

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
----------	-------------------------------	--------------	------------------------	------------------------------------

1	ADD/ADHD			
	Stimulants and Related Agents	Amphetamine Salt Combo Tablet (Adderall®; Generic)	Amphetamine Salt Combo ER (Generic; Authorized Generic)	
		Amphetamine Salt Combo ER (Adderall XR®)	Amphetamine Sulfate Tablet (Evekeo®)	
		Atomoxetine Capsule (Strattera®)	Armodafinil Tablet (Nuvigil®)	
		Dexmethylphenidate (Generic; Authorized Generic; Focalin®)	Clonidine ER Tablet (Generic; Kapvay®)	
		Dexmethylphenidate ER (Focalin XR®)	Dexmethylphenidate XR (Generic; Authorized Generic)	
		Dextroamphetamine Solution (Procentra®)	Dextroamphetamine Capsule ER (Generic; Dexedrine®)	
		Dextroamphetamine Tablet (Generic)	Detrolamphetamine Sulfate Tablet (Dexedrine®)	
		Guanfacine ER Tablet (Generic)	Dextroamphetamine IR Tablet (Zenedi®)	
		Lisdexamfetamine Capsule (Vyvanse®)	Dextroamphetamine Solution (Generic)	
		Methylphenidate IR (Generic)	Guanfacine ER Tablet (Intuniv®)	
		Methylphenidate ER Capsule (Metadate CD®)	Methamphetamine (Generic; Desoxyn®)	
		Methylphenidate ER Tablet (Generic; Generic Concerta; Authorized Generic Concerta; Metadate ER®)	Methylphenidate IR (Ritalin®)	
		Methylphenidate ER Susp (Quillivant XR®)	Methylphenidate Solution (Generic; Authorized Generic; Methylin®)	
			Methylphenidate IR Chew Tab (Generic; Methylin® Chewable)	
			Methylphenidate ER Capsule (Aptensio XR®, Generic Ritalin LA; Ritalin LA®)	
			Methylphenidate ER Tablet (Concerta®)	
			Methylphenidate CD Capsule (Generic; Authorized Generic)	
			Methylphenidate Transdermal Patches (Daytrana®)	
			Modafinil Tablet (Generic; Provigil®)	
2	ALLERGY			
	Antihistamines - Minimally Sedating	Cetirizine Solution; Syrup 1mg/ml OTC; RX (Generic)	Acrivastin/Pseudoephedrine (Semprex-D®)	
		Cetirizine Tablet OTC (Generic)	Cetirizine Chewable Tablet OTC (Generic)	
		Levocetirizine Tablet (Generic)	Cetirizine-D OTC (Generic)	
		Loratadine ODT Tab OTC (Generic)	Cetirizine 5mg/5ml Syrup OTC	
		Loratadine Solution OTC (Generic)	Desloratadine Tablet (Generic; Clarinex®)	
		Loratadine Tab OTC (Generic)	Desloratadine ODT (Generic)	
			Desloratadine Syrup (Clarinex®)	
			Desloratadine/Pseudoephedrine (Clarinex-D 12 -hour®)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
			Fexofenadine Tablet 60mg, 180mg OTC (Generic)	
			Fexofenadine Suspension OTC (Generic)	
			Fexofenadine-D 12-hour OTC (Generic)	
			Levocetirizine Solution (Generic; Xyzal®)	
			Levocetirizine Tablet (Xyzal®)	
			Loratadine-D 12-hour; 24-hour (Generic)	
	Rhinitis Agents, Nasal	Fluticasone Propionate Nasal Spray (Generic)	Azelastine Nasal Spray (Generic for Astelin; Authorized Generic for Astepro; Astepro®; Astelin®)	
		Ipratropium Bromide Nasal Spray (Generic)	Azelastine/Fluticasone Nasal Spray (Dymista®)	
		Mometasone Nasal Spray (Nasonex®)	Beclomethasone Nasal Spray (Beconase AQ®; Qnasl®)	
		Olopatadine Nasal Spray (Patanase®)	Budesonide Aqua Nasal Spray (Generic; Authorized Generic; Rhinocort Aqua®)	
			Ciclesonide Nasal Spray (Omnaris®; Zetonna®)	
			Flunisolide Nasal Spray (Generic)	
			Fluticasone Propionate Nasal Spray (Flonase®)	
			Fluticasone Furoate Nasal Spray (Veramyst®)	
			Ipratropium Bromide Nasal Spray (Atrovent®)	
			Olopatadine Nasal Spray (Generic; Authorized Generic)	
			Triamcinolone Nasal Spray (Generic)	
3	ALZHEIMER'S			
