



Your Extended Family.

Molina Healthcare of Ohio Prior Authorization (PA) List

All drugs listed on the PA list require prior authorization in order to be covered. This list applies to all Molina Healthcare members, including Covered Families and Children (CFC) and Aged, Blind or Disabled (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 (800) 961-5160. A PA form may be downloaded from the Molina Healthcare of Ohio website at www.MolinaHealthcare.com. The turnaround time for all prior authorization requests is within 24 hours of receiving the request with the exception of weekends and holidays. A fax will be issued to the provider once a decision has been made (both approvals and denials). If you receive a denial on a medication and wish to appeal the decision on the member's behalf, please call (800) 642-4168 to initiate the appeals process.

Urgent requests for medication may be made by calling the Pharmacy department at (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.

Molina Healthcare's Pharmacy department is available 8 a.m. to 6 p.m. Monday through Friday by calling (800) 642-4168.

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 Review = These requests must go through clinical review. There are certain medical records, laboratory tests or certain diseases listed in order to get this medication.

Duration of Therapy Limit = There is no initial Prior Authorization required. PA is only required after a certain period of time.

Effective July 1, 2019

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
8-MOP 10 MG CAPSULE	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ABILIFY SOLUTION	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ABILIFY DISCMELT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ABILIFY DISCMELT TABLET	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ABSORICA CAP	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
ABSTRAL TAB SUBLING	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ACANYA GEL PUMP	LOWER COST ALTERNATIVES	CLINDAMYCIN, BENZOYL PEROXIDE
ACIPHEX	LOWER COST ALTERNATIVES	OMEPRAZOLE, LANSOPRAZOLE, PANTOPRAZOLE, NEXIUM OTC
ACTEMRA SYRINGE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ACTIMMUNE 2 MILLION UNIT VI	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ACTIQ LOZENGE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
ACTIVE OB SOFTGEL	LOWER COST ALTERNATIVES	GENERIC PRENATAL VITAMIN WITH IRON
ACTIVELLA TABLET	LOWER COST ALTERNATIVES	USE FORMULARY ALTERNATIVES
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	LOWER COST ALTERNATIVE	DIFFERIN GEL 0.1% OTC, BENZOYL PEROXIDE, CLINDAMYCIN SOLUTION
ADAPALENE 0.1% CREAM, GEL 0.3%, LOTION 0.1%	LOWER COST ALTERNATIVE	DIFFERIN GEL 0.1% OTC, BENZOYL PEROXIDE, CLINDAMYCIN SOLUTION
ADCETRIS INJECTION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ADCIRCA 20 MG TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ADEMPAS TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ADRENACLICK INJ	LOWER COST ALTERNATIVES	USE EPI-PEN, EPI PEN JR
ADOXA TABLET	LOWER COST ALTERNATIVES	DOXYCYCLINE MONO 100 MG CAP
ADOXA PAK 1-150 MG TABLET	LOWER COST ALTERNATIVES	DOXYCYCLINE
ADVAIR DISKUS	LOWER COST ALTERNATIVE	AIRDUO RESPICLICK
ADVAIR HFA	LOWER COST ALTERNATIVE	AIRDUO RESPICLICK
ADVATE 1,201-1,800 UNITS VI	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ADVATE 1,801-2,400 UNITS VI	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ADVATE 2,400-3,600 UNITS VI	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ADVATE 200-400 UNITS VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ADVATE 401-800 UNITS VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW

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ADVATE 801-1,200 UNITS VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ADVICOR TABLETS	LOWER COST ALTERNATIVES	NIACIN PLUS SIMVASTATIN
ADVIL 200 MG LIQUI-GEL CAPS	LOWER COST ALTERNATIVES	USE NAPROXEN, DICLOFENAC, ETODOLAC
ADZENYS XR ODT	LOWER COST ALTERNATIVES	GENERIC ADDERALL XR CAPSULES
AFINITOR TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
AIRAVITE TABLET	LOWER COST ALTERNATIVES	FOLIC ACID
AFREZZA INHALATION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
AFSTYLA KIT 250 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
AFSTYLA KIT 500 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
AFSTYLA KIT 1,000 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
AFSTYLA KIT 2,000 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
AFSTYLA KIT 3,000 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
AKNE-MYCIN 2% OINTMENT	LOWER COST ALTERNATIVES	DIFFERIN GEL 0.1% OTC, BENZOYL PEROXIDE, CLINDAMYCIN SOLUTION
AKYNZEO CAPSULE	LOWER COST ALTERNATIVE	ONDANSETRON
ALAMAST 0.1% DROPS	LOWER COST ALTERNATIVES	CROMOLYN 4% EYE DROPS
ALBENZA 200 MG TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
ALEVAZOL OINTMENT	LOWER COST ALTERNATIVE	USE CLOTRIMAZOLE
ALEVE	LOWER COST ALTERNATIVE	NAPROXEN 250 MG, 500 MG
ALECENSA CAPSULE	CLINICAL	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
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
ALOCRI 2% OPHTH DROPS	LOWER COST ALTERNATIVES	CROMOLYN SODIUM 4% OPHTH SOL
ALOGLIPTIN	STEP THERAPY	PREQUISITES INCLUDE METFORMIN OR METFORMIN COMBINATIONS, SULFONYLUREA OR SULFONYLUREA COMBINATIONS
ALOMIDE 0.1% DROPS	LOWER COST ALTERNATIVE	KETOTIFEN
ALORA	LOWER COST ALTERNATIVES	GENERIC CLIMARA PATCH
ALPHAGAN P 0.1% DROPS	LOWER COST ALTERNATIVES	ALPHAGAN P 0.15% EYE DROPS
ALPHANATE 1,000-400 UNIT VI	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ALPHANATE 1,500-600 UNIT VI	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ALPHANATE 250-100 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ALPHANATE 500-200 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ALPHANATE/VWF COMPLEX/ HUMAN	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ALPHANINE SD 1,000 UNITS VI	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ALPHANINE SD 1,500 UNITS VI	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ALPHANINE SD 500 UNITS VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ALPRAZOLAM ER TABLET	LOWER COST ALTERNATIVES	ALPRAZOLAM REG. STRENGTH TABLETS
ALPRAZOLAM ODT	LOWER COST ALTERNATIVES	ALPRAZOLAM REG. STRENGTH TABLETS
ALPROLIX 1,000 UNIT NOMINAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ALPROLIX 2,000 UNIT NOMINAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ALPROLIX 3,000 UNIT NOMINAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ALPROLIX 500 UNIT NOMINAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ALPROLIX INJ 250 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ALPROLIX INJ 4000 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW

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ALREX EYE DROPS	LOWER COST ALTERNATIVES	FLUROMETHOLONE, PREDNISOLONE ACETATE
ALTABAX 1% OINTMENT	LOWER COST ALTERNATIVES	MURIPROCIN CREAM/OINTMENT
ALTOPREV TABLET	LOWER COST ALTERNATIVES	SIMVASTATIN
ALVESCO INHALER	LOWER COST ALTERNATIVES	QVAR, AEROSPAN, ARNUITY ELLIPTA
AMINOSYN II 15% IV SOLUTION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
AMITIZA CAPSULE	LOWER COST ALTERNATIVES	MIRALAX , LACTULOSE
AMPYRA ER 10 MG TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
AMRIX ER CAPSULE	LOWER COST ALTERNATIVES	CYCLOBENZAPRINE TABLET
ANABAR CAPLET	LOWER COST ALTERNATIVES	ACETOMINOPHEN PLUS ANTIHISTAMINE
ANADROL-50 TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
ANCOBON	LOWER COST ALTERNATIVE	FLUCONAZOLE, ITRACONAZOLE, KETOCONAZOLE
ANDRODERM	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ANDRODERM PATCH	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ANDROGEL ALL STRENGTHS	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ANDROGEN PRODUCTS	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ANGELIQ 0.5 MG-1 MG TABLET	LOWER COST ALTERNATIVES	USE FORMULARY ALTERNATIVES
ANTARA 30 MG CAPSULE	LOWER COST ALTERNATIVES	FENOFIBRATE GENERIC
ANTARA CAPSULE	LOWER COST ALTERNATIVES	GENERIC FENOFIBRATE 54 MG OR 160 MG
ANZEMET TABLET	LOWER COST ALTERNATIVES	ONDANSETRON
APIDRA	LOWER COST ALTERNATIVE	ADEMLOG
APLENZIN ER TABLET	LOWER COST ALTERNATIVES	WELLBUTRIN XL
APOKYN 30 MG/3 ML CARTRIDGE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
APTENSIO XR CAPSULE	LOWER COST ALTERNATIVE	METADATE CD, CONCERTA
ARANESP INJECTION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ARCALYST 220 MG INJECTION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ARCAPTA NEOHALER	LOWER COST ALTERNATIVES	SEREVENT
ARICEPT 23 MG TABLET	LOWER COST ALTERNATIVES	GENERIC DONEPEZIL 20 MG
ARISTADA ER SUSPENSION	CLINICAL	REQUEST MUST GO THROUGH CLINICAL REVIEW
ARIXTRA SYRINGE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ARTHROTEC EC	LOWER COST ALTERNATIVES	DICLOFENAC SODIUM PLUS MISOPROSTOL
ASTAGRAF XL CAPSULE	LOWER COST ALTERNATIVES	GENERIC TACROLIMUS
ATACAND TABLET	LOWER COST ALTERNATIVES	LOSARTAN OR ACE-INHIBITOR
ATACAND HCT TABLET	LOWER COST ALTERNATIVES	LOSARTAN-HCTZ, IRBESARTAN-HCTZ
ATELVIA DR 35 MG TABLET	LOWER COST ALTERNATIVES	GENERIC ALENDRONATE
ATGAM 50 MG/ML AMPUL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ATRIPLA 600 MG-200 MG-300 MG TABLET	CLINICAL REVIEW	USE FORMULARY ALTERNATIVE ATIRETROVIRAL PRODUCTS
AUBAGIO 14 MG TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY

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AUBAGIO 7 MG TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
AVAIR 100/50	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
AVANDAMET TAB	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
AVANDARYL TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
AVANDIA TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
AVAR CLEANSING PADS	LOWER COST ALTERNATIVES	SULFACETAMIDE/SULFUR CRM, GEL, LOTION, PADS GENERIC
AVAR FOAM	LOWER COST ALTERNATIVE	SULFACETAMIDE/SULFUR CRM, GEL, LOTION, PADS
AVELOX 400 MG TABLET	LOWER COST ALTERNATIVES	OFLOXACIN, LEVOFLOXACIN
AVINZA CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
AVODART 0.5 MG SOFTGEL	LOWER COST ALTERNATIVES	FINASTERIDE (PROSCAR)
AVONEX ADMIN PACK 30 MCG VL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
AXERT TABLET	LOWER COST ALTERNATIVES	IMITREX, AMERGE
AXIRON	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
AZASITE 1% EYE DROPS	LOWER COST ALTERNATIVES	CIPROFLOXACIN, OFLOXACIN EYE DROPS
AZELASTINE 0.05% EYE DROPS	LOW COST ALTERNATIVE	KETOTIFEN
AZELEX 20% CREAM	LOWER COST ALTERNATIVES	DIFFERIN GEL 0.1% OTC, BENZOYL PEROXIDE, CLINDAMYCIN SOLUTION
AZILECT TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
AZOR TABLET	LOWER COST ALTERNATIVES	LOSARTAN PLUS AMLODIPINE
BANZEL TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
BEBULIN VH IMMU 200-1,200 U	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
BECONASE AQ 0.042% SPRAY	LOWER COST ALTERNATIVES	FLUNISOLIDE, FLUTICASONE
BELBUCA FILM	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
BELSOMRA TABLETS	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
BENEFIX 250 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
BENEFIX 500 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
BENEFIX 1,000 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
BENEFIX 2,000 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
BENEFIX INJ 3000 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
BENICAR HCT TABLET	LOWER COST ALTERNATIVES	LOSARTAN-HCTZ, IRBESARTAN-HCTZ
BENICAR TABLET	LOWER COST ALTERNATIVES	LOSARTAN OR ACE-INHIBITOR
BENZACLIN GEL 35 G PUMP	LOWER COST ALTERNATIVES	DIFFERIN GEL 0.1% OTC, BENZOYL PEROXIDE, CLINDAMYCIN SOLUTION
BENZAMYCIN	LOWER COST ALTERNATIVE	DIFFERIN GEL 0.1% OTC, BENZOYL PEROXIDE, CLINDAMYCIN SOLUTION
BENZEFOAM 5.3% EMOLLIENT FO	LOWER COST ALTERNATIVES	BENZOYL PEROXIDE
BENZEFOAM ULTRA 9.8% FOAM	LOWER COST ALTERNATIVES	BENZOYL PEROXIDE
BENZIQ 5.25% GEL	LOWER COST ALTERNATIVES	BENZOYL PEROXIDE
BENZIQ 5.25% WASH	LOWER COST ALTERNATIVES	BENZOYL PEROXIDE
BENZOYL PEROXIDE 7% WASH	LOWER COST ALTERNATIVES	BENZOYL PEROXIDE
BEPREVE 1.5% EYE DROPS	LOWER COST ALTERNATIVES	KETOTIFEN
BESIVANCE 0.6% SUSP	LOWER COST ALTERNATIVES	LEVOFLOXACIN OPHTH
BETASERON 0.3 MG KIT	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY

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BETHKIS 300 MG/4 ML AMPULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
BETHKIS NEB	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
BEVESPI	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
BILTRICIDE 600 MG TABLET	CLINICAL	REQUEST MUST GO THROUGH CLINICAL REVIEW
BLEPHAMIDE EYE DROPS	LOWER COST ALTERNATIVES	FLUOROMETHOLONE, PREDNISOLONE ACETATE
BONIVA 150 MG TABLET	LOWER COST ALTERNATIVES	GENRIC ALENDRONATE
BOSULIF 500 MG TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
B-PLEX TABLET	LOWER COST ALTERNATIVES	FOLBEE PLUS TABLET
BREO ELLIPTA	LOWER COST ALTERNATIVE	AIRDUO RESPICLICK
BREVOXYL COMPLETE PACK	LOWER COST ALTERNATIVES	BENZOYL PEROXIDE
BREVOXYL-4 COMPLETE PACK	LOWER COST ALTERNATIVES	BENZOYL PEROXIDE
BREVOXYL-8 COMPLETE PACK	LOWER COST ALTERNATIVES	BENZOYL PEROXIDE
BRILINTA	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
BRISDELLE 7.5 MG CAPSULE	LOWER COST ALTERNATIVES	PAROXETINE TABLETS
BRIVIACT SOLUTION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
BRIVIACT TABLETS	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
BROMDAY 0.09% EYE DROPS	LOWER COST ALTERNATIVES	DICLOFENAC, KETOROLAC OPTH SOLUTION
BROMSITE DROPS	LOWER COST ALTERNATIVE	KETOROLAC, DICLOFENAC
BROVANA 15 MCG/2 ML SOLUTIO	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
BUNAVAIL FILM	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
BUPHENYL POWDER	LOWER COST ALTERNATIVES	BUPHENYL 500 MG TABLET
BUTISOL SODIUM 30 MG/5 ML E	LOWER COST ALTERNATIVES	PHENOBARBITAL TABLET
BUTISOL SODIUM TABLET	LOWER COST ALTERNATIVES	PHENOBARBITAL TABLET
BUTRANS PATCH	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
BYDUREON 2 MG	STEP THERAPY	METFORMIN + ANY OTHER ORAL HYPOGLYCEMICS
BYETTA DOSE PEN INJ	LOWER COST ALTERNATIVES	VICTOZA OR OZEMPIC
BYSTOLIC TABLET	LOWER COST ALTERNATIVES	ATENOLOL, BISOPROLOL, METOPROLOL
BYVALSON	LOWER COST ALTERNATIVES	METOPROLOL ER, BISOPROLOL, ATENOLOL PLUS VALSARTAN
CABOMETYX	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW. MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
CADUET TABLET	LOWER COST ALTERNATIVES	AMLODIPINE PLUS SIMVASTATIN
CALAN	LOWER COST ALTERNATIVE	DILTIAZEM 24 HOUR
CAMBIA 50 MG POWDER PACKET	LOWER COST ALTERNATIVES	USE NAPROXEN, DICLOFENAC, ETODOLAC
CANTIL 25 MG TABLET	LOWER COST ALTERNATIVES	PROPANTHELINE , GLYCOPYRROLATE
CAPCOF LIQUID	LOWER COST ALTERNATIVES	PROMETHAZINE VC-CODEINE SYR
CAPRELSA TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
CARBAGLU 200 MG DISPER TABL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
CARDURA XL TABLET	LOWER COST ALTERNATIVES	DOXAZOSIN, TERAZOSIN, TAMSULOSIN
CARIMUNE NF 12 GM VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
CARIMUNE NF 3 GM VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
CARIMUNE NF 6 GM VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
CARISOPRODOL 350 MG	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW

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CARISOPRODOL CPD-CODEINE TA	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
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 REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
CEDAX TABLETS/SUSPENSION	LOWER COST ALTERNATIVES	CEFPODOXIME PROXETIL
CELEBREX CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
CENESTIN TABLET	LOWER COST ALTERNATIVES	ESTRADIOL TABLETS
CERDELGA CAP	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
CEREDASE 80 UNITS/ML VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
CEREFOLIN NAC CAPLET	LOWER COST ALTERNATIVES	FOLIC ACID
CERISA WASH	LOWER COST ALTERNATIVES	DIFFERIN GEL 0.1% OTC, BENZOYL PEROXIDE, CLINDAMYCIN SOLUTION
CESAMET 1 MG CAPSULE	LOWER COST ALTERNATIVES	ONDANSETRON
CHANTIX TABLET	LOWER COST ALTERNATIVE	NICOTINE, BUPROPION SR
CHENODAL 250 MG TABLET	LOWER COST ALTERNATIVES	URSODIOL TABLET
CHILD DELSYM COUGH+COLD	LOWER COST ALTERNATIVES	ACETOMINOPHEN, DIPHENHYDRAMINE, PHENYLEPHRINE
CHILDREN'S MUCINEX	LOWER COST ALTERNATIVES	GUAIFENESIN/DEXTROMETHORPHAN SYRUP
CHOLBAM CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
CIMZIA 200 MG/ML SYRINGE KI	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
CINRYZE	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
CIPRO HC OTIC SUSPENSION	LOWER COST ALTERNATIVES	CETRAXAL, NEOMYCIN/POLYMYXIN B/ HYDROCORTISONE
CIPRODEX OTIC	LOWER COST ALTERNATIVE	CETRAXAL, NEOMYCIN/POLYMYXIN B/ HYDROCORTISONE
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
CITRANATAL HARMONY CAPSULE	LOWER COST ALTERNATIVES	GENERIC PRENATAL VITAMINS
CLARAVIS CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
CLARIFOAM EF EMOLLIENT FOAM	LOWER COST ALTERNATIVES	DIFFERIN GEL 0.1% OTC, BENZOYL PEROXIDE, CLINDAMYCIN SOLUTION
CLARINEX TABLET	LOWER COST ALTERNATIVES	CETIRIZINE; LORATADINE
CLARINEX-D TABLET	LOWER COST ALTERNATIVES	CETIRIZINE; LORATADINE
CLARIS CLARIFYING WASH	LOWER COST ALTERNATIVES	DIFFERIN GEL 0.1% OTC, BENZOYL PEROXIDE, CLINDAMYCIN SOLUTION
CLARITIN REDITABS	LOWER COST ALTERNATIVES	CETIRIZINE; LORATADINE
CLIMARA PRO PATCH	LOWER COST ALTERNATIVES	ESTRADIOL TRANSDERMAL PATCH, FEMHRT
CLINDAMYCIN PHOSPHATE GEL 1%	STEP THERAPY	DIFFERIN OTC, BENZOYL PEROXIDE, CLINDAMYCIN SOLUTION
CLINDAMYCIN PHOSPHATE LOTION 1%	STEP THERAPY	DIFFERIN OTC, BENZOYL PEROXIDE, CLINDAMYCIN SOLUTION
CLOBEX 0.05% SPRAY	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
CLOBEX 0.05% TOPICAL LOTION	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
CLODAN KIT 0.05%	LOWER COST ALTERNATIVE	USE TRIAMCINOLONE, BETAMETHASONE, OR FLUOCINOLONE
CLODERM 0.1% CREAM	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
CLONAZEPAM 0.25 MG ODT	LOWER COST ALTERNATIVES	CLONAZEPAM ORAL TABLETS
CLONAZEPAM DIS TABLET	LOWER COST ALTERNATIVES	CLONAZEPAM TABLETS
CLONIDINE PATCH	LOWER COST ALTERNATIVES	CLONIDINE TABLET
CLORPRES TABLET	LOWER COST ALTERNATIVES	CHLOROTHALIDONE/CLONIDINE TABS
CO CET TABLET	LOWER COST ALTERNATIVES	ACETAMINOPHEN-COD #2 TABLET
COLCHICINE 0.6 MG CAPSULE	LOWER COST ALTERNATIVE	COLCHICINE TABLETS
COLESTID TABLET/GRANULES PACKET	LOWER COST ALTERNATIVES	CHOLESTYRAMINE
COLY-MYCIN S EAR DROPS	LOWER COST ALTERNATIVES	CORTOMYCIN EAR SUSPENSION
COMETRIQ 100 MG DAILY-DOSE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
COMETRIQ 140 MG DAILY-DOSE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
COMETRIQ 60 MG DAILY-DOSE P	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
COMPLETE NATAL DHA	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
CONCEPT DHA CAPSULE	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
CONEX SOLUTION	LOWER COST ALTERNATIVE	USE ZYRTEC OTC, CLARITIN OTC
CONZIP TABLETS	LOWER COST ALTERNATIVES	TRAMADOL ER
COPAXONE INJECTION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
CORLANOR TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
COREG CR CAPSULE	LOWER COST ALTERNATIVES	CARVEDILOL
CORTISPORIN CREAM	LOWER COST ALTERNATIVES	CORTISPORIN OINT
COSENTYX	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
COSOPT PF	LOWER COST ALTERNATIVES	DORZOLAMIDE/TIMOLOL OPHTH SOL
COTAB AX TABLET	LOWER COST ALTERNATIVES	DIMETAPP LONG-ACTING COUGH
COTELLIC TABLET	CLINICAL	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
COVERA-HS ER 180 MG TABLET	LOWER COST ALTERNATIVES	VERAPAMIL EXTENDED RELEASE
COVERA-HS ER 240 MG TABLET	LOWER COST ALTERNATIVES	VERAPAMIL EXTENDED RELEASE
COVERA-HS MG TABLET	LOWER COST ALTERNATIVES	VERAPAMIL EXTENDED RELEASE
CRESEMBA CAPSULE	LOWER COST ALTERNATIVES	FLUCONAZOLE, ITRACONAZOLE
CRINONE 8% GEL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
CUBICIN 500 MG VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
CUTIVATE 0.05% LOTION	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUCINOLONE
CUVPOSA 1 MG/5 ML SOLUTION	LOWER COST ALTERNATIVES	GLYCOPYRROLATE TABLETS, GENERIC DONNATAL
CYCLIVERT	LOWER COST ALTERNATIVES	MECLIZINE, DIPHENHYDRAMINE
CYCLOPHOSPHAMIDE 500 MG VIA	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
CYCLOPHOSPHAMIDE CAP	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
CYSTADANE POWDER	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY

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CYTOGAM 2.5 GM/50 ML VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
DAKLINZA TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
DALIRESP	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
DAYTRANA PATCH	LOWER COST ALTERNATIVES	METADATE CD CAPSULE
DELZICOL DR 400 MG CAPSULE	LOWER COST ALTERNATIVES	APRISO, ASACOL HD
DEMECLOCYCLINE TABLET	LOWER COST ALTERNATIVES	DOXYCYCLINE MONO 100 MG CAP
DEMSEER 250 MG CAPSULE	LOWER COST ALTERNATIVES	PHENTOLAMINE
DENAVIR	LOW COST ALTERNATIVE	ABREVA
DEPEN 250 MG TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
DEPO-PROVERA PREFILLED SYRINGE	LOWER COST ALTERNATIVES	USE MEDROXYPROGESTERONE VIALS
DERMATOP CREAM/ OINTMENT	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
DESONATE 0.05% GEL	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
DESOWEN LOT	LOWER COST ALTERNATIVES	DESONIDE CREAM/OINTMENT WITH GENERIC OTC CETAPHIL LOTION
DESOXYN 5 MG TABLET	LOWER COST ALTERNATIVES	AMPHETAMINE, DEXTROAMPHETAMINE
DESVENLAFAXINE TAB ER	LOWER COST ALTERNATIVES	TRIAL OF 2 CITALOPRAM, ESCITALOPRAM, PAROXETINE, VENLAFAXINE, SERTRALINE, FLUOXETINE, BUPROPION
DETROL LA CAPSULE	LOWER COST ALTERNATIVES	OXYBUTYNYN/XL, TROSPIUM 20 MG
DEXILANT DR CAPSULE	LOWER COST ALTERNATIVES	OMEPRAZOLE, LANSOPRAZOLE, PANTOPRAZOLE, NEXIUM OTC
DEXRAZOXANE 250 MG VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
DEXRAZOXANE 500 MG VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
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
DICLEGIS DR 10-10 MG TABLET	LOWER COST ALTERNATIVES	DOXYLAMINE AND PYRIDOXINE
DIFICID TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
DIFIL-G 400 TABLET	LOWER COST ALTERNATIVES	THEOPHYLLINE TABLET
DILATRATE-SR 40 MG CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
DIOVAN HCT TABLET	STEP THERAPY	FAILURE ACE INHIBITOR
DIOVAN TABLET	STEP THERAPY	FAILURE ACE INHIBITOR
DIPYRIDAMOLE 5 MG/ML VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
DISALCID	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
DIVIGEL 0.25 MG GEL PACKET	LOWER COST ALTERNATIVES	ESTRADIOL TRANSDERMAL PATCH
DIVIGEL 0.5 MG GEL PACKET	LOWER COST ALTERNATIVES	ESTRADIOL TRANSDERMAL PATCH
DIVIGEL 1 MG GEL PACKET	LOWER COST ALTERNATIVES	ESTRADIOL TRANSDERMAL PATCH
DORAL 15 MG TABLET	LOWER COST ALTERNATIVES	ZOLPIDEM, TEMAZEPAM
DORYX DR TABLET	LOWER COST ALTERNATIVES	DOXYCYCLINE 100 MG
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	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
DUAVEE TAB	LOWER COST ALTERNATIVE	USE FORMULARY ALTERNATIVES WITH ALENDRONATE
DUET DHA COMPLETE COMBO PAC	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
DUETACT TABLET	LOWER COST ALTERNATIVES	SULPHONYLUREA PLUS METFORMIN

