Meeting Minutes

Subject:	Louisiana Department of Health and Hospitals (DHH) Medicaid Pharmaceutical and Therapeutic Committee Meeting (P&T)
Location:	628 North Fourth Street Baton Rouge, LA 70802 Bienville Building Room #118
Date:	November 06, 2013
Members Present:	▪ Brian Boulmay, MD ▪ Rochelle Dunham, MD ▪ Julio Figueroa, MD ▪ Mary Gauthier-Lewis, PharmD ▪ Rebekah Gee, MD ▪ Amy Givler, MD ▪ Martha Brown Harris ▪ Marty R. McKay, RPh ▪ Melvin Murrill, MD ▪ Ben Orlando, RPh ▪ Sukanthini Subbiah ▪ Neil Wolfson, MD
DHH Pharmacy Program Staff Present:	▪ Melwyn Wendt, RPh, Pharm D ▪ Germaine Becks-Moody, PhD, BHSF Program Manager 2 ▪ Evonna Fontenot, Pharmacist ▪ Mary Wolf, Program Monitor
Contractors Present:	▪ Melissa Dear, University of Louisiana, Monroe (ULM) ▪ Rebecca Hebert, University of New Orleans (UNO) ▪ Gabrielle Johnson-Stewart, University of Louisiana, Monroe (ULM) ▪ Julie Pritchard, Pharm D, Magellan Medicaid Administration ▪ Jennifer Picket, Certified Court Reporter
Others Present:	Presenters are listed in the minutes and sign-in sheets and others in attendance from DHH, Bureau of Health Services Financing, Pharmacy Benefits Section upon request.

Call to Order

Marty R. McKay, Chairman, called the meeting to order at 9:39 a.m.

Parliamentary Business

1. **Introduction of Members and Roll Call.** Committee members and staff introduced themselves.
2. **Approval of Minutes.** Mr. McKay asked for a motion to approve the minutes. Dr. Murrill offered a motion to approve the minutes. Dr. Wolfson seconded the motion, which passed.
3. **Election of Officers.** Mr. McKay called for nominations for Chairman of the P&T Committee. Dr. Murrill moved that Mr. McKay remain the chair. Seconded by Dr. Givler. Motion passed. Mr. McKay

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called for nominations for co-chair. Dr. Murrill nominated Dr. Wolfson. Seconded by Dr. Givler. Motion passed.

Reports

1. **Background.** Ms. Sullivan provided the background of forming the committee, which was established under Louisiana revised statute 45:153.3. The purpose of the committee is to develop a preferred Drug List with no prior authorization, make recommendations for additions and deletions for the preferred Drug List, and to advise the Secretary of DHH on policy recommendations related to the administration of the Medicaid Pharmacy program. The committee consists of 21 members appointed by the Governor and confirmed by the Senate. The committee must abide by the code of governmental ethics. At this time, the bylaws are to stay the same and there are no statutory updates. Proposed bylaws will be sent out two weeks prior to the next meeting; members can vote to amend bylaws.
2. **Code of Ethics.** Ms. Sullivan went over the code of ethics. Members are bound by the governmental code of ethics. Section 115 prohibits a public servant from soliciting or accepting anything of economic value from any person who has contractual business or a financial relationship with the agency. Committee members cannot receive honorariums, reimbursements, or compensation of any kind, including grants from pharmaceutical companies that have items on the Preferred Drug List or matters before the committee. A P&T Committee member can attend conferences and seminars sponsored by drug companies that have items on the Preferred List or matters before the P&T committee, as long as the member pays their own expenses for the trip. Committee members who are employees of a university cannot solicit grants on behalf of the university. Members do not have to file financial disclosure statements. If anyone has personal ethical questions, please visit the Board of Ethics at www.ethics.state.la.us or contact Kim Sullivan at; Kimberly.sullivan@la.gov.
3. **Melwyn Wendt from DHH provides report.** Ms. Wendt called committee members attention to the packet they received with the Prior Authorization (PA) monthly report. Pointing out that there wasn't a meeting held in May 2013 due to no quorum present. Also in the packet was the Preferred Drug List from the October 31, 2012 meeting.

New Business

1. **Dr. Pritchard** provided an overview of the TOP$ program to the committee.
2. **Public Testimony.** In accordance with state law and the P&T Committee's Bylaws, the following provided public testimony or answered questions raised by the Committee during the Committee's review of Therapeutic Classes.

Presenter	Representing	Drug/Issue
Dr. Rosenthal	Forest Laboratories	Namenda XR
Dr. Rosenthal	Forest Laboratories	Viibryd
Tracy	National Alliance on Mental Illness	Open access to anti-depressants and anti-psychotics
Dr. Owen Wilson	UCB	Neupro
Dr. Julia Johnson	Otsuka	Abilify products
Mike Barber	Sunovion	Yielded time back
Dr. David Bloom	Astra Zeneca	Seroquel XR
Brian Mackenson	Johnson and Johnson	Yielded time back
Laurie Schmidt	Forest Research	Daliresp
Laurie Schmidt	Forest Research	Tudorza
Ken Lansky	GlaxoSmithKline	Breo-Ellipta
Quynh Chau Doan	AbbVie	Humira
Dr. Owen Wilson	UCB	Cimzia
Brad Clay	Amgen	Cytokine and CAM
Chris Hurst	Pfizer	Xeljanz
Ann Wicker	Pfizer	Chantix
Stacy Curtis	Shire	Stimulants
Ann Wicker	Pfizer	Quillivant XR
Dr. Scott Davis	Tulane – Cystic Fibrosis Center	Tobi Podhaler
Dr. Audrey Powell	Novartis	Tobi Podhaler

I. Therapeutic Class Reviews

Forty (40) therapeutic classes were reviewed. Mr. McKay explained the Committee's review procedures. Monograph summaries were sent to the Committee prior to the meeting. Public comment was received for each therapeutic class prior to Committee discussion and action in accordance with state law and the P&T Committees Bylaws. Committee proceedings follow.

Alzheimer's Agents

Dr. Figueroa made the motion to accept; Dr. Givler seconded the motion. After discussion, a pharmaceutical representative, Dr. Rosenthal Compton, addressed the Committee. A roll call vote was taken and the original motion passed with all in favor.

*Committee recommendations for the **PDL**:*

- Donepezil
- Donepezil ODT
- Exelon patch

Antidepressants, Other

Dr. Orlando made a motion to accept the recommendations; Dr. Wolfson seconded the motion. Dr. Rosenthal from Forest Laboratories presented Viibryd. Roll call was taken and the motion passed with all in favor.

*Committee recommendations for the **PDL**:*

- All Forms of generic Bupropion
- Mirtazapine & ODT
- Phenelzine
- Trazodone
- Venlafaxine ER capsule

Antidepressants SSRI

Dr. Figueroa made the motion to accept; Dr. Orlando seconded the motion. After discussion and a speaker, Tracy from the National Alliance on Mental Illness spoke on anti-depressants and anti-psychotics. Roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Citalopram tab and soln
- Escitalopram tab
- Fluoxetine tab, soln, caps
- Fluvoxamine
- Paroxetine tab

- Sertraline tab and soln

Antihistamines, Minimally Sedating

Dr. Murrill made the motion to accept; Dr. Figueroa seconded the motion. After discussion and no pharmaceutical manufacturers' requests to make presentations, roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Cetirizine
- Levocetirizine
- Loratadine

Antihypertensive

Dr. Wolfson made the motion to accept; Dr. Gauthier-Lewis seconded the motion. After no pharmaceutical manufacturers' requests to make presentations, roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Catapres-TTS patch
- Clonidine generic
- Guanfacine
- Methyldopa
- Methyldopa/Hydrochlorothiazide oral

Antihyperuricemics

Dr. Figueroa made the motion to accept; Dr. Orlando seconded the motion. After discussion and no pharmaceutical manufacturers' requests to make presentations, the motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Allopurinol
- Probenecid
- Probenecid combination with Colchicine

Antiparkinson

Dr. Figueroa made the motion to accept; Dr. Orlando seconded the motion. After discussion and pharmaceutical manufacturers' presentation by Dr. Owen Wilson from UCB on Neupro, roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Benztropine
- Carbidopa/levodopa
- Pramipexole
- Ropinirole
- Selegiline tab/cap
- Stelevo
- Trihexyphenidyl tab/elixir

Antipsoriatics, Oral

Dr. Figueroa made the motion to accept; Dr. Gautier-Lewis seconded the motion. There was no discussion and no speakers. Roll call was taken and the motion passed.

*Committee recommendations for the **PDL**:*

- Soriatane

Topical Antipsoriatics

Dr. Figueroa made the motion to accept; Dr. Orlando seconded the motion. After no pharmaceutical manufacturers' requests to make presentations, roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Calcipotriene ointment and solution
- Dovonex cream

Antipsychotics

Dr. Givler made the motion to accept with the addition of quetiapine tabs to the PDL; Dr. Wolfson seconded the motion. After the public speakers, roll call was taken and the motion carried to accept the proposed list with the addition of quetiapine.

*Committee recommendations for the **PDL**:*

- Amitriptyline/perphenazine oral
- Chlorpromazine oral
- Clozapine oral
- Fluphenazine tab/inj
- Haloperidol lactate conc/oral/inj
- Haloperidol decanoate inj
- Latuda oral
- Quetiapine oral
- Invega Sustenna
- Geodon IM
- Olanzapine tab/ODT
- Orap
- Perphenazine oral
- Risperidal Consta inj
- Risperidone tab/soln/ODT
- Seroquel XR
- Thioridazine oral
- Thiothixene oral
- Trifluoperazine oral
- Ziprasidone cap

Anxiolytics

Dr. Wolfson made the motion to accept; Dr. Figueroa seconded the motion. Dr. Givler made an amendment to the motion to only have lorazepam on the PDL. Dr. Wolfson seconded the motion to amend. Then Dr. Givler moved to amend her amendment. After much discussion, roll call was taken and the motion passed to only prefer lorazepam and buspirone.

*Committee recommendations for the **PDL**:*

- buspirone
- lorazepam

Bile Salts

Dr. Wolfson made the motion to accept; Dr. Orlando seconded the motion. After no pharmaceutical manufacturers' requests to make presentations, roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Ursodiol 300 mg capsule

Bronchodilators

Dr. Figueroa made the motion to accept; Dr. Orlando seconded the motion. After much discussion and an amendment made by Dr. Orlando to add the other strengths of albuterol, which was seconded by Dr. Gauthier-Lewis, roll call was taken and the amended motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Albuterol nebulizer solutions – all strengths
- ProAir HFA
- Proventil HFA
- Albuterol tab/syrup
- Terbutaline oral

COPD

Dr. Orlando made the motion to accept; Dr. Givler seconded the motion. After discussion and a pharmaceutical manufacturers' presentation by a speaker on Daliresp and Tudorza, and another manufacturer's representative spoke on Breo-Ellipta, roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Atrovent HFA
- Combivent Respimat
- Ipratropium nebulizer
- Ipratropium/Albuterol combination nebulizer
- Spiriva

Cytokine Antagonists

Dr. Figueroa made the motion to accept; Dr. Givler seconded the motion. After pharmaceutical manufacturers' representatives Quynh Chau Doan from AbbVie Laboratories spoke on Humira, Dr. Owen Wilson from UCB spoke on Cimzia, Brad Clay medical science liaison yielded back his time, and Chris Hurst spoke on Xeljanz, roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Enbrel
- Humira

Emollients

Dr. Wolfson made the motion to accept; Dr. Figueroa seconded the motion. Roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Ammonium lactate cream/lotion
- Lactic Acid cream/lotion

Glucocorticoids, Inhaled

Dr. Gauthier-Lewis made the motion to accept; Dr. Figueroa seconded the motion. After much discussion, roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Advair HFA/Diskus
- Asmanex
- Dulera
- Flovent Diskus/HFA
- Pulmicort Flexhaler
- Pulmicort Respules 0.25 mg and 0.5 mg
- Qvar
- Symbicort

Histamine II Receptor Blockers

Dr. Givler moved to accept the list; Dr. Wolfson seconded. Dr. Murrill amended the motion to add ranitidine syrup to the preferred products; Dr. Wolfson seconded. There was some discussion, roll was taken and the motion with the amendment passed unanimously.

