

Florida Medicaid Preferred Drug List (effective 04-01-2022)

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 25, 2022.

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)

Phosphate Binders and Prescription Strength Vitamins are covered for dialysis patients.

Note: While a product name may be listed on the PDL, a specific NDC may or may not be reimbursable.

DEFINITIONS:

“Auto PA” = System automated criteria looks for specific requirements (e.g., diagnosis, age, previous therapies, etc.). If all requirements are found, the claims will pay at the pharmacy counter without need of manual prior authorization submission.

“Clinical PA Required” = These drugs require prior authorization submission that must include clinical documentation. The drugs that require clinical prior authorization review and the prior authorization forms can be found in this link:

http://ahca.myflorida.com/medicaid/Prescribed_Drug/preferred_drug.shtml

“Cystic Fib Diag Auto PA” = Claims for these products will pay at the pharmacy counter if the diagnosis of cystic fibrosis is found in the system.

“Requires Med Cert 3” = The Food and Drug Administration (FDA) requires participation (by prescribers, pharmacies, and/or patients) in certification, education, training, or agreements prior to dispensing certain drugs. By entering certification code “3”, the dispensing pharmacy is confirming that FDA requirements were met.

Auto PA's in progress:

-ENDARI

-QULIPTA

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
A1A	DIGITALIS GLYCOSIDES	DIGOXIN 0.05 MG/ML SOLUTION	DIGOXIN	0	999	No
		DIGOXIN 0.25 MG TABLET	DIGOXIN	0	999	No
		DIGOXIN 125 MCG TABLET	DIGOXIN	0	999	No
		DIGOXIN 250 MCG TABLET	DIGOXIN	0	999	No
A1B	XANTHINES	CAFFEINE CIT 60 MG/3 ML ORAL	CAFFEINE CITRATE	1	999	No
		CAFFEINE CIT 60 MG/3 ML VIAL	CAFFEINE CITRATE	1	999	No
		THEO-24 ER 100 MG CAPSULE	THEOPHYLLINE ANHYDROUS	0	999	No
		THEO-24 ER 200 MG CAPSULE	THEOPHYLLINE ANHYDROUS	0	999	No
		THEO-24 ER 300 MG CAPSULE	THEOPHYLLINE ANHYDROUS	0	999	No
		THEO-24 ER 400 MG CAPSULE	THEOPHYLLINE ANHYDROUS	0	999	No
		THEOPHYLLINE 80 MG/15 ML SOLN	THEOPHYLLINE ANHYDROUS	0	999	No
		THEOPHYLLINE ER 300 MG TAB	THEOPHYLLINE ANHYDROUS	0	999	No
		THEOPHYLLINE ER 400 MG TABLET	THEOPHYLLINE ANHYDROUS	0	999	No
		THEOPHYLLINE ER 450 MG TAB	THEOPHYLLINE ANHYDROUS	0	999	No
		THEOPHYLLINE ER 600 MG TABLET	THEOPHYLLINE ANHYDROUS	0	999	No
A1C	INOTROPIC DRUGS	DOBUTAMINE 1,000 MG/250 ML D5W	DOBUTAMINE HCL IN DEXTROSE 5 %	0	999	No
		DOBUTAMINE 250 MG/20 ML VIAL	DOBUTAMINE HCL	0	999	No
		DOBUTAMINE 250 MG/250 ML-D5W	DOBUTAMINE HCL IN DEXTROSE 5 %	0	999	No
		DOBUTAMINE 500 MG/250 ML D5W	DOBUTAMINE HCL IN DEXTROSE 5 %	0	999	No
		MILRINONE LACT 10 MG/10 ML VL	MILRINONE LACTATE	0	999	No
		MILRINONE LACT 20 MG/20 ML VL	MILRINONE LACTATE	0	999	No
		MILRINONE LACT 50 MG/50 ML VL	MILRINONE LACTATE	0	999	No
		MILRINONE-D5W 20 MG/100 ML	MILRINONE LACTATE/D5W	0	999	No
		MILRINONE-D5W 40 MG/200 ML	MILRINONE LACTATE/D5W	0	999	No
A2A	ANTIARRHYTHMICS	AMIODARONE HCL 100 MG TABLET	AMIODARONE HCL	0	999	No
		AMIODARONE HCL 200 MG TABLET	AMIODARONE HCL	0	999	No
		DOFETILIDE 125 MCG CAPSULE	DOFETILIDE	0	999	Requires Med Cert 3
		DOFETILIDE 250 MCG CAPSULE	DOFETILIDE	0	999	Requires Med Cert 3

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
A2A	ANTIARRHYTHMICS	DOFETILIDE 250 MCG CAPSULE	DOFETILIDE	0		
		DOFETILIDE 500 MCG CAPSULE	DOFETILIDE	0	999	Requires Med Cert 3
		FLECAINIDE ACETATE 100 MG TAB	FLECAINIDE ACETATE	0	999	No
		FLECAINIDE ACETATE 150 MG TAB	FLECAINIDE ACETATE	0	999	No
		FLECAINIDE ACETATE 50 MG TAB	FLECAINIDE ACETATE	0	999	No
		MEXILETINE 150 MG CAPSULE	MEXILETINE HCL	0	999	No
		MEXILETINE 200 MG CAPSULE	MEXILETINE HCL	0	999	No
		MEXILETINE 250 MG CAPSULE	MEXILETINE HCL	0	999	No
		PROPAFENONE HCL 150 MG TABLET	PROPAFENONE HCL	0	999	No
		PROPAFENONE HCL 225 MG TAB	PROPAFENONE HCL	0	999	No
		PROPAFENONE HCL 300 MG TAB	PROPAFENONE HCL	0	999	No
		QUINIDINE SULFATE 200 MG TAB	QUINIDINE SULFATE	0	999	No
		QUINIDINE SULFATE 300 MG TAB	QUINIDINE SULFATE	0	999	No
A2C	ANTIANGINAL, ANTI-ISCHEMIC AGENTS, NON-HEMOD	RANOLAZINE ER 1,000 MG TABLET	RANOLAZINE	0	999	No
		RANOLAZINE ER 500 MG TABLET	RANOLAZINE	0	999	No
A4A	ANTIHYPERTENSIVES, VASODILATORS	HYDRALAZINE 10 MG TABLET	HYDRALAZINE HCL	0	999	No
		HYDRALAZINE 100 MG TABLET	HYDRALAZINE HCL	0	999	No
		HYDRALAZINE 25 MG TABLET	HYDRALAZINE HCL	0	999	No
		HYDRALAZINE 50 MG TABLET	HYDRALAZINE HCL	0	999	No
		MINOXIDIL 10 MG TABLET	MINOXIDIL	0	999	No
		MINOXIDIL 2.5 MG TABLET	MINOXIDIL	0	999	No
A4B	ANTIHYPERTENSIVES, SYMPATHOLYTIC	CLONIDINE 0.1 MG/DAY PATCH	CLONIDINE	0	999	No
		CLONIDINE 0.2 MG/DAY PATCH	CLONIDINE	0	999	No
		CLONIDINE 0.3 MG/DAY PATCH	CLONIDINE	0	999	No
		CLONIDINE HCL 0.1 MG TABLET	CLONIDINE HCL	0	999	No
		CLONIDINE HCL 0.2 MG TABLET	CLONIDINE HCL	0	999	No
		CLONIDINE HCL 0.3 MG TABLET	CLONIDINE HCL	0	999	No
		GUANFACINE 1 MG TABLET	GUANFACINE HCL	0	999	No
		GUANFACINE 2 MG TABLET	GUANFACINE HCL	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
A4B	ANTIHYPERTENSIVES, SYMPATHOLYTIC	GUANFACINE 2 MG TABLET	GUANFACINE HCL	0		
		METHYLDOPA 250 MG TABLET	METHYLDOPA	0	999	No
		METHYLDOPA 500 MG TABLET	METHYLDOPA	0	999	No
A4D	ANTIHYPERTENSIVES, ACE INHIBITORS	BENAZEPRIL HCL 10 MG TABLET	BENAZEPRIL HCL	0	999	No
		BENAZEPRIL HCL 20 MG TABLET	BENAZEPRIL HCL	0	999	No
		BENAZEPRIL HCL 40 MG TABLET	BENAZEPRIL HCL	0	999	No
		BENAZEPRIL HCL 5 MG TABLET	BENAZEPRIL HCL	0	999	No
		ENALAPRIL MALEATE 10 MG TAB	ENALAPRIL MALEATE	0	999	No
		ENALAPRIL MALEATE 2.5 MG TAB	ENALAPRIL MALEATE	0	999	No
		ENALAPRIL MALEATE 20 MG TAB	ENALAPRIL MALEATE	0	999	No
		ENALAPRIL MALEATE 5 MG TABLET	ENALAPRIL MALEATE	0	999	No
		FOSINOPRIL SODIUM 10 MG TAB	FOSINOPRIL SODIUM	0	999	No
		FOSINOPRIL SODIUM 20 MG TAB	FOSINOPRIL SODIUM	0	999	No
		FOSINOPRIL SODIUM 40 MG TAB	FOSINOPRIL SODIUM	0	999	No
		LISINAPRIL 10 MG TABLET	LISINAPRIL	0	999	No
		LISINAPRIL 2.5 MG TABLET	LISINAPRIL	0	999	No
		LISINAPRIL 20 MG TABLET	LISINAPRIL	0	999	No
		LISINAPRIL 30 MG TABLET	LISINAPRIL	0	999	No
		LISINAPRIL 40 MG TABLET	LISINAPRIL	0	999	No
		LISINAPRIL 5 MG TABLET	LISINAPRIL	0	999	No
		QUINAPRIL 10 MG TABLET	QUINAPRIL HCL	0	999	No
		QUINAPRIL 20 MG TABLET	QUINAPRIL HCL	0	999	No
		QUINAPRIL 40 MG TABLET	QUINAPRIL HCL	0	999	No
		QUINAPRIL 5 MG TABLET	QUINAPRIL HCL	0	999	No
		RAMIPRIL 1.25 MG CAPSULE	RAMIPRIL	0	999	No
		RAMIPRIL 10 MG CAPSULE	RAMIPRIL	0	999	No
		RAMIPRIL 2.5 MG CAPSULE	RAMIPRIL	0	999	No
		RAMIPRIL 5 MG CAPSULE	RAMIPRIL	0	999	No
A4F	ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTA	IRBESARTAN 150 MG TABLET	IRBESARTAN	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
A4F	ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAG	IRBESARTAN 150 MG TABLET	IRBESARTAN	0		
		IRBESARTAN 300 MG TABLET	IRBESARTAN	0	999	No
		IRBESARTAN 75 MG TABLET	IRBESARTAN	0	999	No
		LOSARTAN POTASSIUM 100 MG TAB	LOSARTAN POTASSIUM	0	999	No
		LOSARTAN POTASSIUM 25 MG TAB	LOSARTAN POTASSIUM	0	999	No
		LOSARTAN POTASSIUM 50 MG TAB	LOSARTAN POTASSIUM	0	999	No
		OLMESARTAN MEDOXOMIL 20 MG TAB	OLMESARTAN MEDOXOMIL	0	999	No
		OLMESARTAN MEDOXOMIL 40 MG TAB	OLMESARTAN MEDOXOMIL	0	999	No
		OLMESARTAN MEDOXOMIL 5 MG TAB	OLMESARTAN MEDOXOMIL	0	999	No
		VALSARTAN 160 MG TABLET	VALSARTAN	1	999	No
		VALSARTAN 320 MG TABLET	VALSARTAN	1	999	No
		VALSARTAN 40 MG TABLET	VALSARTAN	1	999	No
		VALSARTAN 80 MG TABLET	VALSARTAN	1	999	No
A4H	ANGIOTENSIN RECEPTOR BLOCKR-CALCIUM CHANNEI	AMLODIPINE-OLMESARTAN 10-20 MG	AMLODIPINE BES/OLMESARTAN MED	0	999	No
		AMLODIPINE-OLMESARTAN 10-40 MG	AMLODIPINE BES/OLMESARTAN MED	0	999	No
		AMLODIPINE-OLMESARTAN 5-20 MG	AMLODIPINE BES/OLMESARTAN MED	0	999	No
		AMLODIPINE-OLMESARTAN 5-40 MG	AMLODIPINE BES/OLMESARTAN MED	0	999	No
		AMLODIPINE-VALSARTAN 10-160 MG	AMLODIPINE BESYLATE/VALSARTAN	0	999	No
		AMLODIPINE-VALSARTAN 10-320 MG	AMLODIPINE BESYLATE/VALSARTAN	0	999	No
		AMLODIPINE-VALSARTAN 5-160 MG	AMLODIPINE BESYLATE/VALSARTAN	0	999	No
		AMLODIPINE-VALSARTAN 5-320 MG	AMLODIPINE BESYLATE/VALSARTAN	0	999	No
A4I	ANGIOTENSIN RECEPTOR ANTAG.-THIAZIDE DIURETIC	IRBESARTAN-HCTZ 150-12.5 MG TB	IRBESARTAN/HYDROCHLOROTHIAZIDE	0	999	No
		IRBESARTAN-HCTZ 300-12.5 MG TB	IRBESARTAN/HYDROCHLOROTHIAZIDE	0	999	No
		LOSARTAN-HCTZ 100-12.5 MG TAB	LOSARTAN/HYDROCHLOROTHIAZIDE	0	999	No
		LOSARTAN-HCTZ 100-25 MG TAB	LOSARTAN/HYDROCHLOROTHIAZIDE	0	999	No
		LOSARTAN-HCTZ 50-12.5 MG TAB	LOSARTAN/HYDROCHLOROTHIAZIDE	0	999	No
		OLMESARTAN-HCTZ 20-12.5 MG TAB	OLMESARTAN/HYDROCHLOROTHIAZIDE	0	999	No
		OLMESARTAN-HCTZ 40-12.5 MG TAB	OLMESARTAN/HYDROCHLOROTHIAZIDE	0	999	No
		OLMESARTAN-HCTZ 40-25 MG TAB	OLMESARTAN/HYDROCHLOROTHIAZIDE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
A4I	ANGIOTENSIN RECEPTOR ANTAG.-THIAZIDE DIURETIC C	OLMESARTAN-HCTZ 40-25 MG TAB	OLMESARTAN/HYDROCHLOROTHIAZIDE	0		
		VALSARTAN-HCTZ 160-12.5 MG TAB	VALSARTAN/HYDROCHLOROTHIAZIDE	0	999	No
		VALSARTAN-HCTZ 160-25 MG TAB	VALSARTAN/HYDROCHLOROTHIAZIDE	0	999	No
		VALSARTAN-HCTZ 320-12.5 MG TAB	VALSARTAN/HYDROCHLOROTHIAZIDE	0	999	No
		VALSARTAN-HCTZ 320-25 MG TAB	VALSARTAN/HYDROCHLOROTHIAZIDE	0	999	No
		VALSARTAN-HCTZ 80-12.5 MG TAB	VALSARTAN/HYDROCHLOROTHIAZIDE	0	999	No
A4J	ACE INHIBITOR-THIAZIDE OR THIAZIDE-LIKE DIURETIC	ENALAPRIL-HCTZ 10-25 MG TABLET	ENALAPRIL/HYDROCHLOROTHIAZIDE	0	999	No
		ENALAPRIL-HCTZ 5-12.5 MG TAB	ENALAPRIL/HYDROCHLOROTHIAZIDE	0	999	No
		LISINOPRIL-HCTZ 10-12.5 MG TAB	LISINOPRIL/HYDROCHLOROTHIAZIDE	0	999	No
		LISINOPRIL-HCTZ 20-12.5 MG TAB	LISINOPRIL/HYDROCHLOROTHIAZIDE	0	999	No
		LISINOPRIL-HCTZ 20-25 MG TAB	LISINOPRIL/HYDROCHLOROTHIAZIDE	0	999	No
A4K	ACE INHIBITOR-CALCIUM CHANNEL BLOCKER COMBIN	AMLODIPINE-BENAZEPRIL 10-20 MG	AMLODIPINE BESYLATE/BENAZEPRIL	0	999	No
		AMLODIPINE-BENAZEPRIL 10-40 MG	AMLODIPINE BESYLATE/BENAZEPRIL	0	999	No
		AMLODIPINE-BENAZEPRIL 2.5-10	AMLODIPINE BESYLATE/BENAZEPRIL	0	999	No
		AMLODIPINE-BENAZEPRIL 5-10 MG	AMLODIPINE BESYLATE/BENAZEPRIL	0	999	No
		AMLODIPINE-BENAZEPRIL 5-20 MG	AMLODIPINE BESYLATE/BENAZEPRIL	0	999	No
		AMLODIPINE-BENAZEPRIL 5-40 MG	AMLODIPINE BESYLATE/BENAZEPRIL	0	999	No
A4L	ANGIOTENSIN RECEPT-NEPRILYSIN INHIBITOR COMB(ENTRESTO 24 MG-26 MG TABLET	SACUBITRIL/VALSARTAN	0	999	No
		ENTRESTO 49 MG-51 MG TABLET	SACUBITRIL/VALSARTAN	0	999	No
		ENTRESTO 97 MG-103 MG TABLET	SACUBITRIL/VALSARTAN	0	999	No
A7B	VASODILATORS,CORONARY	ISOSORBIDE DINITRATE 10 MG TAB	ISOSORBIDE DINITRATE	0	999	No
		ISOSORBIDE DINITRATE 20 MG TAB	ISOSORBIDE DINITRATE	0	999	No
		ISOSORBIDE DINITRATE 30 MG TAB	ISOSORBIDE DINITRATE	0	999	No
		ISOSORBIDE DINITRATE 40 MG TAB	ISOSORBIDE DINITRATE	0	999	No
		ISOSORBIDE DINITRATE 5 MG TAB	ISOSORBIDE DINITRATE	0	999	No
		ISOSORBIDE MONONIT 10 MG TAB	ISOSORBIDE MONONITRATE	0	999	No
		ISOSORBIDE MONONIT 20 MG TAB	ISOSORBIDE MONONITRATE	0	999	No
		ISOSORBIDE MONONIT ER 120 MG	ISOSORBIDE MONONITRATE	0	999	No
		ISOSORBIDE MONONIT ER 30 MG TB	ISOSORBIDE MONONITRATE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
A7B	VASODILATORS,CORONARY	ISOSORBIDE MONONIT ER 30 MG TB	ISOSORBIDE MONONITRATE	0		
		ISOSORBIDE MONONIT ER 60 MG TB	ISOSORBIDE MONONITRATE	0	999	No
		NITROGLYCERIN 0.1 MG/HR PATCH	NITROGLYCERIN	0	999	No
		NITROGLYCERIN 0.2 MG/HR PATCH	NITROGLYCERIN	0	999	No
		NITROGLYCERIN 0.3 MG TABLET SL	NITROGLYCERIN	0	999	No
		NITROGLYCERIN 0.4 MG TABLET SL	NITROGLYCERIN	0	999	No
		NITROGLYCERIN 0.4 MG/HR PATCH	NITROGLYCERIN	0	999	No
		NITROGLYCERIN 0.6 MG TABLET SL	NITROGLYCERIN	0	999	No
		NITROGLYCERIN 0.6 MG/HR PATCH	NITROGLYCERIN	0	999	No
		FIRAZYR 30 MG/3 ML SYRINGE	ICATIBANT ACETATE	18	999	Auto PA
A7M	BRADYKININ B2 RECEPTOR ANTAGONISTS					
A9A	CALCIUM CHANNEL BLOCKING AGENTS	AMLODIPINE BESYLATE 10 MG TAB	AMLODIPINE BESYLATE	0	999	No
		AMLODIPINE BESYLATE 2.5 MG TAB	AMLODIPINE BESYLATE	0	999	No
		AMLODIPINE BESYLATE 5 MG TAB	AMLODIPINE BESYLATE	0	999	No
		DILTIAZEM 120 MG TABLET	DILTIAZEM HCL	0	999	No
		DILTIAZEM 12HR ER 120 MG CAP	DILTIAZEM HCL	0	999	No
		DILTIAZEM 12HR ER 60 MG CAP	DILTIAZEM HCL	0	999	No
		DILTIAZEM 12HR ER 90 MG CAP	DILTIAZEM HCL	0	999	No
		DILTIAZEM 24H ER(CD) 120 MG CP	DILTIAZEM HCL	0	999	No
		DILTIAZEM 24H ER(CD) 180 MG CP	DILTIAZEM HCL	0	999	No
		DILTIAZEM 24H ER(CD) 240 MG CP	DILTIAZEM HCL	0	999	No
		DILTIAZEM 24H ER(CD) 300 MG CP	DILTIAZEM HCL	0	999	No
		DILTIAZEM 24H ER(CD) 360 MG CP	DILTIAZEM HCL	0	999	No
		DILTIAZEM 24H ER(XR) 120 MG CP	DILTIAZEM HCL	0	999	No
		DILTIAZEM 24H ER(XR) 180 MG CP	DILTIAZEM HCL	0	999	No
		DILTIAZEM 24H ER(XR) 240 MG CP	DILTIAZEM HCL	0	999	No
		DILTIAZEM 24HR ER 120 MG CAP	DILTIAZEM HCL	0	999	No
		DILTIAZEM 24HR ER 180 MG CAP	DILTIAZEM HCL	0	999	No
		DILTIAZEM 24HR ER 240 MG CAP	DILTIAZEM HCL	0	999	No
		DILTIAZEM 24HR ER 300 MG CAP	DILTIAZEM HCL	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED		
A9A	CALCIUM CHANNEL BLOCKING AGENTS	DILTIAZEM 24HR ER 300 MG CAP	DILTIAZEM HCL	0				
		DILTIAZEM 24HR ER 360 MG CAP	DILTIAZEM HCL	0	999	No		
		DILTIAZEM 24HR ER 420 MG CAP	DILTIAZEM HCL	0	999	No		
		DILTIAZEM 30 MG TABLET	DILTIAZEM HCL	0	999	No		
		DILTIAZEM 60 MG TABLET	DILTIAZEM HCL	0	999	No		
		DILTIAZEM 90 MG TABLET	DILTIAZEM HCL	0	999	No		
		FELODIPINE ER 10 MG TABLET	FELODIPINE	0	999	No		
		FELODIPINE ER 2.5 MG TABLET	FELODIPINE	0	999	No		
		FELODIPINE ER 5 MG TABLET	FELODIPINE	0	999	No		
		NIFEDIPINE 10 MG CAPSULE	NIFEDIPINE	0	999	No		
		NIFEDIPINE 20 MG CAPSULE	NIFEDIPINE	0	999	No		
		NIFEDIPINE ER 30 MG TABLET	NIFEDIPINE	0	999	No		
		NIFEDIPINE ER 60 MG TABLET	NIFEDIPINE	0	999	No		
		NIFEDIPINE ER 90 MG TABLET	NIFEDIPINE	0	999	No		
		NIMODIPINE 30 MG CAPSULE	NIMODIPINE	18	999	No		
		VERAPAMIL 120 MG TABLET	VERAPAMIL HCL	0	999	No		
		VERAPAMIL 40 MG TABLET	VERAPAMIL HCL	0	999	No		
		VERAPAMIL 80 MG TABLET	VERAPAMIL HCL	0	999	No		
		VERAPAMIL ER 120 MG CAPSULE	VERAPAMIL HCL	0	999	No		
		VERAPAMIL ER 120 MG TABLET	VERAPAMIL HCL	0	999	No		
		VERAPAMIL ER 180 MG CAPSULE	VERAPAMIL HCL	0	999	No		
		VERAPAMIL ER 180 MG TABLET	VERAPAMIL HCL	0	999	No		
		VERAPAMIL ER 240 MG CAPSULE	VERAPAMIL HCL	0	999	No		
		VERAPAMIL ER 240 MG TABLET	VERAPAMIL HCL	0	999	No		
		VERAPAMIL SR 120 MG CAPSULE	VERAPAMIL HCL	0	999	No		
		VERAPAMIL SR 180 MG CAPSULE	VERAPAMIL HCL	0	999	No		
		VERAPAMIL SR 240 MG CAPSULE	VERAPAMIL HCL	0	999	No		
		VERAPAMIL SR 360 MG CAPSULE	VERAPAMIL HCL	0	999	No		
		B0A	GENERAL INHALATION AGENTS	SODIUM CHLORIDE 0.9% INHAL VL	SODIUM CHLORIDE FOR INHALATION	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
B0A	GENERAL INHALATION AGENTS	SODIUM CHLORIDE 0.9% INHAL VL	SODIUM CHLORIDE FOR INHALATION	0		
		SODIUM CHLORIDE 10% VIAL	SODIUM CHLORIDE FOR INHALATION	0	999	Auto PA
B0D	PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITO	OFEV 100 MG CAPSULE	NINTEDANIB ESYLATE	0	999	Clinical PA Required
		OFEV 150 MG CAPSULE	NINTEDANIB ESYLATE	0	999	Clinical PA Required
B1B	PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANT	AMBRISENTAN 10 MG TABLET	AMBRISENTAN	0	999	Clinical PA Required
		AMBRISENTAN 5 MG TABLET	AMBRISENTAN	0	999	Clinical PA Required
		TRACLEER 125 MG TABLET	BOSENTAN	0	999	Clinical PA Required
		TRACLEER 62.5 MG TABLET	BOSENTAN	0	999	Clinical PA Required
B1C	PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-T	EPOPROSTENOL SODIUM 0.5 MG VL	EPOPROSTENOL SODIUM	0	999	No
			EPOPROSTENOL SODIUM (GLYCINE)	0	999	No
		EPOPROSTENOL SODIUM 1.5 MG VL	EPOPROSTENOL SODIUM	0	999	No
			EPOPROSTENOL SODIUM (GLYCINE)	0	999	No
		VENTAVIS 10 MCG/1 ML SOLUTION	ILOPROST TROMETHAMINE	0	999	Clinical PA Required
		VENTAVIS 20 MCG/1 ML SOLUTION	ILOPROST TROMETHAMINE	0	999	Clinical PA Required
B1D	PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5	SILDENAFIL 10 MG/ML ORAL SUSP	SILDENAFIL CITRATE	0	999	Clinical PA Required
		SILDENAFIL 20 MG TABLET	SILDENAFIL CITRATE	0	999	Clinical PA Required
		TADALAFIL 20 MG TABLET	TADALAFIL	0	999	Clinical PA Required
B3A	MUCOLYTICS	ACETYLCYSTEINE 10% VIAL	ACETYLCYSTEINE	0	999	No
		ACETYLCYSTEINE 20% VIAL	ACETYLCYSTEINE	0	999	No
		PULMOZYME 1 MG/ML AMPUL	DORNASE ALFA	0	65	Auto PA
B3J	EXPECTORANTS	CHEST CONGEST RLF 400 MG TAB	GUAIFENESIN	0	20	No
		CHEST CONGESTION RELIEF SOLN	GUAIFENESIN	0	20	No
		GNP MUCUS-ER MAX 1,200 MG TAB	GUAIFENESIN	0	20	No
		GS TUSSIN MUCUS-CONG 100 MG/5	GUAIFENESIN	0	20	No
		GS TUSSIN MUCUS-CONG 200 MG/10	GUAIFENESIN	0	20	No
		GUAIFENESIN 100 MG/5 ML SOLN	GUAIFENESIN	0	20	No
		GUAIFENESIN 200 MG/10 ML SOLN	GUAIFENESIN	0	20	No
		GUAIFENESIN 300 MG/15 ML SOLN	GUAIFENESIN	0	20	No
		GUAIFENESIN ER 600 MG TABLET	GUAIFENESIN	0	20	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
B3J	EXPECTORANTS	GUAIFENESIN ER 600 MG TABLET	GUAIFENESIN	0		
		HM ADULT TUSSIN CHEST CONG LIQ	GUAIFENESIN	0	20	No
		HM CHEST CONGEST RLF 400 MG TB	GUAIFENESIN	0	20	No
		HM MUCUS RELIEF ER 1,200 MG TB	GUAIFENESIN	0	20	No
		HM MUCUS RELIEF ER 600 MG TAB	GUAIFENESIN	0	20	No
		LIQUITUSS GG 200 MG/5 ML LIQ	GUAIFENESIN	0	20	No
		MUCINEX ER 1,200 MG TABLET	GUAIFENESIN	0	20	No
		MUCINEX ER 600 MG TABLET	GUAIFENESIN	0	20	No
		MUCOSA 400 MG TABLET	GUAIFENESIN	0	20	No
		MUCUS ER 600 MG TABLET	GUAIFENESIN	0	20	No
		MUCUS RELIEF 400 MG TABLET	GUAIFENESIN	0	20	No
		MUCUS RELIEF ER 1,200 MG TAB	GUAIFENESIN	0	20	No
		MUCUS RELIEF ER 600 MG TABLET	GUAIFENESIN	0	20	No
		MUCUS-CHEST CONG 200 MG/10 ML	GUAIFENESIN	0	20	No
		QC MUCUS RELIEF 400 MG CAPLET	GUAIFENESIN	0	20	No
		QC MUCUS RELIEF ER 1,200 MG TB	GUAIFENESIN	0	20	No
		QC MUCUS RELIEF ER 600 MG TAB	GUAIFENESIN	0	20	No
		QC TUSSIN MUCUS-CONG 200 MG/10	GUAIFENESIN	0	20	No
		ROBAFEN 200 MG/10 ML SYRUP	GUAIFENESIN	0	20	No
		SILTUSSIN SA 100 MG/5 ML SYR	GUAIFENESIN	0	20	No
		SM CHEST CONGESTION 400MG CPLT	GUAIFENESIN	0	20	No
		SM MUCUS RELIEF ER 600 MG TAB	GUAIFENESIN	0	20	No
		SM MUCUS-ER MAX 1,200 MG TAB	GUAIFENESIN	0	20	No
		SM TUSSIN MUCUS-CONG 200 MG/10	GUAIFENESIN	0	20	No
		TUSNEL-EX 100 MG/5 ML LIQUID	GUAIFENESIN	0	999	No
		TUSSIN 400 MG TABLET	GUAIFENESIN	0	20	No
		TUSSIN MUCUS-CONG 200 MG/10	GUAIFENESIN	0	20	No
B3R	NON-OPIOID ANTITUS-1ST GEN.ANTIHISTAMINE-DECI	BROMPHEN-PSE-DM 2-30-10 MG/5ML	BROMPHENIRAMINE/PSEUDOEPHED/DM	0	20	No
B3T	NON-OPIOID ANTITUSSIVE AND EXPECTORANT COMB	CHEST CONG RLF DM 400-20 MG TB	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
B3T	NON-OPIOID ANTITUSSIVE AND EXPECTORANT COMBIN	CHEST CONG RLF DM 400-20 MG TB	GUAIFENESIN/DEXTROMETHORPHAN	0		
		CHEST CONGESTION RELIEF DM LIQ	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
		CHILD MUCINEX FREEFROM DAY CGH	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
		CHILD MUCUS-COUGH 5-100 MG/5ML	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
		CHILD MUCUS-COUGH RELIEF LIQ	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
		COUGH DM SYRUP	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
		GNP MUCUS DM MAX ER 1200-60 MG	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
		GNP MUCUS RELIEF DM MAX LIQUID	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
		GNP TUSSIN DM MAX LIQUID	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
		GS TUSSIN DM MAX LIQUID	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
		GUAIFENESIN DM SYRUP	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
		GUAIFENESIN-DM 100-10 MG/5 ML	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
		GUAIFENESIN-DM 200-20 MG/10 ML	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
		GUAIFENESIN-DM ER 1,200-60 MG	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
		HM ADT TUSSIN COUGH CONG DM LQ	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
		HM MUCUS DM MAX ER 1200-60 MG	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
		HM TUSSIN DM 400-20 MG/20 ML	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
		MUCINEX DM ER 1,200-60 MG TAB	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
		MUCUS DM MAX ER 1,200-60 MG TB	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
		MUCUS RELIEF DM 20-400 MG TAB	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
		MUCUS RELIEF DM COUGH TABLET	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
		MUCUS RELIEF DM MAX LIQUID	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
		MUCUS RLF DM MAX ER 1200-60 MG	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
		ROBAFEN DM COUGH LIQUID	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
		SM TUSSIN DM 400-20 MG/20 ML	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
		TUSNEL DIABETIC LIQUID	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
		TUSSIN DM 400-20 MG/20 ML LIQ	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
		TUSSIN DM LIQUID	GUAIFENESIN/DEXTROMETHORPHAN	0	20	No
B4C	OPIOID ANTITUSSIVE-ANTICHOLINERGIC COMBINATI	HYCODAN 5 MG-1.5 MG TABLET	HYDROCODONE BIT/HOMATROP ME-BR	18	20	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
B4C	OPIOID ANTITUSSIVE-ANTICHOLINERGIC COMBINATION	HYCODAN 5 MG-1.5 MG TABLET	HYDROCODONE BIT/HOMATROP ME-BR	18		
		HYDROCODONE-HOMATROPINE SOLN	HYDROCODONE BIT/HOMATROP ME-BR	18	20	No
		HYDROCODONE-HOMATROPINE SYRUP	HYDROCODONE BIT/HOMATROP ME-BR	18	20	No
B4E	NON-OPIOID ANTITUSSIVE-1ST GEN ANTIHISTAMINE I	PROMETHAZINE-DM 6.25-15 MG/5ML	PROMETHAZINE/DEXTROMETHORPHAN	0	20	No
B60	ANTICHOLINERGICS, ORALLY INHALED SHORT ACTING	ATROVENT 17 MCG HFA INHALER	IPRATROPIUM BROMIDE	0	999	No
		IPRATROPIUM BR 0.02% SOLN	IPRATROPIUM BROMIDE	0	999	No
B61	ANTICHOLINERGICS, ORALLY INHALED LONG ACTING	SPIRIVA 18 MCG CP-HANDIHALER	TIOTROPIUM BROMIDE	18	999	No
		SPIRIVA RESPIMAT 1.25 MCG INH	TIOTROPIUM BROMIDE	6	999	No
		SPIRIVA RESPIMAT 2.5 MCG INH	TIOTROPIUM BROMIDE	6	999	No
B62	BETA-ADRENERGIC AND ANTICHOLINERGIC COMBO, I	ANORO ELLIPTA 62.5-25 MCG INH	UMECLIDINIUM BRM/VILANTEROL TR	18	999	No
		COMBIVENT RESPIMAT 20-100 MCG	IPRATROPIUM/ALBUTEROL SULFATE	0	999	No
		IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	IPRATROPIUM/ALBUTEROL SULFATE	0	999	No
		STIOLTO RESPIMAT INHAL SPRAY	TIOTROPIUM BR/OLODATEROL HCL	0	999	No
B63	BETA-ADRENERGIC AND GLUCOCORTICOID COMBO, I	ADVAIR 100-50 DISKUS	FLUTICASONE PROPION/SALMETEROL	4	999	No
		ADVAIR 250-50 DISKUS	FLUTICASONE PROPION/SALMETEROL	4	999	No
		ADVAIR 500-50 DISKUS	FLUTICASONE PROPION/SALMETEROL	4	999	No
		ADVAIR HFA 115-21 MCG INHALER	FLUTICASONE PROPION/SALMETEROL	5	999	No
		ADVAIR HFA 230-21 MCG INHALER	FLUTICASONE PROPION/SALMETEROL	5	999	No
		ADVAIR HFA 45-21 MCG INHALER	FLUTICASONE PROPION/SALMETEROL	5	999	No
		DULERA 100 MCG-5 MCG INHALER	MOMETASONE/FORMOTEROL	5	999	No
		DULERA 200 MCG-5 MCG INHALER	MOMETASONE/FORMOTEROL	5	999	No
		DULERA 50 MCG-5 MCG INHALER	MOMETASONE/FORMOTEROL	5	999	No
		SYMBICORT 160-4.5 MCG INHALER	BUDESONIDE/FORMOTEROL FUMARATE	5	999	No
		SYMBICORT 80-4.5 MCG INHALER	BUDESONIDE/FORMOTEROL FUMARATE	5	999	No
B6M	GLUCOCORTICOID, ORALLY INHALED	ALVESCO 160 MCG INHALER	CICLESONIDE	5	999	No
		ALVESCO 80 MCG INHALER	CICLESONIDE	5	999	No
		ASMANEX TWISTHALER 110 MCG #30	MOMETASONE FUROATE	4	999	No
		ASMANEX TWISTHALER 220 MCG #14	MOMETASONE FUROATE	4	999	No
		ASMANEX TWISTHALER 220 MCG #30	MOMETASONE FUROATE	4	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
B6M	GLUCOCORTICOIDS, ORALLY INHALED	ASMANEX TWISTHALER 220 MCG #30	MOMETASONE FUROATE	4		
		ASMANEX TWISTHALER 220 MCG #60	MOMETASONE FUROATE	4	999	No
		ASMANEX TWISTHALR 220 MCG #120	MOMETASONE FUROATE	4	999	No
		BUDESONIDE 0.25 MG/2 ML SUSP	BUDESONIDE	1	8	No
		BUDESONIDE 0.5 MG/2 ML SUSP	BUDESONIDE	1	8	No
		BUDESONIDE 1 MG/2 ML INH SUSP	BUDESONIDE	1	8	No
		FLOVENT HFA 110 MCG INHALER	FLUTICASONE PROPIONATE	0	999	No
		FLOVENT HFA 220 MCG INHALER	FLUTICASONE PROPIONATE	0	999	No
		FLOVENT HFA 44 MCG INHALER	FLUTICASONE PROPIONATE	0	999	No
		PULMICORT 180 MCG FLEXHALER	BUDESONIDE	5	999	No
		PULMICORT 90 MCG FLEXHALER	BUDESONIDE	5	999	No
B6W	BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING	ALBUTEROL 2.5 MG/0.5 ML SOL	ALBUTEROL SULFATE	0	999	No
		ALBUTEROL 5 MG/ML SOLUTION	ALBUTEROL SULFATE	0	999	No
		ALBUTEROL SUL 0.63 MG/3 ML SOL	ALBUTEROL SULFATE	0	999	No
		ALBUTEROL SUL 1.25 MG/3 ML SOL	ALBUTEROL SULFATE	0	999	No
		ALBUTEROL SUL 2.5 MG/3 ML SOLN	ALBUTEROL SULFATE	0	999	No
		PROAIR HFA 90 MCG INHALER	ALBUTEROL SULFATE	0	999	No
		VENTOLIN HFA 90 MCG INHALER	ALBUTEROL SULFATE	0	999	No
B6Y	BETA-ADRENERGIC AGENTS, ORALLY INHALED, LONG ACTING	SEREVENT DISKUS 50 MCG	SALMETEROL XINAFOATE	4	999	No
C0B	WATER	BACTERIOSTATIC WATER VIAL	WATER FOR INJ.,BACTERIOSTATIC	0	999	No
			WATER/ME-PARABEN/PROPYLPARABEN	0	999	No
		STERILE WATER (GRIFOLS FACTOR)	WATER FOR INJECTION,STERILE	0	999	No
		STERILE WATER FOR ACTIVASE	WATER FOR INJECTION,STERILE	0	999	No
		STERILE WATER FOR BERINERT	WATER FOR INJECTION,STERILE	0	999	No
		STERILE WATER FOR GAMMAGARD	WATER FOR INJECTION,STERILE	0	999	No
		STERILE WATER FOR HUMATE-P	WATER FOR INJECTION,STERILE	0	999	No
		STERILE WATER FOR IC-GREEN AMP	WATER FOR INJECTION,STERILE	0	999	No
		STERILE WATER FOR INJECTION	WATER FOR INJECTION,STERILE	0	999	No
		STERILE WATER FOR KCENTRA	WATER FOR INJECTION,STERILE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
C0B	WATER	STERILE WATER FOR KCENTRA	WATER FOR INJECTION,STERILE	0		
		STERILE WATER FOR TNKASE VIAL	WATER FOR INJECTION,STERILE	0	999	No
		STERILE WATER FOR ZEMAIRA VIAL	WATER FOR INJECTION,STERILE	0	999	No
		WATER FOR INJECTION VIAL	WATER FOR INJECTION,STERILE	0	999	No
C0D	ANTI-ALCOHOLIC PREPARATIONS	ACAMPROSATE CALC DR 333 MG TAB	ACAMPROSATE CALCIUM	0	999	No
		DISULFIRAM 250 MG TABLET	DISULFIRAM	0	999	No
		DISULFIRAM 500 MG TABLET	DISULFIRAM	0	999	No
		VIVITROL 380 MG VIAL	NALTREXONE MICROSPHERES	18	999	Auto PA
		VIVITROL 380 MG VIAL-DILUENT	NALTREXONE MICROSPHERES	18	999	Auto PA
C0K	BICARBONATE PRODUCING/CONTAINING AGENTS	SODIUM ACETATE 100 MEQ/50 ML	SODIUM ACETATE	0	999	No
		SODIUM ACETATE 200 MEQ/100 ML	SODIUM ACETATE	0	999	No
		SODIUM ACETATE 40 MEQ/20 ML VL	SODIUM ACETATE	0	999	No
		SODIUM ACETATE 400 MEQ/100 ML	SODIUM ACETATE	0	999	No
		SODIUM BICARBONATE 4.2% VIAL	SODIUM BICARBONATE	0	999	No
		SODIUM BICARBONATE 8.4% VIAL	SODIUM BICARBONATE	0	999	No
C1A	ELECTROLYTE DEPLETERS	CALCIUM ACETATE 667 MG CAPSULE	CALCIUM ACETATE	0	999	No
		CALCIUM ACETATE 667 MG GELCAP	CALCIUM ACETATE	0	999	No
		LOKELMA 10 GRAM POWDER PACKET	SODIUM ZIRCONIUM CYCLOSILICATE	18	999	No
		LOKELMA 5 GRAM POWDER PACKET	SODIUM ZIRCONIUM CYCLOSILICATE	18	999	No
		REVELA 0.8 GM POWDER PACKET	SEVELAMER CARBONATE	0	11	No
		REVELA 2.4 GM POWDER PACKET	SEVELAMER CARBONATE	0	11	No
		SEVELAMER CARBONATE 800 MG TAB	SEVELAMER CARBONATE	0	999	No
		SOD POLYSTYREN SULF 15 G/60 ML	SODIUM POLYSTYRENE SULFONATE	0	999	No
		SODIUM POLYSTYRENE SULF POWDER	SODIUM POLYSTYRENE SULFONATE	0	999	No
		SPS 15 GM/60 ML SUSPENSION	SODIUM POLYSTYRENE SULFON/SORB	0	999	No
		SPS 30 GM/120 ML ENEMA SUSP	SODIUM POLYSTYRENE SULFON/SORB	0	999	No
		BACTERIOSTATIC SALINE VIAL	BACTERIOSTATIC SODIUM CHLORIDE	0	999	No
		SALINE 0.45% SOLN-EXCEL CON	SODIUM CHLORIDE 0.45 %	0	999	No
		SODIUM CHLORIDE 0.45% SOLN	SODIUM CHLORIDE 0.45 %	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
C1B	SODIUM/SALINE PREPARATIONS	SODIUM CHLORIDE 0.45% SOLN	SODIUM CHLORIDE 0.45 %	0		
		SODIUM CHLORIDE 0.9% 1,000 ML	0.9 % SODIUM CHLORIDE	0	999	No
		SODIUM CHLORIDE 0.9% 100 ML	0.9 % SODIUM CHLORIDE	0	999	No
		SODIUM CHLORIDE 0.9% 50 ML	0.9 % SODIUM CHLORIDE	0	999	No
		SODIUM CHLORIDE 0.9% 500 ML	0.9 % SODIUM CHLORIDE	0	999	No
		SODIUM CHLORIDE 0.9% SOL-EXCEL	0.9 % SODIUM CHLORIDE	0	999	No
		SODIUM CHLORIDE 0.9% SOLN	0.9 % SODIUM CHLORIDE	0	999	No
		SODIUM CHLORIDE 0.9% SOLUTION	0.9 % SODIUM CHLORIDE	0	999	No
		SODIUM CHLORIDE 0.9% VIAL	0.9 % SODIUM CHLORIDE	0	999	No
		SODIUM CHLORIDE 100 MEQ/40 ML	SODIUM CHLORIDE	0	999	No
		SODIUM CHLORIDE 120 MEQ/30 ML	SODIUM CHLORIDE	0	999	No
		SODIUM CHLORIDE 3% IV SOLN	SODIUM CHLORIDE 3 %	0	999	No
		SODIUM CHLORIDE 4 MEQ/ML VL	SODIUM CHLORIDE	0	999	No
		SODIUM CHLORIDE 400 MEQ/100 ML	SODIUM CHLORIDE	0	999	No
		SODIUM CHLORIDE 5% IV SOLN	SODIUM CHLORIDE 5 %	0	999	No
		SODIUM CHLORIDE 50 MEQ/20 ML	SODIUM CHLORIDE	0	999	No
		SODIUM CHLORIDE 100 MEQ/100 ML	SODIUM CHLORIDE	0	999	No
C1D	POTASSIUM REPLACEMENT	D5%-1/2NS-KCL 10 MEQ/L IV SOL	POTASSIUM CHLORIDE/D5-0.45NACL	0	999	No
		D5%-1/2NS-KCL 30 MEQ/L IV SOL	POTASSIUM CHLORIDE/D5-0.45NACL	0	999	No
		D5%-1/2NS-KCL 40 MEQ/L IV SOL	POTASSIUM CHLORIDE/D5-0.45NACL	0	999	No
		D5%-1/4NS-KCL 10 MEQ/L IV SOL	POTASSIUM CHLORIDE/D5-0.2%NACL	0	999	No
		D5%-1/4NS-KCL 30 MEQ/L IV SOL	POTASSIUM CHLORIDE/D5-0.2%NACL	0	999	No
		D5%-1/4NS-KCL 40 MEQ/L IV SOL	POTASSIUM CHLORIDE/D5-0.2%NACL	0	999	No
		D5W-KCL 30 MEQ/L IV SOLUTION	POTASSIUM CHLORIDE IN D5W	0	999	No
		EFFER-K 10 MEQ TABLET EFF	POTASSIUM BICARBONATE/CIT AC	0	999	No
		EFFER-K 20 MEQ TABLET EFF	POTASSIUM BICARBONATE/CIT AC	0	999	No
		EFFER-K 25 MEQ TABLET EFF	POTASSIUM BICARBONATE/CIT AC	0	999	No
		KCL 10 MEQ IN D5W-0.225% NACL	POTASSIUM CHLORIDE/D5-0.2%NACL	0	999	No
		KCL 10 MEQ IN D5W-0.3% NACL	POTASSIUM CHLORIDE/D5-0.3%NACL	0	999	No
		KCL 10 MEQ/500ML-D5W-0.45%NACL	POTASSIUM CHLORIDE/D5-0.45NACL	0	999	No
		KCL 20 MEQ IN D5W-0.45% NACL	POTASSIUM CHLORIDE/D5-0.45%NACL	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
C1D	POTASSIUM REPLACEMENT	KCL 10 MEQ/500ML-D5W-0.45%NACL	POTASSIUM CHLORIDE/D5-0.45NACL	0		
		KCL 20 MEQ IN D5W-0.2% NACL	POTASSIUM CHLORIDE/D5-0.2%NACL	0	999	No
		KCL 20 MEQ IN D5W-0.225% NACL	POTASSIUM CHLORIDE/D5-0.2%NACL	0	999	No
		KCL 20 MEQ IN D5W-0.3% NACL	POTASSIUM CHLORIDE/D5-0.3%NACL	0	999	No
		KCL 20 MEQ IN D5W-0.45% NACL	POTASSIUM CHLORIDE/D5-0.45NACL	0	999	No
		KCL 20 MEQ IN D5W-LACT RINGER	POTASSIUM CHLORIDE IN LR-D5	0	999	No
		KCL 20 MEQ IN D5W-NS	POTASSIUM CHLORIDE/D5-0.9%NACL	0	999	No
		KCL 20 MEQ/L IN D5W SOLUTION	POTASSIUM CHLORIDE IN D5W	0	999	No
		KCL 40 MEQ IN D5W SOLUTION	POTASSIUM CHLORIDE IN D5W	0	999	No
		KCL 40 MEQ IN D5W-LACT RINGER	POTASSIUM CHLORIDE IN LR-D5	0	999	No
		KCL 40 MEQ IN D5W-NACL 0.9%	POTASSIUM CHLORIDE/D5-0.9%NACL	0	999	No
		KLOR-CON 10 MEQ TABLET	POTASSIUM CHLORIDE	0	999	No
		KLOR-CON 20 MEQ PACKET	POTASSIUM CHLORIDE	0	999	No
		KLOR-CON 8 MEQ TABLET	POTASSIUM CHLORIDE	0	999	No
		KLOR-CON M10 TABLET	POTASSIUM CHLORIDE	0	999	No
		KLOR-CON M15 TABLET	POTASSIUM CHLORIDE	0	999	No
		KLOR-CON M20 TABLET	POTASSIUM CHLORIDE	0	999	No
		KLOR-CON-EF 25 MEQ TAB EFF	POTASSIUM BICARBONATE/CIT AC	0	999	No
		POTASSIUM ACET 100 MEQ/50 ML	POTASSIUM ACETATE	0	999	No
		POTASSIUM ACET 200 MEQ/100 ML	POTASSIUM ACETATE	0	999	No
		POTASSIUM ACET 40 MEQ/20 ML VL	POTASSIUM ACETATE	0	999	No
		POTASSIUM CL 10 MEQ/100 ML SOL	POTASSIUM CHLORIDE IN WATER	0	999	No
		POTASSIUM CL 10 MEQ/5 ML CONC	POTASSIUM CHLORIDE	0	999	No
		POTASSIUM CL 10 MEQ/50 ML SOL	POTASSIUM CHLORIDE IN WATER	0	999	No
		POTASSIUM CL 10% (20 MEQ/15ML)	POTASSIUM CHLORIDE	0	999	No
		POTASSIUM CL 10% (40 MEQ/30ML)	POTASSIUM CHLORIDE	0	999	No
		POTASSIUM CL 2 MEQ/ML CONC	POTASSIUM CHLORIDE	0	999	No
		POTASSIUM CL 20 MEQ PACKET	POTASSIUM CHLORIDE	0	999	No
		POTASSIUM CL 20 MEQ/1,000ML-NS	POTASSIUM CHLORIDE IN 0.9%NACL	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
C1D	POTASSIUM REPLACEMENT	POTASSIUM CL 20 MEQ/1,000ML-NS	POTASSIUM CHLORIDE IN 0.9%NACL	0		
		POTASSIUM CL 20 MEQ/10 ML CONC	POTASSIUM CHLORIDE	0	999	No
		POTASSIUM CL 20 MEQ/100 ML SOL	POTASSIUM CHLORIDE IN WATER	0	999	No
		POTASSIUM CL 20 MEQ/50 ML SOL	POTASSIUM CHLORIDE IN WATER	0	999	No
		POTASSIUM CL 20 MEQ-0.45% NACL	POTASSIUM CHLORIDE-0.45% NACL	0	999	No
		POTASSIUM CL 20% (40 MEQ/15ML)	POTASSIUM CHLORIDE	0	999	No
		POTASSIUM CL 30 MEQ/100 ML SOL	POTASSIUM CHLORIDE IN WATER	0	999	No
		POTASSIUM CL 40 MEQ/1,000ML-NS	POTASSIUM CHLORIDE IN 0.9%NACL	0	999	No
		POTASSIUM CL 40 MEQ/100 ML SOL	POTASSIUM CHLORIDE IN WATER	0	999	No
		POTASSIUM CL 40 MEQ/20 ML CONC	POTASSIUM CHLORIDE	0	999	No
		POTASSIUM CL 60 MEQ/30 ML CONC	POTASSIUM CHLORIDE	0	999	No
		POTASSIUM CL ER 10 MEQ CAPSULE	POTASSIUM CHLORIDE	0	999	No
		POTASSIUM CL ER 10 MEQ TABLET	POTASSIUM CHLORIDE	0	999	No
		POTASSIUM CL ER 20 MEQ TABLET	POTASSIUM CHLORIDE	0	999	No
		POTASSIUM CL ER 8 MEQ CAPSULE	POTASSIUM CHLORIDE	0	999	No
		POTASSIUM CL ER 8 MEQ TABLET	POTASSIUM CHLORIDE	0	999	No
C1F	CALCIUM REPLACEMENT	CALCITRATE 200 MG (950 MG) TAB	CALCIUM CITRATE	0	999	No
		CALCIUM + D SOFT CHEWABLE TAB	CALCIUM CARB/VITAMIN D3/VIT K1	0	999	Cystic Fib Diag Auto PA
		CALCIUM 250-D TABLET	CALCIUM CARBONATE/VITAMIN D3	0	999	Cystic Fib Diag Auto PA
		CALCIUM 250-VIT D3 125 TABLET	CALCIUM CARBONATE/VITAMIN D3	0	999	Cystic Fib Diag Auto PA
		CALCIUM 500 MG CHEWABLE TABLET	CALCIUM CARBONATE	0	999	No
			CALCIUM CARBONATE/VITAMIN D3	0	999	Cystic Fib Diag Auto PA
		CALCIUM 500 MG TABLET	CALCIUM CARBONATE	0	999	No
		CALCIUM 500 MG-VIT D3 5 MCG TB	CALCIUM CARBONATE/VITAMIN D3	0	999	Cystic Fib Diag Auto PA
		CALCIUM 500+D TABLET CHEW	CALCIUM CARBONATE/VITAMIN D3	0	999	Cystic Fib Diag Auto PA
		CALCIUM 500MG-VIT D3 10MCG TAB	CALCIUM CARBONATE/VITAMIN D3	0	999	Cystic Fib Diag Auto PA
		CALCIUM 500MG-VIT D3 15MCG TAB	CALCIUM CARBONATE/VITAMIN D3	0	999	Cystic Fib Diag Auto PA
		CALCIUM 500-VIT D3 10 MCG CHEW	CALCIUM CARBONATE/VITAMIN D3	0	999	Cystic Fib Diag Auto PA
		CALCIUM 500-VIT D3 125 CAPLET	CALCIUM CARBONATE/VITAMIN D3	0	999	Cystic Fib Diag Auto PA

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
C1F	CALCIUM REPLACEMENT	CALCIUM 500-VIT D3 125 CAPLET	CALCIUM CARBONATE/VITAMIN D3	0		
		CALCIUM 500-VIT D3 200 CAPLET	CALCIUM CARBONATE/VITAMIN D3	0	999	Cystic Fib Diag Auto PA
		CALCIUM 500-VIT D3 200 TABLET	CALCIUM CARBONATE/VITAMIN D3	0	999	Cystic Fib Diag Auto PA
		CALCIUM 500-VIT D3 400 TABLET	CALCIUM CARBONATE/VITAMIN D3	0	999	Cystic Fib Diag Auto PA
		CALCIUM 500-VIT D3 600 CAPLET	CALCIUM CARBONATE/VITAMIN D3	0	999	Cystic Fib Diag Auto PA
		CALCIUM 500-VIT D3 600 TABLET	CALCIUM CARBONATE/VITAMIN D3	0	999	Cystic Fib Diag Auto PA
		CALCIUM 600 MG TABLET	CALCIUM CARBONATE	0	999	No
		CALCIUM ACETATE 668 MG TABLET	CALCIUM ACETATE	0	20	No
		CALCIUM CARB 1,250 MG/5 ML SUS	CALCIUM CARBONATE	0	999	No
		CALCIUM CHLORIDE 10% VIAL	CALCIUM CHLORIDE	0	999	No
		CALCIUM FOR WOMEN CHEWABLE TAB	CALCIUM CARB/VITAMIN D3/VIT K1	0	999	Cystic Fib Diag Auto PA
		CALCIUM GLUC 1,000 MG/10 ML VL	CALCIUM GLUCONATE	0	999	No
		CALCIUM GLUC 10,000 MG/100 ML	CALCIUM GLUCONATE	0	999	No
		CALCIUM GLUC 5,000 MG/50 ML VL	CALCIUM GLUCONATE	0	999	No
		CALCIUM-FOLIC ACID PLUS D WFER	CALCIUM/MAG/D3/B12/FA/B6/BORON	0	999	Cystic Fib Diag Auto PA
		CALCIUM-VIT D3-VIT K SOFT CHEW	CALCIUM CARB/VITAMIN D3/VIT K1	0	999	Cystic Fib Diag Auto PA
		CHEWABLE CALCIUM TAB CHEW	CALCIUM CARB/VITAMIN D3/VIT K1	0	999	Cystic Fib Diag Auto PA
		CITRACAL + D MAXIMUM CAPLET	CALCIUM CITRATE/VITAMIN D3	0	999	Cystic Fib Diag Auto PA
		CITRACAL-D3 250 MG GUMMY	CALCIUM PHOSPHATE TRIB/VIT D3	0	999	Cystic Fib Diag Auto PA
		CITRACAL-D3 250MG-200 UNIT TAB	CALCIUM CITRATE/VITAMIN D3	0	999	Cystic Fib Diag Auto PA
		CITRACAL-D3 ER 600 MG-500 UNIT	CALCIUM CARB, CITRATE/VIT D3	0	999	Cystic Fib Diag Auto PA
		CITRACAL-D3 MAXIMUM PLUS CAPLT	CALCIUM/D3/ZINC/COPPER/MANGAN	0	999	Cystic Fib Diag Auto PA
		CVS CAL CIT 315 MG-D3 6.25 MCG	CALCIUM CITRATE/VITAMIN D3	0	999	Cystic Fib Diag Auto PA
		CVS CALCIUM 500-VIT D3 125 TAB	CALCIUM CARBONATE/VITAMIN D3	0	999	Cystic Fib Diag Auto PA
		EQ CALCIUM 500-VIT D3 400 TAB	CALCIUM CARBONATE/VITAMIN D3	0	999	Cystic Fib Diag Auto PA
		GNP CALCIUM 500-VIT D3 600 TAB	CALCIUM CARBONATE/VITAMIN D3	0	999	Cystic Fib Diag Auto PA
		NATURAL CALCIUM 500 MG TABLET	CALCIUM CARBONATE	0	999	No
		OYSTER SHELL 250 MG-D3 3.12MCG	CALCIUM CARBONATE/VITAMIN D3	0	999	Cystic Fib Diag Auto PA
		OYSTER SHELL 500-VIT D3 200 TB	CALCIUM CARBONATE/VITAMIN D3	0	999	Cystic Fib Diag Auto PA

