

Specialty Drug List

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This list contains medications considered Specialty under MaineCare for Retail providers or Specialty providers, this list is subject to change and will be updated quarterly.

Therapeutic Class	Drug Name	Brand Generic	PA	Effective Date
AMINO GLYCOSIDES	AMIKACIN INJ 1GM/4ML	Generic		2019/11/15
	AMIKACIN INJ 500/2ML	Generic		2019/11/15
	AMIKACIN POW SULFATE	Generic		2019/11/15
	ARIKAYCE SUS	Brand	PA REQUIRED	2019/11/05
	GENTAMICIN INJ 10MG/ML	Generic		2012/01/01
	GENTAMICIN INJ 40MG/ML	Generic		2012/01/01
	KITABIS PAK NEB 300/5ML	Brand		2012/01/01
	NEBCIN INJ 60MG	Brand	PA REQUIRED	2012/01/01
	TOBI NEB 300/5ML	Brand	PA REQUIRED	2012/01/01
	TOBI PODHALR CAP 28MG	Brand	PA REQUIRED	2012/01/01
	TOBRAMYCIN INJ 1.2/30ML	Generic	PA REQUIRED	2012/01/01
	TOBRAMYCIN INJ 1.2GM	Generic	PA REQUIRED	2012/01/01
	TOBRAMYCIN INJ 40MG/ML	Generic	PA REQUIRED	2012/01/01
	TOBRAMYCIN INJ 80MG/2ML	Generic	PA REQUIRED	2012/01/01
	TOBRAMYCIN NEB 300/5ML	Generic	PA REQUIRED	2012/01/01
ANAPHYLAXIS THERAPY	DROXIDOPA CAP 100MG	Generic	PA REQUIRED	2018/11/02
	DROXIDOPA CAP 200MG	Generic	PA REQUIRED	2018/11/02
	DROXIDOPA CAP 300MG	Generic	PA REQUIRED	2018/11/02
	NORTHERA CAP 100MG	Brand	PA REQUIRED	2018/11/02
	NORTHERA CAP 200MG	Brand	PA REQUIRED	2018/11/02
	NORTHERA CAP 300MG	Brand	PA REQUIRED	2018/11/02
ANTI INFECTIVE COMBO'S - MISC.	SYNERCID INJ 500MG	Brand	PA REQUIRED	2012/01/01
ANTIARRHYTHMICS	DOFETILIDE CAP 125MCG	Generic	PA REQUIRED	2012/01/01

ANTIARRHYTHMICS	DOFETILIDE CAP 250MCG	Generic	PA REQUIRED	2012/01/01
	DOFETILIDE CAP 500MCG	Generic	PA REQUIRED	2012/01/01
	TIKOSYN CAP 125MCG	Brand	PA REQUIRED	2012/01/01
	TIKOSYN CAP 250MCG	Brand	PA REQUIRED	2012/01/01
	TIKOSYN CAP 500MCG	Brand	PA REQUIRED	2012/01/01
ANTIASTHMATIC - ALPHA-PROTEINASE INHIBITOR	ARALAST NP INJ 1000MG	Brand	PA REQUIRED	2012/01/01
	ARALAST NP INJ 500MG	Brand	PA REQUIRED	2012/01/01
	GLASSIA INJ	Brand	PA REQUIRED	2012/01/01
	PROLASTIN-C INJ 1000MG	Brand	PA REQUIRED	2012/01/01
	ZEMAIRA INJ 1000MG	Brand	PA REQUIRED	2012/01/01
ANTIASTHMATIC - ANTIINFLAMMATORY AGENTS	CINQAIR INJ	Brand	PA REQUIRED	2016/08/01
	FASENRA INJ 30MG/ML	Brand		2018/12/21
	FASENRA PEN INJ 30MG/ML	Brand		2018/12/21
	NUCALA INJ 100MG	Brand	PA REQUIRED	2020/03/13
	NUCALA INJ 100MG/ML	Brand	PA REQUIRED	2020/03/13
	NUCALA INJ 40MG/0.4	Brand	PA REQUIRED	2020/03/13
	XOLAIR INJ 150MG/ML	Brand	PA REQUIRED	2019/04/19
	XOLAIR INJ 75/0.5	Brand	PA REQUIRED	2019/04/19
	XOLAIR SOL 150MG	Brand	PA REQUIRED	2019/04/19
ANTIASTHMATIC - BETA - ADRENERGICS	TERBUTALINE INJ 1MG/ML	Generic	PA REQUIRED	2012/01/01
ANTIASTHMATIC - HYDRO-LYTIC ENZYMES	KALYDECO PAK 25MG	Brand	PA REQUIRED	2015/04/27
	KALYDECO PAK 50MG	Brand	PA REQUIRED	2015/04/27
	KALYDECO PAK 75MG	Brand	PA REQUIRED	2015/04/27
	KALYDECO TAB 150MG	Brand	PA REQUIRED	2015/04/27
	ORKAMBI GRA 100-125	Brand	PA REQUIRED	2015/09/01
	ORKAMBI GRA 150-188	Brand	PA REQUIRED	2015/09/01
	ORKAMBI TAB 100-125	Brand	PA REQUIRED	2015/09/01
	ORKAMBI TAB 200-125	Brand	PA REQUIRED	2015/09/01

ANTIASTHMATIC - HYDRO-LYTIC ENZYMES	PULMOZYME SOL 1MG/ML	Brand	PA REQUIRED	2012/01/01
	SYMDEKO TAB 100-150	Brand	PA REQUIRED	2018/11/29
	SYMDEKO TAB 50-75MG	Brand	PA REQUIRED	2018/11/29
	TRIKAFTA TAB	Brand	PA REQUIRED	2021/04/05
ANTIBIOTICS - MISC.	CAYSTON INH 75MG	Brand	PA REQUIRED	2008/01/01
	COLISTIMETH INJ 150MG	Generic	PA REQUIRED	2008/01/01
	COLY-MYCIN M INJ 150MG	Brand	PA REQUIRED	2008/01/01
	FIRVANQ SOL 25MG/ML	Brand		2012/01/01
	FIRVANQ SOL 50MG/ML	Brand		2012/01/01
	KIMYRSA INJ 1200MG	Brand	PA REQUIRED	2015/02/01
	NEBUPENT INH 300MG	Brand	PA REQUIRED	2012/01/01
	ORBACTIV SOL 400MG	Brand	PA REQUIRED	2015/02/01
	PENTACARINAT INJ 300MG	Generic		2012/01/01
	PENTAM 300 INJ 300MG	Brand		2012/01/01
	PENTAMIDINE INH 300MG	Generic		2012/01/01
	PENTAMIDINE INJ 300MG	Generic		2012/01/01
	VANOCIN HCL INJ 1GM	Brand		2012/01/01
	VANCOMYCIN INJ 1 GM	Generic		2012/01/01
	VANCOMYCIN INJ 1000MG	Generic		2012/01/01
	VANCOMYCIN INJ 100GM	Generic	PA REQUIRED	2012/01/01
	VANCOMYCIN INJ 10GM	Generic	PA REQUIRED	2012/01/01
	VANCOMYCIN INJ 500MG	Generic		2012/01/01
	VANCOMYCIN INJ 5GM	Generic		2012/01/01
	VANCOMYCIN INJ 750MG	Generic		2012/01/01
	VANCOMYCIN SOL 1.25GM	Generic		2012/01/01
	VANCOMYCIN SOL 1.5GM	Generic		2012/01/01
	VANCOMYCIN SOL 250/5ML	Generic		2012/01/01
	ANTICOAGULANTS	ARIXTRA INJ 10/0.8ML	Brand	PA REQUIRED

ANTICOAGULANTS	ARIXTRA INJ 2.5/0.5	Brand	PA REQUIRED	2012/01/01
	ARIXTRA INJ 5/0.4ML	Brand	PA REQUIRED	2012/01/01
	ARIXTRA INJ 7.5/0.6	Brand	PA REQUIRED	2012/01/01
	FONDAPARINUX INJ 10/0.8ML	Generic	PA REQUIRED	2012/01/01
	FONDAPARINUX INJ 2.5/0.5	Generic	PA REQUIRED	2012/01/01
	FONDAPARINUX INJ 5/0.4ML	Generic	PA REQUIRED	2012/01/01
	FONDAPARINUX INJ 7.5/0.6	Generic	PA REQUIRED	2012/01/01
	FRAGMIN INJ 95000UNT	Brand	PA REQUIRED	2012/01/01
ANTICONVULSANTS	DIACOMIT CAP 250MG	Brand	PA REQUIRED	2019/07/23
	DIACOMIT CAP 500MG	Brand	PA REQUIRED	2019/07/23
	DIACOMIT PAK 250MG	Brand	PA REQUIRED	2019/07/23
	DIACOMIT PAK 500MG	Brand	PA REQUIRED	2019/07/23
	EPIDIOLEX SOL 100MG/ML	Brand		2018/12/07
	FINTEPLA SOL 2.2MG/ML	Brand	PA REQUIRED	2020/10/29
	SABRIL POW 500MG	Brand	PA REQUIRED	2012/01/01
	SABRIL TAB 500MG	Brand	PA REQUIRED	2012/01/01
	VIGABATRIN PAK 500MG	Generic	PA REQUIRED	2012/01/01
	VIGABATRIN TAB 500MG	Generic	PA REQUIRED	2012/01/01
	VIGADRONE POW 500MG	Generic	PA REQUIRED	2012/01/01
ANTIEMETIC - 5-HT3 RECEPTOR ANTAGONISTS/ SUBSTANCE P NEUROKININ	ANZEMET TAB 50MG	Brand	PA REQUIRED	2012/01/01
	GRANISETRON INJ 1MG/ML	Generic	PA REQUIRED	2012/01/01
	GRANISETRON INJ 4MG/4ML	Generic	PA REQUIRED	2012/01/01
	GRANISETRON TAB 1MG	Generic	PA REQUIRED	2012/01/01
	PALONOSETRON INJ 0.25/2ML	Generic	PA REQUIRED	2012/01/01
	PALONOSETRON INJ 0.25/5ML	Generic	PA REQUIRED	2012/01/01
	PALONOSETRON INJ 0.25MG/5	Generic	PA REQUIRED	2012/01/01
	VARUBI TAB 90MG	Brand	PA REQUIRED	2017/01/27
ANTIHEMOPHILIC AGENTS	ADVATE INJ 1000UNIT	Brand		2012/01/01

ANTIHEMOPHILIC AGENTS	ADVATE	INJ 1500UNIT	Brand		2012/01/01
	ADVATE	INJ 2000UNIT	Brand		2012/01/01
	ADVATE	INJ 250UNIT	Brand		2012/01/01
	ADVATE	INJ 3000UNIT	Brand		2012/01/01
	ADVATE	INJ 4000UNIT	Brand		2012/01/01
	ADVATE	INJ 500UNIT	Brand		2012/01/01
	ADYNOVATE	INJ 1000UNIT	Brand	PA REQUIRED	2017/06/16
	ADYNOVATE	INJ 1500UNIT	Brand	PA REQUIRED	2017/06/16
	ADYNOVATE	INJ 2000UNIT	Brand	PA REQUIRED	2017/06/16
	ADYNOVATE	INJ 250UNIT	Brand	PA REQUIRED	2017/06/16
	ADYNOVATE	INJ 3000UNIT	Brand	PA REQUIRED	2017/06/16
	ADYNOVATE	INJ 500UNIT	Brand	PA REQUIRED	2017/06/16
	ADYNOVATE	INJ 750UNIT	Brand	PA REQUIRED	2017/06/16
	ALPHANATE	INJ 1000UNIT	Brand		2012/01/01
	ALPHANATE	INJ 1500UNIT	Brand		2012/01/01
	ALPHANATE	INJ 2000UNIT	Brand		2012/01/01
	ALPHANATE	INJ 250 UNIT	Brand		2012/01/01
	ALPHANATE	INJ 500 UNIT	Brand		2012/01/01
	ALPHANINE SD	INJ 1000UNIT	Brand		2012/01/01
	ALPHANINE SD	INJ 1500UNIT	Brand		2012/01/01
	ALPHANINE SD	INJ 500UNIT	Brand		2012/01/01
	BENEFIX	INJ 1000UNIT	Brand		2012/01/01
	BENEFIX	INJ 2000UNIT	Brand		2012/01/01
	BENEFIX	INJ 250UNIT	Brand		2012/01/01
	BENEFIX	INJ 3000UNIT	Brand		2012/01/01
	BENEFIX	INJ 500UNIT	Brand		2012/01/01
	ELOCTATE	INJ 1000UNIT	Brand	PA REQUIRED	2016/02/22
	ELOCTATE	INJ 1500UNIT	Brand	PA REQUIRED	2016/02/22

ANTIHEMOPHILIC AGENTS	ELOCTATE	INJ 2000UNIT	Brand	PA REQUIRED	2016/02/22
	ELOCTATE	INJ 250UNIT	Brand	PA REQUIRED	2016/02/22
	ELOCTATE	INJ 3000UNIT	Brand	PA REQUIRED	2016/02/22
	ELOCTATE	INJ 4000UNIT	Brand	PA REQUIRED	2016/02/22
	ELOCTATE	INJ 5000UNIT	Brand	PA REQUIRED	2016/02/22
	ELOCTATE	INJ 500UNIT	Brand	PA REQUIRED	2016/02/22
	ELOCTATE	INJ 6000UNIT	Brand	PA REQUIRED	2016/02/22
	ELOCTATE	INJ 750UNIT	Brand	PA REQUIRED	2016/02/22
	FEIBA	INJ	Brand		2012/01/01
	FIBRYGA	INJ 1GM	Brand	PA REQUIRED	2022/03/07
	GENARC	INJ 1000UNIT	Brand	PA REQUIRED	2012/01/01
	GENARC	INJ 250 UNIT	Brand	PA REQUIRED	2012/01/01
	GENARC	INJ 500 UNIT	Brand	PA REQUIRED	2012/01/01
	HEMLIBRA	INJ 105/0.7	Brand		2019/01/04
	HEMLIBRA	INJ 150/ML	Brand		2019/01/04
	HEMLIBRA	INJ 30MG/ML	Brand		2019/01/04
	HEMLIBRA	INJ 60/0.4	Brand		2019/01/04
	HEMOFIL M	INJ 1000UNIT	Brand	PA REQUIRED	2012/01/01
	HEMOFIL M	INJ 1700UNIT	Brand		2012/01/01
	HEMOFIL M	INJ 250UNIT	Brand	PA REQUIRED	2012/01/01
	HEMOFIL M	INJ 500UNIT	Brand	PA REQUIRED	2012/01/01
	HUMATE-P	SOL 2400UNIT	Brand		2012/01/01
	HUMATE-P	SOL 250-600	Brand		2012/01/01
	HUMATE-P	SOL 500-1200	Brand		2012/01/01
	IXINITY	INJ 1000UNIT	Brand		2012/01/01
	IXINITY	INJ 1500UNIT	Brand		2012/01/01
	IXINITY	INJ 2000UNIT	Brand		2012/01/01
	IXINITY	INJ 250UNIT	Brand		2012/01/01

