

CATEGORY	Step Order	PREFERRED DRUGS	Step Order	NON-PREFERRED DRUGS PA Required	Comments
General Criteria for all PDL categories- For more information or help using the PDL, providers may call 1-888-445-0497; members should call 1-866-796-2463. To access PDL and PA materials via the internet: www.mainearepdl.org					
A: <u>Preferred Drugs</u> - Unless otherwise specified, preferred drugs are available without prior authorization. Step order may apply for preferred drugs in some drug categories as indicated on the PDL. (See item "D" below for explanation of step order.)					
B: <u>Requests for Non-preferred Drugs</u> - Preferred drugs must be tried and failed due to lack of efficacy or intolerable side effects before non-preferred drugs will be approved, unless an acceptable clinical exception is offered on the Prior Authorization form, such as the presence of a condition that prevents usage of the preferred drug or a significant potential drug interaction between another drug and the preferred drug(s) exists.					
C: <u>Adequate Drug Trials</u> - 1. The minimum trial period for each preferred and step order drug is two weeks, unless otherwise stated within specific PDL drug categories; trials with less than a two week duration will be reviewed on a case-by-case basis; 2. A trial will not be considered valid if non-preferred products were readily available (by override, individual purchase, samples, etc.); 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. Adequate trials require documentation of attempts to titrate dose of preferred agents toward desired clinical response. 5. Adequate trials include prevention/treatment of common adverse effects associated with preferred agents (example: antinausea, antipruritics, etc.)					
D: <u>Step Order</u> - When numbers appear in the "step order" column, it means drugs in this category must be used in the order specified, with the lower numbers having preference over the higher numbers. Chart notes should be provided to confirm drug trials that do not appear in the member's MaineCare drug profile.					
E: <u>Brand Name Medication Requests</u> - (Must be submitted on the Brand Name PA request form)- According to MaineCare Benefits Manual Chapter II (80.07-5), when medically necessary covered brand-name drugs have an A-rated generic equivalent available, the most cost effective medically necessary version will be approved and reimbursed, since the brand-name and A-rated generic drugs have been determined by the FDA to be chemically and therapeutically equivalent. The Bureau does not make determinations as to whether or not a generic drug is clinically inferior or inequivalent to its brand version. This is the proper role of the FDA. Physicians should submit their reports of generic inequivalence directly to the FDA via the MEDWATCH.					
F: <u>PA requests for non- FDA Approved Indications</u> - 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- blind, placebo-controlled randomized clinical studies establishing both safety and efficacy.					
G: <u>Dose Consolidation Requirements</u> - Some drugs may also be affected by dose consolidation requirements. Please see Dose Consolidation List and/or Splitting Tables provided in the PDL.					
H: <u>Trials from Multiple Drug Classes</u> - Trial/failure/intolerance to preferred agents from multiple classes within the same category or other categories of drugs may be required prior to the approval of non-preferred agents (e.g., Cymbalta, Zofran, Elidel and others).					
J: <u>Drug-specific PA Forms</u> - Drug-specific PA forms contain medical necessity documentation requirements and/or criteria that may not be repeated in the PDL. Drug-specific PA forms may be obtained on the web at www.mainearepdl.org .					
K: <u>PA Exemptions for Prescribers</u> - According to MaineCare Benefits Manual Chapter II (80.07-4), providers may receive a three (3) month exemption from prior authorization requirement for certain categories of drugs when they demonstrate high compliance with the Department's PDL. The Department will notify providers in writing which drug categories are included and what dates apply to the exemption. If a provider loses his/ her exemption, members who previously were not required to obtain a PA while the prescriber was exempt will be required to do so, and criteria for approval of that medication will need to be met.					

ASSORTED ANTIBIOTICS

BETA-LACTAMS / CLAVULANATE COMBO'S		AMOXICILLIN AMOXIL ¹ AMPICILLIN AMOXICILLIN/POTASSIUM CLA CHEW AMOXICILLIN/POTASSIUM CLA SUSR AMOXICILLIN/POTASSIUM CLA TABS AUGMENTIN ES-600 SUSR AUGMENTIN XR TB12 BEEPEN BICILLIN L-A SUSP DICLOXACILLIN SODIUM CAPS DYNAPEN SUSR GEOCILLIN TABS OXACILLIN SODIUM SOLR PENICILLIN V POTASSIUM TICAR SOLR TIMENTIN SOLR TRIMOX UNASYN SOLR VEETIDS ZOSYN		AMOXIL 500MG TABS AUGMENTIN ³ PRINCIPEN CAPS ² PRINCIPEN SUSR	1. Amoxil 500mg tabs are non-preferred. All other Amoxil products are preferred. 2. Principen 250 mg is available without PA. 3. Chewable 125mg & 250mg and Solution 125mg/5ml and 250mg/5ml available without PA. Use PA Form # 20420
CEPHALOSPORINS		CEFADROXIL HEMIHYDRATE CEFAZOLIN SODIUM SOLR CEFUROXIME AXETIL TABS CEFTIN SUSP CEFZIL CEPHALEXIN MONOHYDRATE DURICEF SUSR FORTAZ SOLR		CECLOR ¹ CEDAX CEFACTOR ¹ CEFADROXIL MONOHYDRATE TABS CEFTIN DURICEF TABS FORTAZ SOLN KEFLEX CAPS	1. Both brand and generic are clinically non-preferred. Use PA Form # 20420