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
C1F	CALCIUM REPLACEMENT	OYSTER SHELL 500-VIT D3 200 TB	CALCIUM CARBONATE/VITAMIN D3	0		
		OYSTER SHELL CALCIUM 500 MG TB	CALCIUM CARBONATE	0	999	No
		OYSTER SHELL CALCIUM-VIT D TAB	CALCIUM CARBONATE/VITAMIN D3	0	999	Cystic Fib Diag Auto PA
		OYSTER SHELL-D 250 MG TABLET	CALCIUM CARBONATE/VITAMIN D3	0	999	Cystic Fib Diag Auto PA
		RA CALCIUM-BORON TABLET	CALCIUM CARBONATE/BORON GLUC	0	999	Cystic Fib Diag Auto PA
		RA OYSTER SHELL 500-VIT D3 200	CALCIUM CARBONATE/VITAMIN D3	0	999	Cystic Fib Diag Auto PA
		SM CALCIUM CIT 315-D3 6.5 MCG	CALCIUM CITRATE/VITAMIN D3	0	999	Cystic Fib Diag Auto PA
C1H	MAGNESIUM SALTS REPLACEMENT	GNP MAGNESIUM 250 MG TABLET	MAGNESIUM OXIDE	0	999	Cystic Fib Diag Auto PA
		MAGNESIUM 250 MG TABLET	MAGNESIUM OXIDE	0	999	Cystic Fib Diag Auto PA
		MAGNESIUM 400 MG CAPS	MAGNESIUM OXIDE	0	999	Cystic Fib Diag Auto PA
		MAGNESIUM 400 MG SOFTGEL	MAGNESIUM OXIDE	0	999	Cystic Fib Diag Auto PA
		MAGNESIUM 400 MG TABLET	MAGNESIUM OXIDE	0	999	Cystic Fib Diag Auto PA
		MAGNESIUM 500 MG SOFTGEL	MAGNESIUM OXIDE	0	999	Cystic Fib Diag Auto PA
		MAGNESIUM 500 MG TABLET	MAGNESIUM OXIDE	0	999	Cystic Fib Diag Auto PA
		MAGNESIUM CHL 200 MG/ML VIAL	MAGNESIUM CHLORIDE	0	999	No
		MAGNESIUM OXIDE 250 MG CAPLET	MAGNESIUM OXIDE	0	999	Cystic Fib Diag Auto PA
		MAGNESIUM OXIDE 250 MG TABLET	MAGNESIUM OXIDE	0	999	Cystic Fib Diag Auto PA
		MAGNESIUM OXIDE 400 MG TABLET	MAGNESIUM OXIDE	0	999	Cystic Fib Diag Auto PA
		MAGNESIUM OXIDE 420 MG TABLET	MAGNESIUM OXIDE	0	999	Cystic Fib Diag Auto PA
		MAGNESIUM OXIDE 500 MG CAPSULE	MAGNESIUM OXIDE	0	999	Cystic Fib Diag Auto PA
		MAGNESIUM OXIDE 500 MG TABLET	MAGNESIUM OXIDE	0	999	Cystic Fib Diag Auto PA
		MAGNESIUM SULF 20 G/500 ML BAG	MAGNESIUM SULFATE IN WATER	0	999	No
		MAGNESIUM SULF 4 G/100 ML BAG	MAGNESIUM SULFATE IN WATER	0	999	No
		MAGNESIUM SULF 4 G/50 ML BAG	MAGNESIUM SULFATE IN WATER	0	999	No
		MAGNESIUM SULF 40 G/1,000 ML	MAGNESIUM SULFATE IN WATER	0	999	No
		MAGNESIUM SULFATE 50% VIAL	MAGNESIUM SULFATE	0	999	No
		MAG-OXIDE 200 MG TAB	MAGNESIUM OXIDE	0	999	Cystic Fib Diag Auto PA
		MAG-OXIDE MAGNESIUM 200 MG TAB	MAGNESIUM OXIDE	0	999	Cystic Fib Diag Auto PA
		RA MAGNESIUM 500 MG CAPSULE	MAGNESIUM OXIDE	0	999	Cystic Fib Diag Auto PA

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
C1H	MAGNESIUM SALTS REPLACEMENT	RA MAGNESIUM 500 MG CAPSULE	MAGNESIUM OXIDE	0		
		SV MAGNESIUM OXIDE 400 MG TAB	MAGNESIUM OXIDE	0	999	Cystic Fib Diag Auto PA
C1P	PHOSPHATE REPLACEMENT	POTASSIUM PHOSP 150 MMOL/50 ML	POTASSIUM PHOS,M-BASIC-D-BASIC	0	999	No
		POTASSIUM PHOSP 45 MMOL/15 ML	POTASSIUM PHOS,M-BASIC-D-BASIC	0	999	No
		POTASSIUM PHOSPH 15 MMOL/5 ML	POTASSIUM PHOS,M-BASIC-D-BASIC	0	999	No
		POTASSIUM PHOSPH 45 MMOL/15 ML	POTASSIUM PHOS,M-BASIC-D-BASIC	0	999	No
		SODIUM PHOSPHATE 3MM/ML VIAL	SOD PHOSPHATE,MONOBASIC-DIBAS	0	999	No
		SODIUM PHOSPHATE 45 MMOL/15 ML	SOD PHOSPHATE,MONOBASIC-DIBAS	0	999	No
C1W	ELECTROLYTE MAINTENANCE	DEXTROSE 5%-ELECTROLYTE 48	ELECTROLYTE-48 SOLUTION/D5W	0	999	No
		HYPERLYTE CR VIAL	SODIUM/POT/MAG/CALC/CHLOR/ACET	0	999	No
		IONOSOL B-D5W IV SOLUTION	ELECTROLYTE-B SOLUTION/D5W	0	999	No
		IONOSOL MB-D5W IV SOLUTION	ELECTROLYTE-MB SOLUTION/D5W	0	999	No
		ISOLYTE P-DEXTROSE 5% SOLN	ELECTROLYTE-P SOLUTION/D5W	0	999	No
		ISOLYTE S IV SOLN PH7.4	ELECTROLYTE-S (PH 7.4)	0	999	No
		ISOLYTE S IV SOLUTION-EXCEL	ELECTROLYTE-S SOLUTION	0	999	No
		LACTATED RINGERS INJECTION	RINGER'S SOLUTION,LACTATED	0	999	No
		NORMOSOL-M-DEXTROSE 5% IV SOLN	ELECTROLYTE-M SOLUTION/D5W	0	999	No
		NORMOSOL-R IV SOLUTION	ELECTROLYTE-R SOLUTION	0	999	No
		NORMOSOL-R PH 7.4 IV SOLUTION	ELECTROLYTE-R (PH 7.4)	0	999	No
		NORMOSOL-R-DEXTROSE 5% IV SOLN	ELECTROLYTE-R SOLUTION/D5W	0	999	No
		PLASMA-LYTE 148 IV SOLUTION	ELECTROLYTE-148 SOLUTION	0	999	No
		PLASMA-LYTE A PH 7.4 SOLN.	ELECTROLYTE-A SOLUTION	0	999	No
		RINGER'S IV SOLUTION	RINGER'S SOLUTION	0	999	No
		TPN ELECTROLYTES II IV SOLN	SODIUM/POT/MAG/CALC/CHLOR/ACET	0	999	No
		TPN ELECTROLYTES VIAL	SODIUM/POT/MAG/CALC/CHLOR/ACET	0	999	No
C3B	IRON REPLACEMENT	CENTRATLEX CAPSULE	IRON FUM/FOLIC ACID/MV,MIN 15	0	999	No
		CHILD FERROUS SULFATE 15 MG/ML	FERROUS SULFATE	0	20	No
		FEOSOL 45 MG CAPLET	IRON,CARBONYL	0	20	No
		FEOSOL 65 MG TABLET	FERROUS SULFATE	0	20	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
C3B	IRON REPLACEMENT	FEOSOL 65 MG TABLET	FERROUS SULFATE	0		
		FERATE 27 MG TABLET	FERROUS GLUCONATE	0	20	No
		FER-IN-SOL 15 MG/ML DROPS	FERROUS SULFATE	0	20	No
		FEROSUL 325 MG TABLET	FERROUS SULFATE	0	20	No
		FERREX 150 CAPSULE	IRON POLYSACCHARIDE COMPLEX	0	999	Cystic Fib Diag Auto PA
		FERREX 150 FORTE CAPSULE	IRON PS COMPLEX/B12/FOLIC ACID	0	999	Cystic Fib Diag Auto PA
		FERREX 150 FORTE PLUS CAPSULE	IRON ASPGLY,PS/C/B12/FA/CA/SUC	0	999	Cystic Fib Diag Auto PA
		FERREX 150 PLUS CAPSULE	IRON ASPGLY,PS/C/SUCCINIC ACID	0	999	Cystic Fib Diag Auto PA
		FERREX 28 TABLET	IRON/C/FOLIC ACD/MV CMB11/CALC	0	999	Cystic Fib Diag Auto PA
		FERRIC X-150 CAPSULE	IRON POLYSACCHARIDE COMPLEX	0	999	Cystic Fib Diag Auto PA
		FERRIMIN 150 TAB	FERROUS FUMARATE	0	20	No
		FERRLECIT 62.5 MG/5 ML VIAL	SODIUM FERRIC GLUCONAT/SUCROSE	0	18	No
		FERRO-TIME 325 MG TABLET	FERROUS SULFATE	0	20	No
		FERROUS FUMARATE 324 MG TAB	FERROUS FUMARATE	0	20	No
		FERROUS GLUCONATE 324 MG TAB	FERROUS GLUCONATE	0	20	No
		FERROUS SULF 15 MG IRON/ML DRP	FERROUS SULFATE	0	20	No
		FERROUS SULF 220 MG/5 ML ELIX	FERROUS SULFATE	0	20	No
		FERROUS SULF 300 MG/5 ML LIQ	FERROUS SULFATE	0	20	No
		FERROUS SULF 300 MG/6.8ML SOLN	FERROUS SULFATE	0	20	No
		FERROUS SULF 44 MG IRON/5ML LQ	FERROUS SULFATE	0	20	No
		FERROUS SULF EC 324 MG TABLET	FERROUS SULFATE	0	20	No
		FERROUS SULF EC 325 MG TABLET	FERROUS SULFATE	0	20	No
		FERROUS SULFATE 325 MG TABLET	FERROUS SULFATE	0	20	No
		FERROUSUL 325 MG TABLET	FERROUS SULFATE	0	20	No
		IFEREX 150 CAPSULE	IRON POLYSACCHARIDE COMPLEX	0	999	Cystic Fib Diag Auto PA
		IFEREX 150 FORTE CAPSULE	IRON PS COMPLEX/B12/FOLIC ACID	0	999	Cystic Fib Diag Auto PA
		IRON 45 MG TABLET	FERROUS SULFATE, DRIED	0	20	No
		IRON 65 MG TABLET	FERROUS SULFATE	0	20	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
C3B	IRON REPLACEMENT	MYFERON 150 CAPSULE	IRON POLYSACCHARIDE COMPLEX	0	999	Cystic Fib Diag Auto PA
		MYFERON-150 FORTE CAPSULE	IRON PS COMPLEX/B12/FOLIC ACID	0	999	No
		NU-IRON 150 CAPSULE	IRON POLYSACCHARIDE COMPLEX	0	999	Cystic Fib Diag Auto PA
		POLY-IRON 150 FORTE CAPSULE	IRON PS COMPLEX/B12/FOLIC ACID	0	999	No
		POLY-IRON 150 MG CAPSULE	IRON POLYSACCHARIDE COMPLEX	0	999	Cystic Fib Diag Auto PA
		PUREVIT DUALFE PLUS CAPSULE	IRON FM,PS NO.1/FOLIC/MV NO.18	0	999	No
		SE-TAN PLUS CAPSULE	IRON FM,PS NO.1/FOLIC/MV NO.18	0	999	No
		SOD FER GLUC CPLX 62.5 MG/5 ML	SODIUM FERRIC GLUCONAT/SUCROSE	0	18	No
		VIRT-FEFA PLUS CAPSULE	IRON FUM,PS/FOLIC/BCOMP,C NO.9	0	999	No
C3C	ZINC REPLACEMENT	ZINC CHLORIDE 10 MG/10 ML VIAL	ZINC CHLORIDE	0	999	No
		ZINC SULFATE 25 MG/5 ML VIAL	ZINC SULFATE	0	999	No
		ZINC SULFATE 30 MG/10 ML VIAL	ZINC SULFATE	0	999	No
C3H	IODINE CONTAINING AGENTS	IODOPEN 100 MCG/ML VIAL	SODIUM IODIDE	0	999	No
C3M	MINERAL REPLACEMENT, MISCELLANEOUS	CHROMIUM CL 40 MCG/10 ML VIAL	CHROMIC CHLORIDE	0	999	No
		COPPER CHLORIDE 4 MG/10 ML VL	CUPRIC CHLORIDE	0	999	No
		MANGANESE 1 MG/10 ML VIAL	MANGANESE CHLORIDE	0	999	No
		MANGANESE SULF 1 MG/10 ML VIAL	MANGANESE SULFATE	0	999	No
C4D	ANTIHYPERTGLYCEMIC-SOD/GLUC COTRANSPORT2(SG	FARXIGA 10 MG TABLET	DAPAGLIFLOZIN PROPANEDIOL	18	999	No
		FARXIGA 5 MG TABLET	DAPAGLIFLOZIN PROPANEDIOL	18	999	No
		INVOKANA 100 MG TABLET	CANAGLIFLOZIN	18	999	No
		INVOKANA 300 MG TABLET	CANAGLIFLOZIN	18	999	No
		JARDIANCE 10 MG TABLET	EMPAGLIFLOZIN	18	999	No
		JARDIANCE 25 MG TABLET	EMPAGLIFLOZIN	18	999	No
C4E	ANTIHYPERTGLYCEMIC-SGLT2 INHIBITOR-BIGUANIDE C	INVOKAMET 150-1,000 MG TABLET	CANAGLIFLOZIN/METFORMIN HCL	0	999	No
		INVOKAMET 150-500 MG TABLET	CANAGLIFLOZIN/METFORMIN HCL	0	999	No
		INVOKAMET 50-1,000 MG TABLET	CANAGLIFLOZIN/METFORMIN HCL	0	999	No
		INVOKAMET 50-500 MG TABLET	CANAGLIFLOZIN/METFORMIN HCL	0	999	No
		SYNJARDY 12.5-1,000 MG TABLET	EMPAGLIFLOZIN/METFORMIN HCL	18	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
C4E	ANTIHYPERGLYCEMIC-SGLT2 INHIBITOR-BIGUANIDE C	SYNJARDY 12.5-500 MG TABLET	EMPAGLIFLOZIN/METFORMIN HCL	18	999	No
		SYNJARDY 5-1,000 MG TABLET	EMPAGLIFLOZIN/METFORMIN HCL	18	999	No
		SYNJARDY 5-500 MG TABLET	EMPAGLIFLOZIN/METFORMIN HCL	18	999	No
		XIGDUO XR 10 MG-1,000 MG TAB	DAPAGLIFLOZIN/METFORMIN HCL	18	999	No
		XIGDUO XR 10 MG-500 MG TABLET	DAPAGLIFLOZIN/METFORMIN HCL	18	999	No
		XIGDUO XR 2.5 MG-1,000 MG TAB	DAPAGLIFLOZIN/METFORMIN HCL	18	999	No
		XIGDUO XR 5 MG-1,000 MG TABLET	DAPAGLIFLOZIN/METFORMIN HCL	18	999	No
C4F	ANTIHYPERGLYCEMIC,DPP-4 INHIBITOR-BIGUANIDE C	XIGDUO XR 5 MG-500 MG TABLET	DAPAGLIFLOZIN/METFORMIN HCL	18	999	No
		JANUMET 50-1,000 MG TABLET	SITAGLIPTIN PHOS/METFORMIN HCL	18	999	No
		JANUMET 50-500 MG TABLET	SITAGLIPTIN PHOS/METFORMIN HCL	18	999	No
		JANUMET XR 100-1,000 MG TABLET	SITAGLIPTIN PHOS/METFORMIN HCL	18	999	No
		JANUMET XR 50-1,000 MG TABLET	SITAGLIPTIN PHOS/METFORMIN HCL	18	999	No
		JANUMET XR 50-500 MG TABLET	SITAGLIPTIN PHOS/METFORMIN HCL	18	999	No
		JENTADUETO 2.5 MG-1000 MG TAB	LINAGLIPTIN/METFORMIN HCL	18	999	No
		JENTADUETO 2.5 MG-500 MG TAB	LINAGLIPTIN/METFORMIN HCL	18	999	No
		JENTADUETO 2.5 MG-850 MG TAB	LINAGLIPTIN/METFORMIN HCL	18	999	No
		KOMBIGLYZE XR 2.5-1,000 MG TAB	SAXAGLIPTIN HCL/METFORMIN HCL	18	999	No
		KOMBIGLYZE XR 5-1,000 MG TAB	SAXAGLIPTIN HCL/METFORMIN HCL	18	999	No
		KOMBIGLYZE XR 5-500 MG TABLET	SAXAGLIPTIN HCL/METFORMIN HCL	18	999	No
C4G	INSULINS	HUMALOG 100 UNIT/ML CARTRIDGE	INSULIN LISPRO	0	999	No
		HUMALOG 100 UNIT/ML KWIKPEN	INSULIN LISPRO	0	999	No
		HUMALOG 100 UNIT/ML VIAL	INSULIN LISPRO	0	999	No
		HUMALOG JR 100 UNIT/ML KWIKPEN	INSULIN LISPRO	0	999	No
		HUMALOG MIX 50-50 KWIKPEN	INSULIN LISPRO PROTAMIN/LISPRO	0	999	No
		HUMALOG MIX 50-50 VIAL	INSULIN LISPRO PROTAMIN/LISPRO	0	999	No
		HUMALOG MIX 75-25 KWIKPEN	INSULIN LISPRO PROTAMIN/LISPRO	0	999	No
		HUMALOG MIX 75-25 VIAL	INSULIN LISPRO PROTAMIN/LISPRO	0	999	No
		HUMULIN 70/30 KWIKPEN	INSULIN NPH HUM/REG INSULIN HM	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
C4G	INSULINS	HUMULIN 70-30 VIAL	INSULIN NPH HUM/REG INSULIN HM	0	999	No
		HUMULIN N 100 UNIT/ML VIAL	INSULIN NPH HUMAN ISOPHANE	0	999	No
		HUMULIN R 100 UNIT/ML VIAL	INSULIN REGULAR, HUMAN	0	999	No
		LANTUS 100 UNIT/ML VIAL	INSULIN GLARGINE,HUM.REC.ANLOG	0	999	No
		LANTUS SOLOSTAR 100 UNIT/ML	INSULIN GLARGINE,HUM.REC.ANLOG	0	999	No
		LEVEMIR 100 UNIT/ML VIAL	INSULIN DETEMIR	0	999	No
		LEVEMIR FLEXTOUCH 100 UNIT/ML	INSULIN DETEMIR	0	999	No
		NOVOLIN N 100 UNIT/ML VIAL	INSULIN NPH HUMAN ISOPHANE	0	999	No
		NOVOLIN R 100 UNIT/ML VIAL	INSULIN REGULAR, HUMAN	0	999	No
		NOVOLOG 100 UNIT/ML FLEXPEN	INSULIN ASPART	0	999	No
		NOVOLOG 100 UNIT/ML VIAL	INSULIN ASPART	0	999	No
		NOVOLOG MIX 70-30 FLEXPEN	INSULIN ASPART PROT/INSULN ASP	0	999	No
		NOVOLOG MIX 70-30 VIAL	INSULIN ASPART PROT/INSULN ASP	0	999	No
		NOVOLOG PENFILL 100 UNIT/ML	INSULIN ASPART	0	999	No
		RELION NOVOLIN N 100 UNIT/ML	INSULIN NPH HUMAN ISOPHANE	0	999	No
		RELION NOVOLIN R 100 UNIT/ML	INSULIN REGULAR, HUMAN	0	999	No
		RELION NOVOLOG 100 UNIT/ML VL	INSULIN ASPART	0	999	No
		RELION NOVOLOG MIX 70-30 FLXPN	INSULIN ASPART PROT/INSULN ASP	0	999	No
		RELION NOVOLOG MIX 70-30 VIAL	INSULIN ASPART PROT/INSULN ASP	0	999	No
		RELION NOVOLOG U-100 FLEXPEN	INSULIN ASPART	0	999	No
C4H	ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE	SYMLINPEN 120 PEN INJECTOR	PRAMLINTIDE ACETATE	0	999	No
		SYMLINPEN 60 PEN INJECTOR	PRAMLINTIDE ACETATE	0	999	No
C4I	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGO	BYDUREON 2 MG PEN INJECT	EXENATIDE MICROSPHERES	10	999	No
		BYETTA 10 MCG DOSE PEN INJ	EXENATIDE	18	999	No
		BYETTA 5 MCG DOSE PEN INJ	EXENATIDE	18	999	No
		TRULICITY 0.75 MG/0.5 ML PEN	DULAGLUTIDE	18	999	No
		TRULICITY 1.5 MG/0.5 ML PEN	DULAGLUTIDE	18	999	No
		TRULICITY 3 MG/0.5 ML PEN	DULAGLUTIDE	18	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
C4I	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEPTOR AGONISTS)	TRULICITY 4.5 MG/0.5 ML PEN	DULAGLUTIDE	18	999	No
C4J	ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS	JANUVIA 100 MG TABLET	SITAGLIPTIN PHOSPHATE	18	999	No
		JANUVIA 25 MG TABLET	SITAGLIPTIN PHOSPHATE	18	999	No
		JANUVIA 50 MG TABLET	SITAGLIPTIN PHOSPHATE	18	999	No
		ONGLYZA 2.5 MG TABLET	SAXAGLIPTIN HCL	18	999	No
		ONGLYZA 5 MG TABLET	SAXAGLIPTIN HCL	18	999	No
		TRADJENTA 5 MG TABLET	LINAGLIPTIN	18	999	No
C4K	ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIMULANT	GLIMEPIRIDE 1 MG TABLET	GLIMEPIRIDE	0	999	No
		GLIMEPIRIDE 2 MG TABLET	GLIMEPIRIDE	0	999	No
		GLIMEPIRIDE 4 MG TABLET	GLIMEPIRIDE	0	999	No
		GLIPIZIDE 10 MG TABLET	GLIPIZIDE	0	999	No
		GLIPIZIDE 5 MG TABLET	GLIPIZIDE	0	999	No
		GLIPIZIDE ER 10 MG TABLET	GLIPIZIDE	0	999	No
		GLIPIZIDE ER 2.5 MG TABLET	GLIPIZIDE	0	999	No
		GLIPIZIDE ER 5 MG TABLET	GLIPIZIDE	0	999	No
		GLIPIZIDE XL 10 MG TABLET	GLIPIZIDE	0	999	No
		GLIPIZIDE XL 2.5 MG TABLET	GLIPIZIDE	0	999	No
		GLIPIZIDE XL 5 MG TABLET	GLIPIZIDE	0	999	No
		GLYBURIDE 1.25 MG TABLET	GLYBURIDE	0	999	No
		GLYBURIDE 2.5 MG TABLET	GLYBURIDE	0	999	No
		GLYBURIDE 5 MG TABLET	GLYBURIDE	0	999	No
		GLYBURIDE MICRO 1.5 MG TAB	GLYBURIDE,MICRONIZED	0	999	No
		GLYBURIDE MICRO 3 MG TABLET	GLYBURIDE,MICRONIZED	0	999	No
		GLYBURIDE MICRO 6 MG TABLET	GLYBURIDE,MICRONIZED	0	999	No
		REPAGLINIDE 0.5 MG TABLET	REPAGLINIDE	0	999	No
		REPAGLINIDE 1 MG TABLET	REPAGLINIDE	0	999	No
		REPAGLINIDE 2 MG TABLET	REPAGLINIDE	0	999	No
C4L	ANTIHYPERGLYCEMIC, BIGUANIDE TYPE	METFORMIN HCL 1,000 MG TABLET	METFORMIN HCL	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
C4L	ANTIHYPERGLYCEMIC, BIGUANIDE TYPE	METFORMIN HCL 500 MG TABLET	METFORMIN HCL	0	999	No
		METFORMIN HCL 850 MG TABLET	METFORMIN HCL	0	999	No
		METFORMIN HCL ER 500 MG TABLET	METFORMIN HCL	0	999	No
		METFORMIN HCL ER 750 MG TABLET	METFORMIN HCL	0	999	No
C4M	ANTIHYPERGLYCEMIC, ALPHA-GLUCOSIDASE INHIBITC	ACARBOSE 100 MG TABLET	ACARBOSE	0	999	No
		ACARBOSE 25 MG TABLET	ACARBOSE	0	999	No
		ACARBOSE 50 MG TABLET	ACARBOSE	0	999	No
		MIGLITOL 100 MG TABLET	MIGLITOL	0	999	No
		MIGLITOL 25 MG TABLET	MIGLITOL	0	999	No
		MIGLITOL 50 MG TABLET	MIGLITOL	0	999	No
C4N	ANTIHYPERGLYCEMIC,THIAZOLIDINEDIONE(PPARG AC	PIOGLITAZONE HCL 15 MG TABLET	PIOGLITAZONE HCL	0	999	No
		PIOGLITAZONE HCL 30 MG TABLET	PIOGLITAZONE HCL	0	999	No
		PIOGLITAZONE HCL 45 MG TABLET	PIOGLITAZONE HCL	0	999	No
C4S	ANTIHYPERGLYCEMIC,INSULIN-RELEASE STIM.-BIGUA	GLIPIZIDE-METFORMIN 2.5-250 MG	GLIPIZIDE/METFORMIN HCL	0	999	No
		GLIPIZIDE-METFORMIN 2.5-500 MG	GLIPIZIDE/METFORMIN HCL	0	999	No
		GLIPIZIDE-METFORMIN 5-500 MG	GLIPIZIDE/METFORMIN HCL	0	999	No
		GLYBURIDE-METFORMIN 2.5-500 MG	GLYBURIDE/METFORMIN HCL	0	999	No
		GLYBURIDE-METFORMIN 5-500 MG	GLYBURIDE/METFORMIN HCL	0	999	No
		GLYBURID-METFORMIN 1.25-250 MG	GLYBURIDE/METFORMIN HCL	0	999	No
C4W	ANTIHYPERGLYCEMIC, SGLT-2 AND DPP-4 INHIBITOR I	GLYXAMBI 10 MG-5 MG TABLET	EMPAGLIFLOZIN/LINAGLIPTIN	18	999	No
		GLYXAMBI 25 MG-5 MG TABLET	EMPAGLIFLOZIN/LINAGLIPTIN	18	999	No
C5F	DIETARY SUPPLEMENT, MISCELLANEOUS	COCONUT OIL 1,000 MG SOFTGEL	COCONUT OIL	0	999	Cystic Fib Diag Auto PA
		CVS COCONUT OIL 1,000 MG SFTGL	COCONUT OIL	0	999	Cystic Fib Diag Auto PA
		EQL COCONUT OIL 1,000 MG SFTGL	COCONUT OIL	0	999	Cystic Fib Diag Auto PA
		OMEGA-3 + VITAMIN D3 TAB CHEW	OMEGA3/DHA/EPA/FISH OIL/VIT D3	0	999	Cystic Fib Diag Auto PA
		OMEGA-3 GUMMIES	OMEGA-3S/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
C5J	IV SOLUTIONS: DEXTROSE-WATER	DEXTROSE 10%-WATER IV SOLUTION	DEXTROSE 10 % IN WATER	0	999	No
		DEXTROSE 20%-WATER IV SOLN	DEXTROSE 20 % IN WATER	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
C5J	IV SOLUTIONS: DEXTROSE-WATER	DEXTROSE 25%-WATER SYRINGE	DEXTROSE 25 % IN WATER	0	999	No
		DEXTROSE 30%-WATER IV SOLN	DEXTROSE 30 % IN WATER	0	999	No
		DEXTROSE 40%-WATER IV SOLN	DEXTROSE 40 % IN WATER	0	999	No
		DEXTROSE 5%-WATER 100 ML	DEXTROSE 5 % IN WATER	0	999	No
		DEXTROSE 5%-WATER 50 ML	DEXTROSE 5 % IN WATER	0	999	No
		DEXTROSE 5%-WATER IV SOLN	DEXTROSE 5 % IN WATER	0	999	No
		DEXTROSE 5%-WATER VIAL	DEXTROSE 5 % IN WATER	0	999	No
		DEXTROSE 50%-WATER ABBOJECT	DEXTROSE 50 % IN WATER	0	999	No
		DEXTROSE 50%-WATER IV SOLN	DEXTROSE 50 % IN WATER	0	999	No
		DEXTROSE 50%-WATER SYRINGE	DEXTROSE 50 % IN WATER	0	999	No
		DEXTROSE 50%-WATER VIAL	DEXTROSE 50 % IN WATER	0	999	No
		DEXTROSE 70%-WATER IV SOLN	DEXTROSE 70 % IN WATER	0	999	No
		GLUCOSE 5%-WATER 100 ML	DEXTROSE 5 % IN WATER	0	999	No
		GLUCOSE 5%-WATER 50 ML	DEXTROSE 5 % IN WATER	0	999	No
CSK	IV SOLUTIONS: DEXTROSE-SALINE	DEXTROSE 10%-0.2% NACL IV SOLN	DEXTROSE 10 % AND 0.2 % NACL	0	999	No
		DEXTROSE 10%-0.45% NACL IV SOL	DEXTROSE 10 % AND 0.45 % NACL	0	999	No
		DEXTROSE 2.5%-0.45% NACL IV	DEXTROSE 2.5 % AND 0.45 % NACL	0	999	No
		DEXTROSE 5%-0.2% NACL IV SOLN	DEXTROSE 5 %-0.2 % SOD CHLORID	0	999	No
		DEXTROSE 5%-0.225% NACL IV SOL	DEXTROSE 5 %-0.2 % SOD CHLORID	0	999	No
		DEXTROSE 5%-0.3% NACL IV SOLN	DEXTROSE 5 % AND 0.3 % NACL	0	999	No
		DEXTROSE 5%-0.33% NACL IV SOLN	DEXTROSE 5 % AND 0.3 % NACL	0	999	No
		DEXTROSE 5%-0.45% NACL IV SOLN	DEXTROSE 5 %-0.45 % SOD CHLORD	0	999	No
C5M	IV SOLUTIONS: DEXTROSE AND LACTATED RINGERS	DEXTROSE 5%-LR IV SOLUTION	DEXTROSE 5%-LACTATED RINGERS	0	999	No
C5O	DILUENT SOLUTIONS	DILUENT FOR DECITABINE VIAL	DILUENT FOR DECITABINE	0	999	No
		DILUENT FOR MELPHALAN 10 ML VL	DILUENT FOR MELPHALAN	0	999	No
C6A	VITAMIN A PREPARATIONS	GNP VITAMIN A 10,000 UNIT SFGL	VITAMIN A	0	999	Cystic Fib Diag Auto PA
		RA VITAMIN A 10,000 UNIT SFTGL	VITAMIN A	0	999	Cystic Fib Diag Auto PA

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
C6A	VITAMIN A PREPARATIONS	VITAMIN A 10,000 UNIT CAPSULE	VITAMIN A	0	999	Cystic Fib Diag Auto PA
		VITAMIN A 10,000 UNIT SOFTGEL	VITAMIN A	0	999	Cystic Fib Diag Auto PA
		VITAMIN A 3,000 MCG SOFTGEL	VITAMIN A	0	999	Cystic Fib Diag Auto PA
		VITAMIN A 8,000 UNIT CAPSULE	VITAMIN A	0	999	Cystic Fib Diag Auto PA
		VITAMIN A 8,000 UNIT SOFTGEL	VITAMIN A	0	999	Cystic Fib Diag Auto PA
C6B	VITAMIN B PREPARATIONS	DIALYVITE 3,000 TABLET	FOLIC ACID/B CPLX/C/SELEN/ZINC	0	999	No
		DIALYVITE 5000 TABLET	MULTIVIT-MINS NO.11/FOLIC ACID	0	999	No
		DIALYVITE SUPREME D TABLET	MULTIVIT-MINS 25/FOLIC ACID/D3	0	999	No
		DIALYVITE TABLET	FOLIC ACID/VIT B COMPLEX AND C	0	999	No
		DIALYVITE WITH ZINC TABLET	B COMPLEX 11/FOLIC/C/BIOT/ZINC	0	999	No
		NEPHPLEX RX TABLET	B COMP NO3/FOLIC/C/BIOTIN/ZINC	0	999	No
		NEPHRON FA TABLET	VIT B COMP C NO.24/IRON/FOLIC	0	999	No
		NEPHRO-VITE RX TABLET	VIT B COMP NO.3/FOLIC/C/BIOTIN	0	999	No
		VITAL-D RX TABLET	B CMLPX 4/VIT D3/C/FOLIC/ZINC	0	999	No
		VP-VITE RX TABLET	VIT B COMP NO.3/FOLIC/C/BIOTIN	0	999	No
C6C	VITAMIN C PREPARATIONS	ACEROLA C 500 MG TABLET CHEW	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		ASCORBIC ACID 500 MG TABLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		ASCORBIC ACID 500 MG/ML VIAL	ASCORBIC ACID	0	999	No
		ASCORBIC ACID GRANULES	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		C-1,000 MG TABLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		C-1,000 MG TABLET SA	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		C-1,000 MG WITH ROSE HIPS CPLT	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		C-1,000 MG WITH ROSE HIPS TAB	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		C-1000 ER CAPLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		C-500 ER TABLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		C-500 MG TABLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		C-500 MG TABLET CHEWABLE	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		CALCIUM ASCORBATE 500 MG TAB	ASCORBATE CALCIUM	0	999	Cystic Fib Diag Auto PA

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
C6C	VITAMIN C PREPARATIONS	CVS VITAMIN C 1,000 MG CAPLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		CVS VITAMIN C 250 MG TABLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		CVS VITAMIN C 500 MG CAPLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		EQL VIT C-ROSE HIP 1,000 MG TB	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		EQL VIT C-ROSE HIPS 500 MG TAB	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		EQL VITAMIN C 1,000 MG TABLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		GNP VIT C-ROSE HIPS 500 MG TAB	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		GNP VITAMIN C 1,000 MG TABLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		GNP VITAMIN C 250 MG TABLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		GNP VITAMIN C 500 MG TAB CHEW	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		GNP VITAMIN C 500 MG TABLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		GNP VITAMIN C DROPS	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		GNP VITAMIN C ER 500 MG TABLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		RA VIT C-ROSE HIPS 500 MG TAB	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		RA VITAMIN C 1,000 MG TAB SA	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		RA VITAMIN C 1,000 MG TABLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		RA VITAMIN C 250 MG TABLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		RA VITAMIN C 500 MG TAB CHEW	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		RA VITAMIN C 500 MG TABLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		RA VITAMIN C TR 500 MG CAPLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		SM VITAMIN C 500 MG CHEW TAB	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		SV VIT C-ROSE HIP 1,000 MG TAB	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		SV VIT C-ROSE HIPS 1,000 MG TB	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		SV VIT C-ROSE HIPS 500 MG TAB	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		SV VITAMIN C 500 MG TAB CHEW	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		SV VITAMIN C TR 1,000 MG TAB	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		VIT C-ROSE HIP 1,000 MG CAPLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		VIT C-ROSE HIPS 1,000 MG CPLT	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
C6C	VITAMIN C PREPARATIONS	VIT C-ROSE HIPS 1,000 MG TAB	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		VIT C-ROSE HIPS 500 MG TABLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		VIT C-ROSE HIPS TR 1,000 MG	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		VIT C-ROSE HIPS TR 500 MG CPLT	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		VIT C-ROSE HIPS TR 500 MG TAB	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		VITAMIN C 1,000 MG CAPLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		VITAMIN C 1,000 MG TABLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		VITAMIN C 1,500 MG TABLET SA	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		VITAMIN C 100 MG TABLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		VITAMIN C 125 MG GUMMIES	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		VITAMIN C 250 MG TABLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		VITAMIN C 250 MG TABLET CHEW	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		VITAMIN C 500 MG CAPSULE SA	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		VITAMIN C 500 MG CHEW TABLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		VITAMIN C 500 MG SOFTGEL	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		VITAMIN C 500 MG TABLET	ASCORBATE CALCIUM	0	999	Cystic Fib Diag Auto PA
			ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		VITAMIN C 500 MG TABLET CHEW	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		VITAMIN C DROPS	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		VITAMIN C ER 500 MG CAPSULE	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		VITAMIN C TR 1,000 MG TABLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		VITAMIN C TR 500 MG CAPLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		VITAMIN C TR 500 MG TABLET	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		VITAMIN C-500 MG TR CAPSULE	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
		VITAMIN C-ROSE HIP 1,000 MG TB	ASCORBIC ACID	0	999	Cystic Fib Diag Auto PA
C6D	VITAMIN D PREPARATIONS	BABY VIT D3 10 MCG/DROP CONC	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		CALCITRIOL 0.25 MCG CAPSULE	CALCITRIOL	0	999	No
		CALCITRIOL 0.5 MCG CAPSULE	CALCITRIOL	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
C6D	VITAMIN D PREPARATIONS	CALCITRIOL 1 MCG/ML AMPUL	CALCITRIOL	0	999	No
		CALCITRIOL 1 MCG/ML SOLUTION	CALCITRIOL	0	999	No
		CVS VIT D3 1,000 UNIT GUMMIES	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		CVS VITAMIN D3 10 MCG SOFTGEL	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		CVS VITAMIN D3 125 MCG SOFTGEL	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		CVS VITAMIN D3 25 MCG GUMMIES	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		CVS VITAMIN D3 25 MCG SOFTGEL	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		CVS VITAMIN D3 50 MCG SOFTGEL	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		D3-50 50,000 UNIT CAPSULE	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		EQL VITAMIN D3 1,000 UNIT SFGL	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		EQL VITAMIN D3 2,000 UNIT SFGL	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		EQL VITAMIN D3 400 UNIT SFTGL	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		EQL VITAMIN D3 5,000 UNIT SFGL	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		ERGOCALCIFEROL 200 MCG/ML DROP	ERGOCALCIFEROL (VITAMIN D2)	0	999	Cystic Fib Diag Auto PA
		ERGOCALCIFEROL 8,000 UNIT/ML	ERGOCALCIFEROL (VITAMIN D2)	0	999	Cystic Fib Diag Auto PA
		GNP VIT D3 10MCG(400 UNIT) CHW	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		GNP VITAMIN D3 1,000 UNIT TAB	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		GNP VITAMIN D3 10 MCG TABLET	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		GNP VITAMIN D3 2,000 UNIT TAB	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		GNP VITAMIN D3 25 MCG TABLET	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		GNP VITAMIN D3 5,000 UNIT TAB	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		KIDS VITAMIN D3 TAB CHEW	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		PEDIATRIC D-VITE 10 MCG/ML LIQ	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		PHARM CHOICE D3 400 UNIT/ML	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		RA VITAMIN D3 1,000 UNIT TAB	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		RA VITAMIN D3 2,000 UNIT SFGL	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		RA VITAMIN D3 2,000 UNIT SFTGL	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		RA VITAMIN D3 5,000 UNIT SFTGL	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
C6D	VITAMIN D PREPARATIONS	REPLESTA 50,000 UNITS WAFER	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		REPLESTA NX 14,000 UNITS WAFER	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		SM VITAMIN D3 2,000 UNIT SFTGL	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		SM VITAMIN D3 25 MCG TABLET	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		SM VITAMIN D3 50 MCG SOFTGEL	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		SV VITAMIN D3 1,000 UNIT SFTGL	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		SV VITAMIN D3 2,000 UNIT SFTGL	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		SV VITAMIN D3 400 UNIT SOFTGEL	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		SV VITAMIN D3 5,000 UNIT SFTGL	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VIT D3 5,000 UNIT FAST DISSOLV	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D2 1.25MG(50,000 UNIT)	ERGOCALCIFEROL (VITAMIN D2)	0	999	No
		VITAMIN D2 2,000 UNIT TABLET	ERGOCALCIFEROL (VITAMIN D2)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D2 400 UNIT TABLET	ERGOCALCIFEROL (VITAMIN D2)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 1,000 UNIT GUMMIES	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 1,000 UNIT SOFTGEL	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 1,000 UNIT SPRAY	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 1,000 UNIT TAB CHEW	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 1,000 UNIT TABLET	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 1,000 UNIT/10 ML LQ	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 1.25 MG SOFTGEL	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 10 MCG/ML LIQUID	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 10,000 UNIT SOFTGEL	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 10,000 UNIT TABLET	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 125 MCG CAPSULE	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 125 MCG SOFTGEL	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 125 MCG TABLET	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 2,000 UNIT SOFTGEL	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 2,000 UNIT TAB CHEW	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
C6D	VITAMIN D PREPARATIONS	VITAMIN D3 2,000 UNIT TABLET	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 25 MCG (1,000 UNIT)	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 25 MCG GUMMY	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 25 MCG SOFTGEL	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 25 MCG TABLET	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 250 MCG TABLET	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 3,000 UNIT TABLET	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 400 UNIT SOFTGEL	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 400 UNIT TAB CHEW	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 400 UNIT TABLET	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 400 UNIT/5 ML LIQ	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 400 UNIT/ML LIQUID	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 5,000 UNIT CAPSULE	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 5,000 UNIT SOFTGEL	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 5,000 UNIT TABLET	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 5,000 UNIT/ML DROPS	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 50 MCG (2,000 UNIT)	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 50 MCG SOFTGEL	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 50 MCG TABLET	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D3 50,000 UNIT CAPSULE	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
		VITAMIN D-400 TABLET	CHOLECALCIFEROL (VITAMIN D3)	0	999	Cystic Fib Diag Auto PA
C6F	PRENATAL VITAMIN PREPARATIONS	CITRANATAL B-CALM COMBO PACK	PRENATAL 48/IRON/FOLIC ACID/B6	12	999	No
		COMPLETE NATAL DHA	PNV CMB 52/IRON/FA/OMEGA-3/DHA	12	999	No
		M-NATAL PLUS TABLET	PNV,CALCIUM 72/IRON/FOLIC ACID	12	999	No
		PNV 29-1 TABLET	PRENATAL VIT,CALC76/IRON/FOLIC	12	999	No
		PRENATAL VITAMIN PLUS LOW IRON	PNV,CALCIUM 72/IRON/FOLIC ACID	12	999	No
		PRENATE ENHANCE SOFTGEL	PRENATAL VIT68/IRON/FA NO6/DHA	12	999	No
		PREPLUS CA-FE 27 MG-FA 1 MG TB	PNV,CALCIUM 72/IRON/FOLIC ACID	12	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
C6F	PRENATAL VITAMIN PREPARATIONS	PRETAB 29 MG-1 MG TABLET	PRENATAL VIT,CALC78/IRON/FOLIC	12	999	No
		SELECT-OB + DHA PACK	PRENATAL VIT 33/IRON/FOLIC/DHA	12	999	No
		SE-NATAL 19 CHEWABLE TABLET	PNV NO.118/IRON FUMARATE/FA	12	999	No
		SE-NATAL-19 TABLET	PNV 119/IRON FUM/FOLIC ACID	12	999	No
		THRIVITE RX TABLET	PRENATAL VIT,CALC76/IRON/FOLIC	12	999	No
		VITAFOL FE PLUS SOFTGEL	PNV 102/IRON/FOLATE/DHA	12	999	No
		VITAFOL GUMMIES	PNV 112/IRON/FOLIC/OM3/DHA/EPA	12	999	No
		VITAFOL NANO TABLET	PRENATAL NO.75/IRON/FOLATE NO1	12	999	No
		VITAFOL ULTRA SOFTGEL	PNV 67/IRON PS/FOLATE NO.1/DHA	12	999	No
		VITAFOL-OB CAPLET	PRENATAL VIT 10/IRON FUM/FOLIC	12	999	No
		VITAFOL-OB+DHA COMBO PACK	PRENATAL VIT 10/IRON/FOLIC/DHA	12	999	No
		VITAFOL-ONE CAPSULE	PRENATAL 26/IRON PS/FOLIC/DHA	12	999	No
		VP-PNV-DHA SOFTGEL	PRENATAL NO.52/IRON/FA/DHA	12	999	No
		WESTAB PLUS TABLET	PNV,CALCIUM 72/IRON/FOLIC ACID	12	999	No
C6H	PEDIATRIC VITAMIN PREPARATIONS	AQUADEKS PEDIATRIC LIQUID	PEDI MULTIVIT 40/PHYTONADIONE	0	20	No
		DEKAS PLUS LIQUID	PEDI MULTIVIT NO.128/VITAMIN K	0	999	Cystic Fib Diag Auto PA
		INFUVITE PEDIATRIC BULK VIAL	MULTIVIT INFUSION,PEDI 1,VIT K	0	12	No
		INFUVITE PEDIATRIC VIAL	MULTIVIT INFUSION,PEDI 1,VIT K	0	12	No
		M.V.I. PEDIATRIC VIAL	MULTIVIT INFUSION,PEDI 2,VIT K	0	12	No
		MULTIVIT-FLUOR 0.25 MG TAB CHW	PEDI MULTIVIT NO.16 W-FLUORIDE	0	12	No
			PEDI MULTIVIT NO.17 W-FLUORIDE	0	12	No
		MULTIVIT-FLUOR 0.25 MG/ML DROP	PEDI MULTIVIT NO.2 W-FLUORIDE	0	12	No
		MULTIVIT-FLUOR 0.5 MG TAB CHEW	PEDI MULTIVIT NO.16 W-FLUORIDE	0	12	No
			PEDI MULTIVIT NO.17 W-FLUORIDE	0	12	No
		MULTIVIT-FLUOR 0.5 MG/ML DROP	PEDI MULTIVIT NO.2 W-FLUORIDE	0	12	No
		MULTIVIT-FLUORIDE 1 MG TAB CHW	PEDI MULTIVIT NO.16 W-FLUORIDE	0	12	No
			PEDI MULTIVIT NO.17 W-FLUORIDE	0	12	No
		MULTIVIT-FLUOR-IRON 0.25 MG/ML	PEDI MULTIVIT 45/FLUORIDE/IRON	0	12	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
C6H	PEDIATRIC VITAMIN PREPARATIONS	MULTIVIT-IRON-FLUOR 0.25 MG/ML	PEDI MULTIVIT 45/FLUORIDE/IRON	0	12	No
		MVW COMPLETE FORM MULTIVI SFGL	PEDIATRIC MULTIVIT 61/D3/VIT K	0	999	Cystic Fib Diag Auto PA
			PEDIATRIC MULTIVIT NO.163/D3/K	0	12	Cystic Fib Diag Auto PA
		MVW COMPLETE FORM MULTIVIT CHW	PEDI MULTIVIT 22/VIT D3/VIT K	0	999	Cystic Fib Diag Auto PA
		MVW COMPLETE FORMUL D3000 CHEW	PEDI MULTIVIT 22/VIT D3/VIT K	0	999	Cystic Fib Diag Auto PA
		MVW COMPLETE FORMUL D3000 SFGL	PEDIATRIC MULTIVIT 61/D3/VIT K	0	999	Cystic Fib Diag Auto PA
		MVW COMPLETE FORMUL D5000 CHEW	PEDI MULTIVIT 22/VIT D3/VIT K	0	12	Cystic Fib Diag Auto PA
		MVW COMPLETE FORMUL D5000 SFGL	PEDIATRIC MULTIVIT 61/D3/VIT K	0	999	Cystic Fib Diag Auto PA
		MVW COMPLETE FORMUL PEDIA DRPS	PEDI MULTIVIT 77/VIT D3/VIT K	0	999	Cystic Fib Diag Auto PA
		POLY-VI-FLOR 0.25 MG DROPS	PEDI MULTIVIT NO.37 W-FLUORIDE	0	12	No
		POLY-VI-FLOR 0.25 MG TAB CHEW	PEDI MULTIVIT NO.33/FLUORIDE	0	12	No
		POLY-VI-FLOR 0.5 MG TAB CHEW	PEDI MULTIVIT NO.33/FLUORIDE	0	12	No
		POLY-VI-FLOR 1 MG TAB CHEW	PEDI MULTIVIT NO.33/FLUORIDE	0	12	No
		POLY-VI-FLOR WITH IRON 0.25 MG	PEDI MULTIVIT 37/FLUORIDE/IRON	0	12	No
		POLY-VI-FLOR WITH IRON 0.5 MG	PEDI MULTIVIT 33/FLUORIDE/IRON	0	12	No
		TRI-VI-FLOR 0.25 MG DROPS	PED MVIT A,C,D3 NO.38/FLUORIDE	0	12	No
		TRI-VI-FLOR 0.5 MG DROPS	PED MVIT A,C,D3 NO.38/FLUORIDE	0	12	No
		VIT A,C,D-FLUORIDE 0.25 MG/ML	PED MVIT A,C,D3 NO.21/FLUORIDE	0	12	No
C6K	VITAMIN K PREPARATIONS	MEPHYTON 5 MG TABLET	PHYTONADIONE (VIT K1)	0	999	No
		PHYTONADIONE 1 MG/0.5 ML SYR	PHYTONADIONE (VIT K1)	0	999	No
		PHYTONADIONE 10 MG/ML AMPUL	PHYTONADIONE (VIT K1)	0	999	No
		VITAMIN K-1 10 MG/ML AMPUL	PHYTONADIONE (VIT K1)	0	999	No
		VITAMIN K-1 1 MG/0.5 ML AMPUL	PHYTONADIONE (VIT K1)	0	999	No
C6L	VITAMIN B12 PREPARATIONS	CYANOCOBALAMIN 1,000 MCG/ML VL	CYANOCOBALAMIN (VITAMIN B-12)	0	999	No
		CYANOCOBALAMIN 10,000 MCG/10ML	CYANOCOBALAMIN (VITAMIN B-12)	0	999	No
		CYANOCOBALAMIN 30,000 MCG/30ML	CYANOCOBALAMIN (VITAMIN B-12)	0	999	No
		DODEX 1,000 MCG/ML VIAL	CYANOCOBALAMIN (VITAMIN B-12)	0	999	No
		DODEX 10,000 MCG/10 ML VIAL	CYANOCOBALAMIN (VITAMIN B-12)	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
C6L	VITAMIN B12 PREPARATIONS	DODEX 30,000 MCG/30 ML VIAL	CYANOCOBALAMIN (VITAMIN B-12)	0	999	No
		FOLTRATE TABLET	CYANOCOBALAMIN/FOLIC ACID	0	999	No
C6M	FOLIC ACID PREPARATIONS	FOLIC ACID 1 MG TABLET	FOLIC ACID	0	999	No
		FOLIC ACID 5 MG/ML VIAL	FOLIC ACID	0	999	No
		FOLIC ACID 50 MG/10 ML VIAL	FOLIC ACID	0	999	No
		L-METHYLFOLATE CAL 15 MG TAB	LEVOMEFOLATE CALCIUM	0	999	No
		L-METHYLFOLATE CAL 7.5 MG TAB	LEVOMEFOLATE CALCIUM	0	999	No
C6Q	VITAMIN B6 PREPARATIONS	PYRIDOXINE 100 MG/ML VIAL	PYRIDOXINE HCL (VITAMIN B6)	0	999	No
C6T	VITAMIN B1 PREPARATIONS	THIAMINE 200 MG/2 ML VIAL	THIAMINE HCL	0	999	No
C6Z	MULTIVITAMIN PREPARATIONS	ADEK GUMMIES PLUS ZINC	VIT A/VIT D3/VIT E/VIT K1/ZINC	0	999	Cystic Fib Diag Auto PA
		AQUADEKS CHEWABLE TABLET	MV-MIN 51/FOLIC ACID/VIT K/UBI	4	20	No
		BACMIN CAPLET	MULTIVIT-MINS NO.20/IRON/FOLIC	0	999	No
		DEKAS ESSENTIAL CAPSULE	VIT A/VIT D3/E/VIT E TPGS/VITK	0	999	Cystic Fib Diag Auto PA
		DEKAS ESSENTIAL LIQUID	VIT A/D3/TOCOPHERSOLAN/VIT K	0	999	Cystic Fib Diag Auto PA
		DEKAS PLUS CHEWABLE TABLET	MULTIVIT-MINS 56/FOLIC/K/COQ10	0	999	Cystic Fib Diag Auto PA
		DEKAS PLUS OCEANCAPS	MULTIVIT-MINS 53/FOLIC/K/COQ10	0	999	Cystic Fib Diag Auto PA
		DEKAS PLUS SOFTGEL	MULTIVIT-MINS 53/FOLIC/K/COQ10	0	999	Cystic Fib Diag Auto PA
		FOLIVANE-OB CAPSULE	MVN-MIN 74/IRON FUM/IRON/FA	12	999	No
		INFUVITE ADULT VIAL	MULTIVIT INFUSN,ADULT 4,VIT K	0	999	No
		M.V.I. ADULT VIAL	MULTIVIT INFUSN,ADULT 1,VIT K	0	999	No
		NIVA-PLUS TABLET	MULTIVIT-MINS60/IRON FUM/FOLIC	12	999	No
		PUREFE OB PLUS CAPSULE	MV-MINS NO73/IRON FUM,PS/FOLIC	12	999	No
		PUREFE PLUS CAPSULE	MULTIVIT-MIN 62/IRON FUM/FOLIC	12	999	No
		TARON-C DHA CAPSULE	MVN-MIN75/IRON/IRON PS/OM3/DHA	12	999	No
		VIRT-C DHA SOFTGEL	MVN-MIN75/IRON/IRON PS/OM3/DHA	12	999	No
		VIRT-PN DHA SOFTGEL	MULTIVIT 47/IRON/FOLATE 1/DHA	12	999	No
		ZATEAN-PN DHA CAPSULE	MULTIVIT 47/IRON/FOLATE 1/DHA	12	999	No
C7A	HYPERURICEMIA TX - XANTHINE OXIDASE INHIBITORS	ALLOPURINOL 100 MG TABLET	ALLOPURINOL	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
C7A	HYPERURICEMIA TX - XANTHINE OXIDASE INHIBITORS	ALLOPURINOL 300 MG TABLET	ALLOPURINOL	0	999	No
C7D	METABOLIC DEFICIENCY AGENTS	BETAINE 1 GRAM/SCOOP POWDER	BETAINE	0	999	No
		LEVOCARNITINE 1 G/10 ML SOLN	LEVOCARNITINE (WITH SUGAR)	0	999	No
		LEVOCARNITINE 330 MG TABLET	LEVOCARNITINE	0	999	No
C7F	APPETITE STIM. FOR ANOREXIA,CACHEXIA,WASTING :	MEGESTROL ACET 40 MG/ML SUSP	MEGESTROL ACETATE	0	999	No
		MEGESTROL ACET 400 MG/10 ML	MEGESTROL ACETATE	0	999	No
C7I	CYTOCHROME P450 INHIBITORS	TYBOST 150 MG TABLET	COBICISTAT	12	999	Auto PA
C8A	METALLIC POISON,AGENTS TO TREAT	DEFEROXAMINE 2 GRAM VIAL	DEFEROXAMINE MESYLATE	0	999	No
		DEFEROXAMINE 500 MG VIAL	DEFEROXAMINE MESYLATE	0	999	No
C8E	ANTIDOTES,MISCELLANEOUS	ACETYLCYSTEINE 6 GRAM/30 ML VL	ACETYLCYSTEINE	0	999	No
C9C	PARENTERAL AMINO ACID SOLUTIONS AND COMBIN/	AMINOSYN 10% IV SOLUTION	PARENTERAL AMINO ACID 10% NO.2	0	999	No
		AMINOSYN 7%-ELECTROLYTE SOL	AMINO ACIDS 7 %/ELECTROLYTES	0	999	No
		AMINOSYN 8.5% IV SOLUTION	PARENT. AMINO ACID 8.5 % NO.2	0	999	No
		AMINOSYN 8.5%-ELECTROLYTES SOL	AMINO ACIDS 8.5 %/ELECTROLYTES	0	999	No
		AMINOSYN II 10% IV SOLUTION	PARENTERAL AMINO ACID 10% NO.1	0	999	No
		AMINOSYN II 15% IV SOLUTION	PARENTERAL AMINO ACID 15% NO.2	0	999	No
		AMINOSYN II 7% IV SOLUTION	PARENTERAL AMINO ACID 7 % NO.2	0	999	No
		AMINOSYN II 8.5% IV SOLUTION	PARENT. AMINO ACID 8.5 % NO.3	0	999	No
		AMINOSYN II 8.5%-ELECTROLYTES	AMINO ACIDS 8.5 %/ELECTROLYTES	0	999	No
		AMINOSYN M 3.5% IV SOLUTION	AMINO ACIDS 3.5%/ELECTROLYTE M	0	999	No
		AMINOSYN-HBC 7% IV SOLUTION	AMINO ACIDS 7 %	0	999	No
		AMINOSYN-PF 10% IV SOLUTION	PARENT.AMINO ACID 10% NO5(PED)	0	999	No
		AMINOSYN-PF 7% IV SOLUTION	PARENT.AMINO ACID 7 % NO1(PED)	0	999	No
		AMINOSYN-RF 5.2% IV SOLUTION	PARENT AMINO AC 5.2 % (RENAL)	0	999	No
		CLINIMIX 4.25%-10% SOLUTION	AMINO ACIDS 4.25%/DEXTROSE 10%	0	999	No
		CLINIMIX 4.25%-5% SOLUTION	AMINO ACIDS 4.25 %/DEXTROSE 5%	0	999	No
		CLINIMIX 5%-15% SOLUTION	AMINO ACIDS 5 %/DEXTROSE 15 %	0	999	No
		CLINIMIX 5%-20% SOLUTION	AMINO ACIDS 5 %/DEXTROSE 20 %	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
C9C	PARENTERAL AMINO ACID SOLUTIONS AND COMBIN	CLINIMIX 6%-5% SOLUTION	AMINO ACID 6 % IN 5 % DEXTROSE	0	999	No
		CLINIMIX 8%-10% SOLUTION	AMINO ACID 8 % IN D10W	0	999	No
		CLINIMIX 8%-14% SOLUTION	AMINO ACID 8 % IN D14W	0	999	No
		CLINIMIX E 2.75%-5% SOLUTION	AA 2.75 %/CALCIUM/LYTES/D5W	0	999	No
		CLINIMIX E 4.25%-10% SOLUTION	AA 4.25%/CALCIUM/LYTES/DEX 10%	0	999	No
		CLINIMIX E 4.25%-5% SOLUTION	AA 4.25 %/CALCIUM/LYTES/D5W	0	999	No
		CLINIMIX E 5%-15% SOLUTION	AA 5%/D15W/ELECTROLYTES	0	999	No
		CLINIMIX E 5%-20% SOLUTION	AA 5 %/CALCIUM/LYTES/DEXT 20 %	0	999	No
		CLINIMIX E 8%-10% SOLUTION	AMINO AC 8 %/D10W/ELECTROLYTES	0	999	No
		CLINIMIX E 8%-14% SOLUTION	AMINO AC 8 %/D14W/ELECTROLYTES	0	999	No
		CLINISOL 15% SOLUTION	PARENTERAL AMINO ACID 15% NO.5	0	999	No
		KABIVEN IV EMULSION	AA 3.31 %/D9.8W/FAT/E-LYTES 10	0	999	No
		PERIKABIVEN IV EMULSION	AA 2.36%/D6.8W/FAT/E-LYTES NO9	0	999	No
		PREMASOL 10% IV SOLUTION	PARENTERAL AMINO ACID 10% NO.7	0	999	No
		PROCALAMINE IV SOLUTION	AMINO AC 3%/ELECTROLYTE/GLYCER	0	999	No
		PROSOL 20% INJECTION	PARENTERAL AMINO ACID 20% NO.1	0	999	No
		TRAVASOL 10% SOLN VIAFLEX	PARENTERAL AMINO ACID 10% NO.6	0	999	No
		TROPHAMINE 10% IV SOLUTION	AMINO ACIDS 10 %	0	999	No
D1A	PERIODONTAL COLLAGENASE INHIBITORS	DOXYCYCLINE HYCLATE 20 MG TAB	DOXYCYCLINE HYCLATE	0	999	No
D1D	DENTAL AIDS AND PREPARATIONS	CHLORHEXIDINE 0.12% RINSE	CHLORHEXIDINE GLUCONATE	0	999	No
		TRIAMCINOLONE 0.1% PASTE	TRIAMCINOLONE ACETONIDE	0	999	No
D2A	FLUORIDE PREPARATIONS	FLUORIDE 0.25 MG TABLET CHEW	FLUORIDE (SODIUM)	0	999	No
		FLUORIDE 0.5 MG TABLET CHEW	FLUORIDE (SODIUM)	0	999	No
		FLUORIDE 1 MG TABLET CHEWABLE	FLUORIDE (SODIUM)	0	999	No
		SOD FLUORIDE ENAM PROT 5000PPM	SODIUM FLUORIDE/POTASSIUM NIT	0	999	No
		SODIUM FLUORIDE 0.2% RINSE	FLUORIDE (SODIUM)	0	999	No
		SODIUM FLUORIDE 0.5 MG/ML DROP	FLUORIDE (SODIUM)	0	999	No
		SODIUM FLUORIDE 1.1% GEL	FLUORIDE (SODIUM)	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
D2A	FLUORIDE PREPARATIONS	SODIUM FLUORIDE 5000 PPM CREAM	FLUORIDE (SODIUM)	0	999	No
		SODIUM FLUORIDE 5000 PPM PASTE	FLUORIDE (SODIUM)	0	999	No
		SODIUM FLUORIDE SENSTV 5000PPM	SODIUM FLUORIDE/POTASSIUM NIT	0	999	No
D4B	ANTACIDS	ANTACID 500 MG CHEW TABLET	CALCIUM CARBONATE	0	999	No
		ANTACID 750 MG CHEWABLE TABLET	CALCIUM CARBONATE	0	999	No
		ANTACID EX-STR 750 MG TAB CHEW	CALCIUM CARBONATE	0	999	No
		ANTACID ULTRA STR 1,000 MG CHW	CALCIUM CARBONATE	0	999	No
		ANTACID XTRA STRENGTH CHEW TAB	CALCIUM CARBONATE	0	999	No
		CALCIUM ANTACID 500 MG CHW TAB	CALCIUM CARBONATE	0	999	No
		CALCIUM ANTACID 750 MG TB CHEW	CALCIUM CARBONATE	0	999	No
		CALCIUM CARBONATE 648 MG TAB	CALCIUM CARBONATE	0	20	No
		CAL-GEST 500 MG TABLET CHEW	CALCIUM CARBONATE	0	999	No
		GNP ANTACID EX-STR 750 MG CHEW	CALCIUM CARBONATE	0	999	No
		HM ANTACID 500 MG CHEW TABLET	CALCIUM CARBONATE	0	999	No
		HM ANTACID EX-STR 750 MG CHEW	CALCIUM CARBONATE	0	999	No
		HM CAL ANTACID 750 MG CHEW TAB	CALCIUM CARBONATE	0	999	No
		MAGNESIUM OXIDE 400 MG TABLET	MAGNESIUM OXIDE	0	999	Cystic Fib Diag Auto PA
		SM ANTACID 500 MG CHEW TABLET	CALCIUM CARBONATE	0	999	No
		SM CAL ANTACID 500 MG CHEW TAB	CALCIUM CARBONATE	0	999	No
D4D	ANTIDIARRHEAL MICROORGANISMS AGENTS	BIOGAIA TABLET CHEWABLE	LACTOBACILLUS REUTERI	0	999	Cystic Fib Diag Auto PA
		CVS DIGESTIVE PROBIO 250MG CAP	SACCHAROMYCES BOULARDII	0	999	Cystic Fib Diag Auto PA
		CVS DIGESTIVE PROBIOTIC CAP	SACCHAROMYCES BOULARDII	0	999	Cystic Fib Diag Auto PA
		CVS PROBIOTIC 100 BIL CELL CAP	LACTOBAC 40/BIFIDO 3/S.THERMOP	0	999	Cystic Fib Diag Auto PA
		CVS PROBIOTIC 20 BIL CELL CAP	LACTOBACILLUS COMBO NO.10	0	999	Cystic Fib Diag Auto PA
		CVS PROBIOTIC 20 BIL CELL CAPS	L.ACIDOPH,RHAMN/B.BREVE,LANGUM	0	999	Cystic Fib Diag Auto PA
		CVS PROBIOTIC 3 BIL CELL CAP	LACTOBACILLUS COMBINATION NO.4	0	999	Cystic Fib Diag Auto PA
		CVS PROBIOTIC 3 BIL CELL CAPS	LACTOBACILLUS COMBINATION NO.4	0	999	Cystic Fib Diag Auto PA
		CVS PROBIOTIC DR 10 BIL CELL	BACILLUS COAGULANS	0	999	Cystic Fib Diag Auto PA

