CONNECTICUT MEDICAID

Preferred Drug List (PDL)

• The Connecticut Medicaid *Preferred Drug List* (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.

• *Preferred* or *Non-preferred* status only applies to those medications that fall within the drug classes listed on this PDL

• HIV medications are excluded from the PDL and do not require prior authorization

• The brand-name of a generically available medication will not be covered without a PA, unless the brand is listed on the PDL

• Preferred brand-name medications with non-preferred generic equivalents are listed in BOLD

• UPDATED NOTATIONS: (DX Code Required) notation will appear for preferred agents that require ICD-10 code for reimbursement

• UPDATED NOTATIONS: CHEWABLE notation will appear for preferred agents

** New Therapeutic Class added to PDL effective 7/1/20

* New Drug added to the PDL effective 7/1/20

Non - PDL PA Requirements

Complete Section 15 on attached Prior Authorization Request Form below

- 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

Step Therapy PA Requirements

Complete attached Step Therapy Prior Authorization Request Form below

‡ Agents from the following FIVE categories: ACNE AGENTS, TOPICAL, ANTIMIGRAINE AGENTS, CYTOKINE/CAM ANTAGONISTS, LIPOTROPICS, STATINS, PROTON PUMP INHIBITORS

Important Connecticut Medicaid Phone Numbers

DXC Technology
Pharmacy Prior Authorization Center
Phone #: 1-866-409-8386 (toll-free)
Fax #: 1-866-759-4110 (toll-free)

PA forms are also available on our website:
http://www.CTDSSMAP.com
Navigate to: *Pharmacy Information*
or: *information > publications > forms*

DXC Technology Provider Assistance Center
1-800-842-8440 (toll-free)

Dept of Social Services Rx Consultant
(860) 424-5150

Updated July 1, 2020

ACNE AGENTS, TOPICAL ‡
(STEP THERAPY CATEGORY)
(DX CODE REQUIRED - DIFFERIN and EPIDUO)
AZELEX 20% CREAM (TOPICAL)
BENZOYL PEROXIDE CREAM, GEL, WASH (not FOAM) (TOPICA
BENZOYL PEROXIDE 6% CLEANSER (OTC) (TOPICAL)
BPO GEL (OTC) (TOPICAL)
CLINDAMYCIN PHOS 1% PLEGET (TOPICAL)
CLINDAMYCIN PHOS 1% SOLUTION (not GEL) (TOPICAL)
CLINDAMYCIN / BENZOYL PEROXIDE 1.2%-5% (DUAC) (TOPIC
DIFFERIN 0.1% CREAM (TOPICAL) (not OTC GEL) (DX CODE R
DIFFERIN 0.1% LOTION (TOPICAL) (DX CODE REQ.)
DIFFERIN 0.3% GEL PUMP (TOPICAL) (DX CODE REQ.)
EPIDUO 0.1-2.5% GEL PUMP (TOPICAL) (DX CODE REQ.)
ERYTHROMYCIN 2% SOLUTION (TOPICAL)
RETIN-A CREAM (TOPICAL)
RETIN-A GEL (TOPICAL)

ALZHEIMER'S AGENTS
DONEPEZIL ODT (ORAL)
DONEPEZIL 5MG & 10MG TABLET (not 23MG) (ORAL)
EXELON PATCH (TRANSDERMAL)
MEMANTINE IR TABLET (not ER CAPSULES) (ORAL)
MEMANTINE 5-10MG TITRATION PACK (ORAL)
RIVASTIGMINE CAPSULES (ORAL)

ANALGESICS, NARCOTICS SHORT
APAP / CODEINE ELIXIR (ORAL)
APAP / CODEINE #2, #3, #4 TABLET (ORAL)
CODEINE TABLET (ORAL)
HYDROCODONE / APAP SOLUTION (ORAL)
HYDROCODONE / APAP TABLET (ORAL)
HYDROCODONE / IBUPROFEN (ORAL)
HYDROMORPHONE TABLET (IR) (ORAL)
MORPHINE CONC, SOLUTION, SYRUP (ORAL)
MORPHINE IR TABLET (ORAL)
OXYCODONE / APAP CAPSULE, TABLET (ORAL)
OXYCODONE TABLET (not CAPSULE) (ORAL)
OXYCODONE 5 MG/5 ML SOLUTION (ORAL)
TRAMADOL TABLET (ORAL)
TRAMADOL / APAP (ORAL)

ANDROGENIC AGENTS
TESTOSTERONE GEL (generic VOGELXO) (TRANSDERM.)
TESTOSTERONE GEL PACKET (generic VOGELXO) (TRANSDERM.)
TESTOSTERONE GEL PUMP (generic ANDROGEL)(TRANSDER
TESTOSTERONE GEL PUMP (generic VOGELXO)(TRANSDERM

ANGIOTENSIN MODULATORS
DIOVAN TABLET (ORAL)
ENALAPRIL, ENALAPRIL / HCTZ (ORAL)
ENTRESTO TABLET (ORAL)
IRBESARTAN, IRBESARTAN / HCTZ (ORAL)*
LISINOPRIL, LISINOPRIL / HCTZ (ORAL)
LOSARTAN, LOSARTAN / HCTZ (ORAL)
QUINAPRIL, QUINIPRIL / HCTZ (ORAL)
RAMIPRIL (ORAL)*
VALSARTAN / HCTZ (ORAL)

ANGIOTENSIN MODULATOR COMBINATIONS
AMLODIPINE / BENAZEPRIL (ORAL)
AMLODIPINE / OLMESARTAN (ORAL)
AMLODIPINE / VALSARTAN (ORAL)
AMLODIPINE / VALSARTAN / HCTZ (ORAL)

ANTHELMINTICS
ALBENDAZOLE TABLET (ORAL)
BILTRICIDE TABLET (ORAL)
IVERMECTIN TABLET (ORAL)
STROMECTOL TABLET (ORAL)

ANTI-ALLERGENS, ORAL
All agents require non-PDL PA

ANTIBIOTICS, GI
FIRVANQ (ORAL)
METRONIDAZOLE TABLET (not CAPSULE) (ORAL)

ANTIBIOTICS, INHALED
BETHKIS AMPULE (INHALATION)
KITABIS PAK 300 MG/5 ML (INHALATION)
TOBI PODHALER 28MG INHALE CAPSULE (INHALATION)

ANTIBIOTICS, TOPICAL
GENTAMICIN 0.1% CREAM (TOPICAL)
GENTAMICIN 0.1% OINTMENT (TOPICAL)
MUPIROCIN 2% OINTMENT (not CREAM) (TOPICAL)

ANTIBIOTICS, VAGINAL
CLEOCIN OVULES (VAGINAL)
CLINDESSE 2% CREAM (VAGINAL)
NUVESSA (VAGINAL)
VANDAZOLE (VAGINAL)

ANTICOAGULANTS
ELIQUIS STARTER PACK (ORAL)
ELIQUIS TABLET (ORAL)
ENOXAPARIN SYRINGE (SUBCUTANEOUS)
ENOXAPARIN VIAL (SUBCUTANEOUS)*
PRADAXA CAPSULE (ORAL)
WARFARIN TABLET (ORAL)
XARELTO TABLET (ORAL)
XARELTO STARTER PACK (ORAL)

ANTICONVULSANTS
CARBAMAZEPINE SUSPENSION, TAB CHEW, TABLET (ORAL)
CARBAMAZEPINE ER CAPSULE (ORAL)
CARBAMAZEPINE ER TABLET (ORAL)
CLOBAZAM TABLET (ORAL)
CLONAZEPAM IR TABLET (not ODT or ER) (ORAL)
DIAZEPAM (RECTAL) (generic DIASTAT)
DIAZEPAM DEVICE (RECTAL) (generic DIASTAT ACUDIAL)
DIVALPROEX ER (ORAL)
DIVALPROEX SPRINKLE, TABLET (ORAL)
ETHOSUXIMIDE CAPSULE, SOLUTION (ORAL)
GABITRIL TABLET (ORAL)

