE 1.5-30 TABLET	NORETHINDRONE-E. ESTRADIOL-IRON	12	999	No
G8A	BLISOVI FE 1-20 TABLET	NORETHINDRONE-E. ESTRADIOL-IRON	12	999	No
G8A	BREVICON 28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	BRIELLYN TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	CAMILA 0.35 MG TABLET	NORETHINDRONE	12	999	No
G8A	CAMILA TABLET	NORETHINDRONE	12	999	No
G8A	CAMRESE 0.15-0.03-0.01 MG TAB	L-NORGEST/E. ESTRADIOL-E. ESTRAD	12	999	No
G8A	CAMRESE LO TABLET	L-NORGEST/E. ESTRADIOL-E. ESTRAD	12	999	No
G8A	CAZIAN 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	12	999	No
G8A	CHATEAL-28 TABLET	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	CRYSSELLE-28 TABLET	NORGESTREL-ETHINYL ESTRADIOL	12	999	No
G8A	CYCLAFEM 1-35-28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	CYCLAFEM 7-7-7-28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	CYCLESSA 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	12	999	No
G8A	CYRED 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	12	999	No
G8A	DASETTA 1-35-28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	DASETTA 7/7/7-28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
G8A	DAYSEE 0.15-0.03-0.01 MG TAB	L-NORGEST/E.ESTRADIOL-E.ESTRAD	12	999	No
G8A	DEBLITANE 0.35 MG TABLET	NORETHINDRONE	12	999	No
G8A	DESOGEN 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	12	999	No
G8A	DESOGESTR-ETH ESTRAD ETH ESTRA	DESOG-E.ESTRADIOL/E.ESTRADIOL	12	999	No
G8A	DROSP-EE-LEVOMEF 3-0.02-0.451	DROSPIR/ETH ESTRA/LEVOMEFOL CA	12	999	No
G8A	DROSPIRENONE-EE 3-0.02 MG TAB	ETHINYL ESTRADIOL/DROSPIRENONE	12	999	No
G8A	DROSPIRENONE-EE 3-0.03 MG TAB	ETHINYL ESTRADIOL/DROSPIRENONE	12	999	No
G8A	DROSPIRENONE-ETH ESTRADIOL TAB	ETHINYL ESTRADIOL/DROSPIRENONE	12	999	No
G8A	ECONTRA EZ 1.5 MG TABLET	LEVONORGESTREL	12	999	No
G8A	ELINEST-28 TABLET	NORGESTREL-ETHINYL ESTRADIOL	12	999	No
G8A	ELLA 30 MG TABLET	ULIPRISTAL ACETATE	12	999	No
G8A	EMOQUETTE 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	12	999	No
G8A	ENPRESSE-28 TABLET	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	ENSKYCE 28 TABLET	DESOGESTREL-ETHINYL ESTRADIOL	12	999	No
G8A	ERRIN 0.35 MG TABLET	NORETHINDRONE	12	999	No
G8A	ERRIN TABLET	NORETHINDRONE	12	999	No
G8A	ESTARYLLA 0.25-0.035 MG TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
G8A	ESTROSTEP FE-28 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
G8A	ETHYNODIOL-ETH ESTRA 1MG-50MCG	ETHYNODIOL D-ETHINYL ESTRADIOL	12	999	No
G8A	FALLBACK SOLO 1.5 MG TABLET	LEVONORGESTREL	12	999	No
G8A	FALMINA-28 TABLET	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	FEMCON FE CHEWABLE TABLET	NORETH-ETHINYL ESTRADIOL/IRON	12	999	No
G8A	FEMYNOR 28 TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
G8A	GENERESS FE CHEWABLE TABLET	NORETH-ETHINYL ESTRADIOL/IRON	12	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
G8A	GIANVI 3 MG-0.02 MG TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	12	999	No
G8A	GILDAGIA 0.4 MG-0.035 MG TAB	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	GILDESS 1 MG-20 MCG TABLET	NORETHINDRONE AC-ETH ESTRADIOL	12	999	No
G8A	GILDESS 1.5 MG-30 MCG TABLET	NORETHINDRONE AC-ETH ESTRADIOL	12	999	No
G8A	GILDESS 24 FE 1-20 TABLET	NORETHINDRONE-E. ESTRADIOL-IRON	12	999	No
G8A	GILDESS FE 1.5-30 TABLET	NORETHINDRONE-E. ESTRADIOL-IRON	12	999	No
G8A	GILDESS FE 1-20 TABLET	NORETHINDRONE-E. ESTRADIOL-IRON	12	999	No
G8A	HEATHER TABLET	NORETHINDRONE	12	999	No
G8A	INTROVALE 0.15-0.03 MG TABLET	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	JENCYCLA 0.35 MG TABLET	NORETHINDRONE	12	999	No
G8A	JOLESSA 0.15 MG/0.03 MG TABLET	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	JOLIVETTE TABLET	NORETHINDRONE	12	999	No
G8A	JULEBER 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	12	999	No
G8A	JUNEL 1.5/30 TABLET	NORETHINDRONE AC-ETH ESTRADIOL	12	999	No
G8A	JUNEL 1/20 TABLET	NORETHINDRONE AC-ETH ESTRADIOL	12	999	No
G8A	JUNEL FE 1.5/30 TABLET	NORETHINDRONE-E. ESTRADIOL-IRON	12	999	No
G8A	JUNEL FE 1/20 TABLET	NORETHINDRONE-E. ESTRADIOL-IRON	12	999	No
G8A	JUNEL FE 24 TABLET	NORETHINDRONE-E. ESTRADIOL-IRON	12	999	No
G8A	KAITLIB FE CHEWABLE TABLET	NORETH-ETHINYL ESTRADIOL/IRON	12	999	No
G8A	KARIVA 28 DAY TABLET	DESOG-E. ESTRADIOL/E. ESTRADIOL	12	999	No
G8A	KELNOR 1/35 28 TABLET	ETHYNODIOL D-ETHINYL ESTRADIOL	12	999	No
G8A	KELNOR 1-35 28 TABLET	ETHYNODIOL D-ETHINYL ESTRADIOL	12	999	No
G8A	KIMIDESS 28 DAY TABLET	DESOG-E. ESTRADIOL/E. ESTRADIOL	12	999	No
G8A	KURVELO TABLET	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
G8A	LARIN 1.5 MG-30 MCG TABLET	NORETHINDRONE AC-ETH ESTRADIOL	12	999	No
G8A	LARIN 21 1-20 TABLET	NORETHINDRONE AC-ETH ESTRADIOL	12	999	No
G8A	LARIN 24 FE 1 MG-20 MCG TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
G8A	LARIN FE 1.5-30 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
G8A	LARIN FE 1-20 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
G8A	LARISSIA-28 TABLET	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	LAYOLIS FE CHEWABLE TABLET	NORETH-ETHINYL ESTRADIOL/IRON	12	999	No
G8A	LEENA 28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	LESSINA-28 TABLET	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	LEVONEST-28 TABLET	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	LEVONO-E ESTRAD 0.10-0.02-0.01	L-NORGEST/E.ESTRADIOL-E.ESTRAD	12	999	No
G8A	LEVONO-E ESTRAD 0.15-0.03-0.01	L-NORGEST/E.ESTRADIOL-E.ESTRAD	12	999	No
G8A	LEVONOR-ETH ESTRA 0.09-0.02 MG	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	LEVONOR-ETH ESTRAD 0.1-0.02 MG	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	LEVONOR-ETH ESTRAD 0.15-0.03	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	LEVONOR-ETH ESTRAD TRIPHASIC	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	LEVONORGESTREL 1.5 MG TABLET	LEVONORGESTREL	12	999	No
G8A	LEVONORGESTREL-ETH ESTRAD TAB	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	LEVONORG-ETH ESTRAD ETH ESTRAD	L-NORGEST/E.ESTRADIOL-E.ESTRAD	12	999	No
G8A	LEVORA-28 TABLET	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	LO LOESTRIN FE 1-10 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
G8A	LOESTRIN 21 1.5-30 TABLET	NORETHINDRONE AC-ETH ESTRADIOL	12	999	No
G8A	LOESTRIN 21 1-20 TABLET	NORETHINDRONE AC-ETH ESTRADIOL	12	999	No
G8A	LOESTRIN FE 1.5-30 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
G8A	LOESTRIN FE 1-20 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
G8A	LOMEDIA 24 FE 1 MG-20 MCG TAB	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
G8A	LOMEDIA 24 FE TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
G8A	LORYNA 3 MG-0.02 MG TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	12	999	No
G8A	LOSEASONIQUE TABLET	L-NORGEST/E.ESTRADIOL-E.ESTRAD	12	999	No
G8A	LOW-OGESTREL-28 TABLET	NORGESTREL-ETHINYL ESTRADIOL	12	999	No
G8A	LUTERA-28 TABLET	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	LYZA 0.35 MG TABLET	NORETHINDRONE	12	999	No
G8A	MARLISSA-28 TABLET	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	MIBELAS 24 FE CHEWABLE TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
G8A	MICROGESTIN 21 1.5-30 TAB	NORETHINDRONE AC-ETH ESTRADIOL	12	999	No
G8A	MICROGESTIN 21 1-20 TABLET	NORETHINDRONE AC-ETH ESTRADIOL	12	999	No
G8A	MICROGESTIN 24 FE 1 MG-20 MCG	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
G8A	MICROGESTIN FE 1.5-30 TAB	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
G8A	MICROGESTIN FE 1-20 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
G8A	MICRONOR 0.35 MG TABLET	NORETHINDRONE	12	999	No
G8A	MINASTRIN 24 FE CHEWABLE TAB	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
G8A	MIRCETTE 28 DAY TABLET	DESOG-E.ESTRADIOL/E.ESTRADIOL	12	999	No
G8A	MONO-LINYAH 28 TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
G8A	MONONESSA 28 TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
G8A	MY WAY 1.5 MG TABLET	LEVONORGESTREL	12	999	No
G8A	MYZILRA-28 TABLET	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	NATAZIA 28 TABLET	ESTRADIOL VALERATE/DIENOGEST	12	999	No
G8A	NECON 0.5/35-28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
G8A	NECON 0.5-35-28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	NECON 1/35-28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	NECON 1/50-28 TABLET	NORETHINDRONE-MESTRANOL	12	999	No
G8A	NECON 10/11-28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	NECON 7-7-7-28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	NEXT CHOICE ONE DOSE 1.5 MG TB	LEVONORGESTREL	12	999	No
G8A	NIKKI 3 MG-0.02 MG TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	12	999	No
G8A	NORA-BE TABLET	NORETHINDRONE	12	999	No
G8A	NORET-ESTR-FE 0.4-0.035(21)-75	NORETH-ETHINYL ESTRADIOL/IRON	12	999	No
G8A	NORETH-ESTRAD-FE 1-0.02(24)-75	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
G8A	NORETHIND-ETH ESTRAD 1-0.02 MG	NORETHINDRONE AC-ETH ESTRADIOL	12	999	No
G8A	NORETHINDRONE 0.35 MG TABLET	NORETHINDRONE	12	999	No
G8A	NORETHIN-ESTRAD-FERR 1-0.02 MG	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
G8A	NORETHIN-ESTRA-FE 0.8-0.025 MG	NORETH-ETHINYL ESTRADIOL/IRON	12	999	No
G8A	NORG-EE 0.18-0.215-0.25/0.025	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
G8A	NORG-EE 0.18-0.215-0.25/0.035	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
G8A	NORGESTIMAT-E ESTRADIOL 28 TAB	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
G8A	NORG-ETHIN ESTRA 0.25-0.035 MG	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
G8A	NORINYL 1+35-28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	NORINYL 1+50-28 TABLET	NORETHINDRONE-MESTRANOL	12	999	No
G8A	NOR-Q-D TABLET	NORETHINDRONE	12	999	No
G8A	NORTREL 0.5/35 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	NORTREL 0.5-35-28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	NORTREL 1/35 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
G8A	NORTREL 1-35 21 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	NORTREL 1-35 28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	NORTREL 7/7/7-28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	NORTREL 7-7-7-28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	OCELLA TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	12	999	No
G8A	OGESTREL TABLET	NORGESTREL-ETHINYL ESTRADIOL	12	999	No
G8A	OPCICON ONE-STEP 1.5 MG TABLET	LEVONORGESTREL	12	999	No
G8A	ORSYTHIA-28 TABLET	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	ORTHO MICRONOR 0.35 MG TABLET	NORETHINDRONE	12	999	No
G8A	ORTHO TRI-CYCLEN 28 TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
G8A	ORTHO TRI-CYCLEN LO TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
G8A	ORTHO-CYCLEN 28 TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
G8A	ORTHO-NOVUM 1-35-28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	ORTHO-NOVUM 7-7-7-28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	OVCON-35 28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	PHILITH 0.4-0.035 MG TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	PIMTREA 28 DAY TABLET	DESOG-E. ESTRADIOL/E. ESTRADIOL	12	999	No
G8A	PIRMELLA 1-35-28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	PIRMELLA 7-7-7-28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	PLAN B ONE-STEP 1.5 MG TABLET	LEVONORGESTREL	12	999	No
G8A	PORTIA-28 TABLET	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	PREVIFEM TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
G8A	QUARTETTE TABLET	L-NORGEST/E. ESTRADIOL-E. ESTRAD	12	999	No
G8A	QUASENSE 0.15/0.03 MG TABLET	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
G8A	RAJANI 28 TABLET	DROSPIR/ETH ESTRA/LEVOMEFOL CA	12	999	No
G8A	RECLIPSEN 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	12	999	No
G8A	SAFYRAL TABLET	DROSPIR/ETH ESTRA/LEVOMEFOL CA	12	999	No
G8A	SEASONIQUE 0.15/0.03-0.01 TAB	L-NORGEST/E. ESTRADIOL-E. ESTRAD	12	999	No
G8A	SETLAKIN 0.15 MG-0.03 MG TAB	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	SHAROBEL 0.35 MG TABLET	NORETHINDRONE	12	999	No
G8A	SPRINTEC 28 DAY TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
G8A	SRONYX 0.10/0.02 MG TABLET	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	SRONYX 0.10-0.02 MG TABLET	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	SYEDA 28 TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	12	999	No
G8A	TAKE ACTION 1.5 MG TABLET	LEVONORGESTREL	12	999	No
G8A	TARINA FE 1-20 TABLET	NORETHINDRONE-E. ESTRADIOL-IRON	12	999	No
G8A	TAYTULLA 1 MG-20 MCG CAPSULE	NORETHINDRONE-E. ESTRADIOL-IRON	12	999	No
G8A	TILIA FE 28 TABLET	NORETHINDRONE-E. ESTRADIOL-IRON	12	999	No
G8A	TRI-ESTARYLLA TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
G8A	TRI-LEGEST FE-28 DAY TABLET	NORETHINDRONE-E. ESTRADIOL-IRON	12	999	No
G8A	TRI-LINYAH TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
G8A	TRI-LO-ESTARYLLA TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
G8A	TRI-LO-MARZIA TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
G8A	TRI-LO-SPRINTEC TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
G8A	TRINESSA LO TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
G8A	TRINESSA TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
G8A	TRI-NORINYL 28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	TRI-PREVIFEM TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
G8A	TRI-SPRINTEC TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
G8A	TRIVORA-28 TABLET	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	VELIVET 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	12	999	No
G8A	VESTURA 3 MG-0.02 MG TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	12	999	No
G8A	VIENVA-28 TABLET	LEVONORGESTREL-ETHIN ESTRADIOL	12	999	No
G8A	VIORELE 28 DAY TABLET	DESOG-E. ESTRADIOL/E. ESTRADIOL	12	999	No
G8A	VYFEMLA 28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	WERA 0.5/0.035 MG 28 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	WYMZYA FE CHEWABLE TABLET	NORETH-ETHINYL ESTRADIOL/IRON	12	999	No
G8A	YASMIN 28 TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	12	999	No
G8A	YAZ 28 TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	12	999	No
G8A	ZARAH TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	12	999	No
G8A	ZENCHENT 0.4-35 TABLET	NORETHINDRONE-ETHINYL ESTRAD	12	999	No
G8A	ZENCHENT FE TABLET CHEWABLE	NORETH-ETHINYL ESTRADIOL/IRON	12	999	No
G8A	ZEOSA CHEWABLE TABLET	NORETH-ETHINYL ESTRADIOL/IRON	12	999	No
G8A	ZOVIA 1/35E TABLET	ETHYNODIOL D-ETHINYL ESTRADIOL	12	999	No
G8A	ZOVIA 1/50E TABLET	ETHYNODIOL D-ETHINYL ESTRADIOL	12	999	No
G8A	ZOVIA 1-35E TABLET	ETHYNODIOL D-ETHINYL ESTRADIOL	12	999	No
	G8C	CONTRACEPTIVES,INJECTABLE			
G8C	DEPO-SUBQ PROVERA 104 SYRINGE	MEDROXYPROGESTERONE ACETATE	12	999	No
G8C	MEDROXYPROGESTERONE 150 MG/ML	MEDROXYPROGESTERONE ACETATE	12	999	No
	G8F	CONTRACEPTIVES,TRANSDERMAL			
G8F	XULANE PATCH	NORELGESTROMIN/ETHIN. ESTRADIOL	12	999	No
	G9B	CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC			
G9B	NUVARING VAGINAL RING	ETONOGESTREL/ETHINYL ESTRADIOL	12	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
	HOA	LOCAL ANESTHETICS			
HOA	BUPIVACAINE 0.25% VIAL	BUPIVACAINE HCL	0	999	No
HOA	BUPIVACAINE 0.25% VIAL	BUPIVACAINE HCL/PF	0	999	No
HOA	BUPIVACAINE 0.25%-EPI 1:200000	BUPIVACAINE HCL/EPINEPHRINE/PF	0	999	No
HOA	BUPIVACAINE 0.5% AMPUL	BUPIVACAINE HCL/PF	0	999	No
HOA	BUPIVACAINE 0.5% VIAL	BUPIVACAINE HCL	0	999	No
HOA	BUPIVACAINE 0.5% VIAL	BUPIVACAINE HCL/PF	0	999	No
HOA	BUPIVACAINE 0.5%-EPI 1:200,000	BUPIVACAINE HCL/EPINEPHRINE/PF	0	999	No
HOA	BUPIVACAINE 0.75% AMPUL	BUPIVACAINE HCL/PF	0	999	No
HOA	BUPIVACAINE 0.75% VIAL	BUPIVACAINE HCL/PF	0	999	No
HOA	BUPIVACAINE/DEXTR 0.75% AMP	BUPIVACAINE HCL/DEX-WATER/PF	0	999	No
HOA	BUPIVACAINE/EPI 0.25%/0.0005	BUPIVACAINE HCL/EPINEPHRINE	0	999	No
HOA	BUPIVACAINE/EPI 0.25%/0.0005	BUPIVACAINE HCL/EPINEPHRINE/PF	0	999	No
HOA	BUPIVACAINE/EPI 0.5%/0.0005	BUPIVACAINE HCL/EPINEPHRINE	0	999	No
HOA	BUPIVACAINE/EPI 0.5%/0.0005	BUPIVACAINE HCL/EPINEPHRINE BI	0	999	No
HOA	BUPIVACAINE/EPI 0.5%/0.0005	BUPIVACAINE HCL/EPINEPHRINE/PF	0	999	No
HOA	BUPIVACAINE-EPI 0.25%-0.0005	BUPIVACAINE HCL/EPINEPHRINE/PF	0	999	No
HOA	BUPIVACAINE-EPI 0.5%-0.0005	BUPIVACAINE HCL/EPINEPHRINE/PF	0	999	No
HOA	LIDOCAINE 0.5%/EPI 1:200,000	LIDOCAINE HCL/EPINEPHRINE	0	999	No
HOA	LIDOCAINE 1%/EPI 1:100,000	LIDOCAINE HCL/EPINEPHRINE	0	999	No
HOA	LIDOCAINE 1%-EPI 1:100,000	LIDOCAINE HCL/EPINEPHRINE	0	999	No
HOA	LIDOCAINE 1.5%/EPI 1:200,000	LIDOCAINE HCL/EPINEPHRINE	0	999	No
HOA	LIDOCAINE 1.5%-EPI 1:200,000	LIDOCAINE HCL/EPINEPHRINE	0	999	No
HOA	LIDOCAINE 2% - EPI 1:100,000	LIDOCAINE HCL/EPINEPHRINE BIT	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H0A	LIDOCAINE 2% - EPI 1:50,000	LIDOCAINE HCL/EPINEPHRINE BIT	0	999	No
H0A	LIDOCAINE 2% VISCOUS SOLN	LIDOCAINE HCL	0	999	No
H0A	LIDOCAINE 2%/EPI 1:100,000	LIDOCAINE HCL/EPINEPHRINE	0	999	No
H0A	LIDOCAINE 2%/EPI 1:200,000	LIDOCAINE HCL/EPINEPHRINE	0	999	No
H0A	LIDOCAINE 5% IN D7.5W AMPUL	LIDOCAINE HCL/DEXTROSE 7.5%/PF	0	999	No
H0A	LIDOCAINE HCL 0.5% VIAL	LIDOCAINE HCL	0	999	No
H0A	LIDOCAINE HCL 0.5% VIAL	LIDOCAINE HCL/PF	0	999	No
H0A	LIDOCAINE HCL 1% 20 MG/2 ML	LIDOCAINE HCL/PF	0	999	No
H0A	LIDOCAINE HCL 1% 20 MG/2 ML VL	LIDOCAINE HCL/PF	0	999	No
H0A	LIDOCAINE HCL 1% 300 MG/30 ML	LIDOCAINE HCL/PF	0	999	No
H0A	LIDOCAINE HCL 1% 50 MG/5 ML	LIDOCAINE HCL/PF	0	999	No
H0A	LIDOCAINE HCL 1% 50 MG/5 ML VL	LIDOCAINE HCL/PF	0	999	No
H0A	LIDOCAINE HCL 1% AMPUL	LIDOCAINE HCL/PF	0	999	No
H0A	LIDOCAINE HCL 1% VIAL	LIDOCAINE HCL	0	999	No
H0A	LIDOCAINE HCL 1% VIAL	LIDOCAINE HCL/PF	0	999	No
H0A	LIDOCAINE HCL 1.5% AMPUL	LIDOCAINE HCL/PF	0	999	No
H0A	LIDOCAINE HCL 2% 100 MG/5 ML	LIDOCAINE HCL/PF	0	999	No
H0A	LIDOCAINE HCL 2% 40 MG/2 ML	LIDOCAINE HCL/PF	0	999	No
H0A	LIDOCAINE HCL 2% 40 MG/2 ML VL	LIDOCAINE HCL/PF	0	999	No
H0A	LIDOCAINE HCL 2% AMPUL	LIDOCAINE HCL/PF	0	999	No
H0A	LIDOCAINE HCL 2% JELLY	LIDOCAINE HCL	0	999	No
H0A	LIDOCAINE HCL 2% VIAL	LIDOCAINE HCL	0	999	No
H0A	LIDOCAINE HCL 2% VIAL	LIDOCAINE HCL/PF	0	999	No
H0A	LIDOCAINE HCL 4% AMPUL	LIDOCAINE HCL/PF	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H0A	LIDOCAINE HCL 4% SOLUTION	LIDOCAINE HCL	0	999	No
H0A	MEPIVACAINE HCL 3% CARTRIDGE	MEPIVACAINE HCL/PF	0	999	No
	HOE	AGENTS TO TREAT MULTIPLE SCLEROSIS			
H0E	AUBAGIO 14 MG TABLET	TERIFLUNOMIDE	18	999	No
H0E	AUBAGIO 7 MG TABLET	TERIFLUNOMIDE	18	999	No
H0E	AVONEX ADMIN PACK 30 MCG SYR	INTERFERON BETA-1A	18	999	No
H0E	AVONEX ADMIN PACK 30 MCG VL	INTERFERON BETA-1A/ALBUMIN	18	999	No
H0E	AVONEX PEN 30 MCG/0.5 ML	INTERFERON BETA-1A	18	999	No
H0E	AVONEX PEN 30 MCG/0.5 ML KIT	INTERFERON BETA-1A	18	999	No
H0E	AVONEX PREFILLED SYR 30 MCG	INTERFERON BETA-1A	18	999	No
H0E	AVONEX PREFILLED SYR 30 MCG KT	INTERFERON BETA-1A	18	999	No
H0E	BETASERON 0.3 MG KIT	INTERFERON BETA-1B	0	999	No
H0E	BETASERON 0.3 MG VIAL	INTERFERON BETA-1B	0	999	No
H0E	COPAXONE 20 MG INJECTION KIT	GLATIRAMER ACETATE	0	999	No
H0E	REBIF 22 MCG/0.5 ML SYRINGE	INTERFERON BETA-1A/ALBUMIN	0	999	No
H0E	REBIF 44 MCG/0.5 ML SYRINGE	INTERFERON BETA-1A/ALBUMIN	0	999	No
H0E	REBIF REBIDOSE 22 MCG/0.5 ML	INTERFERON BETA-1A/ALBUMIN	0	999	No
H0E	REBIF REBIDOSE 44 MCG/0.5 ML	INTERFERON BETA-1A/ALBUMIN	0	999	No
H0E	REBIF REBIDOSE TITRATION PACK	INTERFERON BETA-1A/ALBUMIN	0	999	No
H0E	REBIF TITRATION PACK	INTERFERON BETA-1A/ALBUMIN	0	999	No
	H1A	ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS			
H1A	MEMANTINE 5-10 MG TITRATION PK	MEMANTINE HCL	18	999	No
H1A	MEMANTINE HCL 10 MG TABLET	MEMANTINE HCL	18	999	No
H1A	MEMANTINE HCL 5 MG TABLET	MEMANTINE HCL	18	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H1A	NAMENDA 10 MG/5 ML SOLUTION	MEMANTINE HCL	18	999	No
H2D		BARBITURATES			
H2D	PHENOBARBITAL 100 MG TABLET	PHENOBARBITAL	0	999	No
H2D	PHENOBARBITAL 15 MG TABLET	PHENOBARBITAL	0	999	No
H2D	PHENOBARBITAL 16.2 MG TABLET	PHENOBARBITAL	0	999	No
H2D	PHENOBARBITAL 20 MG/5 ML ELIX	PHENOBARBITAL	0	999	No
H2D	PHENOBARBITAL 20 MG/5 ML SOLN	PHENOBARBITAL	0	999	No
H2D	PHENOBARBITAL 30 MG TABLET	PHENOBARBITAL	0	999	No
H2D	PHENOBARBITAL 32.4 MG TABLET	PHENOBARBITAL	0	999	No
H2D	PHENOBARBITAL 60 MG TABLET	PHENOBARBITAL	0	999	No
H2D	PHENOBARBITAL 64.8 MG TABLET	PHENOBARBITAL	0	999	No
H2D	PHENOBARBITAL 97.2 MG TABLET	PHENOBARBITAL	0	999	No
H2E		SEDATIVE-HYPNOTICS, NON-BARBITURATE			
H2E	LORAZEPAM 2 MG/ML CARPUJECT	LORAZEPAM	0	999	No
H2E	LORAZEPAM 2 MG/ML VIAL	LORAZEPAM	0	999	No
H2E	LORAZEPAM 20 MG/10 ML VIAL	LORAZEPAM	0	999	No
H2E	LORAZEPAM 4 MG/ML CARPUJECT	LORAZEPAM	0	999	No
H2E	LORAZEPAM 4 MG/ML VIAL	LORAZEPAM	0	999	No
H2E	LORAZEPAM 40 MG/10 ML VIAL	LORAZEPAM	0	999	No
H2E	TEMAZEPAM 15 MG CAPSULE	TEMAZEPAM	18	999	No
H2E	TEMAZEPAM 30 MG CAPSULE	TEMAZEPAM	18	999	No
H2E	ZOLPIDEM TARTRATE 10 MG TAB	ZOLPIDEM TARTRATE	18	999	No
H2E	ZOLPIDEM TARTRATE 10 MG TABLET	ZOLPIDEM TARTRATE	18	999	No
H2E	ZOLPIDEM TARTRATE 5 MG TABLET	ZOLPIDEM TARTRATE	18	999	No
H2F		ANTI-ANXIETY DRUGS			

