

		CEFTIN SUSP CEFZIL CEPHALEXIN MONOHYDRATE DURICEF SUSR FORTAZ SOLR KEFZOL SOLR MAXIPIME SOLR OMNICEF ROCEPHIN SUPRAX VANTIN	CEFADROXIL MONOHYDRATE TABS CEFTIN DURICEF TABS FORTAZ SOLN KEFLEX CAPS TAZICEF SOLR	Use PA Form # 20420
MACROLIDES / ERYTHROMYCIN'S		BIAXIN XL ¹ AZITHROMYCIN TABS CLARITHROMYCIN E.E.S. E-MYCIN TBEC ERYPED 200 SUSR ERYPED 400 SUSR ERY-TAB TBEC ERYTHROCIN STEARATE TABS ERYTHROMYCIN ZITHROMAX SUSP. ZMAX	BIAXIN DYNABAC D5-PAK TBEC ERYPED CHEW PCE TBEC ZITHROMAX TABS	1. 7 - Day supply per month w/o PA Use PA Form # 20420
TETRACYCLINES		DOXYCYCLINE HYCLATE MINOCYCLINE HCL CAPS SUMYCIN TETRACYCLINE HCL CAPS VIBRAMYCIN SYRP	DECLOMYCIN TABS DORYX CPEP DOXYCYCLINE MONO CAPS DYNACIN CAPS MONODOX CAPS ORACA PERIOSTAT SOLODYN ER	Use PA Form # 20420
FLUOROQUINOLONES		AVELOX SOLN AVELOX TABS AVELOX ABC PACK TABS CIPRO XR ¹ CIPROFLOXACIN PROQUIN XR	CIPRO FACTIVE FLOXIN TABS LEVAQUIN NOROXIN TABS TEQUIN	1. QL 3/script/month Use PA Form # 20420
AMINO GLYCOSIDES		GENTAMICIN NEOMYCIN SULFATE TABS TOBI NEBU TOBRAMYCIN SULFATE SOLN		
ANTIMYCOBACTERIALS / ANTITUBERCULOSIS		ETHAMBUTOL HCL TABS MYAMBUTOL TABS MYCOBUTIN CAPS RIFAMPIN	RIMACTANE CAPS	Use PA Form # 20420
ANTIMALARIAL AGENTS		CHLOROQUINE PHOSPHATE TABS DARAPRIM TABS HYDROXYCHLOROQUINE TABS LARIAM TABS MALARONE TABS MEFLOQUINE HCL TABS QUINACRINE HCL POWD QUININE SULFATE	ARALEN TABS PLAQUENIL TABS ISONARIF ¹	Use PA Form # 20420 1. Ingredients available as preferred without PA.
ANTHELMINTICS		ALBENZA TABS BILTRICIDE TABS MEBENDAZOLE CHEW STROMECTOL TABS	VERMOX CHEW	Use PA Form # 20420
ANTIBIOTICS - MISC.		AZACTAM SOLR COLISTIMETHATE SODIUM SOLR FUROXONE TABS METRONIDAZOLE ² PENTAMIDINE ISETHIONATE SOLR PRIMSOL SOLN TRIMETHOPRIM TABS VANCOCIN HCL VANCOMYCIN HCL	COLY-MYCIN-M SOLR FLAGYL CAPS FLAGYL TABS FLAGYL ER TBECR KETEK LORABID METRONIDAZOLE 375MG CAPS ² METRONIDAZOLE 750MG TABS ² NEBUPENT SOLR PROLOPRIM TABS	1. Need to fail other anti-protozoals 2. 375mg caps and 750mg tabs are non-preferred. Please use available preferred strengths(250mg & 500mg tabs) to obtain required dose without PA. Use PA Form # 20420

				TINDAMAX ¹ XIFAXAN	
CARBAPENEMS				INVANZ SOLR MERREM SOLR PRIMAXIN	Use PA form #20420.
LINCOSAMIDES / OXAZOLIDINONES / LEPROSTATICS		CLEOCIN SOLN CLEOCIN SUSR CLINDAMYCIN HCL 150CAPS DAPSONE TABS		CLEOCIN CAPS CLINDAMYCIN HCL 300CAPS ¹ ZYVOX SUSR ZYVOX TABS	1. Use multiple 150's for Clindamycin instead of 300's. Zyvox: use PA Form # 30820 Others: use PA Form # 20420
ANTI INFECTIVE COMBO'S - MISC.		ERYTHROMYCIN/SULF SUSR SEPTRA/DS TABS SULFAMETHOXAZOLE/TRIMETH TRIMETHOPRIM/SULFAMETHOXA		ALINIA* BACTRIM DS TABS	* Alina is preferred for children less than 12 years of age. Use PA Form # 20420
ANTI - FUNGALS					
ANTIFUNGALS - ASSORTED		ANCOBON CAPS FLUCONAZOLE ¹ GRIFULVIN GRISEOFULVIN ULTRAMICROSI TABS GRIS-PEG TABS KETOCONAZOLE TABS NYSTATIN VFEND TABS	5 6 6 7 8 8 8 8	LAMISIL TABS ⁴ SPORANOX SOLN ² SPORANOX PULSEPAK CAPS ³ SPORANOX CAPS ³ ERAXIS INJ DIFLUCAN NIZORAL TABS NOXAFIL	1. QL--1/every 7-day period (150mg only). 2. Sporanox QL 300cc/month with PA. See quantity limit table. 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. 4. Quantity limit of one tablet daily. Please use PA form #20420. For all other requests, please use PA form#10120.
ANTI - VIRALS					
ANTIRETROVIRALS		AGENERASE CAPS APTIVUS ATRIPLA ¹ COMBIVIR TABS CRIXIVAN CAPS EMTRIVA EPIVIR / HBV EPZICOM FORTOVASE CAPS HIVID TABS INVIRASE CAPS KALETRA LEXIVA NORVIR PREZISTA ² RESCRIPTOR TABS RETROVIR REYATAZ SUSTIVA TRIZIVIR TABS TRUVADA VIDEX / EC VIRACEPT TABS VIRAMUNE TABS VIREAD TABS ZERIT ZIAGEN TABS		DIDANOSINE FUZEON	Fuzeon use PA Form # 10620 1. Quantity limit of per per day 2. Only preferred if Norvir script is in member's profile within past 30 days of filling Prezista
CYTO-MEGALOVIRUS AGENTS		GANCICLOVIR VALCYTE TABS		CYTOVENE CAPS	Use PA Form # 20420
IMMUNE SERUMS					
IMMUNE SERUMS		HYPERRHO INJ			
HEPATITIS AGENTS					
HEPATITIS C AGENTS		PEG-INTRON PEGASYS KIT PEGASYS SOLN REBETOL CAPS REBETRON KIT	8 8	COPEGUS TABS RIBAVIRIN CAPS	Use PA Form # 20420
HEPATITIS AGENTS - MISC.				ACTIMMUNE	Use PA Form # 20420
HEPATITIS B ONLY		HEPSERA TABS		BARACLUDGE	

HERPES AGENTS		ACYCLOVIR VALTREX TABS		FAMVIR TABS ZOVIRAX	Must fail Acyclovir and Valtrex before non-preferred products. Use PA Form # 20420
INFLUENZA AGENTS		AMANTADINE RELENZA DISKHALER AEPB RIMANTADINE HCL TABS TAMIFLU ¹		FLUMADINE TABS FLUMIST ²	1. Tamiflu 10 caps or 60cc's per month. Will be audited for presence of positive influenza tests in patient or family member. 2. Flumist use Form #10610. Use PA Form #20420
RSV PROPHYLAXIS					
RSV PROPHYLAXIS				RESPIGAM SYNAGIS	Use PA Form # 30120
MS TREATMENTS					
MULTIPLE SCLEROSIS AGENTS			5 5 5 6	AVONEX KIT BETASERON SOLR REBIF SOLN COPAXONE	Established users are grandfathered. Must follow specif step order. Use PA fomr #20430
ASSORTED NEUROLOGICS					
NEUROLOGICS - MISC.		MESTINON ORAP TABS PROSTIGMIN TABS		BOTOX MYOBLOC ¹	1. Myobloc approval will be limited to Cervical Dystonia. Use PA Form #10210
STEROIDS					
GLUCOCORTICOIDS/ MINERALOCORTICOIDS		CELESTONE SUSP CORTEF 5 CORTISONE ACETATE TABS DELTASONE TABS DEPO-MEDROL SUSP DEXAMETHASONE ENTOCORT EC CP24 FLUDROCORTISONE ACETATE TABS HYDROCORTISONE KENALOG METHYLPREDNISOLONE TABS ORAPRED SOLN PREDNISOLONE PREDNISON SOLU-CORTEF SOLR SOLU-MEDROL SOLR		CORTEF 10 and 20 TABS DECADRON TABS FLORINEF TABS MEDROL TABS MEDROL DOSEPAK TABS PEDIAPRED LIQD PREDNISON INTENSOL CONC PRELONE SYRP STERAPRED TABS	Use PA Form # 20420
HORMONE REPLACEMENT THERAPIES					
ANDROGENS / ANABOLICS		ANDRODERM PT24 ANDROID CAPS DANAZOL CAPS DEPO-TESTOSTERONE OIL FLUOXYMESTERONE TABS TESTODERM TESTOSTERONE PROPIONATE TESTRED CAPS WINSTROL TABS		ANDRO LA 200 OIL ANDROGEL PACK DELATESTRYL OIL HALOTESTIN TABS METHITEST TABS OXANDRIN TABS ¹	1. Non Preferred effective 12.01.2005. Use the Oxandrin PA Form #20600. Use PA Form # 20420
ESTROGENS - PATCHES		ESTRADERM PTTW VIVELLE PTTW	5 8 8 8 8	ESTRADIOL PTWK ALORA PTTW CLIMARA PTWK ESCLIM PTTW VIVELLE-DOT PTTW	All patches are non-preferred products (require PA). Products must be used in specified step order. Use PA Form # 20420
ESTROGENS - TABS		CENESTIN TABS DELESTROGEN OIL ESTRADIOL ESTROPIPATE TABS MENEST TABS PREMARIN TABS		ENJUVA ESTRACE TABS ESTRATAB TABS OGEN TABS ORTHO-EST TABS	Must fail preferred products before non-preferred products. Use PA Form # 20420
ESTROGEN COMBO'S		PREMPHASE TABS PREMPRO TABS		ACTIVELLA TABS COMBIPATCH PTTW FEMHRT 1/5 TABS ORTHO-PREFEST TABS SYNTEST H.S. TABS	Must fail Premphase and Prempro products before non-preferred products. Use PA Form # 20420
PROGESTINS		MEDROXYPROGESTERONE ACETA ² NORETHINDRONE ACETATE TABS ² PROGESTERONE POWD		AYGESTIN TABS CYCRIN TABS PROMETRIUM 100MG CAPS ¹	1. PA approvals will require two 100 mg caps instead of one 200mg. 2. Must fail Medroxyprogesterone and

			PROMETRIUM 200MG ¹ PROVERA TABS	2. must fail medroxyprogesterone and Norethidrone products before non-preferred products. Use PA Form #20420
CONTRACEPTIVES				
CONTRACEPTIVES - PROGESTIN ONLY		ORTHO MICRONOR TABS	CAMILA TABS NORA-BE TABS NOR-OD TABS OVRETTE 28 TABS	If member experienced adverse reactions, consider using Oral Contraceptives from other groups. Use PA Form # 20420
CONTRACEPTIVES - INJECTABLE		DEPO-PROVERA SUSP	LUNELLE SUSP MEDROXYPROGESTERONE ACETATE IM	Use PA Form # 20420
CONTRACEPTIVE - EMERGENCY		PLAN-B ¹		1. Allowed 4 tablets per 30 days without PA
CONTRACEPTIVES - PATCHES/ VAGINAL PRODUCTS		NUVARING RING ³ ORTHO EVRA PTWK ^{1,24}		1. No PA required for users less than 21 years of age. 2. The FDA has issued a public health warning of the potentials for increased exposure to estrogen with Ortho Eva use, possibly up to 60% estrogen exposure. 3. Quantity limit allowing 1 every 28 days with out PA. 4. Dose limits apply allowing 3 patches per 28 days supply. Please refer to Dose Consolidation Chart. Use PA Form # 20420
CONTRACEPTIVES - MONOPHASIC COMBINATION O/C'S		ALESSE-28 TABS DESOGEN TABS LEVLEN-28 TABS LEVLITE-28 TABS ¹ LO/OVRAL 21 TABS LO/OVRAL 28 TABS MODICON TABS ORTHO-CEPT-28 TABS ORTHO-CYCLEN-28 TABS ORTHO-NOVUM 1/35-28 TABS ORTHO-NOVUM 1/50-28 TABS OVCON-35/28 TABS OVCON-50 28 TABS	APRI TABS AVIANE TABS BREVICON-28 TABS CRYSSELLE-28 TABS DEMULEN 1/35-21 TABS KARIVA TABS LESSINA-28 TABS LEVORA LOESTRIN TABS LOESTRIN FE TABS LOESTRIN FE 1/20 TABS LOESTRIN 1.5/30-21 TABS LOESTRIN 1/20-21 TABS LOW-OGESTREL TABS MICROGESTIN FE TABS MIRCETTE TABS NECON NORDETTE-28 TABS NORINYL NORTREL MONONESSA OGESTREL TABS OVRAL PORTIA-28 TABS SPRINTEC 28 TABS YASMIN 28 TABS ZOVIA	Loestrin FE and FE 1/20 are grandfathered for established users. If member experienced adverse reactions, consider using Oral Contraceptives from other groups. 1. Levlite is preferred until Alesse is available again Use PA Form # 20420
CONTRACEPTIVES - BI-PHASIC COMBINATIONS		ORTHO-NOVUM 10/11-28 TABS	NECON 10/11-28 TABS	If member experienced adverse reactions, consider using Oral Contraceptives from other groups. Use PA Form # 20420
CONTRACEPTIVES - TRI-PHASIC COMBINATIONS		ORTHO TRI-CYCLEN TABS ORTHO-NOVUM 7/7/7-28 TABS TRI-LEVLEN TABS TRIPHASIL 28 TABS	CYCLESSA TABS ENPRESSE ESTROSTEP FE TABS ORTHO TRI-CYCLEN LO TABS TRI-NORINYL 28 TABS TRIVORA-28 TABS	Use PA Form # 20420
DIABETES THERAPIES				
DIABETIC - INSULIN		ILETIN LEVEMIR (effective 4.1.2006) NOVOLIN NOVOLOG RELION VELOSULIN BR SOLN	HUMALOG HUMULIN LANTUS SOLN (effective 5.1.2006)*	*Established users grandfathered until 6.30.2006 Use PA Form # 20420
DIABETIC - PENFILLS			5 NOVOLIN PENFILL 5 LEVEMIR FLEXPEN (effective 4.1.2006)	PA's will be granted for significant visual or neurological impairment. Products must be used in specified dose order.

