

CONNECTICUT MEDICAID	ACNE AGENTS, TOPICAL ‡	ANGIOTENSIN MODULATOR COMBINATIONS	ANTICONVULSANTS, CONT.
Preferred Drug List (PDL)	(STEP THERAPY CATEGORY)	AMLODIPINE / BENAZEPRIL (ORAL)	ETHOSUXIMIDE SOLUTION (ORAL)
	(DX CODE REQUIRED - DIFFERIN and EPIDUO)	AMLODIPINE / OLMESARTAN (ORAL)	GABITRIL TABLET (ORAL)
	AZELEX 20% CREAM (TOPICAL)	AMLODIPINE / VALSARTAN (ORAL)	LAMOTRIGINE CHEW DISPERS TAB (not ODT) (ORAL)
	CLINDAMYCIN PHOS 1% PLEGET (TOPICAL)	AMLODIPINE / VALSARTAN / HCTZ (ORAL)	LAMOTRIGINE STARTER PACK (not ODT) (ORAL)
	CLINDAMYCIN PHOS 1% SOLUTION (TOPICAL)		LAMOTRIGINE TABLET (IR) (not ER) (ORAL)
	CLINDAMYCIN-BENZOYL PEROXIDE 1-5% PUMP (TOPICAL)	ANTHELMINTICS	LEVETIRACETAM SOLUTION, IR TABLET (not ER) (ORAL)
	DIFFERIN 0.1% CREAM (TOPICAL) (DX CODE REQ.)	ALBENZA TABLET (ORAL)	OXCARBAZEPINE SUSPENSION, TABLET (ORAL)
	DIFFERIN 0.1% GEL (TOPICAL) (DX CODE REQ.)	BILTRICIDE TABLET (ORAL)	PEGANONE TABLET (ORAL)
	DIFFERIN 0.1% LOTION (TOPICAL) (DX CODE REQ.)	IVERMECTIN TABLET (ORAL)	PHENOBARBITAL ELIXIR, TABLET (ORAL)
	DIFFERIN 0.3% GEL PUMP (TOPICAL) (DX CODE REQ.)	STROMEKTOL TABLET (ORAL)	PHENYTOIN CHEW TABLET, SUSPENSION (ORAL)
	EPIDUO 0.1-2.5% GEL PUMP (TOPICAL) (DX CODE REQ.)		PHENYTOIN SOD EXT CAPSULE (ORAL)
	ERYTHROMYCIN 2% SOLUTION (TOPICAL)	ANTI-ALLERGENS, ORAL	PRIMIDONE (ORAL)
• HIV medications are excluded from the PDL and do not require prior authorization	RETIN-A CREAM (TOPICAL)	All agents require non-PDL PA	TOPIRAMATE SPRINKLE CAPSULE (ORAL)
	RETIN-A GEL (TOPICAL)		TOPIRAMATE TABLET (not ER) (ORAL)
• The brand-name of a generically available medication will not be covered without a PA, unless the brand is listed on the PDL	ALZHEIMER'S AGENTS	ANTIBIOTICS, GI	VALPROIC ACID CAPSULE, SOLUTION (ORAL)
	DONEPEZIL ODT (ORAL)	METRONIDAZOLE TABLET (not CAPSULE) (ORAL)	VIMPAT SOLUTION, TABLET (not STARTER KIT) (ORAL)
• Preferred brand-name medications with non-preferred generic equivalents are listed in BOLD	DONEPEZIL 5MG & 10MG TABLET (not 23MG) (ORAL)	VANCOMYCIN TABLET (ORAL)	ZONISAMIDE CAPSULE (ORAL)
	EXELON PATCH (TRANSDERMAL)		
	GALANTAMINE ER CAPSULE (ORAL)	ANTIBIOTICS, INHALED	ANTIDEPRESSANTS, OTHER
• UPDATED NOTATIONS: (DX Code Required) notation will appear for preferred agents that require ICD-10 code for reimbursement	MEMANTINE IR TABLET (not ER CAPSULES) (ORAL)	BETHKIS AMPULE (INHALATION)	BUPROPION (ORAL)
	MEMANTINE 5-10MG TITRATION PACK (ORAL)	CAYSTON SOLUTION (INHALATION)	BUPROPION SR, BUPROPION XL (ORAL)
	RIVASTIGMINE CAPSULES (ORAL)	KITABIS PAK 300 MG/5 ML (INHALATION)	DESVENLAFAXINE SUC ER (generic PRISTIQ) (ORAL)
• UPDATED NOTATIONS: CHEWABLE notation will appear for preferred agents		TOBI PODHALER 28MG INHALE CAPSULE (INHALATION)	EMSAM (TRANSDERMAL)*
			FETZIMA ER, FETZIMA STARTER PACK (ORAL)
** New Therapeutic Class added to PDL effective 7/1/18 * New Drug added to the PDL effective 7/1/18	ANALGESICS, NARCOTICS SHORT	ANTIBIOTICS, TOPICAL	MARPLAN (ORAL)
	APAP / CODEINE ELIXIR (ORAL)	GENTAMICIN 0.1% CREAM (TOPICAL)	MIRTAZAPINE TABLET, ODT (ORAL)
Non - PDL PA Requirements • Intolerance of the preferred agents • Adverse reaction to the preferred agents • Inadequate response from the preferred agents • Determined medically necessary appropriate • Absence of appropriate formulation of the preferred agents	APAP / CODEINE #2, #3, #4 TABLET (ORAL)	GENTAMICIN 0.1% OINTMENT (TOPICAL)	NEFAZODONE (ORAL)
	CODEINE TABLET (ORAL)	MUPIROCI 2% OINTMENT (not CREAM) (TOPICAL)	PARNATE (ORAL)
	HYDROCODONE / APAP CAPSULE (ORAL)		PHENELZINE (ORAL)
	HYDROCODONE / APAP SOLUTION (ORAL)	ANTIBIOTICS, VAGINAL	TRAZODONE (ORAL)
	HYDROCODONE / APAP TABLET (ORAL)	CLEOCIN OVULES (VAGINAL)	TRINTELLIX (BRINTELLIX) (ORAL)
	HYDROCODONE / IBUPROFEN (ORAL)	CLINDESSE 2% CREAM (VAGINAL)	VENLAFAXINE ER CASPULES (ORAL)
	HYDROMORPHONE TABLET (IR) (ORAL)	METRONIDAZOLE 0.75% GEL (VAGINAL)	VIIBRYD (ORAL)
	MORPHINE CONC, SOLUTION, SYRUP (ORAL)		
	MORPHINE IR TABLET (ORAL)	ANTICOAGULANTS	ANTIDEPRESSANTS, SSRIs
	OXYCODONE / APAP CAPSULE, TABLET (ORAL)	ELIQUIS TABLET (not STARTER PACK) (ORAL)	CITALOPRAM TABLET, SOLUTION (ORAL)
OXYCODONE TABLET (not CAPSULE) (ORAL)	ENOXAPARIN SYRINGE (SUBCUTANEOUS)	ESCITALOPRAM SOLUTION, TABLET (ORAL)	
	OXYCODONE 5 MG/5 ML SOLUTION (ORAL)	FRAGMIN VIAL (SUBCUTANEOUS)	FLUOXETINE CAPSULE, SOLUTION (ORAL) (not Tablet)
TRAMADOL TABLET (ORAL)	LOVENOX VIAL (SUBCUTANEOUS)	FLUVOXAMINE (ORAL)	
TRAMADOL / APAP (ORAL)	PRADAXA (ORAL)	PAROXETINE TABLET (ORAL)	
Important Connecticut Medicaid Phone Numbers	WARFARIN (ORAL)		SERTRALINE CONC, TABLET (ORAL)
		XARELTO (ORAL)	
		XARELTO STARTER PACK (ORAL)	ANTIEMETIC / ANTIVERTIGO AGENTS
DXC Technology Pharmacy Prior Authorization Center Phone #: 1-866-409-8386 (toll-free) Fax #: 1-866-759-4110 (toll-free)	ANDROGEL 1% GEL PACKET (TRANSDERM.)		EMEND CAPSULE (not TRIPACK or POWDER) (ORAL)
	ANDROGEL 1.62% GEL PACKET (TRANSDERM.)		DICLEGIS (ORAL)
	ANDROGEL 1% GEL PUMP (TRANSDERM)	ANTICONVULSANTS	DRONABINOL CAPSULE (ORAL)
PA forms are only available on our website: http://www.CTDSSMAP.com Navigate to: <i>Pharmacy Information</i> or: <i>information > publications > forms</i>	ANDROGEL 1.62% GEL PUMP (TRANSDERM)	CARBAMAZEPINE SUSPENSION, TAB CHEW, TABLET (ORAL)	ONDANSETRON ODT, SOLUTION, TABLET (ORAL)
		CARBAMAZEPINE ER CAPSULE (ORAL)	
		CARBAMAZEPINE ER TABLET (ORAL)	
	ANGIOTENSIN MODULATORS		ANTIFUNGALS, ORAL
	DIOVAN TABLET (ORAL)	CELONTIN (ORAL)	
	ENALAPRIL, ENALAPRIL / HCTZ (ORAL)	CLONAZEPAM IR TABLET (not ODT or ER) (ORAL)	CLOTRIMAZOLE 10 MG TROCHE (MUCOUS MEM)
	ENTRESTO TABLET (ORAL)	DIASTAT 2.5 PEDI SYSTEM (RECTAL)	FLUCONAZOLE SUSPENSION, TABLET (ORAL)
		DIASTAT ACUDIAL (RECTAL)	GRISEOFULVIN SUSPENSION (not TABLET) (ORAL)
	LISINOPRIL, LISINOPRIL / HCTZ (ORAL)	DIVALPROEX ER (ORAL)	NYSTATIN SUSPENSION (not TABLET) (ORAL)
	LOSARTAN, LOSARTAN / HCTZ (ORAL)	DIVALPROEX SPRINKLE, TABLET (ORAL)	TERBINAFINE TABLET (ORAL)
QUINAPRIL, QUINIPRIL / HCTZ (ORAL)			
VALSARTAN / HCTZ (ORAL)			

