Rationale for Drug Restrictions
(From PDL Comparison)

Managed Health Services (MHS)

Clinical Edits:
PA-Prior Authorization
QLL-Quantity Level Limits
ST-Step Therapy
AGE-Age Limit

*** Denotes Single Source Drug**

Drug	Restriction	Rationale for Restriction
ACCOLATE*	ST	Following NIH guidelines, steroid or beta-agonist required first
ACIPHEX*	PA	Adequate trial of H-2s required first or OTC Prilosec
ADDERALL XL*	QLL	Ensure appropriate utilization
ALDARA*	QLL	Ensure use for proper diagnosis
AMBIEN*	QLL	Limit of 30 tablets/30 days
ARICEPT *	PA	Ensure use for proper diagnosis
AVONEX *	PA	Ensure use for proper diagnosis
AXERT*	PA, QLL	Ensure use for proper diagnosis
BENICAR HCT*	QLL	Ensure appropriate utilization
BENICAR*	QLL	Ensure appropriate utilization
BETASERON*	PA	Ensure use for proper diagnosis
BIAXIN XL*	QLL	Ensure appropriate utilization
BIAXIN*	QLL	Ensure appropriate utilization
CELEBREX*	PA	Ensure use for proper diagnosis
CIBALITH-S *	PA	Ensure use for proper diagnosis
COGNEX *	PA	Ensure use for proper diagnosis
CONCERTA*	ST	Ensure appropriate utilization
COZAAR*	QLL	Ensure appropriate utilization
DDAVP*	PA	Ensure use for proper diagnosis
DESOXYN	PA	Ensure use for proper diagnosis
DEXEDRINE SR	PA	Ensure use for proper diagnosis
DIOVAN HCT*	QLL	Ensure appropriate utilization
DIOVAN*	QLL	Ensure appropriate utilization
DOVONEX*	QLL	Ensure appropriate utilization
DRITHOCREME*	QLL	Ensure appropriate utilization
ENBREL INJECTION*	PA	Ensure use for proper diagnosis

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EPOGEN*	PA	Ensure use for proper diagnosis			
EVISTA*	PA	Ensure use for proper diagnosis			
FAMVIR *	PA	Ensure use for proper diagnosis			
FORADIL AEROLIZER*	QLL	Ensure appropriate utilization			
FOSAMAX *	PA	Ensure use for proper diagnosis			
GEODON*	PA (non-psychiatrists)	Ensure use for proper diagnosis			
HYZAAR*	QLL	Ensure appropriate utilization			
KEMADRIN	PA	Ensure use for proper diagnosis			
KINERET INJECTION*	PA	Ensure use for proper diagnosis			
LIMBITROL	PA	Ensure use for proper diagnosis			
meprobamate	PA	Ensure use for proper diagnosis			
METADATE CD*	QLL	Ensure appropriate utilization			
MIACALCIN INJ.*	PA	Ensure use for proper diagnosis			
NEMBUTAL	QLL	Ensure use for proper diagnosis			
NEUPOGEN*	PA	Ensure use for proper diagnosis			
OCUFLOX*	PA	Ensure use for proper diagnosis			
PEG INTRON*	PA	Ensure use for proper diagnosis			
PLACIDYL	PA	Ensure use for proper diagnosis			
PLAVIX*	PA	Ensure use for proper diagnosis			
PREVACID*	PA	Adequate trial of H-2s required first or OTC Prilosec			
PROCRIT*	PA	Ensure use for proper diagnosis			
PROTONIX*	PA	Adequate trial of H-2s required first or OTC Prilosec			
PULMICORT RESPULES*	AGE	Adequate trial of PDL approved inhaled steroid, once age > 10			
PULMICORT TURBUHALER*	PA	Adequate trial of PDL approved inhaled steroid			
REBETRON*	PA	Ensure use for proper diagnosis			
REMICADE*	PA	Ensure use for proper diagnosis			
RISPERDAL *	PA (non-psychiatrists)	Ensure use for proper diagnosis			
secobarbital	PA	Ensure use for proper diagnosis			
SEROQUEL*	PA (non-psychiatrists)	Ensure use for proper diagnosis			
SERZONE *	PA	Ensure use for proper diagnosis			
SINGULAIR*	ST	Following NIH guidelines, steroid or beta-agonist required first			
SPORANOX	PA	Ensure use for proper diagnosis			
SURMONTIL	PA	Adequate trial of PDL approved antidepressants			
SYNAGIS*	PA	Ensure use for proper diagnosis			
temazapam	QLL	Ensure appropriate utilization			
VESPRIN	PA	Ensure use for proper diagnosis			
XOPENEX*	ST	Adequate trial of inhaled steroid or Albuterol			

