

CATEGORY	Step Order	PREFERRED DRUGS	Step Order	NON-PREFERRED DRUGS Required	PA	Comments
General Criteria for all PDL categories. (For specific criteria on a drug or category please see PDL with Criteria)						
<p>A: To apply to all categories with brand and generic versions on different sides of the PDL: Prior Authorizations for non-preferred brands or in certain cases non-preferred generic form -- 1. Requests will be approved for patients that show reduced objective outcomes on the preferred version relative to the non-preferred version. 2. Requests will be approved for patients experiencing side effects on the preferred generic version only if the side effect has not been reported in the literature for the brand version. The completion and submission of the medwatch form will then also be required.</p>						
<p>B: To apply to all requests for non-preferred brands and other drugs with PA conditions for non FDA approved indications. Decisions will be made on a case by case basis until the DUR committee is able to review the evidence and make a recommendation. Interim approvals and DUR recommendations for approval of a drug for a non FDA approved indication will require a minimum of two published, peer reviewed, non contradicted, double-blinded, placebo-controlled, randomized studies establishing both safety and efficacy.</p>						
<p>C: PDL drugs may also be affected by dose consolidation requirements. See list of limited drugs start on the last page of PDL.</p>						
<p>D: 1. The minimum trial periods for each preferred and step-order drug is two weeks, unless otherwise stated within specific PDL drug categories. 2. A trial will not be considered valid if non preferred products were readily available (paid by override, cash, or samples). 3. Certain drug trials, such as with preferred narcotics, may require evidence that the preferred drugs were actually tried (example: with urine drug tests). 4. Trials with less than a two week duration will be reviewed on a case-by-case basis.</p>						
<p>E: Other Criteria: Drugs that must be submitted on specific prior authorization forms may contain additional criteria that has not been repeated below in this document.</p>						
<b>ASSORTED ANTIBIOTICS</b>						
BETA-LACTAMS / CLAVULANATE COMBO'S		AMOXICILLIN AMOXIL <sup>1</sup> AMPICILLIN AUGMENTIN AUGMENTIN ES-600 SUSR AUGMENTIN XR TB12 BEEPEN BICILLIN L-A SUSP DICLOXACILLIN SODIUM CAPS DYNAPEN SUSR GEOCILLIN TABS OXACILLIN SODIUM SOLR PENICILLIN V POTASSIUM TICAR SOLR TIMENTIN SOLR TRIMOX UNASYN SOLR VEETIDS ZOSYN		AMOXICILLIN/POTASSIUM CLA CHEW AMOXICILLIN/POTASSIUM CLA SUSR AMOXICILLIN/POTASSIUM CLA TABS AMOXIL 500MG TABS PRINCIPEN CAPS <sup>2</sup> PRINCIPEN SUSR		1. Amoxil 500mg tabs are non-preferred. All other Amoxil products are preferred. 2. Principen 250 mg is available without PA.  Use PA Form # 20420
CEPHALOSPORINS		CEFADROXIL HEMIHYDRATE CEFAZOLIN SODIUM SOLR CEFUROXIME AXETIL TABS CEFZIL CEPHALEXIN MONOHYDRATE DURICEF SUSR FORTAZ SOLR KEFZOL SOLR MAXIPIME SOLR OMNICEF ROCEPHIN SUPRAX VANTIN		CECLOR <sup>1</sup> CEDAX CEFACLOL <sup>1</sup> CEFADROXIL MONOHYDRATE TABS CEFTIN DURICEF TABS FORTAZ SOLN KEFLEX CAPS TAZICEF SOLR		1. Both brand and generic are clinically non-preferred.  Use PA Form # 20420
MACROLIDES / ERYTHROMYCIN'S		BIAXIN XL <sup>3</sup> E.E.S. E-MYCIN TBEC ERYPED 200 SUSR ERYPED 400 SUSR ERY-TAB TBEC ERYTHROCIN STEARATE TABS ERYTHROMYCIN ZITHROMAX <sup>1,2</sup>		BIAXIN DYNABAC D5-PAK TBEC ERYPED CHEW PCE TBEC		1. QL ZPAC 250mg 6/scrip/month 2. QL TRI-PAC 3/scrip/month 3. 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 SOLN AVELOX TABS CIPROFLOXACIN CIPRO XR <sup>1</sup> NOROXIN TABS		AVELOX ABC PACK TABS CIPRO CIPRO XR 1000mg FLOXIN TABS LEVAQUIN 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 PENTAMIDINE ISETHIONATE SOLR PRIMSOL SOLN TRIMETHOPRIM TABS VANCOCIN HCL VANCOMYCIN HCL		COLY-MYCIN-M SOLR FLAGYL CAPS FLAGYL TABS FLAGYL ER TBCR KETEK LORABID NEBUPENT SOLR PROLOPRIM TABS TINDAMAX* XIFAXAN	* Need to fail other anti-protozoals Use PA Form # 20420
CARBAPENEMS		INVANZ SOLR MERREM SOLR			
LINCOSAMIDES / OXAZOLIDINONES / LEPROSTATICS		CLEOCIN SOLN CLEOCIN SUSR CLINDAMYCIN HCL 150CAPS DAPSONE TABS		CLEOCIN CAPS CLINDAMYCIN HCL 300CAPS <sup>1</sup> 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
<b>ANTI - FUNGALS</b>					
ANTIFUNGALS - ASSORTED		ANCOBON CAPS FLUCONAZOLE GRIFULVIN GRISEOFULVIN ULTRAMICROSI TABS GRIS-PEG TABS KETOCONAZOLE TABS NYSTATIN VFEND TABS	5 5 5 6 8 8	LAMISIL TABS SPORANOX SOLN <sup>2</sup> SPORANOX PULSEPAK CAPS <sup>3</sup> SPORANOX CAPS <sup>3</sup> DIFLUCAN1 NIZORAL TABS	1. Diflucan: 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
<b>ANTI - VIRALS</b>					
ANTIRETROVIRALS		AGENERASE CAPS COMBIVIR TABS CRIXIVAN CAPS EMTRIVA EPIVIR / HBV EPZICOM FORTOVASE CAPS HIVID TABS INVIRASE CAPS		FUZEON TRUVADA	Fuzeon use PA Form # 10620 Truvada use PA Form # 20420

