



	CEFTIN SUSP CEFZIL CEPHALEXIN MONOHYDRATE DURICEF SUSR FORTAZ SOLR KEFZOL SOLR MAXIPIME SOLR OMNICEF ROCEPHIN SUPRAX VANTIN	CEFADROXIL MONOHYDRATE TABS CEFTIN DURICEF TABS FORTAZ SOLN KEFLEX CAPS TAZICEF SOLR	Use PA Form # 20420
MACROLIDES / ERYTHROMYCIN'S	BIAXIN XL <sup>1</sup> AZITHROMYCIN TABS CLARITHROMYCIN TABS E.E.S. E-MYCIN TBEC ERYPED 200 SUSR ERYPED 400 SUSR ERY-TAB TBEC ERYTHROCIN STEARATE TABS ERYTHROMYCIN ZITHROMAX SUSP. ZMAX	BIAXIN CLARITHROMYCIN SUSP DYNABAC D5-PAK TBEC ERYPED CHEW PCE TBEC ZITHROMAX TABS ZITHROMAX 1GM PAK	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 <sup>1</sup> 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 <sup>1</sup>	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 <sup>2</sup> 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 <sup>2</sup> METRONIDAZOLE 750MG TABS <sup>2</sup> NEBUPENT SOLR PROLOPRIM TABS	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

				TINDAMAX <sup>1</sup> XIFAXAN	
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 <sup>1</sup> 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
<b>ANTI - FUNGALS</b>					
ANTIFUNGALS - ASSORTED		ANCOBON CAPS FLUCONAZOLE <sup>1</sup> GRIFULVIN GRISEOFULVIN ULTRAMICROSI TABS GRIS-PEG TABS KETOCONAZOLE TABS NYSTATIN VFEND TABS	5 6 6 7 8 8 8 8	LAMISIL TABS <sup>4</sup> SPORANOX SOLN <sup>2</sup> SPORANOX PULSEPAK CAPS <sup>3</sup> SPORANOX CAPS <sup>3</sup> ERAXIS INJ <sup>6</sup> DIFLUCAN NIZORAL TABS NOXAFIL <sup>5</sup>	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.  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.  Please use PA form #20420 for Noxafil.
<b>ANTI - VIRALS</b>					
ANTIRETROVIRALS		AGENERASE CAPS APTIVUS ATRIPLA <sup>1</sup> COMBIVIR TABS CRIXIVAN CAPS EMTRIVA EPIVIR / HBV EPZICOM FORTOVASE CAPS HIVID TABS INVIRASE CAPS KALETRA LEXIVA NORVIR PREZISTA <sup>2</sup> 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		VALCYTE TABS		CYTOVENE CAPS GANCICLOVIR	Use PA Form # 20420
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 <sup>2</sup>	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

TAMIFLU<sup>1</sup>

#10010 USE PA Form #20420

## IMMUNE SERUMS

IMMUNE SERUMS		HYPERRHO INJ			
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## 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	

## RSV PROPHYLAXIS

RSV PROPHYLAXIS				RESPIGAM SYNAGIS	Use PA Form # 30120
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## MS TREATMENTS

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

NEUROLOGICS - MISC.		MESTINON ORAP TABS PROSTIGMIN TABS		BOTOX MYOBLOC <sup>1</sup>	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 PREDNISON SOLU-CORTEF SOLR SOLU-MEDROL SOLR		CORTEF 10 and 20 TABS DECADRON TABS FLORINEF TABS MEDROL TABS MEDROL DOSEPAK TABS PEDIAPRED LIQD PREDNISON 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 <sup>1</sup>	1. Non Preferred effective 12.01.2005. Use the Oxandrin PA Form #20600. Use PA Form # 20420
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
ESTROGENS - TABS		CENESTIN TABS DELESTROGEN OIL ESTRADIOL ESTROPIPATE TABS MENEST TABS PREMARIN TABS		ENJUVA ESTRACE TABS ESTRATAB TABS OGEN 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 COMBIPATCH PTTW FEMHRT 1/5 TABS	Must fail Premphase and Prempro products before non-preferred products. Use PA Form # 20420

			ORTHO-PREFEST TABS SYNTEST H.S. TABS	
PROGESTINS		MEDROXYPROGESTERONE ACETA <sup>2</sup> NORETHINDRONE ACETATE TABS <sup>2</sup> PROGESTERONE POWD	AYGESTIN TABS CYCRIN TABS PROMETRIUM 100MG CAPS <sup>1</sup> PROMETRIUM 200MG <sup>1</sup> 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
<b>CONTRACEPTIVES</b>				
CONTRACEPTIVES - PROGESTIN ONLY		ORTHO MICRONOR TABS	CAMILA TABS NORA-BE TABS NOR-OD TABS OVRETTE 28 TABS	If member experienced adverse reactions, 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 <sup>1</sup>		1. Allowed 4 tablets per 30 days without PA
CONTRACEPTIVES - PATCHES/ VAGINAL PRODUCTS		NUVARING RING <sup>3</sup> ORTHO EVRA PTWK <sup>1,24</sup>		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 without PA.  4. Dose limits apply allowing 3 patches per 28 days supply. Please refer to Dose Consolidation Chart. Use PA Form # 20420
CONTRACEPTIVES - MONOPHASIC COMBINATION O/C'S		ALESSE-28 TABS DESOGEN TABS LEVLEN-28 TABS LEVLITE-28 TABS <sup>1</sup> 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 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.  1. Levite is preferred until Alesse is available again  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
<b>DIABETES THERAPIES</b>				
DIABETIC - INSULIN		ILETIN LEVEMIR (effective 4.1.2006)	HUMALOG HUMULIN	*Established users grandfathered until 6.30.2006 Use PA Form # 20420

