

	LEVOFLOXACIN OFLOXACIN		AVELOX TABS AVELOX ABC PACK TABS CIPRO FACTIVE LEVAQUIN TABS ¹ LEVAQUIN TABS SOLN/INJ NOROXIN TABS PROQUIN XR	Use PA Form# 20420 1. Dosing limits apply, see Dosage Consolidation List.
AMINO GLYCOSIDES	GENTAMICIN NEOMYCIN SULFATE TABS TOBI NEBU TOBRAMYCIN SULFATE SOLN			Use PA Form# 20420
ANTI-MYCOBACTERIALS / ANTI-TUBERCULOSIS	ETHAMBUTOL HCL TABS MYAMBUTOL TABS MYCOBUTIN CAPS RIFAMPIN		RIMACTANE CAPS	Use PA Form# 20420
ANTIMALARIAL AGENTS	CHLOROQUINE PHOSPHATE TABS DARAPRIM TABS HYDROXYCHLOROQUINE TABS LARIAM TABS MEFLOQUINE HCL TABS QUINACRINE HCL POWD QUININE SULFATE		ARALEN TABS ISONARIF ¹ MALARONE TABS PLAQUENIL TABS	Use PA Form# 20420 1. Ingredients available as preferred without PA.
ANTHELMINTICS	ALBENZA TABS BILTRICIDE TABS MEBENDAZOLE CHEW STROMECTOL TABS		VERMOX CHEW	Use PA Form# 20420
ANTIBIOTICS - MISC.	AZACTAM SOLR COLY-MYCIN-M SOLR FUROXONE TABS METRONIDAZOLE ² PENTAMIDINE ISETHIONATE SOLR PRIMSOL SOLN TRIMETHOPRIM TABS VANCOMYCIN 5GM INJ.		COLISTIMETHATE SODIUM SOLR CAYSTON ⁴ FLAGYL CAPS FLAGYL TABS FLAGYL ER TBCR KETEK METRONIDAZOLE 375MG CAPS ² METRONIDAZOLE 750MG TABS ² NEBUPENT SOLR TINDAMAX ¹ VANCOMYCIN 10GM INJ. ³ XIFAXAN	1. Need to fail other anti-protozoals 2. 375mg caps and 750mg tabs are non-preferred. Please use available preferred strengths(250mg & 500mg tabs) to obtain required dose without PA. 3. Please use multiple 5gm which are preferred to obtain dose without PA. 4. Clinical PA is required to establish CF diagnosis and medical necessity. Prior trail and failure of preferred Tobi before approval will be granted. Use PA Form# 20420
CARBAPENEMS			INVANZ SOLR MERREM SOLR PRIMAXIN	Use PA Form# 20420
LINCOSAMIDES / OXAZOLIDINONES / LEPROSTATICS	CLEOCIN SOLN CLEOCIN SUSR CLINDAMYCIN HCL 150CAPS DAPSONE TABS		CLEOCIN CAPS CLINDAMYCIN HCL 300CAPS ¹ VIBATIV ZYVOX SUSR ZYVOX TABS	1. Use multiple 150's for Clindamycin instead of 300's. Use PA Form# 30820 for Zyvox & Vibativ Use PA Form# 20420 for all others
ANTI INFECTIVE COMBO'S - MISC.	ERYTHROMYCIN/SULF SUSR SEPTRA/DS TABS SULFAMETHOXAZOLE/TRIMETH TRIMETHOPRIM/SULFAMETHOXA		BACTRIM DS TABS	Use PA Form# 20420
ANTIPROTOZOALS			ALINIA ¹	1. Alina is preferred for children less than 12 years of age. Use PA Form# 20420
ANTI - FUNGALS				
ANTIFUNGALS - ASSORTED	ANCOBON CAPS FLUCONAZOLE ¹ GRIFULVIN V TABS ¹⁰ GRISEOFULVIN SUSP ¹⁰ GRISEOFULVIN ULTRAMICROSI TABS ¹⁰ GRIS-PEG TABS ¹⁰ KETOCONAZOLE TABS ⁹ NYSTATIN TERBINAFINE TABS ⁴	5 6 6 7 8 8 8 8 8 8	LAMISIL TABS ⁴ SPORANOX SOLN ² SPORANOX PULSEPAK CAPS ³ SPORANOX CAPS ³ ERAXIS INJ ⁶ DIFLUCAN GRIFULVIN SUSP NOXAFIL ⁵ VFEND TABS ITRACONAZOLE	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. 4. Quantity limit of one tablet daily. Please see dosage consolidation list. 5. Approved if immuno suppressed/ HIV or if the member has failed a 7 day trial of a preferred antifungal therapy. 6. Eraxis will be approved if submitting with documentation that it was initiated during a hospitalization and this request is to finish the hospital course. 8. Quantity limits allowing 30 day supply without PA. PA will be required if using > 30 days. 10. For children < 18, quantity limits allows 8 weeks supply without PA. PA will be required if using > than 8 weeks. If 18 and older PA will be required for any quantity. Not approving for Onychomycosis indication. Use PA Form# 10120
ANTI - VIRALS				
ANTIRETROVIRALS	APTIVUS ATRIPLA ¹ COMBIVIR TABS CRIXIVAN CAPS EMTRIVA EPIVIR / HBV EPZICOM INVIRASE CAPS KALETRA	8 8 8 8 8 8 8 8 8	COMPLERA DIDANOSINE EDURANT FUZEON ³ INTELENCE ³ ISENTRESS ³ RETROVIR SELZENTRY ³ ZERIT	Use PA Form# 10620 for Fuzeon 1. Quantity limit of one per day 2. Only preferred if Norvir script is in member's profile within the past 30 days of filling Prezista

	LEXIVA NORVIR PREZISTA ² RESCRIPTOR TABS REYATAZ STAVUDINE SUSTIVA TRIZIVIR TABS TRUVADA VIDEX / EC VIRACEPT TABS VIRAMUNE TABS VIREAD TABS ZIAGEN TABS ZIDOVUDINE	9	VIRAMUNE XR	3. Prescribers with >= 10 ART scripts per quarter and 75% ART PDL compliance will be exempt from PA for these products.
CYTO-MEGALOVIRUS AGENTS	FOSCARNET SODIUM VALCYTE TABS		FOSCAVIR GANCICLOVIR	Use PA Form# 20420
HERPES AGENTS	ACYCLOVIR VALTREX TABS	8 8 8 9	FAMVIR TABS ¹ ZOVIRAX ¹ VALACYCLOVIR ¹ FAMCICLOVIR ¹	1. Must fail Acyclovir and Valtrex before non-preferred products in step order. Use PA Form# 20420
INFLUENZA AGENTS	AMANTADINE RELENZA DISKHALER AEPB RIMANTADINE HCL TABS TAMIFLU ¹		FLUMADINE TABS FLUMIST	1. Tamiflu 10 caps or 60cc's per month. Will be audited for presence of positive influenza tests in patient or family member. Use PA Form# 10610 for Flumist requests Use PA Form# 20420 for all others
IMMUNE SERUMS				
IMMUNE SERUMS	HYPERRHO INJ			
HEPATITIS AGENTS				
HEPATITIS C AGENTS	INCIVEK ² VICTRELIS ² PEGASYS KIT ¹ PEGASYS SOLN PEG-INTRON KIT ¹ RIBAVIRIN		COPEGUS TABS REBETOL CAPS	1. Dosing limits apply, please see dosage consolidation list. 2. Approvals will require clinical PA to establish genotype, baseline viral loads and will require periodic SVR's. Must have concurrent peg-a or peg-l and ribavirin therapies. Use PA Form# 20420
HEPATITIS AGENTS - MISC.			ACTIMMUNE	Use PA Form# 20420
HEPATITIS B ONLY	HEPSERA TABS		BARACLUDE TYZEKA	Use PA Form# 20420
RSV PROPHYLAXIS				
RSV PROPHYLAXIS			SYNAGIS ¹	Use PA Form# 30120 1. MaineCare will approve Synagis PA's for start date of November 23rd for infants who meet the guidelines. PA will be approved for max of 5 doses. Maximum 1 dose/30 days.
MS TREATMENTS				
MULTIPLE SCLEROSIS - INTERFERONS	AVONEX KIT ¹ BETASERON SOLR ¹ REBIF SOLN ¹		EXTAVIA	1. Clinical PA is required to establish diagnosis and medical necessity. Use PA Form# 20430
MULTIPLE SCLEROSIS - NON-INTERFERONS	COPAXONE ²	6 8 8	TYSABRI ¹ AMPYRA GILENYA ³	1. Providers must be enrolled in the TOUCH Prescribing program, a restricted distribution program. Clinical PA is required to establish diagnosis and medical necessity. 2. Clinical PA is required to establish diagnosis and medical necessity. 3. Dosing limits apply, please see dosing consolidation list. Use PA Form# 20430
ASSORTED NEUROLOGICS				
NEUROLOGICS - MISC.	MESTINON ORAP TABS PROSTIGMIN TABS		BOTOX DYSPORT ¹ MYOBLOC ¹	1. Approval will be limited to Cervical dystonia. Use PA Form# 10210
STEROIDS				
GLUCOCORTICOID/ MINERALOCORTICOID	CELESTONE SUSP CORTEF 5 CORTISONE ACETATE TABS DELTASONE TABS DEPO-MEDROL SUSP DEXAMETHASONE ENTOCORT EC CP24 FLUDROCORTISONE ACETATE TABS HYDROCORTISONE KENALOG METHYLPREDNISOLONE TABS PREDNISOLONE PREDNISON SOLU-CORTEF SOLR SOLU-MEDROL SOLR		BUDESONIDE EC CORTEF 10 and 20 TABS FLORINEF TABS MEDROL TABS MEDROL DOSEPAK TABS ORAPRED SOLN PEDIAPRED LIQD PREDNISON INTENSOL CONC STERAPRED TABS	Use PA Form# 20420
HORMONE REPLACEMENT THERAPIES				
ANDROGENS / ANABOLICS	ANDRODERM PT24 ANDROGEL ANDROGEL PUMP ANDROID CAPS DANAZOL CAPS DEPO-TESTOSTERONE OIL TESTOSTERONE PROPIONATE TESTRED CAPS		ANDRO LA 200 OIL AXIRON DELATESTRYL OIL FORTESTA HALOTESTIN TABS METHITEST TABS OXANDRIN TABS TESTIM	Use PA Form# 20420 Use PA Form# 20600 for Oxandrin requests
ESTROGENS - PATCHES / TOPICAL	CLIMARA PTWK ESTRADERM PTTW ¹	5 8	ESTRADIOL PTWK ALORA PTTW ²	1. Both preferred drugs must be tried.

		VIVELLE-DOT PTTW ¹	8 8 8	DIVIGEL ² ELESTRIN ² EVAMIST ²	2. Step order drugs must be used in specified step order. Use PA Form# 20420.
ESTROGENS - TABS		CENESTIN TABS ESTRADIOL ESTROPIPATE TABS MENEST TABS PREMARIN TABS		ENJUWIA ESTRACE TABS ESTRATAB TABS ORTHO-EST TABS	Must fail preferred products before non-preferred products. Use PA Form# 20420.
ESTROGEN COMBO'S		PREMPHASE TABS PREMPRO TABS		ACTIVELLA TABS ¹ COMBIPATCH PTTW ¹ FEMHRT 1/5 TABS ¹ ORTHO-PREFEST TABS ¹ SYNTEST H.S. TABS ¹	1. Must fail Premphase and Prempro products before non preferred products. Use PA Form# 20420.
PROGESTINS		MEDROXYPROGESTERONE ACETA ² NORETHINDRONE ACETATE TABS ²		AYGESTIN TABS CYCRIN TABS MAKENA PROGESTERONE POWD PROMETRIUM 100MG CAPS ¹ PROMETRIUM 200MG ¹ PROVERA TABS	1. PA approvals will require two 100 mg caps instead of one 200mg. 2. Must fail Medroxyprogesterone and Norethidrone products before non-preferred products. Use PA Form# 20420.
CONTRACEPTIVES					
CONTRACEPTIVES - PROGESTIN ONLY		ORTHO MICRONOR TABS		CAMILA TABS ERRIN JOLIVETTE NORA-BE TABS NOR-QD TABS	If member experienced adverse reactions, consider using Oral Contraceptives from other groups. Use PA Form# 20420.
CONTRACEPTIVES - INJECTABLE		MEDROXYPROGESTERONE ACETATE 150mg IM		DEPO-PROVERA 150 mg SUSP	Use PA Form# 20420.
CONTRACEPTIVE - EMERGENCY	1 2 2	PLAN B ONE STEP ¹ ELLA LEVONORGESTREL NEXT CHOICE ¹		PLAN - B	1. Allowed 4 tablets per 30 days without PA Use PA Form# 20420.
CONTRACEPTIVES - PATCHES/ VAGINAL PRODUCTS		NUVARING RING ³ ORTHO EVRA PTWK ^{1,2,4}			Use PA Form# 20420. 1.No PA required for users less than 21 years of age. 2. The FDA has issued a public health warning of the potentials for increased exposure to estrogen with Ortho Eva use, possibly up to 60% estrogen exposure. 3. Quantity limit allowing 1 every 28 days with out PA. 4. Dose limits apply allowing 3 patches per 28 days supply. Please refer to Dose Consolidation Chart.
CONTRACEPTIVES - MONOPHASIC COMBINATION O/C'S		APRI TABS AVIANE TABS BALZIVA CRYSSELLE-28 TABS DESOGEN TABS DESOGESTREL/ ETHINYL ESTRADIOL LOW-OGESTREL TABS MODICON TABS MONONESSA NECON 1/50 ORTHO-CEPT-28 TABS ORTHO-CYCLEN-28 TABS ORTHO-NOVUM 1/35-28 TABS OVCON-50 28 TABS PREVIFEM RECLIPSEN SOLIA SPRINTEC 28 TABS YASMIN 28 TABS YAZ SEASONALE ZENCHENT		BEYAZ BREVICON-28 TABS LESSINA-28 TABS LEVORA LOESTRIN TABS LOESTRIN FE TABS LOESTRIN FE 1/20 TABS LOESTRIN 1.5/30-21 TABS LOESTRIN 1/20-21 TABS LO/OVRAL 21 TABS LO/OVRAL 28 TABS MICROGESTIN FE TABS NORDETTE-28 TABS NORINYL NORTREL OCELLA OGESTREL TABS OVCON-35/28 TABS OVRAL PORTIA-28 TABS SAFYRAL SEASONALE YAZ ZOVIA	Use PA Form# 20420. If member experienced adverse reactions, consider using Oral Contraceptives from other groups.
CONTRACEPTIVES - BI-PHASIC COMBINATIONS		ORTHO-NOVUM 10/11-28 TABS NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35 SEASONIQUE LOSEASONIQUE		NECON 10/11-28 TABS KARIVA TABS LOSEASONIQUE MIRCETTE TABS	If member experienced adverse reactions, consider using Oral Contraceptives from other groups. Use PA Form# 20420.
CONTRACEPTIVES - TRI-PHASIC COMBINATIONS		ENPRESSE NECON 7/7/7 ORTHO-NOVUM 7/7/7-28 TABS TRI-NORINYL 28 TABS TRI-PREVIFEM TRIPHASIL 28 TABS TRI-SPRINTEC TRINESSA TRIVORA-28 TABS		CYCLESSA TABS ESTROSTEP FE TABS NORTREL 7/7/7 ORTHO TRI-CYCLEN TABS ORTHO TRI-CYCLEN LO TABS	If member experienced adverse reactions, consider using Oral Contraceptives from other groups. Use PA Form# 20420.
CONTRACEPTIVES - MULTI-PHASIC COMBINATIONS				NATAZIA	Use PA Form# 20420.
DIABETES THERAPIES					
DIABETIC - INSULIN		HUMALOG INJ 100/ML HUMALOG MIX 75/25 HUMULIN N INJ U-100 HUMULIN INJ 70/30 HUMULIN R U-100 LANTUS SOLN NOVOLIN		APIDRA HUMALOG MIX 50/50 HUMULIN INJ 50/50 HUMULIN R INJ U-500 LEVEMIR RELION	Use PA Form# 20420.

