

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

1	ADD/ADHD			
	Stimulants and Related Agents			
		Amphetamine Salt Combo (Generic; Adderall®)	Amphetamine Salt Combo ER (Generic Only)	
		Amphetamine Salt Combo ER (Adderall XR® - Brand Only)	Armodafinil (Nuvigil®)	
		Atomoxetine (Strattera®)	Clonidine Extended-Release (Kapvay®)	
		Dexmethylphenidate (Focalin ® - Brand Only)	Dexmethylphenidate (Generic Only)	
		Dexmethylphenidate ER (Focalin XR ®)	Dextroamphetamine ER (Generic; Dexadrine®)	
		Dextroamphetamine (Generic)	Dextroamphetamine Solution (Procentra®)	
		Guanfacine ER (Intuniv®)	Methylphenidate Solution (Generic)	
		Lisdexamfetamine (Vyvanse®)	Methamphetamine (Generic; Desoxyn®)	
		Methylphenidate (Generic; Metadate CD®)	Methylphenidate ER (Ritalin LA®)	
		Methylphenidate ER (Generic; Concerta; Metadate CD®)	Modafinil (Provigil®)	
		Methylphenidate IR (Methylin Chewable & Solution®)		
		Methylphenidate SR (Ritalin SR®)		
		Methylphenidate Transdermal Patches (Daytrana®)		
2	ALLERGY			
	Antihistamines - Minimally Sedating			
		Cetirizine Syrup OTC	Acrivastin/Pseudoephedrine (Semprex-D®)	
		Cetirizine Syrup Rx	Cetirizine Chewable Tablet OTC	
		Cetirizine Tablet OTC	Cetirizine Solution 5mg/5cc OTC	
		Cetirizine-D OTC	Desloratadine Tablet (Clarinex®)	
		Fexofenadine Tablet 30mg, 60mg, 180mg (Generic Only)	Desloratadine ODT (Clarinex ODT®)	
		Fexofenadine-D 12-hour (Generic Only)	Desloratadine Syrup (Clarinex®)	
		Fexofenadine-D 24-hour (Generic Only)	Desloratadine/Pseudoephedrine (Clarinex-D 12 -hour®)	
		Loratadine Tab OTC (Generic Only)	Desloratadine/Pseudoephedrine (Clarinex-D 24 -hour®)	
		Loratadine ODT Tablet OTC (Generic Only)	Fexofenadine Tablet 30mg, 60mg, 180mg (Allegra - Brand Only)	
		Loratadine-D Tablet (Generic Only)	Fexofenadine ODT Tablet (Allegra ODT®)	
		Loratadine Syrup OTC (Generic Only)	Fexofenadine/Pseudoephedrine (Allegra-D 12-hour® - Brand Only)	
			Fexofenadine/Pseudoephedrine (Allegra-D 24-hour® - Brand Only)	
			Fexofenadine Syrup (Allegra Syrup®)	
			Levocetirizine Tablet (Generic; Xyzal®)	
			Levocetirizine Syrup (Generic; Xyzal®)	
			Loratadine Capsule OTC (Claritin® - Brand Only)	

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

	Antihistamines - Minimally Sedating cont'		Loratadine Syrup OTC (Claritin® - Brand Only)	
			Loratadine Tablet OTC (Claritin®)	
			Loratadine ODT OTC (Claritin® - Brand Only)	
			Loratadine Chewable Tablet OTC (Claritin®)	
			Loratadine-D 12 hours OTC (Claritin - D®)	
			Loratadine-D 24 hours OTC (Claritin - D®)	
	Rhinitis Agents, Nasal	Azelastine (Astelin; Astepro®)	Azelastine (Generic)	
		Fluticasone Propionate (Flonase® - Brand Only)	Beclomethasone (Beconase AQ®)	
		Ipratropium Nasal	Budesonide Aqua (Rhinocort Aqua®)	
		Mometasone (Nasonex®)	Ciclesonide (Omnaris®)	
		Olopatadine (Patanase®)	Flunisolide	
			Fluticasone Furoate (Veramyst®)	
			Fluticasone Propionate (Generic Only)	
			Triamcinolone (Generic; Nasacort AQ®)	
3	ALZHEIMER'S			
	Alzheimer's Agents	Donepezil (Aricept® - Brand Only)	Donepezil (Generics only)	
	Cholinesterase Inhibitors	Donepezil (Aricept ODT® - Brand Only)	Donepezil ODT (Generics only)	
		Memantine Solution (Namenda Sol®)	Donepezil 23 mg (Aricept 23mg®)	
		Memantine Tablet (Namenda Tab®)	Galantamine Tablet	
		Memantine Tablet Dose Pack (Namenda Tab Dose Pack®)	Galantamine ER	
		Rivastigmine Capsule (Exelon Capsule® - Brand Only)	Galantamine Oral Solution (Generics; Razadyne®)	
		Rivastigmine Transdermal (Exelon Transdermal®)	Rivastigmine Capsule (Generics Only)	
			Rivastigmine Oral Solution (Generics; Exelon Solution®)	

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

4	ANTIPSYCHOTIC AGENTS			
	Antipsychotic Agents		<u>ORAL</u>	
		Amitriptyline/Perphenazine	Aripiprazole Oral Solution (Abilify Oral Solution®)	
		Aripiprazole Discmelt (Abilify®)	Clozapine (Clozaril; Fazaclo®)	
		Aripiprazole Tablet (Abilify®)	Lurasidone (Latuda®)	
		Asenapine (Saphris®)	Olanzapine (Zyprexa; Zyprexa Zydis®)	
		Chlorpromazine	Olanzapine/Fluoxetine (Symbyax®)	
		Clozapine (Generics Only)	Paliperidone ER (Invega®)	
		Fluphenazine Elixir	Risperidone ODT (Risperdal® - Brand Only)	
		Fluphenazine Tablet	Risperidone Solution (Risperdal® - Brand Only)	
		Haloperidol Oral	Risperidone Tablet (Risperdal® - Brand Only)	
		Haloperidol Lactate Concentrate		
		Iloperidone Dose pack (Fanapt®)		
		Iloperidone Tablet (Fanapt®)		
		Molindone (Moban®)		
		Perphenazine		
		Pimozide (Orap®)		
		Quetiapine (Seroquel®)		
		Quetiapine (Seroquel XR®)		
		Risperidone ODT (Generic Only)		
		Risperidone Solution (Generic Only)		
		Risperidone Tablet (Generic Only)		
		Thioridazine		
		Thiothixene (Generic; Navane®)		
		Trifluoperazine (Generic)		
		Ziprasidone (Geodon®)		
			<u>INJECTIONS</u>	
		Aripiprazole (Abilify®)	Haloperidol Decanoate (Haldol® - Brand Only)	
		Fluphenazine Decanoate	Olanzapine (Zyprexa®)	
		Haloperidol Decanoate (Generic Only)	Olanzapine (Zyprexa Relprevv®)	
		Haloperidol Lactate (Generic)	Paliperidone (Invega Sustenna®)	
		Risperidone (Risperdal Consta®)		
		Ziprasidone (Geodon®)		

