

PREFERRED DRUGS			NON-PREFERRED DRUGS				
CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments

** PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs. "BASIC" Covered Drugs are bolded with the Coverage Indicator of "MC / DEL".*

General Criteria for all PDL categories

A: To apply to all categories with brand and generic versions on different sides of the PDL: Prior Authorizations for non-preferred brands or in certain cases non-preferred generic form -- 1. Requests will be approved for patients that show reduced objective outcomes on the preferred version relative to the non-preferred version. 2. Requests will be approved for patients experiencing side effects on the preferred generic version only if the side effect has not been reported in the literature for the brand version. The completion and submission of the medwatch form will then also be required.

B: To apply to all requests for non-preferred brands and other drugs with PA conditions for non FDA approved indications. Decisions will be made on a case by case basis until the DUR committee is able to review the evidence and make a recommendation. Interim approvals and DUR recommendations for approval of a drug for a non FDA approved indication will require a minimum of two published, peer reviewed, non contradicted double-blinded, placebo-controlled, randomized studies establishing both safety and efficacy.

C: PDL drugs may also be affected by dose consolidation requirements. See list of limited drugs start on the last page of PDL.

D: 1. The minimum trial periods for each preferred drug is two weeks, unless otherwise stated within specific PDL drug categories. 2. A trial will not be considered valid if non preferred products were readily available (paid by override, cash, or samples). 3. Certain drug trials, such as with preferred narcotics, may require evidence that the preferred drugs were actually tried (example: with urine drug tests). 4. Trials with less than a two week duration will be reviewed on a case-by-case basis.

E: Other Criteria: Drugs that must be submitted on specific prior authorization forms may contain additional criteria that has not been repeated below in this document.

ASSORTED ANTIBIOTICS

BETA-LACTAMS / CLAVULANATE COMBO'S	MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC MC MC / DEL MC MC MC MC / DEL MC MC MC MC MC MC / DEL		AMOXICILLIN AMOXIL ¹ AMPICILLIN AUGMENTIN AUGMENTIN ES-600 SUSR AUGMENTIN XR TB12 BEEPEN BICILLIN L-A SUSP DICLOXACILLIN SODIUM CAPS DYNAPEN SUSR GEOCILLIN TABS OXACILLIN SODIUM SOLR PENICILLIN V POTASSIUM TICAR SOLR TIMENTIN SOLR TRIMOX UNASYN SOLR VEETIDS ZOSYN	MC / DEL MC / DEL MC / DEL MC / DEL MC MC MC / DEL MC MC MC / DEL MC MC MC MC MC MC / DEL		AMOXICILLIN/POTASSIUM CLA CHEW AMOXICILLIN/POTASSIUM CLA SUSR AMOXICILLIN/POTASSIUM CLA TABS AMOXIL 500MG TABS PRINCIPEN CAPS ² PRINCIPEN SUSR	1. Amoxil 500mg tabs are non-preferred. All other Amoxil products are preferred. 2. Principen 250 mg is available without PA.
CEPHALOSPORINS	MC / DEL MC / DEL MC / DEL MC MC / DEL MC / DEL MC / DEL MC MC MC MC / DEL MC MC MC / DEL MC MC / DEL		CEFADROXIL HEMIHYDRATE CEFAZOLIN SODIUM SOLR CEFUROXIME AXETIL TABS CEFZIL CEPHELEXIN MONOHYDRATE DURICEF SUSR FORTAZ SOLR KEFZOL SOLR MAXIPIME SOLR OMNICEF ROCEPHIN SUPRAX VANTIN	MC MC MC / DEL MC / DEL MC / DEL MC / DEL MC MC MC MC MC MC / DEL MC MC / DEL		CECLOR ¹ CEDAX CEFACTOR ¹ CEFADROXIL MONOHYDRATE TABS CEFTIN DURICEF TABS FORTAZ SOLN KEFLEX CAPS SPECTRACEF TABS TAZICEF SOLR	1. Both brand and generic are clinically non-preferred.
MACROLIDES / ERYTHROMYCIN'S	MC MC MC MC MC MC MC / DEL MC / DEL		BIAXIN XL E.E.S. E-MYCIN TBEC ERYPED 200 SUSR ERYPED 400 SUSR ERY-TAB TBEC ERYTHROCIN STEARATE TABS ERYTHROMYCIN ZITHROMAX ^{1,2}	MC MC / DEL MC MC MC MC / DEL MC / DEL		BIAXIN DYNABAC D5-PAK TBEC ERYPED CHEW PCE TBEC	1. QL ZPAC 250mg 6/scrip/month 2. QL TRI-PAC 3/scrip/month
TETRACYCLINES	MC / DEL MC / DEL MC MC / DEL MC / DEL		DOXYCYCLINE HYCLATE MINOCYCLINE HCL CAPS SUMYCIN TETRACYCLINE HCL CAPS VIBRAMYCIN SYRP	MC MC / DEL MC / DEL MC / DEL MC MC / DEL		DECLOMYCIN TABS DORYX CPEP DOXYCYCLINE MONO CAPS DYNACIN CAPS MONODOX CAPS PERIOSTAT	
FLUOROQUINOLONES	MC MC MC / DEL MC MC / DEL		AVELOX SOLN AVELOX TABS CIPROFLOXACIN CIPRO XR ¹ NOROXIN TABS	MC MC MC MC MC MC		AVELOX ABC PACK TABS CIPRO CIPRO XR 1000mg FLOXIN TABS LEVAQUIN TEQUIN	1. QL 3/scrip/month
AMINO GLYCOSIDES	MC		GENTAMICIN				

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	MC / DEL		NEOMYCIN SULFATE TABS				
	MC		TOBI NEBU				
	MC / DEL		TOBRAMYCIN SULFATE SOLN				
ANTIMYCOBACTERIALS / ANTITUBERCULOSIS	MC / DEL		ETHAMBUTOL HCL TABS	MC		RIMACTANE CAPS	
	MC / DEL		MYAMBUTOL TABS				
	MC / DEL		MYCOBUTIN CAPS				
	MC / DEL		RIFAMPIN				
ANTIMALARIAL AGENTS	MC / DEL		CHLOROQUINE PHOSPHATE TABS	MC		ARALEN TABS	
	MC / DEL		DARAPRIM TABS	MC / DEL		PLAQUENIL TABS	
	MC / DEL		HYDROXYCHLOROQUINE TABS				
	MC / DEL		LARIAM TABS				
	MC / DEL		MALARONE TABS				
	MC / DEL		MEFLOQUINE HCL TABS				
	MC		QUINACRINE HCL POWD				
	MC / DEL		QUININE SULFATE				
ANTHELMINTICS	MC / DEL		ALBENZA TABS	MC		VERMOX CHEW	
	MC		BILTRICIDE TABS				
	MC / DEL		MEBENDAZOLE CHEW				
	MC / DEL		STROMECTOL TABS				
ANTIBIOTICS - MISC.	MC		AZACTAM SOLR	MC		COLY-MYCIN-M SOLR	* Need to fail other anti-protozoals
	MC		COLISTIMETHATE SODIUM SOLR	MC / DEL		FLAGYL CAPS	
	MC		FUROXONE TABS	MC / DEL		FLAGYL TABS	
	MC / DEL		METRONIDAZOLE	MC / DEL		FLAGYL ER TBCR	
	MC		PENTAMIDINE ISETHIONATE SOLR	MC / DEL		KETEK	
	MC		PRIMSOL SOLN	MC / DEL		LORABID	
	MC / DEL		TRIMETHOPRIM TABS	MC		NEBUPENT SOLR	
	MC		VANCOICIN HCL	MC / DEL		PROLOPRIM TABS	
	MC / DEL		VANCOMYCIN HCL	MC		TINDAMAX*	
				MC		XIFAXAN	
CARBAPENEMS	MC		INVANZ SOLR				
	MC		MERREM SOLR				
LINCOSAMIDES / OXAZOLIDINONES / LEPROSTATICS	MC / DEL		CLEOCIN SOLN	MC / DEL		CLEOCIN CAPS	1. Use multiple 150's for Clindamycin instead of 300's.
	MC / DEL		CLEOCIN SUSR	MC / DEL		CLINDAMYCIN HCL 300CAPS ¹	
	MC / DEL		CLINDAMYCIN HCL 150CAPS	MC / DEL		ZYVOX SUSR	
	MC		DAPSONE TABS	MC / DEL		ZYVOX TABS	
ANTI INFECTIVE COMBO'S - MISC.	MC / DEL		ERYTHROMYCIN/SULF SUSR	MC		ALINA*	* Alina is preferred for children less than 12 years of age.
	MC / DEL		SEPTRA/DS TABS	MC		BACTRIM DS TABS	
	MC / DEL		SULFAMETHOXAZOLE/TRIMETH				
	MC / DEL		TRIMETHOPRIM/SULFAMETHOXA				

ANTI - FUNGALS

ANTIFUNGALS - ASSORTED	MC		ANCOBON CAPS	MC / DEL	5	LAMISIL TABS	1. Diflucan: QL--1/every 7-day period (150mg only).
	MC / DEL		FLUCONAZOLE	MC	5	SPORANOX SOLN ²	2. Sporanox QL 300cc/month with PA. See quantity limit table.
	MC		GRIFULVIN	MC	5	SPORANOX PULSEPAK CAPS ³	3. Sporanox QL 30/month with PA. See quantity limit table. Non-preferred products must be used in specified step order. Continue to use Anti-Fungal PA form for non-preferred products.
	MC		GRISEOFULVIN ULTRAMICROSI TABS	MC	6	SPORANOX CAPS ³	
	MC / DEL		GRIS-PEG TABS	MC	8	NIZORAL TABS	
	MC / DEL		KETOCONAZOLE TABS	MC / DEL		DIFLUCAN ¹	
	MC / DEL		NYSTATIN				
	MC / DEL		VFEND TABS				

ANTI - VIRALS

ANTIRETROVIRALS	MC / DEL		AGENERASE CAPS	MC / DEL		FUZEON	
	MC / DEL		COMBIVIR TABS	MC		TRUVADA	
	MC / DEL		CRIXIVAN CAPS				
	MC		EMTRIVA				
	MC / DEL		EPIVIR / HBV				
	MC / DEL		EPZICOM				
	MC / DEL		FORTOVASE CAPS				
	MC		HIVID TABS				
	MC / DEL		INVIRASE CAPS				
	MC		KALETRA				
	MC / DEL		LEXIVA				
	MC		NORVIR				
	MC / DEL		RESCRIPTOR TABS				
	MC / DEL		RETROVIR				
	MC		REYATAZ				
	MC		SUSTIVA				
	MC / DEL		TRIZIVIR TABS				
	MC		VIDEX / EC				
	MC / DEL		VIRACEPT TABS				
	MC / DEL		VIRAMUNE TABS				
	MC		VIREAD TABS				
	MC		ZERIT				
	MC / DEL		ZIAGEN TABS				
CYTO-MEGALOVIRUS AGENTS	MC / DEL		GANCICLOVIR	MC		CYTOVENE CAPS	

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	MC		VALCYTE TABS				
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HEPATITIS AGENTS							
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HEPATITIS C AGENTS	MC / DEL		PEG-INTRON KIT	MC / DEL	8	COPEGUS TABS	
	MC / DEL		REBETRON KIT	MC / DEL	8	PEGASYS KIT	
	MC / DEL		REBETOL CAPS	MC / DEL	8	PEGASYS SOLN	

HEPATITIS AGENTS - MISC.				MC		ACTIMMUNE	
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HEPATITIS B ONLY	MC		HEPSERA TABS				
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HERPES AGENTS	MC / DEL		ACYCLOVIR	MC / DEL		FAMVIR TABS	
	MC / DEL		VALTREX TABS	MC / DEL		ZOVIRAX	

INFLUENZA AGENTS	MC		RELENZA DISKHALER AEPB	MC / DEL		FLUMADINE TABS	
	MC / DEL		RIMANTADINE HCL TABS	MC		FLUMIST	1. Tamiflu 10 caps or 60cc's per month.
	MC / DEL		TAMIFLU ¹				

RSV PROPHYLAXIS							
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RSV PROPHYLAXIS				MC		RESPIGAM	
				MC		SYNAGIS	

MS TREATMENTS							
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MULTIPLE SCLEROSIS AGENTS				MC	5	AVONEX KIT ¹	Established users grandfathered. Must follow specified step order.
				MC / DEL	5	BETASERON SOLR¹	1. Neurologists do not need a PA for Avonex Betaseron and Rebif.
				MC	5	REBIF SOLN	
				MC / DEL	6	COPAXONE	

ASSORTED NEUROLOGICS							
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NEUROLOGICS - MISC.	MC		MESTINON				
	MC / DEL		ORAP TABS				
	MC		PROSTIGMIN TABS				

STEROIDS							
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GLUCOCORTICOIDS/ MINERALOCORTICOIDS	MC		CELESTONE SUSP	MC		CORTEF 10 and 20 TABS	
	MC / DEL		CORTEF 5	MC		DECADRON TABS	
	MC / DEL		CORTISONE ACETATE TABS	MC / DEL		FLORINEF TABS	
	MC / DEL		DELTASONE TABS	MC / DEL		MEDROL TABS	
	MC / DEL		DEPO-MEDROL SUSP	MC		MEDROL DOSEPAK TABS	
	MC / DEL		DEXAMETHASONE	MC		PEDIAPRED LIQD	
	MC / DEL		ENTOCORT EC CP24	MC		PREDNISONE INTENSOL CONC	
	MC / DEL		FLUDROCORTISONE ACETATE TABS	MC		PRELONE SYRP	
	MC / DEL		HYDROCORTISONE	MC		STERAPRED TABS	
	MC		KENALOG				
	MC / DEL		METHYLPREDNISOLONE TABS				
	MC		ORAPRED SOLN				
	MC / DEL		PREDNISOLONE				
	MC / DEL		PREDNISONE				
	MC / DEL		SOLU-CORTEF SOLR				
	MC / DEL		SOLU-MEDROL SOLR				

HORMONE REPLACEMENT THERAPIES							
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ANDROGENS / ANABOLICS	MC / DEL		ANDROID CAPS	MC		ANDRO LA 200 OIL	
	MC / DEL		ANDRODERM PT24	MC / DEL		ANDROGEL PACK	
	MC / DEL		DANAZOL CAPS	MC		DELATESTRYL OIL	
	MC / DEL		DEPO-TESTOSTERONE OIL	MC		HALOTESTIN TABS	
	MC / DEL		FLUOXYMESTERONE TABS	MC / DEL		METHITEST TABS	
	MC		OXANDRIN TABS	MC		TESTIM	
	MC		TESTODERM				
	MC / DEL		TESTOSTERONE PROPIONATE				
	MC		TESTRED CAPS				
	MC		WINSTROL TABS				

