

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 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>						
ASSORTED ANTIBIOTICS						
BETA-LACTAMS / CLAVULANATE COMBO'S		AMOXICILLIN AMOXIL ¹ AMPICILLIN AUGMENTIN AUGMENTIN ES-600 SUSR AUGMENTIN XR TB12 BEEPEN BICILLIN L-A SUSP DICLOXACILLIN SODIUM CAPS DYNAPEN SUSR GEOCILLIN TABS OXACILLIN SODIUM SOLR PENICILLIN V POTASSIUM TICAR SOLR TIMENTIN SOLR TRIMOX UNASYN SOLR VEETIDS ZOSYN		AMOXICILLIN/POTASSIUM CLA CHEW AMOXICILLIN/POTASSIUM CLA SUSR AMOXICILLIN/POTASSIUM CLA TABS AMOXIL 500MG TABS PRINCIPEN CAPS ² PRINCIPEN SUSR		1. Amoxil 500mg tabs are non-preferred. All other Amoxil products are preferred. 2. Principen 250 mg is available without PA. Use PA Form # 20420 or 10220 (if applicable)
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 ¹ CEDAX CEFACLOL ¹ CEFADROXIL MONOHYDRATE TABS CEFTIN DURICEF TABS FORTAZ SOLN KEFLEX CAPS SPECTRACEF TABS TAZICEF SOLR		1. Both brand and generic are clinically non-preferred. Use PA Form # 20420 or 10220 (if applicable)
MACROLIDES / ERYTHROMYCIN'S		BIAXIN XL ³ E.E.S. E-MYCIN TBEC ERYPED 200 SUSR ERYPED 400 SUSR ERY-TAB TBEC ERYTHROCIN STEARATE TABS ERYTHROMYCIN ZITHROMAX ^{1,2}		BIAXIN DYNABAC D5-PAK TBEC ERYPED CHEW PCE TBEC		1. QL ZPAC 250mg 6/script/month 2. QL TRI-PAC 3/script/month 3. 7 - Day supply per month w/o PA Use PA Form # 20420 or 10220 (if applicable)
TETRACYCLINES		DOXYCYCLINE HYCLATE MINOCYCLINE HCL CAPS SUMYCIN TETRACYCLINE HCL CAPS VIBRAMYCIN SYRP		DECILOMYCIN TABS DORYX CPEP DOXYCYCLINE MONO CAPS DYNACIN CAPS MONODOX CAPS PERIOSTAT		Use PA Form # 20420 or 10220 (if applicable)

