



JEB BUSH, GOVERNOR

ALAN LEVINE, SECRETARY

June 10, 2005

## 2005 Legislative Changes Affecting Florida Medicaid

Dear Medicaid Provider:

Effective July 1, 2005, several changes to the Florida Medicaid Program will take effect. These changes will impact the Preferred Drug List (PDL) and move some Durable Medical Equipment (DME) items from the prescription drug program to the DME program.

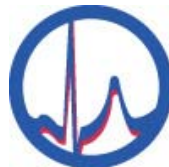
The Pharmacy & Therapeutics (P&T) Committee will meet June 29. Changes adopted at this meeting will become effective on or about July 10. Additional changes will follow subsequent P&T meetings until all therapeutic categories are reviewed with completion anticipated by October 1, 2005. We will appreciate your professional skills in assisting Medicaid patients and their prescribers with any necessary therapeutic alternatives during this period. The current Medicaid PDL is posted on the Medicaid website at:

[http://ahca.myflorida.com/Medicaid/Prescribed\\_Drug/](http://ahca.myflorida.com/Medicaid/Prescribed_Drug/). Updates to the PDL following each P&T meeting will be posted on this website.

July 1 changes to the PDL are based on direction from the Florida Legislature. The process for revising the PDL will include:

### Preferred Drug List (PDL)

- Products in each therapeutic class will be presented to the P&T committee with their relevant clinical efficacy and relative net cost positions.
- The P&T committee will recommend the most cost effective drugs in each therapeutic category for inclusion on the (PDL) which will be a minimum of two products where available and could represent three or more products in many categories.
- Products included on the PDL must be prescribed first unless the patient has previously used these products unsuccessfully or the prescriber submits documentation justifying the use of a non-PDL product.
- A step-therapy process using PDL-included drugs will then permit prior authorization (PA) for non-listed drugs.
- HIV/AIDS-related anti-retroviral products are included on the PDL by statutory exemption and, in general, do not require PA.
- Mental health drugs are not exempt from PDL requirements.
- Nursing home residents are not exempt from PDL requirements.
- There is no limit on the number of brand-name drugs if they are on the PDL.



- Medicaid will continue the policy of expanding the use of available over-the-counter drugs (OTC) where these are more cost effective.

**Information for pharmacy providers:**

**Durable Medical Equipment (DME)** – HIPAA regulations prohibit billing for Durable Medical Equipment and Supplies using the pharmacy claim format, requiring that these be billed using the “X12 837” transaction (1500 claim form). Products affected by this change and the effective dates are listed below.

- |                                |                |
|--------------------------------|----------------|
| • Blood Glucose Strips         | August 1, 2005 |
| • Blood Glucose Monitors       | August 1, 2005 |
| • Insulin Syringes             | August 1, 2005 |
| • Nutritional Supplements      | August 1, 2005 |
| • Heparin Lock Flush Syringes  | July 1, 2005   |
| • Normal Saline Flush Syringes | July 1, 2005   |
| • Peak Flow Meters             | July 1, 2005   |
| • Spacers                      | July 1, 2005   |
| • Urine Ketone Test Strips     | July 1, 2005   |

All pharmacies are assigned a DME provider number along with their pharmacy provider number. A letter must be mailed to the fiscal agent provider enrollment requesting the DME number be activated before claims will be processed. Almost half of pharmacy providers have already done this, so confirm that yours is active if you wish to bill for these products in the future. ACS, the Medicaid fiscal agent, provides downloadable software, WIN-ASAP, for claims submission if you wish to use that option. Other vendors offer software as well, or you may choose to use the paper claim form. Instructions on how to complete this claim form is available in the DME handbook, also available at the ACS website.

