

South Carolina
Department of Health and Human Services
 Post Office Box 8206
 Columbia, South Carolina 29202-8206
 www.scdhhs.gov

September 27, 2007

MEDICAID BULLETIN

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TO: Providers Indicated

SUBJECTS: South Carolina Medicaid Preferred Drug List

The Preferred Drug List (PDL) has been revised to include several additional therapeutic classes. Attached to this bulletin is a comprehensive listing of products within all therapeutic classes that comprise the PDL. Upon initial implementation of the specified PDL changes, pharmacists will observe soft edits when pharmacy claims are submitted for products that will eventually require prior authorization. This period of soft editing will occur for several weeks. The soft edit will not cause the claim to reject; however, pharmacists are asked to take this opportunity to inform both the prescriber and beneficiary of the eventual prior authorization (PA) requirement.

Effective with dates of service November 14, 2007, hard edits will be activated (*i.e.*, pharmacy claims without prior authorization [PA] approval will deny) for newly designated non-preferred products within the therapeutic classes listed below. The **complete PDL** (attached to this bulletin) includes the following changes:

Additional PDL DRUG CLASSES
1) Receptor Selective NSAID's
2) Multiple Sclerosis Agents
3) Combination Benzoyl Peroxide/Clindamycin Products
4) Topical Retinoids
5) Alpha Blockers for BPH
6) Topical Agents for Psoriasis
7) Non-Ergot Dopamine Receptor Agonists

REVISED PDL DRUGS		
PREFERRED		NON-PREFERRED
Receptor Selective NSAID's		
CELEBREX®	Added to PDL	MOBIC®
MELOXICAM	Added to PDL	
Multiple Sclerosis Agents		
AVONEX®	Added to PDL	
AVONEX ADMINISTRATION PACK®	Added to PDL	
BETASERON®	Added to PDL	
COPAXONE®	Added to PDL	
REBIF®	Added to PDL	
Combination Benzoyl Peroxide/Clindamycin Products		
BENZACLIN®	Added to PDL	DUAC®
Topical Retinoids		
RETIN-A MICRO®	Added to PDL	AVITA®
TRETINOIN	Added to PDL	DIFFERIN®
		RETIN-A®
		RETIN-A MICRO® PUMP
		TAZORAC®
Alpha Blockers for BPH		
FLOMAX®	Added to PDL	
UROXATRAL®	Added to PDL	
Topical Agents for Psoriasis		
DOVONEX®	Added to PDL	TACLONEX®
PSORiatec®	Added to PDL	
Non-Ergot Dopamine Receptor Agonists		
REQUIP®	Added to PDL	MIRAPEX®
REQUIP DOSE PACK®	Added to PDL	NEUPRO®

Prescribers are strongly encouraged to write prescriptions for "preferred" products. However, if a prescriber deems that the patient's clinical status necessitates therapy with a PA-required drug, the prescriber (or his/her designated office personnel) is responsible for initiating the prior authorization request. A prospective, approved PA request will prevent rejection of prescription claims at the pharmacy due to the PA requirement.

All PA requests should be telephoned or submitted by fax to the First Health Clinical Call Center by the prescriber or the prescriber's designated office personnel. The toll-free telephone and fax numbers for the Clinical Call Center are 866-247-1181 and 888-603-7696, respectively. The First Health Clinical Call Center telephone number is reserved for use by healthcare professionals and should not be furnished directly to beneficiaries. [First Health's S. C. Medicaid *beneficiary call center* telephone number for questions

regarding Pharmacy Services-related issues is 800-834-2680; providers may furnish the beneficiary call center telephone number to Medicaid beneficiaries *for Pharmacy Services-related issues only*.] Providers are reminded that questions about Medicare eligibility issues and Part D drug plans should be directed to 1-800-MEDICARE.

A pharmacy claim submitted for a PA-required product that has not been approved for Medicaid reimbursement will reject. If this occurs, the pharmacist should contact the prescriber so that a determination may be made regarding whether a drug *not* requiring PA is clinically appropriate for the patient.