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DUEXIS	LOWER COST ALTERNATIVES	IBUPROFEN AND FAMOTIDINE
DULERA	LOWER COST ALTERNATIVE	AIRDUO RESPICLICK
DURAFLU TABLET	LOWER COST ALTERNATIVES	COLD MULTI-SYMPATOM CAPLET
DUTOPROL	LOWER COST ALTERNATIVES	METOPROLOL/HCTZ
DYLIX 100 MG/15 ML ELIXIR	LOWER COST ALTERNATIVES	THEOPHYLLINE SOLUTION
DYMISTA 137/50 MCG SPRAY	LOWER COST ALTERNATIVES	LORATADINE PLUS FLUTICASONE OR FLUNISOLIDE
DYMISTA	LOWER COST ALTERNATIVES	FLUNISOLIDE, FLUTICASONE NASAL SPRAY
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	FEROUS SULFATE 325 MG TABL
EDARBI 40	LOWER COST ALTERNATIVES	LOSARTAN, ACE-INHIBITOR
EDARBI 80	LOWER COST ALTERNATIVES	LOSARTAN, ACE-INHIBITOR
EDARBYCLOR	LOWER COST ALTERNATIVES	LOSARTAN-HCTZ, IRBESARTAN-HCTZ
ED-FLEX CAPSULE	LOWER COST ALTERNATIVES	ACETAMINOPHEN WITH CODEINE
EDLUAR 10 MG SL TABLET	LOWER COST ALTERNATIVES	ZOLPIDEM
EDLUAR 5 MG SL TABLET	LOWER COST ALTERNATIVES	ZOLPIDEM
EFFER-K TABLET EFF	LOWER COST ALTERNATIVES	K-TAB ER 10 MEQ TABLET
EFFIENT TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
ELESTAT 0.05% EYE DROPS	LOWER COST ALTERNATIVES	KETOTIFEN
ELESTRIN 0.06% GEL	LOWER COST ALTERNATIVES	ESTRADIOL TRANSDERMAL PATCH
ELIDEL 1% CREAM	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
ELIQUIS 2.5 MG TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
ELIQUIS 5 MG TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
ELOCTATE 250 UNIT NOMINAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ELOCTATE 500 UNIT NOMINAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ELOCTATE 750 UNIT NOMINAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ELOCTATE 1,000 UNIT NOMINAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ELOCTATE 1,500 UNIT NOMINAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ELOCTATE 2,000 UNIT NOMINAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ELOCTATE 3,000 UNIT NOMINAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ELOCTATE INJ 4000 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ELOCTATE INJ 5000 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ELOCTATE INJ 6000 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
EMADINE 0.05% EYE DROPS	LOWER COST ALTERNATIVES	KETOTIFEN
EMBEDA CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
EMCYT 140 MG CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
EMEND	LOWER COST ALTERNATIVES	ONDANSETRON
EMSAM PATCH	LOWER COST ALTERNATIVES	SELEGILINE TABLETS
ENABLEX TABLET	LOWER COST ALTERNATIVES	OXYBUTYNIN/XL, TROSPIUM 20MG
ENBRACE SOFTGEL	LOWER COST ALTERNATIVE	USE GENERIC PRENATAL VITAMIN WITH IRON
ENBREL INJECTION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ENTRESTO TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
ENTACAPONE	STEP THERAPY	PRIOR USE OF CARBIDOPA/LEVODOPA
ENVARBUS XR TABLET	CLINICAL	REQUEST MUST GO THROUGH CLINICAL REVIEW
EPCLUSA TABLETS	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY

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EPIDUO FORTE GEL	LOWER COST ALTERNATIVE	DIFFERIN GEL 0.1% OTC, BENZOYL PEROXIDE, CLINDAMYCIN SOLUTION
EPIDUO GEL	LOWER COST ALTERNATIVES	DIFFERIN GEL 0.1% OTC, BENZOYL PEROXIDE, CLINDAMYCIN SOLUTION
EPLERENONE TABLET	LOWER COST ALTERNATIVES	SPIRONOLACTONE
EPOGEN INJECTION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ERTACZO 2% CREAM	LOWER COST ALTERNATIVES	MICONAZOLE, CLOTRIMAZOLE CREAM
ERYGEL TOPICAL GEL	LOWER COST ALTERNATIVES	USE ERYTHROMYCIN SOLN
ERYTHROMYCIN GEL 2%	LOWER COST ALTERNATIVES	ERYTHROMYCIN SOLN
ESBRIET CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ESCAVITE LQ DROPS	LOWER COST ALTERNATIVE	USE GENERIC MULTIVITAMIN WITH FLUORIDE AND IRON
ESCITALOPRAM SOL	LOWER COST ALTERNATIVE	USE ESCITALOPRAM CAPSULES
ESOMEPRAZOLE DR	LOWER COST ALTERNATIVE	OMEPRAZOLE, LANSOPRAZOLE, PANTOPRAZOLE, NEXIUM OTC
ESTRADERM PATCH	LOWER COST ALTERNATIVES	ESTRADIOL TRANSDERMAL PATCH
ESTRASORB PACKET	LOWER COST ALTERNATIVES	ESTRADIOL TRANSDERMAL PATCH
ESTRING 2 MG VAGINAL RING	LOWER COST ALTERNATIVES	ESTRACE CREAM
EVAMIST 1.53 MG/SPRAY	LOWER COST ALTERNATIVES	ESTRADIOL TRANSDERMAL PATCH
EVEKEO TABLET	LOWER COST ALTERNATIVE	AMPHETAMINE/DEXTROAMPHETAMINE
EVOCLIN 1% FOAM	LOWER COST ALTERNATIVES	DIFFERIN GEL 0.1% OTC, BENZOYL PEROXIDE, CLINDAMYCIN SOLUTION
EVZIO INJ	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
EXALGO ER TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
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 REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
EXONDYS 51	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
EXTAVIA 0.3 MG KIT	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
EXTINA 2% FOAM	LOWER COST ALTERNATIVES	MICONAZOLE, CLOTRIMAZOLE CREAM
FACTIVE 320 MG TABLET	LOWER COST ALTERNATIVES	CIPROFLOXACIN
FABIOR 0.1% FOAM	LOWER COST ALTERNATIVES	TAZAROTENE CRM/GEL
FANAPT TABLET	LOWER COST ALTERNATIVES	RISPERIDONE, GEODON, ZYPREXA, SEROQUEL
FAZACLO ODT	LOWER COST ALTERNATIVES	RISPERIDONE, CLOZAPINE
FEIBA NF 400-650 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
FEIBA NF 651-1,200 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
FEIBA NF 1,750-3,250 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
FEIBA VH IMMU 400-650 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
FEIBA VH IMMU 651-1,200 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
FEIBA VH IMMU 1,750-3,250 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
FEMECAL OB TABLET	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
FEMRING 0.05 MG VAGINAL RING	LOWER COST ALTERNATIVES	ESTRACE CREAM
FEMTRACE TABLET	LOWER COST ALTERNATIVES	ESTRADIOL TABLETS

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
FENTANYL CITRATE BUCCAL TABLETS	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
FENTANYL CITRATE OTFC 200 M	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
FENTANYL PATCH	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
FENTORA BUCCAL TABL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
FERIVA 21-7 TABLET	LOWER COST ALTERNATIVE	GENERIC MULTIVITAMIN WITH IRON
FERIVA FA CAPSULE	LOWER COST ALTERNATIVE	GENERIC MULTIVITAMIN WITH IRON
FERRALET 90 DUAL-IRON TABLET	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
FERRIPROX TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
FETZIMA ER CAPSULE	LOWER COST ALTERNATIVES	VENLAFAXINE ER, SSRI
FEXMID 7.5 MG TABLET	LOWER COST ALTERNATIVES	TIZANIDINE TABLETS, CYCLOBENZAPRINE, ORPHENADRINE, METHOCARBAMOL
FEXOFENADINE 30MG, 60MG HCL TABLET	LOWER COST ALTERNATIVES	CETIRIZINE; LORATADINE
FIBRICOR TABLET	LOWER COST ALTERNATIVES	GENERIC FENOFIBRATE 54 MG OR 160 MG
FINACEA 15% GEL	LOWER COST ALTERNATIVES	DIFFERIN GEL 0.1% OTC, BENZOYL PEROXIDE, CLINDAMYCIN SOLUTION
FINACEA PLUS KIT	LOWER COST ALTERNATIVES	DIFFERIN GEL 0.1% OTC, BENZOYL PEROXIDE, CLINDAMYCIN SOLUTION
FIORICET-COD 50-300-40-30 C	LOWER COST ALTERNATIVES	FIORINAL, FIORICET
FIRAZYR SYRINGE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
FLAGYL ER 750 MG TABLET	LOWER COST ALTERNATIVES	METRONIDAZOLE TAB 500 MG & 250 MG
FLEBOGAMMA DIF 5% VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
FLECTOR 1.3% PATCH	LOWER COST ALTERNATIVES	USE VOLTAREN GEL
FLO-PRED	LOWER COST ALTERNATIVES	PREDNISOLONE SOLUTION
FLO-PRED ORAL SUSPENSION	LOWER COST ALTERNATIVES	PREDNISOLONE ORAL SOLUTION
FLUOR-A-DAY TABLET CHEWABLE	LOWER COST ALTERNATIVES	FLUORITAB 1 MG TABLET CHEW, EPIFLUR 0.25, 0.5 MG
FLUOXETINE 60 MG CAPSULES	LOWER COST ALTERNATIVES	FLUOXETINE 10 MG, 20 MG CAPSULES
FLUOXETINE DR 90 MG CAPSULE	LOWER COST ALTERNATIVES	CITALOPRAM, FLUOXETINE, SERTRALINE
FLUOXETINE HCL TABLET	LOWER COST ALTERNATIVES	FLUOXETINE 10 MG, 20 MG CAPSULE
FLUVOXAMINE XR	LOWER COST ALTERNATIVES	CITALOPRAM, FLUOXETINE, SERTRALINE
FOCALGIN 90 DHA COMBO PACK	LOWER COST ALTERNATIVE	USE GENERIC PRENATAL VITAMIN WITH DHA
FOCALIN XR CAPSULE	LOWER COST ALTERNATIVES	METADATE CD CAPSULE
FOLAST TABLET	LOWER COST ALTERNATIVES	FOLIC ACID
FOLCAPS TABLET	LOWER COST ALTERNATIVES	FOLIC ACID
FOLGARD RX TABLET	LOWER COST ALTERNATIVES	FOLIC ACID
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 500 MG TABLETS
FORTEO 600 MCG/2.4 ML PEN I	LOWER COST ALTERNATIVES	USE FORMULARY ALTERNATIVE PRODUCTS
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

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FRESHKOTE EYE DROPS	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
FROVA 2.5 MG TABLET	LOWER COST ALTERNATIVES	IMITREX, AMERGE
FULYZAQ 125 MG DR TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
FUMATINIC ER CAPSULE	LOWER COST ALTERNATIVES	FERROUS SULFATE 325 MG TABL
FUZEON CONVENIENCE KIT	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
FYCOMPA SUSPENSION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
FYCOMPA TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
GABLOFEN 10,000 MCG/20 ML V	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
GABLOFEN 40,000 MCG/20 ML V	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
GABLOFEN 50 MCG/ML SYRINGE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
GAMASTAN S/D SYRINGE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
GAMASTAN S-D VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
GAMMAGARD LIQUID 10% VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
GAMMAGARD S-D 10 GM VL W/ST	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
GAMMAGARD S-D 2.5 GM VL W/S	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
GAMMAGARD S-D 5 G (IGA<1) S	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
GAMMAGARD S-D 5 GM VL W/SET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
GAMUNEX 10% VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
GAMUNEX-C 1 GRAM/10 ML VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
GAMUNEX-C 10 GRAM/100 ML VI	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
GAMUNEX-C 2.5 GRAM/25 ML VI	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
GAMUNEX-C 20 GRAM/200 ML VI	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
GAMUNEX-C 5 GRAM/50 ML VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
GATTEX VIAL KIT	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
GAVILYTE-H AND BISACODYL KI	LOWER COST ALTERNATIVE	COLYTE, GOLYTELY, NULYTELY
GELNIQUE 10% GEL SACHETS	LOWER COST ALTERNATIVES	OXYBUTYNIN/XL, TROSPIUM 20 MG
GENVOYA TABLET	CLINICAL	REQUEST MUST GO THROUGH CLINICAL REVIEW

