

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**

**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.

**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 MC MC / DEL MC MC MC / DEL MC MC MC MC MC / DEL		AMOXICILLIN AMOXIL <sup>1</sup> AMPICILLIN AUGMENTIN AUGMENTIN ES-600 SUSR AUGMENTIN XR TB12 BEEPEN BICILLIN L-A SUSP DICLOXACILLIN SODIUM CAPS DYNAPEN SUSR GEOCILLIN TABS OXACILLIN SODIUM SOLR PENICILLIN V POTASSIUM TICAR SOLR TIMENTIN SOLR TRIMOX UNASYN SOLR VEETIDS ZOSYN	MC / DEL MC / DEL MC / DEL MC / DEL MC MC MC / DEL MC MC MC / DEL MC MC MC MC MC / DEL		AMOXICILLIN/POTASSIUM CLA CHEW AMOXICILLIN/POTASSIUM CLA SUSR AMOXICILLIN/POTASSIUM CLA TABS AMOXIL 500MG TABS PRINCIPEN CAPS <sup>2</sup> PRINCIPEN SUSR	1. Amoxil 500mg tabs are non-preferred. All other Amoxil products are preferred. 2. Principen 250 mg is available without PA.  Use PA Form # 20420
CEPHALOSPORINS	MC / DEL MC / DEL MC / DEL MC MC / DEL MC / DEL MC / DEL MC MC MC MC / DEL MC MC / DEL MC MC / DEL		CEFADROXIL HEMIHYDRATE CEFAZOLIN SODIUM SOLR CEFUROXIME AXETIL TABS CEFZIL CEPHELEXIN MONOHYDRATE DURICEF SUSR FORTAZ SOLR KEFZOL SOLR MAXIPIME SOLR OMNICEF ROCEPHIN SUPRAX VANTIN	MC MC MC / DEL MC / DEL MC / DEL MC / DEL MC MC MC MC / DEL MC MC / DEL		CECLOR <sup>1</sup> CEDAX CEFACTOR <sup>1</sup> CEFADROXIL MONOHYDRATE TABS CEFTIN DURICEF TABS FORTAZ SOLN KEFLEX CAPS TAZICEF SOLR	1. Both brand and generic are clinically non-preferred.  Use PA Form # 20420
MACROLIDES / ERYTHROMYCIN'S	MC MC MC MC MC MC MC / DEL MC / DEL		BIAXIN XL E.E.S. E-MYCIN TBEC ERYPED 200 SUSR ERYPED 400 SUSR ERY-TAB TBEC ERYTHROCIN STEARATE TABS ERYTHROMYCIN ZITHROMAX <sup>1,2,3</sup>	MC MC / DEL MC MC MC MC / DEL MC / DEL		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
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		DECLOMYCIN TABS DORYX CPEP DOXYCYCLINE MONO CAPS DYNACIN CAPS MONODOX CAPS PERIOSTAT	Use PA Form # 20420
FLUOROQUINOLONES	MC MC MC / DEL MC MC / DEL		AVELOX SOLN AVELOX TABS CIPROFLOXACIN CIPRO XR <sup>1</sup> NOROXIN TABS	MC MC MC MC MC MC		AVELOX ABC PACK TABS CIPRO CIPRO XR 1000mg FLOXIN TABS LEVAQUIN TEQUIN	1. QL 3/script/month Use PA Form # 20420
AMINO GLYCOSIDES	MC		GENTAMICIN				Use PA Form # 20420

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	<b>MC / DEL</b>		NEOMYCIN SULFATE TABS				
	<b>MC</b>		TOBI NEBU				
	<b>MC / DEL</b>		TOBRAMYCIN SULFATE SOLN				
ANTIMYCOBACTERIALS / ANTITUBERCULOSIS	<b>MC / DEL</b>		ETHAMBUTOL HCL TABS	<b>MC</b>		RIMACTANE CAPS	Use PA Form # 20420
	<b>MC / DEL</b>		MYAMBUTOL TABS				
	<b>MC / DEL</b>		MYCOBUTIN CAPS				
	<b>MC / DEL</b>		RIFAMPIN				
ANTIMALARIAL AGENTS	<b>MC / DEL</b>		<b>CHLOROQUINE PHOSPHATE TABS</b>	<b>MC</b>		ARALEN TABS	Use PA Form # 20420
	<b>MC / DEL</b>		<b>DARAPRIM TABS</b>	<b>MC / DEL</b>		PLAQUENIL TABS	
	<b>MC / DEL</b>		<b>HYDROXYCHLOROQUINE TABS</b>				
	<b>MC / DEL</b>		<b>LARIAM TABS</b>				
	<b>MC / DEL</b>		MALARONE TABS				
	<b>MC / DEL</b>		<b>MEFLOQUINE HCL TABS</b>				
	<b>MC</b>		QUINACRINE HCL POWD				
	<b>MC / DEL</b>		<b>QUININE SULFATE</b>				
ANTHELMINTICS	<b>MC / DEL</b>		ALBENZA TABS	<b>MC</b>		VERMOX CHEW	Use PA Form # 20420
	<b>MC</b>		BILTRICIDE TABS				
	<b>MC / DEL</b>		MEBENDAZOLE CHEW				
	<b>MC / DEL</b>		STROMECTOL TABS				
ANTIBIOTICS - MISC.	<b>MC</b>		AZACTAM SOLR	<b>MC</b>		COLY-MYCIN-M SOLR	* Need to fail other anti-protozoals
	<b>MC</b>		COLISTIMETHATE SODIUM SOLR	<b>MC / DEL</b>		FLAGYL CAPS	Use PA Form # 20420
	<b>MC</b>		FUROXONE TABS	<b>MC / DEL</b>		FLAGYL TABS	
	<b>MC / DEL</b>		METRONIDAZOLE	<b>MC / DEL</b>		FLAGYL ER TBCR	
	<b>MC</b>		PENTAMIDINE ISETHIONATE SOLR	<b>MC / DEL</b>		KETEK	
	<b>MC</b>		PRIMSOL SOLN	<b>MC / DEL</b>		LORABID	
	<b>MC / DEL</b>		TRIMETHOPRIM TABS	<b>MC</b>		NEBUPENT SOLR	
	<b>MC</b>		VANCOICIN HCL	<b>MC / DEL</b>		PROLOPRIM TABS	
	<b>MC / DEL</b>		VANCOMYCIN HCL	<b>MC</b>		TINDAMAX*	
	<b>MC</b>			<b>MC</b>		XIFAXAN	
CARBAPENEMS	<b>MC</b>		INVANZ SOLR				
	<b>MC</b>		MERREM SOLR				
LINCOSAMIDES / OXAZOLIDINONES / LEPROSTATICS	<b>MC / DEL</b>		CLEOCIN SOLN	<b>MC / DEL</b>		CLEOCIN CAPS	1. Use multiple 150's for Clindamycin instead of 300's.
	<b>MC / DEL</b>		CLEOCIN SUSR	<b>MC / DEL</b>		CLINDAMYCIN HCL 300CAPS <sup>1</sup>	Zyvox: use PA Form # 30820
	<b>MC / DEL</b>		CLINDAMYCIN HCL 150CAPS	<b>MC / DEL</b>		ZYVOX SUSR	Others: use PA Form # 20420
	<b>MC</b>		DAPSONE TABS	<b>MC / DEL</b>		ZYVOX TABS	
ANTI INFECTIVE COMBO'S - MISC.	<b>MC / DEL</b>		ERYTHROMYCIN/SULF SUSR	<b>MC</b>		ALINIA*	* Alinia is preferred for children less than 12 years of age.
	<b>MC / DEL</b>		SEPTRA/DS TABS	<b>MC</b>		BACTRIM DS TABS	Use PA Form # 20420
	<b>MC / DEL</b>		SULFAMETHOXAZOLE/TRIMETH				
	<b>MC / DEL</b>		TRIMETHOPRIM/SULFAMETHOXA				

### ANTI - FUNGALS

ANTIFUNGALS - ASSORTED	<b>MC</b>		ANCOBON CAPS	<b>MC / DEL</b>	5	LAMISIL TABS	1. Diflucan: QL--1/every 7-day period (150mg only).
	<b>MC / DEL</b>		FLUCONAZOLE	<b>MC</b>	5	SPORANOX SOLN <sup>2</sup>	2. Sporanox QL 300cc/month with PA. See quantity limit table.
	<b>MC</b>		GRIFULVIN	<b>MC</b>	5	SPORANOX PULSEPAK CAPS <sup>3</sup>	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.
	<b>MC</b>		GRISEOFULVIN ULTRAMICROSI TABS	<b>MC</b>	6	SPORANOX CAPS <sup>3</sup>	
	<b>MC / DEL</b>		GRIS-PEG TABS	<b>MC</b>	8	NIZORAL TABS	
	<b>MC / DEL</b>		KETOCONAZOLE TABS	<b>MC / DEL</b>		DIFLUCAN <sup>1</sup>	
	<b>MC / DEL</b>		NYSTATIN				
	<b>MC / DEL</b>		VFEND TABS				Use PA Form # 10120

### ANTI - VIRALS

ANTIRETROVIRALS	<b>MC / DEL</b>		AGENERASE CAPS	<b>MC / DEL</b>		FUZEON	Fuzeon use PA Form # 10620
	<b>MC / DEL</b>		COMBIVIR TABS	<b>MC</b>		TRUVADA	Truvada use PA Form # 20420
	<b>MC / DEL</b>		CRIXIVAN CAPS				
	<b>MC</b>		EMTRIVA				
	<b>MC / DEL</b>		EPIVIR / HBV				
	<b>MC / DEL</b>		EPZICOM				
	<b>MC / DEL</b>		FORTOVASE CAPS				
	<b>MC</b>		HIVID TABS				
	<b>MC / DEL</b>		INVIRASE CAPS				
	<b>MC</b>		KALETRA				
	<b>MC / DEL</b>		LEXIVA				
	<b>MC</b>		NORVIR				
	<b>MC / DEL</b>		RESCRIPTOR TABS				
	<b>MC / DEL</b>		RETROVIR				
	<b>MC</b>		REYATAZ				
	<b>MC</b>		SUSTIVA				
	<b>MC / DEL</b>		TRIZIVIR TABS				
	<b>MC</b>		VIDEX / EC				
	<b>MC / DEL</b>		VIRACEPT TABS				
	<b>MC / DEL</b>		VIRAMUNE TABS				
	<b>MC</b>		VIREAD TABS				
	<b>MC</b>		ZERIT				
	<b>MC / DEL</b>		ZIAGEN TABS				

CYTO-MEGALOVIRUS AGENTS	<b>MC / DEL</b>		GANCICLOVIR	<b>MC</b>		CYTOVENE CAPS	Use PA Form # 20420
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	<b>MC</b>		VALCYTE TABS				
<b>HEPATITIS AGENTS</b>							
HEPATITIS C AGENTS	<b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b>		PEG-INTRON KIT REBETRON KIT REBETOL CAPS	<b>MC / DEL</b> <b>MC / DEL</b> <b>MC</b>	8 8 8	COPEGUS TABS PEGASYS KIT PEGASYS SOLN RIBAVIRIN CAPS	Use PA Form # 20420
HEPATITIS AGENTS - MISC.				<b>MC</b>		ACTIMMUNE	Use PA Form # 20420
HEPATITIS B ONLY	<b>MC</b>		HEPSERA TABS				
HERPES AGENTS	<b>MC / DEL</b> <b>MC / DEL</b>		ACYCLOVIR VALTREX TABS	<b>MC / DEL</b> <b>MC / DEL</b>		FAMVIR TABS ZOVIRAX	Use PA Form # 20420
INFLUENZA AGENTS	<b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b> <b>MC / DEL</b>		AMANTADINE RELENZA DISKHALER AEPB RIMANTADINE HCL TABS TAMIFLU <sup>1</sup>	<b>MC / DEL</b> <b>MC</b>		FLUMADINE TABS FLUMIST	1. Tamiflu 10 caps or 60cc's per month. Use PA Form # 10610
<b>RSV PROPHYLAXIS</b>							
RSV PROPHYLAXIS				<b>MC</b> <b>MC</b>		RESPIGAM SYNAGIS	Use PA Form # 20420
<b>MS TREATMENTS</b>							
MULTIPLE SCLEROSIS AGENTS				<b>MC</b> <b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b>	5 5 5 6	AVONEX KIT <sup>1</sup> BETASERON SOLR <sup>1</sup> REBIF SOLN COPAXONE	Must follow specified step order. 1. Neurologists do not need a PA for Avonex Betaseron and Rebif. Use PA Form # 20420
<b>ASSORTED NEUROLOGICS</b>							
NEUROLOGICS - MISC.	<b>MC</b> <b>MC / DEL</b> <b>MC</b>		MESTINON ORAP TABS PROSTIGMIN TABS	<b>MC</b> <b>MC / DEL</b>		BOTOX MYOBLOC <sup>1</sup>	1. Myobloc approval will be limited to Cervical Dystonia. Use PA Form #20420
<b>STEROIDS</b>							
GLUCOCORTICOIDS/ MINERALOCORTICOIDS	<b>MC</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b>		CELESTONE SUSP CORTEF 5 CORTISONE ACETATE TABS <b>DELTASONE TABS</b> DEPO-MEDROL SUSP DEXAMETHASONE ENTOCOR EC CP24 FLUDROCORTISONE ACETATE TABS HYDROCORTISONE KENALOG <b>METHYLPREDNISOLONE TABS</b> ORAPRED SOLN PREDNISOLONE <b>PREDNISONE</b> SOLU-CORTEF SOLR SOLU-MEDROL SOLR	<b>MC</b> <b>MC</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC</b> <b>MC</b> <b>MC</b> <b>MC</b> <b>MC</b> <b>MC</b> <b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b>		CORTEF 10 and 20 TABS DECADRON TABS FLORINEF TABS MEDROL TABS MEDROL DOSEPAK TABS PEDIAPRED LIOD PREDNISONE INTENSOL CONC PRELONE SYRP STERAPRED TABS	Use PA Form # 20420
<b>HORMONE REPLACEMENT THERAPIES</b>							
ANDROGENS / ANABOLICS	<b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC</b> <b>MC</b> <b>MC / DEL</b> <b>MC</b> <b>MC</b>		ANDROID CAPS ANDRODERM PT24 DANAZOL CAPS DEPO-TESTOSTERONE OIL FLUOXYMESTERONE TABS OXANDRIN TABS TESTODERM TESTOSTERONE PROPIONATE TESTRED CAPS WINSTROL TABS	<b>MC</b> <b>MC / DEL</b> <b>MC</b> <b>MC</b> <b>MC / DEL</b>		ANDRO LA 200 OIL ANDROGEL PACK DELATESTRYL OIL HALOTESTIN TABS METHITEST TABS	Use PA Form # 20420
ESTROGENS - PATCHES				<b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b> <b>MC / DEL</b>	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). Established users grandmothered. Products must be used in specified step order. Use PA Form # 20420
ESTROGENS - TABS	<b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b>		CENESTIN TABS DELESTROGEN OIL ESTRADIOL ESTROPIATE TABS MENEST TABS PREMARIN TABS	<b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b> <b>MC</b>		ESTRACE TABS ESTRATAB TABS OGEN TABS ORTHO-EST TABS	Use PA Form # 20420
ESTROGEN COMBO'S	<b>MC / DEL</b> <b>MC / DEL</b>		PREMPHASE TABS PREMPRO TABS	<b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b>		ACTIVELLA TABS COMBIPATCH PTTW FEMHRT 1/5 TABS ORTHO-PREFEST TABS SYNTEST H.S. TABS	Established users grandmothered. Use PA Form # 20420
PROGESTINS	<b>MC / DEL</b>		MEDROXYPROGESTERONE ACETA	<b>MC / DEL</b>		AYGESTIN TABS	1. Established users are grandmothered. PA approvals will require



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DIABETIC - MEGLITINIDES	<b>MC / DEL</b>		STARLIX TABS	<b>MC / DEL</b>		PRANDIN TABS	Use PA Form # 20420
DIABETIC - / THIAZOL	<b>MC / DEL</b>		AVANDIA TABS <sup>1</sup>	<b>MC / DEL</b>		ACTOS 30MG TABS <sup>2</sup>	1. Actos and Avandia preferred without PA if patient on insulin or sulfonylurea or metformin. Avandia non-preferred as monotherapy
	<b>MC / DEL</b>		ACTOS 15MG TABS <sup>1</sup>				2. Actos 30mg - use two 15mg instead. Use PA Form # 20420
	<b>MC / DEL</b>		ACTOS 45MG TABS <sup>1</sup>				
DIABETIC - ALPHAGLUCOSIDASE	<b>MC / DEL</b>		GLYSET TABS	<b>MC</b>		PRECOSE TABS	Use PA Form # 20420
DIABETIC - SULFONYLUREA / BIGUANIDE				<b>MC</b>		GLUCOVANCE TABS	Use individual ingredients.
				<b>MC</b>		METAGLIP TABS	Use PA Form # 20420
DIABETIC - THIAZOL / BIGUANIDE COMBO	<b>MC / DEL</b>		AVANDAMET TABS				

### THYROID

THYROID HORMONES	<b>MC / DEL</b>		ARMOUR THYROID TABS	<b>MC</b>		LEVOTHYROXINE SODIUM SOLR	1. Established Synthroid users before July 1, 2003 grandfathered.
	<b>MC / DEL</b>		CYTOMEL TABS	<b>MC</b>		SYNTHROID TABS <sup>1</sup>	Use PA Form # 20420
	<b>MC / DEL</b>		LEVOTHROID TABS				
	<b>MC / DEL</b>		LEVOTHYROXINE SODIUM TABS				
	<b>MC / DEL</b>		LEVOXYL TABS				
	<b>MC / DEL</b>		THYROID TABS				
	<b>MC / DEL</b>		THYROLAR				
	<b>MC / DEL</b>		UNITHROID TABS				
ANTITHYROID THERAPIES	<b>MC / DEL</b>		METHIMAZOLE TABS	<b>MC / DEL</b>		TAPAZOLE TABS	Use PA Form # 20420
	<b>MC / DEL</b>		PROPYLTHIOURACIL TABS				

### OSTEOPOROSIS

OSTEOPOROSIS	<b>MC / DEL</b>		ACTIONEL TABS	<b>MC</b>		AREDIA SOLR	Use PA Form # 20420
	<b>MC / DEL</b>		FOSAMAX TABS	<b>MC</b>		BONIVA	
	<b>MC / DEL</b>		MIACALCIN SOLN	<b>MC / DEL</b>		DIDRONEL TABS	
				<b>MC</b>		EVISTA TABS	
				<b>MC</b>		FORTEO	

### CALCIMIMETIC AGENTS

CALCIMIMETIC AGENTS				<b>MC</b>		SENSIPAR	Use PA Form # 30115
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### GROWTH HORMONE

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

### GROWTH HORMONE ANTAGONISTS

GH ANTAGONISTS				<b>MC</b>		SOMAVERT	Use PA Form # 10710
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### URINARY INCONTINENCE

VASOPRESSINS	<b>MC / DEL</b>			<b>MC / DEL</b>	5	DDAVP TABS	Products must be used in specified step order. Nocturnal enuresis patients will be encouraged to periodically attempt stopping DDAVP.
				<b>MC / DEL</b>	6	DDAVP SOLN	
				<b>MC</b>	6	DESMOPRESSIN SPRAY	
				<b>MC / DEL</b>	8	DESMOPRESSIN ACETATE SOLN	
				<b>MC / DEL</b>	8	STIMATE SOLN	Use PA Form # 20420
ANTISPASMODICS	<b>MC / DEL</b>		OXYBUTYNIN	<b>MC / DEL</b>		CYSTOSPAZ TABS	Use PA Form # 20420
	<b>MC</b>		URISPAS TABS	<b>MC / DEL</b>		DETROL TABS	
				<b>MC / DEL</b>		DITROPAN	
ANTISPASMODICS - LONG ACTING	<b>MC / DEL</b>		DETROL LA CP24	<b>MC</b>		DITROPAN XL TBCR	Use PA Form # 20420
	<b>MC / DEL</b>		OXYTROL	<b>MC</b>		SANCTURA	
CHOLINERGIC	<b>MC / DEL</b>		URECHOLINE				

### METABOLIC MODIFIER

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

CARDIAC GLYCOSIDES	<b>MC / DEL</b>		DIGITEK TABS				
	<b>MC / DEL</b>		DIGOXIN				
	<b>MC / DEL</b>		LANOXICAPS				
	<b>MC / DEL</b>		LANOXIN				
ANTIANGINALS--Isosorbide Di-nitrate	<b>MC / DEL</b>		ISOSORBIDE DINITRATE TABS	<b>MC</b>		DILATRATE SR CPCR	Use PA Form # 20420
	<b>MC / DEL</b>		ISOSORBIDE DINITRATE CR TBCR	<b>MC</b>		ISORDIL TABS	
	<b>MC / DEL</b>		ISOSORBIDE DINITRATE ER TBCR	<b>MC / DEL</b>		ISORDIL TITRADOSE TABS	
	<b>MC / DEL</b>		ISOSORBIDE DINITRATE TD TBCR	<b>MC</b>		ISOSORBIDE DINITRATE SUBL	
MONO-NITRATES	<b>MC / DEL</b>		ISOSORBIDE MONONITRATE TABS	<b>MC / DEL</b>		IMDUR TB24	Use PA Form # 20420
	<b>MC / DEL</b>		ISOSORBIDE MONONITRATE ER	<b>MC / DEL</b>		ISMO TABS	
				<b>MC</b>		MONOKET TABS	
NITRO - OINTMENT/CAP/CR	<b>MC</b>		NITROBID OINT				
	<b>MC / DEL</b>		NITROGLYCERIN CPCR				
	<b>MC</b>		NITROL OINT				
	<b>MC</b>		NITRO-TIME CPCR				
NITRO - PATCHES	<b>MC / DEL</b>	1	NITROGLYCERIN PT24	<b>MC</b>		NITRODISC PT24	Preferred products must be used in specified order or PA will be required.
	<b>MC / DEL</b>	1	NITREK PT24	<b>MC / DEL</b>		NITRO-DUR PT24	
	<b>MC / DEL</b>	1	NITRO-DUR PT 24 0.8MG				Use PA Form # 20420
	<b>MC / DEL</b>	3	MINTRAN PT24				



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 / DEL MC		MICARDIS TABS TEVETEN TABS	MC / DEL		DIOVAN	who are current preferred ARB users. Use PA Form # 20420
ANTIHYPERTENSIVES - CENTRAL	MC / DEL MC / DEL MC / DEL MC / DEL MC MC / DEL MC / DEL MC / DEL MC / DEL		CATAPRES-TTS CLONIDINE HCL TABS GUANFACINE HCL TABS HYDRALAZINE HCL TABS HYLOREL TABS METHYLDOPA TABS MINOXIDIL TABS PRAZOSIN HCL CAPS RESERPINE TABS	MC / DEL MC MC MC MC / DEL		CATAPRES TABS GUANABENZ ACETATE TABS ISMELIN TABS MINIPRESS CAPS TENEX TABS	Use PA Form # 20420
ACE INHIBITORS AND CA CHANNEL BLOCKERS				MC / DEL MC / DEL MC		LEXXEL TBCR LOTREL CAPS TARKA TBCR	Use PA Form # 20420
ACE AND THIAZIDE COMBO'S	MC / DEL MC / DEL MC / DEL MC / DEL		CAPTOPRIL/HYDROCHLOROTHIA ENALAPRIL MALEATE/HCTZ TABS LISINAPRIL-HCTZ TABS UNIRETIC TABS	MC / DEL MC / DEL MC MC / DEL MC MC / DEL		ACCURETIC TABS BENAZEPRIL HCL/HYDROCHLOR CAPOZIDE TABS LOTENSIN HCT TABS MONOPRIL HCT TABS PRINZIDE TABS VASERETIC TABS ZESTORETIC TABS	Use PA Form # 20420
BETA BLOCKERS AND DIURETIC COMBO'S	MC / DEL MC / DEL MC / DEL		ATENOLOL/CHLORTHALIDONE BISOPROLOL FUMARATE/HCTZ PROPRANOLOL/HCTZ	MC MC / DEL MC / DEL MC MC MC / DEL		CORZIDE TABS INDERIDE 40/25 TABS LOPRESSOR HCT TABS TENORETIC TIMOLIDE 10/25 TABS ZIAC TABS	Use PA Form # 20420
ARB'S AND DIURETICS	MC / DEL MC / DEL MC / DEL MC		BENICAR HCT HYZAAR TABS MICARDIS HCT TABS TEVETEN HCT TABS	MC / DEL MC MC / DEL		ATACAND HCT TABS AVALIDE TABS DIOVAN HCT TABS	Preferred products only available without PA if patient on diabetic therapy or prior ACE therapy. Will grandfather prior ACE users who are current preferred ARB users. Use PA Form # 20420
DIURETICS	MC / DEL MC MC / DEL MC / DEL MC / DEL MC MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC		ACETAZOLAMIDE TABS AMILORIDE HCL BUMETANIDE CHLOROTHIAZIDE TABS CHLORTHALIDONE TABS EDECRIN TABS FUROSEMIDE HYDROCHLOROTHIAZIDE INDAPAMIDE TABS METHAZOLAMIDE TABS METHYCLOTHIAZIDE TABS SPIRONOLACTONE 25MG TABS SPIRONOLACTONE/HYDRO TORSEMIDE TABS TRIAMTERENE/HCTZ ZAROXOLYN TABS	MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC MC MC / DEL MC MC / DEL MC MC / DEL MC MC MC / DEL		ALDACTAZIDE TABS ALDACTONE TABS BUMEX TABS DEMADEX TABS DIAMOX DIURIL DYAZIDE CAPS ENDURON TABS INSPIRA LASIX TABS LOZOL TABS MAXZIDE MICROZIDE CAPS MIDAMOR TABS MODURETIC 5-50 TABS NAQUA TABS NATURETIN TABS SPIRONOLACTONE 50MG <sup>1</sup>	1. Multiples of Spironolactone 25 mg are cheaper than 50 mg strength. Inspira will be approved for severe breast tenderness and male gynecomastia. Use PA Form # 20420
CCB / LIPID	MC / DEL		CADUET				

### LIPID DRUGS

CHOLESTEROL - BILE SEQUESTRANTS	MC / DEL MC / DEL		CHOLESTYRAMINE COLESTID	MC / DEL MC MC / DEL		PREVALITE QUESTRAN WELCHOL TABS	Use PA Form # 20420
CHOLESTEROL - FIBRIC ACID DERIVATIVES	MC / DEL MC		GEMFIBROZIL TABS TRICOR	MC MC		LOPID TABS LOFIBRA	Use PA Form # 20420
CHOLESTEROL - HGM COA + ABSORB INHIBITORS	MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC MC MC / DEL		ADVICOR TBCR CRESTOR LIPITOR TABS LESCOL CAPS LESCOL XL TB24 LOVASTATIN TABS VYTORIN ZETIA TABS <sup>1</sup> ZOCOR TABS	MC / DEL MC / DEL MC MC / DEL MC / DEL MC MC MC / DEL		ALTOPREV TB24 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

### PULMONARY ANTI-HYPERTENSIVES

PULMONARY ANTI-HYPERTENSIVES				MC / DEL MC		FLOLAN TRACLEER	Use PA Form # 20420
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### IMPOTENCE AGENTS

IMPOTENCE AGENTS				MC / DEL MC MC		CAVERJECT CIALIS EDEX	Effective May 1, 2004 the maximal approved quantity for the category (not per drug) is 1 unit per 30 days. Use PA Form # 10530
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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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*\* PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs. "BASIC" Covered Drugs are bolded with the Coverage Indicator of "MC / DEL".*

				<b>MC</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b>		LEVITRA MUSE VIAGRA YOHIMBINE HCL TABS	
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### ANTI-EMETOGENICS

ANTIEMETIC - ANTICHOLINERGIC / DOPAMINERGIC	<b>MC / DEL</b> <b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b> <b>MC</b>		MECLIZINE HCL TABS PHENERGAN SUPP PHENERGAN FORTIS SYRP PROMETHAZINE TRANSDERM-SCOP PT72	<b>MC</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b>		ANTIVERT TABS PHENERGAN SOLN PHENERGAN TABS PROMETHEGAN SUPP TORECAN TABS TIGAN	Use PA Form # 20420
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ANTIEMETIC - 5-HT3 RECEPTOR ANTAGONISTS/ SUBSTANCE P NEUROKININ	<b>MC</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b>		ALOXI* MARINOL CAPS ZOFRAN SOLN* ZOFRAN TABS*	<b>MC</b> <b>MC</b> <b>MC / DEL</b> <b>MC/DEL</b>		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	<b>MC</b> <b>MC</b> <b>MC</b> <b>MC / DEL</b>		ALAVERT TABS <sup>1</sup> CLARITIN ALLERGY (OTC) <sup>1</sup> CLARITIN SYRP (OTC) <sup>2</sup> TAVIST ND (OTC) <sup>1</sup>	<b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC</b>	5 5 8 8	CLARINEX TABS <sup>2</sup> ZYRTEC <sup>3</sup> ALLEGRA CLARITIN <sup>2</sup>	1. Preferred drugs are OTC loratidines. 2. Claritin OTC syrup does not require a PA. 3. Zyrtec syrup <6 yr w/o PA Use PA Form # 20530
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### ALLERGY / ASTHMA THERAPIES

ANTIASTHMATIC - ANTICHOLINERGICS INHALERS	<b>MC / DEL</b> <b>MC / DEL</b>		ATROVENT AERS IPRATROPIUM BROMIDE SOLN	<b>MC</b> <b>MC</b>		ATROVENT SOLN SPIRIVA	Use PA Form # 20420
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ANTIASTHMATIC - ANTIINFLAMMATORY AGENTS	<b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b>		CROMOLYN SODIUM NEBU INTAL AERS TILADE AERS	<b>MC / DEL</b>		XOLAIR <sup>1</sup>	1. Need max inhaled steroids and written by pulmonary or allergy specialist. Use PA Form# 20420
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ANTIASTHMATIC - NASAL STEROIDS	<b>MC / DEL</b> <b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b> <b>MC</b>	1 1 4 4 4	FLONASE SUSP <sup>1</sup> NASONEX SUSP <sup>1</sup> BECONASE AERS BECONASE AQ INHA NASALIDE SOLN	<b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b> <b>MC</b> <b>MC</b> <b>MC / DEL</b> <b>MC</b> <b>MC</b>		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.	<b>MC / DEL</b>		NASALCROM	<b>MC</b> <b>MC</b> <b>MC / DEL</b>		ATROVENT NASAL SOL IPRATROPIUM NASAL SOL ASTELIN	Use PA Form # 20420
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ANTIASTHMATIC - BETA-ADRENERGICS	<b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b>		ALBUTEROL FORADIL AEROLIZER CAPS MAXAIR METAPROTERENOL SEREVENT TERBUTALINE SULFATE TABS	<b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC</b> <b>MC</b> <b>MC / DEL</b>		ACCUNEUB NEBU ALUPENT AERP BRETHINE PROVENTIL PROVENTIL HFA AERS VENTOLIN AERS VENTOLIN HFA AERS VOLMAX TBCR VOSPIRE ER TB12 XOPENEX NEBU <sup>1,2</sup>	1. Xopenex users with prior asthma hospitalization will be grandfathered. 2. Quantity Limit: 12 cc/day Use PA Form # 20420
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ANTIASTHMATIC - ADRENERGIC COMBOS	<b>MC / DEL</b>		ADVAIR DISKUS MISC	<b>MC / DEL</b>		DUONEB SOLN	Use PA form # 20420
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ANTIASTHMATIC - ADRENERGIC ANTICHOLINERGIC	<b>MC / DEL</b>		COMBIVENT AERO				
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ANTIASTHMATIC - XANTHINES	<b>MC / DEL</b> <b>MC</b> <b>MC</b> <b>MC</b> <b>MC</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b>		AMINOPHYLLINE TABS THEOCHRON TB12 THEOLAIR-SR TB12 THEOPHYLLINE ELIX THEOPHYLLINE SOLN THEOPHYLLINE ER CP12 THEOPHYLLINE ER TB12 UNIPHYL TBCR	<b>MC</b> <b>MC</b> <b>MC</b> <b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b> <b>MC</b>		QUIBRON CAPS QUIBRON-T TABS QUIBRON-T/SR TB12 THEO-24 CP24 THEOLAIR TABS THEOPHYLLINE CR TB12 T-PHYL TB12	Use PA Form # 20420
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ANTIASTHMATIC - STEROID INHALANTS	<b>MC / DEL</b> <b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC</b>		AEROBID AERS AZMACORT AERS BECLOVENT AERS FLOVENT PULMICORT SUSP1 QVAR AERS VANCERIL AERS	<b>MC / DEL</b> <b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC</b>		AEROBID-M AERS PULMICORT TURBUHALER AEPB <sup>2</sup> VANCERIL DOUBLE STRENGTH AERS	1. No PA for Pulmicort susp if under 8 years old. 2. No PA for Pulmicort turbobaler if under 14 yr. Use PA Form # 20420
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ANTIASTHMATIC - 5-Lipoxygenase Inhibitors				<b>MC</b>		ZYFLO TABS	Use PA Form # 20420
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ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	<b>MC / DEL</b>		SINGULAIR <sup>1</sup>	<b>MC / DEL</b>		ACCOLATE TABS	1. No PA if on asthma meds. Use PA Form # 20420
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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 - ALPHA-PROTEINASE INHIBITOR				<b>MC</b>		PROLASTIN SUSR ZEMAIRA	Use PA Form # 20420
ANTIASTHMATIC - HYDROLYTIC ENZYMES				<b>MC / DEL</b>		PULMOZYME SOLN	Use PA Form # 20420
ANTIASTHMATIC - MUCOLYTICS	<b>MC / DEL</b>		ACETYLCYSTEINE	<b>MC</b>		MUCOMYST	Use PA Form # 20420

COUGH/COLD							
COUGH/COLD	<b>MC / DEL</b>		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							
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**\*\*Preferred drugs that used to require diag codes still require diag codes unless indicated otherwise.\*\***

GI - ANTIPERISTALTIC AGENTS	<b>MC / DEL</b>		DIPHENOXYLATE	<b>MC / DEL</b>		ANTI-DIARRHEAL TABS	Use PA Form # 20420
	<b>MC / DEL</b>		DIPHENOXYLATE/ATROPINE	<b>MC / DEL</b>		LOFENE TABS	
	<b>MC</b>		IMODIUM A-D TABS	<b>MC</b>		LONOX TABS	
	<b>MC / DEL</b>		LOPERAMIDE HCL CAPS	<b>MC / DEL</b>		MOTOFEN TABS	
	<b>MC / DEL</b>		LOPERAMIDE HCL LIQD	<b>MC</b>		SB ANTI-DIARRHEA TABS	
	<b>MC / DEL</b>		OPIUM TINCTURE TINC				
	<b>MC</b>		PAREGORIC TINC				

GI - ANTIDIARRHEAL / ANTACID - MISC.	<b>MC / DEL</b>		ALU-CAP CAPS	<b>MC / DEL</b>		ANTACID EXTRA STRENGTH CHEW	Use PA Form # 20420
	<b>MC / DEL</b>		ANTACID CHEW	<b>MC</b>		B & O 15-A SUPPRETTE SUPP	
	<b>MC / DEL</b>		ATROPINE SULFATE SOLN	<b>MC</b>		B & O 16-A SUPPRETTE SUPP	
	<b>MC / DEL</b>		BENTYL SYRP	<b>MC</b>		BELLADONNA ALKALOIDS & OP	
	<b>MC / DEL</b>		BISMATROL	<b>MC / DEL</b>		BENTYL TABS	
	<b>MC / DEL</b>		CALCIUM ANTACID	<b>MC</b>		CHILDRENS MYLANTA CHEW	
	<b>MC / DEL</b>		CALCIUM CARBONATE	<b>MC / DEL</b>		LEVBID TB12	
	<b>MC / DEL</b>		CAL-GEST ANTACID CHEW	<b>MC</b>		LEVSIN ELIX	
	<b>MC / DEL</b>		CHEWABLE ANTACID CHEW	<b>MC / DEL</b>		LEVSIN TABS	
	<b>MC / DEL</b>		DICYCLOMINE HCL	<b>MC / DEL</b>		LEVSIN/SL SUBL	
	<b>MC</b>		GAVISCON SUSP	<b>MC / DEL</b>		NULEV TBDP	
	<b>MC</b>		HAPONAL TABS	<b>MC</b>		URO-MAG CAPS	
	<b>MC / DEL</b>		HYOSCYAMINE SULFATE				
	<b>MC</b>		IMODIUM ADVANCED CHEW				
	<b>MC / DEL</b>		KAOPECTATE				
	<b>MC</b>		K-PEC LIQD				
	<b>MC</b>		K-PEK SUSP				
	<b>MC</b>		MAALOX				
	<b>MC / DEL</b>		MAGNESIUM OXIDE TABS				
	<b>MC</b>		MAG-OX 400 TABS				
	<b>MC</b>		MAG-OXIDE TABS				
	<b>MC / DEL</b>		PAMINE TABS				
	<b>MC / DEL</b>		PINK BISMUTH				
	<b>MC / DEL</b>		PROPANTHELINE BROMIDE TABS				
	<b>MC</b>		ROBINUL				
	<b>MC / DEL</b>		SAL-TROPINE TABS				
	<b>MC</b>		SCOPOLAMINE HYDROBROMIDE				
	<b>MC / DEL</b>		SODIUM BICARBONATE TABS				
	<b>MC / DEL</b>		TUMS				
	<b>MC</b>		V-R STOMACH RELIEF SUSP				
	<b>MC / DEL</b>		X-STR CHEW ANTACID CHEW				

GI - H2-ANTAGONISTS	<b>MC / DEL</b>		CIMETIDINE	<b>MC</b>		AXID CAPS	1. Zantac syrup available without PA to users less than 6 years old.
	<b>MC / DEL</b>		FAMOTIDINE	<b>MC</b>		AXID AR TABS	
	<b>MC / DEL</b>		RANITIDINE	<b>MC / DEL</b>		NIZATIDINE CAPS	Use PA Form # 20420
	<b>MC</b>		V-R ACID REDUCER TABS	<b>MC / DEL</b>		PEPCID	
				<b>MC</b>		PEPCID AC	
				<b>MC / DEL</b>		TAGAMET TABS	
				<b>MC / DEL</b>		ZANTAC <sup>1</sup>	

GI - PROTON PUMP INHIBITOR	<b>MC</b>		PREVACID CPDR	<b>MC</b>	5	ACIPHEX TBEC	Non-preferred products must be used in specified step order. GI specialty PA exemption. Except with regards to Prilosec/omeprazole. 1. Prevacid Solutabs available without PA for Nursing Home Residents.
	<b>MC</b>		OTC PRILOSEC	<b>MC / DEL</b>	6	OMEPRAZOLE CPDR	
	<b>MC / DEL</b>		PROTONIX TBEC	<b>MC</b>	8	PREVACID ORAL SUSP	
	<b>MC / DEL</b>		NEXIUM	<b>MC</b>	8	PREVACID SOLUTABS <sup>1</sup>	
				<b>MC / DEL</b>	8	PRILOSEC CPDR	
				<b>MC</b>	8	ZEGERID	

GI - ULCER ANT-INFECTIVE	<b>MC</b>		HELIDAC				
	<b>MC</b>		PREVPAC				

GI - PROSTAGLANDINS	<b>MC</b>		MISOPROSTOL TABS	<b>MC / DEL</b>		CYTOTEC TABS	Use PA Form # 20420
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GI - DIGESTIVE ENZYMES	<b>MC</b>		LACTAID ULTRA	<b>MC / DEL</b>	7	LIPRAM	Non-preferred products are a one time PA for life (for CF diagnosis). Non-preferred products must be used in specified step order.
	<b>MC / DEL</b>		LACTRASE CAPS	<b>MC</b>	7	PANCREASE	
				<b>MC / DEL</b>	7	PANCRELIPASE	
				<b>MC / DEL</b>	7	PANGESTYME	Use PA Form # 20420
				<b>MC</b>	7	PANOKASE TABS	
				<b>MC</b>	7	ULTRASE CPEP	
				<b>MC / DEL</b>	8	CREON	



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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	<b>MC / DEL</b>		NEOSPORIN GU IRRIGANT SOLN	<b>MC</b>		PYRIDUM TABS	
	<b>MC / DEL</b>		PHENAZOPYRIDINE HCL TABS	<b>MC / DEL</b>		RENAGEL <sup>1</sup>	
	<b>MC</b>		PHOSLO				
	<b>MC</b>		POLYCITRA SYRP				
	<b>MC / DEL</b>		POLYCITRA-K SOLN				
	<b>MC / DEL</b>		POLYCITRA-LC SOLN				
	<b>MC / DEL</b>		PROSED/DS TABS				
	<b>MC / DEL</b>		PYRIDUM PLUS TABS				
	<b>MC / DEL</b>		RENACIDIN SOLN				
	<b>MC</b>		TRICITRATES SYRP				
	<b>MC</b>		UREX TABS				
	<b>MC / DEL</b>		URISED TABS				
	<b>MC</b>		UROCID-K				
	<b>MC / DEL</b>		UROOID #2 TABS				

INTRA-VAGINALS							
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VAGINAL - ANTIBACTERIALS	<b>MC / DEL</b>	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.
	<b>MC / DEL</b>	1	METROGEL VAGINAL GEL				
	<b>MC / DEL</b>	3	CLEOCIN SUPP				
VAGINAL - ANTI FUNGALS	<b>MC / DEL</b>		CLOTTRIMAZOLE CREA	<b>MC</b>		AVC CREAM	1. Quantity limit: 1/script/2 weeks
	<b>MC / DEL</b>		GYNE-LOTTRIMIN CREA	<b>MC</b>		CLOTTRIMAZOLE 3 DAY CREA	Use PA Form # 20420
	<b>MC</b>		MICONAZOLE CREA	<b>MC</b>		GYNAZOLE-1 CREA	
	<b>MC / DEL</b>		MICONAZOLE 3 COMBO PACK KIT <sup>1</sup>	<b>MC</b>		GYNE-LOTTRIMIN 3 TABS	
	<b>MC / DEL</b>		MICONAZOLE 7 CREA	<b>MC / DEL</b>		MICONAZOLE 3 SUPP	
	<b>MC / DEL</b>		MICONAZOLE NITRATE CREA	<b>MC</b>		MONISTAT 3 SUPP	
	<b>MC</b>		MONISTAT 1 OINT	<b>MC</b>		MONISTAT 3 CREA	
	<b>MC</b>		MONISTAT 3 CREA	<b>MC</b>		TERAZOL 3 CREA	
	<b>MC</b>		MONISTAT 7	<b>MC</b>		TERAZOL 3 SUPP	
	<b>MC</b>		NYSTATIN TABS			TERAZOL 7 CREA	
	<b>MC</b>		VAGITROL				
	<b>MC</b>		V-R MICONAZOLE-7 CREA				
VAGINAL - CONTRACEPTIVES	<b>MC</b>		GYNOL II EXTRA STRENGTH GEL	<b>MC</b>		DELLEN FOAM	Use PA Form # 20420
VAGINAL - ESTROGENS	<b>MC / DEL</b>		PREMARIN CREA	<b>MC / DEL</b>		ESTRACE CREA <sup>1</sup>	1. Preferred for DEL members.
				<b>MC / DEL</b>		ESTRING RING	Use PA Form # 20420
				<b>MC / DEL</b>		VAGIFEM TABS	
VAGINAL - OTHER	<b>MC / DEL</b>		ACID JELLY GEL	<b>MC</b>		AMINO ACID CERVICAL CREA	Use PA Form # 20420
	<b>MC</b>		ACI-JEL GEL				
	<b>MC</b>		CERVICAL AMINO ACID CREA				

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

ANXIOLYTICS							
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ANXIOLYTICS - BENZODIAZEPINES	<b>MC / DEL</b>		ALPRAZOLAM TABS	<b>MC / DEL</b>		ATIVAN	Us PA Form # 20420
	<b>MC / DEL</b>		CHLORDIAZEPOXIDE HCL CAPS	<b>MC</b>		SERAX	
	<b>MC / DEL</b>		CLORAZEPATE DIPOTASSIUM TABS	<b>MC</b>		TRANXENE	
	<b>MC / DEL</b>		DIAZEPAM	<b>MC / DEL</b>		XANAX TABS	
	<b>MC / DEL</b>		LORAZEPAM				
	<b>MC / DEL</b>		OXAZEPAM CAPS				
ANXIOLYTICS - LONG ACTING	<b>MC / DEL</b>		XANAX XR <sup>1</sup>				1. Xanax XR will be available if the long acting benzo clonazepam fails. Use PA Form # 20420
ANXIOLYTICS - MISC.	<b>MC / DEL</b>		BUSPIRONE HCL TABS	<b>MC</b>		ATARAX TABS	Use PA Form # 20420
	<b>MC</b>		HYDROXYZINE HCL SOLN	<b>MC</b>		BUSPAR TABS	
	<b>MC</b>		HYDROXYZINE HCL SYRP	<b>MC</b>		DROPERIDOL SOLN	
	<b>MC / DEL</b>		HYDROXYZINE PAMOATE CAPS	<b>MC / DEL</b>		HYDROXYZINE HCL TABS	
				<b>MC</b>		HYDROXYZINE PAM 100MG CAPS	
				<b>MC / DEL</b>		INAPSINE SOLN	
				<b>MC / DEL</b>		MEPROBAMATE TABS	
				<b>MC / DEL</b>		VISTARIL	

ANTI-DEPRESSANTS							
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ANTI-DEPRESSANTS - MAO INHIBITORS	<b>MC / DEL</b>		NARDIL TABS				
	<b>MC / DEL</b>		PARNATE TABS				
ANTI-DEPRESSANTS - SELECTED SSRIS	<b>MC / DEL</b>		BUPROPION HCL TABS	<b>MC</b>	5	CYMBALTA <sup>4</sup>	Non-preferred products must be used in specified step order.
	<b>MC / DEL</b>		BUPROPION SR	<b>MC / DEL</b>	6	EFFEXOR TABS <sup>4</sup>	1. Use Fluoxetine 20 mg in multiples. 2. See Zoloft splitting table.
	<b>MC / DEL</b>		CITALOPRAM <sup>5</sup>	<b>MC / DEL</b>	6	EFFEXOR XR CP24 <sup>3,4</sup>	Zoloft requires splitting of 50mg and/or 100mg scored tabs to avoid PA.
	<b>MC / DEL</b>		FLUOXETINE HCL CAPS	<b>MC / DEL</b>	8	CELEXA	3. Strong caution with pediatric population. 4. Established users are grandfathered. 5. See Celexa/Citalopram and Lexapro splitting tables. 6. Max daily dose allowed is 60mg, only 1 per day allowed for all strengths
	<b>MC / DEL</b>		FLUOXETINE HCL LIOD	<b>MC</b>	8	DESYREL TABS	
	<b>MC / DEL</b>		FLUOXETINE HCL TABS		8	FLUOXETINE 40 mg <sup>1</sup>	
	<b>MC / DEL</b>		FLUVOXAMINE MALEATE TABS	<b>MC</b>	8	LUVOX TABS	
	<b>MC / DEL</b>		LEXAPRO TABS <sup>5</sup>	<b>MC</b>	8	MAPROTILINE HCL TABS	
	<b>MC / DEL</b>		MIRTAZAPINE	<b>MC / DEL</b>	8	PAXIL <sup>3</sup>	
	<b>MC / DEL</b>		PAROXETINE <sup>3</sup>	<b>MC</b>	8	PROZAC	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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\* PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs. "BASIC" Covered Drugs are bolded with the Coverage Indicator of "MC / DEL".

	<b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b>		PAXIL CR <sup>3</sup> SERZONE TABS TRAZODONE HCL TABS WELLBUTRIN XL ZOLOFT <sup>2</sup>	<b>MC</b> <b>MC</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b>	8 8 8 8 8 8 8 9	PROZAC CAPS PROZAC WEEKLY CPDR <sup>4</sup> REMERON TABS SARAFEM CAPS TRAZODONE HCL 300MG TABS WELLBUTRIN TABS WELLBUTRIN SR TBCR REMERON SOLTAB TBDP	
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ANTIDEPRESSANTS - TRICYCLICS	<b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC</b> <b>MC</b>	* * * * * * * *	<b>AMITRIPTYLINE HCL TABS</b> AVENTYL SOLN <b>CLOMIPRAMINE HCL CAPS</b> <b>DESIPRAMINE HCL TABS</b> <b>DOXEPIN HCL</b> <b>IMIPRAMINE HCL TABS</b> <b>NORTRIPTYLINE HCL</b> PROTRIPTYLINE HCL TABS SURMONTIL CAPS	<b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC</b> <b>MC</b>		AMOXAPINE TABS ANAFRANIL CAPS ELAVIL TABS NORPRAMIN TABS PAMELOR SINEQUAN TOFRANIL VIVACTIL TABS	* PA required for new starters if over 65 years old. Users over 65 years old are grandfathered.  Use PA Form # 20420
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SEDATIVE / HYPNOTICS							
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SEDATIVE/HYPNOTICS - BARBITURATE	<b>MC</b> <b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b>		BUTISOL SODIUM TABS CHLORAL HYDRATE SYRP MEBARAL TABS PHENOBARBITAL	<b>MC</b> <b>MC</b> <b>MC / DEL</b>		LUMINAL SOLN SECONAL CAPS SOMNOTE CAPS	PA required for new users of preferred products if over 65 years old.  Use PA Form # 30110
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SEDATIVE/HYPNOTICS - BENZODIAZEPINES	<b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b>		DORAL TABS ESTAZOLAM TABS FLURAZEPAM HCL CAPS TEMAZEPAM CAPS TRIAZOLAM TABS	<b>MC</b> <b>MC</b> <b>MC</b> <b>MC</b> <b>MC / DEL</b>		DALMANE HALCION TABS MIDAZOLAM HCL SYRP PROSOM TABS RESTORIL CAPS	Previous quantity limits still apply.  Use PA Form # 30110
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SEDATIVE/HYPNOTICS - Non-Benzodiazepines	<b>MC</b>		TRAZODONE	<b>MC / DEL</b> <b>MC / DEL</b>	7 8	AMBIEN TABS SONATA CAPS	Elderly (over 65) exempt, but previous quantity limits still apply. Use PA Form # 30110
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ANTI-PSYCHOTICS							
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ANTIPSYCHOTICS - ATYPICALS	<b>MC</b> <b>MC / DEL</b> <b>MC / DEL</b>	1 2 2	RISPERDAL GEODON <sup>1</sup> SEROQUEL TABS	<b>MC / DEL</b> <b>MC</b> <b>MC</b> <b>MC</b> <b>MC</b>	5 8 8 8 8	ABILIFY TABS <sup>2</sup> RISPERDAL M TAB RISPERDAL CONSA ZYPREXA TABS <sup>3</sup> ZYPREXA ZYDIS TBDP MORATORIUM CURRENTLY IN PLACE	Established users except Zyprexa Zydis are grandfathered. New users can follow preferred step order without PA. 1. Geodon has dose consolidation edit of 2 per day. 2. Abilify 1/day. 3. Zyprexa: maximal recommended dose showing efficacy is 20mg.  Use PA Form # 20420
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ANTIPSYCHOTICS - SPECIAL ATYPICALS	<b>MC / DEL</b>		CLOZAPINE TABS	<b>MC / DEL</b>		CLOZARIL TABS <sup>1</sup> FAZACLO	1. No new starters on brand Clozaril.  Use PA Form # 20420
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ANTIPSYCHOTICS - TYPICAL	<b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b> <b>MC</b> <b>MC</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b>		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 THIOXIXENE THORAZINE SUPP TRIFLUOPERAZINE HCL TABS	<b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b> <b>MC</b> <b>MC</b> <b>MC / DEL</b> <b>MC</b> <b>MC</b> <b>MC / DEL</b> <b>MC</b> <b>MC</b> <b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b> <b>MC</b> <b>MC / DEL</b>		COMPAZINE COMPRO SUPP HALDOL DECANOATE LOXITANE CAPS MELLARIL NAVANE CAPS PROLIXIN STELAZINE TABS THORAZINE	Use PA Form # 20420
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LITHIUM							
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LITHIUM	<b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b>		ESKALITH CAPS ESKALITH CR TBCR LITHIUM CARBONATE LITHIUM CITRATE SYRP LITHOBD TBCR				
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COMBINATION - PSYCHOTHERAPEUTIC							
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PSYCHOTHERAPEUTIC COMBINATION	<b>MC / DEL</b> <b>MC / DEL</b>		CHLORDIAZEPOXIDE/AMITRIPT PERPHENAZINE/AMITRIPTYLIN	<b>MC</b>	8	SYMBYAX	Use PA Form # 20420
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STIMULANTS							
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STIMULANT - AMPHETAMINES - SHORT ACTING	<b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b>		ADDERALL TABS AMPHETAMINE SALT COMBO DEXEDRINE DEXTROAMPHET SULF TABS DEXTROSTAT TABS				Preferred stimulants will be available without PA if diagnosis of ADHD.
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STIMULANT - AMPHETAMINES - LONG ACTING	<b>MC / DEL</b> <b>MC</b>	1 2	ADDERALL XR CP24 DEXEDRINE Cap CR				Preferred stimulants will be available without PA if diagnosis of ADHD. Step care therapy needs to be followed.
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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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STIMULANT - METHYLPHENIDATE	<b>MC</b>	2	DEXTROAMPHET SULF CPCR					
	<b>MC / DEL</b>		FOCALIN TABS	<b>MC</b>		METHYLIN CHEWABLES	Preferred stimulants will be available without PA if diagnosis of ADHD. Use PA Form # 20420	
	<b>MC</b>		METADATE ER TBCR	<b>MC / DEL</b>		RITALIN		
	<b>MC / DEL</b>		METHYLIN ER TBCR					
	<b>MC / DEL</b>		METHYLIN TABS					
<b>MC</b>		METHYLIN SOL						
STIMULANT - METHYLPHENIDATE - LONG ACTING	<b>MC</b>	1	CONCERTA TBCR	<b>MC</b>	5	METADATE CD CPCR <sup>1</sup>	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	
				<b>MC / DEL</b>	8	RITALIN LA		
STIMULANTS - STIMULANT LIKE				<b>MC</b>	7	STRATTERA <sup>1,2</sup>	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. Provigil: Use PA Form # 20710 Others: Use PA form # 20420	
				<b>MC</b>	8	CAFICIT SOLN		
					<b>MC</b>	8		CYLERT CHEW
					<b>MC</b>	8		CYLERT TABS
					<b>MC</b>	8		DESOXYN TABS
					<b>MC / DEL</b>	8		PROVIGIL TABS
				<b>MC / DEL</b>	9	PEMOLINE		