		KEFZOL SOLR MAXIPIME SOLR OMNICEF ROCEPHIN VANTIN		TAZICEF SOLR	
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 PERIOSTAT	Use PA Form # 20420
FLUOROQUINOLONES		AVELOX ABC PACK TABS AVELOX SOLN AVELOX TABS CIPROFLOXACIN CIPRO XR ¹		CIPRO 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	Use PA Form # 20420
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 TBCR KETEK LORABID METRONIDAZOLE 375MG CAPS ² METRONIDAZOLE 750MG TABS ² NEBUPENT SOLR PROLOPRIM TABS TINDAMAX ¹ XIFAXAN	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
CARBAPENEMS				INVANZ SOLR MERREM SOLR PRIMAXIN	
LINCOSAMIDES / OXAZOLIDINONES / LEPROSTATICS		CLEOCIN SOLN CLEOCIN SUSR CLINDAMYCIN HCL 150CAPS		CLEOCIN CAPS CLINDAMYCIN HCL 300CAPS ¹ ZYVOX SUSR	1. Use multiple 150's for Clindamycin instead of 300's. Zyvox: use PA Form # 30820

		DAPSONE TABS		ZYVOX TABS	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 5 5 6 8 8	LAMISIL TABS SPORANOX SOLN ² SPORANOX PULSEPAK CAPS ³ SPORANOX CAPS ³ DIFLUCAN ¹ NIZORAL TABS	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. Use PA Form # 10120
ANTI - VIRALS					
ANTIRETROVIRALS		AGENERASE CAPS APTIVUS COMBIVIR TABS CRIVAN CAPS EMTRIVA EPIVIR / HBV EPZICOM FORTOVASE CAPS HIVID TABS INVIRASE CAPS KALETRA LEXIVA NORVIR 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
CYTO-MEGALOVIRUS AGENTS		GANCICLOVIR VALCYTE TABS		CYTOVENE CAPS	Use PA Form # 20420
HEPATITIS AGENTS					
HEPATITIS C AGENTS		PEG-INTRON REBETRON KIT REBETOL CAPS	8 8 8 8	COPEGUS TABS PEGASYS KIT PEGASYS SOLN RIBAVIRIN CAPS	Use PA Form # 20420
HEPATITIS AGENTS - MISC.				ACTIMMUNE	Use PA Form # 20420
HEPATITIS B ONLY		HEPSERA TABS			
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. 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		BOTOX	1. Myobloc approval will be limited to Cervical

		ORAP TABS PROSTIGMIN TABS		MYOBLOC ¹	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 PREDNISONONE SOLU-CORTEF SOLR SOLU-MEDROL SOLR		CORTEF 10 and 20 TABS DECADRON TABS FLORINEF TABS MEDROL TABS MEDROL DOSEPAK TABS PEDIAPRED LIQD PREDNISONONE 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 OXANDRIN 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		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 PROMETRIUM 200MG ¹ PROVERA TABS	1. PA approvals will require two 100 mg caps instead of one 200mg. 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-QD 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		ORTHO EVRA PTWK ^{1,2}		NUVARING RING	1. No PA required for users less than 21 years

VAGINAL PRODUCTS					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. Use PA Form # 20420
CONTRACEPTIVES - MONOPHASIC COMBINATION O/C'S		ALESSE-28 TABS DEMULEN 1/35-28 TABS DEMULEN 1/50-28 TABS DESOGEN TABS LEVLEN-28 TABS 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 LEVLITE-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. 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 LANTUS SOLN NOVOLIN NOVOLOG RELION VELOSULIN BR SOLN		HUMALOG HUMULIN	Use PA Form # 30140
DIABETIC - PENFILLS			5 5 5 8 8 8	NOVOLIN PENFILL NOVOLOG PENFILL SOLN NOVOLOG MIX PENFILL HUMALOG MIX 75/25 PEN SUSP HUMALOG PEN SOLN HUMULIN PEN	PA's will be granted for significant visual or neurological impairment. Products must be used in specified step order. Use PA Form # 20420
DIABETIC - OTHER				SYMLIN	
INCRETIN MIMETIC				BYETTA	One prefilled pen per month. There are 60 doses per each pen and each pen is a 30 day supply
DIABETIC - ORAL SULFONYLUREAS		CHLORPROPAMIDE TABS GLIMEPIRIDE GLIPIZIDE TABS GLIPIZIDE ER TABS GLYBURIDE TABS GLYBURIDE MICRONIZED TABS		AMARYL TABS DIABETA TABS GLUCOTROL TABS GLUCOTROL XL TBCR GLYNASE TABS MICRONASE TABS	Use PA Form # 20420

		TOLAZAMIDE TABS TOLBUTAMIDE TABS			
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 AVNDAMET			
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 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 THYROID TABS THYROLAR UNITHROID TABS		LEVOTHYROXINE SODIUM SOLR SYNTHROID TABS ¹	Use PA Form # 20420
ANTITHYROID THERAPIES		METHIMAZOLE TABS PROPYLTHIOURACIL TABS		TAPAZOLE TABS	Use PA Form # 20420
OSTEOPOROSIS					
OSTEOPOROSIS		ACTONEL TABS FOSAMAX SOLN FOSAMAX TABS FOSAMAX PLUS D MIACALCIN SOLN		AREDIA SOLR BONIVA DIDRONEL TABS EVISTA TABS ¹ FORTEO	1. Approval only requires failure of Fosamax or Actonel. Use PA Form # 20420
CALCIMIMETIC/ SHPTH AGENTS					
CALCIMIMETIC AGENTS - SHPTH				SENSIPAR	Use PA Form # 30115
GROWTH HORMONE					
GROWTH HORMONE			5 5 6 8 8 8	GENOTROPIN TEV-TROPIN NUTROPIN HUMATROPE SOLR NORDITROPIN CARTRIDGE SOLN SAIZEN SOLR	Products must be used in specified step order. Use PA Form # 10710
SOMATOSTATIC AGENTS		SANDOSTATIN			
GROWTH HORMONE ANTAGONISTS					
GH ANTAGONISTS				SOMAVERT	Use PA Form # 10710
URINARY INCONTINENCE					
VASOPRESSINS			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 DITROPAN XL TBCR ENABLEX ¹ VESICARE ¹		OXYTROL SANCTURA	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 CPR NITROL OINT NITRO-TIME CPR			
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
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 CPR 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 CPR	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 ¹ 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	Use PA Form # 20420
				DYNACIRC CR TBCR ¹	1. Grandfather established users
				CARDENE CAPS CARDENE SR CPR NICARDIPINE HCL CAPS	Use PA Form # 20420
		NIFEDIPINE TBCR NIFEDIPINE ER TBCR NIFEDICAL XL TBCR	8 8 8	ADALAT CC TBCR NIFEDIPINE CAPS PROCARDIA CAPS	Established users of Adalat CC are grandfathered Use PA Form # 20420