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
D4D	ANTIDIARRHEAL MICROORGANISMS AGENTS	CVS PROBIOTIC GUMMIES	BACILLUS COAGULANS	0	999	Cystic Fib Diag Auto PA
		CVS PROBIOTIC PEARLS 15 MG CAP	L. ACIDOPHILUS/BIFIDO. LONGUM	0	999	Cystic Fib Diag Auto PA
		DAILY PROBIOTIC 250 MG CAPSULE	SACCHAROMYCES BOULARDII	0	999	Cystic Fib Diag Auto PA
		DIGEST ADV IMMUNE 250M CFU GMY	BACILLUS COAGULANS	0	999	Cystic Fib Diag Auto PA
		DIGEST ADV KID PROBIO 250M CHW	BACILLUS COAGULANS	0	999	Cystic Fib Diag Auto PA
		DIGESTIVE ADV ADVNCE PROBIO CP	L.ACIDOPH,PARACASEI, B.LACTIS	0	999	Cystic Fib Diag Auto PA
		DIGESTIVE ADV PROBIO 250M GMMY	BACILLUS COAGULANS	0	999	Cystic Fib Diag Auto PA
		DIGESTIVE PROBIOTIC 250 MG CAP	SACCHAROMYCES BOULARDII	0	999	Cystic Fib Diag Auto PA
		EQ PROBIOTIC 5 BILL CELL CAP	L.ACID/B.ANIMALIS,BIFID,INFANT	0	999	Cystic Fib Diag Auto PA
		EQL DIGESTIVE PROBIOTIC CAP	LACTOBACILLUS ACIDOPHILUS	0	999	Cystic Fib Diag Auto PA
		EQL PROBIOTIC ACIDOPHIL-PECTIN	L. ACIDOPHILUS/PECTIN, CITRUS	0	999	Cystic Fib Diag Auto PA
		FLEET PEDIA-LAX PROBIOTIC YUMS	LACTOBACILLUS REUTERI	0	999	Cystic Fib Diag Auto PA
		FLORAJEN WOMEN 15 B CELL CAP	L. ACIDOPHILUS/L. RHAMNOSUS	0	999	Cystic Fib Diag Auto PA
		FLORASTOR 250 MG CAPSULE	SACCHAROMYCES BOULARDII	0	999	Cystic Fib Diag Auto PA
		GNP PROBIOTIC 240 MG CAPSULE	L.ACIDOPHILUS/B.BIFIDUM,LONGUM	0	999	Cystic Fib Diag Auto PA
		HM PROBIOTIC 250 MG CAPSULE	SACCHAROMYCES BOULARDII	0	999	Cystic Fib Diag Auto PA
		KRO PROBIOTIC COLON SUPPORT	L.ACIDOP/L.GASS/B.BIFID/B.LONG	0	999	Cystic Fib Diag Auto PA
		KRO PROBIOTIC COLON SUPPT CAP	L GASSERI/B BIFIDUM/B LONGUM	0	999	Cystic Fib Diag Auto PA
		NEWFLORA 10 BILLION CFU CAP	LACTOBACILLUS ACIDOPHILUS	0	999	Cystic Fib Diag Auto PA
		PHILLIPS' COLON HEALTH CAPSULE	L GASSERI/B BIFIDUM/B LONGUM	0	999	Cystic Fib Diag Auto PA
		PROBACAP 10 BILLION CFU CAP	LACTOBACILLUS ACIDOPHILUS	0	999	Cystic Fib Diag Auto PA
		PROBIOTIC & ACIDOPHILUS CAP	LACTOBACILLUS 3/FOS/PANTETHINE	0	999	Cystic Fib Diag Auto PA
		PROBIOTIC 1 B CFU-250 MG CAP	BACILLUS COAGULANS/INULIN	0	999	Cystic Fib Diag Auto PA
		PROBIOTIC 10 BILLION CELL CAP	L.ACIDOPH,PARACASEI, B.LACTIS	0	999	Cystic Fib Diag Auto PA
		PROBIOTIC 15 BILLION CELL CAP	L. ACIDOPHILUS/L. RHAMNOSUS	0	999	Cystic Fib Diag Auto PA
			LACTOBACILLUS COMBO NO.11	0	999	Cystic Fib Diag Auto PA
		PROBIOTIC 250 MG CAPSULE	SACCHAROMYCES BOULARDII	0	999	Cystic Fib Diag Auto PA
		PROBIOTIC 5 BILLION CELL CAP	L. ACIDOPHILUS/BIFID. ANIMALIS	0	999	Cystic Fib Diag Auto PA

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
D4D	ANTIDIARRHEAL MICROORGANISMS AGENTS	PROBIOTIC ACIDOPHIL-PECTIN CAP	L. ACIDOPHILUS/PECTIN, CITRUS	0	999	Cystic Fib Diag Auto PA
		PROBIOTIC ACIDOPHILUS 250 MILL	LACTOBACILLUS ACIDOPHILUS	0	999	Cystic Fib Diag Auto PA
		PROBIOTIC ACIDOPHILUS BEADS	L.ACIDOPH,PLANT/B.ANIMAL,LONG	0	999	Cystic Fib Diag Auto PA
		PROBIOTIC ACIDOPHILUS BIOBEADS	L.ACIDOPH/L.RHAMN/B.BIF/B.LONG	0	999	Cystic Fib Diag Auto PA
		PROBIOTIC BLEND CAPSULE	L.ACID/L.CASEI/B.BIF/B.LON/FOS	0	999	Cystic Fib Diag Auto PA
		PROBIOTIC FORMULA CAPSULE	BACILLUS COAGULANS/INULIN	0	999	Cystic Fib Diag Auto PA
		PROBIOTIC GOLD ACIDOPHILUS CAP	LACTOBACILLUS ACIDOPHILUS	0	999	Cystic Fib Diag Auto PA
		PROBIOTIC PEARLS ACIDOPHILUS	L. ACIDOPHILUS/BIFIDO. LONGUM	0	999	Cystic Fib Diag Auto PA
		PROBIOTIC PEARLS COMPLETE SFGL	LACTOBACILLUS COMBO NO.13	0	999	Cystic Fib Diag Auto PA
		PROBIOTIC PLUS COLOSTRUM POWD	LACTOBAC 42/BIFID 8/COLOST/FOS	0	999	Cystic Fib Diag Auto PA
		PROBIOTIC SOFTGEL	LACTOBACILLUS ACIDOPHILUS	0	999	Cystic Fib Diag Auto PA
		PROBIOTIC WITH PREBIOTIC CAP	BACILLUS COAGULANS/INULIN	0	999	Cystic Fib Diag Auto PA
		PROBIOTIC-DIGESTIVE ENZYMES	L. ACIDOPHILUS/DIG ENZ CMB 5	0	999	Cystic Fib Diag Auto PA
		RA PROBIOTIC COLON CARE CAP	L GASSERI/B BIFIDUM/B LONGUM	0	999	Cystic Fib Diag Auto PA
		RA PROBIOTIC COMPLEX CAPSULE	L.ACID/B.ANIMALIS,BIFIDUM/FOS	0	999	Cystic Fib Diag Auto PA
		RA PROBIOTIC DIGESTIVE CARE CP	LACTOBACILLUS RHAMNOSUS GG	0	999	Cystic Fib Diag Auto PA
		RA PROBIOTIC GUMMIES	BACILLUS COAGULANS	0	999	Cystic Fib Diag Auto PA
		REJUVAFLOR 10 BILLION CFU CAP	LACTOBACILLUS ACIDOPHILUS	0	999	Cystic Fib Diag Auto PA
		SV PROBIOTIC ACIDOPHILUS CPLT	LACTOBACILLUS ACIDOPHILUS	0	999	Cystic Fib Diag Auto PA
		UP-UP PROBIOTIC 20 BIL CFU CAP	LACTOBAC NO.21/BIFIDOBACT NO.6	0	999	Cystic Fib Diag Auto PA
D4E	ANTI-ULCER PREPARATIONS	MISOPROSTOL 100 MCG TABLET	MISOPROSTOL	0	999	No
		MISOPROSTOL 200 MCG TABLET	MISOPROSTOL	0	999	No
		SUCRALFATE 1 GM TABLET	SUCRALFATE	0	999	No
		SUCRALFATE 1 GM/10 ML SUSP	SUCRALFATE	0	999	No
D4F	ANTI-ULCER-H.PYLORI AGENTS	PYLERA CAPSULE	BISMUTH/METRONID/TETRACYCLINE	0	999	No
		TALICIA DR 10-250-12.5 MG CAP	OMEPRAZOLE/AMOXICILL/RIFABUTIN	18	999	No
D4J	PROTON-PUMP INHIBITORS	ACID REDUCER DR 20 MG CAP	OMEPRAZOLE MAGNESIUM	0	999	Cystic Fib Diag Auto PA
		CVS OMEPRAZOLE MAG DR 20 MG CP	OMEPRAZOLE MAGNESIUM	0	999	Cystic Fib Diag Auto PA

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
D4J	PROTON-PUMP INHIBITORS	CVS OMEPRAZOLE MAG DR 20.6 MG	OMEPRAZOLE MAGNESIUM	0	999	Cystic Fib Diag Auto PA
		EQ OMEPRAZOLE MAG DR 20.6 MG	OMEPRAZOLE MAGNESIUM	0	999	Cystic Fib Diag Auto PA
		GNP OMEPRAZOLE MAG DR 20 MG CP	OMEPRAZOLE MAGNESIUM	0	999	Cystic Fib Diag Auto PA
		NEXIUM DR 10 MG PACKET	ESOMEPRAZOLE MAGNESIUM	0	11	No
		NEXIUM DR 2.5 MG PACKET	ESOMEPRAZOLE MAGNESIUM	0	11	No
		NEXIUM DR 20 MG PACKET	ESOMEPRAZOLE MAGNESIUM	0	11	No
		NEXIUM DR 40 MG PACKET	ESOMEPRAZOLE MAGNESIUM	0	11	No
		NEXIUM DR 5 MG PACKET	ESOMEPRAZOLE MAGNESIUM	0	11	No
		OMEPRAZOLE DR 10 MG CAPSULE	OMEPRAZOLE	1	999	No
		OMEPRAZOLE DR 20 MG CAPSULE	OMEPRAZOLE	1	999	No
		OMEPRAZOLE DR 20 MG TABLET	OMEPRAZOLE	0	999	Cystic Fib Diag Auto PA
		OMEPRAZOLE DR 40 MG CAPSULE	OMEPRAZOLE	1	999	No
		OMEPRAZOLE MAG DR 20 MG CAP	OMEPRAZOLE MAGNESIUM	0	999	Cystic Fib Diag Auto PA
		OMEPRAZOLE MAG DR 20.6 MG CAP	OMEPRAZOLE MAGNESIUM	0	999	Cystic Fib Diag Auto PA
		PANTOPRAZOLE SOD DR 20 MG TAB	PANTOPRAZOLE SODIUM	5	999	No
		PANTOPRAZOLE SOD DR 40 MG TAB	PANTOPRAZOLE SODIUM	5	999	No
		PREVACID 15 MG SOLUTAB	LANSOPRAZOLE	1	11	No
		PREVACID 30 MG SOLUTAB	LANSOPRAZOLE	1	11	No
		QC OMEPRAZOLE MAG DR 20.6 MG	OMEPRAZOLE MAGNESIUM	0	999	Cystic Fib Diag Auto PA
D6C	IRRITABLE BOWEL SYNDROME AGENTS, 5-HT3 ANTAG	ALOSETRON HCL 0.5 MG TABLET	ALOSETRON HCL	0	999	Requires Med Cert 3
		ALOSETRON HCL 1 MG TABLET	ALOSETRON HCL	0	999	Requires Med Cert 3
		LOTRONEX 0.5 MG TABLET	ALOSETRON HCL	0	999	Requires Med Cert 3
		LOTRONEX 1 MG TABLET	ALOSETRON HCL	0	999	Requires Med Cert 3
D6D	ANTIDIARRHEALS	DIPHENOXYLATE-ATROP 2.5-0.025	DIPHENOXYLATE HCL/ATROPINE	0	999	No
		LOPERAMIDE 2 MG CAPSULE	LOPERAMIDE HCL	0	999	No
D6F	DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALI	APRISO ER 0.375 GRAM CAPSULE	MESALAMINE	0	999	No
		BALSALAZIDE DISODIUM 750 MG CP	BALSALAZIDE DISODIUM	0	999	No
		DELZICOL DR 400 MG CAPSULE	MESALAMINE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
D6F	DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALI	LIALDA DR 1.2 GM TABLET	MESALAMINE	0	999	No
		SULFASALAZINE 500 MG TABLET	SULFASALAZINE	0	999	No
		SULFASALAZINE DR 500 MG TAB	SULFASALAZINE	0	999	No
D6G	IBS-C/CIC AGENTS, GUANYLATE CYCLASE-C AGONIST	LINZESS 145 MCG CAPSULE	LINACLOTIDE	18	999	Auto PA
		LINZESS 290 MCG CAPSULE	LINACLOTIDE	18	999	Auto PA
		LINZESS 72 MCG CAPSULE	LINACLOTIDE	18	999	Auto PA
D6S	LAXATIVES AND CATHARTICS	AMITIZA 24 MCG CAPSULES	LUBIPROSTONE	18	999	Auto PA
		AMITIZA 8 MCG CAPSULE	LUBIPROSTONE	18	999	Auto PA
		CLEARLAX POWDER	POLYETHYLENE GLYCOL 3350	0	20	No
		CLENPIQ SOLUTION	SOD PICOSULF/MAG OX/CITRIC AC	9	999	No
		GOLYTELY SOLUTION	PEG3350/SOD SULF,BICARB,CL/KCL	0	999	No
		LACTULOSE 10 GM/15 ML SOLUTION	LACTULOSE	0	999	No
		LACTULOSE 20 GM/30 ML SOLUTION	LACTULOSE	0	999	No
		PEG 3350-ELECTROLYTE SOLUTION	SODIUM CHLORIDE/NAHCO3/KCL/PEG	0	999	No
		PEG-3350 AND ELECTROLYTES SOLN	PEG3350/SOD SULF,BICARB,CL/KCL	0	999	No
		POLYETHYLENE GLYCOL 3350 POWD	POLYETHYLENE GLYCOL 3350	0	20	No
D7A	BILE SALTS	URSODIOL 250 MG TABLET	URSODIOL	0	999	No
		URSODIOL 300 MG CAPSULE	URSODIOL	0	999	No
		URSODIOL 500 MG TABLET	URSODIOL	0	999	No
D7L	BILE SALT SEQUESTRANTS	CHOLESTYRAMINE LIGHT PACKET	CHOLESTYRAMINE/ASPARTAME	0	999	No
		CHOLESTYRAMINE LIGHT POWDER	CHOLESTYRAMINE/ASPARTAME	0	999	No
		CHOLESTYRAMINE PACKET	CHOLESTYRAMINE (WITH SUGAR)	0	999	No
		CHOLESTYRAMINE POWDER	CHOLESTYRAMINE (WITH SUGAR)	0	999	No
		COLESTIPOL HCL 1 GM TABLET	COLESTIPOL HCL	0	999	No
		COLESTIPOL HCL GRANULES	COLESTIPOL HCL	0	999	No
		COLESTIPOL HCL GRANULES PACKET	COLESTIPOL HCL	0	999	No
D8A	PANCREATIC ENZYMES	CREON DR 12,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	Auto PA
		CREON DR 24,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	Auto PA