ANTICONVULSANTS, CONT.
LAMOTRIGINE CHEW DISPERS TAB (not ODT) (ORAL)
LAMOTRIGINE TABLET (IR) (not ER) (ORAL)
LEVETIRACETAM SOLUTION, IR TABLET (not ER) (ORAL)
OXCARBAZEPINE SUSPENSION, TABLET (ORAL)
PHENOBARBITAL ELIXIR, TABLET (ORAL)
PHENYTOIN CHEW TABLET, SUSPENSION (ORAL)
PHENYTOIN SOD EXT CAPSULE (ORAL)
PRIMIDONE (ORAL)
SABRIL 500 MG POWDER PACK (ORAL)
TOPIRAMATE SPRINKLE CAPSULE (ORAL)
TOPIRAMATE TABLET (not ER) (ORAL)
VALPROIC ACID CAPSULE, SOLUTION (ORAL)
VIMPAT SOLUTION, TABLET (not STARTER KIT) (ORAL)
ZONISAMIDE CAPSULE (ORAL)

ANTIDEPRESSANTS, OTHER
BUPROPION TABLET (ORAL)
BUPROPION SR, BUPROPION XL (NOT 450MG) (ORAL)
DESVENLAFAXINE SUC ER (generic PRISTIQ) (ORAL)
MIRTAZAPINE TABLET, ODT (ORAL)
TRAZODONE TABLET (ORAL)
TRINTELLIX (BRINTELLIX) (ORAL)
VENLAFAXINE ER CASPULES (not TABLET) (ORAL)
VIIBRYD TABLET (ORAL)

ANTIDEPRESSANTS, SSRIs
CITALOPRAM TABLET, SOLUTION (ORAL)
ESCITALOPRAM SOLUTION, TABLET (ORAL)
FLUOXETINE CAPSULE, SOLUTION (ORAL) (not Tablet)
FLUVOXAMINE (ORAL)
PAROXETINE TABLET (IR only) (ORAL)
SERTRALINE CONC, TABLET (ORAL)

ANTIEMETIC / ANTIVERTIGO AGENTS
APREPITANT CAPSULE (ORAL)
DICLEGIS (ORAL)
DRONABINOL CAPSULE (ORAL)
ONDANSETRON ODT, SOLUTION, TABLET (ORAL)

ANTIFUNGALS, ORAL
CLOTRIMAZOLE 10 MG TROCHE (MUCOUS MEM)
FLUCONAZOLE SUSPENSION, TABLET (ORAL)
GRISEOFULVIN SUSPENSION (not TABLET) (ORAL)
NYSTATIN SUSPENSION (not TABLET) (ORAL)
TERBINAFINE TABLET (ORAL)