		8	PROCARDIA XL TBCR	
	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 QUINAGLUTE QUINIDINE GLUCONATE QUINIDINE SULFATE RYTHMOL SOTALOL HCL TABS TAMBOCOR		BETAPACE TABS BETAPACE AF TABS CORDARONE DISOPYRAMIDE FLECAINIDE PACERONE PROPRAFENONE MEXITIL RYTHMOL SR TIKOSYN ¹ QUINIDEX	1. Prescription must be written by Cardiologist. Use PA Form # 20420
ACE INHIBITORS	BENAZEPRIL HCL CAPTOPRIL TABS ENALAPRIL MALEATE TABS LISINOPRIL TABS MONOPRIL TABS	5 8 8 8 8 8 8 8 8 8 8	MAVIK TABS ACCUPRIL TABS ACEON TABS ALTACE CAPOTEN TABS FOSINOPRIL SODIUM LOTENSIN TABS MOEXIPRIL PRINIVIL TABS UNIVASC VASOTEC TABS ZESTRIL TABS	Non-preferred products must be used in specified order. Use PA Form # 20420
ANGIOTENSIN RECEPTOR BLOCKER	AVAPRO TABS BENICAR TABS COZAAR TABS DIOVAN MICARDIS TABS TEVETEN TABS		ATACAND 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		ATACAND HCT TABS	Preferred products only available without PA if patient on diabetic therapy or prior ACE therapy. Use PA Form #20420

		HYZAAR TABS MICARDIS HCT TABS TEVETEN HCT TABS			
DIURETICS		ACETAZOLAMIDE TABS AMILORIDE HCL BUMETANIDE CHLOROTHIAZIDE TABS CHLORTHALIDONE TABS EDECIN TABS FUROSEMIDE HYDROCHLOROTHIAZIDE INDAPAMIDE TABS METHAZOLAMIDE TABS METHYLCLOTHIAZIDE 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 INSPIRA LASIX TABS LOZOL TABS MAXZIDE MICROZIDE CAPS MIDAMOR TABS MODURETIC 5-50 TABS NAQUA TABS NATURETIN TABS SPIRONOLACTONE 50MG ¹	1. Multiples of Spironolactone 25 mg are cheaper than 50 mg strength Inspra will be approved for severe breast tenderness and male gynecomastia Use PA Form # 20420
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		ADVICOR TBCR ALTOPREV TB 24 CRESTOR LIPITOR TABS LESCOL CAPS LESCOL XL TB24 LOVASTATIN TABS VYTORIN ZETIA TABS ¹ ZOCOR TABS		MEVACOR TABS PRAVACHOL TABS PRAVIGARD	1. Zetia available without PA as addition to Zocor 80 mg, Lipitor 80 mg, or Crestor 40mg. Zetia will also be approved with a PA as add on for patients at maximally tolerated doses of statins. Zocor patients trying to use Zetia must use Vytorin instead. Use PA Form # 20420
PULMONARY ANTI-HYPERTENSIVES					
PULMONARY ANTI-HYPERTENSIVES				FLOLAN TRACLEER	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 govt.), impotence agents are no longer covered.
ANTI-EMETOGENICS					
ANTIEMETIC - ANT-CHOLINERGIC / DOPAMINERGIC		MECLIZINE HCL TABS PHENERGAN SUPP PHENERGAN FORTIS SYRP 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 ZOFRAN SOLN* ZOFRAN TABS* ZOFRAN ODT TBDP		ALOXI ANZEMET TABS KYTRIL	See quantity limit table. Zofran: Use PA Form # 30810 Others: Use PA Form # 20420
NON-SEDATING ANTIHISTAMINES / DECONGESTANTS					
ANTI-HISTAMINES - NON-SEDATING		ALAVERT TABS ¹	5	CLARINEX TABS ²	1. Preferred drugs are OTC loratidines. 2. Claritin OTC is not covered under the PA.