		KALETRA LEXIVA NORVIR RESCRIPTOR TABS RETROVIR REYATAZ SUSTIVA TRIZIVIR TABS VIDEX / EC VIRACEPT TABS VIRAMUNE TABS VIREAD TABS ZERIT ZIAGEN TABS			
CYTO-MEGALOVIRUS AGENTS		GANCICLOVIR VALCYTE TABS		CYTOVENE CAPS	Use PA Form # 20420
<b>HEPATITIS AGENTS</b>					
HEPATITIS C AGENTS		PEG-INTRON KIT REBETRON KIT REBETOL CAPS	8 8 8	COPEGUS TABS PEGASYS KIT PEGASYS SOLN	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	Use PA Form # 20420
INFLUENZA AGENTS		AMANTADINE RELENZA DISKHALER AEPB RIMANTADINE HCL TABS TAMIFLU <sup>1</sup>		FLUMADINE TABS FLUMIST	1. Tamiflu 10 caps or 60cc's per month. Use PA Form #10610
<b>RSV PROPHYLAXIS</b>					
RSV PROPHYLAXIS				RESPIGAM SYNAGIS	Use PA Form # 30120
<b>MS TREATMENTS</b>					
MULTIPLE SCLEROSIS AGENTS			5 5 5 6	AVONEX KIT <sup>1</sup> BETASERON SOLR <sup>1</sup> REBIF SOLN COPAXONE	Must follow specified step order. 1.Neurologists do not need a PA for Avonex Betaseron and Rebif Use PA Form # 20420
<b>ASSORTED NEUROLOGICS</b>					
NEUROLOGICS - MISC.		MESTINON ORAP TABS PROSTIGMIN TABS		BOTOX	
<b>STEROIDS</b>					
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
<b>HORMONE REPLACEMENT THERAPIES</b>					
ANDROGENS / ANABOLICS		ANDRODERM PT24 ANDROID CAPS DANAZOL CAPS DEPO-TESTOSTERONE OIL FLUOXYMESTERONE TABS OXANDRIN TABS		ANDRO LA 200 OIL ANDROGEL PACK DELATESTRYL OIL HALOTESTIN TABS METHITEST TABS	Use PA Form # 20420

		TESTODERM TESTOSTERONE PROPIONATE TESTRED CAPS WINSTROL TABS			
ESTROGENS - PATCHES			5 5 8 8 8 8 8	ESTRADERM PTTW ESTRADIOL PTWK ALORA PTTW CLIMARA PTWK ESCLIM PTTW VIVELLE 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	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	Use PA Form # 20420
PROGESTINS		MEDROXYPROGESTERONE ACETA NORETHINDRONE ACETATE TABS PROGESTERONE POWD		AYGESTIN TABS CYCRIN TABS PROMETRIUM 100MG CAPS <sup>1</sup> PROMETRIUM 200MG <sup>1</sup> PROVERA TABS	1. PA approvals will require two 100 mg caps instead of one 200mg. Use PA Form #20420
<b>CONTRACEPTIVES</b>					
CONTRACEPTIVES - PROGESTIN ONLY		ORTHO MICRONOR TABS		CAMILA TABS NORA-BE TABS NOR-OD TABS OVRETTE 28 TABS	Use PA Form # 20420
CONTRACEPTIVES - INJECTABLE		DEPO-PROVERA SUSP		LUNELLE SUSP	Use PA Form # 20420
CONTRACEPTIVE - EMERGENCY		PREVEN KIT			
CONTRACEPTIVES - PATCHES/ VAGINAL PRODUCTS		ORTHO EVRA PTWK <sup>1</sup>		NUVARING RING	1. No PA required for users less than 21 years of age. 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	Loestrin FE and FE 1/20 are grandfathered for established users  Use PA Form # 20420

				YASMIN 28 TABS ZOVIA	
CONTRACEPTIVES - BI-PHASIC COMBINATIONS		ORTHO-NOVUM 10/11-28 TABS		NECON 10/11-28 TABS	Use PA Form # 20420
CONTRACEPTIVES - TRI-PHASIC COMBINATIONS		ORTHO TRI-CYCLEN TABS ORTHO-NOVUM 7/7/7-28 TABS TRI-LEVELN 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
<b>DIABETES THERAPIES</b>					
DIABETIC - INSULIN		ILETIN LANTUS SOLN NOVOLIN NOVOLOG RELION VELOSULIN BR SOLN		HUMALOG HUMULIN	Use PA Form # 30140
DIABETIC - PENFILLS			5 5 8 8 8	NOVOLIN PENFILL NOVOLOG PENFILL SOLN 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 - ORAL SULFONYLUREAS		CHLORPROPAMIDE TABS GLIPIZIDE TABS GLYBURIDE TABS GLYBURIDE MICRONIZED TABS TOLAZAMIDE TABS TOLBUTAMIDE TABS		AMARYL TABS DIABETA TABS GLIPIZIDE ER TABS GLUCOTROL TABS GLUCOTROL XL TBCR GLYNASE TABS MICRONASE TABS	Use PA Form # 20420
DIABETIC -ORAL BIGUANIDES		METFORMIN HCL TABS		GLUCOPHAGE TABS GLUCOPHAGE XR TB24 FORTAMET	Use PA Form # 20420
DIABETIC - MEGLITINIDES		STARLIX TABS		PRANDIN TABS	Use PA Form # 20420
DIABETIC - / THIAZOL		AVANDIA TABS <sup>1</sup> ACTOS 15MG TABS <sup>1</sup> ACTOS 45MG TABS <sup>1</sup>		ACTOS 30MG TABS <sup>2</sup>	1. Actos and Avandia preferred without PA if patient on insulin or sulfonylurea or metformin. Avandia non-preferred as monotherapy. 2. Actos 30mg - use two 15mg instead Use PA Form # 20420
DIABETIC - ALPHAGLUCOSIDASE		GLYSET TABS		PRECOSE TABS	Use PA Form # 20420
DIABETIC - SULFONYLUREA / BIGUANIDE				GLUCOVANCE TABS METAGLIP TABS	Use individual ingredients. Use PA Form # 20420
DIABETIC - THIAZOL / BIGUANIDE COMBO		AVANDAMET TABS			
<b>THYROID</b>					
THYROID HORMONES		ARMOUR THYROID TABS CYTOMEL TABS LEVOTHROID TABS LEVOTHYROXINE SODIUM TABS LEVOXYL TABS THYROID TABS THYROLAR UNITHROID TABS		LEVOTHYROXINE SODIUM SOLR SYNTHROID TABS <sup>1</sup>	Use PA Form # 20420
ANTITHYROID THERAPIES		METHIMAZOLE TABS PROPYLTHIOURACIL TABS		TAPAZOLE TABS	Use PA Form # 20420
<b>OSTEOPOROSIS</b>					
OSTEOPOROSIS		ACTIONEL TABS FOSAMAX TABS MIACALCIN SOLN		AREDIA SOLR BONIVA DIDRONEL TABS EVISTA TABS FORTEO	Use PA Form # 20420
<b>CALCIMIMETIC AGENTS</b>					