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

5	ASTHMA/COPD			
	Bronchodilator, Beta-Adrenergic			
	Agents	INHALATION		
		Albuterol Sulfate Nebulizer Solution 100mg/20ml	Albuterol Sulfate HFA MDI (Ventolin HFA®)	
		Albuterol Sulfate Nebulizer Solution 2.5mg/3ml	Albuterol Sulfate Nebulizer Low-Dose 0.63mg/3ml, 1.25mg/3ml	
		Albuterol Sulfate Nebulizer Solution 2.5mg/0.5ml	Arformoterol Inhalation Solution (Brovana Inhalation Solution®)	
		Albuterol Sulfate Nebulizer Low-Dose (Accuneb®)	Formoterol DPI (Foradil®)	
		Albuterol Sulfate HFA (ProAir HFA®)	Formoterol Inhalation Solution (Perforomist Inhalation Solution®)	
		Albuterol Sulfate HFA MDI (Proventil HFA®)	Indacaterol for Inhalation (Arcapta®)	
			Levalbuterol HCL Nebulizer Solution (Generic; Xopenex®)	
			Levalbuterol HFA (Xopenex HFA®)	
			Pirbuterol (Maxair Autohaler®)	
			Salmeterol Xinafoate (Serevent Diskus®)	
		ORAL		
		Albuterol Sulfate Syrup	Albuterol Sulfate ER (Generic; Vospire ER Tablet®)	
		Albuterol Sulfate Tablet	Metaproterenol Sulfate Tablet	
		Metaproterenol Sulfate Syrup		
		Terbutaline Sulfate		
	Bronchodilator, Anticholinergics	INHALATION		
	(COPD)	Albuterol Sulfate/Ipratropium MDI (Combivent®)	Albuterol Sulfate/Ipratropium Nebulizer (Generic Only)	
		Albuterol Sulfate/Ipratropium Nebulizer Solution (Duoneb® - Brand Only)		
		Ipratropium Nebulizer		
		Ipratropium Inhalation Aerosol MDI (Atrovent HFA®)		
		Tiotropium Inhalation Powder (Spiriva®)		
		ORAL		
		NONE	Roflumilast (Daliresp®)	

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

	Glucocorticoids, Inhalation	Beclomethasone MDI (QVAR®)	Budesonide DPI (Pulmicort Flexhaler®)	
		Budesonide Respules 0.25mg; 0.5mg - 8 years old and under	Budesonide Respules 0.25mg; 0.5mg - 9 years old and over	
		Budesonide Respules 0.25mg; 0.5mg (Pulmicort Respules®) - 8 years old and under	Budesonide Respules 0.25mg; 0.5mg (Pulmicort Respules®) - 9 years old and over	
		Budesonide Respules 1mg (Pulmicort Respules®) - 8 years old and under	Budesonide Respules 1mg (Pulmicort Respules®) - 9 years old and over	
		Fluticasone MDI (Flovent®)	Budesonide/Formoterol MDI (Symbicort®)	
		Fluticasone MDI (Flovent HFA Inhaler®)	Ciclesonide (Alvesco®)	
		Fluticasone/Salmeterol DPI (Advair Diskus®)		
		Fluticasone/Salmeterol MDI (Advair HFA®)		
		Mometasone DPI (Asmanex®)		
		Mometasone/Formoterol MDI (Dulera®)		
	Leukotriene Modifiers	Montelukast Chewable Tablet (Singulair®)	Montelukast Gran Pack (Singulair Gran Pack®)	
		Montelukast Tablet (Singulair®)	Zafirlukast (Generic Only)	
		Zafirlukast (Accolate® - Brand Only)	Zileuton CR (Zyflo CR®)	
6	DEPRESSION			
	Antidepressants, Other	Bupropion IR	Bupropion HBr ER (Aplenzin®)	
		Bupropion SR	Bupropion HCl IR (Wellbutrin®)	
		Bupropion XL	Bupropion HCl SR (Wellbutrin SR®)	
		Duloxetine (Cymbalta®)	Bupropion HCl XL (Wellbutrin XL®)	
		Mirtazapine (Generics only)	Desvenlafaxine (Pristiq®)	
		Mirtazapine ODT (Generics only)	Mirtazapine (Remeron®)	
		Trazodone	Mirtazapine ODT (Remeron ODT®)	
		Venlafaxine ER Capsule (Effexor XR® - Brand Only)	Nefazodone	
		Venlafaxine IR Tablet	Selegiline Patch (Emsam®)	
			Trazodone ER (Oleptro®)	
			Venlafaxine ER Capsule (Generic)	
			Venlafaxine ER Tablet (Generic; Schwarz; Upstate)	
			Vilazodone (Viibryd®)	

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

	Selective Serotonin	Citalopram Tablet (Generic)	Citalopram Solution	
	Reuptake Inhibitors (SSRIs)	Fluoxetine Capsule (Generic)	Citalopram Tablet (Celexa®)	
		Fluoxetine Tablet 10mg	Escitalopram Solution (Lexapro®)	
		Fluoxetine Solution	Escitalopram Tablet (Lexapro®)	
		Fluvoxamine Oral	Fluoxetine Tablet 20mg	
		Paroxetine Suspension (Paxil®)	Fluoxetine Capsule (Prozac; Sarafem®)	
		Paroxetine CR Tablet (Paxil CR®)	Fluoxetine DR Capsule (Generic; Prozac Weekly®)	
		Paroxetine Tablet (Paxil®)	Fluvoxamine CR (Luvox CR®)	
		Paroxetine Tablet (Generic)	Paroxetine Suspension (Generic)	
		Sertraline Tablet (Generic)	Paroxetine CR Tablet (Generic)	
			Paroxetine Mesylate (Pexeva)	
			Sertraline Concentrate (Zoloft; Generic)	
			Sertraline Tablet (Zoloft®)	
7	DERMATOLOGY	Clotrimazole Rx	Benzoic Acid/Salicyclic Acid (Bensal HP)	
	Antifungals - Topical	Clotrimazole/Betamethasone Cream (Generic)	Butenafine (Mentax®)	
		Clotrimazole/Betamethasone Lotion (Lotrisone®) - Brand	Ciclopirox (CNL8®)	
		Econazole	Ciclopirox (Pedipirox-4)	
		Ketoconazole Cream	Ciclopirox Cream	
		Ketoconazole Shampoo (Rx only)	Ciclopirox Gel	
		Nystatin Cream	Ciclopirox Shampoo	
		Nystatin Ointment	Ciclopirox Solution	
		Nystatin Powder	Ciclopirox Solution (Pedipirox-4)	
		Nystatin/Triamcinolone	Ciclopirox Solution (Penlac)	
		Nystatin/Triamcinolone Cream	Ciclopirox Suspension	
		Nystatin/Triamcinolone Ointment	Clotrimazole/Betamethasone Lotion	
			Clotrimazole / Betamethasone Cream (Lotrisone®) - Brand	
			Ketoconazole (Ketocon Plus®)	
			Ketoconazole Foam	
			Ketoconazole Foam (Extina®)	
			Ketoconazole (Nizoral Shampoo)	
			Ketoconazole (Xolegel®)	

