Prior Authorization PDL Implementation Schedule

09/03/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2009
1	**ADD/ADHD**			
	Stimulants and Related Agents	Amphetamine Mixed Salt	Amphetamine Mixed Salt ER (generic only)	
		Amphetamine Mixed Salt ER (Adderall XR® - Brand only)	Atomoxetine (Strattera®)	
		Dexmethylphenidate	Dextroamphetamine (Procentra®)	
		Dexmethylphenidate (Focalin ®)	Modafinil (Provigil®)	
		Dexmethylphenidate ER (Focalin XR®)	Methamphetamine (Desoxyn®)	
		Dextroamphetamine	Methylphenidate LA (Ritalin LA®)	
		Lisdexamfetamine (Vyvanse®)		
		Methylphenidate		
		Methylphenidate ER		
		Methylphenidate ER (Concerta®, Metadate CD®)		
		Methylphenidate Transdermal (Daytrana Transdermal®)		
2	**ALLERGY**			
	Antihistamines - Minimally Sedating	Cetirizine OTC – Generic only	Acrivastin/Pseudoephedrine (Semprex-D®)	
		Cetirizine Chewable OTC – Generic only		
		Cetirizine Syrup OTC – Generic only	Cetirizine Syrup OTC (Zyrtec®)	
		Cetirizine – D OTC – Generic only		
		Loratadine OTC – Generic only	Cetirizine RX	
		Loratadine Syrup OTC – Generic only	Cetirizine RX Syrup	
		Loratadine-D OTC – Generic only	Desloratadine (Clarinex®)	
			Desloratadine Syrup (Clarinex®)	
			Desloratadine/Pseudoephedrine (Clarinex-D®)	
			Fexofenadine	
			Fexofenadine ODT(Allegra ODT®)	
			Fexofenadine/Pseudoephedrine (Allegra-D®)	
			Fexofenadine Syrup (Allegra Syrup®)	
			Levocetirizine (Xyzal®)	
			Levocetirizine Syrup (Xyzal®)	
			Loratadine Chewable (Children's Claritin Chewable OTC®)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2009
	Rhinitis Agents, Nasal	Azelastine (Astelin®)	Beclomethasone AQ (Beconase AQ®)	
		Azelastine (Astepro®)	Budesonide Aqua (Rhinocort Aqua®)	
		Mometasone (Nasonex®)	Ciclesolide (Omnaris®)	
			Flunisolide (Nasarel®)	
			Flunisolide	
			Fluticasone	
			Fluticasone Furoate (Veramyst®)	
			Ipratropium Nasal	
			Olopatadine HCL (Patanase®)	
			Triamcinolone (Nasacort AQ®)	
3	**ALZHEIMER'S**			
	Alzheimer's Agents	Donepezil (Aricept®)	Galantamine	
	Cholinesterase Inhibitors	Donepezil (Aricept ODT®)	Galantamine ER	
		Memantine HCl (Namenda®)	Rivastigmine Oral Solution (Exelon Solution®)	
		Rivastigmine Oral (Exelon®)	Tacrine (Cognex®)	
		Rivastigmine Transdermal Patch (Exelon Transdermal®)		
4	**ANTIPSYCHOTIC AGENTS**	**ORAL**		
	Antipsychotic Agents	Amitriptyline/Perphenazine	Aripiprazole (Abilify®)	
		Chlorpromazine	Clozapine	
		Clozapine (Fazaclo®)	Olanzapine/Fluoxetine (Symbyax®)	
		Fluphenazine	Olanzapine (Zyprexa®)	
		Haloperidol	Paliperidone ER (Invega®)	
		Molindone (Moban®)		
		Perphenazine		
		Quetiapine (Seroquel®)		
		Quetiapine ER (Seroquel XR®)		
		Risperidone		
		Thioridazine		
		Thiothixene		
		Trifluoperazine		
		Ziprasidone (Geodon®)		

