

CONNECTICUT MEDICAID	ACNE AGENTS, TOPICAL ‡	ANGIOTENSIN MODULATOR COMBINATIONS	ANTICONVULSANTS, CONT.
	(STEP THERAPY CATEGORY)	AMLODIPINE / BENAZEPRIL (ORAL)	LAMOTRIGINE CHEW DISPERS TAB (not ODT) (ORAL)
<b>Preferred Drug List (PDL)</b>	<b>(DX CODE REQUIRED - DIFFERIN and EPIDUO)</b>	AMLODIPINE / OLMESARTAN (ORAL)	LAMOTRIGINE TABLET (IR) (not ER) (ORAL)
	AZELEX 20% CREAM (TOPICAL)	AMLODIPINE / VALSARTAN (ORAL)	LEVETIRACETAM SOLUTION, IR TABLET (not ER) (ORAL)
<p>• The Connecticut Medicaid <i>Preferred Drug List</i> (PDL) is a listing of prescription products selected by the Pharmaceutical and Therapeutics Committee as efficacious, safe and cost effective choices when prescribing for HUSKY A, HUSKY C, HUSKY D, Tuberculosis (TB) and Family Planning (FAMPL) clients.</p> <p>• <i>Preferred or Non-preferred</i> status only applies to those medications that fall within the drug classes listed on this PDL</p> <p>• HIV medications are excluded from the PDL and do not require prior authorization</p> <p>• The brand-name of a generically available medication will not be covered without a PA, unless the brand is listed on the PDL</p>	BENZOYL PEROXIDE CREAM, GEL, WASH (not FOAM) (TOPICAL)	AMLODIPINE / VALSARTAN / HCTZ (ORAL)	OXCARBAZEPINE SUSPENSION, TABLET (ORAL)
	BENZOYL PEROXIDE 6% CLEANSER (OTC) (TOPICAL)		PHENOBARBITAL ELIXIR, TABLET (ORAL)
	BPO GEL (OTC) (TOPICAL)	<b>ANTHELMINTICS</b>	PHENYTOIN CHEW TABLET, SUSPENSION (ORAL)
	CLINDAMYCIN PHOS 1% PLEGET (TOPICAL)	ALBENDAZOLE TABLET (ORAL)	PHENYTOIN SOD EXT CAPSULE (ORAL)
	CLINDAMYCIN PHOS 1% SOLUTION (not GEL) (TOPICAL)	<b>BILTRICIDE TABLET (ORAL)</b>	PRIMIDONE (ORAL)
	CLINDAMYCIN / BENZOYL PEROXIDE 1.2%-5% (DUAC) (TOPICAL)	IVERMECTIN TABLET (ORAL)	<b>SABRIL 500 MG POWDER PACK (ORAL)</b>
	<b>DIFFERIN 0.1% CREAM (TOPICAL) (DX CODE REQ.)</b>	STROMECTOL TABLET (ORAL)	TOPIRAMATE SPRINKLE CAPSULE (ORAL)
	DIFFERIN 0.1% LOTION (TOPICAL) (DX CODE REQ.)		TOPIRAMATE TABLET (not ER) (ORAL)
	<b>DIFFERIN 0.3% GEL PUMP (TOPICAL) (DX CODE REQ.)</b>	<b>ANTI-ALLERGENS, ORAL</b>	VALPROIC ACID CAPSULE, SOLUTION (ORAL)
	<b>EPIDUO 0.1-2.5% GEL PUMP (TOPICAL) (DX CODE REQ.)</b>	All agents require non-PDL PA	VIMPAT SOLUTION, TABLET (not STARTER KIT) (ORAL)
ERYTHROMYCIN 2% SOLUTION (TOPICAL)	<b>ANTIBIOTICS, GI</b>	ZONISAMIDE CAPSULE (ORAL)	
<b>RETIN-A CREAM (TOPICAL)</b>	<b>FIRVANQ (ORAL)</b>		
<b>RETIN-A GEL (TOPICAL)</b>	METRONIDAZOLE TABLET (not CAPSULE) (ORAL)	<b>ANTIDEPRESSANTS, OTHER</b>	
		BUPROPION TABLET (ORAL)	
<p>• <b>Preferred brand-name medications with non-preferred generic equivalents are listed in BOLD</b></p>	<b>ALZHEIMER'S AGENTS</b>	<b>ANTIBIOTICS, INHALED</b>	BUPROPION SR, BUPROPION XL (NOT 450MG) (ORAL)
	DONEPEZIL ODT (ORAL)	BETHKIS AMPULE (INHALATION)	DESVENLAFAXINE SUC ER (generic PRISTIQ) (ORAL)
<p>• <b>UPDATED NOTATIONS: (DX Code Required)</b> notation will appear for preferred agents that require ICD-10 code for reimbursement</p>	DONEPEZIL 5MG & 10MG TABLET (not 23MG) (ORAL)	<b>KITABIS PAK 300 MG/5 ML (INHALATION)</b>	MIRTAZAPINE TABLET, ODT (ORAL)
	<b>EXELON PATCH (TRANSDERMAL)</b>	TOBI PODHALER 28MG INHALE CAPSULE (INHALATION)	TRAZODONE TABLET (ORAL)
	MEMANTINE IR TABLET (not ER CAPSULES) (ORAL)		TRINTELLIX (BRINTELLIX) (ORAL)
<p>• <b>UPDATED NOTATIONS: CHEWABLE</b> notation will appear for preferred agents</p>	MEMANTINE 5-10MG TITRATION PACK (ORAL)	<b>ANTIBIOTICS, TOPICAL</b>	VENLAFAXINE ER CAPSULES (not TABLET) (ORAL)
	RIVASTIGMINE CAPSULES (ORAL)	GENTAMICIN 0.1% CREAM (TOPICAL)	VIIBRYD TABLET (ORAL)
		GENTAMICIN 0.1% OINTMENT (TOPICAL)	