Sincerely,



Thomas W. Arnold  
Deputy Secretary for Medicaid

TWA:cb

Enclosure

<b>FLORIDA MEDICAID</b>		<b>ANALGESICS</b>		<b>Tamiflu (oseltamivir) (PA Req)</b>		<b>CARDIOVASCULAR AGENTS</b>		<b>Levotal (penbutolol) (PA Req)</b>	
<b>Most Frequently Prescribed Drugs</b>		<b>AGENTS FOR MIGRAINE</b>		<b>CEPHALOSPORINS</b>		<b>ACE INHIBITORS</b>		<b>CALCIUM ANTAGONISTS</b>	
The Florida Medicaid PDL is a listing of prescription products selected by the Pharmacy and Therapeutics Committee as cost effective choices for clinician consideration when prescribing for Medicaid patients.		Amerge (naratriptan)		Ceflor (cefalor)*		Accupril (quinapril)		Adalat (nifedipine)*	
The following therapeutic categories are exempt from the Florida Medicaid PDL: -- mental health medications (until July 10th, 2005) -- HIV-specific antiviral -- drugs listed on the Florida Negative Formulary -- drugs dispensed for a 72-hour emergency supply.		Axert (almotriptan)		Cedax		Aceon (perindopril)		Caduet	
The following therapeutic categories are exempt from the four brand per month limit: -- generic drugs, -- oral contraceptives, -- insulin, -- diabetic supplies, and -- HIV-specific antiviral.		Imitrex (sumatriptan) Oral, Nasal, Inject.		Ceftin (cefuroxime)		Altace (ramipril)		Calan (verapamil)*	
Over-the-counter drugs are not covered by Florida Medicaid.		Maxalt, MLT (rizatriptan)		Cefzil (cefprozil)		Benazepril HCL		Cardizem LA (diltiazem)*	
<b>- Medications with an asterisk will be dispensed generically. This list is valid until July 10th, 2005.</b>		Migranal (dihydroergotamine)		Duricef (cefadroxil)*		Benazepril HCL-HCTZ		Covera-HS (diltiazem)	
		Relpax (eletriptan)		Keflex (cephalexin)*		Capoten (captopril)*		Dynacirc (isradipine)	
		Frova (frovatriptan) (PA Req)		Omnicef (cefdinir) (PA Req)		Capozide (captopril/hctz)*		Dynacirc CR	
		Zomig (zolmitriptan) (PA Req)		Spectracef (cefditoren)		Fosinopril Sodium		Lotrel (benazepril/amlodipine)	
		<b>NARCOTIC ANALGESICS</b>		Vantin (cefepodoxime)		Lexxel (enalapril/felodipine)		Norvasc (amlodipine)	
		Darvocet n 100 (propoxyphene nap/apap)*		Velocef (cephradine)*		Lisinopril		Sular (nisoldipine)	
		Demerol (meperidine)*		Suprax (cefixime) (PA Req)		Lisinopril-HCTZ		Tarka (trandolapril/verapamil)	
		Dilaudid (hydromorphone)*		<b>FLUOROQUINOLONES</b>		Mavik (trandolapril)		Verelan PM	
		Dolophine (methadone)*		Avelox, ABC (moxifloxacin)		Monopril HCT (fosinopril sodium)		Cardene (nicardipine)* (PA Req)	
		Duragesic Patches		Cipro, XR (ciprofloxacin)		Quinaretic (quinapril)		Lexxel (enalapril/felodipine) (PA Req)	
		Empirin w/cod (aspirin w/codeine)*		Levaquin (levofloxacin)		Uniretic (moexipril/hctz)		Nimotop (nimodipine) (PA Req)	
		Fioricet w/codeine (butalbital cmd/apap)w/cod)*		Maxaquin (lomefloxacin hcl)		Univasc (moexipril) (PA Req)		Plendil (felodipine) (PA Req)	