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H2F	ALPRAZOLAM 0.25 MG TABLET	ALPRAZOLAM	7	999	No
H2F	ALPRAZOLAM 0.5 MG TABLET	ALPRAZOLAM	7	999	No
H2F	ALPRAZOLAM 1 MG TABLET	ALPRAZOLAM	7	999	No
H2F	ALPRAZOLAM 2 MG TABLET	ALPRAZOLAM	7	999	No
H2F	BUSPIRONE HCL 10 MG TABLET	BUSPIRONE HCL	0	999	No
H2F	BUSPIRONE HCL 15 MG TABLET	BUSPIRONE HCL	0	999	No
H2F	BUSPIRONE HCL 30 MG TABLET	BUSPIRONE HCL	0	999	No
H2F	BUSPIRONE HCL 5 MG TABLET	BUSPIRONE HCL	0	999	No
H2F	BUSPIRONE HCL 7.5 MG TABLET	BUSPIRONE HCL	0	999	No
H2F	CHLORDIAZEPOXIDE 10 MG CAP	CHLORDIAZEPOXIDE HCL	6	999	No
H2F	CHLORDIAZEPOXIDE 10 MG CAPSULE	CHLORDIAZEPOXIDE HCL	6	999	No
H2F	CHLORDIAZEPOXIDE 25 MG CAP	CHLORDIAZEPOXIDE HCL	6	999	No
H2F	CHLORDIAZEPOXIDE 25 MG CAPSULE	CHLORDIAZEPOXIDE HCL	6	999	No
H2F	CHLORDIAZEPOXIDE 5 MG CAP	CHLORDIAZEPOXIDE HCL	6	999	No
H2F	CHLORDIAZEPOXIDE 5 MG CAPSULE	CHLORDIAZEPOXIDE HCL	6	999	No
H2F	CLORAZEPATE 15 MG TABLET	CLORAZEPATE DIPOTASSIUM	9	999	No
H2F	CLORAZEPATE 3.75 MG TABLET	CLORAZEPATE DIPOTASSIUM	9	999	No
H2F	CLORAZEPATE 7.5 MG TABLET	CLORAZEPATE DIPOTASSIUM	9	999	No
H2F	DIAZEPAM 10 MG TABLET	DIAZEPAM	0	999	No
H2F	DIAZEPAM 2 MG TABLET	DIAZEPAM	0	999	No
H2F	DIAZEPAM 5 MG TABLET	DIAZEPAM	0	999	No
H2F	DIAZEPAM 5 MG/5 ML SOLUTION	DIAZEPAM	0	999	No
H2F	LORAZEPAM 0.5 MG TABLET	LORAZEPAM	0	999	No
H2F	LORAZEPAM 1 MG TABLET	LORAZEPAM	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H2F	LORAZEPAM 2 MG TABLET	LORAZEPAM	0	999	No
H2F	LORAZEPAM 2 MG/ML ORAL CONCENT	LORAZEPAM	0	999	No
H2F	LORAZEPAM INTENSOL 2 MG/ML	LORAZEPAM	0	999	No
H2F	OXAZEPAM 10 MG CAPSULE	OXAZEPAM	6	999	No
H2F	OXAZEPAM 15 MG CAPSULE	OXAZEPAM	6	999	No
H2F	OXAZEPAM 30 MG CAPSULE	OXAZEPAM	6	999	No
	H2G	ANTIPSYCHOTICS,PHENOTHIAZINES			
H2G	CHLORPROMAZINE 10 MG TABLET	CHLORPROMAZINE HCL	18	999	No
H2G	CHLORPROMAZINE 100 MG TABLET	CHLORPROMAZINE HCL	18	999	No
H2G	CHLORPROMAZINE 200 MG TABLET	CHLORPROMAZINE HCL	18	999	No
H2G	CHLORPROMAZINE 25 MG TABLET	CHLORPROMAZINE HCL	18	999	No
H2G	CHLORPROMAZINE 25 MG/ML AMP	CHLORPROMAZINE HCL	18	999	No
H2G	CHLORPROMAZINE 50 MG TABLET	CHLORPROMAZINE HCL	18	999	No
H2G	FLUPHENAZINE 1 MG TABLET	FLUPHENAZINE HCL	6	999	No
H2G	FLUPHENAZINE 10 MG TABLET	FLUPHENAZINE HCL	6	999	No
H2G	FLUPHENAZINE 2.5 MG TABLET	FLUPHENAZINE HCL	6	999	No
H2G	FLUPHENAZINE 2.5 MG/5 ML ELIX	FLUPHENAZINE HCL	6	999	No
H2G	FLUPHENAZINE 2.5 MG/ML VIAL	FLUPHENAZINE HCL	18	999	No
H2G	FLUPHENAZINE 5 MG TABLET	FLUPHENAZINE HCL	6	999	No
H2G	FLUPHENAZINE 5 MG/ML CONC	FLUPHENAZINE HCL	6	999	No
H2G	FLUPHENAZINE DEC 125 MG/5 ML	FLUPHENAZINE DECANOATE	18	999	No
H2G	FLUPHENAZINE DEC 25 MG/ML VL	FLUPHENAZINE DECANOATE	18	999	No
H2G	PERPHENAZINE 16 MG TABLET	PERPHENAZINE	6	999	No
H2G	PERPHENAZINE 2 MG TABLET	PERPHENAZINE	6	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H2G	PERPHENAZINE 4 MG TABLET	PERPHENAZINE	6	999	No
H2G	PERPHENAZINE 8 MG TABLET	PERPHENAZINE	6	999	No
H2G	THIORIDAZINE 10 MG TABLET	THIORIDAZINE HCL	18	999	No
H2G	THIORIDAZINE 100 MG TABLET	THIORIDAZINE HCL	18	999	No
H2G	THIORIDAZINE 25 MG TABLET	THIORIDAZINE HCL	18	999	No
H2G	THIORIDAZINE 50 MG TABLET	THIORIDAZINE HCL	18	999	No
H2G	TRIFLUOPERAZINE 1 MG TABLET	TRIFLUOPERAZINE HCL	18	999	No
H2G	TRIFLUOPERAZINE 10 MG TABLET	TRIFLUOPERAZINE HCL	18	999	No
H2G	TRIFLUOPERAZINE 2 MG TABLET	TRIFLUOPERAZINE HCL	18	999	No
H2G	TRIFLUOPERAZINE 5 MG TABLET	TRIFLUOPERAZINE HCL	18	999	No
	H2M	BIPOLAR DISORDER DRUGS			
H2M	LITHIUM CARBONATE 150 MG CAP	LITHIUM CARBONATE	6	999	No
H2M	LITHIUM CARBONATE 300 MG CAP	LITHIUM CARBONATE	6	999	No
H2M	LITHIUM CARBONATE 300 MG TAB	LITHIUM CARBONATE	6	999	No
H2M	LITHIUM CARBONATE 600 MG CAP	LITHIUM CARBONATE	6	999	No
H2M	LITHIUM CARBONATE ER 300 MG TB	LITHIUM CARBONATE	6	999	No
H2M	LITHIUM CITRATE 8 MEQ/5 ML SOL	LITHIUM CITRATE	6	11	No
H2M	LITHIUM ER 450 MG TABLET	LITHIUM CARBONATE	6	999	No
	H2S	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)			
H2S	CITALOPRAM 10 MG/5 ML SOLUTION	CITALOPRAM HYDROBROMIDE	6	11	No
H2S	CITALOPRAM HBR 10 MG TABLET	CITALOPRAM HYDROBROMIDE	6	999	No
H2S	CITALOPRAM HBR 20 MG TABLET	CITALOPRAM HYDROBROMIDE	6	999	No
H2S	CITALOPRAM HBR 40 MG TABLET	CITALOPRAM HYDROBROMIDE	6	999	No
H2S	ESCITALOPRAM 10 MG TABLET	ESCITALOPRAM OXALATE	6	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H2S	ESCITALOPRAM 20 MG TABLET	ESCITALOPRAM OXALATE	6	999	No
H2S	ESCITALOPRAM 5 MG TABLET	ESCITALOPRAM OXALATE	6	999	No
H2S	FLUOXETINE 10 MG CAPSULE	FLUOXETINE HCL	6	999	No
H2S	FLUOXETINE 20 MG CAPSULE	FLUOXETINE HCL	6	999	No
H2S	FLUOXETINE 20 MG/5 ML SOLN	FLUOXETINE HCL	6	11	No
H2S	FLUOXETINE 20 MG/5 ML SOLUTION	FLUOXETINE HCL	6	11	No
H2S	FLUOXETINE 40 MG CAPSULE	FLUOXETINE HCL	6	999	No
H2S	FLUOXETINE HCL 10 MG CAPSULE	FLUOXETINE HCL	6	999	No
H2S	FLUOXETINE HCL 20 MG CAPSULE	FLUOXETINE HCL	6	999	No
H2S	FLUOXETINE HCL 40 MG CAPSULE	FLUOXETINE HCL	6	999	No
H2S	FLUVOXAMINE MAL 100 MG TAB	FLUVOXAMINE MALEATE	6	999	No
H2S	FLUVOXAMINE MALEATE 100 MG TAB	FLUVOXAMINE MALEATE	6	999	No
H2S	FLUVOXAMINE MALEATE 25 MG TAB	FLUVOXAMINE MALEATE	6	999	No
H2S	FLUVOXAMINE MALEATE 25 MG TB	FLUVOXAMINE MALEATE	6	999	No
H2S	FLUVOXAMINE MALEATE 50 MG TAB	FLUVOXAMINE MALEATE	6	999	No
H2S	FLUVOXAMINE MALEATE 50 MG TB	FLUVOXAMINE MALEATE	6	999	No
H2S	PAROXETINE HCL 10 MG TABLET	PAROXETINE HCL	6	999	No
H2S	PAROXETINE HCL 20 MG TABLET	PAROXETINE HCL	6	999	No
H2S	PAROXETINE HCL 30 MG TABLET	PAROXETINE HCL	6	999	No
H2S	PAROXETINE HCL 40 MG TABLET	PAROXETINE HCL	6	999	No
H2S	SERTRALINE 20 MG/ML ORAL CONC	SERTRALINE HCL	6	11	No
H2S	SERTRALINE HCL 100 MG TABLET	SERTRALINE HCL	6	999	No
H2S	SERTRALINE HCL 25 MG TABLET	SERTRALINE HCL	6	999	No
H2S	SERTRALINE HCL 50 MG TABLET	SERTRALINE HCL	6	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
	H2U	TRICYCLIC ANTIDEPRESSANTS,REL.NON-SEL.REUPT-INHIB			
H2U	AMITRIPTYLINE HCL 10 MG TAB	AMITRIPTYLINE HCL	6	999	No
H2U	AMITRIPTYLINE HCL 100 MG TAB	AMITRIPTYLINE HCL	6	999	No
H2U	AMITRIPTYLINE HCL 150 MG TAB	AMITRIPTYLINE HCL	6	999	No
H2U	AMITRIPTYLINE HCL 25 MG TAB	AMITRIPTYLINE HCL	6	999	No
H2U	AMITRIPTYLINE HCL 50 MG TAB	AMITRIPTYLINE HCL	6	999	No
H2U	AMITRIPTYLINE HCL 75 MG TAB	AMITRIPTYLINE HCL	6	999	No
H2U	AMOXAPINE 100 MG TABLET	AMOXAPINE	6	999	No
H2U	AMOXAPINE 150 MG TABLET	AMOXAPINE	6	999	No
H2U	AMOXAPINE 25 MG TABLET	AMOXAPINE	6	999	No
H2U	AMOXAPINE 50 MG TABLET	AMOXAPINE	6	999	No
H2U	CLOMIPRAMINE 25 MG CAPSULE	CLOMIPRAMINE HCL	6	999	No
H2U	CLOMIPRAMINE 50 MG CAPSULE	CLOMIPRAMINE HCL	6	999	No
H2U	CLOMIPRAMINE 75 MG CAPSULE	CLOMIPRAMINE HCL	6	999	No
H2U	DESIPRAMINE 10 MG TABLET	DESIPRAMINE HCL	6	999	No
H2U	DESIPRAMINE 100 MG TABLET	DESIPRAMINE HCL	6	999	No
H2U	DESIPRAMINE 150 MG TABLET	DESIPRAMINE HCL	6	999	No
H2U	DESIPRAMINE 25 MG TABLET	DESIPRAMINE HCL	6	999	No
H2U	DESIPRAMINE 50 MG TABLET	DESIPRAMINE HCL	6	999	No
H2U	DESIPRAMINE 75 MG TABLET	DESIPRAMINE HCL	6	999	No
H2U	DOXEPIN 10 MG CAPSULE	DOXEPIN HCL	6	999	No
H2U	DOXEPIN 10 MG/ML ORAL CONC	DOXEPIN HCL	6	11	No
H2U	DOXEPIN 100 MG CAPSULE	DOXEPIN HCL	6	999	No
H2U	DOXEPIN 150 MG CAPSULE	DOXEPIN HCL	6	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H2U	DOXEPIN 25 MG CAPSULE	DOXEPIN HCL	6	999	No
H2U	DOXEPIN 50 MG CAPSULE	DOXEPIN HCL	6	999	No
H2U	DOXEPIN 75 MG CAPSULE	DOXEPIN HCL	6	999	No
H2U	IMIPRAMINE HCL 10 MG TABLET	IMIPRAMINE HCL	6	999	No
H2U	IMIPRAMINE HCL 25 MG TABLET	IMIPRAMINE HCL	6	999	No
H2U	IMIPRAMINE HCL 50 MG TABLET	IMIPRAMINE HCL	6	999	No
H2U	NORTRIPTYLINE 10 MG/5 ML SOL	NORTRIPTYLINE HCL	6	11	No
H2U	NORTRIPTYLINE HCL 10 MG CAP	NORTRIPTYLINE HCL	6	999	No
H2U	NORTRIPTYLINE HCL 25 MG CAP	NORTRIPTYLINE HCL	6	999	No
H2U	NORTRIPTYLINE HCL 50 MG CAP	NORTRIPTYLINE HCL	6	999	No
H2U	NORTRIPTYLINE HCL 75 MG CAP	NORTRIPTYLINE HCL	6	999	No
H2V TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY					
H2V	DAYTRANA 10 MG/9 HR PATCH	METHYLPHENIDATE	6	999	No
H2V	DAYTRANA 15 MG/9 HR PATCH	METHYLPHENIDATE	6	999	No
H2V	DAYTRANA 20 MG/9 HOUR PATCH	METHYLPHENIDATE	6	999	No
H2V	DAYTRANA 30 MG/9 HOUR PATCH	METHYLPHENIDATE	6	999	No
H2V	DEXMETHYLPHENIDATE 10 MG TAB	DEXMETHYLPHENIDATE HCL	0	999	No
H2V	DEXMETHYLPHENIDATE 2.5 MG TAB	DEXMETHYLPHENIDATE HCL	0	999	No
H2V	DEXMETHYLPHENIDATE 5 MG TAB	DEXMETHYLPHENIDATE HCL	0	999	No
H2V	FOCALIN XR 10 MG CAPSULE	DEXMETHYLPHENIDATE HCL	6	999	No
H2V	FOCALIN XR 15 MG CAPSULE	DEXMETHYLPHENIDATE HCL	6	999	No
H2V	FOCALIN XR 20 MG CAPSULE	DEXMETHYLPHENIDATE HCL	6	999	No
H2V	FOCALIN XR 25 MG CAPSULE	DEXMETHYLPHENIDATE HCL	6	999	No
H2V	FOCALIN XR 30 MG CAPSULE	DEXMETHYLPHENIDATE HCL	6	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H2V	FOCALIN XR 35 MG CAPSULE	DEXMETHYLPHENIDATE HCL	6	999	No
H2V	FOCALIN XR 40 MG CAPSULE	DEXMETHYLPHENIDATE HCL	6	999	No
H2V	FOCALIN XR 5 MG CAPSULE	DEXMETHYLPHENIDATE HCL	6	999	No
H2V	METHYLIN 2.5 MG CHEWABLE TAB	METHYLPHENIDATE HCL	0	999	No
H2V	METHYLPHENIDATE 10 MG TABLET	METHYLPHENIDATE HCL	0	999	No
H2V	METHYLPHENIDATE 2.5 MG CHEW TB	METHYLPHENIDATE HCL	0	999	No
H2V	METHYLPHENIDATE 20 MG TABLET	METHYLPHENIDATE HCL	0	999	No
H2V	METHYLPHENIDATE 5 MG TABLET	METHYLPHENIDATE HCL	0	999	No
H2V	METHYLPHENIDATE ER 10 MG TAB	METHYLPHENIDATE HCL	6	999	No
H2V	METHYLPHENIDATE ER 18 MG TAB	METHYLPHENIDATE HCL	6	999	No
H2V	METHYLPHENIDATE ER 20 MG TAB	METHYLPHENIDATE HCL	6	999	No
H2V	METHYLPHENIDATE ER 27 MG TAB	METHYLPHENIDATE HCL	6	999	No
H2V	METHYLPHENIDATE ER 36 MG TAB	METHYLPHENIDATE HCL	6	999	No
H2V	METHYLPHENIDATE ER 54 MG TAB	METHYLPHENIDATE HCL	6	999	No
H2V	QUILLICHEW ER 20 MG CHEW TAB	METHYLPHENIDATE HCL	6	999	No
H2V	QUILLICHEW ER 30 MG CHEW TAB	METHYLPHENIDATE HCL	6	999	No
H2V	QUILLICHEW ER 40 MG CHEW TAB	METHYLPHENIDATE HCL	6	999	No
H2V	QUILLIVANT XR 25 MG/5 ML SUSP	METHYLPHENIDATE HCL	6	999	No
	H2W	TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS			
H2W	PERPHEN-AMITRIP 2 MG-10 MG TAB	PERPHENAZINE/AMITRIPTYLINE HCL	18	999	No
H2W	PERPHEN-AMITRIP 2 MG-25 MG TAB	PERPHENAZINE/AMITRIPTYLINE HCL	18	999	No
H2W	PERPHEN-AMITRIP 4 MG-10 MG TAB	PERPHENAZINE/AMITRIPTYLINE HCL	18	999	No
H2W	PERPHEN-AMITRIP 4 MG-25 MG TAB	PERPHENAZINE/AMITRIPTYLINE HCL	18	999	No
H2W	PERPHEN-AMITRIP 4 MG-50 MG TAB	PERPHENAZINE/AMITRIPTYLINE HCL	18	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H2X		TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS			
H2X	AMITRIP/CDP 12.5-5 TABLET	AMITRIPTYLINE/CHLORDIAZEPOXIDE	6	999	No
H2X	AMITRIP/CDP 25-10 TABLET	AMITRIPTYLINE/CHLORDIAZEPOXIDE	6	999	No
H3A		ANALGESICS, NARCOTICS			
H3A	BELLADONNA & OPIUM SUPPOS	OPIUM/BELLADONNA ALKALOIDS	0	999	No
H3A	BUTRANS 10 MCG/HR PATCH	BUPRENORPHINE	18	999	No
H3A	BUTRANS 15 MCG/HR PATCH	BUPRENORPHINE	18	999	No
H3A	BUTRANS 20 MCG/HR PATCH	BUPRENORPHINE	18	999	No
H3A	BUTRANS 5 MCG/HR PATCH	BUPRENORPHINE	18	999	No
H3A	BUTRANS 7.5 MCG/HR PATCH	BUPRENORPHINE	18	999	No
H3A	CODEINE SULFATE 15 MG TABLET	CODEINE SULFATE	6	999	No
H3A	CODEINE SULFATE 30 MG TABLET	CODEINE SULFATE	6	999	No
H3A	CODEINE SULFATE 60 MG TABLET	CODEINE SULFATE	6	999	No
H3A	EMBEDA ER 100-4 MG CAPSULE	MORPHINE SULFATE/NALTREXONE	18	999	No
H3A	EMBEDA ER 20-0.8 MG CAPSULE	MORPHINE SULFATE/NALTREXONE	18	999	No
H3A	EMBEDA ER 30-1.2 MG CAPSULE	MORPHINE SULFATE/NALTREXONE	18	999	No
H3A	EMBEDA ER 50-2 MG CAPSULE	MORPHINE SULFATE/NALTREXONE	18	999	No
H3A	EMBEDA ER 60-2.4 MG CAPSULE	MORPHINE SULFATE/NALTREXONE	18	999	No
H3A	EMBEDA ER 80-3.2 MG CAPSULE	MORPHINE SULFATE/NALTREXONE	18	999	No
H3A	FENTANYL 100 MCG/HR PATCH	FENTANYL	18	999	No
H3A	FENTANYL 12 MCG/HR PATCH	FENTANYL	18	999	No
H3A	FENTANYL 25 MCG/HR PATCH	FENTANYL	18	999	No
H3A	FENTANYL 50 MCG/HR PATCH	FENTANYL	18	999	No
H3A	FENTANYL 75 MCG/HR PATCH	FENTANYL	18	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H3A	HYDROMORPHONE 0.5 MG/0.5 ML	HYDROMORPHONE HCL	0	999	No
H3A	HYDROMORPHONE 2 MG TABLET	HYDROMORPHONE HCL	0	999	No
H3A	HYDROMORPHONE 4 MG TABLET	HYDROMORPHONE HCL	0	999	No
H3A	HYDROMORPHONE 8 MG TABLET	HYDROMORPHONE HCL	0	999	No
H3A	HYDROMORPHONE HCL 8 MG TAB	HYDROMORPHONE HCL	0	999	No
H3A	MORPHINE 30 MG/30 ML SYRINGE	MORPHINE SULFATE	0	999	No
H3A	MORPHINE SULF 10 MG/5 ML SOLN	MORPHINE SULFATE	0	999	No
H3A	MORPHINE SULF 100 MG/5 ML SOLN	MORPHINE SULFATE	0	999	No
H3A	MORPHINE SULF 20 MG/5 ML SOLN	MORPHINE SULFATE	0	999	No
H3A	MORPHINE SULFATE 15 MG TABLET	MORPHINE SULFATE	0	999	No
H3A	MORPHINE SULFATE 20 MG/ML SOLN	MORPHINE SULFATE	0	999	No
H3A	MORPHINE SULFATE 30 MG TABLET	MORPHINE SULFATE	0	999	No
H3A	OXYCODONE HCL 10 MG TABLET	OXYCODONE HCL	18	999	No
H3A	OXYCODONE HCL 15 MG TABLET	OXYCODONE HCL	18	999	No
H3A	OXYCODONE HCL 20 MG TABLET	OXYCODONE HCL	18	999	No
H3A	OXYCODONE HCL 30 MG TABLET	OXYCODONE HCL	18	999	No
H3A	OXYCODONE HCL 5 MG TABLET	OXYCODONE HCL	18	999	No
H3A	OXYCODONE HCL 5 MG/5 ML SOL	OXYCODONE HCL	18	999	No
H3A	OXYCODONE HCL 5 MG/5 ML SOLN	OXYCODONE HCL	18	999	No
H3A	TRAMADOL HCL 50 MG TABLET	TRAMADOL HCL	0	999	No
	H3D	ANALGESIC/ANTIPYRETICS, SALICYLATES			
H3D	ASPIRIN 325 MG TABLET	ASPIRIN	0	999	No
H3D	ASPIRIN EC 325 MG TABLET	ASPIRIN	0	999	No
H3D	SALSALATE 500 MG TABLET	SALSALATE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H3D	SALSALATE 750 MG TABLET	SALSALATE	0	999	No
	H3E	ANALGESIC/ANTIPYRETICS, NON-SALICYLATE			
H3E	ACETAMINOPHEN 160 MG/5 ML ELX	ACETAMINOPHEN	0	6	No
H3E	ACETAMINOPHEN 160 MG/5 ML LIQ	ACETAMINOPHEN	0	6	No
H3E	ACETAMINOPHEN 160 MG/5 ML SOL	ACETAMINOPHEN	0	6	No
H3E	APAP CHILDRENS SUSPENSION	ACETAMINOPHEN	0	6	No
H3E	ARTHRITIS PAIN ER 650 MG CAPLT	ACETAMINOPHEN	0	999	No
	H3F	ANTIMIGRAINE PREPARATIONS			
H3F	RIZATRIPTAN 10 MG ODT	RIZATRIPTAN BENZOATE	6	999	No
H3F	RIZATRIPTAN 10 MG TABLET	RIZATRIPTAN BENZOATE	6	999	No
H3F	RIZATRIPTAN 5 MG ODT	RIZATRIPTAN BENZOATE	6	999	No
H3F	RIZATRIPTAN 5 MG TABLET	RIZATRIPTAN BENZOATE	6	999	No
H3F	SUMATRIPTAN 20 MG NASAL SPRAY	SUMATRIPTAN	18	999	No
H3F	SUMATRIPTAN 5 MG NASAL SPRAY	SUMATRIPTAN	18	999	No
H3F	SUMATRIPTAN SUCC 100 MG TABLET	SUMATRIPTAN SUCCINATE	18	999	No
H3F	SUMATRIPTAN SUCC 25 MG TABLET	SUMATRIPTAN SUCCINATE	18	999	No
H3F	SUMATRIPTAN SUCC 50 MG TABLET	SUMATRIPTAN SUCCINATE	18	999	No
	H3K	ANALGESIC, NON-SALICYLATE AND BARBITURATE COMBINAT			
H3K	APAP/BUTALBITAL 325/50 TAB	BUTALBITAL/ACETAMINOPHEN	0	999	No
H3K	BUTALBITAL-ACETAMIN 50-300 TAB	BUTALBITAL/ACETAMINOPHEN	0	999	No
H3K	BUTALBITAL-ACETAMINOPHN 50-325	BUTALBITAL/ACETAMINOPHEN	0	999	No
	H3L	ANALGESIC, NON-SALICYLATE, BARBITURATE, XANTHINE COMB			
H3L	BUTALB-ACETAMIN-CAFF 50-300-40	BUTALB/ACETAMINOPHEN/CAFFEINE	0	999	No
H3L	BUTALB-ACETAMIN-CAFF 50-325-40	BUTALB/ACETAMINOPHEN/CAFFEINE	0	999	No
H3L	BUTALB-APAP-CAFF 50-325-40 TAB	BUTALB/ACETAMINOPHEN/CAFFEINE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H3L	BUTALBIT-ACETAMINOPHEN-CAFF CP	BUTALB/ACETAMINOPHEN/CAFFEINE	0	999	No
H3L	BUTALBITAL/APAP/CAFFEINE TAB	BUTALB/ACETAMINOPHEN/CAFFEINE	0	999	No
H3L	BUTALBITAL/APAP/CAFFEINE TB	BUTALB/ACETAMINOPHEN/CAFFEINE	0	999	No
H3L	BUTALBITAL-APAP-CAFFEINE TAB	BUTALB/ACETAMINOPHEN/CAFFEINE	0	999	No
H3L	BUTALBITAL-APAP-CAFFEINE TB	BUTALB/ACETAMINOPHEN/CAFFEINE	0	999	No
H3M		NARCOTIC, NON-SALICY. ANALGESIC, BARBITURATE, XANTHINE			
H3M	BUTALBITAL/CAFF/APAP/COD CP	BUTALBIT/ACETAMIN/CAFF/CODEINE	6	999	No
H3M	BUTALBITAL-CAFF-APAP-COD CAP	BUTALBIT/ACETAMIN/CAFF/CODEINE	6	999	No
H3M	BUTALBITAL-CAFF-APAP-COD CP	BUTALBIT/ACETAMIN/CAFF/CODEINE	6	999	No
H3N		ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION			
H3N	HYDROCODONE BIT-IBUPROFEN TAB	HYDROCODONE/IBUPROFEN	0	999	No
H3N	HYDROCODONE BT-IBUPROFEN TAB	HYDROCODONE/IBUPROFEN	0	999	No
H3N	HYDROCODONE BT-IBUPROFEN TB	HYDROCODONE/IBUPROFEN	0	999	No
H3N	HYDROCODONE-IBUPROFEN 10-200	HYDROCODONE/IBUPROFEN	0	999	No
H3N	HYDROCODONE-IBUPROFEN 5-200 MG	HYDROCODONE/IBUPROFEN	0	999	No
H3N	HYDROCODONE-IBUPROFEN 7.5-200	HYDROCODONE/IBUPROFEN	0	999	No
H3O		ANALGESIC, SALICYLATE, BARBITURATE, XANTHINE COMB.			
H3O	BUTALBITAL COMPOUND CAPSULE	BUTALBITAL/ASPIRIN/CAFFEINE	0	999	No
H3O	BUTALBITAL-ASA-CAFFEINE CAP	BUTALBITAL/ASPIRIN/CAFFEINE	0	999	No
H3O	BUTALBITAL-ASP-CAFFEINE CAP	BUTALBITAL/ASPIRIN/CAFFEINE	0	999	No
H3T		NARCOTIC ANTAGONISTS			
H3T	NALOXONE 0.4 MG/ML SYRINGE	NALOXONE HCL	0	999	No
H3T	NALOXONE 0.4 MG/ML VIAL	NALOXONE HCL	0	999	No
H3T	NALOXONE 2 MG/2 ML SYRINGE	NALOXONE HCL	0	999	No
H3T	NALOXONE 4 MG/10 ML VIAL	NALOXONE HCL	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H3T	NALTREXONE 50 MG TABLET	NALTREXONE HCL	0	999	No
H3T	NARCAN 4 MG NASAL SPRAY	NALOXONE HCL	0	999	No
H3U		NARCOTIC ANALGESIC AND NON-SALICYLATE ANALGESIC			
H3U	ACETAMIN-CODEIN 300-30 MG/12.5	ACETAMINOPHEN WITH CODEINE	6	999	No
H3U	ACETAMINOP-CODEINE 120-12 MG/5	ACETAMINOPHEN WITH CODEINE	6	999	No
H3U	ACETAMINOPHEN/COD #2 TABLET	ACETAMINOPHEN WITH CODEINE	6	999	No
H3U	ACETAMINOPHEN/COD #3 TABLET	ACETAMINOPHEN WITH CODEINE	6	999	No
H3U	ACETAMINOPHEN/COD #4 TABLET	ACETAMINOPHEN WITH CODEINE	6	999	No
H3U	ACETAMINOPHEN/COD ELIXIR	ACETAMINOPHEN WITH CODEINE	6	999	No
H3U	ACETAMINOPHEN-COD #2 TABLET	ACETAMINOPHEN WITH CODEINE	6	999	No
H3U	ACETAMINOPHEN-COD #3 TABLET	ACETAMINOPHEN WITH CODEINE	6	999	No
H3U	ACETAMINOPHEN-COD #4 TABLET	ACETAMINOPHEN WITH CODEINE	6	999	No
H3U	HYDROCODON-ACETAMIN 7.5-325/15	HYDROCODONE/ACETAMINOPHEN	0	999	No
H3U	HYDROCODON-ACETAMINOPH 2.5-325	HYDROCODONE/ACETAMINOPHEN	0	999	No
H3U	HYDROCODON-ACETAMINOPH 7.5-300	HYDROCODONE/ACETAMINOPHEN	0	999	No
H3U	HYDROCODON-ACETAMINOPH 7.5-325	HYDROCODONE/ACETAMINOPHEN	0	999	No
H3U	HYDROCODON-ACETAMINOPHEN 5-300	HYDROCODONE/ACETAMINOPHEN	0	999	No
H3U	HYDROCODON-ACETAMINOPHEN 5-325	HYDROCODONE/ACETAMINOPHEN	0	999	No
H3U	HYDROCODON-ACETAMINOPHN 10-300	HYDROCODONE/ACETAMINOPHEN	0	999	No
H3U	HYDROCODON-ACETAMINOPHN 10-325	HYDROCODONE/ACETAMINOPHEN	0	999	No
H3U	HYDROCODONE-ACETAMIN 2.5-108/5	HYDROCODONE/ACETAMINOPHEN	0	999	No
H3U	HYDROCODONE-ACETAMIN 5-217/10	HYDROCODONE/ACETAMINOPHEN	0	999	No
H3U	HYDROCODONE-ACETAMINOPHEN SOLN	HYDROCODONE/ACETAMINOPHEN	0	999	No
H3U	HYDROCODONE-APAP 10/325 MG TAB	HYDROCODONE/ACETAMINOPHEN	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H3U	HYDROCODONE-APAP 10-325 TABLET	HYDROCODONE/ACETAMINOPHEN	0	999	No
H3U	HYDROCODONE-APAP 5/325 MG TAB	HYDROCODONE/ACETAMINOPHEN	0	999	No
H3U	HYDROCODONE-APAP 5-325 TABLET	HYDROCODONE/ACETAMINOPHEN	0	999	No
H3U	HYDROCODONE-APAP 7.5/325 MG TB	HYDROCODONE/ACETAMINOPHEN	0	999	No
H3U	HYDROCODONE-APAP 7.5-325 TAB	HYDROCODONE/ACETAMINOPHEN	0	999	No
H3U	HYDROCODONE-APAP SOLUTION	HYDROCODONE/ACETAMINOPHEN	0	999	No
H3U	OXYCODON HCL-APAP 10/325 MG TB	OXYCODONE HCL/ACETAMINOPHEN	0	999	No
H3U	OXYCODON-ACETAMINOPHEN 2.5-325	OXYCODONE HCL/ACETAMINOPHEN	0	999	No
H3U	OXYCODON-ACETAMINOPHEN 7.5-325	OXYCODONE HCL/ACETAMINOPHEN	0	999	No
H3U	OXYCODONE HCL-APAP 5/325 SOLN	OXYCODONE HCL/ACETAMINOPHEN	0	999	No
H3U	OXYCODONE W/APAP 5/325 TAB	OXYCODONE HCL/ACETAMINOPHEN	0	999	No
H3U	OXYCODONE-ACETAMINOPHEN 10-325	OXYCODONE HCL/ACETAMINOPHEN	0	999	No
H3U	OXYCODONE-ACETAMINOPHEN 5-325	OXYCODONE HCL/ACETAMINOPHEN	0	999	No
H3U	OXYCODONE-APAP 10-325 TABLET	OXYCODONE HCL/ACETAMINOPHEN	0	999	No
H3U	OXYCODONE-APAP 5/325 TABLET	OXYCODONE HCL/ACETAMINOPHEN	0	999	No
H3U	OXYCODONE-APAP 5-325 MG TAB	OXYCODONE HCL/ACETAMINOPHEN	0	999	No
H3U	OXYCODONE-APAP 5-325 TABLET	OXYCODONE HCL/ACETAMINOPHEN	0	999	No
H3U	OXYCODONE-APAP 7.5/325 MG TAB	OXYCODONE HCL/ACETAMINOPHEN	0	999	No
H3U	OXYCODONE-APAP 7.5-325 MG TAB	OXYCODONE HCL/ACETAMINOPHEN	0	999	No
H3W		NARCOTIC WITHDRAWAL THERAPY AGENTS			
H3W	BUPRENORPHINE 2 MG TABLET SL	BUPRENORPHINE HCL	16	999	Clinical PA Required
H3W	BUPRENORPHINE 8 MG TABLET SL	BUPRENORPHINE HCL	16	999	Clinical PA Required
H3W	SUBOXONE 12 MG-3 MG SL FILM	BUPRENORPHINE HCL/NALOXONE HCL	16	999	Clinical PA Required
H3W	SUBOXONE 2 MG-0.5 MG SL FILM	BUPRENORPHINE HCL/NALOXONE HCL	16	999	Clinical PA Required

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H3W	SUBOXONE 4 MG-1 MG SL FILM	BUPRENORPHINE HCL/NALOXONE HCL	16	999	Clinical PA Required
H3W	SUBOXONE 8 MG-2 MG SL FILM	BUPRENORPHINE HCL/NALOXONE HCL	16	999	Clinical PA Required
H3Y MU-OPIOID RECEPTOR ANTAGONISTS,PERIPHERALLY-ACTING					
H3Y	MOVANTIK 12.5 MG TABLET	NALOXEGOL OXALATE	0	999	Auto PA For Select Diag
H3Y	MOVANTIK 25 MG TABLET	NALOXEGOL OXALATE	0	999	Auto PA For Select Diag
H4B ANTICONVULSANTS					
H4B	APTiom 200 MG TABLET	ESLICARBAZEPINE ACETATE	18	999	Auto PA For Select Diag
H4B	APTiom 400 MG TABLET	ESLICARBAZEPINE ACETATE	18	999	Auto PA For Select Diag
H4B	APTiom 600 MG TABLET	ESLICARBAZEPINE ACETATE	18	999	Auto PA For Select Diag
H4B	APTiom 800 MG TABLET	ESLICARBAZEPINE ACETATE	18	999	Auto PA For Select Diag
H4B	CARBAMAZEPINE 100 MG TAB CHEW	CARBAMAZEPINE	0	999	No
H4B	CARBAMAZEPINE 100 MG TAB CHW	CARBAMAZEPINE	0	999	No
H4B	CARBAMAZEPINE 100 MG/5 ML SUS	CARBAMAZEPINE	0	999	No
H4B	CARBAMAZEPINE 200 MG TABLET	CARBAMAZEPINE	0	999	No
H4B	CARBAMAZEPINE ER 100 MG CAP	CARBAMAZEPINE	0	999	No
H4B	CARBAMAZEPINE ER 100 MG TABLET	CARBAMAZEPINE	0	999	No
H4B	CARBAMAZEPINE ER 200 MG CAP	CARBAMAZEPINE	0	999	No
H4B	CARBAMAZEPINE ER 200 MG TABLET	CARBAMAZEPINE	0	999	No
H4B	CARBAMAZEPINE ER 300 MG CAP	CARBAMAZEPINE	0	999	No
H4B	CARBAMAZEPINE ER 400 MG TABLET	CARBAMAZEPINE	0	999	No
H4B	CARBAMAZEPINE XR 200 MG TABLET	CARBAMAZEPINE	0	999	No
H4B	CARBAMAZEPINE XR 400 MG TABLET	CARBAMAZEPINE	0	999	No
H4B	CARBATROL 100 MG CAPSULE SA	CARBAMAZEPINE	0	999	Auto PA For Select Diag
H4B	CARBATROL 200 MG CAPSULE SA	CARBAMAZEPINE	0	999	Auto PA For Select Diag

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H4B	CARBATROL 300 MG CAPSULE SA	CARBAMAZEPINE	0	999	Auto PA For Select Diag
H4B	CELONTIN 300 MG KAPSEAL	METHSUXIMIDE	0	999	Auto PA For Select Diag
H4B	CLONAZEPAM 0.125 MG DIS TAB	CLONAZEPAM	0	999	No
H4B	CLONAZEPAM 0.25 MG DIS TAB	CLONAZEPAM	0	999	No
H4B	CLONAZEPAM 0.25 MG DIS TABLET	CLONAZEPAM	0	999	No
H4B	CLONAZEPAM 0.25 MG ODT	CLONAZEPAM	0	999	No
H4B	CLONAZEPAM 0.5 MG DIS TAB	CLONAZEPAM	0	999	No
H4B	CLONAZEPAM 0.5 MG DIS TABLET	CLONAZEPAM	0	999	No
H4B	CLONAZEPAM 0.5 MG TABLET	CLONAZEPAM	0	999	No
H4B	CLONAZEPAM 1 MG DIS TABLET	CLONAZEPAM	0	999	No
H4B	CLONAZEPAM 1 MG TABLET	CLONAZEPAM	0	999	No
H4B	CLONAZEPAM 2 MG DIS TABLET	CLONAZEPAM	0	999	No
H4B	CLONAZEPAM 2 MG ODT	CLONAZEPAM	0	999	No
H4B	CLONAZEPAM 2 MG TABLET	CLONAZEPAM	0	999	No
H4B	DEPAKENE 250 MG CAPSULE	VALPROIC ACID	0	999	Auto PA For Select Diag
H4B	DEPAKENE 250 MG/5 ML SYRUP	VALPROIC ACID (AS SODIUM SALT)	0	999	Auto PA For Select Diag
H4B	DEPAKOTE 125 MG SPRINKLE CAP	DIVALPROEX SODIUM	0	999	Auto PA For Select Diag
H4B	DEPAKOTE 125 MG TABLET EC	DIVALPROEX SODIUM	0	999	Auto PA For Select Diag
H4B	DEPAKOTE 250 MG TABLET EC	DIVALPROEX SODIUM	0	999	Auto PA For Select Diag
H4B	DEPAKOTE 500 MG TABLET EC	DIVALPROEX SODIUM	0	999	Auto PA For Select Diag
H4B	DEPAKOTE ER 250 MG TAB SA	DIVALPROEX SODIUM	0	999	Auto PA For Select Diag
H4B	DEPAKOTE ER 250 MG TABLET	DIVALPROEX SODIUM	0	999	Auto PA For Select Diag
H4B	DEPAKOTE ER 500 MG TAB SA	DIVALPROEX SODIUM	0	999	Auto PA For Select Diag
H4B	DIASSTAT 2.5 MG PEDI SYSTEM	DIAZEPAM	0	18	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H4B	DIASTAT ACUDIAL 12.5-15-20 MG	DIAZEPAM	0	18	No
H4B	DIASTAT ACUDIAL 5-7.5-10 MG KT	DIAZEPAM	0	18	No
H4B	DILANTIN 100 MG CAPSULE	PHENYTOIN SODIUM EXTENDED	0	999	Auto PA For Select Diag
H4B	DILANTIN 125 MG/5 ML SUSP	PHENYTOIN	0	999	Auto PA For Select Diag
H4B	DILANTIN 30 MG CAPSULE	PHENYTOIN SODIUM EXTENDED	0	999	No
H4B	DILANTIN 50 MG INFATAB	PHENYTOIN	0	999	Auto PA For Select Diag
H4B	DIVALPROEX SOD 125 MG TAB EC	DIVALPROEX SODIUM	0	999	No
H4B	DIVALPROEX SOD 250 MG TAB EC	DIVALPROEX SODIUM	0	999	No
H4B	DIVALPROEX SOD 250 MG TAB ER	DIVALPROEX SODIUM	0	999	No
H4B	DIVALPROEX SOD 500 MG TAB EC	DIVALPROEX SODIUM	0	999	No
H4B	DIVALPROEX SOD 500 MG TAB ER	DIVALPROEX SODIUM	0	999	No
H4B	DIVALPROEX SOD DR 125 MG TAB	DIVALPROEX SODIUM	0	999	No
H4B	DIVALPROEX SOD DR 250 MG TAB	DIVALPROEX SODIUM	0	999	No
H4B	DIVALPROEX SOD DR 500 MG TAB	DIVALPROEX SODIUM	0	999	No
H4B	DIVALPROEX SOD ER 250 MG TAB	DIVALPROEX SODIUM	0	999	No
H4B	DIVALPROEX SOD ER 500 MG TAB	DIVALPROEX SODIUM	0	999	No
H4B	DIVALPROEX SODIUM 125 MG CAP	DIVALPROEX SODIUM	0	999	No
H4B	EPITOL 200 MG TABLET	CARBAMAZEPINE	0	999	Auto PA For Select Diag
H4B	ETHOSUXIMIDE 250 MG CAPSULE	ETHOSUXIMIDE	0	999	No
H4B	ETHOSUXIMIDE 250 MG/5 ML SOLN	ETHOSUXIMIDE	0	999	No
H4B	ETHOSUXIMIDE 250 MG/5 ML SYRP	ETHOSUXIMIDE	0	999	No
H4B	FELBAMATE 400 MG TABLET	FELBAMATE	0	999	No
H4B	FELBAMATE 600 MG TABLET	FELBAMATE	0	999	No
H4B	FELBAMATE 600 MG/5 ML SUSP	FELBAMATE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H4B	FELBATOL 400 MG TABLET	FELBAMATE	0	999	Auto PA For Select Diag
H4B	FELBATOL 600 MG TABLET	FELBAMATE	0	999	Auto PA For Select Diag
H4B	FELBATOL 600 MG/5 ML SUSP	FELBAMATE	0	999	Auto PA For Select Diag
H4B	GABAPENTIN 100 MG CAPSULE	GABAPENTIN	0	999	No
H4B	GABAPENTIN 250 MG/5 ML SOLN	GABAPENTIN	0	999	No
H4B	GABAPENTIN 300 MG CAPSULE	GABAPENTIN	0	999	No
H4B	GABAPENTIN 300 MG/6 ML SOLN	GABAPENTIN	0	999	No
H4B	GABAPENTIN 400 MG CAPSULE	GABAPENTIN	0	999	No
H4B	GABAPENTIN 600 MG TABLET	GABAPENTIN	0	999	No
H4B	GABAPENTIN 800 MG TABLET	GABAPENTIN	0	999	No
H4B	GABITRIL 12 MG TABLET	TIAGABINE HCL	0	999	Auto PA For Select Diag
H4B	GABITRIL 16 MG TABLET	TIAGABINE HCL	0	999	Auto PA For Select Diag
H4B	GABITRIL 2 MG TABLET	TIAGABINE HCL	0	999	Auto PA For Select Diag
H4B	GABITRIL 4 MG TABLET	TIAGABINE HCL	0	999	Auto PA For Select Diag
H4B	KEPPRA 1,000 MG TABLET	LEVETIRACETAM	0	999	Auto PA For Select Diag
H4B	KEPPRA 100 MG/ML ORAL SOLN	LEVETIRACETAM	0	999	Auto PA For Select Diag
H4B	KEPPRA 250 MG TABLET	LEVETIRACETAM	0	999	Auto PA For Select Diag
H4B	KEPPRA 500 MG TABLET	LEVETIRACETAM	0	999	Auto PA For Select Diag
H4B	KEPPRA 750 MG TABLET	LEVETIRACETAM	0	999	Auto PA For Select Diag
H4B	KEPPRA XR 500 MG TABLET	LEVETIRACETAM	0	999	Auto PA For Select Diag
H4B	KEPPRA XR 750 MG TABLET	LEVETIRACETAM	0	999	Auto PA For Select Diag
H4B	LAMICTAL 100 MG TABLET	LAMOTRIGINE	0	999	Auto PA For Select Diag
H4B	LAMICTAL 150 MG TABLET	LAMOTRIGINE	0	999	Auto PA For Select Diag
H4B	LAMICTAL 200 MG TABLET	LAMOTRIGINE	0	999	Auto PA For Select Diag