** New Therapeutic Class added to PDL effective 1/1/20 * New Drug added to the PDL effective 1/1/20	<b>ANALGESICS, NARCOTICS SHORT</b>	MUPIROCIIN 2% OINTMENT (not CREAM) (TOPICAL)	<b>ANTIDEPRESSANTS, SSRIs</b>
	APAP / CODEINE ELIXIR (ORAL)		CITALOPRAM TABLET, SOLUTION (ORAL)
<p><b>Non - PDL PA Requirements</b> Complete Section 15 on attached Prior Authorization Request Form below</p> <ul style="list-style-type: none"> <li>• Intolerance of the preferred agents</li> <li>• Adverse reaction to the preferred agents</li> <li>• Inadequate response from the preferred agents</li> <li>• Determined medically necessary appropriate</li> <li>• Absence of appropriate formulation of the preferred agents</li> </ul>	APAP / CODEINE #2, #3, #4 TABLET (ORAL)	<b>ANTIBIOTICS, VAGINAL</b>	ESCITALOPRAM SOLUTION, TABLET (ORAL)
	CODEINE TABLET (ORAL)	CLEOCIN OVULES (VAGINAL)	FLUOXETINE CAPSULE, SOLUTION (ORAL) (not Tablet)
	HYDROCODONE / APAP SOLUTION (ORAL)	CLINDESSE 2% CREAM (VAGINAL)	FLUVOXAMINE (ORAL)
	HYDROCODONE / APAP TABLET (ORAL)	METRONIDAZOLE 0.75% GEL (VAGINAL)	PAROXETINE TABLET (IR only) (ORAL)
	HYDROCODONE / IBUPROFEN (ORAL)	NUVESSA (VAGINAL)	SERTRALINE CONC, TABLET (ORAL)
	HYDROMORPHONE TABLET (IR) (ORAL)	VANAZOLE (VAGINAL)	
	MORPHINE CONC, SOLUTION, SYRUP (ORAL)		<b>ANTIEMETIC / ANTIVERTIGO AGENTS</b>
	MORPHINE IR TABLET (ORAL)	<b>ANTICOAGULANTS</b>	APREPITANT CAPSULE (ORAL)
	OXYCODONE / APAP CAPSULE, TABLET (ORAL)	ELIQUIS DOSE PACK (ORAL)	<b>DICLEGIS (ORAL)</b>
	OXYCODONE TABLET (not CAPSULE) (ORAL)	ELIQUIS TABLET (ORAL)	DRONABINOL CAPSULE (ORAL)
OXYCODONE 5 MG/5 ML SOLUTION (ORAL)	ENOXAPARIN SYRINGE (SUBCUTANEOUS)	ONDANSETRON ODT, SOLUTION, TABLET (ORAL)	
TRAMADOL TABLET (ORAL)	ENOXAPARIN VIAL (SUBCUTANEOUS)*		
TRAMADOL / APAP (ORAL)	PRADAXA CAPSULE (ORAL)	<b>ANTIFUNGALS, ORAL</b>	
	WARFARIN TABLET (ORAL)	CLOTRIMAZOLE 10 MG TROCHE (MUCOUS MEM)	
	XARELTO TABLET (ORAL)	FLUCONAZOLE SUSPENSION, TABLET (ORAL)	
	XARELTO STARTER PACK (ORAL)	GRISEOFULVIN SUSPENSION (not TABLET) (ORAL)	
<b>Important Connecticut Medicaid Phone Numbers</b>	<b>ANDROGENIC AGENTS</b>	TESTOSTERONE GEL (generic VOGELXO) (TRANSDE	NYSTATIN SUSPENSION (not TABLET) (ORAL)
<p>DXC Technology Pharmacy Prior Authorization Center Phone #: 1-866-409-8386 (toll-free) Fax #: 1-866-759-4110 (toll-free)</p>	TESTOSTERONE GEL PACKET (generic VOGELXO) (TRANSDE	<b>ANTICONVULSANTS</b>	TERBINAFINE TABLET (ORAL)
	TESTOSTERONE GEL PUMP (generic VOGELXO)(TRANSDE	CARBAMAZEPINE SUSPENSION, TAB CHEW, TABLET (ORAL)	
		CARBAMAZEPINE ER CAPSULE (ORAL)	<b>ANTIFUNGALS, TOPICAL</b>
<p><b>PA forms are also available on our website:</b> <a href="http://www.CTDSSMAP.com">http://www.CTDSSMAP.com</a> Navigate to: <i>Pharmacy Information</i> or: <i>information &gt; publications &gt; forms</i></p> <p>DXC Technology Provider Assistance Center 1-800-842-8440 (toll-free)</p> <p>Dept of Social Services Rx Consultant (860) 424-5150</p>	<b>ANGIOTENSIN MODULATORS</b>	CARBAMAZEPINE ER TABLET (ORAL)	CLOTRIMAZOLE 1% CREAM (RX and OTC) (TOPICAL)
	<b>DIOVAN TABLET (ORAL)</b>	CLOBAZAM TABLET (ORAL)	CLOTRIMAZOLE 1% SOLUTION (RX ONLY) (TOPICAL)
	ENALAPRIL, ENALAPRIL / HCTZ (ORAL)	CLONAZEPAM IR TABLET (not ODT or ER) (ORAL)	CLOTRIMAZOLE-BETAMETHASONE CREAM (TOPICAL)
	ENTRESTO TABLET (ORAL)	DIAZEPAM (RECTAL) (generic DIASTAT)	KETOCONAZOLE CREAM (TOPICAL)
	LISINAPRIL, LISINAPRIL / HCTZ (ORAL)	DIAZEPAM DEVICE (RECTAL) (generic DIASTAT ACUDIAL)	KETOCONAZOLE 2% SHAMPOO (TOPICAL)
	LOSARTAN, LOSARTAN / HCTZ (ORAL)	DIVALPROEX ER (ORAL)	MICONAZOLE CREAM OTC (TOPICAL)
	QUINAPRIL, QUINIPRIL / HCTZ (ORAL)	DIVALPROEX SPRINKLE, TABLET (ORAL)	MICONAZOLE POWDER OTC (TOPICAL)
	VALSARTAN / HCTZ (ORAL)	ETHOSUXIMIDE CAPSULE, SOLUTION (ORAL)	MICONAZOLE SPRAY OTC (TOPICAL)
		<b>GABRIL TABLET (ORAL)</b>	NYSTATIN CREAM, OINTMENT, POWDER (TOPICAL)