ESTROGENS - PATCHES				MC / DEL	5	ESTRADERM PTTW	All patches are non-preferred products (require PA). Established users grandfathered. Products must be used in specified step order.
				MC / DEL	5	ESTRADIOL PTWK	
				MC / DEL	8	ALORA PTTW	
				MC / DEL	8	CLIMARA PTWK	
				MC	8	ESCLIM PTTW	
				MC / DEL	8	VIVELLE PTTW	
				MC / DEL	8	VIVELLE-DOT PTTW	

ESTROGENS - TABS	MC / DEL		CENESTIN TABS	MC / DEL		ESTRACE TABS	
	MC / DEL		DELESTROGEN OIL	MC		ESTRATAB TABS	
	MC / DEL		ESTRADIOL	MC / DEL		OGEN TABS	
	MC / DEL		ESTROPIPATE TABS	MC		ORTHO-EST TABS	
	MC / DEL		MENEST TABS				
	MC / DEL		PREMARIN TABS				

ESTROGEN COMBO'S	MC / DEL		PREMPHASE TABS	MC / DEL		ACTIVELLA TABS	Established users grandfathered.
	MC / DEL		PREMPRO TABS	MC / DEL		COMBIPATCH PTTW	
				MC / DEL		FEMHRT 1/5 TABS	
				MC / DEL		ORTHO-PREFEST TABS	
				MC / DEL		SYNTEST H.S. TABS	

PROGESTINS	MC / DEL		MEDROXYPROGESTERONE ACETA	MC / DEL		AYGESTIN TABS	1. Established users are grandfathered. PA approvals will require two 100 mg caps instead of one 200mg.
	MC / DEL		NORETHINDRONE ACETATE TABS	MC		CYCRIN TABS	
	MC		PROGESTERONE POWD	MC / DEL		PROMETRIUM 100MG CAPS ¹	

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				MC / DEL		PROMETRIUM 200MG ¹	
				MC / DEL		PROVERA TABS	

CONTRACEPTIVES							
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CONTRACEPTIVES - PROGESTIN ONLY	MC		ORTHO MICRONOR TABS	MC / DEL		CAMILA TABS NORA-BE TABS NOR-OD TABS OVRETTE 28 TABS	
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CONTRACEPTIVES - INJECTABLE	MC / DEL		DEPO-PROVERA SUSP	MC / DEL		LUNELLE SUSP	Established users grandfathered.
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CONTRACEPTIVES - EMERGENCY	MC		PREVEN KIT				
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CONTRACEPTIVES - PATCHES/ VAGINAL PRODUCTS	MC		ORTHO EVRA PTWK ¹	MC / DEL		NUVARING RING	1.No PA required for users less than 21 years of age.
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CONTRACEPTIVES - MONOPHASIC COMBINATION O/C'S	MC / DEL		ALESSE-28 TABS	MC / DEL		APRI TABS	Loestrin FE and FE 1/20 are grandfathered for established users.
	MC / DEL		DEMULEN 1/35-28 TABS	MC / DEL		AVIANE TABS	
	MC / DEL		DEMULEN 1/50-28 TABS	MC / DEL		BREVICON-28 TABS	
	MC / DEL		DESOGEN TABS	MC / DEL		CRYSSELLE-28 TABS	
	MC / DEL		LEVLEN-28 TABS	MC		DEMULEN 1/35-21 TABS	
	MC		LO/OVRAL 21 TABS	MC / DEL		KARIVA TABS	
	MC / DEL		LO/OVRAL 28 TABS	MC / DEL		LESSINA-28 TABS	
	MC		MODICON TABS	MC / DEL		LEVLITE-28 TABS	
	MC		ORTHO-CEPT-28 TABS	MC / DEL		LEVORA	
	MC		ORTHO-CYCLEN-28 TABS	MC		LOESTRIN TABS	
	MC		ORTHO-NOVUM 1/35-28 TABS	MC / DEL		LOESTRIN FE TABS	
	MC		ORTHO-NOVUM 1/50-28 TABS	MC / DEL		LOESTRIN FE 1/20 TABS	
	MC / DEL		OVCON-35/28 TABS	MC / DEL		LOESTRIN 1.5/30-21 TABS	
	MC / DEL		OVCON-50 28 TABS	MC / DEL		LOESTRIN 1/20-21 TABS	
				MC / DEL		LOW-OGESTREL TABS	
				MC / DEL		MICROGESTIN FE TABS	
				MC / DEL		MIRCETTE TABS	
				MC / DEL		NECON	
				MC / DEL		NORDETTE-28 TABS	
				MC / DEL		NORINYL	
				MC / DEL		NORTREL	
				MC / DEL		MONONESSA	
				MC / DEL		OGESTREL TABS	
				MC / DEL		OVRAL	
				MC / DEL		PORTIA-28 TABS	
				MC / DEL		SPRINTEC 28 TABS	
				MC / DEL		YASMIN 28 TABS	
				MC / DEL		ZOVIA	

CONTRACEPTIVES - BI-PHASIC COMBINATIONS	MC		ORTHO-NOVUM 10/11-28 TABS	MC / DEL		NECON 10/11-28 TABS	
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CONTRACEPTIVES - TRI-PHASIC COMBINATIONS	MC		ORTHO TRI-CYCLEN TABS	MC / DEL		CYCLESSA TABS	
	MC		ORTHO-NOVUM 7/7/7-28 TABS	MC / DEL		ENPRESSE	
	MC / DEL		TRI-LEVELLEN TABS	MC / DEL		ESTROSTEP FE TABS	
	MC / DEL		TRIPHASIL 28 TABS	MC		ORTHO TRI-CYCLEN LO TABS	
				MC / DEL		TRI-NORINYL 28 TABS	
				MC / DEL		TRIVORA-28 TABS	

DIABETES THERAPIES							
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DIABETIC INSULIN	MC		ILETIN	MC		HUMALOG	Phase I: No New Starters of non-preferred drugs. Phase II: Humulin-Humalog users must switch to preferred products by 1/1/04.
	MC / DEL		LANTUS SOLN	MC		HUMULIN	
	MC / DEL		NOVOLIN				
	MC / DEL		NOVOLOG				
	MC		RELION				
	MC		VELOSULIN BR SOLN				

DIABETIC PENFILLS				MC / DEL	5	NOVOLIN PENFILL	PA's will be granted for significant visual or neurological impairment. Products must be used in specified step order.
				MC / DEL	5	NOVOLOG PENFILL SOLN	
				MC	8	HUMALOG MIX 75/25 PEN SUSP	
				MC	8	HUMALOG PEN SOLN	
				MC	8	HUMULIN PEN	

DIABETIC - ORAL SULFONYLUREAS	MC / DEL		CHLORPROPAMIDE TABS	MC / DEL		AMARYL TABS	
	MC / DEL		GLIPIZIDE TABS	MC / DEL		DIABETA TABS	
	MC / DEL		GLYBURIDE TABS	MC		GLUCOTROL TABS	
	MC / DEL		GLYBURIDE MICRONIZED TABS	MC / DEL		GLUCOTROL XL TBCR	
	MC / DEL		TOLAZAMIDE TABS	MC / DEL		GLYNASE TABS	
	MC / DEL		TOLBUTAMIDE TABS	MC / DEL		MICRONASE TABS	

DIABETIC - ORAL BIGUANIDES	MC / DEL		METFORMIN HCL TABS	MC		GLUCOPHAGE TABS	
				MC		GLUCOPHAGE XR TB24	
						FORTAMET	

DIABETIC - MEGLITINIDES	MC / DEL		STARLIX TABS	MC / DEL		PRANDIN TABS	
DIABETIC - / THIAZOL	MC / DEL		AVANDIA TABS ¹	MC / DEL		ACTOS 30MG TABS ²	1. Actos and Avandia preferred without PA if patient on insulin or sulfonylurea or metformin. Avandia non-preferred as monotherapy
	MC / DEL		ACTOS 15MG TABS ¹				2. Actos 30mg - use tab 15mg instead

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	MC / DEL		ACTOS 45MG TABS ¹				2. Actos 30mg - use two 15mg instead
DIABETIC - ALPHAGLUCOSIDASE	MC / DEL		GLYSET TABS	MC		PRECOSE TABS	
DIABETIC - SULFONYLUREA / BIGUANIDE				MC MC		GLUCOVANCE TABS METAGLIP TABS	Use individual ingredients.
DIABETIC - THIAZOL / BIGUANIDE COMBO	MC / DEL		AVANDAMET TABS				

THYROID							
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THYROID HORMONES	MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL		ARMOUR THYROID TABS CYTOMEL TABS LEVOTHROID TABS LEVOTHYROXINE SODIUM TABS LEVOXYL TABS THYROID TABS THYROLAR UNITHROID TABS	MC MC		LEVOTHYROXINE SODIUM SOLR SYNTHROID TABS ¹	1. Established Synthroid users before July 1, 2003 grandfathered.
ANTITHYROID THERAPIES	MC / DEL MC / DEL		METHIMAZOLE TABS PROPYLTHIOURACIL TABS	MC / DEL		TAPAZOLE TABS	

OSTEOPOROSIS							
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OSTEOPOROSIS	MC / DEL MC / DEL MC / DEL		ACTONEL TABS FOSAMAX TABS MIACALCIN SOLN	MC MC MC / DEL MC MC		AREDIA SOLR BONIVA DIDRONEL TABS EVISTA TABS FORTEO	
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GROWTH HORMONE							
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GROWTH HORMONE				MC / DEL MC / DEL MC MC / DEL MC	5 6 8 8 8	GENOTROPIN NUTROPIN HUMATROPE SOLR NORDITROPIN CARTRIDGE SOLN SAIZEN SOLR	Products must be used in specified step order.
SOMATOSTATIC AGENTS	MC / DEL		SANDOSTATIN				

GROWTH HORMONE ANTAGONISTS							
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GH ANTAGONISTS				MC		SOMAVERT	
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URINARY INCONTINENCE							
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VASOPRESSINS				MC / DEL MC / DEL MC MC / DEL MC / DEL	5 6 6 8 8	DDAVP TABS DDAVP SOLN DESMOPRESSIN SPRAY DESMOPRESSIN ACETATE SOLN STIMATE SOLN	Products must be used in specified step order. Nocturnal enuresis patients will be encouraged to periodically attempt stopping DDAVP.
ANTISPASMODICS	MC / DEL MC		OXYBUTYNIN URISPAS TABS	MC / DEL MC / DEL MC / DEL		CYSTOSPAZ TABS DETROL TABS DITROPAN	
ANTISPASMODICS - LONG ACTING	MC / DEL MC / DEL		DETROL LA CP24 OXYTROL	MC		DITROPAN XL TBCR	
CHOLINERGIC	MC / DEL		URECHOLINE				

METABOLIC MODIFIER							
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HERED. TYROSINEMIA				MC		ORFADIN	
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ANTIHYPERTENSIVES / CARDIAC							
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CARDIAC GLYCOSIDES	MC / DEL MC / DEL MC / DEL MC / DEL		DIGITEK TABS DIGOXIN LANOXICAPS LANOXIN				
ANTIANGINALS--Isosorbide Di-nitrate	MC / DEL MC / DEL MC / DEL MC / DEL		ISOSORBIDE DINITRATE TABS ISOSORBIDE DINITRATE CR TBCR ISOSORBIDE DINITRATE ER TBCR ISOSORBIDE DINITRATE TD TBCR	MC MC MC / DEL MC		DILATRATE SR CPCR ISORDIL TABS ISORDIL TITRADOSE TABS ISOSORBIDE DINITRATE SUBL	
MONO-NITRATES	MC / DEL MC / DEL		ISOSORBIDE MONONITRATE TABS ISOSORBIDE MONONITRATE ER	MC / DEL MC / DEL MC		IMDUR TB24 ISMO TABS MONOKET TABS	
NITRO - OINTMENT/CAP/CR	MC MC / DEL MC MC		NITROBID OINT NITROGLYCERIN CPCR NITROL OINT NITRO-TIME CPCR				
NITRO - PATCHES	MC / DEL MC / DEL MC / DEL MC / DEL	1 1 1 3	NITROGLYCERIN PT24 NITREK PT24 NITRO-DUR PT 24 0.8MG MINITRAN PT24	MC MC / DEL		NITRODISC PT24 NITRO-DUR PT24	Preferred products must be used in specified order or PA will be required.
NITRO - SUBLINGUAL/ SPRAY	MC MC / DEL MC / DEL		NITROLINGUAL AERS NITROSTAT SUBL NITROTAB SUBL	MC MC / DEL		NITROLINGUAL SOLN NITROQUICK SUBL	
BETA BLOCKERS - NON SELECTIVE	MC / DEL MC / DEL MC		COREG ¹ INDERAL LA CPCR LEVATOL TABS	MC / DEL MC / DEL MC / DEL		BETAPACE TABS BETAPACE AF TABS CORCARD TABS	1. Coreg available without PA for CHF if patient on digoxin, loop diuretic, ACEI or ARB

PREFERRED DRUGS			NON-PREFERRED DRUGS				
CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments

** PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs. "BASIC" Covered Drugs are bolded with the Coverage Indicator of "MC / DEL".*