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

			Miconazole (Nuzole®)	
			Miconazole/zinc oxide/white petrolatum (Vusion®)	
			Naftifine (Naftin®)	
			Nystatin (Pediaderm AF®)	
			Oxiconazole (Oxistat®)	
			Sertaconazole (Ertaczo®)	
			Sulconazole (Exelderm®)	
			Terbinafine (Lamisil)	
	Antiparasitic Agents, Topical	Crotamiton Cream (Eurax®)	Benzyl Alcohol (Ulesfia®)	
		Permethrin	Crotamiton Lotion (Eurax®)	
			Lindane	
			Malathion (generic only)	
			Malathion (Ovide® - Brand only)	
			Spinosad (Natroba®)	
	Antiviral Agents, Topical	Acyclovir Ointment (Zovirax®)	Acyclovir Cream (Zovirax®)	
		Penciclovir Cream (Denavir®)	Acyclovir/Hydrocortisone (Xerese®)	
	Atopic Dermatitis	Pimecrolimus (Elidel®)	NONE	
	Immunomodulators	Tacrolimus (Protopic®)		
	Antibiotics, Topical	Gentamicin Sulfate	Mupirocin Cream (Bactroban® Cream)	
		Mupirocin Ointment (Generic)	Mupirocin Ointment (Bactroban® Ointment) – Brand Only	
			Mupirocin Ointment (Centany®)	
			Mupirocin Ointment (Centany® Kit)	
			Neomycin/Polymyxin/Pramoxine	
			Retapamulin (Altabax®)	

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

	STEROIDS, TOPICAL			
	Low Potency	Alclometasone Dipropionate (Aclovate® - Brand Only)	Alclometasone Dipropionate Cream, Ointment (Generic Only)	
		Desonide Cream, Ointment (Generic)	Desonate Gel (Generic)	
		Hydrocortisone Cream, Lotion, Ointment (Generic)	Desonide/Emollient Combo No. 3 (Desonil Plus®)	
			Desonide Lotion (Generic; Desowen; Verdeso®)	
			Desonide Cream Kit (Desowen Cream Kit®)	
			Desonide Lotion Kit (Desowen Lotion Kit®)	
			Desonide Ointment Kit (Desowen Ointment Kit®)	
			Fluocinolone Acetonide Shampoo (Capex®)	
			Fluocinolone Acetonide (Derma-Smoothe-FS®)	
			Hydrocortisone (Texacort®)	
			Hydrocortisone Acetate/Urea	
			Hydrocortisone/Aloe Gel (Generic; Nuzon®)	
			Hydrocortisone/Mineral Oil/Pet Ointment	
			Hydrocortisone/Emollient (Pediaderm HC®)	
			Triamcinolone (Pediaderm TA®)	
	Medium Potency	Clocortolone Pivalate (Cloderm®)	Betametasone Valerate (Luxiq®)	
		Fluocinolone Acetonide Cream, Ointment, Solution	Flurandrenolide Tape (Cordran Tape®)	
		Fluticasone Propionate Cream, Ointment (Generic)	Fluticasone Propionate Cream, Lotion (Cutivate®)	
		Hydrocortisone Butyrate Ointment, Solution	Hydrocortisone Butyrate Cream (Generic; Locoid Lipocream®)	
		Hydrocortisone Valerate Cream (Generic)	Hydrocortisone Probutate (Pandel®)	
		Prednicarbate Cream (Dermatop®)	Hydrocortisone Valerate Cream (Westcort®)	
			Hydrocortisone Valerate Ointment (Generic)	
			Mometasone Furoate Cream, Ointment, Solution (Generic; Elocon®)	
			Mometasone Furoate (Momexin®)	
			Prednicarbate Cream, Ointment (Generic)	
			Prednicarbate Ointment (Dermatop®)	

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

	High Potency	Amcinonide Lotion (Generic)	Amcinonide Cream, Ointment (Generic)
		Betamethasone Dipropionate Cream, Lotion, Ointment (Generic)	Betamethasone Dipropionate/Prop Glycol Cream, Lotion, Ointment (Generic; Diprolene; Diprolene/AF®)
		Betamethasone Valerate Cream, Lotion, Ointment (Generic)	Betamethasone Dipropionate Gel (Generic; Diprolene®)
		Betamethasone Valerate Cream, Lotion (Beta Val®)	Desoximetasone Cream, Gel, Ointment (Generic; Topicort; Topicort LP®)
		Fluocinonide Cream; Emollient; Gel; Ointment, Solution (Generic)	Diflorasone Diacetate Cream, Ointment (Generic)
		Triamcinolone Acetonide Cream, Ointment (Generic)	Fluocinonide Cream (Vanos®)
			Halcinonide Cream, Ointment (Halog®)
			Triamcinolone Acetonide Aerosol (Kenlag Aerosol®)
			Triamcinolone Acetonide Lotion (Generic)
	Very High Potency	Clobetasol Propionate Cream, Gel, Ointment, Solution (Generic)	Clobetasol Propionate Cream (Temovate®)
		Clobetasol Propionate Foam (Olux®)	Clobetasol Propionate Foam (Generic Only)
		Clobetasol Propionate/Emollient (Generic Only)	Clobetasol Propionate (Clobex Lotion, Shampoo, Spray®)
		Halobetasol Propionate Cream, Ointment (Generic)	Clobetasol Propionate - Emollient (Olux-E® - Brand Only)
			Diflorasone Diacetate (Apexicon E®)
			Halobetasol Propionate/Ammonium Lactate (Halac, Halonate, Halonate PAC, Ultravate PAC®)
8	DIABETES		
	Hypoglycemics, Meglitinides	Repaglinide (Prandin®)	Nateglinide (Generic)
			Nateglinide (Starlix®)
			Repaglinide/Metformin (Prandimet®)
	Hypoglycemics, Thiazolidinediones (TZDs)	Pioglitazone (Actos®)	Pioglitazone/Metformin ER (Actoplus Met XR®)
		Pioglitazone/Glimeperide (Duetact®)	Rosiglitazone/Glimeperide (Avandaryl®)
		Pioglitazone/Metformin (Actoplus Met®)	Rosiglitazone (Avandia®)
			Rosiglitazone/Metformin (Avandamet®)

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	------------------------------

	Hypoglycemics	Human Insulin & Pens (Humulin®)	Human Insulin & Pens (Novolin®)	
	Insulins & Related Agents	Insulin Glargine & Pens (Lantus®)	Insulin Aspart & Pens (Novolog®)	
		Insulin Lispro & Pens (Humalog®)	Insulin Aspart/Insulin Aspart Protamine & Pens (Novolog Mix 70/30®)	
		Insulin Lispro/Protamine Lispro & Pens (Humalog Mix®)	Insulin Detemir & Pens (Levemir®)	
			Insulin Glulisine & Pens (Apidra®)	
	Hypoglycemics	Linagliptin/Metformin (Jentadueto)	Exenatide (Byetta Pens®)	
	Incretin Mimetics/Enhancers	Linagliptin (Tradjenta®)	Exenatide Extended-Release (Bydureon®)	
		Liraglutide (Victoza®)	Pramlintide Pens (Symlin Pens®)	
		Pramlintide (Symlin®)	Sitagliptin/Simvastatin (Juvvisync)	
		Saxagliptin (Onglyza®)		
		Saxagliptin/Metformin ER (Kombiglyze XR®)		
		Sitagliptin (Januvia®)		
		Sitagliptin/Metformin (Janumet®)		
9	DIGESTIVE DISORDERS			
	Antiemetic/Antivertigo Agents	Aprepitant Oral (Emend®)	Dimenhydrinate Inj	
		Meclizine	Dolasetron IV Inj (Anzemet®)	
		Metoclopramide Inj	Dolasetron Oral (Anzemet®)	
		Metoclopramide Oral (Generics)	Dronabinol Oral (Generic)	
		Ondansetron IV Inj (Generics)	Dronabinol Oral (Marinol®)	
		Ondansetron Oral ODT (Generics)	Fosaprepitant IV Inj (Emend®)	
		Ondansetron Oral Tab (Generics)	Granisetron IV inj	
		Prochlorperazine Inj	Granisetron Oral	
		Prochlorperazine Oral	Granisetron (Granisol Solution)	
		Prochlorperazine Rectal	Granisetron Transdermal (Sancuso®)	
		Promethazine Inj	Metoclopramide (Reglan®) – Brand Only	
		Promethazine Oral	Metoclopramide Ampule	
		Promethazine Rectal	Metoclopramide Oral ODT (Metozolv®)	
		Scopolamine Transdermal (Transderm-Scop®)	Nabilone (Cesamet®)	
		Trimethobenzamide IM Inj	Ondansetron (Zofran®)	