ANTIHISTAMINES, MINIMALLY SEDATING	ANTIPSORIATICS, ORAL	ANTIVIRALS, TOPICAL	CALCIUM CHANNEL BLOCKERS
CETIRIZINE SOLUTION (Rx & OTC*) (ORAL)	ACITRETIN CAPSULE (ORAL)	ZOVIRAX 5% CREAM (TOPICAL)	AMLODIPINE TABLET (ORAL)
FEXOFENADINE-D TABLET (OTC) (ORAL)		ZOVIRAX 5% OINTMENT (TOPICAL)	DILTIAZEM 12HR ER CAPSULE (ORAL)
FEXOFENADINE SUSPENSION OTC (ORAL)			DILTIAZEM 24HR ER CAPSULE (not TABLET) (ORAL)
LEVOCETIRIZINE TABLETS (RX & OTC)(ORAL)	ANTIPSORIATICS, TOPICAL	ANXIOLYTICS	DILTIAZEM TABLET (ORAL)
LORATADINE ODT, SOLUTION, TABLET (RX & OTC) (ORAL)	CALCIPOTRIENE 0.005% OINTMENT, SOLUTION (TOPICAL)	ALPRAZOLAM TABLET (IR) (ORAL)	NIFEDIPINE ER (ORAL)
LORATADINE-D (OTC) (ORAL)	DOVONEX 0.005% CREAM (TOPICAL)	BUSPIRONE (ORAL)	VERAPAMIL TABLET (ORAL)
	TACLONEX OINTMENT (TOPICAL)	CHLORDIAZEPOXIDE (ORAL)	VERAPAMIL TABLET ER TABLET (not CAPSULE) (ORAL)
ANTIHYPERTENSIVES, SYMPATHOLYTICS	VECTICAL 3 MCG/G OINTMENT (TOPICAL)	DIAZEPAM 5 MG/5 ML SOLUTION (ORAL)	
CATAPRES-TTS PATCH (TRANSDERM)		DIAZEPAM TABLET (ORAL)	
CLONIDINE TABLET (IR) (not ER) (ORAL)	ANTIPSYCHOTICS	LORAZEPAM INTENSOL, TABLET (ORAL)	CEPHALOSPORINS AND RELATED ANTIBIOTICS
GUANFACINE (ORAL)	ABILIFY MAINTENA ER (INTRAMUSC.)		AMOXICILLIN / CLAV SUSPENSION (ORAL)
METHYLDOPA (ORAL)	ADASUVE (INHALATION)		AMOXICILLIN / CLAV TABLET (not CHEW TAB or ER) (ORAL)
	ARIPIPIRAZOLE SOLUTION, TABLET (ORAL)		CEFACTOR CAPSULE (not SUSPENSION) (ORAL)
ANTIHYPERTENSIVES	ARISTADA (INTRAMUSC)	BETA-BLOCKERS	CEFADROXIL CAPSULE, SUSPENSION (not TABLET) (ORAL)
ALLOPURINOL (ORAL)	ARISTADA INITIO (INTRAMUSC)	ATENOLOL TABLET (ORAL)	CEFDINIR CAPSULE, SUSPENSION (ORAL)
MITIGARE (ORAL)	CHLORPROMAZINE (ORAL)	ATENOLOL / CHLORTHALIDONE (ORAL)	CEFPROZIL SUSPENSION, TABLET (ORAL)
PROBENECID (ORAL)	CLOZAPINE TABLET (ORAL)	CARVEDILOL TABLET (not ER) (ORAL)	CEFUROXIME TABLET (ORAL)
PROBENECID / COLCHICINE (ORAL)	FLUPHENAZINE DECANOATE (INJECTION)	LABETALOL TABLET (ORAL)	CEPHELEXIN CAPSULE, SUSPENSION (not TABLET) (ORAL)
	FLUPHENAZINE ELIXIR/SOLN, TABLET (ORAL)	METOPROLOL TARTRATE (ORAL)	
ANTIMIGRAINE AGENTS, OTHER	HALOPERIDOL (ORAL)	METOPROLOL SUCCINATE ER (ORAL)	COLONY STIMULATING FACTORS
DIHYDROERGOTAMINE 1 MG/ML AMP (INJECTION)	HALOPERIDOL DECANOATE, LACTATE (INJECTION)	PROPRANOLOL SOLUTION, TABLET (ORAL)	FULPHILA (SUBCUTANEOUS)
DIHYDROERGOTAMINE 4 MG/ML SPRY (NASAL)	HALOPERIDOL LACTATE CONC (ORAL)	PROPRANOLOL ER CAPSULE(ORAL)	NEUPOGEN DISP SYRINGE, VIAL (INJECTION)
EMGALITY PEN (SUBCUTANEOUS)	INVEGA SUSTENNA (INTRAMUSC)		UDENYCA (SUBCUTANEOUS)*
EMGALITY SYRINGE (SUBCUTANEOUS)	INVEGA TRINZA (INTRAMUSC)	BILE SALTS	
ISOMETHEPT / CAFFIENE / APAP (ORAL)	LATUDA (ORAL)	URSODIOL 250MG, 500MG TABLET (not CAPSULE ) (ORAL)	
ISOMETHEPT / DICHLORALP / APAP (ORAL)	LOXAPINE (ORAL)	URSODIOL 300MG CAPSULE (ORAL)*	CONTRACEPTIVES, ORAL
MIGERGOT SUPPOSITORY (RECTAL)	MOLINDONE (ORAL)		***PREFERRED EMERGENCY CONTRACEPTIVES***
	OLANZAPINE TABLET, ODT (ORAL)	BLADDER RELAXANT PREPARATIONS	AFTERA 1.5 MG TABLET (ORAL)
ANTIMIGRAINE AGENTS, TRIPTANS ‡	OLANZAPINE/FLUOXETINE (ORAL)	OXYBUTYNIN ER TABLET (ORAL)	ELLA 30 MG TABLET (ORAL)
(STEP THERAPY CATEGORY)	PALIPERIDONE ER (ORAL)	OXYBUTYNIN SYRUP, TABLET (ORAL)	OPCICON ONE-STEP 1.5 MG TABLET (ORAL)
RELPAK (ORAL)	PERPHENAZINE (ORAL)	TOVIAZ ER (ORAL)	OPTION 2 1.5 MG TABLET (ORAL)
RIZATRIPTAN ODT (ORAL)	PERPHENAZINE / AMITRIPTYLINE (ORAL)	SOLIFENACIN (ORAL)	PLAN B ONE-STEP 1.5 MG TABLET (ORAL)
RIZATRIPTAN TABLET (ORAL)	PIMOZIDE (ORAL)		TAKE ACTION OTC (ORAL)
SUMATRIPTAN NASAL SPRAY (NASAL)	QUETIAPINE TABLET, ER TABLET (ORAL)	BONE RESORPTION SUPPRESSION & RELATED AGENTS	AFTERA 1.5 MG TABLET (ORAL)
SUMATRIPTAN TABLET (ORAL)	REXULTI (ORAL)	ALENDRONATE TABLET (ORAL)	ALTAVERA-28 TABLET (ORAL)
SUMATRIPTAN DISP SYRIN (SUBCUTANE.)	RISPERDAL CONSTA (INTRAMUSC.)	CALCITONIN-SALMON 200 UNITS SPRAY (NASAL)	ALYACEN 1-35 28 TABLET (ORAL)
SUMATRIPTAN VIAL (SUBCUTANEOUS)	RISPERIDONE ODT, SOLUTION, TABLET (ORAL)	FORTEO (SUBCUTANE.)	APRI 28 DAY TABLET (ORAL)
	THIORIDAZINE (ORAL)		ARANELLE 28 TABLET (ORAL)
ANTIPARASITICS, TOPICAL	THIOTHIXENE (ORAL)	BOTULINUM TOXINS	AVIANE-28 TABLET (ORAL)
PERMETHRIN 5% CREAM (TOPICAL)	TRIFLUOPERAZINE (ORAL)	BOTOX 100, 200 UNIT VIAL (not COSMETIC) (INTRAMUSC)	BLISOVI FE 1.5-30, BLISOVI FE 1-20 (ORAL)
PERMETHRIN 1% CRM RINSE, SHAMPOO (TOPICAL)	VRAYLAR (ORAL)		CAMILA 0.35 MG TABLET (ORAL)
PIPERONYL BUTOXIDE / PYRETHRINS SHAMPOO OTC (TOPICAL)	ZIPRASIDONE CAPSULE (ORAL)	BPH TREATMENTS	CAZIAN 28 DAY TABLET (ORAL)
NATROBA 0.9% SUSPENSION (TOPICAL)		ALFUZOSIN ER TABLET (ORAL)	CHATEAL-28 TABLET (ORAL)
SKLICE LOTION (TOPICAL)		DOXAZOSIN MESYLATE TABLET (ORAL)	CRYSSELLE-28 TABLET (ORAL)
		DUTASTERIDE CAPSULE (ORAL)	CYCLAFEM 1-35-28, CYCLAFEM 7-7-7-28 (ORAL)
ANTIPARKINSON'S AGENTS	ANTIVIRALS, ORAL & INHALED	FINASTERIDE 5 MG TABLET (not 1 MG) (ORAL)	DASETTA 1-35-28 TABLET (ORAL)
AMANTADINE CAPSULE, SOLUTION, TABLET* (ORAL)	ACYCLOVIR CAPSULE, TABLET (ORAL)	TAMSULOSIN CAPSULE (ORAL)	DASETTA 7/7/7-28 TABLET (ORAL)
BENZTROPINE (ORAL)	ACYCLOVIR SUSPENSION (ORAL)	TERAZOSIN CAPSULE (ORAL)	DEBLITANE 0.35 MG TABLET (ORAL)
CARBIDOPA / LEVODOPA TABLET (ORAL)	FAMCICLOVIR TABLET (ORAL)	BRONCHODILATORS, BETA AGONIST	DROSPIRENONE-EE 3-0.02 MG TAB (ORAL)
CARBIDOPA / LEVODOPA ER TABLET (ORAL)	OSELTAMIVIR CAPSULE (ORAL)	ALBUTEROL NEB SOLN 100 MG/20 ML (INHALATION)	DROSPIRENONE-EE 3-0.03 MG TAB (ORAL)
CARBIDOPA / LEVODOPA / ENTACAPONE TABLET (ORAL)	OSELTAMIVIR SUSPENSION (ORAL)	ALBUTEROL NEB SOLN 0.63, 1.25, 2.5 MG/3 ML (INHALATION)	ELINEST-28 TABLET (ORAL)
PRAMIPEXOLE (IR) (ORAL)	VALACYCLOVIR TABLET (ORAL)	ALBUTEROL NEB SOLN 2.5 MG/0.5 ML (INHALATION)	ELLA 30 MG TABLET (ORAL)
ROPINIROLE (IR) (ORAL)		ALBUTEROL SOLUTION, SYRUP (not TABLET) (ORAL)	EMOQUETTE 28 DAY TABLET (ORAL)
SELEGILINE CAPSULE*, TABLET (ORAL)		PROAIR HFA (INHALATION)	ENPRESSE-28 TABLET (ORAL)
TRIHENXYPHENIDYL ELIXIR, TABLET (ORAL)		ALBUTEROL HFA (INHALATION) (generic PROVENTIL HFA)	ESTARYLLA 0.25-0.035 MG (ORAL)
		SEREVENT DISKUS (INHALATION)	ETHYNODIOL / ETH ESTRAS 1MG / 35MCG (ORAL)

