CATEGORY	Step Order	PREFERRED DRUGS	Step Order	NON-PREFERRED DRUGS	PA Required	Comments

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.mainecarepdl.org

A: Preferred Drugs- Unless otherwise specified, preferred drugs are available without prior authorization. Step order may apply for preferred drugs in some drug categories as indicated on the PDL. (See item "D" below for explanation of step order.)

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

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 random urine drug tests, using the 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.)

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.

E. The Department will institute strategies to ensure cost effectiveness through the use of an enhanced Drug Benefit Preferred brand drugs will no longer be preferred in any PDL drug category where preferred generic drugs are also available. It is expected that preferred generics will be used prior to any preferred brands. This will be operated as a form of step care. Preferred brands in these categories will require prior authorization for these high utilization / high cost members.

F: 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.

G: 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.

H: 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.

I. Trials from Multiple Drug Classes - Trial/failure/intolerance to preferred agents from multiple classes within the same category or other catagories of drugs may be required prior to the approval of non-preferred agents (e.g., Cymbalta, Zofran, Elidel and others).

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.mainecarepdl.org* .

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.

L: Drug-Drug Interactions (DDI)- The DUR Committee has implemented new drug-drug interation edits requiring prior authorization. Several drug-drug combinations and PDL drug catagories are affected by new PA requirements. These will be indicated in the PDL with DDI notation. Please see the DDI document provided in the PDL.

ASSORTED ANTIBIOTICS						
BETA-LACTAMS / CLAVULANATE COMBO'S		AMOXICILLIN AMOXICILLIN/POTASSIUM CLA CHEW AMOXICILLIN/POTASSIUM CLA SUSR AMOXICILLIN/POTASSIUM CLA TABS AMOXIL[1] AMPICILLIN 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		AMOXIL 500MG TABS AUGMENTIN[3] AUGMENTIN XR TB12[4] PRINCIPEN CAPS[2] PRINCIPEN SUSR		1. Amoxil 500mg tabs are non-preferred. All other Amoxil products are preferred. 2. Principen 250 mg is available without PA. 3. Chewable 125mg & 250mg and Solution 125mg/5ml and 250mg/5ml available without PA. 4. Use preferred generic amoxicillin/clavulanate potassium alternatives. Use PA Form# 20420
CEPHALOSPORINS		CEFADROXIL HEMIHYDRATE		CECLOR[1]		1. Both brand and generic are clinically non-

		CEFAZOLIN SODIUM SOLR CEFDINIR CEFEPIME HCl CEFPODOXIME CEFPROZIL CEFTAZIDIME 6MG CEFTIN SUSP CEFTRIAXONE CEFUROXIME AXETIL TABS CEPHALEXIN MONOHYDRATE DURICEF SUSR FORTAZ SOLR KEFZOL SOLR MAXIPIME SOLR TAZICEF 6GM TAZIDIME VANTIN 100MG VANTIN SUSP		CEDAX CEFACLOR[1] CEFADROXIL MONOHYDRATE TABS CEFTIN DURICEF TABS FORTAZ FORTAZ SOLN KEFLEX CAPS OMNICEF ROCEPHIN SUPRAX TAZICEF SOLR TAZIDIME SOLN MAXIPIME	preferred. Use PA Form# 20420
MACROLIDES / ERYTHROMYCIN'S		AZITHROMYCIN BIAXIN XL1 AZITHROMYCIN TABS AZITHROMYCIN SUSP CLARITHROMYCIN TABS E.E.S. E-MYCIN TBEC ERYPED 200 SUSR ERYPED 400 SUSR ERY-TAB TBEC ERYTHROCIN STEARATE TABS ERYTHROMYCIN		AZITHROMYCIN POWDER BIAXIN CLARITHROMYCIN SUSP DYNABAC D5-PAK TBEC ERYPED CHEW PCE TBEC ZITHROMAX TABS ZITHROMAX 1GM PAK ZITHROMAX TRI-PAK ZITHROMAX SUSP ZMAX	1. 7- Day supply per month without 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 ORACEA PERIOSTAT SOLODYN ER	Use PA Form# 20420
FLUOROQUINOLONES		AVELOX SOLN AVELOX TABS AVELOX ABC PACK TABS CIPROFLOXACIN LEVAQUIN TABS OFLOXACIN		CIPRO FLOXIN TABS FACTIVE LEVAQUIN SOLN / INJ NOROXIN TABS PROQUIN XR TEQUIN	Use PA Form# 20420
AMINO GLYCOSIDES		GENTAMICIN NEOMYCIN SULFATE TABS TOBI NEBU TOBRAMYCIN SULFATE SOLN			Use PA Form# 20420
ANTI-MYCOBACTERIALS / ANTI-TUBERCULOSIS		ETHAMBUTOL HCL TABS MYAMBUTOL TABS MYCOBUTIN CAPS RIFAMPIN		RIMACTANE CAPS	
ANTIMALARIAL AGENTS		CHLOROQUINE PHOSPHATE TABS DARAPRIM TABS HYDROXYCHLOROQUINE TABS LARIAM TABS MEFLOQUINE HCL TABS QUINACRINE HCL POWD QUININE SULFATE		ARALEN TABS ISONARIF[1] MALARONE TABS PLAQUENIL TABS QUALAQUIN	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		CAYSTON[4] COLY-MYCIN-M SOLR	1. Need to fail other anti-protozoals

		FUROXONE TABS METRONIDAZOLE[2] PENTAMIDINE ISETHIONATE SOLR PRIMSOL SOLN TRIMETHOPRIM TABS VANCOCIN HCL VANCOMYCIN HCL VANCOMYCIN 5GM INJ.		FLAGYL CAPS FLAGYL TABS FLAGYL ER TBCR KETEK LORABID METRONIDAZOLE 375MG CAPS[2] METRONIDAZOLE 750MG TABS[2] NEBUPENT SOLR PROLOPRIM TABS TINDAMAX[1] VANCOMYCIN 10GM INJ.[3] XIFAXAN	2. 375mg caps and 750mg tabs are non-preferred. Please use available preferred strengths(25omg & 500mg tabs) to obtain required dose without PA. 3. Please use multiple 5gm which are preferred to obtain dose without PA. 4. Clinical PA is required to establish CF diagnosis and medical necessity. Prior trail and failure of preferred Tobi before approval will be granted Use PA Form# 20420
CARBAPENEMS				INVANZ SOLR MERREM SOLR PRIMAXIN	Use PA Form# 20420
LINCOSAMIDES / OXAZOLIDINONES / LEPROSTATICS		CLEOCIN SOLN CLEOCIN SUSR CLINDAMYCIN HCL 150CAPS DAPSONE TABS		CLEOCIN CAPS CLINDAMYCIN HCL 300CAPS[1] 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		BACTRIM DS TABS	Use PA Form# 20420
ANTIPROTOZOALS				ALINIA[1]	1. Alina is preferred for children less than 12 years of age. Use PA Form# 20420
ANTI - FUNGALS					
ANTIFUNGALS - ASSORTED		ANCOBON CAPS FLUCONAZOLE[1] GRIFULVIN V TABS[9] GRISEOFULVIN SUSP[9] GRISEOFULVIN ULTRAMICROSI TABS[9] GRIS-PEG TABS[9] KETOCONAZOLE TABS[8] NYSTATIN TERBINAFINE TABS[4]	5 6 6 7 8 8 8 8 8	LAMISIL TABS[4] SPORANOX SOLN[2] SPORANOX PULSEPAK CAPS[3] SPORANOX CAPS[3] ERAXIS INJ[6] DIFLUCAN GRIFULVIN SUSP NIZORAL TABS NOXAFIL[5] VFEND TABS ITRACONAZOLE	1. QL--1/every 7-day period (150mg only). 2. Sporanox QL 300cc/month with PA. See quantity limit table. 3. Sporanox QL 300cc/month with PA. See quantity limit table. Non-preferred products must be used in specified step order. Continue to use 4. Quantity limit of one tablet daily. Please see dosage consolidation list. 5. Approved if immuno suppressed/ HIV or if the member has failed a 7 day trial of a preferred antifungal therapy. 6. Eraxis will be approved if submitting with documentation that it was initiated during a hospitalization and this request is to finish the hospital course. 8. Quantity limits allowing 30 day supply without PA. PA will be required if using > 30 days. 9. For children < 18, quantity limits allows 8 weeks supply without PA. PA will be required if using > than 8 weeks. If 18 and older PA will be required for any quantity. Not approving for Onychomycosis indication. Please use PA form #20420 for Noxafil.
ANTI - VIRALS					
ANTIRETROVIRALS		AGENERASE CAPS APTIVUS ATRIPLA[1] COMBIVIR TABS CRIXIVAN CAPS EMTRIVA EPIVIR / HBV EPZICOM FORTOVASE CAPS HIVID TABS INVIRASE CAPS KALETRA LEXIVA		DIDANOSINE FUZEON[3] INTELENCE[3] ISENTRESS[3] RETROVIR SELZENTRY[3] ZERIT	Fuzeon use PA Form # 10620 1. Quantity limit of one per day 2. Only preferred if Norvir script is in member's profile within the past 30 days of filling Prezista. 3. Prescribers with >= 10 ART scripts per quarter and 75% ART PDL compliance will be exempt from PA for these products.

		NORVIR PREZISTA[2] RESCRIPTOR TABS REYATAZ STAVUDINE SUSTIVA TRIZIVIR TABS TRUVADA VIDEX / EC VIRACEPT TABS VIRAMUNE TABS VIREAD TABS ZIDOVUDINE ZIAGEN TABS			
CYTO-MEGALOVIRUS AGENTS		FOSCARNET SODIUM VALCYTE TABS		FOSCAVIR GANCICLOVIR	Use PA Form# 20420
HERPES AGENTS		ACYCLOVIR VALTREX TABS	8 8 8 9	FAMVIR TABS ZOVIRAX [1] VALACYCLOVIR FAMCICLOVIR	Must fail Acyclovir and Valtrex before non-preferred products. Use PA Form# 20420
INFLUENZA AGENTS		AMANTADINE RELENZA DISKHALER AEPB RIMANTADINE HCL TABS TAMIFLU[1]		FLUMADINE TABS FLUMIST[2]	1. Tamiflu 10 caps or 60cc's per month. 2. For Flumist PA's use Form # 10610 Others Use PA Form # 20420
IMMUNE SERUMS					
IMMUNE SERUMS		HYPERRHO INJ			
HEPATITIS AGENTS					
HEPATITIS C AGENTS		PEGASYS KIT[1] PEGASYS SOLN REBETRON KIT RIBAVIRIN		COPEGUS TABS PEG-INTRON KIT[2] REBETOL CAPS	1. Dosing limits apply, please see dosage consolidation list. 2. Current users are grandfathered. Use PA Form# 20420
HEPATITIS AGENTS - MISC.				ACTIMMUNE	Use PA Form# 20420
HEPATITIS B ONLY		HEPSERA TABS		BARACLUDE TYZEKA	
RSV PROPHYLAXIS					
RSV PROPHYLAXIS				SYNAGIS[1]	Use PA Form # 30120 1. MaineCare will approve Synagis PA's for start date of November 23rd for infants who meet the guidelines. PA will be approved for max of 5 doses and good thru March 31, unless Maine specific data suggests ongoing epidemic RSV activity.
MS TREATMENTS					
MULTIPLE SCLEROSIS - INTERFERONS		AVONEX KIT[1] BETASERON SOLR[1] REBIF SOLN[1]		EXTAVIA	Use PA Form # 20430 1.Clinical PA is required to establish diagnosis and medical necessity
MULTIPLE SCLEROSIS - NON-INTERFERONS		COPAXONE[2]		TYSABRI[1] AMPYRA GILENYA	1. Providers must be enrolled in the TOUCH Prescribing program, a restricted distribution program. Clinical PA is required to establish diagnosis and medical necessity. 2. Clinical PA is required to establish diagnosis and medical necessity
ASSORTED NEUROLOGICS					
NEUROLOGICS - MISC.		MESTINON ORAP TABS PROSTIGMIN TABS		BOTOX DYSPORT[1] MYOBLOC[1]	1. Approval will be limited to Cervical dystonia. Use PA Form #10210
STEROIDS					
GLUCOCORTICOIDS/ MINERALOCORTICOIDS		CELESTONE SUSP CORTEF 5 CORTISONE ACETATE TABS DELTASONE TABS DEPO-MEDROL SUSP		CORTEF 10 and 20 TABS FLORINEF TABS MEDROL TABS MEDROL DOSEPAK TABS ORAPRED SOLN	Use PA Form# 20420

		DEXAMETHASONE ENTOCORT EC CP24 FLUDROCORTISONE ACETATE TABS HYDROCORTISONE KENALOG METHYLPREDNISOLONE TABS PREDNISOLONE PREDNISONE SOLU-CORTEF SOLR SOLU-MEDROL SOLR		PEDIAPRED LIQD PREDNISONE INTENSOL CONC PRELONE SYRP STERAPRED TABS	
HORMONE REPLACEMENT THERAPIES					
ANDROGENS / ANABOLICS		ANDRODERM PT24 ANDROGEL ANDROID CAPS DANAZOL CAPS DEPO-TESTOSTERONE OIL FLUOXYMESTERONE TABS TESTOSTERONE PROPIONATE TESTRED CAPS		ANDRO LA 200 OIL ANDROGEL PUMP DELATESTRYL OIL HALOTESTIN TABS METHITEST TABS OXANDRIN TABS TESTIM	Use PA Form# 20420 Use the Oxandrin PA Form #20600
ESTROGENS - PATCHES / TOPICAL		ESTRADERM PTTW[1] VIVELLE-DOT PTTW[1]	5 8 8 8 8 8	ESTRADIOL PTWK ALORA PTTW CLIMARA PTWK DIVIGEL ELESTRIN EVAMIST	1. Both preferred drugs must be tried. 2. Step order drugs must be used in specified step order. Use PA Form# 20420
ESTROGENS - TABS		CENESTIN TABS DELESTROGEN OIL ESTRADIOL ESTROPIPATE TABS MENEST TABS PREMARIN TABS		ENJUVIA ESTRACE TABS ESTRATAB TABS ORTHO-EST TABS	Must fail preferred products before non-preferred products. Use PA Form# 20420
ESTROGEN COMBO'S		PREMPHASE TABS PREMPRO TABS		ACTIVELLA TABS 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
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
CONTRACEPTIVES					
CONTRACEPTIVES - PROGESTIN ONLY		ORTHO MICRONOR TABS		CAMILA TABS ERRIN JOLIVETTE NORA-BE TABS NOR-QD TABS OVRETTE 28 TABS	If member experienced adverse reactions, consider using Oral Contraceptives from other groups. Use PA Form# 20420
CONTRACEPTIVES - INJECTABLE		MEDROXYPROGESTERONE ACETATE 150mg IM		DEPO-PROVERA 150 mg SUSP LUNELLE SUSP	Use PA Form# 20420
CONTRACEPTIVE - EMERGENCY		NEXT CHOICE[1]		PLAN - B	1. Allowed 4 tablets per 30 days without PA
CONTRACEPTIVES - PATCHES/ VAGINAL PRODUCTS		NUVARING RING[3] ORTHO EVRA PTWK[1,2,4]			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 exposoure 3. Quantity limit allowing 1 every 28 days with out PA. 4. Dose limits apply allowing 3 patches per 28 days supply. Please refer to Dose Consolidation Chart. Use PA Form# 20420
CONTRACEPTIVES - MONOPHASIC COMBINATION		APRI TABS		AVIANE TABS	If member experienced adverse reactions,