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
GIAZO 1.1 GM TABLET	LOWER COST ALTERNATIVES	GENERIC BALSALZIDE, APRISO, ASACOL HD
GILENYA 0.5 MG CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
GILOTRIF TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
GLATOPA	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
GLEEVEC TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
GLUMETZA ER TABLET	LOWER COST ALTERNATIVES	METFORMIN EXTENDED RELEASE 500 MG TABLETS
GLYXAMBI TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
GRALISE	LOWER COST ALTERNATIVES	GABAPENTIN
GRANISETRON TABLETS	STEP THERAPY	ONDANSETRON
GRANIX SYRINGE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
GRASTEK SL TAB	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
GROWTH HORMONES	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
GUANIDINE HCL 125 MG TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
HALOG CREAM/ OINTMENT	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
HARVONI	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
HELIDAC THERAPY	LOWER COST ALTERNATIVES	PREVPAC PATIENT PACK
HELIXATE FS 250 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
HELIXATE FS 500 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
HELIXATE FS 1,000 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
HELIXATE FS 2,000 UNITS VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
HELIXATE FS 3,000 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
HEMANGEOL SOL	LOWER COST ALTERNATIVE	USE PROPRANOLOL SOLUTION
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
HEMOFIL M 220-400 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
HEMOFIL M 401-800 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
HEMOFIL M 801-1,700 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
HEMOFIL M 1,701-2,000 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
HEPAGAM B VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
HEPAGAM B VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
HIZENTRA 1 GRAM/5 ML VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
HIZENTRA 2 GRAM/10 ML VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
HIZENTRA 4 GRAM/20 ML VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
HORIZANT ER TABLET	LOWER COST ALTERNATIVES	GABAPENTIN
HUMALOG 200 UNITS/ML KWIKPEN	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
HUMALOG CARTRIDGE	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
HUMALOG JUNIOR KWIKPEN	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
HUMALOG KWIKPEN	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
HUMALOG VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
HUMATE-P 600 UNIT VWF:RCO	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
HUMATE-P 1,200 UNIT VWF:RCO	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
HUMATE-P 2,400 UNIT VWF:RCO	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
HUMIRA INJECTION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
HYCAMTIN CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
HYDROCORT BUTY 0.1% LIPO CR	LOWER COST ALTERNATIVES	HYDROCORTISONE CREAM
HYPERRAB S/D SYRINGE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
HYPERRAB S-D VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
HYPERRHO S-D SYRINGE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
HYSINGLA TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
IBRANCE CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
IBUDONE TABLET	LOWER COST ALTERNATIVES	HYDROCODONE WITH IBUPROFEN TABLETS
IDELVION SOL 250 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
IDELVION SOL 500 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
IDELVION SOL 1000 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
IDELVION SOL 2000 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ILEVRO 0.3% OPHTH DROPS	LOWER COST ALTERNATIVES	DICLOFENAC, KETOROLAC OPHTH SOLUTION
IMBRUVICA 140 MG CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
IMIQUIMOD 5% CREAM PACKET	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
IMMUNE GLOBULIN INJECTION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
INCIVEK	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
INCRELEX 40 MG/4 ML VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
INFANATE BALANCE SOFTGEL	LOWER COST ALTERNATIVES	GENERIC PRENATAL VITAMIN WITH IRON
INFANATE CAP PLUS	LOWER COST ALTERNATIVE	USE PRENAISSANCE NEXT PRENATAL TABLET

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
INFERGEN VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
INLYTA	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
INNOHEP 20,000 UNIT/ML VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
INNOPRAN XL CAPSULE	LOWER COST ALTERNATIVES	GENERIC PROPRANOLOL ER
INOVA EASY PAD	LOWER COST ALTERNATIVES	BENZOYL PEROXIDE
INTERMEZZO	LOWER COST ALTERNATIVES	ZOLPIDEM
INTRON A INJECTION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
INTUNIV ER TABLET	LOWER COST ALTERNATIVES	GENERIC GUANFACINE
INVEGA ER 1.5 MG TABLET	LOWER COST ALTERNATIVES	RISPERIDONE
INVEGA ER 3 MG TABLET	LOWER COST ALTERNATIVES	RISPERIDONE
INVEGA ER 6 MG TABLET	LOWER COST ALTERNATIVES	RISPERIDONE
INVEGA ER 9 MG TABLET	LOWER COST ALTERNATIVES	RISPERIDONE
INVEGA TABLET	LOWER COST ALTERNATIVES	RISPERIDONE
INVEGA TRINZA	CLINICAL	REQUEST MUST GO THROUGH CLINICAL REVIEW
INVOKAMET TAB	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
INVOKAMET XR	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
INVOKANA TABLET	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
IONSYS PATCH	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
IOPIDINE 0.5% EYE DROPS	LOWER COST ALTERNATIVES	ALPHAGAN P 0.15% EYE DROPS
IQUIX 1.5% EYE DROPS	LOWER COST ALTERNATIVES	LEVOFLOXACIN OPHTH
IRENKA CAPSULE	LOWER COST ALTERNATIVE	VENLAFAXINE ER CAPSULES
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
JADENU TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
JAKAFI	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
JALYN 0.5-0.4 MG CAPSULE	LOWER COST ALTERNATIVES	FINASTERIDE PLUS TAMSULOSIN
JANUMET	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
JANUMET XR	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
JANUVIA	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
JARDIANCE	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
JENTADUETO	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
JUBLIA SOL 10%	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
JUVISYNC 50-10 MG TABLET	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
JUVISYNC 50-20 MG TABLET	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
JUVISYNC 50-40 MG TABLET	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
JUXTAPID CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
KADIAN	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
KALYDECO	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
KAPVAY ER 0.1 MG TABLET	LOWER COST ALTERNATIVES	CLONIDINE (CATAPRES)
KARBINAL ER SUSPENSION	LOWER COST ALTERNATIVES	CHLORPHENIRAMINE, DIPHENHYDRAMINE

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
KAZANO 12.5-1,000 MG TABLET	STEP THERAPY	METFORMIN
KAZANO 12.5-500 MG TABLET	STEP THERAPY	METFORMIN
KEFLEX 750 MG CAPSULE	LOWER COST ALTERNATIVES	CEPHALEXIN 500 MG
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
KERYDIN TOPICAL SOLUTION	LOWER COST ALTERNATIVE	PENLAC, TERBINAFINE
KEVEYIS TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
KEVZARA 150 MG, 200 MG INJ	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
KHEDEZLA	LOWER COST ALTERNATIVE	2 SSRIS, VENLAFAXINE ER
KINERET 100 MG/0.67 ML SYR	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
KIONEX 15 GM/60 ML SUSPENS	LOWER COST ALTERNATIVES	CALCIUM ACETATE 667 MG CAPS
KITABIS PAK	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
KOATE-DVI 500 UNITS VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
KOGENATE FS 1,000 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
KOGENATE FS 2,000 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
KOGENATE FS 250 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
KOGENATE FS 3,000 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
KOGENATE FS 500 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
KORLYM	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
KOVALTRY 3,000 UNIT KIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
K-PHOS #2 TABLET	LOWER COST ALTERNATIVES	K-PHOS NEUTRAL TABLET
K-PHOS M.F. TABLET	LOWER COST ALTERNATIVES	K-PHOS NEUTRAL TABLET
KUVAN	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
KYNAMRO 200 MG/ML SYRINGE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
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
LANSOPRAZOLE ODT TABLET	LOWER COST ALTERNATIVES	LANSOPRAZOLE DR CAPSULES
LANTUS VIALS, SOLOSTAR PEN	LOWER COST ALTERNATIVE	BASAGLAR
LASTACFT 0.25% EYE DROPS	LOWER COST ALTERNATIVES	KETOTIFEN
LATUDA ALL STRENGTHS	LOWER COST ALTERNATIVES	OLANZAPINE, RISPERIDONE, ZIPRASIDONE
LATUDA TABLET	LOWER COST ALTERNATIVES	OLANZAPINE, RISPERIDONE, ZIPRASIDONE
LAZANDA SPRAY	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
LENVIMA CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
LESCOL CAPSULE	LOWER COST ALTERNATIVES	SIMVASTATIN, ATORVASTATIN
LESCOL XL 80 MG TABLET	LOWER COST ALTERNATIVES	SIMVASTATIN, ATORVASTATIN
LETAIRIS TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
LEUKINE VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
LEVATOL 20 MG TABLET	LOWER COST ALTERNATIVES	ATENOLOL, BISOPROLOL, METOPROLOL
LEVEMIR	LOWER COST ALTERNATIVE	BASAGLAR

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
LEVODOPA/CARBIDOPA/ ENTACAPONE	STEP THERAPY	PRIOR USE OF CARBIDOPA/LEVODOPA
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
LIDOCAINE 5% OINT	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
LIDODERM 5% PATCH	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
LIDOVIR 4%-4%	LOWER COST ALTERNATIVES	ACYCLOVIR OINTMENT
LINDANE LOTION/ SHAMPOO	STEP THERAPY	FAILURE OF PERMETHRIN/RID
LINZESS 145 MCG CAPSULE	LOWER COST ALTERNATIVES	MIRALAX, LACTULOSE
LINZESS 290 MCG CAPSULE	LOWER COST ALTERNATIVES	MIRALAX, LACTULOSE
LIORESAL IT 0.05 MG/1 ML AM	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
LIORESAL IT 10 MG/20 ML KIT	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
LIORESAL IT 10 MG/5 ML KIT	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
LIPOFEN CAPSULE	LOWER COST ALTERNATIVES	GENERIC FENOFIBRATE 54 MG OR 160 MG
LIPTRUZET TABLET	LOWER COST ALTERNATIVES	ATORVASTATIN, SIMVASTATIN
LITHOSTAT 250 MG TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
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 54 MG OR 160 MG
LO LOESTRIN FE	LOWER COST ALTERNATIVE	LOESTRIN, LOESTRIN FE, MIRCETTE
LO MINASTRIN FE TABLET CHEW	LOWER COST ALTERNATIVES	GENERIC ETHINYL ESTRADIOL/ NORETHINDRONE
LONSURF TABLET	CLINICAL	REQUEST MUST GO THROUGH CLINICAL REVIEW
LOPRESSOR	LOWER COST ALTERNATIVE	METOPROLOL TARTRATE 25 MG, 50 MG
LORZONE	LOWER COST ALTERNATIVES	CHLORZOXAZONE 500MG, TIZANIDINE, CARISPRODOL
LOTEMAX	LOWER COST ALTERNATIVE	PREDNISOLONE ACETATE, DEXAMETHASONE, FLUOROMETHOLONE
LOTRISONE	LOWER COST ALTERNATIVES	CLOTRIMAZOLE CRM SOLUTION
LOTRONEX TABLET	STEP THERAPY	FAILURE OF METAMUCIL, PSYLLIUM, DICYCLOMINE
LOVAZA 1 GM CAPSULE	LOWER COST ALTERNATIVES	GENERIC FISH OIL. ONLY USED TO TREAT TRIGLYCERIDES > 500
LOVENOXPREFILLED SYR	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
LUMIGAN EYE DROPS	LOWER COST ALTERNATIVES	LATANAPROST
LUMINAL 130 MG/ML CARPUJECT	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
LUNESTA TABLET	LOWER COST ALTERNATIVES	ZOLPIDEM
LUXIQ 0.12% FOAM	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
LYNPARZA CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
LYRICA CAPSULE	LOWER COST ALTERNATIVES	GABAPENTIN
MAGNACET MG TABLET	LOWER COST ALTERNATIVES	OXYCODONE WITH ACETOMINOPHEN
MAGNEBIND RX TABLET	LOWER COST ALTERNATIVES	CALCIUM ACETATE 667 MG CAPS
MARNATAL-F CAPSULE	LOWER COST ALTERNATIVES	LACTOCAL-F TABLET
MAVYRET	LOWER COST ALTERNATIVES	PA REQUIRED USE HARVONI/EPCLUSA GENERICS. MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
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 ACETOMINOPHEN
MAXIFED-G CD TABLET	LOWER COST ALTERNATIVES	GUAIFENESIN-CODEINE SYRUP