CONTRACEPTIVES, ORAL, CONT.	CONTRACEPTIVES, ORAL, CONT.	GLUCOCORTICOIDS, ORAL	HEMOPHILIA TREATMENT, CONT.
FALMINA-28 (ORAL)	ZENCHENT 0.4 MG/35 MCG (ORAL)	BUDESONIDE EC (ORAL)	VONVENDI (INTRAVEN)
GENERESS FE CHEWABLE (ORAL)	ZOVIA 1/35 (ORAL)	DEXAMETHASONE TABLET (ORAL)	WILATE (INTRAVEN)
GIANVI 3 MG-0.02 MG (ORAL)		HYDROCORTISONE TABLET (ORAL)	XYNTHA KIT (INTRAVEN)
HEATHER (ORAL)		METHYLPREDNISOLONE DOSE PACK (4 MG) (ORAL)	XYNTHA SOLOFUSE SYRINGE KIT (INTRAVEN.)
JENCYCLA 0.35 MG (ORAL)		PREDNISOLONE 15 MG/5 ML SOLUTION (ORAL)	
JULEBER-28 (ORAL)	ALBUTEROL / IPRATROPIUM NEB SOLUTION (INHALATION)	PREDNISOLONE SOD PH 5 MG/5 ML SOLUTION (ORAL)	HEPATITIS C AGENTS
JUNEL FE 1/20, JUNEL FE 1.5/30 (ORAL)	ANORO ELLIPTA (INHALATION)	PREDNISOLONE SOD PH 25MG/5 ML SOLUTION (ORAL)	EPCLUSA TABLET (ORAL)
KELNOR 1/35 (ORAL)	ATROVENT HFA (INHALATION)	PREDNISONE TABLET (not DOSE PACK) (ORAL)	MAVYRET TABLET (ORAL)
KURVELO (ORAL)	BEVESPI AEROSPHERE (INHALATION)		PEGASYS PROCLICK (SUBCUTANEOUS)
LARIN FE 1/20, LARIN FE 1.5/30 (ORAL) (not 24)	COMBIVENT RESPIMAT (INHALATION)	GROWTH FACTORS	PEGASYS SYRINGE, VIAL (SUBCUTANEOUS)
LARISSIA (ORAL)	DALIRESP TABLET (ORAL)	EGRIFTA VIAL (SUBCUTANEOUS)	PEG-INTRON KIT (SUBCUTANE.)
LESSINA-28 (ORAL)	IPRATROPIUM BR 0.02% SOLUTION (INHALATION)	INCRELEX VIAL (SUBCUTANEOUS)	RIBAVIRIN TABLET (not CAPSULE) (ORAL)
LEVONEST-28 (ORAL)	SPIRIVA HANDIHALER (not RESPIMAT) (INHALATION)		VOSEVI TABLET (ORAL)
LEVONORGESTREL OTC (ORAL)	STIOLTO RESPIMAT (INHALATION)	GROWTH HORMONE	
LEVONOR-ETH ESTRADIOL-28 0.1/0.02 (ORAL) (not 91)		NORDITROPIN FLEXPPO (INJECTION)	HISTAMINE II RECEPTOR BLOCKER
LEVONOR-ETH ESTRADIOL-28 0.15/0.03 (ORAL) (not 91)		NUTROPIN AQ NUSPIN INJECTOR (INJECTION)	CIMETIDINE TABLET OTC (not RX) (ORAL)
LEVORA-28 (ORAL)	CYTOKINE & CAM ANTAGONISTS ‡		FAMOTIDINE SUSPENSION (ORAL)
LILLOW (ORAL)	(STEP THERAPY CATEGORY)	H. PYLORI TREATMENT	FAMOTIDINE TABLET (Rx and OTC) (ORAL)
LOESTRIN 21 1/20, LOESTRIN 21 1.5/30 (ORAL)	ENBREL DISP SYRINGE, KIT, PEN (INJECTION)	PYLERA CAPSULE (ORAL)	
LOESTRIN FE 1/20, LOESTRIN FE 1/5.30 (ORAL)	HUMIRA KIT, PEN INJ KIT (INJECTION)		
LORYNA 3 MG-0.02 MG (ORAL)		HEMOPHILIA TREATMENT	HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITORS
LOSEASONIQUE (ORAL)		ADVATE (INTRAVEN.)	ACARBOSE TABLET (ORAL)
LOW-OGESTREL-28 (ORAL)		ADYNOVATE (INTRAVEN)	GLYSET TABLET (ORAL)
MARLISSA-28 (ORAL)	EMOLLIENTS	AFSTYLA (INTRAVEN)	
MINASTRIN 24 FE CHEWABLE (ORAL)	AMMONIUM LACTATE 12% CREAM (TOPICAL)	ALPHANATE (INTRAVEN.)	HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS
MIRCETTE-28 (ORAL)	AMMONIUM LACTATE 12% LOTION (TOPICAL)	ALPHANINE SD (INTRAVEN.)	BYDUREON PEN INJECT, VIAL (SUBCUTANEOUS)
MONO-LINYAH-28 (ORAL)		ALPROLIX (INTRAVEN)	BYETTA DOSE PEN (SUBCUTANEOUS)
NATAZIA-28 (ORAL)	EPINEPHRINE, SELF-INJECTED	BENEFIX KIT (INTRAVEN.)	GLYXAMBI TABLET (ORAL)
NECON 0.5/35, NECON 7/7/7 (ORAL)	EPINEPHRINE 0.15 MG (49502-0101-02) (INJECTION)	COAGADEX (INTRAVEN)	JANUMET TABLET (ORAL)
NIKKI 3 MG-0.02 MG (ORAL)	EPINEPHRINE 0.3 MG (49502-0102-02) (INJECTION)	CORIFACT KIT (INTRAVEN)	JANUMET XR TABLET (ORAL)
NORETHINDRONE 0.35 (ORAL)	SYMJEPI (INJECTION)	ELOCTATE (INTRAVEN)	JANUVIA TABLET (ORAL)
ORSYTHIA-28 (ORAL)		FEIBA NF (INTRAVEN)	JENTADUETO TABLET (IR) (not XR) (ORAL)
ORTHO TRI-CYCLEN LO (ORAL)	ERYTHROPOIESIS STIMULATING PROTEINS	HELIKATE FS (INTRAVEN.)	OZEMPIC (SUBCUTANE.)
PORTIA-28 (ORAL)	ARANESP DISP SYRIN, VIAL (INJECTION)	HEMLIBRA (SUBCUTANE.)	TRADJENTA TABLET (ORAL)
PREVIFEM (ORAL)	RETACRIT (INJECTION)	HEMOPIL-M (INTRAVEN.)	TRULICITY (SUBCUTANE.)
RECLIPSEN-28 (ORAL)		HUMATE-P KIT (INTRAVEN.)	VICTOZA PEN (SUBCUTANEOUS)
SEASONIQUE (ORAL)		IDELVION (INTRAVEN)	
SHAROBEL 0.35 MG (ORAL)	FLUOROQUINOLONES, ORAL	IXINITY (INTRAVEN)	HYPOGLYCEMICS, INSULIN & RELATED AGENTS
SPRINTEC-28 (ORAL)	CIPRO SUSPENSION (ORAL)	JIVI (INTRAVEN)	HUMALOG CARTRIDGE (SUBCUTANEOUS)
SRONYX 0.1/0.02 (ORAL)	CIPROFLOXACIN TABLET (IR) (ORAL)	KOATE-DVI KIT (INTRAVEN.)	HUMALOG VIAL (SUBCUTANEOUS)
SYEDA-28 (ORAL)	LEVOFLOXACIN TABLET (ORAL)	KOATE-DVI VIAL (INTRAVEN)	HUMALOG 100 UNITS/ML KWIKPEN (not JR) (SUBCUTANEOUS)
TRI-LINYAH (ORAL)		KOGENATE FS (INTRAVEN.)	HUMALOG MIX KWIKPEN, MIX VIAL (SUBCUTANEOUS)
TRI-LO-ESTARYLLA (ORAL)	GI MOTILITY, CHRONIC	KOVALTRY (INTRAVEN.)	HUMULIN 70/30 VIAL (SUBCUTANEOUS)
TRI-LO-MARZIA (ORAL)	AMITIZA CAPSULE (ORAL)	MONOCLATE-P KIT (INTRAVEN.)	HUMULIN N 100 UNITS/ML VIAL (SUBCUTANEOUS)
TRI-LO-SPRINTEC (ORAL)	LINZESS CAPSULE (ORAL)	MONONINE KIT (INTRAVEN)	HUMULIN R 100 UNITS/ML VIAL (SUBCUTANEOUS)
TRINESSA (ORAL)*	MOVANTIK TABLET (ORAL)	NOVOEIGHT (INTRAVEN)	HUMULIN R 500 UNITS/ML VIAL (SUBCUTANEOUS)
TRI-PREVIFEM (ORAL)		NOVOSEVEN RT (INTRAVEN)	LANTUS VIAL (SUBCUTANEOUS)
TRI-SPRINTEC (ORAL)	GLUCOCORTICOIDS, INHALED	NUWIQ (INTRAVEN)	LANTUS SOLOSTAR (SUBCUTANEOUS)
TRIVORA-28 (ORAL)	ADVAIR HFA (INHALATION)	OBIZUR (INTRAVEN)	LEVEMIR FLEXTOUCH, VIAL (SUBCUTANEOUS)
VIENVA-28 (ORAL)	ASMANEX TWISTHALER (not HFA) (INHALATION)	PROFILNINE SD (INTRAVEN)	NOVOLOG CARTRIDGE, FLEXPEN, VIAL (SUBCUTANEOUS)
ZARAH (ORAL)	BREO ELLIPTA (INHALATION)	REBINYN (INTRAVEN)	NOVOLOG MIX FLEXPEN, VIAL (SUBCUTANEOUS)
	DULERA (INHALATION)	RECOMBINATE (INTRAVEN.)	TRESIBA FLEXTOUCH (SUBCUTANEOUS)
	FLOVENT DISKUS, FLOVENT HFA (INHALATION)	RIXUBIS (INTRAVEN)	
	PULMICORT RESPULES (INHALATION)	TRETTEN (INTRAVEN)	HYPOGLYCEMICS, MEGLITINIDES
	PULMICORT FLEXHALER (INHALATION)		NATEGLINIDE TABLET (ORAL)
	SYMBICORT (INHALATION)		REPAGLINIDE TABLET (ORAL)