		Fiorinal w/codeine (butalbital cmd(asa) w/cod)*		Neggram (nalidixic acid)*		<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		<b>DIURETICS</b>	
		Kadian (morphine sulfate)		Noroxin (norfloxacin)		Aldactazide (spironolactone/hctz)*		Aldactone (spironolactone)*	
		Mepergan fortis (meperidine w/ prometh)*		Tequin (gatifloxacin)		Cardura (doxazosin mesylate)*		Bumex (bemetanide)*	
		Oramorph (morphine sulfate)*		Factive (gemifloxacin) (PA Req)		Dibenzyliline (phenoxybenzamine)		Demaxex (torsemide)*	
		Oxyrin (oxycodone)		Ofloxacin (PA Req)		Hytrin (terazosin)*		Diuril (chlorthalidate)*	
		Panlor SS, DC (dihydrocodone/apap/caff)		<b>MACROLIDES</b>		Minipres (prazosin)*		Dyazide (triamterene/hctz)*	
		Percodan (oxycodone/asa)*		Biaxin, XL (clarithromycin)		<b>ALPHA/BETA-ADRENERGIC BLOCKING AGENTS</b>		Dyrenium (triamterene)	
		Talacen (pentazocine/apap)		E-mycin (erythromycin)*		Coreg (carvedilol)		Enduron (methylclothiazide)*	
		Tylenol w/ cod (apap w/codeine)*		Erythrocin (erythromycin sterate)*		Normodyne (labetalol)*		Hydro-diuril (hydrochlorothiazide)*	
		Ultram (tramadol)*		Pediazole (erythromycin w/ sulfisoxazole)*		<b>ANGIOTENSIN RECEPTOR BLOCKER</b>		Hygroton (chlorthalidone)*	
		Vicodin (hydrocodone/apap)*		Tao (troleandomycin)		Avalide (irbesartan/hctz)		Lasix (furosemide)*	
		Vicoprofen (hydrocodone/bupropfen)		Zithromax (azithromycin)		Avapro (irbesartan)		Lozol (indapamide)*	
		Avinza (morphine sulfate) (PA Req)		Ketek (telithromycin) (PA Req)		Benicar, HCT (olmesartan)		Midamor (amiloride)*	
		Combunox (oxycodone/ibuprofen) (PA Req)		<b>PENICILLINS</b>		Cozaar (losartan)		Moduretic (amiloride/hctz)*	
		Oxycotin (oxycodone) 80mg* (PA Req)		Amoxil (amoxicillin)*		Diovan, HCT (valsartan/hctz)		Mykrox (metolazone)	
		Palladone (hydromorphone) (PA Req)		Augmentin, ES, XR (amox/pot clav) *		Hyzaar (losartan/hctz)		Naqua (trichlormethiazide)	
		<b>Important Florida Medicaid Phone Numbers</b>		<b>NON-NARCOTIC ANALGESICS</b>		Micardis, HCT (telmisartan)		Zaroxolyn (metolazone)	
				Fioricet (butalbital compd(asa)*)		Teveten, HCT (eprosartan)		<b>NITRATES</b>	
				Fiorinal (butalbital compd/apap)*		Atacand HCT (candesartan) (PA Req)		Ismo (isosorbide mononitrate)*	
				Ultracet (tramadol/acetaminophen) (PA Req)		<b>ANTIHYPERTENSIVES</b>		Isordil (isosorbide dinitrate)*	
				<b>NSAIDS</b>		Advicor (lovastatin/niacin)		Nitro-dur (nitroglycerin transdermal)*	
				Ansaaid (flurbiprofen)*		Altoprev (lovastatin)		Nitrol (nitroglycerin ointment)*	
				Arthrotec (misoprostol/diclofenac)		Antara (fenofibrate)		Nitrostat (nitroglycerin sublingual)*	
				Cataflam (diclofenac pot)*		Celestid (colestipol)		<b>CENTRAL NERVOUS SYSTEM AGENTS</b>	
				Celebrex (celecoxib)		Crestor (rosuvastatin)		<b>ALL ANTICONVULSANTS,</b>	
				Cilnoril (sulindac)*		Ipid (gemfibrozil)*		<b>ANTIDEPRESSANTS AND</b>	
				Daypro (oxaprozin)*		Lescol, XL (fluvastatin)		<b>ANTIPSYCHOTICS ARE ON THE PDL</b>	
				Feidene (piroxicam)*		Lipitor (atorvastatin)		<b>ANTIANGXIETY AGENTS</b>	