SEDATING		CLARITIN ALLERGY (OTC) ¹ CLARITIN SYRP (OTC) ² TAVIST ND (OTC) ¹	5 5 8 8 9	CLARINEX SYR ³ ZYRTEC ³ ALLEGRA CLARITIN ² FEXOFENADINE	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 without PA. Pseudoephedrine is available with prescription. Use PA Form # 20530
ALLERGY / ASTHMA THERAPIES					
ANTIASTHMATIC ANTI-CHOLINERGICS - INHALER		ATROVENT AERS ATROVENT HFA		SPIRIVA ¹	1. Will approve PA if FEV1 <= 50% or if recent COPD hospitalization due to Atrovent failure. Use PA Form # 20420
ANTIASTHMATIC ANTI-CHOLINERGICS - NEBULIZER		IPRATROPIUM BROMIDE SOLN		ATROVENT SOLN	Use PA Form # 20420
ANTIASTHMATIC - ANTIINFLAMMATORY 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 4 4 4	FLONASE SUSP ¹ NASONEX SUSP ¹ BECONASE AERS BECONASE AQ INHA NASAREL SOLN		FLUNISOLIDE SOLN NASACORT AERS NASACORT AQ AERS RHINOCORT AERO RHINOCORT AQUA SUSP TRI-NASAL SOLN VANCENASE POKKETHALER AERS	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 FORADIL AEROLIZER CAPS MAXAIR METAPROTERENOL SEREVENT TERBUTALINE SULFATE TABS		ACCUNEB NEBU ALUPENT AERP BRETHINE PROVENTIL PROVENTIL HFA AERS VENTOLIN AERS VENTOLIN HFA AERS VOLMAX TBCR VOSPIRE ER TB12 XOPENEX NEBU ^{1,2}	1. Xopenex users with prior asthma hospitalization due to albuterol nebulizer failure will be grandfathered. 2. Quantity Limit: 12 cc/day 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. Must be using inhaled steroid, unless less than 14 years old, for script to avoid requiring a PA. 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 LEVBIID TB12 LEVSIN ELIX LEVSIN TABS LEVSIN/SL SUBL 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 PREVACID SOLUTABS**	6 7 8 8	ACIPHEX TBEC OMEPRAZOLE CPDR NEXIUM CPDR ZEGERID	** Prevacid Solutabs available without PA for children less than 9 years old and Long Term Care Residents. 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 7	ULTRASE CPEP ULTRASE MT LIPRAM	Non-preferred products are a one time PA for life (for CF diagnosis). Non-preferred products must be used in specified step order.

			7 7 7 7 8 8 8 8 8 8 8	PANCREASE PANCRELIPASE PANGESTYME PANOKASE TABS CREON KUTRASE CAPS KU-ZYME CAPS LIPRAM CR PANCREASE MT PANCRECARB MS-8 CPEP VIOKASE	Use PA Form # 20420
GI - ANTI - FLATULENTS / GI STIMULANTS		CALULOSE SYRP CONSTULOSE SYRP ENULOSE SYRP GASTROCROM CONC GENERLAC SYRP LACTULOSE SYRP METOCLOPRAMIDE HCL SIMETHICONE		CEPHULAC SYRP GAS-X CHEW INFANTS GAS RELIEF SUSP REGLAN TABS	Diag codes no longer necessary for preferred products. Lactulose has 60cc/day QL Use PA Form # 20420
GI - INFLAMMATORY BOWEL AGENTS		ASACOL TBEC AZULFIDINE TABS AZULFIDINE EN-TABS TBEC CANASA SUPP COLAZAL CAPS DIPENTUM CAPS PENTASA CPCR ROWASA ENEM SULFASALAZINE TABS		SULFAZINE EC TBEC	Use PA Form # 20420
GI - IRRITABLE BOWEL SYNDROME AGENTS				LOTRONEX 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-Q-LACE CAPS DOCUSATE CALCIUM CAPS DOCUSATE SODIUM DOCUSIL CAPS DOK CAPS FIBER LAXATIVE TABS FLEET GENFIBER POWD GLYCERIN HIPREX TABS KRISTALOSE PACK METAMUCIL MILK OF MAGNESIA SUSP MINERAL OIL OIL MIRALAX POWD ¹ MIRALAX PACK ¹ SENNA SENOKOT GRAN SENOKOT SYRP SENOKOT CHILDRENS SYRP SENOKOT XTRA TABS SORBITOL STOOL SOFTENER CAPS SUCRALFATE TABS		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 GLYCOLAX ¹ MALTSUPEX NULYTELY SOLR PEG 3350/ELECTROLYTES SOLR SENOXON TABS SENOKOT TABS SENOKOT S TABS STOOL SOFTENER PLUS CAPS UNI-CENNA TABS UNI-EASE PLUS CAPS V-R NATURAL SENNA LAXATIV TABS	1. Quantity Limit: 255 g/90-day without PA for greater than 18 years old. No quantity limit for less than 18 years old. 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

		UNI-EASE CAPS UNIFIBER POWD URSO FORTE URSODIOL			
MISC. UROLOGICAL					
UROLOGICAL - MISC.		ACETIC ACID 0.25% SOLN BICITRA SOLN CYTRA-K SOLN FURADANTIN SUSP K-PHOS MF TABS 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 PYRIDIDIUM PLUS TABS RENACIDIN SOLN TRICITRATES SYRP UREX TABS URISED TABS UROCIT-K UROQID #2 TABS		CITRIC ACID/SODIUM CITRAT SOLN CYTRA-2 SOLN ELMIRON CAPS ¹ MACROBID CAPS MANDELAMINE TABS NITROFURANTOIN MACR CAPS POLYCITRA-K CRYSTALS PACK POTASSIUM CITRATE/CITRIC SOLN PYRIDIDIUM TABS	1. Elmiron requires adequate proof of Dx with supportive testing. Use PA Form # 20420
PHOSPHATE BINDERS					
PHOSPHATE BINDERS		PHOSLO MAGNEBIND - 400		FOSRENOL 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. Use PA Form #20530
INTRA-VAGINALS					
VAGINAL- ANTIBACTERIALS	1 1 3	CLEOCIN CREA METROGEL VAGINAL GEL CLEOCIN SUPP			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 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	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	FLOMAX CP24 CARDURA TABS HYTRIN CAPS UROXATRAL	Non-preferred products must be used in specified order. Use PA Form # 20420
ANXIOLYTICS					
ANXIOLYTICS - BENZODIAZEPINES		ALPRAZOLAM TABS CHLORDIAZEPOXIDE HCL CAPS		ATIVAN SERAX	Use PA Form # 20420

