

**PDL Comparison of Select Therapeutic Classes
OPEN (No Restrictions on Access)**

Categories	Drug Class Name/Description	Fee For Service		MHS		Anthem		MDwise	
		Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description
Allergy/Cold	ACETYLCYSTEINE	All Drugs Covered	N/A	acetylcysteine	N/A	acetylcysteine	N/A	acetylcysteine	N/A
	EXPECTORANTS	All Drugs Covered	N/A	guaifenesin (OTC & RX products), guaifenesin dm (OTC & RX products)	N/A	guaifenesin (OTC & RX products), guaifenesin dm (OTC & RX products)	N/A	guaifenesin, guaifenesin dm	N/A
	ANTITUSSIVES, NON-NARCOTIC	All Drugs Covered	N/A	benzonatate, dextromethorphan, generics, and OTC products	N/A	benzonatate, dextromethorphan (generic OTC products)	N/A	benzonatate, generic Rx and OTC dextromethorphan combinations w/promethazine & guaifenesin	N/A
	NASAL ANTIHISTAMINE	ASTELIN	N/A		N/A	see products covered with quantity limits			N/A
	NASAL MAST CELL STABILIZERS AGENTS	All Drugs Covered	N/A	cromolyn, nedocromil	N/A	see products covered with quantity limits		NASALCROM, OTC	N/A
Analgesics	NARCOTICS/NON-NARCOTIC ANALGESICS	all generic products, KADIAN, ORAMORPH SR	N/A	aspirin, acetaminophen, apap/codeine, codeine, hydromorphone, meperidine, morphine, oxycodone, propoxyphene w/apap, salsalate, tramadol	N/A	aspirin w/codeine, hydromorphone, meperidine, morphine sulfate (immediate release), oxycodone (immediate release); oxycodone/ASA; propoxyphene	N/A	ASA, Buff ASA,	N/A
	ANALGESIC/ANTIPYRETICS, SALICYLATES	All Drugs Covered	N/A	aspirin, salsalate, choline & magnesium salicylate	N/A	aspirin (RX & OTC products), choline magnesium salicylate, diflunisal, salsalate	N/A	chol mag trisalicylate, salsalate, ASA diflunisal	N/A
	ANALGESIC/ANTIPYRETICS, NON-SALICYLATE	All Drugs Covered	N/A	acetaminophen	N/A	acetaminophen (OTC products)	N/A	acetaminophen (OTC products)	N/A
	SKELETAL MUSCLE RELAXANTS	dantrolene, methocarbamol, cyclobenzaprine, baclofen, chlorzoxazone, orphenadrine, tizanidine	N/A	baclofen, cyclobenzaprine, dantrolene sodium, diazepam, chlorzoxazone, tizanidine, orphenadrine	N/A	baclofen, carisoprodol, cyclobenzaprine, dantrolene, diazepam, methocarbamol, tizanidine	N/A	carisoprodol, cyclobenzaprine, chlorzoxazone, methocarbamol, orphenadrine, tizanidine, baclofen	N/A
Antimicrobials	CEPHALOSPORINS	all generics, SUPRAX, SPECTRACEF	N/A	cefactor, cefprozil, cefuroxime,	N/A	cefactor, cefpodoxime, cephalexin (tablets/capsules formulations only)	N/A	cephalexin, cefactor, cefuroxime	N/A
	MACROLIDES	all generics	N/A	erythromycin generics	N/A	erythromycin generics (tablets/capsules formulations only)	N/A	clarithromycin, erythromycin generics	N/A
	NITROFURAN DERIVATIVES	All Drugs Covered	N/A	nitrofurantoin, nitrofurantoin monohydrate	N/A			nitrofurantoin	N/A
	PENICILLINS	All Drugs Covered	N/A	amoxicillin, ampicillin, dicloxacillin, pen vk	N/A	amoxicillin, ampicillin, dicloxacillin, penicillin VK (tablets/capsules formulations only)	N/A	amoxicillin, ampicillin, dicloxacillin, penicillin V potassium, amox/clav	N/A
	TETRACYCLINES	All Drugs Covered	N/A	doxycycline, tetracycline, minocycline	N/A	doxycycline hyclate, tetracycline	N/A	doxycycline, minocycline, tetracycline, VIBRAMYCIN susp	N/A
	ANTIVIRALS	amantidine, acyclovir	N/A	amantidine, acyclovir, VALTREX	N/A	acyclovir, amantidine, EPIVIR HBV, ganciclovir, rimantidine, VALCYTE	N/A	acyclovir, VALTREX, VALCYTE	N/A
	ANTIVIRALS, HIV SPECIFIC	All Drugs Covered	N/A	all FDA approved antiretrovirals	N/A	all oral FDA approved HIV agents are eligible for coverage under the prescription benefit	N/A	all FDA approved antiretrovirals	N/A
	ANTIFUNGALS	itraconazole, ketoconazole	N/A	fluconazole 50mg, 100mg, 200mg, 10mg/ml & 40mg/ml, ketoconazole, nystatin, griseofulvin	N/A	clotrimazole; fluconazole 50mg, 100mg, 200mg, 10mg/ml, & 40mg/ml; griseofulvin; ketoconazole; nystatin	N/A	griseofulvin, GRIFULVIN V, ketoconazole, nystatin	N/A
Asthma/COPD/ Pulmonary	INHALED CORTICOSTEROIDS	AEROBID, AZMACORT, FLOVENT, FLOVENT HFA, QVAR	N/A			see products covered with quantity limits		ASMANEX	N/A
	INHALED CORTICOSTEROID/LONG ACTING BETA AGONIST COMBINATION	ADVAIR (100/50, 250/50), ADVAIR HFA (45/21, 115/21), SYMBICORT	N/A			see products covered with quantity limits			
	LEUKOTRIENE INHIBITORS								
	LONG-ACTING BETA AGONISTS	SEREVENT	N/A	metaproterenol solution, syrup & tablet, terbutaline	N/A	see products covered with quantity limits			
	NASAL CORTICOSTEROIDS	flunisolide, FLONASE, NASACORT AQ, NASAREL, NASONEX, VERAMYST	N/A	NASONEX	N/A	see products covered with quantity limits			N/A
	NON-SEDATING ANTIHISTAMINES	loratadine (OTC)	N/A		N/A	loratadine (OTC), loratadine-D (OTC)	N/A	loratadine (OTC)	N/A
	SHORT-ACTING BETA AGONISTS	albuterol all strengths/formulations excluding tablets	N/A	albuterol syrup, tablet & inhalation solution, metaproterenol solution, syrup & tablet, terbutaline	N/A	albuterol syrup, tablet & inhalation solution, metaproterenol, terbutaline	N/A	albuterol solution for inhalation, tablets, syrup	N/A
	ALPHA ADRENERGIC BLOCKERS	doxazosin, prazosin, terazosin	N/A	doxazosin, prazosin, terazosin	N/A	doxazosin, prazosin, terazosin	N/A	doxazosin, prazosin, terazosin	N/A

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Cardiovascular	BETA ADRENERGIC BLOCKERS	all generics, INDERAL, INDERAL LA, LOPRESSOR, TENORMIN, TOPROL XL	N/A	atenolol, labetalol, metoprolol, nadolol, propranolol, metoprolol ER	N/A	acebutolol, atenolol, betaxolol, bisoprolol, carvedilol, INDERAL LA, labetalol, metoprolol (immediate and extended release) nadolol, pindolol, propranolol (immediate and extended release), sotalol, timolol	N/A	atenolol, bisoprolol, metoprolol, nadolol, propranolol tabs, solution, SR, TOPROL XL, COREG	N/A
	ACE INHIBITORS	enalapril, fosinopril, lisinopril, benazepril, moexipril, quinapril, trandolapril	N/A	captopril	N/A	benazepril, captopril, enalapril, fosinopril, lisinopril, quinapril	N/A	benazepril, captopril, enalapril maleate, lisinopril	N/A
	ACE INHIBITORS/CALCIUM CHANNEL BLOCKER COMBINATION	TARKA		LOTREL		amlodipine/benazepril	N/A		
	ACE INHIBITORS/DIURETICS	captopril/HCTZ, enalapril/HCTZ, lisinopril/HCTZ, fosinopril/HCTZ, moexipril/HCTZ, benazepril/HCTZ, quinapril/HCTZ	N/A	benazepril/HCTZ, captopril/HCTZ, enalapril/HCTZ, lisinopril/HCTZ	N/A	benazepril/HCTZ, captopril/HCTZ, enalapril/HCTZ, fosinopril/HCTZ, lisinopril/HCTZ, quinapril/HCTZ	N/A	captopril/HCTZ, enalapril/HCTZ, lisinopril/HCTZ, benazepril/HCTZ	N/A
	ARBS								
	ARBS/DIURETICS	HYZAAR	N/A			see products covered with quantity limits			N/A
	CALCIUM CHANNEL BLOCKING AGENTS	amlodipine, diltiazem (long-acting formulations), felodipine ER, nifedipine (long-acting formulations), nimodipine, verapamil (long-acting formulations), CALAN SR, ISOPTIN SR, VERELAN PM	N/A	nifedipine, verapamil	N/A	diltiazem, isradipine, nifedipine, verapamil, verapamil SR	N/A	diltiazem er, xr, hcl; nifedipine; verapamil er, hcl; amlodipine; nifedipine er	N/A
Lipotropics	FIBRIC ACIDS	gemfibrozil, TRICOR	N/A		N/A	fenofibrate, gemfibrozil	N/A	fenofibrate, gemfibrozil	N/A
	HMG CoA REDUCTASE INHIBITORS	lovastatin, simvastatin, CRESTOR, LESCOL, LESCOL XL, LIPITOR	N/A	lovastatin	N/A	lovastatin, pravastatin, simvastatin	N/A	lovastatin, pravastatin, simvastatin	N/A
						LOVAZA (formerly OMACOR)			
	BILE SALT SEQUESTRANTS	cholestyramine (multi-dose containers), colestipol granules, COLESTID (multi-dose containers), PREVALITE powder	N/A	cholestyramine	N/A	cholestyramine, cholestyramine/aspartame, COLESTID tablets, colestipol granules	N/A	cholestyramine	N/A
Genitourinary	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	finasteride, FLOMAX, AVODART	N/A			FLOMAX	N/A	FLOMAX, PROSCAR, AVODART	N/A
	URINARY TRACT ANTISPASMODIC/ANTI-INCONTINENCE AGENT	oxybutynin IR	N/A	bethanechol, flavoxate, oxybutynin,	N/A	bethanechol, desmopressin (oral), flavoxate, oxybutynin (immediate and extended release)	N/A	oxybutynin, bethanechol, flavoxate,	N/A
Diabetes Related	INSULIN	HUMALOG/HUMALOG MIX/HUMULIN (all formulations), NOVOLG & NOVOLG MIX VIALS, NOVOLIN VIALS, RELIION VIALS, LANTUS VIALS, LEVEMIR VIALS	N/A		N/A	APIDRA, HUMALOG, HUMULIN, ILETIN II, LANTUS, LEVEMIR, NOVOLIN, NOVOLG, SYMLIN	N/A	HUMULIN R, N, U, 50/50, 70/30, L; HUMALOG, HUMALOG 75/25, LANTUS, LEVEMIR	N/A