*Committee recommendations for the **PDL**:*

- Cimetidine tabs
- Famotidine tabs
- Ranitidine syrup and tabs

Immunomodulators, Atopic Dermatitis

Dr. Orlando made the motion to accept; Dr. Wolfson seconded the motion. With no discussion and no speakers, roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Elidel

Immunomodulators, Topical

Dr. Gauthier-Lewis moved to accept; Dr. Gilver seconded. After a brief discussion, roll call was taken and the motion passed unanimously.

*Committee recommendations for the **PDL**:*

- Aldara

Intranasal Rhinitis Agents

Dr. Figueroa made the motion to accept; Dr. Orlando seconded the motion. Roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Astelin
- Astepro
- Fluticasone
- Ipratropium nasal
- Nasonex
- Patanase

Leukotriene Modifiers

Dr. Orlando made the motion to accept; Dr. Figueroa seconded the motion. After no pharmaceutical manufacturers' requests to make presentations, roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Montelukast
- Zafirlukast

Neuropathic Pain

Dr. Figueroa made the motion to accept; Dr. Gauthier-Lewis seconded the motion. After discussion about pricing between brand and generic Lidoderm, roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Cymbalta
- Gabapentin caps
- Lidoderm

NSAIDS

Dr. Givler made the motion to accept; Dr. Figueroa seconded the motion. After no pharmaceutical manufacturers' requests to make presentations and a brief discussion about ketoralac, roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Diclofenac potassium and SR
- Diclofenac sodium
- Etodolac
- Flurbiprofen
- Ibuprofen and susp
- Indocin susp
- Indomethacin caps
- Ketoprofen
- ketorolac
- Meloxicam and susp
- nabumetone
- Naproxen and susp and naproxen EC
- Naproxen sodium
- oxaprozin
- Piroxicam
- Sulindac

Ophthalmic Antibiotics/Steroids Combination

Dr. Gauthier-Lewis made the motion to accept; Dr. Figueroa seconded the motion. Roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Tobradex suspension
- Neomycin/polymyxin B/Dexamethasone combination
- Tobradex ointment
- Sulfacetamide/Prednisolone combination

Ophthalmic Antibiotics

Dr. Figueroa made the motion to accept; Dr. Orlando seconded the motion. Roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Bacitracin/polymyxin B sulfate oint
- Bleph-10
- Ciprofloxacin soln
- Erythromycin
- Garamycin oint
- Gentamicin drops/oint
- Moxeza
- Ofloxacin
- Neomycin/polymyxin/gramicidin
- Polymyxin/trimethoprim
- Sulfacetamide soln
- Tobramycin
- Tobrex oint
- Vigamox

Ophthalmics for Allergic Conjunctivitis

Dr. Orlando made the motion to accept; Dr. Figueroa seconded the motion. After no pharmaceutical manufacturers' requests to make presentations, roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Alrex
- Cromolyn
- Pataday

Ophthalmic Anti-inflammatories

Dr. Figueroa made the motion to accept; Dr. Murrill seconded the motion. There were no speakers. Roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Dexamethasone
- Diclofenac
- Durezol
- Fluorometholone
- Flurbiprofen
- Ketorolac and LS
- Prednisolone acetate

Ophthalmics, Glaucoma Agents

Dr. Figueroa made the motion to accept; Dr. Orlando seconded the motion. After no pharmaceutical manufacturers' requests to make presentations, roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Alphagan P 0.15%
- Betaxolol
- Brimonidine
- Carteolol
- Combigan
- Dorzolamide and Dorzolamide/timolol
- Latanoprost 2.5 ml
- Levobunolol
- Metipranolol
- Pilocarpine
- Pilopine HS
- Simbrinza
- Timolol
- Travatan and Travatan-Z

Otic Anti-infectives

Dr. Figueroa made the motion to accept; Dr. Gauthier-Lewis seconded the motion. Roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Acetic Acid
- Acetic Acid/Aluminum
- Antipyrine/Benzocaine combination

Otic Antibiotics

Dr. Orlando made the motion to accept; Dr. Figueroa seconded the motion. After no pharmaceutical manufacturers' requests to make presentations, roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Ciprodex
- Neomycin/Polymyxin/Hydrocortisone solution suspension
- Ofloxacin

Sedative Hypnotics

Dr. Gauthier-Lewis made a motion; Dr. Figueroa seconded the motion. After discussion and no presentation, roll call was taken and the motion passed.

*Committee recommendations for the **PDL**:*

- Temazepam
- Triazolam
- Zolpidem

Smoking Cessation

Dr. Figueroa made the motion to accept; Dr. Orlando seconded the motion. After much discussion about the oral product, Chantix, and behavioral assistance available for smoking cessation, and a pharmaceutical manufacturers' presentation by Ann Wicker from Pfizer on Chantix, roll call was taken and the original motion passed.

*Committee recommendations for the **PDL**:*

- Bupropion SR
- Nicorette gum and lozenge
- Nicotine Gum, lozenge, patch

Steroids Topical, High Potency

Dr. Orlando made the motion to accept; Dr. Figueroa seconded the motion. After no pharmaceutical manufacturers' requests to make presentations, roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Betamethasone dipropionate cr/lotion
- Betamethasone diprop/prop glycol cr
- Betamethasone val cr
- Fluocinonide cr/soln/emollient
- Triamcinolone acetonide cr/oint
- Trianex oint

Steroids Topical, Low Potency

Dr. Orlando made the motion to accept; Dr. Figueroa seconded the motion. After no pharmaceutical manufacturers' requests to make presentations and a brief pricing discussion, roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Desonide Cream and Ointment
- Fluocinolone 0.01% oil
- Hydrocortisone cream/ointment/lotion/gel
- Hydrocortisone/Mineral Oil/Petrolatum combination

Steroids Topical, Medium Potency

Dr. Figueroa made the motion to accept; Dr. Orlando seconded the motion. After no pharmaceutical manufacturers' requests to make presentations, roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Betamethasone valerate foam
- Fluticasone proprionate ointment/cream
- Hydrocortisone Butyrate soln
- Hydrocortisone Valerate cream/ointment
- Mometasone furoate soln/cream/ointment
- Prednicarbate cream

Steroids Topical, Very High Potency

Dr. Figueroa made the motion to accept; Dr. Orlando seconded the motion. After no pharmaceutical manufacturers' requests to make presentations, roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Clobetasol emollient
- Clobetasol propionate cream, gel, oint, soln
- Halobetasol propionate cream/ointment

Stimulants and Related Agents

Dr. Figueroa made the motion to accept; Dr. Harris seconded the motion. After pharmaceutical manufacturers' representative Stacy Curtis with Shire and Anne Wicker with Pfizer yielded their time back to the committee, and after a lot of committee discussion, roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- Adderall XR
- Amphetamine Salt Combo Immediate Release
- Daytrana
- Dexmethylphenidate
- Dextroamphetamine
- Focalin
- Focalin XR
- Intuniv
- Metadate CD
- Methylphenidate IR and ER (generic for Concerta)
- Procentra
- Quillivant XR
- Strattera
- Vyvanse

II. Single Drugs

The new drug reviews or single drug reviews are on products that have come to the market since the last review of the class. Ten (10) new drugs were reviewed and a recommendation was made. P&T Committee recommendations follow.

Antibiotics Inhaled, TOBI Podhaler

Dr. Figueroa made the motion to accept; Dr. Gee seconded the motion. After pharmaceutical manufacturers' representative Dr. Audrey Powell presented, and Dr. Scott Davis presented , there was an amendment to the motion made by Dr. Murrill and seconded by Dr. Wolfson to add the product as preferred. Roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **PDL**:*

- TOBI Podhaler

NOTE: The remaining nine agents were reviewed and there were speakers present; however, there was no quorum remaining to vote on the recommendations. The following nine classes will be reviewed at the next scheduled P&T meeting.

1. Calcium Channel Blockers – Nymalize
2. Cephalosporins and Related Antibiotics – Suprax Caps
3. Antiemetic/Antivertigo Agents – Diclegis
4. Hypoglycemics, SGLT2 – Invokana
5. Lipotropics, Other – Kynamro
6. Lipotropics, Statins – Liptruzet
7. Multiple Sclerosis Agents – Tecfidera
8. Opiate Dependence Treatment – Zubsolv
9. Ulcerative Colitis Agents – Delzicol

Next Steps

Therapy classes to be reviewed for the May 2014 meeting will be posted on the DHH Medicaid Pharmacy and Therapeutics Committee page as "Agenda."