ANTIFUNGALS, TOPICAL	ANTIPARKINSON'S AGENTS, CONT.	ANTIVIRALS, ORAL & INHALED	BRONCHODILATORS, BETA AGONIST
CLOTRIMAZOLE 1% CREAM (Rx ONLY) (TOPICAL)	PRAMIPEXOLE (IR) (ORAL)	ACYCLOVIR CAPSULE, TABLET (ORAL)	ALBUTEROL NEB SOLN 100 MG/20 ML (INHALATION)
CLOTRIMAZOLE 1% SOLUTION (Rx ONLY) (TOPICAL)	ROPINIROLE (IR) (ORAL)	ACYCLOVIR SUSPENSION (ORAL)	ALBUTEROL NEB SOLN 0.63, 1.25, 2.5 MG/3 ML (INHALATION)
CLOTRIMAZOLE-BETAMETHASONE CREAM (TOPICAL)	SELEGILINE CAPSULE, TABLET (ORAL)	FAMCICLOVIR TABLET (ORAL)	ALBUTEROL NEB SOLN 2.5 MG/0.5 ML (INHALATION)
KETOCONAZOLE 2% SHAMPOO (TOPICAL)	STALEVO (ORAL)	RELENZA 5 MG DISKHALER (INHALATION)	ALBUTEROL SOLUTION, SYRUP (not TABLET) (ORAL)
NYSTATIN CREAM, OINTMENT, POWDER (TOPICAL)	TRIHENXYPHENIDYL ELIXIR, TABLET (ORAL)	RIMANTADINE TABLET (ORAL)	FORADIL AEROLIZER (INHALATION)
		TAMIFLU CAPSULE (ORAL)	PROAIR HFA (INHALATION)
ANTIHIAMINES, MINIMALLY SEDATING	ANTIPSORIATICS, ORAL	TAMIFLU SUSPENSION (ORAL)	PROVENTIL HFA (INHALATION)
CETIRIZINE SOLUTION (Rx ONLY) (ORAL)	ACITRETIN CAPSULE (ORAL)	VALACYCLOVIR TABLET (ORAL)	SEREVENT DISKUS (INHALATION)
FEXOFENADINE-D 12-HOUR OTC (ORAL)	OXSORALEN-ULTRA CAPSULE (ORAL)		TERBUTALINE TABLETS (ORAL)
FEXOFENADINE SUSPENSION OTC (ORAL)		ANTIVIRALS, TOPICAL	
LEVOCETIRIZINE TABLETS (ORAL)	ANTIPSORIATICS, TOPICAL	ZOVIRAX 5% CREAM (TOPICAL)	CALCIUM CHANNEL BLOCKERS
LORATADINE ODT, SOLUTION, TABLET (ORAL)	CALCIPOTRIENE 0.005% OINTMENT, SOLUTION (TOPICAL)	ZOVIRAX 5% OINTMENT (TOPICAL)*	AMLODIPINE TABLET (ORAL)
LORATADINE-D OTC (ORAL)	DOVONEX 0.005% CREAM (TOPICAL)		DILTIAZEM 12HR ER CAPSULE (ORAL)
	TACLONEX OINTMENT (TOPICAL)	ANXIOLYTICS	DILTIAZEM 24HR ER CAPSULE (not TABLET) (ORAL)
ANTIHYPERTENSIVES, SYMPATHOLYTICS	VECTICAL 3 MCG/G OINTMENT (TOPICAL)	ALPRAZOLAM TABLET (IR) (ORAL)	DILTIAZEM TABLET (ORAL)
CATAPRES-TTS PATCH (TRANSERM)		BUSPIRONE (ORAL)	NIFEDIPINE ER (ORAL)
CLONIDINE TABLET (ORAL)	ANTIPSYCHOTICS	CHLORDIAZEPOXIDE (ORAL)	VERAPAMIL TABLET (ORAL)
GUANFACINE (ORAL)	ABILIFY MAINTENA ER (INTRAMUSC.)	DIAZEPAM 5 MG/5 ML SOLUTION (ORAL)	VERAPAMIL TABLET ER TABLET (not CAPSULE) (ORAL)
METHYLDOPA (ORAL)	ABILIFY SOLUTION (ORAL)	DIAZEPAM TABLET (ORAL)	
METHYLDOPA / HCTZ (ORAL)	ADASUVE (INHALATION)	LORAZEPAM INTENSOL, TABLET (ORAL)	CEPHALOSPORINS AND RELATED ANTIBIOTICS
	ARIPIRAZOLE SOLUTION, TABLET (ORAL)		AMOXICILLIN / CLAV SUSPENSION (ORAL)
ANTIHYPURICEMICS	ARISTADA (INTRAMUSC)	BETA-BLOCKERS	AMOXICILLIN / CLAV TABLET (not CHEW TAB or ER) (ORAL)
ALLOPURINOL (ORAL)	CHLORPROMAZINE (ORAL)	ATENOLOL TABLET (ORAL)	CEFACLOL CAPSULE (not SUSPENSION) (ORAL)
COLCHICINE CAPSULE (not COLCRYS or TABLETS) (ORAL)	CLOZAPINE TABLET (ORAL)	ATENOLOL / CHLOROTHALIDONE (ORAL)	CEFADROXIL CAPSULE, SUSPENSION (not TABLET) (ORAL)
PROBENECID (ORAL)	FANAPT (ORAL)	CARVEDILOL TABLET (not ER) (ORAL)	CEFDINIR CAPSULE, SUSPENSION (ORAL)
PROBENECID / COLCHICINE (ORAL)	FAZACLO ODT (ORAL)	LABETALOL TABLET (ORAL)	CEFIXIME SUSPENSION (ORAL)
	FLUPHENAZINE DECANOATE (INJECTION)	METOPROLOL TARTRATE (ORAL)	CEFPROZIL SUSPENSION, TABLET (ORAL)
ANTIMIGRAINE AGENTS, OTHER	FLUPHENAZINE ELIXIR/SOLN, TABLET (ORAL)	METOPROLOL SUCCINATE ER (ORAL)	CEFTIN SUSPENSION (ORAL)
DIHYDROERGOTAMINE 1 MG/ML AMP (INJECTION)*	GEODON VIAL (INTRAMUSC)	PROPRANOLOL SOLUTION, TABLET (ORAL)	CEFUROXIME TABLET (ORAL)
DIHYDROERGOTAMINE 4 MG/ML SPRY (NASAL)*	HALOPERIDOL (ORAL)	PROPRANOLOL ER CAPSULE(ORAL)	CEPHALEXIN CAPSULE, SUSPENSION (not TABLET) (ORAL)
ISOMETHEPT / CAFFIENE / APAP (ORAL) *	HALOPERIDOL DECANOATE, LACTATE (INJECTION)		SUPRAX CAPSULE, CHEW TAB (not SUSPENSION) (ORAL)
ISOMETHEPT / DICHLORALP / APAP (ORAL)*	HALOPERIDOL LACTATE CONC (ORAL)	BILE SALTS	
MIGERGOT SUPPOSITORY (RECTAL)*	INVEGA SUSTENNA (INTRAMUSC)	URSODIOL TABLET (not CAPSULE) (ORAL)	COLONY STIMULATING FACTORS
	INVEGA TRINZA (INTRAMUSC)		GRANIX SYRINGE (INJECTION)
ANTIMIGRAINE AGENTS, TRIPTANS ‡	LATUDA (ORAL)	BLADDER RELAXANT PREPARATIONS	NEULASTA ONPRO SYRINGE (INJECTION)
(STEP THERAPY CATEGORY)	LOXAPINE (ORAL)	OXYBUTYNIN ER TABLET (ORAL)	NEULASTA SYRINGE (INJECTION)
RELPAZ (ORAL)	MOLINDONE (ORAL)	OXYBUTYNIN SYRUP, TABLET (ORAL)	NEUPOGEN DISP SYRINGE, VIAL (INJECTION)
RIZATRIPTAN ODT (ORAL)	NUPLAZID (ORAL)	TOVIAZ ER (ORAL)	
RIZATRIPTAN TABLET (ORAL)	OLANZAPINE TABLET, ODT (ORAL)	VESICARE (ORAL)	CONTRACEPTIVES, ORAL
SUMATRIPTAN NASAL SPRAY (NASAL)	PALIPERIDONE ER (ORAL)		***PREFERRED EMERGENCY CONTRACEPTIVES***
SUMATRIPTAN TABLET (ORAL)	PERPHENAZINE (ORAL)	BONE RESORPTION SUPPRESSION & RELATED AGENTS	AFTERA 1.5 MG TABLET (ORAL)*
SUMATRIPTAN VIAL (not SYRINGE) (SUBCUTANEOUS)	PERPHENAZINE / AMITRIPTYLINE (ORAL)	ALENDRONATE TABLET (ORAL)	ELLA 30 MG TABLET (ORAL)*
	PIMOZIDE (ORAL)	CALCITONIN-SALMON 200 UNITS SPRAY (NASAL)	OPCICON ONE-STEP 1.5 MG TABLET (ORAL)*
ANTIPARASITICS, TOPICAL	QUETIAPINE TABLET, ER TABLET (ORAL)		OPTION 2 1.5 MG TABLET (ORAL)*
PERMETHRIN 5% CREAM (TOPICAL)	REXULTI (ORAL)	BOTULINUM TOXINS	PLAN B ONE-STEP 1.5 MG TABLET (ORAL)*
PERMETHRIN 1% CRM RINSE, SHAMPOO (TOPICAL)	RISPERDAL CONSTA (INTRAMUSC.)	BOTOX 100, 200 UNIT VIAL (not COSMETIC) (INTRAMUSC)	TAKE ACTION OTC (ORAL)*
PIPERONYL BUTOXIDE / PYRETHRINS SHAMPOO OTC (TOPICAL)	RISPERIDONE ODT, SOLUTION, TABLET (ORAL)		ALTAVERA-28 (ORAL)
NATROBA 0.9% SUSPENSION (TOPICAL)	SAPHRIS (SUBLINGUAL)	BPH TREATMENTS	ALYACEN 1/35 (ORAL)
SKLICE (TOPICAL)	SYMBYAX (ORAL)	ALFUZOSIN ER TABLET (ORAL)	APRI-28 (ORAL)
	THIORIDAZINE (ORAL)	DOXAZOSIN MESYLATE TABLET (ORAL)	ARANELLE-28 (ORAL)
ANTIPARKINSON'S AGENTS	THIOXIXENE (ORAL)	DUTASTERIDE CAPSULE (ORAL)	AVIANE-28 (ORAL)
AMANTADINE CAPSULE, SOLUTION (ORAL)	TRIFLUOPERAZINE (ORAL)	FINASTERIDE 5 MG TABLET (not 1 MG) (ORAL)	BLISOVI FE 1/20, BLISOVI FE 1.5/30 (ORAL)
BENZTROPINE (ORAL)	VRAYLAR (ORAL)	TAMSULOSIN CAPSULE (ORAL)	CAMILA 0.35 (ORAL)
BROMOCRIPTINE (ORAL)	ZIPRASIDONE CAPSULE (ORAL)	TERAZOSIN CAPSULE (ORAL)	CAZIAN-28 (ORAL)
CARBIDOPA / LEVODOPA TABLET, ODT (ORAL)	ZYPREXA VIAL (INTRAMUSC)		CHATEAL-28 (ORAL)
CARBIDOPA / LEVODOPA ER TABLET (ORAL)	ZYPREXA RELPREVV (INTRAMUSC)		CRYSSELLE-28 (ORAL)

