

CATEGORY	Step Order	PREFERRED DRUGS	Step Order	NON-PREFERRED DRUGS PA Required	Comments
<p>General Criteria for all PDL categories- For more information or help using the PDL, providers may call 1-888-445-0497; members should call 1-866-796-2463. To access PDL and PA materials via the internet: www.mainearepdl.org</p>					
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<p>B: Requests for Non-preferred Drugs- Preferred drugs must be tried and failed due to lack of efficacy or intolerable side effects before non-preferred drugs will be approved, unless an acceptable clinical exception is offered on the Prior Authorization form, such as the presence of a condition that prevents usage of the preferred drug or a significant potential drug interaction between another drug and the preferred drug(s) exists</p>					
<p>C: Adequate Drug Trials- 1. The minimum trial period for each preferred and step order drug is two weeks, unless otherwise stated within specific PDL drug categories; trials with less than a two week duration will be reviewed on a case-by-case basis; 2. A trial will not be considered valid if preferred or non-preferred products were readily available (by override, individual purchase, samples, etc.); 3. Certain drug trials, such as with controlled substances, may require evidence that the preferred drugs were actually tried (example: with random pill counts and with urine drug tests, using methods of GC/MS with no lower threshold); 4. Adequate trials require documentation of attempts to titrate dose of preferred agents toward desired clinical response. 5. Adequate trials include prevention/treatment of common adverse effects associated with preferred agents (example: antinausea, antipruritics, etc.)</p>					
<p>D: Step Order- When numbers appear in the "step order" column, it means drugs in this category must be used in the order specified, with the lower numbers having preference over the higher numbers. Chart notes should be provided to confirm drug trials that do not appear in the member's MaineCare drug profile.</p>					
<p>E: Brand Name Medication Requests- (Must be submitted on the Brand Name PA request form)- According to MaineCare Benefits Manual Chapter II (80.07-5), when medically necessary covered brand-name drugs have an A-rated generic equivalent available, the most cost effective medically necessary version will be approved and reimbursed, since the brand-name and A-rated generic drugs have been determined by the FDA to be chemically and therapeutically equivalent. The Bureau does not make determinations as to whether or not a generic drug is clinically inferior or inequivalent to its brand version. This is the proper role of the FDA. Physicians should submit their reports of generic inequivalence directly to the FDA via the MEDWATCH.</p>					
<p>F: PA requests 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- blind, placebo-controlled randomized clinical studies establishing both safety and efficacy.</p>					
<p>G: Dose Consolidation Requirements- Some drugs may also be affected by dose consolidation requirements. Please see Dose Consolidation List and/or Splitting Tables provided in the PDL.</p>					
<p>H. Trials from Multiple Drug Classes - Trial/failure/intolerance to preferred agents from multiple classes within the same category or other categories of drugs may be required prior to the approval of non-preferred agents (e.g., Cymbalta, Zofran, Elidel and others).</p>					
<p>J. Drug-specific PA Forms- Drug-specific PA forms contain medical necessity documentation requirements and/or criteria that may not be repeated in the PDL. Drug-specific PA forms may be obtained on the web at www.mainearepdl.org.</p>					
<p>K. PA Exemptions for Prescribers- According to MaineCare Benefits Manual Chapter II (80.07-4), providers may receive a three (3) month exemption from prior authorization requirement for certain categories of drugs when they demonstrate high compliance with the Department's PDL. The Department will notify providers in writing which drug categories are included and what dates apply to the exemption. If a provider loses his/ her exemption, members who previously were not required to obtain a PA while the prescriber was exempt will be required to do so, and criteria for approval of that medication will need to be met.</p>					

ASSORTED ANTIBIOTICS

<p>BETA-LACTAMS / CLAVULANATE COMBO'S</p>	<p>AMOXICILLIN AMOXICILLIN/POTASSIUM CLA CHEW AMOXICILLIN/POTASSIUM CLA SUSR AMOXICILLIN/POTASSIUM CLA TABS AMOXIL¹ AMPICILLIN 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</p>	<p>AMOXIL 500MG TABS AUGMENTIN³ PRINCIPEN CAPS² PRINCIPEN SUSR AUGMENTIN ES-600 SUSR</p>	<p>1. Amoxil 500mg tabs are non-preferred. All other Amoxil products are preferred. 2.Principen 250 mg is available without PA. 3. Chewable 125mg & 250mg and Solution 125mg/5ml and 250mg/5ml available without PA. Use PA Form # 20420</p>
<p>CEPHALOSPORINS</p>	<p>CEFADROXIL HEMIHYDRATE CEFAZOLIN SODIUM SOLR CEDAX CEFUROXIME AXETIL TABS CEFTIN SUSP CEFZIL</p>	<p>CECLOR¹ CEFACTOR¹ CEFADROXIL MONOHYDRATE TABS CEFTIN</p>	<p>1. Both brand and generic are clinically non-preferred.</p>

	CEPHELEXIN MONOHYDRATE DURICEF SUSR FORTAZ SOLR KEFZOL SOLR MAXIPIME SOLR OMNICEF ROCEPHIN SUPRAX VANTIN	DURICEF TABS FORTAZ SOLN KEFLEX CAPS TAZICEF SOLR	Use PA Form # 20420
MACROLIDES / ERYTHROMYCIN'S	BIAXIN XL ¹ AZITHROMYCIN TABS CLARITHROMYCIN E.E.S. E-MYCIN TBEC ERYPED 200 SUSR ERYPED 400 SUSR ERY-TAB TBEC ERYTHROCIN STEARATE TABS ERYTHROMYCIN ZITHROMAX SUSP. ZMAX	BIAXIN DYNABAC D5-PAK TBEC ERYPED CHEW PCE TBEC ZITHROMAX TABS	1. 7 - Day supply per month w/o PA Use PA Form # 20420
TETRACYCLINES	DOXYCYCLINE HYCLATE MINOCYCLINE HCL CAPS SUMYCIN TETRACYCLINE HCL CAPS VIBRAMYCIN SYRP	DECLOMYCIN TABS DORYX CPEP DOXYCYCLINE MONO CAPS DYNACIN CAPS MONODOX CAPS ORACA PERIOSTAT SOLODYN ER	Use PA Form # 20420
FLUOROQUINOLONES	AVELOX SOLN AVELOX TABS AVELOX ABC PACK TABS CIPRO XR ¹ CIPROFLOXACIN PROQUIN XR	CIPRO FACTIVE FLOXIN TABS LEVAQUIN NOROXIN TABS TEQUIN	1. QL 3/script/month Use PA Form # 20420
AMINO GLYCOSIDES	GENTAMICIN NEOMYCIN SULFATE TABS TOBI NEBU TOBRAMYCIN SULFATE SOLN		
ANTIMYCOBACTERIALS / ANTITUBERCULOSIS	ETHAMBUTOL HCL TABS MYAMBUTOL TABS MYCOBUTIN CAPS RIFAMPIN	RIMACTANE CAPS	Use PA Form # 20420
ANTIMALARIAL AGENTS	CHLOROQUINE PHOSPHATE TABS DARAPRIM TABS HYDROXYCHLOROQUINE TABS LARIAM TABS MALARONE TABS MEFLOQUINE HCL TABS QUINACRINE HCL POWD QUININE SULFATE	ARALEN TABS PLAQUENIL TABS ISONARIF ¹	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 COLISTIMETHATE SODIUM SOLR FUROXONE TABS METRONIDAZOLE ² PENTAMIDINE ISETHIONATE SOLR PRIMSOL SOLN TRIMETHOPRIM TABS VANCOCIN HCL VANCOMYCIN HCL	COLY-MYCIN-M SOLR FLAGYL CAPS FLAGYL TABS FLAGYL ER TBCR KETEK LORABID METRONIDAZOLE 375MG CAPS ² METRONIDAZOLE 750MG TABS ² NEBUPENT SOLR PROLOPRIM TABS TINDAMAX ¹ 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. Use PA Form # 20420

CARBAPENEMS				INVANZ SOLR MERREM SOLR PRIMAXIN	
LINCOSAMIDES / OXAZOLIDINONES / LEPROSTATICS		CLEOCIN SOLN CLEOCIN SUSR CLINDAMYCIN HCL 150CAPS DAPSONE TABS		CLEOCIN CAPS CLINDAMYCIN HCL 300CAPS ¹ ZYVOX SUSR ZYVOX TABS	1. Use multiple 150's for Clindamycin instead of 300's. Zyvox: use PA Form # 30820 Others: use PA Form # 20420
ANTI INFECTIVE COMBO'S - MISC.		ERYTHROMYCIN/SULF SUSR SEPTRA/DS TABS SULFAMETHOXAZOLE/TRIMETH TRIMETHOPRIM/SULFAMETHOXA		ALINIA* BACTRIM DS TABS	* Alina is preferred for children less than 12 years of age. Use PA Form # 20420
ANTI - FUNGALS					
ANTIFUNGALS - ASSORTED		ANCOBON CAPS FLUCONAZOLE ¹ GRIFULVIN GRISEOFULVIN ULTRAMICROSI TABS GRIS-PEG TABS KETOCONAZOLE TABS NYSTATIN VFEND TABS	5 6 6 7 8 8	LAMISIL TABS ⁴ SPORANOX SOLN ² SPORANOX PULSEPAK CAPS ³ SPORANOX CAPS ³ DIFLUCAN NIZORAL TABS	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. Use PA Form # 10120
ANTI - VIRALS					
ANTIRETROVIRALS		AGENERASE CAPS APTIVUS ATRIPLA ¹ COMBIVIR TABS CRIXIVAN CAPS EMTRIVA EPIVIR / HBV EPZICOM FORTOVASE CAPS HIVID TABS INVIRASE CAPS KALETRA LEXIVA NORVIR PREZISTA ² RESCRIPTOR TABS RETROVIR REYATAZ SUSTIVA TRIZIVIR TABS TRUVADA VIDEX / EC VIRACEPT TABS VIRAMUNE TABS VIREAD TABS ZERIT ZIAGEN TABS		DIDANOSINE FUZEON	Fuzeon use PA Form # 10620 1. Quantity limit of per per day 2. Only preferred if Norvir script is in member's profile within past 30 days of filling Prezista
CYTO-MEGALOVIRUS AGENTS		GANCICLOVIR VALCYTE TABS		CYTOVENE CAPS	Use PA Form # 20420
IMMUNE SERUMS					
IMMUNE SERUMS		HYPERRHO INJ			
HEPATITIS AGENTS					
HEPATITIS C AGENTS		PEG-INTRON PEGASYS KIT PEGASYS SOLN REBETOL CAPS REBETRON KIT	8 8	COPEGUS TABS RIBAVIRIN CAPS	Use PA Form # 20420
HEPATITIS AGENTS - MISC.				ACTIMMUNE	Use PA Form # 20420
HEPATITIS B ONLY		HEPSERA TABS		BARACLUDGE	
HERPES AGENTS		ACYCLOVIR VALTREX TABS		FAMVIR TABS ZOVIRAX	Must fail Acyclovir and Valtrex before non-preferred products. Use PA Form # 20420
INFLUENZA AGENTS		AMANTADINE RELENZA DISKHALER AEPB RIMANTADINE HCL TABS		FLUMADINE TABS FLUMIST ²	1. Tamiflu 10 caps or 60cc's per month. Will be audited for presence of positive influenza tests in patient or family member. 2. Flumist use Form #10610 Use PA Form #20420

TAMIFLU¹

RSV PROPHYLAXIS

RSV PROPHYLAXIS				RESPIGAM SYNAGIS	Use PA Form # 30120
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MS TREATMENTS

MULTIPLE SCLEROSIS AGENTS			5	AVONEX KIT	Established users are grandfathered. Must follow specif step order. Use PA fomr #20430
			5	BETASERON SOLR	
			5	REBIF SOLN	
			6	COPAXONE	

ASSORTED NEUROLOGICS

NEUROLOGICS - MISC.		MESTINON ORAP TABS PROSTIGMIN TABS		BOTOX MYOBLOC ¹	1. Myobloc approval will be limited to Cervical Dystonia. Use PA Form #10210
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STEROIDS

GLUCOCORTICOIDS/ MINERALOCORTICOIDS		CELESTONE SUSP CORTEF 5 CORTISONE ACETATE TABS DELTASONE TABS DEPO-MEDROL SUSP DEXAMETHASONE ENTOCORT EC CP24 FLUDROCORTISONE ACETATE TABS HYDROCORTISONE KENALOG METHYLPREDNISOLONE TABS ORAPRED SOLN PREDNISOLONE PREDNISONE SOLU-CORTEF SOLR SOLU-MEDROL SOLR		CORTEF 10 and 20 TABS DECADRON TABS FLORINEF TABS MEDROL TABS MEDROL DOSEPAK TABS PEDIAPRED LIQD PREDNISONE INTENSOL CONC PRELONE SYRP STERAPRED TABS	Use PA Form # 20420
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HORMONE REPLACEMENT THERAPIES