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H4B	LAMICTAL 25 MG DISPER TABLET	LAMOTRIGINE	0	999	Auto PA For Select Diag
H4B	LAMICTAL 25 MG TABLET	LAMOTRIGINE	0	999	Auto PA For Select Diag
H4B	LAMICTAL 5 MG DISPER TABLET	LAMOTRIGINE	0	999	Auto PA For Select Diag
H4B	LAMICTAL TAB START KIT (BLUE)	LAMOTRIGINE	0	999	Auto PA For Select Diag
H4B	LAMICTAL TAB START KIT (GREEN)	LAMOTRIGINE	0	999	Auto PA For Select Diag
H4B	LAMICTAL TB START KIT (ORANGE)	LAMOTRIGINE	0	999	Auto PA For Select Diag
H4B	LAMOTRIGINE 100 MG TABLET	LAMOTRIGINE	0	999	No
H4B	LAMOTRIGINE 150 MG TABLET	LAMOTRIGINE	0	999	No
H4B	LAMOTRIGINE 200 MG TABLET	LAMOTRIGINE	0	999	No
H4B	LAMOTRIGINE 25 MG DISPER TAB	LAMOTRIGINE	0	999	No
H4B	LAMOTRIGINE 25 MG DISPER TABS	LAMOTRIGINE	0	999	No
H4B	LAMOTRIGINE 25 MG TABLET	LAMOTRIGINE	0	999	No
H4B	LAMOTRIGINE 25 MG TB START KIT	LAMOTRIGINE	0	999	No
H4B	LAMOTRIGINE 5 MG DISPER TABLET	LAMOTRIGINE	0	999	No
H4B	LAMOTRIGINE ODT 50 MG TABLET	LAMOTRIGINE	0	999	No
H4B	LEVETIRACETAM 1,000 MG TABLET	LEVETIRACETAM	0	999	No
H4B	LEVETIRACETAM 100 MG/ML SOLN	LEVETIRACETAM	0	999	No
H4B	LEVETIRACETAM 250 MG TABLET	LEVETIRACETAM	0	999	No
H4B	LEVETIRACETAM 500 MG TABLET	LEVETIRACETAM	0	999	No
H4B	LEVETIRACETAM 500 MG/5 ML SOLN	LEVETIRACETAM	0	999	No
H4B	LEVETIRACETAM 500 MG/5 ML VIAL	LEVETIRACETAM	0	999	No
H4B	LEVETIRACETAM 750 MG TABLET	LEVETIRACETAM	0	999	No
H4B	LEVETIRACETAM ER 500 MG TABLET	LEVETIRACETAM	0	999	No
H4B	LEVETIRACETAM ER 750 MG TABLET	LEVETIRACETAM	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H4B	LYRICA 100 MG CAPSULE	PREGABALIN	0	999	No
H4B	LYRICA 150 MG CAPSULE	PREGABALIN	0	999	No
H4B	LYRICA 200 MG CAPSULE	PREGABALIN	0	999	No
H4B	LYRICA 225 MG CAPSULE	PREGABALIN	0	999	No
H4B	LYRICA 25 MG CAPSULE	PREGABALIN	0	999	No
H4B	LYRICA 300 MG CAPSULE	PREGABALIN	0	999	No
H4B	LYRICA 50 MG CAPSULE	PREGABALIN	0	999	No
H4B	LYRICA 75 MG CAPSULE	PREGABALIN	0	999	No
H4B	MYSOLINE 250 MG TABLET	PRIMIDONE	0	999	Auto PA For Select Diag
H4B	MYSOLINE 50 MG TABLET	PRIMIDONE	0	999	Auto PA For Select Diag
H4B	NEURONTIN 100 MG CAPSULE	GABAPENTIN	0	999	Auto PA For Select Diag
H4B	NEURONTIN 250 MG/5 ML SOLN	GABAPENTIN	0	999	Auto PA For Select Diag
H4B	NEURONTIN 300 MG CAPSULE	GABAPENTIN	0	999	Auto PA For Select Diag
H4B	NEURONTIN 400 MG CAPSULE	GABAPENTIN	0	999	Auto PA For Select Diag
H4B	NEURONTIN 600 MG TABLET	GABAPENTIN	0	999	Auto PA For Select Diag
H4B	NEURONTIN 800 MG TABLET	GABAPENTIN	0	999	Auto PA For Select Diag
H4B	OXCARBAZEPINE 150 MG TABLET	OXCARBAZEPINE	0	999	No
H4B	OXCARBAZEPINE 300 MG TABLET	OXCARBAZEPINE	0	999	No
H4B	OXCARBAZEPINE 300 MG/5 ML SUSP	OXCARBAZEPINE	0	999	No
H4B	OXCARBAZEPINE 600 MG TABLET	OXCARBAZEPINE	0	999	No
H4B	PEGANONE 250 MG TABLET	ETHOTOIN	0	999	Auto PA For Select Diag
H4B	PHENYTEK 200 MG CAPSULE	PHENYTOIN SODIUM EXTENDED	0	999	Auto PA For Select Diag
H4B	PHENYTEK 300 MG CAPSULE	PHENYTOIN SODIUM EXTENDED	0	999	Auto PA For Select Diag
H4B	PHENYTOIN 125 MG/5 ML SUSP	PHENYTOIN	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H4B	PHENYTOIN 125 MG/5 ML SUSPEN	PHENYTOIN	0	999	No
H4B	PHENYTOIN 50 MG INFATAB	PHENYTOIN	0	999	No
H4B	PHENYTOIN 50 MG TABLET CHEW	PHENYTOIN	0	999	No
H4B	PHENYTOIN SOD EXT 100 MG CAP	PHENYTOIN SODIUM EXTENDED	0	999	No
H4B	PHENYTOIN SOD EXT 200 MG CAP	PHENYTOIN SODIUM EXTENDED	0	999	No
H4B	PHENYTOIN SOD EXT 300 MG CAP	PHENYTOIN SODIUM EXTENDED	0	999	No
H4B	PRIMIDONE 250 MG TABLET	PRIMIDONE	0	999	No
H4B	PRIMIDONE 50 MG TABLET	PRIMIDONE	0	999	No
H4B	TEGRETOL 100 MG/5 ML SUSP	CARBAMAZEPINE	0	999	Auto PA For Select Diag
H4B	TEGRETOL 200 MG TABLET	CARBAMAZEPINE	0	999	Auto PA For Select Diag
H4B	TEGRETOL XR 100 MG TABLET SA	CARBAMAZEPINE	0	999	Auto PA For Select Diag
H4B	TEGRETOL XR 200 MG TABLET SA	CARBAMAZEPINE	0	999	Auto PA For Select Diag
H4B	TEGRETOL XR 400 MG TABLET SA	CARBAMAZEPINE	0	999	Auto PA For Select Diag
H4B	TIAGABINE HCL 2 MG TABLET	TIAGABINE HCL	0	999	No
H4B	TIAGABINE HCL 4 MG TABLET	TIAGABINE HCL	0	999	No
H4B	TOPAMAX 100 MG TABLET	TOPIRAMATE	0	999	Auto PA For Select Diag
H4B	TOPAMAX 15 MG SPRINKLE CAP	TOPIRAMATE	0	999	Auto PA For Select Diag
H4B	TOPAMAX 200 MG TABLET	TOPIRAMATE	0	999	Auto PA For Select Diag
H4B	TOPAMAX 25 MG SPRINKLE CAP	TOPIRAMATE	0	999	Auto PA For Select Diag
H4B	TOPAMAX 25 MG TABLET	TOPIRAMATE	0	999	Auto PA For Select Diag
H4B	TOPAMAX 50 MG TABLET	TOPIRAMATE	0	999	Auto PA For Select Diag
H4B	TOPIRAMATE 100 MG TABLET	TOPIRAMATE	0	999	No
H4B	TOPIRAMATE 15 MG SPRINKLE CAP	TOPIRAMATE	0	999	No
H4B	TOPIRAMATE 200 MG TABLET	TOPIRAMATE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H4B	TOPIRAMATE 25 MG SPRINKLE CAP	TOPIRAMATE	0	999	No
H4B	TOPIRAMATE 25 MG TABLET	TOPIRAMATE	0	999	No
H4B	TOPIRAMATE 50 MG TABLET	TOPIRAMATE	0	999	No
H4B	TRILEPTAL 150 MG TABLET	OXCARBAZEPINE	0	999	Auto PA For Select Diag
H4B	TRILEPTAL 300 MG TABLET	OXCARBAZEPINE	0	999	Auto PA For Select Diag
H4B	TRILEPTAL 300 MG/5 ML SUSP	OXCARBAZEPINE	0	999	Auto PA For Select Diag
H4B	TRILEPTAL 600 MG TABLET	OXCARBAZEPINE	0	999	Auto PA For Select Diag
H4B	VALPROIC ACID 250 MG CAPSULE	VALPROIC ACID	0	999	No
H4B	VALPROIC ACID 250 MG/5 ML SOL	VALPROIC ACID (AS SODIUM SALT)	0	999	No
H4B	VALPROIC ACID 250 MG/5 ML SOLN	VALPROIC ACID (AS SODIUM SALT)	0	999	No
H4B	VALPROIC ACID 250 MG/5 ML SYR	VALPROIC ACID (AS SODIUM SALT)	0	999	No
H4B	VALPROIC ACID 500 MG/10 ML SOL	VALPROIC ACID (AS SODIUM SALT)	0	999	No
H4B	VIMPAT 10 MG/ML SOLUTION	LACOSAMIDE	0	999	Auto PA For Select Diag
H4B	VIMPAT 100 MG TABLET	LACOSAMIDE	0	999	Auto PA For Select Diag
H4B	VIMPAT 150 MG TABLET	LACOSAMIDE	0	999	Auto PA For Select Diag
H4B	VIMPAT 200 MG TABLET	LACOSAMIDE	0	999	Auto PA For Select Diag
H4B	VIMPAT 50 MG TABLET	LACOSAMIDE	0	999	Auto PA For Select Diag
H4B	VIMPAT STARTER KIT	LACOSAMIDE	0	999	Auto PA For Select Diag
H4B	ZARONTIN 250 MG CAPSULE	ETHOSUXIMIDE	0	999	Auto PA For Select Diag
H4B	ZARONTIN 250 MG/5 ML SYRUP	ETHOSUXIMIDE	0	999	Auto PA For Select Diag
H4B	ZONEGRAN 100 MG CAPSULE	ZONISAMIDE	0	999	Auto PA For Select Diag
H4B	ZONEGRAN 25 MG CAPSULE	ZONISAMIDE	0	999	Auto PA For Select Diag
H4B	ZONISAMIDE 100 MG CAPSULE	ZONISAMIDE	0	999	No
H4B	ZONISAMIDE 25 MG CAPSULE	ZONISAMIDE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H4B	ZONISAMIDE 50 MG CAPSULE	ZONISAMIDE	0	999	No
	H6A	ANTIPARKINSONISM DRUGS,OTHER			
H6A	AMANTADINE 100 MG CAPSULE	AMANTADINE HCL	1	999	No
H6A	AMANTADINE 100 MG TABLET	AMANTADINE HCL	1	999	No
H6A	AMANTADINE 100 MG/10 ML SOLN	AMANTADINE HCL	1	999	No
H6A	AMANTADINE 50 MG/5 ML SYRUP	AMANTADINE HCL	1	999	No
H6A	CARBIDOPA/LEVO 10/100 TAB	CARBIDOPA/LEVODOPA	18	999	No
H6A	CARBIDOPA/LEVO 25/100 TAB	CARBIDOPA/LEVODOPA	18	999	No
H6A	CARBIDOPA/LEVO 25/100 TAB	CARBIDOPA/LEVODOPA	18	999	No
H6A	CARBIDOPA/LEVO 25/100 TABLET	CARBIDOPA/LEVODOPA	18	999	No
H6A	CARBIDOPA/LEVO 25/100 TB SA	CARBIDOPA/LEVODOPA	18	999	No
H6A	CARBIDOPA/LEVO 25/250 TAB	CARBIDOPA/LEVODOPA	18	999	No
H6A	CARBIDOPA/LEVO 25/250 TABLET	CARBIDOPA/LEVODOPA	18	999	No
H6A	CARBIDOPA/LEVO 50/200 TB SA	CARBIDOPA/LEVODOPA	18	999	No
H6A	CARBIDOPA-LEVO 10-100 MG ODT	CARBIDOPA/LEVODOPA	18	999	No
H6A	CARBIDOPA-LEVO 10-100 TAB	CARBIDOPA/LEVODOPA	18	999	No
H6A	CARBIDOPA-LEVO 25-100 ER TAB	CARBIDOPA/LEVODOPA	18	999	No
H6A	CARBIDOPA-LEVO 25-100 MG ODT	CARBIDOPA/LEVODOPA	18	999	No
H6A	CARBIDOPA-LEVO 25-100 TAB	CARBIDOPA/LEVODOPA	18	999	No
H6A	CARBIDOPA-LEVO 25-100 TAB SA	CARBIDOPA/LEVODOPA	18	999	No
H6A	CARBIDOPA-LEVO 25-250 TAB	CARBIDOPA/LEVODOPA	18	999	No
H6A	CARBIDOPA-LEVO 50-200 ER TAB	CARBIDOPA/LEVODOPA	18	999	No
H6A	CARBIDOPA-LEVO 50-200 TAB SA	CARBIDOPA/LEVODOPA	18	999	No
H6A	CARBIDOPA-LEVO ER 25-100 TAB	CARBIDOPA/LEVODOPA	18	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H6A	CARBIDOPA-LEVO ER 50-200 TAB	CARBIDOPA/LEVODOPA	18	999	No
H6A	CARBIDOPA-LEVODOPA 10-100 TAB	CARBIDOPA/LEVODOPA	18	999	No
H6A	CARBIDOPA-LEVODOPA 25-100 TAB	CARBIDOPA/LEVODOPA	18	999	No
H6A	CARBIDOPA-LEVODOPA 25-250 TAB	CARBIDOPA/LEVODOPA	18	999	No
H6A	CARBIDOPA-LEVODOPA-ENTA 100 MG	CARBIDOPA/LEVODOPA/ENTACAPONE	18	999	No
H6A	CARBIDOPA-LEVODOPA-ENTA 125 MG	CARBIDOPA/LEVODOPA/ENTACAPONE	18	999	No
H6A	CARBIDOPA-LEVODOPA-ENTA 150 MG	CARBIDOPA/LEVODOPA/ENTACAPONE	18	999	No
H6A	CARBIDOPA-LEVODOPA-ENTA 200 MG	CARBIDOPA/LEVODOPA/ENTACAPONE	18	999	No
H6A	CARBIDOPA-LEVODOPA-ENTA 50 MG	CARBIDOPA/LEVODOPA/ENTACAPONE	18	999	No
H6A	CARBIDOPA-LEVODOPA-ENTA 75 MG	CARBIDOPA/LEVODOPA/ENTACAPONE	18	999	No
H6A	PRAMIPEXOLE 0.125 MG TABLET	PRAMIPEXOLE DI-HCL	18	999	No
H6A	PRAMIPEXOLE 0.25 MG TABLET	PRAMIPEXOLE DI-HCL	18	999	No
H6A	PRAMIPEXOLE 0.5 MG TABLET	PRAMIPEXOLE DI-HCL	18	999	No
H6A	PRAMIPEXOLE 0.75 MG TABLET	PRAMIPEXOLE DI-HCL	18	999	No
H6A	PRAMIPEXOLE 1 MG TABLET	PRAMIPEXOLE DI-HCL	18	999	No
H6A	PRAMIPEXOLE 1.5 MG TABLET	PRAMIPEXOLE DI-HCL	18	999	No
H6A	ROPINIROLE HCL 0.25 MG TABLET	ROPINIROLE HCL	18	999	No
H6A	ROPINIROLE HCL 0.5 MG TABLET	ROPINIROLE HCL	18	999	No
H6A	ROPINIROLE HCL 1 MG TABLET	ROPINIROLE HCL	18	999	No
H6A	ROPINIROLE HCL 2 MG TABLET	ROPINIROLE HCL	18	999	No
H6A	ROPINIROLE HCL 3 MG TABLET	ROPINIROLE HCL	18	999	No
H6A	ROPINIROLE HCL 4 MG TABLET	ROPINIROLE HCL	18	999	No
H6A	ROPINIROLE HCL 5 MG TABLET	ROPINIROLE HCL	18	999	No
H6A	SELEGILINE HCL 5 MG CAPSULE	SELEGILINE HCL	18	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H6A	SELEGILINE HCL 5 MG TABLET	SELEGILINE HCL	18	999	No
H6B		ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC			
H6B	BENZTROPINE MES 0.5 MG TAB	BENZTROPINE MESYLATE	3	999	No
H6B	BENZTROPINE MES 1 MG TABLET	BENZTROPINE MESYLATE	3	999	No
H6B	BENZTROPINE MES 2 MG TABLET	BENZTROPINE MESYLATE	3	999	No
H6B	TRIHEXYPHENIDYL 2 MG TABLET	TRIHEXYPHENIDYL HCL	18	999	No
H6B	TRIHEXYPHENIDYL 2 MG/5 ML ELX	TRIHEXYPHENIDYL HCL	18	999	No
H6B	TRIHEXYPHENIDYL 5 MG TABLET	TRIHEXYPHENIDYL HCL	18	999	No
H6C		ANTITUSSIVES,NON-NARCOTIC			
H6C	BENZONATATE 100 MG CAPSULE	BENZONATATE	0	20	No
H6C	BENZONATATE 150 MG CAPSULE	BENZONATATE	0	20	No
H6C	BENZONATATE 200 MG CAPSULE	BENZONATATE	0	20	No
H6H		SKELETAL MUSCLE RELAXANTS			
H6H	BACLOFEN 10 MG TABLET	BACLOFEN	0	999	No
H6H	BACLOFEN 20 MG TABLET	BACLOFEN	0	999	No
H6H	CHLORZOXAZONE 500 MG TABLET	CHLORZOXAZONE	0	999	No
H6H	CYCLOBENZAPRINE 10 MG TABLET	CYCLOBENZAPRINE HCL	0	999	No
H6H	CYCLOBENZAPRINE 5 MG TABLET	CYCLOBENZAPRINE HCL	0	999	No
H6H	METHOCARBAMOL 500 MG TABLET	METHOCARBAMOL	0	999	No
H6H	METHOCARBAMOL 750 MG TABLET	METHOCARBAMOL	0	999	No
H6H	TIZANIDINE HCL 2 MG TABLET	TIZANIDINE HCL	0	999	No
H6H	TIZANIDINE HCL 4 MG TABLET	TIZANIDINE HCL	0	999	No
H6I		AMYOTROPHIC LATERAL SCLEROSIS AGENTS			
H6I	RILUZOLE 50 MG TABLET	RILUZOLE	0	999	No
H6I	RILUZOLE 50MG TABLET	RILUZOLE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H6J		ANTIEMETIC/ANTIVERTIGO AGENTS			
H6J	EMEND 125 MG CAPSULE	APREPITANT	0	999	No
H6J	EMEND 40 MG CAPSULE	APREPITANT	0	999	No
H6J	EMEND 80 MG CAPSULE	APREPITANT	0	999	No
H6J	MECLIZINE 12.5 MG TABLET	MECLIZINE HCL	0	999	No
H6J	MECLIZINE 25 MG TABLET	MECLIZINE HCL	0	999	No
H6J	ONDANSETRON 4 MG TABLET	ONDANSETRON HCL	0	999	No
H6J	ONDANSETRON 4 MG/2 ML ISECURE	ONDANSETRON HCL/PF	0	999	No
H6J	ONDANSETRON 4 MG/5 ML SOLN	ONDANSETRON HCL	0	999	No
H6J	ONDANSETRON 4 MG/5 ML SOLUTION	ONDANSETRON HCL	0	999	No
H6J	ONDANSETRON 40 MG/20 ML VIAL	ONDANSETRON HCL	0	999	No
H6J	ONDANSETRON 8 MG TABLET	ONDANSETRON HCL	0	999	No
H6J	ONDANSETRON HCL 2 MG/ML VIAL	ONDANSETRON HCL	0	999	No
H6J	ONDANSETRON HCL 4 MG TABLET	ONDANSETRON HCL	0	999	No
H6J	ONDANSETRON HCL 4 MG/2 ML SYR	ONDANSETRON HCL/PF	0	999	No
H6J	ONDANSETRON HCL 4 MG/2 ML VIAL	ONDANSETRON HCL/PF	0	999	No
H6J	ONDANSETRON HCL 8 MG TABLET	ONDANSETRON HCL	0	999	No
H6J	ONDANSETRON ODT 4 MG TABLET	ONDANSETRON	0	999	No
H6J	ONDANSETRON ODT 8 MG TABLET	ONDANSETRON	0	999	No
H6J	PROCHLORPERAZINE 10 MG TAB	PROCHLORPERAZINE MALEATE	0	999	No
H6J	PROCHLORPERAZINE 5 MG TAB	PROCHLORPERAZINE MALEATE	0	999	No
H6J	PROCHLORPERAZINE 5 MG TABLET	PROCHLORPERAZINE MALEATE	0	999	No
H6J	PROMETHAZINE 12.5 MG SUPPOS	PROMETHAZINE HCL	0	999	No
H6J	PROMETHAZINE 25 MG SUPPOS	PROMETHAZINE HCL	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H6J	PROMETHAZINE 25 MG SUPPOSITORY	PROMETHAZINE HCL	0	999	No
H6J	PROMETHAZINE 50 MG SUPPOSITORY	PROMETHAZINE HCL	0	999	No
H6J	PROMETHEGAN 12.5 MG SUPPOS	PROMETHAZINE HCL	0	999	No
H6J	PROMETHEGAN 25 MG SUPPOSITORY	PROMETHAZINE HCL	0	999	No
H6J	TRANSDERM-SCOP 1.5 MG/3 DAY	SCOPOLAMINE	0	999	No
H6J	TRANSDERM-SCOP 1.5 MG/72HR	SCOPOLAMINE	0	999	No
H7B		ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS			
H7B	MIRTAZAPINE 15 MG ODT	MIRTAZAPINE	6	999	No
H7B	MIRTAZAPINE 15 MG RPD DISLV TB	MIRTAZAPINE	6	999	No
H7B	MIRTAZAPINE 15 MG TABLET	MIRTAZAPINE	6	999	No
H7B	MIRTAZAPINE 30 MG ODT	MIRTAZAPINE	6	999	No
H7B	MIRTAZAPINE 30 MG RPD DISLV TB	MIRTAZAPINE	6	999	No
H7B	MIRTAZAPINE 30 MG TABLET	MIRTAZAPINE	6	999	No
H7B	MIRTAZAPINE 45 MG ODT	MIRTAZAPINE	6	999	No
H7B	MIRTAZAPINE 45 MG RPD DISLV TB	MIRTAZAPINE	6	999	No
H7B	MIRTAZAPINE 45 MG TABLET	MIRTAZAPINE	6	999	No
H7B	MIRTAZAPINE 7.5 MG TABLET	MIRTAZAPINE	6	999	No
H7C		SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)			
H7C	DULOXETINE HCL DR 20 MG CAP	DULOXETINE HCL	6	999	No
H7C	DULOXETINE HCL DR 30 MG CAP	DULOXETINE HCL	6	999	No
H7C	DULOXETINE HCL DR 40 MG CAP	DULOXETINE HCL	6	999	No
H7C	DULOXETINE HCL DR 60 MG CAP	DULOXETINE HCL	6	999	No
H7C	PRISTIQ 100 MG TABLET	DESVENLAFAXINE SUCCINATE	18	999	Auto PA For Select Diag
H7C	PRISTIQ 50 MG TABLET	DESVENLAFAXINE SUCCINATE	18	999	Auto PA For Select Diag

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H7C	PRISTIQ ER 25 MG TABLET	DESVENLAFAXINE SUCCINATE	18	999	Auto PA For Select Diag
H7C	VENLAFAXINE HCL 100 MG TABLET	VENLAFAXINE HCL	6	999	No
H7C	VENLAFAXINE HCL 25 MG TABLET	VENLAFAXINE HCL	6	999	No
H7C	VENLAFAXINE HCL 37.5 MG TABLET	VENLAFAXINE HCL	6	999	No
H7C	VENLAFAXINE HCL 50 MG TABLET	VENLAFAXINE HCL	6	999	No
H7C	VENLAFAXINE HCL 75 MG TABLET	VENLAFAXINE HCL	6	999	No
H7C	VENLAFAXINE HCL ER 150 MG CAP	VENLAFAXINE HCL	6	999	No
H7C	VENLAFAXINE HCL ER 150 MG TAB	VENLAFAXINE HCL	6	999	No
H7C	VENLAFAXINE HCL ER 225 MG TAB	VENLAFAXINE HCL	6	999	No
H7C	VENLAFAXINE HCL ER 37.5 MG CAP	VENLAFAXINE HCL	6	999	No
H7C	VENLAFAXINE HCL ER 37.5 MG TAB	VENLAFAXINE HCL	6	999	No
H7C	VENLAFAXINE HCL ER 75 MG CAP	VENLAFAXINE HCL	6	999	No
H7C	VENLAFAXINE HCL ER 75 MG TAB	VENLAFAXINE HCL	6	999	No
	H7D	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)			
H7D	BUPROPION HCL 100 MG TABLET	BUPROPION HCL	6	999	No
H7D	BUPROPION HCL 75 MG TABLET	BUPROPION HCL	6	999	No
H7D	BUPROPION HCL ER 100 MG TAB	BUPROPION HCL	6	999	No
H7D	BUPROPION HCL ER 200 MG TAB	BUPROPION HCL	6	999	No
H7D	BUPROPION HCL SR 100 MG TAB	BUPROPION HCL	6	999	No
H7D	BUPROPION HCL SR 100 MG TABLET	BUPROPION HCL	6	999	No
H7D	BUPROPION HCL SR 150 MG TABLET	BUPROPION HCL	6	999	No
H7D	BUPROPION HCL SR 200 MG TAB	BUPROPION HCL	6	999	No
H7D	BUPROPION HCL SR 200 MG TABLET	BUPROPION HCL	6	999	No
H7D	BUPROPION HCL XL 150 MG TABLET	BUPROPION HCL	6	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H7D	BUPROPION HCL XL 300 MG TABLET	BUPROPION HCL	6	999	No
H7D	BUPROPION SR 150 MG TABLET	BUPROPION HCL	6	999	No
H7E		SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)			
H7E	TRAZODONE 100 MG TABLET	TRAZODONE HCL	6	999	No
H7E	TRAZODONE 150 MG TABLET	TRAZODONE HCL	6	999	No
H7E	TRAZODONE 300 MG TABLET	TRAZODONE HCL	6	999	No
H7E	TRAZODONE 50 MG TABLET	TRAZODONE HCL	6	999	No
H7N		SMOKING DETERRENTS, OTHER			
H7N	BUPROPION SR 150 MG TABLET	BUPROPION HCL	18	999	No
H7O		ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHENONES			
H7O	DROPERIDOL 2.5 MG/ML AMPUL	DROPERIDOL	18	999	No
H7O	DROPERIDOL 2.5 MG/ML VIAL	DROPERIDOL	18	999	No
H7O	HALOPERIDOL 0.5 MG TABLET	HALOPERIDOL	6	999	No
H7O	HALOPERIDOL 1 MG TABLET	HALOPERIDOL	6	999	No
H7O	HALOPERIDOL 10 MG TABLET	HALOPERIDOL	6	999	No
H7O	HALOPERIDOL 2 MG TABLET	HALOPERIDOL	6	999	No
H7O	HALOPERIDOL 20 MG TABLET	HALOPERIDOL	6	999	No
H7O	HALOPERIDOL 5 MG TABLET	HALOPERIDOL	6	999	No
H7O	HALOPERIDOL 5 MG/ML AMPUL	HALOPERIDOL LACTATE	18	999	No
H7O	HALOPERIDOL DEC 100 MG/ML AMP	HALOPERIDOL DECANOATE	18	999	No
H7O	HALOPERIDOL DEC 100 MG/ML VIAL	HALOPERIDOL DECANOATE	18	999	No
H7O	HALOPERIDOL DEC 100 MG/ML VL	HALOPERIDOL DECANOATE	18	999	No
H7O	HALOPERIDOL DEC 50 MG/ML VIAL	HALOPERIDOL DECANOATE	18	999	No
H7O	HALOPERIDOL DEC 50 MG/ML VL	HALOPERIDOL DECANOATE	18	999	No
H7O	HALOPERIDOL DECAN 50 MG/ML AMP	HALOPERIDOL DECANOATE	18	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H7O	HALOPERIDOL LAC 2 MG/ML CONC	HALOPERIDOL LACTATE	6	999	No
H7O	HALOPERIDOL LAC 5 MG/ML VIAL	HALOPERIDOL LACTATE	18	999	No
H7O	HALOPERIDOL LAC 50 MG/10 ML VL	HALOPERIDOL LACTATE	18	999	No
H7P ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHENES					
H7P	THIOTHIXENE 1 MG CAPSULE	THIOTHIXENE	18	999	No
H7P	THIOTHIXENE 10 MG CAPSULE	THIOTHIXENE	18	999	No
H7P	THIOTHIXENE 2 MG CAPSULE	THIOTHIXENE	18	999	No
H7P	THIOTHIXENE 5 MG CAPSULE	THIOTHIXENE	18	999	No
H7R ANTIPSYCH,DOPAMINE ANTAG.,DIPHENYLBUTYLPIPERIDINES					
H7R	PIMOZIDE 1 MG TABLET	PIMOZIDE	18	999	No
H7R	PIMOZIDE 2 MG TABLET	PIMOZIDE	18	999	No
H7T ANTIPSYCHOTIC,ATYPICAL,DOPAMINE,SEROTONIN ANTAGNST					
H7T	CLOZAPINE 100 MG TABLET	CLOZAPINE	6	999	Requires Med Cert 3
H7T	CLOZAPINE 200 MG TABLET	CLOZAPINE	6	999	Requires Med Cert 3
H7T	CLOZAPINE 25 MG TABLET	CLOZAPINE	6	999	Requires Med Cert 3
H7T	CLOZAPINE 50 MG TABLET	CLOZAPINE	6	999	Requires Med Cert 3
H7T	CLOZAPINE ODT 100 MG TABLET	CLOZAPINE	6	999	Requires Med Cert 3
H7T	CLOZAPINE ODT 12.5 MG TABLET	CLOZAPINE	6	999	Requires Med Cert 3
H7T	CLOZAPINE ODT 150 MG TABLET	CLOZAPINE	6	999	Requires Med Cert 3
H7T	CLOZAPINE ODT 200 MG TABLET	CLOZAPINE	6	999	Requires Med Cert 3
H7T	CLOZAPINE ODT 25 MG TABLET	CLOZAPINE	6	999	Requires Med Cert 3
H7T	CLOZARIL 100 MG TABLET	CLOZAPINE	6	999	Requires Med Cert 3
H7T	CLOZARIL 25 MG TABLET	CLOZAPINE	6	999	Requires Med Cert 3
H7T	FANAPT 1 MG TABLET	ILOPERIDONE	18	999	No
H7T	FANAPT 10 MG TABLET	ILOPERIDONE	18	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H7T	FANAPT 12 MG TABLET	ILOPERIDONE	18	999	No
H7T	FANAPT 2 MG TABLET	ILOPERIDONE	18	999	No
H7T	FANAPT 4 MG TABLET	ILOPERIDONE	18	999	No
H7T	FANAPT 6 MG TABLET	ILOPERIDONE	18	999	No
H7T	FANAPT 8 MG TABLET	ILOPERIDONE	18	999	No
H7T	LATUDA 120 MG TABLET	LURASIDONE HCL	13	999	No
H7T	LATUDA 20 MG TABLET	LURASIDONE HCL	13	999	No
H7T	LATUDA 40 MG TABLET	LURASIDONE HCL	13	999	No
H7T	LATUDA 60 MG TABLET	LURASIDONE HCL	13	999	No
H7T	LATUDA 80 MG TABLET	LURASIDONE HCL	13	999	No
H7T	OLANZAPINE 10 MG TABLET	OLANZAPINE	6	999	No
H7T	OLANZAPINE 15 MG TABLET	OLANZAPINE	6	999	No
H7T	OLANZAPINE 2.5 MG TABLET	OLANZAPINE	6	999	No
H7T	OLANZAPINE 20 MG TABLET	OLANZAPINE	6	999	No
H7T	OLANZAPINE 5 MG TABLET	OLANZAPINE	6	999	No
H7T	OLANZAPINE 7.5 MG TABLET	OLANZAPINE	6	999	No
H7T	OLANZAPINE ODT 10 MG TABLET	OLANZAPINE	6	999	No
H7T	OLANZAPINE ODT 15 MG TABLET	OLANZAPINE	6	999	No
H7T	OLANZAPINE ODT 20 MG TABLET	OLANZAPINE	6	999	No
H7T	OLANZAPINE ODT 5 MG TABLET	OLANZAPINE	6	999	No
H7T	QUETIAPINE FUMARATE 100 MG TAB	QUETIAPINE FUMARATE	6	999	No
H7T	QUETIAPINE FUMARATE 200 MG TAB	QUETIAPINE FUMARATE	6	999	No
H7T	QUETIAPINE FUMARATE 25 MG TAB	QUETIAPINE FUMARATE	6	999	No
H7T	QUETIAPINE FUMARATE 300 MG TAB	QUETIAPINE FUMARATE	6	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H7T	QUETIAPINE FUMARATE 400 MG TAB	QUETIAPINE FUMARATE	6	999	No
H7T	QUETIAPINE FUMARATE 50 MG TAB	QUETIAPINE FUMARATE	6	999	No
H7T	RISPERIDONE 0.25 MG ODT	RISPERIDONE	6	999	No
H7T	RISPERIDONE 0.25 MG TABLET	RISPERIDONE	6	999	No
H7T	RISPERIDONE 0.5 MG ODT	RISPERIDONE	6	999	No
H7T	RISPERIDONE 0.5 MG TABLET	RISPERIDONE	6	999	No
H7T	RISPERIDONE 1 MG ODT	RISPERIDONE	6	999	No
H7T	RISPERIDONE 1 MG TABLET	RISPERIDONE	6	999	No
H7T	RISPERIDONE 1 MG/ML SOLUTION	RISPERIDONE	6	999	No
H7T	RISPERIDONE 2 MG ODT	RISPERIDONE	6	999	No
H7T	RISPERIDONE 2 MG TABLET	RISPERIDONE	6	999	No
H7T	RISPERIDONE 3 MG ODT	RISPERIDONE	6	999	No
H7T	RISPERIDONE 3 MG TABLET	RISPERIDONE	6	999	No
H7T	RISPERIDONE 4 MG ODT	RISPERIDONE	6	999	No
H7T	RISPERIDONE 4 MG TABLET	RISPERIDONE	6	999	No
H7T	RISPERIDONE ODT 0.5 MG M-TAB	RISPERIDONE	6	999	No
H7T	RISPERIDONE ODT 1 MG M-TAB	RISPERIDONE	6	999	No
H7T	RISPERIDONE ODT 2 MG M-TAB	RISPERIDONE	6	999	No
H7T	RISPERIDONE ODT 3 MG M-TAB	RISPERIDONE	6	999	No
H7T	RISPERIDONE ODT 4 MG M-TAB	RISPERIDONE	6	999	No
H7T	SEROQUEL XR 150 MG TABLET	QUETIAPINE FUMARATE	6	999	No
H7T	SEROQUEL XR 200 MG TABLET	QUETIAPINE FUMARATE	6	999	No
H7T	SEROQUEL XR 300 MG TABLET	QUETIAPINE FUMARATE	6	999	No
H7T	SEROQUEL XR 400 MG TABLET	QUETIAPINE FUMARATE	6	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H7T	SEROQUEL XR 50 MG TABLET	QUETIAPINE FUMARATE	6	999	No
H7T	ZIPRASIDONE HCL 20 MG CAPSULE	ZIPRASIDONE HCL	6	999	No
H7T	ZIPRASIDONE HCL 40 MG CAPSULE	ZIPRASIDONE HCL	6	999	No
H7T	ZIPRASIDONE HCL 60 MG CAPSULE	ZIPRASIDONE HCL	6	999	No
H7T	ZIPRASIDONE HCL 80 MG CAPSULE	ZIPRASIDONE HCL	6	999	No
H7U		ANTIPSYCHOTICS, DOPAMINE AND SEROTONIN ANTAGONISTS			
H7U	LOXAPINE 10 MG CAPSULE	LOXAPINE SUCCINATE	18	999	No
H7U	LOXAPINE 25 MG CAPSULE	LOXAPINE SUCCINATE	18	999	No
H7U	LOXAPINE 5 MG CAPSULE	LOXAPINE SUCCINATE	18	999	No
H7U	LOXAPINE 50 MG CAPSULE	LOXAPINE SUCCINATE	18	999	No
H7U	LOXAPINE SUCCINATE 10 MG CAP	LOXAPINE SUCCINATE	18	999	No
H7U	LOXAPINE SUCCINATE 25 MG CAP	LOXAPINE SUCCINATE	18	999	No
H7U	LOXAPINE SUCCINATE 5 MG CAP	LOXAPINE SUCCINATE	18	999	No
H7U	LOXAPINE SUCCINATE 50 MG CAP	LOXAPINE SUCCINATE	18	999	No
H7X		ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED			
H7X	ARIPIRAZOLE 1 MG/ML SOLUTION	ARIPIRAZOLE	6	999	No
H7X	ARIPIRAZOLE 10 MG TABLET	ARIPIRAZOLE	6	999	No
H7X	ARIPIRAZOLE 15 MG TABLET	ARIPIRAZOLE	6	999	No
H7X	ARIPIRAZOLE 2 MG TABLET	ARIPIRAZOLE	6	999	No
H7X	ARIPIRAZOLE 20 MG TABLET	ARIPIRAZOLE	6	999	No
H7X	ARIPIRAZOLE 30 MG TABLET	ARIPIRAZOLE	6	999	No
H7X	ARIPIRAZOLE 5 MG TABLET	ARIPIRAZOLE	6	999	No
H7X	ARIPIRAZOLE ODT 10 MG TABLET	ARIPIRAZOLE	6	999	No
H7X	ARIPIRAZOLE ODT 15 MG TABLET	ARIPIRAZOLE	6	999	No
H7Y		TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE			

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
H7Y	STRATTERA 10 MG CAPSULE	ATOMOXETINE HCL	6	999	No
H7Y	STRATTERA 100 MG CAPSULE	ATOMOXETINE HCL	6	999	No
H7Y	STRATTERA 18 MG CAPSULE	ATOMOXETINE HCL	6	999	No
H7Y	STRATTERA 25 MG CAPSULE	ATOMOXETINE HCL	6	999	No
H7Y	STRATTERA 40 MG CAPSULE	ATOMOXETINE HCL	6	999	No
H7Y	STRATTERA 60 MG CAPSULE	ATOMOXETINE HCL	6	999	No
H7Y	STRATTERA 80 MG CAPSULE	ATOMOXETINE HCL	6	999	No
H8M		TX FOR ADHD - SELECTIVE ALPHA-2 RECEPTOR AGONIST			
H8M	GUANFACINE HCL ER 1 MG TABLET	GUANFACINE HCL	0	999	No
H8M	GUANFACINE HCL ER 2 MG TABLET	GUANFACINE HCL	0	999	No
H8M	GUANFACINE HCL ER 3 MG TABLET	GUANFACINE HCL	0	999	No
H8M	GUANFACINE HCL ER 4 MG TABLET	GUANFACINE HCL	0	999	No
H8P		SSRI AND 5HT1A PARTIAL AGONIST ANTIDEPRESSANTS			
H8P	VIIBRYD 10 MG TABLET	VILAZODONE HCL	18	999	No
H8P	VIIBRYD 10-20 MG STARTER PACK	VILAZODONE HCL	18	999	No
H8P	VIIBRYD 20 MG TABLET	VILAZODONE HCL	18	999	No
H8P	VIIBRYD 40 MG TABLET	VILAZODONE HCL	18	999	No
H8T		SSRI, SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANTS			
H8T	TRINTELLIX 10 MG TABLET	VORTIOXETINE HYDROBROMIDE	18	999	Auto PA For Select Diag
H8T	TRINTELLIX 20 MG TABLET	VORTIOXETINE HYDROBROMIDE	18	999	Auto PA For Select Diag
H8T	TRINTELLIX 5 MG TABLET	VORTIOXETINE HYDROBROMIDE	18	999	Auto PA For Select Diag
J1A		PARASYMPATHETIC AGENTS			
J1A	BETHANECHOL 10 MG TABLET	BETHANECHOL CHLORIDE	0	999	No
J1A	BETHANECHOL 25 MG TABLET	BETHANECHOL CHLORIDE	0	999	No
J1A	BETHANECHOL 5 MG TABLET	BETHANECHOL CHLORIDE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
J1A	BETHANECHOL 50 MG TABLET	BETHANECHOL CHLORIDE	0	999	No
J1A	GUANIDINE HCL 125 MG TABLET	GUANIDINE HCL	0	999	No
J1A	PILOCARPINE HCL 5 MG TABLET	PILOCARPINE HCL	0	999	No
J1A	PILOCARPINE HCL 7.5 MG TABLET	PILOCARPINE HCL	0	999	No
J1B		CHOLINESTERASE INHIBITORS			
J1B	DONEPEZIL HCL 10 MG TABLET	DONEPEZIL HCL	18	999	No
J1B	DONEPEZIL HCL 5 MG TABLET	DONEPEZIL HCL	18	999	No
J1B	DONEPEZIL HCL ODT 10 MG TABLET	DONEPEZIL HCL	18	999	No
J1B	DONEPEZIL HCL ODT 5 MG TABLET	DONEPEZIL HCL	18	999	No
J1B	EXELON 13.3 MG/24HR PATCH	RIVASTIGMINE	18	999	No
J1B	EXELON 4.6 MG/24HR PATCH	RIVASTIGMINE	18	999	No
J1B	EXELON 9.5 MG/24HR PATCH	RIVASTIGMINE	18	999	No
J1B	MESTINON 60 MG/5 ML SYRUP	PYRIDOSTIGMINE BROMIDE	0	999	No
J1B	PYRIDOSTIGMINE BR 60 MG TAB	PYRIDOSTIGMINE BROMIDE	0	999	No
J1B	PYRIDOSTIGMINE BR 60 MG TABLET	PYRIDOSTIGMINE BROMIDE	0	999	No
J1B	PYRIDOSTIGMINE ER 180 MG TAB	PYRIDOSTIGMINE BROMIDE	0	999	No
J2A		BELLADONNA ALKALOIDS			
J2A	HYOSCYAMINE 0.125 MG ODT	HYOSCYAMINE SULFATE	0	999	No
J2A	HYOSCYAMINE 0.125 MG TAB SL	HYOSCYAMINE SULFATE	0	999	No
J2A	HYOSCYAMINE 0.125 MG/5 ML ELIX	HYOSCYAMINE SULFATE	0	999	No
J2A	HYOSCYAMINE 0.125 MG/ML DROP	HYOSCYAMINE SULFATE	0	999	No
J2A	HYOSCYAMINE 125 MCG/5 ML ELIX	HYOSCYAMINE SULFATE	0	999	No
J2A	HYOSCYAMINE ER 0.375 MG TAB	HYOSCYAMINE SULFATE	0	999	No
J2A	HYOSCYAMINE SULF 0.125 MG TAB	HYOSCYAMINE SULFATE	0	999	No
J2B		ANTICHOLINERGICS,QUATERNARY AMMONIUM			

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
J2B	GLYCOPYRROLATE 0.2 MG/ML VIAL	GLYCOPYRROLATE	0	999	No
J2B	GLYCOPYRROLATE 0.2 MG/ML VL	GLYCOPYRROLATE	0	999	No
J2B	GLYCOPYRROLATE 0.4 MG/2 ML VL	GLYCOPYRROLATE	0	999	No
J2B	GLYCOPYRROLATE 1 MG TABLET	GLYCOPYRROLATE	0	999	No
J2B	GLYCOPYRROLATE 1 MG/5 ML VIAL	GLYCOPYRROLATE	0	999	No
J2B	GLYCOPYRROLATE 2 MG TABLET	GLYCOPYRROLATE	0	999	No
J2B	GLYCOPYRROLATE 4 MG/20 ML VIAL	GLYCOPYRROLATE	0	999	No
J2B	PROPANTHELINE 15 MG TABLET	PROPANTHELINE BROMIDE	0	999	No
J2D		ANTICHOLINERGICS/ANTISPASMODICS			
J2D	DICYCLOMINE 10 MG CAPSULE	DICYCLOMINE HCL	0	999	No
J2D	DICYCLOMINE 10 MG/5 ML SYRUP	DICYCLOMINE HCL	0	999	No
J2D	DICYCLOMINE 20 MG TABLET	DICYCLOMINE HCL	0	999	No
J3A		SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)			
J3A	HM NICOTINE 14 MG/24HR PATCH	NICOTINE	18	999	No
J3A	HM NICOTINE 2 MG CHEWING GUM	NICOTINE POLACRILEX	18	999	No
J3A	HM NICOTINE 2 MG LOZENGE	NICOTINE POLACRILEX	18	999	No
J3A	HM NICOTINE 21 MG/24HR PATCH	NICOTINE	18	999	No
J3A	HM NICOTINE 4 MG CHEWING GUM	NICOTINE POLACRILEX	18	999	No
J3A	HM NICOTINE 4 MG LOZENGE	NICOTINE POLACRILEX	18	999	No
J3A	HM NICOTINE 7 MG/24HR PATCH	NICOTINE	18	999	No
J3A	LDR NICOTINE 2 MG CHEWING GUM	NICOTINE POLACRILEX	18	999	No
J3A	LDR NICOTINE 4 MG CHEWING GUM	NICOTINE POLACRILEX	18	999	No
J3A	NICORETTE 2 MG LOZENGE	NICOTINE POLACRILEX	18	999	No
J3A	NICORETTE 4 MG LOZENGE	NICOTINE POLACRILEX	18	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
J3A	NICORETTE 4 MG MINI LOZENGE	NICOTINE POLACRILEX	18	999	No
J3A	NICOTINE 14 MG/24 HR PATCH	NICOTINE	18	999	No
J3A	NICOTINE 14 MG/24HR PATCH	NICOTINE	18	999	No
J3A	NICOTINE 2 MG CHEWING GUM	NICOTINE POLACRILEX	18	999	No
J3A	NICOTINE 2 MG GUM	NICOTINE POLACRILEX	18	999	No
J3A	NICOTINE 2 MG LOZENGE	NICOTINE POLACRILEX	18	999	No
J3A	NICOTINE 2 MG MINI LOZENGE	NICOTINE POLACRILEX	18	999	No
J3A	NICOTINE 21 MG/24 HR PATCH	NICOTINE	18	999	No
J3A	NICOTINE 21 MG/24HR PATCH	NICOTINE	18	999	No
J3A	NICOTINE 4 MG CHEWING GUM	NICOTINE POLACRILEX	18	999	No
J3A	NICOTINE 4 MG GUM	NICOTINE POLACRILEX	18	999	No
J3A	NICOTINE 4 MG LOZENGE	NICOTINE POLACRILEX	18	999	No
J3A	NICOTINE 4 MG MINI LOZENGE	NICOTINE POLACRILEX	18	999	No
J3A	NICOTINE 7 MG/24 HR PATCH	NICOTINE	18	999	No
J3A	NICOTINE 7 MG/24HR PATCH	NICOTINE	18	999	No
J3A	NICOTINE POLACRILEX 2 MG GUM	NICOTINE POLACRILEX	18	999	No
J3A	NICOTINE POLACRILEX 4 MG GUM	NICOTINE POLACRILEX	18	999	No
J3A	NICOTINE TRANSDERMAL SYSTEM	NICOTINE	18	999	No
J3A	SM NICOTINE 14 MG/24HR PATCH	NICOTINE	18	999	No
J3A	SM NICOTINE 2 MG LOZENGE	NICOTINE POLACRILEX	18	999	No
J3A	SM NICOTINE 21 MG/24HR PATCH	NICOTINE	18	999	No
J3A	SM NICOTINE 4 MG LOZENGE	NICOTINE POLACRILEX	18	999	No
J3A	SM NICOTINE 7 MG/24HR PATCH	NICOTINE	18	999	No
J3A	SUNMARK NICOTINE 2 MG GUM	NICOTINE POLACRILEX	18	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
J3A	SUNMARK NICOTINE 4 MG GUM	NICOTINE POLACRILEX	18	999	No
J3C		SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST			
J3C	CHANTIX 0.5 MG TABLET	VARENICLINE TARTRATE	18	999	No
J3C	CHANTIX 1 MG CONT MONTH BOX	VARENICLINE TARTRATE	18	999	No
J3C	CHANTIX 1 MG TABLET	VARENICLINE TARTRATE	18	999	No
J3C	CHANTIX STARTING MONTH BOX	VARENICLINE TARTRATE	18	999	No
J5B		ADRENERGICS, AROMATIC, NON-CATECHOLAMINE			
J5B	AMPHETAMINE SALTS 10 MG TAB	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No
J5B	AMPHETAMINE SALTS 10 MG TABLET	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No
J5B	AMPHETAMINE SALTS 12.5 MG TAB	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No
J5B	AMPHETAMINE SALTS 12.5 MG TB	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No
J5B	AMPHETAMINE SALTS 15 MG TAB	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No
J5B	AMPHETAMINE SALTS 15 MG TABLET	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No
J5B	AMPHETAMINE SALTS 20 MG TAB	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No
J5B	AMPHETAMINE SALTS 20 MG TABLET	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No
J5B	AMPHETAMINE SALTS 30 MG TAB	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No
J5B	AMPHETAMINE SALTS 30 MG TABLET	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No
J5B	AMPHETAMINE SALTS 5 MG TAB	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No
J5B	AMPHETAMINE SALTS 5 MG TABLET	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No
J5B	AMPHETAMINE SALTS 7.5 MG TAB	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No
J5B	DEXTROAMP-AMPHETAM 12.5 MG TAB	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No
J5B	DEXTROAMP-AMPHETAM 7.5 MG TAB	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No
J5B	DEXTROAMP-AMPHETAMIN 10 MG TAB	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No
J5B	DEXTROAMP-AMPHETAMIN 15 MG TAB	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
J5B	DEXTROAMP-AMPHETAMIN 20 MG TAB	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No
J5B	DEXTROAMP-AMPHETAMIN 30 MG TAB	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No
J5B	DEXTROAMP-AMPHETAMINE 5 MG TAB	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No
J5B	DEXTROAMPHETAMINE 10 MG TAB	DEXTROAMPHETAMINE SULFATE	0	999	No
J5B	DEXTROAMPHETAMINE 5 MG TAB	DEXTROAMPHETAMINE SULFATE	0	999	No
J5B	DYANAVEL XR.2.5 MG/ML SUSP	AMPHETAMINE	6	999	No
J5B	VYVANSE 10 MG CAPSULE	LISDEXAMFETAMINE DIMESYLATE	6	999	No
J5B	VYVANSE 20 MG CAPSULE	LISDEXAMFETAMINE DIMESYLATE	6	999	No
J5B	VYVANSE 30 MG CAPSULE	LISDEXAMFETAMINE DIMESYLATE	6	999	No
J5B	VYVANSE 40 MG CAPSULE	LISDEXAMFETAMINE DIMESYLATE	6	999	No
J5B	VYVANSE 50 MG CAPSULE	LISDEXAMFETAMINE DIMESYLATE	6	999	No
J5B	VYVANSE 60 MG CAPSULE	LISDEXAMFETAMINE DIMESYLATE	6	999	No
J5B	VYVANSE 70 MG CAPSULE	LISDEXAMFETAMINE DIMESYLATE	6	999	No
J5D		BETA-ADRENERGIC AGENTS			
J5D	ALBUTEROL SULF 2 MG/5 ML SYRP	ALBUTEROL SULFATE	0	999	No
J5D	ALBUTEROL SULF 2 MG/5 ML SYRUP	ALBUTEROL SULFATE	0	999	No
J5D	TERBUTALINE SULF 1 MG/ML VIAL	TERBUTALINE SULFATE	0	999	No
J5F		ANAPHYLAXIS THERAPY AGENTS			
J5F	EPINEPHRINE 0.15 MG AUTO-INJCT	EPINEPHRINE	0	999	No
J5F	EPINEPHRINE 0.3 MG AUTO-INJECT	EPINEPHRINE	0	999	No
J5H		ADRENERGIC VASOPRESSOR AGENTS			
J5H	MIDODRINE HCL 10 MG TABLET	MIDODRINE HCL	0	999	No
J5H	MIDODRINE HCL 2.5 MG TABLET	MIDODRINE HCL	0	999	No
J5H	MIDODRINE HCL 5 MG TABLET	MIDODRINE HCL	0	999	No
J7A		ALPHA/BETA-ADRENERGIC BLOCKING AGENTS			