CONTRACEPTIVES, ORAL, CONT.	CONTRACEPTIVES, ORAL, CONT.	GLUCOCORTICOIDS, ORAL	HYPOGLYCEMICS, INSULIN & RELATED AGENTS, CONT.
CYCLAFEM 1/35, CYCLAFEM 7/7/7 (ORAL)	TRI-LO-ESTARYLLA (ORAL)	BUDESONIDE EC (ORAL)	HUMULIN N 100 UNITS/ML VIAL (SUBCUTANEOUS)
DASETTA 1/35, DASETTA 7/7/7 (ORAL)	TRINESSA LO (ORAL)	DEXAMETHASONE TABLET (ORAL)	HUMULIN R 100 UNITS/ML VIAL (SUBCUTANEOUS)
DEBLITANE 0.35 MG (ORAL)	TRI-PREVI-FEM (ORAL)	HYDROCORTISONE TABLET (ORAL)	HUMULIN R 500 UNITS/ML VIAL (SUBCUTANEOUS)
ELINEST-28 (ORAL)	TRI-SPRINTEC (ORAL)	METHYLPREDNISOLONE DOSE PACK (4 MG) (ORAL)	LANTUS VIAL (SUBCUTANEOUS)
EMOQUETTE-28 (ORAL)	TRIVORA-28 (ORAL)	ORAPRED ODT (ORAL)	LANTUS SOLOSTAR (SUBCUTANEOUS)
ENPRESSE-28 (ORAL)	VIENVA-28 (ORAL)	PREDNISOLONE 15 MG/5 ML SOLUTION (ORAL)	LEVEMIR FLEXTOUCH, VIAL (SUBCUTANEOUS)
ESTARYLLA 0.25-0.035 MG (ORAL)	ZARAH (ORAL)	PREDNISOLONE SOD PH 5 MG/5 ML SOLUTION (ORAL)	NOVOLOG CARTRIDGE, FLEXPEN, VIAL (SUBCUTANEOUS)
ETHYNODIOL / ETH ESTRA 1MG / 35MCG (ORAL)*	ZENCHENT 0.4 MG/35 MCG (ORAL)	PREDNISOLONE SOD PH 25MG/5 ML SOLUTION (ORAL)	NOVOLOG MIX FLEXPEN, VIAL (SUBCUTANEOUS)
FALMINA-28 (ORAL)	ZOVIA 1/35, ZOVIA 1/50 (ORAL)	PREDNISON TABLET (not DOSE PACK) (ORAL)	TRESIBA FLEXTOUCH (SUBCUTANEOUS)*
GENERESS FE CHEWABLE (ORAL)*			
GIANVI 3 MG-0.02 MG (ORAL)			
GILDESS FE 1/20, GILDESS FE 1.5/30 (ORAL) (not 24)	 COPD AGENTS	 GROWTH FACTORS	 HYPOGLYCEMICS, MEGLITINIDES
HEATHER (ORAL)	ALBUTEROL / IPRATROPIUM NEB SOLUTION (INHALATION)	EGRIFTA VIAL (SUBCUTANEOUS)	NATEGLINIDE TABLET (ORAL)
JENCYCLA 0.35 MG (ORAL)*	ANORO ELLIPTA (INHALATION)	INCRELEX VIAL (SUBCUTANEOUS)	REPAGLINIDE TABLET (ORAL)
JULEBER-28 (ORAL)	ATROVENT HFA (INHALATION)		
JUNEL FE 1/20, JUNEL FE 1.5/30 (ORAL)	BEVESPI AEROSPHERE (INHALATION)*	 GROWTH HORMONE	 HYPOGLYCEMICS, METFORMINS
JUNEL FE 24 (ORAL)	DALIRESP TABLET (ORAL)	NORDITROPIN FLEXPEN (INJECTION)	FORTAMET ER TABLET (ORAL)
KELNOR 1/35 (ORAL)	IPRATROPIUM BR 0.02% SOLUTION (INHALATION)	NUTROPIN AQ NUSPIN INJECTOR (INJECTION)	GLIPIZIDE-METFORMIN (ORAL)
KURVELO (ORAL)	IPRATROPIUM / ALBUTEROL NEB SOLUTION (INHALATION)		METFORMIN TABLET (ORAL)
LARIN FE 1/20, LARIN FE 1.5/30 (ORAL) (not 24)	SPIRIVA HANDIHALER (not RESPIMAT) (INHALATION)	 H. PYLORI TREATMENT	METFORMIN ER TABLET (generic GLUCOPHAGE XR) (ORAL)
LESSINA-28 (ORAL)	STIOLTO RESPIMAT (INHALATION)	PYLERA CAPSULE (ORAL)	
LEVONEST-28 (ORAL)			 HYPOGLYCEMICS, SGLT2
LEVONOR-ETH ESTRADIOL-28 0.1/0.02 (ORAL) (not 91)	 CYTOKINE & CAM ANTAGONISTS ‡	 HEPATITIS C AGENTS	FARXIGA TABLET (ORAL)
LEVONOR-ETH ESTRADIOL-28 0.15/0.03 (ORAL) (not 91)	 (STEP THERAPY CATEGORY)	EPCLUSA TABLET (ORAL)	INVOKANA TABLET (ORAL)
LEVORA-28 (ORAL)	ENBREL DISP SYRINGE, KIT, PEN (INJECTION)	MAVYRET TABLET (ORAL)	JARDIANCE TABLET (ORAL)
LOESTRIN 21 1/20, LOESTRIN 21 1.5/30 (ORAL)	HUMIRA KIT, PEN INJ KIT (INJECTION)	PEGASYS PROCLICK (SUBCUTANEOUS)	SYNJARDY TABLET (not XR) (ORAL)*
LOESTRIN FE 1/20, LOESTRIN FE 1/5.30 (ORAL)		PEGASYS SYRINGE, VIAL (SUBCUTANEOUS)	
LORYNA 3 MG-0.02 MG (ORAL)	 EMOLLIENTS	PEG-INTRON KIT (SUBCUTANE.)	 HYPOGLYCEMICS, TZD
LOSEASONIQUE (ORAL)	AMMONIUM LACTATE 12% CREAM (TOPICAL)	RIBAVIRIN TABLET (not CAPSULE) (ORAL)	PIOGLITAZONE TABLET (ORAL)
LOW-OGESTREL-28 (ORAL)	AMMONIUM LACTATE 12% LOTION (TOPICAL)	VOSEVI TABLET (ORAL)	
MARLISSA-28 (ORAL)			 IMMUNOMODULATORS, ASTHMA
MICROGESTIN FE 1/20, MICROGESTIN FE 1.5/30 (ORAL)	 EPINEPHRINE, SELF-INJECTED	 HISTAMINE II RECEPTOR BLOCKER	XOLAIR VIAL (SUBCUTANEOUS)
MINASTRIN 24 FE CHEWABLE (ORAL)*	EPINEPHRINE 0.15 MG (49502-0101-02) (INJECTION)	CIMETIDINE TABLET OTC (not RX) (ORAL)	
MIRCETTE-28 (ORAL)	EPINEPHRINE 0.3 MG (49502-0102-02) (INJECTION)	FAMOTIDINE SUSPENSION (ORAL)	 IMMUNOMODULATORS, ATOPIC DERMATITIS
MONO-LINYAH-28 (ORAL)		FAMOTIDINE TABLET, FAMOTIDINE TABLET OTC (ORAL)	ELIDEL 1% CREAM (TOPICAL)
MYZILRA-28 (ORAL)	 ERYTHROPOIESIS STIMULATING PROTEINS	RANITIDINE SYRUP, TABLET, OTC TABLET (ORAL)	EUCRISA 2% OINTMENT (TOPICAL)
NATAZIA-28 (ORAL)	ARANESP DISP SYRIN, VIAL (INJECTION)		 PROTOPIC 0.03% OINTMENT (TOPICAL)
NECON 0.5/35, NECON 1/50, NECON 7/7/7 (ORAL)	PROCRIT (INJECTION)	 HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITORS	 PROTOPIC 0.1% OINTMENT (TOPICAL)
NIKKI 3 MG-0.02 MG (ORAL)		ACARBOSE TABLET (ORAL)	
NORETHINDRONE 0.35 (ORAL)	 FLUOROQUINOLONES, ORAL	GLYSET TABLET (ORAL)	 IMMUNOMODULATORS, TOPICAL
NORETHIN-ETH ESTRADIOL FE 0.4/35 CHEWABLE (ORAL)	 CIPRO SUSPENSION (ORAL)		ALDARA 5% CREAM (TOPICAL)
NORETHINDRONE-ETHINYL ESTRADIOL FE 1/20 (ORAL)	CIPROFLOXACIN TABLET (IR) (ORAL)	 HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS	
ORSYTHIA-28 (ORAL)	LEVOFLOXACIN TABLET (ORAL)	BYDUREON PEN INJECT, VIAL (SUBCUTANEOUS)	 IMMUNOSUPPRESSIVES, ORAL
ORTHO TRI-CYCLEN LO (ORAL)		BYETTA DOSE PEN (SUBCUTANEOUS)	AZATHIOPRINE TABLET (ORAL)
PORTIA-28 (ORAL)	 GI MOTILITY, CHRONIC	GLYXAMBI TABLET (ORAL)*	CYCLOSPORINE MODIFIED CAPSULE (ORAL)
PREVIFEM (ORAL)	AMITIZA CAPSULE (ORAL)	JANUMET TABLET (ORAL)	CYCLOSPORINE MODIFIED SOLUTION (ORAL)
RECLIPSEN-28 (ORAL)	LINZESS CAPSULE (ORAL)	JANUMET XR TABLET (ORAL)	MYCOPHENOLATE MOFETIL CAPSULE, TABLET (ORAL)
SAFYRAL (ORAL)	MOVANTIK TABLET (ORAL)	JANUVIA TABLET (ORAL)	TACROLIMUS CAPSULE (ORAL)
SEASONIQUE (ORAL)	 GLUCOCORTICOIDS, INHALED	JENTADUETO TABLET (IR) (not XR) (ORAL)	RAPAMUNE SOLUTION (ORAL)
SHAROBEL 0.35 MG (ORAL)	ADVAIR DISKUS (not HFA) (INHALATION)	TRADJENTA TABLET (ORAL)	SANDIMMUNE CAPSULE (ORAL)
SPRINTEC-28 (ORAL)	ASMANEX TWISTHALER (not HFA) (INHALATION)	VICTOZA PEN (SUBCUTANEOUS)	SANDIMMUNE SOLUTION (ORAL)
SRONYX 0.1/0.02 (ORAL)	SPRE ELLIPTA (INHALATION)		SIROLIMUS TABLET (ORAL)
SYEDA-28 (ORAL)	DULERA (INHALATION)	 HYPOGLYCEMICS, INSULIN & RELATED AGENTS	
TILIA FE-28 (ORAL)	FLOVENT DISKUS, FLOVENT HFA (INHALATION)	HUMALOG CARTRIDGE, VIAL (SUBCUTANEOUS)	 INTRANASAL RHINITIS AGENTS
TRI-LEGEST FE-28 (ORAL)	 PULMICORT RESPULES (INHALATION)	HUMALOG 100 UNITS/ML KWIKPEN (not JR) (SUBCUTANEOUS)	AZELASTINE 1% SPRAY (generic ASTELIN) (NASAL)
TRI-LINYAH (ORAL)	PULMICORT FLEXHALER (INHALATION)	HUMALOG MIX KWIKPEN, MIX VIAL (SUBCUTANEOUS)	FLUTICASONE PROP 50 MCG SPRAY (NASAL)
	SYMBICORT (INHALATION)	HUMULIN 70/30 VIAL (SUBCUTANEOUS)	FLUTICASONE PROP 50 MCG SPRAY OTC (NASAL)