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	ANTIDIABETIC AGENTS	glimepiride, glipizide, glipizide ER, glyburide, metformin, metformin ER, ACTOPLUS MET, AVANDAMET, GLYSET, JANUVIA, JANUMET, PRECOSE, STARLIX	N/A	glimepiride, glipizide, glipizide/metformin, glyburide, glyburide micronized, glyburide w/metformin, metformin, AVANDAMET	N/A	acetohehexamide, chlorpropamide, glimepiride, glipizide, glipizide ER, glipizide XL, glipizide/metformin, glyburide, glyburide/metformin, GLYSET, metformin, metformin ER, PRANDIN, STARLIX, tolazamide, tolbutamide	N/A	glipizide, chlorpropamide, glyburide, tolazamide, glipizide extended release, glyburide micronized, metformin, metformin XR, glyburide/metformin, AVANDIA, AVANDAMET, ACTOS, AVANDARYL, DUETACT	N/A
Dermatologic	VITAMIN A DERIVATIVES TOPICAL ACNE AGENTS			clindamycin, erythromycin		benzoyl peroxide (OTC), clindamycin, clindamycin/benzoyl peroxide, erythromycin, sodium sulfacetamide/sulfur	N/A		
	ANTIPSORIATICS AGENTS	DOVONEX, DRITHOCREME HP, DRITHO-SCALP, OXSORALEN-ULTRA, PSORiatec, SORiatANE, TAZORAC, AMEVIVE, RAPTIVA	N/A		N/A	8-MOP, anthralin, DOVONEX, selenium sulfide	N/A	selenium sulfide, DOVONEX, anthralin 1%	N/A
	TOPICAL ANTIFUNGALS	all generic products	N/A	clotrimazole (otc), miconazole (otc), nystatin	N/A	ciclopirox, clotrimazole (OTC), econazole, ketoconazole, LOPROX gel & shampoo, miconazole (OTC), nystatin, tolnaftate (OTC)	N/A	clotrimazole, miconazole, ketoconazole, nystatin	N/A
	TOPICAL ANTIFUNGAL/ ANTIINFLAMMATORY STERIOD AGENT	All Drugs Covered	N/A	clotrimazole/betamethasone; nystatin/triamcinolone	N/A	clotrimazole/betamethasone, nystatin/triamcinolone	N/A	clotrimazole/betamethasone; nystatin/triamcinolone	N/A
	TOPICAL ANTINEOPLASTIC & PREMALIGNANT LESION AGENTS	All Drugs Covered	N/A	flourouracil, EFUDEX	N/A	flourouracil solution	N/A	EFUDEX, FLUROPLEX, flourouracil	
	TOPICAL IMMUNOSUPPRESSIVE AGENTS	All Drugs Covered	N/A		N/A	see products covered with quantity limits			
	TOPICAL ANTI- INFLAMMATORY STEROIDAL	All Drugs Covered	N/A	desonide, flucinolone acetamide, hydrocortisone, betamethasone val, hydrocortisone val, mometasone furoate, triamcinolone acet, betamethasone dip, flucinolone, clobetasol, desoxymetasone, augmented betamethasone dipropionate, clobetasol prop		amcinonide, augmented betamethasone dipropionate, betamethasone dipropionate, betamethasone valerate, clobetasol, desonide, desoximetasone, diflorasone, fluocinolone, flucinolone, fluticasone, hydrocortisone (RX and OTC), hydrocortisone valerate, mometasone, triamcinolone	N/A	desonide, flucinolone acetamide, amcinonide, hydrocortisone, hydrocortisone val, triamcinolone acet, betamethasone val, flucinolone, betamethasone dip, clobetasol, diflorasone, desoximetasone	N/A
	TOPICAL ANTIVIRALS	All Drugs Covered	N/A	acyclovir	N/A	podofilox, ZOVIRAX	N/A	podofilox, ZOVIRAX	N/A
	TOPICAL ANTIBIOTICS	All Drugs Covered	N/A	bacitracin, mupirocin, gentamycin, metronidazole, neomycin, neomycin-bacitracin-polymixin, SSD (silver sulfadiazine)	N/A	bacitracin (OTC), bacitracin/polymyxin B (OTC), BACTROBAN cream & nasal spray, gentamicin, metronidazole, mupirocin, neomycin/bacitracin/polymyxin B (OTC), silver sulfadiazine	N/A	bacitracin, bacitracin/polymyxin b, chlorhexidine, neomycin, neomycin/bacitracin/polymixin, gentamicin, neomycin/bacitracin/polymixin/lidocaine, SSD (silver sulfadiazine)	N/A
	TOPICAL ANTIBIOTICS/ ANTIINFLAMMATORY STEROIDAL	All Drugs Covered	N/A						
Gastrointestinal Agents	MISOPROSTOL	All Drugs Covered	N/A	ASACOL, dicyclomine, diphenoxylate/atropine, hydrocortisone (rectal), hyoscyamine, lactulose, mesalamine (rectal), metoclopramide, PENTASA, polyethylene glycol, sulfasalazine,	N/A	ASACOL, belladonna alkaloids/phenobarbital, CANASA, cldinium/chlordiazepoxide, COLAZAL, CORTIFOAM, dicyclomine, DIPENTUM, diphenoxylate/atropine, ENTOCORT EC, hydrocortisone (rectal), hyoscyamine, lactulose, mesalamine (rectal), metoclopramide, misoprostol, paregoric, PENTASA, polyethylene glycol electrolyte solution, propantheline, sucralfate, sulfasalazine, ursodiol	N/A	misoprostol	
	H2RA BLOCKERS	cimetidine liquid, ZANTAC SYRUP		famotidine (RX&OTC)		cimetidine (RX & OTC), famotidine (RX & OTC), nizatidine, ranitidine (RX & OTC)	N/A	cimetidine, famotidine, nizatidine, ranitidine (legend and OTC for ALL products)	
	PROTON PUMP INHIBITORS	omeprazole 20mg, PRILOSEC OTC				see products covered with quantity limits		PRILOSEC OTC	

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Blood Related Agents	PLATELET AGGREGATION INHIBITORS	cilostazol, AGGRENOX, PLAVIX	N/A	dipyridamole, pentoxifylline	N/A	anagrelide, dipyridamole, cilostazol, PLAVIX, ticlopidine	N/A	cilostazol, dipyridamole, PLAVIX, ticlopidine	N/A
	HEPARIN AND RELATED PREPARATIONS	heparin (generics), ARIXTRA, FRAGMIN (pre-filled syringes only), LOVENOX (pre-filled syringes only)	N/A	heparin	N/A	heparin>5000u/ml	N/A	heparin	N/A
	ORAL ANTICOAGULANTS, COUMARIN TYPE	All Drugs Covered	N/A	warfarin	N/A	COUMADIN, warfarin	N/A	All Drugs Covered	N/A
	ORAL ANTICOAGULANTS, INDANDIONE TYPE	All Drugs Covered	N/A		N/A			none	N/A
	HEMATINICS	ARANESP, EPOGEN, PROCRIT	N/A				see products covered with quantity limits		
	LEUKOCYTE STIMULANTS	NEUPOGEN vials, LEUKINE vials	N/A				see products covered with quantity limits		
Osteoporosis Agents	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM), BONE RESORPTION SUPPRESSION AGENTS	etidronate, ACTONEL, EVISTA, FOSAMAX SOLUTION, MIACALCIN	N/A	ACTONEL, miacalcin, Fosamax + D		etidronate	N/A	calcitonin-salmon, etidronate, ACTONEL	N/A
Diuretics	OSMOTIC DIURETICS	All Drugs Covered	N/A		N/A			mannitol	N/A
	CARBONIC ANHYDRASE INHIBITORS	All Drugs Covered	N/A	acetazolamide, methazolamide	N/A	acetazolamide, methazolamide	N/A	acetazolamide, methazolamide	N/A
	THIAZIDE AND RELATED DIURETICS	All Drugs Covered	N/A	chlorthalidone, hydrochlorothiazide, indapamide, metolazone	N/A	chlorthalidone, hydrochlorothiazide, indapamide, methyclothiazide, metolazone	N/A	HCTZ, indapamide, metolazone	N/A
	POTASSIUM SPARING DIURETICS	All Drugs Covered	N/A	spironolactone	N/A	spironolactone	N/A	spironolactone	N/A
	POTASSIUM SPARING DIURETICS IN COMBINATION	All Drugs Covered	N/A	spironolactone w/hctz, triamterene w/hctz	N/A	hydrochlorothiazide/triamterene, spironolactone/hydrochlorothiazide	N/A	spironolactone/HCTZ, triamterene/HCTZ, amiloride/HCTZ	N/A
	LOOP DIURETICS	All Drugs Covered	N/A	bumetanide, furosemide	N/A	bumetanide, furosemide, torsemide	N/A	bumetanide, furosemide, torsemide	N/A
CNS Agents**	ANTICONVULSANTS	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A
	CENTRAL NERVOUS SYSTEM STIMULANTS	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A
	BARBITURATES	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A
	SEDATIVE-HYPNOTICS	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A
	ANTI-ANXIETY DRUGS	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A
	MOOD STABILIZERS	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A
	ANTI-PSYCHOTICS TYPICAL	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A
	ANTI-PSYCHOTICS ATYPICAL	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A
	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered		All Drugs Covered	N/A
	ANTI-MANIA DRUGS	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A
	SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)	All Drugs Covered	N/A	All Drugs Covered		All Drugs Covered	N/A	All Drugs Covered	N/A
	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITORS (NDRIS)	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A
	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A
	SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITORS (SEL-NARI)	All Drugs Covered	N/A	All Drugs Covered		All Drugs Covered	N/A	All Drugs Covered	N/A
	SEROTONIN AND DOPAMINE REUPTAKE INHIBITORS (SDRIS)	All Drugs Covered	N/A	All Drugs Covered		All Drugs Covered	N/A	All Drugs Covered	N/A
	ANTI-DEPRESSANTS, OTHER	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A
	ARICEPT, COGNEX, MESTINON, EXELON, REMINYL	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	
benztropine, trihexyphenidyl, AKINETON, KEMADRIN	All Drugs Covered	N/A	All Drugs Covered	N/A	benztropine, trihexyphenidyl	N/A	All Drugs Covered	N/A	
Antiemetic/Antivertigo	COMPАЗINE, prochlorperazine, promethazine, meclizine, trimethobenzamide	All Drugs Covered	N/A	meclizine, metoclopramide, promethazine, prochlorperazine	N/A	MARINOL, meclizine (RX & OTC), metoclopramide, prochlorperazine, trimethobenzamide	N/A	All Drugs Covered	N/A

