

# Quick Reference Drug List:

## Diuretics



**P**each State Health Plan has compiled a list of available products used to treat this condition. This reference will help identify preferred products, in addition to some limitations or step-therapies when a product requires a prior authorization. Any non-PDL product will require the trial and failure of two PDL agents be documented on a prior authorization review. **Generic products are preferred.**

Prior Authorizations should be sent to **Pharmacy Services:**

Prior Authorization Phone: 866-399-0928 Prior Authorization Fax: 833-582-2342

| DRUG NAME                               | INGREDIENT          | DOSAGE FORM/STRENGTH                                | MEDICAID PDL STATUS | LIMITS & RESTRICTIONS  |
|---|---------------------|---|---------------------|--|
| <b>Loop Diuretics</b>                   |                     |   |                     |  |
| Bumex®                                  | Bumetanide          | Tabs: 0.5mg, 1mg, 2mg                               | Yes                 | None   |
| Demadex®                                | Torsemide           | Tabs: 5mg, 10mg, 20mg, 100mg                        | Yes                 | QL: 1 per day  |
| Edecrin®                                | Ethacrynic Acid     | Tabs: 25mg  | No                  | PA Required  |
| Furoscix                                | Furosemide          | Injection: 10mg/ml                                  | No                  | PA Required  |
| Lasix®                                  | Furosemide          | Tabs: 20mg, 40mg, 80mg<br>Oral Sol: 8mg/ml, 10mg/ml | Yes                 | None   |
| Soaanz                                  | Torsemide           | Tabs: 20mg, 60mg                                    | Yes (except 60mg)   | PA Required; QL: 1 per day   |
| <b>Potassium-Sparing Diuretics</b>      |                     |   |                     |  |
| Aldactone®                              | Spironolactone      | Tabs: 25mg, 50mg, 100mg                             | Yes                 | None   |
| CaroSpir®                               | Spironolactone      | Susp: 25mg/5ml                                      | No                  | PA Required  |
| Dyrenium®                               | Triamterene         | Caps: 50mg, 100mg                                   | No                  | PA Required  |
| Midamor®                                | Amiloride           | Tabs: 5mg   | Yes                 | QL: 4 per day  |
| <b>Thiazide/Thiazide-Like Diuretics</b> |                     |   |                     |  |
| Diuril®                                 | Chlorothiazide      | Tabs: 250mg, 500mg<br>Susp: 250mg/5ml               | Yes (except susp)   | QL: 2 per day (250mg)<br>QL: 4 per day (500mg)<br>PA Required (susp) |
| Enduron®                                | Methyclothiazide    | Tabs: 5mg   | No                  | PA Required  |
| HydroDIURIL®                            | Hydrochlorothiazide | Tabs: 12.5mg, 25mg, 50mg                            | Yes (Except 12.5mg) | None   |
| Microzide®                              | Hydrochlorothiazide | Caps: 12.5mg  | Yes                 | None   |
| Apo-Chlorthalidone®                     | Chlorthalidone      | Tabs: 25mg, 50mg                                    | Yes                 | None   |
| Lozol®                                  | Indapamide          | Tabs: 1.25mg, 2.5mg                                 | Yes                 | None   |
| Zaroxolyn®                              | Metolazone          | Tabs: 2.5mg, 5mg, 10mg                              | Yes                 | None   |
| <b>Carbonic Anhydrase Inhibitors</b>    |                     |   |                     |  |
| Diamox®<br>Diamox<br>Sequels®           | Acetazolamide       | Tabs: 125mg, 250mg<br>ER 12 HR Caps: 500mg          | Yes                 | None   |

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|----------------------|---------------------|---|---------------------|-----------------------------|
| Keveyis®             | Dichlorphenamide    | Tabs: 50mg  | Yes                 | SP: PA Required             |
| Neptazane®           | Methazolamide       | Tabs: 25mg, 50mg                                  | Yes                 | None                        |
| Combined Diuretics   |                     |   |                     |                             |
| Aldactazide®         | Spironolactone/HCTZ | Tabs: 25mg/25mg, 50mg/50mg<br>(BRAND only)        | Yes – generic only  | PA Required: 50mg/50mg tabs |
| Maxzide®<br>Dyazide® | Triamterene/HCTZ    | Tabs: 37.5mg/25mg, 75mg/50mg<br>Caps: 37.5mg/25mg | Yes                 | None                        |
| Moduretic®           | Amiloride/HCTZ      | Tabs: 5mg/50mg                                    | Yes                 | QL: 1 per day               |

Aero=Aerosol, AL=Age Limits, Act=Actuation, C= Custom restrictions, Caps=Capsules, Chew= Chewable, CR= Controlled Release, DR= Delayed Release, ER=Extended Release, Elix=Elixer, GL=Gender Limit, GM=Gram, HR=Hour, IM=Intramuscular, Inh=Inhaler, Inj=Injection, IR=Immediate-release, LA= Long-Acting, MCG=Microgram, MDI=Metered Dose Inhaler, MDD=Max Daily Dose, MDS=Max Days' Supply, MFL= Max Fill Limit, MG=Milligram, MPL=Max Package Limit, Neb=Nebulizer, PA=Prior Authorization, Pack=Packets, PFS=Pre-Filled Syringe, QL=Quantity Limits, Oint=Ointment, ODT=Oral Disintegrating Tablet, RTL=Retail, SP= Specialty Drug, Sol=Solution, SC=Subcutaneous, SR=Sustained Release, SL=Sublingual, ST=Step Therapy, Susp=Suspension, Syr=Syrup, Tabs=Tablets, TD=Transdermal, TM= Transmucosal, TR=timed Release, XL= Extended Release, XR=Extended Release

For the most current program description you may call Member Services at 1-800-704-1484 (TTY/TTD 1-800-255-0056) or visit the Peach State Health Plan website at [www.pshp.com](http://www.pshp.com)