

# 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 **Engolve Pharmacy Solutions:**

Prior Authorization Phone: 866-399-0928

Prior Authorization Fax: 877-386-4695

DRUG NAME	INGREDIENT	STRENGTH/FORM	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
Lasix®	Furosemide	Tabs: 20mg, 40mg, 80mg Oral Sol: 8mg/ml, 10mg/ml	Yes	None
<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 Susp: 250mg/5ml	Yes (except susp)	QL: 2 per day (250mg) QL: 4 per day (500mg) 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® Diamox Sequels®	Acetazolamide	Tabs: 125mg, 250mg ER 12 HR Caps: 500mg	Yes	None
Neptazane®	Methazolamide	Tabs: 25mg, 50mg	Yes	None

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DRUG NAME	INGREDIENT	STRENGTH/FORM	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
<b>Combined Diuretics</b>				
Aldactazide®	Spirolactone/HCTZ	Tab: 25mg/25mg, 50mg/50mg (BRAND only)	Yes – generic only	PA Required: 50mg/50mg tabs
Maxzide® Dyazide®	Triamterene/HCTZ	Tab: 37.5mg/25mg, 75mg/50mg Caps: 37.5mg/25mg	Yes	None
Moduretic®	Amiloride/HCTZ	Tab: 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, S= 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)*