MCO PDL Comparison of Select Therapeutic Classes
OPEN (No Restrictions on Access)

		Fee For Service		Benefit Plan: MHS		Benefit Plan: Harmony Health Plan		Benefit Plan: MDwise	
Categories	Drug Class Name/Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description
Allergy/Cold	ACETYLCYSTEINE	All Drugs Covered	N/A	Acetylcysteine	N/A	acetylcysteine	N/A	Acetylcysteine	N/A
	EXPECTORANTS	All Drugs Covered	N/A	Guaifenesin-LA Tab,Guaifenesin-LA/Dextromethorphan Tab,Guaifenesin DM Syrup,Guaifenesin Syrup	N/A	guaifenesin	N/A	Guaifenesin, Potassium Iodide	N/A
	ANTITUSSIVES,NON-NARCOTIC	All Drugs Covered	N/A	Dextromethorphan polymer, Guaifenesin-DM, Guaifenesin-Codeine, Promethazine-Codeine, Carbinoxamine/Pseudoephedrine-DM, Promehtazine-Phenylephrine-Codeine	N/A	OTC products, benzonatate	N/A	benzonatate, dextromethorphan	N/A
	NASAL ANTIHISTAMINE	All Drugs Covered	N/A			Astelin	N/A		N/A
	NASAL MAST CELL STABILIZERS AGENTS	All Drugs Covered	N/A	Cromolyn, Nedocromil	N/A	cromolyn	N/A	Nasalcrom	N/A
Analgesics	NARCOTICS/NON-NARCOTIC ANALGESICS	Codeine/ASA, Oxycodone, Hydromorphone, Pentazocine, Propoxyphene	N/A	Aspirin, Acetaminophen, Salsalate, Codeine, Hydromorphone, Meperdine, Morphine, Oxycodoen w/apap, Oxycodone w/asa, Hydrocodone w/apap(5/500 only), Propoxyphene w/apap, Acetaminophen w/Cod, Aspirin w/Cod	N/A	Duragesic, MSIR, OxyContin, codeine, morphine, APAP/hydrocodone, oxycodone/APAP, oxycodone/ASA, APAP/codeine, ASA/codeine, oxycodone, hydromorphone, pentazocine, tramadol, hydrocodone, propoxyphene, butorphanol	N/A	APAP,ASA Buff ASA, Tramadol,Oxycodone w/APAP, Meperidine, OramorphSR, Duragesic,Oxycontin, APAP w/ Codiene, Hydrocodone w/ APAP, propoxyphene hcl, proxyphene napsylate/APAP, pentazocine/naloxone	N/A
	ANALGESIC/ANTIPYRETICS, SALICYLATES	All Drugs Covered	N/A	Aspirin, Salsalate, Choline & Magnesium Salicylate	N/A	aspirin	N/A	chol mag trisalicylate, Salsalate, ASA Difunisal	N/A
	ANALGESIC/ANTIPYRETICS,NON-SALICYLATE	All Drugs Covered	N/A	Acetaminophen	N/A	acetaminophen	N/A	APAP Products	N/A
	SKELETAL MUSCLE RELAXANTS	methocarbamol, cyclobenzaprine, baclofen, chlorzoxazone, orphenadrine, tizanidine, Dantrium	N/A	Methocarbamol, Cyclobenzaprine, Baclofen, Methocarbamol w/asa	N/A	baclofen, carisprodol, carisoprodol/ASA, cyclobenzaprine, orphenadrine/ ASA/caffeine, Dantrium, tizantidine	N/A	Carisoprodol, Cyclobenzaprine, Chlorzoxazone, Methocarbamol, Orphenadrine, tizanidine, baclofen	N/A
Antimicrobials	CEPHALOSPORINS	all generics, Omnicef, Suprax	N/A	Cephalexin, Cephradine, Cefaclor, Cefdinir, Ceprozil	N/A	all generics, Ceftin susp	N/A	Cephalexin, Cefaclor, Cefuroxime	N/A
	MACROLIDES	erythromycin generics	N/A	Erythromycin generics, clindamycin	N/A	erythromycin generics, clindamycin	N/A	erythromycin generics, Zithromax 1gm	N/A
	NITROFURAN DERIVATIVES	All Drugs Covered	N/A	Nitrofurantoin	N/A	Furadantin suspension, nitrofurantoin macrocrystal	N/A	nitrofurantoin, Macrobid	N/A

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	PENICILLINS	All Drugs Covered	N/A	Amoxicillin (no chew tabs), Ampicillin, Cloxacillin, Dicloxacillin, Pen V K, Amoxicillin w/Clavulanate (no chewable tabs)	N/A	Amoxicillin, Amoxicillin w/Pot Clavulanate (generic), Ampicillin, Dicloxacillin Sodium, Pencilin V K	N/A	amoxicillin,ampicillin,dicloxacillin,penicillin V potassium, amox/clav, AUGMENTIN ES-600	N/A
	TETRACYCLINES	All Drugs Covered	N/A	Doxycycline, Tetracycline	N/A	Doxycycline Hyclate, Minocycline HCl, Tetracycline HCl	N/A	doxycyline, minocycline,tetracycline, VIBRAMYCIN susp	N/A
	ANTIVIRALS	amantidine, rimantidine, all forms of generic acyclovir, Valtrex, Zovirax 200mg, Zovirax 400mg, Zovirax Suspension	N/A	Amantadine, Acyclovir	N/A	Valcyte, Epivir HBV, Intron A, Roferon A, Copegus, Rebetol, acyclovir, amantadine, Cytovene, Hepsera, rimantadine	N/A	Acyclovir, Amantadine, Rimantadine, Valtrex, VALCYTE	N/A
	ANTIVIRALS, HIV SPECIFIC	All Drugs Covered	N/A	all FDA approved antiretrovirals	N/A	all FDA approved antiretrovirals	N/A	all FDA approved antiretrovirals	N/A
	ANTIFUNGALS	Diflucan 50mg, Diflucan 100mg, Diflucan 200mg, Ketoconazole	N/A	Griseofulvin, Miconazole, Nystatin	N/A	Ancobon, Grifulvin V, Gris-PEG, ketoconazole, nystatin, OTC store brands, clotrimazole, Desenex, econazole, Lamisil AT, Lotrimin AF, Micatin, miconazole, Nizoral A-D, Tinactin, tolnaftate	N/A	Gris-PEG, FULVICIN U/F, Ketoconazole,Nystatin	N/A
Asthma/COPD/ Pulmonary	INHALED CORTICOSTEROIDS	Azmacort, Flovent	N/A	Beclomethasone, Flunisolide, Triamcinolone, Fluticasone	N/A	Flovent, QVAR, Pulmicort Respules	Pulmicort if ≤ 8	FLOVENT	
	INHALED CORTICOSTEROID/LONG ACTING BETA AGONIST COMBINATION	Advair	N/A	Fluticasone-Salmeterol		Advair		ADVAIR	
	LEUKOTRIENE INHIBTORS	Accolate, Singulair	N/A						
	LONG-ACTING BETA AGONISTS	Serevent	N/A	Metaproterenol, Pirbuterol, terbutaline, Salmeterol	N/A	Serevent, Metaproteronol			
	NASAL CORTICOSTEROIDS	Astelin, Beconase/ AQ, Flonase, Nasacort/ AQ, Nasalide, Nasarel, Nasonex, Rhinocort/ AQ, Tri-Nasal	N/A	beclomethasone, Mometasone, Triamcinolone, Fluticasone	N/A	Flonase, flunisolide,	N/A	Flunisolide, FLONASE, NASONEX	N/A
	NON-SEDATING ANTIHISTAMINES	loratidine (OTC)	N/A	Loratadine-OTC, Cetirizine Liquid	N/A	OTC loratadine, Alavert	N/A	Loratadine (OTC), CLARITIN syrup (OTC)	N/A
	SHORT-ACTING BETA AGONISTS	albuterol all tablet strenghts/liquid formulations	N/A	Alubertol	N/A	Albuterol	N/A	Albuterol	N/A
Cardiovascular	ALPHA ADRENERGIC BLOCKERS	Doxazosin, Prazosin, Terazosin	N/A	Doxazosin, Prazosin, Reserpine	N/A	prazosin, terazosin, Dibenzyline	N/A	Doxazosin, Prazosin, Terazosin	N/A
	BETA ADRENERGIC BLOCKERS	Acebutolol, Atenolol, Betaxolol, Bisoprolol, Inderal, Inderal LA, Labetalol, Lopressor, Metoprolol	N/A	Acebutolol, Atenolol, Inderal LA, Labetalol, Metoprolol, Nadolol, Propranolol, Sotalol, Timolol	N/A	acebutolol, Coreg, Inderal LA, atenolol, atenolol/ chlorthalidone, labetalol, metoprolol, nadolol	N/A	atenolol,bisoprolol,metoprolol,nadolol,propranol tabs, solution, SR; Toprol XL; COREG	N/A