ANTIFUNGALS, TOPICAL
CLOTRIMAZOLE 1% CREAM (RX and OTC) (TOPICAL)
CLOTRIMAZOLE 1% SOLUTION (Rx ONLY) (TOPICAL)
CLOTRIMAZOLE-BETAMETHASONE CREAM (TOPICAL)
KETOCONAZOLE CREAM (TOPICAL)
KETOCONAZOLE 2% SHAMPOO (TOPICAL)
MICONAZOLE CREAM OTC (TOPICAL)
MICONAZOLE POWDER OTC (TOPICAL)
MICONAZOLE SPRAY OTC (TOPICAL)
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)			DILTAIZEM 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)	FELODIPINE ER (ORAL)*
LORATADINE-D (OTC) (ORAL)	**DOVONEX 0.005% CREAM (TOPICAL)**	BUSPIRONE (ORAL)	NIFEDIPINE ER (ORAL)
	TACLONEX OINTMENT (TOPICAL)	CHLORDIAZEPOXIDE (ORAL)	VERAPAMIL TABLET (ORAL)
ANTIHYPERTENSIVES, SYMPATHOLYTICS	**VECTICAL 3 MCG/G OINTMENT (TOPICAL)**	DIAZEPAM 5 MG/5 ML SOLUTION (ORAL)	VERAPAMIL TABLET ER TABLET (not CAPSULE) (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)	**BETA-BLOCKERS**	AMOXICILLIN / CLAV TABLET (not CHEW TAB or ER) (ORAL)
	ARIPIPRAZOLE SOLUTION, TABLET (ORAL)	ATENOLOL TABLET (ORAL)	CEFACLOR CAPSULE (not SUSPENSION) (ORAL)
ANTIHYPERURICEMICS	ARISTADA (INTRAMUSC)	ATENOLOL / CHLORTHALIDONE (ORAL)	CEFADROXIL CAPSULE, SUSPENSION (not TABLET) (ORAL)
ALLOPURINOL (ORAL)	ARISTADA INITIO (INTRAMUSC)	BISOPROLOL (ORAL)*	CEFDINIR CAPSULE, SUSPENSION (ORAL)
MITIGARE (ORAL)	CHLORPROMAZINE (ORAL)	CARVEDILOL TABLET (not ER) (ORAL)	CEFPROZIL SUSPENSION, TABLET (ORAL)
PROBENECID (ORAL)	CLOZAPINE TABLET (ORAL)	LABETALOL TABLET (ORAL)	CEFUROXIME TABLET (ORAL)
PROBENECID / COLCHICINE (ORAL)	**FAZACLO ODT (ORAL)**	METOPROLOL TARTRATE (ORAL)	CEPHALEXIN CAPSULE, SUSPENSION (not TABLET) (ORAL)
	FLUPHENAZINE DECANOATE (INJECTION)	METOPROLOL SUCCINATE ER (ORAL)	
ANTIMIGRAINE AGENTS, OTHER	FLUPHENAZINE ELIXIR/SOLN, TABLET (ORAL)	PROPRANOLOL SOLUTION, TABLET (ORAL)	**COLONY STIMULATING FACTORS**
AJOVY (SUBCUTANEOUS)*	HALOPERIDOL (ORAL)	PROPRANOLOL ER CAPSULE(ORAL)	FULPHILA (SUBCUTANEOUS)
DIHYDROERGOTAMINE 4 MG/ML SPRY (NASAL)	HALOPERIDOL DECANOATE, LACTATE (INJECTION)	SOTALOL (ORAL)*	NEUPOGEN DISP SYRINGE, VIAL (INJECTION)
EMGALITY PEN (SUBCUTANEOUS)	HALOPERIDOL LACTATE CONC (ORAL)		UDENYCA (SUBCUTANEOUS)
EMGALITY 120MG SYRINGE (not 100 MG) (SUBCUTANEOUS)	INVEGA SUSTENNA (INTRAMUSC)	**BILE SALTS**	
ISOMETHEPT / CAFFIENE / APAP (ORAL)	INVEGA TRINZA (INTRAMUSC)	URSODIOL 250MG, 500MG TABLET (not CAPSULE) (ORAL)	**CONTRACEPTIVES, ORAL**
ISOMETHEPT / DICHLORALP / APAP (ORAL)	LATUDA (ORAL)	URSODIOL 300MG CAPSULE (ORAL)	***PREFERRED EMERGENCY CONTRACEPTIVES***
NURTEC ODT (ORAL)*	LOXAPINE (ORAL)		AFTERA 1.5 MG TABLET (ORAL)
	MOLINDONE (ORAL)	**BLADDER RELAXANT PREPARATIONS**	ELLA 30 MG TABLET (ORAL)
ANTIMIGRAINE AGENTS, TRIPTANS ‡	OLANZAPINE TABLET, ODT (ORAL)	OXYBUTYNIN ER TABLET (ORAL)	LEVONORGESTREL OTC 1.5MG TABLET
(STEP THERAPY CATEGORY)	OLANZAPINE/FLUOXETINE (ORAL)	OXYBUTYNIN SYRUP, TABLET (ORAL)	MY CHOICE OTC (ORAL)*
ELETRIPTAN (ORAL)	PALIPERIDONE ER (ORAL)	TOVIAZ ER (ORAL)	OPCICON ONE-STEP 1.5 MG TABLET (ORAL)
RIZATRIPTAN ODT (ORAL)	PERPHENAZINE (ORAL)	SOLIFENACIN (ORAL)	OPTION 2 1.5 MG TABLET (ORAL)
RIZATRIPTAN TABLET (ORAL)	PERPHENAZINE / AMITRIPTYLINE (ORAL)		PLAN B ONE-STEP 1.5 MG TABLET (ORAL)
SUMATRIPTAN NASAL SPRAY (NASAL)	PIMOZIDE (ORAL)	**BONE RESORPTION SUPPRESSION & RELATED AGENTS**	TAKE ACTION OTC (ORAL)
SUMATRIPTAN TABLET (ORAL)	QUETIAPINE TABLET, ER TABLET (ORAL)	ALENDRONATE TABLET (ORAL)	ALTAVERA-28 TABLET (ORAL)
SUMATRIPTAN DISP SYRIN (SUBCUTANE.)	REXULTI (ORAL)	CALCITONIN-SALMON 200 UNITS SPRAY (NASAL)	ALYACEN 1-35 28 TABLET (ORAL)
SUMATRIPTAN VIAL (SUBCUTANEOUS)	RISPERDAL CONSTA (INTRAMUSC.)	FORTEO (SUBCUTANE.)	AMETHIA (ORAL)*
	RISPERIDONE ODT, SOLUTION, TABLET (ORAL)	IBANDRONATE TABLETS (ORAL)*	APRI 28 DAY TABLET (ORAL)
ANTIPARASITICS, TOPICAL	THIORIDAZINE (ORAL)	**BOTULINUM TOXINS**	AUBRA (ORAL)*
PERMETHRIN 5% CREAM (TOPICAL)	THIOTHIXENE (ORAL)	BOTOX 100, 200 UNIT VIAL (not COSMETIC) (INTRAMUSC)	AUROVELA (ORAL)*
PERMETHRIN 1% CRM RINSE, SHAMPOO (TOPICAL)	TRIFLUOPERAZINE (ORAL)		AUROVELA FE (ORAL)*
PIPERONYL BUTOXIDE / PYRETHRINS SHAMPOO OTC (TOPIC	VRAYLAR (ORAL)	**BPH TREATMENTS**	AVIANE-28 TABLET (ORAL)
NATROBA 0.9% SUSPENSION (TOPICAL)	ZIPRASIDONE CAPSULE (ORAL)	ALFUZOSIN ER TABLET (ORAL)	BLISOVI FE 1.5-30, BLISOVI FE 1-20 (ORAL)
		DOXAZOSIN MESYLATE TABLET (ORAL)	CAMILA 0.35 MG TABLET (ORAL)
		DUTASTERIDE CAPSULE (ORAL)	CHATEAL-28 TABLET (ORAL)
ANTIPARKINSON'S AGENTS	**ANTIVIRALS, ORAL & INHALED**	FINASTERIDE 5 MG TABLET (not 1 MG) (ORAL)	CYCLAFEM 1-35-28, CYCLAFEM 7-7-7-28 (ORAL)
AMANTADINE CAPSULE, SOLUTION, TABLET (ORAL)	ACYCLOVIR CAPSULE, TABLET (ORAL)	TAMSULOSIN CAPSULE (ORAL)	DASETTA 1-35-28 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**	DESOGESTREL/ETHINYL ESTRADIOL (ORAL)*
CARBIDOPA / LEVODOPA ER TABLET (ORAL)	OSELTAMIVIR CAPSULE (ORAL)	ALBUTEROL NEB SOLN 100 MG/20 ML (INHALATION)	DROSPIRENONE-EE 3-0.02 MG TAB (ORAL)
CARBIDOPA / LEVODOPA / ENTACAPONE TABLET (ORAL)	OSELTAMIVIR SUSPENSION (ORAL)	ALBUTEROL NEB SOLN 0.63, 1.25, 2.5 MG/3 ML (INHALATION)	DROSPIRENONE-EE 3-0.03 MG TAB (ORAL)
PRAMIPEXOLE (IR) (ORAL)	VALACYCLOVIR TABLET (ORAL)	ALBUTEROL NEB SOLN 2.5 MG/0.5 ML (INHALATION)	ELINEST-28 TABLET (ORAL)
ROPINIROLE (IR) (ORAL)		ALBUTEROL SOLUTION, SYRUP (not TABLET) (ORAL)	EMOQUETTE 28 DAY TABLET (ORAL)
SELEGILINE CAPSULE, TABLET (ORAL)		**PROAIR HFA (INHALATION)**	ENSKYCE (ORAL)*
TRIHEXYPHENIDYL ELIXIR, TABLET (ORAL)		ALBUTEROL HFA (INHALATION) (generic PROVENTIL HFA)	ERRIN (ORAL)*
		SEREVENT DISKUS (INHALATION)	
Updated July 1, 2020			