MONOPHASIC COMBINATION O/C'S		BALZIVA CRYSELLE-28 TABS DESOGEN TABS DESOGESTREL/ ETHINYL ESTRADIOL LESSINA-28 TABS LOW-OGESTREL TABS MODICON TABS MONONESSA NECON 1/50 ORTHO-CEPT-28 TABS ORTHO-CYCLEN-28 TABS ORTHO-NOVUM 1/35-28 TABS OVCON-50 28 TABS PREVIFEM RECLIPSEN SOLIA SPRINTEC 28 TABS YASMIN 28 TABS ZENCHENT SEASONIQUE LOSEASONIQUE		BREVICON-28 TABS KARIVA TABS LEVORA LOESTRIN TABS LOESTRIN FE TABS LOESTRIN FE 1/20 TABS LOESTRIN 1.5/30-21 TABS LOESTRIN 1/20-21 TABS LO/OVRAL 21 TABS LO/OVRAL 28 TABS MICROGESTIN FE TABS MIRCETTE TABS NORDETTE-28 TABS NORINYL NORTREL OCELLA OGESTREL TABS OVCON-35/28 TABS OVRAL PORTIA-28 TABS SEASONALE YAZ ZOVIA	consider using Oral Contraceptives from other groups. Use PA Form# 20420
CONTRACEPTIVES - BI-PHASIC COMBINATIONS		ORTHO-NOVUM 10/11-28 TABS NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35		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		ENPRESSE NECON 7/7/7 ORTHO-NOVUM 7/7/7-28 TABS TRI-PREVIFEM TRIPHASIL 28 TABS TRI-SPRINTEC TRINESSA TRIVORA-28 TABS		CYCLESSA TABS ESTROSTEP FE TABS NORTREL 7/7/7 ORTHO TRI-CYCLEN TABS ORTHO TRI-CYCLEN LO TABS TRI-NORINYL 28 TABS	If member experienced adverse reactions, consider using Oral Contraceptives from other groups. Use PA Form# 20420
DIABETES THERAPIES					
DIABETIC - INSULIN		HUMALOG INJ 100/ML HUMALOG MIX 75/25 HUMULIN N INJ U-100 HUMULIN INJ 70/30 HUMULIN R U-100 LANTUS SOLN LEVEMIR NOVOLIN NOVOLOG NOVOLOG MIX		APIDRA HUMALOG MIX 50/50 HUMULIN INJ 50/50 HUMULIN R INJ U-500 RELION	Use PA Form# 20420
DIABETIC - PENFILLS		LANTUS OPTICLIK PEN [1] LANTUS SOLOSTAR[1] LEVEMIR FLEXPEN [1] NOVOLIN PENFILL[1] NOVOLIN 70/30[1] NOVOLOG MIX PENFILL[1] NOVOLOG PENFILL SOLN[1] NOVOLOG MIX FLEXPEN[1] NOVOLOG FLEXPEN[1]		APIDRA OPTICLIK PEN HUMALOG KWIK INJ 100/ML HUMALOG MIX INJ 75/25 KWP HUMALOG MIX INJ 50/50 KWP HUMALOG PEN SOLN HUMULIN PEN HUMULIN N PN INJ U-100 HUMULIN PEN INJ 70/30	1. Clinical PA will be required to establish significant visual or neurological impairment. Use PA Form# 20420
DIABETIC - DPP- 4 ENZYME INHIBITOR		JANUVIA[1, 2] ONGLYZA[1]			1. Preferred if therapeutic doses of metformin are seen in members drug profile for at least 60 days within the past 18 months or if phosphate binder is currently seen in the members drug profile. 2. Dosing limits apply. Please refer to Dose consolidation list.

DIABETIC - DPP- 4 ENZYME INHIBITOR-COMBO		JANUMET[1]			1. Preferred if therapeutic doses of metformin are seen in members drug profile for at least 60 days within the past 18 months or if phosphate binder is currently seen in the members drug profile. Dosing limits apply. Please refer to Dose consolidation list.
DIABETIC - LANCET-LANCET DEVICE		ONE TOUCH LANCETS FREESTYLE LANCETS UNILET LANCETS UNISTIK LANCING DEVICE AUTOLOT LANCING DEVICE			Use PA Form# 20420
DIABETIC - SYRINGES-NEEDLES		BD MICRO-FINE BD ULTRA-FINE BD ULTRA-FINE PEN NEEDLES UNIFINE PEN NEEDLES			Use PA Form# 20420
DIABETIC - OTHER				CYCLOSET SYMLIN	Use PA Form #301501
DIABETIC MONITOR		FREESTYLE LITE SYSTEM KIT FREESTYLE FLASH SYSTEM KIT FREESTYLE FREEDOM SYSTEM KIT FREESTYLE FREEDOM LITE KIT ONE TOUCH ULTRA 2 KIT ONE TOUCH ULTRA MINI KIT ONE TOUCH ULTRA SMART KIT PRECISION XTRA METER		ACCUCHECK ASCENSIA ASSURE EXACTECH PRODIGY	Effective October 25th 2007, approvals for all non preferred meters/ test strips will require medical necessity documenting clinically significant features that are not available on any of the preferred meters. Use PA Form# 20420
DIABETIC TEST STRIPS		FREESTYLE[1] FREESTYLE LITE[1] ONE TOUCH BASIC[1] ONE TOUCH SURESTEP[1] ONE TOUCH FAST TAKE[1] ONE TOUCH ULTRA[1] PRECISION XTRA[1] PRECISION XTRA BETA KETONE 10 CT		ACCUCHECK ASCENSIA ASSURE EXACTECH PRODIGY	Effective October 25th 2007, approvals for all non preferred meters/ test strips will require medical necessity documenting clinically significant features that are not available on any of the preferred meters. 1. Only 50 ct & 100 ct package size. Use PA Form# 20420
INCRETIN MIMETIC				BYETTA[1] VICTOZA	1. If patient is not responding to oral agents (single or multiple) please look to insulin therapy. Dosing limits apply. Please refer to Dose Consolidation List. Use PA Form# 10230
DIABETIC - ORAL SULFONYLUREAS		CHLORPROPAMIDE TABS GLIMEPIRIDE GLIPIZIDE TABS GLIPIZIDE ER TABS GLYBURIDE TABS GLYBURIDE MICRONIZED TABS TOLAZAMIDE TABS TOLBUTAMIDE TABS		AMARYL TABS DIABETA TABS GLUCOTROL TABS GLUCOTROL XL TBCR GLYNASE TABS MICRONASE TABS	Use PA Form# 20420
DIABETIC -ORAL BIGUANIDES		METFORMIN HCL TABS METFORMIN ER		GLUCOPHAGE TABS GLUCOPHAGE XR TB24 FORTAMET	Use PA Form# 20420
DIABETIC - THIAZOL / BIGUANIDE COMBO				ACTOPLUS MET[1] AVANDARYL[1] AVANDAMET TABS[1]	1. Requires use of Actos, Metformin, or other preferred anti-diabetics.
DIABETIC - / THIAZOL		ACTOS 15MG TABS[1]		ACTOS 30MG AND 45MG TABS[2] AVANDIA TABS[3]	1. Actos is non-preferred as monotherapy. Actos is preferred if therapeutic doses of metformin, sulfonylurea or insulin are seen in members drug profile for at least 60 days within the past 18 months. 2. Actos 30mg or 45mg - please use multiple 15mg tabs. 3. Current users of Avandia who have tried Actos will be able to continue use of Avandia.

DIABETIC - ALPHAGLUCOSIDASE		GLYSET TABS		PRECOSE TABS	Use PA Form# 20420
DIABETIC - SULFONYLUREA / BIGUANIDE		GLYBURIDE/METFORMIN		GLUCOVANCE TABS METAGLIP TABS DUETACT[1]	Use individual ingredients. Use PA Form# 20420 1. Use Actos 15mgs with generic glimepiride.
DIABETIC - MEGLITINIDES		STARLIX TABS		PRANDIN TABS NATEGLINIDE	Use PA Form# 20420
GLUCOSE ELEVATING AGENTS					
GLUCOSE ELEVATING AGENTS		GLUCAGEN INJ. HYPOKIT		GLUCAGON DIAGNOSTIC KIT GLUCAGEN DIAGNOSTIC KIT	Use PA Form# 20420
THYROID					
THYROID HORMONES		ARMOUR THYROID TABS CYTOMEL TABS LEVOTHROID TABS LEVOTHYROXINE SODIUM TABS LEVOXYL TABS THYROID TABS THYROLAR UNITHROID TABS		LEVOTHYROXINE SODIUM SOLR LIOTHYRONINE SYNTHROID TABS	Use PA Form# 20420
ANTITHYROID THERAPIES		METHIMAZOLE TABS PROPYLTHIOURACIL TABS		TAPAZOLE TABS	Use PA Form# 20420
OSTEOPOROSIS					
OSTEOPOROSIS		ALENDRONATE[2] BONIVA TABS[2] FOSAMAX SOLN[2] MIACALCIN SOLN[2]		ACTONEL TABS BONIVA INJECTION KIT AREDIA SOLR DIDRONEL TABS EVISTA TABS[1] FORTEO FORTICAL FOSAMAX TABS AND PLUS D[3] FOSAMAX TABS	Use PA Form# 20420 1. Approval only requires failure of Fosamax or Boniva. 2. Quantity limits apply, please see dosage consolidation list. 3. Please use Alendronate and Vitamin D.
CALCIMIMETIC AGENTS					
CALCIMIMETIC AGENTS				SENSIPAR	Use PA Form # 30115
GROWTH HORMONE					
GROWTH HORMONE		GENOTROPIN[1] NUTROPIN[1] NUTROPIN AQ[1] OMNITROPE[1]	5 5 8 8 8	NORDITROPIN CARTRIDGE SOLN TEV-TROPIN HUMATROPE SOLR INCRELEX SAIZEN SOLR	Use PA Form # 10710 1.Clinical PA is required to establish diagnosis and medical necessity. 2. Products must be used in specified step order. All step 5's must be tried prior to moving to step 8's.
SOMATOSTATIC AGENTS		OCTREOTIDE INJ		SANDOSTATIN SOMATULINE	
GROWTH HORMONE ANTAGONISTS					
GH ANTAGONISTS				SOMAVERT	Use PA Form # 10710
VASOPRESSIN RECEPTOR ANTAGONIST					
VASOPRESSIN RECEPTOR ANTAGONIST				SAMSCA	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. Use PA Form# 20420
ANTISPASMODICS		OXYBUTYNIN URISPAS TABS		CYSTOSPAZ TABS DETROL TABS DITROPAN	Use PA Form# 20420
ANTISPASMODICS - LONG ACTING		ENABLEX SANCTURA TOVIAZ VESICARE	5 8 8 9	OXYBUTYNIN ER DITROPAN XL TBCR OXYTROL DETROL LA CP[1]	Use PA Form# 20420 1. Product is considered line extension of the original product due to Healthcare Reform (HCR). MaineCare will consider these medications non-preferred and a step 9 because

			9	SANCTURA XR[1]	of the impact under the Federal Rebate Program in conjunction with HCR.
CHOLINERGIC		BETHANECHOL 25MG & 50MG		URECHOLINE	
METABOLIC MODIFIER					
HERED. TYROSINEMIA				ORFADIN	Use PA Form# 20420
ANTIHYPERTENSIVES / CARDIAC					
CARDIAC GLYCOSIDES		DIGITEK TABS DIGOXIN LANOXICAPS LANOXIN			
ANTIANGINALS--Isosorbide Di-nitrate/ 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
NITRO - SUBLINGUAL/ SPRAY		NITROLINGUAL SOLN NITROSTAT SUBL NITROTAB SUBL		NITROQUICK SUBL	Use PA Form# 20420
BETA BLOCKERS - NON		CARVEDILOL LEVATOL TABS NADOLOL TABS PINDOLOL TABS PROPRANOLOL HCL SOLN[1] PROPRANOLOL HCL TABS[1] PROPRANOLOL LA CAPS SOTALOL HCL TABS TIMOLOL MALEATE TABS		BETAPACE TABS BETAPACE AF TABS COREG CR[2] COREG TABS CORGARD TABS INDERAL TABS INDERAL LA CPCR INNOPRAN XL PROPRANOLOL HCL 60MG TABS[2] RANEXA	1. Recommend using BID since its effects do not last 24 hours. 2. Dosing limits still apply. Please see dose consolidation list. 3. Please use other strengths in combination to obtain this dose. Use PA Form# 20420
BETA BLOCKERS - CARDIO SELECTIVE		ACEBUTOLOL HCL CAPS ATENOLOL TABS[1] BETAXOLOL HCL TABS BISOPROLOL FUMARATE TABS METOPROLOL TARTRATE TABS[1] METOPROLOL ER		BYSTOLIC KERLONE TABS LOPRESSOR TABS TOPROL XL TB24 SECTRAL CAPS TENORMIN TABS ZEBETA TABS	1. Recommend using Atenolol (and metoprolol) BID since its effects do not last 24 hours. Use PA Form# 20420
BETA BLOCKERS - ALPHA / BETA		LABETALOL HCL TABS		TRANDATE TABS	Use PA Form# 20420
CALCIUM CHANNEL BLOCKERS--Amlodipines, Bepridil, Diltiazems, Felodipines, Isradipines, Nifedipines, Nisoldipine, and Verapamils		AMLODIPINE[1]		NORVASC TABS[1]	1. Dosing limits apply, please see dose consolidation list.
	1 1 1 1 1 4 4 4 4	DILTIA XT CP24 DILTIAZEM HCL ER CP24 DILTIAZEM HCL XR CP24 DILTIAZEM CD 300MG CP24 DILTIAZEM CD 360MG CP24 CARTIA XT CP24 DILTIAZEM CD CP24 DILTIAZEM HCL ER CP24 DILTIAZEM XR CP24	5 6 7 8 8 8 8 8 8	DILACOR XR CP24 TAZTIA TIAZAC CP24 CARDIZEM TABS CARDIZEM CD CP24 CARDIZEM LA TB24 CARDIZEM SR CP12 DILTIAZEM HCL TABS DILTIAZEM HCL ER CP12	Products must be used in specified order or PA will be required. Just write "Diltiazem 24-hour"and the pharmacy will use a preferred long acting diltiazem that does not require PA. Use PA Form# 20420
				PLENDIL TB24 FELODIPINE	Use PA Form# 20420
				DYNACIRC CAPS	Use PA Form# 20420