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
D8A	PANCREATIC ENZYMES	CREON DR 3,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	Auto PA
		CREON DR 36,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	Auto PA
		CREON DR 6,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	Auto PA
		PANCREAZE DR 10,500 UNIT CAP	LIPASE/PROTEASE/AMYLASE	0	999	Auto PA
		PANCREAZE DR 16,800 UNIT CAP	LIPASE/PROTEASE/AMYLASE	0	999	Auto PA
		PANCREAZE DR 2,600 UNIT CAP	LIPASE/PROTEASE/AMYLASE	0	999	Auto PA
		PANCREAZE DR 21,000 UNIT CAP	LIPASE/PROTEASE/AMYLASE	0	999	Auto PA
		PANCREAZE DR 37,000 UNIT CAP	LIPASE/PROTEASE/AMYLASE	0	999	Auto PA
		PANCREAZE DR 4,200 UNIT CAP	LIPASE/PROTEASE/AMYLASE	0	999	Auto PA
		PERTZYE DR 16,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	Auto PA
		PERTZYE DR 24,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	Auto PA
		PERTZYE DR 4,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	Auto PA
		PERTZYE DR 8,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	Auto PA
		VIOKACE 10,440-39,150 UNIT TAB	LIPASE/PROTEASE/AMYLASE	18	999	Auto PA
		VIOKACE 10,440-39,150 UNITS TB	LIPASE/PROTEASE/AMYLASE	18	999	Auto PA
		VIOKACE 20,880-78,300 UNITS TB	LIPASE/PROTEASE/AMYLASE	18	999	Auto PA
		ZENPEP DR 10,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	Auto PA
		ZENPEP DR 15,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	Auto PA
		ZENPEP DR 20,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	Auto PA
		ZENPEP DR 25,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	Auto PA
		ZENPEP DR 3,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	Auto PA
		ZENPEP DR 40,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	Auto PA
		ZENPEP DR 5,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	0	999	Auto PA
D9A	AMMONIA INHIBITORS	LACTULOSE 10 GM/15 ML SOLUTION	LACTULOSE	0	999	No
F1A	ANDROGENIC AGENTS	ANDRODERM 2 MG/24HR PATCH	TESTOSTERONE	18	999	Clinical PA Required
		ANDRODERM 4 MG/24HR PATCH	TESTOSTERONE	18	999	Clinical PA Required
		ANDROGEL 1.62% GEL PUMP	TESTOSTERONE	18	999	Clinical PA Required
		TESTOSTERON CYP 1,000 MG/10 ML	TESTOSTERONE CYPIONATE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
F1A	ANDROGENIC AGENTS	TESTOSTERON CYP 2,000 MG/10 ML	TESTOSTERONE CYPIONATE	0	999	No
		TESTOSTERON ENAN 1,000 MG/5 ML	TESTOSTERONE ENANTHATE	0	999	No
		TESTOSTERONE 1.62% GEL PUMP	TESTOSTERONE	18	999	Clinical PA Required
		TESTOSTERONE 12.5 MG/1.25 GRAM	TESTOSTERONE	18	999	Clinical PA Required
		TESTOSTERONE CYP 100 MG/ML	TESTOSTERONE CYPIONATE	0	999	No
		TESTOSTERONE CYP 200 MG/ML	TESTOSTERONE CYPIONATE	0	999	No
		TESTOSTERONE ENAN 200 MG/ML	TESTOSTERONE ENANTHATE	0	999	No
G1A	ESTROGENIC AGENTS	CLIMARA 0.025 MG/DAY PATCH	ESTRADIOL	0	999	No
		CLIMARA 0.0375 MG/DAY PATCH	ESTRADIOL	0	999	No
		CLIMARA 0.05 MG/DAY PATCH	ESTRADIOL	0	999	No
		CLIMARA 0.075 MG/DAY PATCH	ESTRADIOL	0	999	No
		CLIMARA 0.1 MG/DAY PATCH	ESTRADIOL	0	999	No
		CLIMARA PRO PATCH	ESTRADIOL/LEVONORGESTREL	0	999	No
		COMBIPATCH 0.05-0.14 MG PTCH	ESTRADIOL/NORETHINDRONE ACET	0	999	No
		COMBIPATCH 0.05-0.25 MG PTCH	ESTRADIOL/NORETHINDRONE ACET	0	999	No
		ESTRADIOL 0.025 MG PATCH(1/WK)	ESTRADIOL	0	999	No
		ESTRADIOL 0.0375MG PATCH(1/WK)	ESTRADIOL	0	999	No
		ESTRADIOL 0.05 MG PATCH (1/WK)	ESTRADIOL	0	999	No
		ESTRADIOL 0.06 MG PATCH (1/WK)	ESTRADIOL	0	999	No
		ESTRADIOL 0.075 MG PATCH(1/WK)	ESTRADIOL	0	999	No
		ESTRADIOL 0.1 MG PATCH (1/WK)	ESTRADIOL	0	999	No
		ESTRADIOL 0.5 MG TABLET	ESTRADIOL	0	999	No
		ESTRADIOL 1 MG TABLET	ESTRADIOL	0	999	No
		ESTRADIOL 2 MG TABLET	ESTRADIOL	0	999	No
		ESTRADIOL VALERATE 100 MG/5 ML	ESTRADIOL VALERATE	0	999	No
		ESTRADIOL VALERATE 200 MG/5 ML	ESTRADIOL VALERATE	0	999	No
		ESTRADIOL-NORETH 0.5-0.1 MG TB	ESTRADIOL/NORETHINDRONE ACET	18	999	No
		ESTRADIOL-NORETH 1-0.5 MG TAB	ESTRADIOL/NORETHINDRONE ACET	18	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
G1A	ESTROGENIC AGENTS	FEMHRT 0.5 MG-2.5 MCG TABLET	NORETHINDRONE AC-ETH ESTRADIOL	0	999	No
		NORETHIND-ETH ESTRAD 0.5-2.5	NORETHINDRONE AC-ETH ESTRADIOL	0	999	No
		NORETHIN-ETH ESTRAD 1 MG-5 MCG	NORETHINDRONE AC-ETH ESTRADIOL	0	999	No
		PREMARIN 0.3 MG TABLET	ESTROGENS, CONJUGATED	0	999	No
		PREMARIN 0.45 MG TABLET	ESTROGENS, CONJUGATED	0	999	No
		PREMARIN 0.625 MG TABLET	ESTROGENS, CONJUGATED	0	999	No
		PREMARIN 0.9 MG TABLET	ESTROGENS, CONJUGATED	0	999	No
		PREMARIN 1.25 MG TABLET	ESTROGENS, CONJUGATED	0	999	No
		PREMPHASE 0.625-5 MG TABLET	ESTROGEN,CON/M-PROGEST ACET	0	999	No
		PREMPRO 0.3 MG-1.5 MG TABLET	ESTROGEN,CON/M-PROGEST ACET	0	999	No
		PREMPRO 0.45-1.5 MG TABLET	ESTROGEN,CON/M-PROGEST ACET	0	999	No
		PREMPRO 0.625-2.5 MG TABLET	ESTROGEN,CON/M-PROGEST ACET	0	999	No
		PREMPRO 0.625-5 MG TABLET	ESTROGEN,CON/M-PROGEST ACET	0	999	No
		VIVELLE-DOT 0.025 MG PATCH	ESTRADIOL	0	999	No
		VIVELLE-DOT 0.0375 MG PATCH	ESTRADIOL	0	999	No
		VIVELLE-DOT 0.05 MG PATCH	ESTRADIOL	0	999	No
		VIVELLE-DOT 0.075 MG PATCH	ESTRADIOL	0	999	No
		VIVELLE-DOT 0.1 MG PATCH	ESTRADIOL	0	999	No
G1B	ESTROGEN/ANDROGEN COMBINATIONS	ESTROGEN-METHYLTESTOS F.S. TAB	ESTROGEN,ESTER/ME-TESTOSTERONE	0	999	No
		ESTROGEN-METHYLTESTOS H.S. TAB	ESTROGEN,ESTER/ME-TESTOSTERONE	0	999	No
G2A	PROGESTATIONAL AGENTS	MEDROXYPROGESTERONE 10 MG TAB	MEDROXYPROGESTERONE ACETATE	0	999	No
		MEDROXYPROGESTERONE 2.5 MG TAB	MEDROXYPROGESTERONE ACETATE	0	999	No
		MEDROXYPROGESTERONE 5 MG TAB	MEDROXYPROGESTERONE ACETATE	0	999	No
		NORETHINDRN 5 MG TB (LUPANETA)	NORETHINDRONE ACETATE	18	999	Auto PA
		NORETHINDRONE 5 MG TABLET	NORETHINDRONE ACETATE	0	999	No
		PROGESTERONE 100 MG CAPSULE	PROGESTERONE, MICRONIZED	0	999	No
		PROGESTERONE 200 MG CAPSULE	PROGESTERONE, MICRONIZED	0	999	No
		PROGESTERONE 500 MG/10 ML VIAL	PROGESTERONE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
G3A	OXYTOCICS	METHYLERGONOVINE 0.2 MG TABLET	METHYLERGONOVINE MALEATE	0	999	No
G8A	CONTRACEPTIVES,ORAL	AFIRMELLE-28 TABLET	LEVONORGESTREL/ETHIN. ESTRADIOL	12	999	No
		AFTERA 1.5 MG TABLET	LEVONORGESTREL	12	999	No
		ALTAVERA-28 TABLET	LEVONORGESTREL/ETHIN. ESTRADIOL	12	999	No
		ALYACEN 1-35 28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	12	999	No
		ALYACEN 7-7-7-28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	12	999	No
		AMETHIA 0.15-0.03-0.01 MG TAB	L-NORGEST/E. ESTRADIOL-E. ESTRAD	12	999	No
		AMETHIA LO TABLET	L-NORGEST/E. ESTRADIOL-E. ESTRAD	12	999	No
		AMETHYST 90-20 MCG TABLET	LEVONORGESTREL/ETHIN. ESTRADIOL	12	999	No
		APRI 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	12	999	No
		ARANELLE 28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	12	999	No
		ASHLYNA 0.15-0.03-0.01 MG TAB	L-NORGEST/E. ESTRADIOL-E. ESTRAD	12	999	No
		AUBRA EQ-28 TABLET	LEVONORGESTREL/ETHIN. ESTRADIOL	12	999	No
		AUBRA-28 TABLET	LEVONORGESTREL/ETHIN. ESTRADIOL	12	999	No
		AUROVELA 1 MG-20 MCG TABLET	NORETHINDRONE AC-ETH ESTRADIOL	12	999	No
		AUROVELA 21 1.5-30 TABLET	NORETHINDRONE AC-ETH ESTRADIOL	12	999	No
		AUROVELA 24 FE 1 MG-20 MCG TAB	NORETHINDRONE-E. ESTRADIOL-IRON	12	999	No
		AUROVELA FE 1.5 MG-30 MCG TAB	NORETHINDRONE-E. ESTRADIOL-IRON	12	999	No
		AUROVELA FE 1-20 TABLET	NORETHINDRONE-E. ESTRADIOL-IRON	12	999	No
		AVIANE-28 TABLET	LEVONORGESTREL/ETHIN. ESTRADIOL	12	999	No
		AYUNA-28 TABLET	LEVONORGESTREL/ETHIN. ESTRADIOL	12	999	No
		AZURETTE 28 DAY TABLET	DESOG-E. ESTRADIOL/E. ESTRADIOL	12	999	No
		BALCOLTRA TABLET	LEVONORGEST/ETH. ESTRADIOL/IRON	12	999	No
		BALZIVA 28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	12	999	No
		BEKYREE 28 DAY TABLET	DESOG-E. ESTRADIOL/E. ESTRADIOL	12	999	No
		BEYAZ 28 TABLET	DROSPIR/ETH ESTRA/LEVOMEFOL CA	12	999	No
		BLISOVI 24 FE TABLET	NORETHINDRONE-E. ESTRADIOL-IRON	12	999	No
		BLISOVI FE 1.5-30 TABLET	NORETHINDRONE-E. ESTRADIOL-IRON	12	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
G8A	CONTRACEPTIVES,ORAL	BLISOVI FE 1-20 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		BRIELLYN TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	12	999	No
		CAMILA 0.35 MG TABLET	NORETHINDRONE	12	999	No
		CAMRESE 0.15-0.03-0.01 MG TAB	L-NORGEST/E.ESTRADIOL-E.ESTRAD	12	999	No
		CAMRESE LO TABLET	L-NORGEST/E.ESTRADIOL-E.ESTRAD	12	999	No
		CAZIAN 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	12	999	No
		CHARLOTTE 24 FE CHEWABLE TAB	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		CHATEAL EQ-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	12	999	No
		CHATEAL-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	12	999	No
		CRYSELLE-28 TABLET	NORGESTREL-ETHINYL ESTRADIOL	12	999	No
		CYCLAFEM 1-35-28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	12	999	No
		CYCLAFEM 7-7-7-28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	12	999	No
		CYRED 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	12	999	No
		CYRED EQ 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	12	999	No
		DASETTA 1-35-28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	12	999	No
		DASETTA 7/7/7-28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	12	999	No
		DAYSEE 0.15-0.03-0.01 MG TAB	L-NORGEST/E.ESTRADIOL-E.ESTRAD	12	999	No
		DEBLITANE 0.35 MG TABLET	NORETHINDRONE	12	999	No
		DESOGESTREL-EE 0.15-0.03 MG TB	DESOGESTREL-ETHINYL ESTRADIOL	12	999	No
		DESOGESTR-ETH ESTRAD ETH ESTRA	DESOG-E.ESTRADIOL/E.ESTRADIOL	12	999	No
		DOLISHALE 90-20 MCG TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	12	999	No
		DROSP-EE-LEVOMEF 3-0.02-0.451	DROSPIR/ETH ESTRA/LEVOMEFOL CA	12	999	No
		DROSP-EE-LEVOMEF 3-0.03-0.451	DROSPIR/ETH ESTRA/LEVOMEFOL CA	12	999	No
		DROSPIRENONE-EE 3-0.02 MG TAB	ETHINYL ESTRADIOL/DROSPIRENONE	12	999	No
		DROSPIRENONE-EE 3-0.03 MG TAB	ETHINYL ESTRADIOL/DROSPIRENONE	12	999	No
		ECONTRA EZ 1.5 MG TABLET	LEVONORGESTREL	12	999	No
		ECONTRA ONE-STEP 1.5 MG TABLET	LEVONORGESTREL	12	999	No
		ELINEST-28 TABLET	NORGESTREL-ETHINYL ESTRADIOL	12	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
G8A	CONTRACEPTIVES,ORAL	ELLA 30 MG TABLET	ULIPRISTAL ACETATE	12	999	No
		EMOQUETTE 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	12	999	No
		ENPRESSE-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	12	999	No
		ENSKYCE 28 TABLET	DESOGESTREL-ETHINYL ESTRADIOL	12	999	No
		ERRIN 0.35 MG TABLET	NORETHINDRONE	12	999	No
		ESTARYLLA 0.25-0.035 MG TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
		ETHYNODIOL-ETH ESTRA 1MG-35MCG	ETHYNODIOL D-ETHINYL ESTRADIOL	12	999	No
		ETHYNODIOL-ETH ESTRA 1MG-50MCG	ETHYNODIOL D-ETHINYL ESTRADIOL	12	999	No
		FALMINA-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	12	999	No
		FEMYNOR 28 TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
		GEMMILY 1 MG-20 MCG CAPSULE	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		GENERESS FE CHEWABLE TABLET	NORETH-ETHINYL ESTRADIOL/IRON	12	999	No
		GIANVI 3 MG-0.02 MG TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	12	999	No
		HAILEY 21 1.5 MG-30 MCG TAB	NORETHINDRONE AC-ETH ESTRADIOL	12	999	No
		HAILEY 24 FE 1 MG-20 MCG TAB	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		HAILEY FE 1.5-30 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		HAILEY FE 1-20 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		HEATHER 0.35 MG TABLET	NORETHINDRONE	12	999	No
		ICLEVIA 0.15 MG-0.03 MG TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	12	999	No
		INCASSIA 0.35 MG TABLET	NORETHINDRONE	12	999	No
		ISIBLOOM 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	12	999	No
		JAIMIESS 0.15-0.03-0.01 MG TAB	L-NORGEST/E.ESTRADIOL-E.ESTRAD	12	999	No
		JASMIEL 3 MG-0.02 MG TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	12	999	No
		JENCYCLA 0.35 MG TABLET	NORETHINDRONE	12	999	No
		JOLESSA 0.15 MG-0.03 MG TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	12	999	No
		JULEBER 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	12	999	No
		JUNEL 1 MG-20 MCG TABLET	NORETHINDRONE AC-ETH ESTRADIOL	12	999	No
		JUNEL 1.5 MG-30 MCG TABLET	NORETHINDRONE AC-ETH ESTRADIOL	12	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
G8A	CONTRACEPTIVES,ORAL	JUNEL FE 1 MG-20 MCG TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		JUNEL FE 1.5 MG-30 MCG TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		JUNEL FE 24 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		KAITLIB FE 0.8-0.025MG CHEW TB	NORETH-ETHINYL ESTRADIOL/IRON	12	999	No
		KALLIGA 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	12	999	No
		KARIVA 28 DAY TABLET	DESOG-E.ESTRADIOL/E.ESTRADIOL	12	999	No
		KELNOR 1-35 28 TABLET	ETHYNODIOL D-ETHINYL ESTRADIOL	12	999	No
		KELNOR 1-50 TABLET	ETHYNODIOL D-ETHINYL ESTRADIOL	12	999	No
		KURVELO-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	12	999	No
		LARIN 1.5 MG-30 MCG TABLET	NORETHINDRONE AC-ETH ESTRADIOL	12	999	No
		LARIN 21 1-20 TABLET	NORETHINDRONE AC-ETH ESTRADIOL	12	999	No
		LARIN 24 FE 1 MG-20 MCG TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		LARIN FE 1.5-30 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		LARIN FE 1-20 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		LARISSIA-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	12	999	No
		LAYOLIS FE CHEWABLE TABLET	NORETH-ETHINYL ESTRADIOL/IRON	12	999	No
		LEENA 28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	12	999	No
		LESSINA-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	12	999	No
		LEVONEST-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	12	999	No
		LEVONO-E ESTRAD 0.15-0.03-0.01	L-NORGEST/E.ESTRADIOL-E.ESTRAD	12	999	No
		LEVONOR-E ESTRAD 0.1-0.02-0.01	L-NORGEST/E.ESTRADIOL-E.ESTRAD	12	999	No
		LEVONOR-ETH ESTRA 0.09-0.02 MG	LEVONORGESTREL/ETHIN.ESTRADIOL	12	999	No
		LEVONOR-ETH ESTRAD 0.1-0.02 MG	LEVONORGESTREL/ETHIN.ESTRADIOL	12	999	No
		LEVONOR-ETH ESTRAD 0.15-0.03	LEVONORGESTREL/ETHIN.ESTRADIOL	12	999	No
		LEVONOR-ETH ESTRAD TRIPHASIC	LEVONORGESTREL/ETHIN.ESTRADIOL	12	999	No
		LEVONORG 0.15MG-EE 20-25-30MCG	L-NORGEST/E.ESTRADIOL-E.ESTRAD	12	999	No
		LEVONORGESTREL 1.5 MG TABLET	LEVONORGESTREL	12	999	No
		LEVORA-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	12	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
G8A	CONTRACEPTIVES,ORAL	LILLOW-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	12	999	No
		LO LOESTRIN FE 1-10 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		LOESTRIN 21 1.5-30 TABLET	NORETHINDRONE AC-ETH ESTRADIOL	12	999	No
		LOESTRIN 21 1-20 TABLET	NORETHINDRONE AC-ETH ESTRADIOL	12	999	No
		LOESTRIN FE 1.5-30 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		LOESTRIN FE 1-20 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		LOJAIMIESS 0.1-0.02-0.01 TAB	L-NORGEST/E.ESTRADIOL-E.ESTRAD	12	999	No
		LORYNA 3 MG-0.02 MG TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	12	999	No
		LOSEASONIQUE TABLET	L-NORGEST/E.ESTRADIOL-E.ESTRAD	12	999	No
		LOW-OGESTREL-28 TABLET	NORGESTREL-ETHINYL ESTRADIOL	12	999	No
		LO-ZUMANDIMINE 3 MG-0.02 MG TB	ETHINYL ESTRADIOL/DROSPIRENONE	12	999	No
		LUTERA-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	12	999	No
		LYLEQ 0.35 MG TABLET	NORETHINDRONE	12	999	No
		LYZA 0.35 MG TABLET	NORETHINDRONE	12	999	No
		MARLISSA-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	12	999	No
		MELODETTA 24 FE CHEWABLE TAB	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		MERZEE 1 MG-20 MCG CAPSULE	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		MIBELAS 24 FE CHEWABLE TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		MICROGESTIN 21 1.5-30 TAB	NORETHINDRONE AC-ETH ESTRADIOL	12	999	No
		MICROGESTIN 21 1-20 TABLET	NORETHINDRONE AC-ETH ESTRADIOL	12	999	No
		MICROGESTIN 24 FE 1 MG-20 MCG	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		MICROGESTIN FE 1.5-30 TAB	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		MICROGESTIN FE 1-20 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		MILI 0.25-0.035 MG TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
		MINASTRIN 24 FE CHEWABLE TAB	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		MIRCETTE 28 DAY TABLET	DESOG-E.ESTRADIOL/E.ESTRADIOL	12	999	No
		MONO-LINYAH 28 TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
		MY CHOICE 1.5 MG TABLET	LEVONORGESTREL	12	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
G8A	CONTRACEPTIVES,ORAL	NATAZIA 28 TABLET	ESTRADIOL VALERATE/DIENOGEST	12	999	No
		NECON 0.5-35-28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	12	999	No
		NEW DAY 1.5 MG TABLET	LEVONORGESTREL	12	999	No
		NEXTSTELLIS 3-14.2 MG TABLET	DROSPIRENONE/ESTETROL	12	999	No
		NIKKI 3 MG-0.02 MG TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	12	999	No
		NORA-BE TABLET	NORETHINDRONE	12	999	No
		NORET-ESTR-FE 0.4-0.035(21)-75	NORETH-ETHINYL ESTRADIOL/IRON	12	999	No
		NORETH-EE-FE 1.5-0.03MG(21)-75	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		NORETH-EE-FE 1-0.02(21)-75 TAB	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		NORETH-EE-FE 1-0.02(24)-75 CAP	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		NORETH-EE-FE 1-0.02(24)-75 CHW	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		NORETHIND-ETH ESTRAD 1-0.02 MG	NORETHINDRONE AC-ETH ESTRADIOL	12	999	No
		NORETHINDRONE 0.35 MG TABLET	NORETHINDRONE	12	999	No
		NORETHIN-EE 1.5-0.03 MG(21) TB	NORETHINDRONE AC-ETH ESTRADIOL	12	999	No
		NORETHIN-ESTRA-FE 0.8-0.025 MG	NORETH-ETHINYL ESTRADIOL/IRON	12	999	No
		NORG-EE 0.18-0.215-0.25/0.025	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
		NORG-EE 0.18-0.215-0.25/0.035	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
		NORG-ETHIN ESTRA 0.25-0.035 MG	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
		NORLYDA 0.35 MG TABLET	NORETHINDRONE	12	999	No
		NORTREL 0.5-35-28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	12	999	No
		NORTREL 1-35 21 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	12	999	No
		NORTREL 1-35 28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	12	999	No
		NORTREL 7-7-7-28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	12	999	No
		NYLIA 1-35 28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	12	999	No
		NYLIA 7-7-7-28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	12	999	No
		NYMYO 0.25-0.035 MG (28) TAB	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
		OCELLA 3 MG-0.03 MG TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	12	999	No
		OPCICON ONE-STEP 1.5 MG TABLET	LEVONORGESTREL	12	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
G8A	CONTRACEPTIVES,ORAL	ORSYTHIA-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	12	999	No
		ORTHO TRI-CYCLEN 28 TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
		ORTHO-NOVUM 7-7-7-28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	12	999	No
		PHILITH 0.4-0.035 MG TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	12	999	No
		PIMTREA 28 DAY TABLET	DESOG-E.ESTRADIOL/E.ESTRADIOL	12	999	No
		PIRMELLA 1-35 28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	12	999	No
		PIRMELLA 7-7-7-28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	12	999	No
		PLAN B ONE-STEP 1.5 MG TABLET	LEVONORGESTREL	12	999	No
		PORTIA-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	12	999	No
		PREVIFEM TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
		QUARTETTE TABLET	L-NORGEST/E.ESTRADIOL-E.ESTRAD	12	999	No
		RECLIPSEN 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	12	999	No
		RIVELSA TABLET	L-NORGEST/E.ESTRADIOL-E.ESTRAD	12	999	No
		SAFYRAL TABLET	DROSPIR/ETH ESTRA/LEVOMEFOL CA	12	999	No
		SEASONIQUE 0.15-0.03-0.01 TAB	L-NORGEST/E.ESTRADIOL-E.ESTRAD	12	999	No
		SETLAKIN 0.15 MG-0.03 MG TAB	LEVONORGESTREL/ETHIN.ESTRADIOL	12	999	No
		SHAROBEL 0.35 MG TABLET	NORETHINDRONE	12	999	No
		SIMLIYA 28 DAY TABLET	DESOG-E.ESTRADIOL/E.ESTRADIOL	12	999	No
		SIMPESSE 0.15-0.03-0.01 MG TAB	L-NORGEST/E.ESTRADIOL-E.ESTRAD	12	999	No
		SLYND 4 MG TABLET	DROSPIRENONE	12	999	No
		SPRINTEC 28 DAY TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
		SRONYX 0.10-0.02 MG TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	12	999	No
		SYEDA 28 TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	12	999	No
		TAKE ACTION 1.5 MG TABLET	LEVONORGESTREL	12	999	No
		TARINA 24 FE 1 MG-20 MCG TAB	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		TARINA FE 1-20 EQ TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		TARINA FE 1-20 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		TAYSOFY 1 MG-20 MCG CAPSULE	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
G8A	CONTRACEPTIVES,ORAL	TAYTULLA 1 MG-20 MCG CAPSULE	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		TILIA FE 28 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		TRI FEMYNOR 28 TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
		TRI-ESTARYLLA TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
		TRI-LEGEST FE-28 DAY TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	12	999	No
		TRI-LINYAH TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
		TRI-LO-ESTARYLLA TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
		TRI-LO-MARZIA TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
		TRI-LO-MILI TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
		TRI-LO-SPRINTEC TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
		TRI-MILI 28 TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
		TRI-NYMYO 28 TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
		TRI-PREVIFEM TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
		TRI-SPRINTEC TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
		TRIVORA-28 TABLET	LEVONORGESTREL/ETHIN. ESTRADIOL	12	999	No
		TRI-VYLIBRA 28 TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
		TRI-VYLIBRA LO TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
		TULANA 0.35 MG TABLET	NORETHINDRONE	12	999	No
		TYBLUME 0.1-0.02 MG CHEW TAB	LEVONORGESTREL/ETHIN. ESTRADIOL	12	999	No
		TYDEMY 3-0.03-0.451 MG TABLET	DROSPIR/ETH ESTRA/LEVOMEFOL CA	12	999	No
		VELIVET 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	12	999	No
		VESTURA 3 MG-0.02 MG TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	12	999	No
		VIENVA-28 TABLET	LEVONORGESTREL/ETHIN. ESTRADIOL	12	999	No
		VIORELE 28 DAY TABLET	DESOG-E. ESTRADIOL/E. ESTRADIOL	12	999	No
		VOLNEA 0.15-0.02-0.01 MG TAB	DESOG-E. ESTRADIOL/E. ESTRADIOL	12	999	No
		VYFEMLA 0.4 MG-0.035 MG TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	12	999	No
		VYLIBRA 28 TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	12	999	No
		WERA 0.5/0.035 MG 28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	12	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
G8A	CONTRACEPTIVES,ORAL	WYMZYA FE 0.4-0.035 MG CHEW TB	NORETH-ETHINYL ESTRADIOL/IRON	12	999	No
		YASMIN 28 TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	12	999	No
		YAZ 28 TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	12	999	No
		ZARAH TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	12	999	No
		ZOVIA 1-35 TABLET	ETHYNODIOL D-ETHINYL ESTRADIOL	12	999	No
		ZOVIA 1-35E TABLET	ETHYNODIOL D-ETHINYL ESTRADIOL	12	999	No
		ZUMANDIMINE 3 MG-0.03 MG TAB	ETHINYL ESTRADIOL/DROSPIRENONE	12	999	No
G8C	CONTRACEPTIVES,INJECTABLE	DEPO-SUBQ PROVERA 104 SYRINGE	MEDROXYPROGESTERONE ACETATE	12	999	No
		MEDROXYPROGESTERONE 150 MG/ML	MEDROXYPROGESTERONE ACETATE	12	999	No
G8F	CONTRACEPTIVES,TRANSDERMAL	TWIRLA 120-30 MCG/DAY PATCH	LEVONORGESTREL/ETHIN. ESTRADIOL	12	999	No
		XULANE 150-35 MCG/DAY PATCH	NORELGESTROMIN/ETHIN. ESTRADIOL	12	999	No
		ZAFEMY 150-35 MCG/DAY PATCH	NORELGESTROMIN/ETHIN. ESTRADIOL	12	999	No
G9A	CONTRACEPTIVES,INTRAVAGINAL	PHEXXI 1.8-1-0.4% VAGINAL GEL	LACTIC ACID/CITRIC/POTASSIUM	12	999	No
G9B	CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC	ANNOVERA VAGINAL RING	SEGESTERONE AC/ETHIN ESTRADIOL	12	999	No
		ELURYNG VAGINAL RING	ETONOGESTREL/ETHINYL ESTRADIOL	12	999	No
		ETONOGESTREL-EE VAGINAL RING	ETONOGESTREL/ETHINYL ESTRADIOL	12	999	No
		NUVARING VAGINAL RING	ETONOGESTREL/ETHINYL ESTRADIOL	12	999	No
H0A	LOCAL ANESTHETICS	BUPIVACAINE 0.25% (2.5 MG/ML)	BUPIVACAINE HCL/PF	0	999	No
		BUPIVACAINE 0.25% VIAL	BUPIVACAINE HCL	0	999	No
			BUPIVACAINE HCL/PF	0	999	No
			BUPIVACAINE HCL/EPINEPHRINE	0	999	No
		BUPIVACAINE 0.25%-EPI 1:200000	BUPIVACAINE HCL/EPINEPHRINE/PF	0	999	No
			BUPIVACAINE HCL/PF	0	999	No
			BUPIVACAINE HCL/PF	0	999	No
		BUPIVACAINE 0.5% (5 MG/ML) AMP	BUPIVACAINE HCL/PF	0	999	No
		BUPIVACAINE 0.5% VIAL	BUPIVACAINE HCL	0	999	No
			BUPIVACAINE HCL/PF	0	999	No
			BUPIVACAINE HCL/EPINEPHRINE	0	999	No
			BUPIVACAINE HCL/EPINEPHRINE BI	0	999	No
			BUPIVACAINE HCL/EPINEPHRINE/PF	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H0A	LOCAL ANESTHETICS	BUPIVACAINE 0.75% AMPUL	BUPIVACAINE HCL/PF	0	999	No
		BUPIVACAINE 0.75% VIAL	BUPIVACAINE HCL/PF	0	999	No
		LIDOCAINE 0.5%-EPI 1:200,000	LIDOCAINE HCL/EPINEPHRINE	0	999	No
		LIDOCAINE 1%-EPI 1:100,000	LIDOCAINE HCL/EPINEPHRINE	0	999	No
		LIDOCAINE 1.5%-EPI 1:200,000	LIDOCAINE HCL/EPINEPHRINE/PF	0	999	No
		LIDOCAINE 2% VISCOUS SOLN	LIDOCAINE HCL	0	999	No
		LIDOCAINE 2%-EPI 1:100,000	LIDOCAINE HCL/EPINEPHRINE	0	999	No
		LIDOCAINE 2%-EPI 1:200,000	LIDOCAINE HCL/EPINEPHRINE/PF	0	999	No
		LIDOCAINE 2%-EPI 1:50,000 CART	LIDOCAINE HCL/EPINEPHRINE BIT	0	999	No
		LIDOCAINE 5% IN D7.5W AMPUL	LIDOCAINE HCL/DEXTROSE 7.5%/PF	0	999	No
		LIDOCAINE HCL 0.5% VIAL	LIDOCAINE HCL	0	999	No
			LIDOCAINE HCL/PF	0	999	No
		LIDOCAINE HCL 1% 20 MG/2 ML	LIDOCAINE HCL/PF	0	999	No
		LIDOCAINE HCL 1% 20 MG/2 ML VL	LIDOCAINE HCL/PF	0	999	No
		LIDOCAINE HCL 1% 300 MG/30 ML	LIDOCAINE HCL/PF	0	999	No
		LIDOCAINE HCL 1% 50 MG/5 ML	LIDOCAINE HCL/PF	0	999	No
		LIDOCAINE HCL 1% 50 MG/5 ML VL	LIDOCAINE HCL/PF	0	999	No
		LIDOCAINE HCL 1% AMPUL	LIDOCAINE HCL/PF	0	999	No
		LIDOCAINE HCL 1% VIAL	LIDOCAINE HCL	0	999	No
			LIDOCAINE HCL/PF	0	999	No
		LIDOCAINE HCL 1.5% AMPUL	LIDOCAINE HCL/PF	0	999	No
		LIDOCAINE HCL 2% 100 MG/5 ML	LIDOCAINE HCL/PF	0	999	No
		LIDOCAINE HCL 2% 40 MG/2 ML	LIDOCAINE HCL/PF	0	999	No
		LIDOCAINE HCL 2% 40 MG/2 ML VL	LIDOCAINE HCL/PF	0	999	No
		LIDOCAINE HCL 2% AMPUL	LIDOCAINE HCL/PF	0	999	No
		LIDOCAINE HCL 2% JEL UROJET AC	LIDOCAINE HCL	0	999	No
		LIDOCAINE HCL 2% JELLY	LIDOCAINE HCL	0	999	No
		LIDOCAINE HCL 2% JELLY URO-JET	LIDOCAINE HCL	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H0A	LOCAL ANESTHETICS	LIDOCAINE HCL 2% VIAL	LIDOCAINE HCL	0	999	No
			LIDOCAINE HCL/PF	0	999	No
		LIDOCAINE HCL 4% AMPUL	LIDOCAINE HCL/PF	0	999	No
		LIDOCAINE HCL 4% SOLUTION	LIDOCAINE HCL	0	999	No
		TETRACAINE 1% (20 MG/2 ML) VL	TETRACAINE HCL/PF	0	999	No
H0E	AGENTS TO TREAT MULTIPLE SCLEROSIS	AUBAGIO 14 MG TABLET	TERIFLUNOMIDE	18	999	No
		AUBAGIO 7 MG TABLET	TERIFLUNOMIDE	18	999	No
		AVONEX 30 MCG/0.5 ML SYRINGE	INTERFERON BETA-1A	18	999	No
		AVONEX PEN 30 MCG/0.5 ML KIT	INTERFERON BETA-1A	18	999	No
		AVONEX PREFILLED SYR 30 MCG KT	INTERFERON BETA-1A	18	999	No
		BETASERON 0.3 MG KIT	INTERFERON BETA-1B	18	999	No
		BETASERON 0.3 MG VIAL	INTERFERON BETA-1B	18	999	No
		COPAXONE 20 MG/ML SYRINGE	GLATIRAMER ACETATE	18	999	No
		DIMETHYL FUMARATE 30D START PK	DIMETHYL FUMARATE	18	999	No
		DIMETHYL FUMARATE DR 120 MG CP	DIMETHYL FUMARATE	18	999	No
		DIMETHYL FUMARATE DR 240 MG CP	DIMETHYL FUMARATE	18	999	No
		GILENYA 0.25 MG CAPSULE	FINGOLIMOD HCL	10	999	No
		GILENYA 0.5 MG CAPSULE	FINGOLIMOD HCL	10	999	No
		KESIMPTA 20 MG/0.4 ML PEN	OFATUMUMAB	18	999	No
H0F	AGTS TX NEUROMUSC TRANSMISSION DIS,POT-CHAN	DALFAMPRIDINE ER 10 MG TABLET	DALFAMPRIDINE	18	999	No
H1A	ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONI	MEMANTINE HCL 10 MG TABLET	MEMANTINE HCL	18	999	No
		MEMANTINE HCL 5 MG TABLET	MEMANTINE HCL	18	999	No
H20	ANTI-ANXIETY - BENZODIAZEPINES	ALPRAZOLAM 0.25 MG TABLET	ALPRAZOLAM	7	999	No
		ALPRAZOLAM 0.5 MG TABLET	ALPRAZOLAM	7	999	No
		ALPRAZOLAM 1 MG TABLET	ALPRAZOLAM	7	999	No
		ALPRAZOLAM 2 MG TABLET	ALPRAZOLAM	7	999	No
		CHLORDIAZEPOXIDE 10 MG CAPSULE	CHLORDIAZEPOXIDE HCL	6	999	No
		CHLORDIAZEPOXIDE 25 MG CAPSULE	CHLORDIAZEPOXIDE HCL	6	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H20	ANTI-ANXIETY - BENZODIAZEPINES	CHLORDIAZEPOXIDE 5 MG CAPSULE	CHLORDIAZEPOXIDE HCL	6	999	No
		DIAZEPAM 10 MG TABLET	DIAZEPAM	0	999	No
		DIAZEPAM 2 MG TABLET	DIAZEPAM	0	999	No
		DIAZEPAM 5 MG TABLET	DIAZEPAM	0	999	No
		DIAZEPAM 5 MG/5 ML ORAL SOLN	DIAZEPAM	0	999	No
		DIAZEPAM 5 MG/5 ML SOLUTION	DIAZEPAM	0	999	No
		LORAZEPAM 0.5 MG TABLET	LORAZEPAM	0	999	No
		LORAZEPAM 1 MG TABLET	LORAZEPAM	0	999	No
		LORAZEPAM 2 MG TABLET	LORAZEPAM	0	999	No
		LORAZEPAM 2 MG/ML ORAL CONCENT	LORAZEPAM	0	999	No
		LORAZEPAM INTENSOL 2 MG/ML	LORAZEPAM	0	999	No
		OXAZEPAM 10 MG CAPSULE	OXAZEPAM	6	999	No
		OXAZEPAM 15 MG CAPSULE	OXAZEPAM	6	999	No
		OXAZEPAM 30 MG CAPSULE	OXAZEPAM	6	999	No
H21	SEDATIVE-HYPNOTICS - BENZODIAZEPINES	LORAZEPAM 2 MG/ML CARPUJECT	LORAZEPAM	0	999	No
		LORAZEPAM 2 MG/ML VIAL	LORAZEPAM	0	999	No
		LORAZEPAM 20 MG/10 ML VIAL	LORAZEPAM	0	999	No
		LORAZEPAM 4 MG/ML CARPUJECT	LORAZEPAM	0	999	No
		LORAZEPAM 4 MG/ML VIAL	LORAZEPAM	0	999	No
		LORAZEPAM 40 MG/10 ML VIAL	LORAZEPAM	0	999	No
		TEMAZEPAM 15 MG CAPSULE	TEMAZEPAM	18	999	No
		TEMAZEPAM 30 MG CAPSULE	TEMAZEPAM	18	999	No
H2D	BARBITURATES	PHENOBARBITAL 100 MG TABLET	PHENOBARBITAL	0	999	No
		PHENOBARBITAL 15 MG TABLET	PHENOBARBITAL	0	999	No
		PHENOBARBITAL 16.2 MG TABLET	PHENOBARBITAL	0	999	No
		PHENOBARBITAL 20 MG/5 ML ELIX	PHENOBARBITAL	0	999	No
		PHENOBARBITAL 20 MG/5 ML SOLN	PHENOBARBITAL	0	999	No
		PHENOBARBITAL 30 MG TABLET	PHENOBARBITAL	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H2D	BARBITURATES	PHENOBARBITAL 30 MG/7.5 ML SOL	PHENOBARBITAL	0	999	No
		PHENOBARBITAL 32.4 MG TABLET	PHENOBARBITAL	0	999	No
		PHENOBARBITAL 60 MG TABLET	PHENOBARBITAL	0	999	No
		PHENOBARBITAL 60 MG/15 ML SOLN	PHENOBARBITAL	0	999	No
		PHENOBARBITAL 64.8 MG TABLET	PHENOBARBITAL	0	999	No
		PHENOBARBITAL 97.2 MG TABLET	PHENOBARBITAL	0	999	No
H2E	SEDATIVE-HYPNOTICS, NON-BARBITURATE	ESZOPICLONE 1 MG TABLET	ESZOPICLONE	18	999	No
		ESZOPICLONE 2 MG TABLET	ESZOPICLONE	18	999	No
		ESZOPICLONE 3 MG TABLET	ESZOPICLONE	18	999	No
		ZALEPLON 10 MG CAPSULE	ZALEPLON	18	999	No
		ZALEPLON 5 MG CAPSULE	ZALEPLON	18	999	No
		ZOLPIDEM TARTRATE 10 MG TABLET	ZOLPIDEM TARTRATE	18	999	Auto PA
H2F	ANTI-ANXIETY DRUGS	ZOLPIDEM TARTRATE 5 MG TABLET	ZOLPIDEM TARTRATE	18	999	No
		BUSPIRONE HCL 10 MG TABLET	BUSPIRONE HCL	0	999	No
		BUSPIRONE HCL 15 MG TABLET	BUSPIRONE HCL	0	999	No
		BUSPIRONE HCL 30 MG TABLET	BUSPIRONE HCL	0	999	No
		BUSPIRONE HCL 5 MG TABLET	BUSPIRONE HCL	0	999	No
		BUSPIRONE HCL 7.5 MG TABLET	BUSPIRONE HCL	0	999	No
H2G	ANTIPSYCHOTICS, PHENOTHIAZINES	CHLORPROMAZINE 10 MG TABLET	CHLORPROMAZINE HCL	18	999	No
		CHLORPROMAZINE 100 MG TABLET	CHLORPROMAZINE HCL	18	999	No
		CHLORPROMAZINE 100 MG/ML CONC	CHLORPROMAZINE HCL	18	999	No
		CHLORPROMAZINE 200 MG TABLET	CHLORPROMAZINE HCL	18	999	No
		CHLORPROMAZINE 25 MG TABLET	CHLORPROMAZINE HCL	18	999	No
		CHLORPROMAZINE 25 MG/ML AMP	CHLORPROMAZINE HCL	18	999	No
		CHLORPROMAZINE 25 MG/ML AMPULE	CHLORPROMAZINE HCL	18	999	No
		CHLORPROMAZINE 30 MG/ML CONC	CHLORPROMAZINE HCL	18	999	No
		CHLORPROMAZINE 50 MG TABLET	CHLORPROMAZINE HCL	18	999	No
		CHLORPROMAZINE 50 MG/2 ML AMP	CHLORPROMAZINE HCL	18	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H2G	ANTIPSYCHOTICS,PHENOTHIAZINES	FLUPHENAZINE 1 MG TABLET	FLUPHENAZINE HCL	6	999	No
		FLUPHENAZINE 10 MG TABLET	FLUPHENAZINE HCL	6	999	No
		FLUPHENAZINE 2.5 MG TABLET	FLUPHENAZINE HCL	6	999	No
		FLUPHENAZINE 2.5 MG/5 ML ELIX	FLUPHENAZINE HCL	6	999	No
		FLUPHENAZINE 2.5 MG/ML VIAL	FLUPHENAZINE HCL	18	999	No
		FLUPHENAZINE 5 MG TABLET	FLUPHENAZINE HCL	6	999	No
		FLUPHENAZINE 5 MG/ML CONC	FLUPHENAZINE HCL	6	999	No
		FLUPHENAZINE DEC 125 MG/5 ML	FLUPHENAZINE DECANOATE	18	999	No
		PERPHENAZINE 16 MG TABLET	PERPHENAZINE	6	999	No
		PERPHENAZINE 2 MG TABLET	PERPHENAZINE	6	999	No
		PERPHENAZINE 4 MG TABLET	PERPHENAZINE	6	999	No
		PERPHENAZINE 8 MG TABLET	PERPHENAZINE	6	999	No
		THIORIDAZINE 10 MG TABLET	THIORIDAZINE HCL	18	999	No
		THIORIDAZINE 100 MG TABLET	THIORIDAZINE HCL	18	999	No
		THIORIDAZINE 25 MG TABLET	THIORIDAZINE HCL	18	999	No
		THIORIDAZINE 50 MG TABLET	THIORIDAZINE HCL	18	999	No
		TRIFLUOPERAZINE 1 MG TABLET	TRIFLUOPERAZINE HCL	18	999	No
		TRIFLUOPERAZINE 10 MG TABLET	TRIFLUOPERAZINE HCL	18	999	No
		TRIFLUOPERAZINE 2 MG TABLET	TRIFLUOPERAZINE HCL	18	999	No
		TRIFLUOPERAZINE 5 MG TABLET	TRIFLUOPERAZINE HCL	18	999	No
H2M	BIPOLAR DISORDER DRUGS	EQUETRO 100 MG CAPSULE	CARBAMAZEPINE	6	999	Auto PA
		EQUETRO 200 MG CAPSULE	CARBAMAZEPINE	6	999	Auto PA
		EQUETRO 300 MG CAPSULE	CARBAMAZEPINE	6	999	Auto PA
		LITHIUM CARBONATE 150 MG CAP	LITHIUM CARBONATE	6	999	No
		LITHIUM CARBONATE 300 MG CAP	LITHIUM CARBONATE	6	999	No
		LITHIUM CARBONATE 300 MG TAB	LITHIUM CARBONATE	6	999	No
		LITHIUM CARBONATE 600 MG CAP	LITHIUM CARBONATE	6	999	No
		LITHIUM CARBONATE ER 300 MG TB	LITHIUM CARBONATE	6	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H2M	BIPOLAR DISORDER DRUGS	LITHIUM CARBONATE ER 450 MG TB	LITHIUM CARBONATE	6	999	No
H2S	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	CITALOPRAM HBR 10 MG TABLET	CITALOPRAM HYDROBROMIDE	6	999	No
		CITALOPRAM HBR 10 MG/5 ML SOLN	CITALOPRAM HYDROBROMIDE	6	11	No
		CITALOPRAM HBR 20 MG TABLET	CITALOPRAM HYDROBROMIDE	6	999	No
		CITALOPRAM HBR 40 MG TABLET	CITALOPRAM HYDROBROMIDE	6	999	No
		ESCITALOPRAM 10 MG TABLET	ESCITALOPRAM OXALATE	6	999	No
		ESCITALOPRAM 20 MG TABLET	ESCITALOPRAM OXALATE	6	999	No
		ESCITALOPRAM 5 MG TABLET	ESCITALOPRAM OXALATE	6	999	No
		FLUOXETINE 20 MG/5 ML SOLUTION	FLUOXETINE HCL	6	11	No
		FLUOXETINE HCL 10 MG CAPSULE	FLUOXETINE HCL	6	999	No
		FLUOXETINE HCL 20 MG CAPSULE	FLUOXETINE HCL	6	999	No
		FLUOXETINE HCL 40 MG CAPSULE	FLUOXETINE HCL	6	999	No
		FLUVOXAMINE MALEATE 100 MG TAB	FLUVOXAMINE MALEATE	6	999	No
		FLUVOXAMINE MALEATE 25 MG TAB	FLUVOXAMINE MALEATE	6	999	No
		FLUVOXAMINE MALEATE 50 MG TAB	FLUVOXAMINE MALEATE	6	999	No
		PAROXETINE HCL 10 MG TABLET	PAROXETINE HCL	6	999	No
		PAROXETINE HCL 10 MG/5 ML SUSP	PAROXETINE HCL	6	11	No
		PAROXETINE HCL 20 MG TABLET	PAROXETINE HCL	6	999	No
		PAROXETINE HCL 30 MG TABLET	PAROXETINE HCL	6	999	No
		PAROXETINE HCL 40 MG TABLET	PAROXETINE HCL	6	999	No
		SERTRALINE 150 MG CAPSULE	SERTRALINE HCL	6	999	No
		SERTRALINE 20 MG/ML ORAL CONC	SERTRALINE HCL	6	11	No
		SERTRALINE 200 MG CAPSULE	SERTRALINE HCL	6	999	No
		SERTRALINE HCL 100 MG TABLET	SERTRALINE HCL	6	999	No
		SERTRALINE HCL 25 MG TABLET	SERTRALINE HCL	6	999	No
		SERTRALINE HCL 50 MG TABLET	SERTRALINE HCL	6	999	No
H2U	TRICYCLIC ANTIDEPRESSANTS,REL.NON-SEL.REUPT-IN	AMITRIPTYLINE HCL 10 MG TAB	AMITRIPTYLINE HCL	12	999	No
		AMITRIPTYLINE HCL 100 MG TAB	AMITRIPTYLINE HCL	12	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H2U	TRICYCLIC ANTIDEPRESSANTS,REL.NON-SEL.REUPT-IN	AMITRIPTYLINE HCL 150 MG TAB	AMITRIPTYLINE HCL	12	999	No
		AMITRIPTYLINE HCL 25 MG TAB	AMITRIPTYLINE HCL	12	999	No
		AMITRIPTYLINE HCL 50 MG TAB	AMITRIPTYLINE HCL	12	999	No
		AMITRIPTYLINE HCL 75 MG TAB	AMITRIPTYLINE HCL	12	999	No
		AMOXAPINE 100 MG TABLET	AMOXAPINE	16	999	No
		AMOXAPINE 150 MG TABLET	AMOXAPINE	16	999	No
		AMOXAPINE 25 MG TABLET	AMOXAPINE	16	999	No
		AMOXAPINE 50 MG TABLET	AMOXAPINE	16	999	No
		CLOMIPRAMINE 25 MG CAPSULE	CLOMIPRAMINE HCL	10	999	Auto PA
		CLOMIPRAMINE 50 MG CAPSULE	CLOMIPRAMINE HCL	10	999	Auto PA
		CLOMIPRAMINE 75 MG CAPSULE	CLOMIPRAMINE HCL	10	999	Auto PA
		DESIPRAMINE 10 MG TABLET	DESIPRAMINE HCL	13	999	No
		DESIPRAMINE 100 MG TABLET	DESIPRAMINE HCL	13	999	No
		DESIPRAMINE 150 MG TABLET	DESIPRAMINE HCL	13	999	No
		DESIPRAMINE 25 MG TABLET	DESIPRAMINE HCL	13	999	No
		DESIPRAMINE 50 MG TABLET	DESIPRAMINE HCL	13	999	No
		DESIPRAMINE 75 MG TABLET	DESIPRAMINE HCL	13	999	No
		DOXEPIN 10 MG CAPSULE	DOXEPIN HCL	12	999	No
		DOXEPIN 10 MG/ML ORAL CONC	DOXEPIN HCL	12	999	No
		DOXEPIN 100 MG CAPSULE	DOXEPIN HCL	12	999	No
		DOXEPIN 150 MG CAPSULE	DOXEPIN HCL	12	999	No
		DOXEPIN 25 MG CAPSULE	DOXEPIN HCL	12	999	No
		DOXEPIN 50 MG CAPSULE	DOXEPIN HCL	12	999	No
		DOXEPIN 75 MG CAPSULE	DOXEPIN HCL	12	999	No
		IMIPRAMINE HCL 10 MG TABLET	IMIPRAMINE HCL	6	999	No
		IMIPRAMINE HCL 25 MG TABLET	IMIPRAMINE HCL	6	999	No
		IMIPRAMINE HCL 50 MG TABLET	IMIPRAMINE HCL	6	999	No
		NORTRIPTYLINE HCL 10 MG CAP	NORTRIPTYLINE HCL	13	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H2U	TRICYCLIC ANTIDEPRESSANTS,REL.NON-SEL.REUPT-IN	NORTRIPTYLINE HCL 25 MG CAP	NORTRIPTYLINE HCL	13	999	No
		NORTRIPTYLINE HCL 50 MG CAP	NORTRIPTYLINE HCL	13	999	No
		NORTRIPTYLINE HCL 75 MG CAP	NORTRIPTYLINE HCL	13	999	No
H2V	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCI	CONCERTA ER 18 MG TABLET	METHYLPHENIDATE HCL	6	999	No
		CONCERTA ER 27 MG TABLET	METHYLPHENIDATE HCL	6	999	No
		CONCERTA ER 36 MG TABLET	METHYLPHENIDATE HCL	6	999	No
		CONCERTA ER 54 MG TABLET	METHYLPHENIDATE HCL	6	999	No
		DAYTRANA 10 MG/9 HR PATCH	METHYLPHENIDATE	6	999	No
		DAYTRANA 15 MG/9 HR PATCH	METHYLPHENIDATE	6	999	No
		DAYTRANA 20 MG/9 HOUR PATCH	METHYLPHENIDATE	6	999	No
		DAYTRANA 30 MG/9 HOUR PATCH	METHYLPHENIDATE	6	999	No
		DEXMETHYLPHENIDATE 10 MG TAB	DEXMETHYLPHENIDATE HCL	0	999	No
		DEXMETHYLPHENIDATE 2.5 MG TAB	DEXMETHYLPHENIDATE HCL	0	999	No
		DEXMETHYLPHENIDATE 5 MG TAB	DEXMETHYLPHENIDATE HCL	0	999	No
		FOCALIN XR 10 MG CAPSULE	DEXMETHYLPHENIDATE HCL	6	999	No
		FOCALIN XR 15 MG CAPSULE	DEXMETHYLPHENIDATE HCL	6	999	No
		FOCALIN XR 20 MG CAPSULE	DEXMETHYLPHENIDATE HCL	6	999	No
		FOCALIN XR 25 MG CAPSULE	DEXMETHYLPHENIDATE HCL	6	999	No
		FOCALIN XR 30 MG CAPSULE	DEXMETHYLPHENIDATE HCL	6	999	No
		FOCALIN XR 35 MG CAPSULE	DEXMETHYLPHENIDATE HCL	6	999	No
		FOCALIN XR 40 MG CAPSULE	DEXMETHYLPHENIDATE HCL	6	999	No
		FOCALIN XR 5 MG CAPSULE	DEXMETHYLPHENIDATE HCL	6	999	No
		JORNAY PM 100 MG CAPSULE	METHYLPHENIDATE HCL	6	999	Auto PA
		JORNAY PM 20 MG CAPSULE	METHYLPHENIDATE HCL	6	999	Auto PA
		JORNAY PM 40 MG CAPSULE	METHYLPHENIDATE HCL	6	999	Auto PA
		JORNAY PM 60 MG CAPSULE	METHYLPHENIDATE HCL	6	999	Auto PA
		JORNAY PM 80 MG CAPSULE	METHYLPHENIDATE HCL	6	999	Auto PA
		METHYLPHENIDATE 10 MG TABLET	METHYLPHENIDATE HCL	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H2V	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCI	METHYLPHENIDATE 10 MG/5 ML SOL	METHYLPHENIDATE HCL	0	999	No
		METHYLPHENIDATE 20 MG TABLET	METHYLPHENIDATE HCL	0	999	No
		METHYLPHENIDATE 5 MG TABLET	METHYLPHENIDATE HCL	0	999	No
		METHYLPHENIDATE 5 MG/5 ML SOLN	METHYLPHENIDATE HCL	0	999	No
		METHYLPHENIDATE CD 10 MG CAP	METHYLPHENIDATE HCL	6	999	No
		METHYLPHENIDATE CD 20 MG CAP	METHYLPHENIDATE HCL	6	999	No
		METHYLPHENIDATE CD 30 MG CAP	METHYLPHENIDATE HCL	6	999	No
		METHYLPHENIDATE CD 40 MG CAP	METHYLPHENIDATE HCL	6	999	No
		METHYLPHENIDATE CD 50 MG CAP	METHYLPHENIDATE HCL	6	999	No
		METHYLPHENIDATE CD 60 MG CAP	METHYLPHENIDATE HCL	6	999	No
		METHYLPHENIDATE ER 10 MG TAB	METHYLPHENIDATE HCL	6	999	No
		METHYLPHENIDATE ER 20 MG TAB	METHYLPHENIDATE HCL	6	999	No
		METHYLPHENIDATE ER(CD) 10MG CP	METHYLPHENIDATE HCL	6	999	No
		METHYLPHENIDATE ER(CD) 20MG CP	METHYLPHENIDATE HCL	6	999	No
		METHYLPHENIDATE ER(CD) 30MG CP	METHYLPHENIDATE HCL	6	999	No
		METHYLPHENIDATE ER(CD) 40MG CP	METHYLPHENIDATE HCL	6	999	No
		METHYLPHENIDATE ER(CD) 50MG CP	METHYLPHENIDATE HCL	6	999	No
		METHYLPHENIDATE ER(CD) 60MG CP	METHYLPHENIDATE HCL	6	999	No
H2W	TRICYCLIC ANTIDEPRESSANT-PHENOTHIAZINE COMBI	PERPHEN-AMITRIP 2 MG-10 MG TAB	PERPHENAZINE/AMITRIPTYLINE HCL	18	999	No
		PERPHEN-AMITRIP 2 MG-25 MG TAB	PERPHENAZINE/AMITRIPTYLINE HCL	18	999	No
		PERPHEN-AMITRIP 4 MG-10 MG TAB	PERPHENAZINE/AMITRIPTYLINE HCL	18	999	No
		PERPHEN-AMITRIP 4 MG-25 MG TAB	PERPHENAZINE/AMITRIPTYLINE HCL	18	999	No
		PERPHEN-AMITRIP 4 MG-50 MG TAB	PERPHENAZINE/AMITRIPTYLINE HCL	18	999	No
H2X	TRICYCLIC ANTIDEPRESSANT-BENZODIAZEPINE COMB	CHLORDIAZEPO-AMITRIPTYL 5-12.5	AMITRIPTYLINE/CHLORDIAZEPOXIDE	18	999	No
		CHLORDIAZEPOX-AMITRIPTYL 10-25	AMITRIPTYLINE/CHLORDIAZEPOXIDE	18	999	No
H3A	OPIOID ANALGESICS	BELLADONNA-OPIUM 16.2-30 SUPP	OPIUM/BELLADONNA ALKALOIDS	0	999	No
		BELLADONNA-OPIUM 16.2-60 SUPP	OPIUM/BELLADONNA ALKALOIDS	0	999	No
		CODEINE SULFATE 15 MG TABLET	CODEINE SULFATE	12	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H3A	OPIOID ANALGESICS	CODEINE SULFATE 30 MG TABLET	CODEINE SULFATE	12	999	No
		CODEINE SULFATE 60 MG TABLET	CODEINE SULFATE	12	999	No
		FENTANYL 100 MCG/HR PATCH	FENTANYL	18	999	No
		FENTANYL 12 MCG/HR PATCH	FENTANYL	18	999	No
		FENTANYL 25 MCG/HR PATCH	FENTANYL	18	999	No
		FENTANYL 50 MCG/HR PATCH	FENTANYL	18	999	No
		FENTANYL 75 MCG/HR PATCH	FENTANYL	18	999	No
		HYDROCODONE ER 100 MG TABLET	HYDROCODONE BITARTRATE	18	999	Auto PA
		HYDROCODONE ER 120 MG TABLET	HYDROCODONE BITARTRATE	18	999	Auto PA
		HYDROCODONE ER 20 MG TABLET	HYDROCODONE BITARTRATE	18	999	Auto PA
		HYDROCODONE ER 30 MG TABLET	HYDROCODONE BITARTRATE	18	999	Auto PA
		HYDROCODONE ER 40 MG TABLET	HYDROCODONE BITARTRATE	18	999	Auto PA
		HYDROCODONE ER 60 MG TABLET	HYDROCODONE BITARTRATE	18	999	Auto PA
		HYDROCODONE ER 80 MG TABLET	HYDROCODONE BITARTRATE	18	999	Auto PA
		HYDROMORPHONE 2 MG TABLET	HYDROMORPHONE HCL	0	999	No
		HYDROMORPHONE 4 MG TABLET	HYDROMORPHONE HCL	0	999	No
		HYDROMORPHONE 8 MG TABLET	HYDROMORPHONE HCL	0	999	No
		MORPHINE SULF 10 MG/5 ML SOLN	MORPHINE SULFATE	0	999	No
		MORPHINE SULF 100 MG/5 ML CONC	MORPHINE SULFATE	0	999	No
		MORPHINE SULF 20 MG/5 ML SOLN	MORPHINE SULFATE	0	999	No
		MORPHINE SULF ER 100 MG TABLET	MORPHINE SULFATE	18	999	No
		MORPHINE SULF ER 15 MG TABLET	MORPHINE SULFATE	18	999	No
		MORPHINE SULF ER 200 MG TABLET	MORPHINE SULFATE	18	999	No
		MORPHINE SULF ER 30 MG TABLET	MORPHINE SULFATE	18	999	No
		MORPHINE SULF ER 60 MG TABLET	MORPHINE SULFATE	18	999	No
		MORPHINE SULFATE IR 15 MG TAB	MORPHINE SULFATE	0	999	No
		MORPHINE SULFATE IR 30 MG TAB	MORPHINE SULFATE	0	999	No
		OXYCODONE HCL (IR) 10 MG TAB	OXYCODONE HCL	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H3A	OPIOID ANALGESICS	OXYCODONE HCL (IR) 15 MG TAB	OXYCODONE HCL	0	999	No
		OXYCODONE HCL (IR) 20 MG TAB	OXYCODONE HCL	0	999	No
		OXYCODONE HCL (IR) 30 MG TAB	OXYCODONE HCL	0	999	No
		OXYCODONE HCL (IR) 5 MG TABLET	OXYCODONE HCL	0	999	No
		OXYCODONE HCL 5 MG/5 ML SOLN	OXYCODONE HCL	0	999	No
		TRAMADOL HCL 50 MG TABLET	TRAMADOL HCL	12	999	No
		XTAMPZA ER 13.5 MG CAPSULE	OXYCODONE MYRISTATE	18	999	Auto PA
		XTAMPZA ER 18 MG CAPSULE	OXYCODONE MYRISTATE	18	999	Auto PA
		XTAMPZA ER 27 MG CAPSULE	OXYCODONE MYRISTATE	18	999	Auto PA
		XTAMPZA ER 36 MG CAPSULE	OXYCODONE MYRISTATE	18	999	Auto PA
		XTAMPZA ER 9 MG CAPSULE	OXYCODONE MYRISTATE	18	999	Auto PA
H3D	ANALGESIC/ANTIPYRETICS, SALICYLATES	ASPIRIN 300 MG SUPPOSITORY	ASPIRIN	0	20	No
		ASPIRIN 325 MG TABLET	ASPIRIN	0	20	No
		ASPIRIN EC 325 MG TABLET	ASPIRIN	0	20	No
		GNP ASPIRIN 325 MG TABLET	ASPIRIN	0	20	No
		GS ASPIRIN 325 MG TABLET	ASPIRIN	0	20	No
		HM ASPIRIN 325 MG TABLET	ASPIRIN	0	20	No
		HM ASPIRIN EC 325 MG TABLET	ASPIRIN	0	20	No
		QC ASPIRIN 325 MG TABLET	ASPIRIN	0	20	No
		QC ASPIRIN EC 325 MG TABLET	ASPIRIN	0	20	No
		SALSALATE 500 MG TABLET	SALSALATE	0	999	No
		SALSALATE 750 MG TABLET	SALSALATE	0	999	No
		SM ASPIRIN 325 MG TABLET	ASPIRIN	0	20	No
		SM ASPIRIN EC 325 MG TABLET	ASPIRIN	0	20	No
H3E	ANALGESIC/ANTIPYRETICS, NON-SALICYLATE	8HR ARTHRITIS PAIN ER 650 MG	ACETAMINOPHEN	0	20	No
		8HR MUSCLE ACHE-PAIN ER 650 MG	ACETAMINOPHEN	0	20	No
		ACETAMINOPHEN 160 MG/5 ML LIQ	ACETAMINOPHEN	0	20	No
		ACETAMINOPHEN ER 650 MG CAPLET	ACETAMINOPHEN	0	20	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H3E	ANALGESIC/ANTIPYRETICS, NON-SALICYLATE	ARTHRITIS PAIN ER 650 MG CAPLT	ACETAMINOPHEN	0	20	No
		CHILD ACETAMINOPHEN 160 MG	ACETAMINOPHEN	0	20	No
		CHILD PAIN-FEVER 160 MG/5 ML	ACETAMINOPHEN	0	20	No
		CHILD'S MAPAP 160 MG TAB CHEW	ACETAMINOPHEN	0	20	No
		CHILD'S PAIN RELIEVER SUSP	ACETAMINOPHEN	0	20	No
		CHLD ACETAMINOPHEN 160 MG/5 ML	ACETAMINOPHEN	0	20	No
		ED-APAP 160 MG/5 ML LIQUID	ACETAMINOPHEN	0	20	No
		GNP 8 HOUR PAIN RELIEF 650 MG	ACETAMINOPHEN	0	20	No
		GNP 8HR ARTHRIT PAIN ER 650 MG	ACETAMINOPHEN	0	20	No
		GNP CHILD PAIN RELIEF 160 MG	ACETAMINOPHEN	0	20	No
		GS CHILD FEVER-PAIN 160 MG/5ML	ACETAMINOPHEN	0	20	No
		GS CHILD PAIN-FEVER 160 MG/5ML	ACETAMINOPHEN	0	20	No
		GS INFANT PAIN-FEVER 160 MG/5	ACETAMINOPHEN	0	20	No
		HM ARTHRIT PAIN RLF ER 650 MG	ACETAMINOPHEN	0	20	No
		HM CHILD ACETAMINOPHEN 160 MG	ACETAMINOPHEN	0	20	No
		HM CHILD PAIN RLF 160 MG/5 ML	ACETAMINOPHEN	0	20	No
		HM CHLD PAIN-FEVER 160 MG/5 ML	ACETAMINOPHEN	0	20	No
		HM INFANT PAIN RLF 160 MG/5 ML	ACETAMINOPHEN	0	20	No
		HM INFANT PAIN-FEVER 160 MG/5	ACETAMINOPHEN	0	20	No
		INF ACETAMINOPHEN 160 MG/5 ML	ACETAMINOPHEN	0	20	No
		INFANT PAIN-FEVER 160 MG/5 ML	ACETAMINOPHEN	0	20	No
		M-PAP 160 MG/5 ML LIQUID	ACETAMINOPHEN	0	20	No
		QC CHILD PAIN RLF 160 MG/5 ML	ACETAMINOPHEN	0	20	No
		QC INFANT PAIN RLF 160 MG/5 ML	ACETAMINOPHEN	0	20	No
		QC JR. NON-ASPIRIN 160 MG TAB	ACETAMINOPHEN	0	20	No
		SILAPAP 160 MG/5 ML LIQUID	ACETAMINOPHEN	0	20	No
		SM CHILD'S PAIN RELIEVER SUSP	ACETAMINOPHEN	0	20	No
		SM CHLD PAIN-FEVER 160 MG/5 ML	ACETAMINOPHEN	0	20	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H3E	ANALGESIC/ANTIPYRETICS, NON-SALICYLATE	SM INFANT PAIN RLF 160 MG/5 ML	ACETAMINOPHEN	0	20	No
		SM INFANT PAIN-FEVER 160 MG/5	ACETAMINOPHEN	0	20	No
H3F	ANTIMIGRAINE PREPARATIONS	AIMOVIG 140 MG/ML AUTOINJECTOR	ERENUMAB-AOOE	18	999	No
		AIMOVIG 70 MG/ML AUTOINJECTOR	ERENUMAB-AOOE	18	999	No
		EMGALITY 120 MG/ML PEN	GALCANEZUMAB-GNLM	18	999	No
		EMGALITY 120 MG/ML SYRINGE	GALCANEZUMAB-GNLM	18	999	No
		NURTEC ODT 75 MG TABLET	RIMEGEPANT SULFATE	18	999	Auto PA
		RIZATRIPTAN 10 MG ODT	RIZATRIPTAN BENZOATE	6	999	No
		RIZATRIPTAN 10 MG TABLET	RIZATRIPTAN BENZOATE	6	999	No
		RIZATRIPTAN 5 MG ODT	RIZATRIPTAN BENZOATE	6	999	No
		RIZATRIPTAN 5 MG TABLET	RIZATRIPTAN BENZOATE	6	999	No
		SUMATRIPTAN 20 MG NASAL SPRAY	SUMATRIPTAN	18	999	No
		SUMATRIPTAN 5 MG NASAL SPRAY	SUMATRIPTAN	18	999	No
		SUMATRIPTAN 6 MG/0.5 ML VIAL	SUMATRIPTAN SUCCINATE	18	999	No
		SUMATRIPTAN SUCC 100 MG TABLET	SUMATRIPTAN SUCCINATE	18	999	No
		SUMATRIPTAN SUCC 25 MG TABLET	SUMATRIPTAN SUCCINATE	18	999	No
		SUMATRIPTAN SUCC 50 MG TABLET	SUMATRIPTAN SUCCINATE	18	999	No
		UBRELVY 100 MG TABLET	UBROGEPANT	18	999	Auto PA
		UBRELVY 50 MG TABLET	UBROGEPANT	18	999	Auto PA
H3K	ANALGESIC, NON-SALICYLATE AND BARBITURATE COMBINATION	BUTALBITAL-ACETAMINOPHEN 50-325	BUTALBITAL/ACETAMINOPHEN	0	999	No
H3L	ANALGESIC, NON-SALICYLATE, BARBITURATE, XANTHINE COMBINATION	BUTALB-ACETAMIN-CAFF 50-300-40	BUTALB/ACETAMINOPHEN/CAFFEINE	0	999	No
		BUTALB-ACETAMIN-CAFF 50-325-40	BUTALB/ACETAMINOPHEN/CAFFEINE	0	999	No
H3M	OPIOID, NON-SALICYLATE, ANALGESIC, BARBITURATE, XANTHINE COMBINATION	BUTALB-ACETAMIN-CAF-COD 50-325	BUTALBIT/ACETAMIN/CAFF/CODEINE	12	999	No
H3N	OPIOID ANALGESIC AND NSAID COMBINATION	HYDROCODONE-IBUPROFEN 10-200	HYDROCODONE/IBUPROFEN	0	999	No
		HYDROCODONE-IBUPROFEN 5-200 MG	HYDROCODONE/IBUPROFEN	0	999	No
		HYDROCODONE-IBUPROFEN 7.5-200	HYDROCODONE/IBUPROFEN	0	999	No
H3O	ANALGESIC, SALICYLATE, BARBITURATE, XANTHINE COMBINATION	BUTALBITAL-ASPIRIN-CAFFEINE CP	BUTALBITAL/ASPIRIN/CAFFEINE	0	999	No
		BUTALBITAL-ASPIRIN-CAFFEINE TB	BUTALBITAL/ASPIRIN/CAFFEINE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H3T	OPIOID ANTAGONISTS	KLOXXADO 8 MG NASAL SPRAY	NALOXONE HCL	0	999	No
		NALOXONE 0.4 MG/ML CARPUJECT	NALOXONE HCL	0	999	No
		NALOXONE 0.4 MG/ML VIAL	NALOXONE HCL	0	999	No
		NALOXONE 2 MG/2 ML SYRINGE	NALOXONE HCL	0	999	No
		NALOXONE 4 MG/10 ML VIAL	NALOXONE HCL	0	999	No
		NALTREXONE 50 MG TABLET	NALTREXONE HCL	0	999	No
		NARCAN 4 MG NASAL SPRAY	NALOXONE HCL	0	999	No
H3U	OPIOID ANALGESIC AND NON-SALICYLATE ANALGESIC	ACETAMIN-CODEIN 300-30 MG/12.5	ACETAMINOPHEN WITH CODEINE	12	999	No
		ACETAMINOP-CODEINE 120-12 MG/5	ACETAMINOPHEN WITH CODEINE	12	999	No
		ACETAMINOPHEN-COD #2 TABLET	ACETAMINOPHEN WITH CODEINE	12	999	No
		ACETAMINOPHEN-COD #3 TABLET	ACETAMINOPHEN WITH CODEINE	12	999	No
		ACETAMINOPHEN-COD #4 TABLET	ACETAMINOPHEN WITH CODEINE	12	999	No
		HYDROCODONE-ACETAMIN 10-300 MG	HYDROCODONE/ACETAMINOPHEN	0	999	No
		HYDROCODONE-ACETAMIN 10-325 MG	HYDROCODONE/ACETAMINOPHEN	0	999	No
		HYDROCODONE-ACETAMIN 2.5-108/5	HYDROCODONE/ACETAMINOPHEN	0	999	No
		HYDROCODONE-ACETAMIN 5-217/10	HYDROCODONE/ACETAMINOPHEN	0	999	No
		HYDROCODONE-ACETAMIN 5-300 MG	HYDROCODONE/ACETAMINOPHEN	0	999	No
		HYDROCODONE-ACETAMIN 5-325 MG	HYDROCODONE/ACETAMINOPHEN	0	999	No
		HYDROCODONE-ACETAMIN 7.5-300	HYDROCODONE/ACETAMINOPHEN	0	999	No
		HYDROCODONE-ACETAMIN 7.5-325	HYDROCODONE/ACETAMINOPHEN	0	999	No
		HYDROCODONE-ACETAMN 7.5-325/15	HYDROCODONE/ACETAMINOPHEN	0	999	No
		OXYCODONE-ACETAMINOPHEN 10-325	OXYCODONE HCL/ACETAMINOPHEN	0	999	No
		OXYCODONE-ACETAMINOPHEN 5-325	OXYCODONE HCL/ACETAMINOPHEN	0	999	No
		OXYCODONE-ACETAMINOPHN 2.5-325	OXYCODONE HCL/ACETAMINOPHEN	0	999	No
		OXYCODONE-ACETAMINOPHN 7.5-325	OXYCODONE HCL/ACETAMINOPHEN	0	999	No
H3W	OPIOID WITHDRAWAL THERAPY AGENTS, OPIOID-TYP	BUPRENORPHINE 2 MG TABLET SL	BUPRENORPHINE HCL	16	999	Auto PA
		BUPRENORPHINE 8 MG TABLET SL	BUPRENORPHINE HCL	16	999	Auto PA
		BUPRENORPHINE-NALOX 2-0.5MG TB	BUPRENORPHINE HCL/NALOXONE HCL	16	999	Auto PA

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H3W	OPIOID WITHDRAWAL THERAPY AGENTS, OPIOID-TYP	BUPRENORPHINE-NALOX 8-2 MG TAB	BUPRENORPHINE HCL/NALOXONE HCL	16	999	Auto PA
		SUBLOCADE 100 MG/0.5 ML SYRING	BUPRENORPHINE	18	999	Auto PA
		SUBLOCADE 300 MG/1.5 ML SYRING	BUPRENORPHINE	18	999	Auto PA
		SUBOXONE 12 MG-3 MG SL FILM	BUPRENORPHINE HCL/NALOXONE HCL	16	999	Auto PA
		SUBOXONE 2 MG-0.5 MG SL FILM	BUPRENORPHINE HCL/NALOXONE HCL	16	999	Auto PA
		SUBOXONE 4 MG-1 MG SL FILM	BUPRENORPHINE HCL/NALOXONE HCL	16	999	Auto PA
		SUBOXONE 8 MG-2 MG SL FILM	BUPRENORPHINE HCL/NALOXONE HCL	16	999	Auto PA
		ZUBSOLV 0.7-0.18 MG TABLET SL	BUPRENORPHINE HCL/NALOXONE HCL	16	999	Auto PA
		ZUBSOLV 1.4-0.36 MG TABLET SL	BUPRENORPHINE HCL/NALOXONE HCL	16	999	Auto PA
		ZUBSOLV 11.4-2.9 MG TABLET SL	BUPRENORPHINE HCL/NALOXONE HCL	16	999	Auto PA
		ZUBSOLV 2.9-0.71 MG TABLET SL	BUPRENORPHINE HCL/NALOXONE HCL	16	999	Auto PA
		ZUBSOLV 5.7-1.4 MG TABLET SL	BUPRENORPHINE HCL/NALOXONE HCL	16	999	Auto PA
		ZUBSOLV 8.6-2.1 MG TABLET SL	BUPRENORPHINE HCL/NALOXONE HCL	16	999	Auto PA
H3Y	MU-OPIOID RECEPTOR ANTAGONISTS,PERIPHERALLY-	MOVANTIK 12.5 MG TABLET	NALOXEGOL OXALATE	18	999	Auto PA
		MOVANTIK 25 MG TABLET	NALOXEGOL OXALATE	18	999	Auto PA
H4A	ANTICONVULSANT - BENZODIAZEPINE TYPE	CLOBAZAM 10 MG TABLET	CLOBAZAM	2	999	No
		CLOBAZAM 2.5 MG/ML SUSPENSION	CLOBAZAM	2	999	No
		CLOBAZAM 20 MG TABLET	CLOBAZAM	2	999	No
		CLONAZEPAM 0.125 MG DIS TAB	CLONAZEPAM	0	999	No
		CLONAZEPAM 0.125 MG ODT	CLONAZEPAM	0	999	No
		CLONAZEPAM 0.25 MG ODT	CLONAZEPAM	0	999	No
		CLONAZEPAM 0.5 MG DIS TABLET	CLONAZEPAM	0	999	No
		CLONAZEPAM 0.5 MG ODT	CLONAZEPAM	0	999	No
		CLONAZEPAM 0.5 MG TABLET	CLONAZEPAM	0	999	No
		CLONAZEPAM 1 MG DIS TABLET	CLONAZEPAM	0	999	No
		CLONAZEPAM 1 MG ODT	CLONAZEPAM	0	999	No
		CLONAZEPAM 1 MG TABLET	CLONAZEPAM	0	999	No
		CLONAZEPAM 2 MG ODT	CLONAZEPAM	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H4A	ANTICONVULSANT - BENZODIAZEPINE TYPE	CLONAZEPAM 2 MG TABLET	CLONAZEPAM	0	999	No
		DIASTAT 2.5 MG PEDI SYSTEM	DIAZEPAM	0	18	Auto PA
		DIASTAT ACUDIAL 12.5-15-20 MG	DIAZEPAM	0	18	Auto PA
		DIASTAT ACUDIAL 5-7.5-10 MG KT	DIAZEPAM	0	18	Auto PA
		DIAZEPAM 10 MG RECTAL GEL SYST	DIAZEPAM	0	18	No
		DIAZEPAM 2.5 MG RECTAL GEL SYS	DIAZEPAM	0	18	No
		DIAZEPAM 20 MG RECTAL GEL SYST	DIAZEPAM	0	18	No
		KLONOPIN 0.5 MG TABLET	CLONAZEPAM	0	999	Auto PA
		KLONOPIN 1 MG TABLET	CLONAZEPAM	0	999	Auto PA
		KLONOPIN 2 MG TABLET	CLONAZEPAM	0	999	Auto PA
		NAYZILAM 5 MG NASAL SPRAY	MIDAZOLAM	12	999	Auto PA
		ONFI 10 MG TABLET	CLOBAZAM	2	999	Auto PA
		ONFI 2.5 MG/ML SUSPENSION	CLOBAZAM	2	999	Auto PA
		ONFI 20 MG TABLET	CLOBAZAM	2	999	Auto PA
		SYMPAZAN 10 MG FILM	CLOBAZAM	2	999	Auto PA
		SYMPAZAN 20 MG FILM	CLOBAZAM	2	999	Auto PA
		SYMPAZAN 5 MG FILM	CLOBAZAM	2	999	Auto PA
		VALTOCO 10 MG NASAL SPRAY	DIAZEPAM	6	999	Auto PA
		VALTOCO 15 MG NASAL SPRAY	DIAZEPAM	6	999	Auto PA
		VALTOCO 20 MG NASAL SPRAY	DIAZEPAM	6	999	Auto PA
		VALTOCO 5 MG NASAL SPRAY	DIAZEPAM	6	999	Auto PA
H4B	ANTICONVULSANTS	APTiom 200 MG TABLET	ESLICARBAZEPINE ACETATE	4	999	Auto PA
		APTiom 400 MG TABLET	ESLICARBAZEPINE ACETATE	4	999	Auto PA
		APTiom 600 MG TABLET	ESLICARBAZEPINE ACETATE	4	999	Auto PA
		APTiom 800 MG TABLET	ESLICARBAZEPINE ACETATE	4	999	Auto PA
		BANZEL 200 MG TABLET	RUFINAMIDE	1	999	Auto PA
		BANZEL 40 MG/ML SUSPENSION	RUFINAMIDE	1	999	Auto PA
		BANZEL 400 MG TABLET	RUFINAMIDE	1	999	Auto PA

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H4B	ANTICONVULSANTS	BRIVIACT 10 MG TABLET	BRIVARACETAM	0	999	Auto PA
		BRIVIACT 10 MG/ML ORAL SOLN	BRIVARACETAM	0	999	Auto PA
		BRIVIACT 100 MG TABLET	BRIVARACETAM	0	999	Auto PA
		BRIVIACT 25 MG TABLET	BRIVARACETAM	0	999	Auto PA
		BRIVIACT 50 MG TABLET	BRIVARACETAM	0	999	Auto PA
		BRIVIACT 50 MG/5 ML VIAL	BRIVARACETAM	0	999	Auto PA
		BRIVIACT 75 MG TABLET	BRIVARACETAM	0	999	Auto PA
		CARBAMAZEPINE 100 MG TAB CHEW	CARBAMAZEPINE	0	999	No
		CARBAMAZEPINE 100 MG/5 ML SUSP	CARBAMAZEPINE	0	999	No
		CARBAMAZEPINE 200 MG TABLET	CARBAMAZEPINE	0	999	No
		CARBAMAZEPINE 200 MG/10 ML CUP	CARBAMAZEPINE	0	999	No
		CARBAMAZEPINE ER 100 MG CAP	CARBAMAZEPINE	0	999	No
		CARBAMAZEPINE ER 100 MG TABLET	CARBAMAZEPINE	0	999	No
		CARBAMAZEPINE ER 200 MG CAP	CARBAMAZEPINE	0	999	No
		CARBAMAZEPINE ER 200 MG TABLET	CARBAMAZEPINE	0	999	No
		CARBAMAZEPINE ER 300 MG CAP	CARBAMAZEPINE	0	999	No
		CARBAMAZEPINE ER 400 MG TABLET	CARBAMAZEPINE	0	999	No
		CARBATROL ER 100 MG CAPSULE	CARBAMAZEPINE	0	999	Auto PA
		CARBATROL ER 200 MG CAPSULE	CARBAMAZEPINE	0	999	Auto PA
		CARBATROL ER 300 MG CAPSULE	CARBAMAZEPINE	0	999	Auto PA
		DEPAKOTE DR 125 MG SPRINKLE CP	DIVALPROEX SODIUM	0	999	Auto PA
		DEPAKOTE DR 125 MG TABLET	DIVALPROEX SODIUM	0	999	Auto PA
		DEPAKOTE DR 250 MG TABLET	DIVALPROEX SODIUM	0	999	Auto PA
		DEPAKOTE DR 500 MG TABLET	DIVALPROEX SODIUM	0	999	Auto PA
		DEPAKOTE ER 250 MG TABLET	DIVALPROEX SODIUM	0	999	Auto PA
		DEPAKOTE ER 500 MG TABLET	DIVALPROEX SODIUM	0	999	Auto PA
		DILANTIN 100 MG CAPSULE	PHENYTOIN SODIUM EXTENDED	0	999	Auto PA
		DILANTIN 125 MG/5 ML SUSP	PHENYTOIN	0	999	Auto PA

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H4B	ANTICONVULSANTS	DILANTIN 30 MG CAPSULE	PHENYTOIN SODIUM EXTENDED	0	999	Auto PA
		DIVALPROEX DR 125 MG CAP SPRNK	DIVALPROEX SODIUM	0	999	No
		DIVALPROEX DR 125 MG CP(SPRNK)	DIVALPROEX SODIUM	0	999	No
		DIVALPROEX SOD DR 125 MG TAB	DIVALPROEX SODIUM	0	999	No
		DIVALPROEX SOD DR 250 MG TAB	DIVALPROEX SODIUM	0	999	No
		DIVALPROEX SOD DR 500 MG TAB	DIVALPROEX SODIUM	0	999	No
		DIVALPROEX SOD ER 250 MG TAB	DIVALPROEX SODIUM	0	999	No
		DIVALPROEX SOD ER 500 MG TAB	DIVALPROEX SODIUM	0	999	No
		EPITOL 200 MG TABLET	CARBAMAZEPINE	0	999	Auto PA
		ETHOSUXIMIDE 250 MG CAPSULE	ETHOSUXIMIDE	0	999	No
		ETHOSUXIMIDE 250 MG/5 ML SOLN	ETHOSUXIMIDE	0	999	No
		FELBAMATE 400 MG TABLET	FELBAMATE	0	999	No
		FELBAMATE 600 MG TABLET	FELBAMATE	0	999	No
		FELBAMATE 600 MG/5 ML SUSP	FELBAMATE	0	999	No
		FELBATOL 400 MG TABLET	FELBAMATE	0	999	Auto PA
		FELBATOL 600 MG TABLET	FELBAMATE	0	999	Auto PA
		FELBATOL 600 MG/5 ML SUSP	FELBAMATE	0	999	Auto PA
		FYCOMPA 0.5 MG/ML ORAL SUSP	PERAMPANEL	4	999	Auto PA
		FYCOMPA 10 MG TABLET	PERAMPANEL	4	999	Auto PA
		FYCOMPA 12 MG TABLET	PERAMPANEL	4	999	Auto PA
		FYCOMPA 2 MG TABLET	PERAMPANEL	4	999	Auto PA
		FYCOMPA 4 MG TABLET	PERAMPANEL	4	999	Auto PA
		FYCOMPA 6 MG TABLET	PERAMPANEL	4	999	Auto PA
		FYCOMPA 8 MG TABLET	PERAMPANEL	4	999	Auto PA
		GABAPENTIN 100 MG CAPSULE	GABAPENTIN	0	999	No
		GABAPENTIN 250 MG/5 ML SOLN	GABAPENTIN	0	999	No
		GABAPENTIN 300 MG CAPSULE	GABAPENTIN	0	999	No
		GABAPENTIN 300 MG/6 ML SOLN	GABAPENTIN	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H4B	ANTICONVULSANTS	GABAPENTIN 400 MG CAPSULE	GABAPENTIN	0	999	No
		GABAPENTIN 600 MG TABLET	GABAPENTIN	0	999	No
		GABAPENTIN 800 MG TABLET	GABAPENTIN	0	999	No
		GABITRIL 12 MG TABLET	TIAGABINE HCL	0	999	Auto PA
		GABITRIL 16 MG TABLET	TIAGABINE HCL	0	999	Auto PA
		GABITRIL 2 MG TABLET	TIAGABINE HCL	0	999	Auto PA
		GABITRIL 4 MG TABLET	TIAGABINE HCL	0	999	Auto PA
		KEPPRA 1,000 MG TABLET	LEVETIRACETAM	0	999	Auto PA
		KEPPRA 100 MG/ML ORAL SOLN	LEVETIRACETAM	0	999	Auto PA
		KEPPRA 250 MG TABLET	LEVETIRACETAM	0	999	Auto PA
		KEPPRA 500 MG TABLET	LEVETIRACETAM	0	999	Auto PA
		KEPPRA 750 MG TABLET	LEVETIRACETAM	0	999	Auto PA
		KEPPRA XR 500 MG TABLET	LEVETIRACETAM	0	999	Auto PA
		KEPPRA XR 750 MG TABLET	LEVETIRACETAM	0	999	Auto PA
		LAMICTAL 100 MG TABLET	LAMOTRIGINE	0	999	Auto PA
		LAMICTAL 150 MG TABLET	LAMOTRIGINE	0	999	Auto PA
		LAMICTAL 200 MG TABLET	LAMOTRIGINE	0	999	Auto PA
		LAMICTAL 25 MG DISPER TABLET	LAMOTRIGINE	0	999	Auto PA
		LAMICTAL 25 MG TABLET	LAMOTRIGINE	0	999	Auto PA
		LAMICTAL 5 MG DISPER TABLET	LAMOTRIGINE	0	999	Auto PA
		LAMICTAL ODT 100 MG TABLET	LAMOTRIGINE	0	999	Auto PA
		LAMICTAL ODT 200 MG TABLET	LAMOTRIGINE	0	999	Auto PA
		LAMICTAL ODT 25 MG TABLET	LAMOTRIGINE	0	999	Auto PA
		LAMICTAL ODT 50 MG TABLET	LAMOTRIGINE	0	999	Auto PA
		LAMICTAL TAB START KIT (BLUE)	LAMOTRIGINE	0	999	Auto PA
		LAMICTAL TAB START KIT (GREEN)	LAMOTRIGINE	0	999	Auto PA
		LAMICTAL TB START KIT (ORANGE)	LAMOTRIGINE	0	999	Auto PA
		LAMICTAL XR 100 MG TABLET	LAMOTRIGINE	13	999	Auto PA

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H4B	ANTICONVULSANTS	LAMICTAL XR 200 MG TABLET	LAMOTRIGINE	13	999	Auto PA
		LAMICTAL XR 25 MG TABLET	LAMOTRIGINE	13	999	Auto PA
		LAMICTAL XR 250 MG TABLET	LAMOTRIGINE	13	999	Auto PA
		LAMICTAL XR 300 MG TABLET	LAMOTRIGINE	13	999	Auto PA
		LAMICTAL XR 50 MG TABLET	LAMOTRIGINE	13	999	Auto PA
		LAMICTAL XR START KIT (BLUE)	LAMOTRIGINE	13	999	Auto PA
		LAMICTAL XR START KIT (GREEN)	LAMOTRIGINE	13	999	Auto PA
		LAMICTAL XR START KIT (ORANGE)	LAMOTRIGINE	13	999	Auto PA
		LAMOTRIGINE 100 MG TABLET	LAMOTRIGINE	0	999	No
		LAMOTRIGINE 150 MG TABLET	LAMOTRIGINE	0	999	No
		LAMOTRIGINE 200 MG TABLET	LAMOTRIGINE	0	999	No
		LAMOTRIGINE 25 MG DISPER TAB	LAMOTRIGINE	0	999	No
		LAMOTRIGINE 25 MG TABLET	LAMOTRIGINE	0	999	No
		LAMOTRIGINE 5 MG DISPER TABLET	LAMOTRIGINE	0	999	No
		LAMOTRIGINE ER 100 MG TABLET	LAMOTRIGINE	13	999	No
		LAMOTRIGINE ER 200 MG TABLET	LAMOTRIGINE	13	999	No
		LAMOTRIGINE ER 25 MG TABLET	LAMOTRIGINE	13	999	No
		LAMOTRIGINE ER 250 MG TABLET	LAMOTRIGINE	13	999	No
		LAMOTRIGINE ER 300 MG TABLET	LAMOTRIGINE	13	999	No
		LAMOTRIGINE ER 50 MG TABLET	LAMOTRIGINE	13	999	No
		LAMOTRIGINE ODT 100 MG TABLET	LAMOTRIGINE	0	999	Auto PA
		LAMOTRIGINE ODT 200 MG TABLET	LAMOTRIGINE	0	999	Auto PA
		LAMOTRIGINE ODT 25 MG TABLET	LAMOTRIGINE	0	999	Auto PA
		LAMOTRIGINE ODT 50 MG TABLET	LAMOTRIGINE	0	999	Auto PA
		LAMOTRIGINE ODT KIT (BLUE)	LAMOTRIGINE	0	999	No
		LAMOTRIGINE ODT KIT (GREEN)	LAMOTRIGINE	0	999	No
		LAMOTRIGINE ODT KIT (ORANGE)	LAMOTRIGINE	0	999	No
		LAMOTRIGINE TAB START KIT-BLUE	LAMOTRIGINE	0	999	Auto PA