CALCIMIMETIC AGENTS				SENSIPAR	Use PA Form # 30115
<b>GROWTH HORMONE</b>					
GROWTH HORMONE			5 6 8 8 8	GENOTROPIN NUTROPIN HUMATROPE SOLR NORDITROPIN CARTRIDGE SOLN SAIZEN SOLR	Products must be used in specified step order.  Use PA Form # 10710
SOMATOSTATIC AGENTS		SANDOSTATIN			
<b>GROWTH HORMONE ANTAGONISTS</b>					
GH ANTAGONISTS				SOMAVERT	Use PA Form # 10710
<b>URINARY INCONTINENCE</b>					
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.  Use PA Form # 20420
ANTISPASMODICS		OXYBUTYNIN URISPAS TABS		CYSTOSPAZ TABS DETROL TABS DITROPAN	Use PA Form # 20420
ANTISPASMODICS - LONG ACTING		DETROL LA CP24 OXYTROL		DITROPAN XL TBCR SANCTURA	Use PA Form # 20420
CHOLINERGIC		URECHOLINE			
<b>HERED. TYROSINEMIA</b>					
HERED. TYROSINEMIA				ORFADIN	Use PA Form # 20420
<b>ANTIHYPERTENSIVES / CARDIAC</b>					
CARDIAC GLYCOSIDES		DIGITEK TABS DIGOXIN LANOXICAPS LANOXIN			
ANTIANGINALS--Isosorbide Dinitrate		ISOSORBIDE DINITRATE TABS ISOSORBIDE DINITRATE CR TBCR ISOSORBIDE DINITRATE ER TBCR ISOSORBIDE DINITRATE TD TBCR		DILATRATE SR CPR ISORDIL TABS ISORDIL TITRADOSE TABS ISOSORBIDE DINITRATE SUBL	Use PA Form # 20420
MONO-NITRATES		ISOSORBIDE MONONITRATE TABS ISOSORBIDE MONONITRATE ER		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	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 <sup>1</sup> INDERAL LA CPR LEVATOL TABS NADOLOL TABS PINDOLOL TABS PROPRANOLOL HCL SOLN PROPRANOLOL HCL TABS SOTALOL HCL TABS TIMOLOL MALEATE TABS		BETAPACE TABS BETAPACE AF TABS CORGARD TABS INDERAL TABS INNOPRAN XL PROPRANOLOL HCL LA CPR	1. Coreg available without PA for CHF if patient on digoxin, loop diuretic, ACEI or ARB.  Use PA Form # 20420
BETA BLOCKERS - CARDIO SELECTIVE		ACEBUTOLOL HCL CAPS ATENOLOL TABS BETAXOLOL HCL TABS BISOPROLOL FUMARATE TABS METOPROLOL TARTRATE TABS TOPROL XL TB24 <sup>1</sup>		KERLONE TABS LOPRESSOR TABS SECTRAL CAPS TENORMIN TABS ZEBETA TABS	1. Toprol XL is preferred over Coreg for LVD. Toprol XL will not need a PA for LVD or CAD if patient on anti-anginal, diuretic or ACE.  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		NORVASC TABS				
	1	CARDIZEM LA TB24	5	DILACOR XR CP24	Products must be used in specified order or PA will be required. Just write "Cardizem LA" or "Diltiazem 24-hour" and the pharmacy will use a preferred long acting diltiazem that does not require PA.  Use PA Form # 20420	
	1	DILTIA XT CP24	6	TAZTIA		
	1	DILTIAZEM HCL ER CP24	7	TIAZAC CP24		
	1	DILTIAZEM HCL XR CP24	8	CARDIZEM TABS		
	1	DILTIAZEM CD 300MG CP24	8	CARDIZEM CD CP24		
	1	DILTIAZEM CD 360MG CP24	8	CARDIZEM SR CP12		
	4	CARTIA XT CP24	8	DILTIAZEM HCL TABS		
	4	DILTIAZEM CD CP24	8	DILTIAZEM HCL ER CP12		
	4	DILTIAZEM HCL ER CP24				
	4	DILTIAZEM XR CP24				
				PLENDIL TB24		Use PA Form # 20420
				DYNACIRC CR TBCR		Use PA Form # 20420
				CARDENE CAPS CARDENE SR CPCR NICARDIPINE HCL CAPS		Use PA Form # 20420
			8	ADALAT CC TBCR		Established users of Adalat CC are grandfathered Use PA Form # 20420
		8	NIFEDIPINE CAPS			
		8	PROCARDIA CAPS			
		8	PROCARDIA XL TBCR			
			SULAR TB24			
	1	VERAPAMIL HCL CR TBCR		CALAN SR TBCR	Products must be used in specified order or PA will be required. Just write "Verapamil 24-hour" and the pharmacy will use a preferred long acting generic that does not require PA.  Use PA Form # 20420	
	1	VERAPAMIL HCL ER TBCR		COVERA-HS TBCR		
	1	VERAPAMIL HCL SR TBCR		ISOPTIN-SR		
	4	CALAN TABS		VERAPAMIL HCL ER CP24		
	4	VERAPAMIL HCL TABS		VERAPAMIL HCL SR CP24 VERELAN CP24 VERELAN PM CP24		
ANTIARRHYTHMICS		AMIODARONE MEXILETINE NORPACE PROCAINAMIDE PROCANBID CR QUINAGLUTE QUINIDINE GLUCONATE QUINIDINE SULFATE RYTHMOL TAMBOCOR		CORDARONE DISOPYRAMIDE FLECAINIDE PACERONE PROPAFENONE MEXITIL TIKOSYN* QUINIDEX	* Cardiologist Exempt 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 UNIVASC1 VASOTEC TABS ZESTRIL TABS	Non-preferred products must be used in specified order.  1. Established users of Univasc will be grandfathered. Use PA Form # 20420	
ANGIOTENSIN RECEPTOR BLOCKER		BENICAR TABS COZAAR TABS MICARDIS TABS TEVETEN TABS		ATACAND TABS AVAPRO TABS DIOVAN	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				LEXXEL TBCR LOTREL CAPS	Use PA Form # 20420	