INTRANASAL RHINITIS AGENTS, CONT.	MACROLIDES/KETOLIDES	ONCOLOGY, ORAL - HEMATOLOGIC	ONCOLOGY, ORAL - PROSTATE, CONT.
IPRATROPIUM 0.03%, 0.06% SPRAY (NASAL)	AZITHROMYCIN 1GM POWDER PACKET (ORAL)	ALKERAN TABLET (ORAL)	ZYTIGA TABLET (ORAL)
OLOPATADINE 665 MCG SPRAY (NASAL)	AZITHROMYCIN SUSPENSION, TABLET (ORAL)	BOSULIF TABLET (ORAL)	
TRIAMCINOLONE 55 MCG SPRAY OTC (NASAL)	CLARITHROMYCIN TABLET (ORAL)	CALQUENCE CAPSULE (ORAL)	ONCOLOGY, ORAL - RENAL CELL
	ERY-TAB DR TABLET (ORAL)	FARYDAK CAPSULE (ORAL)	AFINITOR TABLET (ORAL) (not DISPERZ)
IRON, ORAL	ERYTHROCIN FILMTAB (ORAL)	GLEEVEC TABLET (ORAL)	CABOMETYX TABLET (ORAL)
BIFERA TABLET OTC (ORAL)	ERYTHROMYCIN FILMTAB (not CAPSULES) (ORAL)	HYDROXYUREA CAPSULE (ORAL)	INLYTA TABLET (ORAL)
CENTRATEX (ORAL)	E.E.S 200 SUSPENSION (GRANULES) (ORAL)*	ICLUSIG TABLET (ORAL)	LENVIMA DAILY DOSE (ORAL)
FE C OTC (ORAL)		IDHIFA TABLET (ORAL)	NEXAVAR TABLET (ORAL)
FE FUMARATE/VIT C/B12-IF/FA (ORAL)	METHOTREXATE	IMBRUVICA CAPSULE (not TABLET) (ORAL)	SUTENT CAPSULE (ORAL)
FERATE OTC (ORAL)	METHOTREXATE SODIUM PF VIAL, VIAL (INJECTION)	JAKAFI TABLET (ORAL)	VOTRIENT TABLET (ORAL)
FERRALET 90 DUAL-IRON (ORAL)	METHOTREXATE TABLET, VIAL (ORAL)	LEUKERAN TABLET (ORAL)	
FERROUS FUMARATE TABLET OTC (ORAL)		MATULANE CAPSULE (ORAL)	ONCOLOGY, ORAL - SKIN
FERROUS FUMARATE/FA TABLET (ORAL)	MOVEMENT DISORDERS	MERCAPTOPYRINE TABLET (ORAL)	COTELLIC TABLET (ORAL)
FERROUS FUMARATE/ASCORBIC ACID/B12-IF/FA CAPSULE	XENAZINE TABLET (ORAL)	MYLERAN TABLET (ORAL)	ERIVEDGE CAPSULE (ORAL)
FERROUS GLUCONATE OTC (ORAL)		NINLARO CAPSULE (ORAL)	MEKINIST TABLET (ORAL)
FERROUS SULFATE 65 MG TABLET OTC (ORAL)	MULTIPLE SCLEROSIS AGENTS	POMALYST CAPSULE (ORAL)	ODOMZO CAPSULE (ORAL)
FERROUS SULFATE DROPS (ORAL)	AUBAGIO TABLET (ORAL)	REVLIMID CAPSULE (ORAL)	TAFINLAR CAPSULE (ORAL)
FERROUS SULFATE OTC (ORAL)	AVONEX PEN, PREFILLED SYRINGE, VIAL (INTRAMUSC.)	RYDAPT CAPSULE (ORAL)	ZELBORAF TABLET (ORAL)
FERROUS SULFATE SOLUTION OTC (ORAL)	BETASERON KIT (not VIAL) (SUBCUTANEOUS)	SPRYCEL TABLET (ORAL)	
FERROUS SULFATE TABLET ER OTC (ORAL)	COPAXONE 20 MG/ML SYRINGE (not 40 MG/ML) (SUBCUTANEOUS)	TABLOID TABLET (ORAL)	OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS
FERROUS SULFATE, DRIED TABLET ER OTC (ORAL)	GILENYA CAPSULE (ORAL)	TASIGNA CAPSULE (ORAL)	ALREX 0.2% (OPHTHALMIC)
FOLITAB 500 OTC (ORAL)	REBIF SYRINGE, TITRATION PACK (SUBCUTANEOUS)	THALOMID CAPSULE (ORAL)	GROMOLYN SODIUM 4% (OPHTHALMIC)
HEMOCYTE PLUS (ORAL)	REBIF REBIDOSE, TITRATION PACK (SUBCUTANEOUS)	TRETINOIN CAPSULE (ORAL)	PAZEO 0.7% (OPHTHALMIC)
IFEREX 150 FORTE (ORAL)	TECFIDERA CAPSULE, STARTER PACK (ORAL)	VENCLEXTA TABLET, STARTING PACK (ORAL)	
INTEGRA OTC, INTEGRA PLUS (ORAL)		ZOLINZA CAPSULE (ORAL)	OPHTHALMIC ANTIBIOTICS
IRON 45 MG TABLET OTC (ORAL)	NEUROPATHIC PAIN	ZYDELIG TABLET (ORAL)	BACITRACIN-POLYMYXIN B SULFATE OINTMENT (OPHTHALMIC)
IRON POLYSACCHARIDES COMPLEX OTC (ORAL)	CAPSAICIN 0.025%, 0.075%, 0.1% CREAM (TOPICAL)		CIPROFLOXACIN 0.3% SOLUTION (OPHTHALMIC)
IRON PS CMPLX/VIT B12/FA (ORAL)	CAPSAICIN 0.15% LIQUID (TOPICAL)	ONCOLOGY, ORAL - LUNG	ERYTHROMYCIN 0.5% OINTMENT (OPHTHALMIC)
IRON,CARBONYL/ASCORBIC ACID OTC (ORAL)	DULOXETINE 20MG, 30MG, 60MG CAPSULES (not 40MG) (ORAL)	ALECENSA CAPSULE (ORAL)	GENTAK 0.3% OINTMENT (OPHTHALMIC)
MV COMB18/FEFM-FEPOL CB1/FA (ORAL)	GABAPENTIN CAPSULE (ORAL)	ALUNBRIG TABLET, TABLET PACK (ORAL)	GENTAMICIN 0.3% SOLUTION (OPHTHALMIC)
SE-TAN PLUS (ORAL)	GABAPENTIN TABLET (ORAL)	GILOTRIF TABLET (ORAL)	MOXEZA 0.5% (OPHTHALMIC)
SLOW RELEASE IRON (ORAL)	LIDOCAINE 5% PATCH (TOPICAL)	HYCANTIN CAPSULE (ORAL)	OFLOXACIN 0.3% SOLUTION (OPHTHALMIC)
TANDEM DUAL ACTION OTC, TANDEM PLUS (ORAL)	LYRICA CAPSULE (IR) (not CR) (ORAL)	IRESSA TABLET (ORAL)	POLYMYXIN B-TMP DROP (OPHTHALMIC)
TL-FOL 500 (ORAL)		TAGRISSO TABLET (ORAL)	TOBRAMYCIN 0.3% SOLUTION (OPHTHALMIC)
	NSAIDS	TARCEVA TABLET (ORAL)	TOBREX 0.3% OINTMENT (OPHTHALMIC)
LEUKOTRIENE MODIFIERS	FLECTOR 1.3% PATCH (TOPICAL)	XALKORI CAPSULE (ORAL)	VIGAMOX 0.5% (OPHTHALMIC)
MONTELUKAST CHEW TABLET (not GRANULES) (ORAL)	DICLOFENAC SODIUM TABLET (IR and ER) (ORAL)	ZYKADIA CAPSULE (ORAL)	
MONTELUKAST TABLET (ORAL)	IBUPROFEN SUSPENSION, TABLET (ORAL)		OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS
	INDOCIN SUSPENSION (ORAL)	ONCOLOGY, ORAL - OTHER	BLEPHAMIDE EYE DROPS (OPHTHALMIC)
LIPOTROPICS, OTHER	INDOMETHACIN CAPSULE (IR) (not ER) (ORAL)	CAPRELSA TABLET (ORAL)	NEOMYCIN / POLY / DEXAMETHASONE OINTMENT (OPHTHALMIC)
CHOLESTYRAMINE LIGHT (with ASPARTAME) (ORAL)	MELOXICAM TABLET (ORAL)	COMETRIQ DAILY-DOSE PACK (ORAL)	NEOMYCIN / POLY / DEXAMETHASONE DROP (OPHTHALMIC)
CHOLESTYRAMINE (with SUCROSE) (ORAL)	NABUMETONE TABLET (ORAL)	GLEOSTINE CAPSULE (ORAL)	PRED-G 1% DROP (OPHTHALMIC)
COLESTIPOL TABLET (ORAL)	NAPROXEN 250MG, 375MG, 500MG TABLET (ORAL)	HEXALEN CAPSULE (ORAL)	PRED-G S.O.P. OINTMENT (OPHTHALMIC)
EZETIMIBE TABLET (ORAL)*	NAPROXEN SUSPENSION (ORAL)	LONSURF TABLET (ORAL)	SULFACETAMIDE / PREDNISOLONE 10-0.23% (OPHTHALMIC)
FENOFIBRATE 48 MG, 145 MG TABLET (ORAL)	NAPROXEN DR 375MG, 500MG TABLET (not ER) (ORAL)	LYNPARZA CAPSULE, TABLET (ORAL)	TOBRADEX EYE DROP (OPHTHALMIC)
GEMFIBROZIL TABLET (ORAL)	SULINDAC TABLET (ORAL)	RUBRACA TABLET (ORAL)	TOBRADEX EYE OINTMENT (OPHTHALMIC)
NIACIN ER TABLET (ORAL)	VOLTAREN 1% GEL (TOPICAL)	STIVARGA TABLET (ORAL)	
		TEMAZOLAMIDE CAPSULE (ORAL)	OPHTHALMIC, ANTI-INFLAMMATORIES
LIPOTROPICS, STATINS ‡	ONCOLOGY, ORAL - BREAST	ZEJULA CAPSULE (ORAL)	DICLOFENAC 0.1% DROP (OPHTHALMIC)
(STEP THERAPY CATEGORY)	ANASTROZOLE TABLET (ORAL)	ONCOLOGY, ORAL - PROSTATE	DUREZOL 0.05% DROP (OPHTHALMIC)
ATORVASTATIN TABLET (ORAL)	CYCLOPHOSPHAMIDE CAPSULE (ORAL)	BICALUTAMIDE TABLET (ORAL)	FLAREX 0.1% DROP (OPHTHALMIC)
CRESTOR TABLET (ORAL)	EXEMESTANE TABLET (ORAL)	EMCYT CAPSULE (ORAL)	FLUOROMETHOLONE 0.1% DROP (OPHTHALMIC)
LOVASTATIN TABLET (ORAL)	IBRANCE CAPSULE (ORAL)	ERLEADA TABLET (ORAL)	FLURBIPROFEN 0.03% DROP (OPHTHALMIC)
PRAVASTATIN TABLET (ORAL)	LETROZOLE TABLET (ORAL)	FLUTAMIDE CAPSULE (ORAL)	FML FORTE 0.25% DROP (not LIQUIFILM) (OPHTHALMIC)
SIMVASTATIN TABLET (ORAL)	TAMOXIFEN CITRATE TABLET (ORAL)	NILANDRON TABLET (ORAL)	FML S.O.P. 0.1% OINTMENT (OPHTHALMIC)
	XELODA TABLET (ORAL)	XTANDI CAPSULE (ORAL)	ILEVRO 0.3% DROP (OPHTHALMIC)