	NOVOLOG NOVOLOG MIX			
DIABETIC - PENFILLS	LANTUS OPTICLIK PEN ¹ LANTUS SOLOSTAR ¹ LEVEMIR FLEXPEN ¹ NOVOLIN PENFILL ¹ NOVOLIN 70/30 ¹ NOVOLOG MIX PENFILL ¹ NOVOLOG PENFILL SOLN ¹ NOVOLOG MIX FLEXPEN ¹ NOVOLOG FLEXPEN ¹		APIDRA OPTICLIK PEN HUMALOG KWIK INJ 100/ML HUMALOG MIX INJ 75/25 KWP HUMALOG MIX INJ 50/50 KWP	1. Clinical PA will be required to establish significant visual or neurological impairment. Use PA Form# 20420.
DIABETIC - DPP- 4 ENZYME INHIBITOR	JANUVIA ¹ ONGLYZA ¹ TRADJENTA ¹			1. Preferred if therapeutic doses of metformin are seen in members drug profile for at least 60 days within the past 18 months or if phosphate binder is currently seen in the members drug profile. Dosing limits apply. Please refer to Dose consolidation list. Use PA Form# 20420.
DIABETIC - DPP- 4 ENZYME INHIBITOR-COMBO	JANUMET ¹ KOMBIGLYZE			1. Preferred if therapeutic doses of metformin are seen in members drug profile for at least 60 days within the past 18 months or if phosphate binder is currently seen in the members drug profile. Dosing limits apply. Please refer to Dose consolidation list.
DPP- 4 ENZYME INHIBITOR/ HMG- COS REDUCTASE INHIBITOR	JUVISYNC ¹			1. Please refer to criteria section of PDL Use PA Form# 20420.
DIABETIC - LANCET-LANCET DEVICE	ONE TOUCH LANCETS DELICA LANCETS FREESTYLE LANCETS UNILET LANCETS UNISTIK LANCING DEVICE AUTOLOT LANCING DEVICE			Use PA Form# 20420.
DIABETIC - SYRINGES-NEEDLES	BD MICRO-FINE BD ULTRA-FINE BD ULTRA-FINE PEN NEEDLES UNIFINE PEN NEEDLES			Use PA Form# 20420.
DIABETIC - OTHER			CYCLOSET SYMLIN	Use PA Form# 301501
DIABETIC MONITOR	FREESTYLE LITE SYSTEM KIT FREESTYLE FLASH SYSTEM KIT FREESTYLE FREEDOM SYSTEM KIT FREESTYLE FREEDOM LITE KIT ONE TOUCH ULTRA 2 KIT ONE TOUCH ULTRA MINI KIT ONE TOUCH ULTRA SMART KIT PRECISION XTRA METER		ACCUCHECK ASCENSIA ASSURE EXACTECH PRODIGY	Use PA Form# 20420.
DIABETIC TEST STRIPS	FREESTYLE ¹ FREESTYLE LITE ¹ ONE TOUCH BASIC ¹ ONE TOUCH SURESTEP ¹ ONE TOUCH FAST TAKE ¹ ONE TOUCH ULTRA ¹ PRECISION XTRA ¹ PRECISION XTRA BETA KETONE 10 CT		ACCUCHECK ASCENSIA ASSURE EXACTECH PRODIGY	1. Only 50 ct & 100 ct package size. Use PA Form# 20420.
INCRETIN MIMETIC		8 9	BYETTA ¹ VICTOZA ¹	1. If patient is not responding to oral agents (single or multiple) please look to insulin therapy. Dosing limits apply. Please refer to Dose Consolidation List. Use PA Form# 10230
DIABETIC - ORAL SULFONYLUREAS	CHLORPROPAMIDE TABS GLIMEPIRIDE GLIPIZIDE TABS GLIPIZIDE ER TABS GLYBURIDE TABS GLYBURIDE MICRONIZED TABS TOLAZAMIDE TABS TOLBUTAMIDE TABS		AMARYL TABS DIABETA TABS GLUCOTROL TABS GLUCOTROL XL TBCR GLYNASE TABS MICRONASE TABS	Use PA Form# 20420.
DIABETIC -ORAL BIGUANIDES	METFORMIN HCL TABS METFORMIN ER		GLUCOPHAGE TABS GLUCOPHAGE XR TB24 FORTAMET METFORMIN ER OSMOTIC	Use PA Form# 20420.
DIABETIC - THIAZOL / BIGUANIDE COMBO			ACTOPLUS MET ¹ ACTOPLUS MET XR AVANDARYL ¹ AVANDAMET TABS ¹	Use PA Form# 20420. 1. Requires use of Actos, Metformin, or other preferred anti-diabetics.
DIABETIC - / THIAZOL	ACTOS TABS ^{1,3}		AVANDIA TABS ³	1. Actos is non-preferred as monotherapy. Actos is preferred if therapeutic doses of metformin, sulfonylurea or insulin are seen in members drug profile for at least 60 days within the past 18 months. 2. Actos 30mg or 45mg - please use multiple 15mg tabs. 3. Current users of Avandia who have tried Actos will be able to continue use of Avandia. Use PA Form# 20420.
DIABETIC - ALPHAGLUCOSIDASE	GLYSET TABS		PRECOSE TABS	Use PA Form# 20420.
DIABETIC - SULFONYLUREA / BIGUANIDE	GLYBURIDE/METFORMIN		GLUCOVANCE TABS ¹ METAGLIP TABS ¹	1. Use individual ingredients.

				DUETACT ²	2. Use Actos 15mgs with generic glimepiride. Use PA Form# 20420.
DIABETIC - MEGLITINIDES		STARLIX TABS		PRANDIN TABS NATEGLINIDE	Use PA Form# 20420.
GLUCOSE ELEVATING AGENTS					
GLUCOSE ELEVATING AGENTS		GLUCAGEN INJ. HYPOKIT		GLUCAGON DIAGNOSTIC KIT GLUCAGEN DIAGNOSTIC KIT	Use PA Form# 20420.
THYROID					
THYROID HORMONES		ARMOUR THYROID TABS CYTOMEL TABS LEVOTHROID TABS LEVOTHYROXINE SODIUM TABS LEVOXYL TABS THYROID TABS THYROLAR UNITHROID TABS		LEVOTHYROXINE SODIUM SOLR LIOETHYRONINE SYNTHROID TABS	Use PA Form# 20420.
ANTITHYROID THERAPIES		METHIMAZOLE TABS PROPYLTHIOURACIL TABS		TAPAZOLE TABS	Use PA Form# 20420.
OSTEOPOROSIS/BONE AGENTS					
OSTEOPOROSIS		ALENDRONATE MIACALCIN SOLN ²		ACTIONEL TABS ARELIA SOLR BONIVA INJECTION KIT BONIVA TABS ^{2,4} CALCITONIN NS DIDRONEL TABS EVISTA TABS ¹ FORTEO FORTICAL FOSAMAX TABS AND PLUS D ³ PROLIA XGEVA ZOMETA	Use PA Form# 20420. 1. Approval only requires failure of Alendronate. 2. Quantity limits apply, please see dosage consolidation list. 3. Please use Alendronate and Vitamin D. 4. Please use other preferred agents.
CALCIMIMETIC AGENTS					
CALCIMIMETIC AGENTS				SENSIPAR	Use PA Form# 30115
GROWTH HORMONE					
GROWTH HORMONE		GENOTROPIN ¹ NUTROPIN AQ NUSPIN ¹ NORDITROPIN CARTRIDGE SOLN ¹	5 8 8 8 8	HUMATROPE SOLR ² INCRELEX ² NUTROPIN ¹ OMNITROPE SAIZEN SOLR ² TEV-TROPIN	Use PA Form# 10710 1. Clinical PA is required to establish diagnosis and medical necessity. 2. Products must be used in specified step order. All step 5's must be tried prior to moving to step 8's.
SOMATOSTATIC AGENTS		OCTREOTIDE INJ		SANDOSTATIN SOMATULINE	Use PA Form# 10710
GROWTH HORMONE ANTAGONISTS					
GH ANTAGONISTS				SOMAVERT	Use PA Form# 10710
VASOPRESSIN RECEPTOR ANTAGONIST					
VASOPRESSIN RECEPTOR ANTAGONIST				SAMSCA	Use PA Form# 20420.
URINARY INCONTINENCE					
VASOPRESSINS		DESMOPRESSIN TABS	5 6 6 8 8	DDAVP TABS DDAVP SOLN ¹ DESMOPRESSIN SPRAY ¹ DESMOPRESSIN ACETATE SOLN ¹ STIMATE SOLN ^{1,2}	1. Products must be used in specified step order. Nocturnal enuresis patients will be encouraged to periodically attempt stopping DDAVP. 2. Patients with a diagnosis of hemophilia or Von Willebrands disease will be exempt from prior authorization. Use PA Form# 20420.
ANTISPASMODICS		OXYBUTYNIN URISPAS TABS		DETROL TABS DITROPAN SANCTURA TROSPIUM	Use PA Form# 20420.
ANTISPASMODICS - LONG ACTING		OXYBUTYNIN ER TABS SANCTURA TOVIAZ VESICARE ¹	8 8 8 9 9	ENABLEX ^{1,3} DITROPAN XL TBCR OXYTROL TROSPIUM DETROL LA CP ² SANCTURA XR ²	Use PA Form# 20420. 1. See Criteria Section. 2. Product is considered line extension of the original product due to Healthcare Reform (HCR). MaineCare will consider these medications non-preferred and a step 9 because of the impact under the Federal Rebate Program in conjunction with HCR. 3. Use a preferred long acting antispasmodic.
CHOLINERGIC		URECHOLINE BETHANECHOL			Use PA Form# 20420.
METABOLIC MODIFIER					
HERED. TYROSINEMIA				ORFADIN	Use PA Form# 20420.
ANTIHYPERTENSIVES / CARDIAC					
CARDIAC GLYCOSIDES		DIGITEK TABS DIGOXIN LANOXIN			Use PA Form# 20420.
ANTIANGINALS--Isosorbide Dinitrate/ Mono-Nitrates		ISOSORBIDE MONONITRATE TABS ISOSORBIDE MONONITRATE ER		DILATRATE SR CPR ISORDIL TABS ISORDIL TITRADOSE TABS ISOSORBIDE DINITRATE SUBL ISOSORBIDE DINITRATE TABS ISOSORBIDE DINITRATE CR TBCR ISOSORBIDE DINITRATE ER TBCR ISOSORBIDE DINITRATE TD TBCR IMDUR TB24 ISMO TABS MONOKET TABS	Use PA Form# 20420.
NITRO - OINTMENT/CAP/CR		NITROBID OINT NITROGLYCERIN CPR NITROL OINT			Use PA Form# 20420.