CONTRACEPTIVES, ORAL, CONT.	CONTRACEPTIVES, ORAL, CONT.	GLUCOCORTICOIDS, ORAL	HEMOPHILIA TREATMENT, CONT.
ESTARYLLA 0.25-0.035 MG (ORAL)	TRI-LO-SPRINTEC (ORAL)	BUDESONIDE EC (ORAL)	VONVENDI (INTRAVEN)
ETHINYL ESTRADIOL/DROSPIRENONE 3-0.02 MG & 3-0.03 MG	TRINESSA (ORAL)	DEXAMETHASONE TABLET (ORAL)	WILATE (INTRAVEN)
ETHYNODIOL/ETHINYL ESTRADIOL 1MG-50MCG (ORAL)*	TRI-PREVIFEM (ORAL)	HYDROCORTISONE TABLET (ORAL)	XYNTHA KIT (INTRAVEN)
FALMINA-28 (ORAL)	TRI-SPRINTEC (ORAL)	METHYLPREDNISOLONE DOSE PACK (4 MG) (ORAL)	XYNTHA SOLOFUSE SYRINGE KIT (INTRAVEN.)
GIANVI 3 MG-0.02 MG (ORAL)	TRIVORA-28 (ORAL)	PREDNISOLONE 15 MG/5 ML SOLUTION (ORAL)	
HEATHER 0.35 MG TABLET (ORAL)	VIENVA-28 (ORAL)	PREDNISOLONE SOD PH 5 MG/5 ML SOLUTION (ORAL)	**HEPATITIS C AGENTS**
ISIBLOOM (ORAL)*	WERA (ORAL)*	PREDNISOLONE SOD PH 25MG/5 ML SOLUTION (ORAL)	**EPCLUSA TABLET (ORAL)**
JENCYCLA 0.35 MG (ORAL)	ZENCHENT 0.4 MG/35 MCG (ORAL)	PREDNISONE TABLET (not DOSE PACK) (ORAL)	MAVYRET TABLET (ORAL)
JULEBER-28 (ORAL)	**COPD AGENTS**		PEGASYS PROCLICK (SUBCUTANEOUS)
JUNEL (ORAL)*	ALBUTEROL / IPRATROPIUM NEB SOLUTION (INHALATION)	**GROWTH FACTORS**	PEGASYS SYRINGE, VIAL (SUBCUTANEOUS)
JUNEL FE 1/20, JUNEL FE 1.5/30 (ORAL)	ANORO ELLIPTA (INHALATION)	EGRIFTA VIAL (SUBCUTANEOUS)	PEG-INTRON KIT (SUBCUTANE.)
KURVELO (ORAL)	ATROVENT HFA (INHALATION)	INCRELEX VIAL (SUBCUTANEOUS)	RIBAVIRIN TABLET (not CAPSULE) (ORAL)
LARIN FE 1/20, LARIN FE 1.5/30 (ORAL) (not 24)	BEVESPI AEROSPHERE (INHALATION)		VOSEVI TABLET (ORAL)
LARISSIA (ORAL)	COMBIVENT RESPIMAT (INHALATION)	**GROWTH HORMONE**	
LESSINA-28 (ORAL)	DALIRESP TABLET (ORAL)	NORDITROPIN FLEXPRO (INJECTION)	**HISTAMINE II RECEPTOR BLOCKER**
LEVONOR-ETH ESTRADIOL-28 0.1/0.02 (ORAL) (not 91)	IPRATROPIUM BR 0.02% SOLUTION (INHALATION)	NUTROPIN AQ NUSPIN INJECTOR (INJECTION)	CIMETIDINE TABLET OTC (not RX) (ORAL)
LEVONOR-ETH ESTRADIOL-28 0.15/0.03 (ORAL) (not 91)	SPIRIVA HANDIHALER (not RESPIMAT) (INHALATION)		FAMOTIDINE SUSPENSION (ORAL)
LEVORA-28 (ORAL)	STIOLTO RESPIMAT (INHALATION)	**H. PYLORI TREATMENT**	FAMOTIDINE TABLET (Rx and OTC) (ORAL)
LILLOW-28 TABLET (ORAL)		PYLERA CAPSULE (ORAL)	**HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITORS**
LOESTRIN 21 1/20, LOESTRIN 21 1.5/30 (ORAL)	**CYTOKINE & CAM ANTAGONISTS ‡**		ACARBOSE TABLET (ORAL)
LOESTRIN FE 1/20, LOESTRIN FE 1/5.30 (ORAL)	**(STEP THERAPY CATEGORY)**	**HEMOPHILIA TREATMENT**	**GLYSET TABLET (ORAL)**
LORYNA 3 MG-0.02 MG (ORAL)	ENBREL DISP SYRINGE, KIT, PEN (INJECTION)	ADVATE (INTRAVEN.)	**HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS**
LOSEASONIQUE (ORAL)	HUMIRA KIT, PEN INJ KIT (INJECTION)	ADYNOVATE (INTRAVEN)	BYDUREON PEN INJECT, VIAL (SUBCUTANEOUS)
LOW-OGESTREL-28 (ORAL)		AFSTYLA (INTRAVEN)	BYETTA DOSE PEN (SUBCUTANEOUS)
LO-ZUMANDIMINE (ORAL)*	**EMOLLIENTS**	ALPHANATE (INTRAVEN.)	GLYXAMBI TABLET (ORAL)
MARLISSA-28 (ORAL)	AMMONIUM LACTATE 12% CREAM (TOPICAL)	ALPHANINE SD (INTRAVEN.)	JANUMET TABLET (ORAL)
MILI (ORAL)*	AMMONIUM LACTATE 12% LOTION (TOPICAL)	ALPROLIX (INTRAVEN)	JANUMET XR TABLET (ORAL)
MINASTRIN 24 FE CHEWABLE (ORAL)	**EPINEPHRINE, SELF-INJECTED**	BENEFIX KIT (INTRAVEN.)	JANUVIA TABLET (ORAL)
MIRCETTE-28 (ORAL)	EPINEPHRINE 0.15 MG (49502-0101-02) (INJECTION)	COAGADEX (INTRAVEN)	JENTADUETO TABLET (IR) (not XR) (ORAL)
MONO-LINYAH-28 (ORAL)	EPINEPHRINE 0.3 MG (49502-0102-02) (INJECTION)	CORIFACT KIT (INTRAVEN)	ONGLYZA (ORAL)*
NATAZIA-28 (ORAL)	SYMJEPI (INJECTION)	ELOCTATE (INTRAVEN)	OZEMPIC (SUBCUTANE.)
NIKKI 3 MG-0.02 MG (ORAL)	**ERYTHROPOIESIS STIMULATING PROTEINS**	FEIBA NF (INTRAVEN)	TRADJENTA TABLET (ORAL)
NORETHINDRONE 0.35 (ORAL)	ARANESP DISP SYRIN, VIAL (INJECTION)	HELIXATE FS (INTRAVEN.)	TRULICITY (SUBCUTANE.)
NORETHINDRONE/ETHINYL ESTRADIOL 1-0.02 MG (ORAL)*	RETACRIT (INJECTION)	HEMLIBRA (SUBCUTANE.)	VICTOZA PEN (SUBCUTANEOUS)
NORETHINDRONE/ETHINYL ESTRADIOL 1.5-0.03 MG(21) (ORA	**FLUOROQUINOLONES, ORAL**	HEMOFIL-M (INTRAVEN.)	**HYPOGLYCEMICS, INSULIN & RELATED AGENTS**
NORETHINDRONE/ETHINYL ESTRADIOL FE MONOPHASIC (LO	**CIPRO SUSPENSION (ORAL)**	HUMATE-P KIT (INTRAVEN.)	HUMALOG CARTRIDGE (SUBCUTANEOUS)
NORGESTIMATE/ETHINYL ESTRADIOL MONOPHASIC 0.25-0.0	CIPROFLOXACIN TABLET (IR) (ORAL)	IDELVION (INTRAVEN)	**HUMALOG VIAL (SUBCUTANEOUS)**
NORGESTIMATE/ETHINYL ESTRADIOL TRIPHASIC (ORAL)*	LEVOFLOXACIN TABLET (ORAL)	IXINITY (INTRAVEN)	**HUMALOG 100 UNITS/ML KWIKPEN (SUBCUTANEOUS)**
NORLYDA (ORAL)*	**GI MOTILITY, CHRONIC**	JIVI (INTRAVEN)	**HUMALOG JUNIOR KWIKPEN (SUBCUTANE.)***
ORTHO TRI-CYCLEN LO (ORAL)	AMITIZA CAPSULE (ORAL)	KOATE-DVI KIT (INTRAVEN.)	HUMALOG MIX KWIKPEN, MIX VIAL (SUBCUTANEOUS)
PHILITH (ORAL)*	LINZESS CAPSULE (ORAL)	KOATE-DVI VIAL (INTRAVEN)	HUMULIN 70/30 PEN OTC (SUBCUTANE.)*
PIMTREA (ORAL)*	MOVANTIK TABLET (ORAL)	KOGENATE FS (INTRAVEN.)	HUMULIN 70/30 VIAL (SUBCUTANEOUS)
PIRMELLA (ORAL)*	**GLUCAGON AGENTS****	KOVALTRY (INTRAVEN.)	HUMULIN PEN OTC (SUBCUTANE.)*
PORTIA-28 (ORAL)	BAQSIMI (NASAL)*	MONOCLATE-P KIT (INTRAVEN.)	HUMULIN N 100 UNITS/ML VIAL (SUBCUTANEOUS)
PREVIFEM (ORAL)	GLUCAGON (INJECTION)*	MONONINE KIT (INTRAVEN)	HUMULIN R 100 UNITS/ML VIAL (SUBCUTANEOUS)
