



Buckeye Community Health Plan
PA List

October 2011

Preferred Drug List Medication Locator Instructions:

1. With the PDF open, on the **Edit** menu, click **Find**.
2. In the **Find** box type the name of the medication you want to find.
3. Click **Find Next** button until you find the medications you're looking for.

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
PENICILLINS			
01200010100303	AMOXICILLIN 500 MG TABLET		
01200010107520	MOXATAG ER 775 MG TABLET		
CEPHALOSPORINS			
02100020000120	KEFLEX 750 MG CAPSULE		
02100020000310	CEPHALEXIN 250 MG TABLET		
02100020000315	CEPHALEXIN 500 MG TABLET		
02200040107430	CEFACTOR ER 500 MG TABLET		
02300040000120	Cefdinir Cap 300 MG		1) Max Qty=20/claim; 2) Step Therapy - Cephalexin, Cefaclor
02300040001920	Cefdinir For Susp 125 MG/5ML		1) Package Limit=1/claim; 2) Step Therapy - Cephalexin, Cefaclor
02300040001930	Cefdinir For Susp 250 MG/5ML		1) Package Limit=1/claim; 2) Step Therapy - Cephalexin, Cefaclor
02300045200320	SPECTRACEF 200 MG DOSE PACK		
02300045200340	SPECTRACEF 400 MG DOSE PACK		
02300060000315	SUPRAX 400 MG TABLET		
02300060001910	SUPRAX 100 MG/5 ML SUSPENS		
02300060001920	SUPRAX 200 MG/5 ML SUSPENS		
02300065100320	CEFPODOXIME 100 MG TABLET		
02300065100330	CEFPODOXIME 200 MG TABLET		
02300065101920	CEFPODOXIME 50 MG/5 ML SUSP		
02300065101930	CEFPODOXIME 100 MG/5 ML SUS		
02300083000120	CEDAX 400 MG CAPSULE		
02300083001920	CEDAX 90 MG/5 ML SUSPENSION		
02300083001940	CEDAX 180 MG/5 ML SUSPENSIO		
MACROLIDES			
03400010001970	ZMAX ADULT-PED 2 G/60 ML SU		
TETRACYCLINES			
04000010100305	DEMECLOCYCLINE 150 MG TABLET		
04000010100310	DEMECLOCYCLINE 300 MG TABLET		
04000020000105	DOXYCYCLINE MONO 50 MG CAP		
04000020000107	DOXYCYCLINE MONO 75 MG CAPS		
04000020000110	DOXYCYCLINE MONO 100 MG CAP		
04000020000115	ADOXA 150 MG CAPSULE		
04000020000305	DOXYCYCLINE MONO 50 MG TABLET		
04000020000307	ADOXA 75 MG TABLET		
04000020000310	ADOXA 100 MG TABLET		
04000020000315	ADOXA PAK 1-150 MG TABLET		
04000020001905	VIBRAMYCIN 25 MG/5 ML SUSP		
04000020100620	DOXYCYCLINE HYC DR 75 MG TABLET		
04000020100630	DORYX DR 100 MG TABLET		
04000020100640	DORYX DR 150 MG TABLET		
04000020201205	VIBRAMYCIN 50 MG/5 ML SYRUP		
04000040100305	DYNACIN 50 MG TABLET		
04000040100307	DYNACIN 75 MG TABLET		
04000040100310	DYNACIN 100 MG TABLET		
04000040107520	SOLODYN ER 45 MG TABLET		
04000040107522	SOLODYN ER 55 MG TABLET		
04000040107525	SOLODYN ER 65 MG TABLET		
04000040107528	SOLODYN ER 80 MG TABLET		
04000040107530	SOLODYN ER 90 MG TABLET		
04000040107533	SOLODYN ER 105 MG TABLET		
04000040107535	SOLODYN ER 115 MG TABLET		
04000040107540	SOLODYN ER 135 MG TABLET		
FLUOROQUINOLONES			
05000020001920	CIPRO 5% SUSPENSION		

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
05000020001930	CIPRO 10% SUSPENSION		
05000020057520	CIPROFLOXACIN ER 500 MG TAB		
05000020057540	CIPROFLOXACIN ER 1,000 MG T		
05000020107520	PROQUIN XR 500 MG TABLET		
05000034002050	LEVAQUIN 25 MG/ML SOLUTION		
05000037100320	AVELOX 400 MG TABLET		
05000040000320	NOROXIN 400 MG TABLET		
05000083100320	FACTIVE 320 MG TABLET		
AMINOGLYCOSIDES			
07000040102010	NEO-FRADIN 125 MG/5 ML SOLN		
07000055100110	PAROMOMYCIN 250 MG CAPSULE		
07000070002520	TOBI 300 MG/5 ML SOLUTION		Prior Auth, Biopharmacy benefit via Caremark
SULFONAMIDES			
08000020000305	SULFADIAZINE 500 MG TABLET		
ANTIMYCOBACTERIAL AGENTS			
09000010003020	PASER GRANULES 4 GM PACKET		
09000030000105	SEROMYCIN 250 MG CAPSULE		
09000085000320	PRIFTIN 150 MG TABLET		
09990002100110	RIFAMATE CAPSULE		
09990003200310	RIFATER TABLET		
ANTIFUNGALS			
11000020000105	ANCOBON 250 MG CAPSULE		
11000020000110	ANCOBON 500 MG CAPSULE		
11000080103020	LAMISIL 125 MG GRANULES PAC		
11000080103030	LAMISIL 187.5 MG GRANULES P		
11407035000120	Itraconazole Cap 100 MG		
11407035002020	SPORANOX 10 MG/ML SOLUTION		
11407060001820	NOXAFIL 40 MG/ML SUSPENSION		
11407080000320	VFEND 50 MG TABLET		
11407080000340	VFEND 200 MG TABLET		
11407080001920	VFEND 40 MG/ML SUSPENSION		
ANTIVIRALS			
12102530006420	FUZEON CONVENIENCE KIT		Prior Auth, Biopharmacy benefit via Caremark
12106060000315	EPIVIR HBV 100 MG TABLET		
12106060002010	EPIVIR HBV 25 MG/5 ML SOLN		
12200066102120	VALCYTE 50 MG/ML SOLUTION		
12352015100320	HEPSERA 10 MG TABLET		
12352030000320	BARACLUDE 0.5 MG TABLET		
12352030000330	BARACLUDE 1 MG TABLET		
12352030002020	BARACLUDE 0.05 MG/ML SOLUTI		
12352080000330	TYZEKA 600 MG TABLET		
12353040102210	INFERGEN 9 MCG/0.3 ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
12353040102215	INFERGEN 15 MCG/0.5 ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
12353060052020	PEGASYS 180 MCG/ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
12353060056440	PEGASYS 180 MCG/0.5 ML CONV		Prior Auth, Biopharmacy benefit via Caremark
12353060106410	PEGINTRON 50 MCG KIT		Prior Auth, Biopharmacy benefit via Caremark
12353060106410	PEGINTRON REDIPEN 50 MCG		Prior Auth, Biopharmacy benefit via Caremark
12353060106416	PEGINTRON 80 MCG KIT		Prior Auth, Biopharmacy benefit via Caremark

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
12353060106416	PEGINTRON REDIPEN 80 MCG 4P		Prior Auth, Biopharmacy benefit via Caremark
12353060106424	PEGINTRON 120 MCG KIT		Prior Auth, Biopharmacy benefit via Caremark
12353060106424	PEGINTRON REDIPEN 120 MCG		Prior Auth, Biopharmacy benefit via Caremark
12353060106430	PEGINTRON 150 MCG KIT		Prior Auth, Biopharmacy benefit via Caremark
12353060106430	PEGINTRON REDIPEN 150 MCG 4		Prior Auth, Biopharmacy benefit via Caremark
12353070000120	RIBAVIRIN 200 MG CAPSULE		Prior Auth, Biopharmacy benefit via Caremark
12353070000320	RIBAVIRIN 200 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
12353070000340	RIBASPHERE 400 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
12353070000360	RIBASPHERE 600 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
12353070002020	REBETOL 40 MG/ML SOLUTION		Prior Auth, Biopharmacy benefit via Caremark
12408040000305	FAMCICLOVIR 125 MG TABLET		
12408040000310	FAMCICLOVIR 250 MG TABLET		
12408040000320	FAMCICLOVIR 500 MG TABLET		
ANTIMALARIALS			
13990002050310	MALARONE 62.5-25 MG PED TAB		
13990002050320	MALARONE 250-100 MG TABLET		
ANTHELMINTICS			
15000002000320	ALBENZA 200 MG TABLET		
15000007000310	STROMECTOL 3 MG TABLET		
15000050000305	BILTRICIDE 600 MG TABLET		
ANTI-INFECTIVE AGENTS - MISC.			
16000005402120	CAYSTON 75 MG INHAL SOLUTIO		Prior Auth, Biopharmacy benefit via Caremark
16000035000107	METRONIDAZOLE 375 MG CAPSUL		
16000035007520	FLAGYL ER 750 MG TABLET		
16000045002170	NEBUPENT 300 MG INHAL POWDE		
16000049000320	XIFAXAN 200 MG TABLET		
16000049000340	XIFAXAN 550 MG TABLET		
16000053000310	TINDAMAX 250 MG TABLET		
16000053000320	TINDAMAX 500 MG TABLET		
16000055102020	PRIMSOL 50 MG/5 ML ORAL SOL		
16000060100110	VANCOICIN HCL 125 MG PULVULE		
16000060100120	VANCOICIN HCL 250 MG PULVULE		
16210070000315	KETEK 300 MG TABLET		
16210070000320	KETEK 400 MG TABLET		
16220020100105	CLEOCIN HCL 75 MG CAPSULE		
16230040000330	ZYVOX 600 MG TABLET		
16230040001920	ZYVOX 100 MG/5 ML SUSPENSIO		
16400060000330	ALINIA 500 MG TABLET		
16400060001920	ALINIA 100 MG/5 ML SUSPENSI		
PASSIVE IMMUNIZING AGENTS			
19100005002200	CYTOGAM 2.5 GM/50 ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
19100010002050	HEPAGAM B VIAL		Prior Auth, Biopharmacy benefit via Caremark
19100010002050	HEPAGAM B VIAL		Prior Auth, Biopharmacy benefit via Caremark

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GPI Code	Product Description	Brand Product	Limitations/Restrictions
19100020002200	GAMASTAN S/D SYRINGE		Prior Auth, Biopharmacy benefit via Caremark
19100020002200	GAMASTAN S-D VIAL		Prior Auth, Biopharmacy benefit via Caremark
19100020102005	FLEBOGAMMA DIF 5% VIAL		Prior Auth, Biopharmacy benefit via Caremark
19100020102060	GAMMAGARD LIQUID 10% VIAL		Prior Auth, Biopharmacy benefit via Caremark
19100020102060	GAMUNEX 10% VIAL		Prior Auth, Biopharmacy benefit via Caremark
19100020102068	PRIVIGEN 10% VIAL		Prior Auth, Biopharmacy benefit via Caremark
19100020102115	GAMMAGARD S-D 2.5 GM VL W/S		Prior Auth, Biopharmacy benefit via Caremark
19100020102117	CARIMUNE NF 3 GM VIAL		Prior Auth, Biopharmacy benefit via Caremark
19100020102120	GAMMAGARD S-D 5 G (IGA<1) S		Prior Auth, Biopharmacy benefit via Caremark
19100020102120	GAMMAGARD S-D 5 GM VL W/SET		Prior Auth, Biopharmacy benefit via Caremark
19100020102125	CARIMUNE NF 6 GM VIAL		Prior Auth, Biopharmacy benefit via Caremark
19100020102130	GAMMAGARD S-D 10 GM VL W/ST		Prior Auth, Biopharmacy benefit via Caremark
19100020102135	CARIMUNE NF 12 GM VIAL		Prior Auth, Biopharmacy benefit via Caremark
19100020202020	VIVAGLOBIN 16% VIAL		Prior Auth, Biopharmacy benefit via Caremark
19100020202050	HIZENTRA 1 GRAM/5 ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
19100020202054	HIZENTRA 2 GRAM/10 ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
19100020202058	HIZENTRA 4 GRAM/20 ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
19100020302060	GAMUNEX-C 1 GRAM/10 ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
19100020302064	GAMUNEX-C 2.5 GRAM/25 ML VI		Prior Auth, Biopharmacy benefit via Caremark
19100020302068	GAMUNEX-C 5 GRAM/50 ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
19100020302072	GAMUNEX-C 10 GRAM/100 ML VI		Prior Auth, Biopharmacy benefit via Caremark
19100020302076	GAMUNEX-C 20 GRAM/200 ML VI		Prior Auth, Biopharmacy benefit via Caremark
19100045002205	HYPERRAB S/D SYRINGE		Prior Auth, Biopharmacy benefit via Caremark
19100045002205	HYPERRAB S-D VIAL		Prior Auth, Biopharmacy benefit via Caremark
19100050002015	RHOPHYLAC 300 MCG/2 ML SYR		Prior Auth, Biopharmacy benefit via Caremark
19100050002050	WINRHO SDF 2,500 UNITS VIAL		Prior Auth, Biopharmacy benefit via Caremark
19100050002055	WINRHO SDF 5,000 UNITS VIAL		Prior Auth, Biopharmacy benefit via Caremark
19100050002060	WINRHO SDF 1,500 UNITS VIAL		Prior Auth, Biopharmacy benefit via Caremark