FLUOROQUINOLONES		AVELOX SOLN AVELOX TABS CIPROFLOXACIN CIPRO XR ¹ NOROXIN TABS		AVELOX ABC PACK TABS CIPRO CIPRO XR 1000mg FLOXIN TABS LEVAQUIN TEQUIN	1. QL 3/script/month Use PA Form # 20420 or 10220 (if applicable)
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 or 10220 (if applicable)
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 or 10220 (if applicable)
ANTHELMINTICS		ALBENZA TABS BILTRICIDE TABS MEBENDAZOLE CHEW STROMECTOL TABS		VERMOX CHEW	Use PA Form # 20420 or 10220 (if applicable)
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 or 10220 (if applicable)
CARBAPENEMS		INVANZ SOLR MERREM SOLR			
LINCOSAMIDES / OXAZOLIDINONES / LEPROSTATICS		CLEOCIN SOLN CLEOCIN SUSR CLINDAMYCIN HCL 150CAPS DAPSONE TABS		CLEOCIN CAPS CLINDAMYCIN HCL 300CAPS ¹ ZYVOX SUSR ZYVOX TABS	1. Use multiple 150's for Clindamycin instead of 300's. Zyvox: use PA Form # 30820 Others: use PA Form # 20420
ANTI INFECTIVE COMBO'S - MISC.		ERYTHROMYCIN/SULF SUSR SEPTRA/DS TABS SULFAMETHOXAZOLE/TRIMETH TRIMETHOPRIM/SULFAMETHOXA		ALINA* 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 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 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
ANTI - VIRALS					
ANTIRETROVIRALS		AGENERASE CAPS COMBIVIR TABS CRIVAN 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 or 10220 (if applicable)
HEPATITIS AGENTS					
HEPATITIS C AGENTS		PEG-INTRON KIT REBETRON KIT REBETOL CAPS	8 8 8	COPEGUS TABS PEGASYS KIT PEGASYS SOLN	Use PA Form # 20420 or 10220 (if applicable)
HEPATITIS AGENTS - MISC.				ACTIMMUNE	Use PA Form # 20420 or 10220 (if applicable)
HEPATITIS B ONLY		HEPSERA TABS			
HERPES AGENTS		ACYCLOVIR VALTREX TABS		FAMVIR TABS ZOVIRAX	Use PA Form # 20420 or 10220 (if applicable)
INFLUENZA AGENTS		RELENZA DISKHALER AEPB RIMANTADINE HCL TABS TAMIFLU ¹		FLUMADINE TABS FLUMIST	1. Tamiflu 10 caps or 60cc's per month. Use PA Form #10610
RSV PROPHYLAXIS					
RSV PROPHYLAXIS				RESPIGAM SYNAGIS	Use PA Form # 30120
MS TREATMENTS					
MULTIPLE SCLEROSIS AGENTS			5 5 5 6	AVONEX KIT ¹ BETASERON SOLR ¹ REBIF SOLN COPAXONE	Must follow specified step order. 1.Neurologists do not need a PA for Avonex Betaseron and Rebif Use PA Form # 20420 or 10220 (if applicable)
ASSORTED NEUROLOGICS					
NEUROLOGICS - MISC.		MESTINON ORAP TABS PROSTIGMIN TABS			
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 PREDNISONE SOLU-CORTEF SOLR SOLU-MEDROL SOLR		CORTEF 10 and 20 TABS DECADRON TABS FLORINEF TABS MEDROL TABS MEDROL DOSEPAK TABS PEDIAPRED LIQD PREDNISONE INTENSOL CONC PRELONE SYRP STERAPRED TABS	Use PA Form # 20420 or 10220 (if applicable)
HORMONE REPLACEMENT THERAPIES					
ANDROGENS / ANABOLICS		ANDRODERM PT24 ANDROID CAPS DANAZOL CAPS DEPO-TESTOSTERONE OIL FLUOXYMESTERONE TABS OXANDRIN TABS TESTODERM		ANDRO LA 200 OIL ANDROGEL PACK DELATESTRYL OIL HALOTESTIN TABS METHITEST TABS TESTIM	Use PA Form # 20420 or 10220 (if applicable)

		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 or 10220 (if applicable)
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 or 10220 (if applicable)
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 ¹ PROMETRIUM 200MG ¹ PROVERA TABS	1. PA approvals will require two 100 mg caps instead of one 200mg. Use PA Form #20420
CONTRACEPTIVES					
CONTRACEPTIVES - PROGESTIN ONLY		ORTHO MICRONOR TABS		CAMILA TABS NORA-BE TABS NOR-OD TABS OVRETTE 28 TABS	Use PA Form # 20420 or 10220 (if applicable)
CONTRACEPTIVES - INJECTABLE		DEPO-PROVERA SUSP		LUNELLE SUSP	Use PA Form # 20420
CONTRACEPTIVE - EMERGENCY		PREVEN KIT			
CONTRACEPTIVES - PATCHES/ VAGINAL PRODUCTS		ORTHO EVRA PTWK ¹		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/OVRL 21 TABS LO/OVRL 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	Loestrin FE and FE 1/20 are grandfathered for established users Use PA Form # 20420

				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
DIABETES THERAPIES					
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 GLUCOTROL TABS GLUCOTROL XL TBCR GLYNASE TABS MICRONASE TABS	Use PA Form # 20420 or 10220 (if applicable)
DIABETIC -ORAL BIGUANIDES		METFORMIN HCL TABS		GLUCOPHAGE TABS GLUCOPHAGE XR TB24 FORTAMET	Use PA Form # 20420 or 10220 (if applicable)
DIABETIC - MEGLITINIDES		STARLIX TABS		PRANDIN TABS	Use PA Form # 20420
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. 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			
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 or 10220 (if applicable)
ANTITHYROID THERAPIES		METHIMAZOLE TABS PROPYLTHIOURACIL TABS		TAPAZOLE TABS	Use PA Form # 10220
OSTEOPOROSIS					
OSTEOPOROSIS		ACTIONEL TABS FOSAMAX TABS MIACALCIN SOLN		AREDIA SOLR BONIVA DIDRONEL TABS EVISTA TABS FORTEO	Use PA Form # 20420
CALCIMIMETIC AGENTS					
CALCIMIMETIC AGENTS				SENSIPAR	Use PA Form # 30115
GROWTH HORMONE					

