

PREFERRED DRUGS				NON-PREFERRED DRUGS			
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CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
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** PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs. "BASIC" Covered Drugs are bolded with the Coverage Indicator of "MC / DEL".*

General Criteria for all PDL categories . (For specific criteria on a drug or category please see PDL with Criteria)

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 on if the side effect has not been reported in the literature for the brand version. The completion and submission of the medwatch form will then also be required.

B: To apply to all requests for non-preferred brands and other drugs with PA conditions for non FDA approved indications. Decisions will be made on a case by case basis until the DUR committee is able to review the evidence and make a recommendation. Interim approvals and DUR recommendations for approval of a drug for a non FDA approved indication will require a minimum of two published, peer reviewed, non contradicted double-blinded, placebo-controlled, randomized studies establishing both safety and efficacy.

C: PDL drugs may also be affected by dose consolidation requirements. See list of limited drugs start on the last page of PDL.

D: 1. The minimum trial periods for each preferred 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.

E: Other Criteria: Drugs that must be submitted on specific prior authorization forms may contain additional criteria that has not been repeated below in this document.

ASSORTED ANTIBIOTICS

BETA-LACTAMS / CLAVULANATE COMBO'S	MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC MC MC / DEL MC MC MC MC / DEL MC MC MC MC MC / DEL MC / DEL		AMOXICILLIN AMOXIL ¹ AMPICILLIN AMOXICILLIN/POTASSIUM CLA CHEW AMOXICILLIN/POTASSIUM CLA SUSR AMOXICILLIN/POTASSIUM CLA TABS AUGMENTIN ES-600 SUSR AUGMENTIN XR TB12 BEEPEN BICILLIN L-A SUSP DICLOXACILLIN SODIUM CAPS DYNAPEN SUSR GEOCILLIN TABS OXACILLIN SODIUM SOLR PENICILLIN V POTASSIUM TICAR SOLR TIMENTIN SOLR TRIMOX UNASYN SOLR VEETIDS ZOSYN	MC / DEL MC / DEL MC MC MC MC MC MC MC MC / DEL MC MC MC MC MC MC MC MC MC MC / DEL MC / DEL		AMOXIL 500MG TABS AUGMENTIN ³ PRINCIPEN CAPS ² PRINCIPEN SUSR	1. Amoxil 500mg tabs are non-preferred. All other Amoxil products are preferred. 2. Principen 250 mg is available without PA. 3. Chewable 125mg & 250mg and Solution 125mg/5ml and 250mg/5ml available without PA. Use PA Form # 20420
CEPHALOSPORINS	MC / DEL MC / DEL MC / DEL MC MC / DEL MC / DEL MC / DEL MC MC MC MC MC / DEL MC / DEL		CEFADROXIL HEMIHYDRATE CEFAZOLIN SODIUM SOLR CEFUROXIME AXETIL TABS CEFZIL CEPHALEXIN MONOHYDRATE DURICEF SUSR FORTAZ SOLR KEFZOL SOLR MAXIPIME SOLR OMNICEF ROCEPHIN VANTIN	MC MC MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC MC MC MC MC / DEL MC / DEL		CECLOR ¹ CEDAX CEFACLOR ¹ 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	MC MC MC MC MC MC MC MC / DEL MC / DEL		BIAXIN XL ² E.E.S. E-MYCIN TBEC ERYPED 200 SUSR ERYPED 400 SUSR ERY-TAB TBEC ERYTHROCIN STEARATE TABS ERYTHROMYCIN ZITHROMAX ^{1,2,3}	MC MC / DEL MC MC MC MC MC MC / DEL MC / DEL		BIAXIN DYNABAC D5-PAK TBEC ERYPED CHEW PCE TBEC CLARITHROMYCIN	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
TETRACYCLINES	MC / DEL MC / DEL MC MC / DEL MC / DEL		DOXYCYCLINE HYCLATE MINOCYCLINE HCL CAPS SUMYCIN TETRACYCLINE HCL CAPS VIBRAMYCIN SYRP	MC MC / DEL MC / DEL MC / DEL MC MC / DEL		DELOMYCIN TABS DORYX CPEP DOXYCYCLINE MONO CAPS DYNACIN CAPS MONODOX CAPS PERIOSTAT	Use PA Form # 20420
FLUOROQUINOLONES	MC MC MC MC / DEL MC		AVELOX ABC PACK TABS AVELOX SOLN AVELOX TABS CIPROFLOXACIN CIPRO XR ¹	MC MC MC MC / DEL MC		CIPRO FLOXIN TABS LEVAQUIN NOROXIN TABS TEQUIN	1. QL 3/script/month Use PA Form # 20420
AMINO GLYCOSIDES	MC MC / DEL MC MC / DEL		GENTAMICIN NEOMYCIN SULFATE TABS TOBI NEBU TOBRAMYCIN SULFATE SOLN				

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ANTIMYCOBACTERIALS / ANTITUBERCULOSIS	MC / DEL MC / DEL MC / DEL MC / DEL		ETHAMBUTOL HCL TABS MYAMBUTOL TABS MYCOBUTIN CAPS RIFAMPIN	MC		RIMACTANE CAPS	Use PA Form # 20420
ANTIMALARIAL AGENTS	MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC		CHLOROQUINE PHOSPHATE TABS DARAPRIM TABS HYDROXYCHLOROQUINE TABS LARIAM TABS MALARONE TABS MEFLOQUINE HCL TABS QUINACRINE HCL POWD QUININE SULFATE	MC MC / DEL		ARALEN TABS PLAQUENIL TABS	Use PA Form # 20420
ANTHELMINTICS	MC / DEL MC MC / DEL MC / DEL		ALBENZA TABS BILTRICIDE TABS MEBENDAZOLE CHEW STROMECTOL TABS	MC		VERMOX CHEW	Use PA Form # 20420
ANTIBIOTICS - MISC.	MC MC MC MC / DEL MC MC MC / DEL MC MC / DEL		AZACTAM SOLR COLISTIMETHATE SODIUM SOLR FUROXONE TABS METRONIDAZOLE ² PENTAMIDINE ISETHIONATE SOLR PRIMSOL SOLN TRIMETHOPRIM TABS VANCOCIN HCL VANCOMYCIN HCL	MC MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC MC / DEL MC MC		COLY-MYCIN-M SOLR FLAGYL CAPS FLAGYL TABS FLAGYLER TBCR KETEK LORABID METRONIDAZOLE 375MG CAPS ² METRONIDAZOLE750MG TABS ² NEBUPENT SOLR PROLOPRIM TABS TINDAMAX ¹ XIFAXAN	1. Need to fail other anti-protozoals 1. 375mg caps and 750mg tabs are non-preferred. Please use available preferred strengths(250mg & 500mg tabs) to obtain required dose without PA. Use PA Form #2420
CARBAPENEMS	MC MC		INVANZ SOLR MERREM SOLR				
LINCOSAMIDES / OXAZOLIDINONES / LEPROSTATICS	MC / DEL MC / DEL MC / DEL MC		CLEOCIN SOLN CLEOCIN SUSR CLINDAMYCIN HCL 150CAPS DAPSONE TABS	MC / DEL MC / DEL MC / DEL MC / DEL		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.	MC / DEL MC / DEL MC / DEL MC / DEL		ERYTHROMYCIN/SULF SUSR SEPTRA/DS TABS SULFAMETHOXAZOLE/TRIMETH TRIMETHOPRIM/SULFAMETHOXA	MC MC		ALINIA* BACTRIM DS TABS	* Alinia is preferred for children less than 12 years of age. Use PA Form # 20420

ANTI - FUNGALS

ANTIFUNGALS - ASSORTED	MC MC / DEL MC MC MC MC / DEL MC / DEL MC / DEL		ANCOBON CAPS FLUCONAZOLE ¹ GRIFULVIN GRISEOFULVIN ULTRAMICROSI TABS GRIS-PEG TABS KETOCONAZOLE TABS NYSTATIN VFEND TABS	MC / DEL MC MC MC MC MC / DEL	5 5 5 6 8	LAMISIL TABS SPORANOX SOLN ² SPORANOX PULSEPAK CAPS ³ SPORANOX CAPS ³ NIZORAL TABS DIFLUCAN ¹	1. QL--1/every 7-day period (150mg only). 2. Sporanox QL 300cc/month with PA. See quantity limit table. 3. Sporanox QL 30/month with PA. See quantity limit table. Non-preferred products must be used in specified step order. Continue to use Anti-Fungal PA form for non-preferred products. Use PA Form # 10120
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ANTI - VIRALS