Questions regarding this bulletin should be directed to the Department of Pharmacy Services at (803) 898-2876.

/s/

Emma Forkner
Director

EF/mgas

Attachments

**NOTE: To receive Medicaid bulletins by email, please send an email to bulletin@scdhhs.gov indicating your email address and contact information.
To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions: <http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp>**



South Carolina Department of Health and Human Services Preferred Drug List

Products Within PDL Therapeutic Classes Are Available Without Prior Authorization (PA)

{Non-listed products belonging to therapeutic classes that comprise the PDL require PA}

{Note that ALL therapeutic classes are not included on the PDL.}

Listing Updated: September 2007

ANALGESIC

NSAIDs

Diclofenac Potassium
Diclofenac Sodium
Diflunisal
Etodolac
Fenoprofen
Flurbiprofen
Ibuprofen
Indomethacin
Indomethacin SR
Ketoprofen
Ketoprofen ER
Ketorolac
Meclofenamate Sod.
Nabumetone
Naproxen
Naproxen Sodium
Oxaprozin
Piroxicam
Sulindac
Tolmetin Sodium

NSAIDs, RECEPTOR SELECTIVE

Celebrex®
Meloxicam

* Clinical criteria are in effect for this class. Once criteria are met, the agents listed on the PDL are preferred.

OPIOIDS, EXTENDED RELEASE

Avinza®
Duragesic® Patch
Kadian®
Morphine Sulfate ER*
* Generic MS Contin®

ANTI-INFECTIVE

ANTIBACTERIALS

CEPHALOSPORINS, 2ND GENERATION

Cefprozil (all dosage forms)
Ceftin® Suspension
Cefuroxime Tablets

CEPHALOSPORINS, 3RD GENERATION

Omnicef® Capsules
Omnicef® Suspension
Spectracef® Tablets

MACROLIDES/KETOLIDES

Azithromycin
Biaxin XL®
Clarithromycin
EryPed®
Ery-Tab®
Erythromycin Base
Erythromycin Estolate
Erythromycin Ethylsuc.
Erythromycin Stearate
Erythrocin Stearate
Erythromycin & Sulfisox.

QUINOLONES, 2ND AND 3RD GENERATION

Avelox®
Ciprofloxacin
Factive®
Levaquin®
Ofloxacin

ANTIFUNGALS, ORAL

ONYCHOMYCOSIS AGENTS

Gris-Peg®
Griseofulvin
Terbinafine

ANTIVIRALS, ORAL

HERPES ANTIVIRALS

Acyclovir
Famvir®
Valtrex®

CARDIOVASCULAR

ACE INHIBITORS (ACEI)

Benazepril
Benazepril/HCTZ
Captopril
Enalapril
Enalapril/HCTZ
Lisinopril
Lisinopril/HCTZ

ACEI, CCB COMBINATIONS

Lotrel®
Tarka®

ANGIOTENSIN RECEPTOR BLOCKERS

Avalide®
Avapro®
Benicar®
Benicar HCT®
Cozaar®
Diovan®
Diovan HCT®
Hyzaar®
Micardis®
Micardis HCT®
Teveten®
Teveten HCT®

BETA BLOCKERS

Acebutolol
Atenolol
Atenolol/Chlorthalidone
Betaxolol
Bisoprolol Fumarate
Bisoprolol/HCTZ
Labetolol
Metoprolol Tartrate
Nadolol
Pindolol
Propranolol
Propranolol/HCTZ
Sotalol
Timolol
Coreg®* regular release formulation
*Use of Coreg® reserved for treatment of hypertension accompanied by heart failure.