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
J7A	CARVEDILOL 12.5 MG TABLET	CARVEDILOL	0	999	No
J7A	CARVEDILOL 25 MG TABLET	CARVEDILOL	0	999	No
J7A	CARVEDILOL 3.125 MG TABLET	CARVEDILOL	0	999	No
J7A	CARVEDILOL 6.25 MG TABLET	CARVEDILOL	0	999	No
J7A	LABETALOL HCL 100 MG TABLET	LABETALOL HCL	0	999	No
J7A	LABETALOL HCL 200 MG TABLET	LABETALOL HCL	0	999	No
J7A	LABETALOL HCL 300 MG TABLET	LABETALOL HCL	0	999	No
	J7B	ALPHA-ADRENERGIC BLOCKING AGENTS			
J7B	DOXAZOSIN MESYLATE 1 MG TAB	DOXAZOSIN MESYLATE	0	999	No
J7B	DOXAZOSIN MESYLATE 2 MG TAB	DOXAZOSIN MESYLATE	0	999	No
J7B	DOXAZOSIN MESYLATE 4 MG TAB	DOXAZOSIN MESYLATE	0	999	No
J7B	DOXAZOSIN MESYLATE 8 MG TAB	DOXAZOSIN MESYLATE	0	999	No
J7B	PRAZOSIN 1 MG CAPSULE	PRAZOSIN HCL	0	999	No
J7B	PRAZOSIN 2 MG CAPSULE	PRAZOSIN HCL	0	999	No
J7B	PRAZOSIN 5 MG CAPSULE	PRAZOSIN HCL	0	999	No
J7B	PRAZOSIN HCL 1 MG CAPSULE	PRAZOSIN HCL	0	999	No
J7B	PRAZOSIN HCL 2 MG CAPSULE	PRAZOSIN HCL	0	999	No
J7B	PRAZOSIN HCL 5 MG CAPSULE	PRAZOSIN HCL	0	999	No
J7B	TERAZOSIN 1 MG CAPSULE	TERAZOSIN HCL	0	999	No
J7B	TERAZOSIN 10 MG CAPSULE	TERAZOSIN HCL	0	999	No
J7B	TERAZOSIN 2 MG CAPSULE	TERAZOSIN HCL	0	999	No
J7B	TERAZOSIN 5 MG CAPSULE	TERAZOSIN HCL	0	999	No
	J7C	BETA-ADRENERGIC BLOCKING AGENTS			
J7C	ACEBUTOLOL 200 MG CAPSULE	ACEBUTOLOL HCL	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
J7C	ACEBUTOLOL 400 MG CAPSULE	ACEBUTOLOL HCL	0	999	No
J7C	ATENOLOL 100 MG TABLET	ATENOLOL	0	999	No
J7C	ATENOLOL 25 MG TABLET	ATENOLOL	0	999	No
J7C	ATENOLOL 50 MG TABLET	ATENOLOL	0	999	No
J7C	BETAPACE AF 120 MG TABLET	SOTALOL HCL	0	999	No
J7C	METOPROLOL 100 MG TABLET	METOPROLOL TARTRATE	0	999	No
J7C	METOPROLOL 25 MG TABLET	METOPROLOL TARTRATE	0	999	No
J7C	METOPROLOL 50 MG TABLET	METOPROLOL TARTRATE	0	999	No
J7C	METOPROLOL SUCC ER 100 MG TAB	METOPROLOL SUCCINATE	0	999	No
J7C	METOPROLOL SUCC ER 200 MG TAB	METOPROLOL SUCCINATE	0	999	No
J7C	METOPROLOL SUCC ER 25 MG TAB	METOPROLOL SUCCINATE	0	999	No
J7C	METOPROLOL SUCC ER 50 MG TAB	METOPROLOL SUCCINATE	0	999	No
J7C	METOPROLOL TARTRATE 100 MG TAB	METOPROLOL TARTRATE	0	999	No
J7C	METOPROLOL TARTRATE 25 MG TAB	METOPROLOL TARTRATE	0	999	No
J7C	METOPROLOL TARTRATE 50 MG TAB	METOPROLOL TARTRATE	0	999	No
J7C	PROPRANOLOL 10 MG TABLET	PROPRANOLOL HCL	0	999	No
J7C	PROPRANOLOL 120 MG CAPSULE ER	PROPRANOLOL HCL	0	999	No
J7C	PROPRANOLOL 120 MG CAPSULE SA	PROPRANOLOL HCL	0	999	No
J7C	PROPRANOLOL 160 MG CAPSULE ER	PROPRANOLOL HCL	0	999	No
J7C	PROPRANOLOL 160 MG CAPSULE SA	PROPRANOLOL HCL	0	999	No
J7C	PROPRANOLOL 20 MG TABLET	PROPRANOLOL HCL	0	999	No
J7C	PROPRANOLOL 20 MG/5 ML SOLN	PROPRANOLOL HCL	0	999	No
J7C	PROPRANOLOL 40 MG TABLET	PROPRANOLOL HCL	0	999	No
J7C	PROPRANOLOL 40 MG/5 ML SOLN	PROPRANOLOL HCL	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
J7C	PROPRANOLOL 60 MG CAPSULE ER	PROPRANOLOL HCL	0	999	No
J7C	PROPRANOLOL 60 MG CAPSULE SA	PROPRANOLOL HCL	0	999	No
J7C	PROPRANOLOL 60 MG TABLET	PROPRANOLOL HCL	0	999	No
J7C	PROPRANOLOL 80 MG CAPSULE ER	PROPRANOLOL HCL	0	999	No
J7C	PROPRANOLOL 80 MG CAPSULE SA	PROPRANOLOL HCL	0	999	No
J7C	PROPRANOLOL 80 MG TABLET	PROPRANOLOL HCL	0	999	No
J7C	PROPRANOLOL ER 120 MG CAPSULE	PROPRANOLOL HCL	0	999	No
J7C	PROPRANOLOL ER 160 MG CAPSULE	PROPRANOLOL HCL	0	999	No
J7C	PROPRANOLOL ER 60 MG CAPSULE	PROPRANOLOL HCL	0	999	No
J7C	PROPRANOLOL ER 80 MG CAPSULE	PROPRANOLOL HCL	0	999	No
J7C	SOTALOL 120 MG TABLET	SOTALOL HCL	0	999	No
J7C	SOTALOL 160 MG TABLET	SOTALOL HCL	0	999	No
J7C	SOTALOL 240 MG TABLET	SOTALOL HCL	0	999	No
J7C	SOTALOL 80 MG TABLET	SOTALOL HCL	0	999	No
J7C	SOTALOL AF 120 MG TABLET	SOTALOL HCL	0	999	No
J7C	SOTALOL AF 160 MG TABLET	SOTALOL HCL	0	999	No
J7C	SOTALOL AF 80 MG TABLET	SOTALOL HCL	0	999	No
J7C	SOTALOL HCL 120 MG TABLET	SOTALOL HCL	0	999	No
J7C	SOTALOL HCL 160 MG TABLET	SOTALOL HCL	0	999	No
J7C	SOTALOL HCL 240 MG TABLET	SOTALOL HCL	0	999	No
J7C	SOTALOL HCL 80 MG TABLET	SOTALOL HCL	0	999	No
	J7H	BETA-BLOCKERS AND THIAZIDE,THIAZIDE-LIKE DIURETICS			
J7H	ATENOLOL/CHLORTHAL 100/25	ATENOLOL/CHLORTHALIDONE	0	999	No
J7H	ATENOLOL/CHLORTHAL 50/25	ATENOLOL/CHLORTHALIDONE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
J7H	ATENOLOL/CHLORTHAL 50/25 TB	ATENOLOL/CHLORTHALIDONE	0	999	No
J7H	BISOPROLOL/HCTZ 10/6.25 TAB	BISOPROLOL/HYDROCHLOROTHIAZIDE	0	999	No
J7H	BISOPROLOL/HCTZ 2.5/6.25 TB	BISOPROLOL/HYDROCHLOROTHIAZIDE	0	999	No
J7H	BISOPROLOL/HCTZ 5/6.25 TAB	BISOPROLOL/HYDROCHLOROTHIAZIDE	0	999	No
J7H	BISOPROLOL-HCTZ 10/6.25MG TAB	BISOPROLOL/HYDROCHLOROTHIAZIDE	0	999	No
J7H	BISOPROLOL-HCTZ 10-6.25 MG TAB	BISOPROLOL/HYDROCHLOROTHIAZIDE	0	999	No
J7H	BISOPROLOL-HCTZ 2.5/6.25MG TAB	BISOPROLOL/HYDROCHLOROTHIAZIDE	0	999	No
J7H	BISOPROLOL-HCTZ 2.5-6.25 MG TB	BISOPROLOL/HYDROCHLOROTHIAZIDE	0	999	No
J7H	BISOPROLOL-HCTZ 5/6.25MG TAB	BISOPROLOL/HYDROCHLOROTHIAZIDE	0	999	No
J7H	BISOPROLOL-HCTZ 5-6.25 MG TAB	BISOPROLOL/HYDROCHLOROTHIAZIDE	0	999	No
J7H	PROPRANOLOL/HCTZ 40/25 TAB	PROPRANOLOL/HYDROCHLOROTHIAZID	0	999	No
J7H	PROPRANOLOL/HCTZ 80/25 TAB	PROPRANOLOL/HYDROCHLOROTHIAZID	0	999	No
J9A		INTESTINAL MOTILITY STIMULANTS			
J9A	METOCLOPRAMIDE 10 MG TABLET	METOCLOPRAMIDE HCL	0	999	No
J9A	METOCLOPRAMIDE 5 MG TABLET	METOCLOPRAMIDE HCL	0	999	No
J9A	METOCLOPRAMIDE 5 MG/5 ML SOLN	METOCLOPRAMIDE HCL	0	999	No
J9A	METOCLOPRAMIDE 5 MG/5 ML SYRP	METOCLOPRAMIDE HCL	0	999	No
J9A	METOCLOPRAMIDE 5 MG/5 ML SYRUP	METOCLOPRAMIDE HCL	0	999	No
LOB		TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES			
LOB	HYQVIA HY CMPNT 1,600 UNIT/10	HYALURONIDASE, HUMAN RECOMB.	0	999	Clinical PA Required
LOB	HYQVIA HY CMPNT 2,400 UNIT/15	HYALURONIDASE, HUMAN RECOMB.	0	999	Clinical PA Required
LOB	HYQVIA HY CMPNT 200 UNIT/1.25	HYALURONIDASE, HUMAN RECOMB.	0	999	Clinical PA Required
LOB	HYQVIA HY CMPNT 400 UNIT/2.5	HYALURONIDASE, HUMAN RECOMB.	0	999	Clinical PA Required
LOB	HYQVIA HY CMPNT 800 UNIT/5 ML	HYALURONIDASE, HUMAN RECOMB.	0	999	Clinical PA Required

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
L0B	SANTYL OINTMENT	COLLAGENASE CLOSTRIDIUM HIST.	0	999	No
L1A		ANTIPSORIATIC AGENTS,SYSTEMIC			
L1A	OXSORALEN-ULTRA 10 MG CAP	METHOXSALEN	0	999	No
L1A	SORIATANE 10 MG CAPSULE	ACITRETIN	0	999	No
L1A	SORIATANE 17.5 MG CAPSULE	ACITRETIN	0	999	No
L1A	SORIATANE 25 MG CAPSULE	ACITRETIN	0	999	No
L1B		ACNE AGENTS,SYSTEMIC			
L1B	AMNESTEEM 20 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
L1B	AMNESTEEM 40 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
L1B	CLARAVIS 10 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
L1B	CLARAVIS 20 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
L1B	CLARAVIS 30 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
L1B	CLARAVIS 40 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
L1B	MYORISAN 10 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
L1B	MYORISAN 20 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
L1B	MYORISAN 30 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
L1B	MYORISAN 40 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
L1B	ZENATANE 10 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
L1B	ZENATANE 20 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
L1B	ZENATANE 30 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
L1B	ZENATANE 40 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
L2A		EMOLLIENTS			
L2A	AMMONIUM LACTATE 12% CREAM	AMMONIUM LACTATE	0	999	No
L2A	AMMONIUM LACTATE 12% LOTION	AMMONIUM LACTATE	0	999	No
L3P		ANTIPRURITICS, TOPICAL			

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
L3P	DOXEPIN 5% CREAM	DOXEPIN HCL	0	999	No
L3P	PRUDOXIN 5% CREAM	DOXEPIN HCL	0	999	No
L5A		KERATOLYTICS			
L5A	PODOFILOX 0.5% TOPICAL SOLN	PODOFILOX	0	999	No
L5A	SALICYLIC ACID 6% CREAM	SALICYLIC ACID	0	999	No
L5A	UREA 40% CREAM	UREA	0	999	No
L5A	UREA 40% LOTION	UREA	0	999	No
L5A	UREA 45% LOTION	UREA	0	999	No
L5E		ANTISEBORRHEIC AGENTS			
L5E	SELENIUM 2.5% LOTION/SHAMPOO	SELENIUM SULFIDE	0	999	No
L5E	SELENIUM SULF 2.5% SHAMPOO	SELENIUM SULFIDE	0	999	No
L5E	SELENIUM SULFIDE 2.25% SHAMPOO	SELENIUM SULFIDE	0	999	No
L5F		ANTIPSORIATICS AGENTS			
L5F	CALCIPOTRIENE 0.005% CREAM	CALCIPOTRIENE	0	999	No
L5F	CALCIPOTRIENE 0.005% OINTMENT	CALCIPOTRIENE	0	999	No
L5F	CALCITRIOL 3 MCG/G OINTMENT	CALCITRIOL	0	999	No
L5G		ROSACEA AGENTS, TOPICAL			
L5G	FINACEA 15% GEL	AZELAIC ACID	0	999	No
L5G	METRONIDAZOLE 0.75% CREAM	METRONIDAZOLE	0	999	No
L5G	METRONIDAZOLE 0.75% LOTION	METRONIDAZOLE	0	999	No
L5G	METRONIDAZOLE TOP 0.75% GEL	METRONIDAZOLE	0	999	No
L5G	METRONIDAZOLE TOP 1% GEL PUMP	METRONIDAZOLE	0	999	No
L5G	METRONIDAZOLE TOPICAL 0.75% GL	METRONIDAZOLE	0	999	No
L5G	METRONIDAZOLE TOPICAL 1% GEL	METRONIDAZOLE	0	999	No
L5H		ACNE AGENTS, TOPICAL			

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
L5H	AZELEX 20% CREAM	AZELAIC ACID	12	999	No
L9B		VITAMIN A DERIVATIVES			
L9B	AVITA 0.025% CREAM	TRETINOIN	12	999	No
L9B	DIFFERIN 0.1% CREAM	ADAPALENE	12	999	No
L9B	DIFFERIN 0.1% LOTION	ADAPALENE	12	999	No
L9B	RETIN-A 0.025% CREAM	TRETINOIN	12	999	No
L9B	RETIN-A 0.05% CREAM	TRETINOIN	12	999	No
L9B	RETIN-A 0.1% CREAM	TRETINOIN	12	999	No
M0B		PLASMA PROTEINS			
M0B	ALBUKED-25 VIAL	ALBUMIN HUMAN	0	999	Clinical PA Required
M0B	ALBUKED-5 VIAL	ALBUMIN HUMAN	0	999	Clinical PA Required
M0B	ALBUMIN (HUMAN) 20% IV SOLN	ALBUMIN HUMAN	0	999	Clinical PA Required
M0B	ALBUMIN (HUMAN) 25% IV SOL	ALBUMIN HUMAN	0	999	Clinical PA Required
M0B	ALBUMIN (HUMAN) 25% IV SOLN	ALBUMIN HUMAN	0	999	Clinical PA Required
M0B	ALBUMIN (HUMAN) 5% IV SOLUTION	ALBUMIN HUMAN	0	999	Clinical PA Required
M0B	ALBUMINAR-25 IV SOLUTION	ALBUMIN HUMAN	0	999	Clinical PA Required
M0B	ALBUMINAR-5 IV SOLUTION	ALBUMIN HUMAN	0	999	Clinical PA Required
M0B	ALBURX (HUMAN) 25% VIAL	ALBUMIN HUMAN	0	999	Clinical PA Required
M0B	ALBURX (HUMAN) 5% VIAL	ALBUMIN HUMAN	0	999	Clinical PA Required
M0B	ALBUTEIN 25% VIAL	ALBUMIN HUMAN	0	999	Clinical PA Required
M0B	ALBUTEIN 5% IV SOLUTION	ALBUMIN HUMAN	0	999	Clinical PA Required
M0B	ALBUTEIN 5% VIAL	ALBUMIN HUMAN	0	999	Clinical PA Required
M0B	BUMINATE 25% IV SOLUTION	ALBUMIN HUMAN	0	999	Clinical PA Required
M0B	BUMINATE 5% IV SOLUTION	ALBUMIN HUMAN	0	999	Clinical PA Required

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
M0B	FLEXBUMIN 25% IV SOLUTION	ALBUMIN HUMAN	0	999	Clinical PA Required
M0B	FLEXBUMIN 5% IV SOLUTION	ALBUMIN HUMAN	0	999	Clinical PA Required
M0B	KEDBUMIN 25% VIAL	ALBUMIN HUMAN	0	999	Clinical PA Required
M0B	PLASBUMIN-25 IV SOLUTION	ALBUMIN HUMAN	0	999	Clinical PA Required
M0B	PLASBUMIN-5 IV SOLUTION	ALBUMIN HUMAN	0	999	Clinical PA Required
M0B	PLASMANATE 5% IV SOLUTION	PLASMA PROTEIN FRACTION	0	999	Clinical PA Required
M0N		C1 ESTERASE INHIBITORS			
M0N	BERINERT 500 UNIT KIT	C1 ESTERASE INHIBITOR	12	999	Auto PA For Select Diag
M0N	BERINERT 500 UNIT VIAL	C1 ESTERASE INHIBITOR	12	999	Auto PA For Select Diag
M0N	CINRYZE 500 UNIT VIAL	C1 ESTERASE INHIBITOR	12	999	Auto PA For Select Diag
M0N	RUCONEST 2,100 UNIT VIAL	C1 ESTERASE INHIBITOR, RECOMB	12	999	Auto PA For Select Diag
M4B		IV FAT EMULSIONS			
M4B	INTRALIPID 20% IV FAT EMUL	FAT EMULSIONS	0	999	No
M4B	INTRALIPID 30% IV FAT EMUL	FAT EMULSIONS	0	999	No
M4D		ANTIHYPERTENSIVE - HMG COA REDUCTASE INHIBITORS			
M4D	ATORVASTATIN 10 MG TABLET	ATORVASTATIN CALCIUM	0	999	No
M4D	ATORVASTATIN 20 MG TABLET	ATORVASTATIN CALCIUM	0	999	No
M4D	ATORVASTATIN 40 MG TABLET	ATORVASTATIN CALCIUM	0	999	No
M4D	ATORVASTATIN 80 MG TABLET	ATORVASTATIN CALCIUM	0	999	No
M4D	LOVASTATIN 10 MG TABLET	LOVASTATIN	0	999	No
M4D	LOVASTATIN 20 MG TABLET	LOVASTATIN	0	999	No
M4D	LOVASTATIN 40 MG TABLET	LOVASTATIN	0	999	No
M4D	PRAVASTATIN SODIUM 10 MG TAB	PRAVASTATIN SODIUM	0	999	No
M4D	PRAVASTATIN SODIUM 20 MG TAB	PRAVASTATIN SODIUM	0	999	No
M4D	PRAVASTATIN SODIUM 40 MG TAB	PRAVASTATIN SODIUM	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
M4D	PRAVASTATIN SODIUM 80 MG TAB	PRAVASTATIN SODIUM	0	999	No
M4D	SIMVASTATIN 10 MG TABLET	SIMVASTATIN	0	999	No
M4D	SIMVASTATIN 20 MG TABLET	SIMVASTATIN	0	999	No
M4D	SIMVASTATIN 40 MG TABLET	SIMVASTATIN	0	999	No
M4D	SIMVASTATIN 5 MG TABLET	SIMVASTATIN	0	999	No
M4D	SIMVASTATIN 80 MG TABLET	SIMVASTATIN	0	999	No
M4E		LIPOTROPICS			
M4E	FENOFIBRATE 145 MG TABLET	FENOFIBRATE NANOCRYSTALLIZED	0	999	No
M4E	FENOFIBRATE 48 MG TABLET	FENOFIBRATE NANOCRYSTALLIZED	0	999	No
M4E	GEMFIBROZIL 600 MG TABLET	GEMFIBROZIL	0	999	No
M4E	NIACIN ER 1,000 MG TABLET	NIACIN	0	999	No
M4E	NIACIN ER 500 MG TABLET	NIACIN	0	999	No
M4E	NIACIN ER 750 MG TABLET	NIACIN	0	999	No
M4E	NIACOR 500 MG TABLET	NIACIN	0	999	No
M4E	ZETIA 10 MG TABLET	EZETIMIBE	10	999	No
M4G		AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS)			
M4G	GLUCAGEN 1 MG HYPOKIT	GLUCAGON,HUMAN RECOMBINANT	0	999	No
M4G	GLUCAGON 1 MG EMERGENCY KIT	GLUCAGON,HUMAN RECOMBINANT	0	999	No
M4G	PROGLYCEM 50 MG/ML ORAL SUSP	DIAZOXIDE	0	999	No
M9D		ANTIFIBRINOLYTIC AGENTS			
M9D	AMICAR 0.25 GRAM/ML ORAL SOLN	AMINOCAPROIC ACID	0	999	No
M9D	AMICAR 1,000 MG TABLET	AMINOCAPROIC ACID	0	999	No
M9D	AMICAR 500 MG TABLET	AMINOCAPROIC ACID	0	999	No
M9D	AMINOCAPROIC ACID 5 G/20 ML VL	AMINOCAPROIC ACID	0	999	No
M9D	TRANEXAMIC ACID 1,000 MG/10 ML	TRANEXAMIC ACID	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
M9D	TRANEXAMIC ACID 1000 MG/10 ML	TRANEXAMIC ACID	0	999	No
M9D	TRANEXAMIC ACID 650 MG TABLET	TRANEXAMIC ACID	0	999	No
M9F		THROMBOLYTIC ENZYMES			
M9F	CATHFLO ACTIVASE 2 MG VIAL	ALTEPLASE	0	999	No
M9K		HEPARIN AND RELATED PREPARATIONS			
M9K	ENOXAPARIN 100 MG/ML SYR	ENOXAPARIN SODIUM	0	999	No
M9K	ENOXAPARIN 100 MG/ML SYRINGE	ENOXAPARIN SODIUM	0	999	No
M9K	ENOXAPARIN 120 MG/0.8 ML SYR	ENOXAPARIN SODIUM	0	999	No
M9K	ENOXAPARIN 150 MG/ML SYR	ENOXAPARIN SODIUM	0	999	No
M9K	ENOXAPARIN 150 MG/ML SYRINGE	ENOXAPARIN SODIUM	0	999	No
M9K	ENOXAPARIN 30 MG/0.3 ML SYR	ENOXAPARIN SODIUM	0	999	No
M9K	ENOXAPARIN 300 MG/3 ML VIAL	ENOXAPARIN SODIUM	0	999	No
M9K	ENOXAPARIN 40 MG/0.4 ML SYR	ENOXAPARIN SODIUM	0	999	No
M9K	ENOXAPARIN 60 MG/0.6 ML SYR	ENOXAPARIN SODIUM	0	999	No
M9K	ENOXAPARIN 80 MG/0.8 ML SYR	ENOXAPARIN SODIUM	0	999	No
M9L		ANTICOAGULANTS, COUMARIN TYPE			
M9L	COUMADIN 1 MG TABLET	WARFARIN SODIUM	0	999	No
M9L	COUMADIN 10 MG TABLET	WARFARIN SODIUM	0	999	No
M9L	COUMADIN 2 MG TABLET	WARFARIN SODIUM	0	999	No
M9L	COUMADIN 2.5 MG TABLET	WARFARIN SODIUM	0	999	No
M9L	COUMADIN 3 MG TABLET	WARFARIN SODIUM	0	999	No
M9L	COUMADIN 4 MG TABLET	WARFARIN SODIUM	0	999	No
M9L	COUMADIN 5 MG TABLET	WARFARIN SODIUM	0	999	No
M9L	COUMADIN 6 MG TABLET	WARFARIN SODIUM	0	999	No
M9L	COUMADIN 7.5 MG TABLET	WARFARIN SODIUM	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
M9L	JANTOVEN 1 MG TABLET	WARFARIN SODIUM	0	999	No
M9L	JANTOVEN 10 MG TABLET	WARFARIN SODIUM	0	999	No
M9L	JANTOVEN 2 MG TABLET	WARFARIN SODIUM	0	999	No
M9L	JANTOVEN 2.5 MG TABLET	WARFARIN SODIUM	0	999	No
M9L	JANTOVEN 3 MG TABLET	WARFARIN SODIUM	0	999	No
M9L	JANTOVEN 4 MG TABLET	WARFARIN SODIUM	0	999	No
M9L	JANTOVEN 5 MG TABLET	WARFARIN SODIUM	0	999	No
M9L	JANTOVEN 6 MG TABLET	WARFARIN SODIUM	0	999	No
M9L	JANTOVEN 7.5 MG TABLET	WARFARIN SODIUM	0	999	No
M9L	WARFARIN SODIUM 1 MG TABLET	WARFARIN SODIUM	0	999	No
M9L	WARFARIN SODIUM 10 MG TABLET	WARFARIN SODIUM	0	999	No
M9L	WARFARIN SODIUM 2 MG TABLET	WARFARIN SODIUM	0	999	No
M9L	WARFARIN SODIUM 2.5 MG TAB	WARFARIN SODIUM	0	999	No
M9L	WARFARIN SODIUM 2.5 MG TABLET	WARFARIN SODIUM	0	999	No
M9L	WARFARIN SODIUM 3 MG TAB	WARFARIN SODIUM	0	999	No
M9L	WARFARIN SODIUM 3 MG TABLET	WARFARIN SODIUM	0	999	No
M9L	WARFARIN SODIUM 4 MG TAB	WARFARIN SODIUM	0	999	No
M9L	WARFARIN SODIUM 4 MG TABLET	WARFARIN SODIUM	0	999	No
M9L	WARFARIN SODIUM 5 MG TAB	WARFARIN SODIUM	0	999	No
M9L	WARFARIN SODIUM 5 MG TABLET	WARFARIN SODIUM	0	999	No
M9L	WARFARIN SODIUM 6 MG TABLET	WARFARIN SODIUM	0	999	No
M9L	WARFARIN SODIUM 7.5 MG TAB	WARFARIN SODIUM	0	999	No
M9L	WARFARIN SODIUM 7.5 MG TABLET	WARFARIN SODIUM	0	999	No

M9P

PLATELET AGGREGATION INHIBITORS

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
M9P	AGGRENOX CAPSULE SA	ASPIRIN/DIPYRIDAMOLE	0	999	No
M9P	ASPIRIN 81 MG CHEWABLE TABLET	ASPIRIN	0	999	No
M9P	ASPIRIN EC 81 MG TABLET	ASPIRIN	0	999	No
M9P	BRILINTA 60 MG TABLET	TICAGRELOR	0	999	No
M9P	BRILINTA 90 MG TABLET	TICAGRELOR	0	999	No
M9P	CILOSTAZOL 100 MG TABLET	CILOSTAZOL	0	999	No
M9P	CILOSTAZOL 50 MG TABLET	CILOSTAZOL	0	999	No
M9P	CLOPIDOGREL 75 MG TABLET	CLOPIDOGREL BISULFATE	0	999	No
M9P	CLOPIDOGREL BISULFATE 75 MG TB	CLOPIDOGREL BISULFATE	0	999	No
M9P	DIPYRIDAMOLE 25 MG TABLET	DIPYRIDAMOLE	0	999	No
M9P	DIPYRIDAMOLE 50 MG TABLET	DIPYRIDAMOLE	0	999	No
M9P	DIPYRIDAMOLE 75 MG TABLET	DIPYRIDAMOLE	0	999	No
M9P	EFFIENT 10 MG TABLET	PRASUGREL HCL	0	999	No
M9P	EFFIENT 5 MG TABLET	PRASUGREL HCL	0	999	No
M9P	QC ASPIRIN EC 81 MG TABLET	ASPIRIN	0	999	No
M9P	SB ASPIRIN EC 81 MG TABLET	ASPIRIN	0	999	No
	M9S	HEMORRHEOLOGIC AGENTS			
M9S	PENTOXIFYLLINE 400 MG TAB SA	PENTOXIFYLLINE	0	999	No
M9S	PENTOXIFYLLINE ER 400 MG TAB	PENTOXIFYLLINE	0	999	No
	M9T	THROMBIN INHIBITORS, SELECTIVE, DIRECT, REVERSIBLE			
M9T	PRADAXA 110 MG CAPSULE	DABIGATRAN ETEXILATE MESYLATE	18	999	No
M9T	PRADAXA 150 MG CAPSULE	DABIGATRAN ETEXILATE MESYLATE	18	999	No
M9T	PRADAXA 75 MG CAPSULE	DABIGATRAN ETEXILATE MESYLATE	18	999	No
	M9V	DIRECT FACTOR XA INHIBITORS			
M9V	ELIQUIS 2.5 MG TABLET	APIXABAN	18	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
M9V	ELIQUIS 5 MG TABLET	APIXABAN	18	999	No
M9V	SAVAYSA 15 MG TABLET	EDOXABAN TOSYLATE	18	999	No
M9V	SAVAYSA 30 MG TABLET	EDOXABAN TOSYLATE	18	999	No
M9V	SAVAYSA 60 MG TABLET	EDOXABAN TOSYLATE	18	999	No
M9V	XARELTO 10 MG TABLET	RIVAROXABAN	18	999	No
M9V	XARELTO 15 MG TABLET	RIVAROXABAN	18	999	No
M9V	XARELTO 20 MG TABLET	RIVAROXABAN	18	999	No
N1B		ERYTHROPOIESIS-STIMULATING AGENTS			
N1B	ARANESP 10 MCG/0.4 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
N1B	ARANESP 100 MCG/0.5 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
N1B	ARANESP 100 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
N1B	ARANESP 150 MCG/0.3 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
N1B	ARANESP 200 MCG/0.4 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
N1B	ARANESP 200 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
N1B	ARANESP 25 MCG/0.42 ML SYRING	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
N1B	ARANESP 25 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
N1B	ARANESP 300 MCG/0.6 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
N1B	ARANESP 300 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
N1B	ARANESP 40 MCG/0.4 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
N1B	ARANESP 40 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
N1B	ARANESP 500 MCG/1 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
N1B	ARANESP 60 MCG/0.3 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
N1B	ARANESP 60 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
N1B	PROCRIT 10,000 UNITS/ML VIAL	EPOETIN ALFA	0	999	Clinical PA Required

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
N1B	PROCRIT 2,000 UNITS/ML VIAL	EPOETIN ALFA	0	999	Clinical PA Required
N1B	PROCRIT 20,000 UNITS/ML VIAL	EPOETIN ALFA	0	999	Clinical PA Required
N1B	PROCRIT 3,000 UNITS/ML VIAL	EPOETIN ALFA	0	999	Clinical PA Required
N1B	PROCRIT 4,000 UNITS/ML VIAL	EPOETIN ALFA	0	999	Clinical PA Required
N1B	PROCRIT 40,000 UNITS/ML VIAL	EPOETIN ALFA	0	999	Clinical PA Required
N1C		LEUKOCYTE (WBC) STIMULANTS			
N1C	GRANIX 300 MCG/0.5 ML SAFE SYR	TBO-FILGRASTIM	0	999	Clinical PA Required
N1C	GRANIX 300 MCG/0.5 ML SYRINGE	TBO-FILGRASTIM	0	999	Clinical PA Required
N1C	GRANIX 480 MCG/0.8 ML SAFE SYR	TBO-FILGRASTIM	0	999	Clinical PA Required
N1C	GRANIX 480 MCG/0.8 ML SYRINGE	TBO-FILGRASTIM	0	999	Clinical PA Required
N1C	LEUKINE 250 MCG VIAL	SARGRAMOSTIM	0	999	Clinical PA Required
N1C	NEULASTA 6 MG/0.6 ML DLVRY KIT	PEGFILGRASTIM	0	999	Clinical PA Required
N1C	NEULASTA 6 MG/0.6 ML SYRINGE	PEGFILGRASTIM	0	999	Clinical PA Required
N1C	NEUPOGEN 300 MCG/0.5 ML SYR	FILGRASTIM	0	999	Clinical PA Required
N1C	NEUPOGEN 300 MCG/ML VIAL	FILGRASTIM	0	999	Clinical PA Required
N1C	NEUPOGEN 480 MCG/0.8 ML SYR	FILGRASTIM	0	999	Clinical PA Required
N1C	NEUPOGEN 480 MCG/1.6 ML VIAL	FILGRASTIM	0	999	Clinical PA Required
N1C	ZARXIO 300 MCG/0.5 ML SYRINGE	FILGRASTIM-SNDZ	0	999	Clinical PA Required
N1C	ZARXIO 480 MCG/O.8 ML SYRINGE	FILGRASTIM-SNDZ	0	999	Clinical PA Required
N1D		PLATELET REDUCING AGENTS			
N1D	ANAGRELIDE HCL 0.5 MG CAPSULE	ANAGRELIDE HCL	0	999	No
N1D	ANAGRELIDE HCL 1 MG CAPSULE	ANAGRELIDE HCL	0	999	No
N1G		CXCR4 CHEMOKINE RECEPTOR ANTAGONIST			
N1G	MOZOBIL 24 MG/1.2 ML VIAL	PLERIXAFOR	0	999	Clinical PA Required
POG		PREGNANCY MAINTAINING AGENT,HORMONAL			

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
P0G	MAKENA 250 MG/ML VIAL	HYDROXYPROGESTERONE CAPROAT/PF	16	999	Clinical PA Required
	P1A	GROWTH HORMONES			
P1A	GENOTROPIN 12 MG CARTRIDGE	SOMATROPIN	0	16	Clinical PA Required
P1A	GENOTROPIN 5 MG CARTRIDGE	SOMATROPIN	0	16	Clinical PA Required
P1A	GENOTROPIN MINIQUICK 0.2 MG	SOMATROPIN	0	16	Clinical PA Required
P1A	GENOTROPIN MINIQUICK 0.4 MG	SOMATROPIN	0	16	Clinical PA Required
P1A	GENOTROPIN MINIQUICK 0.6 MG	SOMATROPIN	0	16	Clinical PA Required
P1A	GENOTROPIN MINIQUICK 0.8 MG	SOMATROPIN	0	16	Clinical PA Required
P1A	GENOTROPIN MINIQUICK 1 MG	SOMATROPIN	0	16	Clinical PA Required
P1A	GENOTROPIN MINIQUICK 1.2 MG	SOMATROPIN	0	16	Clinical PA Required
P1A	GENOTROPIN MINIQUICK 1.4 MG	SOMATROPIN	0	16	Clinical PA Required
P1A	GENOTROPIN MINIQUICK 1.6 MG	SOMATROPIN	0	16	Clinical PA Required
P1A	GENOTROPIN MINIQUICK 1.8 MG	SOMATROPIN	0	16	Clinical PA Required
P1A	GENOTROPIN MINIQUICK 2 MG	SOMATROPIN	0	16	Clinical PA Required
P1A	NORDITROPIN FLEXPRO 10 MG/1.5	SOMATROPIN	0	16	Clinical PA Required
P1A	NORDITROPIN FLEXPRO 15 MG/1.5	SOMATROPIN	0	16	Clinical PA Required
P1A	NORDITROPIN FLEXPRO 30 MG/3 ML	SOMATROPIN	0	16	Clinical PA Required
P1A	NORDITROPIN FLEXPRO 5 MG/1.5	SOMATROPIN	0	16	Clinical PA Required
P1A	SEROSTIM 4 MG VIAL	SOMATROPIN	18	999	Clinical PA Required
P1A	SEROSTIM 5 MG VIAL	SOMATROPIN	18	999	Clinical PA Required
P1A	SEROSTIM 6 MG VIAL	SOMATROPIN	18	999	Clinical PA Required
	P1B	SOMATOSTATIC AGENTS			
P1B	OCTREOTIDE 1,000 MCG/ML VIAL	OCTREOTIDE ACETATE	0	999	No
P1B	OCTREOTIDE 1,000 MCG/5 ML VIAL	OCTREOTIDE ACETATE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
P1B	OCTREOTIDE 5,000 MCG/5 ML VIAL	OCTREOTIDE ACETATE	0	999	No
P1B	OCTREOTIDE ACET 0.05 MG/ML VL	OCTREOTIDE ACETATE	0	999	No
P1B	OCTREOTIDE ACET 100 MCG/ML AMP	OCTREOTIDE ACETATE	0	999	No
P1B	OCTREOTIDE ACET 100 MCG/ML VL	OCTREOTIDE ACETATE	0	999	No
P1B	OCTREOTIDE ACET 200 MCG/ML VL	OCTREOTIDE ACETATE	0	999	No
P1B	OCTREOTIDE ACET 50 MCG/ML AMP	OCTREOTIDE ACETATE	0	999	No
P1B	OCTREOTIDE ACET 50 MCG/ML VIAL	OCTREOTIDE ACETATE	0	999	No
P1B	OCTREOTIDE ACET 500 MCG/ML AMP	OCTREOTIDE ACETATE	0	999	No
P1B	OCTREOTIDE ACET 500 MCG/ML VL	OCTREOTIDE ACETATE	0	999	No
P1E		ADRENOCORTICOTROPHIC HORMONES			
P1E	HP ACTHAR GEL 80 UNIT/ML VIAL	CORTICOTROPIN	0	999	Clinical PA Required
P1F		PITUITARY SUPPRESSIVE AGENTS			
P1F	CABERGOLINE 0.5 MG TABLET	CABERGOLINE	0	999	No
P1F	DANAZOL 100 MG CAPSULE	DANAZOL	0	999	No
P1F	DANAZOL 200 MG CAPSULE	DANAZOL	0	999	No
P1F	DANAZOL 50 MG CAPSULE	DANAZOL	0	999	No
P1M		LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS			
P1M	LUPRON DEPO 11.25MG (LUPANETA)	LEUPROLIDE ACETATE	18	999	Auto PA For Select Diag
P1M	LUPRON DEPOT 11.25 MG 3MO KIT	LEUPROLIDE ACETATE	18	999	Auto PA For Select Diag
P1M	LUPRON DEPOT 3.75 MG KIT	LEUPROLIDE ACETATE	18	999	Auto PA For Select Diag
P1M	LUPRON DEPOT 3.75MG (LUPANETA)	LEUPROLIDE ACETATE	18	999	Auto PA For Select Diag
P1M	SYNAREL 2 MG/ML NASAL SPRAY	NAFARELIN ACETATE	0	999	Auto PA For Select Diag
P1O		LHRH (GNRH) AGONIST ANALOG AND PROGESTIN COMB			
P1O	LUPANETA PK 11.25-5 MG 3MO KIT	LEUPROLIDE/NORETHINDRONE ACET	18	999	Auto PA For Select Diag
P1O	LUPANETA PK 3.75-5 MG 1MO KIT	LEUPROLIDE/NORETHINDRONE ACET	18	999	Auto PA For Select Diag

