



Division of Developmental Disabilities Fee-For-Service Program Drug List (DL) INTRODUCTION

The Division of Developmental Disabilities (DDD) is pleased to provide the DDD Fee-For-Service (FFS) Program Drug List (DL) to be used when prescribing medications for DDD FFS members. For clarification, this DL is only for the DDD FFS members. This DL does not apply to DDD members enrolled in any of the DDD Managed Care Contractors' Health Plans. This document provides general information regarding the DDD pharmacy benefit for FFS members. The drugs listed in the DL are intended to provide clinically appropriate, cost-effective options for DDD FFS members who require medically necessary treatment. The drugs listed on the DL have been reviewed and approved by the Arizona Health Care Cost Containment System (AHCCCS) Pharmacy and Therapeutics (P&T) Committee. However, the DL is not intended as a comprehensive listing of all drugs that may be reimbursed by DDD. If a drug is not listed on the DL and is determined to be medically necessary, it may be requested through the prior authorization process.

MedImpact is the Pharmacy Benefit Manager (PBM) for the DDD FFS Program.

MedImpact will facilitate the administration of the pharmacy benefit for the following populations:

- Members who are Dual Eligibles (DDD FFS members who are also eligible for Medicare)
- Members enrolled in DDD's American Indian Health Program (AIHP)

Members may obtain additional pharmacy information on the MedImpact website at www.medimpact.com/members

Members and prescribing clinicians may also contact the MedImpact Customer Service Center at 1 (800) 788-2949, 24 hours per day, 365 days per year.

For Prior Authorization Requests and Information:

- **Prescribing Clinicians may fax the completed prior authorization form to the MedImpact Prior Authorization Unit at 1 (858) 790-7100.**
- **For telephonic requests for information, prescribing clinicians may call 1 (800) 788-2949 for assistance.**
- **Prescribers preferring to send a written request via the US Mail, may send the request to the following address:**

**MedImpact Healthcare Systems, Inc.
Scripps Corporate Plaza (TRE)
Attn: Prior Authorization Unit
10680 Treena Street, Stop 5
San Diego, CA 92131**

With regard to federal legend drugs, medically necessary federally reimbursable outpatient prescription drugs are covered for eligible DDD FFS members when prescribed by an AHCCCS registered clinician who is licensed to prescribe federal legend drugs in the State of Arizona. Some medications may require prior authorization approval prior to dispensing the medication to the member.

AHCCCS Pharmacy and Therapeutics (P&T) Committee

The P&T Committee; comprised of physicians and pharmacists, meets quarterly to discuss a variety of clinical issues, which pertain to drug selections, including formulary additions, deletions and changes as well as pharmacy program management.

The P&T Committee evaluates clinical information for newly marketed drugs within 180 days of market launch and current medications on an annual basis. The evaluation may include, but is not limited to the following review categories:

- Safety
- Efficacy
- Comparative data and studies
- FDA approved indications
- Treatment and consensus guidelines
- Adverse events
- Contraindications/Warnings/Precautions
- Pharmacokinetics
- Dosage frequency and formulations
- Patient administration/compliance considerations
- Medical outcome and pharmacoeconomic studies

When a new drug is considered for inclusion on the DL, it will be reviewed relative to similar drugs currently included on the DL. The review process of a therapeutic class continually promotes the most clinically appropriate, useful, and cost-effective agents. All of the information in the DL is provided as a reference for drug therapy selection. Specific drug selection for an individual member rests solely with the prescribing clinician.

Generic Drugs

Generic substitution is a pharmacy action whereby a generic equivalent of a drug is dispensed rather than the brand name drug product. The DDD pharmacy benefit requires mandatory generic substitution. This means that if a generic drug is equivalent to the brand reference drug and is available, the generic drug will be required for the filling and dispensing of the prescription for payment through the point-of-sale claims adjudication system. Generically available drugs are indicated on the DL and are printed in lower case, for example, amoxicillin.

The DL is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state. Products listed with the generic name and the brand name is included as a reference to assist the prescribing clinicians in product recognition. Generics drugs are to be considered as the first line of prescribing. DDD and its Contractors are required to use the most cost effective (least costly) clinically appropriate pharmaceutical treatment. The DL also covers selected over-the-counter (OTC) products. Prescribing clinicians are encouraged to prescribe OTC medications when clinically appropriate

Prior Authorization Procedures For Drugs Not Listed On The DL

The drugs on the DL have been selected to provide the most clinically appropriate and cost-effective medications for DDD FFS members. When a drug not listed on the DL is determined to be medically necessary for the appropriate medical management of a specific member, the prescriber must submit a prior authorization request specifying the reasons supporting the medical necessity of the particular drug for the DDD member. Requests for these exceptions must be submitted in writing by the prescribing clinician on the MedImpact-DDD Prior Authorization Form and faxed to:

MedImpact - Prior Authorization Department

Fax Number: 1 (858) 790-7100

Telephone Number: 1 (800) 788-2949

The MedImpact-DDD Prior Authorization Request Form is available on the DDD website at www.azdes.gov/developmental_disabilities/. Appropriate clinical documentation must be provided to support the medical necessity for the drug being requested. Responses to requests will be provided within 2 business days of receipt unless the request is identified as urgent. If a request is identified as urgent, a response will be provided within 1 business day.

Prescribing clinicians are requested to adhere to the DL when prescribing for DDD FFS members. If a pharmacist receives a prescription for a drug not listed on the DL, the pharmacist is expected to contact the prescribing clinician and request that the prescription be changed to a medication included on the DL. If a medication on the DL is not appropriate, the prescribing clinician is to be instructed to submit a prior authorization request form to MedImpact. Please contact the MedImpact Prior Authorization Department at 1 (800) 788-2949 with questions concerning the prior authorization process.

Dose Optimization Program – Quantity Limits (QL)

The DL utilizes Quantity Limits for several drugs listed on the DL. The intent of the quantity limits is to promote dose optimization and efficient medication dosing. Prescriptions for monthly quantities greater than the indicated limit require a prior authorization approval. For quantities greater than those listed on the DL, the prescribing clinician must submit a prior authorization request with supporting documentation for the increased quantity of medication. The Dose Optimization Program is designed to consolidate medication dosage to the most efficient daily quantity to increase member adherence to therapy and also promote the efficient use of health care dollars. The limits for the program are established based on FDA approval for dosing and the availability of the total daily dose in the least amount of tablets or capsules daily.

Quantity limits are loaded in the prescription claims processing system to promote minimized dosing. The pharmacy claims processing system will prompt the pharmacist to request a new prescription order from the prescribing clinician for more efficient dosing.

Additions to the Dose Optimization Program are made from time to time and providers notified accordingly. As always, we recognize that a number of member-specific variables must be taken into consideration when drug therapy is prescribed and therefore overrides will be available through the prior authorization process. For any questions, please contact the MedImpact Customer Service Center at 1 (800) 788-2949.

Prescription Utilization Parameters

DDD members may reorder or refill a non-narcotic prescription when seventy-five percent (75%) of the medication has been used. Members may reorder or refill a narcotic prescription when eighty-five percent (85%) of the medication has been used.

If a point-of-sale claim is submitted before 75% of the non-narcotic medication has been used, based on the original days' supply submitted on the claim, the claim will reject with a "refill too soon" message. The same will happen with for narcotic prescription refills not meeting the 85% utilization. Please call the MedImpact Customer Service Department at 1 (800) 788-2949 with questions or for help with dosage change authorization override.

Drug Efficacy Study Implementation (DESI) Drugs

Drugs that were initially marketed between the years of 1938 and 1962 were approved as safe but were not required to provide the effectiveness for FDA approval. Beginning in 1962 legislation required all new drugs to be both safe and effective before they could be approved to be available and marketed. This requirement also applied retroactively to all drugs approved as safe from the years 1938-1962. As a result, the FDA established the DESI program to review the labeled indications and the effectiveness of the pre-1962 drugs and to provide a determination of effectiveness. The "fully effective" determination was given for most of these products and they remain in the marketplace today. A few DESI products remain classified as "less than fully effective" and are awaiting final administrative disposition from the FDA. In addition, if a drug is classified as DESI, there are many products listed as identical, similar, or related to actual DESI products. The DDD FFS DL does not pay for claims for DESI drugs that are considered "less than fully effective" drug products.

DDD FFS Plan Exclusions

The following drug categories are excluded from coverage under the outpatient pharmacy benefit and are not part of the DL:

- DESI Drugs that are determined to be "less than fully effective"
- Anti obesity agents
- Experimental / research drugs
- Cosmetic drugs
- Cosmetic drugs for hair growth
- Immunizations
- Nutritional / diet supplements
- Blood and blood plasma products
- Products to promote fertility
- Erectile dysfunction drugs
- Drugs from manufacturers that do not participate in the FFS Medicaid Drug Rebate Program
- Diagnostic products
- Medical supplies except:
 - Syringes
 - Needles
 - Lancets
 - Alcohol Swabs
 - Spacers
 - Blood glucose meters and test strips
- Intrauterine Devices

Notice

DDD and MedImpact provide the information contained in the DL, solely for the convenience of prescribing clinicians. DDD does not warrant or assure accuracy of such information nor is the DL intended to be an all-inclusive medication list. This DL is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in their choice of prescription drugs.

DDD assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider must consult the drug manufacturer's product literature or standard references for more detailed information.