<b>ONCOLOGY, ORAL - PROSTATE CONT</b>	<b>OPHTHALMIC, ANTI-INFLAMMATORY/IMMUNOMODULATOR</b>	<b>PITUITARY SUPPRESSIVE AGENTS, LHRH</b>	<b>PRENATAL VITAMINS, CONT.</b>
XTANDI CAPSULE (ORAL)	RESTASIS 0.05% EYE EMULSION (OPHTHALMIC)	ELIGARD SYRINGE (SUBCUTANEOUS)	VP-GGR-B6 TABLET (ORAL)
YONSA TABLET (ORAL)	RESTASIS MULTIDOSE 0.05% (OPHTHALMIC)	LEUPROLIDE ACETATE KIT, VIAL (SUBCUTANEOUS)	VOL-NATE TABLET (ORAL)
ZYTIGA TABLET (ORAL)		LUPANETA PACK (INJECTION/ORAL)	VOL-PLUS TABLET (ORAL)
<b>ONCOLOGY, ORAL - RENAL CELL</b>	<b>OPHTHALMICS, GLAUCOMA AGENTS</b>	LUPRON DEPOT KIT (INJECTION)	VOL-TAB RX TABLET (ORAL)
<b>AFINITOR TABLET (ORAL) (not DISPERZ)</b>	<b>ALPHAGAN P 0.15% DROP (OPHTHALMIC)</b>	LUPRON DEPOT-PED KIT (INJECTION)	
CABOMETYX TABLET (ORAL)	BETOPTIC S 0.25% (OPHTHALMIC)	SYNAREL SPRAY (NASAL)	<b>PROGESTATIONAL AGENTS</b>
INLYTA TABLET (ORAL)	BRIMONIDINE 0.2% DROP (OPHTHALMIC)	ZOLADEX (SUB-Q)	MAKENA AUTO INJECTOR (SUBCUTANEOUS)
LENVIMA DAILY DOSE (ORAL)	CARTEOLOL 1% DROP (OPHTHALMIC)		MAKENA MDV (INTRAMUSCULAR)
NEXAVAR TABLET (ORAL)	COMBIGAN 0.2%-0.5% DROP (OPHTHALMIC)		MAKENA SDV (INTRAMUSCULAR)
SUTENT CAPSULE (ORAL)	DORZOLAMIDE 2% DROP (OPHTHALMIC)		MEDROXYPROGESTERONE ACETATE (ORAL)
VOTRIENT TABLET (ORAL)	DORZOLAMIDE / TIMOLOL DROP (OPHTHALMIC)	<b>PLATELET AGGREGATION INHIBITORS</b>	NORETHINDRONE ACETATE (ORAL)
<b>ONCOLOGY, ORAL - SKIN</b>	LATANOPROST 0.005% DROP (OPHTHALMIC)	<b>AGGRENOX CAPSULE (ORAL)</b>	PROGESTERONE (INTRAMUSC)
BRAFTOVI CAPSULE (ORAL)	LEVOBUNOLOL 0.5% DROP (OPHTHALMIC)	BRILINTA TABLET (ORAL)	PROGESTERONE CAPSULE (ORAL)
COTELLIC TABLET (ORAL)	PILOCARPINE 1%, 2%, 4% DROPS (OPHTHALMIC)	CLOPIDOGREL TABLET (ORAL)	
ERIVEDGE CAPSULE (ORAL)	RHOPRESSA (OPHTHALMIC)*	DIPYRIDAMOLE TABLET (ORAL)	<b>PROTON PUMP INHIBITORS ‡</b>
MEKINIST TABLET (ORAL)	ROCKLATAN (OPHTHALMIC)*	PRASUGREL (ORAL)	<b>(STEP THERAPY CATEGORY)</b>
MEKTOVI TABLET (ORAL)	TIMOLOL 0.25%, 0.5% EYE DROP (not ISTALOL) (OPHTHALMIC)		ESOMEPRAZOLE 20MG, 40MG CAPSULE (Rx ONLY) (ORAL)
ODOMZO CAPSULE (ORAL)	TIMOLOL 0.25%, 0.5% GEL-SOLUTION (OPHTHALMIC)	<b>PRENATAL VITAMINS</b>	NEXIUM ORAL SUSPENSION (not CAPSULE) (ORAL)
TAFINLAR CAPSULE (ORAL)	TRAVATAN Z 0.004% DROP (OPHTHALMIC)	CITRANATAL 90 DHA (ORAL)	OMEPRAZOLE 10MG, 20MG, 40MG CAPSULE (Rx ONLY) (ORAL)
ZELBORAF TABLET (ORAL)		CITRANATAL ASSURE (ORAL)	PANTOPRAZOLE TABLET (ORAL)
		CITRANATAL B-CALM (ORAL)	PROTONIX SUSPENSION (ORAL)
		CITRANATAL DHA (ORAL)	
<b>OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS</b>		CITRANATAL HARMONY CAPSULE (ORAL)	<b>SEDATIVE HYPNOTICS</b>
ALREX 0.2% (OPHTHALMIC)	<b>OPIATE DEPENDENCE TREATMENTS</b>	COMPLETE NATAL DHA (ORAL)	FLURAZEPAM CAPSULE (ORAL)
CROMOLYN SODIUM 4% (OPHTHALMIC)	BUPRENORPHINE HCL TABLET (SUBLINGUAL)	CONCEPT DHA CAPSULE (ORAL)	TEMAZEPAM 15MG, 30MG CAPSULE (ORAL)
PAZEO 0.7% (OPHTHALMIC)	NALOXONE CARPUJECT, SYRINGE, VIAL (INJECTION)	FOLIVANE-OB CAPSULE (ORAL)	ZOLPIDEM TARTRATE 5MG, 10MG TABLET (IR) (ORAL)
<b>OPHTHALMIC ANTIBIOTICS</b>	NALTREXONE TABLET (ORAL)	NIVA-PLUS TABLET (ORAL)	
BACITRACIN-POLYMYXIN B SULFATE OINTMENT (OPHTHALM)	NARCAN NASAL SPRAY (NASAL)	PNV 29-1 TABLET (ORAL)	<b>SKELETAL MUSCLE RELAXANTS</b>
CIPROFLOXACIN 0.3% SOLUTION (OPHTHALMIC)	<b>SUBOXONE FILM (SUBLINGUAL)</b>	PNV PRENATAL PLUS MULTIVIT TAB (ORAL)	BACLOFEN TABLET (ORAL)