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
P1P		LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY			
P1P	LUPRON DEPOT 11.25 MG 3MO KIT	LEUPROLIDE ACETATE	2	12	Auto PA For Select Diag
P1P	LUPRON DEPOT-PED 11.25 MG KIT	LEUPROLIDE ACETATE	2	12	Auto PA For Select Diag
P1P	LUPRON DEPOT-PED 15 MG KIT	LEUPROLIDE ACETATE	2	12	Auto PA For Select Diag
P1P	LUPRON DEPOT-PED 30 MG 3MO KIT	LEUPROLIDE ACETATE	2	12	Auto PA For Select Diag
P1P	LUPRON DEPOT-PED 7.5 MG KIT	LEUPROLIDE ACETATE	2	12	Auto PA For Select Diag
P2B		ANTIDIURETIC AND VASOPRESSOR HORMONES			
P2B	DESMOPRESSIN 10 MCG/0.1 ML SPR	DESMOPRESSIN (NONREFRIGERATED)	0	999	No
P2B	DESMOPRESSIN 40 MCG/10 ML VIAL	DESMOPRESSIN ACETATE	0	999	No
P2B	DESMOPRESSIN AC 4 MCG/ML AMP	DESMOPRESSIN ACETATE	0	999	No
P2B	DESMOPRESSIN AC 4 MCG/ML AMPUL	DESMOPRESSIN ACETATE	0	999	No
P2B	DESMOPRESSIN AC 4 MCG/ML VIAL	DESMOPRESSIN ACETATE	0	999	No
P2B	DESMOPRESSIN AC 4 MCG/ML VL	DESMOPRESSIN ACETATE	0	999	No
P2B	DESMOPRESSIN ACETATE 0.1 MG TB	DESMOPRESSIN ACETATE	0	999	No
P2B	DESMOPRESSIN ACETATE 0.2 MG TB	DESMOPRESSIN ACETATE	0	999	No
P2B	STIMATE 1.5 MG/ML NASAL SPRAY	DESMOPRESSIN ACETATE	0	999	No
P3A		THYROID HORMONES			
P3A	ARMOUR THYROID 120 MG TABLET	THYROID,PORK	0	999	No
P3A	ARMOUR THYROID 15 MG TABLET	THYROID,PORK	0	999	No
P3A	ARMOUR THYROID 180 MG TABLET	THYROID,PORK	0	999	No
P3A	ARMOUR THYROID 240 MG TABLET	THYROID,PORK	0	999	No
P3A	ARMOUR THYROID 30 MG TABLET	THYROID,PORK	0	999	No
P3A	ARMOUR THYROID 300 MG TABLET	THYROID,PORK	0	999	No
P3A	ARMOUR THYROID 60 MG TABLET	THYROID,PORK	0	999	No
P3A	ARMOUR THYROID 90 MG TABLET	THYROID,PORK	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
P3A	LEVO-T 100 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVO-T 112 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVO-T 125 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVO-T 137 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVO-T 150 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVO-T 175 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVO-T 200 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVO-T 25 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVO-T 300 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVO-T 50 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVO-T 75 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVO-T 88 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVOTHYROXINE 100 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVOTHYROXINE 112 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVOTHYROXINE 125 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVOTHYROXINE 137 MCG TAB	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVOTHYROXINE 137 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVOTHYROXINE 150 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVOTHYROXINE 175 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVOTHYROXINE 200 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVOTHYROXINE 25 MCG TAB	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVOTHYROXINE 25 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVOTHYROXINE 300 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVOTHYROXINE 50 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
P3A	LEVOTHYROXINE 75 MCG TAB	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVOTHYROXINE 75 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVOTHYROXINE 88 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVOXYL 100 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVOXYL 112 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVOXYL 125 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVOXYL 137 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVOXYL 150 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVOXYL 175 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVOXYL 200 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVOXYL 25 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVOXYL 50 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVOXYL 75 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LEVOXYL 88 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	LIOTHYRONINE SOD 25 MCG TAB	LIOTHYRONINE SODIUM	0	999	No
P3A	LIOTHYRONINE SOD 5 MCG TAB	LIOTHYRONINE SODIUM	0	999	No
P3A	LIOTHYRONINE SOD 50 MCG TAB	LIOTHYRONINE SODIUM	0	999	No
P3A	NP THYROID 15 MG TABLET	THYROID,PORK	0	999	No
P3A	NP THYROID 30 MG TABLET	THYROID,PORK	0	999	No
P3A	NP THYROID 60 MG TABLET	THYROID,PORK	0	999	No
P3A	NP THYROID 90 MG TABLET	THYROID,PORK	0	999	No
P3A	SYNTHROID 100 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	SYNTHROID 112 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	SYNTHROID 125 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
P3A	SYNTHROID 137 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	SYNTHROID 150 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	SYNTHROID 175 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	SYNTHROID 200 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	SYNTHROID 25 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	SYNTHROID 300 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	SYNTHROID 50 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	SYNTHROID 75 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	SYNTHROID 88 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	THYROLAR-1 STRENGTH TABLET	LIOTRIX	0	999	No
P3A	THYROLAR-1/2 STRENGTH TAB	LIOTRIX	0	999	No
P3A	THYROLAR-1/4 STRENGTH TAB	LIOTRIX	0	999	No
P3A	THYROLAR-2 STRENGTH TABLET	LIOTRIX	0	999	No
P3A	THYROLAR-3 STRENGTH TABLET	LIOTRIX	0	999	No
P3A	UNITHROID 100 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	UNITHROID 112 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	UNITHROID 125 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	UNITHROID 137 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	UNITHROID 150 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	UNITHROID 175 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	UNITHROID 200 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	UNITHROID 25 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	UNITHROID 300 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	UNITHROID 50 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
P3A	UNITHROID 75 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3A	UNITHROID 88 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3L		ANTITHYROID PREPARATIONS			
P3L	METHIMAZOLE 10 MG TABLET	METHIMAZOLE	0	999	No
P3L	METHIMAZOLE 5 MG TABLET	METHIMAZOLE	0	999	No
P3L	PROPYLTHIOURACIL 50 MG TABLET	PROPYLTHIOURACIL	0	999	No
P3L	PROPYLTHIOURACIL 50 MG TABS	PROPYLTHIOURACIL	0	999	No
P4D		HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE			
P4D	HECTOROL 0.5 MCG CAPSULE	DOXERCALCIFEROL	0	999	No
P4D	HECTOROL 1 MCG CAPSULE	DOXERCALCIFEROL	0	999	No
P4D	HECTOROL 2.5 MCG CAPSULE	DOXERCALCIFEROL	0	999	No
P4D	PARICALCITOL 1 MCG CAPSULE	PARICALCITOL	0	999	No
P4D	PARICALCITOL 10 MCG/2 ML VIAL	PARICALCITOL	0	999	No
P4D	PARICALCITOL 2 MCG CAPSULE	PARICALCITOL	0	999	No
P4D	PARICALCITOL 2 MCG/ML VIAL	PARICALCITOL	0	999	No
P4D	PARICALCITOL 4 MCG CAPSULE	PARICALCITOL	0	999	No
P4D	PARICALCITOL 5 MCG/ML VIAL	PARICALCITOL	0	999	No
P4L		BONE RESORPTION INHIBITORS			
P4L	ALENDRONATE SODIUM 10 MG TAB	ALENDRONATE SODIUM	0	999	No
P4L	ALENDRONATE SODIUM 35 MG TAB	ALENDRONATE SODIUM	0	999	No
P4L	ALENDRONATE SODIUM 40 MG TAB	ALENDRONATE SODIUM	0	999	No
P4L	ALENDRONATE SODIUM 5 MG TABLET	ALENDRONATE SODIUM	0	999	No
P4L	ALENDRONATE SODIUM 70 MG TAB	ALENDRONATE SODIUM	0	999	No
P4L	CALCITONIN-SALMON 200 UNITS SP	CALCITONIN,SALMON,SYNTHETIC	18	999	No
P4L	PAMIDRONATE 30 MG/10 ML VIAL	PAMIDRONATE DISODIUM	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
P4L	PAMIDRONATE 60 MG/10 ML VIAL	PAMIDRONATE DISODIUM	0	999	No
P4L	PAMIDRONATE 90 MG/10 ML VIAL	PAMIDRONATE DISODIUM	0	999	No
P4L	PAMIDRONATE DISOD 30 MG VIAL	PAMIDRONATE DISODIUM	0	999	No
P4L	PAMIDRONATE DISOD 90 MG VIAL	PAMIDRONATE DISODIUM	0	999	No
P4L	ZOLEDRONIC ACID 4 MG VIAL	ZOLEDRONIC ACID	0	999	No
P4L	ZOLEDRONIC ACID 4 MG/100 ML	ZOLEDRONIC ACID/MANNITOL-WATER	0	999	No
P4L	ZOLEDRONIC ACID 4 MG/5 ML VIAL	ZOLEDRONIC ACID	0	999	No
P4L	ZOLEDRONIC ACID 5 MG/100 ML	ZOLEDRONIC ACID/MANNITOL-WATER	0	999	No
	P5A	GLUCOCORTICOIDS			
P5A	A-HYDROCORT 100 MG VIAL	HYDROCORTISONE SOD SUCCINATE	0	999	No
P5A	BETAMETHASONE AC-SP 6 MG/ML VL	BETAMETH ACET/BETAMET SOD PHOS	0	999	No
P5A	BUDESONIDE EC 3 MG CAPSULE	BUDESONIDE	0	999	No
P5A	CELESTONE SOLUSPAN 6 MG/ML	BETAMETH ACET/BETAMET SOD PHOS	0	999	No
P5A	DEXAMETHASONE 0.5 MG TABLET	DEXAMETHASONE	0	999	No
P5A	DEXAMETHASONE 0.5 MG/0.5 ML	DEXAMETHASONE	0	999	No
P5A	DEXAMETHASONE 0.5 MG/5 ML ELX	DEXAMETHASONE	0	999	No
P5A	DEXAMETHASONE 0.5 MG/5 ML LIQ	DEXAMETHASONE	0	999	No
P5A	DEXAMETHASONE 0.75 MG TABLET	DEXAMETHASONE	0	999	No
P5A	DEXAMETHASONE 1 MG TABLET	DEXAMETHASONE	0	999	No
P5A	DEXAMETHASONE 1.5 MG TABLET	DEXAMETHASONE	0	999	No
P5A	DEXAMETHASONE 10 MG/ML VIAL	DEXAMETHASONE SOD PHOSPHATE	0	999	No
P5A	DEXAMETHASONE 10 MG/ML VIAL	DEXAMETHASONE SODIUM PHOSP/PF	0	999	No
P5A	DEXAMETHASONE 100 MG/10 ML VL	DEXAMETHASONE SOD PHOSPHATE	0	999	No
P5A	DEXAMETHASONE 120 MG/30 ML VL	DEXAMETHASONE SOD PHOSPHATE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
P5A	DEXAMETHASONE 2 MG TABLET	DEXAMETHASONE	0	999	No
P5A	DEXAMETHASONE 20 MG/5 ML VIAL	DEXAMETHASONE SOD PHOSPHATE	0	999	No
P5A	DEXAMETHASONE 4 MG TABLET	DEXAMETHASONE	0	999	No
P5A	DEXAMETHASONE 4 MG/ML SYRINGE	DEXAMETHASONE SOD PHOSPHATE	0	999	No
P5A	DEXAMETHASONE 4 MG/ML VIAL	DEXAMETHASONE SOD PHOSPHATE	0	999	No
P5A	DEXAMETHASONE 6 MG TABLET	DEXAMETHASONE	0	999	No
P5A	HYDROCORTISONE 10 MG TABLET	HYDROCORTISONE	0	999	No
P5A	HYDROCORTISONE 20 MG TABLET	HYDROCORTISONE	0	999	No
P5A	HYDROCORTISONE 5 MG TABLET	HYDROCORTISONE	0	999	No
P5A	METHYLPRED SS 125 MG VIAL	METHYLPREDNISOLONE SOD SUCC	0	999	No
P5A	METHYLPREDNISOLONE 1 GM VIAL	METHYLPREDNISOLONE SOD SUCC	0	999	No
P5A	METHYLPREDNISOLONE 16 MG TAB	METHYLPREDNISOLONE	0	999	No
P5A	METHYLPREDNISOLONE 32 MG TAB	METHYLPREDNISOLONE	0	999	No
P5A	METHYLPREDNISOLONE 4 MG DOSEPK	METHYLPREDNISOLONE	0	999	No
P5A	METHYLPREDNISOLONE 4 MG TAB	METHYLPREDNISOLONE	0	999	No
P5A	METHYLPREDNISOLONE 4 MG TABLET	METHYLPREDNISOLONE	0	999	No
P5A	METHYLPREDNISOLONE 40 MG VIAL	METHYLPREDNISOLONE SOD SUCC	0	999	No
P5A	METHYLPREDNISOLONE 40 MG/ML VL	METHYLPREDNISOLONE ACETATE	0	999	No
P5A	METHYLPREDNISOLONE 8 MG TAB	METHYLPREDNISOLONE	0	999	No
P5A	METHYLPREDNISOLONE 80 MG/ML VL	METHYLPREDNISOLONE ACETATE	0	999	No
P5A	METHYLPREDNISOLONE SS 125 MG	METHYLPREDNISOLONE SOD SUCC	0	999	No
P5A	METHYLPREDNISOLONE SS 40 MG VL	METHYLPREDNISOLONE SOD SUCC	0	999	No
P5A	ORAPRED ODT 10 MG TABLET	PREDNISOLONE SOD PHOSPHATE	0	11	No
P5A	ORAPRED ODT 15 MG TABLET	PREDNISOLONE SOD PHOSPHATE	0	11	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
P5A	ORAPRED ODT 30 MG TABLET	PREDNISOLONE SOD PHOSPHATE	0	11	No
P5A	PREDNISOLONE 10 MG/5 ML SOLN	PREDNISOLONE SOD PHOSPHATE	0	999	No
P5A	PREDNISOLONE 15 MG/5 ML SOL	PREDNISOLONE	0	999	No
P5A	PREDNISOLONE 15 MG/5 ML SOLN	PREDNISOLONE SOD PHOSPHATE	0	999	No
P5A	PREDNISOLONE 15 MG/5 ML SYRUP	PREDNISOLONE	0	999	No
P5A	PREDNISOLONE 20 MG/5 ML SOLN	PREDNISOLONE SOD PHOSPHATE	0	999	No
P5A	PREDNISOLONE 5 MG/5 ML SOLN	PREDNISOLONE SOD PHOSPHATE	0	999	No
P5A	PREDNISOLONE SOD PH 25 MG/5 ML	PREDNISOLONE SOD PHOSPHATE	0	999	No
P5A	PREDNISON 1 MG TABLET	PREDNISON	0	999	No
P5A	PREDNISON 10 MG TAB DOSE PACK	PREDNISON	0	999	No
P5A	PREDNISON 10 MG TABLET	PREDNISON	0	999	No
P5A	PREDNISON 2.5 MG TABLET	PREDNISON	0	999	No
P5A	PREDNISON 20 MG TABLET	PREDNISON	0	999	No
P5A	PREDNISON 5 MG TAB DOSE PACK	PREDNISON	0	999	No
P5A	PREDNISON 5 MG TABLET	PREDNISON	0	999	No
P5A	PREDNISON 5 MG/5 ML SOLUTION	PREDNISON	0	999	No
P5A	PREDNISON 50 MG TABLET	PREDNISON	0	999	No
P5A	SOLU-CORTEF (PF) 1,000 MG VIAL	HYDROCORTISONE SODIUM SUCC/PF	0	999	No
P5A	SOLU-CORTEF 100 MG ACT-O-VIAL	HYDROCORTISONE SODIUM SUCC/PF	0	999	No
P5A	SOLU-CORTEF 100 MG VIAL	HYDROCORTISONE SOD SUCCINATE	0	999	No
P5A	SOLU-CORTEF 250 MG ACT-O-VIAL	HYDROCORTISONE SODIUM SUCC/PF	0	999	No
P5A	SOLU-CORTEF 500 MG ACT-O-VIAL	HYDROCORTISONE SODIUM SUCC/PF	0	999	No
	P5S	MINERALOCORTICOIDS			
P5S	FLUDROCORTISONE 0.1 MG TAB	FLUDROCORTISONE ACETATE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
P5S	FLUDROCORTISONE 0.1 MG TABLET	FLUDROCORTISONE ACETATE	0	999	No
Q2C OPTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE					
Q2C	RESTASIS 0.05% EYE EMULSION	CYCLOSPORINE	0	999	No
Q2L OPTHALMIC CYSTINE DEPLETING AGENTS					
Q2L	CYSTARAN 0.44% EYE DROPS	CYSTEAMINE HCL	0	999	No
Q3B RECTAL/LOWER BOWEL PREP.,GLUCOCORT. (NON-HEMORR)					
Q3B	HYDROCORTISONE 100 MG/60 ML	HYDROCORTISONE	0	999	No
Q3E CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT,RECTAL TX					
Q3E	CANASA 1,000 MG SUPP PAC	MESALAMINE	0	999	No
Q3E	CANASA 1,000 MG SUPPOSITORY	MESALAMINE	0	999	No
Q3E	MESALAMINE 4 GM/60 ML ENEMA	MESALAMINE	0	999	No
Q3E	MESALAMINE 4G/60 ML RECTL SUSP	MESALAMINE	0	999	No
Q3I HEMORRHOID PREP,ANTI-INFLAM STEROID-LOCAL ANESTHET					
Q3I	LIDOCAINE-HC 2.8-0.55% GEL	HYDROCORTISONE/LIDOCAINE/ALOE	0	999	No
Q3I	LIDOCAINE-HC 2-2% CREAM KIT	HYDROCORTISONE/LIDOCAINE/ALOE	0	999	No
Q3I	LIDOCAINE-HC 3-2.5% GEL KIT	HYDROCORTISONE/LIDOCAINE/ALOE	0	999	No
Q3I	PROCTOFOAM-HC 1%-1% FOAM	HYDROCORTISONE/PRAMOXINE	0	999	No
Q4F VAGINAL ANTIFUNGALS					
Q4F	3 DAY VAGINAL 2% CREAM	CLOTRIMAZOLE	0	999	No
Q4F	3-DAY VAGINAL CREAM	CLOTRIMAZOLE	0	999	No
Q4F	CLOTRIM 1% VAGINAL CREAM	CLOTRIMAZOLE	0	999	No
Q4F	CLOTRIMAZOLE 1% CREAM	CLOTRIMAZOLE	0	999	No
Q4F	CLOTRIMAZOLE 3 DAY CREAM	CLOTRIMAZOLE	0	999	No
Q4F	GYNAZOLE 1 2% CREAM	BUTOCONAZOLE NITRATE	0	999	No
Q4F	MICONAZOLE 1 COMBINATION PACK	MICONAZOLE NITRATE	0	999	No
Q4F	MICONAZOLE 100 MG VAG SUPP	MICONAZOLE NITRATE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
Q4F	MICONAZOLE 3 200 MG VAG SUPP	MICONAZOLE NITRATE	0	999	No
Q4F	MICONAZOLE 7 100 MG VAG SUPP	MICONAZOLE NITRATE	0	999	No
Q4F	MICONAZOLE 7 CREAM	MICONAZOLE NITRATE	0	999	No
Q4F	MICONAZOLE NITRATE 2% CREAM	MICONAZOLE NITRATE	0	999	No
Q4F	QC 3 DAY VAGINAL 4% CREAM	MICONAZOLE NITRATE	0	999	No
Q4F	QC MICONAZOLE 7 CREAM	MICONAZOLE NITRATE	0	999	No
Q4F	SM CLOTRIMAZOLE 1% CREAM	CLOTRIMAZOLE	0	999	No
Q4F	SM MICONAZOLE 7 100 MG VAG SUP	MICONAZOLE NITRATE	0	999	No
Q4F	SM MICONAZOLE NITRATE 2% CREAM	MICONAZOLE NITRATE	0	999	No
Q4F	SM TIOCONAZOLE-1 6.5% OINTMENT	TIOCONAZOLE	0	999	No
Q4F	SUNMARK 3-DAY VAGINAL CREAM	CLOTRIMAZOLE	0	999	No
Q4F	SUNMARK MICONAZOLE 7 CREAM	MICONAZOLE NITRATE	0	999	No
Q4F	TERCONAZOLE 0.4% CREAM	TERCONAZOLE	0	999	No
Q4F	TERCONAZOLE 0.8% CREAM	TERCONAZOLE	0	999	No
Q4F	TERCONAZOLE 0.8% VAGINAL CR	TERCONAZOLE	0	999	No
Q4F	TERCONAZOLE 80 MG SUPPOSITORY	TERCONAZOLE	0	999	No
Q4K		VAGINAL ESTROGEN PREPARATIONS			
Q4K	ESTRING 2 MG VAGINAL RING	ESTRADIOL	0	999	No
Q4K	PREMARIN VAGINAL CREAM-APPL	ESTROGENS, CONJUGATED	0	999	No
Q4K	VAGIFEM 10 MCG VAGINAL TAB	ESTRADIOL	0	999	No
Q4W		VAGINAL ANTIBIOTICS			
Q4W	CLEOCIN 100 MG VAGINAL OVULE	CLINDAMYCIN PHOSPHATE	0	999	No
Q4W	CLINDAMYCIN 2% VAGINAL CREAM	CLINDAMYCIN PHOSPHATE	0	999	No
Q4W	CLINDESSE 2% VAGINAL CREAM	CLINDAMYCIN PHOSPHATE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
Q4W	METRONIDAZOLE VAGINAL 0.75% GL	METRONIDAZOLE	0	999	No
	Q5B	TOPICAL PREPARATIONS,ANTIBACTERIALS			
Q5B	SILVER NITRATE 0.5% SOLN	SILVER NITRATE	0	999	No
	Q5E	TOPICAL ANTI-INFLAMMATORY, NSAIDS			
Q5E	VOLTAREN 1% GEL	DICLOFENAC SODIUM	0	999	No
	Q5F	TOPICAL ANTIFUNGALS			
Q5F	CICLOPIROX 0.77% CREAM	CICLOPIROX OLAMINE	0	999	No
Q5F	CICLOPIROX 0.77% TOPICAL SUSP	CICLOPIROX OLAMINE	0	999	No
Q5F	CICLOPIROX 8% SOLUTION	CICLOPIROX	0	999	No
Q5F	CICLOPIROX OLAMINE 0.77% CREAM	CICLOPIROX OLAMINE	0	999	No
Q5F	CLOTRIMAZOLE 1% CREAM	CLOTRIMAZOLE	0	999	No
Q5F	CLOTRIMAZOLE 1% SOLUTION	CLOTRIMAZOLE	0	999	No
Q5F	KETOCONAZOLE 2% CREAM	KETOCONAZOLE	0	999	No
Q5F	KETOCONAZOLE 2% SHAMPOO	KETOCONAZOLE	0	999	No
Q5F	LOPROX 0.77% CREAM	CICLOPIROX OLAMINE	0	999	No
Q5F	NYSTATIN 100,000 UNIT/GM CREAM	NYSTATIN	0	999	No
Q5F	NYSTATIN 100,000 UNIT/GM POWD	NYSTATIN	0	999	No
Q5F	NYSTATIN 100,000 UNITS/GM OINT	NYSTATIN	0	999	No
	Q5H	TOPICAL LOCAL ANESTHETICS			
Q5H	LIDOCAINE 3% CREAM	LIDOCAINE HCL	0	999	No
Q5H	LIDOCAINE 5% PATCH	LIDOCAINE	0	999	Auto PA For Select Diag
Q5H	LIDOCAINE-PRILOCAINE CREAM	LIDOCAINE/PRILOCAINE	0	999	No
Q5H	LIDOCAINE-TETRACAINE 7%-7% CRM	LIDOCAINE/TETRACAINE	0	999	No
	Q5K	TOPICAL IMMUNOSUPPRESSIVE AGENTS			
Q5K	ELIDEL 1% CREAM	PIMECROLIMUS	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
Q5K	PROTOPIC 0.03% OINTMENT	TACROLIMUS	0	999	No
Q5K	PROTOPIC 0.1% OINTMENT	TACROLIMUS	16	999	No
Q5K	PROTOPIC 0.1% OINTMENT	TACROLIMUS	0	999	No
Q5M		TOPICAL ANTIFUNGAL/ANTI-INFLAMMATORY,STEROID AGENT			
Q5M	CLOTRIMAZOLE/BETAMETH CREAM	CLOTRIMAZOLE/BETAMETHASONE DIP	0	999	No
Q5M	CLOTRIMAZOLE-BETAMETH CREAM	CLOTRIMAZOLE/BETAMETHASONE DIP	0	999	No
Q5M	CLOTRIMAZOLE-BETAMETHASONE CRM	CLOTRIMAZOLE/BETAMETHASONE DIP	0	999	No
Q5N		TOPICAL ANTINEOPLASTIC PREMALIGNANT LESION AGENTS			
Q5N	DICLOFENAC SODIUM 3% GEL	DICLOFENAC SODIUM	0	999	No
Q5N	FLUOROURACIL 0.5% CREAM	FLUOROURACIL	0	999	No
Q5N	FLUOROURACIL 2% SOLUTION	FLUOROURACIL	0	999	No
Q5N	FLUOROURACIL 5% CREAM	FLUOROURACIL	0	999	No
Q5N	PANRETIN 0.1% GEL	ALITRETINOIN	0	999	Clinical PA Required
Q5P		TOPICAL ANTI-INFLAMMATORY STEROIDAL			
Q5P	ALCLOMETASONE DIP 0.05% OINT	ALCLOMETASONE DIPROPIONATE	0	999	No
Q5P	ALCLOMETASONE DIPR 0.05% OINT	ALCLOMETASONE DIPROPIONATE	0	999	No
Q5P	ANUSOL-HC 2.5% CREAM	HYDROCORTISONE	0	999	No
Q5P	BETAMETHASONE DP 0.05% CRM	BETAMETHASONE/PROPYLENE GLYC	0	999	No
Q5P	BETAMETHASONE DP AUG 0.05% CRM	BETAMETHASONE/PROPYLENE GLYC	0	999	No
Q5P	BETAMETHASONE VA 0.1% CREAM	BETAMETHASONE VALERATE	0	999	No
Q5P	CLOBETASOL 0.05% CREAM	CLOBETASOL PROPIONATE	0	999	No
Q5P	CLOBETASOL 0.05% CREAM	CLOBETASOL PROPIONATE/EMOLL	0	999	No
Q5P	CLOBETASOL 0.05% GEL	CLOBETASOL PROPIONATE	0	999	No
Q5P	CLOBETASOL 0.05% SOLUTION	CLOBETASOL PROPIONATE	0	999	No
Q5P	CLOBETASOL EMOLLIENT 0.05% CRM	CLOBETASOL PROPIONATE/EMOLL	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
Q5P	FLUOCINOLONE 0.01% BODY OIL	FLUOCINOLONE ACETONIDE	0	999	No
Q5P	FLUOCINOLONE 0.01% SCALP OIL	FLUOCINOLONE/SHOWER CAP	0	999	No
Q5P	FLUTICASONE PROP 0.005% OINT	FLUTICASONE PROPIONATE	0	999	No
Q5P	FLUTICASONE PROP 0.05% CREAM	FLUTICASONE PROPIONATE	0	999	No
Q5P	HALOBETASOL PROP 0.05% CREAM	HALOBETASOL PROPIONATE	0	999	No
Q5P	HALOBETASOL PROP 0.05% OINT	HALOBETASOL PROPIONATE	0	999	No
Q5P	HALOBETASOL PROP 0.05% OINTMNT	HALOBETASOL PROPIONATE	0	999	No
Q5P	HYDROCORTISONE 1% CREAM	HYDROCORTISONE	0	999	No
Q5P	HYDROCORTISONE 1% OINTMENT	HYDROCORTISONE	0	999	No
Q5P	HYDROCORTISONE 2.5% CREAM	HYDROCORTISONE	0	999	No
Q5P	HYDROCORTISONE 2.5% OINT	HYDROCORTISONE	0	999	No
Q5P	MOMETASONE FUROATE 0.1% CREAM	MOMETASONE FUROATE	0	999	No
Q5P	MOMETASONE FUROATE 0.1% OINT	MOMETASONE FUROATE	0	999	No
Q5P	MOMETASONE FUROATE 0.1% ONT	MOMETASONE FUROATE	0	999	No
Q5P	MOMETASONE FUROATE 0.1% SOLN	MOMETASONE FUROATE	0	999	No
Q5P	PROCTO-PAK 1% CREAM	HYDROCORTISONE	0	999	No
Q5P	PROCTOSOL-HC 2.5% CREAM	HYDROCORTISONE	0	999	No
Q5P	PROCTOZONE-HC 2.5% CREAM	HYDROCORTISONE	0	999	No
Q5P	TRIAMCINOLONE 0.025% CREAM	TRIAMCINOLONE ACETONIDE	0	999	No
Q5P	TRIAMCINOLONE 0.025% OINT	TRIAMCINOLONE ACETONIDE	0	999	No
Q5P	TRIAMCINOLONE 0.1% CREAM	TRIAMCINOLONE ACETONIDE	0	999	No
Q5P	TRIAMCINOLONE 0.1% OINTMENT	TRIAMCINOLONE ACETONIDE	0	999	No
Q5P	TRIAMCINOLONE 0.5% CREAM	TRIAMCINOLONE ACETONIDE	0	999	No
Q5P	TRIAMCINOLONE 0.5% OINTMENT	TRIAMCINOLONE ACETONIDE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
Q5R		TOPICAL ANTIPARASITICS			
Q5R	HM LICE KILLING SHAMPOO	PIPERONYL BUTOXIDE/PYRETHRINS	0	999	No
Q5R	HM LICE TREATMENT 1% CRM RINSE	PERMETHRIN	0	999	No
Q5R	LICE KILLING SHAMPOO	PIPERONYL BUTOXIDE/PYRETHRINS	0	999	No
Q5R	LICE SOLUTION KIT	PIP BUTOX/PYRETHRINS/PERMETH	0	999	No
Q5R	LICE TREATMENT 1% CREME RINSE	PERMETHRIN	0	999	No
Q5R	LICE TREATMENT SHAMPOO	PIPERONYL BUTOXIDE/PYRETHRINS	0	999	No
Q5R	NATROBA 0.9% TOPICAL SUSP	SPINOSAD	0	999	No
Q5R	PERMETHRIN 5% CREAM	PERMETHRIN	0	999	No
Q5R	SB LICE KILLING SHAMPOO	PIPERONYL BUTOXIDE/PYRETHRINS	0	999	No
Q5R	SKLICE 0.5% LOTION	IVERMECTIN	0	999	No
Q5R	SM LICE TREATMENT 1% CRM RINSE	PERMETHRIN	0	999	No
Q5R	SUNMARK LICE KILLING SHAMPO	PERMETHRIN	0	999	No
Q5R	SUNMARK LICE KILLING TREATM	PIPERONYL BUTOXIDE/PYRETHRINS	0	999	No
Q5R	SUNMARK LICE SOLUTION KIT	PIP BUTOX/PYRETHRINS/PERMETH	0	999	No
Q5S		TOPICAL SULFONAMIDES			
Q5S	SILVER SULFADIAZINE 1% CRM	SILVER SULFADIAZINE	0	999	No
Q5S	SULFAMYLON 8.5% CREAM	MAFENIDE ACETATE	0	999	No
Q5V		TOPICAL ANTIVIRALS			
Q5V	ACYCLOVIR 5% OINTMENT	ACYCLOVIR	12	999	No
Q5V	DENAVIR 1% CREAM	PENCICLOVIR	0	999	No
Q5V	ZOVIRAX 5% CREAM	ACYCLOVIR	12	999	No
Q5W		TOPICAL ANTIBIOTICS			
Q5W	CLINDAMYCIN PH 1% SOLUTION	CLINDAMYCIN PHOSPHATE	12	999	No
Q5W	CLINDAMYCIN PHOS 1% PLEDGET	CLINDAMYCIN PHOSPHATE	12	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
Q5W	GENTAMICIN 0.1% CREAM	GENTAMICIN SULFATE	0	999	No
Q5W	MUPIROCIN 2% OINTMENT	MUPIROCIN	0	999	No
Q5X		TOPICAL ANTIBIOTIC AND ANTI-INFLAMMATORY STEROID			
Q5X	CORTISPORIN CREAM	NEOMYCIN/POLYMYXIN B/HYDROCORT	0	999	No
Q5X	CORTISPORIN OINTMENT	NEOMYC/BACIT/POLYMYX/HYDROCORT	0	999	No
Q6C		EYE VASOCONSTRICTORS			
Q6C	PHENYLEPHRINE 10% EYE DROPS	PHENYLEPHRINE HCL	0	999	No
Q6C	PHENYLEPHRINE 2.5% EYE DROP	PHENYLEPHRINE HCL	0	999	No
Q6E		EYE IRRIGATIONS			
Q6E	BALANCED SALT SOLUTION	BALANCED SALT IRRIG SOLN NO.2	0	999	No
Q6G		MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS			
Q6G	AZOPT 1% EYE DROPS	BRINZOLAMIDE	0	999	No
Q6G	BRIMONIDINE 0.2% EYE DROP	BRIMONIDINE TARTRATE	0	999	No
Q6G	BRIMONIDINE 0.2% EYE DROPS	BRIMONIDINE TARTRATE	0	999	No
Q6G	CARTEOLOL HCL 1% EYE DROPS	CARTEOLOL HCL	0	999	No
Q6G	COMBIGAN 0.2%-0.5% EYE DROPS	BRIMONIDINE TARTRATE/TIMOLOL	0	999	No
Q6G	COMBIGAN EYE DROPS	BRIMONIDINE TARTRATE/TIMOLOL	0	999	No
Q6G	DORZOLAMIDE HCL 2% EYE DROPS	DORZOLAMIDE HCL	0	999	No
Q6G	DORZOLAMIDE-TIMOLOL EYE DROPS	DORZOLAMIDE HCL/TIMOLOL MALEAT	0	999	No
Q6G	LATANOPROST 0.005% EYE DROPS	LATANOPROST	0	999	No
Q6G	LEVOBUNOLOL 0.5% EYE DROPS	LEVOBUNOLOL HCL	0	999	No
Q6G	SIMBRINZA 1%-0.2% EYE DROPS	BRINZOLAMIDE/BRIMONIDINE TART	0	999	No
Q6G	TIMOLOL 0.25% EYE DROPS	TIMOLOL MALEATE	0	999	No
Q6G	TIMOLOL 0.25% GEL /SOLUTION	TIMOLOL MALEATE	0	999	No
Q6G	TIMOLOL 0.25% GEL-SOLUTION	TIMOLOL MALEATE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
Q6G	TIMOLOL 0.5% EYE DROPS	TIMOLOL MALEATE	0	999	No
Q6G	TIMOLOL 0.5% GEL/SOLUTION	TIMOLOL MALEATE	0	999	No
Q6G	TIMOLOL 0.5% GEL-SOLUTION	TIMOLOL MALEATE	0	999	No
Q6G	TRAVATAN Z 0.004% EYE DROP	TRAVOPROST	0	999	No
Q6I		EYE ANTIBIOTIC AND GLUCOCORTICOID COMBINATIONS			
Q6I	NEO/BACIT/POLY/HC EYE OINT	NEOMYCIN/BACIT/P-MYX/HYDROCORT	0	999	No
Q6I	NEO/POLY/DEXAMET EYE OINT	NEOMYCIN/POLYMYXIN B/DEXAMETHA	0	999	No
Q6I	NEO/POLYMYXIN/DEXAMETH DROP	NEOMYCIN/POLYMYXIN B/DEXAMETHA	0	999	No
Q6I	NEO-BACIT-POLY-HC EYE OINTMENT	NEOMYCIN/BACIT/P-MYX/HYDROCORT	0	999	No
Q6I	NEOMYC-POLYM-DEXAMET EYE OINTM	NEOMYCIN/POLYMYXIN B/DEXAMETHA	0	999	No
Q6I	TOBRADEX EYE DROPS	TOBRAMYCIN/DEXAMETHASONE	0	999	No
Q6I	TOBRADEX EYE OINTMENT	TOBRAMYCIN/DEXAMETHASONE	0	999	No
Q6I	ZYLET EYE DROPS	TOBRAMYCIN/LOTEPRED ETAB	0	999	No
Q6J		MYDRIATICS			
Q6J	ATROPINE 1% EYE DROPS	ATROPINE SULFATE	0	999	No
Q6J	ATROPINE 1% EYE OINTMENT	ATROPINE SULFATE	0	999	No
Q6P		EYE ANTI-INFLAMMATORY AGENTS			
Q6P	ALREX 0.2% EYE DROPS	LOTEPREDNOL ETABONATE	0	999	No
Q6P	DEXAMETHASONE 0.1% EYE DROP	DEXAMETHASONE SOD PHOSPHATE	0	999	No
Q6P	DICLOFENAC 0.1% EYE DROPS	DICLOFENAC SODIUM	0	999	No
Q6P	DICLOFENAC SODIUM 0.1 % SOLN	DICLOFENAC SODIUM	0	999	No
Q6P	DUREZOL 0.05% EYE DROPS	DIFLUPREDNATE	0	999	No
Q6P	FLAREX 0.1% EYE DROPS	FLUOROMETHOLONE ACETATE	0	999	No
Q6P	FLURBIPROFEN 0.03% EYE DROP	FLURBIPROFEN SODIUM	0	999	No
Q6P	FML FORTE 0.25% EYE DROPS	FLUOROMETHOLONE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
Q6P	FML S.O.P. 0.1% OINTMENT	FLUOROMETHOLONE	0	999	No
Q6P	ILEVRO 0.3% OPHTH DROPS	NEPAFENAC	0	999	No
Q6P	KETOROLAC 0.4% OPHTH SOLUTION	KETOROLAC TROMETHAMINE	0	999	No
Q6P	KETOROLAC 0.5% OPHTH SOLUTION	KETOROLAC TROMETHAMINE	0	999	No
Q6P	LOTEMAX 0.5% EYE DROPS	LOTEPREDNOL ETABONATE	0	999	No
Q6P	MAXIDEX 0.1% EYE DROPS	DEXAMETHASONE	0	999	No
Q6P	PREDNISOLONE AC 1% EYE DROP	PREDNISOLONE ACETATE	0	999	No
	Q6R	EYE ANTIHISTAMINES			
Q6R	PATADAY 0.2% EYE DROPS	OLOPATADINE HCL	0	999	No
Q6R	PAZEO 0.7% EYE DROPS	OLOPATADINE HCL	0	999	No
	Q6S	EYE SULFONAMIDES			
Q6S	SULF-PRED 0.25% EYE DROPS	SULFACETAMIDE/PREDNISOLONE SP	0	999	No
	Q6U	EYE MAST CELL STABILIZERS			
Q6U	CROMOLYN 4% EYE DROPS	CROMOLYN SODIUM	0	999	No
Q6U	CROMOLYN SODIUM 4% EYE DROP	CROMOLYN SODIUM	0	999	No
	Q6V	EYE ANTIVIRALS			
Q6V	TRIFLURIDINE 1% EYE DROPS	TRIFLURIDINE	0	999	No
Q6V	TRIFLURIDINE 1% OPHTHAL SOLN	TRIFLURIDINE	0	999	No
	Q6W	OPHTHALMIC ANTIBIOTICS			
Q6W	AKTOB 0.3% EYE DROPS	TOBRAMYCIN	0	999	No
Q6W	BACIT/POLYMYXIN EYE OINT	BACITRACIN/POLYMYXIN B SULFATE	0	999	No
Q6W	CIPROFLOXACIN 0.3% EYE DROP	CIPROFLOXACIN HCL	0	999	No
Q6W	ERYTHROMYCIN 0.5% EYE OINTMENT	ERYTHROMYCIN BASE	0	999	No
Q6W	ERYTHROMYCIN EYE OINTMENT	ERYTHROMYCIN BASE	0	999	No
Q6W	GENTAMICIN 0.3% EYE DROPS	GENTAMICIN SULFATE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
Q6W	GENTAMICIN 3 MG/GM EYE OINT	GENTAMICIN SULFATE	0	999	No
Q6W	GENTAMICIN 3 MG/ML EYE DROPS	GENTAMICIN SULFATE	0	999	No
Q6W	MOXEZA 0.5% EYE DROPS	MOXIFLOXACIN HCL	0	999	No
Q6W	OFLOXACIN 0.3% EYE DROPS	OFLOXACIN	0	999	No
Q6W	POLYMYXIN B/TMP EYE DROPS	POLYMYXIN B SULF/TRIMETHOPRIM	0	999	No
Q6W	TOBRAMYCIN 0.3% EYE DROPS	TOBRAMYCIN	0	999	No
Q6W	VIGAMOX 0.5% EYE DROPS	MOXIFLOXACIN HCL	0	999	No
	Q7E	NASAL ANTIHISTAMINE			
Q7E	PATANASE 0.6% NASAL SPRAY	OLOPATADINE HCL	0	999	No
	Q7P	NASAL ANTI-INFLAMMATORY STEROIDS			
Q7P	FLUTICASONE 50 MCG NASAL SPRAY	FLUTICASONE PROPIONATE	0	999	No
Q7P	FLUTICASONE PROP 50 MCG SPRAY	FLUTICASONE PROPIONATE	0	999	No
Q7P	NASONEX 50 MCG NASAL SPRAY	MOMETASONE FUROATE	0	999	No
	Q7W	NOSE PREPARATIONS ANTIBIOTICS			
Q7W	BACTROBAN NASAL 2% OINTMENT	MUPIROCIN CALCIUM	0	999	No
	Q8B	EAR PREPARATIONS, MISC. ANTI-INFECTIVES			
Q8B	ACETIC ACID 2% EAR SOLUTION	ACETIC ACID	0	999	No
Q8B	ACETIC ACID/ALUMINUM DROPS	ACETIC ACID/ALUMINUM ACETATE	0	999	No
	Q8F	OTIC PREPARATIONS,ANTI-INFLAMMATORY-ANTIBIOTICS			
Q8F	CIPRODEX OTIC SUSPENSION	CIPROFLOXACIN HCL/DEXAMETH	0	999	No
	Q8P	EAR PREPARATIONS ANTI-INFLAMMATORY			
Q8P	DERMOTIC OIL 0.01% EAR DROPS	FLUOCINOLONE ACETONIDE OIL	0	999	No
Q8P	FLUOCINOLONE OIL 0.01% EAR DRP	FLUOCINOLONE ACETONIDE OIL	0	999	No
	Q8W	EAR PREPARATIONS,ANTIBIOTICS			
Q8W	NEO/POLYMYXIN/HC EAR SOLN	NEOMYCIN/POLYMYXIN B/HYDROCORT	0	999	No
Q8W	NEO/POLYMYXIN/HC EAR SUSP	NEOMYCIN/POLYMYXIN B/HYDROCORT	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
Q8W	NEO-POLYMYXIN-HC EAR SUSP	NEOMYCIN/POLYMYXIN B/HYDROCORT	0	999	No
Q8W	OFLOXACIN 0.3% EAR DROPS	OFLOXACIN	0	999	No
Q9B	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS				
Q9B	ALFUZOSIN HCL ER 10 MG TABLET	ALFUZOSIN HCL	0	999	No
Q9B	DUTASTERIDE 0.5 MG CAPSULE	DUTASTERIDE	0	999	No
Q9B	FINASTERIDE 5 MG TABLET	FINASTERIDE	0	999	No
Q9B	TAMSULOSIN HCL 0.4 MG CAPSULE	TAMSULOSIN HCL	0	999	No
R1A	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT				
R1A	OXYBUTYNIN 5 MG TABLET	OXYBUTYNIN CHLORIDE	0	999	No
R1A	OXYBUTYNIN 5 MG/5 ML SYRUP	OXYBUTYNIN CHLORIDE	0	999	No
R1A	OXYBUTYNIN CL ER 10 MG TABLET	OXYBUTYNIN CHLORIDE	0	999	No
R1A	OXYBUTYNIN CL ER 15 MG TABLET	OXYBUTYNIN CHLORIDE	0	999	No
R1A	OXYBUTYNIN CL ER 5 MG TABLET	OXYBUTYNIN CHLORIDE	0	999	No
R1A	TOVIAZ 4 MG ER TABLET	FESOTERODINE FUMARATE	18	999	No
R1A	TOVIAZ 8 MG ER TABLET	FESOTERODINE FUMARATE	18	999	No
R1E	CARBONIC ANHYDRASE INHIBITORS				
R1E	ACETAZOLAMIDE 125 MG TABLET	ACETAZOLAMIDE	0	999	No
R1E	ACETAZOLAMIDE 250 MG TABLET	ACETAZOLAMIDE	0	999	No
R1E	ACETAZOLAMIDE ER 500 MG CAP	ACETAZOLAMIDE	0	999	No
R1E	METHAZOLAMIDE 25 MG TABLET	METHAZOLAMIDE	0	999	No
R1E	METHAZOLAMIDE 50 MG TABLET	METHAZOLAMIDE	0	999	No
R1F	THIAZIDE AND RELATED DIURETICS				
R1F	CHLOROTHIAZIDE 250 MG TABLET	CHLOROTHIAZIDE	0	999	No
R1F	CHLOROTHIAZIDE 500 MG TABLET	CHLOROTHIAZIDE	0	999	No
R1F	CHLORTHALIDONE 25 MG TABLET	CHLORTHALIDONE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
R1F	CHLORTHALIDONE 50 MG TABLET	CHLORTHALIDONE	0	999	No
R1F	DIURIL 250 MG/5 ML ORAL SUSP	CHLOROTHIAZIDE	0	11	No
R1F	HYDROCHLOROTHIAZIDE 12.5 MG	HYDROCHLOROTHIAZIDE	0	999	No
R1F	HYDROCHLOROTHIAZIDE 12.5 MG CP	HYDROCHLOROTHIAZIDE	0	999	No
R1F	HYDROCHLOROTHIAZIDE 12.5 MG TB	HYDROCHLOROTHIAZIDE	0	999	No
R1F	HYDROCHLOROTHIAZIDE 25 MG TAB	HYDROCHLOROTHIAZIDE	0	999	No
R1F	HYDROCHLOROTHIAZIDE 25 MG TB	HYDROCHLOROTHIAZIDE	0	999	No
R1F	HYDROCHLOROTHIAZIDE 50 MG TAB	HYDROCHLOROTHIAZIDE	0	999	No
R1F	HYDROCHLOROTHIAZIDE 50 MG TB	HYDROCHLOROTHIAZIDE	0	999	No
R1F	INDAPAMIDE 1.25 MG TABLET	INDAPAMIDE	0	999	No
R1F	INDAPAMIDE 2.5 MG TABLET	INDAPAMIDE	0	999	No
R1F	METHYCLOTHIAZIDE 5 MG TABLET	METHYCLOTHIAZIDE	0	999	No
R1F	METOLAZONE 10 MG TABLET	METOLAZONE	0	999	No
R1F	METOLAZONE 2.5 MG TABLET	METOLAZONE	0	999	No
R1F	METOLAZONE 5 MG TABLET	METOLAZONE	0	999	No
R1H		POTASSIUM SPARING DIURETICS			
R1H	AMILORIDE HCL 5 MG TABLET	AMILORIDE HCL	0	999	No
R1H	SPIRONOLACTONE 100 MG TABLET	SPIRONOLACTONE	0	999	No
R1H	SPIRONOLACTONE 25 MG TABLET	SPIRONOLACTONE	0	999	No
R1H	SPIRONOLACTONE 50 MG TABLET	SPIRONOLACTONE	0	999	No
R1I		URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.			
R1I	VESICARE 10 MG TABLET	SOLIFENACIN SUCCINATE	18	999	No
R1I	VESICARE 5 MG TABLET	SOLIFENACIN SUCCINATE	18	999	No
R1L		POTASSIUM SPARING DIURETICS IN COMBINATION			
R1L	AMILORIDE HCL/HCTZ 5/50 TAB	AMILORIDE/HYDROCHLOROTHIAZIDE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
R1L	SPIRONOLACT/HCTZ 25/25 TAB	SPIRONOLACT/HYDROCHLOROTHIAZID	0	999	No
R1L	SPIRONOLACTONE-HCTZ 25-25 TAB	SPIRONOLACT/HYDROCHLOROTHIAZID	0	999	No
R1L	TRIAMTERENE/HCTZ 37.5/25 CP	TRIAMTERENE/HYDROCHLOROTHIAZID	0	999	No
R1L	TRIAMTERENE/HCTZ 37.5/25 TB	TRIAMTERENE/HYDROCHLOROTHIAZID	0	999	No
R1L	TRIAMTERENE/HCTZ 50/25 CAP	TRIAMTERENE/HYDROCHLOROTHIAZID	0	999	No
R1L	TRIAMTERENE/HCTZ 75/50 TAB	TRIAMTERENE/HYDROCHLOROTHIAZID	0	999	No
R1L	TRIAMTERENE-HCTZ 37.5-25 MG CP	TRIAMTERENE/HYDROCHLOROTHIAZID	0	999	No
R1L	TRIAMTERENE-HCTZ 37.5-25 MG TB	TRIAMTERENE/HYDROCHLOROTHIAZID	0	999	No
R1L	TRIAMTERENE-HCTZ 75/50 TAB	TRIAMTERENE/HYDROCHLOROTHIAZID	0	999	No
R1L	TRIAMTERENE-HCTZ 75-50 MG TAB	TRIAMTERENE/HYDROCHLOROTHIAZID	0	999	No
	R1M	LOOP DIURETICS			
R1M	BUMETANIDE 0.25 MG/ML VIAL	BUMETANIDE	0	999	No
R1M	BUMETANIDE 0.5 MG TABLET	BUMETANIDE	0	999	No
R1M	BUMETANIDE 1 MG TABLET	BUMETANIDE	0	999	No
R1M	BUMETANIDE 1 MG/4 ML VIAL	BUMETANIDE	0	999	No
R1M	BUMETANIDE 2 MG TABLET	BUMETANIDE	0	999	No
R1M	BUMETANIDE 2.5 MG/10 ML VIAL	BUMETANIDE	0	999	No
R1M	FUROSEMIDE 10 MG/ML SOLUTION	FUROSEMIDE	0	999	No
R1M	FUROSEMIDE 10 MG/ML SYRINGE	FUROSEMIDE	0	999	No
R1M	FUROSEMIDE 10 MG/ML VIAL	FUROSEMIDE	0	999	No
R1M	FUROSEMIDE 100 MG/10 ML VIAL	FUROSEMIDE	0	999	No
R1M	FUROSEMIDE 20 MG TABLET	FUROSEMIDE	0	999	No
R1M	FUROSEMIDE 20 MG/2 ML VIAL	FUROSEMIDE	0	999	No
R1M	FUROSEMIDE 40 MG TABLET	FUROSEMIDE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
R1M	FUROSEMIDE 40 MG/4 ML VIAL	FUROSEMIDE	0	999	No
R1M	FUROSEMIDE 40 MG/5 ML SOLN	FUROSEMIDE	0	999	No
R1M	FUROSEMIDE 80 MG TABLET	FUROSEMIDE	0	999	No
R1M	TORSEMIDE 10 MG TABLET	TORSEMIDE	0	999	No
R1M	TORSEMIDE 100 MG TABLET	TORSEMIDE	0	999	No
R1M	TORSEMIDE 20 MG TABLET	TORSEMIDE	0	999	No
R1M	TORSEMIDE 5 MG TABLET	TORSEMIDE	0	999	No
R1R		URICOSURIC AGENTS			
R1R	PROBENECID 500 MG TABLET	PROBENECID	0	999	No
R1R	PROBENECID/COLCHICINE TABS	PROBENECID/COLCHICINE	0	999	No
R1R	PROBENECID-COLCHICINE TABS	PROBENECID/COLCHICINE	0	999	No
R1S		URINARY PH MODIFIERS			
R1S	K-PHOS #2 TABLET	SOD PHOS,M-B/K PHOS,MONOB	0	999	No
R1S	K-PHOS NEUTRAL TABLET	SOD PHOS DI, MONO/K PHOS MONO	0	999	No
R1S	K-PHOS ORIGINAL TABLET	POTASSIUM PHOSPHATE,MONOBASIC	0	999	No
R1S	ORACIT ORAL SOLUTION	CITRIC ACID/SODIUM CITRATE	0	999	No
R1S	ORACIT SOLUTION 15 ML	CITRIC ACID/SODIUM CITRATE	0	999	No
R1S	ORACIT SOLUTION 30 ML	CITRIC ACID/SODIUM CITRATE	0	999	No
R1S	PHOSPHA 250 NEUTRAL TABLET	SOD PHOS DI, MONO/K PHOS MONO	0	999	No
R1S	POT CITRATE-CITRIC ACID PACKET	POTASSIUM CITRATE/CITRIC ACID	0	999	No
R1S	POTASS CIT-SOD CIT-CITRIC SOLN	SOD/POT/K CIT/SOD CIT/CIT ACID	0	999	No
R1S	POTASSIUM CIT-CITRIC ACID SOLN	POTASSIUM CITRATE/CITRIC ACID	0	999	No
R1S	POTASSIUM CITRATE 10 MEQ TABLET	POTASSIUM CITRATE	0	999	No
R1S	POTASSIUM CITRATE 5 MEQ TABLET	POTASSIUM CITRATE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
R1S	POTASSIUM CITRATE ER 10 MEQ TB	POTASSIUM CITRATE	0	999	No
R1S	POTASSIUM CITRATE ER 15 MEQ TB	POTASSIUM CITRATE	0	999	No
R1S	POTASSIUM CITRATE ER 5 MEQ TAB	POTASSIUM CITRATE	0	999	No
R1S	RENACIDIN IRRIGATION SOLN	CITRIC AC/GLUCONOLACT/MAG CARB	0	999	No
R1S	RENACIDIN IRRIGATION SOLUTION	CITRIC AC/GLUCONOLACT/MAG CARB	0	999	No
R1S	SOD CITRATE/CITRIC ACID SOL	CITRIC ACID/SODIUM CITRATE	0	999	No
R1S	SOD CITRATE-CITRIC ACID SOLN	CITRIC ACID/SODIUM CITRATE	0	999	No
R1S	TRICITRATES SOLUTION	SOD/POT/K CIT/SOD CIT/CIT ACID	0	999	No
R1S	VIRT-PHOS 250 NEUTRAL TABLET	SOD PHOS DI, MONO/K PHOS MONO	0	999	No
R1S	VIRTRATE-2 SOLUTION	CITRIC ACID/SODIUM CITRATE	0	999	No
R1S	VIRTRATE-3 SOLUTION	SOD/POT/K CIT/SOD CIT/CIT ACID	0	999	No
R1S	VIRTRATE-K SOLUTION	POTASSIUM CITRATE/CITRIC ACID	0	999	No
	R1W	CYSTINE-DEPLETING AGENTS, NEPHROPATHIC CYSTINOSIS			
R1W	CYSTAGON 150 MG CAPSULE	CYSTEAMINE BITARTRATE	0	999	No
R1W	CYSTAGON 50 MG CAPSULE	CYSTEAMINE BITARTRATE	0	999	No
	R4A	KIDNEY STONE AGENTS			
R4A	THIOLA 100 MG TABLET	TIOPRONIN	0	999	No
	R5A	URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)			
R5A	PHENAZOPYRIDINE 100 MG TAB	PHENAZOPYRIDINE HCL	0	999	No
R5A	PHENAZOPYRIDINE 200 MG TAB	PHENAZOPYRIDINE HCL	0	999	No
R5A	PYRIDIUM 100 MG TABLET	PHENAZOPYRIDINE HCL	0	999	No
R5A	PYRIDIUM 200 MG TABLET	PHENAZOPYRIDINE HCL	0	999	No
	S2A	COLCHICINE			
S2A	COLCHICINE 0.6 MG CAPSULE	COLCHICINE	0	999	No
S2A	COLCHICINE 0.6 MG TABLET	COLCHICINE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
S2B	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGESICS				
S2B	DICLOFENAC POT 50 MG TABLET	DICLOFENAC POTASSIUM	0	999	No
S2B	DICLOFENAC SOD 100 MG TAB SA	DICLOFENAC SODIUM	0	999	No
S2B	DICLOFENAC SOD 25 MG TAB EC	DICLOFENAC SODIUM	0	999	No
S2B	DICLOFENAC SOD 50 MG TAB EC	DICLOFENAC SODIUM	0	999	No
S2B	DICLOFENAC SOD 75 MG TAB EC	DICLOFENAC SODIUM	0	999	No
S2B	DICLOFENAC SOD DR 25 MG TAB	DICLOFENAC SODIUM	0	999	No
S2B	DICLOFENAC SOD DR 50 MG TAB	DICLOFENAC SODIUM	0	999	No
S2B	DICLOFENAC SOD DR 75 MG TAB	DICLOFENAC SODIUM	0	999	No
S2B	DICLOFENAC SOD EC 25 MG TAB	DICLOFENAC SODIUM	0	999	No
S2B	DICLOFENAC SOD EC 50 MG TAB	DICLOFENAC SODIUM	0	999	No
S2B	DICLOFENAC SOD EC 75 MG TAB	DICLOFENAC SODIUM	0	999	No
S2B	DICLOFENAC SOD ER 100 MG TAB	DICLOFENAC SODIUM	0	999	No
S2B	ETODOLAC 400 MG TABLET	ETODOLAC	0	999	No
S2B	IBUPROFEN 100 MG/5 ML SUSP	IBUPROFEN	0	999	No
S2B	IBUPROFEN 400 MG TABLET	IBUPROFEN	0	999	No
S2B	IBUPROFEN 600 MG TABLET	IBUPROFEN	0	999	No
S2B	IBUPROFEN 800 MG TABLET	IBUPROFEN	0	999	No
S2B	INDOMETHACIN 25 MG CAPSULE	INDOMETHACIN	0	999	No
S2B	INDOMETHACIN 50 MG CAPSULE	INDOMETHACIN	0	999	No
S2B	KETOROLAC 10 MG TABLET	KETOROLAC TROMETHAMINE	17	999	No
S2B	KETOROLAC 15 MG/ML CARPUJECT	KETOROLAC TROMETHAMINE	17	999	No
S2B	KETOROLAC 15 MG/ML SYRINGE	KETOROLAC TROMETHAMINE	17	999	No
S2B	KETOROLAC 15 MG/ML VIAL	KETOROLAC TROMETHAMINE	17	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
S2B	KETOROLAC 30 MG/ML CARPUJECT	KETOROLAC TROMETHAMINE	17	999	No
S2B	KETOROLAC 30 MG/ML ISECURE SYR	KETOROLAC TROMETHAMINE	17	999	No
S2B	KETOROLAC 30 MG/ML SYRINGE	KETOROLAC TROMETHAMINE	17	999	No
S2B	KETOROLAC 30 MG/ML VIAL	KETOROLAC TROMETHAMINE	17	999	No
S2B	KETOROLAC 60 MG/2 ML SYRINGE	KETOROLAC TROMETHAMINE	17	999	No
S2B	KETOROLAC 60 MG/2 ML VIAL	KETOROLAC TROMETHAMINE	17	999	No
S2B	MELOXICAM 15 MG TABLET	MELOXICAM	0	999	No
S2B	MELOXICAM 7.5 MG TABLET	MELOXICAM	0	999	No
S2B	NABUMETONE 500 MG TABLET	NABUMETONE	0	999	No
S2B	NABUMETONE 750 MG TABLET	NABUMETONE	0	999	No
S2B	NAPROSYN 500 MG TABLET	NAPROXEN	0	999	No
S2B	NAPROXEN 250 MG TABLET	NAPROXEN	0	999	No
S2B	NAPROXEN 375 MG TABLET	NAPROXEN	0	999	No
S2B	NAPROXEN 375 MG TABLET EC	NAPROXEN	0	999	No
S2B	NAPROXEN 500 MG TABLET	NAPROXEN	0	999	No
S2B	NAPROXEN 500 MG TABLET EC	NAPROXEN	0	999	No
S2B	NAPROXEN DR 375 MG TABLET	NAPROXEN	0	999	No
S2B	NAPROXEN DR 500 MG TABLET	NAPROXEN	0	999	No
S2I		ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR			
S2I	LEFLUNOMIDE 10 MG TABLET	LEFLUNOMIDE	0	999	No
S2I	LEFLUNOMIDE 20 MG TABLET	LEFLUNOMIDE	0	999	No
S2J		ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR			
S2J	HUMIRA 10 MG/0.2 ML SYRINGE	ADALIMUMAB	0	999	No
S2J	HUMIRA 20 MG/0.4 ML SYRINGE	ADALIMUMAB	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
S2J	HUMIRA 40 MG/0.8 ML PEN	ADALIMUMAB	0	999	Auto PA For Select Diag
S2J	HUMIRA 40 MG/0.8 ML SYRINGE	ADALIMUMAB	0	999	Auto PA For Select Diag
S2J	HUMIRA CROHN'S STARTER PACK	ADALIMUMAB	0	999	Auto PA For Select Diag
S2J	HUMIRA PED CROHN'S STARTER PK	ADALIMUMAB	0	999	Auto PA For Select Diag
S2J	HUMIRA PSORIASIS STARTER PACK	ADALIMUMAB	0	999	Auto PA For Select Diag
S2L		NSAIDS,CYCLOOXYGENASE-2(COX-2) SELECTIVE INHIBITOR			
S2L	CELECOXIB 100 MG CAPSULE	CELECOXIB	0	999	No
S2L	CELECOXIB 200 MG CAPSULE	CELECOXIB	0	999	No
S2L	CELECOXIB 400 MG CAPSULE	CELECOXIB	0	999	No
S2L	CELECOXIB 50 MG CAPSULE	CELECOXIB	0	999	No
S2T		NSAIDS(COX NON-SPEC.INHIB)AND PROSTAGLANDIN ANALOG			
S2T	DICLOFENAC-MISOPROST 50-0.2 TB	DICLOFENAC SODIUM/MISOPROSTOL	0	999	No
S2T	DICLOFENAC-MISOPROST 75-0.2 TB	DICLOFENAC SODIUM/MISOPROSTOL	0	999	No
V1A		ANTINEOPLASTIC - ALKYLATING AGENTS			
V1A	BICNU 100 MG VIAL	CARMUSTINE	0	999	No
V1A	BUSULFAN 60 MG/10 ML VIAL	BUSULFAN	0	999	No
V1A	BUSULFEX 6 MG/ML VIAL	BUSULFAN	0	999	No
V1A	BUSULFEX 60 MG/10 ML VIAL	BUSULFAN	0	999	No
V1A	CARBOPLATIN 150 MG/15 ML VIAL	CARBOPLATIN	0	999	No
V1A	CARBOPLATIN 450 MG/45 ML VIAL	CARBOPLATIN	0	999	No
V1A	CARBOPLATIN 50 MG/5 ML VIAL	CARBOPLATIN	0	999	No
V1A	CARBOPLATIN 600 MG/60 ML VIAL	CARBOPLATIN	0	999	No
V1A	CISPLATIN 1 MG/ML VIAL	CISPLATIN	0	999	No
V1A	CISPLATIN 100 MG/100 ML VIAL	CISPLATIN	0	999	No
V1A	CISPLATIN 200 MG/200 ML VIAL	CISPLATIN	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
V1A	CISPLATIN 50 MG/50 ML VIAL	CISPLATIN	0	999	No
V1A	CISPLATIN-AQ 1 MG/ML VIAL	CISPLATIN	0	999	No
V1A	CYCLOPHOSPHAMIDE 1 GM VIAL	CYCLOPHOSPHAMIDE	0	999	No
V1A	CYCLOPHOSPHAMIDE 2 GM VIAL	CYCLOPHOSPHAMIDE	0	999	No
V1A	CYCLOPHOSPHAMIDE 25 MG CAPSULE	CYCLOPHOSPHAMIDE	0	999	No
V1A	CYCLOPHOSPHAMIDE 50 MG CAPSULE	CYCLOPHOSPHAMIDE	0	999	No
V1A	CYCLOPHOSPHAMIDE 500 MG VIAL	CYCLOPHOSPHAMIDE	0	999	No
V1A	ELOXATIN 100 MG/20 ML VIAL	OXALIPLATIN	0	999	No
V1A	ELOXATIN 50 MG/10 ML VIAL	OXALIPLATIN	0	999	No
V1A	HYDROXYUREA 500 MG CAPSULE	HYDROXYUREA	0	999	No
V1A	IFOSFAMIDE 1 GM VIAL	IFOSFAMIDE	0	999	No
V1A	IFOSFAMIDE 1 GM/ 20 ML VIAL	IFOSFAMIDE	0	999	No
V1A	IFOSFAMIDE 1 GM/20 ML VIAL	IFOSFAMIDE	0	999	No
V1A	IFOSFAMIDE 3 GM VIAL	IFOSFAMIDE	0	999	No
V1A	IFOSFAMIDE 3 GM/ 60 ML VIAL	IFOSFAMIDE	0	999	No
V1A	IFOSFAMIDE/MESNA KIT	IFOSFAMIDE/MESNA	0	999	No
V1A	LEUKERAN 2 MG TABLET	CHLORAMBUCIL	0	999	No
V1A	MELPHALAN 50 MG VIAL W-DILUENT	MELPHALAN HCL	0	999	No
V1A	MELPHALAN HCL 50 MG VIAL	MELPHALAN HCL	0	999	No
V1A	MYLERAN 2 MG TABLET	BUSULFAN	0	999	No
V1A	OXALIPLATIN 100 MG VIAL	OXALIPLATIN	0	999	No
V1A	OXALIPLATIN 100 MG/20 ML	OXALIPLATIN	0	999	No
V1A	OXALIPLATIN 100 MG/20 ML VIAL	OXALIPLATIN	0	999	No
V1A	OXALIPLATIN 50 MG VIAL	OXALIPLATIN	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
V1A	OXALIPLATIN 50 MG/10 ML VIAL	OXALIPLATIN	0	999	No
V1A	TEMODAR 100 MG VIAL	TEMOZOLOMIDE	0	999	No
V1A	TEMOZOLOMIDE 100 MG CAPSULE	TEMOZOLOMIDE	0	999	No
V1A	TEMOZOLOMIDE 140 MG CAPSULE	TEMOZOLOMIDE	0	999	No
V1A	TEMOZOLOMIDE 180 MG CAPSULE	TEMOZOLOMIDE	0	999	No
V1A	TEMOZOLOMIDE 20 MG CAPSULE	TEMOZOLOMIDE	0	999	No
V1A	TEMOZOLOMIDE 250 MG CAPSULE	TEMOZOLOMIDE	0	999	No
V1A	TEMOZOLOMIDE 5 MG CAPSULE	TEMOZOLOMIDE	0	999	No
V1A	THIOTEPA 15 MG VIAL	THIOTEPA	0	999	No
V1A	TREANDA 100 MG VIAL	BENDAMUSTINE HCL	0	999	No
V1A	TREANDA 180 MG/2 ML VIAL	BENDAMUSTINE HCL	0	999	No
V1A	TREANDA 25 MG VIAL	BENDAMUSTINE HCL	0	999	No
V1A	TREANDA 45 MG/0.5 ML VIAL	BENDAMUSTINE HCL	0	999	No
V1A	YONDELIS 1 MG VIAL	TRABECTEDIN	0	999	No
	V1B	ANTINEOPLASTIC - ANTIMETABOLITES			
V1B	ALIMTA 100 MG VIAL	PEMETREXED DISODIUM	0	999	No
V1B	ALIMTA 500 MG VIAL	PEMETREXED DISODIUM	0	999	No
V1B	ARRANON 250 MG VIAL	NELARABINE	0	999	No
V1B	ARRANON 250 MG/50 ML VIAL	NELARABINE	0	999	No
V1B	AZACITIDINE 100 MG VIAL	AZACITIDINE	0	999	No
V1B	CLADRIBINE 1 MG/ML VIAL	CLADRIBINE	0	999	No
V1B	CLADRIBINE 10 MG/10 ML VIAL	CLADRIBINE	0	999	No
V1B	CYTARABINE 100 MG/5 ML VIAL	CYTARABINE/PF	0	999	No
V1B	CYTARABINE 100 MG/ML VIAL	CYTARABINE/PF	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
V1B	CYTARABINE 1000 MG/50 ML VIAL	CYTARABINE/PF	0	999	No
V1B	CYTARABINE 2 G/20 ML VIAL	CYTARABINE/PF	0	999	No
V1B	CYTARABINE 20 MG/ML VIAL	CYTARABINE	0	999	No
V1B	CYTARABINE 20 MG/ML VIAL	CYTARABINE/PF	0	999	No
V1B	DECITABINE 50 MG VIAL	DECITABINE	0	999	No
V1B	DEPOCYT 50 MG/5 ML VIAL	CYTARABINE LIPOSOME/PF	0	999	No
V1B	FLOXURIDINE 500 MG VIAL	FLOXURIDINE	0	999	No
V1B	FLUDARABINE 50 MG VIAL	FLUDARABINE PHOSPHATE	0	999	No
V1B	FLUDARABINE 50 MG/2 ML VIAL	FLUDARABINE PHOSPHATE	0	999	No
V1B	FLUOROURACIL 1,000 MG/20 ML VL	FLUOROURACIL	0	999	No
V1B	FLUOROURACIL 2,500 MG/50 ML VL	FLUOROURACIL	0	999	No
V1B	FLUOROURACIL 2.5 GM/50 ML BTL	FLUOROURACIL	0	999	No
V1B	FLUOROURACIL 2.5 GM/50 ML VIAL	FLUOROURACIL	0	999	No
V1B	FLUOROURACIL 5 GM/100 ML BTL	FLUOROURACIL	0	999	No
V1B	FLUOROURACIL 5 GM/100 ML VIAL	FLUOROURACIL	0	999	No
V1B	FLUOROURACIL 5,000 MG/100 ML	FLUOROURACIL	0	999	No
V1B	FLUOROURACIL 50 MG/ML VIAL	FLUOROURACIL	0	999	No
V1B	FLUOROURACIL 500 MG/10 ML VIAL	FLUOROURACIL	0	999	No
V1B	FOLOTYN 20 MG/ML VIAL	PRALATREXATE	0	999	No
V1B	FOLOTYN 40 MG/2 ML VIAL	PRALATREXATE	0	999	No
V1B	GEMCITABINE 1 GRAM/26.3 ML VL	GEMCITABINE HCL	0	999	No
V1B	GEMCITABINE 2 GRAM/52.6 ML VL	GEMCITABINE HCL	0	999	No
V1B	GEMCITABINE 200 MG/5.26 ML VL	GEMCITABINE HCL	0	999	No
V1B	GEMCITABINE HCL 1 GRAM VIAL	GEMCITABINE HCL	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
V1B	GEMCITABINE HCL 2 GRAM VIAL	GEMCITABINE HCL	0	999	No
V1B	GEMCITABINE HCL 200 MG VIAL	GEMCITABINE HCL	0	999	No
V1B	MERCAPTOPYRINE 50 MG TABLET	MERCAPTOPYRINE	0	999	No
V1B	METHOTREXATE 1 GM VIAL	METHOTREXATE SODIUM/PF	0	999	No
V1B	METHOTREXATE 1 GRAM/40 ML VIAL	METHOTREXATE SODIUM/PF	0	999	No
V1B	METHOTREXATE 100 MG/4 ML VIAL	METHOTREXATE SODIUM/PF	0	999	No
V1B	METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	0	999	No
V1B	METHOTREXATE 200 MG/8 ML VIAL	METHOTREXATE SODIUM/PF	0	999	No
V1B	METHOTREXATE 25 MG/ML VIAL	METHOTREXATE SODIUM	0	999	No
V1B	METHOTREXATE 25 MG/ML VIAL	METHOTREXATE SODIUM/PF	0	999	No
V1B	METHOTREXATE 250 MG/10 ML VIAL	METHOTREXATE SODIUM/PF	0	999	No
V1B	METHOTREXATE 50 MG/2 ML VIAL	METHOTREXATE SODIUM	0	999	No
V1B	METHOTREXATE 50 MG/2 ML VIAL	METHOTREXATE SODIUM/PF	0	999	No
V1B	XELODA 150 MG TABLET	CAPECITABINE	18	999	No
V1B	XELODA 500 MG TABLET	CAPECITABINE	18	999	No
V1C		ANTINEOPLASTIC - VINCA ALKALOIDS			
V1C	VINBLASTINE 1 MG/ML VIAL	VINBLASTINE SULFATE	0	999	No
V1C	VINCRISTINE 1 MG/ML VIAL	VINCRISTINE SULFATE	0	999	No
V1C	VINCRISTINE 1 MG/ML VIAL	VINCRISTINE SULFATE	0	999	No
V1C	VINCRISTINE 2 MG/2 ML VIAL	VINCRISTINE SULFATE	0	999	No
V1C	VINORELBINE 10 MG/ML VIAL	VINORELBINE TARTRATE	0	999	No
V1C	VINORELBINE 50 MG/5 ML VIAL	VINORELBINE TARTRATE	0	999	No
V1D		ANTIBIOTIC ANTINEOPLASTICS			
V1D	BLEO 15K (15 UNIT USP) VIAL	BLEOMYCIN SULFATE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
V1D	BLEOMYCIN SULFATE 15 UNITS VIA	BLEOMYCIN SULFATE	0	999	No
V1D	BLEOMYCIN SULFATE 30 UNITS VIA	BLEOMYCIN SULFATE	0	999	No
V1D	DAUNORUBICIN 20 MG VIAL	DAUNORUBICIN HCL	0	999	No
V1D	DAUNORUBICIN 20 MG/4 ML VIAL	DAUNORUBICIN HCL	0	999	No
V1D	DAUNORUBICIN HCL 20 MG VIAL	DAUNORUBICIN HCL	0	999	No
V1D	DOXORUBICIN 10 MG VIAL	DOXORUBICIN HCL	0	999	No
V1D	DOXORUBICIN 10 MG/5 ML VIAL	DOXORUBICIN HCL	0	999	No
V1D	DOXORUBICIN 150 MG/75 ML VIAL	DOXORUBICIN HCL	0	999	No
V1D	DOXORUBICIN 2 MG/ML VIAL	DOXORUBICIN HCL	0	999	No
V1D	DOXORUBICIN 20 MG/10 ML VIAL	DOXORUBICIN HCL	0	999	No
V1D	DOXORUBICIN 20 MG/10 ML VIAL	DOXORUBICIN HCL PEG-LIPOSOMAL	0	999	No
V1D	DOXORUBICIN 200 MG/100 ML VIAL	DOXORUBICIN HCL	0	999	No
V1D	DOXORUBICIN 50 MG VIAL	DOXORUBICIN HCL	0	999	No
V1D	DOXORUBICIN 50 MG/25 ML VIAL	DOXORUBICIN HCL	0	999	No
V1D	DOXORUBICIN 50 MG/25 ML VIAL	DOXORUBICIN HCL PEG-LIPOSOMAL	0	999	No
V1D	EPIRUBICIN 200 MG/100 ML VIAL	EPIRUBICIN HCL	0	999	No
V1D	EPIRUBICIN 50 MG/25 ML VIAL	EPIRUBICIN HCL	0	999	No
V1D	EPIRUBICIN HCL 2 MG/ML VIAL	EPIRUBICIN HCL	0	999	No
V1D	EPIRUBICIN HCL 200 MG VIAL	EPIRUBICIN HCL	0	999	No
V1D	IDAMYCIN PFS 1 MG/ML VIAL	IDARUBICIN HCL	0	999	No
V1D	IDARUBICIN HCL 1 MG/ML VIAL	IDARUBICIN HCL	0	999	No
V1D	IDARUBICIN HCL 10 MG/10 ML VL	IDARUBICIN HCL	0	999	No
V1D	IDARUBICIN HCL 20 MG/20 ML VL	IDARUBICIN HCL	0	999	No
V1D	IDARUBICIN HCL 5 MG/5 ML VIAL	IDARUBICIN HCL	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
V1D	LIPODOX 2 MG/ML VIAL	DOXORUBICIN HCL PEG-LIPOSOMAL	0	999	No
V1D	LIPODOX 50 2 MG/ML VIAL	DOXORUBICIN HCL PEG-LIPOSOMAL	0	999	No
V1D	MITOMYCIN 20 MG VIAL	MITOMYCIN	0	999	No
V1D	MITOMYCIN 40 MG VIAL	MITOMYCIN	0	999	No
V1D	MITOMYCIN 5 MG VIAL	MITOMYCIN	0	999	No
V1D	VALSTAR 40 MG/ML VIAL	VALRUBICIN	0	999	No
V1E		STEROID ANTINEOPLASTICS			
V1E	MEGESTROL 20 MG TABLET	MEGESTROL ACETATE	0	999	No
V1E	MEGESTROL 40 MG TABLET	MEGESTROL ACETATE	0	999	No
V1F		ANTINEOPLASTICS,MISCELLANEOUS			
V1F	DACARBAZINE 100 MG VIAL	DACARBAZINE	0	999	No
V1F	DACARBAZINE 200 MG VIAL	DACARBAZINE	0	999	No
V1F	DOCETAXEL 160 MG/16 ML VIAL	DOCETAXEL	18	999	No
V1F	DOCETAXEL 160 MG/8 ML VIAL	DOCETAXEL	18	999	No
V1F	DOCETAXEL 20 MG/2 ML VIAL	DOCETAXEL	18	999	No
V1F	DOCETAXEL 20 MG/ML VIAL	DOCETAXEL	18	999	No
V1F	DOCETAXEL 200 MG/20 ML VIAL	DOCETAXEL	18	999	No
V1F	DOCETAXEL 80 MG/4 ML VIAL	DOCETAXEL	18	999	No
V1F	DOCETAXEL 80 MG/8 ML VIAL	DOCETAXEL	18	999	No
V1F	ETOPOSIDE 1,000 MG/50 ML VIAL	ETOPOSIDE	0	999	No
V1F	ETOPOSIDE 100 MG/5 ML VIAL	ETOPOSIDE	0	999	No
V1F	ETOPOSIDE 20 MG/ML VIAL	ETOPOSIDE	0	999	No
V1F	ETOPOSIDE 500 MG/25 ML VIAL	ETOPOSIDE	0	999	No
V1F	MATULANE 50 MG CAPSULE	PROCARBAZINE HCL	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
V1F	MITOXANTRONE 20 MG/10 ML VIAL	MITOXANTRONE HCL	0	999	No
V1F	MITOXANTRONE 20 MG/10 ML VL	MITOXANTRONE HCL	0	999	No
V1F	MITOXANTRONE 25 MG/12.5 ML VL	MITOXANTRONE HCL	0	999	No
V1F	MITOXANTRONE 30 MG/15 ML VIAL	MITOXANTRONE HCL	0	999	No
V1F	MITOXANTRONE 30 MG/15 ML VL	MITOXANTRONE HCL	0	999	No
V1F	ONCASPAR 3,750 UNIT/5 ML VIAL	PEGASPARGASE	0	999	No
V1F	PACLITAXEL 100 MG/16.7 ML VIAL	PACLITAXEL	0	999	No
V1F	PACLITAXEL 150 MG/25 ML VIAL	PACLITAXEL	0	999	No
V1F	PACLITAXEL 30 MG/5 ML VIAL	PACLITAXEL	0	999	No
V1F	PACLITAXEL 300 MG/50 ML VIAL	PACLITAXEL	0	999	No
V1F	PACLITAXEL 6 MG/ML VIAL	PACLITAXEL	0	999	No
V1F	TRETINOIN 10 MG CAPSULE	TRETINOIN	1	999	No
V1F	TRISENOX 10 MG/10 ML AMPULE	ARSENIC TRIOXIDE	0	999	No
	V1I	CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS			
V1I	AMIFOSTINE 500 MG VIAL	AMIFOSTINE CRYSTALLINE	0	999	No
V1I	DEXRAZOXANE 250 MG VIAL	DEXRAZOXANE HCL	0	999	No
V1I	DEXRAZOXANE 500 MG VIAL	DEXRAZOXANE HCL	0	999	No
V1I	ETHYOL 500 MG VIAL	AMIFOSTINE CRYSTALLINE	0	999	No
V1I	LEUCOVORIN CALCIUM 10 MG TAB	LEUCOVORIN CALCIUM	0	999	No
V1I	LEUCOVORIN CALCIUM 100 MG VIAL	LEUCOVORIN CALCIUM	0	999	No
V1I	LEUCOVORIN CALCIUM 100 MG VL	LEUCOVORIN CALCIUM	0	999	No
V1I	LEUCOVORIN CALCIUM 15 MG TAB	LEUCOVORIN CALCIUM	0	999	No
V1I	LEUCOVORIN CALCIUM 200 MG VIAL	LEUCOVORIN CALCIUM	0	999	No
V1I	LEUCOVORIN CALCIUM 25 MG TAB	LEUCOVORIN CALCIUM	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
V1I	LEUCOVORIN CALCIUM 350 MG VIAL	LEUCOVORIN CALCIUM	0	999	No
V1I	LEUCOVORIN CALCIUM 350 MG VL	LEUCOVORIN CALCIUM	0	999	No
V1I	LEUCOVORIN CALCIUM 5 MG TAB	LEUCOVORIN CALCIUM	0	999	No
V1I	LEUCOVORIN CALCIUM 50 MG VIAL	LEUCOVORIN CALCIUM	0	999	No
V1I	LEUCOVORIN CALCIUM 500 MG VL	LEUCOVORIN CALCIUM	0	999	No
V1I	MESNA 1 GRAM/10 ML VIAL	MESNA	0	999	No
V1I	MESNA 100 MG/ML VIAL	MESNA	0	999	No
V1J		ANTINEOPLASTIC - ANTIANDROGENIC AGENTS			
V1J	BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	18	999	No
V1J	FLUTAMIDE 125 MG CAPSULE	FLUTAMIDE	18	999	No
V1J	NILUTAMIDE 150 MG TABLET	NILUTAMIDE	18	999	No
V1M		ANTINEOPLASTIC IMMUNOMODULATOR AGENTS			
V1M	POMALYST 1 MG CAPSULE	POMALIDOMIDE	18	999	Requires Med Cert 3
V1M	POMALYST 2 MG CAPSULE	POMALIDOMIDE	18	999	Requires Med Cert 3
V1M	POMALYST 3 MG CAPSULE	POMALIDOMIDE	18	999	Requires Med Cert 3
V1M	POMALYST 4 MG CAPSULE	POMALIDOMIDE	18	999	Requires Med Cert 3
V1M	REVLIMID 10 MG CAPSULE	LENALIDOMIDE	18	999	Requires Med Cert 3
V1M	REVLIMID 15 MG CAPSULE	LENALIDOMIDE	18	999	Requires Med Cert 3
V1M	REVLIMID 2.5 MG CAPSULE	LENALIDOMIDE	18	999	Requires Med Cert 3
V1M	REVLIMID 20 MG CAPSULE	LENALIDOMIDE	18	999	Requires Med Cert 3
V1M	REVLIMID 25 MG CAPSULE	LENALIDOMIDE	18	999	Requires Med Cert 3
V1M	REVLIMID 5 MG CAPSULE	LENALIDOMIDE	18	999	Requires Med Cert 3
V1O		ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPR.			
V1O	LEUPROLIDE 1 MG/0.2 ML VIAL	LEUPROLIDE ACETATE	0	999	Auto PA For Select Diag
V1O	LEUPROLIDE 2WK 1 MG/0.2 ML KIT	LEUPROLIDE ACETATE	0	999	Auto PA For Select Diag

