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# **Ohio Health Plans Fee-For-Service**

## **Pharmacy Benefit Management Program**

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# **Preferred Drug List**

(List Only)



Effective October 1, 2007

Revised August 1, 2007

**Ohio Department of Job and Family Services**

## ANALGESIC AGENTS: COX-2 INHIBITORS

NO PA REQUIRED "PREFERRED"	PA REQUIRED
CELEBREX <sup>®</sup> (no PA required for age 60 or older)	CELEBREX <sup>®</sup> (PA required for under age 60)

## ANALGESIC AGENTS: NSAIDs

NO PA REQUIRED "PREFERRED"	PA REQUIRED
DICLOFENAC POTASSIUM (generic of Cataflam <sup>®</sup> ) DICLOFENAC SODIUM (generic of Voltaren <sup>®</sup> ) ETODOLAC (generic of Lodine <sup>®</sup> and Lodine XL <sup>®</sup> ) FENOPROFEN (generic of Nalfon <sup>®</sup> ) FLURBIPROFEN (generic of Ansaïd <sup>®</sup> ) IBUPROFEN (generic of Motrin <sup>®</sup> ) INDOMETHACIN (generic of Indocin <sup>®</sup> ) KETOPROFEN (generic of Orudis <sup>®</sup> ) KETOPROFEN ER (generic of Oruvail <sup>®</sup> ) KETOROLAC (generic of Toradol <sup>®</sup> )* MECLOFENAMATE SODIUM (generic of Meclomen <sup>®</sup> ) MELOXICAM (generic of Mobic <sup>®</sup> ) NABUMETONE (generic of Relafen <sup>®</sup> ) NAPROXEN (generic of Naprosyn <sup>®</sup> ) NAPROXEN EC (generic of EC-Naprosyn <sup>®</sup> ) NAPROXEN SODIUM (generic of Anaprox <sup>®</sup> ) OXAPROZIN (generic of Daypro <sup>®</sup> ) PIROXICAM (generic of Feldene <sup>®</sup> ) SULINDAC (generic of Clinoril <sup>®</sup> )	ARTHROTEC <sup>®</sup> DIFLUNISAL (generic of Dolobid <sup>®</sup> ) INDOMETHACIN SR (generic of Indocin SR <sup>®</sup> ) NAPRELAN <sup>®</sup> PONSTEL <sup>®</sup> TOLMETIN SODIUM (generic of Tolectin <sup>®</sup> and Tolectin DS <sup>®</sup> )

\* Quantity limit for Ketorolac of 20 tablets per 30 days

## ANALGESICS AGENTS: OPIOIDS – Long-Acting Oral

NO PA REQUIRED "PREFERRED"	PA REQUIRED
<b>Extended Release Morphine Products</b>	
KADIAN <sup>®</sup> MORPHINE SULFATE ER (generic of MS Contin <sup>®</sup> )	AVINZA <sup>®</sup> ORAMORPH SR <sup>®</sup>
<b>Extended Release Oxycodone Products</b>	
OXYCODONE ER (generic of Oxycontin <sup>®</sup> ) OXYCONTIN <sup>®</sup>	
<b>Extended Release Tramadol Products</b>	
	ULTRAM ER <sup>®</sup>
<b>Extended Release Oxymorphone Products</b>	
	OPANA ER <sup>®</sup>

## ANALGESIC AGENTS: OPIOIDS – Long-Acting Topical

NO PA REQUIRED "PREFERRED"	PA REQUIRED
DURAGESIC <sup>®</sup> PATCH	FENTANYL PATCH (generic of Duragesic <sup>®</sup> )

**ANALGESIC AGENTS: OPIOIDS – Immediate-Release Single Entity**

<b>NO PA REQUIRED “PREFERRED”</b>		<b>PA REQUIRED</b>
<b>Codeine Products</b>		
CODEINE SULFATE TABLETS		
<b>Hydromorphone Products</b>		
HYDROMORPHONE HCL TABLETS (generic of Dilaudid®)		
<b>Meperidine Products</b>		
MEPERIDINE TABLETS (generic of Demerol®)		
<b>Methadone Products</b>		
METHADONE TABLETS (generic of Dolophine®)		
METHADOSE® DISPERSTABS		
<b>Morphine Products</b>		
MORPHINE SULFATE: IMMEDIATE-RELEASE TABLETS (generic of MSIR®)		
MORPHINE SULFATE TABLETS, SOLUBLE		
<b>Oxycodone Products</b>		
ROXICODONE® (OXYCODONE): IMMEDIATE-RELEASE TABLETS (generic of M-OXY®)		
OXYCODONE HCL TABLETS		
OXYCODONE HCL: IMMEDIATE-RELEASE CAPSULES (generic of OxyIR®)		
<b>Oxymorphone Products</b>		
		OPANA®

# **ANALGESIC AGENTS: OPIOIDS – Immediate-Release Combination**

NO PA REQUIRED “PREFERRED”		PA REQUIRED	
Codeine Combinations			
ACETAMINOPHEN w/CODEINE TABLETS (generic of Tylenol #2 <sup>®</sup> , Tylenol #3 <sup>®</sup> , Tylenol #4 <sup>®</sup> ) ASPIRIN w/CODEINE NO. 3 and NO. 4 TABLETS (generic of Empirin w/Codeine No.3 <sup>®</sup> and No.4 <sup>®</sup> )			
Dihydrocodeine Combinations			
		PANLOR DC <sup>®</sup> PANLOR SS <sup>®</sup>	
Hydrocodone Combinations			
HYDROCODONE/APAP 5mg/500mg, 7.5mg/500mg, 10mg/325mg		HYDROCODONE/APAP any strengths other than 5mg/500mg, 7.5mg/500mg or 10mg/325mg HYDROCODONE/ IBUPROFEN 5mg/200mg (generic of Vicoprofen <sup>®</sup> ) LORCET <sup>®</sup> LORTAB <sup>®</sup> (5mg/500mg, 7.5mg/500mg generic available without PA) MAXIDONE <sup>®</sup> 10mg/750mg (Hydrocodone w/APAP) NORCO <sup>®</sup> (10mg/325mg generic available without PA) VICODIN <sup>®</sup> (5mg/500mg generic available without PA) VICOPROFEN <sup>®</sup> ZYDONE <sup>®</sup>	
Oxycodone Combinations			
ENDOCET <sup>®</sup> ENDODAN <sup>®</sup> OXYCODONE W/ ACETAMINOPHEN TABLETS 5mg/325mg (generic of Percocet <sup>®</sup> ) OXYCODONE W/ ASPIRIN TABLETS 4.5mg/325mg (generic of Percodan <sup>®</sup> ) ROXICET <sup>®</sup>		OXYCODONE W/ ACETAMINOPHEN any strengths other than 5mg/325mg tablets TYLOX <sup>®</sup>	
Propoxyphene Combinations			
PROPOXYPHENE (generic of Darvon-N <sup>®</sup> , Darvon <sup>®</sup> ) PROPOXYPHENE COMPOUND (generic of Darvon Compound <sup>®</sup> ) PROPOXYPHENE 65 HCL w/APAP 650 Tablets (generic of Wygesic <sup>®</sup> ) PROPOXYPHENE NAPSYLATE 100 and APAP 650 Tablets (generic of Darvocet-N-100 <sup>®</sup> )		DARVOCET-N-50 <sup>®</sup> PROPOXYPHENE 100MG and APAP 500MG (generic of Darvocet A500 <sup>®</sup> )	
Pentazocine Combinations			
Not advocated for use		PENTAZOCINE and NALOXONE (Pentazocine 50mg and 0.5mg Naloxone) PENTAZOCINE HCL and APAP (25mg Pentazocine HCl and 650mg APAP) TALACEN <sup>®</sup> (25mg Pentazocine HCl and 650mg APAP) TALWIN COMPOUND <sup>®</sup> (12.5mg Pentazocine HCl and 325mg ASA) TALWIN NX <sup>®</sup> (Pentazocine 50mg and 0.5mg Naloxone)	