Prior Authorization PDL Implementation Schedule

09/03/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2009
	Antipsychotic Agents , cont.	**INJECTIONS**		
		Fluphenazine Decanoate	Olanzapine (Zyprexa®)	
		Haloperidol Decanoate	Risperidone (Risperdal Consta®)	
		Ziprasidone (Geodon®)		
5	**ASTHMA/COPD**			
	Bronchodilator, Beta-Adrenergic			
	Agents	**INHALATION**		
		Albuterol Sulfate Nebulizer	Albuterol Sulfate HFA MDI (Proventil HFA®)	
		Albuterol Sulfate HFA (ProAir HFA®)	Albuterol Sulfate Nebulizer Low-Dose	
		Albuterol Sulfate HFA MDI (Ventolin HFA®)	Arformoterol Inhalation Solution (Brovana Inhalation Solution®)	
		Formoterol DPI (Foradil®)	Formoterol Inhalation Solution (Perforomist Inhalation Solution®)	
		Levalbuterol Nebulizer HCL (Xopenex ®)	Levalbuterol HFA (Xopenex HFA®)	
		Salmeterol Xinafoate (Serevent Diskus®)	Pirbuterol (Maxair Autohaler®)	
		ORAL		
		Albuterol Sulfate	Metaproterenol Sulfate	
		Albuterol Sulfate ER		
		Terbutaline Sulfate		
	Bronchodilator, Anticholinergics	**INHALATION**		
		Albuterol Sulfate/Ipratropium MDI (Combivent®)	Albuterol Sulfate/Ipratropium Nebulizer	
		Ipratropium Nebulizer		
		Ipratropium Inhalation Aerosol MDI (Atrovent HFA®)		
		Tiotropium Inhalation Powder (Spiriva®)		

Prior Authorization PDL Implementation Schedule

09/03/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2009
	Corticosteroids, Inhalation	Beclomethasone MDI (QVAR®)	Budesonide DPI (Pulmicort Flexhaler®)	
		Budesonide/Formoterol MDI (Symbicort®)	Budesonide Respules - 9 years old and over	
		Budesonide Respules - 8 years old and under	Budesonide Respules (Pulmicort - Respules®) - 9 years old and over	
		Budesonide Respules (Pulmicort - Respules®) - 8 years old and under	Ciclesonide (Alvesco®)	
		Flunisolide MDI (Aerobid®)	Mometasone DPI (Asmanex®)	
		Flunisolide MDI (Aerobid M®)		
		Fluticasone MDI (Flovent®)		
		Fluticasone MDI (Flovent HFA Inhaler)		
		Triamcinolone MDI (Azmacort®)		
		Fluticasone/Salmeterol DPI (Advair Diskus®)		
		Fluticasone/Salmeterol MDI (Advair HFA®)		
	Leukotriene Modifiers	Montelukast (Singulair®)	Zileuton CR (Zyflo CR®)	
		Zafirlukast (Accolate®)		
6	**DEPRESSION**			
	Antidepressants, Other	Bupropion HCl IR	Bupropion HBr ER (Aplenzin®)	
		Bupropion HCl SR	Bupropion HCl XL	
		Mirtazapine	Bupropion HCl XL (Wellbutrin XL®)	
		Trazodone	Desvenlafaxine (Pristiq®)	
		Venlafaxine ER	Duloxetine (Cymbalta®)	
			Nefazodone	
			Selegiline Patch (Emsam®)	
			Venlafaxine	
			Venlafaxine ER (Effexor XR brand only)	
	Selective Serotonin	Citalopram	Fluvoxamine CR (Luvox CR®)	
	Reuptake Inhibitors (SSRIs)	Escitalopram (Lexapro®)	Fluoxetine ER (Prozac Weekly®)	
		Fluoxetine	Paroxetine CR	
		Fluvoxamine	Paroxetine Mesylate (Pexeva®)	
		Paroxetine		
		Sertraline		

Prior Authorization PDL Implementation Schedule

09/03/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2009
7	**DERMATOLOGY**			
	Antifungals - Topical	Ciclopirox Shampoo (Loprox®)	Butenafine (Mentax®)	
		Clotrimazole Rx	Ciclopirox (CNL8®)	
		Clotrimazole/Betamethasone	Ciclopirox Cream	
		Ketoconazole Cream	Ciclopirox Gel	
		Ketoconazole Shampoo (Rx only)	Ciclopirox Solution	
		Naftifine (Naftin®)	Ciclopirox Suspension	
		Nystatin	Econazole	
		Nystatin w/ Triamcinolone	Ketoconazole Foam (Extina Foam®)	
		Oxiconazole (Oxistat®)	Ketoconazole (Xolegel®)	
			Miconazole/zinc oxide/white petrolatum (Vusion®)	
			Sertaconazole Nitrate (Ertaczo®)	
	Antiparasitic Agents, Topical	Crotamiton (Eurax®)	Lindane	
		Malathion (Ovide® - Brand only)	Malathion (generic only)	
		Permethrin		
	Antiviral Agents, Topical	Penciclovir Cream (Denavir®)	Acyclovir Cream (Zovirax®)	
			Acyclovir Ointment (Zovirax®)	
	Atopic Dermatitis	Pimecrolimus (Elidel®)	NONE	
	Immunomodulators	Tacrolimus (Protopic®)		
	Impetigo Agents, Topical	Mupirocin Ointment Topical	NONE	
		Mupirocin Cream Topical (Bactroban®)		
		Retapamulin (Altabax®)		