Rationale for Drug Restrictions
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Managed Health Services (MHS)

ZITHROMAX *	QLL	Ensure appropriate utilization			
ZOFRAN ODT*	QLL	Ensure appropriate utilization			
ZOFRAN*	QLL	Ensure appropriate utilization			
ZOMIG*	PA	Adequate trial of Imitrex first			
ZYPREXA *	PA (non-psychiatrists)	Ensure use for proper diagnosis			

Rationale for Drug Restrictions
(From PDL Comparison)

Harmony Health Plan

*** Denotes Single Source Drug**

Drug	Restriction	Rationale
ACCOLATE*	ST	Ensure appropriateness of therapy
ACTONEL 30 mg*	QLL	Ensure appropriate use of therapy
ACTONEL 35mg*	QLL	Ensure appropriate use of therapy
ACTONEL 5mg*	QLL	Ensure appropriate use of therapy
ADVAIR*	QLL	Ensure appropriate use of therapy
albuterol	QLL	Ensure appropriate use of therapy
ARANESP*	PA	Ensure appropriateness of therapy
ARAVA*	PA	Ensure appropriateness of therapy
ATROVENT nasal spray*	QLL	Ensure appropriate use of therapy
AUGMENTIN ES susp*	ST	Ensure appropriateness of therapy
AUGMENTIN susp	ST	Ensure appropriateness of therapy
AVANDIA 4 mg*	QLL	Ensure appropriate use of therapy
AVANDIA 8 mg*	QLL	Ensure appropriate use of therapy
AVONEX*	PA	Ensure appropriateness of therapy
AXERT*	QLL	Ensure appropriate use of therapy
BETASERON*	PA	Ensure appropriateness of therapy
BEXTRA*	PA	Ensure appropriateness of therapy
CELEBREX*	PA	Ensure appropriateness of therapy
CENESTIN*	PA	Ensure appropriateness of therapy
COPEGUS*	PA	Ensure appropriateness of therapy
DEPO-PROVERA*	QLL	Ensure appropriate use of therapy
DIFLUCAN 150 mg*	QLL	Ensure appropriate use of therapy
ELIDEL*	ST	Ensure appropriateness of therapy
ENBREL*	PA	Ensure appropriateness of therapy
FLOVENT inhaler 110 mg*	QLL	Ensure appropriate use of therapy
FLOVENT inhaler 220 mg*	QLL	Ensure appropriate use of therapy
FLOVENT inhaler 44 mg*	QLL	Ensure appropriate use of therapy
IMITREX nasal spray*	QLL	Ensure appropriate use of therapy
IMITREX tablets*	QLL	Ensure appropriate use of therapy
IMITREX vials*	QLL	Ensure appropriate use of therapy
ketoralac	QLL	Ensure appropriate use of therapy
KINERET*	PA	Ensure appropriateness of therapy

Rationale for Drug Restrictions
(From PDL Comparison)