				DYNACIRC CR TBCR[1]	1. Established users will be grandfathered
				CARDENE SR CPCR NICARDIPINE HCL CAPS	Use PA Form# 20420
		AFEDITAB CR NIFEDIAC CC NIFEDICAL XL TBCR NIFEDIPINE TBCR NIFEDIPINE ER TBCR		ADALAT CC TBCR NIFEDIPINE CAPS PROCARDIA CAPS PROCARDIA XL TBCR	Established users of Adalat CC are grandfathered. Use PA Form# 20420
				SULAR TB24 SULAR CR	Established users of 10MG and 20MG strengths are grandfathered.
	1 1 1	VERAPAMIL HCL CR TBCR VERAPAMIL HCL ER TBCR VERAPAMIL HCL SR TBCR		CALAN TABS CALAN SR TBCR COVERA-HS TBCR ISOPTIN-SR VERAPAMIL HCL ER CP24 VERAPAMIL HCL SR CP24 VERAPAMIL HCL TABS VERELAN CP24 VERELAN PM CP24	Products must be used in specified order or PA will be required. Just write "Verapamil 24-hour" and the pharmacy will use a preferred long acting generic that does not require PA. Use PA Form# 20420
ANTIARRHYTHMICS		AMIODARONE FLECAINIDE MEXILETINE MULTAQ NORPACE PROCAINAMIDE PROPAFENONE QUINAGLUTE QUINIDINE GLUCONATE QUINIDINE SULFATE		CORDARONE DISOPYRAMIDE PACERONE QUINIDEX TAMBOCOR TIKOSYN[1] RYTHMOL SR RYTHMOL	1. Prescription must be written by Cardiologist. Use PA Form# 20420
ACE INHIBITORS		BENAZEPRIL HCL CAPTOPRIL TABS ENALAPRIL MALEATE TABS FOSINOPRIL SODIUM LISINOPRIL TABS QUINAPRIL RAMIPRIL	5 5 8 8 8 8 8 8 8 8 8	MAVIK TABS ACCUPRIL TABS ACEON TABS ALTACE CAPS CAPOTEN TABS LOTENSIN TABS MOEXIPRIL MONOPRIL HCT TABS 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 25MG[2] DIOVAN LOSARTAN MICARDIS TABS	8 8 8	ATACAND TABS COZAAR 50MG & 100MG[1] TEVETEN TABS	Preferred products only available without PA if patient on diabetic therapy or prior ACE therapy. 1. Please use multiple preferred 25mg tabs. 2.Dosing limits apply. Please see dose consolidation list. Use PA Form# 20420
DIRECT RENIN INHIBITOR				TEKTURNA[1]	1. Must show failure of single and combination therapy from all preferred antihypertensive categories.
ANTIHYPERTENSIVES - CENTRAL		CATAPRES-TTS CLONIDINE HCL TABS GUANFACINE HCL TABS HYDRALAZINE HCL TABS HYLOREL TABS METHYLDOPA TABS MINOXIDIL TABS PRAZOSIN HCL CAPS RESERPINE TABS		CATAPRES TABS CLONIDINE TTS GUANABENZ ACETATE TABS ISMELIN TABS MINIPRESS CAPS TENEX TABS	Use PA Form# 20420
ACE INHIBITORS AND CA CHANNEL BLOCKERS			8 8 8 9	LEXXEL TBCR LOTREL CAPS TARKA TBCR AMLODIPINE/BENAZEPRIL	Use individual preferred generic medications. Use PA Form# 20420
ACE AND THIAZIDE COMBO'S		BENAZEPRIL HCL/HYDROCHLOR		ACCURETIC TABS	Use PA Form# 20420

		CAPTOPRIL/HYDROCHLOROTHIA ENALAPRIL MALEATE/HCTZ TABS LISINOPRIL-HCTZ TABS		CAPOZIDE TABS LOTENSIN HCT TABS MONOPRIL HCT TABS PRINZIDE TABS UNIRETIC TABS VASERETIC TABS ZESTORETIC TABS	
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 CA CHANNEL BLOCKERS		AZOR EXFORGE EXFORGE HCT		TWYNSTA	Preferred products only available without PA if patient on diabetic therapy or prior ACE therapy.
ARB'S AND DIURETICS		AVALIDE TABS BENICAR HCT DIOVAN HCT TABS HYZAAR TABS LOSARTAN HCT MICARDIS HCT TABS	8 8	ATACAND HCT TABS TEVETEN HCT TABS	Preferred products only available without PA if patient on diabetic therapy or prior ACE therapy. Use PA Form# 20420
ARB'S AND DIRECT RENIN INHIBITOR COMBINATION				VALTURNA	Use PA Form# 20420
DIURETICS		ACETAZOLAMIDE TABS AMILORIDE HCL BUMETANIDE CHLOROTHIAZIDE TABS CHLORTHALIDONE TABS EDECRIN TABS FUROSEMIDE HYDROCHLOROTHIAZIDE INDAPAMIDE TABS METHAZOLAMIDE TABS METHYCLOTHIAZIDE TABS SPIRONOLACTONE 25MG TABS SPIRONOLACTONE/HYDRO TORSEMIDE TABS TRIAMTERENE/HCTZ ZAROXOLYN TABS		ALDACTAZIDE TABS ALDACTONE TABS AMILORIDE HCL BUMEX TABS DEMADEX TABS DIAMOX DIURIL DYAZIDE CAPS ENDURON TABS INSPRA 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 COLESTIPOL HCl		COLESTID PREVALITE QUESTRAN WELCHOL TABS	Use PA Form# 20420
CHOLESTEROL - FIBRIC ACID DERIVATIVES		GEMFIBROZIL TABS NIASPAN TRICOR TRILIPIX		ANTARA LOPID FIBRICOR LIPOFEN LOFIBRA FENOFIBRATE TRIGLIDE	Use PA Form# 20420
CHOLESTEROL - HGM COA + ABSORB INHIBITORS MORE POTENT DRUGS/COMBINATIONS		LIPITOR SIMVASTATIN[1]		CRESTOR VYTORIN [2] ZOCOR	1. Dosing limits apply, please see dosage consolidation list. 2. Only available if component ingredients are unavailable. Use PA Form# 20420
CHOLESTEROL - HGM COA + ABSORB INHIBITORS LESS POTENT DRUGS/COMBINATIONS		LESCOL CAPS LOVASTATIN TABS[2] PRAVASTATIN[2]	8 8 8 8	ALTOPREV TB 24 LIVALO MEVACOR TABS PRAVACHOL TABS	1. Zetia available w/0PA as addition to Lipitor 80mg. Zetia will also be approved with a PA as add on for patients at maximally tolerated doses of statins.

			8	PRAVIGARD	
			8	ZETIA TABS[1]	2. Dosing limits apply.
			9	LESCOL XL TB 24[3]	3. Product is considered line extension of the original product due to Healthcare Reform (HCR). MaineCare will consider these medications non-preferred and a step 9 because of the impact under the Federal Rebate Program in conjunction with HCR. Use PA Form# 20420
CHOLESTEROL - HGM COA + ABSORB INHIBITORS STATIN/ NIACIN COMBO		SIMCOR ADVICOR TBCR			
PULMONARY ANTI-HYPERTENSIVES					
PULMONARY ANTI-HYPERTENSIVES		REVATIO[1] VENTAVIS[2] EPOPROSTENOL INJ[5]		ADCIRCA FLOLAN REMODULIN[3]	3. There will be dosing limits of one 20ml multidose vial/ 30 days supply without pa. 4. Viagra would be approved after a diagnosis of pulmonary hypertension is confirmed. 5. PA is required to establish and conferm who group 1 diagnosis of primary PAH (Primary Pulmonary Hypertension) and NYHA functional class 3 & 4 Use PA Form# 20420
ERA / ENDOTHELIN RECEPTOR ANTAGONIST		TRACLEER[2] LETAIRIS[1, 2]			1. Providers must be registered with LEAP Prescribing program, a restricted distribution program. 2. Clinical PA is required to establish diagnosis and medical necessity.
IMPOTENCE AGENTS					
IMPOTENCE AGENTS					As of January 1, 2006, per CMS (federal govt.), impotence agents are no longer covered.
ANTI-EMETOGENICS					
ANTIEMETIC - ANTICHOLINERGIC / DOPAMINERGIC		MECLIZINE HCL TABS PHENERGAN SUPP PHENERGAN FORTIS SYRP PROMETHAZINE SUPP PROMETHAZINE TRANSDERM-SCOP PT72		ANTIVERT TABS PHENERGAN SOLN PHENERGAN TABS PROMETHAZINE 50MG SUPP PROMETHEGAN SUPP TORECAN TABS	Use PA Form# 20420
ANTIEMETIC - 5-HT3 RECEPTOR ANTAGONISTS/ SUBSTANCE P NEUROKININ		MARINOL CAPS ONDANSETRON TABS* [2] ONDANSETRON ODT TBDP* ONDANSETRON INJ*		GRANISETRON ALOXI ANZEMET TABS CESAMET[1] EMEND[3] KYTRIL ZOFRAN TABS* ZOFRAN ODT TBDP* ZOFRAN TABS* ZOFRAN INJ*	*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. 2. Ondansetron will be preferred with CA diag and dosing limits still apply. 3. Clinical PA is required for members on highly emetic anti-neoplastic agents. Ondansetron: use PA Form # 20610 Others: use PA Form # 20420
NON-SEDATING ANTIHISTAMINES / DECONGESTANTS					
ANTIHISTIMINES - NON-SEDATING		ALAVERT TABS CETIRIZINE TABS CLARITIN (OTC) CLARITIN SYRP (OTC) LORATADINE TAVIST ND (OTC)	5 5 5 5 5 8	FEXOFENADINE1 CLARINEX SYR[1,2] FEXOFENADINE[1] ZYRTEC[1] ZYRTEC SYR[1,2] ALLEGRA[3]	1. Must fail preferred drugs, OTC loratidine and cetirizine before moving to non-preferred step order drugs. 2. Clarinex and Zyrtec syrup <6 yr w/o PA. 3. Must fail all step 5 drugs (Clarinex,

			8	CLARITIN[3]	Fexofenadine and Zyrtec) before moving to next step product.
			8	LORATADINE ODT[4]	4. All OTC versions of loratadine ODT are now non-preferred.
			8	XYZAL[3]	Pseudoephedrine is available with prescription.
					Use PA Form # 20530
ANTIHISTIMINES - OTHER		CLEMASTINE CHLORPHENIRAMINE DIPHENHYDRAMINE			Use PA Form# 20420
ALLERGY / ASTHMA THERAPIES					
ANTIASTHMATIC - ANTICHOLINERGICS - INHALER		ATROVENT AERS ATROVENT HFA SPIRIVA[1 2]			Use PA Form# 20420 1. Quantity limit of 1 inhalation daily (1 capsule for inhalation daily) Spiriva will require PA if Combivent or Atrovent inhaler/nebulizer solution is in member's current drug profile. 2. We ask physicians to write "asthma" on the prescription whenever Sprivia is primarily being used for that condition.
ANTIASTHMATIC - ANTICHOLINERGICS - NEBULIZER		IPRATROPIUM BROMIDE SOLN		ATROVENT SOLN	Use PA Form# 20420
ANTIASTHMATIC - ANTIINFLAMMATORY 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
ANTIASTHMATIC - NASAL STEROIDS		FLUTICASONE SPR NASONEX SUSP	5 5 8 8 8 8 8 8 8 8	BECONASE AQ INHA[1] NASACORT AQ AERS[1] FLONASE SUSP[2] FLUNISOLIDE SOLN[2] NASACORT AERS[2] OMNARIS SPR RHINOCORT AERO[2] RHINOCORT AQUA SUSP[2] TRI-NASAL SOLN[2] VERAMYST[2] VANCENASE POCKETHALER AERS[2]	Use PA Form# 20420 Dosing limits apply to whole category, please see dosage consolidation list. 1. All preferred drugs must be tried before moving to non preferred steps. 2. All step 5 medications need to be tried before moving to step 8's.
ANTIASTHMATIC - NASAL MISC.		CROMOLYN NASAL 4% NASALCROM OCEAN 0.65% SALINE NASAL SPRAY 0.65%		ATROVENT NASAL SOL IPRATROPIUM NASAL SOL[1] ASTELIN ASTEPRO[2]	Use PA Form# 20420 1. Ipratropium will be approved if submitted with documentation supporting use of CPAP machine. 2. Utilize Multiple preferred, as well as step therapy Astelin.
ANTIASTHMATIC - BETA - ADRENERGICS		ALBUTEROL NEB MAXAIR METAPROTERENOL PROAIR HFA[3] PROVENTIL HFA AERS[3] SEREVENT TERBUTALINE SULFATE TABS VENTOLIN HFA AERS[3]		ACCUNEB NEBU ALBUTEROL AER ALBUTEROL HFA ALBUTEROL 0.63mg/3ml ALUPENT AERP BRETHINE FORADIL AEROLIZER CAPS PROVENTIL VENTOLIN AERS VOLMAX TBCR VOSPIRE ER TB12 XOPENEX HFA[3] XOPENEX NEBU[1,2]	1. Xopenex users w/ prior asthma hospitalization due to albuterol nebulizer failure will be grandfathered. 2. Quantity Limit: 12 cc/day. 3. Dosing limits apply, please see dosage consolidation list. Use PA Form# 20420
ANTIASTHMATIC - ADRENERGIC COMBINATIONS		ADVAIR DISKUS/HFA[1] SYMBICORT[1]			We ask physicians to write "asthma" on the prescription whenever Advair is primarily being used for that condition. 1. Dosing limits apply, please see dosage consolidation list.
ANTIASTHMATIC - ADRENERGIC ANTICHOLINERGIC		ALBUTEROL/IPRATROPIUM NEB. SOLN COMBIVENT AERO[2]		DUONEB SOLN[1]	1. Please use preferred individual ingredients Albuterol and Ipratropium.