			5	NOVOLOG PENFILL SOLN	in specified step order. Use PA Form # 20420
			5	NOVOLOG MIX PENFILL	
			8	APIDRA OPTICLIK PEN (effective 5.1.2006)	
			8	HUMALOG MIX 75/25 PEN SUSP	
			8	LANTUS OPTICLIK PEN (effective 5.1.2006)	
			8	HUMALOG PEN SOLN	
			8	HUMULIN PEN	
DIABETIC - INSULIN INHALED		EXUBERA ¹			1. Preferred if following conditions are met: A) On insulin or B) Have tried 2 oral hypoglycemics and C) Not using nicotine and no nicotine products are seen in current drug profile. and D) No asthma/COPD medications in profile and E) Member is >18. Use PA Form # 20420
DIABETIC - DPP- 4 ENZYME INHIBITOR			8	JANUVIA ¹	1. Dosing limits apply. Please refer to Dose consolidation list.
DIABETIC - OTHER				SYMLIN	Use PA Form # 30150
INCRETIN MIMETIC		BYETTA ¹			1. Will not require PA if at least 18 years of age and if two of the following three are seen in the members drug profile: sulfonylurea, metformin and Actos/ Avandia or if a combo product with Actos/ Avandia is seen. If insulin is in members current drug profile (within the past 30 days) PA will be required. If the member is under 18 years of age, PA will be required. Dosing limits for Byetta will still apply. There are 60 doses per each pen and each pen is a 30 day supply, so one prefilled pen is allowed per month. Please refer to PDL Dosage Consolidation List. Use PA Form # 10230
DIABETIC - ORAL SULFONYLUREAS		CHLORPROPAMIDE TABS GLIMEPIRIDE GLIPIZIDE TABS GLIPIZIDE ER TABS GLYBURIDE TABS GLYBURIDE MICRONIZED TABS TOLAZAMIDE TABS TOLBUTAMIDE TABS		AMARYL TABS DIABETA TABS GLUCOTROL TABS GLUCOTROL XL TBCR GLYNASE TABS MICRONASE TABS	Use PA Form # 20420
DIABETIC - ORAL BIGUANIDES		METFORMIN HCL TABS METFORMIN ER 500MG		GLUCOPHAGE TABS GLUCOPHAGE XR TB24 FORTAMET METFORMIN ER 750MG	Metformin ER 750mg tabs are non-preferred. Metformin ER 500mg tabs are preferred. Use PA Form # 20420
DIABETIC - THIAZOL / BIGUANIDE COMBO		ACTOPLUS MET AVANDARYL ¹ AVNDAMET			1. Tentatively preferred. Will be formally reviewed at an upcoming DUR meeting.
DIABETIC - / THIAZOL		AVANDIA TABS ¹ ACTOS 15MG TABS ¹ ACTOS 45MG TABS ¹		ACTOS 30MG TABS ²	1. Actos and Avandia preferred without PA if patient on insulin or sulfonylurea or metformin. Actos and Avandia non-preferred as monotherapy. 2. Actos 30mg - use two 15mg instead Use PA Form # 20420
DIABETIC - ALPHAGLUCOSIDASE		GLYSET TABS		PRECOSE TABS	Use PA Form # 20420
DIABETIC - SULFONYLUREA / BIGUANIDE		GLYBURIDE/METFORMIN		GLUCOVANCE TABS DUETACT METAGLIP TABS	Use individual ingredients. Use PA Form # 20420
DIABETIC - MEGLITINIDES		STARLIX TABS		PRANDIN TABS	Use PA Form # 20420
THYROID					
THYROID HORMONES		ARMOUR THYROID TABS CYTOMEL TABS LEVOTHROID TABS LEVOTHYROXINE SODIUM TABS LEVOXYL TABS		LEVOTHYROXINE SODIUM SOLR SYNTHROID TABS ¹	Use PA Form # 20420

		THYROID TABS THYROLAR UNITHROID TABS			
ANTITHYROID THERAPIES		METHIMAZOLE TABS PROPYLTHIOURACIL TABS		TAPAZOLE TABS	Use PA Form # 20420
OSTEOPOROSIS					
OSTEOPOROSIS		BONIVA TABS FOSAMAX TABS ² FOSAMAX PLUS D ² FOSAMAX SOLN ² MIACALCIN SOLN ²		ACTONEL TABS AREDIA SOLR BONIVA INJECTION KIT DIDRONEL TABS EVISTA TABS ¹ FORTEO FORTICAL	1. Approval only requires failure of Fosamax or Boniva. 2. Quantity Limits Apply Use PA Form # 20420
CALCIMIMETIC/ SHPTH AGENTS					
CALCIMIMETIC AGENTS - SHPTH				SENSIPAR	Use PA Form # 30115
GROWTH HORMONE					
GROWTH HORMONE			5 5 5 8 8 8 8 8	GENOTROPIN NUTROPIN TEV-TROPIN HUMATROPE SOLR INCRELEX IPLEX NORDITROPIN CARTRIDGE SOLN SAIZEN SOLR	Products must be used in specified step order. All step 5 drugs must be tried. Use PA Form # 10710
SOMATOSTATIC AGENTS		SANDOSTATIN			
GROWTH HORMONE ANTAGONISTS					
GH ANTAGONISTS				SOMAVERT	Use PA Form # 10710
URINARY INCONTINENCE					
VASOPRESSINS		DESMOPRESSIN TABS	5 6 6 8 8	DDAVP TABS DDAVP SOLN DESMOPRESSIN SPRAY DESMOPRESSIN ACETATE SOLN STIMATE SOLN*	Products must be used in specified step order. Nocturnal enuresis patients will be encouraged to periodically attempt stopping DDAVP. *Patients with a diagnosis of hemophilia or Von Willebrands disease will be exempt from prior authorization. Use PA Form # 20420
ANTISPASMODICS		OXYBUTYNIN URISPAS TABS		CYSTOSPAZ TABS DETROL TABS DITROPAN	Use PA Form # 20420
ANTISPASMODICS - LONG ACTING		DETROL LA CP24 ENABLEX ¹ SANCTURA VESICARE ¹		DITROPAN XL TBCR OXYTROL	Use PA Form # 20420 1. Vesicare 5mg and Enablex 7.5mg maximum doses if given with drugs known to be significant CYP3A4 inhibitors. (Ketoconazole, Sporanox, Erythromycin, Biaxin, Nefazodone, Nelfinavir, and Ritonavir)
CHOLINERGIC		URECHOLINE			
HERED. TYROSINEMIA				ORFADIN	Use PA Form # 20420
ANTIHYPERTENSIVES / CARDIAC					
CARDIAC GLYCOSIDES		DIGITEK TABS DIGOXIN LANOXICAPS LANOXIN			
ANTIANGINALS--Isosorbide Dinitrate/ MONO-NITRATES		ISOSORBIDE MONONITRATE TABS ISOSORBIDE MONONITRATE ER		DILATRATE SR CPR ISORDIL TABS ISORDIL TITRADOSE TABS ISOSORBIDE DINITRATE SUBL ISOSORBIDE DINITRATE TABS ISOSORBIDE DINITRATE CR TBCR ISOSORBIDE DINITRATE ER TBCR ISOSORBIDE DINITRATE TD TBCR IMDUR TB24 ISMO TABS MONOKET TABS	Use PA Form # 20420

NITRO - OINTMENT/CAP/CR		NITROBID OINT NITROGLYCERIN CPCR NITROL OINT NITRO-TIME CPCR			
NITRO - PATCHES	1 1 1 3	NITROGLYCERIN PT24 NITREK PT24 NITRO-DUR PT 24 0.8MG MINITRAN PT24		NITRODISC PT24 NITRO-DUR PT24	At least 2 step 1's and step 3 of the preferred products must be used in specified order or PA will be required. Use PA Form # 20420 Use PA Form # 20420
NITRO - SUBLINGUAL/ SPRAY		NITROLINGUAL AERS NITROSTAT SUBL NITROTAB SUBL		NITROLINGUAL SOLN NITROQUICK SUBL	Use PA Form # 20420
BETA BLOCKERS - NON SELECTIVE		COREG TABS INDERAL LA CPCR LEVATOL TABS NADOLOL TABS PINDOLOL TABS PROPRANOLOL HCL SOLN ¹ PROPRANOLOL HCL TABS ¹ TIMOLOL MALEATE TABS		CORGARD TABS INDERAL TABS INNOPRAN XL PROPRANOLOL HCL LA CPCR RANEXA	1. Recommend using BID since its effects do not last 24 hours. Use PA Form # 20420
BETA BLOCKERS - CARDIO SELECTIVE		ACEBUTOLOL HCL CAPS ATENOLOL TABS ¹ BETAXOLOL HCL TABS BISOPROLOL FUMARATE TABS METOPROLOL TARTRATE TABS ¹ TOPROL XL TB24		KERLONE TABS LOPRESSOR TABS SECTRAL CAPS TENORMIN TABS ZEBETA TABS	1. Recommend using Atenolol (and metoprolol) BID since its effects do not last 24 hours. Use PA Form 20420
BETA BLOCKERS - ALPHA / BETA		LABETALOL HCL TABS		TRANDATE TABS	Use PA Form 20420
CALCIUM CHANNEL BLOCKERS--Amlodipines, Bepridil, Diltiazems, Felodipines, Isradipines, Nifedipines, Nisoldipine, and Verapamils	1 1 1 1 1 1 4 4 4 4	NORVASC TABS CARDIZEM LA TB24 DILTIA XT CP24 DILTIAZEM HCL ER CP24 DILTIAZEM HCL XR CP24 DILTIAZEM CD 300MG CP24 DILTIAZEM CD 360MG CP24 CARTIA XT CP24 DILTIAZEM CD CP24 DILTIAZEM HCL ER CP24 DILTIAZEM XR CP24	5 6 7 8 8 8 8 8	DILACOR XR CP24 TAZTIA TIAZAC CP24 CARDIZEM TABS CARDIZEM CD CP24 CARDIZEM SR CP12 DILTIAZEM HCL TABS DILTIAZEM HCL ER CP12	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. Use PA Form # 20420
				PLENDIL TB24	Use PA Form # 20420
				DYNACIRC CAPS DYNACIRC CR TBCR ¹	Use PA Form # 20420 1. Grandfather established users
				CARDENE CAPS CARDENE SR CPCR NICARDIPINE HCL CAPS	Use PA Form # 20420
		AFEDITAB CR NIFEDIAC CC NIFEDICAL XL TBCR NIFEDIPINE TBCR NIFEDIPINE CAPS NIFEDIPINE ER TBCR	8 8 8	ADALAT CC TBCR NIFEDIPINE CAPS PROCARDIA CAPS	Established users of Adalat CC are grandfathered Use PA Form # 20420
		SULAR TB24			
		VERAPAMIL HCL CR TBCR VERAPAMIL HCL ER TBCR VERAPAMIL HCL SR TBCR VERELAN PM CP24		CALAN TABS CALAN SR TBCR COVERA-HS TBCR ISOPTIN-SR VERAPAMIL HCL ER CP24 VERAPAMIL HCL SR CP24 VERAPAMIL HCL TABS VERELAN 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. Use PA Form # 20420
ANTIARRHYTHMICS		AMIODARONE MEXILETINE NORPACE PROCAINAMIDE PROCANBID CR PROPafenone QUINAGLUTE		BETAPACE TABS BETAPACE AF TABS CORDARONE DISOPYRAMIDE FLECAINIDE MEXITIL PACERONE	1. Prescription must be written by Cardiologist. Use PA Form # 20420