				Lodine (etodolac)*		Lovastatin		Ativan (lorazepam)*	
				Meclomen (meclofenamate)*		Niacor (niacin)		Buspar (buspirone hcl)*	
				Mobic (meloxicam)		Niaspan (niacin)		Equanil (meprobamate)*	
				Motrin (ibuprofen)*		Pravachol (pravastatin)		Librium (chloridiazepoxide hcl)*	
				Nalfon (fenpropofen)*		Questran (cholesteramine)*		Paxipam (halazepam)	
				Naprosyn (naproxen)*		Tricar (fenofibrate)		Serax (oxazepam)*	
				Orudis (ketoprofen)*		Vytorin		Tranxene (chlorazepate dipotassium)*	
				Prevacid NapaPac		Zetia (ezetimibe)		Tranxene-SD (chlorazepate dipotassium)	
				Ponstel (mefenamic acid)		Zocor (simvastatin)		Tranxene-T (chlorazepate dipotassium)	
				Relafen (nabumetone)*		Lofibra (fenofibrate) (PA Req)		Valium (diazepam)*	
				Tolectin (tolmetin sod)*		Pravigard (pravastatin/ASA) (PA Req)		Xanax (alprazolam)*	
				Toradol (ketorolac)*		Welchol (colesevelam) (PA Req)		Xanax XR	
				Voltaren (diclofenac sod)*		<b>PEDIATRIC VITAMINS</b>		<b>ANTIHYPERTENSIVE COMBINATIONS</b>	
				<b>ORAL ANTI-INFECTIVES</b>		Multivitamin w/ fluoride*		Corzide (nadotel/bendroflumethazide)	
				<b>ANTIFUNGALS (ORAL)</b>		Multivitamin w/ fluoride & fe*		Inderide (propranolol/hctz)*	
				Diffucan (flucanazole)		Polyvitamins w/ fluoride*		Lopressor HCT (metoprolol/hctz)	
				Fulvicin p/g (griseofulvin ultra micro)		<b>PRENATAL VITAMINS</b>		Tenoretic (atenolol/chlorthalidone)*	
				Grifulvin V suspension (griseofulvin)		GENERIC PRENATAL VITAMINS		Ziac (bisoprolol/hctz)*	
				Grifulvin V tablets (griseofulvin)		<b>VITAMIN D</b>		<b>BETA-ADRENERGIC BLOCKING AGENTS</b>	
				Lamisil (terbinafine)		Calderol (calcifediol)		Blocadren (timolol)*	
				Mycellex troches (clotrimazole)		DHT (dihydrotachysterol)		Corgard (nadolol)*	
				Nizoral (ketoconazole)*		Hectoral (doxercalciferol)		Inderal (propranolol)*	
				Vfend (voriconazole)		Hytakerol (dihydrotachysterol)		Inderal LA (propranolol)	
				Sporanox (itraconazole) (PA Req)		<b>OTHER VITAMINS</b>		Innopran XL (propranolol)	
				<b>ANTIVIRALS</b>		Folic acid*		Kertone (betaxolol)*	
				All HIV-specific antivirals are on the PDL.		<b>POTASSIUM PRODUCTS</b>		Lopressor (metoprolol)*	
				Cytovene (ganciclovir)		Kaon (potassium gluc)*		Sectral (acebutolol)*	
				Flumadine (rimantadine)		K-dur (potassium cl)*		Tenormin (atenolol)*	
				Relenza (zanamivir)		Klorvess (potassium cl)*		Toprol XL (metoprolol xl)	
				Symmetrel (amantadine)		K-lyte (potassium cl)*		Visken (pindolol)*	
				Valcyte (valganciclovir)		Slow-k (potassium cl)*		Zebeta (bisoprolol)*	
				Valtrex (valacyclovir)				Ziac (bisoprolol/hctz)*	
				Zovirax (acyclovir)*				Cartrol (carteolol) (PA Req)	
				Famvir (famciclovir) (PA Req)					
				Hepsera (adefovir) (PA Req)					
				<b>ANTIPARKINSON AGENTS</b>		<b>CORTICOSTEROIDS</b>		<b>OPHTHALMIC - GLAUCOMA THERAPIES</b>	
						Estrace (estradiol)*		Xopenex (levabuterol HCl)	