**ANALGESIC AGENTS: CENTRAL, WITH OPIOID ACTIVITY**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
<b>Tramadol Products</b>	
TRAMADOL (generic of Ultram <sup>®</sup> )	TRAMADOL/APAP (generic of Ultracet <sup>®</sup> )

**ANALGESIC AGENTS: OPIOIDS – Liquids and Oral Syrup Immediate-Release (Single Entity)**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
CODEINE PHOSPHATE ORAL SOLN HYDROMORPHONE HCL LIQUID (generic of Dilaudid-5 <sup>®</sup> ) MEPERIDINE HCL SYRUP: 50 mg/5ml (generic of Demerol Oral Syrup <sup>®</sup> ) METHADONE HCL SOLN 5mg/5ml METHADONE HCL ORAL CONCENTRATE and METHADONE INTENSOL <sup>®</sup> 10mg/ml MORPHINE SULFATE SOLN: 10 mg/5 mL, 20mg/5ml, 20mg/ml (generic of MSIR Soln <sup>®</sup> and Roxanol Soln <sup>®</sup> ) ROXICODONE <sup>®</sup> (Oxycodone oral solution) 5mg/5ml (generic of Oxydose <sup>®</sup> ) ROXICODONE INTENSOL <sup>®</sup> (Oxycodone oral solution concentrate: 20 mg/ml) (generic of Oxyfast <sup>®</sup> )	

**ANALGESIC AGENTS: OPIOIDS – Liquids and Oral Syrup Immediate-Release (Combination)**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
ACETAMINOPHEN w/CODEINE ORAL SOLN 120mg-12mg/5ml (generic of Tylenol w/Codeine Elixir <sup>®</sup> ) HYDROCODONE BITARTRATE w/ ACETAMINOPHEN ELIXIR 2.5mg-167mg/5ml (generic of Lortab Elixir <sup>®</sup> ) ROXICET ORAL SOLN <sup>®</sup> (5mg Oxycodone-325mg APAP/5ml)	CAPITAL w/CODEINE ORAL SUSP 12mg codeine-120mg APAP/5ml

**ANALGESIC AGENTS: OPIOIDS – Nasal Inhalers**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
BUTORPHANOL TARTRATE NS (generic of Stadol NS <sup>®</sup> )	

**ANALGESIC AGENTS: OPIOIDS – Transmucosal System**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
	FENTANYL CITRATE (generic of Actiq <sup>®</sup> )* FENTORA <sup>®</sup> *

\* Note: Clinical criteria must be met for Actiq<sup>®</sup>, Fentanyl Citrate transmucosal, and Fentora<sup>®</sup> – approvable only for cancer pain.

**BLOOD AGENTS: HEMATOPOIETIC AGENTS**

<b>CLINICAL PA REQUIRED “PREFERRED”</b>	<b>PA REQUIRED “NON-PREFERRED”</b>
ARANESP <sup>®</sup> SYRINGE OR VIAL PROCRT <sup>®</sup>	EPOGEN <sup>®</sup>

**BLOOD AGENTS: HEPARIN-RELATED PREPARATIONS**

<b>NO PA REQUIRED “PREFERRED”</b>	<b>PA REQUIRED</b>
ARIXTRA <sup>®</sup> FRAGMIN <sup>®</sup> SYRINGE FRAGMIN <sup>®</sup> VIAL INNOHEP <sup>®</sup> LOVENOX <sup>®</sup> AMPULE LOVENOX <sup>®</sup> PREFILLED SYRINGE LOVENOX <sup>®</sup> VIAL	

**BLOOD AGENTS: PLATELET AGGREGATION INHIBITORS**

<b>NO PA REQUIRED “PREFERRED”</b>	<b>PA REQUIRED</b>
AGGRENOX <sup>®</sup> CILOSTAZOL (generic of Pletal <sup>®</sup> ) DIPYRIDAMOLE (generic of Persantine <sup>®</sup> ) PLAVIX <sup>®</sup> TICLOPIDINE (generic of Ticlid <sup>®</sup> )	CLOPIDOGREL (generic of Plavix <sup>®</sup> )

**CARDIOVASCULAR AGENTS: ACE INHIBITORS**

<b>NO PA REQUIRED “PREFERRED”</b>	<b>PA REQUIRED</b>
BENAZEPRIL (generic of Lotensin <sup>®</sup> ) CAPTOPRIL (generic of Capoten <sup>®</sup> ) ENALAPRIL (generic of Vasotec <sup>®</sup> ) LISINOPRIL (generic of Zestril <sup>®</sup> , Prinivil <sup>®</sup> )	ACEON <sup>®</sup> ALTACE <sup>®</sup> FOSINOPRIL (generic of Monopril <sup>®</sup> ) MOEXIPRIL (generic of Univasc <sup>®</sup> ) QUINAPRIL (generic of Accupril <sup>®</sup> ) TRANDOLAPRIL (generic of Mavik <sup>®</sup> )

**CARDIOVASCULAR AGENTS: ACE INHIBITORS/CCB Combination**

<b>NO PA REQUIRED “PREFERRED”</b>	<b>PA REQUIRED</b>
LOTREL <sup>®</sup> (Amlodipine and Benazepril) TARKA <sup>®</sup> (Verapamil and Trandolapril)	LEXXEL <sup>®</sup> (Felodipine and Enalapril)