	MC / DEL		NADOLOL TABS	MC / DEL		INDERAL TABS	
	MC / DEL		PINDOLOL TABS	MC		INNOPRAN XL	
	MC / DEL		PROPRANOLOL HCL SOLN	MC / DEL		PROPRANOLOL HCL LA CPCR	
	MC / DEL		PROPRANOLOL HCL TABS				
	MC / DEL		SOTALOL HCL TABS				
	MC / DEL		TIMOLOL MALEATE TABS				
BETA BLOCKERS - CARDIO SELECTIVE	MC / DEL		ACEBUTOLOL HCL CAPS	MC		KERLONE TABS	1. Toprol XL is preferred over Coreg for LVD. Toprol XL will not need a PA for LVD or CAD if patient on anti-anginal, diuretic or ACE.
	MC / DEL		ATENOLOL TABS	MC / DEL		LOPRESSOR TABS	
	MC		BETAXOLOL HCL TABS	MC		SECTRAL CAPS	
	MC / DEL		BISOPROLOL FUMARATE TABS	MC / DEL		TENORMIN TABS	
	MC / DEL		METOPROLOL TARTRATE TABS	MC / DEL		ZEBETA TABS	
	MC / DEL		TOPROL XL TB24 ¹				
BETA BLOCKERS - ALPHA / BETA	MC / DEL		LABETALOL HCL TABS	MC		TRANDATE TABS	
CALCIUM CHANNEL BLOCKERS--Amlodipines, Bepridil, Diltiazems, Felodipines, Isradipines, Nifedipines, Nisoldipine, and Verapamils	MC / DEL		NORVASC TABS				
	MC	1	CARDIZEM LA TB24	MC	5	DILACOR XR CP24	Products must be used in specified order or PA will be required. Just write "Cardizem LA" or "Diltiazem 24-hour" and the pharmacy will use a preferred long acting diltiazem that does not require PA.
	MC	1	DILTIA XT CP24	MC	6	TAZTIA	
	MC / DEL	1	DILTIAZEM HCL ER CP24	MC / DEL	7	TIAZAC CP24	
	MC / DEL	1	DILTIAZEM HCL XR CP24	MC / DEL	8	CARDIZEM TABS	
	MC	4	CARTIA XT CP24	MC / DEL	8	CARDIZEM CD CP24	
	MC / DEL	1	DILTIAZEM CD 300MG CP24	MC	8	CARDIZEM SR CP12	
	MC / DEL	1	DILTIAZEM CD 360MG CP24	MC / DEL	8	DILTIAZEM HCL TABS	
	MC / DEL	4	DILTIAZEM CD CP24	MC / DEL	8	DILTIAZEM HCL ER CP12	
	MC / DEL	4	DILTIAZEM HCL ER CP24				
	MC / DEL	4	DILTIAZEM XR CP24				
	MC		DYNACIRC CR TBCR	MC / DEL		PLENDIL TB24	
				MC		DYNACIRC CAPS	
				MC / DEL		CARDENE CAPS	
				MC / DEL		CARDENE SR CPCR	
				MC / DEL		NICARDIPINE HCL CAPS	
	MC / DEL		NIFEDIPINE TBCR	MC		ADALAT CC TBCR	Established users of Adalatt CC are grandfathered.
	MC / DEL		NIFEDIPINE ER TBCR	MC / DEL		NIFEDIPINE CAPS	
	MC / DEL		NIFEDICAL XL TBCR	MC		PROCARDIA CAPS	
	MC / DEL			MC / DEL		PROCARDIA XL TBCR	
	MC		SULAR TB24				
	MC / DEL	1	VERAPAMIL HCL CR TBCR	MC / DEL		CALAN SR TBCR	Products must be used in specified order or PA will be required. Just write "Verapamil 24-hour" and the pharmacy will use a preferred long acting generic that does not require PA.
	MC / DEL	1	VERAPAMIL HCL ER TBCR	MC / DEL		COVERA-HS TBCR	
	MC / DEL	1	VERAPAMIL HCL SR TBCR	MC		ISOPTIN-SR	
	MC / DEL	4	CALAN TABS	MC		VERAPAMIL HCL ER CP24	
	MC / DEL	4	VERAPAMIL HCL TABS	MC		VERAPAMIL HCL SR CP24	
				MC		VERELAN CP24	
				MC		VERELAN PM CP24	
ANTIARRHYTHMICS	MC / DEL		AMIODARONE	MC / DEL		PACERONE	* Cardiologist exempt
	MC / DEL		MEXILETINE	MC / DEL		CORDARONE	
	MC / DEL		NORPACE	MC / DEL		DISOPYRAMIDE	
	MC / DEL		PROCAINAMIDE	MC / DEL		PROPAPENONE	
	MC / DEL		PROCANBID CR	MC / DEL		FLECAINIDE	
	MC		QUINAGLUTE	MC / DEL		MEXITIL	
	MC / DEL		QUINIDINE GLUCONATE	MC		QUINIDEX	
	MC / DEL		QUINIDINE SULFATE			TIKOSYN*	
	MC		RYTHMOL				
	MC / DEL		TAMBOCOR				
ACE INHIBITORS	MC / DEL		BENAZEPRIL HCL	MC	5	MAVIK TABS	Non-preferred products must be used in specified order.
	MC / DEL		CAPTAPRIL TABS	MC / DEL	8	ACCUPRIL TABS	
	MC / DEL		ENALAPRIL MALEATE TABS	MC / DEL	8	ACEON TABS	
	MC / DEL		LISINAPRIL TABS	MC / DEL	8	ALTACE1 CAPS	
	MC		MONOPRIL TABS	MC / DEL	8	BENAZEPRIL HCL	
				MC	8	CAPOTEN TABS	
				MC / DEL	8	FOSINOPRIL SODIUM	
				MC / DEL	8	LOTENSIN TABS	
				MC / DEL	8	MOEXIPRIL	
				MC / DEL	8	PRINIVIL TABS	
				MC / DEL	8	UNIVASC2	
				MC	8	VASOTEC TABS	
				MC / DEL	8	ZESTRIL TABS	
ANGIOTENSIN RECEPTOR BLOCKER	MC / DEL		BENICAR TABS	MC / DEL		ATACAND TABS	Preferred products only available without PA if patient on diabetic therapy or prior ACE therapy. Will grandfather prior ACE users who are current preferred ARB users.
	MC / DEL		COZAAR TABS	MC		AVAPRO TABS	
	MC / DEL		MICARDIS TABS	MC / DEL		DIOVAN	
	MC		TEVETEN TABS				
ANTIHYPERTENSIVES - CENTRAL	MC / DEL		CATAPRES-TTS	MC / DEL		CATAPRES TABS	
	MC / DEL		CLONIDINE HCL TABS	MC		GUANABENZ ACETATE TABS	
	MC / DEL		GUANFACINE HCL TABS	MC		ISMELIN TABS	
	MC / DEL		HYDRALAZINE HCL TABS	MC		MINIPRESS CAPS	

PREFERRED DRUGS				NON-PREFERRED DRUGS			
CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments

** PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs. "BASIC" Covered Drugs are bolded with the Coverage Indicator of "MC / DEL".*

	MC MC / DEL MC / DEL MC / DEL MC / DEL		HYLOREL TABS METHYLDOPA TABS MINOXIDIL TABS PRAZOSIN HCL CAPS RESERPINE TABS	MC / DEL		TENEX TABS	
ACE INHIBITORS AND CA CHANNEL BLOCKERS				MC / DEL MC / DEL MC		LEXXEL TBCR LOTREL CAPS TARKA TBCR	
ACE AND THIAZIDE COMBO'S	MC / DEL MC / DEL MC / DEL MC / DEL		CAPTAPRIL/HYDROCHLOROTHIA ENALAPRIL MALEATE/HCTZ TABS LISINAPRIL-HCTZ TABS UNIRETIC TABS	MC / DEL MC / DEL MC MC / DEL MC MC / DEL MC MC / DEL		ACCURETIC TABS BENAZEPRIL HCL/HYDROCHLOR CAPOZIDE TABS LOTENSIN HCT TABS MONOPRIL HCT TABS PRINZIDE TABS VASERETIC TABS ZESTORETIC TABS	
BETA BLOCKERS AND DIURETIC COMBO'S	MC / DEL MC / DEL MC / DEL		ATENOLOL/CHLORTHALIDONE BISOPROLOL FUMARATE/HCTZ PROPRANOLOL/HCTZ	MC MC / DEL MC / DEL MC MC MC / DEL		CORZIDE TABS INDERIDE 40/25 TABS LOPRESSOR HCT TABS TENORETIC TIMOLIDE 10/25 TABS ZIAC TABS	
ARB'S AND DIURETICS	MC / DEL MC / DEL MC / DEL MC		BENICAR HCT HYZAAR TABS MICARDIS HCT TABS TEVETEN HCT TABS	MC / DEL MC MC / DEL		ATACAND HCT TABS AVALIDE TABS DIOVAN HCT TABS	Preferred products only available without PA if patient on diabetic therapy or prior ACE therapy. Will grandfather prior ACE users who are current preferred ARB
DIURETICS	MC / DEL MC MC / DEL MC / DEL MC / DEL MC MC / DEL MC / DEL MC / DEL MC MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC		ACETAZOLAMIDE TABS AMILORIDE HCL BUMETANIDE CHLOROTHIAZIDE TABS CHLORTHALIDONE TABS EDECRIN TABS FUROSEMIDE HYDROCHLOROTHIAZIDE INDAPAMIDE TABS METHAZOLAMIDE TABS METHYLCLOTHIAZIDE TABS SPIRONOLACTONE 25MG TABS SPIRONOLACTONE/HYDRO TORSEMIDE TABS TRIAMTERENE/HCTZ ZAROXOLYN TABS	MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC MC MC / DEL MC MC / DEL MC MC / DEL MC MC / DEL MC MC / DEL MC MC MC / DEL		ALDACTAZIDE TABS ALDACTONE TABS BUMEX TABS DEMADEX TABS DIAMOX DIURIL DYAZIDE CAPS ENDURON TABS INSPIRA LASIX TABS LOZOL TABS MAXZIDE MICROZIDE CAPS MIDAMOR TABS MODURETIC 5-50 TABS NAQUA TABS NATURETIN TABS SPIRONOLACTONE 50MG ¹	1. Multiples of Spironolactone 25 mg are cheaper than 50 mg strength. Inspra will be approved for severe breast tenderness and male gynecomastia.
CCB / LIPID	MC / DEL		CADUET				

LIPID DRUGS

CHOLESTEROL - BILE SEQUESTRANTS	MC / DEL MC / DEL		CHOLESTYRAMINE COLESTID	MC / DEL MC MC / DEL		PREVALITE QUESTRAN WELCHOL TABS	
CHOLESTEROL - FIBRIC ACID DERIVATIVES	MC / DEL MC		GEMFIBROZIL TABS TRICOR	MC MC		LOPID TABS LOFIBRA	
CHOLESTEROL - HGM COA + ABSORB INHIBITORS	MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC MC MC / DEL		ADVICOR TBCR CRESTOR LIPITOR TABS LESCOL CAPS LESCOL XL TB24 LOVASTATIN TABS VYTORIN ZETIA TABS ¹ ZOCOR TABS	MC / DEL MC / DEL MC MC / DEL		ALTOPREV TB24 MEVACOR TABS PRAVACHOL TABS PRAVIGARD	1. Zetia available without PA as addition to Zocor 80 mg, Lipitor 80 mg, or Crestor 40mg. Zetia will also be approved with a PA as add on for patients at maximally tolerated doses of statins.

PULMONARY ANTI-HYPERTENSIVES

PULMONARY ANTI-HYPERTENSIVES				MC / DEL MC		FLOLAN TRACLEER	
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IMPOTENCE AGENTS

IMPOTENCE AGENTS				MC / DEL MC MC MC MC / DEL MC / DEL MC / DEL		CAVERJECT CIALIS EDEX LEVITRA MUSE VIAGRA YOHIMBINE HCL TABS	Effective May 1, 2004 the maximal approved quantity for the category (not per drug) is 1 unit per 30 days.
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ANTI-EMETOGENICS

ANTIEMETIC -	MC / DEL		MECLIZINE HCL TABS	MC		ANTIVERT TABS	
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PREFERRED DRUGS				NON-PREFERRED DRUGS			
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CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
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ANTICHOLINERGIC / DOPAMINERGIC	MC / DEL MC MC / DEL MC		PHENERGAN SUPP PHENERGAN FORTIS SYRP PROMETHAZINE TRANSDERM-SCOP PT72	MC / DEL MC / DEL MC / DEL MC MC / DEL		PHENERGAN SOLN PHENERGAN TABS PROMETHEGAN SUPP TORECAN TABS TIGAN	
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ANTIEMETIC - 5-HT3 RECEPTOR ANTAGONISTS/ SUBSTANCE P NEUROKININ	MC MC / DEL MC / DEL MC / DEL		ALOXI* MARINOL CAPS ZOFTRAN SOLN* ZOFTRAN TABS*	MC MC MC / DEL MC / DEL		ANZEMET TABS EMEND KYTRIL ZEGERID ZOFTRAN ODT TBDP	See quantity limit table.
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NON-SEDATING ANTIHISTAMINES / DECONGESTANTS							
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ANTIHISTIMINES - NON-SEDATING	MC MC MC MC / DEL		ALAVERT TABS ¹ CLARITIN ALLERGY (OTC) ¹ CLARITIN SYRP (OTC) ² TAVIST ND (OTC) ¹	MC / DEL MC / DEL MC / DEL MC	5 5 8 8	CLARINEX TABS ² ZYRTEC ³ ALLEGRA CLARITIN ²	1. Preferred drugs are OTC loratidines. 2. Claritin OTC syrup does not require a PA. 3. Zyrtec syrup <6 yr w/o PA
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ALLERGY / ASTHMA THERAPIES							
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ANTIASTHMATIC - ANTICHOLINERGICS INHALERS	MC / DEL MC / DEL		ATROVENT AERS IPRATROPIUM BROMIDE SOLN	MC		ATROVENT SOLN SPIRIVA	
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ANTIASTHMATIC - ANTIINFLAMMATORY AGENTS	MC / DEL MC / DEL MC / DEL		CROMOLYN SODIUM NEBU INTAL AERS TILADE AERS	MC / DEL		XOLAIR ¹	1. Need max inhaled steroids and written by pulmonary or allergy specialist.
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ANTIASTHMATIC - NASAL STEROIDS	MC / DEL MC / DEL MC MC / DEL MC	1 1 4 4 4	FLONASE SUSP ¹ NASONEX SUSP ¹ BECONASE AERS BECONASE AQ INHA NASALIDE SOLN	MC / DEL MC MC / DEL MC MC MC / DEL MC MC		FLUNISOLIDE SOLN NASACORT AERS NASACORT AQ AERS NASAREL SOLN RHINOCORT AERO RHINOCORT AQUA SUSP TRI-NASAL SOLN VANCENASE POCKETHALER AERS	Patient will have to fail both ones before moving to other preferred products. Preferred products must be used in specified step order or PA will be required. 1. Flonase and Nasonex do not require PA.
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ANTIASTHMATIC - NASAL MISC.	MC / DEL		NASALCROM	MC MC MC / DEL		ATROVENT NASAL SOL IPRATROPIUM NASAL SOL ASTELIN	
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ANTIASTHMATIC - BETA-ADRENERGICS	MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL		ALBUTEROL FORADIL AEROLIZER CAPS MAXAIR METAPROTERENOL SEREVENT TERBUTALINE SULFATE TABS	MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC MC MC / DEL		ACCUNEB NEBU ALUPENT AERP BRETHINE PROVENTIL PROVENTIL HFA AERS VENTOLIN AERS VENTOLIN HFA AERS VOLMAX TBCR VOSPIRE ER TB12 XOPENEX NEBU ^{1,2}	1. Xopenex users with prior asthma hospitalization will be grandfathered. 2. Quantity Limit: 12 cc/day
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ANTIASTHMATIC - ADRENERGIC COMBOS	MC / DEL		ADVAIR DISKUS MISC	MC / DEL		DUONEB SOLN	
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ANTIASTHMATIC - ADRENERGIC ANTICHOLINERGIC	MC / DEL		COMBIVENT AERO				
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ANTIASTHMATIC - XANTHINES	MC / DEL MC MC MC MC MC / DEL MC / DEL MC / DEL		AMINOPHYLLINE TABS THEOCHRON TB12 THEOLAIR-SR TB12 THEOPHYLLINE ELIX THEOPHYLLINE SOLN THEOPHYLLINE ER CP12 THEOPHYLLINE ER TB12 UNIPHYL TBCR	MC MC MC MC / DEL MC MC / DEL MC		QUIBRON CAPS QUIBRON-T TABS QUIBRON-T/SR TB12 THEO-24 CP24 THEOLAIR TABS THEOPHYLLINE CR TB12 T-PHYL TB12	
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ANTIASTHMATIC - STEROID INHALANTS	MC / DEL MC / DEL MC MC / DEL MC / DEL MC		AEROBID AERS AZMACORT AERS BECLOVENT AERS FLOVENT PULMICORT SUSP1 QVAR AERS VANCERIL AERS	MC / DEL MC / DEL MC MC / DEL MC / DEL MC		AEROBID-M AERS PULMICORT TURBUHALER AEPB ² VANCERIL DOUBLE STRENGTH AERS	1. No PA for Pulmicort susp if under 8 years old. 2. No PA for Pulmicort turbobhaler if under 14 yr.
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ANTIASTHMATIC - 5-Lipoxygenase Inhibitors				MC		ZYFLO TABS	
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ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	MC / DEL		SINGULAIR ¹	MC / DEL		ACCOLATE TABS	1. No PA if on asthma meds.
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ANTIASTHMATIC - ALPHA-PROTEINASE INHIBITOR				MC MC		PROLASTIN SUSR ZEMAIRA	
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ANTIASTHMATIC - HYDROLYTIC ENZYMES				MC / DEL		PULMOZYME SOLN	
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COUGH/COLD							
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PREFERRED DRUGS				NON-PREFERRED DRUGS			
CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments

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	MC / DEL		RENACIDIN SOLN				
	MC		TRICITRATES SYRP				
	MC		UREX TABS				
	MC / DEL		URISED TABS				
	MC		UROCID-K				
	MC / DEL		UROQID #2 TABS				

INTRA-VAGINALS

VAGINAL - ANTIBACTERIALS	MC / DEL	1	CLEOCIN CREA				Step order must be followed to avoid PA. Must fail Cleocin and Metrogel products before moving to next step product without PA.
	MC / DEL	1	METROGEL VAGINAL GEL				
	MC / DEL	3	CLEOCIN SUPP				

VAGINAL - ANTI FUNGALS	MC / DEL		CLOTRIMAZOLE CREA	MC		AVC CREAM	1. Quantity limit: 1/script/2 weeks
	MC / DEL		GYNE-LOTRIMIN CREA	MC		CLOTRIMAZOLE 3 DAY CREA	
	MC		MICONAZOLE CREA	MC		GYNAZOLE-1 CREA	
	MC / DEL		MICONAZOLE 3 COMBO PACK KIT ¹	MC		GYNE-LOTRIMIN 3 TABS	
	MC / DEL		MICONAZOLE 7 CREA	MC / DEL		MICONAZOLE 3 SUPP	
	MC / DEL		MICONAZOLE NITRATE CREA	MC		MONISTAT 3 SUPP	
	MC		MONISTAT 1 OINT	MC		TERAZOL 3 CREA	
	MC		MONISTAT 3 CREA	MC		TERAZOL 3 SUPP	
	MC		MONISTAT 7	MC		TERAZOL 7 CREA	
	MC		NYSTATIN TABS				
	MC		VAGITROL				
	MC		V-R MICONAZOLE-7 CREA				

VAGINAL - CONTRACEPTIVES	MC		GYNOL II EXTRA STRENGTH GEL	MC		DELPHEN FOAM	
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VAGINAL - ESTROGENS	MC / DEL		PREMARIN CREA	MC / DEL		ESTRACE CREA¹ ESTRING RING VAGIFEM TABS	1. Preferred for DEL members.
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VAGINAL - OTHER	MC / DEL		ACID JELLY GEL	MC		AMINO ACID CERVICAL CREA	
	MC		ACI-JEL GEL				
	MC		CERVICAL AMINO ACID CREA				

BPH

BPH	MC / DEL		AVODART	MC / DEL	5	FLOMAX CP24	Non-preferred products must be used in specified order.
	MC / DEL		DOXAZOSIN MESYLATE TABS	MC / DEL	8	CARDURA TABS	
	MC / DEL		PROSCAR TABS	MC	8	HYTRIN CAPS	
	MC / DEL		TERAZOSIN HCL CAPS	MC / DEL	8	UROXATRAL	

ANXIOLYTICS

ANXIOLYTICS - BENZODIAZEPINES	MC / DEL		ALPRAZOLAM TABS	MC / DEL		ATIVAN	
	MC / DEL		CHLORDIAZEPoxide HCL CAPS	MC		SERAX	
	MC / DEL		CLORAZEPATE DIPOTASSIUM TABS	MC		TRANXENE	
	MC / DEL		DIAZEPAM	MC / DEL		XANAX TABS	
	MC / DEL		LORAZEPAM				
	MC / DEL		OXAZEPAM CAPS				

ANXIOLYTICS - LONG ACTING	MC / DEL		XANAX XR ¹				1. Xanax XR will be available if the long acting benzo clonazepam fails.
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ANXIOLYTICS - MISC.	MC / DEL		BUSPIRONE HCL TABS	MC		ATARAX TABS	
	MC		HYDROXYZINE HCL SOLN	MC		BUSPAR TABS	
	MC		HYDROXYZINE HCL SYRP	MC		DROPERIDOL SOLN	
	MC / DEL		HYDROXYZINE PAMOATE CAPS	MC / DEL		HYDROXYZINE HCL TABS	
				MC / DEL		HYDROXYZINE PAM 100MG CAPS	
				MC		INAPSINE SOLN	
				MC / DEL		MEPROBAMATE TABS	
				MC / DEL		VISTARIL	

ANTI-DEPRESSANTS

ANTIDEPRESSANTS - MAO INHIBITORS	MC / DEL		NARDIL TABS				
	MC / DEL		PARNATE TABS				

ANTIDEPRESSANTS - SELECTED SSRIS	MC / DEL		BUPROPION HCL TABS	MC	5	CYMBALTA	Non-preferred products must be used in specified step order. 1. Use Fluoxetine 20 mg in multiples. 2. See Zoloft splitting table. Zoloft requires splitting of 50mg and/or 100mg scored tabs to avoid PA. 3. Strong caution with pediatric population. 4. Established users are grandfathered. 5. See Celexa and Lexapro splitting tables.
	MC / DEL		BUPROPION SR	MC / DEL	6	EFFEXOR TABS ⁴	
	MC / DEL		CELEXA ⁵	MC / DEL	6	EFFEXOR XR CP24 ^{3,4}	
	MC / DEL		FLUOXETINE HCL CAPS	MC	8	DESYREL TABS	
	MC / DEL		FLUOXETINE HCL LIQD	MC / DEL	8	FLUOXETINE 40 mg ¹	
	MC / DEL		FLUOXETINE HCL TABS	MC	8	LUVOX TABS	
	MC / DEL		FLUVOXAMINE MALEATE TABS	MC	8	MAPROTILINE HCL TABS	
	MC / DEL		LEXAPRO TABS ⁵	MC / DEL	8	PAXIL ³	
	MC / DEL		MIRTAZAPINE	MC	8	PROZAC	
	MC / DEL		PAROXETINE ³	MC	8	PROZAC CAPS	
	MC / DEL		PAXIL CR ³	MC	8	PROZAC WEEKLY CPDR ⁴	
	MC		SERZONE TABS	MC / DEL	8	REMERON TABS	
	MC / DEL		TRAZODONE HCL TABS	MC / DEL	8	SARAFEM CAPS	
	MC / DEL		WELLBUTRIN XL	MC / DEL	8	TRAZODONE HCL 300MG TABS	
	MC / DEL		ZOLOFT ²	MC / DEL	8	WELLBUTRIN TABS	
				MC / DEL	8	WELLBUTRIN SR TBCR	
				MC / DEL	9	REMERON SOLTAB TBCR	

ANTIDEPRESSANTS - TRI-	MC / DEL		AMITRIPTYLINE HCL TABS	MC / DEL		AMOXAPINE TABS	PA required for new starters if over 65 years old. Users over 65
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PREFERRED DRUGS			NON-PREFERRED DRUGS				
CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments

** PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs. "BASIC" Covered Drugs are bolded with the Coverage Indicator of "MC / DEL".*

CYCLICS	MC	*	AVENTYL SOLN	MC / DEL		ANAFRANIL CAPS	years old are grandfathered.
	MC / DEL	*	CLOMIPRAMINE HCL CAPS	MC / DEL		ELAVIL TABS	
	MC / DEL	*	DESIPRAMINE HCL TABS	MC / DEL		NORPRAMIN TABS	
	MC / DEL	*	DOXEPIN HCL	MC / DEL		PAMELOR	
	MC / DEL	*	IMIPRAMINE HCL TABS	MC / DEL		SINEQUAN	
	MC / DEL	*	NORTRIPTYLINE HCL	MC		TOFRANIL	
	MC	*	PROTRIPTYLINE HCL TABS	MC		VIVACTIL TABS	
MC	*	SURMONTIL CAPS					

SEDATIVE / HYPNOTICS

SEDATIVE/HYPNOTICS - BARBITURATE	MC		BUTISOL SODIUM TABS	MC		LUMINAL SOLN	PA required for new users of preferred products if over 65 years old.
	MC / DEL		CHLORAL HYDRATE SYRP	MC		SECONAL CAPS	
	MC		MEBARAL TABS	MC / DEL		SOMNOTE CAPS	
	MC / DEL		PHENOBARBITAL				
SEDATIVE/HYPNOTICS - BENZODIAZEPINES	MC / DEL		DORAL TABS	MC		DALMANE	Previous quantity limits still apply.
	MC / DEL		ESTAZOLAM TABS	MC		HALCION TABS	
	MC / DEL		FLURAZEPAM HCL CAPS	MC		MIDAZOLAM HCL SYRP	
	MC / DEL		TEMAZEPAM CAPS	MC		PROSOM TABS	
	MC / DEL		TRIAZOLAM TABS	MC / DEL		RESTORIL CAPS	
SEDATIVE/HYPNOTICS - Non-Benzodiazepines	MC		TRAZODONE	MC / DEL	7	AMBIEN TABS	Elderly (over 65) exempt, but previous quantity limits still apply.
				MC / DEL	8	SONATA CAPS	

ANTI-PSYCHOTICS

ANTIPSYCHOTICS - ATYPICALS	MC	1	RISPERDAL	MC / DEL	5	ABILIFY TABS ²	Established users except Zyprexa Zydis are grandfathered. New users can follow preferred step order without PA. 1. Geodon has dose consolidation edit of 2 per day. 2. Abilify 1/day.
	MC / DEL	2	GEODON ¹	MC	8	RISPERDAL M TAB	
	MC / DEL	2	SEROQUEL TABS	MC	8	RISPERDAL CONSA	
				MC	8	ZYPREXA TABS	
				MC	8	ZYPREXA ZYDIS TBDP	
ANTIPSYCHOTICS - SPECIAL ATYPICALS	MC / DEL		CLOZAPINE TABS	MC / DEL		CLOZARIL TABS ¹	1. No new starters on brand Clozaril.
						FAZACLO	
ANTIPSYCHOTICS - TYPICAL	MC / DEL		CHLORPROMAZINE HCL	MC / DEL		COMPazine	
	MC / DEL		FLUPHENAZINE DECANOATE	MC / DEL		COMPRO SUPP	
	MC / DEL		FLUPHENAZINE HCL	MC		HALDOL DECANOATE	
	MC		HALDOL	MC / DEL		LOXITANE CAPS	
	MC / DEL		HALOPERIDOL	MC		MELLARIL	
	MC		HALOPERIDOL DECANOATE SOLN	MC / DEL		NAVANE CAPS	
	MC		HALOPERIDOL LACTATE SOLN	MC		PROLIXIN	
	MC / DEL		LOXAPINE SUCCINATE CAPS	MC		STELAZINE TABS	
	MC / DEL		LOXITANE-C CONC	MC		THORAZINE	
	MC		MOBAN TABS				
	MC / DEL		PERPHENAZINE				
	MC / DEL		PROCHLORPERAZINE				
	MC		SERENTIL				
	MC / DEL		THIORIDAZINE HCL				
	MC / DEL		THIOTHIXENE				
MC		THORAZINE SUPP					
MC / DEL		TRIFLUOPERAZINE HCL TABS					

LITHIUM

LITHIUM	MC / DEL		ESKALITH CAPS				
	MC / DEL		ESKALITH CR TBCR				
	MC / DEL		LITHIUM CARBONATE				
	MC / DEL		LITHIUM CITRATE SYRP				
	MC / DEL		LITHOBID TBCR				

COMBINATION - PSYCHOTHERAPEUTIC

PSYCHOTHERAPEUTIC COMBINATION	MC / DEL		CHLORDIAZEPOXIDE/AMITRIPT PERPHENAZINE/AMITRIPTYLIN	MC	8	SYMBYAX	
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STIMULANTS

STIMULANT - AMPHETAMINES - SHORT ACTING	MC / DEL		ADDERALL TABS				Preferred stimulants will be available without PA if diagnosis of ADHD.
	MC / DEL		AMPHETAMINE SALT COMBO				
	MC / DEL		DEXEDRINE				
	MC / DEL		DEXTROAMPHET SULF TABS				
	MC / DEL		DEXTROSTAT TABS				
STIMULANT - AMPHETAMINES - LONG ACTING	MC / DEL	1	ADDERALL XR CP24				Preferred stimulants will be available without PA if diagnosis of ADHD. Step care therapy needs to be followed.
	MC	2	DEXEDRINE Cap CR				
	MC	2	DEXTROAMPHET SULF CPCR				
STIMULANT - METHYLPHENIDATE	MC / DEL		FOCALIN TABS	MC / DEL		RITALIN	Preferred stimulants will be available without PA if diagnosis of ADHD.
	MC		METADATE ER TBCR				
	MC / DEL		METHYLIN ER TBCR				
	MC / DEL		METHYLIN TABS				
	MC / DEL		METHYLPHENIDATE HCL				
STIMULANT - METHYLPHENIDATE - LONG ACTING	MC	1	CONCERTA TBCR	MC	5	METADATE CD CPCR ¹	Non-preferred products must be used in specified step order. 1.