This is an abbreviated version of the formulary. For the complete listing, please refer to:

[www.fdhc.state.fl.us/Medicaid/Prescribed\\_Drug/pharm\\_thera/fmpd1.shtml](http://www.fdhc.state.fl.us/Medicaid/Prescribed_Drug/pharm_thera/fmpd1.shtml)

Updated 6/14/2005

Drugs highlighted in gray are NON-PDL

This list is subject to change based upon the decisions of the P&T Committee scheduled to meet June 29th, 2005.

Akineton (biperiden)		Aclovate (aclofmetasone)		Estraderm (estradiol transdermal)*		Alphagan, P (brimonidine)		Foradil (formoterol)	(PA Req)
Artane (trihexphenidyl)*		Aristocort (triamcinolone)*		Estring 2mg vaginal ring (estradiol)		Azopt (brinzolamide)		Vospire (albuterol)	(PA Req)
Cogentin (benztropine)*		Capex shampoo (fluocinolone)		Femhrt (ethinyl estradiol, noreth)		Betagan (levobunolol hcl)*		<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>	
Comtan (entacapone)		Cortef (hydrocortisone)*		Menest (estrogen, esterified)		Betimol (timolol)		Singulair (montelukast)	
Eldepryl (selegiline)*		Cyclocort (amcinonide)		Ogen (estropipate)*		Betoptic (betaxolol hcl)*		Accolate (zafirlukast)	(PA Req)
Lodosyn (carbidopa)		Desowen (desonide)*		Ortho-Dienestrol (dienestrol)		Cosopt (dorzolamide/timolol maleate)		<b>MISCELLANEOUS RESPIRATORY AGENTS</b>	
Mirapex (pramipexole)		Diprolene (betamethasone dip)*		Ortho-Prefest (estradiol/norgestimate)		Diamox (acetazolamide)*		<b>AGENTS</b>	
Parlodol (bromocriptine)*		Diprosone (betamethasone dp)*		Premarin (conjugated estrogen)		Lumigan (bimatoprost)		Lufyllin (dyphylline)	
Requip (ropinirole)		Florone (diflorasone)*		Premphase (conj estrogen/medroxyprog)		Neptazane (methazolamide)*		Mucomyst (acetylcysteine)*	
Sinemet (carbidopa/levodopa)*		Halog (halcinonide)		Prempro (conj estrogen/medroxyprog)		Ocupress (carecolol hcl)*		Pulmozyme (dornase alfa)	
Stalevo(carbidopa/levodopa/entacapone)		Lidex (flucinonide)*		Vagifem (estradiol)		Oplipranolol (metipranolol)		Spiriva (tiotropium)	
Symmetrel (amantidine)*		Synalar (fluocinolone)*		Prefest (estradiol/norgestimate)	(PA Req)	Pilopine HS (pilocarpine)		Theo-24 (theophylline)	
Parcopa (carbidopa/levodopa)	(PA Req)	Temovate (clobetasol)*		<b>INSULINS</b>		Timoptic (timolol maleate)*		Theo-bid (theophylline)	
Permax (pergolide)	(PA Req)	Topicort (desoximetasone)*		Lantus (glargine insulin)		Travatan (travoprost)		Theo-dur (theophylline)	
Tasmar (tolcapone)	(PA Req)	Ultravate (halobetasol)		Novolin (insulin, recombinate)		Trusopt (dorzolamide hcl)		Tobi (Tobramycin)	
Kemadrin (procyclidine)	(PA Req)	Valisone (betamethasone val)*		Novolog Mix (insulin aspart)		Xalatan (latanoprost)		Truphylline (aminophylline)	
<b>SEDATIVE-HYPNOTICS</b>		Westcort (hydrocortisone val)*		Relion N, R, 70/30		Istalol (timolol)	(PA Req)	Uniphyll(theophylline anhydrous)	