CALCIUM CHANNEL BLOCKERS (CCB), DIHYDROPYRIDINES

Amlodipine
Dynacirc CR®
Felodipine
Isradipine
Nicardipine
Nifedical XL®
Nifedipine ER and SA

CALCIUM CHANNEL BLOCKERS (CCB), NON-DIHYDROPYRIDINES

Cartia XT®
Diltia XT®
Diltiazem
Diltiazem ER and XR
Taztia XT®
Verapamil
Verapamil ER
Verapamil SR

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LIPOTROPICS

BILE ACID SEQUESTERING RESINS

Cholestyramine
Cholestyramine Light
Colestid®
Welchol®

FIBRIC ACID DERIVATIVES

Gemfibrozil
Lofibra®
Tricor®

NIACIN DERIVATIVES

Niacor®
Niaspan®

STATINS

Advicor®
Altoprev®
Crestor®
Lescol®
Lescol XL®
Lipitor®
Lovastatin
Pravastatin®
Simvastatin
Vytorin®

CHOLESTEROL-ABSORPTION INHIBITORS

Zetia®

CENTRAL NERVOUS SYSTEM

ALZHEIMER'S AGENTS

CHOLINESTERASE INHIBITORS

Aricept®
Exelon® (Capsules and Solution)
Razadyne®

ANTI-CONVULSANT AGENTS

CARBAMAZEPINE DERIVATIVES

Carbamazepine (all dosage forms)
Carbatrol®
Epilex®
Tegretol XR®
Trileptal® (tablets and suspension)

ANTI-MIGRAINE AGENTS

SELECTIVE SEROTONIN AGONISTS*

Amerge®
Axert®
Imitrex® Tablets,
Imitrex® Injection
Imitrex® Nasal Spray
Maxalt®
Maxalt-MLT®
Relpax®
Zomig® Tablets
Zomig-ZMT®
Zomig® Nasal Spray

* See the listing at:
<http://southcarolina.thsc.com>
for the quantity limits for this class. (Click on Providers, then Documents, then Pharmacy Quantity Limits.)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS

Amphetamine Salt Combination
Dexmethylphenidate Immediate Release
Dextroamphetamine
Dextroamphetamine SR
Metadate CD®
Metadate ER®
Methylin®
Methylin ER®
Methylphenidate
Methylphenidate SR
Ritalin LA®*
Adderall XR®*
Concerta®*
Focalin XR®*
* Generic agents considered "first-line" when appropriate.

MULTIPLE SCLEROSIS AGENTS

Avonex®
Avonex Administration Pack®
Betaseron®
Copaxone®
Rebif®

PARKINSON'S AGENTS

NON-ERGOT DOPAMINE RECEPTOR AGONISTS

Requip®
Requip Dose Pack®

SEDATIVE/HYPNOTICS, NON-BARBITURATES

Temazepam
Zolpidem
Lunesta®*
* Generics should be considered "first-line" when appropriate.

ENDOCRINE AND METABOLIC

ANTI-DIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

Glyset®
Precose®

BIGUANIDES

Metformin
Metformin ER

BIGUANIDE COMBINATION AGENTS

ActoPlus Met®
Avandamet®
Glucovance®
Glyburide/Metformin

INSULINS

Lantus® Vial
Levemir® Vial
Novolin® N
Novolin® R
Novolin® 70/30
Novolog®
Novolog® Mix 70/30
Humalog® 50/50
Humulin® 50/50

MEGLITINIDES

Starlix®

SULFONYLUREAS, SECOND GENERATION

Glimepiride
Glipizide
Glipizide ER
Glyburide
Glyburide Micronized

THIAZOLIDINEDIONES

Actos®
Avandia®

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THIAZOLIDINEDIONE / SULFONYLUREA COMBINATIONS*

Avandaryl®
Duetact®

* Prior authorization is required if a single agent thiazolidinedione or sulfonylurea product has not been prescribed previously for the patient.

BIPHOSPHONATES - OSTEOPOROSIS

Fosamax®

GROWTH HORMONE

Genotropin®
Norditropin®
Saizen®

GASTROINTESTINAL

ANTI-EMETICS (ORAL)

SEROTONIN RECEPTOR ANTAGONISTS

Kytril®
Odansetron

HISTAMINE-2 RECEPTOR ANTAGONISTS

Famotidine
Ranitidine

PROTON PUMP INHIBITORS*

Nexium® Capsules
Prevacid®
Prilosec OTC®

* Clinical criteria are in effect for this class. Once criteria are met, the PPI's listed on the PDL are preferred.