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		Labetalol, Lopressor, ,Metoprolol, Nadolol, Pindolol, Propranolol, Sotalol, Tenormin, Timolol, Toprol XL		Propranolol, Sotalol, Timolol		labetalol, metoprolol, nadolol, pindolol, propranolol, propranolol/HCTZ, sotalol			
	ACE INHIBITORS	Enalapril, Lisinopril, Lotensin, Mavik, Monopril	N/A	Benazepril, Captopril, Fosinopril, Lisinopril, Trandolapril, Enalapril	N/A	captopril, enalapril, lisinopril, moexipril	N/A	benazepril, captopril, enalapril maleate, lisinopril	N/A
	ACE INHIBITORS/DIURETICS	Captopril/HCTZ, Enalalpril/HCTZ, Lisinopril/HCTZ, Lotensin HCT, Monopril HCT	N/A	Benazepril, Captopril, Fosinopril, Lisinopril, Trandolapril, Enalapril	N/A	captopril/HCTZ, enalapril/HCTZ, lisinopril/HCTZ	N/A	captopril/HCTZ, enalapril/HCTZ, lisinopril/HCTZ, benazepril/HCTZ	N/A
	ARBS/DIURETICS	Hyzaar, Micardis HCT	N/A	components covered separately		components covered separately	N/A		N/A
	CALCIUM CHANNEL BLOCKING AGENTS	Adalat CC, Calan, Covera-HS, Diltiazem, Dynacirc/ CR, Isoptin, Nicarpidine, Nifedipine, Nimotop, Norvasc, Plendil, Sular, Tiazac	N/A	Amlodipine, Dilitiazem, Felodipine, Nifedipine XL, Nimodipine, Verapamil	N/A	diltiazem, Norvasc, Nimotop, nifedipine, verapamil, nicardipine	N/A	diltiazem er,xr,hcl; nicardipine; nifedipine; verapamil ER, HCL; NORVASC; nifedipine er	N/A
Genitoruniary	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	Flomax, Proscar	N/A			Proscar, Flomax	N/A	Flomax, Proscar, Advodart	N/A
	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	oxybutnin	N/A	Bethanechol, Flavoxate, Hyoscyamine, Oxybutynin	N/A	oxybutynin, Diptropan XL, Urecholine, hyoscyamine	N/A	oybutynin, bethanechol	N/A
Diabetes Related	INSULIN	All Drugs Covered	N/A	Humulin Insulin	N/A	Humulin, Lantus, Humalog, Humulin, Ilentin,	N/A	Humulin R, N, U, 50/50, 70/30, L; Humalog, Humalog Mix 75/25, NOVOLOG; NOVOLOG MIX 70/30	N/A
	ANTIDIABETIC AGENTS	Glyset, Precose, Prandin, Starlix, Glyburide, Metformin, Glipizide, Glucotrol XL, Amaryl	N/A	Acetohexamide, Chlorpropamide, Glipizide XL, Glyburide, Glyburide w/Metformin, Tolazamide, Tolbutamine, Metformin, Pioglitazone	N/A	acetohexamide, Precose, Prandin, glipizide, glucogon, glyburide, metformin, tolazamide, tolbutamide, Avandia, Avandamet, Actos	N/A	Glipizide, Chlorpropamide, Glyburide, Tolazamide, Glucotrol XL, Glyburide Micronized, Metformin, Glucophage XR, Glucovance, Avandia, Avandamet, ACTOS	N/A
Dermatologic	ANTIPSORIATICS AGENTS	Dovonex, Drithocreme HP, Oxsoralen-Ultra, Psoriatic, Soriatane, Tazorac	N/A	Calcipotriene	N/A	Drithocreme, Drithoscalp, Dovonex, Tazorac, Psoriatec	N/A	Selenium Sulfide, Dovonex	N/A
	TOPICAL ANTIFUNGALS	All Drugs Covered	N/A	Clotrimazole, Metronidazole, Miconazole, Oxiconazole, Nystatin, Nystatin-Triamcinolone	N/A	ketoconazole, OTC store brands, clotrimazole, Desenex, econazole, Lamisil AT, Lotrimin AF, Micatin, miconazole, Nizoral A-D, Tinactin, tolnaftate, Mycelex troche	N/A	clotrimazole, miconazole, ketoconazole, nystatin	N/A
	TOPICAL ANTIFUNGAL/ ANTIINFLAMMATORY STERIOD AGENT	All Drugs Covered	N/A	Neomycin-Dexamethasone, Neomycin-Polymixin-HC	N/A	any generic	N/A	clotrimazole/betamethasone; nystatin/triamcinolone	N/A
	TOPICAL ANTINEOPLASTIC & PREMALIGNANT LESION AGNTS	All Drugs Covered	N/A	Fluorouracil	N/A	Efudex, Fluoroplex	N/A	Efudex, Fluoroplex	
	TOPICAL IMMUNOSUPPRESSIVE AGENTS	All Drugs Covered	N/A		N/A	Protopic	N/A		