ANTIRETROVIRALS	MC / DEL MC / DEL MC / DEL MC MC / DEL MC / DEL MC / DEL MC MC / DEL MC MC / DEL MC MC / DEL MC MC / DEL MC MC / DEL MC MC / DEL MC MC / DEL MC MC / DEL MC MC / DEL MC MC / DEL		AGENERASE CAPS APTIVUS COMBIVIR TABS CRIXIVAN CAPS EMTRIVA EPIVIR / HBV EPZICOM FORTOVASE CAPS HIVID TABS INVIRASE CAPS KALETRA LEXIVA NORVIR RESCRIPTOR TABS RETROVIR REYATAZ SUSTIVA TRIZIVIR TABS TRUVADA VIDEX / EC VIRACEPT TABS VIRAMUNE TABS VIREAD TABS ZERIT ZIAGEN TABS	MC / DEL MC / DEL		DIDANOSINE FUZEON	Fuzeon use PA Form # 10620 Truvada use PA Form # 20420
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CYTO-MEGALOVIRUS AGENTS	MC / DEL MC		GANCICLOVIR VALCYTE TABS	MC		CYTOVENE CAPS	Use PA Form # 20420
HEPATITIS AGENTS							
HEPATITIS C AGENTS	MC / DEL MC / DEL MC / DEL		PEG-INTRON KIT REBETRON KIT REBETOL CAPS	MC / DEL MC / DEL MC / DEL	8 8 8	COPEGUS TABS PEGASYS KIT PEGASYS SOLN RIBAVIRIN CAPS	Use PA Form # 20420
HEPATITIS AGENTS - MISC.				MC		ACTIMMUNE	Use PA Form # 20420
HEPATITIS B ONLY	MC		HEPSERA TABS				
HERPES AGENTS	MC / DEL MC / DEL		ACYCLOVIR VALTREX TABS	MC / DEL MC / DEL		FAMVIR TABS ZOVIRAX	Use PA Form # 20420
INFLUENZA AGENTS	MC / DEL MC MC / DEL MC / DEL		AMANTADINE RELENZA DISKHALER AEPB RIMANTADINE HCL TABS TAMIFLU ¹	MC / DEL MC MC / DEL MC / DEL		FLUMADINE TABS FLUMIST ²	1. Tamiflu 10 caps or 60cc's per month. 2. Flumist Use Fomr #10610 Others use PA Form #20420
RSV PROPHYLAXIS							
RSV PROPHYLAXIS				MC MC		RESPIGAM SYNAGIS	Use PA Form # 30120
MS TREATMENTS							
MULTIPLE SCLEROSIS AGENTS				MC MC / DEL MC MC / DEL	5 5 5 6	AVONEX KIT BETASERON SOLR REBIF SOLN COPAXONE	Established users grandfathered. Must follow specified step order. Use PA Form #20430
ASSORTED NEUROLOGICS							
NEUROLOGICS - MISC.	MC MC / DEL MC		MESTINON ORAP TABS PROSTIGMIN TABS	MC MC / DEL MC		BOTOX MYOBLOC ¹	1. Myobloc approval will be limited to Cervical Dystonia. Use PA Form #10210
STEROIDS							
GLUCOCORTICOIDS/ MINERALOCORTICOIDS	MC MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC MC / DEL MC MC / DEL MC / DEL MC / DEL MC / DEL		CELESTONE SUSP CORTEF 5 CORTISONE ACETATE TABS DELTASONE TABS DEPO-MEDROL SUSP DEXAMETHASONE ENTOCORT EC CP24 FLUDROCORTISONE ACETATE TABS HYDROCORTISONE KENALOG METHYLPREDNISOLONE TABS ORAPRED SOLN PREDNISOLONE PREDNISONONE SOLU-CORTEF SOLR SOLU-MEDROL SOLR	MC MC MC / DEL MC / DEL MC MC MC MC MC MC MC MC / DEL MC / DEL MC / DEL MC / DEL		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
HORMONE REPLACEMENT THERAPIES							
ANDROGENS / ANABOLICS	MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC MC MC / DEL MC MC		ANDROID CAPS ANDRODERM PT24 DANAZOL CAPS DEPO-TESTOSTERONE OIL FLUOXYMESTERONE TABS OXANDRIN TABS TESTODERM TESTOSTERONE PROPIONATE TESTRED CAPS WINSTROL TABS	MC MC / DEL MC MC MC / DEL MC / DEL MC MC / DEL MC MC		ANDRO LA 200 OIL ANDROGEL PACK DELATESTRYL OIL HALOTESTIN TABS METHITEST TABS OXANDRIN TABS ¹	1. Non-preferred effective 12.01.2005. Use the Oxandrin PA Form #20600 Others Use PA Form # 20420
ESTROGENS - PATCHES				MC / DEL MC / DEL MC / DEL MC MC / DEL MC / DEL	5 5 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	MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL		CENESTIN TABS DELESTROGEN OIL ESTRADIOL ESTROPIPATE TABS MENEST TABS PREMARIN TABS	MC / DEL MC MC / DEL MC MC / DEL		ESTRACE TABS ESTRATAB TABS OGEN TABS ORTHO-EST TABS	Must fall preferred products before non-preferred products. Use PA Form # 20420
ESTROGEN COMBO'S	MC / DEL MC / DEL		PREMPHASE TABS PREMPRO TABS	MC / DEL MC / DEL MC / DEL MC / DEL		ACTIVELLA TABS COMBIPATCH PTTW FEMHRT 1/5 TABS ORTHO-PREFEST TABS SYNTEST H.S. TABS	Must fall Premphase and Prempro products before non-preferred products. Use PA Form #20420

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	MC / DEL		METFORMIN ER 500MG	MC		GLUCOPHAGE XR TB24 FORMET METFORMIN ER 750MG	are preferred. Use PA Form # 20420
DIABETIC - MEGLITINIDES	MC / DEL		STARLIX TABS	MC / DEL		PRANDIN TABS	Use PA Form # 20420
DIABETIC - / THIAZOL	MC / DEL MC / DEL MC / DEL		AVANDIA TABS ¹ ACTOS 15MG TABS ¹ ACTOS 45MG TABS ¹	MC / DEL		ACTOS 30MG TABS ²	1. Actos and Avandia preferred without PA if patient on insulin or sulfonylurea or metformin. Actos & Avandia non-preferred as monotherapy. 2. Actos 30mg - use two 15mg instead. Use PA Form # 20420
DIABETIC - ALPHAGLUCOSIDASE	MC / DEL		GLYSET TABS	MC		PRECOSE TABS	Use PA Form # 20420
DIABETIC - SULFONYLUREA / BIGUANIDE				MC MC		GLUCOVANCE TABS METAGLIP TABS	Use individual ingredients. Use PA Form # 20420
DIABETIC - THIAZOL / BIGUANIDE COMBO	MC / DEL		AVANDAMET TABS				

THYROID

THYROID HORMONES	MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL		ARMOUR THYROID TABS CYTOMEL TABS LEVOTHROID TABS LEVOTHYROXINE SODIUM TABS LEVOXYL TABS THYROID TABS THYROLAR UNITHROID TABS	MC MC		LEVOTHYROXINE SODIUM SOLR SYNTHROID TABS ¹	Use PA Form #20420
ANTITHYROID THERAPIES	MC / DEL MC / DEL		METHIMAZOLE TABS PROPYLTHIOURACIL TABS	MC / DEL		TAPAZOLE TABS	Use PA Form # 20420

OSTEOPOROSIS

OSTEOPOROSIS	MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL		ACTONEL TABS FOSAMAX SOLN FOSAMAX TABS FOSAMAX PLUS D MIACALCIN SOLN	MC MC MC / DEL MC MC		AREDIA SOLR BONIVA DIDRONEL TABS EVISTA TABS ¹ FORTEO	Approval only requires failure of Fosamax or Actonel. Use PA Form # 20420
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CALCIMIMETIC AGENTS

CALCIMIMETIC AGENTS				MC		SENSIPAR	Use PA Form # 30115
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GROWTH HORMONE

GROWTH HORMONE				MC / DEL MC / DEL MC / DEL MC MC / DEL MC	5 5 6 8 8 8	GENOTROPIN TEV-TROPIN NUTROPIN HUMATROPE SOLR NORDITROPIN CARTRIDGE SOLN SAIZEN SOLR	Products must be used in specified step order. Use PA Form # 10710
SOMATOSTATIC AGENTS	MC / DEL		SANDOSTATIN				

GROWTH HORMONE ANTAGONISTS

GH ANTAGONISTS				MC		SOMAVERT	Use PA Form # 10710
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URINARY INCONTINENCE

VASOPRESSINS				MC / DEL MC / DEL MC MC / DEL MC / DEL	5 6 6 8 8	DDAVP TABS DDAVP SOLN DESMOPRESSIN SPRAY DESMOPRESSIN ACETATE SOLN STIMATE SOLN*	Products must be used in specified step order. Nocturnal enuresis patients will be encouraged to periodically attempt stopping DDAVP. *Patients with a diagnosis of hemophilia or Von Willebrand's disease will be exempt from prior authorizations. Use PA Form # 20420
ANTISPASMODICS	MC / DEL MC		OXYBUTYNIN URISPAS TABS	MC / DEL MC / DEL MC / DEL		CYSTOSPAZ TABS DETROL TABS DITROPAN	Use PA Form # 20420
ANTISPASMODICS - LONG ACTING	MC / DEL MC / DEL MC		DETROL LA CP24 ENBLEX ¹ VESICARE ¹	MC MC / DEL MC		DITROPAN XL TBCR OXYTROL SANCTURA	Use PA Form # 20420 1. Vesicare 5mg and Enblex 7.5mg maximum doses if given with drugs known to be significant CYP3A4 inhibitors. (Ketoconazole, Sporanox, Erythromycin, Biaxin, Nefazodone, Nelfinavir, and Ritonavir)
CHOLINERGIC	MC / DEL		URECHOLINE				

METABOLIC MODIFIER

HERED. TYROSINEMIA				MC		ORFADIN	Use PA Form # 20420
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ANTIHYPERTENSIVES / CARDIAC

CARDIAC GLYCOSIDES	MC / DEL MC / DEL MC / DEL MC / DEL		DIGITEK TABS DIGOXIN LANOXICAPS LANOXIN				
ANTIANGINALS--Isosorbide Di-nitrate / Mono - Nitrates	MC / DEL MC / DEL		ISOSORBIDE MONONITRATE TABS ISOSORBIDE MONONITRATE ER	MC MC MC / DEL MC MC / DEL MC / DEL MC / DEL		DILATRATE SR CPCR ISORDIL TABS ISORDIL TITRADOSE TABS ISOSORBIDE DINITRATE SUBL ISOSORBIDE DINITRATE TABS ISOSORBIDE DINITRATE CR TBCR ISOSORBIDE DINITRATE ER TBCR ISOSORBIDE DINITRATE TD TBCR	Use PA Form # 20420

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				MC / DEL MC / DEL MC		IMDUR TB24 ISMO TABS MONOKET TABS	
NITRO - OINTMENT/CAP/CR	MC MC / DEL MC MC		NITROBID OINT NITROGLYCERIN CPCR NITROL OINT NITRO-TIME CPCR				
NITRO - PATCHES	MC / DEL MC / DEL MC / DEL MC / DEL	1 1 1 3	NITROGLYCERIN PT24 NITREK PT24 NITRO-DUR PT 24 0.8MG MINITRAN PT24	MC MC / DEL		NITRODISC PT24 NITRO-DUR PT24	At least 2 step 1's and step 3 of the preferred products must be used in specified order or PA will be required Use PA Form # 20420
NITRO - SUBLINGUAL/ SPRAY	MC MC / DEL MC / DEL		NITROLINGUAL AERS NITROSTAT SUBL NITROTAB SUBL	MC MC / DEL		NITROLINGUAL SOLN NITROQUICK SUBL	Use PA Form # 20420
BETA BLOCKERS - NON SELECTIVE	MC / DEL MC / DEL MC MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL		COREG INDERAL LA CPCR LEVATOL TABS NADOLOL TABS PINDOLOL TABS PROPRANOLOL HCL SOLN ¹ PROPRANOLOL HCL TABS ¹ TIMOLOL MALEATE TABS	MC / DEL MC / DEL MC MC / DEL		CORGARD TABS INDERAL TABS INNOPRAN XL PROPRANOLOL HCL LA CPCR	1. Recommend using BID since its effects do not last 24 hours. Use PA Form # 20420
BETA BLOCKERS - CARDIO SELECTIVE	MC / DEL MC / DEL MC MC / DEL MC / DEL MC / DEL		ACEBUTOLOL HCL CAPS ATENOLOL TABS ¹ BETAXOLOL HCL TABS BISOPROLOL FUMARATE TABS METOPROLOL TARTRATE TABS ¹ TOPROL XL TB24	MC MC / DEL MC MC / DEL MC / DEL		KERLONE TABS LOPRESSOR TABS SECTRAL CAPS TENORMIN TABS ZEBETA TABS	1. Recommend using Atenolol (and metoprolol) BID since its effects do not last 24 hours. Use PA Form # 20420
BETA BLOCKERS - ALPHA / BETA	MC / DEL		LABETALOL HCL TABS	MC		TRANDATE TABS	Use PA Form # 20420
CALCIUM CHANNEL BLOCKERS- Amlodipines, Bepridil, Diltiazems, Felodipines, Isradipines, Nifedipines, Nisoldipine, and Verapamils	MC / DEL MC MC MC / DEL MC / DEL MC MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL	1 1 1 1 4 1 1 4 4 4 4	NORVASC TABS CARDIZEM LA TB24 DILTIA XT CP24 DILTIAZEM HCL ER CP24 DILTIAZEM HCL XR CP24 CARTIA XT CP24 DILTIAZEM CD 300MG CP24 DILTIAZEM CD 360MG CP24 DILTIAZEM CD CP24 DILTIAZEM HCL ER CP24 DILTIAZEM XR CP24	MC MC MC / DEL MC / DEL MC / DEL MC MC / DEL MC / DEL	5 6 7 8 8 8 8	DILACOR XR CP24 TAZTIA TIAZAC CP24 CARDIZEM TABS CARDIZEM CD CP24 CARDIZEM SR CP12 DILTIAZEM HCL TABS DILTIAZEM HCL ER CP12	Products must be used in specified order or PA will be required. Just write "Cardizem LA" or "Diltiazem 24-hour" and the pharmacy will use a preferred long acting diltiazem that does not require PA. Use PA Form # 20420
				MC / DEL		PLENDIL TB24	Use PA Form # 20420
	MC		DYNACIRC CR TBCR	MC		DYNACIRC CAPS	Use PA Form # 20420
				MC MC / DEL MC / DEL		CARDENE CAPS CARDENE SR CPCR NICARDIPINE HCL CAPS	Use PA Form # 20420
	MC / DEL MC / DEL MC / DEL		NIFEDIPINE TBCR NIFEDIPINE ER TBCR NIFEDICAL XL TBCR	MC MC / DEL MC MC / DEL		ADALAT CC TBCR NIFEDIPINE CAPS PROCARDIA CAPS PROCARDIA XL TBCR	Established users of Adalatt CC are grandfathered. Use PA Form # 20420
	MC		SULAR TB24				
	MC / DEL MC / DEL MC / DEL	1 1 1	VERAPAMIL HCL CR TBCR VERAPAMIL HCL ER TBCR VERAPAMIL HCL SR TBCR	MC / DEL MC / DEL MC / DEL MC MC / DEL MC MC MC		CALAN TABS CALAN SR TBCR COVERA-HS TBCR ISOPTIN-SR VERAPAMIL HCL TABS 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
ANTIARRHYTHMICS	MC / DEL MC / DEL MC / DEL MC / DEL MC MC / DEL MC / DEL MC MC / DEL MC / DEL		AMIODARONE MEXILETINE NORPACE PROCAINAMIDE PROCANBID CR QUINAGLUTE QUINIDINE GLUCONATE QUINIDINE SULFATE RYTHMOL SOTALOL HCL TABS TAMBOCOR	MC / DEL MC MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC MC / DEL MC		BETAPACE TABS BETAPACE AF TABS PACERONE CORDARONE DISOPYRAMIDE PROPAFENONE FLECAINIDE MEXITIL QUINIDEX TIKOSYN ¹ RYTYMOL SR	1. Prescription must be written by Cardiologist. Use PA Form # 20420
ACE INHIBITORS	MC / DEL MC / DEL		BENAZEPRIL HCL CAPTOPRIL TABS	MC MC / DEL	5 8	MAVIK TABS ACCUPRIL TABS	Non-preferred products must be used in specified order. Use PA Form # 20420

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CHOLESTEROL - HGM COA + ABSORB INHIBITORS	MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC MC MC / DEL		ADVICOR TBCR ALTOPREV TB24 CRESTOR LIPITOR TABS LESCOL CAPS LESCOL XL TB24 LOVASTATIN TABS VYTORIN ZETIA TABS ¹ ZOCOR TABS	MC / DEL MC MC / DEL		MEVACOR TABS PRAVACHOL TABS PRAVIGARD	1. Zetia available without PA as addition to Zocor 80 mg, Lipitor 80 mg, or Crestor 40mg. Zetia will also be approved with a PA as add on for patients at maximally tolerated doses of statins. Zocor patients trying to use Zetia must use Vytorin instead. Use PA Form # 20420
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PULMONARY ANTI-HYPERTENSIVES							
PULMONARY ANTI-HYPERTENSIVES				MC / DEL MC		FLOLAN TRACLEER	Use PA Form # 20420

IMPOTENCE AGENTS							
IMPOTENCE AGENTS				MC / DEL MC / DEL MC MC MC MC / DEL MC / DEL	5 8 8 8 8 8 8	VIAGRA CAVERJECT CIALIS EDEX LEVITRA MUSE YOHHIMBINE HCL TABS	The maximal approved quantity for the category (not per drug) is 1 unit per 30 days. Use PA Form # 10530

ANTI-EMETOGENICS							
ANTIEMETIC - ANTICHOLINERGIC / DOPAMINERGIC	MC / DEL MC / DEL MC MC / DEL MC		MECLIZINE HCL TABS PHENERGAN SUPP PHENERGAN FORTIS SYRP PROMETHAZINE TRANSDERM-SCOP PT72	MC MC / DEL MC / DEL MC / DEL MC		ANTIVERT TABS PHENERGAN SOLN PHENERGAN TABS PROMETHEGAN SUPP TORECAN TABS	Use PA Form # 20420

ANTIEMETIC - 5-HT3 RECEPTOR ANTAGONISTS/ SUBSTANCE P NEUROKININ	MC MC / DEL MC / DEL MC / DEL		ALOXI* MARINOL CAPS ZOFRAN SOLN* ZOFRAN TABS*	MC MC MC / DEL MC/DEL		ANZEMET TABS EMEND KYTRIL ZOFRAN ODT TBDP	See quantity limit table. Zofran: Use PA Form # 30810 Others: Use PA Form # 20420
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NON-SEDATING ANTIHISTAMINES / DECONGESTANTS							
ANTIHISTIMINES - NON-SEDATING	MC MC MC MC / DEL		ALAVERT TABS ¹ CLARITIN ALLERGY (OTC) ¹ CLARITIN SYRP (OTC) ² TAVIST ND (OTC) ¹	MC / DEL MC / DEL MC / DEL MC / DEL MC	5 5 5 8 8	CLARINEX TABS ² CLARINEX SYR ³ 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. Must fail Clarinex Tabs and Zyrtec products before moving to next step product without PA. Pseudoephedrine is available with prescription. Use PA Form # 20530

ALLERGY / ASTHMA THERAPIES							
ANTIASTHMATIC - ANTICHOLINERGICS INHALERS	MC / DEL MC		ATROVENT AERS ATROVENT HFA	MC		SPIRIVA ¹	1. Will approve PA if FEV1 <= 50% or if recent COPD hospitalization due to Atrovent failure. Use PA Form # 20420

ANTIASTHMATIC - ANTICHOLINERGICS NEBULIZER	MC / DEL		IPRATROPIUM BROMIDE SOLN	MC		ATROVENT SOLN	Use PA Form # 20420
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ANTIASTHMATIC - ANTIINFLAMMATORY AGENTS	MC / DEL MC / DEL MC / DEL		CROMOLYN SODIUM NEBU INTAL AERS TILADE AERS	MC / DEL		XOLAIR ¹	1. Need max inhaled steroids and written by pulmonary or allergy specialist. Use PA Form# 20420
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ANTIASTHMATIC - NASAL STEROIDS	MC / DEL MC / DEL MC MC / DEL MC	1 1 4 4 4	FLONASE SUSP ¹ NASONEX SUSP ¹ BECONASE AERS BECONASE AQ INHA NASALIDE SOLN	MC / DEL MC MC / DEL MC MC MC / DEL MC MC		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
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ANTIASTHMATIC - NASAL MISC.	MC / DEL		NASALCROM	MC MC MC / DEL		ATROVENT NASAL SOL IPRATROPIUM NASAL SOL ¹ ASTELIN	1. Ipratropium will be approved if submitted with documentation supporting use of CPAP machine. Use PA Form # 20420
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ANTIASTHMATIC - BETA - ADRENERGICS	MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL		ALBUTEROL FORADIL AEROLIZER CAPS MAXAIR METAPROTERENOL SEREVENT TERBUTALINE SULFATE TABS	MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC MC MC / DEL		ACCUNE B 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
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ANTIASTHMATIC - ADRENERGIC COMBOS	MC / DEL		ADAIR DISKUS MISC				
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PREFERRED DRUGS			NON-PREFERRED DRUGS			
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CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
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ANTIASTHMATIC - ADRENERGIC ANTICHOLINERGIC	MC / DEL		COMBIVENT AERO	MC / DEL		DUONEB SOLN ¹	1. Please use preferred individual ingredients Albuterol and Ipratropium. Use PA Form # 20420
ANTIASTHMATIC - XANTHINES	MC / DEL MC MC MC MC MC / DEL MC / DEL MC / DEL		AMINOPHYLLINE TABS THEOCHRON TB12 THEOLAIR-SR TB12 THEOPHYLLINE ELIX THEOPHYLLINE SOLN THEOPHYLLINE ER CP12 THEOPHYLLINE ER TB12 UNIPHYL TBCR	MC MC MC MC / DEL MC MC / DEL MC		QUIBRON CAPS QUIBRON-T TABS QUIBRON-T/SR TB12 THEO-24 CP24 THEOLAIR TABS THEOPHYLLINE CR TB12 T-PHYL TB12	Use PA Form # 20420
ANTIASTHMATIC - STEROID INHALANTS	MC / DEL MC / DEL MC MC / DEL MC / DEL MC MC		AEROBID AERS ASMANEX AZMACORT AERS BECLOVENT AERS FLOVENT PULMICORT SUSP1 OVAR AERS VANCERIL AERS	MC / DEL MC / DEL MC MC MC MC / DEL MC		AEROBID-M AERS PULMICORT TURBUHALER AEPB ² VANCERIL DOUBLE STRENGTH AERS	1. No PA for Pulmicort susp if under 8 years old. 2. No PA for Pulmicort turbobaler if under 14 yr. Use PA Form # 20420
ANTIASTHMATIC - 5-Lipoxygenase Inhibitors				MC		ZYFLO TABS	Use PA Form # 20420
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	MC / DEL		SINGULAIR ¹	MC / DEL		ACCOLATE TABS	1. Must be using inhaled steroid, unless less than 14 years old, for scripts to avoid requiring a PA.. Use PA Form # 20420
ANTIASTHMATIC - ALPHA-PROTEINASE INHIBITOR				MC MC		PROLASTIN SUSR ZEMAIRA	Use PA Form # 20420
ANTIASTHMATIC - HYDROLYTIC ENZYMES				MC / DEL		PULMOZYME SOLN	Use PA Form # 20420
ANTIASTHMATIC - MUCOLYTICS	MC / DEL		ACETYLCYSTEINE ¹	MC		MUCOMYST	1. Acetylcysteine is covered with diagnosis of CF. Use PA Form # 20420

COUGH/COLD

COUGH/COLD	MC / DEL MC MC		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.
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DIGESTIVE AIDS / ASSORTED GI

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

GI - ANTIPERISTALTIC AGENTS	MC / DEL MC / DEL MC MC / DEL MC / DEL MC / DEL MC		DIPHENOXYLATE DIPHENOXYLATE/ATROPINE IMODIUM A-D TABS LOPERAMIDE HCL CAPS LOPERAMIDE HCL LIQD OPIUM TINCTURE TINC PAREGORIC TINC	MC / DEL MC / DEL MC MC / DEL MC		ANTI-DIARRHEAL TABS LOFENE TABS LONOX TABS MOTOFEN TABS SB ANTI-DIARRHEA TABS	Use PA Form # 20420
GI - ANTIARRHEAL / ANTACID - MISC.	MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC MC MC / DEL MC MC MC / DEL MC MC MC / DEL MC / DEL MC / DEL MC MC / DEL MC MC / DEL MC / DEL MC MC / DEL MC		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	MC / DEL MC MC MC MC / DEL MC MC / DEL MC MC / DEL MC / DEL MC / DEL MC MC MC / DEL MC MC MC / DEL MC / DEL MC MC MC / DEL MC MC / DEL MC MC / DEL MC		ANTACID EXTRA STRENGTH CHEW B & O 15-A SUPPRETTE SUPP B & O 16-A SUPPRETTE SUPP BELLADONNA ALKALOIDS & OP BENTYL TABS CHILDRENS MYLANTA CHEW LEVIBID TB12 LEVSIN ELIX LEVSIN TABS LEVSIN/SL SUBL NULEV TBDP URO-MAG CAPS	Use PA Form # 20420

PREFERRED DRUGS				NON-PREFERRED DRUGS			
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CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
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	MC		METAMUCIL	MC		SENOKOT S TABS	
	MC / DEL		MILK OF MAGNESIA SUSP	MC		STOOL SOFTENER PLUS CAPS	
	MC		MINERAL OIL OIL	MC / DEL		UNI-CENNA TABS	
	MC		MIRALAX PACK ¹	MC		UNI-EASE PLUS CAPS	
	MC		MIRALAX POWD ¹	MC		V-R NATURAL SENNA LAXATIV TABS	
	MC / DEL		SENNA				
	MC / DEL		SENOKOT GRAN				
	MC / DEL		SENOKOT SYRP				
	MC / DEL		SENOKOT CHILDRENS SYRP				
	MC		SENOKOT XTRA TABS				
	MC / DEL		SORBITOL				
	MC / DEL		STOOL SOFTENER CAPS				
	MC / DEL		SUCRALFATE TABS				
	MC		UNI-EASE CAPS				
	MC		UNIFIBER POWD				
	MC / DEL		URSODIOL				

MISC. UROLOGICAL							
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UROLOGICAL - MISC.	MC		ACETIC ACID 0.25% SOLN	MC		CITRIC ACID/SODIUM CITRAT SOLN	1. Elmiron requires adequate proof of Dx with supportive testing.
	MC / DEL		BICITRA SOLN	MC / DEL		CYTRA-2 SOLN	Use PA Form # 20420
	MC		CYTRA-K SOLN	MC		ELMIRON CAPS ¹	
	MC		FURADANTIN SUSP	MC / DEL		MACROBID CAPS	
	MC		K-PHOS MF TABS	MC / DEL		MANDELAMINE TABS	
	MC / DEL		MACRODANTIN CAPS	MC / DEL		NITROFURANTOIN MACR CAPS	
	MC / DEL		METHENAMINE MANDELATE TABS	MC		POLYCITRA-K CRYSTALS PACK	
	MC / DEL		MONUROL PACK	MC		POTASSIUM CITRATE/CITRIC SOLN	
	MC / DEL		NEOSPORIN GU IRRIGANT SOLN	MC		PYRIDIUM TABS	
	MC / DEL		PHENAZOPYRIDINE HCL TABS	MC / DEL		RENACIDIN SOLN	
	MC		POLYCITRA SYRP				
	MC		POLYCITRA-K SOLN				
	MC / DEL		POLYCITRA-LC SOLN				
	MC / DEL		PROSED/DS TABS				
	MC / DEL		PYRIDIUM PLUS TABS				
	MC		TRICITRATES SYRP				
	MC		UREX TABS				
	MC / DEL		URISED TABS				
	MC		UROCID-K				
	MC / DEL		UROQID #2 TABS				

PHOSPHATE BINDERS							
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PHOSPHATE BINDERS	MC		PHOSLO	MC / DEL		FOSRENOL	1. Renegal will be approved for hypercalcemia, digoxin users, and in cases where maximum phoslo doses are insufficient.
	MC / DEL		MAGNEBIND - 400	MC / DEL		RENAGEL ¹	

INTRA-VAGINALS							
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VAGINAL - ANTIBACTERIALS	MC / DEL	1	CLEOCIN CREA				Step order must be followed to avoid PA. Must fail Cleocin and Metrogel products before moving to next step product without PA.
	MC / DEL	1	METROGEL VAGINAL GEL				
	MC / DEL	3	CLEOCIN SUPP				
VAGINAL - ANTI FUNGALS	MC / DEL		CLOTTRIMAZOLE CREA	MC		AVC CREAM	1. Quantity limit: 1/script/2 weeks
	MC / DEL		GYNE-LOTTRIMIN CREA	MC		CLOTTRIMAZOLE 3 DAY CREA	Use PA Form # 20420
	MC		MICONAZOLE CREA	MC		GYNAZOLE-1 CREA	
	MC / DEL		MICONAZOLE 3 COMBO PACK KIT ¹	MC		GYNE-LOTTRIMIN 3 TABS	
	MC / DEL		MICONAZOLE 7 CREA	MC / DEL		MICONAZOLE 3 SUPP	
	MC / DEL		MICONAZOLE NITRATE CREA	MC		MONISTAT 3 SUPP	
	MC		MONISTAT 1 OINT	MC		TERAZOL 3 CREA	
	MC		MONISTAT 3 CREA	MC		TERAZOL 3 SUPP	
	MC		MONISTAT 7	MC		TERAZOL 7 CREA	
	MC		NYSTATIN TABS				
	MC		VAGITROL				
	MC		V-R MICONAZOLE-7 CREA				
VAGINAL - CONTRACEPTIVES	MC		GYNOL II EXTRA STRENGTH GEL	MC		DELPHEN FOAM	Use PA Form # 20420
VAGINAL - ESTROGENS	MC / DEL		ESTRING RING	MC / DEL		ESTRACE CREA ¹	1. Preferred for DEL members. Must fail all preferred products before non-preferred. Use PA Form # 20420
	MC / DEL		PREMARIN CREA	MC / DEL		VAGIFEM TABS	
VAGINAL - OTHER	MC / DEL		ACID JELLY GEL	MC		AMINO ACID CERVICAL CREA	Use PA Form # 20420
	MC		ACI-JEL GEL				
	MC		CERVICAL AMINO ACID CREA				

BPH							
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BPH	MC / DEL		AVODART	MC / DEL	5	FLOMAX CP24	Non-preferred products must be used in specified order.
	MC / DEL		DOXAZOSIN MESYLATE TABS	MC / DEL	8	CARDURA TABS	Use PA Form # 20420
	MC / DEL		PROSCAR TABS	MC	8	HYTRIN CAPS	
	MC / DEL		TERAZOSIN HCL CAPS	MC / DEL	8	UROXATRAL	

ANXIOLYTICS							
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ANXIOLYTICS - BENZODIAZEPINES	MC / DEL		ALPRAZOLAM TABS	MC / DEL		ATIVAN	Us PA Form # 20420
	MC / DEL		CHLORDIAZEPOXIDE HCL CAPS	MC		SERAX	
	MC / DEL		CLORAZEPATE DIPOTASSIUM TABS	MC		TRANXENE	

PREFERRED DRUGS				NON-PREFERRED DRUGS			
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CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
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	MC / DEL MC / DEL MC MC / DEL MC / DEL MC MC / DEL MC / DEL MC MC / DEL		LOXAPINE SUCCINATE CAPS LOXITANE-C CONC MOBAN TABS PERPHENAZINE PROCHLORPERAZINE SERENTIL THIORIDAZINE HCL THIOTHIXENE THORAZINE SUPP TRIFLUOPERAZINE HCL TABS	MC MC		STELAZINE TABS THORAZINE	
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LITHIUM							
LITHIUM	MC / DEL MC / DEL MC / DEL MC / DEL		ESKALITH CAPS ESKALITH CR TBCR LITHIUM CARBONATE LITHIUM CITRATE SYRP				

COMBINATION - PSYCHOTHERAPEUTIC							
PSYCHOTHERAPEUTIC COMBINATION	MC / DEL MC / DEL		CHLORDIAZEPOXIDE/AMITRIPT PERPHENAZINE/AMITRIPTYLIN	MC	8	SYMBYAX	Use PA Form # 20420

STIMULANTS							
STIMULANT - AMPHETAMINES - SHORT ACTING	MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL		ADDERALL TABS AMPHETAMINE SALT COMBO DEXEDRINE DEXTROAMPHET SULF TABS DEXTROSTAT TABS				Preferred stimulants will be available without PA if diagnosis of ADHD As per recent FDA alert, Adderall should not be used in patients with underlying heart defects since they may be at increased risk for sudden death.

STIMULANT - LONG ACTING AMPHETAMINES SALT	MC / DEL		ADDERALL XR CP24				Preferred stimulants will be available without PA if diagnosis of ADHD As per recent FDA alert, Adderall should not be used in patients with underlying heart defects since they may be at increased risk for sudden death.
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LONG ACTING AMPHETAMINES	MC MC		DEXEDRINE CAP CR DEXTROAMPHET SULF CPCR				Preferred stimulants will be available without PA if diagnosis of ADHD.
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STIMULANT - METHYLPHENIDATE	MC / DEL MC / DEL MC MC / DEL		FOCALIN METHYLIN TABS METHYLIN SOL METHYLPHENIDATE HCL				
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STIMULANT - METHYLPHENIDATE - LONG ACTING	MC	1	CONCERTA TBCR	MC MC / DEL	5 8	METADATE CD CPCR ¹ RITALIN LA	Non-preferred products must be used in specified step order. 1. Easily approved for patients needing the sprinkles. Preferred stimulants will be available without PA if diagnosis of ADHD. Use PA Form # 20420
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STIMULANTS - STIMULANT LIKE				MC MC MC MC MC MC / DEL MC / DEL	7 8 8 8 8 8 9	STRATTERA ^{1,2} CAFKIT SOLN CYLERT CHEW CYLERT TABS DESOXYN TABS PROVIGIL TABS PEMOLINE	1. Required failure of both an amphetamine and methylphenidate (unless history of substance abuse) 2. Effective 12.03.04, Strattera allowed only 1 per day for all strengths except 40mg, where 2 are allowed to achieve 80mg or 100mg daily. 3. Non-preferred products must be used in specified step order. Provigil: Use PA Form # 20710 Others: Use PA form # 20420
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WEIGHT LOSS							
WEIGHT LOSS							No longer covered: PHENTERMINE, XENICAL, DIDREX, and MERIDIA

ALZHEIMER DISEASE							
ALZHEIMER - Cholinomimetics	MC MC / DEL MC / DEL MC MC		ARICEPT TABS ¹ EXELON ¹ NAMENDA ¹ RAZADYNE ¹ REMINYL ¹	MC	9	COGNEX CAPS	1. All new users need PA to establish dementia diagnosis and baseline mental status score. Must fail all preferred products before moving to non-preferred. Use PA Form # 20420 and MMSE form

SMOKING CESSATION							
NICOTINE PATCHES / TABLETS	MC / DEL		NICODERM CQ PT24				Bupropion SR 150 mg is available without a prior authorization.
NICOTINE REPLACEMENT - OTHER	MC / DEL		NICOTINE POLACRILEX GUM	MC / DEL		COMMITT LOZENGES ¹	1. Available to patients unable to tolerate preferred products. Use PA Form # 20420

ALCOHOL DETERRENTS							
ALCOHOL DETERRENTS	MC MC MC / DEL MC		DISULFIRAM TABS ANTABUSE NALTREXONE HCL TABS CAMPRAL ¹				1. Should only be used in conjunction with formal structured outpatient detoxification program.

MISCELLANEOUS ANALGESICS							
ANALGESICS - MISC.	MC MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL		ACEPHEN SUPP ACETAMIN TAB 325MG ACETAMINOPHEN ASPIRIN ASPIRIN EC ASPIR-LOW TBEC	MC MC MC MC MC MC / DEL		ASPIR-81 TBEC AXOCET CAPS DOLOBID TABS EASPRIN TBEC EQUAGESIC TABS ESGIC-PLUS	Use PA Form # 20420

PREFERRED DRUGS			NON-PREFERRED DRUGS			
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CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
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	MC / DEL		BUFFERED ASPIRIN TABS	MC		EXCEDRIN TAB ASA FRE	
	MC / DEL		BUTAL/ASA/CAFF	MC / DEL		FIORICET TABS	
	MC / DEL		BUTALBITAL COMPOUND	MC		FIORINAL CAPS	
	MC / DEL		BUTALBITAL/ACET TABS	MC		FIORTAL CAPS	
	MC / DEL		BUTALBITAL/APAP CAPS	MC / DEL		FORTABS TABS	
	MC / DEL		BUTALBITAL/APAP/CAFFEINE	MC		PHRENILIN TABS	
	MC / DEL		CHILDRENS ASPIRIN CHEW	MC		PHRENILIN FORTE CAPS	
	MC / DEL		CHILDRENS PAIN RELIEVER	MC		TRILISATE LIOD	
	MC / DEL		CHOLINE MAGNESIUM TRISALI	MC		TRILISATE TABS	
	MC / DEL		DIFLUNISAL TABS	MC		ZEBUTAL CAPS	
	MC / DEL		ECOTRIN	MC		ZORPRIN TBCR	
	MC / DEL		FEVERALL SUPP				
	MC / DEL		GENAPAP				
	MC / DEL		GENEBS TABS				
	MC		HEADACHE FORMULA ADDED TABS				
	MC		INFANTAIRE SOLN				
	MC		INFANTS APAP SOLN				
	MC		INFANTS PAIN RELIEVER SUSP				
	MC / DEL		MAPAP				
	MC / DEL		PAIN RELIEVER				
	MC / DEL		Q-NOL TABS				
	MC / DEL		SALSALATE TABS				
	MC		TACTINAL EXTRA STRENGTH TABS				
	MC		TYLENOL				
	MC		V-R CHILDRENS ASPIRIN CHEW				
	MC		V-R NON-ASPIRIN TABS				

LONG ACTING NARCOTICS

NARCOTICS-LONG ACTING	MC		KADIAN CP24	MC	7	DURAGESIC PT72 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.
	MC		AVINZA	MC / DEL	8	ORAMORPH SR TB12	
	MC / DEL		METHADONE	MC / DEL	8	MOPRHINE SULFATE ER TB12	
	MC / DEL		METHADOSE	MC / DEL	8	MORPHINE SULFATE SUPP	
				MC / DEL	8	MS CONTIN TB12	
				MC / DEL	8	OXYCODONE ER	
				MC / DEL	9	OXYCONTIN TB12 ¹	

Use PA Form # 20510

NARCOTICS - SELECTED	MC / DEL		TRAMADOL HCL TABS	MC		BUPRENEX SOLN	Use PA Form # 20420 r
				MC / DEL		BUTORPHANOL	
				MC		NALBUPHINE HCL SOLN	
				MC		NUBAIN SOLN	
				MC		STADOL NS SOLN	
				MC		ULTRACET TABS	
			MC		ULTRAM TABS		

MISCELLANEOUS NARCOTICS

NARCOTICS - MICS.	MC / DEL		ACETAMINOPHEN/CODEINE	MC		ANEXSIA TABS	1. ACTIQ lollypop and Capital and codeine suspension products require PA for users over 18 years of age. 2. Endocet and oxycodone/acet 10/650 is 8 times more expensive. Use twice as many of oxycod/acet 5/325 instead. Use 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
	MC		ACTIQ LPOP ¹	MC / DEL		ASCOMP/CODEINE CAPS	
	MC / DEL		ASPIRIN/CODEINE TABS	MC / DEL		BUTALBITAL/APAP/CAFFEINE/ CAPS	
	MC / DEL		BUTAL/ASA/CAFF/COD CAPS	MC		DARVOCET-N	
	MC		BUTALBITAL/ASPIRIN/CAFFEI CAPS	MC		DARVON	
	MC		CAPITAL AND CODEINE SUSP ¹	MC		DEMEROL	
	MC		CAPITAL/CODEINE SUSP ¹	MC / DEL		DILAUDID	
	MC / DEL		CODEINE PHOSPHATE SOLN	MC		DILAUDID-HP SOLN	
	MC / DEL		CODEINE SULFATE TABS	MC / DEL		FIORICET/CODEINE CAPS	
	MC / DEL		ENDOCET 5/325mg TABS ²	MC		FIORINAL/CODEINE #3 CAPS	
	MC / DEL		ENDODAN TABS	MC		FIORTAL/CODEINE CAPS	
	MC		FENTANYL CITRATE SOLN	MC / DEL		HYDROCODONE/IBUPROFEN	
	MC / DEL		HYDROCODONE BITARTRATE/AP TABS	MC / DEL		LORCET	
	MC / DEL		HYDROCODONE/ACETAMINOPHEN	MC		LORTAB	
	MC / DEL		HYDROMORPHONE HCL	MC		MAXIDONE TABS	
	MC / DEL		MEPERIDINE HCL	MC / DEL		NORCO TABS	
	MC / DEL		OXYCODONE	MC / DEL		PENTAZOCINE/ACET TABS	
	MC / DEL		OXYCODONE/ACETAMINOPHEN ²	MC		PERCOCET TABS	
	MC / DEL		PENTAZOCINE/NALOXONE TABS	MC		PERCODAN TABS	
	MC		PROPOXYPHENE COMPOUND CAPS	MC		PHRENILIN W/CAFFEINE/CODE CAPS	
	MC		PROPOXYPHENE CMPND-65 CAPS	MC / DEL		ROXICET 5/500 TABS	
	MC / DEL		PROPOXYPHENE HCL CAPS	MC		SYNALGOS-DC CAPS	
	MC / DEL		PROPOXYPHENE/ACET TABS	MC		TALACEN TABS	
	MC / DEL		PROPOXYPHENE-N/ACET TABS	MC / DEL		TALWIN NX TABS	
	MC / DEL		ROXICET	MC		TYLENOL/CODEINE #3 TABS	
	MC		ROXIPRIN TABS	MC		TYLOX CAPS	
	MC		SUBOXONE	MC		VICODIN	
				MC		VICOPROFEN TABS	
				MC		ZYDONE TABS	

NARCOTIC ANTAGONISTS

PREFERRED DRUGS				NON-PREFERRED DRUGS			
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CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
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** PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs. "BASIC" Covered Drugs are bolded with the Coverage Indicator of "MC / DEL".*

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

VITAMIN D's	MC		CALCIFEROL SOLN ¹	MC / DEL		DRISDOL CAPS	1. Diagnosis of dialysis (renal failure) required. 2. OTC Vitamin D no diagnosis required.
	MC / DEL		CALCITROL CAPS	MC		CALCIJEX	
	MC / DEL		DRISDOL SOLN	MC / DEL		HECTOROL (ORAL)	
	MC / DEL		VITAMIN D	MC / DEL		HECTOROL (PARENTERAL)	
				MC / DEL		ROCALTROL	
				MC		ZEMPLAR	

MISC MULTI-VITAMINS

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

VITAMINS - MISC.	MC		CENTRUM LIQD	MC		ADEKS	Diag codes are no longer required on prenatal vitamins. Use PA Form # 20420
	MC		CENTRUM TABS	MC / DEL		ADVANCED NATALCARE TABS	
	MC		CENTRUM JR/IRON CHEW	MC		CENTRUM JR/EXTRA C CHEW	
	MC		CENTRUM SILVER TABS	MC		CENTRUM PERFORMANCE TABS	
	MC		CENTRUM-LUTEIN TABS	MC		DALYVITE LIQD	
	MC		CEROVITE ADVANCED FO TABS	MC		EMBREX 600 MISC	
	MC / DEL		CHEWABLE MULTIVIT/FL CHEW	MC		IBERET	
	MC		COD LIVER OIL CAPS	MC		MATERNA TABS	
	MC		COMPLETE SENIOR TABS	MC		MULTIRET FOLIC -500 TBCR	
	MC		DAILY MULTI VIT/IRON	MC / DEL		NATAFORT TABS	
	MC		M.V.I.-12 INJ	MC / DEL		NATALCARE CFE 60 TABS	
	MC		MULTI-VIT/FLUORIDE	MC / DEL		NATALCARE GLOSS TABS	
	MC / DEL		NATACHEW CHEW	MC		NATALCARE PIC TABS	
	MC / DEL		NATALCARE RX TABS	MC		NATALCARE PIC FORTE TABS	
	MC / DEL		NEPHRO-VITE TABS	MC / DEL		NATALCARE PLUS TABS	
	MC / DEL		OCUVITE TABS	MC		NATALCARE THREE TABS	
	MC / DEL		ONE DAILY TABS	MC		NATALFIRST TABS	
	MC / DEL		ONE-DAILY MULTIVITAMINS	MC		NATATAB RX TABS	
	MC / DEL		ONE-TABLET-DAILY	MC / DEL		NEPHPLEX RX TABS	
	MC / DEL		POLY-VIT/IRON/FLUORID SOLN	MC / DEL		NEPHROCAPS CAPS	
	MC / DEL		POLY-VITAMIN/FLUORIDE SOLN	MC		NESTABS RX TABS	
	MC / DEL		POLY-VITAMINS/IRON SOLN	MC / DEL		NIFEREX	
	MC / DEL		PRENATAL TABS	MC / DEL		NUTRINATE CHEW	
	MC / DEL		PRENATAL FORMULA 3 TABS	MC		POLY-VI-FLOR SOLN	
	MC / DEL		PRENATAL PLUS TABS	MC		POLY-VI-SOL SOLN	
	MC / DEL		PRENATAL PLUS NF TABS	MC		POLY-VI-SOL/IRON SOLN	
	MC		PRENATAL PLUS/27MG IRON	MC		POLY-VITAMIN DROPS SOLN	
	MC		PRENATAL PLUS/IRON TABS	MC		PRECARE	
	MC / DEL		PRENATAL RX/BETA-CAROTENE	MC		PREMESIS RX TABS	
	MC		PROTEGRA CAPS	MC		PRENATABS CBF TABS	
	MC		STRESS TAB NF TABS	MC		PRENATAL 19 CHEW	
	MC		THERAPEUTIC-M TABS	MC		PRENATAL CARE TABS	
	MC		THERAVITE LIQD	MC		PRENATAL MR 90 TBCR	
	MC / DEL		TRI-VITAMIN/FLUORIDE SOLN	MC / DEL		PRENATAL MTR/SELENIUM TABS	
	MC		VITA CON FORTE CAPS	MC		PRENATAL OPTIMA ADVANCE TABS	
	MC		VITAMIN B COMPLEX CAPS	MC		PRENATAL PC 40 TABS	
	MC		VITAPLEX PLUS TABS	MC / DEL		PRENATAL RX TABS	
				MC		PRENATE	
				MC		PRIMACARE MISC	
				MC / DEL		RENAL CAPS	
				MC / DEL		RENAPHRO CAPS	
				MC / DEL		RENA-VITE RX TABS	
				MC		STUARTNATAL PLUS 3 TABS	
				MC		TRI-VI-SOL SOLN	

PREFERRED DRUGS			NON-PREFERRED DRUGS			
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CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
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				MC		TRI-VI-SOL/IRON SOLN	
				MC / DEL		ULTRA NATALCARE TABS	
				MC		ULTRA-NATAL TABS	
				MC		VICON FORTE CAPS	
				MC		VINATAL FORTE TABS	
				MC		VINATE	
				MC / DEL		VINATE ADVANCED TABS	

MISCELLANEOUS MINERALS

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

MINERALS	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
	MC		CALCARB	MC		ANEMAGEN	Use PA Form # 20420
	MC		CALCI-MIX CAPSULE CAPS	MC		CALCET TABS	
	MC		CALCIQUID SYRP	MC / DEL		CALCIUM 600-D TABS	
	MC		CALCITRATE/VITAMIN D TABS	MC		CALCIUM/VITAMIN D TABS	
	MC / DEL		CALCIUM	MC		CALTRATE 600 PLUS/VIT D TABS	
	MC / DEL		CALCIUM CARBONATE	MC		CALTRATE PLUS TABS	
	MC / DEL		CALCIUM CITRATE TABS	MC		CHROMAGEN	
	MC / DEL		CALCIUM GLUCONATE TABS	MC		CITRACAL PLUS TABS	
	MC / DEL		CALCIUM LACTATE TABS	MC		CONTRIN CAPS	
	MC		CALCIUM/MAGNESIUM TABS	MC		FEOGEN FORTE CAPS	
	MC / DEL		CALCIUM/VITAMIN D TABS	MC		FEROCON CAPS	
	MC		CALTRATE 600 TABS	MC / DEL		FERREX 150 CAPS	
	MC / DEL		CHEWABLE CALCIUM CHEW	MC		FERRO-SEQUELS TBCR	
	MC		CITRACAL TABS	MC		FE-TINIC CAPS	
	MC		CITRACAL + D TABS	MC		FE-TINIC 150 FORTE CAPS	
	MC		CITRUS CALCIUM TABS	MC / DEL		FLUOR-A-DAY SOLN	
	MC		CITRUS CALCIUM 1500 + D TABS	MC / DEL		K-DUR TBCR	
	MC		DEXFERRUM SOLN	MC		KLOR-CON PACK	
	MC		EFFERVESCENT POTASSIUM TBEP	MC		K-LYTE	
	MC / DEL		FEOSTAT CHEW	MC / DEL		K-PHOS TABS	
	MC		FERATAB TABS	MC		K-TABS TBCR	
	MC / DEL		FER-GEN-SOL SOLN	MC		K-VESENT PACK	
	MC / DEL		FERGON TABS	MC		NU-IRON 150 CAPS	
	MC		FER-IN-SOL SOLN	MC / DEL		OYSTER SHELL CALCIUM/VITA TABS	
	MC		FER-IRON SOLN	MC / DEL		POLY-IRON 150 CAPS	
	MC		FERRONATE TABS	MC / DEL		POLYSACCHARIDE IRON CAPS	
	MC		FERROUS FUMARATE TABS	MC / DEL		POTASSIUM BICARB/CHLORIDE	
	MC / DEL		FERROUS GLUCONATE TABS	MC / DEL		SLOW FE TBCR	
	MC / DEL		FERROUS SULFATE	MC		TUMS 500 CHEW	
	MC / DEL		FLUOR-A-DAY CHEW	MC		VIACTIV CHEW	
	MC		FLUORIDE CHEW				
	MC		FLUORIDE SODIUM CHEW				
	MC		FLUORITAB CHEW				
	MC		HEMOCYTE TABS				
	MC		HM CALCIUM TABS				
	MC		K+ POTASSIUM PACK				
	MC		KAON ELIX				
	MC		KAON-CL-10 TBCR				
	MC		KCL 0.075%/D5W/NACL 0.2% SOLN				
	MC		K-EFFERVESCENT TBEP				
	MC		KLOR-CON				
	MC		KLOTRIX TBCR				
	MC / DEL		K-PHOS TABS				
	MC / DEL		K-VESENT TBEP				
	MC / DEL		LURIDE CHEW				
	MC / DEL		MAGNESIUM GLUCONATE TABS				
	MC / DEL		MAGNESIUM SULFATE SOLN				
	MC		MICRO-K CPCR				
	MC / DEL		NEUTRA-PHOS				
	MC / DEL		OS-CAL TABS				
	MC / DEL		OS-CAL 500 + D TABS				
	MC / DEL		OYSCO				
	MC / DEL		OYST-CAL TABS				
	MC / DEL		OYST-CAL D TABS				
	MC / DEL		OYST-CAL/VITAMIN D TABS				
	MC / DEL		OYSTER CALCIUM TABS				
	MC / DEL		OYSTER SHELL				
	MC / DEL		PHOSPHA 250 NEUTRAL TABS				
	MC		POTASSIUM BICARBONATE TBEP				
	MC / DEL		POTASSIUM CHLORIDE				
	MC		POTASSIUM EFFERVESCENT				
	MC / DEL		SELENIUM TABS				
	MC		SLOW-MAG TBCR				
	MC / DEL		SODIUM FLUORIDE				

PREFERRED DRUGS				NON-PREFERRED DRUGS			
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CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
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OP. PROSTAGLANDINS	MC / DEL	1	XALATAN SOLN	MC / DEL		RESCULA SOLN	Preferred products must be used in specified step order or PA required. Use PA Form # 20420
	MC / DEL	1	TRAVATAN SOLN				
	MC	1	LUMIGAN SOLN				
OP. CYCLOPLEGICS	MC		AK-PENTOLATE SOLN	MC / DEL		CYCLOGYL SOLN	Use PA Form # 20420
	MC / DEL		ATROPINE SULFATE	MC		ISOPTO ATROPINE SOLN	
	MC / DEL		CYCLOPENTOLATE HCL SOLN	MC / DEL		ISOPTO HOMATROPINE SOLN	
	MC / DEL		ISOPTO HYOSCINE SOLN	MC		MUROCOLL-2 SOLN	
OP. MIOTICS - DIRECT ACTING	MC / DEL		ISOPTO CARBACHOL SOLN				
	MC		ISOPTO CARPINE SOLN				
	MC		PILOCAR SOLN				
	MC / DEL		PILOCARPINE HCL SOLN				
	MC / DEL		PILOPINE HS GEL				
OP. ADRENERGIC AGENTS	MC / DEL		DIPIVEFRIN HCL SOLN	MC		PROPINE SOLN	Use PA Form # 20420
	MC		EPIFRIN SOLN				
OP. SELECTIVE ALPHA ADRENERGIC AGONISTS	MC		ALPHAGAN SOLN	MC / DEL		IOPIDINE SOLN	Use PA Form # 20420
	MC		ALPHAGAN P SOLN				
OP. ANTIALLERGICS	MC / DEL		PATANOL SOLN	MC / DEL		ALAMAST SOLN	Use PA Form # 20420
	MC / DEL		ZADITOR SOLN	MC		ALOCRIOL SOLN	
				MC / DEL		ALOMIDE SOLN	
				MC		EMADINE SOLN	
				MC / DEL		ELESTAT	
				MC		LIVOSTIN SUSP	
OP. CARBONIC ANHYDRASE INHIBITORS/COMBO	MC / DEL		AZOPT SUSP	MC / DEL		TRUSOPT SOLN	Must fail all preferred products before non-preferred. Use PA Form # 20420
	MC / DEL		COSOPT SOLN				
OP. NSAID'S	MC / DEL		FLURBIPROFEN SODIUM SOLN	MC		ACULAR SOLN	Must fail all preferred products before non-preferred. Use PA Form # 20420
	MC / DEL		VOLTAREN SOLN	MC		ACULAR LS	
				MC		OCUFEN SOLN	
OP. OF INTEREST	MC / DEL		ENUCLENE SOLN	MC		BOTOX SOLR	1. Must have kerato conjunctivitis sicca and failed other dry eye therapies. Use PA Form # 10210
				MC		RESTASIS ¹	

DERMATOLOGICAL

TOPICAL - ACNE PREPARATIONS	MC / DEL		ACCUTANE CAPS	MC		ALTINAC CREA	1. For these Retin-A products, over 24 yr. need PA. Use PA Form # 20420
	MC		AKNE-MYCIN OINT	MC		AVITA CREA	
	MC		AZELEX CREA	MC		BENZAC	
	MC		BENZOYL PEROXIDE	MC / DEL		BENZACLIN GEL	
	MC / DEL		CLEOCIN-T	MC / DEL		BENZAGEL-10 GEL	
	MC		DIFFERIN	MC / DEL		BENZAMYCIN GEL	
	MC / DEL		ERYTHROMYCIN GEL	MC / DEL		BENZAMYCINPAK PACK	
	MC / DEL		ERYTHROMYCIN PADS	MC		BREVOXYL	
	MC / DEL		ERYTHROMYCIN SOLN	MC		CLINAC BPO GEL	
	MC		METROCREAM CREA	MC		CLINDAGEL GEL	
	MC		METROGEL GEL	MC / DEL		CLINDAMYCIN PHOSPHATE	
	MC		METROLOTION LOTN	MC		CLINDETS SWAB	
	MC / DEL		PLEXION	MC		DESQUAM-E GEL	
	MC		RETIN-A CREA ¹	MC		DESQUAM-X	
	MC		RETIN-A GEL ¹	MC		DUAC GEL	
	MC		RETIN-A LIQD ¹	MC		EMGEL GEL	
	MC / DEL		SODIUM SULFACET/SULF LOTN	MC		ERYCETTE PADS	
				MC		ERYDERM SOLN	
				MC		ERYGEL GEL	
				MC		FINEVIN CREA	
			MC / DEL		KLARON LOTN		
			MC / DEL		NORITATE CREA		
			MC		RETIN-A MICRO GEL		
			MC / DEL		SULFACET-R LOTN		
			MC / DEL		TRETINOIN		
			MC / DEL		TRIAZ		
			MC		ZETACET		
TOPICAL - ANTIBIOTIC	MC		BACIT/NEOMYCIN/POLYM OINT	MC / DEL		CORTISPORIN	1. Quantity limit of 30 g per month. Use PA Form # 20420
	MC / DEL		BACITRACIN OINT	MC / DEL		TRIPLE ANTIBIOTIC OINT	
	MC / DEL		BACTROBAN ¹				
	MC / DEL		CENTANY OINT 2% ¹				
	MC / DEL		GENTAMICIN SULFATE				
TOPICAL - ANTIFUNGALS	MC / DEL		CLOTRIMAZOLE	MC		ECONAZOLE NITRATE CREA	Use PA Form # 10120
	MC / DEL		CLOTRIMAZOLE/BETA CREA	MC		EXELDERM	
	MC / DEL		KETOCONAZOLE CREA	MC		FUNGIZONE CREA	
	MC / DEL		LOPROX .77 CREA	MC / DEL		HYDROCORT/IDODOQ CREA	
	MC / DEL		LOPROX 1.0 CREAM	MC / DEL		LAMISIL	
	MC / DEL		LOPROX 1.0 LOTN	MC / DEL		LOPROX 0.77 LOTN	
	MC / DEL		LOPROX GEL	MC / DEL		LOPROX SHAMPOO SHAM	
	MC / DEL		LOPROX TS LOTN	MC		LOTRIMIN	
	MC / DEL		MICONAZOLE NITRATE CREA	MC / DEL		LOTRISONE	
	MC		MYCO-TRIACET II CREA	MC / DEL		MENTAX CREA	

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

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	MC		NIZORAL SHAM	MC		MONISTAT-DERM CREA	
	MC		NTA OINT	MC		MYCOGEN II CREA	
	MC / DEL		NYSTATIN	MC		MYCOLOG-II CREA	
	MC / DEL		NYSTATIN/TRIAMCINOLONE	MC		MYCOSTATIN POWD	
	MC		PEDI-DRI POWD	MC		NAFTIN	
	MC		SPECTAZOLE CREA	MC		NIZORAL CREA	
	MC / DEL		TINACTIN	MC		NYSTAT-RX POWD	
	MC		TRI-STATIN II CREA	MC / DEL		NYSTOP POWD	
				MC / DEL		OXISTAT	
				MC / DEL		PENLAC NAIL LACQUER SOLN	
TOPICAL - ANTI-PRURITICS	MC		ZONALON CREA	MC		PRUDOXIN CREA	Use PA Form # 20420
TOPICAL - ANTIPSORIATICS	MC		DOVONEX	MC		PSORITEC CREA	Must fill all preferred products before non-preferred. Use PA Form # 20420
	MC		OXSORALEN ULTRA CAPS	MC / DEL		SORIATANE CAPS	
	MC		TAZORAC	MC		VANAMIDE	
TOPICAL - ANTISEBORRHEICS	MC		CAPITROL SHAM	MC		CARMOL SCALP TREATMENT KIT	Use PA Form # 20420
	MC / DEL		SELENIUM SULFIDE SHAM	MC		ZNP BAR BAR	
	MC		SELSUN BLUE SHAM				
TOPICAL - ANTIVIRALS	MC / DEL		DENAVIR CREA				1. Zovirax may be used once without PA.
	MC		ZOVIRAX OINT ¹				
TOPICAL - ANTINEOPLASTICS	MC		EFUDEX	MC / DEL		CARAC CREA	Use PA Form # 20420
	MC		FLUOROPLEX CREA				
	MC		SOLARAZE GEL				
TOPICAL - BURN PRODUCTS	MC		FURACIN CREA	MC / DEL		SILVADENE CREA	Use PA Form # 20420
	MC		SSD CREA	MC / DEL		SILVER SULFADIAZINE CREA	
	MC / DEL		THERMAZENE CREA	MC		SSD AF CREA	
TOPICAL - CORTICOSTEROIDS	MC / DEL		BETAMETHASONE DIPROPIONAT	MC / DEL		ACLOVATE	Use PA Form # 20420
	MC / DEL		BETAMETHASONE VALERATE	MC		AMCINONIDE CREA	
	MC / DEL		BETA-VAL	MC		ANUSOL HC-1 OINT	
	MC		CAPEX SHAM	MC		ARISTOCORT A	
	MC / DEL		CLOBETASOL PROPIONATE	MC / DEL		AUGMENTED BETA DIP OINT	
	MC / DEL		CUTIVATE	MC		CLOBEX	
	MC		CYCLOCORT	MC		CLODERM CREA	
	MC		DERMA-SMOOTHIE/FS OIL	MC / DEL		CORDRAN	
	MC / DEL		DESONIDE	MC / DEL		CORMAX	
	MC		DESOWEN	MC / DEL		DERMATOP	
	MC / DEL		DESOXIMETASONE	MC		DIFLORASONE DIACETATE	
	MC / DEL		DIPROLENE	MC		ELOCON OINT	
	MC / DEL		ELOCON	MC		HYDROCORTISONE POWD	
	MC / DEL		FLUOCINOLONE ACETONIDE	MC		KENALOG AERS	
	MC / DEL		FLUOCINONIDE	MC		LIDA MANTLE HC CREA	
	MC		FLUROSYN CREA	MC		LIDEX	
	MC		HALOG	MC		LIDEX-E CREA	
	MC		HALOG-E CREA	MC / DEL		LUXIQ FOAM	
	MC / DEL		HYDROCORTISONE CREA	MC / DEL		OLUX FOAM	
	MC		HYDROCORTISONE LOTN	MC		PANDEL CREA	
	MC		HYDROCORTISONE OINT	MC		PROCTOCORT CREA	
	MC		HYDROCORTISONE VALERATE	MC / DEL		PSORCON E	
	MC		LACTICARE-HC LOTN	MC		SYNALAR OINT	
	MC / DEL		LOCOID	MC / DEL		TEMOVATE	
	MC		MOMETASONE FUROATE OINT	MC		TOPICORT	
	MC		NUTRACORT LOTN	MC		TOPICORT LP CREA	
	MC		PROCTO-KIT CREA	MC		WESTCORT	
	MC / DEL		PSORCON				
	MC		TEXACORT SOLN				
	MC / DEL		TRIAMCINOLONE ACETONIDE				
	MC		TRIDESILON CREA				
	MC		ULTRAVATE				
TOPICAL - STEROID LOCAL ANESTHETICS	MC / DEL		PRAMOSONE	MC		EPIFOAM FOAM	Use PA Form # 20420
	MC		ZONE-A FORTE LOTN				
TOPICAL - STEROID COMBINATIONS	MC		DERMA-SMOOTHIE/FS ATOPIC P KIT	MC		CARMOL-HC CREA	Use PA Form # 20420
TOPICAL - EMOLLIENTS	MC / DEL		AMLACTIN CREA	MC / DEL		AMMONIUM LACTATE CREA	Use PA Form # 20420
	MC		CETAPHIL GENTLE CLEANSER LOTN	MC / DEL		LACLOTION LOTN	
	MC		LAC-HYDRIN	MC / DEL		LACTINOL LOTN	
	MC		LACTINOL-E CREA	MC		MEDERMA GEL	
	MC		UREACIN-20 CREA	MC		RENOVA CREA	
	MC		VITAMIN A & D MEDICATED OINT				
TOPICAL - ENZYMES / KERATOLYTICS / UREA	MC		GRANUL-DERM AERS	MC		CARMOL 40 CREA	Use PA Form # 20420
	MC / DEL		GRANULEX AERS	MC		SANTYL OINT	
	MC		PANAFIL OINT	MC		SALEX CREAM	
	MC		PAPAIN-UREA-CHLORO OINT	MC		SALEX LOTION	
	MC		TBC AERS	MC		ZIOX OINT	
	MC		XENADERM OINT				

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

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TOPICAL - GENITAL WARTS	MC / DEL		ALDARA	MC / DEL	5 8	PODOFILOX SOLN CONDYLOX	Non-preferred products must be used in specified order. Use PA Form # 20420
TOPICAL - IMMUNOMODULATORS	MC / DEL MC			MC / DEL MC	8 9	ELIDEL CREA PROTOPIC OINT	Non-preferred products must be used in specified order. The FDA has issued a Public Health Advisory for both Elidel and Protopic concerning the potential cancer risk associated with their use. Use for children less than 2 years of age is not recommended. Use PA Form # 20420
TOPICAL - LOCAL ANESTHETICS	MC MC / DEL MC MC / DEL MC / DEL MC / DEL		AF CAPSICUM OLEORESIN CREA CAPSAICIN CREA ELA-MAX ¹ EMLA CREA ¹ EMLA/TEGADERM KIT ¹ XYLOCAINE	MC / DEL MC MC / DEL MC MC MC		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				MC MC MC / DEL MC / DEL MC MC MC	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	MC / DEL MC MC MC MC / DEL MC / DEL MC MC MC / DEL		ACTICIN CREAM ELIMITE CREA EURAX LICE KILLING SHAM LICE TREATMENT CREME RINS LIOD LINDANE NIX CREME RINSE LIOD OVIDE LOTN PERMETHRIN LOTN				
TOPICAL - WOUND / DECUBITUS CARE	MC MC MC / DEL		ACCUZYME OINT ACCUZYME SPRAY ETHEZYME	MC		REGRANEX GEL	Use PA Form # 20420
TOPICAL - ASTRINGENTS / PROTECTANTS	MC MC MC		ALUMINUM CHLORIDE SOLN DRYSOL SOLN XERAC AC SOLN	MC MC MC MC		LOWILA BAR MOISTURIN DRY SKIN CREA PROSHIELD PLUS SKIN PROTE CREA SURGILUBE GEL	Use PA Form # 20420
TOPICAL - ANTISEPTICS / DISINFECTANTS	MC MC / DEL MC / DEL		HIBICLENS LIOD PHISOHEX LIOD POVIDONE-IODINE SOLN	MC MC MC		BETADINE OINT FORMALYDE-10 AERS LAZERFORMALYDE SOLUTION SOLN	Use PA Form # 20420
MISCELLANEOUS EYE							
OP. MISC	MC MC MC MC MC MC / DEL		AK-DILATE SOLN EYE WASH SOLN NAPHAZOLINE HCL SOLN PHENYLEPHRINE HCL SOLN PONTOCAINE SOLN SODIUM CHLORIDE	MC MC / DEL MC		LENS PLUS REWETTING DROPS MURO 128 NEO-SYNEPHRINE SOLN	Use PA Form # 20420
MISCELLANEOUS EAR							
EAR	MC / DEL MC MC / DEL MC / DEL MC / DEL MC / DEL MC MC / DEL MC MC / DEL MC MC / DEL MC MC / DEL MC MC / DEL MC MC / DEL MC MC / DEL MC MC / DEL MC / DEL		A/B OTIC SOLN ACETASOL SOLN ACETIC ACID ACETIC ACID/HYDROCORTISON ALLERGEN SOLN ANTIPYRINE/BENZOCAINE SOLN AURODEX SOLN AUROGUARD SOLN AUROTO OTIC SOLN CERUMENEX SOLN CIPRODEX CORTISPORIN SOLN CORTOMYCIN EAR DROPS SOLN EAR DROPS RX SOLN EAR WAX REMOVAL DROPS EAR-GESIC SOLN FLOXIN OTIC SOLN NEOMYCIN/POLYMYXIN/HC OTICAINE OTIC SOLN	MC / DEL MC MC MC MC MC / DEL MC MC MC / DEL MC / DEL MC MC / DEL MC MC / DEL MC MC / DEL MC MC / DEL MC MC / DEL MC MC / DEL MC / DEL		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 DOMEBORO SOLN PEDIOTIC SUSP VOSOL-HC SOLN ZOTANE HC SOLN ZOTO-HC SOLN	Use PA Form # 20420
MOUTH ANTISEPTICS							
MOUTH ANTI-INFECTIVES	MC MC MC / DEL		NILSTAT SUSP EAR-GESIC SOLN NYSTATIN SUSP	MC MC		MYCELEX TROC MYCOSTATIN LOZG	Use PA Form # 20420
MOUTH ANTISEPTICS	MC / DEL MC / DEL		CHLORHEXIDINE GLUCONATE LIDOCAINE VISCOUS SOLN	MC MC		APHTHASOL PSTE PERIDEX SOLN	Must fail all preferred products before non-preferred. Use PA Form # 20420

PREFERRED DRUGS			NON-PREFERRED DRUGS			
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CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
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	MC MC		TRIAMCINOLONE IN ORABASE PSTE TRIAMCINOLONE ORADENT PSTE	MC MC MC		PERIOGARD SOLN TRIAMCINOLONE ACETONIDE PSTE XYLOCAINE VISCOUS SOLN	
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DENTAL PRODUCTS

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

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

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

PSORISIS BIOLOGICALS				MC MC MC	5 8 8	ENBREL AMEVIVE RAPTIVA	Use PA Form # 20910
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ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINES	MC		DIMETHYL SULFOXIDE SOLN	MC MC / DEL MC MC MC / DEL MC MC		ARTHX DS CAPS CO-ENZYME Q-10 DEHYDROEPIANDOSTERONE DHEA TABS FLEXAGEN TABS GLUCOSAMINE/CHONDROITIN HM GINKGO BILOBA TABS MELATONIN TABS	Use PA Form # 20420
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CHELATING AGENTS

CHELATING AGENTS	MC / DEL		CUPRIMINE CAPS	MC		DEPEN TITRATABS TABS	Use PA Form # 20420
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ANTILEPTIC

ANTILEPTIC				MC		THALOMID CAPS	Use PA Form # 20420
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CANCER

CANCER	MC MC / DEL MD MD / DEL		ALIMTA AVASTIN ERBITUX VIDAZA				
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IMMUNOSUPPRESSANTS

IMMUNOSUPPRESSANTS	MC / DEL MC / DEL MC / DEL MC MC / DEL MC MC / DEL MC / DEL		CELLCEPT CYCLOSPORIN SOL MODIFIED CYCLOSPORINE MODIFIED GENGRAF CAPS MYFORTIC PROGRAF CAPS RAPAMUNE SANDIMMUNE	MC / DEL MC / DEL		CYCLOSPORINE CAPS NEORAL ¹	1. Established users will require a one time PA. Use PA Form # 20420
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PURINE ANALOG

PURINE ANALOG	MC MC / DEL		AZASAN TABS AZATHIOPRINE TABS	MC / DEL		IMURAN TABS	Use PA Form # 20420
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K REMOVING RESINS

K REMOVING RESINS	MC / DEL MC MC / DEL MC / DEL MC / DEL		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.

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

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Revised Nov. 1, 2005

ANTI-CONVULSANTS INDICATION CHART

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

PEDIATRIC ANTI-CONVULSANTS INDICATION CHART

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