Ativan (lorazepam)*		<b>MISCELLANEOUS PRODUCTS</b>		Humulin (insulin, recombinate)	(PA Req)	<b>GASTROINTESTINAL AGENTS</b>		Tracleer (bosentan)	(PA Req)
Chloral hydrate*		Anapram-HC		<b>MISCELLANEOUS ENDOCRINE AGENTS</b>		<b>ANTICHOLINERGIC/MOTILITY</b>		Xolair (omalizumab)	(PA Req)
Gluthamide*		Capitol (chloroxine)		Cytadren (aminoglutethimide)		Bentyl (dicyclomine)*		<b>UROLOGICAL AGENTS</b>	
Halcion (triazolam)*		Denavir (penciclovir)		Danocrine (danazol)*		Cantil (mepenzolate bromide)		<b>AGENTS FOR BENIGN PROSTATIC HYPERTROPHY</b>	
Prosom (estazolam)*		Dovonex (calcipotriene)		DDAVP (desmopressin)*		Helidac		Avodart (dutasteride)	
Restoril 7.5mg		Efudex (fluorouracil)		Dostinex (cabergoline)		Levsin (hyoscyamine)*		Flomax (tamsulosin hcl)	
Temazepam		Eldel (pimecrolimus)		Proglycem (diazoxide)		Pro-banthine (propantheline bromide)*		Proscar (finasteride)	
Ambien (zolpidem)	(PA Req)	Eurax (crotamiton)		Byetta (exenatide)	(PA Req)	Reglan (metoclopramide)*		UroXatral (alfuzosin)	
Lunesta (eszopiclone)	(PA Req)	Fluoroplex (fluorouracil)		Symlin (pramlintide)	(PA Req)	Robinul, Forte (glycopyrrolate)			
Sonata (zaleplon)	(PA Req)	Lac-hydrin (ammonium lactate)*		<b>ORAL HYPOGLYCEMICS</b>		Sal-tropine (atropine sulfate)*			
<b>SKELETAL MUSCLE RELAXANTS</b>		Lindane *		Actos (pioglitazone)		<b>ANTIULCER AGENTS</b>		<b>URINARY ANTISPASMODIC</b>	
Flexeril (cyclobenzaprine)*		Ovide (malthion)		Amaryl (glimepiride)		Carafate (sucralfate)*		Detrol, LA (tolterodine tartrate)	
Lioresal (baclofen)*		Oxoralen-ultra (methoxsalen)		Avandamet (roglitazone/metformin)		Cytotec (misoprostol)		Enablex (darifenacin)	
Orphengesic (orphenadrine/asa/caff)*		Protopic (tacrolimus)		Avandia (rosiglitazone)		Helidac (tetracycline/bism subsal/metronid)		Oxytrol (oxybutynin)	
Parafon Forte DSC (chlorzoxazone)*		Radiaplexr		Diabinese (chlorpropamide)*		Nexium (esomeprazole)		Sanctura (trospium)	
Robaxin (methocarbamol)*		Soriatane (acitretin)		Dymelor (acetohexamide)*		Pepcid (famotidine)*		Urispas (flavoxate hcl)	
Robaxinal (methocarbamol/asa)*		Tazorac (tazarotene)		Glucotrol (glipizide)*		Prevacid (lansoprazole)		Vesicare (solifenacin)	
Robomel (methocarbamol)*		Trsoralen (trioxsalen)		Glyburide-Metformin HCL		PriLOSEC OTC 28 ct. (omeprazole)		Ditropan XL (oxybutynin)	(PA Req)
Skelaxin (metaxalone)		<b>ENDOCRINE AGENTS</b>		Glyburide-Metformin HCL		Tagamet (cimetidine)*		<b>MISCELLANEOUS</b>	
<b>STIMULANTS</b>		<b>ANDROGENS/ANABOLICS</b>		Glyset (miglitol)		Zantac (ranitidine)*		<b>SMOKING DETERRENT AGENTS</b>	
Adderall XR (amphet asp/amphet/d-amphet)		Androgel (testosterone)		Aciphex (rabeprazole)	(PA Req)	Nicoderm (nicotine transdermal)*		Nicotrol (nicotine)	
Concerta (methylphenidate)		Android (methyltestosterone)*		Prevpac (lansoprazole/amoxicillin/clarithromyci)	(PA Req)	Zyban (bupropion hcl)		<b>HEPATITIS C TREATMENT</b>	
Dexedrine (dextroamphetamine)*		Halotestin (fluoxymesterone)*		Protonix (pantoprazole)	(PA Req)				