OPHTHALMIC, ANTI-INFLAMMATORIES, CONT.	PHOSPHATE BINDERS	PRENATAL VITAMINS (Ages 0-20 yrs covered)	STERIODS, TOPICAL VERY HIGH POTENCY
KETOROLAC 0.5% SOLUTION (not 0.4%) (OPHTHALMIC)	CALCIUM ACETATE CAPSULE, GELCAP, TABLET (ORAL)	THRIVITE 19 TABLET (ORAL)	CLOBETASOL EMOLLIENT 0.05% CREAM (TOPICAL)
LOTEMAX 0.5% DROP (not GEL) (OPHTHALMIC)	RENAGEL TABLET (ORAL)	VOL-NATE TABLET (ORAL) (CLOBETASOL PROPIONATE 0.05% CREAM (TOPICAL)
MAXIDEX 0.1% DROPS (OPHTHALMIC)	REVELA TABLET (ORAL)	VOL-PLUS TABLET (ORAL)	CLOBETASOL PROPIONATE 0.05% GEL (TOPICAL)
PRED MILD 0.12% (not FORTE) (OPHTHALMIC)		VOL-TAB RX TABLET (ORAL)	CLOBETASOL PROPIONATE 0.05% OINTMENT (TOPICAL)
PREDNISOLONE ACETATE 1% DROP (OPHTHALMIC)	PITUITARY SUPPRESSIVE AGENTS, LHRH	PROTON PUMP INHIBITORS ‡	CLOBETASOL PROPIONATE 0.05% SOLUTION (TOPICAL)
PREDNISOLONE SOD PHOSPHATE 1% DROP (OPHTHALMIC)	ELIGARD SYRINGE (SUBCUTANEOUS)	(STEP THERAPY CATEGORY)	CLOBEX 0.05% SHAMPOO (TOPICAL)
	LEUPROLIDE ACETATE KIT, VIAL (SUBCUTANEOUS)	ESOMEPRAZOLE 40 MG CAPSULE (Rx ONLY) (ORAL)	HALOBETASOL PROPIONATE 0.05% CREAM (TOPICAL)
OPHTHALMIC, ANTI-INFLAMMATORY/IMMUNOMODULATOR	LUPRON DEPOT KIT (INJECTION)	NEXIUM ORAL SUSPENSION (not CAPSULE) (ORAL)	HALOBETASOL PROPIONATE 0.05% OINTMENT (TOPICAL)
RESTASIS 0.05% EYE EMULSION (OPHTHALMIC)	LUPRON DEPOT-PED KIT (INJECTION)	OMEPRAZOLE 10MG, 40MG CAPSULE (Rx ONLY) (ORAL)	
RESTASIS MULTIDOSE 0.05% (OPHTHALMIC)	SYNAREL SPRAY (NASAL)	PANTOPRAZOLE TABLET (ORAL)	STIMULANTS AND RELATED AGENTS (DX CODE REQ.)
		PROTONIX SUSPENSION (ORAL)	(DX CODE REQUIRED - ALL AGENTS)
OPHTHALMICS, GLAUCOMA AGENTS	PLATELET AGGREGATION INHIBITORS		ADDERALL TABLET (ORAL) (DX CODE REQ.)
ALPHAGAN P 0.15% DROP (OPHTHALMIC)	AGGRENOX CAPSULE (ORAL)	SEDATIVE HYPNOTICS	ADDERALL XR CAPSULE (ORAL) (DX CODE REQ.)
AZOPT 1% DROP (OPHTHALMIC)	BRILINTA TABLET (ORAL)	FLURAZEPAM CAPSULE (ORAL)	AMPHETAMINE SALT COMBO TABLET (IR) (ORAL) (DX CODE REQ.)
BETOPTIC S 0.25% (OPHTHALMIC)	CLOPIDOGREL TABLET (ORAL)	TEMAZEPAM 15MG, 30MG CAPSULE (ORAL)	APTENSIO XR CAPSULE (ORAL) (DX CODE REQ.)
BRIMONIDINE 0.2% DROP (OPHTHALMIC)	DIPYRIDAMOLE TABLET (ORAL)	ZOLPIDEM TARTRATE 5MG, 10MG TABLET (IR) (ORAL)	ATOMOXETINE CAPSULE (ORAL) (DX CODE REQ.)
CARTEOLOL 1% DROP (OPHTHALMIC)			CONCERTA ER TABLET (ORAL) (DX CODE REQ.)
COMBIGAN 0.2%-0.5% DROP (OPHTHALMIC)	PRENATAL VITAMINS (all Ages covered)	SKELETAL MUSCLE RELAXANTS	DEXTROAMPHETAMINE TABLET (IR) (not ER) (ORAL) (DX CODE REQ.)
DORZOLAMIDE 2% DROP (OPHTHALMIC)	CITRANATAL 90 DHA (ORAL)	BACLOFEN TABLET (ORAL)	DEXTROAMPHETAMINE / AMPHETAMINE TABLET (IR) (ORAL)
DORZOLAMIDE / TIMOLOL DROP (OPHTHALMIC)	CITRANATAL ASSURE (ORAL)	CHLORZOXAZONE TABLET (ORAL)	FOCALIN TABLET (ORAL) (DX CODE REQ.)
ISTALOL 0.5% DROP (OPHTHALMIC)	CITRANATAL B-CALM (ORAL)	CYCLOBENZAPRINE TABLET (ORAL)	FOCALIN XR CAPSULE (ORAL) (DX CODE REQ.)
LATANOPROST 0.005% DROP (OPHTHALMIC)	CITRANATAL DHA (ORAL)	METHOCARBAMOL TABLET (ORAL)	GUANFACINE ER TABLET (ORAL) (DX CODE REQ.)
LEVOBUNOLOL 0.5% DROP (OPHTHALMIC)	CITRANATAL HARMONY CAPSULE (ORAL)	TIZANIDINE TABLET (not CAPSULE) (ORAL)*	METHYLN SOLUTION (ORAL) (DX CODE REQ.)
PILOCARPINE 1%, 2%, 4% DROPS (OPHTHALMIC)	COMPLETE NATAL DHA (ORAL)		METHYLPHENIDATE TABLET (IR) (not ER) (ORAL)
SIMBRINZA 1%-0.2% DROP (OPHTHALMIC)	COMPLETENATE TABLET CHEWABLE (ORAL)	SMOKING CESSATION	PROVIGIL TABLET (ORAL) (DX CODE REQ.)
TIMOLOL 0.25%, 0.5% EYE DROP (OPHTHALMIC)	CONCEPT DHA CAPSULE (ORAL)	CHANTIX TABLET (ORAL)	QUILLICHEW ER CHEWABLE TABLET (ORAL) (DX CODE REQ.)
TIMOLOL 0.25%, 0.5% GEL-SOLUTION (OPHTHALMIC)	FOLIVANE-OB CAPSULE (ORAL)	CHANTIX STARTING MONTH BOX, CONT MONTH BOX (ORAL)	QUILLIVANT XR SUSPENSION (ORAL) (DX CODE REQ.)