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Migraine Medications	CAFERGOT, WIGRAINE, DURADRIN, MIDRIN	All Drugs Covered	N/A	apap/butalbital, apap/caffeine/butalbital, apap/caffeine/butalbital/codeine, asa/caffeine/butalbital, ergotamine/caffeine, isomethheptene/dichloralphenazone/apap, RELPAX	N/A	butalbital/caffeine/acetaminophen, butalbital/caffeine/aspirin, ergotamine/caffeine, ergotamine/caffeine/belladonna/phenobarb, isomethheptene/dichloralphenazone/apap	N/A	CAFERGOT, MIGRANAL, isometh/d-chloralphenaz/apap, butalbital/apap/caffeine, butalbital/asa/caffeine, butalbital compound, butalbital compound w/codeine	N/A
Obstetric/Gynecological	ESTROGENIC AGENTS	All Drugs Covered	N/A	PREMARIN, PREMPRO, estradiol, estradiol transdermal, estropipate	N/A	ACTIVELLA, CENESTIN, estradiol, ESTRATAB, estropipate, FEMHRT, MENEST, PREFEST, PREMPHASE, PREMPRO, PREMPRO LOW DOSE, PREMARIN	N/A	estradiol, MENEST, PREMARIN, PREMPHASE, PREMPRO	N/A
	PROGESTATIONAL AGENTS	All Drugs Covered	N/A	medroxyprogesterone, norethindrone, PREMPRO	N/A	medroxyprogesterone, norethindrone, PROMETRIUM	N/A	medroxyprogesterone, norethindrone, PREMPRO	N/A
	CONTRACEPTIVES, ORAL	All Drugs Covered	N/A	all generics, ORTHO TRI-CYCLEN LO, OVRETTE28, SEASONIQUE, YASMIN, YAZ	N/A	ARANELLE, AVIANE, CYCLESSA, ENPRESSE, ethinyl estradiol/desogestrel, ethinyl estradiol/levonorgestrel, estradiol/norethindrone, ethinyl estradiol/norgestimate, ethinyl estradiol/norgestrel, JUNEL/JUNEL FE, KARIVA, LESSINA, LUTERA, mestranol/norethindrone, MICROGESTIN/MICROGESTIN FE, NORA-BE, ORTHO-TRI CYCLEN LO, PORTIA, YASMIN, YAZ 28, ZOVIA 1/35, ZOVIA 1/50	N/A	all generics, ORTHO EVRA (patch), ORTHO TRI-CYCLEN LO, NUVARING, PLAN B	N/A
	VAGINAL ANTIFUNGALS	clotrimazole, miconazole, tioconazole, metronidazole vaginal gel	N/A	OTCs, metronidazole, terconazole	N/A	see products covered with quantity limits		miconazole, nystatin, OTCs	N/A
	VAGINAL ESTROGEN PREPARATIONS	ESTRING, PREMARIN VAGINAL CREAM, VAGIFEM	N/A	estradiol, PREMARIN VAG CREAM	N/A	see products covered with quantity limits		PREMARIN	N/A
	VAGINAL ANTIBIOTICS	All Drugs Covered	N/A	METROGEL	N/A	see products covered with quantity limits		CLEOCIN, METROGEL	N/A
Ophthalmic/Otic	EYE ANTI-INFECTIVES (RX ONLY)	all generic products	N/A	bacitracin, bacitracin/neomycin/polymyxin B, chloramphenicol, erythromycin, gentamicin, gramicidin/neomycin/polymyxin B, polymyxin B/bacitracin, sulfacetamide	N/A	see products covered with quantity limits		erythromycin, sulfacetamide sodium, tobramycin, bacitracin, gentamicin, ciprofloxacin, neo/bacitracin/polymix, neo/polymix/gramicidin, trimethoprim/sulfa & polymyxin b, choramphenicol	N/A
	EYE VASOCONSTRICTORS (RX ONLY)	All Drugs Covered	N/A	naphazoline	N/A	see products covered with quantity limits		naphazoline	N/A
	EYE IRRIGATIONS	All Drugs Covered	N/A	artificial tears	N/A	see products covered with quantity limits		artificial tears	N/A
	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	brimonidine, betaxolol, carteolol, depivefrin, epinephrine, levobunolol, metipranolol, pilocarpine, timolol, AZOPT, COSOPT, ISOPTO-CARBACHOL, IOPIDINE, TRAVATAN, TRAVATAN Z, TRUSOPT, XALATAN	N/A	betaxolol, levobunolol, timolol, carteol, metipranolol, epinephrine, physostigmine, pilocarpine, TRAVATAN, LUMIGAN, IOPIDINE, TRUSOPT AZOPT ISOPTO-CARBACHOL, COSOPT	N/A	see products covered with quantity limits		betaxolol, carteolol, IOPIDINE, levobunolol, pilocarpine, timolol, TRUSOPT, ALPHAGAN, ALPHAGAN P, XALATAN, LUMIGAN	N/A
	EYE ANTI-BIOTIC-CORTICOID COMBINATIONS	all generic products	N/A	neomycin/polymyxinB/dexamethasone, neomycin/polymyxin/prednisolone, BLEPHAMIDE, TOBRADEX		see products covered with quantity limits		neomycin/bacitracin/polymixin/HC, neomycin/polymixin/HC, TOBRADEX	N/A
	MYDRIATICS	All Drugs Covered	N/A	atropine, cyclopentolate, homatropine, tropicamide		see products covered with quantity limits		atropine, cyclopentolate, homatropine, tropicamide	N/A
	EYE ANTIHISTAMINES	ALAWAY, OPTIVAR, PATADAY, PATANOL, ZADITOR	N/A	see products covered with quantity limits		see products covered with quantity limits		pheniramine/naph (OTC); antazoline/naph (OTC), ZADITOR OTC, ALAWAY OTC	N/A
	EYE ANTIINFLAMMATORY AGENTS	All Drugs Covered	N/A	dexamethasone, flurbiprofen, prednisolone, VEXOL, VOLTAREN		see products covered with quantity limits		ACULAR PF & LS, flurbiprofen	N/A
	OPHTHALMIC MAST CELL STABILIZERS	cromolyn, ALOCRI	N/A	cromolyn		see products covered with quantity limits		cromolyn	N/A

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		Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description
	EYE ANTIVIRALS	All Drugs Covered	N/A	trifluridine, VIRA-A		see products covered with quantity limits		trifluridine	N/A
	OTIC ANTIBIOTICS	all generic products, CIPRODEX, FLOXIN OTIC SINGLES, FLOXIN OTIC SOLUTION (multi-use bottle)	N/A	chloramphenicol, neomycin/polymyxin b/hydrocortisone	N/A	see products covered with quantity limits		neo/polym/HC, FLOXIN OTIC, chloramphenicol, CIPRODEX	N/A
Rheumatological	COLCHICINE, COLCHICINE/PROBENECID	All Drugs Covered	N/A	colchicine, probenecid	N/A	allopurinol, colchicine, indomethacin, probenecid	N/A	All Generic Drugs Covered	N/A
	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	all generic products	N/A	diclofenac, etodolac, ibuprofen, indomethacin, nabumetone, naproxen, naproxen sodium, oxaprozin, piroxicam, sulindac	N/A	diclofenac, etodolac, flurbiprofen, ibuprofen (RX & OTC), indomethacin, ketoprofen, ketorolac, meloxicam, nabumetone, naproxen, naproxen sodium (RX & OTC), oxaprozin, piroxicam, sulindac	N/A	diclofenac K 50mg, diclofenac 50mg & 75mg, ibuprofen (Rx and OTC), indomethacin, ketoprofen 50mg & 75mg, ketorolac, nabumetone, naproxen, naproxen ED, naproxen Na (Rx and OTC), oxaprozin, piroxicam	N/A
	ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR	All Drugs Covered	N/A			leflunomide	N/A	leflunomide	N/A
	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	All Drugs Covered	N/A			see products covered with quantity limits			
	ANTI-FLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST	All Drugs Covered	N/A						
	ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS	All Drugs Covered	N/A	methotrexate	N/A	methotrexate	N/A	methotrexate	
<p>**Note: In accordance with Indiana law, all anti-anxiety, antidepressant, antipsychotic, and "cross indicated" drugs are considered as being preferred. Drugs that are (1) classified in a central nervous system drug category or classification (according to Drug Facts and Comparisons) created after March 12, 2002, and (2) prescribed for the treatment of a mental illness (as defined by the most recent publication of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders) are also considered as being preferred.</p>									
<p>When a brand name drug having generic equivalent is included in the "Non-Preferred Drug List" listing, please note that the generic equivalents for the brand name drug are considered as preferred medications on the Fee-for Service PDL, unless otherwise specified.</p>									
<p>Prior authorization for Brand Medically Necessary is not required for the drugs specifically exempted by the DUR Board from a prior authorization for Brand Medically Necessary requirement for the Fee-for Service PDL (those drugs being what are typically referred to as "narrow therapeutic index").</p>									