ANTICHOLINERGIC					2. We ask physicians to write "asthma" on the prescription whenever Combivent is primarily being used for that condition. Use PA Form# 20420
ANTIASTHMATIC - XANTHINES		AMINOPHYLLINE TABS THEOCHRON TB12 THEOLAIR-SR TB12 THEOPHYLLINE CR TB12 THEOPHYLLINE ELIX THEOPHYLLINE SOLN THEOPHYLLINE ER CP12 THEOPHYLLINE ER TB12		QUIBRON CAPS QUIBRON-T TABS QUIBRON-T/SR TB12 THEO-24 CP24 THEOLAIR TABS UNIPHYL TBCR	Use PA Form# 20420
ANTIASTHMATIC - STEROID INHALANTS		ASMANEX FLOVENT DISKUS FLOVENT HFA PULMICORT SUSP[1] QVAR AERS	5 5 5 8 8 8 8	AEROBID AERS[2] BECLOVENT AERS[2] VANCERIL AERS[2] AEROBID-M AERS[3] ALVESCO VANCERIL DOUBLE STRENGTH AERS[3] PULMICORT FLEXHALER	Dosing limits apply to whole category, please see dosage consolidation list. 1. No PA for Pulmicort susp if under 8 years old. 2. All preferreds must be tried before moving to non preferred steps. 3. All step 5 medications need to be tried before moving to step 8's. Use PA Form# 20420
ANTIASTHMATIC - 5-Lipoxygenase Inhibitors				ZYFLO CR TABS	Use PA Form# 20420
ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS		SINGULAIR[1]		ACCOLATE TABS	1. We ask physicians to write "asthma" on the prescription whenever Singulair is primarily being used for that condition. Use PA Form# 20420
ANTIASTHMATIC - ALPHA-PROTEINASE INHIBITOR				PROLASTIN SUSR ZEMAIRA	Use PA Form# 20420
ANTIASTHMATIC - HYDRO-LYTIC ENZYMES				PULMOZYME SOLN	Use PA Form# 20420
ANTIASTHMATIC - MUCOLYTICS		ACETYLCYSTEINE[1]		MUCOMYST	1. Acetylcysteine is covered with diagnosis of CF. Use PA Form# 20420
COUGH/COLD					
COUGH/COLD		DEXTRO-GUAIF SYRP GUAIFENESIN SYRP 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 LOPERAMIDE HCL CAPS/LIQ OPIUM TINCTURE TINC PAREGORIC TINC		LOFENE TABS LONOX TABS MOTOFEN TABS	Use PA Form# 20420
GI - ANTI-DIARRHEAL/ ANTACID - MISC.		ATROPINE SULFATE SOLN BENTYL SYRP BISMATROL BISMUTH SUBSALICYLATE CALCIUM CARBONATE (ANTACID) CHEW DICYCLOMINE HCL GLYCOPYRROLATE TABS HAPONAL TABS HYOSCYAMINE SULFATE HYOSCYAMINE CAPS & TABS KAOPECTATE MAGNESIUM OXIDE TABS MAG-OX 400 TABS PAMINE TABS PROPANTHELINE BROMIDE TABS SAL-TROPINE TABS SCOPOLAMINE HYDROBROMIDE SODIUM BICARBONATE TABS		B & O 15-A SUPPRETTE SUPP B & O 16-A SUPPRETTE SUPP BELLADONNA ALKALOIDS & OP BENTYL TABS GLYCOPYRROLATE INJ HYOSCYAMINE SL LEVBID TB12 LEVSIN ELIX LEVSIN TABS LEVSIN/SL SUBL NULEV TBDP ROBINUL INJ ROBINUL TABS	Use PA Form# 20420

		TUMS			
GI - H2-ANTAGONISTS		CIMETIDINE FAMOTIDINE RANITIDINE RANITIDINE SYRUP ACID REDUCER TABS ZANTAC SYRUP		AXID CAPS AXID AR TABS NIZATIDINE CAPS PEPCID PEPCID AC RANITIDINE SYRUP TAGAMET TABS ZANTAC SYRUP ZANTAC TABS	Use PA Form# 20420
GI - PROTON PUMP INHIBITOR		DEXILANT (KAPIDEX)[2] OMEPRAZOLE 10MG/20MG[2] PROTONIX[2]	6 7 8 8 8 8 8 8 9 9	PRILOSEC OTC[4] ACIPHEX TBEC[4] PREVACID CPDR[4, 5] PREVACID SOLUTABS[1] NEXIUM CPDR OMEPRAZOLE-SODIUM BICARBONATE CAPS LANSOPRAZOLE PRILOSEC CPDR PROTONIX INJ OMEPRAZOLE 40MG[3] PANTOPRAZOLE	1. Prevacid Solutabs available without PA for children less than 9 years old. Use PA Form # 20720 2. Dosing limits apply, please see dosage consolidation list. 3. Please use multiple 20mg Capsules to obtain required dose. 4. All preferreds and step therapy must be tried and failed. 5. Established users prior to 10/1/09 may coninue to obtain Prevacid until 12/31/09.
GI - ULCER ANTI-INFECTIVE				HELIDAC PREVPAC	
GI - PROSTAGLANDINS		MISOPROSTOL TABS		CYTOTEC TABS	Use PA Form# 20420
GI - DIGESTIVE ENZYMES		CREON[1] LACTASE CHEW LACTASE TAB ZENPEP[1]		LACTRASE CAPS LIPRAM LIPRAM CR KU-ZYME CAPS PANCREASE PANOKASE TABS TRIPASE	Use PA Form# 20420 1. Clinical PA is required to establish CF diagnosis and medical necessity. In all cases except cystic fibrosis patients, objective evidence of pancreatic insufficiency (fat malabsorption test etc...) must be supplied.
GI - ANTI - FLATULENTS / GI STIMULANTS		CALULOSE SYRP CONSTULOSE SYRP ENULOSE SYRP GASTROCROM CONC GENERLAC SYRP LACTULOSE SYRP METOCLOPRAMIDE HCL SIMETHICONE		AMITIZA[1] CEPHULAC SYRP INFANTS GAS RELIEF SUSP REGLAN TABS	Diag codes no longer necessary for preferred products. Lactulose has 60cc/day QL Use PA Form# 20420 1. Prior failed trials of multiple other preferred GI agents must occur first, Such as OTC senna, docusate, lactulose, polyethylene glycol.
GI - INFLAMMATORY BOWEL AGENTS		ASACOL TBEC APRISO AZULFIDINE TABS CANASA SUPP COLAZAL CAPS DIPENTUM CAPS PENTASA CPCR ROWASA ENEM SULFAZINE EC TBEC SULFASALAZINE TABS		ASACOL 800MG HD AZULFIDINE EN-TABS TBEC BALSALAZIDE LIALDA TABS[1] PENTASA 500MG[2] SFROWASA	Use PA Form# 20420 1. Current users grandfathered. 2. Use multiple Pentasa 250mg.
GI - IRRITABLE BOWEL SYNDROME AGENTS				LOTRONEX 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 CITRATE OF MAGNESIA SOLN CITRUCEL		ACTIGALL CAPS BENEFIBER CARAFATE COLACE CAPS COLYTE DIOCTO-C SYRP	1. Must show evidence of trials of preferred agents that do not require PA, such as OTC senna, docusate, mineral oil and prescription lactulose. Use PA Form# 20420

		DIOCTO SYRP DOCUSATE CALCIUM CAPS DOCUSATE SODIUM FIBER LAXATIVE TABS FLEET GENFIBER POWD GLYCERIN HIPREX TABS KRISTALOSE PACK MAALOX METAMUCIL MILK OF MAGNESIA SUSP MINERAL OIL OIL NULYTELY SOLR SENNA SENOKOT GRAN SENOKOT SYRP SENOKOT CHILDRENS SYRP SENOKOT XTRA TABS SORBITOL STOOL SOFTENER CAPS SUCRALFATE TABS UNI-EASE CAPS UNIFIBER POWD URSO FORTE URSODIOL		DOC SOD /CAS CAP DOC-Q-LAX CAPS DOCUSATE SODIUM/CAS CAPS DOK PLUS DULCOLAX SUPP FIBER CON TABS FIBER-LAX TABS GOLYTELY SOLR MALTSUPEX MIRALAX PACK (OTC versions) MIRALAX POWD (OTC versions) PEG 3350/ELECTROLYTES SOLR SENEXON TABS SENOKOT TABS SENOKOT S TABS STOOL SOFTENER PLUS CAPS UNI-CENNA TABS UNI-EASE PLUS CAPS V-R NATURAL SENNA LAXATIV TABS URSO 250	
MISC. UROLOGICAL					
UROLOGICAL - MISC.		ACETIC ACID 0.25% SOLN CYTRA-K SOLN FURADANTIN SUSP K-PHOS MF TABS METHENAMINE MANDELATE TABS MONUROL PACK NEOSPORIN GU IRRIGANT SOLN NITROFURANTOIN MACR CAPS PHENAZOPYRIDINE HCL TABS PHENAZOPYRIDINE PLUS PROSED/DS TABS TRICITRATES SYRP URELIEF PLUS UREX TABS URISED TABS UROCIT-K UROQID #2 TABS		CITRIC ACID/SODIUM CITRAT SOLN CYTRA-2 SOLN ELMIRON CAPS[1] MACROBID CAPS MACRODANTIN CAPS MANDELAMINE TABS NITROFURANTOIN MACR CAPS POTASSIUM CITRATE/CITRIC SOLN PYRIDIUM PLUS TABS PYRIDIUM TABS RENACIDIN SOLN	1. Elmiron requires adequate proof of Dx with supportive testing. Use PA Form# 20420
PHOSPHATE BINDERS					
PHOSPHATE BINDERS		PHOSLO[1] MAGNEBIND - 400[1] RENAGEL[1] FOSRENOL[1]		RENVELA[2]	1. Diag required. 2. Must fail Phoslo, Renagel & Fosrenol before non-preferred products. Use PA Form# 20420
INTRA-VAGINALS					
VAGINAL - ANTIBACTERIALS	1 1 3	CLEOCIN CREA METRONIDAZOLE VAGINAL GEL[2] CLEOCIN SUPP[1]		METROGEL VAGINAL GEL[2] VANDAZOLE	1. Step order must be followed to avoid PA. Must fail Cleocin Cream and Metronidazole products before moving to next step product without PA. 2. Dosing limits apply, please see Dosage Consolidation List. Use PA Form# 20420
VAGINAL - ANTI FUNGALS		CLOTRIMAZOLE CREA GYNE-LOTRIMIN CREA MICONAZOLE CREA MICONAZOLE 3 COMBO PACK KIT[1] MICONAZOLE 7 CREA MICONAZOLE NITRATE CREA NYSTATIN TABS TERAZOL 3 SUPP TERCONAZOLE 0.4MG		AVC CREAM CLOTRIMAZOLE 3 DAY CREA GYNAZOLE-1 CREA GYNE-LOTRIMIN 3 TABS MICONAZOLE 3 SUPP TERAZOL 3 CREA TERAZOL 7 CREA TERCONAZOLE 0.8MG TERCONAZOLE SUPP	1. Quantity limit: 1/script/2 weeks Use PA Form# 20420

		VAGITROL V-R MICONAZOLE-7 CREA			
VAGINAL - CONTRACEPTIVES		GYNOL II EXTRA STRENGTH GEL		DELFEN 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 FINASTERIDE[1] TERAZOSIN HCL CAPS TAMSULOSIN	5 8 8 8 8 8	FLOMAX CP24 CARDURA TABS HYTRIN CAPS PROSCAR TABS RAPAFLO UROXATRAL	Non-preferred products must be used in specified order. 1. There will be dosing limits of 1 tab per day with out PA. Use PA Form# 20420
ANXIOLYTICS					
ANXIOLYTICS - BENZODIAZEPINES		ALPRAZOLAM TABS CHLORDIAZEPOXIDE HCL CAPS CLORAZEPATE DIPOTASSIUM TABS DIAZEPAM LORAZEPAM OXAZEPAM CAPS		ALPRAZOLAM ER ATIVAN NIRAVAM SERAX TRANXENE XANAX TABS XANAX XR	Use PA Form# 20420
ANXIOLYTICS - MISC.		BUSPIRONE HCL TABS HYDROXYZINE HCL SOLN HYDROXYZINE HCL SYRP HYDROXYZINE PAMOATE CAPS MEPROBAMATE TABS		ATARAX TABS BUSPAR TABS DROPERIDOL SOLN HYDROXYZINE HCL TABS HYDROXYZINE PAM 100MG CAPS INAPSINE SOLN VISTARIL	Use PA Form# 20420
ANTI-DEPRESSANTS					
ANTIDEPRESSANTS - MAO INHIBITORS		NARDIL TABS PARNATE TABS			
ANTIDEPRESSANTS - MAO INHIBITORS TOPICAL				EMSAM[1]	1. Dosing limits apply, please refer to Dose consolidation list. Use PA Form# 20420
ANTIDEPRESSANTS - SELECTED SSRI's		BUPROPION HCL TABS BUPROPION SR BUPROPION XL CITALOPRAM[4] CYMBALTA[5] FLUOXETINE HCL CAPS FLUOXETINE HCL LIQD FLUOXETINE HCL 10mg TABS FLUVOXAMINE MALEATE TABS LEXAPRO TABS[4] MIRTAZAPINE NEFAZODONE PAROXETINE[3] SERTRALINE[2] TRAZODONE HCL TABS VENLAFAXINE ER TABS[9]	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 9	APLENZIN[7] CELEXA DESYREL TABS EFFEXOR TABS EFFEXOR XR CP24 [3, 10] FLUOXETINE 40 mg CAPS[1] FLUOXETINE 20mg TABS[6] LUVOX TABS MAPROTILINE HCL TABS MIRTAZAPINE ODT PAROXETINE CR[3] PAXIL[3] PAXIL CR [3] PRISTIQ PROZAC PROZAC CAPS PROZAC WEEKLY CPDR REMERON TABS SARAFEM CAPS TRAZODONE HCL 300MG TABS WELLBUTRIN TABS WELLBUTRIN SR TBCR WELLBUTRIN XL REMERON SOLTAB TBDP SAVELLA [8] ZOLOFT VENLAFAXINE CAPS FLUOXETINE 90mg TABS	Non-preferred products must be used in specified step order. Use PA Form# 20420 1. Use Fluoxetine 20 mg in multiples. 2. See Zoloft splitting table. Sertraline requires splitting of scored tabs to avoid PA. 3. Strong caution with pediatric population. 4. See Celexa/Citalopram and Lexapro splitting tables. 5. Max daily dose allowed is 60mg, only 1 capsule per day allowed for all strengths. Combination of multiple strengths require PA. 6. Use Fluoxetine 10mg tabs or capsules in multiples. 7. Provide clinical documentation as to why a preferred generic alternative cannot be used. 8. Dosing limits allowing 2 tabs/day and a max daily limit of 200mg / day applies. Please see dose consolidation list. 9. Dosing limits and max daily dose applies. Limit of 1 tab per day of 37.5mg, 75mg, and 225mg will be allowed without pa, along with limits of 2 tabs per day of the 150mg strength.