	Alzheimer's Agents	Donepezil (Generic)	Donepezil (Aricept®)	
	Cholinesterase Inhibitors	Donepezil ODT (Generic)	Donepezil 23 mg (Generic; Aricept 23mg®)	
		Memantine Tablet (Titration Pack; Generic; Authorized Generic)	Donepezil (Aricept ODT®)	
		Rivastigmine Transdermal (Exelon Transdermal®)	Donepezil/Memantine (Namzaric®)	
			Galantamine ER Capsule (Generic; Razadyne ER®)	
			Galantamine Solution (Generic)	
			Galantamine Tablet (Generic)	
			Memantine Solution (Namenda Sol®)	
			Memantine Tablet (Namenda®; Namenda Titration Pack®)	
			Memantine Cap ER (Namenda XR®; Namenda XR® Titration Pack)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
----------	-------------------------------	--------------	------------------------	------------------------------------

			Rivastigmine Capsule (Generic; Exelon®)	
4	ANTIPSYCHOTIC AGENTS		ORAL	
	Antipsychotic Agents	Amitriptyline/Perphenazine (Generic)	Aripiprazole ODT (Abilify Discmelt®)	
		Chlorpromazine Tab (Generic)	Aripiprazole Oral Solution (Abilify®)	
		Clozapine Tab (Generic)	Aripiprazole Tablet (Generic; Abilify®)	
		Fluphenazine Tablet (Generic)	Asenapine Sublingual Tablet (Saphris®)	
		Haloperidol Oral Tab (Generic)	Brexipiprazole Tablet (Rexulti®)	
		Haloperidol Lactate Concentrate (Generic)	Clozapine Tablet (Clozaril®)	
		Loxapine Cap (Generic)	Clozapine Suspension (Versacloz®)	
		Lurasidone Tab (Latuda®)	Clozapine ODT (Authorized Generic; Fazaclor®)	
		Olanzapine Tablet (Generic)	Fluphenazine Elixir/Solution (Generic)	
		Olanzapine ODT (Generic)	lloperidone Tablet (Fanapt®; Fanapt Titration Pack®)	
		Perphenazine Tab (Generic)	Loxapine Inh (Adasuve®)	
		Pimozide Tab (Orap®)	Olanzapine Tablet (Zyprexa®)	
		Quetiapine Tablet (Generic)	Olanzapine ODT (Zyprexa Zydis®)	
		Quetiapine ER Tablet (Seroquel XR®)	Olanzapine/Fluoxetine (Generic; Symbyax®)	
		Risperidone Solution (Generic)	Paliperidone ER Tab (Invega®)	
		Risperidone Tablet (Generic)	Quetiapine Tablet (Seroquel®)	
		Thioridazine Tablet (Generic)	Risperidone ODT (Generic; Risperdal M®)	
		Thiothixene Capsule (Generic)	Risperidone Solution (Risperdal®)	
		Trifluoperazine Tablet (Generic)	Risperidone Tablet (Risperdal®)	
		Ziprasidone Capsule (Generic)	Ziprasidone Cap (Geodon®)	
			INJECTIONS	
		Fluphenazine Decanoate Injection (Generic)	Aripiprazole Intramuscular (Abilify®)	
		Haloperidol Decanoate Injection (Generic)	Aripiprazole Intramuscular ER (Abilify Maintena®)	
		Haloperidol Lactate Injection (Generic)	Haloperidol Decanoate (Haldol®)	
		Paliperidone (Invega Sustenna®)	Haloperidol Lactate (Haldol®)	
		Paliperidone (Invega Trinza®)	Olanzapine Intramuscular Solution (Generic; Zyprexa®)	
		Risperidone (Risperdal Consta®)	Olanzapine Intramuscular Suspension (Zyprexa Relprev®)	
		Ziprasidone Intramuscular (Geodon®)		

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
----------	-------------------------------	--------------	------------------------	------------------------------------

5	ASTHMA/COPD			
	Bronchodilator, Beta-Adrenergic Agents			
			<u>INHALATION</u>	
		Albuterol Sulfate Nebulizer 0.63mg/3ml, 1.25mg/3ml, 2.5mg/3ml (Generic)	Albuterol Sulfate Aerosol Powder (ProAir RespiClick®)	
		Albuterol Sulfate Nebulizer Solution 100mg/20ml (Generic)	Albuterol Sulfate HFA MDI (Ventolin HFA®)	
		Albuterol Sulfate Nebulizer Solution 2.5mg/0.5ml (Generic)	Arformoterol Inhalation Solution (Brovana®)	