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Generic Name	Reference Brand Name	Special Requirements
ALLERGY		
ALLERGY - NASAL PREPARATIONS		
azelastine hcl	Astelin	
fluticasone propionate	Flonase	
ANTIHISTAMINES - 1ST GENERATION		
chlorpheniramine maleate	Chlor-Trimeton	
clemastine fumarate	Tavist	
cyproheptadine hcl	Periactin	
dexchlorpheniramine maleate	Polaramine	
diphenhydramine hcl	Benadryl	
hydroxyzine hcl	Atarax	
hydroxyzine pamoate	Vistaril	
promethazine hcl	Promethazine Hcl	
tripelennamine hcl	Pbz	
ANTIHISTAMINES - 2ND GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS		
cetirizine hcl/pseudoephedrine	Zyrtec-D	
fexofenadine/pseudoephedrine	Allegra-D 24 Hour	
loratadine/pseudoephedrine	Claritin-D 24 Hour	
ANTIHISTAMINES - 2ND GENERATION		
cetirizine hcl	Zyrtec	
fexofenadine hcl	Allegra	
loratadine	Claritin	
ANTI-INFLAMMATORY STEROIDS - DENTAL PREPARATION		
triamcinolone acetonide dental	Oralene	QL: 16.5 in 30 Days
ANTI-INFLAMMATORY STEROIDS - NASAL PREPARATIONS		
flunisolide	Nasalide	
ANTIEMESIS/ANTIVERTIGO		
ANTIEMETICS		
aprepitant	EMEND	QL: 6 in 30 Days
dolasetron	Anzemet	PA Required
dronabinol	Marinol	PA Required
granisetron hcl	Kytril	PA Required
meclizine hcl	Antivert	
ondansetron	Zofran, Zofran Odt	QL: 30 in 30 Days
prochlorperazine maleate	Prochlorperazine Maleate	
promethazine hcl	Phenergan	

Generic Name	Reference Brand Name	Special Requirements
trimethobenzamide hcl	Tigan	
ANTIEMETICS -RECTAL		
prochlorperazine maleate	Compro	
ANTIPSYCHOTICS - 1st GENERATION - TYPICALS		
ANTIPSYCHOTICS - 1st GENERATION - TYPICALS		
fluphenazine decanoate	Prolixin	FFS Long Term Care Only
fluphenazine hcl	Prolixin	FFS Long Term Care Only
haloperidol	Haldol	FFS Long Term Care Only
haloperidol decanoate	Haldol	FFS Long Term Care Only
haloperidol lactate	Haloperidol lactate	FFS Long Term Care Only
loxapine succinate	Loxitane	FFS Long Term Care Only
perphenazine	Trilafon	FFS Long Term Care Only
thioridazine hcl	Mellaril	FFS Long Term Care Only
thiothixene	Navane	FFS Long Term Care Only
trifluoperazine hcl	Stelazine	FFS Long Term Care Only
ANTIPSYCHOTICS - 2nd GENERATION - ATYPICALS		
ANTIPSYCHOTICS - 2nd GENERATION - ATYPICALS		
aripiprazole	ABILIFY, ABILIFY DISCMELT	FFS Long Term Care Only, PA
clozapine	Clozaril	FFS Long Term Care Only, QL: 150 in 30 Days
clozapine	Fazaclio	FFS Long Term Care Only, QL: 150 in 30 Days, PA Required
olanzapine	Zyprexa, Zydys	FFS Long Term Care Only
olanzapine pamoate	ZYPREXA RELPREVV	PA Required
quetiapine fumarate	Seroquel	FFS Long Term Care Only, QL: 60 in 30 Days
quetiapine fumarate	SEROQUEL XR	FFS Long Term Care Only, QL: 60 in 30 Days, PA Required
risperidone	Risperdal, Risperdal M-tabs	FFS Long Term Care Only, QL: 60 in 30 Days
risperidone microspheres	RISPERDAL CONSTA	FFS Long Term Care Only, PA
ziprasidone	Geodon	FFS Long Term Care Only, QL: 60 in 30 Days
ASTHMA		
ALLERGY -NASAL PREPARATION -MAST CELL STABILIZERS		
cromolyn sodium	Gastrocrom	
ASTHMA- COPD- BRONCHODILATOR AGENTS		
ipratropium bromide	Atrovent	
ASTHMA- COPD- MISCELLANEOUS AGENTS		

Generic Name	Reference Brand Name	Special Requirements
theophylline anhydrous	Elixophyllin	
ASTHMA-COPD -BETA-ADRENERGIC / STEROID COMBINATIONS		
budesonide/ formoterol	Symbacort	Must have history of albuterol and a steroid inhaler use
fluticasone / salmeterol	Advair Diskus	Must have history of albuterol and a steroid inhaler use
ASTHMA-COPD- BETA-ADRENERGIC AGENTS		
albuterol	Proventil HFA, Ventolin HFA	
albuterol	Accuneb	
albuterol sulfate	Vospire ER	
arformoterol tartrate	BROVANA	PA Required
formoterol fumarate	FORADIL	PA Required, Step Therapy
levalbuterol hcl	Xopenex	PA Required
salmeterol xinafoate	SEREVENT DISKUS	PA Required
terbutaline sulfate	Brethaire	
ASTHMA-COPD -BETA-ADRENERGIC AND CHOLINERGIC COMBINATIONS		
ipratropium/albuterol sulfate	Combivent	
ASTHMA-COPD -LEUKOTRIENES		
montelukast sodium	Singulair	QL: 30 in 1 Days
zafirlukast	Accolate	
ASTHMA-COPD STEROIDS		
beclomethasone dipropionate	QVAR	
budesonide	Pulmicort Flexhaler	PA Required
fluticasone propionate	FLOVENT	
AUTONOMIC NERVOUS SYSTEM DISORDERS		
COGNITIVE DISORDERS - CHOLINESTERASE INHIBITORS		
donepezil hcl	Aricept	PA Required
galantamine hbr	Razadyne	PA Required
pyridostigmine bromide	Mestinon	
rivastigmine tartrate	Exelon	PA Required
COGNITIVE DISORDERS - NMDA RECEPTOR ANTAGONISTS		
memantine hcl	NAMENDA	PA Required
BEHAVIORAL HEALTH - ANTIDEPRESSANTS		
ANTIDEPRESSANTS - MISCELLANEOUS		
mirtazapine	Remeron	QL: 30 in 30 Days
ANTIDEPRESSANTS - NDRIs		
bupropion hcl	Budeprion Sr	QL: 30 in 30 Days

Generic Name	Reference Brand Name	Special Requirements
ANTIDEPRESSANTS - SARIs		
trazodone hcl	Desyrel	
ANTIDEPRESSANTS - SNRIs		
venlafaxine hcl	Effexor Er	QL: 120 in 30 Days
ANTIDEPRESSANTS - SSRIs		
citalopram hydrobromide	Celexa	QL: 60 in 30 Days
escitalopram oxalate	Lexapro	QL: 300 in 30 Days
fluoxetine hcl	Prozac	QL: 120 in 30 Days
fluvoxamine maleate	Luvox	QL: 120 in 30 Days
paroxetine hcl	Paxil	
sertraline hcl	Zoloft	QL: 60 in 30 Days
ANTIDEPRESSANTS - TRICYCLICS		
amitriptyline hcl	Elavil	
desipramine hcl	Norpamin	
imipramine hcl	Tofranil	
imipramine pamoate	Tofranil-Pm	
maprotiline hcl	Ludiomil	
nortriptyline hcl	Pamelor	
protriptyline hcl	Vivactil	
BEHAVIORAL HEALTH - OTHER		
ADHD - NON-STIMULANT		
atomoxetine hcl	STRATTERA	QL: 30 in 30 Days, PA Required
ADHD - STIMULANTS		
dexmethylphenidate hcl	Focalin	QL: 60 in 30 Days
dextroamphetamine sulfate	Dextrostat, Dexedrine	QL: 60 in 30 Days
methylphenidate hcl	Metadate Cd	QL: 30 in 30 Days
methylphenidate hcl	Ritalin Sr	QL: 60 in 30 Days
methylphenidate hcl	Ritalin	QL: 60 in 30 Days
methylphenidate hcl	Concerta	QL: 60 in 30 Days
methylphenidate hcl	Ritalin La	QL: 30 in 30 Days
ANTI-ANXIETY - BENZODIAZEPINES		
alprazolam	Xanax Xr	QL: 120 in 30 Days
chlordiazepoxide hcl	Librium	QL: 120 in 30 Days
clorazepate dipotassium	Tranxene	QL: 120 in 30 Days
diazepam	Valium	QL: 120 in 30 Days
lorazepam	Ativan	QL: 120 in 30 Days

Generic Name	Reference Brand Name	Special Requirements
oxazepam	Serax	QL: 120 in 30 Days
ANTI-ANXIETY- NON-BENZODIAZEPINES		
buspirone hcl	Buspar	QL: 120 in 30 Days
ANTICONVULSANTS		
carbamazepine	Epitol, Tegretol XR	
phenobarbital	Luminal	
ANTI-HISTAMINES - 1ST GENERATION		
diphenhydramine hcl	Benadryl	
HYPNOTICS		
estazolam	Prosom	QL: 30 in 30 Days
flurazepam hcl	Dalmane	QL: 30 in 30 Days
ramelteon	ROZEREM	PA Required
temazepam	Restoril	QL: 30 in 30 Days
zaleplon	Sonata	QL: 30 in 30 Days
zolpidem tartrate	Ambien	QL: 5MG:60 Tablets/10MG:30 Tablets
CARDIOVASCULAR DISEASE - ARRHYTHMIA		
CARDIOVASCULAR - ANTIARRHYTHMICS		
amiodarone hcl	Cordarone, Pacerone	
disopyramide phosphate	Norpace	
dofetilide	TIKOSYN	PA Required
dronedaron hydrochloride	MULTAQ	PA Required
flecainide acetate	Tambocor	
mexiletine hcl	Mexitil	
propafenone hcl	Rythmol	
quinidine sulfate	Quinidex	
CARDIOVASCULAR DISEASE - CARDIAC STIMULANT		
CARDIOVASCULAR - DIGITALIS GLYCOSIDES		
digoxin	Lanoxin	
CARDIOVASCULAR DISEASE - HYPERTENSION		
ANALGESICS & ANTI-INFLAMMATORIES- NSAIDS		
nabumetone	Relafen	
ANTI-HYPERTENSIVES - ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate	Cardura	
prazosin hcl	Minipress	
ANTI-HYPERTENSIVES - BETA BLOCKERS		
acebutolol hcl	Sectral	

