# Prior Authorization PDL Implementation Schedule

10/28/2008

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: November 1, 2008 |
|---|---|---|---|---|
| 1 | **ADD/ADHD** | | | |
| | **Stimulants and Related Agents** | Amphetamine Mixed Salt | Atomoxetine (Strattera®) | |
| | | Amphetamine Mixed Salt ER (Adderall XR®) | Modafinil (Provigil®) | |
| | | Dexmethylphenidate | Methamphetamine (Desoxyn®) | |
| | | Dexmethylphenidate (Focalin XR®) | Methylphenidate LA (Ritalin LA®) | |
| | | Dextroamphetamine | | |
| | | Lisdexamfetamine (Vyvanse®) | | |
| | | Methylphenidate | | |
| | | Methylphenidate ER | | |
| | | Methylphenidate ER (Concerta®, Metadate CD®) | | |
| | | Methylphenidate Transdermal (Daytrana Transdermal®) | | |
| | | | | |
| 2 | **ALLERGY** | | | |
| | **Antihistamines - Minimally Sedating** | Fexofenadine | Acrivastin/Pseudoephedrine (Semprex-D®) | |
| | | Fexofenadine Syrup (Allegra Syrup®) | Cetirizine (Zyrtec®) | |
| | | Cetirizine OTC | Cetirizine Chewable (Zyrtec Chewable®) | |
| | | Cetirizine-D OTC | Cetirizine Syrup (Zyrtec Syrup®) | |
| | | Loratadine OTC | Cetirizine/Pseudoephedrine (Zyrtec-D®) | |
| | | Loratadine-D OTC | Desloratadine (Clarinex®) | |
| | | | Desloratadine Syrup (Clarinex®) | |
| | | | Desloratadine/Pseudoephedrine (Clarinex-D®) | |
| | | | Fexofenadine ODT(Allegra ODT®) | |
| | | | Fexofenadine/Pseudoephedrine (Allegra-D®) | |
| | | | Levocetirizine (Xyzal®) | |
| | | | Loratadine Chewable (Children's Claritin Chewable OTC®) | |
| | | | | |
| | **Rhinitis Agents, Nasal** | Azelastine (Astelin®) | Beclomethasone AQ (Beconase AQ®) | |
| | | Fluticasone (generic only) | Budesonide Aqua (Rhinocort Aqua®) | |
| | | Fluticasone Furoate (Veramyst®) | Ciclesolide (Omnaris®) | |
| | | Ipratropium Nasal | Flunisolide (Nasarel®) | |
| | | Mometasone (Nasonex®) | Flunisolide | |
| | | Triamcinolone AQ (Nasacort AQ®) | Fluticasone (Flonase Brand only®) | |
| | | | | |

# Prior Authorization PDL Implementation Schedule

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: November 1, 2008 |
|---|---|---|---|---|
| **3** | **ALZHEIMER'S** | | | |
| | **Alzheimer's Agents** | Donepezil (Aricept®) | Galantamine (Razadyne®) | |
| | **Cholinesterase Inhibitors** | Donepezil (Aricept ODT®) | Galantamine (Razadyne ER®) | |
| | | Memantine HCl (Namenda®) | Rivastigmine Oral (Exelon®) | |
| | | | Rivastigmine Transdermal Patch (Exelon Transdermal®) | |
| | | | Tacrine (Cognex®) | |
| | | | | |
| **4** | **ANTIPSYCHOTIC AGENTS** | | | |
| | **Antipsychotic, Atypical** | Clozapine | Aripiprazole (Abilify®) | |
| | | Quetiapine Fumarate (Seroquel®) | Clozapine (Fazaclo®) | |
| | | Risperidone (Risperdal®) | Olanzapine/Fluoxetine (Symbyax®) | |
| | | Ziprasidone (Geodon®) | Olanzapine (Zyprexa®) | |
| | | | Paliperidone ER (Invega®) | |
| | | | Quetiapine XR (Seroquel XR®) | |
| 5 | **ASTHMA/COPD** | | | |
| | **Bronchodilator, Beta-Adrenergic** | | | |
| | **Agents** | **INHALATION** | | |
| | | Albuterol Sulfate Inhaler | Albuterol Sulfate Nebulizer Low-Dose | |
| | | Albuterol Sulfate Nebulizer | Arformoterol Inhalation Solution (Brovana Inhalation Solution®) | |
| | | Albuterol Sulfate HFA (ProAir HFA®) | Formoterol Inhalation Solution (Perforomist Inhalation Solution®) | |
| | | Albuterol Sulfate HFA MDI (Proventil HFA®) | Metaproterenol Inhalation | |
| | | Albuterol Sulfate HFA MDI (Ventolin HFA®) | Metaproterenol Sulfate MDI (Alupent Inhaler®) | |
| | | Formoterol DPI (Foradil®) | | |
| | | Levalbuterol HFA (Xopenex HFA®) | | |
| | | Levalbuterol Nebulizer HCL (Xopenex ®) | | |
| | | Pirbuterol (Maxair Autohaler®) | | |
| | | Salmeterol Xinafoate (Serevent Diskus®) | | |
| | | | | |
| | | **ORAL** | | |
| | **Bronchodilator, Beta-Adrenergic** | Albuterol Sulfate | NONE | |
| | **Agents cont'** | Albuterol Sulfate ER | | |