		QUINIDINE GLUCONATE QUINIDINE SULFATE RYTHMOL SOTALOL HCL TABS TAMBOCOR		QUINIDEX RYTHMOL SR TIKOSYN ¹	
ACE INHIBITORS		BENAZEPRIL HCL CAPTOPRIL TABS ENALAPRIL MALEATE TABS FOSINOPRIL SODIUM LISINOPRIL TABS	5 8 8 8 8 8 8 8 8 8 8 8	MAVIK TABS ACCUPRIL TABS ACEON TABS ALTACE CAPOTEN TABS LOTENSIN TABS MOEXIPRIL MONOPRIL PRINIVIL TABS UNIVASC VASOTEC TABS ZESTRIL TABS	Non-preferred products must be used in specified order. Use PA Form # 20420
ANGIOTENSIN RECEPTOR BLOCKER		AVAPRO BENICAR TABS COZAAR TABS DIOVAN MICARDIS TABS		ATACAND TABS TEVETEN TABS	Preferred products only available without PA if patient on diabetic therapy or prior ACE therapy. Use PA Form # 20420
ANTIHYPERTENSIVES - CENTRAL		CATAPRES-TTS CLONIDINE HCL TABS GUANFACINE HCL TABS HYDRALAZINE HCL TABS HYLOREL TABS METHYLDOPA TABS MINOXIDIL TABS PRAZOSIN HCL CAPS RESERPINE TABS		CATAPRES TABS GUANABENZ ACETATE TABS ISMELIN TABS MINIPRESS CAPS TENEX TABS	Use PA Form # 20420
ACE INHIBITORS AND CA CHANNEL BLOCKERS		LOTREL CAPS TARKA TBCR		LEXXEL TBCR	Use PA Form # 20420
ACE AND THIAZIDE COMBO'S		BENAZEPRIL HCL/HYDROCHLOR CAPTOPRIL/HYDROCHLOROTHIA ENALAPRIL MALEATE/HCTZ TABS LISINOPRIL-HCTZ TABS UNIRETIC TABS		ACCURETIC TABS CAPOZIDE TABS LOTENSIN HCT TABS MONOPRIL HCT TABS PRINZIDE TABS VASERETIC TABS ZESTORETIC TABS	Use PA Form # 20420
BETA BLOCKERS AND DIURETIC COMBO'S		ATENOLOL/CHLORTHALIDONE BISOPROLOL FUMARATE/HCTZ PROPRANOLOL/HCTZ		CORZIDE TABS INDERIDE 40/25 TABS LOPRESSOR HCT TABS TENORETIC TIMOLIDE 10/25 TABS ZIAC TABS	Use PA Form # 20420
ARB'S AND DIURETICS		AVALIDE TABS BENICAR HCT DIOVAN HCT TABS HYZAAR TABS MICARDIS HCT TABS		ATACAND HCT TABS TEVETEN HCT TABX	Preferred products only available without PA if patient on diabetic therapy or prior ACE therapy. Use PA Form #20420
DIURETICS		ACETAZOLAMIDE TABS AMILORIDE HCL BUMETANIDE CHLOROTHIAZIDE TABS CHLORTHALIDONE TABS EDECRIN TABS FUROSEMIDE HYDROCHLOROTHIAZIDE INDAPAMIDE TABS METHAZOLAMIDE TABS METHYCLOTHIAZIDE TABS SPIRONOLACTONE 25MG TABS SPIRONOLACTONE/HYDRO TORSEMIDE TABS TRIAMTERENE/HCTZ ZAROXOLYN TABS		ALDACTAZIDE TABS ALDACTONE TABS BUMEX TABS DEMADEX TABS DIAMOX DIURIL DYAZIDE CAPS ENDURON TABS INSPRA LASIX TABS LOZOL TABS MAXZIDE MICROZIDE CAPS MIDAMOR TABS MODURETIC 5-50 TABS NAQUA TABS	1. Multiples of Spironolactone 25 mg are cheaper than 50 mg strength Inspra will be approved for severe breast tenderness and male gynecomastia Use PA Form # 20420

				NATURETIN TABS SPIRONOLACTONE 50MG ¹	
CCB / LIPID		CADUET			
LIPID DRUGS					
CHOLESTEROL - BILE SEQUESTRANTS		CHOLESTYRAMINE COLESTID		PREVALITE QUESTRAN WELCHOL TABS	Use PA Form # 20420
CHOLESTEROL - FIBRIC ACID DERIVATIVES		GEMFIBROZIL TABS NIASPAN TRICOR TRIGLIDE		ANTARA LOPID TABS LOFIBRA	Use PA Form # 20420
CHOLESTEROL - HGM COA + ABSORB INHIBITORS MORE POTENT DRUGS/COMBINATIONS		CRESTOR LIPITOR TABS SIMVASTATIN ¹² VYTORIIN		ZOCOR TABS ²	Zocor/simvastatin patients trying to use Zetia must use Vytorin instead. 1. Preferred starting 01.01.2007. 2. Non preferred starting 01.01.2007. 3. Dosing limits apply. Use PA Form #20420
CHOLESTEROL - HGM COA + ABSORB INHIBITORS LESS POTENT DRUGS/COMBINATIONS		ADVICOR TBCR LESCOL CAPS LESCOL XL TB24 LOVASTATIN TABS PRAVASTATIN ² ZETIA TABS ¹		ALTOPREV TB24 MEVACOR TABS PRAVACHOL TABS PRAVIGARD	1. Zetia available w/o PA as add on to Lipitor 80mg, or Crestor 40mg. Zetia will also be approved with a PA as add on for patients at maximally tolerated doses of statins. 2. Dosing limits apply. Use PA Form #20420
PULMONARY ANTI-HYPERTENSIVES					
PULMONARY ANTI-HYPERTENSIVES		REVATIO ¹ VENTAVIS ¹		FLOLAN TRACLEER	1. All users need one time approval to establish PAH diagnosis. Please refer to criteria. Use PA Form # 20420
IMPOTENCE AGENTS					
IMPOTENCE AGENTS			9 9 9 9 9 9 9	VIAGRA CAVERJECT CIALIS EDEX LEVITRA MUSE YOHIMBINE HCL TABS	As of January 1, 2006, per CMS (federal gov.), impotence agents are no longer covered.
ANTI-EMETOGENICS					
ANTIEMETIC - ANT-CHOLINERGIC / DOPAMINERGIC		MECLIZINE HCL TABS PHENERGAN SUPP PHENERGAN FORTIS SYRP PROMETHAZINE SUPP PROMETHAZINE TRANSDERM-SCOP PT72		ANTIVERT TABS PHENERGAN SOLN PHENERGAN TABS PROMETHEGAN SUPP TORECAN TABS	Use PA Form # 20420
ANTIEMETIC - 5-HT3 RECEPTOR ANTAGONISTS/ SUBSTANCE P NEUROKININ		EMEND MARINOL CAPS ZOFTRAN SOLN* ZOFTRAN TABS* ZOFTRAN ODT TBDP*		ALOXI ANZEMET TABS CESAMET KYTRIL	*See quantity limit table. Zofran: Use PA Form # 30810 Others: Use PA Form # 20420
NON-SEDATING ANTIHISTAMINES / DECONGESTANTS					
ANTIHISTAMINES - NON-SEDATING		ALAVERT TABS ¹ CLARITIN ALLERGY (OTC) ¹ CLARITIN SYRP (OTC) ² TAVIST ND (OTC) ¹	5 5 5 5 8 8 9	CLARINEX TABS ² CLARINEX SYR ³ ZYRTEC ³ ZYRTEC SYR ³ ALLEGRA CLARITIN ² FEXOFENADINE	1. Preferred drugs are OTC loratidines. 2. Claritin OTC syrup does not require a PA. 3. Clarinex & Zyrtec and Clarinex syrup <6 yr w/o PA. Must fail Clarinex Tabs and Zyrtec products before moving to next step product. Pseudoephedrine is available with prescription. Use PA Form # 20530
ALLERGY / ASTHMA THERAPIES					
ANTIASTHMATIC ANTI-CHOLINERGICS - INHALER		ATROVENT AERS ATROVENT HFA SPIRIVA ¹			1. Quantity limit of 1 inhalation daily (1 capsule for inhalation daily). Spiriva will require PA if Combivent or Atrovent inhaler/nebulizer solution is in member's current drug profile. Use PA Form # 20420
ANTIASTHMATIC ANTI-CHOLINERGICS - NEBULIZER		IPRATROPIUM BROMIDE SOLN		ATROVENT SOLN	Use PA Form # 20420

ANTIASTHMATIC - ANTINFLAMMATORY AGENTS		CROMOLYN SODIUM NEBU INTAL AERS TILADE AERS		XOLAIR ¹	1. Need max inhaled steroids and written by pulmonary or allergy specialist. Use PA Form # 20420
ANTIASTHMATIC - NASAL STEROIDS	1 1 1 4 4 4	FLONASE SUSP ¹ NASACORT AQ AERS ¹ NASONEX SUSP ¹ BECONASE AERS BECONASE AQ INHA NASAREL SOLN		FLUNISOLIDE SOLN NASACORT AERS RHINOCORT AERO RHINOCORT AQUA SUSP TRI-NASAL SOLN VANCENASE POCKETHALER AERS	1. All step 1 drugs must be tried. Use PA Form # 20420
ANTIASTHMATIC - NASAL MISC.		NASALCROM		ATROVENT NASAL SOL IPRATROPIUM NASAL SOL ¹ ASTELIN	1. Ipratropium will be approved if submitted with documentation supporting use of CPAP machine. Use PA Form # 20420
ANTIASTHMATIC - BETA - ADRENERGICS		ALBUTEROL NEB MAXAIR METAPROTERENOL SEREVENT TERBUTALINE SULFATE TABS XOPENEX HFA ³		ACCUNEB NEBU ALBUTEROL AER ³ ALBUTEROL HFA ALUPENT AERP BRETHINE FORADIL AEROLIZER CAPS PROVENTIL PROVENTIL HFA AERS VENTOLIN AERS VENTOLIN HFA AERS VOLMAX TBCR VOSPIRE ER TB12 XOPENEX NEBU ^{1,2}	1. Xopenex users with prior asthma hospitalization due to albuterol nebulizer failure will be grandfathered. 2. Quantity Limit: 12 cc/day. 3. Dosing limits apply, please see dosage consolidation list. Use PA Form # 20420
ANTIASTHMATIC - ADRENERGIC COMBO.		ADVAIR DISKUS MISC			
ANTIASTHMATIC - ADRENERGIC- ANTICHOLINERGIC		COMBIVENT AERO		DUONEB SOLN ¹	Please use preferred individual ingredients. Albuterol and Ipratropium. Use PA Form # 20420
ANTIASTHMATIC - XANTHINES		AMINOPHYLLINE TABS THEOCHRON TB12 THEOLAIR-SR TB12 THEOPHYLLINE ELIX THEOPHYLLINE SOLN THEOPHYLLINE ER CP12 THEOPHYLLINE ER TB12 UNIPHYL TBCR		QUIBRON CAPS QUIBRON-T TABS QUIBRON-T/SR TB12 THEO-24 CP24 THEOLAIR TABS THEOPHYLLINE CR TB12 T-PHYL TB12	Use PA Form # 20420
ANTIASTHMATIC - STEROID INHALANTS		AEROBID AERS ASMANEX AZMACORT AERS BECLOVENT AERS FLOVENT HFA PULMICORT SUSP ¹ QVAR AERS VANCERIL AERS		AEROBID-M AERS PULMICORT TURBUHALER AEPB ² VANCERIL DOUBLE STRENGTH AERS	1. No PA for Pulmicort susp if under 8 years old 2. No PA for Pulmicort turbobaler if under 14 yr. Use PA Form # 20420
ANTIASTHMATIC - 5- Lipoxygenase Inhibitors				ZYFLO TABS	Use PA Form # 20420
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS		SINGULAIR ¹		ACCOLATE TABS	1. To determine Singulair use for asthma vs non-asthma use, an asthma diag is required on the prescription or history of inhaled steroid use. Use PA Form # 20420
ANTIASTHMATIC - ALPHA- PROTEINASE INHIBITOR				PROLASTIN SUSR ZEMAIRA	Use PA Form # 20420
ANTIASTHMATIC - HYDRO- LYTIC ENZYMES				PULMOZYME SOLN	Use PA Form # 20420
ANTIASTHMATIC - MUCOLYTIC		ACETYLCYSTEINE ¹		MUCOMYST	1. Acetylcysteine is covered with diagnosis of CF. Use PA Form # 20420
COUGH/COLD					
COUGH/COLD		PSEUDOEPHEDRINE ROBITUSSIN DM SYRP 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.					

GI - ANTIPERISTALTIC AGENTS		DIPHENOXYLATE DIPHENOXYLATE/ATROPINE IMODIUM A-D TABS LOPERAMIDE HCL CAPS LOPERAMIDE HCL LIQD OPIUM TINCTURE TINC PAREGORIC TINC		ANTI-DIARRHEAL TABS LOFENE TABS LONOX TABS MOTOFEN TABS SB ANTI-DIARRHEA TABS	Use PA Form # 20420
GI - ANTIDIARRHEAL / ANTACID MISC.		ALU-CAP CAPS ANTACID CHEW ATROPINE SULFATE SOLN BENTYL SYRP BISMATROL CALCIUM ANTACID CALCIUM CARBONATE CAL-GEST ANTACID CHEW CHEWABLE ANTACID CHEW DICYCLOMINE HCL GAVISCON SUSP HAPONAL TABS HYOSCYAMINE SULFATE IMODIUM ADVANCED CHEW KAOPECTATE K-PEC LIQD K-PEK SUSP MAALOX MAGNESIUM OXIDE TABS MAG-OX 400 TABS MAG-OXIDE TABS PAMINE TABS PINK BISMUTH PROPANTHELINE BROMIDE TABS ROBINUL SAL-TROPINE TABS SCOPOLAMINE HYDROBROMIDE SODIUM BICARBONATE TABS TUMS V-R STOMACH RELIEF SUSP X-STR CHEW ANTACID CHEW		ANTACID EXTRA STRENGTH CHEW B & O 15-A SUPPRETTE SUPP B & O 16-A SUPPRETTE SUPP BELLADONNA ALKALOIDS & OP BENTYL TABS CHILDRENS MYLANTA CHEW LEVBID TB12 LEVSIN ELIX LEVSIN TABS LEVSIN/SL NULEV TBDP URO-MAG CAPS	Use PA Form # 20420
GI - H2-ANTAGONISTS		CIMETIDINE FAMOTIDINE RANITIDINE V-R ACID REDUCER TABS		AXID CAPS AXID AR TABS NIZATIDINE CAPS PEPCID PEPCID AC TAGAMET TABS ZANTAC ¹	1. Zantac syrup available without PA to users less than 6 years old. Use PA Form # 20420
GI - PROTON PUMP INHIBITOR		PREVACID CPDR OTC PRILOSEC PROTONIX TBEC PREVACID ORAL SUSP	6 7 8 8 8 8 8	OMEPRAZOLE CPDR ACIPHEX TBEC NEXIUM CPDR PREVACID SOLUTABS** PRILOSEC CPDR PROTONIX INJ ZEGERID	** Prevacid Solutabs available without PA for children less than 9 years old. Use PA Form # 20420
GI - ULCER ANTI-INFECTIVE		HELIDAC PREVPAC			
PROSTAGLANDINS		MISOPROSTOL TABS		CYTOTEC TABS	Use PA Form # 20420
GI - DIGESTIVE ENZYMES		LACTAID ULTRA LACTRASE CAPS	5 5 5 7 7 7 7 7 7 8 8 8 8	ULTRASE CPEP ULTRASE MT VIOKASE LIPRAM PANCREASE PANCRELIPASE PANGESTYME PANOKASE TABS CREON KUTRASE CAPS KU-ZYME CAPS LIPRAM CR	Non-preferred products are a one time PA for life (for CF diagnosis). Non-preferred products must be used in specified step order. Use PA Form # 20420