			TARKA TBCR	
ACE AND THIAZIDE COMBO'S		CAPTOPRIL/HYDROCHLOROTHIA ENALAPRIL MALEATE/HCTZ TABS LISINOPRIL-HCTZ TABS UNIRETIC TABS	ACCURETIC TABS BENZAPEPRIL HCL/HYDROCHLOR 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		BENICAR HCT HYZAAR TABS MICARDIS HCT TABS TEVETEN HCT TABS	ATACAND HCT TABS AVALIDE TABS DIOVAN HCT TABS	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 EDECIN 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 INSPIRA LASIX TABS LOZOL TABS MAXZIDE MICROZIDE CAPS MIDAMOR TABS MODURETIC 5-50 TABS NAQUA TABS NATURETIN TABS SPIRONOLACTONE 50MG <sup>1</sup>	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		
<b>LIPID DRUGS</b>				
CHOLESTEROL - BILE SEQUESTRANTS		CHOLESTYRAMINE COLESTID	PREVALITE QUESTRAN WELCHOL TABS	Use PA Form # 20420
CHOLESTEROL - FIBRIC ACID DERIVATIVES		GEMFIBROZIL TABS TRICOR	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 <sup>1</sup> 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. Use PA Form # 20420
<b>PULMONARY ANTI-HYPERTENSIVES</b>				
PULMONARY ANTI- HYPERTENSIVES			FLOLAN TRACLEER	Use PA Form # 20420
<b>IMPOTENCE AGENTS</b>				
IMPOTENCE AGENTS			CAVERJECT CIALIS EDEX LEVITRA MUSE VIAGRA YOHIMBINE HCL TABS	Effective May 1, 2004 the maximal approved quantity for the category (not per drug) is 1 unit per 30 days. Use PA Form # 10530

**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 TIGAN	Tigan is non-covered due to desi-5 status  Use PA Form # 20420
ANTIEMETIC - 5-HT3 RECEPTOR ANTAGONISTS/ SUBSTANCE P NEUROKININ		ALOXI* MARINOL CAPS ZOFTRAN SOLN* ZOFTRAN TABS*		ANZEMET TABS EMEND KYTRIL ZOFTRAN ODT TBDP	See quantity limit table. Zofran: Use PA Form # 30810  Others: Use PA Form # 20420

**NON-SEDATING ANTIHISTAMINES / DECONGESTANTS**

ANTI-HISTAMINES - NON-SEDATING		ALAVERT TABS <sup>1</sup> CLARITIN ALLERGY (OTC) <sup>1</sup> CLARITIN SYRP (OTC) <sup>2</sup> TAVIST ND (OTC) <sup>1</sup>	5 5 8 8	CLARINEX TABS <sup>2</sup> ZYRTEC <sup>3</sup> ALLEGRA CLARITIN <sup>2</sup>	1. Preferred drugs are OTC loratidines. 2. Claritin OTC syrup does not require a PA. 3. Zyrtec syrup <6 yr w/o PA  Use PA Form # 20530
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**ALLERGY / ASTHMA THERAPIES**

ANTI-ASTHMATIC ANTI-CHOLINERGICS - INHALER		ATROVENT AERS		SPIRIVA	Use PA Form # 20420
ANTI-ASTHMATIC ANTI-CHOLINERGICS - NEBULIZER		IPRATROPIUM BROMIDE SOLN		ATROVENT SOLN	Use PA Form # 20420
ANTI-ASTHMATIC - ANTI-INFLAMMATORY AGENTS		CROMOLYN SODIUM NEBU INTAL AERS TILADE AERS		XOLAIR <sup>1</sup>	1. Need max inhaled steroids and written by pulmonary or allergy specialist.  Use PA Form # 20420
ANTI-ASTHMATIC - NASAL STEROIDS	1 1 4 4 4	FLONASE SUSP <sup>1</sup> NASONEX SUSP <sup>1</sup> BECONASE AERS BECONASE AQ INHA NASALIDE SOLN		FLUNISOLIDE SOLN NASACORT AERS NASACORT AQ AERS NASAREL SOLN RHINOCORT AERO RHINOCORT AQUA SUSP TRI-NASAL SOLN VANCENASE POCKETHALER AERS	Patient will have to fail both ones before moving to other preferred products. Preferred products must be used in specified step order or PA will be required. 1. Flonase and Nasonex do not require PA.  Use PA Form # 20420
ANTI-ASTHMATIC - NASAL MISC.		NASALCROM		ATROVENT NASAL SOL IPRATROPIUM NASAL SOL ASTELIN	Use PA Form # 20420
ANTI-ASTHMATIC - 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 <sup>1,2</sup>	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
ANTI-ASTHMATIC - ADRENERGIC COMBO.		ADVAIR DISKUS MISC			
ANTI-ASTHMATIC - ADRENERGIC-ANTICHOLINERGIC		COMBIVENT AERO		DUONEB SOLN	Use PA Form # 20420
ANTI-ASTHMATIC - 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
ANTI-ASTHMATIC - STEROID INHALANTS		AEROBID AERS AZMACORT AERS BECLOVENT AERS FLOVENT PULMICORT SUSP <sup>1</sup> QVAR AERS		AEROBID-M AERS PULMICORT TURBUHALER AEPB <sup>2</sup> 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

		VANCERIL AERS			
ANTIASTHMATIC - 5-Lipoxygenase Inhibitors				ZYFLO TABS	Use PA Form # 20420
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS		SINGULAIR <sup>1</sup>		ACCOLATE TABS	1. No PA if on asthma meds. 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
<b>COUGH/COLD</b>					
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.
<b>DIGESTIVE AIDS / ASSORTED GI</b>					
<b>**Preferred drugs that used to require diag codes still require diag codes unless indicated otherwise.**</b>					
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 <sup>1</sup>	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 NEXIUM CPDR	5 6 8 8 8	ACIPHEX TBEC OMEPRAZOLE CPDR PREVACID ORAL SUSP PREVACID SOLUTABS** PRILOSEC CPDR	Use PA Form # 20420

			8	ZEGERID	
GI - ULCER ANTI-INFEKTIVE		HELIDAC PREVPAC			
PROSTAGLANDINS		MISOPROSTOL TABS		CYTOTEC TABS	Use PA Form # 20420
GI - DIGESTIVE ENZYMES		LACTAID ULTRA LACTRASE CAPS	7 7 7 7 7 7 8 8 8 8 8 8 8 8	LIPRAM PANCREASE PANCRELIPASE PANGESTYME PANOKASE TABS ULTRASE CPEP CREON KUTRASE CAPS KU-ZYME CAPS LIPRAM CR PANCREASE MT PANCRECARB MS-8 CPEP ULTRASE MT VIOKASE	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
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 CPCRC ROWASA ENEM SULFASALAZINE TABS		SULFAZINE EC TBEC	Use PA Form # 20420
GI - IRRITABLE BOWEL SYNDROME AGENTS				LOTROXEN TABS ZELNORM TABS	Use PA Form # 20420
<b>MISCELLANEOUS GI</b>					
<b>**Preferred drugs that used to require diag codes still require diag codes unless indicated otherwise.**</b>					
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 <sup>1</sup> SENNALAX SENOKOT GRAN		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 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 V-R NATURAL SENNA LAXATIV TABS	1. Quantity Limit: 255 g/90-day without PA  Use PA Form # 20420

