Department of Human Services
Rhode Island Medical Assistance Provider Services
Preferred Drug List (PDL)

Updated: May 4, 2009

Alzheimer's Agents
- Cholinesterase Inhibitors
- NMDA Receptor Antagonist

Androgenic Agents

Angiotensin Modulators
- Ace Inhibitors
- Ace Inhibitor/Diuretic Combo
- Angiotensin Receptor Blocker
- Angiotensin II Receptor Blocker/Diuretic Combo
- Renin Inhibitor
- Renin Inhibitor/Diuretic Combo

Angiotensin Modulator/Calcium Channel Blocker Combinations
- Ace Inhibitor/Calcium Channel Blocker Combo
- Angiotensin II Receptor Blocker/CCB Combo

Anticoagulants, Injectable

Anticonvulsants
- Carbamazepine Derivatives
- First Generation
- Second Generation

Antidepressants, Other

Antidepressants, SSRI

Antiemetics
- Serotonin Antagonists
- NKI1 Receptor Antagonist

Antifungals, Onychomycosis

Antihistamines, Minimally Sedating
- Antihistamines
- Antihistamine/Decongestant Combo

Antimigraine Agents
- Triptans

Antiparkinsons's Agents
- Dopamine Receptor Agonists

Antipsychotics, Atypical

Antivirals
- Herpes

Beta Blockers

Bladder Relaxants

Bone Resorption Suppression and Related Agents
- Bisphosphonates
- Other Related Agents

BPH Agents
- Alpha Blockers, Selective
- 5-Alpha Reductase Inhibitors

Bronchodilators
- Anticholinergic
- Beta Agonist
  - Inhalers, Long-Acting
  - Inhalers, Short-Acting
  - Nebulizers, Long-Acting
  - Nebulizers, Short-Acting

Calcium Channel Blockers
- Dihydropyridines
- Non-Dihydropyridines

Cephalosporins
- Second Generation
- Third Generation

Cytokine&CAM Antagonists

Endothelin Receptor Antagonists

Erythropoiesis Stimulating Proteins

Fluoroquinolones

Glucocorticoids, Inhaled
- Glucocorticoids
- Glucocorticoid/Beta-Agonist

Growth Hormones

Hepatitis C Agents
- Pegylated Interferons
- Ribavirins

Hypoglycemics
- Alpha-Glucosidase Inhibitors
- Incretin Mimetics/Enhancers
  - Amylin Analogs
  - DPP-IV Inhibitors
  - GLP-1 Receptor Agonists
- Insulins
  - Insulins, Long-Acting
  - Insulins, Short-Acting
- Meglitinides
- Metformins
- Metformins Combo
- Sulfonylureas
- TZDS
  - TZDS
  - TZD/Metformin Combo
  - TZD/Sulfonylurea Combo

Intranasal Rhinitis

Leukotriene Modifiers

Lipotropics, Other
- Bile Acid Resins
- Cholesterol Adsorption Inhibitors
- Fibric Acid Derivatives
- Niacins
- Omega-3 Fatty Acids

Lipotropics, Statins

Statins

Statin Combo

Macrolides/Ketolides

Multiple Sclerosis

Narcotic Analgesics, Long-Acting

Nsaids, Selective

Ophthalmics

Allergic Conjunctivitis

Fluoroquinolones

Glaucoma

Alpha-2 Adrenergic Agonists

Beta Blockers

Carbonic Anhydrase Inhibitors

Prostaglandin Agonists

Nsaids

Otic Fluoroquinolones

Phosphate Binders

Platelet Inhibitors

Proton Pump Inhibitors

Sedative Hypnotics

Stimulants and Related Agents

Topical Acne

Benzoyl Peroxide/Clindamycin

Retinoids

Topical Immunomodulators

Topical Antivirals

Topical Psoriasis

Ulcerative Colitis

Oral

Topical

Rhode Island Medical Assistance Preferred Drug Program
Contact Information

Heritage

Prescriber Call Center

PA Requests

Telephone: 1-866-420-3874

Fax: 1-800-390-0109

Note: Fax requests are responded to within 24 hours.