PREFERRED DRUGS				NON-PREFERRED DRUGS			
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CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
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METHYLPHENIDATE - LONG ACTING				MC / DEL	8	RITALIN LA	Easily approved for patients needing the sprinkles. Preferred stimulants will be available without PA if diagnosis of ADHD.
STIMULANTS - STIMULANT LIKE				MC	7	STRATTERA ^{1,2}	1. Required failure of both an amphetamine and methylphenidate (unless history of substance abuse) 2. Effective 12.04.03, Strattera allowed only 1 per day for all strengths except 40mg, where 2 are allowed to achieve 80mg or 100mg daily.
				MC	8	CAFICIT SOLN	
				MC	8	CYLERT CHEW	
				MC	8	CYLERT TABS	
				MC	8	DESOXYN TABS	
				MC / DEL	8	PROVIGIL TABS	
				MC / DEL	9	PEMOLINE	

WEIGHT LOSS							
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WEIGHT LOSS							No longer covered: PHENTERMINE, XENICAL, DIDREX, and
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ALZHEIMER DISEASE							
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ALZHEIMER - Cholinomimetics	MC		ARICEPT TABS ¹	MC / DEL	8	EXELON	1. all new users need PA to establish dementia diagnosis and baseline mental status score.
	MC / DEL		NAMENDA ¹	MC	9	COGNEX CAPS	
	MC		REMINYL ¹				

SMOKING CESSATION							
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NICOTINE PATCHES / TABLETS	MC / DEL		NICODERM CQ PT24	MC / DEL		NICOTINE PT24 NICOTINE TRANSDERMAL PT24 NICOTROL PT24 ZYBAN TBCR ¹	1. Use Bupropion SR 150 mg instead.
NICOTINE REPLACEMENT - OTHER	MC / DEL		NICOTINE POLACRILEX GUM	MC / DEL		NICORETTE NICOTROL INHALER INHA NICOTROL NS SOLN	

ALCOHOL DETERRENTS							
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ALCOHOL DETERRENTS	MC		DISULFIRAM TABS	MC		ANTABUSE TABS ¹	1. DAW8 (Generic not available)
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MISCELLANEOUS ANALGESICS							
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ANALGESICS - MISC.	MC		ACEPHEN SUPP	MC		ASPIR-81 TBEC	
	MC / DEL		ACETAMIN TAB 325MG	MC		AXOCET CAPS	
	MC / DEL		ACETAMINOPHEN	MC		DOLOBID TABS	
	MC / DEL		ASPIRIN	MC		EASPRIN TBEC	
	MC / DEL		ASPIRIN EC	MC		EQUAGESIC TABS	
	MC / DEL		ASPIR-LOW TBEC	MC / DEL		ESGIC-PLUS	
	MC / DEL		BUFFERED ASPIRIN TABS	MC		EXCEDRIN TAB ASA FRE	
	MC / DEL		BUTAL/ASA/CAFF	MC / DEL		FIORICET TABS	
	MC / DEL		BUTALBITAL COMPOUND	MC		FIORINAL CAPS	
	MC / DEL		BUTALBITAL/ACET TABS	MC		FIORTAL CAPS	
	MC / DEL		BUTALBITAL/APAP CAPS	MC / DEL		FORTABS TABS	
	MC / DEL		BUTALBITAL/APAP/CAFFEINE	MC		PHRENILIN TABS	
	MC / DEL		CHILDRENS ASPIRIN CHEW	MC		PHRENILIN FORTE CAPS	
	MC / DEL		CHILDRENS PAIN RELIEVER	MC		TRILISATE LIQD	
	MC / DEL		CHOLINE MAGNESIUM TRISALI	MC		TRILISATE TABS	
	MC / DEL		DIFLUNISAL TABS	MC		ZEBUTAL CAPS	
	MC / DEL		ECOTRIN	MC		ZORPRIN TBCR	
	MC / DEL		FEVERALL SUPP				
	MC / DEL		GENAPAP				
	MC / DEL		GENEBS TABS				
	MC		HEADACHE FORMULA ADDED TABS				
	MC		INFANTAIRE SOLN				
	MC		INFANTS APAP SOLN				
	MC		INFANTS PAIN RELIEVER SUSP				
	MC / DEL		MAPAP				
	MC / DEL		PAIN RELIEVER				
	MC / DEL		Q-NOL TABS				
	MC / DEL		SALSALATE TABS				
	MC		TACTINAL EXTRA STRENGTH TABS				
	MC		TYLENOL				
	MC		V-R CHILDRENS ASPIRIN CHEW				
	MC		V-R NON-ASPIRIN TABS				

LONG ACTING NARCOTICS							
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NARCOTICS-LONG ACTING	MC		KADIAN CP24	MC	7	DURAGESIC PT72 ¹	Non-preferred products must be used in specific order.
	MC		AVINZA	MC / DEL	8	ORAMORPH SR TB12	1. Duragesic and Oxycontin will be available without PA for patients treated for or dying from cancer or hospice patients. CA (cancer) or HO (hospice) diag code may be used but store must verify since all scripts will be audited and stores will be liable.
	MC / DEL		METHADONE	MC / DEL	8	MOPRHINE SULFATE ER TB12	
	MC / DEL		METHADOSE	MC / DEL	8	MORPHINE SULFATE SUPP	
				MC / DEL	8	MORPHINE SULFATE SUPP	
				MC	8	MS CONTIN TB12	
				MC	8	OXYCODONE ER 80MG	
					9	OXYCONTIN TB12 ¹	

NARCOTICS - SELECTED	MC / DEL		TRAMADOL HCL TABS	MC		BUPRENEX SOLN	
				MC / DEL		BUTORPHANOL	
				MC		NALBUPHINE HCL SOLN	
				MC		NUBAIN SOLN	
				MC		STADOL NS SOLN	
				MC		ULTRACET TABS	

PREFERRED DRUGS			NON-PREFERRED DRUGS			
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CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
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** PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs. "BASIC" Covered Drugs are bolded with the Coverage Indicator of "MC / DEL".*

				MC		ULTRAM TABS	
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MISCELLANEOUS NARCOTICS							
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NARCOTICS - MICS.	MC / DEL		ACETAMINOPHEN/CODEINE	MC		ANEXSIA TABS	1. ACTIQ lollypop and Capital and codeine suspension products require PA for users over 18 years of age. 2. Endocet and oxycodone/acet 10/650 is 8 times more expensive. Use twice as many of oxycod/acet 5/325 instead.
	MC		ACTIQ LPOP ¹	MC / DEL		ASCOMP/CODEINE CAPS	
	MC / DEL		ASPIRIN/CODEINE TABS	MC / DEL		BUTALBITAL/APAP/CAFFEINE/ CAPS	
	MC / DEL		BUTAL/ASA/CAFF/COD CAPS	MC		DARVOCET-N	
	MC		BUTALBITAL/ASPIRIN/CAFFEI CAPS	MC		DARVON	
	MC		CAPITAL AND CODEINE SUSP ¹	MC		DEMEROL	
	MC		CAPITAL/CODEINE SUSP ¹	MC / DEL		DILAUDID	
	MC / DEL		CODEINE PHOSPHATE SOLN	MC		DILAUDID-HP SOLN	
	MC / DEL		CODEINE SULFATE TABS	MC / DEL		FIORICET/CODEINE CAPS	
	MC / DEL		ENDOCET 5/325mg TABS ²	MC		FIORINAL/CODEINE #3 CAPS	
	MC / DEL		ENDODAN TABS	MC		FIORTAL/CODEINE CAPS	
	MC		FENTANYL CITRATE SOLN	MC / DEL		HYDROCODONE/IBUPROFEN	
	MC / DEL		HYDROCODONE BITARTRATE/AP TABS	MC / DEL		LORCET	
	MC / DEL		HYDROCODONE/ACETAMINOPHEN	MC		LORTAB	
	MC / DEL		HYDROMORPHONE HCL	MC		MAXIDONE TABS	
	MC / DEL		MEPERIDINE HCL	MC / DEL		NORCO TABS	
	MC / DEL		OXYCODONE	MC / DEL		PENTAZOCINE/ACET TABS	
	MC / DEL		OXYCODONE/ACETAMINOPHEN ²	MC		PERCOCET TABS	
	MC / DEL		PENTAZOCINE/NALOXONE TABS	MC		PERCODAN TABS	
	MC		PROPOXYPHENE COMPOUND CAPS	MC		PHRENILIN W/CAFFEINE/CODE CAPS	
	MC		PROPOXYPHENE CMPND-65 CAPS	MC / DEL		ROXICET 5/500 TABS	
	MC / DEL		PROPOXYPHENE HCL CAPS	MC		SYNALGOS-DC CAPS	
	MC / DEL		PROPOXYPHENE/ACET TABS	MC		TALACEN TABS	
	MC / DEL		PROPOXYPHENE-N/ACET TABS	MC / DEL		TALWIN NX TABS	
	MC / DEL		ROXICET	MC		TYLENOL/CODEINE #3 TABS	
MC		ROXIPRIN TABS	MC		TYLOX CAPS		
			MC		VICODIN		
			MC		VICOPROFEN TABS		
			MC		ZYDONE TABS		

NARCOTIC ANTAGONISTS							
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NARCOTIC - ANTAGONISTS	MC / DEL		NALTREXONE HCL TABS	MC / DEL		REVIA TABS	
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COX 2 / NSAIDS							
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COX 2 INHIBITORS	MC / DEL		BEXTRA TABS				
	MC / DEL		CELEBREX CAPS				Cox-2 available to 60 yr and over w/o PA, under 60 yr. requires PA. Can decrease GI bleeding risk equivalent to Cox-2 agent with generic NSAID and omeprazole.

NSAIDS	MC / DEL		CHILDRENS IBUPROFEN	MC		ADVIL TABS	
	MC / DEL		CHILDREN'S MOTRIN SUSP	MC		ANAPROX TABS	
	MC / DEL		DICLOFENAC POTASSIUM TABS	MC		ANAPROX DS TABS	
	MC / DEL		DICLOFENAC SODIUM	MC		ANSAID TABS	
	MC / DEL		ETODOLAC	MC / DEL		CATAFLAM TABS	
	MC / DEL		FENOPROFEN CALCIUM TABS	MC		CHILDRENS ADVIL SUSP	
	MC / DEL		FLURBIPROFEN TABS	MC		CHILD'S IBUPROFEN SUSP	
	MC / DEL		IBUPROFEN	MC / DEL		CLINORIL TABS	
	MC / DEL		INDOMETHACIN	MC / DEL		DAYPRO TABS	
	MC / DEL		KETOPROFEN	MC / DEL		EC-NAPROSYN TBEC	
	MC / DEL		KETOROLAC TROMETHAMINE	MC / DEL		ETODOLAC ER 600MG	
	MC / DEL		MECLOFENAMATE SODIUM CAPS	MC		FELDENE CAPS	
	MC / DEL		NABUMETONE TABS	MC / DEL		IBU-200	
	MC / DEL		NAPROSYN SUSP	MC		INDOCIN	
	MC / DEL		NAPROXEN SUSP	MC / DEL		LODINE	
	MC / DEL		NAPROXEN TABS	MC / DEL		MOBIC TABS	
	MC / DEL		NAPROXEN SODIUM TABS	MC / DEL		MOTRIN	
	MC / DEL		OXAPROZIN TABS	MC		NALFON CAPS	
	MC / DEL		PIROXICAM CAPS	MC / DEL		NAPRELAN TBCR	
	MC / DEL		SULINDAC TABS	MC / DEL		NAPROSYN TABS	
	MC / DEL		TOLMETIN SODIUM	MC / DEL		NAPROXEN DR TBEC	
				MC / DEL		NAPROXEN SODIUM TBCR	
				MC		ORUVAIL CP24	
				MC		PONSTEL CAPS	
				MC / DEL		RELAFEN TABS	
			MC		SB IBUPROFEN TABS		
			MC		TOLECTIN		
			MC		TORADOL		
			MC / DEL		VOLTAREN		
			MC		V-R IBUPROFEN TABS		

RHEUMATOID ARTHRITIS							
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RHEUMATOID ARTHRITIS	MC / DEL		ARAVA TABS ¹	MC		ENBREL KIT ²	1. No PA for Arava if methotrexate previously tried. 2. Rheumatologist must write script. Rheumatologist will not require PA for biologicals if methotrexate or other DMARDs in drug profile.
				MC		HUMIRA ²	
				MC		KINERET SOLN ²	
				MC		REMICADE ²	

MISCELLANEOUS ARTHRITIS							
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PREFERRED DRUGS				NON-PREFERRED DRUGS			
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CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
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ARTHRITIS - MISC.	MC MC		RIDAURA CAPS MYOCHRYSLINE SOLN	MC / DEL		ARTHROTEC	
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MIGRAINE THERAPIES							
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MIGRAINE - ERGOTAMINE DERIVATIVES	MC / DEL MC		MIGRANAL SOLN SANSERT TABS	MC / DEL		D.H.E. 45 SOLN	
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MIGRAINE - CARBOXYLIC ACID DERIVATIVES	MC		DEPAKOTE ER TB24				
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MIGRAINE - SELECTIVE SEROTONIN AGONISTS (5HT)- Tabs	MC / DEL	1	IMITREX TABS	MC / DEL		FROVA TABS	1. Must fail Imitrex and Maxalt products before moving to next step product without PA
	MC / DEL	1	MAXALT				
	MC	2	AXERT TABS ¹				
	MC / DEL	2	RELPAK				
	MC / DEL	4	AMERGE TABS				
	MC / DEL	4	ZOMIG TABS ZOMIG ZMT TBPDP				