		Albuterol Sulfate HFA MDI (ProAir HFA®; Proventil HFA®)	Formoterol Inhalation Solution (Perforomist®)	
		Formoterol DPI (Foradil®)	Indacaterol Inhalation (Arcapta Neohaler®)	
		Salmeterol Xinafoate (Serevent Diskus®)	Levalbuterol HCL Nebulizer Solution; Conc. (Generic; Xopenex®)	
			Levalbuterol HFA (Xopenex HFA®)	
			Olodaterol (Striverdi Respimat®)	
			<u>ORAL</u>	
		Albuterol Sulfate Syrup (Generic)	Albuterol Sulfate Tablet (Generic)	
		Terbutaline Sulfate Tablet (Generic)	Albuterol Sulfate ER Tablet (Generic)	
			Metaproterenol Sulfate Syrup (Generic)	
			Metaproterenol Sulfate Tablet (Generic)	
	Bronchodilator, Anticholinergics (COPD)		<u>INHALATION</u>	
		Albuterol Sulfate/Ipratropium (Combivent Respimat®)	Acclidinium Bromide Inhalation Powder (Tudorza Pressair®)	
		Albuterol Sulfate/Ipratropium Nebulizer Solution (Generic)	Tiotropium Inhalation Solution (Spiriva Respimat®)	
		Ipratropium Inhalation Aerosol MDI (Atrovent HFA®)	Tiotropium/Olodaterol (Stiolto Respimat®)	
		Ipratropium Nebulizer Solution (Generic)	Umeclidinium (Incruse Ellipta®)	
		Tiotropium Inhalation Powder (Spiriva®)	Umeclidinium/Vilanterol (Anoro Ellipta®)	
			<u>ORAL</u>	
		NONE	Roflumilast (Daliresp®)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
----------	-------------------------------	--------------	------------------------	------------------------------------

	Glucocorticoids, Inhalation	Beclomethasone MDI (QVAR®)	Budesonide DPI (Pulmicort Flexhaler®)
		Budesonide Respules 0.25mg; 0.5mg; 1mg (Pulmicort Respules®)	Budesonide Respules 0.25mg; 0.5mg; 1mg (Generic)
		Budesonide/Formoterol MDI (Symbicort®)	Ciclesonide MDI (Alvesco®)
		Fluticasone/Salmeterol DPI (Advair Diskus®)	Flunisolide HFA MDI (Aerospan®)
		Mometasone DPI (Asmanex® Twisthaler)	Fluticasone Furoate (Arnuity Ellipta®)
		Mometasone/Formoterol MDI (Dulera®)	Fluticasone MDI (Flovent Diskus®)
			Fluticasone MDI (Flovent HFA Inhaler®)
			Fluticasone/Salmeterol MDI (Advair HFA®)
			Fluticasone/Vilanterol (Breo Ellipta®)
			Mometasone Furoate (Asmanex HFA®)
	Leukotriene Modifiers	Montelukast Chewable Tablet; Tablet (Generic)	Montelukast Gran Pack (Generic; Singulair Gran Pack®)
			Montelukast Chewable Tablet (Singulair®)
			Montelukast Tablet (Singulair®)
			Zafirlukast Tablet (Generic; Accolate®)
			Zileuton Tablet (Zyflo® Filmtab)
			Zileuton CR Tablet (Zyflo CR®)
6	DEPRESSION	Bupropion HCl IR (Generic)	Bupropion HBr ER (Aplenzin®)
	Antidepressants, Other	Bupropion HCl SR (Generic)	Bupropion HCl ER (Forfivo XL®)
		Bupropion HCl XL (Generic)	Bupropion HCl IR (Wellbutrin®)
		Desvenlafaxine Succinate ER Tab (Pristiq®)	Bupropion HCl SR (Wellbutrin SR®)
		Mirtazapine Tablet (Generic)	Bupropion HCl ER (Wellbutrin XL®)
		Mirtazapine ODT (Generic)	Desvenlafaxine ER (Authorized Generic; Generic; Khedezla®)
		Trazodone (Generic)	Desvenlafaxine Fumarate ER (Generic)
		Venlafaxine ER Capsule (Generic)	Isocarboxazid (Marplan®)
		Venlafaxine IR Tablet (Generic)	Levomilnacipran (Fetzima®)
			Mirtazapine Tablet (Remeron®)
			Mirtazapine ODT (Remeron ODT®)
			Nefazodone Tablet (Generic)
			Phenelzine (Generic; Nardil®)

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
----------	-------------------------------	--------------	------------------------	------------------------------------

			Selegiline Patch (Emsam®)	
			Tranylcypromine Sulfate (Generic; Parnate®)	
			Trazodone ER (Oleptro ER®)	
			Venlafaxine ER Capsule (Effexor XR®)	