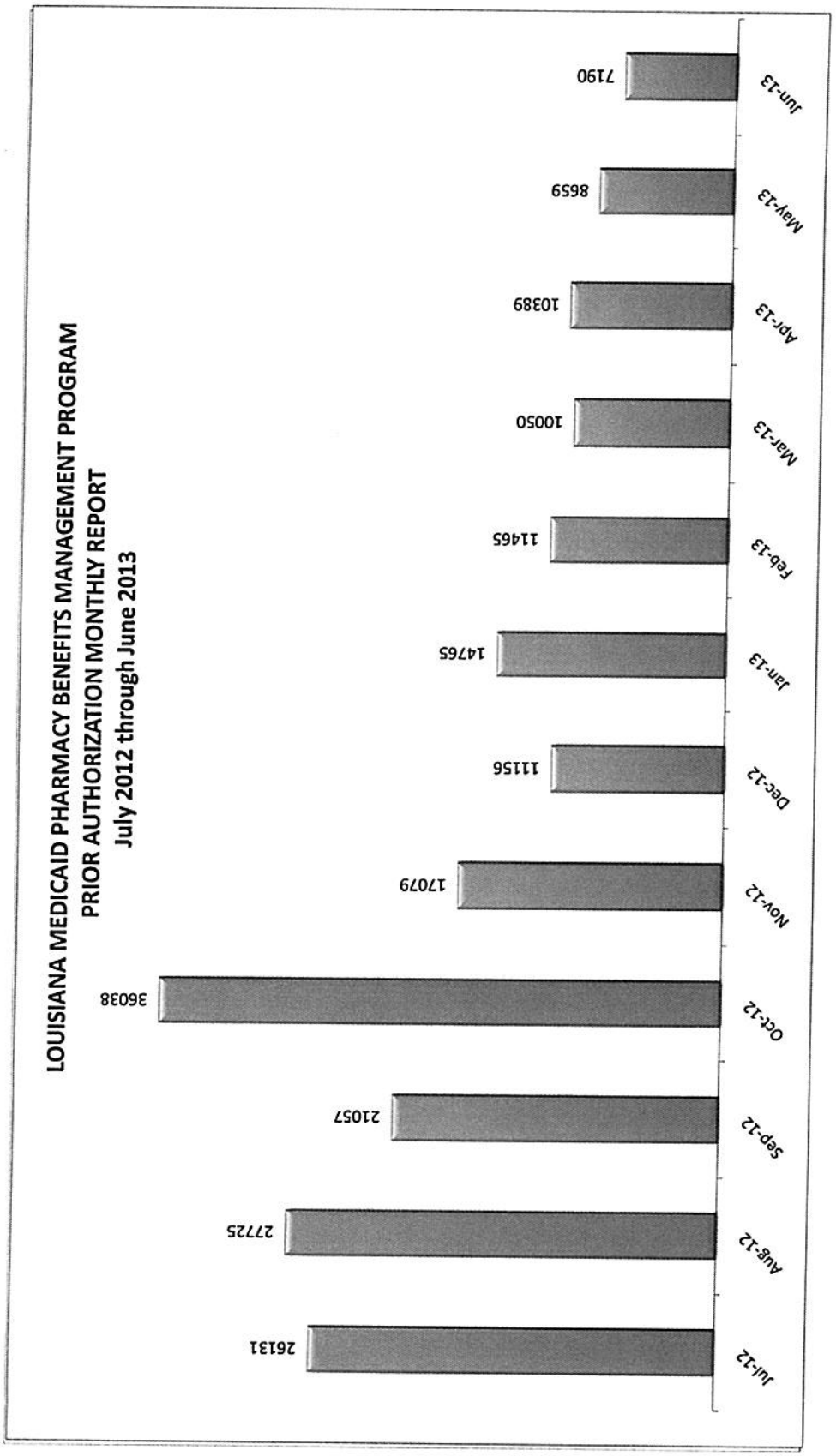
Next Meeting Date

The next committee meeting is scheduled for **April 30, 2014**.

Adjournment

Dr. Figueroa offered the motion to adjourn the meeting; Dr. Orlando seconds the motion. The meeting adjourned at 2:36 p.m.

Approved/Date
P & T Committee Chair


LOUISIANA MEDICAID PHARMACY BENEFITS MANAGEMENT PROGRAM
PRIOR AUTHORIZATION MONTHLY REPORT
July 2012 through June 2013
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Aug-12
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Nov-12
Dec-12
Jan-13
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Mar-13
Apr-13
May-13
Jun-13

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
1	ADD/ADHD			
	Stimulants and Related Agents	Amphetamine Salt Combo (Generic Only)	Amphetamine Salt Combo (Adderall® - Brand Only)	
		Amphetamine Salt Combo ER (Adderall XR® - Brand Only)	Amphetamine Salt Combo ER (Generic Only)	
		Atomoxetine (Strattera®)	Armodafinil (Nuvigil®)	
		Dexmethylphenidate (Generic; Focalin ®)	Clonidine Extended-Release (Kapvay®)	
		Dexmethylphenidate ER (Focalin XR ®)	Dextroamphetamine Capsule ER (Generic; Dexedrine®)	
		Dextroamphetamine Tablet (Generic)	Dextroamphetamine Solution (Procentra®)	
		Guanfacine ER (Intuniv®)	Methylphenidate (Ritalin®)	
		Lisdexamfetamine (Vyvanse®)	Methylphenidate Solution (Generic Only)	
		Methylphenidate (Generic; Metadate CD®)	Methamphetamine (Generic; Desoxyn®)	
		Methylphenidate ER (Generic; Generic Concerta; Metadate CD®)	Methylphenidate ER (Generic Ritalin LA; Ritalin LA®)	
		Methylphenidate IR (Methylin Chewable ®)	Methylphenidate ER (Concerta®)	
		Methylphenidate IR (Methylin Solution® - Brand Only)	Methylphenidate SR (Ritalin SR®)	
		Methylphenidate Transdermal Patches (Daytrana®)	Methylphenidate CD	
			Modafinil (Generic; Provigil®)	
2	ALLERGY			
	Antihistamines - Minimally Sedating	Cetirizine Solution OTC, RX	Acrivastin/Pseudoephedrine (Semprex-D®)	
		Cetirizine Tablet OTC (Generic)	Cetirizine Chewable Tablet OTC	
		Cetirizine-D OTC (Generic)	Cetirizine Solution 5mg/5cc OTC	
		Levocetirizine Tablet (Generic)	Desloratadine Tablet (Generic; Clarinex®)	
		Loratadine ODT Tab OTC (Generic)	Desloratadine ODT (Clarinex ODT®)	
		Loratadine Solution OTC (Generic)	Desloratadine Syrup (Clarinex®)	
		Loratadine Tab OTC (Generic)	Desloratadine/Pseudoephedrine (Clarinex-D 12 -hour®)	
		Loratadine-D Tab OTC (Generic)	Desloratadine/Pseudoephedrine (Clarinex-D 24 -hour®)	
			Fexofenadine Tablet 30mg, 60mg, 180mg (Generic OTC and RX; Allegra)	
			Fexofenadine ODT Tablet (Allegra ODT®)	
			Fexofenadine Suspension (Allegra Suspension®)	
			Fexofenadine Suspension (Children's Allegra Oral Suspension OTC®)	

Attachment B

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
			Fexofenadine Rapid Tablet (Children's Allegra Tab Rapdis OTC®)	
			Fexofenadine/Pseudoephedrine (Generic; Allegra-D 12-hour® RX, OTC)	
			Fexofenadine/Pseudoephedrine (Generic; Allegra-D 24-hour®RX, OTC)	
			Levocetirizine Solution (Generic; Xyzal®)	
			Levocetirizine Tablet (Xyzal-Brand Only®)	
			Loratadine Cap; Chewable; ODT; Solution; Tab (Claritin® OTC)	
			Loratadine /Pseudoephedrine (Claritin D 12 hour, 24 hour® OTC)	
			Loratadine /Pseudoephedrine (Claritin D® OTC)	
	Rhinitis Agents, Nasal	Azelastine (Astelin; Astepro®-Brand)	Azelastine (Generic)	
		Fluticasone Propionate (Generic Only)	Azelastine/Fluticasone (Dymista®)	
		Ipratropium Nasal	Beclomethasone (Beconase AQ®)	
		Mometasone (Nasonex®)	Beclomethasone (Qnasl®)	
		Olopatadine (Patanase®)	Budesonide Aqua (Rhinocort Aqua®)	
		Triamcinolone (Nasacort AQ®- Brand Only)	Ciclesonide (Omnaris®; Zetonna®)	
			Flunisolide	
			Fluticasone Propionate (Flonase® - Brand Only)	
			Fluticasone Furoate (Veramyst®)	
			Ipratropium Bromide (Atrovent®)	
			Triamcinolone Nasal (Generic - Only)	
3	**ALZHEIMER'S**			
	Alzheimer's Agents	Donepezil (Generics only)	Donepezil (Aricept® - Brand Only)	
	Cholinesterase Inhibitors	Donepezil ODT (Generics only)	Donepezil 23 mg (Aricept 23mg®)	
		Rivastigmine Transdermal (Exelon Transdermal®)	Donepezil (Aricept ODT® - Brand Only)	
			Galantamine ER (Generic & Razadyne ER®)	
			Galantamine Solution (Generic; Razadyne®)	
			Galantamine Tablet	
			Memantine Solution (Namenda Sol®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
			Memantine Tablet Dose Pack (Namenda Tab Dose Pack®)	
			Memantine Tablet (Namenda Tab®)	
			Rivastigmine Capsule (Generic; Exelon®)	
			Rivastigmine Oral Solution (Exelon Solution®)	
4	ANTIPSYCHOTIC AGENTS		ORAL	
	Antipsychotic Agents	Amitriptyline/Perphenazine	Aripiprazole Discmelt (Abilify®)	
		Chlorpromazine	Aripiprazole Oral Solution (Abilify Oral Solution®)	
		Clozapine (Generics Only)	Aripiprazole Tablet (Abilify®)	
		Fluphenazine Tablet	Asenapine Sublingual Tablet (Saphris®)	
		Haloperidol Oral (Generic)	Clozapine (Clozaril; Fazaclo®)	
		Haloperidol Lactate Concentrate (Generic)	Clozapine ODT	
		Iloperidone Tablet (Fanapt®)	Fluphenazine Elixir/Solution (Generic)	
		Iloperidone Titration Pack (Fanapt Titration Pack®)	Loxapine	
		Lurasidone (Latuda®)	Olanzapine Tablet; Dispersible (Zyprexa; Zyprexa Zydis®)	
		Molindone (Moban®)	Olanzapine/Fluoxetine (Generic & Symbyax®)	
		Olanzapine Tablet (Generic Only)	Paliperidone ER (Invega®)	
		Olanzapine ODT (Generic Only)	Quetiapine Tablet (Generic)	
		Perphenazine	Risperidone ODT (Risperdal® - Brand Only)	
		Pimozide (Orap®)	Risperidone Solution (Risperdal® - Brand Only)	
		Quetiapine (Seroquel®-Brand Only)	Risperidone Tablet (Risperdal® - Brand Only)	
		Quetiapine ER (Seroquel XR®)	Ziprasidone (Geodon®)	
		Risperidone ODT (Generic Only)		
		Risperidone Solution (Generic Only)		
		Risperidone Tablet (Generic Only)		
		Thioridazine		
		Thiothixene (Generic; Navane)		
		Trifluoperazine (Generic)		
		Ziprasidone Capsule (Generic Only)		