ANTIHEMOPHILIC AGENTS	IXINITY	INJ 3000UNIT	Brand		2012/01/01
	IXINITY	INJ 500UNIT	Brand		2012/01/01
	KOATE	INJ 1000UNIT	Brand	PA REQUIRED	2012/01/01
	KOATE	INJ 250UNIT	Brand	PA REQUIRED	2012/01/01
	KOATE	INJ 500 UNIT	Brand	PA REQUIRED	2012/01/01
	KOATE-DVI	INJ 1000UNIT	Brand		2012/01/01
	KOATE-DVI	INJ 500UNIT	Brand		2012/01/01
	KOATE-HP	INJ 1000IU	Brand	PA REQUIRED	2012/01/01
	KOATE-HP	INJ 1500IU	Brand		2012/01/01
	KOATE-HP	INJ 250IU HU	Brand	PA REQUIRED	2012/01/01
	KOATE-HP	INJ 500IU HU	Brand	PA REQUIRED	2012/01/01
	KOGENATE FS	INJ 1000UNIT	Brand		2012/01/01
	KOGENATE FS	INJ 2000UNIT	Brand		2012/01/01
	KOGENATE FS	INJ 250UNIT	Brand		2012/01/01
	KOGENATE FS	INJ 3000UNIT	Brand		2012/01/01
	KOGENATE FS	INJ 500UNIT	Brand		2012/01/01
	KONYNE 80	INJ 1000IU	Brand		2012/01/01
	KONYNE 80	INJ 500IU	Generic		2012/01/01
	KOVALTRY	INJ 1000UNIT	Brand		2012/01/01
	KOVALTRY	INJ 1000UNIT	Brand	PA REQUIRED	2012/01/01
	KOVALTRY	INJ 2000UNIT	Brand	PA REQUIRED	2012/01/01
	KOVALTRY	INJ 2000UNIT	Brand		2012/01/01
	KOVALTRY	INJ 250UNIT	Brand		2012/01/01
	KOVALTRY	INJ 250UNIT	Brand	PA REQUIRED	2012/01/01
	KOVALTRY	INJ 3000UNIT	Brand		2012/01/01
	KOVALTRY	INJ 3000UNIT	Brand	PA REQUIRED	2012/01/01
	KOVALTRY	INJ 500UNIT	Brand		2012/01/01
	KOVALTRY	INJ 500UNIT	Brand	PA REQUIRED	2012/01/01

ANTIHEMOPHILIC AGENTS	NOVOSEVEN RT INJ 1MG	Brand		2012/01/01
	NOVOSEVEN RT INJ 2MG	Brand		2012/01/01
	NOVOSEVEN RT INJ 5MG	Brand		2012/01/01
	NOVOSEVEN RT INJ 8MG	Brand		2012/01/01
	NUWIQ INJ 1000UNIT	Brand	PA REQUIRED	2012/01/01
	NUWIQ INJ 1500UNIT	Brand	PA REQUIRED	2012/01/01
	NUWIQ INJ 2000UNIT	Brand	PA REQUIRED	2012/01/01
	NUWIQ INJ 2500UNIT	Brand	PA REQUIRED	2012/01/01
	NUWIQ INJ 250UNIT	Brand	PA REQUIRED	2012/01/01
	NUWIQ INJ 3000UNIT	Brand	PA REQUIRED	2012/01/01
	NUWIQ INJ 4000UNIT	Brand	PA REQUIRED	2012/01/01
	NUWIQ INJ 500UNIT	Brand	PA REQUIRED	2012/01/01
	NUWIQ KIT 1000UNIT	Brand	PA REQUIRED	2012/01/01
	NUWIQ KIT 1500UNIT	Brand	PA REQUIRED	2012/01/01
	NUWIQ KIT 2000UNIT	Brand	PA REQUIRED	2012/01/01
	NUWIQ KIT 2500UNIT	Brand	PA REQUIRED	2012/01/01
	NUWIQ KIT 250UNIT	Brand	PA REQUIRED	2012/01/01
	NUWIQ KIT 3000UNIT	Brand	PA REQUIRED	2012/01/01
	NUWIQ KIT 4000UNIT	Brand	PA REQUIRED	2012/01/01
	NUWIQ KIT 500UNIT	Brand	PA REQUIRED	2012/01/01
	PROFILNINE INJ 1000UNIT	Brand		2012/01/01
	PROFILNINE INJ 1500UNIT	Brand		2012/01/01
	PROFILNINE INJ 500UNIT	Brand		2012/01/01
	RECOMBINATE INJ	Brand		2012/01/01
	RECOMBINATE INJ 220-400	Brand		2012/01/01
	RECOMBINATE INJ 401-800	Brand		2012/01/01
	RECOMBINATE INJ 801-1240	Brand		2012/01/01
	RIASTAP SOL 1GM	Brand	PA REQUIRED	2022/03/07

ANTIHEMOPHILIC AGENTS	RIXUBIS	INJ 1000UNIT	Brand		2012/01/01
	RIXUBIS	INJ 2000UNIT	Brand		2012/01/01
	RIXUBIS	INJ 250 UNIT	Brand		2012/01/01
	RIXUBIS	INJ 3000UNIT	Brand		2012/01/01
	RIXUBIS	INJ 500UNIT	Brand		2012/01/01
ANTILEPROTIC	THALOMID	CAP 100MG	Brand	PA REQUIRED	2012/01/01
	THALOMID	CAP 150MG	Brand	PA REQUIRED	2012/01/01
	THALOMID	CAP 200MG	Brand	PA REQUIRED	2012/01/01
ANTIMALARIAL AGENTS	DARAPRIM	TAB 25MG	Brand		2016/02/25
	PYRIMETHAMIN	TAB 25MG	Generic	PA REQUIRED	2016/02/25
ANTI-PARKINSONIAN DRUGS	EXONDYS 51	SOL 100/2ML	Brand	PA REQUIRED	2019/02/19
	EXONDYS 51	SOL 500/10ML	Brand	PA REQUIRED	2019/02/19
	SPINRAZA	INJ 12MG/5ML	Brand	PA REQUIRED	2019/07/12
ANTI-PSORIATICS	ACITRETIN	CAP 10MG	Generic	PA REQUIRED	2021/09/10
	ACITRETIN	CAP 17.5MG	Generic	PA REQUIRED	2021/09/10
	ACITRETIN	CAP 25MG	Generic	PA REQUIRED	2021/09/10
	COSENTYX	INJ 150MG/ML	Brand	PA REQUIRED	2015/07/10
	COSENTYX	INJ 300DOSE	Brand	PA REQUIRED	2015/07/10
	COSENTYX	INJ 75MG/0.5	Brand	PA REQUIRED	2015/07/10
	COSENTYX PEN	INJ 150MG/ML	Brand	PA REQUIRED	2015/07/10
	COSENTYX PEN	INJ 300DOSE	Brand	PA REQUIRED	2015/07/10
	SILIQ	INJ 210/1.5	Brand	PA REQUIRED	2022/06/02
	SKYRIZI	INJ 150DOSE	Brand	PA REQUIRED	2020/10/23
	SKYRIZI	INJ 150MG/ML	Brand	PA REQUIRED	2020/10/23
	SKYRIZI PEN	INJ 150MG/ML	Brand	PA REQUIRED	2020/10/23
	STELARA	INJ 45MG/0.5	Brand	PA REQUIRED	2012/01/01
	STELARA	INJ 90MG/ML	Brand	PA REQUIRED	2012/01/01
	TALTZ	INJ 80MG/ML	Brand	PA REQUIRED	2016/08/24

ANTI-PSORIATICS	TREMFYA	INJ 100MG/ML	Brand	PA REQUIRED	2018/04/06
ANTIPSYCHOTICS - ATYPICALS	NUPLAZID	CAP 34MG	Brand	PA REQUIRED	2019/09/27
	NUPLAZID	TAB 10MG	Brand	PA REQUIRED	2019/09/27
ANTIRETROVIRALS	CABENUVA	SUS 400-600	Brand		2022/02/07
	CABENUVA	SUS 600-900	Brand		2022/02/07
	EDURANT	TAB 25MG	Brand		2019/03/15
	GENVOYA	TAB	Brand	PA REQUIRED	2020/07/27
	ISENTRESS	CHW 100MG	Brand	PA REQUIRED	2019/03/15
	ISENTRESS	CHW 25MG	Brand	PA REQUIRED	2019/03/15
	ISENTRESS	POW 100MG	Brand	PA REQUIRED	2019/03/15
	ISENTRESS	TAB 400MG	Brand		2019/03/15
	ISENTRESS HD	TAB 600MG	Brand	PA REQUIRED	2019/03/15
	MARAVIROC	TAB 150MG	Generic	PA REQUIRED	2019/03/15
	MARAVIROC	TAB 300MG	Generic	PA REQUIRED	2019/03/15
	SELZENTRY	SOL 20MG/ML	Brand	PA REQUIRED	2019/03/15
	SELZENTRY	TAB 150MG	Brand	PA REQUIRED	2019/03/15
	SELZENTRY	TAB 25MG	Brand	PA REQUIRED	2019/03/15
	SELZENTRY	TAB 300MG	Brand	PA REQUIRED	2019/03/15
SELZENTRY	TAB 75MG	Brand	PA REQUIRED	2019/03/15	
ANXIOLYTICS - MISC.	DROPERIDOL	INJ 2.5MG/ML	Generic	PA REQUIRED	2012/01/01
	DROPERIDOL	POW	Generic	PA REQUIRED	2012/01/01
ARTHRITIS - MISC.	OTEZLA	TAB 10/20/30	Brand		2015/11/06
	OTEZLA	TAB 30MG	Brand		2015/11/06
	OTREXUP	INJ 10MG	Brand	PA REQUIRED	2019/03/08
	OTREXUP	INJ 12.5/0.4	Brand	PA REQUIRED	2019/03/08
	OTREXUP	INJ 15MG	Brand	PA REQUIRED	2019/03/08
	OTREXUP	INJ 17.5/0.4	Brand	PA REQUIRED	2019/03/08
	OTREXUP	INJ 20MG	Brand	PA REQUIRED	2019/03/08

ARTHRITIS - MISC.	OTREXUP	INJ 22.5/0.4	Brand	PA REQUIRED	2019/03/08
	OTREXUP	INJ 25MG	Brand	PA REQUIRED	2019/03/08
	RASUVO	INJ 10MG	Brand	PA REQUIRED	2019/03/08
	RASUVO	INJ 12.5MG	Brand	PA REQUIRED	2019/03/08
	RASUVO	INJ 15MG	Brand	PA REQUIRED	2019/03/08
	RASUVO	INJ 17.5MG	Brand	PA REQUIRED	2019/03/08
	RASUVO	INJ 20MG	Brand	PA REQUIRED	2019/03/08
	RASUVO	INJ 22.5MG	Brand	PA REQUIRED	2019/03/08
	RASUVO	INJ 25MG	Brand	PA REQUIRED	2019/03/08
	RASUVO	INJ 30MG	Brand	PA REQUIRED	2019/03/08
	RASUVO	INJ 7.5MG	Brand	PA REQUIRED	2019/03/08
	REDITREX	INJ 10/.4ML	Brand	PA REQUIRED	2019/03/08
	REDITREX	INJ 12.5/0.5	Brand	PA REQUIRED	2019/03/08
	REDITREX	INJ 15/.6ML	Brand	PA REQUIRED	2019/03/08
	REDITREX	INJ 17.5/0.7	Brand	PA REQUIRED	2019/03/08
	REDITREX	INJ 20/.8ML	Brand	PA REQUIRED	2019/03/08
	REDITREX	INJ 22.5/0.9	Brand	PA REQUIRED	2019/03/08
	REDITREX	INJ 25MG/ML	Brand	PA REQUIRED	2019/03/08
REDITREX	INJ 7.5/.3ML	Brand	PA REQUIRED	2019/03/08	
BETA BLOCKERS - NON SELECTIVE	HEMANGEOL	SOL 4.28/ML	Brand		2017/02/22
BETA-LACTAMS / CLAVULANATE COMBO'S	BICILLIN L-A	INJ 600000	Brand		2012/01/01
CHELATING AGENTS	SYPRINE	CAP 250MG	Brand	PA REQUIRED	2018/08/23
	TRIENTINE	CAP 250MG	Generic	PA REQUIRED	2018/08/23
CHOLESTEROL - FIBRIC ACID DERIVATIVES	FENOFIBRATE	TAB 145MG	Generic		2019/12/10
	TRICOR	TAB 145MG	Brand	PA REQUIRED	2019/12/10
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	PRALUENT	INJ 150MG/ML	Brand		2016/03/11
	PRALUENT	INJ 75MG/ML	Brand		2016/03/11
	REPATHA	INJ 140MG/ML	Brand		2016/03/11

CHOLESTEROL - HMG COA + ABSORB INHIBITORS	REPATHA PUSH INJ 420/3.5	Brand		2016/03/11
	REPATHA SURE INJ 140MG/ML	Brand		2016/03/11
CONTRACEPTIVES - PATCHES/ VAGINAL PRODUCTS	NEXPLANON IMP 68MG	Brand	PA REQUIRED	2012/01/01
COX 2 INHIBITORS	CELEBREX CAP 200MG	Brand	PA REQUIRED	2019/12/10
	CELECOXIB CAP 200MG	Generic	PA REQUIRED	2019/12/10
CYTO-MEGALOVIRUS AGENTS	VALCYTE TAB 450MG	Brand		2012/01/01
	VALGANCICLOV TAB 450MG	Generic		2012/01/01
DIURETICS	BUMETANIDE INJ 0.25/ML	Generic		2012/01/01
	BUMETANIDE INJ 1MG/4ML	Generic		2012/01/01
	BUMETANIDE INJ 2.5/10ML	Generic		2012/01/01
ERYTHROPOEITINS	ARANESP INJ 100MCG	Brand	PA REQUIRED	2018/01/26
	ARANESP INJ 10MCG	Brand	PA REQUIRED	2018/01/26
	ARANESP INJ 150MCG	Brand	PA REQUIRED	2018/01/26
	ARANESP INJ 200MCG	Brand	PA REQUIRED	2018/01/26
	ARANESP INJ 25MCG	Brand	PA REQUIRED	2018/01/26
	ARANESP INJ 300MCG	Brand	PA REQUIRED	2018/01/26
	ARANESP INJ 40MCG	Brand	PA REQUIRED	2018/01/26
	ARANESP INJ 500MCG	Brand	PA REQUIRED	2018/01/26
	ARANESP INJ 60MCG	Brand	PA REQUIRED	2018/01/26
	EPOGEN INJ 10000/ML	Brand	PA REQUIRED	2012/01/01
	EPOGEN INJ 2000/ML	Brand	PA REQUIRED	2012/01/01
	EPOGEN INJ 20000/ML	Brand	PA REQUIRED	2012/01/01
	EPOGEN INJ 3000/ML	Brand	PA REQUIRED	2012/01/01
	EPOGEN INJ 4000/ML	Brand	PA REQUIRED	2012/01/01
	PROCRIT INJ 10000/ML	Brand	PA REQUIRED	2012/01/01
	PROCRIT INJ 2000/ML	Brand	PA REQUIRED	2012/01/01
	PROCRIT INJ 20000/ML	Brand	PA REQUIRED	2012/01/01

ERYTHROPOEITINS	PROCRIT	INJ 3000/ML	Brand	PA REQUIRED	2012/01/01
	PROCRIT	INJ 4000/ML	Brand	PA REQUIRED	2012/01/01
	PROCRIT	INJ 40000/ML	Brand	PA REQUIRED	2012/01/01
ESTROGEN COMBO'S	COMBIPATCH	DIS	Brand		2012/01/01
FERTILITY REGULATORS	OVIDREL	INJ	Brand	PA REQUIRED	2012/01/01
GH ANTAGONISTS	SOMAVERT	INJ 10MG	Brand	PA REQUIRED	2012/01/01
	SOMAVERT	INJ 15MG	Brand	PA REQUIRED	2012/01/01
	SOMAVERT	INJ 20MG	Brand	PA REQUIRED	2012/01/01
	SOMAVERT	INJ 25MG	Brand	PA REQUIRED	2012/01/01
	SOMAVERT	INJ 30MG	Brand	PA REQUIRED	2012/01/01
GI - ANTIDIARRHEAL / ANTACID - MISC.	GLYCOPYRROL	INJ .4MG/2ML	Generic	PA REQUIRED	2012/01/01
	GLYCOPYRROL	INJ 0.2MG/ML	Generic	PA REQUIRED	2012/01/01
	GLYCOPYRROL	INJ 0.4/2ML	Generic	PA REQUIRED	2012/01/01
	GLYCOPYRROL	INJ 1MG/5ML	Generic	PA REQUIRED	2012/01/01
	GLYCOPYRROL	INJ 4MG/20ML	Generic	PA REQUIRED	2012/01/01
GI - DIGESTIVE ENZYMES	CREON	CAP 12000UNT	Brand	PA REQUIRED	2017/03/17
	CREON	CAP 24000UNT	Brand	PA REQUIRED	2017/03/17
	CREON	CAP 3000UNIT	Brand	PA REQUIRED	2017/03/17
	CREON	CAP 36000UNT	Brand	PA REQUIRED	2017/03/17
	CREON	CAP 6000UNIT	Brand	PA REQUIRED	2017/03/17
	PANCREAZE	CAP 10500UNT	Brand	PA REQUIRED	2017/03/17
	PANCREAZE	CAP 16800UNT	Brand	PA REQUIRED	2017/03/17
	PANCREAZE	CAP 21000UNT	Brand	PA REQUIRED	2017/03/17
	PANCREAZE	CAP 2600UNIT	Brand	PA REQUIRED	2017/03/17
	PANCREAZE	CAP 37000	Brand	PA REQUIRED	2017/03/17
	PANCREAZE	CAP 4200UNIT	Brand	PA REQUIRED	2017/03/17
	PERTZYE	CAP 16000U	Brand	PA REQUIRED	2017/03/17
	PERTZYE	CAP 24000U	Brand	PA REQUIRED	2017/03/17

