



Molina Healthcare of Ohio Prior Authorization (PA) List

ABD and CFC members new to Molina Healthcare of Ohio, Inc. will be able to receive their controlled substance drugs without new prior authorization requirements than traditional Medicaid for the first month they are enrolled in our plan, antidepressants and antipsychotics for the first 4 months they are enrolled and for 3 months for other drugs that require a prior authorization. This will give members and providers time to consider other medications that do not require prior authorization and to learn the steps to getting prior authorization. If a member needed a prior authorization under traditional Medicaid to get his or her prescription medication, the member will most likely still need a prior authorization to get the same medication. Call Member Services at 1-800-642-4168 or TTY/Ohio Relay at 1-800-750-0750 or 711 to find out whether the prescription drug(s) will require prior authorization now and in the future and to learn what members and providers will need to do to get prior authorization for members' prescription drug(s).

All drugs listed on the PA list require prior authorization in order to be covered. This list applies to CFC and ABD members. Molina Healthcare covers all medically-necessary, Medicaid-covered prescription medications available through the traditional fee-for-service Medicaid program but may require prior authorization differently.

Some drugs, mostly injections, must be obtained from Caremark Specialty Pharmacy. After a member's drug is authorized, the member will be informed that the drug will be shipped to the member from Caremark Specialty Pharmacy.

The PA process is initiated by the prescriber completing a PA form requesting the medication and faxing it to Molina Healthcare at 1-800-960-5160. A PA form may be downloaded from the Molina Healthcare of Ohio website at www.MolinaHealthcare.com. Urgent requests for medication may be made by calling the pharmacy prior authorization department at 1-800-642-4168.

Branded drugs that have a generic equivalent available require PA if the brand is requested. This list does not show all of the brand name drugs that have a generic available.

Brand name medications that have generic equivalents will only be dispensed in generic form unless the prescriber indicates a branded drug is necessary (DAW) and Molina Healthcare prior authorizes the drug.

Step therapy and quantity limit exceptions require prior authorization.

PRIOR AUTHORIZATION CODE:

Lower cost alternatives = There is another drug that does the same as the Prior Authorized drug and it costs less. The alternative drugs are listed. A member can ask his or her provider if the alternative is right for the member.
Step Therapy = The member must have tried another drug before the use of the drug with Prior Authorization.
Clinical Criteria = There are certain medical records, laboratory tests or certain diseases listed in order to get this medication.

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
8-MOP 10 MG CAPSULE	CLINICAL CRITERIA	CUTANEOUS T CELL LYMPHOMA
ABSTRAL TAB SUBLING	CLINICAL CRITERIA	CLINICAL CRITERIA
ACANYA GEL PUMP	LOWER COST ALTERNATIVES	CLINDAMYCIN GEL, BENZOYL PEROXIDE GEL
ACIPHEX EC 20 MG TABLET	LOWER COST ALTERNATIVES	OMEPRAZOLE, LANSOPRAZOLE, PANTOPRAZOLE.
ACTIMMUNE 2 MILLION UNIT VI	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ACTIQ LOZENGE	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
ACTIVELLA TABLET	LOWER COST ALTERNATIVES	PREMPRO
ACTONEL TABLET	LOWER COST ALTERNATIVES	GENERIC ALENDRONATE
ACTONEL WITH CALCIUM TABLET	LOWER COST ALTERNATIVES	GENERIC ALENDRONATE PLUS CALCIUM
ACTOPLUS MET XR	LOWER COST ALTERNATIVES	ACTOPLUS MET
ACUVAIL 0.45% OPHTH SOLUTIO	LOWER COST ALTERNATIVES	DICLOFENAC, KETOROLAC OPHTH SOLUTION
ACZONE 5% GEL	LOWER COST ALTERNATIVES	BENZACLIN GEL
ADCIRCA 20 MG TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ADOXA TABLET	LOWER COST ALTERNATIVES	DOXYCYCLINE MONO 100 MG CAP
ADVICOR TABLETS	LOWER COST ALTERNATIVES	NIACIN PLUS SIMVASTATIN
ADVIL 200 MG LIQUI-GEL CAPS	LOWER COST ALTERNATIVES	USE NAPROXEN, DICLOFENAC, ETODOLAC
AFINITOR TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
AIRAVITE TABLET	LOWER COST ALTERNATIVES	CEREFOLIN TABLET
AKNE-MYCIN 2% OINTMENT	LOWER COST ALTERNATIVES	CLINDAMYCIN SOL, CLINDAGEL, ERYTHROMYCIN GEL
ALAMAST 0.1% DROPS	LOWER COST ALTERNATIVES	CROMOLYN 4% EYE DROPS
ALBENZA 200 MG TABLET	LOWER COST ALTERNATIVES	MEBENDAZOLE 100 MG TAB CHEW
ALINIA 100 MG/5 ML SUSPENS	LOWER COST ALTERNATIVES	ALINIA 500 MG TABLET
ALLEGRA 30 MG/5 ML SUSPENS	LOWER COST ALTERNATIVES	CETIRIZINE; LORATADINE
ALLEGRA ODT 30 MG TABLET	LOWER COST ALTERNATIVES	CETIRIZINE; LORATADINE
ALLEGRA-D TABLET	LOWER COST ALTERNATIVES	CETIRIZINE; LORATADINE
ALLFEN CD TABLET	LOWER COST ALTERNATIVES	GUAIFENESIN-CODEINE SYRUP
ALPHAGAN P 0.1% DROPS	LOWER COST ALTERNATIVES	ALPHAGAN P 0.15% EYE DROPS
ALPRAZOLAM ODT	LOWER COST ALTERNATIVES	ALPRAZOLAM REG. STRENGTH TABLETS
ALPRAZOLAM ER TABLET	LOWER COST ALTERNATIVES	ALPRAZOLAM REG. STRENGTH TABLETS
ALTABAX 1% OINTMENT	LOWER COST ALTERNATIVES	MURIPROCIN CREAM/OINTMENT
ALTOPREV TABLET	LOWER COST ALTERNATIVES	SIMVASTATIN, ATORVASTATIN
ALVESCO INHALER	LOWER COST ALTERNATIVES	BECLOMETHASONE (QVAR), FLUTICASONE(FLOVENT)
AMITIZA CAPSULE	LOWER COST ALTERNATIVES	MIRALAX , LACTULOSE
AMPYRA ER 10 MG TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
AMRIX ER CAPSULE	LOWER COST ALTERNATIVES	CYCLOBENZAPRINE TABLET
AMTURNIDE TAB	STEP THERAPY	FAILURE ACE/ARB
ANDROGEN PRODUCTS	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
ANGELIQ 0.5 MG-1 MG TABLET	LOWER COST ALTERNATIVES	PREMPRO
ANTARA CAPSULE	LOWER COST ALTERNATIVES	GENERIC FENOFIBRATE 54MG OR 160MG