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
MAXIFLU CD TABLET	LOWER COST ALTERNATIVES	PSEUDOEPHEDRINE, ACETAMINOPHEN TABLETS
MEBARAL TABLET	LOWER COST ALTERNATIVES	PHENOBARBITAL
MEDROXYPROGESTERONE PREF SYR	LOWER COST ALTERNATIVES	USE MEDROXYPROGESTERONE VIALS
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
MEKINIST TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
M-END PE LIQUID	LOWER COST ALTERNATIVES	PROMETHAZINE VC-CODEINE SYR
MENEST TABLET	LOWER COST ALTERNATIVES	ESTRADIOL TABLETS
MENTAX 1% CREAM	LOWER COST ALTERNATIVES	MICONAZOLE, CLOTRIMAZOLE CREAM
METANX TABLET	LOWER COST ALTERNATIVES	FOLIC ACID
METAXALONE 800 MG TABLET	LOWER COST ALTERNATIVES	TIZANIDINE TABLETS, CYCLOBENZAPRINE, ORPHENADRINE, METHOCARBAMOL
METHADONE	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
METHITEST	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
METOSOLV ODT TABLET	LOWER COST ALTERNATIVES	METOCLOPRAMIDE, TABLETS, SOLUTION
METOPROLOL 37.5 MG, 75 MG TABLET	LOWER COST ALTERNATIVES	METOPROLOL 25 MG, 50 MG, 100 MG
MICARDIS HCT TABLET	LOWER COST ALTERNATIVES	LOSARTAN-HCTZ, IRBESARTAN-HCTZ
MICARDIS TABLET	LOWER COST ALTERNATIVES	LOSARTAN OR ACE-INHIBITOR
MIGRANOW PACK	LOWER COST ALTERNATIVES	SUMATRIPTAN, NARATRIPTAN
MILLIPRED DP SOLUTION/ DOSE PACK	LOWER COST ALTERNATIVES	PREDNISOLONE
MINASTRIN 24 FE CHEWABLE TA	LOWER COST ALTERNATIVES	GENERIC ORAL CONTRACEPTIVE WITH IRON
MIRAPEX ER TABLET	LOWER COST ALTERNATIVES	PRAMIPEXOLE IMMEDIATE RELEASE TABLET
MOLINDONE TABLET	LOWER COST ALTERNATIVE	RISPERIDONE, QUETIAPINE, ZIPRASIDONE, OLANZAPINE
MONOCLATE-P 1,000 UNITS KIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
MONOCLATE-P 1,500 UNITS KIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
MONONINE 1,000 UNITS VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
MONUROL 3 GM SACHET	LOWER COST ALTERNATIVES	CEPHALOSPORIN, CIPROFLOXACIN
MOTOFEN TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
MOVANTIK CAPSULE	LOWER COST ALTERNATIVE	MIRALAX, LACTULOSE
MOVIPREP POWDER KIT	LOWER COST ALTERNATIVES	COLYTE, GOLYTELY, NULYTELY
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
MUCINEX COLD & SINUS	LOWER COST ALTERNATIVES	GUAIFENESIN SYRUP
MUCINEX COLD-FLU & SORE THROAT	LOWER COST ALTERNATIVES	GUAIFENESIN/DEXTROMETHORPHAN/ PHENYLEPHRINE
MYCOLOG II	LOWER COST ALTERNATIVES	NYSTATIN CRM OINT
MYRBETRIQ	LOWER COST ALTERNATIVE	OXYBUTYNYN/ER, TROSPIUM
MYTELEASE 10 MG CAPLET	LOWER COST ALTERNATIVES	NEOSTIGMINE, PYRIDOSTIGMINE
NAFTIN	LOWER COST ALTERNATIVES	CLOTRIMAZOLE, KETOCONAZOLE TOPICAL
NAFTIN 1% CREAM/GEL	LOWER COST ALTERNATIVES	MICONAZOLE, CLOTRIMAZOLE CREAM
NAFTIN 2% GEL	LOWER COST ALTERNATIVES	CLOTRIMAZOLE CRM SOLUTION, MICONAZOLE CRM
NALFON 200 MG PULVULE	LOWER COST ALTERNATIVES	FENOPROFEN, OTHER GENERIC NSAIDS,
NALFON CAPSULE	LOWER COST ALTERNATIVES	USE NAPROXEN, DICLOFENAC, ETODOLAC
NAMENDA XR	LOWER COST ALTERNATIVE	MEMANTINE IR
NAMZARIC ER	LOWER COST ALTERNATIVE	MEMANTINE, DONEPEZIL
NAPRELAN CR	LOWER COST ALTERNATIVES	USE NAPROXEN, DICLOFENAC, ETODOLAC
NASACORT AQ NASAL SPRAY	LOWER COST ALTERNATIVES	FLUNISOLIDE, FLUTICASONE

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
NASCOBAL 500 MCG NASAL SPRAY	LOWER COST ALTERNATIVES	CYANOCOBALAMIN 1,000 MCG/ML
NASONEX 50 MCG NASAL SPRAY	LOWER COST ALTERNATIVES	FLUNISOLIDE, FLUTICASONE
NATACYN EYE DROPS	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
NATELLE ONE CAPSULE	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
NATESTO NASAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
NATPARA POWDER FOR INJECTION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
NECON 10/11	LOWER COST ALTERNATIVE	MIRCETTE
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
NEO-SYNALAR CREAM	LOWER COST ALTERNATIVE	USE TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
NEPHPLEX RX TABLET	LOWER COST ALTERNATIVES	FOLIC ACID
NEPHROCAPS QT TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
NEPHRON FA TABLET	LOWER COST ALTERNATIVES	FERROUS SULFATE 325 MG TABL
NESINA 12.5 MG TABLET	STEP THERAPY	METFORMIN
NESINA 25 MG TABLET	STEP THERAPY	METFORMIN
NESINA 6.25 MG TABLET	STEP THERAPY	METFORMIN
NESTABS ABC PRENATAL COMBO	LOWER COST ALTERNATIVES	GENERIC PRENATAL VITAMIN WITH IRON
NEUAC KIT	LOWER COST ALTERNATIVE	DIFFERIN GEL 0.1% OTC, BENZOYL PEROXIDE, CLINDAMYCIN SOLUTION
NEULASTA 6 MG/0.6 ML SYRING	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
NEUMEGA 5 MG VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
NEUPOGEN INJECTION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
NEVANAC 0.1% DROPTAINER	LOWER COST ALTERNATIVES	DICLOFENAC, KETOROLAC OPTH SOLUTION
NEXA SELECT CAPSULE	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
NEXA SELECT SOFTGEL	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
NEXAVAR 200 MG TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
NEXICLON XR 0.09 MG/ML SUSP	LOWER COST ALTERNATIVES	CLONIDINE TABLETS
NEXICLON XR 0.17 MG TABLET	LOWER COST ALTERNATIVES	CLONIDINE TABLETS
NEXIUM	LOWER COST ALTERNATIVES	OMEPRAZOLE, LANSOPRAZOLE, PANTOPRAZOLE, NEXIUM OTC
NIASPAN ER TABLET	LOWER COST ALTERNATIVES	GENERIC ER NIACIN
NICOTROL CARTRIDGE INHALER	LOWER COST ALTERNATIVE	NICOTINE PATCH/GUM, BUPROPRION SR
NICOTROL NS 10 MG/ML SPRAY	LOWER COST ALTERNATIVE	NICOTINE PATCH/GUM, BUPROPRION SR
NINLARO CAPSULE	CLINICAL	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
NITROGLYCERIN CAPS ER	LOWER COST ALTERNATIVE	NITROGLYCERIN SL TABLETS
NOROXIN 400 MG TABLET	LOWER COST ALTERNATIVES	CIPROFLOXACIN
NORTHERA CAP	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
NOVOLOG CARTRIDGE	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
NOVOLOG P/F PEN	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
NOVOLOG VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
NOVOSEVEN 1,200 MCG VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
NOVOSEVEN 2,400 MCG VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
NOVOSEVEN RT 1,000 MCG VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
NOVOSEVEN RT 2,000 MCG VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
NOVOSEVEN RT 5,000 MCG VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
NOVOSEVEN RT 8,000 MCG VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
NOXAFIL 40 MG/ML SUSPENSION	LOWER COST ALTERNATIVES	FLUCONAZOLE, ITRACONAZOLE,

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
NOXAFIL DR 100 MG TABLET	LOWER COST ALTERNATIVES	ITRACONAZOLE, VORICONAZOLE
NUCYN TA ER	LOWER COST ALTERNATIVES	TRAMADOL ER
NUCYN TA TABLET	LOWER COST ALTERNATIVES	TRAMADOL HCL TABLET
NUEDEX TA 20-10 MG CAPSULE	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
NUPLAZID TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
NUOX GEL	LOWER COST ALTERNATIVES	BENZOYL PEROXIDE 5% OR 10% LOTION
NUVESSA VAGINAL GEL	LOWER COST ALTERNATIVE	METRONIDAZOLE GEL
NUVIGIL 50 MG TABLET	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
NUVIGIL 150 MG TABLET	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
NUVIGIL 250 MG TABLET	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
NUWIQ INJ 250 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
NUWIQ INJ 500 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
NUWIQ INJ 1000 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
NUWIQ INJ 2000 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
NUWIQ KIT 250 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
NUWIQ KIT 500 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
NUWIQ KIT 1000 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
NUWIQ KIT 2000 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
NYDAMAX 0.75% GEL	LOWER COST ALTERNATIVES	METROLOTION TOPICAL 0.75%,
NYMALIZE 60 MG/20 ML SOLUTI	LOWER COST ALTERNATIVES	NIMODIPINE TABLETS
OB COMPLETE	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
OB COMPLETE PETITE SOFTGEL	LOWER COST ALTERNATIVES	GENERIC PRENATAL VITAMINS
OBIZUR 500 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
OCALIVA TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
ODOMZO	CLINICAL	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
OFEV CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
OLEPTRO ER 150 MG TABLET	LOWER COST ALTERNATIVES	TRAZODONE
OLEPTRO ER 300 MG TABLET	LOWER COST ALTERNATIVES	TRAZODONE
OLYSIO 150 MG CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
OMECLAMO X-PAK COMBO PACK 20(20)-500	LOWER COST ALTERNATIVES	PREV-PAK
OME PRAZOLE-BICARB 40-1,100	LOWER COST ALTERNATIVES	OME PRAZOLE; PLUS SODIUM BICARB.
OMNARIS 50 MCG NASAL SPRAY	LOWER COST ALTERNATIVES	FLUNISOLIDE, FLUTICASONE
ONEXTON 1.2%-3.75% GEL	LOWER COST ALTERNATIVE	DIFFERIN GEL 0.1% OTC, BENZOYL PEROXIDE, CLINDAMYCIN SOLUTION
ONEXTON GEL PUMP	LOWER COST ALTERNATIVE	DIFFERIN GEL 0.1% OTC, BENZOYL PEROXIDE, CLINDAMYCIN SOLUTION
ONFI TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
ONGLYZA	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ONMEL 200 MG TABLET	LOWER COST ALTERNATIVES	ITRACONAZOLE 100 MG TABLETS
ONSOLIS SOLUBLE FILM	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
ONZETRA NASAL SPRAY	LOWER COST ALTERNATIVES	SUMATRIPTAN, NARATRIPTAN
OPANA TABLET	LOWER COST ALTERNATIVES	OXYMORPHONE TABLETS
OPANA ER TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
OPIUM TINCTURE 10 MG/ML	LOWER COST ALTERNATIVES	IMODIUM, DICYCLOMINE
OPSUMIT 10 MG TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
ORACEA 40 MG CAPSULE	LOWER COST ALTERNATIVES	DOXYCYCLINE 50 MG CAPSULE
ORALAIR	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ORAPRED ODT TABLET	LOWER COST ALTERNATIVES	PREDNISOLONE
ORAVIG 50 MG BUCCAL TABLET	LOWER COST ALTERNATIVES	NYSTATIN 100,000 UNITS/ML S
ORENCIA INJECTION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
ORENCIA SYRINGE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ORFADIN CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
ORFADIN SUSPENSION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
ORKAMBI	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ORPHENADRINE COMP FORTE TAB	LOWER COST ALTERNATIVES	TIZANIDINE TABLETS, CYCLOBENZAPRINE, ORPHENADRINE, METHOCARBAMOL
ORPHENADRINE COMP TABLET	LOWER COST ALTERNATIVES	TIZANIDINE TABLETS, CYCLOBENZAPRINE, ORPHENADRINE, METHOCARBAMOL
OSENI 12.5-15 MG TABLET	STEP THERAPY	METFORMIN
OSENI 12.5-30 MG TABLET	STEP THERAPY	METFORMIN
OSENI 12.5-45 MG TABLET	STEP THERAPY	METFORMIN
OSENI 25-15 MG TABLET	STEP THERAPY	METFORMIN
OSENI 25-30 MG TABLET	STEP THERAPY	METFORMIN
OSENI 25-45 MG TABLET	STEP THERAPY	METFORMIN
OTEZLA 10 MG, 20 MG, 30 MG	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
OTOVEL DROPS	LOWER COST ALTERNATIVES	CIPROFLOXACIN
OTREXUP AUTO-INJ	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
OVACE PLUS 10% WASH	LOWER COST ALTERNATIVES	SODIUM SULFACETAMIDE WASH 10%
OVACE PLUS LOT 9.8%	LOWER COST ALTERNATIVE	USE SODIUM SULFACETAMIDE WASH 10%
OVCON	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
OXANDROLONE 10 MG TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
OXANDROLONE 2.5 MG TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
OXECTA	LOWER COST ALTERNATIVES	OXYCODONE GENERIC TABLET
OXISTAT 1% CREAM/LOTION	LOWER COST ALTERNATIVES	MICONAZOLE, CLOTRIMAZOLE CREAM
OXSORALEN 1% LOTION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
OXYTROL FOR WOMEN 3.9 MG/24	LOWER COST ALTERNATIVES	OXYBUTYNIN/ER, TROSPIUM TABLETS
OXYCODONE-IBUPROFEN 5-400 T	LOWER COST ALTERNATIVES	HYDROCODONE WITH IBUPROFEN TABLETS
OXYCONTIN TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
OXYMORPHONE HCL ER TAB	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
OXYTROL 3.9 MG/24HR PATCH	LOWER COST ALTERNATIVES	OXYBUTYNIN/XL, TROSPIUM 20 MG
OZEMPIC 0.25 MG, 0.5 MG, 1 MG INJ	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
PACNEX HP 7% CLEANSING PADS	LOWER COST ALTERNATIVES	BENZOYL PEROXIDE SOLUTION
PACNEX LP 4.25% CLEANSING P	LOWER COST ALTERNATIVES	BENZOYL PEROXIDE SOLUTION
PACNEX MX 4.25% CLEANSER	LOWER COST ALTERNATIVES	BENZOYL PEROXIDE SOLUTION
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