GI - DIGESTIVE ENZYMES	PERTZYE	CAP 4000UNIT	Brand	PA REQUIRED	2017/03/17
	PERTZYE	CAP 8000UNIT	Brand	PA REQUIRED	2017/03/17
	SUCRAID	SOL 8500/ML	Brand	PA REQUIRED	2012/01/01
	ZENPEP	CAP 10000UNT	Brand	PA REQUIRED	2017/03/17
	ZENPEP	CAP 15000UNT	Brand	PA REQUIRED	2017/03/17
	ZENPEP	CAP 20000UNT	Brand	PA REQUIRED	2017/03/17
	ZENPEP	CAP 25000	Brand	PA REQUIRED	2017/03/17
	ZENPEP	CAP 3000UNIT	Brand	PA REQUIRED	2017/03/17
	ZENPEP	CAP 40000	Brand	PA REQUIRED	2017/03/17
	ZENPEP	CAP 5000UNIT	Brand	PA REQUIRED	2017/03/17
GI - INFLAMMATORY BOWEL AGENTS	STELARA	INJ 5MG/ML	Brand	PA REQUIRED	2017/02/20
GI - MISC.	CHENODAL	TAB 250MG	Brand	PA REQUIRED	2012/01/01
	CHOLBAM	CAP 250MG	Brand	PA REQUIRED	2018/07/13
	CHOLBAM	CAP 50MG	Brand	PA REQUIRED	2018/07/13
	OCALIVA	TAB 10MG	Brand	PA REQUIRED	2020/12/24
	OCALIVA	TAB 5MG	Brand	PA REQUIRED	2020/12/24
	XERMELO	TAB 250MG	Brand	PA REQUIRED	2017/03/10
GLUCOCORTICOIDS - MINERALOCORTICOIDS	EMFLAZA	SUS 22.75/ML	Brand	PA REQUIRED	2017/08/23
	EMFLAZA	TAB 18MG	Brand	PA REQUIRED	2017/08/23
	EMFLAZA	TAB 30MG	Brand	PA REQUIRED	2017/08/23
	EMFLAZA	TAB 36MG	Brand	PA REQUIRED	2017/08/23
	EMFLAZA	TAB 6MG	Brand	PA REQUIRED	2017/08/23
	SOLU-CORTEF	INJ 1000MG	Brand		2021/10/12
	SOLU-CORTEF	INJ 100MG	Brand		2021/10/12
	SOLU-CORTEF	INJ 250MG	Brand		2021/10/12
	SOLU-CORTEF	INJ 500MG	Brand		2021/10/12
GRANULOCYTE CSF	GRANIX	INJ 300/0.5	Brand	PA REQUIRED	2016/10/24
	GRANIX	INJ 300/1ML	Brand	PA REQUIRED	2016/10/24

GRANULOCYTE CSF	GRANIX	INJ 480/0.8	Brand	PA REQUIRED	2016/10/24
	GRANIX	INJ 480/1.6	Brand	PA REQUIRED	2016/10/24
	LEUKINE	INJ 250MCG	Brand	PA REQUIRED	2021/07/26
	NEULASTA	INJ 6MG/0.6M	Brand	PA REQUIRED	2012/01/01
	NEULASTA	KIT 6MG/0.6M	Brand	PA REQUIRED	2012/01/01
	NEUPOGEN	INJ 300/0.5	Brand		2012/01/01
	NEUPOGEN	INJ 300MCG	Brand		2012/01/01
	NEUPOGEN	INJ 480/0.8	Brand		2012/01/01
	NEUPOGEN	INJ 480MCG	Brand		2012/01/01
	ZARXIO	INJ 300/0.5	Brand	PA REQUIRED	2022/06/14
	ZARXIO	INJ 480/0.8	Brand	PA REQUIRED	2022/06/14
GROWTH HORMONE	GENOTROPIN	INJ 0.2MG	Brand	PA REQUIRED	2012/01/01
	GENOTROPIN	INJ 0.4MG	Brand	PA REQUIRED	2012/01/01
	GENOTROPIN	INJ 0.6MG	Brand	PA REQUIRED	2012/01/01
	GENOTROPIN	INJ 0.8MG	Brand	PA REQUIRED	2012/01/01
	GENOTROPIN	INJ 1.2MG	Brand	PA REQUIRED	2012/01/01
	GENOTROPIN	INJ 1.4MG	Brand	PA REQUIRED	2012/01/01
	GENOTROPIN	INJ 1.6MG	Brand	PA REQUIRED	2012/01/01
	GENOTROPIN	INJ 1.8MG	Brand	PA REQUIRED	2012/01/01
	GENOTROPIN	INJ 12MG	Brand	PA REQUIRED	2012/01/01
	GENOTROPIN	INJ 1MG	Brand	PA REQUIRED	2012/01/01
	GENOTROPIN	INJ 2MG	Brand	PA REQUIRED	2012/01/01
	GENOTROPIN	INJ 5MG	Brand	PA REQUIRED	2012/01/01
	HUMATROPE	INJ 12MG	Brand	PA REQUIRED	2012/01/01
	HUMATROPE	INJ 24MG	Brand	PA REQUIRED	2012/01/01
	HUMATROPE	INJ 6MG	Brand	PA REQUIRED	2012/01/01
	NORDITROPIN	INJ 10/1.5ML	Brand	PA REQUIRED	2012/01/01
	NORDITROPIN	INJ 15/1.5ML	Brand	PA REQUIRED	2012/01/01

GROWTH HORMONE	NORDITROPIN INJ 30/3ML	Brand	PA REQUIRED	2012/01/01
	NORDITROPIN INJ 5/1.5ML	Brand	PA REQUIRED	2012/01/01
	NUTROPIN AQ INJ 10MG/2ML	Brand	PA REQUIRED	2012/01/01
	NUTROPIN AQ INJ 20MG/2ML	Brand	PA REQUIRED	2012/01/01
	NUTROPIN AQ INJ NUSPIN 5	Brand	PA REQUIRED	2012/01/01
	OMNITROPE INJ 10/1.5ML	Brand	PA REQUIRED	2012/01/01
	OMNITROPE INJ 5.8MG	Brand	PA REQUIRED	2012/01/01
	OMNITROPE INJ 5/1.5ML	Brand	PA REQUIRED	2012/01/01
	SAIZEN INJ 5MG	Brand	PA REQUIRED	2012/01/01
	SAIZEN INJ 8.8MG	Brand	PA REQUIRED	2012/01/01
	SAIZENPREP INJ 8.8MG	Brand	PA REQUIRED	2012/01/01
	SEROSTIM INJ 4MG	Brand	PA REQUIRED	2012/01/01
	SEROSTIM INJ 5MG	Brand	PA REQUIRED	2012/01/01
	SEROSTIM INJ 6MG	Brand	PA REQUIRED	2012/01/01
	ZOMACTON INJ 10MG	Brand	PA REQUIRED	2012/01/01
	ZOMACTON INJ 5MG	Brand	PA REQUIRED	2012/01/01
	ZORBTIVE INJ 8.8MG	Brand	PA REQUIRED	2012/01/01
HEMATOLOGICAL- MONOCLONAL ANTIBODY	BERINERT INJ 500UNIT	Brand	PA REQUIRED	2021/08/04
	CINRYZE SOL 500 UNIT	Brand	PA REQUIRED	2012/01/01
	HAEGARDA INJ 2000UNIT	Brand	PA REQUIRED	2021/08/04
	HAEGARDA INJ 3000UNIT	Brand	PA REQUIRED	2021/08/04
HEPATITIS B ONLY	ADEFOV DIPIV TAB 10MG	Generic	PA REQUIRED	2012/01/01
	BARACLUDE TAB 0.5MG	Brand	PA REQUIRED	2022/06/29
	BARACLUDE TAB 1MG	Brand	PA REQUIRED	2022/06/29
	ENTECAVIR TAB 0.5MG	Generic		2022/06/29
	ENTECAVIR TAB 1MG	Generic		2022/06/29
	HEPSERA TAB 10MG	Brand	PA REQUIRED	2012/01/01
	RIBAVIRIN CAP 200MG	Generic		2012/01/01

HEPATITIS B ONLY	RIBAVIRIN TAB 400MG	Generic	PA REQUIRED	2012/01/01
	RIBAVIRIN TAB 600MG	Generic	PA REQUIRED	2012/01/01
	VEMLIDY TAB 25MG	Brand	PA REQUIRED	2018/06/01
HEPATITIS C AGENTS	EPCLUSA PAK 150-37.5	Brand	PA REQUIRED	2016/10/21
	EPCLUSA PAK 200-50MG	Brand	PA REQUIRED	2016/10/21
	EPCLUSA TAB 200-50MG	Brand	PA REQUIRED	2016/10/21
	EPCLUSA TAB 400-100	Brand	PA REQUIRED	2016/10/21
	HARVONI PAK	Brand	PA REQUIRED	2017/03/17
	HARVONI PAK 45-200MG	Brand	PA REQUIRED	2017/03/17
	HARVONI TAB 45-200MG	Brand	PA REQUIRED	2017/03/17
	HARVONI TAB 90-400MG	Brand	PA REQUIRED	2017/03/17
	LEDIP-SOFOSB TAB 90-400MG	Generic	PA REQUIRED	2017/03/17
	MAVYRET PAK 50-20MG	Brand	PA REQUIRED	2018/04/10
	MAVYRET TAB 100-40MG	Brand	PA REQUIRED	2018/04/10
	PEGASYS INJ	Brand		2012/01/01
	PEGASYS INJ 180MCG/M	Brand		2012/01/01
	RIBAVIRIN TAB 200MG	Generic		2012/01/01
	RIBAVIRIN TAB 500MG	Generic		2012/01/01
	SOFOS/VELPAT TAB 400-100	Generic	PA REQUIRED	2016/10/21
	SOVALDI TAB 200MG	Brand	PA REQUIRED	2012/01/01
	SOVALDI TAB 400MG	Brand	PA REQUIRED	2012/01/01
	HEREDITARY ANGIOEDEMA AGENTS	FIRAZYR INJ 30MG/3ML	Brand	
ICATIBANT INJ 30MG/3ML		Generic	PA REQUIRED	2012/01/01
SAJAZIR INJ 30MG/3ML		Generic	PA REQUIRED	2012/01/01
TAKHZYRO INJ 300/2ML		Brand	PA REQUIRED	2021/11/08
HERPES AGENTS	ACYCLOVIR NA INJ 50MG/ML	Generic		2012/01/01
IMMUNOSUPPRESSANTS	CELLCEPT CAP 250MG	Brand	PA REQUIRED	2012/01/01
	CELLCEPT SUS 200MG/ML	Brand		2012/01/01

IMMUNOSUPPRESSANTS	CELLCEPT TAB 500MG	Brand	PA REQUIRED	2012/01/01
	CYCLOSPORINE CAP 100MG	Generic	PA REQUIRED	2012/01/01
	CYCLOSPORINE CAP 100MG MD	Generic		2012/01/01
	CYCLOSPORINE CAP 25MG	Generic	PA REQUIRED	2012/01/01
	CYCLOSPORINE CAP 25MG MOD	Generic		2012/01/01
	CYCLOSPORINE CAP 50MG MOD	Generic		2012/01/01
	CYCLOSPORINE INJ 50MG/ML	Generic		2012/01/01
	CYCLOSPORINE SOL MODIFIED	Generic		2012/01/01
	GENGRAF CAP 100MG	Generic		2012/01/01
	GENGRAF CAP 25MG	Generic		2012/01/01
	GENGRAF SOL 100MG/ML	Generic		2012/01/01
	MYCOPHENOLAT CAP 250MG	Generic		2012/01/01
	MYCOPHENOLAT SUS 200MG/ML	Generic		2012/01/01
	MYCOPHENOLAT TAB 500MG	Generic		2012/01/01
	MYCOPHENOLIC TAB 180MG DR	Generic	PA REQUIRED	2018/07/27
	MYCOPHENOLIC TAB 360MG DR	Generic	PA REQUIRED	2018/07/27
	MYFORTIC TAB 180MG	Brand		2018/07/27
	MYFORTIC TAB 360MG	Brand		2018/07/27
	NEORAL CAP 100MG	Brand	PA REQUIRED	2012/01/01
	NEORAL CAP 25MG	Brand	PA REQUIRED	2012/01/01
	NEORAL SOL 100MG/ML	Brand		2012/01/01
	PROGRAF CAP 0.5MG	Brand	PA REQUIRED	2012/01/01
	PROGRAF CAP 1MG	Brand	PA REQUIRED	2012/01/01
	PROGRAF CAP 5MG	Brand	PA REQUIRED	2012/01/01
	PROGRAF INJ 5MG/ML	Brand	PA REQUIRED	2012/01/01
	RAPAMUNE SOL 1MG/ML	Brand		2012/01/01
	RAPAMUNE TAB 0.5MG	Brand		2012/01/01
	RAPAMUNE TAB 1MG	Brand		2012/01/01

IMMUNOSUPPRESSANTS	RAPAMUNE TAB 2MG	Brand		2012/01/01
	SANDIMMUNE CAP 100MG	Brand		2012/01/01
	SANDIMMUNE CAP 25MG	Brand		2012/01/01
	SANDIMMUNE INJ 50MG/ML	Brand		2012/01/01
	SANDIMMUNE SOL 100MG/ML	Brand		2012/01/01
	SIROLIMUS SOL 1MG/ML	Generic	PA REQUIRED	2012/01/01
	SIROLIMUS TAB 0.5MG	Generic	PA REQUIRED	2012/01/01
	SIROLIMUS TAB 1MG	Generic	PA REQUIRED	2012/01/01
	SIROLIMUS TAB 2MG	Generic	PA REQUIRED	2012/01/01
	TACROLIMUS CAP 0.5MG	Generic		2012/01/01
	TACROLIMUS CAP 1MG	Generic		2012/01/01
	TACROLIMUS CAP 5MG	Generic		2012/01/01
	IMPOTENCE AGENTS	CAVERJECT INJ 20MCG	Brand	PA REQUIRED
CAVERJECT INJ 40MCG		Brand	PA REQUIRED	2012/01/01
CAVERJECT KIT 20MCG		Brand	PA REQUIRED	2012/01/01
CAVERJECT IM KIT 10MCG		Brand	PA REQUIRED	2012/01/01
EDEX KIT 10MCG		Brand	PA REQUIRED	2012/01/01
EDEX KIT 20MCG		Brand	PA REQUIRED	2012/01/01
EDEX KIT 40MCG		Brand	PA REQUIRED	2012/01/01
K REMOVING RESINS	VELTASSA POW 16.8GM	Brand	PA REQUIRED	2016/05/27
	VELTASSA POW 25.2GM	Brand	PA REQUIRED	2016/05/27
	VELTASSA POW 8.4GM	Brand	PA REQUIRED	2016/05/27
LINCOSAMIDES / OXAZOLIDINONES / LEPROSTATICS	LINEZOLID INJ 2MG/ML	Generic	PA REQUIRED	2012/01/01
	LINEZOLID SUS 100/5ML	Generic	PA REQUIRED	2012/01/01
	LINEZOLID TAB 600MG	Generic	PA REQUIRED	2012/01/01
	ZYVOX SOL 2MG/ML	Brand	PA REQUIRED	2012/01/01
	ZYVOX SUS 100MG/5M	Brand	PA REQUIRED	2012/01/01
	ZYVOX TAB 600MG	Brand	PA REQUIRED	2012/01/01