ANDROGENS / ANABOLICS		ANDRODERM PT24 ANDROID CAPS DANAZOL CAPS DEPO-TESTOSTERONE OIL FLUOXYMESTERONE TABS TESTODERM TESTOSTERONE PROPIONATE TESTRED CAPS WINSTROL TABS		ANDRO LA 200 OIL ANDROGEL PACK DELATESTRYL OIL HALOTESTIN TABS METHITEST TABS OXANDRIN TABS ¹	1. Non Preferred effective 12.01.2005. Use the Oxandrin PA Form #20600. Use PA Form # 20420
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ESTROGENS - PATCHES		ESTRADERM PTTW VIVELLE PTTW	5 8 8 8 8	ESTRADIOL PTWK ALORA PTTW CLIMARA PTWK ESCLIM PTTW VIVELLE-DOT PTTW	All patches are non-preferred products (require PA). Products must be used in specified step order. Use PA Form # 20420
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ESTROGENS - TABS		CENESTIN TABS DELESTROGEN OIL ESTRADIOL ESTROPIPATE TABS MENEST TABS PREMARIN TABS		ESTRACE TABS ESTRATAB TABS OGEN TABS ORTHO-EST TABS	Must fail preferred products before non-preferred products. Use PA Form # 20420
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ESTROGEN COMBO'S		PREMPHASE TABS PREMPRO TABS		ACTIVELLA TABS COMBIPATCH PTTW FEMHRT 1/5 TABS ORTHO-PREFEST TABS SYNTEST H.S. TABS	Must fail Premphase and Prempro products before non-preferred products. Use PA Form # 20420
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PROGESTINS		MEDROXYPROGESTERONE ACETA ² NORETHINDRONE ACETATE TABS ² PROGESTERONE POWD		AYGESTIN TABS CYCRIN TABS PROMETRIUM 100MG CAPS ¹ PROMETRIUM 200MG ¹ PROVERA TABS	1. PA approvals will require two 100 mg caps instead of one 200mg. 2. Must fail Medroxyprogesterone and Norethidrone products before non-preferred products. Use PA Form #20420
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CONTRACEPTIVES

CONTRACEPTIVES -		ORTHO MICRONOR TABS		CAMILA TABS	If member experienced advere reactions,
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PROGESTIN ONLY				NORA-BE TABS NOR-QD TABS OVRETTE 28 TABS	consider using Oral Contraceptives from other groups. Use PA Form # 20420
CONTRACEPTIVES - INJECTABLE		DEPO-PROVERA SUSP		LUNELLE SUSP MEDROXYPROGESTERONE ACETATE IM	Use PA Form # 20420
CONTRACEPTIVE - EMERGENCY		PLAN-B ¹			1. Allowed 4 tablets per 30 days without PA
CONTRACEPTIVES - PATCHES/ VAGINAL PRODUCTS		NUVARING RING ³ ORTHO EVRA PTWK ^{1,2}			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. Use PA Form # 20420
CONTRACEPTIVES - MONOPHASIC COMBINATION O/C'S		ALESSE-28 TABS DESOGEN TABS LEVLEN-28 TABS LO/OVRAL 21 TABS LO/OVRAL 28 TABS MODICON TABS ORTHO-CEPT-28 TABS ORTHO-CYCLEN-28 TABS ORTHO-NOVUM 1/35-28 TABS ORTHO-NOVUM 1/50-28 TABS OVCON-35/28 TABS OVCON-50 28 TABS		APRI TABS AVIANE TABS BREVICON-28 TABS CRYSSELLE-28 TABS DEMULEN 1/35-21 TABS KARIVA TABS LESSINA-28 TABS LEVLITE-28 TABS LEVORA LOESTRIN TABS LOESTRIN FE TABS LOESTRIN FE 1/20 TABS LOESTRIN 1.5/30-21 TABS LOESTRIN 1/20-21 TABS LOW-OGESTREL TABS MICROGESTIN FE TABS MIRCETTE TABS NECON NORDETTE-28 TABS NORINYL NORTREL MONONESSA OGESTREL TABS OVRAL PORTIA-28 TABS SPRINTEC 28 TABS YASMIN 28 TABS ZOVIA	Loestrin FE and FE 1/20 are grandfathered for established users. If member experienced adverse reactions, consider using Oral Contraceptives from other groups. Use PA Form # 20420
CONTRACEPTIVES - BI-PHASIC COMBINATIONS		ORTHO-NOVUM 10/11-28 TABS		NECON 10/11-28 TABS	If member experienced adverse reactions, consider using Oral Contraceptives from other groups. Use PA Form # 20420
CONTRACEPTIVES - TRI-PHASIC COMBINATIONS		ORTHO TRI-CYCLEN TABS ORTHO-NOVUM 7/7/7-28 TABS TRI-LEVLEN TABS TRIPHASIL 28 TABS		CYCLESSA TABS ENPRESSE ESTROSTEP FE TABS ORTHO TRI-CYCLEN LO TABS TRI-NORINYL 28 TABS TRIVORA-28 TABS	Use PA Form # 20420
DIABETES THERAPIES					
DIABETIC - INSULIN		ILETIN LEVEMIR (effective 4.1.2006) NOVOLIN NOVOLOG RELION VELOSULIN BR SOLN		HUMALOG HUMULIN LANTUS SOLN (effective 5.1.2006)*	*Established users grandfathered until 6.30.2006 Use PA Form # 30140
DIABETIC - PENFILLS			5 5 5 5 8 8 8	NOVOLIN PENFILL LEVEMIR FLEXPEN (effective 4.1.2006) NOVOLOG PENFILL SOLN NOVOLOG MIX PENFILL APIDRA OPTICLIK PEN (effective 5.1.2006) HUMALOG MIX 75/25 PEN SUSP LANTUS OPTICLIK PEN (effective 5.1.2006)	PA's will be granted for significant visual or neurological impairment. Products must be used in specified step order.

			8	HUMALOG PEN SOLN	Use PA Form # 20420
			8	HUMULIN PEN	
DIABETIC - OTHER				SYMLIN	Use PA Form # 30150
INCRETIN MIMETIC		BYETTA ¹			1. Will not need PA if two of the following three are seen in members drug profile: sulfonylurea, metformin and Actos/ Avandia or any combo product with Actos/ Avandia. If insulin or Actos/ Avandia or any combo product with Actos/ Avandia are in members current (with past 30 days) drug profile PA will be required. 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 500MG		GLUCOPHAGE TABS GLUCOPHAGE XR TB24 FORTAMET METFORMIN ER 750MG	Metformin ER 750mg tabs are non-preferred. Metformin ER 500mg tabs are preferred. Use PA Form # 20420
DIABETIC - THIAZOL / BIGUANIDE COMBO		ACTOPLUS MET AVANDARYL ¹ AVNDAMET			1. Tentatively preferred. Will be formally reviewed at an upcoming DUR meeting.
DIABETIC - / THIAZOL		AVANDIA TABS ¹ ACTOS 15MG TABS ¹ ACTOS 45MG TABS ¹		ACTOS 30MG TABS ²	1. Actos and Avandia preferred without PA if patient on insulin or sulfonylurea or metformin. Actos and Avandia non-preferred as monotherapy. 2. Actos 30mg - use two 15mg instead Use PA Form # 20420
DIABETIC - ALPHAGLUCOSIDASE		GLYSET TABS		PRECOSE TABS	Use PA Form # 20420
DIABETIC - SULFONYLUREA / BIGUANIDE		GLYBURIDE/METFORMIN		GLUCOVANCE TABS DUETACT METAGLIP TABS	Use individual ingredients. Use PA Form # 20420
DIABETIC - MEGLITINIDES		STARLIX TABS		PRANDIN TABS	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 SYNTHROID TABS ¹	Use PA Form # 20420
ANTITHYROID THERAPIES		METHIMAZOLE TABS PROPYLTHIOURACIL TABS		TAPAZOLE TABS	Use PA Form # 20420
OSTEOPOROSIS					
OSTEOPOROSIS		BONIVA FOSAMAX TABS ² FOSAMAX PLUS D ² FOSAMAX SOLN ² MIACALCIN SOLN ²		ACTONEL TABS AREDIA SOLR DIDRONEL TABS EVISTA TABS ¹ FORTEO FORTICAL	1. Approval only requires failure of Fosamax or Boniva. 2. Quantity Limits Apply Use PA Form # 20420
CALCIMIMETIC/ SHPTH AGENTS					
CALCIMIMETIC AGENTS - SHPTH				SENSIPAR	Use PA Form # 30115
GROWTH HORMONE					
GROWTH HORMONE			5	GENOTROPIN	Products must be used in specified step order. All step 5 drugs must be tried. Use PA Form # 10710
			5	NUTROPIN	
			5	TEV-TROPIN	
			8	HUMATROPE SOLR	
			8	INCRELEX	
			8	NORDITROPIN CARTRIDGE SOLN	