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
19100050002065	WINRHO SDF 15,000 UNITS VIA		Prior Auth, Biopharmacy benefit via Caremark
19100050002210	HYPERRHO S-D SYRINGE		Prior Auth, Biopharmacy benefit via Caremark
19100050002220	Rho D Immune Globulin (Human) IM Inj 300 MCG	HYPERRHO S/D, RHOGAM HUMAN, RHOGAM PLUS	Prior Auth, Biopharmacy benefit via Caremark
19502060002015	SYNAGIS 50 MG/0.5 ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
19502060002020	SYNAGIS 100 MG/1 ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES			
21104070000110	Temozolomide Cap 5 MG	TEMODAR	Prior Auth, Biopharmacy benefit via Caremark; Daily Dose=3
21104070000120	Temozolomide Cap 20 MG	TEMODAR	Prior Auth, Biopharmacy benefit via Caremark; Daily Dose=2
21104070000140	Temozolomide Cap 100 MG	TEMODAR	Prior Auth, Biopharmacy benefit via Caremark; Daily Dose=2
21104070000143	Temozolomide Cap 140 MG	TEMODAR	Prior Auth, Biopharmacy benefit via Caremark; Daily Dose=2
21104070000147	Temozolomide Cap 180 MG	TEMODAR	Prior Auth, Biopharmacy benefit via Caremark; Daily Dose=2
21104070000150	Temozolomide Cap 250 MG	TEMODAR	Prior Auth, Biopharmacy benefit via Caremark; Daily Dose=2
21300005000320	Capecitabine Tab 150 MG	XELODA	Prior Auth, Biopharmacy benefit via Caremark; Daily Dose=6
21300005000350	Capecitabine Tab 500 MG	XELODA	Prior Auth, Biopharmacy benefit via Caremark; Daily Dose=10
21300025100320	OFORTA 10 MG TABLET		
21402685100320	Toremifene Citrate Tab 60 MG (Base Equivalent)	FARESTON	
21402835000320	Exemestane Tab 25 MG	AROMASIN	Step Therapy: Anastrozole
21402860000320	Letrozole Tab 2.5 MG		Step Therapy: Anastrozole
21531575000120	ZOLINZA 100 MG CAPSULE		Prior Auth, Biopharmacy benefit via Caremark
21532530000310	AFINITOR 2.5 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
21532530000320	AFINITOR 5 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
21532530000330	AFINITOR 10 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
21533060400320	NEXAVAR 200 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
21533070300120	SUTENT 12.5 MG CAPSULE		Prior Auth, Biopharmacy benefit via Caremark
21533070300130	SUTENT 25 MG CAPSULE		Prior Auth, Biopharmacy benefit via Caremark
21533070300140	SUTENT 50 MG CAPSULE		Prior Auth, Biopharmacy benefit via Caremark
21534020000320	SPRYCEL 20 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
21534020000340	SPRYCEL 50 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
21534020000350	SPRYCEL 70 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
21534020000354	SPRYCEL 80 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
21534020000360	SPRYCEL 100 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
21534020000380	SPRYCEL 140 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
21534025000320	TARCEVA 25 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
21534025000340	TARCEVA 100 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
21534025000360	TARCEVA 150 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
21534030000320	IRESSA 250 MG TABLET		Limited distribution specialty product
21534035100320	Imatinib Mesylate Tab 100 MG (Base Equivalent)	GLEEVEC	Prior Auth, Biopharmacy benefit via Caremark; Daily Dose=2
21534035100340	Imatinib Mesylate Tab 400 MG (Base Equivalent)	GLEEVEC	Prior Auth, Biopharmacy benefit via Caremark; Daily Dose=2
21534050100320	TYKERB 250 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
21534060000115	TASIGNA 150 MG CAPSULE		Prior Auth, Biopharmacy benefit via Caremark
21534060000120	TASIGNA 200 MG CAPSULE		Prior Auth, Biopharmacy benefit via Caremark
21534070100320	VOTRIENT 200 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
21550080100120	HYCANTIN 0.25 MG CAPSULE		Prior Auth, Biopharmacy benefit via Caremark
21550080100140	HYCANTIN 1 MG CAPSULE		Prior Auth, Biopharmacy benefit via Caremark
21700050100105	MATULANE 50 MG CAPSULE		
21700060202022	INTRON A 6 MILLION UNIT/ML		Prior Auth, Biopharmacy benefit via Caremark
21700060202030	INTRON A 10 MILLION UNIT/ML		Prior Auth, Biopharmacy benefit via Caremark
21700060202130	INTRON A 10 MILLION UNITS V		Prior Auth, Biopharmacy benefit via Caremark
21700060202135	INTRON A 18 MILLION UNITS V		Prior Auth, Biopharmacy benefit via Caremark
21700060202160	INTRON A 50 MILLION UNITS V		Prior Auth, Biopharmacy benefit via Caremark
21700060206450	INTRON A 3 MILLION UNIT/ML		Prior Auth, Biopharmacy benefit via Caremark
21700060206460	INTRON A 5 MILLION UNIT/ML		Prior Auth, Biopharmacy benefit via Caremark
21700060206470	INTRON A 10 MILLION UNIT PE		Prior Auth, Biopharmacy benefit via Caremark
21700060702020	ACTIMMUNE 2 MILLION UNIT VI		Prior Auth, Biopharmacy benefit via Caremark
21703020002120	PROLEUKIN 22 MILLION UNIT V		Prior Auth, Biopharmacy benefit via Caremark
21708080000110	TRETINOIN 10 MG CAPSULE		
21708220000120	Bexarotene Cap 75 MG	TARGRETIN	Prior Auth, Biopharmacy benefit via Caremark
CORTICOSTEROIDS			
22100010002010	CELESTONE 0.6 MG/5 ML SOLUT		
22100012007020	ENTOCORT EC 3 MG CAPSULE		
22100020006420	DEXPAK 13 DAY 1.5 MG TABLET		
22100020006420	DEXPAK 6 DAY 1.5 MG TABLET		
22100040006420	MILLIPRED DP 5 MG DOSE PACK		

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
22100040006420	MILLIPRED DP 5 MG DOSE PACK		
22100040202050	MILLIPRED 10 MG/5 ML SOLUTI		
22100040207215	ORAPRED ODT 10 MG TABLET		
22100040207220	ORAPRED ODT 15 MG TABLET		
22100040207240	ORAPRED ODT 30 MG TABLET		
ANDROGENS-ANABOLIC			
23100010000315	Fluoxymesterone Tab 10 MG	ANDROXY	
23100020000105	Methyltestosterone Cap 10 MG	ANDROID, TESTRED	
23100030002020	AXIRON 30 MG/ACTUATION SOLN		
23100030004025	ANDROGEL 1%(2.5G) GEL PACKE		
23100030004030	ANDROGEL 1%(5G) GEL PACKET		
23100030004030	TESTIM 1% (50MG) GEL		
23100030004040	ANDROGEL 1% GEL PUMP		
23100030004070	FORTESTA 10 MG GEL PUMP		
23200040000305	OXANDROLONE 2.5 MG TABLET		
23200040000320	OXANDROLONE 10 MG TABLET		
23200050000320	ANADROL-50 TABLET		
ESTROGENS			
24000016000310	CENESTIN 0.3 MG TABLET		
24000016000315	CENESTIN 0.45 MG TABLET		
24000016000320	CENESTIN 0.625 MG TABLET		
24000016000330	CENESTIN 0.9 MG TABLET		
24000016000340	CENESTIN 1.25 MG TABLET		
24000017000310	ENJUVIA 0.3 MG TABLET		
24000017000315	ENJUVIA 0.45 MG TABLET		
24000017000320	ENJUVIA 0.625 MG TABLET		
24000017000330	ENJUVIA 0.9 MG TABLET		
24000017000340	ENJUVIA 1.25 MG TABLET		
24000030000305	MENEST 0.3 MG TABLET		
24000030000310	MENEST 0.625 MG TABLET		
24000030000315	MENEST 1.25 MG TABLET		
24000030000320	MENEST 2.5 MG TABLET		
24000035001620	ESTRASORB PACKET		
24000035002020	EVAMIST 1.53 MG/SPRAY		
24000035004008	ELESTRIN 0.06% GEL		
24000035004035	DIVIGEL 0.25 MG GEL PACKET		
24000035004040	DIVIGEL 0.5 MG GEL PACKET		
24000035004045	DIVIGEL 1 MG GEL PACKET		
24000035008705	Estradiol TD Patch Biweekly 0.025 MG/24HR	VIVELLE-DOT	
24000035008710	Estradiol TD Patch Biweekly 0.0375 MG/24HR	VIVELLE-DOT	
24000035008720	Estradiol TD Patch Biweekly 0.05 MG/24HR	VIVELLE, VIVELLE-DOT	
24000035008730	Estradiol TD Patch Biweekly 0.075 MG/24HR	VIVELLE-DOT	
24000035008750	Estradiol TD Patch Biweekly 0.1 MG/24HR	VIVELLE, VIVELLE-DOT	
24000035040320	FEMTRACE 0.45 MG TABLET		
24000035040330	FEMTRACE 0.9 MG TABLET		
24000035040340	FEMTRACE 1.8 MG TABLET		
24993002040370	Conj Est .625(14) & Conj Est-Medroxypro Ac Tab 0.625-5MG(14)	PREMPHASE	
24993002120305	ACTIVELLA 0.5-0.1 MG TABLET		
24993002120310	Estradiol & Norethindrone Acetate Tab 1-0.5 MG		
24993002250305	FEMHRT 0.5 MG-2.5 MCG TABLE		
24993002250310	FEMHRT 1-5 TABLET		

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
24993002400320	ANGELIQ 0.5 MG-1 MG TABLET		
24993002588820	CLIMARA PRO PATCH		
CONTRACEPTIVES			
25990003200320	BEYAZ 28 TABLET		
25990003200330	SAFYRAL TABLET		
25990003600520	ZEOSA CHEWABLE TABLET		
25991003500320	LO LOESTRIN FE 1-10 TABLET		
25992003300340	ESTROSTEP FE-28 TABLET		
25992402400320	NATAZIA 28 TABLET		
25993002300315	LOSEASONIQUE TABLET		
25994002350320	LYBREL 90-20 MCG TABLET		
PROGESTINS			
26000023201840	MEGACE ES 625 MG/5 ML SUSP		
26000040100120	PROMETRIUM 100 MG CAPSULE		
26000040100130	PROMETRIUM 200 MG CAPSULE		
ANTIDIABETICS			
27104002002020	Insulin Aspart Inj 100 U/ML	NOVOLOG - PENS	Pens require PA
27104002002020	Insulin Aspart Inj 100 U/ML	NOVOLOG - PENS	Pens require PA
27104003002020	Insulin Glargine Inj 100 U/ML	LANTUS, LANTUS FOR PENS	Pens require PA
27104004002020	Insulin Glulisine Inj 100 Unit/ML	APIDRA - PENS	
27104004002022	APIDRA 100 UNITS/ML VIAL		
27104005002020	Insulin Lispro (Human) Inj 100 U/ML	HUMALOG, HUMALOG KWIK, HUMALOG PENS	Pens require PA
27104005002020	Insulin Lispro (Human) Inj 100 U/ML	HUMALOG, HUMALOG KWIK, HUMALOG PENS	Pens require PA
27104006002020	LEVEMIR 100 UNITS/ML VIAL		
27104006002020	LEVEMIR FLEXPEN 100 UNITS/M		
27104020001805	Insulin Isophane (Human) Inj 100 U/ML	HUMULIN N, HUMULIN N PN, HUMULIN N PN, NOVOLIN N, RELION N PENS	Pens require PA
27104070001820	Insulin Aspart & Aspart Prot (Human) Inj 100 U/ML (30-70)	NOVOLOG MIX PENS	Pens require PA
27104080001820	Insulin Lispro Prot & Lispro (Human) Inj 100 Unit/ML (75-2)	HUMALOG MIX, HUMALOG PEN	Pens require PA
27104080001840	Insulin Lispro Prot & Lispro (Human) Inj 100 Unit/ML (50-5)	HUMALOG MIX, HUMALOG PEN	Pens require PA
27104090001810	Insulin Isophane & Regular (Human) Inj 100 U/ML (70-30)	HUMULIN, HUMULIN PEN, NOVOLIN, NOVOLIN 70/, RELION 70/30 PENS	Pens require PA
27150050102020	SYMLIN 0.6 MG/ML VIAL		
27150050102040	SYMLINPEN 120 PEN INJECTOR		
27150050102040	SYMLINPEN 60 PEN INJECTOR		
27170020002050	BYETTA 5 MCG DOSE PEN INJ		
27170020002060	BYETTA 10 MCG DOSE PEN INJ		
27170050002020	VICTOZA 2-PAK 18 MG/3 ML PE		
27250050007560	FORTAMET ER 500 MG TABLET		
27250050007570	FORTAMET ER 1,000 MG TABLET		
27250050007580	GLUMETZA ER 500 MG TABLET		
27250050007590	GLUMETZA ER 1,000 MG TABLET		
27280060000310	PRANDIN 0.5 MG TABLET		
27280060000320	PRANDIN 1 MG TABLET		
27280060000330	PRANDIN 2 MG TABLET		
27300020001810	PROGLYCEM 50 MG/ML ORAL SUS		
27500050000310	GLYSET 25 MG TABLET		
27500050000320	GLYSET 50 MG TABLET		
27500050000340	GLYSET 100 MG TABLET		

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
27550065100320	ONGLYZA 2.5 MG TABLET		
27550065100330	ONGLYZA 5 MG TABLET		
27550070100320	JANUVIA 25 MG TABLET		
27550070100330	JANUVIA 50 MG TABLET		
27550070100340	JANUVIA 100 MG TABLET		
27992502607520	KOMBIGLYZE XR 2.5-1,000 MG		
27992502607530	KOMBIGLYZE XR 5-500 MG TABL		
27992502607540	KOMBIGLYZE XR 5-1,000 MG TA		
27992502700320	JANUMET 50-500 MG TABLET		
27992502700340	JANUMET 50-1,000 MG TABLET		
27995002700320	PRANDIMET 1 MG-500 MG TABLE		
27995002700330	PRANDIMET 2 MG-500 MG TABLE		
27997802400320	DUETACT 30-2 MG TABLET		
27997802400340	DUETACT 30-4 MG TABLET		
27998002407515	ACTOPLUS MET XR 15-1,000 MG		
27998002407530	ACTOPLUS MET XR 30-1,000 MG		
THYROID AGENTS			
28100010100105	TIROSINT 13 MCG CAPSULE		
28100010100110	TIROSINT 25 MCG CAPSULE		
28100010100115	TIROSINT 50 MCG CAPSULE		
28100010100120	TIROSINT 75 MCG CAPSULE		
28100010100125	TIROSINT 88 MCG CAPSULE		
28100010100130	TIROSINT 100 MCG CAPSULE		
28100010100135	TIROSINT 112 MCG CAPSULE		
28100010100140	TIROSINT 125 MCG CAPSULE		
28100010100145	TIROSINT 137 MCG CAPSULE		
28100010100150	TIROSINT 150 MCG CAPSULE		
ENDOCRINE AND METABOLIC AGENTS - MISC.			
30042010200370	FOSAMAX PLUS D 70 MG-2,800		
30042010200380	FOSAMAX PLUS D 70 MG-5,600		
30042040100305	Etidronate Disodium Tab 200 MG		
30042040100310	Etidronate Disodium Tab 400 MG		
30042048100360	BONIVA 150 MG TABLET		
30042065100305	Risedronate Sodium Tab 5 MG	ACTONEL	
30042065100320	Risedronate Sodium Tab 30 MG	ACTONEL	
30042065100330	Risedronate Sodium Tab 35 MG	ACTONEL	
30042065100380	ACTONEL 150 MG TABLET		
30042065100635	AELVIA DR 35 MG TABLET		
30042070100320	SKELID 200 MG TABLET		
30044070002020	FORTEO 600 MCG/2.4 ML PEN I		Prior Auth, Biopharmacy benefit via Caremark
30062020002140	PREGNYL 10,000 UNITS VIAL		
30080055102020	SYNAREL 2 MG/ML NASAL SPRAY		
30100020002015	NUTROPIN AQ NUSPIN 5 PEN CA		Prior Auth, Biopharmacy benefit via Caremark
30100020002020	NUTROPIN AQ 5 MG/ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
30100020002020	NUTROPIN AQ PEN CARTRIDGE		Prior Auth, Biopharmacy benefit via Caremark
30100020002050	NORDITROPIN NORDIFLEX 5 MG/		Prior Auth, Biopharmacy benefit via Caremark
30100020002050	OMNITROPE 5 MG/1.5 ML CRTG		Prior Auth, Biopharmacy benefit via Caremark
30100020002056	NORDITROPIN NORDIFLX 10 MG/		Prior Auth, Biopharmacy benefit via Caremark
30100020002056	OMNITROPE 10 MG/1.5 ML CRTG		Prior Auth, Biopharmacy benefit via Caremark