		NITRO-TIME CPR			
NITRO - PATCHES	1 1 1 3	NITROGLYCERIN PT24 ¹ NITREK PT24 ¹ NITRO-DUR PT 24 0.8MG ¹ MINITRAN PT24 ¹		NITRODISC PT24 NITRO-DUR PT24	1. At least 2 step 1's and step 3 of the preferred products must be used in specified order or PA will be required. Use PA Form# 20420
NITRO - SUBLINGUAL/ SPRAY		NITROLINGUAL TABS NITROSTAT SUBL NITROTAB SUBL		NITROQUICK SUBL NITROLINGUAL SOLN	Use PA Form# 20420
BETA BLOCKERS - NON SELECTIVE		CARVEDILOL LEVATOL TABS NADOLOL TABS PINDOLOL TABS PROPRANOLOL HCL SOLN ¹ PROPRANOLOL HCL TABS ¹ PROPRANOLOL LA CAPS SOTALOL AF SOTALOL HCL TABS TIMOLOL MALEATE TABS		BETAPACE TABS BETAPACE AF TABS COREG CR ³ COREG TABS CORCARD TABS INDERAL TABS INDERAL LA CPR INNOPRAN XL PROPRANOLOL HCL 60MG TABS ² RANEXA	1. Recommend using BID since its effects do not last 24 hours. 2. Please use other strengths in combination to obtain this dose. 3. Dosing limits still apply. Please see dose consolidation list Use PA Form# 20420
BETA BLOCKERS - CARDIO SELECTIVE		ACEBUTOLOL HCL CAPS ATENOLOL TABS ¹ BETAXOLOL HCL TABS BISOPROLOL FUMARATE TABS METOPROLOL TARTRATE TABS ¹ METOPROLOL ER TOPROL XL TB24		BYSTOLIC 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		LABETALOL HCL TABS		TRANDATE TABS	Use PA Form# 20420
CALCIUM CHANNEL BLOCKERS--Amlodipines, Bepridil, Diltiazems, Felodipines, Isradipines, Nifedipines, Nisoldipine, and Verapamils		AMLODIPINE ¹		NORVASC TABS ¹	1. Dosing limits apply, please see dose consolidation list. Use PA Form# 20420
	1 1 1 1 1 4 4 4 4	DILTIA XT CP24 DILTIAZEM HCL ER CP24 DILTIAZEM HCL XR CP24 DILTIAZEM CD 300MG CP24 DILTIAZEM CD 360MG CP24 CARTIA XT CP24 ¹ DILTIAZEM CD CP24 ¹ DILTIAZEM HCL ER CP24 ¹ DILTIAZEM XR CP24 ¹ TIAZAC CP24 ¹	5 6 8 8 8 8 8 8	DILACOR XR CP24 ¹ TAZTIA ¹ CARDIZEM TABS ¹ CARDIZEM CD CP24 ¹ CARDIZEM LA TB24 ¹ CARDIZEM SR CP12 ¹ DILTIAZEM HCL TABS ¹ DILTIAZEM HCL ER CP12 ¹	1. Products must be used in specified order or PA will be required. Just write "Diltiazem 24-hour" and the pharmacy will use a preferred long acting diltiazem that does not require PA. Use PA Form# 20420
				PLENDIL TB24 FELODIPINE	Use PA Form# 20420
				DYNACIRC CAPS DYNACIRC CR TBCR ¹	Use PA Form# 20420 1. Established users will be grandfathered
				CARDENE SR CPR NICARDIPINE HCL CAPS	Use PA Form# 20420
		AFEDITAB CR NIFEDIAAC CC NIFEDICAL XL TBCR NIFEDIPINE TBCR NIFEDIPINE ER TBCR		ADALAT CC TBCR ¹ NIFEDIPINE CAPS PROCARDIA CAPS PROCARDIA XL TBCR	1. Established users of Adalat CC are grandfathered. Use PA Form# 20420
				SULAR TB24 SULAR CR ¹	1. Established users of 10MG and 20MG strengths are grandfathered. Use PA Form# 20420
	1 1 1	VERAPAMIL HCL CR TBCR VERAPAMIL HCL ER TBCR VERAPAMIL HCL SR TBCR		CALAN TABS CALAN SR TBCR COVERA-HS TBCR ISOPTIN-SR VERAPAMIL HCL ER CP24 VERAPAMIL HCL SR CP24 VERAPAMIL HCL TABS 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		AMIODARONE FLECAINIDE MEXILETINE MULTAQ NORPACE PROCAINAMIDE PROPAFENONE QUINAGLUTE QUINIDINE GLUCONATE QUINIDINE SULFATE		CORDARONE DISOPYRAMIDE PACERONE QUINIDEX TAMBOCOR TIKOSYN ¹ RYTHMOL SR RYTHMOL	1. Prescription must be written by Cardiologist. Use PA Form# 20420
ACE INHIBITORS		BENAZEPRIL HCL CAPTOPRIL TABS ENALAPRIL MALEATE TABS FOSINOPRIL SODIUM LISINOPRIL TABS RAMIPRIL QUINAPRIL	5 5 8 8 8 8 8	MAVIK TABS ACCUPRIL TABS ACEON TABS ¹ ALTACE CAPS ¹ LOTENSIN TABS ¹ MOEXIPRIL ¹ MONOPRIL HCT TABS ¹ PRINIVIL TABS ¹ UNIVASC ¹ VASOTEC TABS ¹ ZESTRIL TABS ¹	1. Non-preferred products must be used in specified order. Use PA Form# 20420
ANGIOTENSIN RECEPTOR BLOCKER		AVAPRO ¹ BENICAR TABS ¹ DIOVAN ¹ LOSARTAN ¹ MICARDIS TABS ¹	8 8 8 8 8	ATACAND TABS COZAAR EDARBI TEVETEN TABS TRIBENZOR ²	Use PA Form# 20420 1. Preferred products only available without PA if patient on diabetic therapy or prior ACE therapy. 2. Use preferred active ingredients which are available without PA.
DIRECT RENIN INHIBITOR				AMTURNIDE TEKTURNA ¹ TEKAMLO	1. Must show failure of single and combination therapy from all preferred antihypertensive categories.

ANTIHYPERTENSIVES - CENTRAL	CATAPRES-TTS CLONIDINE HCL TABS GUANFACINE HCL TABS HYDRALAZINE HCL TABS HYLOREL TABS METHYLDOPA TABS MINOXIDIL TABS PRAZOSIN HCL CAPS RESERPINE TABS		CATAPRES TABS CLONIDINE TTS GUANABENZ ACETATE TABS ISMELIN TABS MINIPRESS CAPS NEXICLON TENEX TABS	Use PA Form# 20420.
ACE INHIBITORS AND CA CHANNEL BLOCKERS		8 8 9	LOTREL CAPS TARKA TBCR AMLODIPINE/BENAZEPRIL	Use individual preferred generic medications. Use PA Form# 20420.
ACE AND THIAZIDE COMBO'S	BENAZEPRIL HCL/HYDROCHLOR CAPTOPRIL/HYDROCHLOROTHIA ENALAPRIL MALEATE/HCTZ TABS LISINOPRIL-HCTZ TABS LOTENSIN HCT TABS		ACCURETIC TABS MONOPRIL HCT TABS PRINZIDE TABS UNIRETIC TABS VASERETIC TABS ZESTORETIC TABS	Use PA Form# 20420.
BETA BLOCKERS AND DIURETIC COMBO'S	ATENOLOL/CHLORTHALIDONE BISOPROLOL FUMARATE/HCTZ PROPRANOLOL/HCTZ		CORZIDE TABS LOPRESSOR HCT TABS TENORETIC TIMOLIDE 10/25 TABS ZIAC TABS	Use PA Form# 20420.
ARB'S AND CA CHANNEL BLOCKERS	EXFORGE ¹ EXFORGE HCT ¹		AZOR TWINSTA	1. Preferred products only available without PA if patient on diabetic therapy or prior ACE therapy. Use PA Form# 20420.
ARB'S AND DIURETICS	AVALIDE TABS ¹ BENICAR HCT ¹ DIOVAN HCT TABS ¹ LOSARTAN HCT ¹ MICARDIS HCT TABS ¹		ATACAND HCT TABS HYZAAR TABS TEVETEN HCT TABS	1. Preferred products only available without PA if patient on diabetic therapy or prior ACE therapy. Use PA Form# 20420.
ARB'S AND DIRECT RENIN INHIBITOR COMBINATION	VALTURNA			Use PA Form# 20420.
DIURETICS	ACETAZOLAMIDE TABS BUMETANIDE CHLOROTHIAZIDE TABS CHLORTHALIDONE TABS EDECIN TABS FUROSEMIDE HYDROCHLOROTHIAZIDE INDAPAMIDE TABS METHAZOLAMIDE TABS METHYLCLOTHIAZIDE TABS SPIRONOLACTONE 25MG TABS SPIRONOLACTONE/HYDRO TORSEMIDE TABS TRIAMTERENE/HCTZ ZAROXOLYN TABS		ALDACTAZIDE TABS ALDACTONE TABS AMILORIDE HCL BUMEX TABS DEMADEX TABS DIAMOX DIURIL DYAZIDE CAPS ENDURON TABS INSPRA LASIX TABS MAXZIDE MICROZIDE CAPS MIDAMOR TABS NAQUA TABS SPIRONOLACTONE 50MG ¹	1. Multiples of Spironolactone 25 mg are cheaper than 50 mg strength. Inspra will be approved for severe breast tenderness and male gynecomastia. Use PA Form# 20420.
CCB / LIPID			CADUET	
LIPID DRUGS				
CHOLESTEROL - BILE SEQUESTRANTS	CHOLESTYRAMINE COLESTIPOL HCl		COLESTID PREVALITE QUESTRAN WELCHOL TABS	Use PA Form# 20420.
CHOLESTEROL - FIBRIC ACID DERIVATIVES	GEMFIBROZIL TABS NIASPAN TRICOR TRILIPIX		ANTARA LOPID FIBRICOR LIPOFEN LOFIBRA FENOFIBRATE TRIGLIDE	Use PA Form# 20420.
CHOLESTEROL - HGM COA + ABSORB INHIBITORS MORE POTENT DRUGS/COMBINATIONS	LIPITOR SIMVASTATIN ¹		CRESTOR VYTORIN ² ZOCOR SIMVASTATIN 80MG ³	1. Dosing limits apply, please see dosage consolidation list. 2. Only available if component ingredients are unavailable. 3. Current users grandfathered. Use PA Form# 20420.
CHOLESTEROL - HGM COA + ABSORB INHIBITORS LESS POTENT DRUGS/COMBINATIONS	LESCOL CAPS LESCOL XL TB24 LOVASTATIN TABS ² PRAVASTATIN ²	8 8 8 8 8	ALTOPREV TB24 LIVALO MEVACOR TABS PRAVACHOL TABS PRAVIGARD ZETIA TABS ¹	1. Zetia available w/out PA as addition to Lipitor 80mg. Zetia will also be approved with a PA as add on for patients at maximally tolerated doses of statins. 2. Dosing limits apply, please see dosage consolidation list. Use PA Form# 20420.
CHOLESTEROL - HGM COA + ABSORB INHIBITORS STATIN/ NIACIN COMBO	SIMCOR		ADVICOR TBCR	Use PA Form# 20420.
PULMONARY ANTI-HYPERTENSIVES				
PULMONARY ANTI-HYPERTENSIVES	ADCIRCA ¹ VENTAVIS ² EPOPROSTENOL INJ ⁴		FLOLAN REMODULIN ³ REVATIO ¹	1. See Criteria Section. 2. See Criteria Section. 3. There will be dosing limits of one 20ml multidose vial/ 30 days supply without pa. 4. PA is required to establish and confirm who group 1 diagnosis of primary PAH (Primary Pulmonary Hypertension) and NYHA functional class 3 & 4. Use PA Form# 20420.

ERA / ENDOTHELIN RECEPTOR ANTAGONIST	LETAIRIS ^{1,2}		TRACLEER ^{3,4}	<p>1. Providers must be registered with LEAP Prescribing program, a restricted distribution program.</p> <p>2. Clinical PA is required to establish diagnosis and medical necessity.</p> <p>3. 1. Prior trial of Letaris, WHO Group 1 diagnosis of PAH (Primary Pulmonary Hypertension) and NYHA functional class of 3.</p> <p>4. For members with NYHA functional class of 4, Tracleer approval will be allowed with confirmation of diagnosis and functional class.</p> <p>Use PA Form# 20420</p>
IMPOTENCE AGENTS				
IMPOTENCE AGENTS				As of January 1, 2006, per CMS (federal govt.), impotence agents are no longer covered.
ANTI-EMETOGENICS				
ANTIEMETIC - ANTICHOLINERGIC / DOPAMINERGIC	MECLIZINE HCL TABS PROMETHAZINE SUPP PROMETHAZINE TRANSDERM-SCOP PT72		ANTIVERT TABS PHENERGAN SOLN PROMETHAZINE 50MG SUPP PROMETHEGAN SUPP TORECAN TABS	Use PA Form# 20420
ANTIEMETIC - 5-HT3 RECEPTOR ANTAGONISTS/ SUBSTANCE P NEUROKININ	MARINOL CAPS ONDANSETRON TABS ^{2,4} ONDANSETRON ODT TBDP ^{2,4} ONDANSETRON INJ ^{2,4}	5 8 8 8 8 8 8 8 8 8 8	GRANISETRON ALOXI ANZEMET TABS CESAMET ¹ EMEND ³ KYTRIL SANCUSO ZOFRAN ODT TBDP ⁴ ZOFRAN TABS ⁴ ZOFRAN INJ ⁴ ZUPLLENZ	<p>1. Approvals will require diagnosis of chemo-induced nausea/vomiting and failed trials of all preferred anti-emetics, including 5-HT3 class (Ondansetron) and Marinol.</p> <p>2. Ondansetron will be preferred with CA diag and dosing limits still apply.</p> <p>3. Clinical PA is required for members on highly emetic anti-neoplastic agents.</p> <p>4. Dosing limits apply, please see Dosage Consolidation List</p> <p>Use PA Form# 20610 for Ondansetron requests</p> <p>Use PA Form# 20420 for all others</p>
NON-SEDATING ANTIHISTAMINES / DECONGESTANTS				
ANTI-HISTAMINES - NON-SEDATING	ALAVERT TABS CETIRIZINE TABS CLARITIN (OTC) CLARITIN SYRP (OTC) LORATADINE TAVIST ND (OTC)	5 5 5 5 5 8 8 8 8	CLARINEX TABS ¹ CLARINEX SYR ^{1,2} FEXOFENADINE ¹ ZYRTEC ¹ ZYRTEC SYR ^{1,2} ALLEGRA ³ CLARITIN ³ LORATADINE ODT ⁴ XYZAL ³	<p>1. Must fail preferred drugs, OTC loratidine and cetirizine before moving to non-preferred step order drugs.</p> <p>2. Clarinex and Zyrtec syrp <6 yr w/o PA.</p> <p>3. Must fail all step 5 drugs (Clarinex, Fexofenadine and Zyrtec) before moving to next step product.</p> <p>4. All OTC versions of loratidine ODT are now non-preferred.</p> <p>Pseudoephedrine is available with prescription.</p> <p>Use PA Form# 20530</p>
ANTI-HISTAMINES - OTHER	CLEMASTINE CHLORPHENIRAMINE DIPHENHYDRAMINE			Use PA Form# 20530
ALLERGY / ASTHMA THERAPIES				
ANTI-ASTHMATIC - ANTICHOLINERGICS - INHALER	SPIRIVA ^{1,2}			<p>Use PA Form# 20420</p> <p>1. Quantity limit of 1 inhalation daily (1 capsule for inhalation daily) Spiriva will require PA if Combivent or Atrovent nebulizer solution is in member's current drug profile.</p> <p>2. We ask physicians to write "asthma" on the prescription whenever Spiriva is primarily being used for that condition.</p>
ANTI-ASTHMATIC - PHOSPHODIESTERASE 4 INHIBITORS			DALIRESP	Use PA Form# 20420
ANTI-ASTHMATIC - ANTICHOLINERGICS - NEBULIZER	IPRATROPIUM BROMIDE SOLN		ATROVENT SOLN	Use PA Form# 20420
ANTI-ASTHMATIC - ANTI-INFLAMMATORY AGENTS	CROMOLYN SODIUM NEBU		XOLAIR ¹	<p>1. Need max inhaled steroids and written by pulmonary or allergy specialist.</p> <p>Use PA Form# 20420</p>
ANTI-ASTHMATIC - NASAL STEROIDS	FLUTICASONE SPR ³ NASONEX SUSP ³	5 5 8 8 8 8 8 8 8 8 8 9	BECONASE AQ INHA ^{1,3} NASACORT AQ AERS ^{1,3} FLONASE SUSP ^{2,3} FLUNISOLIDE SOLN ^{2,3} NASACORT AERS ^{2,3} OMNARIS SPR ² RHINOCORT AERO ^{2,3} RHINOCORT AQUA SUSP ^{2,3} TRI-NASAL SOLN ^{2,3} VANCENASE POCKETHALER AERS ^{2,3} VERAMYST ^{2,3} TRIAMCINOLONE NS	<p>Use PA Form# 20420</p> <p>1. All preferred drugs must be tried before moving to non preferred steps.</p> <p>2. All step 5 medications need to be tried before moving to step 8's.</p> <p>3. Dosing limits apply to whole category, please see dosage consolidation list.</p>
ANTI-ASTHMATIC - NASAL MISC.	CROMOLYN NASAL 4% NASALCROM OCEAN 0.65% SALINE NASAL SPRAY 0.65%	7 7 7 8	ATROVENT NASAL SOL IPRATROPIUM NASAL SOL ¹ ASTELIN ASTEPRO ²	<p>Use PA Form# 20420</p> <p>1. Ipratropium will be approved if submitted with documentation supporting use of CPAP machine.</p>