		SENOKOT SYRP SENOKOT CHILDRENS SYRP SENOKOT XTRA TABS SORBITOL STOOL SOFTENER CAPS SUCRALFATE TABS UNI-EASE CAPS UNIFIBER POWD URSODIOL			
<b>MISC. UROLOGICAL</b>					
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 PHOSLO POLYCITRA SYRP POLYCITRA-K SOLN POLYCITRA-LC SOLN PROSED/DS TABS PYRIDIUM 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 <sup>2</sup> MACROBID CAPS MANDELAMINE TABS NITROFURANTOIN MACR CAPS POLYCITRA-K CRYSTALS PACK POTASSIUM CITRATE/CITRIC SOLN PYRIDIUM TABS RENAGEL <sup>1</sup>	1. Renagel will be approved for hypercalcemia, digoxin users, and in cases where maximum phoslo doses are insufficient. 2. Elmiron requires adequate proof of Dx with supportive testing.  Use PA Form # 20420
<b>INTRA-VAGINALS</b>					
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 <sup>1</sup> 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		PREMARIN CREA		ESTRACE CREA ESTRING RING VAGIFEM TABS	Use PA Form # 20420
VAGINAL - OTHER		ACID JELLY GEL ACI-JEL GEL CERVICAL AMINO ACID CREA		AMINO ACID CERVICAL CREA	Use PA Form # 20420
<b>BPH</b>					
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
<b>ANXIOLYTICS</b>					
ANXIOLYTICS -		ALPRAZOLAM TABS		ATIVAN	Use PA Form # 20420



				MORATORIUM CONTINUES THROUGH OCTOBER 2004	
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
<b>LITHIUM</b>					
LITHIUM		ESKALITH CAPS ESKALITH CR TBCR LITHIUM CARBONATE LITHIUM CITRATE SYRP LITHOBID TBCR			
<b>COMBINATION - PSYCHOTHERAPEUTIC</b>					
PSYCHOTHERAPEUTIC COMBINATION		CHLORDIAZEPOXIDE/AMITRIPT PERPHENAZINE/AMITRIPTYLIN	8	SYMBYAX	Use PA Form # 20420
<b>STIMULANTS</b>					
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.
STIMULANT - AMPHETAMINES - LONG ACTING	1 2 2	ADDERALL XR CP24 DEXEDRINE Cap CR DEXTROAMPHET SULF CPCR			Preferred stimulants will be available without PA if diagnosis of ADHD. Step care therapy needs to be followed.
STIMULANT - METHYLPHENIDATE		FOCALIN TABS METADATE ER TBCR METHYLIN ER TBCR METHYLIN TABS METHYLPHENIDATE HCL		RITALIN	Preferred stimulants will be available without PA if diagnosis of ADHD.  Use PA Form # 20420
STIMULANT - METHYLPHENIDATE - LONG ACTING	1	CONCERTA TBCR	5	METADATE CD CPCR <sup>1</sup> 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 <sup>1,2</sup> CAFCIT SOLN CYLERT CHEW CYLERT TABS DESOXYN TABS PROVIGIL TABS PEMOLINE	1. Required failure of both an amphetetamine and methylphenidate (unless history of substance abuse)  2. Effective 12.04.03, Strattera allowed only 1 per day for all strengths except 40mg, where 2 are allowed to achieve 80mg or 100mg daily.  Provigil: Use PA Form # 20710 Others Use PA Form # 20420
<b>WEIGHT LOSS</b>					
WEIGHT LOSS					No longer covered: PHENTERMINE, XENICAL, DIDREX, and MERIDIA
<b>ALZHEIMER DISEASE</b>					
ALZHEIMER - Cholinomimetics -		ARICEPT TABS <sup>1</sup>	8	EXELON	1. All new users need PA to establish dementia

ACE Inhibitors		NAMENDA <sup>1</sup> REMINYL <sup>1</sup>	9	COGNEX CAPS	diagnosis and baseline mental status score.  Use PA Form # 20420 and MMSE form
<b>SMOKING CESSATION</b>					
NICOTINE PATCHES / TABLETS		NICODERM CQ PT24			Bupropion SR 150 mg is available without a prior authorization.
NICOTINE REPLACEMENT - OTHER		NICOTINE POLACRILEX GUM			
<b>ALCOHOL DETERRENTS</b>					
ALCOHOL DETERRENTS		DISULFIRAM TABS ANTABUSE TABS			
<b>MISCELLANEOUS ANALGESICS</b>					
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
<b>LONG ACTING NARCOTICS</b>					
NARCOTICS - LONG ACTING		KADIAN CP24 AVINZA METHADONE METHADOSE	7 8 8 8 8 8 9	DURAGESIC PT72 <sup>1</sup> ORAMORPH SR TB12 MOPRHINE SULFATE ER TB12 MORPHINE SULFATE SUPP MS CONTIN TB12 OXYCODONE ER OXYCONTIN TB12 <sup>1</sup>	Non-preferred products must be used in specific order. 1. Duragesic and Oxycontin will be available without PA for patients treated for or dying from cancer or hospice patients. CA (cancer) or HO (hospice) diag code may be used but store must verify since all scripts will be audited and stores will be liable. 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
<b>MISCELLANEOUS NARCOTICS</b>					
NARCOTICS - MISC.		ACETAMINOPHEN/CODEINE ACTIQ LPOP <sup>1</sup>		ANEXSIA TABS ASCOMP/CODEINE CAPS	1. ACTIQ lollypop and Capital and codeine suspension products require PA for users over 18 years of age.

	ASPIRIN/CODEINE TABS BUTAL/ASA/CAFF/COD CAPS BUTALBITAL/ASPIRIN/CAFFEI CAPS CAPITAL AND CODEINE SUSP <sup>1</sup> CAPITAL/CODEINE SUSP <sup>1</sup> CODEINE PHOSPHATE SOLN CODEINE SULFATE TABS ENDOCET 5/325mg TABS <sup>2</sup> ENDODAN TABS FENTANYL CITRATE SOLN HYDROCODONE BITARTRATE/AP TABS HYDROCODONE/ACETAMINOPHEN HYDROMORPHONE HCL MEPERIDINE HCL OXYCODONE OXYCODONE/ACETAMINOPHEN <sup>2</sup> PENTAZOCINE/NALOXONE TABS PROPOXYPHENE COMPOUND CAPS PROPOXYPHENE CMPND-65 CAPS PROPOXYPHENE HCL CAPS PROPOXYPHENE/ACET TABS PROPOXYPHENE-N/ACET TABS ROXICET ROXIPRIN TABS	BUTALBITAL/APAP/CAFFEINE/ CAPS 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	18 years of age.  2. Endocet and oxycodone/acet 10/650 is 8 times more expensive. Use twice as many of oxycod/acet 5/325 instead.  3. 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
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**NARCOTIC ANTAGONISTS**