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
V1O	LEUPROLIDE 2WK 14 MG/2.8 ML VL	LEUPROLIDE ACETATE	0	999	Auto PA For Select Diag
V1O	ZOLADEX 10.8 MG IMPLANT SYRN	GOSERELIN ACETATE	18	999	Auto PA For Select Diag
V1O	ZOLADEX 3.6 MG IMPLANT SYRN	GOSERELIN ACETATE	18	999	Auto PA For Select Diag
V1Q		ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS			
V1Q	CAPRELSA 100 MG TABLET	VANDETANIB	18	999	Requires Med Cert 3
V1Q	CAPRELSA 300 MG TABLET	VANDETANIB	18	999	Requires Med Cert 3
V1Q	IRESSA 250 MG TABLET	GEFITINIB	18	999	Requires Med Cert 3
V1Q	VELCADE 3.5 MG VIAL	BORTEZOMIB	0	999	No
V1Q	ZELBORAF 240 MG TABLET	VEMURAFENIB	18	999	No
V1T		SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)			
V1T	FASLODEX 250 MG/5 ML SYRINGE	FULVESTRANT	0	999	No
V1T	SOLTAMOX 10 MG/5 ML SOLN	TAMOXIFEN CITRATE	18	999	No
V1T	TAMOXIFEN 10 MG TABLET	TAMOXIFEN CITRATE	18	999	No
V1T	TAMOXIFEN 20 MG TABLET	TAMOXIFEN CITRATE	18	999	No
V1W		ANTINEOPLASTIC EGF RECEPTOR BLOCKER MCLON ANTIBODY			
V1W	VECTIBIX 100 MG/5 ML VIAL	PANITUMUMAB	0	999	No
V1W	VECTIBIX 400 MG/20 ML VIAL	PANITUMUMAB	0	999	No
V3C		ANTINEOPLASTIC - MTOR KINASE INHIBITORS			
V3C	TORISEL 25 MG KIT	TEMSIROLIMUS	0	999	No
V3E		ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS			
V3E	IRINOTECAN HCL 100 MG/5 ML VL	IRINOTECAN HCL	0	999	No
V3E	IRINOTECAN HCL 20 MG/ML VIAL	IRINOTECAN HCL	0	999	No
V3E	IRINOTECAN HCL 40 MG/2 ML VIAL	IRINOTECAN HCL	0	999	No
V3E	IRINOTECAN HCL 500 MG/25 ML VL	IRINOTECAN HCL	0	999	No
V3E	TOPOTECAN HCL 4 MG VIAL	TOPOTECAN HCL	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
V3E	TOPOTECAN HCL 4 MG VIAL	TOPOTECAN HCL	6	999	No
V3E	TOPOTECAN HCL 4 MG/4 ML VIAL	TOPOTECAN HCL	0	999	No
V3F		ANTINEOPLASTIC - AROMATASE INHIBITORS			
V3F	ANASTROZOLE 1 MG TABLET	ANASTROZOLE	18	999	No
V3F	EXEMESTANE 25 MG TABLET	EXEMESTANE	18	999	No
V3F	LETROZOLE 2.5 MG TABLET	LETROZOLE	18	999	No
V3I		ANTINEOPLASTIC - HALICHONDRIIN B ANALOGS			
V3I	HALAVEN 1 MG/2 ML VIAL	ERIBULIN MESYLATE	0	999	No
V3U		ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS			
V3U	COTELLIC 20 MG TABLET	COBIMETINIB FUMARATE	0	999	No
W0B		HEP C VIRUS-NS5B POLYMERASE AND NS5A INHIB. COMBO.			
W0B	EPCLUSA 400 MG-100 MG TABLET	SOFOSBUVIR/VELPATASVIR	18	999	Clinical PA (GT 2, 3 only)
W0B	HARVONI 90-400 MG TABLET	LEDIPASVIR/SOFOSBUVIR	18	999	Clinical PA (GT 1, 4, 5, 6)
W0D		HEPATITIS C VIRUS - NS5A, NS3/4A, NS5B INHIB CMB.			
W0D	VIEKIRA PAK	OMBITA/PARITAP/RITON/DASABUVIR	18	999	Clinical PA (GT 1)
W0D	VIEKIRA XR TABLET	OMBITA/PARITAP/RITON/DASABUVIR	18	999	Clinical PA (GT 1)
W0E		HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB			
W0E	TECHNIVIE DOSE PACK	OMBITASVIR/PARITAPREV/RITONAV	18	999	Clinical PA (GT 4)
W1A		PENICILLINS			
W1A	AMOX TR-K CLV 200-28.5/5 SUSP	AMOXICILLIN/POTASSIUM CLAV	0	999	No
W1A	AMOX TR-K CLV 250-125 MG TAB	AMOXICILLIN/POTASSIUM CLAV	0	999	No
W1A	AMOX TR-K CLV 250-62.5/5 SUSP	AMOXICILLIN/POTASSIUM CLAV	0	999	No
W1A	AMOX TR-K CLV 400-57/5 SUSP	AMOXICILLIN/POTASSIUM CLAV	0	999	No
W1A	AMOX TR-K CLV 500-125 MG TAB	AMOXICILLIN/POTASSIUM CLAV	0	999	No
W1A	AMOX TR-K CLV 600-42.9/5 SUSP	AMOXICILLIN/POTASSIUM CLAV	0	999	No
W1A	AMOX TR-K CLV 875-125 MG TAB	AMOXICILLIN/POTASSIUM CLAV	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
W1A	AMOX-CLAV 200-28.5 MG/5 ML SUS	AMOXICILLIN/POTASSIUM CLAV	0	999	No
W1A	AMOX-CLAV 250-125 MG TABLET	AMOXICILLIN/POTASSIUM CLAV	0	999	No
W1A	AMOX-CLAV 400-57 MG/5 ML SUSP	AMOXICILLIN/POTASSIUM CLAV	0	999	No
W1A	AMOX-CLAV 500-125 MG TABLET	AMOXICILLIN/POTASSIUM CLAV	0	999	No
W1A	AMOX-CLAV 600-42.9 MG/5 ML SUS	AMOXICILLIN/POTASSIUM CLAV	0	999	No
W1A	AMOX-CLAV 875-125 MG TABLET	AMOXICILLIN/POTASSIUM CLAV	0	999	No
W1A	AMOXICILLIN 125 MG TAB CHEW	AMOXICILLIN	0	999	No
W1A	AMOXICILLIN 125 MG/5 ML SUSP	AMOXICILLIN	0	999	No
W1A	AMOXICILLIN 200 MG/5 ML SUSP	AMOXICILLIN	0	999	No
W1A	AMOXICILLIN 250 MG CAPSULE	AMOXICILLIN	0	999	No
W1A	AMOXICILLIN 250 MG TAB CHEW	AMOXICILLIN	0	999	No
W1A	AMOXICILLIN 250 MG/ 5 ML SUSP	AMOXICILLIN	0	999	No
W1A	AMOXICILLIN 250 MG/5 ML SUSP	AMOXICILLIN	0	999	No
W1A	AMOXICILLIN 400 MG/5 ML SUSP	AMOXICILLIN	0	999	No
W1A	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN	0	999	No
W1A	AMOXICILLIN 500 MG TABLET	AMOXICILLIN	0	999	No
W1A	AMOXICILLIN 875 MG TABLET	AMOXICILLIN	0	999	No
W1A	AMPICILLIN 1 GM A/V VIAL	AMPICILLIN SODIUM	0	999	No
W1A	AMPICILLIN 1 GM A-V VIAL	AMPICILLIN SODIUM	0	999	No
W1A	AMPICILLIN 1 GM VIAL	AMPICILLIN SODIUM	0	999	No
W1A	AMPICILLIN 10 GM VIAL	AMPICILLIN SODIUM	0	999	No
W1A	AMPICILLIN 125 MG VIAL	AMPICILLIN SODIUM	0	999	No
W1A	AMPICILLIN 125 MG/5 ML SUSP	AMPICILLIN TRIHYDRATE	0	999	No
W1A	AMPICILLIN 2 GM A/V VIAL	AMPICILLIN SODIUM	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
W1A	AMPICILLIN 2 GM A-V VIAL	AMPICILLIN SODIUM	0	999	No
W1A	AMPICILLIN 2 GM VIAL	AMPICILLIN SODIUM	0	999	No
W1A	AMPICILLIN 250 MG VIAL	AMPICILLIN SODIUM	0	999	No
W1A	AMPICILLIN 250 MG/5 ML SUSP	AMPICILLIN TRIHYDRATE	0	999	No
W1A	AMPICILLIN 500 MG VIAL	AMPICILLIN SODIUM	0	999	No
W1A	AMPICILLIN TR 250 MG CAPSULE	AMPICILLIN TRIHYDRATE	0	999	No
W1A	AMPICILLIN TR 500 MG CAPSULE	AMPICILLIN TRIHYDRATE	0	999	No
W1A	AMPICILLIN-SULBACTAM 1.5 GM VL	AMPICILLIN SODIUM/SULBACTAM NA	0	999	No
W1A	AMPICILLIN-SULBACTAM 15 GM VL	AMPICILLIN SODIUM/SULBACTAM NA	0	999	No
W1A	AMPICILLIN-SULBACTAM 3 GM VIAL	AMPICILLIN SODIUM/SULBACTAM NA	0	999	No
W1A	AMPICILLIN-SULBACTAM 3 GM VL	AMPICILLIN SODIUM/SULBACTAM NA	0	999	No
W1A	BICILLIN C-R 1.2 MILLION UNIT	PEN G BENZ/PEN G PROCAINE	0	999	No
W1A	BICILLIN C-R 1.2MM UNITS SYR	PEN G BENZ/PEN G PROCAINE	0	999	No
W1A	BICILLIN C-R 900/300 SYRINGE	PEN G BENZ/PEN G PROCAINE	0	999	No
W1A	BICILLIN C-R 900-300 SYRINGE	PEN G BENZ/PEN G PROCAINE	0	999	No
W1A	BICILLIN LA 1,200,000 UNITS	PENICILLIN G BENZATHINE	0	999	No
W1A	BICILLIN L-A 1,200,000 UNITS	PENICILLIN G BENZATHINE	0	999	No
W1A	BICILLIN LA 2,400,000 UNITS	PENICILLIN G BENZATHINE	0	999	No
W1A	BICILLIN L-A 2,400,000 UNITS	PENICILLIN G BENZATHINE	0	999	No
W1A	BICILLIN LA 600,000 UNIT/ML	PENICILLIN G BENZATHINE	0	999	No
W1A	BICILLIN L-A 600,000 UNIT/ML	PENICILLIN G BENZATHINE	0	999	No
W1A	DICLOXACILLIN 250 MG CAPSULE	DICLOXACILLIN SODIUM	0	999	No
W1A	DICLOXACILLIN 500 MG CAPSULE	DICLOXACILLIN SODIUM	0	999	No
W1A	PEN G 1.2 MILLION UNIT/2 ML	PENICILLIN G PROCAINE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
W1A	PENICILLIN G 1.2MM UNITS/2 ML	PENICILLIN G PROCAINE	0	999	No
W1A	PENICILLIN G 600,000 UNIT/1 ML	PENICILLIN G PROCAINE	0	999	No
W1A	PENICILLIN G 600M UNITS/1 ML	PENICILLIN G PROCAINE	0	999	No
W1A	PENICILLIN G SOD 5MM UNITS VIA	PENICILLIN G SODIUM	0	999	No
W1A	PENICILLIN G SOD 5MM UNITS VL	PENICILLIN G SODIUM	0	999	No
W1A	PENICILLIN VK 125 MG/5 ML LIQ	PENICILLIN V POTASSIUM	0	999	No
W1A	PENICILLIN VK 250 MG TABLET	PENICILLIN V POTASSIUM	0	999	No
W1A	PENICILLIN VK 250 MG/5 ML LIQ	PENICILLIN V POTASSIUM	0	999	No
W1A	PENICILLIN VK 500 MG TABLET	PENICILLIN V POTASSIUM	0	999	No
W1A	PIPERACIL-TAZOBACT 13.5 GM VL	PIPERACILLIN SODIUM/TAZOBACTAM	0	999	No
W1A	PIPERACIL-TAZOBACT 2.25 GM VL	PIPERACILLIN SODIUM/TAZOBACTAM	0	999	No
W1A	PIPERACIL-TAZOBACT 3.375 GM VL	PIPERACILLIN SODIUM/TAZOBACTAM	0	999	No
W1A	PIPERACIL-TAZOBACT 4.5 GM VIAL	PIPERACILLIN SODIUM/TAZOBACTAM	0	999	No
W1A	PIPERACIL-TAZOBACT 40.5 GRAM	PIPERACILLIN SODIUM/TAZOBACTAM	0	999	No
	W1C	TETRACYCLINES			
W1C	DOXYCYCLINE 100 MG CAPSULE	DOXYCYCLINE HYCLATE	0	999	No
W1C	DOXYCYCLINE 100 MG TABLET	DOXYCYCLINE HYCLATE	0	999	No
W1C	DOXYCYCLINE 100 MG VIAL	DOXYCYCLINE HYCLATE	0	999	No
W1C	DOXYCYCLINE 50 MG CAPSULE	DOXYCYCLINE HYCLATE	0	999	No
W1C	DOXYCYCLINE HYC DR 200 MG TAB	DOXYCYCLINE HYCLATE	0	999	No
W1C	DOXYCYCLINE HYC DR 50 MG TAB	DOXYCYCLINE HYCLATE	0	999	No
W1C	DOXYCYCLINE HYCLATE 100 MG CAP	DOXYCYCLINE HYCLATE	0	999	No
W1C	DOXYCYCLINE HYCLATE 100 MG TAB	DOXYCYCLINE HYCLATE	0	999	No
W1C	DOXYCYCLINE HYCLATE 50 MG CAP	DOXYCYCLINE HYCLATE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
W1C	MINOCYCLINE 100 MG CAPSULE	MINOCYCLINE HCL	0	999	No
W1C	MINOCYCLINE 50 MG CAPSULE	MINOCYCLINE HCL	0	999	No
W1C	MINOCYCLINE 75 MG CAPSULE	MINOCYCLINE HCL	0	999	No
W1C	TETRACYCLINE 250 MG CAPSULE	TETRACYCLINE HCL	0	999	No
W1C	TETRACYCLINE 500 MG CAPSULE	TETRACYCLINE HCL	0	999	No
W1D		MACROLIDES			
W1D	AZITHROMYCIN 1 GM PWD PACKET	AZITHROMYCIN	0	999	No
W1D	AZITHROMYCIN 100 MG/5 ML SUSP	AZITHROMYCIN	0	999	No
W1D	AZITHROMYCIN 200 MG/5 ML SUSP	AZITHROMYCIN	0	999	No
W1D	AZITHROMYCIN 250 MG TABLET	AZITHROMYCIN	0	999	No
W1D	AZITHROMYCIN 500 MG TABLET	AZITHROMYCIN	0	999	No
W1D	AZITHROMYCIN 600 MG TABLET	AZITHROMYCIN	0	999	No
W1D	AZITHROMYCIN I.V. 500 MG VIAL	AZITHROMYCIN	0	999	No
W1D	CLARITHROMYCIN 125 MG/5 ML SUS	CLARITHROMYCIN	0	11	No
W1D	CLARITHROMYCIN 250 MG TABLET	CLARITHROMYCIN	0	999	No
W1D	CLARITHROMYCIN 250 MG/5 ML SUS	CLARITHROMYCIN	0	11	No
W1D	CLARITHROMYCIN 500 MG TABLET	CLARITHROMYCIN	0	999	No
W1D	CLARITHROMYCIN ER 500 MG TAB	CLARITHROMYCIN	0	999	No
W1F		AMINOGLYCOSIDES			
W1F	GENTAMICIN 40 MG/ML VIAL	GENTAMICIN SULFATE	0	999	No
W1F	GENTAMICIN 70 MG/NS 50 ML PB	GENTAMICIN IN NACL, ISO-OSM	0	999	No
W1F	GENTAMICIN 80 MG/2 ML VIAL	GENTAMICIN SULFATE	0	999	No
W1F	GENTAMICIN 800 MG/20 ML VIAL	GENTAMICIN SULFATE	0	999	No
W1F	GENTAMICIN PED 10 MG/ML VIAL	GENTAMICIN SULFATE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
W1F	GENTAMICIN PED 10 MG/ML VIAL	GENTAMICIN SULFATE/PF	0	999	No
W1F	GENTAMICIN PED 20 MG/2 ML VIAL	GENTAMICIN SULFATE/PF	0	999	No
W1F	ISO GENTAMICIN 100 MG/100 ML	GENTAMICIN IN NAACL, ISO-OSM	0	999	No
W1F	ISO GENTAMICIN 120 MG/100 ML	GENTAMICIN IN NAACL, ISO-OSM	0	999	No
W1F	ISOTON GENTAMICIN 100 MG/50 ML	GENTAMICIN IN NAACL, ISO-OSM	0	999	No
W1F	ISOTON GENTAMICIN 60 MG/50 ML	GENTAMICIN IN NAACL, ISO-OSM	0	999	No
W1F	ISOTON GENTAMICIN 80 MG/100 ML	GENTAMICIN IN NAACL, ISO-OSM	0	999	No
W1F	ISOTON GENTAMICIN 80 MG/50 ML	GENTAMICIN IN NAACL, ISO-OSM	0	999	No
W1F	KITABIS PAK 300 MG/5 ML	TOBRAMYCIN/NEBULIZER	0	999	Auto PA For Select Diag
W1F	NEOMYCIN 500 MG TABLET	NEOMYCIN SULFATE	0	999	No
W1F	TOBI 300 MG/5 ML SOLUTION	TOBRAMYCIN IN 0.225% SOD CHLOR	0	999	Auto PA For Select Diag
W1F	TOBRAMYCIN 10 MG/ML VIAL	TOBRAMYCIN SULFATE	0	999	No
W1F	TOBRAMYCIN 40 MG/ML VIAL	TOBRAMYCIN SULFATE	0	999	No
W1F	TOBRAMYCIN 80 MG/2 ML VIAL	TOBRAMYCIN SULFATE	0	999	No
	W1G	ANTITUBERCULAR ANTIBIOTICS			
W1G	RIFAMPIN 150 MG CAPSULE	RIFAMPIN	0	999	No
W1G	RIFAMPIN 300 MG CAPSULE	RIFAMPIN	0	999	No
W1G	RIFAMPIN IV 600 MG VIAL	RIFAMPIN	0	999	No
	W1J	VANCOMYCIN AND DERIVATIVES			
W1J	VANCOMYCIN 1 GM ADD-VAN VIAL	VANCOMYCIN HCL	0	999	No
W1J	VANCOMYCIN 1 GM VIAL	VANCOMYCIN HCL	0	999	No
W1J	VANCOMYCIN 5 GM VIAL	VANCOMYCIN HCL	0	999	No
W1J	VANCOMYCIN 500 MG A/V VIAL	VANCOMYCIN HCL	0	999	No
W1J	VANCOMYCIN 500 MG VIAL	VANCOMYCIN HCL	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
W1J	VANCOMYCIN 750 MG VIAL	VANCOMYCIN HCL	0	999	No
W1J	VANCOMYCIN HCL 10 GM VIAL	VANCOMYCIN HCL	0	999	No
W1J	VANCOMYCIN HCL 125 MG CAPSULE	VANCOMYCIN HCL	0	999	No
W1J	VANCOMYCIN HCL 250 MG CAPSULE	VANCOMYCIN HCL	0	999	No
W1J	VANCOMYCIN HCL 5 GM VIAL	VANCOMYCIN HCL	0	999	No
W1J	VANCOMYCIN HCL 750 MG VIAL	VANCOMYCIN HCL	0	999	No
	W1K	LINCOSAMIDES			
W1K	CLINDAMYCIN 150 MG/ML ADDVAN	CLINDAMYCIN PHOSPHATE	0	999	No
W1K	CLINDAMYCIN 300 MG/2 ML ADDVAN	CLINDAMYCIN PHOSPHATE	0	999	No
W1K	CLINDAMYCIN 600 MG/4 ML ADDVAN	CLINDAMYCIN PHOSPHATE	0	999	No
W1K	CLINDAMYCIN 75 MG/5 ML SOLN	CLINDAMYCIN PALMITATE HCL	0	11	No
W1K	CLINDAMYCIN HCL 150 MG CAP	CLINDAMYCIN HCL	0	999	No
W1K	CLINDAMYCIN HCL 150 MG CAPS	CLINDAMYCIN HCL	0	999	No
W1K	CLINDAMYCIN HCL 150 MG CAPSULE	CLINDAMYCIN HCL	0	999	No
W1K	CLINDAMYCIN HCL 300 MG CAPS	CLINDAMYCIN HCL	0	999	No
W1K	CLINDAMYCIN HCL 300 MG CAPSULE	CLINDAMYCIN HCL	0	999	No
W1K	CLINDAMYCIN HCL 75 MG CAPSULE	CLINDAMYCIN HCL	0	999	No
W1K	CLINDAMYCIN PEDIATR 75 MG/5 ML	CLINDAMYCIN PALMITATE HCL	0	11	No
W1K	CLINDAMYCIN PH 150 MG/ML VIAL	CLINDAMYCIN PHOSPHATE	0	999	No
W1K	CLINDAMYCIN PH 150 MG/ML VL	CLINDAMYCIN PHOSPHATE	0	999	No
W1K	CLINDAMYCIN PH 300 MG/2 ML VL	CLINDAMYCIN PHOSPHATE	0	999	No
W1K	CLINDAMYCIN PH 600 MG/4 ML VL	CLINDAMYCIN PHOSPHATE	0	999	No
W1K	CLINDAMYCIN PH 9 G/60 ML VIAL	CLINDAMYCIN PHOSPHATE	0	999	No
W1K	CLINDAMYCIN PH 900 MG/6 ML VL	CLINDAMYCIN PHOSPHATE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
W1K	LINCOCIN 300 MG/ML VIAL	LINCOMYCIN HCL	0	999	No
W1N		POLYMYXIN AND DERIVATIVES			
W1N	COLISTIMETHATE 150 MG VIAL	COLISTIN (COLISTIMETHATE NA)	0	999	No
W1N	POLYMYXIN B SULFATE VIAL	POLYMYXIN B SULFATE	0	999	No
W1P		BETALACTAMS			
W1P	AZACTAM 1 GM VIAL	AZTREONAM	0	999	No
W1P	AZACTAM 2 GM VIAL	AZTREONAM	0	999	No
W1P	AZACTAM-ISO-OSMOT 1 GM/50 ML	AZTREONAM/DEXTROSE-WATER	0	999	No
W1P	AZACTAM-ISO-OSMOT 2 GM/50 ML	AZTREONAM/DEXTROSE-WATER	0	999	No
W1Q		QUINOLONES			
W1Q	CIPRO 10% SUSPENSION	CIPROFLOXACIN	0	11	No
W1Q	CIPRO 5% SUSPENSION	CIPROFLOXACIN	0	11	No
W1Q	CIPROFLOXACIN 500 MG TABLET	CIPROFLOXACIN HCL	12	999	No
W1Q	CIPROFLOXACIN HCL 100 MG TAB	CIPROFLOXACIN HCL	12	999	No
W1Q	CIPROFLOXACIN HCL 250 MG TAB	CIPROFLOXACIN HCL	12	999	No
W1Q	CIPROFLOXACIN HCL 500 MG TAB	CIPROFLOXACIN HCL	12	999	No
W1Q	CIPROFLOXACIN HCL 750 MG TAB	CIPROFLOXACIN HCL	12	999	No
W1Q	LEVOFLOXACIN 250 MG TABLET	LEVOFLOXACIN	12	999	No
W1Q	LEVOFLOXACIN 500 MG TABLET	LEVOFLOXACIN	12	999	No
W1Q	LEVOFLOXACIN 750 MG TABLET	LEVOFLOXACIN	12	999	No
W1S		CARBAPENEMS (THIENAMYCINS)			
W1S	IMIPENEM-CILASTATIN 250 MG VL	IMIPENEM/CILASTATIN SODIUM	0	999	No
W1S	IMIPENEM-CILASTATIN 500 MG VL	IMIPENEM/CILASTATIN SODIUM	0	999	No
W1S	MEROPENEM IV 1 GM VIAL	MEROPENEM	0	999	No
W1S	MEROPENEM IV 500 MG VIAL	MEROPENEM	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
W1W	CEPHALOSPORINS - 1ST GENERATION				
W1W	CEFAZOLIN 1 GM ADD-VAN VIAL	CEFAZOLIN SODIUM	0	999	No
W1W	CEFAZOLIN 1 GM VIAL	CEFAZOLIN SODIUM	0	999	No
W1W	CEFAZOLIN 10 GM VIAL	CEFAZOLIN SODIUM	0	999	No
W1W	CEFAZOLIN 500 MG VIAL	CEFAZOLIN SODIUM	0	999	No
W1W	CEPHALEXIN 125 MG/5 ML SUSP	CEPHALEXIN	0	999	No
W1W	CEPHALEXIN 125 MG/5 ML SUSPEN	CEPHALEXIN	0	999	No
W1W	CEPHALEXIN 250 MG CAPSULE	CEPHALEXIN	0	999	No
W1W	CEPHALEXIN 250 MG/5 ML SUSP	CEPHALEXIN	0	999	No
W1W	CEPHALEXIN 250 MG/5 ML SUSPEN	CEPHALEXIN	0	999	No
W1W	CEPHALEXIN 500 MG CAPSULE	CEPHALEXIN	0	999	No
W1W	CEPHALEXIN 750 MG CAPSULE	CEPHALEXIN	0	999	No
W1X	CEPHALOSPORINS - 2ND GENERATION				
W1X	CEFOTETAN 1 GM VIAL	CEFOTETAN DISODIUM	0	999	No
W1X	CEFOTETAN 10 GM VIAL	CEFOTETAN DISODIUM	0	999	No
W1X	CEFOTETAN 2 GM VIAL	CEFOTETAN DISODIUM	0	999	No
W1X	CEFOXITIN 1 GM PIGGYBACK BAG	CEFOXITIN SODIUM/DEXTROSE,ISO	0	999	No
W1X	CEFOXITIN 1 GM VIAL	CEFOXITIN SODIUM	0	999	No
W1X	CEFOXITIN 10 GM VIAL	CEFOXITIN SODIUM	0	999	No
W1X	CEFOXITIN 2 GM PIGGYBACK BAG	CEFOXITIN SODIUM/DEXTROSE,ISO	0	999	No
W1X	CEFOXITIN 2 GM VIAL	CEFOXITIN SODIUM	0	999	No
W1X	CEFPROZIL 125 MG/5 ML SUSP	CEFPROZIL	0	999	No
W1X	CEFPROZIL 250 MG TABLET	CEFPROZIL	0	999	No
W1X	CEFPROZIL 250 MG/5 ML SUSP	CEFPROZIL	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
W1X	CEFPROZIL 500 MG TABLET	CEFPROZIL	0	999	No
W1X	CEFUROXIME AXETIL 250 MG TAB	CEFUROXIME AXETIL	0	999	No
W1X	CEFUROXIME AXETIL 500 MG TAB	CEFUROXIME AXETIL	0	999	No
W1X	CEFUROXIME SOD 1.5 GM VIAL	CEFUROXIME SODIUM	0	999	No
W1X	CEFUROXIME SOD 7.5 GM VIAL	CEFUROXIME SODIUM	0	999	No
W1X	CEFUROXIME SOD 750 MG VIAL	CEFUROXIME SODIUM	0	999	No
	W1Y	CEPHALOSPORINS - 3RD GENERATION			
W1Y	CEFDINIR 125 MG/5 ML SUSP	CEFDINIR	0	999	No
W1Y	CEFDINIR 250 MG/5 ML SUSP	CEFDINIR	0	999	No
W1Y	CEFDINIR 300 MG CAPSULE	CEFDINIR	0	999	No
W1Y	CEFOTAXIME SODIUM 1 GM VIAL	CEFOTAXIME SODIUM	0	999	No
W1Y	CEFOTAXIME SODIUM 10 GM VIAL	CEFOTAXIME SODIUM	0	999	No
W1Y	CEFOTAXIME SODIUM 2 GM VIAL	CEFOTAXIME SODIUM	0	999	No
W1Y	CEFOTAXIME SODIUM 500 MG VIAL	CEFOTAXIME SODIUM	0	999	No
W1Y	CEFTAZIDIME 1 GM VIAL	CEFTAZIDIME	0	999	No
W1Y	CEFTAZIDIME 2 GM VIAL	CEFTAZIDIME	0	999	No
W1Y	CEFTAZIDIME 6 GM VIAL	CEFTAZIDIME	0	999	No
W1Y	CEFTRIAZONE 1 GM PIGGYBACK	CEFTRIAZONE IN IS-OSM DEXTROSE	0	999	No
W1Y	CEFTRIAZONE 1 GM VIAL	CEFTRIAZONE SODIUM	0	999	No
W1Y	CEFTRIAZONE 1 GM/D5W BAG	CEFTRIAZONE IN IS-OSM DEXTROSE	0	999	No
W1Y	CEFTRIAZONE 10 GM VIAL	CEFTRIAZONE SODIUM	0	999	No
W1Y	CEFTRIAZONE 2 GM PIGGYBACK	CEFTRIAZONE IN IS-OSM DEXTROSE	0	999	No
W1Y	CEFTRIAZONE 2 GM VIAL	CEFTRIAZONE SODIUM	0	999	No
W1Y	CEFTRIAZONE 2 GM/D5W BAG	CEFTRIAZONE IN IS-OSM DEXTROSE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
W1Y	CEFTRIAXONE 250 MG VIAL	CEFTRIAXONE SODIUM	0	999	No
W1Y	CEFTRIAXONE 500 MG VIAL	CEFTRIAXONE SODIUM	0	999	No
W1Y	SUPRAX 100 MG/5 ML SUSPENSION	CEFIXIME	0	999	No
W1Y	SUPRAX 200 MG/5 ML SUSPENSION	CEFIXIME	0	999	No
W1Y	SUPRAX 400 MG CAPSULE	CEFIXIME	0	999	No
W1Y	SUPRAX 500 MG/5 ML SUSPENSION	CEFIXIME	0	999	No
W1Y	TAZICEF 1 GM ADD-VANTAGE	CEFTAZIDIME	0	999	No
W1Y	TAZICEF 1 GM VIAL	CEFTAZIDIME	0	999	No
W1Y	TAZICEF 2 GM ADD-VANTAGE	CEFTAZIDIME	0	999	No
W1Y	TAZICEF 2 GM VIAL	CEFTAZIDIME	0	999	No
W1Y	TAZICEF 6 GM/100 ML VIAL	CEFTAZIDIME	0	999	No
W1Z		CEPHALOSPORINS - 4TH GENERATION			
W1Z	CEFEPIME HCL 1 GM VIAL	CEFEPIME HCL	0	999	No
W1Z	CEFEPIME HCL 1 GRAM VIAL	CEFEPIME HCL	0	999	No
W1Z	CEFEPIME HCL 2 GRAM VIAL	CEFEPIME HCL	0	999	No
W2A		ABSORBABLE SULFONAMIDE ANTIBACTERIAL AGENTS			
W2A	SULFADIAZINE 500 MG TABLET	SULFADIAZINE	0	999	No
W2A	SULFAMETHOXAZOLE W/TMP SUSP	SULFAMETHOXAZOLE/TRIMETHOPRIM	0	999	No
W2A	SULFAMETHOXAZOLE/TMP DS TAB	SULFAMETHOXAZOLE/TRIMETHOPRIM	0	999	No
W2A	SULFAMETHOXAZOLE/TMP SS TAB	SULFAMETHOXAZOLE/TRIMETHOPRIM	0	999	No
W2A	SULFAMETHOXAZOLE-TMP DS TAB	SULFAMETHOXAZOLE/TRIMETHOPRIM	0	999	No
W2A	SULFAMETHOXAZOLE-TMP DS TABLET	SULFAMETHOXAZOLE/TRIMETHOPRIM	0	999	No
W2A	SULFAMETHOXAZOLE-TMP SS TABLET	SULFAMETHOXAZOLE/TRIMETHOPRIM	0	999	No
W2A	SULFAMETHOXAZOLE-TMP SUSP	SULFAMETHOXAZOLE/TRIMETHOPRIM	0	999	No
W2E		ANTI-MYCOBACTERIUM AGENTS			