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	TOPICAL ANTI-INFLAMMATORY STEROIDAL	All Drugs Covered	N/A	Hydrocortisone, Betamethasone dipropionate, Betamethasone valerate		betamethasone, desonide, hydrocortisone, triamcinolone, Cortifoam, clobetasol, desoximetasone, flucinolone,	N/A	desonide, flucinolone acetonide, amcinonide, hydrocortisone, hydrocortisone val, triamcinolone acet, betamethasone val, flucinonide, betamethasone dip, clobetasol, diflorasone, desoximethasone	N/A
	TOPICAL ANTIVIRALS	All Drugs Covered	N/A		N/A	acyclovir	N/A	ZOVIRAX	N/A
	TOPICAL ANTIBIOTICS	All Drugs Covered	N/A	Bacitracin, Mupirocin, Gentamycin, Neomycin, Neomycin-Bacitracin-Polymixin	N/A	polysporin, Neosporin, neomycin 0.5%, Hibiclens 4%, gentamicin 0.1%, Bactroban	N/A	Bacitracin,Bacitracin/Polymixin B,neomycin,Neomycin/Bacitracin/Polymixin, Neomycin/Polymixin/Lidocaine,Silver Sulfadiazine	N/A
	TOPICAL ANTIBIOTICS/ ANTIINFLAMMATORY STEROIDAL	All Drugs Covered	N/A			Need class deifinition-No product found	N/A	Need class deifinition-No product found	N/A
Gastrointestinal Agents	MISOPROSTOL	All Drugs Covered	N/A	Metoclopramide, Dicyclomine, Hyoscyamine, Propantheline	N/A	misoprostol	N/A	Misoprostol	
Blood Related Agents	PLATELET AGGREGATION INHIBITORS	Plavix, Pletal	N/A	Ticlopidine, Pentoxifylline	N/A	Plavix, Pletal	N/A	Dipyridamole, Ticlopidine, Plavix, Pletal	N/A
	FIBRIC ACIDS	gemfibrozil, TriCor, Lofibra	N/A	Gemfibrozil, TriCor	N/A	gemfibrozil, clofibrate, fenofibrate	N/A	Gemfibrozil, fenofibrate	N/A
	HMG CoA REDUCTASE INHIBITORS	Lescol/ XL, Lipitor, Lovastatin, Zocor	N/A	Lipitor, Lovastatin	N/A	Lipitor, lovastatin, Crestor	N/A	Lovastatin, Lipitor, PRAVACHOL	N/A
	HEPARIN AND RELATED PREPARATIONS	heparin (generics), Fragmin, Lovenox (pre-filled syringes)	N/A	Hararin	N/A	Lovenox, Arixtra	N/A	heparin, LOVENOX	N/A
	ORAL ANTICOAGULANTS,COUMARIN TYPE	All Drugs Covered	N/A	Warfarin	N/A	warfarin	N/A	All Drugs Covered	N/A
	ORAL ANTICOAGULANTS,INDANDIONE TYPE	All Drugs Covered	N/A		N/A	none	N/A	none	N/A
	HEMATINICS	Aranesp, Epogen, Procrit	N/A			Aranesp	N/A		
	LEUKOCYTE STIMULANTS	Neupogen vials, Leukine vials	N/A			Neupogen, Neulasta	N/A		
Bile Acid Sequestrants	BILE SALT SEQUESTRANTS	cholestyramine (multi-dose containers), Cholestid (multi-dose containers), LoCholest powder, Prevalite powder	N/A	Cholestryamine	N/A	cholestyramine, LoCholest, Prevalite	N/A	Cholestyramine	N/A
Osteoporosis Agents	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM), BONE RESORPTION SUPPRESSION AGENTS	Actonel, Evista, Fosamax (weekly formulation)	N/A			Evista, Didronel	N/A	Didronel, FOSAMAX, MIACALCIN	N/A
Diuretics	OSMOTIC DIURETICS	All Drugs Covered	N/A		N/A	mannitol vials	N/A	mannitol	N/A
	CARBONIC ANHYDRASE INHIBITORS	All Drugs Covered	N/A	Acetazolamide, Methazolamide	N/A	acetazolamide, methazolamide	N/A	Acetazolamide, Methazolamide	N/A
	THIAZIDE AND RELATED DIURETICS	All Drugs Covered	N/A	Chlorothiazide, Chlorthalidone, Hydrochlorothiazide, Indapamide, Methyclothiazide, Metolazone	N/A	any generic, chlorothiazide, indapamide, hydrochlorothiazide, chlorthalidone, Mykrox, Zaroxolyn	N/A	HCTZ, Inapamide, metolazone	N/A
	POTASSIUM SPARING DIURETICS	All Drugs Covered	N/A	Spironolactone	N/A	amiloride, spironolactone	N/A	spironolactone	N/A
	POTASSIUM SPARING DIURETICS IN COMBINATION	All Drugs Covered	N/A	Spironolactone w/HCTZ, Triamterene w/HCTZ	N/A	amiloride/HCTZ, spironolactone/HCTZ, triamterene/HCTZ	N/A	spironolactone /HCTZ, triamterene /HCTZ, amiloride/HCTZ	N/A
	LOOP DIURETICS	Bumetanide, Furosemide, Torsemide	N/A	Bumetanide, Furosemide	N/A	any generic, bumetanide, torsemide, furosemide	N/A	Bumetanide, Furosemide, torsemide	N/A