ERYTHROMYCIN 0.5% OINTMENT (OPHTHALMIC)	VIVITROL VIAL (SUBCUTANEOUS)	PNV-DHA + DOCUSATE SOFTGEL (ORAL)	CHLORZOXAZONE TABLET (ORAL)
GENTAK 0.3% OINTMENT (OPHTHALMIC)		PRENAISSANCE NEXT TABLET (ORAL)	CYCLOBENZAPRINE TABLET (ORAL)
GENTAMICIN 0.3% SOLUTION (OPHTHALMIC)	<b>OTIC ANTIBIOTICS</b>	PRENATA CHEWABLE TABLET (ORAL)	METHOCARBAMOL TABLET (ORAL)
<b>MOXEZA 0.5% (OPHTHALMIC)</b>	CIPRODEX OTIC SUSPENSION (OTIC)	PRENATAL VITAMIN PLUS LOW IRON (ORAL)	TIZANIDINE TABLET (not CAPSULE ) (ORAL)
OFLOXACIN 0.3% SOLUTION (OPHTHALMIC)	NEOMYCIN / POLYMYXIN / HC SOLUTION, SUSPENSION (OTIC)	PREPLUS CA-FE 27 MG-FA 1 MG TB (ORAL)	
POLYMYXIN B-TMP DROP (OPHTHALMIC)	OFLOXACIN 0.3% DROP (OTIC)	SELECT-OB + DHA PACK (ORAL)	<b>SMOKING CESSATION</b>
TOBRAMYCIN 0.3% SOLUTON (OPHTHALMIC)		SELECT-OB CHEWABLE CAPLET (ORAL)	CHANTIX TABLET (ORAL)
TOBEX 0.3% OINTMENT (OPHTHALMIC)	<b>OTIC ANTI-INFECTIVES &amp; ANESTHETICS</b>	SE-NATAL 19 CHEWABLE TABLET (ORAL)	CHANTIX STARTING MONTH BOX, CONT MONTH BOX (ORAL)
	ACETIC ACID 2% SOLUTION (OTIC)	SE-NATAL 19 TABLET (ORAL)	NICOTINE GUM OTC (not BRAND) (BUCCAL)
<b>OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS</b>		THRIVITE 19 TABLET (ORAL)	NICOTINE LOZENGE OTC (not BRAND) (MUCOUS MEM)
BLEPHAMIDE EYE DROPS (OPHTHALMIC)		THRIVITE RX TABLET (ORAL)	NICOTINE PATCH OTC (not BRAND) (TRANSDERMAL)
NEOMYCIN / POLY / DEXAMETHASONE OINTMENT (OPHTHALMIC)		TRICARE PRENATAL TABLET (ORAL)	
NEOMYCIN / POLY / DEXAMETHASONE DROP (OPHTHALMIC)	<b>PAH AGENTS, ORAL AND INHALED</b>	TRINATAL RX 1 TABLET (ORAL)	<b>STEROIDS, TOPICAL HIGH POTENCY</b>
SULFACETAMIDE / PREDNISOLONE 10-0.23% (OPHTHALMIC)	<b>(DX CODE REQUIRED - SILDENAFIL)</b>	TRIVEEN-DUO DHA COMBO PACK (ORAL)	BETAMET DIPROP / PROP GLY CREAM (TOPICAL)
<b>TOBRADEX EYE DROP (OPHTHALMIC)</b>	AMBRISENTAN (ORAL)*	TRUST NATAL DHA (ORAL)	BETAMETHASONE VALERATE 0.1% CREAM (TOPICAL)
TOBRADEX EYE OINTMENT (OPHTHALMIC)	<b>REVIATIO SUSPENSION (ORAL)*</b>	VEMAVITE-PRX 2 CAPSULE (ORAL)	BETAMETHASONE VALERATE 0.1% LOTION (TOPICAL)
	TADALAFIL (ADCIRCA) (ORAL) (DX CODE REQ.)	VIRT-ADVANCE TABLET (ORAL)	BETAMETHASONE VALERATE 0.1% OINTMENT (TOPICAL)
<b>OPHTHALMIC, ANTI-INFLAMMATORIES</b>	<b>TRACLEER 62.5 MG &amp; 125 MG TABLET (ORAL)</b>	VIRT-NATE TABLET (ORAL)	TRIAMCINOLONE ACETONIDE 0.025%, 0.1%, 0.5% CREAM (TOPICAL)
DICLOFENAC 0.1% DROP (OPHTHALMIC)	VENTAVIS SOLUTION (INHALATION)	VIRTPREX CAPSULE (ORAL)	TRIAMCINOLONE ACETONIDE 0.025%, 0.1% LOTION (TOPICAL)
FLUOROMETHOLONE 0.1% DROP (OPHTHALMIC)		VITAFOL FE+ DOCUSATE COMBO PCK (ORAL)	TRIAMCINOLONE ACETONIDE 0.1%, 0.5% OINTMENT (TOPICAL)
FML FORTE 0.25% DROP (not LIQUIFILM) (OPHTHALMIC)	<b>PANCREATIC ENZYMES</b>	VITAFOL NANO TABLET (ORAL)	
ILEVRO 0.3% DROP (OPHTHALMIC)	CREON CAPSULE (ORAL)	VITAFOL ULTRA SOFTGEL (ORAL)	
KETOROLAC 0.5% SOLUTION (not 0.4%) (OPHTHALMIC)	ZENPEP CAPSULE (ORAL)	VITAFOL-OB CAPLET (ORAL)	
<b>LOTEMAX 0.5% DROP (not GEL) (OPHTHALMIC)</b>		VITAFOL-OB+DHA COMBO PACK (ORAL)	<b>STEROIDS, TOPICAL LOW POTENCY</b>
PRED MILD 0.12% (not FORTE) (OPHTHALMIC)	<b>PHOSPHATE BINDERS</b>	VITAFOL-ONE CAPSULE (ORAL)	CAPEX SHAMPOO (TOPICAL)
PREDNISOLONE ACETATE 1% DROP (OPHTHALMIC)	CALCIUM ACETATE CAPSULE, GELCAP, TABLET (ORAL)	VITAFOL TAB CHEW (ORAL)	DERMA-SMOOTH-FS BODY (TOPICAL)
	<b>RENAGEL TABLET (ORAL)</b>		DERMA-SMOOTH-FS SCALP (TOPICAL)