Harmony Health Plan

loratadine	QLL	Ensure appropriate use of therapy			
loratadine / pseudoephedrine 12 H	QLL	Ensure appropriate use of therapy			
loratadine / pseudoephedrine 24 H	QLL	Ensure appropriate use of therapy			
loratadine reditabs	QLL	Ensure appropriate use of therapy			
miconazole vaginal	QLL	Ensure appropriate use of therapy			
NEULASTA*	PA	Ensure appropriateness of therapy			
NEUPOGEN*	PA	Ensure appropriateness of therapy			
NIMOTOP*	PA	Ensure appropriateness of therapy			
NORDITROPIN*	PA	Ensure appropriateness of therapy			
NUTROPIN AQ*	PA	Ensure appropriateness of therapy			
NUTROPIN DEPO*	PA	Ensure appropriateness of therapy			
NUTROPIN*	PA	Ensure appropriateness of therapy			
PEGASYS Convinience Pack*	QLL	Ensure appropriate use of therapy			
PEGASYS vials*	QLL	Ensure appropriate use of therapy			
PEG-INTRON*	PA,QLL	Ensure appropriateness of therapy			
PREVPAC*	QLL	Ensure appropriate use of therapy			
PROTONIX*	QLL	Ensure appropriate use of therapy			
PROTOPIC*	PA	Ensure appropriateness of therapy			
PROTROPIN*	PA	Ensure appropriateness of therapy			
PULMICORT RESPULES*	AGE	Verify indication for use is covered benefit			
PULMICORT RESPULES*	QLL	Ensure appropriate use of therapy			
REBETRON*	QLL	Ensure appropriate use of therapy			
REBIF*	PA	Ensure appropriateness of therapy			
SEREVENT inhaler 13 g*	QLL	Ensure appropriate use of therapy			
SEREVENT inhaler 6.5 g*	QLL	Ensure appropriate use of therapy			
SINGULAIR*	ST	Ensure appropriateness of therapy			
SONATA 10 mg*	QLL	Ensure appropriate use of therapy			
SONATA 5 mg*	QLL	Ensure appropriate use of therapy			
SPORANOX 100 mg*	QLL	Ensure appropriate use of therapy			
SYNAGIS*	PA	Ensure appropriateness of therapy			
TAMIFLU*	QLL	Ensure appropriate use of therapy			
TAZORAC*	AGE	Verify indication for use is covered benefit			
tretinoin	AGE	Verify indication for use is covered benefit			
ZITHROMAX 250 mg *	QLL	Ensure appropriate use of therapy			
ZITHROMAX 500 mg *	QLL	Ensure appropriate use of therapy			
ZITHROMAX susp*	QLL	Ensure appropriate use of therapy			

Rationale for Drug Restrictions
(From PDL Comparison)

ZOFRAN 24 mg*	QLL	Ensure appropriate use of therapy			
Harmony Health Plan					
ZOFRAN 4 mg*	QLL	Ensure appropriate use of therapy			
ZOFRAN 8 mg*	QLL	Ensure appropriate use of therapy			
ZOFRAN Solution*	QLL	Ensure appropriate use of therapy			

Rationale for Drug Restrictions
(From PDL Comparison)

MDwise

*** Denotes Single Source Drug**					
Drug	**Restriction**	**Rationale for Restriction**			
ACCOLATE*	CT	Ensure use of NHLBI pref asthma therapy (inhaled steroid) and Serevent if age > 5			
ADVAIR*	QLL 2 inh/Rx	Allow for ample supply; multiple caregivers			
albuterol inh	QLL 2 inh/Rx	Allow for ample supply; multiple caregivers			
ALLEGRA*	ST	Ensure failure of first-line alternatives			
alprazolam	QLL 1 Rx (30 tabs)/12months	Ensure appropriate use			
AMBIEN*	QLL 10 tabs/30days	Ensure appropriate evaulation/diagnosis and use			
ARICEPT*	PA	Ensure use for proper diagnosis			
AUGEMENTIN XR*	ST	Ensure first line failure			
AVONEX ADMIN PK*	PA	Ensure appropriate use (high cost;specialty item)			
BACTROBAN*	QLL 1 tube/30days	Ensure appropriate use			
BENZAMYCIN*	Age <22years	Ensure use for proper diagnosis			
BIAXIN, BIAXIN XL*	ST	Ensure first line failure			
CELEBREX*	PA	Ensure first line failure or contraindication			
CLIMARA*	QLL 5 patches/Rx	Ensure appropriate use			
COGNEX*	PA	Ensure use for proper diagnosis			
COZAAR*	ST,CT	Ensure failure of ACE I, ensure type 2 diabetic			
DDAVP*	QLL 5 tablets	Ensure use for proper diagnosis			
desmopressin nasal spray	PA	Ensure use for proper diagnosis (bed alarm use for anuresis)			
DIOVAN, DIOVAN HCT*	ST	Ensure failure of ACE-I			
fluconazole 150mg	QLL >1 tablets	Ensure first line failure and appropriate dosing			
fluconazole liq	ST	Ensure failure of first-line			
ELIDEL*	ST	Ensure first line therapy failure; contraindication			
EMEND TRIFOLD PK*	PA	Ensure used for highly emetogenic chemotherapy			
ENBREL*	PA	Ensure use for proper diagnosis (high cost,narrow therapeutic range)			
EPOGEN*	PA	Ensure use for proper diagnosis (high cost,narrow therapeutic range)			