RECLIPSEN-28 (ORAL)	GLUCAGON EMERGENCY KIT (LILLY) (INJECTION)*	NOVOEIGHT (INTRAVEN)	HUMULIN R 500 UNITS/ML PEN, VIAL (SUBCUTANEOUS)*
SEASONIQUE (ORAL)	**PROGLYCEM SUSPENSION (ORAL)***	NOVOSEVEN RT (INTRAVEN)	LANTUS VIAL (SUBCUTANEOUS)
SHAROBEL 0.35 MG (ORAL)	**GLUCOCORTICOIDS, INHALED**	NUWIQ (INTRAVEN)	**LANTUS SOLOSTAR (SUBCUTANEOUS)**
SPRINTEC-28 (ORAL)	ADVAIR HFA (INHALATION)	OBIZUR (INTRAVEN)	LEVEMIR FLEXTOUCH, VIAL (SUBCUTANEOUS)
SRONYX 0.1/0.02 (ORAL)	ASMANEX TWISTHALER (not HFA) (INHALATION)	PROFILNINE SD (INTRAVEN)	**NOVOLOG CARTRIDGE, FLEXPEN, VIAL (SUBCUTANEOUS)**
SYEDA-28 (ORAL)	BREO ELLIPTA (INHALATION)	REBINYN (INTRAVEN)	**NOVOLOG MIX FLEXPEN, VIAL (SUBCUTANEOUS)**
TRI FEMYNOR (ORAL)*	DULERA (INHALATION)	RECOMBINATE (INTRAVEN.)	TRESIBA FLEXTOUCH (SUBCUTANEOUS)
TRI-LINYAH (ORAL)	FLOVENT DISKUS, FLOVENT HFA (INHALATION)	RIXUBIS (INTRAVEN)	
TRI-LO-ESTARYLLA (ORAL)	**PULMICORT RESPULES (INHALATION)**	TRETTEN (INTRAVEN)	**HYPOGLYCEMICS, MEGLITINIDES**
TRI-LO-MARZIA (ORAL)	PULMICORT FLEXHALER (INHALATION)		NATEGLINIDE TABLET (ORAL)
TRI-LO-MILI (ORAL)*	**SYMBICORT (INHALATION)**		REPAGLINIDE TABLET (ORAL)
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HYPOGLYCEMICS, METFORMINS	IRON, ORAL, CONT.	MULTIPLE SCLEROSIS AGENTS	ONCOLOGY, ORAL - HEMATOLOGIC, CONT.
GLIPIZIDE-METFORMIN (ORAL)	FERROUS SULFATE SOLUTION OTC (ORAL)	AUBAGIO TABLET (ORAL)	INREBIC (ORAL)
GLYBURIDE-METFORMIN (ORAL)	FERROUS SULFATE TABLET ER OTC (ORAL)	AVONEX PEN, PREFILLED SYRINGE, VIAL (INTRAMUSC.)	JAKAFI TABLET (ORAL)
METFORMIN TABLET (ORAL)	FERROUS SULFATE, DRIED TABLET ER OTC (ORAL)	BETASERON KIT (not VIAL) (SUBCUTANEOUS)	LEUKERAN TABLET (ORAL)
METFORMIN ER TABLET (generic GLUCOPHAGE XR) (ORAL)	FOLITAB 500 OTC (ORAL)	**COPAXONE 20 MG/ML SYRINGE (not 40 MG/ML) (SUBCUTANE**	MATULANE CAPSULE (ORAL)
	IFEREX 150 FORTE (ORAL)	GILENYA CAPSULE (ORAL)	MERCAPTOPURINE TABLET (ORAL)
	IRON 45 MG TABLET OTC (ORAL)	TECFIDERA CAPSULE, STARTER PACK (ORAL)	MYLERAN TABLET (ORAL)
HYPOGLYCEMICS, SGLT2	IRON POLYSACCHARIDES COMPLEX OTC (ORAL)		NINLARO CAPSULE (ORAL)
FARXIGA TABLET (ORAL)	IRON PS CMPLX/VIT B12/FA (ORAL)		POMALYST CAPSULE (ORAL)
INVOKAMET (ORAL)	IRON,CARBONYL/ASCORBIC ACID OTC (ORAL)		REVLIMID CAPSULE (ORAL)
INVOKANA TABLET (ORAL)	MV COMB18/FEFM-FEPOL CB1/FA (ORAL)	**NEUROPATHIC PAIN**	RYDAPT CAPSULE (ORAL)
JARDIANCE TABLET (ORAL)	SE-TAN PLUS (ORAL)	CAPSAICIN 0.025%, 0.075%, 0.1% CREAM (TOPICAL)	SPRYCEL TABLET (ORAL)
SYNJARDY TABLET (not XR) (ORAL)	SLOW RELEASE IRON (ORAL)	CAPSAICIN 0.15% LIQUID (TOPICAL)	TABLOID TABLET (ORAL)
XIGDUO XR (ORAL)	TL-FOL 500 (ORAL)	DULOXETINE 20MG, 30MG, 60MG CAPSULES (not 40MG) (ORA	TASIGNA CAPSULE (ORAL)
		GABAPENTIN CAPSULE (ORAL)	THALOMID CAPSULE (ORAL)
HYPOGLYCEMICS, TZD	**LEUKOTRIENE MODIFIERS**	GABAPENTIN TABLET (ORAL)	TIBSOVO TABLET (ORAL)
PIOGLITAZONE TABLET (ORAL)	MONTELUKAST CHEW TABLET (not GRANULES) (ORAL)	LIDOCAINE 5% PATCH (TOPICAL)	TRETINOIN CAPSULE (ORAL)
	MONTELUKAST TABLET (ORAL)	LYRICA CAPSULE (IR) (not CR) (ORAL)	VENCLEXTA TABLET, STARTING PACK (ORAL)
IMMUNOMODULATORS, ASTHMA		PREGABALIN CAPSULE (ORAL)	XOSPATA (ORAL)
XOLAIR (SUBCUTANEOUS)	**LIPOTROPICS, OTHER**	ZTLIDO (TOPICAL)	XPOVIO (ORAL)
FASENRA (SUBCUTANEOUS)	CHOLESTYRAMINE (with SUCROSE) (not LIGHT) (ORAL)		ZOLINZA CAPSULE (ORAL)
	COLESTIPOL TABLET (ORAL)	**NSAIDS**	ZYDELIG TABLET (ORAL)
IMMUNOMODULATORS, ATOPIC DERMATITIS	EZETIMIBE TABLET (ORAL)	DICLOFENAC 1% GEL (TOPICAL)	
ELIDEL 1% CREAM (TOPICAL)	FENOFIBRATE 48 MG, 145 MG TABLET (ORAL)	DICLOFENAC SODIUM TABLET IR (not ER) (ORAL)	**ONCOLOGY, ORAL - LUNG**
EUCRISA 2% OINTMENT (TOPICAL)	GEMFIBROZIL TABLET (ORAL)	IBUPROFEN SUSPENSION, TABLET (ORAL)	ALECENSA CAPSULE (ORAL)
PROTOPIC 0.03% OINTMENT (TOPICAL)	NIACIN (INOSITOL NIACINATE) OTC (ORAL)	INDOMETHACIN CAPSULE (IR) (not ER) (ORAL)	ALUNBRIG TABLET, TABLET PACK (ORAL)
PROTOPIC 0.1% OINTMENT (TOPICAL)	NIACIN CAPSULE ER OTC (ORAL)	MELOXICAM TABLET (ORAL)	GILOTRIF TABLET (ORAL)
IMMUNOMODULATORS, TOPICAL	NIACIN ER TABLET (RX and OTC) (ORAL)	NABUMETONE TABLET (ORAL)	HYCAMTIN CAPSULE (ORAL)
IMIQUIMOD 5% CREAM PACKET (ALDARA)(TOPICAL)	NIACIN TABLET OTC (ORAL)	NAPROXEN 250MG, 375MG, 500MG TABLET (ORAL)	IRESSA TABLET (ORAL)
	OMEGA-3 ACID ETHYL ESTERS (ORAL)*	NAPROXEN SUSPENSION (ORAL)	LORBRENA TABLET (ORAL)
IMMUNOSUPPRESSIVES, ORAL	OMEGA-3 OTC (ORAL)	NAPROXEN DR 375MG, 500MG TABLET (not ER) (ORAL)	ROZLYTREK (ORAL)
AZATHIOPRINE TABLET (ORAL)		SULINDAC TABLET (ORAL)	TAGRISSO TABLET (ORAL)
CYCLOSPORINE MODIFIED CAPSULE, SOLUTION (ORAL)	**LIPOTROPICS, STATINS ‡**	VOLTAREN 1% GEL (TOPICAL)	**TARCEVA TABLET (ORAL)**
MYCOPHENOLATE MOFETIL CAPSULE, TABLET (ORAL)	**(STEP THERAPY CATEGORY)**		VIZIMPRO TABLET (ORAL)
TACROLIMUS CAPSULE (ORAL)	ATORVASTATIN TABLET (ORAL)	**ONCOLOGY, ORAL - BREAST**	XALKORI CAPSULE (ORAL)
RAPAMUNE SOLUTION (not TABLET) (ORAL)	LOVASTATIN TABLET (ORAL)	ANASTROZOLE TABLET (ORAL)	ZYKADIA CAPSULE (ORAL)
	PRAVASTATIN TABLET (ORAL)	CYCLOPHOSPHAMIDE CAPSULE (ORAL)	**ONCOLOGY, ORAL - OTHER**
INTRANASAL RHINITIS AGENTS	SIMVASTATIN TABLET (ORAL)	EXEMESTANE TABLET (ORAL)	BALVERSA (ORAL)