**CARDIOVASCULAR AGENTS: ACE INHIBITORS/DIURETIC Combination**

<b>NO PA REQUIRED “PREFERRED”</b>	<b>PA REQUIRED</b>
BENAZEPRIL/HCTZ (generic of Lotensin HCT <sup>®</sup> ) CAPTOPRIL/HCTZ (generic of Capozide <sup>®</sup> ) ENALAPRIL/HCTZ (generic of Vaseretic <sup>®</sup> ) LISINOPRIL/HCTZ (generic of Zestoretic <sup>®</sup> , Prinzide <sup>®</sup> )	FOSINOPRIL/HCTZ (generic of Monopril HCT <sup>®</sup> ) MOEXIPRIL/HCTZ (generic of Uniretic <sup>®</sup> ) QUINAPRIL/HCTZ (generic of Accuretic <sup>®</sup> )

**CARDIOVASCULAR AGENTS: ALPHA-BETA BLOCKERS**

<b>NO PA REQUIRED “PREFERRED”</b>	<b>PA REQUIRED</b>
COREG <sup>®</sup> COREG CR <sup>™</sup> LABETALOL (generic of Trandate <sup>®</sup> )	

**CARDIOVASCULAR AGENTS: ANGIOTENSIN II RECEPTOR ANTAGONISTS**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
AVAPRO <sup>®</sup> BENICAR <sup>®</sup> COZAAR <sup>®</sup> DIOVAN <sup>®</sup> MICARDIS <sup>®</sup>	ATACAND <sup>®</sup> TEVETEN <sup>®</sup>

**CARDIOVASCULAR AGENTS: ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC Combination**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
AVALIDE <sup>®</sup> BENICAR HCT <sup>®</sup> DIOVAN HCT <sup>®</sup> HYZAAR <sup>®</sup> MICARDIS HCT <sup>®</sup>	ATACAND HCT <sup>®</sup> TEVETEN HCT <sup>®</sup>

**CARDIOVASCULAR AGENTS: ANGIOTENSIN II RECEPTOR ANTAGONISTS/CALCIUM CHANNEL BLOCKER Combination**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
EXFORGE <sup>®</sup> (Amlodipine/Valsartan)	

**CARDIOVASCULAR AGENTS: BETA-BLOCKERS**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
ACEBUTOLOL (generic of Sectral <sup>®</sup> ) ATENOLOL (generic of Tenormin <sup>®</sup> ) BETAXOLOL (generic of Kerlone <sup>®</sup> ) BISOPROLOL FUMARATE (generic of Zebeta <sup>®</sup> ) INDERAL LA <sup>®</sup> METOPROLOL (generic of Lopressor <sup>®</sup> ) NADOLOL (generic of Corgard <sup>®</sup> ) PINDOLOL (generic of Viskin <sup>®</sup> ) PROPRANOLOL (generic of Inderal <sup>®</sup> ) SORINE <sup>®</sup> SOTALOL (generic of Betapace <sup>®</sup> ) SOTALOL AF (generic of Betapace AF <sup>®</sup> ) TIMOLOL (generic of Blocadren <sup>®</sup> ) TOPROL XL <sup>®</sup>	INNOPRAN XL <sup>®</sup> LEVATOL <sup>®</sup> METOPROLOL SUCCINATE (generic of Toprol XL <sup>®</sup> )

**CARDIOVASCULAR AGENTS: BETA-BLOCKERS/DIURETIC COMBINATION**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
ATENOLOL/CHLORTHALIDONE (generic of Tenoretic <sup>®</sup> ) BISOPROLOL/HCTZ (generic of Ziac <sup>®</sup> ) PROPRANOLOL/HCTZ (generic of Inderide <sup>®</sup> )	CORZIDE <sup>®</sup> INDERIDE LA <sup>®</sup> METOPROLOL/HCTZ (generic of Lopressor HCT <sup>®</sup> )

### CARDIOVASCULAR AGENTS: CALCIUM CHANNEL BLOCKERS- DIHYDROPYRIDINE (DHPCCB)

NO PA REQUIRED "PREFERRED"	PA REQUIRED
AFEDITAB CR (generic of Adalat CC <sup>®</sup> ) AMLODIPINE (generic of Norvasc <sup>®</sup> ) DYNACIRC CR <sup>®</sup> FELODIPINE (generic of Plendil <sup>®</sup> ) NICARDIPINE (generic of Cardene <sup>®</sup> ) NIFEDIAC CC (generic of Adalat CC <sup>®</sup> ) NIFEDICAL XL (generic of Procardia XL <sup>®</sup> ) NIFEDIPINE ER (generic of Procardia XL <sup>®</sup> , Adalat CC <sup>®</sup> ) SULAR <sup>®</sup>	CARDENE SR <sup>®</sup> ISRADIPINE (generic of Dynacirc <sup>®</sup> ) NIFEDIPINE IMMEDIATE RELEASE (generic of Procardia <sup>®</sup> ) NIMODIPINE (generic of Nimotop <sup>®</sup> )

### CARDIOVASCULAR AGENTS: CALCIUM CHANNEL BLOCKERS- NON- DIHYDROPYRIDINE (NDHPCCB)

NO PA REQUIRED "PREFERRED"	PA REQUIRED
CARTIA XT (generic of Cardizem CD <sup>®</sup> ) DILTIA XT (generic of Dilacor XR <sup>®</sup> ) DILTIAZEM (generic of Cardizem <sup>®</sup> ) DILTIAZEM ER (generic of Cardizem CD <sup>®</sup> q24h, Dilacor XR <sup>®</sup> q24h) DILTIAZEM SR (generic of Cardizem SR <sup>®</sup> q12h) TAZTIA XT (Generic of Tiazac <sup>®</sup> ) VERAPAMIL (Generic of Calan <sup>®</sup> ) VERAPAMIL SR/ER (Generic of Calan SR <sup>®</sup> , Isoptin SR <sup>®</sup> , Verelan <sup>®</sup> )	CARDIZEM LA <sup>®</sup> COVERA HS <sup>®</sup> VERELAN PM <sup>®</sup>

### CARDIOVASCULAR AGENTS: DIRECT RENIN INHIBITORS\*

STEP THERAPY REQUIRED "PREFERRED"	PA REQUIRED
TEKTURN <sup>®</sup>	

\* Note: Step therapy required for direct renin inhibitors – patient must have a claim for an alternative anti-hypertensive agent within the last 120 days.