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
30100020002062	NORDITROPIN NORDIFLX 15 MG/		Prior Auth, Biopharmacy benefit via Caremark
30100020002064	NUTROPIN AQ 20 MG/2ML PEN C		Prior Auth, Biopharmacy benefit via Caremark
30100020002066	NORDITROPIN NORDIFLEX 30 MG		Prior Auth, Biopharmacy benefit via Caremark
30100020002120	HUMATROPE 5 MG VIAL		Prior Auth, Biopharmacy benefit via Caremark
30100020002121	GENOTROPIN 5 MG CARTRIDGE		Prior Auth, Biopharmacy benefit via Caremark
30100020002121	NUTROPIN 5 MG VIAL		Prior Auth, Biopharmacy benefit via Caremark
30100020002121	TEV-TROPIN 5 MG VIAL		Prior Auth, Biopharmacy benefit via Caremark
30100020002123	OMNITROPE 5.8 MG VIAL		Prior Auth, Biopharmacy benefit via Caremark
30100020002125	HUMATROPE 6 MG CARTRIDGE		Prior Auth, Biopharmacy benefit via Caremark
30100020002132	HUMATROPE 12 MG CARTRIDGE		Prior Auth, Biopharmacy benefit via Caremark
30100020002134	GENOTROPIN 12 MG CARTRIDGE		Prior Auth, Biopharmacy benefit via Caremark
30100020002140	NUTROPIN 10 MG VIAL		Prior Auth, Biopharmacy benefit via Caremark
30100020002150	HUMATROPE 24 MG CARTRIDGE		Prior Auth, Biopharmacy benefit via Caremark
30100020002166	GENOTROPIN MINIQUICK 0.2 MG		Prior Auth, Biopharmacy benefit via Caremark
30100020002168	GENOTROPIN MINIQUICK 0.4 MG		Prior Auth, Biopharmacy benefit via Caremark
30100020002170	GENOTROPIN MINIQUICK 0.6 MG		Prior Auth, Biopharmacy benefit via Caremark
30100020002172	GENOTROPIN MINIQUICK 0.8 MG		Prior Auth, Biopharmacy benefit via Caremark
30100020002174	GENOTROPIN MINIQUICK 1 MG		Prior Auth, Biopharmacy benefit via Caremark
30100020002176	GENOTROPIN MINIQUICK 1.2 MG		Prior Auth, Biopharmacy benefit via Caremark
30100020002178	GENOTROPIN MINIQUICK 1.4 MG		Prior Auth, Biopharmacy benefit via Caremark
30100020002180	GENOTROPIN MINIQUICK 1.6 MG		Prior Auth, Biopharmacy benefit via Caremark
30100020002182	GENOTROPIN MINIQUICK 1.8 MG		Prior Auth, Biopharmacy benefit via Caremark
30100020002184	GENOTROPIN MINIQUICK 2 MG		Prior Auth, Biopharmacy benefit via Caremark
30100020102118	SEROSTIM 4 MG VIAL		Prior Auth, Biopharmacy benefit via Caremark
30100020102120	SAIZEN 5 MG VIAL		Prior Auth, Biopharmacy benefit via Caremark
30100020102121	SEROSTIM 5 MG VIAL		Prior Auth, Biopharmacy benefit via Caremark
30100020102125	SEROSTIM 6 MG VIAL		Prior Auth, Biopharmacy benefit via Caremark
30100020102130	SAIZEN 8.8 MG CLICK.EASY CA		Prior Auth, Biopharmacy benefit via Caremark

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
30100020102130	SAIZEN 8.8 MG VIAL		Prior Auth, Biopharmacy benefit via Caremark
30100020102132	ZORBTIVE 8.8 MG VIAL		Prior Auth, Biopharmacy benefit via Caremark
30160045002020	INCRELEX 40 MG/4 ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
30170070102005	SANDOSTATIN 0.05 MG/ML AMPU		Prior Auth, Biopharmacy benefit via Caremark
30170070102010	SANDOSTATIN 0.1 MG/ML AMPUL		Prior Auth, Biopharmacy benefit via Caremark
30170070102015	SANDOSTATIN 0.2 MG/ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
30170070102020	SANDOSTATIN 0.5 MG/ML AMPUL		Prior Auth, Biopharmacy benefit via Caremark
30170070102030	SANDOSTATIN 1 MG/ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
30180060002120	SOMAVERT 10 MG VIAL		Prior Auth, Biopharmacy benefit via Caremark
30180060002130	SOMAVERT 15 MG VIAL		Prior Auth, Biopharmacy benefit via Caremark
30180060002140	SOMAVERT 20 MG VIAL		Prior Auth, Biopharmacy benefit via Caremark
30201010102015	STIMATE 1.5 MG/ML NASAL SPR		
30402020000320	CABERGOLINE 0.5 MG TABLET		
30454060000320	SAMSCA 15 MG TABLET		
30454060000330	SAMSCA 30 MG TABLET		
30904045000110	ORFADIN 2 MG CAPSULE		
30904045000120	ORFADIN 5 MG CAPSULE		
30904045000130	ORFADIN 10 MG CAPSULE		
30905040000105	HECTOROL 0.5 MCG CAPSULE		
30905040000110	HECTOROL 1 MCG CAPSULE		
30905040000120	HECTOROL 2.5 MCG CAPSULE		
30905070000110	ZEMPLAR 1 MCG CAPSULE		
30905070000120	ZEMPLAR 2 MCG CAPSULE		
30905070000140	ZEMPLAR 4 MCG CAPSULE		
30905225100320	SENSIPAR 30 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
30905225100330	SENSIPAR 60 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
30905225100340	SENSIPAR 90 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
30908060000320	BUPHENYL 500 MG TABLET		
30908230000320	CARBAGLU 200 MG DISPER TABL		
30908565107320	KUVAN 100 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
ANTIANGINAL AGENTS			
32100020000205	DILATRATE-SR 40 MG CAPSULE		
32100030002060	NITROGLYCERIN LINGUAL 0.4 M		
32100030008530	NITRO-DUR 0.3 MG/HR PATCH		
32100030008560	NITRO-DUR 0.8 MG/HR PATCH		
32200040007420	RANEXA 500 MG TABLET		
32200040007430	RANEXA 1,000 MG TABLET		
BETA BLOCKERS			
33100025100320	LEVATOL 20 MG TABLET		
33100040127020	INNOPRAN XL 80 MG CAPSULE		
33100040127030	INNOPRAN XL 120 MG CAPSULE		
33200040100310	BYSTOLIC 2.5 MG TABLET		

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
33200040100320	BYSTOLIC 5 MG TABLET		
33200040100330	BYSTOLIC 10 MG TABLET		
33200040100340	BYSTOLIC 20 MG TABLET		
33300007207010	COREG CR 10 MG CAPSULE		
33300007207020	COREG CR 20 MG CAPSULE		
33300007207030	COREG CR 40 MG CAPSULE		
33300007207050	COREG CR 80 MG CAPSULE		
CALCIUM CHANNEL BLOCKERS			
34000015000110	ISRADIPINE 2.5 MG CAPSULE		
34000015000120	ISRADIPINE 5 MG CAPSULE		
34000015007520	DYNACIRC CR 5 MG TABLET		
34000015007530	DYNACIRC CR 10 MG TABLET		
34000018106920	CARDENE SR 30 MG CAPSULE		
34000018106930	CARDENE SR 45 MG CAPSULE		
34000018106940	CARDENE SR 60 MG CAPSULE		
34000022000120	NIMODIPINE 30 MG CAPSULE		
34000024007508	NISOLDIPINE ER 8.5 MG TABLET		
34000024007517	NISOLDIPINE ER 17 MG TABLET		
34000024007520	NISOLDIPINE ER 20 MG TABLET		
34000024007526	NISOLDIPINE ER 25.5 MG TABLET		
34000024007530	NISOLDIPINE ER 30 MG TABLET		
34000024007535	NISOLDIPINE ER 34 MG TABLET		
34000024007540	NISOLDIPINE ER 40 MG TABLET		
34000030107015	VERELAN PM 100 MG CAP PELLE		
34000030107030	VERELAN PM 200 MG CAP PELLE		
34000030107040	VERELAN PM 300 MG CAP PELLE		
34000030107560	COVERA-HS ER 180 MG TABLET		
34000030107570	COVERA-HS ER 240 MG TABLET		
ANTIARRHYTHMICS			
35300050006920	PROPAFENONE HCL SR 225 MG C		
35300050006930	PROPAFENONE HCL SR 325 MG C		
35300050006940	PROPAFENONE HCL SR 425 MG C		
35400005000303	PACERONE 100 MG TABLET		
ANTIHYPERTENSIVES			
36150020100310	ATACAND 4 MG TABLET		
36150020100320	ATACAND 8 MG TABLET		
36150020100330	ATACAND 16 MG TABLET		
36150020100340	ATACAND 32 MG TABLET		
36150024200320	TEVETEN 400 MG TABLET		
36150024200330	TEVETEN 600 MG TABLET		
36150030000310	AVAPRO 75 MG TABLET		
36150030000320	AVAPRO 150 MG TABLET		
36150030000340	AVAPRO 300 MG TABLET		
36150055200320	BENICAR 5 MG TABLET		
36150055200340	BENICAR 20 MG TABLET		
36150055200360	BENICAR 40 MG TABLET		
36150070000310	MICARDIS 20 MG TABLET		
36150070000320	MICARDIS 40 MG TABLET		
36150070000340	MICARDIS 80 MG TABLET		
36150080000310	Valsartan Tab 40 MG	DIOVAN	1) Daily Dosage=1; 2) Step Therapy - Lisinopril, Losartan
36150080000320	Valsartan Tab 80 MG	DIOVAN	1) Daily Dosage=1; 2) Step Therapy - Lisinopril, Losartan
36150080000330	Valsartan Tab 160 MG	DIOVAN	1) Daily Dosage=1; 2) Step Therapy - Lisinopril, Losartan
36150080000340	Valsartan Tab 320 MG	DIOVAN	1) Daily Dosage=1; 2) Step Therapy - Lisinopril, Losartan

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
36170010100320	TEKTURNA 150 MG TABLET		
36170010100340	TEKTURNA 300 MG TABLET		
36201010101120	NEXICLON XR 0.09 MG/ML SUSP		
36201010107510	NEXICLON XR 0.17 MG TABLET		
36201010108810	CLONIDINE 0.1 MG/DAY PATCH		
36201010108820	CLONIDINE 0.2 MG/DAY PATCH		
36201010108830	CLONIDINE 0.3 MG/DAY PATCH		
36250030000320	EPLERENONE 25 MG TABLET		
36250030000330	EPLERENONE 50 MG TABLET		
36300025000110	DEMSER 250 MG CAPSULE		
36991502700420	TRANDOLAPR-VERAPAM ER 1-240		
36991502700432	TRANDOLAPR-VERAPAM ER 2-180		
36991502700436	TRANDOLAPR-VERAPAM ER 2-240		
36991502700452	TRANDOLAPR-VERAPAM ER 4-240		
36993002050310	AZOR 5-20 MG TABLET		
36993002050320	AZOR 5-40 MG TABLET		
36993002050330	AZOR 10-20 MG TABLET		
36993002050340	AZOR 10-40 MG TABLET		
36993002100310	EXFORGE 5-160 MG TABLET		
36993002100320	EXFORGE 5-320 MG TABLET		
36993002100330	EXFORGE 10-160 MG TABLET		
36993002100340	EXFORGE 10-320 MG TABLET		
36993002700320	TWYNSTA 40-5 MG TABLET		
36993002700330	TWYNSTA 40-10 MG TABLET		
36993002700340	TWYNSTA 80-5 MG TABLET		
36993002700350	TWYNSTA 80-10 MG TABLET		
36994002200320	ATACAND HCT 16-12.5 MG TAB		
36994002200340	ATACAND HCT 32-12.5 MG TAB		
36994002200350	ATACAND HCT 32-25 MG TABLET		
36994002250320	TEVETEN HCT 600-12.5 MG TAB		
36994002250325	TEVETEN HCT 600-25 MG TAB		
36994002300320	AVALIDE 150-12.5 MG TABLET		
36994002300340	AVALIDE 300-12.5 MG TABLET		
36994002300350	AVALIDE 300-25 MG TABLET		
36994002500320	BENICAR HCT 20-12.5 MG TABL		
36994002500340	BENICAR HCT 40-12.5 MG TABL		
36994002500345	BENICAR HCT 40-25 MG TABLET		
36994002600320	MICARDIS HCT 40-12.5 MG TAB		
36994002600340	MICARDIS HCT 80-12.5 MG TAB		
36994002600345	MICARDIS HCT 80-25 MG TABLE		
36994002700320	Valsartan-Hydrochlorothiazide Tab 80-12.5 MG	DIOVAN HCT	1) Daily Dosage=1; 2) Step Therapy - Lisinopril, Losartan
36994002700340	Valsartan-Hydrochlorothiazide Tab 160-12.5 MG	DIOVAN HCT	1) Daily Dosage=1; 2) Step Therapy - Lisinopril, Losartan
36994002700350	Valsartan-Hydrochlorothiazide Tab 160-25 MG	DIOVAN HCT	1) Daily Dosage=1; 2) Step Therapy - Lisinopril, Losartan
36994002700360	Valsartan-Hydrochlorothiazide Tab 320-12.5 MG	DIOVAN HCT	1) Daily Dosage=1; 2) Step Therapy - Lisinopril, Losartan
36994002700370	Valsartan-Hydrochlorothiazide Tab 320-25 MG	DIOVAN HCT	1) Daily Dosage=1; 2) Step Therapy - Lisinopril, Losartan
36994503200320	EXFORGE HCT 5-160-12.5 MG T		
36994503200325	EXFORGE HCT 5-160-25 MG TAB		
36994503200330	EXFORGE HCT 10-160-12.5 MG		
36994503200335	EXFORGE HCT 10-160-25 MG TA		
36994503200340	EXFORGE HCT 10-320-25 MG TA		
36994503450310	TRIBENZOR 20-5-12.5 MG TABL		
36994503450320	TRIBENZOR 40-5-12.5 MG TABL		

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
36994503450330	TRIBENZOR 40-5-25 MG TABLET		
36994503450340	TRIBENZOR 40-10-12.5 MG TAB		
36994503450350	TRIBENZOR 40-10-25 MG TABLE		
36995002200320	CLOPRES 0.2-15 TABLET		
36995002200330	CLOPRES 0.3-15 TABLET		
36996002150320	TEKTURNA HCT 150-12.5 MG TA		
36996002150325	TEKTURNA HCT 150-25 MG TABL		
36996002150340	TEKTURNA HCT 300-12.5 MG TA		
36996002150345	TEKTURNA HCT 300-25 MG TABL		
36996502150320	VALTURNA 150-160 MG TABLET		
36996502150340	VALTURNA 300-320 MG TABLET		
36996702100310	TEKAMLO 150 MG-5 MG TABLET		
36996702100320	TEKAMLO 150 MG-10 MG TABLET		
36996702100330	TEKAMLO 300 MG-5 MG TABLET		
36996702100340	TEKAMLO 300 MG-10 MG TABLET		
36996803200320	AMTURNIDE 150-5-12.5 MG TAB		
36996803200330	AMTURNIDE 300-5-12.5 MG TAB		
36996803200335	AMTURNIDE 300-5-25 MG TAB		
36996803200340	AMTURNIDE 300-10-12.5 MG TA		
36996803200345	AMTURNIDE 300-10-25 MG TAB		
DIURETICS			
37200020000305	EDECIN 25 MG TABLET		
37600020001805	DIURIL 250 MG/5 ML ORAL SUS		
37600025000303	THALITONE 15 MG TABLET		
37600055000310	METHYCLOTHIAZIDE 5 MG TABLE		
37990002200320	ALDACTAZIDE 50-50 TABLET		
VASOPRESSORS			
38900040006255	ADRENALICK 0.15 MG AUTO-IN		
38900040006255	TWINJECT 0.15 MG AUTO-INJEC		
ANTIHYPERTENSIVES			
39100016100330	WELCHOL 625 MG TABLET		
39100016103040	WELCHOL 3.75G PACKET		
39100020102705	Colestipol HCl Granules 5 GM		
39100020103010	COLESTID FLAVORED GRANULES		
39100020103010	COLESTID GRANULES PACKET		
39200006006520	TRILIPIX DR 45 MG CAPSULE		
39200006006540	TRILIPIX DR 135 MG CAPSULE		
39200024000320	FIBRICOR 35 MG TABLET		
39200024000340	FIBRICOR 105 MG TABLET		
39200025000110	LIPOFEN 50 MG CAPSULE		
39200025000124	LIPOFEN 150 MG CAPSULE		
39200025000310	TRICOR 48 MG TABLET		
39200025000311	TRIGLIDE 50 MG TABLET		
39200025000323	Fenofibrate Tab 145 MG	TRICOR	
39200025100104	ANTARA 43 MG CAPSULE		
39200025100114	ANTARA 130 MG CAPSULE		
39300030000320	ZETIA 10 MG TABLET		
39400010100310	Atorvastatin Calcium Tab 10 MG (Base Equivalent)	LIPITOR	
39400010100320	Atorvastatin Calcium Tab 20 MG (Base Equivalent)	LIPITOR	
39400010100330	Atorvastatin Calcium Tab 40 MG (Base Equivalent)	LIPITOR	
39400010100350	Atorvastatin Calcium Tab 80 MG (Base Equivalent)	LIPITOR	
39400030100120	LESCOL 20 MG CAPSULE		
39400030100140	LESCOL 40 MG CAPSULE		