AZELASTINE 0.1% SPRAY (generic ASTELIN) (NASAL)	ROSUVASTATIN TABLET (ORAL)	IBRANCE CAPSULE (ORAL)	CAPRELSA TABLET (ORAL)
FLUTICASONE PROP 50 MCG SPRAY (RX and OTC) (NASAL)		LETROZOLE TABLET (ORAL)	COMETRIQ DAILY-DOSE PACK (ORAL)
IPRATROPIUM 0.03%, 0.06% SPRAY (NASAL)	**MACROLIDES/KETOLIDES**	TAMOXIFEN CITRATE TABLET (ORAL)	GLEOSTINE CAPSULE (ORAL)
TRIAMCINOLONE 55 MCG SPRAY OTC (NASAL)	AZITHROMYCIN 1 GM POWDER PACKET (ORAL)	**XELODA TABLET (ORAL)**	HEXALEN CAPSULE (ORAL)
	AZITHROMYCIN SUSPENSION, TABLET (ORAL)		LONSURF TABLET (ORAL)
	CLARITHROMYCIN IR TABLET (ORAL)		LYNPARZA CAPSULE, TABLET (ORAL)
IRON, ORAL	ERY-TAB DR TABLET (ORAL)	**ONCOLOGY, ORAL - HEMATOLOGIC**	RUBRACA TABLET (ORAL)
BIFERA TABLET OTC (ORAL)	ERY-TAB EC TABLET (ORAL)	**ALKERAN TABLET (ORAL)**	STIVARGA TABLET (ORAL)
CENTRATEX (ORAL)	ERYTHROCIN 250 MG FILMTAB (ORAL)	BOSULIF TABLET (ORAL)	TEMAZOLAMIDE CAPSULE (ORAL)
FE C OTC (ORAL)	ERYTHROMYCIN DR 250 MG CAPSULE (ORAL)	CALQUENCE CAPSULE (ORAL)	TURALIO (ORAL)
FE FUMARATE/VIT C/B12-IF/FA (ORAL)	**E.E.S 200 SUSPENSION (GRANULES) (ORAL)**	COPIKTRA CAPSULE (ORAL)	VITRAKVI CAPSULE, SOLUTION (ORAL)
FERATE OTC (ORAL)		DAURISMO (ORAL)	ZEJULA CAPSULE (ORAL)
FERRALET 90 DUAL-IRON (ORAL)	**METHOTREXATE**	FARYDAK CAPSULE (ORAL)	**ONCOLOGY, ORAL - PROSTATE**
FERROUS FUMARATE TABLET OTC (ORAL)	METHOTREXATE SODIUM PF VIAL, VIAL (INJECTION)	HYDROXYUREA CAPSULE (ORAL)	BICALUTAMIDE TABLET (ORAL)
FERROUS FUMARATE/ASCORBIC ACID/B12-IF/FA CAPSULE ((	METHOTREXATE TABLET, VIAL (ORAL)	ICLUSIG TABLET (ORAL)	EMCYT CAPSULE (ORAL)
FERROUS GLUCONATE OTC (ORAL)		IDHIFA TABLET (ORAL)	ERLEADA TABLET (ORAL)
FERROUS SULFATE 65 MG TABLET OTC (ORAL)	**MOVEMENT DISORDERS**	IMATINIB (ORAL)	FLUTAMIDE CAPSULE (ORAL)
FERROUS SULFATE DROPS (ORAL)	AUSTEDO (ORAL)	IMBRUVICA CAPSULE (ORAL)	NILUTAMIDE TABLET (ORAL)
FERROUS SULFATE OTC (ORAL)	TETRABENAZINE (ORAL)	IMBRUVICA TABLET (ORAL)	NUBEQA (ORAL)
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ONCOLOGY, ORAL - PROSTATE CONT	OPHTHALMIC, ANTI-INFLAMMATORY/IMMUNOMODULATOR	PITUITARY SUPPRESSIVE AGENTS, LHRH	PRENATAL VITAMINS, CONT.
XTANDI CAPSULE (ORAL)	RESTASIS 0.05% EYE EMULSION (OPHTHALMIC)	ELIGARD SYRINGE (SUBCUTANEOUS)	VITAFOL-ONE CAPSULE (ORAL)
YONSA TABLET (ORAL)	RESTASIS MULTIDOSE 0.05% (OPHTHALMIC)	LEUPROLIDE ACETATE KIT, VIAL (SUBCUTANEOUS)	VITAFOL TAB CHEW (ORAL)
ZYTIGA TABLET (ORAL)		LUPANETA PACK (INJECTION/ORAL)	VP-GGR-B6 TABLET (ORAL)
ONCOLOGY, ORAL - RENAL CELL	**OPHTHALMICS, GLAUCOMA AGENTS**	LUPRON DEPOT KIT (INJECTION)	VOL-NATE TABLET (ORAL)
AFINITOR TABLET (ORAL) (not DISPERZ)	**ALPHAGAN P 0.15% DROP (OPHTHALMIC)**	LUPRON DEPOT-PED KIT (INJECTION)	VOL-PLUS TABLET (ORAL)
CABOMETYX TABLET (ORAL)	BETOPTIC S 0.25% (OPHTHALMIC)	SYNAREL SPRAY (NASAL)	VOL-TAB RX TABLET (ORAL)
INLYTA TABLET (ORAL)	BRIMONIDINE 0.2% DROP (OPHTHALMIC)	ZOLADEX (SUB-Q)	
LENVIMA DAILY DOSE (ORAL)	CARTEOLOL 1% DROP (OPHTHALMIC)	**PLATELET AGGREGATION INHIBITORS**	**PROGESTATIONAL AGENTS**
NEXAVAR TABLET (ORAL)	COMBIGAN 0.2%-0.5% DROP (OPTHALMIC)	**AGGRENOX CAPSULE (ORAL)**	MAKENA AUTO INJECTOR (SUBCUTANEOUS)
SUTENT CAPSULE (ORAL)	DORZOLAMIDE 2% DROP (OPHTHALMIC)	BRILINTA TABLET (ORAL)	MAKENA MDV (INTRAMUSCULAR)
VOTRIENT TABLET (ORAL)	DORZOLAMIDE / TIMOLOL DROP (OPHTHALMIC)	CLOPIDOGREL TABLET (ORAL)	MAKENA SDV (INTRAMUSCULAR)
ONCOLOGY, ORAL - SKIN	LATANOPROST 0.005% DROP (OPHTHALMIC)	DIPYRIDAMOLE TABLET (ORAL)	MEDROXYPROGESTERONE ACETATE (ORAL)
BRAFTOVI CAPSULE (ORAL)	LEVOBUNOLOL 0.5% DROP (OPHTHALMIC)	PRASUGREL (ORAL)	NORETHINDRONE ACETATE (ORAL)
COTELLIC TABLET (ORAL)	PILOCARPINE 1%, 2%, 4% DROPS (OPHTHALMIC)	**POTASSIUM BINDERS****	PROGESTERONE (INTRAMUSC)
ERIVEDGE CAPSULE (ORAL)	RHOPRESSA (OPHTHALMIC)	LOKELMA (ORAL)*	PROGESTERONE CAPSULE (ORAL)
MEKINIST TABLET (ORAL)	ROCKLATAN (OPHTHALMIC)	SODIUM POLYSTYRENE SULFONATE (ORAL)*	
MEKTOVI TABLET (ORAL)	TIMOLOL 0.25%, 0.5% EYE DROP (not ISTALOL) (OPHTHALMIC	**PRENATAL VITAMINS**	**PROTON PUMP INHIBITORS ‡**
ODOMZO CAPSULE (ORAL)	TIMOLOL 0.25%, 0.5% GEL-SOLUTION (OPHTHALMIC)	CITRANATAL 90 DHA (ORAL)	**(STEP THERAPY CATEGORY)**
TAFINLAR CAPSULE (ORAL)	TRAVATAN Z 0.004% DROP (OPHTHALMIC)	CITRANATAL ASSURE (ORAL)	ESOMEPRAZOLE 20MG, 40MG CAPSULE (Rx ONLY) (ORAL)
ZELBORAF TABLET (ORAL)		CITRANATAL B-CALM (ORAL)	**NEXIUM ORAL SUSPENSION (not CAPSULE) (ORAL)**
		CITRANATAL DHA (ORAL)	OMEPRAZOLE 10MG, 20MG, 40MG CAPSULE (Rx ONLY) (ORAL
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS		CITRANATAL HARMONY CAPSULE (ORAL)	PANTOPRAZOLE TABLET (ORAL)
ALREX 0.2% (OPHTHALMIC)	**OPIATE DEPENDENCE TREATMENTS**	COMPLETE NATAL DHA (ORAL)	PROTONIX SUSPENSION (ORAL)
CROMOLYN SODIUM 4% (OPHTHALMIC)	BUPRENORPHINE HCL TABLET (SUBLINGUAL)	COMPLETENATE CHEW TABLET (ORAL)*	
PAZEO 0.7% (OPTHALMIC)	NALOXONE CARPUJECT, SYRINGE, VIAL (INJECTION)	CONCEPT DHA CAPSULE (ORAL)	**SEDATIVE HYPNOTICS**
OPHTHALMIC ANTIBIOTICS	NALTREXONE TABLET (ORAL)	FOLIVANE-OB CAPSULE (ORAL)	FLURAZEPAM CAPSULE (ORAL)
BACITRACIN-POLYMYXIN B SULFATE OINTMENT (OPHTHALM	NARCAN NASAL SPRAY (NASAL)	NIVA-PLUS TABLET (ORAL)	TEMAZEPAM 15MG, 30MG CAPSULE (ORAL)