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PDL Comparison of Select Therapeutic Classes CLINICAL EDITS (Restrictions) CLINICAL EDITS: PA - Prior Authorization QLL - Quantity Level Limits ST - Step Therapy AGE - Age Limit									
Allergy/Cold	ACETYLCYSTEINE EXPECTORANTS								
	ANTITUSSIVES, NON-NARCOTIC								
	NASAL ANTIHISTAMINE					ASTELIN	QLL - 1 spray pump per 30 days		
	NASAL MAST CELL STABILIZERS AGENTS					ipratropium nasal spray	QLL - 1 spray pump per 30 days		
Analgesics	NARCOTICS/NON-NARCOTIC ANALGESICS	butorphanol nasal spray	QLL - Limited to 1 bottle per month			butorphanol NS	PA, QLL - 1 spray per 30 days	butalbital combinations, meperidine, levorphanol, hydromorphone, hydrocodone, hydrocodone with APAP (5/500 and 7.5/750 only) or IBU, codeine with ASA or APAP, codeine, methadone, morphine immediate release, oxycodone immediate release, oxycodone with APAP (5/325 only) or ASA, oxymorphone, pentazocine combinations, propoxyphene combinations, tramadol, tramadol with APAP, oxycodone with IBU	QLL-240 units/30 days (see also acetaminophen and ibuprofen QLL)
		DURAGESIC	QLL - Limited to 10 patches per 30 days	fentanyl	QLL - Limited to 10 patches per 30 days	fentanyl transdermal system	QLL - Limited to 10 patches per 30 days	fentanyl transdermal system	QLL - Limited to 10 patches per 30 days
						fentanyl citrate	QLL- 4 lollipops per day		
		narcotic analgesics containing acetaminophen	QLL - All acetaminophen containing products are limited to 3 grams of acetaminophen per day	narcotic analgesics containing acetaminophen	QLL - All acetaminophen containing products are limited to 3 grams of acetaminophen per day	narcotic analgesics containing acetaminophen	QLL - All acetaminophen containing products are limited to 3 grams of acetaminophen per day	analgesics containing acetaminophen	QLL-limited to 4gm/day is < 10 day supply; limited to 3gm/day if > 10 day supply
		hydrocodone products	QLL - Limited to 1500mg per month	hydrocodone products	QLL--1500mg of hydrocodone per 30 days	hydrocodone products	QLL - Limited to 1500mg per 30 days	analgesics containing ibuprofen	QLL-limited to 3.2gm/day
						hydrocodone/ibuprofen	QLL - 16 tablets per day		
								morphine sr	QLL - Limited to 120 tablets/ 30 days
		OXYCONTIN	QLL - Limited to 120 tablets/25 days; 80mg limited to 60 tab/25 days					OXYCONTIN	PA - Trial and failure of SR morphine or transdermal fentanyl
		tramadol	QLL - Limited to 400mg per day	tramadol	QLL-120 tabs per 30 days	tramadol	QLL - 8 tablets per day		
				ROXICET	QLL-180 tabs per 30 days	tramadol/acetaminophen	QLL - 8 tablets per day		
				morphine sulfate (sustained release)	QLL-60 tabs per 30 days	morphine sulfate (sustained release)	QLL - 4 tablets per day		
		oxycodone (sustained release)	PA, QLL-60 tabs per 30 days						
	ANALGESIC/ANTIPYRETICS, SALICYLATES								

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	ANALGESIC/ANTIPYRETICS, NON-SALICYLATE								
	SKELETAL MUSCLE RELAXANTS			carisoprodol	QLL-180 tabs per 30 days				
				methocarbamol	QLL-120 tabs per 30 days				
	CEPHALOSPORINS			cefdinir	QLL-10 caps per month or 150 mL per 14 days	cefdinir	QLL - 42 capsules per 30 days	cefdinir	ST
				cefuroxime	QLL-100 mL per 14 days	cefaclor ER	QLL - 42 tablets per 30 days		
				cephalexin	QLL-40 caps per 14 days	cefadroxil	QLL - 42 tablets per 30 days		
						cefprozil	QLL - 42 tablets per 30 days		
						cefuroxime	QLL - 42 tablets per 30 days		
						oral cephalosporin antibiotic suspensions	QLL - 3 times largest commercially available package size per 30 days		
	FLUOROQUINOLONES	All products	QLL - Limited to 14-day supply; CIPRO XR limited to 3 tablets per RX	ciprofloxacin	QLL-56 tabs per 30 days	ciprofloxacin	QLL - 56 tablets per 30 days	AVELOX	PA
		AVELOX ABC PAC	QLL - Limited to 1 pack per month	LEVAQUIN	QLL-14 tabs per 30 days	LEVAQUIN	QLL - 21 tablets per 30 days		
				ofloxacin	QLL-56 tabs per 30 days	ofloxacin	QLL - 56 tablets per 30 days		
	MACROLIDES	azithromycin oral tablets	QLL - Limited to 1 of each pack per month	azithromycin	500 mg QLL = 3 per 30 days; suspension QLL = 30 mL per 30 days; 250 mg QLL = 6 per 30 days	azithromycin	QLL - 250mg = 6 tablets per 30 days; 500mg = 3 tablets per 30 days; 600mg = 8 tablets per 30 days; 1 gram = 2 packets per 30 days; 100mg/5ml = 15ml per 30 days; 200mg/5ml = 30ml per 30 days	clarithromycin extended release	ST
				clarithromycin	ER tab QLL = 14 tabs per 30 days; tab QLL = 20 per 30 days	clarithromycin	QLL - 250mg = 42 tablets per 30 days; 500mg = 21 tablets per 30 days	azithromycin (except 1gm)	ST
						clarithromycin XL	QLL - 28 tablets per 30 days		
						clindamycin	QLL - 84 capsules per 30 days		
						erythromycin oral antibiotic suspensions	QLL - 3 times largest commercially available package size per 30 days		
						EES/Sulfisoxazole	QLL - 600ml per 30 days		
	NITROFURAN DERIVATIVES					nitrofurantoin	QLL - 25mg & 50mg = 168 capsules per 30 days; 100mg = 84 capsules per 30 days		
						nitrofurantoin - BID	QLL - 84 capsules per 30 days		

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		Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	
Antimicrobials	PENICILLINS			amox/clavulanic Acid	QLL-150 mL per 14 days	oral penicillin antibiotic suspensions	QLL - 3 times largest commercially available package size per 30 days	AUGMENTIN XR	ST	
						amoxicillin/potassium clavulanate	QLL - 875-125mg = 40 tablets per 30 days; 250-125mg & 500-125mg = 60 tablets per 30 days; 400-57mg = 80 chewable tablets per 30 days; 200-28.5mg = 160 chewable tablets per 30 days			
						AUGMENTIN	125-31.25mg = 240 chewable tablets per 30 days; 250-62.5mg = 120 chewable tablets per 30 days			
						AUGMENTIN XR	QLL - 40 tablets per 30 days			
	TETRACYCLINES						demeclocycline	QLL - 150mg = 84 tablets per 30 days; 300mg = 42 tablets per 30 days		
							doxycycline monohydrate	QLL - 60 capsules per 30 days		
							minocycline	QLL - 60 capsules per 30 days		
	ANTIVIRALS		VALTREX	ST - requires HIV therapy			INFERGEN	PA	ribavirin tablets	PA
			rimantadine	AGE - covered for patients 60 years of age and older			INTRON A	PA	PEGASYS	PA
							PEGASYS	PA, QLL - 1 kit per 30 days	TAMIFLU	PA
				VALTREX 500mg	QLL-42 tabs per 30 days	PEG-INTRON	PA	HEPSERA	PA	
				VALTREX 1gm	QLL-21 tabs per 30 days	REBETRON	PA			
				TAMIFLU	QLL-10 per 30 days	RELENZA	QLL - 1 inhaler per 365 days			
						ribavirin	PA			
						ROFERON-A	PA			
						TAMIFLU	QLL - 75mg = 10 capsules per 365 days; 12mg/ml = 75ml per 365 days			
						VALTREX	QLL - 30 tablets per 30 days			
ANTIVIRALS, HIV SPECIFIC					FUZEON	QLL - 1 kit per 30 days				
ANTIVIRALS, MONOCLONAL ANTIBODIES		SYNAGIS	PA - Requires Prior Authorization				SYNAGIS	PA		
ANTIFUNGALS		DIFLUCAN and fluconazole 150mg	QLL - Limited to 2 tablets every month	ALDARA	QLL-1 box	ALDARA	QLL - 1 box (12 packets) per 30 days	fluconazole 150 mg	1- 150mg tab/month	
		DIFLUCAN and fluconazole 50mg	QLL - Limited to 3 tablets every month	SPORANOX	PA	fluconazole 150mg	QLL - 1 tablet per 30 dasy	fluconazole liq	ST	
				DIFLUCAN and fluconazole 150mg	QLL - Limited to 1 tablet per 30 days	itraconazole	PA	SPORANOX liq, itraconazole	PA	
				fluconazole liq 50/5mL	Age<3	LAMISIL, terbinafine	PA			