		NOVOLIN NOVOLOG RELION VELOSULIN BR SOLN		LANTUS SOLN (effective 5.1.2006)*	
DIABETIC - PENFILLS			5 5 5 5 8 8 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) HUMALOG PEN SOLN HUMULIN PEN	PA's will be granted for significant visual or neurological impairment. Products must be used in specified step order.  Use PA Form # 20420
DIABETIC - INSULIN INHALED		EXUBERA <sup>1</sup>			1. Preferred if following conditions are met: A) On insulin or B) Have tried 2 oral hypoglycemics and C) Not using nicotine and no nicotine products are seen in current drug profile. and D) No asthma/COPD medications in profile and E) Member is >18. Use PA Form # 20420
DIABETIC - DPP-4 ENZYME INHIBITOR			8	JANUVIA <sup>1</sup>	1. Dosing limits apply. Please refer to Dose consolidation list.
DIABETIC - OTHER				SYMLIN	Use PA Form # 30150
INCRETIN MIMETIC		BYETTA <sup>1</sup>			1. Will not require PA if at least 18 years of age and if two of the following three are seen in the members drug profile: sulfonylurea, metformin and Actos/ Avandia or if a combo product with Actos/ Avandia is seen. If insulin is in members current drug profile (within the past 30 days) PA will be required. If the member is under 18 years of age, PA will be required. Dosing limits for Byetta will still apply. There are 60 doses per each pen and each pen is a 30 day supply, so one prefilled pen is allowed per month. Please refer to PDL Dosage 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 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 <sup>1</sup> AVNDAMET			1. Tentatively preferred. Will be formally reviewed at an upcoming DUR meeting.
DIABETIC - / THIAZOL		AVANDIA TABS <sup>1</sup> ACTOS 15MG TABS <sup>1</sup> ACTOS 45MG TABS <sup>1</sup>		ACTOS 30MG TABS <sup>2</sup>	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 # 20240
<b>THYROID</b>					
THYROID HORMONES		ARMOUR THYROID TABS CYTOMEL TABS LEVOTHROID TABS LEVOTHYROXINE SODIUM TABS LEVOXYL TABS THYROID TABS THYROLAR UNITHROID TABS		LEVOTHYROXINE SODIUM SOLR SYNTHROID TABS <sup>1</sup>	Use PA Form # 20420
ANTITHYROID THERAPIES		METHIMAZOLE TABS PROPYLTHIOURACIL TABS		TAPAZOLE TABS	Use PA Form # 20420
<b>OSTEOPOROSIS</b>					
OSTEOPOROSIS		BONIVA TABS FOSAMAX TABS <sup>2</sup> FOSAMAX PLUS D <sup>2</sup> FOSAMAX SOLN <sup>2</sup> MIACALCIN SOLN <sup>2</sup>		ACTONEL TABS ARELIA SOLR BONIVA INJECTION KIT DIDRONEL TABS EVISTA TABS <sup>1</sup> FORTEO FORTICAL	1. Approval only requires failure of Fosamax or Boniva. 2. Quantity Limits Apply Use PA Form # 20420
<b>CALCIMIMETIC/ SHPTH AGENTS</b>					
CALCIMIMETIC AGENTS - SHPTH				SENSIPAR	Use PA Form # 30115
<b>GROWTH HORMONE</b>					
GROWTH HORMONE			5 5 5 8 8 8 8 8	GENOTROPIN NUTROPIN TEV-TROPIN HUMATROPE SOLR INCRELEX IPLEX NORDITROPIN CARTRIDGE SOLN SAIZEN SOLR	Products must be used in specified step order. All step 5 drugs must be tried.  Use PA Form # 10710
SOMATOSTATIC AGENTS		SANDOSTATIN			
<b>GROWTH HORMONE ANTAGONISTS</b>					
GH ANTAGONISTS				SOMAVERT	Use PA Form # 10710
<b>URINARY INCONTINENCE</b>					
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 <sup>1</sup> SANCTURA VESICARE <sup>1</sup>		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
<b>ANTIHYPERTENSIVES / CARDIAC</b>					
CARDIAC GLYCOSIDES		DIGITEK TABS DIGOXIN LANOXICAPS LANOXIN			
ANTIANGINALS--Isosorbide Dinitrate/ MONO-NITRATES		ISOSORBIDE MONONITRATE TABS ISOSORBIDE MONONITRATE ER		DILATRATE SR CPRC ISORDIL TABS ISORDIL TITRADOSE TABS	Use PA Form # 20420

				ISOSORBIDE DINITRATE SUBL ISOSORBIDE DINITRATE TABS ISOSORBIDE DINITRATE CR TBCR ISOSORBIDE DINITRATE ER TBCR ISOSORBIDE DINITRATE TD TBCR IMDUR TB24 ISMO TABS MONOKET TABS	
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 <sup>1</sup> PROPRANOLOL HCL TABS <sup>1</sup> TIMOLOL MALEATE TABS		CORGARD TABS COREG CR INDERAL TABS INNOPRAN XL PROPRANOLOL LA CAPS 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 <sup>1</sup> BETAXOLOL HCL TABS BISOPROLOL FUMARATE TABS METOPROLOL TARTRATE TABS <sup>1</sup> 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 <sup>1</sup>	Use PA Form # 20420 1. Grandfather established users
				CARDENE CAPS CARDENE SR CPCR NICARDIPINE HCL CAPS	Use PA Form # 20420
		AFEDITAB CR NIFEDIAC CC NIFEDICAL XL TBCR NIFEDIPINE TBCR NIFEDIPINE ER TBCR	8 8 8 8	ADALAT CC TBCR NIFEDIPINE CAPS PROCARDIA CAPS PROCARDIA XL TBCR	Established users of Adalat CC are grandfathered  Use PA Form # 20420
		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	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

				VERELAN CP24	
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 <sup>1</sup>	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	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 HYDRALAZINE HCL TABS HYLOREL TABS METHYLDOPA TABS MINOXIDIL TABS PRAZOSIN HCL CAPS RESERPINE TABS		CATAPRES TABS GUANABENZ ACETATE TABS ISMELIN TABS MINIPRESS CAPS TENEX TABS	Use PA Form # 20420
ACE INHIBITORS AND CA CHANNEL BLOCKERS		LOTREL CAPS TARKA TBCR		LEXXEL 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		ALDACTAZIDE TABS ALDACTONE TABS BUMEX TABS DEMADEX TABS DIAMOX DIURIL DYAZIDE CAPS	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