					limits of 2 tabs per day of the 150mg strength. Max daily dose allowed is 375mg. 10. Use venlafaxine ER tabs.
ANTIDEPRESSANTS - TRI-CYCLICS	*	AMITRIPTYLINE HCL TABS		AMOXAPINE TABS	*Users over the age of 65 require a pa.
	*	AVENTYL SOLN		ANAFRANIL CAPS	1. Use multiples of 50mg.
	*	CLOMIPRAMINE HCL CAPS		DOXEPIN HCL 150mg[1]	
	*	DESIPRAMINE HCL TABS		ELAVIL TABS	
	*	DOXEPIN HCL		NORPRAMIN TABS	Use PA Form# 20420
	*	IMIPRAMINE HCL TABS		PAMELOR	or 10220
		NORTRIPTYLINE HCL		SINEQUAN	
	*	PROTRIPTYLINE HCL TABS		TOFRANIL	
	*	SURMONTIL CAPS		VIVACTIL TABS	
SEDATIVE / HYPNOTICS					
SEDATIVE/HYPNOTICS - BARBITURATE		BUTISOL SODIUM TABS		LUMINAL SOLN	PA required for new users of preferred products if over 65 years old.
		CHLORAL HYDRATE SYRP		SOMNOTE CAPS	Use PA Form # 30110
		MEBARAL TABS			
		PHENOBARBITAL			
SEDATIVE/HYPNOTICS - BENZODIAZEPINES		DORAL TABS		DALMANE	Previous quantity limits still apply.
		ESTAZOLAM TABS		HALCION TABS	
		FLURAZEPAM HCL CAPS		MIDAZOLAM HCL SYRP	Use PA Form # 30110
		TEMAZEPAM CAPS 15 & 30MG		RESTORIL CAPS	
		TRIAZOLAM TABS		TEMAZEPAM 7.5MG	
SEDATIVE/HYPNOTICS - Non-Benzodiazepines	1	MIRTAZAPINE	7	AMBIEN[1]	Use PA Form # 30110
	1	TRAZODONE	8	AMBIEN CR[1]	Must fail all preferred products before non-preferred.
	1	ZOLPIDEM [2]	8	EDLUAR	1. Quantity Limt of 12 per 34 days.
	2	ZALEPLON [2,3]	8	LUNESTA[1]	2. Quantity limits will be allowed up to 30/30, but intermittent therapy is recommended.
			8	SONATA CAPS[1]	
			8	ROZEREM	3. Only zolpidem trial/failure will be required to obtain Zaleplon.
ANTI-PSYCHOTICS					
ANTIPSYCHOTICS - ATYPICALS		ABILIFY TABS[3, 4]	8	ABILIFY DISC TAB, INJ and SOL[2]	If prescribing 2 or more antipsychotics, PA will be required for both drugs, except if one is Clozapine. This also includes combination of Seroquel with Seroquel XR. Please use Miscellaneous PA form # 20420 for non-See Multiple Antipsychotic PA form #20440.
		GEODON[4]	8	FANAPT	
		RISPERIDONE TAB[4]	8	INVEGA	
		RISPERIDONE SOLN[4]	8	INVEGA SUSTENNA	
		SEROQUEL TABS[4]	8	RISPERDAL TAB	
		ZYPREXA TABS[4]	8	RISPERDAL CONSA [2]	Please use Miscellaneous PA form # 20420 for non-preferred single therapy atypical requests.
			8	RISPERDAL M TAB[2]	
			8	RISPERDAL SOLN	
			8	RISPERIDONE ODT	
			8	SAPHRIS	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 Seroquel XR- 800mg daily max Zyprexa- 30mg daily max Use PA form #10420 for requests exceeding these maximum daily doses.
			8	SEROQUEL 50MG TABS[1,2]	
			8	ZYPREXA ZYDIS TBDP [2]	
			8	ZYPREXA RELPREVV	
			9	SEROQUEL XR[5]	1. Please use multiple 25mg tablets. 2. Established users of single therapy atypicals were grandfathered. 3. Abilify requires splitting of tab to avoid PA. Please see Abilify splitting table. 4. Prior Authorization will be required for preferred medications for members under the age of 5.

					5. Product is considered line extension of the original product due to Healthcare Reform (HCR). MaineCare will consider these medications non-preferred and a step 9 because of the impact under the Federal Rebate Program in conjunction with HCR.
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 If prescribing 2 or more antipsychotics, PA will be required for both drugs, except if one is Clozapine. See Multiple Antipsychotic PA form #20440. For PA requests for non preferred single user antipsychotic medications, please use miscellaneous PA form #20420.
LITHIUM					
LITHIUM		LITHIUM CARBONATE LITHIUM CITRATE SYRP		ESKALITH CAPS ESKALITH CR TBCR	
COMBINATION - PSYCHOTHERAPEUTIC					
PSYCHOTHERPEUTIC COMBINATION		CHLORDIAZEPOXIDE/AMITRIPT PERPHENAZINE/AMITRIPTYLIN	8	SYMBYAX[1]	1. Only available if component ingredients are unavailable. Use PA Form# 20420
STIMULANTS					
STIMULANT - AMPHETAMINES - SHORT ACTING		ADDERALL TABS AMPHETAMINE SALT COMBO DEXTROAMPHET SULF TABS DEXEDRINE DEXTROSTAT TABS			Preferred stimulants will be available without PA if diagnosis of ADHD.As per recent FDA alert, Adderal & Dexedrinel 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 AMPHETAMINES SALT		ADDERALL XR CP24[1] VYVANSE[2]			Preferred stimulants will be available without PA if diagnosis of ADHD. Stimulants have dosing limitations per strength and maximum daily doses. Please refer to dose consolidation table for any potential dosing limits per strength. 1. As per recent FDA alert, Adderall should not be used in patients with underlying heart defects since they may be at increased risk for sudden death. 2. FDA approval is currently for adults and children 6 or older. Will be available without PA for this age group if within dosing limits. Limit of one capsule daily. Max dose of 70MG daily. Use PA Form# 20420
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

					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 TABS METADATE ER TBCR METHYLIN ER TBCR METHYLIN TABS METHYLIN SOL METHYLPHENIDATE HCL		METHYLIN CHEWABLES RITALIN	Preferred stimulants will be available without PA if diagnosis of ADHD. Use PA Form# 20420 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 for methylphenidate and 36mg daily for dexmethylphenidate.
STIMULANT - METHYLPHENIDATE - LONG ACTING		CONCERTA TBCR FOCALIN XR	5 8 8	METADATE CD CPCR DAYTRANA[1] 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. FDA approval currently only for ages 6-16. Limit of one patch daily. Max dose of 30MG daily. Use PA Form# 20420
STIMULANT - STIMULANT LIKE			7 8 8 8 8 9 9	STRATTERA[1, 2] CAFCIT SOLN INTUNIV [4] PROVIGIL TABS NUVIGIL 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. Max daily dose of Strattera is 100mg. Please refer to PDL dosage consolidation chart. 3. Non-preferred products must be used in specified step order. 4. Please use generic Guanfacine. Use PA Form# 20420
ANTI-CATAPLECTIC AGENTS					
PSYCHOTHERAPEUTIC AGENTS - MISC.				XYREM SOL XENAZINE	Use PA Form # 20710
WEIGHT LOSS					
WEIGHT LOSS					No longer covered: PHENTERMINE, XENICAL,DIDREX, and MERIDIA
ALZHEIMER DISEASE					
ALZHEIMER - Cholinomimetics/Others		ARICEPT TABS[1] NAMENDA[1]	8 8 8 8 8 9	RAZADYNE[2] REMINYL[2] EXELON[2] ARICEPT ODT RIVASTIGMINE TARTRATE CAPS[2] COGNEX CAPS[2]	1. PA is required to establish dementia diagnosis and baseline mental status score. 2. Must fail all preferred products before moving to non-preferred. Use PA Form# 20420

SMOKING CESSATION					
NICOTINE PATCHES / TABLETS		CHANTIX[1, 2, 3] NICODERM CQ PT24[2] NICOTINE DIS PT24[2]			Bupropion SR 150 mg is available without a prior authorization. 1. Chantix is preferred without PA for up to 6 months of continuous use once per lifetime. 2. Preferred nicotine replacement therapy and Chantix will become non-preferred and will require PA if they are being used in combination together. 3. Under 18 years old require PA.
NICOTINE REPLACEMENT - OTHER		NICOTINE POLACRILEX GUM[2] NICORETTE GUM[2]	5	COMMIT LOZENGES[1] NICOTROL INHALER NICOTROL NASAL SPRAY	Use PA Form# 20420 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. 2. Preferred nicotine replacement therapy and Chantix will become non-preferred and will require PA if they are being used in combination together.
ALCOHOL DETERRENTS					
ALCOHOL DETERRENTS		ANTABUSE TABS CAMPRAL[1] DISULFIRAM TABS NALTREXONE HCL TABS			1. Should only be used in conjunction with formal structured outpatient detoxification program.
MISCELLANEOUS ANALGESICS					
ANALGESICS - MISC.		ACETAMINOPHEN ASPIRIN ASPRIN/ APAP/ CAFF TAB BUTAL/ASA/CAFF BUTALBITAL COMPOUND BUTALBITAL/ACET TABS BUTALBITAL/APAP CAPS BUTALBITAL/APAP/CAFFEINE CHOLINE MAGNESIUM TRISALI DIFLUNISAL TABS EXCEDRIN SALSALATE TABS		AXOCET CAPS DOLOBID TABS EQUAGESIC TABS ESGIC-PLUS FIORICET TABS FIORINAL CAPS FIORTAL CAPS FORTABS TABS PHRENILIN TABS PHRENILIN FORTE CAPS TRILISATE LIQD TRILISATE TABS ZEBUTAL CAPS ZORPRIN TBCR	Use PA Form# 20420
LONG ACTING NARCOTICS					
NARCOTICS - LONG ACTING		AVINZA FENTANYL PATCH[5] KADIAN[6] METHADONE METHADOSE MORPHINE SULFATE ER TB12	8 8 8 8 8 8 9 9 9	DURAGESIC PT72[5] EMBEDA MORPHINE SULFATE SUPP MS CONTIN TB12 ORAMORPH SR TB12 OXYCONTIN TB12[1,4] OXYCODONE ER [3] OPANA OPANA ER	Use PA Form # 20510 Non-preferred products must be used in specific order. 1. Oxycontin will be available without PA for patients treated for or dying from cancer or hospice patients. CA (cancer) or HO (hospice) diag code may be used but store must verify since all scripts will be audited and stores will be liable. 2. Established users are grandfathered. 3. Oxycodone ER allowed only 2 per day for all strengths except 80 mg, where 4 are allowed to achieve max total daily dose of 320mg.

					4. Oxycontin 15mg, 30mg & 60mg are new strengths. Any PA request for the new strengths will be required to use combinations of strengths that have previously been available (including 10mg, 20mg, 40mg, & 80mg tablets) to obtain requested dose. 5. Dosing limits apply. Please see dose consolidation list. 6. Kadian 80mg & 200mg are non-preferred.
NARCOTICS - SELECTED		TRAMADOL HCL TABS	8	BUPRENEX SOLN	Use PA Form# 20420 1. Only available if component ingredients are unavailable.
			8	BUTORPHANOL	
			8	NALBUPHINE HCL SOLN	
			8	NUBAIN SOLN	
			8	RYZOLT	
			8	STADOL NS SOLN	
			8	ULTRACET TABS[1]	
			8	ULTRAM TABS	
			9	ULTRAM ER	
MISCELLANEOUS NARCOTICS					
NARCOTICS - MISC.		ACETAMINOPHEN/CODEINE	8	ANEXSIA TABS	1. Fentanyl OT loz (Barr) and Capital and codeine suspension products require PA for users over 18 years of age. PA is not required if under 18 years of age. 2. Oxycodone/acet 10/650 is 8 times more expensive. Use twice as many of oxycod/acet 5/325 instead. You can mix andmatch preferred strengths of oxycodone and oxycodone/acet to minimize acet. dose similar to certain non-preferred drugs. 3. Only preferred manufacturer's products will be available without prior authorization. Use PA Form# 20420
		ASPIRIN/CODEINE TABS	8	ASCOMP/CODEINE CAPS	
		BUTAL/ASA/CAFF/COD CAPS	8	BUTALBITAL/APAP/CAFFEINE/ CAPS	
		BUTALBITAL/ASPIRIN/CAFFEI CAPS	8	DARVOCET-N	
		CAPITAL AND CODEINE SUSP[1]	8	DARVON	
		CAPITAL/CODEINE SUSP[1]	8	DEMEROL	
		CODEINE PHOSPHATE SOLN	8	DILAUDID	
		CODEINE SULFATE TABS	8	DILAUDID-HP SOLN	
		ENDOCET TABS[3]	8	FENTANYL CITRATE SOLN	
		ENDODAN TABS	8	FENTORA	
		FENTANYL OT LOZ[1]	8	FIORICET/CODEINE CAPS	
		HYDROCODONE BITARTRATE/AP TABS	8	FIORINAL/CODEINE #3 CAPS	
		HYDROCODONE/ACETAMINOPHEN	8	FIORTAL/CODEINE CAPS	
		HYDROMORPHONE HCL[3]	8	HYDROCODONE/IBUPROFEN	
		MEPERIDINE HCL	8	LORCET	
		OXYCODONE 5MG	8	LORTAB	
		OXYCODONE 15MG	8	MAXIDONE TABS	
		OXYCODONE 30MG	8	NORCO TABS	
		OXYCODONE/ACETAMINOPHEN[2,3]	8	NUCYNTA	
		PENTAZOCINE/NALOXONE TABS	8	ONSOLIS	
		PROPOXYPHENE CMPND-65 CAPS	8	OPANA	
		PROPOXYPHENE COMPOUND CAPS	8	OXYCODONE 10MG	
		PROPOXYPHENE HCL CAPS	8	OXYCODONE 20MG	
		PROPOXYPHENE/ACET TABS	8	OXYCODONE/APAP 10/650	
		PROPOXYPHENE-N/ACET TABS	8	OXYCODONE/APAP 7.5/500	
		ROXICET	8	PENTAZOCINE/ACET TABS	
		ROXIPRIN TABS	8	PERCOCET TABS	
			8	PERCOCET TABS	
			8	PHRENILIN W/CAFFEINE/CODE CAPS	
			8	ROXICET 5/500 TABS	
			8	ROXICODONE TABS	
			8	SYNALGOS-DC CAPS	
			8	TALACEN TABS	
			8	TYLENOL/CODEINE #3 TABS	
			8	TYLOX CAPS	
			8	VICODIN	
			8	VICOPROFEN TABS	
			8	ZYDONE TABS	
			9	ACTIQ LPOP	
OPIOID DEPENDENCE TREATMENTS		SUBOXONE*		SUBUTEX[1] BUPRENORPHIN	1. Subutex will only be approved for use during pregnancy. *See Criteria Section
NARCOTIC ANTAGONISTS					
NARCOTIC - ANTAGONISTS		NALTREXONE HCL TABS		REVIA TABS[1]	Use PA Form# 20420