Generic Name	Reference Brand Name	Special Requirements
atenolol	Tenormin	
carvedilol	Coreg	
labetalol hcl	Normodyne	
metoprolol succinate	Toprol XL	
metoprolol tartrate	Lopressor	
nadolol	Corgard	
pindolol	Visken	
propranolol hcl	Inderal La	
sotalol hcl	Betapace	
ANTIHYPERTENSIVES - RENIN INHIBITOR		
aliskiren hemifumarate	TEKTURNA	PA Required New Starts Only
ANTIHYPERTENSIVES , ARBS		
irbesartan	Avapro	
losartan potassium/HCT2	Hyzaar	
olmesartan medoxomil	BENICAR	Step Therapy
olmesartan/HCT2	BENICAR/HCT2	Step Therapy
valsartan	DIOVAN	Step Therapy
valsartan/HCT2	DIOVAN/HCT2	Step Therapy
ANTIHYPERTENSIVES -BETA BLOCKERS / THIAZIDES		
atenolol/chlorthalidone	Tenoretic	
metoprolol/hydrochlorothiazide	Lopressor Hct	
propranolol/hydrochlorothiazid	Inderide	
ANTIHYPERTENSIVES -CALCIUM CHANNEL BLOCKERS		
amlodipine besylate	Norvasc	QL: 30 in 30 Days
diltiazem hcl	Cartia Xt	
felodipine	Felodipine Er	
isradipine	Dynacirc Cr	
nicardipine hcl	Cardene I.V.	
nifedipine	Adalat Cc	QL: 30 in 30 Days
nimodipine	Nimotop	
nisoldipine	Sular	
verapamil hcl	Verelan Pm	QL: 30 in 30 Days
ANTIHYPERTENSIVES, ACE INHIBITORS		
benazepril hcl	Lotensin	
captopril	Capoten	
enalapril maleate	Vasotec	
fosinopril sodium	Monopril	

Generic Name	Reference Brand Name	Special Requirements
lisinopril	Zestril	
moexipril hcl	Univasc	
perindopril erbumine	Aceon	
quinapril hcl	Accupril	
ramipril	Altace	
trandolapril	Mavik	
ANTIHYPERTENSIVES, MISCELLANEOUS		
clonidine hcl	Catapres	
guanfacine hcl	Tenex	QL: 60 in 30 Days
methyldopa	Aldomet	
ANTIHYPERTENSIVES, VASODILATORS		
hydralazine hcl	Apresoline	
minoxidil	Loniten	
CARDIOVASCULAR - POTASSIUM SPARING DIURETICS		
amiloride hcl	Amiloride	
eplerenone	Inspira	PA Required
spironolactone	Aldactone	
triamterene/hydrochlorothiazid	Dyazide	
CARDIOVASCULAR - THIAZIDE DIURETICS		
chlorothiazide	Diuril	
chlorthalidone	Thalitone	
hydrochlorothiazide	Microzide	
indapamide	Lozol	
methyclothiazide	Aquatensen, Enduron	
metolazone	Zaroxolyn	
CARDIOVASCULAR -LOOP DIURETICS		
bumetanide	Bumex	
furosemide	Lasix	
toremide	Demadex	
GENITOURINARY - BPH AGENTS		
doxazosin mesylate	Cardura	
PULMONARY HYPERTENSION AGENTS		
bosentan	TRACLEER	PA Required
epoprostenol sodium (glycine)	Flolan	PA Required
iloprost	VENTAVIS	PA Required
sildenafil citrate	REVATIO	PA Required

Generic Name	Reference Brand Name	Special Requirements
tadalafil	ADCIRCA	PA Required
treprostinil sodium	REMODULIN	PA Required
treprostinil/nebulizer/accesor	TYVASO	PA Required
PULMONARY HYPERTENSION AGENTS+B362		
ambrisentan	LETAIRIS	PA Required
CARDIOVASCULAR DISEASE - LIPID IRREGULARITY		
CHOLESTEROL/LIPID LOWERING AGENTS - STATINS		
atorvastatin calcium	Lipitor	QL: 30 in 30 Days
fluvastatin sodium	Lescol	QL: 30 in 30 Days
lovastatin	Mevacor	QL: 30 in 30 Days
pravastatin sodium	Pravachol	QL: 30 in 30 Days
simvastatin	Zocor	QL: 30 in 30 Days
CHOLESTEROL/LIPID LOWERING AGENTS -BILE SALT SEQUESTRANTS		
cholestyramine/aspartame	Prevalite	
colestipol hcl	Colestid	
colestipol hcl,micronized	Colestid	
LIPID LOWERING AGENTS		
fenofibrate	Tricor	
fenofibrate,micronized	Antara	
fenofibric acid	Fibracor	
gemfibrozil	Lopid	
niacin	Niacor	
CARDIOVASCULAR DISEASE - MISCELLANEOUS AGENTS		
CARDIOVASCULAR - ANTI-ANGINA AGENTS		
ranolazine	RANEXA	PA Required
CARDIOVASCULAR -VASOPRESSORS		
midodrine hcl	Orvaten, Proamatine	
CARDIOVASCULAR DISEASE - VASODILATION		
CARDIOVASCULAR -VASODILATORS		
amyl nitrite	Amyl Nitrite	
isosorbide dinitrate	Isordil	
isosorbide mononitrate	Imdur	
nitroglycerin	Minitran	
nitroglycerin	NITRO-DUR	
CARDIOVASCULAR -VASODILATORS, PERIPHERAL		
ergoloid mesylates	Hydergine	

Generic Name	Reference Brand Name	Special Requirements
CONTRACEPTION/OXYTOCICS		
CONTRACEPTIVES/INTRAVAGINAL		
spermicidal foam	VCF	
spermicidal jelly	Gynol II	
WOMEN'S HEALTH - MISCELLANEOUS		
methylergonovine maleate	Methergine	
WOMEN'S HEALTH -CONTRACEPTIVES INJECTABLE		
medroxyprogesterone acetate	Depo-Provera	
WOMEN'S HEALTH -CONTRACEPTIVES,ORAL		
ethinyl estradiol/drospirenone	Zarah	
WOMEN'S HEALTH -EMERGENT CONTRACEPTION		
levonorgestrel 0.75 mg	Next Choice, Plan B	
levonorgestrel 1.5 mg	PLAN B ONE STEP	
WOMEN'S HEALTH -ORAL CONTRACEPTION - BIPHASIC		
EE 35 mcg (21 days)/norethindrone 0.5 mg (10 days);1 mg (11 days)	Necon 10/11	
WOMEN'S HEALTH -ORAL CONTRACEPTION - MONOPHASIC		
EE 20 mcg/norethindrone acetate 1 mg	Loestrin 1/20, Loestrin Fe 1/20, Junel 1/20, Junel Fe 1/20, Microgestin 1/20, Microgestin Fe 1/20	
EE 30 mcg/desogestrel 0.15 mg	Desogen, Ortho-Cept, Apri, Reclipsen, Solia	
EE 30 mcg/levonorgestrel 0.15 mg	Nordette, Levlen, Levora, Portia	
EE 30 mcg/norethindrone acetate 1.5 mg	Loestrin 1.5/30, Loestrin Fe 1.5/30, Junel 1.5/30, Junel Fe 1.5/30, Microgestin 1.5/30, Microgestin Fe 1.5/30	
EE 30 mcg/norgestrel 0.3 mg	Lo/Ovral, Cryselle, Low-Ogestrel	
EE 35 mcg/ethynodiol diacetate 1 mg	Demulen 1/35, Kelnor 1/35,Zovia 1/35	
EE 35 mcg/norethindrone 0.5 mg	Brevicon, Modicon, Necon 0.5/35, Nortrel 0.5/35	
EE 35 mcg/norethindrone 1 mg	Norinyl 1+35, Ortho-Novum 1/35, Necon 1/35, Nortrel 1/35	
EE 35 mcg/norgestimate 0.25 mg	Ortho-Cyclen, Mononessa, Previfem, Sprintec	
EE 50 mcg/norgestrel 0.5 mg	Ogestrel	
ethinyl estradiol (EE)20 mcg/levonorgestrel 0.1 mg	Alesse, Aviane, Lessina, Lutera, Sronyx	
mestranol 50 mcg/norethindrone 1 mg	Norinyl 1+50, Necon 1/50	
WOMEN'S HEALTH -ORAL CONTRACEPTION - PROGESTINS		
norethindrone 0.35 mg	Jolivette, Nor-Qd, Ortho Micronor, Camila, Errin, Nora-Be	
WOMEN'S HEALTH -ORAL CONTRACEPTION - TRIPHASIC		