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
W2E	ETHAMBUTOL HCL 100 MG TABLET	ETHAMBUTOL HCL	0	999	No
W2E	ETHAMBUTOL HCL 400 MG TABLET	ETHAMBUTOL HCL	0	999	No
W2E	ISONIAZID 100 MG TABLET	ISONIAZID	0	999	No
W2E	ISONIAZID 300 MG TABLET	ISONIAZID	0	999	No
W2E	ISONIAZID 50 MG/5 ML SYRUP	ISONIAZID	0	999	No
W2E	PYRAZINAMIDE 500 MG TABLET	PYRAZINAMIDE	0	999	No
W2E	RIFABUTIN 150 MG CAPSULE	RIFABUTIN	0	999	No
	W2F	NITROFURAN DERIVATIVES ANTIBACTERIAL AGENTS			
W2F	NITROFURANTOIN 25 MG/5 ML SUSP	NITROFURANTOIN	0	999	No
W2F	NITROFURANTOIN MCR 100 MG CAP	NITROFURANTOIN MACROCRYSTAL	0	999	No
W2F	NITROFURANTOIN MCR 100 MG CP	NITROFURANTOIN MACROCRYSTAL	0	999	No
W2F	NITROFURANTOIN MCR 25 MG CAP	NITROFURANTOIN MACROCRYSTAL	0	999	No
W2F	NITROFURANTOIN MCR 50 MG CAP	NITROFURANTOIN MACROCRYSTAL	0	999	No
W2F	NITROFURANTOIN MONO-MCR 100 MG	NITROFURANTOIN MONOHYD/M-CRYST	0	999	No
W2F	NITROFURANTOIN-MACRO 100 MG	NITROFURANTOIN MONOHYD/M-CRYST	0	999	No
	W2G	CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.			
W2G	METHENAMINE HIPP 1 GM TABLET	METHENAMINE HIPPURATE	0	999	No
W2G	METHENAMINE MD 1 GM TABLET	METHENAMINE MANDELATE	0	999	No
W2G	METHENAMINE MD 500 MG TABLET	METHENAMINE MANDELATE	0	999	No
W2G	TRIMETHOPRIM 100 MG TABLET	TRIMETHOPRIM	0	999	No
W2G	UTIRA-C TABLET	METH/MEBLUE/SOD PHOS/PSAL/HYOS	0	999	No
	W3A	ANTIFUNGAL ANTIBIOTICS			
W3A	ABELCET 5 MG/ML VIAL P/F	AMPHOTERICIN B LIPID COMPLEX	0	999	No
W3A	AMPHOTERICIN B 50 MG VIAL	AMPHOTERICIN B	0	999	No
W3A	ERAXIS(WATER DIL) 100 MG VIAL	ANIDULAFUNGIN	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
W3A	ERAXIS(WATER DIL) 50 MG VIAL	ANIDULAFUNGIN	0	999	No
W3A	GRISEOFULVIN 125 MG/5 ML SUSP	GRISEOFULVIN, MICROSIZE	0	999	No
W3A	NYSTATIN 100,000 UNIT/ML SUSP	NYSTATIN	0	999	No
W3A	NYSTATIN 100,000 UNITS/ML SUSP	NYSTATIN	0	999	No
W3A	NYSTATIN 500,000 UNIT ORAL TAB	NYSTATIN	0	999	No
W3A	NYSTATIN 500,000 UNIT/5 ML SUS	NYSTATIN	0	999	No
W3A	NYSTATIN 500,000 UNITS/5 ML	NYSTATIN	0	999	No
W3B		ANTIFUNGAL AGENTS			
W3B	CLOTRIMAZOLE 10 MG TROCHE	CLOTRIMAZOLE	0	999	No
W3B	FLUCONAZOLE 10 MG/ML SUSP	FLUCONAZOLE	0	999	No
W3B	FLUCONAZOLE 100 MG TABLET	FLUCONAZOLE	0	999	No
W3B	FLUCONAZOLE 150 MG TABLET	FLUCONAZOLE	0	999	No
W3B	FLUCONAZOLE 200 MG TABLET	FLUCONAZOLE	0	999	No
W3B	FLUCONAZOLE 40 MG/ML SUSP	FLUCONAZOLE	0	999	No
W3B	FLUCONAZOLE 50 MG TABLET	FLUCONAZOLE	0	999	No
W3B	FLUCONAZOLE-DEXT 200 MG/100 ML	FLUCONAZOLE IN DEXTROSE,ISO-OS	0	999	No
W3B	FLUCONAZOLE-DEXT 400 MG/200 ML	FLUCONAZOLE IN DEXTROSE,ISO-OS	0	999	No
W3B	FLUCONAZOLE-NACL 200 MG/100 ML	FLUCONAZOLE IN NACL,ISO-OSM	0	999	No
W3B	FLUCONAZOLE-NACL 400 MG/200 ML	FLUCONAZOLE IN NACL,ISO-OSM	0	999	No
W3B	FLUCONAZOLE-NS 200 MG/100 ML	FLUCONAZOLE IN NACL,ISO-OSM	0	999	No
W3B	FLUCONAZOLE-NS 200 MG/100 ML	FLUCONAZOLE IN NACL,ISO-OSM	0	999	No
W3B	FLUCONAZOLE-NS 400 MG/200 ML	FLUCONAZOLE IN NACL,ISO-OSM	0	999	No
W3B	FLUCONAZOLE-NS 400 MG/200 ML	FLUCONAZOLE IN NACL,ISO-OSM	0	999	No
W3B	TERBINAFINE HCL 250 MG TABLET	TERBINAFINE HCL	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
W4A		ANTIMALARIAL DRUGS			
W4A	CHLOROQUINE PH 250 MG TABLET	CHLOROQUINE PHOSPHATE	0	999	No
W4A	CHLOROQUINE PH 500 MG TABLET	CHLOROQUINE PHOSPHATE	0	999	No
W4A	HYDROXYCHLOROQUINE 200 MG TAB	HYDROXYCHLOROQUINE SULFATE	0	999	No
W4A	HYDROXYCHLOROQUINE 200 MG TB	HYDROXYCHLOROQUINE SULFATE	0	999	No
W4A	MEFLOQUINE HCL 250 MG TABLET	MEFLOQUINE HCL	0	999	No
W4A	PRIMAQUINE 26.3 MG TABLET	PRIMAQUINE PHOSPHATE	0	999	No
W4E		ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS			
W4E	METRONIDAZOLE 250 MG TABLET	METRONIDAZOLE	0	999	No
W4E	METRONIDAZOLE 500 MG TABLET	METRONIDAZOLE	0	999	No
W4E	METRONIDAZOLE 500 MG/100 ML	METRONIDAZOLE/SODIUM CHLORIDE	0	999	No
W4E	METRONIDAZOLE 500 MG/100 ML BG	METRONIDAZOLE/SODIUM CHLORIDE	0	999	No
W4G		2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL			
W4G	TINIDAZOLE 250 MG TABLET	TINIDAZOLE	0	999	No
W4G	TINIDAZOLE 500 MG TABLET	TINIDAZOLE	0	999	No
W4K		ANTIPROTOZOAL DRUGS,MISCELLANEOUS			
W4K	ATOVAQUONE 750 MG/5 ML SUSP	ATOVAQUONE	0	999	No
W4K	NEBUPENT 300 MG INHAL POWDER	PENTAMIDINE ISETHIONATE	0	999	No
W4L		ANTHELMINTICS			
W4L	ALBENZA 200 MG TABLET	ALBENDAZOLE	0	999	No
W4L	BILTRICIDE 600 MG TABLET	PRAZIQUANTEL	0	999	No
W4L	STROMECTOL 3 MG TABLET	IVERMECTIN	0	999	No
W4P		ANTILEPTOTICS			
W4P	DAPSONE 100 MG TABLET	DAPSONE	0	999	No
W4P	DAPSONE 25 MG TABLET	DAPSONE	0	999	No
W4P	THALOMID 100 MG CAPSULE	THALIDOMIDE	0	999	Requires Med Cert 3

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
W4P	THALOMID 150 MG CAPSULE	THALIDOMIDE	0	999	Requires Med Cert 3
W4P	THALOMID 200 MG CAPSULE	THALIDOMIDE	0	999	Requires Med Cert 3
W4P	THALOMID 50 MG CAPSULE	THALIDOMIDE	0	999	Requires Med Cert 3
W5A		ANTIVIRALS, GENERAL			
W5A	ACYCLOVIR 200 MG CAPSULE	ACYCLOVIR	0	999	No
W5A	ACYCLOVIR 200 MG/5 ML SUSP	ACYCLOVIR	0	17	No
W5A	ACYCLOVIR 400 MG TABLET	ACYCLOVIR	0	999	No
W5A	ACYCLOVIR 800 MG TABLET	ACYCLOVIR	0	999	No
W5A	GANCICLOVIR 500 MG VIAL	GANCICLOVIR SODIUM	0	999	No
W5A	RELENZA 5 MG DISKHALER	ZANAMIVIR	6	999	No
W5A	RIBAVIRIN 6 GM INHALATION VIAL	RIBAVIRIN	5	999	Auto PA For Select Diag
W5A	TAMIFLU 30 MG GELCAP	OSELTAMIVIR PHOSPHATE	0	999	No
W5A	TAMIFLU 45 MG GELCAP	OSELTAMIVIR PHOSPHATE	0	999	No
W5A	TAMIFLU 6 MG/ML SUSPENSION	OSELTAMIVIR PHOSPHATE	0	18	No
W5A	TAMIFLU 75 MG GELCAP	OSELTAMIVIR PHOSPHATE	0	999	No
W5A	VALACYCLOVIR HCL 1 GRAM TABLET	VALACYCLOVIR HCL	0	999	No
W5A	VALACYCLOVIR HCL 500 MG TABLET	VALACYCLOVIR HCL	0	999	No
W5C		ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS			
W5C	CRIXIVAN 200 MG CAPSULE	INDINAVIR SULFATE	0	999	Auto PA For Select Diag
W5C	CRIXIVAN 400 MG CAPSULE	INDINAVIR SULFATE	0	999	Auto PA For Select Diag
W5C	EVOTAZ 300 MG-150 MG TABLET	ATAZANAVIR SULFATE/COBICISTAT	0	999	Auto PA For Select Diag
W5C	INVIRASE 200 MG CAPSULE	SAQUINAVIR MESYLATE	0	999	Auto PA For Select Diag
W5C	INVIRASE 500 MG TABLET	SAQUINAVIR MESYLATE	0	999	Auto PA For Select Diag
W5C	LEXIVA 50 MG/ML SUSPENSION	FOSAMPRENAVIR CALCIUM	0	999	Auto PA For Select Diag

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
W5C	LEXIVA 700 MG TABLET	FOSAMPRENAVIR CALCIUM	0	999	Auto PA For Select Diag
W5C	NORVIR 100 MG SOFTGEL CAP	RITONAVIR	0	999	Auto PA For Select Diag
W5C	NORVIR 100 MG TABLET	RITONAVIR	0	999	Auto PA For Select Diag
W5C	NORVIR 80 MG/ML SOLUTION	RITONAVIR	0	999	Auto PA For Select Diag
W5C	REYATAZ 150 MG CAPSULE	ATAZANAVIR SULFATE	0	999	Auto PA For Select Diag
W5C	REYATAZ 200 MG CAPSULE	ATAZANAVIR SULFATE	0	999	Auto PA For Select Diag
W5C	REYATAZ 300 MG CAPSULE	ATAZANAVIR SULFATE	0	999	Auto PA For Select Diag
W5C	REYATAZ 50 MG POWDER PACKET	ATAZANAVIR SULFATE	0	999	Auto PA For Select Diag
W5C	VIRACEPT 250 MG TABLET	NELFINAVIR MESYLATE	0	999	Auto PA For Select Diag
W5C	VIRACEPT 625 MG TABLET	NELFINAVIR MESYLATE	0	999	Auto PA For Select Diag
W5F		HEPATITIS B TREATMENT AGENTS			
W5F	BARACLUDE 0.05 MG/ML SOLUTION	ENTECAVIR	0	999	No
W5F	BARACLUDE 0.5 MG TABLET	ENTECAVIR	0	999	No
W5F	BARACLUDE 1 MG TABLET	ENTECAVIR	0	999	No
W5F	EPIVIR HBV 100 MG TABLET	LAMIVUDINE	0	999	No
W5F	EPIVIR HBV 25 MG/5 ML SOLN	LAMIVUDINE	0	11	No
W5G		HEPATITIS C TREATMENT AGENTS			
W5G	COPEGUS 200 MG TABLET	RIBAVIRIN	5	999	Auto PA For Select Diag
W5G	MODERIBA 200 MG TABLET	RIBAVIRIN	5	999	Auto PA For Select Diag
W5G	MODERIBA 200-400 MG DOSEPACK	RIBAVIRIN	5	999	Auto PA For Select Diag
W5G	MODERIBA 400-400 MG DOSEPACK	RIBAVIRIN	5	999	Auto PA For Select Diag
W5G	MODERIBA 600-400 MG DOSEPACK	RIBAVIRIN	5	999	Auto PA For Select Diag
W5G	MODERIBA 600-600 MG DOSEPACK	RIBAVIRIN	5	999	Auto PA For Select Diag
W5G	PEGASYS 180 MCG/0.5 ML SYRINGE	PEGINTERFERON ALFA-2A	5	999	Auto PA For Select Diag

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
W5G	PEGASYS 180 MCG/ML VIAL	PEGINTERFERON ALFA-2A	5	999	Auto PA For Select Diag
W5G	PEGASYS PROCLICK 135 MCG/0.5	PEGINTERFERON ALFA-2A	5	999	Auto PA For Select Diag
W5G	PEGASYS PROCLICK 180 MCG/0.5	PEGINTERFERON ALFA-2A	5	999	Auto PA For Select Diag
W5G	PEGINTRON 50 MCG KIT	PEGINTERFERON ALFA-2B	3	999	Auto PA For Select Diag
W5G	PEGINTRON REDIPEN 120 MCG	PEGINTERFERON ALFA-2B	3	999	Auto PA For Select Diag
W5G	REBETOL 40 MG/ML SOLUTION	RIBAVIRIN	5	999	Auto PA For Select Diag
W5G	RIBAPAK 200-600 MG DOSEPACK	RIBAVIRIN	5	999	Auto PA For Select Diag
W5G	RIBAPAK 400-400 MG DOSEPACK	RIBAVIRIN	5	999	Auto PA For Select Diag
W5G	RIBAPAK 400-600 MG DOSEPACK	RIBAVIRIN	5	999	Auto PA For Select Diag
W5G	RIBAPAK 600-600 MG DOSEPACK	RIBAVIRIN	5	999	Auto PA For Select Diag
W5G	RIBASPHERE 200 MG CAPSULE	RIBAVIRIN	5	999	Auto PA For Select Diag
W5G	RIBASPHERE 200 MG TABLET	RIBAVIRIN	5	999	Auto PA For Select Diag
W5G	RIBASPHERE 400 MG TABLET	RIBAVIRIN	5	999	Auto PA For Select Diag
W5G	RIBASPHERE 600 MG TABLET	RIBAVIRIN	5	999	Auto PA For Select Diag
W5G	RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	5	999	Auto PA For Select Diag
W5G	RIBAVIRIN 200 MG TABLET	RIBAVIRIN	5	999	Auto PA For Select Diag
	W5I	ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI			
W5I	VIREAD 150 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE	0	999	No
W5I	VIREAD 200 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE	0	999	No
W5I	VIREAD 250 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE	0	999	No
W5I	VIREAD 300 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE	0	999	No
W5I	VIREAD POWDER	TENOFOVIR DISOPROXIL FUMARATE	0	999	No
	W5J	ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI			
W5J	ABACAVIR 300 MG TABLET	ABACAVIR SULFATE	0	999	Auto PA For Select Diag