				VIVITROL INJ[2]	Use PA form #30400 for Vivitrol requests.
COX 2 / NSAIDS					
NSAID - PPI				PREVACID NAPRA-PAC	
COX 2 INHIBITORS - SELECTIVE / HIGHLY SELECTIVE		CELEBREX CAPS [4, 5] KETOROLAC TROMETHAMINE [2,3] NABUMETONE TABS MELOXICAM [1]		MOBIC MOBIC SUSP RELAFEN TABS	Use PA Form # 10310 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) managment of moderately severe acute pain that requires analgesic at the opiod level in adults. Not indicated for minor of chronic pain conditions. 3. Ketorolac has dosing limits allowing 24 tablets for a 5 day supply every 30 days. 4. Dosing limits will be set at a maximum of 200mg once daily for PA requests. 5. Users 60 years of age or older will not require PA. If under 60 years of age, Celebrex will require PA.
NSAIDS		CHILDRENS IBUPROFEN 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 SULINDAC TABS TOLMETIN SODIUM		ADVIL TABS ANAPROX TABS ANAPROX DS TABS CAMBIA CATAFLAM TABS CHILDRENS ADVIL SUSP CHILD'S IBUPROFEN SUSP CHILDREN'S MOTRIN 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 PENNSAID PIROXICAM CAPS 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 1 1 1 2 2 2	AZATHIOPRINE HYDROXYCHLOROQUINE LEFLUNOMIDE METHOTREXATE SULFASALAZINE TABS CIMZIA[1] ENBREL 25MG INJECTIONS ONLY[1, 4] HUMIRA[1, 2]		ARAVA ACTEMRA KINERET SOLN ORENCIA REMICADE ENBREL 50MG[3] SIMPONI	Use PA Form # 20900. 1. Only one step 1 drug is required to obtain Enbrel, Cimzia or Humira without PA. 2. Dosing limits apply. Please see dose consolidation list. 3. Please use multiples of 25mg. 4. Preferred dosage form allowed without PA

					after trial of step 1 prodcuts is multi-dose vial, with dosing limits allowing 8 injections per 28 days without pa. Established users will be grandfathered for Enbrel and Humira.
MISCELLANEOUS ARTHRITIS					
ARTHRITIS - MISC.		RIDAURA CAPS MYOCHRYSINE 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 DERIVATIVES		DIVALPROEX ER TB24		DEPAKOTE ER TB24	
MIGRAINE - SELECTIVE SEROTONIN AGONISTS (5HT)--Tabs		SUMATRIPTAN TABS NARATRIPTAN HCI TABS	8 8 8 8 8 8 8 8 8 9	AMERG TABS AXERT TABS FROVA TABS MAXALT IMITREX TABS RELPAX ZOMIG TABS ZOMIG NASAL SPARY ZOMIG ZMT TBDP MAXALT MLT[1]	1. Product is considered line extension of the original product due to Healthcare Reform (HCR). MaineCare will consider these medications non-preferred and a step 9 because of the impact under the Federal Rebate Program in conjunction with HCR. Use PA Form # 10110
MIGRAINE - SELECTIVE SEROTONIN AGONISTS (5HT)--Injectables		IMITREX KIT IMITREX SOLN IMITREX STATDOSE PEN KIT IMITREX STATDOSE REFILL KIT		SUMATRIPTAN SOLN	Use PA Form # 10110
MIGRAINE - SELECTIVE SEROTONIN AGONISTS (5HT)--Combinations				TREXIMET[1, 2]	Use PA Form # 10110 1. Dosing limits apply. Please see dose consolidation list. 2. Use preferred Sumatriptan and Naproxen separately. Treximet only available if component ingredients of sumatriptan and naproxen are unavailable.
MIGRAINE - MISC.		CAFERGOT TABS SPASTRIN TABS		MIGRAZONE CAPS BELCOMP-PB SUPP MIGERGOT SUPP	Use PA Form # 10110
GOUT					
GOUT		ALLOPURINOL TABS COLCHICINE TABS PROBENECID TABS PROBENECID/COLCHICINE TABS SULFINPYRAZONE TABS		COLCRYS ULORIC[1] ZYLOPRIM TABS	Use PA Form# 20420 1. Failure of therapeutic (300mg) dose of Allopurinol (failure define as not being able to get uric acid levels below 6mg/dl) or severe renal disease.
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		CARBAMAZEPINE CARBATROL CP12 CELONTIN CAPS CLONAZEPAM TABS DEPAKOTE TBEC DEPAKOTE SPRINKLES CPSP DIASTAT[1] DILANTIN DIVALPROEX SODIUM EPITOL TABS ETHOSUXIMIDE SYRP FELBATOL GABAPENTIN[3] LAMOTRIGINE[3]	8 8 8 8 8 8 8 8 8 8 8 8 8 8	BANZEL DEPAKENE DEPAKOTE DEPAKOTE ER DIAZEPAM GEL DIVALPROEX SODIUM SPRINKLE CAPS EQUETRO GABITRIL TABS KEPPRA TABS KEPPRA SOLN KLONOPIN TABS LAMICTAL LYRICA[4] PRIMIDONE TABS	1. Quantity limit. 5/month Use PA Form# 20420 2. 200 mg requires a PA. Use two 100 mg instead.Pharmaceutical supply issues will delay implementation until further notice. All non-preferred meds must be used in specified order 3. Dosing limits apply, please see dose

		LEVETIRACETAM SOLN/TABS	8	SABRIL	consolidation list.
		MYSOLINE TABS	8	TOPAMAX	
		OXCARBAZEPINE	9	TOPAMAX SPRINKLE CAPS[3]	
		PHENYTEK CAPS	8	TRILEPTAL	4. Dosing limits apply per strength as well as a maximum daily dose of 600mg. Please see dose consolidation list.
		PHENYTOIN	8	VIMPAT[5]	
		TEGRETOL[2]	8	ZARONTIN SYRP	
		TOPIRAMATE SPRINKLE CAPS[3]	9	ZONEGRAN CAPS	
		TOPIRAMATE	9	KEPPRA XR[6,7]	
		TRILEPTAL SUSP	9	NEURONTIN	
		VALPROIC ACID	9	TEGRETOL-XR TB12[6,7]	
		ZARONTIN CAPS		BIPOLAR DISORDER: STEP ORDER	
		ZONISAMIDE	M ~ A		5. Adjunctive therapy 17 and older.
			4 ~ 4	LAMICTAL	
			4 ~ 4	LITHIUM	6. Current users as of 7/30/10 for seizures will be grandfathered.
			4 ~ 4	CARBAMAZEPINE	
					7. Product is considered line extension of the original product due to Healthcare Reform (HCR). MaineCare will consider these medications non-preferred and a step 9 because of the impact under the Federal Rebate Program in conjunction with HCR.
			4 ~ 4	VALPROATE	
			4 ~ 4	ATYPICAL ANTIPSYCHOTICS EXC. CLOZAPINE	
			5 ~ 5	TRILEPTAL	
			9 ~ 6	TOPAMAX	
			9 ~ 7	KEPPRA TABS	
			9 ~ 8	GABITRIL TABS	SEE ANTICONVULSANT INDICATION CHART AT THE END OF THIS DOCUMENT
			9 ~ 9	NEURONTIN	M= Monotherapy A= Adjunctive
			9 ~ 9	ZONEGRAN CAPS	9= No Evidence
					The step orders show the relative strength of evidence for use in bi-polar and will guide prior authorization determinations.
				PEDIATRIC BIPOLAR1 DISORDER: STEP ORDER	Step 4 drugs-no PA required.
			M ~ A	(6-18 YEARS WITH OR WITHOUT PSYCHOSIS)	Two-step 1 preferred drugs must be tried before Trileptal.
			4 ~ 4	LITHIUM	The step orders show the relative strength of evidence for use in bi-polar and will guide prior authorization determinations.
			4 ~ 4	CARBAMAZEPINE	
			4 ~ 4	VALPROATE	Step 4 drugs-no PA required.
			4 ~ 4	ATYPICAL ANTIPSYCHOTICS EXC.CLOZAPINE	
			4 ~ 4	LAMICTAL	
			5 ~ 5	TRILEPTA	
ANTI-PARKINSON DRUGS					
PARKINSONS - ANTICHOLINERGICS		AKINETON TABS			
		BENZTROPINE MESYLATE TABS			
		COGENTIN SOLN			
		KEMADRIN TABS			
		TRIHEXYPHENIDYL			
PARKINSONS - COMT INHIBITORS		COMTAN TABS		TASMAR TABS	Use PA Form# 20420
PARKINSONS - SELECTED DOPAMIN AGONISTS		PRAMIPEXOLE	5	MIRAPEX TABS[1]	Use PA Form# 20420
		ROPINIROLE	8	REQUIP TABS	1. As of 12/08 users of Mirapex will be grandfathered if diagnosis is Parkinsons.
			8	REQUIP XL TABS	
			8	MIRAPEX ER	
PARKINSONS - DOPAMINERGICS/CARBII/ LEVO		AMANTADINE HCL		APOKYN*	* Only preferred manufacturer's products will be available without prior authorization.
		BROMOCRIPTINE MESYLATE		AZILECT[2]	
		CARBIDOPA/LEVODOPA TABS*		ELDEPRYL CAPS	
		CARBIDOPA/LEVODOPA ER		LODOSYN TABS	
		LARODOPA TABS		PARLODEL CAPS	1. Approvals will require concurrent therapy with Levodopa and failed trials of Selegiline, Comtan, and Stalevo.
		SELEGILINE HCL		PARLODEL TABS	
				SINEMET TABS	
				SINEMET TBCR	
				SYMMETREL TABS	
					2. Approvals will require trials of Carbidopa/Levodopa, Selegiline, Comtan, and Stalevo.
					Use PA Form# 20420

PARKINSONS - COMBO.		STALEVO			
MUSCLE RELAXANTS					
ALS DRUG		RILUTEK TABS			
MUSCLE RELAXANTS		BACLOFEN TABS	7	ORPHENADRINE CITRATE	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.
		CHLORZOXAZONE TABS	8	CARISOPRODOL TABS	
		CYCLOBENZAPRINE HCL TABS	8	DANTRIUM CAPS	
		LIORESAL INTRATHECAL KIT	8	FLEXERIL TABS	
		METHOCARBAMOL TABS	8	LIORESAL TABS	
		TIZANIDINE HCL TABS	8	NORFLEX TBCR	
			8	ROBAXIN-750 TABS	
			8	ZANAFLEX TABS	
			9	SKELAXIN TABX	Use PA Form# 20420
			9	SOMA TABS	
MUSCLE RELAXANT - COMBO.				CARISOPRODOL/ASPIRIN TABS	Use PA Form# 20420
				CARISOPRODOL/ASPIRIN/CODE	
				NORGESIC TABS	
				ORPHENADRINE COMPOUND	
				ORPHENADRINE/ASA/CAFF	
				ORPHENGESIC	
VITAMINS					
****Preferred products that used to require diag codes still require diag codes unless indicated otherwise.****					
VITAMINS		ASCORBIC ACID TABS		AQUASOL E SOLN	Use PA Form# 20420
		BIOTIN		AQUAVIT-E SOLN	Please refer to OTC list.
		CYANOCOBALAMIN SOLN		DHT SOLN	
		FOLGARD RX 2.2 TABS		NASCOBAL GEL	
		FOLIC ACID TABS			
		FOLTX TABS			
		MEPHYTON TABS			
		NIACIN			
		NIACOR TABS			
		NICOTINIC ACID SR CPCR			
		PYRIDOXINE HCL TABS			
		SLO-NIACIN TBCR			
		THIAMINE HCL SOLN			
		VITAMIN B-1 TABS			
		VITAMIN B-12			
		VITAMIN B-6 TABS			
		VITAMIN C			
		VITAMIN E CAPS			
		VITAMIN E/D-ALPHA CAPS			
		VITAMIN K1 SOLN			
		V-R VITAMIN E CAPS			
VITAMIN D's		CALCITRIOL CAPS[1]		DRISDOL CAPS	1. Diagnosis of dialysis (renal failure) required.
		VITAMIN D		CALCIJEX	
		ZEMPLAR TABS		HECTOROL (ORAL)	
				HECTOROL (PARENTERAL)	
				ROCALTROL	
				ZEMPLAR INJ	
MISC MULTI-VITAMINS					
****Preferred products that used to require diag codes still require diag codes unless indicated otherwise.****					
VITAMINS - MISC.		CENTRUM LIQD		ADEKS	Diag codes are no longer required on prenatal vitamins.
		CENTRUM TABS		ADVANCED NATALCARE TABS	
		CENTRUM JR/IRON CHEW		AQUADEKS	
		CENTRUM SILVER TABS		CENTRUM JR/EXTRA C CHEW	Use PA Form# 20420
		CENTRUM-LUTEIN TABS		CENTRUM PERFORMANCE TABS	Please refer to OTC list.
		CEROVITE ADVANCED FO TABS		DALYVITE LIQD	
		CHEWABLE MULTIVIT/FL CHEW		EMBREX 600 MISC	
		COD LIVER OIL CAPS		IBERET	
		COMPLETE SENIOR TABS		MATERNA TABS	
		DAILY MULTI VIT/IRON		MULTIRET FOLIC -500 TBCR	
		DIALYVITE 1MG		NATAFORT TABS	
		DIALYVITE 800MG		NATALCARE CFE 60 TABS	
		FULL SPECTRUM B		NATALCARE GLOSS TABS	
		M.V.I.-12 INJ		NATALCARE PIC TABS	