### CARDIOVASCULAR AGENTS: HEART FAILURE – NITRATE/VASODILATOR COMBINATION

NO PA REQUIRED "PREFERRED"	PA REQUIRED
	BIDIL <sup>®</sup> (Hydralazine/Isosorbide Dinitrate)

### CARDIOVASCULAR AGENTS: LIPOTROPICS - STATINS

NO PA REQUIRED "PREFERRED"	PA REQUIRED
ADVICOR <sup>®</sup> (Lovastatin and Niacin) CRESTOR <sup>®</sup> LESCOL <sup>®</sup> LESCOL XL <sup>®</sup> LIPITOR <sup>®</sup> LOVASTATIN (generic of Mevacor <sup>®</sup> ) PRAVASTATIN (generic of Pravachol <sup>®</sup> ) SIMVASTATIN (generic of Zocor <sup>®</sup> )	ALTOPREV <sup>®</sup>



**CARDIOVASCULAR AGENTS: LIPOTROPICS - FIBRIC ACID DERIVATIVES**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
GEMFIBROZIL (generic of Lopid®) TRICOR®	ANTARA® FENOFIBRATE LOFIBRA® TRIGLIDE®

**CARDIOVASCULAR AGENTS: LIPOTROPICS - NICOTINIC ACID DERIVATIVES**

NO PA REQUIRED PREFERRED"	PA REQUIRED
NIACIN NIACOR® NIASPAN®	

**CARDIOVASCULAR AGENTS: LIPOTROPICS - OMEGA-3 POLYUNSATURATED FATTY ACIDS**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
	OMACOR®

**CARDIOVASCULAR AGENTS: LIPOTROPICS - SELECTIVE CHOLESTEROL ABSORPTION INHIBITORS**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
ZETIA®	

**CARDIOVASCULAR AGENTS: LIPOTROPICS – STATIN / SELECTIVE CHOLESTEROL ABSORPTION INHIBITOR COMBINATIONS**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
VYTORIN® (Simvastatin/Ezetimibe)	

**CARDIOVASCULAR AGENTS: LIPOTROPIC/HYPERTENSION COMBINATION**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
CADUET® (Amlodipine/Atorvastatin)	

**CNS AGENTS: ALZHEIMER'S AGENTS**

NO PA REQUIRED PREFERRED"	PA REQUIRED
ARICEPT® ARICEPT® ODT COGNEX® EXELON® NAMENDA® RAZADYNE™ RAZADYNE™ ER	

**CNS AGENTS: ANTI-MIGRAINE AGENTS – SEROTONIN 5-HT1 RECEPTOR AGONISTS – “Fast” Onset**

<b>NO PA REQUIRED PREFERRED</b>	<b>PA REQUIRED</b>
AXERT <sup>®</sup> IMITREX <sup>®</sup> INJECTION IMITREX <sup>®</sup> NASAL SPRAY IMITREX <sup>®</sup> TABLETS MAXALT <sup>®</sup> MAXALT-MLT <sup>®</sup> RELPA <sup>®</sup>	ZOMIG <sup>®</sup> ZOMIG <sup>®</sup> NASAL SPRAY ZOMIG ZMT <sup>®</sup>

**CNS AGENTS: ANTI-MIGRAINE AGENTS – SEROTONIN 5-HT1 RECEPTOR AGONISTS - “Slow” Onset**

<b>NO PA REQUIRED “PREFERRED”</b>	<b>PA REQUIRED</b>
AMERGE <sup>®</sup> FROVA <sup>®</sup>	

**CNS AGENTS: ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS – IMMEDIATE RELEASE**

<b>NO PA REQUIRED “PREFERRED”</b>	<b>PA REQUIRED</b>
ADDERALL <sup>®</sup> AMPHETAMINE SALTS (generic of Adderall <sup>®</sup> ) 5mg, 10mg, 20mg, 30mg DESOXYN <sup>®</sup> DEXEDRINE <sup>®</sup> TABLETS* DEXTROAMPHETAMINE (generic of Dexedrine <sup>®</sup> )* DEXTROSTAT <sup>®</sup> * FOCALIN <sup>®</sup> METHYLIN <sup>®</sup> METHYLIN <sup>®</sup> SOLUTION METHYLPHENIDATE (generic of Ritalin <sup>®</sup> ) STRATTERA <sup>®</sup> VYVANSE <sup>™</sup>	AMPHETAMINE SALTS (generic of Adderall <sup>®</sup> ) 7.5mg, 12.5mg, 15mg DEXMETHYLPHENIDATE (generic of Focalin <sup>®</sup> )

**CNS AGENTS: ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS – EXTENDED RELEASE**

<b>NO PA REQUIRED “PREFERRED”</b>	<b>PA REQUIRED</b>
ADDERALL <sup>®</sup> XR CONCERTA <sup>®</sup> D-AMPHET <sup>®</sup> SA* DEXEDRINE <sup>®</sup> SPANSULE* FOCALIN <sup>®</sup> XR METADATE <sup>®</sup> CD METADATE <sup>®</sup> ER METHYLIN <sup>®</sup> ER METHYLPHENIDATE ER (generic of Ritalin SR <sup>®</sup> )	DAYTRANA <sup>®</sup> RITALIN <sup>®</sup> LA

\* Dextroamphetamine products require clinical PA for age 18 and over

**CNS AGENTS: MULTIPLE SCLEROSIS AGENTS**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
AVONEX® BETASERON® COPAXONE® REBIF® TITRATION PACK REBIF® SYRINGE	

**CNS AGENTS: SEDATIVE-HYPNOTICS, NON-BARBITURATE**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
ESTAZOLAM (generic of Prosom®) FLURAZEPAM (generic of Dalmane®) LUNESTA® ROZEREM® TEMAZEPAM (generic of Restoril®) TRIAZOLAM (generic of Halcion®) ZOLPIDEM (generic of Ambien®)	AMBIEN® CR DORAL® RESTORIL® 7.5mg & 22.5mg SONATA®

**CNS AGENTS: SKELETAL MUSCLE RELAXANTS - ORAL**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
BACLOFEN (generic of Lioresal®) CHLORZOXAZONE (generic of Parafon Forte®, Remular-S®) CYCLOBENZAPRINE (generic of Flexeril®) METHOCARBAMOL (generic of Robaxin®, Robomol®) ORPHENADRINE (generic of Norflex®) ORPHENADRINE COMPOUND (generic of Norgesic®) ORPHENADRINE COMPOUND FORTE (generic of Norgesic Forte®) ORPHENGESIC (generic of Norgesic®) ORPHENGESIC FORTE (generic of Norgesic Forte®) TIZANIDINE (generic of Zanaflex®)	AMRIX® CARISOPRODOL (generic of Soma®, Vanadom®) * CARISOPRODOL COMPOUND (generic of Soma Compound®) DANTRIUM® SKELAXIN®