			Venlafaxine ER Tablet (Generic; Authorized Generic: Schwarz, Upstate)	
			Vilazodone (Viibryd®; Viibryd® Dose Pack)	
			Vortioxetine (Brintellix®)	
	Selective Serotonin	Citalopram Solution (Generic)	Citalopram Tablet (Celexa®)	
	Reuptake Inhibitors (SSRIs)	Citalopram Tablet (Generic)	Escitalopram Solution (Generic; Lexapro®)	
		Escitalopram Tablet (Generic)	Escitalopram Tablet (Lexapro®)	
		Fluoxetine Capsule (Generic)	Fluoxetine 60 mg Tablet (Generic)	
		Fluoxetine Solution (Generic)	Fluoxetine Capsule (Prozac®)	
		Fluvoxamine Maleate Tablet (Generic)	Fluoxetine Tablet (Generic; Sarafem®)	
		Paroxetine Tablet (Generic)	Fluoxetine Delayed Release (Generic; Prozac Weekly®)	
		Sertraline Concentrate (Generic)	Fluvoxamine Maleate ER (Generic)	
		Sertraline Tablet (Generic)	Paroxetine ER Tab (Generic; Paxil CR®)	
			Paroxetine HCl Tab (Paxil®)	
			Paroxetine Mesylate (Brisdelle®; Pexeva®)	
			Paroxetine Suspension (Paxil Suspension®)	
			Sertraline Concentrate (Zoloft®)	
			Sertraline Tablet (Zoloft®)	
7	DERMATOLOGY	Clotrimazole Rx Cream; Solution	Butenafine (Mentax®)	
	Antifungals - Topical	Clotrimazole/Betamethasone Cream (Generic)	Ciclopirox Cream (Generic)	
		Econazole Cream (Generic)	Ciclopirox Gel (Generic)	
		Ketoconazole Rx Cream; Shampoo (Generic)	Ciclopirox Shampoo (Loprox®; Generic)	
		Nystatin Cream; Ointment; Powder (Generic)	Ciclopirox Solution (Penlac®; Generic)	
		Nystatin/Triamcinolone Cream; Ointment	Ciclopirox Solution Kit (CNL8®; Generic)	
			Ciclopirox Suspension (Generic)	
			Clotrimazole/Betamethasone Lotion (Generic)	
			Clotrimazole/Betamethasone Cream (Lotrisone®)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
----------	-------------------------------	--------------	------------------------	------------------------------------

			Efinaconazole Solution (Jublia®)	
			Ketoconazole Foam(Extina®; Generic)	
			Ketoconazole (Nizoral® Shampoo)	
			Luliconazole Cream (Luzu®)	
			Miconazole/zinc oxide/white petrolatum (Vusion®)	
			Naftifine Cream (Naftin®; Generic)	
			Naftifine Gel (Naftin®)	
			Nystatin (Pediaderm AF®)	
			Oxiconazole Lotion; Cream (Oxistat®)	
			Salicylic Acid/Benzoic Acid (Bensal HP®)	
			Sertaconazole (Ertaczo®)	
			Sulconazole Cream; Solution (Exelderm®)	
			Tavaborole (Kerydin®)	
	Antiparasitic Agents, Topical	Benzyl Alcohol (Ulesfia®)	Crotamiton Cream; Lotion (Eurax®)	
		Permethrin Cream (Generic)	Lindane Lotion; Shampoo (Generic)	
		Ivermectin (Sklice®)	Malathion Lotion (Generic; Ovide®)	
		Spinosad (Natroba®)	Permethrin Cream (Elimite®)	
			Spinosad (Generic)	
	Antipsoriatics, Oral	Acitretin Cap (Soriatane®)	Acitretin Cap (Authorized Generic; Generic)	
			Methoxsalen Rapid (Generic; OxSORALEN-Ultra®)	
			Methoxsalen (8-MOP®)	
	Antipsoriatics, Topical	Calcipotriene Ointment (Generic)	Calcipotriene Cream (Dovonex®)	
		Calcipotriene Solution (Generic)	Calcipotriene Foam (Sorilux®)	
		Calcipotriene Cream (Generic)	Calcipotriene Ointment (Calcitrene®)	
			Calcipotriene/Betamethasone Dipropionate Ointment (Generic; AG; Taclonex®)	
			Calcipotriene/Betamethasone Dipropionate Scalp (Taclonex Scalp®)	
			Calcitriol Ointment (Generic; Vectical®)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
----------	-------------------------------	--------------	------------------------	------------------------------------

	Antiviral Agents, Topical	Acyclovir Ointment (Authorized Generic; Generic)	Acyclovir Cream , Ointment (Zovirax®)