SOMATOSTATIC AGENTS		SANDOSTATIN			
GROWTH HORMONE ANTAGONISTS					
GH ANTAGONISTS				SOMAVERT	Use PA Form # 10710
URINARY INCONTINENCE					
VASOPRESSINS		DESMOPRESSIN TABS	5 6 6 8 8	DDAVP TABS DDAVP SOLN DESMOPRESSIN SPRAY DESMOPRESSIN ACETATE SOLN STIMATE SOLN*	Products must be used in specified step order. Nocturnal enuresis patients will be encouraged to periodically attempt stopping DDAVP. *Patients with a diagnosis of hemophilia or Von Willebrands disease will be exempt from prior authorization. Use PA Form # 20420
ANTISPASMODICS		OXYBUTYNIN URISPAS TABS		CYSTOSPAZ TABS DETROL TABS DITROPAN	Use PA Form # 20420
ANTISPASMODICS - LONG ACTING		DETROL LA CP24 ENABLEX ¹ SANCTURA VESICARE ¹		DITROPAN XL TBCR OXYTROL	Use PA Form # 20420 1. Vesicare 5mg and Enablex 7.5mg maximum doses if given with drugs known to be significant CYP3A4 inhibitors. (Ketoconazole, Sporanox, Erythromycin, Biaxin, Nefazodone, Nelfinavir, and Ritonavir)
CHOLINERGIC		URECHOLINE			
HERED. TYROSINEMIA				ORFADIN	Use PA Form # 20420
ANTIHYPERTENSIVES / CARDIAC					
CARDIAC GLYCOSIDES		DIGITEK TABS DIGOXIN LANOXICAPS LANOXIN			
ANTIANGINALS--Isosorbide Dinitrate/ MONO-NITRATES		ISOSORBIDE MONONITRATE TABS ISOSORBIDE MONONITRATE ER		DILATRATE SR CPCR ISORDIL TABS ISORDIL TITRADOSE TABS ISOSORBIDE DINITRATE SUBL ISOSORBIDE DINITRATE TABS ISOSORBIDE DINITRATE CR TBCR ISOSORBIDE DINITRATE ER TBCR ISOSORBIDE DINITRATE TD TBCR IMDUR TB24 ISMO TABS MONOKET TABS	Use PA Form # 20420
NITRO - OINTMENT/CAP/CR		NITROBID OINT NITROGLYCERIN CPCR NITROL OINT NITRO-TIME CPCR			
NITRO - PATCHES	1 1 1 3	NITROGLYCERIN PT24 NITREK PT24 NITRO-DUR PT 24 0.8MG MINITRAN PT24		NITRODISC PT24 NITRO-DUR PT24	At least 2 step 1's and step 3 of the preferred products must be used in specified order or PA will be required. Use PA Form # 20420 Use PA Form # 20420
NITRO - SUBLINGUAL/ SPRAY		NITROLINGUAL AERS NITROSTAT SUBL NITROTAB SUBL		NITROLINGUAL SOLN NITROQUICK SUBL	Use PA Form # 20420
BETA BLOCKERS - NON SELECTIVE		COREG TABS INDERAL LA CPCR LEVATOL TABS NADOLOL TABS PINDOLOL TABS PROPRANOLOL HCL SOLN ¹ PROPRANOLOL HCL TABS ¹ TIMOLOL MALEATE TABS		CORGARD TABS INDERAL TABS INNOPRAN XL PROPRANOLOL HCL LA CPCR RANEXA	1. Recommend using BID since its effects do not last 24 hours. Use PA Form # 20420
BETA BLOCKERS - CARDIO SELECTIVE		ACEBUTOLOL HCL CAPS ATENOLOL TABS ¹ BETAXOLOL HCL TABS BISOPROLOL FUMARATE TABS METOPROLOL TARTRATE TABS ¹ TOPROL XL TB24		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		NORVASC TABS			
	1	CARDIZEM LA TB24	5	DILACOR XR CP24	Products must be used in specified order or PA will be required. Just write "Cardizem LA" or "Diltiazem 24-hour" and the pharmacy will use a preferred long acting diltiazem that does not require PA. Use PA Form # 20420
	1	DILTIA XT CP24	6	TAZTIA	
	1	DILTIAZEM HCL ER CP24	7	TIAZAC CP24	
	1	DILTIAZEM HCL XR CP24	8	CARDIZEM TABS	
	1	DILTIAZEM CD 300MG CP24	8	CARDIZEM CD CP24	
	1	DILTIAZEM CD 360MG CP24	8	CARDIZEM SR CP12	
	4	CARTIA XT CP24	8	DILTIAZEM HCL TABS	
	4	DILTIAZEM CD CP24	8	DILTIAZEM HCL ER CP12	
	4	DILTIAZEM HCL ER CP24			
4	DILTIAZEM XR CP24				
				PLENDIL TB24	Use PA Form # 20420
				DYNACIRC CAPS DYNACIRC CR TBCR ¹	Use PA Form # 20420 1. Grandfather established users
				CARDENE CAPS CARDENE SR CPCR NICARDIPINE HCL CAPS	Use PA Form # 20420
			8	ADALAT CC TBCR	Established users of Adalat CC are grandfathered Use PA Form # 20420
			8	NIFEDIPINE CAPS	
			8	PROCARDIA CAPS	
			8	PROCARDIA XL TBCR	
		AFEDITAB CR NIFEDIAC CC NIFEDICAL XL TBCR NIFEDIPINE TBCR NIFEDIPINE CAPS NIFEDIPINE ER TBCR			
		SULAR TB24			
		VERAPAMIL HCL CR TBCR VERAPAMIL HCL ER TBCR VERAPAMIL HCL SR TBCR VERELAN PM CP24		CALAN TABS CALAN SR TBCR COVERA-HS TBCR ISOPTIN-SR VERAPAMIL HCL ER CP24 VERAPAMIL HCL SR CP24 VERAPAMIL HCL TABS VERELAN 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 MEXILETINE NORPACE PROCAINAMIDE PROCANBID CR PROPafenone QUINAGLUTE QUINIDINE GLUCONATE QUINIDINE SULFATE RYTHMOL SOTALOL HCL TABS TAMBOCOR		BETAPACE TABS BETAPACE AF TABS CORDARONE DISOPYRAMIDE FLECAINIDE MEXITIL PACERONE QUINIDEX RYTHMOL SR TIKOSYN ¹	1. Prescription must be written by Cardiologist. Use PA Form # 20420
ACE INHIBITORS		BENAZEPRIL HCL CAPTOPRIL TABS ENALAPRIL MALEATE TABS FOSINOPRIL SODIUM LISINOPRIL TABS	5 8 8 8 8 8 8 8 8 8 8	MAVIK TABS ACCUPRIL TABS ACEON TABS ALTACE CAPOTEN TABS LOTENSIN TABS MOEXIPRIL MONOPRIL PRINIVIL TABS UNIVASC VASOTEC TABS ZESTRIL TABS	Non-preferred products must be used in specified order. Use PA Form # 20420
ANGIOTENSIN RECEPTOR BLOCKER		AVAPRO BENICAR TABS COZAAR TABS DIOVAN MICARDIS TABS		ATACAND TABS TEVETEN TABS	Preferred products only available without PA if patient on diabetic therapy or prior ACE therapy. Use PA Form # 20420
ANTIHYPERTENSIVES - CENTRAL		CATAPRES-TTS CLONIDINE HCL TABS GUANFACINE HCL TABS		CATAPRES TABS GUANABENZ ACETATE TABS ISMELIN TABS	Use PA Form # 20420

		HYDRALAZINE HCL TABS HYLOREL TABS METHYLDOPA TABS MINOXIDIL TABS PRAZOSIN HCL CAPS RESERPINE TABS		MINIPRESS CAPS TENEX TABS	
ACE INHIBITORS AND CA CHANNEL BLOCKERS		LOTREL CAPS TARKA TBCR		LEXCEL TBCR	Use PA Form # 20420
ACE AND THIAZIDE COMBO'S		BENAZEPRIL HCL/HYDROCHLOR CAPTOPRIL/HYDROCHLOROTHIA ENALAPRIL MALEATE/HCTZ TABS LISINOPRIL-HCTZ TABS UNIRETIC TABS		ACCURETIC TABS CAPOZIDE TABS LOTENSIN HCT TABS MONOPRIL HCT TABS PRINZIDE TABS VASERETIC TABS ZESTORETIC TABS	Use PA Form # 20420
BETA BLOCKERS AND DIURETIC COMBO'S		ATENOLOL/CHLORTHALIDONE BISOPROLOL FUMARATE/HCTZ PROPRANOLOL/HCTZ		CORZIDE TABS INDERIDE 40/25 TABS LOPRESSOR HCT TABS TENORETIC TIMOLIDE 10/25 TABS ZIAC TABS	Use PA Form # 20420
ARB'S AND DIURETICS		AVALIDE TABS BENICAR HCT DIOVAN HCT TABS HYZAAR TABS MICARDIS HCT TABS		ATACAND HCT TABS TEVETEN HCT TABX	Preferred products only available without PA if patient on diabetic therapy or prior ACE therapy. Use PA Form #20420
DIURETICS		ACETAZOLAMIDE TABS AMILORIDE HCL BUMETANIDE CHLOROTHIAZIDE TABS CHLORTHALIDONE TABS EDECIN TABS FUROSEMIDE HYDROCHLOROTHIAZIDE INDAPAMIDE TABS METHAZOLAMIDE TABS METHYCLOTHIAZIDE TABS SPIRONOLACTONE 25MG TABS SPIRONOLACTONE/HYDRO TORSEMIDE TABS TRIAMTERENE/HCTZ ZAROXOLYN TABS		ALDACTAZIDE TABS ALDACTONE TABS BUMEX TABS DEMADEX TABS DIAMOX DIURIL DYAZIDE CAPS ENDURON TABS INSPIRA LASIX TABS LOZOL TABS MAXZIDE MICROZIDE CAPS MIDAMOR TABS MODURETIC 5-50 TABS NAQUA TABS NATURETIN TABS SPIRONOLACTONE 50MG ¹	1. Multiples of Spironolactone 25 mg are cheaper than 50 mg strength Inspra will be approved for severe breast tenderness and male gynecomastia Use PA Form # 20420
CCB / LIPID		CADUET			
LIPID DRUGS					
CHOLESTEROL - BILE SEQUESTRANTS		CHOLESTYRAMINE COLESTID		PREVALITE QUESTRAN WELCHOL TABS	Use PA Form # 20420
CHOLESTEROL - FIBRIC ACID DERIVATIVES		GEMFIBROZIL TABS NIASPAN TRICOR TRIGLIDE		ANTARA LOPID TABS LOFIBRA	Use PA Form # 20420
CHOLESTEROL - HGM COA + ABSORB INHIBITORS MORE POTENT DRUGS/COMBINATIONS		CRESTOR LIPITOR TABS SIMVASTAIN ¹ VYTORIIN		ZOCOR TABS ²	Zocor/simvastatin patients trying to use Zetia must use Vytorin instead. 1. Preferred starting 01.01.2007. 2. Non preferred starting 01.01.2007. Use PA Form #20420
CHOLESTEROL - HGM COA + ABSORB INHIBITORS LESS POTENT DRUGS/COMBINATIONS		ADVICOR TBCR LESCOL CAPS LESCOL XL TB24 LOVASTATIN TABS PRAVASTATIN ZETIA TABS ¹		ALTOPREV TB24 MEVACOR TABS PRAVACHOL TABS PRAVIGARD	Zetia available w/o PA as add on to Lipitor 80mg 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-		REVATIO ¹		FLOLAN	1. All users need one time approval to establish

HYPERTENSIVES		VENTAVIS ¹		TRACLEER	PAH diagnosis. Please refer to criteria. Use PA Form # 20420
IMPOTENCE AGENTS					
IMPOTENCE AGENTS			9 9 9 9 9 9 9	VIAGRA CAVERJECT CIALIS EDEX LEVITRA MUSE YOHIMBINE HCL TABS	As of January 1, 2006, per CMS (federal govt.), impotence agents are no longer covered.
ANTI-EMETOGENICS					
ANTIEMETIC - ANT-CHOLINERGIC / DOPAMINERGIC		MECLIZINE HCL TABS PHENERGAN SUPP PHENERGAN FORTIS SYRP PROMETHAZINE SUPP PROMETHAZINE TRANSDERM-SCOP PT72		ANTIVERT TABS PHENERGAN SOLN PHENERGAN TABS PROMETHEGAN SUPP TORECAN TABS	Use PA Form # 20420
ANTIEMETIC - 5-HT3 RECEPTOR ANTAGONISTS/ SUBSTANCE P NEUROKININ		EMEND MARINOL CAPS ZOFRAN SOLN* ZOFRAN TABS* ZOFRAN ODT TBDP*		ALOXI ANZEMET TABS KYTRIL	*See quantity limit table. Zofran: Use PA Form # 30810 Others: Use PA Form # 20420
NON-SEDATING ANTIHISTAMINES / DECONGESTANTS					
ANTI-HISTAMINES - NON-SEDATING		ALAVERT TABS ¹ CLARITIN ALLERGY (OTC) ¹ CLARITIN SYRP (OTC) ² TAVIST ND (OTC) ¹	5 5 5 5 8 8 9	CLARINEX TABS ² CLARINEX SYR ³ ZYRTEC ³ ZYRTEC SYR ³ ALLEGRA CLARITIN ² FEXOFENADINE	1. Preferred drugs are OTC loratidines. 2. Claritin OTC syrup does not require a PA. 3. Clarinex & Zyrtec and Clarinex syrup <6 yr w/o PA. Must fail Clarinex Tabs and Zyrtec products before moving to next step product without PA. Pseudoephedrine is available with prescription. Use PA Form # 20530
ALLERGY / ASTHMA THERAPIES					
ANTI-ASTHMATIC ANTI-CHOLINERGICS - INHALER		ATROVENT AERS ATROVENT HFA SPIRIVA ¹			1. Quantity limit of 1 inhalation daily (1 capsule for inhalation daily). Use PA Form # 20420
ANTI-ASTHMATIC ANTI-CHOLINERGICS - NEBULIZER		IPRATROPIUM BROMIDE SOLN		ATROVENT SOLN	Use PA Form # 20420
ANTI-ASTHMATIC - ANTI-INFLAMMATORY AGENTS		CROMOLYN SODIUM NEBU INTAL AERS TILADE AERS		XOLAIR ¹	1. Need max inhaled steroids and written by pulmonary or allergy specialist. Use PA Form # 20420
ANTI-ASTHMATIC - NASAL STEROIDS	1 1 1 4 4 4	FLONASE SUSP ¹ NASACORT AQ AERS ¹ NASONEX SUSP ¹ BECONASE AERS BECONASE AQ INHA NASAREL SOLN		FLUNISOLIDE SOLN NASACORT AERS RHINOCORT AERO RHINOCORT AQUA SUSP TRI-NASAL SOLN VANCENASE POCKETHALER AERS	1. All step 1 drugs must be tried. Use PA Form # 20420
ANTI-ASTHMATIC - NASAL MISC.		NASALCROM		ATROVENT NASAL SOL IPRATROPIUM NASAL SOL ¹ ASTELIN	1. Ipratropium will be approved if submitted with documentation supporting use of CPAP machine. Use PA Form # 20420
ANTI-ASTHMATIC - BETA - ADRENERGICS		ALBUTEROL NEB MAXAIR METAPROTERENOL SEREVENT TERBUTALINE SULFATE TABS XOPENEX HFA		ACCUNEB NEBU ALBUTEROL AER ³ ALBUTEROL HFA ALUPENT AERP BRETHINE FORADIL AEROLIZER CAPS PROVENTIL PROVENTIL HFA AERS VENTOLIN AERS VENTOLIN HFA AERS VOLMAX TBCR VOSPIRE ER TB12	1. Xopenex users with prior asthma hospitalization due to albuterol nebulizer failure will be grandfathered. 2. Quantity Limit: 12 cc/day Use PA Form # 20420