**CNS AGENTS: SMOKING DETERRENTS – NICOTINE REPLACEMENT**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
COMMIT™ lozenge NICODERM® CQ patch NICORETTE® gum NICOTINE GUM (generic of Nicorette®) NICOTROL® INHALER NICOTROL® NASAL SPRAY	NICOTINE PATCHES (generics)

**CNS AGENTS: SMOKING DETERRENTS – NON-NICOTINE PRODUCTS**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
BUPROPION (generic of Zyban®) CHANTIX ZYBAN®	

**ELECTROLYTE DEPLETERS FOR HYPERPHOSPHATEMIA**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
CALCIUM CARBONATE FOSRENOL <sup>®</sup> MAGNEBIND <sup>®</sup> PHOSLO <sup>®</sup> RENAGEL <sup>®</sup>	

**ENDOCRINE AGENTS: DIABETES – AMYLIN ANALOGS**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
SYMLIN <sup>®</sup>	

**ENDOCRINE AGENTS: DIABETES – INCRETIN MIMETICS**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
BYETTA <sup>™</sup>	

**ENDOCRINE AGENTS: DIABETES - INSULINS - Rapid and Short Acting**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
NOVOLIN R <sup>®</sup> NOVOLOG <sup>®</sup>	APIDRA <sup>®</sup> EXUBERA <sup>®</sup> HUMALOG <sup>®</sup> HUMULIN R <sup>®</sup> HUMULIN R 500-U <sup>®</sup> RELION R <sup>®</sup>

**ENDOCRINE AGENTS: DIABETES - INSULINS - Intermediate Acting**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
NOVOLIN N <sup>®</sup> NOVOLIN 70/30 <sup>®</sup> NOVOLOG MIX 70/30 <sup>®</sup>	HUMALOG MIX 75/25 <sup>®</sup> HUMULIN 50/50 <sup>®</sup> HUMULIN N <sup>®</sup> HUMULIN 70/30 <sup>®</sup> RELION 70/30 <sup>®</sup> RELION N <sup>®</sup>

**ENDOCRINE AGENTS: DIABETES - INSULINS - Long Acting**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
LANTUS <sup>®</sup>	LEVEMIR <sup>®</sup>

**ENDOCRINE AGENTS: DIABETES – ORAL HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITORS**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
GLYSET <sup>®</sup> PRECOSE <sup>®</sup>	

**ENDOCRINE AGENTS: DIABETES – ORAL HYPOGLYCEMICS, BIGUANIDES**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
METFORMIN (generic of Glucophage <sup>®</sup> ) METFORMIN ER (generic of Glucophage XR <sup>®</sup> )	FORTAMET <sup>®</sup> GLUMETZA <sup>™</sup> RIOMET <sup>®</sup> 500mg/5ml (Metformin)

**ENDOCRINE AGENTS: DIABETES – ORAL HYPOGLYCEMICS, BIGUANIDES COMBINATION**

NO PA REQUIRED “PREFERRED”	PA REQUIRED
ACTOPLUS MET <sup>®</sup> AVANDAMET <sup>®</sup> GLYBURIDE/METFORMIN (generic of Glucovance <sup>®</sup> ) JANUMET <sup>™</sup>	GLIPIZIDE/METFORMIN (generic of Metaglip <sup>®</sup> )

**ENDOCRINE AGENTS: DIABETES – DIPEPTIDYL PEPTIDASE-4 INHIBITOR**

NO PA REQUIRED “PREFERRED”	PA REQUIRED
JANUVIA <sup>®</sup>	

**ENDOCRINE AGENTS: DIABETES – ORAL HYPOGLYCEMICS, MEGLITINIDES**

NO PA REQUIRED “PREFERRED”	PA REQUIRED
STARLIX <sup>®</sup>	PRANDIN <sup>®</sup>

**ENDOCRINE AGENTS: DIABETES – ORAL HYPOGLYCEMICS, SULFONYLUREAS SECOND GENERATION**

NO PA REQUIRED “PREFERRED”	PA REQUIRED
GLIMEPIRIDE (generic of Amaryl <sup>®</sup> ) GLIPIZIDE (generic of Glucotrol <sup>®</sup> ) GLIPIZIDE ER (generic of Glucotrol XL <sup>®</sup> ) GLYBURIDE (generic of Diabeta <sup>®</sup> , Micronase <sup>®</sup> ) GLYBURIDE MICRONIZED (generic of GlynasePressTabs <sup>®</sup> )	

**ENDOCRINE AGENTS: DIABETES – ORAL HYPOGLYCEMICS, THIAZOLIDINEDIONES**

NO PA REQUIRED “PREFERRED”	PA REQUIRED
ACTOS <sup>®</sup> AVANDIA <sup>®</sup>	

**ENDOCRINE AGENTS: DIABETES – ORAL HYPOGLYCEMICS, THIAZOLIDINEDIONES / SULFONYLUREAS COMBINATION**

NO PA REQUIRED “PREFERRED”	PA REQUIRED
AVANDARYL <sup>®</sup> DUETACT <sup>®</sup>	

**ENDOCRINE AGENTS: OSTEOPOROSIS - BONE OSSIFICATION ENHANCERS - ORAL BISPHOSPHONATES**

NO PA REQUIRED “PREFERRED”	PA REQUIRED
ACTONEL <sup>®</sup> BONIVA <sup>®</sup> DIDRONEL <sup>®</sup> ETIDRONATE (generic of Didronel <sup>®</sup> ) FOSAMAX <sup>®</sup> FOSAMAX <sup>®</sup> ORAL SOLN 70mg/75ml FOSAMAX PLUS D <sup>™</sup>	ACTONEL <sup>®</sup> WITH CALCIUM SKELID <sup>®</sup>

## ENDOCRINE AGENTS: OSTEOPOROSIS - BONE OSSIFICATION ENHANCERS - CALCITONIN-SALMON

NO PA REQUIRED "PREFERRED"	PA REQUIRED
MIACALCIN <sup>®</sup>	FORTICAL <sup>®</sup>

## GASTROINTESTINAL AGENTS: ANTI-EMETIC AGENTS

NO PA REQUIRED "PREFERRED"	PA REQUIRED
EMEND <sup>®</sup> EMEND <sup>®</sup> TRIFOLD ONDANSETRON Tabs (generic of Zofran <sup>®</sup> ) ONDANSETRON ODT (generic of Zofran <sup>®</sup> ) ONDANSETRON Oral Solution (generic of Zofran <sup>®</sup> )	ANZEMET <sup>®</sup> KYTRIL <sup>®</sup> TABS KYTRIL <sup>®</sup> SOLUTION KYTRIL <sup>®</sup> VIAL

