

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

*\* PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs*

### 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<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC<br>MC<br>MC / DEL<br>MC<br>MC<br>MC<br>MC / DEL<br>MC<br>MC<br>MC<br>MC<br>MC / DEL |  | AMOXICILLIN<br>AMOXIL <sup>1</sup><br>AMPICILLIN<br>AUGMENTIN<br>AUGMENTIN ES-600 SUSR<br>AUGMENTIN XR TB12<br>BEEPEN<br>BICILLIN L-A SUSP<br>DICLOXACILLIN SODIUM CAPS<br>DYNAPEN SUSR<br>GEOCILLIN TABS<br>OXACILLIN SODIUM SOLR<br>PENICILLIN V POTASSIUM<br>TICAR SOLR<br>TIMENTIN SOLR<br>TRIMOX<br>UNASYN SOLR<br>VEETIDS<br>ZOSYN | MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC<br>MC                         |  | AMOXICILLIN/POTASSIUM CLA CHEW<br>AMOXICILLIN/POTASSIUM CLA SUSR<br>AMOXICILLIN/POTASSIUM CLA TABS<br>AMOXIL 500MG TABS<br>PRINCIPEN CAPS <sup>2</sup><br>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<br>MC / DEL<br>MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC<br>MC<br>MC<br>MC / DEL<br>MC<br>MC<br>MC / DEL<br>MC<br>MC / DEL |  | CEFADROXIL HEMIHYDRATE<br>CEFAZOLIN SODIUM SOLR<br>CEFUROXIME AXETIL TABS<br>CEFZIL<br>CEPHALEXIN MONOHYDRATE<br>DURICEF SUSR<br>FORTAZ SOLR<br>KEFZOL SOLR<br>MAXIPIME SOLR<br>OMNICEF<br>ROCEPHIN<br>SUPRAX<br>VANTIN  | MC<br>MC<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC<br>MC<br>MC<br>MC |  | CECLOR <sup>1</sup><br>CEDAX<br>CEFACTOR <sup>1</sup><br>CEFADROXIL MONOHYDRATE TABS<br>CEFTIN<br>DURICEF TABS<br>FORTAZ SOLN<br>KEFLEX CAPS<br>SPECTRACEF TABS<br>TAZICEF SOLR | 1. Both brand and generic are clinically non-preferred.   |
| MACROLIDES / ERYTHROMYCIN'S        | MC<br>MC<br>MC<br>MC<br>MC<br>MC<br>MC / DEL<br>MC / DEL   |  | BIAXIN XL<br>E.E.S.<br>E-MYCIN TBEC<br>ERYPED 200 SUSR<br>ERYPED 400 SUSR<br>ERY-TAB TBEC<br>ERYTHROCIN STEARATE TABS<br>ERYTHROMYCIN<br>ZITHROMAX <sup>1,2</sup>  | MC<br>MC / DEL<br>MC<br>MC   |  | BIAXIN<br>DYNABAC D5-PAK TBEC<br>ERYPED CHEW<br>PCE TBEC  | 1. QL ZPAC 250mg 6/scrip/month 2. QL TRI-PAC 3/scrip/month  |
| TETRACYCLINES                      | MC / DEL<br>MC / DEL<br>MC<br>MC / DEL<br>MC / DEL   |  | DOXYCYCLINE HYCLATE<br>MINOCYCLINE HCL CAPS<br>SUMYCIN<br>TETRACYCLINE HCL CAPS<br>VIBRAMYCIN SYRP   | MC<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC<br>MC / DEL                         |  | DELOMYCIN TABS<br>DORYX CPEP<br>DOXYCYCLINE MONO CAPS<br>DYNACIN CAPS<br>MONODOX CAPS<br>PERIOSTAT  |   |
| FLUOROQUINOLONES                   | MC<br>MC<br>MC<br>MC<br>MC / DEL   |  | AVELOX SOLN<br>AVELOX TABS<br>CIPRO<br>CIPRO XR <sup>1</sup><br>NOROXIN TABS   | MC<br>MC<br>MC<br>MC<br>MC   |  | AVELOX ABC PACK TABS<br>CIPRO XR 1000mg<br>FLOXIN TABS<br>LEVAQUIN<br>TEQUIN  | 1. QL 3/scrip/month   |
| AMINO GLYCOSIDES                   | MC<br>MC / DEL   |  | GENTAMICIN<br>NEOMYCIN SULFATE TABS  |  |  |   |   |

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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<br>MC / DEL   |  | TOBI NEBU<br>TOBRAMYCIN SULFATE SOLN  |  |  |  |   |
| ANTI-MYCOBACTERIALS / ANTI-TUBERCULOSIS      | MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL                               |  | ETHAMBUTOL HCL TABS<br>MYAMBUTOL TABS<br>MYCOBUTIN CAPS<br>RIFAMPIN   | MC   |  | RIMACTANE CAPS   |   |
| ANTI - MALARIAL AGENTS                       | MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC<br>MC / DEL |  | CHLOROQUINE PHOSPHATE TABS<br>DARAPRIM TABS<br>HYDROXYCHLOROQUINE TABS<br>LARIAM TABS<br>MALARONE TABS<br>MEFLOQUINE HCL TABS<br>QUINACRINE HCL POWD<br>QUININE SULFATE             | MC<br>MC / DEL   |  | ARALEN TABS<br>PLAQUENIL TABS  |   |
| ANTHELMINTICS                                | MC / DEL<br>MC<br>MC / DEL<br>MC / DEL                                     |  | ALBENZA TABS<br>BILTRICIDE TABS<br>MEBENDAZOLE CHEW<br>STROMECTOL TABS  | MC   |  | VERMOX CHEW  |   |
| MISC. ANTI-BIOTICS                           | MC<br>MC<br>MC<br>MC / DEL<br>MC<br>MC<br>MC / DEL<br>MC<br>MC / DEL       |  | AZACTAM SOLR<br>COLISTIMETHATE SODIUM SOLR<br>FUROXONE TABS<br>METRONIDAZOLE<br>PENTAMIDINE ISETHIONATE SOLR<br>PRIMSOL SOLN<br>TRIMETHOPRIM TABS<br>VANCOCIN HCL<br>VANCOMYCIN HCL | MC<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC<br>MC / DEL |  | COLY-MYCIN-M SOLR<br>FLAGYL CAPS<br>FLAGYL TABS<br>FLAGYLER TBCR<br>LORABID<br>NEBUPENT SOLR<br>PROLOPRIM TABS |   |
| CARBAPENEMS                                  | MC<br>MC   |  | INVANZ SOLR<br>MERREM SOLR  |  |  |  |   |
| LINCOSAMIDES / OXAZOLIDINONES / LEPROSTATICS | MC / DEL<br>MC / DEL<br>MC / DEL<br>MC                                     |  | CLEOCIN SOLN<br>CLEOCIN SUSR<br>CLINDAMYCIN HCL 150CAPS<br>DAPSONE TABS   | MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL                         |  | CLEOCIN CAPS<br>CLINDAMYCIN HCL 300CAPS <sup>1</sup><br>ZYVOX SUSR<br>ZYVOX TABS                               | 1. Use multiple 150's for Clindamycin instead of 300's. |
| MISC. ANTI INFECTIVE                         | MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL                               |  | ERYTHROMYCIN/SULF SUSR<br>SEPTRA/DS TABS<br>SULFAMETHOXAZOLE/TRIMETH<br>TRIMETHOPRIM/SULFAMETHOXA   | MC   |  | BACTRIM DS TABS  |   |

### ANTI - FUNGALS

|                       |  |  |  |  |                            |  |  |
|-----------------------|--|--|--|--|----------------------------|--|--|
| ASSORTED ANTI-FUNGALS | MC<br>MC / DEL<br>MC<br>MC<br>MC<br>MC / DEL<br>MC / DEL<br>MC / DEL |  | ANCOBON CAPS<br>FLUCONAZOLE<br>GRIFULVIN<br>GRISEOFULVIN ULTRAMICROSI TABS<br>GRIS-PEG TABS<br>KETOCONAZOLE TABS<br>NYSTATIN<br>VFEND TABS | MC / DEL<br>MC<br>MC<br>MC<br>MC<br>MC / DEL | 5<br>5<br>5<br>6<br>8<br>8 | LAMISIL TABS<br>SPORANOX SOLN <sup>2</sup><br>SPORANOX PULSEPAK CAPS <sup>3</sup><br>SPORANOX CAPS <sup>3</sup><br>NIZORAL TABS<br>DIFLUCAN <sup>1</sup> | 1. Diflucan: QL-1/every 7-day period (150mg only).<br>2. Sporanox QL 300cc/month with PA. See quantity limit table.<br>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. |
|-----------------------|--|--|--|--|----------------------------|--|--|

### ANTI - VIRALS

|                         |  |  |  |          |  |               |  |
|-------------------------|--|--|--|----------|--|---------------|--|
| ANTI - RETROVIRALS      | MC / DEL<br>MC / DEL<br>MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC<br>MC<br>MC<br>MC / DEL<br>MC / DEL<br>MC<br>MC<br>MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC<br>MC<br>MC / DEL |  | AGENERASE CAPS<br>COMBIVIR TABS<br>CRIXIVAN CAPS<br>EMTRIVA<br>EPIVIR / HBV<br>FORTOVASE CAPS<br>HIVID TABS<br>INVIRASE CAPS<br>KALETRA<br>NORVIR<br>RESCRIPTOR TABS<br>RETROVIR<br>REYATAZ<br>SUSTIVA<br>TRIZIVIR TABS<br>VIDEX / EC<br>VIRACEPT TABS<br>VIRAMUNE TABS<br>VIREAD TABS<br>ZERIT<br>ZIAGEN TABS | MC / DEL |  | FUZEON        |  |
| CYTO-MEGALOVIRUS AGENTS | MC / DEL<br>MC   |  | GANCICLOVIR<br>VALCYTE TABS  | MC       |  | CYTOVENE CAPS |  |

### HEPATITIS AGENTS

|                    |                      |  |                                |                      |        |                             |  |
|--------------------|----------------------|--|--------------------------------|----------------------|--------|-----------------------------|--|
| HEPATITIS C AGENTS | MC / DEL<br>MC / DEL |  | PEG-INTRON KIT<br>REBETRON KIT | MC / DEL<br>MC / DEL | 8<br>8 | COPEGUS TABS<br>PEGASYS KIT |  |
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|                  |                 |  |                        |                 |   |                |   |
|------------------|-----------------|--|------------------------|-----------------|---|----------------|---|
| MISC.            | <b>MC / DEL</b> |  | REBETOL CAPS           | <b>MC / DEL</b> | 8 | PEGASYS SOLN   |   |
|                  |                 |  |                        | <b>MC</b>       |   | ACTIMMUNE      |   |
| HEPATITIS B ONLY | <b>MC</b>       |  | HEPSERA TABS           |                 |   |                |   |
| HERPES AGENTS    | <b>MC / DEL</b> |  | ACYCLOVIR              | <b>MC / DEL</b> |   | FAMVIR TABS    |   |
|                  | <b>MC / DEL</b> |  | VALTREX TABS           | <b>MC / DEL</b> |   | ZOVIRAX        |   |
| INFLUENZA AGENTS | <b>MC</b>       |  | RELENZA DISKHALER AEPB | <b>MC / DEL</b> |   | FLUMADINE TABS | 1. Tamiflu 10 caps or 60cc's per month. |
|                  | <b>MC / DEL</b> |  | RIMANTADINE HCL TABS   | <b>MC</b>       |   | FLUMIST        |   |
|                  | <b>MC / DEL</b> |  | TAMIFLU <sup>1</sup>   |                 |   |                |   |

### RSV PROPHYLAXIS

|                 |  |  |  |           |  |          |  |
|-----------------|--|--|--|-----------|--|----------|--|
| RSV PROPHYLAXIS |  |  |  | <b>MC</b> |  | RESPIGAM |  |
|                 |  |  |  | <b>MC</b> |  | SYNAGIS  |  |

### MS TREATMENTS

|                           |  |  |  |                 |                 |                             |  |            |
|---------------------------|--|--|--|-----------------|-----------------|-----------------------------|--|------------|
| MULTIPLE SCLEROSIS AGENTS |  |  |  | <b>MC</b>       | 5               | AVONEX KIT <sup>1</sup>     | Established users grandfathered. Must follow specified step order.<br>1. Neurologists do not need a PA for Avonex Betaseron and Rebif. |            |
|                           |  |  |  | <b>MC / DEL</b> | 5               | BETASERON SOLR <sup>1</sup> |  |            |
|                           |  |  |  |                 | <b>MC</b>       | 5                           |  | REBIF SOLN |
|                           |  |  |  |                 | <b>MC / DEL</b> | 6                           |  | COPAXONE   |

### ASSORTED NEUROLOGICS

|                   |                 |  |                 |  |  |  |  |
|-------------------|-----------------|--|-----------------|--|--|--|--|
| MISC. NEUROLOGICS | <b>MC</b>       |  | MESTINON        |  |  |  |  |
|                   | <b>MC / DEL</b> |  | ORAP TABS       |  |  |  |  |
|                   | <b>MC</b>       |  | PROSTIGMIN TABS |  |  |  |  |

### STEROIDS

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

### HORMONE REPLACEMENT THERAPIES

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

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

|                  |                 |               |                  |                 |  |                |  |
|------------------|-----------------|---------------|------------------|-----------------|--|----------------|--|
| ESTROGENS - TABS | <b>MC / DEL</b> |               | CENESTIN TABS    | <b>MC / DEL</b> |  | ESTRACE TABS   |  |
|                  | <b>MC / DEL</b> |               | DELESTROGEN OIL  | <b>MC</b>       |  | ESTRATAB TABS  |  |
|                  | <b>MC / DEL</b> |               | ESTRADIOL        | <b>MC / DEL</b> |  | OGEN TABS      |  |
|                  | <b>MC / DEL</b> |               | ESTROPIMATE TABS | <b>MC</b>       |  | ORTHO-EST TABS |  |
|                  | <b>MC / DEL</b> |               | MENEST TABS      |                 |  |                |  |
| <b>MC / DEL</b>  |                 | PREMARIN TABS |                  |                 |  |                |  |

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

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

### CONTRACEPTIVES

|                |           |  |                     |                 |  |             |  |
|----------------|-----------|--|---------------------|-----------------|--|-------------|--|
| PROGESTIN ONLY | <b>MC</b> |  | ORTHO MICRONOR TABS | <b>MC / DEL</b> |  | CAMILA TABS |  |
|----------------|-----------|--|---------------------|-----------------|--|-------------|--|

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|-------------------------------------|----------|--|------------------------------|----------|---|------------------------------|--|
| CONTRACEPTIVES                      |          |  |                              | MC / DEL |   | NORA-BE TABS                 |  |
| Injectable                          | MC / DEL |  | DEPO-PROVERA SUSP            | MC / DEL |   | LUNELLE SUSP                 | Established users grandfathered.   |
| EMERGENCY                           | MC       |  | PREVEN KIT                   |          |   |                              |  |
| PATCHES/ VAGINAL PRODUCTS           | MC       |  | ORTHO EVRA PTWK <sup>1</sup> | MC / DEL |   | NUVARING RING                | 1.No PA required for users less than 21 years of age.  |
| 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                        |  |
| BI-PHASIC COMBINATIONS              | MC       |  | ORTHO-NOVUM 10/11-28 TABS    | MC / DEL |   | NECON 10/11-28 TABS          |  |
| 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-LEVLEN 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              |  |
| <b>DIABETES THERAPIES</b>           |          |  |                              |          |   |                              |  |
| 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 |  | STARLIX TABS                 | MC / DEL |   | GLYNASE TABS                 |  |
|                                     | MC / DEL |  | TOLAZAMIDE TABS              | MC / DEL |   | MICRONASE TABS               |  |
|                                     | MC / DEL |  | TOLBUTAMIDE TABS             |          |   |                              |  |
| DIABETIC -ORAL BIGUANIDES           | MC / DEL |  | METFORMIN HCL TABS           | MC       |   | GLUCOPHAGE TABS              |  |
|                                     |          |  |                              | MC       |   | GLUCOPHAGE XR TB24           |  |
| DIABETIC - MEGLITINIDES             |          |  |                              | MC / DEL |   | PRANDIN TABS                 |  |
| DIABETIC - / THIAZOL                | MC / DEL |  | AVANDIA TABS <sup>1</sup>    | MC / DEL |   | ACTOS 30MG TABS <sup>2</sup> | 1. Actos and Avandia preferred without PA if patient on insulin or sulfonylurea or metformin. Avandia non-preferred as monotherapy<br>2. Actos 30mg - use two 15mg instead |
|                                     | MC / DEL |  | ACTOS 15MG TABS <sup>1</sup> |          |   |                              |  |
|                                     | MC / DEL |  | ACTOS 45MG TABS <sup>1</sup> |          |   |                              |  |
| DIABETIC -                          | MC / DEL |  | GLYSET TABS                  | MC       |   | PRECOSE TABS                 |  |
| DIABETIC - SULFONYLUREA / BIGUANIDE |          |  |                              | MC       |   | GLUCOVANCE TABS              | Use individual ingredients.  |
|                                     |          |  |                              | MC       |   | METAGLIP TABS                |  |
| DIABETIC - THIAZOL /                | MC / DEL |  | AVANDAMET TABS               |          |   |                              |  |
| <b>THYROID</b>                      |          |  |                              |          |   |                              |  |
| THYROID HORMONES                    | MC / DEL |  | ARMOUR THYROID TABS          | MC       |   | LEVOTHYROXINE SODIUM SOLR    | 1. Established Synthroid users before July 1, 2003 grandfathered.  |