				2. Utilize Multiple preferred, as well as step therapy Astelin.
ANTIASTHMATIC - BETA - ADRENERGICS	ALBUTEROL NEB MAXAIR METAPROTERENOL PROAIR HFA ³ PROVENTIL HFA SEREVENT TERBUTALINE SULFATE TABS VENTOLIN HFA AERS ³		ACCUNEB NEBU ALBUTEROL AER ALBUTEROL HFA ALBUTEROL 0.63mg/3ml ARCAPTA BRETHINE FORADIL AEROLIZER CAPS VENTOLIN AERS VOLMAX TBCR VOSPIRE ER TB12 XOPENEX HFA ³ XOPENEX NEBU ^{1,2}	1. Xopenex users w/ prior asthma hospitalization due to albuterol nebulizer failure will be grandfathered. 2. Quantity Limit: 12 cc/day. 3. Dosing limits apply, please see dosage consolidation list. Use PA Form# 20420
ANTIASTHMATIC - ADRENERGIC COMBINATIONS	ADVAIR DISKUS/HFA ^{1,2} DULERA SYMBICORT ²			1. We ask physicians to write "asthma" on the prescription whenever Advair is primarily being used for that condition. 2. Dosing limits apply, please see dosage consolidation list. Use PA Form# 20420
ANTIASTHMATIC - ADRENERGIC ANTICHOLINERGIC	ALBUTEROL/IPRATROPIUM NEB. SOLN COMBIVENT AERO ²		DUONEB SOLN ¹	1. Please use preferred individual ingredients Albuterol and Ipratropium. 2. We ask physicians to write "asthma" on the prescription whenever Combivent is primarily being used for that condition. Use PA Form# 20420
ANTIASTHMATIC - XANTHINES	AMINOPHYLLINE TABS THEOCHRON TB12 THEOLAIR-SR TB12 THEOPHYLLINE CR TB12 THEOPHYLLINE ELIX THEOPHYLLINE SOLN THEOPHYLLINE ER CP12 THEOPHYLLINE ER TB12		THEO-24 CP24 THEOLAIR TABS UNIPHYL TBCR	Use PA Form# 20420
ANTIASTHMATIC - STEROID INHALANTS	ASMANEX ⁴ FLOVENT DISKUS ⁴ FLOVENT HFA ⁴ PULMICORT SUSP ^{1,4} QVAR AERS ⁴	5 5 5 8 8 8 8	AEROBID AERS ^{2,4} BECLOVENT AERS ^{2,4} VANCERIL AERS ^{2,4} AEROBID-M AERS ^{3,4} ALVESCO ⁴ VANCERIL DOUBLE STRENGTH AERS ^{3,4} PULMICORT FLEXHALER ⁴	1. No PA for Pulmicort susp if under 8 years old. 2. All preferreds must be tried before moving to non preferred steps. 3. All step 5 medications need to be tried before moving to step 8's. 4. Dosing limits apply to whole category, please see dosage consolidation list. Use PA Form# 20420
ANTIASTHMATIC - 5-Lipoxygenase Inhibitors			ZYFLO CR TABS	Use PA Form# 20420
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	SINGULAIR		ACCOLATE TABS	Use PA Form# 20420
ANTIASTHMATIC - ALPHA-PROTEINASE INHIBITOR		8 8 9 9	ARALAST ZEMAIRA GLASSIA PROLASTIN SUSR	Use PA Form# 20420
ANTIASTHMATIC - HYDROLYTIC ENZYMES			PULMOZYME SOLN	Use PA Form# 20420
ANTIASTHMATIC - MUCOLYTICS	ACETYLCYSTEINE ¹		MUCOMYST	1. Acetylcysteine is covered with diagnosis of CF. Use PA Form# 20420
COUGH/COLD				
COUGH/COLD	DEXTRO-GUAIF SYRP ¹ GUAIFENESIN SYRP ¹ PSEUDOEPHEDRINE ¹ ROBITUSSIN DM SYRP ¹ ROBITUSSIN SUGAR FREE SYRP ¹			1. All of cough cold preparations are not covered except these preferred products. Use PA Form# 20420
DIGESTIVE AIDS / ASSORTED GI				
GI - ANTIPERISTALTIC AGENTS	DIPHENOXYLATE DIPHENOXYLATE/ATROPINE LOPERAMIDE HCL CAPS/LIQ OPIUM TINCTURE TINC PAREGORIC TINC		LOFENE TABS LONOX TABS MOTOFEN TABS	Use PA Form# 20420
GI - ANTI-DIARRHEAL/ANTACID - MISC.	ATROPINE SULFATE SOLN BENTYL SYRP BISMATROL BISMUTH SUBSALICYLATE CALCIUM CARBONATE (ANTACID) CHEW DICYCLOMINE HCL GLYCOPYRROLATE TABS HAPONAL TABS HYOSCYAMINE CAPS & TABS HYOSCYAMINE SULFATE KAOPECTATE MAGNESIUM OXIDE TABS MAG-OX 400 TABS PAMINE TABS PROPANTHELINE BROMIDE TABS SAL-TROPINE TABS SCOPOLAMINE HYDROBROMIDE SODIUM BICARBONATE TABS TUMS		BELLADONNA ALKALOIDS & OP BENTYL TABS CUVPOSA GLYCOPYRROLATE INJ HYOSCYAMINE SL LEVBID TB12 LEVSIN ELIX LEVSIN TABS LEVSIN/SL SUBL NULEV TBDP ROBINUL INJ ROBINUL TABS	Use PA Form# 20420
GI - H2-ANTAGONISTS	CIMETIDINE FAMOTIDINE RANITIDINE RANITIDINE SYRP ACID REDUCER TABS		AXID CAPS AXID AR TABS NIZATIDINE CAPS PEPCID PEPCID AC ZANTAC SYRP	Use PA Form# 20420

			ZANTAC TABS	
GI - PROTON PUMP INHIBITOR	DEXILANT (KAPIDEX) ² OMEPRazole 20MG ² PANTOPRAZOLE	6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 9	PRILOSEC OTC ⁴ ACIPHEX TBEC ⁴ PREVACID CPDR ^{4,5} PREVACID SOLUTABS ¹ NEXIUM CPDR ⁴ PRILOSEC CPDR PROTONIX INJ PROTONIX ² OMEPRazole 10MG ² OMEPRazole-SODIUM BICARBONATE CAPS LANSOPRAZOLE OMEPRazole 40MG ³	1. Prevacid Solutabs available without PA for children less than 9 years old. 2. Dosing limits apply, please see dosage consolidation list. 3. Please use multiple 20mg Capsules to obtain required dose. 4. All preferreds and step therapy must be tried and failed. 5. Established users prior to 10/1/09 may continue to obtain Prevacid until 12/31/09. Use PA Form# 20720
GI - ULCER ANTI-INFECTIVE			HELIDAC PREVPAC	Use PA Form# 20420
GI - PROSTAGLANDINS	MISOPROSTOL TABS		CYTOTEC TABS	Use PA Form# 20420
GI - DIGESTIVE ENZYMES	CREON ¹ LACTASE CHEW LACTASE TAB ZENPEP ¹		LACTRASE CAPS LIPRAM LIPRAM CR KU-ZYME CAPS PANCREASE PANOKASE TABS TRIPASE	Use PA Form# 20420 1. Clinical PA is required to establish CF diagnosis and medical necessity. In all cases except cystic fibrosis patients, objective evidence of pancreatic insufficiency (fat malabsorption test etc...) must be supplied.
GI - ANTI - FLATULENTS / GI STIMULANTS	CALULOSE SYRP CONSTULOSE SYRP ENULOSE SYRP ¹ GASTROCROM CONC GENERLAC SYRP ¹ LACTULOSE SYRP ¹ METOCLOPRAMIDE HCL SIMETHICONE		AMITIZA ² CEPHULAC SYRP INFANTS GAS RELIEF SUSP REGLAN TABS	1. Diag codes no longer necessary for preferred products. Lactulose has 60cc/day QL Use PA Form# 20420 2. Prior failed trials of multiple other preferred GI agents must occur first, Such as OTC senna, docusate, lactulose, polyethylene glycol.
GI - INFLAMMATORY BOWEL AGENTS	ASACOL TBEC 400 APRISO AZULFIDINE TABS CANASA SUPP COLAZAL CAPS DIPENTUM CAPS PENTASA CPCR 250MG ROWASA ENEM SULFAZINE EC TBEC SULFASALAZINE TABS		ASACOL 800MG HD AZULFIDINE EN-TABS TBEC BALSALAZIDE LIALDA TABS ¹ PENTASA 500MG ² SFROWASA	Use PA Form# 20420 1. Current users grandfathered. 2. Use multiple Pentasa 250mg.
GI - IRRITABLE BOWEL SYNDROME AGENTS			LOTROXEX TABS	Use PA Form# 20420
MISCELLANEOUS GI				
GI - MISC.	BISAC-EVAC SUPP BISACODYL BISCOLAX SUPP CINOBAC CAPS CITRATE OF MAGNESIA SOLN CITRUCCEL DIOCTO SYRP DOCUSATE CALCIUM CAPS DOCUSATE SODIUM FIBER LAXATIVE TABS FLEET GENFIBER POWD GLYCERIN HIPREX TABS KRISTALOSE PACK MAALOX METAMUCIL MILK OF MAGNESIA SUSP MINERAL OIL OIL NULYTELY SOLR SENNA SENOKOT GRAN SENOKOT SYRP SENOKOT CHILDRENS SYRP SENOKOT XTRA TABS SORBITOL STOOL SOFTENER CAPS SUCRALFATE TABS UNI-EASE CAPS UNIFIBER POWD URSO FORTE URSODIOL		ACTIGALL CAPS BENEFIBER CARAFATE CLEARLAX POW COLACE CAPS COLYTE DIOCTO-C SYRP DOC SOD /CAS CAP DOC-Q-LAX CAPS DOCUSATE SODIUM/CAS CAPS DOK PLUS DULCOLAX SUPP FIBER CON TABS FIBER-LAX TABS GOLYTELY SOLR MALTSUPEX MIRALAX PACK (OTC versions) MIRALAX POWD (OTC versions) PEG 3350/ELECTROLYTES SOLR SENOXON TABS SENOKOT TABS SENOKOT S TABS STOOL SOFTENER PLUS CAPS UNI-CENNA TABS UNI-EASE PLUS CAPS V-R NATURAL SENNA LAXATIV TABS URSO 250	1. Must show evidence of trials of preferred agents that do not require PA, such as OTC senna, docusate, mineral oil and prescription lactulose. Use PA Form# 20420
MISC. UROLOGICAL				
UROLOGICAL - MISC.	ACETIC ACID 0.25% SOLN CYTRA-K SOLN FURADANTIN SUSP K-PHOS MF TABS METHENAMINE MANDELATE TABS MONUROL PACK NEOSPORIN GU IRRIGANT SOLN NITROFURANTOIN MACR CAPS NITROFURANTOIN MACR SUSP PHENAZOPYRIDINE HCL TABS PHENAZOPYRIDINE PLUS PROSED/DS TABS TRICITRATES SYRP URELIEF PLUS		CITRIC ACID/SODIUM CITRAT SOLN CYTRA-2 SOLN ELMIRON CAPS ¹ MACROBID CAPS MACRODANTIN CAPS POTASSIUM CITRATE/CITRIC SOLN PYRIDIUM PLUS TABS PYRIDIUM TABS RENACIDIN SOLN	1. Elmiron requires adequate proof of Dx with supportive testing. Use PA Form# 20420