LITHIUM	FLUOROURACIL SOL 2%	Generic		2012/01/01
	FLUOROURACIL SOL 5%	Generic		2012/01/01
LUPUS-SLE	BENLYSTA INJ 120MG	Brand	PA REQUIRED	2012/01/01
	BENLYSTA INJ 200MG/ML	Brand	PA REQUIRED	2017/11/27
	BENLYSTA INJ 400MG	Brand	PA REQUIRED	2012/01/01
	SAPHNELO SOL 300/2ML	Brand	PA REQUIRED	2021/09/03
MIGRAINE - MISC.	AIMOVIG INJ 140MG/ML	Brand	PA REQUIRED	2019/07/26
	AIMOVIG INJ 70MG/ML	Brand	PA REQUIRED	2019/07/26
	AJOVY INJ 225/1.5	Brand	PA REQUIRED	2019/07/26
	DIHYDROERGOT INJ 1MG/ML	Generic		2012/01/01
	EMGALITY INJ 100MG/ML	Brand	PA REQUIRED	2019/07/26
	EMGALITY INJ 120MG/ML	Brand	PA REQUIRED	2019/07/26
	ERGOMAR SUB 2MG	Brand	PA REQUIRED	2017/09/22
MIGRAINE - SELECTIVE SEROTONIN AGONISTS (5HT)--Injectables	IMITREX INJ 4MG/0.5	Brand	PA REQUIRED	2012/01/01
	IMITREX INJ 6MG/0.5	Brand	PA REQUIRED	2012/01/01
	IMITREX SPR 20MG/ACT	Brand		2012/01/01
	IMITREX SPR 5MG/ACT	Brand		2012/01/01
	SUMATRIPTAN INJ 4MG/0.5	Generic		2012/01/01
	SUMATRIPTAN INJ 6/0.5ML	Generic		2012/01/01
	SUMATRIPTAN INJ 6MG/.5ML	Generic		2012/01/01
	SUMATRIPTAN INJ 6MG/0.5	Generic		2012/01/01
	SUMATRIPTAN SPR 20MG/ACT	Generic	PA REQUIRED	2012/01/01
	SUMATRIPTAN SPR 5MG/ACT	Generic	PA REQUIRED	2012/01/01
	SUMAVEL DOSE INJ 6MG/0.5	Brand		2012/01/01
	TOSYMRA SOL 10MG	Brand	PA REQUIRED	2012/01/01
	ZEMBRACE SYM INJ 3/0.5ML	Brand	PA REQUIRED	2012/01/01
	MIGRAINE - SELECTIVE SEROTONIN AGONISTS (5HT)--Tabs	IMITREX TAB 100MG	Brand	PA REQUIRED
IMITREX TAB 25MG		Brand	PA REQUIRED	2012/01/01

MIGRAINE - SELECTIVE SEROTONIN AGONISTS (5HT)--Tabs	IMITREX TAB 50MG	Brand	PA REQUIRED	2012/01/01
	SUMATRIPTAN TAB 100MG	Generic		2012/01/01
	SUMATRIPTAN TAB 25MG	Generic		2012/01/01
	SUMATRIPTAN TAB 50MG	Generic		2012/01/01
MINERALS	FERRIC GLUCO INJ 12.5/ML	Generic	PA REQUIRED	2012/01/01
	FERRLECIT INJ 12.5MG/M	Brand	PA REQUIRED	2012/01/01
	INFED INJ 50MG/ML	Brand	PA REQUIRED	2012/01/01
	VENOFER INJ 20MG/ML	Brand	PA REQUIRED	2012/01/01
MISCELLANEOUS	ABIRATERONE TAB 250MG	Generic	PA REQUIRED	2019/06/07
	ABIRATERONE TAB 500MG	Generic	PA REQUIRED	2019/06/07
	ACTHAR INJ 80UNIT	Brand	PA REQUIRED	2012/01/01
	ACTIMMUNE INJ 2MU/0.5	Brand	PA REQUIRED	2012/01/01
	ACTIVASE INJ 100MG	Brand	PA REQUIRED	2012/01/01
	ACTIVASE INJ 50MG	Brand	PA REQUIRED	2012/01/01
	ADRIAMYCIN INJ 50MG	Generic		2012/01/01
	AFINITOR TAB 10MG	Brand	PA REQUIRED	2012/01/01
	AFINITOR TAB 2.5MG	Brand	PA REQUIRED	2012/01/01
	AFINITOR TAB 5MG	Brand	PA REQUIRED	2012/01/01
	AFINITOR TAB 7.5MG	Brand	PA REQUIRED	2012/01/01
	ALECENSA CAP 150MG	Brand	PA REQUIRED	2012/01/01
	ALFERON N INJ 5MU/ML	Brand	PA REQUIRED	2012/01/01
	ALIMTA INJ 100MG	Brand		2012/01/01
	ALIMTA INJ 500MG	Brand		2012/01/01
	ALPROSTADIL INJ 500MCG	Generic	PA REQUIRED	2012/01/01
	ALPROSTADIL POW	Generic	PA REQUIRED	2012/01/01
	AMONDYS 45 INJ 50MG/ML	Brand	PA REQUIRED	2021/08/13
	ARSENIC TRIO INJ 10/10ML	Generic		2012/01/01
	AZACITIDINE INJ 100MG	Generic	PA REQUIRED	2012/01/01

MISCELLANEOUS	BALVERSA	TAB 3MG	Brand	PA REQUIRED	2019/05/10
	BALVERSA	TAB 4MG	Brand	PA REQUIRED	2019/05/10
	BALVERSA	TAB 5MG	Brand	PA REQUIRED	2019/05/10
	BELRAPZO	SOL 100/4ML	Brand	PA REQUIRED	2015/12/23
	BENDEKA	INJ 100/4ML	Brand	PA REQUIRED	2015/12/23
	BESREMI	SOL 500MCG	Brand	PA REQUIRED	2022/03/11
	BETAINE ANHY	POW	Generic	PA REQUIRED	2012/01/01
	BICNU	INJ 100MG	Brand	PA REQUIRED	2012/01/01
	BIVIGAM	INJ 10%	Brand	PA REQUIRED	2012/01/01
	BLEOMYCIN	INJ 15UNIT	Generic		2012/01/01
	BLEOMYCIN	INJ 30UNIT	Generic		2012/01/01
	BORTEZOMIB	INJ 3.5MG	Generic	PA REQUIRED	2012/01/01
	BOSULIF	TAB 100MG	Brand	PA REQUIRED	2012/01/01
	BOSULIF	TAB 400MG	Brand	PA REQUIRED	2012/01/01
	BOSULIF	TAB 500MG	Brand	PA REQUIRED	2012/01/01
	BRAFTOVI	CAP 75MG	Brand	PA REQUIRED	2018/11/30
	BUSULFAN	INJ 6MG/ML	Generic		2012/01/01
	BUSULFEX	INJ 6MG/ML	Brand		2012/01/01
	CABOMETYX	TAB 20MG	Brand	PA REQUIRED	2012/01/01
	CABOMETYX	TAB 40MG	Brand	PA REQUIRED	2012/01/01
	CABOMETYX	TAB 60MG	Brand	PA REQUIRED	2012/01/01
	CALCIUM	POW FOLINATE	Generic	PA REQUIRED	2012/01/01
	CALQUENCE	CAP 100MG	Brand	PA REQUIRED	2022/04/18
	CAPECITABINE	TAB 150MG	Generic		2012/01/01
	CAPECITABINE	TAB 500MG	Generic		2012/01/01
	CARBOPLATIN	INJ 150/15ML	Generic	PA REQUIRED	2012/01/01
	CARBOPLATIN	INJ 450/45ML	Generic	PA REQUIRED	2012/01/01
	CARBOPLATIN	INJ 50MG/5ML	Generic	PA REQUIRED	2012/01/01

MISCELLANEOUS	CARBOPLATIN INJ 600/60ML	Generic	PA REQUIRED	2012/01/01
	CARMUSTINE INJ 100MG	Generic	PA REQUIRED	2012/01/01
	CARNITOR INJ 1GM/5ML	Brand	PA REQUIRED	2021/11/22
	CATHFLO ACTI INJ 2MG	Brand	PA REQUIRED	2012/01/01
	CEREZYME INJ 400UNIT	Brand	PA REQUIRED	2012/01/01
	CETROTIDE KIT 0.25MG	Brand	PA REQUIRED	2012/01/01
	CISPLATIN POW	Generic	PA REQUIRED	2012/01/01
	CLADRIBINE INJ 1MG/ML	Generic		2012/01/01
	COLISTIMETHA POW SODIUM	Generic	PA REQUIRED	2012/01/01
	COPIKTRA CAP 15MG	Brand	PA REQUIRED	2018/11/16
	COPIKTRA CAP 25MG	Brand	PA REQUIRED	2018/11/16
	CORTROPHIN GEL 80UNIT	Brand	PA REQUIRED	2012/01/01
	CRYSVITA INJ 10MG/ML	Brand	PA REQUIRED	2018/11/30
	CRYSVITA INJ 20MG/ML	Brand	PA REQUIRED	2018/11/30
	CRYSVITA INJ 30MG/ML	Brand	PA REQUIRED	2018/11/30
	CUVITRU INJ 2GM/10ML	Brand	PA REQUIRED	2012/01/01
	CUVITRU INJ 4GM/20ML	Brand	PA REQUIRED	2012/01/01
	CUVITRU INJ 8GM/40ML	Brand	PA REQUIRED	2012/01/01
	CUVITRU SOL 10GM/50M	Brand	PA REQUIRED	2012/01/01
	CUVITRU SOL 1GM/5ML	Brand	PA REQUIRED	2012/01/01
	CYCLOPHOSPH CAP 50MG	Generic	PA REQUIRED	2019/12/10
	CYCLOPHOSPH INJ 1GM	Generic		2012/01/01
	CYCLOPHOSPH INJ 2GM	Generic		2012/01/01
	CYCLOPHOSPH INJ 500MG	Generic		2012/01/01
	CYCLOPHOSPHA POW	Generic	PA REQUIRED	2019/12/12
	CYCLOSPORINE CAP 50MG MOD	Generic		2012/01/01
	CYSTADANE POW	Brand	PA REQUIRED	2012/01/01
	CYTARABINE INJ 100MG/ML	Generic		2012/01/01

MISCELLANEOUS	CYTARABINE INJ 100MG/ML	Generic	PA REQUIRED	2012/01/01
	CYTARABINE INJ 20MG/ML	Generic		2012/01/01
	DACARBAZINE INJ 100MG	Generic		2012/01/01
	DACARBAZINE INJ 200MG	Generic		2012/01/01
	DAUNORUBICIN INJ 20MG/4ML	Generic		2012/01/01
	DEFERASIROX GRA 180MG	Generic	PA REQUIRED	2019/05/10
	DEFERASIROX GRA 360MG	Generic	PA REQUIRED	2019/05/10
	DEFERASIROX GRA 90MG	Generic	PA REQUIRED	2019/05/10
	DEFERASIROX TAB 125MG	Generic	PA REQUIRED	2019/05/10
	DEFERASIROX TAB 180MG	Generic	PA REQUIRED	2019/05/10
	DEFERASIROX TAB 250MG	Generic	PA REQUIRED	2019/05/10
	DEFERASIROX TAB 360MG	Generic	PA REQUIRED	2019/05/10
	DEFERASIROX TAB 500MG	Generic	PA REQUIRED	2019/05/10
	DEFERASIROX TAB 90MG	Generic	PA REQUIRED	2019/05/10
	DEFERIPRONE TAB 1000MG	Generic	PA REQUIRED	2020/04/03
	DEFERIPRONE TAB 500MG	Generic	PA REQUIRED	2020/04/03
	DEFEROX MESY INJ 500MG	Generic	PA REQUIRED	2012/01/01
	DEFEROXAMINE INJ 2GM	Generic	PA REQUIRED	2012/01/01
	DEFEROXAMINE INJ 500MG	Generic	PA REQUIRED	2012/01/01
	DESFERAL INJ 500MG	Brand		2012/01/01
	DEXRAZOXANE INJ 250MG	Generic	PA REQUIRED	2012/01/01
	DEXRAZOXANE INJ 500MG	Generic	PA REQUIRED	2012/01/01
	DOCETAXEL INJ 20MG/ML	Generic		2012/01/01
	DOCETAXEL INJ 80MG/4ML	Generic		2012/01/01
	DOPTELET TAB 20MG	Brand	PA REQUIRED	2021/03/16
	DOXIL INJ 20/10ML	Brand		2012/01/01
	DOXIL INJ 50/25ML	Brand		2012/01/01
	DOXORUBICIN INJ 10/5ML	Generic		2012/01/01

MISCELLANEOUS	DOXORUBICIN INJ 10MG	Generic		2012/01/01
	DOXORUBICIN INJ 20/10ML	Generic		2012/01/01
	DOXORUBICIN INJ 20/10ML	Generic	PA REQUIRED	2012/01/01
	DOXORUBICIN INJ 200/100	Generic		2012/01/01
	DOXORUBICIN INJ 2MG/ML	Generic		2012/01/01
	DOXORUBICIN INJ 2MG/ML	Generic	PA REQUIRED	2012/01/01
	DOXORUBICIN INJ 50/25ML	Generic	PA REQUIRED	2012/01/01
	DOXORUBICIN INJ 50/25ML	Generic		2012/01/01
	DOXORUBICIN INJ 50MG	Generic		2012/01/01
	EGRIFTA SOL 2MG	Brand	PA REQUIRED	2012/01/01
	EGRIFTA SV INJ 2MG	Brand	PA REQUIRED	2012/01/01
	ELELYSO INJ 200UNIT	Brand	PA REQUIRED	2012/01/01
	ELIGARD INJ 22.5MG	Brand		2012/01/01
	ELIGARD INJ 30MG	Brand		2012/01/01
	ELIGARD INJ 45MG	Brand	PA REQUIRED	2012/01/01
	ELIGARD INJ 7.5MG	Brand		2012/01/01
	EMCYT CAP 140MG	Brand		2012/01/01
	ENDARI POW 5GM	Brand	PA REQUIRED	2019/12/27
	ENGERIX-B INJ 10/0.5ML	Brand		2012/01/01
	ENGERIX-B INJ 20MCG/ML	Brand		2012/01/01
	ERBITUX INJ 100MG	Brand		2012/01/01
	ERBITUX INJ 200MG	Brand		2012/01/01
	ERIVEDGE CAP 150MG	Brand	PA REQUIRED	2020/02/11
	ERLEADA TAB 60MG	Brand	PA REQUIRED	2021/03/11
	ERLOTINIB TAB 100MG	Generic	PA REQUIRED	2012/01/01
	ERLOTINIB TAB 150MG	Generic	PA REQUIRED	2012/01/01
	ERLOTINIB TAB 25MG	Generic	PA REQUIRED	2012/01/01
	ESBRIET CAP 267MG	Brand	PA REQUIRED	2015/09/11