WEIGHT LOSS							
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No longer covered: PHENTERMINE, XENICAL, DIDREX, and

ALZHEIMER DISEASE							
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ALZHEIMER - Cholinomimetics	<b>MC</b>		ARICEPT TABS <sup>1</sup>	<b>MC / DEL</b>	8	EXELON	1. all new users need PA to establish dementia diagnosis and baseline mental status score. Use PA Form # 20420 and MMSE form
	<b>MC / DEL</b>		NAMENDA <sup>1</sup>	<b>MC</b>	9	COGNEX CAPS	
	<b>MC</b>		REMINYL <sup>1</sup>				

SMOKING CESSATION							
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NICOTINE PATCHES / TABLETS	<b>MC / DEL</b>		NICODERM CO PT24				Bupropion SR 150 mg is available without a prior authorization.
NICOTINE REPLACEMENT - OTHER	<b>MC / DEL</b>		NICOTINE POLACRILEX GUM				

ALCOHOL DETERRENTS							
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ALCOHOL DETERRENTS	<b>MC</b>		DISULFIRAM TABS				
	<b>MC</b>		ANTABUSE				

MISCELLANEOUS ANALGESICS							
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ANALGESICS - MISC.	<b>MC</b>		ACEPHEN SUPP	<b>MC</b>		ASPIR-81 TBEC	Use PA Form # 20420
	<b>MC / DEL</b>		ACETAMIN TAB 325MG	<b>MC</b>		AXOCET CAPS	
	<b>MC / DEL</b>		ACETAMINOPHEN	<b>MC</b>		DOLOBID TABS	
	<b>MC / DEL</b>		ASPIRIN	<b>MC</b>		EASPRIN TBEC	
	<b>MC / DEL</b>		ASPIRIN EC	<b>MC</b>		EQUAGESIC TABS	
	<b>MC / DEL</b>		ASPIR-LOW TBEC	<b>MC / DEL</b>		ESGIC-PLUS	
	<b>MC / DEL</b>		BUFFERED ASPIRIN TABS	<b>MC</b>		EXCEDRIN TAB ASA FRE	
	<b>MC / DEL</b>		BUTAL/ASA/CAFF	<b>MC / DEL</b>		FIORICET TABS	
	<b>MC / DEL</b>		BUTALBITAL COMPOUND	<b>MC</b>		FIORINAL CAPS	
	<b>MC / DEL</b>		BUTALBITAL/ACET TABS	<b>MC</b>		FIORTAL CAPS	
	<b>MC / DEL</b>		BUTALBITAL/APAP CAPS	<b>MC / DEL</b>		FORTABS TABS	
	<b>MC / DEL</b>		BUTALBITAL/APAP/CAFFEINE	<b>MC</b>		PHRENILIN TABS	
	<b>MC / DEL</b>		CHILDRENS ASPIRIN CHEW	<b>MC</b>		PHRENILIN FORTE CAPS	
	<b>MC / DEL</b>		CHILDRENS PAIN RELIEVER	<b>MC</b>		TRILISATE LIOD	
	<b>MC / DEL</b>		CHOLINE MAGNESIUM TRISALI	<b>MC</b>		TRILISATE TABS	
	<b>MC / DEL</b>		DIFLUNISAL TABS	<b>MC</b>		ZEBUTAL CAPS	
	<b>MC / DEL</b>		ECOTRIN	<b>MC</b>		ZORPRIN TBCR	
	<b>MC / DEL</b>		FEVERALL SUPP				
	<b>MC / DEL</b>		GENAPAP				
	<b>MC / DEL</b>		GENEBS TABS				
	<b>MC</b>		HEADACHE FORMULA ADDED TABS				
	<b>MC</b>		INFANTAIRE SOLN				
	<b>MC</b>		INFANTS APAP SOLN				
	<b>MC</b>		INFANTS PAIN RELIEVER SUSP				
	<b>MC / DEL</b>		MAPAP				
	<b>MC / DEL</b>		PAIN RELIEVER				
	<b>MC / DEL</b>		Q-NOL TABS				
	<b>MC / DEL</b>		SALSALATE TABS				
	<b>MC</b>		TACTINAL EXTRA STRENGTH TABS				
	<b>MC</b>		TYLENOL				
	<b>MC</b>		V-R CHILDRENS ASPIRIN CHEW				
	<b>MC</b>		V-R NON-ASPIRIN TABS				

LONG ACTING NARCOTICS							
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NARCOTICS-LONG ACTING	<b>MC</b>		KADIAN CP24	<b>MC</b>	7	DURAGESIC PT72 <sup>1</sup>	Non-preferred products must be used in specific order. 1. Duragesic and Oxycontin will be available without PA for patients treated for or dying from cancer or hospice patients. CA (cancer) or HO (hospice) diag code may be used but store must verify since all scripts will be audited and stores will be liable.
	<b>MC</b>		AVINZA	<b>MC</b>	8	PALLADONE	
	<b>MC / DEL</b>		METHADONE	<b>MC / DEL</b>	8	ORAMORPH SR TB12	
	<b>MC / DEL</b>		METHADOSE	<b>MC / DEL</b>	8	MOPRHINE SULFATE ER TB12	
				<b>MC / DEL</b>	8	MORPHINE SULFATE SUPP	
				<b>MC / DEL</b>	8	MS CONTIN TB12	
			<b>MC / DEL</b>	8	OXYCODONE ER 80MG		

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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NARCOTICS - SELECTED	<b>MC / DEL</b>		TRAMADOL HCL TABS	<b>MC / DEL</b>	9	OXYCONTIN TB12 <sup>1</sup>	Use PA Form # 20510
				<b>MC</b>		BUPRENEX SOLN	Use PA Form # 20420 r
				<b>MC / DEL</b>		BUTORPHANOL	
				<b>MC</b>		NALBUPHINE HCL SOLN	
				<b>MC</b>		NUBAIN SOLN	
				<b>MC</b>		STADOL NS SOLN	
				<b>MC</b>		ULTRACET TABS	
				<b>MC</b>		ULTRAM TABS	

MISCELLANEOUS NARCOTICS							
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NARCOTICS - MICS.	<b>MC / DEL</b>		ACETAMINOPHEN/CODEINE	<b>MC</b>		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.
	<b>MC</b>		ACTIQ LPOP <sup>1</sup>	<b>MC / DEL</b>		ASCOMP/CODEINE CAPS	
	<b>MC / DEL</b>		ASPIRIN/CODEINE TABS	<b>MC / DEL</b>		BUTALBITAL/APAP/CAFFEINE/ CAPS	
	<b>MC / DEL</b>		BUTAL/ASA/CAFF/COD CAPS	<b>MC</b>		DARVOCET-N	
	<b>MC</b>		BUTALBITAL/ASPIRIN/CAFFEI CAPS	<b>MC</b>		DARVON	
	<b>MC</b>		CAPITAL AND CODEINE SUSP <sup>1</sup>	<b>MC</b>		DEMEROL	Use PA Form # 20420
	<b>MC</b>		CAPITAL/CODEINE SUSP <sup>1</sup>	<b>MC / DEL</b>		DILAUDID	
	<b>MC / DEL</b>		CODEINE PHOSPHATE SOLN	<b>MC</b>		DILAUDID-HP SOLN	
	<b>MC / DEL</b>		CODEINE SULFATE TABS	<b>MC / DEL</b>		FIORICET/CODEINE CAPS	
	<b>MC / DEL</b>		ENDOCET 5/325mg TABS <sup>2</sup>	<b>MC</b>		FIORINAL/CODEINE #3 CAPS	
	<b>MC / DEL</b>		ENDODAN TABS	<b>MC</b>		FIORTAL/CODEINE CAPS	
	<b>MC</b>		FENTANYL CITRATE SOLN	<b>MC / DEL</b>		HYDROCODONE/IBUPROFEN	
	<b>MC / DEL</b>		HYDROCODONE BITARTRATE/AP TABS	<b>MC / DEL</b>		LORCET	
	<b>MC / DEL</b>		HYDROCODONE/ACETAMINOPHEN	<b>MC</b>		LORTAB	
	<b>MC / DEL</b>		HYDROMORPHONE HCL	<b>MC</b>		MAXIDONE TABS	
	<b>MC / DEL</b>		MEPERIDINE HCL	<b>MC / DEL</b>		NORCO TABS	
	<b>MC / DEL</b>		OXYCODONE	<b>MC / DEL</b>		PENTAZOCINE/ACET TABS	
	<b>MC / DEL</b>		OXYCODONE/ACETAMINOPHEN <sup>2</sup>	<b>MC</b>		PERCOCET TABS	
	<b>MC / DEL</b>		PENTAZOCINE/NALOXONE TABS	<b>MC</b>		PERCODAN TABS	
	<b>MC</b>		PROPOXYPHENE COMPOUND CAPS	<b>MC</b>		PHRENILIN W/CAFFEINE/CODE CAPS	
	<b>MC</b>		PROPOXYPHENE CMPND-65 CAPS	<b>MC / DEL</b>		ROXICET 5/500 TABS	
	<b>MC / DEL</b>		PROPOXYPHENE HCL CAPS	<b>MC</b>		SYNALGOS-DC CAPS	
	<b>MC / DEL</b>		PROPOXYPHENE/ACET TABS	<b>MC</b>		TALACEN TABS	
	<b>MC / DEL</b>		PROPOXYPHENE-N/ACET TABS	<b>MC / DEL</b>		TALWIN NX TABS	
	<b>MC / DEL</b>		ROXICET	<b>MC</b>		TYLENOL/CODEINE #3 TABS	
	<b>MC</b>		ROXIPRIN TABS	<b>MC</b>		TYLOX CAPS	
				<b>MC</b>		VICODIN	
				<b>MC</b>		VICOPROFEN TABS	
				<b>MC</b>		ZYDONE TABS	

NARCOTIC ANTAGONISTS							
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NARCOTIC - ANTAGONISTS	<b>MC / DEL</b>		NALTREXONE HCL TABS	<b>MC / DEL</b>		REVIA TABS	Use PA Form # 20420
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COX 2 / NSAIDS							
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COX 2 INHIBITORS	<b>MC / DEL</b>		BEXTRA TABS				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
	<b>MC / DEL</b>		CELEBREX CAPS				