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
39400030107530	LESCOL XL 80 MG TABLET		
39400050007520	ALTOPREV 20 MG TABLET		
39400050007530	ALTOPREV 40 MG TABLET		
39400050007540	ALTOPREV 60 MG TABLET		
39400058100320	LIVALO 1 MG TABLET		
39400058100330	LIVALO 2 MG TABLET		
39400058100340	LIVALO 4 MG TABLET		
39400060100305	CRESTOR 5 MG TABLET		
39400060100310	CRESTOR 10 MG TABLET		
39400060100320	CRESTOR 20 MG TABLET		
39400060100340	CRESTOR 40 MG TABLET		
39409902457520	ADVICOR 500 MG-20 MG TABLET		
39409902457525	ADVICOR 750 MG-20 MG TABLET		
39409902457530	ADVICOR 1,000 MG-20 MG TABL		
39409902457535	ADVICOR 1,000 MG-40 MG TABL		
39409902707520	SIMCOR 500-20 MG TABLET		
39409902707523	SIMCOR 500-40 MG TABLET		
39409902707525	SIMCOR 750-20 MG TABLET		
39409902707530	SIMCOR 1,000-20 MG TABLET		
39409902707533	SIMCOR 1,000-40 MG TABLET		
39450050000450	NIASPAN ER 500 MG TABLET		
39450050000460	NIASPAN ER 750 MG TABLET		
39450050000470	NIASPAN ER 1,000 MG TABLET		
39500045200130	LOVAZA 1 GM CAPSULE		
39994002300320	Ezetimibe-Simvastatin Tab 10-10 MG	VYTORIN	
39994002300330	Ezetimibe-Simvastatin Tab 10-20 MG	VYTORIN	
39994002300340	Ezetimibe-Simvastatin Tab 10-40 MG	VYTORIN	
39994002300350	Ezetimibe-Simvastatin Tab 10-80 MG	VYTORIN	
CARDIOVASCULAR AGENTS - MISC.			
40143060100320	REVATIO 20 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
40143060102020	REVATIO 10 MG/12.5 ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
40143080000320	ADCIRCA 20 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
40160007000310	LETAIRIS 5 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
40160007000320	LETAIRIS 10 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
40160015000320	Bosentan Tab 62.5 MG	TRACLEER	Prior Auth, Biopharmacy benefit via Caremark
40160015000330	Bosentan Tab 125 MG	TRACLEER	Prior Auth, Biopharmacy benefit via Caremark
40170060002020	VENTAVIS 10 MCG/1 ML SOLUTI		Prior Auth, Biopharmacy benefit via Caremark
40170060002040	VENTAVIS 20 MCG/1 ML SOLUTI		Prior Auth, Biopharmacy benefit via Caremark
40170080002020	TYVASO 1.74 MG/2.9 ML SOLUT		Prior Auth, Biopharmacy benefit via Caremark
40170080002020	TYVASO INHALATION REFILL KI		Prior Auth, Biopharmacy benefit via Caremark
40170080002020	TYVASO INHALATION STARTER K		Prior Auth, Biopharmacy benefit via Caremark
40170080102010	REMODULIN 1 MG/ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
40170080102020	REMODULIN 2.5 MG/ML VIAL		Prior Auth, Biopharmacy benefit via Caremark

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
40170080102030	REMODULIN 5 MG/ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
40170080102040	REMODULIN 10 MG/ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
40992502150305	CADUET 2.5 MG-10 MG TABLET		
40992502150310	CADUET 2.5 MG-20 MG TABLET		
40992502150315	CADUET 2.5 MG-40 MG TABLET		
40992502150320	CADUET 5 MG-10 MG TABLET		
40992502150325	CADUET 5 MG-20 MG TABLET		
40992502150330	CADUET 5 MG-40 MG TABLET		
40992502150335	CADUET 5 MG-80 MG TABLET		
40992502150350	CADUET 10 MG-10 MG TABLET		
40992502150355	CADUET 10 MG-20 MG TABLET		
40992502150360	CADUET 10 MG-40 MG TABLET		
40992502150365	CADUET 10 MG-80 MG TABLET		
40995002400320	BIDIL TABLET		
ANTIHISTAMINES			
41100010157420	LOHIST 12HR TABLET SA		
41200010150320	PALGIC 4 MG TABLET		
41200010150930	PALGIC 4 MG/5 ML LIQUID		
41200020401205	CLEMASTINE 0.5 MG/5 ML SYRU		
41550021000320	CLARINEX 5 MG TABLET		
41550021001220	CLARINEX 0.5 MG/ML (2.5 MG/		
41550021007210	CLARINEX 2.5 MG REDITABS		
41550021007220	CLARINEX 5 MG REDITABS		
41550024100310	Fexofenadine HCl Tab 30 MG	ALLEGRA ALRG	
41550024100320	Fexofenadine HCl Tab 60 MG	ALLEGRA ALRG	
41550024100350	Fexofenadine HCl Tab 180 MG		
41550024101820	ALLEGRA 30 MG/5 ML SUSPENSI		
41550024107210	ALLEGRA ODT 30 MG TABLET		
41550027100320	XYZAL 5 MG TABLET		
41550030000120	CLARITIN 10 MG LIQUI-GEL CA		
41550030007210	CLARITIN 5 MG REDITABS		
NASAL AGENTS - SYSTEMIC AND TOPICAL			
42102060102005	TYZINE PEDIATRIC 0.05% DROP		
42102060102010	TYZINE 0.1% NOSE DROPS		
42102060102010	TYZINE 0.1% NOSE SPRAY		
42200010321810	BECONASE AQ 0.042% SPRAY		
42200015001810	Budesonide Nasal Susp 32 MCG/ACT	RHINOCORT	
42200018001820	OMNARIS 50 MCG NASAL SPRAY		
42200032101820	VERAMYST 27.5 MCG NASAL SPR		
42200045101820	Mometasone Furoate Nasal Susp 50 MCG/ACT	NASONEX	1) PA, Limited to Ages 2 and Older ; 2) Max Qty=17/30 days; 3) Step Therapy-Flonase
42200060102410	Triamcinolone Acetonide Nasal Inhal 55 MCG/ACT	NASACORT AQ	1) PA, Limited to Ages 2 and Older ; 2) Max Qty=17/30 days; 3) Step Therapy - Flonase
42401015102020	ASTELIN 137 MCG NASAL SPRAY		
42401015102030	ASTEPRO 0.15% NASAL SPRAY		
42401060102020	PATANASE 0.6% NASAL SPRAY		
COUGH/COLD/ALLERGY			
43101010000310	TUSSIGON TABLET		
43993002030120	SEMPREX-D 60 MG/8 MG CAPSUL		
43993002627420	CLARINEX-D 12 HOUR TABLET		
43993002627520	CLARINEX-D 24 HOUR TABLET		
43993002687420	ALLEGRA-D 12 HOUR TABLET		
43993002687520	ALLEGRA-D 24 HOUR TABLET		

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
43995202320320	COTAB AX TABLET		
43995202361110	TUSSIONEX PENNKINETIC SUSP		
43995303110916	M-END PE LIQUID		
43995303141220	CAPCOF LIQUID		
43995303190922	M-END WC LIQUID		
43995803300908	M-END DM SYRUP		
43995803320914	RESPERAL-DM DROPS		
43997002280320	ALLFEN CD TABLET		
43997002282017	M-CLEAR WC LIQUID		
43997303300320	MAXIFED-G CD TABLET		
43998304450320	MAXIFLU CD TABLET		
ANTIASTHMATIC AND BRONCHODILATOR AGENTS			
44201012102520	BROVANA 15 MCG/2 ML SOLUTIO		
44201027102520	PERFOROMIST 20 MCG/2 ML SOL		
44201045102510	XOPENEX 0.31 MG/3 ML SOLUTI		
44201045102520	XOPENEX 0.63 MG/3 ML SOLUTI		
44201045102530	XOPENEX 1.25 MG/3 ML SOLUTI		
44201045102560	XOPENEX CONC 1.25 MG/0.5 ML		
44201045503220	Levalbuterol Tartrate Inhal Aerosol 45 MCG/ACT (Base Equiv)	XOPENEX HFA	
44201055008120	MAXAIR AUTOHALER 0.2 MG AER		
44209902413220	SYMBICORT 80-4.5 MCG INHALE		
44209902413240	SYMBICORT 160-4.5 MCG INHAL		
44209902903220	DULERA 100 MCG/5 MCG INHALE		
44209902903240	DULERA 200 MCG/5 MCG INHALE		
44300020001005	DYLIX 100 MG/15 ML ELIXIR		
44400015008009	PULMICORT 90 MCG FLEXHALER		
44400015008018	PULMICORT 180 MCG FLEXHALER		
44400017003420	ALVESCO 80 MCG INHALER		
44400017003440	ALVESCO 160 MCG INHALER		
44400036208010	ASMANEX TWISTHALER 110 MCG		
44400036208020	ASMANEX TWISTHALER 220 MCG		
44400036208020	ASMANEX TWISTHALER 220 MCG		
44400036208020	ASMANEX TWISTHALER 220 MCG		
44400036208020	ASMANEX TWISTHALR 220 MCG #		
44504085000330	ZYFLO 600 MG FILMTAB		
44504085007420	ZYFLO CR 600 MG TABLET		
44505050100330	Montelukast Sodium Tab 10 MG (Base Equiv)	SINGULAIR	Daily Dosage=1; Step Therapy - Flonase, Claritin
44505050100516	Montelukast Sodium Chew Tab 4 MG (Base Equiv)	SINGULAIR	Daily Dosage=1; Step Therapy - Flonase, Claritin
44505050100520	Montelukast Sodium Chew Tab 5 MG (Base Equiv)	SINGULAIR	Daily Dosage=1; Step Therapy - Flonase, Claritin
44505050103020	Montelukast Sodium Oral Granules Packet 4 MG (Base Equiv)	SINGULAIR	Daily Dosage=1; Step Therapy - Flonase, Claritin
44505080000310	ACCOLATE 10 MG TABLET		
44505080000320	ACCOLATE 20 MG TABLET		
44991002200325	DIFIL-G 400 TABLET		
45304020002010	PULMOZYME 1 MG/ML AMPUL		Prior Auth, Biopharmacy benefit via Caremark
LAXATIVES			
46109902120320	OSMOPREP TABLET		
46109902120320	VISICOL TABLET		
46600020003010	KRISTALOSE 10 GM PACKET		
46600020003020	KRISTALOSE 20 GM PACKET		
46992003602020	SUPREP BOWEL PREP KIT		
46992006302120	MOVIPREP POWDER KIT		

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
ANTIDIARRHEALS			
47100015100310	MOTOFEN TABLET		
47100030201505	OPIUM TINCTURE 10 MG/ML		
47100040001510	Paregoric 2 MG/5ML		
ULCER DRUGS			
49101010100310	SAL-TROPINE 0.4 MG TABLET		
49102030002060	CUVPOSA 1 MG/5 ML SOLUTION		
49102050100305	CANTIL 25 MG TABLET		
49102060100305	METHSCOPOLAMINE BROM 2.5 MG		
49102060100320	METHSCOPOLAMINE BROM 5 MG T		
49109902155210	BELLADONNA-OPIUM 16.2-30 SU		
49109902155220	BELLADONNA-OPIUM 16.2-60 SU		
49200040000110	NIZATIDINE 150 MG CAPSULE		
49200040000120	NIZATIDINE 300 MG CAPSULE		
49200040002050	Nizatidine Oral Soln 15 MG/ML		
49270020006520	DEXILANT DR 30 MG CAPSULE		
49270020006530	DEXILANT DR 60 MG CAPSULE		
49270025103010	NEXIUM DR 10 MG PACKET		
49270025103020	NEXIUM DR 20 MG PACKET		
49270025103040	NEXIUM DR 40 MG PACKET		
49270025106520	NEXIUM DR 20 MG CAPSULE		
49270025106540	NEXIUM DR 40 MG CAPSULE		
49270060103020	PRILOSEC DR 2.5 MG SUSPENS		
49270060103030	PRILOSEC DR 10 MG SUSPENSIO		
49270070103020	PROTONIX 40 MG SUSPENSION		
49270076100620	ACIPHEX EC 20 MG TABLET		
49992003150120	PYLERA CAPSULE		
49992003406320	HELIDAC THERAPY		
49993003206320	PREVPAC PATIENT PACK		
49996002600140	Omeprazole-Sodium Bicarbonate Cap 40-1100 MG		
ANTIEMETICS			
50200050000315	ANTIVERT 50 MG TABLET		
50200060008610	TRANSDERM-SCOP 1.5 MG/72HR		
50200060200320	SCOPACE 0.4 MG TABLET		
50250025200320	ANZEMET 50 MG TABLET		
50250025200330	ANZEMET 100 MG TABLET		
50250035005920	SANCUSO 3.1 MG/24 HR PATCH		
50250035100310	GRANISETRON HCL 1 MG TABLET		
50250035102060	GRANISOL 2 MG/10 ML SOLUTIO		
50250065008220	ZUPLENZ 4 MG SOLUBLE FILM		
50250065008240	ZUPLENZ 8 MG SOLUBLE FILM		
50280020000110	EMEND 40 MG CAPSULE		
50280020000120	EMEND 80 MG CAPSULE		
50280020000130	EMEND 125 MG CAPSULE		
50280020006320	EMEND TRIFOLD PACK		
50300040000110	CESAMET 1 MG CAPSULE		
DIGESTIVE AIDS			
51200060002030	SUCRAID 8,500 UNITS/ML SOLN		
GASTROINTESTINAL AGENTS - MISC.			
52100010000305	CHENODAL 250 MG TABLET		
52160015101320	GASTROCROM 100 MG/5 ML CONC		
52300020107210	METZOZOLV ODT 5 MG TABLET		
52300020107220	METZOZOLV ODT 10 MG TABLET		
52450045000110	AMITIZA 8 MCG CAPSULE		
52450045000120	AMITIZA 24 MCG CAPSULES		
52500030000670	LIALDA DR 1.2 GM TABLET		

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
52500030005240	CANASA 1,000 MG SUPPOSITORY		
52500030007020	APRISO ER 0.375 GRAM CAPSUL		
52500030206420	MESALAMINE 4 GM/60 ML KIT		
52500040100120	DIPENTUM 250 MG CAPSULE		
52505020106440	CIMZIA 200 MG/ML SYRINGE KI		Prior Auth, Biopharmacy benefit via Caremark
52505040002120	REMICADE 100 MG VIAL		Prior Auth, Biopharmacy benefit via Caremark
52554015100310	LOTRONEX 0.5 MG TABLET		
52554015100320	LOTRONEX 1 MG TABLET		
52800045200540	FOSRENOL 500 MG TABLET CHEW		
52800045200550	FOSRENOL 750 MG TABLET CHEW		
52800045200560	FOSRENOL 1,000 MG TABLET CH		
52800070050340	REVELA 800 MG TABLET		
52800070053020	REVELA 0.8 GM POWDER PACKE		
52800070053040	REVELA 2.4 GM POWDER PACKE		
52800070100320	RENAGEL 400 MG TABLET		
52800070100340	RENAGEL 800 MG TABLET		
URINARY ANTI-INFECTIVES			
53000015203020	MONUROL 3 GM SACHET		
53000020200305	HIPREX 1 GM TABLET		
53990502220330	UROQID-ACID NO.2 500-500 TB		
53992004200325	UROGESIC-BLUE TABLET		
53992005150325	PROSED-DS TABLET		
53992005200130	UTA CAPSULE		
URINARY ANTISPASMODICS			
54000017107520	ENABLEX 7.5 MG TABLET		
54000017107530	ENABLEX 15 MG TABLET		
54000019107520	TOVIAZ ER 4 MG TABLET		
54000019107530	TOVIAZ ER 8 MG TABLET		
54000030008720	OXYTROL 3.9 MG/24HR PATCH		
54000030104020	GELNIQUE 10% GEL SACHETS		
54000060200310	VESICARE 5 MG TABLET		
54000060200320	VESICARE 10 MG TABLET		
54000070200310	DETROL 1 MG TABLET		
54000070200320	DETROL 2 MG TABLET		
54000070207020	DETROL LA 2 MG CAPSULE		
54000070207030	DETROL LA 4 MG CAPSULE		
54000075200320	SANCTURA 20 MG TABLET		
54000075207020	SANCTURA XR 60 MG CAPSULE		
VAGINAL PRODUCTS			
55100018103720	Clindamycin Phosphate Vaginal Cream 2%		
55100018105220	CLEOCIN 100 MG VAGINAL OVUL		
55100070003705	AVC 15% CREAM		
55350020000310	VAGIFEM 10 MCG VAGINAL TAB		
55350020009020	ESTRING 2 MG VAGINAL RING		
55350020109020	FEMRING 0.05 MG VAGINAL RIN		
55370060004010	CRINONE 4% GEL		
55370060004020	CRINONE 8% GEL		
GENITOURINARY AGENTS - MISCELLANEOUS			
56101002200310	K-PHOS M.F. TABLET		
56101002200320	K-PHOS #2 TABLET		
56202010200460	UROCIT-K ER 15 MEQ TABLET		
56202022002025	CYTRA-K ORAL SOLUTION		
56202022003010	Potassium Citrate & Citric Acid Powder Pack 3300-1002 MG		
56202030101220	CYTRA-3 SYRUP		