STEROIDS, TOPICAL LOW POTENCY, CONT.	ULCERATIVE COLITIS AGENTS		
DESONIDE OINTMENT (TOPICAL)	APRISO ER CAPSULE (ORAL)		
HYDROCORTISONE 1% ABSORBASE (TOPICAL)	<b>CANASA (RECTAL)*</b>		
HYDROCORTISONE 1%, 2.5% CREAM (TOPICAL)	<b>LIALDA DR TABLET (ORAL)</b>		
HYDROCORTISONE 1%, 2.5% LOTION (TOPICAL)	PENTASA (ORAL)		
HYDROCORTISONE 0.5%, 1%, 2.5% OINTMENT (TOPICAL)	SULFASALAZINE TABLET (ORAL)		
HYDROCORTISONE RECTAL CREAM 2.5% (TOPICAL)	SULFASALAZINE DR TABLET (ORAL)		
STEROIDS, TOPICAL MEDIUM POTENCY	UTERINE DISORDER TREATMENTS		
FLUTICASON PROPIONATE 0.05% CREAM (TOPICAL)			
FLUTICASON PROPIONATE 0.005% OINTMENT (TOPICAL)	ORILISSA (ORAL)		
MOMETASON FUROATE 0.1% CREAM (TOPICAL)			
MOMETASON FUROATE 0.1% OINTMENT (TOPICAL)	VASODILATORS, CORONARY		
MOMETASON FUROATE 0.1% SOLUTION (TOPICAL)	ISOSORBIDE DINITRATE TABLET (ORAL)		
	ISOSORBIDE MONONITRATE TABLET (ORAL)		
	ISOSORBIDE MONONITRATE ER/SR TABLET (ORAL)		
STEROIDS, TOPICAL VERY HIGH POTENCY			
CLOBETASOL EMOLLIENT 0.05% CREAM (TOPICAL)	NITRO-BID 2% OINTMENT (TRANSDERM)		
CLOBETASOL PROPIONATE 0.05% CREAM (TOPICAL)	NITROGLYCERIN PATCH (TRANSDERM)		
CLOBETASOL PROPIONATE 0.05% GEL (TOPICAL)	NITROGLYCERIN SL TABLET (SUBLINGUAL)		
CLOBETASOL PROPIONATE 0.05% OINTMENT (TOPICAL)	NITROGLYCERIN ER CAPSULE (ORAL)		
CLOBETASOL PROPIONATE 0.05% SOLUTION (TOPICAL)			
<b>CLOBEX 0.05% SHAMPOO (TOPICAL)</b>			
HALOBETASOL PROPIONATE 0.05% CREAM (TOPICAL)			
STIMULANTS AND RELATED AGENTS (DX CODE REQ.)			
(DX CODE REQUIRED - SEE SELECT AGENTS)			
ADDERALL TABLET (ORAL) (DX CODE REQ.)			
<b>ADDERALL XR CAPSULE (ORAL) (DX CODE REQ.)</b>			
AMPHETAMINE SALT COMBO TABLET (IR) (ORAL) (DX CODE REQ.)			
ATOMOXETINE CAPSULE (ORAL)			
CLONIDINE TABLET (IR) (not ER) (ORAL)			
<b>CONCERTA ER TABLET (ORAL) (DX CODE REQ.)</b>			
DEXMETHYLPHENIDATE IR (FOCALIN)(ORAL)(DX CODE REQ.)			
DEXTROAMPHETAMINE TABLET (IR) (not ER) (ORAL) (DX CODE REQ.)			
DEXTROAMPHETAMINE / AMPHETAMINE TABLET (IR) (ORAL) (DX CODE REQ.)			
<b>FOCALIN XR CAPSULE (ORAL) (DX CODE REQ.)</b>			
GUANFACINE ER TABLET (ORAL)			
METHYLPHENIDATE TABLET (IR) (not ER) (ORAL) (DX CODE REQ.)			
METHYLPHENIDATE TABLET ER (METADATE ER) (ORAL)*			
METHYLPHENIDATE SOLUTION (ORAL) (DX CODE REQ.)			
MODAFINIL (ORAL) (DX CODE REQ.)			
QUILLICHEW ER CHEWABLE TABLET (ORAL) (DX CODE REQ.)			
QUILLIVANT XR SUSPENSION (ORAL) (DX CODE REQ.)			
VYVANSE CAPSULE (ORAL) (DX CODE REQ.)			
VYVANSE CHEWABLE TABLET (ORAL) (DX CODE REQ.)			
TETRACYCLINES			
DOXYCYCLINE HYCLATE CAPSULE (not DR) (ORAL)			
DOXYCYCLINE HYCLATE TABLET (not DR) (ORAL)			
DOXYCYCLINE MONOHYDRATE 50 MG, 100 MG CAPSULE (ORAL)			
DOXYCYCLINE MONOHYDRATE TABLET (ORAL)			
MINOCYCLINE CAPSULE (not TABLET) (ORAL)			
MORGIDOX CAPSULE (not KIT) (ORAL)			