GENITOURINARY

ALPHA BLOCKERS FOR BPH

Flomax®
Uroxatral®

ANTISPASMODICS

Detrol LA®
Enblex®
Oxybutynin
Oxytrol®
Sanctura®
VESicare®

ELECTROLYTE DEPLETERS

Fosrenol®
Phoslo®
Renagel®

HEMATOLOGICAL AGENTS

ANTICOAGULANTS – LOW MOLECULAR WEIGHT HEPARINS

Arixtra®
Fragmin®
Lovenox®

HEMOPOIETIC AGENTS

Aranesp®
Epogen®
Procrit®

IMMUNOLOGICS

IMMUNOMODULATORS, INJECTABLE

Enbrel®
Humira®

IMMUNOMODULATORS, TOPICAL

Elidel® *
Protopic® *

* Prescribers: Please use these agents as advised by the respective manufacturer and reserve for only those patients who have failed traditional eczema therapy.

IMMUNOMODULATORS, ORAL AND INJECTABLE

HEPATITIS C THERAPY, PEGYLATED INTERFERONS

Pegasys®
Pegasys® Conv. Pack
Peg-Intron®
Peg-Intron® Redipen™

HEPATITIS C THERAPY, RIBAVIRINS

Rebetol®
Ribavirin 200mg tablets

OPHTHALMICS

ANTI-HISTAMINES, OPHTHALMIC

Pataday®
Patanol®
Elestat®

GLAUCOMA THERAPY

ALPHA-2 ADRENERGICS

Brimonidine Tartrate
Alphagan P®

BETA BLOCKERS

Betaxolol HCl
Carteolol HCl
Levobunolol HCl
Metipranolol
Timolol Maleate
Timolol Maleate gel-forming

CARBONIC ANHYDRASE INHIBITORS

Azopt®
Cosopt®
Trusopt®

PROSTAGLANDIN AGONISTS

Lumigan®
Travatan®
Xalatan®

QUINOLONES, OPHTHALMIC

Ciprofloxacin HCl
Vigamox®
Zymar®

OTICS

QUINOLONES, OTIC

Ciprodex®
Floxin® Otic

RESPIRATORY

ANTI-CHOLINERGICS

Atrovent®
Combivent®
Spiriva®

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ANTI-HISTAMINES, 2nd GENERATION AND DECONGESTANT COMBINATIONS

Allegra® (all formulations)
Allegra-D®
Loratadine OTC (Tabs, Rapid Dissolve, Syrup)
Loratadine-D OTC
Zyrtec® (all formulations)
Zyrtec D®

BETA ADRENERGIC DEVICES, SHORT-ACTING INHALERS, INHALATION

Albuterol CFC
Xopenex® HFA
Ventolin® HFA

BETA ADRENERGIC DEVICES, LONG-ACTING METERED DOSE INHALERS

Serevent Diskus®*

* Prescribers are reminded of the revised labeling for long acting beta adrenergic agents "These medicines may increase the chance of severe asthma episodes, and death when those episodes occur."

BETA ADRENERGIC AGENTS, SHORT-ACTING NEBULIZERS

Albuterol
Metaproterenol
Xopenex®*

* Generic agents should be considered as "first-line" therapy when appropriate.

GLUCOCORTICOIDS

INHALED, INHALATION DEVICES

Asmanex®
Azmacort®
Flovent Diskus®
Flovent HFA®
Qvar®

INTRANASAL STEROIDS

Flonase®
Nasacort AQ®
Nasonex®

GLUCOCORTICOIDS AND LONG-ACTING BETA-2 ADRENERGICS

Advair® Diskus
Advair® HFA

* Prescribers are reminded of the revised labeling for long acting beta adrenergic agents "These medicines may increase the chance of severe asthma episodes, and death when those episodes occur."