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PAROXETINE CR TABLET	LOWER COST ALTERNATIVES	CITALOPRAM, FLUOXETINE, SERTRALINE
PATADAY 0.2% DROPS	LOWER COST ALTERNATIVE	KETOTIFEN
PATANASE 0.6% NASAL SPRAY	LOWER COST ALTERNATIVES	ASTEPRO 0.15% NASAL SPRAY
PATANOL 0.1% EYE DROPS	LOWER COST ALTERNATIVES	KETOTIFEN
PAZEO EYE DROPS	LOWER COST ALTERNATIVE	KETOTIFEN
PEDIADERM AF KIT	LOWER COST ALTERNATIVES	NYSTATIN CREAM, OINTMENT
PEDIADERM TOPICAL	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUCINOLONE
PEDIPIROX-4	LOWER COST ALTERNATIVES	CICLOPIROX 8%/VITAMIN E KIT
PEGASYS VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
PEGINTRON INJECTION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
PENNSAID 1.5% SOLUTION	LOWER COST ALTERNATIVES	USE VOLTAREN GEL
PENTAM 300 VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
PENTASA	LOWER COST ALTERNATIVE	APRISO, ASACOL HD
PENTAZOCIN-ACETAMINOPHN	LOWER COST ALTERNATIVES	OXYCODONE WITH ACETOMINOPHEN
PERFOROMIST	LOWER COST ALTERNATIVES	SEREVENT
PERTZYE	LOWER COST ALTERNATIVE	CREON, ZENPEP, PANCREAZE
PEXEVA TABLET	LOWER COST ALTERNATIVES	CITALOPRAM, FLUOXETINE, SERTRALINE
PHOSLYRA SOLUTION	LOWER COST ALTERNATIVES	CALCIUM ACETATE 667MG TABLET
PHENERGAN	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
PICATO	LOWER COST ALTERNATIVES	REQUEST MUST GO THROUGH CLINICAL REVIEW
PLEGRIDY	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
PLEXION CLEANSING CLOTHS	LOWER COST ALTERNATIVES	DIFFERIN GEL 0.1% OTC, BENZOYL PEROXIDE, CLINDAMYCIN SOLUTION
PNV-DHA PLUS SOFTGEL	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
PNV FOLIC ACID + IRON TABLET	LOWER COST ALTERNATIVES	GENERIC PRENATAL VITAMIN WITH IRON
PNV-IRON TABLET	LOWER COST ALTERNATIVES	LACTOCAL-F TABLET
POLY IRON PN FORTE TABLET	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
POMALYST 1 MG CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
POLY-VI-FLOR	LOWER COST ALTERNATIVE	USE GENERIC MULTIVITAMIN WITH FLUORIDE
POLYETHYLENE GLYCOL 3350 PKT	LOWER COST ALTERNATIVE	POLYETHYLENE GLYCOL BOTTLE
POMALYST 2 MG CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
POMALYST 3 MG CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
POMALYST 4 MG CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
POTASSIUM CL 25 MEQ TAB EFF	LOWER COST ALTERNATIVES	KLOR-CON 25 MEQ PACKET
POTIGA ALL STRENGTHS	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
PRADAXA CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
PRALUENT	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
PRANDIMET TABLET	LOWER COST ALTERNATIVES	SULPHONYLUREA PLUS METFORMIN
PRASCION RA CREAM	LOWER COST ALTERNATIVES	DIFFERIN GEL 0.1% OTC, BENZOYL PEROXIDE, CLINDAMYCIN SOLUTION
PREFERA-OB PLUS DHA COMBO P	LOWER COST ALTERNATIVES	USE GENERIC PRENATAL VITAMIN WITH DHA
PREGNYL 10,000 UNITS VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY

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PRENACARE TABLET	LOWER COST ALTERNATIVES	COMPLETE-RF PRENATAL TABLET
PRENAISSANCE NEXT	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH MINERALS
PRENAISSANCE NEXT-B TABLET	LOWER COST ALTERNATIVES	PRENATAL VITAMIN GENERIC
PRENATE AM TABLET	LOWER COST ALTERNATIVES	GENERIC PRENATAL VITAMIN WITH IRON
PRENATE DHA SOFTGEL	LOWER COST ALTERNATIVE	USE PRENAISSANCE NEXT PRENATAL TABLET
PRENATE ESSENTIAL SOFTGEL	LOWER COST ALTERNATIVE	USE GENERIC PRENATAL VITAMIN
PRENATE MINI SOFTGEL	LOWER COST ALTERNATIVE	USE GENERIC PRENATAL VITAMIN
PRENATE PIXIE	LOWER COST ALTERNATIVE	USE PRENAISSANCE NEXT PRENATAL TABLET
PRENATE SOFTGEL	LOWER COST ALTERNATIVES	PRENATAL VITAMIN GENERIC
PRENATE SOFTGEL/ TABLET	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
PRENATE STAR TABLET	LOWER COST ALTERNATIVE	USE PRENAISSANCE NEXT PRENATAL TABLET
PRENEXA CAPSULE	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
PREQUE 10 TABLET	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
PRIFTIN 150 MG TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
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 ER CAPSULES
PRIVIGEN 10% VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
PROAIR RESPICLICK INHAL POW	LOWER COST ALTERNATIVES	ALBUTEROL 90 MCG INHALER
PROBARIMIN QT TABLET	LOWER COST ALTERNATIVES	MULTIVITAMIN GENERIC
PROCENTRA 5 MG/5 ML SOLUTIO	LOWER COST ALTERNATIVES	AMPHETAMINE, DEXTROAMPHETAMINE, ADDERALL XR
PROCRIT 10,000 UNITS/ML VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
PROCRIT 2,000 UNITS/ML VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
PROCRIT 20,000 UNITS/ML VIA	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
PROCRIT 3,000 UNITS/ML VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
PROCRIT 4,000 UNITS/ML VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
PROCRIT 40,000 UNITS/ML VIA	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
PROFILNINE SD 500 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
PROFILNINE SD 1,000 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
PROFILNINE SD 1,500 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
PROLENSA 0.07% EYE DROPS	LOWER COST ALTERNATIVES	BROMFENAC OPHTH, KETOROLAC OPHTH
PROLEUKIN 22 MILLION UNIT V	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
PROLIA 60 MG/ML INJ	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
PROMACTA 12.5 MG	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
PROMACTA TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
PROPARACAINE 0.5% EYE DROPS	LOWER COST ALTERNATIVES	TETRACAINE OPHTH SOLUTION

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
PROQUIN XR 500 MG TABLET	LOWER COST ALTERNATIVES	CIPROFLOXACIN
PRO-RED AC SYRUP	LOWER COST ALTERNATIVES	CODEINE, ANTIHISTAMINE, PHENYLEPHRINE COMBINATION
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	ALBUTEROL 90 MCG INHALER
PROVIDA DHA CAPSULE	LOWER COST ALTERNATIVE	USE GENERIC PRENATAL VITAMIN WITH DHA
PROVIDA OB CAPSULE	LOWER COST ALTERNATIVES	GENERIC PRENATAL VITAMIN WITH IRON
PROVIGIL TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
PULMICORT FLEXHALER	LOWER COST ALTERNATIVE	QVAR, AEROSPAN, ARNUITY ELLIPTA
PULMOZYME AMPUL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
PV VITAMIN D 400 UNIT TABLET	LOWER COST ALTERNATIVES	PRENATAL VITAMIN GENERIC
PYLERA CAPSULE	LOWER COST ALTERNATIVES	PREVPAC PATIENT PACK
QBRELIS SOLUTION	LOWER COST ALTERNATIVES	LISINOPRIL
QNASL 80 MCG	LOWER COST ALTERNATIVES	FLUTICASONE, FLUNISOLIDE NASAL SPRAY
QUDEXY XR CAP	LOWER COST ALTERNATIVE	USE TOPIRAMATE
QUFLORA PEDIATRIC	LOWER COST ALTERNATIVE	USE MULTIVITAMINS/FLUORIDE DROPS
QUARTETTE TABLET	LOWER COST ALTERNATIVES	EE/LEVONORGESTREL GENERIC
QUILLIVANT XR 25 MG/5 ML SU	LOWER COST ALTERNATIVES	GENERIC METHYLPHENIDATE WITH SPRINKLE CAPABILITY (METADATE CD)
QUIXIN 0.5% EYE DROPS	LOWER COST ALTERNATIVES	LEVOFLOXACIN OPHTH
RAGWITEK SUB	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
RAPAFLO CAPSULE	LOWER COST ALTERNATIVES	TAMSULOSIN, TERAZOSIN AND DOXAZOSIN
RASUVO INJ	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
RAYALDEE	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
REBETOL 40 MG/ML SOLUTION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
REBIF REBIDOSE 22 MCG/0.5 M	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
REBIF REBIDOSE 44 MCG/0.5 M	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
REBIF REBIDOSE TITRATION PA	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
REBIF SYRINGE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
RECOMBINATE 220-400 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
RECOMBINATE 401-800 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
RECOMBINATE 801-1,240 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
RECOMBINATE 1,241-1,800 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
RECOMBINATE 1,801-2,400 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
RECTIV	LOWER COST ALTERNATIVES	ANUSOL HC OINTMENT
REGRANEX 0.01% GEL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
RELPAK TABLET	LOWER COST ALTERNATIVES	IMITREX, AMERGE
RELISTOR TABLET	LOWER COST ALTERNATIVES	MIRALAX, LACTULOSE
REMICADE 100 MG VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
REMODULIN INJECTION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, 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
REPATHA	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
REPREXAIN TABLET	LOWER COST ALTERNATIVES	HYDROCODONE WITH IBUPROFEN TABLETS
REQUIP XL TABLET	LOWER COST ALTERNATIVES	REQUIP IMMEDIATE RELEASE TABLET
RESCULA 0.15% EYE DROPS	LOWER COST ALTERNATIVES	LATANOPROST OPHTH SOLUTION
RETIN-A MICR GEL 0.08%	LOWER COST ALTERNATIVE	DIFFERIN GEL 0.1% OTC, BENZOYL PEROXIDE, CLINDAMYCIN SOLUTION
REVATIO INJECTION AND TABLETS	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
REVATIO SUS	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
REVLIMID 20 MG CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
REVLIMID CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
REXULTI TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
RHINARIS NASAL GEL	LOWER COST ALTERNATIVES	SODIUM CHLORIDE NASAL SOLUTION
RHINOCORT AQUA NASAL SPRAY	LOWER COST ALTERNATIVES	FLUNISOLIDE, FLUTICASONE
RHOPHYLAC 300 MCG/2 ML SYR	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
RIBAPAK	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
RIBASPHERE TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
RIBAVIRIN	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
RIFAMATE CAPSULE	LOWER COST ALTERNATIVES	RIFAMPIN 300 MG PLUS ISONIAZID
RIFATER	LOWER COST ALTERNATIVE	ISONIAZID + PYRAZINAMIDE + RIFAMPIN
RILUTEK 50 MG TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
RITALIN LA 60MG	LOWER COST ALTERNATIVE	METADATE CD, CONCERTA
RITALIN LA 10MG	LOWER COST ALTERNATIVE	METADATE CD, CONCERTA
RITUXAN 10 MG/ML VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
RIXUBIS 250 UNIT NOMINAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
RIXUBIS 500 UNIT NOMINAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
RIXUBIS 1,000 UNIT NOMINAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
RIXUBIS 2,000 UNIT NOMINAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
RIXUBIS 3,000 UNIT NOMINAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ROSULA WASH	LOWER COST ALTERNATIVE	SULFACETAMIDE/SULFUR CREAM, GEL, LOTION, PADS
ROVIN-A DHA	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH MINERALS
ROVIN-NV DHA CAPSULE	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
ROZEREM TABLET	LOWER COST ALTERNATIVES	ZOLPIDEM