		HYDROCHLOROTHIAZIDE INDAPAMIDE TABS METHAZOLAMIDE TABS METHYLCLOTHIAZIDE TABS SPIRONOLACTONE 25MG TABS SPIRONOLACTONE/HYDRO TORSEMIDE TABS TRIAMTERENE/HCTZ ZAROXOLYN TABS		ENDURON TABS INSPIRA LASIX TABS LOZOL TABS MAXZIDE MICROZIDE CAPS MIDAMOR TABS MODURETIC 5-50 TABS NAQUA TABS NATURETIN TABS SPIRONOLACTONE 50MG <sup>1</sup>	
CCB / LIPID		CADUET			
<b>LIPID DRUGS</b>					
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 SIMVASTATIN <sup>12</sup> VYTORIIN		ZOCOR TABS <sup>2</sup>	Zocor/simvastatin patients trying to use Zetia must use Vytorin instead. 1. Preferred starting 01.01.2007. 2. Non preferred starting 01.01.2007. 3. Dosing limits apply. Use PA Form #20420
CHOLESTEROL - HGM COA + ABSORB INHIBITORS LESS POTENT DRUGS/COMBINATIONS		ADVICOR TBCR LESCOL CAPS LESCOL XL TB24 LOVASTATIN TABS PRAVASTATIN <sup>2</sup> ZETIA TABS <sup>1</sup>		ALTOPREV TB24 MEVACOR TABS PRAVACHOL TABS PRAVIGARD	1. 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. 2. Dosing limits apply. Use PA Form #20420
<b>PULMONARY ANTI-HYPERTENSIVES</b>					
PULMONARY ANTI-HYPERTENSIVES		REVATIO <sup>1</sup> VENTAVIS <sup>1</sup>		FLOLAN TRACLEER	1. All users need one time approval to establish PAH diagnosis. Please refer to criteria. Use PA Form # 20420
<b>IMPOTENCE AGENTS</b>					
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.
<b>ANTI-EMETOGENICS</b>					
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 CESAMET <sup>1</sup> KYTRIL ONDANSETRON	*See quantity limit table. 1. Approvals will require diagnosis of chemo-induced nausea/vomiting and failed trials of all preferred anti-emetics, including 5-HT3 class (Zofran, Emend) and Marinol. Zofran: Use PA Form # 30810 Others: Use PA Form # 20420
<b>NON-SEDATING ANTIHISTAMINES / DECONGESTANTS</b>					
ANTI-HISTAMINES - NON-SEDATING		ALAVERT TABS <sup>1</sup> CLARITIN ALLERGY (OTC) <sup>1</sup> CLARITIN SYRP (OTC) <sup>2</sup> TAVIST ND (OTC) <sup>1</sup>	5 5 5 5 8 8	CLARINEX TABS <sup>2</sup> CLARINEX SYR <sup>3</sup> ZYRTEC <sup>3</sup> ZYRTEC SYR <sup>3</sup> ALLEGRA CLARITIN <sup>2</sup>	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. Pseudoephedrine is available with prescription. Use PA Form # 20530

## ALLERGY / ASTHMA THERAPIES

ANTIASTHMATIC ANTI-CHOLINERGICS - INHALER		ATROVENT AERS ATROVENT HFA SPIRIVA <sup>1</sup>			1. Quantity limit of 1 inhalation daily (1 capsule for inhalation daily). <b>Spiriva will require PA if Combivent or Atrovent inhaler/nebulizer solution is in member's current drug profile. Use PA Form # 20420</b>
ANTIASTHMATIC ANTI-CHOLINERGICS - NEBULIZER		IPRATROPIUM BROMIDE SOLN		ATROVENT SOLN	Use PA Form # 20420
ANTIASTHMATIC - ANTIINFLAMMATORY AGENTS		CROMOLYN SODIUM NEBU INTAL AERS TILADE AERS		XOLAIR <sup>1</sup>	1. Need max inhaled steroids and written by pulmonary or allergy specialist. Use PA Form # 20420
ANTIASTHMATIC - NASAL STEROIDS	1 1 1 4 4 4	FLONASE SUSP <sup>1</sup> NASACORT AQ AERS <sup>1</sup> NASONEX SUSP <sup>1</sup> 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
ANTIASTHMATIC - NASAL MISC.		NASALCROM		ATROVENT NASAL SOL IPRATROPIUM NASAL SOL <sup>1</sup> ASTELIN	1. Ipratropium will be approved if submitted with documentation supporting use of CPAP machine. Use PA Form # 20420
ANTIASTHMATIC - BETA - ADRENERGICS		ALBUTEROL NEB MAXAIR METAPROTERENOL SEREVENT TERBUTALINE SULFATE TABS XOPENEX HFA <sup>3</sup>		ACCUNEB NEBU ALBUTEROL AER <sup>3</sup> ALBUTEROL HFA ALUPENT AERP BRETHINE FORADIL AEROLIZER CAPS PROVENTIL PROVENTIL HFA AERS VENTOLIN AERS VENTOLIN HFA AERS VOLMAX TBCR VOSPIRE ER TB12 XOPENEX NEBU <sup>1,2</sup>	1. Xopenex users with prior asthma hospitalization 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 COMBO.		ADVAIR DISKUS MISC			
ANTIASTHMATIC - ADRENERGIC-ANTICHOLINERGIC		COMBIVENT AERO		DUONEB SOLN <sup>1</sup>	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 <sup>1</sup> QVAR AERS VANCERIL AERS		AEROBID-M AERS PULMICORT TURBUHALER AEPB <sup>2</sup> VANCERIL DOUBLE STRENGTH AERS	1. No PA for Pulmicort susp if under 8 years old 2. No PA for Pulmicort turbobaler if under 14 yr.  Use PA Form # 20420
ANTIASTHMATIC - 5-Lipoxygenase Inhibitors				ZYFLO TABS	Use PA Form # 20420
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS		SINGULAIR <sup>1</sup>		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 <sup>1</sup>		MUCOMYST	1. Acetylcysteine is covered with diagnosis of CF. Use PA Form # 20420
<b>COUGH/COLD</b>					
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.
<b>DIGESTIVE AIDS / ASSORTED GI</b>					
<b>**Preferred drugs that used to require diag codes still require diag codes unless indicated otherwise.**</b>					
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 GLYCOPYRROLATE TABS HAPONAL TABS HYOSCYAMINE SULFATE IMODIUM ADVANCED CHEW KAOPECTATE K-PEC LIQD K-PEK SUSP MAALOX MAGNESIUM OXIDE TABS MAG-OX 400 TABS MAG-OXIDE TABS PAMINE TABS PINK BISMUTH PROPANTHELINE BROMIDE TABS ROBINUL SAL-TROPINE TABS SCOPOLAMINE HYDROBROMIDE SODIUM BICARBONATE TABS TUMS V-R STOMACH RELIEF SUSP X-STR CHEW ANTACID CHEW		ANTACID EXTRA STRENGTH CHEW B & O 15-A SUPPRETTE SUPP B & O 16-A SUPPRETTE SUPP BELLADONNA ALKALOIDS & OP BENTYL TABS CHILDRENS MYLANTA CHEW GLYCOPYRROLATE INJ LEVBID TB12 LEVSIN ELIX LEVSIN TABS LEVSIN/SL SUBL NULEV TBDP ROBINUL INJ URO-MAG CAPS	Use PA Form # 20420
GI - H2-ANTAGONISTS		CIMETIDINE FAMOTIDINE RANITIDINE V-R ACID REDUCER TABS		AXID CAPS AXID AR TABS NIZATIDINE CAPS PEPCID PEPCID AC TAGAMET TABS ZANTAC <sup>1</sup>	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. Use PA Form # 20420
GI - ULCER ANTI-INFECTIVE		HELIDAC PREVPAC			
PROSTAGLANDINS		MISOPROSTOL TABS		CYTOTEC TABS	Use PA Form # 20420
GI - DIGESTIVE ENZYMES		LACTAID ULTRA	5	ULTRASE CPEP	Non-preferred products are a one time PA for life