## GASTROINTESTINAL AGENTS: CHRONIC CONSTIPATION AGENTS

NO PA REQUIRED "PREFERRED"	PA REQUIRED
AMITIZA <sup>®</sup>	

## GASTROINTESTINAL AGENTS: H2RAs

NO PA REQUIRED "PREFERRED"	PA REQUIRED
CIMETIDINE (generic of Tagamet <sup>®</sup> ) FAMOTIDINE (generic of Pepcid <sup>®</sup> ) RANITIDINE capsules/tablets (generic of Zantac <sup>®</sup> ) ZANTAC SYRUP <sup>®</sup> (No PA required for age 12 or under)	NIZATIDINE (generic of Axid <sup>®</sup> ) RANITIDINE syrup (generic of Zantac <sup>®</sup> ) ZANTAC <sup>®</sup> EFFERVESCENT TABLET ZANTAC SYRUP <sup>®</sup> (PA required for age over 12)

## GASTROINTESTINAL AGENTS: PPIs

NO PA REQUIRED "PREFERRED"	PA REQUIRED
NEXIUM <sup>®</sup> Capsules PREVACID <sup>®</sup> Capsules PREVACID SOLUTAB <sup>®</sup> (No PA required for age 6 or under)	ACIPHEX <sup>®</sup> OMEPRazole (generic of Prilosec <sup>®</sup> ) NEXIUM <sup>®</sup> Packets PREVACID GRANULES <sup>®</sup> PREVACID NAPRA-PAC <sup>®</sup> PREVACID SOLUTAB <sup>®</sup> (PA required for age over 6) PRILOSEC OTC <sup>®</sup> PROTONIX <sup>®</sup> ZEGERID <sup>®</sup> capsules and granules for suspension

## GENITOURINARY AGENTS: BENIGN PROSTATIC HYPERTROPHY AGENTS – ALPHA-1 ADRENERGIC BLOCKERS

NO PA REQUIRED "PREFERRED"	PA REQUIRED
DOXAZOSIN (generic of Cardura <sup>®</sup> ) FLOMAX <sup>®</sup> PRAZOSIN (generic of Minipress <sup>®</sup> ) TERAZOSIN (generic of Hytrin <sup>®</sup> )	CARDURA <sup>®</sup> XL UROXATRAL <sup>®</sup>

## GENITOURINARY AGENTS: BENIGN PROSTATIC HYPERTROPHY AGENTS – 5-ALPHA REDUCTASE INHIBITORS

NO PA REQUIRED “PREFERRED”	PA REQUIRED
AVODART <sup>®</sup> FINASTERIDE (generic of Proscar <sup>®</sup> )	

## GENITOURINARY AGENTS: URINARY ANTISPASMODICS

NO PA REQUIRED “PREFERRED”	PA REQUIRED
DETROL <sup>®</sup> LA ENABLEX <sup>®</sup> FLAVOXATE (generic of Urispas <sup>®</sup> ) OXYBUTYNIN tablets (generic of Ditropan <sup>®</sup> ) OXYBUTYNIN 5mg/5ml syrup (generic of Ditropan <sup>®</sup> ) VESICARE <sup>®</sup>	DETROL <sup>®</sup> OXYBUTYNIN ER (generic of Ditropan <sup>®</sup> XL) OXYTROL <sup>®</sup> SANCTURA <sup>®</sup>

## INFECTIOUS DISEASE AGENTS: CEPHALOSPORINS, FIRST GENERATION – Oral Capsules and Tablets

NO PA REQUIRED “PREFERRED”	PA REQUIRED
CEFADROXIL 500MG (generic of Duricef <sup>®</sup> ) CEPHALEXIN (generic of Keflex <sup>®</sup> )	CEFADROXIL 1 gram (generic of Duricef <sup>®</sup> ) PANIXINE <sup>®</sup> (Cephalexin tablets for oral suspension) VELOSEF <sup>®</sup> (Cephadrine)

## INFECTIOUS DISEASE AGENTS: CEPHALOSPORINS, FIRST GENERATION – Oral Suspensions and Liquids

NO PA REQUIRED “PREFERRED”	PA REQUIRED
CEPHALEXIN SUSPENSION (generic of Keflex <sup>®</sup> Suspension) DURICEF <sup>®</sup> SUSPENSION	VELOSEF <sup>®</sup> SUSPENSION (Cephadrine Suspension)

## INFECTIOUS DISEASE AGENTS: CEPHALOSPORINS, SECOND GENERATION – Oral Capsules and Tablets

NO PA REQUIRED “PREFERRED”	PA REQUIRED
CEFACLOR (generic of Ceclor <sup>®</sup> ) CEFUROXIME (generic of Ceftin <sup>®</sup> )	CEFACLOR ER (generic of Ceclor CD <sup>®</sup> ) CEFPROZIL (generic of Cefzil <sup>®</sup> ) LORABID <sup>®</sup> RANICLOR <sup>®</sup> (Cefaclor chewable tabs)

## INFECTIOUS DISEASE AGENTS: CEPHALOSPORINS, SECOND GENERATION – Oral Suspensions and Liquids

NO PA REQUIRED “PREFERRED”	PA REQUIRED
CEFACLOR SUSPENSION (generic of Ceclor <sup>®</sup> Susp.) CEFTIN <sup>®</sup> SUSPENSION (no PA required for age 12 or under)	CEFTIN <sup>®</sup> SUSPENSION (PA required for age over 12) CEFPROZIL SUSPENSION (generic of Cefzil <sup>®</sup> susp) LORABID <sup>®</sup> SUSPENSION

**INFECTIOUS DISEASE AGENTS: CEPHALOSPORINS, THIRD GENERATION –  
Oral Capsules and Tablets**

<b>NO PA REQUIRED “PREFERRED”</b>	<b>PA REQUIRED</b>
CEDAX <sup>®</sup> OMNICEF <sup>®</sup>	CEFDINIR (generic of Omnicef <sup>®</sup> ) CEFPODOXIME (generic of Vantin <sup>®</sup> ) SPECTRACEF <sup>®</sup> SUPRAX <sup>®</sup>

**INFECTIOUS DISEASE AGENTS: CEPHALOSPORINS, THIRD GENERATION –  
Oral Suspensions and Liquids**

<b>NO PA REQUIRED “PREFERRED”</b>	<b>PA REQUIRED</b>
CEDAX <sup>®</sup> SUSPENSION OMNICEF <sup>®</sup> SUSPENSION	CEFDINIR SUSPENSION (generic of Omnicef <sup>®</sup> ) SUPRAX <sup>®</sup> SUSPENSION VANTIN <sup>®</sup> SUSPENSION