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	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 should not be used in patients with underlying heart defects since they may be at increased risk for sudden death.
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.
LONG ACTING - AMPHETAMINES -	DEXEDRINE Cap CR DEXTROAMPHET SULF CPCR				Preferred stimulants will be available without PA if diagnosis of ADHD.
STIMULANT - METHYLPHENIDATE	FOCALIN METHYLIN TABS METHYLIN SOL METHYLPHENIDATE HCL				
STIMULANT - METHYLPHENIDATE - LONG ACTING	CONCERTA TBCR FOCALIN XR		5 8	METADATE CD CPCR ¹ RITALIN LA	Preferred stimulants will be available without PA if diagnosis of ADHD. Non-preferred products must be used in specified step order. 1. Easily approved for patients needing the sprinkles. Use PA Form # 20420
STIMULANTS - STIMULANT LIKE			7 8 8 8 8 8 9	STRATTERA ^{1,2} CAFCIT SOLN CYLERT CHEW CYLERT TABS DESOXYN TABS PROVIGIL TABS PEMOLINE	1. Required failure of both an amphetamine and methylphenidate (unless history of substance abuse) 2. Strattera allowed only 1 per day for all strengths except 40mg, where 2 are allowed to achieve 80mg or 100mg daily. 3. Non-preferred products must be used in specified step order Provigil: Use PA Form # 20710
ANTI-CATAPLECTIC AGENTS					
PSYCHOTHERAPEUTIC				XYREM SOL.	Use PA Form # 20710

AGENTS - MISC.					
WEIGHT LOSS					
WEIGHT LOSS					No longer covered: PHENTERMINE,
ALZHEIMER DISEASE					
ALZHEIMER - Cholinomimetics - NMDA		ARICEPT TABS ¹ EXELON ¹ NAMENDA ¹	9	COGNEX CAPS RAZADYNE ² REMINLY ²	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. 2. Established users are grandfathered 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		COMMIT LOZENGES ¹	Must fail all preferred products before moving to non-preferred. 1. 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 program.
MISCELLANEOUS ANALGESICS					
ANALGESICS - MISC.		ACEPHEN SUPP ACETAMIN TAB 325MG ACETAMINOPHEN ASPIRIN ASPIRIN EC 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		ASPIR-81 TBEC AXOCET CAPS DOLOBID TABS EASPRIN TBEC EQUAGESIC 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	Use PA Form # 20420
LONG ACTING NARCOTICS					
NARCOTICS - LONG ACTING		KADIAN CP24 AVINZA METHADONE METHADOSE MORPHINE SULFATE ER TB12 ³ OXYCODONE ER ³	7 8 8 8 8 8	DURAGESIC PT7 ¹ KADIAN ² MORPHINE SULFATE SUPP MS CONTIN TB12 ORAMORPH SR TB12 OXYCONTIN TB1 ¹	Non-preferred products must be used in specific order. 1. Duragesic, Oxycontin and Palladone 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. Effective 2/16/2006 only the Endo brand will be

Effective 2.16.2006 only the ENDO brand will be available without PA (labeler 60951) Use PA Form # 20510

NARCOTICS - SELECTED		TRAMADOL HCL TABS		BUPRENEX SOLN BUTORPHANOL NALBUPHINE HCL SOLN NUBAIN SOLN STADOL NS SOLN ULTRACET TABS ULTRAM TABS	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 TABS³ ENDODAN TABS FENTANYL CITRATE SOLN HYDROCODONE BITARTRATE/AP TABS HYDROCODONE/ACETAMINOPHEN HYDROMORPHONE HCL³ MEPERIDINE HCL OXYCODONE OXYCODONE/ACETAMINOPHEN ² PENTAZOCINE/NALOXONE TABS PROPOXYPHENE COMPOUND CAPS PROPOXYPHENE CMPND-65 CAPS PROPOXYPHENE HCL CAPS PROPOXYPHENE/ACET TABS PROPOXYPHENE-N/ACET TABS ROXICET ROXIPRIN TABS SUBOXONE		ANEXSIA TABS ASCOMP/CODEINE CAPS BUTALBITAL/APAP/CAFFEINE/ CAPS COMBUNOX DARVOCET-N DARVON DEMEROL DILAUDID DILAUDID-HP SOLN FIORICET/CODEINE CAPS FIORINAL/CODEINE #3 CAPS FIORTAL/CODEINE CAPS HYDROCODONE/IBUPROFEN LORCET LORTAB MAXIDONE TABS NORCO TABS PENTAZOCINE/ACET TABS PERCOCET TABS PERCODAN TABS PHRENILIN W/CAFFEINE/CODE CAPS ROXICET 5/500 TABS SYNALGOS-DC CAPS TALACEN TABS TALWIN NX TABS TYLENOL/CODEINE #3 TABS TYLOX CAPS VICODIN VICOPROFEN TABS ZYDONE TABS	1. ACTIQ lollipop 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. Effective 2.16.2006 only the Endo brand will be available without PA (labeler 60951) You can mix and match preferred strengths of oxycodone and oxycodone/acet. to minimize acet. dose similar to certain non-preferred drugs. Use PA Form # 20420 Please refer to General Criteria Category E.
OPIOID DEPENDENCE TREATMENTS		SUBOXONE		SUBUTEX	

NARCOTIC ANTAGONISTS

NARCOTIC - ANTAGONISTS		NALTREXONE HCL TABS		REVIA TABS	Use PA Form # 20420
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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 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 # 10310.
NSAIDS		CHILDRENS IBUPROFEN CHILDRENS MOTRIN SUSP DICLOFENAC POTASSIUM TABS DICLOFENAC SODIUM ETODOLAC FENOPROFEN CALCIUM TABS		ADVIL TABS ANAPROX TABS ANAPROX DS TABS ANSAID TABS CATAFLAM TABS CHILDRENS ADVIL SUSP	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