LEUKOTRIENE RECEPTOR ANTAGONISTS

Accolate®
Singulair®

TOPICAL AGENTS FOR ACNE

COMBINATION BENZOYL PEROXIDE/CLINDAMYCIN PRODUCTS

Benzaclin®

TOPICAL RETINOIDS

Retin-A Micro®
(excludes Pump)
Tretinoin

TOPICAL AGENTS FOR PSORIASIS

TOPICAL AGENTS FOR PSORIASIS

Dovonex®
Psoriatec®

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A

ACCOLATE
ACEBUTOLOL
ACTOS
ACTOPLUS MET
ACYCLOVIR
ADDERALL XR
ADVAIR DISKUS
ADVAIR HFA
ADVICOR
ALBUTEROL CFC
ALBUTEROL NEBULIZER
ALLEGRA (ALL FORMULATIONS)
ALLEGRA-D
ALPHAGAN P
ALTOPREV
AMERGE
AMLODIPINE
AMPHETAMINE SALT COMBINATION
ARANESP
ARICEPT
ARIXTRA
ASMANEX
ATENOLOL
ATENOLOL/CHLORTHALIDONE
ATROVENT
AVALIDE
AVANDAMET
AVANDARYL
AVANDIA
AVAPRO
AVELOX
AVINZA
AVONEX
AVONEX ADMINISTRATION PACK
AXERT
AZITHROMYCIN
AZMACORT
AZOPT

B

BENAZEPRIL
BENAZEPRIL/HCTZ
BENICAR
BENICAR HCT
BENZACLIN
BETASERON
BETAXOLOL
BETAXOLOL HCL OPHTHALMIC
BIAXIN XL
BISOPROLOL FUMARATE
BISOPROLOL/HCTZ
BRIMONIDINE TARTRATE OPHTH.

C

CAPTOPRIL
CARBAMAZEPINE (ALL FORMULATIONS)
CARBATROL
CARTEOLOL HCL OPHTHALMIC
CARTIA XT
CEFPROZIL
CEFTIN SUSPENSION
CEFUROXIME TABLETS
CELEBREX
CHOLESTYRAMINE
CHOLESTYRAMINE LIGHT
CLARITHROMYCN
CIPRODEX OTIC
CIPROFLOXACIN
CIPROFLOXACIN HCL OPHTHALMIC
COLESTID
COMBIVENT
CONCERTA
COPAXONE
COREG
COSOPT
COZAAR
CRESTOR

D

DETROL LA
DEXMETHYLPHENIDATE IR
DEXTROAMPHETAMINE
DEXTROAMPHETAMINE SR
DICLOFENAC POTASSIUM
DICLOFENAC SODIUM
DIFLUNISAL
DILTIA XT
DILTIAZEM
DILTIAZEM ER
DILTIAZEM XR
DIOVAN
DIOVAN HCT
DOVONEX
DUETACT
DURAGESIC PATCH
DYNACIRC CR

E

ELESTAT OPHTHALMIC
ELIDEL
ENABLEX
ENALAPRIL
ENALAPRIL/HCTZ
ENBREL
EPITOL
EPOGEN
ERYPED
ERY-TAB
ERYTHROCIN STEARATE
ERYTHROMYCIN BASE
ERYTHROMYCIN ESTOLATE
ERYTHROMYCIN ETHYLSUCCINATE
ERYTHROMYCIN STEARATE
ERYTHROMYCIN WITH SULFISOXAZOLE
ETODOLAC
EXELON CAPSULES AND SOLUTION

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F

FACTIVE
FAMOTIDINE
FAMVIR
FELODIPINE
FENOPROFEN
FLOMAX
FLONASE
FLOVENT DISKUS
FLOVENT HFA
FLOXIN OTIC
FLURBIPROFEN
FOCALIN XR
FOSAMAX
FOSRENOL
FRAGMIN