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ANZEMET TABLET	LOWER COST ALTERNATIVES	ONDANSETRON/ODT, GRANISETRON
APIDRA 100 UNITS/ML VIAL	LOWER COST ALTERNATIVES	APIDRA SOLOSTAR 100 UNITS/M
APLENZIN ER TABLET	LOWER COST ALTERNATIVES	WELLBUTRIN XL
APOKYN 30 MG/3 ML CARTRIDGE	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
ARANESP INJECTION	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ARCALYST 220 MG INJECTION	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
ARCAPTA NEOHALER	LOWER COST ALTERNATIVES	SALMETEROL, FORMOTEROL INHALERS
ARICEPT 23 MG TABLET	LOWER COST ALTERNATIVES	GENERIC DONEPEZIL 20MG
ARIXTRA SYRINGE	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
ARTHROTEC EC	LOWER COST ALTERNATIVES	DICLOFENAC SODIUM PLUS MISOPROSTOL
ASMANEX TWISTHALER	LOWER COST ALTERNATIVES	BECLOMETHASONE (QVAR), FLUTICASONE(FLOVENT)
ATACAND TABLET	LOWER COST ALTERNATIVES	LOSARTAN OR ACE-INHIBITOR
ATACAND HCT TABLET	LOWER COST ALTERNATIVES	LOSARTAN-HCTZ
ATELVIA DR 35 MG TABLET	LOWER COST ALTERNATIVES	GENERIC ALENDRONATE
ATGAM 50 MG/ML AMPUL	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
AVALIDE TABLET	LOWER COST ALTERNATIVES	LOSARTAN-HCTZ
AVANDAMET TAB	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
AVANDARYL TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
AVANDIA TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
AVAPRO TABLET	LOWER COST ALTERNATIVES	LOSARTAN OR ACE-INHIBITOR
AVELOX 400 MG TABLET	LOWER COST ALTERNATIVES	CIPROFLOXACIN
AVINZA CAPSULE	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
AVODART 0.5 MG SOFTGEL	LOWER COST ALTERNATIVES	FINASTERIDE (PROSCAR)
AVONEX ADMIN PACK 30 MCG VL	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
AXERT TABLET	LOWER COST ALTERNATIVES	IMITREX, AMERGE
AZASITE 1% EYE DROPS	LOWER COST ALTERNATIVES	LEVOFLOXACIN OPHTH, ERYTHROMYCIN EYE OINTMENT
AZELEX 20% CREAM	LOWER COST ALTERNATIVES	BENZACLIN GEL
AZILECT TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
AZOR TABLET	LOWER COST ALTERNATIVES	LOSARTAN PLUS AMLODIPINE
BANZEL TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
BECONASE AQ 0.042% SPRAY	LOWER COST ALTERNATIVES	FLUNISOLIDE, FLUTICASONE
BENICAR TABLET	LOWER COST ALTERNATIVES	LOSARTAN OR ACE-INHIBITOR
BENICAR HCT TABLET	LOWER COST ALTERNATIVES	LOSARTAN-HCTZ
BENZACLIN GEL 35G PUMP	LOWER COST ALTERNATIVES	BENZACLIN GEL
BENZAMYCINPAK GEL	LOWER COST ALTERNATIVES	CLINDAMYCIN BENZOYL PEROXIDE GEL
BENZEFOAM 5.3% EMOLLIENT FO	LOWER COST ALTERNATIVES	BENZOYL PEROXIDE
BENZEFOAM ULTRA 9.8% FOAM	LOWER COST ALTERNATIVES	BENZOYL PEROXIDE
BENZIQU 5.25% GEL	LOWER COST ALTERNATIVES	BENZOYL PEROXIDE
BENZIQU 5.25% WASH	LOWER COST ALTERNATIVES	BENZOYL PEROXIDE

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BENZOYL PEROXIDE 7% WASH	LOWER COST ALTERNATIVES	BENZOYL PEROXIDE
BEPREVE 1.5% EYE DROPS	LOWER COST ALTERNATIVES	OPTIVAR, ZADITOR, PATANOL
BESIVANCE 0.6% SUSP	LOWER COST ALTERNATIVES	LEVOFLOXACIN OPHTH
BETASERON 0.3 MG KIT	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
BILTRICIDE 600 MG TABLET	LOWER COST ALTERNATIVES	MEBENDAZOLE 100 MG TAB CHEW
BONIVA 150 MG TABLET	LOWER COST ALTERNATIVES	GENERIC ALENDRONATE
B-PLEX TABLET	LOWER COST ALTERNATIVES	FOLBEE PLUS TABLET
BREVOXYL COMPLETE PACK	LOWER COST ALTERNATIVES	BENZOYL PEROXIDE
BROMDAY 0.09% EYE DROPS	LOWER COST ALTERNATIVES	DICLOFENAC, KETOROLAC OPHTH SOLUTION
BROVANA 15 MCG/2 ML SOLUTIO	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
BUPHENYL POWDER	LOWER COST ALTERNATIVES	BUPHENYL 500 MG TABLET
BUTISOL SODIUM TABLET	LOWER COST ALTERNATIVES	PHENOBARBITAL TABLET
BUTISOL SODIUM 30 MG/5 ML E	LOWER COST ALTERNATIVES	PHENOBARBITAL TABLET
BUTRANS PATCH	LOWER COST ALTERNATIVES	METHADONE, MORPHINE SULFATE ER, KADIAN
BYETTA DOSE PEN INJ	STEP THERAPY	METFORMIN + ANY OTHER ORAL HYPOGLYCEMICS
BYSTOLIC TABLET	LOWER COST ALTERNATIVES	ATENOLOL, BISOPROLOL, METOPROLOL
CADUET TABLET	LOWER COST ALTERNATIVES	AMLODIPINE PLUS SIMVASTATIN
CAMBIA 50 MG POWDER PACKET	LOWER COST ALTERNATIVES	USE NAPROXEN, DICLOFENAC, ETODOLAC
CAMPRAL DR 333 MG TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
CANTIL 25 MG TABLET	LOWER COST ALTERNATIVES	PROPANTHELINE, GLYCOPYRROLATE
CAPCOF LIQUID	LOWER COST ALTERNATIVES	PROMETHAZINE VC-CODEINE SYR
CARBAGLU 200 MG DISPER TABL	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
CARDURA XL TABLET	LOWER COST ALTERNATIVES	DOXAZOSIN, TERAZOSIN, TAMSULOSIN
CARISOPRODOL CPD-CODEINE TA	LOWER COST ALTERNATIVES	ORPHENADRINE COMP AND COMP-DS TABLETS
CAVAN-EC SOD DHA VITAMINS	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
CAVAN-FOLATE DHA COMBO PACK	LOWER COST ALTERNATIVES	LACTOCAL-F TABLET
CAVAN-HEME OB TABLET	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
CAYSTON 75 MG INHAL SOLUTIO	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
CEDAX TABLETS/SUSPENSION	LOWER COST ALTERNATIVES	CEFPODOXIME PROXETIL
CELEBREX CAPSULE	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
CENESTIN TABLET	LOWER COST ALTERNATIVES	PREMARIN, ESTRADIOL TABLETS
CEREDASE 80 UNITS/ML VIAL	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
CEREFOLIN NAC CAPLET	LOWER COST ALTERNATIVES	CEREFOLIN TABLET
CERISA WASH	LOWER COST ALTERNATIVES	CLINDAMYCIN SOL, CLINDAGEL, ERYTHROMYCIN GEL
CESAMET 1 MG CAPSULE	LOWER COST ALTERNATIVES	ONDANSETRON/ODT, GRANISETRON
CETRAXAL 0.2% EAR SOLUTION	LOWER COST ALTERNATIVES	CIPRODEX OTIC SUSPENSION
CHANTIX TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
CHENODAL 250 MG TABLET	LOWER COST ALTERNATIVES	URSODIOL TABLET

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
CICLOPIROX 8 % KIT	LOWER COST ALTERNATIVES	AUTO APPROVE MEMBER ACTIVE
CIMZIA 200 MG/ML SYRINGE KI	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
CIPRO HC OTIC SUSPENSION	LOWER COST ALTERNATIVES	CIPRODEX OTIC SUSPENSION
CITRANATAL 90 DHA PACK	LOWER COST ALTERNATIVES	COMPLETE-RF PRENATAL TABLET
CITRANATAL ASSURE COMBO PAC	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
CITRANATAL DHA PACK	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
CLARAVIS CAPSULE	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
CLARIFOAM EF EMOLLIENT FOAM	LOWER COST ALTERNATIVES	CLINDAMYCIN SOL, CLINDAGEL, ERYTHROMYCIN GEL
CLARINEX	LOWER COST ALTERNATIVES	CETIRIZINE; LORATADINE
CLARINEX-D TABLET	LOWER COST ALTERNATIVES	CETIRIZINE; LORATADINE
CLARIS CLARIFYING WASH	LOWER COST ALTERNATIVES	CLINDAMYCIN SOL, CLINDAGEL, ERYTHROMYCIN GEL
CLARITIN REDITABS	LOWER COST ALTERNATIVES	CETIRIZINE; LORATADINE
CLIMARA PRO PATCH	LOWER COST ALTERNATIVES	ESTRADIOL TRANSDERMAL PATCH
CLOBEX 0.05% SPRAY	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
CLOBEX 0.05% TOPICAL LOTION	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
CLODERM 0.1% CREAM	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
CLONAZEPAM DIS TABLET	LOWER COST ALTERNATIVES	CLONAZEPAM TABLETS
CLONIDINE PATCH	LOWER COST ALTERNATIVES	CLONIDINE TABLET
CLORPRES TABLET	LOWER COST ALTERNATIVES	CHLORTHALIDONE/CLONIDINE TABS
CO CET TABLET	LOWER COST ALTERNATIVES	ACETAMINOPHEN-COD #2 TABLET
COLCRY S 0.6 MG TABLET	STEP THERAPY	FAILURE OF NSAID PROPHYLAXIS
COLESTID TABLET/GRANULES PACKET	LOWER COST ALTERNATIVES	CHOLESTYRAMINE
COLY-MYCIN S EAR DROPS	LOWER COST ALTERNATIVES	CORTOMYCIN EAR SUSPENSION
COMPLETE NATAL DHA	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
CONCEPT DHA CAPSULE	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
CONZIP TABLETS	LOWER COST ALTERNATIVES	TRAMADOL ER
COPAXONE 20 MG INJECTION KI	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
COREG CR CAPSULE	LOWER COST ALTERNATIVES	CARVEDILOL
CORTISPORIN CREAM	LOWER COST ALTERNATIVES	CORTISPORIN OINT
COTAB AX TABLET	LOWER COST ALTERNATIVES	DIMETAPP LONG-ACTING COUGH
COVERA-HS MG TABLET	LOWER COST ALTERNATIVES	VERAPAMIL EXTENDED RELEASE
CRESTOR TABLET	LOWER COST ALTERNATIVES	SIMVASTATIN
CRINONE 8% GEL	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
CUBICIN 500 MG VIAL	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
CUTIVATE 0.05% LOTION	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
CUVPOSA 1 MG/5 ML SOLUTION	LOWER COST ALTERNATIVES	PROPANTHELINE , GLYCOPYRROLATE
CYMBALTA CAPSULE	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
CYSTADANE POWDER	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
DALIRESP	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA

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DAYTRANA PATCH	LOWER COST ALTERNATIVES	METADATE CD CAPSULE, METHYLPHENIDATE ER
DEMECLOCYCLINE TABLET	LOWER COST ALTERNATIVES	DOXYCYCLINE MONO 100 MG CAP
DEMSER 250 MG CAPSULE	LOWER COST ALTERNATIVES	PHENTOLAMINE
DERMATOP CREAM/ OINTMENT	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
DESONATE 0.05% GEL	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
DESOWEN 0.05% LOTION KIT	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
DESOXYN 5 MG TABLET	LOWER COST ALTERNATIVES	AMPHETAMINE, DEXTROAMPHETAMINE,
DETROL TABLET	LOWER COST ALTERNATIVES	OXYBUTYNIN/XL
DETROL LA CAPSULE	LOWER COST ALTERNATIVES	OXYBUTYNIN/XL
DEXILANT DR CAPSULE	LOWER COST ALTERNATIVES	OMEPRAZOLE, LANSOPRAZOLE, PANTOPRAZOLE.
DIALYVITE 3,000 TABLET	LOWER COST ALTERNATIVES	DIALYVITE TABLET
DIALYVITE 5000 TABLET	LOWER COST ALTERNATIVES	DIALYVITE TABLET
DIALYVITE SUPREME D TABLET	LOWER COST ALTERNATIVES	DIALYVITE TABLET
DIALYVITE WITH ZINC TABLET	LOWER COST ALTERNATIVES	DIALYVITE TABLET
DIATX ZN TABLET	LOWER COST ALTERNATIVES	DIALYVITE TABLET
DIFIL-G 400 TABLET	LOWER COST ALTERNATIVES	THEOPHYLLINE TABLET
DIOVAN HCT TABLET	STEP THERAPY	FAILURE ACE INHIBITOR
DIOVAN TABLET	STEP THERAPY	FAILURE ACE INHIBITOR
DIVIGEL 0.25 MG GEL PACKET	LOWER COST ALTERNATIVES	ESTRADIOL TRANSDERMAL PATCH
DORAL 15 MG TABLET	LOWER COST ALTERNATIVES	ZOLPIDEM, ZALEPLON, TEMAZEPAM
DORYX /DR TABLET	LOWER COST ALTERNATIVES	DOXYCYCLINE MONO 100 MG CAP
DOXYCYCLINE HYC DR 75 MG TA	LOWER COST ALTERNATIVES	DOXYCYCLINE MONO 100 MG CAP
DOXYCYCLINE MONO 75 MG CAPS	LOWER COST ALTERNATIVES	DOXYCYCLINE MONO 100 MG CAP
DRONABINOL CAPSULE	LOWER COST ALTERNATIVES	ONDANSETRON/ODT, GRANISETRON
DUET DHA COMPLETE COMBO PAC	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
DUETACT TABLET	LOWER COST ALTERNATIVES	SULPHONYLUREA PLUS METFORMIN
DUEXIS	LOWER COST ALTERNATIVES	IBUPROFEN AND FAMOTIDINE
DULERA INHALER	CLINICAL CRITERIA	FAILURE OF INHALED STEROID MAX DOSE
DURAFLU TABLET	LOWER COST ALTERNATIVES	COLD MULTI-SYMP TOM CAPLET
DYLIX 100 MG/15 ML ELIXIR	LOWER COST ALTERNATIVES	THEOPHYLLINE SOLUTION
DYNACIRC CR TABLET	LOWER COST ALTERNATIVES	NIFEDIPINE; AMLODIPINE
ED CHLORPED D PEDIATRIC DRO	LOWER COST ALTERNATIVES	RYNATAN PEDIATRIC ORAL SUSP
ED CYTE F TABLET	LOWER COST ALTERNATIVES	FERROUS SULFATE 325 MG TABL
ED-FLEX CAPSULE	LOWER COST ALTERNATIVES	ACETAMINOPHEN WITH CODEINE
EFFER-K TABLET EFF	LOWER COST ALTERNATIVES	K-TAB ER 10 MEQ TABLET
EFFIENT TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
ELESTAT 0.05% EYE DROPS	LOWER COST ALTERNATIVES	OPTIVAR, ZADITOR, PATANOL
ELESTRIN 0.06% GEL	LOWER COST ALTERNATIVES	ESTRADIOL TRANSDERMAL PATCH
ELIDEL 1% CREAM	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
EMADINE 0.05% EYE DROPS	LOWER COST ALTERNATIVES	OPTIVAR, ZADITOR, PATANOL
EMCYT 140 MG CAPSULE	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA

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EMEND	LOWER COST ALTERNATIVES	ONDANSETRON/ODT, GRANISETRON
EMSAM PATCH	LOWER COST ALTERNATIVES	SELEGILINE TABLETS
ENABLEX TABLET	LOWER COST ALTERNATIVES	OXYBUTYNIN/XL
ENBREL INJECTION	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
EPIDUO GEL	LOWER COST ALTERNATIVES	BENZACLIN GEL
EPLERENONE TABLET	LOWER COST ALTERNATIVES	SPIRONOLACTONE
EPOGEN INJECTION	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ERTACZO 2% CREAM	LOWER COST ALTERNATIVES	MICONAZOLE, CLOTRIMAZOLE CREAM
ESTRADERM PATCH	LOWER COST ALTERNATIVES	ESTRADIOL TRANSDERMAL PATCH
ESTRASORB PACKET	LOWER COST ALTERNATIVES	ESTRADIOL TRANSDERMAL PATCH
ESTRING 2 MG VAGINAL RING	LOWER COST ALTERNATIVES	USE PREMARIN OR ESTRACE CREAM
EVAMIST 1.53 MG/SPRAY	LOWER COST ALTERNATIVES	ESTRADIOL TRANSDERMAL PATCH
EVOCLIN 1% FOAM	LOWER COST ALTERNATIVES	CLINDAMYCIN BENZOYL PEROXIDE GEL
EXALGO ER TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
EXELDERM CREAM/ SOLUTION	LOWER COST ALTERNATIVES	MICONAZOLE, CLOTRIMAZOLE CREAM
EXELON PATCH	LOWER COST ALTERNATIVES	RIVASTIGMINE, GALANTAMINE/ER TABLETS
EXELON 2 MG/ML ORAL SOLUTION	LOWER COST ALTERNATIVES	RIVASTIGMINE, GALANTAMINE/ER TABLETS
EXFORGE TABLET	LOWER COST ALTERNATIVES	LOSARTAN PLUS AMLODIPINE
EXFORGE HCT TAB	LOWER COST ALTERNATIVES	LOSARTAN-HCTZ PLUS AMLODIPINE
EXJADE TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
EXTAVIA 0.3 MG KIT	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
EXTINA 2% FOAM	LOWER COST ALTERNATIVES	MICONAZOLE, CLOTRIMAZOLE CREAM
FACTIVE 320 MG TABLET	LOWER COST ALTERNATIVES	CIPROFLOXACIN
FANAPT TABLET	LOWER COST ALTERNATIVES	RISPERIDONE, GEODON, ZYPREXA, SEROQUEL
FAZACLO ODT	LOWER COST ALTERNATIVES	RISPERIDONE, CLOZAPINE
FEMECAL OB TABLET	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
FEMRING 0.05 MG VAGINAL RIN	LOWER COST ALTERNATIVES	USE PREMARIN OR ESTRACE CREAM
FEMTRACE TABLET	LOWER COST ALTERNATIVES	PREMARIN, ESTRADIOL TABLETS
FENTANYL PATCH	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
FENTANYL CITRATE BUCCAL TABLETS	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
FENTORA BUCCAL TABL	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
FERRALET 90 DUAL-IRON TABLE	LOWER COST ALTERNATIVES	FERROUS SULFATE 325 MG TABL
FERRAPLUS 90 TABLET	LOWER COST ALTERNATIVES	FERROUS SULFATE 325 MG TABL
FERREX 28 TABLET	LOWER COST ALTERNATIVES	FERROUS SULFATE 325 MG TABL
PEXMID 7.5 MG TABLET	LOWER COST ALTERNATIVES	TIZANIDINE TABLET; CARISOPRODOL TABLET
PEXOFENADINE HCL TABLET	LOWER COST ALTERNATIVES	CETIRIZINE; LORATADINE
FIBRICOR TABLET	LOWER COST ALTERNATIVES	GENERIC FENOFIBRATE 54MG OR 160MG
FINACEA 15% GEL	LOWER COST ALTERNATIVES	CLINDAMYCIN, ERYTHROMYCIN