		8 ZOLOFT 8 VENLAFAXINE TABS ⁹ 8 VENLAFAXINE ER TABS ⁹ 8 VIBRYD FLUOXETINE 90mg TABS ¹²	8. Dosing limits allowing 2 tabs/day and a max daily limit of 200mg / day applies. Please see dose consolidation list. 9. Dosing limits and max daily dose applies. Limit of 1 tab per day of 37.5mg, 75mg, and 225mg will be allowed without pa, along with limits of 2 tabs per day of the 150mg strength. Max daily dose allowed is 375mg. 10. Use venlafaxine ER tabs. 11. Established users are grandfathered. 12. Non-preferred products must be used in specified step order. Use PA Form# 20420
ANTIDEPRESSANTS - TRI-CYCLICS	AMITRIPTYLINE HCL TABS ¹ CLOMIPRAMINE HCL CAPS ¹ DESIPRAMINE HCL TABS ¹ DOXEPIN HCL ¹ IMIPRAMINE HCL TABS ¹ NORTRIPTYLINE HCL ¹ PROTRIPTYLINE HCL TABS ¹ SURMONTIL CAPS ¹	AMOXAPINE TABS ANAFRANIL CAPS DOXEPIN HCL 150 MG ² NORPRAMIN TABS PAMELOR TOFRANIL VIVACTIL TABS	1. Users over the age of 65 require a pa. 2. Use multiples of 50mg. Use PA Form# 20420 Use PA Form# 10220 for Brand Name requests
SEDATIVE / HYPNOTICS			
SEDATIVE/HYPNOTICS - BARBITURATE	BUTISOL SODIUM TABS ¹ CHLORAL HYDRATE SYRP ¹ MEBARAL TABS ¹ PHENOBARBITAL ¹	LUMINAL SOLN SOMNOTE CAPS	1. PA required for new users of preferred products if over 65 years. Use PA Form# 20420
SEDATIVE/HYPNOTICS - BENZODIAZEPINES	DORAL TABS ¹ ESTAZOLAM TABS ¹ FLURAZEPAM HCL CAPS ¹ TEMAZEPAM CAPS 15 & 30MG ¹ TRIAZOLAM TABS ¹	HALCION TABS ¹ MIDAZOLAM HCL SYRP RESTORIL CAPS ¹ TEMAZEPAM 7.5MG ¹	1. Dosing limits apply, please see dosing consolidation list. Use PA Form# 30110
SEDATIVE/HYPNOTICS - Non-Benzodiazepines	1 MIRTAZAPINE 1 TRAZODONE 1 ZOLPIDEM ² 2 ZALEPLON ^{2,3}	7 AMBIEN ¹ 8 AMBIEN CR ¹ 8 EDLUAR 8 LUNESTA ¹ 8 SONATA CAPS ¹ 8 ROZEREM 8 ZOLPIMIST	1. Quantity Limit of 12 per 34 days. 2. Quantity limits will be allowed up to 30/30, but intermittent therapy is recommended. 3. Only zolpidem trial/failure will be required to obtain Zaleplon. 4. Must fail all preferred products before non-preferred Use PA Form# 30110
ANTI-PSYCHOTICS			
ANTIPSYCHOTICS - ATYPICALS	ABILIFY TABS ^{3,4} GEODON ⁴ RISPERIDONE TAB ⁴ RISPERIDONE SOLN ⁴ ZYPREXA TABS ⁴ QUETIAPINE ⁴	8 ABILIFY DISC TAB, INJ and SOL ² 8 FANAPT 8 INVEGA 8 INVEGA SUSTENNA 8 LATUDA ⁶ 8 RISPERDAL TAB 8 RISPERDAL CONSA ² 8 RISPERDAL M TAB ² 8 RISPERDAL SOLN 8 RISPERIDONE ODT 8 SAPHRIS 8 SEROQUEL 50MG TABS ^{1,2} 8 ZYPREXA ZYDIS TBP ² 8 ZYPREXA RELPREVV 8 SEROQUEL TABS 9 SEROQUEL XR ⁵	If prescribing 2 or more antipsychotics, PA will be required for both drugs, except if one is Clozapine. This also includes combination of Seroquel with Seroquel XR. Use PA form# 20440 for Multiple Antipsychotic requests Use PA form# 10130 for non-preferred single therapy atypical requests 1. Please use multiple 25mg tablets. 2. Established users of single therapy atypicals were grandfathered. 3. Abilify requires splitting of tab to avoid PA. Please see Abilify splitting table. 4. Prior Authorization will be required for preferred medications for members under the age of 5. 5. Product is considered line extension of the original product due to Healthcare Reform (HCR). MaineCare will consider these medications non-preferred and a step 9 because of the impact under the Federal Rebate Program in conjunction with HCR. 6. Dosing limits apply, please see dosing consolidation list. 7. Dosing limits apply: quetiapine 25mg, 50mg and 100mg are available without PA if daily dosage is less than 1.5 tablets
ANTIPSYCHOTICS - SPECIAL ATYPICALS	CLOZAPINE TABS	CLOZARIL TABS FAZACLO	Use PA Form# 20420
ANTIPSYCHOTICS - TYPICAL	CHLORPROMAZINE HCL FLUPHENAZINE DECANOATE FLUPHENAZINE HCL HALDOL HALOPERIDOL HALOPERIDOL DECANOATE SOLN HALOPERIDOL LACTATE SOLN LOXAPINE SUCCINATE CAPS LOXITANE-C CONC MOBAN TABS PERPHENAZINE PROCHLORPERAZINE SERENTIL THIORIDAZINE HCL THIOTHIXENE TRIFLUOPERAZINE HCL TABS	COMPAZINE COMPRO SUPP HALDOL DECANOATE LOXITANE CAPS MELLARIL NAVANE CAPS PROLIXIN STELAZINE TABS	Use PA Form# 20420 If prescribing 2 or more antipsychotics, PA will be required for both drugs, except if one is Clozapine.
LITHIUM			

LITHIUM	LITHIUM CARBONATE LITHIUM CITRATE SYRP		ESKALITH CAPS ESKALITH CR TBCR	Use PA Form# 20420.
COMBINATION - PSYCHOTHERAPEUTIC				
PSYCHOTHERAPEUTIC COMBINATION	CHLORDIAZEPOXIDE/AMITRIPT PERPHENAZINE/AMITRIPTYLIN	8	SYMBYAX ¹	1. Only available if component ingredients are unavailable. Use PA Form# 20420.
STIMULANTS				
STIMULANT - AMPHETAMINES SHORT ACTING	ADDERALL TABS ¹ AMPHETAMINE SALT COMBO ^{1,3} DEXTROAMPHET SULF TABS ^{1,3} DEXEDRINE ^{1,3} DEXTROSTAT TABS ¹			1. Preferred stimulants will be available without PA if diagnosis of ADHD. 2. As per recent FDA alert, Adderall & Dexedrine should not be used in patients with underlying heart defects since they may be at increased risk for sudden death. 3. Dosing limits apply, please see dosing consolidation list. Use PA Form# 20420.
STIMULANT - LONG ACTING AMPHETAMINES SALT	VYVANSE ^{2,3,4}	8 9	ADDERALL XR CP24 ^{1,3,4} AMPHETAMINE/DEXTROAMPHET ER	Use PA Form# 20420. 1. 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. 2. FDA approval is currently for adults and children 6 or older. Will be available without PA for this age group if within dosing limits. Limit of one capsule daily. Max dose of 70MG daily. 3. Preferred stimulants will be available without PA if diagnosis of ADHD. 4. Dosing limits apply, please see dosing consolidation list.
LONG ACTING AMPHETAMINES	DEXEDRINE CAP CR ^{1,2,3}		DEXTROAMPHET SULF CPCR ³	1. Preferred stimulants will be available without PA if diagnosis of ADHD. 2. As per recent FDA alert, Adderall & Dexedrine should not be used in patients with underlying heart defects since they may be at increased risk for sudden death. 3. Dosing limits apply, please see dosing consolidation list. Use PA Form# 20420.
STIMULANT - METHYLPHENIDATE	FOCALIN TABS ^{1,2} METADATE ER TBCR ^{1,2} METHYLIN ER TBCR ^{1,2} METHYLIN TABS ^{1,2} METHYLIN SOL ¹ METHYLPHENIDATE HCL ^{1,2}		METHYLIN CHEWABLES RITALIN	1. Preferred stimulants will be available without PA if diagnosis of ADHD. Use PA Form# 20420. 2. Dosing limits apply, please see dosing consolidation list. Maximum daily doses are as follows: 72mg daily for methylphenidate and 36mg daily for dexmethylphenidate.
STIMULANT - METHYLPHENIDATE - LONG ACTING	DAYTRANA ⁴ FOCALIN XR ¹ METHYLPHENIDATE ER ¹	5 8 8	METADATE CD CPCR CONCERTA TBCR RITALIN LA ²	1. Preferred stimulants will be available without PA if diagnosis of ADHD. 2. Non-preferred products must be used in specified step order. 4. FDA approval currently only for ages 6-16. Limit of one patch daily. Max dose of 30MG daily. Use PA Form# 20420.
STIMULANT - STIMULANT LIKE	INTUNIV	7 8 8 8 8 9 9 9	STRATTERA ^{1,2} CAFCIT SOLN ³ INTUNIV ^{3,4} KAPVAY PROVIGIL TABS ³ NUVIGIL ³ DESOXYN TABS ³ DESOXYN CR ³	1. Failure of both an amphetamine and methylphenidate is required for consideration for approval of Strattera, unless history of substance abuse without current use of abusable medication(s). Additionally, for patients >17 years of age, a trial of guanfacine is required before approval of Strattera. 2. Strattera currently has dosing limitations allowing one tablet per day for all strengths if obtain approval. Max daily dose of Strattera is 100mg. Please see dosing consolidation list. 3. Non-preferred products must be used in specified step order. 4. Please use generic Guanfacine. Use PA Form# 20710 for Provigil, Nuvigil and Xyrem Use PA Form# 20420 for all others
ANTI-CATALECTIC AGENTS				
PSYCHOTHERAPEUTIC AGENTS - MISC.			NUDEXTA XYREM SOL XENAZINE	Use PA Form# 20710 for Xyrem Use PA Form# 20710 for Xenazine
WEIGHT LOSS				
WEIGHT LOSS				No longer covered: PHENTERMINE, XENICAL, DIDREX, and MERIDIA
ALZHEIMER DISEASE				
ALZHEIMER - Cholinomimetics/Others	DONEPEZIL HYDROCHLORIDE TABS ¹ DONEPEZIL HYDROCHLORIDE ODT ¹ NAMENDA ¹	5 5 5 8 8 9	EXELON ² ARICEPT TABS ² ARICEPT ODT ² RAZADYNE ² RIVASTIGMINE TARTRATE CAPS ² COGNEX CAPS ²	1. PA is required to establish dementia diagnosis and baseline mental status score. 2. Must fail all preferred products before moving to non-preferred. Use PA Form# 20420.
SMOKING CESSATION				
NICOTINE PATCHES / TABLETS	CHANTIX ^{1,2,3} NICOTINE DIS PT24 ^{2,3}		NICODERM CO PT24 ³	Use PA Form# 20420. 1. Chantix is preferred without PA for up to 6 months of continuous use over lifetime.

				or continuous use once per mealtime.
				2. Preferred nicotine replacement therapy and Chantix will become non-preferred and will require PA if they are being used in combination together.
				3. Bupropion SR 150 mg is available without a prior authorization.
NICOTINE REPLACEMENT - OTHER	NICOTINE POLACRILEX GUM ²	5 8 8	COMMIT LOZENGES ^{1,3,4} NICOTROL INHALER ^{3,4} NICOTROL NASAL SPRAY ^{3,4} NICORETTE GUM	Use PA Form# 20420. 1. Will be available to patients unable to tolerate preferred products. 2. Preferred nicotine replacement therapy and Chantix will become non-preferred and will require PA if they are being used in combination together. 3. Must fail all preferred products from smoking cessation category (Nicoderm patch and nicotine gum) before moving to non-preferred. 4. Must use non-preferred products in specified step order.
ALCOHOL DETERRENENTS				
ALCOHOL DETERRENENTS	ANTABUSE TABS CAMPRAL ¹ DISULFIRAM TABS NALTREXONE HCL TABS			1. Should only be used in conjunction with formal structured outpatient detoxification program. Use PA Form# 20420.
MISCELLANEOUS ANALGESICS				
ANALGESICS - MISC.	ACETAMINOPHEN ASPIRIN ASPRIN/ APAP/ CAFF TAB BUTAL/ASA/CAFF BUTALBITAL COMPOUND BUTALBITAL/ACET TABS BUTALBITAL/APAP CAPS BUTALBITAL/APAP/CAFFEINE CHOLINE MAGNESIUM TRISALI DIFLUNISAL TABS EXCEDRIN SALSALATE TABS		AXOCET CAPS ESGIC-PLUS FIORICET TABS FIORINAL CAPS FIORTAL CAPS FORTABS TABS PHRENILIN TABS PHRENILIN FORTE CAPS TRILISATE LIQD TRILISATE TABS ZEBUTAL CAPS ZORPRIN TBCR	Use PA Form# 20420.
LONG ACTING NARCOTICS				
NARCOTICS - LONG ACTING	AVINZA FENTANYL PATCH ⁵ KADIAN ⁶ METHADONE METHADOSE MORPHINE SULFATE ER TB12	8 8 8 8 8 8 8 8 8 9 9	ABSTRAL BUTRANS ⁵ DURAGESIC PT72 ⁵ EMBEDA EXALGO MORPHINE SULFATE SUPP MS CONTIN TB12 ORAMORPH SR TB12 OXYCONTIN TB12 ^{1,4} OXYCODONE ER ^{3,7} OPANA ER ⁷	Use PA Form# 20510. 1. 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. 2. Established users are grandfathered. 3. Oxycodone ER allowed only 2 per day for all strengths except 80 mg, where 4 are allowed to achieve max total daily dose of 320mg. 4. Oxycontin 15mg, 30mg & 60mg are new strengths. Any PA request for the new strengths will be required to use combinations of strengths that have previously been available (including 10mg, 20mg, 40mg, & 80mg tablets) to obtain requested dose. 5. Dosing limits apply. Please see dose consolidation list. 6. Kadian 10mg, 80mg & 200mg are non-preferred. 7. Non-preferred products must be used in specific order.
NARCOTICS - SELECTED	TRAMADOL HCL TABS	8 8 8 8 8 8 8 8 9	BUPRENEX SOLN BUTORPHANOL NALBUPHINE HCL SOLN STADOL NS SOLN ULTRACET TABS ¹ ULTRAM TABS ULTRAM ER RYZOLT	Use PA Form# 20420. 1. Only available if component ingredients are unavailable.
MISCELLANEOUS NARCOTICS				
NARCOTICS - MISC.	ACETAMINOPHEN/CODEINE ASPIRIN/CODEINE TABS BUTAL/ASA/CAFF/COD CAPS BUTALBITAL/ASPIRIN/CAFFEI CAPS CAPITAL AND CODEINE SUSP ¹ CAPITAL/CODEINE SUSP ¹ CODEINE PHOSPHATE SOLN CODEINE SULFATE TABS ENDOCET TABS ³ ENDODAN TABS FENTANYL OT LOZ ¹ HYDROCODONE BITARTRATE/AP TABS HYDROCODONE/ACETAMINOPHEN HYDROMORPHONE HCL ³ MEPERIDINE HCL OXYCODONE 5MG OXYCODONE 15MG OXYCODONE 30MG OXYCODONE/ACETAMINOPHEN ^{2,3}	8 8	ASCOMP/CODEINE CAPS BUTALBITAL/APAP/CAFFEINE/ CAPS DEMEROL DILAUDID DILAUDID-HP SOLN FENTANYL CITRATE SOLN FENTORA FIORICET/CODEINE CAPS FIORINAL/CODEINE #3 CAPS FIORTAL/CODEINE CAPS HYDROCODONE/IBUPROFEN LORCET LORTAB MAXIDONE TABS NORCO TABS ONSOLIS OPANA OXYCODONE 10MG OXYCODONE 20MG	1. Fentanyl OT loz (Barr) and Capital and codeine suspension products require PA for users over 18 years of age. PA is not required if under 18 years of age. 2. Oxycodone/acet 10/650 is 8 times more expensive. Use twice as many of oxycod/acet 5/325 instead. You can mix andmatch preferred strengths of oxycodone and oxycodone/acet to minimize acet. dose similar to certain non-preferred drugs.