NARCOTIC - ANTAGONISTS	NALTREXONE HCL TABS	REVIA TABS	Use PA Form # 20420
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**COX 2 / NSAIDS**

COX 2 INHIBITORS	BEXTRA TABS CELEBREX CAPS		Cox-2 available to 60 yr and over w/o PA, under 60 yr. requires PA. Can decrease GI bleeding risk equivalent to Cox-2 agent with generic NSAID and omeprazole. Use PA Form # 10310
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NSAIDS	CHILDRENS IBUPROFEN CHILDREN'S MOTRIN SUSP DICLOFENAC POTASSIUM TABS DICLOFENAC SODIUM ETODOLAC FENOPROFEN CALCIUM TABS FLURBIPROFEN TABS IBUPROFEN INDOMETHACIN KETOPROFEN KETOROLAC TROMETHAMINE MECLOFENAMATE SODIUM CAPS NABUMETONE TABS NAPROSYN SUSP NAPROXEN SUSP NAPROXEN TABS NAPROXEN SODIUM TABS OXAPROZIN TABS PIROXICAM CAPS SULINDAC TABS TOLMETIN SODIUM	ADVIL TABS ANAPROX TABS ANAPROX DS TABS ANSAID TABS CATAFLAM TABS CHILDRENS ADVIL SUSP CHILD'S IBUPROFEN SUSP CLINORIL TABS DAYPRO TABS EC-NAPROSYN TBEC ETODOLAC ER 600MG FELDENE CAPS IBU-200 INDOCIN LODINE MOBIC TABS MOTRIN NALFON CAPS NAPRELAN TBCR NAPROSYN TABS NAPROXEN DR TBEC NAPROXEN SODIUM TBCR ORUVAIL CP24 PONSTEL CAPS RELAFEN TABS SB IBUPROFEN TABS TOLECTIN TORADOL VOLTAREN V-R IBUPROFEN TABS	Use PA Form # 20420
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**RHEUMATOID ARTHRITIS**

RHEUMATOID ARTHRITIS		ARAVA TABS <sup>1</sup>		ENBREL KIT <sup>2</sup> HUMIRA <sup>2</sup> KINERET SOLN <sup>2</sup> REMICADE <sup>2</sup>	1. No PA for Arava if methotrexate previously tried. 2. Rheumatologist must write script. Rheumatologist will not require PA for biologicals if methotrexate or other DMARDs in drug profile.  Use PA Form # 10510
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**MISCELLANEOUS ARTHRITIS**

ARTHRITIS - MISC.		RIDAURA CAPS MYOCHRYSLINE SOLN		ARTHROTEC	Use PA Form # 20420
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**MIGRAINE THERAPIES**

MIGRAINE - ERGOTAMINE DERIVATIVES		MIGRANAL SOLN SANSERT TABS		D.H.E. 45 SOLN	Use PA Form # 10110
MIGRAINE - CARBOXYLIC ACID DERIVATIVES		DEPAKOTE ER TB24			
MIGRAINE - SELECTIVE SEROTONIN AGONISTS (5HT)- Tabs	1 1 2 2 4 4 4	IMITREX TABS MAXALT AXERT TABS <sup>1</sup> RELPAX AMERGE TABS ZOMIG TABS ZOMIG ZMT TBDP		FROVA TABS	1. Must fail Imitrex and Maxalt products before moving to next step product without PA  Use PA Form # 10110
MIGRAINE - SELECTIVE SEROTONIN AGONISTS (5HT)- Injectables		IMITREX KIT IMITREX STATDOSE PEN KIT IMITREX STATDOSE REFILL KIT		IMITREX SOLN	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
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**MISC.**

ANESTHETICS - MISC.		BUPIVACAINE HCL SOLN LIDOCAINE HCL SOLN MARCAINE SOLN		SENSORCAINE-MPF SOLN SYNVISC INJ XYLOCAINE SOLN	Use PA Form # 30130
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**ANTI-CONVULSANTS**

ANTICONVULSANTS - MISC.		CARBAMAZEPINE CARBATROL CP12 CELONTIN CAPS CLONAZEPAM TABS DEPAKOTE TBEC DEPAKOTE SPRINKLES CPSP DIASTAT <sup>1</sup> DILANTIN EPITOL TABS ETHOSUXIMIDE SYRP FELBATOL LAMICTAL <sup>3</sup> MYSOLINE TABS PHENYTOIN PHENYTEK CAPS TEGRETOL <sup>2</sup> TEGRETOL-XR TB12 VALPROIC ACID ZARONTIN CAPS	A ~ B 4* ~ 4* 9 ~ 8 9 ~ 7 9 ~ 6 5 ~ 5 9 ~ 9 9 ~ 9	DEPAKENE GABAPENTIN GABITRIL TABS KEPPRA TABS KLONOPIN TABS LAMICTAL PRIMIDONE TABS TOPAMAX TRILEPTAL ZARONTIN SYRP ZONEGRAN CAPS NEURONTIN  <b>BIPOLAR DISORDER: STEP ORDER</b>  LAMICTAL <sup>3</sup> GABITRIL TABS KEPPRA TABS TOPAMAX TRILEPTAL ZONEGRAN CAPS NEURONTIN	Neurologists exempt. 1. Quantity limit. 5/month  2. 200 mg requires a PA. Use two 100 mg instead. Pharmaceutical supply issues will delay implementation until further notice.  3. Psychiatrists & Neurologists exempt. Other prescribers still require PA.  Use PA Form # 20420  See review in DUR section of website. A= Monotherapy B= Adjunctive * Psychiatrists & Neurologists exempt. Other prescribers still require PA. 9= No Evidence The step orders show the relative strength of evidence for use in bi-polar and will guide prior authorization determinations.
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**ANTI-PARKINSON DRUGS**

PARKINSONS - ANTI-CHOLINERGICS		AKINETON TABS BENZTROPINE MESYLATE TABS			
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		COGENTIN SOLN KEMADRIN TABS TRIHXYPHENIDYL			
PARKINSONS - COMT INHIBITORS		COMTAN TABS		TASMAR TABS	Use PA Form # 20420
PARKINSONS - SELECTED DOPAMIN AGONISTS	1 2 3	MIRAPEX TABS REQUIP TABS PERMAX TABS		PERGOLIDE MESYLATE TABS	Preferred products must be used in specified order or PA will be required.  Use PA Form # 20420
PARKINSONS - DOPAMINERGICS/CARBII/ 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	*Neurologist exempt 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 <sup>1</sup> DANTRIUM CAPS FLEXERIL TABS LIORESAL TABS NORFLEX TBCR ROBAXIN-750 TABS ZANAFLEX TABS SKELAXIN TABS SOMA TABS	1. Effective October 1, 2003 even Carisoprodol requires PA. 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**