**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](http://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.**

<b>13. Brand Medically Necessary Request</b>	<b>14. Early Refill Request</b>	<b>15. Non-Preferred Drug Request</b>
<input type="checkbox"/> Allergic reaction to excipients in generic product. Provide clinical symptoms: <hr/> <hr/> <hr/> <p><i>A completed federal <a href="#">MedWatch form (FDA 3500)</a> 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/> <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/> <input type="checkbox"/> Adverse reaction to the preferred agents. Provide clinical symptoms: <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.**

This form (and attachments) contains protected health information (PHI) for DXC Technology and is covered by the Electronic Communications Privacy Act, 18 U.S.C. § 2510-2521 and the Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164, which is intended only for the use of prior authorization. Any unintended recipient is hereby notified that the information is privileged and confidential, and any use, disclosure, or reproduction of this information is prohibited. Any unintended recipient should contact DXC Technology by telephone at (860) 255-3900 or by e-mail immediately and destroy the original message.

## STEP THERAPY CATEGORIES

### ACNE AGENTS, TOPICAL

Preferred Step Therapy Agents	Non-Preferred Agents Requiring Step Therapy PA Request	
AZELEX 20% CREAM	ACANYA	ERYGEL
BENZOYL PEROXIDE CREAM, GEL, WASH (not FOAM) (TOPICAL)*	ACZONE	ERYTHROMYCIN 2% GEL, PLEDGETS
BENZOYL PEROXIDE 6% CLENSER (OTC) (TOPICAL)	ADAPALENE	ERYTHROMYCIN-BENZOYL
BPO GEL (OTC) (TOPICAL)	ADAPALENE-BENZOYL PEROXIDE	EVOCLIN
CLINDAMYCIN PHOSPHATE 1% PLEGET	AKLIEF	FABIOR
CLINDAMYCIN PHOSPHATE 1% SOLUTION	ALTRENO	KLARON
CLIND PH-BENZOYL PEROX 1.2-5%	ATRALIN	NEUAC
<b>DIFFERIN 0.1% CREAM</b>	AVAR	ONEXTON
DIFFERIN 0.1% LOTION	AVITA	OVACE
<b>DIFFERIN 0.3% GEL PUMP</b>	BENZACLIN	PLIXDA
<b>EPIDUO 0.1-2.5% GEL PUMP</b>	BENZAMYCIN	RETIN-A MICRO
ERYTHROMYCIN 2% SOLUTION	BENZOYL PEROXIDE	ROSANIL
<b>RETIN-A CREAM</b>	BPO	ROSULA
<b>RETIN-A GEL</b>	CLEOCIN T	SODIUM SULFACETAMIDE
	CLINDACIN KIT	SODIUM SULFACETAMIDE-SULFUR
	CLINDAGEL	SSS CREAM, FOAM
	CLINDAMYCIN PHOS GEL, FOAM, LOTION	SUMADAN
	CLINDAMYCIN-BENZOYL PEROXIDE 1-5%	SUMAXIN
	CLINDAMYCIN-TRETINOIN	TAZAROTENE
	DAPSONE	TAZORAC
	DUAC	TRETINOIN
	EPIDUO FORTE	ZIANA
	ERY 2% PADS	

### CYTOKINE/CAM ANTAGONISTS

Preferred Step Therapy Agents	Non-Preferred Agents Requiring Step Therapy PA Request	
ENBREL	ACTEMRA	OTEZLA
HUMIRA	ARCALYST	REMICADE
	CIMZIA	RENFLIXIS
	COSENTYX	RINVOQ
	ENTYVIO	SILIQ
	ILARIS	SIMPONI
	ILUMYA	SKYRIZI
	INFLECTRA	STELARA
	KEVZARA	TALTZ
	KINERET	TREMFYA
	OLUMIANT	XELJANZ
	ORENCIA	

### ANTIMIGRAINE AGENTS

Preferred Step Therapy Agents	Non-Preferred Agents Requiring Step Therapy PA Request	
<b>RELPAZ TABLET</b>	ALMOTRIPTAN	ONZETRA
RIZATRIPTAN ODT	AMERGE	SUMATRIPTAN CARTRIDGE
RIZATRIPTAN TABLET	ELETRIPTAN	SUMATRIPTAN SYRINGE
SUMATRIPTAN NASAL SPRAY	FROVA	SUMATRIPTAN-NAPROXEN
SUMATRIPTAN TABLET	FROVATRIPTAN	SUMAVEL
SUMATRIPTAN VIAL	IMITREX	TREXIMET
	MAXALT	ZEMBRACE
	MIGRANOW	ZOLMITRIPTAN
	NARATRIPTAN	ZOMIG

### LIPOTROPICS, STATINS

Preferred Step Therapy Agents	Non-Preferred Agents Requiring Step Therapy PA Request	
ATORVASTATIN	ALTOPREV	LIPITOR
LOVASTATIN	AMLODIPINE-ATORVAST	LIVALO
PRAVASTATIN	CADUET	PRAVACHOL
ROSUVASTATIN*	CRESTOR*	VYTORIN
SIMVASTATIN	EZETIMIBE-SIMVASTATIN	ZOCOR
	FLUVASTATIN	ZYPITAMAG
	LESCOL	

### PROTON PUMP INHIBITORS

Preferred Step Therapy Agents	Non-Preferred Agents Requiring Step Therapy PA Request	
ESOMEPRAZOLE CAPSULES 20MG & 40MG (Rx ONLY)	ACIPHEX	OMEPRAZOLE-BICARB
NEXIUM SUSPENSION	DEXILANT	PREVACID
OMEPRAZOLE CAPSULES (Rx ONLY)	ESOMEPRAZOLE (OTC VERSIONS)	PRILOSEC
PANTOPRAZOLE	LANSOPRAZOLE	PROTONIX TABLET
PROTONIX SUSPENSION	NEXIUM CAPSULE	RABEPRAZOLE
	OMEPRAZOLE (OTC VERSIONS)	ZEGERID



**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](http://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) \_\_\_\_\_

\* **Mandatory (others may not sign for prescriber)** In accordance with 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 shall no longer be considered/covered by CMAP.