CIPROFLOXACIN 0.3% SOLUTION (OPHTHALMIC)	**SUBOXONE FILM (SUBLINGUAL)**	PNV 11-IRON FUM-FOLIC ACID-OM3 (ORAL)*	ZOLPIDEM TARTRATE 5MG, 10MG TABLET (IR) (ORAL)
ERYTHROMYCIN 0.5% OINTMENT (OPHTHALMIC)	VIVITROL VIAL (SUBCUTANEOUS)	PNV#16/IRON FUM & PS/FA/OM-3 (ORAL)	
GENTAK 0.3% OINTMENT (OPHTHALMIC)		PNV 29-1 TABLET (ORAL)	**SKELETAL MUSCLE RELAXANTS**
GENTAMICIN 0.3% SOLUTION (OPHTHALMIC)	**OTIC ANTIBIOTICS**	PNV66/IRON FUMARATE/FA/DSS/DHA (ORAL)*	BACLOFEN TABLET (ORAL)
MOXEZA 0.5% (OPHTHALMIC)	CIPRODEX OTIC SUSPENSION (OTIC)	PNV PRENATAL PLUS MULTIVIT TAB (ORAL)	CHLORZOXAZONE TABLET (ORAL)
OFLOXACIN 0.3% SOLUTION (OPHTHALMIC)	NEOMYCIN / POLYMYXIN / HC SOLUTION, SUSPENSION (OTI	PRENAISSANCE NEXT TABLET (ORAL)	CYCLOBENZAPRINE TABLET (ORAL)
POLYMYXIN B-TMP DROP (OPHTHALMIC)	OFLOXACIN 0.3% DROP (OTIC)	PRENATA CHEWABLE TABLET (ORAL)	METHOCARBAMOL TABLET (ORAL)
TOBRAMYCIN 0.3% SOLUTON (OPHTHALMIC)		PRENATAL VITAMIN PLUS LOW IRON (ORAL)	TIZANIDINE TABLET (not CAPSULE) (ORAL)
TOBREX 0.3% OINTMENT (OPHTHALMIC)		PRENATAL VIT NO.78/IRON/FA (ORAL)*	
	OTIC ANTI-INFECTIVES & ANESTHETICS	PREPLUS CA-FE 27 MG-FA 1 MG TB (ORAL)	**SMOKING CESSATION**
OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS	ACETIC ACID 2% SOLUTION (OTIC)	SELECT-OB + DHA PACK (ORAL)	CHANTIX TABLET (ORAL)
BLEPHAMIDE EYE DROPS (OPHTHALMIC)		SE-NATAL 19 CHEWABLE TABLET (ORAL)	CHANTIX STARTING MONTH BOX, CONT MONTH BOX (ORAL)
NEOMYCIN / POLY / DEXAMETHASONE OINTMENT (OPHTHALMIC)		SE-NATAL 19 TABLET (ORAL)	NICOTINE GUM OTC (not BRAND) (BUCCAL)
NEOMYCIN / POLY / DEXAMETHASONE DROP (OPHTHALMIC)	**PAH AGENTS, ORAL AND INHALED**	THRIVITE 19 TABLET (ORAL)	NICOTINE LOZENGE OTC (not BRAND) (MUCOUS MEM)
SULFACETAMIDE / PREDNISOLONE 10-0.23% (OPHTHALMIC)	**(DX CODE REQUIRED - SILDENAFIL)**	THRIVITE RX TABLET (ORAL)	NICOTINE PATCH OTC (not BRAND) (TRANSDERMAL)
TOBRADEX EYE DROP (OPHTHALMIC)	AMBRISENTAN (ORAL)	TRICARE PRENATAL TABLET (ORAL)	
TOBRADEX EYE OINTMENT (OPHTHALMIC)	**REVATIO SUSPENSION (ORAL)**	TRINATAL RX 1 TABLET (ORAL)	**STEROIDS, TOPICAL HIGH POTENCY**
	TADALAFIL (ADCIRCA) (ORAL) (DX CODE REQ.)	TRIVEEN-DUO DHA COMBO PACK (ORAL)	BETAMET DIPROP / PROP GLY CREAM (TOPICAL)
OPHTHALMIC, ANTI-INFLAMMATORIES	**TRACLEER 62.5 MG & 125 MG TABLET (ORAL)**	TRUST NATAL DHA (ORAL)	BETAMETHASONE VALERATE 0.1% CREAM (TOPICAL)
DICLOFENAC 0.1% DROP (OPHTHALMIC)	VENTAVIS SOLUTION (INHALATION)	VEMAVITE-PRX 2 CAPSULE (ORAL)	BETAMETHASONE VALERATE 0.1% LOTION (TOPICAL)
FLUOROMETHOLONE 0.1% DROP (OPHTHALMIC)		VIRT-ADVANCE TABLET (ORAL)	BETAMETHASONE VALERATE 0.1% OINTMENT (TOPICAL)
FML FORTE 0.25% DROP (not LIQUIFILM) (OPHTHALMIC)	**PANCREATIC ENZYMES**	VIRT-NATE TABLET (ORAL)	TRIAMCINOLONE ACETONIDE 0.025%, 0.1%, 0.5% CREAM (TO
ILEVRO 0.3% DROP (OPHTHALMIC)	CREON CAPSULE (ORAL)	VIRTPREX CAPSULE (ORAL)	TRIAMCINOLONE ACETONIDE 0.025%, 0.1% LOTION (TOPICAL
KETOROLAC 0.5% SOLUTION (not 0.4%) (OPHTHALMIC)	ZENPEP CAPSULE (ORAL)	VITAFOL FE+ DOCUSATE COMBO PCK (ORAL)	TRIAMCINOLONE ACETONIDE 0.1%, 0.5% OINTMENT (TOPICAL
LOTEMAX 0.5% DROP (not GEL) (OPHTHALMIC)		VITAFOL NANO TABLET (ORAL)	
PRED MILD 0.12% (not FORTE) (OPHTHALMIC)	**PHOSPHATE BINDERS**	VITAFOL ULTRA SOFTGEL (ORAL)	**STEROIDS, TOPICAL LOW POTENCY**
PREDNISOLONE ACETATE 1% DROP (OPHTHALMIC)	CALCIUM ACETATE CAPSULE, GELCAP, TABLET (ORAL)	VITAFOL-OB CAPLET (ORAL)	CAPEX SHAMPOO (TOPICAL)
	SEVELAMER CARBONATE TABLET (ORAL)*	VITAFOL-OB+DHA COMBO PACK (ORAL)	**DERMA-SMOOTHE-FS BODY (TOPICAL)**
			DERMA-SMOOTHE-FS SCALP (TOPICAL)
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STEROIDS, TOPICAL LOW POTENCY, CONT.	ULCERATIVE COLITIS AGENTS		
DESONIDE OINTMENT (TOPICAL)	**APRISO ER CAPSULE (ORAL)**		
HYDROCORTISONE 1% ABSORBASE (TOPICAL)	**CANASA (RECTAL)**		
HYDROCORTISONE 1%, 2.5% CREAM (TOPICAL)	**LIALDA DR TABLET (ORAL)**		
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			
FLUTICASONE PROPIONATE 0.05% CREAM (TOPICAL)	**UTERINE DISORDER TREATMENTS**		
FLUTICASONE PROPIONATE 0.005% OINTMENT (TOPICAL)	ORILISSA (ORAL)		
MOMETASONE FUROATE 0.1% CREAM (TOPICAL)			
MOMETASONE FUROATE 0.1% OINTMENT (TOPICAL)	**VASODILATORS, CORONARY**		
MOMETASONE FUROATE 0.1% SOLUTION (TOPICAL)	ISOSORBIDE DINITRATE TABLET (ORAL)		
	ISOSORBIDE MONONITRATE TABLET (ORAL)		
STEROIDS, TOPICAL VERY HIGH POTENCY	ISOSORBIDE MONONITRATE ER/SR TABLET (ORAL)		
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)			
CLOBEX 0.05% SHAMPOO (TOPICAL)			
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.)			
ADDERALL XR CAPSULE (ORAL) (DX CODE REQ.)			
AMPHETAMINE SALT COMBO TABLET (IR) (ORAL) (DX CODE REQ.)			
ATOMOXETINE CAPSULE (ORAL)			
CLONIDINE TABLET (IR) (not ER) (ORAL)			
CONCERTA ER TABLET (ORAL) (DX CODE REQ.)			
DEXMETHYLPHENIDATE IR (FOCALIN)(ORAL)(DX CODE REQ.)			
DEXTROAMPHETAMINE TABLET (IR) (not ER) (ORAL) (DX CODE REQ.)			
DEXTROAMPHETAMINE / AMPHETAMINE TABLET (IR) (ORAL) (DX CODE REQ.)			
FOCALIN XR CAPSULE (ORAL) (DX CODE REQ.)			
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)			
Updated July 1, 2020			