# MaineCare / DEL Preferred Drug List

REVISED 8.18.2004

MAINECARE EFFECTIVE DATE 7.1.2004

Physicians' Summarized PDL

DEL EFFECTIVE DATE 8.15.2004

| 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*

|  |          |  |                           |    |  |                             |  |
|--|----------|--|---------------------------|----|--|-----------------------------|--|
|  | MC / DEL |  | CYTOMEL TABS              | MC |  | SYNTHROID TABS <sup>1</sup> |  |
|  | MC / DEL |  | LEVOTHROID TABS           |    |  |                             |  |
|  | MC / DEL |  | LEVOTHYROXINE SODIUM TABS |    |  |                             |  |
|  | MC / DEL |  | LEVOXYL TABS              |    |  |                             |  |
|  | MC / DEL |  | THYROID TABS              |    |  |                             |  |
|  | MC / DEL |  | THYROLAR                  |    |  |                             |  |
|  | MC / DEL |  | UNITHROID TABS            |    |  |                             |  |

|                        |          |  |                       |          |  |               |  |
|------------------------|----------|--|-----------------------|----------|--|---------------|--|
| ANTI-THYROID THERAPIES | MC / DEL |  | METHIMAZOLE TABS      | MC / DEL |  | TAPAZOLE TABS |  |
|                        | MC / DEL |  | PROPYLTHIOURACIL TABS |          |  |               |  |

OSTEOPOROSIS

|              |          |  |                |          |  |               |  |
|--------------|----------|--|----------------|----------|--|---------------|--|
| OSTEOPOROSIS | MC / DEL |  | ACTONEL TABS   | MC       |  | ARELIA SOLR   |  |
|              | MC / DEL |  | FOSAMAX TABS   | MC       |  | BONIVA        |  |
|              | MC / DEL |  | MIACALCIN SOLN | MC / DEL |  | DIDRONEL TABS |  |
|              |          |  |                | MC       |  | EVISTA TABS   |  |
|              |          |  |                | MC       |  | FORTEO        |  |

| PREFERRED DRUGS  |                    |            |                              | NON-PREFERRED DRUGS |            |                            |  |
|--|--------------------|------------|------------------------------|---------------------|------------|----------------------------|--|
| CATEGORY   | Coverage Indicator | Step Order | Drug Name                    | Coverage Indicator  | Step Order | Drug Name PA REQUIRED      | Comments   |
| <i>* PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs</i>  |                    |            |                              |                     |            |                            |  |
| <b>GROWTH HORMONE</b>  |                    |            |                              |                     |            |                            |  |
| GROWTH HORMONE   |                    |            |                              | MC / DEL            | 5          | GENOTROPIN                 | Products must be used in specified step order.   |
|  |                    |            |                              | MC / DEL            | 6          | NUTROPIN                   |  |
|  |                    |            |                              | MC                  | 8          | HUMATROPE SOLR             |  |
|  |                    |            |                              | MC / DEL            | 8          | NORDITROPIN CARTRIDGE SOLN |  |
|  |                    |            |                              | MC                  | 8          | SAIZEN SOLR                |  |
| SOMATOSTATIC AGENTS  | MC / DEL           |            | SANDOSTATIN                  |                     |            |                            |  |
| <b>GROWTH HORMONE ANTAGONISTS</b>  |                    |            |                              |                     |            |                            |  |
| GH ANTAGONISTS   |                    |            |                              | MC                  |            | SOMAVERT                   |  |
| <b>URINARY INCONTINENCE</b>  |                    |            |                              |                     |            |                            |  |
| VASOPRESSINS   |                    |            |                              | MC / DEL            | 5          | DDAVP TABS                 | Products must be used in specified step order. Nocturnal enuresis patients will be encouraged to periodically attempt stopping DDAVP.  |
|  |                    |            |                              | MC / DEL            | 6          | DDAVP SOLN                 |  |
|  |                    |            |                              | MC                  | 6          | DESMOPRESSIN SPRAY         |  |
|  |                    |            |                              | MC / DEL            | 8          | DESMOPRESSIN ACETATE SOLN  |  |
|  |                    |            |                              | MC / DEL            | 8          | STIMATE SOLN               |  |
| ANTI-SPASMODICS  | MC / DEL           |            | OXYBUTYNIN                   |                     |            | CYSTOSPAZ TABS             |  |
|  | MC                 |            | URISPAS TABS                 | MC / DEL            |            | DETROL TABS                |  |
|  |                    |            |                              | MC / DEL            |            | DITROPAN                   |  |
| ANTI-SPASMODICS - LONG ACTING  | MC / DEL           |            | DETROL LA CP24               | MC                  |            | DITROPAN XL TBCR           |  |
|  | MC / DEL           |            | OXYTROL                      |                     |            |                            |  |
| CHOLINERGIC  | MC / DEL           |            | URECHOLINE                   |                     |            |                            |  |
| <b>METABOLIC MODIFIER</b>  |                    |            |                              |                     |            |                            |  |
| HERED. TYROSINEMIA   |                    |            |                              | MC                  |            | ORFADIN                    |  |
| <b>ANTIHYPERTENSIVES / CARDIAC</b>   |                    |            |                              |                     |            |                            |  |
| CARDIAC GLYCOSIDES   | MC / DEL           |            | DIGITEK TABS                 |                     |            |                            |  |
|  | MC / DEL           |            | DIGOXIN                      |                     |            |                            |  |
|  | MC / DEL           |            | LANOXICAPS                   |                     |            |                            |  |
|  | MC / DEL           |            | LANOXIN                      |                     |            |                            |  |
| ANTI-ANGINALS--Isosorbide Di-nitrate   | MC / DEL           |            | ISOSORBIDE DINITRATE TABS    | MC                  |            | DILATRATE SR CPCR          |  |
|  | MC / DEL           |            | ISOSORBIDE DINITRATE CR TBCR | MC                  |            | ISORDIL TABS               |  |
|  | MC / DEL           |            | ISOSORBIDE DINITRATE ER TBCR | MC / DEL            |            | ISORDIL TITRADOSE TABS     |  |
|  | MC / DEL           |            | ISOSORBIDE DINITRATE TD TBCR | MC                  |            | ISOSORBIDE DINITRATE SUBL  |  |
| MONO-NITRATES  | MC / DEL           |            | ISOSORBIDE MONONITRATE TABS  | MC / DEL            |            | IMDUR TB24                 |  |
|  | MC / DEL           |            | ISOSORBIDE MONONITRATE ER    | MC / DEL            |            | ISMO TABS                  |  |
|  |                    |            |                              | MC                  |            | MONOKET TABS               |  |
| NITRO - OINTMENT/CAP/CR  | MC                 |            | NITROBID OINT                |                     |            |                            |  |
|  | MC / DEL           |            | NITROGLYCERIN CPCR           |                     |            |                            |  |
|  | MC                 |            | NITROL OINT                  |                     |            |                            |  |
|  | MC                 |            | NITRO-TIME CPCR              |                     |            |                            |  |
| NITRO - PATCHES  | MC / DEL           | 1          | NITROGLYCERIN PT24           | MC                  |            | NITRODISC PT24             | Preferred products must be used in specified order or PA will be required.   |
|  | MC / DEL           | 1          | NITREK PT24                  | MC / DEL            |            | NITRO-DUR PT24             |  |
|  | MC / DEL           | 1          | NITRO-DUR PT 24 0.8MG        |                     |            |                            |  |
|  | MC / DEL           | 3          | MINITRAN PT24                |                     |            |                            |  |
| NITRO - SUBLINGUAL/ SPRAY  | MC                 |            | NITROLINGUAL AERS            | MC                  |            | NITROLINGUAL SOLN          |  |
|  | MC / DEL           |            | NITROSTAT SUBL               | MC / DEL            |            | NITROQUICK SUBL            |  |
|  | MC / DEL           |            | NITROTAB SUBL                |                     |            |                            |  |
| BETA BLOCKERS - NON SELECTIVE  | MC / DEL           |            | COREG <sup>1</sup>           | MC / DEL            |            | BETAPACE TABS              | 1. Coreg available without PA for CHF if patient on digoxin, loop diuretic, ACEI or ARB  |
|  | MC / DEL           |            | INDERAL LA CPCR              | MC / DEL            |            | BETAPACE AF TABS           |  |
|  | MC                 |            | LEVATOL TABS                 | MC / DEL            |            | CORGARD TABS               |  |
|  | 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 <sup>1</sup>  |                     |            |                            |  |
| BETA BLOCKERS - ALPHA / CALCIUM CHANNEL BLOCKERS--Amlodipines, Bepiridil, Diltiazems, Felodipines, Isradipines, Nifedipines, Nisoldipine, and Verapamils | MC / DEL           |            | LABETALOL HCL TABS           | MC                  |            | TRANDATE TABS              |  |
|  | 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           | 4          | DILTIAZEM CD CP24            | MC                  | 8          | CARDIZEM SR CP12           |  |
|  | MC / DEL           | 4          | DILTIAZEM HCL ER CP24        | MC / DEL            | 8          | DILTIAZEM HCL TABS         |  |
|  | MC / DEL           | 4          | DILTIAZEM XR CP24            | MC / DEL            | 8          | DILTIAZEM HCL ER CP12      |  |
|  |                    |            |                              | MC / DEL            |            | PLENDIL TB24               |  |
|  | MC                 |            | DYNACIRC CR TBCR             | MC                  |            | DYNACIRC 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*

|  |  |  |   |  |  |  |   |
|--|--|--|---|--|--|--|---|
|  |  |  |   | MC<br>MC / DEL<br>MC / DEL   |  | CARDENE CAPS<br>CARDENE SR CPCr<br>NICARDIPINE HCL CAPS  |   |
|  | MC / DEL<br>MC / DEL<br>MC / DEL   |  | NIFEDIPINE TBCR<br>NIFEDIPINE ER TBCR<br>NIFEDICAL XL TBCR  | MC<br>MC / DEL<br>MC   |  | ADALAT CC TBCR<br>NIFEDIPINE CAPS<br>PROCARDIA CAPS<br>PROCARDIA XL TBCR   | Established users of Adalatt CC are grandfathered.  |
|  | MC<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL                                     |  | SULAR TB24<br>VERAPAMIL HCL CR TBCR<br>VERAPAMIL HCL ER TBCR<br>VERAPAMIL HCL SR TBCR<br>CALAN TABS<br>VERAPAMIL HCL TABS   | MC<br>MC / DEL<br>MC / DEL<br>MC<br>MC<br>MC<br>MC   |  | CALAN SR TBCR<br>COVERA-HS TBCR<br>ISOPTIN-SR<br>VERAPAMIL HCL ER CP24<br>VERAPAMIL HCL SR CP24<br>VERELAN CP24<br>VERELAN PM CP24   | 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. |
| ANTIARRHYTHMICS                        | MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC<br>MC / DEL       |  | AMIODARONE<br>MEXILETINE<br>NORPACE<br>PROCAINAMIDE<br>PROCANBID CR<br>QUINAGLUTE<br>QUINIDINE GLUCONATE<br>QUINIDINE SULFATE<br>RYTHMOL<br>TAMBOCOR                          | MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC<br>MC<br>MC<br>MC   |  | PACERONE<br>CORDARONE<br>DISOPYRAMIDE<br>PROPafenone<br>FLECAINIDE<br>MEXITIL<br>QUINIDEX  |   |
| ACE INHIBITORS                         | MC / DEL<br>MC / DEL<br>MC / DEL<br>MC   |  | CAPTOPRIL TABS<br>ENALAPRIL MALEATE TABS<br>LISINAPRIL TABS<br>MONOPRIL TABS  | MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC<br>MC / DEL | 5<br>5<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8 | LOTENSIN TABS<br>MAVIK TABS<br>ACCUPRIL TABS<br>ACEON TABS<br>ALTACE <sup>1</sup> CAPS<br>BENZAEPRIIL HCL<br>CAPOTEN TABS<br>FOSINOPRIL SODIUM<br>MOEXIPRIL<br>PRINIVIL TABS<br>UNIVASC <sup>2</sup><br>VASOTEC TABS<br>ZESTRIL TABS | Non-preferred products must be used in specified order.<br><br>1. Allace approved for secondary CAD prevention<br><br>2. Established users of Univasc will be grandfathered.        |
| ANGIOTENSIN RECEPTOR BLOCKER           | MC / DEL<br>MC / DEL<br>MC / DEL<br>MC   |  | BENICAR TABS<br>COZAAR TABS<br>MICARDIS TABS<br>TEVETEN TABS  | MC / DEL<br>MC<br>MC / DEL<br>MC / DEL   |  | ATACAND TABS<br>AVAPRO TABS<br>DIOVAN  | 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.             |
| OTHER ANTI-HYPERTENSIVES CENTRAL       | MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL |  | CATAPRES-TTS<br>CLONIDINE HCL TABS<br>GUANFACINE HCL TABS<br>HYDRALAZINE HCL TABS<br>HYLOREL TABS<br>METHYLDOPA TABS<br>MINOXIDIL TABS<br>PRAZOSIN HCL CAPS<br>RESERPINE TABS | MC / DEL<br>MC<br>MC<br>MC<br>MC / DEL<br>MC<br>MC<br>MC<br>MC / DEL   |  | CATAPRES TABS<br>GUANABENZ ACETATE TABS<br>ISMELIN TABS<br>MINIPRESS CAPS<br>TENEX TABS  |   |
| ACE INHIBITORS AND CA CHANNEL BLOCKERS |  |  |   | MC / DEL<br>MC / DEL<br>MC   |  | LEXXEL TBCR<br>LOTREL CAPS<br>TARKA TBCR   |   |
| ACE AND THIAZIDE COMBO'S               | MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL   |  | CAPTOPRIL/HYDROCHLOROTHIA<br>ENALAPRIL MALEATE/HCTZ TABS<br>LISINAPRIL-HCTZ TABS<br>UNIRETIC TABS   | MC / DEL<br>MC / DEL<br>MC<br>MC / DEL<br>MC<br>MC<br>MC / DEL   |  | ACCURETIC TABS<br>BENZAEPRIIL HCL/HYDROCHLOR<br>CAPOZIDE TABS<br>LOTENSIN HCT TABS<br>MONOPRIL HCT TABS<br>PRINZIDE TABS<br>VASERETIC TABS<br>ZESTORETIC TABS  |   |
| BETA BLOCKERS AND DIURETIC COMBO'S     | MC / DEL<br>MC / DEL<br>MC / DEL   |  | ATENOLOL/CHLORTHALIDONE<br>BISOPROLOL FUMARATE/HCTZ<br>PROPRANOLOL/HCTZ   | MC<br>MC / DEL<br>MC / DEL<br>MC<br>MC<br>MC / DEL   |  | CORZIDE TABS<br>INDERIDE 40/25 TABS<br>LOPRESSOR HCT TABS<br>TENORETIC<br>TIMOLIDE 10/25 TABS<br>ZIAC TABS   |   |
| ARB'S AND DIURETICS                    | MC / DEL<br>MC / DEL<br>MC / DEL<br>MC   |  | BENICAR HCT<br>HYZAAR TABS<br>MICARDIS HCT TABS<br>TEVETEN HCT TABS   | MC / DEL<br>MC<br>MC / DEL<br>MC   |  | ATACAND HCT TABS<br>AVALIDE TABS<br>DIOVAN HCT TABS  | Preferred products only available without PA if patient on diabetic therapy or prior ACE therapy.<br><br>Will grandfather prior ACE users who are current preferred ARB             |
| DIURETICS                              | MC / DEL   |  | ACETAZOLAMIDE TABS  | MC / DEL   |  | ALDACTAZIDE TABS   | 1. Multiples of Spironolactone 25 mg are cheaper than 50 mg   |

| 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*

|  |          |  |                          |          |  |                                  |  |
|--|----------|--|--------------------------|----------|--|----------------------------------|--|
|  | MC       |  | AMILORIDE HCL            | MC / DEL |  | ALDACTONE TABS                   | strength. Inspira will be approved for severe breast tenderness and male gynecomastia. |
|  | MC / DEL |  | BUMETANIDE               | MC / DEL |  | BUMEX TABS                       |  |
|  | MC / DEL |  | CHLOROTHIAZIDE TABS      | MC / DEL |  | DEMADEX TABS                     |  |
|  | MC / DEL |  | CHLORTHALIDONE TABS      | MC / DEL |  | DIAMOX                           |  |
|  | MC       |  | EDECIN TABS              | MC / DEL |  | DIURIL                           |  |
|  | MC / DEL |  | FUROSEMIDE               | MC / DEL |  | DYAZIDE CAPS                     |  |
|  | MC / DEL |  | HYDROCHLOROTHIAZIDE      | MC       |  | ENDURON TABS                     |  |
|  | MC / DEL |  | INDAPAMIDE TABS          | MC       |  | INSPRA                           |  |
|  | MC / DEL |  | METHAZOLAMIDE TABS       | MC / DEL |  | LASIX TABS                       |  |
|  | MC / DEL |  | METHYLOTHIAZIDE TABS     | MC       |  | LOZOL TABS                       |  |
|  | MC / DEL |  | METHAZOLAMIDE TABS       | MC / DEL |  | MAXZIDE                          |  |
|  | MC / DEL |  | SPIRONOLACTONE 25MG TABS | MC / DEL |  | MICROZIDE CAPS                   |  |
|  | MC / DEL |  | SPIRONOLACTONE/HYDRO     | MC       |  | MIDAMOR TABS                     |  |
|  | MC / DEL |  | TORSEMIDE TABS           | MC / DEL |  | MODURETIC 5-50 TABS              |  |
|  | MC / DEL |  | TRIAMTERENE/HCTZ         | MC       |  | NAQUA TABS                       |  |
|  | MC       |  | ZAROXOLYN TABS           | MC       |  | NATURETIN TABS                   |  |
|  |          |  |                          | MC / DEL |  | SPIRONOLACTONE 50MG <sup>1</sup> |  |

|              |          |  |        |  |  |  |  |
|--------------|----------|--|--------|--|--|--|--|
| CCB / LIPIID | MC / DEL |  | CAUDET |  |  |  |  |
|--------------|----------|--|--------|--|--|--|--|