		MULTI-VIT/FLUORIDE		NATALCARE PIC FORTE TABS	
		NATALCARE RX TABS		NATALCARE PLUS TABS	
		NEPHRONEX		NATALCARE THREE TABS	
		NUTRINATE CHEW		NATACHEW CHEW	
		O-CAL PRENATAL		NATALFIRST TABS	
		ONE DAILY TABS		NATATAB RX TABS	
		ONE-DAILY MULTIVITAMINS		NEPHPLEX RX TABS	
		ONE-TABLET-DAILY		NEPHROCAPS CAPS	
		POLY-VIT/IRON/FLUORID SOLN		NEPHRO-VITE TABS	
		POLY-VITAMIN/FLUORIDE SOLN		NESTABS RX TABS	
		POLY-VITAMINS/IRON SOLN		NIFEREX	
		PRENATAL 19 CHEW		OCUVITE TABS	
		PRENATAL TABS		POLY-VI-FLOR SOLN	
		PRENATAL FORMULA 3 TABS		POLY-VI-SOL SOLN	
		PRENATAL PLUS TABS		POLY-VI-SOL/IRON SOLN	
		PRENATAL PLUS NF TABS		POLY-VITAMIN DROPS SOLN	
		PRENATAL PLUS/27MG IRON		PRECARE	
		PRENATAL PLUS/IRON TABS		PREMESIS RX TABS	
		PRENATAL RX/BETA-CAROTENE		PRENATABS CBF TABS	
		RENA-VITE RX TABS		PRENATAL CARE TABS	
		RENAL CAPS		PRENATAL MR 90 TBCR	
		RENAPHRO CAPS		PRENATAL MTR/SELENIUM TABS	
		STRESS TAB NF TABS		PRENATAL OPTIMA ADVANCE TABS	
		THERAPEUTIC-M TABS		PRENATAL PC 40 TABS	
		THERAVITE LIQD		PRENATAL RX TABS	
		TRI-VITAMIN/FLUORIDE SOLN		PRENATE	
		VITA CON FORTE CAPS		PRENATE ELITE	
		VITAMIN B COMPLEX CAPS		PRIMACARE MISC	
		VITAPLEX PLUS TABS		PROTEGRA CAPS	
				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		ANEMAGEN	Use PA Form# 20420 Please refer to OTC list.
		CALCI-MIX CAPSULE CAPS		CALCET TABS	
		CALCIQUID SYRP		CALCIUM 600-D TABS	
		CALCITRATE/VITAMIN D TABS		CALCIUM/VITAMIN D TABS	
		CALCIUM		CALTRATE 600 PLUS/VIT D TABS	
		CALCIUM CARBONATE		CALTRATE PLUS TABS	
		CALCIUM CITRATE TABS		CHROMAGEN	
		CALCIUM GLUCONATE TABS		CITRACAL PLUS TABS	
		CALCIUM LACTATE TABS		CONTRIN CAPS	
		CALCIUM/MAGNESIUM TABS		FEOGEN FORTE CAPS	
		CALCIUM/VITAMIN D TABS		FEROCON CAPS	
		CALTRATE 600 TABS		FERREX 150 CAPS	
		CHEWABLE CALCIUM CHEW		FERRO-SEQUELS TBCR	
		CITRACAL TABS		FE-TINIC CAPS	
		CITRACAL + D TABS		FE-TINIC 150 FORTE CAPS	
		CITRUS CALCIUM TABS		FLUOR-A-DAY SOLN	
		CITRUS CALCIUM 1500 + D TABS		K-DUR TBCR	
		MC/DEL		KLOR-CON PACK	
		EFFERVESCENT POTASSIUM TBEF		K-LYTE	
		FEOSTAT CHEW		K-PHOS TABS NEUTRAL	
		FERATAB TABS		K-TABS TBCR	
		FER-GEN-SOL SOLN		K-VESCENT PACK	
		FER-IN-SOL SOLN		MICRO-K 10 MEG CPCR	
		FER-IRON SOLN		NU-IRON 150 CAPS	
		FERRONATE TABS		OYSTER SHELL CALCIUM/VITA TABS	
		FERROUS SULFATE		POLY-IRON 150 CAPS	

		FLUOR-A-DAY CHEW FLUORIDE CHEW FLUORIDE SODIUM CHEW FLUORITAB CHEW HEMOCYTE TABS HM CALCIUM TABS K+ POTASSIUM PACK KAON ELIX KAON-CL-10 TBCR KCL 0.075%/D5W/NACL 0.2% SOLN K-EFFERVESCENT TBEF KLOR-CON KLOTRIX TBCR K-PHOS TABS K-VESCENT TBEF LURIDE CHEW MAGNESIUM GLUCONATE TABS MAGNESIUM SULFATE SOLN MAGTABS MICRO-K 8 MEQ OS-CAL TABS OS-CAL 500 + D TABS OYSCO OYST-CAL TABS OYST-CAL D TABS OYST-CAL/VITAMIN D TABS OYSTER CALCIUM TABS OYSTER SHELL PHARMA FLUR PHOSPHA 250 NEUTRAL TABS POTASSIUM BICARBONATE TBEF POTASSIUM CHLORIDE 8MEQ POTASSIUM EFFERVESCENT SELENIUM TABS SLOW-MAG TBCR SODIUM FLUORIDE SSKI SOLN V-R CALCIUM V-R OYSTER SHELL CALCIUM ZINC SULFATE CAPS		POLYSACCHARIDE IRON CAPS POTASSIUM BICARB/CHLORIDE POTASSIUM CHLORIDE 10MEQ CAPS POTASSIUM CHLORIDE 8MEQ CAPS SLOW FE TBCR TUMS 500 CHEW VIACTIV CHEW	
MISC. ELECTROLYTES/NUTRITIONALS					
ELECTROLYTES/ NUTRITIONALS		PED ELECTROLYTE SOLN. INTRALIPID EMUL ORALYTE SOLN P.T.E. -5 SOLN SEA-OMEGA CAPS		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 LOVAZA[1] MODULEN IBD POWD NUTRAMIGEN POWD NUTREN NUTRITIONAL SUPPLEMENT LIQD NUTRIVENT 1.5 LIQD PEPTAMEN PHENYL-FREE PKU 3 POWD PREGESTIMIL POWD PROBALANCE 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. 1. Formerly known as Omacor. Use PA Form# 20420 & SGA Form

				PROSOBEE SCANDISHAKE PACK	
ERYTHROPOEITINS					
ERYTHROPOEITINS		PROCRIT SOLN[1]	6 8	EPOGEN SOLN ARANESP SOLN	Use PA Form# 10520 1. Clinical PA is required to establish medical necessity and that appropriate lab monitoring is being done.
GRANULOCYTE CSF					
GRANULOCYTE CSF			8 8 9	LEUKINE NEUPOGEN SOLN[1] NEULASTA	Must be used in specified step order. 1. 10 day supply/month may be used without a PA. Use PA Form # 20520
ANTICOAGULANTS / PLATELET AGENTS					
ANTICOAGULANTS		ARIXTRA SOLN[1] FRAGMIN INJ[1] HEPARIN SODIUM/NACL 0.9% SOLN HEP-LOCK SOLN INNOHEP LOVENOX SOLN[1] WARFARIN SODIUM TABS HEPARIN LOCK SOLN HEPARIN LOCK FLUSH SOLN HEPARIN SODIUM SOLN HEPARIN SODIUM LOCK FLUSH SOLN JANTOVEN		COUMADIN TABS IPRIVAS C	1. Arixtra, Fragmin and Lovenox therapy durations greater than 7 days require PA. Use PA Form # 20520
ANTIHEMOPHILIC AGENTS		ALPHANATE ALPHANINE SD BENEFIX SOLR BIOCLATE HELIXATE FS KIT HEMOFIL - M HUMATE-P SOLR KOGENATE FS KONYNE - 80 MONARC - M MONOCLATE - P MONONINE NOVOSEVEN SOLR PROFILNINE PROPLEX -T RECOMBINATE SOLR REFACTO		ADVATE[1,2]	1. Only if other products unavailable. 2. Advate may be available with PA in cases of large volume dosing in patients with poor venous access. Use PA Form # 20520
PLATELET AGGREGATION INHIBITORS		ASPIRIN DIPYRIDAMOLE TABS	7 8 8 8 8	TICLOPIDINE HCL TABS EFFIENT PERSANTINE TABS PLAVIX TABS[1, 2] TICLID TABS	Use PA Form # 20715 for Plavix & Effient requests. For all other requests please use form # 20420. 1. As of 10.16.08 all new users of Plavix will require prior authorization. 2. A special PA may be obtained at the pharmacy for members scheduled for "stent" placement or have had placement if in the last 12months. Please indicate on prescription date of stent placement.
PLATELET AGGR. INHIBITORS / COMBO'S - MISC.		PENTOXIFYLLINE ER TBCR CILOSTAZOL		AGGRENOX CP12[1] AGGRENOX[2] AGRYLIN CAPS PLETAL TABS TRENTAL TBCR	Use PA Form# 20420 1. Asprin 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.
HEMATOLOGICALS					
MONOCLONAL ANTIBODY				SOLIRIS	Use PA Form# 20420
HEMATOLOGICAL AGENTS-THROMBOPOIETIN RECEPTOR			7	PROMACTA	Use PA Form# 20420

THROMBOPOIETIN RECEPTOR AGONISTS			8	NPLATE	
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 VIROPTIC SOLN		AK-POLY-BAC OINT AK-SULF OINT AK-TOB SOLN AZASITE BLEPH-10 SOLN GENTAK ILOTYCIN OINT NEOMYCIN/BACI/POLYM OINT NEOSPORIN OINT OCUSULF-10 SOLN OCUTRICIN SOLN TERAK OINT TOBREX OINT TRIFLURIDINE SOLN	Use PA Form# 20420
OP. - QUINOLONES		CILOXAN OINT CIPROFLOXACIN SOL 0.3% OFLOXACIN QUIXIN SOLN		BESIVANCE CILOXAN SOLN OCUFLOX SOLN	Use PA Form# 20420
OP.QUINOLONES-4TH GENERATION		VIGAMOX 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[1] REFRESH PM OINT		AKWA TEARS SOLN ARTIFICIAL TEARS SOLN OP BION TEARS SOLN DRY EYES OINT DURATEARS OINT HYPO TEARS ISOPTO TEARS SOLN LACRI-LUBE LUBRIFRESH P.M. OINT MURINE SOLN MUROCEL SOLN NATURE'S TEARS SOLN REFRESH SOLN REFRESH TEARS SOLN[1] SYSTANE TEARGEN SOLN TEARISOL SOLN TEARS NATURALE TEARS PURE SOLN TEARS RENEWED OINT THERATEARS SOLN V-R ARTIFICIAL TEARS SOLN	Use PA Form# 20420 1. Dosing limits apply, please see dose consolidation list.
OP. - BETA - BLOCKERS		BETOPTIC-S SUSP CARTEOLOL HCL SOLN LEVOBUNOLOL HCL SOLN METIPRANOLOL SOLN TIMOLOL MALEATE SOLG (GEL) TIMOLOL MALEATE SOLN		BETAGAN SOLN BETAXOLOL HCL SOLN BETIMOL SOLN ISTALOL OCUPRESS SOLN OPTIPRANOLOL SOLN TIMOPTIC SOLN TIMOPTIC-XE SOLG	Use PA Form# 20420
OP. - ANTI-INFLAMMATORY / STEROIDS OPHTH.		AK-SPORE HC OINT ALREX SUSP BLEPHAMIDE SUSP CORTISPORIN SUSP DEXAMETH SOD PHOS SOLN FLAREX SUSP FLUOROMETHOLONE SUSP FML S.O.P. OINT		AK-TROL SUSP BAC/POLY/NEOMY/HC OINT BLEPHAMIDE S.O.P. OINT ECONOPRED EFLONE SUSP FLUOR-OP SUSP FML LIQUIFILM SUSP MAXITROL	Use PA Form# 20420

		FML-S LIQUIFILM SUSP INFLAMASE SOLN LOTEMAX SUSP NEOM/POLIN/DEX PRED MILD SUSP PREDNISOLONE TOBRADEX		NEO/POLY/BAC/HC OINT PRED FORTE SUSP PRED-G SUSP PRED-G S.O.P. OINT SULFACET SOD/PRED SOLN VASOCIDIN SOLN VEXOL SUSP	
OP. - PROSTAGLANDINS		LUMIGAN SOLN TRAVATAN SOLN		RESCULA SOLN XALATAN SOLN	All preferreds must be tried Use PA Form# 20420
OP. - CYCLOPLEGICS		AK-PENTOLATE SOLN ATROPINE SULFATE CYCLOPENTOLATE HCL SOLN ISOPTO HYOSCINE SOLN		CYCLOGYL SOLN ISOPTO ATROPINE SOLN ISOPTO HOMATROPINE SOLN MUROCOLL-2 SOLN	Use PA Form# 20420
OP. - MIOTICS - DIRECT ACTING		ISOPTO CARBACHOL SOLN ISOPTO CARPINE SOLN PILOCAR SOLN PILOCARPINE HCL SOLN PILOPINE HS GEL			
OP. - ADRENERGIC AGENTS		DIPIVEFRIN HCL SOLN EPIFRIN SOLN		PROPINE SOLN	Use PA Form# 20420
OP. - SELECTIVE ALPHA ADRENERGIC AGONISTS		ALPHAGAN P SOLN BRIMONIDINE 0.2%		ALPHAGAN SOLN IOPIDINE SOLN	Use PA Form# 20420
OP. - ANTI-ALLERGICS		OPTIVAR PATADAY SOLN PATANOL SOLN		ALOCRIL SOLN ALOMIDE SOLN BEPREVE ELESTAT EMADINE SOLN LIVOSTIN SUSP OPTICROM SOLN ZADITOR SOLN	Use PA Form# 20420
OP. ANTI-ALLERGICS-MASTCELL STABILIZER CLASS				ALAMAST SOLN	Use PA Form# 20420
OP. - CARBONIC ANHYDRASE INHIBITORS/COMBO		AZOPT SUSP COSOPT SOLN COMBIGAN TRUSOPT SOLN		DORZOLAMIDE DORZOLAMIDE/TIMOLOL	Use PA Form# 20420
OP. - NSAID'S		FLURBIPROFEN SODIUM SOLN DICLOFENAC OPTH 0.1% KETOROLAC OPTH 0.4% KETOROLAC OPTH 0.5%		ACULAR LS ACULAR SOLN OCUFEN SOLN NEVANAC XIBROM VOLTAREN SOLN ACUVAIL	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 conjuctivitus sicca and failed other dry eye therapies. Use PA Form# 20420
DERMATOLOGICAL					
TOPICAL - ACNE PREPARATIONS		AZELEX CREA BENZOYL PEROXIDE CLINDAMYCIN PHOSPHATE [2] DIFFERIN ERYDERM SOLN ERYTHROMYCIN GEL ERYTHROMYCIN PADS ERYTHROMYCIN SOLN ISOTRETINOIN METRONIDAZOLE CREAM[2] METRONIDAZOLE GEL[2] METRONIDAZOLE LOTN[2] PLEXION RETIN-A GEL[1,2] SODIUM SULFACET/SULF LOTN TAZORAC GEL		ACZONE ALTINAC CREA AVITA CREA BENZAC BENZACLIN GEL[3] BENZAGEL-10 GEL BENZAMYCIN GEL BENZAMYCINPAK PACK BREVOXYL CLEOCIN-T[2] CLINAC BPO GEL CLINDAGEL GEL CLINDETS SWAB DESQUAM-E GEL DESQUAM-X DIFFERIN 0.3% GEL DIFFERIN DUAC GEL	1. Users 24 or under, PA will not be required. 2. Dosing limits allowing one package per month. Please refer to Dose Consolidation list. 3. Only available if component ingredients are unavailable. If requesting any brands use PA Form # 10220, for all others use PA Form # 20420