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

☐ Allergic reaction to excipients in generic product. Provide clinical symptoms:

_____
_____
_____
_____

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.

☐ Therapeutic failure to generic product. Explain:

_____
_____
_____
_____

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.

14. Early Refill Request

☐ Change in Directions
Previous Directions
_____
New Directions
_____
Last Date of Fill (MM/DD/CCYY)
_____

☐ Lost /Stolen/Other
Last Date of Fill (MM/DD/CCYY)
_____

Documentation of lost, stolen or destroyed meds MUST be attached for approval.

☐ Vacation Supply
Date of Departure (MM/DD/CCYY)
_____
Date of Return (MM/DD/CCYY)
_____

15. Non-Preferred Drug Request

☐ Intolerance of the preferred agents. Provide clinical symptoms:

_____
_____
_____
_____

☐ Adverse reaction to the preferred agents. Provide clinical symptoms:

_____
_____
_____
_____

☐ Inadequate response to the preferred agents

☐ Absence of appropriate formulation of preferred agents

☐ Medically necessary/medically appropriate

16. Optimal Dose Request

☐ Therapeutic failure to once daily dosing:

☐ 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.**

STEP THERAPY CATEGORIES

ACNE AGENTS, TOPICAL

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

CYTOKINE/CAM ANTAGONISTS

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

ANTIMIGRAINE AGENTS, TRIPTAN

Preferred Step Therapy Agents	Non-Preferred Agents Requiring Step Therapy PA Request	
ELETRIPTAN	ALMOTRIPTAN	RELPAX
RIZATRIPTAN ODT	AMERGE	SUMATRIPTAN CARTRIDGE, KIT, SYRINGE
RIZATRIPTAN TABLET	FROVA	SUMATRIPTAN-NAPROXEN
SUMATRIPTAN NASAL SPRAY	FROVATRIPTAN	SUMAVEL
SUMATRIPTAN TABLET	IMITREX	TOSYMRA*
SUMATRIPTAN VIAL	MAXALT	TREXIMET
	MIGRANOW	ZEMBRACE
	NARATRIPTAN	ZOLMITRIPTAN
	ONZETRA	ZOMIG

LIPOTROPICS, STATINS

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

PROTON PUMP INHIBITORS

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

Updated 7/1/2020*

STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
TELEPHONE: 1-866-409-8386 FAX: 1-866-759-4110 OR (860) 269-2035

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 ☐ Oral ☐ Topical ☐ Inhalation ☐ 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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