		Penciclovir Cream (Denavir®)	Acyclovir/Hydrocortisone (Xerese®)
	Atopic Dermatitis	Pimecrolimus Cream (Elidel®)	Tacrolimus Ointment (Generic; Authorized Generic; Protopic®)
	Immunomodulators		
	Antibiotics, Topical	Gentamicin Sulfate Cream, Ointment (Generic)	
		Mupirocin Ointment (Generic)	Mupirocin Cream (Bactroban®; Generic; Authorized Generic)
			Mupirocin Ointment (Bactroban®)
			Mupirocin Ointment (Centany®)
			Mupirocin Ointment (Centany® Kit)
			Neomycin/Polymyxin/Pramoxine
			Retapamulin (Altabax®)
	Emollients	Ammonium Lactate Cream; Lotion (Generic)	Atopiclair® Cream
			Biafine® Emulsion
			Bionect® Foam
			Eleton® Cream
			Emollient Combination No. 10 (AVO Cream)
			Emollient Combination No. 32 (Emulsion SB)
			Emollient Combo 35 Cream (PruMyx Cream)
			Emollient Foam (HPR Foam)
			Emollient Foam Plus (HPR Plus Emollient Foam)
			HPR Plus Cream
			HPR Plus Hydrogel Kit
			HPR Plus® - MB Hydrogel Kit
			MB Hydrogel Kit
			Promiseb® Cream

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
----------	-------------------------------	--------------	------------------------	------------------------------------

			TL Triseb Cream	
	Immunomodulators, Topical	Imiquimod Cream (Aldara®)	Imiquimod 5% Cream Packet (Generic) Imiquimod 3.75% Cream Packet; 2.5%, 3.75% Cream Pump (Zyclara®)	
	STEROIDS, TOPICAL			
	Low Potency	Alclometasone Dipropionate Cream; Ointment (Generic)	Desonide Gel (Desonate®)	
		Hydrocortisone Cream; Lotion; Ointment (Generic)	Desonide Cream; Ointment (Generic)	
		Hydrocortisone/Mineral Oil/Pet Ointment (Generic)	Desonide Lotion (Generic; Desowen®)	
			Fluocinolone Acetonide Shampoo (Capex®)	
			Fluocinolone Acetonide 0.01% Body/Scalp Oil (Generic; Derma-Smoother-FS®)	
			Hydrocortisone Acetate/Urea Cream (U-Cort)	
			Hydrocortisone Solution (Texacort®)	
			Hydrocortisone/Skin Cleanser #25 (Aqua Glycolic HC®)	
			Hydrocortisone/Emollient (Pediaderm HC®)	
			Triamcinolone (Pediaderm TA®)	
	Medium Potency	Fluticasone Propionate Cream; Ointment (Generic)	Betametasone Valerate Foam (Generic; Luxiq®)	
		Hydrocortisone Butyrate Solution (Generic)	Clocortolone Pivalate Cream; Pump (Authorized Generic; Cloderm®)	
		Mometasone Furoate Cream; Ointment; Solution (Generic)	Flurandrenolide Tape (Cordran Tape®)	
		Prednicarbate Cream (Generic)	Fluticasone Propionate Lotion (Generic; Cutivate®)	
			Fluticasone Propionate Cream (Cutivate®)	
			Fluocinolone Acetonide Cream; Ointment; Solution (Generic)	
			Fluocinolone Acetonide Cream; Cream Kit (Synalar®)	
			Fluocinolone Acetonide Ointment; Ointment Kit (Synalar®)	
			Fluocinolone Acetonide Solution (Synalar®)	
			Fluocinolone Acetonide TS Kit (Synalar® TS)	
			Hydrocortisone Butyrate Solution (Authorized Generic)	
			Hydrocortisone Butyrate Cream; Ointment (Generic)	
			Hydrocortisone Butyrate/Emollient (Generic; Authorized Generic)	
			Hydrocortisone Probutate Cream (Pandel®)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
----------	-------------------------------	--------------	------------------------	------------------------------------

			Hydrocortisone Valerate Cream; Ointment (Generic)	
			Mometasone Furoate Cream; Ointment; Lotion (Elocon®)	
			Prednicarbate Ointment (Generic; Dermatop®)	
	High Potency	Betamethasone Dipropionate/Prop Glycol Cream (Generic)	Amcinonide Cream; Lotion; Ointment (Generic)	