		FLURBIPROFEN TABS IBUPROFEN INDOMETHACIN KETOPROFEN MECLOFENAMATE SODIUM CAPS NAPROSYN SUSP NAPROXEN SUSP NAPROXEN TABS NAPROXEN SODIUM TABS OXAPROZIN TABS PIROXICAM CAPS SULINDAC TABS TOLMETIN SODIUM		CHILD'S IBUPROFEN SUSP CLINORIL TABS 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	AZATHIOPRINE LEFLUNAMIDE HYDROXYCHLOROQUINE METHOTREXATE SULFASALAZINE	5 5 8 8 8	ENBREL KIT ARAVAL TABS HUMIRA KINERET SOLN REMICADE	1. No PA for Arava if methotrexate previously tried. 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					
ANTICONSULSANTS - MISC.		CARBAMAZEPINE CARBATROL CP12 CELONTIN CAPS CLONAZEPAM TABS DEPAKOTE TBEC DEPAKOTE SPRINKLES CPSP	8 8 8 8 8 8	DEPAKENE GABAPENTIN GABITRIL TABS KEPPRA TABS KLONOPIN TABS LYRICA	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.

		DIASTAT ¹	8	PRIMIDONE TABS	Use PA Form # 20420
		DILANTIN	8	TOPAMAX	
		EPITOL TABS	8	TRILEPTAL	All non-preferred meds must be used in specified order.
		EQUETRO	8	ZARONTIN SYRP	
		ETHOSUXIMIDE SYRP	8	ZONEGRAN CAPS	
		FELBATOL	9	NEURONTIN	
		LAMICTAL	A ~ B	ADULT BIPOLAR DISORDER: STEP ORDER	
		MYSOLINE TABS	4 ~ 4	LAMICTAL	See review in DUR section of website.
		PHENYTEK CAPS	5 ~ 5	TRILEPTAL	A= Monotherapy
		PHENYTOIN	9 ~ 6	TOPAMAX	B= Adjunctive
		TEGRETOL ²	9 ~ 7	KEPPRA TABS	9= No Evidence of efficacy
		TEGRETOL-XR TB12	9 ~ 8	GABITRIL TABS	The step orders show the relative strength of evidence for use in bi-polar and will guide prior authorization determinations.
		VALPROIC ACID	9 ~ 9	NEURONTIN	
		ZARONTIN CAPS	9 ~ 9	ZONEGRAN CAPS	
				PEDIATRIC BIPOLAR 1 DISORDER: STEP ORDER	
			A ~ B	(6-18 YEARS WITH OR WITHOUT PSYCHOSIS)	Two step 1 preferred drugs must be tried before Trileptal.
			1 ~ 1	LITHIUM	
			1 ~ 1	CARBAMAZEPINE	
			1 ~ 1	VALPROATE	
			1 ~ 1	ATYPICAL ANTIPSYCHOTICS EXC.CLOZAPINE	
			1 ~ 1	LAMICTAL	
			5 ~ 5	TRILEPTAL	
			6 ~ 6	CLOZAPINE	

ANTI-PARKINSON DRUGS

PARKINSONS - ANTI-CHOLINERGICS		AKINETON TABS BENZTROPINE MESYLATE TABS COGENTIN SOLN KEMADRIN TABS TRIHEXYPHENIDYL			
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 ELDEPRYL CAPS PARLODEL CAPS PARLODEL TABS SINEMET TABS SINEMET TBCR SYMMETREL TABS	* Effective 2.16.2006 only the Endo brand will be available without PA (labeler 60951) 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	7 7 8 8 8 8 8 8 8 9 9	ORPHENADRINE CITRATE TIZANIDINE HCL TABS 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. Both step 7's must be tried. 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		AQUASOL E SOLN	Use PA Form # 20420
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	BIOTIN CYANOCOBALAMIN SOLN FOLGARD RX 2.2 TABS FOLIC ACID TABS FOLTX TABS MEPHYTON TABS NIACIN NIACOR TABS NICOTINIC ACID SR CPCP 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	AQUAVIT-E SOLN DHT SOLN NASCOBAL GEL	
VITAMIN D's	CALCIFEROL SOLN ¹ CALCITRIOL CAPS ¹ DRISDOL SOLN ¹ VITAMIN D ^{1,2}	DRISDOL CAPS CALCIJEX 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 M.V.I.-12 INJ MULTI-VIT/FLUORIDE NATACHEW CHEW NATALCARE RX TABS NEPHRO-VITE 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 TRI-VITAMIN/FLUORIDE SOLN VITA CON FORTE CAPS	ADEKS ADVANCED NATALCARE TABS CENTRUM JR/EXTRA C CHEW CENTRUM PERFORMANCE TABS DALYVITE LIQD EMBEX 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 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 PRENATAL OPTIMA ADVANCE TABS PRENATAL PC 40 TABS	Diag codes are no longer required on prenatal vitamins. Use PA Form # 20420
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VITAMIN B COMPLEX CAPS
VITAPLEX PLUS TABS

PRENATAL RX TABS
PRENATE
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
CALCIQUID 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/NACL 0.2% SOLN
K-EFFERVESCENT TBEF
KLOR-CON
KLOTRIX TBCR
K-PHOS TABS
K-VESCENT TBEF
LURIDE CHEW
MAGNESIUM GLUCONATE TABS
MAGNESIUM SULFATE SOLN

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/VITA TABS
POLY-IRON 150 CAPS
POLYSACCHARIDE IRON CAPS
POTASSIUM BICARB/CHLORIDE
SLOW FE TBCR
TUMS 500 CHEW
VIACTIV CHEW