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
FLAGYL ER 750 MG TABLET	LOWER COST ALTERNATIVES	METRONIDAZOLE TAB 500MG & 250MG
FLECTOR 1.3% PATCH	LOWER COST ALTERNATIVES	USE VOLTAREN GEL
FLUOR-A-DAY TABLET CHEWABLE	LOWER COST ALTERNATIVES	FLUORITAB 1 MG TABLET CHEW, EPIFLUR 0.25, 0.5MG
FLUOXETINE DR 90 MG CAPSULE	LOWER COST ALTERNATIVES	CITALOPRAM, FLUOXETINE, SERTRALINE
FOCALIN XR CAPSULE	LOWER COST ALTERNATIVES	METADATE CD CAPSULE, METHYLPHENIDATE ER
FOLAST TABLET	LOWER COST ALTERNATIVES	CEREFOLIN TABLET
FOLCAPS TABLET	LOWER COST ALTERNATIVES	CEREFOLIN TABLET
FOLGARD RX TABLET	LOWER COST ALTERNATIVES	CEREFOLIN TABLET
FOLIVANE-EC CALCIUM DHA COM	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
FOLIVANE-OB CAPSULE	LOWER COST ALTERNATIVES	COMPLETE-RF PRENATAL TABLET
FOLIVANE-PRX DHA NF CAPSULE	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
FORTAMET ER TABLET	LOWER COST ALTERNATIVES	METFORMIN EXTENDED RELEASE
FORTEO 600 MCG/2.4 ML PEN I	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
FOSAMAX PLUS D	LOWER COST ALTERNATIVES	GENERIC ALENDRONATE PLUS VIT D
FOSRENOL TABLET CHEW	LOWER COST ALTERNATIVES	CALCIUM ACETATE 667 MG CAPS
FRAGMIN SYRINGE	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
FROVA 2.5 MG TABLET	LOWER COST ALTERNATIVES	IMITREX, AMERGE
FUMATINIC ER CAPSULE	LOWER COST ALTERNATIVES	FERROUS SULFATE 325 MG TABL
FUZEON CONVENIENCE KIT	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
GELNIQUE 10% GEL SACHETS	LOWER COST ALTERNATIVES	OXYBUTYNIN/XL
GILENYA 0.5 MG CAPSULE	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
GLEEVEC TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
GLUMETZA ER TABLET	LOWER COST ALTERNATIVES	METFORMIN EXTENDED RELEASE
GROWTH HORMONE INJECTION	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
GROWTH HORMONE INJECTION	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION TO BE PROVIDED BY SPECIALTY PHARMACY
GUANIDINE HCL 125 MG TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
HALOG CREAM/ OINTMENT	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
HELIDAC THERAPY	LOWER COST ALTERNATIVES	PREVPAC PATIENT PACK
HEMATOGEN FA SOFTGEL	LOWER COST ALTERNATIVES	FERROUS SULFATE 325 MG TABL
HEMATOGEN SOFTGEL	LOWER COST ALTERNATIVES	FERROUS SULFATE 325 MG TABL
HEMOCYTE PLUS CAPSULE	LOWER COST ALTERNATIVES	FERROUS SULFATE 325 MG TABL
HEMOCYTE-F TABLET	LOWER COST ALTERNATIVES	FERROUS SULFATE 325 MG TABL
HEMOPHILIA CLOTTING FACTORS	CLINICAL CRITERIA	MEDICATION TO BE PROVIDED BY SPECIALTY PHARMACY

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
HUMIRA INJECTION	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
HYCAMTIN CAPSULE	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
IBUDONE TABLET	LOWER COST ALTERNATIVES	HYDROCODONE WITH IBUPROFEN TABLETS
IMIQUIMOD 5% CREAM PACKET	LOWER COST ALTERNATIVES	IMIQUIMOD CREAM 5%
IMMUNE GLOBULIN INJECTION	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION TO BE PROVIDED BY SPECIALTY PHARMACY
IMMUNE GLOBULIN INJECTION	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
INCRELEX 40 MG/4 ML VIAL	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
INFERGEN VIAL	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
INNOHEP 20,000 UNIT/ML VIAL	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
INNOPRAN XL CAPSULE	LOWER COST ALTERNATIVES	GENERIC PROPRANOLOL ER
INOVA EASY PAD	LOWER COST ALTERNATIVES	BENZOYL PEROXIDE
INTRON A INJECTION	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
INTUNIV ER TABLET	LOWER COST ALTERNATIVES	GENERIC GUANFACINE
INVEGA TABLET	LOWER COST ALTERNATIVES	RISPERIDONE
IOPIDINE 0.5% EYE DROPS	LOWER COST ALTERNATIVES	ALPHAGAN P 0.15% EYE DROPS
IQUIX 1.5% EYE DROPS	LOWER COST ALTERNATIVES	LEVOFLOXACIN OPHTH
IRESSA 250 MG TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ISRADIPINE CAPSULE	LOWER COST ALTERNATIVES	NIFEDIPINE; AMLODIPINE
ISTALOL 0.5% EYE DROPS	LOWER COST ALTERNATIVES	TIMOPTIC OPHTH SOLUTION
JALYN 0.5-0.4 MG CAPSULE	LOWER COST ALTERNATIVES	FINASTERIDE PLUS TAMSULOSIN
KAPVAY ER 0.1 MG TABLET	LOWER COST ALTERNATIVES	CLONIDINE (CATAPRES)
KENALOG AEROSOL SPRAY	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
KEPPRA XR TABLET	LOWER COST ALTERNATIVES	LEVETIRACETAM TABLET
KEROL AD 45% EMULSION	LOWER COST ALTERNATIVES	UREA 40% CREAM, LOTION
KINERET 100 MG/0.67 ML SYR	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
KIONEX 15 GM/60 ML SUSPENS	LOWER COST ALTERNATIVES	CALCIUM ACETATE 667 MG CAPS
K-PHOS #2 TABLET	LOWER COST ALTERNATIVES	K-PHOS NEUTRAL TABLET
K-PHOS M.F TABLET	LOWER COST ALTERNATIVES	K-PHOS NEUTRAL TABLET
LACRISERT 5 MG EYE INSERT	LOWER COST ALTERNATIVES	ARTIFICIAL TEARS
LAMICTAL ODT TABLET	LOWER COST ALTERNATIVES	LAMOTRIGINE TABLET
LAMICTAL XR TABLET	LOWER COST ALTERNATIVES	LAMOTRIGINE TABLET
LAMISIL GRANULES PAC	LOWER COST ALTERNATIVES	TERBINAFINE HCL 250 MG TABL