**the diag codes still require diag codes unless indicated otherwise.\*\***

VITAMINS		ASCORBIC ACID TABS BIOTIN CALCIFEROL SOLN CALCITRIOL CAPS CYANOCOBALAMIN SOLN DRISDOL SOLN FOLGARD RX 2.2 TABS FOLIC ACID TABS FOLTX TABS MEPHYTON TABS NIACIN NIACOR TABS NICOTINIC ACID SR CPCR PYRIDOXINE HCL TABS SLO-NIACIN TBCR THIAMINE HCL SOLN VITAMIN B-1 TABS VITAMIN B-12 VITAMIN B-6 TABS VITAMIN C VITAMIN D VITAMIN E CAPS VITAMIN E/D-ALPHA CAPS VITAMIN K1 SOLN V-R VITAMIN E CAPS		AQUASOL E SOLN AQUAVIT-E SOLN DHT SOLN DRISDOL CAPS NASCOBAL GEL ROCALTROL	Use PA Form # 20420
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**MISC MULTI-VITAMINS**

**the 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 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 VITAMIN B COMPLEX CAPS VITAPLEX PLUS TABS	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 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 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	Diag codes are no longer required on prenatal vitamins. Use PA Form # 20420
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**MISCELLANEOUS MINERALS**

**Some 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	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	Use PA Form # 20420
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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  
 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  
 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

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

**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

This list of nutritionals is incomplete. All nutritionals still require a PA except for the miscellaneous products listed as preferred.  
 Use PA Form # 20420 & SGA Form

				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	
<b>ERYTHROPOEITINS</b>					
ERYTHROPOEITINS			5 6 8	PROCRIT SOLN <sup>1</sup> EPOGEN SOLN ARANESP SOLN	1. All products require PA but Procrit is first choice Use PA Form # 10520
<b>GRANULOCYTE CSF</b>					
GRANULOCYTE CSF			8 8 9	LEUKINE NEUPOGEN SOLN <sup>1</sup> NEULASTA	Must be used in specified step order. 1. 10 day supply/month may be used without a PA. Use PA Form # 20520
<b>ANTICOAGULANTS / PLATELET AGENTS</b>					
ANTICOAGULANTS		FRAGMIN INJ <sup>2</sup> HEPARIN SODIUM/NACL 0.9% SOLN HEP-LOCK SOLN LOVENOX SOLN <sup>2</sup> WARFARIN SODIUM TABS HEPARIN LOCK SOLN HEPARIN LOCK FLUSH SOLN HEPARIN SODIUM SOLN HEPARIN SODIUM LOCK FLUSH SOLN INNOHEP		ARIXTRA SOLN COUMADIN TABS IPRIVAS C	2. Fragmin and Lovenox therapy durations greater than 7 days require PA. 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 <sup>1</sup>	1. Only if other products unavailable. Use PA Form # 20420
PLATELET AGGREGATION INHIBITORS		DIPYRIDAMOLE TABS PLAVIX TABS TICLOPIDINE HCL TABS		PERSANTINE TABS TICLID TABS	Use PA Form # 20420
PLATELET AGGR. INHIBITORS / COMBO'S - MISC.		AGGRENOX CP12 PENTOXIFYLLINE ER TBCR PLETAL TABS		AGRYLIN CAPS TRENAL TBCR	Use PA Form # 20420
<b>HEMOSTATIC</b>					
HEMOSTATIC		AMICAR AMINOCAPROIC ACID			
<b>OPHTHALMICS</b>					
OP. ANTIBIOTICS		AK-SPORE OINT BACITRACIN OINT BACITRACIN/NEOMYCIN/POLYM BACITRACIN/POLYMYXIN B OINT		AK-POLY-BAC OINT AK-SULF OINT AK-TOB SOLN BLEPH-10 SOLN	Use PA Form # 20420

		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	GENTAK ILOTYCIN OINT NEOMYCIN/BACI/POLYM OINT NEOSPORIN OINT OCUSULF-10 SOLN OCUTRICIN SOLN TERAK OINT TOBEX OINT TRIFLURIDINE SOLN	
OP. QUINOLONES	1 1 1 1 2	CILOXAN OINT CILOXAN SOLN OCUFLOX SOLN VIGAMOX QUIXIN SOLN	ZYMAR	Step order must be followed to avoid PA. Must fail Ocuflax, Vigamox, and a Ciloxan product before moving to next step product without PA. Use PA Form # 20420
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 REFRESH SOLN OP REFRESH PLUS 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 MUROCEL SOLN NATURE'S TEARS SOLN REFRESH SOLN REFRESH TEARS SOLN REFRESH-PM OINT TEARGEN SOLN TEARISOL SOLN TEARS NATURALE TEARS PURE SOLN TEARS RENEWED OINT THERATEARS SOLN V-R ARTIFICIAL TEARS SOLN	Use PA Form # 20420
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 OPTH.		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	1 1	XALATAN SOLN TRAVATAN SOLN	RESCULA SOLN	Preferred products must be used in specified step order or PA required.

	3	LUMIGAN SOLN			Use PA Form # 20420
OP. CYCLOPLEGICS		AK-PENTOLATE SOLN ATROPINE SULFATE CYCLOPENTOLATE HCL SOLN HOMATROPINE HBR 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		ALAMAST SOLN ALOCRIL SOLN ALOMIDE SOLN EMADINE SOLN LIVOSTIN SUSP OPTICROM SOLN PATANOL SOLN		CROLOM SOLN CROMOLYN SODIUM SOLN OPTIVAR SOLN ZADITOR SOLN	Use PA Form # 20420
OP. CARBONIC ANHYDRASE INHIBITORS/COMBO		AZOPT SUSP COSOPT SOLN TRUSOPT SOLN			
OP. NSAID'S		FLURBIPROFEN SODIUM SOLN VOLTAREN SOLN		ACULAR SOLN ACULAR LS OCUFEN SOLN	Use PA Form # 20420
OP. OF INTEREST		ENUCLENE SOLN		BOTOX SOLR RESTASIS <sup>1</sup>	1. Must have kerato conjunctivitis sicca and failed other dry eye therapies. Use PA Form # 10210