RI Medical Assistance Medical Staff

Medical Director

Dr Raymond Maxim

Telephone: 1-401-462-0282

RI Medical Assistance Pharmacy Staff

Pharmacy Director

Paula Avarista, RPh, MBA

Telephone: 1-401-462-6390

Fax: 1-401-462-6336

Pharmacy Call Center

EDS, an HP Company

Customer Service Help Desk

Telephone: 1- 401-784-8100

Toll Free: 1-800-964-6211

Alzheimer's Agents

Length of Authorization: 1 Year

Status Implementation: 1/15/08

Most Current Review Date: 1/05/09

No PA Required

Cholinesterase Inhibitors

Aricept/ODT

Exelon Capsules

Exelon Patch

NMDA Receptor Antagonist

Namenda Tablets

PA Required

Cholinesterase Inhibitors

galantamine

galantamine ER

Cognex

Exelon Solution

Razadyne

Razadyne ER

NMDA Receptor Antagonist

Namenda Solution

Androgenic Agents

Length of Authorization: 1 Year

Status Implementation: 10/15/08

Most Current Review Date:10/15/08

No PA Required

Androgenic Agents

Androderm

Androgel

PA Required

Androgenic Agents

Testim

Return to Index

Angiotensin Modulators

Length of Authorization: 1 Year

Status Implementation: *1/15/07*

Most Current Review Date: *1/05/09*

No PA Required

Ace Inhibitors

benazepril

captopril

enalapril

lisinopril

Ace Inhibitor/Diurectic

benazepril/HCTZ

captopril/HCTZ

enalapril/HCTZ

lisinopril/HCTZ

quinapril/HCTZ

PA Required

Ace Inhibitors

fosinopril

moexipril

quinapril

trandolapril

ramipril

Accupril

Aceon

Altace

Capoten

Lotension

Mavik

Monopril

Prinivil

Univasc

Vasotec

Zestril

Ace Inhibitor/Diurectic

fosinopril/HCTZ

moexipril/HCTZ

Accuretic

Capozide

Lotensin HCT

Monopril HCT

Prinzide

Quinaretic

Uniretic

Vaseretic

Zestoretic

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No PA Required

Angiotensin Receptor Blockers

Benicar

Cozaar

Diovan

Micardis

Angiotensin II Receptor Blocker/Diuretic

Benicar HCT

Hyzaar

Diovan HCT

Micardis HCT

Renin Inhibitor

Tekturna (step-edit for failure of ARB)

Renin Inhibitor/Diuretic

Tekturna HCT (step-edit for failure of ARB)

PA Required

Angiotensin Receptor Blockers

Atacand

Avapro

Teveten

Angiotensin II Receptor Blocker/Diuretic

Atacand HCT

Avalide

Teveten HCT

Angiotensin Modulators/Calcium Channel Blocker Combinations:

Authorization: 1 Year

Status Implementation: 1/15/07

Most Current Review Date: 1/05/09

No PA Required

Ace Inhibitor/Calcium Channel Blocker Combo

Lotrel

No PA Required

Angiotensin II Receptor Blocker/Calcium Channel Blocker Combo

Exforge

PA Required

Ace Inhibitor/Calcium Channel Blocker Combo

amlodipine/benazepril

Tarka

PA Required

Angiotensin II Receptor Blocker/Calcium Channel Blocker Combo

Azor

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Anticoagulants, Injectable

Length of Authorization: 1 Year

Status Implementation: 1/15/08

Most Current Review Date: 1/05/09

No PA Required

Anticoagulants, Injectable

Arixtra

Fragmin

Lovenox

PA Required

Anticoagulants, Injectable

Innohep

Anticonvulsants

Length of Authorization: 1 Year

Status Implementation: 1/15/08

Most Current Review Date: 1/05/09

No PA Required

Carbamazepine Derivatives

carbamazepine

oxcarbazepine

Carbatrol

Epitol

Tegretol XR

First Generation

divalproex / sprinkles [NR]

ethosuximide

mephobarbital

phenytoin

primidone

valproic acid

Depakene Syrup

Depakote ER

Depakote Sprinkle

Dilantin chewable tablets

Mebaral

Phenytek

Carbamazepine Derivatives

Equetro

Tegretol

Trileptal

First Generation

divalproex ER [NR]