MISCELLANEOUS	ESBRIET TAB 267MG	Brand	PA REQUIRED	2015/09/11
	ESBRIET TAB 801MG	Brand	PA REQUIRED	2015/09/11
	ETHYLPARABEN POW	Generic	PA REQUIRED	2012/01/01
	ETHYOL INJ 500MG	Brand	PA REQUIRED	2012/01/01
	ETOPOSIDE CAP 50MG	Generic	PA REQUIRED	2012/01/01
	ETOPOSIDE INJ 100/5ML	Generic		2012/01/01
	ETOPOSIDE INJ 1GM/50ML	Generic		2012/01/01
	ETOPOSIDE INJ 20MG/ML	Generic		2012/01/01
	ETOPOSIDE INJ 500/25ML	Generic		2012/01/01
	EUFLEXXA INJ 10MG/ML	Brand	PA REQUIRED	2012/01/01
	EVEROLIMUS TAB 10MG	Generic	PA REQUIRED	2012/01/01
	EVEROLIMUS TAB 2.5MG	Generic	PA REQUIRED	2012/01/01
	EVEROLIMUS TAB 5MG	Generic	PA REQUIRED	2012/01/01
	EVEROLIMUS TAB 7.5MG	Generic	PA REQUIRED	2012/01/01
	EXJADE TAB 125MG	Brand	PA REQUIRED	2019/05/10
	EXJADE TAB 250MG	Brand	PA REQUIRED	2019/05/10
	EXJADE TAB 500MG	Brand	PA REQUIRED	2019/05/10
	FABRAZYME INJ 35MG	Brand	PA REQUIRED	2012/01/01
	FABRAZYME INJ 5MG	Brand	PA REQUIRED	2012/01/01
	FE PYROPHOSP POW	Generic	PA REQUIRED	2012/01/01
	FERPRX 2-DAY TAB 1000MG	Brand	PA REQUIRED	2020/04/03
	FERRIPROX SOL 100MG/ML	Brand	PA REQUIRED	2020/04/03
	FERRIPROX TAB 1000MG	Brand	PA REQUIRED	2020/04/03
	FERRIPROX TAB 500MG	Brand	PA REQUIRED	2020/04/03
	FLEBOGAMMA INJ 10/100ML	Brand	PA REQUIRED	2012/01/01
	FLEBOGAMMA INJ 10/200ML	Brand	PA REQUIRED	2012/01/01
	FLEBOGAMMA INJ 20/200ML	Brand	PA REQUIRED	2012/01/01
	FLEBOGAMMA INJ 20/400ML	Brand	PA REQUIRED	2012/01/01

MISCELLANEOUS	FLEBOGAMMA INJ 5GM/50ML	Brand	PA REQUIRED	2012/01/01
	FLEBOGAMMA INJ DIF 5%	Brand	PA REQUIRED	2012/01/01
	FLUDARABINE INJ 50MG	Generic		2012/01/01
	FLUDARABINE INJ 50MG/2ML	Generic	PA REQUIRED	2012/01/01
	FLUOROURACIL INJ 1GM/20ML	Generic		2012/01/01
	FLUOROURACIL INJ 2.5/50ML	Generic		2012/01/01
	FLUOROURACIL INJ 2.5G/50M	Generic		2012/01/01
	FLUOROURACIL INJ 500/10ML	Generic		2012/01/01
	FLUOROURACIL INJ 5GM/100M	Generic		2012/01/01
	FLUOROURACIL POW	Generic	PA REQUIRED	2012/01/01
	FLUOROURACIL POW USP/NF	Generic	PA REQUIRED	2012/01/01
	GAMASTAN INJ	Brand	PA REQUIRED	2012/01/01
	GAMMAGARD INJ 10GM/100	Brand		2012/01/01
	GAMMAGARD INJ 1GM/10ML	Brand		2012/01/01
	GAMMAGARD INJ 2.5GM/25	Brand		2012/01/01
	GAMMAGARD INJ 20GM/200	Brand		2012/01/01
	GAMMAGARD INJ 30GM/300	Brand		2012/01/01
	GAMMAGARD INJ 5GM/50ML	Brand		2012/01/01
	GAMMAGARD SD INJ 10GM HU	Brand	PA REQUIRED	2012/01/01
	GAMMAGARD SD INJ 5GM HU	Brand	PA REQUIRED	2012/01/01
	GAMMAKED INJ 10GM/100	Brand		2012/01/01
	GAMMAKED INJ 1GM/10ML	Brand		2012/01/01
	GAMMAKED INJ 20GM/200	Brand		2012/01/01
	GAMMAKED INJ 5GM/50ML	Brand		2012/01/01
	GAMMAPLEX INJ 10%	Brand	PA REQUIRED	2012/01/01
	GAMMAPLEX INJ 5%	Brand	PA REQUIRED	2012/01/01
	GAMMAR-P IV INJ 1 GM	Generic	PA REQUIRED	2012/01/01
	GAMMAR-P IV INJ 2.5 GM	Generic	PA REQUIRED	2012/01/01

MISCELLANEOUS	GAMUNEX-C INJ 10GM/100	Brand		2012/01/01
	GAMUNEX-C INJ 1GM/10ML	Brand		2012/01/01
	GAMUNEX-C INJ 2.5GM/25	Brand		2012/01/01
	GAMUNEX-C INJ 20GM/200	Brand		2012/01/01
	GAMUNEX-C INJ 40/400ML	Brand		2012/01/01
	GAMUNEX-C INJ 5GM/50ML	Brand		2012/01/01
	GATTEX KIT 5MG	Brand	PA REQUIRED	2017/08/10
	GELSYN-3 INJ 16.8/2ML	Brand	PA REQUIRED	2012/01/01
	GEMCITABINE INJ 1GM	Generic		2012/01/01
	GEMCITABINE INJ 200MG	Generic		2012/01/01
	GEMCITABINE INJ 2GM	Generic	PA REQUIRED	2012/01/01
	GENVISC 850 INJ 25/2.5	Brand	PA REQUIRED	2012/01/01
	GILOTRIF TAB 20MG	Brand	PA REQUIRED	2012/01/01
	GILOTRIF TAB 30MG	Brand	PA REQUIRED	2012/01/01
	GILOTRIF TAB 40MG	Brand	PA REQUIRED	2012/01/01
	GLEEVEC TAB 100MG	Brand	PA REQUIRED	2012/01/01
	GLEEVEC TAB 400MG	Brand	PA REQUIRED	2012/01/01
	GLEOSTINE CAP 100MG	Brand	PA REQUIRED	2012/01/01
	GLEOSTINE CAP 10MG	Brand	PA REQUIRED	2012/01/01
	GLEOSTINE CAP 40MG	Brand	PA REQUIRED	2012/01/01
	GLYCERIN LIQ	Generic	PA REQUIRED	2019/12/10
	GLYCERINE LIQ	Generic	PA REQUIRED	2019/12/10
	GLYCEROL LIQ FORMAL	Generic	PA REQUIRED	2019/12/10
	GLYCOPYRROL POW	Generic	PA REQUIRED	2012/01/01
	GNP GLYCERIN LIQ	Brand	PA REQUIRED	2019/12/10
	HAVRIX INJ 1440 U	Brand	PA REQUIRED	2012/01/01
	HAVRIX INJ 720U/0.5	Brand	PA REQUIRED	2012/01/01
	HIZENTRA INJ 10/50ML	Brand	PA REQUIRED	2012/01/01

MISCELLANEOUS	HIZENTRA	INJ 1GM/5ML	Brand	PA REQUIRED	2012/01/01
	HIZENTRA	INJ 2GM/10ML	Brand	PA REQUIRED	2012/01/01
	HIZENTRA	INJ 4GM/20ML	Brand	PA REQUIRED	2012/01/01
	HYALGAN	INJ 20MG/2ML	Brand	PA REQUIRED	2012/01/01
	HYCANTIN	CAP 0.25MG	Brand		2022/05/27
	HYCANTIN	CAP 1MG	Brand		2022/05/27
	HYCANTIN	INJ 4MG	Brand	PA REQUIRED	2012/01/01
	HYDROXYPROG	POW CAPROATE	Generic	PA REQUIRED	2012/01/01
	HYPERRHO S/D	INJ 300MCG	Brand		2012/01/01
	HYPERRHO S/D	INJ 50MCG	Brand		2012/01/01
	IBRANCE	CAP 100MG	Brand	PA REQUIRED	2015/11/02
	IBRANCE	CAP 125MG	Brand	PA REQUIRED	2015/11/02
	IBRANCE	CAP 75MG	Brand	PA REQUIRED	2015/11/02
	IBRANCE	TAB 100MG	Brand	PA REQUIRED	2015/11/02
	IBRANCE	TAB 125MG	Brand	PA REQUIRED	2015/11/02
	IBRANCE	TAB 75MG	Brand	PA REQUIRED	2015/11/02
	ICLUSIG	TAB 10MG	Brand	PA REQUIRED	2012/01/01
	ICLUSIG	TAB 15MG	Brand	PA REQUIRED	2012/01/01
	ICLUSIG	TAB 30MG	Brand	PA REQUIRED	2012/01/01
	ICLUSIG	TAB 45MG	Brand	PA REQUIRED	2012/01/01
	ILARIS	INJ 150MG/ML	Brand	PA REQUIRED	2012/01/01
	IMATINIB MES	TAB 100MG	Generic		2012/01/01
	IMATINIB MES	TAB 400MG	Generic		2012/01/01
	IMBRUVICA	CAP 140MG	Brand	PA REQUIRED	2012/01/01
	IMBRUVICA	CAP 70MG	Brand	PA REQUIRED	2012/01/01
	IMBRUVICA	TAB 140MG	Brand	PA REQUIRED	2012/01/01
	IMBRUVICA	TAB 280MG	Brand	PA REQUIRED	2012/01/01
	IMBRUVICA	TAB 420MG	Brand	PA REQUIRED	2012/01/01

MISCELLANEOUS	IMBRUVICA TAB 560MG	Brand	PA REQUIRED	2012/01/01
	IMOVAX RABIE INJ 2.5/ML	Brand		2012/01/01
	INCRELEX INJ 40MG/4ML	Brand	PA REQUIRED	2012/01/01
	INLYTA TAB 1MG	Brand	PA REQUIRED	2012/01/01
	INLYTA TAB 5MG	Brand	PA REQUIRED	2012/01/01
	INTRON A INJ 10MU	Brand	PA REQUIRED	2012/01/01
	INTRON A INJ 18MU	Brand	PA REQUIRED	2012/01/01
	INTRON A INJ 50MU	Brand	PA REQUIRED	2012/01/01
	IRESSA TAB 250MG	Brand	PA REQUIRED	2012/01/01
	JADENU TAB 180MG	Brand	PA REQUIRED	2019/05/10
	JADENU TAB 360MG	Brand	PA REQUIRED	2019/05/10
	JADENU TAB 90MG	Brand	PA REQUIRED	2019/05/10
	JADENU SPRKL GRA 180MG	Brand	PA REQUIRED	2019/05/10
	JADENU SPRKL GRA 360MG	Brand	PA REQUIRED	2019/05/10
	JADENU SPRKL GRA 90MG	Brand	PA REQUIRED	2019/05/10
	JAKAFI TAB 10MG	Brand	PA REQUIRED	2012/01/01
	JAKAFI TAB 15MG	Brand	PA REQUIRED	2012/01/01
	JAKAFI TAB 20MG	Brand	PA REQUIRED	2012/01/01
	JAKAFI TAB 25MG	Brand	PA REQUIRED	2012/01/01
	JAKAFI TAB 5MG	Brand	PA REQUIRED	2012/01/01
	JELMYTO INJ 40MG X 2	Brand		2012/01/01
	KISQALI TAB 200DOSE	Brand	PA REQUIRED	2022/04/29
	KISQALI TAB 400DOSE	Brand	PA REQUIRED	2022/04/29
	KISQALI TAB 600DOSE	Brand	PA REQUIRED	2022/04/29
	KISQALI 200 PAK FEMARA	Brand	PA REQUIRED	2022/06/21
	KISQALI 400 PAK FEMARA	Brand	PA REQUIRED	2022/06/21
	KISQALI 600 PAK FEMARA	Brand	PA REQUIRED	2022/06/21
	KORLYM TAB 300MG	Brand	PA REQUIRED	2017/11/17

MISCELLANEOUS	KOSELUGO CAP 10MG	Brand	PA REQUIRED	2022/05/13
	KOSELUGO CAP 25MG	Brand	PA REQUIRED	2022/05/13
	KUVAN POW 100MG	Brand	PA REQUIRED	2015/07/10
	KUVAN POW 500MG	Brand	PA REQUIRED	2015/07/10
	KUVAN TAB 100MG	Brand	PA REQUIRED	2012/01/01
	LAPATINIB TAB 250MG	Generic	PA REQUIRED	2012/01/01
	L-ASPARAGINE POW MONOHYDR	Generic	PA REQUIRED	2012/01/01
	LENALIDOMIDE CAP 10MG	Generic	PA REQUIRED	2012/01/01
	LENALIDOMIDE CAP 15MG	Generic	PA REQUIRED	2012/01/01
	LENALIDOMIDE CAP 25MG	Generic	PA REQUIRED	2012/01/01
	LENALIDOMIDE CAP 5MG	Generic	PA REQUIRED	2012/01/01
	LENVIMA CAP 10 MG	Brand	PA REQUIRED	2012/01/01
	LENVIMA CAP 12MG	Brand	PA REQUIRED	2012/01/01
	LENVIMA CAP 14 MG	Brand	PA REQUIRED	2012/01/01
	LENVIMA CAP 18 MG	Brand	PA REQUIRED	2012/01/01
	LENVIMA CAP 20 MG	Brand	PA REQUIRED	2012/01/01
	LENVIMA CAP 24 MG	Brand	PA REQUIRED	2012/01/01
	LENVIMA CAP 4MG	Brand	PA REQUIRED	2012/01/01
	LENVIMA CAP 8 MG	Brand	PA REQUIRED	2012/01/01
	LEUCOVOR CA INJ 100MG	Generic		2012/01/01
	LEUCOVOR CA INJ 200MG	Generic		2012/01/01
	LEUCOVOR CA INJ 350MG	Generic	PA REQUIRED	2012/01/01
	LEUCOVOR CA INJ 50MG	Generic		2012/01/01
	LEUCOVOR CA TAB 10MG	Generic		2012/01/01
	LEUCOVOR CA TAB 15MG	Generic		2012/01/01
	LEUCOVOR CA TAB 25MG	Generic		2012/01/01
	LEUCOVOR CA TAB 5MG	Generic		2012/01/01
	LEUCOVORIN INJ 100/10ML	Generic	PA REQUIRED	2012/01/01

MISCELLANEOUS	LEUCOVORIN INJ 500/50ML	Generic	PA REQUIRED	2012/01/01
	LEUCOVORIN INJ 500MG	Generic		2012/01/01
	LEUCOVORIN INJ CALCIUM	Generic	PA REQUIRED	2012/01/01
	LEUCOVORIN POW CALCIUM	Generic	PA REQUIRED	2012/01/01
	LEUPROLIDE INJ 1MG/0.2	Generic	PA REQUIRED	2012/01/01
	LEUPROLIDE KIT 14 DAY	Generic	PA REQUIRED	2012/01/01
	LEUPROLIDE KIT 1MG/0.2	Generic	PA REQUIRED	2012/01/01
	LEUPROLIDE POW ACETATE	Generic	PA REQUIRED	2012/01/01
	LONSURF TAB 15-6.14	Brand	PA REQUIRED	2016/05/27
	LONSURF TAB 20-8.19	Brand	PA REQUIRED	2016/05/27
	LUMAKRAS TAB 120MG	Brand	PA REQUIRED	2021/06/21
	LUMIZYME INJ 50MG	Brand	PA REQUIRED	2018/04/13
	LUPRON DEPOT INJ 11.25MG	Brand		2012/01/01
	LUPRON DEPOT INJ 22.5MG	Brand	PA REQUIRED	2012/01/01
	LUPRON DEPOT INJ 3.75MG	Brand		2012/01/01
	LUPRON DEPOT INJ 30MG	Brand	PA REQUIRED	2012/01/01
	LUPRON DEPOT INJ 45MG	Brand	PA REQUIRED	2012/01/01
	LUPRON DEPOT INJ 7.5MG	Brand	PA REQUIRED	2012/01/01
	LYNPARZA TAB 100MG	Brand	PA REQUIRED	2018/05/21
	LYNPARZA TAB 150MG	Brand	PA REQUIRED	2018/05/21
	MATULANE CAP 50MG	Brand		2012/01/01
	MEKINIST TAB 0.5MG	Brand	PA REQUIRED	2012/01/01
	MEKINIST TAB 2MG	Brand	PA REQUIRED	2012/01/01
	MEKTOVI TAB 15MG	Brand	PA REQUIRED	2018/11/30
	MERCAPTOPUR TAB 50MG	Generic		2012/01/01
	MESNA INJ 1GM	Generic		2012/01/01
	MESNEX INJ 1GM	Brand		2012/01/01
	MESNEX TAB 400MG	Brand		2012/01/01