Prior Authorization PDL Implementation Schedule

09/03/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2009
	STERIODS, TOPICAL			
	Low Potency	Alclometasone Dipropionate	Desonide (Verdeso®)	
		Desonide	Desonide (Desonate®)	
		Fluocinolone Acetonide (Derma-Smoothe-FS)		
		Fluocinolone Acetonide Shampoo (Capex®)		
		Hydrocortisone		
	Medium Potency	Fluocinolone Acetonide	Clocortolone Pivalate (Cloderm®)	
		Fluticasone Propionate	Flurandrenolide Tape (Cordran Tape®)	
		Fluticasone Propionate Lotion (Cutivate Lotion)	Hydrocortisone Butyrate (Locoid Lipocream®)	
		Betamethasone Valerate (Luxiq®)		
		Hydrocortisone Butyrate		
		Hydrocortisone Valerate		
		Mometasone Furoate		
		Prednicarbate		
	High Potency	Amcinonide	Desoximetasone	
		Betamethasone Dipropionate	Diflorasone Diacetate	
		Betamethasone Valerate	Fluocinonide (Vanos®)	
		Fluocinonide	Halcinonide (Halog®)	
		Fluocinonide-E		
		Fluocinonide Emollient		
		Triamcinolone Acetonide		
	Very High Potency	Clobetasol Emollient	Clobetasol Propionate (Clobex®)	
		Clobetasol Propionate	Clobetasol Propionate (Olux-Olux-E Pack®)	
		Halobetasol Propionate	Clobetasol Propionate (Olux-E®)	
8	**DIABETES**			
	Hypoglycemics, Meglitinides	Nateglinide (Starlix®)	Repaglinide/Metformin (Prandimet®)	
			Repaglinide (Prandin®)	

Prior Authorization PDL Implementation Schedule

09/03/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2009
	Hypoglycemics, Thiazolidinediones (TZDs)	Pioglitazone (Actos®)	None	
		Pioglitazone/Glimepiride (Duetact®)		
		Pioglitazone/Metformin (Actoplus Met®)		
		Rosiglitazone (Avandia®)		
		Rosiglitazone/Glimepiride (Avandaryl®)		
		Rosiglitazone/Metformin (Avandamet®)		
	Hypoglycemics	Human Insulin & Pens (Humulin®)	Human Insulin & Pens (Novolin®)	
	Insulins & Related Agents	Insulin Detemir & Pens (Levemir®)	Insulin Aspart & Pens (Novolog®)	
		Insulin Glargine & Pens (Lantus®)	Insulin Aspart/Insulin Aspart Protamine & Pens (Novolog Mix 70/30®)	
		Insulin Lispro & Pens (Humalog®)	Insulin Glulisine & Pens (Apidra®)	
		Insulin Lispro/Protamine Lispro & Pens (Humalog Mix®)		
	Hypoglycemics	Exenatide (Byetta, Pens®)	NONE	
	Incretin Mimetics/Enhancers	Pramlintide (Symlin®)		
		Pramlintide Pens (Symlin Pens®)		
		Sitagliptin (Januvia®)		
		Sitagliptin/Metformin (Janumet®)		
9	**DIGESTIVE DISORDERS**			
	Antiemetic Agents	Dronabinol (Marinol® - Brand only)	Aprepitant (Emend®)	
		Ondansetron / Ondansetron ODT	Dolasetron (Anzemet®)	
			Dronabinol (generic only)	
			Granisetron	
			Granisetron Transdermal (Sancuso®)	
			Nabilone (Cesamet®)	
	H. Pylori Agents	Metronidazole+Tetracycline+Bismuth subsalicylate (Helidac®)	Bismuth Subcitrate Potassium+Metronidazole+Tetracycline (Pylera®)	
			Lansoprazole+Amoxillin+Clarithromycin (Prevpac®)	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2009
	GERD AND RELATED DISORDERS			
	Proton Pump Inhibitors	Esomeprazole (Nexium®)	Dexlansoprazole (Kapidex®)	
		Esomeprazole Suspension (Nexium®)	Omeprazole	
		Lansoprazole Capsule (Prevacid®)	Omeprazole Magnesium Suspension (Prilosec Suspension®)	
		Lansoprazole Solutabs (Prevacid®)	Pantoprazole	
			Rabeprazole (Aciphex®)	
	Pancreatic Enzymes	Dygase	Pancrecarb MS	
		Lapase	Ultrase	
		Pancrelipase		
		Viokase		
		Pancrease MT		
		Creon		
9	**DIGESTIVE DISORDERS**			
	ULCERATIVE COLITIS			
	Ulcerative Colitis Agents	Balsalazide	Mesalamine ER Oral (Pentasa, Apriso®)	
		Mesalamine Enemas	Mesalamine MMX (Lialda®)	
		Mesalamine (Asacol®)	Olsalazine Oral (Dipentum®)	
		Mesalamine Suppositories (Canasa®)		
		Sulfasalazine		
		Sulfite-free Mesalamine Suspension Enema (SF Rowasa®)		
10	**GROWTH DEFICIENCY**			
	Growth Hormones	Somatropin (Genotropin®)	Somatropin (Humatrope®)	
		Somatropin (Norditropin®)	Somatropin (Omnitrope®)	
		Somatropin (Nutropin®)	Somatropin (Saizen®)	
		Somatropin (Nutropin AQ®)	Somatropin (Serostim®	
			Somatropin (Tev-Tropin®)	
			Somatropin (Zorbtive®)	