		Betamethasone Valerate Cream; Lotion; Ointment (Generic)	Betamethasone Dipropionate/Prop Glycol Cream (Diprolene AF®)	
		Triamcinolone Acetonide Cream; Lotion; Ointment (Generic)	Betamethasone Dipropionate/Prop Glycol Lotion; Ointment (Diprolene®)	
			Betamethasone Dipropionate/Prop Glycol Lotion; Ointment (Generic)	
			Betamethasone Dipropionate Cream; Lotion; Ointment; Gel (Generic)	
			Desoximetasone (Topicort® Topical Spray)	
			Desoximetasone Cream (Generic; Topicort®; Topicort LP®)	
			Desoximetasone Ointment (Generic; Topicort®)	
			Desoximetasone Gel (Generic)	
			Diflorasone Diacetate Cream; Ointment (Generic)	
			Fluocinonide Cream; Gel; Solution; Ointment (Generic)	
			Fluocinonide-E Cream (Generic)	
			Fluocinonide Cream (Vanos®)	
			Halcinonide Cream; Ointment (Halog®)	
			Triamcinolone Acetonide Aerosol (Generic; Kenalog Aerosol®)	
			Triamcinolone Acetonide Ointment (Trianex)	
			Triamcinolone Acet/Dimethicone (DermacinRx Silapak®)	
	Very High Potency	Clobetasol Propionate Cream; Emollient Cream; Gel; Ointment; Solution (Generic)	Clobetasol Propionate Foam (Generic; Olux®)	
			Clobetasol Propionate - Emollient Foam (Generic; Olux-E®)	
			Clobetasol Propionate Lotion (Generic; Clobex®)	
			Clobetasol Propionate Shampoo (Generic; Clobex®; Clodan®)	
			Clobetasol Propionate Ointment; Cream (Temovate®)	
			Clobetasol Propionate Spray (Generic; Clobex®)	
			Clobetasol Skin Cleanser (Clodan Kit®)	
			Diflorasone Diacetate Emollient Cream (Apexicon E®)	
			Halobetasol Propionate Cream; Ointment (Generic)	
			Halobetasol Propionate/Lactic Acid Cream; Ointment (Ultravate X®)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
----------	-------------------------------	--------------	------------------------	------------------------------------

8	DIABETES			
	Hypoglycemics, Meglitinides	Nateglinide (Generic)	Nateglinide (Starlix®)	
		Repaglinide (Prandin®)	Repaglinide (Generic)	
			Repaglinide/Metformin (Prandimet®)	
	Hypoglycemics, Thiazolidinediones (TZDs)	Pioglitazone (Generic)	Pioglitazone (Actos®)	
			Pioglitazone/Glimepiride (Duetact®; Authorized Generic; Generic)	
			Pioglitazone/Metformin (Actoplus Met®; Generic)	
			Pioglitazone/Metformin ER (Actoplus Met XR®)	
			Rosiglitazone (Avandia®)	
			Rosiglitazone/Metformin (Avandamet®)	
	Hypoglycemics	Insulin Aspart Pens; Cartridge; Vial (Novolog®)	Insulin Glargine Pen (Toujeo SoloStar®)	
	Insulins & Related Agents	Insulin Aspart/Insulin Aspart Protamine Pens; Vial (Novolog Mix 70/30®)	Insulin Glulisine Pens; Vial (Apidra®)	
		Insulin Detemir Pens; Vial (Levemir®)	Insulin Regular Powder Cartridge (Afrezza®)	
		Human Insulin Pens; Vial (Humulin®)		
		Human Insulin Regular 500 units/ml Vial (Humulin® R U-500)		
		Human Insulin Vial (Novolin®)		
		Insulin Glargine Pens; Vial (Lantus®)		
		Insulin Isophane (NPH) Insulin Regular Vial (Novolin 70/30®)		
		Insulin Isophane (NPH) Insulin Regular Pens; Vial (Humulin 70/30®)		
		Insulin Lispro Pens; Vial; Cartridge (Humalog®)		
		Insulin Lispro 200 units/ml Pen (Humalog®)		
		Insulin Lispro/Protamine Lispro Pens; Vial (Humalog Mix®)		
	Hypoglycemics	Exenatide Subcutaneous; Pens (Bydureon®)	Albiglutide (Tanzeum®)	
	Incretin Mimetics/Enhancers	Linagliptin/Metformin (Jentadueto®)	Alogliptin (Nesina®)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
		Linagliptin (Tradjenta®)	Alogliptin/Metformin (Kazano®)	
		Liraglutide (Victoza®)	Alogliptin/Pioglitazone (Oseni®)	
		Sitagliptin (Januvia®)	Dulaglutide Pen (Trulicity®)	
		Sitagliptin/Metformin (Janumet®)	Empagliflozin/Linagliptin Tablet (Glyxambi®)	
		Sitagliptin/Metformin ER (Janumet XR®)	Exenatide (Byetta Pens®)	
			Pramlintide Pens (Symlin Pens®)	
			Saxagliptin/Metformin ER (Kombiglyze XR®)	
			Saxagliptin (Onglyza®)	
	Hypoglycemics		Canagliflozin (Invokana)	
	Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors		Canagliflozin/Metformin (Invokamet®)	
			Dapagliflozin (Farxiga®)	
			Dapagliflozin/Metformin Tablet (Xigduo XR®)	
			Empagliflozin (Jardiance®)	
			Empagliflozin/Metformin Tablet (Synjardy®)	
9	DIGESTIVE DISORDERS			
	Antiemetic/Antivertigo Agents	Aprepitant Pack; Capsule (Emend®)	Dimenhydrinate Inj	
		Meclizine Rx Tab (Generic)	Dolasetron Oral (Anzemet®)	
		Metoclopramide Vial; Syringe (Generic)	Doxylamine/Pyridoxine Tab (Diclegis®)	
		Metoclopramide Tab; Soln (Generic)	Dronabinol Oral (Marinol®; Generic)	
		Ondansetron ODT Tab; Soln (Generic)		
		Prochlorperazine Inj (Generic)	Granisetron Oral (Generic)	
		Prochlorperazine Oral (Generic)	Granisetron Transdermal (Sancuso®)	
		Prochlorperazine Rectal (Generic)	Meclizine (Antivert®)	
		Promethazine Amp; Vial (Phenergan®; Generic)	Metoclopramide Tab (Reglan®)	
		Promethazine Syringe (Generic)	Metoclopramide Oral ODT (Generic; Metozolv®)	
		Promethazine Tab; Syrup (Generic)	Nabilone (Cesamet®)	
		Promethazine Rectal 12.5, 25mg (Generic)	Netupitant/Palonosetron HCL Cap (Akynzeo®)	
		Scopolamine Transdermal (Transderm-Scop®)	Ondansetron Tab; ODT; Soln (Zofran®)	
		Trimethobenzamide Oral		
			Ondansetron Oral (Zuplenz®)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
			Prochlorperazine Rectal (Compazine®; Compro®)	
			Promethazine Rectal 50 mg (Generic)	
			Trimethobenzamide IM Inj (Tigan®)	
	Bile Acid Salts	Ursodiol Tablet (Generic)	Chenodiol Tablet (Chenodal®)	
			Cholic Acid Capsule (Cholbam®)	
			Ursodiol 300 mg Capsule (Generic; Actigall®)	
			Ursodiol (URSO 250®; URSO Forte®)	
	Histamine II Receptor Blockers	Famotidine Tablet (Generic)	Cimetidine Solution; Tablet (Generic)	
		Ranitidine Syrup; Tablet (Generic)	Famotidine Suspension (Generic; Pepcid®)	
			Famotidine Tablet (Pepcid®)	
			Nizatidine Capsule; Solution (Generic)	
			Ranitidine Capsule (Generic)	
			Ranitidine Tablet (Zantac®; Zantac 25®)	
	Pancreatic Enzymes	Pancrelipase (Authorized Generic)	Pancreaze®	
		Pancrelipase (Creon®)	Pancrelipase (Pertzeye)	
		Pancrelipase (Zenpep®)	Pancrelipase (Ultresa®)	
			Pancrelipase (Viokace®)	
	Proton Pump Inhibitors	Omeprazole Rx (Generic)	Dexlansoprazole (Dexilant®)	
		Pantoprazole (Generic)	Esomeprazole Capsule (Nexium®; Generic)	
		Pantoprazole Suspension (Protonix®)	Esomeprazole Strontium (Generic)	
			Esomeprazole Suspension (Nexium®)	
			Lansoprazole Capsule (Prevacid®; Generic)	
			Lansoprazole Solutab (Prevacid®)	
			Lansoprazole Suspension (Generic)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
			Omeprazole (Prilosec®)	
			Omeprazole Suspension (Prilosec®; Generic)	
			Omeprazole/Sodium Bicarbonate Rx (Zegerid®; Generic)	
			Pantoprazole (Protonix®)	
			Rabeprazole Sprinkle (Aciphex Sprinkle®)	
			Rabeprazole Tablet (Aciphex®; Generic)	
	Ulcerative Colitis Agents	Balsalazide (Generic)	Balsalazide Capsule (Colazal®)	
		Mesalamine ER (Apriso®)	Balsalazide Tablet (Giazo®)	
		Mesalamine Suppositories (Canasa®)	Budesonide ER Tab; Rectal Foam (Uceris®)	
		Sulfasalazine (Generic)	Mesalamine DR (Asacol HD®)	