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
		INJECTIONS		
		Fluphenazine Decanoate Injection	Aripiprazole Intramuscular (Abilify ®)	
		Haloperidol Decanoate Injection (Generic Only)	Haloperidol Decanoate (Haldol® - Brand Only)	
		Haloperidol Lactate Injection (Generic)	Olanzapine Intramuscular (Generic & Zyprexa Relprevv®)	
		Risperidone (Risperdal Consta®)	Paliperidone (Invega Sustenna®)	
		Ziprasidone Intramuscular (Geodon®)		
5	ASTHMA/COPD			
	Bronchodilator, Beta-Adrenergic			
	Agents	**INHALATION**		
		Albuterol Sulfate Nebulizer Solution 100mg/20ml	Albuterol Sulfate Nebulizer Low-Dose 0.63mg/3ml, 1.25mg/3ml (Accuneb®)	
		Albuterol Sulfate Nebulizer Solution 2.5mg/0.5ml	Albuterol Sulfate Nebulizer Low-Dose 0.63mg/3ml, 1.25mg/3ml - Generic	
		Albuterol Sulfate Nebulizer Solution 2.5mg/3ml	Albuterol Sulfate HFA MDI (Ventolin HFA®)	
		Albuterol Sulfate HFA (ProAir HFA®)	Arformoterol Inhalation Solution (Brovana Inhalation Solution®)	
		Albuterol Sulfate HFA MDI (Proventil HFA®)	Formoterol DPI (Foradil®)	
			Formoterol Inhalation Solution (Perforomist ®)	
			Indacaterol Inhalation (Arcapta Neohaler®)	
			Levalbuterol HCL Nebulizer Solution; Conc. (Generic; Xopenex®)	
			Levalbuterol HFA (Xopenex HFA®)	
			Pirbuterol (Maxair Autohaler®)	
			Salmeterol Xinafoate (Serevent Diskus®)	
		ORAL		
		Albuterol Sulfate Syrup	Albuterol Sulfate ER (Generic; Vospire ER Tablet®)	
		Albuterol Sulfate Tablet	Metaproterenol Sulfate Syrup	
		Terbutaline Sulfate	Metaproterenol Sulfate Tablet	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
	Bronchodilator, Anticholinergics	**INHALATION**		
	(COPD)	Albuterol Sulfate/Ipratropium MDI (Combivent®)	Albuterol Sulfate/Ipratropium Inhalation (Combivent Respimat® - Brand Only)	
		Albuterol Sulfate/Ipratropium Nebulizer (Generic Only)	Albuterol Sulfate/Ipratropium Nebulizer Solution (Duoneb® - Brand Only)	
		Ipratropium Inhalation Aerosol MDI (Atrovent HFA®)		
		Ipratropium Nebulizer		
		Tiotropium Inhalation Powder (Spiriva®)		
		ORAL		
		NONE	Roflumilast (Daliresp®)	
	Glucocorticoids, Inhalation	Beclomethasone MDI (QVAR®)	Budesonide Respules 0.25mg; 0.5mg - Generic Only	
		Budesonide DPI (Pulmicort Flexhaler®)	Budesonide Respules 1mg (Pulmicort Respules®)	
		Budesonide Respules 0.25mg; 0.5mg (Pulmicort Respules®- Brand Only)	Ciclesonide (Alvesco®)	
		Budesonide/Formoterol MDI (Symbicort®)		
		Fluticasone MDI (Flovent Diskus®)		
		Fluticasone MDI (Flovent HFA Inhaler®)		
		Fluticasone/Salmeterol DPI (Advair Diskus®)		
		Fluticasone/Salmeterol MDI (Advair HFA®)		
		Mometasone DPI (Asmanex®)		
		Mometasone/Formoterol MDI (Dulera®)		
	Leukotriene Modifiers	Montelukast Chewable Tablet (Generic)	Montelukast Gran Pack (Generic; Singulair Gran Pack®)	
		Montelukast Tablet (Generic)	Montelukast Chewable Tablet (Singulair®)	
		Zafirlukast (Generic)	Montelukast Tablet (Singulair®)	
			Zafirlukast (Accolate® - Brand Only)	
			Zileuton (Zyflo ®)	
			Zileuton CR (Zyflo CR®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
6	**DEPRESSION**	Bupropion IR	Bupropion HBr ER (Aplenzin®)	
	Antidepressants, Other	Bupropion SR	Bupropion HCl IR (Wellbutrin®)	
		Bupropion XL	Bupropion HCl SR (Wellbutrin SR®)	
		Mirtazapine (Generics only)	Bupropion HCl XL (Wellbutrin XL®)	
		Mirtazapine ODT (Generics only)	Desvenlafaxine (Pristiq®)	
		Trazodone (Oral)	Isocarboxazid (Marplan®)	
		Venlafaxine ER Capsule (Generic)	Mirtazapine (Remeron® - Brand Only)	
			Mirtazapine ODT (Remeron ODT® - Brand Only)	
			Nefazodone	
			Phenelzine	
			Selegiline Patch (Emsam®)	
			Tranylcypromine sulfate	
			Tranylcypromine (Parnate®)	
			Trazodone ER (Oleptro®)	
			Venlafaxine IR Tab	
			Venlafaxine ER Capsule (Effexor XR® - Brand Only)	
			Venlafaxine ER Tablet	
			Vilazodone (Viibryd®)	
			Vilazodone (Viibryd Tab DS Pk®)	
	Selective Serotonin	Citalopram Solution	Citalopram Tablet (Celexa® - Brand Only)	
	Reuptake Inhibitors (SSRIs)	Citalopram Tablet (Generic Only)	Escitalopram Solution (Generic; Lexapro®)	
		Escitalopram Tablet – Generic Only	Escitalopram Tablet (Lexapro® - Brand Only)	
		Fluoxetine Capsule (Generic)	Fluvoxamine Maleate (Luvox CR®)	
		Fluoxetine Tablet	Fluoxetine 60 mg (Oral)	
		Fluoxetine Solution	Fluoxetine (Prozac®; Sarafem®)	
		Fluvoxamine	Fluoxetine Delayed Release (Generic; Prozac Weekly®)	
		Paroxetine Tablet (Generic)	Paroxetine CR (Generic; Paxil CR®)	
		Sertraline Concentrate (Generic)	Paroxetine HCl Tab (Paxil®-Brand)	
		Sertraline Tablet (Generic)	Paroxetine Mesylate (Pexeva®)	
			Paroxetine Suspension (Generic; Paxil Suspension®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
			Sertraline Concentrate (Zoloft®-Brand only)	
			Sertraline Tablet (Zoloft®-Brand only)	
7	**DERMATOLOGY**	Clotrimazole Rx	Benzoic Acid/Salicyclic Acid (Bensal HP)	
	Antifungals - Topical	Clotrimazole/Betamethasone Cream (Generic)	Butenafine (Mentax®)	
		Clotrimazole/Betamethasone Lotion (Lotrisone®) - Brand	Ciclopirox (CNL8®)	
		Econazole	Ciclopirox (Pedipirox-4)	
		Ketoconazole Cream	Ciclopirox Cream	
		Ketoconazole Shampoo (Rx only)	Ciclopirox Gel	
		Nystatin Cream	Ciclopirox Shampoo	
		Nystatin Ointment	Ciclopirox Solution	
		Nystatin Powder	Ciclopirox Solution (Pedipirox-4)	
		Nystatin/Triamcinolone	Ciclopirox Solution (Penlac)	
		Nystatin/Triamcinolone Cream	Ciclopirox Suspension	
		Nystatin/Triamcinolone Ointment	Clotrimazole/Betamethasone Lotion	
			Clotrimazole / Betamethasone Cream (Lotrisone®) - Brand	
			Ketoconazole (Ketocon Plus®)	
			Ketoconazole Foam	
			Ketoconazole Foam (Extina ®)	
			Ketoconazole (Nizoral Shampoo)	
			Ketoconazole (Xolegel®)	
			Miconazole (Nuzole®)	
			Miconazole/zinc oxide/white petrolatum (Vusion®)	
			Naftifine (Naftin®)	
			Nystatin (Pediaderm AF®)	
			Oxiconazole (Oxistat®)	
			Sertaconazole (Ertaczo®)	
			Sulconazole (Exelderm®)	
			Terbinafine (Lamisil)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
	Antiparasitic Agents, Topical	Crotamiton Cream (Eurax®)	Benzyl Alcohol (Ulesfia®)	
		Permethrin	Crotamiton Lotion (Eurax®)	
			Ivermectin Topical (Sklice ®)	
			Lindane	
			Malathion (generic only)	
			Malathion (Ovide® - Brand only)	
			Spinosad (Natroba®)	
	Antipsoriatics	Calcipotriene Ointment	Calcipotriene Cream (Generic Only)	
		Calcipotriene Solution	Calcitriol Ointment	
		Calcipotriene Cream (Dovonex®-Brand Only)	Calcipotriene Foam (Sorilux®)	
			Betamethasone Dipropionate/Calcipotriene Ointment (Taclonex®)	
			Betamethasone Dipropionate/Calcipotriene Scalp (Taclonex Scalp®)	
	Antiviral Agents, Topical	Acyclovir Ointment (Zovirax®)	Acyclovir Cream (Zovirax®)	
		Penciclovir Cream (Denavir®)	Acyclovir/Hydrocortisone (Xerese®)	
	Atopic Dermatitis	Pimecrolimus (Elidel®)	Tacrolimus (Protopic®)	
	Immunomodulators			
	Antibiotics, Topical	Gentamicin Sulfate	Mupirocin Cream (Bactroban® Cream)	
		Mupirocin Ointment (Generic)	Mupirocin Ointment (Bactroban Ointment) – Brand Only	
			Mupirocin Ointment (Centany®)	
			Mupirocin Ointment (Centany® Kit)	
			Neomycin/Polymyxin/Pramoxine	
			Retapamulin (Altabax®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
	Emollients	Ammonium Lactate Cream/Lotion	Aurstat Kit, Cream, Gel®	
		Lactic Acid Cream/Lotion	Eletone Cream®	
			Emollient Combination No. 10	
			Emollient Combination No. 32	
			Emollient Combo 35 Cream	
			Emollient Foam	
			Emollient Foam Plus	
			HPR Plus ®	
			LAC-Hydrin Cream/Lotion ®	
			PruClair Cream®	
			Tropazone Cream/Lotion	
	STEROIDS, TOPICAL			
	Low Potency			
		Desonide Cream, Ointment (Generic)	Alclometasone Dipropionate Cream, Ointment (Generic; Aclovate®)	
		Fluocinolone Acetonide 0.01% Oil (Derma-Smoothe-FS® - Brand Only)	Desonate Gel (Generic)	
			Desonide Cream (Desowen-Brand Only)	
		Hydrocortisone Cream, Lotion, Ointment (Generic)	Desonide Lotion (Generic; Desowen; Verdeso®)	
		Hydrocortisone/Mineral Oil/Pet Ointment (Generic)	Fluocinolone Acetonide Shampoo (Capex®)	
			Fluocinolone Acetonide 0.01% Oil (Generic Only)	
			Hydrocortisone Acetate/Urea (Generic)	
			Hydrocortisone (Texacort®)	
			Hydrocortisone/Aloe Gel (Generic)	
			Hydrocortisone/Skin Cleanser #25 (Aqua Glycolic HC®)	
			Hydrocortisone/Emollient (Pediaderm HC®)	
			Triamcinolone (Pediaderm TA®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
	Medium Potency	Fluticasone Propionate Cream, Ointment (Generic)	Clocortolone Pivalate (Cloderm®)	
		Hydrocortisone Butyrate Solution	Betamethasone Valerate (Luxiq®)	
		Hydrocortisone Valerate Cream; Ointment (Generic)	Flurandrenolide Tape (Cordran Tape®)	
		Mometasone Furoate Cream; Ointment; Solution (Generic)	Fluticasone Propionate Cream; Lotion (Cutivate®)	
		Prednicarbate Cream – Generic Only	Fluticasone Propionate Lotion (Generic)	
			Fluocinolone Acetonide Cream; Ointment; Solution	
			Hydrocortisone Butyrate Cream (Generic; Locoid Lipocream®)	
			Hydrocortisone Butyrate Ointment	
			Hydrocortisone Probutate (Pandel®)	
			Hydrocortisone Valerate Ointment (Westcort®)	
			Mometasone Furoate Cream; Ointment; Solution (Elocon; Momexin)	
			Prednicarbate Cream (Dermatop® - Brand Only)	
			Prednicarbate Ointment (Generic & Dermatop)	
	High Potency	Betamethasone Dipropionate Cream, Lotion (Generic)	Amcinonide Cream, Lotion, Ointment (Generic)	
		Betamethasone Dipropionate/Prop Glycol Cream	Betamethasone Dipropionate/Prop Glycol Lotion; Ointment (Generic & Diprolene)	
		Betamethasone Valerate Cream (Generic, Beta Val®)	Betamethasone Dipropionate/Prop Glycol Cream (Diprolene/AF®)	
		Fluocinonide Cream; Emollient; Solution (Generic)	Betamethasone Dipropionate Ointment, Gel	
		Triamcinolone Acetonide Cream, Ointment (Generic)	Betamethasone Valerate Lotion (Beta Val®)	
			Betamethasone Valerate Lotion, Ointment	
			Desoximetasone Cream, Gel, Ointment (Generic; Topicort; Topicort LP®)	
			Diflorasone Diacetate Cream, Ointment (Generic)	
			Fluocinonide Gel; Ointment	
			Fluocinonide Cream (Vanos® - Brand Only)	
			Halcinonide Cream, Ointment (Halog®)	
			Triamcinolone Acetonide Aerosol (Kenalog Aerosol®)	
			Triamcinolone Acetonide Lotion (Generic)	
	Very High Potency	Clobetasol Propionate Cream, Gel, Ointment, Solution (Generic)	Clobetasol Propionate Cream, Gel, Ointment (Temovate® - Brand Only)	
		Clobetasol Propionate/Emollient (Generic Only)	Clobetasol Propionate Foam (Generic; Olux®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
		Halobetasol Propionate Cream, Ointment (Generic)	Clobetasol Propionate (Generic-Lotion and Shampoo; Clobex Lotion, Shampoo, and Spray®)	
			Clobetasol Propionate - Emollient (Olux-E® - Brand Only)	
			Diflorasone Diacetate (Apexicon E®)	
			Halobetasol Propionate/Ammonium Lactate (Halac, Halonate, Halonate PAC, Ultravate PAC® Cream; Ointment)	
			Halobetasol Propionate/Lactic Acid Cream; Ointment (Ultravate X®)	
8	**DIABETES**			
	Hypoglycemics, Meglitinides	Repaglinide (Prandin®)	Nateglinide (Generic)	
			Nateglinide (Starlix®)	
			Repaglinide/Metformin (Prandimet®)	
	Hypoglycemics, Thiazolidinediones (TZDs)	Pioglitazone (Actos®)	Pioglitazone/Metformin ER (Actoplus Met XR®)	
		Pioglitazone/Glimeperide (Duetact®)	Rosiglitazone/Glimeperide (Avandaryl®)	
		Pioglitazone/Metformin (Actoplus Met®)	Rosiglitazone (Avandia®)	
			Rosiglitazone/Metformin (Avandamet®)	
	Hypoglycemics	Human Insulin & Pens (Humulin®)	Human Insulin & Pens (Novolin®)	
	Insulins & Related Agents	Insulin Glargine & Pens (Lantus®)	Insulin Aspart & Pens (Novolog®)	
		Insulin Lispro & Pens (Humalog®)	Insulin Aspart/Insulin Aspart Protamine & Pens (Novolog Mix 70/30®)	
		Insulin Lispro/Protamine Lispro & Pens (Humalog Mix®)	Insulin Detemir & Pens (Levemir®)	
			Insulin Glulisine & Pens (Apidra®)	
	Hypoglycemics	Linagliptin/Metformin (Jentadueto)	Exenatide (Byetta Pens®)	
	Incretin Mimetics/Enhancers	Linagliptin (Tradjenta®)	Exenatide Subcutaneous (Bydureon®)	
		Liraglutide (Victoza®)	Pramlintide Pens (Symlin Pens®)	
		Pramlintide (Symlin®)	Sitagliptin/Simvastatin (Juvisync)	
		Saxagliptin (Onglyza®)		