Prior Authorization PDL Implementation Schedule

09/03/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2009
11	**Gout Agents**			
	Antihyperuricemics	Allopurinol	Febuxostat (Uloric®)	
		Colchicine		
		Probenecid		
		Probenecid/Colchicine		
12	**HEART DISEASE**			
	HYPERLIPIDEMIA			
	Antihyperlipidemic Agents -	Cholestyramine	Colesevelam (Welchol®)	
	Non Statins	Colestipol	Ezetimibe (Zetia®)	
		Fenofibrate (Tricor®)	Fenofibrate (Antara®)	
		Fenofibric Acid (Trilipix®)	Fenofibrate (Fenoglide®)	
		Gemfibrozil	Fenofibrate (Generics)	
		Niacin ER (Niaspan®)	Fenofibrate (Lipofen®)	
		Niacin IR (Niacor®)	Fenofibrate (Triglide®)	
			Omega-3-acid ethyl esters (Lovaza®)	
	Statins & Statin Combination Agents	Amlodipine/Atorvastatin (Caduet®)	Ezetimibe/Simvastatin (Vytorin®)	
		Atorvastatin (Lipitor®)	Niacin ER/Lovastatin (Advicor®)	
		Fluvastatin (Lescol®)		
		Fluvastatin XL (Lescol XL®)		
		Lovastatin		
		Lovastatin ER (Altoprev®)		
		Niacin ER/Simvastatin (Simcor®)		
		Pravastatin		
		Rosuvastatin (Crestor®)		
		Simvastatin		

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2009
	HYPERTENSION			
	ACE Inhibitors & Related Agents	Benazepril	Aliskiren (Tekturna®)	
		Benazepril/HCTZ	Aliskiren/HCTZ (Tekturna HCT®)	
		Captopril	Moexipril	
		Captopril/HCTZ	Moexipril/HCTZ	
		Enalapril		
		Enalapril/HCTZ		
		Fosinopril		
		Fosinopril/HCTZ		
		Lisinopril		
		Lisinopril/HCTZ		
		Perindopril (Aceon®)		
		Quinapril		
		Quinapril/HCTZ		
		Ramipril (Altace®)		
		Trandolapril		
	Angiotensin Modulators/Calcium Channel Blockers Combination Products	Amlodipine/Benazepril - Generic only	Amlodipine/Benazepril (Lotrel®- Brand Only)	
		Amlodipine/Olmesartan (Azor®)		
		Amlodipine/Valsartan (Exforge®)		
		Verapamil SR/Trandolapril (Tarka®)		
	Angiotensin II Receptor	Irbesartan (Avapro®)	Candesartan (Atacand®)	
	Blockers (ARBS)	Irbesartan/HCTZ (Avalide®)	Candesartan/HCTZ (Atacand HCT®)	
		Losartan (Cozaar®)	Eprosartan (Teveten®)	
		Losartan/HCTZ (Hyzaar®)	Eprosartan/HCTZ (Teveten HCT®)	
		Olmesartan (Benicar®)		
		Olmesartan/HCTZ (Benicar HCT®)		
		Telmisartan (Micardis®)		
		Telmisartan/HCTZ (Micardis HCT®)		
		Valsartan (Diovan®)		
		Valsartan/HCTZ (Diovan HCT®)		