Rationale for Drug Restrictions
(From PDL Comparison)

MDwise

FLONASE*	QLL 2 btl/Rx	Allow for ample supply; multiple caregivers			
FLOVENT 44 & 110*	QLL 2 inh/Rx	Allow for ample supply; multiple caregivers			
FLOVENT 220*	QLL 2 inh/Rx	Allow for ample supply; multiple caregivers			
FORTEO*	PA	Ensure failure of first-line agents			
FOSAMAX*	QLL 35mg, 70mg 5 tab/Rx; 5,10,40 mg 34 tab/Rx	Ensure appropriate use			
HEPSERA*	PA	Ensure appropriate use; proper diagnosis (high cost, specialty item)			
HUMIRA*	PA	Ensure appropriate use; proper diagnosis (high cost, specialty item)			
HYZAAR*	ST	Ensure failure of first-line ACE I plus thiazide diuretic			
IMITREX*	QLL 18 tabs/16 vials/18 nasal	Safety of treating an avg of > 4 HA's in a 30-day period has not been established			
INSPRA*	PA	Ensure use for proper diagnosis (high cost,narrow therapeutic range)			
INTRON A*	PA	Ensure appropriate use; failure of alternatives (high cost; specialty item)			
KINERET*	PA	Ensure failure of first-line alternatives; high cost specialty item			
LEVAQUIN*	PA	Risk of antibiotic resistance when overused			
LIPITOR 10 mg*	ST	Ensure failure of first-line agent;use in secondary prevention			
NAMENDA*	PA	Ensure use for proper diagnosis (high cost,narrow therapeutic range)			
NASONEX*	ST	Ensure failure of first-line alternatives			
NEUPOGEN*	PA	Ensure use for proper diagnosis (high cost,narrow therapeutic range)			
NIMOTOP*	PA	Ensure use for proper diagnosis (high cost,narrow therapeutic range)			
NUTROPIN*	PA	Ensure use for proper diagnosis (high cost,narrow therapeutic range)			
NUTROPIN AQ*	PA	Ensure use for proper diagnosis (high cost,narrow therapeutic range)			
OMNICEF*	QLL 10 day supply	To ensure failure of first-line agent (>10 day supply available second-line)			
PATANOL*	ST	Ensure failure of first-line agents			
PEG-INTRON*	PA	Ensure appropriate use (high cost;specialty item)			
PRAVACHOL*	ST	Ensure failure of first-line agents; secondary prevention; drug-interaction			
PREVACID susp*	Age < 13yr	First-line for children <13; convenience item for >13 with ability to swallow			
PROCRIT*	PA	Ensure use for proper diagnosis (high cost,narrow therapeutic range)			
PROTONIX*	ST	Ensure failure of first line agents			
PROTROPIN*	PA	Ensure use for proper diagnosis (high cost,narrow therapeutic range)			
PULMICORT RESPULES*	Age <4	MDI inhaled corticosteroid preferred for age >4 (convenience, cost, safety)			