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			
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. Use PA Form # 20420
ANTISPASMODICS		OXYBUTYNIN URISPAS TABS		CYSTOSPAZ TABS DETROL TABS DITROPAN	Use PA Form # 20420 or 10220 (if applicable)
ANTISPASMODICS - LONG ACTING		DETROL LA CP24 OXYTROL		DITROPAN XL TBCR SANCTURA	Use PA Form # 20420
CHOLINERGIC		URECHOLINE			
HERED. TYROSINEMIA					
HERED. TYROSINEMIA				ORFADIN	Use PA Form # 20420
ANTIHYPERTENSIVES / CARDIAC					
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 or 10220 (if applicable)
MONO-NITRATES		ISOSORBIDE MONONITRATE TABS ISOSORBIDE MONONITRATE ER		IMDUR TB24 ISMO TABS MONOKET TABS	Use PA Form # 20420 or 10220 (if applicable)
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 ¹ 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 or 10220 (if applicable)
BETA BLOCKERS - CARDIO SELECTIVE		ACEBUTOLOL HCL CAPS ATENOLOL TABS BETAXOLOL HCL TABS BISOPROLOL FUMARATE TABS METOPROLOL TARTRATE TABS TOPROL XL TB24 ¹		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 or 10220 (if applicable)
BETA BLOCKERS - ALPHA / BETA		LABETALOL HCL TABS		TRANDATE TABS	Use PA Form 10220
CALCIUM CHANNEL BLOCKERS--Amlodipines, Benidril, Diltiazems	1	NORVASC TABS CARDIZEM LA TB24	5	DILACOR XR CP24	Products must be used in specified order or PA

Diltiazem, Diltiazems, Felodipines, Isradipines, Nifedipines, Nisoldipine, and Verapamils	1	DILTIA XT CP24	6	TAZTIA	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 or 10220 (if applicable)
	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	
			DYNACIRC CAPS	Use PA Form # 20420	
			CARDENE CAPS CARDENE SR CPCR NICARDIPINE HCL CAPS	Use PA Form # 20420	
	NIFEDIPINE TBCR NIFEDIPINE ER TBCR NIFEDICAL XL TBCR	8 8 8 8	ADALAT CC TBCR NIFEDIPINE CAPS PROCARDIA CAPS PROCARDIA XL TBCR	Established users of Adalat CC are grandfathered Use PA Form # 10220	
	SULAR TB24				
	1 VERAPAMIL HCL CR TBCR 1 VERAPAMIL HCL ER TBCR 1 VERAPAMIL HCL SR TBCR 4 CALAN TABS 4 VERAPAMIL HCL TABS		CALAN SR TBCR COVERA-HS TBCR ISOPTIN-SR VERAPAMIL HCL ER CP24 VERAPAMIL HCL SR CP24 VERELAN CP24 VERELAN PM CP24	Products must be used in specified order or PA will be required. Just write "Verapamil 24-hour" and the pharmacy will use a preferred long acting generic that does not require PA. Use PA Form # 20420 or 10220 (if applicable)	
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 or 10220 (if applicable)	
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 ¹ CAPOTEN TABS FOSINOPRIL SODIUM LOTENSIN TABS MOEXIPRIL PRINIVIL TABS UNIVASC ² VASOTEC TABS ZESTRIL TABS	Non-preferred products must be used in specified order. 1. Altace approved for secondary CAD prevention. 2. Established users of Univasc will be grandfathered. Use PA Form # 20420 or 10220 (if applicable)	
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 TARKA TBCR	Use PA Form # 20420	
ACE AND THIAZIDE COMBO'S	CAPTOPRIL/HYDROCHLOROTHIA		ACCURETIC TABS	Use PA Form # 20420 or 10220 (if applicable)	