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
W5J	DIDANOSINE 200 MG DR CAPSULE	DIDANOSINE	0	999	Auto PA For Select Diag
W5J	DIDANOSINE 250 MG DR CAPSULE	DIDANOSINE	0	999	Auto PA For Select Diag
W5J	DIDANOSINE 400 MG DR CAPSULE	DIDANOSINE	0	999	Auto PA For Select Diag
W5J	EMTRIVA 10 MG/ML SOLUTION	EMTRICITABINE	0	999	Auto PA For Select Diag
W5J	EMTRIVA 200 MG CAPSULE	EMTRICITABINE	0	999	Auto PA For Select Diag
W5J	EPIVIR 10 MG/ML ORAL SOLN	LAMIVUDINE	0	999	Auto PA For Select Diag
W5J	LAMIVUDINE 10 MG/ML ORAL SOLN	LAMIVUDINE	0	999	Auto PA For Select Diag
W5J	LAMIVUDINE 150 MG TABLET	LAMIVUDINE	0	999	Auto PA For Select Diag
W5J	LAMIVUDINE 300 MG TABLET	LAMIVUDINE	0	999	Auto PA For Select Diag
W5J	RETROVIR 10 MG/ML VIAL	ZIDOVUDINE	0	999	Auto PA For Select Diag
W5J	RETROVIR 200 MG/20 ML VIAL	ZIDOVUDINE	0	999	Auto PA For Select Diag
W5J	STAVUDINE 1 MG/ML SOLUTION	STAVUDINE	0	999	Auto PA For Select Diag
W5J	STAVUDINE 15 MG CAPSULE	STAVUDINE	0	999	Auto PA For Select Diag
W5J	STAVUDINE 20 MG CAPSULE	STAVUDINE	0	999	Auto PA For Select Diag
W5J	STAVUDINE 30 MG CAPSULE	STAVUDINE	0	999	Auto PA For Select Diag
W5J	STAVUDINE 40 MG CAPSULE	STAVUDINE	0	999	Auto PA For Select Diag
W5J	VIDEX 2 GM PEDIATRIC SOLN	DIDANOSINE	0	999	Auto PA For Select Diag
W5J	VIDEX 4 GM PEDIATRIC SOLN	DIDANOSINE	0	999	Auto PA For Select Diag
W5J	ZIAGEN 20 MG/ML SOLUTION	ABACAVIR SULFATE	0	999	Auto PA For Select Diag
W5J	ZIDOVUDINE 100 MG CAPSULE	ZIDOVUDINE	0	999	Auto PA For Select Diag
W5J	ZIDOVUDINE 300 MG TABLET	ZIDOVUDINE	0	999	Auto PA For Select Diag
W5J	ZIDOVUDINE 50 MG/5 ML SYRUP	ZIDOVUDINE	0	999	Auto PA For Select Diag
	W5K	ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI			
W5K	EDURANT 25 MG TABLET	RILPIVIRINE HCL	12	999	Auto PA For Select Diag

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
W5K	INTELENCE 100 MG TABLET	ETRAVIRINE	0	999	Auto PA For Select Diag
W5K	INTELENCE 200 MG TABLET	ETRAVIRINE	0	999	Auto PA For Select Diag
W5K	INTELENCE 25 MG TABLET	ETRAVIRINE	0	999	Auto PA For Select Diag
W5K	NEVIRAPINE 200 MG TABLET	NEVIRAPINE	0	999	Auto PA For Select Diag
W5K	NEVIRAPINE ER 100 MG TABLET	NEVIRAPINE	0	999	Auto PA For Select Diag
W5K	NEVIRAPINE ER 400 MG TABLET	NEVIRAPINE	0	999	Auto PA For Select Diag
W5K	RESCRIPTOR 100 MG TABLET	DELAVIRDINE MESYLATE	0	999	Auto PA For Select Diag
W5K	RESCRIPTOR 200 MG TABLET	DELAVIRDINE MESYLATE	0	999	Auto PA For Select Diag
W5K	SUSTIVA 200 MG CAPSULE	EFAVIRENZ	0	999	Auto PA For Select Diag
W5K	SUSTIVA 50 MG CAPSULE	EFAVIRENZ	0	999	Auto PA For Select Diag
W5K	SUSTIVA 600 MG TABLET	EFAVIRENZ	0	999	Auto PA For Select Diag
W5K	VIRAMUNE 50 MG/5 ML SUSP	NEVIRAPINE	0	999	Auto PA For Select Diag
W5K	VIRAMUNE XR 100 MG TABLET	NEVIRAPINE	0	999	Auto PA For Select Diag
W5K	VIRAMUNE XR 400 MG TABLET	NEVIRAPINE	0	999	Auto PA For Select Diag
	W5L	ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB			
W5L	EPZICOM TABLET	ABACAVIR SULFATE/LAMIVUDINE	0	999	Auto PA For Select Diag
W5L	LAMIVUDINE-ZIDOVUDINE TABLET	LAMIVUDINE/ZIDOVUDINE	0	999	Auto PA For Select Diag
W5L	TRIZIVIR TABLET	ABACAVIR/LAMIVUDINE/ZIDOVUDINE	0	999	Auto PA For Select Diag
	W5M	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB			
W5M	KALETRA 100-400/5 ML ORAL SOLU	LOPINAVER/RITONAVIR	0	999	Auto PA For Select Diag
W5M	KALETRA 25-100 MG TABLET	LOPINAVER/RITONAVIR	0	999	Auto PA For Select Diag
W5M	KALETRA 50-200 MG TABLET	LOPINAVER/RITONAVIR	0	999	Auto PA For Select Diag
	W5N	ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS			
W5N	FUZEON CONVENIENCE KIT	ENFUVIRTIDE	6	999	Clinical PA Required
	W5O	ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG			

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
W50	DESCOVY 200-25 MG TABLET	EMTRICITABINE/TENOFOV ALAFENAM	12	999	Auto PA For Select Diag
W50	TRUVADA 100 MG-150 MG TABLET	EMTRICITABINE/TENOFOVIR (TDF)	0	999	Auto PA For Select Diag
W50	TRUVADA 133 MG-200 MG TABLET	EMTRICITABINE/TENOFOVIR (TDF)	0	999	Auto PA For Select Diag
W50	TRUVADA 167 MG-250 MG TABLET	EMTRICITABINE/TENOFOVIR (TDF)	0	999	Auto PA For Select Diag
W50	TRUVADA TABLET	EMTRICITABINE/TENOFOVIR (TDF)	0	999	Auto PA For Select Diag
W5P		ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB			
W5P	APTIVUS 100 MG/ML SOLUTION	TIPRANAVIR/VITAMIN E TPGS	0	999	Auto PA For Select Diag
W5P	APTIVUS 250 MG CAPSULE	TIPRANAVIR	0	999	Auto PA For Select Diag
W5P	PREZCOBIX 800 MG-150 MG TABLET	DARUNAVIR/COBICISTAT	18	999	Auto PA For Select Diag
W5P	PREZISTA 100 MG/ML SUSPENSION	DARUNAVIR ETHANOLATE	0	999	Auto PA For Select Diag
W5P	PREZISTA 150 MG TABLET	DARUNAVIR ETHANOLATE	0	999	Auto PA For Select Diag
W5P	PREZISTA 600 MG TABLET	DARUNAVIR ETHANOLATE	0	999	Auto PA For Select Diag
W5P	PREZISTA 75 MG TABLET	DARUNAVIR ETHANOLATE	0	999	Auto PA For Select Diag
W5P	PREZISTA 800 MG TABLET	DARUNAVIR ETHANOLATE	0	999	Auto PA For Select Diag
W5Q		ARTV NUCLEOSIDE,NUCLEOTIDE,NON-NUCLEOSIDE RTI COMB			
W5Q	ATRIPLA TABLET	EFAVIRENZ/EMTRICITAB/TENOFOVIR	0	999	Auto PA For Select Diag
W5Q	COMPLERA TABLET	EMTRICITA/RILPIVIRINE/TENOF DF	12	999	Auto PA For Select Diag
W5Q	ODEFSEY TABLET	EMTRICITAB/RILPIVIRI/TENOF ALA	12	999	Auto PA For Select Diag
W5T		ANTIVIRALS, HIV-SPECIFIC, CCR5 CO-RECEPTOR ANTAG.			
W5T	SELZENTRY 150 MG TABLET	MARAVIROC	16	999	Clinical PA Required
W5T	SELZENTRY 25 MG TABLET	MARAVIROC	16	999	Clinical PA Required
W5T	SELZENTRY 300 MG TABLET	MARAVIROC	16	999	Clinical PA Required
W5T	SELZENTRY 75 MG TABLET	MARAVIROC	16	999	Clinical PA Required
W5U		ANTIVIRALS,HIV-1 INTEGRASE STRAND TRANSFER INHIBTR			
W5U	ISENTRESS 100 MG POWDER PACKET	RALTEGRAVIR POTASSIUM	0	999	Auto PA For Select Diag

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
W5U	ISENTRESS 100 MG TABLET CHEW	RALTEGRAVIR POTASSIUM	0	999	Auto PA For Select Diag
W5U	ISENTRESS 25 MG TABLET CHEW	RALTEGRAVIR POTASSIUM	0	999	Auto PA For Select Diag
W5U	ISENTRESS 400 MG TABLET	RALTEGRAVIR POTASSIUM	0	999	Auto PA For Select Diag
W5U	TIVICAY 10 MG TABLET	DOLUTEGRAVIR SODIUM	0	999	Auto PA For Select Diag
W5U	TIVICAY 25 MG TABLET	DOLUTEGRAVIR SODIUM	0	999	Auto PA For Select Diag
W5U	TIVICAY 50 MG TABLET	DOLUTEGRAVIR SODIUM	0	999	Auto PA For Select Diag
W5U	VITEKTA 150 MG TABLET	ELVITEGRAVIR	18	999	Auto PA For Select Diag
W5U	VITEKTA 85 MG TABLET	ELVITEGRAVIR	18	999	Auto PA For Select Diag
W5X		ARV COMB-NRTI,NUCLEOTIDE RTI, INTEGRASE INHIBITORS			
W5X	GENVOYA TABLET	ELVITEG/COBI/EMTRIC/TENOFO ALA	12	999	Auto PA For Select Diag
W5X	STRIBILD TABLET	ELVITEG/COBI/EMTRIC/TENOFO DIS	12	999	Auto PA For Select Diag
W5Z		ANTIRETROVIRAL COMB-NRTIS AND INTEGRASE INHIBITORS			
W5Z	TRIUMEQ TABLET	ABACAVIR/DOLUTEGRAVIR/LAMIVUDI	18	999	Auto PA For Select Diag
W7K		ANTISERA			
W7K	ATGAM 50 MG/ML AMPUL	LYMPHOCYTE IG, ANTITHYMOCYTE	0	999	Clinical PA Required
W7K	BIVIGAM LIQUID 10% VIAL	IMMUN GLOB G(IGG)/GLY/IGA OV50	0	999	Clinical PA Required
W7K	CARIMUNE NF 12 GM VIAL	IMMUN GLOBG(IGG)/SUCR/IGA OV50	0	999	Clinical PA Required
W7K	CARIMUNE NF 6 GM VIAL	IMMUN GLOBG(IGG)/SUCR/IGA OV50	0	999	Clinical PA Required
W7K	CUVITRU 1 GRAM/5 ML VIAL	IMMUN GLOB G(IGG)/GLY/IGA OV50	0	999	Clinical PA Required
W7K	CUVITRU 2 GRAM/10 ML VIAL	IMMUN GLOB G(IGG)/GLY/IGA OV50	0	999	Clinical PA Required
W7K	CUVITRU 4 GRAM/20 ML VIAL	IMMUN GLOB G(IGG)/GLY/IGA OV50	0	999	Clinical PA Required
W7K	CUVITRU 8 GRAM/ 40 ML VIAL	IMMUN GLOB G(IGG)/GLY/IGA OV50	0	999	Clinical PA Required
W7K	CYTOGAM 2.5 GM/50 ML VIAL	CYTOMEGALOVIRUS IMMUNE GLOBULN	0	999	Clinical PA Required
W7K	FLEBOGAMMA DIF 10% VIAL	IMM GLOB G (IGG)/SORB/IGA 0-50	0	999	Clinical PA Required
W7K	FLEBOGAMMA DIF 5% VIAL	IMM GLOB G (IGG)/SORB/IGA 0-50	0	999	Clinical PA Required

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
W7K	GAMASTAN S/D VIAL	IMMUNE GLOBUL G (IGG)/GLYCINE	0	999	Clinical PA Required
W7K	GAMASTAN S-D VIAL	IMMUNE GLOBUL G (IGG)/GLYCINE	0	999	Clinical PA Required
W7K	GAMMAGARD LIQUID 10% VIAL	IMMUN GLOB G(IGG)/GLY/IGA OV50	0	999	Clinical PA Required
W7K	GAMMAGARD S-D 10 G (IGA<1) SOL	IMMUN GLOB G/GLY/GLUC/IGA 0-50	0	999	Clinical PA Required
W7K	GAMMAGARD S-D 5 G (IGA<1) SOLN	IMMUN GLOB G/GLY/GLUC/IGA 0-50	0	999	Clinical PA Required
W7K	GAMMAKED 1 GRAM/10 ML VIAL	IMMUNE GLOBUL G/GLY/IGA AVG 46	0	999	Clinical PA Required
W7K	GAMMAKED 10 GRAM/100 ML VIAL	IMMUNE GLOBUL G/GLY/IGA AVG 46	0	999	Clinical PA Required
W7K	GAMMAKED 2.5 GRAM/25 ML VIAL	IMMUNE GLOBUL G/GLY/IGA AVG 46	0	999	Clinical PA Required
W7K	GAMMAKED 20 GRAM/200 ML VIAL	IMMUNE GLOBUL G/GLY/IGA AVG 46	0	999	Clinical PA Required
W7K	GAMMAKED 5 GRAM/50 ML VIAL	IMMUNE GLOBUL G/GLY/IGA AVG 46	0	999	Clinical PA Required
W7K	GAMMAPLEX 10 GRAM/100 ML VIAL	IMMUN GLOB G(IGG)/GLY/IGA 0-50	0	999	Clinical PA Required
W7K	GAMMAPLEX 20 GRAM/200 ML VIAL	IMMUN GLOB G(IGG)/GLY/IGA 0-50	0	999	Clinical PA Required
W7K	GAMMAPLEX 5 GRAM/50 ML VIAL	IMMUN GLOB G(IGG)/GLY/IGA 0-50	0	999	Clinical PA Required
W7K	GAMMAPLEX 5% VIAL	IMMUN GLOB G/SORB/GLY/IGA 0-50	0	999	Clinical PA Required
W7K	GAMUNEX-C 1 GRAM/10 ML VIAL	IMMUNE GLOBUL G/GLY/IGA AVG 46	0	999	Clinical PA Required
W7K	GAMUNEX-C 10 GRAM/100 ML VIAL	IMMUNE GLOBUL G/GLY/IGA AVG 46	0	999	Clinical PA Required
W7K	GAMUNEX-C 2.5 GRAM/25 ML VIAL	IMMUNE GLOBUL G/GLY/IGA AVG 46	0	999	Clinical PA Required
W7K	GAMUNEX-C 20 GRAM/200 ML VIAL	IMMUNE GLOBUL G/GLY/IGA AVG 46	0	999	Clinical PA Required
W7K	GAMUNEX-C 40 GRAM/400 ML VIAL	IMMUNE GLOBUL G/GLY/IGA AVG 46	0	999	Clinical PA Required
W7K	GAMUNEX-C 5 GRAM/50 ML VIAL	IMMUNE GLOBUL G/GLY/IGA AVG 46	0	999	Clinical PA Required
W7K	HIZENTRA 1 GRAM/5 ML VIAL	IMMUN GLOB G(IGG)/PRO/IGA 0-50	0	999	Clinical PA Required
W7K	HIZENTRA 10 GRAM/ 50 ML VIAL	IMMUN GLOB G(IGG)/PRO/IGA 0-50	0	999	Clinical PA Required
W7K	HIZENTRA 10 GRAM/50 ML VIAL	IMMUN GLOB G(IGG)/PRO/IGA 0-50	0	999	Clinical PA Required
W7K	HIZENTRA 2 GRAM/10 ML VIAL	IMMUN GLOB G(IGG)/PRO/IGA 0-50	0	999	Clinical PA Required

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
W7K	HIZENTRA 4 GRAM/20 ML VIAL	IMMUN GLOB G(IGG)/PRO/IGA 0-50	0	999	Clinical PA Required
W7K	HYPERHEP B S/D NEONATAL SYRIN.	HEPATITIS B IMMUNE GLOBULIN	0	999	Clinical PA Required
W7K	HYPERHEP B S/D SYRINGE	HEPATITIS B IMMUNE GLOBULIN	0	999	Clinical PA Required
W7K	HYPERHEP B S/D VIAL	HEPATITIS B IMMUNE GLOBULIN	0	999	Clinical PA Required
W7K	HYPERHEP B S-D VIAL	HEPATITIS B IMMUNE GLOBULIN	0	999	Clinical PA Required
W7K	HYQVIA 10 GM/800 UNIT VIAL	IGG/HYALURONIDASE,RECOMBINANT	0	999	Clinical PA Required
W7K	HYQVIA 2.5 GM/200 UNIT VIAL	IGG/HYALURONIDASE,RECOMBINANT	0	999	Clinical PA Required
W7K	HYQVIA 20 GM/1,600 UNIT VIAL	IGG/HYALURONIDASE,RECOMBINANT	0	999	Clinical PA Required
W7K	HYQVIA 30 GM/2,400 UNIT VIAL	IGG/HYALURONIDASE,RECOMBINANT	0	999	Clinical PA Required
W7K	HYQVIA 5 GM/400 UNIT VIAL	IGG/HYALURONIDASE,RECOMBINANT	0	999	Clinical PA Required
W7K	HYQVIA IG CMPNT 10 GM/100 ML	IMMUN GLOB G(IGG)/GLY/IGA OV50	0	999	Clinical PA Required
W7K	HYQVIA IG CMPNT 2.5 GM/25 ML	IMMUN GLOB G(IGG)/GLY/IGA OV50	0	999	Clinical PA Required
W7K	HYQVIA IG CMPNT 20 GM/200 ML	IMMUN GLOB G(IGG)/GLY/IGA OV50	0	999	Clinical PA Required
W7K	HYQVIA IG CMPNT 30 GM/300 ML	IMMUN GLOB G(IGG)/GLY/IGA OV50	0	999	Clinical PA Required
W7K	HYQVIA IG CMPNT 5 GM/50 ML	IMMUN GLOB G(IGG)/GLY/IGA OV50	0	999	Clinical PA Required
W7K	NABI-HB VIAL	HEPATITIS B IMMUNE GLOBULIN	0	999	Clinical PA Required
W7K	OCTAGAM 10% VIAL	IMMUN GLOBG(IGG)/MALT/IGA OV50	0	999	Clinical PA Required
W7K	OCTAGAM 5% VIAL	IMMUN GLOBG(IGG)/MALT/IGA OV50	0	999	Clinical PA Required
W7K	PRIVIGEN 10% VIAL	IMMUN GLOB G(IGG)/PRO/IGA 0-50	0	999	Clinical PA Required
W7K	THYMOGLOBULIN 25 MG VIAL	LYMPHOCYTE IMMUNE GLOB,RABBIT	0	999	Clinical PA Required
	W8F	IRRIGANTS			
W8F	ACETIC ACID 0.25% IRRIG SOLN	ACETIC ACID	0	999	No
W8F	ACETIC ACID 0.25% IRRIG.	ACETIC ACID	0	999	No
W8F	LACTATED RINGERS IRRIGATION	RINGER'S SOLUTION,LACTATED	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
W8F	NEOMY-POLYMYXIN B 40 MG/ML AMP	NEOMYCIN SULF/POLYMYXIN B SULF	0	999	No
W8F	NEOMY-POLYMYXIN B 40 MG/ML VL	NEOMYCIN SULF/POLYMYXIN B SULF	0	999	No
W8F	RINGERS IRRIGATION	RINGER'S SOLUTION	0	999	No
W8F	RINGERS IRRIGATION SOLUTION	RINGER'S SOLUTION	0	999	No
W8F	RINGER'S LACTATED IRRIG SOL	RINGER'S SOLUTION,LACTATED	0	999	No
W8F	SODIUM CHLORIDE 0.9% IRRIG	SODIUM CHLORIDE IRRIG SOLUTION	0	999	No
W8F	SODIUM CHLORIDE 0.9% IRRIG.	SODIUM CHLORIDE IRRIG SOLUTION	0	999	No
W8F	SODIUM CHLORIDE 0.9% IRRIGAT	SODIUM CHLORIDE IRRIG SOLUTION	0	999	No
W8F	SORBITOL 3% UROLOGIC IRRIG	SORBITOL SOLUTION	0	999	No
W8F	SORBITOL 3.3% UROLOGIC SOLN	SORBITOL SOLUTION	0	999	No
W8F	SORBITOL-MANNITOL IRRIG	MANNITOL/SORBITOL SOLUTION	0	999	No
Z1G DRUGS TO TX GAUCHER DX-TYPE 1, SUBSTRATE REDUCING					
Z1G	CERDELGA 84 MG CAPSULE	ELIGLUSTAT TARTRATE	18	999	Auto PA For Select Diag
Z1G	ZAVESCA 100 MG CAPSULE	MIGLUSTAT	18	999	Auto PA For Select Diag
Z1H METABOLIC DISEASE ENZYME REPLACEMENT, FABRY'S DX					
Z1H	FABRAZYME 35 MG VIAL	AGALSIDASE BETA	8	999	Auto PA For Select Diag
Z1H	FABRAZYME 5 MG VIAL	AGALSIDASE BETA	8	999	Auto PA For Select Diag
Z1I METABOLIC DISEASE ENZYME REPLACEMENT, GAUCHER'S DX					
Z1I	CEREZYME 400 UNITS VIAL	IMIGLUCERASE	2	999	Auto PA For Select Diag
Z1I	ELELYSO 200 UNITS VIAL	TALIGLUCERASE ALFA	4	999	Auto PA For Select Diag
Z1I	VPRIV 400 UNITS VIAL	VELAGLUCERASE ALFA	4	999	Auto PA For Select Diag
Z1J METABOLIC DX ENZYME REPLACE, MUCOPOLYSACCHARIDOSIS					
Z1J	NAGLAZYME 5 MG/5 ML VIAL	GALSULFASE	5	999	Auto PA For Select Diag
Z1K METABOLIC DX ENZYME REPLACEMT,SEV.COMB.IMMUNE DEF.					
Z1K	ADAGEN 250 UNITS/ML VIAL	PEGADEMASE BOVINE	0	999	No
Z21 MAST CELL STABILIZERS, ORALLY INHALED					

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
Z21	CROMOLYN 20 MG/2 ML NEB SOLN	CROMOLYN SODIUM	0	999	No
Z21	CROMOLYN NEBULIZER SOLUTION	CROMOLYN SODIUM	0	999	No
Z2D		HISTAMINE H2-RECEPTOR INHIBITORS			
Z2D	FAMOTIDINE 10 MG/ML VIAL	FAMOTIDINE	0	999	No
Z2D	FAMOTIDINE 20 MG PIGGYBACK	FAMOTIDINE IN NAACL,ISO-OSM/PF	0	999	No
Z2D	FAMOTIDINE 20 MG TABLET	FAMOTIDINE	0	999	No
Z2D	FAMOTIDINE 20 MG/2 ML VIAL	FAMOTIDINE/PF	0	999	No
Z2D	FAMOTIDINE 200 MG/20 ML VIAL	FAMOTIDINE	0	999	No
Z2D	FAMOTIDINE 40 MG TABLET	FAMOTIDINE	0	999	No
Z2D	FAMOTIDINE 40 MG/4 ML VIAL	FAMOTIDINE	0	999	No
Z2D	FAMOTIDINE 40 MG/5 ML SUSP	FAMOTIDINE	0	999	No
Z2D	FAMOTIDINE 500 MG/50 ML VIAL	FAMOTIDINE	0	999	No
Z2D	RANITIDINE 15 MG/ML SYRUP	RANITIDINE HCL	0	999	No
Z2D	RANITIDINE 150 MG TABLET	RANITIDINE HCL	0	999	No
Z2D	RANITIDINE 150 MG/10 ML SYRUP	RANITIDINE HCL	0	999	No
Z2D	RANITIDINE 300 MG TABLET	RANITIDINE HCL	0	999	No
Z2D	RANITIDINE HCL 150 MG/6 ML VL	RANITIDINE HCL	0	999	No
Z2D	RANITIDINE HCL 50 MG/2 ML VIAL	RANITIDINE HCL	0	999	No
Z2E		IMMUNOSUPPRESSIVES			
Z2E	AZATHIOPRINE 50 MG TABLET	AZATHIOPRINE	0	999	No
Z2E	CELLCEPT 200 MG/ML ORAL SUSP	MYCOPHENOLATE MOFETIL	0	11	No
Z2E	CELLCEPT 500 MG VIAL	MYCOPHENOLATE MOFETIL HCL	0	999	No
Z2E	CYCLOSPORINE 100 MG CAPSULE	CYCLOSPORINE	0	999	No
Z2E	CYCLOSPORINE 100 MG SOFTGEL	CYCLOSPORINE, MODIFIED	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
Z2E	CYCLOSPORINE 25 MG SOFTGEL	CYCLOSPORINE, MODIFIED	0	999	No
Z2E	CYCLOSPORINE 50 MG/ML AMP	CYCLOSPORINE	0	999	No
Z2E	CYCLOSPORINE MODIFIED 100 MG	CYCLOSPORINE, MODIFIED	0	999	No
Z2E	CYCLOSPORINE MODIFIED 25 MG	CYCLOSPORINE, MODIFIED	0	999	No
Z2E	CYCLOSPORINE MODIFIED 50 MG	CYCLOSPORINE, MODIFIED	0	999	No
Z2E	MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	0	999	No
Z2E	MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	0	999	No
Z2E	RAPAMUNE 1 MG/ML ORAL SOLN	SIROLIMUS	0	999	No
Z2E	SANDIMMUNE 100 MG/ML SOLN	CYCLOSPORINE	0	999	No
Z2E	SANDIMMUNE 50 MG/ML AMPUL	CYCLOSPORINE	0	999	No
Z2E	SIROLIMUS 0.5 MG TABLET	SIROLIMUS	0	999	No
Z2E	SIROLIMUS 1 MG TABLET	SIROLIMUS	0	999	No
Z2E	SIROLIMUS 2 MG TABLET	SIROLIMUS	0	999	No
Z2E	TACROLIMUS 0.5 MG CAPSULE	TACROLIMUS	0	999	No
Z2E	TACROLIMUS 0.5 MG CAPSULES	TACROLIMUS	0	999	No
Z2E	TACROLIMUS 1 MG CAPSULE	TACROLIMUS	0	999	No
Z2E	TACROLIMUS 5 MG CAPSULE	TACROLIMUS	0	999	No
Z2E	TACROLIMUS ANHYDROUS 0.5MG CAP	TACROLIMUS	0	999	No
Z2E	TACROLIMUS ANHYDROUS 1 MG CAP	TACROLIMUS	0	999	No
Z2E	TACROLIMUS ANHYDROUS 5 MG CAP	TACROLIMUS	0	999	No
	Z2F	MAST CELL STABILIZERS			
Z2F	CROMOLYN 100 MG/5 ML ORAL CONC	CROMOLYN SODIUM	0	999	No
Z2F	CROMOLYN SODIUM 100 MG/5 ML	CROMOLYN SODIUM	0	999	No
Z2F	GASTROCROM 100 MG/5 ML CONC	CROMOLYN SODIUM	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
Z2G		IMMUNOMODULATORS			
Z2G	ACTIMMUNE 100 MCG/0.5 ML VIAL	INTERFERON GAMMA-1B,RECOMB.	0	999	No
Z2G	IMIQUIMOD 5% CREAM	IMIQUIMOD	12	999	No
Z2G	IMIQUIMOD 5% CREAM PACKET	IMIQUIMOD	12	999	No
Z2G	INTRON A 10 MILLION UNITS VIAL	INTERFERON ALFA-2B,RECOMB.	0	999	No
Z2G	INTRON A 10MM UNITS/ML VIAL	INTERFERON ALFA-2B,RECOMB.	0	999	No
Z2G	INTRON A 18 MILLION UNITS VIAL	INTERFERON ALFA-2B,RECOMB.	0	999	No
Z2G	INTRON A 50 MILLION UNITS VIAL	INTERFERON ALFA-2B,RECOMB.	0	999	No
Z2G	INTRON A 6MM UNITS/ML VIAL	INTERFERON ALFA-2B,RECOMB.	0	999	No
Z2G	PROLEUKIN 22 MILLION UNIT VIAL	ALDESLEUKIN	0	999	Clinical PA Required
Z2H		SYSTEMIC ENZYME INHIBITORS			
Z2H	ARALAST NP 1,000 MG VIAL	ALPHA-1-PROTEINASE INHIBITOR	18	999	Auto PA For Select Diag
Z2H	ARALAST NP 500 MG VIAL	ALPHA-1-PROTEINASE INHIBITOR	18	999	Auto PA For Select Diag
Z2H	GLASSIA 1 GM/50 ML VIAL	ALPHA-1-PROTEINASE INHIBITOR	18	999	Auto PA For Select Diag
Z2H	PROLASTIN C 1,000 MG VIAL	ALPHA-1-PROTEINASE INHIBITOR	18	999	Auto PA For Select Diag
Z2H	ZEMAIRA 1,000 MG VIAL	ALPHA-1-PROTEINASE INHIBITOR	18	999	Auto PA For Select Diag
Z2N		1ST GEN ANTIHISTAMINE AND DECONGESTANT COMBINATION			
Z2N	PROMETHAZINE VC SYRUP	PHENYLEPHRINE HCL/PROMETH HCL	0	20	No
Z2N	PROMETHAZINE-PHENYLEPHRINE SYR	PHENYLEPHRINE HCL/PROMETH HCL	0	20	No
Z2O		2ND GEN ANTIHISTAMINE AND DECONGESTANT COMBINATION			
Z2O	ALL DAY ALLERGY-D TABLET	CETIRIZINE HCL/PSEUDOEPHEDRINE	0	999	No
Z2O	ALLERGY & CONGESTION RLF TAB	LORATADINE/PSEUDOEPHEDRINE	0	999	No
Z2O	ALLERGY RELIEF & NASAL DECO TB	LORATADINE/PSEUDOEPHEDRINE	0	999	No
Z2O	ALLERGY RELIEF D-24 TABLET	LORATADINE/PSEUDOEPHEDRINE	0	999	No
Z2O	ALLERGY-CONGES RELF ER TABLET	LORATADINE/PSEUDOEPHEDRINE	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
Z2O	ALLER-TEC D 5-120 MG TABLET	CETIRIZINE HCL/PSEUDOEPHEDRINE	0	999	No
Z2O	CETIRIZINE-PSE 5-120 MG TAB	CETIRIZINE HCL/PSEUDOEPHEDRINE	0	999	No
Z2O	CETIRIZINE-PSE ER 5-120 MG TAB	CETIRIZINE HCL/PSEUDOEPHEDRINE	0	999	No
Z2O	HM ALLERGY & CONGESTION TABLET	LORATADINE/PSEUDOEPHEDRINE	0	999	No
Z2O	HM ALLERGY COMPLETE-D TABLET	CETIRIZINE HCL/PSEUDOEPHEDRINE	0	999	No
Z2O	HM ALLERGY RLF-NASAL DECONG TB	LORATADINE/PSEUDOEPHEDRINE	0	999	No
Z2O	LORATADINE-D 12 HOUR TABLET	LORATADINE/PSEUDOEPHEDRINE	0	999	No
Z2O	LORATADINE-D 24HR TAB	LORATADINE/PSEUDOEPHEDRINE	0	999	No
Z2O	LORATADINE-D 24HR TABLET	LORATADINE/PSEUDOEPHEDRINE	0	999	No
Z2O	LORATADINE-D TABLET	LORATADINE/PSEUDOEPHEDRINE	0	999	No
Z2O	QC LORATADINE-D TABLET	LORATADINE/PSEUDOEPHEDRINE	0	999	No
Z2O	SM ALL DAY ALLERGY-D TABLET	CETIRIZINE HCL/PSEUDOEPHEDRINE	0	999	No
Z2O	SM LORATADINE D 12 HOUR TABLET	LORATADINE/PSEUDOEPHEDRINE	0	999	No
Z2O	SUNMARK LORATA-DINE D TABLET	LORATADINE/PSEUDOEPHEDRINE	0	999	No
	Z2P	ANTI-HISTAMINES - 1ST GENERATION			
Z2P	CARBINOXAMINE 4 MG/5 ML LIQUID	CARBINOXAMINE MALEATE	0	999	No
Z2P	CARBINOXAMINE MALEATE 4 MG TAB	CARBINOXAMINE MALEATE	0	999	No
Z2P	CLEMASTINE FUM 2.68 MG TAB	CLEMASTINE FUMARATE	0	999	No
Z2P	CYPROHEPTADINE 2 MG/5 ML SYRUP	CYPROHEPTADINE HCL	0	999	No
Z2P	CYPROHEPTADINE 4 MG TABLET	CYPROHEPTADINE HCL	0	999	No
Z2P	CYPROHEPTADINE 4 MG/10 ML SYRP	CYPROHEPTADINE HCL	0	999	No
Z2P	DIPHENHYDRAMINE 50 MG/ML SYN	DIPHENHYDRAMINE HCL	0	999	No
Z2P	DIPHENHYDRAMINE 50 MG/ML VIAL	DIPHENHYDRAMINE HCL	0	999	No
Z2P	DIPHENHYDRAMINE 50 MG/ML VL	DIPHENHYDRAMINE HCL	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
Z2P	DIPHENHYDRAMINE ELIXIR	DIPHENHYDRAMINE HCL	0	999	No
Z2P	DIPHENHYDRAMINE HCL 50 MG/ML	DIPHENHYDRAMINE HCL	0	999	No
Z2P	HYDROXYZINE 10 MG/5 ML SYRUP	HYDROXYZINE HCL	0	999	No
Z2P	HYDROXYZINE 50 MG/25 ML SYRUP	HYDROXYZINE HCL	0	999	No
Z2P	HYDROXYZINE HCL 10 MG TABLET	HYDROXYZINE HCL	0	999	No
Z2P	HYDROXYZINE HCL 25 MG TABLET	HYDROXYZINE HCL	0	999	No
Z2P	HYDROXYZINE HCL 50 MG TABLET	HYDROXYZINE HCL	0	999	No
Z2P	HYDROXYZINE PAM 100 MG CAP	HYDROXYZINE PAMOATE	0	999	No
Z2P	HYDROXYZINE PAM 25 MG CAP	HYDROXYZINE PAMOATE	0	999	No
Z2P	HYDROXYZINE PAM 25 MG CAPSULE	HYDROXYZINE PAMOATE	0	999	No
Z2P	HYDROXYZINE PAM 50 MG CAP	HYDROXYZINE PAMOATE	0	999	No
Z2P	PROMETHAZINE 12.5 MG TABLET	PROMETHAZINE HCL	0	999	No
Z2P	PROMETHAZINE 25 MG TABLET	PROMETHAZINE HCL	0	999	No
Z2P	PROMETHAZINE 25 MG/ML AMPUL	PROMETHAZINE HCL	0	999	No
Z2P	PROMETHAZINE 25 MG/ML VIAL	PROMETHAZINE HCL	0	999	No
Z2P	PROMETHAZINE 50 MG TABLET	PROMETHAZINE HCL	0	999	No
Z2P	PROMETHAZINE 50 MG/ML AMPUL	PROMETHAZINE HCL	0	999	No
Z2P	PROMETHAZINE 50 MG/ML VIAL	PROMETHAZINE HCL	0	999	No
Z2P	PROMETHAZINE 6.25 MG/5 ML SYR	PROMETHAZINE HCL	0	999	No
Z2P	PROMETHAZINE 6.25 MG/5 ML SYRP	PROMETHAZINE HCL	0	999	No
Z2P	PROMETHAZINE HCL 25MG TABLETS	PROMETHAZINE HCL	0	999	No
	Z2Q	ANTIHISTAMINES - 2ND GENERATION			
Z2Q	ALL DAY ALLERGY 10 MG CHEW TAB	CETIRIZINE HCL	0	999	No
Z2Q	ALL DAY ALLERGY 10 MG TABLET	CETIRIZINE HCL	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
Z2Q	ALL DAY ALLERGY 10 MG TABLET	CETIRIZINE HCL	0	999	No
Z2Q	ALLERGY 10 MG TABLET	LORATADINE	0	999	No
Z2Q	ALLERGY RELIEF 10 MG ODT	LORATADINE	0	999	No
Z2Q	ALLERGY RELIEF 10 MG TABLET	LORATADINE	0	999	No
Z2Q	ALLERGY RELIEF 5 MG/5 ML SOLN	LORATADINE	0	11	No
Z2Q	ALLERGY RELIEF SYRUP	LORATADINE	0	11	No
Z2Q	CETIRIZINE HCL 1 MG/1 ML SOLN	CETIRIZINE HCL	0	11	No
Z2Q	CETIRIZINE HCL 1 MG/ML SOLN	CETIRIZINE HCL	0	11	No
Z2Q	CETIRIZINE HCL 1 MG/ML SYRUP	CETIRIZINE HCL	0	11	No
Z2Q	CETIRIZINE HCL 10 MG CHEW TAB	CETIRIZINE HCL	0	999	No
Z2Q	CETIRIZINE HCL 10 MG TABLET	CETIRIZINE HCL	0	999	No
Z2Q	CETIRIZINE HCL 5 MG CHEW TAB	CETIRIZINE HCL	0	999	No
Z2Q	CETIRIZINE HCL 5 MG TABLET	CETIRIZINE HCL	0	999	No
Z2Q	CHILD ALL DAY ALLERGY 1 MG/ML	CETIRIZINE HCL	0	11	No
Z2Q	CHILD ALLERGY RELIEF 1 MG/ML	CETIRIZINE HCL	0	11	No
Z2Q	CHILD CETIRIZINE HCL 1 MG/ML	CETIRIZINE HCL	0	11	No
Z2Q	CHILD LORATADINE 5 MG/5 ML SYR	LORATADINE	0	11	No
Z2Q	CHILDREN'S ALL DAY ALLERGY SOL	CETIRIZINE HCL	0	11	No
Z2Q	CHILDS ALL DAY ALLERGY SOLU	CETIRIZINE HCL	0	11	No
Z2Q	CLEAR-ATADINE 10 MG TABLET	LORATADINE	0	999	No
Z2Q	CLEAR-ATADINE 10 MG TABLET	LORATADINE	0	999	No
Z2Q	HM ALL DAY ALLERGY 10 MG TAB	CETIRIZINE HCL	0	999	No
Z2Q	HM ALLERGY RELIEF 10 MG ODT	LORATADINE	0	999	No
Z2Q	HM CHILD CETIRIZINE 1 MG/ML	CETIRIZINE HCL	0	11	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
Z2Q	HM CHILD LORATADINE 5 MG/5 ML	LORATADINE	0	11	No
Z2Q	HM CHLD ALLER COMPLETE 1 MG/ML	CETIRIZINE HCL	0	11	No
Z2Q	HM LORATADINE 10 MG TABLET	LORATADINE	0	999	No
Z2Q	LORATADINE 10 MG TABLET	LORATADINE	0	999	No
Z2Q	LORATADINE 10 MG TABLET	LORATADINE	0	999	No
Z2Q	LORATADINE 5 MG/5 ML SOLN	LORATADINE	0	11	No
Z2Q	LORATADINE 5 MG/5 ML SYRUP	LORATADINE	0	11	No
Z2Q	LORATADINE ALLERGY 5 MG/5 ML	LORATADINE	0	11	No
Z2Q	LORATADINE HIVES 5 MG/5 ML	LORATADINE	0	11	No
Z2Q	QC ALL DAY ALLERGY 10 MG TAB	CETIRIZINE HCL	0	999	No
Z2Q	QC ALLERGY RELIEF 10 MG TABLET	LORATADINE	0	999	No
Z2Q	QC LORATADINE 10 MG TABLET	LORATADINE	0	999	No
Z2Q	SB ALLERGY 10 MG TABLET	CETIRIZINE HCL	0	999	No
Z2Q	SB LORATADINE 10 MG TABLET	LORATADINE	0	999	No
Z2Q	SM ALL DAY ALLERGY 10 MG TAB	CETIRIZINE HCL	0	999	No
Z2Q	SM ALLERGY RELIEF 10 MG TB	LORATADINE	0	999	No
Z2Q	SM CHILD ALL DAY ALLER 1 MG/ML	CETIRIZINE HCL	0	11	No
Z2Q	SM CHILD LORATADINE 5 MG/5 ML	LORATADINE	0	11	No
Z2Q	SM LORATADINE 10 MG ODT	LORATADINE	0	999	No
Z2Q	SM LORATADINE 10 MG TABLET	LORATADINE	0	999	No
Z2Q	SM LORATADINE 5 MG/5 ML SYRUP	LORATADINE	0	11	No
Z2Q	SM LORATIDINE 10 MG TABLET	LORATADINE	0	999	No
	Z2W	ANTI-CD20 (B LYMPHOCYTE) MONOCLONAL ANTIBODY			
Z2W	ARZERRA 1,000 MG/50 ML VIAL	OFATUMUMAB	0	999	No

Class	Medicaid Drug Name	Generic Name	Medicaid Min Age	Medicaid Max Age	Clinical PA Required
Z2W	ARZERRA 100 MG/5 ML VIAL	OFATUMUMAB	0	999	No
Z2W	RITUXAN 10 MG/ML VIAL	RITUXIMAB	0	999	No
	Z2X	PHOSPHODIESTERASE-4 (PDE4) INHIBITORS			
Z2X	DALIRESP 500 MCG TABLET	ROFLUMILAST	18	999	Auto PA For Select Diag
	Z2Z	JANUS KINASE (JAK) INHIBITORS			
Z2Z	XELJANZ 5 MG TABLET	TOFACITINIB CITRATE	18	999	Auto PA For Select Diag
Z2Z	XELJANZ XR 11 MG TABLET	TOFACITINIB CITRATE	18	999	Auto PA For Select Diag
	Z4B	LEUKOTRIENE RECEPTOR ANTAGONISTS			
Z4B	MONTELUKAST SOD 10 MG TABLET	MONTELUKAST SODIUM	0	999	No
Z4B	MONTELUKAST SOD 4 MG GRANULES	MONTELUKAST SODIUM	0	4	No
Z4B	MONTELUKAST SOD 4 MG TAB CHEW	MONTELUKAST SODIUM	0	999	No
Z4B	MONTELUKAST SOD 5 MG TAB CHEW	MONTELUKAST SODIUM	0	999	No
Z4B	ZAFIRLUKAST 10 MG TABLET	ZAFIRLUKAST	0	999	No
Z4B	ZAFIRLUKAST 20 MG TABLET	ZAFIRLUKAST	0	999	No
	Z9D	DIAGNOSTIC PREPARATIONS,MISCELLANEOUS			
Z9D	GLUCAGEN DIAGNOSTIC 1 MG VIAL	GLUCAGON,HUMAN RECOMBINANT	0	999	No
Z9D	GLUCAGON 1 MG VIAL	GLUCAGON HCL	0	999	No