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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
1	**ADD/ADHD**	Amphetamine Salt Combo Tablet (Generic Adderall®)	Amphetamine ODT (Adzenys® XR ODT)	
	Stimulants and Related Agents	Amphetamine Salt Combo ER (Adderall XR®)	Amphetamine ER Suspension (Adzenys ER®)	
		Atomoxetine Capsule (Generic; Authorized Generic)	Amphetamine Suspension (Dyanavel XR®)	
		Dexmethylphenidate (Generic; Authorized Generic of Focalin®)	Amphetamine/Dextroamphetamine XR Capsule (Mydayis ER®)	
		Dexmethylphenidate ER (Focalin XR®)	Amphetamine Salt Combo ER (Generic; Authorized Generic for Adderall XR)	
		Dextroamphetamine Solution (Procentra®)	Amphetamine Sulfate Tablet (Evekeo®)	
		Dextroamphetamine Sulfate Tablet (Generic)	Armodafinil Tablet (Generic; Authorized Generic; Nuvigil®)	
		Guanfacine ER Tablet (Generic)	Atomoxetine Capsule (Strattera®)	
		Lisdexamfetamine Capsule, Chewable Tablet (Vyvanse®)	Clonidine ER Tablet (Generic; Kapvay®)	
		Methylphenidate IR (Generic)	Dexmethylphenidate (Focalin®)	
		Methylphenidate ER Chew (Quillichew ER®)	Dexmethylphenidate XR (Generic; Authorized Generic for Focalin XR)	
		Methylphenidate ER Capsule (Metadate CD®)	Dextroamphetamine Sulfate Capsule ER (Generic; Dexedrine®Spansule)	
		Methylphenidate ER Tablet (Generic; Generic Concerta®; Authorized Generic Concerta®)	Dextroamphetamine IR Tablet (Zenzedi®)	
		Methylphenidate ER Susp (Quillivant XR®)	Dextroamphetamine Solution (Generic for Procentra®)	
		Modafinil Tablet (Generic)	Guanfacine ER Tablet (Intuniv®)	
			Methamphetamine (Generic; Desoxyn®)	
			Methylphenidate IR (Ritalin®)	
			Methylphenidate Solution (Generic; Authorized Generic; Methylin®)	
			Methylphenidate IR Chew Tablet (Generic; Methylin® Chewable)	
			Methylphenidate ER Capsule (Aptensio XR®, Generic Ritalin LA®; Ritalin LA®)	
			Methylphenidate ER Tablet (Concerta®)	
			Methylphenidate XR ODT (Cotempla XR ODT®)	
			Methylphenidate CD Capsule (Generic; Authorized Generic for Metadate CD®)	
			Methylphenidate Transdermal Patches (Daytrana®)	
			Modafinil Tablet (Provigil®)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
2	**ALLERGY**	Cetirizine Tablet OTC (Generic)	Acrivastin/Pseudoephedrine (Semprex-D®)	
	Antihistamines – Minimally Sedating	Cetirizine Solution OTC/Rx (1mg/ml Syrup)	Cetirizine Chewable Tablet OTC (Generic)	
		Levocetirizine Tablet (Generic)	Cetirizine-D Tablet OTC (Generic)	
		Loratadine Tablet OTC (Generic)	Cetirizine 5mg/5ml Syrup OTC (Generic)	
		Loratadine ODT OTC (Generic)	Desloratadine Tablet (Generic; Clarinex®)	
		Loratadine Solution OTC (Generic)	Desloratadine ODT (Generic)	
			Desloratadine Syrup (Clarinex®)	
			Desloratadine/Pseudoephedrine (Clarinex-D 12 -Hour®)	
			Fexofenadine Tablet 60mg, 180mg OTC; RX (Generic)	
			Fexofenadine Suspension OTC (Generic)	
			Fexofenadine-D 12-hour OTC (Generic)	
			Levocetirizine Solution (Generic; Xyzal®)	
			Levocetirizine Tablet (Xyzal®)	
			Levocetirizine Tablet, Solution OTC (Xyzal® OTC)	
			Loratadine Capsule OTC (Generic)	
			Loratadine-D 12-hour OTC (Generic)	
			Loratadine-D 24-hour OTC (Generic)	
	Rhinitis Agents, Nasal	Fluticasone Propionate Nasal Spray (Generic)	Azelastine Nasal Spray (Generic for Astelin®; Generic/Authorized Generic for Astepro®; Astepro®)	
		Ipratropium Bromide Nasal Spray (Generic)	Azelastine/Fluticasone Nasal Spray (Dymista®)	
		Olopatadine Nasal Spray (Patanase®)	Beclomethasone Nasal Spray (Beconase AQ®; Qnasl 80 ®; Qnasl 40®)	
			Budesonide Aqua Nasal Spray (Generic; Authorized Generic)	
			Ciclesonide Nasal Spray (Omnaris®; Zetonna®)	
			Flunisolide Nasal Spray (Generic)	
			Fluticasone Furoate Nasal Spray (Veramyst®)	
			Fluticasone/Sodium Chloride/Sodium Bicarb (Ticanase®)	
			Ipratropium Bromide Nasal Spray (Atrovent®)	
			Mometasone Nasal Spray (Generic; Authorized Generic; Nasonex®)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
			Mometasone Furoate Implant (Sinuva™)	
			Olopatadine Nasal Spray (Generic; Authorized Generic)	
3	**ALZHEIMER'S AGENTS**	Donepezil (Generic)	Donepezil (Aricept®)	
	Cholinesterase Inhibitors	Donepezil ODT (Generic)	Donepezil 23 mg (Generic; Aricept 23mg®)	
		Memantine Tablet (Generic; Authorized Generic)	Galantamine ER Capsule (Generic)	
		Memantine Titration Pack (Authorized Generic)	Galantamine Solution (Generic)	
		Rivastigmine Transdermal (Exelon Transdermal®)	Galantamine Tablet (Generic)	
			Memantine Solution (Generic; Namenda Sol®)	
			Memantine Tablet (Namenda®; Namenda Titration Pack®)	
			Memantine Capsule ER (Namenda XR®)	
			Memantine/ Donepezil, Dose Pack (Namzaric®)	
			Rivastigmine Capsule (Generic; Exelon®)	
			Rivastigmine Transdermal (Generic; Authorized Generic)	
4	**ANDROGENIC AGENTS**	Testosterone Transdermal Gel (Androgel® Packet, Androgel® Pump)	Testosterone Gel (Generic; Authorized Generic; Fortesta®, Testim®, Vogelxo®)	
			Testosterone Topical Solution (Generic; Authorized Generic; Axiron®),	
			Testosterone Transdermal Patch (Androderm®)	
			Testosterone Nasal Gel (Natesto®)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
		ORAL AGENTS		
5	**ANTIPSYCHOTIC AGENTS**	Amitriptyline/Perphenazine (Generic)	Aripiprazole Tablet (Abilify®)	
	Antipsychotic Agents	Aripiprazole Tablet (Generic)	Aripiprazole ODT (Generic)	
		Chlorpromazine Tablet (Generic)	Aripiprazole Oral Solution (Generic; Abilify ®)	
		Clozapine Tablet (Generic)	Asenapine Sublingual Tablet (Saphris®)	
		Fluphenazine Tablet (Generic)	Brexpiprazole Tablet (Rexulti®)	
		Haloperidol Oral Tablet (Generic)	Cariprazine Capsule (Vraylar®)	
		Haloperidol Lactate Concentrate (Generic)	Clozapine Tablet (Clozaril®)	
		Loxapine Capsule (Generic)	Clozapine Suspension (Versacloz®)	
		Olanzapine Tablet, ODT (Generic)	Clozapine ODT (Generic; Authorized Generic; Fazaclo®)	
		Perphenazine Tablet (Generic)	Fluphenazine Elixir/Solution (Generic)	
		Pimozide Tablet (Orap®)	Iloperidone Tablet (Fanapt®)	
		Quetiapine Tablet (Generic)	Loxapine Inhalation (Adasuve®)	
		Quetiapine ER Tablet (Generic; Authorized Generic)	Lurasidone Tablet (Latuda®)	
		Risperidone Solution, Tablet (Generic)	Molindone Tablet (Generic)	
		Thioridazine Tablet (Generic)	Olanzapine Tablet, ODT (Zyprexa®; Zyprexa Zydis®)	
		Thiothixene Capsule (Generic)	Olanzapine/Fluoxetine (Generic; Symbyax®)	
		Trifluoperazine Tablet (Generic)	Paliperidone ER Tablet (Authorized Generic; Generic; Invega®)	
		Ziprasidone Capsule (Generic)	Pimavanserin Tablet (Nuplazid®)	
			Pimozide Tablet (Generic)	
			Quetiapine Tablet (Seroquel®, Seroquel XR®)	
			Risperidone ODT (Generic; Risperdal M®)	
			Risperidone Solution, Tablet (Risperdal®)	
			Ziprasidone Capsule (Geodon®)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
		INJECTABLE AGENTS		
		Aripiprazole Lauroxil Intramuscular (Aristada®)	Haloperidol Decanoate (Haldol®)	
		Aripiprazole Intramuscular ER (Abilify Maintena®)	Haloperidol Lactate (Haldol®)	
		Fluphenazine Decanoate Injection (Generic)	Olanzapine Intramuscular Solution (Generic; Zyprexa®)	
		Haloperidol Decanoate Injection (Generic)	Olanzapine Intramuscular Suspension (Zyprexa Relprevv®)	
		Haloperidol Lactate Injection (Generic)		
		Paliperidone Intramuscular (Invega Sustenna®; Invega Trinza®)		
		Risperidone (Risperdal Consta®)		
		Ziprasidone Intramuscular (Geodon®)		
6	**ASTHMA/COPD**	**INHALATION**		
	Bronchodilator, Beta-Adrenergic Agents	Albuterol Sulfate Nebulizer 0.63mg/3ml, 1.25mg/3ml, 2.5mg/3ml (Generic)	Albuterol Sulfate Aerosol Powder (ProAir RespiClick®)	
		Albuterol Sulfate Nebulizer Solution 100mg/20ml (Generic)	Albuterol Sulfate HFA MDI (Ventolin HFA®)	
		Albuterol Sulfate Nebulizer Solution 2.5mg/0.5ml (Generic)	Arformoterol Inhalation Solution (Brovana®)	
		Albuterol Sulfate HFA MDI (ProAir HFA®; Proventil HFA®)	Formoterol Inhalation Solution (Perforomist®)	
		Salmeterol Xinafoate (Serevent Diskus®)	Indacaterol Inhalation (Arcapta Neohaler®)	
			Levalbuterol HCL Nebulizer Solution; Conc. (Generic; Xopenex®)	
			Levalbuterol HFA (Authorized Generic; Xopenex HFA®)	
			Olodaterol (Striverdi Respimat®)	
		ORAL		
		Albuterol Sulfate Syrup (Generic)	Albuterol Sulfate Tablet (Generic)	
		Terbutaline Sulfate Tablet (Generic)	Albuterol Sulfate ER Tablet (Generic)	
		INHALATION		
