

**Michigan Department of Community Health
Changes to the Michigan Pharmaceutical Product List
Effective January 14, 2002**

Bolded Drugs do not require prior authorization

Allergy Medications

Antihistamines Second Generation

Allegra D®
Allegraâ
Claritin®
Claritin D 12 hour®
Claritin D 24 hour®
Claritin Syrup®
Claritin Redi-Tab®

Prior Authorized Drugs

Zyrtec®
Zyrtec® Liquid

Analgesic –Narcotics

Actiq®
Butalbital Compound W/Codeine
Capital W/Codeine®
Codeine
Codeine Phosphate
Codeine/ APAP
Codeine/ASA
Darvon-N®
Dolophine HCL®
Fiorinal W/Codeine #3®
Fiortal W/Codeine # 3®
Hydrocodone/APAP
Hydromorphone
Kadian®
Meperidine
Methadone
Methadone HCL
Methadose®

Morphine Sulfate
Morphine Sulfate Solution
Morphine Sulfate ER
M-Oxy®
Nalbuphine HCL
Nubain®
Opium
Oxycodone HCL
Oxycodone/ APAP
Oxycodone/ ASA
Panlor DC®
Phenaphen W/Codeine®
Propoxyphene HCL Compound
Propoxyphene HCL/ APAP
Propoxyphene Napsylate/ APAP
Roxicet®
Roxilox®
Zydone®

Prior Authorized Drugs

Darvocet-N®
Darvon®
Demerol®
Dilaudid®
Duragesic®
Endocet®
Endodan®
Fioricet W/Codeine®
Lorcet®
Lortab®
MS Contin®
Norco®
Oxycontin®

Oxyfast®
Oxyir®
Pentazocine and Naloxone HCL
Percocet®
Percodan®
Roxanol®
Roxicodone®
Stadol®, Stadol NS®
Talwin®, Talwin NX®
Tylenol W/Codeine Elixir®
Tylenol #2®
Tylenol#3®
Tylenol#4®
Tylox®
Ultram®
Ultracet®
Vicodin®
Wygesic®

Analgesic Non-Steriodal Anti-Inflammatory Drugs (NSAIDS)

Diclofenac Potassium
Diclofenac Sodium
Etodolac
Fenoprofen Calcium
Flurbiprofen
Ibuprofen
Indomethacin
Ketoprofen
Ketorolac Trimethamine
Meclofenamate Sodium
Naproxen
Naproxen Sodium

Piroxicam
Oxaprozin
Sulindac
Tolmetin Sodium
Toradol®

Prior Authorized Drugs

Anaprox®
Ansaid®
Arthrotec®
Cataflam®²
Clinoril®
Daypro®
Diclofenac
Diflunisal
Dolobid®
Feldene®
Indocin®
Ketorolac
Lodine®
Mobic®
Motrin®
Naprelan®
Naprosyn®
Orudis®
Oruvail®
Ponstel®
Relafen®
Tolectin®
Vioxx®²
Voltaren®

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12

2 Prior Authorization Not Required for Beneficiaries Over the Age of 60

3 Prior Authorization Required if Beneficiary is over the age of 65

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Antibiotics Broad Spectrum Cephalosporin

Antibiotics First Generation

Cephalexin

Cefadroxil

Prior Authorized Drugs

Cephradine

Duracef®

Keflex®

Velosef®

Broad Spectrum Cephalosporin

Antibiotics Second Generation

Cefaclor

Cefaclor ER

Ceftin®

Cefzil®

Ceptaz®

Rocephin®

Prior Authorized Drugs

Ceclor CD®

Ceclor®

Cefotan®

Lorabid®

Antibiotics & Antiviral - Antivirals

(Herpes)