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: November 1, 2008 |
|---|---|---|---|---|
| | | Metaproterenol Sulfate | | |
| | | Terbutaline Sulfate | | |
| | | | | |
| | **Bronchodilator, Anticholinergics** | **INHALATION** | | |
| | | Albuterol Sulfate/Ipratropium MDI (Combivent®) | Albuterol Sulfate/Ipratropium Nebulizer | |
| | | Ipratropium Nebulizer | | |
| | | Ipratropium Inhalation Aerosol MDI (Atrovent HFA®) | | |
| | | Tiotropium Inhalation Powder (Spiriva®) | | |
| | | | | |
| | **Corticosteroids, Inhalation** | Beclomethasone MDI (QVAR®) | Budesonide Respules (Pulmicort - Respules®) - 9 years old and over | |
| | | Budesonide DPI (Pulmicort Flexhaler®) | Mometasone DPI (Asmanex®) | |
| | | Budesonide/Formoterol MDI Inhalation (Symbicort Inhalation®) | | |
| | | Budesonide Respules (Pulmicort - Respules®) - 8 years old and under | | |
| | | Flunisolide MDI (Aerobid®) | | |
| | | Flunisolide MDI (Aerobid M®) | | |
| | | Fluticasone MDI (Flovent®) | | |
| | | Fluticasone MDI (Flovent HFA Inhalers) | | |
| | | Fluticasone/Salmeterol DPI (Advair Diskus®) | | |
| | | Fluticasone/Salmeterol MDI (Advair HFA®) | | |
| | | Triamcinolone MDI (Azmacort®) | | |
| | | | | |
| | **Leukotriene Modifiers** | Montelukast (Singulair®) | Zileuton CR (Zyflo CR®) | |
| | | Zafirlukast (Accolate®) | | |
| | | | | |
| **6** | **DEPRESSION** | | | |
| | **Antidepressants, Other** | Bupropion IR | Bupropion XL | |
| | **Antidepressants, Other cont'** | Bupropion SR | Desvenlafaxine (Pristiq®) | |
| | | Mirtazapine | Duloxetine (Cymbalta®) | |
| | | Trazodone | Nefazodone | |

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: November 1, 2008 |
|---|---|---|---|---|
| | | Venlafaxine ER (Effexor XR®) | Selegiline Patch (Emsam®) | |
| | | | Venlafaxine | |
| | | | | |
| | **Selective Serotonin** | Citalopram | Fluvoxamine CR (Luvox CR®) | |
| | **Reuptake Inhibitors (SSRIs)** | Escitalopram (Lexapro®) | Fluoxetine ER (Prozac Weekly®) | |
| | | Fluoxetine | Paroxetine CR | |
| | | Fluvoxamine | | |
| | | Paroxetine Mesylate (Pexeva®) | | |
| | | Paroxetine | | |
| | | Sertraline | | |
| 7 | **DERMATOLOGY** | | | |
| | **Antifungals - Topical** | Ciclopirox Cream | Butenafine (Mentax®) | |
| | | Ciclopirox Gel | Ciclopirox (CNL8®) | |
| | | Ciclopirox Suspension | Ciclopirox Shampoo (Loprox®) | |
| | | Clotrimazole | Ciclopirox Solution | |
| | | Clotrimazole/Betamethasone | Econazole | |
| | | Ketoconazole (Xolegel®) | Ketoconazole Foam (Extina Foam®) | |
| | | Ketoconazole Cream | Miconazole/zinc oxide/white petrolatum (Vusion®) | |
| | | Ketoconazole Shampoo (Rx only) | Oxiconazole (Oxistat®) | |
| | | Naftifine (Naftin®) | Sertaconazole Nitrate (Ertaczo®) | |
| | | Nystatin | | |
| | | Nystatin w/ Triamcinolone | | |
| | | | | |
| | | | | |
| | **Antiparasitic Agents, Topical** | Crotamiton (Eurax®) | Lindane | |
| | | Malathion (Ovide®) | | |
| | | Permethrin | | |
| | | | | |
| | **Antiviral Agents, Topical** | Penciclovir Cream (Denavir®) | Acyclovir Cream (Zovirax®) | |
| | | | Acyclovir Ointment (Zovirax®) | |
| | | | | |
| | **Atopic Dermatitis** | Pimecrolimus (Elidel®) | NONE | |
| | **Immunomodulators** | Tacrolimus (Protopic®) | | |
| | | | | |