Prior Authorization PDL Implementation Schedule

09/03/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2009
	Beta Adrenergic Receptor	Acebutolol	Betaxolol	
	Blocking Agents	Atenolol	Carvedilol CR (Coreg CR®)	
		Bisoprolol Fumarate		
		Carvedilol		
		Labetalol		
		Metoprolol Succinate ER		
		Metoprolol Tartrate		
		Nadolol		
		Nebivolol (Bystolic®)		
		Penbutolol (Levatol®)		
		Pindolol		
		Propranolol		
		Propranolol ER (Innopran XL®)		
		Propranolol LA		
		Sotalol		
		Sotalol AF		
		Timolol Maleate		
	Calcium Channel Blockers	Amlodipine	Diltiazem ER (Cardizem LA®)	
		Diltiazem IR	Nicardipine SR (Cardene SR®)	
		Diltiazem ER (Generics)	Nisoldipine – Generics only	
		Diltiazem SR	Verapamil ER (Covera HS®)	
		Felodipine ER	Verapamil ER PM	
		Isradipine IR		
		Isradipine SR (Dynacirc CR®)		
		Nicardipine		
		Nifedipine ER		
		Nifedipine IR		
		Nimodipine		
		Nisoldipine (Sular®)		
		Verapamil		
		Verapamil ER (Generics)		
		Verapamil IR		

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2009
		Verapamil SR		
12	**PLATELET AGGREGATION INHIBITORS**			
	Platelet Aggregation Inhibitors	Aspirin/Dipyridamole ER (Aggrenox®)	Ticlopidine	
		Clopidogrel (Plavix®)		
		Dipyridamole		
	ANTICOAGULANTS, INJECTABLES			
	Anticoagulants,	Dalteparin (Fragmin®)	Tinzaparin (Innohep®)	
	Injectable	Enoxaparin (Lovenox®)		
		Fondaparinux (Arixtra®)		
	PULMONARY ARTERIAL HYPERTENSION (PAH)	Ambrisentan (Letairis®)	Bosentan (Tracleer®)	
		Sildenafil (Revatio®)		
13	**HEMATOLOGIC AGENTS**			
	HEMATOPOIETIC AGENTS			
	Erythropoietins	Darbepoetin alfa (Aranesp®)	Epoetin alfa (Epogen®)	
		Epoetin alfa (Procrit®)		
	Anticoagulants - refer to			
	HEART DISEASE			
14	**HEMODIALYSIS**			
	Phosphate Binders	Calcium Acetate (PhosLo® - Brand only)	Calcium Acetate (Generics)	
		Lanthanum (Fosrenol®)	Calcium Acetate (Eliphos®)	
		Sevelamer HCL (RenaGel®)	Sevelamer Carbonate (Renvela®)	
15	**HORMONE THERAPY**			
	Androgenic Agents	Testosterone Transdermal Patch (Androderm®)	Testosterone Gel 1% (Testim®)	
		Testosterone Gel 1% (Androgel®)		

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2009
16	**HYPERLIPIDEMIA - REFER TO HEART DISEASE**			
17	**IMMUNE DISORDERS - REFER TO MULTIPLE SCLEROSIS**			
18	**INFECTIOUS DISORDERS**			
	ANTIBIOTICS	Amoxicillin/Clavulanate Tablets	Cefdinir	
	Cephalosporin and Related	Amoxicillin/Clavulanate Suspension	Cefpodoxime	
	Antibiotics	Amoxicillin/Clavulanate Susp (Augmentin®)		
		Amoxicillin/Clavulanate ER (Augmentin XR®)		
		Cefaclor		
		Cefaclor ER		
		Cefadroxil		
		Cefditoren Pivoxil (Spectracef®)		
		Cefixime (Suprax®)		
		Cefprozil		
		Ceftibuten (Cedax®)		
		Cefuroxime Axetil		
		Cephalexin		
		ORAL		
	Fluoroquinolones	Ciprofloxacin Tablets	Ciprofloxacin Suspension (Cipro Suspension®)	
		Moxifloxacin (Avelox®)	Ciprofloxacin ER	
			Ciprofloxacin ER (Proquin XR®)	
			Gemifloxacin Mesylate (Factive®)	
			Levofloxacin (Levaquin®)	
			Norfloxacin (Noroxin®)	
			Ofloxacin	
	Antibiotics, Gastrointestinal	Metronidazole	Metronidazole ER (Flagyl ER®)	
		Neomycin	Rifaximin (Xifaxan®)	
		Nitazoxanide (Alinia®)		
		Tinidazole (Tindamax®)		

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2009
		Vancomycin (Vancocin®)		
	Macrolides - Ketolides	Azithromycin	Azithromycin ER (Zmax®)	
		Erythromycin Base	Clarithromycin	
		Erythromycin Estolate	Clarithromycin ER	
		Erythromycin Ethylsuccinate	Telithromycin (Ketek®)	
		Erythromycin Stearate		
	Tetracyclines	Doxycycline	Demeclocycline	
		Minocycline	Doxycycline DR (Oracea®)	
		Tetracycline		
	Vaginal	Clindamycin Vaginal Cream	NONE	
		Clindamycin Vaginal Cream (Clindesse®)		
		Clindamycin Vaginal Ovules (Cleocin®)		
		Metronidazole Vaginal Gel		
		Metronidazole Vaginal Gel (Vandazole®)		
	OPHTHALMIC ANTIBIOTICS - refer to Ophthalmic Disorders			
	OTIC ANTIBIOTICS - refer to OTIC Agents			
	ANTIFUNGALS			
	Antifungals, Oral	Fluconazole	Clotrimazole Troches	
		Griseofulvin (Gris-Peg®)	Flucytosine (Ancobon®)	
		Griseofulvin Suspension	Griseofulvin Tablets (Grifulvin V®)	
		Ketoconazole	Itraconazole	
		Nystatin	Posaconazole (Noxafil®)	
		Terbinafine (no granules)	Terbinafine Granules (Lamisil Granules®)	
			Voriconazole (VFEND®)	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2009
	HEPATITIS AGENTS			
	Hepatitis C Agents	Ribavirin	Consensus Interferon (Infergen®)	
		Peginterferon alfa 2a (Pegasys®)		
		Peginterferon alfa 2b (Peg-Intron®)		
		Peginterferon alfa 2b (Peg-Intron Redipen®)		
19	**MULTIPLE SCLEROSIS**	Glatiramer (Copaxone®)	NONE	
	Multiple Sclerosis Agents	Interferon beta - 1a (Avonex®)		
	(Immunomodulatory Agents)	Interferon beta - 1b (Betaseron®)		
		Interferon beta - 1a (Rebif®)		
20	**OPHTHALMIC DISORDERS**			
	Allergic Conjunctivitis	Loteprednol (Alrex®)	Azelastine Hydrochloride (Optivar®)	
		Olopatadine HCl (Pataday®)	Cromolyn Sodium	
		Olopatadine HCl (Patanol®)	Emedastine Difumarate (Emadine®)	
			Epinastine HCl (Elestat®)	
			Ketorolac Tromethamine (Acular®)	
			Ketotifen Fumarate (RX only)	
			Lodoxamide Tromethamine (Alomide®)	
			Nedocromil Sodium (Alocril®)	
			Pemirolast Potassium (Alamast®)	
	Glaucoma Agents			
	Intraocular Pressure (IOP)	Betaxolol	Bimatoprost (Lumigan®)	
	Reducers	Betaxolol (Betoptic S®)	Dorzolamide (generic only)	
		Brimonidine Tartrate (Alphagan P®)	Dorzolamide/Timolol (generic only)	
		Brimonidine Tartrate		
		Brimonidine/Timolol (Combigan®)		
		Brinzolamide (Azopt®)		
		Carteolol		
		Dipivefrin (Propine®)		

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2009
	Intraocular Pressure (IOP)	Dorzolamide (Trusopt® - Brand only)		
	Reducers, cont.	Dorzolamide/Timolol (Cosopt® - Brand only)		
		Latanoprost (Xalatan®)		
		Levobunolol		
		Metipranolol		
		Pilocarpine		
		Timolol (Betimol®)		
		Timolol Maleate		
		Timolol LA (Istalol®)		
		Travoprost (Travatan, Travantan Z®)		
	Ophthalmics, Antibiotic	Bacitracin/Polmyxin	Azithromycin 1% (AzaSite®)	
		Erythromycin	Ciprofloxacin Ointment (Ciloxan®)	
		Gentamicin	Ciprofloxacin Solution	
		Moxifloxacin (Vigamox®)	Gatifloxacin (Zymar®)	
		Neomycin-Polmyxin-Gramicidin	Levofloxacin (Iquix®)	
		Tobramycin (Tobrex®)	Levofloxacin (Quixin®)	
		Triple Antibiotic	Natamycin (Natacyn®)	
			Ofloxacin Solution	
	Ophthalmics, Anti-Inflammatories	Dexamethasone (Maxidex®)	Bromfenac (Xibrom®)	
		Dexamethasone Sodium Phosphate	Diflurprednate (Durezol®)	
		Diclofenac	Fluocinolone (Retisert®)	
		Fluorometholone	Ketorolac (Acular LS®)	
		Fluorometholone (Flarex®)	Ketorolac PF (Acular PF®)	
		Fluorometholone (FML Forte®)	Nepafenac (Nevanac®)	
		Fluorometholone (FML S.O.P.®)	Rimexolone (Vexol®)	
		Flurbiprofen	Triamcinolone Acetonide (Triesence®)	
		Loteprednol (Lotemax®)		
		Prednisolone Acetate (Prep Mild®)		

Prior Authorization PDL Implementation Schedule

09/03/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2009
21	**OTIC AGENTS**			
	Fluoroquinolones	Ciprofloxacin/Dexamethasone (Ciprodex OTIC®)	Ciprofloxacin/Hydrocortisone (Cipro HC OTIC®)	
		Ofloxacin (Floxin® - Brand only)	Ofloxacin - Generics	
22	**OSTEOPOROSIS**			
	Bone Resorption Suppression	Alendronate Sodium	Alendronate Solution (Fosamax Solution®)	
	Agents	Calcitonin - Salmon Nasal (generic)	Alendronate/Vit D (Fosamax Plus D®)	
		Calcitonin-Salmon Nasal (Miacalcin®)	Calcitonin-Salmon Nasal (Fortical®)	
		Ibandronate Sodium (Boniva®)	Etidronate Disodium	
		Risedronate (Actonel®)	Raloxifene (Evista®)	
			Risedronate/Calcium (Actonel with Calcium®)	
			Teriparatide Subcutaneous (Forteo®)	
23	**PAIN MANAGEMENT**			
	Analgesics/Anesthetic, Topical	Diclofenac Sodium Gel (Voltaren®)	Diclofenac Epolamine Patch (Flector®)	
		Lidocaine Patch (Lidoderm®)		
	Analgesics, Narcotics Short Acting	Acetaminophen w/Codeine	Acetaminophen/Caffeine/Dihydrocodeine Bitartrate (Panlor DC®)	
		Aspirin w/Codeine	Fentanyl Citrate Buccal (Generics & Actiq®, Fentora®)	
		Codeine Phosphate	Hydromorphone (Dilaudid Oral Liquid)	
		Codeine Sulfate	Opium Tincture	
		Acetaminophen/Caffeine/Dihydrocodeine Bitartrate- (Generics)	Oxymorphone (Numorphan®)	
		Hydrocodone/Acetaminophen	Oxymorphone IR (Opana®)	
		Hydrocodone Bitartrate/ibuprofen	Propoxyphene Napsylate (Darvon-N®)	
		Hydromorphone		
		Meperidine HCL		
		Morphine Sulfate IR		
		Oxycodone IR		
		Oxycodone/Acetaminophen		
		Oxycodone w/Aspirin		
		Oxycodone/Ibuprofen		