Celontin

Depakene capsules

Depakote

Dilantin capsules/suspension

Felbatol

Mysoline

Peganone

Stavzor

Zarontin

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No PA Required	*PA Required*
Second Generation	**Second Generation**
gabapentin	lamotrigine
lamotrigine ODT	levetiracetam
zonisamide	Banzel NR
Gabitril	Gabarone
Keppra	Keppra XR
Lamictal/ODT	Neurontin
Lyrica	Vimpat NR
Topamax/Sprinkle	Zonegran

Antidepressants

Length of Authorization: 1 Year

Status Implementation: 1/15/08

Most Current Review Date: 1/05/09

No PA Required	*PA Required*
Other	**Other**
bupropion/SR	budeprion XL
mirtazapine/ODT	bupropion XL
nefazodone	maprotiline
trazodone	Aplenzin NR
velafaxine	Cymbalta
Effexor XR	Desyrel
Wellbutrin XL	Effoxor
	Pristiq
SSRI	Remeron/ODT
citalopram	Savella NR
fluoxetine	Serzone
paroxetine	Venlafaxine XR
sertraline	Wellbutrin/SR
	SSRI
	paroxetine ER
	Celexa
	Lexapro (step-edit for failure of citalopram)
	Luvox CR
	Paxil/CR
	Pexeva
	Prozac/Weekly
	Sarafem
	Selfemra
	Zoloft

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Antiemetics

Length of Authorization: 1 Year

Status Implementation: *1/15/08*

Most Current Review Date: *1/05/09*

No PA Required

Serotonin Antagonists

ondansetron/ODT

NK1 Receptor Antagonist

Emend

PA Required

Serotonin Antagonists

granisetron

Anzemet

Kytril

Sancuso

Zofran/ODT

NK1 Receptor Antagonist

n/a

Antifungals, Onychomycosis

Length of Authorization: 1 Year

Status Implementation: *7/1/07*

Most Current Review Date: *7/1/08*

No PA Required

Onychomycosis

griseofulvin suspension

terbinafine

Grifulvin V Tablets

Gris-Peg

PA Required

Onychomycosis

ciclopirox solution

itraconazole

CNL-8

Grifulvin V suspension

Lamisil/granules

Penlac

Sporanox

Antihistamines, Minimally Sedating

Length of Authorization: 1 Year

Status Implementation: *7/1/07*

Most Current Review Date: *7/1/08*

No PA Required

Antihistamines

cetirizine OTC (tab, syrup)

loratadine OTC

Return to Index

PA Required

Antihistamines

fexofenadine

Allegra/ODT

Clarines

Claritin

Xyzal

Zyrtec RX/OTC

No PA Required	***PA Required***
Antihistamine/Decongestant Combinations	**Antihistamine/Decongestant Combinations**
cetirizine-D OTC	cetirizine-D OTC (chew)
loratadine OTC	Allegra-D
	Clarinex-D
	Claritin-D
	Semprex-D
	Zyrtec-D RX/OTC

Antimigraine Agents

Length of Authorization: 1 Year

Status Implementation: 7/1/07

Most Current Review Date: 7/1/08

No PA Required	***PA Required***
Triptans	**Triptans**
sumatriptan NR (oral, nasal, subcutaneous)	Amerge
Imitrex (oral, nasal, subcutaneous)	Axert
Maxalt (oral, MLT)	Frova
Relpax	Treximet
	Zomig (oral, nasal, ZMT)