**INFECTIOUS DISEASE AGENTS: MACROLIDES - ORAL**

<b>NO PA REQUIRED “PREFERRED”</b>	<b>PA REQUIRED</b>
AZITHROMYCIN TABLETS AND SUSPENSION (generic of Zithromax <sup>®</sup> ) CLARITHROMYCIN SUSPENSION (generic of Biaxin <sup>®</sup> ) CLARITHROMYCIN TABLETS (generic of Biaxin <sup>®</sup> ) CLAIRITHROMYCIN ER TABLETS (generic of Biaxin XL <sup>®</sup> ) E-MYCIN <sup>®</sup> ERY-TAB <sup>®</sup> ERYPED <sup>®</sup> ERYTHROCIN STEARATE <sup>®</sup> ERYTHROMYCIN BASE ERYTHROMYCIN ESTOLATE ERYTHROMYCIN ETHYLSUCCINATE ERYTHROMYCIN STEARATE ERYTHROMYCIN W/SULFISOXAZOLE ZMAX <sup>™</sup> (Azithromycin E.R) FOR ORAL SUSPENSION	PCE <sup>®</sup>

**INFECTIOUS DISEASE AGENTS: QUINOLONES, SECOND GENERATION - ORAL**

<b>NO PA REQUIRED “PREFERRED”</b>	<b>PA REQUIRED</b>
CIPROFLOXACIN TABS (generic of Cipro <sup>®</sup> ) CIPRO <sup>®</sup> SUSPENSION (no PA required for age 12 or under)	CIPROFLOXACIN ER TABS (generic of Cipro <sup>®</sup> XR) CIPRO <sup>®</sup> SUSPENSION (PA required for age over 12) CIPROFLOXACIN SUSPENSION NOROXIN <sup>®</sup> OFLOXACIN (generic of Floxin <sup>®</sup> ) PROQUIN <sup>®</sup> XR

**INFECTIOUS DISEASE AGENTS: QUINOLONES, THIRD GENERATION - ORAL**

<b>NO PA REQUIRED “PREFERRED”</b>	<b>PA REQUIRED</b>
AVELOX <sup>®</sup> AVELOX ABC PACK <sup>®</sup>	LEVA-PAK <sup>®</sup> LEVAQUIN <sup>®</sup>



**INFECTIOUS DISEASE AGENTS: QUINOLONES, FOURTH GENERATION - ORAL**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
	FACTIVE®

**INFECTIOUS DISEASE AGENTS: ANTIVIRALS - HERPES**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
ACYCLOVIR (generic of Zovirax®) ACYCLOVIR SUSPENSION (generic of Zovirax® 200mg/5ml suspension) VALTREX®	FAMVIR®

**INFECTIOUS DISEASE AGENTS: AGENTS FOR ONYCHOMYCOSIS**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
FULVICIN U/F® GRIFULVIN®V TABLETS GRISEOFULVIN SUSPENSION (generic of GRIFULVIN®V) GRIS-PEG® TERBINAFINE TABLETS (generic of Lamisil®) PENLAC®	SPORANOX® 100mg/10ml oral solution ITRACONAZOLE CAPSULES (generic of Sporanox®)

**INFECTIOUS DISEASE AGENTS: AGENTS FOR SYSTEMIC INFECTIONS**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
DIFLUCAN® SUSPENSION FLUCONAZOLE TABLETS (generic of Diflucan®) KETOCONAZOLE (generic of Nizoral®)	FLUCONAZOLE suspension NOXAFIL® SPORANOX® 100mg/10ml oral solution ITRACONAZOLE CAPSULES (generic of Sporanox®)

**INFECTIOUS DISEASE AGENTS: ANTI-FUNGALS – Topical**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
CLOTRIMAZOLE (generic of Lotrimin®) CLOTRIMAZOLE/BETAMETHASONE (generic of Lotrisone®) FUNGOID® KETOCONAZOLE Cream & Shampoo (generic of Nizoral®) LOPROX® MICONAZOLE MICRO-GUARD® NAFTIN® NYSTATIN (generic of Nystop®, Mycostatin®, Nilstat®) NYSTATIN W/TRIAMCINOLONE (generic of Mytrex®) OXISTAT® PEDI-DRI® TRI-STATIN II® VUSION®	CICLOPIROX (generic of Loprox®) ECONAZOLE (generic of Spectazole®) ERTACZO® EXELDERM® LAMISIL® MENTAX® XOLEGEL™

**INFECTIOUS DISEASE AGENTS: HEPATITIS C - PEGYLATED INTERFERONS**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
PEGASYS® PEGASYS CONV. PACK® PEG-INTRON® PEG-INTRON REDIPEN®	

**HEPATITIS C - RIBAVIRINS**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
REBETOL®	RIBASPHERE® RIBAVIRIN (generic of Rebetol®) COPEGUS®

**OPHTHALMIC AGENTS: ANTIBACTERIAL - QUINOLONES**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
CIPROFLOXACIN (generic of Ciloxan®) VIGAMOX® ZYMAR®	QUIXIN® OFLOXACIN (generic of Ocuflox®)

**OPHTHALMIC AGENTS: ANTIHISTAMINES**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
	EMADINE® LIVOSTIN®

**OPHTHALMIC AGENTS: ANTIHISTAMINE/MAST CELL STABILIZERS**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
ALAWAY® OPTIVAR® PATADAY™ PATANOL® ZADITOR® OTC	ALAMAST® ELESTAT®

**OPHTHALMIC AGENTS: GLAUCOMA AGENTS – BETA BLOCKERS**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
BETAXOLOL (generic of Betoptic®) BETIMOL® CARTEOLOL (Generic of Ocupress®) LEVOBUNOLOL (generic of Betagan®) METIPRANOLOL (generic of Optipranolol®) TIMOLOL SOLUTION (generic of Timoptic®) TIMOLOL GEL SOLUTION (generic of Timoptic-XE®)	ISTALOL™ BETOPTIC®S

**OPHTHALMIC AGENTS: GLAUCOMA AGENTS – PROSTAGLANDIN INHIBITORS**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
TRAVATAN™ TRAVATAN®Z XALATAN®	LUMIGAN™

**OPHTHALMIC AGENTS: GLAUCOMA AGENTS – ALPHA ADRENERGIC AGONISTS/SYMPATHOMIMETICS**

NO PA REQUIRED “PREFERRED”	PA REQUIRED
ALPHAGAN <sup>®</sup> P BRIMONIDINE (generic of Alphagan <sup>®</sup> ) DIPIVEFRIN (generic of Propine <sup>®</sup> )	IOPIDINE <sup>®</sup>