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: November 1, 2008 |
|---|---|---|---|---|
| | **Impetigo Agents, Topical** | Mupirocin Ointment Topical | Mupirocin Cream Topical (Bactroban®) | |
| | | Retapamulin (Altabax®) | | |
| | | | | |
| | **STERIODS, TOPICAL** | | | |
| | **Low Potency** | Desonide | Alclometasone Dipropionate | |
| | | Fluocinolone Acetonide (Derma-Smoothe-FS) | Desonide (Verdeso®) | |
| | | Hydrocortisone | Desonide (Desonate®) | |
| | | | | |
| | **Medium Potency** | Hydrocortisone Butyrate (Lucoid Lipocream®) | Flurandrenolide (Cordran®) | |
| | | Betamethasone Valerate (Luxiq®) | Flurandrenolide Tape (Cordran Tape®) | |
| | | Hydrocortisone Valerate | Prednicarbate | |
| | | Hydrocortisone Butyrate | Mometasone Furoate | |
| | | | Clocortolone Pivalate (Cloderm®) | |
| | | | Fluticasone Propionate | |
| | | | | |
| | **High Potency** | Betamethasone Dipropionate | Amcinonide | |
| | | Betamethasone Valerate | Desoximetasone | |
| | | Fluocinolone Acetonide | Diflorasone Diacetate | |
| | | Fluocinolone Acetonide Shampoo (Capex®) | Fluocinonide (Vanos®) | |
| | | Fluocinonide | Halcinonide (Halog®) | |
| | | Fluocinonide-E | | |
| | | Fluocinonide Emollient | | |
| | | Triamcinolone Acetonide | | |
| | | | | |
| | **Very High Potency** | Clobetasol Propionate | Clobetasol Propionate (Clobex®) | |
| | | Clobetasol Emollient | Clobetasol Propionate (Olux-Olux-E Pack®) | |
| | | Halobetasol Propionate | Clobetasol Propionate (Olux-E®) | |
| | | | | |
| 8 | **DIABETES** | | | |
| | **Hypoglycemics, Meglitinides** | Nateglinide (Starlix®) | Repaglinide (Prandin®) | |
| | | | | |
| | **Hypoglycemics, Thiazolidinediones (TZDs)** | Pioglitazone (Actos®) | None | |
| | | Pioglitazone/Glimeperide (Duetact®) | | |
| | | Pioglitazone/Metformin (Actoplus Met®) | | |

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: November 1, 2008 |
|---|---|---|---|---|
| | **Hypoglycemics, Thiazolidinediones (TZDs) cont'** | Rosiglitazone (Avandia®) | | |
| | | Rosiglitazone/Glimepiride (Avandaryl®) | | |
| | | Rosiglitazone/Metformin (Avandamet®) | | |
| | | | | |
| | **Hypoglycemics** | Human Insulin & Pens (Humulin®) | Insulin Glulisine & Pens (Apidra®) | |
| | **Insulins & Related Agents** | Human Insulin & Pens (Novolin®) | | |
| | | Insulin Aspart & Pens (Novolog®) | | |
| | | Insulin Aspart/Insulin Aspart Protamine & Pens (Novolog Mix 70/30®) | | |
| | | Insulin Detemir & Pens (Levemir®) | | |
| | | Insulin Glargine & Pens (Lantus®) | | |
| | | Insulin Lispro & Pens (Humalog®) | | |
| | | Insulin Lispro/Protamine Lispro & Pens (Humalog Mix®) | | |
| | | | | |
| | **Hypoglycemics** | Exenatide (Byetta, Pens®) | NONE | |
| | **Incretin Mimetics/Enhancers** | Pramlintide (Symlin®) | | |
| | | Pramlintide Pens (Symlin Pens®) | | |
| | | Sitagliptin (Januvia®) | | |
| | | Sitagliptin/Metformin (Janumet®) | | |
| | | | | |
| 9 | **DIGESTIVE DISORDERS** | | | |
| | **Antiemetic Agents** | | **ORAL** | |
| | | Aprepitant (Emend®) | Dolasetron (Anzemet®) | |
| | | Dronabinol (Marinol®) | Granisetron | |
| | | Ondansetron / Ondansetron ODT | Nabilone (Cesamet®) | |
| | | | | |
| | **GERD AND RELATED DISORDERS** | | | |
| | **Proton Pump Inhibitors** | Esomeprazole (Nexium capsule®) | Omeprazole (generic legend only) | |
| | | Esomeprazole (Nexium Suspension®) | Omeprazole (Zegerid®) | |
| | | Lansoprazole (Prevacid capsule®) | Pantoprazole (Protonix®) | |
| | | Lansoprazole (Prevacid Solutab®) | Rabeprazole (Aciphex®) | |
| | | Lansoprazole (Prevacid Suspension®) | | |
| | | | | |
| | | | | |