	Bronchodilator, Anticholinergics	Albuterol Sulfate/Ipratropium (Combivent Respimat®)	Aclidinium Bromide Inhalation Powder (Tudorza Pressair®)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
	(COPD)	Albuterol Sulfate/Ipratropium Nebulizer Solution (Generic)	Glycopyrrolate (Seebri Neohaler®)	
		Ipratropium Inhalation Aerosol MDI (Atrovent HFA®)	Glycopyrrolate Inhalation Solution (Lonhala Magnair®)	
		Ipratropium Nebulizer Solution (Generic)	Glycopyrrolate/ Formoterol Inhalation (Bevespi Aerosphere®)	
		Tiotropium Inhalation Powder (Spiriva®)	Indacaterol/Glycopyrrolate (Utibron Neohaler®)	
			Tiotropium Inhalation Solution (Spiriva Respimat®)	
			Tiotropium/Olodaterol (Stiolto Respimat®)	
			Umeclidinium (Incruse Ellipta®)	
			Umeclidinium/Vilanterol (Anoro Ellipta®)	
		ORAL		
		NONE	Roflumilast (Daliresp®)	
	Glucocorticoids, Inhalation	Beclomethasone MDI (QVAR®)	Beclomethasone Dipropionate Redihaler (QVAR Redihaler®)	
		Budesonide Respules 0.25mg; 0.5mg; 1mg (Pulmicort Respules®)	Budesonide DPI (Pulmicort Flexhaler®)	
		Budesonide/Formoterol MDI (Symbicort®)	Budesonide Respules 0.25mg; 0.5mg; 1mg (Generic)	
		Mometasone Furoate (Asmanex® Inhalation)	Ciclesonide MDI (Alvesco®)	
		Fluticasone MDI (Flovent HFA Inhaler®)	Flunisolide HFA MDI (Aerospan®)	
		Fluticasone/Salmeterol DPI (Advair Diskus®)	Fluticasone Furoate (Arnuity Ellipta®)	
		Mometasone/Formoterol MDI (Dulera®)	Fluticasone MDI (Flovent Diskus®)	
			Fluticasone/Salmeterol MDI (Advair HFA®)	
			Fluticasone/Vilanterol (Breo Ellipta®)	
			Fluticasone/Umeclidinium/Vilanterol Inhalation (Trelegy Ellipta®)	
			Mometasone Furoate (Asmanex HFA®)	
	Leukotriene Modifiers	Montelukast Chewable Tablet; Tablet (Generic)	Montelukast Gran Pack (Generic; Singulair Gran Pack®)	
			Montelukast Chewable Tablet; Tablet (Singulair®)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
			Zafirlukast Tablet (Generic; Accolate®)	
			Zileuton Tablet (Zyflo ® FilmTablet)	
			Zileuton ER Tablet (Generic; Zyflo CR®)	
7	**DEPRESSION**	Bupropion HCl IR (Generic)	Bupropion HBr ER (Aplenzin®)	
	Antidepressants, Other	Bupropion HCl SR (Generic)	Bupropion HCl ER (Forfivo XL®; Wellbutrin XL®)	
		Bupropion HCl XL (Generic)	Bupropion HCl SR (Wellbutrin SR®)	
		Mirtazapine Tablet; ODT (Generic)	Desvenlafaxine ER (Generic; Authorized Generic; Khedezla®)	
		Trazodone (Generic)	Desvenlafaxine Fumarate ER (Generic)	
		Venlafaxine ER Capsule (Generic)	Desvenlafaxine Succinate ER Tablet (Pristiq®)	
		Venlafaxine IR Tablet (Generic)	Isocarboxazid (Marplan®)	
			Levomilnacipran (Fetzima®)	
			Mirtazapine Tablet; ODT (Remeron®; Remeron ODT®)	
			Nefazodone Tablet (Generic)	
			Phenelzine (Generic; Nardil®)	
			Selegiline Patch (Emsam®)	
			Tranylcypromine Sulfate (Generic; Parnate®)	
			Trazodone ER (Oleptro ER®)	
			Venlafaxine ER Capsule (Effexor XR®)	
			Venlafaxine ER Tablet (Generic; Authorized Generic: Schwarz, Upstate)	
			Vilazodone (Viibryd®; Viibryd® Dose Pack)	
			Vortioxetine (Trintellix®)	
	Selective Serotonin	Citalopram Solution; Tablet (Generic)	Citalopram Tablet (Celexa®)	
	Reuptake Inhibitors (SSRIs)	Escitalopram Tablet (Generic)	Escitalopram Solution (Generic; Lexapro®)	
		Fluoxetine Capsule; Solution (Generic)	Escitalopram Tablet (Lexapro®)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
		Fluvoxamine Maleate Tablet (Generic)	Fluoxetine 60 mg Tablet (Generic)	
		Paroxetine Tablet (Generic)	Fluoxetine Capsule (Prozac®)	
		Sertraline Concentrate; Tablet (Generic)	Fluoxetine Tablet (Generic; Sarafem®)	
			Fluoxetine Delayed Release Capsule (Generic; Prozac Weekly®)	
			Fluvoxamine Maleate ER (Generic)	
			Paroxetine ER Tablet (Generic; Paxil CR®)	
			Paroxetine HCl Tablet (Paxil®)	
			Paroxetine Mesylate (Brisdelle®; Pexeva®)	
			Paroxetine Suspension (Paxil Suspension®)	
			Sertraline Concentrate; Tablet (Zoloft®)	
8	**DERMATOLOGY**	Clotrimazole Rx Cream; Solution (Generic)	Butenafine (Mentax®)	
	Antifungals - Topical	Clotrimazole/Betamethasone Cream (Generic)	Ciclopirox Cream; Gel; Solution; Suspension (Generic)	
		Ketoconazole Cream; Shampoo (Generic)	Ciclopirox Shampoo (Generic; Loprox®)	
		Nystatin Cream; Ointment; Powder (Generic)	Ciclopirox Solution Kit (Generic)	
			Ciclopirox/Skin Cleanser No. 40 (Loprox® Kit)	
			Ciclopirox Cream, Suspension (Loprox®)	
			Clotrimazole/Betamethasone Lotion (Generic)	
			Clotrimazole/Betamethasone Cream (Lotrisone®)	
			Econazole Cream (Generic)	
			Clotrimazole/Betamethasone/Zinc Oxide Cream (Dermacinrx Therazole® Pak)	
			Efinaconazole Solution (Jublia®)	
			Ketoconazole Foam (Generic; Extina®)	
			Ketoconazole (Nizoral® Shampoo)	
			Ketoconazole (Xolegel®)	
			Luliconazole Cream (Luzu®)	
			Miconazole/zinc oxide/white petrolatum (Vusion®)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
			Naftifine Cream (Generic; Authorized Generic; Naftin®)	
			Naftifine Gel (Naftin®)	
			Nystatin/Triamcinolone Cream; Ointment (Generic)	
			Oxiconazole Lotion; Cream (Oxistat®)	
			Oxiconazole Cream (Generic)	
			Salicylic Acid/Benzoic Acid (Bensal HP®)	
			Sertaconazole (Ertaczo®)	
			Sulconazole Cream; Solution (Exelderm®)	
			Tavaborole (Kerydin®)	
	Antiparasitic Agents, Topical	Permethrin Cream (Generic)	Benzyl Alcohol (Ulesfia®)	
		Ivermectin (Sklice®)	Crotamiton Cream; Lotion (Eurax®)	
		Spinosad (Natroba®)	Lindane ; Shampoo (Generic)	
			Malathion Lotion (Generic; Ovide®)	
			Permethrin Cream (Elimite®)	
			Spinosad (Generic)	
	Antipsoriatics, Oral	Acitretin Capsule (Generic; Authorized Generic)	Acitretin Capsule (Soriatane®)	
			Methoxsalen Rapid (Generic; Oxsoralen-Ultra®)	
			Methoxsalen (8-MOP®)	
	Antipsoriatics, Topical	Calcipotriene Ointment; Solution; Cream (Generic)	Calcipotriene Cream (Dovonex®)	
			Calcipotriene Foam (Sorilux®)	
			Calcipotriene Ointment (Calcitrene®)	
			Calcipotriene/ Betamethasone Dipropionate Foam (Enstilar®)	
			Calcipotriene/Betamethasone Dipropionate Ointment (Generic; Authorized Generic; Taclonex®)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
			Calcipotriene/Betamethasone Dipropionate Scalp (Taclonex Scalp®)	
			Calcitriol Ointment (Generic; Vectical®)	
	Antiviral Agents, Topical	Acyclovir Cream (Zovirax®)	Acyclovir Ointment (Generic; Zovirax®)	
			Acyclovir/Hydrocortisone (Xerese®)	
			Penciclovir Cream (Denavir®)	
	Atopic Dermatitis	Pimecrolimus Cream (Elidel®)	Crisaborole Topical Ointment (Eucrisa®)	
	Immunomodulators		Dupilumab Injection (Dupixent®)	
			Tacrolimus Ointment (Generic; Authorized Generic; Protopic®)	
	Antibiotics, Topical	Mupirocin Ointment (Generic)	Gentamicin Sulfate Cream; Ointment (Generic)	
			Mupirocin Cream (Generic;)	
			Mupirocin Ointment (Centany®)	
			Mupirocin Ointment (Centany® Kit)	
	Emollients	Ammonium Lactate Cream; Lotion (Generic)	Atopiclair Cream(Topical)	
			Dexeryl® Cream	
			Emollient Combination No. 10 (ABO Cream; Biafine® Emulsion)	
			Emollient Combination No. 25 (Eletone® Cream)	
			Emollient Combination No. 32 (Emulsion SB)	
			Emollient Combo No. 35 Cream (Generic)	
			Emollient Combination No. 43 (Promiseb®)	
			Emollient #43/Skin Cleaner #27 (Promiseb® Complete Kit)	
			Emollient Foam (HPR Emollient Foam)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
			Emollient Foam Plus (HPR Emollient Foam Plus)	
			HPR Plus Cream	
			HPR Plus Hydrogel Kit	
			HPR Plus-MB Hydrogel Kit	
			MB Hydrogel Kit	
			Hyaluronate Sodium (Bionect® Foam)	
			Vite AC/Grape/Hyaluronic Acid (generic for Pruclair® Topical)	
	Immunomodulators, Topical	Imiquimod 5% Cream Packet (Generic)	Imiquimod Cream (Aldara®)	
			Imiquimod (Zyclara®)	
	STEROIDS, TOPICAL	Alclometasone Dipropionate Cream; Ointment (Generic)	Desonide Gel (Desonate®)	
	Low Potency	Hydrocortisone Cream; Lotion; Ointment (Generic)	Desonide Cream; Ointment; Lotion (Generic)	
		Hydrocortisone/Mineral Oil/Pet Ointment (Generic)	Fluocinolone Acetonide Shampoo (Capex®)	
			Fluocinolone Acetonide 0.01% Body/Scalp Oil (Generic; Derma-Smoothe-FS®)	
			Hydrocortisone Acetate Cream (Micort-HC®)	
			Hydrocortisone Solution (Texacort®)	
			Hydrocortisone/Skin Cleanser #25 (Aqua Glycolic HC®)	
			Hydrocortisone/Emollient No. 45 (Pediaderm HC®)	
			Triamcinolone/Emollient CMB No. 45 (Pediaderm TA®)	
	Medium Potency	Fluticasone Propionate Cream; Ointment (Generic)	Betamethasone Valerate Foam (Generic; Luxiq®)	
		Hydrocortisone Butyrate Solution (Generic; Authorized Generic)	Clocortolone Pivalate Cream (Authorized Generic; Cloderm®)	