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
56202030102020	TRICITRATES ORAL SOLUTION		
56500060100110	Pentosan Polysulfate Sodium Caps 100 MG	ELMIRON	
56600020000310	LITHOSTAT 250 MG TABLET		
56851020000120	AVODART 0.5 MG SOFTGEL		
56852010107530	UROXATRAL 10 MG TABLET		
56852025207520	CARDURA XL 4 MG TABLET		
56852025207530	CARDURA XL 8 MG TABLET		
56852060000120	RAPAFLO 4 MG CAPSULE		
56852060000140	RAPAFLO 8 MG CAPSULE		
56859902250120	JALYN 0.5-0.4 MG CAPSULE		
ANTI-ANXIETY AGENTS			
57100010007205	ALPRAZOLAM 0.25 MG ODT		
57100010007210	ALPRAZOLAM 0.5 MG ODT		
57100010007215	ALPRAZOLAM 1 MG ODT		
57100010007220	ALPRAZOLAM 2 MG ODT		
57100010007505	ALPRAZOLAM ER 0.5 MG TABLET		
57100010007510	ALPRAZOLAM ER 1 MG TABLET		
57100010007520	ALPRAZOLAM ER 2 MG TABLET		
57100010007530	ALPRAZOLAM ER 3 MG TABLET		
57100060001320	LORAZEPAM INTENSOL 2 MG/ML		
ANTIDEPRESSANTS			
58100010000305	MARPLAN 10 MG TABLET		
58100027008520	EMSAM 6 MG/24 HOURS PATCH		
58100027008530	EMSAM 9 MG/24 HOURS PATCH		
58100027008540	EMSAM 12 MG/24 HOURS PATCH		
58120080107520	OLEPTRO ER 150 MG TABLET		
58120080107530	OLEPTRO ER 300 MG TABLET		
58160034100310	LEXAPRO 5 MG TABLET		
58160034100320	LEXAPRO 10 MG TABLET		
58160034100330	LEXAPRO 20 MG TABLET		
58160034102020	LEXAPRO 5 MG/5 ML SOLUTION		
58160040000140	Fluoxetine HCl Cap 40 MG		
58160040006530	FLUOXETINE DR 90 MG CAPSULE		
58160045107020	LUVOX CR 100 MG CAPSULE		
58160045107030	LUVOX CR 150 MG CAPSULE		
58160060007520	Paroxetine HCl Tab SR 24HR 12.5 MG		
58160060007530	Paroxetine HCl Tab SR 24HR 25 MG		
58160060007540	Paroxetine HCl Tab SR 24HR 37.5 MG	PAXIL CR	
58160060300310	PEXEVA 10 MG TABLET		
58160060300320	PEXEVA 20 MG TABLET		
58160060300330	PEXEVA 30 MG TABLET		
58160060300340	PEXEVA 40 MG TABLET		
58180020207520	PRISTIQ 50 MG TABLET		
58180020207540	PRISTIQ 100 MG TABLET		
58180025106720	CYMBALTA 20 MG CAPSULE		
58180025106730	CYMBALTA 30 MG CAPSULE		
58180025106750	CYMBALTA 60 MG CAPSULE		
58200080100105	SURMONTIL 25 MG CAPSULE		
58200080100110	SURMONTIL 50 MG CAPSULE		
58200080100115	SURMONTIL 100 MG CAPSULE		
58300040207520	APLENZIN ER 174 MG TABLET		
58300040207530	APLENZIN ER 348 MG TABLET		
58300040207540	APLENZIN ER 522 MG TABLET		
ANTIPSYCHOTICS/ANTIMANIC AGENTS			
59070035000310	FANAPT 1 MG TABLET		
59070035000320	FANAPT 2 MG TABLET		
59070035000340	FANAPT 4 MG TABLET		

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
59070035000360	FANAPT 6 MG TABLET		
59070035000380	FANAPT 8 MG TABLET		
59070035000385	FANAPT 10 MG TABLET		
59070035000390	FANAPT 12 MG TABLET		
59070035006320	FANAPT TITRATION PACK		
59070050007505	INVEGA ER 1.5 MG TABLET		
59070050007510	INVEGA ER 3 MG TABLET		
59070050007520	INVEGA ER 6 MG TABLET		
59070050007530	INVEGA ER 9 MG TABLET		
59152020007210	FAZACLO 12.5 MG ODT		
59152020007220	FAZACLO 25 MG ODT		
59152020007230	FAZACLO 100 MG ODT		
59152020007240	FAZACLO 150 MG ODT		
59152020007250	FAZACLO 200 MG ODT		
59153070107505	SEROQUEL XR 50 MG TABLET		
59153070107515	SEROQUEL XR 150 MG TABLET		
59153070107520	Quetiapine Fumarate Tab SR 24HR 200 MG	SEROQUEL XR	
59153070107530	Quetiapine Fumarate Tab SR 24HR 300 MG	SEROQUEL XR	
59153070107540	Quetiapine Fumarate Tab SR 24HR 400 MG	SEROQUEL XR	
59155015100720	SAPHRIS 5 MG TABLET SUBLING		
59155015100730	SAPHRIS 10 MG TAB SUBLINGUA		
59157060007210	Olanzapine Orally Disintegrating Tab 5 MG	ZYPREXA ZYDI	
59157060007220	Olanzapine Orally Disintegrating Tab 10 MG	ZYPREXA ZYDI	
59157060007230	Olanzapine Orally Disintegrating Tab 15 MG	ZYPREXA ZYDI	
59157060007240	Olanzapine Orally Disintegrating Tab 20 MG	ZYPREXA ZYDI	
59250015007220	ABILIFY DISCMELT 10 MG TABL		
59250015007230	ABILIFY DISCMELT 15 MG TABL		
59300020100125	NAVANE 20 MG CAPSULE		
59400015006910	EQUETRO 100 MG CAPSULE		
59400015006920	EQUETRO 200 MG CAPSULE		
59400015006930	EQUETRO 300 MG CAPSULE		
59400023100320	LATUDA 40 MG TABLET		
59400023100340	LATUDA 80 MG TABLET		
HYPNOTICS			
60100025100310	BUTISOL SODIUM 30 MG TABLET		
60100025100315	BUTISOL SODIUM 50 MG TABLET		
60100025101010	BUTISOL SODIUM 30 MG/5 ML E		
60100040000305	MEBARAL 32 MG TABLET		
60100040000310	MEBARAL 50 MG TABLET		
60100040000315	MEBARAL 100 MG TABLET		
60100070100110	SECONAL SODIUM 100 MG CAPSU		
60201025101220	MIDAZOLAM HCL 2 MG/ML SYRUP		
60201028000310	DORAL 15 MG TABLET		
60201030000103	TEMAZEPAM 7.5 MG CAPSULE		
60201030000108	TEMAZEPAM 22.5 MG CAPSULE		
60204035000320	LUNESTA 1 MG TABLET		
60204035000330	LUNESTA 2 MG TABLET		
60204035000340	LUNESTA 3 MG TABLET		
60204070000120	Zaleplon Cap 5 MG		Daily Dose=1, Step-Therapy- Zolpidem
60204070000130	Zaleplon Cap 10 MG		Daily Dose=1, Step-Therapy- Zolpidem
60204080100410	ZOLPIDEM TART ER 6.25 MG TA		
60204080100420	ZOLPIDEM TART ER 12.5 MG TA		
60204080100720	EDLUAR 5 MG SL TABLET		
60204080100730	EDLUAR 10 MG SL TABLET		
60204080102020	ZOLPIMIST 5 MG ORAL SPRAY		

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GPI Code	Product Description	Brand Product	Limitations/Restrictions
60250060000320	ROZEREM 8 MG TABLET		
60400030100320	SILENOR 3 MG TABLET		
60400030100330	SILENOR 6 MG TABLET		
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS			
61100020102020	PROCENTRA 5 MG/5 ML SOLUTIO		
61100025100120	VYVANSE 20 MG CAPSULE		
61100025100130	VYVANSE 30 MG CAPSULE		
61100025100140	VYVANSE 40 MG CAPSULE		
61100025100150	VYVANSE 50 MG CAPSULE		
61100025100160	VYVANSE 60 MG CAPSULE		
61100025100170	VYVANSE 70 MG CAPSULE		
61100030100305	DESOXYN 5 MG TABLET		
61353020107420	KAPVAY ER 0.1 MG TABLET		
61353030107520	INTUNIV ER 1 MG TABLET		
61353030107530	INTUNIV ER 2 MG TABLET		
61353030107540	INTUNIV ER 3 MG TABLET		
61353030107550	INTUNIV ER 4 MG TABLET		
61354015100110	Atomoxetine HCl Cap 10 MG (Base Equiv)	STRATTERA	
61354015100118	Atomoxetine HCl Cap 18 MG (Base Equiv)	STRATTERA	
61354015100125	Atomoxetine HCl Cap 25 MG (Base Equiv)	STRATTERA	
61354015100140	Atomoxetine HCl Cap 40 MG (Base Equiv)	STRATTERA	
61354015100160	Atomoxetine HCl Cap 60 MG (Base Equiv)	STRATTERA	
61354015100170	Atomoxetine HCl Cap 80 MG (Base Equiv)	STRATTERA	
61354015100180	Atomoxetine HCl Cap 100 MG (Base Equiv)	STRATTERA	
61400010000310	NUVIGIL 50 MG TABLET		
61400010000330	NUVIGIL 150 MG TABLET		
61400010000340	NUVIGIL 250 MG TABLET		
61400016107020	FOCALIN XR 5 MG CAPSULE		
61400016107030	FOCALIN XR 10 MG CAPSULE		
61400016107035	FOCALIN XR 15 MG CAPSULE		
61400016107040	FOCALIN XR 20 MG CAPSULE		
61400016107050	FOCALIN XR 30 MG CAPSULE		
61400016107060	FOCALIN XR 40 MG CAPSULE		
61400020005910	DAYTRANA 10 MG/9 HR PATCH		
61400020005915	DAYTRANA 15 MG/9 HR PATCH		
61400020005920	DAYTRANA 20 MG/9 HOUR PATCH		
61400020005930	DAYTRANA 30 MG/9 HOUR PATCH		
61400020100510	METHYLIN 2.5 MG CHEWABLE TA		
61400020100520	METHYLIN 5 MG CHEWABLE TABL		
61400020100530	METHYLIN 10 MG CHEWABLE TAB		
61400020107010	RITALIN LA 10 MG CAPSULE		
61400020107020	RITALIN LA 20 MG CAPSULE		
61400020107030	RITALIN LA 30 MG CAPSULE		
61400020107040	RITALIN LA 40 MG CAPSULE		
61400024000310	PROVIGIL 100 MG TABLET		
61400024000320	PROVIGIL 200 MG TABLET		
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.			
62000010000310	Ergoloid Mesylates Tab 1 MG		
62051025100330	ARICEPT 23 MG TABLET		
62051040008520	Rivastigmine TD Patch 24HR 4.6 MG/24HR	EXELON	
62051040008530	Rivastigmine TD Patch 24HR 9.5 MG/24HR	EXELON	
62051040202020	Rivastigmine Tartrate Soln 2 MG/ML	EXELON	
62053550100320	Memantine HCl Tab 5 MG	NAMENDA	
62053550100330	Memantine HCl Tab 10 MG	NAMENDA	

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
62053550100350	Memantine HCl Tab 5 MG (28) & 10 MG (21) Titration Pak	NAMENDA	
62053550102020	Memantine HCl Oral Solution 2 MG/ML	NAMENDA	
62100005002020	Nicotine Nasal Spray 10 MG/ML (0.5 MG/SPRAY)	NICOTROL NS	
62100005002410	Nicotine Inhaler System 10 MG (4 MG Delivered)	NICOTROL	
62100080200320	Varenicline Tartrate Tab 0.5 MG (Base Equiv)	CHANTIX	
62100080200330	Varenicline Tartrate Tab 1 MG (Base Equiv)	CHANTIX	
62100080206320	Varenicline Tartrate Tab 0.5 MG X 11 & Tab 1 MG X 14 Pack	CHANTIX	
62380070000310	XENAZINE 12.5 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
62380070000320	XENAZINE 25 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
62400030106420	COPAXONE 20 MG INJECTION KI		Prior Auth, Biopharmacy benefit via Caremark
62403060452020	REBIF 22 MCG/0.5 ML SYRINGE		Prior Auth, Biopharmacy benefit via Caremark
62403060452040	REBIF 44 MCG/0.5 ML SYRINGE		Prior Auth, Biopharmacy benefit via Caremark
62403060452060	REBIF TITRATION PACK		Prior Auth, Biopharmacy benefit via Caremark
62403060456420	AVONEX ADMIN PACK 30 MCG VL		Prior Auth, Biopharmacy benefit via Caremark
62403060456430	AVONEX PREFILLED SYR 30 MCG		Prior Auth, Biopharmacy benefit via Caremark
62403060502120	BETASERON 0.3 MG KIT		Prior Auth, Biopharmacy benefit via Caremark
62403060502120	EXTAVIA 0.3 MG KIT		Prior Auth, Biopharmacy benefit via Caremark
62406030007420	AMPYRA ER 10 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
62407025100120	GILENYA 0.5 MG CAPSULE		Prior Auth, Biopharmacy benefit via Caremark
62450060202020	XYREM 500 MG/ML ORAL SOLUTI		
62504050100320	SAVELLA 12.5 MG TABLET		
62504050100330	SAVELLA 25 MG TABLET		
62504050100340	SAVELLA 50 MG TABLET		
62504050100350	SAVELLA 100 MG TABLET		
62504050106320	SAVELLA TITRATION PACK		
62609902300120	NUEDEXTA 20-10 MG CAPSULE		
62802010200620	CAMPRAL DR 333 MG TABLET		
62995002500110	Olanzapine-Fluoxetine HCl Cap 3-25 MG	SYMBYAX	
62995002500120	Olanzapine-Fluoxetine HCl Cap 6-25 MG	SYMBYAX	
62995002500125	Olanzapine-Fluoxetine HCl Cap 6-50 MG	SYMBYAX	
62995002500140	Olanzapine-Fluoxetine HCl Cap 12-25 MG	SYMBYAX	
62995002500145	Olanzapine-Fluoxetine HCl Cap 12-50 MG	SYMBYAX	
ANALGESICS - NonNarcotic			
64100055000320	MST 600 TABLET		
64109902200305	Choline & Magnesium Salicylates Tab 500 MG		
64109902200310	Choline & Magnesium Salicylates Tab 750 MG		
64109902200910	Choline & Magnesium Salicylates Liq 500 MG/5ML		