			8	PANCREASE MT	
			8	PANCRECARB MS-8 CPEP	
GI - ANTI - FLATULENTS / GI STIMULANTS		CALULOSE SYRP CONSTULOSE SYRP ENULOSE SYRP GASTROCROM CONC GENERLAC SYRP LACTULOSE SYRP METOCLOPRAMIDE HCL SIMETHICONE		AMITIZA ¹ CEPHULAC SYRP GAS-X CHEW INFANTS GAS RELIEF SUSP REGLAN TABS	Diag codes no longer necessary for preferred products. Lactulose has 60cc/day QL 1. Prior failed trials of multipl other preferred GI agents must occur first. Such as OTC senna, docusate, lactulose, polyethylene glycol. Use PA Form # 20420
GI - INFLAMMATORY BOWEL AGENTS		ASACOL TBEC AZULFIDINE TABS AZULFIDINE EN-TABS TBEC COLAZAL CAPS DIPENTUM CAPS PENTASA CPCR ROWASA ENEM SULFASALAZINE TABS		CANASA SUPP SULFAZINE EC TBEC	Use PA Form # 20420
GI - IRRITABLE BOWEL SYNDROME AGENTS				LOTROXEN TABS ZELNORM TABS	Use PA Form # 20420
MISCELLANEOUS GI					
Preferred drugs that used to require diag codes still require diag codes unless indicated otherwise.					
GI - MISC.		BISAC-EVAC SUPP BISACODYL BISCOLAX SUPP CINOBAC CAPS CITRATE OF MAGNESIA SOLN CITRUCEL D.O.S. CAPS DIOCTO LIQD DIOCTO SYRP DIOCTYN CAPS DOC-O-LACE CAPS DOCUSATE CALCIUM CAPS DOCUSATE SODIUM DOCUSIL CAPS DOK CAPS FIBER LAXATIVE TABS FLEET GENFIBER POWD GLYCERIN GLYCOLAX ¹ HIPREX TABS KRISTALOSE PACK METAMUCIL MILK OF MAGNESIA SUSP MINERAL OIL OIL SENNA SENOKOT GRAN SENOKOT SYRP SENOKOT CHILDRENS SYRP SENOKOT XTRA TABS SORBITOL STOOL SOFTENER CAPS SUCRALFATE TABS UNI-EASE CAPS UNIFIBER POWD URSO FORTE URSODIOL		ACTIGALL CAPS BENEFIBER CARAFATE COLACE CAPS COLYTE DIOCTO-C SYRP DOC SOD /CAS CAP DOC-Q-LAX CAPS DOCUSATE SODIUM/CAS CAPS DOK PLUS DULCOLAX SUPP FIBER CON TABS FIBER-LAX TABS GOLYTELY SOLR MALTSUPEX MIRALAX POWD MIRALAX PACK NULYTELY SOLR PEG 3350/ELECTROLYTES SOLR SENOXON TABS SENOKOT TABS SENOKOT S TABS STOOL SOFTENER PLUS CAPS UNI-CENNA TABS UNI-EASE PLUS CAPS URSO 250 V-R NATURAL SENNA LAXATIV TABS	1. Quantity Limit: 255 g/90-day without PA for greater than 18 years old. If under 18 years of age, allowed 17gms daily without PA. 2. Must show evidence of trials of preferred agents that do not require PA, such as OTC senna, docusate, mineral oil and prescription lactulose. Use PA Form # 20420
MISC. UROLOGICAL					
UROLOGICAL - MISC.		ACETIC ACID 0.25% SOLN BICITRA SOLN CYTRA-K SOLN FURADANTIN SUSP K-PHOS MF TABS		CITRIC ACID/SODIUM CITRAT SOLN CYTRA-2 SOLN ELMIRON CAPS ¹ MACROBID CAPS MANDELAMINE TABS	1. Elmiron requires adequate proof of Dx with supportive testing.

		MACRODANTIN CAPS METHENAMINE MANDELATE TABS MONUROL PACK NEOSPORIN GU IRRIGANT SOLN PHENAZOPYRIDINE HCL TABS POLYCITRA SYRP POLYCITRA-K SOLN POLYCITRA-LC SOLN PROSED/DS TABS PYRIDUM PLUS TABS TRICITRATES SYRP UREX TABS URISED TABS UROCIT-K UROQID #2 TABS		NITROFURANTOIN MACR CAPS POLYCITRA-K CRYSTALS PACK POTASSIUM CITRATE/CITRIC SOLN PYRIDUM TABS RENACIDIN SOLN	Use PA Form # 20420
PHOSPHATE BINDERS					
PHOSPHATE BINDERS		PHOSLO ³ MAGNEBIND - 400 ³ FOSRENOL ³		RENAGEL ^{1,2}	1. Renegel will be approved for hypercalcemia, digoxin users, and in cases where maximum phoslo doses are insufficient. 2. Will be verifying patient compliance. Labs must be provided. Please refer to the Phosphate Binders PA form. 3. Requires diag to be preferred Use PA Form #20530
INTRA-VAGINALS					
VAGINAL- ANTIBACTERIALS	1 1 3	CLEOCIN CREA METROGEL VAGINAL GEL CLEOCIN SUPP		VANDAZOLE	Step order must be followed to avoid PA. Must fail Cleocin and Metrogel products before moving to next step product without PA.
VAGINAL- ANTIFUNGALS		CLOTRIMAZOLE CREA GYNE-LOTRIMIN CREA MICONAZOLE CREA MICONAZOLE 3 COMBO PACK KIT ¹ MICONAZOLE 7 CREA MICONAZOLE NITRATE CREA MONISTAT 1 OINT MONISTAT 3 CREA MONISTAT 7 NYSTATIN TABS TERCONAZOLE 0.4MG VAGITROL V-R MICONAZOLE-7 CREA		AVC CREAM CLOTRIMAZOLE 3 DAY CREA GYNAZOLE-1 CREA GYNE-LOTRIMIN 3 TABS MICONAZOLE 3 SUPP MONISTAT 3 SUPP TERAZOL 3 CREA TERAZOL 3 SUPP TERAZOL 7 CREA TERCONAZOLE 0.8MG	1. Quantity limit: 1/script/2 weeks Use PA Form # 20420
VAGINAL - CONTRACEPTIVES		GYNOL II EXTRA STRENGTH GEL		DELLEN FOAM	Use PA Form # 20420
VAGINAL- ESTROGENS		ESTRING RING PREMARIN CREA		ESTRACE CREA VAGIFEM TABS	Must fail all preferred products before non-preferred. Use PA Form # 20420
VAGINAL- OTHER		ACID JELLY GEL ACI-JEL GEL CERVICAL AMINO ACID CREA		AMINO ACID CERVICAL CREA	Use PA Form # 20420
BPH					
BPH		AVODART DOXAZOSIN MESYLATE TABS PROSCAR TABS TERAZOSIN HCL CAPS	5 8 8 8 8	FLOMAX CP24 CARDURA TABS FINASTERIDE HYTRIN CAPS UROXATRAL	Non-preferred products must be used in specified order. Use PA Form # 20420
ANXIOLYTICS					
ANXIOLYTICS - BENZODIAZEPINES		ALPRAZOLAM TABS CHLORDIAZEPOXIDE HCL CAPS CLORAZEPATE DIPOTASSIUM TABS DIAZEPAM LORAZEPAM OXAZEPAM CAPS		ATIVAN NIRAVAM SERAX TRANXENE XANAX TABS	Use PA Form # 20420
ANXIOLYTICS - LONG ACTING		XANAX XR ¹		ALPRAZOLAM ER	1. Xanax XR will be available if the long acting benzo clonazepam fails. Use PA Form # 20420
ANXIOLYTICS - MISC.		BUSPIRONE HCL TABS HYDROXYZINE HCL SOLN HYDROXYZINE HCL SYRP		ATARAX TABS BUSPAR TABS DROPERIDOL SOLN	Use PA Form # 20420

		HYDROXYZINE PAMOATE CAPS		HYDROXYZINE HCL TABS HYDROXYZINE PAM 100MG CAPS INAPSINE SOLN MEPROBAMATE TABS VISTARIL	
ANTI-DEPRESSANTS					
ANTIDEPRESSANTS - MAO INHIBITORS		NARDIL TABS PARNATE TABS			
ANTIDEPRESSANTS - MAO INHIBITORS TOPICAL				EMSAM ¹	1. Dosing limits apply, please refer to Dose consolidation list. Use PA Form # 20420
ANTIDEPRESSANTS - SELECTED SSRI's/Other		BUPROPION HCL TABS BUPROPION SR CITALOPRAM ⁴ FLUOXETINE HCL CAPS FLUOXETINE HCL LIQD FLUOXETINE HCL TABS FLUVOXAMINE MALEATE TABS LEXAPRO ⁴ MIRTAZAPINE NEFAZODONE PAROXETINE ³ PAXIL CR ³ TRAZODONE HCL TABS WELLBUTRIN XL ZOLOFT ²	5 6 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	CYMBALTA ⁶ EFFEXOR TABS EFFEXOR XR CP24 3 CELEXA DESYREL TABS FLUOXETINE 40 mg ¹ LUVOX TABS MAPROTILINE HCL TABS MIRTAZAPINE ODT PAXIL ³ PROZAC PROZAC CAPS PROZAC WEEKLY CPDR REMERON TABS REMERON SOLTAB TBDP SARAFEM CAPS SERTRALINE TRAZODONE HCL 300MG TABS WELLBUTRIN TABS WELLBUTRIN SR TBCR	Non-preferred products must be used in specified step order. 1. Use Fluoxetine 20 mg in multiples. 2. See Zoloft splitting table. Zoloft requires splitting of 50mg and/or 100mg scored tabs to avoid PA. 3. Strong caution with pediatric population. 4. See Celexa/Citalopram and Lexapro splitting table. Lexapro 5mg will require a PA. 5. Max daily dose allowed is 60mg, only 1 per day allowed for all strengths. 6. Use of a preferred antidepressant for anxiety will require PA to establish anxiety diagnosis. Use PA Form # 20420 <u>Special Kid <18yo Criteria for New Starters:</u> Must have had fluoxetine trial for at least 30 days before accessing other preferred antidepressants without PA.
ANTIDEPRESSANTS - TRI-CYCLICS	*	AMITRIPTYLINE HCL TABS AVENTYL SOLN CLOMIPRAMINE HCL CAPS DESIPRAMINE HCL TABS DOXEPIN HCL IMIPRAMINE HCL TABS NORTRIPTYLINE HCL PROTRIPTYLINE HCL TABS SURMONTIL CAPS		AMOXAPINE TABS ANAFRANIL CAPS ELAVIL TABS NORPRAMIN TABS PAMELOR SINEQUAN TOFRANIL VIVACTIL TABS	*PA required for new starters if over 65 years old. Users over 65 years old are grandfathered. Use PA Form # 20420
SEDATIVE / HYPNOTICS					
SEDATIVE/HYPNOTICS - BARBITURATE		BUTISOL SODIUM TABS CHLORAL HYDRATE SYRP MEBARAL TABS PHENOBARBITAL		LUMINAL SOLN SECONAL CAPS SOMNOTE CAPS	PA required for new users of preferred products if over 65 years old. Use PA Form # 30110
SEDATIVE/HYPNOTICS - BENZODIAZEPINES		DORAL TABS ESTAZOLAM TABS FLURAZEPAM HCL CAPS TEMAZEPAM CAPS TRIAZOLAM TABS		DALMANE HALCION TABS MIDAZOLAM HCL SYRP PROSOM TABS RESTORIL CAPS	Previous quantity limits still apply. Use PA Form # 30110
SEDATIVE/HYPNOTICS - Non-Benzodiazepines		AMBIEN CR ¹ LUNESTA ¹ MIRTAZAPINE TRAZODONE	7 8 8	AMBIEN ¹ ROZEREM SONATA CAPS ¹	Must fail all preferred products before non-preferred. 1.Quantity Limit of 12 per 34 days. Use PA Form # 30110
ANTI-PSYCHOTICS					
ANTI-PSYCHOTICS - ATYPICALS		ABILIFY TABS and SOL GEODON RISPERDAL SEROQUEL TABS ZYPREXA TABS ZYPREXA ZYDIS TBDP	8 8	RISPERDAL M TAB RISPERDAL CONSA	1. If prescribing 2 or more antipsychotics, PA will be required for both drugs, except if one is Clozapine. See Multiple Antipsychotic PA form #20440 2. All atypicals have dosing limitations and maximum daily doses. Please refer to dose consolidation table for any potential dosing limits. Maximum daily doses are as follows: Abilify- 30mg daily max Risperdal- 8mg daily max Seroquel- 800mg daily max Zyprexa- 30mg daily max