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2009
		Pentazocine/Naloxone HCL		
	Analgesics, Narcotics Short Acting, cont.	Pentazocine/Acetaminophen		
		Propoxyphene		
		Propoxyphene HCL w/APAP		
		Propoxyphene Napsylate w/APAP		
		Tramadol		
		Tramadol/Acetaminophen		
23				
	Analgesics, Narcotics Long Acting	Fentanyl Transdermal (Duragesic) – Brand only	Fentanyl Transdermal (Generic only)	
		Methadone HCL	Morphine Sulfate ER (Avinza®)	
		Morphine Sulfate ER (Kadian®)	Oxycodone ER	
		Morphine Sulfate ER (Generic)	Oxycodone ER (Oxycontin®)	
			Oxymorphone ER (Opana ER®)	
			Tramadol ER (Ultram ER®)	
	Nonsteroidal Anti - Inflammatories	Diclofenac	Celecoxib (Celebrex®)	
	(NSAIDs)	Etodolac	Diclofenac/Misoprostol (Arthrotec®)	
		Fenoprofen	Nabumetone	
		Flurbiprofen		
		Ibuprofen Rx		
		Indomethacin Oral and Rectal		
		Ketoprofen		
		Ketorolac		
		Meclofenamate Sodium		
		Meloxicam		
		Naproxen Rx		
		Oxaprozin		
		Piroxicam		
		Sulindac		
		Tolmetin Sodium		

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2009
	Immunomodulators and Related Agents	Adalimumab (Humira®)	Abatacept (Orencia®)	
		Etanercept (Enbrel®)	Alefacept (Amevive®)	
			Anakinra (Kineret®)	
			Certolizumab Pegol (Cimzia®)	
			Infliximab (Remicade®)	
	Antimigraine Agents,	Eletriptan (Relpax®)	Almotriptan (Axert®)	
	Triptans	Sumatriptan Injection – Generic only	Frovatriptan (Frova®)	
		Sumatriptan Nasal – Generic only)	Naratriptan (Amerge®)	
		Sumatriptan Oral – Generic only	Rizatriptan (Maxalt®, Maxalt MLT®)	
		Sumatriptan/Naproxen (Treximet®)	Sumatriptan (Imitrex Injection)	
			Sumatriptan (Imitrex Nasal)	
			Sumatriptan (Imitrex Oral)	
			Zolmitriptan (Zomig, Zomig ZMT®)	
			Zolmitriptan (Zomig® nasal)	
	Skeletal Muscle Relaxants	Baclofen	Carisoprodol (Soma 250 mg®)	
		Chlorzoxazone	Cyclobenzaprine (Fexmid®)	
		Cyclobenzaprine – Generics	Cyclobenzaprine ER (Amrix®)	
		Methocarbamol	Dantrolene Sodium	
		Carisoprodol – Generics	Metaxalone (Skelaxin®)	
		Carisoprodol Compound	Orphenadrine	
		Tizanidine – Generics only	Orphenadrine Compound	
			Tizanidine (Zanaflex®)	

Prior Authorization PDL Implementation Schedule

09/03/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2009
24	**PARKINSON'S**			
	Antiparkinson Agents -	Benztropine	Bromocriptine	
	Anticholinergic and Other	Levodopa/Carbidopa	Entacapone (Comtan®)	
		Levodopa/Carbidopa/Entacapone (Stalevo®)	Levodopa/Carbidopa ODT	
		Ropinirole	Pramipexole (Mirapex®)	
		Selegiline	Rasagiline (Azilect®)	
		Trihexyphenidyl	Ropinirole ER (Requip XL®)	
			Selegiline (Zelapar®)	
			Tolcapone (Tasmar®)	
25	**SEDATIVE/HYPNOTICS**			
	Sedative/Hypnotics	Chloral Hydrate	Estazolam	
		Temazepam	Eszopiclone (Lunesta®)	
		Temazepam (Restoril 7.5mg®)	Flurazepam	
		Triazolam	Quazepam (Doral®)	
		Zaleplon	Ramelteon (Rozerem®)	
		Zolpidem	Zolpidem CR (Ambien CR®)	
26	**UROLOGY**			
	INCONTINENCE			
	Bladder Relaxant Preparations	Oxybutynin	Darifenacin (Enablex®)	
		Oxybutynin transdermal (Oxytrol®)	Fesoterodine Fumarate (Toviaz®)	
		Solifenacin (VESIcare®)	Oxybutynin ER	
		Tolterodine ER (Detrol LA®)	Tolterodine (Detrol®)	
			Trospium (Sanctura®)	
			Trospium (Sanctura XR®)	
	PROSTATE			
	Benign Prostatic Hyperplasia Treatment (BPH)	Alfuzosin (Uroxatral®)	Doxazosin XL (Cardura XL®)	
		Doxazosin	Silodosin (Rapaflo®)	
		Dutasteride (Avodart®)		
		Finasteride		
		Tamsulosin (Flomax®)		
		Terazosin		