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
64990003130120	ED-FLEX CAPSULE		
64990003130320	ANABAR CAPLET		
ANALGESICS - OPIOID			
65100025008610	Fentanyl TD Patch 72HR 12.5 MCG/HR	FENTANYL DI	
65100025008620	Fentanyl TD Patch 72HR 25 MCG/HR	FENTANYL D	
65100025008630	Fentanyl TD Patch 72HR 50 MCG/HR	FENTANYL DI	
65100025008640	Fentanyl TD Patch 72HR 75 MCG/HR	FENTANYL DIS	
65100025008650	Fentanyl TD Patch 72HR 100 MCG/HR	FENTANYL DIS	
65100025100310	FENTORA 100 MCG BUCCAL TABL		
65100025100320	FENTORA 200 MCG BUCCAL TABL		
65100025100330	FENTORA 400 MCG BUCCAL TABL		
65100025100340	FENTORA 600 MCG BUCCAL TABL		
65100025100350	FENTORA 800 MCG BUCCAL TABL		
65100025100710	ABSTRAL 100 MCG TAB SUBLING		
65100025100720	ABSTRAL 200 MCG TAB SUBLING		
65100025100725	ABSTRAL 300 MCG TAB SUBLING		
65100025100730	ABSTRAL 400 MCG TAB SUBLING		
65100025100740	ABSTRAL 600 MCG TAB SUBLING		
65100025100750	ABSTRAL 800 MCG TAB SUBLING		
65100025108220	ONSOLIS 200 MCG SOLUBLE FIL		
65100025108230	ONSOLIS 400 MCG SOLUBLE FIL		
65100025108240	ONSOLIS 600 MCG SOLUBLE FIL		
65100025108250	ONSOLIS 800 MCG SOLUBLE FIL		
65100025108260	ONSOLIS 1,200 MCG SOLUBLE F		
65100025108450	FENTANYL CITRATE OTFC 200 M		
65100025108455	ACTIQ 400 MCG LOZENGE		
65100025108460	ACTIQ 600 MCG LOZENGE		
65100025108465	ACTIQ 800 MCG LOZENGE		
65100025108475	ACTIQ 1,200 MCG LOZENGE		
65100025108485	ACTIQ 1,600 MCG LOZENGE		
65100035107520	EXALGO ER 8 MG TABLET		
65100035107530	EXALGO ER 12 MG TABLET		
65100035107540	EXALGO ER 16 MG TABLET		
65100040100305	Levorphanol Tartrate Tab 2 MG		
65100055107010	KADIAN ER 10 MG CAPSULE		
65100055107020	KADIAN ER 20 MG CAPSULE		
65100055107030	KADIAN ER 30 MG CAPSULE		
65100055107040	KADIAN ER 50 MG CAPSULE		
65100055107045	KADIAN ER 60 MG CAPSULE		
65100055107050	KADIAN ER 80 MG CAPSULE		
65100055107060	KADIAN ER 100 MG CAPSULE		
65100055107080	KADIAN ER 200 MG CAPSULE		
65100055207020	AVINZA 30 MG CAPSULE		
65100055207025	AVINZA 45 MG CAPSULE		
65100055207030	AVINZA 60 MG CAPSULE		
65100055207035	AVINZA 75 MG CAPSULE		
65100055207040	AVINZA 90 MG CAPSULE		
65100055207050	AVINZA 120 MG CAPSULE		
65100075107410	Oxycodone HCl Tab SR 12HR 10 MG	OXYCODONE, OXYCONTIN, OXYCONTIN	
65100075107415	Oxycodone HCl Tab SR 12HR 15 MG	OXYCONTIN	
65100075107420	Oxycodone HCl Tab SR 12HR 20 MG	OXYCODONE, OXYCODONE 20, OXYCONTIN, OXYCONTIN	
65100075107430	Oxycodone HCl Tab SR 12HR 30 MG	OXYCONTIN	
65100075107440	Oxycodone HCl Tab SR 12HR 40 MG	OXYCODONE 40, OXYCONTIN, OXYCONTIN	

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
65100075107460	Oxycodone HCl Tab SR 12HR 60 MG	OXYCONTIN	
65100075107480	Oxycodone HCl Tab SR 12HR 80 MG	OXYCODONE, OXYCODONE 80, OXYCONTIN, OXYCONTIN	
65100080100305	OPANA 5 MG TABLET		
65100080100310	OPANA 10 MG TABLET		
65100080107405	OPANA ER 5 MG TABLET		
65100080107410	OPANA ER 10 MG TABLET		
65100080107420	OPANA ER 20 MG TABLET		
65100080107430	OPANA ER 30 MG TABLET		
65100080107440	OPANA ER 40 MG TABLET		
65100091100320	NUCYNTA 50 MG TABLET		
65100091100330	NUCYNTA 75 MG TABLET		
65100091100340	NUCYNTA 100 MG TABLET		
65100095107320	RYBIX ODT 50 MG TABLET		
65100095107520	ULTRAM ER 100 MG TABLET		
65100095107530	ULTRAM ER 200 MG TABLET		
65100095107540	ULTRAM ER 300 MG TABLET		
65100095107560	RYZOLT ER 100 MG TABLET		
65100095107570	RYZOLT ER 200 MG TABLET		
65100095107580	RYZOLT ER 300 MG TABLET		
65200010008820	BUTRANS 5 MCG/HR PATCH		
65200010008830	BUTRANS 10 MCG/HR PATCH		
65200010008840	BUTRANS 20 MCG/HR PATCH		
65200010100760	SUBUTEX 2 MG TABLET SL		
65200010100780	SUBUTEX 8 MG TABLET SL		
65200010200720	SUBOXONE 2 MG-0.5 MG TABLET		
65200010200740	SUBOXONE 8 MG-2 MG TABLET S		
65200010208220	SUBOXONE 2 MG-0.5 MG SL FIL		
65200010208240	SUBOXONE 8 MG-2 MG SL FILM		
65200020102050	BUTORPHANOL 10 MG/ML SPRAY		
65200040300310	PENTAZOCINE-NALOXONE TABLET		
65990002200308	PRIMLEV 5-300 MG TABLET		
65990002200315	MAGNACET 5 MG-400 MG TABLET		
65990002200325	PRIMLEV 7.5-300 MG TABLET		
65990002200328	MAGNACET 7.5 MG-400 MG TABL		
65990002200333	PRIMLEV 10-300 MG TABLET		
65990002200336	MAGNACET 10 MG-400 MG TABLE		
65990002200337	XOLOX 10-500 MG TABLET		
65990002260320	OXYCODONE-IBUPROFEN 5-400 T		
65991002050325	CO CET TABLET		
65991002051805	CAPITAL WITH CODEINE SUSP		
65991303050340	ACETAMINOPH-CAFF-DIHYDROCOD		
65991303100115	SYNALGOS-DC CAPSULE		
65991702100309	XODOL 5-300 TABLET		
65991702100322	XODOL 7.5-300 MG TABLET		
65991702100353	MAXIDONE 10-750 MG TABLET		
65991702100360	ZYDONE 5-400 MG TABLET		
65991702100365	ZYDONE 7.5-400 MG TABLET		
65991702100370	ZYDONE 10-400 MG TABLET		
65991702100375	XODOL 10-300 TABLET		
65991702102015	HYCET 7.5 MG-325 MG/15 ML S		
65991702102024	ZOLVIT 10 MG-300 MG/15 ML S		
65991702102025	ZAMICET SOLUTION		
65991702500310	REPREXAIN 2.5-200 MG TABLET		
65991702500315	IBUDONE 5-200 MG TABLET		
65991702500315	REPREXAIN 5-200 MG TABLET		

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
65991702500320	VICOPROFEN 200-7.5 MG TAB		
65991702500330	IBUDONE 10-200 MG TABLET		
65994002100310	PENTAZOCIN-ACETAMINOPHN 25-		
65995002200320	ULTRACET TABLET		
ANALGESICS - ANTI-INFLAMMATORY			
66100007100120	ZIPSOR 25 MG CAPSULE		
66100007103020	CAMBIA 50 MG POWDER PACKET		
66100010100105	NALFON 200 MG PULVULE		
66100010100120	NALFON 400 MG CAPSULE		
66100020000105	ADVIL 200 MG LIQUI-GEL CAPS		
66100050000105	MEFENAMIC ACID 250 MG CAPSU		
66100060107520	NAPRELAN CR 375 MG TABLET		
66100060107540	NAPRELAN CR 500 MG TABLET		
66100060107550	NAPRELAN CR 750 MG TABLET		
66100060107570	NAPRELAN CR DOSECRD 500-750		
66100090100105	Tolmetin Sodium Cap 400 MG		
66100090100305	Tolmetin Sodium Tab 200 MG		
66100090100320	Tolmetin Sodium Tab 600 MG	TOLMETIN SOD	
66100525000110	Celecoxib Cap 50 MG	CELEBREX	
66100525000120	Celecoxib Cap 100 MG	CELEBREX	
66100525000130	Celecoxib Cap 200 MG	CELEBREX	
66100525000140	Celecoxib Cap 400 MG	CELEBREX	
66109902200320	ARTHROTEC EC 50 MG-200 MCG		
66109902200330	ARTHROTEC EC 75 MG-200 MCG		
66109902440620	VIMOVO 375-20 MG TABLET		
66109902440640	VIMOVO 500-20 MG TABLET		
66260010002020	KINERET 100 MG/0.67 ML SYR		Prior Auth, Biopharmacy benefit via Caremark
66270015006410	HUMIRA 20 MG/0.4 ML SYRINGE		Prior Auth, Biopharmacy benefit via Caremark
66270015006420	HUMIRA 40 MG/0.8 ML PEN		Prior Auth, Biopharmacy benefit via Caremark
66270015006420	HUMIRA 40 MG/0.8 ML SYRINGE		Prior Auth, Biopharmacy benefit via Caremark
66270040002020	SIMPONI 50 MG/0.5 ML PEN IN		Prior Auth, Biopharmacy benefit via Caremark
66270040002020	SIMPONI 50 MG/0.5 ML SYRING		Prior Auth, Biopharmacy benefit via Caremark
66290030002025	ENBREL 25 MG/0.5 ML SYRINGE		Prior Auth, Biopharmacy benefit via Caremark
66290030002025	ENBREL 50 MG/ML SURECLICK S		Prior Auth, Biopharmacy benefit via Caremark
66290030002025	ENBREL 50 MG/ML SYRINGE		Prior Auth, Biopharmacy benefit via Caremark
66290030006420	ENBREL 25 MG KIT		Prior Auth, Biopharmacy benefit via Caremark
66450060002120	ARCALYST 220 MG INJECTION		Prior Auth, Biopharmacy benefit via Caremark
MIGRAINE PRODUCTS			
67406010100320	Almotriptan Malate Tab 6.25 MG	AXERT	
67406010100320	AXERT 6.25 MG TABLET		
67406010100330	Almotriptan Malate Tab 12.5 MG	AXERT	
67406010100330	AXERT 12.5 MG TABLET		
67406025100320	Eletriptan Hydrobromide Tab 20 MG (Base Equivalent)	RELPAX	
67406025100320	RELPAX 20 MG TABLET		

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
67406025100340	Eletriptan Hydrobromide Tab 40 MG (Base Equivalent)	RELPAK	
67406025100340	RELPAK 40 MG TABLET		
67406030100320	FROVA 2.5 MG TABLET		
67406050100310	AMERGE 1 MG TABLET		
67406050100320	AMERGE 2.5 MG TABLET		
67406060100310	MAXALT 5 MG TABLET		
67406060100320	MAXALT 10 MG TABLET		
67406060107220	MAXALT MLT 5 MG TABLET		
67406060107230	MAXALT MLT 10 MG TABLET		
67406070106220	SUMAVEL DOSEPRO 6 MG/0.5 ML		
67406080000320	Zolmitriptan Tab 2.5 MG	ZOMIG	
67406080000320	ZOMIG 2.5 MG TABLET		
67406080000330	Zolmitriptan Tab 5 MG	ZOMIG	
67406080000330	ZOMIG 5 MG TABLET		
67406080002020	Zolmitriptan Nasal Spray 5 MG/Spray Unit	ZOMIG	
67406080002020	ZOMIG 5 MG NASAL SPRAY		
67406080007220	Zolmitriptan Orally Disintegrating Tab 2.5 MG	ZOMIG ZMT	
67406080007220	ZOMIG ZMT 2.5 MG TABLET		
67406080007230	Zolmitriptan Orally Disintegrating Tab 5 MG	ZOMIG ZMT	
67406080007230	ZOMIG ZMT 5 MG TABLET		
67991002105220	MIGERGOT SUPPOSITORY		
67992002600320	TREXIMET 85-500 MG TABLET		
GOUT AGENTS			
68000020000310	Colchicine Tab 0.6 MG	COLCRYS	
68000030000320	ULORIC 40 MG TABLET		
68000030000330	ULORIC 80 MG TABLET		
ANTICONVULSANTS			
72100010007210	CLONAZEPAM 0.125 MG DIS TAB		
72100010007215	CLONAZEPAM 0.25 MG ODT		
72100010007220	CLONAZEPAM 0.5 MG DIS TABLET		
72100010007230	CLONAZEPAM 1 MG DIS TABLET		
72100010007240	CLONAZEPAM 2 MG DIS TABLET		
72170085000320	SABRIL 500 MG TABLET		
72170085003020	SABRIL 500 MG POWDER PACKET		
72200010000310	PEGANONE 250 MG TABLET		
72400020000110	CELONTIN 300 MG KAPSEAL		
72500030006505	STAVZOR DR 125 MG CAPSULE		
72500030006510	STAVZOR DR 250 MG CAPSULE		
72500030006520	STAVZOR DR 500 MG CAPSULE		
72600036000320	VIMPAT 50 MG TABLET		
72600036000330	VIMPAT 100 MG TABLET		
72600036000340	VIMPAT 150 MG TABLET		
72600036000350	VIMPAT 200 MG TABLET		
72600036002060	VIMPAT 10 MG/ML SOLUTION		
72600040006420	LAMICTAL TAB START KIT (BLU		
72600040006430	LAMICTAL TB START KIT (ORAN		
72600040006435	LAMICTAL TAB START KIT (GRE		
72600040006450	LAMICTAL ODT START KIT (BLU		
72600040006455	LAMICTAL ODT START KIT (GRE		
72600040006460	LAMICTAL ODT START KT (ORAN		
72600040006470	LAMICTAL XR START KIT (BLUE		
72600040006475	LAMICTAL XR START KIT (ORAN		
72600040006480	LAMICTAL XR START KIT (GREE		
72600040007225	LAMICTAL ODT 25 MG TABLET		
72600040007230	LAMICTAL ODT 50 MG TABLET		