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CNS Agents**	ANTICONVULSANTS	All Drugs Covered	N/A	Mephytoin, Phenytoin, Primidone, Trimethadione, Ethosuximide, Ethotoin, Levetiracetam, Methsuximide, Carbamazepine, Oxcarbazepine, Phensuximide, Clonazepam, Valproate Sodium, Valproic mAcid, Divalproex Sodium, Gabapentin	N/A	Carbamazepine, Carbamazepine XR, Clonazepam, Diazepam supp, Divalproex Sodium, Ethosuximide, Ethotoin, Felbamate, Gabapentin, Lamotrigine, Levetiracetam, Methsuximide, Oxcarbazepine, Paramethadione, Phenacemide, Phenobarbital, Phenytoin Sodium, Pehnytoin Sodium (Dilantin), Primidone, Tiagabine, Topiramate, Valproate Sodium, Salproate Sodium (Depakene Syp), Valproic Sodium, Valproic Acid (Depakene), Zonisamide	N/A	carbamazepine, Tegretol XR, Trileptal, clonazepam, phenytoin, Dilantin, phenytoin extended, valproic acid, Depakote, Depakote ER, ethosuximide, MEBARAL, phenobarbital, Keppra, Lamictal, Neurontin, Topamax, diazepam, lorazepam	N/A
	CENTRAL NERVOUS SYSTEM STIMULANTS	All Drugs Covered	N/A	Amphetamine/Dextroamphetamine (Adderall), Dextroamphetamine, Methylphenidate SR,	N/A	amphetamine salts, dextroamphetamine, methylphenidate, pemoline, Concerta, Adderall XR, methylphenidate sustained release, Metadate ER, Methylin	N/A	Amphetamine Salt Combo, Methylphenidate, METHYLIN, METHYLIN ER, methylphenidate er, METADATE CD, ER	N/A
	BARBITURATES	All Drugs Covered	N/A	Butalbital, Mephobarbital, Phenobarbital, Diphenhydramine	N/A	mephobarbital, mysoline, primidone, phenobarbital	N/A	Phenobarbital, MEBARAL	N/A
	SEDATIVE-HYPNOTICS	All Drugs Covered	N/A	Chloral Hydrate	N/A	temazepam, triazolam	N/A	Flurazepam, Triazolam, Temazepam, chloral hydrate	N/A
	ANTI-ANXIETY DRUGS	All Drugs Covered	N/A	Alprazolam, Chlordiazepoxide, Clorazepate, Diazepam, Lorazepam, Oxazepam, Hydroxyzine HCl	N/A	alprazolam, buspirone, chlordiazepoxide, diazepam, hydroxyzine, lorazepam, oxazepam	N/A	Buspirone, Diazepam, Lorazepam, clorazepate	N/A
	MOOD STABILIZERS	All Drugs Covered	N/A	See Anticonvulsants	N/A	See Anticonvulsants	N/A	Lithium Carbonate, Eskalith CR, Lithium Citrate, see also anticonvulsants, antipsychotics	N/A
	ANTI-PSYCHOTICS TYPICAL	All Drugs Covered	N/A	Chlorpromazine, Fluphenazine, Perphenazine, Promazine, Trifluoperazine, Haloperidol, Thiothixene, Loxapine	N/A	chlorpromazine, fluphenazine, haloperidal, loxapine, perphenazine, thioridazine, thiothixene	N/A	Fluphenazine,Haloperidol,Thioridazine, perphenazine, Thiothixene, Trifluoperazine, MOBAN	N/A
	ANTI-PSYCHOTICS ATYPICAL	All Drugs Covered	N/A	Clozapine, Olanzapine (psych only w/o PA), Quetiapine (psych only w/o PA), Risperidone (psych only w/o PA), Ziprasidone (psych only w/o PA)	N/A	Risperdal, Zyprexa, clozapine, loxapine	N/A	Clozapine, Geodon, Riperdal, Seroquel, Zyprexa, Loxapine, ABILIFY, ZYPREXA ZYDIS	N/A
	SEROTONIN SPECIFIC REUPTAKE INHIBITOR (SSRIS)	All Drugs Covered	N/A	Fluoxetine, Citalopram, Paroxetine, Sertaline	N/A	fluoxetine, fluvoxamine, Celexa, paroxetine	N/A	Fluoxetine,Fluvoxamine,Celexa,paroxetine,Paxil CR, Zoloft	N/A
	ANTI-MANIA DRUGS	All Drugs Covered	N/A	Lithium	N/A	lithium carbonate, lithium citrate	N/A	Lithium Carbonate, Eskalith CR, Lithium Citrate	N/A
	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	All Drugs Covered	N/A			Effexor, Effexor XR	N/A	Effexor, Effexor XR	N/A
	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	All Drugs Covered	N/A	Bupropion SR	N/A	bupropion, bupropion SR	N/A	Buproprion, Wellbutrin SR, XL	N/A

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	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	All Drugs Covered	N/A	Trazodone	N/A	trazodone, mirtazapine	N/A	nefazodone, trazadone	N/A
	SELECTIVE NOREPINEPHRINE REUPTAKE INHIB (SEL-NARI)	All Drugs Covered	N/A			desipramine	N/A	desipramine	N/A
	SEROTONIN AND DOPAMINE REUPTAKE INHIBITORS (SDRIS)	All Drugs Covered	N/A			Zyprexa, Risperdal	N/A	Zyprexa, ZYPREXA ZYDIS, ABILIFY, GEODON, RISPERDAL, SEROQUEL	N/A
	ANTI-DEPRESSANTS, OTHER	All Drugs Covered	N/A	Phenylzine, Trancylcypromine	N/A	Parnate, Nardil, amitriptyline, doxepin, imipramine, maprotiline	N/A	Amitriptyline, Doxepin, Imipramine, Nortriptyline, clomipramine	N/A
	URECHOLINE, BETHANECHOL	All Drugs Covered	N/A	Bethanechol, Flavoxate, Hyoscyamine, Oxybutynin	N/A	urecholine, bethanechol	N/A	bethanechol	N/A
	ARICEPT, COGNEX, MESTINON, EXELON, REMINYL	All Drugs Covered	N/A	Pyridostigmine	N/A	Reminyl, Exelon, Mestinon, Aricept	N/A		
	BENZTROPINE, TRIHEXYPHENIDYL, AKINETON, KEMADRIN	All Drugs Covered	N/A	Benztropine, Trihexyphenidyl, Ergoloid Mesylates	N/A	benztropine, trihexyphenidyl	N/A	Benzotropin, Trihexyphenidyl	N/A
Antiemetic/Anti-vertigo	COMPAZINE, PROCHLORPERAZINE, PROMETHAZINE, MECLIZINE, TRIMETHOBENZAMIDE	All Drugs Covered	N/A	Meclizine, promethazine, prochlorperazine	N/A	prochlorperazine, promethazine, meclizine, trimethobenzamide	N/A	Prochlorperazine, Trimethobenzamide, dimenhydranate, meclizine, promethazine, ZOFRAN	N/A
Migraine Medications	CAFERGOT, WIGRAINE, DURADRIN, MIDRIN	All Drugs Covered	N/A	Ergotamine Preps, Isometheptene w/Dicloralpenazone/APAP, Imitrex	N/A	Cafergot, ASA/Caffeine/APAP	N/A	Cafergot, Migranal	N/A
Obstetric/Gyne-cological	ESTROGENIC AGENTS	All Drugs Covered	N/A	DES, Esterfied Estrogens, Estradiol, Conjugated Estrogens, Estrogenw/Medroxyprogesterone, Estrogen w/Methytestosterone	N/A	esterified estrogens, estradiol, estropipate, Cenestin, Premarin, Prempro, Premphase	N/A	Estradiol, Menest, Premarin, PREMPHASE, PREMPRO	N/A
	PROGESTATIONAL AGENTS	All Drugs Covered	N/A	Medroxyprogesterone, Norethindrone, Medroxyprogesterone Depot (150mg only)	N/A	medroxyprogesterone acetate	N/A	Medroxyprogesterone, norethindrone, PREMPRO	N/A
	CONTRACEPTIVES,ORAL	All Drugs Covered	N/A	Norethindrone w/Estradiol, Norgestimate-Ethinyl Estradiol, Norgestrel-Ethinyl Estradiol, Norethindrone-Ethinyl Estradiol, Norestimate-Ethinyl Estradiol, Norethindrone	N/A	any generic product, Micronor, Ortho Evra	N/A	any generic, single source brand, ORTHO EVRA (patch)	N/A
	VAGINAL ANTIFUNGALS	clotrimazole, miconazole, tioconazole	N/A	Clindmycin, Nystatin, Metronidazole, Butoconzole, Clotrimazole, Miconazole	N/A	nystatin, clotrimazole, miconazole, tioconazole, Femstat 3, Gyne-Lotrimin, FemCare, Mycelex, Vagistat	N/A	Clotrimazole, Miconazole, Nystatin	N/A
	VAGINAL ESTROGEN PREPARATIONS	All Drugs Covered	N/A	Dienestrol	N/A	Premarin, Estrace, Vagifem	N/A	Premarin	N/A
	VAGINAL ANTIBIOTICS	All Drugs Covered	N/A	Triple Sulfa	N/A	triple sulfa, sulfanilamide, Cleocin, Metrogel	N/A	Cleocin, Metrogel, Sulfanilamide	N/A

