

	Preferred Prior Authorization Medications				
Section	DRUG CLASS	Sub- Class	Generic Name	Reference	Criteria, Limitations,
P-A		Opioid Agonist	oxycodone HCl	OXYCONTIN	Kadian and generic MS Contin intolerance*
P-A		Non-Steroidal Anti-Inflammatory	nabumetone	RELAFEN	
P-A			celecoxib	CELEBREX	
P-A		Migraine	rizatriptan	MAXALT	limit #9/mo
P-A			sumatriptan	IMITREX SPRAY/INJ	
P-B	Antineoplastics/Immunologic	Colony Stimulating Factors	epoetin alpha	PROCRIT	
P-B			pegfilgrastim	NEULASTA	
P-D	Cardiovascular	Other Cholesterol Lowering Agents	ezetimibe/Simvastatin	VYTORIN	ST
	Central Nervous System	Anti-anxiety			PA < 8 y. o. [New starts under the age of 8 should be referred to the RBHA]
P-E		Anti-depressants			PA < 8 y. o.
P-E			venlafaxine XR	EFFEXOR XR	[Failure/intolerance to venlafaxine RR]
P-E		Anti-convulsants	lamotrigine	LAMICTAL	Neurologists exempt for epilepsy
P-E			levetiracetam	KEPPRA	Neurologists exempt for epilepsy
P-E			oxcarbazepine	TRILEPTAL	Neurologists exempt for epilepsy
P-E			topiramate	TOPAMAX	Neurologists exempt for epilepsy
P-E			zonisamide	ZONEGRAN	Neurologists exempt for epilepsy
P-E		Parkinson's Disease	entacapone	COMTAN	Neurologists exempt for epilepsy
P-E		Alzheimer's Drugs			
P-E			donepezil	ARICEPT	PA (*with current MMSE > 12 or >10 w/ ADLS)
P-E			galantamine	RAZADYNE	PA (*with current MMSE > 12 or >10 w/ ADLS) **Preferred**

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P-E			rivastigmine	EXELON	PA (*with current MMSE > 12 or >10 w/ ADLS)
P-E		ADHD			PA < 5 y.o. [New starts under age 5 should be referred to the RBHA]
P-E			atomoxetine	STRATTERA	[Failure/intolerance to formulary stimulants.]
P-E			amphetamine salt combination	ADDERALL XR	[Failure/intolerance to amphetamine salt combination - regular release]
P-F	Ear, Nose and Throat		ciprofloxacin-hydrocortisone Otic Susp	CIPRO HC OTIC SUSP	ENT Exempt
P-G	Endocrine/Metabolic	Estrogens	estradiol TDS	ESTRADIOL TDS	GYN Exempt
P-G		Insulins	insulin, glargine	LANTUS	STEP THERAPY, Endocrinologists Exempt
P-H	Gastrointestinal	Proton Pump Inhibitors	pantoprazole sodium	PROTONIX	Step therapy after Omeprazole and Prevacid OTC
P-H			ondansetron	ZOFRAN	PRIOR AUTHORIZATION Required for 48-72 hours post radiation or chemotherapy only
P-H		H2 blockers	ranitidine syrup	ZANTAC SYRUP	PA > 8 years old
P-I	Genitourinary	Miscellaneous Genitourinary	tamsulosin	FLOMAX	Doxazosin or terazosin tried first
P-M	Respiratory	Adrenergic Stimulants-inhalation	salmeterol	Serevent	PRIOR AUTHORIZATION - available for the treatment of COPD
P-M		Leukotriene Inhibitors			
P-M			zafirlukast	ACCOLATE	Step-therapy for asthma if patient is compliant refilling inhaled corticosteroids.

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P-M			montelukast	SINGULAIR	Step-therapy for asthma if patient is compliant refilling inhaled corticosteroids.
P-M			budesonide inhalation susp	PULMICORT RESPULES	PA > 8 years old
P-M		Inhaled Corticosteroids/Long-Acting Beta Agonist Combination	budesonide/formoterol	Symbicort	Step-therapy for asthma if patient is compliant refilling inhaled corticosteroids.
P-M			fluticasone/salmeterol	Advair	Step-therapy for asthma if patient is compliant refilling inhaled corticosteroids.
P-N	Topicals		pimecrolimus	ELIDEL	
P-O	Miscellaneous	Miscellaneous	lanthanum carbonate	FOSRENOL	
P-O			sevelamer	RENAGEL	
P-O		Immunomodulators	adalimumab	Humira	Failed methotrexate
P-O			etanercept	Enbrel	Failed methotrexate