MISCELLANEOUS	MICRHOGAM PL INJ 50MCG	Brand		2012/01/01
	MIGLUSTAT CAP 100MG	Generic	PA REQUIRED	2012/01/01
	MITOMYCIN INJ 20MG	Generic		2012/01/01
	MITOMYCIN INJ 40MG	Generic		2012/01/01
	MITOMYCIN INJ 5MG	Generic		2012/01/01
	MITOMYCIN POW	Generic	PA REQUIRED	2012/01/01
	MITOXANTRON INJ 2MG/ML	Generic	PA REQUIRED	2012/01/01
	MOZOBIL INJ	Brand	PA REQUIRED	2015/06/12
	MUTAMYCIN INJ 20MG	Generic		2012/01/01
	MUTAMYCIN INJ 40MG	Generic		2012/01/01
	MUTAMYCIN INJ 5MG	Generic		2012/01/01
	MYLERAN TAB 2MG	Brand		2012/01/01
	NERLYNX TAB 40MG	Brand	PA REQUIRED	2012/01/01
	NEXAVAR TAB 200MG	Brand	PA REQUIRED	2012/01/01
	NINLARO CAP 2.3MG	Brand	PA REQUIRED	2017/12/07
	NINLARO CAP 3MG	Brand	PA REQUIRED	2017/12/07
	NINLARO CAP 4MG	Brand	PA REQUIRED	2017/12/07
	NIPENT INJ 10MG	Brand		2012/01/01
	NITISINONE CAP 10MG	Generic	PA REQUIRED	2012/01/01
	NITISINONE CAP 2MG	Generic	PA REQUIRED	2012/01/01
	NITISINONE CAP 5MG	Generic	PA REQUIRED	2012/01/01
	NPLATE INJ 125MCG	Brand	PA REQUIRED	2015/09/11
	NPLATE INJ 250MCG	Brand	PA REQUIRED	2015/09/11
	NPLATE INJ 500MCG	Brand	PA REQUIRED	2015/09/11
	NUBEQA TAB 300MG	Brand	PA REQUIRED	2019/09/20
	OCTAGAM INJ 10/100ML	Brand	PA REQUIRED	2012/01/01
	OCTAGAM INJ 10GM	Brand	PA REQUIRED	2012/01/01
	OCTAGAM INJ 1GM	Brand	PA REQUIRED	2012/01/01

MISCELLANEOUS	OCTAGAM	INJ 2.5GM	Brand	PA REQUIRED	2012/01/01
	OCTAGAM	INJ 20/200ML	Brand	PA REQUIRED	2012/01/01
	OCTAGAM	INJ 2GM/20ML	Brand	PA REQUIRED	2012/01/01
	OCTAGAM	INJ 30/300ML	Brand	PA REQUIRED	2012/01/01
	OCTAGAM	INJ 5GM	Brand	PA REQUIRED	2012/01/01
	OCTAGAM	INJ 5GM/50ML	Brand	PA REQUIRED	2012/01/01
	OFEV	CAP 100MG	Brand		2015/03/04
	OFEV	CAP 150MG	Brand		2015/03/04
	ORA-BLEND	SUS	Brand	PA REQUIRED	2019/12/10
	ORENCIA	INJ 125MG/ML	Brand	PA REQUIRED	2012/01/01
	ORENCIA	INJ 250MG	Brand	PA REQUIRED	2012/01/01
	ORFADIN	CAP 10MG	Brand	PA REQUIRED	2012/01/01
	ORFADIN	CAP 20MG	Brand	PA REQUIRED	2012/01/01
	ORFADIN	CAP 2MG	Brand	PA REQUIRED	2012/01/01
	ORFADIN	CAP 5MG	Brand	PA REQUIRED	2012/01/01
	ORFADIN	SUS 4MG/ML	Brand	PA REQUIRED	2019/04/09
	ORGOVYX	TAB 120MG	Brand	PA REQUIRED	2021/09/17
	ORTHOVISC	INJ 15MG/ML	Brand	PA REQUIRED	2012/01/01
	OXALIPLATIN	INJ 100MG	Generic	PA REQUIRED	2012/01/01
	OXALIPLATIN	INJ 50MG	Generic	PA REQUIRED	2012/01/01
	OXBRYTA	TAB 300MG	Brand	PA REQUIRED	2022/04/22
	OXBRYTA	TAB 500MG	Brand	PA REQUIRED	2022/04/22
	PACLITAXEL	INJ	Generic		2012/01/01
	PACLITAXEL	INJ 100/16.7	Generic		2012/01/01
	PACLITAXEL	INJ 100MG	Generic		2012/01/01
	PACLITAXEL	INJ 150/25ML	Generic		2012/01/01
	PACLITAXEL	INJ 300/50ML	Generic		2012/01/01
	PACLITAXEL	INJ 30MG/5ML	Generic		2012/01/01

MISCELLANEOUS	PALYNZIQ INJ 10/0.5ML	Brand	PA REQUIRED	2018/08/24
	PALYNZIQ INJ 2.5/0.5	Brand	PA REQUIRED	2018/08/24
	PALYNZIQ INJ 20MG/ML	Brand	PA REQUIRED	2018/08/24
	PARAGARD IUD T380A	Brand	PA REQUIRED	2016/03/18
	PARAPLATIN INJ 1000MG	Brand	PA REQUIRED	2012/01/01
	PARAPLATIN INJ 150/15ML	Generic	PA REQUIRED	2012/01/01
	PARAPLATIN INJ 450/45ML	Generic	PA REQUIRED	2012/01/01
	PARAPLATIN INJ 50MG/5ML	Generic	PA REQUIRED	2012/01/01
	PARAPLATIN INJ 600/60ML	Generic	PA REQUIRED	2012/01/01
	PARICALCITOL INJ 2MCG/ML	Generic	PA REQUIRED	2012/01/01
	PARICALCITOL INJ 5MCG/ML	Generic	PA REQUIRED	2012/01/01
	PEMETREXED INJ 100MG	Generic	PA REQUIRED	2012/01/01
	PEMETREXED INJ 500MG	Generic	PA REQUIRED	2012/01/01
	PERJETA INJ 420/14ML	Brand	PA REQUIRED	2012/01/01
	PH 12 STERIL SOL FLOLAN	Brand	PA REQUIRED	2012/01/01
	PHENTOLAMINE INJ 5MG	Generic	PA REQUIRED	2012/01/01
	PHENTOLAMINE POW MESYLATE	Generic	PA REQUIRED	2012/01/01
	PIRFENIDONE TAB 267MG	Generic	PA REQUIRED	2015/09/11
	PIRFENIDONE TAB 801MG	Generic	PA REQUIRED	2015/09/11
	POLYOX POW WSR-301	Brand	PA REQUIRED	2012/01/01
	POLYOX WSR POW -301	Brand	PA REQUIRED	2012/01/01
	POMALYST CAP 1MG	Brand	PA REQUIRED	2019/06/21
	POMALYST CAP 2MG	Brand	PA REQUIRED	2019/06/21
	POMALYST CAP 3MG	Brand	PA REQUIRED	2019/06/21
	POMALYST CAP 4MG	Brand	PA REQUIRED	2019/06/21
	PORTRAZZA INJ 800/50ML	Brand	PA REQUIRED	2012/01/01
	PRIVIGEN INJ 10GRAMS	Brand	PA REQUIRED	2012/01/01
	PRIVIGEN INJ 20GRAMS	Brand	PA REQUIRED	2012/01/01

MISCELLANEOUS	PRIVIGEN INJ 40GRAMS	Brand		2012/01/01
	PRIVIGEN INJ 5 GRAMS	Brand	PA REQUIRED	2012/01/01
	PROLEUKIN INJ 22MU	Brand	PA REQUIRED	2012/01/01
	PROMACTA PAK 25MG	Brand	PA REQUIRED	2012/01/01
	PROMACTA POW 12.5MG	Brand	PA REQUIRED	2012/01/01
	PROMACTA TAB 12.5MG	Brand	PA REQUIRED	2012/01/01
	PROMACTA TAB 25MG	Brand	PA REQUIRED	2012/01/01
	PROMACTA TAB 50MG	Brand	PA REQUIRED	2012/01/01
	PROMACTA TAB 75MG	Brand	PA REQUIRED	2012/01/01
	PROSTAGLAND POW E1	Generic	PA REQUIRED	2012/01/01
	PROSTIN VR INJ 500MCG	Brand	PA REQUIRED	2012/01/01
	PURIXAN SUS 20MG/ML	Brand	PA REQUIRED	2016/08/11
	QINLOCK TAB 50MG	Brand	PA REQUIRED	2012/01/01
	RAVICTI LIQ 1.1GM/ML	Brand	PA REQUIRED	2012/01/01
	RECOMBIVA HB INJ 10MCG/ML	Brand		2012/01/01
	RECOMBIVA HB INJ 5MCG/0.5	Brand		2012/01/01
	RECOMBIVA-HB INJ 40MCG/ML	Brand		2012/01/01
	RETEVMO CAP 40MG	Brand	PA REQUIRED	2012/01/01
	RETEVMO CAP 80MG	Brand	PA REQUIRED	2012/01/01
	REVLIMID CAP 10MG	Brand	PA REQUIRED	2012/01/01
	REVLIMID CAP 15MG	Brand	PA REQUIRED	2012/01/01
	REVLIMID CAP 2.5MG	Brand	PA REQUIRED	2012/01/01
	REVLIMID CAP 20MG	Brand	PA REQUIRED	2012/01/01
	REVLIMID CAP 25MG	Brand	PA REQUIRED	2012/01/01
	REVLIMID CAP 5MG	Brand	PA REQUIRED	2012/01/01
	RHOGAM PLUS INJ 300MCG	Brand		2012/01/01
	RHOPHYLAC INJ 1500/2ML	Brand	PA REQUIRED	2012/01/01
	RIBAVIRIN POW	Generic	PA REQUIRED	2012/01/01

MISCELLANEOUS	RITUXAN	INJ 100MG	Brand		2012/01/01
	RITUXAN	INJ 500MG	Brand		2012/01/01
	RUBRACA	TAB 200MG	Brand	PA REQUIRED	2017/03/10
	RUBRACA	TAB 250MG	Brand	PA REQUIRED	2017/03/10
	RUBRACA	TAB 300MG	Brand	PA REQUIRED	2017/03/10
	SAPROPTERIN	POW 100MG	Generic	PA REQUIRED	2015/07/10
	SAPROPTERIN	POW 500MG	Generic	PA REQUIRED	2015/07/10
	SAPROPTERIN	TAB 100MG	Generic	PA REQUIRED	2012/01/01
	SIMPLE	SYP	Generic		2019/12/10
	SIMPLE	SYP	Generic	PA REQUIRED	2019/12/10
	SIMPLE SYRUP	SYP NF	Generic		2019/12/10
	SOD PYROPHOS	POW ANHYDROU	Generic	PA REQUIRED	2012/01/01
	SORAFENIB	TAB 200MG	Generic	PA REQUIRED	2012/01/01
	SPRAVATO	SOL 56MG DOS	Brand	PA REQUIRED	2019/08/30
	SPRAVATO	SOL 84MG DOS	Brand	PA REQUIRED	2019/08/30
	SPRYCEL	TAB 100MG	Brand	PA REQUIRED	2012/01/01
	SPRYCEL	TAB 140MG	Brand	PA REQUIRED	2012/01/01
	SPRYCEL	TAB 20MG	Brand	PA REQUIRED	2012/01/01
	SPRYCEL	TAB 50MG	Brand	PA REQUIRED	2012/01/01
	SPRYCEL	TAB 70MG	Brand	PA REQUIRED	2012/01/01
	SPRYCEL	TAB 80MG	Brand	PA REQUIRED	2012/01/01
	STERILE DILU SOL	EPOPROS	Generic	PA REQUIRED	2012/01/01
	STERILE DILU SOL	TREPROST	Generic	PA REQUIRED	2012/01/01
	STIVARGA	TAB 40MG	Brand	PA REQUIRED	2012/01/01
	STRAWBERRY	LIQ FLAVOR	Generic	PA REQUIRED	2019/12/12
	STRENSIQ	INJ 18/0.45	Brand	PA REQUIRED	2016/11/17
	STRENSIQ	INJ 28/0.7ML	Brand	PA REQUIRED	2016/11/17
	STRENSIQ	INJ 40MG/ML	Brand	PA REQUIRED	2016/11/17

MISCELLANEOUS	STRENSIQ INJ 80/0.8ML	Brand	PA REQUIRED	2016/11/17
	SUNITINIB CAP 12.5MG	Generic	PA REQUIRED	2012/01/01
	SUNITINIB CAP 25MG	Generic	PA REQUIRED	2012/01/01
	SUNITINIB CAP 37.5MG	Generic	PA REQUIRED	2012/01/01
	SUNITINIB CAP 50MG	Generic	PA REQUIRED	2012/01/01
	SUPARTZ FX INJ 25/2.5ML	Brand	PA REQUIRED	2012/01/01
	SUPPRELIN LA KIT 50MG	Brand	PA REQUIRED	2022/01/24
	SUTENT CAP 12.5MG	Brand	PA REQUIRED	2012/01/01
	SUTENT CAP 25MG	Brand	PA REQUIRED	2012/01/01
	SUTENT CAP 37.5MG	Brand	PA REQUIRED	2012/01/01
	SUTENT CAP 50MG	Brand	PA REQUIRED	2012/01/01
	SYNAREL SOL 2MG/ML	Brand		2012/01/01
	SYNVISC INJ 8MG/ML	Brand	PA REQUIRED	2012/01/01
	SYNVISC ONE INJ 8MG/ML	Brand	PA REQUIRED	2012/01/01
	SYRPALTA SYP	Brand		2019/12/10
	SYRSPEND SF LIQ	Brand	PA REQUIRED	2019/07/03
	SYRSPEND SF SUS	Brand	PA REQUIRED	2019/07/03
	SYRUP SYP NF	Brand	PA REQUIRED	2019/12/10
	TABLOID TAB 40MG	Brand		2012/01/01
	TAFINLAR CAP 50MG	Brand	PA REQUIRED	2012/01/01
	TAFINLAR CAP 75MG	Brand	PA REQUIRED	2012/01/01
	TAGRISSO TAB 40MG	Brand	PA REQUIRED	2012/01/01
	TAGRISSO TAB 80MG	Brand	PA REQUIRED	2012/01/01
	TALZENNA CAP 0.25MG	Brand	PA REQUIRED	2019/08/21
	TALZENNA CAP 0.5MG	Brand	PA REQUIRED	2019/08/21
	TALZENNA CAP 0.75MG	Brand	PA REQUIRED	2019/08/21
	TALZENNA CAP 1MG	Brand	PA REQUIRED	2019/08/21
	TARCEVA TAB 100MG	Brand		2012/01/01