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				fluconazole liq 200mg/5ml	PA, AGE=>3				
Asthma/COPD/Pulmonary	INHALED CORTICOSTEROIDS	PULMICORT RESPULES	AGE - Limited to patients 5 years of age and under	PULMICORT RESPULES	QLL-2 boxes per 30 days, AGE - Limited to patients 6 years of age and under	ASMANEX	QLL - 1 inhaler per 30 days	PULMICORT RESPULES 0.5mg	Age <4 y.o.
		PULMICORT TURBOHALER	AGE, QLL - Limited to patients greater than or equal to 6 years of age with a limit of one canister per month	PULMICORT FLEXHALER	PA, QLL-1 per 30 days	AEROBID, AEROBID-M	QLL - 2 inhalers per 30 days	FLOVENT HFA	QLL 44mcg & 110, 220 mcg 2inh/RX
				AZMACORT	QLL-2 per 30 days	AZMACORT	QLL - 2 inhalers per 30 days	QVAR	QLL 2 inh/RX
				FLOVENT HFA	QLL-1 per 30 days	FLOVENT HFA	QLL - 2 inhalers per 30 days	ASMANEX	QLL 2 inh/RX
				QVAR	QLL-1 per 30 days	PULMICORT	QLL - 0.25mg/ml & 0.5mg/ml = 60 vials; 2 inhalers per 30 days		
						QVAR	QLL - 2 inhalers per 30 days		
	INHALED CORTICOSTEROID/LONG ACTING BETA AGONIST COMBINATION	ADVAIR 500/50	ST - must have failed ADVAIR 100/50, 250/50, or FLOVENT within past 30 days	ADVAIR	QLL-1 per 30 days	ADVAIR	QLL - 1 inhaler per 30 days	ADVAIR, ADVAIR HFA	QLL 2units/RX
		ADVAIR HFA 230/21	ST - must have failed Advair HFA 45/21, Advair HFA 115/21, or Flovent HFA within the past 30 days	ADVAIR HFA	QLL-1 per 30 days	ADVAIR HFA	QLL - 1 inhaler per 30 days		
	LEUKOTRIENE INHIBITORS	ACCOLATE	ST - adults 18 years of age and older; must have had one of the following medications within the past 6 months: methylxanthine, beta agonist, and/or oral inhaled corticosteroid	ACCOLATE	QLL-60 tablets per 30 days	SINGULAIR	PA, QLL - 4mg, 5mg & 10mg = 1 tablet per day; 4mg granule = 1 packet per day	ACCOLATE, SINGULAIR	CT-Age > 5 requires 1 Rx in last 45 days for ADVAIR or inhaled steroid + SEREVENT; Age< 6 requires inhaled steroid only
		SINGULAIR	ST - adults 18 years of age and older; must have had one of the following medications within the past 6 months: methylxanthine, beta agonist, and/or oral inhaled corticosteroid	SINGULAIR	ST, QLL-30 tablets per 30 days				
	LONG-ACTING BETA AGONISTS			FORADIL INHALER	QLL-1 per 30 days	FORADIL	QLL - 120 capsules per 30 days	SEREVENT DISKUS	CT - requires 1 Rx in last 45 days for an inhaled corticosteroid
				SEREVENT DISKUS	QLL-1 per 30 days	SEREVENT DISKUS	QLL - 1 inhaler per 30 days		
	NASAL CORTICOSTEROIDS			fluticasone	QLL-1 per 30 days	fluticasone	QLL - 1 inhaler per 30 days	RHINOCORT AQUA	ST
				triamcinolone	QLL-1 per 30 days	flunisolide	QLL - 3 inhalers per 30 days	flunisolide, fluticasone	2 btl/Rx
						NASONEX	QLL - 1 inhaler per 30 days		
			ALLEGRA/fexofenadine 30mg and 60mg	QLL - Limit 2 tablets/capsules per day; ST - must fail a trial of OTC loratadine within previous 3 months	ZYRTEC SYRUP	AGE: PA required for 13 yrs or greater, QLL-300mils per 30 days	fexofenadine	PA, QLL - 30mg & 60mg = 2 tablets per day; 180mg = 1 tablet per day	ST

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NON-SEDATING ANTIHISTAMINES	ALLEGRA/fexofenadine 180mg	QLL - Limit 1 tablet per day; Step Edit - must fail a trial of OTC loratadine within previous 3 months						ZYRTEC Liq, Chew	ST, Age 2-13
	ALLEGRA-D/fexofenadine-pse	ST - must fail a trial of OTC loratadine/pse within previous 3 months							
	CLARINEX	ST - must fail a trial of OTC loratadine within previous 3 months							
	CLARINEX SYRUP	AGE, QLL - Limit 10ml per day; 6 years and younger							
	CLARINEX-D	ST - must fail a trial of OTC loratadine/pse within previous 3 months							
	ZYRTEC 5mg and 10mg	ST - must fail a trial of OTC loratadine within previous 3 months	loratadine syrup	QLL-300mls per 30 days					
	ZYRTEC Liquid	AGE, QLL - Limit 10ml per day; 6 years and younger	promethazine products	AGE: >2 yrs					
			loratadine	QLL-30 per 30 days on D24; 60 per 30 days on D12					
	SHORT-ACTING BETA AGONISTS	Inhalers	AGE, QLL - Limited to 3 canisters per month for ages 18 and younger; Limited to 2 canisters per month for age 19 and older	XOPENEX	PA, QLL-288mls per 30 days	albuterol inhaler, albuterol HFA (ProAir)	AGE, QLL - Limited to 3 canisters per month for ages 18 and younger; Limited to 2 cannisters per month for age 19 and older	PROVENTIL HFA, VENTOLIN HFA	QLL - 2 inhalers per 30 days
		XOPENEX SOLN	QLL - Limited to 2 prescriptions per 6 months, 1 box of 24 per prescription	albuterol inhaler, albuterol HFA	QLL - 2 inhalers per 30 days				
	AGENTS FOR COPD			MAXAIR	QLL - 1 inhaler per 30 days	ATROVENT HFA	QLL - 3 inhalers per 30 days	ATROVENT HFA	QLL - 2 inhalers per 30 days
				SPIRIVA handihaler	QLL - 1 unit (30 capsules) per 30 days	COMBIVENT	QLL - 3 inhalers per 30 days	COMBIVENT	QLL - 2 inhalers per 30 days
				COMBIVENT, ATROVENT HFA	QLL - 1 inhaler per 30 days	SPIRIVA	QLL - 1 unit (30 capsules) per 30 days	SPIRIVA	QLL - 1 unit (30 capsules) per 30 days
	MUCOLYTICS					PULMOZYME	PA		
ALPHA ADRENERGIC BLOCKERS									
BETA ADRENERGIC BLOCKERS	COREG IR	QLL - limit of 2 tablets per day; ST - must be on an ACE or ARB	carvedilol (IR)	QLL-90 tablets per 30 days					
	COREG CR	QLL - limit of 1 tablet per day; ST - must be on an ACE or ARB							
ACE INHIBITORS	captopril	AGE - Limited to patients 12 years of age and under	benazepril, captopril, enalapril, lisinopril,trandolopril	QLL-30 tablets per 30 days					
ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	amlodipine-benazepril/LOTREL	QLL - Limited to 30 tablets per month							
ACE INHIBITORS/DIURETICS			benazepril, captopril, enalapril, lisinopril,trandolopril--combinations with HCTZ	QLL-30 tablets per 30 days					

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Cardiovascular	CALCIUM CHANNEL BLOCKING AGENTS			amlodipine	QLL-30 tablets per 30 days	diltiazem ER/XR	QLL - 1 capsule per day	NIMOTOP	PA	
				felodipine ER	QLL-30 tablets per 30 days	felodipine ER	QLL - 1 tablet per day			
				nifedipine ER	QLL-30 tablets per 30 days	nicardipine	QLL - 2 capsules per day			
				diltiazem ER	QLL-30 tablets per 30 days	nifedipine ER	QLL - 1 tablet per day			
				diltiazem SR	QLL-60 tablets per 30 days	NORVASC	QLL - 1 tablet per day			
			diltiazem	QLL-90 per 30 days	SULAR	QLL - 10mg, 20mg & 40mg = 1 tablet per day; 30mg = 2 tablets per day				
	ANGIOTENSIN RECEPTOR ANTAGONIST	All products	QLL, ST - Limited to 1 tablet per day, requires failure of an ACE inhibitor	COZAAR, DIOVAN	QLL-30 tabl/30 days	COZAAR	PA, QLL - 25mg & 100mg = 1 tablet per day; 50mg = 2 tablets per day	BENICAR, DIOVAN	ST - requires prior rx with ACEI; CT requires concurrent oral hypoglycemic	
	ARBS/DIURETICS	AVALIDE, BENICAR HCT, DIOVAN HCT, MICARDIS HCT	ST - requires failure of an ACE inhibitor	HYZAAR, DIOVAN HCT	QLL-30 tabl/30 days	HYZAAR	PA, QLL - 1 tablet per day	BENICAR HCT, DIOVAN HCT	ST - requires prior rx with ACEI; CT requires concurrent oral hypoglycemic	
Lipotropics	FIBRIC ACIDS			gemfibrozil	QLL-60 per 30 days					
	HMG CoA REDUCTASE INHIBITORS	pravastatin	ST - patient must have a clinically significant drug-drug interaction with other statin-type cholesterol lowering agents	LIPITOR	QLL-30 tabl/30 days			LIPITOR 80MG	ST	
				simvastatin	QLL-30 tablets per 30 days			PRAVACHOL	CT	
				pravastatin	QLL-30 per 30 days					
			VYTORIN	PA, QLL-30 per 30 days						
	BILE SALT SEQUESTRANTS									
Genitoruniary	BENIGN PROSTATIC HYPERTROPHY/MICTURITION					finasteride	AGE			
	URINARY TRACT ANTISPASMODIC/ANTI-INCONTINENCE AGENT	flavoxate, oxybutynin ER, DETROL, DETROL LA, ENABLEX, DITROPAN, DITROPAN XL, OXYTROL, URISPAS, SANCTURA, VESICARE	ST - Patients must have been unresponsive to immediate release oxybutynin	DDAVP tablets	QLL-5 tablets per 30 days	desmopressin nasal spray	QLL - 2 bottles per 30 days	STIMATE; desmopressin nasal spray	PA	
				DETROL, DETROL LA	QLL-60 per month of Detrol; 30 per month of Detrol LA					
				desmopressin nasal spray	QLL - 5 mls per 30 days			DDAVP tablets	QLL 5 tabs/month	
Diabetes Related	INSULIN			NOVOLIN, NOVOLOG, LANTUS, HUMALOG, HUMULIN	QLL-40 mL per 30 days	BYETTA	PA, QLL - 1 pen per 30 days			
	HYPOGLYCEMIC/INSULIN RESPONSE ENHANCER (N-S)	ACTOS, AVANDIA	QLL - Limit of 34 tablets per 30 days	ACTOS, AVANDIA	QLL-30 tablets per 30 days	ACTOS	QLL - 1 tablet per day			
				BYETTA	QLL-10 mL per 30 days	AVANDIA	QLL - 2mg & 4mg = 2 tablets per day; 8mg = 1 tablet per day			
	ANTIDIABETIC AGENTS	AVANDARYL, DUETACT	ST - must fail thiazolidinedione or a sulfonylurea				ACTOPLUS MET	QLL - 3 tablet per day	JANUVIA, JANUMET	ST
		glipizide-metformin, glyburide-metformin, METAGLIP, GLUCOVANVCE	ST - must fail metformin or a sulfonylurea				AVANDAMET 500mg/1mg & 500mg/2mg	QLL - 4 tablets per day		
						AVANDAMET 500mg/4mg, 1 gram/2mg & 1 gram/4mg	QLL - 2 tablets per day			