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
LANSOPRAZOLE ODT TABLET	LOWER COST ALTERNATIVES	LANSOPRAZOLE DR CAPSULES
LASTACRAFT 0.25% EYE DROPS	LOWER COST ALTERNATIVES	OPTIVAR, ZADITOR, PATANOL
LATUDA TABLET	LOWER COST ALTERNATIVES	RISPERIDONE, GEODON, ZYPREXA, SEROQUEL
LESCOL CAPSULE	LOWER COST ALTERNATIVES	SIMVASTATIN
LESCOL XL 80 MG TABLET	LOWER COST ALTERNATIVES	SIMVASTATIN
LETAIRIS TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
LEUKINE VIAL	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
LEVATOL 20 MG TABLET	LOWER COST ALTERNATIVES	ATENOLOL, BISOPROLOL, METOPROLOL
LEVORPHANOL 2 MG TABLET	LOWER COST ALTERNATIVES	MORPHINE SULFATE, OXYCODONE
LEXAPRO TABLET/ SOLUTION	LOWER COST ALTERNATIVES	CITALOPRAM, FLUOXETINE, SERTRALINE
LIALDA DR TABLET	LOWER COST ALTERNATIVES	ASACOL EC 400 MG TABLET
LIDODERM 5% PATCH	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
LINDANE LOTION/ SHAMPOO	STEP THERAPY	FAILURE OF PERMETHRIN/RID
LIPITOR TABLET	LOWER COST ALTERNATIVES	SIMVASTATIN
LIPOFEN CAPSULE	LOWER COST ALTERNATIVES	GENERIC FENOFIBRATE 54MG OR 160MG
LITHOSTAT 250 MG TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
LIVALO TABLET	LOWER COST ALTERNATIVES	SIMVASTATIN
LMX 4 PLUS KIT	LOWER COST ALTERNATIVES	LIDOCAINE OINT, LMX 4 4% CREAM
LODOSYN 25 MG TABLET	LOWER COST ALTERNATIVES	SINEMET CR
LOFIBRA	LOWER COST ALTERNATIVES	GENERIC FENOFIBRATE 54MG OR 160MG
LOTRONEX TABLET	STEP THERAPY	FAILURE OF METAMUCIL, PSYLLIUM, DICICLOMINE
LOVAZA 1 GM CAPSULE	LOWER COST ALTERNATIVES	GENERIC FISH OIL CAPSULES
LOVENOX PREFILLED SYR	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
LUMIGAN EYE DROPS	LOWER COST ALTERNATIVES	LATANAPROST
LUNESTA TABLET	LOWER COST ALTERNATIVES	ZOLPIDEM, ZALEPLON
LUVOX CR CAPSULE	LOWER COST ALTERNATIVES	CITALOPRAM, FLUOXETINE, SERTRALINE
LUXIQ 0.12% FOAM	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
LYRICA CAPSULE	LOWER COST ALTERNATIVES	GABAPENTIN
MAGNACET MG TABLET	LOWER COST ALTERNATIVES	OXYCODONE WITH ACETAMINOPHEN
MAGNEBIND RX TABLET	LOWER COST ALTERNATIVES	CALCIUM ACETATE 667 MG CAPS
MARNATAL-F CAPSULE	LOWER COST ALTERNATIVES	LACTOCAL-F TABLET
MATERNITY VITAMIN	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
MAXAIR AUTOHALER 0.2 MG AER	LOWER COST ALTERNATIVES	PRO-AIR HFA
MAXALT TABLET	LOWER COST ALTERNATIVES	IMITREX, AMERGE
MAXALT MLT TABLET	LOWER COST ALTERNATIVES	IMITREX, AMERGE
MAXIDONE 10-750 MG TABLET	LOWER COST ALTERNATIVES	OXYCODONE WITH ACETAMINOPHEN
MAXIFED-G CD TABLET	LOWER COST ALTERNATIVES	GUAIFENESIN-CODEINE SYRUP
MEBARAL TABLET	LOWER COST ALTERNATIVES	PHENOBARBITAL
MEFENAMIC ACID 250 MG CAPSU	LOWER COST ALTERNATIVES	USE NAPROXEN, DICLOFENAC, ETODOLAC
MEGACE ES 625 MG/5 ML SUSP	LOWER COST ALTERNATIVES	MEGESTROL ACET 40 MG/ML SUS
M-END PE LIQUID	LOWER COST ALTERNATIVES	PROMETHAZINE VC-CODEINE SYR

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
MENEST TABLET	LOWER COST ALTERNATIVES	PREMARIN, ESTRADIOL TABLETS
MENTAX 1% CREAM	LOWER COST ALTERNATIVES	MICONAZOLE, CLOTRIMAZOLE CREAM
METANX TABLET	LOWER COST ALTERNATIVES	CEREFOLIN TABLET
METAXALONE 800 MG TABLET	LOWER COST ALTERNATIVES	TIZANIDINE TABLET; CARISOPRODOL TABLET
METOZOLV ODT TABLET	LOWER COST ALTERNATIVES	METOCLOPRAMIDE, TABLETS, SOLUTION
MICARDIS TABLET	LOWER COST ALTERNATIVES	LOSARTAN OR ACE-INHIBITOR
MICARDIS HCT TABLET	LOWER COST ALTERNATIVES	LOSARTAN-HCTZ
MILLIPRED DP SOLUTION/ DOSE PACK	LOWER COST ALTERNATIVES	PREDNISOLONE
MIRAPEX ER TABLET	LOWER COST ALTERNATIVES	PRAMIPEXOLE IMMEDIATE RELEASE TABLET
MONUROL 3 GM SACHET	LOWER COST ALTERNATIVES	CEPHALOSPORIN, CIPROFLOXACIN
MOVIPREP POWDER KIT	LOWER COST ALTERNATIVES	HALFLYTELY-BISACODYL BOWEL
MOXATAG ER 775 MG TABLET	LOWER COST ALTERNATIVES	AMOXICILLIN 500 MG TABLET
MOXEZA 0.5% EYE DROPS	LOWER COST ALTERNATIVES	CIPROFLOXACIN 0.3% EYE DROP
MYTELASE 10 MG CAPLET	LOWER COST ALTERNATIVES	NEOSTIGMINE, PYRIDOSTIGMINE
NAFTIN 1% CREAM/GEL	LOWER COST ALTERNATIVES	MICONAZOLE, CLOTRIMAZOLE CREAM
NALFON CAPSULE	LOWER COST ALTERNATIVES	USE NAPROXEN, DICLOFENAC, ETODOLAC
NAPRELAN CR	LOWER COST ALTERNATIVES	USE NAPROXEN, DICLOFENAC, ETODOLAC
NASACORT AQ NASAL SPRAY	LOWER COST ALTERNATIVES	FLUNISOLIDE, FLUTICASONE
NASCOBAL 500 MCG NASAL SPRA	LOWER COST ALTERNATIVES	CYANOCOBALAMIN 1,000 MCG/ML
NASONEX 50 MCG NASAL SPRAY	LOWER COST ALTERNATIVES	FLUNISOLIDE, FLUTICASONE
NATACYN EYE DROPS	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
NATELLE ONE CAPSULE	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
NATROBA 0.9% TOPICAL SUSP	LOWER COST ALTERNATIVES	OVIDE, PERMETHRIN, LICE TREATMENT
NEEVO DHA GELCAP	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
NEOBENZ MICRO CREAM/ WASH PLUS PAC	LOWER COST ALTERNATIVES	BENZOYL PEROXIDE 5% OR 10% LOTION
NEPHPLEX RX TABLET	LOWER COST ALTERNATIVES	CEREFOLIN TABLET
NEPHRON FA TABLET	LOWER COST ALTERNATIVES	FERROUS SULFATE 325 MG TABL
NEULASTA 6 MG/0.6 ML SYRING	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
NEUMEGA 5 MG VIAL	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
NEUPOGEN INJECTION	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
NEVANAC 0.1% DROPTAINER	LOWER COST ALTERNATIVES	DICLOFENAC, KETOROLAC OPTH SOLUTION
NEXA SELECT CAPSULE	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
NEXAVAR 200 MG TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
NEXICLON SUSPENSION/ TABLET	LOWER COST ALTERNATIVES	LOSARTAN OR ACE-INHIBITOR
NEXIUM	LOWER COST ALTERNATIVES	OMEPRAZOLE, LANSOPRAZOLE, PANTOPRAZOLE.
NIASPAN ER TABLET	LOWER COST ALTERNATIVES	GENERIC ER NIACIN
NICOTROL CARTRIDGE INHALER	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
NICOTROL NS 10 MG/ML SPRAY	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
NOROXIN 400 MG TABLET	LOWER COST ALTERNATIVES	CIPROFLOXACIN
NOXAFIL 40 MG/ML SUSPENSION	LOWER COST ALTERNATIVES	FLUCONAZOLE, ITRACONAZOLE,