MISCELLANEOUS	TARCEVA	TAB 150MG	Brand		2012/01/01
	TARCEVA	TAB 25MG	Brand		2012/01/01
	TASIGNA	CAP 150MG	Brand	PA REQUIRED	2012/01/01
	TASIGNA	CAP 200MG	Brand	PA REQUIRED	2012/01/01
	TASIGNA	CAP 50MG	Brand	PA REQUIRED	2012/01/01
	TEMODAR	CAP 100MG	Brand	PA REQUIRED	2012/01/01
	TEMODAR	CAP 140MG	Brand	PA REQUIRED	2012/01/01
	TEMODAR	CAP 180MG	Brand	PA REQUIRED	2012/01/01
	TEMODAR	CAP 250MG	Brand	PA REQUIRED	2012/01/01
	TEMOZOLOMIDE	CAP 100MG	Generic		2012/01/01
	TEMOZOLOMIDE	CAP 140MG	Generic		2012/01/01
	TEMOZOLOMIDE	CAP 180MG	Generic		2012/01/01
	TEMOZOLOMIDE	CAP 20MG	Generic		2012/01/01
	TEMOZOLOMIDE	CAP 250MG	Generic		2012/01/01
	TEMOZOLOMIDE	CAP 5MG	Generic		2012/01/01
	TEPADINA	INJ 15MG	Brand		2012/01/01
	THALOMID	CAP 50MG	Brand	PA REQUIRED	2012/01/01
	THIOTEPA	INJ 15MG	Generic		2012/01/01
	THYROGEN	INJ 0.9MG	Brand	PA REQUIRED	2012/01/01
	TIBSOVO	TAB 250MG	Brand	PA REQUIRED	2020/08/28
	TICE BCG	INJ	Brand		2012/01/01
	TOPOSAR	INJ 100/5ML	Generic		2012/01/01
	TOPOSAR	INJ 1GM/50ML	Generic		2012/01/01
	TOPOSAR	INJ 500/25ML	Generic		2012/01/01
	TOPOTECAN	INJ 4MG	Generic		2012/01/01
	TOPOTECAN	INJ 4MG/4ML	Generic	PA REQUIRED	2022/05/27
	TOTECT	INJ 500MG	Brand	PA REQUIRED	2012/01/01
	TRETINOIN	CAP 10MG	Generic	PA REQUIRED	2012/01/01

MISCELLANEOUS	TRILURON	INJ 20MG/2ML	Brand	PA REQUIRED	2012/01/01
	TRIPTODUR	SUS 22.5MG	Brand	PA REQUIRED	2020/09/30
	TRIVISC	INJ 25/2.5ML	Brand	PA REQUIRED	2012/01/01
	TRUSELTIQ	CAP 100MG	Brand	PA REQUIRED	2021/08/27
	TRUSELTIQ	CAP 125MG	Brand	PA REQUIRED	2021/08/27
	TRUSELTIQ	CAP 50MG	Brand	PA REQUIRED	2021/08/27
	TRUSELTIQ	CAP 75MG	Brand	PA REQUIRED	2021/08/27
	TUKYSA	TAB 150MG	Brand	PA REQUIRED	2022/05/24
	TUKYSA	TAB 50MG	Brand	PA REQUIRED	2022/05/24
	TYKERB	TAB 250MG	Brand	PA REQUIRED	2012/01/01
	TYSABRI	INJ 300/15ML	Brand	PA REQUIRED	2012/01/01
	VANCOMYCIN	POW	Generic	PA REQUIRED	2012/01/01
	VELCADE	INJ 3.5MG	Brand		2012/01/01
	VENCLEXTA	TAB 100MG	Brand	PA REQUIRED	2019/07/05
	VENCLEXTA	TAB 10MG	Brand	PA REQUIRED	2019/07/05
	VENCLEXTA	TAB 50MG	Brand	PA REQUIRED	2019/07/05
	VENCLEXTA	TAB START PK	Brand	PA REQUIRED	2019/07/05
	VERZENIO	TAB 100MG	Brand	PA REQUIRED	2019/05/28
	VERZENIO	TAB 150MG	Brand	PA REQUIRED	2019/05/28
	VERZENIO	TAB 200MG	Brand	PA REQUIRED	2019/05/28
	VERZENIO	TAB 50MG	Brand	PA REQUIRED	2019/05/28
	VIDAZA	INJ 100MG	Brand	PA REQUIRED	2012/01/01
	VINCASAR PFS	INJ 1MG/ML	Generic		2012/01/01
	VINCRISTINE	INJ 1MG/ML	Generic		2012/01/01
	VINORELBINE	INJ 10MG/ML	Generic		2012/01/01
	VINORELBINE	INJ 50MG/5ML	Generic		2012/01/01
	VISCO-3	INJ 25/2.5ML	Brand	PA REQUIRED	2012/01/01
	VITRAKVI	CAP 100MG	Brand	PA REQUIRED	2019/12/27

MISCELLANEOUS	VITRAKVI	CAP 25MG	Brand	PA REQUIRED	2019/12/27
	VITRAKVI	SOL 20MG/ML	Brand	PA REQUIRED	2019/12/27
	VOTRIENT	TAB 200MG	Brand	PA REQUIRED	2012/01/01
	VOXZOGO	INJ 0.4MG	Brand	PA REQUIRED	2022/02/07
	VOXZOGO	INJ 0.56MG	Brand	PA REQUIRED	2022/02/07
	VOXZOGO	INJ 1.2MG	Brand	PA REQUIRED	2022/02/07
	VPRIV	INJ 400UNIT	Brand	PA REQUIRED	2012/01/01
	WINRHO SDF	INJ 15000UNT	Brand		2012/01/01
	WINRHO SDF	INJ 1500UNIT	Brand		2012/01/01
	WINRHO SDF	INJ 2500UNIT	Brand		2012/01/01
	WINRHO SDF	INJ 5000UNIT	Brand		2012/01/01
	XALKORI	CAP 200MG	Brand	PA REQUIRED	2012/01/01
	XALKORI	CAP 250MG	Brand	PA REQUIRED	2012/01/01
	XATMEP	SOL 2.5MG/ML	Brand	PA REQUIRED	2022/02/28
	XELODA	TAB 150MG	Brand	PA REQUIRED	2012/01/01
	XELODA	TAB 500MG	Brand	PA REQUIRED	2012/01/01
	XIAFLEX	INJ 0.9MG	Brand	PA REQUIRED	2016/01/15
	XOSPATA	TAB 40MG	Brand	PA REQUIRED	2012/01/01
	XPOVIO	PAK 40MG	Brand	PA REQUIRED	2019/08/07
	XPOVIO	PAK 50MG	Brand	PA REQUIRED	2019/08/07
	XPOVIO	PAK 60MG	Brand	PA REQUIRED	2019/08/07
	XPOVIO	PAK 80MG	Brand	PA REQUIRED	2019/08/07
	XTANDI	CAP 40MG	Brand	PA REQUIRED	2012/01/01
	XYREM	SOL 500MG/ML	Brand	PA REQUIRED	2020/02/11
	XYWAV	SOL 0.5GM/ML	Brand	PA REQUIRED	2020/11/06
	YONSA	TAB 125MG	Brand	PA REQUIRED	2019/06/07
	ZANOSAR	INJ 1GM	Brand		2012/01/01
	ZAVESCA	CAP 100MG	Brand	PA REQUIRED	2012/01/01

MISCELLANEOUS	ZEJULA	CAP 100MG	Brand	PA REQUIRED	2020/11/10
	ZELBORAF	TAB 240MG	Brand	PA REQUIRED	2012/01/01
	ZEMPLAR	INJ 2MCG/ML	Brand	PA REQUIRED	2012/01/01
	ZEMPLAR	INJ 5MCG/ML	Brand	PA REQUIRED	2012/01/01
	ZOLADEX	IMP 10.8MG	Brand		2012/01/01
	ZOLADEX	IMP 3.6MG	Brand		2012/01/01
	ZOLGENSMA	INJ	Brand	PA REQUIRED	2019/11/22
	ZYTIGA	TAB 250MG	Brand	PA REQUIRED	2019/06/07
	ZYTIGA	TAB 500MG	Brand	PA REQUIRED	2019/06/07
MULTIPLE SCLEROSIS AGENTS	AMPYRA	TAB 10MG	Brand	PA REQUIRED	2012/01/01
	AUBAGIO	TAB 14MG	Brand	PA REQUIRED	2012/01/01
	AUBAGIO	TAB 7MG	Brand	PA REQUIRED	2012/01/01
	AVONEX PEN	KIT 30MCG	Brand	PA REQUIRED	2012/01/01
	AVONEX PREFL KIT	30MCG	Brand	PA REQUIRED	2012/01/01
	BETASERON	INJ 0.3MG	Brand		2015/04/01
	COPAXONE	INJ 20MG/ML	Brand	PA REQUIRED	2012/01/01
	COPAXONE	INJ 40MG/ML	Brand		2012/01/01
	DALFAMPRIDIN	TAB 10MG ER	Generic		2012/01/01
	DIMETHYL FUM	CAP 120MG DR	Generic	PA REQUIRED	2012/01/01
	DIMETHYL FUM	CAP 240MG DR	Generic	PA REQUIRED	2012/01/01
	DIMETHYL FUM	MIS STARTER	Generic		2012/01/01
	EXTAVIA	INJ 0.3MG	Brand	PA REQUIRED	2015/04/01
	GILENYA	CAP 0.25MG	Brand	PA REQUIRED	2012/01/01
	GILENYA	CAP 0.5MG	Brand	PA REQUIRED	2012/01/01
	GLATIRAMER	INJ 20MG/ML	Generic	PA REQUIRED	2012/01/01
	GLATIRAMER	INJ 40MG/ML	Generic	PA REQUIRED	2012/01/01
	GLATOPA	INJ 20MG/ML	Generic	PA REQUIRED	2012/01/01
	GLATOPA	INJ 40MG/ML	Generic	PA REQUIRED	2012/01/01

MULTIPLE SCLEROSIS AGENTS	KESIMPTA INJ 20/.4ML	Brand	PA REQUIRED	2021/03/16
	MAVENCLAD PAK 10MG (4)	Brand	PA REQUIRED	2020/02/10
	MAVENCLAD PAK 10MG (5)	Brand	PA REQUIRED	2020/02/10
	MAVENCLAD PAK 10MG (6)	Brand	PA REQUIRED	2020/02/10
	MAVENCLAD PAK 10MG (7)	Brand	PA REQUIRED	2020/02/10
	MAVENCLAD PAK 10MG (8)	Brand	PA REQUIRED	2020/02/10
	MAVENCLAD PAK 10MG (9)	Brand	PA REQUIRED	2020/02/10
	MAVENCLAD PAK 10MG(10)	Brand	PA REQUIRED	2020/02/10
	MAVENCLAD PAK 10MG(4)	Brand	PA REQUIRED	2020/02/10
	MAVENCLAD PAK 10MG(5)	Brand	PA REQUIRED	2020/02/10
	MAVENCLAD PAK 10MG(6)	Brand	PA REQUIRED	2020/02/10
	MAVENCLAD PAK 10MG(7)	Brand	PA REQUIRED	2020/02/10
	MAVENCLAD PAK 10MG(8)	Brand	PA REQUIRED	2020/02/10
	MAVENCLAD PAK 10MG(9)	Brand	PA REQUIRED	2020/02/10
	MAYZENT PAK STARTER	Brand	PA REQUIRED	2020/05/08
	MAYZENT TAB 0.25MG	Brand	PA REQUIRED	2020/05/08
	MAYZENT TAB 1MG	Brand	PA REQUIRED	2020/05/08
	MAYZENT TAB 2MG	Brand	PA REQUIRED	2020/05/08
	PLEGRIDY INJ	Brand	PA REQUIRED	2015/04/01
	PLEGRIDY INJ PEN	Brand	PA REQUIRED	2015/04/01
	PLEGRIDY INJ STARTER	Brand	PA REQUIRED	2015/04/01
	PLEGRIDY PEN INJ STARTER	Brand	PA REQUIRED	2015/04/01
	PONVORY TAB 20MG	Brand	PA REQUIRED	2022/01/10
	PONVORY TAB STARTER	Brand	PA REQUIRED	2022/01/10
	REBIF INJ 22/0.5	Brand	PA REQUIRED	2012/01/01
	REBIF INJ 44/0.5	Brand	PA REQUIRED	2012/01/01
	REBIF REBIDO INJ 22/0.5	Brand	PA REQUIRED	2012/01/01
	REBIF REBIDO INJ 44/0.5	Brand	PA REQUIRED	2012/01/01

MULTIPLE SCLEROSIS AGENTS	REBIF REBIDO INJ TITRATN	Brand	PA REQUIRED	2012/01/01
	REBIF TITRTN INJ PACK	Brand	PA REQUIRED	2012/01/01
	TECFIDERA CAP 120MG	Brand		2012/01/01
	TECFIDERA CAP 240MG	Brand		2012/01/01
	TECFIDERA MIS STARTER	Brand		2012/01/01
	VUMERITY CAP 231MG	Brand	PA REQUIRED	2021/03/17
	ZEPOSIA CAP .92MG	Brand	PA REQUIRED	2020/07/02
	ZEPOSIA CAP STR KIT	Brand	PA REQUIRED	2020/07/02
	ZEPOSIA 7DAY CAP STR PACK	Brand	PA REQUIRED	2020/07/02
NARCOTIC - ANTAGONISTS	VIVITROL INJ 380MG	Brand		2012/01/01
NARCOTICS - SELECTED	SUBLOCADE INJ 100/0.5	Brand	PA REQUIRED	2019/01/10
	SUBLOCADE INJ 300/1.5	Brand	PA REQUIRED	2019/01/10
NEUROLOGICS - MISC.	AUSTEDO TAB 12MG	Brand	PA REQUIRED	2018/04/20
	AUSTEDO TAB 6MG	Brand	PA REQUIRED	2018/04/20
	AUSTEDO TAB 9MG	Brand	PA REQUIRED	2018/04/20
	FIRDAPSE TAB 10MG	Brand	PA REQUIRED	2021/07/09
	INGREZZA CAP 40-80MG	Brand	PA REQUIRED	2018/06/01
	INGREZZA CAP 40MG	Brand	PA REQUIRED	2018/06/01
	INGREZZA CAP 60MG	Brand	PA REQUIRED	2018/06/01
	INGREZZA CAP 80MG	Brand	PA REQUIRED	2018/06/01
	ONPATTRO SOL 10MG/5ML	Brand	PA REQUIRED	2018/11/30
	TETRABENAZIN TAB 12.5MG	Generic	PA REQUIRED	2012/01/01
	TETRABENAZIN TAB 25MG	Generic	PA REQUIRED	2012/01/01
	XENAZINE TAB 12.5MG	Brand	PA REQUIRED	2012/01/01
	XENAZINE TAB 25MG	Brand	PA REQUIRED	2012/01/01
	OP. ANTIBIOTICS	GARAMYCIN OIN 0.3% OP	Brand	PA REQUIRED
GARAMYCIN SOL 0.3% OP		Brand	PA REQUIRED	2012/01/01
GENTAK OIN 0.3% OP		Brand	PA REQUIRED	2012/01/01

OP. ANTIBIOTICS	GENTAMICIN OIN 0.3% OP	Generic	PA REQUIRED	2012/01/01
	GENTAMICIN SOL 0.3% OP	Generic	PA REQUIRED	2012/01/01
OP. MISC	LUXTURNA SUS	Brand	PA REQUIRED	2018/01/12
OP. NSAID'S	CYSTADROPS SOL 0.37%	Brand	PA REQUIRED	2015/11/06
	CYSTARAN SOL 0.44%	Brand	PA REQUIRED	2015/11/06
OSTEOPOROSIS	FORTEO INJ 600/2.4	Brand	PA REQUIRED	2012/01/01
	PAMIDRONATE INJ 30/10ML	Generic	PA REQUIRED	2012/01/01
	PAMIDRONATE INJ 6MG/ML	Generic	PA REQUIRED	2012/01/01
	PAMIDRONATE INJ 90/10ML	Generic	PA REQUIRED	2012/01/01
	PROLIA SOL 60MG/ML	Brand	PA REQUIRED	2012/01/01
	TERIPARATIDE INJ	Generic	PA REQUIRED	2012/01/01
	TYMLOS INJ	Brand	PA REQUIRED	2022/05/17
	XGEVA INJ	Brand	PA REQUIRED	2012/01/01
	ZOLEDRONIC INJ 4MG/5ML	Generic	PA REQUIRED	2012/01/01
PARKINSONS - SELECTED DOPAMIN AGONISTS	APOKYN INJ 10MG/ML	Brand	PA REQUIRED	2012/01/01
	A POMORPHINE INJ 30MG/3ML	Generic	PA REQUIRED	2012/01/01
	KYNMOBI KIT TITRATIO	Brand	PA REQUIRED	2012/01/01
	KYNMOBI MIS 10MG	Brand	PA REQUIRED	2012/01/01
	KYNMOBI MIS 15MG	Brand	PA REQUIRED	2012/01/01
	KYNMOBI MIS 20MG	Brand	PA REQUIRED	2012/01/01
	KYNMOBI MIS 25MG	Brand	PA REQUIRED	2012/01/01
	KYNMOBI MIS 30MG	Brand	PA REQUIRED	2012/01/01
PLATELET AGGREGATION INHIBITORS	TAVALISSE TAB 100MG	Brand	PA REQUIRED	2018/11/30
	TAVALISSE TAB 150MG	Brand	PA REQUIRED	2018/11/30
PROGESTINS	HYDROXYPROG INJ 250MG/ML	Generic	PA REQUIRED	2016/03/18
	MAKENA INJ 250MG/ML	Brand	PA REQUIRED	2016/03/18
PULMONARY ANTI-HYPERTENSIVES	ADCIRCA TAB 20MG	Brand	PA REQUIRED	2012/01/01
	ADEMPAS TAB 0.5MG	Brand	PA REQUIRED	2015/07/24