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						AVANDARYL 4/1mg & 4/2mg	QLL - 2 tablets per day		
						AVANDARYL 4/4mg	QLL - 1 tablet per day		
Dermatologic	VITAMIN A DERIVATIVES TOPICAL ACNE AGENTS	sulfacetamide topical lotion, tretinoin topical agents, AZELEX, BENZACLIN, DUAC, RETIN-A	AGE - Limited to patients 25 years of age or younger	isotretinoin	ST, AGE - Limited to patients 22 years of age or younger, QLL-60 capsules per 30 days, QLL-20 weeks of treatment	DIFFERIN	AGE	tretinoin	AGE < 22 years
		DIFFERIN	AGE, ST - 25 years old and under; requires previous use of tretinoin product			tretinoin	AGE	BENZAMYCIN	AGE < 22 years
	VITAMIN A DERIVATIVES SYSTEMIC	ACUTANE	AGE - Limited to patients 25 years of age or younger			isotretinoin	ST	isotretinoin	ST
	ANTIPSORIATICS AGENTS	TACLONEX	ST - must fail calcipotriene; limit of 4 weeks of therapy	DOVONEX	QLL- 60gm/60mls per 30 days	ENBREL	PA, QLL - 25mg/ml = 8 injections per 28 days; 50mg/ml = 4 injections per 28 days	RAPTIVA	PA
				selenium sulfide	QLL-120 per 30 days				
				ketoconazole	QLL-120 mL or 30g per 30 days				
	TOPICAL ANTIFUNGALS								
	TOPICAL ANTIFUNGAL/ANTI-INFLAMMATORY, STERIOD AGENT								
	TOPICAL ANTINEOPLASTIC & PREMALIGNANT LESION AGENTS								
	TOPICAL IMMUNOSUPPRESSIVE AGENTS			ELIDEL, PROTOPIC	PA, QLL-30g per 30 days PA	ELIDEL, PROTOPIC	PA	ELIDEL, PROTOPIC	ST
	TOPICAL ANTI-INFLAMMATORY STEROIDAL					ARISTOCORT A, DERMA-SMOOTH/FS	PA		
	TOPICAL ANTIVIRALS								
	TOPICAL ANTIBIOTICS							BACTROBAN ointment only	QLL 1 - 22 g tube/30 days
Gastrointestinal Agents	PROTON PUMP INHIBITORS	PREVACID SOLUTAB	AGE, ST - must be 12 years of age or younger; quantity limit - 1 tab/day	PREVACID, ACIPHEX	PA	PRILOSEC OTC, omeprazole	QLL 30 tablets per 30 days	PROTONIX	ST
		PROTONIX	ST - must fail omeprazole or Prilosec OTC within past 90 days; QLL - 1 tab/day	PRILOSEC OTC	QLL-60 tablets per 30 days	PREVACID, PREVACID SOLUTAB	PA	PREVACID SOLUTABS	Age <13 yr; ST
		ACIPHEX, NEXIUM CAPSULES AND SUSPENSION, PREVACID CAPSULES AND SUSPENSION, PRILOSEC CAPSULES, ZEGERID	ST - must fail omeprazole or Prilosec OTC, and then a preferred PPI	PROTONIX	PA, QLL-30 tablets per 30 days				
	H2RA BLOCKERS	cimetidine, famotidine, nizatidine, ranitidine, OTC products	QLL - Limited to 60 tablets per 30 days	cimetidine, famotidine, nizatidine, ranitidine	QLL-60 tablets per 30 days				
	ANTI-ULCER/H. PYLORI AGENTS	PREVPAC, HELIDAC, PYLERA	PA - Require Prior Authorization						
	SUCRALFATE								
	PLATELET AGGREGATION INHIBITORS			PLAVIX	PA, QLL-30 tablets per 30 days				

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Blood Related Agents	HEPARIN AND RELATED PREPARATIONS			LOVENOX	QLL-10 syringes at retail	ARIXTRA, LOVENOX	PA			
	ORAL ANTICOAGULANTS, COUMARIN TYPE									
	ORAL ANTICOAGULANTS, INDANDIONE TYPE									
	HEMATINICS			PROCIT, EPOGEN	PA	PROCIT	PA	ARANESP	PA	
	LEUKOCYTE STIMULANTS HEMATOPOIETICS			NEUPOGEN	PA	NEUPOGEN NEUMEGA	PA PA	NEUPOGEN, NEULASTA	PA PA	
Osteoporosis Agents	BONE FORMATION STIMULATING AGENTS	FORTEO	PA - Requires Prior Authorization					FORTEO	PA	
	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM), BONE RESORPTION SUPPRESSION AGENTS	FOSAMAX TABLETS, FOSAMAX PLUS D	ST - prior trial of ACTONEL in past 90 days or previous use of FOSAMAX in past 180 days	FOSAMAX	PA	ACTONEL	QLL - 5mg = 1 tablet per day; 35mg = 4 tablets per 28 days; 75mg = 2 tablets per 28 days			
				FORTICAL	PA	ACTONEL with CALCIUM	QLL - 1 pack (28 tablets) per 28 days			
				EVISTA	QLL-30 caps per 30 days	calcitonin-salmon nasal	QLL - 2 spray units per 30 days			
						EVISTA	QLL - 1 tablet per day			
						FOSAMAX	QLL - solution = 10ml per day; 5mg, 10mg & 40mg = 1 tablet per day; 35mg & 70mg = 4 tablets per 28 days			
					FOSAMAX PLUS D	QLL - 1 pack (28 tablets) per 28 days				
Diuretics	OSMOTIC DIURETICS									
	CARBONIC ANHYDRASE INHIBITORS									
	THIAZIDE AND RELATED DIURETICS									
	POTASSIUM SPARING DIURETICS									
	POTASSIUM SPARING DIURETICS IN COMBINATION LOOP DIURETICS									
ANTI-ANXIETY DRUGS	chlordiazepoxide	3 or more benzodiazepines require PA	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
	amitriptyline hcl/chlordiazepoxide		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
	clorazepate		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
	prazepam		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
	diazepam		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
	oxazepam		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
	alprazolam		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
	halazepam		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
	lorazepam		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
	ANTICONVULSANTS		clonazepam	3 or more benzodiazepines require PA	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
	SEDATIVE-HYPNOTICS	temazepam	3 or more benzodiazepines require PA	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		flurazepam		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		triazolam		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		quazepam		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		estazolam		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
	ANTI-PSYCHOTICS TYPICAL	amitriptyline hcl/perphenazine	2 or more typical antipsychotics or 3 or	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		droperidol		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		haloperidol		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		chlorprothixene		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		thiothixene		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
pimozine		Same as FFS		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
molindone hcl		Same as FFS		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
chlorpromazine hcl		Same as FFS		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
promazine hcl		Same as FFS		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	

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CNS Agents** See end of document		triflupromazine hcl	more antipsychotics require PA	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
		fluphenazine		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
		perphenazine		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
		trifluoroperazine hcl		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
		thioridazine hcl		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
		acetophenazine maleate		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
		mesoridazine besylate		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
		piperacetazine		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
		methotrimeprazine		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
		ANTI-PSYCHOTICS ATYPICAL		clozapine	3 or more atypical antipsychotics or 3 or more antipsychotics require PA	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
			risperidone	Same as FFS		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
			olanzapine	Same as FFS		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
			quetiapine fumarate	Same as FFS		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
			ziprasidone	Same as FFS		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
			loxapine	Same as FFS		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
			aripiprazole	Same as FFS		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
			olanzapine/fluoxetine hcl	Same as FFS		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
			paliperidone	Same as FFS		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
			SEROTONIN SPECIFIC REUPTAKE INHIBITOR (SSRIS)	3 or more any antidepressants require PA		citalopram	Same as FFS	Same as FFS	Same as FFS	Same as FFS
					escitalopram	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
					fluoxetine hcl	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
					fluvoxamine maleate	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
					paroxetine hcl/mesylate	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
			SEROTONIN-NOREPINEPHRINE REUPTAKE INHIB (SNRIS)	3 or more any antidepressants require PA	sertraline	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
					duloxetine	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
			NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	3 or more any antidepressants require PA	venlafaxine	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
					bupropion	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
			SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	3 or more any antidepressants require PA	nefazodone	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
					trazodone	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
			TRICYCLIC ANTI-DEPRESSANTS	2 or more tricyclic antidepressants require PA; 3 or more any antidepressants require PA	imipramine	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
					amitriptyline	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
					nortriptyline	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
					desipramine	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
					protriptyline	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
					amoxapine	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
					trimipramine	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
					doxepin	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
					maprotiline	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
					clomipramine	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
			ANTIDEPRESSANTS, OTHER	3 or more any antidepressants require PA	benactyzine hcl/meprobamate	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
			isocarboxazid		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
			mirtazapine		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
			phenelzine sulfate		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
				tranylcypromine sulfate	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
Antiemetic/Antivertigo	COMPAZINE, prochlorperazine, promethazine, meclizine, trimethobenzamide					promethazine	AGE			
						TRANSDERM SCOP	QLL - 4 patches per 30 days			
		EMEND	QLL - 6 tabs per prescription	ZOFRAN, ZOFRAN ODT	QLL-10 tab/Rx or 50 mL per 30 days			ZOFRAN, ZOFRAN ODT	4 mg & 8mg QLL= 8tab/30 days, 24 mg QLL= 5 tab/30 days	
		5-HT3 RECEPTOR ANTAGONIST	QLL - Limited to 10 tablets per prescription and 1 bottle of oral solution per prescription			KYTRIL	QLL - 10 tablets per 30 days			
						ondansetron	QLL - 20 tablets per 30 days			
	CAFERGOT, WIGRAINE, DURADRIN, MIDRIN					ondansetron solution	QLL - 50ml per 30 days			