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Antiparkinson's Agents

Length of Authorization: 1 Year

Status Implementation: *1/15/08*

Most Current Review Date: *1/05/09*

No PA Required

Dopamine Receptor Agonists

ropinirole

Mirapex

PA Required

Dopamine Receptor Agonists

Requip/XL

Antipsychotics

Length of Authorization: 1 Year

Status Implementation: *10/15/08*

Most Current Review Date: *10/15/08*

No PA Required

Atypical

clozapine

Fazaclo

Geodon

Risperdal

Seroquel/XR

PA Required

Atypical

risperidone

Abilify

Clozaril

Invega

Zyprexa

Antivirals

Length of Authorization: 1 Year

Status Implementation: *10/15/07*

Most Current Review Date: *10/15/08*

No PA Required

Herpes

acyclovir

Famvir

Valtrex

PA Required

Herpes

famciclovir

Zovirax

Return to Index

Beta Blockers

Length of Authorization: 1 Year

Status Implementation: *1/15/07*

Most Current Review Date: *1/05/09*

No PA Required

Beta Blockers

acebutolol
atenolol
betaxolol
bisoprolol
carvedilol
labetolol
metoprolol tartrate / succinate (XL)
nadalol
pindolol
propranolol tab / solution
sorine
sotalol
timolol

PA Required

Beta Blockers

Betapace/AF
Blocadren
Bystolic
Carttol
Corge/CR
Corgard
Inderal LA
Innopran XL
Kerlone
Levatol
Lopressor
Normodyne
Sectral
Tenormin
Toprol XL
Trandate
Zebeta

Bladder Relaxants

Length of Authorization: 1 Year

Status Implementation: *10/15/07*

Most Current Review Date: *10/15/08*

No PA Required

Bladder Relaxants

oxybutynin IR
Detrol LA
Enablex
Sanctura/XR
Vesicare

PA Required

Bladder Relaxants

oxybutynin ER
Detrol
Ditropan/XL
Gelnique NR
Oxytrol
Toviaz NR

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Bone Resorption Suppression and Related Agents

Length of Authorization: 1 Year

Status Implementation: *5/1/07*

Most Current Review Date: *5/4/09*

No Pa Required

Bisphosphonates

Fosamax solution

alendronate

Other Related Agents

Miacalcin

PA Required

Bisphosphonates

etidronate

Actonel/with Calcium

Boniva

Didronel

Fosamax/Plus D

Other Related Agents

calcitonin salmon NR

Forteo (history of Bisphosphonates in 12 Months)

Fortical

BPH Agents

Length of Authorization: 1 Year

Status Implementation: *10/15/07*

Most Current Review Date: *10/15/08*

No PA Required

Alpha Blockers, Selective

Flomax

Uroxatral

5-Alpha Reductase Inhibitors

finasteride

Avodart

PA Required

Alpha Blockers, Selective

Rapaflo NR

5-Alpha Reductase Inhibitors

Proscar

Bronchodilators

Length of Authorization: 1 Year

Status Implementation: *7/1/07*

Most Current Review Date: *7/1/08*

No PA Required

Anticholinergic

ipratropium nebulizer solution

Atrovent/HFA

Combivent

Spiriva

PA Required

Anticholinergic

albuterol/ipratropium nebulizer solution

Atrovent nebulizer solution

Duoneb

Return to Index

No PA Required

Beta Agonist Inhalers, Long-Acting

Foradil

Serevent

Beta Agonist Inhalers, Short-Acting

albuterol inhaler

Maxair

Ventolin HFA

Beta Agonist Nebulizers, Long-Acting

n/a

Beta Agonist Nebulizers, Short-Acting

albuterol nebulizer solution

PA Required

Beta Agonist Inhalers, Long-Acting

n/a

Beta Agonist Inhalers, Short-Acting

Alupent

ProAir HFA

Proventil/HFA

Ventolin

Xopenex HFA

Beta Agonist Nebulizers, Long-Acting

Brovana (step-edit for failure of long acting inhaler and corticoid steroid)

Perforomist (step-edit for failure of long acting inhaler and corticoid steroid)