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: November 1, 2008 |
|---|---|---|---|---|
| | **Pancreatic Enzymes** | Dygase | Pancrecarb MS | |
| | | Lapase | | |
| | | Pancrelipase | | |
| | | Viokase | | |
| | | Lipram | | |
| | | Pancrease MT | | |
| | | Ultrase | | |
| | | Creon | | |
| | | | | |
| 9 | **DIGESTIVE DISORDERS** | | | |
| | **ULCERATIVE COLITIS** | | | |
| | **Ulcerative Colitis Agents** | Balsalazide (Colazal®) | Mesalamine Oral (Pentasa®) | |
| | | Mesalamine Enemas | Mesalamine MMX (Lialda®) | |
| | | Mesalamine (Asacol®) | Olsalazine Oral (Dipentum®) | |
| | | Mesalamine Suppositories (Canasa®) | | |
| | | Sulfasalazine | | |
| | | | | |
| 10 | **GROWTH DEFICIENCY** | | | |
| | **Growth Hormones** | Somatropin (Norditropin®) | Somatropin (Genotropin®) | |
| | | Somatropin (Nutropin®) | Somatropin (Humatrope®) | |
| | | Somatropin (Nutropin AQ®) | Somatropin (Omnitrope®) | |
| | | Somatropin (Tev-Tropin®) | Somatropin (Serostim®) | |
| | | Somatropin (Saizen®) | Somatropin (Zorbtive®) | |
| | | | | |
| 11 | **HEART DISEASE** | | | |
| | **HYPERLIPIDEMIA** | | | |
| | **Antihyperlipidemic Agents -** | Cholestyramine | Colesevelam (Welchol®) | |
| | **Non Statins** | Colestipol | Ezetimibe (Zetia®) | |
| | | Fenofibrate (Tricor®) | Fenofibrate generic | |
| | | Gemfibrozil | Fenofibrate (Antara®) | |
| | | Niacin ER (Niaspan®) | Fenofibrate (Fenoglide®) | |
| | | | Fenofibrate (Lipofen®) | |
| | | | Fenofibrate (Triglide®) | |
| | | | Omega-3-acid ethyl esters (Lovaza®) | |

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: November 1, 2008 |
|---|---|---|---|---|
| | **Statins & Statin Combination Agents** | Atorvastatin (Lipitor®) | Amlodipine/Atorvastatin (Caduet®) | |
| | | Ezetimibe/Simvastatin (Vytorin®) | Lovastatin ER (Altoprev®) | |
| | | Fluvastatin (Lescol®) | Niacin ER/Lovastatin (Advicor®) | |
| | | Fluvastatin XL (Lescol XL®) | Rosuvastatin (Crestor®) | |
| | | Lovastatin | | |
| | | Pravastatin | | |
| | | Simvastatin | | |
| | | Niacin ER/Simvastatin (Simcor®) | | |
| | | | | |
| | **HYPERTENSION** | | | |
| | **ACE Inhibitors & Related Agents** | Benazepril | Aliskiren (Tekturna®) | |
| | | Benazepril/HCTZ | Moexipril | |
| | | Captopril | Moexipril/HCTZ | |
| | | Captopril/HCTZ | | |
| | | Enalapril | | |
| | | Enalapril/HCTZ | | |
| | | Fosinopril | | |
| | | Fosinopril/HCTZ | | |
| | | Lisinopril | | |
| | | Lisinopril/HCTZ | | |
| | | Perindopril (Aceon®) | | |
| | | Quinapril | | |
| | | Quinapril/HCTZ | | |
| | | Ramipril (Altace®) | | |
| | | Trandolapril | | |
| | | | | |
| | **Angiotensin Modulators/Calcium Channel Blockers Combination Products** | Amlodipine/Benazepril | Felodipine/Enalapril (Lexxel®) | |
| | | Amlodipine/Olmesartan (Azor®) | Verapamil SR/Trandolapril (Tarka®) | |
| | | Amlodipine/Valsartan (Exforge®) | | |
| | | | | |
| | **Angiotensin II Receptor** | Losartan (Cozaar®) | Candesartan (Atacand®) | |
| | **Blockers (ARBS)** | Losartan/HCTZ (Hyzaar®) | Candesartan/HCTZ (Atacand HCT®) | |