PULMONARY ANTI-HYPERTENSIVES	ADEMPAS TAB 1.5MG	Brand	PA REQUIRED	2015/07/24
	ADEMPAS TAB 1MG	Brand	PA REQUIRED	2015/07/24
	ADEMPAS TAB 2.5MG	Brand	PA REQUIRED	2015/07/24
	ADEMPAS TAB 2MG	Brand	PA REQUIRED	2015/07/24
	ALYQ TAB 20MG	Generic		2012/01/01
	AMBRISENTAN TAB 10MG	Generic	PA REQUIRED	2012/01/01
	AMBRISENTAN TAB 5MG	Generic	PA REQUIRED	2012/01/01
	BOSENTAN TAB 125MG	Generic	PA REQUIRED	2020/12/04
	BOSENTAN TAB 62.5MG	Generic	PA REQUIRED	2020/12/04
	EPOPROSTENOL INJ 0.5MG	Generic	PA REQUIRED	2012/01/01
	EPOPROSTENOL INJ 1.5MG	Generic	PA REQUIRED	2012/01/01
	FLOLAN INJ 0.5MG	Brand	PA REQUIRED	2012/01/01
	FLOLAN INJ 1.5MG	Brand	PA REQUIRED	2012/01/01
	LETAIRIS TAB 10MG	Brand	PA REQUIRED	2012/01/01
	LETAIRIS TAB 5MG	Brand	PA REQUIRED	2012/01/01
	OPSUMIT TAB 10MG	Brand	PA REQUIRED	2012/01/01
	ORENITRAM TAB 0.125MG	Brand	PA REQUIRED	2012/01/01
	ORENITRAM TAB 0.25MG	Brand	PA REQUIRED	2012/01/01
	ORENITRAM TAB 1MG	Brand	PA REQUIRED	2012/01/01
	ORENITRAM TAB 2.5MG	Brand	PA REQUIRED	2012/01/01
	ORENITRAM TAB 5MG	Brand	PA REQUIRED	2012/01/01
	REMODULIN INJ 10MG/ML	Brand	PA REQUIRED	2012/01/01
	REMODULIN INJ 1MG/ML	Brand	PA REQUIRED	2012/01/01
	REMODULIN INJ 2.5MG/ML	Brand	PA REQUIRED	2012/01/01
	REMODULIN INJ 5MG/ML	Brand	PA REQUIRED	2012/01/01
	REVATIO TAB 20MG	Brand	PA REQUIRED	2012/01/01
	SILDENAFIL TAB 20MG	Generic	PA REQUIRED	2012/01/01
	TADALAFIL TAB 20MG	Generic		2012/01/01

PULMONARY ANTI-HYPERTENSIVES	TRACLEER TAB 125MG	Brand		2020/12/04
	TRACLEER TAB 32MG	Brand	PA REQUIRED	2020/12/04
	TRACLEER TAB 62.5MG	Brand		2020/12/04
	TREPROSTINIL INJ 10MG/ML	Generic	PA REQUIRED	2012/01/01
	TREPROSTINIL INJ 1MG/ML	Generic	PA REQUIRED	2012/01/01
	TREPROSTINIL INJ 2.5MG/ML	Generic	PA REQUIRED	2012/01/01
	TREPROSTINIL INJ 5MG/ML	Generic	PA REQUIRED	2012/01/01
	TYVASO SOL 0.6MG/ML	Brand	PA REQUIRED	2012/01/01
	TYVASO REFIL SOL 0.6MG/ML	Brand	PA REQUIRED	2012/01/01
	TYVASO START SOL 0.6MG/ML	Brand	PA REQUIRED	2012/01/01
	UPTRAVI INJ 1800MCG	Brand	PA REQUIRED	2016/01/29
	UPTRAVI TAB 1000MCG	Brand	PA REQUIRED	2016/01/29
	UPTRAVI TAB 1200MCG	Brand	PA REQUIRED	2016/01/29
	UPTRAVI TAB 1400MCG	Brand	PA REQUIRED	2016/01/29
	UPTRAVI TAB 1600MCG	Brand	PA REQUIRED	2016/01/29
	UPTRAVI TAB 200/800	Brand	PA REQUIRED	2016/01/29
	UPTRAVI TAB 200MCG	Brand	PA REQUIRED	2016/01/29
	UPTRAVI TAB 400MCG	Brand	PA REQUIRED	2016/01/29
	UPTRAVI TAB 600MCG	Brand	PA REQUIRED	2016/01/29
	UPTRAVI TAB 800MCG	Brand	PA REQUIRED	2016/01/29
	VELETRI INJ 0.5MG	Brand	PA REQUIRED	2012/01/01
	VELETRI INJ 1.5MG	Brand	PA REQUIRED	2012/01/01
	VENTAVIS SOL 10MCG/ML	Brand	PA REQUIRED	2012/01/01
	VENTAVIS SOL 20MCG/ML	Brand	PA REQUIRED	2012/01/01
RHEUMATOID ARTHRITIS	ACTEMRA INJ 162/0.9	Brand		2015/06/19
	ACTEMRA INJ 200/10ML	Brand		2015/06/19
	ACTEMRA INJ 400/20ML	Brand		2015/06/19
	ACTEMRA INJ 80MG/4ML	Brand		2015/06/19

RHEUMATOID ARTHRITIS	ACTEMRA INJ ACTPEN	Brand	PA REQUIRED	2015/06/19
	CIMZIA KIT 200MG	Brand	PA REQUIRED	2012/01/01
	CIMZIA PREFL KIT 200MG/ML	Brand	PA REQUIRED	2022/04/14
	CIMZIA START KIT 200MG/ML	Brand	PA REQUIRED	2022/04/14
	ENBREL INJ 25/0.5ML	Brand	PA REQUIRED	2012/01/01
	ENBREL INJ 25MG	Brand	PA REQUIRED	2012/01/01
	ENBREL INJ 50MG/ML	Brand	PA REQUIRED	2012/01/01
	ENBREL SRCLK INJ 50MG/ML	Brand	PA REQUIRED	2012/01/01
	HUMIRA INJ 10/0.1ML	Brand	PA REQUIRED	2012/01/01
	HUMIRA INJ 20/0.2ML	Brand	PA REQUIRED	2012/01/01
	HUMIRA INJ 40/0.4ML	Brand	PA REQUIRED	2012/01/01
	HUMIRA KIT 40MG/0.8	Brand	PA REQUIRED	2012/01/01
	HUMIRA PEDIA INJ CROHNS	Brand	PA REQUIRED	2012/01/01
	HUMIRA PEN INJ 40/0.4ML	Brand	PA REQUIRED	2012/01/01
	HUMIRA PEN INJ 40MG/0.8	Brand	PA REQUIRED	2012/01/01
	HUMIRA PEN INJ 80/0.8ML	Brand	PA REQUIRED	2012/01/01
	HUMIRA PEN INJ CD/UC/HS	Brand	PA REQUIRED	2012/01/01
	HUMIRA PEN INJ PS/UV	Brand	PA REQUIRED	2012/01/01
	HUMIRA PEN KIT CD/UC/HS	Brand	PA REQUIRED	2012/01/01
	HUMIRA PEN KIT PED UC	Brand	PA REQUIRED	2012/01/01
	HUMIRA PEN KIT PS/UV	Brand	PA REQUIRED	2012/01/01
	INFLIXIMAB INJ 100MG	Generic	PA REQUIRED	2012/01/01
	KINERET INJ	Brand	PA REQUIRED	2012/01/01
	OLUMIANT TAB 1MG	Brand	PA REQUIRED	2020/02/14
	OLUMIANT TAB 2MG	Brand	PA REQUIRED	2020/02/14
	OLUMIANT TAB 4MG	Brand	PA REQUIRED	2020/02/14
	REMICADE INJ 100MG	Brand	PA REQUIRED	2012/01/01
	RINVOQ TAB 15MG ER	Brand	PA REQUIRED	2022/04/29

RHEUMATOID ARTHRITIS	RINVOQ	TAB 30MG ER	Brand	PA REQUIRED	2022/04/29
	RINVOQ	TAB 45MG ER	Brand	PA REQUIRED	2022/04/29
	SIMPONI	INJ 100MG/ML	Brand		2012/01/01
	SIMPONI	INJ 50/0.5ML	Brand		2012/01/01
	SIMPONI ARIA SOL	50MG/4ML	Brand	PA REQUIRED	2012/01/01
	XELJANZ	SOL 1MG/ML	Brand	PA REQUIRED	2017/06/09
	XELJANZ	TAB 10MG	Brand	PA REQUIRED	2017/06/09
	XELJANZ	TAB 5MG	Brand	PA REQUIRED	2017/06/09
	XELJANZ XR	TAB 11MG	Brand		2017/06/09
	XELJANZ XR	TAB 22MG	Brand		2017/06/09
RSV PROPHYLAXIS	SYNAGIS	INJ 100MG/ML	Brand	PA REQUIRED	2012/01/01
	SYNAGIS	INJ 50/0.5ML	Brand	PA REQUIRED	2012/01/01
	SYNAGIS	INJ 50MG	Brand	PA REQUIRED	2012/01/01
SEDATIVE/HYPNOTICS - Non-Benzodiazepines	HETLIOZ	CAP 20MG	Brand	PA REQUIRED	2015/11/13
	HETLIOZ LQ	SUS 4MG/ML	Brand	PA REQUIRED	2015/11/13
SOMATOSTATIC AGENTS	LANREOTIDE	INJ 120/.5ML	Generic	PA REQUIRED	2016/03/24
	OCTREOTIDE	INJ 1000MCG	Generic	PA REQUIRED	2012/01/01
	OCTREOTIDE	INJ 100MCG	Generic	PA REQUIRED	2012/01/01
	OCTREOTIDE	INJ 1MG/ML	Generic	PA REQUIRED	2012/01/01
	OCTREOTIDE	INJ 200MCG	Generic	PA REQUIRED	2012/01/01
	OCTREOTIDE	INJ 500MCG	Generic	PA REQUIRED	2012/01/01
	OCTREOTIDE	INJ 50MCG/ML	Generic	PA REQUIRED	2012/01/01
	SANDOSTATIN	INJ 100MCG	Brand	PA REQUIRED	2012/01/01
	SANDOSTATIN	INJ 500MCG	Brand	PA REQUIRED	2012/01/01
	SANDOSTATIN	INJ 50MCG/ML	Brand	PA REQUIRED	2012/01/01
	SANDOSTATIN	KIT LAR 10MG	Brand	PA REQUIRED	2012/01/01
	SANDOSTATIN	KIT LAR 20MG	Brand	PA REQUIRED	2012/01/01
	SANDOSTATIN	KIT LAR 30MG	Brand	PA REQUIRED	2012/01/01

SOMATOSTATIC AGENTS	SOMATULINE INJ 120/.5ML	Brand	PA REQUIRED	2016/03/24
	SOMATULINE INJ 60/0.2ML	Brand	PA REQUIRED	2016/03/24
	SOMATULINE INJ 90/0.3ML	Brand	PA REQUIRED	2016/03/24
STIMULANTS	WAKIX TAB 17.8MG	Brand	PA REQUIRED	2020/02/07
	WAKIX TAB 4.45MG	Brand	PA REQUIRED	2020/02/07
TETRACYCLINES	NUZYRA INJ 100MG	Brand	PA REQUIRED	2019/11/04
	NUZYRA TAB 150MG	Brand	PA REQUIRED	2019/11/04
TOPICAL - ACNE PREPARATIONS	DUPIXENT INJ 100/0.67	Brand	PA REQUIRED	2018/07/13
	DUPIXENT INJ 200/1.14	Brand		2018/07/13
	DUPIXENT INJ 200MG	Brand		2018/07/13
	DUPIXENT INJ 200MG	Brand	PA REQUIRED	2018/07/13
	DUPIXENT INJ 300/2ML	Brand	PA REQUIRED	2018/07/13
	DUPIXENT INJ 300/2ML	Brand		2018/07/13
TOPICAL - ANTIBIOTIC	GENTAMICIN CRE 0.1%	Generic		2012/01/01
	GENTAMICIN OIN 0.1%	Generic		2012/01/01
	GENTAMICIN POW SULFATE	Generic	PA REQUIRED	2012/01/01
UROLOGICAL - MISC.	CYSTAGON CAP 150MG	Brand	PA REQUIRED	2012/01/01
	CYSTAGON CAP 50MG	Brand	PA REQUIRED	2012/01/01
	PROCYSBI CAP 25MG	Brand	PA REQUIRED	2012/01/01
	PROCYSBI CAP 75MG	Brand	PA REQUIRED	2012/01/01
	PROCYSBI GRA 300MG	Brand	PA REQUIRED	2012/01/01
	PROCYSBI GRA 75MG	Brand	PA REQUIRED	2012/01/01
	THIOLA TAB 100MG	Brand	PA REQUIRED	2012/01/01
	THIOLA EC TAB 100MG	Brand	PA REQUIRED	2012/01/01
	THIOLA EC TAB 300MG	Brand	PA REQUIRED	2012/01/01
	TIOPRONIN TAB 100MG	Generic	PA REQUIRED	2012/01/01
VAGINAL - CONTRACEPTIVES	MIRENA IUD SYSTEM	Brand		2012/01/01
VAGINAL - OTHER	CRINONE GEL 4% VAG	Brand	PA REQUIRED	2012/01/01

VAGINAL - OTHER	CRINONE GEL 8% VAG	Brand	PA REQUIRED	2012/01/01
VASOPRESSINS	DESMOPRESSIN SOL 1.5MG/ML	Generic	PA REQUIRED	2012/01/01
	JYNARQUE PAK 15MG	Brand	PA REQUIRED	2021/11/15
	JYNARQUE PAK 30-15MG	Brand	PA REQUIRED	2021/11/15
	JYNARQUE PAK 45-15MG	Brand	PA REQUIRED	2021/11/15
	JYNARQUE PAK 60-30MG	Brand	PA REQUIRED	2021/11/15
	JYNARQUE PAK 90-30MG	Brand	PA REQUIRED	2021/11/15
	JYNARQUE TAB 15MG	Brand	PA REQUIRED	2021/11/15
	JYNARQUE TAB 30MG	Brand	PA REQUIRED	2021/11/15
	SAMSCA TAB 15MG	Brand	PA REQUIRED	2021/11/15
	SAMSCA TAB 30MG	Brand	PA REQUIRED	2021/11/15
	STIMATE SOL 1.5MG/ML	Brand	PA REQUIRED	2012/01/01
	TOLVAPTAN TAB 15MG	Generic	PA REQUIRED	2021/11/15
	TOLVAPTAN TAB 30MG	Generic	PA REQUIRED	2021/11/15

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