Beta Agonist Nebulizers, Short-Acting

albuterol nebulizer solution low-dose (Accuneb)

metaproterenol nebulizer solution

Accuneb

Xopenex

Calcium Channel Blockers

Length of Authorization: 1 Year

Status Implementation: *1/15/07*

Most Current Review Date: *1/05/09*

No PA Required

Dihydropyridines

amlodipine

felodipine

nicardipine

nifedipine/ER/SA

Afeditab CR

Dynacirc CR

Nifediac CC

Nifedical XL

Non-Dihydropyridines

diltiazem/ER/XR

verapamil

Cartia XT

Dilt-CD

Taztia XT

Return to Index

PA Required

Dihydropyridines

isradipine

nisoldipine

Adalat CC

Cardene/SR

Norvasc

Plendil

Procardia/XL

Sular

Non-Dihydropyridines

verapamil ER/ER PM

Calan/SR

Cardizem/CD/LA/SR

Covera – HS

Dilacor XR

Diltia XT

Isoptin/SR

Tiazac

Verelan/PM

Cephalosporins

Length of Authorization: 1 Year

Status Implementation: *7/1/07*

Most Current Review Date: *7/1/08*

No PA Required

Second Generation

cefaclor capsule, suspension

cefuroxime tablet

Cefzil suspension

Third Generation

cefpodoxime tablet

Omnicef capsule, suspension

Suprax suspension

PA Required

Second Generation

cefprozil tablet, suspension

Ceclor/CD capsule, tablet, suspension

Ceftin tablet, suspension

Cefzil tablet

Raniclor

Third Generation

cefdinir capsule, suspension

cefpodoxime suspension

Cedax capsule, suspension

Spectracef

Vantin tablet, suspension

Cytokine & CAM Antagonists

Length of Authorization: 1 Year

Status Implementation: *10/15/07*

Most Current Review Date: *10/15/08*

No PA Required

Cytokine & CAM Antagonist

Enbrel

Humira

PA Required

Cytokine & CAM Antagonist

Cimzia

Kineret

Endothelin Receptor Antagonists

Length of Authorization: 1 Year

Clinical PA Required for age 21 and over

Status Implementation: *1/05/09*

Most Current Review Date: *1/05/09*

No PA Required

Endothelin Receptor Antagonist

Tracleer

PA Required

Endothelin Receptor Antagonist

Letairis

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Erythropoiesis Stimulating Proteins

Length of Authorization: 1 Year

Status Implementation: *10/15/07*

Most Current Review Date: *10/15/08*

No PA Required	***PA Required***
Erythropoiesis Stimulating Proteins	**Erythropoiesis Stimulating Proteins**
Aranesp	Epogen
Procrit	

Fluoroquinolones

Length of Authorization: 1 Year

Status Implementation: *7/1/07*

Most Current Review Date: *7/1/08*

No PA Required	***PA Required***
Fluoroquinolones	**Fluoroquinolones**
ciproflosacin IR	ciprofloxacin ER
ofloxacin	Cipro tablet
Avelox	Cipro XR
Cipro suspensión	Factive
	Floxin
	Levaquin
	Noroxin
	Proquin XR

Glucocorticoids, Inhaled

Length of Authorization: 1 Year

Status Implementation: *7/1/07*

Most Current Review Date: *7/1/08*

No PA Required	***PA Required***
Glucocorticoids	**Glucocorticoids**
Asmanex	Aerobid / -M
Azmacort	Alvesco
Flovent/HFA	Pulmicort turbuhaler / Flexhaler
QVAR	
Glucocorticoid/Beta-Agonist Combo	**Glucocorticoid/Beta-Agonist Combo**
Advair/HFA	Symbicort

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Growth Hormone

Length of Authorization: 1 Year

Clinical PA Required for age 21 and over

Status Implementation: *5/15/08*

Most Current Review Date: *5/15/08*

No PA Required

Growth Hormone

Genotropin

Nutropin

Nutropin AQ

Saizen

PA Required

Growth Hormone

Humatrope

Norditropin

Omnitrope

Serostim

Tev-Tropin

Zorbtive

Hepatitis C Agents

Length of Authorization: 1 Year

Status Implementation: *10/15/07*

Most Current Review Date: *10/15/08*

Pegylated Interferons

Peg-Intron

Pegasys

Ribavirins

ribavirin

Ribapak

PA Required

Pegylated Interferons

n/a

Ribavirins

Copegus

Rebetol

Ribasphere

Ribatab

Hypoglycemics

Length of Authorization: 1 Year

Status Implementation: *5/1/07*

Most Current Review Date: *5/4/09*

No PA Required

Alpha-Glucosidase Inhibitors

Glyset

Precose

Incretin Mimetics/Enhancers

Amylin Analogs

PA Required

Alpha-Glucosidase Inhibitors

acarbose

Incretin Mimetics/Enhancers

Amylin Analogs

Symlin/pen (History of use of mealtime Insulin)

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No PA Required

Incretin Mimetics/Enhancers

DPP-IV Inhibitors

n/a

GLP-1 Receptor Agonists

n/a

Insulins, Long-Acting

Lantus vial

Levemir vial

Insulins, Short-Acting

Apidra

Humulin vial

Humalog

Humalog Mix vial

Novolin vial

Novolog

Novolog Mix vial

Meglitinides

Prandin

Starlix

Metformins

metformin /ER

Metformins Combinations

glipizide / metformin

glyburide / metformin

Sulfonylureas

glimepiride

glipizide / ER

glyburide / micronized

TZD

TZDs

Actos

Avandia

TZD/Metformin Combinations

Actoplus Met

Avandamet

TZD/Sulfonylurea Combinations

Avandaryl

Duetact

PA Required

Incretin Mimetics/Enhancers

DPP-IV Inhibitors

Januvia (History of use of Metformin or TZD)

Janumet

GLP-1 Receptor Agonists

Byetta (History of use of Metformin & TZD)

Insulins, Long-Acting

Lantus solostar, cartridge

Levemir pen

Insulins, Short-Acting

Humalog Mix pen

Humulin cartridge/pen

Novolin cartridge/pen

Novolog Mix cartridge/pen

Meglitinides

Prandimet

Metformins

Fortamet

Glucophage / XR

Glumetza

Riomet

Metformins Combinations

Metaglip

Glucovance

Prandimet

Sulfonylureas

Amaryl

Diabeta

Glucotrol / XL

Glynase

Micronase

TZD

TZDs

n/a

TZD/Metformin Combinations

n/a

TZD/Sulfonylurea Combinations

n/a

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Intranasal Rhinitis

Length of Authorization: 1 Year

Status Implementation: *7/1/07*

Most Current Review Date: *7/1/08*

No PA Required	***PA Required***
Intranasal Rhinitis	**Intranasal Rhinitis**
Flonase	flunisolide
Nasacort AQ	fluticasone
Nasonex	Beconase AQ
	Nasarel
	Omnaris
	Patanase
	Rhinocort Aqua
	Veramyst

Leukotriene Modifiers

Length of Authorization: 1 Year

Status Implementation: *7/1/07*

Most Current Review Date: *7/1/08*

No PA Required	***PA Required***
Leukotriene Modifiers	**Leukotriene Modifiers**
Accolate	Zyflo / CR
Singulair	

Lipotropics, Other

Length of Authorization: 1 Year

Status Implementation: *5/1/07*

Most Current Review Date: *5/4/09*

No PA Required	***PA Required***
Bile Acid Resins	**Bile Acid Resins**
cholestyramine	colestipol granules / packet
colestipol tablet	Colestid Granules / packet
Colestid tablet	Prevalite
Welchol	Questran
Cholesterol Absorption Inhibitors	**Cholesterol Absorption Inhibitors**
n/a	Zetia

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No PA Required	PA Required
Fibric Acid Derivatives	**Fibric Acid Derivatives**
gemfibrozil	fenofibrate
Tricor	Antara
Trilipix	Fenoglide
Niacins	Lipofen
Niaspan	Lopid
Omega-3 Fatty Acids	Triglide
n/a	**Niacins**
	n/a
	Omega-3 Fatty Acids
	Lovaza/Omacor

Lipotropics, Statins

Length of Authorization: 1 Year

Status Implementation: 5/1/07

Most Current Review Date: 5/15/08

No PA Required	PA Required
Statins	**Statins**
lovastatin	Altoprev
pravastatin	Lipitor (failure on Crestor)
simvastatin	Mevacor
Crestor (step edit after simvastatin)	Pravachol
Lescol / XL	Zocor
Statin Combinations	**Statin Combinations**
Advicor	Caduet
Simcor	Vytorin

Macrolides/Ketolides

Length of Authorization: 1 Year

Status Implementation: 7/1/07

Most Current Review Date: 7/1/08

No PA Required	PA Required
Macrolides/Ketolides	**Macrolides/Ketolides**
azithromycin suspension, tablet	azithromycin packet
clarithromycin suspension, tablet	clarithromycin ER
Biaxin XL	Biaxin suspension, tablet
	Ketek
	Zithromax
	Zmax

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Multiple Sclerosis

Length of Authorization: 1 Year

Status Implementation: 5/15/08

Most Current Review Date: 5/15/08

No PA Required	***PA Required***
Multiple Sclerosis	**Multiple Sclerosis**
Avonex	n/a
Betaseron	
Copaxone	
Rebif	

Narcotic Analgesics, Long-Acting

Length of Authorization: 1 Year

Status Implementation: 7/1/07

Most Current Review Date: 7/1/08

No PA Required	***PA Required***
Narcotic Analgesics, Long-Acting	**Narcotic Analgesics, Long-Acting**
morphine ER	fentanyl transdermal
Duragesic	oxycondone ER
Kadian	Avinza
Oramorph SR	MS Contin
	Opana ER
	OxyContin

NSAIDS, Selective

Length of Authorization: 1 Year

Status Implementation: 10/15/07

Most Current Review Date: 10/15/08

No PA Required	***PA Required***
NSAIDS, Selective	**NSAIDS, Selective**
meloxicam	Mobic
Celebrex	

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Ophthalmics

Length of Authorization: 1 Year

Status Implementation: 10/15/07

Most Current Review Date: 10/15/08

No PA Required

Allergic Conjunctivitis

cromolyn

Pataday

Patanol

Fluoroquinolones

ciprofloxacin solution

ofloxacin

Vigamox

Glaucoma

Alpha-2 Adrenergic Agonists

brimonidine

Alphagan P

Beta Blockers

betaxolol

levobunolol

timolol / XE

Betoptic S

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PA Required

Allergic Conjunctivitis

ketotifen

Alamast

Alaway OTC

Alocril

Alomide

Crolom

Elestat

Emadine

Optivar

Zaditor OTC

Fluoroquinolones

Ciloxan Solution, Ointment

Iquix

Ocuflox

Quixin

Zymar

Glaucoma

Alpha-2 Adrenergic Agonists

Alphagan

Iopidine

Beta Blockers

betimol

carteolol

metipranolol

Akbeta

Betagan

Betoptic

Combigan

Istalol

Ocupress

Optipranolol

Timoptic /XE

No PA Required	PA Required
Glaucoma continued	**Glaucoma continued**
Carbonic Anhydrase Inhibitors	***Carbonic Anhydrase Inhibitors***
Azopt	dorzolamide NR
Cosopt	dorzolamide/timolol NR
Trusopt	
Prostaglandin Agonists	***Prostaglandin Agonists***
Travatan / Z	Lumigan
Xalatan	**NSAIDS**
NSAIDS	Nevanac
Acular	Voltaren
Acular LS	
Acular PF	
Xibrom	

Otic Fluoroquinolones

Length of Authorization: 1 Year

Status Implementation: 10/15/07

Most Current Review Date: 10/15/08

No PA Required	PA Required
Otic Fluoroquinolones	**Otic Fluoroquinolones**
Ciprodex	ofloxacin
Floxin Otic	Cipro HC

Phosphate Binders

Length of Authorization: 1 Year

Status Implementation: 10/15/07

Most Current Review Date: 10/15/08

No PA Required	PA Required
Phosphate Binders	**Phosphate Binders**
Fosrenol	calcium acetate NR
PhosLo	Eliphos NR
Renagel	

Platelet Inhibitors

Length of Authorization: 1 Year

Status Implementation: 1/5/09

Most Current Review Date: 1/5/09

No PA Required	PA Required
Platelet Inhibitors	**Platelet Inhibitors**
dipyridamole	Persantine
ticlopidine	Ticlid
Aggrenox	Return to Index
Plavix	

Proton Pump Inhibitors

Length of Authorization: 1 Year

Status Implementation: *5/1/07*

Most Current Review Date: *5/4/09*

No PA Required	***PA Required***
Proton Pump Inhibitors	**Proton Pump Inhibitors**
Nexium capsules	omeprazole / OTC
Prevacid capsules	pantoprazole
	Aciphex
	Kapidex
	Nexium suspension
	Prevacid solutabs, suspension
	Prilosec
	Prilosec OTC
	Protonix
	Zegerid

Sedative Hypnotics

Length of Authorization: 1 Year

Status Implementation: *7/1/07*

Most Current Review Date: *7/1/08*

No PA Required	***PA Required***
Sedative Hypnotics	**Sedative Hypnotics**
estazolam	chloral hydrate
temazepam	flurazepam
triazolam	zaleplon
zolpiden	Ambien / CR
	Dalmane
	Doral
	Halcion
	Lunesta
	Prosom
	Restoril
	Rozerem
	Somnote
	Sonata

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Stimulants and Related Agents

Length of Authorization: 1 Year

Clinical PA Required for age 21 and over

Status Implementation: *1/15/08*

Most Current Review Date: *1/5/09*

No PA Required

Stimulants and Related Agents

amphetamine salt combo

dexmethylphenidate

dextroamphetamine

methylphenidate IR / ER

Adderall XR

Concerta

Dextrostat

Focalin XR

Metadate CD / ER

Methylin / ER / chew / solution

Ritalin LA

Strattera

PA Required

Stimulants and Related Agents

dextroamphetamine/amphetamine ER NR

methamphetamine

Adderall

Daytrana

Desoxyn

Focalin

Procentra NR

Ritalin / SR

Vyvanse

Topical Acne

Length of Authorization: 1 Year

Status Implementation: *5/15/08*

Most Current Review Date: *5/15/08*

No PA Required

Benzoyl Peroxide/Clindamycin Combo

Duac CS (History of use of single acne agent)

Retinoids

tretinoin

Differin

Tazorac

PA Required

Benzoyl Peroxide/Clindamycin Combo

Acanya NR

Benzaclin (History of use of single acne agent)

Retinoids

Atralin

Epiduo (Step-edit for failure of single agent)

Retin-A

Retin-A Micro

Ziana NR

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Topical Immunomodulators

Length of Authorization: 1 Year

Status Implementation: *10/15/07*

Most Current Review Date: *10/15/08*

No PA Required

Topical Immunomodulators

Elidel

Protopic

(Must have tried at least one topical anti-inflammatory steroid in the last three months)

PA Required

Topical Immunomodulators

n/a

Topical Antivirals

Length of Authorization: 1 Year

Status Implementation: *10/15/08*

Most Current Review Date: *10/15/08*

No PA Required

Topical Antivirals

Denavir

Zoviraz ointment

PA Required

Topical Antivirals

Zovirax cream

Topical Psoriasis

Length of Authorization: 1 Year

Status Implementation: *5/4/09*

Most Current Review Date: *5/4/09*

No PA Required

Topical Psoriasis

calcipotriene scalp

Dovonex cream

Psoriatec

PA Required

Topical Psoriasis

Dovonex solution

Taclonex Scalp

Taclonex

Vectical

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Ulcerative Colitis

Length of Authorization: 1 Year

Status Implementation: *7/1/08*

Most Current Review Date: *7/1/08*

No PA Required	***PA Required***
Oral	**Oral**
sulfasalazine	Balsalazide
Asacol	Apriso [NR]
Colazal	Azulfidine
Pentasa	Dipentum
Topical	Lialda
mesalamine enema	**Topical**
Canasa suppository	Rowasa
	SF Rowasa [NR]

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[NR] indicates that a product has not been reviewed by the P&T Committee, but DHS policy states that new products may be considered non-preferred until reviewed by the Committee.