Generic Name	Reference Brand Name	Special Requirements
EE 25 mcg (21 days)/desogestrel 100 mcg (7 days); 125 mcg (7 days); 150 mcg (7 days)	Cyclessa, Cesia, Velivet, Caziant	
EE 30 mcg (6 days); 40 mcg (5 days); 30 mcg (10 days)/levonorgestrel 50 mcg (6 days); 75 mcg (5 days); 125 mcg (10 days)	Enpresse, Trivora	
EE 35 mcg (21 days)/norethindrone 0.5 mg (7 days); 0.75 mg (7 days); 1 mg (7 days)	Ortho-Novum 7/7/7, Necon 7/7/7, Nortrel 7/7/7	
EE 35 mcg (21 days)/norethindrone 0.5 mg (7 days); 1 mg (7 days); 0.5 mg (7 days)	Tri-Norinyl, Aranelle, Leena	
EE 35 mcg (21 days)/norgestimate 180 mcg (7 days); 215 mcg (7 days); 250 mcg (7 days)	Ortho Tri-Cyclen, Trinessa, Tri-Previfem, Tri-Sprintec	

WOMEN'S HEALTH -PROGESTINS

medroxyprogesterone acetate	Provera Tablets
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COUGH AND COLD

ALLERGY- 1ST GENERATIONS ANTIHISTAMINE / DECONGESTANT COMBINATIONS

diphenhydramine/phenylephrine/acetaminophen	Sudafed Pe Nighttime Cold
pseudoephedrine hydrochloride/chlorpheniramine	C-Phed Tannate
pseudoephedrine hydrochloride/chlorpheniramine	Lohist-D
pseudoephedrine hydrochloride/chlorpheniramine	Dura-Tap/Pd

COUGH & COLD - ANTITUSSIVES, NON-NARCOTIC

benzonatate	Tessalon Perle
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COUGH & COLD - DECONGESTANT-EXPECTORANT COMBINATIONS

guaifenesin/phenylephrine hydrochloride	Numonyl Pediatric
guaifenesin/pseudoephedrine hydrochloride	Tg 45Pse-400Gfn

COUGH & COLD - EXPECTORANTS

guaifenesin	Mucinex
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COUGH & COLD 1ST GEN. ANTIHISTAMINE-DECONGESTANT NON-NARCOTIC ANTITUSSIVE

brompheniramine/pseudoephedrine/dextromethorphan	TI-Hist Dm	QL: 480 in 30 Days
carbetaprostamol/chlorpheniramine	Tannihist-12 Rf	PA Required
diphenhydramine/phenylephrine/chlorpheniramine	Nasohist Dm	

COUGH & COLD- 1ST GEN. ANTIHISTAMINE-DECONGESTANT-NARCOTIC ANTITUSSIVE

brompheniramine/pseudoephedrine/dihydrocodeine	J-Cof Dhc
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COUGH & COLD- 1ST GENERATION ANTIHISTAMINE-DECONGESTANT-NARCOTIC ANTITUSSIVE

brompheniramine/pseudoephedrine/codeine	Rydex
brompheniramine/pseudoephedrine/codeine phosphate	Brovex Pb Cx

COUGH & COLD- 1ST GENERATION ANTIHISTAMINE/NARCOTIC ANTITUSSIVE

Generic Name	Reference Brand Name	Special Requirements
chlorpheniramine/codeine phos	Cotab A	
COUGH & COLD- 1ST GENERATON ANTIHISTAMINE/NARCOTIC ANTITUSSIVE		
codeine/promethazine hcl	Promethazine W/Codeine	
COUGH & COLD NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION		
guaifenesin/codeine phosphate	Allfen Cdx	QL: 480 in 30 Days
COUGH & COLD NON-NARCOTIC ANTITUSSIVE-DECONGESTANT-EXPECTORANT		
guaifenesin/d-methorphan hb/pe	Maxiphen Dm	
NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST		
bromphen mal/pe/carbetapen cit	Seradex	
DERMATOLOGY - ACNE		
ACNE - ORAL		
isotretinoin	Sotret	
ACNE - TOPICAL		
adapalene	Adapalene, Differin	PA Required FOR > 26 YEARS OF AGE
clindamycin phos/benzoyl perox	Benzaclin	
sulfacetamide sodium	Klaron	
tretinoin	Retin-A	PA Required FOR > 26 YEARS OF AGE
TOPICAL ANTIFUNGAL		
metronidazole	Metrocream	
DERMATOLOGY - ANTIINFECTIVE		
ACNE - TOPICAL		
clindamycin phosphate	Clinda-Derm	
erythromycin base/ethanol	Emgel	
erythromycin/benzoyl peroxide	Benzamycin	
TOPICAL ANTIBIOTICS		
bacitracin	Bacitracin	PA Required FOR > 26 YEARS OF AGE
gentamicin sulfate	Garamycin	
mupirocin	Bactroban	
TOPICAL ANTIFUNGAL, STEROID		
clotrimazole/betamethasone dip	Lotrisone	
TOPICAL ANTIFUNGALS		
clotrimazole	Lotrimin	
econazole nitrate	Spectazole	
ketoconazole	Nizoral	
nystatin	Nystatin	
nystatin/triamcin	Myconel	

Generic Name	Reference Brand Name	Special Requirements
TOPICAL MISCELLANEOUS		
silver sulfadiazine	Silvadene	
TOPICAL SCABICIDES/PEDICULOSIDES		
crotamiton	EURAX	
lindane	Lindane	
malathion	Ovide	
permethrin	Elimite, Nix	
piperonyl butoxide/pyrethrins	Rid	
DERMATOLOGY - ANTIINFLAMMATORY		
TOPICAL STEROIDS - MISCELLANEOUS		
prednicarbate	Dermatop	
TOPICAL STEROIDS- CLASS 1 - SUPER POTENT		
betamethasone dipropionate augmented	Diprolene - Cream, Gel, Ointment & Lotion	
clobetasol propionate	Temovate - Cream, Emollient Cream, Gel, Ointment & Solution	
dilforasone Diacetate	Psorcon - Cream, Ointment	
TOPICAL STEROIDS- CLASS 2 - POTENT		
fluocinonide	Lidex - Cream, Gel, Ointment & Ointment	
mometasone furoate	Elocon Ointment	
TOPICAL STEROIDS- CLASS 3 - UPPER MID STRENGTH		
Fluocinonide	Lidex Emollient Cream	
fluticasone propionate	Cutivate Ointment	
TOPICAL STEROIDS- CLASS 4 - MID STRENGTH		
betamethasone valerate	Valisone Cream, Valisone Lotion, Valisone Ointment	
fluocinolone Acetonide	Synalar Ointment	
hydrocortisone valerate	Westcort Ointment	
mometasone furoate	Elocon - Cream & Solution	
triamcinolone acetonide	Kenalog Ream, Ointment & Lotion	
TOPICAL STEROIDS- CLASS 5 - LOWER MID STRENGTH		
desonide	Desowen - Cream, Ointment & Lotion	
flurandrenolide	Cordran Tape	
fluticasone propionate	Cutivate Cream & Lotion	
TOPICAL STEROIDS- CLASS 6 - MIID STRENGTH		
alclometasone dipropionate	Aclovate - Cream,Ointment	
Fluocinolone Acetonide	Derma-Smoothe Fs Oil	
Fluocinolone Acetonide	Synalar Cream & Solution	

Generic Name	Reference Brand Name	Special Requirements
TOPICAL STEROIDS- CLASS 7 - LEAST POTENCY		
hydrocortisone	Cortaid/Hytone - Cream, Ointment, Solution	
hydrocortisone acetate/aloe v	Micort-Hc	
hydrocortisone acetate/urea	Carmol Hc	QL: 6 in 1 Days
DERMATOLOGY - ANTIPRURITIC DRUGS		
ANTIPRURITICS - TOPICALS		
diphenhydramine hcl	Benadryl	
DERMATOLOGY - MISCELLANEOUS		
ACNE - MISCELLANEOUS		
salicylic acid	Aliclen	
ACNE - TOPICAL		
benzoyl peroxide	Benzoyl Peroxide	
ANTINEOPLASTIC TOPICALS		
bexarotene	TARGRETIN	
fluorouracil	Carac	
ingenol mebutate	PICATO	PA Required
ANTISEPTICS		
alcohol antiseptic pads	Single Use Swab	
TOPICAL ANTIPERSPIRANTS		
aluminum chloride	Hypercare	
TOPICAL LOCAL ANESTHETICS		
lidocaine	Xylocaine	
lidocaine hcl	Xylocaine	PA Required
lidocaine/prilocaine	Emla	
TOPICAL MISCELLANEOUS		
ammonium lactate	Lac-Hydrin	
TOPICAL SEBORRHEIC AGENTS		
selenium sulfide	Tersi Foam	
sulfacetamide sodium/urea	Sodium Sulfacetamide	
DERMATOLOGY - PIGMENTATION DISORDERS		
TOPICAL HYPERPIGMENTATION AGENTS		
methoxsalen	OXSORALEN	
DERMATOLOGY - PSORIASIS/ECZEMA		
PSORIATIC AGENTS - ORAL		
acitretin	SORIATANE	
methoxsalen, rapid	OXSORALEN-ULTRA	