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
		Saxagliptin/Metformin ER (Kombiglyze XR®)		
		Sitagliptin (Januvia®)		
		Sitagliptin/Metformin (Janumet®)		
9	DIGESTIVE DISORDERS			
	Antiemetic/Antivertigo Agents	Aprepitant Oral (Emend®)	Dimenhydrinate Inj	
		Meclizine	Dolasetron IV Inj (Anzemet®)	
		Metoclopramide Inj	Dolasetron Oral (Anzemet®)	
		Metoclopramide Oral (Generics)	Dronabinol Oral (Generic)	
		Ondansetron IV Inj (Generics)	Dronabinol Oral (Marinol®)	
		Ondansetron Oral ODT (Generics)	Fosaprepitant IV Inj (Emend®)	
		Ondansetron Oral Tab (Generics)	Granisetron IV inj	
		Prochlorperazine Inj	Granisetron Oral	
		Prochlorperazine Oral	Granisetron (Granisol Solution)	
		Prochlorperazine Rectal	Granisetron Transdermal (Sancuso®)	
		Promethazine Inj	Metoclopramide (Reglan®) – Brand Only	
		Promethazine Oral	Metoclopramide Ampule	
		Promethazine Rectal	Metoclopramide Oral ODT (Metozolv®)	
		Scopolamine Transdermal (Transderm-Scop®)	Nabilone (Cesamet®)	
		Trimethobenzamide IM Inj	Ondansetron (Zofran®)	
		Trimethobenzamide Oral	Ondansetron (Zofran IV®) – Brand Only	
			Ondansetron (Zofran ODT®) – Brand Only	
			Ondansetron Ampule	
			Ondansetron Oral (Zuplenz®)	
			Ondansetron Oral Solution	
			Palonosetron IV Inj (Aloxi®)	
			Prochlorperazine Rectal (Compro®)	
			Promethazine Rectal (50 mg)	
			Trimethobenzamide IM Inj (Tigan®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
	Bile Acid Salts	Ursodiol 300 mg Capsule (Generic Only)	Chenodiol (Chenodal®)	
			Ursodiol Tablet	
			Ursodiol USP (Actigall® - Brand Only)	
			Ursodiol (URSO 250®)	
			Ursodiol (URSO Forte®)	
	Pancreatic Enzymes	Creon	Pancreaze	
		Pancrelipase		
		Zenpep		
	Proton Pump Inhibitors	Omeprazole (Generic legend only)	Dexlansoprazole (Dexilant®)	
		Pantoprazole (Generic Only)	Esomeprazole (Nexium®)	
		Pantoprazole Suspension (Protonix®)	Esomeprazole Suspension (Nexium®)	
			Lansoprazole Capsule	
			Lansoprazole Capsule (Prevacid®)	
			Lansoprazole Solutab	
			Lansoprazole Solutab (Prevacid®)	
			Omeprazole (Prilosec®) – Brand Only	
			Omeprazole Suspension (Prilosec®)	
			Omeprazole/Sodium Bicarbonate (Generic legend only)	
			Pantoprazole (Protonix®) – Brand Only	
			Rabeprazole (Aciphex®)	
	Ulcerative Colitis Agents	Balsalazide	Mesalamine DR (Asacol HD®)	
		Mesalamine ER (Apriso®)	Mesalamine Rectal	
		Mesalamine (Asacol®)	Mesalamine Kit Rectal	
		Mesalamine Suppositories (Canasa®)	Mesalamine Sulfite-free Enema (sfRowasa®)	
		Sulfasalazine	Mesalamine MMX (Lialda®)	
		Sulfasalazine DR	Mesalamine Oral (Pentasa®)	
			Olsalazine Oral (Dipentum®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
10	GROWTH DEFICIENCY			
	Growth Hormones	Somatropin (Norditropin®)	Somatropin (Genotropin®)	
		Somatropin (Nutropin®)	Somatropin (Humatrope®)	
		Somatropin (Nutropin AQ®)	Somatropin (Omnitrope®)	
		Somatropin (Saizen®)	Somatropin (Serostim®)	
			Somatropin (Tev-Tropin®)	
			Somatropin (Zorbtive®)	
11	GOUT AGENTS			
	Antihyperuricemics	Allopurinol	Colchicine (Colcrys®)	
		Probenecid	Febuxostat (Uloric®)	
		Probenecid/Colchicine	Pegloticase Intravenous (Krystexxa®)	
12	HEART DISEASE, HYPERLIPIDEMIA			
	Lipotropics, Other	Cholestyramine	Colesevelam (Welchol®)	
		Cholestyramine/Aspartame	Colestipol Granules	
		Colestipol Tablet – Generic Only	Colestipol Tablet (Colestid®) – Brand Only	
		Fenofibrate (Tricor®)	Colestipol Granule (Colestid®)	
		Fenofibric Acid (Trilipix®)	Ezetimibe (Zetia®)	
		Gemfibrozil	Fenofibrate (Antara®)	
		Niacin ER (Niaspan®)	Fenofibrate (Fenoglide®)	
		Niacin IR (Niacor®)	Fenofibrate (Generic)	
			Fenofibrate (Lipofen®)	
			Fenofibrate (Triglide®)	
			Fenofibric Acid (Generic)	
			Fenofibric Acid (Fibricor®)	
			Omega-3-acid ethyl esters (Lovaza®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
	Statins & Statin Combination Agents	Atorvastatin (Generic)	Amlodipine/Atorvastatin	
		Fluvastatin (Lescol®)	Amlodipine/Atorvastatin (Caduet®)	
		Fluvastatin XL (Lescol XL®)	Atorvastatin (Lipitor®) – Brand Only	
		Lovastatin	Ezetimibe/Simvastatin (Vytorin®)	
		Niacin ER/Simvastatin (Simcor®)	Lovastatin ER (Altoprev®)	
		Pravastatin	Niacin ER/Lovastatin (Advicor®)	
		Simvastatin (Generic Only)	Pitavastatin (Livalo®)	
			Pravastatin (Pravachol®)	
			Rosuvastatin (Crestor®)	
			Simvastatin (Zocor®) – Brand Only	
	HYPERTENSION			
	ACE Inhibitors & Direct Renin Inhibitors	Benazepril (Generic Only)	Aliskiren (Tekturna®)	
		Benazepril/HCTZ	Aliskiren/HCTZ (Tekturna HCT®)	
		Captopril	Azilsartan Meoxomil (Edarbi®)	
		Captopril/HCTZ	Azilsartan/Chlorthalidone (Edarbyclor®)	
		Enalapril (Generic)	Azilsartan/Chlorthalidone (Prinzide®)	
		Enalapril/HCTZ (Generic)	Benazepril (Lotensin®) – Brand Only	
		Fosinopril	Candesartan (Atacand®)	
		Lisinopril (Generic Only)	Candesartan/HCTZ (Atacand HCT®)	
		Lisinopril/HCTZ (Generic Only)	Enalapril (Vasotec) – Brand Only	
		Losartan (Generic)	Enalapril/HCTZ (Vaseretic) – Brand Only	
		Losartan/HCTZ (Generic)	Eprosartan (Teveten®)	
		Quinapril (Generic)	Eprosartan/HCTZ (Teveten HCT®)	
		Quinapril/HCTZ (Generic)	Fosinopril/HCTZ	
		Ramipril (Generic Only)	Irbesartan (Avapro®)	
		Trandolapril	Irbesartan/HCTZ (Avalide®)	
		Valsartan (Diovan®)	Lisinopril (Zestril) – Brand Only	
		Valsartan/HCTZ (Diovan HCT®)	Lisinopril/HCTZ (Zestoretic) – Brand Only	
			Losartan (Cozaar) – Brand Only	
			Losartan/HCTZ (Hyzaar) – Brand Only	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
			Moexipril	
			Moexipril/HCTZ	
			Olmesartan (Benicar®)	
			Olmesartan/HCTZ (Benicar HCT®)	
			Perindopril	
			Quinapril (Accupril) – Brand Only	
			Quinapril (Accuretic) – Band Only	
			Ramipril (Altace) – Brand Only	
			Telmisartan (Micardis®)	
			Telmisartan/HCTZ (Micardis HCT®)	
	Angiotensin Modulators/Calcium Channel Blockers Combination Products	Amlodipine/Benazepril - Generic only	Amlodipine/Aliskiren (Tekamlo®)	
		Amlodipine/Olmesartan (Azor®)	Amlodipine/Aliskiren/HCTZ (Amturnide®)	
		Amlodipine/Olmesartan/HCTZ (Tribenzor®)	Amlodipine/Benazepril (Lotrel®)	
		Amlodipine/Valsartan (Exforge®)	Amlodipine/Telmisartan (Twnysta®)	
		Amlodipine/Valsartan/HCTZ (Exforge HCT®)	Trandolapril/Verapamil (Generic)	
		Valsartan/Aliskiren (Valturna®)	Trandolapril/Verapamil (Tarka®)	
	Beta Blockers Agents	Acebutolol	Atenolol (Tenormin®) - Brand Only	
		Atenolol (Generic)	Atenolol / Chlorthalidone (Tenoretic)	
		Atenolol/Chlorthalidone	Betaxolol	
		Bisoprolol (Generic)	Bisoprolol (Zebeta®)	
		Bisoprolol/HCTZ	Carvedilol (Coreg®)	
		Carvedilol (Generic Only)	Carvedilol CR (Coreg CR®)	
		Labetalol	Metoprolol Succinate ER (Toprol XL®)	
		Metoprolol Tartrate (Generic Only)	Metoprolol Succinate / Hydrochlorothiazide (Dutoprol®)	
		Metoprolol/HCTZ (Generic Only)	Metoprolol Tartrate (Lopressor®) – Brand Only	
		Metoprolol Succinate ER (Generic Only)	Metoprolol Tartrate/ Hydrochlorothiazide (Lopressor HCT®)	

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		Nadolol (Generic Only)	Nadolol (Corgard®)	
		Nebivolol (Bystolic®)	Nadolol/Bendroflumethiazide	
		Propranolol	Nadolol / Bendroflumethiazide (Corzide®)	
		Propranolol LA (Generic Only)	Penbutolol (Levatol®)	
		Propanolol/HCTZ	Pindolol	
		Sotalol	Propranolol ER (Innopran XL®)	
		Sotalol AF	Propranolol LA (Inderal LA®)	
		Timolol Maleate		
	Calcium Channel Blockers	Amlodipine	Amlodipine (Norvasc®)	
		Diltiazem IR	Diltiazem CD (Cardizem CD®)	
		Diltiazem ER	Diltiazem LA (Cardizem LA®)	
		Diltiazem SR	Diltiazem LA (Matzim LA®)	
		Nicardipine	Diltiazem (Tiazac®)	
		Nifedipine ER	Felodipine ER	
		Verapamil ER (Generics only)	Isradipine	
		Verapamil IR Tablet	Isradipine SR (Dynacirc CR®)	
			Nicardipine SR (Cardene SR®)	
			Nifedipine ER (Adalat CC®)	
			Nifedipine ER (Procardia XL®)	
			Nifedipine IR	
			Nimodipine	
			Nisoldipine	
			Verapamil Capsule (360 mg)	
			Verapamil ER (Covera HS®)	
			Verapamil ER PM	
			Verapamil SR (Calan SR®)	
			Verapamil SR (Verelan)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
	SYMPATHOLYTICS	Clonidine Transdermal (Catpress-TTS ®)	Clonidine Oral (Catapres® - Brand Only)	
		Clonidine Oral (Generic Only)	Clonidine Transdermal (Generic Only)	
		Guanfacine (Oral)	Clonidine/Chlorthalidone (Clorpres ®)	
		Methyldopa (Oral)	Methyldopate HCl (Intravenous)	
		Methyldopa/Hydrochlorothiazide (Oral)	Reserpine (Oral)	
	ANTICOAGULANTS			
	Platelet Aggregation Inhibitors	Aspirin/Dipyridamole ER (Aggrenox®)	Prasugrel (Effient®)	
		Clopidogrel (Plavix®)	Ticlopidine	
		Dipyridamole	Ticagrelor (Brilinta)	
	Anticoagulants	Dabigatran (Pradaxa®)	Enoxaparin (Generic)	
		Dalteparin (Fragmin®)	Fondaparinux	
		Enoxaparin (Lovenox®) – Brand Only	Fondaparinux (Arixtra®)	
		Rivaroxaban (Xarelto®)	Warfarin (Coumadin®) – Brand Only	
		Warfarin (Generic)		
	PULMONARY ARTERIAL HYPERTENSION (PAH)	Ambrisentan (Letairis®)	Sildenafil (Revatio®)	
		Bosentan (Tracleer®)	Treprostinil (Tyvaso®)	
		Iloprost (Ventavis®)		
		Tadalafil (Adcirca®)		
13	HEMATOLOGIC AGENTS			
	HEMATOPOIETIC AGENTS			
	Erythropoietins	Darbepoetin (Aranesp®)	Epoetin alfa (Epogen®)	
		Epoetin alfa (Procrit®)	Peginesatide Injection (Omontys®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
	Anticoagulants - refer to			
	HEART DISEASE			
14	HEMODIALYSIS			
	Phosphate Binders	Calcium Acetate (Eliphos®)	Calcium Acetate (Generics)	
		Sevelamer HCL (RenaGel®)	Calcium Acetate (PhosLo®)	
			Calcium Acetate (Phoslyra®)	
			Calcium Carbonate/Magnesium Carbonate/FA (Magenebind 400 Rx®)	
			Lanthanum (Fosrenol®)	
			Sevelamer Carbonate (Renvela®)	
15	HORMONE THERAPY			
	Androgenic Agents	Testosterone Transdermal Patch (Androderm®)	Testosterone (Axiron®)	
		Testosterone Gel 1% (Androgel®)	Testosterone Gel (Fortesta®)	
		Testosterone Gel 1% (Testim®)		
	PITUITARY SUPPRESSIVE AGENTS	Leuprolide Acetate (Lupron Depot®) – Brand Only	Goserelin Acetate (Zoladex®)	
		Leuprolide Acetate (Lupron Depot Kit®)	Histrelin (Supprelin LA®)	
		Leuprolide Acetate (Lupron Depot-Ped®)	Histrelin (Vantas)	
		Leuprolide Acetate (Lupron Depot-Ped Kit®)	Leuprolide Acetate (Generic)	
			Leuprolide Acetate Kit (Eligard®)	
			Nafarelin Acetate Nasal Solution (Synarel®)	
			Triptorelin Pamoate (Trelstar®, Trelstar LA®, Trelstar Depot®)	
	HYPERLIPIDEMIA - REFER TO HEART DISEASE			
	IMMUNE DISORDERS - REFER TO MULTIPLE SCLEROSIS			