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: November 1, 2008 |
|---|---|---|---|---|
| | **Angiotensin II Receptor** | Irbesartan (Avapro®) | Eprosartan (Teveten®) | |
| | **Blockers (ARBS) cont'** | Irbesartan/HCTZ (Avalide®) | Eprosartan/HCTZ (Teveten HCT®) | |
| | | Olmesartan (Benicar®) | | |
| | | Olmesartan/HCTZ (Benicar HCT®) | | |
| | | Telmisartan (Micardis®) | | |
| | | Telmisartan/HCTZ (Micardis HCT®) | | |
| | | Valsartan (Diovan®) | | |
| | | Valsartan/HCTZ (Diovan HCT®) | | |
| | | | | |
| | **Beta Adrenergic Receptor** | Acebutolol | Carvedilol CR (Coreg CR®) | |
| | **Blocking Agents** | Atenolol | Nebivolol (Bystolic®) | |
| | | Betaxolol | Penbutolol (Levatol®) | |
| | | Bisoprolol Fumarate | Propranolol ER (Innopran XL®) | |
| | | Carvedilol | | |
| | | Labetalol | | |
| | | Metoprolol Tartrate | | |
| | | Metoprolol ER | | |
| | | Nadolol | | |
| | | Pindolol | | |
| | | Propranolol | | |
| | | Propranolol LA | | |
| | | Sotalol | | |
| | | Sotalol AF | | |
| | | Timolol Maleate | | |
| | | | | |
| | **Calcium Channel Blockers** | Amlodipine | Nicardipine SR (Cardene SR®) | |
| | | Diltiazem IR | Verapamil ER (Covera HS®) | |
| | | Diltiazem ER (Generics) | | |
| | | Diltiazem ER (Cardizem LA®) | | |
| | | Diltiazem SR | | |
| | | Felodipine ER | | |
| | | Isradipine IR | | |
| | | Isradipine SR (Dynacirc CR®) | | |
| | | Nicardipine | | |

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: November 1, 2008 |
|---|---|---|---|---|
| | **Calcium Channel Blockers cont'** | Nifedipine ER | | |
| | | Nifedipine IR | | |
| | | Nimodipine | | |
| | | Nisoldipine (Sular®) | | |
| | | Verapamil IR | | |
| | | Verapamil ER (Generics) | | |
| | | Verapamil ER PM | | |
| | | Verapamil SR | | |
| | | | | |
| **11** | **PLATELET AGGREGATION INHIBITORS** | | | |
| | **Platelet Aggregation Inhibitors** | Aspirin/Dipyridamole ER (Aggrenox®) | Ticlopidine | |
| | | Clopidogrel (Plavix®) | | |
| | | Dipyridamole | | |
| | | | | |
| | **ANTICOAGULANTS, INJECTABLES** | | | |
| | **Anticoagulants,** | Dalteparin (Fragmin®) | Fondaparinux (Arixtra®) | |
| | **Injectable** | Enoxaparin (Lovenox®) | Tinzaparin (Innohep®) | |
| | | | | |
| **12** | **HEMATOLOGIC AGENTS** | | | |
| | **HEMATOPOIETIC AGENTS** | | | |
| | **Erythropoietins** | Darbepoetin alfa (Aranesp®) | Epoetin alfa (Epogen®) | |
| | | Epoetin alfa (Procrit®) | | |
| | | | | |
| | **Anticoagulants - refer to** | | | |
| | **HEART DISEASE** | | | |
| | | | | |
| **13** | **HEMODIALYSIS** | | | |
| | **Phosphate Binders** | Calcium Acetate (PhosLo®) | Lanthanum (Fosrenol®) | |
| | | Sevelamer (RenaGel®) | Sevelamer Carbonate (Renvela®) | |
| | | | | |
| **14** | **HORMONE THERAPY** | | | |
| | **Androgenic Agents** | Testosterone Gel 1% (Testim®) | Testosterone Gel 1% (Androgel®) | |
| | | Testosterone Transdermal Patch (Androderm®) | | |
| | | | | |

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: November 1, 2008 |
|---|---|---|---|---|
| | | | | |
| 15 | **HYPERLIPIDEMIA - REFER TO HEART DISEASE** | | | |
| | | | | |
| 16 | **IMMUNE DISORDERS - REFER TO MULTIPLE SCLEROSIS** | | | |
| | | | | |
| 17 | **INFECTIOUS DISORDERS** | | | |
| | **ANTIBIOTICS** | Amoxicillin/Clavulanate (Tablets & Supension) | Cefaclor (Raniclor®) | |
| | **Cephalosporin and Related** | Amoxicillin/Clavulanate XR (Augmentin XR®) | Cefditoren Pivoxil (Spectracef®) | |
| | **Antibiotics** | Cefaclor | Cefpodoxime | |
| | | Cefaclor ER | | |
| | | Cefadroxil | | |
| | | Cefdinir | | |
| | | Cefixime (Suprax®) | | |
| | | Ceftibuten (Cedax®) | | |
| | | Cefuroxime Axetil | | |
| | | Cefprozil | | |
| | | Cephalexin | | |
| | | | | |
| | | | | |
| | | **ORAL** | | |
| | **Fluoroquinolones** | Ciprofloxacin | Ciprofloxacin Suspension (Cipro Suspension®) | |
| | | Moxifloxacin (Avelox®) | Ciprofloxacin ER | |
| | | | Ciprofloxacin ER (Proquin XR®) | |
| | | | Gemifloxacin Mesylate (Factive®) | |
| | | | Levofloxacin (Levaquin®) | |
| | | | Norfloxacin (Noroxin®) | |
| | | | Ofloxacin | |
| | | | | |
| | **Antibiotics, Gastrointestinal** | Metronidazole | Metronidazole ER (Flagyl ER®) | |
| | | Nitazoxanide (Alinia®) | Neomycin | |
| | | Tinidazole (Tindamax®) | Rifaximin (Xifaxan®) | |
| | | Vancomycin (Vancocin®) | | |