Generic Name	Reference Brand Name	Special Requirements
PSORIATIC AGENTS - TOPICAL		
anthralin	DRITHOCREME HP	
calcipotriene	Sorilux	
tazarotene	Tazorac	PA Required
TOPICAL MISCELLANEOUS-IMMUNOSUPPRESSIVE AGENTS		
pimecrolimus	ELIDEL	
tacrolimus	PROTOPIC	PA Required
DIABETES		
ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE		
pramlintide acetate	SYMLIN	PA Required
ANTIHYPERGLYCEMIC-GLUCOCORTICOID RECEPTOR BLOCKER		
mifepristone	KORLYM	
DIABETIC AGENTS - ALPHA-GLUCOSIDASE INHIBITORS		
acarbose	Precose	
DIABETIC AGENTS - DIPEPTIDYL PEPTIDASE INHIBITORS (DPP-4s)		
sitagliptin phos/metformin hcl	JANUMET	PA Required
sitagliptin phosphate	JANUVIA	
DIABETIC AGENTS - INCRETIN MIMETICS (GLP-1)		
exenatide	BYETTA	PA Required
DIABETIC AGENTS - INSULINS		
hum insulin nph/reg insulin hm	HUMULIN 70-30	
insulin aspart	NOVOLOG	
insulin detemir	LEVEMIR	PA Required for Pens
insulin glargine,hum.rec.anlog	LANTUS	PA Required for Pens
insulin lispro	HUMALOG	PA Required for Pens
insulin npl/insulin lispro	HUMALOG MIX 50-50	PA Required for Pens
insulin regular, human	HUMULIN R	PA Required for Pens
insuln asp prt/insulin aspart	NOVOLOG MIX 70-30	PA Required for Pens
nph, human insulin isophane	HUMULIN N	PA Required for Pens
DIABETIC AGENTS - MEGLITINIDES		
nateglinide	Starlix	
repaglinide	PRANDIN	
DIABETIC AGENTS - SULFONYLUREAS		
chlorpropamide	Diabinese	
glimepiride	Amaryl	
glipizide	Glucotrol XL	

Generic Name	Reference Brand Name	Special Requirements
glyburide	Diabeta	
glyburide,micronized	Glynase	
tolazamide	Tolazamide	
tolbutamide	Tolbutamide	
DIABETIC AGENTS - THIAZOLIDINEDIONES		
pioglitazone hcl	Actos	
DIABETIC AGENTS -BIGUANIDES		
metformin hcl	Glucophage	
DIABETIC AGENTS -BIGUANIDES/SULFONYLURA COMBINATION		
glyburide/metformin hcl	Glucovance	
TOPICALS -MISCELLANEOUS		
becaplermin	REGRANEX	
EAR - GENERAL DISORDERS		
EAR PREPARATIONS - ANTIBIOTICS		
neomycin/polymyxin b sulf/hc	Otolidin	
ofloxacin	Ocuflox	
EAR PREPARATIONS - ANTI-INFECTIVES		
acetic acid	Vosol	PA Required for Pens
acetic acid/hydrocortisone	Vosol Hc	
cresyl ace/ben alc/butanol/ipa	Cresylate	
EAR PREPARATIONS - ANTI-INFLAMMATORY		
fluocinolone acetonide oil	Dermotic	PA Required for Pens
EAR PREPARATIONS - LOCAL ANESTHETICS		
aa/antipyrn/bcaine/polico#1/al	Treagan Otic	
antipyrine/benzocaine/glycerin	Otra Nr	
OPHTHALMIC B154- ANTIBIOTICS		
ciprofloxacin hcl	Ciprodex	
ELECTROLYTE REGULATION		
ELECTROLYTE DEPLETERS		
calcium carbonate/mag carb/fa	Magnebind 400 Rx	
sodium polystyrene sulfonate	Kayexalate	
PHOSPHOROUS BINDERS		
calcium acetate	Phoslo	
calcium carbonate	Tums	
lanthanum Carbonate	FOSRENOL	
sevelamer carbonate	REVELA	

Generic Name	Reference Brand Name	Special Requirements
sevelamer hcl	RENAGEL	
POTASSIUM REPLACEMENT		
pot chloride/pot bicarb/cit ac	Potassium Chloride	
potassium bicarbonate/cit ac	Klor-Con-Ef	
potassium chloride	Klor-Con M15	
ENDOCRINE DISORDER - FERTILITY		
WOMEN'S HEALTH - PROGESTINS		
progesterone,micronized	CRINONE	
ENDOCRINE DISORDER - OTHER		
ANTINEOPLASTIC S - LHRH(GNRH) AGONISTS		
leuprolide acetate	Lupron Depot	
GROWTH HORMONE		
pegvisomant	SOMAVERT	
somatropin	Omnitrope, Nutropin Aq	
GROWTH HORMONE - INSULIN-LIKE GROWTH FACTOR-1 (IGF-1) HORMONES		
mecasermin	INCRELEX	PA Required
OSTEOPOROSIS AGENTS		
alendronate sodium	Fosamax	
calcitonin,salmon,synthetic	Fortical	PA Required
etidronate disodium	Didronel	
ibandronate sodium	Boniva	
raloxifene hcl	EVISTA	QL: 30 in 30 Days
PITUITARY AGENTS		
cabergoline	Dostinex	PA Required
PITUITARY AGENTS		
danazol	Danocrine	
desmopressin acetate	Ddavp	
ENDOCRINE DISORDER - THYROID		
ANTITHYROID AGENTS		
methimazole	Tapazole	
propylthiouracil	Ptu	
THYROID REPLACEMENT		
levothyroxine sodium	Synthroid	QL: 30 in 30 Days
liothyronine sodium	Cytomel	QL: 30 in 30 Days
thyroid,pork	ARMOUR THYROID	

Generic Name	Reference Brand Name	Special Requirements
EYE - GENERAL DISORDERS		
OPHTHALMIC ANTIBIOTICS		
bacitracin	Ak-Tracin	
bacitracin/polymyxin b sulfate	Polysorin	
ciprofloxacin hcl	Ciloxan	
erythromycin base	Ilotycin	
gentamicin sulfate	Gentak	
neomy sulf/bacitra/polymyxin b	Cortisporin	
neomycin/polymyxn b/gramicidin	Neosporin	
ofloxacin	Ocuflox	
polymyxin b sulfate/tmp	Ploytrim	
sulfacetamide sodium	Bleph-10	
tobramycin sulfate	Tobrex	
OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS		
neo/polymyx b sulf/dexameth	Maxitrol	
neomy sulf/bacitrac zn/poly/hc	Cortisporin	
neomycin/polymyxin b sulf/hc	Aural	
sulfacetamide/prednisolone sp	Blephamide	
tobramycin/dexamethasone	Tobradex	
OPHTHALMIC ANTIHISTAMINES		
azelastine hcl	Astelin	
epinastine hcl	Elestat	
ketotifen fumarate	Zaditor	
OPHTHALMIC ANTIINFLAMMATORY AGENTS		
bromfenac sodium	Bromday	
dexamethasone sod phosphate	Decadron	
fluorometholone	Fml S.O.P.	
flurbiprofen sodium	Ocufen	
ketorolac tromethamine	Acular	
prednisolone acetate	Flo-Pred	
prednisolone sod phosphate	Ocu-Pred	
OPHTHALMIC ANTIVIRALS		
trifluridine	Viroptic	
OPHTHALMIC MAST CELL STABILIZER		
cromolyn sodium	Opticrom	
OPHTHALMIC VASOCONSTRICTORS		

Generic Name	Reference Brand Name	Special Requirements
naphazoline hcl	Ak-Con	
EYE - GLAUCOMA		
CARDIOVASCULAR - DIURETICS -CARBONIC ANHYDRASE INHIBITORS		
acetazolamide	Diamox	
methazolamide	Methazolamide	
OPHTHALMIC - GLAUCOMA AGENTS		
apraclonidine hcl	Iopidine	
betaxolol hcl	Betoptic	
brimonidine tartrate	Alphagan P	
brinzolamide	AZOPT	PA Required
carteolol hcl	Ocupress	
dorzolamide hcl	Trusopt	
dorzolamide hcl/timolol maleat	Cosopt	
latanoprost	Xalatan	QL: 2.5 in 1 Days
levobunolol hcl	Betagan	
metipranolol	Optipranolol	
pilocarpine hcl	Isopto Carpine	
timolol maleate	Timoptic	
OPHTHALMIC - MYDRIATIC AGENTS		
atropine sulfate	Ocu-Tropine	
cyclopentolate hcl	Ak-Pentolate	
homatropine hbr	Isopto Homatropine	
tropicamide	Mydracyl	
GOUT AND RELATED DISEASES		
GOUT / HYPERURICEMIC AGENTS		
allopurinol	Zyloprim	
colchicine	COLCRYS	
colchicine/probenecid	Col-Probenecid	
febuxostat	ULORIC	QL: 30 in 30 Days
probenecid	Probalan	
HEMATOLOGICAL DISORDERS		
HEMATOLOGICALS - ANTICOAGULANTS		
dabigatran etexilate mesylate	PRADAXA	
enoxaparin sodium	Lovenox	QL: > 10 Day Supply REQUIRED
fondaparinux sodium	Arixtra	
warfarin sodium	Coumadin	Step Therapy
HEMATOLOGICALS - LEUKOCYTE (WBC) STIMULANTS		

Generic Name	Reference Brand Name	Special Requirements
filgrastim	NEUPOGEN	PA Required
pegfilgrastim	NEULASTA	PA Required
HEMATOLOGICALS - MISCELLANEOUS		
aminocaproic acid	Amicar	
pentoxifylline	Trental	
HEMATOLOGICALS - MISCELLANEOUS PLATELET REDUCING AGENTS		
anagrelide hcl	Agrylin	
HEMATOLOGICALS - PLATELET AGGREGATION INHIBITORS		
cilostazol	Pletal	PA Required
clopidogrel bisulfate	Plavix	
dipyridamole	Persantine	
ticlopidine hcl	Ticlid	
HEMATOLOGICALS - THROMBOPOIETIN RECEPTOR AGONISTS		
eltrombopag olamine	PROMACTA	
LEUKOCYTE (WBC) STIMULANTS		
sargramostim	LEUKINE	PA Required
HORMONAL DEFICIENCY		
ANDROGENIC AGENTS		
testosterone	TESTOPEL	PA Required
WOMEN'S HEALTH - ESTROGEN / PROGESTIN REPLACEMENT, ORAL		
estrogen,con/m-progest acet	PREMPHASE	
WOMEN'S HEALTH - ESTROGEN REPLACEMENT, ORAL		
estradiol	estrace	
estrogens, conjugated	PREMARIN	
estrogens,esterified	MENEST, CENESTIN	
estropipate	Ogen	
WOMEN'S HEALTH - PROGESTINS		
medroxyprogesterone acetate	Provera	
norethindrone acetate	Aygestin	
progesterone,micronized	Crinone	
IMMUNOSUPPRESSION/MODULATION		
HEPATITIS C TREATMENT AGENTS		
interferon alfa-2b,recomb.	INTRON A	PA Required
interferon alfa-n3	ALFERON N	PA Required
interferon gamma-1b,recomb.	ACTIMMUNE	PA Required
IMMUNOSUPPRESSIVES		