MIGRAINE - SELECTIVE SEROTONIN AGONISTS (5HT)- Injectables	MC / DEL MC / DEL MC / DEL		IMITREX KIT IMITREX STATDOSE PEN KIT IMITREX STATDOSE REFILL KIT	MC / DEL		IMITREX SOLN	
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MIGRAINE - MISC.	MC / DEL MC / DEL MC / DEL		CAFERGOT SUPP CAFERGOT TABS SPASTRIN TABS	MC / DEL MC		MIGRAZONE CAPS BELCOMP-PB SUPP	
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GOUT							
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GOUT	MC / DEL MC / DEL MC / DEL MC / DEL MC		ALLOPURINOL TABS COLCHICINE TABS PROBENECID TABS PROBENECID/COLCHICINE TABS SULFINPYRAZONE TABS	MC		ZYLOPRIM TABS	
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MISC.							
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ANESTHETICS - MISC.	MC MC MC		BUPIVACAINE HCL SOLN LIDOCAINE HCL SOLN MARCAINE SOLN	MC MC / DEL MC		SENSORCAINE-MPF SOLN SYNVISC INJ XYLOCAINE SOLN	
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ANTI-CONVULSANTS							
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ANTI-CONVULSANTS - MISC.	MC / DEL		CARBAMAZEPINE	MC MC / DEL MC / DEL MC / DEL MC / DEL MC MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL		DEPAKENE GABITRIL TABS KEPPRA TABS KLONOPIN TABS LAMICTAL PRIMIDONE TABS TOPAMAX TRILEPTAL ZARONTIN SYRP ZONEGRAN CAPS NEURONTIN	Neurologists exempt. 1. Quantity limit 5/month 2. 200 mg requires a PA. Use two 100 mg instead. Pharmaceutical supply issues will delay implementation until further notice. 3. Psychiatrists & Neurologists exempt. Other prescribers still require PA.
	MC / DEL		CARBATROL CP12				
	MC / DEL		CELONTIN CAPS				
	MC / DEL		CLONAZEPAM TABS				
	MC		DEPAKOTE TBEC				
	MC		DEPAKOTE SPRINKLES CPSP				
	MC / DEL		DIASTAT ¹				
	MC / DEL		DILANTIN				
	MC / DEL		EPITOL TABS				
	MC / DEL		ETHOSUXIMIDE SYRP				
	MC / DEL		FELBATOL				
	MC / DEL		LAMICTAL ³				
	MC / DEL		MYSOLINE TABS				
	MC / DEL		PHENYTOIN				
	MC / DEL		PHENYTEK CAPS				
	MC / DEL		TEGRETOL ²				
	MC / DEL		TEGRETOL-XR TB12				
	MC / DEL		VALPROIC ACID				
	MC / DEL		ZARONTIN CAPS				

A ~ B
4* ~ 4*
9 ~ 8
9 ~ 7
9 ~ 6
5 ~ 5
9 ~ 9
9 ~ 9

BIPOLAR DISORDER: STEP ORDER

LAMICTAL³
GABITRIL TABS
KEPPRA TABS
TOPAMAX
TRILEPTAL
ZONEGRAN CAPS
NEURONTIN

See review in DUR section of website.
A= Monotherapy
B= Adjunctive
* Psychiatrists & Neurologists exempt. Other prescribers still require PA.
9= No Evidence
The step orders show the relative strength of evidence for use in bipolar and will guide prior authorization determinations.

ANTI-PARKINSON DRUGS							
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PARKINSONS - ANTICHOLINERGICS	MC MC / DEL MC MC / DEL MC / DEL		AKINETON TABS BENZTROPINE MESYLATE TABS COGENTIN SOLN KEMADRIN TABS TRIHExYPHENIDYL				
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PARKINSONS - COMT INHIBITORS	MC / DEL		COMTAN TABS	MC / DEL		TASMAR TABS	
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PARKINSONS - SELECTED DOPAMIN AGONISTS	MC / DEL MC / DEL MC	1 2 3	MIRAPEX TABS REQUIP TABS PERMAX TABS	MC / DEL		PERGOLIDE MESYLATE TABS	Preferred products must be used in specified order or PA will be required. Established users grandfathered.
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PARKINSONS - DOPAMINERGICS/CARBI/ LEVO	MC / DEL		AMANTADINE HCL	MC / DEL MC MC / DEL MC / DEL MC MC MC / DEL		APOKYN [®] ELDEPRYL CAPS PARLODEL CAPS PARLODEL TABS SINEMET TABS SINEMET TBCR SYMMETREL TABS	*Neurologist exempt
	MC / DEL		BROMOCRIPTINE MESYLATE				
	MC / DEL		CARBIDOPA/LEVODOPA TABS				
	MC / DEL		CARBIDOPA/LEVODOPA ER				
	MC		LARODOPA TABS				
	MC		LODOSYN TABS				

PARKINSONS - COMBO.	MC / DEL		STALEVO				
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MUSCLE RELAXANTS							
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ALS DRUG	MC / DEL		RILUTEK TABS				
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PREFERRED DRUGS			NON-PREFERRED DRUGS			
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CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
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** PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs. "BASIC" Covered Drugs are bolded with the Coverage Indicator of "MC / DEL".*

MUSCLE RELAXANTS	MC / DEL		BACLOFEN TABS	MC / DEL	7	ORPHENADRINE CITRATE	1. Effective October 1, 2003 even Carisoprodol requires PA. Non-preferred products must be used in specified step order.
	MC / DEL		CHLORZOXAZONE TABS	MC / DEL	7	TIZANIDINE HCL TABS	
	MC / DEL		CYCLOBENZAPRINE HCL TABS	MC / DEL	8	CARISOPRODOL TABS1	
	MC		LIORESAL INTRATHECAL KIT	MC / DEL	8	DANTRIUM CAPS	
	MC / DEL		METHOCARBAMOL TABS	MC / DEL	8	FLEXERIL TABS	
				MC	8	LIORESAL TABS	
				MC	8	NORFLEX TBCR	
				MC	8	ROBAXIN-750 TABS	
				MC / DEL	8	SKELAXIN TABS	
				MC / DEL	8	ZANAFLEX TABS	

MUSCLE RELAXANT - COMBINATIONS				MC / DEL		CARISOPRODOL/ASPIRIN TABS	
				MC / DEL		CARISOPRODOL/ASPIRIN/CODE	
				MC		NORGESIC TABS	
				MC / DEL		ORPHENADRINE COMPOUND	
				MC / DEL		ORPHENADRINE/ASA/CAFF	

VITAMINS

****Preferred products that used to require diag codes still require diag codes unless indicated otherwise.****

VITAMINS	MC / DEL		ASCORBIC ACID TABS	MC		AQUASOLE SOLN	
	MC		BIOTIN	MC		AQUAVIT-E SOLN	
	MC		CALCIFEROL SOLN	MC		DHT SOLN	
	MC / DEL		CALCITRIOL CAPS	MC / DEL		DRISDOL CAPS	
	MC		CYANOCOBALAMIN SOLN	MC		NASCOBAL GEL	
	MC / DEL		DRISDOL SOLN	MC / DEL		ROCALTROL	
	MC		FOLGARD RX 2.2 TABS				
	MC / DEL		FOLIC ACID TABS				
	MC		FOLTX TABS				
	MC / DEL		MEPHYTON TABS				
	MC / DEL		NIACIN				
	MC		NIACOR TABS				
	MC / DEL		NICOTINIC ACID SR CPCR				
	MC		PYRIDOXINE HCL TABS				
	MC / DEL		SLO-NIACIN TBCR				
	MC / DEL		THIAMINE HCL SOLN				
	MC / DEL		VITAMIN B-1 TABS				
	MC / DEL		VITAMIN B-12				
	MC		VITAMIN B-6 TABS				
	MC / DEL		VITAMIN C				
MC / DEL		VITAMIN D					
MC / DEL		VITAMIN E CAPS					
MC / DEL		VITAMIN E/D-ALPHA CAPS					
MC		VITAMIN K1 SOLN					
MC		V-R VITAMIN E CAPS					

MISC MULTI-VITAMINS

****Preferred products that used to require diag codes still require diag codes unless indicated otherwise.****

VITAMINS - MISC.	MC		CENTRUM LIQD	MC		ADEKS	Diag codes are no longer required on prenatal vitamins.
	MC		CENTRUM TABS	MC / DEL		ADVANCED NATALCARE TABS	
	MC		CENTRUM JR/IRON CHEW	MC		CENTRUM JR/EXTRA C CHEW	
	MC		CENTRUM SILVER TABS	MC		CENTRUM PERFORMANCE TABS	
	MC		CENTRUM-LUTEIN TABS	MC		DALYVITE LIQD	
	MC		CEROVITE ADVANCED FO TABS	MC		EMBREX 600 MISC	
	MC / DEL		CHEWABLE MULTIVIT/FL CHEW	MC		IBERET	
	MC		COD LIVER OIL CAPS	MC		MATERNA TABS	
	MC		COMPLETE SENIOR TABS	MC		MULTIRET FOLIC-500 TBCR	
	MC		DAILY MULTI VIT/IRON	MC / DEL		NATAFORT TABS	
	MC		M.V.I.-12 INJ	MC / DEL		NATALCARE CFE 60 TABS	
	MC		MULTI-VIT/FLUORIDE	MC / DEL		NATALCARE GLOSS TABS	
	MC / DEL		NATACHEW CHEW	MC		NATALCARE PIC TABS	
	MC / DEL		NATALCARE RX TABS	MC		NATALCARE PIC FORTE TABS	
	MC / DEL		NEPHRO-VITE TABS	MC / DEL		NATALCARE PLUS TABS	
	MC / DEL		OCUVITE TABS	MC		NATALCARE THREE TABS	
	MC / DEL		ONE DAILY TABS	MC		NATALFIRST TABS	
	MC / DEL		ONE-DAILY MULTIVITAMINS	MC		NATATAB RX TABS	
	MC / DEL		ONE-TABLET-DAILY	MC / DEL		NEPHPLEX RX TABS	
	MC / DEL		POLY-VIT/IRON/FLUORID SOLN	MC / DEL		NEPHROCAPS CAPS	
	MC / DEL		POLY-VITAMIN/FLUORIDE SOLN	MC		NESTABS RX TABS	
	MC / DEL		POLY-VITAMINS/IRON SOLN	MC / DEL		NIFEREX	
	MC / DEL		PRENATAL TABS	MC / DEL		NUTRINATE CHEW	
	MC / DEL		PRENATAL FORMULA 3 TABS	MC		POLY-VI-FLOR SOLN	
	MC / DEL		PRENATAL PLUS TABS	MC		POLY-VI-SOL SOLN	
	MC / DEL		PRENATAL PLUS NF TABS	MC		POLY-VI-SOL/IRON SOLN	
	MC		PRENATAL PLUS/27MG IRON	MC		POLY-VITAMIN DROPS SOLN	

PREFERRED DRUGS			NON-PREFERRED DRUGS			
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CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
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** PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs. "BASIC" Covered Drugs are bolded with the Coverage Indicator of "MC / DEL".*

	MC		PRENATAL PLUS/IRON TABS	MC		PRECARE	
	MC / DEL		PRENATAL RX/BETA-CAROTENE	MC		PREMESIS RX TABS	
	MC		PROTEGRA CAPS	MC		PRENATABS CBF TABS	
	MC		STRESS TAB NF TABS	MC		PRENATAL 19 CHEW	
	MC		THERAPEUTIC-M TABS	MC		PRENATAL CARE TABS	
	MC		THERAVITE LIQD	MC		PRENATAL MR 90 TBCR	
	MC / DEL		TRI-VITAMIN/FLUORIDE SOLN	MC / DEL		PRENATAL MTR/SELENIUM TABS	
	MC		VITA CON FORTE CAPS	MC		PRENATAL OPTIMA ADVANCE TABS	
	MC		VITAMIN B COMPLEX CAPS	MC		PRENATAL PC 40 TABS	
	MC		VITAPLEX PLUS TABS	MC / DEL		PRENATAL RX TABS	
				MC		PRENATE	
				MC		PRIMACARE MISC	
				MC / DEL		RENAL CAPS	
				MC / DEL		RENAPHRO CAPS	
				MC / DEL		RENA-VITE RX TABS	
				MC		STUARTNATAL PLUS 3 TABS	
				MC		TRI-VI-SOL SOLN	
				MC		TRI-VI-SOL/IRON SOLN	
				MC / DEL		ULTRA NATALCARE TABS	
				MC		ULTRA-NATAL TABS	
				MC		VICON FORTE CAPS	
				MC		VINATAL FORTE TABS	
				MC		VINATE	
				MC / DEL		VINATE ADVANCED TABS	

MISCELLANEOUS MINERALS

****Preferred products that used to require diag codes still require diag codes unless indicated otherwise.****

MINERALS	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
	MC		CALCARB	MC		ANEMAGEN	
	MC		CALCI-MIX CAPSULE CAPS	MC		CALCET TABS	
	MC		CALCIOUID SYRP	MC / DEL		CALCIUM 600-D TABS	
	MC		CALCITRATE/VITAMIN D TABS	MC		CALCIUM/VITAMIN D TABS	
	MC / DEL		CALCIUM	MC		CALTRATE 600 PLUS/VIT D TABS	
	MC / DEL		CALCIUM CARBONATE	MC		CALTRATE PLUS TABS	
	MC / DEL		CALCIUM CITRATE TABS	MC		CHROMAGEN	
	MC / DEL		CALCIUM GLUCONATE TABS	MC		CITRACAL PLUS TABS	
	MC / DEL		CALCIUM LACTATE TABS	MC		CONTRIN CAPS	
	MC		CALCIUM/MAGNESIUM TABS	MC		FEOPEN FORTE CAPS	
	MC / DEL		CALCIUM/VITAMIN D TABS	MC		FEROCON CAPS	
	MC		CALTRATE 600 TABS	MC / DEL		FERREX 150 CAPS	
	MC / DEL		CHEWABLE CALCIUM CHEW	MC		FERRO-SEQUELS TBCR	
	MC		CITRACAL TABS	MC		FE-TINIC CAPS	
	MC		CITRACAL + D TABS	MC		FE-TINIC 150 FORTE CAPS	
	MC		CITRUS CALCIUM TABS	MC / DEL		FLUOR-A-DAY SOLN	
	MC		CITRUS CALCIUM 1500 + D TABS	MC / DEL		K-DUR TBCR	
	MC		DEXFERRUM SOLN	MC		KLOR-CON PACK	
	MC		EFFERVESCENT POTASSIUM TBEP	MC		K-LYTE	
	MC / DEL		FEOSTAT CHEW	MC / DEL		K-PHOS TABS	
	MC		FERATAB TABS	MC		K-TABS TBCR	
	MC / DEL		FER-GEN-SOL SOLN	MC		K-VESCENT PACK	
	MC / DEL		FERGON TABS	MC		NU-IRON 150 CAPS	
	MC		FER-IN-SOL SOLN	MC / DEL		OYSTER SHELL CALCIUM/VITA TABS	
	MC		FER-IRON SOLN	MC / DEL		POLY-IRON 150 CAPS	
	MC		FERRONATE TABS	MC / DEL		POLYSACCHARIDE IRON CAPS	
	MC		FERROUS FUMARATE TABS	MC / DEL		POTASSIUM BICARB/CHLORIDE	
	MC / DEL		FERROUS GLUCONATE TABS	MC / DEL		SLOW FE TBCR	
	MC / DEL		FERROUS SULFATE	MC		TUMS 500 CHEW	
	MC / DEL		FLUOR-A-DAY CHEW	MC		VIACTIV CHEW	
	MC		FLUORIDE CHEW				
	MC		FLUORIDE SODIUM CHEW				
	MC		FLUORITAB CHEW				
	MC		HEMOCYTE TABS				
	MC		HM CALCIUM TABS				
	MC		K+ POTASSIUM PACK				
	MC		KAON ELIX				
	MC		KAON-CL-10 TBCR				
	MC		KCL 0.075%/D5W/NACL 0.2% SOLN				
	MC		K-EFFERVESCENT TBEP				
	MC		KLOR-CON				
	MC		KLOTRIX TBCR				
	MC / DEL		K-PHOS TABS				
	MC / DEL		K-VESCENT TBEP				
	MC / DEL		LURIDE CHEW				
	MC / DEL		MAGNESIUM GLUCONATE TABS				
	MC / DEL		MAGNESIUM SULFATE SOLN				