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

		Trimethobenzamide Oral	Ondansetron (Zofran IV®) – Brand Only
			Ondansetron (Zofran ODT®) – Brand Only
			Ondansetron Ampule
			Ondansetron Oral (Zuplenz®)
			Ondansetron Oral Solution
			Palonosetron IV Inj (Aloxi®)
			Prochlorperazine Rectal (Compro®)
			Promethazine Rectal (50 mg)
			Trimethobenzamide IM Inj (Tigan®)
	Bile Acid Salts	Ursodiol Capsule (Generic Only)	Chenodiol (Chenodal®)
			Ursodiol Tablet
			Ursodiol USP (Actigall® - Brand Only)
			Ursodiol (URSO 250®)
			Ursodiol (URSO Forte®)
	Pancreatic Enzymes	Creon	Pancreaze
		Pancrelipase	
		Zenpep	
	Proton Pump Inhibitors	Omeprazole (Generic legend only)	Dexlansoprazole (Dexilant®)
		Pantoprazole (Generic Only)	Esomeprazole (Nexium®)
		Pantoprazole Suspension (Protonix®)	Esomeprazole Suspension (Nexium®)
			Lansoprazole Capsule
			Lansoprazole Capsule (Prevacid®)
			Lansoprazole Solutab
			Lansoprazole Solutab (Prevacid®)
			Omeprazole (Prilosec®) – Brand Only
			Omeprazole Suspension (Prilosec®)
			Omeprazole/Sodium Bicarbonate (Generic legend only)
			Pantoprazole (Protonix®) – Brand Only
			Rabeprazole (Aciphex®)

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

	Ulcerative Colitis Agents	Balsalazide	Mesalamine DR (Asacol HD®)	
		Mesalamine ER (Apriso®)	Mesalamine Rectal	
		Mesalamine (Asacol®)	Mesalamine Kit Rectal	
		Mesalamine Suppositories (Canasa®)	Mesalamine Sulfite-free Enema (sfRowasa®)	
		Sulfasalazine	Mesalamine MMX (Lialda®)	
		Sulfasalazine DR	Mesalamine Oral (Pentasa®)	
			Olsalazine Oral (Dipentum®)	
10	GROWTH DEFICIENCY			
	Growth Hormones	Somatropin (Norditropin®)	Somatropin (Genotropin®)	
		Somatropin (Nutropin®)	Somatropin (Humatrope®)	
		Somatropin (Nutropin AQ®)	Somatropin (Omnitrope®)	
		Somatropin (Saizen®)	Somatropin (Serostim®)	
			Somatropin (Tev-Tropin®)	
			Somatropin (Zorbtive®)	
11	GOUT AGENTS			
	Antihyperuricemics	Allopurinol	Colchicine (Colcrys®)	
		Probenecid	Febuxostat (Uloric®)	
		Probenecid/Colchicine		
12	HEART DISEASE, HYPERLIPIDEMIA			
	Lipotropics, Other	Cholestyramine	Colesevelam (Welchol®)	
		Cholestyramine/Aspartame	Colestipol Granules	
		Colestipol Tablet – Generic Only	Colestipol Tablet (Colestid®) – Brand Only	
		Fenofibrate (Tricor®)	Colestipol Granule (Colestid®)	
		Fenofibric Acid (Trilipix®)	Ezetimibe (Zetia®)	
		Gemfibrozil	Fenofibrate (Antara®)	
		Niacin ER (Niaspan®)	Fenofibrate (Fenoglide®)	

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

		Niacin IR (Niacor®)	Fenofibrate (Generic)
			Fenofibrate (Lipofen®)
			Fenofibrate (Triglide®)
			Fenofibric Acid (Generic)
			Fenofibric Acid (Fibricor®)
			Omega-3-acid ethyl esters (Lovaza®)
	Statins & Statin Combination Agents	Atorvastatin (Generic)	Amlodipine/Atorvastatin
		Fluvastatin (Lescol®)	Amlodipine/Atorvastatin (Caduet®)
		Fluvastatin XL (Lescol XL®)	Atorvastatin (Lipitor®) – Brand Only
		Lovastatin	Ezetimibe/Simvastatin (Vytorin®)
		Niacin ER/Simvastatin (Simcor®)	Lovastatin ER (Altoprev®)
		Pravastatin	Niacin ER/Lovastatin (Advicor®)
		Simvastatin (Generic Only)	Pitavastatin (Livalo®)
			Pravastatin (Pravachol®)
			Rosuvastatin (Crestor®)
			Simvastatin (Zocor®) – Brand Only
	HYPERTENSION		
	ACE Inhibitors & Direct Renin Inhibitors	Benazepril (Generic Only)	Aliskiren (Tekturna®)
		Benazepril/HCTZ	Aliskiren/HCTZ (Tekturna HCT®)
		Captopril	Azilsartan Meoxomil (Edarbi®)
		Captopril/HCTZ	Azilsartan/Chlorthalidone (Edarbyclor®)
		Enalapril (Generic)	Azilsartan/Chlorthalidone (Prinzide®)
		Enalapril/HCTZ (Generic)	Benazepril (Lotensin®) – Brand Only
		Fosinopril	Candesartan (Atacand®)
		Lisinopril (Generic Only)	Candesartan/HCTZ (Atacand HCT®)
		Lisinopril/HCTZ (Generic Only)	Enalapril (Vasotec) – Brand Only
		Losartan (Generic)	Enalapril/HCTZ (Vaseretic) – Brand Only
		Losartan/HCTZ (Generic)	Eprosartan (Teveten®)
		Quinapril (Generic)	Eprosartan/HCTZ (Teveten HCT®)

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

[illegible]

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

	Beta Blockers Agents	Acebutolol	Atenolol (Tenormin®) - Brand Only	
		Atenolol (Generic)	Atenolol / Chlorthalidone (Tenoretic)	
		Atenolol/Chlorthalidone	Betaxolol	
		Bisoprolol – Generic Only	Bisoprolol (Zebeta®)	
		Bisoprolol/HCTZ	Carvedilol (Coreg®)	
		Carvedilol – Generic Only	Carvedilol CR (Coreg CR®)	
		Labetalol	Metoprolol Succinate ER (Toprol XL®)	
		Metoprolol Tartrate – Generic Only	Metoprolol Succinate / Hydrochlorothiazide (Dutoprol®)	
		Metoprolol/HCTZ (Generic Only)	Metoprolol Tartrate (Lopressor®) – Brand Only	
		Metoprolol Succinate ER (Generic Only)	Metoprolol Tartrate/ Hydrochlorothiazide (Lopressor HCT®)	
		Nadolol – Generic Only	Nadolol (Corgard®)	
		Nebivolol (Bystolic®)	Nadolol/Bendroflumethiazide	
		Propranolol	Nadolol / Bendroflumethiazide (Corzide®)	
		Propranolol LA (Generic Only)	Penbutolol (Levitol®)	
		Propanolol/HCTZ	Pindolol	
		Sotalol	Propranolol ER (Innopran XL®)	
		Sotalol AF	Propranolol LA (Inderal LA®)	
		Timolol Maleate		
	Calcium Channel Blockers	Amlodipine	Amlodipine (Norvasc®)	
		Diltiazem IR	Diltiazem CD (Cardizem CD®)	
		Diltiazem ER	Diltiazem LA (Cardizem LA®)	
		Diltiazem SR	Diltiazem LA (Matzim LA®)	
		Nicardipine	Diltiazem (Tiazac®)	
		Nifedipine ER	Felodipine ER	
		Verapamil ER (Generics only)	Isradipine	
		Verapamil IR Tablet	Isradipine SR (Dynacirc CR®)	
			Nicardipine SR (Cardene SR®)	
			Nifedipine ER (Adalat CC®)	
			Nifedipine ER (Procardia XL®)	

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

			Nifedipine IR	
			Nimodipine	
			Nisoldipine	
			Verapamil Capsule (360 mg)	
			Verapamil ER (Covera HS®)	
			Verapamil ER PM	
			Verapamil SR (Calan SR®)	
			Verapamil SR (Verelan)	
	ANTICOAGULANTS			
	Platelet Aggregation Inhibitors	Aspirin/Dipyridamole ER (Aggrenox®)	Prasugrel (Effient®)	
		Clopidogrel (Plavix®)	Ticlopidine	
		Dipyridamole	Ticagrelor (Brilinta)	
	Anticoagulants	Dabigatran (Pradaxa®)	Enoxaparin (Generic)	
		Dalteparin (Fragmin®)	Fondaparinux	
		Enoxaparin (Lovenox®) – Brand Only	Fondaparinux (Arixtra®)	
		Rivaroxaban (Xarelto®)	Warfarin (Coumadin®) – Brand Only	
		Warfarin (Generic)		
	PULMONARY ARTERIAL HYPERTENSION (PAH)	Ambrisentan (Letairis®)	Sildenafil (Revatio®)	
		Bosentan (Tracleer®)	Treprostinil (Tyvaso®)	
		Iloprost (Ventavis®)		
		Tadalafil (Adcirca®)		

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

13	HEMATOLOGIC AGENTS			
	HEMATOPOIETIC AGENTS			
	Erythropoietins	Darbepoetin (Aranesp®)	Epoetin alfa (Epogen®)	
		Epoetin alfa (Procrit®)		
	Anticoagulants - refer to			
	HEART DISEASE			
14	HEMODIALYSIS			
	Phosphate Binders	Calcium Acetate (Eliphos®)	Calcium Acetate (Generics)	
		Sevelamer HCL (RenaGel®)	Calcium Acetate (PhosLo®)	
			Calcium Acetate (Phoslyra®)	
			Calcium Carbonate/Magnesium Carbonate/FA (Magenebind 400 Rx®)	
			Lanthanum (Fosrenol®)	
			Sevelamer Carbonate (Renvela®)	
15	HORMONE THERAPY			
	Androgenic Agents	Testosterone Transdermal Patch (Androderm®)	Testosterone (Axiron®)	
		Testosterone Gel 1% (AndroGel®)	Testosterone Gel (Fortesta®)	
		Testosterone Gel 1% (Testim®)		
	PITUITARY SUPPRESSIVE AGENTS	Leuprolide Acetate (Lupron Depot®) – Brand Only	Goserelin Acetate (Zoladex®)	
		Leuprolide Acetate (Lupron Depot Kit®)	Histrelin (Supprelin LA®)	
		Leuprolide Acetate (Lupron Depot-Ped®)	Histrelin (Vantas)	
		Leuprolide Acetate (Lupron Depot-Ped Kit®)	Leuprolide Acetate (Generic)	
			Leuprolide Acetate Kit (Eligard®)	
			Nafarelin Acetate Nasal Solution (Synarel®)	
			Triptorelin Pamoate (Trelstar®, Trelstar LA®, Trelstar Depot®)	

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

	HYPERLIPIDEMIA - REFER TO HEART DISEASE			
	IMMUNE DISORDERS - REFER TO MULTIPLE SCLEROSIS			
16	INFECTIOUS DISORDERS			
	ANTIBIOTICS	Amoxicillin/Clavulanate Suspension	Amoxicillin/Clavulanate (Augmentin Tablet®)	
	Cephalosporin and Related	Amoxicillin/Clavulanate Tablets	Amoxicillin/Clavulanate (Augmentin XR®)	
	Antibiotics	Cefadroxil Capsule	Amoxicillin/Clavulanate ER	
		Cefdinir Suspension	Amoxicillin/Clavulanate Susp (Augmentin 125 & 250)	
		Cefixime (Suprax®)	Cefaclor	
		Cefprozil	Cefaclor ER 500 mg	
		Cefuroxime tablets	Cefadroxil Suspension	
		Cephalexin	Cefadroxil Tablet	
			Cefdinir Capsule	
			Cefditoren Pivoxil (Spectracef®)	
			Ceftibuten (Cedax®)	
			Cephalexin (Keflex 250, 500 & 750®)	
			Cefpodoxime	
			Cefuroxime Axetil Susp (Ceftin®)	
			ORAL	
	Fluoroquinolones	Ciprofloxacin Tablets	Ciprofloxacin Suspension (Cipro Suspension®)	
		Levofloxacin Tablets (Generic)	Cipro Tablet	
			Ciprofloxacin ER	
			Ciprofloxacin ER (Proquin XR®)	
			Gemifloxacin (Factive®)	
			Levofloxacin Solution	
			Levofloxacin (Levaquin®) – Brand Only	
			Moxifloxacin (Avelox®)	

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

			Norfloxacin (Noroxin®)	
			Ofloxacin	
	Antibiotics, Gastrointestinal	Metronidazole Tablet	Fidaxomicin (Difcid®)	
		Neomycin	Metronidazole Capsule	
		Nitazoxanide (Alinia®)	Metronidazole Tablet (Flagyl® Tablet) – Brand Only	
			Metronidazole ER (Flagyl ER®)	
			Neomycin (Neo-Fradin®)	
			Rifaximin (Xifaxan®)	
			Tinidazole (Tindamax®)	
			Vancomycin (Vancocin®)	
	Antibiotics, Inhaled	Tobramycin (Tobi®)	Azteonam (Cayston®)	
	Macrolides - Ketolides	Azithromycin (Generic Only)	Azithromycin (Zithromax®)	
		Clarithromycin Tablet	Azithromycin ER (Zmax®)	
		Erythromycin Tablet (Ery-Tab®)	Clarithromycin (Biaxin Tablet®)	
		Erythromycin Base Tablet	Clarithromycin ER	
		Erythromycin Stearate (Erythrocin®)	Clarithromycin Suspension	
			Erythromycin	
			Erythromycin Base (PCE)	
			Erythromycin Base DR Capsule	
			Erythromycin Ethylsuccinate Tablet (E.E.S. 400)	
			Erythromycin Ethylsuccinate (E.E.S. 200 Suspension)	
			Erythromycin Ethylsuccinate (EryPed 200, 400)	
			Telithromycin (Ketek®)	
	Tetracyclines	Doxycycline Hyclate (generic)	Demeclocycline	
		Doxycycline Monohydrate 100 mg capsule (Generic Only)	Doxycycline Calcium Suspension (Vibramycin®)	
		Minocycline Cap	Doxycycline Hyclate (Doryx®)	
		Tetracycline	Doxycycline Hyclate Tablet DR (generic)	
			Doxycycline Hyclate DR (Morgidox)	

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

			Doxycycline Monohyrate 50 mg capsule
			Doxycycline Monohyrate 75 mg capsule
			Doxycycline Monohyrate 100 mg capsule (Monodox®) – Brand Only
			Doxycycline Monohyrate 150 mg capsule
			Doxycycline Monohyrate Tablet
			Doxycycline DR (Oracea®)
			Minocycline ER - generic
			Minocycline Tab
	Vaginal	Clindamycin Vaginal Cream	Clindamycin Vaginal Cream (Cleocin®)
		Clindamycin Vaginal Ovules (Cleocin®)	Clindamycin Vaginal Cream (Clindesse®)
		Metronidazole Vaginal Gel	
		Metronidazole Vaginal Gel (Metro-Vaginal®)	
		Metronidazole Vaginal Gel (Vandazole®)	
	OPHTHALMIC ANTIBIOTICS - refer to Ophthalmic Disorders		
	OTIC ANTIBIOTICS - refer to OTIC Agents		
	ANTIFUNGALS		
	Antifungals, Oral	Clotrimazole Troches	Fluconazole (Diflucan Tablet®)
		Fluconazole	Flucytosine (Ancobon®)
		Griseofulvin Suspension	Griseofulvin Tablets (Grifulvin V®)
		Griseofulvin (Gris-Peg®)	Itraconazole
		Ketoconazole	Itraconazole Solution (Sporanox®)
		Nystatin	Nystatin Powder (Oral)
		Terbinafine (no granules)	Posaconazole (Noxafil®)
			Terbinafine (Terbinex®)
			Terbinafine Granules (Lamisil Granules®)
			Voriconazole (Generic)
			Voriconazole (VFEND®)

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

	HEPATITIS AGENTS		
	Hepatitis C Agents	Boceprevir (Victrelis®)	Consensus Interferon (Infergen®)
		Ribavirin Tablet	Peginterferon alfa 2B (Peg-Intron®)
		Peginterferon alfa 2A (Pegasys®)	Peginterferon alfa 2B (Peg-Intron Redipen®)
		Telaprevir (Incivek®)	Ribavirin Capsule
			Ribavirin (Ribasphere, Ribasphere Ribapak)
			Ribavirin (Rebetol)
17	MULTIPLE SCLEROSIS	Glatiramer (Copaxone®)	Dalfampridine (Ampyra®)
	Multiple Sclerosis Agents	Interferon beta - 1a (Avonex®)	Fingolimod (Gilenya®)
	(Immunomodulatory Agents)	Interferon beta - 1a (Rebif®)	Interferon beta-1b (Extavia®)
		Interferon beta - 1b (Betaseron®)	
18	OPHTHALMIC DISORDERS		
	Allergic Conjunctivitis	Cromolyn Sodium	Alcaftadine (Lastacaft®)
		Loteprednol (Alrex®)	Azelastine HC (Generic; Optivar®)
		Olopatadine HCl (Pataday®)	Bepotastine (Bepreve®)
			Emedastine Difumarate (Emadine®)
			Epinastine (Generic; Elestat®)
			Lodoxamide Tromethamine (Alomide®)
			Nedocromil Sodium (Alocril®)
			Olopatadine HCl (Patanol®)
			Pemirolast Potassium (Alamast®)
	Glaucoma Agents		
	Intraocular Pressure (IOP)	Betaxolol	Apraclonidine (Generic; Iopidine®)

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

	Reducers	Betaxolol (Betoptic S®)	Bimatoprost (Lumigan 2.5ml; 5ml; 7.5ml®)
		Brimonidine 0.15% (Alphagan P 0.15% - Brand Only)	Brimonidine 0.1% (Alphagan P 0.1%®)
		Brimonidine 0.2% (Generic)	Brimonidine 0.15% (Generic only)
		Brimonidine/Timolol (Combigan®)	Dorzolamide (Trusopt® - Brand Only)
		Brinzolamide (Azopt®)	Dorzolamide/Timolol (Cosopt® - Brand Only)
		Carteolol	Latanoprost (Xalatan® - Brand Only)
		Dorzolamide (Generic only)	Levobunolol (Betagan® - Brand Only)
		Dorzolamide/Timolol (Generic only)	Timolol (Timoptic®)
		Latanoprost (Generic only)	
		Levobunolol (Generic only)	
		Metipranolol (Generic; Optipranolol®)	
		Pilocarpine	
		Timolol (Generic; Betimol®)	
		Timolol LA (Istalol®)	
		Travoprost (Travatan Z®)	
	Ophthalmics, Antibiotic	Besifloxacin (Besivance®)	Azithromycin (AzaSite®)
		Ciprofloxacin Ointment (Ciloxan®)	Bacitracin
		Ciprofloxacin Solution (Generic)	Bacitracin/Polymyxin B Ointment
		Erythromycin	Gatifloxacin 0.5% (Zymaxid®)
		Garamycin Drops	Levofloxacin (Generic; Iquix; Quixin®)
		Garamycin Ointment	Natamycin (Natacyn®)
		Gatifloxacin 0.3% (Zymar®)	Neomycin-Polymyxin-Gramacidin
		Gentamicin Drops	Ofloxacin Solution (Ocuflox® - Brand Only)
		Gentamicin Ointment	
		Moxifloxacin (Moxeza; Vigamox®)	
		Neomycin-Polymyxin-Bacitracin Ointment	
		Ofloxacin Solution (Generic Only)	
		Polymyxin B/Trimethoprim (Generic; Polytrim®)	
		Sulfacetamide (Generic; Bleph-10®)	
		Tobramycin (Generic; Tobrex®)	
	Ophthalmics, Antibiotic- Steroid Combos	Gentamicin/Prednisolone (Pred-G; Pred-G S.O.P. ®)	Neomycin/Polymyxin B/Hydrocortisone

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

		Neomycin/Polymyxin B/Dexamethasone	Neomycin/Bacitracin/Polymyxin B/Hydrocortisone
		Sulfacetamide/Prednisolone Ointment (Blephamide S.O.P. ®)	Tobramycin/Dexamethasone Suspension (Generic)
		Sulfacetamide/Prednisolone Solution (Generic; Blephamide®)	Tobramycin/Dexamethasone ST (Tobradex ST®)
		Tobramycin/Dexamethasone Ointment (Tobradex®)	
		Tobramycin/Dexamethasone Suspension (Tobradex®)	
		Tobramycin/Loteprednol (Zylet®)	
	Ophthalmics, Anti-Inflammatories	Dexamethasone (Generic; Maxidex®)	Bromfenac (Generic; Bromday; Xibrom®)
		Diclofenac	Difluprednate (Durezol®)
		Fluorometholone 0.1% Ointment (FML S.O.P. ®)	Fluorometholone 0.1% Suspension (FML® - Brand Only)
		Fluorometholone 0.1% Suspension (Generic)	Fluorometholone Acetate 0.1% Solution (Flarex®)
		Fluorometholone 0.25% Suspension (FML Forte®)	Ketorolac (Generic; Acular®)
		Flurbiprofen	Ketorolac LS (Generic; Acular LS®)
		Loteprednol Drops (Lotemax®)	Ketorolac (Acuvail®)
		Loteprednol Ointment (Lotemax®)	Nepafenac (Nevanac®)
		Prednisolone Acetate 0.12% Solution (Generic; Pred Mild®)	Prednisolone Acetate 1% (Pred Forte®)
		Prednisolone Acetate 1% (Generic)	Prednisolone Sodium Phosphate
			Rimexolone (Vexol®)
19	OPIATE DEPENDENCE AGENTS	Buprenorphine/Naloxone Filmtab (Suboxone®)	Buprenorphine Subling Tab (Generic)
		Buprenorphine/Naloxone Subling Tab (Suboxone®)	Buprenorphine Subling Tab (Subutex®)
			Naltrexone Extended-Release Injectable Suspension (Vivitrol®)
20	OTIC AGENTS		
	Otic Antibiotics	Ciprofloxacin/Dexamethasone (Ciprodex®)	Ciprofloxacin (Cetraxal OTIC®)
		Neomycin/Polymyxin/HC (Generic; Cortisporin®)	Ciprofloxacin/Hydrocortisone (Cipro HC OTIC®)
		Ofloxacin (Generic; Floxin®)	Neomycin/Colistin/Thonzonium/HC (Coly-Mycin S®)
			Neomycin/Colistin/Thonzonium/HC (Cortisporin TC®)
	Otic Anti-Infectives and Anesthetics	Acetic Acid	Acetic Acid/HC

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

		Acetic Acid/Aluminum	Antipyrine/Benzocaine/Policosanol (Otic Care®)
		Antipyrine/Benzocaine	Antipyrine/Benzocaine/Zinc (Neotic; Otozin®)
		Benzocaine (Pinnacaine®)	Chloroxylenol/Benzocaine/Hydrocortisone (Myoxin; Trioxin®)
		Chloroxylenol/Pramoxine	Chloroxylenol/Pramoxine/Zinc/Glycerine (Zinotic; Zinotic ES®)
		Chloroxylenol/Pramoxine (Pramotic®)	
		Pramoxine HC	
21	OSTEOPOROSIS		
	Bone Resorption Suppression	Alendronate Tablets (Generic)	Alendronate (Fosamax®) – Brand Only
	Agents	Calcitonin-Salmon Nasal (Miacalcin®) – Brand Only	Alendronate Solution (Fosamax Solution®)
			Alendronate/Vit D (Fosamax Plus D®)
			Calcitonin-Salmon Nasal (Fortical®)
			Calcitonin - Salmon Nasal (Generics)
			Denosumab (Prolia®)
			Etidronate Disodium (Generics)
			Etidronate (Didronel®)
			Ibandronate Sodium (Boniva®)
			Raloxifene (Evista®)
			Risendronate (Actonel®)
			Risendronate DR (Atelvia®)
			Teriparatide Subcutaneous (Forteo®)
22	PAIN MANAGEMENT		
	Analgesics/Anesthetic, Topical	Diclofenac Sodium Gel (Voltaren®)	Diclofenac Epilamine Patch (Flector®)
		Lidocaine Patch (Lidoderm®)	Diclofenac Sodium (Pennsaid®)
	Analgesics, Narcotics Short Acting	Acetaminophen w/Codeine (Generic)	Carisoprodol Compound-Codeine
		Butalbital Compound with Codeine	Capital w/Codeine
		Butorphanol Tartrate	Codeine/Acetaminophen (Cocet®, Cocet Plus®)

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

		Codeine	Codeine/Acetaminophen (Tylenol #3, Tylenol #4)
		Dihydrocodeine Bitartrate/Acetaminophen/Caffeine (Generics)	Dihydrocodeine Bitartrate/Aspirin/Caffeine (Synalgos DC®)
		Hydrocodone/Acetaminophen (Generic)	Dihydrocodeine Bitartrate/Acetaminophen/Caffeine (Trezix®)
		Hydrocodone/Ibuprofen (Generic)	Fentanyl Buccal (Generics)
		Hydromorphone Tablet	Fentanyl Buccal (Actiq®)
		Morphine Solution, IR Tablet	Fentanyl Buccal (Fentora®)
		Oxycodone	Fentanyl Buccal (Onsolis®)
		Oxycodone (Roxicodone®)	Fentanyl Sublingual (Abstral®)
		Oxycodone/Acetaminophen	Hydrocodone/Acetaminophen (Hycet®)
		Oxycodone/Acetaminophen (Roxicet®)	Hydrocodone/Acetaminophen (Xodol®)
		Oxycodone w/Aspirin	Hydrocodone/Acetaminophen (Lorcet®)
		Oxycodone/Ibuprofen	Hydrocodone/Acetaminophen (Lortab®)
		Pentazocine/Acetaminophen	Hydrocodone/Acetaminophen (Norco®)
		Pentazocine/Naloxone	Hydrocodone/Acetaminophen (Vicodin®)
		Tramadol (Generic)	Hydrocodone/Acetaminophen (Zamcet®)
		Tramadol/Acetaminophen (Generic)	Hydrocodone/Acetaminophen (Zolvit®)
			Hydrocodone/Acetaminophen (Zydone®)
			Hydrocodone/Ibuprofen (Ibudone®)
			Hydrocodone/Ibuprofen (Reprexain®)
			Hydrocodone/Ibuprofen (Vicoprofen®)
			Hydromorphone (Dilaudid®)
			Hydromorphone Suppositories
			Levorphanol
			Meperidine
			Meperidine (Demerol®)
			Morphine Concentrate Solution
			Morphine Suppositories
			Opium Tincture
			Oxycodone/Acetaminophen (Magnacet®)
			Oxycodone/Acetaminophen (Percocet®)
			Oxycodone/Acetaminophen (Primalev®)
			Oxycodone/Acetaminophen (Xolox®)
			Oxycodone/Aspirin (Percodan®)
			Oxycodone (Oxecta®)

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

			Oxycodone Concentrate	
			Oxymorphone	
			Oxymorphone (Numorphan®)	
			Oxymorphone IR (Opana®)	
			Tapentadol (Nucynta®)	
			Tramadol ODT (Rybix ODT®)	
			Tramadol (Ultram®) – Brand Only	
			Tramadol / Acetaminophen (Ultracet®) – Brand Only	
	Analgesics, Narcotics Long Acting	Fentanyl Transdermal	Buprenorphine Transdermal (Butrans®)	
		Methadone HCL	Fentanyl Transdermal (Duragesic)	
		Morphine Sulfate ER (Generic)	Hydromorphone ER (Exalgo®)	
		Morphine Sulfate (Kadian®)	Morphine Sulfate ER (Avinza®)	
			Morphine Sulfate ER (Kadian ER®)	
			Morphine Sulfate ER (MS Contin®)	
			Oxycodone (OxyContin®)	
			Oxymorphone ER	
			Oxymorphone ER (Opana ER®)	
			Tramadol ER	
			Tramadol ER (Conzip®)	
			Tramadol ER (Ryzolt®)	
			Tramadol ER (Ultram ER®)	
			Tapentadol Extended Release (Nucynta ER®)	
	Nonsteroidal Anti - Inflammatories (NSAIDs)	Diclofenac Potassium Oral (Generic)	Celecoxib (Celebrex®)	
		Diclofenac Sodium Oral (Generic)	Diclofenac/Misoprostol (Arthrotec®)	
		Esomeprazole/Naproxen (Vimovo®)	Diclofenac Potassium (Zipsor®)	
		Etodolac	Diclofenac SR	
		Flurbiprofen	Diflunisal (Generic; Dolobid®)	
		Ibuprofen Rx Suspension (Generic)	Duexis	
		Ibuprofen Rx Tablet (Generic)	Etodolac SR	