		ENALAPRIL MALEATE/HCTZ TABS LISINOPRIL-HCTZ TABS UNIRETIC TABS		BENAZEPRIL HCL/HYDROCHLOR CAPOZIDE TABS LOTENSIN HCT TABS MONOPRIL HCT TABS PRINZIDE TABS VASERETIC TABS ZESTORETIC TABS	
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 or 10220 (if applicable)
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 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 or 10220 (if applicable)
CCB / LIPID		CADUET			
LIPID DRUGS					
CHOLESTEROL - BILE SEQUESTRANTS		CHOLESTYRAMINE COLESTID		PREVALITE QUESTRAN WELCHOL TABS	Use PA Form # 20420 or 10220 (if applicable)
CHOLESTEROL - FIBRIC ACID DERIVATIVES		GEMFIBROZIL TABS TRICOR		LOPID TABS LOFIBRA	Use PA Form # 20420 or 10220 (if applicable)
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. Use PA Form # 20420 or 10220 (if applicable)
PULMONARY ANTI-HYPERTENSIVES					
PULMONARY ANTI- HYPERTENSIVES				FLOLAN TRACLEER	Use PA Form # 20420 or 10220 (if applicable)
IMPOTENCE AGENTS					
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- NAUSEA		MECLIZINE HCL TABS		ANTIVERT TABS	Tigan is non-covered due to desi-5 status

CHOLINERGIC / DOPAMINERGIC		PHENERGAN SUPP PHENERGAN FORTIS SYRP PROMETHAZINE TRANSDERM-SCOP PT72		PHENERGAN SOLN PHENERGAN TABS PROMETHEGAN SUPP TORECAN TABS TIGAN	Use PA Form # 20420 or 10220 (if applicable)
ANTIEMETIC - 5-HT3 RECEPTOR ANTAGONISTS/ SUBSTANCE P NEUROKININ		ALOXI* MARINOL CAPS ZOFRAN SOLN* ZOFRAN TABS*		ANZEMET TABS EMEND KYTRIL ZEGERID ZOFRAN 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 ¹ CLARITIN ALLERGY (OTC) ¹ CLARITIN SYRP (OTC) ² TAVIST ND (OTC) ¹	5 5 8 8	CLARINEX TABS ² ZYRTEC ³ ALLEGRA CLARITIN ²	1. Preferred drugs are OTC loratidines. 2. Claritin OTC syrup does not require a PA. 3. Zyrtec syrup <6 yr w/o PA Use PA Form # 20530
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 # 10220
ANTI-ASTHMATIC - ANTI-INFLAMMATORY 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
ANTI-ASTHMATIC - NASAL STEROIDS	1 1 4 4 4	FLONASE SUSP ¹ NASONEX SUSP ¹ 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 ^{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 or 10220 (if applicable)
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 or 10220 (if applicable)
ANTI-ASTHMATIC - STEROID INHALANTS		AEROBID AERS AZMACORT AERS BECLOVENT AERS FLOVENT 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 turbobalher 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. No PA if on asthma meds. Use PA Form # 20420
ANTIASTHMATIC - ALPHA-PROTEINASE INHIBITOR				PROLASTIN SUSR ZEMAIRA	Use PA Form # 20420
ANTIASTHMATIC - HYDROLYTIC ENZYMES				PULMOZYME SOLN	Use PA Form # 20420
COUGH/COLD					
COUGH/COLD		PSEUDOEPHEDRINE ROBITUSSIN DM SYRP ROBITUSSIN SUGAR FREE SYRP		All others are a non-covered service (this includes antihistamines-decongestive combinations).	All of cough cold preparations are not covered except these preferred products.
DIGESTIVE AIDS / ASSORTED GI					
Preferred drugs that used to require diag codes still require diag codes unless indicated otherwise.					
GI - ANTIPERISTALTIC AGENTS		DIPHENOXYLATE DIPHENOXYLATE/ATROPINE IMODIUM A-D TABS LOPERAMIDE HCL CAPS LOPERAMIDE HCL LIQD OPIUM TINCTURE TINC PAREGORIC TINC		ANTI-DIARRHEAL TABS LOFENE TABS LONOX TABS MOTOFEN TABS SB ANTI-DIARRHEA TABS	Use PA Form # 20420
GI - ANTIDIARRHEAL / ANTACID MISC.		ALU-CAP CAPS ANTACID CHEW ATROPINE SULFATE SOLN BENTYL SYRP BISMATROL CALCIUM ANTACID CALCIUM CARBONATE CAL-GEST ANTACID CHEW CHEWABLE ANTACID CHEW DICYCLOMINE HCL GAVISCON SUSP HAPONAL TABS HYOSCYAMINE SULFATE IMODIUM ADVANCED CHEW KAOPECTATE K-PEC LIQD K-PEK SUSP MAALOX MAGNESIUM OXIDE TABS MAG-OX 400 TABS MAG-OXIDE TABS PAMINE TABS PINK BISMUTH PROPANTHELINE BROMIDE TABS ROBINUL SAL-TROPINE TABS SCOPOLAMINE HYDROBROMIDE SODIUM BICARBONATE TABS TUMS V-R STOMACH RELIEF SUSP X-STR CHEW ANTACID CHEW		ANTACID EXTRA STRENGTH CHEW B & O 15-A SUPPRETTE SUPP B & O 16-A SUPPRETTE SUPP BELLADONNA ALKALOIDS & OP BENTYL TABS CHILDRENS MYLANTA CHEW LEVBID TB12 LEVSIN ELIX LEVSIN TABS LEVSIN/SL SUBL NULEV TBDP URO-MAG CAPS	Use PA Form # 20420 or 10220 (if applicable)
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 # 10220
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
GI - ULCER ANTI-INFECTIVE		HELIDAC			