PREFERRED DRUGS				NON-PREFERRED DRUGS			
CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments

** PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs. "BASIC" Covered Drugs are bolded with the Coverage Indicator of "MC / DEL".*

	MC		MICRO-K CPCR				
	MC / DEL		NEUTRA-PHOS				
	MC / DEL		OS-CAL TABS				
	MC / DEL		OS-CAL 500 + D TABS				
	MC / DEL		OYSCO				
	MC / DEL		OYST-CAL TABS				
	MC / DEL		OYST-CAL D TABS				
	MC / DEL		OYST-CAL/VITAMIN D TABS				
	MC / DEL		OYSTER CALCIUM TABS				
	MC / DEL		OYSTER SHELL				
	MC / DEL		PHOSPHA 250 NEUTRAL TABS				
	MC		POTASSIUM BICARBONATE TBEF				
	MC / DEL		POTASSIUM CHLORIDE				
	MC		POTASSIUM EFFERVESCENT				
	MC / DEL		SELENIUM TABS				
	MC		SLOW-MAG TBCR				
	MC / DEL		SODIUM FLUORIDE				
	MC / DEL		SSKI SOLN				
	MC		V-R CALCIUM				
	MC		V-R OYSTER SHELL CALCIUM				
	MC		ZINC SULFATE CAPS				

MISC. ELECTROLYTES/NUTRITIONALS

ELECTROLYTES/ NUTRITIONALS	MC / DEL		FISH OIL CAPS	MC		BOOST	This list of nutritionals is incomplete. All nutritionals still require a PA except for the miscellaneous products listed as preferred.
	MC		INTRALIPID EMUL	MC		CASEC POWD	
	MC		MCT OIL OIL	MC		CHOICE DM LIQD	
	MC		ORALYTE SOLN	MC		DELIVER 2.0 LIQD	
	MC		P.T.E. -5 SOLN	MC		ENFAMIL	
	MC		PEDIALYTE SOLN	MC		ENSURE	
				MC		GLUCERNA	
				MC		ISOCAL LIQD	
				MC		KINDERCAL TF LIQD	
				MC		KINDERCAL TF/FIBER LIQD	
				MC / DEL		L-CARNITINE CAPS	
				MC		LIPISORB LIQD	
				MC		MODULEN IBD POWD	
				MC		NUTRAMIGEN POWD	
				MC / DEL		NUTREN	
				MC		NUTRITIONAL SUPPLEMENT LIQD	
				MC		NUTRIVENT 1.5 LIQD	
				MC / DEL		PEPTAMEN	
				MC		PHENYL-FREE	
				MC		PKU 3 POWD	
				MC		PREGESTIMIL POWD	
				MC / DEL		PROBALANCE LIQD	
				MC		PROSOBEE	
				MC		SCANDISHAKE PACK	

ERYTHROPOEITINS

ERYTHROPOEITINS				MC	5	PROCRIT SOLN ¹	1. All products require PA but Procrit is first choice
				MC	6	EPOGEN SOLN	
				MC	8	ARANESP SOLN	

GRANULOCYTE CSF

GRANULOCYTE CSF				MC	8	LEUKINE	Must be used in specified step order.1. 10 day supply/month may be used without a PA.
				MC	8	NEUPOGEN SOLN ¹	
				MC	9	NEULASTA	

ANTICOAGULANTS / PLATELET AGENTS

ANTICOAGULANTS	MC / DEL		FRAGMIN INJ²	MC		ARIXTRA SOLN	1. Established Coumadin users are grandfathered. 2. Fragmin and Lovenox therapy durations greater than 7 days require PA.
	MC		HEPARIN SODIUM/NACL 0.9% SOLN	MC		COUMADIN TABS ¹	
	MC		HEP-LOCK SOLN	MC		IPRIVAS C	
	MC / DEL		INNOHEP				
	MC / DEL		LOVENOX SOLN²				
	MC / DEL		WARFARIN SODIUM TABS				
	MC		HEPARIN LOCK SOLN				
	MC / DEL		HEPARIN LOCK FLUSH SOLN				
	MC / DEL		HEPARIN SODIUM SOLN				
	MC / DEL		HEPARIN SODIUM LOCK FLUSH SOLN				

ANTIHEMOPHILIC AGENTS	MC		ALPHANATE	MC		ADVATE ¹	1. Only if other products unavailable.
	MC / DEL		BENEFIX SOLR				
	MC		BIOCLATE				
	MC / DEL		HELIXATE FS KIT				
	MC		HEMOPIL - M				
	MC		HUMATE-P SOLR				
	MC		KOGENATE FS				
	MC		KONYNE - 80				

PREFERRED DRUGS			NON-PREFERRED DRUGS			
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CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
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	MC		MONARC - M				
	MC		MONOCLATE - P				
	MC		MONONINE				
	MC / DEL		NOVOSEVEN SOLR				
	MC		PROPLEX - T				
	MC		RECOMBINATE SOLR				
	MC		REFACTO				

PLATELET AGGREGATION INHIBITORS	MC / DEL		DIPYRIDAMOLE TABS	MC / DEL		PERSANTINE TABS	
	MC / DEL		PLAVIX TABS	MC		TICLID TABS	
	MC / DEL		TICLOPIDINE HCL TABS				

PLATELET AGGR. INHIBITORS / COMBO'S - MISC.	MC / DEL		AGGRENOX CP12	MC / DEL		AGRYLIN CAPS	
	MC / DEL		PENTOXIFYLLINE ER TBCR	MC		TRENTAL TBCR	
	MC / DEL		PLETAL TABS				

HEMOSTATIC							
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OPHTHALMICS							
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OP. ANTIBIOTICS	MC		AK-SPORE OINT	MC		AK-POLY-BAC OINT	
	MC		BACITRACIN OINT	MC		AK-SULF OINT	
	MC		BACITRACIN/NEOMYCIN/POLYM	MC		AK-TOB SOLN	
	MC / DEL		BACITRACIN/POLYMYXIN B OINT	MC		BLEPH-10 SOLN	
	MC		CHLOROPTIC SOLN	MC		GENTAK	
	MC / DEL		ERYTHROMYCIN OINT	MC		ILOTYCIN OINT	
	MC / DEL		GENTAMICIN SULFATE	MC / DEL		NEOMYCIN/BACI/POLYM OINT	
	MC / DEL		NEOMYCIN/POLYMYXIN/GRAMIC	MC		NEOSPORIN OINT	
	MC		NEOSPORIN SOLN	MC		OCUSULF-10 SOLN	
	MC		POLYSPORIN	MC		OCUTRICIN SOLN	
	MC / DEL		SODIUM SULFACETAMIDE SOLN	MC		TERAK OINT	
	MC / DEL		SULFACETAMIDE SODIUM	MC / DEL		TOBREX OINT	
	MC		TERRAMYCIN OINT	MC / DEL		TRIFLURIDINE SOLN	
	MC / DEL		TOBRAMYCIN SULFATE SOLN				
	MC / DEL		TRIMETHOPRIM SULFATE/POLY				
	MC / DEL		VIROPTIC SOLN				

OP. QUINOLONES	MC / DEL	1	CILOXAN OINT	MC		ZYMAR	
	MC / DEL	1	CILOXAN SOLN				Step order must be followed to avoid PA. Must fail Ocuflax, Vigamox, and a Ciloxan product before moving to next step product without PA.
	MC	1	OCUFLOX SOLN				
	MC / DEL	1	VIGAMOX				
	MC / DEL	2	QUIXIN SOLN				

OP. ARTIFICIAL TEARS AND LUBRICANTS	MC		AKWA TEARS OINT	MC		AKWA TEARS SOLN	
	MC / DEL		ARTIFICIAL TEARS OINT	MC / DEL		ARTIFICIAL TEARS SOLN OP	
	MC / DEL		ARTIFICIAL TEARS SOLN	MC		BION TEARS SOLN	
	MC		CELLUVISC SOLN	MC		DRY EYES OINT	
	MC		EYE LUBRICANT OINT	MC		DURATEARS OINT	
	MC / DEL		GENTEAL	MC / DEL		HYPOTEAR	
	MC		LIQUITEARS SOLN	MC / DEL		ISOPTO TEARS SOLN	
	MC		MAJOR TEARS SOLN	MC		LACRI-LUBE	
	MC		PURALUBE OINT	MC		LUBRIFRESH P.M. OINT	
	MC		PURALUBE TEARS SOLN	MC		MURINE SOLN	
	MC		REFRESH SOLN OP	MC / DEL		MUROCEL SOLN	
	MC		REFRESH PLUS SOLN	MC / DEL		NATURE'S TEARS SOLN	
				MC		REFRESH SOLN	
				MC		REFRESH TEARS SOLN	
				MC		REFRESH-PM OINT	
				MC		TEARGEN SOLN	
				MC		TEARISOL SOLN	
				MC / DEL		TEARS NATURALE	
				MC / DEL		TEARS PURE SOLN	
				MC		TEARS RENEWED OINT	
				MC / DEL		THERATEARS SOLN	
				MC		V-R ARTIFICIAL TEARS SOLN	

OP. BETA - BLOCKERS	MC / DEL		BETIMOL SOLN	MC		BETAGAN SOLN	
	MC / DEL		BETOPTIC-S SUSP	MC / DEL		BETAXOLOL HCL SOLN	
	MC / DEL		CARTEOLOL HCL SOLN			ISTALOL	
	MC / DEL		LEVOBUNOLOL HCL SOLN	MC / DEL		OCUPRESS SOLN	
	MC		METIPRANOLOL SOLN	MC		OPTIPRANOLOL SOLN	
	MC / DEL		TIMOLOL MALEATE SOLN	MC / DEL		TIMOPTIC SOLN	
	MC / DEL		TIMOLOL MALEATE SOLG (GEL)	MC / DEL		TIMOPTIC-XE SOLG	

OP. ANTIINFLAMMATORY / STEROIDS OPHTH.	MC		AK-SPORE HC OINT	MC		AK-TROL SUSP	
	MC / DEL		ALREX SUSP	MC		BACI/POLY/NEOMY/HC OINT	
	MC		BLEPHAMIDE SUSP	MC		BLEPHAMIDE S.O.P. OINT	
	MC / DEL		CORTISPORIN SUSP	MC		ECONOPRED	
	MC / DEL		DEXAMETH SOD PHOS SOLN	MC		EFLONE SUSP	
	MC / DEL		FLAREX SUSP	MC		FLUOR-OP SUSP	

PREFERRED DRUGS			NON-PREFERRED DRUGS			
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CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
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	MC / DEL		FLUOROMETHOLONE SUSP	MC		MAXITROL	
	MC		FML LIQUIFILM SUSP	MC		NEO/POLY/BAC/HC OINT	
	MC		FML S.O.P. OINT	MC		PRED-G SUSP	
	MC		FML-S LIQUIFILM SUSP	MC		PRED-G S.O.P. OINT	
	MC / DEL		INFLAMASE SOLN	MC / DEL		SULFACET SOD/PRED SOLN	
	MC / DEL		LOTEMAX SUSP	MC		VASOCIDIN SOLN	
	MC / DEL		NEOM/POLIN/DEX	MC / DEL		VEXOL SUSP	
	MC		PRED FORTE SUSP				
	MC		PRED MILD SUSP				
	MC / DEL		PREDNISOLONE				
	MC / DEL		TOBRADEX				

OP. PROSTAGLANDINS	MC / DEL	1	XALATAN SOLN	MC / DEL		RESCULA SOLN	Established users grandfathered. Preferred products must be used in specified step order or PA required.
	MC / DEL	1	TRAVATAN SOLN				
	MC	3	LUMIGAN SOLN				

OP. CYCLOPLEGICS	MC		AK-PENTOLATE SOLN	MC / DEL		CYCLOGYL SOLN	
	MC / DEL		ATROPINE SULFATE	MC		ISOPTO ATROPINE SOLN	
	MC / DEL		CYCLOPENTOLATE HCL SOLN	MC / DEL		ISOPTO HOMATROPINE SOLN	
	MC		HOMATROPINE HBR SOLN	MC		MUROCOLL-2 SOLN	

OP. MIOTICS - DIRECT ACTING	MC / DEL		ISOPTO CARBACHOL SOLN				
	MC		ISOPTO CARPINE SOLN				
	MC		PILOCAR SOLN				
	MC / DEL		PILOCARPINE HCL SOLN				

OP. ADRENERGIC AGENTS	MC / DEL		DIPIVEFRIN HCL SOLN	MC		PROPINE SOLN	
	MC		EPIFRIN SOLN				

OP. SELECTIVE ALPHA ADRENERGIC AGONISTS	MC		ALPHAGAN SOLN	MC / DEL		IOPIDINE SOLN	
	MC		ALPHAGAN P SOLN				

OP. ANTIALLERGICS	MC / DEL		ALAMAST SOLN	MC		CROLOM SOLN	
	MC		ALOCRIL SOLN	MC / DEL		CROMOLYN SODIUM SOLN	
	MC / DEL		ALOMIDE SOLN	MC / DEL		OPTIVAR SOLN	
	MC / DEL		EMADINE SOLN	MC / DEL		ZADITOR SOLN	
	MC / DEL		LIVOSTIN SUSP				
	MC		OPTICROM SOLN				