**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 METRONIDAZOLE <sup>1</sup> PLEXION RETIN-A CREA <sup>2</sup> RETIN-A GEL <sup>2</sup> RETIN-A LIQD <sup>2</sup> SODIUM SULFACET/SULF LOTN		ALTINAC CREA AVITA CREA BENZAC BENZACLIN 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 METRONIDAZOLE 375MG TABS METRONIDAZOLE 750MG CAPS NORITATE CREA RETIN-A MICRO GEL SULFACET-R LOTN TRETINOIN TRIAZ ZETACET	1. 375mg caps and 750mg tabs are non-preferred. Please use available preferred strengths(250mg & 500mg tabs) to obtain required dose without PA. 2. For these Retin-A products, over 24 yr. need PA. Use PA Form # 20420
TOPICAL - ANTIBIOTIC		BACIT/NEOMYCIN/POLYM OINT BACITRACIN OINT BACTROBAN <sup>1</sup> GENTAMICIN SULFATE		CORTISPORIN TRIPLE ANTIBIOTIC OINT	1. Bactroban 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 - ANTI PRURITICS	ZONALON CREA	PRUDOXIN CREA	Use PA Form # 20420
TOPICAL - ANTIPSORIATICS	DOVONEX OXSORALEN ULTRA CAPS TAZORAC	PSORiatec CREA SORIATANE CAPS VANAMIDE	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 ZOVIRAX OINT <sup>1</sup>		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	BETAMETHASONE DIPROPIONAT BETAMETHASONE VALERATE BETA-VAL CAPEX SHAM CLOBETASOL PROPIONATE CUTIVATE CYCLOCORT DERMA-SMOOTH/FS OIL DESONIDE DESOWEN DESOXIMETASONE DIPROLENE ELOCON FLUOCINOLONE ACETONIDE FLUOCINONIDE FLUROSYN CREA HALOG HALOG-E CREA HYDROCORTISONE CREA HYDROCORTISONE LOTN HYDROCORTISONE OINT HYDROCORTISONE VALERATE LACTICARE-HC LOTN LOCOID MOMETASONE FUROATE OINT NUTRACORT LOTN PROCTO-KIT CREA PSORCON TEXACORT SOLN TRIAMCINOLONE ACETONIDE TRIDESILON 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 LUXIQ FOAM OLUX FOAM PANDEL CREA PROCTOCORT CREA PSORCON E SYNALAR OINT TEMOVATE TOPICORT TOPICORT LP CREA WESTCORT	Use PA Form # 20420

	ULTRAVATE			
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 ZIOX OINT Use PA Form # 20420
TOPICAL - GENITAL WARTS	ALDARA <sup>1</sup>	5 8		PODOFILOX SOLN CONDYLOX Non-preferred products must be used in specified order. 1. QL 48/year . Use PA Form # 20420
TOPICAL - IMMUNOMODULATORS		8 9		ELIDEL CREA PROTOPIC OINT Non-preferred products must be used in specified order. Use PA Form # 20420
TOPICAL - LOCAL ANESTHETICS	AF CAPSICUM OLEORESIN CREA CAPSAICIN CREA ELA-MAX <sup>1</sup> EMLA CREA <sup>1</sup> EMLA/TEGADERM KIT <sup>1</sup> 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		ALUSTRA 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	ELIMITE CREA EURAX LICE KILLING SHAM LICE TREATMENT CREME RINS LIQD LINDANE NIX CREME RINSE LIQD OVIDE LOTN PERMETHRIN LOTN			ACTICIN CREA Use PA Form # 20420
TOPICAL - WOUND / DECUBITUS CARE	ACCUZYME OINT 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 LIQD PHISOHEX LIQD POVIDONE-IODINE SOLN			BETADINE OINT FORMALYDE-10 AERS LAZERFORMALYDE SOLUTION SOLN Use PA Form # 20420
<b>MISCELLANEOUS EYE</b>				
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
<b>MISCELLANEOUS EAR</b>				
EAR	A/B OTIC SOLN ACETASOL SOLN ACETIC ACID ACETIC ACID/HYDROCORTISON			ACETASOL HC SOLN AERO OTIC HC SOLN ANTIBIOTIC EAR SOLN ANTIBIOTIC EAR SUSP Use PA Form # 20420

		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		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	
<b>MOUTH ANTISEPTICS</b>					
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	Use PA Form # 20420
<b>DENTAL PRODUCTS</b>					
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
<b>ARTIFICIAL SALIVA/STIMULANTS</b>					
ARTIFICIAL SALIVA/STIMULANTS		EVOXAC CAPS SALIVA SUBSTITUTE SOLN		RADIACARE SOLR SALAGEN TABS	Use PA Form # 20420
<b>SCCELLANEOUS ANORECTAL</b>					
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
<b>CELL ACTIVATION INHIBITOR</b>					
PSORIASIS BIOLOGICALS				AMEVIVE RAPTIVA	Use PA Form # 20910
<b>ALTERNATIVE MEDICINES</b>					
ALTERNATIVE MEDICINES		DIMETHYL SULFOXIDE SOLN		ARTHX DS CAPS CO-ENZYME Q-10 CO-ENZYME Q10/VITAMIN E WAFR COQ10 CAPS DEHYDROEPIANDOSTERONE DHEA TABS FLEXAGEN TABS GLUCOSAMINE/CHONDROITIN HM GINKGO BILOBA TABS MELATONIN TABS V-R COENZYME Q-10 CAPS	Use PA Form # 20420
<b>CHELATING AGENTS</b>					
CHELATING AGENTS		CUPRIMINE CAPS		DEPEN TITRATABS TABS	Use PA Form # 20420
<b>ANTILEPROTIC</b>					
ANTILEPROTIC				THALOMID CAPS	Use PA Form # 20420
<b>CANCER</b>					
CANCER		ALIMTA			

AVASTIN  
ERBITUX  
VIDAZA

**IMMUNOSUPPRESSANTS**

IMMUNOSUPPRESSANTS	CELLCEPT PROGRAF CAPS RAPAMUNE CYCLOSPORINE MODIFIED GENGRAF CAPS NEORAL SANDIMMUNE	CYCLOSPORINE CAPS	Use PA Form # 20420
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**PURINE ANALOG**

PURINE ANALOG	AZASAN TABS AZATHIOPRINE TABS	IMURAN TABS	Use PA Form # 20420
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**K REMOVING RESINS**

K REMOVING RESINS	KAYEXALATE POWD KIONEX POWD SODIUM POLYSTYRENE SULFON SPS SUSP SPS 30GM/120ML ENEMA SUSP		Use PA Form # 20420
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preferred until reviewed by  
the DUR Committee and the

Revised: April 13, 2004

**ANTI-CONVULSANTS INDICATION CHART**

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

\* Psychiatrists and Neurologist Exempt

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