		PREVPAC			
PROSTAGLANDINS		MISOPROSTOL TABS		CYTOTEC TABS	Use PA Form # 10220
GI - DIGESTIVE ENZYMES		LACTAID ULTRA LACTRASE CAPS	7 7 7 7 7 7 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 or 10220 (if applicable)
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 or 10220 (if applicable)
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 SENNA SENOKOT GRAN SENOKOT SYRP SENOKOT CHILDRENS SYRP		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 or 10220 (if applicable)

		SENOKOT XTRA TABS SORBITOL STOOL SOFTENER CAPS SUCRALFATE TABS UNI-EASE CAPS UNIFIBER POWD URSODIOL			
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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 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 ² MACROBID CAPS MANDELAMINE TABS NITROFURANTOIN MACR CAPS POLYCITRA-K CRYSTALS PACK POTASSIUM CITRATE/CITRIC SOLN PYRIDIUM TABS RENAGEL ¹	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
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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		CLOTTRIMAZOLE 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 CLOTTRIMAZOLE 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

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 or 10220 (if applicable)
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ANXIOLYTICS

ANXIOLYTICS - BENZODIAZEPINES		ALPRAZOLAM TABS CHLORDIAZEPOXIDE HCL CAPS CLORAZEPATE DIPOTASSIUM TABS		ATIVAN SERAX TRANXENE	Use PA Form # 20420 or 10220 (if applicable)
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ANTIPSYCHOTICS - SPECIAL ATYPICALS		CLOZAPINE TABS		CLOZARIL TABS FAZACLO	Use PA Form # 20420 or 10220
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 or 10220
LITHIUM					
LITHIUM		ESKALITH CAPS ESKALITH CR TBCR LITHIUM CARBONATE LITHIUM CITRATE SYRP LITHOBID TBCR			
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.
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 # 10220
STIMULANT - METHYLPHENIDATE - LONG ACTING	1	CONCERTA TBCR	5	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 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
WEIGHT LOSS					
WEIGHT LOSS					No longer covered: PHENTERMINE, XENICAL, DIDREX, and MERIDIA
ALZHEIMER DISEASE					
ALZHEIMER - Cholinomimetics - ACE Inhibitors		ARICEPT TABS ¹ NAMENDA ¹ REMINYL ¹	8 9	EXELON COGNEX CAPS	1. All new users need PA to establish dementia diagnosis and baseline mental status score.