Acyclovir

Valtrex®

Prior Authorized Drugs

Famvir®

Valcyte®

Zovirax®

Quinolones

Cinobac®

Levaquin®

Maxaquin®

Neggram®

Noroxin®

Tequin®

Prior Authorized Drugs

Avelox®

Cipro®

Floxin®

Trovan®

Osteoporosis Agents

Actonel®

Evista®

Fosamax®

Prior Authorized Drugs

Didronel®

Miacalcin®

Cardiovascular ACE Inhibitors

Captopril

Captopril/Hydrochlorothiazide

Enalapril

Enalapril/Hydrochlorothiazide

Lotensin HCT®

Lotensin®

Mavik®

Monopril HCT®

Monopril®

Unirectic®

Univasc®

Zestoretic®

Zestril®

Prior Authorized Drugs

Accupril®

Accuretic®

Aceon®

Altace®

Capoten®

Capozide®

Lexxel®

Lotrel®

Prinivil®

Prinizide®

Tarka®

Vaseretic®

Vasotec®

Angiotensin Receptor Antagonists

Atacand HCT®

Atacand®

Micardis HCT®

Micardis®

Teveten®

Prior Authorized Drugs

Avalide®

Avapro®

Cozaar®

Diovan®

Diovan HCT®

Hyzaar®

Anti-Hyper-Lipidemic Agents

Cholestyramine

Cholestyramine Light

Colestid®

Gemfibrozil

Lescol XL®

Lescol®

Niacin

Niacor®

Niaspan®

Pravachol®

Prior Authorized Drugs

Lipitor®

Locholest Light®

Locholest®

Lipid®

Mevacor®

Prevalite®

Questran®

Questran Light®

Tricor®

Zocor®

Welchol®

Beta Blockers

Acebutolol

Atenolol

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Atenolo/HCT
Betaxolol
Bisoprolol Fumarate
Bisoprolol HCT
Coreg®
Metoprolol
Nadolol
Pindolol
Propranolol
Propranolol/HCT
Sotalol
Timolol

Calcium Channel Blockers (CCB)
Cardene®
Diltiazem
Diltiazem-SR
Dynacirc®
Nicardipine
Nifedical XL®
Nifedipine
Norvasc®
Sular®
Verapamil
Verapamil SR

Plavix®
Pletal®
Ticlopidine

Prior Authorized Drugs
Persantine®
Ticlid®

Gastrointestinal Proton Pump Inhibitors (PPI)
Prevacid®
Protonix®

Prior Authorized Drugs
Aciphex®
Nexium®
Prilosec®

Histamine-2 Receptor Antagonists (H-2RA)
Cimetidine
Famotidine
Ranitidine

Prior Authorized Drugs
Axid®
Pepcid®
Tagamet®
Zantac®
Zantac Effervescent®²
Zantac® Syrup¹

Psychiatric Anti-Depressants – Other
Remeron® [sol tab]
Trazodone
Wellbutrin SR®

Prior Authorized Drugs
Bupropion
Desyrel®
Effexor®
EffexorXR®
Ludiomil®
Marplan®
Nardil®
Parnate®
Remeron®
Serzone®
Wellbutrin®

Anti-Depressants – SSRIs
Fluoxetine
Paxil®

Prior Authorized Drugs
Celexa®
Luvox®
Prozac®
Zoloft®

Prior Authorized Drugs
Betapace®
Betapace AF®
Blocadren®
Corgard®
Inderal LA®
Inderal®
Inderide®
Kerlone®
Levator®
Lopressor®
Normodyne®
Sectral®
Tenormin®
Toprol XL®
Trandate®
Zebeta®
Visken®

Prior Authorized Drugs
Adalat CC®
Calan®
Cardizem®
Covera-HS®
Dilacor-XR®
Diltia XT®
Plendil®
ProcardiaXL®
Tiazac®
Vasacor®
Verelan®

Platelet Inhibitors
Aggrenox®
Aspirin
Dipyridamole

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Anti-Depressants – Tricyclics

Amitriptyline³
Amoxapine³
Clomipramine
Desipramine
Doxepin³
Elavil®
Imipramine³
Nortriptyline
Protriptyline
Sinequan®

Prior Authorized Drugs

Anafranil®
Asendin®
Aventyl®
Norpramin®
Pamelor®
Surmontil®
Tofranil®
Trimipramine
Vivactil®

Agents for Bi-polar Disorders

Eskalith®
Lithobid®
Lithium Carbonate
Lithium Citrate

Prior Authorized Drugs

Eskalith CR®
Lithonate®
Lithotabs®

Typical Antipsychotics

Chlorpromazine
Fluphenazine
Haloperidol
Loxapine
Moban®
Perphenazine
Thiothixene
Trifluperazine

Prior Authorized Drugs

Haldol®
Loxitane®
Mellaril®
Navane®
Promazine
Serentil®
Stelazine®
Thioridazine
Thorazine®

Atypical Antipsychotics

Risperdal®
Seroquel®
Zyprexa®

Prior Authorized Drugs

Clozaril®
Clozapine
Geodon®
Zyprexa Zydys®

Central Nervous System Stimulants

Concerta®
Dexedrine®
Dextrostat®
Dextroamphetamine Sulfate
Methylin®
Methylphenidate
Methylphenidate SR

Prior Authorized Drugs

Adderall®
Amphetamine
Cylert®
Metadate ER®
Provigil®
Ritalin®

General Anti-Anxiety

Alprazolam
Buspar®
Buspirone
Chlordiazepoxide³
Clorazepate
Diazepam³
Doxepin³
Hydroxyzine HCL
Hydroxyzine Pamoate
Lorazepam
Meprobamate
Oxazepam

Prior Authorized Drugs

Atarax®
Ativan®
Equanil®³
Librium®³
Miltown®³
Serax®
Tranxene®
Valium®³
Vistaril®
Xanax®

Sedative Hypnotic Non-Barbiturates

Chloral Hydrate
Chloral Hydrate Syrup
Diphenhydramine³
Estazolam
Flurazepam³
Temazepam³
Triazolam³

Prior Authorized Drugs

Ambien®²
Benadryl®
Dalmane®
Doral®
Halcion®
Prosom®
Restoril®
Sonata®

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Respiratory Beta Adrenergic Inhalers

Advair Diskus®
Albuterol
Albuterol Sulfate
Brethine®
Maxair®
Metaproterenol
Serevent®
Volmax®

Prior Authorized Drugs

Alupent®
Combivent®
Foradil®
Xopenex®

Topicals Anti-Fungals/Derm

Amphosin®
Amphotericin B
Anti-Fungal
Carrington Antifungal®
Clotrim Antifungal®
Clotrimazole
Clotrimazole/Betamethasone
Fungizone®
Fungoid®
Griseofulvin Ultramicrosized
Ketoconazole
Micaderm®
Miconazole Nitrate
Micro-Guard®
N.T.A.®
Nystantin

Nystantin W/Triamcinolone
Tri-Statin II

Prior Authorized Drugs

Baza®
Exelderm®
Fulvicin U/F®
Lamisil®
Loprox®
Lotrimin®
Lotrisone®
Mentax®
Micatin®
Monistat-Derm®
Mycolog II®
Myco-Triacet II®
Mytrex®
Nilstat®
Nizoral®
Naftin®
Nystex®
Oxistat®
Pedi-Dri®
Penlac®
Spectazole®

Topical Steroids

Augmented Betamethasone Dipropionate
Betamethasone Dipropionate
Betamethasone Valerate
Capex Shampoo®
Clobetasol Propionate

Clobevate
Desonide
Desoximetasone
Diflorasone Diacetate
Fluocinolone Acetate
Fluocinonide
Fluocinonide-E
FS Shampoo®
Halog-E®
Hydrocortisone Acetate
Hydrocortisone Valerate
Pandel®
Trimacinolone Acetonide

Prior Authorized Drugs

Aclovate®
Aristocort A®
Carmol HC®
Cordran®
Cormax®
Cutivate®
Cyclocort®
Dermatop®
Desowen®
Diprolene®
Diprosone®
Elocon®
Embeline E®
Halog®
Lidex®
Locoid®
Luxiq®
Maxiflor®

Nutracort®
Olux®
Psorcon®
Synalar®
Temovate®
Topicort®
Ultravate®
Westcort®

Oral Hypoglycemics

Acetohexamide
Chlorpropamide
Glipizide
Glucovance®
Glyburide
Glyburide Micronized
Prandin®
Precose®
Tolazamide
Tolbutamide

Prior Authorized Drugs

Amaryl®
Diabeta®
Diabinese®
Glucotrol XL®
Glucotrol®
Glynase®
Glyset®
Micronase®
Starlix®

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Nasal Steroids

Beconase®
Flonase®
Nasarel®
Nasonex®
Tri-Nasal®

Prior Authorized Drugs

Astelin®
Nasacort®
NasacortAQ®
Nasalide®
Rhinocort®
Rhinocort AQUA®
Vancenase®

Antihemophilic Factor

Autoplex T®
Bioclote®
Feiba Vh Immuno®
Helixate®
Hemofil-M®
Humate-P®
Kogenate®
Monoclote-P®
Recombinate®
Refacto®

Macrolides

Biaxin®
Biaxin XL®
Dynabac®

Erythrocin Stearate
Erythromycin Base
Erythromycin Estolate
Erythromycin Ethylsuccinate
Erythromycin Stearate
Erythromycin w/Sulfisoxazole
PCE®
Zithromax®

Prior Authorized Drugs

E.E.S.®
Eryped®
Ery-Tab®

Alzheimer's Dementia

Exelon®
Reminyl®

Prior Authorized Drugs

Aricept®
Cognex®

Immunosuppressives

Azathioprine
Cellcept®
Cyclosporine
Gengraf®
Imuran®
Neoral®
Prograf®
Rapamune®
Sandimmune®
Simulect®

AntiVirals (Influenza)

Amantadine
Flumadine®
Tamiflu®
Relenza®

Prior Authorized Drugs

Symmetrel®

CMV Retinitis

Cytovene® (CMV Retinitis)

AntiVirals (Protease Inhibitors)

Agenerase®
Crixivan®
Fortovase®
Invirase®
Kaletra®
Norvir®
Viracept®

Glucocorticoids-Systemic

Cortisone Acetate
Dexamethasone
Methylprednisolone
Prednisolone
Aristocort®
Celestone®
Hydrocortisone
Orapred®
Pediapred®
Prednisone
Prelone®

Prior Authorized Drugs

Cortef®
Deltasone®
Hydrocortone®
Kenalog®
Medrol®
Meprolone Unipak®

Coronary Vasodilators (Oral)

Dilatrate-SR®
Isosorbide Dinitrate
Isosorbide Mononitrate
Isotrate ER
Monoket®
Nitroglycerin
Nitroglyn
Nitroquick®
Nitrostat®
Nitrotab®
Nitro-Time

Prior Authorized Drugs

Imdur®
Ismo®
Nitro-Bid®

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Bolded Drugs do not require prior authorization

Coronary Vasodilators (Topical)

Deponit®

Nitrek®

Nitroglycerin Patches

NTG

Prior Authorized Drugs

Minitran®

Nitro-Dur®

Transderm -Nitro®

Hypoglycemics Insulin Response

Actos®

Avandia®

Inhaled Systemic Glucocorticoids

Beclovent®

Flovent®

Vanceril®

Prior Authorized Drugs

Aerobid®

Azmacort®

Pulmicort®

Q-Var®

Oral Hypoglycemic Agents CG's (Non-Sulfonylureas)

Glucophage®

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