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
NUCYNTA TABLET	LOWER COST ALTERNATIVES	TRAMADOL HCL TABLET
NUEDEXTA 20-10 MG CAPSULE	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
NUOX GEL	LOWER COST ALTERNATIVES	BENZOYL PEROXIDE 5% OR 10% LOTION
NYDAMAX 0.75% GEL	LOWER COST ALTERNATIVES	METROLOTION TOPICAL 0.75%,
OB COMPLETE	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
OMEPRAZOLE-BICARB 40-1,100	LOWER COST ALTERNATIVES	OMEPRAZOLE; PLUS SODIUM BICARB.
OMNARIS 50 MCG NASAL SPRAY	LOWER COST ALTERNATIVES	FLUNISOLIDE, FLUTICASONE
ONSOLIS SOLUBLE FILM	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
OPANA TABLET	LOWER COST ALTERNATIVES	OXYMORPHONE TABLETS
OPANA ER TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
OPIUM TINCTURE 10 MG/ML	LOWER COST ALTERNATIVES	AUTO APPROVE
ORACEA 40 MG CAPSULE	LOWER COST ALTERNATIVES	DOXYCYCLINE 50MG CAPSULE
ORAPRED ODT TABLET	LOWER COST ALTERNATIVES	PREDNISOLONE
ORAVIG 50 MG BUCCAL TABLET	LOWER COST ALTERNATIVES	NYSTATIN 100,000 UNITS/ML S
ORFADIN CAPSULE	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
ORPHENADRINE COMP FORTE TAB	LOWER COST ALTERNATIVES	TIZANIDINE TABLET; CARISOPRODOL TABLET
ORPHENADRINE COMP TABLET	LOWER COST ALTERNATIVES	TIZANIDINE TABLET; CARISOPRODOL TABLET
OXISTAT 1% CREAM/LOTION	LOWER COST ALTERNATIVES	MICONAZOLE, CLOTRIMAZOLE CREAM
OXYCODONE-IBUPROFEN 5-400 T	LOWER COST ALTERNATIVES	HYDROCODONE WITH IBUPROFEN TABLETS
OXYCONTIN TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
OXYTROL 3.9 MG/24HR PATCH	LOWER COST ALTERNATIVES	OXYBUTYNIN/XL
PACNEX WASH/PADS	LOWER COST ALTERNATIVES	BENZOYL PEROXIDE 5% OR 10% LOTION
PAIRE OB PLUS DHA COMBO PAC	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
PALGIC 4 MG TABLET	LOWER COST ALTERNATIVES	CETIRIZINE; LORATADINE
PANDEL 0.1% CREAM	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
PANRETIN 0.1% GEL	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
PARCOPA ODT	LOWER COST ALTERNATIVES	CARBIDOPA-LEVO 25-250 MG ODT
PAROXETINE CR TABLET	LOWER COST ALTERNATIVES	CITALOPRAM, FLUOXETINE, SERTRALINE
PATANASE 0.6% NASAL SPRAY	LOWER COST ALTERNATIVES	ASTEPRO 0.15% NASAL SPRAY
PEDIADERM TOPICAL	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
PEGASYS VIAL	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
PEGINTRON INJECTION	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
PENNSAID 1.5% SOLUTION	LOWER COST ALTERNATIVES	USE VOLTAREN GEL
PENTAM 300 VIAL	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
PENTAZOCIN-ACETAMINOPHN 25-	LOWER COST ALTERNATIVES	OXYCODONE WITH ACETAMINOPHEN
PERFORMIST 20 MCG/2 ML SOL	LOWER COST ALTERNATIVES	ALBUTEROL NEBULIZER SOLUTION

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
PEXEVA TABLET	LOWER COST ALTERNATIVES	CITALOPRAM, FLUOXETINE, SERTRALINE
PLEXION CLEANSING CLOTHS	LOWER COST ALTERNATIVES	CLINDAMYCIN SOL, CLINDAGEL, ERYTHROMYCIN GEL
PNV-DHA PLUS SOFTGEL	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
PNV-IRON TABLET	LOWER COST ALTERNATIVES	LACTOCAL-F TABLET
POLY IRON PN FORTE TABLET	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
POTASSIUM CL 25 MEQ TAB EFF	LOWER COST ALTERNATIVES	KLOR-CON 25 MEQ PACKET
PRADAXA CAPSULE	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
PRANDIMET TABLET	LOWER COST ALTERNATIVES	SULPHONYLUREA PLUS METFORMIN
PRASCION RA CREAM	LOWER COST ALTERNATIVES	CLINDAMYCIN SOL, CLINDAGEL, ERYTHROMYCIN GEL
PREFERA-OB/ PLUS DHA COMBO P	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
PRENACARE TABLET	LOWER COST ALTERNATIVES	COMPLETE-RF PRENATAL TABLET
PRENATE SOFTGEL/ TABLET	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
PRENEXA CAPSULE	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
PREQUE 10 TABLET	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
PRIFTIN 150 MG TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
PRIMLEV TABLET	LOWER COST ALTERNATIVES	OXYCODONE WITH ACETAMINOPHEN
PRIMSOL 50 MG/5 ML ORAL SOL	LOWER COST ALTERNATIVES	CEPHALOSPORIN, CIPROFLOXACIN
PRISTIQ TABLET	LOWER COST ALTERNATIVES	VENLAFAXINE HCL ER TABLET
PROCENTRA 5 MG/5 ML SOLUTIO	LOWER COST ALTERNATIVES	AMPHETAMINE, DEXTROAMPHETAMINE, ADDERALL XR
PROCRIT 10,000 UNITS/ML VIA	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
PROLEUKIN 22 MILLION UNIT V	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
PROMACTA TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
PROQUIN XR 500 MG TABLET	LOWER COST ALTERNATIVES	CIPROFLOXACIN
PROSED-DS TABLET	LOWER COST ALTERNATIVES	URELLE TABLET
PROTONIX 40 MG SUSPENSION	LOWER COST ALTERNATIVES	OMEPRAZOLE, LANSOPRAZOLE, PANTOPRAZOLE.
PROTOPIC OINTMENT	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
PROVENTIL HFA 90 MCG INHALE	LOWER COST ALTERNATIVES	PROAIR HFA 90 MCG INHALER
PROVIGIL TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
PULMICORT FLEXHALER	LOWER COST ALTERNATIVES	BECLOMETHASONE (QVAR), FLUTICASONE(FLOVENT)
PYLERA CAPSULE	LOWER COST ALTERNATIVES	PREVPAC PATIENT PACK
QUIXIN 0.5% EYE DROPS	LOWER COST ALTERNATIVES	LEVOFLOXACIN OPHTH
RAPAFLO CAPSULE	LOWER COST ALTERNATIVES	TAMSULOSIN, TERAZOSIN AND DOXAZOSIN.
REBETOL 40 MG/ML SOLUTION	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
REBIF SYRINGE	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
REGRANEX 0.01% GEL	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
RELPAK TABLET	LOWER COST ALTERNATIVES	IMITREX, AMERGE