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H4B	ANTICONVULSANTS	LAMOTRIGINE TAB START KT-GREEN	LAMOTRIGINE	0	999	Auto PA
		LAMOTRIGINE TAB START KT-ORANG	LAMOTRIGINE	0	999	Auto PA
		LEVETIRACETAM 1,000 MG TABLET	LEVETIRACETAM	0	999	No
		LEVETIRACETAM 1,000 MG/10 ML	LEVETIRACETAM	0	999	No
		LEVETIRACETAM 100 MG/ML SOLN	LEVETIRACETAM	0	999	No
		LEVETIRACETAM 250 MG TABLET	LEVETIRACETAM	0	999	No
		LEVETIRACETAM 500 MG TABLET	LEVETIRACETAM	0	999	No
		LEVETIRACETAM 500 MG/5 ML SOLN	LEVETIRACETAM	0	999	No
		LEVETIRACETAM 500 MG/5 ML VIAL	LEVETIRACETAM	0	999	No
		LEVETIRACETAM 750 MG TABLET	LEVETIRACETAM	0	999	No
		LEVETIRACETAM ER 500 MG TABLET	LEVETIRACETAM	0	999	No
		LEVETIRACETAM ER 750 MG TABLET	LEVETIRACETAM	0	999	No
		MYSOLINE 250 MG TABLET	PRIMIDONE	0	999	Auto PA
		MYSOLINE 50 MG TABLET	PRIMIDONE	0	999	Auto PA
		NEURONTIN 100 MG CAPSULE	GABAPENTIN	0	999	Auto PA
		NEURONTIN 250 MG/5 ML SOLUTION	GABAPENTIN	0	999	Auto PA
		NEURONTIN 300 MG CAPSULE	GABAPENTIN	0	999	Auto PA
		NEURONTIN 400 MG CAPSULE	GABAPENTIN	0	999	Auto PA
		NEURONTIN 600 MG TABLET	GABAPENTIN	0	999	Auto PA
		NEURONTIN 800 MG TABLET	GABAPENTIN	0	999	Auto PA
		OXCARBAZEPINE 150 MG TABLET	OXCARBAZEPINE	0	999	No
		OXCARBAZEPINE 300 MG TABLET	OXCARBAZEPINE	0	999	No
		OXCARBAZEPINE 300 MG/5 ML SUSP	OXCARBAZEPINE	0	999	No
		OXCARBAZEPINE 600 MG TABLET	OXCARBAZEPINE	0	999	No
		OXTELLAR XR 150 MG TABLET	OXCARBAZEPINE	6	999	Auto PA
		OXTELLAR XR 300 MG TABLET	OXCARBAZEPINE	6	999	Auto PA
		OXTELLAR XR 600 MG TABLET	OXCARBAZEPINE	6	999	Auto PA
		PHENYTOIN 100 MG/4 ML SUSP	PHENYTOIN	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H4B	ANTICONVULSANTS	PHENYTOIN 125 MG/5 ML SUSP	PHENYTOIN	0	999	No
		PHENYTOIN 50 MG INFATAB CHEW	PHENYTOIN	0	999	No
		PHENYTOIN 50 MG TABLET CHEW	PHENYTOIN	0	999	No
		PHENYTOIN SOD EXT 100 MG CAP	PHENYTOIN SODIUM EXTENDED	0	999	No
		PHENYTOIN SOD EXT 200 MG CAP	PHENYTOIN SODIUM EXTENDED	0	999	No
		PHENYTOIN SOD EXT 300 MG CAP	PHENYTOIN SODIUM EXTENDED	0	999	No
		PREGABALIN 100 MG CAPSULE	PREGABALIN	0	999	Auto PA
		PREGABALIN 150 MG CAPSULE	PREGABALIN	0	999	Auto PA
		PREGABALIN 200 MG CAPSULE	PREGABALIN	0	999	Auto PA
		PREGABALIN 225 MG CAPSULE	PREGABALIN	0	999	Auto PA
		PREGABALIN 25 MG CAPSULE	PREGABALIN	0	999	Auto PA
		PREGABALIN 300 MG CAPSULE	PREGABALIN	0	999	Auto PA
		PREGABALIN 50 MG CAPSULE	PREGABALIN	0	999	Auto PA
		PREGABALIN 75 MG CAPSULE	PREGABALIN	0	999	Auto PA
		PRIMIDONE 250 MG TABLET	PRIMIDONE	0	999	No
		PRIMIDONE 50 MG TABLET	PRIMIDONE	0	999	No
		QUDEXY XR 100 MG CAPSULE	TOPIRAMATE	0	999	Auto PA
		QUDEXY XR 150 MG CAPSULE	TOPIRAMATE	0	999	Auto PA
		QUDEXY XR 200 MG CAPSULE	TOPIRAMATE	0	999	Auto PA
		QUDEXY XR 25 MG CAPSULE	TOPIRAMATE	0	999	Auto PA
		QUDEXY XR 50 MG CAPSULE	TOPIRAMATE	0	999	Auto PA
		ROWEEPRA 1,000 MG TABLET	LEVETIRACETAM	0	999	Auto PA
		ROWEEPRA 500 MG TABLET	LEVETIRACETAM	0	999	Auto PA
		ROWEEPRA 750 MG TABLET	LEVETIRACETAM	0	999	Auto PA
		RUFINAMIDE 200 MG TABLET	RUFINAMIDE	1	999	No
		RUFINAMIDE 40 MG/ML SUSPENSION	RUFINAMIDE	1	999	No
		RUFINAMIDE 400 MG TABLET	RUFINAMIDE	1	999	No
		SABRIL 500 MG POWDER PACKET	VIGABATRIN	0	999	Auto PA

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H4B	ANTICONVULSANTS	SABRIL 500 MG TABLET	VIGABATRIN	0	999	Auto PA
		SUBVENITE 100 MG TABLET	LAMOTRIGINE	0	999	Auto PA
		SUBVENITE 150 MG TABLET	LAMOTRIGINE	0	999	Auto PA
		SUBVENITE 200 MG TABLET	LAMOTRIGINE	0	999	Auto PA
		SUBVENITE 25 MG TABLET	LAMOTRIGINE	0	999	Auto PA
		SUBVENITE TAB START KIT (BLUE)	LAMOTRIGINE	0	999	Auto PA
		SUBVENITE TAB START KIT(GREEN)	LAMOTRIGINE	0	999	Auto PA
		SUBVENITE TAB START KT(ORANGE)	LAMOTRIGINE	0	999	Auto PA
		TEGRETOL 100 MG/5 ML SUSP	CARBAMAZEPINE	0	999	Auto PA
		TEGRETOL 200 MG TABLET	CARBAMAZEPINE	0	999	Auto PA
		TEGRETOL XR 100 MG TABLET	CARBAMAZEPINE	0	999	Auto PA
		TEGRETOL XR 200 MG TABLET	CARBAMAZEPINE	0	999	Auto PA
		TEGRETOL XR 400 MG TABLET	CARBAMAZEPINE	0	999	Auto PA
		TIAGABINE HCL 12 MG TABLET	TIAGABINE HCL	0	999	No
		TIAGABINE HCL 16 MG TABLET	TIAGABINE HCL	0	999	No
		TIAGABINE HCL 2 MG TABLET	TIAGABINE HCL	0	999	No
		TIAGABINE HCL 4 MG TABLET	TIAGABINE HCL	0	999	No
		TOPAMAX 100 MG TABLET	TOPIRAMATE	0	999	Auto PA
		TOPAMAX 15 MG SPRINKLE CAP	TOPIRAMATE	0	999	Auto PA
		TOPAMAX 200 MG TABLET	TOPIRAMATE	0	999	Auto PA
		TOPAMAX 25 MG SPRINKLE CAP	TOPIRAMATE	0	999	Auto PA
		TOPAMAX 25 MG TABLET	TOPIRAMATE	0	999	Auto PA
		TOPAMAX 50 MG TABLET	TOPIRAMATE	0	999	Auto PA
		TOPIRAMATE 100 MG TABLET	TOPIRAMATE	0	999	No
		TOPIRAMATE 15 MG SPRINKLE CAP	TOPIRAMATE	0	999	No
		TOPIRAMATE 200 MG TABLET	TOPIRAMATE	0	999	No
		TOPIRAMATE 25 MG SPRINKLE CAP	TOPIRAMATE	0	999	No
		TOPIRAMATE 25 MG TABLET	TOPIRAMATE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H4B	ANTICONVULSANTS	TOPIRAMATE 50 MG TABLET	TOPIRAMATE	0	999	No
		TOPIRAMATE ER 100 MG CAPSULE	TOPIRAMATE	0	999	No
		TOPIRAMATE ER 150 MG CAPSULE	TOPIRAMATE	0	999	No
		TOPIRAMATE ER 200 MG CAPSULE	TOPIRAMATE	0	999	No
		TOPIRAMATE ER 25 MG CAPSULE	TOPIRAMATE	0	999	No
		TOPIRAMATE ER 50 MG CAPSULE	TOPIRAMATE	0	999	No
		TRILEPTAL 150 MG TABLET	OXCARBAZEPINE	0	999	Auto PA
		TRILEPTAL 300 MG TABLET	OXCARBAZEPINE	0	999	Auto PA
		TRILEPTAL 300 MG/5 ML SUSP	OXCARBAZEPINE	0	999	Auto PA
		TRILEPTAL 600 MG TABLET	OXCARBAZEPINE	0	999	Auto PA
		TROKENDI XR 100 MG CAPSULE	TOPIRAMATE	6	999	Auto PA
		TROKENDI XR 200 MG CAPSULE	TOPIRAMATE	6	999	Auto PA
		TROKENDI XR 25 MG CAPSULE	TOPIRAMATE	6	999	Auto PA
		TROKENDI XR 50 MG CAPSULE	TOPIRAMATE	6	999	Auto PA
		VALPROIC ACID 250 MG CAPSULE	VALPROIC ACID	0	999	No
		VALPROIC ACID 250 MG/5 ML SOLN	VALPROIC ACID (AS SODIUM SALT)	0	999	No
		VALPROIC ACID 500 MG/10 ML SOL	VALPROIC ACID (AS SODIUM SALT)	0	999	No
		VIGABATRIN 500 MG POWDER PACKT	VIGABATRIN	0	999	Requires Med Cert 3
		VIGABATRIN 500 MG TABLET	VIGABATRIN	0	999	Requires Med Cert 3
		VIGADRONE 500 MG POWDER PACKET	VIGABATRIN	0	999	Requires Med Cert 3
		VIMPAT 10 MG/ML SOLUTION	LACOSAMIDE	0	999	Auto PA
		VIMPAT 100 MG TABLET	LACOSAMIDE	0	999	Auto PA
		VIMPAT 150 MG TABLET	LACOSAMIDE	0	999	Auto PA
		VIMPAT 200 MG TABLET	LACOSAMIDE	0	999	Auto PA
		VIMPAT 50 MG TABLET	LACOSAMIDE	0	999	Auto PA
		VIMPAT STARTER KIT	LACOSAMIDE	0	999	Auto PA
		XCOPRI 100 MG TABLET	CENOBAMATE	18	999	Auto PA
		XCOPRI 12.5-25 MG TITRATION PK	CENOBAMATE	18	999	Auto PA

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H4B	ANTICONVULSANTS	XCOPRI 150 MG TABLET	CENOBAMATE	18	999	Auto PA
		XCOPRI 150-200 MG TITRATION PK	CENOBAMATE	18	999	Auto PA
		XCOPRI 200 MG TABLET	CENOBAMATE	18	999	Auto PA
		XCOPRI 250 MG DAILY DOSE PACK	CENOBAMATE	18	999	Auto PA
		XCOPRI 350 MG DAILY DOSE PACK	CENOBAMATE	18	999	Auto PA
		XCOPRI 50 MG TABLET	CENOBAMATE	18	999	Auto PA
		XCOPRI 50-100 MG TITRATION PAK	CENOBAMATE	18	999	Auto PA
		ZARONTIN 250 MG CAPSULE	ETHOSUXIMIDE	0	999	Auto PA
		ZONISAMIDE 100 MG CAPSULE	ZONISAMIDE	0	999	No
		ZONISAMIDE 25 MG CAPSULE	ZONISAMIDE	0	999	No
H4E	ANTICONVULSANT - CANNABINOID TYPE	ZONISAMIDE 50 MG CAPSULE	ZONISAMIDE	0	999	No
		EPIDIOLEX 100 MG/ML SOLUTION	CANNABIDIOL (CBD)	1	999	Auto PA
H6A	ANTIPARKINSONISM DRUGS,OTHER	AMANTADINE 100 MG CAPSULE	AMANTADINE HCL	1	999	No
		AMANTADINE 100 MG TABLET	AMANTADINE HCL	1	999	No
		AMANTADINE 100 MG/10 ML SOLN	AMANTADINE HCL	1	999	No
		AMANTADINE 50 MG/5 ML SOLUTION	AMANTADINE HCL	1	999	No
		CARBIDOPA-LEVO ER 25-100 TAB	CARBIDOPA/LEVODOPA	18	999	No
		CARBIDOPA-LEVO ER 50-200 TAB	CARBIDOPA/LEVODOPA	18	999	No
		CARBIDOPA-LEVODOPA 100 MG-ENTA	CARBIDOPA/LEVODOPA/ENTACAPONE	18	999	No
		CARBIDOPA-LEVODOPA 10-100 TAB	CARBIDOPA/LEVODOPA	18	999	No
		CARBIDOPA-LEVODOPA 125 MG-ENTA	CARBIDOPA/LEVODOPA/ENTACAPONE	18	999	No
		CARBIDOPA-LEVODOPA 150 MG-ENTA	CARBIDOPA/LEVODOPA/ENTACAPONE	18	999	No
		CARBIDOPA-LEVODOPA 200 MG-ENTA	CARBIDOPA/LEVODOPA/ENTACAPONE	18	999	No
		CARBIDOPA-LEVODOPA 25-100 TAB	CARBIDOPA/LEVODOPA	18	999	No
		CARBIDOPA-LEVODOPA 25-250 TAB	CARBIDOPA/LEVODOPA	18	999	No
		CARBIDOPA-LEVODOPA 50 MG-ENTA	CARBIDOPA/LEVODOPA/ENTACAPONE	18	999	No
		CARBIDOPA-LEVODOPA 75 MG-ENTA	CARBIDOPA/LEVODOPA/ENTACAPONE	18	999	No
		PRAMIPEXOLE 0.125 MG TABLET	PRAMIPEXOLE DI-HCL	18	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H6A	ANTIPARKINSONISM DRUGS,OTHER	PRAMIPEXOLE 0.25 MG TABLET	PRAMIPEXOLE DI-HCL	18	999	No
		PRAMIPEXOLE 0.5 MG TABLET	PRAMIPEXOLE DI-HCL	18	999	No
		PRAMIPEXOLE 0.75 MG TABLET	PRAMIPEXOLE DI-HCL	18	999	No
		PRAMIPEXOLE 1 MG TABLET	PRAMIPEXOLE DI-HCL	18	999	No
		PRAMIPEXOLE 1.5 MG TABLET	PRAMIPEXOLE DI-HCL	18	999	No
		ROPINIROLE HCL 0.25 MG TABLET	ROPINIROLE HCL	18	999	No
		ROPINIROLE HCL 0.5 MG TABLET	ROPINIROLE HCL	18	999	No
		ROPINIROLE HCL 1 MG TABLET	ROPINIROLE HCL	18	999	No
		ROPINIROLE HCL 2 MG TABLET	ROPINIROLE HCL	18	999	No
		ROPINIROLE HCL 3 MG TABLET	ROPINIROLE HCL	18	999	No
		ROPINIROLE HCL 4 MG TABLET	ROPINIROLE HCL	18	999	No
		ROPINIROLE HCL 5 MG TABLET	ROPINIROLE HCL	18	999	No
		SELEGILINE HCL 5 MG CAPSULE	SELEGILINE HCL	18	999	No
		SELEGILINE HCL 5 MG TABLET	SELEGILINE HCL	18	999	No
H6B	ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC	BENZTROPINE MES 0.5 MG TAB	BENZTROPINE MESYLATE	3	999	No
		BENZTROPINE MES 1 MG TABLET	BENZTROPINE MESYLATE	3	999	No
		BENZTROPINE MES 2 MG TABLET	BENZTROPINE MESYLATE	3	999	No
		TRIHEXYPHENIDYL 2 MG TABLET	TRIHEXYPHENIDYL HCL	18	999	No
		TRIHEXYPHENIDYL 2 MG/5 ML SOLN	TRIHEXYPHENIDYL HCL	18	999	No
		TRIHEXYPHENIDYL 5 MG TABLET	TRIHEXYPHENIDYL HCL	18	999	No
H6C	ANTITUSSIVES, NON-OPIOID	BENZONATATE 100 MG CAPSULE	BENZONATATE	0	20	No
		BENZONATATE 150 MG CAPSULE	BENZONATATE	0	20	No
		BENZONATATE 200 MG CAPSULE	BENZONATATE	0	20	No
		BENZONATATE PERLE 100 MG CAP	BENZONATATE	0	20	No
H6H	SKELETAL MUSCLE RELAXANTS	BACLOFEN 10 MG TABLET	BACLOFEN	0	999	No
		BACLOFEN 20 MG TABLET	BACLOFEN	0	999	No
		BACLOFEN 5 MG TABLET	BACLOFEN	0	999	No
		CHLORZOXAZONE 500 MG TABLET	CHLORZOXAZONE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H6H	SKELETAL MUSCLE RELAXANTS	CYCLOBENZAPRINE 10 MG TABLET	CYCLOBENZAPRINE HCL	0	999	No
		CYCLOBENZAPRINE 5 MG TABLET	CYCLOBENZAPRINE HCL	0	999	No
		METHOCARBAMOL 500 MG TABLET	METHOCARBAMOL	0	999	No
		METHOCARBAMOL 750 MG TABLET	METHOCARBAMOL	0	999	No
		ORPHENADRINE ER 100 MG TABLET	ORPHENADRINE CITRATE	0	999	No
		TIZANIDINE HCL 2 MG TABLET	TIZANIDINE HCL	0	999	No
		TIZANIDINE HCL 4 MG TABLET	TIZANIDINE HCL	0	999	No
H6I	AMYOTROPHIC LATERAL SCLEROSIS AGENTS	RILUZOLE 50 MG TABLET	RILUZOLE	0	999	No
H6J	ANTIEMETIC/ANTIVERTIGO AGENTS	APREPITANT 125 MG CAPSULE	APREPITANT	0	999	No
		APREPITANT 40 MG CAPSULE	APREPITANT	0	999	No
		APREPITANT 80 MG CAPSULE	APREPITANT	0	999	No
		DICLEGIS DR 10-10 MG TABLET	DOXYLAMINE SUCCINATE/VIT B6	18	999	No
		GRANISETRON HCL 0.1 MG/ML VIAL	GRANISETRON HCL/PF	0	999	No
		GRANISETRON HCL 1 MG TABLET	GRANISETRON HCL	0	999	No
		GRANISETRON HCL 1 MG/ML VIAL	GRANISETRON HCL/PF	0	999	No
		MECLIZINE 12.5 MG TABLET	MECLIZINE HCL	0	999	No
		MECLIZINE 25 MG TABLET	MECLIZINE HCL	0	999	No
		ONDANSETRON 4 MG/5 ML SOLUTION	ONDANSETRON HCL	0	999	No
		ONDANSETRON 40 MG/20 ML VIAL	ONDANSETRON HCL	0	999	No
		ONDANSETRON HCL 4 MG TABLET	ONDANSETRON HCL	0	999	No
		ONDANSETRON HCL 4 MG/2 ML SYR	ONDANSETRON HCL/PF	0	999	No
		ONDANSETRON HCL 4 MG/2 ML VIAL	ONDANSETRON HCL/PF	0	999	No
		ONDANSETRON HCL 8 MG TABLET	ONDANSETRON HCL	0	999	No
		ONDANSETRON ODT 4 MG TABLET	ONDANSETRON	0	999	No
		ONDANSETRON ODT 8 MG TABLET	ONDANSETRON	0	999	No
		PALONOSETRON 0.25 MG/5 ML VIAL	PALONOSETRON HCL	0	999	No
		PROCHLORPERAZINE 10 MG TAB	PROCHLORPERAZINE MALEATE	0	999	No
		PROCHLORPERAZINE 5 MG TABLET	PROCHLORPERAZINE MALEATE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H6J	ANTIEMETIC/ANTIVERTIGO AGENTS	PROMETHAZINE 12.5 MG SUPPOS	PROMETHAZINE HCL	0	999	No
		PROMETHAZINE 25 MG SUPPOSITORY	PROMETHAZINE HCL	0	999	No
		PROMETHEGAN 12.5 MG SUPPOS	PROMETHAZINE HCL	0	999	No
		PROMETHEGAN 25 MG SUPPOSITORY	PROMETHAZINE HCL	0	999	No
		SCOPOLAMINE 1 MG/3 DAY PATCH	SCOPOLAMINE	18	999	Auto PA
H6L	DRUGS TO TREAT MOVEMENT DISORDERS	AUSTEDO 12 MG TABLET	DEUTETRABENAZINE	18	999	Auto PA
		AUSTEDO 6 MG TABLET	DEUTETRABENAZINE	18	999	Auto PA
		AUSTEDO 9 MG TABLET	DEUTETRABENAZINE	18	999	Auto PA
		INGREZZA 40 MG CAPSULE	VALBENAZINE TOSYLATE	18	999	Auto PA
		INGREZZA 60 MG CAPSULE	VALBENAZINE TOSYLATE	18	999	Auto PA
		INGREZZA 80 MG CAPSULE	VALBENAZINE TOSYLATE	18	999	Auto PA
		TETRABENAZINE 12.5 MG TABLET	TETRABENAZINE	18	999	Auto PA
		TETRABENAZINE 25 MG TABLET	TETRABENAZINE	18	999	Auto PA
H7B	ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS	MIRTAZAPINE 15 MG ODT	MIRTAZAPINE	6	999	No
		MIRTAZAPINE 15 MG TABLET	MIRTAZAPINE	6	999	No
		MIRTAZAPINE 30 MG ODT	MIRTAZAPINE	6	999	No
		MIRTAZAPINE 30 MG TABLET	MIRTAZAPINE	6	999	No
		MIRTAZAPINE 45 MG ODT	MIRTAZAPINE	6	999	No
		MIRTAZAPINE 45 MG TABLET	MIRTAZAPINE	6	999	No
		MIRTAZAPINE 7.5 MG TABLET	MIRTAZAPINE	6	999	No
H7C	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNR)	DESVENLAFAXINE SUCCNT ER 100MG	DESVENLAFAXINE SUCCINATE	18	999	No
		DESVENLAFAXINE SUCCNT ER 25 MG	DESVENLAFAXINE SUCCINATE	18	999	No
		DESVENLAFAXINE SUCCNT ER 50 MG	DESVENLAFAXINE SUCCINATE	18	999	No
		DULOXETINE HCL DR 20 MG CAP	DULOXETINE HCL	6	999	No
		DULOXETINE HCL DR 30 MG CAP	DULOXETINE HCL	6	999	No
		DULOXETINE HCL DR 60 MG CAP	DULOXETINE HCL	6	999	No
		VENLAFAXINE HCL 100 MG TABLET	VENLAFAXINE HCL	6	999	No
		VENLAFAXINE HCL 25 MG TABLET	VENLAFAXINE HCL	6	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H7C	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNR)	VENLAFAXINE HCL 37.5 MG TABLET	VENLAFAXINE HCL	6	999	No
		VENLAFAXINE HCL 50 MG TABLET	VENLAFAXINE HCL	6	999	No
		VENLAFAXINE HCL 75 MG TABLET	VENLAFAXINE HCL	6	999	No
		VENLAFAXINE HCL ER 150 MG CAP	VENLAFAXINE HCL	6	999	No
		VENLAFAXINE HCL ER 37.5 MG CAP	VENLAFAXINE HCL	6	999	No
		VENLAFAXINE HCL ER 75 MG CAP	VENLAFAXINE HCL	6	999	No
H7D	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (SNRI)	BUPROPION HCL 100 MG TABLET	BUPROPION HCL	6	999	No
		BUPROPION HCL 75 MG TABLET	BUPROPION HCL	6	999	No
		BUPROPION HCL SR 100 MG TABLET	BUPROPION HCL	6	999	No
		BUPROPION HCL SR 150 MG TABLET	BUPROPION HCL	6	999	No
		BUPROPION HCL SR 200 MG TABLET	BUPROPION HCL	6	999	No
		BUPROPION HCL XL 150 MG TABLET	BUPROPION HCL	6	999	No
H7E	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (5HT2A)	TRAZODONE 100 MG TABLET	TRAZODONE HCL	6	999	No
		TRAZODONE 150 MG TABLET	TRAZODONE HCL	6	999	No
		TRAZODONE 300 MG TABLET	TRAZODONE HCL	6	999	No
		TRAZODONE 50 MG TABLET	TRAZODONE HCL	6	999	No
H7N	SMOKING DETERRENTS, OTHER	BUPROPION HCL SR 150 MG TABLET	BUPROPION HCL	18	999	No
H7O	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHANOL	DROPERIDOL 5 MG/2 ML VIAL	DROPERIDOL	18	999	No
		HALOPERIDOL 0.5 MG TABLET	HALOPERIDOL	6	999	No
		HALOPERIDOL 1 MG TABLET	HALOPERIDOL	6	999	No
		HALOPERIDOL 10 MG TABLET	HALOPERIDOL	6	999	No
		HALOPERIDOL 2 MG TABLET	HALOPERIDOL	6	999	No
		HALOPERIDOL 20 MG TABLET	HALOPERIDOL	6	999	No
		HALOPERIDOL 5 MG TABLET	HALOPERIDOL	6	999	No
		HALOPERIDOL DEC 100 MG/ML AMP	HALOPERIDOL DECANOATE	18	999	No
		HALOPERIDOL DEC 100 MG/ML VIAL	HALOPERIDOL DECANOATE	18	999	No
		HALOPERIDOL DEC 250 MG/5 ML VL	HALOPERIDOL DECANOATE	18	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H7O	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYRO	HALOPERIDOL DEC 50 MG/ML VIAL	HALOPERIDOL DECANOATE	18	999	No
		HALOPERIDOL DEC 500 MG/5 ML VL	HALOPERIDOL DECANOATE	18	999	No
		HALOPERIDOL DECAN 50 MG/ML AMP	HALOPERIDOL DECANOATE	18	999	No
		HALOPERIDOL LAC 10 MG/5 ML CUP	HALOPERIDOL LACTATE	6	999	No
		HALOPERIDOL LAC 2 MG/ML CONC	HALOPERIDOL LACTATE	6	999	No
		HALOPERIDOL LAC 5 MG/ML AMPUL	HALOPERIDOL LACTATE	18	999	No
		HALOPERIDOL LAC 5 MG/ML VIAL	HALOPERIDOL LACTATE	18	999	No
		HALOPERIDOL LAC 50 MG/10 ML VL	HALOPERIDOL LACTATE	18	999	No
H7P	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXA	THIOTHIXENE 1 MG CAPSULE	THIOTHIXENE	18	999	No
		THIOTHIXENE 10 MG CAPSULE	THIOTHIXENE	18	999	No
		THIOTHIXENE 2 MG CAPSULE	THIOTHIXENE	18	999	No
		THIOTHIXENE 5 MG CAPSULE	THIOTHIXENE	18	999	No
H7R	ANTIPSYCH,DOPAMINE ANTAG.,DIPHENYLBUTYLPIPEI	PIMOZIDE 1 MG TABLET	PIMOZIDE	18	999	No
		PIMOZIDE 2 MG TABLET	PIMOZIDE	18	999	No
H7T	ANTIPSYCHOTIC,ATYPICAL,DOPAMINE,SEROTONIN AI	CLOZAPINE 100 MG TABLET	CLOZAPINE	6	999	Requires Med Cert 3
		CLOZAPINE 200 MG TABLET	CLOZAPINE	6	999	Requires Med Cert 3
		CLOZAPINE 25 MG TABLET	CLOZAPINE	6	999	Requires Med Cert 3
		CLOZAPINE 50 MG TABLET	CLOZAPINE	6	999	Requires Med Cert 3
		FANAPT 1 MG TABLET	ILOPERIDONE	18	999	No
		FANAPT 10 MG TABLET	ILOPERIDONE	18	999	No
		FANAPT 12 MG TABLET	ILOPERIDONE	18	999	No
		FANAPT 2 MG TABLET	ILOPERIDONE	18	999	No
		FANAPT 4 MG TABLET	ILOPERIDONE	18	999	No
		FANAPT 6 MG TABLET	ILOPERIDONE	18	999	No
		FANAPT 8 MG TABLET	ILOPERIDONE	18	999	No
		INVEGA SUSTENNA 117 MG/0.75 ML	PALIPERIDONE PALMITATE	18	999	Auto PA
		INVEGA SUSTENNA 156 MG/ML SYRG	PALIPERIDONE PALMITATE	18	999	Auto PA
		INVEGA SUSTENNA 234 MG/1.5 ML	PALIPERIDONE PALMITATE	18	999	Auto PA

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H7T	ANTIPSYCHOTIC, ATYPICAL, DOPAMINE, SEROTONIN A1	INVEGA SUSTENNA 39 MG/0.25 ML	PALIPERIDONE PALMITATE	18	999	Auto PA
		INVEGA SUSTENNA 78 MG/0.5 ML	PALIPERIDONE PALMITATE	18	999	Auto PA
		INVEGA TRINZA 273 MG/0.88 ML	PALIPERIDONE PALMITATE	18	999	Auto PA
		INVEGA TRINZA 410 MG/1.32 ML	PALIPERIDONE PALMITATE	18	999	Auto PA
		INVEGA TRINZA 546 MG/1.75 ML	PALIPERIDONE PALMITATE	18	999	Auto PA
		INVEGA TRINZA 819 MG/2.63 ML	PALIPERIDONE PALMITATE	18	999	Auto PA
		LATUDA 120 MG TABLET	LURASIDONE HCL	10	999	No
		LATUDA 20 MG TABLET	LURASIDONE HCL	10	999	No
		LATUDA 40 MG TABLET	LURASIDONE HCL	10	999	No
		LATUDA 60 MG TABLET	LURASIDONE HCL	10	999	No
		LATUDA 80 MG TABLET	LURASIDONE HCL	10	999	No
		OLANZAPINE 10 MG TABLET	OLANZAPINE	6	999	No
		OLANZAPINE 15 MG TABLET	OLANZAPINE	6	999	No
		OLANZAPINE 2.5 MG TABLET	OLANZAPINE	6	999	No
		OLANZAPINE 20 MG TABLET	OLANZAPINE	6	999	No
		OLANZAPINE 5 MG TABLET	OLANZAPINE	6	999	No
		OLANZAPINE 7.5 MG TABLET	OLANZAPINE	6	999	No
		OLANZAPINE ODT 10 MG TABLET	OLANZAPINE	6	999	No
		OLANZAPINE ODT 15 MG TABLET	OLANZAPINE	6	999	No
		OLANZAPINE ODT 20 MG TABLET	OLANZAPINE	6	999	No
		OLANZAPINE ODT 5 MG TABLET	OLANZAPINE	6	999	No
		QUETIAPINE ER 150 MG TABLET	QUETIAPINE FUMARATE	6	999	No
		QUETIAPINE ER 200 MG TABLET	QUETIAPINE FUMARATE	6	999	No
		QUETIAPINE ER 300 MG TABLET	QUETIAPINE FUMARATE	6	999	No
		QUETIAPINE ER 400 MG TABLET	QUETIAPINE FUMARATE	6	999	No
		QUETIAPINE ER 50 MG TABLET	QUETIAPINE FUMARATE	6	999	No
		QUETIAPINE FUMARATE 100 MG TAB	QUETIAPINE FUMARATE	6	999	No
		QUETIAPINE FUMARATE 200 MG TAB	QUETIAPINE FUMARATE	6	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H7T	ANTIPSYCHOTIC,ATYPICAL,DOPAMINE,SEROTONIN AN	QUETIAPINE FUMARATE 25 MG TAB	QUETIAPINE FUMARATE	6	999	No
		QUETIAPINE FUMARATE 300 MG TAB	QUETIAPINE FUMARATE	6	999	No
		QUETIAPINE FUMARATE 400 MG TAB	QUETIAPINE FUMARATE	6	999	No
		QUETIAPINE FUMARATE 50 MG TAB	QUETIAPINE FUMARATE	6	999	No
		RISPERDAL CONSTA 12.5 MG VIAL	RISPERIDONE MICROSPHERES	18	999	Auto PA
		RISPERDAL CONSTA 25 MG VIAL	RISPERIDONE MICROSPHERES	18	999	Auto PA
		RISPERDAL CONSTA 37.5 MG VIAL	RISPERIDONE MICROSPHERES	18	999	Auto PA
		RISPERDAL CONSTA 50 MG VIAL	RISPERIDONE MICROSPHERES	18	999	Auto PA
		RISPERIDONE 0.25 MG ODT	RISPERIDONE	6	999	No
		RISPERIDONE 0.25 MG TABLET	RISPERIDONE	6	999	No
		RISPERIDONE 0.5 MG ODT	RISPERIDONE	6	999	No
		RISPERIDONE 0.5 MG TABLET	RISPERIDONE	6	999	No
		RISPERIDONE 1 MG ODT	RISPERIDONE	6	999	No
		RISPERIDONE 1 MG TABLET	RISPERIDONE	6	999	No
		RISPERIDONE 1 MG/ML SOLUTION	RISPERIDONE	6	999	No
		RISPERIDONE 2 MG ODT	RISPERIDONE	6	999	No
		RISPERIDONE 2 MG TABLET	RISPERIDONE	6	999	No
		RISPERIDONE 3 MG ODT	RISPERIDONE	6	999	No
		RISPERIDONE 3 MG TABLET	RISPERIDONE	6	999	No
		RISPERIDONE 4 MG ODT	RISPERIDONE	6	999	No
		RISPERIDONE 4 MG TABLET	RISPERIDONE	6	999	No
		ZIPRASIDONE HCL 20 MG CAPSULE	ZIPRASIDONE HCL	6	999	No
		ZIPRASIDONE HCL 40 MG CAPSULE	ZIPRASIDONE HCL	6	999	No
		ZIPRASIDONE HCL 60 MG CAPSULE	ZIPRASIDONE HCL	6	999	No
		ZIPRASIDONE HCL 80 MG CAPSULE	ZIPRASIDONE HCL	6	999	No
H7U	ANTIPSYCHOTICS, DOPAMINE AND SEROTONIN ANTA	LOXAPINE 10 MG CAPSULE	LOXAPINE SUCCINATE	18	999	No
		LOXAPINE 25 MG CAPSULE	LOXAPINE SUCCINATE	18	999	No
		LOXAPINE 5 MG CAPSULE	LOXAPINE SUCCINATE	18	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H7U	ANTIPSYCHOTICS, DOPAMINE AND SEROTONIN ANTA	LOXAPINE 50 MG CAPSULE	LOXAPINE SUCCINATE	18	999	No
H7X	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT M	ABILIFY MAINTENA ER 300 MG SYR	ARIPIPRAZOLE	18	999	Auto PA
		ABILIFY MAINTENA ER 300 MG VL	ARIPIPRAZOLE	18	999	Auto PA
		ABILIFY MAINTENA ER 400 MG SYR	ARIPIPRAZOLE	18	999	Auto PA
		ABILIFY MAINTENA ER 400 MG VL	ARIPIPRAZOLE	18	999	Auto PA
		ARIPIPRAZOLE 1 MG/ML SOLUTION	ARIPIPRAZOLE	6	999	No
		ARIPIPRAZOLE 10 MG TABLET	ARIPIPRAZOLE	6	999	No
		ARIPIPRAZOLE 15 MG TABLET	ARIPIPRAZOLE	6	999	No
		ARIPIPRAZOLE 2 MG TABLET	ARIPIPRAZOLE	6	999	No
		ARIPIPRAZOLE 20 MG TABLET	ARIPIPRAZOLE	6	999	No
		ARIPIPRAZOLE 30 MG TABLET	ARIPIPRAZOLE	6	999	No
		ARIPIPRAZOLE 5 MG TABLET	ARIPIPRAZOLE	6	999	No
		ARISTADA ER 1064 MG/3.9 ML SYR	ARIPIPRAZOLE LAUROXIL	18	999	Auto PA
		ARISTADA ER 441 MG/1.6 ML SYRN	ARIPIPRAZOLE LAUROXIL	18	999	Auto PA
		ARISTADA ER 662 MG/2.4 ML SYRN	ARIPIPRAZOLE LAUROXIL	18	999	Auto PA
		ARISTADA ER 882 MG/3.2 ML SYRN	ARIPIPRAZOLE LAUROXIL	18	999	Auto PA
		ARISTADA INITIO ER 675 MG/2.4	ARIPIPRAZOLE LAUROXIL,SUBMICR.	18	999	Auto PA
H7Y	TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-T	ATOMOXETINE HCL 10 MG CAPSULE	ATOMOXETINE HCL	6	999	No
		ATOMOXETINE HCL 100 MG CAPSULE	ATOMOXETINE HCL	6	999	No
		ATOMOXETINE HCL 18 MG CAPSULE	ATOMOXETINE HCL	6	999	No
		ATOMOXETINE HCL 25 MG CAPSULE	ATOMOXETINE HCL	6	999	No
		ATOMOXETINE HCL 40 MG CAPSULE	ATOMOXETINE HCL	6	999	No
		ATOMOXETINE HCL 60 MG CAPSULE	ATOMOXETINE HCL	6	999	No
		ATOMOXETINE HCL 80 MG CAPSULE	ATOMOXETINE HCL	6	999	No
H8B	HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGON	ROZEREM 8 MG TABLET	RAMELTEON	65	999	No
H8M	TX FOR ADHD - SELECTIVE ALPHA-2 RECEPTOR AGONI	GUANFACINE HCL ER 1 MG TABLET	GUANFACINE HCL	0	999	No
		GUANFACINE HCL ER 2 MG TABLET	GUANFACINE HCL	0	999	No
		GUANFACINE HCL ER 3 MG TABLET	GUANFACINE HCL	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
H8M	TX FOR ADHD - SELECTIVE ALPHA-2 RECEPTOR AGONIS	GUANFACINE HCL ER 4 MG TABLET	GUANFACINE HCL	0	999	No
H8O	PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONIS	NUEDEXTA 20-10 MG CAPSULE	DEXTROMETHORPHAN HBR/QUINIDINE	18	999	No
H8P	SSRI AND 5HT1A PARTIAL AGONIST ANTIDEPRESSANTS	VIIBRYD 10 MG TABLET	VILAZODONE HCL	18	999	No
		VIIBRYD 20 MG TABLET	VILAZODONE HCL	18	999	No
		VIIBRYD 40 MG TABLET	VILAZODONE HCL	18	999	No
H8Q	NARCOLEPSY AND SLEEP DISORDER THERAPY AGENTS	MODAFINIL 100 MG TABLET	MODAFINIL	18	999	Auto PA
		MODAFINIL 200 MG TABLET	MODAFINIL	18	999	Auto PA
H8T	SSRI, SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANTS	TRINTELLIX 10 MG TABLET	VORTIOXETINE HYDROBROMIDE	18	999	Auto PA
		TRINTELLIX 20 MG TABLET	VORTIOXETINE HYDROBROMIDE	18	999	Auto PA
		TRINTELLIX 5 MG TABLET	VORTIOXETINE HYDROBROMIDE	18	999	Auto PA
H8W	ANTIPSYCHOTIC-ATYPICAL,D3/D2 PARTIAL AG-5HT M	VRAYLAR 1.5 MG CAPSULE	CARIPRAZINE HCL	18	999	Auto PA
		VRAYLAR 1.5 MG-3 MG PACK	CARIPRAZINE HCL	18	999	Auto PA
		VRAYLAR 3 MG CAPSULE	CARIPRAZINE HCL	18	999	Auto PA
		VRAYLAR 4.5 MG CAPSULE	CARIPRAZINE HCL	18	999	Auto PA
		VRAYLAR 6 MG CAPSULE	CARIPRAZINE HCL	18	999	Auto PA
J1A	PARASYMPATHETIC AGENTS	BETHANECHOL 10 MG TABLET	BETHANECHOL CHLORIDE	0	999	No
		BETHANECHOL 25 MG TABLET	BETHANECHOL CHLORIDE	0	999	No
		BETHANECHOL 5 MG TABLET	BETHANECHOL CHLORIDE	0	999	No
		BETHANECHOL 50 MG TABLET	BETHANECHOL CHLORIDE	0	999	No
		PILOCARPINE HCL 5 MG TABLET	PILOCARPINE HCL	0	999	No
		PILOCARPINE HCL 7.5 MG TABLET	PILOCARPINE HCL	0	999	No
J1B	CHOLINESTERASE INHIBITORS	DONEPEZIL HCL 10 MG TABLET	DONEPEZIL HCL	18	999	No
		DONEPEZIL HCL 5 MG TABLET	DONEPEZIL HCL	18	999	No
		DONEPEZIL HCL ODT 10 MG TABLET	DONEPEZIL HCL	18	999	No
		DONEPEZIL HCL ODT 5 MG TABLET	DONEPEZIL HCL	18	999	No
		EXELON 13.3 MG/24HR PATCH	RIVASTIGMINE	18	999	No
		EXELON 4.6 MG/24HR PATCH	RIVASTIGMINE	18	999	No
		EXELON 9.5 MG/24HR PATCH	RIVASTIGMINE	18	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
J1B	CHOLINESTERASE INHIBITORS	MESTINON 60 MG/5 ML SOLUTION	PYRIDOSTIGMINE BROMIDE	0	999	No
		PYRIDOSTIGMINE 60 MG/5 ML SOLN	PYRIDOSTIGMINE BROMIDE	0	999	No
		PYRIDOSTIGMINE BR 30 MG TABLET	PYRIDOSTIGMINE BROMIDE	0	999	No
		PYRIDOSTIGMINE BR 60 MG TABLET	PYRIDOSTIGMINE BROMIDE	0	999	No
		PYRIDOSTIGMINE ER 180 MG TAB	PYRIDOSTIGMINE BROMIDE	0	999	No
J2A	BELLADONNA ALKALOIDS	HYOSCYAMINE 0.125 MG ODT	HYOSCYAMINE SULFATE	0	999	No
		HYOSCYAMINE 0.125 MG TAB SL	HYOSCYAMINE SULFATE	0	999	No
		HYOSCYAMINE 0.125 MG/5 ML ELIX	HYOSCYAMINE SULFATE	0	999	No
		HYOSCYAMINE 0.125 MG/ML DROP	HYOSCYAMINE SULFATE	0	999	No
		HYOSCYAMINE ER 0.375 MG TAB	HYOSCYAMINE SULFATE	0	999	No
J2B	ANTICHOLINERGICS,QUATERNARY AMMONIUM	GLYCOPYRROLATE 1 MG TABLET	GLYCOPYRROLATE	0	999	No
		GLYCOPYRROLATE 2 MG TABLET	GLYCOPYRROLATE	0	999	No
J2D	ANTICHOLINERGICS/ANTISPASMODICS	DICYCLOMINE 10 MG CAPSULE	DICYCLOMINE HCL	0	999	No
		DICYCLOMINE 10 MG/5 ML SOLN	DICYCLOMINE HCL	0	999	No
		DICYCLOMINE 20 MG TABLET	DICYCLOMINE HCL	0	999	No
J3A	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OT	GNP NICOTINE 2 MG CHEWING GUM	NICOTINE POLACRILEX	18	999	No
		GNP NICOTINE 2 MG MINI LOZENGE	NICOTINE POLACRILEX	18	999	No
		GNP NICOTINE 21 MG/24HR PATCH	NICOTINE	18	999	No
		GNP NICOTINE 4 MG CHEWING GUM	NICOTINE POLACRILEX	18	999	No
		GNP NICOTINE 4 MG MINI LOZENGE	NICOTINE POLACRILEX	18	999	No
		GS NICOTINE 2 MG CHEWING GUM	NICOTINE POLACRILEX	18	999	No
		GS NICOTINE 2 MG MINI LOZENGE	NICOTINE POLACRILEX	18	999	No
		GS NICOTINE 4 MG CHEWING GUM	NICOTINE POLACRILEX	18	999	No
		GS NICOTINE 4 MG LOZENGE	NICOTINE POLACRILEX	18	999	No
		GS NICOTINE 4 MG MINI LOZENGE	NICOTINE POLACRILEX	18	999	No
		HM NICOTINE 14 MG/24HR PATCH	NICOTINE	18	999	No
		HM NICOTINE 2 MG CHEWING GUM	NICOTINE POLACRILEX	18	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
J3A	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OT	HM NICOTINE 2 MG LOZENGE	NICOTINE POLACRILEX	18	999	No
		HM NICOTINE 2 MG MINI LOZENGE	NICOTINE POLACRILEX	18	999	No
		HM NICOTINE 21 MG/24HR PATCH	NICOTINE	18	999	No
		HM NICOTINE 4 MG CHEWING GUM	NICOTINE POLACRILEX	18	999	No
		HM NICOTINE 4 MG LOZENGE	NICOTINE POLACRILEX	18	999	No
		HM NICOTINE 4 MG MINI LOZENGE	NICOTINE POLACRILEX	18	999	No
		HM NICOTINE 7 MG/24HR PATCH	NICOTINE	18	999	No
		NICOTINE 14 MG/24HR PATCH	NICOTINE	18	999	No
		NICOTINE 2 MG CHEWING GUM	NICOTINE POLACRILEX	18	999	No
		NICOTINE 2 MG LOZENGE	NICOTINE POLACRILEX	18	999	No
		NICOTINE 2 MG MINI LOZENGE	NICOTINE POLACRILEX	18	999	No
		NICOTINE 21 MG/24HR PATCH	NICOTINE	18	999	No
		NICOTINE 4 MG CHEWING GUM	NICOTINE POLACRILEX	18	999	No
		NICOTINE 4 MG LOZENGE	NICOTINE POLACRILEX	18	999	No
		NICOTINE 4 MG MINI LOZENGE	NICOTINE POLACRILEX	18	999	No
		NICOTINE 7 MG/24HR PATCH	NICOTINE	18	999	No
		NICOTINE TRANSDERMAL SYSTEM	NICOTINE	18	999	No
		QC NICOTINE 14 MG/24HR PATCH	NICOTINE	18	999	No
		QC NICOTINE 21 MG/24HR PATCH	NICOTINE	18	999	No
		SM NICOTINE 14 MG/24HR PATCH	NICOTINE	18	999	No
		SM NICOTINE 2 MG CHEWING GUM	NICOTINE POLACRILEX	18	999	No
		SM NICOTINE 2 MG LOZENGE	NICOTINE POLACRILEX	18	999	No
		SM NICOTINE 21 MG/24HR PATCH	NICOTINE	18	999	No
		SM NICOTINE 4 MG CHEWING GUM	NICOTINE POLACRILEX	18	999	No
		SM NICOTINE 4 MG LOZENGE	NICOTINE POLACRILEX	18	999	No
		SM NICOTINE 7 MG/24HR PATCH	NICOTINE	18	999	No
J3C	SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AC	CHANTIX 0.5 MG TABLET	VARENICLINE TARTRATE	17	999	No
		CHANTIX 1 MG CONT MONTH BOX	VARENICLINE TARTRATE	17	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
J3C	SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AC	CHANTIX 1 MG TABLET	VARENICLINE TARTRATE	17	999	No
		CHANTIX STARTING MONTH BOX	VARENICLINE TARTRATE	17	999	No
		VARENICLINE 0.5 MG TABLET	VARENICLINE TARTRATE	17	999	No
		VARENICLINE 1 MG TABLET	VARENICLINE TARTRATE	17	999	No
J5B	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	ADDERALL XR 10 MG CAPSULE	DEXTROAMPHETAMINE/AMPHETAMINE	6	999	No
		ADDERALL XR 15 MG CAPSULE	DEXTROAMPHETAMINE/AMPHETAMINE	6	999	No
		ADDERALL XR 20 MG CAPSULE	DEXTROAMPHETAMINE/AMPHETAMINE	6	999	No
		ADDERALL XR 25 MG CAPSULE	DEXTROAMPHETAMINE/AMPHETAMINE	6	999	No
		ADDERALL XR 30 MG CAPSULE	DEXTROAMPHETAMINE/AMPHETAMINE	6	999	No
		ADDERALL XR 5 MG CAPSULE	DEXTROAMPHETAMINE/AMPHETAMINE	6	999	No
		DEXTROAMP-AMPHETAM 12.5 MG TAB	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No
		DEXTROAMP-AMPHETAM 7.5 MG TAB	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No
		DEXTROAMP-AMPHETAMIN 10 MG TAB	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No
		DEXTROAMP-AMPHETAMIN 15 MG TAB	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No
		DEXTROAMP-AMPHETAMIN 20 MG TAB	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No
		DEXTROAMP-AMPHETAMIN 30 MG TAB	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No
		DEXTROAMP-AMPHETAMINE 5 MG TAB	DEXTROAMPHETAMINE/AMPHETAMINE	3	999	No
		DEXTROAMPHETAMINE 10 MG TAB	DEXTROAMPHETAMINE SULFATE	3	999	No
		DEXTROAMPHETAMINE 5 MG TAB	DEXTROAMPHETAMINE SULFATE	3	999	No
		VYVANSE 10 MG CAPSULE	LISDEXAMFETAMINE DIMESYLATE	6	999	No
		VYVANSE 20 MG CAPSULE	LISDEXAMFETAMINE DIMESYLATE	6	999	No
		VYVANSE 30 MG CAPSULE	LISDEXAMFETAMINE DIMESYLATE	6	999	No
		VYVANSE 40 MG CAPSULE	LISDEXAMFETAMINE DIMESYLATE	6	999	No
		VYVANSE 50 MG CAPSULE	LISDEXAMFETAMINE DIMESYLATE	6	999	No
		VYVANSE 60 MG CAPSULE	LISDEXAMFETAMINE DIMESYLATE	6	999	No
		VYVANSE 70 MG CAPSULE	LISDEXAMFETAMINE DIMESYLATE	6	999	No
J5D	BETA-ADRENERGIC AGENTS	ALBUTEROL SULF 2 MG/5 ML SYRUP	ALBUTEROL SULFATE	0	999	No
		TERBUTALINE SULF 1 MG/ML VIAL	TERBUTALINE SULFATE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
J5F	ANAPHYLAXIS THERAPY AGENTS	EPINEPHRINE 0.15 MG AUTO-INJECT	EPINEPHRINE	0	999	No
		EPINEPHRINE 0.3 MG AUTO-INJECT	EPINEPHRINE	0	999	No
J5H	ADRENERGIC VASOPRESSOR AGENTS	MIDODRINE HCL 10 MG TABLET	MIDODRINE HCL	0	999	No
		MIDODRINE HCL 2.5 MG TABLET	MIDODRINE HCL	0	999	No
		MIDODRINE HCL 5 MG TABLET	MIDODRINE HCL	0	999	No
J7A	ALPHA/BETA-ADRENERGIC BLOCKING AGENTS	CARVEDILOL 12.5 MG TABLET	CARVEDILOL	0	999	No
		CARVEDILOL 25 MG TABLET	CARVEDILOL	0	999	No
		CARVEDILOL 3.125 MG TABLET	CARVEDILOL	0	999	No
		CARVEDILOL 6.25 MG TABLET	CARVEDILOL	0	999	No
		LABETALOL HCL 100 MG TABLET	LABETALOL HCL	0	999	No
		LABETALOL HCL 200 MG TABLET	LABETALOL HCL	0	999	No
		LABETALOL HCL 300 MG TABLET	LABETALOL HCL	0	999	No
J7B	ALPHA-ADRENERGIC BLOCKING AGENTS	DOXAZOSIN MESYLATE 1 MG TAB	DOXAZOSIN MESYLATE	0	999	No
		DOXAZOSIN MESYLATE 2 MG TAB	DOXAZOSIN MESYLATE	0	999	No
		DOXAZOSIN MESYLATE 4 MG TAB	DOXAZOSIN MESYLATE	0	999	No
		DOXAZOSIN MESYLATE 8 MG TAB	DOXAZOSIN MESYLATE	0	999	No
		PRAZOSIN 1 MG CAPSULE	PRAZOSIN HCL	0	999	No
		PRAZOSIN 2 MG CAPSULE	PRAZOSIN HCL	0	999	No
		PRAZOSIN 5 MG CAPSULE	PRAZOSIN HCL	0	999	No
		TERAZOSIN 1 MG CAPSULE	TERAZOSIN HCL	0	999	No
		TERAZOSIN 10 MG CAPSULE	TERAZOSIN HCL	0	999	No
		TERAZOSIN 2 MG CAPSULE	TERAZOSIN HCL	0	999	No
		TERAZOSIN 5 MG CAPSULE	TERAZOSIN HCL	0	999	No
J7C	BETA-ADRENERGIC BLOCKING AGENTS	ACEBUTOLOL 200 MG CAPSULE	ACEBUTOLOL HCL	0	999	No
		ACEBUTOLOL 400 MG CAPSULE	ACEBUTOLOL HCL	0	999	No
		ATENOLOL 100 MG TABLET	ATENOLOL	0	999	No
		ATENOLOL 25 MG TABLET	ATENOLOL	0	999	No
		ATENOLOL 50 MG TABLET	ATENOLOL	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
J7C	BETA-ADRENERGIC BLOCKING AGENTS	BISOPROLOL FUMARATE 10 MG TAB	BISOPROLOL FUMARATE	0	999	No
		BISOPROLOL FUMARATE 5 MG TAB	BISOPROLOL FUMARATE	0	999	No
		METOPROLOL SUCC ER 100 MG TAB	METOPROLOL SUCCINATE	0	999	No
		METOPROLOL SUCC ER 200 MG TAB	METOPROLOL SUCCINATE	0	999	No
		METOPROLOL SUCC ER 25 MG TAB	METOPROLOL SUCCINATE	0	999	No
		METOPROLOL SUCC ER 50 MG TAB	METOPROLOL SUCCINATE	0	999	No
		METOPROLOL TARTRATE 100 MG TAB	METOPROLOL TARTRATE	0	999	No
		METOPROLOL TARTRATE 25 MG TAB	METOPROLOL TARTRATE	0	999	No
		METOPROLOL TARTRATE 50 MG TAB	METOPROLOL TARTRATE	0	999	No
		PROPRANOLOL 10 MG TABLET	PROPRANOLOL HCL	0	999	No
		PROPRANOLOL 20 MG TABLET	PROPRANOLOL HCL	0	999	No
		PROPRANOLOL 20 MG/5 ML SOLN	PROPRANOLOL HCL	0	999	No
		PROPRANOLOL 40 MG TABLET	PROPRANOLOL HCL	0	999	No
		PROPRANOLOL 40 MG/5 ML SOLN	PROPRANOLOL HCL	0	999	No
		PROPRANOLOL 60 MG TABLET	PROPRANOLOL HCL	0	999	No
		PROPRANOLOL 80 MG TABLET	PROPRANOLOL HCL	0	999	No
		PROPRANOLOL ER 120 MG CAPSULE	PROPRANOLOL HCL	0	999	No
		PROPRANOLOL ER 160 MG CAPSULE	PROPRANOLOL HCL	0	999	No
		PROPRANOLOL ER 60 MG CAPSULE	PROPRANOLOL HCL	0	999	No
		PROPRANOLOL ER 80 MG CAPSULE	PROPRANOLOL HCL	0	999	No
		SOTALOL 120 MG TABLET	SOTALOL HCL	0	999	No
		SOTALOL 160 MG TABLET	SOTALOL HCL	0	999	No
		SOTALOL 240 MG TABLET	SOTALOL HCL	0	999	No
		SOTALOL 80 MG TABLET	SOTALOL HCL	0	999	No
		SOTALOL AF 120 MG TABLET	SOTALOL HCL	0	999	No
		SOTALOL AF 160 MG TABLET	SOTALOL HCL	0	999	No
		SOTALOL AF 80 MG TABLET	SOTALOL HCL	0	999	No
J7H	BETA-BLOCKERS AND THIAZIDE,THIAZIDE-LIKE DIURET	ATENOLOL-CHLORTHALIDONE 100-25	ATENOLOL/CHLORTHALIDONE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
J7H	BETA-BLOCKERS AND THIAZIDE,THIAZIDE-LIKE DIURET	ATENOLOL-CHLORTHALIDONE 50-25	ATENOLOL/CHLORTHALIDONE	0	999	No
		BISOPROLOL-HCTZ 10-6.25 MG TAB	BISOPROLOL/HYDROCHLOROTHIAZIDE	0	999	No
		BISOPROLOL-HCTZ 2.5-6.25 MG TB	BISOPROLOL/HYDROCHLOROTHIAZIDE	0	999	No
		BISOPROLOL-HCTZ 5-6.25 MG TAB	BISOPROLOL/HYDROCHLOROTHIAZIDE	0	999	No
J9A	INTESTINAL MOTILITY STIMULANTS	METOCLOPRAMIDE 10 MG TABLET	METOCLOPRAMIDE HCL	0	999	No
		METOCLOPRAMIDE 10 MG/10 ML SOL	METOCLOPRAMIDE HCL	0	999	No
		METOCLOPRAMIDE 5 MG TABLET	METOCLOPRAMIDE HCL	0	999	No
		METOCLOPRAMIDE 5 MG/5 ML SOLN	METOCLOPRAMIDE HCL	0	999	No
L1A	ANTIPSORIATIC AGENTS,SYSTEMIC	ACITRETIN 10 MG CAPSULE	ACITRETIN	18	999	No
		ACITRETIN 17.5 MG CAPSULE	ACITRETIN	18	999	No
		ACITRETIN 25 MG CAPSULE	ACITRETIN	18	999	No
L1B	ACNE AGENTS,SYSTEMIC	ACCUTANE 10 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
		ACCUTANE 20 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
		ACCUTANE 30 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
		ACCUTANE 40 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
		AMNESTEEM 10 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
		AMNESTEEM 20 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
		AMNESTEEM 40 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
		CLARAVIS 10 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
		CLARAVIS 20 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
		CLARAVIS 30 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
		CLARAVIS 40 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
		ISOTRETINOIN 10 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
		ISOTRETINOIN 20 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
		ISOTRETINOIN 25 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
		ISOTRETINOIN 30 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
		ISOTRETINOIN 35 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
		ISOTRETINOIN 40 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
L1B	ACNE AGENTS,SYSTEMIC	MYORISAN 10 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
		MYORISAN 20 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
		MYORISAN 30 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
		MYORISAN 40 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
		ZENATANE 10 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
		ZENATANE 20 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
		ZENATANE 30 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
		ZENATANE 40 MG CAPSULE	ISOTRETINOIN	12	999	Requires Med Cert 3
L2A	EMOLLIENTS	AMMONIUM LACTATE 12% CREAM	AMMONIUM LACTATE	0	999	No
		AMMONIUM LACTATE 12% LOTION	AMMONIUM LACTATE	0	999	No
L3P	ANTIPRURITICS, TOPICAL	DOXEPIN 5% CREAM	DOXEPIN HCL	18	999	Auto PA
L5A	KERATOLYTICS	PODOFILOX 0.5% TOPICAL SOLN	PODOFILOX	0	999	No
		SALICYLIC ACID 27.5% LIQUID	SALICYLIC ACID	0	999	No
		SALICYLIC ACID 6% CREAM	SALICYLIC ACID	0	999	No
		UREA 40% CREAM	UREA	0	999	No
		UREA 40% LOTION	UREA	0	999	No
L5E	ANTISEBORRHEIC AGENTS	SELENIUM SULFIDE 2.25% SHAMPOO	SELENIUM SULFIDE	0	999	No
		SELENIUM SULFIDE 2.5% LOTION	SELENIUM SULFIDE	0	999	No
L5F	ANTIPSORIATICS AGENTS	CALCIPOTRIENE 0.005% CREAM	CALCIPOTRIENE	18	999	Auto PA
		CALCIPOTRIENE 0.005% OINTMENT	CALCIPOTRIENE	18	999	Auto PA
L5G	ROSACEA AGENTS, TOPICAL	FINACEA 15% GEL	AZELAIC ACID	0	999	No
		METRONIDAZOLE 0.75% CREAM	METRONIDAZOLE	0	999	No
		METRONIDAZOLE TOP 1% GEL PUMP	METRONIDAZOLE	0	999	No
		METRONIDAZOLE TOPICAL 0.75% GL	METRONIDAZOLE	0	999	No
		METRONIDAZOLE TOPICAL 1% GEL	METRONIDAZOLE	0	999	No
L5H	ACNE AGENTS, TOPICAL	ADAPALENE-BNZYL PEROX 0.1-2.5%	ADAPALENE/BENZOYL PEROXIDE	9	999	No
		CLIND PH-BENZOYL PEROX 1.2-5%	CLINDAMYCIN PHOS/BENZOYL PEROX	12	999	No
L9B	VITAMIN A DERIVATIVES	DIFFERIN 0.1% CREAM	ADAPALENE	12	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
L9B	VITAMIN A DERIVATIVES	DIFFERIN 0.1% LOTION	ADAPALENE	12	999	No
		RETIN-A 0.025% CREAM	TRETINOIN	12	999	No
		RETIN-A 0.05% CREAM	TRETINOIN	12	999	No
		RETIN-A 0.1% CREAM	TRETINOIN	12	999	No
M0N	C1 ESTERASE INHIBITORS	BERINERT 500 UNIT KIT	C1 ESTERASE INHIBITOR	12	999	Auto PA
		BERINERT 500 UNIT VIAL	C1 ESTERASE INHIBITOR	12	999	Auto PA
M4B	IV FAT EMULSIONS	INTRALIPID 20% IV FAT EMUL	FAT EMULSIONS	0	999	No
		INTRALIPID 30% IV FAT EMUL	FAT EMULSIONS	0	999	No
M4D	ANTIHYPERLIPIDEMIC-HMGCOA REDUCTASE INHIB(ST	ATORVASTATIN 10 MG TABLET	ATORVASTATIN CALCIUM	0	999	No
		ATORVASTATIN 20 MG TABLET	ATORVASTATIN CALCIUM	0	999	No
		ATORVASTATIN 40 MG TABLET	ATORVASTATIN CALCIUM	0	999	No
		ATORVASTATIN 80 MG TABLET	ATORVASTATIN CALCIUM	0	999	No
		LOVASTATIN 10 MG TABLET	LOVASTATIN	0	999	No
		LOVASTATIN 20 MG TABLET	LOVASTATIN	0	999	No
		LOVASTATIN 40 MG TABLET	LOVASTATIN	0	999	No
		PRAVASTATIN SODIUM 10 MG TAB	PRAVASTATIN SODIUM	0	999	No
		PRAVASTATIN SODIUM 20 MG TAB	PRAVASTATIN SODIUM	0	999	No
		PRAVASTATIN SODIUM 40 MG TAB	PRAVASTATIN SODIUM	0	999	No
		PRAVASTATIN SODIUM 80 MG TAB	PRAVASTATIN SODIUM	0	999	No
		ROSUVASTATIN CALCIUM 10 MG TAB	ROSUVASTATIN CALCIUM	0	999	No
		ROSUVASTATIN CALCIUM 20 MG TAB	ROSUVASTATIN CALCIUM	0	999	No
		ROSUVASTATIN CALCIUM 40 MG TAB	ROSUVASTATIN CALCIUM	0	999	No
		ROSUVASTATIN CALCIUM 5 MG TAB	ROSUVASTATIN CALCIUM	0	999	No
		SIMVASTATIN 10 MG TABLET	SIMVASTATIN	0	999	No
		SIMVASTATIN 20 MG TABLET	SIMVASTATIN	0	999	No
		SIMVASTATIN 40 MG TABLET	SIMVASTATIN	0	999	No
		SIMVASTATIN 5 MG TABLET	SIMVASTATIN	0	999	No
		SIMVASTATIN 80 MG TABLET	SIMVASTATIN	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
M4E	LIPOTROPICS	CVS FISH OIL 1,000 MG SOFTGEL	OMEGA-3/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		CVS FISH OIL 1,200 MG SOFTGEL	OMEGA-3 FATTY ACIDS/FISH OIL	0	999	Cystic Fib Diag Auto PA
		CVS OMEGA-3 GUMMY FISH	OMEGA-3 FATTY ACIDS	0	999	Cystic Fib Diag Auto PA
		EQL FISH OIL 1,200 MG SOFTGEL	OMEGA-3 FATTY ACIDS/FISH OIL	0	999	Cystic Fib Diag Auto PA
		EQL FISH OIL EC 1,200 MG SFTGL	OMEGA-3/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		EQL OMEGA-3 FISH OIL 1,000 MG	OMEGA-3 FATTY ACIDS/FISH OIL	0	999	Cystic Fib Diag Auto PA
		EZETIMIBE 10 MG TABLET	EZETIMIBE	10	999	No
		FENOFIBRATE 134 MG CAPSULE	FENOFIBRATE,MICRONIZED	0	999	No
		FENOFIBRATE 145 MG TABLET	FENOFIBRATE NANOCRYSTALLIZED	0	999	No
		FENOFIBRATE 160 MG TABLET	FENOFIBRATE	0	999	No
		FENOFIBRATE 200 MG CAPSULE	FENOFIBRATE,MICRONIZED	0	999	No
		FENOFIBRATE 48 MG TABLET	FENOFIBRATE NANOCRYSTALLIZED	0	999	No
		FENOFIBRATE 54 MG TABLET	FENOFIBRATE	0	999	No
		FENOFIBRATE 67 MG CAPSULE	FENOFIBRATE,MICRONIZED	0	999	No
		FISH OIL 1,000 MG CAPSULE	OMEGA-3 FATTY ACIDS/FISH OIL	0	999	Cystic Fib Diag Auto PA
		FISH OIL 1,000 MG SOFTGEL	OMEGA-3 FATTY ACIDS/FISH OIL	0	999	Cystic Fib Diag Auto PA
			OMEGA-3/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
			OMEGA-3S/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		FISH OIL 1,200 MG SOFTGEL	OMEGA-3 FATTY ACIDS/FISH OIL	0	999	Cystic Fib Diag Auto PA
			OMEGA-3/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
			OMEGA-3S/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		FISH OIL 1,360 MG SOFTGEL	OMEGA-3/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		FISH OIL 1,400 MG SOFTGEL	OMEGA-3/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		FISH OIL 1,600 MG/5 ML LIQUID	OMEGA-3/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		FISH OIL 500 MG SOFTGEL	OMEGA-3/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		FISH OIL CONC 1,000 MG SOFTGEL	OMEGA-3 FATTY ACIDS/FISH OIL	0	999	Cystic Fib Diag Auto PA
			OMEGA-3/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		FISH OIL CONCENTRATE SOFTGEL	DOCOSAHEXAENOIC ACID/EPA	0	999	Cystic Fib Diag Auto PA