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
RUBRACA	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
RYBIX ODT 50 MG TABLET	LOWER COST ALTERNATIVES	TRAMADOL HCL TABLET
RYNATAN PEDIATRIC CHEWABLE	LOWER COST ALTERNATIVES	RYNATAN PEDIATRIC ORAL SUSP
RYTARY ER	LOWER COST ALTERNATIVE	CARBIDOPA/LEVODOPA
RYZOLT	LOWER COST ALTERNATIVE	TRAMADOL
RYZOLT ER TABLET	LOWER COST ALTERNATIVES	TRAMADOL HCL TABLET
SABRIL 500 MG TABLET\ POWDER	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
SAIZEN 5 MG VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
SAIZEN 8.8 MG CLICK.EASY CA	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
SAIZEN 8.8 MG VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
SALKERA 6% FOAM	LOWER COST ALTERNATIVES	SALICYLIC ACID 6% LOTION KI
SAMSCA TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
SANCTURA 20 MG TABLET	STEP THERAPY	FAILURE OXYBUTYNIN/ER
SANCTURA XR 60 MG CAPSULE	LOWER COST ALTERNATIVES	OXYBUTYNIN/XL, TROSPIUM 20 MG
SANCUSO 3.1 MG/24 HR PATCH	LOWER COST ALTERNATIVES	ONDANSETRON
SANTYL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
SAPHRIS TABLET SUBLING	LOWER COST ALTERNATIVES	RISPERIDONE, GEODON, ZYPREXA, SEROQUEL
SAVAYSA TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
SAVELLA TABLET	LOWER COST ALTERNATIVES	GABAPENTIN
SCOPACE 0.4 MG TABLET	LOWER COST ALTERNATIVES	MECLIZINE TABLET
SEASONIQUE	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
SE-CARE TABLET	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
SECONAL CAPSULE	LOWER COST ALTERNATIVE	ZOLPIDEM
SEGLUOMET	STEP THERAPY	PREQUISITES INCLUDE DPP-4 INHIBITORS, SGLT2 INHIBITORS, DPP-4 INHIBITOR-BIGUANIDE COMBINATIONS
SELECT-OB CHEWABLE CAPLET	LOWER COST ALTERNATIVE	USE PRENAISSANCE NEXT PRENATAL TABLET
SENSIPAR TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
SERNIVO SPRAY	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUCINOLONE
SEROMYCIN 250 MG CAPSULE	LOWER COST ALTERNATIVES	RIFAMPIN 300 MG PLUS ISONIAZID
SEROQUEL XR	LOWER COST ALTERNATIVES	GENERIC QUETIAPINE IR
SEROSTIM INJECTION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
SE-TAN CAPSULE	LOWER COST ALTERNATIVES	FEROUS SULFATE 325 MG TABL
SIGNIFOR 0.3 MG/ML AMPULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
SIGNIFOR 0.6 MG/ML AMPULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
SIGNIFOR 0.9 MG/ML AMPULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
SILENOR TABLET	LOWER COST ALTERNATIVES	DOXEPIN
SIMBRINZA 1%-0.2% EYE DROPS	LOWER COST ALTERNATIVES	DORZOLAMIDE/TIMOLOL OPHTH
SIMCOR TABLET	LOWER COST ALTERNATIVES	NIACIN PLUS SIMVASTATIN
SIMPONI 50 MG/ML SYRINGE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY

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SIMPONI INJECTION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
SINGULAIR TAB/GRAN/CHEW	STEP THERAPY	FAILURE OF INHALED STEROID
SINUS RELIEF CONGESTION & PAIN	LOWER COST ALTERNATIVES	OTC DECONGESTANT/ACETOMINOPHEN
SIRTURO 100 MG TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
SITAVIG TAB	LOWER COST ALTERNATIVE	USE ABREVA, ORAL ACYCLOVIR
SIVEXTRO TAB	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
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 REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
SORIATANE CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
SORILUX 0.005% FOAM	LOWER COST ALTERNATIVES	DOVONEX OINT, CREAM
SOTYLIZE SOLUTION	LOWER COST ALTERNATIVE	SOTALOL TABLETS
SOLVALDI	LOWER COST ALTERNATIVES	PA REQUIRED USE HARVONI/EPCLUSA GENERICS
SOVALDI 400 MG TABLET	LOWER COST ALTERNATIVES	PA REQUIRED USE HARVONI/EPCLUSA GENERICS
SPECTRACEF DOSE PACK	LOWER COST ALTERNATIVES	CEFPODOXIME PROXETIL
SPIRIVA HANDIHALER	LOWER COST ALTERNATIVES	INCRUSE ELLIPTA
SPIRIVA RESPIMAT	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
SPORANOX 10 MG/ML SOLUTION	LOWER COST ALTERNATIVES	REQUEST MUST GO THROUGH CLINICAL REVIEW
SPRITAM TABLETS	LOWER COST ALTERNATIVES	LEVETIRACETAM/XR
SPRYCEL TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
STAVZOR DR CAPSULE	LOWER COST ALTERNATIVES	DEPAKOTE ER 500 MG TABLET
STEGLATRO	STEP THERAPY	PREQUISITES INCLUDE DPP-4 INHIBITORS, SGLT2 INHIBITORS, DPP-4 INHIBITOR-BIGUANIDE COMBINATIONS
STIOLTO RESPIMAT	LOWER COST ALTERNATIVES	ANORO ELLIPTA
STIMATE 1.5 MG/ML NASAL SPR	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
STIVARGA 40 MG TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
STRATTERA CAPSULE	STEP THERAPY	FAILURE OF METHYLPHENIDATE, AMPHETAMINE PRODUCT
STRIANT 30 MG MUCOADHESIVE	CLINICAL/STEP	REQUEST MUST GO THROUGH CLINICAL REVIEW, REQUIRES LAB VALUES
STRIBILD TABLETS ALL STRENGTHS	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
STRIVERDI AER RESPIMAT	LOWER COST ALTERNATIVE	USE SERVENT
SUBLOCADE 100/0.5 ML ER INJ	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
SUBLOCADE 300/0.5 ML ER INJ	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
SUBSYS	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
SUCRAID 8,500 UNITS/ML SOLN	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
SULFAMYLON POWDER PACKET	LOWER COST ALTERNATIVES	DIFFERIN GEL 0.1% OTC, BENZOYL PEROXIDE, CLINDAMYCIN SOLUTION
SUMADAN	LOWER COST ALTERNATIVES	SULFACETAMIDE SOLUTION
SUMADAN	LOWER COST ALTERNATIVES	SULFACETAMIDE TOPICAL LOTION
SUMADAN LOTION	LOWER COST ALTERNATIVES	SULFACETAMIDE SODIUM LOTION
SUMAVEL DOSEPRO 6 MG/0.5 ML	LOWER COST ALTERNATIVES	SUMATRIPTAN INJECTION, TABLETS
SUMAXIN CP	LOWER COST ALTERNATIVES	SULFACETAMIDE TOPICAL LOTION

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SUMAXIN PADS/WASH	LOWER COST ALTERNATIVES	DIFFERIN GEL 0.1% OTC, BENZOYL PEROXIDE, CLINDAMYCIN SOLUTION
SUMAXIN TS TOPICAL SUSPENS	LOWER COST ALTERNATIVES	SULFACETAMIDE SOLUTION
SUPRAX SUSPENSION	LOWER COST ALTERNATIVES	CEFPODOXIME PROXETIL
SUPRAX 100 MG TABLET CHEWABLE	LOWER COST ALTERNATIVES	GENERIC 3RD GENERATION SUSPENSION (CEFPODOXIME)
SUPRAX 200 MG TABLET CHEWABLE	LOWER COST ALTERNATIVES	GENERIC 3RD GENERATION SUSPENSION (CEFPODOXIME)
SUPRAX 400 MG TABLET	LOWER COST ALTERNATIVES	CEFPODOXIME PROXETIL
SUPRAX CAPSULE, SUSPENSION	LOWER COST ALTERNATIVES	CEFPODOXIME SUSPENSION/CAPSULES
SUPREP BOWEL PREP KIT	LOWER COST ALTERNATIVES	COLYTE, GOLYTELY, NULYTELY
SUTENT CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
SYLATRON	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
SYLVANT SOL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
SYMBICORT	STEP THERAPY	FOR AGES 6-12, PREREQUISITES INCLUDE ICS OR ICS/LABA, ALL OTHER AGES, PREREQUISITES INCLUDE INHALED LABA OR ANTIMUSCARINIC AGENTS
SYMBYAX CAPSULE	LOWER COST ALTERNATIVES	ZYPREXA PLUS FLUOXETINE
SYMLIN 0.6 MG/ML VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
SYMLINPEN PEN/VIAL	STEP THERAPY	FAILURE OF INSULIN THERAPY
SYNAGIS INJECTION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
SYNALGOS-DC CAPSULE	LOWER COST ALTERNATIVES	CODEINE WITH ACETOMINOPHEN,
SYNAREL 2 MG/ML NASAL SPRAY	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
SYNERCID 500 MG VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
SYNJARDY TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
SYPRINE 250 MG CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
TAFINLAR CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
TAGRISSE TABLET	CLINICAL	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
TALWIN NX	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
TANZEUM INJ	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
TARCEVA TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, 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 REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
TECFIDERA	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
TECHNIVIE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
TEKTURN HCT TABLET	STEP THERAPY	FAILURE ACE/ARB

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TEKTRUNA TABLET	STEP THERAPY	FAILURE ACE/ARB
TEMODAR CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
TESTIM	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
TESTRED	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
TEVETEN TABLET	LOWER COST ALTERNATIVES	LOSARTAN OR ACE-INHIBITOR
TEV-TROPIN 5 MG VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
THALOMID CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
THEROPEC TABLET	LOWER COST ALTERNATIVES	FOLBEE PLUS
THRIVITE 19 TABLET	LOWER COST ALTERNATIVE	USE GENERIC PRENATAL VITAMIN
TINDAMAX TABLET	LOWER COST ALTERNATIVES	METRONIDAZOLE 250 MG TABLET
TIROSINT CAPSULE	LOWER COST ALTERNATIVES	GENERIC LEVOTHYROXINE
TL-ASSURE + DHA	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH MINERALS
TL-SELECT DHA SOFTGEL	LOWER COST ALTERNATIVES	GENERIC PRENATAL VITAMINS
TOBI PODHALER 28 MG INHALE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
TOBI PODHALER INHALER	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
TOLMETIN SODIUM 600 MG TAB	LOWER COST ALTERNATIVES	USE NAPROXEN, DICLOFENAC, ETODOLAC
TOPICORT 0.25% SPRAY	LOWER COST ALTERNATIVES	BETAMETHASONE CRM/LOT, DESOXIMETASONE CRM
TOPICORT GEL	LOWER COST ALTERNATIVE	USE BETAMETHASONE
TOPIRAMATE CAP ER	LOWER COST ALTERNATIVE	USE TOPIRAMATE
TOUJEO SOLOSTAR	LOWER COST ALTERNATIVE	BASAGLAR
TOVIAZ ER TABLET	LOWER COST ALTERNATIVES	OXYBUTYNYN/XL, TROSPIUM 20MG
TRACLEER TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
TRADJENTA TABLET	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
TRAVATAN Z 0.004% EYE DROP	LOWER COST ALTERNATIVES	LATANAPROST
TRAVOPROST 0.004% EYE DROP	LOWER COST ALTERNATIVES	LATANOPROST OPHTH SOL
TRAZODONE 300 MG	LOWER COST ALTERNATIVES	TRAZODONE 50 MG, TRAZODONE 100 MG, TRAZODONE 150 MG
TRESIBA FLEXTOUCH	CLINICAL	REQUEST MUST GO THROUGH CLINICAL REVIEW
TRETINOIN CREAM 0.025%	STEP THERAPY	DIFFERIN GEL 0.1% OTC
TRETINOIN CREAM 0.05%	STEP THERAPY	DIFFERIN GEL 0.1% OTC
TRETINOIN CREAM 0.1%	STEP THERAPY	DIFFERIN GEL 0.1% OTC
TRETINOIN GEL 0.01%	STEP THERAPY	DIFFERIN GEL 0.1% OTC
TRETINOIN GEL 0.025%	STEP THERAPY	DIFFERIN GEL 0.1% OTC
TRETTEN 2,500 UNIT VIAL	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
TREXIMET	LOWER COST ALTERNATIVES	SUMATRIPTAN AND NAPROXEN TABLETS
TRIANEX OINTMENT	LOWER COST ALTERNATIVE	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
TRIAZ PAD/FOAM	LOWER COST ALTERNATIVES	TRIAZ CLEANSER
TRIBENZOR TABLET	LOWER COST ALTERNATIVES	LOSARTAN-HCTZ PLUS AMLODIPINE
TRICARE PRENATAL COMPLEAT P	LOWER COST ALTERNATIVES	PRENATAL VITAMIN GENERIC IN WITH IRON
TRICARE PRENATAL TABLET	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
TRICOR TABLET	LOWER COST ALTERNATIVES	GENERIC FENOFIBRATE 48 MG, 54 MG, 120 MG, 145 MG