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
16	**INFECTIOUS DISORDERS**			
	ANTIBIOTICS	Amoxicillin/Clavulanate Suspension	Amoxicillin/Clavulanate (Augmentin Tablet®)	
	Cephalosporin and Related	Amoxicillin/Clavulanate Tablets	Amoxicillin/Clavulanate (Augmentin XR®)	
	Antibiotics	Cefadroxil Capsule	Amoxicillin/Clavulanate ER	
		Cefdinir Suspension	Amoxicillin/Clavulanate Susp (Augmentin 125 & 250)	
		Cefixime (Suprax®)	Cefaclor	
		Cefprozil	Cefaclor ER 500 mg	
		Cefuroxime tablets	Cefadroxil Suspension	
		Cephalexin	Cefadroxil Tablet	
			Cefdinir Capsule	
			Cefditoren Pivoxil (Spectracef®)	
			Ceftibuten (Cedax®)	
			Cephalexin (Keflex 250, 500 & 750®)	
			Cefpodoxime	
			Cefuroxime Axetil Susp (Ceftin®)	
		ORAL		
	Fluoroquinolones	Ciprofloxacin Tablets	Ciprofloxacin Suspension (Cipro Suspension®)	
		Levofloxacin Tablets (Generic)	Cipro Tablet	
			Ciprofloxacin ER	
			Ciprofloxacin ER (Proquin XR®)	
			Gemifloxacin (Factive®)	
			Levofloxacin Solution	
			Levofloxacin (Levaquin®) – Brand Only	
			Moxifloxacin (Avelox®)	
			Norfloxacin (Noroxin®)	
			Ofloxacin	
	Antibiotics, Gastrointestinal	Metronidazole Tablet	Fidaxomicin (Dificid®)	
		Neomycin	Metronidazole Capsule	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
		Nitazoxanide (Alinia®)	Metronidazole Tablet (Flagyl® Tablet) – Brand Only	
			Metronidazole ER (Flagyl ER®)	
			Neomycin (Neo-Fradin®)	
			Rifaximin (Xifaxan®)	
			Tinidazole (Tindamax®)	
			Vancomycin (Vancocin®)	
	Antibiotics, Inhaled	Tobramycin (Tobi®)	Azteonam (Cayston®)	
	Macrolides - Ketolides	Azithromycin (Generic Only)	Azithromycin (Zithromax®)	
		Clarithromycin Tablet	Azithromycin ER (Zmax®)	
		Erythromycin Tablet (Ery-Tab®)	Clarithromycin (Biaxin Tablet®)	
		Erythromycin Base Tablet	Clarithromycin ER	
		Erythromycin Stearate (Erythrocin®)	Clarithromycin Suspension	
			Erythromycin	
			Erythromycin Base (PCE)	
			Erythromycin Base DR Capsule	
			Erythromycin Ethylsuccinate Tablet (E.E.S. 400)	
			Erythromycin Ethylsuccinate (E.E.S. 200 Suspension)	
			Erythromycin Ethylsuccinate (EryPed 200, 400)	
			Telithromycin (Ketek®)	
	Tetracyclines	Doxycycline Hyclate (generic)	Demeclocycline	
		Doxycycline Monohyrate 100 mg capsule (Generic Only)	Doxycycline Calcium Suspension (Vibramycin®)	
		Minocycline Cap	Doxycycline Hyclate (Doryx®)	
		Tetracycline	Doxycycline Hyclate Tablet DR (generic)	
			Doxycycline Hyclate DR (Morgidox)	
			Doxycycline Monohyrate 50 mg capsule	
			Doxycycline Monohyrate 75 mg capsule	
			Doxycycline Monohyrate 100 mg capsule (Monodox®) – Brand Only	
			Doxycycline Monohyrate 150 mg capsule	
			Doxycycline Monohyrate Tablet	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
			Doxycycline DR (Oracea®)	
			Minocycline ER - generic	
			Minocycline Tab	
	Vaginal	Clindamycin Vaginal Cream	Clindamycin Vaginal Cream (Cleocin®)	
		Clindamycin Vaginal Ovules (Cleocin®)	Clindamycin Vaginal Cream (Clindesse®)	
		Metronidazole Vaginal Gel		
		Metronidazole Vaginal Gel (Metro-Vaginal®)		
		Metronidazole Vaginal Gel (Vandazole®)		
	OPHTHALMIC ANTIBIOTICS - refer to Ophthalmic Disorders			
	OTIC ANTIBIOTICS - refer to OTIC Agents			
	ANTIFUNGALS			
	Antifungals, Oral	Clotrimazole Troches	Fluconazole (Diflucan Tablet®)	
		Fluconazole	Flucytosine (Ancobon®)	
		Griseofulvin Suspension	Griseofulvin Tablets (Grifulvin V®)	
		Griseofulvin (Gris-Peg®)	Itraconazole	
		Ketoconazole	Itraconazole Solution (Sporanox®)	
		Nystatin	Nystatin Powder (Oral)	
		Terbinafine (no granules)	Posaconazole (Noxafil®)	
			Terbinafine (Terbinex®)	
			Terbinafine Granules (Lamisil Granules®)	
			Voriconazole (Generic)	
			Voriconazole (VFEND®)	
	HEPATITIS AGENTS			
	Hepatitis C Agents	Boceprevir (Victrelis®)	Consensus Interferon (Infergen®)	
		Ribavirin Tablet	Peginterferon alfa 2B (Peg-Intron®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
		Peginterferon alfa 2A (Pegasys®)	Peginterferon alfa 2B (Peg-Intron Redipen®)	
		Telaprevir (Incivek®)	Ribavirin Capsule	
			Ribavirin (Ribasphere, Ribasphere Ribapak)	
			Ribavirin (Rebetol)	
17	MULTIPLE SCLEROSIS	Glatiramer (Copaxone®)	Dalfampridine (Ampyra®)	
	Multiple Sclerosis Agents	Interferon beta - 1a (Avonex®)	Fingolimod (Gilenya®)	
	(Immunomodulatory Agents)	Interferon beta - 1a (Rebif®)	Interferon beta-1b (Extavia®)	
		Interferon beta - 1b (Betaseron®)		
18	OPHTHALMIC DISORDERS			
	Allergic Conjunctivitis	Cromolyn Sodium	Alcaftadine (Lastacaft®)	
		Loteprednol (Alrex®)	Azelastine HC (Generic; Optivar®)	
		Olopatadine HCl (Pataday®)	Bepotastine (Bepreve®)	
			Emedastine Difumarate (Emadine®)	
			Epinastine (Generic; Elestat®)	
			Lodoxamide Tromethamine (Alomide®)	
			Nedocromil Sodium (Alocril®)	
			Olopatadine HCl (Patanol®)	
	Glaucoma Agents			
	Intraocular Pressure (IOP)	Betaxolol (Generic)	Apraclonidine (Generic; Iopidine®)	
	Reducers	Brimonidine 0.15% (Alphagan P 0.15% - Brand Only)	Betaxolol (Betoptic S®)	
		Brimonidine 0.2% (Generic)	Bimatroprost (Lumigan 2.5ml; 5ml; 7.5ml®)	
		Brimonidine/Timolol (Combigan®)	Brinzolamide (Azopt®)	
		Carteolol	Brimonidine 0.1% (Alphagan P 0.1%®)	
		Dorzolamide (Generic only)	Brimonidine P 0.15% (Generic only)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
		Dorzolamide/Timolol (Generic only)	Dorzolamide (Trusopt® - Brand Only)	
		Latanoprost (Generic only)	Dorzolamide/Timolol (Cosopt® - Brand Only)	
		Levobunolol (Generic only)	Dorzolamide/Timolol PF (Cosopt PF® - Brand Only)	
		Metipranolol (Generic)	Latanoprost 2.5 ml (Xalatan® - Brand Only)	
		Pilocarpine	Levobunolol (Betagan® - Brand Only)	
		Timolol (Generic)	Tafluprost (Zioptan®)	
		Travoprost 2.5ml; 5ml (Travatan Z ®)	Timolol (Timoptic®)	
			Timolol (Betimol®)	
			Timolol LA (Istalol®)	
	Ophthalmics, Antibiotic	Bacitracin/Polymyxin B Sulfate Ointment	Azithromycin (AzaSite®)	
		Ciprofloxacin Solution (Generic)	Besifloxacin (Besivance®)	
		Erythromycin Ophthalmic Ointment (Generic; Ilotycin®)	Bacitracin	
		Garamycin Ointment	Ciprofloxacin Ointment (Ciloxan®)	
		Gentamicin Drops	Gatifloxacin 0.3% (Zymar®)	
		Gentamicin Ointment	Gatifloxacin 0.5% (Zymaxid®)	
		Moxifloxacin (Moxeza; Vigamox®)	Levofloxacin	
		Neomycin-Polymyxin-Gramacidin (Generic)	Natamycin (Natacyn®)	
		Ofloxacin Solution (Generic Only)	Neomycin-Polymyxin-Bacitracin Ointment	
		Polymyxin B/Trimethoprim (Generic®)	Neomycin-Polymyxin-Gramacidin (Neosporin®)	
			Ofloxacin Solution (Ocuflox®)	
		Sulfacetamide Sodium Solution (Generic; Bleph-10®)	Polymyxin B/Trimethoprim (Polytrim®)	
		Tobramycin Ointment and Drops (Generic)	Sulfacetamide Ointment (Generic)	
		Tobramycin Ointment (Tobrex ®)	Tobramycin Solution (Tobrex®)	
	Ophthalmics, Antibiotic- Steroid Combos	Neomycin/Polymyxin B/Dexamethasone (Generic Only)	Gentamicin/Prednisolone Suspension (Pred-G®)	
		Sulfacetamide/Prednisolone Solution (Generic)	Gentamicin/Prednisolone Ointment (Pred-G S.O.P. ®)	
		Tobramycin/Dexamethasone Ointment (Tobradex®)	Neomycin/Polymyxin B/Hydrocortisone	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
		Tobramycin/Dexamethasone Suspension (Tobradex®)	Neomycin/Polymyxin B/Dexamethasone Suspension (Maxitrol)	
			Neomycin/Bacitracin/Polymyxin B/Hydrocortisone	
			Sulfacetamide/Prednisolone Solution (Blephamide®)	
			Sulfacetamide/Prednisolone Ointment (Blephamide S.O.P. ®)	
			Tobramycin/Dexamethasone Suspension (Generic Only)	
			Tobramycin/Dexamethasone ST (Tobradex ST®)	
			Tobramycin/Loteprednol (Zylet®)	
	Ophthalmics, Anti-Inflammatories	Dexamethasone (Generic)	Bromfenac (Generic; Bromday; Xibrom®)	
		Diclofenac	Dexamethasone (Maxidex®)	
		Fluorometholone 0.1% Suspension (Generic)	Dexamethasone Intraocular Implant (Ozurdex®)	
		Flurbiprofen	Difluprednate (Durezol®)	
		Ketorolac (Generic Only)	Fluocinolone Intraocular Implant (Retisert®)	
		Ketorolac LS (Generic Only)	Fluorometholone Acetate 0.1% Solution (Flarex®)	
		Prednisolone Acetate 0.12% Solution (Generic)	Fluorometholone 0.1% Suspension (FML® - Brand Only)	
		Prednisolone Acetate 1% (Generic)	Fluorometholone 0.25% Suspension (FML Forte®)	
			Fluorometholone 0.1% Ointment (FML S.O.P. ®)	
			Ketorolac Tromethamine (Acular®, Acular LS®) – Brand Only	
			Ketorolac Tromethamine PF (Acuvail®)	
			Loteprednol Drops (Lotemax®)	
			Loteprednol Ointment (Lotemax®)	
			Nepafenac (Nevanac®)	
			Prednisolone Acetate 0.12% Solution (Pred Mild®)	
			Prednisolone Acetate 1% (Pred Forte®)	
			Prednisolone Sodium Phosphate	
			Rimexolone (Vexol®)	
			Triamcinolone Acetonide (Triesence®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
19	OPIATE DEPENDENCE AGENTS	Buprenorphine/Naloxone Filmtab (Suboxone®)	Buprenorphine Subling Tab (Generic)	
		Buprenorphine/Naloxone Subling Tab (Suboxone®)	Buprenorphine Subling Tab (Subutex®)	
			Naltrexone Extended-Release Injectable Suspension (Vivitrol®)	
20	OTIC AGENTS			
	Otic Antibiotics	Ciprofloxacin/Dexamethasone (Ciprodex®)	Ciprofloxacin (Cetraxal OTIC®)	
		Neomycin/Polymyxin/HC Solution/Suspension (Generic)	Ciprofloxacin/Hydrocortisone (Cipro HC OTIC®)	
		Ofloxacin (Generic; Floxin®)	Neomycin/Polymyxin/HC (Cortisporin®)	
			Neomycin/Colistin/Thonzonium/HC (Coly-Mycin S®)	
			Neomycin/Colistin/Thonzonium/HC (Cortisporin TC®)	
	Otic Anti-Infectives and Anesthetics	Acetic Acid	Acetic Acid/HC	
		Acetic Acid/Aluminum	Antipyrine/Benzocaine (Aurax®)	
		Antipyrine/Benzocaine	Benzocaine (Pinnacaine®)	
			Antipyrine/Benzocaine/Policosanol (Otic Care®)	
			Antipyrine/Benzocaine/Zinc (Otozin®)	
			Chloroxylenol/Benzocaine/Hydrocortisone (Myoxin; Trioxin®)	
			HC/Pramox HCl/ Chloroxylenol (Pramoxine HC®)	
21	OSTEOPOROSIS			
	Bone Resorption Suppression Agents	Alendronate Tablets (Generic)	Alendronate (Fosamax®) – Brand Only	
		Calcitonin-Salmon Nasal (Miacalcin®) – Brand Only	Alendronate Solution (Fosamax Solution®)	
			Alendronate/Vit D (Fosamax Plus D®)	
			Calcitonin-Salmon Nasal (Fortical®)	
			Calcitonin - Salmon Nasal (Generics)	
			Denosumab (Prolia®)	
			Etidronate Disodium (Generics)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
			Etidronate (Didronel®)	
			Ibandronate Sodium (Boniva®)	
			Raloxifene (Evista®)	
			Risendronate (Actonel®)	
			Risendronate DR (Atelvia®)	
			Teriparatide Subcutaneous (Forteo®)	
22	PAIN MANAGEMENT			
	Analgesics, Narcotics Short Acting	Acetaminophen w/Codeine (Generic)	Carisoprodol Compund-Codeine	
		Butalbital Compound with Codeine	Capital w/Codeine	
		Butorphanol Tartrate	Codeine/Acetaminophen (Cocet®, Cocet Plus®)	
		Codeine	Codeine/Acetaminophen (Tylenol #3, Tylenol #4)	
		Dihydrocodeine Bitartrate/Acetaminophen/Caffeine (Generics)	Dihydrocodeine Bitartrate/Aspirin/Caffeine (Synalgos DC®)	
		Hydrocodone/Acetaminophen (Generic)	Dihydrocodeine Bitartrate/Acetaminophen/Caffeine (Trezix®)	
		Hydrocodone/Ibuprofen (Generic)	Fentanyl Buccal (Generics)	
		Hydromorphone Tablet	Fentanyl Buccal (Actiq®)	
		Morphine Solution, IR Tablet	Fentanyl Buccal (Fentora®)	
		Oxycodone	Fentanyl Buccal (Onsolis®)	
		Oxycodone (Roxicodone®)	Fentanyl Sublingual (Abstral®)	
		Oxycodone/Acetaminophen	Fentanyl Sublingual Spray (Subsys®)	
		Oxycodone/Acetaminophen (Roxicet®)	Hydrocodone/Acetaminophen (Hycet®)	
		Oxycodone w/Aspirin	Hydrocodone/Acetaminophen (Xodol®)	
		Oxycodone/Ibuprofen	Hydrocodone/Acetaminophen (Lorcet®)	
		Pentazocine/Acetaminophen	Hydrocodone/Acetaminophen (Lortab®)	
		Pentazocine/Naloxone	Hydrocodone/Acetaminophen (Norco®)	
		Tramadol (Generic)	Hydrocodone/Acetaminophen (Vicodin®)	
		Tramadol/Acetaminophen (Generic)	Hydrocodone/Acetaminophen (Zamicet®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
			Hydrocodone/Acetaminophen (Zolvit®)	
			Hydrocodone/Acetaminophen (Zydone®)	
			Hydrocodone/Ibuprofen (Ibudone®)	
			Hydrocodone/Ibuprofen (Reprexain®)	
			Hydrocodone/Ibuprofen (Vicoprofen®)	
			Hydromorphone (Dilaudid®)	
			Hydromorphone Suppositories	
			Levorphanol	
			Meperidine	
			Meperidine (Demerol®)	
			Morphine Concentrate Solution	
			Morphine Suppositories	
			Opium Tincture	
			Oxycodone/Acetaminophen (Magnacet®)	
			Oxycodone/Acetaminophen (Percocet®)	
			Oxycodone/Acetaminophen (Primlev®)	
			Oxycodone/Acetaminophen (Xolox®)	
			Oxycodone/Aspirin (Percodan®)	
			Oxycodone (Oxecta®)	
			Oxycodone Concentrate	
			Oxymorphone	
			Oxymorphone (Numorphan®)	
			Oxymorphone IR (Opana®)	
			Tapentadol (Nucynta®)	
			Tramadol ODT (Rybix ODT®)	
			Tramadol (Ultram®) – Brand Only	
			Tramadol / Acetaminophen (Ultracet®) – Brand Only	
	Analgesics, Narcotics Long Acting	Fentanyl Transdermal	Buprenorphine Transdermal (Butrans®)	
		Methadone HCL	Fentanyl Transdermal (Duragesic)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
		Morphine Sulfate ER (Generic)	Hydromorphone ER (Exalgo®)	
		Morphine Sulfate (Kadian®)	Morphine Sulfate ER (Avinza®)	
			Morphine Sulfate ER (Kadian ER®)	
			Morphine Sulfate ER (MS Contin®)	
			Oxycodone (OxyContin®)	
			Oxymorphone ER	
			Oxymorphone ER (Opana ER®)	
			Tramadol ER	
			Tramadol ER (Conzip®)	
			Tramadol ER (Ryzolt®)	
			Tramadol ER (Ultram ER®)	
			Tapentadol Extended Release (Nucynta ER®)	
	Neuropathic Pain	Duloxetine (Cymbalta®)	Capsaicin (Qutenza Kit®)	
		Lidocaine Topical (Lidoderm®)	Gabapentin (Gralise®)	
		Milnacipran (Savella®)	Gabapentin Enacarbil (Horizant®)	
		Milnacipran (Savella Titration Pack®)		
	Nonsteroidal Anti - Inflammatories	Diclofenac Potassium Oral (Generic)	Celecoxib (Celebrex®)	
	(NSAIDs)	Diclofenac Sodium Oral (Generic)	Diclofenac/Misoprostol (Arthrotec®)	
		Diclofenac SR	Diclofenac Epolamine Transdermal (Flector®)	
		Esomeprazole/Naproxen (Vimovo®)	Diclofenac Sodium Transdermal (Pennsaid®)	
		Etodolac	Diclofenac Sodium Transdermal (Voltaren®)	
		Flurbiprofen	Diclofenac Potassium (Zipsor®- Brand Only)	
		Ibuprofen Rx Suspension (Generic)	Diflunisal (Generic; Dolobid®)	
		Ibuprofen Rx Tablet (Generic)	Etodolac SR	
		Indomethacin Capsule	Famotidine/Ibuprofen (Duexis®)	
		Indomethacin Suspension (Indocin®)	Fenoprofen (Generic; Nalfon®)	
		Ketoprofen	Indomethacin Rectal (Indocin®)	
		Ketorolac	Indomethacin ER Capsule (Generic)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2013
		Meloxicam Tablet (Generic only)	Ketoprofen ER	
		Meloxicam Suspension (Generic only)	Ketorolac Nasal Spray (Sprix®)	
		Nabumetone	Meclofenamate	
		Naproxen EC (Generic only)	Meloxicam Suspension (Mobic® Brand Only)	
		Naproxen Sodium – Generic Only	Mefenamic Acid (Generic; Ponstel®)	
		Naproxen Suspension (Generic only)	Meloxicam Tablet (Mobic® Brand Only)	
		Naproxen Tablet (Generic only)	Naproxen Sodium (Anaprox®)	
		Oxaprozin	Naproxen EC (Naprosyn® - Brand Only)	
		Piroxicam (Generic; Feldene®)	Naproxen Suspension (Naprosyn® - Brand Only)	
		Sulindac	Naproxen Tablet (Naprosyn® - Brand Only)	
			Naproxen (Naprelan®)	
			Oxaprozin (Daypro®)	
			Tolmetin Capsule	
			Tolmetin Tablet	
	Antimigraine Agents,	Eletriptan (Relpax®)	Almotriptan (Axert®)	
	Triptans	Rizatriptan (Maxalt®)	Diclofenac (Cambia®)	
		Rizatriptan (Maxalt MLT®)	Frovatriptan (Frova®)	
		Sumatriptan (Imitrex® Injection) – Brand only	Naratriptan	
		Sumatriptan (Imitrex ® Nasal) – Brand only	Sumatriptan (Sumavel DosePro®)	
		Sumatriptan (Oral – Generic only)	Sumatriptan Injection – Generic only	
			Sumatriptan Nasal – Generic only	
			Sumatriptan (Imitrex Oral) – Brand only	
			Sumatriptan/Naproxen (Treximet®)	
			Zolmitriptan (Zomig®)	
			Zolmitriptan (Zomig ZMT®)	
			Zolmitriptan (Zomig® Nasal)	
	Skeletal Muscle Relaxants	Baclofen	Carisoprodol	
		Chlorzoxazone	Carisoprodol Compound	