			XOPENEX NEBU ^{1,2}	
ANTIASTHMATIC - ADRENERGIC COMBO.		ADVAIR DISKUS MISC		
ANTIASTHMATIC - ADRENERGIC-ANTICHOLINERGIC		COMBIVENT AERO	DUONEB SOLN ¹	Please use preferred individual ingredients. Albuterol and Ipratropium. Use PA Form # 20420
ANTIASTHMATIC - XANTHINES		AMINOPHYLLINE TABS THEOCHRON TB12 THEOLAIR-SR TB12 THEOPHYLLINE ELIX THEOPHYLLINE SOLN THEOPHYLLINE ER CP12 THEOPHYLLINE ER TB12 UNIPHYL TBCR	QUIBRON CAPS QUIBRON-T TABS QUIBRON-T/SR TB12 THEO-24 CP24 THEOLAIR TABS THEOPHYLLINE CR TB12 T-PHYL TB12	Use PA Form # 20420
ANTIASTHMATIC - STEROID INHALANTS		AEROBID AERS ASMANEX AZMACORT AERS BECLOVENT AERS FLOVENT HFA PULMICORT SUSP ¹ QVAR AERS VANCERIL AERS	AEROBID-M AERS PULMICORT TURBUHALER AEPB ² VANCERIL DOUBLE STRENGTH AERS	1. No PA for Pulmicort susp if under 8 years old 2. No PA for Pulmicort turbobaler if under 14 yr. Use PA Form # 20420
ANTIASTHMATIC - 5-Lipoxygenase Inhibitors			ZYFLO TABS	Use PA Form # 20420
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS		SINGULAIR ¹	ACCOLATE TABS	1. To determine Singulair use for asthma vs non-asthma use, an asthma diag is required on the prescription or history of inhaled steroid use. Use PA Form # 20420
ANTIASTHMATIC - ALPHA-PROTEINASE INHIBITOR			PROLASTIN SUSR ZEMAIRA	Use PA Form # 20420
ANTIASTHMATIC - HYDROLYTIC ENZYMES			PULMOZYME SOLN	Use PA Form # 20420
ANTIASTHMATIC - MUCOLYTIC		ACETYLCYSTEINE ¹	MUCOMYST	1. Acetylcysteine is covered with diagnosis of CF. Use PA Form # 20420
COUGH/COLD				
COUGH/COLD		PSEUDOEPHEDRINE ROBITUSSIN DM SYRP ROBITUSSIN SUGAR FREE SYRP	All others are a non-covered service (this includes antihistamines-decongestive combinations).	All of cough cold preparations are not covered except these preferred products.
DIGESTIVE AIDS / ASSORTED GI				
Preferred drugs that used to require diag codes still require diag codes unless indicated otherwise.				
GI - ANTIPERISTALTIC AGENTS		DIPHENOXYLATE DIPHENOXYLATE/ATROPINE IMODIUM A-D TABS LOPERAMIDE HCL CAPS LOPERAMIDE HCL LIQD OPIUM TINCTURE TINC PAREGORIC TINC	ANTI-DIARRHEAL TABS LOFENE TABS LONOX TABS MOTOFEN TABS SB ANTI-DIARRHEA TABS	Use PA Form # 20420
GI - ANTIDIARRHEAL / ANTACID MISC.		ALU-CAP CAPS ANTACID CHEW ATROPINE SULFATE SOLN BENTYL SYRP BISMATROL CALCIUM ANTACID CALCIUM CARBONATE CAL-GEST ANTACID CHEW CHEWABLE ANTACID CHEW DICYCLOMINE HCL GAVISCON SUSP HAPONAL TABS HYOSCYAMINE SULFATE IMODIUM ADVANCED CHEW KAOPECTATE K-PEC LIQD K-PEK SUSP MAALOX MAGNESIUM OXIDE TABS MAG-OX 400 TABS	ANTACID EXTRA STRENGTH CHEW B & O 15-A SUPPRETTE SUPP B & O 16-A SUPPRETTE SUPP BELLADONNA ALKALOIDS & OP BENTYL TABS CHILDRENS MYLANTA CHEW LEVBID TB12 LEVSIN ELIX LEVSIN TABS LEVSIN/SL SUBL NULEV TBDP URO-MAG CAPS	Use PA Form # 20420

		MAG-OXIDE TABS PAMINE TABS PINK BISMUTH PROPANTHELINE BROMIDE TABS ROBINUL SAL-TROPINE TABS SCOPOLAMINE HYDROBROMIDE SODIUM BICARBONATE TABS TUMS V-R STOMACH RELIEF SUSP X-STR CHEW ANTACID CHEW			
GI - H2-ANTAGONISTS		CIMETIDINE FAMOTIDINE RANITIDINE V-R ACID REDUCER TABS		AXID CAPS AXID AR TABS NIZATIDINE CAPS PEPCID PEPCID AC TAGAMET TABS ZANTAC ¹	1. Zantac syrup available without PA to users less than 6 years old. Use PA Form # 20420
GI - PROTON PUMP INHIBITOR		PREVACID CPDR OTC PRILOSEC PROTONIX TBEC PREVACID ORAL SUSP	6 7 8 8 8 8 8	OMEPRAZOLE CPDR ACIPHEX TBEC NEXIUM CPDR PREVACID SOLUTABS** PRILOSEC CPDR PROTONIX INJ ZEGERID	** Prevacid Solutabs available without PA for children less than 9 years old and Long Term Care Residents. Use PA Form # 20420
GI - ULCER ANTI-INFECTIVE		HELIDAC PREVPAC			
PROSTAGLANDINS		MISOPROSTOL TABS		CYTOTEC TABS	Use PA Form # 20420
GI - DIGESTIVE ENZYMES		LACTAID ULTRA LACTRASE CAPS	5 5 5 7 7 7 7 7 8 8 8 8 8 8	ULTRASE CPEP ULTRASE MT VIOKASE LIPRAM PANCREASE PANCRELIPASE PANGESTYME PANOKASE TABS CREON KUTRASE CAPS KU-ZYME CAPS LIPRAM CR PANCREASE MT PANCRECARB MS-8 CPEP	Non-preferred products are a one time PA for life (for CF diagnosis). Non-preferred products must be used in specified step order. Use PA Form # 20420
GI - ANTI - FLATULENTS / GI STIMULANTS		CALULOSE SYRP CONSTULOSE SYRP ENULOSE SYRP GASTROCROM CONC GENERLAC SYRP LACTULOSE SYRP METOCLOPRAMIDE HCL SIMETHICONE		AMITIZA ¹ CEPHULAC SYRP GAS-X CHEW INFANTS GAS RELIEF SUSP REGLAN TABS	Diag codes no longer necessary for preferred products. Lactulose has 60cc/day QL 1. Prior failed trials of multipl other preferred GI agents must occur first. Such as OTC senna, docusate, lactulose, polyethylene glycol. Use PA Form # 20420
GI - INFLAMMATORY BOWEL AGENTS		ASACOL TBEC AZULFIDINE TABS AZULFIDINE EN-TABS TBEC CANASA SUPP COLAZAL CAPS DIPENTUM CAPS PENTASA CPCR ROWASA ENEM SULFASALAZINE TABS		CANASA SUPP SULFAZINE EC TBEC	Use PA Form # 20420
GI - IRRITABLE BOWEL SYNDROME AGENTS				LOTRONEX TABS ZELNORM TABS	Use PA Form # 20420
MISCELLANEOUS GI					
Preferred drugs that used to require diag codes still require diag codes unless indicated otherwise.					
GI - MISC.		BISAC-EVAC SUPP BISACODYL BISCOLAX SUPP CINOBAC CAPS		ACTIGALL CAPS BENEFIBER CARAFATE COLACE CAPS	1. Quantity Limit: 255 g/90-day without PA for greater than 18 years old. If under 18 years of age, allowed 17gms daily without PA.

		CITRATE OF MAGNESIA SOLN CITRUCCEL D.O.S. CAPS DIOCTO LIQD DIOCTO SYRP DIOCTYN CAPS DOC-Q-LACE CAPS DOCUSATE CALCIUM CAPS DOCUSATE SODIUM DOCUSIL CAPS DOK CAPS FIBER LAXATIVE TABS FLEET GENFIBER POWD GLYCERIN GLYCOLAX ¹ HIPREX TABS KRISTALOSE PACK METAMUCIL MILK OF MAGNESIA SUSP MINERAL OIL OIL 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	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 POWD MIRALAX PACK NULYTELY SOLR PEG 3350/ELECTROLYTES SOLR SENEXON TABS SENOKOT TABS SENOKOT S TABS STOOL SOFTENER PLUS CAPS UNI-CENNA TABS UNI-EASE PLUS CAPS URSO 250 V-R NATURAL SENNA LAXATIV TABS	2. 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
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MISC. UROLOGICAL

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

PHOSPHATE BINDERS		PHOSLO ³ MAGNEBIND - 400 ³ FOSRENOL ³	RENAGEL ^{1,2}	1. Renagel will be approved for hypercalcemia, digoxin users, and in cases where maximum phoslo doses are insufficient. 2. Will be verifying patient compliance. Labs must be provided. Please refer to the Phosphate Binders PA form. 3. Requires diag to be preferred Use PA Form #20530
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INTRA-VAGINALS

VAGINAL- ANTIBACTERIALS	1 1	CLEOCIN CREA METROGEL VAGINAL GEL	VANDAZOLE	Step order must be followed to avoid PA. Must fail Cleocin and Metrogel products before moving to next step product without PA
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	3	CLEOCIN SUPP			to next step product without PA.
VAGINAL- ANTIFUNGALS		CLOTRIMAZOLE CREA GYNE-LOTTRIMIN CREA MICONAZOLE CREA MICONAZOLE 3 COMBO PACK KIT ¹ MICONAZOLE 7 CREA MICONAZOLE NITRATE CREA MONISTAT 1 OINT MONISTAT 3 CREA MONISTAT 7 NYSTATIN TABS TERCONAZOLE 0.4MG VAGITROL V-R MICONAZOLE-7 CREA		AVC CREAM CLOTRIMAZOLE 3 DAY CREA GYNAZOLE-1 CREA GYNE-LOTTRIMIN 3 TABS MICONAZOLE 3 SUPP MONISTAT 3 SUPP TERAZOL 3 CREA TERAZOL 3 SUPP TERAZOL 7 CREA TERCONAZOLE 0.8MG	1. Quantity limit: 1/script/2 weeks Use PA Form # 20420
VAGINAL - CONTRACEPTIVES		GYNOL II EXTRA STRENGTH GEL		DELLEN FOAM	Use PA Form # 20420
VAGINAL- ESTROGENS		ESTRING RING PREMARIN CREA		ESTRACE CREA VAGIFEM TABS	Must fail all preferred products before non-preferred. Use PA Form # 20420
VAGINAL- OTHER		ACID JELLY GEL ACI-JEL GEL CERVICAL AMINO ACID CREA		AMINO ACID CERVICAL CREA	Use PA Form # 20420
BPH					
BPH		AVODART DOXAZOSIN MESYLATE TABS PROSCAR TABS TERAZOSIN HCL CAPS	5 8 8 8 8	FLOMAX CP24 CARDURA TABS FINASTERIDE HYTRIN CAPS UROXATRAL	Non-preferred products must be used in specified order. Use PA Form # 20420
ANXIOLYTICS					
ANXIOLYTICS - BENZODIAZEPINES		ALPRAZOLAM TABS CHLORDIAZEPOXIDE HCL CAPS CLORAZEPATE DIPOTASSIUM TABS DIAZEPAM LORAZEPAM OXAZEPAM CAPS		ATIVAN NIRAVAM SERAX TRANXENE XANAX TABS	Use PA Form # 20420
ANXIOLYTICS - LONG ACTING		XANAX XR ¹		ALPRAZOLAM ER	1. Xanax XR will be available if the long acting benzo clonazepam fails. Use PA Form # 20420
ANXIOLYTICS - MISC.		BUSPIRONE HCL TABS HYDROXYZINE HCL SOLN HYDROXYZINE HCL SYRP HYDROXYZINE PAMOATE CAPS		ATARAX TABS BUSPAR TABS DROPERIDOL SOLN HYDROXYZINE HCL TABS HYDROXYZINE PAM 100MG CAPS INAPSINE SOLN MEPROBAMATE TABS VISTARIL	Use PA Form # 20420
ANTI-DEPRESSANTS					
ANTIDEPRESSANTS - MAO INHIBITORS		NARDIL TABS PARNATE TABS			
ANTIDEPRESSANTS - SELECTED SSRI's/Other		BUPROPION HCL TABS BUPROPION SR CITALOPRAM ⁴ FLUOXETINE HCL CAPS FLUOXETINE HCL LIQD FLUOXETINE HCL TABS FLUVOXAMINE MALEATE TABS LEXAPRO ⁴ MIRTAZAPINE NEFAZODONE PAROXETINE ³ PAXIL CR ³ TRAZODONE HCL TABS WELLBUTRIN XL ZOLOFT ²	5 8 8 6 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	CYMBALTA ⁴ CELEXA DESYREL TABS EFFEXOR TABS EFFEXOR XR CP24 ³ FLUOXETINE 40 mg ¹ LUVOX TABS MAPROTILINE HCL TABS MIRTAZAPINE ODT PAXIL ³ PROZAC PROZAC CAPS PROZAC WEEKLY CPDR REMERON TABS REMERON SOLTAB TBDP SARAFEM CAPS SERTRALINE TRAZODONE HCL 300MG TABS WELLBUTRIN TABS	Non-preferred products must be used in specified step order. 1. Use Fluoxetine 20 mg in multiples. 2. See Zoloft splitting table. Zoloft requires splitting of 50mg and/or 100mg scored tabs to avoid PA. 3. Strong caution with pediatric population. 4. See Celexa/Citalopram and Lexapro splitting table. Lexapro 5mg will require a PA. 5. Max daily dose allowed is 60mg, only 1 per day allowed for all strengths. 6. Use of a preferred antidepressant for anxiety will require PA to establish anxiety diagnosis. Use PA Form # 20420 <u>Special Kid <18yo Criteria for New Starters:</u> Must have had fluoxetine trial for at least 30 days before accessing other preferred antidepressants without PA.