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
TRIGLIDE TABLET	LOWER COST ALTERNATIVES	GENERIC FENOFIBRATE 54 MG OR 160 MG
TRILIPIX DR CAPSULE	LOWER COST ALTERNATIVES	GENERIC FENOFIBRATE 54 MG OR 160 MG
TRI-LUMA CREAM	LOWER COST ALTERNATIVES	RETIN A CREAM/GEL
TRIMESIS RX TABLET	LOWER COST ALTERNATIVES	PRENATAL VITAMINS WITH IRON
TRINTELLIX	LOWER COST ALTERNATIVE	2 SSRIS, VENLAFAXINE ER
TRISTART DHA SOFTGEL	LOWER COST ALTERNATIVE	USE GENERIC PRENATAL VITAMIN WITH DHA
TRI-TABS DHA COMBO PACK	LOWER COST ALTERNATIVES	PRENATAL VITAMIN WITH IRON
TRIUMEQ TAB	LOWER COST ALTERNATIVE	USE EPZICOM WITH TIVICAY
TROKENDI XR CAPSULE	LOWER COST ALTERNATIVES	TOPIRAMATE
TRULICITY INJ	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
TUDORZA	LOWER COST ALTERNATIVE	INCRUSE ELLIPTA
TUSSIONEX PENNKINETIC SUSP	LOWER COST ALTERNATIVES	HYDROCODONE-HOMATROPINE SYR
TWINJECT AUTO-INJECT	LOWER COST ALTERNATIVES	EPI PEN, EPI PEN JR
TWYNSTA TABLET	LOWER COST ALTERNATIVES	LOSARTAN PLUS AMLODIPINE
TYGACIL 50 MG VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
TYKERB TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
TYMLOS 80 MCG/DOSE INJ	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
TYVASO INHALATION SOLUTION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
TYZINE NOSE DROPS/ SPRAY	LOWER COST ALTERNATIVES	NOSE DROPS 1%, AFRIN NASAL SPRAY
TYZINE PEDIATRIC 0.05% DROP	LOWER COST ALTERNATIVES	OXYMETOLAZINE NASAL SPRAY
UCERIS RECTAL FOAM	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
ULESFIA	LOWER COST ALTERNATIVE	RID, NIX
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 LOTION	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
ULTRESA DR 20,700 UNIT CAPS	LOWER COST ALTERNATIVES	CREON, ZENPEP, PANCREAZE
ULTRESA DR 23,000 UNIT CAPS	LOWER COST ALTERNATIVES	CREON, ZENPEP, PANCREAZE
UNIRETIC	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
UPTRAVI	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
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.
UTIBRON NEOHALER	CLINICAL	REQUEST MUST GO THROUGH CLINICAL REVIEW
VAGIFEM 10 MCG VAGINAL TAB	LOWER COST ALTERNATIVES	USE ESTRACE CREAM
VALCHLOR 0.016% GEL	LOWER COST ALTERNATIVES	HP STEROID CREAM
VALCYTE	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
VALTURNA TABLET	STEP THERAPY	FAILURE ACE/ARB
VANATOL LQ ORAL SOLUTION	LOWER COST ALTERNATIVE	BUTALBITAL/APAP/CAFFEINE 50/325/40 TABLETS
VANCOMYCIN CAPSULES	LOWER COST ALTERNATIVE	FIRST-VANCOMYCIN COMPOUND KIT
VANOS 0.1% CREAM	LOWER COST ALTERNATIVES	TRIAMCINOLONE, BETAMETHASONE, FLUOCINOLONE
VARUBI TABLET	LOWER COST ALTERNATIVE	ONDANSETRON
VASCEPA 0.5 GM CAPSULE; ONLY USED TO TREAT TRIGLYCERIDES > 500	LOWER COST ALTERNATIVE	GENERIC FISH OIL

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VASCEPA 1 GM CAPSULE	LOWER COST ALTERNATIVES	GENERIC FISH OIL; ONLY USED TO TREAT TRIGLYCERIDES > 500
VECAMYL TABLET	LOWER COST ALTERNATIVES	METHYLPHENIDATE, CLONIDINE, PERGOLIDE
VELETRI INFUSION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
VELTASSA POWDER PACK	CLINICAL	REQUEST MUST GO THROUGH CLINICAL REVIEW
VEMLIDY	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
VENCLEXTA	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
VENTAVIS SOLUTI	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
VERAMYST 27.5 MCG NASAL SPR	LOWER COST ALTERNATIVES	FLUNISOLIDE, FLUTICASONE
VEREGEN 15% OINTMENT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
VERELAN PM CAP PELLE	LOWER COST ALTERNATIVES	VERAPAMIL EXTENDED RELEASE
VERSACLOZ 50 MG/ML SUSPENS	LOWER COST ALTERNATIVES	CLOZAPINE GENERIC
VESICARE TABLET	LOWER COST ALTERNATIVES	OXYBUTYNIN/XL,TROSPIUM 20 MG
VFEND TABLET/SUSPENSION	LOWER COST ALTERNATIVES	FLUCONAZOLE, ITRACONAZOLE
VICTOZA INJECTION	STEP THERAPY	METFORMIN + ANY OTHER ORAL HYPOGLYCEMICS
VICTRELIS	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
VIEKIRA	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
VIEKIRA XR	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
VIGAMOX 0.5% EYE DROPS	LOWER COST ALTERNATIVES	OFLOXACIN, LEVOFLOXACIN OPHTH DROPS
VIIBRYD	LOWER COST ALTERNATIVES	SSRI, VENLAFAXINE, BUPROPION
VIIBRYD ALL STRENGTHS	LOWER COST ALTERNATIVES	GENERIC SSRI, GENERIC SNRI, BUPROPION
VIMOVO TABLET	LOWER COST ALTERNATIVES	OMEPRAZOLE PLUS NAPROXEN
VIMPAT	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
VIRAMUNE XR 100 MG TABLET	LOWER COST ALTERNATIVES	GENERIC IR AVAILABLE
VISICOL TABLET	LOWER COST ALTERNATIVES	COLYTE, GOLYTELY, NULYTELY
VITAFOL NANO TABLET	LOWER COST ALTERNATIVE	USE MULTIVITAMINS W IRON
VITAFOL ULTRA SOFTGEL	LOWER COST ALTERNATIVES	MULTIVITAMIN WITH IRON
VIVAGLOBIN 16% VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
VIVELLE-DOT PATCH	LOWER COST ALTERNATIVES	ESTRADIOL TRANSDERMAL PATCH
VIVLODEX	LOWER COST ALTERNATIVE	MELOXICAM, IBUPROFEN, ETODOLAC
VONVENDI INJ 650 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
VONVENDI INJ 1,300 UNIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
VOSEVI	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
VOTRIENT 200 MG TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
VUSION OINTMENT	LOWER COST ALTERNATIVES	MICONAZOLE, CLOTRIMAZOLE CREAM
VYTORIN TABLET	LOWER COST ALTERNATIVES	SIMVASTATIN, ATORVASTATIN
VYVANSE (BINGE EATING DISORDER)	LOWER COST ALTERNATIVE	SSRIs, TOPIRAMATE
VYVANSE CAPSULE; (ADHD)	LOWER COST ALTERNATIVES	ADDERALL XR 20 MG
WELCHOL TABLET/PACKET	LOWER COST ALTERNATIVES	CHOLESTYRAMINE
WILATE INJ	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
WINRHOD SDF 1,500 UNITS VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
WINRHO SDF 15,000 UNITS VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
WINRHO SDF 2,500 UNITS VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
WINRHO SDF 5,000 UNITS VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
XARELTO TABLETS	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
XALKORI CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
XELJANZ 5 MG TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
XELODA TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
XENAZINE TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
XERESE 5%-1% CREAM	LOWER COST ALTERNATIVES	ABREVA CREAM
XIBROM 0.09% EYE DROPS	LOWER COST ALTERNATIVES	DICLOFENAC, KETOROLAC OPTH SOLUTION
XIFAXAN TABLET	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
XIGDUO XR TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
XIIDRA DROPS	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
XODOL TABLET	LOWER COST ALTERNATIVES	OXYCODONE WITH ACETOMINOPHEN
XOLEGEL 2% GEL	LOWER COST ALTERNATIVES	MICONAZOLE, CLOTRIMAZOLE CREAM
XOLOX 10-500 MG TABLET	LOWER COST ALTERNATIVES	OXYCODONE WITH ACETOMINOPHEN
XOPENEX CONC 1.25 MG/0.5 ML	LOWER COST ALTERNATIVES	ALBUTEROL NEBULIZER SOLUTION
XOPENEX HFA 45 MCG INHALER	LOWER COST ALTERNATIVES	PROAIR HFA 90 MCG INHALER
XOPENEX INHAL SOLUTION	LOWER COST ALTERNATIVES	ALBUTEROL NEBULIZER SOLUTION
XTAMPZA	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, USE MORPHINE ER 12 HOUR TABLETS
XTANDI 40 MG CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
XULANE	LOWER COST ALTERNATIVE	ORAL CONTRACEPTIVES
XYNTHA 250 UNIT KIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
XYNTHA 500 UNIT KIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
XYNTHA 1,000 UNIT KIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
XYNTHA 2,000 UNIT KIT	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
XYNTHA 3,000 UNIT SYRINGE	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
XYREM 500 MG/ML ORAL SOLUTI	CLINICAL CRITERIA	REQUEST MUST MEET ESTABLISHED CLINICAL CRITERIA
XYZAL TABLET	LOWER COST ALTERNATIVES	CETIRIZINE; LORATADINE
YAZ	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ZADITOR 0.025% EYE DROPS	LOW COST ALTERNATIVE	KETOTIFEN
ZALEPLON 5 MG, 10 MG CAP	LOWER COST ALTERNATIVES	USE ZOLPIDEM
ZAMICET SOLUTION	LOWER COST ALTERNATIVES	HYCET 7.5 MG-325 MG/15 ML S; LORTAB ELIXIR
ZANAFLEX CAPSULE	LOWER COST ALTERNATIVES	TIZANIDINE TABLETS, CYCLOBENZAPRINE, ORPHENADRINE, METHOCARBAMOL
ZARXIO SOLUTION	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ZATEAN CAPSULE	LOWER COST ALTERNATIVES	PRENATAL PLUS IRON TABLET
ZAVESCA 100 MG CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
ZECURITY PATCH	LOWER COST ALTERNATIVE	SUMATRIPTAN TABS, INJECTION, NASAL SPRAY

DRUG NAME	PA CODE	ALTERNATIVE DRUG / CRITERIA
ZEGERID OTC 20-1,100 MG CAP	LOWER COST ALTERNATIVES	OMEPRAZOLE; PLUS SODIUM BICARB
ZELBORAF TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ZENZEDI TABLET	LOWER COST ALTERNATIVES	USE AMPHETAMINE, DEXTROAMPHETAMINE
ZEPATIER	LOWER COST ALTERNATIVES	PA REQUIRED USE HARVONI/EPCLUSA GENERICS
ZETIA 10 MG TABLET	STEP THERAPY	PRIOR USE OF STATIN
ZETONNA	LOWER COST ALTERNATIVES	FLUNISOLIDE, FLUTICASONE NASAL SPRAY
ZETONNA NASAL AEROSOL	LOWER COST ALTERNATIVES	FLUTICASONE, FLUNISOLIDE NASAL SPRAY
ZIANA GEL	LOWER COST ALTERNATIVES	DIFFERIN GEL 0.1% OTC, BENZOYL PEROXIDE, CLINDAMYCIN SOLUTION
ZINBRYTA	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ZIOPTAN	LOWER COST ALTERNATIVES	LATANOPROST OPHTH SOL
ZIOPTAN OPHTH SOL	LOWER COST ALTERNATIVES	LATANAPROST OPHTH SOLUTION
ZIPSOR 25 MG CAPSULE	LOWER COST ALTERNATIVES	USE NAPROXEN, DICLOFENAC, ETODOLAC
ZIRGAN 0.15% OPHTHALMIC GEL	LOWER COST ALTERNATIVES	VIROPTIC 1% EYE DROPS
ZIRGAN OPHTH	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
ZOLINZA 100 MG CAPSULE	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
ZOLPIDEM TART ER TABLET	LOWER COST ALTERNATIVES	ZOLPIDEM
ZOLPIMIST 5 MG ORAL SPRAY	LOWER COST ALTERNATIVES	ZOLPIDEM
ZOLVIT 10 MG-300 MG/15 ML S	LOWER COST ALTERNATIVES	HYCET 7.5 MG-325 MG/15 ML S; LORTAB ELIXIR
ZOMIG 2.5 MG NASAL SPRAY	LOWER COST ALTERNATIVES	SUMATRIPTAN TAB/NASAL SPRAY, NARATRIPTAN TAB
ZOMIG 5 MG NASAL SPRAY	LOWER COST ALTERNATIVES	SUMATRIPTAN, NARATRIPTAN
ZOMIG TABLET	LOWER COST ALTERNATIVES	IMITREX, AMERGE
ZOMIG ZMT TABLET	LOWER COST ALTERNATIVES	IMITREX, AMERGE
ZONALON 5% CREAM	LOWER COST ALTERNATIVES	HYDROCORTISONE CREAM 1%
ZONATUSS	LOWER COST ALTERNATIVES	BENZONATATE CAPSULE 100 MG OR 200 MG
ZONTIVITY TAB	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
ZORBTIVE 8.8 MG VIAL	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ZORTRESS	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ZORVOLEX CAPSULE	LOWER COST ALTERNATIVES	DICLOFENAC, NSAID
ZOVIRAX OINTMENT, CREAM	LOWER COST ALTERNATIVES	ABREVA, ORAL ACYCLOVIR
ZUBSOLV TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
ZUPLENZ SOLUBLE FILM	LOWER COST ALTERNATIVES	ONDANSETRON ODT TABLET
ZURAMPIC TABLET	CLINICAL REVIEW	REQUIRES CLINICAL REVIEW
ZYCLARA	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
ZYCLARA 3.75% CREAM	LOWER COST ALTERNATIVES	IMIQUIMOD CREAM 5%
ZYDELIG TAB	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW
ZYDONE TABLET	LOWER COST ALTERNATIVES	OXYCODONE WITH ACETOMINOPHEN
ZYFLO 600 MG FILMTAB	STEP THERAPY	FAILURE OF INHALED STEROID
ZYFLO CR 600 MG TABLET	STEP THERAPY	FAILURE OF INHALED STEROID
ZYMAXID 0.5% EYE DROPS	LOWER COST ALTERNATIVES	CIPROFLOXACIN 0.3% EYE DROP
ZYTIGA TABLET	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW, MEDICATION MUST BE OBTAINED FROM SPECIALTY PHARMACY
ZYVOX TABLET/SUSP	CLINICAL REVIEW	REQUEST MUST GO THROUGH CLINICAL REVIEW