Categories	Drug Class Name/Description	Fee For Service		Benefit Plan: MHS		Benefit Plan: Harmony Health Plan		Benefit Plan: MDwise	
		Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description
Ophthalmic/Otic	EYE ANTI-INFECTIVES (RX ONLY)	All Generic products, Bacitracin, Chloramphenicol, Erythromycin, Gentamicin, Gentamicin/Presnisone, Natamycin, Neomycin/Polymyxin B/Bacitracin, Neomycin/Polymyxin B/Gramicidin, Polymyxin B/Bacitracin, Polymyxin B/Trimethoprim, Terramycin/Polymyxin B, Tobramycin, Ocuflox	N/A	Bacitracin, Chloramphenicol, Erythromycin, Gentamicin, Gentamicin/Presnisone, Natamycin, Neomycin/Polymyxin B/Bacitracin, Neomycin/Polymyxin B/Gramicidin, Neomycin/Hydorcortisone, Neomycin/Dexamethasone, Neomycin/Polymycin/ B/Prednisolone, Neomycin/Polymyxin B/Dexamethasone, Polymyxin B/Bacitracin, Polymyxin B/Trimethoprim, Terramycin/Polymyxin B, Tobramycin, Ocuflox	N/A	any generics including erythromycin, gentamicin, natamycin, neomycin/polymyxin b/dexameth, tobramycin, trimethoprim/polymyxin b, Ciloxan, Natacyn, sodium sulfacetamide	N/A	Erythromycin, Sulfacetamide, Tobramycin, Bacitracin, Erythromycin, Gentamicin, Ciprofloxacin, Neo/Bac/Polymix, neo/polymix/gramicidin	N/A
	EYE VASOCONSTRICTORS (RX ONLY)	All Drugs Covered	N/A	Naphazoline	N/A	naphazoline	N/A	Naphazoline	N/A
	EYE IRRIGATIONS	All Drugs Covered	N/A	Artificial Tears	N/A	artificial tears	N/A	artificial tears	N/A
	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	Betaxolol, Levobunolol, Timolol, Carteol, Metipranolol, Epinephrine, Physostigmine, Pilocarpine, Xalatan, Travatan, Lumigan, Iopidine	N/A	Betaxolol, Levobunolol, Timolol, Carteol, Metipranolol, Epinephrine, Physostigmine, Pilocarpine, Xalatan, Travatan, Lumigan	N/A	acetazolamide, atropine, levobunolol, methazolamide, pilocarpine, timolol, Azopt, Xalatan, Epifrin, Alphagan P	N/A	betaxolol, Carteolol, Iopidine, levobunolol, Pilocarpine, Timolol, Trusopt, Alphagan, Alphagan P, Xalatan	N/A
	EYE ANTIBIOTIC-CORTICOID COMBINATIONS	All Generic products, Neomycin/Hydorcortisone, Neomycin/Dexamethasone, Neomycin/Polymycin/ B/Prednisolone, Neomycin/Polymyxin B/Dexamethasone	N/A	Neomycin/Hydorcortisone, Neomycin/Dexamethasone, Neomycin/Polymycin B/HCe, Neomycin/Polymyxin B/Dexamethasone		All Generic products, Neomycin/Hydorcortisone, Neomycin/Dexamethasone, Neomycin/Polymycin/ B/Prednisolone, Neomycin/Polymyxin B/Dexamethasone	N/A	Neomycin/Bacitracin/Polymixin/HC, Neomycin/Polymixin, HC	N/A
	MYDRIATICS	All Drugs Covered	N/A	Atropine, Homatropine		atropine, cyclopentolate, homatropine, tropicamide, phenylephrine, Epifrin	N/A	Atropine, Cyclopentolate, Homatropine, Tropicamide	N/A
	EYE ANTIHISTAMINES	Livostin	N/A			Patanol	N/A	pheniramine/naph (OTC); antazoline/naph (OTC)	
	EYE ANTIINFLAMMATORY AGENTS	All Drugs Covered	N/A	Prednisolone, Dexamethasone		prednisolone, dexamethasone, fluorometholone, Voltaren Ophthalmic, Pred Mild	N/A	Acular/PF, /LS, Flubiprofen NA	N/A
	OPHTHALMIC MAST CELL STABILIZERS	Alamast, cromolyn	N/A			cromolyn	N/A	Cromolyn	N/A
	EYE ANTIVIRALS	All Drugs Covered	N/A	Viroptic, Herplex		Viroptic, Vira-A	N/A	Trifluridine, VIRA-A	N/A
	OTIC ANTIBIOTICS	Chloramphenicol, Neomyxin/Polymyxin B/Hydrocortisone, Polymyxin B/Hydrocortisone, Floxin	N/A	Chloramphenicol, Neomyxin/Polymyxin B/Hydrocortisone, Polymyxin B/Hydrocortisone, Ciprofloxacin/Hydrocortisone	N/A	Cipro HC, neomycin/polymyxin/hydrocortisone	N/A	Neo/Polym/HC, Floxin, Chloramphenicol	N/A
Rheumato-logical	COLCHICINE, COLCHICINE/PROBENECID	All Drugs Covered	N/A	Colchicine, Probenecid	N/A	colchicine, colchicine/probenecid	N/A	All Drugs Covered	N/A

Categories	Drug Class Name/Description	Fee For Service		Benefit Plan: MHS		Benefit Plan: Harmony Health Plan		Benefit Plan: MDwise	
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	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	All generics	N/A	Ibujprofen, Diclofenac, fenoprofen, Indomethacin (oral), Naproxen, Naproxen Sodium, Sulindac, Piroxicam	N/A	diclofenac, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, nabumetone, naproxen, naproxen sodium, piroxicam, sulindac, tolmetin	N/A	Diclofenac, Etodolac, Ibuprofen, Indomethacin, Ketoprofen, Nabumetone, naproxen, naproxen NA, Oxaprozin	N/A
	ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR	All Drugs Covered	N/A					ARAVA	N/A
	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	All Drugs Covered	N/A						
	ANTI-FLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST	All Drugs Covered	N/A						
	ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS	All Drugs Covered	N/A	Methotrexate	N/A	methotrexate	N/A	methotrexate	

**Note: In accordance with Indiana law, all antianxiety, antidepressant, antipsychotic, and "cross indicated" drugs are considered as being on the Fee-For Service PDL.