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: November 1, 2008 |
|---|---|---|---|---|
| | | | | |
| | **Macrolides - Ketolides** | Azithromycin | Clarithromycin | |
| | | Azithromycin ER (Zmax®) | Clarithromycin ER | |
| | | Erythromycin Base | Telithromycin (Ketek®) | |
| | | Erythromycin Estolate | | |
| | | Erythromycin Ethylsuccinate | | |
| | | Erythromycin Stearate | | |
| | | | | |
| | **Vaginal** | Clindamycin Vaginal Cream | NONE | |
| | | Clindamycin Vaginal Cream (Clindesse®) | | |
| | | Clindamycin Vaginal Ovules (Cleocin®) | | |
| | | Metronidazole Vaginal Gel | | |
| | | | | |
| | **OPHTHALMIC ANTIBIOTICS - refer to Ophthalmic Disorders** | | | |
| | **OTIC ANTIBIOTICS - refer to OTIC Agents** | | | |
| | | | | |
| | **ANTIFUNGALS** | | | |
| | **Antifungals, Oral** | Clotrimazole | Flucytosine (Ancobon®) | |
| | | Fluconazole | Griseofulvin (Grifulvin V®) (Tablets) | |
| | | Griseofulvin Suspension | Itraconazole | |
| | | Griseofulvin (Gris-Peg®) | Posaconazole (Noxafil®) | |
| | | Ketoconazole | Terbinafine Granules (Lamisil Granules®) | |
| | | Nystatin | Voriconazole (VFEND®) | |
| | | Terbinafine (no granules) | | |
| | | | | |
| | **HEPATITIS AGENTS** | | | |
| | **Hepatitis B Agents** | Adefovir Dipivoxil (Hepsera®) | NONE | |
| | | Entecavir (Baraclude®) | | |
| | | Lamivudine (Epivir HBV®) | | |
| | | Telbivudine (Tyzeka®) | | |
| | | | | |
| | **Hepatitis C Agents** | Ribavirin (Generics only) | Consensus Interferon (Infergen®) | |

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: November 1, 2008 |
|---|---|---|---|---|
| | | Peginterferon alfa 2A (Pegasys®) | | |
| | **Hepatitis C Agents cont'** | Peginterferon alfa 2B (Peg-Intron®) | | |
| | | Peginterferon alfa 2B (Peg-Intron Redipen®) | | |
| | | | | |
| | | | | |
| **18** | **MULTIPLE SCLEROSIS** | Glatiramer (Copaxone®) | NONE | |
| | **Multiple Sclerosis Agents** | Interferon beta - 1a (Avonex®) | | |
| | **(Immunomodulatory Agents)** | Interferon beta - 1b (Betaseron®) | | |
| | | Interferon beta - 1a (Rebif®) | | |
| | | | | |
| 19 | **OPHTHALMIC DISORDERS** | | | |
| | **Allergic Conjunctivitis** | Azelastine Hydrochloride (Optivar®) | Cromolyn Sodium | |
| | | Epinastine HCl (Elestat®) | Emedastine Difumarate (Emadine®) | |
| | | Ketorolac Tromethamine (Acular®) | Ketotifen Fumarate | |
| | | Loteprednol (Alrex®) | Lodoxamine Tromethamine (Alomide®) | |
| | | Olopatadine HCl (Pataday®) | Nedocromil Sodium (Alocril®) | |
| | | Olopatadine HCl (Patanol®) | Pemirolast Potassium (Alamast®) | |
| | | | | |
| | **Glaucoma Agents** | | | |
| | **Intraocular Pressure (IOP)** | Betaxolol | Bimatroprost (Lumigan®) | |
| | **Reducers** | Betaxolol (Betoptic S®) | | |
| | | Brimonidine Tartrate (Alphagan P®) | | |
| | | Brimonidine Tartrate | | |
| | | Brimonidine/Timolol (Combigan®) | | |
| | | Brinzolamide (Azopt®) | | |
| | | Carteolol | | |
| | | Dipivefrin | | |
| | | Dorzolamide (Trusopt®) | | |
| | | Dorzolamide/Timolol (Cosopt®) | | |
| | | Latanoprost (Xalatan®) | | |
| | | Levobunolol | | |
| | | Metipranolol | | |
| | | Pilocarpine | | |
| | | Timolol (Betimol®) | | |