TRAVATAN Z 0.004% DROP (OPHTHALMIC)	NIVA-PLUS TABLET (ORAL)	NICOTINE GUM OTC (not BRAND) (BUCCAL)	VYVANSE CAPSULE (ORAL) (DX CODE REQ.)
	PNV 29-1 TABLET (ORAL)	NICOTINE LOZENGE OTC (not BRAND) (MUCOUS MEM)	VYVANSE CHEWABLE TABLET (ORAL) (DX CODE REQ.)
OPIATE DEPENDENCE TREATMENTS	PNV PRENATAL PLUS MULTIVIT TAB (ORAL)	NICOTINE PATCH OTC (not BRAND) (TRANSDERMAL)	
BUPRENORPHINE HCL TABLET (SUBLINGUAL)	PNV-DHA + DOCUSATE SOFTGEL (ORAL)		TETRACYCLINES
NALOXONE CARPUJECT, SYRINGE, VIAL (INJECTION)	PRENAISSANCE NEXT TABLET (ORAL)	STERIODS, TOPICAL HIGH POTENCY	DOXYCYCLINE HYCLATE 50MG CAPSULE (ORAL)
NALTREXONE TABLET (ORAL)	PRENATA CHEWABLE TABLET (ORAL)	BETAMETHASONE DIPROPIONATE 0.05% CREAM (TOPICAL)	DOXYCYCLINE HYCLATE 100MG TABLET (not DR) (ORAL)
NARCAN NASAL SPRAY (NASAL)	PRENATAL VITAMIN PLUS LOW IRON (ORAL)	BETAMETHASONE DIPROPIONATE 0.05% LOTION (TOPICAL)	DOXYCYCLINE MONOHYDRATE 50 MG, 100 MG CAPSULE (ORAL)
SUBOXONE FILM (SUBLINGUAL)	PREPLUS CA-FE 27 MG-FA 1 MG TB (ORAL)	BETAMETHASONE VALERATE 0.1% CREAM (TOPICAL)	DOXYCYCLINE MONOHYDRATE TABLET (ORAL)
VIVITROL VIAL (SUBCUTANEOUS)*	SELECT-OB + DHA PACK (ORAL)*	BETAMETHASONE VALERATE 0.1% LOTION (TOPICAL)	MINOCYCLINE CAPSULE (not TABLET) (ORAL)
	SELECT-OB CHEWABLE CAPLET (ORAL)	BETAMETHASONE VALERATE 0.1% OINTMENT (TOPICAL)	
OTIC ANTIBIOTICS	SE-NATAL 19 CHEWABLE TABLET (ORAL)	TRIAMCINOLONE ACETONIDE 0.025%, 0.1%, 0.5% CREAM (TOPICAL)	ULCERATIVE COLITIS AGENTS
CIPRODEX OTIC SUSPENSION (OTIC)	SE-NATAL 19 TABLET (ORAL)	TRIAMCINOLONE ACETONIDE 0.025%, 0.1% LOTION (TOPICAL)	APRISO ER CAPSULE (ORAL)
FLOXIN 0.3% DROP (OTIC)	THRIVITE RX TABLET (ORAL)	TRIAMCINOLONE ACETONIDE 0.1%, 0.5% OINTMENT (TOPICAL)	CANASA SUPPOSITORY (RECTAL)
NEOMYCIN / POLYMYXIN / HC SOLUTION, SUSPENSION (OTIC)	TRICARE PRENATAL TABLET (ORAL)		LIALDA DR TABLET (ORAL)
OFLOXACIN 0.3% DROP (OTIC)	TRINATAL RX 1 TABLET (ORAL)	STERIODS, TOPICAL LOW POTENCY	SULFASALAZINE TABLET (ORAL)
	TRIVEEN-DUO DHA COMBO PACK (ORAL)	CAPEX SHAMPOO (TOPICAL)	SULFASALAZINE DR TABLET (ORAL)
OTIC ANTI-INFECTIVES & ANESTHETICS	TRUST NATAL DHA (ORAL)	FLUOCINOLONE 0.01% BODY/SCALP OIL (TOPICAL)	
ACETIC ACID 2% SOLUTION (OTIC)	VEMAVITE-PRX 2 CAPSULE (ORAL)	HYDROCORTISONE 1% ABSORBASE (TOPICAL)	VASODILATORS, CORONARY
	VIRT-ADVANCE TABLET (ORAL)	HYDROCORTISONE 1%, 2.5% CREAM (TOPICAL)	ISOSORBIDE DINITRATE TABLET (ORAL)
PAH AGENTS, ORAL AND INHALED	VIRT-NATE TABLET (ORAL)	HYDROCORTISONE 1%, 2.5% LOTION (TOPICAL)	ISOSORBIDE MONONITRATE TABLET (ORAL)
(DX CODE REQUIRED - SILDENAFIL)	VIRTPREX CAPSULE (ORAL)	HYDROCORTISONE 0.5%, 1%, 2.5% OINTMENT (TOPICAL)	ISOSORBIDE MONONITRATE ER/SR TABLET (ORAL)
LETAIRIS TABLET (ORAL)	VITAFOL FE+ DOCUSATE COMBO PCK (ORAL)*	HYDROCORTISONE RECTAL CREAM 2.5% (TOPICAL)	NITRO-BID 2% OINTMENT (TRANSDERM)
SILDENAFIL (ORAL) (generic REVATIO) (DX CODE REQ.)	VITAFOL NANO TABLET (ORAL)*		NITROGLYCERIN PATCH (TRANSDERM)
TRACLEER TABLET (ORAL)	VITAFOL ULTRA SOFTGEL (ORAL)	STERIODS, TOPICAL MEDIUM POTENCY	NITROGLYCERIN SL TABLET (SUBLINGUAL)
VENTAVIS SOLUTION (INHALATION)	VITAFOL-OB CAPLET (ORAL)*	FLUTICASONE PROPIONATE 0.05% CREAM (TOPICAL)	NITROGLYCERIN ER CAPSULE (ORAL)
	VITAFOL-OB+DHA COMBO PACK (ORAL)*	FLUTICASONE PROPIONATE 0.005% OINTMENT (TOPICAL)	NITROGLYCERIN SPRAY (TRANSLINGUAL)
PANCREATIC ENZYMES	VITAFOL-ONE CAPSULE (ORAL)*	MOMETASONE FUROATE 0.1% CREAM (TOPICAL)	
CREON CAPSULE (ORAL)	VP-GGR-B6 TABLET (ORAL)	MOMETASONE FUROATE 0.1% OINTMENT (TOPICAL)	
ZENPEP CAPSULE (ORAL)		MOMETASONE FUROATE 0.1% SOLUTION (TOPICAL)	

**STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
DRUG PRIOR AUTHORIZATION REQUEST FORM**

TELEPHONE: 1-866-409-8386 FAX: 1-866-759-4110 OR (860) 269-2035
(This and other PA forms are posted on www.ctdssmap.com and can be accessed by clicking on the pharmacy icon)

1. Prescriber's Name (Last, First)	5. Member's Name (Last, First)
2. Prescriber's NPI	6. Member's ID
3. Prescriber's Phone	7. Member's Date of Birth (MMDDCCYY)
4. Prescriber's Fax	8. Pharmacy's Fax
9. Drug Requested	
10. Strength	11. Quantity
12. Frequency of Dosing	

Please complete only the section(s) that pertains to the type of PA being requested. Incomplete requests will be denied.

13. Brand Medically Necessary Request	14. Early Refill Request	15. Non-Preferred Drug Request
<input type="checkbox"/> Allergic reaction to excipients in generic product. Provide clinical symptoms: <hr/> <hr/> <hr/> <hr/> <p><i>A completed federal MedWatch form (FDA 3500) must be submitted with this request when a reported allergic reaction to the generic product is the reason for BMN.</i></p> <input type="checkbox"/> Therapeutic failure to generic product. Explain: <hr/> <hr/> <hr/> <hr/> <p>Documentation must be maintained in your files in case of an audit. At a minimum, documentation must include date, drug and length of trial. If an audit cannot find and verify documentation, recoupment will be initiated.</p>	<input type="checkbox"/> Change in Directions Previous Directions <hr/> New Directions <hr/> Last Date of Fill (MM/DD/CCYY) <hr/> <input type="checkbox"/> Lost /Stolen/Other Last Date of Fill (MM/DD/CCYY) <hr/> <p><i>Documentation of lost, stolen or destroyed meds MUST be attached for approval.</i></p> <input type="checkbox"/> Vacation Supply Date of Departure (MM/DD/CCYY) <hr/> Date of Return (MM/DD/CCYY) <hr/>	<input type="checkbox"/> Intolerance of the preferred agents. Provide clinical symptoms: <hr/> <hr/> <hr/> <hr/> <input type="checkbox"/> Adverse reaction to the preferred agents. Provide clinical symptoms: <hr/> <hr/> <hr/> <hr/> <input type="checkbox"/> Inadequate response to the preferred agents <input type="checkbox"/> Absence of appropriate formulation of preferred agents <input type="checkbox"/> Medically necessary/medically appropriate

16. Optimal Dose Request

<input type="checkbox"/> Therapeutic failure to once daily dosing:	
<input type="checkbox"/> Medically Necessary/medically appropriate:	

I certify that documentation is maintained in my files and the information given is true and accurate for the medication requested, subject to penalty under Connecticut Gen. Stat. Section 17b-99 and Regs. Conn. State Agencies Sections 17-83k-1-3 and 4a -7, inclusive. I certify that the client is under my clinic's/practice's ongoing care. I understand that Prior Authorizations will not exceed 6 months from date of fill for controlled medications and 1 year for non-controlled medications, except for Early Refill Requests, which are valid one time only.