When a brand name drug having generic equivalent is included in the "Non-Preferred Drug List" listing, please note that the generic equivalents for the brand name drug are considered as preferred medications on the Fee-for Service PDL.

Prior authorization for Brand Medically Necessary is not required for the drugs specifically exempted by the DUR Board from a prior authorization for Brand Medically Necessary requirement for the Fee-for Service PDL. (those drugs being what are typically referred to as "narrow therapeutic index"

MCO PDL Comparison of Select Therapeutic Classes
CLINICAL EDITS (Restrictions)

CLINICAL EDITS:
PA - Prior Authorization
QLL - Quantity Level Limits
ST - Step Therapy
AGE - Age Limit

Categories	Drug Class Name/Description	Fee For Service		Benefit Plan: MHS		Benefit Plan: Harmony Health Plan		Benefit Plan: MDwise	
		Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description
Allergy/Cold	ACETYLCYSTEINE								
	EXPECTORANTS								
	ANTITUSSIVES,NON-NARCOTIC			Brompheniramine-Pseudoephedrine	AGE-18 yrs of younger				
				Chlorpheniramine-Phenylephrine	AGE-18 yrs of younger				
				Pseudoephedrine-Carbinoxamine-DM	AGE-2 yrs or younger				
	NASAL ANTIHISTAMINE								
	NASAL MAST CELL STABILIZERS AGENTS					Atrovent NS 0.06%	QLL- 1 bottle per rx		
Analgesics	NARCOTICS/NON-NARCOTIC ANALGESICS	Butorphanol	QLL - Limited to 1 vial per 25 days						

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		Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description
		Duragesic	QLL - Limited to 10 patches per 30 days						
		Narcotic Analgesics containing Acetaminophen (APAP)	QLL - All acetaminophen containing products are limited to 3 grams of acetaminophen per day						
		Hydrocodone Products	QLL - Limited to 1500mg per 30 days	Hydorcodone w/APAP (except 5/500)	PA				
		Oxycodone Immeadiate Release	QLL - Limited to 60mg per day						
		Oxycontin	QLL - Limited to 120 tablets/ 25 days; 80mg limited to 60 tab/ 25 days						
		Tramadol	QLL - Limited to 400mg per day						
	ANALGESIC/ANTIPYRETICS, SALICYLATES								
	ANALGESIC/ANTIPYRETICS,NON-SALICYLATE								
	SKELETAL MUSCLE RELAXANTS								
Antimicrobials	CEPHALOSPORINS					Omnicef	Omincef: Must try amoxicillin, penicillin, cephalexin, cefuroxime, cefaclor, cefaclor ER, erythromycin in the past 90 days	Omnicef	QLL-5 days
	FLUOROQUINOLONES	Cipro, Tequin, Levaquin, Maxaquin, Avelox, Noroxin, Floxin, Zagam	QLL - Limited to 14 days supply per month	Ciprofloxacin (Cipro Oral Medications)	PA			Levaquin	PA
		ABC PAC, TEQ-PAC	QLL - Limited to 1 of each pack per month						
	MACROLIDES	Z Pak, Tri-Pak, Biaxin XL Pac, D-5 Pac	QLL - Limited to 1 of each pack per month	Z Pak, Tri-Pak, Biaxin XL Pac	QLL - Limited to 1 of each pack per month	Zithromax suspension	QLL- 2 bottles per rx; Zithromax: Must try amoxicillin, penicillin, cephalexin, cefuroxime, cefaclor, cefaclor ER, erythromycin in the past 90 days	Biaxin, Biaxin XL, Zithromax	ST requires prior rx with first line unless current rx for certain drugs (e.g., antiretrovirals)
				Zithromax 250mg, 500 mg	QLL- 6 tabs/month	Zithromax 250mg	QLL- 8 tabs or caps per rx; Zithromax: Must try amoxicillin, penicillin, cephalexin, cefuroxime, cefaclor, cefaclor ER, erythromycin in the past 90 days		
						Zithromax 500mg	QLL- 4 tabs per rx; Zithromax: Must try amoxicillin, penicillin, cephalexin, cefuroxime, cefaclor, cefaclor ER, erythromycin in the past 90 days		

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	NITROFURAN DERIVATIVES			Biaxin 250mg, 500 mg	QLL-20 tabs/month	Augmentin, Amoxicillin/Clavulanate, Augmentin ES	Must try amoxicillin, penicillin, cephalexin, cefuroxime, cefaclor, cefaclor ER, erythromycin in the past 90 days		
	PENICILLINS							Augmentin XR	ST requires prior rx with first line
	TETRACYCLINES								
	ANTIVIRALS			Peg Intron	PA	Peg Intron	PA, QLL- 5 kits per rx		
				Rebetron	PA	Rebetron	QLL- 2 packages per rx		
				Famciclovir	PA	Pegasys convenience pack	QLL- 1 pack (4vials) per rx		
						Pegasys 180mcg	QLL- 5 vials per rx		
						Tamiflu	QLL- 5 day supply		
	ANTIVIRALS, HIV SPECIFIC								
	ANTIVIRALS, MONOCLONAL ANTIBODIES	Synagis	PA - Requires Prior Authorization	Synagis	PA	Synagis	PA	Synagis	PA
	ANTIFUNGALS	Diflucan 150mg	QLL - Limited to 2 tablets every 14 days	Diflucan 150mg tablet	QLL-1 tab/Rx	Diflucan 150mg	QLL- 2 tabs per rx	Diflucan 150 mg	1- 150mg tab/month
				Diflucan	PA	Sporanox 100mg	QLL- 34 caps per rx	Diflucan Liq	ST requires prior rx with first line
				Sporanox	PA				
				Nizoral Tablets	PA				
Asthma/COPD/Pulmonary	INHALED CORTICOSTEROIDS	Pulmicort Respules	AGE - Limited to patients 6 years of age and under	Pulmicort Respules	AGE - Limited to patients 10 years of age and under	Pulmicort Respules	PA for patients over 9 years old, QLL- 70 ampules per rx	Pulmicort Respules	Age <4 y.o.
		Pulmicort Turbohaler	AGE, QLL - Limited to patients greater than 6 years of age with a limit of one canister per month	Pulmicort Turbohaler	PA	Flovent 110mg, 44mg inhaler	QLL- 2 inhalers per rx	Flovent	QLL 44mcg& 110 mcg 2inhl/RX 220 mcg 3inhl/rx
						Flovent 220mg inhaler	QLL- 3 inhalers per rx		
	INHALED CORTICOSTEROID/LONG ACTING BETA AGONIST COMBINATION					Advair	QLL- 60 blisters per rx	Advair	QLL 2 inhl/RX
	LEUKOTRIENE INHIBTORS			Accoltae	ST-inhaled or po steroid or inhaled Albuterol first	Accolate	< 5: Must have one prescripton for an inhaled corticosteroid in the last 45 days; > Must have one prescription for an inhaled corticosteroid, Advair, or inhaled beta-agonist in the last 45 days	Accolate, Singular	CT- requires prior rx with inhaled corticosteroid
				Singulair	ST-inhaled or po steroid or inhaled Albuterol first	Singulair	< 5: Must have one prescripton for an inhaled corticosteroid in the last 45 days; > Must have one prescription for an inhaled corticosteroid, Advair, or inhaled beta-agonist in the last 45 days		
	LONG-ACTING BETA AGONISTS					Serevent 13g	QLL- 1 inhaler per rx	Serevent Diskus	CT requires concurrent Rx with inhaled corticosteroid