Use PA Form # 20420

MAGTABS
 MICRO-K CPCR
 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
 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

ERYTHROPOEITINS

ERYTHROPOEITINS

5
 6
 8

PROCRIT SOLN¹
 EPOGEN SOLN
 ARANESP SOLN

1. All products require PA but Procrit is first choice. Still must be used in specified step order.
 Use PA Form # 10520

GRANULOCYTE CSF

GRANULOCYTE CSF

8
 8
 9

LEUKINE
 NEUPOGEN SOLN¹
 NEULASTA

Must be used in specified step order. 1. 10 day supply/month may be used without a PA. Use PA Form # 20520

ANTICOAGULANTS / PLATELET AGENTS

ANTICOAGULANTS

ARIXTRA SOLN
 FRAGMIN INJ¹
 HEPARIN SODIUM/NACL 0.9% SOLN
 HEP-LOCK SOLN
 LOVENOX SOLN¹
 WARFARIN SODIUM TABS
 HEPARIN LOCK SOLN

COUMADIN TABS
 IPRIVAS C

1. Fragmin and Lovenox therapy durations greater than 7 days require PA.

 Use PA Form # 20420

		HEPARIN LOCK FLUSH SOLN HEPARIN SODIUM SOLN HEPARIN SODIUM LOCK FLUSH SOLN INNOHEP JANTOVEN			
ANTIHEMOPHILIC AGENTS		ALPHANATE BENEFIX SOLR BIOCLATE HELIXATE FS KIT HEMOFIL - 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 AGRYLIN CAPS PLETAL TABS TRENTAL TBCR	1. Aspirin and dipyridamole are available separately without PA 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 VIROPTIC 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 TOBEX 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 Ciloxxan 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 LIQUITEARS SOLN MAJOR TEARS SOLN PURALUBE OINT PURALUBE TEARS SOLN		AKWA TEARS SOLN ARTIFICIAL TEARS SOLN OP BION TEARS SOLN DRY EYES OINT DURATEARS OINT HYPO TEARS ISOPTO TEARS SOLN LACRI-LUBE LUBRIFRESH P.M. OINT MURINE SOLN	Use PA Form # 20420

		REFRESH SOLN OP REFRESH PLUS SOLN		MUROCEL SOLN NATURE'S TEARS SOLN REFRESH SOLN REFRESH TEARS SOLN REFRESH-PM OINT SYSTANE TEARGEN SOLN TEARISOL SOLN TEARS NATURALE TEARS PURE SOLN TEARS RENEWED OINT THERATEARS SOLN V-R ARTIFICIAL TEARS SOLN	
OP. BETA - BLOCKERS		BETIMOL SOLN BETOPTIC-S SUSP CARTEOLOL HCL SOLN LEVOBUNOLOL HCL SOLN METIPRANOLOL SOLN TIMOLOL MALEATE SOLN TIMOLOL MALEATE SOLG (GEL)		BETAGAN SOLN BETAXOLOL HCL 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		XALATAN SOLN TRAVATAN SOLN LUMIGAN SOLN		RESCULA SOLN	Preferred products must be used in specified step order or PA required. 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 STABILIER CLASS		ALAMAST SOLN			Must fail all preferred products before non- 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		OCUFEN SOLN	Must fail all preferred products before non- preferred. Use PA Form # 20420

		ACULAR SOLN FLURBIPROFEN SODIUM SOLN VOLTAREN SOLN			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		ACCUTANE CAPS AKNE-MYCIN OINT AZELEX CREA BENZOYL PEROXIDE CLEOCIN-T DIFFERIN 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 ERYDERM SOLN ERYGEL GEL FINEVIN CREA KLARON LOTN 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 KETOCONAZOLE CREA LOPROX .77 CREA LOPROX 1.0 CREAM LOPROX 1.0 LOTN LOPROX GEL LOPROX TS LOTN MICONAZOLE NITRATE CREA MYCO-TRIA CET II CREA NIZORAL SHAM NTA OINT NYSTATIN NYSTATIN/TRIAMCINOLONE PEDI-DRI POWD SPECTAZOLE CREA TINACTIN TRI-STATIN II CREA		ECONAZOLE NITRATE 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	Use PA Form # 10120
TOPICAL - ANTIPRURITICS		ZONALON CREA		PRUDOXIN CREA	Use PA Form # 20420
TOPICAL - ANTIPSORIATICS		DOVONEX OXSORALEN ULTRA CAPS TAZORAC		PSORiatec CREA SORIATANE CAPS VANAMIDE	Must fail all preferred products before non-preferred. Use PA Form # 20420
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			1. Zovirax may be used once without PA.

TOPICAL - ANTINEOPLASTICS	ZOVIRAX OINT ¹ 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% FLUROSYN 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 RENOVA CREA	Use PA Form # 20420
TOPICAL - ENZYMES / KERATOLYTICS / UREA	GRANUL-DERM AERS GRANULEX AERS PANAFIL OINT PAPAIN-UREA-CHLORO OINT TBC AERS XENADERM OINT		CARMOL 40 CREA SANTYL OINT SALEX CREAM SALEX LOTION ZIOX OINT	Use PA Form # 20420
TOPICAL - GENITAL WARTS	ALDARA	5 8	PODOFILOX SOLN CONDYLOX	Non-preferred products must be used in specified order. Use PA Form # 20420
TOPICAL -		8	ELIDEL CREA	Non-preferred products must be used in