		LACTRASE CAPS	5	ULTRASE MT	(for CF diagnosis). Non-preferred products must be used in specified step order.
			5	VIOKASE	
			7	LIPRAM	
			7	PANCREASE	
			7	PANCRELIPASE	
			7	PANGESTYME	Use PA Form # 20420
			7	PANOKASE TABS	
			8	CREON	
			8	KUTRASE CAPS	
			8	KU-ZYME CAPS	
			8	LIPRAM CR	
			8	PANCREASE MT	
			8	PANCRECARB MS-8 CPEP	
GI - ANTI - FLATULENTS / GI STIMULANTS		CALULOSE SYRP CONSTULOSE SYRP ENULOSE SYRP GASTROCROM CONC GENERLAC SYRP LACTULOSE SYRP METOCLOPRAMIDE HCL SIMETHICONE		AMITIZA <sup>1</sup> 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 multiple 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 COLAZAL CAPS DIPENTUM CAPS PENTASA CPCR ROWASA ENEM SULFASALAZINE TABS		CANASA SUPP SULFAZINE EC TBEC	Use PA Form # 20420
GI - IRRITABLE BOWEL SYNDROME AGENTS				LOTROXEX TABS	Use PA Form # 20420
<b>MISCELLANEOUS GI</b>					
<b>**Preferred drugs that used to require diag codes still require diag codes unless indicated otherwise.**</b>					
GI - MISC.		BISAC-EVAC SUPP BISACODYL BISCOLAX SUPP CINOBAC CAPS 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 <sup>1</sup> 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		ACTIGALL CAPS BENEFIBER CARAFATE COLACE CAPS COLYTE DIOCTO-C SYRP DOC SOD /CAS CAP DOC-Q-LAX CAPS DOCUSATE SODIUM/CAS CAPS DOK PLUS DULCOLAX SUPP FIBER CON TABS FIBER-LAX TABS GOLYTELY SOLR MALTSUPEX MIRALAX POWD MIRALAX PACK NULYTELY SOLR PEG 3350/ELECTROLYTES SOLR SENOXON TABS SENOKOT TABS SENOKOT S TABS STOOL SOFTENER PLUS CAPS UNI-CENNA TABS UNI-EASE PLUS CAPS URSO 250 V-R NATURAL SENNA LAXATIV TABS	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.  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

		UNI-EASE CAPS UNIFIBER POWD URSO FORTE URSODIOL			
<b>MISC. UROLOGICAL</b>					
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 <sup>1</sup> 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
<b>PHOSPHATE BINDERS</b>					
PHOSPHATE BINDERS		PHOSLO <sup>3</sup> MAGNEBIND - 400 <sup>3</sup> FOSRENOL <sup>3</sup>		RENAGEL <sup>1,2</sup>	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
<b>INTRA-VAGINALS</b>					
VAGINAL- ANTIBACTERIALS	1 1 3	CLEOCIN CREA METROGEL VAGINAL GEL CLEOCIN SUPP		VANAZOLE	Step order must be followed to avoid PA. Must fail Cleocin and Metrogel products before moving to next step product without PA.
VAGINAL- ANTIFUNGALS		CLOTRIMAZOLE CREA GYNE-LOTRIMIN CREA MICONAZOLE CREA MICONAZOLE 3 COMBO PACK KIT <sup>1</sup> 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-LOTRIMIN 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
<b>BPH</b>					
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
<b>ANXIOLYTICS</b>					
ANXIOLYTICS -		ALPRAZOLAM TABS		ATIVAN	Use PA Form # 20420