		Mometasone Furoate Cream; Ointment; Solution (Generic)	Flurandrenolide Tape (Cordran Tape®)	
		Prednicarbate Cream (Generic)	Flurandrenolide Cream, Ointment (Generic)	
			Flurandrenolide Lotion (Generic; Authorized Generic)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
			Fluticasone Propionate Lotion (Generic; Cutivate®)	
			Fluocinolone Acetonide Cream; Ointment; Solution (Generic)	
			Fluocinolone Acetonide Cream; Solution (Synalar®)	
			Fluocinolone Acetonide Emollient CMB No. 65 (Synalar® Ointment Kit)	
			Fluocinolone Acetonide Emollient CMB No. 65 (Synalar® Cream Kit)	
			Fluocinolone Acetonide/Skin Cleanser No. 28 TS Kit (Synalar® TS)	
			Hydrocortisone Butyrate Cream; Ointment (Generic; Authorized Generic)	
			Hydrocortisone Butyrate/Emollient (Generic; Authorized Generic)	
			Hydrocortisone Probutate Cream (Pandel®)	
			Hydrocortisone Valerate Cream; Ointment (Generic)	
			Mometasone Furoate Cream; Ointment (Elocon®)	
			Prednicarbate Ointment (Generic)	
	High Potency	Betamethasone Dipropionate/Prop Glycol Cream (Generic)	Amcinonide Cream; Lotion; Ointment (Generic)	
		Betamethasone Valerate Cream; Lotion; Ointment (Generic)	Betamethasone Dipropionate (Sernivo® Topical Spray)	
		Triamcinolone Acetonide Cream; Lotion; Ointment (Generic)	Betamethasone Dipropionate/Prop Glycol Cream (Diprolene AF®)	
			Betamethasone Dipropionate/Prop Glycol Ointment (Generic; Diprolene®)	
			Betamethasone Dipropionate/Prop Glycol Lotion (Generic)	
			Betamethasone Dipropionate Cream; Lotion; Ointment; Gel (Generic)	
			Desoximetasone (Topicort® Topical Spray)	
			Desoximetasone Cream; Ointment (Generic; Topicort®)	
			Desoximetasone Gel (Generic)	
			Desoximetasone Cream (Generic; Topicort LP®)	
			Diflorasone Diacetate Cream; Ointment (Generic)	
			Fluocinonide Cream; Gel; Solution; Ointment (Generic)	
			Fluocinonide-E Cream (Generic)	
			Halcinonide Cream; Ointment (Halog®)	
			Triamcinolone Acetonide Aerosol (Generic; Kenalog Aerosol®)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
			Triamcinolone Acetonide Ointment (Trianex)	
			Triamcinolone Acetonide/Dimethicone –Ointment/Cream Kit (Ellzia Pak®)	
			Triamcinolone Acet/Dimethicone (Generic; DermacinRx Silapak®)	
			Triamcinolone Aceton/Silicone Gel Sheet (DermacinRx Silazone®; Silazone-II®)	
	Very High Potency	Clobetasol Propionate Cream; Emollient; Gel; Ointment; Solution (Generic)	Clobetasol Propionate Foam (Generic; Olux®)	
		Halobetasol Propionate Cream; Ointment (Generic)	Clobetasol Propionate - Emollient Foam (Olux-E®)	
			Clobetasol Propionate Lotion (Generic; Clobex®)	
			Clobetasol Propionate Shampoo (Generic; Clobex®)	
			Clobetasol Propionate Ointment; Cream (Temovate®)	
			Clobetasol Propionate Spray (Generic; Authorized Generic; Clobex®)	
			Clobetasol/Skin Cleanser #28 (Clodan® Kit)	
			Diflorasone Diacetate Emollient Cream (Apexicon E®)	
			Halobetasol Propionate Lotion (Ultravate®)	
			Halobetasol Propionate/Lactic Acid Cream; Ointment (Ultravate X®)	
9	**DIABETES**			
	Alpha-Glucosidase Inhibitors	Acarbose (Generic)	Acarbose (Precose®)	
			Miglitol (Generic; Glyset®)	
	Hypoglycemics, Meglitinides	Nateglinide (Generic)	Nateglinide (Starlix®)	
		Repaglinide (Generic)	Repaglinide (Prandin®)	
			Repaglinide/Metformin (Generic)	
	Hypoglycemics, Thiazolidinediones (TZDs)	Pioglitazone (Generic)	Pioglitazone (Actos®)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
			Pioglitazone/Glimepiride (Authorized Generic; Duetact®)	
			Pioglitazone/Metformin (Generic; Actoplus Met®)	
			Pioglitazone/Metformin ER (Actoplus Met XR®)	
			Rosiglitazone (Avandia®)	
	Hypoglycemics	Insulin Aspart Pen; Cartridge; Vial (Novolog®)	Insulin Fast Acting Insulin Aspart Vial; Flextouch Pen (Fiasp®)	
	Insulins & Related Agents	Insulin Aspart/Insulin Aspart Protamine Pens; Vial (Novolog Mix 70/30®)	Insulin Degludec 100 units/ml; 200 units/ml Pens (Tresiba® Flextouch)	
		Insulin Detemir Pens; Vial (Levemir®)	Insulin Degludec/Liraglutide (Xultophy®)	
		Human Insulin OTC Pen, Vial (Humulin®)	Insulin Glargine Pen (Basaglar®)	
		Human Insulin Regular 500 units/ml Vial (Humulin® R U-500	Insulin Glargine Pen (Toujeo SoloStar®)	
		Insulin Glargine Vial (Lantus®)	Insulin Glargine/Lixisenatide (Soliqua®)	
		Insulin Glargine Pen (Lantus® Solostar)	Human Insulin Regular 500 units/ml Pens (Humulin® R U-500)	
		Insulin Glulisine Pens; Vial (Apidra® Solostar	Insulin Isophane (NPH) Insulin Regular Pens (Humulin 70/30®)	
		Insulin Isophane (NPH) Insulin Regular Vial OTC (Humulin 70/30®)	Insulin Lispro 200 units/ml Pen (Humalog®)	
		Insulin Lispro Pen; Vial; (Humalog®)	Insulin Lispro Pen (Admelog Solostar®)	
		Insulin Lispro Junior Kwikpen (Humalog® Jr. Kwikpen)	Insulin Lispro Vial (Admelog®)	
		Insulin Lispro/Protamine Lispro Pen; Vial (Humalog Mix®)	Insulin Isophane (NPH) Insulin Regular Vial OTC (Novolin 70/30®)	
			Insulin Lispro Cartridge (Humalog®)	
			Insulin Regular Powder Cartridge (Afrezza®)	
	Hypoglycemics	Exenatide Microspheres Subcutaneous; Pens (Bydureon®)	Albiglutide (Tanzeum®)	
	Incretin Mimetics/Enhancers	Exenatide Pens (Byetta®)	Alogliptin (Authorized Generic; Nesina®)	
		Empagliflozin/Linagliptin Tablet (Glyxambi®)	Alogliptin/Metformin (Authorized Generic; Kazano®)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
		Linagliptin/Metformin (Jentadueto®)	Alogliptin/Pioglitazone (Authorized Generic; Oseni®)	
		Linagliptin (Tradjenta®)	Dulaglutide Pen (Trulicity®)	
		Liraglutide (Victoza®)	Exenatide ER Injection (Bydureon BCise™)	
		Sitagliptin (Januvia®)	Linagliptin/Metformin (Jentadueto XR®)	
		Sitagliptin/Metformin (Janumet®)	Lixisenatide (Adlyxin®)	
		Sitagliptin/Metformin ER (Janumet XR®)	Pramlintide Pens (Symlin®)	
			Saxagliptin/Metformin ER (Kombiglyze XR®)	
			Saxagliptin (Onglyza®)	
			Semaglutide Pen (Ozempic®)	
	Hypoglycemics	Canagliflozin (Invokana)	Canagliflozin/Metformin (Invokamet®, Invokamet XR®)	
	Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	Dapagliflozin (Farxiga®)	Dapagliflozin/Metformin Tablet (Xigduo XR®)	
		Empagliflozin (Jardiance®)	Dapagliflozin/Saxagliptin (Qtern®)	
			Empagliflozin/Metformin Tablet (Synjardy®, Synjardy XR®)	
			Ertugliflozin (Steglatro®)	
			Ertugliflozin/Sitagliptin (Steglujan®)	
			Ertugliflozin/Metformin (Segluromet®)	
	Metformins	Glipizide-Metformin	Glyburide/Metformin (Glucovance®)	
		Glyburide- Metformin	Metformin (Glucophage®)	
		Metformin	Metformin ER (Generic; Fortamet™ ; Glumetza™)	
		Metformin ER (Generic for Glucophage XR®)	Metformin Oral Solution (Riomet™)	
			Metformin ER (Glucophage XR®)	
	Hypoglycemics	Glimepiride (Generic)	Chlorpropamide (Generic)	
	Sulfonylureas	Glipizide (Generic)	Glimepiride (Amaryl®)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
		Glipizide ER (Generic)	Glipizide (Glucotrol®)	
		Glyburide (Generic)	Glipizide ER (Glucotrol XL®)	
		Glyburide Micronized (Generic)	Tolazamide (Generic)	
			Tolbutamide (Generic)	
10	**DIGESTIVE DISORDERS**	Aprepitant Capsule (Emend®)	Aprepitant Oral Capsule; Dose Pack (Generic)	
	Antiemetic/Antivertigo Agents	Meclizine Tablet (Generic)	Aprepitant Oral (Emend Pack)	
		Metoclopramide Vial; (Generic)	Aprepitant Injectable Emulsion (Cinvanti®)	
		Metoclopramide Tablet; Solution (Generic)	Dimenhydrinate Injection (Generic)	
		Ondansetron Tablet; ODT Tablet; Solution (Generic)	Dolasetron Oral (Anzemet®)	
		Ondansetron Vial (Generic)	Doxylamine/Pyridoxine Tablet (Diclegis®, Bonjesta®)	
		Prochlorperazine Oral (Generic)	Dronabinol Oral (Marinol®; Generic)	
		Promethazine Amp; Vial (Generic)	Dronabinol Oral Solution (Syndros®)	
		Promethazine Tablet; Syrup (Generic)	Fosaprepitant Dimeglumine Injection (Emend®)	
		Promethazine Rectal 12.5, 25mg (Generic)	Granisetron Oral; IV (Generic)	
		Scopolamine Transdermal (Transderm-Scop®)	Granisetron ER Injection (Sustol®)	
			Granisetron Transdermal (Sancuso®)	
			Meclizine OTC (Generic)	
			Metoclopramide Tablet (Reglan®)	
			Metoclopramide Oral ODT (Generic)	
			Metoclopramide Syringe (Generic)	
			Nabilone (Cesamet®)	
			Netupitant/Palonosetron HCL Capsule (Akynzeo®)	
			Ondansetron Amp (Generic; Zofran®)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
			Ondansetron Disp Syringe (Generic)	
			Ondansetron Tablet; ODT; Solution (Zofran®)	
			Ondansetron Oral Film (Zuplenz®)	
			Palonosetron Injection (Aloxi®)	
			Phosphoric Acid/Dextrose/Fructose Solution OTC	
			Prochlorperazine Rectal (Compro®)	
			Prochlorperazine Injection (Generic)	
			Prochlorperazine Rectal (Generic)	
			Promethazine Amp, Vial (Phenergan®)	
			Promethazine Rectal 50 mg (Generic)	
			Rolapitant Tablet; Injectable Emulsion(Varubi®)	
			Scopolamine Transdermal (Generic)	
			Trimethobenzamide IM Injection (Tigan®)	
			Trimethobenzamide Oral (Generic)	
	Bile Acid Salts	Ursodiol Tablet (Generic)	Chenodiol Tablet (Chenodal®)	
			Cholic Acid Capsule (Cholbam®)	
			Obeticholic Acid Tablet (Ocaliva®)	
			Ursodiol 300 mg Capsule (Generic; Actigall®)	
			Ursodiol (URSO 250®; URSO Forte®)	
	Histamine II Receptor Blockers	Famotidine Tablet (Generic)	Cimetidine Solution; Tablet (Generic)	
		Ranitidine Syrup; Tablet (Generic)	Famotidine Suspension (Generic; Pepcid®)	
			Famotidine Tablet (Pepcid®)	
			Nizatidine Capsule; Solution (Generic)	
			Ranitidine Capsule (Generic)	
			Ranitidine Tablet (Zantac®; Zantac 25®)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
	Pancreatic Enzymes	Pancrelipase (Creon®)	Pancreaze®	
		Pancrelipase (Zenpep®)	Pancrelipase (Pertzye®)	
			Pancrelipase (Viokace®)	
	Proton Pump Inhibitors	Omeprazole Rx (Generic)	Dexlansoprazole (Dexilant®)	
		Pantoprazole (Generic)	Esomeprazole Capsule (Nexium®; Generic)	
		Pantoprazole Suspension (Protonix®)	Esomeprazole Suspension (Nexium®)	
			Esomeprazole Strontium (Generic)	
			Lansoprazole Capsule (Prevacid®; Generic)	
			Lansoprazole SoluTab(Prevacid®)	
			Omeprazole Granules for Suspension (Prilosec®)	
			Omeprazole/Sodium Bicarbonate Rx (Zegerid®; Generic)	
			Pantoprazole (Protonix®)	
			Rabeprazole Sprinkle (Aciphex Sprinkle®)	
			Rabeprazole Tablet (Aciphex®; Generic)	
	Ulcerative Colitis Agents	Balsalazide (Generic)	Balsalazide Capsule (Colazal®)	
		Mesalamine ER (Apriso®)	Balsalazide Tablet (Giazo®)	
		Mesalamine Suppository (Canasa®)	Budesonide ER Tablet; Rectal Foam (Uceris®)	
		Sulfasalazine (Generic)	Mesalamine DR (Authorized Generic; Asacol HD®)	
		Sulfasalazine DR (Generic)	Mesalamine DR Capsule (Delzicol®)	
			Mesalamine Rectal; Rectal Kit (Generic; Rowasa®)	
			Mesalamine DR Tablet (Lialda®)	
			Mesalamine ER Capsule (Pentasa®)	
			Olsalazine Capsule (Dipentum®)	
			Sulfasalazine Tablet (Azulfidine®)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
11	**EPINEPHRINE, SELF-INJECTED**	Epinephrine 0.3mg EpiPen (Authorized Generic)	Epinephrine 0.3mg (Epipen®)	
		Epinephrine 0.15mg EpiPen Jr. (Authorized Generic)	Epinephrine 0.15mg (Epipen Jr. ®)	
12	**GROWTH DEFICIENCY**	Somatropin Pen (Norditropin® FlexPro)	Somatropin Cartridge; Syringe (Genotropin®)	
	Growth Hormones	Somatropin Pen (Nutropin AQ® NuSpin)	Somatropin Cartridge; Vial (Humatrope®)	
			Somatropin Vial (Serostim®)	
			Somatropin Cartridge; Vial (Saizen®)	
			Somatropin Vial (Zomacton®)	
			Somatropin Vial (Zorbtive®)	
13	**GOUT AGENTS**	Allopurinol Tablet (Generic)	Allopurinol Tablet (Zyloprim®)	
	Antihyperuricemics	Probenecid Tablet (Generic)	Colchicine Tablet (Authorized Generic; Colcrys®)	
		Probenecid/Colchicine Tablet (Generic)	Colchicine Capsule (Authorized Generic; Mitigare®)	
			Febuxostat Tablet (Uloric®)	
			Lesinurad (Zurampic®)	
			Lesinurad/Allopurinol (Duzallo®)	
14	**HEART DISEASE, HYPERLIPIDEMIA**	Cholestyramine/Sucrose (Generic for Questran®)	Alirocumab Subcutaneous Pen (Praluent®)	
	Lipotropics, Other	Cholestyramine/Aspartame (Generic for Questran Light®)	Cholestyramine (Questran®; Questran Light®)	
		Colestipol Tablet (Generic)	Colesevelam Tablet; Powder Pack (Welchol®)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
		Fenofibrate Nanocrystalized Tablet (Authorized Generic for Tricor®; Generic for Tricor®)	Colestipol Granule (Generic; Colestid®)	
		Gemfibrozil (Generic)	Evolocumab Subcutaneous SureClick; Pushthronex; Syringe (Repatha®)	
		Niacin ER (Generic)	Ezetimibe (Generic; Zetia®)	
		Niacin IR (Niacor®)	Fenofibrate Capsule Micronized (Generic for Antara®; Authorized Generic for	
		Omega-3 Acid Ethyl Esters (Generic)	Antara®; Antara®)	
			Fenofibrate Capsule (Generic for Lipofen®; Lipofen®)	
			Fenofibrate Micronized/Nanocrystalized Tablet (Generic and Authorized Generic for Fenoglide®; Fenoglide®; Triglide®; Tricor®)	
			Fenofibrate Oral (Lofibra®)	
			Fenofibric Acid Tablet (Generic for Fibricor®)	
			Fenofibric Acid Choline Capsule (Generic; Authorized Generic; Trilipix®)	
			Gemfibrozil (Lopid®)	
			Icosapent Ethyl (Vascepa®)	
			Lomitapide (Juxtapid®)	
			Mipomersen (Kynamro®)	
			Niacin ER (Niaspan®)	
			Omega-3-acid Ethyl Esters (Lovaza®)	
	Statins & Statin Combination Agen	Atorvastatin (Generic)	Amlodipine/Atorvastatin (Generic; Caduet®)	
		Lovastatin (Generic)	Atorvastatin (Lipitor®)	
		Pravastatin (Generic)	Ezetimibe/Simvastatin (Generic; Vytorin®)	
		Rosuvastatin (Generic)	Fluvastatin (Generic)	
		Simvastatin (Generic)	Fluvastatin ER (Generic; Authorized Generic; Lescol XL®)	
			Lovastatin ER (Altoprev®)	
			Pitavastatin (Livalo®)	
			Pravastatin (Pravachol®)	
			Rosuvastatin (Crestor®)	
			Simvastatin (Zocor®)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
	HYPERTENSION	Benazepril (Generic)	Aliskiren (Tekturna®)	
	ACE Inhibitors & Direct Renin Inhibitors	Enalapril (Generic)	Aliskiren/HCTZ (Tekturna HCT®)	
		Enalapril/HCTZ (Generic)	Azilsartan Medoxomil (Edarbi®)	
		Irbesartan (Generic)	Azilsartan/Chlorthalidone (Edarbyclor®)	
		Irbesartan/HCTZ (Generic)	Benazepril/HCTZ (Generic)	
		Lisinopril (Generic)	Candesartan (Generic; Authorized Generic; Atacand®)	
		Lisinopril/HCTZ (Generic)	Candesartan/HCTZ (Generic; Atacand HCT®)	
		Losartan (Generic)	Captopril (Generic)	
		Losartan/HCTZ (Generic)	Captopril/HCTZ (Generic)	
		Ramipril (Generic)	Enalapril for Solution; Powder (Epaned®)	
		Valsartan (Generic; Authorized Generic)	Eprosartan (Generic)	
		Valsartan/HCTZ (Generic)	Fosinopril (Generic)	
			Fosinopril/HCTZ (Generic)	
			Irbesartan (Avapro®)	
			Irbesartan/HCTZ (Avalide®)	
			Lisinopril Solution (Qbrelis®)	
			Lisinopril (Zestril®; Prinivil®)	
			Lisinopril/HCTZ (Zestoretic®)	
			Losartan (Cozaar®)	
			Losartan/HCTZ (Hyzaar®)	
			Moexipril (Generic)	
			Moexipril/HCTZ (Generic)	
			Olmesartan (Benicar®; Generic; Authorized Generic)	
			Olmesartan/HCTZ (Benicar HCT®; Generic; Authorized Generic)	
			Perindopril (Generic)	
			Quinapril (Generic; Accupril®)	
			Quinapril/HCTZ (Generic)	
			Ramipril (Altace®)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
			Telmisartan (Generic; Authorized Generic; Micardis®)	
			Telmisartan/HCTZ (Generic; Authorized Generic; Micardis HCT®)	
			Trandolapril (Generic)	
			Valsartan (Diovan®)	
			Valsartan/HCTZ (Diovan HCT®)	
	Angiotensin Receptor Antagonist/Neprilysin Inhibitor Combination Products	Sacubitril/Valsartan (Entresto®)		
	Angiotensin Modulators/Calcium Channel Blockers Combination Products	Amlodipine/Benazepril (Generic)	Amlodipine/Benazepril (Lotrel®)	
		Amlodipine/Valsartan (Generic; Authorized Generic)	Amlodipine/Olmesartan (Azor® Generic, Authorized Generic)	
		Amlodipine/Valsartan/HCTZ (Generic; Authorized Generic)	Amlodipine/Olmesartan/HCTZ (Tribenzor®, Generic,-Authorized Generic)	
			Amlodipine/Perindopril (Prestalia®)	
			Amlodipine/Telmisartan (Generic; Twnysta®)	
			Amlodipine/Valsartan (Exforge®)	
			Amlodipine/Valsartan/HCTZ (Exforge HCT®)	
			Nebivolol/Valsartan (Byvalson®)	
			Trandolapril/Verapamil (Generic;)	
	Beta Blockers Agents	Atenolol (Generic)	Acebutolol (Generic)	
		Atenolol/Chlorthalidone (Generic)	Atenolol (Tenormin®)	
		Bisoprolol/HCTZ (Generic)	Atenolol/Chlorthalidone (Tenoretic®)	
		Carvedilol (Generic)	Betaxolol (Generic)	
		Labetalol (Generic)	Bisoprolol (Generic; Zebeta®)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
		Metoprolol Tartrate (Generic)	Bisoprolol/HCTZ (Ziac®)	
		Metoprolol Succinate ER (Generic)	Carvedilol (Coreg®)	
		Nebivolol (Bystolic®)	Carvedilol CR (Generic; Coreg CR®)	
		Propranolol Tablet; Solution (Generic)	Metoprolol/HCTZ (Generic)	
		Propranolol ER (Generic)	Metoprolol Succinate/HCTZ (Dutoprol®)	
		Sotalol (Generic)	Metoprolol ER (Toprol XL®)	
			Nadolol (Generic; Corgard®)	
			Nadolol/Bendroflumethiazide (Generic)	
			Penbutolol (Levatol®)	
			Pindolol (Generic)	
			Propranolol (Hemangeol®)	
			Propranolol ER Capsule (Innopran XL®; Inderal XL®)	
			Propranolol LA (Inderal LA®)	
			Propanolol/HCTZ (Generic)	
			Sotalol (Betapace® AF)	
			Sotalol Solution (Sotylize®)	
			Timolol Maleate (Generic)	
	Calcium Channel Blockers	Amlodipine Tablet (Generic)	Amlodipine (Norvasc®)	
		Diltiazem ER Capsule (Generic)	Diltiazem IR (Cardizem®)	
		Diltiazem IR Tablet (Generic)	Diltiazem CD (Cardizem CD®; Tiazac®)	
		Nifedipine ER Tablet (Generic)	Diltiazem LA Tablet (Authorized Generic; Cardizem LA®; Matzim LA®)	
		Verapamil ER Tablet (Generic)	Felodipine ER (Generic)	
		Verapamil IR Tablet (Generic)	Isradipine (Generic)	
			Nicardipine (Generic)	
			Nifedipine ER (Adalat CC®; Procardia XL®)	
			Nifedipine IR Capsule (Generic; Procardia®)	
			Nimodipine Capsule (Generic)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
			Nimodipine Solution (Nymalize®)	
			Nisoldipine ER (Generic)	
			Verapamil ER Capsule (Generic)	
			Verapamil ER Tablet (Calan®SR)	
			Verapamil ER PM (Generic; Verelan PM®)	
	SYMPATHOLYTICS	Clonidine Transdermal Patch (Catpress-TTS ®)	Clonidine Oral Tablet (Catapres®)	
		Clonidine Oral Tablet (Generic)	Clonidine Transdermal Patch (Generic)	
		Guanfacine Tablet (Generic)	Clonidine/Chlorthalidone Tablet (Chlorpres®)	
		Methyldopa Oral Tablet (Generic)	Methyldopa/Hydrochlorothiazide Oral Tablet (Generic)	
			Reserpine Oral Tablet (Generic)	
	VASODILATORS, CORONARY	Isosorbide Dinitrate Tablet (Generic)	Isosorbide Dinitrate Tablet (Isordil®)	
		Isosorbide Mononitrate Tablet (Generic)	Isosorbide Dinitrate ER Capsule (Generic; Dilatrate-SR®)	
		Isosorbide Mononitrate SR Tablet (Generic)	Isosorbide Dinitrate/Hydralazine Tablet (BiDil®)	
		Nitroglycerin Sublingual Tablet (Generic; Authorized Generic)	Nitroglycerin ER Capsule (Generic)	
		Nitroglycerin Transdermal Ointment (Nitro-Bid®)	Nitroglycerin Spray (Generic; Nitrolingual®; NitroMist®)	
		Nitroglycerin Transdermal Patch (Generic)	Nitroglycerin Transdermal Patch (Nitro-Dur®)	
			Nitroglycerin Sublingual Tablet(Nitrostat®)	
			Nitroglycerin Sublingual Packet (GoNitro®)	
	ANTICOAGULANTS	Aspirin/Dipyridamole ER (Aggrenox®)	Aspirin/Dipyridamole ER (Generic; Authorized Generic)	
	Platelet Aggregation Inhibitors	Clopidogrel (Generic)	Aspirin/Omeprazole DR Tablet (Yosprala®)	
		Dipyridamole (Generic)	Clopidogrel (Plavix®)	
		Ticagrelor (Brilinta®)	Prasugrel (Generic; Authorized Generic; Effient®)	
			Ticlopidine (Generic)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
			Vorapaxar Tablet (Zontivity®)	
	Anticoagulants	Apixaban Tablet; Dose Pack (Eliquis®)	Dalteparin Syringe (Fragmin®)	
		Dabigatran (Pradaxa®)	Edoxaban Tablet (Savaysa®)	
		Dalteparin Vial (Fragmin®)	Enoxaparin Vial (Generic; Authorized Generic)	
		Enoxaparin Syringe (Generic; Authorized Generic)	Enoxaparin Syringe (Lovenox®)	
		Enoxaparin Vial (Lovenox®)	Fondaparinux (Generic; Arixtra®)	
		Rivaroxaban (Xarelto®; Xarelto® Starter Pack)	Warfarin (Coumadin®)	
		Warfarin (Generic)		
	PULMONARY ARTERIAL HYPERTENSION (PAH)	Ambrisentan Tablet (Letairis®)	Bosentan Suspension (Tracleer®)	
		Bosentan Tablet (Tracleer®)	Iloprost Inhalation Solution (Ventavis®)	
		Sildenafil Tablet (Generic)	Macitentan Tablet (Opsumit®)	
			Riociguat Tablet (Adempas®)	
			Selexipag Tablet; Dose Pack (Uptravi®)	
			Sildenafil Tablet; Oral Suspension (Revatio®)	
			Tadalafil Tablet (Adcirca®)	
			Treprostinil Inhalation Solution (Tyvaso®)	
			Treprostinil ER Tablet (Orenitram ER®)	
15	**HEMATOLOGIC AGENTS**	Darbepoetin Disp Syringe; Vial (Aranesp®)	Epoetin alfa Vial (Epogen®)	
	HEMATOPOIETIC AGENTS	Epoetin alfa Vial (Procrit®)		
	Erythropoietins			

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
	Anticoagulants - refer to			
	HEART DISEASE			
16	**HEMODIALYSIS**	Calcium Acetate Capsule (Generic)	Calcium Acetate Tablet (Generic)	
	Phosphate Binders	Sevelamer HCL Tablet (RenaGel®)	Calcium Acetate Tablet (Eliphos®)	
			Calcium Acetate Solution (Phoslyra®)	
			Calcium Carbonate/Magnesium Carbonate/FA (MagneBind 400 Rx®)	
			Ferric Citrate Tablet (Auryxia®)	
			Lanthanum Carbonate Chew Tablet; Powder Pack (Fosrenol®)	
			Sevelamer Carbonate Tablet (Generic; Authorized Generic; Renvela®)	
			Sevelamer Carbonate Powder Pack (Generic)	
			Sucroferric Oxyhydroxide (Velphoro®)	
	PITUITARY SUPPRESSIVE AGENTS	Leuprolide Acetate (Lupron Depot®)	Goserelin Acetate (Zoladex®)	
		Leuprolide Acetate (Lupron Depot Kit®)	Histrelin Implant Kit (Supprelin LA®)	
		Leuprolide Acetate (Lupron Depot-Ped®)	Histrelin Kit (Vantas®)	
		Leuprolide Acetate (Lupron Depot-Ped Kit®)	Leuprolide Acetate Sub-q (Generic)	
			Leuprolide Acetate Sub-Q Kit (Eligard®)	
			Leuprolide Acetate Suspension and Norethindrone Tablet; Kit (Lupaneta Pack®)	
			Nafarelin Acetate Nasal Solution (Synarel®)	
			Triptorelin Pamoate (Trelstar®; Trelstar LA®)	
			Triptorelin Pamoate Injection Kit (Triptodur®)	
	HYPERLIPIDEMIA - REFER TO HEART DISEASE			
	IMMUNE DISORDERS - REFER TO MULTIPLE SCLEROSIS			

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
17	**IMMUNOSUPPRESSIVES, ORAL**	Azathioprine (Generic)	Azathioprine (Imuran®; Azasan®)	
		Cyclosporine Capsule; Modified (Generic)	Cyclosporine Capsule (Generic; Sandimmune®)	
		Mycophenolate Mofetil Capsule; Tablet (Generic)	Cyclosporine Softgel Capsule; Modified (Generic; Neoral®)	
		Tacrolimus Capsule (Generic)	Cyclosporine Solution (Sandimmune®)	
			Cyclosporine Solution; Modified (Generic; Neoral®)	
			Everolimus (Zortress®)	
			Mycophenolate Mofetil Capsule; Tablet; Suspension (Cellcept®)	
			Mycophenolate Mofetil Suspension (Generic)	
			Mycophenolate Mycophenolic Acid Tablet (Generic; Myfortic®)	
			Sirolimus Solution; Tablet (Rapamune®)	
			Sirolimus Tablet (Generic, Authorized Generic)	
			Tacrolimus Tablet (Prograf®)	
			Tacrolimus ER Tablet (Envarsus® XR)	
			Tacrolimus ER Capsule (Astagraf® XL)	
18	**INFECTIOUS DISORDERS**	Amoxicillin/Clavulanate Tablet; Susp (Generic)	Amoxicillin/Clavulanate Tablet (Augmentin®)	
	ANTIBIOTICS	Cefadroxil Capsule (Generic)	Amoxicillin/Clavulanate ER (Generic; Augmentin XR®)	
	Cephalosporin and Related	Cefdinir Suspension; Capsule (Generic)	Amoxicillin/Clavulanate Chew Tablet (Generic)	
	Antibiotics	Cefixime Capsule; Chew Tablet (Suprax®)	Amoxicillin/Clavulanate Susp (Augmentin® 125)	
		Cefprozil Tablet; Susp (Generic)	Cefaclor Capsule; Susp (Generic)	
		Cefuroxime Tablet (Generic)	Cefaclor ER 500 mg Tablet (Generic)	
		Cephalexin Capsule; Susp; (Generic)	Cefadroxil Susp; Tablet (Generic)	
			Cefixime Suspension (Generic; Suprax®)	
			Cephalexin Capsule (Keflex® 250, 500, & 750mg Daxbia® 333mg)	
			Cephalexin Tablet (Generic)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
			Cefpodoxime Tablet; Susp (Generic)	
			Cefuroxime Axetil Susp (Ceftin®)	
	Fluoroquinolones	Ciprofloxacin Tablet (Generic)	Ciprofloxacin Suspension (Generic; Cipro®)	
		Levofloxacin Tablet (Generic)	Ciprofloxacin ER Tablet (Generic)	
			Delafloxacin (Baxdela®)	
			Levofloxacin Solution (Generic)	
			Levofloxacin Tablet (Levaquin®)	
			Moxifloxacin (Generic; Authorized Generic; Avelox®)	
			Ofloxacin (Generic)	
	Antibiotics, Gastrointestinal	Metronidazole Tablet (Generic)	Fidaxomicin (Dificid®)	
		Neomycin (Generic)	Metronidazole Capsule (Generic; Flagyl®)	
		Vancomycin HCL capsule (Generic; Authorized Generic)	Metronidazole Tablet (Flagyl®)	
			Nitazoxanide Tablet; Susp (Alinia®)	
			Paromomycin (Generic)	
			Rifaximin (Xifaxan®)	
			Secnidazole (Solosec™)	
			Tinidazole (Generic; Tindamax®)	
			Vancomycin HCL (Vancocin®)	
			Vancomycin Solution (Firvanq ®)	
	Antibiotics, Inhaled	Tobramycin Solution (Bethkis®; Kitabis Pak®)	Aztreonam Solution (Cayston®)	
			Tobramycin Solution (Generic; Authorized Generic; Tobi®)	
			Tobramycin (Tobi Podhaler®)	
			Tobramycin Pak (Authorized Generic)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
	Lincosamides	Clindamycin Capsule; Solution (Generic)	Clindamycin Capsule (Cleocin®)	
			Clindamycin Oral Solution (Cleocin®)	
			Clindamycin Phosphate Piggyback Injection (Generic; Cleocin®)	
			Clindamycin in 0.9% Sodium Chloride Piggyback	
			Clindamycin Phosphate Injection Vial (Generic; Cleocin®)	
			Lincomycin HCL (Generic; Lincocin®)	
	Oxazolidinones	Linezolid Tablet (Generic; Authorized Generic)	Linezolid Injection (Generic; Authorized Generic; Zyvox®)	
		Linezolid Suspension (Generic; Authorized Generic)	Linezolid Tablet, Suspension (Zyvox®)	
			Tedizolid IV; Tablet (Sivextro®)	
	Streptogramins		Quinupristin/Dalfopristin Vial (Synercid®)	
	Macrolides - Ketolides	Azithromycin Packet; Suspension; Tablet (Generic)	Azithromycin Packet; Suspension; Tablet (Zithromax®)	
		Clarithromycin Tablet (Generic)	Azithromycin ER (Zmax®)	
		Erythromycin Ethyl Succinate Susp (EryPed® 400)	Clarithromycin ER (Generic)	
		Erythromycin Base DR Capsule (Generic)	Clarithromycin Suspension (Generic)	
			Erythromycin Base Tablet (Generic; PCE®)	
			Erythromycin Tablet (Ery-Tab®)	
			Erythromycin Ethyl Succinate Tablet (Generic; E.E.S. ® 400)	
			Erythromycin Ethyl Succinate Susp (Authorized Generic; E.E.S. ® 200; EryPed® 200)	
			Erythromycin Stearate (Erythrocin®)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
	Nitrofuran Derivatives	Nitrofurantoin Macrocrystal Capsule (Generic)	Nitrofurantoin Suspension (Generic; Furadantin®)	
		Nitrofurantoin Monohydrate Macrocrystals Capsule (Generic)	Nitrofurantoin Macrocrystal Capsule (Macrodantin®)	
			Nitrofurantoin Monohydrate Macrocrystals Capsule (Macrobid®)	
	Tetracyclines	Doxycycline Hyclate Tablet (Generic)	Demeclocycline (Generic)	
		Doxycycline Hyclate Capsule (Generic; Authorized Generic)	Doxycycline Calcium Syrup (Vibramycin®)	
		Doxycycline Monohydrate 50mg, 100 mg Capsule (Generic)	Doxycycline Hyclate Tablet DR (Generic; Doryx®)	
		Minocycline Capsule (Generic)	Doxycycline Hyclate Capsule (Vibramycin®)	
			Doxycycline Hyclate Tablet (TargaDOX®)	
			Doxycycline/Skin Cleanser #19 (Moridox® Kit)	
			Doxycycline Hyclate (Doryx® MPC)	
			Doxycycline Monohydrate Capsule 75 mg (Generic)	
			Doxycycline Monohydrate 50mg, 100 mg Capsule (Branded Generic)	
			Doxycycline Monohydrate Capsule 150 mg (Generic; Adoxa®)	
			Doxycycline Monohydrate DR Capsule 40mg (Authorized Generic)	
			Doxycycline Monohydrate Suspension (Generic; Vibramycin®)	
			Doxycycline Monohydrate Tablet (Generic)	
			Doxycycline DR (Oracea®)	
			Minocycline ER Tablet (Generic; Solodyn®)	
			Minocycline Tablet (Generic)	
			Minocycline ER Capsule (Ximino®)	
			Tetracycline Capsule	
	Vaginal	Clindamycin Vaginal Cream (Generic)	Clindamycin Vaginal Cream (Cleocin®)	
		Clindamycin Vaginal Cream (Clindesse®)	Clindamycin Vaginal Ovules (Cleocin®)	
		Metronidazole Vaginal Gel (Generic)	Metronidazole Vaginal Gel (MetroGel-Vaginal®; Nuvessa®; Vandazole®)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
	OPHTHALMIC ANTIBIOTICS – refer to Ophthalmic Disorders			
	OTIC ANTIBIOTICS - refer to OTIC Agents			
	ANTIFUNGALS	Clotrimazole Troches (Generic)	Fluconazole Tablet; Susp (Diflucan®)	
	Antifungals, Oral	Fluconazole Tablet; Susp (Generic)	Flucytosine (Generic)	
		Griseofulvin Suspension (Generic)	Griseofulvin Tablet (Generic)	
		Nystatin Tablet; Suspension (Generic)	Griseofulvin Ultramicrosize Tablet (Generic; Gris-Peg®)	
		Terbinafine Tablet (Generic)	Isavuconazonium (Cresemba®)	
			Itraconazole Capsule (Generic; Sporanox®)	
			Itraconazole Tablet (Onmel®)	
			Ketoconazole (Generic)	
			Miconazole Buccal Tablet (Oravig®)	
			Nystatin Powder (Oral) (Generic)	
			Posaconazole Tablet; Susp (Noxafil®)	
			Terbinafine Tablet (Lamisil®)	
			Voriconazole Tablet; Susp (Generic)	
	HEPATITIS C AGENTS	Sofosbuvir/Velpatasvir (Epclusa®) Genotypes 1, 2,3, 4, 5, & 6	Daclatasvir Tablet (Daklinza®)	
	Direct Acting Antiviral Agents	Glecaprevir/pibrentasvir (Mavyret®)	Elbasvir/Grazoprevir (Zepatier®)	
		Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi®)	Ledipasvir/Sofosbuvir Tablet (Harvoni®)	
			Ombitasvir/Paritaprevir/Ritonavir (Technivie®)	
			Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir (Viekira Pak®)	
			Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir (Viekira XR®)	
			Simeprevir Capsule (Olysio®)	
			Sofosbuvir (Sovaldi®)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
	HEPATITIS C AGENTS CON'T	Peginterferon alfa 2A Proclick; Syringe; Vial (Pegasys®)	Peginterferon alfa 2B Kit (Peg-Intron®)	
		Ribavirin Tablet (Generic)	Ribavirin Capsule (Generic;)	
			Ribavirin Tablet (Ribasphere® 400mg, 600mg; Ribasphere Ribapak®; Moderiba® Dose Pack)	
			Ribavirin Solution (Rebetol®)	
19	**MULTIPLE SCLEROSIS**	Fingolimod Capsule (Gilenya®)	Alemtuzumab Vial (Lemtrada®)	
	Multiple Sclerosis Agents	Glatiramer Syringe Kit 20mg (Copaxone®)	Daclizumab (Zinbryta®)	
	(Immunomodulatory Agents)	Interferon beta - 1a Pen, Syringe(Avonex®)	Dalfampridine Tablet (Ampyra®)	
		Interferon beta - 1a (Rebif®; Rebif Rebidose Pen Injctr®)	Dimethyl Fumarate Capsule (Tecfidera®)	
		Interferon beta - 1b Kit (Betaseron®)	Glatiramer Acetate Syringe (Generic for Glatopa®)	
			Glatiramer Syringe 40mg (Generic; Copaxone®)	
			Interferon beta-1b Kit; Vial (Extavia®)	
			Ocrelizumab Injection (Ocrevus®)	
			Peginterferon beta-1a Pen; Syringe; Starter Pack (Plegridy®)	
			Teriflunomide Tablet (Aubagio®)	
20	**OPHTHALMIC DISORDERS**	Cromolyn Sodium Drops (Generic)	Alcaftadine Drops (Lastacaft®)	
	Allergic Conjunctivitis	Loteprednol Drops (Alrex®)	Azelastine HCl Drops (Generic)	
		Olopatadine HCl Drops (Pazeo®)	Bepotastine Drops (Bepreve®)	
		Olopatadine HCl Drops (Generic & Authorized Generic for Patanol)	Emedastine Difumarate Drops (Emadine®)	
			Epinastine Drops (Generic; Elestat®)	
			Lodoxamide Tromethamine Drops (Alomide®)	
			Nedocromil Sodium Drops (Alocril®)	
			Olopatadine HCl Drops (Patanol®)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
			Olopatadine HCl Drops (Authorized Generic; Generic; Pataday®)	
	Glaucoma Agents	Brimonidine 0.15% (Alphagan P® 0.15%)	Apraclonidine Drops (Generic; Iopidine®)	
	Intraocular Pressure (IOP) Reducers	Brimonidine 0.2% Drops (Generic)	Betaxolol 0.25% Drops (Betoptic S®)	
		Brimonidine/Brinzolamide Drops (Simbrinza®)	Betaxolol 0.5% Drops (Generic)	
		Brimonidine/Timolol Drops (Combigan®)	Bimatoprost 2.5ml, 5ml, 7.5ml Drops (Generic; Lumigan®)	
		Carteolol Drops (Generic)	Brinzolamide Drops (Azopt®)	
		Dorzolamide Drops (Generic)	Brimonidine 0.1% (Alphagan P® 0.1%)	
		Dorzolamide/Timolol Drops (Generic)	Brimonidine P 0.15% Drops (Generic)	
		Latanoprost 2.5ml Drops (Generic)	Dorzolamide Drops (Trusopt®)	
		Levobunolol Drops (Generic)	Dorzolamide/Timolol Drops (Cosopt®; Cosopt PF®)	
		Pilocarpine HCl Drops (Generic)	Echothiophate (Phospholine Iodide®)	
		Timolol Maleate Drops, Gel-Solution	Latanoprost 2.5 ml Drops (Xalatan®)	
		Travoprost 2.5ml; 5ml (Travatan Z®)	Latanoprostene Bunod Drops (Vyzulta®)	
			Levobunolol Drops (Betagan®)	
			Tafluprost Drops (Zioptan®)	
			Timolol Maleate Solution; Ocudose (Timoptic®)	
			Timolol Maleate Gel forming Solution (Timoptic – XE®)	
			Timolol Maleate LA Drops (Istalol®)	
			Travoprost 2.5ml, 5ml Drops (Generic)	
	Ophthalmics, Antibiotic	Bacitracin/Polymyxin B Sulfate Ointment (Generic)	Azithromycin Drops (AzaSite®)	
		Ciprofloxacin Solution (Generic)	Besifloxacin Suspension(Besivance®)	
		Erythromycin Base Ointment (Generic; Ilotycin®)	Bacitracin Ointment (Generic)	
		Gentamicin Sulfate Drops (Generic)	Ciprofloxacin Ointment; Drops (Ciloxan®)	
		Gentamicin Sulfate Ointment (Generic)	Gatifloxacin Drops (Generic; Zymaxid®)	
		Moxifloxacin Drops (Moxeza®)	Levofloxacin Drops (Generic)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
		Neomycin-Polymyxin B-Gramicidin Solution (Generic)	Moxifloxacin Drops (Authorized Generic; Vigamox®)	
		Ofloxacin (Generic)	Natamycin Drops (Natacyn®)	
		Polymyxin B Sulf/Trimethoprim (Generic)	Neomycin-Polymyxin-Bacitracin Ointment (Generic)	
		Sulfacetamide Sodium Solution (Generic; Bleph-10®)	Ofloxacin Drops (Ocuflox®)	
		Tobramycin Drops (Generic)	Polymyxin B Sulf/Trimethoprim Drops (Polytrim®)	
			Sulfacetamide Sodium Ointment (Generic)	
			Tobramycin Ointment; Drops (Tobrex®)	
	Ophthalmics, Antibiotic- Steroid Combos	Neomycin/Polymyxin B/Dexamethasone Suspension; Ointment (Generic)	Gentamicin/Prednisolone Ointment; Suspension (Pred-G®)	
		Sulfacetamide/Prednisolone Solution (Generic)	Neomycin/Polymyxin B/Hydrocortisone Ointment (Generic)	
		Tobramycin/Dexamethasone Ointment; Suspension (Tobradex®)	Neomycin/Polymyxin B/Dexamethasone Ointment; Suspension (Maxitrol®)	
			Neomycin/Bacitracin/Polymyxin B/Hydrocortisone Drops (Generic)	
			Sulfacetamide/Prednisolone Solution (Blephamide®)	
			Sulfacetamide/Prednisolone Ointment (Blephamide S.O.P. ®)	
			Tobramycin/Dexamethasone Suspension (Generic; Authorized Generic)	
			Tobramycin/Dexamethasone ST (Tobradex ST®)	
			Tobramycin/Loteprednol Drops (Zylet®)	
	Ophthalmics, Anti-Inflammatories	Dexamethasone Sodium Phosphate (Generic)	Bromfenac Sodium 0.09% Drops (Generic)	
		Diclofenac Sodium Solution (Generic)	Bromfenac Sodium 0.07% Drops (Prolensa®)	
		Difluprednate Drops (Durezol®)	Bromfenac Sodium 0.075% Drops (BromSite®)	
		Fluorometholone 0.1% Suspension (Generic)	Dexamethasone Suspension (Maxidex®)	
		Flurbiprofen Sodium Solution (Generic)	Dexamethasone Intraocular Implant (Ozurdex®)	
		Ketorolac Tromethamine Solution 0.5% (Generic)	Fluocinolone Acetonide Intraocular Implant (Retisert®; Iluvien®)	
		Ketorolac Tromethamine LS Solution 0.4%(Generic)	Fluorometholone Acetate 0.1% Suspension (Flarex®)	
		Nepafenac 0.3% Suspension (Ilevro®)	Fluorometholone 0.1% Suspension (FML®)	
			Fluorometholone 0.25% Suspension (FML Forte®)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
			Fluorometholone 0.1% Ointment (FML S.O.P. ®)	
			Ketorolac Tromethamine Solution (Acular®; Acular LS®)	
			Ketorolac Tromethamine PF Solution 0.45% (Acuvail®)	
			Loteprednol Drops; Gel; Ointment (Lotemax®)	
			Nepafenac 0.1% Suspension (Nevanac®)	
			Prednisolone Acetate 1% Suspension (Generic; Omnipred®; Pred Forte®)	
			Prednisolone Acetate 0.12% Solution (Pred Mild®)	
			Rimexolone Drops (Vexol®)	
			Triamcinolone Acetonide Suspension (Triesence®)	
21	**Ophthalmics, Anti-**	Cyclosporine (Restasis®; Restasis® Multidose)	Lifitegrast (Xiidra®)	
	Inflammatory/Immunomodulator			
22	**OPIATE DEPENDENCE AGENTS**	Buprenorphine/Naloxone Film (Suboxone®)	Buprenorphine/Naloxone Film (Bunavail®)	
		Naloxone Syringe; Vial (Generic)	Buprenorphine/Naloxone Sublingual Tablet (Generic; Zubsolv®)	
		Naloxone Nasal Spray (Narcan®)	Buprenorphine Sublingual Tablet (Generic)	
		Naltrexone Tablet (Generic)	Buprenorphine Implant (Probuphine® Implant)	
			Buprenorphine Injection (Sublocade®)	
			Naloxone Injection (Evzio®)	
			Naltrexone Extended-Release Injectable Suspension (Vivitrol®)	
23	**OTIC AGENTS - Otic Antibiotics**	Ciprofloxacin/Dexamethasone Otic (Ciprodex®)	Ciprofloxacin Otic (Generic)	
		Neomycin/Polymyxin/HC Solution; Suspension (Generic)	Ciprofloxacin/Fluocinolone (Otovel®)	

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			Ciprofloxacin/Hydrocortisone (Cipro HC OTIC®)	
			Neomycin/Colistin/Thonzonium/HC (Coly-Mycin S®; Cortisporin TC®)	
			Ofloxacin Otic Drops (Generic)	
	Otic Anti-Infectives and Anesthetics	Acetic Acid Otic (Generic)	Acetic Acid/Aluminum Otic (Generic)	
		Acetic Acid/HC Otic (Generic)		
24	**OSTEOPOROSIS**	Alendronate Tablet (Generic)	Abaloparatide (Tymlos®)	
	Bone Resorption Suppression Agents	Calcitonin-Salmon Nasal (Generic)	Alendronate Eff Tablet (Binosto®)	
			Alendronate Tablet (Fosamax®)	
			Alendronate Solution (Generic)	
			Alendronate/Vit D (Fosamax Plus D®)	
			Denosumab (Prolia®)	
			Etidronate Disodium (Generic)	
			Ibandronate Sodium Tablet (Generic; Boniva®)	
			Raloxifene (Generic; Evista®)	
			Risedronate (Generic; Authorized Generic; Actonel®)	
			Risedronate DR (Generic; Authorized Generic; Atelvia®)	
			Teriparatide Subcutaneous (Forteo®)	
25	**PAIN MANAGEMENT**	Acetaminophen w/Codeine Elixir; Tablet (Generic)	Acetaminophen w/Codeine (Tylenol #3®; Tylenol #4®)	
	Analgesics, Narcotics Short Acting	Hydrocodone/Acetaminophen Tablet; Solution (Generic)	Butalbital/Caff/APAP w/ Codeine (Generic)	
		Hydromorphone Tablet (Generic)	Butalbital Compound with Codeine (Generic; Fiorinal w/ Codeine®)	
		Morphine, IR Tablet (Generic)	Butorphanol Tartrate Nasal (Generic)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
		Oxycodone Tablet (Generic)	Carisoprodol Compound-Codeine (Generic)	
		Oxycodone/Acetaminophen Tablet (Generic)	Capital w/Codeine	
		Tramadol (Generic)	Codeine Tablet (Generic)	
		Tramadol/Acetaminophen (Generic)	Dihydrocodeine Bitartrate/Acetaminophen/Caffeine (Generic)	
			Fentanyl Buccal (Generic; Fentora®)	
			Fentanyl Nasal Solution (Lazanda®)	
			Fentanyl Sublingual (Abstral®)	
			Fentanyl Sublingual Spray (Subsys®)	
			Fentanyl Transmucosal Oral Lozenge (Actiq®)	
			Hydrocodone/Acetaminophen Solution (Lortab®;	
			Hydrocodone/Acetaminophen Tablet (Lortab®; Norco®)	
			Hydrocodone/Ibuprofen (Ibudone®; Generic)	
			Hydromorphone Liq; Tablet (Dilaudid®)	
			Hydromorphone Suppositories; Liq (Generic)	
			Levorphanol Tablet (Generic)	
			Meperidine Solution (Generic)	
			Meperidine Tablet (Generic)	
			Morphine Solution (Generic)	
			Morphine Concentrate Solution (Generic)	
			Morphine Suppositories (Generic)	
			Oxycodone/Acetaminophen Solution (Roxicet®)	
			Oxycodone/Acetaminophen Tablet (Percocet®; Primlev®)	
			Oxycodone/Aspirin (Generic)	
			Oxycodone Capsule, Solution, Syringe (Generic)	
			Oxycodone Tablet (Roxicodone®)	
			Oxycodone HCl Tablet (Oxaydo® Abuse-Deterrent)	
			Oxycodone Concentrate (Generic)	
			Oxycodone/Ibuprofen (Generic)	
			Oxymorphone IR Tablet (Generic; Opana®)	

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Item Number	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2018
			Pentazocine/Naloxone (Generic)	
			Tapentadol (Nucynta®)	
			Tramadol (Ultram®)	
			Tramadol / Acetaminophen (Ultracet®)	
	Analgesics, Narcotics Long Acting	Fentanyl Transdermal (Generic 12mcg, 25mcg, 50mcg, 75mcg, 100mcg)	Buprenorphine Buccal Film (Belbuca®)	
		Morphine Sulfate ER Tablet (Generic)	Buprenorphine Transdermal (Butrans®, Authorized Generic)	
		Morphine Sulfate/Naltrexone HCL ER Capsule (Embeda®)	Fentanyl Transdermal (Duragesic®)	
			Fentanyl Transdermal (Generic 37.5mcg, 62.5mcg, 87.5mcg)	
			Hydrocodone Bitartrate ER Capsule (Zohydro ER®)	
			Hydrocodone Bitartrate ER Tablet (Hysingla ER®)	
			Hydromorphone ER Tablet (Generic; Authorized Generic; Exalgo®)	
			Morphine Sulfate ER Capsule (Generic; Kadian®, Generic for Avinzia®)	
			Morphine Sulfate ER Tablet (MS Contin®, Arymo ER®, MorphaBond ER®)	
			Oxycodone ER Tablet (Authorized Generic; OxyContin®)	
			Oxycodone Myristate (Xtampza® ER)	
			Oxymorphone ER (Generic; Opana ER®)	
			Tramadol ER Capsule (Authorized Generic; Conzip®)	
			Tramadol ER Tablet (Generic; Ultram ER®, Generic for Ryzolt®)	
			Tapentadol Extended Release (Nucynta ER®)	
	Neuropathic Pain	Duloxetine Capsule (Generic)	Capsaicin/Skin Cleanser (Qutenza Kit®)	
		Gabapentin Capsule; Tablet (Generic)	Duloxetine Capsule (Cymbalta®; Generic for Irenka®; Irenka®)	
		Gabapentin Solution (Neurontin®)	Gabapentin ER Tablet (Gralise®)	
		Lidocaine Topical Patch (Generic; Authorized Generic)	Gabapentin Enacarbil Tablet (Horizant®)	
			Gabapentin Capsule (Neurontin®)	
			Gabapentin Solution (Generic)	

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			Gabapentin Tablet (Neurontin®)	
			Lidocaine Topical Patch (Lidoderm®)	
			Lidocaine/Emollient CMB NO. 102 (Dermacinrx PHN Pak)	
			Milnacipran (Savella®; Savella Titration Pack®)	
			Pregabalin Capsule; Solution (Lyrica®)	
			Pregabalin ER Tablet (Lyrica CR®)	
	(NSAIDs)	Diclofenac Sodium Transdermal Gel (Voltaren®)	Diclofenac Sodium Transdermal Gel (Generic)	
		Ibuprofen Rx Suspension; Tablet (Generic)	Diclofenac Potassium Tablet (Generic)	
		Indomethacin Capsule (Generic)	Diclofenac Submicronized Capsule (Zorvolex®)	
		Indomethacin Suspension (Indocin®)	Diclofenac/Misoprostol Tablet (Generic; Arthrotec®)	
		Ketorolac Tablet (Generic)	Diclofenac Epolamine Transdermal Patch (Flector®)	
		Meloxicam Tablet; Suspension (Generic)	Diclofenac Sodium Transdermal Solution (Generic; Pennsaid® Pump)	
		Nabumetone Tablet (Generic)	Diclofenac Potassium Capsule (Zipsor®)	
		Naproxen EC DR (Generic)	Diclofenac Na/Capsaicin Topical (DermacinRx Lexitral®)	
		Naproxen Suspension (Generic)	Diclofenac -Capsicum Oleoresin Kit	
		Naproxen Tablet (Generic)	Diclofenac Sodium (Vopac MDS Kit)	
		Sulindac Tablet (Generic)	Diclofenac Sodium/Kinesiology Tape (Xrylix Kit)	
			Diflunisal Tablet (Generic)	
			Esomeprazole/Naproxen Tablet (Vimovo®)	
			Etodolac Tablet, Capsule, SR Tablet (Generic)	
			Famotidine/Ibuprofen Tablet (Duexis®)	
			Fenoprofen Capsule (Authorized Generic; Nalfon®)	
			Fenoprofen Tablet	
			Flurbiprofen Tablet (Generic)	
			Indomethacin Rectal Suppository (Indocin®)	