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
72600040007240	LAMICTAL ODT 100 MG TABLET		
72600040007250	LAMICTAL ODT 200 MG TABLET		
72600040007510	LAMICTAL XR 25 MG TABLET		
72600040007520	LAMICTAL XR 50 MG TABLET		
72600040007530	LAMICTAL XR 100 MG TABLET		
72600040007540	LAMICTAL XR 200 MG TABLET		
72600043007520	KEPPRA XR 500 MG TABLET		
72600043007530	KEPPRA XR 750 MG TABLET		
72600057000110	LYRICA 25 MG CAPSULE		
72600057000115	LYRICA 50 MG CAPSULE		
72600057000120	LYRICA 75 MG CAPSULE		
72600057000125	LYRICA 100 MG CAPSULE		
72600057000135	LYRICA 150 MG CAPSULE		
72600057000145	LYRICA 200 MG CAPSULE		
72600057000150	LYRICA 225 MG CAPSULE		
72600057000160	LYRICA 300 MG CAPSULE		
72600065000320	BANZEL 200 MG TABLET		
72600065000330	BANZEL 400 MG TABLET		
72600065001820	BANZEL 40 MG/ML SUSPENSION		
ANTIPARKINSON AGENTS			
73152070000320	TASMAR 100 MG TABLET		
73200010100310	AMANTADINE 100 MG TABLET		
73203010102020	APOKYN 30 MG/3 ML CARTRIDGE		Prior Auth, Biopharmacy benefit via Caremark
73203060107520	MIRAPEX ER 0.375 MG TABLET		
73203060107530	MIRAPEX ER 0.75 MG TABLET		
73203060107540	MIRAPEX ER 1.5 MG TABLET		
73203060107550	MIRAPEX ER 3 MG TABLET		
73203060107560	MIRAPEX ER 4.5 MG TABLET		
73203070107520	REQUIP XL 2 MG TABLET		
73203070107530	REQUIP XL 4 MG TABLET		
73203070107535	REQUIP XL 6 MG TABLET		
73203070107540	REQUIP XL 8 MG TABLET		
73203070107550	REQUIP XL 12 MG TABLET		
73209902107210	PARCOPA 10 MG-100 MG ODT		
73209902107220	PARCOPA 25 MG-100 MG ODT		
73209902107230	CARBIDOPA-LEVO 25-250 MG OD		
73209903300320	STALEVO 50 TABLET		
73209903300325	STALEVO 75 TABLET		
73209903300330	STALEVO 100 TABLET		
73209903300335	STALEVO 125 TABLET		
73209903300340	STALEVO 150 TABLET		
73209903300350	STALEVO 200 TABLET		
73300025200320	AZILECT 0.5 MG TABLET		
73300025200330	AZILECT 1 MG TABLET		
73300030107220	ZELAPAR 1.25 MG ODT TABLET		
73403030000320	Carbidopa Tab 25 MG	LODOSYN	
74503070000320	RILUTEK 50 MG TABLET		
MUSCULOSKELETAL THERAPY AGENTS			
75100050100304	FEXMID 7.5 MG TABLET		
75100050107015	AMRIX ER 15 MG CAPSULE		
75100050107030	AMRIX ER 30 MG CAPSULE		
75100060000320	Metaxalone Tab 800 MG	SKELAXIN	
75100090100110	ZANAFLEX 2 MG CAPSULE		
75100090100120	ZANAFLEX 4 MG CAPSULE		
75100090100130	ZANAFLEX 6 MG CAPSULE		
75990003100310	CARISOPRODOL CPD-CODEINE TA		

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
75990003200310	ORPHENADRINE COMP TABLET		
75990003200320	ORPHENADRINE COMP FORTE TAB		
ANTIMYASTHENIC AGENTS			
76000010100310	MYTELASE 10 MG CAPLET		
76000030100310	GUANIDINE HCL 125 MG TABLET		
76000040100305	PROSTIGMIN 15 MG TABLET		
MULTIVITAMINS			
78133000000300	B-PLEX TABLET		
78133000000300	THEROBEC TABLET		
78133000000350	FOLBEE PLUS TABLET		
78135010000140	HEMOCYTE PLUS CAPSULE		
78135300007230	NEPHROCAPS QT TABLET		
78136000000330	*B-Complex w/ C-Zn & Folic Acid Tab 1 MG***	DIALYVITE/, IVITES RX, NEPHPLEX RX	
78136000000330	*B-Complex w/ C-Zn & Folic Acid Tab 1 MG***	DIALYVITE/, IVITES RX, NEPHPLEX RX	
78137000000330	DIALYVITE 3,000 TABLET		
78137000000340	DIALYVITE 5000 TABLET		
78137200000320	VITAL-D RX TABLET		
78137500000350	DIATX ZN TABLET		
78310000000100	VICAP FORTE CAPSULE		
78313010000340	RENAX CAPLET		
78313010000345	DIALYVITE SUPREME D TABLET		
78452000001820	MYKIDZ IRON FL SUSPENSION		
78510030000320	TRIMESIS RX TABLET		
78512013000150	OB COMPLETE ONE SOFTGEL		
78512014000350	OB COMPLETE PREMIER TABLET		
78512015000329	VOL-NATE TABLET		
78512016000130	ULTIMATECARE ONE CAPSULE		
78512018000120	ELITE OB DHA SOFTGEL		
78512022000320	PRENATE ELITE TABLET		
78512046000325	VINATE AZ TABLET		
78512046000330	VINATE AZ EXTRA TABLETS		
78512050000330	SE-CARE CONCEIVE TABLET		
78512050000540	SE-CARE CHEWABLE TABLET		
78512051000327	CITRANATAL RX TABLET		
78512053000330	VINATE PN CARE TABLET		
78512058000150	FOLIVANE-OB CAPSULE		
78512058000160	TANDEM OB CAPSULE		
785120590006330	ULTIMATECARE ADVANTAGE COMB		
785120590006330	ULTIMATECARE COMBO PACK		
78512061000125	TRIVEEN-ONE CAPSULE		
78512061000130	NATELLE ONE CAPSULE		
78512062000130	PRENATE ESSENTIAL SOFTGEL		
78512063000325	CITRANATAL B-CALM PACK		
78512068000160	MARNATAL-F CAPSULE		
785120870006335	PREFERA-OB PLUS DHA COMBO P		
78512090000335	PREFERA OB TABLET		
78512090000335	PREFERA-OB PLUS DHA COMBO P		
78512091000130	SE-TAN DHA CAPSULE		
78512091000135	CONCEPT DHA CAPSULE		
78512094000127	TRICARE PRENATAL DHA ONE SF		
78512095000130	ELITE-OB 400 CAPSULE		
785120960006330	CAVAN-EC SOD DHA VITAMINS		
785120970006332	DUET DHA BALANCED COMBO PAC		
785150220006320	COMPLETE NATAL DHA		
785150220006340	PR NATAL 400 COMBO PACK		

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
78515022006345	PR NATAL 400 EC COMBO PACK		
78515022006345	TARON-DUO EC COMB PACK		
78515022006350	SETONET PRENATAL VITAMIN		
78515022006355	PR NATAL 430 EC COMBO PACK		
78515022006355	SETONET-EC PRENATAL VITAMIN		
78516012000520	OB COMPLETE CHEWABLE TABLET		
78516015000325	PREQUE 10 TABLET		
78516020006315	FOLIVANE-EC CALCIUM DHA COM		
78516021006360	CAVAN-FOLATE DHA COMBO PACK		
78516022000127	NEEVO DHA GELCAP		
78516024000125	ZATEAN-PN DHA CAPSULE		
78516035000125	ZATEAN-CH CAPSULE		
78516035000130	CITRANATAL HARMONY CAPSULE		
78516037000138	PRENEXA CAPSULE		
78516037000138	PRENEXA CAPSULE		
78516037000140	TARON-PREX PRENATAL DHA CAP		
78516037000142	FOLIVANE-PRX DHA NF CAPSULE		
78516037000170	NEXA SELECT CAPSULE		
78516040006327	CITRANATAL DHA PACK		
78516040006340	CITRANATAL ASSURE COMBO PAC		
78516040006370	CITRANATAL 90 DHA PACK		
78516050000130	PREFERA-OB ONE SOFTGEL		
78516055006330	PAIRE OB PLUS DHA COMBO PAC		
78610000001200	VITAFOL SYRUP		
MINERALS & ELECTROLYTES			
79309902900510	FLUOR-A-DAY 0.25 MG TAB CHE		
79309902900520	FLUOR-A-DAY 0.5 MG TAB CHEW		
79309902900530	FLUOR-A-DAY 1 MG TABLET CHE		
79409903200320	MAGNEBIND 400 RX TABLET		
79600010020305	K-PHOS ORIGINAL TABLET		
79700030000205	MICRO-K 8 MEQ EXTENCAPS		
797099021100810	POTASSIUM CL 25 MEQ TAB EFF		
79709902110810	EFFER-K 10 MEQ TABLET EFF		
79709902110820	EFFER-K 20 MEQ TABLET EFF		
79800007000110	GALZIN 25 MG CAPSULE		
79800007000120	GALZIN 50 MG CAPSULE		
NUTRIENTS			
81259903250340	FOLTX TABLET		
81259903500322	CEREFOLIN NAC CAPLET		
81259903550330	METANX TABLET		
81259904600320	CEREFOLIN TABLET		
HEMATOPOIETIC AGENTS			
82100010002020	NASCOBAL 500 MCG NASAL SPRA		
82401015112010	ARANESP 25 MCG/ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
82401015112014	ARANESP 25 MCG/0.42 ML SYRI		Prior Auth, Biopharmacy benefit via Caremark
82401015112014	ARANESP 60 MCG/ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
82401015112020	ARANESP 40 MCG/ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
82401015112024	ARANESP 100 MCG/ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
82401015112024	ARANESP 40 MCG/0.4 ML SYRIN		Prior Auth, Biopharmacy benefit via Caremark
82401015112034	ARANESP 60 MCG/0.3 ML SYRIN		Prior Auth, Biopharmacy benefit via Caremark

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
82401015112043	ARANESP 100 MCG/0.5 ML SYRI		Prior Auth, Biopharmacy benefit via Caremark
82401015112046	ARANESP 150 MCG/0.75 ML VIA		Prior Auth, Biopharmacy benefit via Caremark
82401015112048	ARANESP 150 MCG/0.3 ML SYRI		Prior Auth, Biopharmacy benefit via Caremark
82401015112050	ARANESP 200 MCG/ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
82401015112054	ARANESP 200 MCG/0.4 ML SYRI		Prior Auth, Biopharmacy benefit via Caremark
82401015112060	ARANESP 300 MCG/ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
82401015112064	ARANESP 300 MCG/0.6 ML SYRI		Prior Auth, Biopharmacy benefit via Caremark
82401015112075	ARANESP 500 MCG/1 ML SYRING		Prior Auth, Biopharmacy benefit via Caremark
82401020002010	EPOGEN 2,000 UNITS/ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
82401020002010	PROCRIT 2,000 UNITS/ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
82401020002015	EPOGEN 3,000 UNITS/ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
82401020002015	PROCRIT 3,000 UNITS/ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
82401020002020	EPOGEN 4,000 UNITS/ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
82401020002020	PROCRIT 4,000 UNITS/ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
82401020002040	EPOGEN 10,000 UNITS/ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
82401020002040	EPOGEN 20,000 UNITS/2 ML VI		Prior Auth, Biopharmacy benefit via Caremark
82401020002040	PROCRIT 10,000 UNITS/ML VIA		Prior Auth, Biopharmacy benefit via Caremark
82401020002040	PROCRIT 10,000 UNITS/ML VIA		Prior Auth, Biopharmacy benefit via Caremark
82401020002050	EPOGEN 20,000 UNITS/ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
82401020002050	PROCRIT 20,000 UNITS/ML VIA		Prior Auth, Biopharmacy benefit via Caremark
82401020002060	PROCRIT 40,000 UNITS/ML VIA		Prior Auth, Biopharmacy benefit via Caremark
82401520002012	NEUPOGEN 300 MCG/ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
82401520002012	NEUPOGEN 480 MCG/1.6 ML VIA		Prior Auth, Biopharmacy benefit via Caremark
82401520002016	NEUPOGEN 300 MCG/0.5 ML SYR		Prior Auth, Biopharmacy benefit via Caremark
82401520002018	NEUPOGEN 480 MCG/0.8 ML SYR		Prior Auth, Biopharmacy benefit via Caremark
82401570002020	NEULASTA 6 MG/0.6 ML SYRING		Prior Auth, Biopharmacy benefit via Caremark
82402050002025	LEUKINE 500 MCG/ML VIAL		Prior Auth, Biopharmacy benefit via Caremark
82402050002120	LEUKINE 250 MCG VIAL		Prior Auth, Biopharmacy benefit via Caremark

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
82403060002120	NEUMEGA 5 MG VIAL		Prior Auth, Biopharmacy benefit via Caremark
82405030100320	PROMACTA 25 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
82405030100330	PROMACTA 50 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
82405030100340	PROMACTA 75 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
82700070000120	ZAVESCA 100 MG CAPSULE		Prior Auth, Biopharmacy benefit via Caremark
82803030000120	DROXIA 200 MG CAPSULE		
82803030000130	DROXIA 300 MG CAPSULE		
82803030000140	DROXIA 400 MG CAPSULE		
82991503200325	FOLCAPS TABLET		
82991503200328	FOLGARD RX TABLET		
82991503200335	AIRAVITE TABLET		
82992000000100	HEMATOGEN SOFTGEL		
82992000000200	FUMATINIC ER CAPSULE		
82992003100320	ED CYTE F TABLET		
82992004340130	HEMATOGEN FA SOFTGEL		
82992004340140	FERROGELS FORTE SOFTGEL		
82992005200300	NEPHRON FA TABLET		
82992005450120	MAXARON FORTE CAPSULE		
82992006150320	MULTIGEN CAPLET		
82992006200320	MULTIGEN FOLIC CAPLET		
82992007500320	MULTIGEN PLUS CAPLET		
82992007600120	FERREX 150 FORTE PLUS CAPSU		
82992008600130	SE-TAN PLUS CAPSULE		
82994002200350	HEMOCYTE-F TABLET		
82995005406320	FERREX 28 TABLET		
ANTICOAGULANTS			
83101010102015	FRAGMIN 10,000 UNITS SYRING		Prior Auth, Biopharmacy benefit via Caremark
83101010102020	FRAGMIN 2,500 UNITS SYRINGE		Prior Auth, Biopharmacy benefit via Caremark
83101010102040	FRAGMIN 5,000 UNITS SYRINGE		Prior Auth, Biopharmacy benefit via Caremark
83101010102045	FRAGMIN 7,500 UNITS SYRINGE		Prior Auth, Biopharmacy benefit via Caremark
83101010102053	FRAGMIN 12,500 UNITS SYRING		Prior Auth, Biopharmacy benefit via Caremark
83101010102056	FRAGMIN 15,000 UNITS SYRING		Prior Auth, Biopharmacy benefit via Caremark
83101010102060	FRAGMIN 18,000 UNITS SYRING		Prior Auth, Biopharmacy benefit via Caremark
83101010102065	FRAGMIN 25,000 UNITS/ML VIA		Prior Auth, Biopharmacy benefit via Caremark
83101020102012	Enoxaparin Sodium Inj 30 MG/0.3ML		
83101020102013	Enoxaparin Sodium Inj 40 MG/0.4ML	LOVENOX	
83101020102014	Enoxaparin Sodium Inj 60 MG/0.6ML	LOVENOX	
83101020102015	Enoxaparin Sodium Inj 80 MG/0.8ML	LOVENOX	
83101020102016	Enoxaparin Sodium Inj 100 MG/ML		
83101020102018	Enoxaparin Sodium Inj 120 MG/0.8ML		
83101020102020	Enoxaparin Sodium Inj 150 MG/ML		
83101020102050	Enoxaparin Sodium Inj 300 MG/3ML	LOVENOX	
83103030102020	ARIXTRA 2.5 MG SYRINGE		Prior Auth, Biopharmacy benefit via Caremark

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
83103030102035	ARIXTRA 5 MG SYRINGE		Prior Auth, Biopharmacy benefit via Caremark
83103030102040	ARIXTRA 7.5 MG SYRINGE		Prior Auth, Biopharmacy benefit via Caremark
83103030102045	ARIXTRA 10 MG SYRINGE		Prior Auth, Biopharmacy benefit via Caremark
83337030200120	PRADAXA 75 MG CAPSULE		
83337030200140	PRADAXA 150 MG CAPSULE		
HEMOSTATICS			
84100010000320	AMICAR 1,000 MG TABLET		
84100040000320	Tranexamic Acid Tab 650 MG	LYSTEDA	
HEMATOLOGICAL AGENTS - MISC.			
85158060100320	EFFIENT 5 MG TABLET		
85158060100330	EFFIENT 10 MG TABLET		
85158080100320	TICLOPIDINE 250 MG TABLET		
85159902206920	AGGRENOX CAPSULE SA		
85840030002020	Ecallantide Inj 10 MG/ML	KALBITOR	
OPHTHALMIC AGENTS			
86101004002020	AZASITE 1% EYE DROPS		
86101007101820	BESIVANCE 0.6% SUSP		
86101029002030	ZYMAXID 0.5% EYE DROPS		
86101036002020	QUIXIN 0.5% EYE DROPS		
86101036002040	IQUIX 1.5% EYE DROPS		
86101038102025	MOXEZA 0.5% EYE DROPS		
86103007004020	ZIRGAN 0.15% OPHTHALMIC GEL		
86104010001805	NATACYN EYE DROPS		
86203000009900	LACRISERT 5 MG EYE INSERT		
86209903602020	FRESHKOTE EYE DROPS		
86250010101810	Betaxolol HCl Ophth Susp 0.25%	BETOPTIC-S	
86250015102020	Metipranolol Ophth Soln 0.3%		
86250030102005	Timolol Maleate Ophth Soln 0.25%	TIMOPTIC OCU	
86250030102010	Timolol Maleate Ophth Soln 0.5%	TIMOPTIC OCU	
86250030102060	ISTALOL 0.5% EYE DROPS		
86259902152020	COMBIGAN EYE DROPS		
86300010001805	MAXIDEX 0.1% EYE DROPS		
86300012001620	DUREZOL 0.05% EYE DROPS		
86300020001820	FML FORTE 0.25% EYE DROPS		
86300035101820	ALREX 0.2% EYE DROPS		
86300035101830	LOTEMAX 0.5% EYE DROPS		
86309902154210	PRED-G S.O.P. EYE OINTMENT		
86309902171820	ZYLET EYE DROPS		
86309902801810	TOBRADEX ST EYE DROPS		
86330015002010	LUMIGAN 0.01% EYE DROPS		
86330015002020	LUMIGAN 0.03% EYE DROPS		
86330070002020	TRAVATAN Z 0.004% EYE DROP		
86350040102010	ISOPTO HYOSCINE 0.25% DROPS		
86359902102010	CYCLOMYDRIL EYE DROPS		
86400040102015	AK-DILATE 10% EYE DROPS		
86501030104005	PILOPINE HS 4% EYE GEL		
86502020102115	PHOSPHOLINE IODIDE 0.125%		
86602010102010	IOPIDINE 0.5% EYE DROPS		
86602020102005	ALPHAGAN P 0.1% DROPS		
86602020102007	ALPHAGAN P 0.15% EYE DROPS		
86720020001620	Cyclosporine (Ophth) Emulsion 0.05%	RESTASIS	
86750020102005	PROPARACAINE 0.5% EYE DROPS		
86750030102005	TETRACAINE 0.5% EYE DROPS		
86750030102005	TETRACAINE 0.5% EYE DROPS		

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
86802004002020	LASTACAFT 0.25% EYE DROPS		
86802006102020	Azelastine HCl Ophth Soln 0.05%	OPTIVAR	1) Max Qty=6/31 days; 2) Step Therapy - Zaditor
86802008102020	BEPREVE 1.5% EYE DROPS		
86802025102020	EMADINE 0.05% EYE DROPS		
86802028102020	ELESTAT 0.05% EYE DROPS		
86802050202010	Lodoxamide Tromethamine Ophth Soln 0.1%	ALOMIDE	1) Max Qty=10/31 days; 2) Step Therapy - Zaditor
86802060102020	Nedocromil Sodium Ophth Soln 2%	ALOCRIL	1) Max Qty=5/31 days; 2) Step Therapy - Zaditor
86802065102020	PATANOL 0.1% EYE DROPS		
86802065102030	PATADAY 0.2% EYE DROPS		
86802070102020	ALAMAST 0.1% DROPS		
86805005102060	BROMDAY 0.09% EYE DROPS		
86805035102017	ACUVAIL 0.45% OPHTH SOLUTIO		
86805050001820	NEVANAC 0.1% DROPTAINER		
OTIC AGENTS			
87100012102020	CETRAXAL 0.2% EAR SOLUTION		
87991002401820	CIPRO HC OTIC SUSPENSION		
87991004201820	COLY-MYCIN S EAR DROPS		
87991004201820	CORTISPORIN-TC EAR SUSP		
MOUTH/THROAT/DENTAL AGENTS			
88100060000310	ORAVIG 50 MG BUCCAL TABLET		
88501525100120	EVOXAC 30 MG CAPSULE		
ANORECTAL AGENTS			
89100010003705	PROCTOCORT 1% CREAM		
89150010103905	CORTIFOAM 10% AEROSOL		
DERMATOLOGICALS			
90050003003710	DIFFERIN 0.1% CREAM		
90050003004030	DIFFERIN 0.3% GEL		
90050003004110	DIFFERIN 0.1% LOTION		
90050005103720	AZELEX 20% CREAM		
90050010000907	BENZOYL PEROXIDE 7% WASH		
90050010000907	PACNEX 7% WASH		
90050010000965	PACNEX MX 4.25% CLEANSER		
90050010000970	BENZIQU 5.25% WASH		
90050010003711	NEOBENZ MICRO SD 5.5% CREAM		
90050010003930	BENZEFOAM 5.3% EMOLLIENT FO		
90050010003948	BENZEFOAM ULTRA 9.8% FOAM		
90050010004009	BENZIQU 5.25% GEL		
90050010004014	BPO 8% GEL		
90050010004320	TRIAZ 3% PAD		
90050010004330	TRIAZ 6% PAD		
90050010004340	TRIAZ 9% PAD		
90050010004370	PACNEX LP 4.25% CLEANSING P		
90050010004380	PACNEX HP 7% CLEANSING PADS		
90050010006365	TRIAZ 3% FOAMING CLOTHS		
90050010006375	TRIAZ 6% FOAMING CLOTHS		
90050010006385	TRIAZ 9% FOAMING CLOTHS		
90050010006450	NEOBENZ MICRO WASH PLUS PAC		
90050010204020	NUOX GEL		
90050010506420	LAVOCLEN-4 ACNE WASH KIT		
90050010506430	LAVOCLEN-8 ACNE WASH KIT		
90050013000110	Isotretinoin Cap 10 MG		1) Limited to Ages 21 and Under ; 2) Daily Dosage=2; 3) Step Therapy - Tretinoin Cream

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
90050013000120	Isotretinoin Cap 20 MG		1) Limited to Ages 21 and Under ; 2) Daily Dosage=2; 3) Step Therapy - Tretinoin Cream
90050013000130	CLARAVIS 30 MG CAPSULE		
90050013000140	Isotretinoin Cap 40 MG		1) Limited to Ages 21 and Under ; 2) Daily Dosage=2; 3) Step Therapy - Tretinoin Cream
90050030004015	ATRALIN 0.05% GEL		
90050030204015	RETIN-A MICRO 0.04% GEL		
90050030204030	RETIN-A MICRO 0.1% GEL		
90051010109420	CLEOCIN T 1% PLEDGETS		
90051015004020	ACZONE 5% GEL		
90051020004210	AKNE-MYCIN 2% OINTMENT		
90059902034020	EPIDUO GEL		
90059902103010	BENZAMYCINPAK GEL		
90059902194020	BENZACLIN GEL		
90059902194020	BENZACLIN GEL 35G PUMP		
90059902194030	ACANYA GEL PUMP		
90059902476420	INOVA 4% EASY PAD		
90059902476430	INOVA 8% EASY PAD		
90059902654020	ZIANA GEL		
90059903200914	SUMAXIN WASH		
90059903201615	CERISA WASH		
90059903201810	SUMAXIN TS TOPICAL SUSPENS		
90059903203720	CLENIA EMOLLIENT CREAM		
90059903203720	PLEXION SCT CREAM		
90059903203920	CLARIFOAM EF EMOLLIENT FOAM		
90059903204316	SUMAXIN CLEANSING PADS		
90059903204320	PLEXION CLEANSING CLOTHS		
90059903211618	CLARIS CLARIFYING WASH		
90059903226420	ROSANIL CLEANSER KIT		
90059903486420	INOVA 4-1 EASY PAD		
90059903486430	INOVA 8-2 EASY PAD		
90059903603720	PRASCION RA CREAM		
90060010004020	FINACEA 15% GEL		
90060010306420	FINACEA PLUS KIT		
90060025006520	ORACEA 40 MG CAPSULE		
90060040003720	NORITATE 1% CREAM		
90060040004020	METROGEL TOPICAL 1% GEL		
90100095004220	ALTABAX 1% OINTMENT		
90109903103710	CORTISPORIN CREAM		
90109904104220	CORTISPORIN OINTMENT		
90150026103720	MENTAX 1% CREAM		
90150030506420	CICLOPIROX 8 % KIT		
90150078003710	NAFTIN 1% CREAM		
90150078004010	NAFTIN 1% GEL		
90150080506420	PEDIADERM AF KIT		
90154045003920	EXTINA 2% FOAM		
90154045004020	XOLEGEL 2% GEL		
90154065003710	OXISTAT 1% CREAM		
90154065004120	OXISTAT 1% LOTION		
90154070103720	ERTACZO 2% CREAM		
90154075002010	EXELDERM 1% SOLUTION		
90154075003710	EXELDERM 1% CREAM		
90159903404220	VUSION OINTMENT		
90210030205920	FLECTOR 1.3% PATCH		
90210030302025	PENNSAID 1.5% SOLUTION		

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
90210030304020	VOLTAREN 1% GEL		
90220015103710	ZONALON 5% CREAM		
90250510000110	SORIATANE 10 MG CAPSULE		
90250510000115	SORIATANE 17.5 MG CAPSULE		
90250510000125	SORIATANE 25 MG CAPSULE		
90250560000110	8-MOP 10 MG CAPSULE		
90250560100110	Methoxsalen Rapid Cap 10 MG	OXSORALEN-UL	
90350060003720	DENAVIR 1% CREAM		
90359902153720	XERESE 5%-1% CREAM		
90372030003710	FLUOROPLEX 1% CREAM		
90374035304020	SOLARAZE 3% GEL		
90376015004020	PANRETIN 0.1% GEL		
90376220004020	TARGRETIN 1% GEL		
90450010103020	SULFAMYLLON POWDER PACKET		
90550005103710	Alclometasone Dipropionate Cream 0.05%		
90550005103710	Alclometasone Dipropionate Cream 0.05%		
90550010004105	AMCINONIDE 0.1% LOTION		
90550010004205	AMCINONIDE 0.1% OINTMENT		
90550020053705	Betamethasone Dipropionate Augmented Cream 0.05%		
90550020054105	Betamethasone Dipropionate Augmented Lotion 0.05%		
90550020103920	LUXIQ 0.12% FOAM		
90550025100910	CLOBEX 0.05% SPRAY		
90550025103920	OLUX 0.05% FOAM		
90550025104110	CLOBEX 0.05% TOPICAL LOTION		
90550025104520	CLOBEX 0.05% SHAMPOO		
90550025203920	OLUX-E 0.05% FOAM		
90550030103705	CLODERM 0.1% CREAM		
90550035004020	DESONATE 0.05% GEL		
90550035506420	DESOWEN 0.05% LOTION KIT		
90550050153705	Diflorasone Diacetate Emollient Base Cream 0.05%	APEXICON E	
90550055101710	Fluocinolone Acetonide Oil 0.01%	DERMA-SMOOTH	
90550055101710	Fluocinolone Acetonide Oil 0.01%	DERMA-SMOOTH	
90550055104501	CAPEX SHAMPOO		
90550060003710	VANOS 0.1% CREAM		
90550065004605	CORDRAN 4 MCG/SQ CM TAPE		
90550068104120	CUTIVATE 0.05% LOTION		
90550070003710	HALOG 0.1% CREAM		
90550070004205	HALOG 0.1% OINTMENT		
90550073103710	Halobetasol Propionate Cream 0.05%		
90550073104210	Halobetasol Propionate Oint 0.05%		
90550075002020	TEXACORT 2.5% SOLUTION		
90550075204205	Hydrocortisone Valerate Oint 0.2%		
90550075273720	PANDEL 0.1% CREAM		
90550075706430	PEDIADERM HC 2% KIT		
90550082102010	Mometasone Furoate Solution 0.1% (Lotion)		
90550083003710	Prednicarbate Cream 0.1%		
90550083004210	Prednicarbate Oint 0.1%		
90550085103400	KENALOG AEROSOL SPRAY		
90559802303710	LIDAMAN'TLE HC 0.5-3% CREAM		
90559902853710	CARMOL HC 1% CREAM		
90660080003735	REMEVEN 50% CREAM		
90660080004250	UREA 50% OINTMENT		
90669903801840	UREA 50% TOPICAL SUSPENSION		
90669903901645	KEROL AD 45% EMULSION		

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
90669903901650	UREA 50% EMULSION		
90700010004205	SANTYL OINTMENT		
90700050003400	GRANULEX SPRAY		
90750015004020	CONDYLOX 0.5% GEL		
90750030004530	SALICYLIC ACID 6% SHAMPOO		
90750030406420	SALICYLIC ACID 6% CREAM KIT		
90750030406430	SALICYLIC ACID 6% LOTION KI		
90759902073940	SALKERA 6% FOAM		
90760070004220	VEREGEN 15% OINTMENT		
90773040003715	ZYCLARA 3.75% CREAM		
90773040003720	Imiquimod Cream 5%	ALDARA	
90784060003720	Pimecrolimus Cream 1%	ELIDEL	
90784075004210	PROTOPIC 0.03% OINTMENT		
90784075004230	PROTOPIC 0.1% OINTMENT		
90850060005930	LIDODERM 5% PATCH		
90871010004105	OXSORALEN 1% LOTION		
90879903253720	TRI-LUMA CREAM		
90900004004120	ULESFIA 5% LOTION		
90900020004110	LINDANE 1% LOTION		
90900020004510	LINDANE 1% SHAMPOO		
90900048001820	NATROBA 0.9% TOPICAL SUSP		
90945020004020	REGANEX 0.01% GEL		
90949903654020	REGENECARE 2% WOUND GEL		
ANTISEPTICS & DISINFECTANTS			
92100040000905	PHISOHEX 3% CLEANSER		
ANTIDOTES			
93100025007320	EXJADE 125 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
93100025007330	EXJADE 250 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
93100025007340	EXJADE 500 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
PHARMACEUTICAL ADJUVANTS			
98401006002020	DILUENT FOR FLOLAN VIAL		
ASSORTED CLASSES			
99200020100110	SYPRINE 250 MG CAPSULE		
99200030000305	DEPEN 250 MG TITRATAB		
99392070000120	THALOMID 50 MG CAPSULE		Prior Auth, Biopharmacy benefit via Caremark
99392070000130	THALOMID 100 MG CAPSULE		Prior Auth, Biopharmacy benefit via Caremark
99392070000135	THALOMID 150 MG CAPSULE		Prior Auth, Biopharmacy benefit via Caremark
99392070000140	THALOMID 200 MG CAPSULE		Prior Auth, Biopharmacy benefit via Caremark
99394050000120	REVLIMID 5 MG CAPSULE		Prior Auth, Biopharmacy benefit via Caremark
99394050000130	REVLIMID 10 MG CAPSULE		Prior Auth, Biopharmacy benefit via Caremark
99394050000140	REVLIMID 15 MG CAPSULE		Prior Auth, Biopharmacy benefit via Caremark
99394050000150	REVLIMID 25 MG CAPSULE		Prior Auth, Biopharmacy benefit via Caremark
99402540102220	ATGAM 50 MG/ML AMPUL		Prior Auth, Biopharmacy benefit via Caremark
99404035000320	ZORTRESS 0.25 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark

Prior Authorization List

GPI Code	Product Description	Brand Product	Limitations/Restrictions
99404035000325	ZORTRESS 0.5 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark
99404035000330	ZORTRESS 0.75 MG TABLET		Prior Auth, Biopharmacy benefit via Caremark