Generic Name	Reference Brand Name	Special Requirements
azathioprine	Imuran	
cyclosporine	Sandimmune	
cyclosporine, modified	Gengraf	
everolimus	AFINITOR	PA Required
mycophenolate mofetil	Cellcept	
sirolimus	RAPAMUNE	
tacrolimus	Prograf	
INFECTIOUS DISEASE - BACTERIAL		
ANTIBIOTICS - CEPHALOSPORINS - 1ST GENERATION		
cefadroxil hydrate	Duricef	
cephalexin	Keflex	
ANTIBIOTICS - CEPHALOSPORINS - 2ND GENERATION		
cefaclor	Ceclor	
cefixime	SUPRAX	QL: 1 in 1 Days
cefprozil	Cefzil	
cefuroxime axetil	Cefuroxime	
ANTIBIOTICS - CEPHALOSPORINS - 3RD GENERATION		
cefdinir	Omnicef	
cefepodoxime	Vantin	
ANTIBIOTICS - MACROLIDES		
azithromycin	Ziithromax	
clarithromycin	Biaxin XL	
ery e-succ/sulfisoxazole	Erythromycin-Sulfisoxazole	
erythromycin base	Akne-Mycin	
erythromycin ethylsuccinate	E.E.S. 200	
erythromycin stearate	Erythrocin Stearate	
ANTIBIOTICS - MISCELLANEOUS		
trimethoprim	Trimethoprim	
ANTIBIOTICS - MISCELLANEOUS - BETALACTAMS		
aztreonam lysine	CAYSTON	PA Required
ANTIBIOTICS - NITROFURANTOINS		
furazolidone	FUROXONE	
nitrofurantoin	Furadantin	
nitrofurantoin macrocrystal	Nitrofurantoin	
nitrofurantoin monohyd/m-cryst	Macrobid	
ANTIBIOTICS - OXAZOLIDINONES		

Generic Name	Reference Brand Name	Special Requirements
linezolid	ZYVOX	PA Required
ANTIBIOTICS - PENICILLINS		
amoxicillin	Moxatag	
amoxicillin/potassium clav	Augmentin Xr	
ampicillin trihydrate	Principen	
dicloxacillin sodium	Dicloxacillin	
penicillin v potassium	Penicillin-Vk	
ANTIBIOTICS - QUINOLONES		
ciprofloxacin hcl	Cipro	
levofloxacin	Levaquin	
ofloxacin	Floxin	
ANTIBIOTICS - SULFONAMIDES		
sulfamethoxazole/trimethoprim	Bactrim	
ANTIBIOTICS - TETRACYCLINES		
demeclocycline hcl	Declomycin	PA Required
doxycycline hyclate	Vibramycin	
minocycline hcl	Minocin	
tetracycline hcl	Ala-Tet	
INFECTIOUS DISEASE - FUNGAL		
ANTIFUNGAL AGENTS - Oral		
clotrimazole	Mycelex	
fluconazole	Diflucan	
flucytosine	Ancobon	PA Required
griseofulvin,microsize	Fulvicin U/F	PA Required
itraconazole	Sporanox	PA Required
ketoconazole	Nizoral	
nystatin	Nystatin	
posaconazole	NOXAFIL	PA Required
terbinafine hcl	Lamisil	QL: 90 in 365 Days
voriconazole	Vfend	PA Required
INFECTIOUS DISEASE - MISCELLANEOUS		
ANTIBIOTICS - MISCELLANEOUS		
neomycin sulfate	Neo-Fradin	
tobramycin in 0.225% nacl	TOBI	PA Required
vancomycin hcl	Vancocin Hcl	PA Required
ANTIBIOTICS - MISCELLANEOUS - RIFAMYCINS		

Generic Name	Reference Brand Name	Special Requirements
rifaximin	XIFAXAN	PA Required
ANTIBIOTICS - MISCELLANEOUS-LINCOSAMIDES		
clindamycin hcl	Cleocin Hcl	
clindamycin palmitate hcl	Cleocin Palmitate	
ANTILEPTICS		
dapsone	Aczone	
ANTIMYCOBACTERIALS & TUBERCULOSIS AGENTS		
ethambutol hcl	Myambutol	
isoniazid	Inh	
pyrazinamide	Pza	
rifampin	Rifadin	
rifampin/isoniazid	Isonarif	
ANTINEOPLASTICS -		
thalidomide	THALOMID	PA Required
INFECTIOUS DISEASE - PARASITIC		
ANTHELMINTICS		
praziquantel	BILTRICIDE	
ANTI-INFECTIVES - MISCELLANEOUS		
iodoquinol	YODOXIN	
metronidazole	Flagyl	
paromomycin sulfate	Humatin	
ANTIMALARIAL DRUGS		
atovaquone/proguanil hcl	Atovaquone-Proguanil Hcl	
chloroquine phosphate	chloroquine phosphate	
hydroxychloroquine sulfate	Plaquenil	
primaquine phosphate	PRIMAQUINE	
pyrimethamine	DARAPRIM	
INFECTIOUS DISEASE - VIRAL		
ANTIVIRALS - CMV		
cidofovir	VISTIDE	PA Required
foscarnet sodium	foscarnet sodium	PA Required
ganciclovir sodium	Cytovene	PA Required
ANTIVIRALS - GENERAL		
acyclovir	acyclovir	
famciclovir	famciclovir	
rimantadine hcl	Flumadine	

Generic Name	Reference Brand Name	Special Requirements
valacyclovir hcl	Valacyclovir	PA Required
valganciclovir hcl	VALCYTE	PA Required
ANTIVIRALS - INFLUENZA AGENTS		
oseltamivir phosphate	TAMIFLU	QL: 20 in 270 Days
zanamivir	RELENZA	QL: 40 in 270 Days
ANTIRETROVIRALS AND PROTEASE INHIBITORS		
abacavir sulfate	Ziagen	
abacavir sulfate/lamivudine	EPZICOM	
abacavir/lamivudine/zidovudine	TRIZIVIR	
atazanavir sulfate	REYATAZ	
darunavir ethanolate	PREZISTA	
delavirdine mesylate	RESCRIPTOR	
didanosine	Videx	
efavirenz	SUSTIVA	
efavirenz/emtricitab/tenofovir	ATRIPLA	
emtricitab/rilpivirine/tenofov	COMPLERA	
emtricitabine	EMTRIVA	
emtricitabine/tenofovir	TRUVADA	PA Required
enfuvirtide	FUZEON	QL: 1 in 30 Days, Step Therapy
etravirine	INTELENCE	
fosamprenavir calcium	LEXIVA	
indinavir sulfate	CRIXIVAN	
lamivudine	Epivir	
lamivudine/zidovudine	Combivir	
lopinavir/ritonavir	KALETRA	
maraviroc	SELZENTRY	PA Required
nelfinavir mesylate	VIRACEPT	
nevirapine	Viramune Xr	
raltegravir potassium	ISENTRESS	
rilpivirine hcl	EDURANT	
ritonavir	NORVIR	
saquinavir mesylate	INVIRASE	
stavudine	Zerit	
tenofovir disoproxil fumarate	VIREAD	
tipranavir	APTIVUS	
tipranavir/vitamin e tpgs	APTIVUS	
zidovudine	Retrovir	

Generic Name	Reference Brand Name	Special Requirements
HEPATITIS B TREATMENT AGENTS		
adefovir dipivoxil	HEPSERA	PA Required
entecavir	BARACLUDE	PA Required
lamivudine	EPIVIR	
telbivudine	TYZEKA	PA Required
HEPATITIS C TREATMENT AGENTS		
interferon alfacon-1	INFERGEN	PA Required
peginterferon alfa-2a	PEGASYS	PA Required
peginterferon alfa-2b	SYLATRON 4-PACK	PA Required
HEPATITIS C TREATMENT ORAL AGENTS		
boceprevir	VICTRELIS	PA Required
ribavirin	Copegus	
telaprevir	INCIVEK	PA Required
INFLAMMATORY DISEASE		
ANALGESICS - NSAIDS		
diclofenac sodium	Pennsaid	
etodolac	Iodine	
fenoprofen calcium	Nalfon	
flurbiprofen	Ansaid	
ibuprofen	Ibuprohm	
indomethacin	Indocin	
ketoprofen	Nexcede	
ketorolac tromethamine	Toradol	QL: 20 in 1 Days
mefenamic acid	Ponstel	
meloxicam	Mobic	
nabumetone	Relafen	
naproxen	Naprosyn	
naproxen sodium	Anprox, Aleve (Otc)	
oxaprozin	Daypro	
piroxicam	Feldene	
sulindac	Clinoril	
ANALGESICS - NSAIDS - COX 2 INHIBITOR		
celecoxib	CELEBREX	PA Required
ASTHMA-COPD -STEROIDS		
budesonide	Pulmicort Flexhaler	Step Therapy
AUTOIMMUNE DISORDER AGENTS		