**OPHTHALMIC AGENTS: GLAUCOMA AGENTS – CARBONIC ANHYDRASE INHIBITORS**

NO PA REQUIRED “PREFERRED”	PA REQUIRED
AZOPT <sup>®</sup> TRUSOPT <sup>®</sup>	

**OPHTHALMIC AGENTS: GLAUCOMA AGENTS – COMBINATION BETA BLOCKER AND CARBONIC ANHYDRASE INHIBITORS**

NO PA REQUIRED “PREFERRED”	PA REQUIRED
COSOPT <sup>®</sup> (Dorzolamide/Timolol)	

**RESPIRATORY AGENTS: ANTIHISTAMINES: SECOND GENERATION**

NO PA REQUIRED “PREFERRED”	PA REQUIRED
ALAVERT <sup>®</sup> (OTC generic of Claritin <sup>®</sup> ) LORATADINE TABLETS (generic of Claritin <sup>®</sup> ) LORATADINE SYRUP (generic of Claritin <sup>®</sup> Syrup) LORATADINE RAPID DISS TABLETS (generic of Claritin <sup>®</sup> Reditabs) ZYRTEC <sup>®</sup> CHEWABLE TABLETS (no PA required for age 6 or under) ZYRTEC SYRUP <sup>®</sup> (no PA required for age 6 or under)	ALLEGRA <sup>®</sup> SUSPENSION CLARINEX <sup>®</sup> TABLETS CLARINEX REDI-TABS <sup>®</sup> CLARINEX <sup>®</sup> SYRUP FEXOFENADINE (generic of Allegra <sup>®</sup> ) ZYRTEC <sup>®</sup> TABLETS ZYRTEC <sup>®</sup> CHEWABLE TABLETS (PA required for age over 6) ZYRTEC SYRUP <sup>®</sup> (PA required for age over 6)

**RESPIRATORY AGENTS: ANTIHISTAMINE/DECONGESTANT COMBO: SECOND GENERATION**

NO PA REQUIRED “PREFERRED”	PA REQUIRED
ALAVERT D-12HR <sup>®</sup> (OTC generic of Claritin-D <sup>®</sup> -12HR) LORATADINE-D (generic of Claritin-D <sup>®</sup> -12HR and 24HR)	ALLEGRA-D 12 HOUR <sup>®</sup> ALLEGRA-D 24 HOUR <sup>®</sup> CLARINEX-D 24 HOUR <sup>®</sup> CLARITIN-D 12 HOUR <sup>®</sup> RX/OTC CLARITIN-D 24 HOUR <sup>®</sup> RX/OTC ZYRTEC-D <sup>®</sup>

**RESPIRATORY AGENTS: BETA-ADRENERGIC, SHORT-ACTING Metered Dose Inhalers or Other Devices**

NO PA REQUIRED “PREFERRED”	PA REQUIRED
ALBUTEROL (generic of Proventil <sup>®</sup> , Ventolin <sup>®</sup> ) MAXAIR AUTOHALER <sup>®</sup> PROAIR <sup>®</sup> HFA VENTOLIN HFA <sup>®</sup> XOPENEX HFA <sup>®</sup>	ALUPENT MDI <sup>®</sup> PROVENTIL HFA <sup>®</sup>

**RESPIRATORY AGENTS: BETA-ADRENERGIC, SHORT-ACTING Nebulizers**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
ACCUNEB® (Albuterol – pediatric dosing of premixed nebs) (ages 12 and under only) ALBUTEROL (generic of Proventil®, Ventolin®) 0.083% Premixed nebulizers, 0.5% Concentrated Solution) METAPROTERENOL (generic of Alupent® for Nebulization) XOPENEX®	ACCUNEB® (Albuterol – pediatric dosing of premixed nebs) (above age 12)

**RESPIRATORY AGENTS: BETA-ADRENERGIC, LONG-ACTING Metered Dose Inhalers / DPIs**

STEP THERAPY REQUIRED "PREFERRED"	PA REQUIRED
SEREVENT DISKUS®	FORADIL®

**RESPIRATORY AGENTS: BETA-ADRENERGIC, LONG-ACTING Nebulizer Solution**

STEP THERAPY REQUIRED "PREFERRED"	PA REQUIRED
	BROVANA™

**RESPIRATORY AGENTS: BETA-ADRENERGIC Combinations**

STEP THERAPY REQUIRED "PREFERRED"	PA REQUIRED
ADVAIR DISKUS® and HFA (Salmeterol/Fluticasone) SYMBICORT® (Formoterol/Budesonide)	

**RESPIRATORY AGENTS: COPD ANTICHOLINERGICS**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
ATROVENT® MDI (Ipratropium) ATROVENT HFA® (Ipratropium) COMBIVENT MDI® (Ipratropium/Albuterol) IPRATROPIUM nebulizer solution (generic of Atrovent®) SPIRIVA® (Tiotropium)	DUONEB® nebulizer solution IPRATROPIUM/ALBUTEROL nebulizer solution (generic of Duoneb®)

**RESPIRATORY AGENTS: GLUCOCORTICOIDS – Inhaled**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
AEROBID® AEROBID-M® ASMANEX® AZMACORT® FLOVENT® HFA QVAR®	PULMICORT FLEXHALER®, TURBUHALER®

**RESPIRATORY AGENTS: GLUCOCORTICOIDS – Nebulizers**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
PULMICORT® NEBULIZER SOLUTION	

**RESPIRATORY AGENTS: LEUKOTRIENE RECEPTOR ANTAGONISTS**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
ACCOLATE® SINGULAIR® CHEWABLE TABLETS SINGULAIR® TABLETS SINGULAIR® ORAL GRANULES	ZYFLO®

**RESPIRATORY AGENTS: NASAL PREPARATIONS - GLUCOCORTICOIDS**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
FLONASE® NASONEX® NASACORT® AQ	BECONASE® AQ FLUNISOLIDE (generic of Nasarel®) FLUTICASON (generic of Flonase®) NASAREL™ RHINOCORT® AQ VERAMYST™

**RESPIRATORY AGENTS: NASAL PREPARATIONS - ANTIHISTAMINES**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
ASTELIN®	

**RESPIRATORY AGENTS: NASAL PREPARATIONS - ANTICHOLINERGICS**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
IPRATROPIUM (generic of Atrovent®)	

**TOPICAL IMMUNOMODULATORS**

NO PA REQUIRED "PREFERRED"	PA REQUIRED
ELIDEL®* PROTOPIC®*	

\* Elidel® & Protopic® have age restriction of 2 yrs or older