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: November 1, 2008 |
|---|---|---|---|---|
| | | Timolol Maleate | | |
| | | Timolol LA (Istalol®) | | |
| | | Travoprost (Travatan, Travantan Z®) | | |
| | | | | |
| | | | | |
| | **Ophthalmics, Antibiotic** | Erythromycin | Azithromycin 1% (AzaSite®) | |
| | | Gatifloxacin (Zymar®) | Ciprofloxacin Ointment (Ciloxan®) | |
| | | Levofloxacin (Iquix®) | Ciprofloxacin Solution | |
| | | Maxifloxacin (Vigamox®) | Levofloxacin (Quixin®) | |
| | | | Ofloxacin Solution | |
| | | | | |
| | **Ophthalmics, NSAIDS** | Bromfenac (Xibrom®) | NONE | |
| | | Diclofenac | | |
| | | Flurbiprofen | | |
| | | Ketorlac (Acular LS®) | | |
| | | Ketorac PF (Acular PF®) | | |
| | | Nepafenac (Nevanac®) | | |
| | | | | |
| 20 | **OTIC AGENTS** | | | |
| | **Fluoroquinolones** | Ciprofloxacin/Dexamethasone (Ciprodex OTIC®) | Ciprofloxacin/Hydrocortisone (Cipro HC OTIC®) | |
| | | Ofloxacin | | |
| | | | | |
| 21 | **OSTEOPOROSIS** | | | |
| | **Bone Resorption Suppression** | Alendronate Sodium (generics only) | Alendronate Sodium (Fosamax Brand only®) | |
| | **Agents** | Calcitonin - Salmon (Fortical®) | Alendronate Solution (Fosamax®) | |
| | | Calcitonin-Salmon Nasal (Miacalcin®) | Alendronate/Vit D (Fosamax Plus D®) | |
| | | Ibandronate Sodium (Boniva®) | Etidronate (Didronel®) | |
| | | Risedronate (Actonel®) | Raloxifene (Evista®) | |
| | | | Risedronate/Calcium (Actonel with Calcium®) | |
| | | | Teriparatide Subcutaneous (Forteo®) | |
| | | | | |
| 22 | **PAIN MANAGEMENT** | | | |
| | **Analgesics/Anesthetic, Topical** | Diclofenac Sodium Gel (Voltaren®) | Diclofenac Epolamine Patch (Flector®) | |
| | | Lidocaine Patch (Lidoderm®) | | |

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: November 1, 2008 |
|---|---|---|---|---|
| | | | | |
| | **Analgesics, Narcotics Short Acting** | Acetaminophen w/Codeine | Acetaminophen/Caffeine/Dihydrocodeine Bitartrate (Panlor DC®) | |
| | | Aspirin w/Codeine | Fentanyl Citrate Buccal (Generics & Actiq, Fentora®) | |
| | | Codeine Phosphate | Opium Tincture | |
| | | Codeine Sulfate | Oxymorphone (Numorphan®) | |
| | | Dihydrocodeine Bitartrate/Acetaminophen/Caffeine (Generics) | Oxymorphone IR (Opana®) | |
| | | Hydrocodone/Acetaminophen | Propoxyphene Napsylate (Darvon-N®) | |
| | | Hydrocodone Bitartrate/Ibuprofen | | |
| | | Hydromorphone | | |
| | | Meperidine HCL | | |
| | | Morphine Sulfate IR | | |
| | | Oxycodone IR | | |
| | | Oxycodone/Acetaminophen | | |
| | | Oxycodone w/Aspirin | | |
| | | Oxycodone/Ibuprofen | | |
| | | Pentazocine/Naloxone HCL | | |
| | | Pentazocine/Acetaminophen | | |
| | | Propoxyphene HCL | | |
| | | Propoxyphene HCL w/APAP | | |
| | | Propoxyphene Napsylate w/APAP | | |
| | | Tramadol | | |
| | | Tramadol/Acetaminophen | | |
| | | | | |
| 22 | **PAIN MANAGEMENT Cont'** | | | |
| | **Analgesics, Narcotics Long Acting** | Fentanyl Transdermal (Generic) | Fentanyl Transdermal (Duragesic®) - Brand Only | |
| | | Methadone HCL | Morphine Sulfate ER (Avinza®) | |
| | | Morphine Sulfate ER (Kadian®) | Oxycodone ER | |
| | | Morphine Sulfate ER (Generic) | Oxycodone (Oxycontin®) | |
| | | | Oxymorphone ER (Opana ER®) | |
| | | | Tramadol ER (Ultram ER®) | |
| | | | | |
| | **Nonsteroidal Anti - Inflammatories** | Celecoxib (Celebrex®) | Diclofenac/Misoprostol (Arthrotec®) | |
| | **(NSAIDs)** | Diclofenac | Lansoprazole/Naproxen (Prevacid NapraPAC®) | |
| | | Etodolac | Meclofenamate Sodium | |