Generic Name	Reference Brand Name	Special Requirements
abatacept	ORENCIA	PA Required
adalimumab	HUMIRA	PA Required
anakinra	KINERET	PA Required
etanercept	ENBREL	PA Required
golimumab	SIMPONI	PA Required
leflunomide	Arava	
methotrexate sodium	Rheumatrex	
penicillamine	CUPRIMINE	
GLUCOCORTICOIDS - ORAL		
cortisone acetate	cortisone acetate	
dexamethasone	Dexpak	
methylprednisolone	Medrole	
prednisolone	Prelone	
prednisone	Prednisone	
GLUCOCORTICOIDS - RECTAL		
hydrocortisone	Procto-Kit	
MINERALOCORTICOIDS - ORAL		
fludrocortisone acetate	Florinef	
LOCAL ANESTHESIA		
LOCAL ANESTHETICS		
lidocaine hcl	Lidoderm(Patch), Xylocaine (Topical)	
LOWER GASTROINTESTINAL DISORDERS - BOWEL INFLAMMAT		
ANTIBIOTICS - SULFONAMIDES		
sulfamethoxazole/trimethoprim	Bactrim	
ANTIINFLAMMATORY BOWEL AGENTS		
balsalazide disodium	balsalazide disodium	QL: 270 in 30 Days
mesalamine	ASACOL	QL: 120 in 30 Days
olsalazine sodium	DIPENTUM	QL: 120 in 30 Days
sulfadiazine	sulfadiazine	
sulfasalazine	Azulfidine	QL: 240 in 30 Days
ANTIINFLAMMATORY BOWEL AGENTS - RECTAL		
hydrocortisone	Procto-Kit	
hydrocortisone acetate	CORTIFOAM	
mesalamine w/cleansing wipes	Rowasa	QL: 240 in 30 Days
AUTOIMMUNE DISORDER AGENTS		
infliximab	REMICADE	PA Required

Generic Name	Reference Brand Name	Special Requirements
LOWER GASTROINTESTINAL DISORDERS - OTHER		
AMMONIA INHIBITORS		
lactulose	Constulose	
ANTIDIARRHEALS		
diphenoxylate hcl/atropine	Lomotil	
loperamide hcl	Imodium	
GALL BLADDER AGENTS		
ursodiol	Actigall	
IRRITABLE BOWEL AGENTS		
alosetron hcl	LOTROXEX	PA Required
LAXATIVES & CATHARTICS		
docusate sodium	Dulcolax Stool Softener	
lactulose	Constulose	
lubiprostone	AMITIZA	PA Required
peg 3350/na sulf,bicarb,cl/kcl	Colyte With Flavor Packets	
polyethylene glycol 3350	polyethylene glycol 3350	
psyllium husk	Psyllium Fiber Metamucil (Otc)	
psyllium husk (with sugar)	Metamucil	
psyllium husk/aspartame	Metamucil	
LAXATIVES AND CATHARTICS		
sodium chloride/nahco3/kcl/peg	Gavilyte-N	
MEDICAL SUPPLIES		
SYRINGES & NEEDLES		
syring w-ndl,disp,insul,0.5ml	Insulin Syringe	
MISCELLANEOUS AGENTS		
EMERGENT USE -ANAPHYLACTIC THERAPY AGENTS		
epinephrine	EPIPEN	QL: 2 in 1 Days
PARASYMPATHETIC AGENTS		
bethanechol chloride	Urecholine	
pilocarpine hcl	Salagen	
SYSTEMIC ENZYME INHIBITORS		
alpha-1-proteinase inhibitor	PROLASTIN	PA Required
NEOPLASTIC DISEASE		
ANTINEOPLASTICS -MISCELLANEOUS		
estramustine phosphate sodium	EMCYT	PA Required
megestrol acetate	Megace	

Generic Name	Reference Brand Name	Special Requirements
ANTIANDROGENIC AGENTS		
abiraterone acetate	ZYTIGA	PA Required
bicalutamide	Casodex	
flutamide	Eulexin	
nilutamide	NILANDRON	QL: 1 in 1 Days
ANTIMETABOLITES		
mercaptopurine	Purinethol	
methotrexate sodium	Trexall	
thioguanine	TABLOID	
ANTINEOPLASTICS		
altretamine	HEXALEN	PA Required
axitinib	INLYTA	PA Required
chlorambucil	LEUKERAN	
crizotinib	XALKORI	PA Required
cyclophosphamide	Cytoxan	
dasatinib	SPRYCEL	PA Required
degarelix acetate	FIRMAGON	PA Required
erlotinib hcl	TARCEVA	PA Required
etoposide	Vepesid	
everolimus	AFINITOR	PA Required
hydroxyurea	Droxia	
imatinib mesylate	GLEEVEC	PA Required
lapatinib ditosylate	TYKERB	PA Required
lenalidomide	REVLIMID	PA Required
lomustine	CEENU	
mitotane	LYSODREN	
nilotinib hcl	TASIGNA	PA Required
pazopanib hcl	VOTRIENT	PA Required
peginterferon alfa-2b	SYLATRON 4-PACK	PA Required
procarbazine hcl	MATULANE	
ruxolitinib phosphate	JAKAFI	PA Required
sorafenib tosylate	NEXAVAR	PA Required
sunitinib malate	SUTENT	PA Required
temozolomide	TEMODAR	PA Required
tretinoin	Retin-A	
vandetanib	CAPRELSA	PA Required
vemurafenib	ZELBORAF	PA Required

Generic Name	Reference Brand Name	Special Requirements
vismodegib	ERIVEDGE	PA Required
vorinostat	ZOLINZA	PA Required
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin calcium	Wellcorovin	
SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR)		
bexarotene	TARGRETIN	PA Required
WOMEN'S HEALTH - AROMATASE INHIBITORS		
anastrozole	Arimidex	
exemestane	Aromasin	
letrozole	Femara	
WOMEN'S HEALTH - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)		
tamoxifen citrate	Soltamox	
toremifene citrate	FARESTON	PA Required
NEUROLOGICAL DISEASE - MISCELLANEOUS		
MULTIPLE SCLEROSIS AGENTS		
fingolimod hcl	GILENYA	PA Required
glatiramer acetate	COPAXONE	PA Required
interferon beta-1a	AVONEX	PA Required
interferon beta-1a/albumin	REBIF	PA Required
interferon beta-1b	EXTAVIA	PA Required
POSTHERPETIC NEURALGIA AGENTS		
gabapentin	gabapentin	
ORAL/PHARYNGEAL DISORDERS		
DENTAL AIDS AND PREPARATIONS		
chlorhexidine gluconate	Peridex, Periogard	
triamcinolone acetonide	Oralone	
NASAL PREPARATIONS - MISCELLANEOUS		
ipratropium bromide	Atrovent	
PERIODONTAL COLLAGENASE INHIBITORS		
doxycycline hyclate	Vibramycin	
OTHER DRUGS		
CONDOMS		
condoms	Trojan	
ENZYME REPLACEMENTS		
idursulfase	ELAPRASE	PA Required
imiglucerase	CEREZYME	PA Required

Generic Name	Reference Brand Name	Special Requirements
GENERAL INHALATION AGENTS		
sodium chloride for inhalation	Hyper-Sal	
METABOLIC DEFICIENCY AGENTS		
levocarnitine	Carnitor	PA Required
levocarnitine (with sugar)	Carnitor	PA Required
NEEDLES/NEEDLELESS DEVICES		
needles, insulin disposable	Pen Needle	
SOMATOSTATIC AGENTS		
lanreotide acetate	SOMATULINE DEPOT	PA Required
octreotide acetate	Sandostatin Lar	
OTHER RESPIRATORY DISORDERS		
CYSTIC FIBROSIS AGENTS		
dornase alfa	PULMOZYME	PA Required
ivacaftor	KALYDECO	PA Required
PAIN MANAGEMENT - ANALGESICS		
ANALGESICS - NARCOTICS- SHORT ACTING		
acetaminophen with codeine	Capital W-Codeine	QL: 180 in 30 Days
ANALGESICS - NARCOTICS- LONG ACTING		
fentanyl	Duragesic	PA Required
methadone	Dolophine	QL: 180 in 30 Days
morphine sulfate extended release	Morphine Sulfate ER	
oxycodone hcl extended releast	Oxycontin	PA Required
ANALGESICS - NARCOTICS- SHORT ACTING		
acetaminophen/caffeine/butalbital	Fioricet	
acetaminophen/caffeine/butalbital/codeine	Fioriacet w/ Codeine	
aspirin/caffeine/butalbital	Fiorinal	
aspirin/caffeine/butalbital/codeine	Fiorinal w/ Codeine	
hydrocodone bit/acetaminophen	Vicodin	QL: 180 in 30 Days
hydrocodone/ibuprofen	Reprexain	QL: 180 in 30 Days
hydromorphone hcl	Dilaudid	QL: 180 in 30 Days
meperidine hcl	Demerol	QL: 180 in 30 Days
morphine sulfate	morphine sulfate	
oxycodone hcl/acetaminophen	Roxicet, Percocet	QL: 180 in 30 Days
oxycodone hcl/aspirin	Endodan, Percodan	QL: 180 in 30 Days
pentazocine hcl/acetaminophen	Pentazocine-Acetaminophen	QL: 180 in 30 Days
pentazocine hcl/naloxone hcl	Pentazocine-Naloxone Hcl	QL: 180 in 30 Days