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
M4E	LIPOTROPICS	FISH OIL CONCENTRATE SOFTGEL	OMEGA-3 FATTY ACIDS/FISH OIL	0	999	Cystic Fib Diag Auto PA
		FISH OIL DR 1,000 MG SOFTGEL	OMEGA-3S/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		FISH OIL DR 500 MG SOFTGEL	OMEGA-3/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		FISH OIL EC 1,000 MG SOFTGEL	OMEGA-3/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		FISH OIL EC 1,200 MG SOFTGEL	OMEGA-3/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		FISH OIL GUMMIES	OMEGA-3/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		FISH OIL OMEGA-3 EC 1,200 MG	OMEGA-3/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		FISH OIL OMEGA-3 SOFTGEL	OMEGA-3S/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		FISH OIL-OMEGA-3-VIT D SOFTGEL	OMEGA-3S/DHA/EPA/FISH OIL/D3	0	999	Cystic Fib Diag Auto PA
		FISH OIL-VIT D3 SOFTGEL	OMEGA3/DHA/EPA/FISH OIL/VIT D3	0	999	Cystic Fib Diag Auto PA
		GEMFIBROZIL 600 MG TABLET	GEMFIBROZIL	0	999	No
		GNP FISH OIL 1,000 MG SOFTGEL	OMEGA-3/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		GNP FISH OIL 1,200 MG SOFTGEL	OMEGA-3/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		GNP FISH OIL EC 1,000 MG SFTGL	OMEGA-3/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		GNP FISH OIL SOFTGEL	OMEGA-3/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		GNP FISH OIL-VIT D3 SOFTGEL	OMEGA3/DHA/EPA/FISH OIL/VIT D3	0	999	Cystic Fib Diag Auto PA
		NIACIN ER 1,000 MG TABLET	NIACIN	0	999	No
		NIACIN ER 500 MG TABLET	NIACIN	0	999	No
		NIACIN ER 750 MG TABLET	NIACIN	0	999	No
		OMEGA 3 1,000 MG SOFTGEL	OMEGA-3 FATTY ACIDS/FISH OIL	0	999	Cystic Fib Diag Auto PA
		OMEGA 3 FISH OIL SOFTGEL	OMEGA-3 FATTY ACIDS/FISH OIL	0	999	Cystic Fib Diag Auto PA
		OMEGA-3 1,000 MG SOFTGEL	OMEGA-3 FATTY ACIDS	0	999	Cystic Fib Diag Auto PA
			OMEGA-3 FATTY ACIDS/FISH OIL	0	999	Cystic Fib Diag Auto PA
		OMEGA-3 EC SOFTGEL	OMEGA-3/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		OMEGA-3 ETHYL ESTERS 1 GM CAP	OMEGA-3 ACID ETHYL ESTERS	18	999	No
		OMEGA-3 FISH OIL 1,000 MG SFGL	OMEGA-3 FATTY ACIDS/FISH OIL	0	999	Cystic Fib Diag Auto PA
			OMEGA-3/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		OMEGA-3 FISH OIL 1,200 MG SFGL	OMEGA-3/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
M4E	LIPOTROPICS	OMEGA-3 FISH OIL 1,200 MG SFGL	OMEGA-3S/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		OMEGA-3 FISH OIL 1,400 MG SFGL	OMEGA-3/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
			OMEGA-3S/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		OMEGA-3 FISH OIL 1,760 MG STGL	OMEGA-3 FATTY ACIDS/FISH OIL	0	999	Cystic Fib Diag Auto PA
		OMEGA-3 FISH OIL EC 1,000 MG	OMEGA-3/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		OMEGA-3-FISH OIL-VIT D3 SFTGL	OMEGA3/DHA/EPA/FISH OIL/VIT D3	0	999	Cystic Fib Diag Auto PA
			OMEGA-3S/DHA/EPA/FISH OIL/D3	0	999	Cystic Fib Diag Auto PA
		OMEGAMINT FISH OIL 750 MG SFGL	OMEGA-3/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		RA FISH OIL 1,000 MG SOFTGEL	OMEGA-3 FATTY ACIDS/FISH OIL	0	999	Cystic Fib Diag Auto PA
			OMEGA-3/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		RA FISH OIL 120-180 SOFTGEL	DOCOSAHEXAENOIC ACID/EPA	0	999	Cystic Fib Diag Auto PA
		SM FISH OIL 1,000 MG SOFTGEL	OMEGA-3/DHA/EPA/FISH OIL	0	999	Cystic Fib Diag Auto PA
		SM FISH OIL 1,200 MG SOFTGEL	OMEGA-3 FATTY ACIDS/FISH OIL	0	999	Cystic Fib Diag Auto PA
M4G	AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMIC)	BAQSIMI 3 MG SPRAY	GLUCAGON	4	999	No
		BAQSIMI 3 MG SPRAY ONE PACK	GLUCAGON	4	999	No
		BAQSIMI 3 MG SPRAY TWO PACK	GLUCAGON	4	999	No
		DIAZOXIDE 50 MG/ML ORAL SUSP	DIAZOXIDE	0	999	No
		GLUCAGEN 1 MG HYPOKIT	GLUCAGON	0	999	No
		GLUCAGON 1 MG EMERGENCY KIT	GLUCAGON	0	999	No
		GLUCAGON 1 MG VIAL	GLUCAGON	0	999	No
		ZEGALOGUE 0.6 MG/0.6ML AUTOINJ	DASIGLUCAGON HCL	6	999	No
M9D	ANTIFIBRINOLYTIC AGENTS	AMICAR 0.25 GRAM/ML ORAL SOLN	AMINOCAPROIC ACID	0	999	No
		AMICAR 1,000 MG TABLET	AMINOCAPROIC ACID	0	999	No
		AMICAR 500 MG TABLET	AMINOCAPROIC ACID	0	999	No
		AMINOCAPROIC ACID 5 G/20 ML VL	AMINOCAPROIC ACID	0	999	No
		TRANEXAMIC 1,000 MG/100ML-NACL	TRANEXAMIC ACID IN NACL,ISO-OS	0	999	No
		TRANEXAMIC ACID 1,000 MG/10 ML	TRANEXAMIC ACID	0	999	No
		TRANEXAMIC ACID 650 MG TABLET	TRANEXAMIC ACID	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
M9F	THROMBOLYTIC ENZYMES	CATHFLO ACTIVASE 2 MG VIAL	ALTEPLASE	0	999	No
M9K	HEPARIN AND RELATED PREPARATIONS	ENOXAPARIN 100 MG/ML SYRINGE	ENOXAPARIN SODIUM	0	999	No
		ENOXAPARIN 120 MG/0.8 ML SYR	ENOXAPARIN SODIUM	0	999	No
		ENOXAPARIN 150 MG/ML SYRINGE	ENOXAPARIN SODIUM	0	999	No
		ENOXAPARIN 30 MG/0.3 ML SYR	ENOXAPARIN SODIUM	0	999	No
		ENOXAPARIN 300 MG/3 ML VIAL	ENOXAPARIN SODIUM	0	999	No
		ENOXAPARIN 40 MG/0.4 ML SYR	ENOXAPARIN SODIUM	0	999	No
		ENOXAPARIN 60 MG/0.6 ML SYR	ENOXAPARIN SODIUM	0	999	No
		ENOXAPARIN 80 MG/0.8 ML SYR	ENOXAPARIN SODIUM	0	999	No
		HEPARIN 10,000 UNIT/10 ML VIAL	HEPARIN SODIUM,PORCINE	0	999	No
		HEPARIN 2,000 UNIT/2 ML VIAL	HEPARIN SODIUM,PORCINE/PF	0	999	No
		HEPARIN 30,000 UNIT/30 ML VIAL	HEPARIN SODIUM,PORCINE	0	999	No
		HEPARIN 5,000 UNIT/ML CARPUJCT	HEPARIN SODIUM,PORCINE	0	999	No
		HEPARIN 50,000 UNIT/10 ML VIAL	HEPARIN SODIUM,PORCINE	0	999	No
		HEPARIN 500 UNIT/5 ML (100/ML)	HEPARIN SODIUM,PORCINE/PF	0	999	No
		HEPARIN SOD 1,000 UNIT/ML VIAL	HEPARIN SODIUM,PORCINE	0	999	No
		HEPARIN SOD 10,000 UNIT/ML VL	HEPARIN SODIUM,PORCINE	0	999	No
		HEPARIN SOD 20,000 UNIT/ML VL	HEPARIN SODIUM,PORCINE	0	999	No
		HEPARIN SOD 5,000 UNIT/0.5 ML	HEPARIN SODIUM,PORCINE/PF	0	999	No
		HEPARIN SOD 5,000 UNIT/ML SYRG	HEPARIN SODIUM,PORCINE	0	999	No
			HEPARIN SODIUM,PORCINE/PF	0	999	No
		HEPARIN SOD 5,000 UNIT/ML VIAL	HEPARIN SODIUM,PORCINE	0	999	No
M9L	ANTICOAGULANTS,COUMARIN TYPE	JANTOVEN 1 MG TABLET	WARFARIN SODIUM	0	999	No
		JANTOVEN 10 MG TABLET	WARFARIN SODIUM	0	999	No
		JANTOVEN 2 MG TABLET	WARFARIN SODIUM	0	999	No
		JANTOVEN 2.5 MG TABLET	WARFARIN SODIUM	0	999	No
		JANTOVEN 3 MG TABLET	WARFARIN SODIUM	0	999	No
		JANTOVEN 4 MG TABLET	WARFARIN SODIUM	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
M9L	ANTICOAGULANTS,COUMARIN TYPE	JANTOVEN 5 MG TABLET	WARFARIN SODIUM	0	999	No
		JANTOVEN 6 MG TABLET	WARFARIN SODIUM	0	999	No
		JANTOVEN 7.5 MG TABLET	WARFARIN SODIUM	0	999	No
		WARFARIN SODIUM 1 MG TABLET	WARFARIN SODIUM	0	999	No
		WARFARIN SODIUM 10 MG TABLET	WARFARIN SODIUM	0	999	No
		WARFARIN SODIUM 2 MG TABLET	WARFARIN SODIUM	0	999	No
		WARFARIN SODIUM 2.5 MG TABLET	WARFARIN SODIUM	0	999	No
		WARFARIN SODIUM 3 MG TABLET	WARFARIN SODIUM	0	999	No
		WARFARIN SODIUM 4 MG TABLET	WARFARIN SODIUM	0	999	No
		WARFARIN SODIUM 5 MG TABLET	WARFARIN SODIUM	0	999	No
		WARFARIN SODIUM 6 MG TABLET	WARFARIN SODIUM	0	999	No
		WARFARIN SODIUM 7.5 MG TABLET	WARFARIN SODIUM	0	999	No
M9P	PLATELET AGGREGATION INHIBITORS	ADULT ASPIRIN REGIMEN EC 81 MG	ASPIRIN	0	20	No
		ASPIRIN 81 MG CHEWABLE TABLET	ASPIRIN	0	20	No
		ASPIRIN EC 81 MG TABLET	ASPIRIN	0	20	No
		ASPIRIN-DIPYRIDAM ER 25-200 MG	ASPIRIN/DIPYRIDAMOLE	0	999	No
		BRILINTA 60 MG TABLET	TICAGRELOR	0	999	No
		BRILINTA 90 MG TABLET	TICAGRELOR	0	999	No
		CILOSTAZOL 100 MG TABLET	CILOSTAZOL	0	999	No
		CILOSTAZOL 50 MG TABLET	CILOSTAZOL	0	999	No
		CLOPIDOGREL 75 MG TABLET	CLOPIDOGREL BISULFATE	0	999	No
		DIPYRIDAMOLE 25 MG TABLET	DIPYRIDAMOLE	0	999	No
		DIPYRIDAMOLE 50 MG TABLET	DIPYRIDAMOLE	0	999	No
		DIPYRIDAMOLE 75 MG TABLET	DIPYRIDAMOLE	0	999	No
		GNP ASPIRIN EC 81 MG TABLET	ASPIRIN	0	20	No
		GS ASPIRIN 81 MG CHEWABLE TAB	ASPIRIN	0	20	No
		HM ASPIRIN 81 MG CHEWABLE TAB	ASPIRIN	0	20	No
		HM ASPIRIN EC 81 MG TABLET	ASPIRIN	0	20	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
M9P	PLATELET AGGREGATION INHIBITORS	PRASUGREL 10 MG TABLET	PRASUGREL HCL	0	999	No
		PRASUGREL 5 MG TABLET	PRASUGREL HCL	0	999	No
		QC ASPIRIN 81 MG CHEWABLE TAB	ASPIRIN	0	20	No
		QC ASPIRIN EC 81 MG TABLET	ASPIRIN	0	20	No
		SM ASPIRIN 81 MG CHEWABLE TAB	ASPIRIN	0	20	No
		SM ASPIRIN EC 81 MG TABLET	ASPIRIN	0	20	No
		SM CHILD ASPIRIN 81 MG CHW TAB	ASPIRIN	0	20	No
M9S	HEMORRHEOLOGIC AGENTS	PENTOXIFYLLINE ER 400 MG TAB	PENTOXIFYLLINE	0	999	No
M9T	THROMBIN INHIBITORS, SELECTIVE, DIRECT, REVERSIE	PRADAXA 110 MG CAPSULE	DABIGATRAN ETEXILATE MESYLATE	18	999	No
		PRADAXA 150 MG CAPSULE	DABIGATRAN ETEXILATE MESYLATE	18	999	No
		PRADAXA 75 MG CAPSULE	DABIGATRAN ETEXILATE MESYLATE	18	999	No
M9V	DIRECT FACTOR XA INHIBITORS	ELIQUIS 2.5 MG TABLET	APIXABAN	18	999	No
		ELIQUIS 5 MG TABLET	APIXABAN	18	999	No
		ELIQUIS DVT-PE TREAT START 5MG	APIXABAN	18	999	No
		XARELTO 1 MG/ML SUSPENSION	RIVAROXABAN	0	999	No
		XARELTO 10 MG TABLET	RIVAROXABAN	0	999	No
		XARELTO 15 MG TABLET	RIVAROXABAN	0	999	No
		XARELTO 2.5 MG TABLET	RIVAROXABAN	0	999	No
		XARELTO 20 MG TABLET	RIVAROXABAN	0	999	No
		XARELTO DVT-PE TREAT START 30D	RIVAROXABAN	0	999	No
N1B	ERYTHROPOIESIS-STIMULATING AGENTS	ARANESP 10 MCG/0.4 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
		ARANESP 100 MCG/0.5 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
		ARANESP 100 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
		ARANESP 150 MCG/0.3 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
		ARANESP 200 MCG/0.4 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
		ARANESP 200 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
		ARANESP 25 MCG/0.42 ML SYRING	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
		ARANESP 25 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
N1B	ERYTHROPOIESIS-STIMULATING AGENTS	ARANESP 300 MCG/0.6 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
		ARANESP 40 MCG/0.4 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
		ARANESP 40 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
		ARANESP 500 MCG/1 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
		ARANESP 60 MCG/0.3 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
		ARANESP 60 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT	0	999	Clinical PA Required
		EPOGEN 10,000 UNITS/ML VIAL	EPOETIN ALFA	0	999	Clinical PA Required
		EPOGEN 2,000 UNITS/ML VIAL	EPOETIN ALFA	0	999	Clinical PA Required
		EPOGEN 20,000 UNITS/ML VIAL	EPOETIN ALFA	0	999	Clinical PA Required
		EPOGEN 3,000 UNITS/ML VIAL	EPOETIN ALFA	0	999	Clinical PA Required
		EPOGEN 4,000 UNITS/ML VIAL	EPOETIN ALFA	0	999	Clinical PA Required
		RETACRIT 10,000 UNIT/ML VIAL	EPOETIN ALFA-EPBX	0	999	Clinical PA Required
		RETACRIT 2,000 UNIT/ML VIAL	EPOETIN ALFA-EPBX	0	999	Clinical PA Required
		RETACRIT 20,000 UNIT/2 ML VIAL	EPOETIN ALFA-EPBX	0	999	Clinical PA Required
		RETACRIT 20,000 UNIT/ML VIAL	EPOETIN ALFA-EPBX	0	999	Clinical PA Required
		RETACRIT 3,000 UNIT/ML VIAL	EPOETIN ALFA-EPBX	0	999	Clinical PA Required
		RETACRIT 4,000 UNIT/ML VIAL	EPOETIN ALFA-EPBX	0	999	Clinical PA Required
		RETACRIT 40,000 UNIT/ML VIAL	EPOETIN ALFA-EPBX	0	999	Clinical PA Required
N1C	LEUKOCYTE (WBC) STIMULANTS	LEUKINE 250 MCG VIAL	SARGRAMOSTIM	0	999	No
		NEUPOGEN 300 MCG/0.5 ML SYR	FILGRASTIM	0	999	No
		NEUPOGEN 300 MCG/ML VIAL	FILGRASTIM	0	999	No
		NEUPOGEN 480 MCG/0.8 ML SYR	FILGRASTIM	0	999	No
		NEUPOGEN 480 MCG/1.6 ML VIAL	FILGRASTIM	0	999	No
		NYVEPRIA 6 MG/0.6 ML SYRINGE	PEGFILGRASTIM-APGF	0	999	No
N1D	PLATELET REDUCING AGENTS	ANAGRELIDE HCL 0.5 MG CAPSULE	ANAGRELIDE HCL	0	999	No
		ANAGRELIDE HCL 1 MG CAPSULE	ANAGRELIDE HCL	0	999	No
N1H	SICKLE CELL ANEMIA AGENTS	SIKLOS 1,000 MG TABLET	HYDROXYUREA	2	999	No
		SIKLOS 100 MG TABLET	HYDROXYUREA	2	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
P0G	PREGNANCY MAINTAINING AGENT,HORMONAL	HYDROXYPROGEST 250 MG/ML VIAL	HYDROXYPROGESTERONE CAPROAT/PF	16	999	Clinical PA Required
		MAKENA 275 MG/1.1 ML AUTOINJECT	HYDROXYPROGESTERONE CAPROAT/PF	16	999	Clinical PA Required
P1A	GROWTH HORMONES	GENOTROPIN 12 MG CARTRIDGE	SOMATROPIN	0	16	Clinical PA Required
		GENOTROPIN 5 MG CARTRIDGE	SOMATROPIN	0	16	Clinical PA Required
		GENOTROPIN MINIQUEL 0.2 MG	SOMATROPIN	0	16	Clinical PA Required
		GENOTROPIN MINIQUEL 0.4 MG	SOMATROPIN	0	16	Clinical PA Required
		GENOTROPIN MINIQUEL 0.6 MG	SOMATROPIN	0	16	Clinical PA Required
		GENOTROPIN MINIQUEL 0.8 MG	SOMATROPIN	0	16	Clinical PA Required
		GENOTROPIN MINIQUEL 1 MG	SOMATROPIN	0	16	Clinical PA Required
		GENOTROPIN MINIQUEL 1.2 MG	SOMATROPIN	0	16	Clinical PA Required
		GENOTROPIN MINIQUEL 1.4 MG	SOMATROPIN	0	16	Clinical PA Required
		GENOTROPIN MINIQUEL 1.6 MG	SOMATROPIN	0	16	Clinical PA Required
		GENOTROPIN MINIQUEL 1.8 MG	SOMATROPIN	0	16	Clinical PA Required
		GENOTROPIN MINIQUEL 2 MG	SOMATROPIN	0	16	Clinical PA Required
		NORDITROPIN FLEXPRO 10 MG/1.5	SOMATROPIN	0	16	Clinical PA Required
		NORDITROPIN FLEXPRO 15 MG/1.5	SOMATROPIN	0	16	Clinical PA Required
		NORDITROPIN FLEXPRO 30 MG/3 ML	SOMATROPIN	0	16	Clinical PA Required
		NORDITROPIN FLEXPRO 5 MG/1.5	SOMATROPIN	0	16	Clinical PA Required
P1B	SOMATOSTATIC AGENTS	OCTREOTIDE 1,000 MCG/5 ML VIAL	OCTREOTIDE ACETATE	0	999	No
		OCTREOTIDE 1,000 MCG/ML VIAL	OCTREOTIDE ACETATE	0	999	No
		OCTREOTIDE 5,000 MCG/5 ML VIAL	OCTREOTIDE ACETATE	0	999	No
		OCTREOTIDE ACET 0.05 MG/ML VL	OCTREOTIDE ACETATE	0	999	No
		OCTREOTIDE ACET 100 MCG/ML AMP	OCTREOTIDE ACETATE	0	999	No
		OCTREOTIDE ACET 100 MCG/ML SYR	OCTREOTIDE ACETATE	0	999	No
		OCTREOTIDE ACET 100 MCG/ML VL	OCTREOTIDE ACETATE	0	999	No
		OCTREOTIDE ACET 200 MCG/ML VL	OCTREOTIDE ACETATE	0	999	No
		OCTREOTIDE ACET 50 MCG/ML AMP	OCTREOTIDE ACETATE	0	999	No
		OCTREOTIDE ACET 50 MCG/ML SYR	OCTREOTIDE ACETATE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
P1B	SOMATOSTATIC AGENTS	OCTREOTIDE ACET 50 MCG/ML VIAL	OCTREOTIDE ACETATE	0	999	No
		OCTREOTIDE ACET 500 MCG/ML AMP	OCTREOTIDE ACETATE	0	999	No
		OCTREOTIDE ACET 500 MCG/ML SYR	OCTREOTIDE ACETATE	0	999	No
		OCTREOTIDE ACET 500 MCG/ML VL	OCTREOTIDE ACETATE	0	999	No
P1E	ADRENOCORTICOTROPHIC HORMONES	ACTHAR GEL 400 UNIT/5 ML VIAL	CORTICOTROPIN	0	999	Clinical PA Required
		CORTROPHIN GEL 400 UNIT/5 ML	CORTICOTROPIN	0	999	Clinical PA Required
P1F	PITUITARY SUPPRESSIVE AGENTS	CABERGOLINE 0.5 MG TABLET	CABERGOLINE	0	999	No
		DANAZOL 100 MG CAPSULE	DANAZOL	0	999	No
		DANAZOL 200 MG CAPSULE	DANAZOL	0	999	No
		DANAZOL 50 MG CAPSULE	DANAZOL	0	999	No
P1M	LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRES	LUPRON DEPO 11.25MG (LUPANETA)	LEUPROLIDE ACETATE	18	999	Auto PA
		LUPRON DEPOT 11.25 MG 3MO KIT	LEUPROLIDE ACETATE	18	999	Auto PA
		LUPRON DEPOT 3.75 MG KIT	LEUPROLIDE ACETATE	18	999	Auto PA
		LUPRON DEPOT 3.75MG (LUPANETA)	LEUPROLIDE ACETATE	18	999	Auto PA
		SYNAREL 2 MG/ML NASAL SPRAY	NAFARELIN ACETATE	0	999	Auto PA
P1N	LHRH(GNRH) ANTAGONIST,PITUITARY SUPPRESSANT	ORILISSA 150 MG TABLET	ELAGOLIX SODIUM	0	999	Clinical PA Required
		ORILISSA 200 MG TABLET	ELAGOLIX SODIUM	0	999	Clinical PA Required
P1O	LHRH (GNRH) AGONIST ANALOG AND PROGESTIN COI	LUPANETA PK 3.75-5 MG 1MO KIT	LEUPROLIDE/NORETHINDRONE ACET	18	999	Auto PA
P1P	LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS P	LUPRON DEPOT-PED 11.25 MG 3MO	LEUPROLIDE ACETATE	2	12	Auto PA
		LUPRON DEPOT-PED 11.25 MG KIT	LEUPROLIDE ACETATE	2	12	Auto PA
		LUPRON DEPOT-PED 15 MG KIT	LEUPROLIDE ACETATE	2	12	Auto PA
		LUPRON DEPOT-PED 30 MG 3MO KIT	LEUPROLIDE ACETATE	2	12	Auto PA
		LUPRON DEPOT-PED 7.5 MG KIT	LEUPROLIDE ACETATE	2	12	Auto PA
		TRIPTODUR 22.5 MG KIT	TRIPTORELIN PAMOATE	2	12	Auto PA
		TRIPTODUR 22.5 MG VIAL	TRIPTORELIN PAMOATE	2	12	Auto PA
P1R	LHRH (GNRH) ANTAGONIST,ESTROGEN AND PROGEST	MYFEMBREE 40 MG-1 MG-0.5 MG TB	RELUGOLIX/ESTRADIOL/NORETHINDR	18	999	Clinical PA Required
		ORIAHNN 300-1-0.5MG/300MG CAPS	ELAGOLIX/ESTRADIOL/NORETHINDRN	0	999	Clinical PA Required
P2B	ANTIDIURETIC AND VASOPRESSOR HORMONES	DESMOPRESSIN 10 MCG/0.1 ML SPR	DESMOPRESSIN (NONREFRIGERATED)	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
P2B	ANTIDIURETIC AND VASOPRESSOR HORMONES	DESMOPRESSIN 40 MCG/10 ML VIAL	DESMOPRESSIN ACETATE	0	999	No
		DESMOPRESSIN AC 4 MCG/ML AMPUL	DESMOPRESSIN ACETATE	0	999	No
		DESMOPRESSIN AC 4 MCG/ML VIAL	DESMOPRESSIN ACETATE	0	999	No
		DESMOPRESSIN ACETATE 0.1 MG TB	DESMOPRESSIN ACETATE	0	999	No
		DESMOPRESSIN ACETATE 0.2 MG TB	DESMOPRESSIN ACETATE	0	999	No
P3A	THYROID HORMONES	ARMOUR THYROID 120 MG TABLET	THYROID,PORK	0	999	No
		ARMOUR THYROID 15 MG TABLET	THYROID,PORK	0	999	No
		ARMOUR THYROID 180 MG TABLET	THYROID,PORK	0	999	No
		ARMOUR THYROID 240 MG TABLET	THYROID,PORK	0	999	No
		ARMOUR THYROID 30 MG TABLET	THYROID,PORK	0	999	No
		ARMOUR THYROID 300 MG TABLET	THYROID,PORK	0	999	No
		ARMOUR THYROID 60 MG TABLET	THYROID,PORK	0	999	No
		ARMOUR THYROID 90 MG TABLET	THYROID,PORK	0	999	No
		LEVOTHYROXINE 100 MCG CAPSULE	LEVOTHYROXINE SODIUM	0	999	No
		LEVOTHYROXINE 100 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		LEVOTHYROXINE 112 MCG CAPSULE	LEVOTHYROXINE SODIUM	0	999	No
		LEVOTHYROXINE 112 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		LEVOTHYROXINE 125 MCG CAPSULE	LEVOTHYROXINE SODIUM	0	999	No
		LEVOTHYROXINE 125 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		LEVOTHYROXINE 13 MCG CAPSULE	LEVOTHYROXINE SODIUM	0	999	No
		LEVOTHYROXINE 137 MCG CAPSULE	LEVOTHYROXINE SODIUM	0	999	No
		LEVOTHYROXINE 137 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		LEVOTHYROXINE 150 MCG CAPSULE	LEVOTHYROXINE SODIUM	0	999	No
		LEVOTHYROXINE 150 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		LEVOTHYROXINE 175 MCG CAPSULE	LEVOTHYROXINE SODIUM	0	999	No
		LEVOTHYROXINE 175 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		LEVOTHYROXINE 200 MCG CAPSULE	LEVOTHYROXINE SODIUM	0	999	No
		LEVOTHYROXINE 200 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
P3A	THYROID HORMONES	LEVOTHYROXINE 25 MCG CAPSULE	LEVOTHYROXINE SODIUM	0	999	No
		LEVOTHYROXINE 25 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		LEVOTHYROXINE 300 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		LEVOTHYROXINE 50 MCG CAPSULE	LEVOTHYROXINE SODIUM	0	999	No
		LEVOTHYROXINE 50 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		LEVOTHYROXINE 75 MCG CAPSULE	LEVOTHYROXINE SODIUM	0	999	No
		LEVOTHYROXINE 75 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		LEVOTHYROXINE 88 MCG CAPSULE	LEVOTHYROXINE SODIUM	0	999	No
		LEVOTHYROXINE 88 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		LEVOXYL 100 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		LEVOXYL 112 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		LEVOXYL 125 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		LEVOXYL 137 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		LEVOXYL 150 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		LEVOXYL 175 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		LEVOXYL 200 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		LEVOXYL 25 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		LEVOXYL 50 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		LEVOXYL 75 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		LEVOXYL 88 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		LIOTHYRONINE SOD 25 MCG TAB	LIOTHYRONINE SODIUM	0	999	No
		LIOTHYRONINE SOD 5 MCG TAB	LIOTHYRONINE SODIUM	0	999	No
		LIOTHYRONINE SOD 50 MCG TAB	LIOTHYRONINE SODIUM	0	999	No
		NP THYROID 120 MG TABLET	THYROID,PORK	0	999	No
		NP THYROID 15 MG TABLET	THYROID,PORK	0	999	No
		NP THYROID 30 MG TABLET	THYROID,PORK	0	999	No
		NP THYROID 60 MG TABLET	THYROID,PORK	0	999	No
		NP THYROID 90 MG TABLET	THYROID,PORK	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
P3A	THYROID HORMONES	SYNTHROID 100 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		SYNTHROID 112 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		SYNTHROID 125 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		SYNTHROID 137 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		SYNTHROID 150 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		SYNTHROID 175 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		SYNTHROID 200 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		SYNTHROID 25 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		SYNTHROID 300 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		SYNTHROID 50 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		SYNTHROID 75 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		SYNTHROID 88 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		UNITHROID 100 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		UNITHROID 112 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		UNITHROID 125 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		UNITHROID 137 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		UNITHROID 150 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		UNITHROID 175 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		UNITHROID 200 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		UNITHROID 25 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		UNITHROID 300 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		UNITHROID 50 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		UNITHROID 75 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
		UNITHROID 88 MCG TABLET	LEVOTHYROXINE SODIUM	0	999	No
P3L	ANTITHYROID PREPARATIONS	METHIMAZOLE 10 MG TABLET	METHIMAZOLE	0	999	No
		METHIMAZOLE 5 MG TABLET	METHIMAZOLE	0	999	No
		PROPYLTHIOURACIL 50 MG TABLET	PROPYLTHIOURACIL	0	999	No
P4D	HYPERPARATHYROID TX AGENTS - VITAMIN D ANALO	DOXERCALCIFEROL 0.5 MCG CAP	DOXERCALCIFEROL	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
P4D	HYPERPARATHYROID TX AGENTS - VITAMIN D ANALO	DOXERCALCIFEROL 1 MCG CAPSULE	DOXERCALCIFEROL	0	999	No
		DOXERCALCIFEROL 2.5 MCG CAP	DOXERCALCIFEROL	0	999	No
		DOXERCALCIFEROL 4 MCG/2 ML VL	DOXERCALCIFEROL	0	999	No
		PARICALCITOL 1 MCG CAPSULE	PARICALCITOL	0	999	No
		PARICALCITOL 10 MCG/2 ML VIAL	PARICALCITOL	0	999	No
		PARICALCITOL 2 MCG CAPSULE	PARICALCITOL	0	999	No
		PARICALCITOL 2 MCG/ML VIAL	PARICALCITOL	0	999	No
		PARICALCITOL 4 MCG CAPSULE	PARICALCITOL	0	999	No
P4L	BONE RESORPTION INHIBITORS	PARICALCITOL 5 MCG/ML VIAL	PARICALCITOL	0	999	No
		ALENDRONATE SODIUM 10 MG TAB	ALENDRONATE SODIUM	0	999	No
		ALENDRONATE SODIUM 35 MG TAB	ALENDRONATE SODIUM	0	999	No
		ALENDRONATE SODIUM 5 MG TABLET	ALENDRONATE SODIUM	0	999	No
		ALENDRONATE SODIUM 70 MG TAB	ALENDRONATE SODIUM	0	999	No
		CALCITONIN-SALMON 200 UNITS SP	CALCITONIN,SALMON,SYNTHETIC	18	999	No
		IBANDRONATE SODIUM 150 MG TAB	IBANDRONATE SODIUM	0	999	No
		PAMIDRONATE 30 MG/10 ML VIAL	PAMIDRONATE DISODIUM	0	999	No
		PAMIDRONATE 60 MG/10 ML VIAL	PAMIDRONATE DISODIUM	0	999	No
		PAMIDRONATE 90 MG/10 ML VIAL	PAMIDRONATE DISODIUM	0	999	No
		ZOLEDRONIC ACID 4 MG/100 ML	ZOLEDRONIC AC/MANNITOL/0.9NACL	0	999	No
		ZOLEDRONIC ACID 5 MG/100 ML	ZOLEDRONIC ACID/MANNITOL-WATER	0	999	No
P5A	GLUCOCORTICOIDS	BETAMETHASONE SP-AC 30 MG/5 ML	BETAMETHASONE ACETATE,SOD PHOS	0	999	No
		BUDESONIDE DR 3 MG CAPSULE	BUDESONIDE	0	999	No
		BUDESONIDE EC 3 MG CAPSULE	BUDESONIDE	0	999	No
		CELESTONE SOLUSPAN 30 MG/5 ML	BETAMETHASONE ACETATE,SOD PHOS	0	999	No
		DEXAMETHASONE 0.5 MG TABLET	DEXAMETHASONE	0	999	No
		DEXAMETHASONE 0.5 MG/5 ML ELX	DEXAMETHASONE	0	999	No
		DEXAMETHASONE 0.5 MG/5 ML LIQ	DEXAMETHASONE	0	999	No
		DEXAMETHASONE 0.75 MG TABLET	DEXAMETHASONE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
P5A	GLUCOCORTICOIDS	DEXAMETHASONE 1 MG TABLET	DEXAMETHASONE	0	999	No
		DEXAMETHASONE 1.5 MG TABLET	DEXAMETHASONE	0	999	No
		DEXAMETHASONE 10 MG/ML SYRING	DEXAMETHASONE SODIUM PHOSP/PF	0	999	No
		DEXAMETHASONE 10 MG/ML VIAL	DEXAMETHASONE SODIUM PHOSP/PF	0	999	No
			DEXAMETHASONE SODIUM PHOSPHATE	0	999	No
		DEXAMETHASONE 100 MG/10 ML VL	DEXAMETHASONE SODIUM PHOSPHATE	0	999	No
		DEXAMETHASONE 120 MG/30 ML VL	DEXAMETHASONE SODIUM PHOSPHATE	0	999	No
		DEXAMETHASONE 2 MG TABLET	DEXAMETHASONE	0	999	No
		DEXAMETHASONE 20 MG/5 ML VIAL	DEXAMETHASONE SODIUM PHOSPHATE	0	999	No
		DEXAMETHASONE 4 MG TABLET	DEXAMETHASONE	0	999	No
		DEXAMETHASONE 4 MG/ML SYRINGE	DEXAMETHASONE SODIUM PHOSPHATE	0	999	No
		DEXAMETHASONE 4 MG/ML VIAL	DEXAMETHASONE SODIUM PHOSPHATE	0	999	No
		DEXAMETHASONE 6 MG TABLET	DEXAMETHASONE	0	999	No
		HYDROCORTISONE 10 MG TABLET	HYDROCORTISONE	0	999	No
		HYDROCORTISONE 20 MG TABLET	HYDROCORTISONE	0	999	No
		HYDROCORTISONE 5 MG TABLET	HYDROCORTISONE	0	999	No
		METHYLPREDNISOLONE 200 MG/5 ML	METHYLPREDNISOLONE ACETATE	0	999	No
		METHYLPREDNISOLONE 32 MG TAB	METHYLPREDNISOLONE	0	999	No
		METHYLPREDNISOLONE 4 MG DOSEPK	METHYLPREDNISOLONE	0	999	No
		METHYLPREDNISOLONE 4 MG TABLET	METHYLPREDNISOLONE	0	999	No
		METHYLPREDNISOLONE 40 MG/ML VL	METHYLPREDNISOLONE ACETATE	0	999	No
		METHYLPREDNISOLONE 400 MG/10ML	METHYLPREDNISOLONE ACETATE	0	999	No
		METHYLPREDNISOLONE 400 MG/5 ML	METHYLPREDNISOLONE ACETATE	0	999	No
		METHYLPREDNISOLONE 80 MG/ML VL	METHYLPREDNISOLONE ACETATE	0	999	No
		METHYLPREDNISOLONE SS 1 GM VL	METHYLPREDNISOLONE SOD SUCC	0	999	No
		METHYLPREDNISOLONE SS 125 MG	METHYLPREDNISOLONE SOD SUCC	0	999	No
		METHYLPREDNISOLONE SS 40 MG VL	METHYLPREDNISOLONE SOD SUCC	0	999	No
		METHYLPREDNISOLONE SS 500 MG	METHYLPREDNISOLONE SOD SUCC	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
P5A	GLUCOCORTICOIDS	PREDNISOLONE 15 MG/5 ML SOLN	PREDNISOLONE	0	999	No
			PREDNISOLONE SODIUM PHOSPHATE	0	999	No
		PREDNISOLONE 5 MG/5 ML SOLN	PREDNISOLONE SODIUM PHOSPHATE	0	999	No
		PREDNISOLONE SOD PH 25 MG/5 ML	PREDNISOLONE SODIUM PHOSPHATE	0	999	No
		PREDNISON 1 MG TABLET	PREDNISON	0	999	No
		PREDNISON 10 MG TAB DOSE PACK	PREDNISON	0	999	No
		PREDNISON 10 MG TABLET	PREDNISON	0	999	No
		PREDNISON 2.5 MG TABLET	PREDNISON	0	999	No
		PREDNISON 20 MG TABLET	PREDNISON	0	999	No
		PREDNISON 5 MG TAB DOSE PACK	PREDNISON	0	999	No
		PREDNISON 5 MG TABLET	PREDNISON	0	999	No
		PREDNISON 5 MG/5 ML SOLUTION	PREDNISON	0	999	No
		PREDNISON 50 MG TABLET	PREDNISON	0	999	No
		SOLU-CORTEF 1,000 MG ACT-O-VL	HYDROCORTISONE SODIUM SUCC/PF	0	999	No
		SOLU-CORTEF 100 MG ACT-O-VIAL	HYDROCORTISONE SODIUM SUCC/PF	0	999	No
		SOLU-CORTEF 100 MG VIAL	HYDROCORTISONE SOD SUCCINATE	0	999	No
		SOLU-CORTEF 250 MG ACT-O-VIAL	HYDROCORTISONE SODIUM SUCC/PF	0	999	No
		SOLU-CORTEF 500 MG ACT-O-VIAL	HYDROCORTISONE SODIUM SUCC/PF	0	999	No
		TRIAMCINOLONE ACET 200 MG/5 ML	TRIAMCINOLONE ACETONIDE	0	999	No
		TRIAMCINOLONE ACET 40 MG/ML VL	TRIAMCINOLONE ACETONIDE	0	999	No
		TRIAMCINOLONE ACET 400 MG/10ML	TRIAMCINOLONE ACETONIDE	0	999	No
P5S	MINERALOCORTICOIDS	FLUDROCORTISONE 0.1 MG TABLET	FLUDROCORTISONE ACETATE	0	999	No
Q2C	OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODU	RESTASIS 0.05% EYE EMULSION	CYCLOSPORINE	0	999	No
		RESTASIS MULTIDOSE 0.05% EYE	CYCLOSPORINE	0	999	No
		XIIDRA 5% EYE DROPS	LIFITEGRAST	0	999	No
Q2L	OPHTHALMIC CYSTINE DEPLETING AGENTS	CYSTARAN 0.44% EYE DROPS	CYSTEAMINE HCL	0	999	No
Q3B	RECTAL/LOWER BOWEL PREP.,GLUCOCORT. (NON-HE	HYDROCORTISONE 100 MG/60 ML	HYDROCORTISONE	0	999	No
Q3E	CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT,RECTAL	CANASA 1,000 MG SUPPOSITORY	MESALAMINE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
Q3I	HEMORRHOID PREP,ANTI-INFLAM STEROID-LOCAL AN	HYDROCORT-PRAMOXINE 2.5-1% CRM	HYDROCORTISONE/PRAMOXINE	0	999	No
		LIDOCAINE-HC 2.8-0.55% GEL	HYDROCORTISONE/LIDOCAINE/ALOE	0	999	No
		LIDOCAINE-HC 3-0.5% CREAM	LIDOCAINE/HYDROCORTISONE AC	0	999	No
		LIDOCAINE-HC 3-2.5% GEL KIT	HYDROCORTISONE/LIDOCAINE/ALOE	0	999	No
		PROCTOFOAM-HC 1%-1% FOAM	HYDROCORTISONE/PRAMOXINE	0	999	No
Q4F	VAGINAL ANTIFUNGALS	3-DAY VAGINAL CREAM	CLOTRIMAZOLE	0	20	No
		CLOTRIMAZOLE 1% VAGINAL CREAM	CLOTRIMAZOLE	0	20	No
		CLOTRIMAZOLE-3 2% CREAM	CLOTRIMAZOLE	0	20	No
		GS MICONAZOLE 7 CREAM	MICONAZOLE NITRATE	0	20	No
		MICONAZOLE 2% VAGINAL CREAM	MICONAZOLE NITRATE	0	20	No
		MICONAZOLE 7 100 MG VAG SUPP	MICONAZOLE NITRATE	0	20	No
		MICONAZOLE 7 CREAM	MICONAZOLE NITRATE	0	20	No
		QC MICONAZOLE-7 CREAM	MICONAZOLE NITRATE	0	20	No
		SM 3-DAY VAGINAL CREAM	CLOTRIMAZOLE	0	20	No
		SM CLOTRIMAZOLE 1% VAG CREAM	CLOTRIMAZOLE	0	20	No
		SM MICONAZOLE 2% VAGINAL CREAM	MICONAZOLE NITRATE	0	20	No
		SM MICONAZOLE 7 100 MG VAG SUP	MICONAZOLE NITRATE	0	20	No
		SM MICONAZOLE 7 CREAM	MICONAZOLE NITRATE	0	20	No
		TERCONAZOLE 0.4% CREAM	TERCONAZOLE	0	999	No
		TERCONAZOLE 0.8% CREAM	TERCONAZOLE	0	999	No
Q4K	VAGINAL ESTROGEN PREPARATIONS	ESTRING 2 MG VAGINAL RING	ESTRADIOL	0	999	No
		PREMARIN VAGINAL CREAM-APPL	ESTROGENS, CONJUGATED	0	999	No
		VAGIFEM 10 MCG VAGINAL TAB	ESTRADIOL	0	999	No
Q4V	VAGINAL ANTIBIOTICS	CLEOCIN 100 MG VAGINAL OVULE	CLINDAMYCIN PHOSPHATE	0	999	No
		CLINDESSE 2% VAGINAL CREAM	CLINDAMYCIN PHOSPHATE	0	999	No
		METRONIDAZOLE VAGINAL 0.75% GL	METRONIDAZOLE	0	999	No
		NUVESSA VAGINAL 1.3% GEL	METRONIDAZOLE	0	999	No
Q5B	TOPICAL PREPARATIONS,ANTIBACTERIALS	SILVER NITRATE 0.5% SOLN	SILVER NITRATE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
Q5E	TOPICAL ANTI-INFLAMMATORY, NSAIDS	DICLOFENAC SODIUM 1% GEL	DICLOFENAC SODIUM	0	999	No
Q5F	TOPICAL ANTIFUNGALS	CICLOPIROX 0.77% CREAM	CICLOPIROX OLAMINE	0	999	No
		CICLOPIROX 0.77% TOPICAL SUSP	CICLOPIROX OLAMINE	0	999	No
		CICLOPIROX 8% SOLUTION	CICLOPIROX	0	999	No
		CLOTRIMAZOLE 1% SOLUTION	CLOTRIMAZOLE	0	999	No
		CLOTRIMAZOLE 1% TOPICAL CREAM	CLOTRIMAZOLE	0	999	No
		ECONAZOLE NITRATE 1% CREAM	ECONAZOLE NITRATE	0	999	No
		KETOCONAZOLE 2% CREAM	KETOCONAZOLE	0	999	No
		KETOCONAZOLE 2% SHAMPOO	KETOCONAZOLE	0	999	No
		MICONAZOLE 2% TOPICAL CREAM	MICONAZOLE NITRATE	0	20	No
		NYSTATIN 100,000 UNIT/GM CREAM	NYSTATIN	0	999	No
		NYSTATIN 100,000 UNIT/GM OINT	NYSTATIN	0	999	No
		NYSTATIN 100,000 UNIT/GM POWD	NYSTATIN	0	999	No
		NYSTATIN-TRIAMCINOLONE CREAM	NYSTATIN/TRIAMCIN	0	999	No
		NYSTATIN-TRIAMCINOLONE OINTM	NYSTATIN/TRIAMCIN	0	999	No
Q5H	TOPICAL LOCAL ANESTHETICS	LIDOCAINE 3% CREAM	LIDOCAINE HCL	0	999	No
		LIDOCAINE 5% OINTMENT	LIDOCAINE	0	999	No
		LIDOCAINE 5% PATCH	LIDOCAINE	0	999	Auto PA
		LIDOCAINE-PRILOCAINE CREAM	LIDOCAINE/PRILOCAINE	0	999	No
		ZTLIDO 1.8% TOPICAL SYSTEM	LIDOCAINE	0	999	Auto PA
Q5K	TOPICAL IMMUNOSUPPRESSIVE AGENTS	ELIDEL 1% CREAM	PIMECROLIMUS	0	999	No
		PROTOPIC 0.03% OINTMENT	TACROLIMUS	0	999	No
		PROTOPIC 0.1% OINTMENT	TACROLIMUS	16	999	No
Q5M	TOPICAL ANTIFUNGAL/ANTI-INFLAMMATORY,STEROI	CLOTRIMAZOLE-BETAMETHASONE CRM	CLOTRIMAZOLE/BETAMETHASONE DIP	0	999	No
Q5N	TOPICAL ANTINEOPLASTIC PREMALIGNANT LESION Ai	DICLOFENAC SODIUM 3% GEL	DICLOFENAC SODIUM	18	999	Auto PA
		FLUOROURACIL 2% TOPICAL SOLN	FLUOROURACIL	0	999	No
		FLUOROURACIL 5% CREAM	FLUOROURACIL	0	999	No
		FLUOROURACIL 5% TOPICAL SOLN	FLUOROURACIL	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
Q5N	TOPICAL ANTINEOPLASTIC PREMALIGNANT LESION A	PANRETIN 0.1% GEL	ALITRETINOIN	0	999	Clinical PA Required
Q5P	TOPICAL ANTI-INFLAMMATORY STEROIDAL	ANUSOL-HC 2.5% CREAM	HYDROCORTISONE	0	999	No
		BETAMETHASONE DP AUG 0.05% CRM	BETAMETHASONE/PROPYLENE GLYC	0	999	No
		BETAMETHASONE VA 0.1% CREAM	BETAMETHASONE VALERATE	0	999	No
		BETAMETHASONE VALER 0.1% OINTM	BETAMETHASONE VALERATE	0	999	No
		CLOBETASOL 0.05% CREAM	CLOBETASOL PROPIONATE	0	999	No
		CLOBETASOL 0.05% OINTMENT	CLOBETASOL PROPIONATE	0	999	No
		CLOBETASOL 0.05% SOLUTION	CLOBETASOL PROPIONATE	0	999	No
		DERMA-SMOOTH-FS BODY OIL	FLUOCINOLONE ACETONIDE	0	999	No
		DERMA-SMOOTH-FS SCALP OIL	FLUOCINOLONE/SHOWER CAP	0	999	No
		FLUTICASONE PROP 0.005% OINT	FLUTICASONE PROPIONATE	0	999	No
		FLUTICASONE PROP 0.05% CREAM	FLUTICASONE PROPIONATE	0	999	No
		HALOBETASOL PROP 0.05% CREAM	HALOBETASOL PROPIONATE	0	999	No
		HYDROCORTISONE 1% CREAM	HYDROCORTISONE	0	999	No
		HYDROCORTISONE 1% OINTMENT	HYDROCORTISONE	0	999	No
		HYDROCORTISONE 2.5% CREAM	HYDROCORTISONE	0	999	No
		HYDROCORTISONE 2.5% OINTMENT	HYDROCORTISONE	0	999	No
		MOMETASONE FUROATE 0.1% CREAM	MOMETASONE FUROATE	0	999	No
		MOMETASONE FUROATE 0.1% OINT	MOMETASONE FUROATE	0	999	No
		MOMETASONE FUROATE 0.1% SOLN	MOMETASONE FUROATE	0	999	No
		PROCTO-MED HC 2.5% CREAM	HYDROCORTISONE	0	999	No
		PROCTOSOL-HC 2.5% CREAM	HYDROCORTISONE	0	999	No
		PROCTOZONE-HC 2.5% CREAM	HYDROCORTISONE	0	999	No
		TRIAMCINOLONE 0.025% CREAM	TRIAMCINOLONE ACETONIDE	0	999	No
		TRIAMCINOLONE 0.025% OINT	TRIAMCINOLONE ACETONIDE	0	999	No
		TRIAMCINOLONE 0.05% OINTMENT	TRIAMCINOLONE ACETONIDE	0	999	No
		TRIAMCINOLONE 0.1% CREAM	TRIAMCINOLONE ACETONIDE	0	999	No
		TRIAMCINOLONE 0.1% OINTMENT	TRIAMCINOLONE ACETONIDE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
Q5P	TOPICAL ANTI-INFLAMMATORY STEROIDAL	TRIAMCINOLONE 0.5% CREAM	TRIAMCINOLONE ACETONIDE	0	999	No
		TRIAMCINOLONE 0.5% OINTMENT	TRIAMCINOLONE ACETONIDE	0	999	No
Q5R	TOPICAL ANTIPARASITICS	NATROBA 0.9% TOPICAL SUSP	SPINOSAD	0	999	No
		PERMETHRIN 5% CREAM	PERMETHRIN	0	999	No
Q5S	TOPICAL SULFONAMIDES	SILVER SULFADIAZINE 1% CREAM	SILVER SULFADIAZINE	0	999	No
Q5V	TOPICAL ANTIVIRALS	ACYCLOVIR 5% OINTMENT	ACYCLOVIR	12	999	No
		DENAVIR 1% CREAM	PENCICLOVIR	0	999	No
		ZOVIRAX 5% CREAM	ACYCLOVIR	12	999	No
Q5M	TOPICAL ANTIBIOTICS	CLINDAMYCIN PH 1% SOLUTION	CLINDAMYCIN PHOSPHATE	12	999	No
		CLINDAMYCIN PHOS 1% PLEDGET	CLINDAMYCIN PHOSPHATE	12	999	No
		ERYTHROMYCIN-BENZOYL GEL	ERYTHROMYCIN/BENZOYL PEROXIDE	12	999	No
		GENTAMICIN 0.1% CREAM	GENTAMICIN SULFATE	0	999	No
		MUPIROCIN 2% OINTMENT	MUPIROCIN	0	999	No
Q5X	TOPICAL ANTIBIOTIC AND ANTI-INFLAMMATORY STEI	CORTISPORIN CREAM	NEOMYCIN/POLYMYXIN B/HYDROCORT	0	999	No
		CORTISPORIN OINTMENT	NEOMYC/BACIT/POLYMYX/HYDROCORT	0	999	No
Q6C	EYE VASOCONSTRICTORS	PHENYLEPHRINE 10% EYE DROPS	PHENYLEPHRINE HCL	0	999	No
		PHENYLEPHRINE 2.5% EYE DROP	PHENYLEPHRINE HCL	0	999	No
Q6E	EYE IRRIGATIONS	BALANCED SALT SOLUTION	BALANCED SALT IRRIG SOLN NO.2	0	999	No
Q6G	MIOTICS AND OTHER INTRAOCULAR PRESSURE REDU	BRIMONIDINE 0.2% EYE DROP	BRIMONIDINE TARTRATE	0	999	No
		CARTEOLOL HCL 1% EYE DROPS	CARTEOLOL HCL	0	999	No
		COMBIGAN 0.2%-0.5% EYE DROPS	BRIMONIDINE TARTRATE/TIMOLOL	0	999	No
		DORZOLAMIDE HCL 2% EYE DROPS	DORZOLAMIDE HCL	0	999	No
		DORZOLAMIDE-TIMOLOL EYE DROPS	DORZOLAMIDE HCL/TIMOLOL MALEAT	0	999	No
		LATANOPROST 0.005% EYE DROPS	LATANOPROST	0	999	No
		LEVOBUNOLOL 0.5% EYE DROPS	LEVOBUNOLOL HCL	0	999	No
		RHOPRESSA 0.02% OPHTH SOLUTION	NETARSUDIL MESYLATE	18	999	No
		ROCKLATAN 0.02%-0.005% EYE DRP	NETARSUDIL MESYLAT/LATANOPROST	18	999	No
		TIMOLOL 0.25% GEL-SOLUTION	TIMOLOL MALEATE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
Q6G	MIOTICS AND OTHER INTRAOCULAR PRESSURE REDU	TIMOLOL 0.25% GFS GEL-SOLUTION	TIMOLOL MALEATE	0	999	No
		TIMOLOL 0.5% GEL-SOLUTION	TIMOLOL MALEATE	0	999	No
		TIMOLOL 0.5% GFS GEL-SOLUTION	TIMOLOL MALEATE	0	999	No
		TIMOLOL MALEATE 0.25% EYE DROP	TIMOLOL MALEATE	0	999	No
		TIMOLOL MALEATE 0.5% EYE DROPS	TIMOLOL MALEATE	0	999	No
		TRAVATAN Z 0.004% EYE DROP	TRAVOPROST	0	999	No
Q6I	EYE ANTIBIOTIC AND GLUCOCORTICOID COMBINATIO	NEO-BACIT-POLY-HC EYE OINTMENT	NEOMYCIN/BACIT/P-MYX/HYDROCORT	0	999	No
		NEOMYC-POLYM-DEXAMET EYE OINTM	NEOMYCIN/POLYMYXIN B/DEXAMETHA	0	999	No
		NEOMYC-POLYM-DEXAMETH EYE DROP	NEOMYCIN/POLYMYXIN B/DEXAMETHA	0	999	No
		TOBRADEX EYE DROPS	TOBRAMYCIN/DEXAMETHASONE	0	999	No
		TOBRADEX EYE OINTMENT	TOBRAMYCIN/DEXAMETHASONE	0	999	No
		ZYLET EYE DROPS	TOBRAMYCIN/LOTEPRED ETAB	0	999	No
Q6J	MYDRIATICS	ATROPINE 1% EYE DROPS	ATROPINE SULFATE	0	999	No
		ATROPINE 1% EYE OINTMENT	ATROPINE SULFATE	0	999	No
		CYCLOPENTOLATE 0.5% EYE DROPS	CYCLOPENTOLATE HCL	0	999	No
		CYCLOPENTOLATE 1% EYE DROPS	CYCLOPENTOLATE HCL	0	999	No
		CYCLOPENTOLATE HCL 2% DROPS	CYCLOPENTOLATE HCL	0	999	No
Q6P	EYE ANTI-INFLAMMATORY AGENTS	ALREX 0.2% EYE DROPS	LOTEPREDNOL ETABONATE	0	999	No
		DEXAMETHASONE 0.1% EYE DROP	DEXAMETHASONE SODIUM PHOSPHATE	0	999	No
		DICLOFENAC 0.1% EYE DROPS	DICLOFENAC SODIUM	0	999	No
		DIFLUPREDNATE 0.05% EYE DROP	DIFLUPREDNATE	0	999	No
		FLAREX 0.1% EYE DROPS	FLUOROMETHOLONE ACETATE	0	999	No
		FML FORTE 0.25% EYE DROPS	FLUOROMETHOLONE	0	999	No
		ILEVRO 0.3% OPHTH DROPS	NEPAFENAC	0	999	No
		KETOROLAC 0.5% OPHTH SOLUTION	KETOROLAC TROMETHAMINE	0	999	No
		MAXIDEX 0.1% EYE DROPS	DEXAMETHASONE	0	999	No
		PREDNISOLONE AC 1% EYE DROP	PREDNISOLONE ACETATE	0	999	No
		GNP OLOPATADINE 0.1% EYE DROPS	OLOPATADINE HCL	0	999	No
Q6R	EYE ANTIHISTAMINES					