					Use PA form #10420 for requests exceeding these maximum daily doses.
ANTIPSYCHOTICS - SPECIAL ATYPICALS		CLOZAPINE TABS		CLOZARIL TABS FAZACLO	Use PA Form # 20420
ANTIPSYCHOTICS - TYPICAL		CHLORPROMAZINE HCL FLUPHENAZINE DECANOATE FLUPHENAZINE HCL HALDOL HALOPERIDOL HALOPERIDOL DECANOATE SOLN HALOPERIDOL LACTATE SOLN LOXAPINE SUCCINATE CAPS LOXITANE-C CONC MOBAN TABS PERPHENAZINE PROCHLORPERAZINE SERENTIL THIORIDAZINE HCL THIOTHIXENE THORAZINE SUPP TRIFLUOPERAZINE HCL TABS		COMPAZINE COMPRO SUPP HALDOL DECANOATE LOXITANE CAPS MELLARIL NAVANE CAPS PROLIXIN STELAZINE TABS THORAZINE	Use PA Form # 20420
LITHIUM					
LITHIUM		ESKALITH CAPS ESKALITH CR TBCR LITHIUM CARBONATE LITHIUM CITRATE SYRP			
COMBINATION - PSYCHOTHERAPEUTIC					
PSYCHOTHERAPEUTIC COMBINATION		CHLORDIAZEPOXIDE/AMITRIPT PERPHENAZINE/AMITRIPTYLIN	8	SYMBYAX ¹	Use individual components, which are currently available without a PA. Use PA Form # 20420
STIMULANTS					
STIMULANT - AMPHETAMINES - SHORT ACTING		ADDERALL TABS AMPHETAMINE SALT COMBO DEXEDRINE DEXTROAMPHET SULF TABS DEXTROSTAT TABS			Preferred stimulants will be available without PA if diagnosis of ADHD. As per recent FDA alert, Adderall & Dexedrine should not be used in patients with underlying heart defects since they may be at increased risk for sudden death. Stimulants have dosing limitations per strength and maximum daily doses. Please refer to dose consolidation table for any potential dosing limits per strength. Maximum daily doses are as follows: 50mg daily.
STIMULANT - LONG ACTING AMPHETAMINE SALT		ADDERALL XR CP24			Preferred stimulants will be available without PA if diagnosis of ADHD. As per recent FDA alert, Adderall should not be used in patients with underlying heart defects since they may be at increased risk for sudden death. Stimulants have dosing limitations per strength and maximum daily doses. Please refer to dose consolidation table for any potential dosing limits per strength. Maximum daily doses are as follows: 50mg daily.
LONG ACTING - AMPHETAMINES -		DEXEDRINE Cap CR DEXTROAMPHET SULF CPCR			Preferred stimulants will be available without PA if diagnosis of ADHD. As per recent FDA alert, Adderall & Dexedrine should not be used in patients with underlying heart defects since they may be at increased risk for sudden death. Stimulants have dosing limitations per strength and maximum daily doses. Please refer to dose consolidation table for any potential dosing limits per strength. Maximum daily doses are as follows: 50mg daily.

STIMULANT - METHYLPHENIDATE		FOCALIN METHYLIN TABS METHYLIN SOL METHYLPHENIDATE HCL			Stimulants have dosing limitations per strength and maximum daily doses. Please refer to dose consolidation table for any potential dosing limits per strength. Maximum daily doses are as follows:72mg daily
STIMULANT - METHYLPHENIDATE - LONG ACTING		CONCERTA TBCR DAYTRANA ² FOCALIN XR ¹	5 8	METADATE CD CPCR RITALIN LA	Preferred stimulants will be available without PA if diagnosis of ADHD. Non-preferred products must be used in specified step order. Stimulants also have dosing limitations per strength and maximum daily doses. Please refer to dose consolidation table for any potential dosing limits per strength. 1. Available to those members needing sprinkles with diagnosis of ADHD. 2. FDA approval currently only for ages 6-16. Will be available without PA for this age group. Limit of one patch daily. Max dose of 30MG daily. Use PA Form # 20420
STIMULANTS - STIMULANT LIKE			7 8 8 9 9	STRATTERA ^{1,2} CAFICIT SOLN PROVIGIL TABS DESOXYN TABS DESOXYN CR	1. Failure of both an amphetamine and methylphenidate is required for consideration for approval of Strattera, unless history of substance abuse without current use of abusable medication(s) 2. Strattera currently has dosing limitations allowing one tablet per day for all strengths if obtain approval. Please refer to PDL dosage consolidation chart.3. Non-preferred products must be used in specified step order Provigil: Use PA Form # 20710
ANTI-CATAPLECTIC AGENTS					
PSYCHOTHERAPEUTIC AGENTS - MISC.				XYREM SOL.	Use PA Form # 20710
WEIGHT LOSS					
WEIGHT LOSS					No longer covered: PHENTERMINE, XENICAL, DIDREX, and MERIDIA
ALZHEIMER DISEASE					
ALZHEIMER - Cholinomimetics - NMDA		ARICEPT TABS ¹ NAMENDA ¹	8 8 8 9	EXELON RAZADYNE REMINLY COGNEX CAPS	1. All new users need PA to establish dementia diagnosis and baseline mental status score. Must fail all preferred products before moving to non-preferred. Use PA Form # 20420 and MMSE form
SMOKING CESSATION					
NICOTINE PATCHES / TABLETS		NICODERM CQ PT24			Bupropion SR 150 mg is available without a prior authorization.
NICOTINE REPLACEMENT - OTHER		NICOTINE POLACRILEX GUM NICORETTE GUM	5	COMMIT LOZENGES ¹ NICOTROL INHALER NICOTROL NASAL SPARY	Must fail all preferred products from smoking cessation category (Nicoderm patch and nicotine gum) before moving to non-preferred. Must use Non-preferred products in specified step order. 1. Will be available to patients unable to tolerate preferred products. Use PA Form # 20420
ALCOHOL DETERRENTS					
ALCOHOL DETERRENTS		DISULFIRAM TABS ANTABUSE TABS NALTREXONE HCL TABS CAMPRAL ¹			1. Should only be used in conjunction with formal structured outpatient detoxification Use PA Form # 20420
MISCELLANEOUS ANALGESICS					
ANALGESICS - MISC.		ACEPHEN SUPP ACETAMIN TAB 325MG ACETAMINOPHEN ASPIRIN ASPIRIN EC		ASPIR-81 TBEC AXOCET CAPS DOLOBID TABS EASPRIN TBEC EQUAGESIC TABS	Use PA Form # 20420

	ASPIR-LOW TBEC BUFFERED ASPIRIN TABS BUTAL/ASA/CAFF BUTALBITAL COMPOUND BUTALBITAL/ACET TABS BUTALBITAL/APAP CAPS BUTALBITAL/APAP/CAFFEINE CHILDRENS ASPIRIN CHEW CHILDRENS PAIN RELIEVER CHOLINE MAGNESIUM TRISALI DIFLUNISAL TABS ECOTRIN FEVERALL SUPP GENAPAP GENEBS TABS HEADACHE FORMULA ADDED TABS INFANTAIRE SOLN INFANTS APAP SOLN INFANTS PAIN RELIEVER SUSP MAPAP PAIN RELIEVER Q-NOL TABS SALSALATE TABS TACTINAL EXTRA STRENGTH TABS TYLENOL V-R CHILDRENS ASPIRIN CHEW V-R NON-ASPIRIN TABS		ESGIC-PLUS EXCEDRIN TAB ASA FRE FIORICET TABS FIORINAL CAPS FIORTAL CAPS FORTABS TABS PHRENILIN TABS PHRENILIN FORTE CAPS TRILISATE LIQD TRILISATE TABS ZEBUTAL CAPS ZORPRIN TBCR	
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LONG ACTING NARCOTICS

NARCOTICS - LONG ACTING	AVINZA METHADONE METHADOSE MORPHINE SULFATE ER TB12 ³ OXYCODONE ER ³	7 8 8 8 8 8	DURAGESIC PT72 ¹ KADIAN ² MORPHINE SULFATE SUPP MS CONTIN TB12 ORAMORPH SR TB12 OXYCONTIN TB12	Non-preferred products must be used in specific order. 1. Duragesic will be available without PA for patients treated for or dying from cancer or hospice patients. CA (cancer) or HO (hospice) diag code may be used but store must verify since all scripts will be audited and stores will be liable. 2. Established users are grandfathered. 3. Oxycodone ER allowed only 2 per day for all strengths except 80 mg, where 4 are allowed to achieve max total daily dose of 320mg. 4. Only preferred manufacturer's products will be available without prior authorization. Use PA Form # 20510
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NARCOTICS - SELECTED	TRAMADOL HCL TABS	8 8 8 8 8 8 8 9	BUPRENEX SOLN BUTORPHANOL NALBUPHINE HCL SOLN NUBAIN SOLN STADOL NS SOLN ULTRACET TABS ULTRAM TABS ULTRAM ER	Use PA Form # 20420
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MISCELLANEOUS NARCOTICS

NARCOTICS - MISC.	ACETAMINOPHEN/CODEINE ACTIQ LPOP ¹ ASPIRIN/CODEINE TABS BUTAL/ASA/CAFF/COD CAPS BUTALBITAL/ASPIRIN/CAFFEI CAPS CAPITAL AND CODEINE SUSP ¹ CAPITAL/CODEINE SUSP ¹ CODEINE PHOSPHATE SOLN CODEINE SULFATE TABS ENDOCET TABS ³ ENDODAN TABS HYDROCODONE BITARTRATE/AP TABS HYDROCODONE/ACETAMINOPHEN	ANEXSIA TABS ASCOMP/CODEINE CAPS BUTALBITAL/APAP/CAFFEINE/ CAPS COMBUNOX DARVOCET-N DARVON DEMEROL DILAUDID DILAUDID-HP SOLN FENTANYL CITRATE SOLN FIORICET/CODEINE CAPS FIORINAL/CODEINE #3 CAPS FIORTAL/CODEINE CAPS	1. ACTIQ lollypop and Capital and codeine suspension products require PA for users over 18 years of age. 2. oxycodone/acet 10/650 is 8 times more expensive. Use twice as many of oxycod/acet 5/325 instead. 3. Only preferred manufacturer's products will be available without prior authorization. You can mix and match preferred strengths of oxycodone and oxycodone/acet. to minimize acet. dose similar to certain non-preferred drugs.
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		HYDROMORPHONE HCL ³ MEPERIDINE HCL OXYCODONE OXYCODONE/ACETAMINOPHEN ^{2,3} PENTAZOCINE/NALOXONE TABS PROPOXYPHENE CMPND-65 CAPS PROPOXYPHENE COMPOUND CAPS PROPOXYPHENE HCL CAPS PROPOXYPHENE/ACET TABS PROPOXYPHENE-N/ACET TABS ROXICET ROXIPRIN TABS		HYDROCODONE/IBUPROFEN LORCET LORTAB MAXIDONE TABS NORCO TABS PENTAZOCINE/ACET TABS PERCOCET TABS PERCODAN TABS PHRENILIN W/CAFFEINE/CODE CAPS ROXICET 5/500 TABS ROXICODONE 15MG ROXICODONE 30MG SYNALGOS-DC CAPS TALACEN TABS TALWIN NX TABS TYLENOL/CODEINE #3 TABS TYLOX CAPS VICODIN VICOPROFEN TABS ZYDONE TABS	Use PA Form # 20420 Please refer to General Criteria Category E.
OPIOID DEPENDENCE TREATMENTS		SUBOXONE ¹		SUBUTEX	1. Suboxone is preferred with max dosing limits of 32mg daily if the following conditions are met: a.) There is not another Suboxone script in member's drug profile within the past 30 days. and b.) There is not more than one narcotic fill in member's drug profile between today's fill of suboxone and a prior suboxone fill within the past 90 days. Please provide evidence of monthly monitoring, including random pill counts, urine drug tests, and prescription monitoring program reports.
NARCOTIC ANTAGONISTS					
NARCOTIC - ANTAGONISTS		NALTREXONE HCL TABS		REVIA TABS ¹ VIVITROL INJ ²	1. Will only be approved for side effects experienced with generic that are not described in the literature as occurring with the brand version. Use PA Form # 20420 2. Please see the criteria listed on the Vivitrol PA form. Any narcotics attempting to be filled during Vivitrol approval will require prior authorization. Use PA Form # 30400
COX 2 / NSAIDS					
NSAID- PPI		PREVACID NAPRA-PAC			
COX 2 INHIBITORS - HIGHLY SELECTIVE		CELEBREX CAPS			The FDA has issued a Public Health Advisory warning of the potential for increased cardiovascular risk & GI bleeding with Celebrex use. Dosing limits will be set at a maximum of 200 mg once daily for PA requests or for patients over 60 without PA. Use PA Form # 10310
COX 2 INHIBITORS - SELECTIVE		KETOROLAC TROMETHAMINE MELOXICAM NABUMETONE TABS		MOBIC MOBIC SUSP RELAFEN TABS TORADOL	The FDA has issued a Public Health Advisory warning of the potential for increased cardiovascular risk & GI bleeding with NSAID use. Use PA Form # 10220
NSAIDS		CHILDRENS IBUPROFEN CHILDRENS MOTRIN SUSP DICLOFENAC POTASSIUM TABS DICLOFENAC SODIUM ETODOLAC FENOPROFEN CALCIUM TABS FLURBIPROFEN TABS IBUPROFEN		ADVIL TABS ANAPROX TABS ANAPROX DS TABS ANSAID TABS CATAFLAM TABS CHILDRENS ADVIL SUSP CHILD'S IBUPROFEN SUSP CLINORIL TABS	The FDA has issued a Public Health Advisory warning of the potential for increased cardiovascular risk & GI bleeding with NSAID use. Use PA Form # 20420