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Migraine Medications	SEROTONIN (5HT-1) RECEPTOR AGONIST AGENTS	AXERT	QLL - Limited to one box (6 tablets) per month	ZOMIG	QLL - 6	IMITREX	QLL - 9 tablets per RX; 6 nasal spray units per RX; 2 injection kits per RX	RELPAK	QLL 6 tabs/month
		IMITREX	QLL - Limited to one box of tablets (9 tablets), 1 box of nasal inhaler (6 inhalers), 1 box of stat dose refill (2 injections), and 2 vials (2 injections) per month	AXERT	QLL-6 tab/Rx	MAXALT, MAXALT MLT	QLL - 9 tablets per RX	IMITREX	QLL=9 tabs or 1 kit or 1-6ml nasal spray disp units/30 days
		AMERGE	QLL - 1 box (9 tablets) per month	IMITREX	QLL - 9 tablets per RX; 6 nasal spray units per RX; 1 injection kits per RX	ZOMIG, ZOMIG ZMT	QLL - 9 tablets per RX		
		MAXALT, MAXALT MLT	QLL - 1 box (9 tablets) per month			ZOMIG NS	QLL - 6 nasal spray units per RX		
		RELPAK	QLL - 1 box (6 tablets) per month						
Smoking Deterrents	bupropion SR, nicotine gum, nicotine patch, CHANTIX, COMMIT, NICODERM, NICORETTE, NICORELIEF, NICOTROL INHALER, NICOTROL NS, ZYBAN	All products	QLL - Limited to 12 weeks of therapy every 365 days			nicotine OTC gum, nicotine OTC lozeng, nicotine OTC patch	QLL - Limited to 12 weeks of therapy every 365 days	CHANTIX	ST
						bupropion HCL for smoking cessation	QLL - Limited to 12 weeks of therapy every 365 days		
Obstetric/Gynecological	ESTROGENIC AGENTS			estradiol, ALORA, COMBIPATCH, ESCLIM	QLL-14 patches per 30 days	ALORA, CLIMARA, ESTRADERM, VIVELLE, VIVELLE-DOT	PA	CLIMARA	QLL 5 patches/RX
						CLIMARA PRO	QLL - 4 patches per 30 days		
						ESTRING	QLL - 1 ring per 90 days		
	PROGESTATIONAL AGENTS			medroxyprogesterone IM	QLL - 1 per 90 days				
	CONTRACEPTIVES, ORAL			NUVARING	QLL - 1 per 28 days				
	CONTRACEPTIVES, OTHER			ORTHO EVRA	QLL - 3 patches per 28 days				
				DEPO-PROVERA	QLL-1 injection per 90 days	ORTHO EVRA	QLL - 3 patches per 28 days		
				PLAN B	QLL-2 per year				
VAGINAL ANTIFUNGALS					clotrimazole (OTC), miconazole (OTC), nystatin vaginal tablet, terconazole	QLL -2 times largest commercially available package size			
VAGINAL ESTROGEN PREPARATIONS					PREMARIN VAGINAL CREAM	QLL -2 times largest commercially available package size			
VAGINAL ANTIBIOTICS					clindamycin vaginal cream, metronidazole vaginal gel, triple sulfa	QLL -2 times largest commercially available package size			
EYE ANTI-INFECTIVES (RX ONLY)				OCUFLOX	QLL-30 mls per 30 days	bacitracin, bacitracin/polymyxin-b, bacitracin/neomycin/polymyxin-b, chloramphenicol, ciprofloxacin, erythromycin, gentamicin, gramicidin/neomycin/polymyxin-b, ofloxacin, polymyxin-b/trimethoprim, sulfacetamide, tobramycin, VIGAMOX	QLL -2 times largest commercially available package size		
				tobramycin	QLL-10 mL per 30 days				

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Ophthalmic/Otic				ciprofloxacin	QLL-30mls per 30 days				
				CIPRODEX	QLL-7.5 mls per 30 days				
	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS			XALATAN	QLL-5mls per 30 days	Alphagan-P, AZOPT, betaxolol, BETOPTIC-S, brimonidine, carbachol, carteolol, COSOPT, dipivefrin, levobunolol, LUMIGAN, metipranolol, pilocarpine, timolol, timolol XE, TRUSOPT, XALATAN	QLL -2 times largest commercially available package size		
	EYE ANTIBIOTIC-CORTICOID COMBINATIONS					bacitracin/neomycin/polymyxin-b/HC, FML-S, neomycin/polymyxin-b/dexamethasone, neomycin sulfate/dexamethasone, sulfacetamide/prednisolone, TOBRADEX	QLL -2 times largest commercially available package size		
	MYDRIATICS					atropine, CYCLOGYL, cyclopentolate, ISOPTO HOMATROPINE, tropicamide	QLL -2 times largest commercially available package size		
	EYE ANTIHISTAMINES			ketotifen	QLL-5mls per 30 days	ketotifen	QLL - 1 bottle per 30 days	PATANOL, PATADAY	ST
	EYE ANTIINFLAMMATORY AGENTS			ACULAR	ST, QLL-10 mL per 30 days	ACULAR LS, Decadron ophthalmic ointment, dexamethasone, fluorometholone, flurbiprofen, FML S.O.P., HMS, INFLAMASE MILD, PRED MILD, prednisolone acetate, prednisolone phosphate, VOLTAREN	QLL -2 times largest commercially available package size		
	OPHTHALMIC MAST CELL STABILIZERS			ALOMIDE	QLL-10mls per 30 days	cromolyn sodium	QLL - 1 bottle per 30 days		
	EYE ANTIVIRALS					trifluridine	QLL -2 times largest commercially available package size		
	OTIC ANTIBIOTICS				acetic acid/HC	QLL-20mls per 30 days	CIPRODEX	PA, QLL - 2 times largest commercially available package size	
				FLOXIN OTIC	QLL-10mls per 30 days	acetic acid, acetic acid/HC, FLOXIN OTIC, polymyxin-B/neomycin/HC	QLL -2 times largest commercially available package size		
				neomycin/polymixin/HC	QLL-20mls per 30 days				
Rheumatological	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	CELEBREX	PA - Requires Prior Authorization	CELEBREX	QLL-30 capsules per 30 days (14 caps for 400mg)			CELEBREX	ST
		ARTHROTEC	PA - Requires Prior Authorization	ketorolac	QLL-10 tablets per 30 days	ketorolac	QLL - 20 tablets per 30 days		
		ketorolac	QLL - Limited to 20 tablets or 5 day supply			tramadol, tramadol/APAP	QLL - 8 tablets per day		
	ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR			AVONEX, BETASERON, COPAXONE	PA	AVONEX, COPAXONE	PA		

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	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR			ENBREL, REMICADE, HUMIRA	PA	ENBREL	PA, QLL - 25mg/ml = 16 injections per 28 days; 50mg/ml = 8 injections per 28 days	ENBREL, HUMIRA	PA
	ANTI-FLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST			KINERET	PA			KINERET	PA
	ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS								
Immunologics and Vaccines	INTEFERONS			ALL PRODUCTS	PA	INFERGEN, INTRON-A, PEG-INTRON, PEGASYS, REBETRON, ROFERON-A	PA	PEG-INTRON, AVONEX ADMIN PACK, REBETRON, INTRON A	PA
	GROWTH HORMONES	All products	PA - Requires Prior Authorization	ALL PRODUCTS	PA	GENOTROPIN, HUMATROPE, NUTROPIN, NUTROPIN AQ, NUTROPIN DEPOT	PA, QLL - 28 syringes per 28 days	NORDITROPIN	PA
Miscellaneous Agents	CHELATING AGENTS					EXJADE	PA		
						ZAVESCA	PA		
	ANDROGENS					ANDRODERM, ANDROGEL, TESTIM GEL	PA		

