

***IMPORTANT INFORMATION REGARDING  
Prescription Solution Processing for Medicare Part D Plans***

Please note the following has been implemented on a temporary basis to assist Medicare beneficiaries during the transitional period.

**Dynamic Prior Authorization**

The top Non-Formulary Medications may be dispensed as a **transitional 30 days** supply when professional evaluation determines medical need

- When submitting a 30 days supply, please submit the following prior authorization number:

**Prior Authorization type=8**

**Prior Authorization Number=0000000215**

***Please note this process will be in place to aid beneficiaries during the transitional period and will only be in place until 3/31/06***

- The following list of non-formulary medications will process using the below Prior Authorization:

PROPO-N/APAP	FOSINOPRIL
KLOR-CON M20	QUINAPRIL
KLOR-CON 10	STARLIX
NITROQUICK	ENDOCET
CARISOPRODOL	FLUOCINONIDE
PRAVACHOL	DILTIA XT
DICLOFENAC	CATAPRES-TTS
LOTREL	PEG 3350
GLYCOLAX	GLIPIZIDE XL
ALPHAGAN P	PRAZOSIN HCL
ACIPHEX	MOMETASONE
KLOR-CON 8	BACTROBAN
PRAVACHOL	UNIRETIC
KLOR-CON M10	THYROID
COSOPT	ENDOCET
NIFEDIAC CC	BETAMETH DIP
HYDROXYZ HCL	ACULAR
CARTIA XT	ESTRACE VAG
NIFEDIAC CC	TEQUIN
LOTREL	PROPOXY HCL
ENULOSE	SULINDAC
CARTIA XT	PHENAZOPYRID
DIPHEN/ATROP	CEFTRIAXONE
DILTIA XT	DIPYRIDAMOLE
AFEDITAB	CATAPRES-TTS
XENADERM	GLYBURID MCR
MOBIC	PRAZOSIN HCL
THEOPHYLLINE	FLEXERIL
FLUOCINONIDE	TAZTIA XT
AFEDITAB	DIPYRIDAMOLE
PACERONE	TAZTIA XT
ROXICET	GLIPIZIDE XL

DICLOFENAC  
NITROFUR MAC  
CARTIA XT  
BUDEPRION  
DILTIA XT  
NIFEDIAC CC  
ENDOCET  
METHADOSE  
PHENAZOPYRID  
QUINAPRIL  
HYDROXYZ PAM  
METHOCARBAM  
NITROFUR MAC  
SULINDAC  
SSD  
CARTIA XT  
TIZANIDINE  
PRAVACHOL  
HYDROXYZ HCL  
QUINAPRIL  
SPIRONO/HCTZ  
TRILYTE  
BIAXIN XL  
FAMOTIDINE  
SEREVENT DIS  
INDOMETHACIN  
NYSTOP  
INDOMETHACIN  
HUMALOG MIX  
CYPROHEPTAD  
MOBIC  
LONOX  
METHOCARBAM  
FOSINOPRIL  
UROXATRAL  
BELLA ALK/PB  
HYDROXYZ PAM  
ECONAZOLE  
FOSINOPRIL  
SKELAXIN  
ANUCORT-HC  
NADOLOL  
JANTOVEN  
ACCUPRIL

TOBRAMYCIN  
OXAPROZIN  
JANTOVEN  
METHADOSE  
MINOCYCLINE  
NADOLOL  
PROMETHEGAN  
ELIDEL  
PRAVACHOL  
MINITRAN  
JANTOVEN  
PRAZOSIN HCL  
MICARDIS HCT  
NEO/POLY/DEX  
JANTOVEN  
AUG BETAMET  
HYDROXYZ HCL  
NITREK  
JANTOVEN  
WELCHOL  
NAPROXEN DR  
NITREK  
ACIPHEX  
AVALIDE  
BIAXIN  
COSOPT  
CYPROHEPTADINE  
DARVOCET GENERIC  
FIORICEC GENERIC  
FLOVANT  
HYDROXYZINE  
LOMOTIL GENERIC  
LYRICA  
MOBIC  
OXYCODONE  
PEPCID  
PIROXICAM  
PRAVACHOL  
THEOPHYLLINE  
ULTRAM GENERIC  
UITRACET  
XENADERM OINT  
VOLTAREN GENERIC

**Prescription Solutions Help Desk:**

**(800) 797-9794**

Hours of Operation: 24 hours a day/7days a week

**PLEASE DISTRIBUTE IMMEDIATELY**