				EMGEL GEL EPIDUO ERYCETTE PADS ERYGEL GEL EVOCLIN FINEVIN CREA KLARON LOTN METROCREAM CREAM[2] METROGEL GEL[2] METROLOTION LOTN[2] NEOBENZ MICRO NORITATE CREA RETIN-A MICRO GEL RETIN-A CREAM[2] SULFACET-R LOTN TRETINOIN[1, 2] TRIAZ ZETACET ZIANA	
TOPICAL - ANTIBIOTIC		BACIT/NEOMYCIN/POLYM OINT BACITRACIN OINT BACTROBAN CREAM BACTROBAN NASAL OINT MUPIROCIN[1] CENTANY OINT 2%[1] GENTAMICIN SULFATE		ALTABAX[1] BACTROBAN OINT. CORTISPORIN TRIPLE ANTIBIOTIC OINT	1. Dosing limits apply, please see dosing consolidation list.
TOPICAL - ANTIFUNGALS		CICLOPIROX 0.77 CREAM CICLOPIROX 0.77 SUSP CLOTRIMAZOLE CLOTRIMAZOLE/BETA CREAM ECONAZOLE NITRATE CREAM KETOCONAZOLE CREAM LOPROX 1.0 CREAM LOPROX 1.O LOTN LOPROX GEL LOPROX TS LOTN MICONAZOLE NITRATE CREA MYCO-TRIACET II CREA NIZORAL SHAM NTA OINT NYSTATIN NYSTATIN/TRIAMCINOLONE NYSTOP POWD PEDI-DRI POWD TINACTIN TRI-STATIN II CREA		EXELDERM FUNGIZONE CREA HYDROCORT/IODOQ CREA LAMISIL LOPROX 0.77 LOTN LOPROX 0.77 CREAM LOPROX 0.77 SUSP LOPROX SHAMPOO SHAM LOTRIMIN LOTRISONE MENTAX CREA MYCOGEN II CREA MYCOLOG-II CREA MYCOSTATIN POWD NAFTIN NIZORAL CREA NYSTAT-RX 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 SORIATANE CK KIT TACLONEX[1] VANAMIDE VECTICAL	Must fail all preferred products before non-preferred. 1. Individual ingredients are available as preferred witout PA. Use PA Form# 20420
TOPICAL - ANTISEBORRHEICS		SELENIUM SULFIDE SHAM SELSUN BLUE SHAM		CARMOL SCALP TREATMENT KIT ZNP BAR	Use PA Form# 20420
TOPICAL - ANTIVIRALS				DENAVIR CREA[1] ZOVIRAX OINT[1,2]	1. Must fail oral treatment with Acyclovir or Valtrex. 2. Approvals limited to 1 tube per 180 days.
TOPICAL - ANTINEOPLASTICS		EFUDEX FLUOROPLEX CREA SOLARAZE GEL		CARAC CREA FLUOROURACIL	Use PA Form# 20420
TOPICAL - BURN PRODUCTS		FURACIN CREA SILVER SULFADIAZINE CREA SSD AF CREA SSD CREA		SILVADENE CREA	Use PA Form# 20420

		THERMAZENE CREA			
TOPICAL - CORTICOSTEROIDS		LOW POTENCY		ACLOVATE	Use PA Form# 20420
		DESOWEN		AMCINONIDE CREA	
		HYDROCORTISONE CREA		ANUSOL HC-1 OINT	
		HYDROCORTISONE LOTN		ARISTOCORT A	
		LACTICARE-HC LOTN		CLOBEX	
		NUTRACORT LOTN		CLODERM CREA	
		TEXACORT SOLN		CORDRAN	
		TRIDESILON CREA		CORMAX	
		MEDIUM POTENCY		CUTIVATE CREAM / OINT	
		CUTIVATE LOTION		CUTIVATE LOTION	
		DESOXIMETASONE .05%		DERMATOP	
		ELOCON		DESONATE GEL	
		FLUOCINOLONE ACETONIDE .025-.01%		DIPROLENE	
		FLUROSYN CREA		ELOCON OINT	
		FLUTICASONE PROPIONATE CREAM/OINT		HYDROCORTISONE POWD	
		HYDROCORTISONE BUTYRATE		KENALOG AERS	
		HYDROCORTISONE OINT		LIDA MANTLE HC CREA	
		HYDROCORTISONE VALERATE		LIDEX	
		MOMETASONE FUROATE OINT		LIDEX-E CREA	
		TRIAMCINOLONE ACETONIDE .025-.1%		LOCOID	
				LUXIQ FOAM	
		HIGH POTENCY		OLUX FOAM	
		CYCLOCORT		PANDEL CREA	
		BETAMETHASONE DIPROPIONATE		PROCTOCORT CREA	
		DESOXIMETASONE .25%		PSORCON	
		DESONIDE		PSORCON E	
		FLUOCINOLONE ACETONIDE .02%		TEMOVATE	
		FLUOCINONIDE		TOPICORT	
		HALOG		TOPICORT LP CREA	
		HALOG-E CREA		ULTRAVATE	
		TRIAMCINOLONE ACETONIDE .5%		VERDESO	
		VERY HIGH POTENCY		WESTCORT	
		AUGMENTED BETA DIP			
		BETAMETHASONE VALERATE			
		BETA-VAL			
		CLOBETASOL PROPIONATE			
		DIFLORASONE DIACETATE			
		HALOBETASOL			
		MISCELLANEOUS			
		CAPEX SHAM			
		DERMA-SMOOTHE/FS OIL			
		PROCTO-KIT CREA 1%			
TOPICAL - STEROID LOCAL ANESTHETICS				EPIFOAM FOAM	Use PA Form# 20420
TOPICAL - STEROID COMBINATIONS		DERMA-SMOOTHE/FS ATOPIC P KIT		CARMOL-HC CREA	Use PA Form# 20420
TOPICAL - EMOLLIENTS		AMMONIUM LACTATE LOTION 12%		AMMONIUM LACTATE CREA	Use PA Form# 20420
		LAC-HYDRIN CREAM		LAC-HYDRIN LOTION 12%	
		UREACIN-20 CREA		LACTINOL LOTN	
		VITAMIN A & D MEDICATED OINT		MEDERMA GEL	
				MIMYX	
				RENOVA CREA	
TOPICAL - ENZYMES / KERATOLYTICS / UREA		GRANUL-DERM AERS		CARMOL 40 CREA	Use PA Form# 20420
		GRANULEX AERS		SALEX CREAM	Ziox, Panafil and Papain products have been removed from the PDL due to FDA safety concerns regarding drugs containing Papain.
		SANTYL		SALEX LOTION	
		TBC AERS			
TOPICAL - GENITAL WARTS		ALDARA	5	PODOFILOX SOLN	Non-preferred products must be used in specified order.
			8	CONDYLOX	
			8	VEREGEN	Use PA Form# 20420
TOPICAL - IMMUNOMODULATORS			8	ELIDEL CREA	Use PA Form# 20420

IMMUNOMODULATORS			9	PROTOPIC OINT	Non-preferred products must be used in specified order. The FDA has issued a Public Health Advisory for both Elidel and Protopic concerning the potential cancer risk associated with their use. Use for children less than 2 years of age is not recommended.
TOPICAL - LOCAL ANESTHETICS		AF CAPSICUM OLEORESIN CREA CAPSAICIN CREA ELA-MAX[1] LIDOCAINE/PRILOCAINE CREA[1] XYLOCAINE		EMLA PADS EMLA CREA LIDA MANTLE CREA LIDODERM PTCH PONTOCAINE SOLN SYNERA ZOSTRIX	1. Lidocaine/Prilocaine cream and Ela-Max products require PA for users over 18 years of age. Use PA Form# 20420
TOPICAL - DEPIGMENTING AGENTS			8 8 8 8 8 8 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 EURAX LICE KILLING SHAM LICE TREATMENT CREME RINS LIQD PERMETHRIN LOTN		LINDANE OVIDE LOTN MALATHION ULESFIA	Use PA Form# 20420
TOPICAL - WOUND / DECUBITUS CARE				REGRANEX GEL REGENECARE RADIAPLEXRX	Use PA Form# 20420 Accuzyme and Ethezyme products have been removed from the PDL due to FDA safety concerns regarding drugs containing Papain.
TOPICAL - ASTRINGENTS / PROTECTANTS		ALUMINUM CHLORIDE SOLN DRYSOL SOLN XERAC AC SOLN		LOWILA BAR MOISTURIN DRY SKIN CREA PROSHIELD PLUS SKIN PROTE CREA SURGILUBE GEL	Use PA Form# 20420
TOPICAL - ANTISEPTICS / DISINFECTANTS		PHISOHEX LIQD POVIDONE-IODINE SOLN		BETADINE OINT FORMALYDE-10 AERS IODOSORB LAZERFORMALYDE SOLUTION SOLN	Use PA Form# 20420
MISCELLANEOUS EYE					
OP. - EYE		AK-DILATE SOLN EYE WASH SOLN NAPHAZOLINE HCL SOLN PHENYLEPHRINE HCL SOLN PONTOCAINE SOLN SODIUM CHLORIDE		LENS PLUS REWETTING DROPS MURO 128 NEO-SYNEPHRINE SOLN	Use PA Form# 20420
MISCELLANEOUS EAR					
EAR		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 CARBAMIDE PEROXIDE 6.5% OTIC SOLN. CIPRODEX CORTISPORIN SOLN CORTOMYCIN		AERO OTIC HC SOLN ANTIBIOTIC EAR SOLN ANTIBIOTIC EAR SUSP AURALGAN SOLN CIPRO HC SUSP COLY-MYCIN-S SUSP CORTISPORIN SUSP CORTISPORIN-TC SUSP DEBROX SOLN DOMEBORO SOLN FLOXIN OTIC SOLN PEDIOTIC SUSP VOSOL-HC SOLN ZOTANE HC SOLN	Use PA Form# 20420

		EAR DROPS SOLN EAR DROPS RX SOLN EAR WAX REMOVAL DROPS EAR-GESIC SOLN NEOMYCIN/POLYMYXIN/HC OFLOXACIN 0.3% OTIC OTICAINE OTIC SOLN		ZOTO-HC SOLN	
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	Must fail all preferred products before non-preferred. Use PA Form# 20420
DENTAL PRODUCTS					
DENTAL PRODUCTS		ETHEDENT CREA GEL-KAM CONC GEL-KAM GEL 0.4% PHOS FLUR SOLN PREVIDENT GEL PREVIDENT SOLN SF 5000 PLUS CREA SF GEL STANNOUS FLUORIDE ORAL RI CONC		APF GEL GEL DENTAGEL GEL PHOS-FLUR GEL PREVIDENT CREAM THERA-FLUR-N GEL	Use PA Form# 20420
ARTIFICIAL SALIVA/STIMULANTS					
ARTIFICIAL SALIVA/STIMULANTS		SALIVA SUBSTITUTE SOLN		EVOXAC CAPS RADIACARE SOLR SALAGEN TABS	Use PA Form# 20420
MISCELLANEOUS ANORECTAL					
ANORECTAL - MISC.		COLOCORT ENEM CORTENEMA ENEM ELA-MAX 5 CREA HYDROCORTISONE ENEM PROCTOZONE-HC CREA		ANUSOL-HC CREA CORTIFOAM FOAM PROCTOCREAM-HC CREA PROCTOFOAM HC FOAM PROCTO-KIT CREA 2.5% PROCTOSOL HC CREA	Use PA Form# 20420
T-CELL ACTIVATION INHIBITOR					
PSORIASIS BIOLOGICALS		ENBREL 25MG INJECTIONS ONLY[4] HUMIRA[1]		AMEVIVE[2] ENBREL 50 MG[3] STELARA	Use PA Form # 20910 1. Will not require a PA if at least one systemic drug such as methotrexate, cyclosporine, methoxsalen or acitretin is in members drug profile. Please refer to dose consolidation list. 2. Trial of both preferred drugs are required. 3. Use multiple 25mg injections. 4. Preferred dosage form allowed without PA after trial of step 1 prodcuts is multi-dose vial, with dosing limits allowing 8 injections per 28 days without pa.
ALTERNATIVE MEDICINES					
ALTERNATIVE MEDICINES		DIMETHYL SULFOXIDE SOLN		CO-ENZYME Q-10 MELATONIN TABS	Use PA Form# 20420
CHELATING AGENTS					
CHELATING AGENTS		CUPRIMINE CAPS		DEPEN TITRATABS TABS EXJADE[1]	Use PA Form# 20420
ANTILEPROTIC					
ANTILEPROTIC				THALOMID CAPS[1]	1. All PA requests for 150mg dosing will require use of Thalomid 100mg and 50mg capsules. Use PA Form# 20420
ANTINEOPLASTIC AGENTS					

ANTINEOPLASTIC AGENTS - ANTIADNDROGENS		BICALUTAMIDE		CASODEX	
ANTINEOPLASTIC AGENTS- LHRH ANALOGS		LUPRON DEPOT[1]		VANTAS[2] FIRMAGON[2] TRELSTAR	1. Dosing limits apply, please refer to dosage consolidation list. 2. PA required to confirm FDA approved indication
ANTINEOPLASTIC AGENTS - TYROSINE KINASE INHIBITORS		GLEEVEC		SPRYCEL[1] TYKERB[2]	Use PA Form# 20420 1. Verification of diagnosis and prior trial of at least Gleevec is required. 2. PA required to confirm FDA approved indication and to monitor for potential drug-drug interactions.
ANTINEOPLASTICS- MISCELLANEOUS		MERCAPTOPURINE		ZOLINZA PURINETHOL	
ANTINEOPLASTICS- MONOCLONAL ANTIBODIES				HERCEPTIN[1]	1. PA required to confirm FDA approved indication.
CANCER					
CANCER		ALIMTA AVASTIN ANASTROZOLE TABS ERBITUX VIDAZA		ARIMIDEX FOLOTYN NEXAVAR[1] SUTENT[1,2]	1. PA required to confirm FDA approved indication 2. Avoid CYP3AY drug drug interaction
IMMUNOSUPPRESSANTS					
IMMUNOSUPPRESSANTS		CYCLOSPORINE MODIFIED CYCLOSPORINE SOL. MODIFIED GENGRAF CAPS MYCOPHENOLATE MYFORTIC PROGRAF CAPS RAPAMUNE SANDIMMUNE		CELLCEPT CYCLOSPORINE CAPS NEORAL[1,2]	1. Established users will require a one time PA. 2. Established users will require a one time PA Use PA Form# 20420
PURINE ANALOG					
PURINE ANALOG		AZASAN TABS AZATHIOPRINE TABS		IMURAN TABS	Use PA Form# 20420
K REMOVING RESINS					
K REMOVING RESINS		KAYEXALATE POWD KIONEX POWD SODIUM POLYSTYRENE SULFON SPS SUSP SPS 30GM/120ML ENEMA SUSP			Use PA Form# 20420

New drugs are initially non-preferred until reviewed by the DUR Committee and the State. According to State policy, any drug requiring specific diagnosis still requires the specific diagnosis unless otherwise noted within this document.

Revised Jan. 1, 2006

ANTI-CONVULSANTS INDICATION CHART

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

PEDIATRIC ANTI-CONVULSANTS INDICATION CHART

	SEIZURES	MONOTHERAPY BIPOLAR	ADJUNCTIVE BIPOLAR	

	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