ANTIPSYCHOTICS - ATYPICALS		ABILIFY TABS and SOL GEODON RISPERDAL SEROQUEL 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
<b>LITHIUM</b>					
LITHIUM		ESKALITH CAPS ESKALITH CR TBCR LITHIUM CARBONATE LITHIUM CITRATE SYRP			
<b>COMBINATION - PSYCHOTHERAPEUTIC</b>					
PSYCHOTHERAPEUTIC COMBINATION		CHLORDIAZEPOXIDE/AMITRIPT PERPHENAZINE/AMITRIPTYLIN	8	SYMBYAX <sup>1</sup>	Use individual components, which are currently available without a PA. Use PA Form # 20420
<b>STIMULANTS</b>					
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 CPCR			Preferred stimulants will be available without PA if diagnosis of ADHD. As per recent FDA alert, Adderall & Dexedrine should not be used in

					Adgeral & Dexamine 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 <sup>2</sup> FOCALIN XR <sup>1</sup>	5 8	METADATE CD CPCR 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 <sup>1,2</sup> 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
<b>ANTI-CATAPLECTIC AGENTS</b>					
PSYCHOTHERAPEUTIC AGENTS - MISC.				XYREM SOL.	Use PA Form # 20710
<b>WEIGHT LOSS</b>					
WEIGHT LOSS					No longer covered: PHENTERMINE, XENICAL, DIDREX, and MERIDIA
<b>ALZHEIMER DISEASE</b>					
ALZHEIMER - Cholinomimetics - NMDA		ARICEPT TABS <sup>1</sup> NAMENDA <sup>1</sup>	8 8 8 9	EXELON RAZADYNE REMINLY COGNEX CAPS	1. All new users need PA to establish dementia diagnosis and baseline mental status score. Must fail all preferred products before moving to non-preferred.  Use PA Form # 20420 and MMSE form
<b>SMOKING CESSATION</b>					
NICOTINE PATCHES / TABLETS		NICODERM CQ PT24		CHANTIX <sup>1</sup>	Bupropion SR 150 mg is available without a prior authorization.  1. Chantix will be approved if a trial of both a preferred nicotine replacement product and bupropion is seen. Initial Chantix approvals will be granted for three months. One additional three month approval will be granted if resubmit with documentation supporting that member is still not smoking.
NICOTINE REPLACEMENT - OTHER		NICOTINE POLACRILEX GUM NICORETTE GUM	5	COMMIT LOZENGES <sup>1</sup> NICOTROL INHALER	Must fail all preferred products from smoking cessation category (Nicoderm patch and nicotine gum) before moving to non-preferred. Must use

NICOTROL NASAL SPARY

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<sup>1</sup>

1. Should only be used in conjunction with formal structured outpatient detoxification  
Use PA Form # 20420

**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

**LONG ACTING NARCOTICS**

NARCOTICS - LONG ACTING

AVINZA  
METHADONE  
METHADOSE  
MORPHINE SULFATE ER TB12<sup>3</sup>  
OXYCODONE ER<sup>3</sup>

7 DURAGESIC PT72<sup>1</sup>  
8 KADIAN<sup>2</sup>  
8 MORPHINE SULFATE SUPP  
8 MS CONTIN TB12  
8 ORAMORPH SR TB12  
8 OXYCONTIN TB12

Non-preferred products must be used in specific 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 BUPRENEX SOLN  
8 BUTORPHANOL  
8 NALBUPHINE HCL SOLN  
8 NUBAIN SOLN

Use PA Form # 20420

8 STADOL NS SOLN  
 8 ULTRACET TABS  
 8 ULTRAM TABS  
 9 ULTRAM ER

**MISCELLANEOUS NARCOTICS**

NARCOTICS - MISC.

ACETAMINOPHEN/CODEINE  
 ASPIRIN/CODEINE TABS  
 BUTAL/ASA/CAFF/COD CAPS  
 BUTALBITAL/ASPIRIN/CAFFEI CAPS  
 CAPITAL AND CODEINE SUSP<sup>1</sup>  
 CAPITAL/CODEINE SUSP<sup>1</sup>  
 CODEINE PHOSPHATE SOLN  
 CODEINE SULFATE TABS  
 ENDOCET TABS<sup>3</sup>  
 ENDODAN TABS  
 FENTANYL OT LOZ<sup>1</sup>  
 HYDROCODONE BITARTRATE/AP TABS  
 HYDROCODONE/ACETAMINOPHEN  
 HYDROMORPHONE HCL<sup>3</sup>  
 MEPERIDINE HCL  
 OXYCODONE  
 OXYCODONE/ACETAMINOPHEN<sup>2,3</sup>  
 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  
 ACTIQ LPOP

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.  
 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<sup>1</sup>

SUBUTEX

1. Suboxone is preferred with max dosing limits 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<sup>1</sup>  
 VIVITROL INJ<sup>2</sup>

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 <sup>2</sup> MELOXICAM <sup>1</sup> 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. 1. Meloxicam has dosing limits allowing one tablet daily of all strengths without PA.  2. Ketorolac Tromethamine is indicated for the short term (up to 5 days) management of moderately severe acute pain that requires analgesic at the opioid level in adults. Not indicated for minor of chronic pain conditions. Use PA Form # 10310
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
<b>RHEUMATOID ARTHRITIS</b>					
RHEUMATOID ARTHRITIS	1 1 1 1 1 2 2	AZATHIOPRINE LEFLUNOMIDE HYDROXYCHLOROQUINE METHOTREXATE SULFASALAZINE ENBREL KIT <sup>1</sup> HUMIRA <sup>1</sup>	6 8 8 8	ARAVAL TABS KINERET SOLN ORENCIA REMICADE	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. Please refer to the dose consolidation list. Established users will be grandfathered for Enbrel and Humira. Use PA Form #10510
<b>MISCELLANEOUS ARTHRITIS</b>					
ARTHRITIS - MISC.		RIDAURA CAPS MYOCHRYSLINE SOLN		ARTHROTEC <sup>1</sup>	1. The individual components of Arthrotec are available without PA. Use PA Form # 20420
<b>MIGRAINE THERAPIES</b>					
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 <sup>1</sup> MAXALT MLT <sup>1</sup> RELPAX <sup>1</sup> MAXALT <sup>1</sup>		FROVA TABS AXERT TABS AMERGE TABS ZOMIG TABS ZOMIG ZMT TBDP ZOMIG NASAL SPRAY	1. All step 1 medications must be tried. All drugs in this category have dosing limits. Please refer to dose consolidation table.  Use PA Form # 10110



		CARBIDOPA/LEVODOPA ER LARODOPA TABS LODOSYN TABS SELEGILINE HCL		PARLODEL CAPS PARLODEL TABS SINEMET TABS SINEMET TBCR SYMMETREL TABS ZELAPAR <sup>1</sup>	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.  Use PA Form # 20420
PARKINSONS - COMBO.		STALEVO			
<b>MUSCLE RELAXANTS</b>					
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 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
<b>VITAMINS</b>					
<b>**Preferred products that used to require diag codes still require diag codes unless indicated otherwise.**</b>					
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 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
VITAMIN D's		CALCIFEROL SOLN <sup>1</sup>  CALCITRIOL CAPS <sup>1</sup> DRISDOL SOLN <sup>1</sup> VITAMIN D <sup>1,2</sup>		DRISDOL CAPS  CALCIJEX HECTOROL (ORAL) HECTOROL (PARENTERAL) ROCALTROL ZEMPLAR	1. Diagnosis of dialysis (renal failure) required.  2. OTC Vitamin D no diagnosis required.
<b>MISC MULTI-VITAMINS</b>					
<b>**Preferred products that used to require diag codes still require diag codes unless indicated otherwise.**</b>					
VITAMINS - MISC.		CENTRUM LIQD CENTRUM TABS CENTRUM JR/IRON CHEW CENTRUM SILVER TABS CENTRUM-LUTEIN TABS		ADEKS ADVANCED NATALCARE TABS CENTRUM JR/EXTRA C CHEW CENTRUM PERFORMANCE TABS DALYVITE LIQD	Diag codes are no longer required on prenatal vitamins. Use PA Form # 20420

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

EMBREX 600 MISC  
 IBERET  
 MATERNA TABS  
 MULTIRET FOLIC -500 TBCR  
 NATAFORT TABS  
 NATALCARE CFE 60 TABS  
 NATALCARE GLOSS TABS  
 NATALCARE PIC TABS  
 NATALCARE PIC FORTE TABS  
 NATALCARE PLUS TABS  
 NATALCARE THREE TABS  
 NATALFIRST TABS  
 NATATAB RX TABS  
 NEPHPLEX RX TABS  
 NEPHROCAPS CAPS  
 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

**MISCELLANEOUS MINERALS**

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

MINERALS

CALCARB  
 CALCI-MIX CAPSULE CAPS  
 CALCIQUID SYRP  
 CALCITRATE/VITAMIN D TABS  
 CALCIUM  
 CALCIUM CARBONATE  
 CALCIUM CITRATE TABS  
 CALCIUM GLUCONATE TABS  
 CALCIUM LACTATE TABS  
 CALCIUM/MAGNESIUM TABS  
 CALCIUM/VITAMIN D TABS  
 CALTRATE 600 TABS  
 CHEWABLE CALCIUM CHEW  
 CITRACAL TABS  
 CITRACAL + D TABS  
 CITRUS CALCIUM TABS

ANEMAGEN  
 CALCET TABS  
 CALCIUM 600-D TABS  
 CALCIUM/VITAMIN D TABS  
 CALTRATE 600 PLUS/VIT D TABS  
 CALTRATE PLUS TABS  
 CHROMAGEN  
 CITRACAL PLUS TABS  
 CONTRIN CAPS  
 FEOGEN FORTE CAPS  
 FEROCON CAPS  
 FERREX 150 CAPS  
 FERRO-SEQUELS TBCR  
 FE-TINIC CAPS  
 FE-TINIC 150 FORTE CAPS  
 FLUOR-A-DAY SOLN

Use PA Form # 20420

CITRUS CALCIUM 1500 + D TABS  
 DEXFERRUM SOLN  
 EFFERVESCENT POTASSIUM TBEF  
 FEOSTAT CHEW  
 FERATAB TABS  
 FER-GEN-SOL SOLN  
 FERGON TABS  
 FER-IN-SOL SOLN  
 FER-IRON SOLN  
 FERRONATE TABS  
 FERROUS FUMARATE TABS  
 FERROUS GLUCONATE TABS  
 FERROUS SULFATE  
 FLUOR-A-DAY CHEW  
 FLUORIDE CHEW  
 FLUORIDE SODIUM CHEW  
 FLUORITAB CHEW  
 HEMOCYTE TABS  
 HM CALCIUM TABS  
 K+ POTASSIUM PACK  
 KAON ELIX  
 KAON-CL-10 TBCR  
 KCL 0.075%/D5W/NACL 0.2% SOLN  
 K-EFFERVESCENT TBEF  
 KLOR-CON  
 KLOTRIX TBCR  
 K-PHOS TABS  
 K-VESCENT TBEF  
 LURIDE CHEW  
 MAGNESIUM GLUCONATE TABS  
 MAGNESIUM SULFATE SOLN  
 MAGTABS  
 MICRO-K CPCR  
 NEUTRA-PHOS  
 OS-CAL TABS  
 OS-CAL 500 + D TABS  
 OYSCO  
 OYST-CAL TABS  
 OYST-CAL D TABS  
 OYST-CAL/VITAMIN D TABS  
 OYSTER CALCIUM TABS  
 OYSTER SHELL  
 PHARMA FLUR  
 PHOSPHA 250 NEUTRAL TABS  
 POTASSIUM BICARBONATE TBEF  
 POTASSIUM CHLORIDE  
 POTASSIUM EFFERVESCENT  
 SELENIUM TABS  
 SLOW-MAG TBCR  
 SODIUM FLUORIDE  
 SSKI SOLN  
 V-R CALCIUM  
 V-R OYSTER SHELL CALCIUM  
 ZINC SULFATE CAPS