SMOKING CESSATION

NICOTINE PATCHES / TABLETS	NICODERM CO PT24			Bupropion SR 150 mg is available without a prior authorization.
NICOTINE REPLACEMENT - OTHER	NICOTINE POLACRILEX GUM			

ALCOHOL DETERRENTS

ALCOHOL DETERRENTS	DISULFIRAM TABS ANTABUSE TABS			
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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 or 10220
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LONG ACTING NARCOTICS

NARCOTICS - LONG ACTING	KADIAN CP24 AVINZA METHADONE METHADOSE	7 8 8 8 8 8 9	DURAGESIC PT72 ¹ ORAMORPH SR TB12 MOPRHINE SULFATE ER TB12 MORPHINE SULFATE SUPP MS CONTIN TB12 OXYCODONE ER OXYCONTIN TB12 ¹	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
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NARCOTICS - SELECTED	TRAMADOL HCL TABS		BUPRENEX SOLN BUTORPHANOL NALBUPHINE HCL SOLN NUBAIN SOLN STADOL NS SOLN ULTRACET TABS ULTRAM TABS	Use PA Form # 20420 or 10220
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MISCELLANEOUS NARCOTICS

NARCOTICS - MISC.	ACETAMINOPHEN/CODEINE ACTIQ LPOP ¹ ASPIRIN/CODEINE TABS BUTAL/ASA/CAFF/COD CAPS		ANEXSIA TABS ASCOMP/CODEINE CAPS BUTALBITAL/APAP/CAFFEINE/ CAPS DARVOCET-N	1. ACTIQ lollypop and Capital and codeine suspension products require PA for users over 18 years of age. 2. Endocet and oxycodone/acet 10/650 is 8
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	BUTALBITAL/ASPIRIN/CAFFEI CAPS CAPITAL AND CODEINE SUSP ¹ CAPITAL/CODEINE SUSP ¹ CODEINE PHOSPHATE SOLN CODEINE SULFATE TABS ENDOCET 5/325mg TABS ² ENDODAN TABS FENTANYL CITRATE SOLN HYDROCODONE BITARTRATE/AP TABS HYDROCODONE/ACETAMINOPHEN HYDROMORPHONE HCL 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	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	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 or 10220
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NARCOTIC ANTAGONISTS

NARCOTIC - ANTAGONISTS	NALTREXONE HCL TABS	REVIA TABS	Use PA Form # 10220
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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 or 10220
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RHEUMATOID ARTHRITIS

RHEUMATOID ARTHRITIS	ARAVA TABS ¹	ENBREL KIT ²	1. No PA for Arava if methotrexate previously
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				HUMIRA ² KINERET SOLN ² REMICADE ²	tried. 2. Rheumatologist must write script. Rhemulotologist will not require PA for biologicals if methotrexate or other DMARDs in drug profile. Use PA Form # 10510
MISCELLANEOUS ARTHRITIS					
ARTHRITIS - MISC.		RIDAURA CAPS MYOCHRYSLINE SOLN		ARTHROTEC	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 DERIVATIVES		DEPAKOTE ER TB24			
MIGRAINE - SELECTIVE SEROTONIN AGONISTS (5HT)-- Tabs	1 1 2 2 4 4 4	IMITREX TABS MAXALT AXERT TABS ¹ 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 # 10220
MISC.					
ANESTHETICS - MISC.		BUPIVACAINE HCL SOLN LIDOCAINE HCL SOLN MARCAINE SOLN		SENSORCAINE-MPF SOLN SYNVISC INJ XYLOCAINE SOLN	Use PA Form # 30130
ANTI-CONVULSANTS					
ANTICNVULSANTS - MISC.		CARBAMAZEPINE CARBATROL CP12 CELONTIN CAPS CLONAZEPAM TABS DEPAKOTE TBEC DEPAKOTE SPRINKLES CPSP DIASTAT ¹ DILANTIN EPITOL TABS ETHOSUXIMIDE SYRP FELBATOL LAMICTAL ³ MYSOLINE TABS PHENYTOIN PHENYTEK CAPS TEGRETOL ² TEGRETOL-XR TB12 VALPROIC ACID ZARONTIN CAPS	A ~ B 4* ~ 4* 9 ~ 8 9 ~ 7 9 ~ 6 5 ~ 5 9 ~ 9 9 ~ 9	DEPAKENE GABITRIL TABS KEPPRA TABS KLONOPIN TABS LAMICTAL PRIMIDONE TABS TOPAMAX TRILEPTAL ZARONTIN SYRP ZONEGRAN CAPS NEURONTIN BIPOLAR DISORDER: STEP ORDER	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 or 10220 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.
ANTI-PARKINSON DRUGS					
PARKINSONS - ANTI-CHOLINERGICS		AKINETON TABS BENZTROPINE MESYLATE TABS 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 or 10220
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 8 9	ORPHENADRINE CITRATE TIZANIDINE HCL TABS CARISOPRODOL TABS ¹ DANTRIUM CAPS FLEXERIL TABS LIORESAL TABS NORFLEX TBCR ROBAXIN-750 TABS SKELAXIN TABS ZANAFLEX 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 or 10220
MUSCLE RELAXANT - COMBINATIONS				CARISOPRODOL/ASPIRIN TABS CARISOPRODOL/ASPIRIN/CODE NORGESIC TABS ORPHENADRINE COMPOUND ORPHENADRINE/ASA/CAFF ORPHENGESIC	Use PA Form # 20420 or 10220
VITAMINS					
Preferred products that used to require 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 CPR 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
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		ADEKS ADVANCED NATALCARE TABS CENTRUM JR/EXTRA C CHEW	Diag codes are no longer required on prenatal vitamins. Use PA Form # 20420