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						Serevent 6.5g	QLL- 2 inhalers per rx		
	NASAL CORTICOSTEROIDS							Flonase QLL	Flonase QLL 2 btl/RX
	NON-SEDATING ANTIHISTAMINES	Allegra 30mg and 60mg	QLL - Limit 2 tablets/capsules per day			Claritin 10mg, reditabs, Claritin-D 24 hours	QLL- 34 tabs per rx	Allegra	ST requires prior rx with first line
		Allegra 180mg	QLL - Limit 1 tablet per day			Claritin-D 12 hours	QLL- 68 tabs per rx	Zyrtec Liq	ST requires prior rx with first line, Age limited to children <2 y
		Zyrtec Liquid	QLL - Limit 10ml per day						
	SHORT-ACTING BETA AGONISTS	Albuterol Inhalers	AGE, QLL - Limited to 3 cannisters per month for under age 19; Limited to 2 cannisters per month for age 19 and older	Xopenex	ST-inhaled or nebulized Albuterol first	albuterol inhaler	QLL- 3 inhalers per rx	Albuterol Inhl	QLL 2inhl/RX
Cardiovascular	ALPHA ADRENERGIC BLOCKERS								
	BETA ADRENERGIC BLOCKERS								
	ACE INHIBITORS	Captopril	AGE - Limited to patients 12 years of age and under						
	ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	Lotrel	QLL - Limited to 30 tablets per month						
	ACE INHIBITORS/DIURETICS								
	ANGIOTENSIN RECEPTOR ANTAGONIST	Cozaar, Micardis	QLL, ST - Limited to 30 tablets per month, requires failure of an ACE inhibitor					Cozaar, Diovan	STrequires prior rx with ACEI or COZAAR with CT with oral hypogltcemic
	ARBS/DIURETICS							Individual Components available	
	CALCIUM CHANNEL BLOCKING AGENTS								
Genitoruniary	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS								
	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	Detrol LA, Ditropan XL	ST - Patients must have been unresponsive to the immeadiate realease formulation to be eligible for long-acting formulation						
Diabetes Related	HYPOGLYCEMIC/INSULIN RESPONSE ENHANCER (N-S)	Actos, Avandia	QLL, ST - Limit of 30 tablets per 30 days; Requires previous use of metformin within last 6 weeks	Avandia	QLL-30 tabs/month	Avandia 8mg	QLL- 34 tabs per rx		
						Avandia 4mg	QLL- 68 tabs per rx		
	INSULIN							Lantus	PA
	ANTIDIABETIC AGENTS	Avandamet, Glucovance, Metaglip	ST - Requires previous use of one of the agents in combination	Glucovance	PA				
Dermatologic	VITAMIN A DERIVATIVES TOPICAL ACNE AGENTS	Tretinoin Topical Agents	AGE - Limited to patients 25 years of age or younger			tretinoin	PA for patients over 29 years old	Tretinoin	AGE < 22 years
		Differin	ST - Requires previous use of tretinoin product			Tazorac	PA for patients over 29 years old	Benzamycin	AGE < 22 years

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	VITAMIN A DERIVATIVES SYSTEMIC	Accutane	AGE - Limited to patients 25 years of age or younger						
	ANTIPSORIATICS AGENTS								
	TOPICAL ANTIFUNGALS								
	TOPICAL ANTIFUNGAL/ANTIINFLAMMATORY,STERIOD AGENT								
	TOPICAL ANTINEOPLASTIC & PREMALIGNANT LESION AGNTS								
	TOPICAL IMMUNOSUPPRESSIVE AGENTS					Elidel	Must try one topical steroid first	Elidel	ST requires prior rx with first line
	TOPICAL ANTI-INFLAMMATORY STEROIDAL								
	TOPICAL ANTIVIRALS								
	TOPICAL ANTIBIOTICS							Bactroban	QLL 1- 15 gm tube/month
	TOPICAL ANTIBIOTICS/ ANTIINFLAMMATORY,STEROIDAL								
Gastrointestinal Agents	PROTON PUMP INHIBITORS	Protonix, Omeprazole	QLL, ST - Limit 30 tablets per 30 days; Requires trial of an H2 in previous 6 months	Prevacid, Omeprazole, AciPhex, Protonix	PA	Protonix	QLL- 34 per rx	Protonix	ST requires prior rx omeprazole
	H2RA BLOCKERS	Cimetidine, Famotidine, Nizatidine, Ranitidine	QLL - Limited to 60 tablets per 30 days			Prevpac	QLL- 1 package (14 units) per rx		
	ANTI-ULCER/H. PYLORI AGENTS	PrevPac, Helidac	PA - Require Prior Authorization						
	SUCRALFATE	Sucralfate	QLL - Limit 2 tablets per day						
Blood Related Agents	PLATELET AGGREGATION INHIBITORS								
	FIBRIC ACIDS								
	HMG CoA REDUCTASE INHIBITORS	Pravachol	ST - Limited to patients receiving HIV antiretroviral therapy						
	HEPARIN AND RELATED PREPARATIONS			Lovenox	PA				
	ORAL ANTICOAGULANTS,COUMARIN TYPE								
	ORAL ANTICOAGULANTS,INDANDIONE TYPE								
	HEMATINICS			Procrit, Epogen	PA			Epogen,Procrit	PA
	LEUKOCYTE STIMULANTS			Neupogen	PA			Neupogen, and other products	PA
Bile Acid Sequestrants	BILE SALT SEQUESTRANTS								
Osteoporosis Agents	BONE FORMATION STIMULATING AGENTS	Forteo	PA - Requires Prior Authorization						
	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM), BONE RESORPTION SUPPRESSION AGENTS			Fosamex	PA	Actonel 5mg, 30mg	QLL- 34 tabs per rx	Fosamax	QLL 35mg& 70 mg 5 tab/Rx, 5 mg, 10 mg & 40 mg 34 tab/Rx
						Actonel 35mg	QLL- 5 tabs per rx		
Diuretics	OSMOTIC DIURETICS								
	CARBONIC ANHYDRASE INHIBITORS								
	THIAZIDE AND RELATED DIURETICS								
	POTASSIUM SPARING DIURETICS								
	POTASSIUM SPARING DIURETICS IN COMBINATION								