Medication	Strength	Utilization Edit
ABILIFY tablet	2, 5, 10, 15, 30MG	1/day
	20MG	2/day
ABILIFY solution	1MG/ML	30ml/day
ABILIFY DISCMELT	10, 15MG	2/day
ADDERALL XR capsule	5, 10, 15MG	1/day
	20, 25, 30MG	2/day
alprazolam tablet	0.25, 0.5, 1, 2MG	4/day
alprazolam oral concentrate	1MG/ML	4ml/day
alprazolam xr tablet	0.5, 1, 2, 3MG	1/day
AMBIEN tablet	5, 10MG	1/day
AMBIEN CR tablet	6.25, 12.5MG	1/day
amitriptyline TABLET	10, 25, 50, 75, 100, 150MG	3/day
amphetamine salts tablet	5, 7.5, 10, 12.5MG	3/day
	15, 20, 30 MG	3/day
ARICEPT tablet	5, 10MG	1/day
ARICEPT ODT tablet	5, 10MG	1/day
bupropion tablet	75, 100MG	4/day
bupropion sr tablet	100, 150, 200MG	2/day
bupropion tablet	5, 7.5, 10, 15MG	3/day
	30MG	2/day
butisol tablet	30MG	3/day
	50MG	2/day
butisol elixir	30MG/5ML	15ml/day
chloral hydrate elixir	250MG/5ML	20ml/day
	500 MG/5ML	10ml/day
chloral hydrate capsule	500MG	2/day
chloral hydrate suppository	500MG	2/day
chlordiazepoxide capsule	5, 10, 25MG	4/day
chlorpromazine tablet	10, 25, 50, 100, 200MG	4/day
citolapram solution	10MG/5ML	20ml/day
citolapram tablet	10, 20, 40MG	1/day
clomipramine capsule	25MG	2/day
	50MG	5/day
	75MG	3/day
clonazepam rapid dissolve tablet	0.125, 0.25, 0.5, 1, 2MG	3/day
clonazepam tablet	0.5, 1, 2MG	3/day
clonidine tablet	0.1, 0.2MG	10/day
	0.3MG	8/day
clorazepate tablet	3.75, 7.5, 15MG	4/day
clozapine tablet	12.5, 25, 50, 200MG	3/day
	100MG	6/day
COGNEX capsule	10, 20, 30, 40MG	4/day
CONCERTA tablet	18, 27MG	1/day
	36, 54MG	2/day
CYMBALTA capsule	20, 30MG	2/day
	60MG	1/day
d-amphetamine sa capsule	5, 15MG	2/day
DAYTRANA 9 HR patch	10, 15, 20, 30MG	1/day
INVEGA tablet	3, 9MG	1/day

Medication	Strength	Utilization Edit
	6MG	2/day
desipramine tablet	10MG	4/day
	100MG	3/day
	25, 50, 75, 150MG	2/day
dextroamphetamine tablet	5, 10MG	3/day
dextroamphetamine sr capsule	10MG	2/day
diazepam tablet	2, 5, 10 MG	4/day
diazepam oral concentrate	5MG/ML	8ml/day
DORAL tablet	7.5, 15MG	1/day
doxepin capsule	10MG	4/day
	25, 50 , 75, 100, 150MG	2/day
doxepin oral concentrate	10MG/ML	30ml/day
EFFEXOR XR capsule	37.5MG	1/day
	75, 150MG	2/day
EMSAM 24 HOUR patch	6, 9, 12MG	1/day
ergoloid mesylates sublingual tablet	0.5, 1MG	3/day
ergoloid mesylates tablet	1MG	3/day
estazolam tablet	1, 2MG	1/day
EXELON capsule	1.5, 3, 4.5, 6MG	2/day
EXELON oral solution	2MG/ML	6ml/day
EXELON patch	4.6MG/24HR, 9.5MG/24HR	1 patch/day
FAZACLO tablet	25MG	3/day
	100MG	6/day
fluoxetine solution	20MG/5ML	20ml/day
fluoxetine capsule and tablet	10MG	1/day
	20MG	4/day
	40MG	2/day
fluphenazine tablet	1, 2.5, 5, 10MG	4/day
flurazepam capsule	15, 30MG	1/day
fluvoxamine tablet	100MG	3/day
	25, 50MG	1/day
FOCALIN tablet	2.5, 5MG	2/day
	10MG	4/day
FOCALIN XR capsule	5, 10MG	1/day
	15, 20MG	2/day
GEODON capsule	20, 40MG	2/day
	60, 80MG	3/day
haloperidol tablet	0.5, 1, 2, 5, 10, 20MG	3/day
hydroxyzine lc capsule	1MG	3/day
hydroxyzine syrup	10MG/5ML	100ml/day
hydroxyzine hcl tablet	10, 25MG	4/day
	50MG	8/day
hydroxyzine pamoate capsule	25, 50, 100MG	4/day
imipramine hcl tablet	10MG	2/day
	25MG	1/day
	50MG	6/day
imipramine pamoate capsule	100MG	3/day

Medication	Strength	Utilization Edit
	125, 150MG	2/day
	75MG	1/day
fluphenazine tablet	1, 2.5, 5, 10MG	4/day
flurazepam capsule	15, 30MG	1/day
fluvoxamine tablet	100MG	3/day
	25, 50MG	1/day
FOCALIN tablet	2.5, 5MG	2/day
	10MG	4/day
FOCALIN XR capsule	5, 10MG	1/day
	15, 20MG	2/day
GEODON capsule	20, 40MG	2/day
	60, 80MG	3/day
haloperidol tablet	0.5, 1, 2, 5, 10, 20MG	3/day
hydroxyzine hcl capsule	1MG	3/day
hydroxyzine syrup	10MG/5ML	100ml/day
hydroxyzine hcl tablet	10, 25MG	4/day
	50MG	8/day
hydroxyzine pamoate capsule	25, 50, 100MG	4/day
imipramine hcl tablet	10MG	2/day
	25MG	1/day
	50MG	6/day
imipramine pamoate capsule	100MG	3/day
	125, 150MG	2/day
	75MG	1/day
LEXAPRO tablet	5, 10, 20MG	1/day
LEXAPRO solution	5MG/5ML	20ml/day
LIBRITABS tablet	25MG	4/day
lorazepam tablet	0.5, 1, 2MG	4/day: max quantity 120 per month
loxapine succinate capsule	5, 10, 25, 50MG	4/day
LUNESTA tablet	1, 2, 3MG	1/day
MARPLAN tablet	10MG	3/day
maprotiline tablet	25, 50, 75MG	3/day
meprobamate tablet	200, 400MG	4/day
METADATE CD capsule	10, 20, 30, 40, 50, 60MG	1/day
METADATE ER tablet	10, 20MG	3/day
METHYLIN chewable tablet	2.5, 5, 10MG	3/day
METHYLIN solution	10MG/5ML	30ml/day
	5MG/5ML	60ml/day
METHYLIN ER tablet	10, 20MG	3/day
methylphenidate tablet	5, 10, 20MG	3/day
methylphenidate er tablet	20MG	3/day
mirtazapine rapid dissolve tablet	15, 30, 45MG	1/day
mirtazapine tablet	7.5, 15, 30, 45MG	1/day
MOBAN tablet	5, 10, 25, 50MG	4/day
	100MG	3/day
NAMENDA tablet	5, 10MG	2/day

Medication	Strength	Utilization Edit
NAMENDA solution	10MG/5ML	10ml/day
NAMENDA TITRATION pack	5-10MG	2/day
NARDIL tablet	15MG	6/day
nefazodone tablet	50, 100, 150, 200, 250MG	2/day
NEURONTIN solution	250MG/5ML	35ml/day
NIRAVAM tablet	0.25, 0.5, 1, 2MG	3/day
NORPRAMIN tablet	25, 50MG	2/day
nortriptyline solution	10MG/5ML	20ml/day
nortriptyline capsule	10, 25MG	4/day
	50MG	3/day
	75MG	2/day
ORAP tablet	1MG	10/day
	2MG	5/day
oxazepam capsule	10, 15, 30MG	4/day: max quantity 120
PAMELOR capsule	10MG	4/day
paroxetine tablet	10, 20MG	1/day
	30, 40MG	2/day
PAXIL suspension	10MG/5ML	40ml/day
PAXIL CR tablet	12.5, 25, 37.5MG	1/day
perphenazine tablet	2, 4, 8, 16MG	4/day
PEXEVA tablet	10, 20, 30MG	1/day
PLACIDYL capsule	500, 750MG	1/day
protriptyline tablet	5, 10MG	4/day
PROVIGIL tablet	100MG	1/day
	200MG	2/day
PROZAC WEEKLY capsule	90MG	4/28 days
RAZADYNE tablet	4, 8, 12MG	2/day
RAZADYNE solution	4MG/ML ORAL	6ml/day
RAZADYNE ER capsule	8, 16, 24MG	1/day
RESTORIL capsule	22.5MG	1/day
RISPERDAL tablet	0.25, 0.5, 1, 2, 3, 4MG	2/day
RISPERDAL M-TAB	0.5, 1, 2, 3, 4MG	2/day
RISPERDAL CONSTA syringe	12.5, 25, 37.5, 50MG	2/28 days
RITALIN LA capsule	10, 20, 40MG	1/day
	30MG	1/day
ROZEREM tablet	8MG	1/day
SERAX tablet	15MG	4/day: max quantity 120
SEROQUEL tablet	25, 50, 100, 200MG	3/day
	300, 400MG	4/day
SEROQUEL XR tablet	200MG	1/day
	300MG	3/day
	400MG	4/day
sertraline oral concentrate	20MG/ML	10ml/day
sertraline tablet	100MG	3/day
	25, 50MG	2/day

Medication	Strength	Utilization Edit
SONATA capsule	5, 10MG	2/day
STRATTERA capsule	10, 18, 25, 40MG	2/day
	60, 80, 100MG	1/day
SURMONTIL capsule	100MG	3/day
	25, 50 MG	1/day
SYMBYAX capsule	6/25, 6/50, 12/25, 12/50MG	1/day
temazepam capsule	7.5, 15, 30MG	1/day
thioridazine tablet	10, 15, 25, 50, 100, 150, 200MG	4/day
thiothixene capsule	1, 2, 5, 10MG	3/day
tranylcypromine	10MG	6/day
TRANXENE SD tablet	11.25, 22.5MG	1/day
trazodone tablet	100, 150MG	3/day
	50, 300MG	2/day
triazolam tablet	0.125, 0.25MG	1/day
trifluoperazine tablet	1, 2, 5MG	2/day
venlafaxine tablet	25, 37.5, 50, 75, 100MG	3/day
VYVANSE capsules	30, 50, 70MG	1/day
WELLBUTRIN XL tablet	150, 300MG	1/day
ZYPREXA tablet	2.5, 5, 7.5MG	1/day
	10, 15MG	2/day
	20MG	3/day
ZYPREXA ZYDIS tablet	5MG	1/day
	10, 15MG	2/day
	20MG	3/day