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
Q6R	EYE ANTIHISTAMINES	OLOPATADINE HCL 0.1% EYE DROPS	OLOPATADINE HCL	0	999	No
		OLOPATADINE HCL 0.2% EYE DROP	OLOPATADINE HCL	0	999	No
		PAZEO 0.7% EYE DROPS	OLOPATADINE HCL	0	999	No
Q6S	EYE SULFONAMIDES	SULF-PRED 10-0.23% EYE DROPS	SULFACETAMIDE/PREDNISOLONE SP	0	999	No
Q6U	EYE MAST CELL STABILIZERS	CROMOLYN 4% EYE DROPS	CROMOLYN SODIUM	0	999	No
Q6V	EYE ANTIVIRALS	TRIFLURIDINE 1% EYE DROPS	TRIFLURIDINE	0	999	No
Q6V	OPHTHALMIC ANTIBIOTICS	AK-POLY-BAC EYE OINTMENT	BACITRACIN/POLYMYXIN B SULFATE	0	999	No
		BACITRACIN-POLYMYXIN EYE OINT	BACITRACIN/POLYMYXIN B SULFATE	0	999	No
		CIPROFLOXACIN 0.3% EYE DROP	CIPROFLOXACIN HCL	0	999	No
		ERYTHROMYCIN 0.5% EYE OINTMENT	ERYTHROMYCIN BASE	0	999	No
		GENTAMICIN 0.3% EYE DROP	GENTAMICIN SULFATE	0	999	No
		MOXIFLOXACIN 0.5% EYE DROPS	MOXIFLOXACIN HCL	0	999	No
		NEOMYC-BACIT-POLYMIK EYE OINT	NEOMYCIN/BACITRACIN/POLYMYXINB	0	999	No
		OFLOXACIN 0.3% EYE DROPS	OFLOXACIN	0	999	No
		POLYCIN EYE OINTMENT	BACITRACIN/POLYMYXIN B SULFATE	0	999	No
		POLYMYXIN B-TMP EYE DROPS	POLYMYXIN B SULF/TRIMETHOPRIM	0	999	No
		TOBRAMYCIN 0.3% EYE DROP	TOBRAMYCIN	0	999	No
Q7E	NASAL ANTIHISTAMINE	AZELASTINE 0.1% (137 MCG) SPRY	AZELASTINE HCL	0	999	No
		AZELASTINE 0.15% NASAL SPRAY	AZELASTINE HCL	0	999	No
Q7P	NASAL ANTI-INFLAMMATORY STEROIDS	FLUTICASONE PROP 50 MCG SPRAY	FLUTICASONE PROPIONATE	0	999	No
Q8B	EAR PREPARATIONS, MISC. ANTI-INFECTIVES	ACETIC ACID 2% EAR SOLUTION	ACETIC ACID	0	999	No
Q8F	OTIC PREPARATIONS,ANTI-INFLAMMATORY-ANTIBIO	CIPRODEX OTIC SUSPENSION	CIPROFLOXACIN HCL/DEXAMETH	0	999	No
Q8P	EAR PREPARATIONS ANTI-INFLAMMATORY	DERMOTIC OIL 0.01% EAR DROPS	FLUOCINOLONE ACETONIDE OIL	0	999	No
Q8V	EAR PREPARATIONS,ANTIBIOTICS	NEOMYCIN-POLYMYXIN-HC EAR SOLN	NEOMYCIN/POLYMYXIN B/HYDROCORT	0	999	No
		NEOMYCIN-POLYMYXIN-HC EAR SUSP	NEOMYCIN/POLYMYXIN B/HYDROCORT	0	999	No
		OFLOXACIN 0.3% EAR DROPS	OFLOXACIN	0	999	No
Q9B	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AG	ALFUZOSIN HCL ER 10 MG TABLET	ALFUZOSIN HCL	0	999	No
		DUTASTERIDE 0.5 MG CAPSULE	DUTASTERIDE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
Q9B	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AG	FINASTERIDE 5 MG TABLET	FINASTERIDE	0	999	No
		TAMSULOSIN HCL 0.4 MG CAPSULE	TAMSULOSIN HCL	0	999	No
R1A	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENC	OXYBUTYNIN 5 MG TABLET	OXYBUTYNIN CHLORIDE	0	999	No
		OXYBUTYNIN 5 MG/5 ML SYRUP	OXYBUTYNIN CHLORIDE	0	999	No
		OXYBUTYNIN CL ER 10 MG TABLET	OXYBUTYNIN CHLORIDE	6	999	No
		OXYBUTYNIN CL ER 15 MG TABLET	OXYBUTYNIN CHLORIDE	6	999	No
		OXYBUTYNIN CL ER 5 MG TABLET	OXYBUTYNIN CHLORIDE	6	999	No
		TOVIAZ ER 4 MG TABLET	FESOTERODINE FUMARATE	6	999	No
		TOVIAZ ER 8 MG TABLET	FESOTERODINE FUMARATE	6	999	No
R1E	CARBONIC ANHYDRASE INHIBITORS	ACETAZOLAMIDE 125 MG TABLET	ACETAZOLAMIDE	0	999	No
		ACETAZOLAMIDE 250 MG TABLET	ACETAZOLAMIDE	0	999	No
		ACETAZOLAMIDE ER 500 MG CAP	ACETAZOLAMIDE	0	999	No
		METHAZOLAMIDE 25 MG TABLET	METHAZOLAMIDE	0	999	No
		METHAZOLAMIDE 50 MG TABLET	METHAZOLAMIDE	0	999	No
R1F	THIAZIDE AND RELATED DIURETICS	CHLORTHALIDONE 25 MG TABLET	CHLORTHALIDONE	0	999	No
		CHLORTHALIDONE 50 MG TABLET	CHLORTHALIDONE	0	999	No
		DIURIL 250 MG/5 ML ORAL SUSP	CHLOROTHIAZIDE	0	11	No
		HYDROCHLOROTHIAZIDE 12.5 MG CP	HYDROCHLOROTHIAZIDE	0	999	No
		HYDROCHLOROTHIAZIDE 12.5 MG TB	HYDROCHLOROTHIAZIDE	0	999	No
		HYDROCHLOROTHIAZIDE 25 MG TAB	HYDROCHLOROTHIAZIDE	0	999	No
		HYDROCHLOROTHIAZIDE 50 MG TAB	HYDROCHLOROTHIAZIDE	0	999	No
		INDAPAMIDE 1.25 MG TABLET	INDAPAMIDE	0	999	No
		INDAPAMIDE 2.5 MG TABLET	INDAPAMIDE	0	999	No
		METOLAZONE 10 MG TABLET	METOLAZONE	0	999	No
		METOLAZONE 2.5 MG TABLET	METOLAZONE	0	999	No
		METOLAZONE 5 MG TABLET	METOLAZONE	0	999	No
		AMILORIDE HCL 5 MG TABLET	AMILORIDE HCL	0	999	No
R1H	POTASSIUM SPARING DIURETICS	EPLERENONE 25 MG TABLET	EPLERENONE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
R1H	POTASSIUM SPARING DIURETICS	EPLERENONE 50 MG TABLET	EPLERENONE	0	999	No
		SPIRONOLACTONE 100 MG TABLET	SPIRONOLACTONE	0	999	No
		SPIRONOLACTONE 25 MG TABLET	SPIRONOLACTONE	0	999	No
		SPIRONOLACTONE 50 MG TABLET	SPIRONOLACTONE	0	999	No
R1I	URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE AN	SOLIFENACIN 10 MG TABLET	SOLIFENACIN SUCCINATE	18	999	No
		SOLIFENACIN 5 MG TABLET	SOLIFENACIN SUCCINATE	18	999	No
R1L	POTASSIUM SPARING DIURETICS IN COMBINATION	AMILORIDE HCL-HCTZ 5-50 MG TAB	AMILORIDE/HYDROCHLOROTHIAZIDE	0	999	No
		SPIRONOLACTONE-HCTZ 25-25 TAB	SPIRONOLACT/HYDROCHLOROTHIAZID	0	999	No
		TRIAMTERENE-HCTZ 37.5-25 MG CP	TRIAMTERENE/HYDROCHLOROTHIAZID	0	999	No
		TRIAMTERENE-HCTZ 37.5-25 MG TB	TRIAMTERENE/HYDROCHLOROTHIAZID	0	999	No
		TRIAMTERENE-HCTZ 75-50 MG TAB	TRIAMTERENE/HYDROCHLOROTHIAZID	0	999	No
R1M	LOOP DIURETICS	BUMETANIDE 0.5 MG TABLET	BUMETANIDE	0	999	No
		BUMETANIDE 1 MG TABLET	BUMETANIDE	0	999	No
		BUMETANIDE 1 MG/4 ML VIAL	BUMETANIDE	0	999	No
		BUMETANIDE 2 MG TABLET	BUMETANIDE	0	999	No
		BUMETANIDE 2.5 MG/10 ML VIAL	BUMETANIDE	0	999	No
		FUROSEMIDE 10 MG/ML SOLUTION	FUROSEMIDE	0	999	No
		FUROSEMIDE 100 MG/10 ML SYRINGE	FUROSEMIDE	0	999	No
		FUROSEMIDE 100 MG/10 ML VIAL	FUROSEMIDE	0	999	No
		FUROSEMIDE 20 MG TABLET	FUROSEMIDE	0	999	No
		FUROSEMIDE 20 MG/2 ML VIAL	FUROSEMIDE	0	999	No
		FUROSEMIDE 40 MG TABLET	FUROSEMIDE	0	999	No
		FUROSEMIDE 40 MG/4 ML SYRINGE	FUROSEMIDE	0	999	No
		FUROSEMIDE 40 MG/4 ML VIAL	FUROSEMIDE	0	999	No
		FUROSEMIDE 40 MG/5 ML SOLN	FUROSEMIDE	0	999	No
		FUROSEMIDE 80 MG TABLET	FUROSEMIDE	0	999	No
		TORSEMIDE 10 MG TABLET	TORSEMIDE	0	999	No
		TORSEMIDE 100 MG TABLET	TORSEMIDE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
R1M	LOOP DIURETICS	TORSEMIDE 20 MG TABLET	TORSEMIDE	0	999	No
		TORSEMIDE 5 MG TABLET	TORSEMIDE	0	999	No
R1R	URICOSURIC AGENTS	PROBENECID 500 MG TABLET	PROBENECID	0	999	No
		PROBENECID-COLCHICINE TABLET	PROBENECID/COLCHICINE	0	999	No
R1S	URINARY PH MODIFIERS	K-PHOS #2 TABLET	SOD PHOS,M-B/K PHOS,MONOB	0	999	No
		K-PHOS NEUTRAL TABLET	SOD PHOS DI, MONO/K PHOS MONO	0	999	No
		K-PHOS ORIGINAL TABLET	POTASSIUM PHOSPHATE,MONOBASIC	0	999	No
		ORACIT ORAL SOLUTION	CITRIC ACID/SODIUM CITRATE	0	999	No
		PHOSPHA 250 NEUTRAL TABLET	SOD PHOS DI, MONO/K PHOS MONO	0	999	No
		POTASS CIT-SOD CIT-CITRIC SOLN	SOD/POT/K CIT/SOD CIT/CIT ACID	0	999	No
		POTASSIUM CIT-CITRIC ACID SOLN	POTASSIUM CITRATE/CITRIC ACID	0	999	No
		POTASSIUM CITRATE ER 10 MEQ TB	POTASSIUM CITRATE	0	999	No
		POTASSIUM CITRATE ER 15 MEQ TB	POTASSIUM CITRATE	0	999	No
		POTASSIUM CITRATE ER 5 MEQ TAB	POTASSIUM CITRATE	0	999	No
		SOD CITRATE-CITRIC ACID SOLN	CITRIC ACID/SODIUM CITRATE	0	999	No
		TRICITRATES ORAL SOLUTION	SOD/POT/K CIT/SOD CIT/CIT ACID	0	999	No
		VIRT-PHOS 250 NEUTRAL TABLET	SOD PHOS DI, MONO/K PHOS MONO	0	999	No
		VIRTRATE-3 SOLUTION	SOD/POT/K CIT/SOD CIT/CIT ACID	0	999	No
		VIRTRATE-K SOLUTION	POTASSIUM CITRATE/CITRIC ACID	0	999	No
R1W	CYSTINE-DEPLETING AGENTS, NEPHROPATHIC CYSTIN	CYSTAGON 150 MG CAPSULE	CYSTEAMINE BITARTRATE	0	999	No
		CYSTAGON 50 MG CAPSULE	CYSTEAMINE BITARTRATE	0	999	No
R4A	KIDNEY STONE AGENTS	TIOPRONIN 100 MG TABLET	TIOPRONIN	0	999	No
R5A	URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO	PHENAZOPYRIDINE 100 MG TAB	PHENAZOPYRIDINE HCL	0	999	No
		PHENAZOPYRIDINE 200 MG TAB	PHENAZOPYRIDINE HCL	0	999	No
S2A	COLCHICINE	COLCHICINE 0.6 MG TABLET	COLCHICINE	4	999	No
S2B	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGE	ANJESO 30 MG/ML VIAL	MELOXICAM	18	999	No
		DICLOFENAC SOD DR 25 MG TAB	DICLOFENAC SODIUM	0	999	No
		DICLOFENAC SOD DR 50 MG TAB	DICLOFENAC SODIUM	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
S2B	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGE	DICLOFENAC SOD DR 75 MG TAB	DICLOFENAC SODIUM	0	999	No
		DICLOFENAC SOD EC 25 MG TAB	DICLOFENAC SODIUM	0	999	No
		DICLOFENAC SOD EC 50 MG TAB	DICLOFENAC SODIUM	0	999	No
		DICLOFENAC SOD EC 75 MG TAB	DICLOFENAC SODIUM	0	999	No
		IBU 400 MG TABLET	IBUPROFEN	0	999	No
		IBU 600 MG TABLET	IBUPROFEN	0	999	No
		IBU 800 MG TABLET	IBUPROFEN	0	999	No
		IBUPROFEN 100 MG/5 ML SUSP	IBUPROFEN	0	999	No
		IBUPROFEN 400 MG TABLET	IBUPROFEN	0	999	No
		IBUPROFEN 600 MG TABLET	IBUPROFEN	0	999	No
		IBUPROFEN 800 MG TABLET	IBUPROFEN	0	999	No
		INDOMETHACIN 25 MG CAPSULE	INDOMETHACIN	0	999	No
		INDOMETHACIN 50 MG CAPSULE	INDOMETHACIN	0	999	No
		KETOROLAC 10 MG TABLET	KETOROLAC TROMETHAMINE	17	999	No
		KETOROLAC 15 MG/ML SYRINGE	KETOROLAC TROMETHAMINE	17	999	No
		KETOROLAC 15 MG/ML VIAL	KETOROLAC TROMETHAMINE	17	999	No
		KETOROLAC 30 MG/ML CARPUJECT	KETOROLAC TROMETHAMINE	17	999	No
		KETOROLAC 30 MG/ML SYRINGE	KETOROLAC TROMETHAMINE	17	999	No
		KETOROLAC 30 MG/ML VIAL	KETOROLAC TROMETHAMINE	17	999	No
		KETOROLAC 60 MG/2 ML CARPUJECT	KETOROLAC TROMETHAMINE	17	999	No
		KETOROLAC 60 MG/2 ML SYRINGE	KETOROLAC TROMETHAMINE	17	999	No
		KETOROLAC 60 MG/2 ML VIAL	KETOROLAC TROMETHAMINE	17	999	No
		MELOXICAM 15 MG TABLET	MELOXICAM	0	999	No
		MELOXICAM 7.5 MG TABLET	MELOXICAM	0	999	No
		NABUMETONE 500 MG TABLET	NABUMETONE	0	999	No
		NABUMETONE 750 MG TABLET	NABUMETONE	0	999	No
		NAPROXEN 125 MG/5 ML SUSPEN	NAPROXEN	0	999	No
		NAPROXEN 250 MG TABLET	NAPROXEN	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
S2B	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE ANALGE	NAPROXEN 375 MG TABLET	NAPROXEN	0	999	No
		NAPROXEN 500 MG TABLET	NAPROXEN	0	999	No
S2I	ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIB	LEFLUNOMIDE 10 MG TABLET	LEFLUNOMIDE	0	999	No
		LEFLUNOMIDE 20 MG TABLET	LEFLUNOMIDE	0	999	No
S2J	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INH	ENBREL 25 MG KIT	ETANERCEPT	2	999	Auto PA
		ENBREL 25 MG/0.5 ML SYRINGE	ETANERCEPT	2	999	Auto PA
		ENBREL 25 MG/0.5 ML VIAL	ETANERCEPT	2	999	Auto PA
		ENBREL 50 MG/ML MINI CARTRIDGE	ETANERCEPT	2	999	Auto PA
		ENBREL 50 MG/ML SURECLICK	ETANERCEPT	2	999	Auto PA
		ENBREL 50 MG/ML SYRINGE	ETANERCEPT	2	999	Auto PA
		HUMIRA 40 MG/0.8 ML SYRINGE	ADALIMUMAB	2	999	Auto PA
		HUMIRA CROHNS STARTER PACK	ADALIMUMAB	2	999	Auto PA
		HUMIRA PEN 40 MG/0.8 ML	ADALIMUMAB	2	999	Auto PA
		HUMIRA PEN PS-UV-ADOL HS 40 MG	ADALIMUMAB	2	999	Auto PA
		HUMIRA(CF) 10 MG/0.1 ML SYRING	ADALIMUMAB	2	999	Auto PA
		HUMIRA(CF) 20 MG/0.2 ML SYRING	ADALIMUMAB	2	999	Auto PA
		HUMIRA(CF) 40 MG/0.4 ML SYRING	ADALIMUMAB	2	999	Auto PA
		HUMIRA(CF) PEDI CROHN 80-40 MG	ADALIMUMAB	2	999	Auto PA
		HUMIRA(CF) PEDI CROHN 80MG/0.8	ADALIMUMAB	2	999	Auto PA
		HUMIRA(CF) PEN 40 MG/0.4 ML	ADALIMUMAB	2	999	Auto PA
		HUMIRA(CF) PEN 80 MG/0.8 ML	ADALIMUMAB	2	999	Auto PA
		HUMIRA(CF) PEN CRHN-UC-HS 80MG	ADALIMUMAB	2	999	Auto PA
		HUMIRA(CF) PEN PEDI UC 80 MG	ADALIMUMAB	2	999	Auto PA
		HUMIRA(CF) PEN PS-UV-AHS 80-40	ADALIMUMAB	2	999	Auto PA
S2L	NSAIDS,CYCLOOXYGENASE-2(COX-2) SELECTIVE INHIB	CELECOXIB 100 MG CAPSULE	CELECOXIB	0	999	No
		CELECOXIB 200 MG CAPSULE	CELECOXIB	0	999	No
		CELECOXIB 400 MG CAPSULE	CELECOXIB	0	999	No
		CELECOXIB 50 MG CAPSULE	CELECOXIB	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
S7A	NEUROMUSCULAR BLOCKING AGENTS	BOTOX 100 UNIT VIAL	ONABOTULINUMTOXINA	0	999	Clinical PA Required
		BOTOX 200 UNIT VIAL	ONABOTULINUMTOXINA	0	999	Clinical PA Required
		DYSPOX 300 UNIT VIAL	ABOBOTULINUMTOXINA	0	999	Clinical PA Required
		DYSPOX 500 UNITS VIAL	ABOBOTULINUMTOXINA	0	999	Clinical PA Required
T0I	TOP. ANTI-INFLAM.,PHOSPHODIESTERASE-4 (PDE4) IN	EUCRISA 2% OINTMENT	CRISABOROLE	0	999	Auto PA
USB	HERBAL DRUGS	ALOE VERA 5,000 (25) MG SFTGEL	ALOE VERA	0	999	Cystic Fib Diag Auto PA
		FLAXSEED OIL 1,000 MG CAPSULE	FLAXSEED OIL	0	999	Cystic Fib Diag Auto PA
		FLAXSEED OIL 1,000 MG SOFTGEL	FLAXSEED OIL	0	999	Cystic Fib Diag Auto PA
		GNP FLAXSEED 1,000 MG SOFTGEL	FLAXSEED OIL	0	999	Cystic Fib Diag Auto PA
		MILK THISTLE 150 MG CAPSULE	MILK THISTLE	0	999	Cystic Fib Diag Auto PA
		MILK THISTLE 175 MG CAPSULE	MILK THISTLE SEED EXTRACT	0	999	Cystic Fib Diag Auto PA
		MILK THISTLE 175 MG TABLET	MILK THISTLE	0	999	Cystic Fib Diag Auto PA
			MILK THISTLE SEED EXTRACT	0	999	Cystic Fib Diag Auto PA
		MILK THISTLE 500 MG CAPSULE	MILK THISTLE	0	999	Cystic Fib Diag Auto PA
		MILK THISTLE EXTRACT CAPSULE	MILK THISTLE SEED EXTRACT	0	999	Cystic Fib Diag Auto PA
		OMEGA-3 FLAXSEED OIL 1,000 MG	FLAXSEED OIL	0	999	Cystic Fib Diag Auto PA
		PROBIOTIC PLUS & CRANBERRY CAP	CRAN/C/B.COAG/FOS/L.ACID/L.RHA	0	999	Cystic Fib Diag Auto PA
		RA FLAXSEED 1,000 MG SOFTGEL	FLAXSEED OIL	0	999	Cystic Fib Diag Auto PA
		SM FLAXSEED OIL 1,000 MG SFTGL	FLAXSEED OIL	0	999	Cystic Fib Diag Auto PA
		SPIRULINA 500 MG TABLET	BLUE-GREEN ALGAE	0	999	Cystic Fib Diag Auto PA
		SV ALOE VERA 25 MG SOFTGEL	ALOE VERA	0	999	Cystic Fib Diag Auto PA
		SV FLAXSEED OIL 1,000 MG SFTGL	FLAXSEED OIL	0	999	Cystic Fib Diag Auto PA
		SV FLAXSEED OIL 1,300 MG SFTGL	FLAXSEED OIL/OMEGA 3,6,9	0	999	Cystic Fib Diag Auto PA
V1A	ANTINEOPLASTIC - ALKYLATING AGENTS	ALKERAN 2 MG TABLET	MELPHALAN	18	999	No
		BICNU 100 MG VIAL	CARMUSTINE	0	999	No
		CARBOPLATIN 150 MG/15 ML VIAL	CARBOPLATIN	0	999	No
		CARBOPLATIN 450 MG/45 ML VIAL	CARBOPLATIN	0	999	No
		CARBOPLATIN 50 MG/5 ML VIAL	CARBOPLATIN	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
V1A	ANTINEOPLASTIC - ALKYLATING AGENTS	CARBOPLATIN 600 MG/60 ML VIAL	CARBOPLATIN	0	999	No
		CISPLATIN 100 MG/100 ML VIAL	CISPLATIN	0	999	No
		CISPLATIN 200 MG/200 ML VIAL	CISPLATIN	0	999	No
		CISPLATIN 50 MG VIAL	CISPLATIN	0	999	No
		CISPLATIN 50 MG/50 ML VIAL	CISPLATIN	0	999	No
		CYCLOPHOSPHAMIDE 1 GM VIAL	CYCLOPHOSPHAMIDE	0	999	No
		CYCLOPHOSPHAMIDE 1 GM/5 ML VL	CYCLOPHOSPHAMIDE	0	999	No
		CYCLOPHOSPHAMIDE 2 GM VIAL	CYCLOPHOSPHAMIDE	0	999	No
		CYCLOPHOSPHAMIDE 2 GM/10 ML VL	CYCLOPHOSPHAMIDE	0	999	No
		CYCLOPHOSPHAMIDE 25 MG CAPSULE	CYCLOPHOSPHAMIDE	0	999	No
		CYCLOPHOSPHAMIDE 25 MG TABLET	CYCLOPHOSPHAMIDE	0	999	No
		CYCLOPHOSPHAMIDE 50 MG CAPSULE	CYCLOPHOSPHAMIDE	0	999	No
		CYCLOPHOSPHAMIDE 50 MG TABLET	CYCLOPHOSPHAMIDE	0	999	No
		CYCLOPHOSPHAMIDE 500 MG VIAL	CYCLOPHOSPHAMIDE	0	999	No
		CYCLOPHOSPHAMIDE 500 MG/2.5 ML	CYCLOPHOSPHAMIDE	0	999	No
		HYDROXYUREA 500 MG CAPSULE	HYDROXYUREA	0	999	No
		IFOSFAMIDE 1 GM VIAL	IFOSFAMIDE	0	999	No
		IFOSFAMIDE 1 GM/20 ML VIAL	IFOSFAMIDE	0	999	No
		IFOSFAMIDE 3 GM VIAL	IFOSFAMIDE	0	999	No
		IFOSFAMIDE 3 GM/60 ML VIAL	IFOSFAMIDE	0	999	No
		LEUKERAN 2 MG TABLET	CHLORAMBUCIL	0	999	No
		MELPHALAN 50 MG VIAL W-DILUENT	MELPHALAN HCL	0	999	No
		MELPHALAN HCL 50 MG VIAL	MELPHALAN HCL	0	999	No
		MYLERAN 2 MG TABLET	BUSULFAN	0	999	No
		OXALIPLATIN 100 MG VIAL	OXALIPLATIN	0	999	No
		OXALIPLATIN 100 MG/20 ML VIAL	OXALIPLATIN	0	999	No
		OXALIPLATIN 200 MG/40 ML VIAL	OXALIPLATIN	0	999	No
		OXALIPLATIN 50 MG VIAL	OXALIPLATIN	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
V1A	ANTINEOPLASTIC - ALKYLATING AGENTS	OXALIPLATIN 50 MG/10 ML VIAL	OXALIPLATIN	0	999	No
		PARAPLATIN 1,000 MG/100 ML VL	CARBOPLATIN	0	999	No
		PARAPLATIN 150 MG/15 ML VIAL	CARBOPLATIN	0	999	No
		PARAPLATIN 450 MG/45 ML VIAL	CARBOPLATIN	0	999	No
		PARAPLATIN 50 MG/5 ML VIAL	CARBOPLATIN	0	999	No
		PARAPLATIN 600 MG/60 ML VIAL	CARBOPLATIN	0	999	No
		TEMODAR 100 MG VIAL	TEMOZOLOMIDE	0	999	No
		TEMOZOLOMIDE 100 MG CAPSULE	TEMOZOLOMIDE	0	999	No
		TEMOZOLOMIDE 140 MG CAPSULE	TEMOZOLOMIDE	0	999	No
		TEMOZOLOMIDE 180 MG CAPSULE	TEMOZOLOMIDE	0	999	No
		TEMOZOLOMIDE 20 MG CAPSULE	TEMOZOLOMIDE	0	999	No
		TEMOZOLOMIDE 250 MG CAPSULE	TEMOZOLOMIDE	0	999	No
		TEMOZOLOMIDE 5 MG CAPSULE	TEMOZOLOMIDE	0	999	No
		THIOTEPA 100 MG VIAL	THIOTEPA	0	999	No
		THIOTEPA 15 MG VIAL	THIOTEPA	0	999	No
		TREANDA 100 MG VIAL	BENDAMUSTINE HCL	0	999	No
		TREANDA 25 MG VIAL	BENDAMUSTINE HCL	0	999	No
V1B	ANTINEOPLASTIC - ANTIMETABOLITES	ALIMTA 100 MG VIAL	PEMETREXED DISODIUM	0	999	No
		ALIMTA 500 MG VIAL	PEMETREXED DISODIUM	0	999	No
		AZACITIDINE 100 MG VIAL	AZACITIDINE	0	999	No
		CLADRIBINE 10 MG/10 ML VIAL	CLADRIBINE	0	999	No
		CYTARABINE 100 MG/5 ML VIAL	CYTARABINE/PF	0	999	No
		CYTARABINE 2 G/20 ML VIAL	CYTARABINE/PF	0	999	No
		CYTARABINE 20 MG/ML VIAL	CYTARABINE	0	999	No
			CYTARABINE/PF	0	999	No
		DECITABINE 50 MG VIAL	DECITABINE	0	999	No
		FLOXURIDINE 500 MG VIAL	FLOXURIDINE	0	999	No
		FLUDARABINE 50 MG VIAL	FLUDARABINE PHOSPHATE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
V1B	ANTINEOPLASTIC - ANTIMETABOLITES	FLUDARABINE 50 MG/2 ML VIAL	FLUDARABINE PHOSPHATE	0	999	No
		FLUOROURACIL 1 GRAM/20 ML VIAL	FLUOROURACIL	0	999	No
		FLUOROURACIL 2.5 GRAM/50 ML VL	FLUOROURACIL	0	999	No
		FLUOROURACIL 5 GRAM/100 ML VL	FLUOROURACIL	0	999	No
		FLUOROURACIL 500 MG/10 ML VIAL	FLUOROURACIL	0	999	No
		GEMCITABINE 1 GRAM/26.3 ML VL	GEMCITABINE HCL	0	999	No
		GEMCITABINE 2 GRAM/52.6 ML VL	GEMCITABINE HCL	0	999	No
		GEMCITABINE 200 MG/5.26 ML VL	GEMCITABINE HCL	0	999	No
		GEMCITABINE HCL 1 GRAM VIAL	GEMCITABINE HCL	0	999	No
		GEMCITABINE HCL 1 GRAM/10 ML	GEMCITABINE HCL	0	999	No
		GEMCITABINE HCL 1.5 GRAM/15 ML	GEMCITABINE HCL	0	999	No
		GEMCITABINE HCL 2 GRAM VIAL	GEMCITABINE HCL	0	999	No
		GEMCITABINE HCL 2 GRAM/20 ML	GEMCITABINE HCL	0	999	No
		GEMCITABINE HCL 200 MG VIAL	GEMCITABINE HCL	0	999	No
		GEMCITABINE HCL 200 MG/2 ML VL	GEMCITABINE HCL	0	999	No
		MERCAPTOPYRINE 50 MG TABLET	MERCAPTOPYRINE	0	999	No
		METHOTREXATE 1 GM VIAL	METHOTREXATE SODIUM/PF	0	999	No
		METHOTREXATE 1 GRAM/40 ML VIAL	METHOTREXATE SODIUM/PF	0	999	No
		METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	0	999	No
		METHOTREXATE 25 MG/ML VIAL	METHOTREXATE SODIUM/PF	0	999	No
		METHOTREXATE 250 MG/10 ML VIAL	METHOTREXATE SODIUM	0	999	No
			METHOTREXATE SODIUM/PF	0	999	No
		METHOTREXATE 50 MG/2 ML VIAL	METHOTREXATE SODIUM	0	999	No
			METHOTREXATE SODIUM/PF	0	999	No
		XELODA 150 MG TABLET	CAPECITABINE	18	999	No
		XELODA 500 MG TABLET	CAPECITABINE	18	999	No
V1C	ANTINEOPLASTIC - VINCA ALKALOIDS	VINBLASTINE 1 MG/ML VIAL	VINBLASTINE SULFATE	0	999	No
		VINCRISTINE 1 MG/ML VIAL	VINCRISTINE SULFATE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
V1C	ANTINEOPLASTIC - VINCA ALKALOIDS	VINCISTINE 2 MG/2 ML VIAL	VINCISTINE SULFATE	0	999	No
		VINORELBINE 10 MG/ML VIAL	VINORELBINE TARTRATE	0	999	No
		VINORELBINE 50 MG/5 ML VIAL	VINORELBINE TARTRATE	0	999	No
V1D	ANTIBIOTIC ANTINEOPLASTICS	BLEOMYCIN SULFATE 15 UNIT VIAL	BLEOMYCIN SULFATE	0	999	No
		BLEOMYCIN SULFATE 30 UNIT VIAL	BLEOMYCIN SULFATE	0	999	No
		DAUNORUBICIN 20 MG VIAL	DAUNORUBICIN HCL	0	999	No
		DAUNORUBICIN 20 MG/4 ML VIAL	DAUNORUBICIN HCL	0	999	No
		DAUNORUBICIN 50 MG/10 ML VIAL	DAUNORUBICIN HCL	0	999	No
		DOXORUBICIN 10 MG VIAL	DOXORUBICIN HCL	0	999	No
		DOXORUBICIN 10 MG/5 ML VIAL	DOXORUBICIN HCL	0	999	No
		DOXORUBICIN 150 MG/75 ML VIAL	DOXORUBICIN HCL	0	999	No
		DOXORUBICIN 20 MG/10 ML VIAL	DOXORUBICIN HCL	0	999	No
		DOXORUBICIN 200 MG/100 ML VIAL	DOXORUBICIN HCL	0	999	No
		DOXORUBICIN 50 MG VIAL	DOXORUBICIN HCL	0	999	No
		DOXORUBICIN 50 MG/25 ML VIAL	DOXORUBICIN HCL	0	999	No
		DOXORUBICIN LIPOSOME 20MG/10ML	DOXORUBICIN HCL PEG-LIPOSOMAL	0	999	No
		DOXORUBICIN LIPOSOME 50MG/25ML	DOXORUBICIN HCL PEG-LIPOSOMAL	0	999	No
		EPIRUBICIN 200 MG/100 ML VIAL	EPIRUBICIN HCL	0	999	No
		EPIRUBICIN 50 MG/25 ML VIAL	EPIRUBICIN HCL	0	999	No
		EPIRUBICIN HCL 200 MG VIAL	EPIRUBICIN HCL	0	999	No
		IDARUBICIN HCL 10 MG/10 ML VL	IDARUBICIN HCL	0	999	No
		IDARUBICIN HCL 20 MG/20 ML VL	IDARUBICIN HCL	0	999	No
		IDARUBICIN HCL 5 MG/5 ML VIAL	IDARUBICIN HCL	0	999	No
		MITOMYCIN 20 MG VIAL	MITOMYCIN	0	999	No
		MITOMYCIN 40 MG VIAL	MITOMYCIN	0	999	No
		MITOMYCIN 5 MG VIAL	MITOMYCIN	0	999	No
		VALSTAR 40 MG/ML VIAL	VALRUBICIN	0	999	No
V1E	STEROID ANTINEOPLASTICS	MEGESTROL 20 MG TABLET	MEGESTROL ACETATE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
V1E	STEROID ANTINEOPLASTICS	MEGESTROL 40 MG TABLET	MEGESTROL ACETATE	0	999	No
V1F	ANTINEOPLASTICS,MISCELLANEOUS	DACARBAZINE 100 MG VIAL	DACARBAZINE	0	999	No
		DACARBAZINE 200 MG VIAL	DACARBAZINE	0	999	No
		DOCETAXEL 160 MG/16 ML VIAL	DOCETAXEL	18	999	No
		DOCETAXEL 160 MG/8 ML VIAL	DOCETAXEL	18	999	No
		DOCETAXEL 20 MG/2 ML VIAL	DOCETAXEL	18	999	No
		DOCETAXEL 20 MG/ML VIAL	DOCETAXEL	18	999	No
		DOCETAXEL 80 MG/4 ML VIAL	DOCETAXEL	18	999	No
		DOCETAXEL 80 MG/8 ML VIAL	DOCETAXEL	18	999	No
		ETOPOSIDE 1,000 MG/50 ML VIAL	ETOPOSIDE	0	999	No
		ETOPOSIDE 100 MG/5 ML VIAL	ETOPOSIDE	0	999	No
		ETOPOSIDE 500 MG/25 ML VIAL	ETOPOSIDE	0	999	No
		MATULANE 50 MG CAPSULE	PROCARBAZINE HCL	0	999	No
		MITOXANTRONE 20 MG/10 ML VIAL	MITOXANTRONE HCL	18	999	No
		MITOXANTRONE 25 MG/12.5 ML VL	MITOXANTRONE HCL	18	999	No
		MITOXANTRONE 30 MG/15 ML VIAL	MITOXANTRONE HCL	18	999	No
		ONCASPAR 3,750 UNIT/5 ML VIAL	PEGASPARGASE	0	999	No
		PACLITAXEL 100 MG/16.7 ML VIAL	PACLITAXEL	0	999	No
		PACLITAXEL 150 MG/25 ML VIAL	PACLITAXEL	0	999	No
		PACLITAXEL 30 MG/5 ML VIAL	PACLITAXEL	0	999	No
		PACLITAXEL 300 MG/50 ML VIAL	PACLITAXEL	0	999	No
		TRETINOIN 10 MG CAPSULE	TRETINOIN	1	999	No
V1I	CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS	DEXRAZOXANE 250 MG VIAL	DEXRAZOXANE HCL	18	999	No
		DEXRAZOXANE 500 MG VIAL	DEXRAZOXANE HCL	18	999	No
		LEUCOVORIN CAL 100 MG/10 ML VL	LEUCOVORIN CALCIUM	0	999	No
		LEUCOVORIN CAL 500 MG/50 ML VL	LEUCOVORIN CALCIUM	0	999	No
		LEUCOVORIN CALCIUM 10 MG TAB	LEUCOVORIN CALCIUM	0	999	No
		LEUCOVORIN CALCIUM 100 MG VIAL	LEUCOVORIN CALCIUM	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
V1I	CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS	LEUCOVORIN CALCIUM 15 MG TAB	LEUCOVORIN CALCIUM	0	999	No
		LEUCOVORIN CALCIUM 200 MG VIAL	LEUCOVORIN CALCIUM	0	999	No
		LEUCOVORIN CALCIUM 25 MG TAB	LEUCOVORIN CALCIUM	0	999	No
		LEUCOVORIN CALCIUM 350 MG VIAL	LEUCOVORIN CALCIUM	0	999	No
		LEUCOVORIN CALCIUM 5 MG TAB	LEUCOVORIN CALCIUM	0	999	No
		LEUCOVORIN CALCIUM 50 MG VIAL	LEUCOVORIN CALCIUM	0	999	No
		LEUCOVORIN CALCIUM 500 MG VL	LEUCOVORIN CALCIUM	0	999	No
		MESNA 1 GRAM/10 ML VIAL	MESNA	0	999	No
V1J	ANTINEOPLASTIC - ANTIANDROGENIC AGENTS	ABIRATERONE 500 MG TABLET	ABIRATERONE ACETATE	18	999	No
		ABIRATERONE ACETATE 250 MG TAB	ABIRATERONE ACETATE	18	999	No
		BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	18	999	No
		FLUTAMIDE 125 MG CAPSULE	FLUTAMIDE	18	999	No
		XTANDI 40 MG CAPSULE	ENZALUTAMIDE	18	999	No
		XTANDI 40 MG TABLET	ENZALUTAMIDE	18	999	No
		XTANDI 80 MG TABLET	ENZALUTAMIDE	18	999	No
V1K	ANTINEOPLASTICS ANTIBODY/ANTIBODY-DRUG COM	CAMPATH 30 MG/ML VIAL	ALEMTUZUMAB	0	999	No
V1M	ANTINEOPLASTIC IMMUNOMODULATOR AGENTS	LENALIDOMIDE 10 MG CAPSULE	LENALIDOMIDE	0	999	Requires Med Cert 3
		LENALIDOMIDE 15 MG CAPSULE	LENALIDOMIDE	0	999	Requires Med Cert 3
		LENALIDOMIDE 25 MG CAPSULE	LENALIDOMIDE	0	999	Requires Med Cert 3
		LENALIDOMIDE 5 MG CAPSULE	LENALIDOMIDE	0	999	Requires Med Cert 3
		POMALYST 1 MG CAPSULE	POMALIDOMIDE	18	999	Requires Med Cert 3
		POMALYST 2 MG CAPSULE	POMALIDOMIDE	18	999	Requires Med Cert 3
		POMALYST 3 MG CAPSULE	POMALIDOMIDE	18	999	Requires Med Cert 3
		POMALYST 4 MG CAPSULE	POMALIDOMIDE	18	999	Requires Med Cert 3
		REVLIMID 10 MG CAPSULE	LENALIDOMIDE	18	999	Requires Med Cert 3
		REVLIMID 15 MG CAPSULE	LENALIDOMIDE	18	999	Requires Med Cert 3 Requires Med Cert 3
		REVLIMID 2.5 MG CAPSULE	LENALIDOMIDE	18	999	Requires Med Cert 3
		REVLIMID 20 MG CAPSULE	LENALIDOMIDE	18	999	Requires Med Cert 3