Focalin (dexmethylphenidate)		Oxandrin (oxandrolone)		Metformin HCL ER	(PA Req)	<b>MISCELLANEOUS GI AGENTS</b>			
Metadate CD (methylphenidate hcl)		Testoderm, TTS (testosterone)		Orinase (tolbutamide)*		Actigall (ursodiol)*		Copegus (ribavirin)	
Ritalin, LA (methylphenidate)*		Winstrol (stanozolol)		Riomet		Asacol (mesalamine)		Pegasys (peginterferon alfa-2a)	
Strattera (atomoxetine)	(PA Req)	Androderm (testosterone)	(PA Req)	Starlix (nateglinide)		Azulfidine (sulfasalazine)*		Peg-Intron (peginterferon alfa-2b)	
<b>MISCELLANEOUS CNS DRUGS</b>		<b>BONE RESTORATION AGENTS</b>		Tolinas (tolazamide)*		Canasa (mesalamine)		Rebetol (ribavirin)	
Antabuse (disulfiram)*		Actonel (risedronate)		Fortamet (metformin HCl)	(PA Req)	Colasal (balsalazide)		Infergen (interferon alfacon-1)	(PA Req)
Aricept (donepezil)		Fosamax (alendronate)		Prandin (repaglinide)	(PA Req)	Ribavirin	(PA Req)		
Eskalith CR (lithium carb)		Miacalcin nasal (calcitonin)		Procese (acarbose)	(PA Req)	Dipentum (olsalazine)		<b>AMOYTROPHIC LATERAL SCLEROSIS</b>	
Evoxac (cevimeline)		Boniva (ibandronate)	(PA Req)	<b>PROGESTINS</b>		Iomotil (diphenoxylate/atropine)*		Rilutek (riluzole)	
Exelon (rivastigmine)		Didronel (etidronate disodium)	(PA Req)	Prometrium (micronized progesterone)		Pentasa (mesalamine)		<b>GROWTH HORMONE</b>	
Lithobid (lithium carb)		Evista (raloxifene)	(PA Req)	Provera (medroxyprogesterone acetate)*		Entocort EC (budesonide)	(PA Req)	Saizen (somatropin)	
Lithonate (lithium carb)*		Forteo (teriparatide)	(PA Req)	<b>EYE, EAR, NOSE and THROAT AGENTS</b>		<b>RESPIRATORY AGENTS</b>		Serostim (somatropin)	
Prostigmin (neostigmine)		Fosrenol (lanthanum)	(PA Req)	<b>NASAL PREPARATIONS</b>		<b>ANTIHISTAMINES</b>		Genotropin (somatropin)	(PA Req)
Provigil (modafinil)		Magnebind (magnesium oxide)	(PA Req)	Astelil (azelastine)		Allegra, D (fexofenadine)		Humatrope (somatropin)	(PA Req)
Reminyl (galantamine)		Renagel (sevelamer)	(PA Req)	Bactroban nasal (mupirocin)		Atarax (hydroxyzine)*		Norditropin (somatropin)	(PA Req)
Salagen (pilocarpine)		Sensipar (cinacalcet)	(PA Req)	Flunisolide*		Clarinox (desloratidine)/Clarinox Syrup		Nutropin (somatropin)	(PA Req)
Urecholine (bethanechol)		<b>CONTRACEPTIVES</b>		Flonase (fluticasone)		Loratadine, D		<b>HEMATINICS</b>	
Campral (acamprosate)	(PA Req)	ALL CONTRACEPTIVES ARE ON THE PDL EXCEPT		Ipratropium*		Pediatex		Aranesp (darbepoetin alfa)	
Namenda (memantine)	(PA Req)	PRODUCTS CONTAINING Ethinyl Estradiol 50 mcg		Nasonex (mometasone)		Pediatex-D		Dexferum (iron dextran complex)	
Zanaflex (tizanidine)	(PA Req)	<b>CORTICOSTEROIDS</b>		Rhinocort AQ (budesonide)		Periactin (cyproheptadine)*		Ferlicit (ferric gluconate)	
<b>ANTIACNE</b>		Aristocort (triamcinolone)*		Beconase (beclomethasone)	(PA Req)	Tavist (clemastine)*		Infed (iron dextran complex)	