3. Preferred dosage form allowed without PA after trial of step 1 products is multi-dose vial, with dosing limits allowing 8 injections per 28 days without pa.

4. Established users will be grandfathered for Enbrel and Humira.

MISCELLANEOUS ARTHRITIS

ARTHRITIS - MISC.	RIDAURA CAPS MYOCHRYSLINE SOLN	ARTHROTEC ¹	1. The individual components of Arthrotec are available without PA. Use PA Form# 20420.
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LUPUS-SLE

LUPUS-SLE		BENLYSTA	Use PA Form# 20420.
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MIGRAINE THERAPIES

MIGRAINE - ERGOTAMINE DERIVATIVES	MIGRANAL SOLN SANSERT TABS	D.H.E. 45 SOLN	Use PA Form# 10110
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MIGRAINE - CARBOXYLIC ACID DERIVATIVES	DIVALPROEX ER TB24	DEPAKOTE ER TB24	Use PA Form# 10110
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MIGRAINE - SELECTIVE SEROTONIN AGONISTS (5HT)-- Tabs	MAXALT MLT ¹ NARATRIPTAN HCl TABS ¹ SUMATRIPTAN TABS ¹ MAXALT ¹	AMERGE TABS ^{1,2} AXERT TABS ^{1,2} FROVA TABS ^{1,2} IMITREX TABS ^{1,2} RELPAX ^{1,2} ZOMIG TABS ^{1,2} ZOMIG NASAL SPARY ^{1,2} ZOMIG ZMT TBP ^{1,2}	1. All drugs in this category have dosing limits. Please refer to dose consolidation table. 2. Must fail all preferred products before non-preferred. Use PA Form# 10110
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MIGRAINE - SELECTIVE SEROTONIN AGONISTS (5HT)-- Injectables	IMITREX KIT IMITREX SOLN IMITREX STATDOSE PEN KIT IMITREX STATDOSE REFILL KIT	SUMATRIPTAN SOLN	Use PA Form# 10110
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MIGRAINE - SELECTIVE SEROTONIN AGONISTS (5HT)-- Combinations		TREXIMET ^{1,2}	1. Dosing limits apply. Please see dose consolidation list. 2. Use preferred Sumatriptan and Naproxen separately. Treximet only available if component ingredients of sumatriptan and naproxen are unavailable. Use PA Form# 10110
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MIGRAINE - MISC.	CAFERGOT TABS SPASTRIN TABS	MIGRAZONE CAPS BELCOMP-PB SUPP MIGERGOT SUP	Use PA Form# 10110
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GOUT

GOUT	ALLOPURINOL TABS COLCHICINE TABS PROBENECID TABS PROBENECID/COLCHICINE TABS	COLCRYS ULORIC ¹ ZYLOPRIM TABS	Use PA Form# 20420. 1. Failure of therapeutic (300mg) dose of Allopurinol (failure define as not being able to get uric acid levels below 6mg/dl) or severe renal disease.
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MISC.

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

ANTICONVULSANTS	CARBAMAZEPINE CARBATROL CP12 CELONTIN CAPS CLONAZEPAM TABS DEPAKOTE SPRINKLES CPSP DIASTAT ¹ DILANTIN DIVALPROEX SODIUM EPITOL TABS ETHOSUXIMIDE SYRP FELBATOL GABAPENTIN ² LAMOTRIGINE ² LEVETIRACETAM SOLN/TABS MYSOLINE TABS OXCARBAZEPINE PHENYTEK CAPS PHENYTOIN TEGRETOL TOPIRAMATE TOPIRAMATE SPRINKLE CAPS ² TRILEPTAL SUSP VALPROIC ACID ZARONTIN CAPS ZONISAMIDE	8 BANZEL 8 DEPAKENE 8 DEPAKOTE 8 DEPAKOTE ER 8 DIAZEPAM GEL 8 DIVALPROEX SODIUM SPRINKLE CAPS 8 EQUETRO 8 HORIZANT 8 GRALISE 8 GABITRIL TABS 8 KEPPRA TABS 8 KEPPRA SOLN 8 KLONOPIN TABS 8 LAMICTAL 8 LYRICA ³ 8 ONFI 8 PRIMIDONE TABS 8 SABRIL 8 TOPAMAX 8 TOPAMAX SPRINKLE CAPS ² 8 TRILEPTAL 8 VIMPAT ⁴ 8 ZARONTIN SYRP 9 KEPPRA XR ^{5,6} 9 NEURONTIN 9 TEGRETOL-XR TB12 ^{5,6} 9 ZONEGRAN CAPS 9 LAMICTAL XR BIPOLAR DISORDER: STEP ORDER M - A 4 - 4 LAMICTAL 4 - 4 LITHIUM 4 - 4 CARBAMAZEPINE 4 - 4 VALPROATE 4 - 4 ATYPICAL ANTIPSYCHOTICS EXC. CLOZAPINE 5 - 5 TRILEPTAL 9 - 6 TOPAMAX 9 - 7 KEPPRA TABS 9 - 8 GABITRIL TABS 9 - 9 NEURONTIN	Use PA Form# 20420. All non-preferred meds must be used in specified order 1. Quantity limit. 5/month 2. Dosing limits apply, please see dose consolidation list. 3. Dosing limits apply per strength as well as a maximum daily dose of 600mg. Please see dose consolidation list. 4. Adjunctive therapy 17 and older. 5. Current users as of 7/30/10 for seizures will be grandfathered. 6. Product is considered line extension of the original product due to Healthcare Reform (HCR). MaineCare will consider these medications non-preferred and a step 9 because of the impact under the Federal Rebate Program in conjunction with HCR. SEE ANTICONVULSANT INDICATION CHART AT THE END OF THIS DOCUMENT M= Monotherapy A= Adjunctive 9= No Evidence The step orders show the relative strength of evidence for use in bi-polar and will guide prior authorization determinations. Step 4 drugs-no PA required.
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		9 - 9	ZONEGRAN CAPS	
			PEDIATRIC BIPOLAR1 DISORDER: STEP ORDER	
		M - A	(6-18 YEARS WITH OR WITHOUT PSYCHOSIS)	Two-step 1 preferred drugs must be tried before Trileptal.
		4 - 4	LITHIUM	The step orders show the relative strength of evidence for use in bi-polar and will guide prior authorization determinations.
		4 - 4	CARBAMAZEPINE	Step 4 drugs-no PA required.
		4 - 4	VALPROATE	
		4 - 4	ATYPICAL ANTIPSYCHOTICS EXC.CLOZAPINE	
		4 - 4	LAMICTAL	
		5 - 5	TRILEPTA	
ANTI-PARKINSON DRUGS				
PARKINSONS - ANTICHOLINERGICS	BENZTROPINE MESYLATE TABS COGENTIN SOLN TRIHENXYPHENIDYL			Use PA Form# 20420.
PARKINSONS - COMT INHIBITORS	COMTAN TABS		TASMAR TABS	Use PA Form# 20420.
PARKINSONS - SELECTED DOPAMIN AGONISTS	PRAMIPEXOLE ROPINIROLE	5 8 8 8	MIRAPEX TABS ¹ REQUIP TABS REQUIP XL TABS MIRAPEX ER	Use PA Form# 20420. 1. As of 12/08 users of Mirapex will be grandfathered if diagnosis is Parkinsons.
PARKINSONS - DOPAMINERGICS/CARBI/ LEVO	AMANTADINE HCL BROMOCRIPTINE MESYLATE CARBIDOPA/LEVODOPA TABS ³ CARBIDOPA/LEVODOPA ER LARODOPA TABS SELEGILINE HCL		APOKYN ² AZILECT ² ELDEPRYL CAPS LODOSYN TABS PARLODEL CAPS PARLODEL TABS SINEMET TABS SINEMET TBCR ZELAPAR ¹	1. Approvals will require concurrent therapy with Levodopa and failed trials of Selegiline, Comtan, and Stalevo. 2. Approvals will require trials of Carbidopa/Levodopa, Selegiline, Comtan, and Stalevo. 3. Only preferred manufacturer's products will be available without prior authorization. Use PA Form# 20420.
PARKINSONS - COMBO.	STALEVO			Use PA Form# 20420.
MUSCLE RELAXANTS				
ALS DRUG	RILUTEK TABS			Use PA Form# 20420.
MUSCLE RELAXANTS	BACLOFEN TABS CHLORZOXAZONE TABS CYCLOBENZAPRINE HCL TABS LIORESAL INTRATHECAL KIT METHOCARBAMOL TABS TIZANIDINE HCL TABS	7 8 8 8 8 8 8 8 9 9 9	ORPHENADRINE CITRATE AMRIX CARISOPRODOL TABS DANTRIUM CAPS LIORESAL TABS NORFLEX TBCR ROBAXIN-750 TABS ZANAFLEX TABS CYCLOBENZOPRINE ER SKELAXIN TABX SOMA TABS	Non-preferred drugs will not be approved if members circumventing MaineCare prior authorization requirements by paying (prescribers failed to submit prior authorization prior to cash narcotic scripts being filled by member). Non-preferred products must be used in specified step order. Use PA Form# 20420.
MUSCLE RELAXANT - COMBO.			CARISOPRODOL/ASPIRIN TABS CARISOPRODOL/ASPIRIN/CODE NORGESIC TABS ORPHENADRINE COMPOUND ORPHENADRINE/ASA/CAFF ORPHENGESIC	Use PA Form# 20420.
VITAMINS				
VITAMINS	ASCORBIC ACID TABS BIOTIN CYANOCOBALAMIN SOLN FOLIC ACID TABS FOLTX TABS MEPHYTON TABS NIACIN NIACOR TABS NICOTINIC ACID SR CPCP PYRIDOXINE HCL TABS SLO-NIACIN TBCR THIAMINE HCL SOLN VITAMIN B-1 TABS VITAMIN B-12 VITAMIN B-6 TABS VITAMIN C VITAMIN E CAPS VITAMIN E/D-ALPHA CAPS VITAMIN K1 SOLN V-R VITAMIN E CAPS		AQUASOL E SOLN AQUAVIT-E SOLN DHT SOLN NASCOBAL GEL	Use PA Form# 20420. Please refer to OTC list.
VITAMIN D's	CALCITRIOL CAPS ¹ VITAMIN D ZEMPLAR TABS		DRISDOL CAPS CALCIJEX HECTOROL (ORAL) HECTOROL (PARENTERAL) ROCALTROL ZEMPLAR INJ	1. Diagnosis of dialysis (renal failure) required. Use PA Form# 20420.
MISC MULTI-VITAMINS				
VITAMINS - MISC.	CENTRUM LIOD 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 DIALYVITE 1MG DIALYVITE 800MG FULL SPECTRUM B M.V.I.-12 INJ		ADEKS ADVANCED NATALCARE TABS AQUADEKS CENTRUM JR/EXTRA C CHEW CENTRUM PERFORMANCE TABS DALYVITE LIOD EMBEX 600 MISC IBERET MATERNA TABS MULTIRET FOLIC -500 TBCR NATAFORT TABS NATALCARE CFE 60 TABS ¹ NATALCARE GLOSS TABS ¹ NATALCARE PIC TABS ¹	1. Diag codes are no longer required on prenatal vitamins. Please refer to OTC list. Use PA Form# 20420.

MULTI-VIT/FLUORIDE
 NATALCARE RX TABS
 NEPHRONEX
 O-CAL PRENATAL
 ONE DAILY TABS
 ONE-DAILY MULTIVITAMINS
 ONE-TABLET-DAILY
 POLY-VIT/IRON/FLUORID SOLN
 POLY-VITAMIN/FLUORIDE SOLN
 POLY-VITAMINS/IRON SOLN
 PRENATAL 19 CHEW¹
 PRENATAL TABS¹
 PRENATAL FORMULA 3 TABS¹
 PRENATAL PLUS TABS¹
 PRENATAL PLUS NF TABS¹
 PRENATAL PLUS/27MG IRON¹
 PRENATAL PLUS/IRON TABS¹
 PRENATAL RX/BETA-CAROTENE¹
 RENA-VITE RX TABS
 RENAL CAPS
 RENAPHRO CAPS
 STRESS TAB NF TABS
 THERAPEUTIC-M TABS
 THERAVITE LIQD
 TRI-VITAMIN/FLUORIDE SOLN
 VITA CON FORTE CAPS
 VITAMIN B COMPLEX CAPS
 VITAPLEX PLUS TABS

NATALCARE PIC FORTE TABS¹
 NATALCARE PLUS TABS¹
 NATALCARE THREE TABS¹
 NATACHEW CHEW
 NATALFIRST TABS
 NATATAB RX TABS
 NEPHPLEX RX TABS
 NEPHROCAPS CAPS
 NEPHRO-VITE TABS
 NESTABS RX TABS
 NIFEREX
 OCUVITE TABS
 POLY-VI-FLOR SOLN
 POLY-VI-SOL SOLN
 POLY-VI-SOL/IRON SOLN
 POLY-VITAMIN DROPS SOLN
 PRECARE
 PREMESIS RX TABS
 PRENATABS CBF TABS¹
 PRENATAL CARE TABS¹
 PRENATAL MR 90 TBCR¹
 PRENATAL MTR/SELENIUM TABS¹
 PRENATAL OPTIMA ADVANCE TABS¹
 PRENATAL PC 40 TABS¹
 PRENATAL RX TABS¹
 PRENATE¹
 PRENATE ELITE¹
 PRIMACARE MISC
 PROTEGRA CAPS
 STUARTNATAL PLUS 3 TABS¹
 TRI-VI-SOL SOLN
 TRI-VI-SOL/IRON SOLN
 ULTRA NATALCARE TABS
 ULTRA-NATAL TABS¹
 VICON FORTE CAPS
 VINATAL FORTE TABS¹
 VINATE¹
 VINATE ADVANCED TABS¹