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

**MISC. ELECTROLYTES/NUTRITIONALS**

ELECTROLYTES/  
NUTRITIONALS

FISH OIL CAPS  
 INTRALIPID EMUL  
 MCT OIL OIL  
 ORALYTE SOLN  
 P.T.E. -5 SOLN  
 PEDIALYTE SOLN

BOOST  
 CASEC POWD  
 CHOICE DM LIQD  
 DELIVER 2.0 LIQD  
 ENFAMIL  
 ENSURE  
 GLUCERNA  
 ISOCAL LIQD  
 KINDERCAL TF LIQD

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

				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	
<b>ERYTHROPOEITINS</b>					
ERYTHROPOEITINS			5 6 8	PROCRIT SOLN <sup>1</sup> EPOGEN SOLN ARANESP SOLN	1. All products require PA but Procrit is first choice. Still must be used in specified step order  Use PA Form # 10520
<b>GRANULOCYTE CSF</b>					
GRANULOCYTE CSF			8 8 9	LEUKINE NEUPOGEN SOLN <sup>1</sup> NEULASTA	Must be used in specified step order. 1. 10 day supply/month may be used without a PA. Use PA Form # 20520
<b>ANTICOAGULANTS / PLATELET AGENTS</b>					
ANTICOAGULANTS		ARIXTRA SOLN <sup>1</sup> FRAGMIN INJ <sup>1</sup> HEPARIN SODIUM/NACL 0.9% SOLN HEP-LOCK SOLN LOVENOX SOLN <sup>1</sup> 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
ANTIHEMOPHILIC AGENTS		ALPHANATE BENEFIX SOLR BIOCLATE HELIXATE FS KIT HEMOFIL - M HUMATE-P SOLR KOGENATE FS KONYNE - 80 MONARC - M MONOCLATE - P MONONINE NOVOSEVEN SOLR PROPLEX-T RECOMBINATE SOLR REFACTO		ADVATE <sup>1,2</sup>	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 PLAVIX TABS <sup>1</sup>	7 8  8	TICLOPIDINE HCL TABS PERSANTINE TABS  TICLID 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.
PLATELET AGGR. INHIBITORS / COMBO'S - MISC.		PENTOXIFYLLINE ER TBCR CILOSTAZOL		AGGRENOX CP12 <sup>1</sup> AGGRENOX <sup>2</sup> AGRYLIN CAPS PLETAL TABS TRENTAL TBCR	1. Aspirin and dipyridamole are available separately without PA  2. Aggrenox will be approved if submitted with documentation supporting that it is being used for non-embolic stroke. Use PA Form # 20420
<b>HEMOSTATIC</b>					
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 VIROPTIC 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 TOBEX 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 Ciloxan 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	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

		PRED FORTE SUSP PRED MILD SUSP PREDNISOLONE TOBRADEX			
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		ALOCRIOL 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 <sup>1</sup>	1. Must have kerato conjunctivitis sicca and failed other dry eye therapies. Use PA Form # 20420
<b>DERMATOLOGICAL</b>					
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 <sup>1</sup> RETIN-A GEL <sup>1</sup> RETIN-A LIQD <sup>1</sup> SODIUM SULFACET/SULF LOTN		ALTINAC CREA AVITA CREA BENZAC BENZAFLIN GEL BENZAGEL-10 GEL BENZAMYCIN GEL BENZAMYCINPAK PACK BREVOXYL CLINAC BPO GEL CLINDAGEL GEL CLINDAMYCIN PHOSPHATE CLINDETS SWAB DESQUAM-E GEL DESQUAM-X DUAC GEL EMGEL GEL ERYCETTE PADS ERYGEL GEL EVOCLIN FINEVIN CREA KLARON LOTN NEOBENZ MICRO NORITATE CREA RETIN-A MICRO GEL	1. For these Retin-A products, over 24 yr. need PA.  Use PA Form # 20420

			SULFACET-R LOTN TRETINOIN TRIAZ ZETACET	
TOPICAL - ANTIBIOTIC		BACIT/NEOMYCIN/POLYM OINT BACITRACIN OINT BACTROBAN <sup>1</sup> CENTANY OINT 2% <sup>1</sup> 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/IODOO 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 <sup>1</sup> 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 <sup>1</sup>		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		<b>LOW POTENCY</b> DESOWEN HYDROCORTISONE CREA HYDROCORTISONE LOTN LACTICARE-HC LOTN NUTRACORT LOTN TEXACORT SOLN TRIDESILON CREA <b>MEDIUM POTENCY</b> CUTIVATE DESOXIMETASONE .05% ELOCON FLUOCINOLONE ACETONIDE .025-.01% FLUROSYN CREA HYDROCORTISONE BUTYRATE HYDROCORTISONE OINT HYDROCORTISONE VALERATE MOMETASONE FUROATE OINT TRIAMCINOLONE ACETONIDE .025-.1% <b>HIGH POTENCY</b> CYCLOCORT DIPROLENE	ACLOVATE AMCINONIDE CREA ANUSOL HC-1 OINT ARISTOCORT A AUGMENTED BETA DIP OINT CLOBEX CLODERM CREA CORDRAN CORMAX DERMATOP DIFLORASONE DIACETATE ELOCON OINT HYDROCORTISONE POWD KENALOG AERS LIDA MANTLE HC CREA LIDEX LIDEX-E CREA LOCOID LUXIQ FOAM OLUX FOAM PANDEL CREA PROCTOCORT CREA	Use PA Form # 20420