Rationale for Drug Restrictions
(From PDL Comparison)

MDwise

RAPTIVA*	PA	Ensure failure of alt agents and for diagnosis of mod to severe plaque psoriasis			
REBETOL*	PA	Ensure appropriate use (high cost;specialty item)			
REBETRON*	PA	Ensure use for proper diagnosis (high cost,narrow therapeutic range)			
RELPAX*	QLL 6 tablets/month	Ensure appropriate use and dosing			
REMERON SOLTABS*	Age <13	First-line for children <13; convenience item for >13 with ability to swallow			
tretinoin	Age <22years	Ensure use for proper diagnosis (not for cosmetic use.)			
SEREVENT Diskus*	CT, QLL 2 disks/Rx	Ensure use of NHLBI preferred asthma therapy (inhaled steroid)			
SINGULAIR*	CT	Ensure use of NHLBI pref asthma therapy (inhaled steroid) and Serevent if age > 5			
SPORANOX*	PA	Ensure appropriate use and/or failure of alternative antifungals			
STIMATE*	PA,QLL	Ensure use for proper diagnosis			
STRATTERA*	PA	Ensure failure of first-line agents			
SYNAGIS*	PA	Ensure use for proper dx (high cost,narrow therapeutic range)			
ZITHROMAX 1GM*	QLL 1 Rx/30days	For use in Chlamydia; appropriate use			
ZITHROMAX *	ST	Ensure first line failure			
ZOFRAN, ZOFRAN ODT*	QLL	Ensure appropriate use			
ZYRTEC liq, chew*	Age <2 years	loratadine liquid preferred for 2 years and older			
ZYRTEC liq, chew*	ST Age 2-13years	Ensure failure of first-line alternatives			

Rationale for Drug Restrictions
(From PDL Comparison)

CareSource

*** Denotes Single Source Drug**					
Drug	**Restriction**	**Rationale**			
BEXTRA	ST	Ensure appropriateness of therapy			
CELEBREX	ST	Ensure appropriateness of therapy			
ELIDEL	ST	Ensure appropriateness of therapy			
EMEND	QLL	Ensure appropriateness of therapy			
hydrocodone and oxycodone products	QLL	Ensure appropriateness of therapy			
IMITREX	QLL	Ensure appropriateness of therapy			
NUTROPIN AQ*	PA	Ensure appropriateness of therapy			
NUTROPIN*	PA	Ensure appropriateness of therapy			
omeprazole 10mg	QLL,ST	Ensure use of first line therapy			
Oxycodone SA, OXYCONTIN Tab	QLL	Ensure appropriateness of therapy			
PRILOSEC OTC	QLL,ST	Ensure use of first line therapy			
PROTROPIN*	PA	Ensure appropriateness of therapy			
SINGULAIR	ST	Ensure appropriate diagnosis			
SONATA	QLL	Ensure appropriateness of therapy			
tretinoin	AGE	Ensure diagnosis			
XOPENEX	ST	Ensure use of first line therapy			
ZOFRAN	QLL	Ensure appropriateness of therapy			
ZOMIG	QLL	Ensure appropriateness of therapy			
ZYRTEC SYRUP	AGE	Ensure appropriateness of therapy			

Rationale for Drug Restrictions
(From PDL Comparison)