			Indomethacin submicronized Capsule (Tivorbex®)	
			Indomethacin ER Capsule (Generic)	

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			Ketoprofen Capsule (Generic)	
			Ketoprofen ER Capsule (Generic)	
			Meclofenamate Sodium Capsule (Generic)	
			Meloxicam Tablet; Suspension (Mobic®)	
			Meloxicam, Submicronized (Vivlodex®)	
			Mefenamic Acid (Generic; Ponstel®)	
			Naproxen Sodium (Generic; Anaprox®)	
			Naproxen CR Tablet (Generic; Authorized Generic)	
			Naproxen EC (Naprosyn EC®)	
			Naproxen Tablet (Naprosyn®)	
			Naproxen ER (Naprelan®)	
			Oxaprozin Tablet (Generic; Daypro®)	
			Piroxicam Capsule (Generic; Feldene®)	
			Tolmetin Capsule; Tablet (Generic)	
	Antimigraine Agents,	Rizatriptan ODT, Tablet (Generic)	Almotriptan Tablet (Generic; Authorized Generic; Axert®)	
	Triptans	Sumatriptan, Nasal (Imitrex®)	Eletriptan Tablet (Generic; Authorized Generic; Relpax®)	
		Sumatriptan Tablet, Vial (Generic)	Frovatriptan (Generic; Frova®)	
		Zolmitriptan ODT, Tablet (Generic)	Naratriptan (Generic; Amerge®)	
			Rizatriptan Tablet (Maxalt®; Maxalt MLT®)	
			Sumatriptan Auto-Injector (Zembrace SymTouch®)	
			Sumatriptan Jet-Injector (Sumavel DosePro®)	
			Sumatriptan Vial; Kit; Nasal (Generic and Branded Generic for Imitrex®)	
			Sumatriptan Nasal (Onzetra Xsail®)	
			Sumatriptan Tablet, Kit, Vial (Imitrex ®)	
			Sumatriptan/Naproxen (Generic; Treximet®)	
			Sumatriptan/Menthol/Camphor (Migranow Kit®)	
			Zolmitriptan Tablet (Zomig®)	

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			Zolmitriptan ODT (Authorized Generic; Zomig ZMT®)	
			Zolmitriptan Nasal (Zomig®)	
	Skeletal Muscle Relaxants	Baclofen (Generic)	Carisoprodol Tablet (Soma®; Generic)	
		Chlorzoxazone (Generic)	Carisoprodol Compound	
		Cyclobenzaprine (Generic)	Chlorzoxazone (Lorzone®)	
		Methocarbamol (Generic)	Cyclobenzaprine Tablet (Fexmid®)	
		Tizanidine Tablet (Generic)	Cyclobenzaprine ER (Amrix®)	
			Dantrolene Sodium (Generic; Authorized Generic; Dantrium®)	
			Metaxalone (Generic; Skelaxin®)	
			Methocarbamol (Robaxin®)	
			Orphenadrine ER Tablet (Generic)	
			Tizanidine Capsule (Generic; Zanaflex®)	
			Tizanidine Tablet (Zanaflex®)	
	Cytokine and CAM Antagonists	Adalimumab Injection (Humira® Pen Kit; Humira® Kit)	Abatacept Injection Syringe; Vial; Clickject (Orencia®)	
		Secukinumab (Cosentyx® Pen; Syringe)	Anakinra Syringe (Kineret®)	
			Apremilast Tablet (Otezla®)	
			Brodalumab Injection Syringe (Siliq®)	
			Canakinumab/PF Vial (Ilaris®)	
			Certolizumab Pegol Kit; Syringe Kit (Cimzia®)	
			Etanercept Injection Kit; Pen; Disp Syringe, Cartridge (Enbrel®)	
			Golimumab Pen; Disp Syringe (Simponi®)	
			Golimumab Intravenous Vial (Simponi® Aria)	
			Guselkumab Injection Syringe (Tremfya®)	
			Infliximab Vial (Remicade®, Inflectra®, Renflexis®)	
			Ixekizumab Syringe; Autoinjector (Taltz®)	

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			Rilonacept (Arcalyst®)	
			Sarilumab Injection Syringe (Kevzara®)	
			Tocilizumab Injection Syringe; Vial (Actemra®)	
			Tofacitinib Tablet (Xeljanz®)	
			Tofacitinib ER Tablet (Xeljanz® XR)	
			Ustekinumab Disp Syringe (Stelara®)	
			Vedolizumab Inj (Entyvio®)	
26	**PARKINSON'S**	Amantadine Capsule; Syrup (Generic)	Amantadine Hydrochloride ER Capsule (Gocovri®)	
	Antiparkinson Agents -	Benztropine Tablet (Generic)	Amantadine Tablet (Generic)	
	Anticholinergic and Other	Carbidopa/ Levodopa Tablet (Generic)	Bromocriptine Tablet; Capsule(Generic)	
		Carbidopa/ Levodopa ER Tablet (Generic)	Carbidopa Tablet (Generic; Lodosyn®)	
		Carbidopa/Levodopa/Entacapone Tablet (Generic)	Carbidopa/ Levodopa Tablet (Sinemet®)	
		Pramipexole Tablet (Generic)	Carbidopa/ Levodopa ER Tablet (Sinemet CR®)	
		Ropinirole Tablet (Generic)	Carbidopa/ Levodopa ER Capsule (Rytary®)	
		Selegiline Capsule, Tablet (Generic)	Carbidopa/ Levodopa ODT (Generic)	
		Trihexyphenidyl Elixir, Tablet (Generic)	Carbidopa/ Levodopa Enteral Susp (Duopa®)	
			Carbidopa/Levodopa/Entacapone Tablet (Stalevo®)	
			Entacapone Tablet (Generic; Comtan®)	
			Pramipexole (Mirapex®)	
			Pramipexole ER (Generic; Mirapex ER®)	
			Rasagiline (Generic; Azilect®)	
			Ropinirole (Requip®)	
			Ropinirole ER (Generic; Requip XL®)	
			Rotigotine Transdermal (Neupro®)	
			Safinamide Tablet (Xadago®)	
			Selegiline (Zelapar®)	

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			Tolcapone Tablet (Generic; Tasmar®)	
27	**PROGESTATIONAL AGENTS**	Hydroxyprogesterone Caproate Intramuscular MDV; SDV; Auto Injector (Makena®)	Hydroxyprogesterone Caproate Intramuscular (Generic)	
28	**SEDATIVE/HYPNOTICS**	Temazepam Capsule 15mg; 30mg (Generic)	Doxepin Tablet (Silenor®)	
		Triazolam Tablet (Generic)	Estazolam Tablet (Generic)	
		Zolpidem Tablet (Generic)	Eszopiclone Tablet (Generic; Lunesta®)	
			Flurazepam Capsule (Generic)	
			Ramelteon Tablet (Rozerem®)	
			Suvorexant Tablet (Belsomra®)	
			Tasimelteon Capsule (Hetlioz®)	
			Temazepam Capsule (Restoril®)	
			Temazepam 7.5mg, 22.5mg (Generic)	
			Triazolam Tablet (Halcion®)	
			Zaleplon Capsule (Generic; Sonata®)	
			Zolpidem Tablet (Ambien®)	
			Zolpidem Tartrate Sublingual (Generic; Edluar®; Intermezzo®)	
			Zolpidem ER Tablet (Generic; Ambien CR®)	
			Zolpidem Solution (Zolpimist®)	
29	**UROLOGY**	Fesoterodine Fumarate (Toviaz®)	Darifenacin ER (Generic; Authorized Generic; Enablex® ER)	
	INCONTINENCE	Oxybutynin Syrup; Tablet (Generic)	Flavoxate (Generic)	
	Bladder Relaxant Preparations	Oxybutynin ER (Generic; Authorized Generic)	Mirabegron ER Tablet (Myrbetriq®)	

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		Solifenacin (VESIcare®)	Oxybutynin ER (Ditropan XL®)	
			Oxybutynin Gel (Gelnique Gel Pump®; Gelnique Gel MD PMP Transdermal®)	
			Oxybutynin Transdermal (Oxytrol® Rx)	
			Tolterodine (Generic; Detrol®)	
			Tolterodine ER (Generic; Authorized Generic; Detrol LA®)	
			Trospium (Generic)	
			Trospium ER (Generic)	
30	**SMOKING CESSATION PRODUCTS**	Bupropion SR Tablet (Generic)	Bupropion ER Tablet (Zyban®)	
	Smoking Cessation	Nicotine Gum OTC Buccal (Generic)	Nicotine Gum OTC Buccal (Nicorette®)	
		Nicotine Transdermal Patch OTC (Generic)	Nicotine Inhaler (Nicotrol Inhaler®)	
		Varenicline Tablet (Chantix®; Chantix Dose Pack®)	Nicotine Lozenges OTC (Generic; Nicorette®)	
			Nicotine Nasal Spray (Nicotrol Nasal Spray®)	
			Nicotine Transdermal (Nicoderm CQ®)	
31	**PROSTATE**	Alfuzosin (Generic)	Alfuzosin (Uroxatral®)	
	Benign Prostatic Hyperplasia	Doxazosin (Generic)	Doxazosin (Cardura®)	
	Treatment (BPH)	Dutasteride (Generic)	Doxazosin ER (Cardura XL®)	
		Finasteride (Generic)	Dutasteride (Avodart®)	
		Tamsulosin (Generic)	Dutasteride/Tamsulosin (Generic; Jalyn®)	
		Terazosin (Generic)	Silodosin (Rapaflo®)	
			Tamsulosin (Flomax®)	

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32	**ANXIOLYTICS**	Buspirone Tablet (Generic)	Alprazolam ODT (Generic)	
		Lorazepam Tablet (Generic)	Alprazolam Tablet (Generic; Xanax®)	
			Alprazolam ER (Generic; Xanax XR®)	
			Alprazolam Intensol Concentrate (Generic)	
			Chlordiazepoxide Capsule (Generic)	
			Clorazepate Dipotassium Tablet (Generic; Tranxene T-Tab®)	
			Diazepam Intensol Concentrate (Generic)	
			Diazepam Solution (Generic)	
			Diazepam Tablet (Generic)	
			Diazepam Inj Vial; Syringe (Generic)	
			Lorazepam Intensol Concentrate (Generic)	
			Lorazepam Tablet (Ativan®)	
			Meprobamate (Generic)	
			Oxazepam (Generic)	
enbrel				
33	**ANITVIRALS, ORAL**	Acyclovir Capsule; Tablet (Generic)	Acyclovir Susp (Generic)	
		Acyclovir Susp (Zovirax®)		
		Famciclovir (Generic)		
		Oseltamivir Capsule; Suspension (Tamiflu®)	Oseltamivir Capsule; Suspension (Generic)	
		Rimantadine (Generic)	Valacyclovir (Valtrex®)	
		Valacyclovir (Generic)	Valacyclovir (Valtrex®)	
		Zanamivir Inh (Relenza®)		
34	**GI MOTILITY, CHRONIC**	Linaclotide Capsule (Linzess®)	Alosetron Tablet (Generic; Authorized Generic; Lotronex®)	

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		Lubiprostone Capsule (Amitiza®)	Eluxadoline Tablet (Viberzi®)	
		Naloxegol Tablet (Movantik®)	Methylnaltrexone Syringe; Vial; Tablet (Relistor®)	
			Naldemedine (Symproic®)	
			Plecanatide (Trulance®)	
35	**H. PYLORI TREATMENT**	Bismuth/Metronidazole/Tetracycline (Pylera®)	Lansoprazole/Amoxicillin/ Clarithromycin (Prevpac®; Generic; Authorized Generic)	
			Omeprazole/Clarithromycin/Amoxicillin (Omeclamox-Pak®)	