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

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

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

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
 FEROCAN CAPS
 FERREX 150 CAPS
 FERRO-SEQUELS TBCR
 FE-TINIC CAPS
 FE-TINIC 150 FORTE CAPS

Use PA Form # 20420

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

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

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

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

				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	
ERYTHROPOEITINS					
ERYTHROPOEITINS			5 6 8	PROCRIT SOLN ¹ EPOGEN SOLN ARANESP SOLN	1. All products require PA but Procrit is first choice Use PA Form # 10520
GRANULOCYTE CSF					
GRANULOCYTE CSF			8 8 9	LEUKINE NEUPOGEN SOLN ¹ 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		FRAGMIN INJ ² HEPARIN SODIUM/NACL 0.9% SOLN HEP-LOCK SOLN LOVENOX SOLN ² 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 or 10220
ANTIHEMOPHILIC AGENTS		ALPHANATE BENEFIX SOLR BIOCLATE HELIXATE FS KIT HEMOPIL - M HUMATE-P SOLR KOGENATE FS KONYNE - 80 MONARC - M MONOCLATE - P MONONINE NOVOSEVEN SOLR PROPLEX -T RECOMBINATE SOLR REFACTO		ADVATE ¹	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 or 10220
PLATELET AGGR. INHIBITORS / COMBO'S - MISC.		AGGRENOX CP12 PENTOXIFYLLINE ER TBCR PLETAL TABS		AGRYLIN CAPS TRENAL TBCR	Use PA Form # 20420 or 10220
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		AK-POLY-BAC OINT AK-SULF OINT AK-TOB SOLN BLEPH-10 SOLN GENTAK ILOTYCIN OINT NEOMYCIN/BACI/POLYM OINT	Use PA Form # 20420 or 10220

		NEOMYCIN/POLYMYXIN/GRAMIC NEOSPORIN SOLN POLYSPORIN SODIUM SULFACETAMIDE SOLN SULFACETAMIDE SODIUM TERRAMYCIN OINT TOBRAMYCIN SULFATE SOLN TRIMETHOPRIM SULFATE/POLY VIOPTIC SOLN		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 or 10220
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 or 10220
OP. PROSTAGLANDINS	1 1 3	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		CYCLOGYL SOLN ISOPTO ATROPINE SOLN	Use PA Form # 20420 or 10220

		CYCLOPENTOLATE HCL SOLN HOMATROPINE HBR SOLN ISOPTO HYOSCINE SOLN		ISOPTO HOMATROPINE SOLN MUROCOLL-2 SOLN	
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 # 10220
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 ¹	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 POWD PLEXION RETIN-A CREA ¹ RETIN-A GEL ¹ RETIN-A LIQD ¹ 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 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 or 10220
TOPICAL - ANTIBIOTIC		BACIT/NEOMYCIN/POLYM OINT BACITRACIN OINT BACTROBAN ¹ GENTAMICIN SULFATE		CORTISPORIN TRIPLE ANTIBIOTIC OINT	1. Bactroban quantity limit of 30 g per month. Use PA Form # 20420 or 10220
TOPICAL ANTIFUNGALS		CLOTRIMAZOLE CLOTRIMAZOLE/BETA CREA KETOCONAZOLE CREA LOPROX .77 CREA LOPROX 1.0 CREAM LOPROX 1.0 LOTN		ECONAZOLE NITRATE CREA EXELDERM FUNGIZONE CREA HYDROCORT/IODOQ CREA LAMISIL LOPROX 0.77 LOTN	Use PA Form # 10120