OP. CARBONIC ANHYDRASE INHIBITORS/COMBO	MC / DEL		AZOPT SUSP				
	MC / DEL		COSOPT SOLN				
	MC / DEL		TRUSOPT SOLN				

OP. NSAID'S	MC / DEL		FLURBIPROFEN SODIUM SOLN	MC		ACULAR SOLN	
	MC / DEL		VOLTAREN SOLN	MC		ACULAR LS	
				MC		OCUFEN SOLN	

OP. OF INTEREST	MC / DEL		ENUCLENE SOLN	MC		BOTOX SOLR	1. Must have kerato conjunctivitis sicca.
				MC		RESTASIS ¹	

DERMATOLOGICAL							
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TOPICAL - ACNE PREPARATIONS	MC / DEL		ACCUTANE CAPS	MC		ALTINAC CREA	1. For these Retin-A products, over 24 yr. need PA.
	MC		AKNE-MYCIN OINT	MC		AVITA CREA	
	MC		AZELEX CREA	MC		BENZAC	
	MC		BENZOYL PEROXIDE	MC / DEL		BENZACLIN GEL	
	MC / DEL		CLEOCIN-T	MC / DEL		BENZAGEL-10 GEL	
	MC		DIFFERIN	MC / DEL		BENZAMYCIN GEL	
	MC / DEL		ERYTHROMYCIN GEL	MC / DEL		BENZAMYCINPAK PACK	
	MC / DEL		ERYTHROMYCIN PADS	MC		BREVOXYL	
	MC / DEL		ERYTHROMYCIN SOLN	MC		CLINAC BPO GEL	
	MC		METROCREAM CREA	MC		CLINDAGEL GEL	
	MC		METROGEL GEL	MC / DEL		CLINDAMYCIN PHOSPHATE	
	MC		METROLOTION LOTN	MC		CLINDETS SWAB	
	MC		METRONIDAZOLE POWD	MC		DESQUAM-E GEL	
	MC / DEL		PLEXION	MC		DESQUAM-X	
	MC		RETIN-A CREA ¹	MC		DUAC GEL	
	MC		RETIN-A GEL ¹	MC		EMGEL GEL	
	MC		RETIN-A LIQD ¹	MC		ERYCETTE PADS	
	MC / DEL		SODIUM SULFACET/SULF LOTN	MC		ERYDERM SOLN	
				MC		ERYGEL GEL	

TOPICAL - ANTIBIOTIC	MC		BACIT/NEOMYCIN/POLYM OINT	MC / DEL		CORTISPORIN	1. Bactroban quantity limit of 30 g per month.
	MC / DEL		BACITRACIN OINT	MC / DEL		TRIPLE ANTIBIOTIC OINT	

PREFERRED DRUGS			NON-PREFERRED DRUGS				
CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments

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	MC / DEL		BACTROBAN ¹				
	MC / DEL		GENTAMICIN SULFATE				
TOPICAL - ANTIFUNGALS	MC / DEL		CLOTRIMAZOLE	MC		ECONAZOLE NITRATE CREA	
	MC / DEL		CLOTRIMAZOLE/BETA CREA	MC		EXELDERM	
	MC / DEL		KETOCONAZOLE CREA	MC		FUNGIZONE CREA	
	MC / DEL		LOPROX .77 CREA	MC / DEL		HYDROCORT/10DOQ CREA	
	MC / DEL		LOPROX 1.0 CREAM	MC / DEL		LAMISIL	
	MC / DEL		LOPROX 1.0 LOTN	MC / DEL		LOPROX 0.77 LOTN	
	MC / DEL		LOPROX GEL	MC / DEL		LOPROX SHAMPOO SHAM	
	MC / DEL		LOPROX TS LOTN	MC		LOTRIMIN	
	MC / DEL		MICONAZOLE NITRATE CREA	MC / DEL		LOTRISONE	
	MC		MYCO-TRIACET II CREA	MC / DEL		MENTAX CREA	
	MC		NIZORAL SHAM	MC		MONISTAT-DERM CREA	
	MC		NTA OINT	MC		MYCOGEN II CREA	
	MC / DEL		NYSTATIN	MC		MYCOLOG-II CREA	
	MC / DEL		NYSTATIN/TRIAMCINOLONE	MC		MYCOSTATIN POWD	
	MC		PEDI-DRI POWD	MC		NAFTIN	
	MC		SPECTAZOLE CREA	MC		NIZORAL CREA	
	MC / DEL		TINACTIN	MC		NYSTAT-RX POWD	
	MC		TRI-STATIN II CREA	MC / DEL		NYSTOP POWD	
				MC / DEL		OXISTAT	
				MC / DEL		PENLAC NAIL LACQUER SOLN	
TOPICAL - ANTIPRURITICS	MC		ZONALON CREA	MC		PRUDOXIN CREA	
TOPICAL - ANTIPSORIATICS	MC		DOVONEX	MC		PSORITEC CREA	
	MC		OXSORALEN ULTRA CAPS	MC / DEL		SORIATANE CAPS	
	MC		TAZORAC	MC		VANAMIDE	
TOPICAL - ANTISEBORRHEICS	MC		CAPTROL SHAM	MC		CARMOL SCALP TREATMENT KIT	
	MC / DEL		SELENIUM SULFIDE SHAM	MC		ZNP BAR BAR	
	MC		SELSUN BLUE SHAM				
TOPICAL - ANTIVIRALS	MC / DEL		DENAVIR CREA				1. Zovirax may be used once without PA.
	MC		ZOVIRAX OINT ¹				
TOPICAL - ANTINEOPLASTICS	MC		EFUDEX	MC / DEL		CARAC CREA	
	MC		FLUOROPLEX CREA				
	MC		SOLARAZE GEL				
TOPICAL - BURN PRODUCTS	MC		FURACIN CREA	MC / DEL		SILVADENE CREA	
	MC		SSD CREA	MC / DEL		SILVER SULFADIAZINE CREA	
	MC / DEL		THERMAZENE CREA	MC		SSD AF CREA	
TOPICAL - CORTICOSTEROIDS	MC / DEL		BETAMETHASONE DIPROPIONAT	MC / DEL		ACLOVATE	
	MC / DEL		BETAMETHASONE VALERATE	MC		AMCINONIDE CREA	
	MC / DEL		BETA-VAL	MC		ANUSOL HC-1 OINT	
	MC		CAPEX SHAM	MC		ARISTOCORT A	
	MC / DEL		CLOBETASOL PROPIONATE	MC / DEL		AUGMENTED BETA DIP OINT	
	MC / DEL		CUTIVATE	MC		CLOBEX	
	MC		CYCLOCORT	MC		CLODERM CREA	
	MC		DERMA-SMOOTHIE/FS OIL	MC / DEL		CORDRAN	
	MC / DEL		DESONIDE	MC / DEL		CORMAX	
	MC		DESOWEN	MC / DEL		DERMATOP	
	MC / DEL		DESOXIMETASONE	MC		DIFLORASONE DIACETATE	
	MC / DEL		DIPROLENE	MC		ELOCON OINT	
	MC / DEL		ELOCON	MC		HYDROCORTISONE POWD	
	MC / DEL		FLUOCINOLONE ACETONIDE	MC		KENALOG AERS	
	MC / DEL		FLUOCINONIDE	MC		LIDA MANTLE HC CREA	
	MC		FLUROSYN CREA	MC		LIDEX	
	MC		HALOG	MC		LIDEX-E CREA	
	MC		HALOG-E CREA	MC / DEL		LUXIQ FOAM	
	MC / DEL		HYDROCORTISONE CREA	MC / DEL		OLUX FOAM	
	MC		HYDROCORTISONE LOTN	MC		PANDEL CREA	
	MC		HYDROCORTISONE OINT	MC		PROCTOCORT CREA	
	MC		HYDROCORTISONE VALERATE	MC / DEL		PSORCON E	
	MC		LACTICARE-HC LOTN	MC		SYNLAR OINT	
	MC / DEL		LOCOID	MC / DEL		TEMOVATE	
	MC		MOMETASONE FUROATE OINT	MC		TOPICORT	
	MC		NUTRACORT LOTN	MC		TOPICORT LP CREA	
	MC		PROCTO-KIT CREA	MC		WESTCORT	
	MC / DEL		PSORCON				
	MC		TEXACORT SOLN				
	MC / DEL		TRIAMCINOLONE ACETONIDE				
	MC		TRIDESILON CREA				
	MC		ULTRAVATE				
TOPICAL - STEROID LOCAL ANESTHETICS	MC / DEL		PRAMOSONE	MC		EPIFOAM FOAM	
	MC		ZONE-A FORTE LOTN				
TOPICAL - STEROID COMBINATIONS	MC		DERMA-SMOOTHIE/FS ATOPIC P KIT	MC		CARMOL-HC CREA	

PREFERRED DRUGS			NON-PREFERRED DRUGS			
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CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
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	MC / DEL		OTICAINE OTIC SOLN				
MOUTH ANTISEPTICS							
MOUTH ANTI-INFECTIVES	MC		NILSTAT SUSP	MC		MYCELEX TROC	
	MC		EAR-GESIC SOLN	MC		MYCOSTATIN LOZG	
	MC / DEL		NYSTATIN SUSP				
MOUTH ANTISEPTICS	MC / DEL		CHLORHEXIDINE GLUCONATE	MC		APHTHASOL PSTE	
	MC / DEL		LIDOCAINE VISCOUS SOLN	MC		PERIDEX SOLN	
	MC		TRIAMCINOLONE IN ORABASE PSTE	MC		PERIOGARD SOLN	
	MC		TRIAMCINOLONE ORADENT PSTE	MC		TRIAMCINOLONE ACETONIDE PSTE XYLOCAINE VISCOUS SOLN	
DENTAL PRODUCTS							
DENTAL PRODUCTS	MC / DEL		ETHEDENT CREA	MC		APF GEL GEL	
	MC / DEL		GEL-KAM CONC	MC		DENTAGEL GEL	
	MC / DEL		PHOS FLUR SOLN	MC / DEL		PHOS-FLUR GEL	
	MC / DEL		PREVIDENT	MC / DEL		SF 5000 PLUS CREA	
	MC / DEL		PREVIDENT SOLN	MC		THERA-FLUR-N GEL	
	MC / DEL		SF GEL				
	MC		STANNOUS FLUORIDE ORAL RI CONC				
ARTIFICIAL SALIVA/STIMULANTS							
ARTIFICIAL SALIVA/STIMULANTS	MC		EVOXAC CAPS	MC		RADIACARE SOLR	
	MC		SALIVA SUBSTITUTE SOLN	MC		SALAGEN TABS	
MISCELLANEOUS ANORECTAL							
ANORECTAL - MISC.	MC / DEL		ANALPRAM-HC CREA	MC / DEL		ANUSOL-HC CREA	
	MC / DEL		COLOCORT ENEM	MC / DEL		CORTIFOAM FOAM	
	MC		CORTENEMA ENEM	MC / DEL		PROCTOCREAM-HC CREA	
	MC		ELA-MAX 5 CREA	MC / DEL		PROCTOFOAM HC FOAM	
	MC / DEL		HYDROCORTISONE ENEM	MC / DEL		PROCTO-KIT CREA	
	MC / DEL		PROCTOZONE-HC CREA	MC / DEL		PROCTOSOL HC CREA	
T-CELL ACTIVATION INHIBITOR							
PSORISIS BIOLOGICALS				MC		AMEVIVE	
				MC		RAPTIVA	
ALTERNATIVE MEDICINES							
ALTERNATIVE MEDICINES	MC		DIMETHYL SULFOXIDE SOLN	MC		ARTHX DS CAPS	
				MC / DEL		CO-ENZYME Q-10	
				MC		CO-ENZYME Q10/VITAMIN E WAFR	
				MC / DEL		COO10 CAPS	
				MC		DEHYDROEPIANDOSTERONE	
				MC		DHEA TABS	
				MC		FLEXAGEN TABS	
				MC / DEL		GLUCOSAMINE/CHONDROITIN	
				MC		HM GINKGO BILOBA TABS	
				MC		MELATONIN TABS	
				MC		V-R COENZYME Q-10 CAPS	
CHELATING AGENTS							
CHELATING AGENTS	MC / DEL		CUPRIMINE CAPS	MC		DEPEN TITRATABS TABS	
ANTILEPTIC							
ANTILEPTIC				MC		THALOMID CAPS	
CANCER							
CANCER	MC		ALIMTA				
	MC / DEL		AVASTIN				
	MD		ERBITUX				
	MD / DEL		VIDAZA				
IMMUNOSUPPRESSANTS							
IMMUNOSUPPRESSANTS	MC / DEL		CELLCEPT	MC / DEL		CYCLOSPORINE CAPS	Established users grandfathered.
	MC		PROGRAF CAPS				
	MC / DEL		RAPAMUNE				
	MC / DEL		CYCLOSPORINE MODIFIED				
	MC		GENGRAF CAPS				
	MC / DEL		NEORAL				
	MC / DEL		SANDIMMUNE				
PURINE ANALOG							
PURINE ANALOG	MC		AZASAN TABS	MC / DEL		IMURAN TABS	
	MC / DEL		AZATHIOPRINE TABS				
K REMOVING RESINS							
K REMOVING RESINS	MC / DEL		KAYEXALATE POWD				
	MC		KIONEX POWD				
	MC / DEL		SODIUM POLYSTYRENE SULFON				
	MC / DEL		SPS SUSP				
	MC / DEL		SPS 30GM/120ML ENEMA SUSP				

New drugs are initially non-preferred until reviewed by the DUR Committee and the State. According to State policy, any drug requiring specific diagnosis still requires the specific diagnosis unless otherwise noted within this document. Revised: September 2004

PREFERRED DRUGS			NON-PREFERRED DRUGS			
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CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
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ANTI-CONVULSANTS INDICATION CHART

	SEIZURES	POST HERPETIC NEURALGIA	DIABETIC PERIPHERAL NEUROPATHY	MONOTHERAPY BIPOLAR	ADJUNCTIVE BIPOLAR	MIGRAINE PROPHYLAXIS	ANXIETY	
GABITRIL	X			9	8			
KEPPRA	X			9	7			
LAMICTAL	X			4*	4*			
NEURONTIN	X	X	X	9	9	X (2 nd line)	**	
TOPAMAX	X			9	6	X (2 nd line)		
TRILEPTAL	X			5	5			
ZONEGRAN	X			9	9			

* Psychiatrists and Neurologist Exempt

** Does not meet criteria yet but has one RDBPCT for Social Phobia