Accutane (isotretinoin)		Celestone (betamethasone)		Nasacort (triamcinolone)	(PA Req)	Zyrtec, D (cetirizine)		Procrit (epoetin Alfa)	
Avita (tretinoin)		Cortef (hydrocortisone)*		Nasarel (flunisolide)	(PA Req)	<b>ANTI-INFLAMMATORY</b>		Venofer (iron sucrose)	
Azelex (azelacic acid)		Cortone (cortisone)*		<b>OPHTHALMIC</b>		<b>INHALERS</b>		<b>ANTICOAGULANTS</b>	
Benzac (benzoyl peroxide)*		Decadron (dexamethasone)*		Acular AF (ketorolac tromethamine)		Aerobid, M (flunisolide)		Arixtra (fondaparinux)	
Differin (adapalene)		Deltasone (prednisone)*		Alamast (pemirolast)		Azmacort (triamcinolone)		Innohep (tinzaprin)	
Duac (clindamycin/benzoyl peroxide)		Florinef (fludrocortisone)		Alocril (nedocromil)		Flovent, Rotadisk (fluticasone)		Fragmin (dalteparin)	
Retin-a (tretinoin)*		Medrol (methylprednisolone)*		Alomide (lodoxamide)		Intal (cromolyn)*		Lovenox (enoxaparin)	(PA Req)
<b>ANTIFUNGALS</b>		Pediapred (prednisolone sod phos)		Alex (loteprednl)		Pulmicort, Respules (budesonide)		<b>DISEASE MODIFYING Immunosuppressants</b>	
Exelderm (sulconazole)		Prelone (prednisolone)*		Crolom (cromolyn sodium)*		Qvar (beclomethasone dipropionate)		Arava (leflunomide)	
Loprox (ciclopirox)		Cordran (flurandrenolide)	(PA Req)	Decadron (dexamethasone sodium phos)*		Tilade (nedocromil sodium)		Enbrel (etanercept)	
Lotrimin (clotrimazole)*		Dermatop (prednicarbate)	(PA Req)	Fiarex (fluorometholone)*		Vanceril (beclomethasone dipropionate)		Kineret (anakinra)	
Mentax (butenafine)		Diflorasone Diacetate	(PA Req)	FML (fluorometholone)		<b>BETA ADRENERGIC AGONISTS</b>		Amevive (alefacept)	(PA Req)
Mycolog (nystatin/triamcinolone)*		Flurandrenolide	(PA Req)	HMS (medrysone)		Accuneb (albuterol sulfate)		Raptyva (efalizumab)	(PA Req)
Mycostatin (nystatin)*		Prednicarbate	(PA Req)	Inflamase (prednisolone sodium phosphate)*		Brethine (terbutaline)		Remicade (infliximab)	(PA Req)
Naftin (naftifine hcl)		Psorcon (diflorasone)	(PA Req)	Livostin (levocabastine)		Combivent (ipratropium bromide/albuterol)		<b>MULTIPLE SCLEROSIS AGENTS</b>	
Ciclopirox	(PA Req)	<b>ESTROGENS AND COMBINATIONS</b>		Lotemax (loteprednl)		Duoneb (ipratropium bromide/albuterol)		Avonex (interferon beta 1a)	
Econazole	(PA Req)	Activella (estradiol/noreth)		Maxidex (dexamethasone)*		Maxair (pirbuterol)		Betaseron (interferon beta 1b)	
Ertaczo (sertaconazole)	(PA Req)	Canestin (estrogen)		Oufen (flurbiprofen sodium)		Proventil (albuterol)*		Rebif (interferon beta 1a)	
Ketoconazole cream	(PA Req)	Climara patch (estradiol)		Optivar (azelastine)		Proventil HFA (albuterol)		Copaxone (glatiramer acetate)	(PA Req)
Oxistat (oxiconazole)	(PA Req)	Combipatch (estradiol, noreth)		Pantanol (olopatadine)		Pred (prednisolone acetate)*		<b>VACCINES</b>	
Penlac (ciclopirox)	(PA Req)	Esclim (Estradiol Transdermal)		Voltairen (diclofenac sod)*		Zaditor (ketofen fumarate)		Fluzone	
		Estinyl (ethinyl estradiol)						Flumist Nasal	