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REMICADE 100 MG VIAL	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
REMODULIN INJECTION	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
RENAGEL TABLET	LOWER COST ALTERNATIVES	CALCIUM ACETATE 667 MG CAPS
REVELA POWDER/TABLET	LOWER COST ALTERNATIVES	CALCIUM ACETATE 667 MG CAPS
REPREXAIN TABLET	LOWER COST ALTERNATIVES	HYDROCODONE WITH IBUPROFEN TABLETS
REQUIP XL TABLET	LOWER COST ALTERNATIVES	REQUIP IMMEDIATE RELEASE TABLET
REVATIO INJECTION AND TABLETS	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
REVLIMID CAPSULE	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
RHINOCORT AQUA NASAL SPRAY	LOWER COST ALTERNATIVES	FLUNISOLIDE, FLUTICASONE
RHOPHYLAC 300 MCG/2 ML SYR	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
RIBAPAK	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
RIBASPHERE TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
RIBAVIRIN	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
RIFAMATE CAPSULE	LOWER COST ALTERNATIVES	RIFAMPIN 300 MG PLUS ISONIAZID
RILUTEK 50 MG TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
RITALIN LA CAPSULE	LOWER COST ALTERNATIVES	METADATE CD CAPSULE
RITUXAN 10 MG/ML VIAL	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ROVIN-NV DHA CAPSULE	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
ROZEREM TABLET	LOWER COST ALTERNATIVES	ZOLPIDEM, ZALEPLON
RYBIX ODT 50 MG TABLET	LOWER COST ALTERNATIVES	TRAMADOL HCL TABLET
RYNATAN PEDIATRIC CHEWABLE	LOWER COST ALTERNATIVES	RYNATAN PEDIATRIC ORAL SUSP
RYZOLT ER TABLET	LOWER COST ALTERNATIVES	TRAMADOL HCL TABLET
SABRIL 500 MG TABLET\ POWDER	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
SALKERA 6% FOAM	LOWER COST ALTERNATIVES	SALICYLIC ACID 6% LOTION KI
SAMSCA TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
SANCTURA 20 MG TABLET	STEP THERAPY	FAILURE OXYBUTYNIN/ER
SANCTURA XR 60 MG CAPSULE	LOWER COST ALTERNATIVES	OXYBUTYNIN/XL
SANCUSO 3.1 MG/24 HR PATCH	LOWER COST ALTERNATIVES	ONDANSETRON/ODT, GRANISETRON
SAPHRIS TABLET SUBLING	LOWER COST ALTERNATIVES	RISPERIDONE, GEODON, ZYPREXA, SEROQUEL
SAVELLA TABLET	LOWER COST ALTERNATIVES	GABAPENTIN

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
SCOPACE 0.4 MG TABLET	LOWER COST ALTERNATIVES	MECLIZINE TABLET
SEA-OMEGA CAPSULE	LOWER COST ALTERNATIVES	GENERIC FISH OIL CAPSULES
SE-CARE TABLET	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
SENSIPAR TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
SEROMYCIN 250 MG CAPSULE	LOWER COST ALTERNATIVES	RIFAMPIN 300 MG PLUS ISONIAZID
SEROSTIM INJECTION	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
SE-TAN CAPSULE	LOWER COST ALTERNATIVES	FERROUS SULFATE 325 MG TABL
SILENOR TABLET	LOWER COST ALTERNATIVES	ZOLPIDEM, ZALEPLON, TEMAZEPAM
SIMCOR TABLET	LOWER COST ALTERNATIVES	NIACIN PLUS SIMVASTATIN
SIMPONI INJECTION	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
SINGULAIR TAB/GRAN/CHEW	STEP THERAPY	FAILURE OF INHALED STEROID
SKELID 200 MG TABLET	LOWER COST ALTERNATIVES	GENERIC ALENDRONATE
SOLARAZE 3% GEL	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
SOLODYN ER TABLET	LOWER COST ALTERNATIVES	MINOCYCLINE 75MG, 100 MG CAPSULE
SOMA 250 MG TABLET	LOWER COST ALTERNATIVES	TIZANIDINE TABLET; CARISOPRODOL TABLET
SOMAVERT INJECTION	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
SORIATANE CAPSULE	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
SPECTRACEF DOSE PACK	LOWER COST ALTERNATIVES	CEFPODOXIME PROXETIL
SPORANOX 10 MG/ML SOLUTION	LOWER COST ALTERNATIVES	FLUCONAZOLE 10 MG/ML SUSP
SPRYCEL TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
STAVZOR DR CAPSULE	LOWER COST ALTERNATIVES	DEPAKOTE ER 500 MG TABLET
STIMATE 1.5 MG/ML NASAL SPR	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
STRATTERA CAPSULE	STEP THERAPY	FAILURE OF METHYLPHENIDATE, AMPHETAMINE PRODUCT
STROMEKTOL 3 MG TABLET	LOWER COST ALTERNATIVES	MEBENDAZOLE 100 MG TAB CHEW
SUBOXONE TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
SUBOXONE SL FILM	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
SUCRAID 8,500 UNITS/ML SOLN	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
SULFAMYLOX POWDER PACKET	LOWER COST ALTERNATIVES	CLINDAMYCIN SOL, CLINDAGEL, ERYTHROMYCIN GEL
SUMAXIN PADS/WASH	LOWER COST ALTERNATIVES	CLINDAMYCIN SOL, CLINDAGEL, ERYTHROMYCIN GEL
SUPRAX SUSPENSION	LOWER COST ALTERNATIVES	CEFPODOXIME PROXETIL
SUPRAX 400 MG TABLET	LOWER COST ALTERNATIVES	CEFPODOXIME PROXETIL
SUPREP BOWEL PREP KIT	LOWER COST ALTERNATIVES	HALFLYTELY-BISACODYL BOWEL
SUTENT CAPSULE	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
SYMBICORT INHALER	CLINICAL CRITERIA	FAILURE OF INHALED STEROID MAX DOSE
SYMBYAX CAPSULE	LOWER COST ALTERNATIVES	ZYPREXA PLUS FLUOXETINE
SYMLINPEN PEN/VIAL	STEP THERAPY	FAILURE OF INSULIN THERAPY

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SYNAGIS INJECTION	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
SYNALGOS-DC CAPSULE	LOWER COST ALTERNATIVES	CODEINE WITH ACETAMINOPHEN,
SYNAREL 2 MG/ML NASAL SPRAY	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
SYNERCID 500 MG VIAL	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
SYPRINE 250 MG CAPSULE	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
TARCEVA TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
TARON EC CALCIUM DHA COMB P	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
TARON-DUO EC COMB PACK	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
TARON-EC CAL TABLET	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
TARON-PREX PRENATAL DHA CAP	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
TASIGNA CAPSULE	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
TEKAMLO TABLET	STEP THERAPY	FAILURE ACE/ARB
TEKURNA TABLET	STEP THERAPY	FAILURE ACE/ARB
TEKURNA HCT TABLET	STEP THERAPY	FAILURE ACE/ARB
TEMODAR CAPSULE	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
TEVETEN TABLET	LOWER COST ALTERNATIVES	LOSARTAN OR ACE-INHIBITOR
TEVETEN HCT TAB	LOWER COST ALTERNATIVES	LOSARTAN-HCTZ
THALOMID CAPSULE	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
TINDAMAX TABLET	LOWER COST ALTERNATIVES	METRONIDAZOLE 250 MG TABLET
TIROSINT CAPSULE	LOWER COST ALTERNATIVES	GENERIC LEVOTHYROXINE
TOLMETIN SODIUM 600 MG TAB	LOWER COST ALTERNATIVES	USE NAPROXEN, DICLOFENAC, ETODOLAC
TOVIAZ ER TABLET	LOWER COST ALTERNATIVES	OXYBUTYNYN/XL
TRACLEER TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
TRAVATAN Z 0.004% EYE DROP	LOWER COST ALTERNATIVES	LATANAPROST
TREXIMET 85-500 MG TABLET	LOWER COST ALTERNATIVES	SUMATRIPTAN AND NAPROXEN TABLETS
TRIAZ PAD/FOAM	LOWER COST ALTERNATIVES	TRIAZ CLEANSER
TRIBENZOR TABLET	LOWER COST ALTERNATIVES	LOSARTAN-HCTZ PLUS AMLODIPINE
TRICARE PRENATAL TABLET	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
TRICOR TABLET	LOWER COST ALTERNATIVES	GENERIC FENOFIBRATE 54MG OR 160MG
TRIGLIDE TABLET	LOWER COST ALTERNATIVES	GENERIC FENOFIBRATE 54MG OR 160MG
TRILIPIX DR CAPSULE	LOWER COST ALTERNATIVES	GENERIC FENOFIBRATE 54MG OR 160MG
TRI-LUMA CREAM	LOWER COST ALTERNATIVES	RETIN A CREAM/GEL
TRIMESIS RX TABLET	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON

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TUSSIONEX PENNKINETIC SUSP	LOWER COST ALTERNATIVES	HYDROCODONE-HOMATROPINE SYR
TWINJECT AUTO-INJECT	LOWER COST ALTERNATIVES	EPIPEN
TWYNSTA TABLET	LOWER COST ALTERNATIVES	LOSARTAN PLUS AMLODIPINE
TYGACIL 50 MG VIAL	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
TYKERB TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
TYVASO INHALATION SOLUTION	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
TYZINE NOSE DROPS/ SPRAY	LOWER COST ALTERNATIVES	NOSE DROPS 1%, AFRIN NASAL SPRAY
ULESFIA 5% LOTION	STEP THERAPY	FAILURE OF PERMETHRIN AND RID AND MALATHION
ULORIC TABLET	LOWER COST ALTERNATIVES	ALLOPURINOL TABLET
ULTRACET TABLET	LOWER COST ALTERNATIVES	TRAMADOL HCL TABLET AND ACETAMINOPHEN TAB
ULTRAM ER TABLET	LOWER COST ALTERNATIVES	TRAMADOL HCL TABLET
ULTRAVATE 0.05% CR/OINT	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
UREA LOTION/GEL	LOWER COST ALTERNATIVES	UREA 40% CREAM , LOTION
UROQID-ACID NO.2 500-500 TB	LOWER COST ALTERNATIVES	K-PHOS NEUTRAL TABLET
UROXATRAL 10 MG TABLET	LOWER COST ALTERNATIVES	TAMSULOSIN, TERAZOSIN AND DOXAZOSIN.
VAGIFEM 10 MCG VAGINAL TAB	LOWER COST ALTERNATIVES	USE PREMARIN OR ESTRACE CREAM
VALTURNA TABLET	STEP THERAPY	FAILURE ACE/ARB
VANOS 0.1% CREAM	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
VENLAFAXINE HCL TABLET	LOWER COST ALTERNATIVES	VENLAFAXINE HCL ER TABLET
VENTAVIS SOLUTI	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
VENTOLIN HFA 90 MCG INHALER	LOWER COST ALTERNATIVES	PROAIR HFA 90 MCG INHALER
VERAMYST 27.5 MCG NASAL SPR	LOWER COST ALTERNATIVES	FLUNISOLIDE, FLUTICASONE
VEREGEN 15% OINTMENT	LOWER COST ALTERNATIVES	IMIQUIMOD CREAM
VERELAN PM CAP PELLE	LOWER COST ALTERNATIVES	VERAPAMIL EXTENDED RELEASE
VESICARE TABLET	LOWER COST ALTERNATIVES	OXYBUTYNIN/XL
VFEND TABLET/SUSPENSION	LOWER COST ALTERNATIVES	FLUCONAZOLE, ITRACONAZOLE,
VICTOZA INJECTION	STEP THERAPY	METFORMIN + ANY OTHER ORAL HYPOGLYCEMICS
VICTRELIS	CLINICAL CRITERIA	TRAZADONE, NEFAZODONE
VIGAMOX 0.5% EYE DROPS	LOWER COST ALTERNATIVES	CIPROFLOXACIN 0.3% EYE DROP
VIIBRYD	LOWER COST ALTERNATIVES	TRAZADONE, NEFAZODONE
VIMOVO TABLET	LOWER COST ALTERNATIVES	OMEPRAZOLE PLUS NAPROXEN
VISICOL TABLET	LOWER COST ALTERNATIVES	HALFLYTELY-BISACODYL BOWEL
VIVELLE-DOT PATCH	LOWER COST ALTERNATIVES	ESTRADIOL TRANSDERMAL PATCH
VOTRIENT 200 MG TABLET	CLINICAL CRITERIA	RENAL CELL CARCINOMA, REMS CRITERIA
VUSION OINTMENT	LOWER COST ALTERNATIVES	MICONAZOLE, CLOTRIMAZOLE CREAM
VYTORIN TABLET	LOWER COST ALTERNATIVES	SIMVASTATIN

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
VYVANSE CAPSULE	LOWER COST ALTERNATIVES	AMPHETAMINE, DEXTROAMPHETAMINE, ADDERALL XR
WELCHOL TABLET/PACKET	LOWER COST ALTERNATIVES	CHOLESTYRAMINE
XELODA TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
XENAZINE TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
XERESE 5%-1% CREAM	LOWER COST ALTERNATIVES	ZOVIRAX CREAM
XIBROM 0.09% EYE DROPS	LOWER COST ALTERNATIVES	DICLOFENAC, KETOROLAC OPTH SOLUTION
XIFAXAN TABLET	LOWER COST ALTERNATIVES	NEOMYCIN 500 MG TABLET
XODOL TABLET	LOWER COST ALTERNATIVES	OXYCODONE WITH ACETAMINOPHEN
XOLEGEL 2% GEL	LOWER COST ALTERNATIVES	MICONAZOLE, CLOTRIMAZOLE CREAM
XOLOX 10-500 MG TABLET	LOWER COST ALTERNATIVES	OXYCODONE WITH ACETAMINOPHEN
XOPENEX HFA 45 MCG INHALER	LOWER COST ALTERNATIVES	PROAIR HFA 90 MCG INHALER
XOPENEX INHAL SOLUTION	LOWER COST ALTERNATIVES	ALBUTEROL NEBULIZER SOLUTION
XYREM 500 MG/ML ORAL SOLUTI	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
XYZAL TABLET	LOWER COST ALTERNATIVES	CETIRIZINE; LORATADINE
ZAMICET SOLUTION	LOWER COST ALTERNATIVES	HYCET 7.5 MG-325 MG/15 ML S; LORTAB ELIXIR
ZANAFLEX CAPSULE	LOWER COST ALTERNATIVES	TIZANIDINE TABLET; CARISOPRODOL TABLET
ZATEAN CAPSULE	LOWER COST ALTERNATIVES	PRENATAL PLUS IRON TABLET
ZAVESCA 100 MG CAPSULE	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
ZEGERID OTC 20-1,100 MG CAP	LOWER COST ALTERNATIVES	OMEPRAZOLE; PLUS SODIUM BICARB.
ZETIA 10 MG TABLET	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
ZIANA GEL	LOWER COST ALTERNATIVES	BENZAFLIN GEL
ZIPSOR 25 MG CAPSULE	LOWER COST ALTERNATIVES	USE NAPROXEN, DICLOFENAC, ETODOLAC
ZIRGAN 0.15% OPHTHALMIC GEL	LOWER COST ALTERNATIVES	VIROPTIC 1% EYE DROPS
ZOLINZA 100 MG CAPSULE	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
ZOLPIDEM TABLET	LOWER COST ALTERNATIVES	ZOLPIDEM, ZALEPLON
ZOLPIMIST 5 MG ORAL SPRAY	LOWER COST ALTERNATIVES	ZOLPIDEM, ZALEPLON
ZOLVIT 10 MG-300 MG/15 ML S	LOWER COST ALTERNATIVES	HYCET 7.5 MG-325 MG/15 ML S; LORTAB ELIXIR
ZOMIG TABLET	LOWER COST ALTERNATIVES	IMITREX, AMERGE
ZOMIG ZMT TABLET	LOWER COST ALTERNATIVES	IMITREX, AMERGE
ZONALON 5% CREAM	LOWER COST ALTERNATIVES	HYDROCORTISONE CREAM 1%
ZUPLENZ SOLUBLE FILM	LOWER COST ALTERNATIVES	ONDANSETRON ODT TABLET
ZYCLARA 3.75% CREAM	LOWER COST ALTERNATIVES	IMIQUIMOD CREAM 5%
ZYDONE TABLET	LOWER COST ALTERNATIVES	OXYCODONE WITH ACETAMINOPHEN
ZYFLO /CR TABLET	STEP THERAPY	FAILURE OF INHALED STEROID
ZYMAXID 0.5% EYE DROPS	LOWER COST ALTERNATIVES	CIPROFLOXACIN 0.3% EYE DROP
ZYVOX TABLET/SUSP	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA