

**MEDICATIONS REQUIRING PRIOR AUTHORIZATION
PA LIGHT PROGRAM**

TIER	GENERIC	BRAND NAME	GENERIC NAME	COMMENTS
3		CESAMET CAPSULES (QL)	Nabilone Capsules	MAX. 60 PER MONTH
2	*	COPEGUS	Ribavirin Tablets	LIMITED TO COMBINATION WITH PEGASYS OR PEG-INTRON
2		EXFORGE	Amlodipine / Valsartan	REQUIRES TRIAL AND FAILURE OF ACE INHIBITOR
3	*	Fentanyl Lozenges	Fentanyl Citrate	
3		FENTORA BUCCAL TABLETS	Fentanyl Citrate	MAX. 3 PER DAY
2		GLEEVEC	Imatinib Mesylate	
2		HEPSERA	Adefovir Dipivoxil	
3		KETEK	Telithromycin	
1	*	LAMISIL	Terbinafine Tablets	
3		LOTRONEX	Alosetron	
3		LUNESTA	Eszopiclone	MAX. 1 PER DAY
2		NEXAVAR	Sorafenib	
3		NEXIUM	Esomeprazole	PA REQUIRED - MAX. DURATION TO 12 WEEKS & 1 PER DAY
2	*	OXANDRIN	Oxandrolone	
3		PENLAC	Ciclopirox	MAY NOT BE COVERED IN ALL PLANS
3		PREVACID	Lansoprazole	PA REQUIRED - MAX. DURATION TO 12 WEEKS & 1 PER DAY
3		PROVIGIL	Modafinil	
1	*	REBETOL	Ribavirin Capsules	LIMITED TO IN COMBINATION WITH PEGASYS OR PEG-INTRON
3		RELENZA	Zanamivir	
3		REVATIO	Sildenafil	
3		REVLIMID	Lenalidomide	
3		ROZEREM (QL)	Ramelteon Tablets	MUST HAVE FAILED ZOLPIDEM AND LUNESTA
1	*	SPORANOX	Itraconazole	
2		SPRYCEL TABLETS	Dasatinib	
3		SUBOXONE	Naloxone	
3		SUBUTEX	Buprenorphine	
2		SUTENT	Sunitinib	
3		TAMIFLU	Oseltamivir	
2		TARCEVA	Erlotinib	
2		TEKTURNA	Aliskiren	
3		THALOMID	Thalidomide	MUST HAVE FAILED AN ACEI OR AN ARB
3		TYZEKA TABLETS	Telbivudine Tab 600 MG	
3		VANCOCIN	Vancomycin	
2		V-FEND	Voriconazole	
3		(QL)	Sodium Oxybate	
3		ZAVESCA CAPSULES	Miglustat	
2		ZYVOX	Linezolid	