MISCELLANEOUS MINERALS

MINERALS

CALCARB
 CALCI-MIX CAPSULE CAPS
 CALCIQUID SYRP
 CALCITRATE/VITAMIN D TABS
 CALCIUM
 CALCIUM CARBONATE
 CALCIUM CITRATE TABS
 CALCIUM GLUCONATE TABS
 CALCIUM LACTATE TABS
 CALCIUM/MAGNESIUM TABS
CALCIUM/VITAMIN D TABS
 CALTRATE 600 TABS
 CHEWABLE CALCIUM CHEW
 CITRACAL TABS
 CITRACAL + D TABS
 CITRUS CALCIUM TABS
 CITRUS CALCIUM 1500 + D TABS
 MC/DEL
 EFFERVESCENT POTASSIUM TBEF
 FEOSTAT CHEW
 FERATAB TABS
 FER-GEN-SOL SOLN
 FER-IN-SOL SOLN
 FER-IRON SOLN
 FERRONATE TABS
 FERROUS SULFATE
 FLUOR-A-DAY CHEW
 FLUORIDE CHEW
 FLUORIDE SODIUM CHEW
 FLUORITAB CHEW
 HEMOCYTE TABS
 HM CALCIUM TABS
 K+ POTASSIUM PACK
 KAON ELIX
 KAON-CL-10 TBCR
 KCL 0.075%/D5W/NACL 0.2% SOLN
 K-EFFERVESCENT TBEF
 KLOR-CON
 KLOTRIX TBCR
 K-PHOS TABS
 K-VESCENT TBEF
 LURIDE CHEW
 MAGNESIUM GLUCONATE TABS
 MAGNESIUM SULFATE SOLN
 MAGTABS
 MICRO-K 8 MEG
 OS-CAL TABS
OS-CAL 500 + D TABS
 OYSCO
 OYST-CAL TABS
OYST-CAL D TABS
OYST-CAL/VITAMIN D TABS
 OYSTER CALCIUM TABS
 OYSTER SHELL
 PHARMA FLUR
 PHOSPHA 250 NEUTRAL TABS
 POTASSIUM BICARBONATE TBEF
 POTASSIUM CHLORIDE 8MEQ

ANEMAGEN
 CALCET TABS
CALCIUM 600-D TABS
 CALCIUM/VITAMIN D TABS
 CALTRATE 600 PLUS/VIT D TABS
 CALTRATE PLUS TABS
 CHROMAGEN
 CITRACAL PLUS TABS
 CONTRIN CAPS
 FEOGEN FORTE CAPS
 FEROCON CAPS
 FERREX 150 CAPS
 FERRO-SEQUELS TBCR
 FE-TINIC CAPS
 FE-TINIC 150 FORTE CAPS
 FLUOR-A-DAY SOLN
 K-DUR TBCR
 KLOR-CON PACK
 K-LYTE
 K-PHOS TABS NEUTRAL
 K-TABS TBCR
 K-VESCENT PACK
 MICRO-K 10 MEG CPCR
 NU-IRON 150 CAPS
OYSTER SHELL CALCIUM/VITA TABS
 POLY-IRON 150 CAPS
 POLYSACCHARIDE IRON CAPS
 POTASSIUM BICARB/CHLORIDE
 POTASSIUM CHLORIDE 10MEQ CAPS
 POTASSIUM CHLORIDE 8MEQ CAPS
 SLOW FE TBCR
 TUMS 500 CHEW
 VIACTIV CHEW

[Use PA Form# 20420.](#)
 Please refer to OTC list.

	POTASSIUM EFFERVESCENT SELENIUM TABS SLOW-MAG TBCR SODIUM FLUORIDE SSKI SOLN V-R CALCIUM V-R OYSTER SHELL CALCIUM ZINC SULFATE CAPS			
MISC. ELECTROLYTES/NUTRITIONALS				
ELECTROLYTES/ NUTRITIONALS	INTRALIPID EMUL ¹ P.T.E. -5 SOLN ¹ SEA-OMEGA CAPS ¹		BOOST ¹ CASEC POWD ¹ CHOICE DM LIQD ¹ DELIVER 2.0 LIQD ¹ ENFAMIL ¹ ENSURE ¹ GLUCERNA ¹ ISOCAL LIQD ¹ KINDERCAL TF LIQD ¹ KINDERCAL TF/FIBER LIQD ¹ L-CARNITINE CAPS ¹ LIPISORB LIQD ¹ LOVAZA ^{1,2} MODULEN IBD POWD ¹ NUTRAMIGEN POWD ¹ NUTREN ¹ NUTRITIONAL SUPPLEMENT LIQD ¹ NUTRIVENT 1.5 LIQD ¹ PEPTAMEN ¹ PHENYLADE ¹ PHENYL-FREE ¹ PKU 3 POWD ¹ PREGESTIMIL POWD ¹ PROBALANCE LIQD ¹ PROSOBEE ¹ SCANDISHAKE PACK ¹	1. This list of nutritionals is incomplete. All nutritionals still require a PA except for the miscellaneous products listed as preferred. SGA form required for nutritionals unless member has a G/I tube. 2. Formerly known as Omacor. Use PA Form# 20420 & SGA Form
ERYTHROPOEITINS				
ERYTHROPOEITINS	PROCRIT SOLN ¹	6 8	EPOGEN SOLN ARANESP SOLN	Use PA Form# 10520 1. Clinical PA is required to establish medical necessity and that appropriate lab monitoring is being done.
GRANULOCYTE CSF				
GRANULOCYTE CSF		8 8 9	LEUKINE NEUPOGEN SOLN ² NEULASTA ¹	1. Must be used in specified step order. 2. 10 day supply/month may be used without a PA. Use PA Form# 20520
ANTICOAGULANTS / PLATELET AGENTS				
ANTICOAGULANTS	ARIXTRA SOLN ¹ FRAGMIN INJ ¹ HEPARIN SODIUM/NACL 0.9% SOLN HEP-LOCK SOLN INNOHEP LOVENOX SOLN ¹ WARFARIN SODIUM TABS HEPARIN LOCK SOLN HEPARIN LOCK FLUSH SOLN HEPARIN SODIUM SOLN HEPARIN SODIUM LOCK FLUSH SOLN JANTOVEN		COUMADIN TABS ENOXAPARIN FONDAPARINUX IPRIVASK LOVENOX 300 ² PRADAXA ³ XARELTO	1. Arixtra, Fragmin and Lovenox therapy durations greater than 7 days require PA. 2. Use other strengths available to obtain desired dose. 3. Please refer to Pradaxa PA form for criteria Use PA Form# 20420 Use PA form#20725 for Pradaxa requests
ANTIHEMOPHILIC AGENTS	ALPHANATE ALPHANINE SD BENEFIX SOLR HELIXATE FS KIT HEMOPIL - M HUMATE-P SOLR KOGENATE FS KONYNE - 80 MONARC - M MONOCLATE - P MONONINE NOVOSEVEN SOLR PROFILNINE RECOMBINATE SOLR REFACTO		ADVATE ^{1,2}	1. Only if other products unavailable. 2. Advate may be available with PA in cases of large volume dosing in patients with poor venous access. Use PA Form# 20420
PLATELET AGGREGATION INHIBITORS	ASPIRIN DIPYRIDAMOLE TABS	7 8 8 8 8	TICLOPIDINE HCL TABS BRILINTA ¹ EFFIENT ² PERSANTINE TABS PLAVIX TABS ¹	Use PA Form# 20715 for Plavix & Effient Use PA form# 20420 for other requests 1. A special PA may be obtained at the pharmacy for members scheduled for "stent" placement or have had placement if in the last 12months. Please indicate on prescription date of stent placement.
PLATELET AGGR. INHIBITORS/ COMBO'S - MISC.	AGGRENOX CILOSTAZOL PENTOXIFYLLINE ER TBCR		AGRYLIN CAPS PLETAL TABS TRENTAL TBCR	Use PA Form# 20420
HEMATOLOGICALS				
MONOCLONAL ANTIBODY			SOLIRIS	Use PA Form# 20420
BRADYKININ B2 RECEPTOR ANTAGONIST			FIRAZYR	Use PA Form# 20420
HEMATOLOGICAL AGENTS- THROMBOPOIETIN RECEPTOR AGONISTS		7 8	PROMACTA NPLATE	Use PA Form# 20420
HEMOSTATIC				

HEMOSTATIC	AMICAR AMINOCAPROIC ACID			Use PA Form# 20420.
OPHTHALMICS				
OP. - ANTIBIOTICS	AK-SPORE OINT BACITRACIN OINT BACITRACIN/NEOMYCIN/POLYM BACITRACIN/POLYMYXIN B OINT CHLOROPTIC SOLN ERYTHROMYCIN OINT GENTAMICIN SULFATE NEOMYCIN/POLYMYXIN/GRAMIC NEOSPORIN SOLN POLYSPORIN SODIUM SULFACETAMIDE SOLN SULFACETAMIDE SODIUM TOBRAMYCIN SULFATE SOLN TRIMETHOPRIM SULFATE/POLY VIROPTIC SOLN		AK-POLY-BAC OINT AK-SULF OINT AK-TOB SOLN AZASITE BLEPH-10 SOLN GENTAK ILOTYCIN OINT NEOMYCIN/BACI/POLYM OINT NEOSPORIN OINT OCUSULF-10 SOLN OCUTRICIN SOLN TERAK OINT TOBEX OINT TRIFLURIDINE SOLN	Use PA Form# 20420.
OP. - QUINOLONES	CILOXAN OINT CIPROFLOXACIN SOL 0.3% OFLOXACIN QUIXIN SOLN		BESIVANCE CILOXAN SOLN OCUFLOX SOLN	Use PA Form# 20420.
OP. QUINOLONES-4TH GENERATION	VIGAMOX MOXEZA		ZYMAXID	Use PA Form# 20420.
OP. - ARTIFICIAL TEARS AND LUBRICANTS	AKWA TEARS OINT ARTIFICIAL TEARS OINT ARTIFICIAL TEARS SOLN CELLUVISC SOLN EYE LUBRICANT OINT GENTEAL LIQUITEARS SOLN MAJOR TEARS SOLN PURALUBE OINT PURALUBE TEARS SOLN REFRESH SOLN OP REFRESH PLUS SOLN ¹ REFRESH PM OINT		AKWA TEARS SOLN ARTIFICIAL TEARS SOLN OP BION TEARS SOLN DRY EYES OINT DURATEARS OINT HYPO TEARS ISOPTO TEARS SOLN LACRI-LUBE LUBRIFRESH P.M. OINT MURINE SOLN MUROCEL SOLN NATURE'S TEARS SOLN REFRESH SOLN REFRESH TEARS SOLN ¹ SYSTANE TEARGEN SOLN TEARISOL SOLN TEARS NATURALE TEARS PURE SOLN TEARS RENEWED OINT THERATEARS SOLN V-R ARTIFICIAL TEARS SOLN	Use PA Form# 20420. 1. Dosing limits apply, please see dose consolidation list.
OP. - BETA - BLOCKERS	BETOPTIC-S SUSP CARTEOLOL HCL SOLN LEVOBUNOLOL HCL SOLN METIPRANOLOL SOLN TIMOLOL MALEATE SOLG (GEL) TIMOLOL MALEATE SOLN		BETAGAN SOLN BETAXOLOL HCL SOLN BETIMOL SOLN ISTALOL OCUPRESS SOLN OPTIPRANOLOL SOLN TIMOPTIC SOLN TIMOPTIC-XE SOLG	Use PA Form# 20420.
OP. - ANTI-INFLAMMATORY / STEROIDS OPHTH.	AK-SPORE HC OINT ALREX SUSP BLEPHAMIDE SUSP DEXAMETH SOD PHOS SOLN FLAREX SUSP FLUOROMETHOLONE SUSP FML S.O.P. OINT NEOM/POLIN/DEX PRED MILD SUSP PREDNISOLONE TOBRADEX		AK-TROL SUSP BAC/POLY/NEOMY/HC OINT BLEPHAMIDE S.O.P. OINT BROMDAY EFLONE SUSP FLUOR-OP SUSP LOTEMAX SUSP MAXITROL NEO/POLY/BAC/HC OINT OZURDEX PRED FORTE SUSP PRED-G SUSP PRED-G S.O.P. OINT SULFACET SOD/PRED SOLN TOBRADEX ST TOBRAMYCIN SUSP DEXAMETHASONE VASOCIDIN SOLN VEXOL SUSP	Use PA Form# 20420.
OP. - PROSTAGLANDINS	LATANOPROST SOL 0.005% ¹ TRAVATAN-Z	7 8 8	XALATAN SOLN ¹ LUMIGAN SOLN ¹ TRAVATAN SOLN	1. All preferreds must be tried. Use PA Form# 20420.
OP. - CYCLOPLEGICS	AK-PENTOLATE SOLN ATROPINE SULFATE CYCLOPENTOLATE HCL SOLN ISOPTO HYOSCINE SOLN		CYCLOGYL SOLN ISOPTO ATROPINE SOLN ISOPTO HOMATROPINE SOLN MUROCOLL-2 SOLN	Use PA Form# 20420.
OP. - MIOTICS - DIRECT ACTING	ISOPTO CARBACHOL SOLN ISOPTO CARPINE SOLN PILOCAR SOLN PILOCARPINE HCL SOLN PILOPINE HS GEL			Use PA Form# 20420.
OP. - ADRENERGIC AGENTS	DIPIVEFRIN HCL SOLN EPIFRIN SOLN		PROPINE SOLN	Use PA Form# 20420.
OP. - SELECTIVE ALPHA ADRENERGIC AGONISTS	ALPHAGAN P SOLN		ALPHAGAN SOLN BRIMONIDINE 0.2% IOPIDINE SOLN	Use PA Form# 20420.
OP. - ANTI-ALLERGICS	PATADAY SOLN PATANOL SOLN	8 8 8 8 8 8 8 8 8	ALOCRIOL SOLN ALOMIDE SOLN BEPREVE ELESTAT EMADINE SOLN LASTACAF OPTIVAR OPTICROM SOLN ZADITOR SOLN	Use PA Form# 20420.