### LIPID DRUGS

|   |          |                         |                  |          |  |                |   |
|---|----------|-------------------------|------------------|----------|--|----------------|---|
| CHOLESTEROL - BILE SEQUESTRANTS           | MC / DEL |                         | CHOLESTYRAMINE   | MC / DEL |  | PREVALITE      |   |
|   | MC / DEL |                         | COLESTID         | MC       |  | QUESTRAN       |   |
|   |          |                         |                  | MC / DEL |  | WELCHOL TABS   |   |
| CHOLESTEROL - FIBRIC ACID DERIVATIVES     | MC / DEL |                         | GEMFIBROZIL TABS | MC       |  | LOPID TABS     |   |
|   | MC       |                         | TRICOR           | MC       |  | LOFIBRA        |   |
| CHOLESTEROL - HGM COA + ABSORB INHIBITORS | MC / DEL |                         | ADVICOR TBCR     | MC / DEL |  | ALTOPREV TB24  | 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. |
|   | MC / DEL |                         | CRESTOR          | MC / DEL |  | MEVACOR TABS   |   |
|   | MC / DEL |                         | LIPITOR TABS     | MC       |  | PRAVACHOL TABS |   |
|   | MC / DEL |                         | LESCOL CAPS      | MC / DEL |  | PRAVIGARD      |   |
|   | MC / DEL |                         | LESCOL XL TB24   |          |  |                |   |
|   | MC / DEL |                         | LOVASTATIN TABS  |          |  |                |   |
| MC  |          | ZETIA TABS <sup>1</sup> |                  |          |  |                |   |
| MC / DEL                                  |          | ZOCOR TABS              |                  |          |  |                |   |

### PULMONARY ANTI-HYPERTENSIVES

|                              |  |  |  |          |  |          |  |
|------------------------------|--|--|--|----------|--|----------|--|
| PULMONARY ANTI-HYPERTENSIVES |  |  |  | MC / DEL |  | FLOLAN   |  |
|                              |  |  |  | MC       |  | TRACLEER |  |

### IMPOTENCE AGENTS

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

### ANTI-EMETOGENICS

|                                 |          |  |                       |          |  |                  |  |
|---------------------------------|----------|--|-----------------------|----------|--|------------------|--|
| ANTI-CHOLINERGIC / DOPAMINERGIC | MC / DEL |  | MECLIZINE HCL TABS    | MC       |  | ANTIVERT TABS    |  |
|                                 | MC / DEL |  | PHENERGAN SUPP        | MC / DEL |  | PHENERGAN SOLN   |  |
|                                 | MC       |  | PHENERGAN FORTIS SYRP | MC / DEL |  | PHENERGAN TABS   |  |
|                                 | MC / DEL |  | PROMETHAZINE          | MC / DEL |  | PROMETHEGAN SUPP |  |
|                                 | MC       |  | TRANSDERM-SCOP PT72   | MC       |  | TORECAN TABS     |  |
|                                 |          |  |                       | MC / DEL |  | TIGAN            |  |

|  |          |  |                          |          |  |                |                           |
|--|----------|--|--------------------------|----------|--|----------------|---------------------------|
| 5-HT3 RECEPTOR ANTAGONISTS/ SUBSTANCE P NEUROKININ | MC       |  | ALOXI <sup>1</sup>       | MC       |  | ANZEMET TABS   | See quantity limit table. |
|  | MC / DEL |  | MARINOL CAPS             | MC       |  | EMEND          |                           |
|  | MC / DEL |  | ZOFRAN SOLN <sup>*</sup> | MC / DEL |  | KYTRIL         |                           |
|  | MC / DEL |  | ZOFRAN TABS <sup>*</sup> | MC / DEL |  | ZOFRAN ODT TBP |                           |

### NON-SEDATING ANTIHISTAMINES / DECONGESTANTS

|                             |          |  |                                     |          |   |                            |   |
|-----------------------------|----------|--|-------------------------------------|----------|---|----------------------------|---|
| NON-SEDATING ANTIHISTIMINES | MC       |  | ALAVERT TABS <sup>1</sup>           | MC / DEL | 5 | CLARINEX TABS <sup>2</sup> | 1. Preferred drugs are OTC loratidines. 2. Claritin OTC syrup does not require a PA. 3. Zyrtec syrup <6 yr w/o PA |
|                             | MC       |  | CLARITIN ALLERGY (OTC) <sup>1</sup> | MC / DEL | 8 | ALLEGRA                    |   |
|                             | MC       |  | CLARITIN SYRP (OTC) <sup>2</sup>    | MC       | 8 | CLARITIN <sup>2</sup>      |   |
|                             | MC / DEL |  | TAVIST ND (OTC) <sup>1</sup>        | MC / DEL | 8 | ZYRTEC <sup>3</sup>        |   |

### ALLERGY / ASTHMA THERAPIES

|                                  |          |   |                           |          |                           |                     |  |
|----------------------------------|----------|---|---------------------------|----------|---------------------------|---------------------|--|
| ANTI-ASTHMATIC ANTI-CHOLINERGICS | MC / DEL |   | ATROVENT AERS             | MC       |                           | ATROVENT SOLN       |  |
|                                  | MC / DEL |   | IPRATROPIUM BROMIDE SOLN  |          |                           |                     |  |
| ANTI-INFLAMMATORY AGENTS         | MC / DEL |   | CROMOLYN SODIUM NEBU      | MC / DEL |                           | XOLAIR <sup>1</sup> | 1. Need max inhaled steroids and written by pulmonary or allergy specialist.   |
|                                  | MC / DEL |   | INTAL AERS                |          |                           |                     |  |
|                                  | MC / DEL |   | TILADE AERS               |          |                           |                     |  |
| NASAL STEROIDS                   | MC / DEL | 1 | FLONASE SUSP <sup>1</sup> | MC / DEL |                           | FLUNISOLIDE SOLN    | 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. |
|                                  | MC / DEL | 1 | NASONEX SUSP <sup>1</sup> | MC       |                           | NASACORT AERS       |  |
|                                  | MC       | 4 | BECONASE AERS             | MC / DEL |                           | NASACORT AQ AERS    |  |
|                                  | MC / DEL | 4 | BECONASE AQ INHA          | MC       |                           | NASAREL SOLN        |  |
|                                  | MC       | 4 | NASALIDE SOLN             | MC       |                           | RHINOCORT AERO      |  |
|                                  |          |   |                           | MC / DEL |                           | RHINOCORT AQUA SUSP |  |
|                                  |          |   | MC                        |          | TRI-NASAL SOLN            |                     |  |
|                                  |          |   | MC                        |          | VANCENASE POKETHALER AERS |                     |  |

| 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*

|                            |  |  |  |  |  |   |  |
|----------------------------|--|--|--|--|--|---|--|
| NASAL MISC.                | MC / DEL   |  | NASALCROM  | MC<br>MC<br>MC / DEL   |  | ATROVENT NASAL SOL<br>IPRATROPIUM NASAL SOL<br>ASTELIN  |  |
| BETA - ADRENERGICS         | MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL |  | ALBUTEROL<br>FORADIL AEROLIZER CAPS<br>MAXAIR<br>METAPROTERENOL<br>SEREVENT<br>TERBUTALINE SULFATE TABS  | MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL |  | ACCUNEUB NEBU<br>ALUPENT AERP<br>BRETHINE<br>PROVENTIL<br>PROVENTIL HFA AERS<br>VENTOLIN AERS<br>VENTOLIN HFA AERS<br>VOLMAX TBCR<br>VOSPIRE ER TB12<br>XOPENEX NEBU <sup>1,2</sup> | 1. Xopenex users with prior asthma hospitalization will be grandfathered. 2. Quantity Limit: 12 cc/day |
| ADRENERGIC COMBINATIONS    | MC / DEL   |  | ADVAIR DISKUS MISC   | MC / DEL   |  | DUONEB SOLN   |  |
| ADRENERGIC                 | MC / DEL   |  | COMBIVENT AERO   |  |  |   |  |
| XANTHINES                  | MC / DEL<br>MC<br>MC<br>MC<br>MC<br>MC / DEL<br>MC / DEL<br>MC / DEL |  | AMINOPHYLLINE TABS<br>THEOCHRON TB12<br>THEOLAIR-SR TB12<br>THEOPHYLLINE ELIX<br>THEOPHYLLINE SOLN<br>THEOPHYLLINE ER CP12<br>THEOPHYLLINE ER TB12<br>UNIPHYL TBCR | MC<br>MC<br>MC<br>MC / DEL<br>MC<br>MC / DEL<br>MC                   |  | QUIBRON CAPS<br>QUIBRON-T TABS<br>QUIBRON-T/SR TB12<br>THEO-24 CP24<br>THEOLAIR TABS<br>THEOPHYLLINE CR TB12<br>T-PHYL TB12   |  |
| STEROID INHALANTS          | MC / DEL<br>MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC             |  | AEROBID AERS<br>AZMACORT AERS<br>BECLOVENT AERS<br>FLOVENT<br>PULMICORT SUSP <sup>1</sup><br>QVAR AERS<br>VANCERIL AERS  | MC / DEL<br>MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC             |  | AEROBID-M AERS<br>PULMICORT TURBUHALER AEPB <sup>2</sup><br>VANCERIL DOUBLE STRENGTH AERS   | 1. No PA for Pulmicort susp if under 8 years old. 2. No PA for Pulmicort turbobaler if under 14 yr.    |
| 5-Lipoxygenase Inhibitors  |  |  |  | MC   |  | ZYFLO TABS  |  |
| LEUKOTRIENE RECEPTOR       | MC / DEL   |  | SINGULAIR <sup>1</sup>   | MC / DEL   |  | ACCOLATE TABS   | 1. No PA if on asthma meds.  |
| ALPHA-PROTEINASE INHIBITOR |  |  |  | MC<br>MC   |  | PROLASTIN SUSR<br>ZEMAIRA   |  |
| HYDRO-LYTIC ENZYMES        |  |  |  | MC / DEL   |  | PULMOZYME SOLN  |  |

**COUGH/COLD**

|            |                      |  |   |  |  |  |   |
|------------|----------------------|--|---|--|--|--|---|
| COUGH/COLD | MC / DEL<br>MC<br>MC |  | PSEUDOEPHEDRINE<br>ROBITUSSIN DM SYRP<br>ROBITUSSIN SUGAR FREE SYRP |  |  | All others are a non-covered service (this includes antihistamines-decongestive combinations). | All of cough cold preparations are not covered except these preferred products. |
|------------|----------------------|--|---|--|--|--|---|

**DIGESTIVE AIDS / ASSORTED GI**

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

|                                |  |  |   |  |  |   |  |
|--------------------------------|--|--|---|--|--|---|--|
| ANTI-PERISTALTIC AGENTS        | MC / DEL<br>MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC   |  | DIPHENOXYLATE<br>DIPHENOXYLATE/ATROPINE<br>IMODIUM A-D TABS<br>LOPERAMIDE HCL CAPS<br>LOPERAMIDE HCL LIQD<br>OPIUM TINCTURE TINC<br>PAREGORIC TINC  | MC / DEL<br>MC / DEL<br>MC<br>MC / DEL<br>MC   |  | ANTI-DIARRHEAL TABS<br>LOFENE TABS<br>LONOX TABS<br>MOTOFEN TABS<br>SB ANTI-DIARRHEA TABS   |  |
| MISC. ANTI-DIARRHEAL / ANTACID | MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC<br>MC<br>MC / DEL<br>MC<br>MC / DEL<br>MC<br>MC<br>MC / DEL<br>MC<br>MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC / DEL |  | ALU-CAP CAPS<br>ANTACID CHEW<br>ATROPINE SULFATE SOLN<br>BENTYL SYRP<br>BISMATROL<br>CALCIUM ANTACID<br>CALCIUM CARBONATE<br>CAL-GEST ANTACID CHEW<br>CHEWABLE ANTACID CHEW<br>DICYCLOMINE HCL<br>GAVISCON SUSP<br>HAPONAL TABS<br>HYOSCYAMINE SULFATE<br>IMODIUM ADVANCED CHEW<br>KAOPECTATE<br>K-PEC LIQD<br>K-PEC SUSP<br>MAALOX<br>MAGNESIUM OXIDE TABS<br>MAG-OX 400 TABS<br>MAG-OXIDE TABS<br>PAMINE TABS<br>PINK BISMUTH<br>PROPANTHELINE BROMIDE TABS | MC / DEL<br>MC<br>MC<br>MC<br>MC / DEL<br>MC<br>MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC<br>MC<br>MC / DEL<br>MC<br>MC / DEL<br>MC<br>MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC / DEL |  | ANTACID EXTRA STRENGTH CHEW<br>B & O 15-A SUPPRETTE SUPP<br>B & O 16-A SUPPRETTE SUPP<br>BELLADONNA ALKALOIDS & OP<br>BENTYL TABS<br>CHILDRENS MYLANTA CHEW<br>LEVBIID TB12<br>LEVSIN ELIX<br>LEVSIN TABS<br>LEVSIN/SL SUBL<br>NULEV TBDP<br>URO-MAG 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*

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  | MC<br>MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC<br>MC / DEL |  | ROBINUL<br>SAL-TROPINE TABS<br>SCOPOLAMINE HYDROBROMIDE<br>SODIUM BICARBONATE TABS<br>TUMS<br>V-R STOMACH RELIEF SUSP<br>X-STR CHEW ANTACID CHEW |  |  |  |  |
|--|--|--|--|--|--|--|--|

|                |  |  |   |  |  |  |  |
|----------------|--|--|---|--|--|--|--|
| H2-ANTAGONISTS | MC / DEL<br>MC / DEL<br>MC / DEL<br>MC |  | CIMETIDINE<br>FAMOTIDINE<br>RANITIDINE<br>V-R ACID REDUCER TABS | MC<br>MC<br>MC / DEL<br>MC<br>MC / DEL<br>MC / DEL |  | AXID CAPS<br>AXID AR TABS<br>NIZATIDINE CAPS<br>PEPCID<br>PEPCID AC<br>TAGAMET TABS<br>ZANTAC <sup>1</sup> | 1. Zantac syrup available without PA to users less than 6 years old. |
|----------------|--|--|---|--|--|--|--|

|                       |                                  |  |  |  |                       |  |   |
|-----------------------|----------------------------------|--|--|--|-----------------------|--|---|
| PROTON PUMP INHIBITOR | MC<br>MC<br>MC / DEL<br>MC / DEL |  | PREVACID CPDR<br>OTC PRILOSEC<br>PROTONIX TBEC<br>NEXIUM | MC<br>MC / DEL<br>MC<br>MC<br>MC / DEL | 5<br>6<br>8<br>8<br>8 | ACIPHEX TBEC<br>OMEPRAZOLE CPDR<br>PREVACID ORAL SUSP<br>PREVACID SOLUTABS <sup>1</sup><br>PRILOSEC CPDR | Non-preferred products must be used in specified step order. GI specialty PA exemption. Except with regards to Prilosec/omeprazole. 1. Prevacid Solutabs available without PA for Nursing Home Residents. |
|-----------------------|----------------------------------|--|--|--|-----------------------|--|---|

|                      |          |  |                    |  |  |  |  |
|----------------------|----------|--|--------------------|--|--|--|--|
| ULCER ANTI-INFECTION | MC<br>MC |  | HELIDAC<br>PREVPAC |  |  |  |  |
|----------------------|----------|--|--------------------|--|--|--|--|

|                |    |  |                  |          |  |              |  |
|----------------|----|--|------------------|----------|--|--------------|--|
| PROSTAGLANDINS | MC |  | MISOPROSTOL TABS | MC / DEL |  | CYTOTEC TABS |  |
|----------------|----|--|------------------|----------|--|--------------|--|

|                   |                |  |                                |  |   |   |  |
|-------------------|----------------|--|--------------------------------|--|---|---|--|
| DIGESTIVE ENZYMES | MC<br>MC / DEL |  | LACTAID ULTRA<br>LACTRASE CAPS | MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC<br>MC<br>MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC<br>MC / DEL<br>MC<br>MC | 7<br>7<br>7<br>7<br>7<br>7<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8 | LIPRAM<br>PANCREASE<br>PANCRELIPASE<br>PANGESTYME<br>PANOKASE TABS<br>ULTRASE CPEP<br>CREON<br>KUTRASE CAPS<br>KU-ZYME CAPS<br>LIPRAM CR<br>PANCREASE MT<br>PANCRECARB MS-8 CPEP<br>ULTRASE MT<br>VIOKASE | Non-preferred products are a one time PA for life (for CF diagnosis). Non-preferred products must be used in specified step order. |
|-------------------|----------------|--|--------------------------------|--|---|---|--|

|                                 |  |  |   |                                  |  |   |  |
|---------------------------------|--|--|---|----------------------------------|--|---|--|
| ANTI-FLATULENTS / GI STIMULANTS | MC<br>MC / DEL<br>MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL |  | CALULOSE SYRP<br>CONSTULOSE SYRP<br>ENULOSE SYRP<br>GASTROCROM CONC<br>GENERLAC SYRP<br>LACTULOSE SYRP<br>METOCLOPRAMIDE HCL<br>SIMETHICONE | MC<br>MC<br>MC / DEL<br>MC / DEL |  | CEPHULAC SYRP<br>GAS-X CHEW<br>INFANTS GAS RELIEF SUSP<br>REGLAN TABS | Diag codes no longer necessary for preferred products. Lactulose has 60cc/day QL |
|---------------------------------|--|--|---|----------------------------------|--|---|--|

|                           |  |  |  |          |  |                   |  |
|---------------------------|--|--|--|----------|--|-------------------|--|
| INFLAMMATORY BOWEL AGENTS | MC / DEL<br>MC<br>MC / DEL<br>MC<br>MC<br>MC<br>MC / DEL<br>MC / DEL<br>MC / DEL |  | ASACOL TBEC<br>AZULFIDINE TABS<br>AZULFIDINE EN-TABS TBEC<br>CANASA SUPP<br>COLAZAL CAPS<br>DIPENTUM CAPS<br>PENTASA CPCR<br>ROWASA ENEM<br>SULFASALAZINE TABS | MC / DEL |  | SULFAZINE EC TBEC |  |
|---------------------------|--|--|--|----------|--|-------------------|--|

|                                 |  |  |  |                      |  |                               |  |
|---------------------------------|--|--|--|----------------------|--|-------------------------------|--|
| IRRITABLE BOWEL SYNDROME AGENTS |  |  |  | MC / DEL<br>MC / DEL |  | LOTRONEX TABS<br>ZELNORM TABS |  |
|---------------------------------|--|--|--|----------------------|--|-------------------------------|--|

**MISCELLANEOUS GI**

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

|                  |  |  |  |  |  |   |  |
|------------------|--|--|--|--|--|---|--|
| MISCELLANEOUS GI | MC / DEL<br>MC / DEL<br>MC<br>MC<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC<br>MC<br>MC / DEL<br>MC / DEL<br>MC<br>MC / DEL<br>MC<br>MC / DEL<br>MC / DEL |  | BISAC-EVAC SUPP<br>BISACODYL<br>BISCOLAX SUPP<br>CINOBAC CAPS<br>CITRATE OF MAGNESIA SOLN<br>CITRUCEL<br>D.O.S. CAPS<br>DIOCTO LIQD<br>DIOCTO SYRP<br>DIOCTYN CAPS<br>DOC-Q-LACE CAPS<br>DOCUSATE CALCIUM CAPS<br>DOCUSATE SODIUM<br>DOCUSIL CAPS<br>DOK CAPS<br>FIBER LAXATIVE TABS | MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC<br>MC<br>MC<br>MC<br>MC / DEL<br>MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC<br>MC<br>MC / DEL<br>MC<br>MC / DEL<br>MC |  | ACTIGALL CAPS<br>BENEFIBER<br>CARAFATE<br>COLACE CAPS<br>COLYTE<br>DIOCTO-C SYRP<br>DOC SOD /CAS CAP<br>DOC-Q-LAX CAPS<br>DOCUSATE SODIUM/CAS CAPS<br>DOK PLUS<br>DULCOLAX SUPP<br>FIBER CON TABS<br>FIBER-LAX TABS<br>GOLYTELY SOLR<br>MALTSUPEX<br>MIRALAX PACK | 1. Quantity Limit: 255 g/90-day without PA |
|------------------|--|--|--|--|--|---|--|



# MaineCare / DEL Preferred Drug List

REVISED 8.18.2004

MAINECARE EFFECTIVE DATE 7.1.2004

Physicians' Summarized PDL

DEL EFFECTIVE DATE 8.15.2004

| 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*

|  |          |  |                           |          |  |                                |  |
|--|----------|--|---------------------------|----------|--|--------------------------------|--|
|  | MC       |  | FLEET                     | MC / DEL |  | NULYTELY SOLR                  |  |
|  | MC / DEL |  | GENFIBER POWD             | MC       |  | PEG 3350/ELECTROLYTES SOLR     |  |
|  | MC / DEL |  | GLYCERIN                  | MC / DEL |  | SENEXON TABS                   |  |
|  | MC       |  | HIPREX TABS               | MC / DEL |  | SEKOKOT TABS                   |  |
|  | MC / DEL |  | KRISTALOSE PACK           | MC       |  | SEKOKOT S TABS                 |  |
|  | MC       |  | METAMUCIL                 | MC       |  | STOOL SOFTENER PLUS CAPS       |  |
|  | MC / DEL |  | MILK OF MAGNESIA SUSP     | MC / DEL |  | UNI-CENNA TABS                 |  |
|  | MC       |  | MINERAL OIL OIL           | MC       |  | UNI-EASE PLUS CAPS             |  |
|  | MC       |  | MIRALAX POWD <sup>1</sup> | MC       |  | V-R NATURAL SENNA LAXATIV TABS |  |
|  | MC / DEL |  | SENNA                     |          |  |                                |  |
|  | MC / DEL |  | SEKOKOT GRAN              |          |  |                                |  |
|  | MC / DEL |  | SEKOKOT SYRP              |          |  |                                |  |
|  | MC / DEL |  | SEKOKOT CHILDRENS SYRP    |          |  |                                |  |
|  | MC       |  | SEKOKOT XTRA TABS         |          |  |                                |  |
|  | MC / DEL |  | SORBITOL                  |          |  |                                |  |
|  | MC / DEL |  | STOOL SOFTENER CAPS       |          |  |                                |  |
|  | MC / DEL |  | SUCRALFATE TABS           |          |  |                                |  |
|  | MC       |  | UNI-EASE CAPS             |          |  |                                |  |
|  | MC       |  | UNIFIBER POWD             |          |  |                                |  |
|  | MC / DEL |  | URSODIOL                  |          |  |                                |  |

| 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*

### MISC. UROLOGICAL

|  |                 |  |                            |                 |  |                                |  |
|--|-----------------|--|----------------------------|-----------------|--|--------------------------------|--|
|  | <b>MC</b>       |  | ACETIC ACID 0.25% SOLN     | <b>MC</b>       |  | CITRIC ACID/SODIUM CITRAT SOLN | 1. Renegal will be approved for hypercalcemia, digoxin users, and in cases where maximum phoslo doses are insufficient.<br>2. Elmiron requires adequate proof of Dx with supportive testing. |
|  | <b>MC / DEL</b> |  | BICITRA SOLN               | <b>MC / DEL</b> |  | CYTRA-2 SOLN                   |  |
|  | <b>MC</b>       |  | CYTRA-K SOLN               | <b>MC</b>       |  | ELMIRON CAPS <sup>2</sup>      |  |
|  | <b>MC</b>       |  | FURADANTIN SUSP            | <b>MC / DEL</b> |  | MACROBID CAPS                  |  |
|  | <b>MC</b>       |  | K-PHOS MF TABS             | <b>MC / DEL</b> |  | MANDELAMINE TABS               |  |
|  | <b>MC / DEL</b> |  | MACRODANTIN CAPS           | <b>MC / DEL</b> |  | NITROFURANTOIN MACR CAPS       |  |
|  | <b>MC / DEL</b> |  | METHENAMINE MANDELATE TABS | <b>MC</b>       |  | POLYCITRA-K CRYSTALS PACK      |  |
|  | <b>MC / DEL</b> |  | MONUROL PACK               | <b>MC</b>       |  | POTASSIUM CITRATE/CITRIC SOLN  |  |
|  | <b>MC / DEL</b> |  | NEOSPORIN GU IRRIGANT SOLN | <b>MC</b>       |  | PYRIDIUM TABS                  |  |
|  | <b>MC / DEL</b> |  | PHENAZOPYRIDINE HCL TABS   | <b>MC / DEL</b> |  | RENAGEL <sup>1</sup>           |  |
|  | <b>MC</b>       |  | PHOSLO                     |                 |  |                                |  |
|  | <b>MC</b>       |  | POLYCITRA SYRP             |                 |  |                                |  |
|  | <b>MC</b>       |  | POLYCITRA-K SOLN           |                 |  |                                |  |
|  | <b>MC / DEL</b> |  | POLYCITRA-LC SOLN          |                 |  |                                |  |
|  | <b>MC / DEL</b> |  | PROSED/DS TABS             |                 |  |                                |  |
|  | <b>MC / DEL</b> |  | PYRIDIUM PLUS TABS         |                 |  |                                |  |
|  | <b>MC / DEL</b> |  | RENACIDIN SOLN             |                 |  |                                |  |
|  | <b>MC</b>       |  | TRICITRATES SYRP           |                 |  |                                |  |
|  | <b>MC</b>       |  | UREX TABS                  |                 |  |                                |  |
|  | <b>MC / DEL</b> |  | URISED TABS                |                 |  |                                |  |
|  | <b>MC</b>       |  | UROCID-K                   |                 |  |                                |  |
|  | <b>MC / DEL</b> |  | UROCID #2 TABS             |                 |  |                                |  |

### INTRA-VAGINALS

|                         |                 |   |  |                 |  |                           |   |
|-------------------------|-----------------|---|--|-----------------|--|---------------------------|---|
| VAGINAL ANTI-BACTERIALS | <b>MC / DEL</b> | 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. |
|                         | <b>MC / DEL</b> | 1 | METROGEL VAGINAL GEL                     |                 |  |                           |   |
|                         | <b>MC / DEL</b> | 3 | CLEOCIN SUPP                             |                 |  |                           |   |
| VAGINAL ANTI- FUNGALS   | <b>MC</b>       |   | AVC CREA                                 | <b>MC</b>       |  | CLOTTRIMAZOLE 3 DAY CREA  | 1. Quantity limit: 1/scrip/2 weeks  |
|                         | <b>MC / DEL</b> |   | CLOTTRIMAZOLE CREA                       | <b>MC</b>       |  | GYNAZOLE-1 CREA           |   |
|                         | <b>MC / DEL</b> |   | GYNE-LOTRIMIN CREA                       | <b>MC</b>       |  | GYNE-LOTRIMIN 3 TABS      |   |
|                         | <b>MC</b>       |   | MICONAZOLE CREA                          | <b>MC / DEL</b> |  | MICONAZOLE 3 SUPP         |   |
|                         | <b>MC / DEL</b> |   | MICONAZOLE 3 COMBO PACK KIT <sup>1</sup> | <b>MC</b>       |  | MONISTAT 3 SUPP           |   |
|                         | <b>MC / DEL</b> |   | MICONAZOLE 7 CREA                        | <b>MC</b>       |  | TERAZOL 3 CREA            |   |
|                         | <b>MC / DEL</b> |   | MICONAZOLE NITRATE CREA                  | <b>MC</b>       |  | TERAZOL 3 SUPP            |   |
|                         | <b>MC</b>       |   | MONISTAT 1 OINT                          | <b>MC</b>       |  | TERAZOL 7 CREA            |   |
|                         | <b>MC</b>       |   | MONISTAT 3 CREA                          |                 |  |                           |   |
|                         | <b>MC</b>       |   | MONISTAT 7                               |                 |  |                           |   |
|                         | <b>MC</b>       |   | NYSTATIN TABS                            |                 |  |                           |   |
|                         | <b>MC</b>       |   | V-R MICONAZOLE-7 CREA                    |                 |  |                           |   |
| CONTRACEPTIVES          | <b>MC</b>       |   | GYNOL II EXTRA STRENGTH GEL              | <b>MC</b>       |  | DELLEN FOAM               |   |
| VAGINAL ESTROGENS       | <b>MC / DEL</b> |   | PREMARIN CREA                            | <b>MC / DEL</b> |  | ESTRACE CREA <sup>1</sup> | 1. Preferred for DEL members.   |
|                         |                 |   |  | <b>MC / DEL</b> |  | ESTRING RING              |   |
|                         |                 |   |  | <b>MC / DEL</b> |  | VAGIFEM TABS              |   |
| VAGINAL-OTHER           | <b>MC / DEL</b> |   | ACID JELLY GEL                           | <b>MC</b>       |  | AMINO ACID CERVICAL CREA  |   |
|                         | <b>MC</b>       |   | ACI-JEL GEL                              |                 |  |                           |   |
|                         | <b>MC</b>       |   | CERVICAL AMINO ACID CREA                 |                 |  |                           |   |

### BPH

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

### ANXIOLYTICS

|                         |                 |  |                              |                 |  |                            |  |
|-------------------------|-----------------|--|------------------------------|-----------------|--|----------------------------|--|
| BENZODIAZEPINES         | <b>MC / DEL</b> |  | ALPRAZOLAM TABS              | <b>MC / DEL</b> |  | ATIVAN                     |  |
|                         | <b>MC / DEL</b> |  | CHLORDIAZEPOXIDE HCL CAPS    | <b>MC</b>       |  | SERAX                      |  |
|                         | <b>MC / DEL</b> |  | CLORAZEPATE DIPOTASSIUM TABS | <b>MC</b>       |  | TRANXENE                   |  |
|                         | <b>MC / DEL</b> |  | DIAZEPAM                     | <b>MC / DEL</b> |  | XANAX TABS                 |  |
|                         | <b>MC / DEL</b> |  | LORAZEPAM                    |                 |  |                            |  |
|                         | <b>MC / DEL</b> |  | OXAZEPAM CAPS                |                 |  |                            |  |
| LONG ACTING ANXIOLYTICS | <b>MC / DEL</b> |  | XANAX XR <sup>1</sup>        |                 |  |                            | 1. Xanax XR will be available if the long acting benzo clonazepam fails. |
| MISC - ANXIOLYTICS      | <b>MC / DEL</b> |  | BUSPIRONE HCL TABS           | <b>MC</b>       |  | ATARAX TABS                |  |
|                         | <b>MC</b>       |  | HYDROXYZINE HCL SOLN         | <b>MC</b>       |  | BUSPAR TABS                |  |
|                         | <b>MC</b>       |  | HYDROXYZINE HCL SYRP         | <b>MC</b>       |  | DROPERIDOL SOLN            |  |
|                         | <b>MC / DEL</b> |  | HYDROXYZINE PAMOATE CAPS     | <b>MC / DEL</b> |  | HYDROXYZINE HCL TABS       |  |
|                         |                 |  |                              | <b>MC / DEL</b> |  | HYDROXYZINE PAM 100MG CAPS |  |
|                         |                 |  |                              | <b>MC</b>       |  | INAPSINE SOLN              |  |
|                         |                 |  |                              | <b>MC / DEL</b> |  | MEPROBAMATE TABS           |  |
|                         |                 |  |                              | <b>MC / DEL</b> |  | VISTARIL                   |  |

### ANTI-DEPRESSANTS

|                                  |                 |  |                    |                 |   |                                |  |
|----------------------------------|-----------------|--|--------------------|-----------------|---|--------------------------------|--|
| MAO INHIBITORS                   | <b>MC / DEL</b> |  | NARDIL TABS        |                 |   |                                |  |
|                                  | <b>MC / DEL</b> |  | PARNATE TABS       |                 |   |                                |  |
| SELECTED ANTIDEPRESSANTS/ SSRI's | <b>MC / DEL</b> |  | BUPROPION HCL TABS | <b>MC / DEL</b> | 5 | EFFEXOR TABS <sup>1</sup>      | Non-preferred products must be used in specified step order.<br>1. Use Fluoxetine 20 mg in multiples. 2. See Zolof splitting table. Zolof requires splitting of 50mg and/or 100mg scored tabs to avoid |
|                                  | <b>MC / DEL</b> |  | BUPROPION SR       | <b>MC / DEL</b> | 5 | EFFEXOR XR CP24 <sup>3,4</sup> |  |

| 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*

|  |  |  |  |  |  |   |   |
|--|--|--|--|--|--|---|---|
|  | MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC / DEL |  | CELEXA <sup>5</sup><br>FLUOXETINE HCL CAPS<br>FLUOXETINE HCL LIOD<br>FLUOXETINE HCL TABS<br>FLUVOXAMINE MALEATE TABS<br>LEXAPRO TABS <sup>5</sup><br>MIRTAZAPINE<br>PAROXETINE <sup>3</sup><br>PAXIL CR <sup>3</sup><br>SERZONE TABS<br>TRAZODONE HCL TABS<br>WELLBUTRIN XL<br>ZOLOFT <sup>2</sup> | MC<br>MC / DEL<br>MC<br>MC<br>MC / DEL<br>MC<br>MC<br>MC<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL | 8<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>9 | DESYREL TABS<br>FLUOXETINE 40 mg <sup>1</sup><br>LUVOX TABS<br>MAPROTILINE HCL TABS<br>PAXIL <sup>3</sup><br>PROZAC<br>PROZAC CAPS<br>PROZAC WEEKLY CPDR <sup>4</sup><br>REMERON TABS<br>SARAFEM CAPS<br>TRAZODONE HCL 300MG TABS<br>WELLBUTRIN TABS<br>WELLBUTRIN SR TBCR<br>REMERON SOLTAB TBCR | * Adult requires splitting of 20mg and/or 40mg tablets into 10mg PA. 3. Strong caution with pediatric population. 4. Established users are grandfathered. 5. See Celexa and Lexapro splitting tables. |
|--|--|--|--|--|--|---|---|

|             |  |                                      |   |  |  |   |   |
|-------------|--|--------------------------------------|---|--|--|---|---|
| TRI-CYCLICS | MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC<br>MC | *<br>*<br>*<br>*<br>*<br>*<br>*<br>* | AMITRIPTYLINE HCL TABS<br>AVENTYL SOLN<br>CLOMIPRAMINE HCL CAPS<br>DESIPRAMINE HCL TABS<br>DOXEPIN HCL<br>IMPRAMINE HCL TABS<br>NORTRIPTYLINE HCL<br>PROTRIPTYLINE HCL TABS<br>SURMONTIL CAPS | MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC<br>MC |  | AMOXAPINE TABS<br>ANAFRANIL CAPS<br>ELAVIL TABS<br>NORPRAMIN TABS<br>PAMELOR<br>SINEQUAN<br>TOFRANIL<br>VIVACTIL TABS | * PA required for new starters if over 65 years old. Users over 65 years old are grandfathered. |
|-------------|--|--------------------------------------|---|--|--|---|---|

SEDATIVE / HYPNOTICS

|             |                                  |  |  |                      |  |  |   |
|-------------|----------------------------------|--|--|----------------------|--|--|---|
| BARBITURATE | MC<br>MC / DEL<br>MC<br>MC / DEL |  | BUTISOL SODIUM TABS<br>CHLORAL HYDRATE SYRP<br>MEBARAL TABS<br>PHENOBARBITAL | MC<br>MC<br>MC / DEL |  | LUMINAL SOLN<br>SECONAL CAPS<br>SOMNOTE CAPS | PA required for new users of preferred products if over 65 years old. |
|-------------|----------------------------------|--|--|----------------------|--|--|---|

|                 |  |  |   |                                  |  |   |                                       |
|-----------------|--|--|---|----------------------------------|--|---|---------------------------------------|
| BENZODIAZEPINES | MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL |  | DORAL TABS<br>ESTAZOLAM TABS<br>FLURAZEPAM HCL CAPS<br>TEMAZEPAM CAPS<br>TRIAZOLAM TABS | MC<br>MC<br>MC<br>MC<br>MC / DEL |  | DALMANE<br>HALCION TABS<br>MIDAZOLAM HCL SYRP<br>PROSOM TABS<br>RESTORIL CAPS | Previous quantity limits still apply. |
|-----------------|--|--|---|----------------------------------|--|---|---------------------------------------|

|                     |          |  |           |                      |        |                            |   |
|---------------------|----------|--|-----------|----------------------|--------|----------------------------|---|
| Non-Benzodiazepines | MC / DEL |  | TRAZODONE | MC / DEL<br>MC / DEL | 7<br>8 | AMBIEN TABS<br>SONATA CAPS | Elderly (over 65) exempt, but previous quantity limits still apply. |
|---------------------|----------|--|-----------|----------------------|--------|----------------------------|---|

ANTI-PSYCHOTICS

|           |                            |             |   |                                  |                       |  |   |
|-----------|----------------------------|-------------|---|----------------------------------|-----------------------|--|---|
| ATYPICALS | MC<br>MC / DEL<br>MC / DEL | 1<br>2<br>2 | RISPERDAL<br>GEODON <sup>1</sup><br>SEROQUEL TABS | MC / DEL<br>MC<br>MC<br>MC<br>MC | 5<br>8<br>8<br>8<br>8 | ABILIFY TABS <sup>2</sup><br>RISPERDAL M TAB<br>RISPERDAL CONSA<br>ZYPREXA TABS<br>ZYPREXA ZYDIS TBCR<br>6 MONTH MORATORIUM EFFECTIVE:<br>03.01.04 THROU 08.31.04. | 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. |
|-----------|----------------------------|-------------|---|----------------------------------|-----------------------|--|---|

|                   |          |  |                |          |  |                            |                                       |
|-------------------|----------|--|----------------|----------|--|----------------------------|---------------------------------------|
| SPECIAL ATYPICALS | MC / DEL |  | CLOZAPINE TABS | MC / DEL |  | CLOZARIL TABS <sup>1</sup> | 1. No new starters on brand Clozaril. |
|-------------------|----------|--|----------------|----------|--|----------------------------|---------------------------------------|

|         |  |  |   |  |  |   |  |
|---------|--|--|---|--|--|---|--|
| TYPICAL | MC / DEL<br>MC / DEL<br>MC / DEL<br>MC<br>MC / DEL<br>MC<br>MC<br>MC / DEL<br>MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC<br>MC / DEL |  | CHLORPROMAZINE HCL<br>FLUPHENAZINE DECANOATE<br>FLUPHENAZINE HCL<br>HALDOL<br>HALOPERIDOL<br>HALOPERIDOL DECANOATE SOLN<br>HALOPERIDOL LACTATE SOLN<br>LOXAPINE SUCCINATE CAPS<br>LOXITANE-C CONC<br>MOBAN TABS<br>PERPHENAZINE<br>PROCHLORPERAZINE<br>SERENTIL<br>THIORIDAZINE HCL<br>THIOXIXENE<br>THORAZINE SUPP<br>TRIFLUOPERAZINE HCL TABS | MC / DEL<br>MC / DEL<br>MC<br>MC / DEL<br>MC<br>MC / DEL<br>MC<br>MC<br>MC<br>MC<br>MC / DEL<br>MC<br>MC<br>MC<br>MC<br>MC<br>MC<br>MC<br>MC<br>MC<br>MC / DEL |  | COMPazine<br>COMPRO SUPP<br>HALDOL DECANOATE<br>LOXITANE CAPS<br>MELLARIL<br>NAVANE CAPS<br>PROLIXIN<br>STELAZINE TABS<br>THORAZINE |  |
|---------|--|--|---|--|--|---|--|

LITHIUM

|  |  |  |   |  |  |  |  |
|--|--|--|---|--|--|--|--|
|  | MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL |  | ESKALITH CAPS<br>ESKALITH CR TBCR<br>LITHIUM CARBONATE<br>LITHIUM CITRATE SYRP<br>LITHOBID TBCR |  |  |  |  |
|--|--|--|---|--|--|--|--|

COMBINATION - PSYCHOTHERAPEUTIC

|  |                      |  |  |    |   |         |  |
|--|----------------------|--|--|----|---|---------|--|
|  | MC / DEL<br>MC / DEL |  | CHLORDIAZEPOXIDE/AMITRIPT<br>PERPHENAZINE/AMITRIPTYLIN | MC | 8 | SYMBYAX |  |
|--|----------------------|--|--|----|---|---------|--|

STIMULANTS

|                            |                      |  |   |  |  |  |  |
|----------------------------|----------------------|--|---|--|--|--|--|
| AMPHETAMINES -SHORT ACTING | MC / DEL<br>MC / DEL |  | ADDERALL TABS<br>AMPHETAMINE SALT COMBO |  |  |  |  |
|----------------------------|----------------------|--|---|--|--|--|--|

| 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*

|                                 |                 |   |                          |                 |   |                                 |  |
|---------------------------------|-----------------|---|--------------------------|-----------------|---|---------------------------------|--|
|                                 | <b>MC / DEL</b> |   | DEXEDRINE                |                 |   |                                 |  |
|                                 | <b>MC / DEL</b> |   | DEXTROAMPHET SULF TABS   |                 |   |                                 |  |
|                                 | <b>MC / DEL</b> |   | DEXTROSTAT TABS          |                 |   |                                 |  |
| AMPHETAMINES - LONG ACTING      | <b>MC / DEL</b> | 1 | ADDERALL XR CP24         |                 |   |                                 |  |
|                                 | <b>MC</b>       | 2 | DEXEDRINE Cap CR         |                 |   |                                 |  |
|                                 | <b>MC</b>       | 2 | DEXTROAMPHET SULF CPCRCR |                 |   |                                 |  |
| METHYLPHENIDATE                 | <b>MC / DEL</b> |   | FOCALIN TABS             | <b>MC / DEL</b> |   | RITALIN                         |  |
|                                 | <b>MC</b>       |   | METADATE ER TBCR         |                 |   |                                 |  |
|                                 | <b>MC / DEL</b> |   | METHYLIN ER TBCR         |                 |   |                                 |  |
|                                 | <b>MC / DEL</b> |   | METHYLIN TABS            |                 |   |                                 |  |
|                                 | <b>MC / DEL</b> |   | METHYLPHENIDATE HCL      |                 |   |                                 |  |
| METHYLPHENIDATE - LONG ACTING   | <b>MC</b>       | 1 | CONCERTA TBCR            | <b>MC</b>       | 5 | METADATE CD CPCRCR <sup>1</sup> | Non-preferred products must be used in specified step order. 1. Easily approved for patients needing the sprinkles.  |
|                                 |                 |   |                          | <b>MC / DEL</b> | 8 | RITALIN LA                      |  |
| OTHER STIMULANTS/STIMULANT LIKE |                 |   |                          | <b>MC</b>       | 7 | STRATTERA <sup>1,2</sup>        | 1. Required failure of both an amphetamine and methylphenidate (unless history of substance abuse)<br><br>2. Effective 12.03.04, Strattera allowed only 1 per day for all strengths except 40mg, where 2 are allowed to achieve 80mg or 100mg daily. |
|                                 |                 |   |                          | <b>MC</b>       | 8 | CAFCIT SOLN                     |  |
|                                 |                 |   |                          | <b>MC</b>       | 8 | CYLERT CHEW                     |  |
|                                 |                 |   |                          | <b>MC</b>       | 8 | CYLERT TABS                     |  |
|                                 |                 |   |                          | <b>MC</b>       | 8 | DESOXYN TABS                    |  |
|                                 |                 |   |                          | <b>MC / DEL</b> | 8 | PROVIGIL TABS                   |  |
|                                 |                 |   |                          | <b>MC / DEL</b> | 9 | PEMOLINE                        |  |

### WEIGHT LOSS

|             |  |  |  |  |  |  |  |
|-------------|--|--|--|--|--|--|--|
| WEIGHT LOSS |  |  |  |  |  |  | No longer covered: PHENTERMINE, XENICAL, DIDREX, and |
|-------------|--|--|--|--|--|--|--|

### ALZHEIMER DISEASE

|                                  |                 |  |                           |                 |   |             |  |
|----------------------------------|-----------------|--|---------------------------|-----------------|---|-------------|--|
| Cholinomimetics - ACE Inhibitors | <b>MC</b>       |  | ARICEPT TABS <sup>1</sup> | <b>MC / DEL</b> | 8 | EXELON      | 1. all new users need PA to establish dementia diagnosis and baseline mental status score. |
|                                  | <b>MC / DEL</b> |  | NAMENDA <sup>1</sup>      | <b>MC</b>       | 9 | COGNEX CAPS |  |
|                                  | <b>MC</b>       |  | REMINYL <sup>1</sup>      |                 |   |             |  |

### SMOKING CESSATION

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

### ALCOHOL DETERRENTS

|  |           |  |                 |           |  |                            |                                 |
|--|-----------|--|-----------------|-----------|--|----------------------------|---------------------------------|
|  | <b>MC</b> |  | DISULFIRAM TABS | <b>MC</b> |  | ANTABUSE TABS <sup>1</sup> | 1. DAW8 (Generic not available) |
|--|-----------|--|-----------------|-----------|--|----------------------------|---------------------------------|

### MISCELLANEOUS ANALGESICS

|  |                 |  |                              |                 |  |                      |  |
|--|-----------------|--|------------------------------|-----------------|--|----------------------|--|
|  | <b>MC</b>       |  | ACEPHEN SUPP                 | <b>MC</b>       |  | ASPIR-81 TBEC        |  |
|  | <b>MC / DEL</b> |  | ACETAMIN TAB 325MG           | <b>MC</b>       |  | AXOCET CAPS          |  |
|  | <b>MC / DEL</b> |  | ACETAMINOPHEN                | <b>MC</b>       |  | DOLOBID TABS         |  |
|  | <b>MC / DEL</b> |  | ASPIRIN                      | <b>MC</b>       |  | EASPRIN TBEC         |  |
|  | <b>MC / DEL</b> |  | ASPIRIN EC                   | <b>MC</b>       |  | EQUAGESIC TABS       |  |
|  | <b>MC / DEL</b> |  | ASPIR-LOW TBEC               | <b>MC / DEL</b> |  | ESGIC-PLUS           |  |
|  | <b>MC / DEL</b> |  | BUFFERED ASPIRIN TABS        | <b>MC</b>       |  | EXCEDRIN TAB ASA FRE |  |
|  | <b>MC / DEL</b> |  | BUTAL/ASA/CAFF               | <b>MC / DEL</b> |  | FIORICET TABS        |  |
|  | <b>MC / DEL</b> |  | BUTALBITAL COMPOUND          | <b>MC</b>       |  | FIORINAL CAPS        |  |
|  | <b>MC / DEL</b> |  | BUTALBITAL/ACET TABS         | <b>MC</b>       |  | FIORTAL CAPS         |  |
|  | <b>MC / DEL</b> |  | BUTALBITAL/APAP CAPS         | <b>MC / DEL</b> |  | FORTABS TABS         |  |
|  | <b>MC / DEL</b> |  | BUTALBITAL/APAP/CAFFEINE     | <b>MC</b>       |  | PHRENILIN TABS       |  |
|  | <b>MC / DEL</b> |  | CHILDRENS ASPIRIN CHEW       | <b>MC</b>       |  | PHRENILIN FORTE CAPS |  |
|  | <b>MC / DEL</b> |  | CHILDRENS PAIN RELIEVER      | <b>MC</b>       |  | TRILISATE LIOD       |  |
|  | <b>MC / DEL</b> |  | CHOLINE MAGNESIUM TRISALI    | <b>MC</b>       |  | TRILISATE TABS       |  |
|  | <b>MC / DEL</b> |  | DIFLUNISAL TABS              | <b>MC</b>       |  | ZEBUTAL CAPS         |  |
|  | <b>MC / DEL</b> |  | ECOTRIN                      | <b>MC</b>       |  | ZORPRIN TBCR         |  |
|  | <b>MC / DEL</b> |  | FEVERALL SUPP                |                 |  |                      |  |
|  | <b>MC / DEL</b> |  | GENAPAP                      |                 |  |                      |  |
|  | <b>MC / DEL</b> |  | GENEBS TABS                  |                 |  |                      |  |
|  | <b>MC</b>       |  | HEADACHE FORMULA ADDED TABS  |                 |  |                      |  |
|  | <b>MC</b>       |  | INFANTAIRE SOLN              |                 |  |                      |  |
|  | <b>MC</b>       |  | INFANTS APAP SOLN            |                 |  |                      |  |
|  | <b>MC</b>       |  | INFANTS PAIN RELIEVER SUSP   |                 |  |                      |  |
|  | <b>MC / DEL</b> |  | MAPAP                        |                 |  |                      |  |
|  | <b>MC / DEL</b> |  | PAIN RELIEVER                |                 |  |                      |  |
|  | <b>MC / DEL</b> |  | Q-NOL TABS                   |                 |  |                      |  |
|  | <b>MC / DEL</b> |  | SALSALATE TABS               |                 |  |                      |  |
|  | <b>MC</b>       |  | TACTINAL EXTRA STRENGTH TABS |                 |  |                      |  |
|  | <b>MC</b>       |  | TYLENOL                      |                 |  |                      |  |
|  | <b>MC</b>       |  | V-R CHILDRENS ASPIRIN CHEW   |                 |  |                      |  |
|  | <b>MC</b>       |  | V-R NON-ASPIRIN TABS         |                 |  |                      |  |

### LONG ACTING NARCOTICS

|                       |                 |  |             |                 |   |                            |   |
|-----------------------|-----------------|--|-------------|-----------------|---|----------------------------|---|
| LONG ACTING NARCOTICS | <b>MC</b>       |  | KADIAN CP24 | <b>MC</b>       | 7 | DURAGESIC PT7 <sup>1</sup> | Non-preferred products must be used in specific order.<br>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) diaq code may be used but store must |
|                       | <b>MC</b>       |  | AVINZA      | <b>MC / DEL</b> | 8 | ORAMORPH SR TB12           |   |
|                       | <b>MC / DEL</b> |  | METHADONE   | <b>MC / DEL</b> | 8 | MOPRHINE SULFATE ER TB12   |   |

| 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*

|  |          |  |           |          |   |                             |   |
|--|----------|--|-----------|----------|---|-----------------------------|---|
|  | MC / DEL |  | METHADOSE | MC / DEL | 8 | MORPHINE SULFATE SUPP       | verify since all scripts will be audited and stores will be liable. |
|  |          |  |           | MC / DEL | 8 | MS CONTIN TB12              |   |
|  |          |  |           | MC       | 8 | OXYCODONE ER 80MG           |   |
|  |          |  |           | MC / DEL | 9 | OXYCONTIN TB12 <sup>1</sup> |   |

|                    |          |  |                   |          |  |                     |  |
|--------------------|----------|--|-------------------|----------|--|---------------------|--|
| SELECTED NARCOTICS | 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       |  |
|                    |          |  |                   | MC       |  | ULTRAM TABS         |  |

| MISCELLANEOUS NARCOTICS |  |  |  |  |  |  |  |
|-------------------------|--|--|--|--|--|--|--|
|-------------------------|--|--|--|--|--|--|--|

|  |          |  |                                       |          |  |                                |  |
|--|----------|--|---------------------------------------|----------|--|--------------------------------|--|
|  | 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 <sup>1</sup>               | MC / DEL |  | ASCOMP/CODEINE CAPS            |  |
|  | MC / DEL |  | ASPIRIN/CODEINE TABS                  | MC / DEL |  | BUTALBITAL/APAP/CAFFEINE/ CAPS |  |
|  | MC / DEL |  | BUTAL/ASA/CAFF/COD CAPS               | MC       |  | DARVOCECT-N                    |  |
|  | MC       |  | BUTALBITAL/ASPIRIN/CAFFEI CAPS        | MC       |  | DARVON                         |  |
|  | MC       |  | CAPITAL AND CODEINE SUSP <sup>1</sup> | MC       |  | DEMEROL                        |  |
|  | MC       |  | CAPITAL/CODEINE SUSP <sup>1</sup>     | 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 <sup>2</sup>     | MC       |  | FIORINAL/CODEINE #3 CAPS       |  |
|  | MC / DEL |  | ENDODAN TABS                          | MC       |  | FIORTAL/CODEINE CAPS           |  |
|  | MC       |  | FENTANYL CITRATE SOLN                 | MC / DEL |  | HYDROCODONE/BUPROFEN           |  |
|  | 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 <sup>2</sup>  | 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 |  |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|--|
|----------------------|--|--|--|--|--|--|--|

|  |          |  |                     |          |  |            |  |
|--|----------|--|---------------------|----------|--|------------|--|
|  | MC / DEL |  | NALTREXONE HCL TABS | MC / DEL |  | REVIA TABS |  |
|--|----------|--|---------------------|----------|--|------------|--|

| COX 2 / NSAIDS |  |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|--|
|----------------|--|--|--|--|--|--|--|

|                  |          |  |               |  |  |  |  |
|------------------|----------|--|---------------|--|--|--|--|
| COX 2 INHIBITORS | MC / DEL |  | BEXTRA TABS   |  |  |  | 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. |
|                  | MC / DEL |  | CELEBREX CAPS |  |  |  |  |
|                  | MC / DEL |  | VIOXX         |  |  |  |  |

|        |          |  |                           |          |  |                        |  |
|--------|----------|--|---------------------------|----------|--|------------------------|--|
| 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      |  |

| PREFERRED DRUGS   |                    |            | NON-PREFERRED DRUGS               |                            |            |  |  |
|---|--------------------|------------|-----------------------------------|----------------------------|------------|--|--|
| CATEGORY  | Coverage Indicator | Step Order | Drug Name                         | Coverage Indicator         | Step Order | Drug Name PA REQUIRED  | Comments   |
| <i>* PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs</i> |                    |            |                                   |                            |            |  |  |
|   |                    |            |                                   | MC<br>MC<br>MC / DEL<br>MC |            | TOLECTIN<br>TORADOL<br>VOLTAREN<br>V-R IBUPROFEN TABS  |  |
| <b>RHEUMATOID ARTHRITIS</b>   |                    |            |                                   |                            |            |  |  |
| RHEUMATOID ARTHRITIS  | MC / DEL           |            | ARAVA TABS <sup>1</sup>           | MC<br>MC<br>MC<br>MC       |            | ENBREL KIT <sup>2</sup><br>HUMIRA <sup>2</sup><br>KINERET SOLN <sup>2</sup><br>REMICADE <sup>2</sup> | 1. No PA for Arava if methotrexate previously tried.<br>2. Rheumatologist must write script. Rheumatologist will not require PA for biologicals if methotrexate or other DMARDs in drug profile. |
| <b>MISCELLANEOUS ARTHRITIS</b>  |                    |            |                                   |                            |            |  |  |
|   | MC<br>MC           |            | RIDAURA CAPS<br>MYOCHRYSLINE SOLN | MC / DEL                   |            | ARTHROTEC  |  |
| <b>MIGRAINE THERAPIES</b>   |                    |            |                                   |                            |            |  |  |
| ERGOTAMINE DERIVATIVES  | MC / DEL<br>MC     |            | MIGRANAL SOLN<br>SANSERT TABS     | MC / DEL                   |            | D.H.E. 45 SOLN   |  |
| CARBOXYLIC ACID   | MC                 |            | DEPAKOTE ER TB24                  |                            |            |  |  |

| 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*

|   |          |   |                         |          |  |            |  |
|---|----------|---|-------------------------|----------|--|------------|--|
| 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 <sup>1</sup> |          |  |            |  |
|   | MC / DEL | 2 | RELPAK                  |          |  |            |  |
|   | MC / DEL | 4 | AMERGE TABS             |          |  |            |  |
|   | MC / DEL | 4 | ZOMIG TABS              |          |  |            |  |

|                     |          |  |                             |          |  |              |  |
|---------------------|----------|--|-----------------------------|----------|--|--------------|--|
| SELECTIVE SEROTONIN | MC / DEL |  | IMITREX KIT                 | MC / DEL |  | IMITREX SOLN |  |
|                     | MC / DEL |  | IMITREX STATDOSE PEN KIT    |          |  |              |  |
|                     | MC / DEL |  | IMITREX STATDOSE REFILL KIT |          |  |              |  |

|               |          |  |               |                |  |                                   |  |
|---------------|----------|--|---------------|----------------|--|-----------------------------------|--|
| MIGRAINE MISC | MC / DEL |  | CAFERGOT SUPP | MC / DEL<br>MC |  | MIGRAZONE CAPS<br>BELCOMP-PB SUPP |  |
|               | MC / DEL |  | CAFERGOT TABS |                |  |                                   |  |
|               | MC / DEL |  | SPASTRIN TABS |                |  |                                   |  |

| GOUT |          |  |                            |    |  |                |  |
|------|----------|--|----------------------------|----|--|----------------|--|
|      | MC / DEL |  | ALLOPURINOL TABS           | MC |  | ZYPLOPRIM TABS |  |
|      | MC / DEL |  | COLCHICINE TABS            |    |  |                |  |
|      | MC / DEL |  | PROBENECID TABS            |    |  |                |  |
|      | MC / DEL |  | PROBENECID/COLCHICINE TABS |    |  |                |  |
|      | MC       |  | SULFINPYRAZONE TABS        |    |  |                |  |

| MISC. |    |  |                      |                      |  |   |  |
|-------|----|--|----------------------|----------------------|--|---|--|
|       | MC |  | BUPIVACAINE HCL SOLN | MC<br>MC / DEL<br>MC |  | SENSORCAINE-MPF SOLN<br>SYNVISC INJ<br>XYLOCAINE SOLN |  |
|       | MC |  | LIDOCAINE HCL SOLN   |                      |  |   |  |
|       | MC |  | MARCAINE SOLN        |                      |  |   |  |

| ANTI-CONVULSANTS        |          |  |                         |  |  |  |  |
|-------------------------|----------|--|-------------------------|--|--|--|--|
| MISC - ANTI-CONVULSANTS | MC / DEL |  | CARBAMAZEPINE           | MC<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC<br>MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL<br>MC / DEL |  | DEPAKENE<br>GABITRIL TABS<br>KEPPRA TABS<br>KLONOPIN TABS<br>LAMICTAL<br>PRIMIDONE TABS<br>TOPAMAX<br>TRILEPTAL<br>ZARONTIN SYRP<br>ZONEGRAN CAPS<br>NEURONTIN | Neurologists exempt.<br>1. Quantity limit. 5/month<br>2. 200 mg requires a PA. Use two 100 mg instead. Pharmaceutical supply issues will delay implementation until further notice.<br>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 <sup>1</sup>    |  |  |  |  |
|                         | MC / DEL |  | DILANTIN                |  |  |  |  |
|                         | MC / DEL |  | EPITOL TABS             |  |  |  |  |
|                         | MC / DEL |  | ETHOSUXIMIDE SYRP       |  |  |  |  |
|                         | MC / DEL |  | FELBATOL                |  |  |  |  |
|                         | MC / DEL |  | LAMICTAL <sup>3</sup>   |  |  |  |  |
|                         | MC / DEL |  | MYSOLINE TABS           |  |  |  |  |
|                         | MC / DEL |  | PHENYTOIN               |  |  |  |  |
|                         | MC / DEL |  | PHENYTEK CAPS           |  |  |  |  |
|                         | MC / DEL |  | TEGRETOL <sup>2</sup>   |  |  |  |  |
|                         | MC / DEL |  | TEGRETOL-XR TB12        |  |  |  |  |
|                         | MC / DEL |  | VALPROIC ACID           |  |  |  |  |
|                         | MC / DEL |  | ZARONTIN CAPS           |  |  |  |  |
|                         |          |  |                         |  |  |  |  |

| ANTI-PARKINSON DRUGS |          |  |                           |  |  |  |  |
|----------------------|----------|--|---------------------------|--|--|--|--|
| ANTI-CHOLINERGICS    | MC       |  | AKINETON TABS             |  |  |  |  |
|                      | MC / DEL |  | BENZTROPINE MESYLATE TABS |  |  |  |  |
|                      | MC       |  | COGENTIN SOLN             |  |  |  |  |
|                      | MC / DEL |  | KEMADRIN TABS             |  |  |  |  |
|                      | MC / DEL |  | TRIHEXYPHENIDYL           |  |  |  |  |

|                 |          |  |             |          |  |             |  |
|-----------------|----------|--|-------------|----------|--|-------------|--|
| COMT INHIBITORS | MC / DEL |  | COMTAN TABS | MC / DEL |  | TASMAR TABS |  |
|-----------------|----------|--|-------------|----------|--|-------------|--|

|                           |          |   |              |          |  |                         |   |
|---------------------------|----------|---|--------------|----------|--|-------------------------|---|
| SELECTED DOPAMIN AGONISTS | MC / DEL | 1 | MIRAPEX TABS | MC / DEL |  | PERGOLIDE MESYLATE TABS | Preferred products must be used in specified order or PA will be required. Established users grandfathered. |
|                           | MC / DEL | 2 | REQUIP TABS  |          |  |                         |   |
|                           | MC       | 3 | PERMAX TABS  |          |  |                         |   |

|                                |          |  |                         |  |  |   |  |
|--------------------------------|----------|--|-------------------------|--|--|---|--|
| OTHER DOPAMINERGICS/CARBI/LEVO | MC / DEL |  | AMANTADINE HCL          | MC<br>MC / DEL<br>MC / DEL<br>MC<br>MC<br>MC |  | ELDEPRYL CAPS<br>PARLODEL CAPS<br>PARLODEL TABS<br>SINEMET TABS<br>SINEMET TBCR<br>SYMMETREL TABS |  |
|                                | MC / DEL |  | BROMOCRIPTINE MESYLATE  |  |  |   |  |
|                                | MC / DEL |  | CARBIDOPA/LEVODOPA TABS |  |  |   |  |
|                                | MC / DEL |  | CARBIDOPA/LEVODOPA ER   |  |  |   |  |
|                                | MC       |  | LARODOPA TABS           |  |  |   |  |
|                                | MC       |  | LODOSYN TABS            |  |  |   |  |

|                    |          |  |         |  |  |  |  |
|--------------------|----------|--|---------|--|--|--|--|
| COMBINATION- ANTI- | MC / DEL |  | STALEVO |  |  |  |  |
|--------------------|----------|--|---------|--|--|--|--|

| MUSCLE RELAXANTS |          |  |                          |  |   |  |  |
|------------------|----------|--|--------------------------|--|---|--|--|
| ALS DRUG         | MC / DEL |  | RILUTEK TABS             |  |   |  |  |
| CENTRALLY ACTING | MC / DEL |  | BACLOFEN TABS            | MC / DEL<br>MC / DEL<br>MC / DEL<br>MC<br>MC / DEL<br>MC<br>MC<br>MC | 7 | ORPHENADRINE CITRATE<br>TIZANIDINE HCL TABS<br>CARISOPRODOL TABS <sup>1</sup><br>DANTRIUM CAPS<br>FLEXERIL TABS<br>LIORESAL TABS<br>NORFLEX TBCR<br>ROBAXIN-750 TABS | 1. Effective October 1, 2003 even Carisoprodol requires PA. Non-preferred products must be used in specified step order. |
|                  | MC / DEL |  | CHLORZOXAZONE TABS       |  | 7 |  |  |
|                  | MC / DEL |  | CYCLOBENZAPRINE HCL TABS |  | 8 |  |  |
|                  | MC       |  | LIORESAL INTRATHECAL KIT |  | 8 |  |  |
|                  | MC / DEL |  | METHOCARBAMOL TABS       |  | 8 |  |  |
|                  |          |  |                          |  | 8 |  |  |
|                  |          |  |                          |  | 8 |  |  |



# MaineCare / DEL Preferred Drug List

REVISED 8.18.2004

MAINECARE EFFECTIVE DATE 7.1.2004

Physicians' Summarized PDL

DEL EFFECTIVE DATE 8.15.2004

| 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*

|  |  |  |  |          |   |               |  |
|--|--|--|--|----------|---|---------------|--|
|  |  |  |  | MC / DEL | 8 | SKELAXIN TABS |  |
|  |  |  |  | MC / DEL | 8 | ZANAFLEX TABS |  |
|  |  |  |  | MC / DEL | 9 | SOMA TABS     |  |



| 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*

### MISCELLANEOUS MINERALS

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

| CATEGORY       | Coverage Indicator | Step Order | Drug Name                      | Coverage Indicator | Step Order | Drug Name PA REQUIRED          | Comments |
|----------------|--------------------|------------|--------------------------------|--------------------|------------|--------------------------------|----------|
| MISC. MINERALS | MC                 |            | CALCARB                        | MC                 |            | ANEMAGEN                       |          |
|                | MC                 |            | CALCI-MIX CAPSULE CAPS         | MC                 |            | CALCET TABS                    |          |
|                | MC                 |            | CALCIQUID 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                 |            | FEOGEN 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 TBEF    | 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/INACL 0.2% SOLN |                    |            |                                |          |
|                | MC                 |            | K-EFFERVESCENT TBEF            |                    |            |                                |          |
|                | MC                 |            | KLOR-CON                       |                    |            |                                |          |
|                | MC                 |            | KLOTRIX TBCR                   |                    |            |                                |          |
|                | MC / DEL           |            | K-PHOS TABS                    |                    |            |                                |          |
|                | MC / DEL           |            | K-VESCENT TBEF                 |                    |            |                                |          |
|                | MC / DEL           |            | LURIDE CHEW                    |                    |            |                                |          |
|                | MC / DEL           |            | MAGNESIUM GLUCONATE TABS       |                    |            |                                |          |
|                | MC / DEL           |            | MAGNESIUM SULFATE SOLN         |                    |            |                                |          |
|                | 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       |                    |            |                                |          |

| 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*

|  |                 |  |                            |  |  |  |  |
|--|-----------------|--|----------------------------|--|--|--|--|
|  | <b>MC</b>       |  | POTASSIUM BICARBONATE TBEF |  |  |  |  |
|  | <b>MC / DEL</b> |  | POTASSIUM CHLORIDE         |  |  |  |  |
|  | <b>MC</b>       |  | POTASSIUM EFFERVESCENT     |  |  |  |  |
|  | <b>MC / DEL</b> |  | SELENIUM TABS              |  |  |  |  |
|  | <b>MC</b>       |  | SLOW-MAG TBCR              |  |  |  |  |
|  | <b>MC / DEL</b> |  | SODIUM FLUORIDE            |  |  |  |  |
|  | <b>MC / DEL</b> |  | SSKI SOLN                  |  |  |  |  |
|  | <b>MC</b>       |  | V-R CALCIUM                |  |  |  |  |
|  | <b>MC</b>       |  | V-R OYSTER SHELL CALCIUM   |  |  |  |  |
|  | <b>MC</b>       |  | ZINC SULFATE CAPS          |  |  |  |  |

| MISC. ELECTROLYTES/NUTRITIONALS |  |  |  |  |  |  |  |
|---------------------------------|--|--|--|--|--|--|--|
|---------------------------------|--|--|--|--|--|--|--|

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

| ERYTHROPOEITINS |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|
|-----------------|--|--|--|--|--|--|--|

|                 |  |  |  |           |   |                           |  |
|-----------------|--|--|--|-----------|---|---------------------------|--|
| ERYTHROPOEITINS |  |  |  | <b>MC</b> | 5 | PROCRIT SOLN <sup>1</sup> | 1. All products require PA but Procrit is first choice |
|                 |  |  |  | <b>MC</b> | 6 | EPOGEN SOLN               |  |
|                 |  |  |  | <b>MC</b> | 8 | ARANESP SOLN              |  |

| GRANULOCYTE CSF |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|
|-----------------|--|--|--|--|--|--|--|

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

| ANTICOAGULANTS / PLATELET AGENTS |  |  |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|--|--|
|----------------------------------|--|--|--|--|--|--|--|

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

|                        |                 |  |                  |           |  |                     |  |
|------------------------|-----------------|--|------------------|-----------|--|---------------------|--|
| ANTI-HEMOPHILIC AGENTS | <b>MC</b>       |  | ALPHANATE        | <b>MC</b> |  | ADVATE <sup>1</sup> | 1. Only if other products unavailable. |
|                        | <b>MC / DEL</b> |  | BENEFIX SOLR     |           |  |                     |  |
|                        | <b>MC</b>       |  | BIOCLATE         |           |  |                     |  |
|                        | <b>MC / DEL</b> |  | HELIXATE FS KIT  |           |  |                     |  |
|                        | <b>MC</b>       |  | HEMOPIL - M      |           |  |                     |  |
|                        | <b>MC</b>       |  | HUMATE-P SOLR    |           |  |                     |  |
|                        | <b>MC</b>       |  | KOGENATE FS      |           |  |                     |  |
|                        | <b>MC</b>       |  | KONYNE - 80      |           |  |                     |  |
|                        | <b>MC</b>       |  | MONARC - M       |           |  |                     |  |
|                        | <b>MC</b>       |  | MONOCLATE - P    |           |  |                     |  |
|                        | <b>MC</b>       |  | MONONINE         |           |  |                     |  |
|                        | <b>MC / DEL</b> |  | NOVOSEVEN SOLR   |           |  |                     |  |
|                        | <b>MC</b>       |  | PROPLEX -T       |           |  |                     |  |
|                        | <b>MC</b>       |  | RECOMBINATE SOLR |           |  |                     |  |
|                        | <b>MC</b>       |  | REFACTO          |           |  |                     |  |

|                                 |                 |  |                      |                 |  |                 |  |
|---------------------------------|-----------------|--|----------------------|-----------------|--|-----------------|--|
| PLATELET AGGREGATION INHIBITORS | <b>MC / DEL</b> |  | DIPYRIDAMOLE TABS    | <b>MC / DEL</b> |  | PERSANTINE TABS |  |
|                                 | <b>MC / DEL</b> |  | PLAVIX TABS          | <b>MC</b>       |  | TICLID TABS     |  |
|                                 | <b>MC / DEL</b> |  | TICLOPIDINE HCL TABS |                 |  |                 |  |

|                      |                 |  |               |                 |  |              |  |
|----------------------|-----------------|--|---------------|-----------------|--|--------------|--|
| MISC. PLATELET AGGR. | <b>MC / DEL</b> |  | AGGRENOX CP12 | <b>MC / DEL</b> |  | AGRYLIN 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*

|                     |          |  |                       |    |  |              |  |
|---------------------|----------|--|-----------------------|----|--|--------------|--|
| INHIBITORS / COMBOS | MC / DEL |  | PENTOXIFYLINE ER TBCR | MC |  | TRENTAL TBCR |  |
|                     | MC / DEL |  | PLETAL TABS           |    |  |              |  |

|                   |  |  |  |  |  |  |  |
|-------------------|--|--|--|--|--|--|--|
| <b>HEMOSTATIC</b> |  |  |  |  |  |  |  |
|-------------------|--|--|--|--|--|--|--|

|  |          |  |                   |  |  |  |  |
|--|----------|--|-------------------|--|--|--|--|
|  | MC / DEL |  | AMICAR            |  |  |  |  |
|  | MC       |  | AMINOCAPROIC ACID |  |  |  |  |

|                    |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|
| <b>OPHTHALMICS</b> |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|

|                        |          |               |                             |          |  |                          |  |
|------------------------|----------|---------------|-----------------------------|----------|--|--------------------------|--|
| OPHTHALMIC 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 |  | TOBEX OINT               |  |
|                        | MC       |               | TERRAMYCIN OINT             | MC / DEL |  | TRIFLURIDINE SOLN        |  |
|                        | MC / DEL |               | TOBRAMYCIN SULFATE SOLN     |          |  |                          |  |
|                        | MC / DEL |               | TRIMETHOPRIM SULFATE/POLY   |          |  |                          |  |
| MC / DEL               |          | VIROPTIC SOLN |                             |          |  |                          |  |

|                       |          |   |              |    |  |       |   |
|-----------------------|----------|---|--------------|----|--|-------|---|
| OPHTHALMIC QUINOLONES | MC / DEL | 1 | CILOXAN OINT | MC |  | ZYMAR | 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 / DEL | 1 | CILOXAN SOLN |    |  |       |   |
|                       | MC       | 1 | OCUFLOX SOLN |    |  |       |   |
|                       | MC / DEL | 1 | VIGAMOX      |    |  |       |   |
|                       | MC / DEL | 2 | QUIXIN SOLN  |    |  |       |   |

|                                 |          |  |                       |          |                           |                          |  |
|---------------------------------|----------|--|-----------------------|----------|---------------------------|--------------------------|--|
| 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 |                          |  |

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

|                                    |          |  |                        |          |  |                        |  |
|------------------------------------|----------|--|------------------------|----------|--|------------------------|--|
| ANTI-INFLAMMATORY / STEROIDS OPTH. | MC       |  | AK-SPORE HC OINT       | MC       |  | AK-TROL SUSP           |  |
|                                    | MC / DEL |  | ALREX SUSP             | MC       |  | BAC/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          |  |
|                                    | 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       |  | INFLAMASE SOLN         | MC / DEL |  | SULFACET SOD/PRED SOLN |  |
|                                    | MC / DEL |  | LOTEMAX SUSP           | MC       |  | VASODICIN SOLN         |  |
|                                    | MC / DEL |  | NEOM/POLINDEX          | MC / DEL |  | VEXOL SUSP             |  |
|                                    | MC       |  | PRED FORTE SUSP        |          |  |                        |  |
|                                    | MC       |  | PRED MILD SUSP         |          |  |                        |  |
|                                    | MC / DEL |  | PREDNISOLONE           |          |  |                        |  |
|                                    | MC / DEL |  | TOBRADEX               |          |  |                        |  |



# MaineCare / DEL Preferred Drug List

REVISED 8.18.2004

MAINECARE EFFECTIVE DATE 7.1.2004

Physicians' Summarized PDL

DEL EFFECTIVE DATE 8.15.2004

| 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*

|                         |          |   |                         |          |  |               |  |
|-------------------------|----------|---|-------------------------|----------|--|---------------|--|
| 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            |          |  |               |  |
| CYCLOPLEGICS            | MC       |   | AK-PENTOLATE SOLN       | MC / DEL |  | CYCLOGYL SOLN |  |
|                         | MC / DEL |   | ATROPINE SULFATE        |          |  |               |  |
|                         | MC / DEL |   | CYCLOPENTOLATE HCL SOLN |          |  |               |  |
|                         | MC       |   | HOMATROPINE HBR SOLN    |          |  |               |  |
|                         | MC / DEL |   | ISOPTO HYOSCINE SOLN    |          |  |               |  |
| MIOTICS - DIRECT ACTING | MC / DEL |   | ISOPTO CARBACHOL SOLN   |          |  |               |  |
|                         | MC       |   | ISOPTO CARPINE SOLN     |          |  |               |  |
|                         | MC       |   | PILOCAR SOLN            |          |  |               |  |
|                         | MC / DEL |   | PILOCARPINE HCL SOLN    |          |  |               |  |
|                         | MC / DEL |   | PILOPINE HS GEL         |          |  |               |  |
| ADRENERGIC AGENTS       | MC / DEL |   | DIPIVEFRIN HCL SOLN     | MC       |  | PROPINE SOLN  |  |
|                         | MC       |   | EPIFRIN 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*

|                              |                 |  |                                |                 |   |                            |   |
|------------------------------|-----------------|--|--------------------------------|-----------------|---|----------------------------|---|
|                              | <b>MC</b>       |  | TAZORAC                        |                 |   |                            |   |
| ANTI-SEBORRHEICS             | <b>MC</b>       |  | CAPITROL SHAM                  | <b>MC</b>       |   | CARMOL SCALP TREATMENT KIT |   |
|                              | <b>MC / DEL</b> |  | SELENIUM SULFIDE SHAM          | <b>MC</b>       |   | VANAMIDE                   |   |
|                              | <b>MC</b>       |  | SELSUN BLUE SHAM               | <b>MC</b>       |   | ZNP BAR BAR                |   |
| ANTI-VIRALS                  | <b>MC / DEL</b> |  | DENAVIR CREA                   |                 |   |                            | 1. Zovirax may be used once without PA.                                 |
|                              | <b>MC</b>       |  | ZOVIRAX OINT <sup>1</sup>      |                 |   |                            |   |
| ANTI-NEOPLASTICS             | <b>MC</b>       |  | EFUDEX                         | <b>MC / DEL</b> |   | CARAC CREA                 |   |
|                              | <b>MC</b>       |  | FLUOROPLEX CREA                |                 |   |                            |   |
|                              | <b>MC</b>       |  | SOLARAZE GEL                   |                 |   |                            |   |
| BURN PRODUCTS                | <b>MC</b>       |  | FURACIN CREA                   | <b>MC / DEL</b> |   | SILVADENE CREA             |   |
|                              | <b>MC</b>       |  | SSD CREA                       | <b>MC / DEL</b> |   | SILVER SULFADIAZINE CREA   |   |
|                              | <b>MC / DEL</b> |  | THERMAZENE CREA                | <b>MC</b>       |   | SSD AF CREA                |   |
| TOPICAL CORTICOSTEROIDS      | <b>MC / DEL</b> |  | BETAMETHASONE DIPROPIONAT      | <b>MC / DEL</b> |   | ACLOVATE                   |   |
|                              | <b>MC / DEL</b> |  | BETAMETHASONE VALERATE         | <b>MC</b>       |   | AMCINONIDE CREA            |   |
|                              | <b>MC / DEL</b> |  | BETA-VAL                       | <b>MC</b>       |   | ANUSOL HC-1 OINT           |   |
|                              | <b>MC</b>       |  | CAPEX SHAM                     | <b>MC</b>       |   | ARISTOCORT A               |   |
|                              | <b>MC / DEL</b> |  | CLOBETASOL PROPIONATE          | <b>MC / DEL</b> |   | AUGMENTED BETA DIP OINT    |   |
|                              | <b>MC / DEL</b> |  | CUTIVATE                       | <b>MC</b>       |   | CLOBEX                     |   |
|                              | <b>MC</b>       |  | CYCLOCORT                      | <b>MC</b>       |   | CLODERM CREA               |   |
|                              | <b>MC</b>       |  | DERMA-SMOOTHIE/FS OIL          | <b>MC / DEL</b> |   | CORDRAN                    |   |
|                              | <b>MC / DEL</b> |  | DESONIDE                       | <b>MC / DEL</b> |   | CORMAX                     |   |
|                              | <b>MC</b>       |  | DESOWEN                        | <b>MC / DEL</b> |   | DERMATOP                   |   |
|                              | <b>MC / DEL</b> |  | DESOXIMETASONE                 | <b>MC</b>       |   | DIFLORASONE DIACETATE      |   |
|                              | <b>MC / DEL</b> |  | DIPROLENE                      | <b>MC</b>       |   | ELOCON OINT                |   |
|                              | <b>MC / DEL</b> |  | ELOCON                         | <b>MC</b>       |   | HYDROCORTISONE POWD        |   |
|                              | <b>MC / DEL</b> |  | FLUOCINOLONE ACETONIDE         | <b>MC</b>       |   | KENALOG AERS               |   |
|                              | <b>MC / DEL</b> |  | FLUOCINONIDE                   | <b>MC</b>       |   | LIDA MANTLE HC CREA        |   |
|                              | <b>MC</b>       |  | FLUROSYN CREA                  | <b>MC</b>       |   | LIDEX                      |   |
|                              | <b>MC</b>       |  | HALOG                          | <b>MC</b>       |   | LIDEX-E CREA               |   |
|                              | <b>MC</b>       |  | HALOG-E CREA                   | <b>MC / DEL</b> |   | LUXIQ FOAM                 |   |
|                              | <b>MC / DEL</b> |  | HYDROCORTISONE CREA            | <b>MC / DEL</b> |   | OLUX FOAM                  |   |
|                              | <b>MC</b>       |  | HYDROCORTISONE LOTN            | <b>MC</b>       |   | PANDEL CREA                |   |
|                              | <b>MC</b>       |  | HYDROCORTISONE OINT            | <b>MC</b>       |   | PROCTOCORT CREA            |   |
|                              | <b>MC</b>       |  | HYDROCORTISONE VALERATE        | <b>MC / DEL</b> |   | PSORCON E                  |   |
|                              | <b>MC</b>       |  | LACTICARE-HC LOTN              | <b>MC</b>       |   | SYNALAR OINT               |   |
|                              | <b>MC / DEL</b> |  | LOCOID                         | <b>MC / DEL</b> |   | TEMOVATE                   |   |
|                              | <b>MC</b>       |  | MOMETASONE FUROATE OINT        | <b>MC</b>       |   | TOPICORT                   |   |
|                              | <b>MC</b>       |  | NUTRACORT LOTN                 | <b>MC</b>       |   | TOPICORT LP CREA           |   |
|                              | <b>MC</b>       |  | PROCTO-KIT CREA                | <b>MC</b>       |   | WESTCORT                   |   |
|                              | <b>MC / DEL</b> |  | PSORCON                        |                 |   |                            |   |
|                              | <b>MC</b>       |  | TEXACORT SOLN                  |                 |   |                            |   |
|                              | <b>MC / DEL</b> |  | TRIAMCINOLONE ACETONIDE        |                 |   |                            |   |
|                              | <b>MC</b>       |  | TRIDESILON CREA                |                 |   |                            |   |
|                              | <b>MC</b>       |  | ULTRAVATE                      |                 |   |                            |   |
| STEROID LOCAL ANESTHETICS    | <b>MC / DEL</b> |  | PRAMOSONE                      | <b>MC</b>       |   | EPIFOAM FOAM               |   |
|                              | <b>MC</b>       |  | ZONE-A FORTE LOTN              |                 |   |                            |   |
| TOPICAL STEROID COMBINATIONS | <b>MC</b>       |  | DERMA-SMOOTHIE/FS ATOPIC P KIT | <b>MC</b>       |   | CARMOL-HC CREA             |   |
| EMOLLIENTS                   | <b>MC / DEL</b> |  | AMLACTIN CREA                  | <b>MC / DEL</b> |   | AMMONIUM LACTATE CREA      |   |
|                              | <b>MC</b>       |  | CETAPHIL GENTLE CLEANSER LOTN  | <b>MC / DEL</b> |   | LACLOTION LOTN             |   |
|                              | <b>MC</b>       |  | LAC-HYDRIN                     | <b>MC / DEL</b> |   | LACTINOL LOTN              |   |
|                              | <b>MC</b>       |  | LACTINOL-E CREA                | <b>MC</b>       |   | MEDERMA GEL                |   |
|                              | <b>MC</b>       |  | UREACIN-20 CREA                | <b>MC</b>       |   | RENOVA CREA                |   |
|                              | <b>MC</b>       |  | VITAMIN A & D MEDICATED OINT   |                 |   |                            |   |
| ENZYMES / KERATOLYTICS /     | <b>MC</b>       |  | GRANUL-DERM AERS               | <b>MC</b>       |   | CARMOL 40 CREA             |   |
|                              | <b>MC / DEL</b> |  | GRANULEX AERS                  | <b>MC</b>       |   | SANTYL OINT                |   |
|                              | <b>MC</b>       |  | PANAFIL OINT                   | <b>MC</b>       |   | ZIOX OINT                  |   |
|                              | <b>MC</b>       |  | PAPAIN-UREA-CHLORO OINT        |                 |   |                            |   |
|                              | <b>MC</b>       |  | TBC AERS                       |                 |   |                            |   |
|                              | <b>MC</b>       |  | XENADERM OINT                  |                 |   |                            |   |
| GENITAL WARTS                | <b>MC / DEL</b> |  | ALDARA <sup>1</sup>            | <b>MC / DEL</b> | 5 | PODOFILOX SOLN             | Non-preferred products must be used in specified order.                 |
|                              |                 |  |                                | <b>MC / DEL</b> | 8 | CONDYLOX                   |   |
| IMMUNOMODULATORS             |                 |  |                                | <b>MC / DEL</b> | 8 | ELIDEL CREA                | Non-preferred products must be used in specified order.                 |
|                              |                 |  |                                | <b>MC</b>       | 9 | PROTOPIC OINT              |   |
| LOCAL ANESTHETICS            | <b>MC</b>       |  | AF CAPSICUM OLEORESIN CREA     | <b>MC / DEL</b> |   | EMLA PADS                  | 1. Emla and Ela-Max products require PA for users over 18 years of age. |
|                              | <b>MC / DEL</b> |  | CAPSAICIN CREA                 | <b>MC</b>       |   | LIDA MANTLE CREA           |   |
|                              | <b>MC</b>       |  | ELA-MAX <sup>1</sup>           | <b>MC / DEL</b> |   | LIDOCAINE HCL              |   |
|                              | <b>MC / DEL</b> |  | EMLA CREA <sup>1</sup>         | <b>MC</b>       |   | LIDODERM PTCH              |   |
|                              | <b>MC / DEL</b> |  | EMLA/TEGADERM KIT <sup>1</sup> | <b>MC</b>       |   | PONTOCAINE SOLN            |   |
|                              | <b>MC / DEL</b> |  | XYLOCAINE                      | <b>MC</b>       |   | ZOSTRIX                    |   |
| DE-PIGMENTING AGENTS         |                 |  |                                | <b>MC</b>       | 8 | ALUSTRA CREA               | Not covered for cosmetic purposes.                                      |
|                              |                 |  |                                | <b>MC</b>       | 8 | GLYQUIN CREA               |   |
|                              |                 |  |                                | <b>MC / DEL</b> | 8 | HYDROQUINONE CREA          |   |

| 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*

|  |  |  |  |                 |   |                         |  |
|--|--|--|--|-----------------|---|-------------------------|--|
|  |  |  |  | <b>MC / DEL</b> | 8 | HYDROQUINONE/SUNSCREENS |  |
|  |  |  |  | <b>MC</b>       | 8 | SOLAQUIN FORTE CREA     |  |
|  |  |  |  | <b>MC</b>       | 8 | TRI-LUMA CREA           |  |
|  |  |  |  | <b>MC</b>       | 9 | ELDOQUIN                |  |

|                              |                 |  |                                |                 |  |              |  |
|------------------------------|-----------------|--|--------------------------------|-----------------|--|--------------|--|
| SCABICIDES AND PEDICULICIDES | <b>MC</b>       |  | ELIMITE CREA                   | <b>MC / DEL</b> |  | ACTICIN CREA |  |
|                              | <b>MC</b>       |  | EURAX                          |                 |  |              |  |
|                              | <b>MC</b>       |  | LICE KILLING SHAM              |                 |  |              |  |
|                              | <b>MC / DEL</b> |  | LICE TREATMENT CREME RINS LIOD |                 |  |              |  |
|                              | <b>MC / DEL</b> |  | LINDANE                        |                 |  |              |  |
|                              | <b>MC</b>       |  | NIX CREME RINSE LIOD           |                 |  |              |  |
|                              | <b>MC</b>       |  | OVIDE LOTN                     |                 |  |              |  |
|                              | <b>MC / DEL</b> |  | PERMETHRIN LOTN                |                 |  |              |  |

|                        |                 |  |               |           |  |              |  |
|------------------------|-----------------|--|---------------|-----------|--|--------------|--|
| WOUND / DECUBITUS CARE | <b>MC</b>       |  | ACCUZYME OINT | <b>MC</b> |  | REGRANEX GEL |  |
|                        | <b>MC / DEL</b> |  | ETHEZYME      |           |  |              |  |

|                           |           |  |                        |           |  |                                |  |
|---------------------------|-----------|--|------------------------|-----------|--|--------------------------------|--|
| ASTRINGENTS / PROTECTANTS | <b>MC</b> |  | ALUMINUM CHLORIDE SOLN | <b>MC</b> |  | LOWILA BAR                     |  |
|                           | <b>MC</b> |  | DRYSOL SOLN            | <b>MC</b> |  | MOISTURIN DRY SKIN CREA        |  |
|                           | <b>MC</b> |  | XERAC AC SOLN          | <b>MC</b> |  | PROSHIELD PLUS SKIN PROTE CREA |  |
|                           |           |  |                        | <b>MC</b> |  | SURGLUBE GEL                   |  |

|                             |                 |  |                      |           |  |                              |  |
|-----------------------------|-----------------|--|----------------------|-----------|--|------------------------------|--|
| ANTISEPTICS / DISINFECTANTS | <b>MC</b>       |  | HIBICLENS LIOD       | <b>MC</b> |  | BETADINE OINT                |  |
|                             | <b>MC / DEL</b> |  | PHISOHEX LIOD        | <b>MC</b> |  | FORMALYDE-10 AERS            |  |
|                             | <b>MC / DEL</b> |  | POVIDONE-IODINE SOLN | <b>MC</b> |  | LAZERFORMALYDE SOLUTION SOLN |  |

**MISCELLANEOUS EYE**

|           |                 |  |                        |                 |  |                           |  |
|-----------|-----------------|--|------------------------|-----------------|--|---------------------------|--|
| MISC. EYE | <b>MC</b>       |  | AK-DILATE SOLN         | <b>MC</b>       |  | LENS PLUS REWETTING DROPS |  |
|           | <b>MC</b>       |  | EYE WASH SOLN          | <b>MC / DEL</b> |  | MURO 128                  |  |
|           | <b>MC</b>       |  | NAPHAZOLINE HCL SOLN   | <b>MC</b>       |  | NEO-SYNEPHRINE SOLN       |  |
|           | <b>MC</b>       |  | PHENYLEPHRINE HCL SOLN |                 |  |                           |  |
|           | <b>MC</b>       |  | PONTOCAINE SOLN        |                 |  |                           |  |
|           | <b>MC / DEL</b> |  | SODIUM CHLORIDE        |                 |  |                           |  |

**MISCELLANEOUS EAR**

|           |                 |  |                            |                 |  |                     |  |
|-----------|-----------------|--|----------------------------|-----------------|--|---------------------|--|
| MISC. EAR | <b>MC / DEL</b> |  | A/B OTIC SOLN              | <b>MC / DEL</b> |  | ACETASOL HC SOLN    |  |
|           | <b>MC</b>       |  | ACETASOL SOLN              | <b>MC</b>       |  | AERO OTIC HC SOLN   |  |
|           | <b>MC / DEL</b> |  | ACETIC ACID                | <b>MC</b>       |  | ANTIBIOTIC EAR SOLN |  |
|           | <b>MC / DEL</b> |  | ACETIC ACID/HYDROCORTISON  | <b>MC</b>       |  | ANTIBIOTIC EAR SUSP |  |
|           | <b>MC / DEL</b> |  | ALLERGEN SOLN              | <b>MC</b>       |  | AURALGAN SOLN       |  |
|           | <b>MC / DEL</b> |  | ANTIPYRINE/BENZOCAINE SOLN | <b>MC / DEL</b> |  | CIPRO HC SUSP       |  |
|           | <b>MC / DEL</b> |  | AURODEX SOLN               | <b>MC</b>       |  | COLY-MYCIN-S SUSP   |  |
|           | <b>MC</b>       |  | AUROGUARD SOLN             | <b>MC</b>       |  | CORTISPORIN SUSP    |  |
|           | <b>MC / DEL</b> |  | AUROTO OTIC SOLN           | <b>MC / DEL</b> |  | CORTISPORIN-TC SUSP |  |
|           | <b>MC</b>       |  | CERUMENEX SOLN             | <b>MC / DEL</b> |  | DEBROX SOLN         |  |
|           | <b>MC / DEL</b> |  | CIPRODEX                   | <b>MC</b>       |  | DOMEBORO SOLN       |  |
|           | <b>MC</b>       |  | CORTISPORIN SOLN           | <b>MC / DEL</b> |  | PEDIOTIC SUSP       |  |
|           | <b>MC / DEL</b> |  | CORTOMYCIN                 | <b>MC</b>       |  | VOSOL-HC SOLN       |  |
|           | <b>MC</b>       |  | EAR DROPS SOLN             | <b>MC / DEL</b> |  | ZOTANE HC SOLN      |  |
|           | <b>MC</b>       |  | EAR DROPS RX SOLN          | <b>MC</b>       |  | ZOTO-HC SOLN        |  |
|           | <b>MC / DEL</b> |  | EAR WAX REMOVAL DROPS      |                 |  |                     |  |
|           | <b>MC</b>       |  | EAR-GESIC SOLN             |                 |  |                     |  |
|           | <b>MC</b>       |  | FLOXIN OTIC SOLN           |                 |  |                     |  |
|           | <b>MC / DEL</b> |  | NEOMYCIN/POLYMYXIN/HC      |                 |  |                     |  |
|           | <b>MC / DEL</b> |  | OTICAINE OTIC SOLN         |                 |  |                     |  |

**MOUTH ANTI-SEPTICS**

|                       |                 |  |                |           |  |                 |  |
|-----------------------|-----------------|--|----------------|-----------|--|-----------------|--|
| MOUTH ANTI-INFECTIVES | <b>MC</b>       |  | NILSTAT SUSP   | <b>MC</b> |  | MYCELEX TROC    |  |
|                       | <b>MC</b>       |  | EAR-GESIC SOLN | <b>MC</b> |  | MYCOSTATIN LOZG |  |
|                       | <b>MC / DEL</b> |  | NYSTATIN SUSP  |           |  |                 |  |

|                    |                 |  |                               |           |  |                              |  |
|--------------------|-----------------|--|-------------------------------|-----------|--|------------------------------|--|
| MOUTH ANTI-SEPTICS | <b>MC / DEL</b> |  | CHLORHEXIDINE GLUCONATE       | <b>MC</b> |  | APHTHASOL PSTE               |  |
|                    | <b>MC / DEL</b> |  | LIDOCAINE VISCOUS SOLN        | <b>MC</b> |  | PERIDEX SOLN                 |  |
|                    | <b>MC</b>       |  | TRIAMCINOLONE IN ORABASE PSTE | <b>MC</b> |  | PERIOGARD SOLN               |  |
|                    | <b>MC</b>       |  | TRIAMCINOLONE ORADENT PSTE    | <b>MC</b> |  | TRIAMCINOLONE ACETONIDE PSTE |  |
|                    |                 |  |                               | <b>MC</b> |  | XYLOCAINE VISCOUS SOLN       |  |

**DENTAL PRODUCTS**

|                 |                 |  |                                |                 |  |                   |  |
|-----------------|-----------------|--|--------------------------------|-----------------|--|-------------------|--|
| DENTAL PRODUCTS | <b>MC / DEL</b> |  | ETHEDENT CREA                  | <b>MC</b>       |  | APF GEL GEL       |  |
|                 | <b>MC / DEL</b> |  | GEL-KAM CONC                   | <b>MC</b>       |  | DENTAGEL GEL      |  |
|                 | <b>MC / DEL</b> |  | PHOS FLUR SOLN                 | <b>MC / DEL</b> |  | PHOS-FLUR GEL     |  |
|                 | <b>MC / DEL</b> |  | PREVIDENT                      | <b>MC / DEL</b> |  | SF 5000 PLUS CREA |  |
|                 | <b>MC / DEL</b> |  | PREVIDENT SOLN                 | <b>MC</b>       |  | THERA-FLUR-N GEL  |  |
|                 | <b>MC / DEL</b> |  | SF GEL                         |                 |  |                   |  |
|                 | <b>MC</b>       |  | STANNOUS FLUORIDE ORAL RI CONC |                 |  |                   |  |

**ARTIFICIAL SALIVA/STIMULANTS**

|                              |           |  |                        |           |  |                |  |
|------------------------------|-----------|--|------------------------|-----------|--|----------------|--|
| ARTIFICIAL SALIVA/STIMULANTS | <b>MC</b> |  | EVOXAC CAPS            | <b>MC</b> |  | RADIACARE SOLR |  |
|                              | <b>MC</b> |  | SALIVA SUBSTITUTE SOLN | <b>MC</b> |  | SALAGEN TABS   |  |

**MISCELLANEOUS ANORECTAL**

|                 |                 |  |                  |                 |  |                     |  |
|-----------------|-----------------|--|------------------|-----------------|--|---------------------|--|
| MISC. ANORECTAL | <b>MC / DEL</b> |  | ANALPRAM-HC CREA | <b>MC / DEL</b> |  | ANUSOL-HC CREA      |  |
|                 | <b>MC / DEL</b> |  | COLOCORT ENEM    | <b>MC / DEL</b> |  | CORTIFOAM FOAM      |  |
|                 | <b>MC</b>       |  | CORTENEMA ENEM   | <b>MC / DEL</b> |  | PROCTOCREAM-HC CREA |  |



# MaineCare / DEL Preferred Drug List

REVISED 8.18.2004

MAINECARE EFFECTIVE DATE 7.1.2004

Physicians' Summarized PDL

DEL EFFECTIVE DATE 8.15.2004

| 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*

|  |                            |  |   |                                  |  |  |  |
|--|----------------------------|--|---|----------------------------------|--|--|--|
|  | MC<br>MC / DEL<br>MC / DEL |  | ELA-MAX 5 CREA<br>HYDROCORTISONE ENEM<br>PROCTOZONE-HC CREA | MC / DEL<br>MC / DEL<br>MC / DEL |  | PROCTOFOAM HC FOAM<br>PROCTO-KIT CREA<br>PROCTOSOL HC CREA |  |
|--|----------------------------|--|---|----------------------------------|--|--|--|

**T-CELL ACTIVATION INHIBITOR**

|           |  |  |  |          |  |                    |  |
|-----------|--|--|--|----------|--|--------------------|--|
| INHIBITOR |  |  |  | MC<br>MC |  | AMEVIVE<br>RAPTIVA |  |
|-----------|--|--|--|----------|--|--------------------|--|

**ALTERNATIVE MEDICINES**

|                       |    |  |                         |  |  |  |  |
|-----------------------|----|--|-------------------------|--|--|--|--|
| ALTERNATIVE MEDICINES | MC |  | DIMETHYL SULFOXIDE SOLN | MC<br>MC / DEL<br>MC<br>MC / DEL<br>MC<br>MC<br>MC / DEL<br>MC<br>MC<br>MC |  | ARTHX DS CAPS<br>CO-ENZYME Q-10<br>CO-ENZYME Q10/VITAMIN E WAFR<br>COQ10 CAPS<br>DEHYDROEPIANDOSTERONE<br>DHEA TABS<br>FLEXAGEN TABS<br>GLUCOSAMINE/CHONDROITIN<br>HM GINKGO BILOBA TABS<br>MELATONIN TABS<br>V-R COENZYME Q-10 CAPS |  |
|-----------------------|----|--|-------------------------|--|--|--|--|

**CHELATING AGENTS**

|                  |          |  |                |    |  |                      |  |
|------------------|----------|--|----------------|----|--|----------------------|--|
| CHELATING AGENTS | MC / DEL |  | CUPRIMINE CAPS | MC |  | DEPEN TITRATABS TABS |  |
|------------------|----------|--|----------------|----|--|----------------------|--|

**ANTILEPTIC**

|            |  |  |  |    |  |               |  |
|------------|--|--|--|----|--|---------------|--|
| ANTILEPTIC |  |  |  | MC |  | THALOMID CAPS |  |
|------------|--|--|--|----|--|---------------|--|

**IMMUNOSUPPRESSANTS**

|                       |  |  |   |          |  |                   |                                  |
|-----------------------|--|--|---|----------|--|-------------------|----------------------------------|
| IMMUNO - SUPPRESSANTS | MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC<br>MC / DEL<br>MC / DEL |  | CELLCEPT<br>PROGRAF CAPS<br>RAPAMUNE<br>CYCLOSPORINE MODIFIED<br>GENGRAF CAPS<br>NEORAL<br>SANDIMMUNE | MC / DEL |  | CYCLOSPORINE CAPS | Established users grandfathered. |
|-----------------------|--|--|---|----------|--|-------------------|----------------------------------|

**PURINE ANALOG**

|               |                |  |                                  |          |  |             |  |
|---------------|----------------|--|----------------------------------|----------|--|-------------|--|
| PURINE ANALOG | MC<br>MC / DEL |  | AZASAN TABS<br>AZATHIOPRINE TABS | MC / DEL |  | IMURAN TABS |  |
|---------------|----------------|--|----------------------------------|----------|--|-------------|--|

**K REMOVING RESINS**

|                   |  |  |  |  |  |  |  |
|-------------------|--|--|--|--|--|--|--|
| K REMOVING RESINS | MC / DEL<br>MC<br>MC / DEL<br>MC / DEL<br>MC / DEL |  | KAYEXALATE POWD<br>KIONEX POWD<br>SODIUM POLYSTYRENE SULFON<br>SPS SUSP<br>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: July 22, 2004

**ANTI-CONVULSANTS INDICATION CHART**

|           | SEIZURES | POST HERPETIC NEURALGIA | DIABETIC PERIPHERAL NEUROPATHY | MONOTHERAPY BIPOLAR | ADJUNCTIVE BIPOLAR | MIGRAINE PROPHYLAXIS     | ANXIETY |
|-----------|----------|-------------------------|--------------------------------|---------------------|--------------------|--------------------------|---------|
| GABTRIL   | X        |                         |                                | 9                   | 8                  |                          |         |
| KEPPRA    | X        |                         |                                | 9                   | 7                  |                          |         |
| LAMICTAL  | X        |                         |                                | 4*                  | 4*                 |                          |         |
| NEURONTIN | X        | X                       | X                              | 9                   | 9                  | X (2 <sup>nd</sup> line) | **      |
| TOPAMAX   | X        |                         |                                | 9                   | 6                  | X (2 <sup>nd</sup> 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