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	LOOP DIURETICS								
CNS Agents**	ANTICONVULSANTS		N/A	Felbamate, Divalproex Sodium ER, Lamotrigine, Tiagabine, Topiramate	PA				
	CENTRAL NERVOUS SYSTEM STIMULANTS			Adderall XL	PA			Adderall XR, Concerta	ST requires prior rx with first line
				Dexedrine CR	PA				
				Desoxyn	PA				
				Concerta CR	ST-Methylphenidate first				
				Metadate CD	QLL-30 tabs/month				
	BARBITURATES								
	SEDATIVE-HYPNOTICS			Ambien	QLL-30 tab/month	Sonata 5mg	QLL- 68 per rx	Ambien	QLL 10 days
						Sonata 10mg	QLL- 34 per rx		
	ANTI-ANXIETY DRUGS							Alprazolam	QLL 30 tab, PA > 1 month
	MOOD STABILIZERS		N/A	See Anticonvulsants					
	ANTI-PSYCHOTICS TYPICAL			Triflupromazine	PA				
	ANTI-PSYCHOTICS ATYPICAL			Zyprexa, Seroquel, Risperdal, Geodon	PA-for non-psychiatrists				
	SEROTONIN SPECIFIC REUPTAKE INHIBITOR (SSRIS)								
	ANTI-MANIA DRUGS			Lithium Citrate	PA				
	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)			Effexor, Serzone	PA				
	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)								
	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)								
	SELECTIVE NOREPINEPHRINE REUPTAKE INHIB (SEL-NARI)			Remeron	PA			Strattera	PA
	SEROTONIN AND DOPAMINE REUPTAKE INHIBITORS (SDRIS)								
	ANTI-DEPRESSANTS, OTHER			Clomipramine, Surmontil	PA				
	URECHOLINE, BETHANECHOL								
	ARICEPT, COGNEX, MESTINON, EXELON, REMINYL							Aricept, Cognex	PA
	BENZTROPINE, TRIHEXYPHENIDYL, AKINETON, KEMADRIN			Kemadrin	PA				
Antiemetic/Antivertigo	COMPAZINE, PROCHLORPERAZINE, PROMETHAZINE, MECLIZINE, TRIMETHOBENZAMIDE								
	SEROTONIN (5HT-4) PARTIAL AGONIST AGENTS	Kytril	QLL - Limited to 10 tablets per prescription			Zofran solution	QLL- 3 bottles (150ml) per rx	Zofran	4 mg & 8mg QLL= 12 tab/RX, 24 mg QLL= 1 tab/RX
		Zofran	QLL - Limited to 10 tablets per prescription for tablets and 1 bottle of oral solution per prescription			Zofran 24mg	QLL- 1 tablet per rx	Zofran ODT	4 mg & 8mg QLL= 12 tab/RX, 24 mg QLL= 1 tab/RX
						Zofran 4mg, 8mg	QLL- 12 tablets per rx		
Migraine Medications	CAFERGOT, WIGRAINE, DURADRIN, MIDRIN								

Categories	Drug Class Name/Description	Fee For Service		Benefit Plan: MHS		Benefit Plan: Harmony Health Plan		Benefit Plan: MDwise	
		Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description
	SEROTONIN (5HT-4) PARTIAL AGONIST AGENTS	Axert	QLL - Limited to one box (6 tablets) per month	Zomig	PA	Axert	QLL- 6 tablets per rx	Maxalt	QLL 27 tabs/30days
		Imitrex	QLL - Limited to one box of tablets (9 tablets), 1 box of nasal inhaler (6 inhalers, 6mls), 1 box of stat dose refill (2 injections), and 2 vials (2 injections) per month	Imitrex Injection	PA	Imitrex	QLL- 1 kit (2 syringes) per rx, 2 vials per rx, 6 nasal spray devices per rx, 9 tablets per rx	Imitrex	Tabs: QLL=9 tabs/Rx, Nasal Spray QLL=6 devices/Rx, Inj: QLL=2 vials/Rx
Smoking Deterrents	nicotine patch, Nicotrol NS, nicotrol inhaler, nicotine gum, Commit lozenge	nicotine patch, Nicotrol NS, nicotrol inhaler, nicotine gum, Commit lozenge	QLL - Limited to 12 weeks of therapy every 365 days						
Obstetric/Gyne-cological	ESTROGENIC AGENTS							Climara	QLL 5 patches/RX
	PROGESTATIONAL AGENTS					Depo-Provera	QLL- 1 vial/syringe per rx		
	CONTRACEPTIVES,ORAL								
	VAGINAL ANTIFUNGALS					Monistat	QLL- 1 box per rx		
	VAGINAL ESTROGEN PREPARATIONS								
	VAGINAL ANTIBIOTICS								
Ophthalmic/Otic	EYE ANTI-INFECTIVES (RX ONLY)								
	EYE VASOCONSTRICTORS (RX ONLY)								
	EYE IRRIGATIONS								
	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS								
	EYE ANTIBIOTIC-CORTICOID COMBINATIONS								
	MYDRIATICS								
	EYE ANTIHISTAMINES	Optivar, Patanol, Zatidor	ST - Patients must have been unresponsive to Alamast, Livostin, cromolyn within last 12 months					Patanol	PA
	EYE ANTIINFLAMMATORY AGENTS								
	OPHTHALMIC MAST CELL STABILIZERS								
	EYE ANTIVIRALS								
	OTIC ANTIBIOTICS	Cipro HC	AGE- Limited to patients 12 years of age and under						
Rheumato-logical	COLCHICINE, COLCHICINE/PROBENECID								
	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	Bextra, Celebrex, Vioxx	AGE - Limited to patients 70 years of age and older	Celebrex, Vioxx	PA	Celebrex	PA	Celebrex, Vioxx	PA
		Arthrotec	PA - Requires Prior Autorization			Bextra	PA		
		Ketorolac	QLL - Limited to 20 tablets or 5 day supply			ketorolac 10mg	QLL- 5 days supply		

Categories	Drug Class Name/Description	Fee For Service		Benefit Plan: MHS		Benefit Plan: Harmony Health Plan		Benefit Plan: MDwise	
		Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description
	ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR			Arava	PA	Arava	PA		
	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR			Enbrel, Remicaid	PA	Enbrel	PA	Enbrel	PA
	ANTI-FLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST			Kineret	PA	Kineret	PA	Kineret	PA
	ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS								
Immunologics and Vaccines	Interferons			All Products	PA			Intron, Avonex Pack	PA
	Growth Hormones			All products	PA			Nutropin,Nutropin AQ, Protropin	PA