	LOPROX GEL LOPROX TS LOTN MICONAZOLE NITRATE CREA MYCO-TRIAJET II CREA NIZORAL SHAM NTA OINT NYSTATIN NYSTATIN/TRIAMCINOLONE PEDI-DRI POWD SPECTAZOLE CREA TINACTIN TRI-STATIN II CREA		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	
TOPICAL - ANTIPRURITICS	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 ¹			1. Zovirax may be used once without PA.
TOPICAL - ANTINEOPLASTICS	EFUDEX FLUOROPLEX CREA SOLARAZE GEL		CARAC CREA	Use PA Form # 20420
TOPICAL - BURN PRODUCTS	FURACIN CREA SSD CREA THERMAZENE CREA		SILVADENE CREA SILVER SULFADIAZINE CREA SSD AF CREA	Use PA Form # 20420
TOPICAL -CORTICOSTEROIDS	BETAMETHASONE DIPROPIONAT BETAMETHASONE VALERATE BETA-VAL CAPEX SHAM CLOBETASOL PROPIONATE CUTIVATE CYCLOCORT DERMA-SMOOTHIE/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 ULTRAVATE		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
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		AMMONIUM LACTATE CREA	Use PA Form # 20420

		CETAPHIL GENTLE CLEANSER LOTN LAC-HYDRIN LACTINOL-E CREA UREACIN-20 CREA VITAMIN A & D MEDICATED OINT		LACLOTION LOTN LACTINOL LOTN MEDERMA GEL RENOVA CREA	
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 ¹	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 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	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		REGANEX 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
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		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	Use PA Form # 20420

		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		DOMEBORO SOLN PEDIOTIC SUSP VOSOL-HC SOLN ZOTANE HC SOLN ZOTO-HC SOLN	
MOUTH ANTISEPTICS					
MOUTH ANTI-INFECTIVES		NILSTAT SUSP EAR-GESIC SOLN NYSTATIN SUSP		MYCELEX TROC MYCOSTATIN LOZG	Use PA Form # 20420
MOUTH ANTISEPTICS		CHLORHEXIDINE GLUCONATE LIDOCAINE VISCOUS SOLN TRIAMCINOLONE IN ORABASE PSTE TRIAMCINOLONE ORADENT PSTE		APHTHASOL PSTE PERIDEX SOLN PERIOGARD SOLN TRIAMCINOLONE ACETONIDE PSTE XYLOCAINE VISCOUS SOLN	Use PA Form # 20420 or 10220
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 or 10220
T-CELL ACTIVATION INHIBITOR					
PSORIASIS BIOLOGICALS				AMEVIVE RAPTIVA	Use PA Form # 20910
ALTERNATIVE MEDICINES					
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
CHELATING AGENTS					
CHELATING AGENTS		CUPRIMINE CAPS		DEPEN TITRATABS TABS	Use PA Form # 10220
ANTILEPTIC					
ANTILEPTIC				THALOMID CAPS	Use PA Form # 20420
CANCER					
CANCER		ALIMTA AVASTIN ERBITUX VIDAZA			
IMMUNOSUPPRESSANTS					
IMMUNOSUPPRESSANTS		CELLCEPT PROGRAF CAPS		CYCLOSPORINE CAPS	Use PA Form # 20420

RAPAMUNE
CYCLOSPORINE MODIFIED
GENGRAF CAPS
NEORAL
SANDIMMUNE

PURINE ANALOG

PURINE ANALOG	AZASAN TABS AZATHIOPRINE TABS	IMURAN TABS	Use PA Form # 10220
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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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New drugs are initially non-preferred until reviewed by the DUR Committee and the State. According to State policy, any drug requiring specific diagnosis still requires the specific diagnosis unless otherwise noted within this document.

Revised: 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 nd line)	**	
TOPAMAX	X			9	6	X (2 nd line)		
TRILEPTAL	X			5	5			
ZONEGRAN	X			9	9			

* Psychiatrists and Neurologist Exempt

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