			8	WELLBUTRIN SR TBCR	
ANTIDEPRESSANTS - TRI-CYCLICS	*	AMITRIPTYLINE HCL TABS AVENTYL SOLN CLOMIPRAMINE HCL CAPS DESIPRAMINE HCL TABS DOXEPIN HCL IMIPRAMINE HCL TABS NORTRIPTYLINE HCL PROTRIPTYLINE HCL TABS SURMONTIL CAPS		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
SEDATIVE / HYPNOTICS					
SEDATIVE/HYPNOTICS - BARBITURATE		BUTISOL SODIUM TABS CHLORAL HYDRATE SYRP MEBARAL TABS PHENOBARBITAL		LUMINAL SOLN SECONAL CAPS SOMNOTE CAPS	PA required for new users of preferred products if over 65 years old. Use PA Form # 30110
SEDATIVE/HYPNOTICS - BENZODIAZEPINES		DORAL TABS ESTAZOLAM TABS FLURAZEPAM HCL CAPS TEMAZEPAM CAPS TRIAZOLAM TABS		DALMANE HALCION TABS MIDAZOLAM HCL SYRP PROSOM TABS RESTORIL CAPS	Previous quantity limits still apply. Use PA Form # 30110
SEDATIVE/HYPNOTICS - Non-Benzodiazepines		AMBIEN CR ¹ LUNESTA ¹ MIRTAZAPINE TRAZODONE	7 8 8	AMBIEN ¹ ROZEREM SONATA CAPS ¹	Must fail all preferred products before non-preferred. 1.Quantity Limit of 12 per 34 days. Use PA Form # 30110
ANTI-PSYCHOTICS					
ANTIPSYCHOTICS - ATYPICALS		RISPERDAL GEODON SEROQUEL TABS ABILIFY TABS ZYPREXA TABS ZYPREXA ZYDIS TBDP	8 8	RISPERDAL M TAB RISPERDAL CONSA	1. If prescribing 2 or more antipsychotics, PA will be required for both drugs, except if one is Clozapine. See Multiple Antipsychotic PA form #20440 2. All atypicals have dosing limitations and maximum daily doses. Please refer to dose consolidation table for any potential dosing limits. Maximum daily doses are as follows: Abilify- 30mg daily max Risperdal- 8mg daily max Seroquel- 800mg daily max Zyprexa- 30mg daily max Use PA form #10420 for requests exceeding these maximum daily doses.
ANTIPSYCHOTICS - SPECIAL ATYPICALS		CLOZAPINE TABS		CLOZARIL TABS FAZACLO	Use PA Form # 20420
ANTIPSYCHOTICS - TYPICAL		CHLORPROMAZINE HCL FLUPHENAZINE DECANOATE FLUPHENAZINE HCL HALDOL HALOPERIDOL HALOPERIDOL DECANOATE SOLN HALOPERIDOL LACTATE SOLN LOXAPINE SUCCINATE CAPS LOXITANE-C CONC MOBAN TABS PERPHENAZINE PROCHLORPERAZINE SERENTIL THIORIDAZINE HCL THIOTHIXENE THORAZINE SUPP TRIFLUOPERAZINE HCL TABS		COMPAZINE COMPRO SUPP HALDOL DECANOATE LOXITANE CAPS MELLARIL NAVANE CAPS PROLIXIN STELAZINE TABS THORAZINE	Use PA Form # 20420
LITHIUM					
LITHIUM		ESKALITH CAPS ESKALITH CR TBCR LITHIUM CARBONATE LITHIUM CITRATE SYRP			
COMBINATION - PSYCHOTHERAPEUTIC					
PSYCHOTHERAPEUTIC		CHLORDIAZEPOXIDE/AMITRIPT	8	SYMBYAX	Use PA Form # 20420

COMBINATION	PERPHENAZINE/AMITRIPTYLIN	STIMULANTS		
STIMULANT - AMPHETAMINES - SHORT ACTING	ADDERALL TABS AMPHETAMINE SALT COMBO DEXEDRINE DEXTROAMPHET SULF TABS DEXTROSTAT TABS			Preferred stimulants will be available without PA if diagnosis of ADHD. 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. Stimulants have dosing limitations per strength and maximum daily doses. Please refer to dose consolidation table for any potential dosing limits per strength. Maximum daily doses are as follows: 50mg daily.
STIMULANT - - LONG ACTING AMPHETAMINE SALT	ADDERALL XR CP24			Preferred stimulants will be available without PA if diagnosis of ADHD. As per recent FDA alert, Adderall should not be used in patients with underlying heart defects since they may be at increased risk for sudden death. Stimulants have dosing limitations per strength and maximum daily doses. Please refer to dose consolidation table for any potential dosing limits per strength. Maximum daily doses are as follows: 50mg daily.
LONG ACTING - AMPHETAMINES -	DEXEDRINE Cap CR DEXTROAMPHET SULF CPR			Preferred stimulants will be available without PA if diagnosis of ADHD. 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. Stimulants have dosing limitations per strength and maximum daily doses. Please refer to dose consolidation table for any potential dosing limits per strength. Maximum daily doses are as follows: 50mg daily.
STIMULANT - METHYLPHENIDATE	FOCALIN METHYLIN TABS METHYLIN SOL METHYLPHENIDATE HCL			Stimulants have dosing limitations per strength and maximum daily doses. Please refer to dose consolidation table for any potential dosing limits per strength. Maximum daily doses are as follows: 72mg daily
STIMULANT - METHYLPHENIDATE - LONG ACTING	CONCERTA TBCR DAYTRANA ² FOCALIN XR ¹	5 8	METADATE CD CPR RITALIN LA	Preferred stimulants will be available without PA if diagnosis of ADHD. Non-preferred products must be used in specified step order. Stimulants also have dosing limitations per strength and maximum daily doses. Please refer to dose consolidation table for any potential dosing limits per strength. 1. Available to those members needing sprinkles with diagnosis of ADHD. 2. FDA approval currently only for ages 6-16. Will be available without PA for this age group. Limit of one patch daily. Max dose of 30MG daily. Use PA Form # 20420
STIMULANTS - STIMULANT LIKE		7 8 8 9 9	STRATTERA ^{1,2} CAFCIT SOLN PROVIGIL TABS DESOXYN TABS DESOXYN CR	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) 2. Strattera currently has dosing limitations allowing one tablet per day for all strengths if obtain approval. Please refer to PDL dosage consolidation chart. 3. Non-preferred products must be used in specified step order Provigil: Use PA Form # 20710

ANTI-CATAPLECTIC AGENTS

PSYCHOTHERAPEUTIC AGENTS - MISC.				XYREM SOL.	Use PA Form # 20710
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WEIGHT LOSS

WEIGHT LOSS					No longer covered: PHENTERMINE, XENICAL, DIDREX, and MERIDIA
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ALZHEIMER DISEASE

ALZHEIMER - Cholinomimetics - NMDA		ARICEPT TABS ¹	8	EXELON	1. All new users need PA to establish dementia diagnosis and baseline mental status score. Must fail all preferred products before moving to non-preferred. Use PA Form # 20420 and MMSE form
		NAMENDA ¹	8	RAZADYNE	
			8	REMINLY	
			9	COGNEX CAPS	

SMOKING CESSATION

NICOTINE PATCHES / TABLETS		NICODERM CQ PT24			Bupropion SR 150 mg is available without a prior authorization.
NICOTINE REPLACEMENT - OTHER		NICOTINE POLACRILEX GUM NICORETTE GUM	5	COMMIT LOZENGES ¹ NICOTROL INHALER NICOTROL NASAL SPARY	Must fail all preferred products from smoking cessation category (Nicoderm patch and nicotine gum) before moving to non-preferred. Must use Non-preferred products in specified step order. 1. Will be available to patients unable to tolerate preferred products. Use PA Form # 20420

ALCOHOL DETERRENTS

ALCOHOL DETERRENTS		DISULFIRAM TABS ANTABUSE TABS NALTREXONE HCL TABS CAMPRAL ¹			1. Should only be used in conjunction with formal structured outpatient detoxification Use PA Form # 20420
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MISCELLANEOUS ANALGESICS

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

NARCOTICS - LONG ACTING		AVINZA	7	DURAGESIC PT7 ¹	Non-preferred products must be used in specific order. 1. Duragesic will be available without PA
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	METHADONE METHADOSE MORPHINE SULFATE ER TB12 ³ OXYCODONE ER ³	8 8 8 8 8	KADIAN ² MORPHINE SULFATE SUPP MS CONTIN TB12 ORAMORPH SR TB12 OXYCONTIN TB12	order. 1. Duragesic 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. Only preferred manufacturer's products will be available without prior authorization. Use PA Form # 20510
NARCOTICS - SELECTED	TRAMADOL HCL TABS	8 8 8 8 8 8 8 8 9	BUPRENEX SOLN BUTORPHANOL NALBUPHINE HCL SOLN NUBAIN SOLN STADOL NS SOLN ULTRACET TABS ULTRAM TABS ULTRAM ER	Use PA Form # 20420
MISCELLANEOUS NARCOTICS				
NARCOTICS - MISC.	ACETAMINOPHEN/CODEINE ACTIQ LPOP ¹ 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 HYDROCODONE BITARTRATE/AP TABS HYDROCODONE/ACETAMINOPHEN HYDROMORPHONE HCL ³ MEPERIDINE HCL OXYCODONE OXYCODONE/ACETAMINOPHEN ^{2,3} PENTAZOCINE/NALOXONE TABS PROPOXYPHENE CMPND-65 CAPS PROPOXYPHENE COMPOUND CAPS PROPOXYPHENE HCL CAPS PROPOXYPHENE/ACET TABS PROPOXYPHENE-N/ACET TABS ROXICET ROXIPRIN TABS		ANEXSIA TABS ASCOMP/CODEINE CAPS BUTALBITAL/APAP/CAFFEINE/ CAPS COMBUNOX DARVOCET-N DARVON DEMEROL DILAUDID DILAUDID-HP SOLN FENTANYL CITRATE SOLN FIORICET/CODEINE CAPS FIORINAL/CODEINE #3 CAPS FIORTAL/CODEINE CAPS HYDROCODONE/IBUPROFEN LORCET LORTAB MAXIDONE TABS NORCO TABS PENTAZOCINE/ACET TABS PERCOCET TABS PERCODAN TABS PHRENILIN W/CAFFEINE/CODE CAPS ROXICET 5/500 TABS ROXICODONE 15MG ROXICODONE 30MG SYNALGOS-DC CAPS TALACEN TABS TALWIN NX TABS TYLENOL/CODEINE #3 TABS TYLOX CAPS VICODIN VICOPROFEN TABS ZYDONE TABS	1. ACTIQ lollypop and Capital and codeine suspension products require PA for users over 18 years of age. 2. oxycodone/acet 10/650 is 8 times more expensive. Use twice as many of oxycod/acet 5/325 instead. 3. Only preferred manufacturer's products will be available without prior authorization. You can mix and match preferred strengths of oxycodone and oxycodone/acet. to minimize acet. dose similar to certain non-preferred drugs. Use PA Form # 20420 Please refer to General Criteria Category E.
OPIOID DEPENDENCE TREATMENTS	SUBOXONE ¹		SUBUTEX	1. Suboxone is preferred with max dosing limits

TREATMENTS					of 32mg daily if the following conditions are met: a.) There is not another Suboxone script in member's drug profile within the past 30 days. and b.) There is not more than one narcotic fill in member's drug profile between today's fill of suboxone and a prior suboxone fill within the past 90 days. Please provide evidence of monthly monitoring, including random pill counts, urine drug tests, and prescription monitoring program reports.
NARCOTIC ANTAGONISTS					
NARCOTIC - ANTAGONISTS		NALTREXONE HCL TABS		REVIA TABS ¹ VIVITROL INJ ²	1. Will only be approved for side effects experienced with generic that are not described in the literature as occurring with the brand version. Use PA Form # 20420 2. Please see the criteria listed on the Vivitrol PA form. Any narcotics attempting to be filled during Vivitrol approval will require prior authorization. Use PA Form # 30400
COX 2 / NSAIDS					
NSAID- PPI		PREVACID NAPRA-PAC			
COX 2 INHIBITORS - HIGHLY SELECTIVE		CELEBREX CAPS			The FDA has issued a Public Health Advisory warning of the potential for increased cardiovascular risk & GI bleeding with Celebrex use. Dosing limits will be set at a maximum of 200 mg once daily for PA requests or for patients over 60 without PA. Use PA Form # 10310
COX 2 INHIBITORS - SELECTIVE		KETOROLAC TROMETHAMINE MELOXICAM NABUMETONE TABS		MOBIC MOBIC SUSP RELAFEN TABS TORADOL	The FDA has issued a Public Health Advisory warning of the potential for increased cardiovascular risk & GI bleeding with NSAID use. Use PA Form # 10220
NSAIDS		CHILDRENS IBUPROFEN CHILDRENS MOTRIN SUSP DICLOFENAC POTASSIUM TABS DICLOFENAC SODIUM ETODOLAC FENOPROFEN CALCIUM TABS FLURBIPROFEN TABS IBUPROFEN INDOMETHACIN KETOPROFEN MECLOFENAMATE SODIUM CAPS NAPROSYN SUSP NAPROXEN SUSP NAPROXEN TABS NAPROXEN SODIUM TABS OXAPROZIN TABS PIROXICAM CAPS SULINDAC TABS TOLMETIN SODIUM		ADVIL TABS ANAPROX TABS ANAPROX DS TABS ANSAID TABS CATAFLAM TABS CHILDRENS ADVIL SUSP CHILD'S IBUPROFEN SUSP CLINORIL TABS DAYPRO TABS EC-NAPROSYN TBEC ETODOLAC ER 600MG FELDENE CAPS IBU-200 INDOCIN LODINE MOTRIN NALFON CAPS NAPRELAN TBCR NAPROSYN TABS NAPROXEN DR TBEC NAPROXEN SODIUM TBCR ORUVAIL CP24 PONSTEL CAPS SB IBUPROFEN TABS TOLECTIN VOLTAREN V-R IBUPROFEN TABS	The FDA has issued a Public Health Advisory warning of the potential for increased cardiovascular risk & GI bleeding with NSAID use. Use PA Form # 20420
RHEUMATOID ARTHRITIS					
RHEUMATOID ARTHRITIS	1	AZATHIOPRINE	6	ARAVA TABS	1. Only one step 1 drug is required to obtain Enbrel or Humira without PA. High doses of Enbrel 50mg twice weekly will require a PA
	1	LEFLUNOMIDE	8	KINERET SOLN	

	1	HYDROXYCHLOROQUINE	8	ORENCIA	Enbrel being twice weekly will require a PA. Established users will be grandfathered for Enbrel and Humira
	1	METHOTREXATE	8	REMICADE	
	1	SULFASALAZINE			
	2	ENBREL KIT ¹			Use PA Form #10510
	2	HUMIRA ¹			
MISCELLANEOUS ARTHRITIS					
ARTHRITIS - MISC.		RIDAURA CAPS MYOCHRYSLINE SOLN		ARTHROTEC ¹	1. The individual components of Arthrotec are available without PA. Use PA Form # 20420
MIGRAINE THERAPIES					
MIGRAINE - ERGOTAMINE DERIVATIVES		MIGRANAL SOLN SANSERT TABS		D.H.E. 45 SOLN	Use PA Form # 10110
MIGRAINE - CARBOXYLIC ACID		DEPAKOTE ER TB24			
MIGRAINE - SELECTIVE SEROTONIN AGONISTS (5HT)-- Tabs	1 1 1 1	IMITREX TABS MAXALT MLT RELPAX MAXALT		FROVA TABS AXERT TABS AMERGE TABS ZOMIG TABS ZOMIG ZMT TBDP ZOMIG NASAL SPRAY	Use PA Form # 10110
MIGRAINE - SELECTIVE SEROTONIN AGONISTS (5HT)-- Injectables		IMITREX KIT IMITREX SOLN IMITREX STATDOSE PEN KIT IMITREX STATDOSE REFILL KIT			Use PA Form # 10110
MIGRAINE MISC		CAFERGOT SUPP CAFERGOT TABS SPASTRIN TABS		MIGRAZONE CAPS BELCOMP-PB SUPP	Use PA Form # 10110
GOUT					
GOUT		ALLOPURINOL TABS COLCHICINE TABS PROBENECID TABS PROBENECID/COLCHICINE TABS SULFINPYRAZONE TABS		ZYLOPRIM TABS	Use PA Form # 20420
MISC.					
ANESTHETICS - MISC.		BUPIVACAINE HCL SOLN LIDOCAINE HCL SOLN MARCAINE SOLN		SENSORCAINE-MPF SOLN SYNVISC INJ XYLOCAINE SOLN	Use PA Form # 30130
ANTI-CONVULSANTS					
ANTICONVULSANTS - MISC.		CARBAMAZEPINE CARBATROL CP12 CELONTIN CAPS CLONAZEPAM TABS DEPAKOTE TBEC DEPAKOTE SPRINKLES CPSP DIASTAT ¹ DILANTIN EPITOL TABS EQUETRO ETHOSUXIMIDE SYRP FELBATOL LAMICTAL MYSOLINE TABS PHENYTEK CAPS PHENYTOIN TEGRETOL ² TEGRETOL-XR TB12 VALPROIC ACID ZARONTIN CAPS	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 9 9	DEPAKENE EQUETRO GABAPENTIN GABITRIL TABS KEPPRA TABS KLONOPIN TABS LYRICA PRIMIDONE TABS TOPAMAX TRILEPTAL ZARONTIN SYRP ZONISAMIDE NEURONTIN ZONEGRAN CAPS	1. Quantity limit. 5/month 2. 200 mg requires a PA. Use two 100 mg instead. Pharmaceutical supply issues will delay implementation until further notice.
			M ~ A	ADULT BIPOLAR DISORDER: STEP ORDER	Use PA Form # 20420
			4 ~ 4	LAMICTAL	All non-preferred meds must be used in specified order.
			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	
			9 ~ 9	ZONEGRAN CAPS	
			M ~ A	PEDIATRIC BIPOLAR1 DISORDER: STEP ORDER	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.
			4 ~ 4	(6-18 YEARS WITH OR WITHOUT PSYCHOSIS) LITHIUM	Two-step 1 preferred drugs must be tried before Trileptal. The step orders show the relative strength of

			4 ~ 4	CARBAMAZEPINE	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.
			4 ~ 4	VALPROATE	
			4 ~ 4	ATYPICAL ANTIPSYCHOTICS EXC.CLOZAPINE	
			4 ~ 4	LAMICTAL	
			5 ~ 5	TRILEPTA	
ANTI-PARKINSON DRUGS					
PARKINSONS - ANTI-CHOLINERGICS		AKINETON TABS BENZTROPINE MESYLATE TABS COGENTIN SOLN KEMADRIN TABS TRIHEXYPHENIDYL			
PARKINSONS - COMT		COMTAN TABS		TASMAR TABS	Use PA Form # 20420
PARKINSONS - SELECTED DOPAMIN AGONISTS	1 1 2	MIRAPEX TABS REQUIP TABS PERGOLIDE MESYLATE TABS		PERMAX	Both Mirapex and Requip must be used before Pergolide. Use PA Form # 20420
PARKINSONS - DOPAMINERGICS/CARBII/ LEVO		AMANTADINE HCL BROMOCRIPTINE MESYLATE CARBIDOPA/LEVODOPA TABS* CARBIDOPA/LEVODOPA ER LARODOPA TABS LODOSYN TABS SELEGILINE HCL		APOKYN AZILECT ELDEPRYL CAPS PARLODEL CAPS PARLODEL TABS SINEMET TABS SINEMET TBCR SYMMETREL TABS	*Only preferred manufacturer's products will be available without prior authorization. Use PA Form # 20420
PARKINSONS - COMBO.		STALEVO			
MUSCLE RELAXANTS					
ALS DRUG		RILUTEK TABS			
MUSCLE RELAXANTS		BACLOFEN TABS CHLORZOXAZONE TABS CYCLOBENZAPRINE HCL TABS LIORESAL INTRATHECAL KIT METHOCARBAMOL TABS TIZANIDINE HCL TABS	7 8 8 8 8 8 8 8 9 9	ORPHENADRINE CITRATE CARISOPRODOL TABS ¹ DANTRIUM CAPS FLEXERIL TABS LIORESAL TABS NORFLEX TBCR ROBAXIN-750 TABS ZANAFLEX TABS SKELAXIN TABS 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 - COMBINATIONS				CARISOPRODOL/ASPIRIN TABS CARISOPRODOL/ASPIRIN/CODE NORGESIC TABS ORPHENADRINE COMPOUND ORPHENADRINE/ASA/CAFF ORPHENGESIC	Use PA Form # 20420
VITAMINS					
Preferred products that used to require diag codes still require diag codes unless indicated otherwise.					
VITAMINS		ASCORBIC ACID TABS BIOTIN CYANOCOBALAMIN SOLN FOLGARD RX 2.2 TABS FOLIC ACID TABS FOLTX TABS MEPHYTON TABS NIACIN NIACOR TABS NICOTINIC ACID SR CPR PYRIDOXINE HCL TABS SLO-NIACIN TBCR THIAMINE HCL SOLN VITAMIN B-1 TABS VITAMIN B-12 VITAMIN B-6 TABS VITAMIN C VITAMIN 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

VITAMIN D's		CALCIFEROL SOLN ¹ CALCITRIOL CAPS ¹ DRISDOL SOLN ¹ VITAMIN D ^{1,2}		DRISDOL CAPS CALCIJEX HECTOROL (ORAL) HECTOROL (PARENTERAL) ROCALTROL ZEMPLAR	1. Diagnosis of dialysis (renal failure) required. 2. OTC Vitamin D no diagnosis required.
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MISC MULTI-VITAMINS

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

VITAMINS - MISC.		CENTRUM LIQD CENTRUM TABS CENTRUM JR/IRON CHEW 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 DIALY VITE 800MG FULL SPECTRUM B M.V.I.-12 INJ MULTI-VIT/FLUORIDE NATACHEW CHEW NATALCARE RX TABS O-CAL PRENATAL OCUVITE TABS ONE DAILY TABS ONE-DAILY MULTIVITAMINS ONE-TABLET-DAILY POLY-VIT/IRON/FLUORID SOLN POLY-VITAMIN/FLUORIDE SOLN POLY-VITAMINS/IRON SOLN PRENATAL TABS PRENATAL FORMULA 3 TABS PRENATAL PLUS TABS PRENATAL PLUS NF TABS PRENATAL PLUS/27MG IRON PRENATAL PLUS/IRON TABS PRENATAL RX/BETA-CAROTENE PROTEGRA CAPS STRESS TAB NF TABS THERAPEUTIC-M TABS THERAVITE LIQD TRI-VITAMIN/FLUORIDE SOLN VITA CON FORTE CAPS VITAMIN B COMPLEX CAPS VITAPLEX PLUS TABS		ADEKS ADVANCED NATALCARE TABS CENTRUM JR/EXTRA C CHEW CENTRUM PERFORMANCE TABS DALYVITE LIQD EMBEX 600 MISC IBERET MATERNA TABS MULTIRET FOLIC -500 TBCR NATAFORT TABS NATALCARE CFE 60 TABS NATALCARE GLOSS TABS NATALCARE PIC TABS NATALCARE PIC FORTE TABS NATALCARE PLUS TABS NATALCARE THREE TABS NATALFIRST TABS NATATAB RX TABS NEPHPLEX RX TABS NEPHROCAPS CAPS NEPHRO-VITE TABS NESTABS RX TABS NIFEREX NUTRINATE CHEW POLY-VI-FLOR SOLN POLY-VI-SOL SOLN POLY-VI-SOL/IRON SOLN POLY-VITAMIN DROPS SOLN PRECARE PREMESIS RX TABS PRENATABS CBF TABS PRENATAL 19 CHEW PRENATAL CARE TABS PRENATAL MR 90 TBCR PRENATAL MTR/SELENIUM TABS PRENATAL OPTIMA ADVANCE TABS PRENATAL PC 40 TABS PRENATAL RX TABS PRENATE PRENATE ELITE PRIMACARE MISC RENAL CAPS RENAPHRO CAPS RENA-VITE RX TABS STUARTNATAL PLUS 3 TABS TRI-VI-SOL SOLN TRI-VI-SOL/IRON SOLN ULTRA NATALCARE TABS ULTRA-NATAL TABS VICON FORTE CAPS VINATAL FORTE TABS VINATE VINATE ADVANCED TABS	Diag codes are no longer required on prenatal vitamins. Use PA Form # 20420
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MISCELLANEOUS MINERALS

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

MINERALS		CALCARB CALCI-MIX CAPSULE CAPS		ANEMAGEN CALCET TABS	Use PA Form # 20420
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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
DEXFERRUM SOLN
EFFERVESCENT POTASSIUM TBEF
FEOSTAT CHEW
FERATAB TABS
FER-GEN-SOL SOLN
FERGON TABS
FER-IN-SOL SOLN
FER-IRON SOLN
FERRONATE TABS
FERROUS FUMARATE TABS
FERROUS GLUCONATE TABS
FERROUS SULFATE
FLUOR-A-DAY CHEW
FLUORIDE CHEW
FLUORIDE SODIUM CHEW
FLUORITAB CHEW
HEMOCYTE TABS
HM CALCIUM TABS
K+ POTASSIUM PACK
KAON ELIX
KAON-CL-10 TBCR
KCL 0.075%/D5W/NAACL 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 CPR
NEUTRA-PHOS
OS-CAL TABS
OS-CAL 500 + D TABS
OYSCO
OYST-CAL TABS
OYST-CAL D TABS
OYST-CAL/VITAMIN D TABS
OYSTER CALCIUM TABS
OYSTER SHELL
PHARMA FLUR
PHOSPHA 250 NEUTRAL TABS
POTASSIUM BICARBONATE TBEF
POTASSIUM CHLORIDE
POTASSIUM EFFERVESCENT
SELENIUM TABS
SLOW-MAG TBCR
SODIUM FLUORIDE

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
K-TABS TBCR
K-VESCENT PACK
NU-IRON 150 CAPS
OYSTER SHELL CALCIUM/VITA TABS
POLY-IRON 150 CAPS
POLYSACCHARIDE IRON CAPS
POTASSIUM BICARB/CHLORIDE
SLOW FE TBCR
TUMS 500 CHEW
VIACTIV CHEW

SSKI SOLN
V-R CALCIUM
V-R OYSTER SHELL CALCIUM
ZINC SULFATE CAPS

MISC. ELECTROLYTES/NUTRITIONALS

ELECTROLYTES/ NUTRITIONALS		FISH OIL CAPS INTRALIPID EMUL MCT OIL OIL ORALYTE SOLN P.T.E. -5 SOLN PEDIALYTE SOLN		BOOST CASEC POWD CHOICE DM LIQD DELIVER 2.0 LIQD ENFAMIL ENSURE GLUCERNA ISOCAL LIQD KINDERCAL TF LIQD KINDERCAL TF/FIBER LIQD L-CARNITINE CAPS LIPISORB LIQD MODULEN IBD POWD NUTRAMIGEN POWD NUTREN NUTRITIONAL SUPPLEMENT LIQD NUTRIVENT 1.5 LIQD OMACOR PEPTAMEN PHENYL-FREE PKU 3 POWD PREGESTIMIL POWD PROBALANCE LIQD PROSOBEE SCANDISHAKE PACK	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. Use PA Form # 20420 & SGA Form
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ERYTHROPOEITINS

ERYTHROPOEITINS			5 6 8	PROCRIT SOLN ¹ EPOGEN SOLN ARANESP SOLN	1. All products require PA but Procrit is first choice. Still msut be used in specified step order. Use PA Form # 10520
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GRANULOCYTE CSF

GRANULOCYTE CSF			8 8 9	LEUKINE NEUPOGEN SOLN ¹ NEULASTA	Must be used in specified step order.1. 10 day supply/month may be used without a PA. Use PA Form # 20520
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ANTICOAGULANTS / PLATELET AGENTS

ANTICOAGULANTS		ARIXTRA SOLN ¹ FRAGMIN INJ ¹ HEPARIN SODIUM/NACL 0.9% SOLN HEP-LOCK SOLN LOVENOX SOLN ¹ WARFARIN SODIUM TABS HEPARIN LOCK SOLN HEPARIN LOCK FLUSH SOLN HEPARIN SODIUM SOLN HEPARIN SODIUM LOCK FLUSH SOLN INNOHEP JANTOVEN		COUMADIN TABS IPRIVAS C	1. Arixtra, Fragmin and Lovenox therapy durations greater than 7 days require PA. Use PA Form # 20420
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ANTIHEMOPHILIC AGENTS		ALPHANATE BENEFIX SOLR BIOCLATE HELIXATE FS KIT HEMOPIL - M HUMATE-P SOLR KOGENATE FS KONYNE - 80 MONARC - M MONOCLATE - P MONONINE NOVOSEVEN SOLR PROPLEX -T RECOMBINATE SOLR		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
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		REFACTO			
PLATELET AGGREGATION INHIBITORS		ASPIRIN	7	TICLOPIDINE HCL TABS	Use PA Form # 20420 1. As of 04.01.2005 Plavix is only available without PA if concurrent aspirin use (on prescription) within 100 days or documented failure or intolerance or other contraindication to aspirin.
		DIPYRIDAMOLE TABS PLAVIX TABS ¹	8	PERSANTINE TABS	
			8	TICLID TABS	
PLATELET AGGR. INHIBITORS / COMBO'S - MISC.		PENTOXIFYLLINE ER TBCR CILOSTAZOL		AGGRENOX CP12 ¹ AGRYLIN CAPS PLETAL TABS TRENAL TBCR	1. Aspirin and dipyridamole are available separately without PA Use PA Form # 20420
HEMOSTATIC					
HEMOSTATIC		AMICAR AMINOCAPROIC ACID			
OPHTHALMICS					
OP. ANTIBIOTICS		AK-SPORE OINT BACITRACIN OINT BACITRACIN/NEOMYCIN/POLYM BACITRACIN/POLYMYXIN B OINT CHLOROPTIC SOLN ERYTHROMYCIN OINT GENTAMICIN SULFATE NEOMYCIN/POLYMYXIN/GRAMIC NEOSPORIN SOLN POLYSPORIN SODIUM SULFACETAMIDE SOLN SULFACETAMIDE SODIUM TERRAMYCIN OINT TOBRAMYCIN SULFATE SOLN TRIMETHOPRIM SULFATE/POLY VIOPTIC SOLN		AK-POLY-BAC OINT AK-SULF OINT AK-TOB SOLN BLEPH-10 SOLN GENTAK ILOTYCIN OINT NEOMYCIN/BACI/POLYM OINT NEOSPORIN OINT OCUSULF-10 SOLN OCUTRICIN SOLN TERAK OINT TOBREX OINT TRIFLURIDINE SOLN	Use PA Form # 20420
OP. QUINOLONES	1 1 1 2	CILOXAN OINT CILOXAN SOLN OCUFLOX SOLN QUIXIN SOLN			Step order must be followed to avoid PA. Must fail Ocuflax and a Cioxan product before moving to next step product without PA. Use PA Form # 20420
OP. QUINOLONES - 4TH GENERATION		VIGAMOX ZYMAR			
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 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 SYSTANE TEARGEN SOLN TEARISOL SOLN TEARS NATURALE TEARS PURE SOLN TEARS RENEWED OINT THERATEARS SOLN V-R ARTIFICIAL TEARS SOLN	Use PA Form # 20420
OP. BETA - BLOCKERS		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. ANTIINFLAMMATORY / STEROIDS OPHTH.	AK-SPORE HC OINT ALREX SUSP BLEPHAMIDE SUSP CORTISPORIN SUSP DEXAMETH SOD PHOS SOLN FLAREX SUSP FLUOROMETHOLONE SUSP FML LIQUIFILM SUSP FML S.O.P. OINT FML-S LIQUIFILM SUSP INFLAMASE SOLN LOTEMAX SUSP NEOM/POLIN/DEX PRED FORTE SUSP PRED MILD SUSP PREDNISOLONE TOBRADEX		AK-TROL SUSP BAC/POLY/NEOMY/HC OINT BLEPHAMIDE S.O.P. OINT ECONOPRED EFLONE SUSP FLUOR-OP SUSP MAXITROL NEO/POLY/BAC/HC OINT PRED-G SUSP PRED-G S.O.P. OINT SULFACET SOD/PRED SOLN VASOCIDIN SOLN VEXOL SUSP	Use PA Form # 20420
OP. PROSTAGLANDINS	LUMIGAN SOLN TRAVATAN SOLN		RESCULA SOLN XALATAN SOLN	All preferred products must be used prior to non-preferred products. 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			
OP. ADRENERGIC AGENTS	DIPIVEFRIN HCL SOLN EPIFRIN SOLN		PROPINE SOLN	Use PA Form # 20420
OP. SELECTIVE ALPHA ADRENERGIC AGONISTS	ALPHAGAN SOLN ALPHAGAN P SOLN		IOPIDINE SOLN	Use PA Form # 20420
OP. ANTI-ALLERGICS	ELESTAT PATANOL SOLN		ALOCRIL SOLN ALOMIDE SOLN EMADINE SOLN LIVOSTIN SUSP OPTICROM SOLN ZADITOR	Use PA Form # 20420
OP. ANTI-ALLERGICS- MASTCELL STABILIER CLASS	ALAMAST SOLN			Must fail all preferred products before non-preferred. Use PA form #20420
OP. CARBONIC ANHYDRASE INHIBITORS/COMBO	AZOPT SUSP COSOPT SOLN TRUSOPT SOLN			Must fail all preferred products before non-preferred. Use PA form #20420
OP. NSAID'S	ACULAR LS ACULAR SOLN FLURBIPROFEN SODIUM SOLN VOLTAREN SOLN		OCUFEN SOLN NEVANAC	Must fail all preferred products before non-preferred. Use PA Form # 20420
OP. OF INTEREST	ENUCLENE SOLN		BOTOX SOLR RESTASIS ¹	1. Must have kerato conjunctivitis sicca and failed other dry eye therapies. Use PA Form # 20420
DERMATOLOGICAL				
TOPICAL - ACNE PREPARATIONS	ACCUTANE CAPS AZELEX CREA BENZOYL PEROXIDE CLEOCIN-T DIFFERIN ERYDERM SOLN ERYTHROMYCIN GEL ERYTHROMYCIN PADS ERYTHROMYCIN SOLN METROCREAM CREA METROGEL GEL METROLOTION LOTN PLEXION RETIN-A CREA ¹		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	1. For these Retin-A products, over 24 yr. need PA. Use PA Form # 20420

	RETIN-A GEL ¹ RETIN-A LIQD ¹ SODIUM SULFACET/SULF LOTN	DUAC GEL EMGEL GEL ERYCETTE PADS ERYGEL GEL EVOCLIN FINEVIN CREA KLARON LOTN NEOBENZ MICRO NORITATE CREA RETIN-A MICRO GEL SULFACET-R LOTN TRETINOIN TRIAZ ZETACET	
TOPICAL - ANTIBIOTIC	BACIT/NEOMYCIN/POLYM OINT BACITRACIN OINT BACTROBAN ¹ CENTANY OINT 2% ¹ GENTAMICIN SULFATE	CORTISPORIN TRIPLE ANTIBIOTIC OINT	1. Quantity limit of 30 g per month. Use PA Form # 20420
TOPICAL ANTIFUNGALS	CLOTRIMAZOLE CLOTRIMAZOLE/BETA CREA ECONAZOLE NITRATE CREAM KETOCONAZOLE CREA LOPROX GEL LOPROX .77 CREA LOPROX 1.0 CREAM LOPROX 1.0 LOTN LOPROX TS LOTN MICONAZOLE NITRATE CREA MYCO-TRIA CET II CREA NIZORAL SHAM NTA OINT NYSTATIN NYSTATIN/TRIAMCINOLONE PEDI-DRI POWD TINACTIN TRI-STATIN II CREA	EXELDERM FUNGIZONE CREA HYDROCORT/IODOQ CREA LAMISIL LOPROX 0.77 LOTN LOPROX SHAMPOO SHAM LOTRIMIN LOTRISONE MENTAX CREA MONISTAT-DERM CREA MYCOGEN II CREA MYCOLOG-II CREA MYCOSTATIN POWD NAFTIN NIZORAL CREA NYSTAT-RX POWD NYSTOP POWD OXISTAT PENLAC NAIL LACQUER SOLN SPECTAZOLE CREAM	Use PA Form # 10120
TOPICAL - ANTIPRURITICS	ZONALON CREA	PRUDOXIN CREA	Use PA Form # 20420
TOPICAL - ANTIPSORIATICS	DOVONEX SORIATANE CAPS TAZORAC	OXSORALEN ULTRA CAPS PSORiatec CREA TACLONEX ¹ VANAMIDE	Must fail all preferred products before non-preferred. Use PA Form # 20420 1. Individual ingredients are available as preferred without PA.
TOPICAL ANTISEBORRHEICS	CAPITROL SHAM SELENIUM SULFIDE SHAM SELSUN BLUE SHAM	CARMOL SCALP TREATMENT KIT ZNP BAR BAR	Use PA Form # 20420
TOPICAL - ANTIVIRALS	DENAVIR CREA ZOVIRAX OINT ¹		1. Zovirax may be used once without PA.
TOPICAL - ANTINEOPLASTICS	EFUDEX FLUOROPLEX CREA SOLARAZE GEL	CARAC CREA	Use PA Form # 20420
TOPICAL - BURN PRODUCTS	FURACIN CREA SSD CREA THERMAZENE CREA	SILVADENE CREA SILVER SULFADIAZINE CREA SSD AF CREA	Use PA Form # 20420
TOPICAL -CORTICOSTEROIDS	LOW POTENCY DESOWEN HYDROCORTISONE CREA HYDROCORTISONE LOTN LACTICARE-HC LOTN NUTRACORT LOTN TEXACORT SOLN TRIDESILON CREA MEDIUM POTENCY CUTIVATE DESOXIMETASONE .05%	ACLOVATE AMCINONIDE CREA ANUSOL HC-1 OINT ARISTOCORT A AUGMENTED BETA DIP OINT CLOBEX CLODERM CREA CORDRAN CORMAX DERMATOP DIFLORASONE DIACETATE	Use PA Form # 20420

	<p>ELOCON FLUOCINOLONE ACETONIDE .025-.01% FLUROSYN CREA HYDROCORTISONE BUTYRATE HYDROCORTISONE OINT HYDROCORTISONE VALERATE MOMETASONE FUROATE OINT TRIAMCINOLONE ACETONIDE .025-.1%</p> <p style="text-align: center;">HIGH POTENCY</p> <p>CYCLOCORT DIPROLENE DESOXIMETASONE .25% DESONIDE FLUOCINOLONE ACETONIDE .02% FLUOCINONIDE HALOG HALOG-E CREA TRIAMCINOLONE ACETONIDE .5%</p> <p style="text-align: center;">VERY HIGH POTENCY</p> <p>BETAMETHASONE DIPROPIONATE BETAMETHASONE VALERATE BETA-VAL CLOBETASOL PROPIONATE ULTRAVATE PSORCON</p> <p style="text-align: center;">MISCELLANEOUS</p> <p>CAPEX SHAM DERMA-SMOOTH/FS OIL PROCTO-KIT CREA</p>		<p>ELOCON OINT HYDROCORTISONE POWD KENALOG AERS LIDA MANTLE HC CREA LIDEX LIDEX-E CREA LOCOID LUXIQ FOAM OLUX FOAM PANDEL CREA PROCTOCORT CREA PSORCON E SYNALAR OINT TEMOVATE TOPICORT TOPICORT LP CREA WESTCORT</p>	
TOPICAL - STEROID LOCAL ANESTHETICS	PRAMOSONE ZONE-A FORTE LOTN		EPIFOAM FOAM	Use PA Form # 20420
TOPICAL - STEROID COMBINATIONS	DERMA-SMOOTH/FS ATOPIC P KIT		CARMOL-HC CREA	Use PA Form # 20420
TOPICAL - EMOLLIENTS	AMLACTIN CREA CETAPHIL GENTLE CLEANSER LOTN LAC-HYDRIN LACTINOL-E CREA UREACIN-20 CREA VITAMIN A & D MEDICATED OINT		AMMONIUM LACTATE CREA LACLOTION LOTN LACTINOL LOTN MEDERMA GEL MIMYX RENOVA CREA	Use PA Form # 20420
TOPICAL - ENZYMES / KERATOLYTICS / UREA	GRANUL-DERM AERS GRANULEX AERS PANAFIL OINT PANAFIL SE PAPAIN-UREA-CHLORO OINT TBC AERS XENADERM OINT		CARMOL 40 CREA SANTYL OINT SALEX CREAM SALEX LOTION ZIOX OINT	Use PA Form # 20420
TOPICAL - GENITAL WARTS	ALDARA	5	PODOFILOX SOLN CONDYLOX	Non-preferred products must be used in specified order. Use PA Form # 20420
TOPICAL - IMMUNOMODULATORS		8 9	ELIDEL CREA PROTOPIC OINT	Non-preferred products must be used in specified order. The FDA has issued a Public
TOPICAL - LOCAL ANESTHETICS	AF CAPSICUM OLEORESIN CREA CAPSAICIN CREA ELA-MAX ¹ EMLA CREA ¹ EMLA/TEGADERM KIT ¹ XYLOCAINE		EMLA PADS LIDA MANTLE CREA LIDOCAINE HCL LIDODERM PTCH PONTOCAINE SOLN ZOSTRIX	1. Emla and Ela-Max products require PA for users over 18 years of age. Use PA Form # 20420
TOPICAL -DEPIGMENTING AGENTS		8 8 8 8 8 8 8 9	ALUSTRA CREA EPIQUIN MICRO GLYQUIN CREA HYDROQUINONE CREA HYDROQUINONE/SUNSCREENS SOLAQUIN FORTE CREA TRI-LUMA CREA ELDOQUIN	Not covered for cosmetic purposes. Use PA Form # 20420
TOPICAL - SCABICIDES AND PEDICULICIDES	ACTICIN CREA ELIMITE CREA		LINDANE OVIDE LOTN	

		EURAX LICE KILLING SHAM LICE TREATMENT CREME RINS LIQD NIX CREME RINSE LIQD PERMETHRIN LOTN			
TOPICAL - WOUND / DECUBITUS CARE		ACCUZYME OINT ACCUZYME SPRAY ACCUZYME SE ETHEZYME		REGRANEX GEL REGENECARE RADIAPLEX RX	Use PA Form # 20420
TOPICAL - ASTRINGENTS / PROTECTANTS		ALUMINUM CHLORIDE SOLN DRYSOL SOLN XERAC AC SOLN		LOWILA BAR MOISTURIN DRY SKIN CREA PROSHIELD PLUS SKIN PROTE CREA SURGILUBE GEL	Use PA Form # 20420
TOPICAL - ANTISEPTICS / DISINFECTANTS		HIBICLENS LIQD PHISOHEX LIQD POVIDONE-IODINE SOLN		BETADINE OINT FORMALYDE-10 AERS IODOSORB LAZERFORMALYDE SOLUTION SOLN	Use PA Form # 20420
MISCELLANEOUS EYE					
OP. MISC.		AK-DILATE SOLN EYE WASH SOLN NAPHAZOLINE HCL SOLN PHENYLEPHRINE HCL SOLN PONTOCAINE SOLN SODIUM CHLORIDE		LENS PLUS REWETTING DROPS MURO 128 NEO-SYNEPHRINE SOLN	Use PA Form # 20420
MISCELLANEOUS EAR					
EAR		A/B OTIC SOLN ACETASOL SOLN ACETASOL HC SOLN ACETIC ACID ACETIC ACID/HYDROCORTISON ALLERGEN SOLN ANTIPYRINE/BENZOCAINE SOLN AURODEX SOLN AUROGUARD SOLN AUROTO OTIC SOLN CERUMENEX SOLN CIPRODEX CORTISPORIN SOLN CORTOMYCIN EAR DROPS SOLN EAR DROPS RX SOLN EAR WAX REMOVAL DROPS EAR-GESIC SOLN FLOXIN OTIC SOLN NEOMYCIN/POLYMYXIN/HC OTICAINE OTIC SOLN		AERO OTIC HC SOLN ANTIBIOTIC EAR SOLN ANTIBIOTIC EAR SUSP AURALGAN SOLN CIPRO HC SUSP COLY-MYCIN-S SUSP CORTISPORIN SUSP CORTISPORIN-TC SUSP DEBROX SOLN DOMBORO 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 MYCOSTATIN LOZG	Use PA Form # 20420
MOUTH ANTISEPTICS		CHLORHEXIDINE GLUCONATE LIDOCAINE VISCOUS SOLN TRIAMCINOLONE IN ORABASE PSTE TRIAMCINOLONE ORADENT PSTE		APHTHASOL PSTE PERIDEX SOLN PERIOGARD SOLN TRIAMCINOLONE ACETONIDE PSTE XYLOCAINE VISCOUS SOLN	Must fail all preferred products before non-preferred. Use PA Form # 20420
DENTAL PRODUCTS					
DENTAL PRODUCTS		ETHEDENT CREA GEL-KAM CONC PHOS FLUR SOLN PREVIDENT PREVIDENT SOLN SF GEL STANNOUS FLUORIDE ORAL RI CONC		APF GEL GEL DENTAGEL GEL PHOS-FLUR GEL SF 5000 PLUS CREA THERA-FLUR-N GEL	Use PA Form # 20420
ARTIFICIAL SALIVA/STIMULANTS					
ARTIFICIAL SALIVIA/STIMULANTS		EVOXAC CAPS SALIVA SUBSTITUTE SOLN		RADIACARE SOLR SALAGEN TABS	Use PA Form # 20420

MISCELLANEOUS ANORECTAL

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

PSORIASIS BIOLOGICALS		ENBREL ¹ RAPTIVA ¹		AMEVIVE ²	1. Will not require a PA if at least one systemic drug such as methotrexate, cyclosporine, methoxsalen or acitretin is in members drug profile. High dose Enbrel will require a PA. 2. Trial of both preferred drugs are required. Use PA Form # 20910
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ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINES		DIMETHYL SULFOXIDE SOLN		ARTHX DS CAPS CO-ENZYME Q10 DEHYDROEPIANDOSTERONE DHEA TABS FLEXAGEN TABS GLUCOSAMINE/CHONDROITIN HM GINKGO BILOBA TABS MELATONIN TABS	Use PA Form # 20420
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CHELATING AGENTS

CHELATING AGENTS		CUPRIMINE CAPS		DEPEN TITRATABS TABS EXJADE	Use PA Form # 20420
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ANTILEPTIC

ANTILEPTIC				THALOMID CAPS	Use PA Form # 20420
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ANTINEOPLASTIC AGENTS - IMMUNOMODULATOR

ANTINEOPLASTIC AGENTS - IMMUNOMODULATOR				REVLIMID ¹	1. Quantity limits apply
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ANTINEOPLASTIC AGENTS - ANTIADNDROGENS

ANTINEOPLASTIC AGENTS - ANTIADNDROGENS		CASODEX			
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CANCER

CANCER		ALIMTA AVASTIN ERBITUX VIDAZA		NEXAVAR ¹ SUTENT ^{1,2}	1. PA required to confirm FDA approved indication 2. Avoid CYP3AY drug drug interaction
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IMMUNOSUPPRESSANTS

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

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

K REMOVING RESINS		KAYEXALATE POWD KIONEX POWD SODIUM POLYSTYRENE SULFON SPS SUSP SPS 30GM/120ML ENEMA SUSP			Use PA Form # 20420
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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	RESTLESS LEG SYNDROME
GABITRIL	X			9	8		
KEPPRA	X			9	7		
LAMICTAL	X			4	4		
LYRICA	X	X(2 nd line)	X(2 nd line)				
NEURONTIN	X	X(2 nd line)	X (2 ND line)	9	9	X (2 nd line)	X (2 nd line)
TOPAMAX	X			9	6	X (2 nd line)	
TRILEPTAL	X			5	5		
ZONEGRAN	X			9	9		

	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