NSAIDS	<b>MC / DEL</b>		CHILDRENS IBUPROFEN	<b>MC</b>		ADVIL TABS	Use PA Form # 20420
	<b>MC / DEL</b>		CHILDRENS MOTRIN SUSP	<b>MC</b>		ANAPROX TABS	
	<b>MC / DEL</b>		DICLOFENAC POTASSIUM TABS	<b>MC</b>		ANAPROX DS TABS	
	<b>MC / DEL</b>		DICLOFENAC SODIUM	<b>MC</b>		ANSAID TABS	
	<b>MC / DEL</b>		ETODOLAC	<b>MC / DEL</b>		CATAFLAM TABS	
	<b>MC / DEL</b>		FENOPROFEN CALCIUM TABS	<b>MC</b>		CHILDRENS ADVIL SUSP	
	<b>MC / DEL</b>		FLURBIPROFEN TABS	<b>MC</b>		CHILD'S IBUPROFEN SUSP	
	<b>MC / DEL</b>		IBUPROFEN	<b>MC / DEL</b>		CLINORIL TABS	
	<b>MC / DEL</b>		INDOMETHACIN	<b>MC / DEL</b>		DAYPRO TABS	
	<b>MC / DEL</b>		KETOPROFEN	<b>MC / DEL</b>		EC-NAPROSYN TBEC	
	<b>MC / DEL</b>		KETOROLAC TROMETHAMINE	<b>MC / DEL</b>		ETODOLAC ER 600MG	
	<b>MC / DEL</b>		MECLOFENAMATE SODIUM CAPS	<b>MC</b>		FELDENE CAPS	
	<b>MC / DEL</b>		NABUMETONE TABS	<b>MC / DEL</b>		IBU-200	
	<b>MC / DEL</b>		NAPROSYN SUSP	<b>MC</b>		INDOCIN	
	<b>MC / DEL</b>		NAPROXEN SUSP	<b>MC / DEL</b>		LODINE	
	<b>MC / DEL</b>		NAPROXEN TABS	<b>MC / DEL</b>		MOBIC TABS	
	<b>MC / DEL</b>		NAPROXEN SODIUM TABS	<b>MC / DEL</b>		MOTRIN	
	<b>MC / DEL</b>		OXAPROZIN TABS	<b>MC</b>		NALFON CAPS	
	<b>MC / DEL</b>		PIROXICAM CAPS	<b>MC / DEL</b>		NAPRELAN TBCR	
	<b>MC / DEL</b>		SULINDAC TABS	<b>MC / DEL</b>		NAPROSYN TABS	
	<b>MC / DEL</b>		TOLMETIN SODIUM	<b>MC / DEL</b>		NAPROXEN DR TBEC	
				<b>MC / DEL</b>		NAPROXEN SODIUM TBCR	
				<b>MC</b>		ORUVAIL CP24	
				<b>MC</b>		PONSTEL CAPS	
				<b>MC / DEL</b>		RELAFEN TABS	
				<b>MC</b>		SB IBUPROFEN TABS	
				<b>MC</b>		TOLECTIN	
				<b>MC</b>		TORADOL	



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".*

DOPAMINERGICS/CARBIII/LEVO	MC / DEL MC / DEL MC / DEL MC MC MC / DEL		BROMOCRIPTINE MESYLATE CARBIDOPA/LEVODOPA TABS CARBIDOPA/LEVODOPA ER LARODOPA TABS LODOSYN TABS SELEGLINE HCL	MC MC / DEL MC / DEL MC MC MC		ELDEPRYL CAPS PARLODEL CAPS PARLODEL TABS SINEMET TABS SINEMET TBCR SYMMETREL TABS	Use PA Form # 20420
PARKINSONS - COMBO.	MC / DEL		STALEVO				

MUSCLE RELAXANTS							
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ALS DRUG	MC / DEL		RILUTEK TABS				
MUSCLE RELAXANTS	MC / DEL MC / DEL MC / DEL MC MC / DEL		BACLOFEN TABS CHLORZOXAZONE TABS CYCLOBENZAPRINE HCL TABS LIORESAL INTRATHECAL KIT METHOCARBAMOL TABS	MC / DEL MC / DEL MC / DEL MC / DEL MC MC MC MC / DEL MC / DEL MC / DEL	7 7 8 8 8 8 8 8 8 8 9	ORPHENADRINE CITRATE TIZANIDINE HCL TABS CARISOPRODOL TABS1 DANTRIUM CAPS FLEXERIL TABS LIORESAL TABS NORFLEX TBCR ROBAXIN-750 TABS ZANAFLEX TABS SKELAXIN TABS SOMA TABS	1. Effective October 1, 2003 even Carisoprodol requires PA. Non-preferred products must be used in specified step order.  Use PA Form # 20420
MUSCLE RELAXANT - COMBINATIONS				MC / DEL MC / DEL MC MC / DEL MC / DEL MC		CARISOPRODOL/ASPIRIN TABS CARISOPRODOL/ASPIRIN/CODE NORGESIC TABS ORPHENADRINE COMPOUND ORPHENADRINE/ASA/CAFF ORPHENGESIC	Use PA Form # 20420

VITAMINS							
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**e diag codes still require diag codes unless indicated otherwise.\*\***

VITAMINS	MC / DEL MC MC MC / DEL MC MC / DEL MC MC / DEL MC / DEL MC MC / DEL MC MC / DEL MC / DEL MC MC / DEL MC / DEL MC MC / DEL MC / DEL MC MC / DEL		ASCORBIC ACID TABS BIOTIN CALCIFEROL SOLN CALCITRIOL CAPS CYANOCOBALAMIN SOLN DRISDOL SOLN FOLGARD RX 2.2 TABS FOLIC ACID TABS FOLTX TABS MEPHYTON TABS NIACIN NIACOR TABS NICOTINIC ACID SR CPCR PYRIDOXINE HCL TABS SLO-NIACIN TBCR THIAMINE HCL SOLN VITAMIN B-1 TABS VITAMIN B-12 VITAMIN B-6 TABS VITAMIN C <b>VITAMIN D</b> VITAMIN E CAPS VITAMIN E/D-ALPHA CAPS VITAMIN K1 SOLN V-R VITAMIN E CAPS	MC MC MC MC / DEL MC MC / DEL MC MC / DEL MC / DEL MC MC / DEL MC MC / DEL MC / DEL MC MC / DEL MC / DEL MC MC / DEL MC / DEL MC MC / DEL		AQUASOL E SOLN AQUAVIT-E SOLN DHT SOLN DRISDOL CAPS NASCOBAL GEL ROCALTROL	Use PA Form # 20420
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MISC MULTI-VITAMINS							
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**e diag codes still require diag codes unless indicated otherwise.\*\***

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

### MISCELLANEOUS MINERALS

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

CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
MINERALS	<b>MC</b>		CALCARB	<b>MC</b>		ANEMAGEN	Use PA Form # 20420
	<b>MC</b>		CALCI-MIX CAPSULE CAPS	<b>MC</b>		CALCET TABS	
	<b>MC</b>		CALCIQUID SYRP	<b>MC / DEL</b>		CALCIUM 600-D TABS	
	<b>MC</b>		CALCITRATE/VITAMIN D TABS	<b>MC</b>		CALCIUM/VITAMIN D TABS	
	<b>MC / DEL</b>		CALCIUM	<b>MC</b>		CALTRATE 600 PLUS/VIT D TABS	
	<b>MC / DEL</b>		CALCIUM CARBONATE	<b>MC</b>		CALTRATE PLUS TABS	
	<b>MC / DEL</b>		CALCIUM CITRATE TABS	<b>MC</b>		CHROMAGEN	
	<b>MC / DEL</b>		CALCIUM GLUCONATE TABS	<b>MC</b>		CITRACAL PLUS TABS	
	<b>MC / DEL</b>		CALCIUM LACTATE TABS	<b>MC</b>		CONTRIN CAPS	
	<b>MC</b>		CALCIUM/MAGNESIUM TABS	<b>MC</b>		FEOGEN FORTE CAPS	
	<b>MC / DEL</b>		<b>CALCIUM/VITAMIN D TABS</b>	<b>MC</b>		FEROCON CAPS	
	<b>MC</b>		CALTRATE 600 TABS	<b>MC / DEL</b>		FERREX 150 CAPS	
	<b>MC / DEL</b>		CHEWABLE CALCIUM CHEW	<b>MC</b>		FERRO-SEQUELS TBCR	
	<b>MC</b>		CITRACAL TABS	<b>MC</b>		FE-TINIC CAPS	
	<b>MC</b>		CITRACAL + D TABS	<b>MC</b>		FE-TINIC 150 FORTE CAPS	
	<b>MC</b>		CITRUS CALCIUM TABS	<b>MC / DEL</b>		FLUOR-A-DAY SOLN	
	<b>MC</b>		CITRUS CALCIUM 1500 + D TABS	<b>MC / DEL</b>		K-DUR TBCR	
	<b>MC</b>		DEXFERRUM SOLN	<b>MC</b>		KLOR-CON PACK	
	<b>MC</b>		EFFERVESCENT POTASSIUM TBEF	<b>MC</b>		K-LYTE	
	<b>MC / DEL</b>		FEOSTAT CHEW	<b>MC / DEL</b>		K-PHOS TABS	
	<b>MC</b>		FERATAB TABS	<b>MC</b>		K-TABS TBCR	
	<b>MC / DEL</b>		FER-GEN-SOL SOLN	<b>MC</b>		K-VESCENT PACK	
	<b>MC / DEL</b>		FERGON TABS	<b>MC</b>		NU-IRON 150 CAPS	
	<b>MC</b>		FER-IN-SOL SOLN	<b>MC / DEL</b>		OYSTER SHELL CALCIUM/VITA TABS	
	<b>MC</b>		FER-IRON SOLN	<b>MC / DEL</b>		POLY-IRON 150 CAPS	
	<b>MC</b>		FERRONATE TABS	<b>MC / DEL</b>		POLYSACCHARIDE IRON CAPS	
	<b>MC</b>		FERROUS FUMARATE TABS	<b>MC / DEL</b>		POTASSIUM BICARB/CHLORIDE	
	<b>MC / DEL</b>		FERROUS GLUCONATE TABS	<b>MC / DEL</b>		SLOW FE TBCR	
	<b>MC / DEL</b>		FERROUS SULFATE	<b>MC</b>		TUMS 500 CHEW	
	<b>MC / DEL</b>		FLUOR-A-DAY CHEW	<b>MC</b>		VIACTIV CHEW	
	<b>MC</b>		FLUORIDE CHEW				
	<b>MC</b>		FLUORIDE SODIUM CHEW				
	<b>MC</b>		FLUORITAB CHEW				
	<b>MC</b>		HEMOCYTE TABS				
	<b>MC</b>		HM CALCIUM TABS				
	<b>MC</b>		K+ POTASSIUM PACK				
	<b>MC</b>		KAON ELIX				
	<b>MC</b>		KAON-CL-10 TBCR				

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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	<b>MC</b>		KCL 0.075%/D5W/NAACL 0.2% SOLN				
	<b>MC</b>		K-EFFERVESCENT TBEF				
	<b>MC</b>		KLOR-CON				
	<b>MC</b>		KLOTRIX TBCR				
	<b>MC / DEL</b>		K-PHOS TABS				
	<b>MC / DEL</b>		K-VESCENT TBEF				
	<b>MC / DEL</b>		LURIDE CHEW				
	<b>MC / DEL</b>		MAGNESIUM GLUCONATE TABS				
	<b>MC / DEL</b>		MAGNESIUM SULFATE SOLN				
	<b>MC</b>		MICRO-K CPCR				
	<b>MC / DEL</b>		NEUTRA-PHOS				
	<b>MC / DEL</b>		OS-CAL TABS				
	<b>MC / DEL</b>		<b>OS-CAL 500 + D TABS</b>				
	<b>MC / DEL</b>		<b>OYSCO</b>				
	<b>MC / DEL</b>		OYST-CAL TABS				
	<b>MC / DEL</b>		<b>OYST-CAL D TABS</b>				
	<b>MC / DEL</b>		<b>OYST-CAL/VITAMIN D TABS</b>				
	<b>MC / DEL</b>		OYSTER CALCIUM TABS				
	<b>MC / DEL</b>		OYSTER SHELL				
	<b>MC / DEL</b>		PHOSPHA 250 NEUTRAL TABS				
	<b>MC</b>		POTASSIUM BICARBONATE TBEF				
	<b>MC / DEL</b>		POTASSIUM CHLORIDE				
	<b>MC</b>		POTASSIUM EFFERVESCENT				
	<b>MC / DEL</b>		SELENIUM TABS				
	<b>MC</b>		SLOW-MAG TBCR				
	<b>MC / DEL</b>		SODIUM FLUORIDE				
	<b>MC / DEL</b>		SSKI SOLN				
	<b>MC</b>		V-R CALCIUM				
	<b>MC</b>		V-R OYSTER SHELL CALCIUM				
	<b>MC</b>		ZINC SULFATE CAPS				

### MISC. ELECTROLYTES/NUTRITIONALS

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

### ERYTHROPOEITINS

ERYTHROPOEITINS				<b>MC</b>	5	PROCRIT SOLN <sup>1</sup>	1. All products require PA but Procrit is first choice
				<b>MC</b>	6	EPOGEN SOLN	Use PA Form # 10520
				<b>MC</b>	8	ARANESP SOLN	

### GRANULOCYTE CSF

GRANULOCYTE CSF				<b>MC</b>	8	LEUKINE	Must be used in specified step order.1. 10 day supply/month may be used without a PA.
				<b>MC</b>	8	NEUPOGEN SOLN <sup>1</sup>	
				<b>MC</b>	9	NEULASTA	Use PA Form # 20520

### ANTICOAGULANTS / PLATELET AGENTS

ANTICOAGULANTS	<b>MC / DEL</b>		<b>FRAGMIN INJ<sup>2</sup></b>	<b>MC</b>		ARIXTRA SOLN	1. Established Coumadin users are grandfathered. 2. Fragmin and Lovenox therapy durations greater than 7 days require PA.
	<b>MC</b>		HEPARIN SODIUM/NAACL 0.9% SOLN	<b>MC</b>		COUMADIN TABS <sup>1</sup>	
	<b>MC</b>		HEP-LOCK SOLN	<b>MC</b>		IPRIVAS C	
	<b>MC / DEL</b>		INNOHEP				Use PA Form # 20420
	<b>MC / DEL</b>		<b>LOVENOX SOLN<sup>2</sup></b>				
	<b>MC / DEL</b>		<b>WARFARIN SODIUM TABS</b>				
	<b>MC</b>		HEPARIN LOCK SOLN				
	<b>MC / DEL</b>		HEPARIN LOCK FLUSH SOLN				
	<b>MC / DEL</b>		HEPARIN SODIUM 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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ANTIHEMOPHILIC AGENTS	<b>MC / DEL</b>		HEPARIN SODIUM LOCK FLUSH SOLN				
	<b>MC</b>		ALPHANATE	<b>MC</b>		ADVATE <sup>1</sup>	1. Only if other products unavailable.
	<b>MC / DEL</b>		BENEFIX SOLR				Use PA Form # 20420
	<b>MC</b>		BIOCLATE				
	<b>MC / DEL</b>		HELIXATE FS KIT				
	<b>MC</b>		HEMOFIL - M				
	<b>MC</b>		HUMATE-P SOLR				
	<b>MC</b>		KOGENATE FS				
	<b>MC</b>		KONYNE - 80				
	<b>MC</b>		MONARC - M				
	<b>MC</b>		MONOCLATE - P				
	<b>MC</b>		MONONINE				
	<b>MC / DEL</b>		NOVOSEVEN SOLR				
	<b>MC</b>		PROPLEX -T				
	<b>MC</b>		RECOMBINATE SOLR				
	<b>MC</b>		REFACTO				

PLATELET AGGREGATION INHIBITORS	<b>MC / DEL</b>		<b>DIPYRIDAMOLE TABS</b>	<b>MC / DEL</b>		PERSANTINE TABS	Use PA Form # 20420
	<b>MC / DEL</b>		TICLOPIDINE HCL TABS	<b>MC / DEL</b>		PLAVIX <sup>1</sup>	1. As of 04.01.2005 Plavix is only available without PA if concurrent aspirin use (on prescription) within 90 days or documented failure or intolerance or other contraindication to aspirin.
				<b>MC</b>		TICLID TABS	

PLATELET AGGR. INHIBITORS / COMBO'S - MISC.	<b>MC / DEL</b>		<b>AGGRENOX CP12</b>	<b>MC / DEL</b>		AGRYLIN CAPS	Use PA Form # 20420
	<b>MC / DEL</b>		<b>PENTOXIFYLLINE ER TBCR</b>	<b>MC</b>		TRENTAL TBCR	
	<b>MC / DEL</b>		<b>PLETAL TABS</b>				

HEMOSTATIC							
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HEMOSTATIC	<b>MC / DEL</b>		AMICAR				
	<b>MC</b>		AMINOCAPROIC ACID				

OPHTHALMICS							
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OP. ANTIBIOTICS	<b>MC</b>		AK-SPORE OINT	<b>MC</b>		AK-POLY-BAC OINT	Use PA Form # 20420
	<b>MC</b>		BACITRACIN OINT	<b>MC</b>		AK-SULF OINT	
	<b>MC</b>		BACITRACIN/NEOMYCIN/POLYM	<b>MC</b>		AK-TOB SOLN	
	<b>MC / DEL</b>		BACITRACIN/POLYMYXIN B OINT	<b>MC</b>		BLEPH-10 SOLN	
	<b>MC</b>		CHLOROPTIC SOLN	<b>MC</b>		GENTAK	
	<b>MC / DEL</b>		ERYTHROMYCIN OINT	<b>MC</b>		ILOTYCIN OINT	
	<b>MC / DEL</b>		GENTAMICIN SULFATE	<b>MC / DEL</b>		NEOMYCIN/BACI/POLYM OINT	
	<b>MC / DEL</b>		NEOMYCIN/POLYMYXIN/GRAMIC	<b>MC</b>		NEOSPORIN OINT	
	<b>MC</b>		NEOSPORIN SOLN	<b>MC</b>		OCUSULF-10 SOLN	
	<b>MC</b>		POLYSPORIN	<b>MC</b>		OCUTRICIN SOLN	
	<b>MC / DEL</b>		SODIUM SULFACETAMIDE SOLN	<b>MC</b>		TERAK OINT	
	<b>MC / DEL</b>		SULFACETAMIDE SODIUM	<b>MC / DEL</b>		TOBREX OINT	
	<b>MC</b>		TERRAMYCIN OINT	<b>MC / DEL</b>		TRIFLURIDINE SOLN	
	<b>MC / DEL</b>		TOBRAMYCIN SULFATE SOLN	<b>MC / DEL</b>			
	<b>MC / DEL</b>		TRIMETHOPRIM SULFATE/POLY				
	<b>MC / DEL</b>		VIROPTIC SOLN				

OP. QUINOLONES	<b>MC / DEL</b>	1	CILOXAN OINT	<b>MC</b>		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.
	<b>MC / DEL</b>	1	CILOXAN SOLN				
	<b>MC</b>	1	OCUFLOX SOLN				
	<b>MC / DEL</b>	1	VIGAMOX				Use PA Form # 20420
	<b>MC / DEL</b>	2	QUIXIN SOLN				

OP. ARTIFICIAL TEARS AND LUBRICANTS	<b>MC</b>		AKWA TEARS OINT	<b>MC</b>		AKWA TEARS SOLN	Use PA Form # 20420
	<b>MC / DEL</b>		ARTIFICIAL TEARS OINT	<b>MC / DEL</b>		ARTIFICIAL TEARS SOLN OP	
	<b>MC / DEL</b>		ARTIFICIAL TEARS SOLN	<b>MC</b>		BION TEARS SOLN	
	<b>MC</b>		CELLUVISC SOLN	<b>MC</b>		DRY EYES OINT	
	<b>MC</b>		EYE LUBRICANT OINT	<b>MC</b>		DURATEARS OINT	
	<b>MC / DEL</b>		GENTEAL	<b>MC / DEL</b>		HYPOTEAR	
	<b>MC</b>		LIQUITEARS SOLN	<b>MC / DEL</b>		ISOPTO TEARS SOLN	
	<b>MC</b>		MAJOR TEARS SOLN	<b>MC</b>		LACRI-LUBE	
	<b>MC</b>		PURALUBE OINT	<b>MC</b>		LUBRIFRESH P.M. OINT	
	<b>MC</b>		PURALUBE TEARS SOLN	<b>MC</b>		MURINE SOLN	
	<b>MC</b>		REFRESH SOLN OP	<b>MC / DEL</b>		MUROCEL SOLN	
	<b>MC</b>		REFRESH PLUS SOLN	<b>MC / DEL</b>		NATURE'S TEARS SOLN	
				<b>MC</b>		REFRESH SOLN	
				<b>MC</b>		REFRESH TEARS SOLN	
				<b>MC</b>		REFRESH-PM OINT	
				<b>MC</b>		TEARGEN SOLN	
				<b>MC</b>		TEARISOL SOLN	
				<b>MC / DEL</b>		TEARS NATURALE	
				<b>MC / DEL</b>		TEARS PURE SOLN	
				<b>MC</b>		TEARS RENEWED OINT	
				<b>MC / DEL</b>		THERATEARS SOLN	
				<b>MC</b>		V-R ARTIFICIAL TEARS SOLN	

OP. BETA - BLOCKERS	<b>MC / DEL</b>		<b>BETIMOL SOLN</b>	<b>MC</b>		BETAGAN SOLN	Use PA Form # 20420
	<b>MC / DEL</b>		<b>BETOPTIC-S SUSP</b>	<b>MC / DEL</b>		BETAXOLOL HCL 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 / DEL MC / DEL MC MC / DEL MC / DEL		CARTEOLOL HCL SOLN LEVOBUNOLOL HCL SOLN METIPRANOLOL SOLN TIMOLOL MALEATE SOLN TIMOLOL MALEATE SOLG (GEL)	MC / DEL MC MC / DEL MC / DEL		ISTALOL OCUPRESS SOLN OPTIPRANOLOL SOLN TIMOPTIC SOLN TIMOPTIC-XE SOLG	
OP. ANTIINFLAMMATORY / STEROIDS OPHTH.	MC MC / DEL MC MC / DEL MC / DEL MC / DEL MC MC MC MC MC / DEL MC / DEL MC MC MC / DEL MC / DEL MC MC MC / DEL MC / DEL		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	MC MC MC MC MC MC MC MC MC MC MC / DEL MC MC / DEL MC MC MC MC MC MC MC / DEL MC / DEL		AK-TROL SUSP BAC/POLY/NEOMY/HC OINT BLEPHAMIDE S.O.P. OINT ECONOPRED EFLONE SUSP FLUOR-OP SUSP MAXITROL NEO/POLY/BAC/HC OINT PRED-G SUSP PRED-G S.O.P. OINT SULFACET SOD/PRED SOLN VASOCIDIN SOLN VEXOL SUSP	Use PA Form # 20420
OP. PROSTAGLANDINS	MC / DEL MC / DEL MC	1 1 3	XALATAN SOLN TRAVATAN SOLN LUMIGAN SOLN	MC / DEL		RESCULA SOLN	Established users grandfathered. Preferred products must be used in specified step order or PA required.  Use PA Form # 20420
OP. CYCLOPLEGICS	MC MC / DEL MC / DEL MC MC / DEL		AK-PENTOLATE SOLN ATROPINE SULFATE CYCLOPENTOLATE HCL SOLN HOMATROPINE HBR SOLN ISOPTO HYOSCINE SOLN	MC / DEL MC MC / DEL MC		CYCLOGYL SOLN ISOPTO ATROPINE SOLN ISOPTO HOMATROPINE SOLN MUROCOLL-2 SOLN	Use PA Form # 20420
OP. MOTICS - DIRECT ACTING	MC / DEL MC MC MC / DEL MC / DEL		ISOPTO CARBACHOL SOLN ISOPTO CARPINE SOLN PILOCAR SOLN PILOCARPINE HCL SOLN PILOPINE HS GEL				
OP. ADRENERGIC AGENTS	MC / DEL MC		DIPIVEFRIN HCL SOLN EPIFRIN SOLN	MC		PROPINE SOLN	Use PA Form # 20420
OP. SELECTIVE ALPHA ADRENERGIC AGONISTS	MC MC		ALPHAGAN SOLN ALPHAGAN P SOLN	MC / DEL		IOPIDINE SOLN	Use PA Form # 20420
OP. ANTIALLERGICS	MC / DEL MC MC / DEL MC / DEL MC / DEL MC MC / DEL		ALAMAST SOLN ALOCRIL SOLN ALOMIDE SOLN EMADINE SOLN LIVOSTIN SUSP OPTICROM SOLN PATANOL SOLN	MC MC / DEL MC / DEL MC / DEL MC		CROLOM SOLN CROMOLYN SODIUM SOLN OPTIVAR SOLN ZADITOR SOLN	Use PA Form # 20420
OP. CARBONIC ANHYDRASE INHIBITORS/COMBO	MC / DEL MC / DEL MC / DEL		AZOPT SUSP COSOPT SOLN TRUSOPT SOLN				
OP. NSAID'S	MC / DEL MC / DEL		FLURBIPROFEN SODIUM SOLN VOLTAREN SOLN	MC MC MC		ACULAR SOLN ACULAR LS OCUFEN SOLN	Use PA Form # 20420
OP. OF INTEREST	MC / DEL		ENUCLENE SOLN	MC MC		BOTOX SOLR RESTATIS <sup>1</sup>	1. Must have kerato conjunctivitis sicca. Use PA Form # 10210

### DERMATOLOGICAL

TOPICAL - ACNE PREPARATIONS	MC / DEL MC MC MC MC / DEL MC MC / DEL MC / DEL MC MC MC MC MC MC MC / DEL MC MC MC MC / DEL		ACCUTANE CAPS AKNE-MYCIN OINT AZELEX CREA BENZOYL PEROXIDE CLEOCIN-T DIFFERIN ERYTHROMYCIN GEL ERYTHROMYCIN PADS ERYTHROMYCIN SOLN METROCREAM CREA METROGEL GEL METROLOTION LOTN METRONIDAZOLE <sup>1</sup> PLEXION RETIN-A CREA <sup>2</sup> RETIN-A GEL <sup>2</sup> RETIN-A LIQD <sup>2</sup> SODIUM SULFACET/SULF LOTN	MC MC MC MC / DEL MC / DEL MC / DEL MC MC MC MC / DEL MC MC MC MC MC MC MC MC MC MC MC		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	1. 375mg caps and 750mg tabs are non-preferred. Please use available preferred strengths(250mg & 500mg tabs) to obtain required dose without PA.  2. For these Retin-A products, over 24 yr. need PA. Use PA Form # 20420
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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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	<b>MC</b>		LACTICARE-HC LOTN	<b>MC</b>		SYNALAR OINT	
	<b>MC / DEL</b>		LOCOID	<b>MC / DEL</b>		TEMOVATE	
	<b>MC</b>		MOMETASONE FUROATE OINT	<b>MC</b>		TOPICORT	
	<b>MC</b>		NUTRACORT LOTN	<b>MC</b>		TOPICORT LP CREA	
	<b>MC</b>		PROCTO-KIT CREA	<b>MC</b>		WESTCORT	
	<b>MC / DEL</b>		PSORCON				
	<b>MC</b>		TEXACORT SOLN				
	<b>MC / DEL</b>		TRIAMCINOLONE ACETONIDE				
	<b>MC</b>		TRIDESILON CREA				
	<b>MC</b>		ULTRAVATE				

TOPICAL - STEROID LOCAL ANESTHETICS	<b>MC / DEL</b>		PRAMOSONE	<b>MC</b>		EPIFOAM FOAM	Use PA Form # 20420
	<b>MC</b>		ZONE-A FORTE LOTN				

TOPICAL - STEROID COMBINATIONS	<b>MC</b>		DERMA-SMOOTHIE/FS ATOPIC P KIT	<b>MC</b>		CARMOL-HC CREA	Use PA Form # 20420
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TOPICAL - EMOLLIENTS	<b>MC / DEL</b>		AMLACTIN CREA	<b>MC / DEL</b>		AMMONIUM LACTATE CREA	Use PA Form # 20420
	<b>MC</b>		CETAPHIL GENTLE CLEANSER LOTN	<b>MC / DEL</b>		LACLOTION LOTN	
	<b>MC</b>		LAC-HYDRIN	<b>MC / DEL</b>		LACTINOL LOTN	
	<b>MC</b>		LACTINOL-E CREA	<b>MC</b>		MEDERMA GEL	
	<b>MC</b>		UREACIN-20 CREA	<b>MC</b>		RENOVA CREA	
	<b>MC</b>		VITAMIN A & D MEDICATED OINT				

TOPICAL - ENZYMES / KERATOLYTICS / UREA	<b>MC</b>		GRANUL-DERM AERS	<b>MC</b>		CARMOL 40 CREA	Use PA Form # 20420
	<b>MC / DEL</b>		GRANULEX AERS	<b>MC</b>		SANTYL OINT	
	<b>MC</b>		PANAFIL OINT	<b>MC</b>		SALEX CREAM	
	<b>MC</b>		PAPAIN-UREA-CHLORO OINT	<b>MC</b>		SALEX LOTION	
	<b>MC</b>		TBC AERS	<b>MC</b>		ZIOX OINT	
	<b>MC</b>		XENADERM OINT				

TOPICAL - GENITAL WARTS	<b>MC / DEL</b>		ALDARA <sup>1</sup>	<b>MC / DEL</b>	5	PODOFILOX SOLN	Non-preferred products must be used in specified order.
				<b>MC / DEL</b>	8	CONDYLOX	1. QL 48/year. Use PA Form # 20420

TOPICAL - IMMUNOMODULATORS				<b>MC / DEL</b>	8	ELIDEL CREA	Non-preferred products must be used in specified order.
				<b>MC</b>	9	PROTOPIC OINT	Use PA Form # 20420

TOPICAL - LOCAL ANESTHETICS	<b>MC</b>		AF CAPSICUM OLEORESIN CREA	<b>MC / DEL</b>		EMLA PADS	1. Emla and Ela-Max products require PA for users over 18 years of age.
	<b>MC / DEL</b>		CAPSAICIN CREA	<b>MC</b>		LIDA MANTLE CREA	
	<b>MC</b>		ELA-MAX <sup>1</sup>	<b>MC / DEL</b>		LIDOCAINE HCL	Use PA Form # 20420
	<b>MC / DEL</b>		EMLA CREA <sup>1</sup>	<b>MC</b>		LIDODERM PTCH	
	<b>MC / DEL</b>		EMLA/TEGADERM KIT <sup>1</sup>	<b>MC</b>		PONTOCAINE SOLN	
	<b>MC / DEL</b>		XYLOCAINE	<b>MC</b>		ZOSTRIX	

TOPICAL - DEPIGMENTING AGENTS				<b>MC</b>	8	ALUSTRA CREA	Not covered for cosmetic purposes.
				<b>MC</b>	8	GLYQUIN CREA	Use PA Form # 20420
				<b>MC / DEL</b>	8	HYDROQUINONE CREA	
				<b>MC / DEL</b>	8	HYDROQUINONE/SUNSCREENS	
				<b>MC</b>	8	SOLAQUIN FORTE CREA	
				<b>MC</b>	8	TRI-LUMA CREA	
				<b>MC</b>	9	ELDOQUIN	

TOPICAL - SCABICIDES AND PEDICULICIDES	<b>MC</b>		ELIMITE CREA	<b>MC / DEL</b>		ACTICIN CREA	Use PA Form 20420
	<b>MC</b>		EURAX				
	<b>MC</b>		LICE KILLING SHAM				
	<b>MC / DEL</b>		LICE TREATMENT CREME RINS LIOD				
	<b>MC / DEL</b>		LINDANE				
	<b>MC</b>		NIX CREME RINSE LIOD				
	<b>MC</b>		OVIDE LOTN				
	<b>MC / DEL</b>		PERMETHRIN LOTN				

TOPICAL - WOUND / DECUBITUS CARE	<b>MC</b>		ACCUZYME OINT	<b>MC</b>		REGRANEX GEL	Use PA Form # 20420
	<b>MC / DEL</b>		ETHEZYME				

TOPICAL - ASTRINGENTS / PROTECTANTS	<b>MC</b>		ALUMINUM CHLORIDE SOLN	<b>MC</b>		LOWILA BAR	Use PA Form # 20420
	<b>MC</b>		DRYSOL SOLN	<b>MC</b>		MOISTURIN DRY SKIN CREA	
	<b>MC</b>		XERAC AC SOLN	<b>MC</b>		PROSHIELD PLUS SKIN PROTE CREA	
				<b>MC</b>		SURGLUBE GEL	

TOPICAL - ANTISEPTICS / DISINFECTANTS	<b>MC</b>		HIBICLENS LIQD	<b>MC</b>		BETADINE OINT	Use PA Form # 20420
	<b>MC / DEL</b>		PHISOHEX LIQD	<b>MC</b>		FORMALYDE-10 AERS	
	<b>MC / DEL</b>		POVIDONE-IODINE SOLN	<b>MC</b>		LAZERFORMALYDE SOLUTION SOLN	

### MISCELLANEOUS EYE

OP. MISC	<b>MC</b>		AK-DILATE SOLN	<b>MC</b>		LENS PLUS REWETTING DROPS	Use PA Form # 20420
	<b>MC</b>		EYE WASH SOLN	<b>MC / DEL</b>		MURO 128	
	<b>MC</b>		NAPHAZOLINE HCL SOLN	<b>MC</b>		NEO-SYNEPHRINE SOLN	
	<b>MC</b>		PHENYLEPHRINE HCL SOLN				
	<b>MC</b>		PONTOCAINE SOLN				
	<b>MC / DEL</b>		SODIUM CHLORIDE				

### MISCELLANEOUS EAR

EAR	<b>MC / DEL</b>		A/B OTIC SOLN	<b>MC / DEL</b>		ACETASOL HC SOLN	Use PA Form # 20420
	<b>MC</b>		ACETASOL SOLN	<b>MC</b>		AERO OTIC HC SOLN	
	<b>MC / DEL</b>		ACETIC ACID	<b>MC</b>		ANTIBIOTIC EAR SOLN	
	<b>MC / DEL</b>		ACETIC ACID/HYDROCORTISON	<b>MC</b>		ANTIBIOTIC EAR SUSP	
	<b>MC / DEL</b>		ALLERGEN SOLN	<b>MC</b>		AURALGAN 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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	<b>MC / DEL</b>		ANTIPYRINE/BENZOCAINE SOLN	<b>MC / DEL</b>		CIPRO HC SUSP	
	<b>MC / DEL</b>		AURODEX SOLN	<b>MC</b>		COLY-MYCIN-S SUSP	
	<b>MC</b>		AUROGUARD SOLN	<b>MC</b>		CORTISPORIN SUSP	
	<b>MC / DEL</b>		AUROTO OTIC SOLN	<b>MC / DEL</b>		CORTISPORIN-TC SUSP	
	<b>MC</b>		CERUMENEX SOLN	<b>MC / DEL</b>		DEBROX SOLN	
	<b>MC / DEL</b>		CIPRODEX	<b>MC</b>		DOMEBORO SOLN	
	<b>MC</b>		CORTISPORIN SOLN	<b>MC / DEL</b>		PEDIOTIC SUSP	
	<b>MC / DEL</b>		CORTOMYCIN	<b>MC</b>		VOSOL-HC SOLN	
	<b>MC</b>		EAR DROPS SOLN	<b>MC / DEL</b>		ZOTANE HC SOLN	
	<b>MC</b>		EAR DROPS RX SOLN	<b>MC</b>		ZOTO-HC SOLN	
	<b>MC / DEL</b>		EAR WAX REMOVAL DROPS				
	<b>MC</b>		EAR-GESIC SOLN				
	<b>MC</b>		FLOXIN OTIC SOLN				
	<b>MC / DEL</b>		NEOMYCIN/POLYMYXIN/HC				
	<b>MC / DEL</b>		OTICAINE OTIC SOLN				

MOUTH ANTISEPTICS							
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MOUTH ANTI-INFECTIVES	<b>MC</b>		NILSTAT SUSP	<b>MC</b>		MYCELEX TROC	Use PA Form # 20420
	<b>MC</b>		EAR-GESIC SOLN	<b>MC</b>		MYCOSTATIN LOZG	
	<b>MC / DEL</b>		NYSTATIN SUSP				

MOUTH ANTISEPTICS	<b>MC / DEL</b>		CHLORHEXIDINE GLUCONATE	<b>MC</b>		APHTHASOL PSTE	Use PA Form # 20420
	<b>MC / DEL</b>		LIDOCAINE VISCOUS SOLN	<b>MC</b>		PERIDEX SOLN	
	<b>MC</b>		TRIAMCINOLONE IN ORABASE PSTE	<b>MC</b>		PERIOPARD SOLN	
	<b>MC</b>		TRIAMCINOLONE ORADENT PSTE	<b>MC</b>		TRIAMCINOLONE ACETONIDE PSTE	
				<b>MC</b>		XYLOCAINE VISCOUS SOLN	

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

ARTIFICIAL SALIVA/STIMULANTS							
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ARTIFICIAL SALIVA/STIMULANTS	<b>MC</b>		EVOXAC CAPS	<b>MC</b>		RADIACARE SOLR	Use PA Form # 20420
	<b>MC</b>		SALIVA SUBSTITUTE SOLN	<b>MC</b>		SALAGEN TABS	

MISCELLANEOUS ANORECTAL							
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ANORECTAL - MISC.	<b>MC / DEL</b>		ANALPRAM-HC CREA	<b>MC / DEL</b>		ANUSOL-HC CREA	Use PA Form # 20420
	<b>MC / DEL</b>		COLOCORT ENEM	<b>MC / DEL</b>		CORTIFOAM FOAM	
	<b>MC</b>		CORTENEMA ENEM	<b>MC / DEL</b>		PROCTOCREAM-HC CREA	
	<b>MC</b>		ELA-MAX 5 CREA	<b>MC / DEL</b>		PROCTOFOAM HC FOAM	
	<b>MC / DEL</b>		HYDROCORTISONE ENEM	<b>MC / DEL</b>		PROCTO-KIT CREA	
	<b>MC / DEL</b>		PROCTOZONE-HC CREA	<b>MC / DEL</b>		PROCTOSOL HC CREA	

T-CELL ACTIVATION INHIBITOR							
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PSORISIS BIOLOGICALS				<b>MC</b>		AMEVIVE	Use PA Form # 20910
				<b>MC</b>		RAPTIVA	

ALTERNATIVE MEDICINES							
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ALTERNATIVE MEDICINES	<b>MC</b>		DIMETHYL SULFOXIDE SOLN	<b>MC</b>		ARTHX DS CAPS	Use PA Form # 20420
				<b>MC / DEL</b>		CO-ENZYME Q-10	
				<b>MC</b>		CO-ENZYME Q10/VITAMIN E WAFR	
				<b>MC / DEL</b>		COQ10 CAPS	
				<b>MC</b>		DEHYDROEPIANDOSTERONE	
				<b>MC</b>		DHEA TABS	
				<b>MC</b>		FLEXAGEN TABS	
				<b>MC / DEL</b>		GLUCOSAMINE/CHONDROITIN	
				<b>MC</b>		HM GINKGO BILOBA TABS	
				<b>MC</b>		MELATONIN TABS	
				<b>MC</b>		V-R COENZYME Q-10 CAPS	

CHELATING AGENTS							
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CHELATING AGENTS	<b>MC / DEL</b>		CUPRIMINE CAPS	<b>MC</b>		DEPEN TITRATABS TABS	Use PA Form # 20420
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ANTILEPTIC							
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ANTILEPTIC				<b>MC</b>		THALOMID CAPS	Use PA Form # 20420
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CANCER							
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CANCER	<b>MC</b>		ALIMTA				
	<b>MC / DEL</b>		AVASTIN				
	<b>MD</b>		ERBITUX				
	<b>MD / DEL</b>		VIDAZA				

IMMUNOSUPPRESSANTS							
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IMMUNOSUPPRESSANTS	<b>MC / DEL</b>		CELLCEPT	<b>MC / DEL</b>		CYCLOSPORINE CAPS	Established users grandfathered.
	<b>MC</b>		PROGRAF CAPS				Use PA Form # 20420
	<b>MC / DEL</b>		RAPAMUNE				
	<b>MC / DEL</b>		CYCLOSPORINE MODIFIED				
	<b>MC</b>		GENGRAF CAPS				
	<b>MC / DEL</b>		NEORAL				



# MaineCare / DEL Preferred Drug List

(Revised 04.01.2005)

MAINECARE EFFECTIVE DATE 7.1.2004

Physicians' Summarized PDL

DEL EFFECTIVE DATE 8.15.2004

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".*

	<b>MC / DEL</b>		SANDIMMUNE				
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PURINE ANALOG							
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PURINE ANALOG	<b>MC / DEL</b>		AZASAN TABS	<b>MC / DEL</b>		IMURAN TABS	Use PA Form # 20420
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K REMOVING RESINS							
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K REMOVING RESINS	<b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b> <b>MC / DEL</b>		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: September 2004

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

\* Psychiatrists and Neurologist Exempt  
\*\* Does not meet criteria yet but has one RDBPCT for Social Phobia