G

GEMFIBROZIL
GENOTROPIN
GLIMEPIRIDE
GLIPIZIDE
GLIPIZIDE ER
GLUCOVANCE
GLYBURIDE
GLYBURIDE MICRONIZED
GLYBURIDE/METFORMIN
GLYSET
GRISEOFULVIN
GRIS-PEG

H

HUMALOG 50/50
HUMIRA
HUMULIN 50/50
HYZAAR

I

IBUPROFEN
IMITREX INJECTION
IMITREX NASAL SPRAY
IMITREX TABLETS
INDOMETHACIN
INDOMETHACIN SR
ISRADIPINE

J

K

KADIAN
KETOPROFEN
KETOPROFEN ER
KETOROLAC
KYTRIL

L

LABETOLOL
LANTUS VIAL
LESCOL
LESCOL XL
LEVAQUIN
LEVEMIR VIAL
LEVOBUNOLOL HCL OPHTHALMIC
LIPITOR
LISINAPRIL
LISINAPRIL/HCTZ
LOFIBRA
LORATADINE OTC (ALL FORMS)
LORATADINE-D OTC
LOTREL
LOVASTATIN
LOVENOX
LUMIGAN
LUNESTA

M

MAXALT
MAXALT-MLT
MECLOFENAMATE SODIUM
MELOXICAM
METADATE CD
METADATE ER
METAPROTERENOL NEBULIZER
METFORMIN
METFORMIN ER
METHYLIN
METHYLIN ER
METHYLPHENIDATE
METHYLPHENIDATE SR
METIPRANOLOL OPHTHALMIC
METOPROLOL TARTRATE
MICARDIS
MICARDIS HCT
MORPHINE SULFATE ER

N

NABUMETONE
NADOLOL
NAPROXEN
NAPROXEN SODIUM
NASACORT AQ
NASONEX
NEXIUM CAPSULES
NIACOR
NIASPAN
NICARDIPINE
NIFEDICAL XL
NIFEDIPINE ER
NIFEDIPINE SA
NORDITROPIN
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30

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O

ODANSETRON
OFLOXACIN
OMNICEF CAPSULES
OMNICEF SUSPENSION
OXAPROZIN
OXYBUTININ
OXYTROL

P

PATADAY OPHTHALMIC
PATANOL OPHTHALMIC
PEGASYS
PEGASYS CONVENIENCE PACK
PEG-INTRON
PEG-INTRON REDIPEN
PHOSLO
PINDOLOL
PIROXICAM
PRAVASTATIN
PRECOSE
PREVACID
PRILOSEC OTC
PROCRIT
PROPRANOLOL
PROPRANOLOL/HCTZ
PROTOPIC
PSORiatec

Q

QVAR

R

RANITIDINE
RAZADYNE
REBETOL
REBIF
RELPAX
RENAGEL
REQUIP
REQUIP DOSE PACK
RETIN-A MICRO
RIBAVIRIN TABLETS
RITALIN LA

S

SAIZEN
SANCTURA
SEREVENT
SIMVASTATIN
SINGULAIR
SOTALOL
SPECTRACEF TABLETS
SPIRIVA
STARLIX
SULINDAC

T

TARKA
TAZTIA XT
TEGRETOL XR
TEMAZEPAM
TERBINAFINE
TEVETEN
TEVETEN HCT
TIMOLOL
TIMOLOL MALEATE GEL-FORMING
TIMOLOL MALEATE OPHTHALMIC
TOLMETIN SODIUM
TRAVATAN
TRETINOIN
TRILEPTAL
TRICOR
TRUSOPT

U

UROXATRAL

V

VALTrex
VENTOLIN HFA
VERAPAMIL
VERAPAMIL ER
VERAPAMIL SR
VIGAMOX OPHTHALMIC
VESICARE
VYTORIN

W

WELCHOL

X

XALATAN
XOPENEX
XOPENEX HFA

Y

Z

ZETIA
ZOLPIDEM
ZOMIG
ZOMIG NASAL SPRAY
ZOMIG-ZMT
ZYMAR OPHTHALMIC
ZYRTEC (ALL FORMULATIONS)
ZYRTEC D

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