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
V1M	ANTINEOPLASTIC IMMUNOMODULATOR AGENTS	REVLIMID 20 MG CAPSULE	LENALIDOMIDE	18		
		REVLIMID 25 MG CAPSULE	LENALIDOMIDE	18	999	Requires Med Cert 3
		REVLIMID 5 MG CAPSULE	LENALIDOMIDE	18	999	Requires Med Cert 3
V1O	ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY S	LEUPROLIDE 2WK 14 MG/2.8 ML KT	LEUPROLIDE ACETATE	0	999	Auto PA
		LEUPROLIDE 2WK 14 MG/2.8 ML VL	LEUPROLIDE ACETATE	0	999	Auto PA
		LUPRON DEPOT 22.5 MG 3MO KIT	LEUPROLIDE ACETATE	18	999	Auto PA
		LUPRON DEPOT 45 MG 6MO KIT	LEUPROLIDE ACETATE	18	999	Auto PA
		LUPRON DEPOT 7.5 MG KIT	LEUPROLIDE ACETATE	18	999	Auto PA
		LUPRON DEPOT-4 MONTH KIT	LEUPROLIDE ACETATE	18	999	Auto PA
V1Q	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	BORTEZOMIB 3.5 MG IV VIAL	BORTEZOMIB	0	999	No
		IMATINIB MESYLATE 100 MG TAB	IMATINIB MESYLATE	1	999	No
		IMATINIB MESYLATE 400 MG TAB	IMATINIB MESYLATE	1	999	No
		IRESSA 250 MG TABLET	GEFITINIB	18	999	Requires Med Cert 3
		SUNITINIB MALATE 12.5 MG CAP	SUNITINIB MALATE	18	999	No
		SUNITINIB MALATE 25 MG CAPSULE	SUNITINIB MALATE	18	999	No
		SUNITINIB MALATE 37.5 MG CAP	SUNITINIB MALATE	18	999	No
		SUNITINIB MALATE 50 MG CAPSULE	SUNITINIB MALATE	18	999	No
		VOTRIENT 200 MG TABLET	PAZOPANIB HCL	18	999	No
V1T	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)	TAMOXIFEN 10 MG TABLET	TAMOXIFEN CITRATE	18	999	No
		TAMOXIFEN 20 MG TABLET	TAMOXIFEN CITRATE	18	999	No
V3E	ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS	IRINOTECAN HCL 100 MG/5 ML VL	IRINOTECAN HCL	0	999	No
		IRINOTECAN HCL 300 MG/15 ML VL	IRINOTECAN HCL	0	999	No
		IRINOTECAN HCL 40 MG/2 ML VIAL	IRINOTECAN HCL	0	999	No
		IRINOTECAN HCL 500 MG/25 ML VL	IRINOTECAN HCL	0	999	No
		TOPOTECAN HCL 4 MG VIAL	TOPOTECAN HCL	18	999	No
		TOPOTECAN HCL 4 MG/4 ML VIAL	TOPOTECAN HCL	18	999	No
V3F	ANTINEOPLASTIC - AROMATASE INHIBITORS	ANASTROZOLE 1 MG TABLET	ANASTROZOLE	18	999	No
		EXEMESTANE 25 MG TABLET	EXEMESTANE	18	999	No
		LETROZOLE 2.5 MG TABLET	LETROZOLE	18	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
V3F	ANTINEOPLASTIC - AROMATASE INHIBITORS	LETROZOLE 2.5 MG TABLET	LETROZOLE	18		
V4D	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST,	DUPIXENT 100 MG/0.67 ML SYRING	DUPILUMAB	6	999	Clinical PA Required
		DUPIXENT 200 MG/1.14 ML PEN	DUPILUMAB	6	999	Clinical PA Required
		DUPIXENT 200 MG/1.14 ML SYRING	DUPILUMAB	6	999	Clinical PA Required
		DUPIXENT 300 MG/2 ML PEN	DUPILUMAB	6	999	Clinical PA Required
		DUPIXENT 300 MG/2 ML SYRINGE	DUPILUMAB	6	999	Clinical PA Required
W0B	HEP C VIRUS-NS5B POLYMERASE AND NS5A INHIB. CC	SOFOSBUVIR-VELPATASVIR 400-100	SOFOSBUVIR/VELPATASVIR	3	999	Clinical PA Required
W0E	HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR CO	MAVYRET 100-40 MG TABLET	GLECAPREVIR/PIBRENTASVIR	3	999	Clinical PA Required
		MAVYRET 50-20 MG PELLET PACKET	GLECAPREVIR/PIBRENTASVIR	3	999	Clinical PA Required
W0G	HEP C - NS5A, NS3/4A, NUCLEOTIDE NS5B INHIB COM	VOSEVI 400-100-100 MG TABLET	SOFOSBUVIR/VELPATAS/VOXILAPREV	18	999	Clinical PA Required
W0H	ANTIRETROVIRAL-NUCLEOSIDE,NUCLEOTIDE,PROTEA	SYMITUZA 800-150-200-10 MG TAB	DARUNAVIR/COB/EMTRI/TENOF ALAF	12	999	Auto PA
W0I	ANTIRETROVIRAL-INTEGRASE INHIBITOR AND NNRTI I	CABENUVA ER 400 MG-600 MG SUSP	CABOTEGRAVIR/RILPIVIRINE	12	999	Auto PA
		CABENUVA ER 600 MG-900 MG SUSP	CABOTEGRAVIR/RILPIVIRINE	12	999	Auto PA
		JULUCA 50-25 MG TABLET	DOLUTEGRAVIR/RILPIVIRINE	18	999	Auto PA
W0J	ANTIRETROVIRAL - ANTI-CD4 DOMAIN 2 MONOCLON.	TROGARZO 200 MG/1.33 ML VIAL	IBALIZUMAB-UIYK	18	999	Auto PA
W0K	ANTIRETROVIRAL-INTEGRASE INHIBITOR AND NRTI CI	DOVATO 50-300 MG TABLET	DOLUTEGRAVIR SODIUM/LAMIVUDINE	18	999	Auto PA
W1A	PENICILLIN ANTIBIOTICS	AMOX-CLAV 200-28.5 MG/5 ML SUS	AMOXICILLIN/POTASSIUM CLAV	0	999	No
		AMOX-CLAV 250-125 MG TABLET	AMOXICILLIN/POTASSIUM CLAV	0	999	No
		AMOX-CLAV 250-62.5 MG/5 ML SUS	AMOXICILLIN/POTASSIUM CLAV	0	999	No
		AMOX-CLAV 400-57 MG/5 ML SUSP	AMOXICILLIN/POTASSIUM CLAV	0	999	No
		AMOX-CLAV 500-125 MG TABLET	AMOXICILLIN/POTASSIUM CLAV	0	999	No
		AMOX-CLAV 600-42.9 MG/5 ML SUS	AMOXICILLIN/POTASSIUM CLAV	0	999	No
		AMOX-CLAV 875-125 MG TABLET	AMOXICILLIN/POTASSIUM CLAV	0	999	No
		AMOXICILLIN 125 MG TAB CHEW	AMOXICILLIN	0	999	No
		AMOXICILLIN 125 MG/5 ML SUSP	AMOXICILLIN	0	999	No
		AMOXICILLIN 200 MG/5 ML SUSP	AMOXICILLIN	0	999	No
		AMOXICILLIN 250 MG CAPSULE	AMOXICILLIN	0	999	No
		AMOXICILLIN 250 MG TAB CHEW	AMOXICILLIN	0	999	No
		AMOXICILLIN 250 MG/5 ML SUSP	AMOXICILLIN	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
W1A	PENICILLIN ANTIBIOTICS	AMOXICILLIN 250 MG/5 ML SUSP	AMOXICILLIN	0		
		AMOXICILLIN 400 MG/5 ML SUSP	AMOXICILLIN	0	999	No
		AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN	0	999	No
		AMOXICILLIN 500 MG TABLET	AMOXICILLIN	0	999	No
		AMOXICILLIN 875 MG TABLET	AMOXICILLIN	0	999	No
		AMPICILLIN 1 GM ADD-VANTAGE VL	AMPICILLIN SODIUM	0	999	No
		AMPICILLIN 1 GM VIAL	AMPICILLIN SODIUM	0	999	No
		AMPICILLIN 10 GM BOTTLE	AMPICILLIN SODIUM	0	999	No
		AMPICILLIN 10 GM VIAL	AMPICILLIN SODIUM	0	999	No
		AMPICILLIN 125 MG VIAL	AMPICILLIN SODIUM	0	999	No
		AMPICILLIN 2 GM ADD-VANTAGE VL	AMPICILLIN SODIUM	0	999	No
		AMPICILLIN 2 GM VIAL	AMPICILLIN SODIUM	0	999	No
		AMPICILLIN 250 MG VIAL	AMPICILLIN SODIUM	0	999	No
		AMPICILLIN 500 MG CAPSULE	AMPICILLIN TRIHYDRATE	0	999	No
		AMPICILLIN 500 MG VIAL	AMPICILLIN SODIUM	0	999	No
		AMPICILLIN-SULB 1.5 G ADD VIAL	AMPICILLIN SODIUM/SULBACTAM NA	0	999	No
		AMPICILLIN-SULB 3 GM ADD VIAL	AMPICILLIN SODIUM/SULBACTAM NA	0	999	No
		AMPICILLIN-SULBACTAM 1.5 GM VL	AMPICILLIN SODIUM/SULBACTAM NA	0	999	No
		AMPICILLIN-SULBACTAM 15 GM VL	AMPICILLIN SODIUM/SULBACTAM NA	0	999	No
		AMPICILLIN-SULBACTAM 3 GM VIAL	AMPICILLIN SODIUM/SULBACTAM NA	0	999	No
		BICILLIN C-R 1.2 MILLION UNIT	PEN G BENZ/PEN G PROCAINE	0	999	No
		BICILLIN C-R 900-300 SYRINGE	PEN G BENZ/PEN G PROCAINE	0	999	No
		BICILLIN L-A 1,200,000 UNITS	PENICILLIN G BENZATHINE	0	999	No
		BICILLIN L-A 2,400,000 UNITS	PENICILLIN G BENZATHINE	0	999	No
		BICILLIN L-A 600,000 UNIT/ML	PENICILLIN G BENZATHINE	0	999	No
		DICLOXACILLIN 250 MG CAPSULE	DICLOXACILLIN SODIUM	0	999	No
		DICLOXACILLIN 500 MG CAPSULE	DICLOXACILLIN SODIUM	0	999	No
		PEN G 1.2 MILLION UNIT/2 ML	PENICILLIN G PROCAINE	0	999	No
		PENICILLIN G 600,000 UNIT/1 ML	PENICILLIN G PROCAINE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
W1A	PENICILLIN ANTIBIOTICS	PENICILLIN G 600,000 UNIT/1 ML	PENICILLIN G PROCAINE	0		
		PENICILLIN G NA 5 MILLION UNIT	PENICILLIN G SODIUM	0	999	No
		PENICILLIN VK 125 MG/5 ML SOLN	PENICILLIN V POTASSIUM	0	999	No
		PENICILLIN VK 250 MG TABLET	PENICILLIN V POTASSIUM	0	999	No
		PENICILLIN VK 250 MG/5 ML SOLN	PENICILLIN V POTASSIUM	0	999	No
		PENICILLIN VK 500 MG TABLET	PENICILLIN V POTASSIUM	0	999	No
		PIPERACIL-TAZO 2.25 GM ADD VL	PIPERACILLIN SODIUM/TAZOBACTAM	0	999	No
		PIPERACIL-TAZO 3.375 GM ADD VL	PIPERACILLIN SODIUM/TAZOBACTAM	0	999	No
		PIPERACIL-TAZO 4.5 GM ADD VIAL	PIPERACILLIN SODIUM/TAZOBACTAM	0	999	No
		PIPERACIL-TAZOBACT 13.5 GM VL	PIPERACILLIN SODIUM/TAZOBACTAM	0	999	No
		PIPERACIL-TAZOBACT 2.25 GM VL	PIPERACILLIN SODIUM/TAZOBACTAM	0	999	No
		PIPERACIL-TAZOBACT 3.375 GM VL	PIPERACILLIN SODIUM/TAZOBACTAM	0	999	No
		PIPERACIL-TAZOBACT 4.5 GM VIAL	PIPERACILLIN SODIUM/TAZOBACTAM	0	999	No
		PIPERACIL-TAZOBACT 40.5 GRAM	PIPERACILLIN SODIUM/TAZOBACTAM	0	999	No
		DOXYCYCLINE 50 MG TABLET	DOXYCYCLINE HYCLATE	0	999	No
W1C	TETRACYCLINE ANTIBIOTICS	DOXYCYCLINE HYCLATE 100 MG CAP	DOXYCYCLINE HYCLATE	0	999	No
		DOXYCYCLINE HYCLATE 100 MG TAB	DOXYCYCLINE HYCLATE	0	999	No
		DOXYCYCLINE HYCLATE 150 MG TAB	DOXYCYCLINE HYCLATE	0	999	No
		DOXYCYCLINE HYCLATE 50 MG CAP	DOXYCYCLINE HYCLATE	0	999	No
		DOXYCYCLINE HYCLATE 75 MG TAB	DOXYCYCLINE HYCLATE	0	999	No
		MINOCYCLINE 100 MG CAPSULE	MINOCYCLINE HCL	0	999	No
		MINOCYCLINE 50 MG CAPSULE	MINOCYCLINE HCL	0	999	No
		MINOCYCLINE 75 MG CAPSULE	MINOCYCLINE HCL	0	999	No
		AZITHROMYCIN 1 GM PWD PACKET	AZITHROMYCIN	0	999	No
		AZITHROMYCIN 100 MG/5 ML SUSP	AZITHROMYCIN	0	999	No
W1D	MACROLIDE ANTIBIOTICS	AZITHROMYCIN 200 MG/5 ML SUSP	AZITHROMYCIN	0	999	No
		AZITHROMYCIN 250 MG TABLET	AZITHROMYCIN	0	999	No
		AZITHROMYCIN 500 MG ADD-VAN VL	AZITHROMYCIN	0	999	No
		AZITHROMYCIN 500 MG TABLET	AZITHROMYCIN	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
W1D	MACROLIDE ANTIBIOTICS	AZITHROMYCIN 500 MG TABLET	AZITHROMYCIN	0		
		AZITHROMYCIN 600 MG TABLET	AZITHROMYCIN	0	999	No
		AZITHROMYCIN I.V. 500 MG VIAL	AZITHROMYCIN	0	999	No
		CLARITHROMYCIN 125 MG/5 ML SUS	CLARITHROMYCIN	0	11	No
		CLARITHROMYCIN 250 MG TABLET	CLARITHROMYCIN	0	999	No
		CLARITHROMYCIN 250 MG/5 ML SUS	CLARITHROMYCIN	0	11	No
		CLARITHROMYCIN 500 MG TABLET	CLARITHROMYCIN	0	999	No
		CLARITHROMYCIN ER 500 MG TAB	CLARITHROMYCIN	0	999	No
		ERYTHROMYCIN 200 MG/5 ML SUSP	ERYTHROMYCIN ETHYLSUCCINATE	0	11	No
W1F	AMINOGLYCOSIDE ANTIBIOTICS	BETHKIS 300 MG/4 ML AMPULE	TOBRAMYCIN	0	999	Auto PA
		GENTAMICIN 20 MG/2 ML VIAL	GENTAMICIN SULFATE	0	999	No
		GENTAMICIN 70 MG/NS 50 ML PB	GENTAMICIN IN NACL, ISO-OSM	0	999	No
		GENTAMICIN 80 MG/2 ML VIAL	GENTAMICIN SULFATE	0	999	No
		GENTAMICIN 800 MG/20 ML VIAL	GENTAMICIN SULFATE	0	999	No
		ISO GENTAMICIN 100 MG/100 ML	GENTAMICIN IN NACL, ISO-OSM	0	999	No
		ISO GENTAMICIN 120 MG/100 ML	GENTAMICIN IN NACL, ISO-OSM	0	999	No
		ISOTON GENTAMICIN 100 MG/50 ML	GENTAMICIN IN NACL, ISO-OSM	0	999	No
		ISOTON GENTAMICIN 60 MG/50 ML	GENTAMICIN IN NACL, ISO-OSM	0	999	No
		ISOTON GENTAMICIN 80 MG/100 ML	GENTAMICIN IN NACL, ISO-OSM	0	999	No
		ISOTON GENTAMICIN 80 MG/50 ML	GENTAMICIN IN NACL, ISO-OSM	0	999	No
		KITABIS PAK 300 MG/5 ML	TOBRAMYCIN/NEBULIZER	0	999	Auto PA
		NEOMYCIN 500 MG TABLET	NEOMYCIN SULFATE	0	999	No
		TOBRAMYCIN 1,200 MG/30 ML VIAL	TOBRAMYCIN SULFATE	0	999	No
		TOBRAMYCIN 10 MG/ML VIAL	TOBRAMYCIN SULFATE	0	999	No
		TOBRAMYCIN 40 MG/ML VIAL	TOBRAMYCIN SULFATE	0	999	No
		TOBRAMYCIN 80 MG/2 ML VIAL	TOBRAMYCIN SULFATE	0	999	No
W1G	ANTITUBERCULAR ANTIBIOTICS	RIFAMPIN 150 MG CAPSULE	RIFAMPIN	0	999	No
		RIFAMPIN 300 MG CAPSULE	RIFAMPIN	0	999	No
		RIFAMPIN IV 600 MG VIAL	RIFAMPIN	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
W1G	ANTITUBERCULAR ANTIBIOTICS	RIFAMPIN IV 600 MG VIAL	RIFAMPIN	0		
W1J	VANCOMYCIN ANTIBIOTICS AND DERIVATIVES	VANCO 500 MG/100 ML-0.9% NACL	VANCOMYCIN/0.9 % SOD CHLORIDE	0	999	No
		VANCO 750 MG/150 ML-0.9% NACL	VANCOMYCIN/0.9 % SOD CHLORIDE	0	999	No
		VANCOMYCIN 1 G/200ML-0.9% NACL	VANCOMYCIN/0.9 % SOD CHLORIDE	0	999	No
		VANCOMYCIN 1 GM VIAL	VANCOMYCIN HCL	0	999	No
		VANCOMYCIN 500 MG VIAL	VANCOMYCIN HCL	0	999	No
		VANCOMYCIN HCL 1.25 GRAM VIAL	VANCOMYCIN HCL	0	999	No
		VANCOMYCIN HCL 1.5 GRAM VIAL	VANCOMYCIN HCL	0	999	No
		VANCOMYCIN HCL 125 MG CAPSULE	VANCOMYCIN HCL	0	999	No
		VANCOMYCIN HCL 250 MG CAPSULE	VANCOMYCIN HCL	0	999	No
		VANCOMYCIN HCL 750 MG VIAL	VANCOMYCIN HCL	0	999	No
		VANCOMYCIN-D5W 500 MG/100 ML	VANCOMYCIN HCL IN 5 % DEXTROSE	0	999	No
W1K	LINCOSAMIDE ANTIBIOTICS	CLEOCIN PHOS 300 MG/2 ML VIAL	CLINDAMYCIN PHOSPHATE	0	999	No
		CLEOCIN PHOS 600 MG/4 ML VIAL	CLINDAMYCIN PHOSPHATE	0	999	No
		CLEOCIN PHOS 900 MG/6 ML VIAL	CLINDAMYCIN PHOSPHATE	0	999	No
		CLINDAMYCIN (PEDI) 75 MG/5 ML	CLINDAMYCIN PALMITATE HCL	0	11	No
		CLINDAMYCIN HCL 150 MG CAPSULE	CLINDAMYCIN HCL	0	999	No
		CLINDAMYCIN HCL 300 MG CAPSULE	CLINDAMYCIN HCL	0	999	No
		CLINDAMYCIN HCL 75 MG CAPSULE	CLINDAMYCIN HCL	0	999	No
		CLINDAMYCIN PH 300 MG/2 ML VL	CLINDAMYCIN PHOSPHATE	0	999	No
		CLINDAMYCIN PH 600 MG/4 ML VL	CLINDAMYCIN PHOSPHATE	0	999	No
		CLINDAMYCIN PH 9 G/60 ML VIAL	CLINDAMYCIN PHOSPHATE	0	999	No
		CLINDAMYCIN PH 900 MG/6 ML VL	CLINDAMYCIN PHOSPHATE	0	999	No
		LINCOMYCIN HCL 3 GM/10 ML VIAL	LINCOMYCIN HCL	0	999	No
		LINCOMYCIN HCL 600 MG/2 ML VL	LINCOMYCIN HCL	0	999	No
W1N	POLYMYXIN ANTIBIOTICS AND DERIVATIVES	COLISTIMETHATE 150 MG VIAL	COLISTIN (COLISTIMETHATE NA)	0	999	No
		POLYMYXIN B SULFATE VIAL	POLYMYXIN B SULFATE	0	999	No
W1C	OXAZOLIDINONE ANTIBIOTICS	LINEZOLID 600 MG TABLET	LINEZOLID	0	999	No
W1P	BETALACTAMS	AZACTAM 1 GM VIAL	AZTREONAM	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
W1P	BETALACTAMS	AZACTAM 1 GM VIAL	AZTREONAM	0		
		AZACTAM 2 GM VIAL	AZTREONAM	0	999	No
W1C	QUINOLONE ANTIBIOTICS	CIPRO 10% SUSPENSION	CIPROFLOXACIN	0	11	No
		CIPRO 5% SUSPENSION	CIPROFLOXACIN	0	11	No
		CIPROFLOXACIN 200 MG/100ML-D5W	CIPROFLOXACIN IN 5 % DEXTROSE	0	999	No
		CIPROFLOXACIN 400 MG/200ML-D5W	CIPROFLOXACIN IN 5 % DEXTROSE	0	999	No
		CIPROFLOXACIN HCL 100 MG TAB	CIPROFLOXACIN HCL	12	999	No
		CIPROFLOXACIN HCL 250 MG TAB	CIPROFLOXACIN HCL	12	999	No
		CIPROFLOXACIN HCL 500 MG TAB	CIPROFLOXACIN HCL	12	999	No
		CIPROFLOXACIN HCL 750 MG TAB	CIPROFLOXACIN HCL	12	999	No
		LEVOFLOXACIN 250 MG TABLET	LEVOFLOXACIN	12	999	No
		LEVOFLOXACIN 250 MG/50 ML-D5W	LEVOFLOXACIN IN DEXTROSE 5 %	0	999	No
		LEVOFLOXACIN 500 MG TABLET	LEVOFLOXACIN	12	999	No
		LEVOFLOXACIN 500 MG/100 ML-D5W	LEVOFLOXACIN IN DEXTROSE 5 %	0	999	No
		LEVOFLOXACIN 750 MG TABLET	LEVOFLOXACIN	12	999	No
		LEVOFLOXACIN 750 MG/150 ML-D5W	LEVOFLOXACIN IN DEXTROSE 5 %	0	999	No
W1S	CARBAPENEM ANTIBIOTICS (THIENAMYCINS)	IMIPENEM-CILASTATIN 250 MG VL	IMIPENEM/CILASTATIN SODIUM	0	999	No
		IMIPENEM-CILASTATIN 500 MG VL	IMIPENEM/CILASTATIN SODIUM	0	999	No
		MEROPENEM IV 1 GM VIAL	MEROPENEM	0	999	No
		MEROPENEM IV 500 MG VIAL	MEROPENEM	0	999	No
		MEROPENEM-0.9% NACL 1 GRAM/50	MEROPENEM-0.9% SODIUM CHLORIDE	0	999	No
		MEROPENEM-0.9% NACL 500 MG/50	MEROPENEM-0.9% SODIUM CHLORIDE	0	999	No
W1V	CEPHALOSPORIN ANTIBIOTICS - 1ST GENERATION	CEFADROXIL 500 MG CAPSULE	CEFADROXIL	0	999	No
		CEFAZOLIN 1 GM ADD-VAN VIAL	CEFAZOLIN SODIUM	0	999	No
		CEFAZOLIN 1 GM VIAL	CEFAZOLIN SODIUM	0	999	No
		CEFAZOLIN 10 GM VIAL	CEFAZOLIN SODIUM	0	999	No
		CEFAZOLIN 2 GM VIAL	CEFAZOLIN SODIUM	0	999	No
		CEFAZOLIN 20 GM BULK VIAL	CEFAZOLIN SODIUM	0	999	No
		CEFAZOLIN 500 MG VIAL	CEFAZOLIN SODIUM	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
W1W	CEPHALOSPORIN ANTIBIOTICS - 1ST GENERATION	CEFAZOLIN 500 MG VIAL	CEFAZOLIN SODIUM	0		
		CEPHALEXIN 125 MG/5 ML SUSP	CEPHALEXIN	0	999	No
		CEPHALEXIN 250 MG CAPSULE	CEPHALEXIN	0	999	No
		CEPHALEXIN 250 MG/5 ML SUSP	CEPHALEXIN	0	999	No
		CEPHALEXIN 500 MG CAPSULE	CEPHALEXIN	0	999	No
		CEPHALEXIN 750 MG CAPSULE	CEPHALEXIN	0	999	No
W1X	CEPHALOSPORIN ANTIBIOTICS - 2ND GENERATION	CEFACLOR 250 MG CAPSULE	CEFACLOR	0	999	No
		CEFACLOR 500 MG CAPSULE	CEFACLOR	0	999	No
		CEFOTETAN 1 GM VIAL	CEFOTETAN DISODIUM	0	999	No
		CEFOTETAN 10 GM VIAL	CEFOTETAN DISODIUM	0	999	No
		CEFOTETAN 2 GM VIAL	CEFOTETAN DISODIUM	0	999	No
		CEFOTETAN-DEXTR 1 G DUPLEX BAG	CEFOTETAN DISOD/ISOSM DEXTROSE	0	999	No
		CEFOTETAN-DEXTR 2 G DUPLEX BAG	CEFOTETAN DISOD/ISOSM DEXTROSE	0	999	No
		CEFOXITIN 1 GM PIGGYBACK BAG	CEFOXITIN SODIUM/DEXTROSE,ISO	0	999	No
		CEFOXITIN 1 GM VIAL	CEFOXITIN SODIUM	0	999	No
		CEFOXITIN 10 GM VIAL	CEFOXITIN SODIUM	0	999	No
		CEFOXITIN 2 GM PIGGYBACK BAG	CEFOXITIN SODIUM/DEXTROSE,ISO	0	999	No
		CEFOXITIN 2 GM VIAL	CEFOXITIN SODIUM	0	999	No
		CEFPROZIL 125 MG/5 ML SUSP	CEFPROZIL	0	999	No
		CEFPROZIL 250 MG TABLET	CEFPROZIL	0	999	No
		CEFPROZIL 250 MG/5 ML SUSP	CEFPROZIL	0	999	No
		CEFPROZIL 500 MG TABLET	CEFPROZIL	0	999	No
		CEFUROXIME AXETIL 250 MG TAB	CEFUROXIME AXETIL	0	999	No
		CEFUROXIME AXETIL 500 MG TAB	CEFUROXIME AXETIL	0	999	No
		CEFUROXIME SOD 1.5 GM VIAL	CEFUROXIME SODIUM	0	999	No
		CEFUROXIME SOD 7.5 GM VIAL	CEFUROXIME SODIUM	0	999	No
		CEFUROXIME SOD 750 MG VIAL	CEFUROXIME SODIUM	0	999	No
W1Y	CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION	CEFDINIR 125 MG/5 ML SUSP	CEFDINIR	0	999	No
		CEFDINIR 250 MG/5 ML SUSP	CEFDINIR	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
W1Y	CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION	CEFDINIR 250 MG/5 ML SUSP	CEFDINIR	0		
		CEFDINIR 300 MG CAPSULE	CEFDINIR	0	999	No
		CEFOTAXIME SODIUM 1 GM VIAL	CEFOTAXIME SODIUM	0	999	No
		CEFTRIAXONE 1 GM ADD-VANT VIAL	CEFTRIAXONE SODIUM	0	999	No
		CEFTRIAXONE 1 GM PIGGYBACK	CEFTRIAXONE IN IS-OSM DEXTROSE	0	999	No
		CEFTRIAXONE 1 GM VIAL	CEFTRIAXONE SODIUM	0	999	No
		CEFTRIAXONE 1 GM-D5W BAG	CEFTRIAXONE IN IS-OSM DEXTROSE	0	999	No
		CEFTRIAXONE 10 GM VIAL	CEFTRIAXONE SODIUM	0	999	No
		CEFTRIAXONE 2 GM ADD VIAL	CEFTRIAXONE SODIUM	0	999	No
		CEFTRIAXONE 2 GM PIGGYBACK	CEFTRIAXONE IN IS-OSM DEXTROSE	0	999	No
		CEFTRIAXONE 2 GM VIAL	CEFTRIAXONE SODIUM	0	999	No
		CEFTRIAXONE 2 GM-D5W BAG	CEFTRIAXONE IN IS-OSM DEXTROSE	0	999	No
		CEFTRIAXONE 250 MG VIAL	CEFTRIAXONE SODIUM	0	999	No
		CEFTRIAXONE 500 MG VIAL	CEFTRIAXONE SODIUM	0	999	No
W1Z	CEPHALOSPORIN ANTIBIOTICS - 4TH GENERATION	CEFEPIME HCL 1 GM VIAL	CEFEPIME HCL	0	999	No
		CEFEPIME HCL 2 GRAM VIAL	CEFEPIME HCL	0	999	No
W2A	ABSORBABLE SULFONAMIDE ANTIBACTERIAL AGENTS	SULFAMETHOXAZOLE-TMP DS TABLET	SULFAMETHOXAZOLE/TRIMETHOPRIM	0	999	No
		SULFAMETHOXAZOLE-TMP SS TABLET	SULFAMETHOXAZOLE/TRIMETHOPRIM	0	999	No
		SULFAMETHOXAZOLE-TMP SUSP	SULFAMETHOXAZOLE/TRIMETHOPRIM	0	999	No
W2E	ANTI-MYCOBACTERIUM AGENTS	ETHAMBUTOL HCL 100 MG TABLET	ETHAMBUTOL HCL	0	999	No
		ETHAMBUTOL HCL 400 MG TABLET	ETHAMBUTOL HCL	0	999	No
		ISONIAZID 100 MG TABLET	ISONIAZID	0	999	No
		ISONIAZID 300 MG TABLET	ISONIAZID	0	999	No
		ISONIAZID 50 MG/5 ML SOLUTION	ISONIAZID	0	999	No
		PYRAZINAMIDE 500 MG TABLET	PYRAZINAMIDE	0	999	No
		RIFABUTIN 150 MG CAPSULE	RIFABUTIN	0	999	No
W2F	NITROFURAN DERIVATIVES ANTIBACTERIAL AGENTS	NITROFURANTOIN 25 MG/5 ML SUSP	NITROFURANTOIN	0	999	No
		NITROFURANTOIN MCR 100 MG CAP	NITROFURANTOIN MACROCRYSTAL	0	999	No
		NITROFURANTOIN MCR 25 MG CAP	NITROFURANTOIN MACROCRYSTAL	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
W2F	NITROFURAN DERIVATIVES ANTIBACTERIAL AGENTS	NITROFURANTOIN MCR 25 MG CAP	NITROFURANTOIN MACROCRYSTAL	0		
		NITROFURANTOIN MCR 50 MG CAP	NITROFURANTOIN MACROCRYSTAL	0	999	No
		NITROFURANTOIN MONO-MCR 100 MG	NITROFURANTOIN MONOHYD/M-CRYST	0	999	No
W2G	ANTIBIOTIC, ANTIBACTERIAL, MISC.	METHENAMINE HIPP 1 GM TABLET	METHENAMINE HIPPURATE	0	999	No
		METHENAMINE MAND 1 GM TABLET	METHENAMINE MANDELATE	0	999	No
		METHENAMINE MAND 500 MG TABLET	METHENAMINE MANDELATE	0	999	No
		TRIMETHOPRIM 100 MG TABLET	TRIMETHOPRIM	0	999	No
W3A	ANTIFUNGAL ANTIBIOTICS	AMPHOTERICIN B 50 MG VIAL	AMPHOTERICIN B	0	999	No
		GRISEOFULVIN 125 MG/5 ML SUSP	GRISEOFULVIN, MICROSIZE	0	999	No
		GRISEOFULVIN MICRO 500 MG TAB	GRISEOFULVIN, MICROSIZE	0	999	No
		NYSTATIN 100,000 UNIT/ML SUSP	NYSTATIN	0	999	No
		NYSTATIN 500,000 UNIT ORAL TAB	NYSTATIN	0	999	No
		NYSTATIN 500,000 UNIT/5 ML SUS	NYSTATIN	0	999	No
W3B	ANTIFUNGAL AGENTS	CLOTRIMAZOLE 10 MG TROCHE	CLOTRIMAZOLE	0	999	No
		FLUCONAZOLE 10 MG/ML SUSP	FLUCONAZOLE	0	999	No
		FLUCONAZOLE 100 MG TABLET	FLUCONAZOLE	0	999	No
		FLUCONAZOLE 150 MG TABLET	FLUCONAZOLE	0	999	No
		FLUCONAZOLE 200 MG TABLET	FLUCONAZOLE	0	999	No
		FLUCONAZOLE 40 MG/ML SUSP	FLUCONAZOLE	0	999	No
		FLUCONAZOLE 50 MG TABLET	FLUCONAZOLE	0	999	No
		FLUCONAZOLE-NACL 100 MG/50 ML	FLUCONAZOLE IN NACL,ISO-OSM	0	999	No
		FLUCONAZOLE-NACL 200 MG/100 ML	FLUCONAZOLE IN NACL,ISO-OSM	0	999	No
		FLUCONAZOLE-NACL 400 MG/200 ML	FLUCONAZOLE IN NACL,ISO-OSM	0	999	No
		NOXAFIL DR 100 MG TABLET	POSACONAZOLE	0	999	No
		TERBINAFINE HCL 250 MG TABLET	TERBINAFINE HCL	0	999	No
W4A	ANTIMALARIAL DRUGS	CHLOROQUINE PH 250 MG TABLET	CHLOROQUINE PHOSPHATE	0	999	Auto PA
		CHLOROQUINE PH 500 MG TABLET	CHLOROQUINE PHOSPHATE	0	999	Auto PA
		HYDROXYCHLOROQUINE 100 MG TAB	HYDROXYCHLOROQUINE SULFATE	0	999	Auto PA
		HYDROXYCHLOROQUINE 200 MG TAB	HYDROXYCHLOROQUINE SULFATE	0	999	Auto PA

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
W4A	ANTIMALARIAL DRUGS	HYDROXYCHLOROQUINE 200 MG TAB	HYDROXYCHLOROQUINE SULFATE	0		
		HYDROXYCHLOROQUINE 300 MG TAB	HYDROXYCHLOROQUINE SULFATE	0	999	Auto PA
		HYDROXYCHLOROQUINE 400 MG TAB	HYDROXYCHLOROQUINE SULFATE	0	999	Auto PA
		MEFLOQUINE HCL 250 MG TABLET	MEFLOQUINE HCL	0	999	No
		PRIMAQUINE 26.3 MG TABLET	PRIMAQUINE PHOSPHATE	0	999	No
W4C	AMEBICIDES	PAROMOMYCIN 250 MG CAPSULE	PAROMOMYCIN SULFATE	0	999	No
W4E	ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENT	METRONIDAZOLE 250 MG TABLET	METRONIDAZOLE	0	999	No
		METRONIDAZOLE 500 MG TABLET	METRONIDAZOLE	0	999	No
		METRONIDAZOLE 500 MG/100 ML	METRONIDAZOLE/SODIUM CHLORIDE	0	999	No
W4G	2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTER	TINIDAZOLE 250 MG TABLET	TINIDAZOLE	0	999	No
		TINIDAZOLE 500 MG TABLET	TINIDAZOLE	0	999	No
W4K	ANTIPROTOZOAL DRUGS,MISCELLANEOUS	ATOVAQUONE 1,500 MG/10 ML SUSP	ATOVAQUONE	0	999	No
		ATOVAQUONE 750 MG/5 ML SUSP	ATOVAQUONE	0	999	No
		PENTAMIDINE 300 MG INHAL POWDR	PENTAMIDINE ISETHIONATE	0	999	No
W4L	ANTHELMINTICS	ALBENDAZOLE 200 MG TABLET	ALBENDAZOLE	0	999	No
		BILTRICIDE 600 MG TABLET	PRAZIQUANTEL	0	999	No
		IVERMECTIN 3 MG TABLET	IVERMECTIN	0	999	No
W4P	ANTILEPROTICS	DAPSONE 100 MG TABLET	DAPSONE	0	999	No
		DAPSONE 25 MG TABLET	DAPSONE	0	999	No
W50	ANTIVIRALS, HIV-SPECIFIC, CD4 ATTACHMENT INHIBIT	RUKOBIA ER 600 MG TABLET	FOSTEMSAVIR TROMETHAMINE	18	999	Auto PA
W5A	ANTIVIRALS, GENERAL	ACYCLOVIR 200 MG CAPSULE	ACYCLOVIR	0	999	No
		ACYCLOVIR 200 MG/5 ML SUSP	ACYCLOVIR	0	17	No
		ACYCLOVIR 400 MG TABLET	ACYCLOVIR	0	999	No
		ACYCLOVIR 800 MG TABLET	ACYCLOVIR	0	999	No
		GANCICLOVIR 500 MG VIAL	GANCICLOVIR SODIUM	0	999	No
		GANCICLOVIR 500 MG/10 ML VIAL	GANCICLOVIR SODIUM	0	999	No
		OSELTAMIVIR 6 MG/ML SUSPENSION	OSELTAMIVIR PHOSPHATE	0	12	No
		OSELTAMIVIR PHOS 30 MG CAPSULE	OSELTAMIVIR PHOSPHATE	0	999	No
		OSELTAMIVIR PHOS 45 MG CAPSULE	OSELTAMIVIR PHOSPHATE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
W5A	ANTIVIRALS, GENERAL	OSELTAMIVIR PHOS 45 MG CAPSULE	OSELTAMIVIR PHOSPHATE	0		
		OSELTAMIVIR PHOS 75 MG CAPSULE	OSELTAMIVIR PHOSPHATE	0	999	No
		RIBAVIRIN 6 GM INHALATION VIAL	RIBAVIRIN	5	999	Auto PA
		VALACYCLOVIR HCL 1 GRAM TABLET	VALACYCLOVIR HCL	0	999	No
		VALACYCLOVIR HCL 500 MG TABLET	VALACYCLOVIR HCL	0	999	No
		VALGANCICLOVIR 450 MG TABLET	VALGANCICLOVIR HCL	0	999	No
W5C	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS	VALGANCICLOVIR HCL 50 MG/ML	VALGANCICLOVIR HCL	0	999	No
		ATAZANAVIR SULFATE 150 MG CAP	ATAZANAVIR SULFATE	0	999	Auto PA
		ATAZANAVIR SULFATE 200 MG CAP	ATAZANAVIR SULFATE	0	999	Auto PA
		ATAZANAVIR SULFATE 300 MG CAP	ATAZANAVIR SULFATE	0	999	Auto PA
		EVOTAZ 300 MG-150 MG TABLET	ATAZANAVIR SULFATE/COBICISTAT	12	999	Auto PA
		FOSAMPRENAVIR 700 MG TABLET	FOSAMPRENAVIR CALCIUM	0	999	Auto PA
		INVIRASE 500 MG TABLET	SAQUINAVIR MESYLATE	0	999	Auto PA
		LEXIVA 50 MG/ML SUSPENSION	FOSAMPRENAVIR CALCIUM	0	999	Auto PA
		NORVIR 100 MG POWDER PACKET	RITONAVIR	0	999	Auto PA
		NORVIR 100 MG TABLET	RITONAVIR	0	999	Auto PA
		NORVIR 80 MG/ML SOLUTION	RITONAVIR	0	999	Auto PA
		REYATAZ 50 MG POWDER PACKET	ATAZANAVIR SULFATE	0	999	Auto PA
		VIRACEPT 250 MG TABLET	NELFINAVIR MESYLATE	0	999	Auto PA
		VIRACEPT 625 MG TABLET	NELFINAVIR MESYLATE	0	999	Auto PA
W5F	HEPATITIS B TREATMENT AGENTS	ENTECAVIR 0.5 MG TABLET	ENTECAVIR	0	999	No
		ENTECAVIR 1 MG TABLET	ENTECAVIR	0	999	No
		EPIVIR HBV 25 MG/5 ML SOLN	LAMIVUDINE	0	11	No
		LAMIVUDINE HBV 100 MG TABLET	LAMIVUDINE	0	999	No
W5G	HEPATITIS C TREATMENT AGENTS	PEGASYS 180 MCG/0.5 ML SYRINGE	PEGINTERFERON ALFA-2A	3	999	Auto PA
		PEGASYS 180 MCG/ML VIAL	PEGINTERFERON ALFA-2A	3	999	Auto PA
		RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	5	999	Auto PA
		RIBAVIRIN 200 MG TABLET	RIBAVIRIN	5	999	Auto PA
W5I	ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI	TENOFOVIR DISOP FUM 300 MG TB	TENOFOVIR DISOPROXIL FUMARATE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
W5I	ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI	TENOFOVIR DISOP FUM 300 MG TB	TENOFOVIR DISOPROXIL FUMARATE	0		
		VIREAD 150 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE	0	999	No
		VIREAD 200 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE	0	999	No
		VIREAD 250 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE	0	999	No
		VIREAD POWDER	TENOFOVIR DISOPROXIL FUMARATE	0	999	No
W5J	ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI	ABACAVIR 20 MG/ML SOLUTION	ABACAVIR SULFATE	0	999	Auto PA
		ABACAVIR 300 MG TABLET	ABACAVIR SULFATE	0	999	Auto PA
		ABACAVIR 300 MG/15 ML SOLUTION	ABACAVIR SULFATE	0	999	Auto PA
		DIDANOSINE DR 250 MG CAPSULE	DIDANOSINE	0	999	Auto PA
		DIDANOSINE DR 400 MG CAPSULE	DIDANOSINE	0	999	Auto PA
		EMTRICITABINE 200 MG CAPSULE	EMTRICITABINE	0	999	Auto PA
		EMTRIVA 10 MG/ML SOLUTION	EMTRICITABINE	0	999	Auto PA
		LAMIVUDINE 10 MG/ML ORAL SOLN	LAMIVUDINE	0	999	Auto PA
		LAMIVUDINE 150 MG TABLET	LAMIVUDINE	0	999	Auto PA
		LAMIVUDINE 300 MG TABLET	LAMIVUDINE	0	999	Auto PA
		RETROVIR 200 MG/20 ML VIAL	ZIDOVUDINE	0	999	Auto PA
		STAVUDINE 15 MG CAPSULE	STAVUDINE	0	999	Auto PA
		STAVUDINE 20 MG CAPSULE	STAVUDINE	0	999	Auto PA
		STAVUDINE 40 MG CAPSULE	STAVUDINE	0	999	Auto PA
		ZIDOVUDINE 100 MG CAPSULE	ZIDOVUDINE	0	999	Auto PA
		ZIDOVUDINE 300 MG TABLET	ZIDOVUDINE	0	999	Auto PA
		ZIDOVUDINE 50 MG/5 ML SYRUP	ZIDOVUDINE	0	999	Auto PA
W5K	ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI	EDURANT 25 MG TABLET	RILPIVIRINE HCL	12	999	Auto PA
		EFAVIRENZ 200 MG CAPSULE	EFAVIRENZ	0	999	Auto PA
		EFAVIRENZ 50 MG CAPSULE	EFAVIRENZ	0	999	Auto PA
		EFAVIRENZ 600 MG TABLET	EFAVIRENZ	0	999	Auto PA
		INTELENCE 100 MG TABLET	ETRAVIRINE	2	999	Auto PA
		INTELENCE 200 MG TABLET	ETRAVIRINE	2	999	Auto PA
		INTELENCE 25 MG TABLET	ETRAVIRINE	2	999	Auto PA

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
W5K	ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI	INTELENCE 25 MG TABLET	ETRAVIRINE	2		
		NEVIRAPINE 200 MG TABLET	NEVIRAPINE	0	999	Auto PA
		NEVIRAPINE 50 MG/5 ML SUSP	NEVIRAPINE	0	999	Auto PA
		NEVIRAPINE ER 100 MG TABLET	NEVIRAPINE	0	999	Auto PA
		NEVIRAPINE ER 400 MG TABLET	NEVIRAPINE	0	999	Auto PA
		PIFELTRO 100 MG TABLET	DORAVIRINE	18	999	Auto PA
W5L	ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI CO	ABACAVIR-LAMIVUDINE 600-300 MG	ABACAVIR SULFATE/LAMIVUDINE	0	999	Auto PA
		ABACAVIR-LAMIVUDINE-ZIDOV TAB	ABACAVIR/LAMIVUDINE/ZIDOVUDINE	0	999	Auto PA
		LAMIVUDINE-ZIDOVUDINE TABLET	LAMIVUDINE/ZIDOVUDINE	0	999	Auto PA
W5N	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COM	KALETRA 100-25 MG TABLET	LOPINAVIR/RITONAVIR	0	999	Auto PA
		KALETRA 200-50 MG TABLET	LOPINAVIR/RITONAVIR	0	999	Auto PA
		LOPINAVIR-RITONAVIR 80-20MG/ML	LOPINAVIR/RITONAVIR	0	999	Auto PA
W5N	ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS	FUZEON 90 MG VIAL	ENFUVIRTIDE	6	999	Clinical PA Required
W5C	ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE AN.	CIMDUO 300-300 MG TABLET	LAMIVUDINE/TENOFOVIR DISOP FUM	0	999	Auto PA
		DESCOVY 120-15 MG TABLET	EMTRICITABINE/TENOFOV ALAFENAM	0	999	Auto PA
		DESCOVY 200-25 MG TABLET	EMTRICITABINE/TENOFOV ALAFENAM	0	999	Auto PA
		EMTRICITABINE-TENOFOV 100-150MG	EMTRICITABINE/TENOFOVIR (TDF)	0	999	No
		EMTRICITABINE-TENOFOV 133-200MG	EMTRICITABINE/TENOFOVIR (TDF)	0	999	No
		EMTRICITABINE-TENOFOV 167-250MG	EMTRICITABINE/TENOFOVIR (TDF)	0	999	No
		EMTRICITABINE-TENOFOV 200-300MG	EMTRICITABINE/TENOFOVIR (TDF)	0	999	No
		TEMIXYS 300-300 MG TABLET	LAMIVUDINE/TENOFOVIR DISOP FUM	0	999	Auto PA
W5P	ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHI	APTIVUS 250 MG CAPSULE	TIPRANAVIR	0	999	Auto PA
		PREZCOBIX 800 MG-150 MG TABLET	DARUNAVIR/COBICISTAT	12	999	Auto PA
		PREZISTA 100 MG/ML SUSPENSION	DARUNAVIR ETHANOLATE	0	999	Auto PA
		PREZISTA 150 MG TABLET	DARUNAVIR ETHANOLATE	0	999	Auto PA
		PREZISTA 600 MG TABLET	DARUNAVIR ETHANOLATE	0	999	Auto PA
		PREZISTA 75 MG TABLET	DARUNAVIR ETHANOLATE	0	999	Auto PA
		PREZISTA 800 MG TABLET	DARUNAVIR ETHANOLATE	0	999	Auto PA
W5C	ARTV NUCLEOSIDE,NUCLEOTIDE,NON-NUCLEOSIDE RTI	COMPLERA TABLET	EMTRICITA/RILPIVIRINE/TENOF DF	12	999	Auto PA

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
W5Q	ARTV NUCLEOSIDE,NUCLEOTIDE,NON-NUCLEOSIDE RTI	COMPLERA TABLET	EMTRICITA/RILPIVIRINE/TENOF DF	12		
		DELSTRIGO 100-300-300 MG TAB	DORAVIRINE/LAMIVU/TENOFOV DISO	18	999	Auto PA
		EFAVIR-EMTRI-TENOF 600-200-300	EFAVIRENZ/EMTRICIT/TENOFOVR DF	12	999	Auto PA
		EFAVIR-LAMIV-TENOF 400-300-300	EFAVIRENZ/LAMIVU/TENOFOV DISOP	0	999	Auto PA
		EFAVIR-LAMIV-TENOF 600-300-300	EFAVIRENZ/LAMIVU/TENOFOV DISOP	0	999	Auto PA
		ODEFSEY TABLET	EMTRICITAB/RILPIVIRI/TENOF ALA	12	999	Auto PA
W5T	ANTIVIRALS, HIV-SPECIFIC, CCR5 CO-RECEPTOR ANTA	SELZENTRY 150 MG TABLET	MARAVIROC	0	999	Clinical PA Required
		SELZENTRY 20 MG/ML ORAL SOLN	MARAVIROC	0	999	Clinical PA Required
		SELZENTRY 25 MG TABLET	MARAVIROC	0	999	Clinical PA Required
		SELZENTRY 300 MG TABLET	MARAVIROC	0	999	Clinical PA Required
		SELZENTRY 75 MG TABLET	MARAVIROC	0	999	Clinical PA Required
W5U	ANTIVIRALS,HIV-1 INTEGRASE STRAND TRANSFER INH	ISENTRESS 100 MG POWDER PACKET	RALTEGRAVIR POTASSIUM	0	999	Auto PA
		ISENTRESS 100 MG TABLET CHEW	RALTEGRAVIR POTASSIUM	0	999	Auto PA
		ISENTRESS 25 MG TABLET CHEW	RALTEGRAVIR POTASSIUM	0	999	Auto PA
		ISENTRESS 400 MG TABLET	RALTEGRAVIR POTASSIUM	0	999	Auto PA
		ISENTRESS HD 600 MG TABLET	RALTEGRAVIR POTASSIUM	0	999	Auto PA
		TIVICAY 10 MG TABLET	DOLUTEGRAVIR SODIUM	0	999	Auto PA
		TIVICAY 25 MG TABLET	DOLUTEGRAVIR SODIUM	0	999	Auto PA
		TIVICAY 50 MG TABLET	DOLUTEGRAVIR SODIUM	0	999	Auto PA
		TIVICAY PD 5 MG TAB FOR SUSP	DOLUTEGRAVIR SODIUM	0	999	Auto PA
W5X	ARV-NUCLEOSIDE,NUCLEOTIDE RTI,INTEGRASE INHIBI	BIKTARVY 30-120-15 MG TABLET	BICTEGRAV/EMTRICIT/TENOFOV ALA	0	999	Auto PA
		BIKTARVY 50-200-25 MG TABLET	BICTEGRAV/EMTRICIT/TENOFOV ALA	6	999	Auto PA
		GENVOYA TABLET	ELVITEG/COB/EMTRI/TENOF ALAFEN	12	999	Auto PA
		STRIBILD TABLET	ELVITEG/COB/EMTRI/TENOFO DISOP	12	999	Auto PA
W5Z	ANTIRETROVIRAL-NRTIS AND INTEGRASE INHIBITORS	TRIUMEQ 600-50-300 MG TABLET	ABACAVIR/DOLUTEGRAVIR/LAMIVUDI	12	999	Auto PA
		TRIUMEQ PD 60-5-30 MG TAB SUSP	ABACAVIR/DOLUTEGRAVIR/LAMIVUDI	12	999	Auto PA
W8F	IRRIGANTS	ACETIC ACID 0.25% IRRIG SOLN	ACETIC ACID	0	999	No
		LACTATED RINGERS IRRIGATION	RINGER'S SOLUTION,LACTATED	0	999	No
		NEOMY-POLYMYXIN B 40 MG/ML AMP	NEOMYCIN SULF/POLYMYXIN B SULF	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
W8F	IRRIGANTS	NEOMY-POLYMYXIN B 40 MG/ML AMP	NEOMYCIN SULF/POLYMYXIN B SULF	0		
		NEOMY-POLYMYXIN B 40 MG/ML VL	NEOMYCIN SULF/POLYMYXIN B SULF	0	999	No
		RINGERS IRRIGATION SOLUTION	RINGER'S SOLUTION	0	999	No
		SODIUM CHLORIDE 0.9% IRRIG	SODIUM CHLORIDE IRRIG SOLUTION	0	999	No
		SODIUM CHLORIDE 0.9% IRRIG.	SODIUM CHLORIDE IRRIG SOLUTION	0	999	No
		SODIUM CHLORIDE 0.9% PRCS SOL	SODIUM CHLORIDE IRRIG SOLUTION	0	999	No
		SORBITOL 3% UROLOGIC IRRIG	SORBITOL SOLUTION	0	999	No
		SORBITOL-MANNITOL IRRIG	MANNITOL/SORBITOL SOLUTION	0	999	No
Z1G	DRUGS TO TX GAUCHER DX-TYPE 1, SUBSTRATE REDU	ZAVESCA 100 MG CAPSULE	MIGLUSTAT	18	999	Auto PA
Z1H	METABOLIC DISEASE ENZYME REPLACEMENT, FABRY'	FABRAZYME 35 MG VIAL	AGALSIDASE BETA	2	999	Auto PA
		FABRAZYME 5 MG VIAL	AGALSIDASE BETA	2	999	Auto PA
Z1I	METABOLIC DISEASE ENZYME REPLACEMENT, GAUCH	ELELYSO 200 UNITS VIAL	TALIGLUCERASE ALFA	4	999	Auto PA
Z2I	MAST CELL STABILIZERS, ORALLY INHALED	CROMOLYN 20 MG/2 ML NEB SOLN	CROMOLYN SODIUM	0	999	No
Z23	INTERLEUKIN-5(IL-5) RECEPTOR ALPHA ANTAGONIST,	FASENRA 30 MG/ML SYRINGE	BENRALIZUMAB	12	999	Clinical PA Required
		FASENRA PEN 30 MG/ML	BENRALIZUMAB	12	999	Clinical PA Required
Z2D	HISTAMINE H2-RECEPTOR INHIBITORS	FAMOTIDINE 20 MG PIGGYBACK	FAMOTIDINE IN NACL,ISO-OSM/PF	0	999	No
		FAMOTIDINE 20 MG TABLET	FAMOTIDINE	0	999	No
		FAMOTIDINE 20 MG/2 ML VIAL	FAMOTIDINE/PF	0	999	No
		FAMOTIDINE 200 MG/20 ML VIAL	FAMOTIDINE	0	999	No
		FAMOTIDINE 40 MG TABLET	FAMOTIDINE	0	999	No
		FAMOTIDINE 40 MG/4 ML VIAL	FAMOTIDINE	0	999	No
		FAMOTIDINE 40 MG/5 ML SUSP	FAMOTIDINE	0	11	No
Z2E	IMMUNOSUPPRESSIVES	AZATHIOPRINE 100 MG TABLET	AZATHIOPRINE	0	999	No
		AZATHIOPRINE 50 MG TABLET	AZATHIOPRINE	0	999	No
		AZATHIOPRINE 75 MG TABLET	AZATHIOPRINE	0	999	No
		CELLCEPT 200 MG/ML ORAL SUSP	MYCOPHENOLATE MOFETIL	0	11	No
		CYCLOSPORINE 250 MG/5 ML AMPUL	CYCLOSPORINE	0	999	No
		CYCLOSPORINE MODIFIED 100 MG	CYCLOSPORINE, MODIFIED	0	999	No
		CYCLOSPORINE MODIFIED 100MG/ML	CYCLOSPORINE, MODIFIED	0	11	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
Z2E	IMMUNOSUPPRESSIVES	CYCLOSPORINE MODIFIED 100MG/ML	CYCLOSPORINE, MODIFIED	0		
		CYCLOSPORINE MODIFIED 25 MG	CYCLOSPORINE, MODIFIED	0	999	No
		CYCLOSPORINE MODIFIED 50 MG	CYCLOSPORINE, MODIFIED	0	999	No
		EVEROLIMUS 0.25 MG TABLET	EVEROLIMUS	18	999	No
		EVEROLIMUS 0.5 MG TABLET	EVEROLIMUS	18	999	No
		EVEROLIMUS 0.75 MG TABLET	EVEROLIMUS	18	999	No
		EVEROLIMUS 1 MG TABLET	EVEROLIMUS	18	999	No
		MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	0	999	No
		MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	0	999	No
		MYCOPHENOLATE 500 MG VIAL	MYCOPHENOLATE MOFETIL HCL	0	999	No
		RAPAMUNE 0.5 MG TABLET	SIROLIMUS	0	999	No
		RAPAMUNE 1 MG TABLET	SIROLIMUS	0	999	No
		RAPAMUNE 1 MG/ML ORAL SOLN	SIROLIMUS	0	999	No
		RAPAMUNE 2 MG TABLET	SIROLIMUS	0	999	No
		SANDIMMUNE 50 MG/ML AMPUL	CYCLOSPORINE	0	999	No
		TACROLIMUS 0.5 MG CAPSULE (IR)	TACROLIMUS	0	999	No
		TACROLIMUS 1 MG CAPSULE (IR)	TACROLIMUS	0	999	No
		TACROLIMUS 5 MG CAPSULE (IR)	TACROLIMUS	0	999	No
Z2F	MAST CELL STABILIZERS	CROMOLYN 100 MG/5 ML ORAL CONC	CROMOLYN SODIUM	0	999	No
Z2G	IMMUNOMODULATORS	ACTIMMUNE 100 MCG/0.5 ML VIAL	INTERFERON GAMMA-1B,RECOMB.	0	999	No
		IMIQUIMOD 5% CREAM PACKET	IMIQUIMOD	12	999	No
		INTRON A 10 MILLION UNITS VIAL	INTERFERON ALFA-2B,RECOMB.	0	999	No
		INTRON A 18 MILLION UNITS VIAL	INTERFERON ALFA-2B,RECOMB.	0	999	No
		INTRON A 50 MILLION UNITS VIAL	INTERFERON ALFA-2B,RECOMB.	0	999	No
Z2H	SYSTEMIC ENZYME INHIBITORS	ARALAST NP 1,000 MG VIAL	ALPHA-1-PROTEINASE INHIBITOR	18	999	Auto PA
		ARALAST NP 500 MG VIAL	ALPHA-1-PROTEINASE INHIBITOR	18	999	Auto PA
		GLASSIA 1 GM/50 ML VIAL	ALPHA-1-PROTEINASE INHIBITOR	18	999	Auto PA
Z2L	MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E	XOLAIR 150 MG/ML SYRINGE	OMALIZUMAB	6	999	Clinical PA Required
		XOLAIR 75 MG/0.5 ML SYRINGE	OMALIZUMAB	6	999	Clinical PA Required

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
Z2L	MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E (IG	XOLAIR 75 MG/0.5 ML SYRINGE	OMALIZUMAB	6		
Z2N	1ST GEN ANTIHISTAMINE AND DECONGESTANT COMB	PROMETHAZINE VC SOLUTION	PHENYLEPHRINE HCL/PROMETH HCL	0	20	No
		PROMETHAZINE-PHENYLEPHRINE SYR	PHENYLEPHRINE HCL/PROMETH HCL	0	20	No
Z2O	2ND GEN ANTIHISTAMINE AND DECONGESTANT COMB	ALL DAY ALLERGY-D TABLET	CETIRIZINE HCL/PSEUDOEPHEDRINE	0	20	No
		ALLERGY RELIEF D-12 TABLET	LORATADINE/PSEUDOEPHEDRINE	0	20	No
		ALLERGY RELIEF D-24HR TABLET	LORATADINE/PSEUDOEPHEDRINE	0	20	No
		ALLERGY RELIEF-D TABLET	CETIRIZINE HCL/PSEUDOEPHEDRINE	0	20	No
		ALLERGY RELIEF-NASAL DECONG TB	LORATADINE/PSEUDOEPHEDRINE	0	20	No
		ALLERGY RLF-DECONG ER 5-120 MG	CETIRIZINE HCL/PSEUDOEPHEDRINE	0	20	No
		ALLERGY-CONGES RELF ER TABLET	LORATADINE/PSEUDOEPHEDRINE	0	20	No
		CETIRIZINE-PSE ER 5-120 MG TAB	CETIRIZINE HCL/PSEUDOEPHEDRINE	0	20	No
		GNP ALL DAY ALLERGY-D TABLET	CETIRIZINE HCL/PSEUDOEPHEDRINE	0	20	No
		GS ALL DAY ALLERGY-D TABLET	CETIRIZINE HCL/PSEUDOEPHEDRINE	0	20	No
		HM ALLERGY COMPLETE-D TABLET	CETIRIZINE HCL/PSEUDOEPHEDRINE	0	20	No
		HM ALLERGY RLF-NASAL DECONG TB	LORATADINE/PSEUDOEPHEDRINE	0	20	No
		HM ALLERGY-CONGESTION 12HR TAB	LORATADINE/PSEUDOEPHEDRINE	0	20	No
		LORATADINE-D 12 HOUR TABLET	LORATADINE/PSEUDOEPHEDRINE	0	20	No
		LORATADINE-D 24HR TABLET	LORATADINE/PSEUDOEPHEDRINE	0	20	No
		QC LORATADINE-D 24HR TABLET	LORATADINE/PSEUDOEPHEDRINE	0	20	No
		SM ALL DAY ALLERGY-D TABLET	CETIRIZINE HCL/PSEUDOEPHEDRINE	0	20	No
		SM LORATA-DINE D 24HR TABLET	LORATADINE/PSEUDOEPHEDRINE	0	20	No
		SM LORATADINE-D 12 HOUR TABLET	LORATADINE/PSEUDOEPHEDRINE	0	20	No
Z2P	ANTI HISTAMINES - 1ST GENERATION	CARBINOXAMINE 4 MG/5 ML LIQUID	CARBINOXAMINE MALEATE	0	999	No
		CARBINOXAMINE MALEATE 4 MG TAB	CARBINOXAMINE MALEATE	0	999	No
		CLEMASTINE FUM 2.68 MG TAB	CLEMASTINE FUMARATE	0	999	No
		CYPROHEPTADINE 2 MG/5 ML SOLN	CYPROHEPTADINE HCL	0	999	No
		CYPROHEPTADINE 2 MG/5 ML SYRUP	CYPROHEPTADINE HCL	0	999	No
		CYPROHEPTADINE 4 MG TABLET	CYPROHEPTADINE HCL	0	999	No
		CYPROHEPTADINE 4 MG/10 ML SYRP	CYPROHEPTADINE HCL	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
Z2P	ANTIHISTAMINES - 1ST GENERATION	CYPROHEPTADINE 4 MG/10 ML SYRP	CYPROHEPTADINE HCL	0		
		DIPHENHYDRAMINE 12.5 MG/5 ML	DIPHENHYDRAMINE HCL	0	999	No
		DIPHENHYDRAMINE 25 MG/10 ML	DIPHENHYDRAMINE HCL	0	999	No
		DIPHENHYDRAMINE 50 MG/ML CRPJT	DIPHENHYDRAMINE HCL	0	999	No
		DIPHENHYDRAMINE 50 MG/ML SYRNG	DIPHENHYDRAMINE HCL	0	999	No
		DIPHENHYDRAMINE 50 MG/ML VIAL	DIPHENHYDRAMINE HCL	0	999	No
		HYDROXYZINE 10 MG/5 ML SOLN	HYDROXYZINE HCL	0	999	No
		HYDROXYZINE 10 MG/5 ML SYRUP	HYDROXYZINE HCL	0	999	No
		HYDROXYZINE 100 MG/2 ML VIAL	HYDROXYZINE HCL	0	999	No
		HYDROXYZINE 25 MG/ML VIAL	HYDROXYZINE HCL	0	999	No
		HYDROXYZINE 50 MG/ML VIAL	HYDROXYZINE HCL	0	999	No
		HYDROXYZINE HCL 10 MG TABLET	HYDROXYZINE HCL	0	999	No
		HYDROXYZINE HCL 25 MG TABLET	HYDROXYZINE HCL	0	999	No
		HYDROXYZINE HCL 50 MG TABLET	HYDROXYZINE HCL	0	999	No
		HYDROXYZINE PAM 100 MG CAP	HYDROXYZINE PAMOATE	0	999	No
		HYDROXYZINE PAM 25 MG CAP	HYDROXYZINE PAMOATE	0	999	No
		HYDROXYZINE PAM 50 MG CAP	HYDROXYZINE PAMOATE	0	999	No
		PROMETHAZINE 12.5 MG TABLET	PROMETHAZINE HCL	0	999	No
		PROMETHAZINE 25 MG TABLET	PROMETHAZINE HCL	0	999	No
		PROMETHAZINE 25 MG/ML AMPUL	PROMETHAZINE HCL	0	999	No
		PROMETHAZINE 25 MG/ML VIAL	PROMETHAZINE HCL	0	999	No
		PROMETHAZINE 50 MG TABLET	PROMETHAZINE HCL	0	999	No
		PROMETHAZINE 50 MG/ML AMPUL	PROMETHAZINE HCL	0	999	No
		PROMETHAZINE 50 MG/ML VIAL	PROMETHAZINE HCL	0	999	No
		PROMETHAZINE 6.25 MG/5 ML SOLN	PROMETHAZINE HCL	0	999	No
		PROMETHAZINE 6.25 MG/5 ML SYRP	PROMETHAZINE HCL	0	999	No
Z2Q	ANTIHISTAMINES - 2ND GENERATION	ALL DAY ALLERGY 10 MG TABLET	CETIRIZINE HCL	0	20	No
		ALLERGY (LORATADINE) 10 MG TAB	LORATADINE	0	20	No
		ALLERGY RELIEF 10 MG ODT	LORATADINE	0	20	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
Z2Q	ANTI-HISTAMINES - 2ND GENERATION	ALLERGY RELIEF 10 MG ODT	LORATADINE	0		
		ALLERGY RELIEF 10 MG TABLET	LORATADINE	0	20	No
		ALLERGY RELIEF 5 MG/5 ML SOLN	LORATADINE	0	20	No
		ALLERGY RLF (CETRZN) 10 MG TAB	CETIRIZINE HCL	0	20	No
		CETIRIZINE HCL 1 MG/ML SOLN	CETIRIZINE HCL	0	11	No
		CETIRIZINE HCL 1 MG/ML SYRUP	CETIRIZINE HCL	0	11	No
		CETIRIZINE HCL 10 MG TABLET	CETIRIZINE HCL	0	20	No
		CETIRIZINE HCL 5 MG TABLET	CETIRIZINE HCL	0	20	No
		CHILD ALL DAY ALLERGY 1 MG/ML	CETIRIZINE HCL	0	11	No
		CHILD ALLERGY RELIEF 1 MG/ML	CETIRIZINE HCL	0	11	No
		CHILD ALLERGY RELIEF 5 MG/5 ML	LORATADINE	0	20	No
		CHILD CETIRIZINE HCL 1 MG/ML	CETIRIZINE HCL	0	11	No
		CHILD LORATADINE 5 MG/5 ML SOL	LORATADINE	0	20	No
		CHILD LORATADINE 5 MG/5 ML SYR	LORATADINE	0	20	No
		FEXOFENADINE HCL 180 MG TABLET	FEXOFENADINE HCL	0	999	Cystic Fib Diag Auto PA
		FEXOFENADINE HCL 60 MG TABLET	FEXOFENADINE HCL	0	999	Cystic Fib Diag Auto PA
		GNP LORATADINE 10 MG TABLET	LORATADINE	0	20	No
		GS ALL DAY ALLERGY 10 MG TAB	CETIRIZINE HCL	0	20	No
		GS ALLERGY RELIEF 10 MG TABLET	LORATADINE	0	20	No
		GS CHILD ALL DAY ALLER 1 MG/ML	CETIRIZINE HCL	0	11	No
		HM ALL DAY ALLERGY 10 MG TAB	CETIRIZINE HCL	0	20	No
		HM ALLERGY RELIEF 10 MG TABLET	CETIRIZINE HCL	0	20	No
		HM CHILD ALL DAY ALLER 1 MG/ML	CETIRIZINE HCL	0	11	No
		HM CHILD LORATADINE 5 MG/5 ML	LORATADINE	0	20	No
		HM FEXOFENADINE HCL 180 MG TAB	FEXOFENADINE HCL	0	999	Cystic Fib Diag Auto PA
		HM FEXOFENADINE HCL 60 MG TAB	FEXOFENADINE HCL	0	999	Cystic Fib Diag Auto PA
		HM LORATADINE 10 MG TABLET	LORATADINE	0	20	No
		LEVOCETIRIZINE 2.5 MG/5 ML SOL	LEVOCETIRIZINE DIHYDROCHLORIDE	0	999	Cystic Fib Diag Auto PA
		LEVOCETIRIZINE 5 MG TABLET	LEVOCETIRIZINE DIHYDROCHLORIDE	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
Z2Q	ANTI-HISTAMINES - 2ND GENERATION	LEVOCETIRIZINE 5 MG TABLET	LEVOCETIRIZINE DIHYDROCHLORIDE	0		
		LORATADINE 10 MG ODT	LORATADINE	0	20	No
		LORATADINE 10 MG TABLET	LORATADINE	0	20	No
		LORATADINE 5 MG/5 ML SOLUTION	LORATADINE	0	20	No
		LORATADINE 5 MG/5 ML SYRUP	LORATADINE	0	20	No
		LORATADINE ALLERGY 5 MG/5 ML	LORATADINE	0	20	No
		QC ALL DAY ALLERGY 10 MG TAB	CETIRIZINE HCL	0	20	No
		QC CHILDREN'S ALLERGY 1 MG/ML	CETIRIZINE HCL	0	11	No
		QC FEXOFENADINE HCL 180 MG TAB	FEXOFENADINE HCL	0	999	Cystic Fib Diag Auto PA
		QC LORATADINE 10 MG TABLET	LORATADINE	0	20	No
		SM ALL DAY ALLERGY 10 MG TAB	CETIRIZINE HCL	0	20	No
		SM ALLERGY RELIEF 10 MG ODT	LORATADINE	0	20	No
		SM CHILD ALL DAY ALLER 1 MG/ML	CETIRIZINE HCL	0	11	No
		SM CHILD ALLERGY 5 MG/5 ML SOL	LORATADINE	0	20	No
		SM FEXOFENADINE HCL 180 MG TAB	FEXOFENADINE HCL	0	999	Cystic Fib Diag Auto PA
		SM FEXOFENADINE HCL 60 MG TAB	FEXOFENADINE HCL	0	999	Cystic Fib Diag Auto PA
		SM LORATADINE 10 MG TABLET	LORATADINE	0	20	No
		SM LORATADINE 5 MG/5 ML SYRUP	LORATADINE	0	20	No
Z2W	ANTI-CD20 (B LYMPHOCYTE) MONOCLONAL ANTIBOD	ARZERRA 1,000 MG/50 ML VIAL	OFATUMUMAB	0	999	No
		ARZERRA 100 MG/5 ML VIAL	OFATUMUMAB	0	999	No
		RITUXAN 100 MG/10 ML VIAL	RITUXIMAB	0	999	No
		RITUXAN 500 MG/50 ML VIAL	RITUXIMAB	0	999	No
Z2Z	JANUS KINASE (JAK) INHIBITORS	XELJANZ 1 MG/ML SOLUTION	TOFACITINIB CITRATE	2	12	Auto PA
		XELJANZ 10 MG TABLET	TOFACITINIB CITRATE	2	999	Auto PA
		XELJANZ 5 MG TABLET	TOFACITINIB CITRATE	2	999	Auto PA
Z4B	LEUKOTRIENE RECEPTOR ANTAGONISTS	MONTELUKAST SOD 10 MG TABLET	MONTELUKAST SODIUM	0	999	No
		MONTELUKAST SOD 4 MG TAB CHEW	MONTELUKAST SODIUM	0	999	No
		MONTELUKAST SOD 5 MG TAB CHEW	MONTELUKAST SODIUM	0	999	No
Z9D	DIAGNOSTIC PREPARATIONS,MISCELLANEOUS	GLUCAGON 1 MG VIAL	GLUCAGON HCL	0	999	No

HIC3	HIC3 DESCRIPTION	LABEL NAME	Generic name	MEDICAID MIN AGE	MEDICAID MAX AGE	CLINICAL PA REQUIRED
Z9D	DIAGNOSTIC PREPARATIONS,MISCELLANEOUS	GLUCAGON 1 MG VIAL	GLUCAGON HCL	0		
(blar	DIGITALIS GLYCOSIDES	DIGOXIN 0.05 MG/ML SOLUTION	DIGOXIN	0	999	No
		DIGOXIN 0.125 MG TABLET	DIGOXIN	0	999	No
		DIGOXIN 0.25 MG TABLET	DIGOXIN	0	999	No
		DIGOXIN 125 MCG TABLET	DIGOXIN	0	999	No
		DIGOXIN 250 MCG TABLET	DIGOXIN	0	999	No