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: November 1, 2008 |
|---|---|---|---|---|
| | **Nonsteroidal Anti - Inflammatories** | Fenoprofen | Mefenamic Acid | |
| | **(NSAIDs) cont'** | Flurbiprofen | Nabumetone | |
| | | Ibuprofen (Rx Only) | Tolmetin Sodium | |
| | | Indomethacin | | |
| | | Ketoprofen | | |
| | | Ketorolac | | |
| | | Meloxicam | | |
| | | Naproxen (Rx Only) | | |
| | | Oxaprozin | | |
| | | Piroxicam | | |
| | | Sulindac | | |
| | | | | |
| | **Immunomodulators and Related Agents** | Adalimumab (Humira®) | Abatacept (Orencia®) | |
| | **for Arthritis** | Anakinra (Kineret®) | Alefacept (Amevive®) | |
| | | Efalizumab (Raptiva®) | Infliximab (Remicade®) | |
| | | Etanercept (Enbrel®) | | |
| | | | | |
| | **Antimigraine Agents,** | Eletriptan (Relpax®) | Almotriptan (Axert®) | |
| | **Triptans** | Sumatriptan (Imitrex® Nasal) | Frovatriptan (Frova®) | |
| | | Sumatriptan (Imitrex® Oral) | Naratriptan (Amerge®) | |
| | | Sumatriptan (Imitrex® Subcutaneous) | Rizatriptan (Maxalt®, Maxalt MLT®) | |
| | | | Zolmitriptan (Zomig, Zomig ZMT®) | |
| | | | Zolmitriptan (Zomig® nasal) | |
| | | | | |
| | **Skeletal Muscle Relaxants** | Baclofen | Carisoprodol (Soma 250 mg®) | |
| | | Chlorzoxazone | Cyclobenzaprine (Fexmid®) | |
| | | Cyclobenzaprine - Generics | Cyclobenzaprine ER (Amrix®) | |
| | | Methocarbamol | Dantrolene Sodium | |
| | | Carisoprodol - Generics | Metaxalone (Skelaxin®) | |
| | | Carisoprodol Compound | Orphenadrine | |
| | | Orphenadrine Compound | Tizanidine (Zanaflex®) | |
| | | Tizanidine - Generics | | |
| | | | | |
| | | | | |

# Prior Authorization PDL Implementation Schedule

10/28/2008

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: November 1, 2008 |
|---|---|---|---|---|
| | | | | |
| 23 | **PARKINSON'S** | | | |
| | **Antiparkinson Agents -** | Benztropine | Bromocriptine | |
| | **Anticholinergic and Other** | Levodopa/Carbidopa (Generics only) | Entacapone (Comtan®) | |
| | | Levodopa/Carbidopa/Entacapone (Stalevo®) | Levodopa/Carbidopa (Parcopa®) | |
| | | Pramipexole (Mirapex®) | Rasagiline (Azilect®) | |
| | | Ropinirole | Rotigotine Transdermal (Neupro®) | |
| | | Ropinirole (Requip®) | | |
| | | Selegiline | Selegiline (Zelapar®) | |
| | | Trihexyphenidyl | Tolcapone (Tasmar®) | |
| | | | | |
| | | | | |
| 24 | **SEDATIVE/HYPNOTICS** | | | |
| | **Sedative/Hypnotics** | Chloral Hydrate | Estazolam | |
| | | Eszopiclone (Lunesta®) | Flurazepam | |
| | | Ramelteon (Rozerem®) | Quazepam (Doral®) | |
| | | Temazepam | Zaleplon (Sonata®) | |
| | | Temazepam (Restoril 7.5mg®) | Zolpidem CR (Ambien CR®) | |
| | | Triazolam | | |
| | | Zolpidem | | |
| | | | | |
| 25 | **UROLOGY** | | | |
| | **INCONTINENCE** | | | |
| | **Bladder Relaxant Preparations** | Darifenacin (Enablex®) | Oxybutynin ER | |
| | | Oxybutynin | Tolterodine (Detrol®) | |
| | | Oxybutynin transdermal (Oxytrol®) | | |
| | | Solifenacin (VESIcare®) | | |
| | | Tolterodine ER (Detrol LA®) | | |
| | | Trospium (Sanctura®) | | |
| | | Trospium (Sanctura XR®) | | |
| | | | | |
| | **PROSTATE** | | | |
| | **Benign Prostatic Hyperplasia Treatment (BPH)** | Alfuzosin (Uroxatral®) | Doxazosin XL (Cardura XL®) | |
| | | Doxazosin | | |

| Item Nbr | Descriptive Therapeutic Class | Drugs on PDL | Drugs which Require PA | Effective Date: November 1, 2008 |
|---|---|---|---|---|
| | | Dutasteride (Avodart®) | | |
| | **Benign Prostatic Hyperplasia Treatment (BPH) cont'** | Finasteride | | |
| | | Tamsulosin (Flomax®) | | |
| | | Terazosin | | |
| | | | | |