TOPICAL - ANTISEBORRHEICS		SELENIUM SULFIDE SHAM		CARMOL SCALP TREATMENT KIT ZNP BAR	Use PA Form# 20420
TOPICAL - ANTIVIRALS				DENAVIR CREA ^{1,3} ZOVIRAX OINT ^{1,2}	1. Must fail oral treatment with Acyclovir or Valtrex. 2. Approvals limited to 1 tube per 180 days. 3. Dosing limits apply, please see dosing consolidation list. Use PA Form# 20420
TOPICAL - ANTINEOPLASTICS		EFUDEX FLUOROPLEX CREA		CARAC CREA FLUOROURACIL SOLARAZE GEL ZYCLARA	Use PA Form# 20420
TOPICAL - BURN PRODUCTS		FURACIN CREA SILVER SULFADIAZINE CREA SSD AF CREA SSD CREA THERMAZENE CREA		SILVADENE CREA	Use PA Form# 20420
TOPICAL - CORTICOSTEROIDS		LOW POTENCY DESOWEN HYDROCORTISONE CREA HYDROCORTISONE LOTN LACTICARE-HC LOTN NUTRACORT LOTN TEXACORT SOLN MEDIUM POTENCY DESOXIMETASONE .05% ELOCON FLUOCINOLONE ACETONIDE .025-.01% FLUOSYN CREA FLUTICASONE PROPIONATE CREA/OINT HYDROCORTISONE BUTYRATE HYDROCORTISONE OINT HYDROCORTISONE VALERATE MOMETASONE FUROATE OINT TRIAMCINOLONE ACETONIDE .025-.1% HIGH POTENCY BETAMETHASONE DIPROPIONATE DESOXIMETASONE .25% DESONIDE FLUOCINOLONE ACETONIDE .02% FLUOCINONIDE HALOG HALOG-E CREA TRIAMCINOLONE ACETONIDE .5% VERY HIGH POTENCY AUGMENTED BETA DIP BETAMETHASONE VALERATE BETA-VAL CLOBETASOL PROPIONATE DIFLORASONE DIACETATE HALOBETASOL MISCELLANEOUS CAPEX SHAM DERMA-SMOOTHIE/FS OIL PROCTO-KIT CREA 1%		ACLOVATE AMCINONIDE CREA ANUSOL HC-1 OINT CLOBEX CLODERM CREA CORDRAN CORMAX CUTIVATE CREA / OINT CUTIVATE LOTN DERMATOP DESONATE GEL DIPROLENE ELOCON OINT HYDROCORTISONE POWD KENALOG AERS LIDA MANTLE HC CREA LOCOID LUXIQ FOAM OLUX FOAM PANDEL CREA PROCTOCORT CREA PSORCON PSORCON E TEMOVATE TOPICORT TOPICORT LP CREA ULTRAVATE VERDESO WESTCORT	Use PA Form# 20420
TOPICAL - STEROID LOCAL ANESTHETICS				EPIFOAM FOAM	Use PA Form# 20420
TOPICAL - STEROID COMBINATIONS		DERMA-SMOOTHIE/FS ATOPIC P KIT		CARMOL-HC CREA	Use PA Form# 20420
TOPICAL - EMOLLIENTS		AMMONIUM LACTATE LOTN 12% LAC-HYDRIN CREA UREACIN-20 CREA VITAMIN A & D MEDICATED OINT		AMMONIUM LACTATE CREA LAC-HYDRIN LOTN 12% MEDERMA GEL MIMYX RENOVA CREA	Use PA Form# 20420
TOPICAL - ENZYMES / KERATOLYTICS / UREA		GRANUL-DERM AERS GRANULEX AERS TBC AERS SANTYL OINT		CARMOL 40 CREA SALEX CREA SALEX LOTN	Use PA Form# 20420 Ziox, Panafil and Papain products have been removed from the PDL due to FDA safety concerns regarding drugs containing Papain.
TOPICAL - GENITAL WARTS		IMIQUIMOD ²	5 8 8 8 8	PODOFILOX SOLN ALDARA CONDYLOX ¹ VEREGEN ¹ ZYCLARA ¹	Use PA Form# 20420 1. Non-preferred products must be used in specified order.
TOPICAL - IMMUNOMODULATORS			8 9	ELIDEL CREA ¹ PROTOPIC OINT ^{1,2}	Use PA Form# 20420 1. Non-preferred products must be used in specified order. 2. 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.
TOPICAL - LOCAL ANESTHETICS		AF CAPSICUM OLEORESIN CREA CAPSAICIN CREA ELA-MAX ¹ LIDOCAINE/PRILOCAINE CREA ¹ XYLOCAINE		EMLA PADS EMLA CREA LIDA MANTLE CREA LIDODERM PTCH PONTOCAINE SOLN SYNERA ZOSTRIX	1. Lidocaine/Prilocaine cream and Ela-Max products require PA for users over 18 years of age. Use PA Form# 20420
TOPICAL - DEPIGMENTING AGENTS			8 8 8 8 8 8	ALUSTRA CREA EPIQUIN MICRO GLYQUIN CREA HYDROQUINONE CREA HYDROQUINONE/SUNSCREENS SOLAQUIN FORTE CREA	Not covered for cosmetic purposes. Use PA Form# 20420

			8	TRI-LUMA CREA	
			9	ELDOQUIN	
TOPICAL - SCABICIDES AND PEDICULICIDES		ACTICIN CREA ELIMITE CREA EURAX LICE KILLING SHAM LICE TREATMENT CREME RINS LIQD PERMETHRIN LOTN		LINDANE MALATHION NATROBA ¹ OVIDE LOTN ULESFIA	Use PA Form# 20420 1. Dosing limits apply, please see dosing consolidation list
TOPICAL - WOUND / DECUBITUS CARE				REGRANEX GEL REGENECARE RADIAPLEXRX	Use PA Form# 20420 Accuzyme and Ethezyme products have been removed from the PDL due to FDA concerns regarding drugs containing Papain.
TOPICAL - ASTRINGENTS / PROTECTANTS		ALUMINUM CHLORIDE SOLN DRYSOL SOLN XERAC AC SOLN		LOWILA BAR MOISTURIN DRY SKIN CREA PROSHIELD PLUS SKIN PROTE CREA SURGILUBE GEL	Use PA Form# 20420
TOPICAL - ANTISEPTICS / DISINFECTANTS		PHISOHEX LIQD POVIDONE-IODINE SOLN		BETADINE OINT FORMALYDE-10 AERS IODOSORB LAZERFORMALYDE SOLUTION SOLN	Use PA Form# 20420
MISCELLANEOUS EYE					
OP. - EYE		AK-DILATE SOLN EYE WASH SOLN NAPHAZOLINE HCL SOLN PHENYLEPHRINE HCL SOLN PONTOCAINE SOLN SODIUM CHLORIDE		LENS PLUS REWETTING DROPS MURO 128 NEO-SYNEPHRINE SOLN	Use PA Form# 20420
MISCELLANEOUS EAR					
EAR		AVB OTIC SOLN ACETASOL SOLN ACETASOL HC SOLN ACETIC ACID ACETIC ACID/HYDROCORTISON ALLERGEN SOLN ANTIPYRINE/BENZOCAINE SOLN AURODEX SOLN AUROGUARD SOLN AUROTO OTIC SOLN CARBAMIDE PEROXIDE 6.5% OTIC SOLN. CIPRODEX CORTISPORIN SOLN CORTOMYCIN EAR DROPS SOLN EAR DROPS RX SOLN EAR WAX REMOVAL DROPS EAR-GESIC SOLN NEOMYCIN/POLYMYXIN/HC OFLOXACIN 0.3% OTIC OTICAINE OTIC SOLN		AERO OTIC HC SOLN ANTIBIOTIC EAR SOLN ANTIBIOTIC EAR SUSP AURALGAN SOLN CIPRO HC SUSP COLY-MYCIN-S SUSP CORTISPORIN-TC SUSP DEBROX SOLN PEDIOTIC SUSP VOSOL-HC SOLN ZOTANE HC SOLN ZOTO-HC SOLN	Use PA Form# 20420
MOUTH ANTISEPTICS					
MOUTH ANTI-INFECTIVES		NILSTAT SUSP EAR-GESIC SOLN NYSTATIN SUSP		MYCELEX TROC ORAVIG	Use PA Form# 20420
MOUTH ANTISEPTICS		CHLORHEXIDINE GLUCONATE LIDOCAINE VISCOUS SOLN TRIAMCINOLONE IN ORABASE PSTE TRIAMCINOLONE ORADENT PSTE		APHTHASOL PSTE ¹ PERIOGARD SOLN ¹ TRIAMCINOLONE ACETONIDE PSTE ¹	Use PA Form# 20420 1. Must fail all preferred products before non-preferred.
DENTAL PRODUCTS					
DENTAL PRODUCTS		ETHEDENT CREA GEL-KAM CONC GEL-KAM GEL 0.4% PHOS FLUR SOLN PREVIDENT GEL PREVIDENT SOLN SF 5000 PLUS CREA SF GEL STANNOUS FLUORIDE ORAL RI CONC		APF GEL GEL DENTAGEL GEL PHOS-FLUR GEL PREVIDENT CREA THERA-FLUR-N GEL	Use PA Form# 20420
ARTIFICIAL SALIVA/STIMULANTS					
ARTIFICIAL SALIVA/STIMULANTS		SALIVA SUBSTITUTE SOLN		EVOXAC CAPS RADIACARE SOLR SALAGEN TABS	Use PA Form# 20420
MISCELLANEOUS ANORECTAL					
ANORECTAL - MISC.		COLOCORT ENEM CORTENEMA ENEM ELA-MAX 5 CREA HYDROCORTISONE ENEM PROCTOZONE-HC CREA		ANUSOL-HC CREA CORTIFOAM FOAM PROCTOCREAM-HC CREA PROCTOFOAM HC FOAM PROCTO-KIT CREA 2.5% PROCTOSOL HC CREA	Use PA Form# 20420
T-CELL ACTIVATION INHIBITOR					
PSORIASIS BIOLOGICALS		ENBREL ¹ HUMIRA ¹		AMEVIVE ² STELARA	1. Will not require a PA if at least one systemic drug such as methotrexate, cyclosporine, methoxsalen or acitretin is in members drug profile. Please refer to dose consolidation list. 2. Trial of both preferred drugs are required. 3. Preferred dosage form allowed without PA after trial of step 1 products is multi-dose vial, with dosing limits allowing 8 injections per 28 days without pa. Use PA Form# 20910
ALTERNATIVE MEDICINES					
ALTERNATIVE MEDICINES		DIMETHYL SULFOXIDE SOLN		CO-ENZYME Q-10 MELATONIN TABS	Use PA Form# 20420
CHELATING AGENTS					
CHELATING AGENTS		CUPRIMINE CAPS		DEPEN TITRATABS TABS	Use PA Form# 20420

			EXJADE ¹	1. FDA indication of treatment of chronic iron overload due to blood transfusions in membes 2 years of age and older is required for approval of Exjade.
ANTILEPROTIC				
ANTILEPROTIC			THALOMID CAPS ¹	1. All PA requests for 150mg dosing will require use of Thalomid 100mg and 50mg capsules. Use PA Form# 20420.
ANTINEOPLASTIC AGENTS				
ANTINEOPLASTIC AGENTS - ANTIANDROGENS		BICALUTAMIDE	CASODEX	Use PA Form# 20420.
ANTINEOPLASTIC AGENTS - LHRH ANALOGS		LUPRON DEPOT ¹	VANTAS ² FIRMAGON ² TRELSTAR	1. Dosing limits apply, please refer to dosage consolidation list. 2. PA required to confirm FDA approved indication. Use PA Form# 20420.
ANTINEOPLASTIC AGENTS - TYROSINE KINASE INHIBITORS			SPRYCEL ¹ TYKERB ² GLEEVEC ¹	1. Verification of diagnosis is required. 2. PA required to confirm FDA approved indication and to monitor for potential drug-drug interactions. Use PA Form# 20420.
ANTINEOPLASTICS - MISCELLANEOUS		AMIFOSTINE MERCAPTOPYRINE	ETHYOL PURINETHOL ZOLINZA	Use PA Form# 20420.
ANTINEOPLASTICS - MONOCLONAL ANTIBODIES			HERCEPTIN ¹	1. PA required to confirm FDA approved indication. Use PA Form# 20420.
CANCER				
CANCER		ALIMTA ANASTROZOLE TABS AVASTIN ERBITUX LETROZOLE VIDAZA	ARIMIDEX FOLOTYN NEXAVAR ¹ SUTENT ^{1,2} ZELBORAF SYLATRON FEMARA YERVOY ZYTIGA	1. PA required to confirm FDA approved indication 2. Avoid CYP3AY drug drug interaction. Use PA Form# 20420.
IMMUNOSUPPRESSANTS				
IMMUNOSUPPRESSANTS		CYCLOSPORINE MODIFIED CYCLOSPORINE SOL. MODIFIED GENGRAF CAPS MYCOPHENOLATE MYFORTIC PROGRAF CAPS RAPAMUNE SANDIMMUNE	CELLCEPT CYCLOSPORINE CAPS NEORAL ^{1,2}	1. Established users will require a one time PA. 2. Established users will require a one time PA Use PA Form# 20420.
PURINE ANALOG				
PURINE ANALOG		AZASAN TABS AZATHIOPRINE TABS	IMURAN TABS	Use PA Form# 20420.
K REMOVING RESINS				
K REMOVING RESINS		KAYEXALATE POWD KIONEX POWD SODIUM POLYSTYRENE SULFON SPS SUSP SPS 30GM/120ML ENEMA SUSP		Use PA Form# 20420.

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.

ANTI-CONVULSANTS INDICATION CHART

	SEIZURES	POST HERPETIC NEURALGIA	DIABETIC PERIPHERAL NEUROPATHY	MONOTHERAPY BIPOLAR	ADJUNCTIVE BIPOLAR	MIGRAINE PROPHYLAXIS	FIBROMYALGIA
GABITRIL	X			9	8		
LAMICTAL	X			4	4		
LYRICA	X	X(2 nd line)	X(2 nd line)				X(2 nd line)
TOPAMAX	X			9	6	X (2 nd line)	
TRILEPTAL	X			5	5		

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