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		Cyclobenzaprine	Carisoprodol (Soma 250 mg®)	
		Methocarbamol	Chlorzoxazone (Lorzone)	
		Tizanidine (Generics)	Chlorzoxazone (Parafon Forte DSC)	
			Cyclobenzaprine (Fexmid®)	
			Cyclobenzaprine ER (Generic)	
			Cyclobenzaprine ER (Amrix®)	
			Dantrolene Sodium	
			Metaxalone	
			Methocarbamol (Robaxin)	
			Orphenadrine	
			Orphenadrine Compound	
			Tizanidine (Zanaflex®)	
	Cytokine and CAM Antagonists	Adalimumab Injection (Humira IJ Kit; Humira Kit®)	Abatacept (Orencia Injection; Orencia Sub-Q®)	
		Etanercept Injection (Enbrel Kit; Pen; Disp Syringe®)	Anakinra Injection (Kineret®)	
			Certolizumab Pegol (Cimzia Kit; Syringe Kit®)	
			Golimumab (Simponi Pen; Disp Syringe®)	
			Infliximab Injection (Remicade®)	
			Tocilizumab Injection (Actemra®)	
			Ustekinumab (Stelara Disp Syringe®)	
23	**PARKINSON'S**			
	Antiparkinson Agents -	Benztropine	Bromocriptine	
	Anticholinergic and Other	Carbidopa/ Levodopa	Carbidopa/ Levodopa ER (Sinemet CR® - Brand Only)	
		Carbidopa/ Levodopa ER (Generic Only)	Carbidopa/ Levodopa ODT	
		Levodopa/Carbidopa/Entacapone (Stalevo®-Brand Only))	Levodopa/Carbidopa/Entacapone – Generic Only	
		Pramipexole (Generic)	Entacapone (Generic; Comtan®)	
		Ropinirole (Generic Only)	Pramipexole (Mirapex®)	
		Selegiline Capsule (Generic Only)	Pramipexole ER (Mirapex ER®)	
		Selegiline Tablet (Generic Only)	Rasagiline (Azilect®)	

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		Trihexyphenidyl Elixir	Ropinirole (Requip® - Brand Only)	
		Trihexyphenidyl Tablet	Ropinirole ER (Generic; Requip XL®)	
			Rotigotine Transdermal (Neupro®)	
			Selegiline (Zelapar®, Eldepryl®) – Brand Only	
			Tolcapone (Tasmar®)	
24	SEDATIVE/HYPNOTICS	Chloral Hydrate Syrup	Chloral Hydrate (Somnote®)	
		Temazepam (Generic Only)	Doxepin (Silenor®)	
		Triazolam (Generic Only)	Estazolam	
		Zolpidem (Generic Only)	Eszopiclone (Lunesta®)	
			Flurazepam	
			Quazepam (Doral®)	
			Ramelteon (Rozerem®)	
			Temazepam (Restoril®)	
			Temazepam 7.5mg (Generic; Restoril®)	
			Temazepam 22.5mg (Generic; Restoril®)	
			Triazolam (Halcion® - Brand Only)	
			Zaleplon (Generic; Sonata®)	
			Zolpidem (Ambien® - Brand Only)	
			Zolpidem Tartrate Sublingual (Edluar; Intermezzo®)	
			Zolpidem Solution (Zolpimist®)	
			Zolpidem ER (Generic; Ambien CR®)	
25	UROLOGY			
	INCONTINENCE			
	Bladder Relaxant Preparations	Fesoterodine Fumarate (Toviaz®)	Darifenacin (Enablex®)	
		Oxybutynin	Flavoxate	
		Solifenacin (VESIcare®)	Oxybutynin ER	
			Oxybutynin Gel (Gelnique Gel Pump®)	
			Oxybutynin Transdermal (Oxytrol®)	
			Tolterodine (Detrol®)	
			Tolterodine ER (Detrol LA®)	
			Trospium	

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