	DESOXIMETASONE .25% DESONIDE FLUOCINOLONE ACETONIDE .02% FLUOCINONIDE HALOG HALOG-E CREA TRIAMCINOLONE ACETONIDE .5% VERY HIGH POTENCY BETAMETHASONE DIPROPIONATE BETAMETHASONE VALERATE BETA-VAL CLOBETASOL PROPIONATE HALOBETASOL PSORCON MISCELLANEOUS CAPEX SHAM DERMA-SMOOTHIE/FS OIL PROCTO-KIT CREA		PSORCON E SYNALAR OINT TEMOVATE TOPICORT TOPICORT LP CREA ULTRAVATE WESTCORT	
TOPICAL - STEROID LOCAL ANESTHETICS	PRAMOSONE ZONE-A FORTE LOTN		EPIFOAM FOAM	Use PA Form # 20420
TOPICAL - STEROID COMBINATIONS	DERMA-SMOOTHIE/FS ATOPIC P KIT		CARMOL-HC CREA	Use PA Form # 20420
TOPICAL - EMOLLIENTS	AMLACTIN CREA 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		CARMOL 40 CREA SANTYL OINT SALEX CREAM SALEX LOTION ZIOX OINT	Use PA Form # 20420
TOPICAL - GENITAL WARTS	ALDARA	5 8	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 Publicl
TOPICAL - LOCAL ANESTHETICS	AF CAPSICUM OLEORESIN CREA CAPSAICIN CREA ELA-MAX <sup>1</sup> LIDOCAINE/PRILOCAINE CREA XYLOCAINE		EMLA PADS EMLA CREA LIDA MANTLE CREA 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	ALUSTRRA 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 EURAX LICE KILLING SHAM LICE TREATMENT CREME RINS LIQD NIX CREME RINSE LIQD PERMETHRIN LOTN		LINDANE OVIDE 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 DRY SOL SOLN		LOWILA BAR MOISTURIN DRY SKIN CREA	Use PA Form # 20420

		XERAC AC SOLN		PROSHIELD PLUS SKIN PROTE CREA SURGILUBE GEL	
TOPICAL - ANTISEPTICS / DISINFECTANTS		HIBICLENS LIQD PHISOHEX LIQD POVIDONE-IODINE SOLN		BETADINE OINT FORMALYDE-10 AERS IODOSORB LAZERFORMALYDE SOLUTION SOLN	Use PA Form # 20420
<b>MISCELLANEOUS EYE</b>					
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
<b>MISCELLANEOUS EAR</b>					
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 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
<b>MOUTH ANTISEPTICS</b>					
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
<b>DENTAL PRODUCTS</b>					
DENTAL PRODUCTS		ETHEDENT CREA GEL-KAM CONC 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 CREAM THERA-FLUR-N GEL	Use PA Form # 20420
<b>ARTIFICIAL SALIVA/STIMULANTS</b>					
ARTIFICIAL SALIVA/STIMULANTS		EVOXAC CAPS SALIVA SUBSTITUTE SOLN		RADIACARE SOLR SALAGEN TABS	Use PA Form # 20420
<b>MISCELLANEOUS ANORECTAL</b>					
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 PROCTOSOL HC CREA	Use PA Form # 20420
<b>T-CELL ACTIVATION INHIBITOR</b>					

PSORIASIS BIOLOGICALS		ENBREL <sup>1</sup> RAPTIVA <sup>1</sup>		AMEVIVE <sup>2</sup>	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 doses of Enbrel 50mg twice weekly will require a PA. Please refer to dose consolidation list. 2. Trial of both preferred drugs are required. Use PA Form # 20910
<b>ALTERNATIVE MEDICINES</b>					
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
<b>CHELATING AGENTS</b>					
CHELATING AGENTS		CUPRIMINE CAPS		DEPEN TITRATABS TABS EXJADE	Use PA Form # 20420
<b>ANTILEPROTIC</b>					
ANTILEPROTIC				THALOMID CAPS	Use PA Form # 20420
<b>ANTINEOPLASTIC AGENTS - IMMUNOMODULATOR</b>					
ANTINEOPLASTIC AGENTS - IMMUNOMODULATOR				REVLIMID <sup>1</sup>	1. Quantity limits apply
<b>ANTINEOPLASTIC AGENTS - ANTIADNDROGENS</b>					
ANTINEOPLASTIC AGENTS - ANTIADNDROGENS		CASODEX			
ANTINEOPLASTIC AGENTS - TYROSINE KINASE INHIBITORS		GLEEVEC		SPRYCEL <sup>1</sup>	1. Verification of diagnosis and prior trial of at least Gleevec is required. Use PA Form # 20420
<b>CANCER</b>					
CANCER		ALIMTA AVASTIN ERBITUX VIDAZA		NEXAVAR <sup>1</sup> SUTENT <sup>1,2</sup>	1. PA required to confirm FDA approved indication 2. Avoid CYP3AY drug drug interaction
<b>IMMUNOSUPPRESSANTS</b>					
IMMUNOSUPPRESSANTS		CELLCEPT CYCLOSPORINE MODIFIED CYCLOSPORINE SOL MODIFIED GENGRAF CAPS MYFORTIC PROGRAF CAPS RAPAMUNE SANDIMMUNE		CYCLOSPORINE CAPS NEORAL <sup>1</sup>	1. Established users will require a one time PA. Use PA Form # 20420
<b>PURINE ANALOG</b>					
PURINE ANALOG		AZASAN TABS AZATHIOPRINE TABS		IMURAN TABS	Use PA Form # 20420
<b>K REMOVING RESINS</b>					
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	RESTLESS LEG SYNDROME
GABITRIL	X			9	8		
KEPPRA	X			9	7		
LAMICTAL	X			4	4		
LYRICA	X	X(2 <sup>nd</sup> line)	X(2 <sup>nd</sup> line)				
NEURONTIN	X	X(2 <sup>nd</sup> line)	X (2 <sup>ND</sup> line)	9	9	X (2 <sup>nd</sup> line)	X (2 <sup>nd</sup> line)
TOPAMAX	X			9	6	X (2 <sup>nd</sup> 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