		INDOMETHACIN KETOPROFEN MECLOFENAMATE SODIUM CAPS NAPROSYN SUSP NAPROXEN SUSP NAPROXEN TABS NAPROXEN SODIUM TABS OXAPROZIN TABS PIROXICAM CAPS SULINDAC TABS TOLMETIN SODIUM		DAYPRO TABS EC-NAPROSYN TBEC ETODOLAC ER 600MG FELDENE CAPS IBU-200 INDOCIN LODINE MOTRIN NALFON CAPS NAPRELAN TBCR NAPROSYN TABS NAPROXEN DR TBEC NAPROXEN SODIUM TBCR ORUVAIL CP24 PONSTEL CAPS SB IBUPROFEN TABS TOLECTIN VOLTAREN V-R IBUPROFEN TABS	
RHEUMATOID ARTHRITIS					
RHEUMATOID ARTHRITIS	1 1 1 1 1 2 2	AZATHIOPRINE LEFLUNOMIDE HYDROXYCHLOROQUINE METHOTREXATE SULFASALAZINE ENBREL KIT ¹ HUMIRA ¹	6 8 8 8	ARAVAL TABS KINERET SOLN ORENCIA REMICADE	1. Only one step 1 drug is required to obtain Enbrel or Humira without PA. High doses of Enbrel 50mg twice weekly will require a PA. Please refer to the dose consolidation list. Established users will be grandfathered for Enbrel and Humira. Use PA Form #10510
MISCELLANEOUS ARTHRITIS					
ARTHRITIS - MISC.		RIDAURA CAPS MYOCHRYSLINE SOLN		ARTHROTEC ¹	1. The individual components of Arthrotec are available without PA. Use PA Form # 20420
MIGRAINE THERAPIES					
MIGRAINE - ERGOTAMINE DERIVATIVES		MIGRANAL SOLN SANSERT TABS		D.H.E. 45 SOLN	Use PA Form # 10110
MIGRAINE - CARBOXYLIC ACID		DEPAKOTE ER TB24			
MIGRAINE - SELECTIVE SEROTONIN AGONISTS (5HT)-- Tabs	1 1 1 1	IMITREX TABS MAXALT MLT RELPAX MAXALT		FROVA TABS AXERT TABS AMERGE TABS ZOMIG TABS ZOMIG ZMT TBDP ZOMIG NASAL SPRAY	Use PA Form # 10110
MIGRAINE - SELECTIVE SEROTONIN AGONISTS (5HT)-- Injectables		IMITREX KIT IMITREX SOLN IMITREX STATDOSE PEN KIT IMITREX STATDOSE REFILL KIT			Use PA Form # 10110
MIGRAINE MISC		CAFERGOT SUPP CAFERGOT TABS SPASTRIN TABS		MIGRAZONE CAPS BELCOMP-PB SUPP	Use PA Form # 10110
GOUT					
GOUT		ALLOPURINOL TABS COLCHICINE TABS PROBENECID TABS PROBENECID/COLCHICINE TABS SULFINPYRAZONE TABS		ZYLOPRIM TABS	Use PA Form # 20420
MISC.					
ANESTHETICS - MISC.		BUPIVACAINE HCL SOLN LIDOCAINE HCL SOLN MARCAINE SOLN		SENSORCAINE-MPF SOLN SYNVISC INJ XYLOCAINE SOLN	Use PA Form # 30130
ANTI-CONVULSANTS					
ANTICONVULSANTS - MISC.		CARBAMAZEPINE CARBATROL CP12 CELONTIN CAPS CLONAZEPAM TABS DEPAKOTE TBEC DEPAKOTE SPRINKLES CPSP DIASTAT ¹ DILANTIN	8 8 8 8 8 8 8 8	DEPAKENE EQUETRO GABAPENTIN GABITRIL TABS KEPPRA TABS KLONOPIN TABS LYRICA PRIMIDONE TABS	1. Quantity limit. 5/month 2. 200 mg requires a PA. Use two 100 mg instead. Pharmaceutical supply issues will delay implementation until further notice. Use PA Form # 20420

		EPITOL TABS	8	TOPAMAX	
		EQUETRO	8	TRILEPTAL	All non-preferred meds must be used in specified order.
		ETHOSUXIMIDE SYRP	8	ZARONTIN SYRP	
		FELBATOL	8	ZONISAMIDE	
		LAMICTAL	9	NEURONTIN	
		MYSOLINE TABS	9	ZONEGRAN CAPS	
		PHENYTEK CAPS		ADULT BIPOLAR DISORDER: STEP ORDER	SEE ANTICONVULSANT INDICATION CHART AT THE END OF THIS DOCUMENT
		PHENYTOIN	M ~ A		M= Monotherapy A= Adjunctive
		TEGRETOL ²	4 ~ 4	LAMICTAL	9= No Evidence
		TEGRETOL-XR TB12	4 ~ 4	LITHIUM	The step orders show the relative strength of evidence for use in bi-polar and will guide prior authorization determinations.
		VALPROIC ACID	4 ~ 4	CARBAMAZEPINE	Step 4 drugs-no PA required.
		ZARONTIN CAPS	4 ~ 4	VALPROATE	
			4 ~ 4	ATYPICAL ANTIPSYCHOTICS EXC. CLOZAPINE	
			5 ~ 5	TRILEPTAL	
			9 ~ 6	TOPAMAX	
			9 ~ 7	KEPPRA TABS	
			9 ~ 8	GABITRIL TABS	
			9 ~ 9	NEURONTIN	
			9 ~ 9	ZONEGRAN CAPS	
				PEDIATRIC BIPOLAR1 DISORDER: STEP ORDER	
			M ~ A	(6-18 YEARS WITH OR WITHOUT PSYCHOSIS)	Two-step 1 preferred drugs must be tried before Trileptal.
			4 ~ 4	LITHIUM	The step orders show the relative strength of evidence for use in bi-polar and will guide prior authorization determinations.
			4 ~ 4	CARBAMAZEPINE	Step 4 drugs-no PA required.
			4 ~ 4	VALPROATE	
			4 ~ 4	ATYPICAL ANTIPSYCHOTICS EXC.CLOZAPINE	
			4 ~ 4	LAMICTAL	
			5 ~ 5	TRILEPTA	

ANTI-PARKINSON DRUGS

PARKINSONS - ANTI-CHOLINERGICS		AKINETON TABS BENZTROPINE MESYLATE TABS COGENTIN SOLN KEMADRIN TABS TRIHENXYPHENIDYL			
PARKINSONS - COMT		COMTAN TABS		TASMAR TABS	Use PA Form # 20420
PARKINSONS - SELECTED DOPAMIN AGONISTS	1 1 2	MIRAPEX TABS REQUIP TABS PERGOLIDE MESYLATE TABS		PERMAX	Both Mirapex and Requip must be used before Pergolide. Use PA Form # 20420
PARKINSONS - DOPAMINERGICS/CARBI/ LEVO		AMANTADINE HCL BROMOCRIPTINE MESYLATE CARBIDOPA/LEVODOPA TABS* CARBIDOPA/LEVODOPA ER LARODOPA TABS LODOSYN TABS SELEGILINE HCL		APOKYN AZILECT ELDEPRYL CAPS PARLODEL CAPS PARLODEL TABS SINEMET TABS SINEMET TBCR SYMMETREL TABS ZELAPAR ¹	*Only preferred manufacturer's products will be available without prior authorization. 1. Need concurrent therapy with Levodopa Use PA Form # 20420
PARKINSONS - COMBO.		STALEVO			

MUSCLE RELAXANTS

ALS DRUG		RILUTEK TABS			
MUSCLE RELAXANTS		BACLOFEN TABS CHLORZOXAZONE TABS CYCLOBENZAPRINE HCL TABS LIORESAL INTRATHECAL KIT METHOCARBAMOL TABS TIZANIDINE HCL TABS	7 8 8 8 8 8 8 8 9 9	ORPHENADRINE CITRATE CARISOPRODOL TABS ¹ DANTRIUM CAPS FLEXERIL TABS LIORESAL TABS NORFLEX TBCR ROBAXIN-750 TABS ZANAFLEX TABS SKELAXIN TABS SOMA TABS	Non-preferred drugs will not be approved if members circumventing MaineCare prior authorization requirements by paying (prescribers failed to submit prior authorization prior to cash narcotic scripts being filled by member). Non-preferred products must be used in specified step order. Use PA Form # 20420
MUSCLE RELAXANT - COMBINATIONS				CARISOPRODOL/ASPIRIN TABS CARISOPRODOL/ASPIRIN/CODE NORGESIC TABS ORPHENADRINE COMPOUND ORPHENADRINE/ASA/CAFF ORPHENGESIC	Use PA Form # 20420

VITAMINS

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

VITAMINS	ASCORBIC ACID TABS BIOTIN CYANOCOBALAMIN SOLN FOLGARD RX 2.2 TABS FOLIC ACID TABS FOLTX TABS MEPHYTON TABS NIACIN NIACOR TABS NICOTINIC ACID SR CPR PYRIDOXINE HCL TABS SLO-NIACIN TBCR THIAMINE HCL SOLN VITAMIN B-1 TABS VITAMIN B-12 VITAMIN B-6 TABS VITAMIN C VITAMIN E CAPS VITAMIN E/D-ALPHA CAPS VITAMIN K1 SOLN V-R VITAMIN E CAPS	AQUASOL E SOLN AQUAVIT-E SOLN DHT SOLN NASCOBAL GEL	Use PA Form # 20420
VITAMIN D's	CALCIFEROL SOLN ¹ CALCITRIOL CAPS ¹ DRISDOL SOLN ¹ VITAMIN D ^{1,2}	DRISDOL CAPS CALCJEX HECTOROL (ORAL) HECTOROL (PARENTERAL) ROCALTROL ZEMPLAR	1. Diagnosis of dialysis (renal failure) required. 2. OTC Vitamin D no diagnosis required.

MISC MULTI-VITAMINS

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

VITAMINS - MISC.	CENTRUM LIQD CENTRUM TABS CENTRUM JR/IRON CHEW CENTRUM SILVER TABS CENTRUM-LUTEIN TABS CEROVITE ADVANCED FO TABS CHEWABLE MULTIVIT/FL CHEW COD LIVER OIL CAPS COMPLETE SENIOR TABS DAILY MULTI VIT/IRON DIALY VITE 800MG FULL SPECTRUM B M.V.I.-12 INJ MULTI-VIT/FLUORIDE NATACHEW CHEW NATALCARE RX TABS O-CAL PRENATAL OCUVITE TABS ONE DAILY TABS ONE-DAILY MULTIVITAMINS ONE-TABLET-DAILY POLY-VIT/IRON/FLUORID SOLN POLY-VITAMIN/FLUORIDE SOLN POLY-VITAMINS/IRON SOLN PRENATAL TABS PRENATAL FORMULA 3 TABS PRENATAL PLUS TABS PRENATAL PLUS NF TABS PRENATAL PLUS/27MG IRON PRENATAL PLUS/IRON TABS PRENATAL RX/BETA-CAROTENE PROTEGRA CAPS STRESS TAB NF TABS THERAPEUTIC-M TABS THERAVITE LIQD	ADEKS ADVANCED NATALCARE TABS CENTRUM JR/EXTRA C CHEW CENTRUM PERFORMANCE TABS DALYVITE LIQD EMBREX 600 MISC IBERET MATERNA TABS MULTIRET FOLIC -500 TBCR NATAFORT TABS NATALCARE CFE 60 TABS NATALCARE GLOSS TABS NATALCARE PIC TABS NATALCARE PIC FORTE TABS NATALCARE PLUS TABS NATALCARE THREE TABS NATALFIRST TABS NATATAB RX TABS NEPHPLEX RX TABS NEPHROCAPS CAPS NEPHRO-VITE TABS NESTABS RX TABS NIFEREX NUTRINATE CHEW POLY-VI-FLOR SOLN POLY-VI-SOL SOLN POLY-VI-SOL/IRON SOLN POLY-VITAMIN DROPS SOLN PRECARE PREMESIS RX TABS PRENATABS CBF TABS PRENATAL 19 CHEW PRENATAL CARE TABS PRENATAL MR 90 TBCR PRENATAL MTR/SELENIUM TABS	Diag codes are no longer required on prenatal vitamins. Use PA Form # 20420
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TRI-VITAMIN/FLUORIDE SOLN
 VITA CON FORTE CAPS
 VITAMIN B COMPLEX CAPS
 VITAPLEX PLUS TABS

PRENATAL OPTIMA ADVANCE TABS
 PRENATAL PC 40 TABS
 PRENATAL RX TABS
 PRENATE
 PRENATE ELITE
 PRIMACARE MISC
 RENAL CAPS
 RENAPHRO CAPS
 RENA-VITE RX TABS
 STUARTNATAL PLUS 3 TABS
 TRI-VI-SOL SOLN
 TRI-VI-SOL/IRON SOLN
 ULTRA NATALCARE TABS
 ULTRA-NATAL TABS
 VICON FORTE CAPS
 VINATAL FORTE TABS
 VINATE
 VINATE ADVANCED TABS

MISCELLANEOUS MINERALS

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

MINERALS

CALCARB
 CALCI-MIX CAPSULE CAPS
 CALCIIQID SYRP
 CALCITRATE/VITAMIN D TABS
 CALCIUM
 CALCIUM CARBONATE
 CALCIUM CITRATE TABS
 CALCIUM GLUCONATE TABS
 CALCIUM LACTATE TABS
 CALCIUM/MAGNESIUM TABS
 CALCIUM/VITAMIN D TABS
 CALTRATE 600 TABS
 CHEWABLE CALCIUM CHEW
 CITRACAL TABS
 CITRACAL + D TABS
 CITRUS CALCIUM TABS
 CITRUS CALCIUM 1500 + D TABS
 DEXFERRUM SOLN
 EFFERVESCENT POTASSIUM TBEF
 FEOSTAT CHEW
 FERATAB TABS
 FER-GEN-SOL SOLN
 FERGON TABS
 FER-IN-SOL SOLN
 FER-IRON SOLN
 FERRONATE TABS
 FERROUS FUMARATE TABS
 FERROUS GLUCONATE TABS
 FERROUS SULFATE
 FLUOR-A-DAY CHEW
 FLUORIDE CHEW
 FLUORIDE SODIUM CHEW
 FLUORITAB CHEW
 HEMOCYTE TABS
 HM CALCIUM TABS
 K+ POTASSIUM PACK
 KAON ELIX
 KAON-CL-10 TBCR
 KCL 0.075%/D5W/NAACL 0.2% SOLN
 K-EFFERVESCENT TBEF
 KLOR-CON
 KLOTRIX TBCR
 K-PHOS TABS
 K-VESCENT TBEF