Molina

*** Denotes Single Source Drug**					
Drug	**Restriction**	**Rationale**			
ACCOLATE*	CT	Ensure use in line with NIH asthma guidelines			
ADERALL XR*	QLL	Ensure QD dosing			
ALLEGRA/ALLEGRA-D*	ST	Adequate trial of loratadine product			
AMBIEN*	QLL	Ensure appropriateness of therapy			
ARICEPT*	PA	Verify diagnosis			
ARTHROTEC*	PA	Ensure appropriateness of therapy			
AUGMENTIN susp/chews	QLL	Ensure appropriateness of therapy			
AUGMENTIN, XR tabs*	ST,QLL	Ensure appropriateness of therapy			
BEXTRA*	PA	Ensure appropriateness of therapy			
BIAXIN, BIAXIN XL*	ST,QLL	Ensure appropriateness of therapy			
bupropion sr	PA	Verify Diagnosis; verify smoking program enrollment if used for smoking			
CEFZIL*	ST,QLL	Ensure appropriateness of therapy			
CELEBREX*	PA	Ensure appropriateness of therapy			
CIPRO	QLL	Ensure appropriateness of therapy			
CIPRODEX*	PA	Ensure appropriateness of therapy			
COGNEX*	PA	Verify diagnosis			
COREG*	PA	Verify Diagnosis			
DIFLUCAN	QLL	Ensure appropriateness of therapy			
DOVONEX*	ST	Ensure appropriateness of therapy			
DURAGESIC	ST	Adequate trial of intermediate/long-acting oral narcotic			
DURICEF	ST,QLL	Ensure appropriateness of therapy			
ELIDEL*	ST, QLL	Ensure appropriateness of therapy			
estradiol transdermal	QLL	Ensure appropriateness of therapy			
EVISTA*	AGE	Ensure appropriateness of therapy			
EXELON*	PA	Verify diagnosis			
FLOXIN	ST,QLL	Ensure appropriateness of therapy			
FLOXIN OTIC*	PA	Ensure appropriateness of therapy			
FOSAMAX*	AGE	Ensure appropriateness of therapy			
GABITRIL*	PA	Verify Diagnosis			
HEPSERA*	PA	Verify Diagnosis			
IMITREX *	QLL	Ensure appropriateness of therapy, prevent overuse			
isotretinoin	PA	Ensure appropriateness of therapy			
LAMISIL*	PA	Ensure appropriateness of therapy			

Rationale for Drug Restrictions
(From PDL Comparison)

Molina

LEVAQUIN*	ST,QLL	Ensure appropriateness of therapy			
LIPITOR*	QLL	Ensure QD dosing			
lovastatin	QLL	Ensure QD dosing			
METADATE CD*	QLL	Ensure QD dosing			
MIACALCIN*	AGE	Ensure appropriateness of therapy			
nicotine transdermal, gum	PA	Ensure concurrent enrollment in smoking program			
NICOTROL nasal spray, inhaler*	PA	Ensure concurrent enrollment in smoking program			
NIZORAL tabs	PA	Ensure appropriateness of therapy			
OMNICEF*	ST,QLL	Ensure appropriateness of therapy			
OXYCONTIN*	ST,QLL	Adequate trial of intermediate/long-acting oral narcotic; ensure appropirate dose			
PRILOSEC OTC*	QLL	Ensure appropriateness of therapy			
PROTONIX*	ST	Adequate trial of Prilsoec OTC			
PROTOPIC*	ST, QLL	Ensure appropriateness of therapy			
PULMICORT RESPULES*	AGE	Steroid inhalers should be adequate for use for ages ≥6			
RELPAX*	QLL	Ensure appropriateness of therapy, prevent overuse			
SEROQUEL*	PA	Verify Diagnosis			
SINGULAIR*	CT	Ensure use in line with NIH asthma guidelines			
SPORANOX	PA	Ensure appropriateness of therapy			
SUPRAX*	QLL	Ensure correct STD use			
TAZORAC*	PA	Ensure appropriateness of therapy			
TOPAMAX*	PA	Verify Diagnosis			
tretinoin	AGE	Ensure use for proper diagnosis (not for cosmetic use.)			
TRICOR*	ST	Adequate trial of gemfibrozil			
VFEND*	PA	Ensure appropriateness of therapy			
VYTORIN*	QLL	Ensure QD dosing			
ZITHROMAX tabs/susp*	ST,QLL	Ensure appropriateness of therapy			
ZOFRAN, -ODT*	QLL	Ensure appropriateness of therapy			
ZOMIG*	QLL	Ensure appropriateness of therapy, prevent overuse			
ZYMAR*	PA	Ensure appropriateness of therapy			
ZYRTEC/ZYRTEC-D*	ST	Adequate trial of loratadine product			