Generic Name	Reference Brand Name	Special Requirements
tramadol hcl	Ultram	QL: 180 in 30 Days
ANALGESICS - NON-NARCOTIC		
acetaminophen	Tylenol	
acetylsalicylic acid	Aspirin	
ANALGESICS- NON-NARCOTIC - SALICYLATES		
diflunisal	Diflunisal	
salsalate	salsalate	
ANTIMIGRAINE AGENTS - MISCELLANEOUS		
ergotamine tartrate/caffeine	Migergot	
ANTIMIGRAINE AGENTS - TRIPTANS		
frovatriptan succinate	FROVA	PA Required, Step Therapy
naratriptan hcl	Amerge	QL: 9 in 30 Days
rizatriptan benzoate	MAXALT	PA Required, Step Therapy
sumatriptan	Imitrex	QL: 9 in 30 Days
sumatriptan succinate	Imitrex	QL: 9 in 30 Days
zolmitriptan	ZOMIG	QL: 9 in 30 Days, Step Therapy
PARKINSONS DISEASE		
ANTIPARKINSON AGENTS		
amantadine hcl	Amantadine	
benztropine mesylate	Cogentin	
bromocriptine mesylate	Parlodel	
carbidopa	LODOSYN	
carbidopa/levodopa	Sinemet 25-100	
entacapone	Comtan	PA Required
pramipexole di-hcl	Pramipexole Dihydrochloride	
ropinirole hcl	Requip	
selegiline hcl	Eldepryl, Zelapar	
trihexyphenidyl hcl	Artane, Tremin	
SEIZURE DISORDER		
ANTICONVULSANTS		
carbamazepine	Tegretol	
clobazam	ONFI	PA Required
clonazepam	Ceberclon	QL: 120 in 30 Days
diazepam	Diastat	QL: 2 in 365 Days
divalproex sodium	Depakote Er	
ethosuximide	Zarontin	

Generic Name	Reference Brand Name	Special Requirements
ezogabine	POTIGA	PA Required
felbamate	Felbatol	
gabapentin	Neurontin	
lacosamide	VIMPAT	PA Required
lamotrigine	Lamictal	
levetiracetam	Keppra	
oxcarbazepine	Trileptal	
phenytoin	Dilantin	
phenytoin sodium extended	Dilantin	
pregabalin	LYRICA	PA Required
primidone	Mysoline	
rufinamide	BANZEL	PA Required
tiagabine hcl	GABITRIL	PA Required
topiramate	Topamax	
valproic acid	Depakene	
zonisamide	Zonegran	
SKELETAL MUSCLE DISORDER		
SKELETAL MUSCLE RELAXANTS		
baclofen	Lioresal	
cyclobenzaprine hcl	Flexeril	
dantrolene sodium	Dantrium	
metaxalone	Skelaxin	
methocarbamol	Robaxin-750	
orphenadrine citrate	Disipal	
tizanidine hcl	Zanaflex	
SMOKING CESSATION		
SMOKING DETERRENT AGENTS - NICOTINE		
nicotine	Nicotrol Ns	QL: 12 wk supply in 180 Days
nicotine gum	Nicorette Gum	QL: 12 wk supply in 180 Days
nicotine patch	Nicoderm	QL: 12 wk supply in 180 Days
SMOKING DETERRENTS - NON-NICOTINE		
bupropion hcl	Budeprion Sr	QL: 12 wk supply in 180 Days, 180 tablets for 12 weeks
verenicline	Chantix	QL: 12 wk supply in 180 Days, 180 tablets for 12 weeks
UPPER GASTROINTESTINAL DISORDERS - DIGESTIVE		
ENZYME REPLACEMENTS		
sacrosidase	SUCRAID	PA Required

Generic Name	Reference Brand Name	Special Requirements
GASTROINTESTINAL - PANCREATIC ENZYMES		
lipase/protease/amylase	Zenpep	QL: 500 in 30 Days
UPPER GASTROINTESTINAL DISORDERS - SPASTIC DISEASE		
GASTROINTESTINAL - ANTISPASMODICS		
dicyclomine hcl	Bentyl	
hyoscyamine sulfate	Donnamar	QL: 120 in 30 Days
UPPER GASTROINTESTINAL DISORDERS - ULCER DISEASE		
GASTROINTESTINAL - ANTISPASMODICS		
glycopyrrolate	Robinul Forte	
propantheline bromide	Pro-Banthine	
GASTROINTESTINAL - H2 BLOCKERS		
famotidine	Pepcid, Pepcid Ac (Otc)	
nizatidine	Axid	
ranitidine hcl	Zantac, Zantac 75 (Otc)	
GASTROINTESTINAL - MISCELLANEOUS		
metoclopramide hcl	Reglan	
misoprostol	Cytotec	
sucrafate	Carafate	Tablets Only
GASTROINTESTINAL - PROTON-PUMP INHIBITORS (PPIs)		
lansoprazole	Prevacid	QL: 60 in 30 Days
omeprazole	Prilosec, Prilosec Otc	QL: 60 in 30 Days
pantoprazole sodium	Protonix	QL: 60 in 30 Days
URINARY TRACT - FUNCTIONAL DISORDERS		
GENITOURINARY - ANALGESIC AGENTS		
pentosan polysulfate sodium	ELMIRON	PA Required
phenazopyridine hcl	Pyridium (Otc-Uristat)	
GENITOURINARY - BPH AGENTS		
alfuzosin hcl	Uroxatral	
finasteride	Proscar	
tamsulosin hcl	Flomax	
GENITOURINARY - OVERACTIVE BLADDER AGENTS		
flavoxate hcl	Uirspas	
oxybutynin chloride	Ditropan XI	
tolterodine tartrate	Detrol	
tropium chloride	Sanctura	
GENITOURINARY - PH MODIFIERS		

Generic Name	Reference Brand Name	Special Requirements
citric acid/sodium citrate	Cytra-2	
phosphorus #1	Phospha 250 Neutral	
potassium citrate	Urocit-K	
potassium citrate/citric acid	Cytra-K	
sod/pot/k cit/sod cit/cit acid	Tricitrates	

VAGINAL DISORDERS

WOMEN'S HEALTH - VAGINAL ANTI-INFECTIONS

clindamycin phosphate	Cleocin Vaginal	
clotrimazole	Gyne-Lotramin, Mycelex	
metronidazole	Metrogel-Vaginal	
miconazole nitrate	Monistat	
nystatin	nystatin	
terconazole	Terazol 3, Terazol 7	

WOMEN'S HEALTH VAGINAL PREPARATIONS

estradiol	ESTRING	QL: 1 in 90 Days
estradiol	VAGIFEM	
estradiol acetate	FEMRING	PA Required
estrogens, conjugated	PREMARIN CREAM	
sulfanilamide	AVC	

VITAMIN AND/OR MINERAL DEFICIENCY

CALCIUM REPLACEMENT

calcium/multivitamins w-iron	Fosfree	
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IRON REPLACEMENT

fe fumarate/cal/e/fa/multivit	Vitafof	
fe fumarate/doss/fa/bcomp&c	Nephron Fa	
fe fumarate/vit c/b12/stomc	Hematogen	
fe fumarate/vit c/b12-if/fa	Ferocon	
fe fumarate/vit c/vit b12/fa	Ferrogels Forte	
ferrous fumarate	Iron	
ferrous gluconate	Fergon	
ferrous sulfate	Iron Supplement	
ferrous sulfate, dried	Slow Release Iron	

MULTIVITAMIN PREPARATIONS

b complex with vitamin c	Vi-Cert C1000 With B12	
fe fumarate/fa/vit bcomp&c	Dialyvite 800 With Iron	
multivitamins,ther w-minerals	Therapeutic Vitamin & Mineral	QL: 30 in 30 Days
multivitamins,therapeutic	Oncovite	QL: 30 in 30 Days

Generic Name	Reference Brand Name	Special Requirements
multivits w-iron,hematinic	Promar	QL: 30 in 30 Days
PEDIATRIC VITAMIN PREPARATIONS		
fluoride/iron/vit a,c&d	Tri-Vit With Fluoride-Iron	
multivitamins with fluoride	Multivitamins W/Fluoride	QL: 30 in 30 Days
ped mv a,c,d3 #21 w-fluoride	Tri-Vitamin With Fluoride	
pedi m.vit no.17 with fluoride	Multivitamins With Fluoride	
PRENATAL VITAMIN PREPARATIONS		
pnv with ca,no.72/iron/fa	Prenatal Plus	
pnv39/iron fumarate/fa/dss/dha	Taron-Prex Prenatal	
pnv66/iron fumarate/fa/dss/dha	Vemavite-Prx 2	
pnv80/iron fumarate/fa/dss/dha	Nexa Select	
VITAMIN B PREPARATIONS		
b cmplx 4/vit d3/c/fa/zinc ox	Vital-D Rx	
folic acid/vitamin b comp w-c	Nephro-Vite	
vitamin b complex	B Complex 100	
vitamin b complex & vit c no.4	Super B Complex	
vitamin b complex/lysine	Apetigen	
VITAMIN B1 PREPARATIONS		
thiamine hcl	Vitamin B-1	
VITAMIN B12 PREPARATIONS		
vitamin b12-intrinsic factor	Martinic	
VITAMIN B6 PREPARATIONS		
pyridoxine hcl	B-Natal	
VITAMIN D PREPARATIONS		
ergocalciferol (vitamin d2)	Drisdol	
VITAMIN D/PARATHYROID HORMONE REPLACEMENT		
calcitriol	Rocaltrol	
cinacalcet Hcl	SENSIPAR	PA Required
doxercalciferol	HECTOROL	PA Required
paricalcitol	ZEMPLAR	PA Required
VITAMIN E PREPARATIONS		
vitamin e	Aquasol E	
VITAMINS/MINERALS		
folic acid	Duleek-Dp 15	
folic acid/multivits-min/lut	Centrum Silver	
multivitamin w-minerals/lutein	Certa-Vite Senior	QL: 30 in 30 Days