IMMUNOMODULATORS			9	PROTOPIC OINT	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 9	ALUSTR A CREA 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 LIOD LINDANE NIX CREME RINSE LIOD OVIDE LOTN PERMETHRIN LOTN			
TOPICAL - WOUND / DECUBITUS CARE		ACCUZYME OINT ACCUZYME SPRAY ETHEZYME		REGRANEX GEL	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 LIOD PHISOHEX LIOD 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 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 EAR WAX REMOVAL DROPS EAR-GESIC SOLN FLOXIN OTIC SOLN NEOMYCIN/POLYMYXIN/HC OTICAINE OTIC SOLN		ACETASOL HC 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 DOMBORO SOLN PEDIOTIC SUSP VOSOL-HC SOLN ZOTANE HC SOLN ZOTO-HC SOLN	Use PA Form # 20420
MOUTH ANTISEPTICS					
MOUTH ANTI-INFECTIVES		NILSTAT SUSP EAR-GESIC SOLN		MYCELEX TROC MYCOSTATIN LOZG	Use PA Form # 20420

		NYSTATIN SUSP			
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
ARTIFICIAL SALIVA/STIMULANTS					
ARTIFICIAL SALIVIA/STIMULANTS		EVOXAC CAPS SALIVA SUBSTITUTE SOLN		RADIACARE SOLR SALAGEN TABS	Use PA Form # 20420
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
T-CELL ACTIVATION INHIBITOR					
PSORIASIS BIOLOGICALS			5 8 8	ENBREL AMEVIVE RAPTIVA	Use PA Form # 20910
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
CHELATING AGENTS					
CHELATING AGENTS		CUPRIMINE CAPS		DEPEN TITRATABS TABS	Use PA Form # 20420
ANTILEPROTIC					
ANTILEPROTIC				THALOMID CAPS	Use PA Form # 20420
CANCER					
CANCER		ALIMTA AVASTIN ERBITUX VIDAZA			
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

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		
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		
LYRICA	X	X (2 nd line)	X(2 nd Line)				

	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

CELEXA/CITALOPRAM SPLITTING TABLE

The most cost effective way to utilize Celexa/citalopram

NON PREFERRED: PA NEEDED				DESIRED DOSE	PREFERRED: NO PA Required (splitting tabs)				savings per 30 day supply
10MG	20MG	40MG	COST/DAY	MG/DAY	10MG	20MG	40MG	COST/DAY	
30			\$1.50	10mg		15		\$0.75	\$22.50
	30		\$1.50	20mg			15	\$0.75	\$22.50
	45		\$3.00	30mg		15	15	\$1.50	\$45.00
		30	\$1.50	40mg			30	\$1.50	N/A

* Celexa / citalopram requires splitting of 20mg and/or 40mg scored tabs to avoid PA.

* At present these represent the most commonly written scripts. The shaded areas require no changes since they do not offer savings opportunities. Celexa is flat priced across all strengths. They are scored and easily split. The unshaded rows on the left side all have less expensive ways of being written involving splitting of the Celexa scored tabs.

* Max daily dose of Celexa / citalopram is 40mg. Clinical studies of effectiveness did not demonstrate an advantage for the 60mg/day dose over the 40mg/day dose. There is an increased risk of side effects at doses greater than 40mg/day. (Celexa® Package Insert 2005 Forest Laboratories, Inc.)

LEXAPRO SPLITTING TABLE

The most cost effective way to utilize Lexapro

NON PREFERRED: PA NEEDED				DESIRED DOSE	PREFERRED: NO PA Required (splitting tabs)				savings per 30 day supply
5MG	10MG	20MG	COST/DAY	MG/DAY	5MG	10MG	20MG	COST/DAY	
15 tabs				2.5MG	15 tabs				

	15		\$0.75	5MG		15		\$0.75	N/A
	30		\$1.50	10MG			15	\$0.75	\$22.50
	45		\$2.25	15MG		15	15	\$1.50	\$22.50
	30		\$1.50	20MG			30	\$1.50	N/A

* Lexapro requires splitting of 5mg, 10mg and/or 20mg scored tabs to avoid PA.

* At present these represent the most commonly written scripts. The shaded areas require no changes since they do not offer savings opportunities. Lexapro is flat priced across all strengths. They are scored and easily split. The unshaded rows on the left side all have less expensive ways of being written involving splitting of the Lexapro scored tabs.

* Max daily dose of Lexapro is 20mg.



ZOLOFT SPLITTING TABLE

The most cost effective way to utilize Zoloft

NON PREFERRED: PA NEEDED				DESIRED DOSE	PREFERRED: NO PA Required (splitting tabs)				savings per 30 day supply
25MG	50MG	100MG	COST/DAY	MG/DAY	25MG	50MG	100MG	COST/DAY	
15 tabs			\$1.00	12.5mg	15 tabs			\$1.00	N/A
30			\$2.00	25*		15		\$1.00	\$30.00
45			\$3.00	37.5	15	15		\$2.00	\$30.00
	30		\$2.00	50*			15	\$1.00	\$30.00
	45		\$3.00	75		15	15	\$2.00	\$30.00
		30	\$2.00	100*			30	\$2.00	N/A
30		30	\$4.00	125		15	30	\$3.00	\$30.00
	30	30	\$4.00	150*			45	\$3.00	\$30.00
30	30	30	\$6.00	175		15	45	\$4.00	\$60.00
		60	\$4.00	200*			60	\$4.00	N/A
30		60	\$6.00	225		15	60	\$5.00	\$30.00
	30	60	\$6.00	250*			75	\$5.00	\$30.00
30	30	60	\$8.00	275		15	75	\$6.00	\$60.00

		90	\$6.00	300*			90	\$6.00	N/A
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** At present these represent the most commonly written scripts. The shaded areas require no changes since they do not offer savings opportunities. Zoloft is flat priced across all strengths. They are scored and easily split. The unshaded rows on the left side all have less expensive ways of being written involving splitting of the Zoloft scored tabs.*