ANEMAGEN
 CALCET TABS
 CALCIUM 600-D TABS
 CALCIUM/VITAMIN D TABS
 CALTRATE 600 PLUS/VIT D TABS
 CALTRATE PLUS TABS
 CHROMAGEN
 CITRACAL PLUS TABS
 CONTRIN CAPS
 FEOGEN FORTE CAPS
 FEROCON CAPS
 FERREX 150 CAPS
 FERRO-SEQUELS TBCR
 FE-TINIC CAPS
 FE-TINIC 150 FORTE CAPS
 FLUOR-A-DAY SOLN
 K-DUR TBCR
 KLOR-CON PACK
 K-LYTE
 K-PHOS TABS
 K-TABS TBCR
 K-VESCENT PACK
 NU-IRON 150 CAPS
 OYSTER SHELL CALCIUM/WITA TABS
 POLY-IRON 150 CAPS
 POLYSACCHARIDE IRON CAPS
 POTASSIUM BICARB/CHLORIDE
 SLOW FE TBCR
 TUMS 500 CHEW
 VIACTIV CHEW

Use PA Form # 20420

LURIDE CHEW
MAGNESIUM GLUCONATE TABS
MAGNESIUM SULFATE SOLN
MAGTABS
MICRO-K CPRC
NEUTRA-PHOS
OS-CAL TABS
OS-CAL 500 + D TABS
OYSCO
OYST-CAL TABS
OYST-CAL D TABS
OYST-CAL/VITAMIN D TABS
OYSTER CALCIUM TABS
OYSTER SHELL
PHARMA FLUR
PHOSPHA 250 NEUTRAL TABS
POTASSIUM BICARBONATE TBEF
POTASSIUM CHLORIDE
POTASSIUM EFFERVESCENT
SELENIUM TABS
SLOW-MAG TBCR
SODIUM FLUORIDE
SSKI SOLN
V-R CALCIUM
V-R OYSTER SHELL CALCIUM
ZINC SULFATE CAPS

MISC. ELECTROLYTES/NUTRITIONALS

ELECTROLYTES/ NUTRITIONALS	FISH OIL CAPS INTRALIPID EMUL MCT OIL OIL ORALYTE SOLN P.T.E. -5 SOLN PEDIALYTE SOLN	BOOST CASEC POWD CHOICE DM LIQD DELIVER 2.0 LIQD ENFAMIL ENSURE GLUCERNA ISOCAL LIQD KINDERCAL TF LIQD KINDERCAL TF/FIBER LIQD L-CARNITINE CAPS LIPISORB LIQD MODULEN IBD POWD NUTRAMIGEN POWD NUTREN NUTRITIONAL SUPPLEMENT LIQD NUTRIVENT 1.5 LIQD OMACOR PEPTAMEN PHENYL-FREE PKU 3 POWD PREGESTIMIL POWD PROBALANCE LIQD PROSOBEE SCANDISHAKE PACK	This list of nutritionals is incomplete. All nutritionals still require a PA except for the miscellaneous products listed as preferred. SGA form required for nutritionals unless member has a G/I tube. Use PA Form # 20420 & SGA Form
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ERYTHROPOEITINS

ERYTHROPOEITINS		5 PROCRIT SOLN ¹ 6 EPOGEN SOLN 8 ARANESP SOLN	1. All products require PA but Procrit is first choice. Still msut be used in specified step order Use PA Form # 10520
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GRANULOCYTE CSF

GRANULOCYTE CSF		8 LEUKINE 8 NEUPOGEN SOLN ¹ 9 NEULASTA	Must be used in specified step order.1. 10 day supply/month may be used without a PA. Use PA Form # 20520
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ANTICOAGULANTS / PLATELET AGENTS

ANTICOAGULANTS	ARIXTRA SOLN ¹ FRAGMIN INJ ¹ HEPARIN SODIUM/NACL 0.9% SOLN HEP-LOCK SOLN	COUMADIN TABS IPRIVAS C	1. Arixtra, Fragmin and Lovenox therapy durations greater than 7 days require PA.
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		LOVENOX SOLN ¹ WARFARIN SODIUM TABS HEPARIN LOCK SOLN HEPARIN LOCK FLUSH SOLN HEPARIN SODIUM SOLN HEPARIN SODIUM LOCK FLUSH SOLN INNOHEP JANTOVEN			Use PA Form # 20420
ANTIHEMOPHILIC AGENTS		ALPHANATE BENEFIX SOLR BIOCLATE HELIXATE FS KIT HEMOPIL - M HUMATE-P SOLR KOGENATE FS KONYNE - 80 MONARC - M MONOCLATE - P MONONINE NOVOSEVEN SOLR PROPLEX -T RECOMBINATE SOLR REFACTO		ADVATE ^{1,2}	1. Only if other products unavailable. 2. Advate may be available with PA in cases of large volume dosing in patients with poor venous access. Use PA Form # 20420
PLATELET AGGREGATION INHIBITORS		ASPIRIN DIPYRIDAMOLE TABS PLAVIX TABS ¹	7 8 8	TICLOPIDINE HCL TABS PERSANTINE TABS TICLID TABS	Use PA Form # 20420 1. As of 04.01.2005 Plavix is only available without PA if concurrent aspirin use (on prescription) within 100 days or documented failure or intolerance or other contraindication to aspirin.
PLATELET AGGR. INHIBITORS / COMBO'S - MISC.		PENTOXIFYLLINE ER TBCR CILOSTAZOL		AGGRENOX CP12 ¹ AGGRENOX ² AGRYLIN CAPS PLETAL TABS TRENTAL TBCR	1. Aspirin and dipyridamole are available separately without PA 2. Aggrenox will be approved if submitted with documentation supporting that it is being used for non-embolic stroke. Use PA Form # 20420
HEMOSTATIC					
HEMOSTATIC		AMICAR AMINOCAPROIC ACID			
OPHTHALMICS					
OP. ANTIBIOTICS		AK-SPORE OINT BACITRACIN OINT BACITRACIN/NEOMYCIN/POLYM BACITRACIN/POLYMYXIN B OINT CHLOROPTIC SOLN ERYTHROMYCIN OINT GENTAMICIN SULFATE NEOMYCIN/POLYMYXIN/GRAMIC NEOSPORIN SOLN POLYSPORIN SODIUM SULFACETAMIDE SOLN SULFACETAMIDE SODIUM TERRAMYCIN OINT TOBRAMYCIN SULFATE SOLN TRIMETHOPRIM SULFATE/POLY VIOPTIC SOLN		AK-POLY-BAC OINT AK-SULF OINT AK-TOB SOLN BLEPH-10 SOLN GENTAK ILOTYCIN OINT NEOMYCIN/BACI/POLYM OINT NEOSPORIN OINT OCUSULF-10 SOLN OCUTRICIN SOLN TERAK OINT TOBREX OINT TRIFLURIDINE SOLN	Use PA Form # 20420
OP. QUINOLONES	1 1 1 2	CILOXAN OINT CILOXAN SOLN OCUFLOX SOLN QUIXIN SOLN			Step order must be followed to avoid PA. Must fail Ocuflax and a Ciloxan product before moving to next step product without PA. Use PA Form # 20420
OP. QUINOLONES - 4TH GENERATION		VIGAMOX ZYMAR			
OP. ARTIFICIAL TEARS AND LUBRICANTS		AKWA TEARS OINT ARTIFICIAL TEARS OINT ARTIFICIAL TEARS SOLN CELLUVISC SOLN EYE LUBRICANT OINT GENTEAL		AKWA TEARS SOLN ARTIFICIAL TEARS SOLN OP BION TEARS SOLN DRY EYES OINT DURATEARS OINT HYPO TEARS	Use PA Form # 20420

	LIQUITEARS SOLN MAJOR TEARS SOLN PURALUBE OINT PURALUBE TEARS SOLN REFRESH SOLN OP REFRESH PLUS SOLN REFRESH PM OINT	ISOPTO TEARS SOLN LACRI-LUBE LUBRIFRESH P.M. OINT MURINE SOLN MUROCEL SOLN NATURE'S TEARS SOLN REFRESH SOLN REFRESH TEARS SOLN SYSTANE TEARGEN SOLN TEARISOL SOLN TEARS NATURALE TEARS PURE SOLN TEARS RENEWED OINT THERATEARS SOLN V-R ARTIFICIAL TEARS SOLN	
OP. BETA - BLOCKERS	BETOPTIC-S SUSP CARTEOLOL HCL SOLN LEVOBUNOLOL HCL SOLN METIPRANOLOL SOLN TIMOLOL MALEATE SOLG (GEL) TIMOLOL MALEATE SOLN	BETAGAN SOLN BETAXOLOL HCL SOLN BETIMOL SOLN ISTALOL OCUPRESS SOLN OPTIPRANOLOL SOLN TIMOPTIC SOLN TIMOPTIC-XE SOLG	Use PA Form # 20420
OP. ANTIINFLAMMATORY / STEROIDS OPHTH.	AK-SPORE HC OINT ALREX SUSP BLEPHAMIDE SUSP CORTISPORIN SUSP DEXAMETH SOD PHOS SOLN FLAREX SUSP FLUOROMETHOLONE SUSP FML LIQUIFILM SUSP FML S.O.P. OINT FML-S LIQUIFILM SUSP INFLAMASE SOLN LOTEMAX SUSP NEOM/POLIN/DEX PRED FORTE SUSP PRED MILD SUSP PREDNISOLONE TOBRADEX	AK-TROL SUSP BAC/POLY/NEOMY/HC OINT BLEPHAMIDE S.O.P. OINT ECONOPRED EFLONE SUSP FLUOR-OP SUSP MAXITROL NEO/POLY/BAC/HC OINT PRED-G SUSP PRED-G S.O.P. OINT SULFACET SOD/PRED SOLN VASOCIDIN SOLN VEXOL SUSP	Use PA Form # 20420
OP. PROSTAGLANDINS	LUMIGAN SOLN TRAVATAN SOLN	RESCULA SOLN XALATAN SOLN	All preferred products must be used prior to non-preferred products. Use PA Form # 20420
OP. CYCLOPLEGICS	AK-PENTOLATE SOLN ATROPINE SULFATE CYCLOPENTOLATE HCL SOLN ISOPTO HYOSCINE SOLN	CYCLOGYL SOLN ISOPTO ATROPINE SOLN ISOPTO HOMATROPINE SOLN MUROCOLL-2 SOLN	Use PA Form # 20420
OP. MIOTICS DIRECT ACTING	ISOPTO CARBACHOL SOLN ISOPTO CARPINE SOLN PILOCAR SOLN PILOCARPINE HCL SOLN PILOPINE HS GEL		
OP. ADRENERGIC AGENTS	DIPIVEFRIN HCL SOLN EPIFRIN SOLN	PROPINE SOLN	Use PA Form # 20420
OP. SELECTIVE ALPHA ADRENERGIC AGONISTS	ALPHAGAN SOLN ALPHAGAN P SOLN	IOPIDINE SOLN	Use PA Form # 20420
OP. ANTI-ALLERGICS	ELESTAT PATANOL SOLN	ALOCRIL SOLN ALOMIDE SOLN EMADINE SOLN LIVOSTIN SUSP OPTICROM SOLN ZADITOR	Use PA Form # 20420
OP. ANTI-ALLERGICS- MASTCELL STABILIZERS	ALAMAST SOLN		Must fail all preferred products before non-

STABILIER CLASS				preferred. Use PA form #20420
OP. CARBONIC ANHYDRASE INHIBITORS/COMBO		AZOPT SUSP COSOPT SOLN TRUSOPT SOLN		Must fail all preferred products before non-preferred. Use PA form #20420
OP. NSAID'S		ACULAR LS ACULAR SOLN FLURBIPROFEN SODIUM SOLN VOLTAREN SOLN	OCUFEN SOLN NEVANAC	Must fail all preferred products before non-preferred. Use PA Form # 20420
OP. OF INTEREST		ENUCLENE SOLN	BOTOX SOLR RESTASIS ¹	1. Must have kerato conjunctivitis sicca and failed other dry eye therapies. Use PA Form # 20420
DERMATOLOGICAL				
TOPICAL - ACNE PREPARATIONS		ACUTANE CAPS AZELEX CREA BENZOYL PEROXIDE CLEOCIN-T DIFFERIN ERYDERM SOLN ERYTHROMYCIN GEL ERYTHROMYCIN PADS ERYTHROMYCIN SOLN METROCREAM CREA METROGEL GEL METROLOTION LOTN PLEXION RETIN-A CREA ¹ RETIN-A GEL ¹ RETIN-A LIQD ¹ SODIUM SULFACET/SULF LOTN	ALTINAC CREA AVITA CREA BENZAC BENZAFLIN GEL BENZAGEL-10 GEL BENZAMYCIN GEL BENZAMYCINPAK PACK BREVOXYL CLINAC BPO GEL CLINDAGEL GEL CLINDAMYCIN PHOSPHATE CLINDETS SWAB DESQUAM-E GEL DESQUAM-X DUAC GEL EMGEL GEL ERYCETTE PADS ERYGEL GEL EVOCLIN FINEVIN CREA KLARON LOTN NEOBENZ MICRO NORITATE CREA RETIN-A MICRO GEL SULFACET-R LOTN TRETINOIN TRIAZ ZETACET	1. For these Retin-A products, over 24 yr. need PA. Use PA Form # 20420
TOPICAL - ANTIBIOTIC		BACIT/NEOMYCIN/POLYM OINT BACITRACIN OINT BACTROBAN ¹ CENTANY OINT 2% ¹ GENTAMICIN SULFATE	CORTISPORIN TRIPLE ANTIBIOTIC OINT	1. Quantity limit of 30 g per month. Use PA Form # 20420
TOPICAL ANTIFUNGALS		CLOTRIMAZOLE CLOTRIMAZOLE/BETA CREA ECONAZOLE NITRATE CREAM KETOCONAZOLE CREA LOPROX GEL LOPROX .77 CREA LOPROX 1.0 CREAM LOPROX 1.0 LOTN LOPROX TS LOTN MICONAZOLE NITRATE CREA MYCO-TRIACT II CREA NIZORAL SHAM NTA OINT NYSTATIN NYSTATIN/TRIAMCINOLONE PEDI-DRI POWD TINACTIN TRI-STATIN II CREA	EXELDERM FUNGIZONE CREA HYDROCORT/IODOO CREA LAMISIL LOPROX 0.77 LOTN LOPROX SHAMPOO SHAM LOTRIMIN LOTRISONE MENTAX CREA MONISTAT-DERM CREA MYCOGEN II CREA MYCOLOG-II CREA MYCOSTATIN POWD NAFTIN NIZORAL CREA NYSTAT-RX POWD NYSTOP POWD OXISTAT PENLAC NAIL LACQUER SOLN SPECTAZOLE CREAM	Use PA Form # 10120
TOPICAL - ANTIPRURITICS		ZONALON CREA	PRUDOXIN CREA	Use PA Form # 20420