17. Signature of Prescriber* _____ 18. Date (MM/DD/CCYY) _____

* Mandatory (others may not sign for prescriber). **In accordance to mandates set forth in the Affordable Care Act (ACA), providers who order, prescribe, or refer clients for services must be enrolled in the Connecticut Medical Assistance Program (CMAP). Effective 10/1/2013, any prescriptions or services provided by a non-enrolled provider will no longer be considered/covered by CMAP.**

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STEP THERAPY CATEGORIES

ACNE AGENTS, TOPICAL

Preferred Step Therapy Agents	Non-Preferred Agents Requiring Step Therapy PA Request	
AZELEX CREAM (TOPICAL)	ACANYA	EPIDUO FORTE
CLINDAMYCIN-BENZOYL PEROXIDE PUMP (BENZAACLIN GEL PUMP)	ACZONE	ERYTHROMYCIN-BENZOYL
CLINDAMYCIN PHOSPHATE SOLUTION (TOPICAL) , PLEGETS	ADAPALENE	EVOCLIN
DIFFERIN CREAM, GEL, GEL PUMP, LOTION (TOPICAL)	ATRALIN	FABIOR
EPIDUO GEL PUMP (TOPICAL)	AVAR	KLARON
ERYTHROMYCIN SOLUTION (TOPICAL)	AVITA	NEUAC
RETIN-A CREAM (TOPICAL)	BENZAACLIN GEL, GEL PUMP	ONEXTON
RETIN-A GEL (TOPICAL)	BENZAMYCIN	OVACE
	BENZEPRO	RETIN-A MICRO
	BENZOYL PEROXIDE	ROSULA
	BPO	SEB-PREV
	CLEOCIN T	SODIUM SULFACETAMIDE
	CLINDACIN	SULFACLEANSE
	CLINDAMYCIN PHOSPHATE	SUMADAN
	LOTION, GEL, FOAM	SUMAXIN
	ERY 2% PADS	TAZORAC
	ERYGEL	TRETINOIN CREAM, GEL
	CLINDAGEL	TRETINOIN GEL MICRO
	CLINDAMYCIN/BENZOYL	VELTIN
	PEROXIDE (DUAC) (TOPICAL)	VIRTI-SULF
	DUAC	ZIANA

CYTOKINE/CAM ANTAGONISTS

Preferred Step Therapy Agents	Non-Preferred Agents Requiring Step Therapy PA Request	
ENBREL (INJECTION)	ACTEMRA	OTEZLA
HUMIRA (INJECTION)	ARCALYST	REMICADE (BYPASSABLE)
	CIMZIA	RENFLEXIS
	COSENTYX	SILIQ
	ENTYVIO	SIMPONI
	ILARIS	STELARA
	INFLECTRA	TALTZ
	KEVZARA	TREMFYA
	KINERET	XELJANZ
	ORENCIA	

ANTIMIGRAINE AGENTS

Preferred Step Therapy Agents	Non-Preferred Agents Requiring Step Therapy PA Request	
RELPAK TABLET (ORAL)	ALMOTRIPTAN	NARATRIPTAN
RIZATRIPTAN ODT (SUBLINGUAL)	ALSUMA	ONZETRA
RIZATRIPTAN TABLET (ORAL)	AMERGE	SUMATRIPTAN CARTRIDGE, PEN
SUMATRIPTAN SYRINGE, VIAL (SUBCUTANE.),	AXERT	SUMAVEL
SUMATRIPTAN NASAL SPRAY (NASAL)	FROVA	TREXIMET
SUMATRIPTAN TABLET (ORAL)	IMITREX CARTRIDGE, PEN, VIAL	ZECUITY
	IMITREX NASAL SPRAY	ZEMBRACE
	IMITREX TABLET	ZOLMITRIPTAN
	MAXALT	ZOMIG
	MAXALT MLT	

LIPOTROPICS, STATINS

Preferred Step Therapy Agents	Non-Preferred Agents Requiring Step Therapy PA Request	
ATORVASTATIN (ORAL)	ALTOPREV	LIPTRUZET
CRESTOR (ORAL)	AMLODIPINE-ATORVAST	LIVALO
LOVASTATIN (ORAL)	CADUET	PRAVACHOL
PRAVASTATIN (ORAL)	FLUVASTATIN	ROSUVASTATIN
SIMVASTATIN (ORAL)	LESCOL	VYTORIN
	LIPITOR	ZOCOR

PROTON PUMP INHIBITORS

Preferred Step Therapy Agents	Non-Preferred Agents Requiring Step Therapy PA Request	
ESOMEPRAZOLE CAPSULES (ORAL)	ACIPHEX	PREVACID SOLUTAB
NEXIUM SUSPENSION (ORAL)	DEXILANT	PROTONIX TABLET
OMEPRAZOLE	LANSOPRAZOLE	RABEPRAZOLE
PANTOPRAZOLE (ORAL)	NEXIUM CAPSULE	ZEGERID
PROTONIX SUSPENSION (ORAL)	PREVACID CAPSULE	

STEP THERAPY PA REQUEST FORM - Proton Pump Inhibitors, Statins, Anti-migraine, Topical Acne Agents and Cytokine & CAM Antagonists

[This and other pharmacy PA forms are available at www.ctdssmap.com and can be accessed by clicking on the pharmacy icon]

PA Criteria for Step Therapy Drug Products

- The Pharmacy team will validate the client’s history for the use of preferred agent(s) before approving a non-preferred agent. Non-Preferred drug approvals require documented evidence that the patient has tried and failed, is intolerant to, or has a contraindication to a normal course of therapy with at least one preferred drug in the class.
- For clients new to Medicaid, a pharmacy profile history showing previously failed preferred products, outcomes and compliance with the medication regimen length shall be provided with the non-preferred product request form.
- Clinical prior authorization must be obtained for any non-preferred step therapy drug **using this form only, not the standard drug PA form.**
- A copy of your filed [FDA 3500 Med Watch Form](#) is required if patients have experienced significant adverse effect

Prescriber and Member Information
Please Print: Note - Incomplete requests will not be granted.

1. Prescriber’s Name (Last, First)	5. Member’s Name (Last, First)
2. Prescriber’s NPI	6. Member’s ID
3. Prescriber’s Phone	7. Member’s Date of Birth (MM/DD/CCYY)
4. Prescriber’s Fax	8. Pharmacy Name & Fax
9. Drug & Dosage Form (print)	
10. Route <input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Inhalation <input type="checkbox"/> Injectable	
11. Strength	12. Quantity
	13. Frequency of Dosing

Medical History
Note - Incomplete requests will be denied.

Please explain why the patient cannot be treated with a preferred alternative. You MUST indicate which preferred product has been utilized in the past, circle a reason for the failure (listed below), AND supply a specific written clinical explanation.

14. Preferred Product Trial (Name & Daily Dose)	15. Reason	16. Clinical Explanation (including length of therapy, date commenced, and outcome)
	1 2 3 4	

1. Use of the preferred alternative is contraindicated.
2. The patient has experienced significant adverse effects from the preferred alternative, Completed FDA 3500 MedWatch form attached and filed with the FDA.
3. Use of the preferred alternative has resulted in therapeutic failure after the normal course of treatment.
4. Pediatric patient (younger than 12 years of age).

I certify that documentation is maintained in my files and the information given is true and accurate for the medication requested, subject to penalty under Connecticut Gen. Stat. Section 17b-99 and Regulations of Conn. State Agencies Sections 17-83k-1-3 and 4a –7, inclusive. I certify that this member is under my clinic’s/practice’s ongoing care.

17. Signature of Prescriber* _____ 18. Date (MM/DD/CCYY) _____

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