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

		Indomethacin Capsule (Generic only)	Fenoprofen (Generic; Nalfon®)
		Indomethacin Suspension (Indocin®)	Indomethacin Rectal (Indocin®)
		Ketoprofen	Indomethacin ER Capsule (Generic)
		Ketorolac	Ketoprofen ER
		Meloxicam Suspension (Mobic® Brand Only)	Ketorolac Nasal Spray (Sprix®)
		Meloxicam Tablet (Generic only)	Meclofenamate
		Naproxen EC (Generic only)	Mefenamic Acid (Generic; Ponstel®)
		Naproxen Sodium	Meloxicam Suspension (Generic only)
		Naproxen Suspension (Generic only)	Meloxicam Tablet (Mobic® Brand Only)
		Naproxen Tablet (Generic only)	Nabumetone
		Oxaprozin	Naproxen EC (Naprosyn® - Brand Only)
		Piroxicam (Generic; Feldene®)	Naproxen Suspension (Naprosyn® - Brand Only)
		Sulindac	Naproxen Tablet (Naprosyn® - Brand Only)
			Naproxen 500mg (Naprelan®)
			Tolmetin Capsule
			Tolmetin Tablet
	Antimigraine Agents,	Eletriptan (Relpax®)	Almotriptan (Axert®)
	Triptans	Rizatriptan (Maxalt®)	Diclofenac (Cambia®)
		Rizatriptan (Maxalt MLT®)	Frovatriptan (Frova®)
		Sumatriptan (Imitrex® Injection) – Brand only	Naratriptan
		Sumatriptan (Imitrex® Nasal) – Brand only	Sumatriptan (Sumavel DosePro®)
		Sumatriptan (Oral – Generic only)	Sumatriptan Injection – Generic only
			Sumatriptan Nasal – Generic only
			Sumatriptan (Imitrex Oral) – Brand only
			Sumatriptan/Naproxen (Treximet®)
			Zolmitriptan (Zomig®)
			Zolmitriptan (Zomig ZMT®)
			Zolmitriptan (Zomig® Nasal)

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

	Skeletal Muscle Relaxants	Baclofen	Carisoprodol
		Chlorzoxazone	Carisoprodol Compound
		Cyclobenzaprine	Carisoprodol (Soma 250 mg®)
		Methocarbamol	Chlorzoxazone (Lorzone)
		Tizanidine (generics)	Chlorzoxazone (Parafon Forte DSC)
			Cyclobenzaprine (Fexmid®)
			Cyclobenzaprine ER (Generic)
			Cyclobenzaprine ER (Amrix®)
			Dantrolene Sodium
			Metaxalone
			Methocarbamol (Robaxin)
			Orphenadrine
			Orphenadrine Compound
			Tizanidine (Zanaflex®)
	Cytokine and CAM Antagonists	Adalimumab Injection (Humira IJ Kit; Humira Kit®)	Abatacept (Orencia Injection; Orencia Sub-Q®)
		Certolizumab Pegol (Cimzia Kit; Syringe Kit®)	Alefacept Injection (Amevive®)
		Etanercept Injection (Enbrel Kit; Pen; Disp Syringe®)	Anakinra Injection (Kineret®)
			Golimumab (Simponi Pen; Disp Syringe®)
			Infliximab Injection (Remicade®)
			Tocilizumab (Actemra®)
23	PARKINSON'S		
	Antiparkinson Agents -	Benzotropine	Bromocriptine
	Anticholinergic and Other	Carbidopa/ Levodopa	Carbidopa/ Levodopa ER (Sinemet CR® - Brand Only)
		Carbidopa/ Levodopa ER (Generic Only)	Carbidopa/ Levodopa ODT

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

		Levodopa/Carbidopa/Entacapone (Stalevo®)	Entacapone (Comtan®)
		Pramipexole (Generic)	Pramipexole (Mirapex®)
		Ropinirole (Generic Only)	Pramipexole ER (Mirapex ER®)
		Selegiline Tablet (Generic)	Rasagiline (Azilect®)
		Trihexyphenidyl Elixir	Ropinirole (Requip® - Brand Only)
		Trihexyphenidyl Tablet	Ropinirole ER (Requip XL®)
			Selegiline Capsule
			Selegiline (Zelapar®)
			Tolcapone (Tasmar®)
24	SEDATIVE/HYPNOTICS	Chloral Hydrate Syrup	Chloral Hydrate (Somnote®)
		Temazepam (Generic)	Doxepin (Silenor®)
		Triazolam (Generic Only)	Estazolam
		Zaleplon (Generic Only)	Eszopiclone (Lunesta®)
		Zolpidem (Generic Only)	Flurazepam
			Quazepam (Doral®)
			Ramelteon (Rozerem®)
			Temazepam (Restoril®)
			Temazepam 7.5mg (Generic; Restoril®)
			Temazepam 22.5mg (Generic; Restoril®)
			Triazolam (Halcion® - Brand Only)
			Zaleplon (Sonata – Brand Only)
			Zolpidem (Ambien® - Brand Only)
			Zolpidem Sublingual (Edluar; Zolpimist®)
			Zolpidem ER (Generic; Ambien CR®)
25	UROLOGY		
	INCONTINENCE		
	Bladder Relaxant Preparations	Fesoterodine Fumarate (Toviaz®)	Darifenacin (Enblex®)
		Oxybutynin	Flavoxate
		Solifenacin (VESIcare®)	Oxybutynin ER

Prior Authorization PDL Implementation Schedule

6/12/2012

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
----------	-------------------------------	--------------	------------------------	---------------------------------

			Oxybutynin Gel (Gelnique Transdermal®)	
			Oxybutynin Transdermal (Oxytrol®)	
			Tolterodine (Detrol®)	
			Tolterodine ER (Detrol LA®)	
			Trospium	
			Trospium XR (Sanctura XR®)	
26	SMOKING CESSATION PRODUCTS			
	Smoking Cessation	Bupropion SR	Nicotine Inhaler (Nicotrol Inhaler®)	
		Nicotine Gum Buccal (Generic; Nicorette®)	Nicotine Lozenges OTC Buccal	
		Nicotine Lozenges (Nicorette Lozenges®)	Nicotine Lozenges OTC Mucous Membrane	
		Nicotine Transdermal (Generic Only)	Nicotine Nasal Spray (Nicotrol Nasal Spray®)	
			Nicotine Transdermal (Nicoderm CQ® - Brand Only)	
			Varenicline Dose Pack (Chantix Dose Pack®)	
			Varenicline Tablet (Chantix Tablet-®)	
27	PROSTATE			
	Benign Prostatic Hyperplasia Treatment (BPH)	Alfuzosin (Uroxatral®) – Brand Only	Alfuzosin (Generic)	
		Doxazosin	Doxazosin XL (Cardura XL®)	
		Finasteride	Dutasteride (Avodart®)	
		Tamsulosin (Generic)	Dutasteride/Tamsulosin (Jalyn®)	
		Terazosin	Silodosin (Rapaflo®)	
			Tamsulosin (Flomax) – Brand Only	