TOPICAL - ANTIPSORIATICS	DOVONEX SORIATANE CAPS TAZORAC		OXSORALEN ULTRA CAPS PSORiatec CREA TACLONEX ¹ VANAMIDE	Must fail all preferred products before non-preferred. Use PA Form # 20420 1. Individual ingredients are available as preferred without PA.
TOPICAL ANTISEBORRHEICS	CAPITROL SHAM SELENIUM SULFIDE SHAM SELSUN BLUE SHAM		CARMOL SCALP TREATMENT KIT ZNP BAR BAR	Use PA Form # 20420
TOPICAL - ANTIVIRALS	DENAVIR CREA ZOVIRAX OINT ¹			1. Zovirax may be used once without PA.
TOPICAL - ANTINEOPLASTICS	EFUDEX FLUOROPLEX CREA SOLARAZE GEL		CARAC CREA	Use PA Form # 20420
TOPICAL - BURN PRODUCTS	FURACIN CREA SSD CREA THERMAZENE CREA		SILVADENE CREA SILVER SULFADIAZINE CREA SSD AF CREA	Use PA Form # 20420
TOPICAL -CORTICOSTEROIDS	LOW POTENCY DESOWEN HYDROCORTISONE CREA HYDROCORTISONE LOTN LACTICARE-HC LOTN NUTRACORT LOTN TEXACORT SOLN TRIDESILON CREA MEDIUM POTENCY CUTIVATE DESOXIMETASONE .05% ELOCON FLUOCINOLONE ACETONIDE .025-.01% FLUOSYN CREA HYDROCORTISONE BUTYRATE HYDROCORTISONE OINT HYDROCORTISONE VALERATE MOMETASONE FUROATE OINT TRIAMCINOLONE ACETONIDE .025-.1% HIGH POTENCY CYCLOCORT DIPROLENE DESOXIMETASONE .25% DESONIDE FLUOCINOLONE ACETONIDE .02% FLUOCINONIDE HALOG HALOG-E CREA TRIAMCINOLONE ACETONIDE .5% VERY HIGH POTENCY BETAMETHASONE DIPROPIONATE BETAMETHASONE VALERATE BETA-VAL CLOBETASOL PROPIONATE ULTRAVATE PSORCON MISCELLANEOUS CAPEX SHAM DERMA-SMOOTHIE/FS OIL PROCTO-KIT CREA		ACLOVATE AMCINONIDE CREA ANUSOL HC-1 OINT ARISTOCORT A AUGMENTED BETA DIP OINT CLOBEX CLODERM CREA CORDRAN CORMAX DERMATOP DIFLORASONE DIACETATE ELOCON OINT HYDROCORTISONE POWD KENALOG AERS LIDA MANTLE HC CREA LIDEX LIDEX-E CREA LOCOID LUXIQ FOAM OLUX FOAM PANDEL CREA PROCTOCORT CREA PSORCON E SYNALAR OINT TEMOVATE TOPICORT TOPICORT LP CREA WESTCORT	Use PA Form # 20420
TOPICAL - STEROID LOCAL ANESTHETICS	PRAMOSONE ZONE-A FORTE LOTN		EPIFOAM FOAM	Use PA Form # 20420
TOPICAL - STEROID COMBINATIONS	DERMA-SMOOTHIE/FS ATOPIC P KIT		CARMOL-HC CREA	Use PA Form # 20420
TOPICAL - EMOLLIENTS	AMLACTIN CREA CETAPHIL GENTLE CLEANSER LOTN LAC-HYDRIN LACTINOL-E CREA UREACIN-20 CREA VITAMIN A & D MEDICATED OINT		AMMONIUM LACTATE CREA LACLOTION LOTN LACTINOL LOTN MEDERMA GEL MIMYX RENOVA CREA	Use PA Form # 20420
TOPICAL - ENZYMES / KERATOLYTICS / UREA	GRANUL-DERM AERS GRANULEX AERS		CARMOL 40 CREA SANTYL OINT	Use PA Form # 20420

		PANAFIL OINT PANAFIL SE PAPAIN-UREA-CHLORO OINT TBC AERS XENADERM OINT		SALEX CREAM SALEX LOTION ZIOX OINT	
TOPICAL - GENITAL WARTS		ALDARA	5 8	PODOFILOX SOLN CONDYLOX	Non-preferred products must be used in specified order. Use PA Form # 20420
TOPICAL - IMMUNOMODULATORS			8 9	ELIDEL CREA PROTOPIC OINT	Non-preferred products must be used in specified order. The FDA has issued a Public
TOPICAL - LOCAL ANESTHETICS		AF CAPSICUM OLEORESIN CREA CAPSAICIN CREA ELA-MAX ¹ EMLA CREA ¹ EMLA/TEGADERM KIT ¹ XYLOCAINE		EMLA PADS LIDA MANTLE CREA LIDOCAINE HCL LIDODERM PTCH PONTOCAINE SOLN ZOSTRIX	1. Emla and Ela-Max products require PA for users over 18 years of age. Use PA Form # 20420
TOPICAL - DEPIGMENTING AGENTS			8 8 8 8 8 8 8 9	ALUSTRA CREA EPIQUIN MICRO GLYQUIN CREA HYDROQUINONE CREA HYDROQUINONE/SUNSCREENS SOLAQUIN FORTE CREA TRI-LUMA CREA ELDOQUIN	Not covered for cosmetic purposes. Use PA Form # 20420
TOPICAL - SCABICIDES AND PEDICULICIDES		ACTICIN CREA ELIMITE CREA EURAX LICE KILLING SHAM LICE TREATMENT CREME RINS LIQD NIX CREME RINSE LIQD PERMETHRIN LOTN		LINDANE OVIDE LOTN	
TOPICAL - WOUND / DECUBITUS CARE		ACCUZYME OINT ACCUZYME SPRAY ACCUZYME SE ETHEZYME		REGRANEX GEL REGENECARE RADIAPLEX RX	Use PA Form # 20420
TOPICAL - ASTRINGENTS / PROTECTANTS		ALUMINUM CHLORIDE SOLN DRYSOL SOLN XERAC AC SOLN		LOWILA BAR MOISTURIN DRY SKIN CREA PROSHIELD PLUS SKIN PROTE CREA SURGILUBE GEL	Use PA Form # 20420
TOPICAL - ANTISEPTICS / DISINFECTANTS		HIBICLENs LIQD PHISOHEX LIQD POVIDONE-IODINE SOLN		BETADINE OINT FORMALYDE-10 AERS IODOSORB LAZERFORMALYDE SOLUTION SOLN	Use PA Form # 20420
MISCELLANEOUS EYE					
OP. MISC.		AK-DILATE SOLN EYE WASH SOLN NAPHAZOLINE HCL SOLN PHENYLEPHRINE HCL SOLN PONTOCAINE SOLN SODIUM CHLORIDE		LENS PLUS REWETTING DROPS MURO 128 NEO-SYNEPHRINE SOLN	Use PA Form # 20420
MISCELLANEOUS EAR					
EAR		A/B OTIC SOLN ACETASOL SOLN ACETASOL HC SOLN ACETIC ACID ACETIC ACID/HYDROCORTISON ALLERGEN SOLN ANTIPYRINE/BENZOCAINE SOLN AURODEX SOLN AUROGUARD SOLN AUROTO OTIC SOLN CERUMENEX SOLN CIPRODEX CORTISPORIN SOLN CORTOMYCIN EAR DROPS SOLN EAR DROPS RX SOLN		AERO OTIC HC SOLN ANTIBIOTIC EAR SOLN ANTIBIOTIC EAR SUSP AURALGAN SOLN CIPRO HC SUSP COLY-MYCIN-S SUSP CORTISPORIN SUSP CORTISPORIN-TC SUSP DEBROX SOLN DOMEBORO SOLN PEDIOTIC SUSP VOSOL-HC SOLN ZOTANE HC SOLN ZOTO-HC SOLN	Use PA Form # 20420

EAR WAX REMOVAL DROPS
 EAR-GESIC SOLN
 FLOXIN OTIC SOLN
 NEOMYCIN/POLYMYXIN/HC
 OTICAINE OTIC SOLN

MOUTH ANTISEPTICS

MOUTH ANTI-INFECTIVES	NILSTAT SUSP EAR-GESIC SOLN NYSTATIN SUSP	MYCELEX TROC MYCOSTATIN LOZG	Use PA Form # 20420
MOUTH ANTISEPTICS	CHLORHEXIDINE GLUCONATE LIDOCAINE VISCOUS SOLN TRIAMCINOLONE IN ORABASE PSTE TRIAMCINOLONE ORADENT PSTE	APHTHASOL PSTE PERIDEX SOLN PERIOGARD SOLN TRIAMCINOLONE ACETONIDE PSTE XYLOCAINE VISCOUS SOLN	Must fail all preferred products before non-preferred. Use PA Form # 20420

DENTAL PRODUCTS

DENTAL PRODUCTS	ETHEDENT CREA GEL-KAM CONC PHOS FLUR SOLN PREVIDENT PREVIDENT SOLN SF GEL STANNOUS FLUORIDE ORAL RI CONC	APF GEL GEL DENTAGEL GEL PHOS-FLUR GEL SF 5000 PLUS CREA THERA-FLUR-N GEL	Use PA Form # 20420
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ARTIFICIAL SALIVA/STIMULANTS

ARTIFICIAL SALIVA/STIMULANTS	EVOXAC CAPS SALIVA SUBSTITUTE SOLN	RADIACARE SOLR SALAGEN TABS	Use PA Form # 20420
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MISCELLANEOUS ANORECTAL

ANORECTAL - MISC.	ANALPRAM-HC CREA COLOCORT ENEM CORTENEMA ENEM ELA-MAX 5 CREA HYDROCORTISONE ENEM PROCTOZONE-HC CREA	ANUSOL-HC CREA CORTIFOAM FOAM PROCTOCREAM-HC CREA PROCTOFOAM HC FOAM PROCTO-KIT CREA PROCTOSOL HC CREA	Use PA Form # 20420
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T-CELL ACTIVATION INHIBITOR

PSORIASIS BIOLOGICALS	ENBREL ¹ RAPTIVA ¹	AMEVIVE ²	1. Will not require a PA if at least one systemic drug such as methotrexate, cyclosporine, methoxsalen or acitretin is in members drug profile. High doses of Enbrel 50mg twice weekly will require a PA. Please refer to dose consolidation list. 2. Trial of both preferred drugs are required. Use PA Form # 20910
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ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINES	DIMETHYL SULFOXIDE SOLN	ARTHX DS CAPS CO-ENZYME Q10 DEHYDROEPIANDOSTERONE DHEA TABS FLEXAGEN TABS GLUCOSAMINE/CHONDROITIN HM GINKGO BILOBA TABS MELATONIN TABS	Use PA Form # 20420
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CHELATING AGENTS

CHELATING AGENTS	CUPRIMINE CAPS	DEPEN TITRATABS TABS EXJADE	Use PA Form # 20420
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ANTILEPTIC

ANTILEPTIC		THALOMID CAPS	Use PA Form # 20420
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ANTINEOPLASTIC AGENTS - IMMUNOMODULATOR

ANTINEOPLASTIC AGENTS - IMMUNOMODULATOR		REVLIMID ¹	1. Quantity limits apply
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ANTINEOPLASTIC AGENTS - ANTIADNDROGENS

ANTINEOPLASTIC AGENTS - ANTIADNDROGENS	CASODEX		
ANTINEOPLASTIC AGENTS - TYROSINE KINASE INHIBITORS	GLEEVEC	SPRYCEL ¹	1. Verification of diagnosis and prior trial of at least Gleevec is required. Use PA Form # 20420

CANCER

CANCER		ALIMTA AVASTIN ERBITUX VIDAZA		NEXAVAR ¹ SUTENT ^{1,2}	1. PA required to confirm FDA approved indication 2. Avoid CYP3A4 drug drug interaction
IMMUNOSUPPRESSANTS					
IMMUNOSUPPRESSANTS		CELLCEPT CYCLOSPORINE MODIFIED CYCLOSPORINE SOL MODIFIED GENGRAF CAPS MYFORTIC PROGRAF CAPS RAPAMUNE SANDIMMUNE		CYCLOSPORINE CAPS NEORAL ¹	1. Established users will require a one time PA. Use PA Form # 20420
PURINE ANALOG					
PURINE ANALOG		AZASAN TABS AZATHIOPRINE TABS		IMURAN TABS	Use PA Form # 20420
K REMOVING RESINS					
K REMOVING RESINS		KAYEXALATE POWD KIONEX POWD SODIUM POLYSTYRENE SULFON SPS SUSP SPS 30GM/120ML ENEMA SUSP			Use PA Form # 20420

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.

ANTI-CONVULSANTS INDICATION CHART

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

	SEIZURES	MONOTHERAPY BIPOLAR	ADJUNCTIVE BIPOLAR
LITHIUM		1	1
CARBMAZEPINE	X	1	1
VALPROATE	X	1	1
ATYPICAL ANTIPSYCHOTICS EXC. CLOZAPINE	X	1	1
LAMICTAL	X	1	1
TRILEPTAL	X	5	5
CLOZAPINE	X	6	6