		Sulfasalazine DR (Generic)	Mesalamine DR Capsules (Delzicol®)	
			Mesalamine Rectal; Rectal Kit (Rowasa®; Generic)	
			Mesalamine Sulfite-free Enema (sfRowasa®)	
			Mesalamine MMX (Lialda®)	
			Mesalamine ER Cap (Pentasa®)	
			Olsalazine Cap (Dipentum®)	
			Sulfasalazine Tab (Azulfidine®)	
			Sulfasalazine DR Tab (Azulfidine EN-tab®)	
10	GROWTH DEFICIENCY			
	Growth Hormones	Somatropin Pen (Norditropin®)	Somatropin Cartridge; Syringe (Genotropin®)	
		Somatropin Cartridge (Nutropin AQ®)	Somatropin Cartridge; Vial (Humatrope®)	
			Somatropin Cartridge; Vial (Omnitrope®)	
			Somatropin Vial (Serostim®)	
			Somatropin Cartridge; Vial (Saizen®)	
			Somatropin Vial (Tev-Tropin®)	
			Somatropin Vial (Zomacton®)	
			Somatropin Vial (Zorbtive®)	
11	GOUT AGENTS	Allopurinol Tab (Generic)	Allopurinol Tab (Zyloprim®)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
	Antihyperuricemics	Probenecid Tab (Generic)	Colchicine Tab (Authorized Generic; Colcrys®)	
		Probenecid/Colchicine Tab (Generic)	Colchicine Capsule (Authorized Generic)	
			Febuxostat Tab (Uloric®)	
12	HEART DISEASE, HYPERLIPEMIA			
	Lipotropics, Other	Cholestyramine/Sucrose (Generic)	Alirocumab Subcutaneous Pen; Syringe (Praluent®)	
		Cholestyramine/Aspartame (Generic, Prevalite®)	Cholestyramine (Questran®; Questran Light®)	
		Colestipol Tablet (Generic)	Colesevelam Tablet; Powder Pack (Welchol®)	
		Fenofibrate (Tricor®)	Colestipol Tablet (Colestid®)	
		Fenofibric Acid (Trilipix®)	Colestipol Granule (Colestid®; Generic)	
		Gemfibrozil (Generic)	Evolocumab Subcutaneous (Repatha® SureClick; Repatha® Syringe)	
		Niacin ER (Niaspan®)	Ezetimibe (Zetia®)	
		Niacin IR (Niacor®)	Fenofibrate Cap (Antara®; Authorized Generic; Generic)	
			Fenofibrate Cap (Lipofen®; Lofibra®; Generic)	
			Fenofibrate Tab (Triglide®; Generic; Authorized Generic)	
			Fenofibric Acid Tab (Fibricor®; Generic)	
			Fenofibric Acid Cap (Authorized Generic; Generic)	
			Gemfibrozil (Lopid®)	
			Icosapent Ethyl (Vascepa®)	
			Lomitapide (Juxtapid®)	
			Mipomersen (Kynamro®)	
			Niacin ER (Generic)	
			Omega-3-acid Ethyl Esters (Lovaza®; Generic)	
	Statins & Statin Combination Agents	Atorvastatin (Generic)	Amlodipine/Atorvastatin (Caduet®; Generic)	
		Lovastatin (Generic)	Atorvastatin (Lipitor®)	
		Rosuvastatin (Crestor®)	Ezetimibe /Atorvastatin (Liptruzet®)	
		Simvastatin (Generic)	Ezetimibe/Simvastatin (Vytorin®)	
			Fluvastatin (Lescol®; Generic)	
			Fluvastatin ER (Lescol XL®)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
			Quinapril/HCTZ (Generic)	
			Ramipril (Altace®)	
			Sacubitril/Valsartan (Entresto®)	
			Telmisartan (Micardis®; Authorized Generic; Generic)	
			Telmisartan/HCTZ (Micardis HCT®; Authorized Generic; Generic)	
			Trandolapril (Mavik®; Generic)	
	Angiotensin Modulators/Calcium Channel Blockers Combination Products	Amlodipine/Benazepril (Generic)	Amlodipine/Aliskiren (Tekamlo®)	
		Amlodipine/Olmesartan (Azor®)	Amlodipine/Aliskiren/HCTZ (Amturide®)	
		Amlodipine/Valsartan (Exforge®)	Amlodipine/Benazepril (Lotrel®)	
		Amlodipine/Valsartan/HCTZ (Exforge HCT®)	Amlodipine/Olmesartan/HCTZ (Tribenzor®)	
			Amlodipine/Telmisartan (Twnysta®; Generic)	
			Amlodipine/Valsartan (Authorized Generic; Generic)	
			Amlodipine/Valsartan/HCTZ (Authorized Generic; Generic)	
			Trandolapril/Verapamil (Authorized Generic; Tarka®)	
	Beta Blockers Agents	Atenolol (Generic)	Acebutolol (Sectral®; Generic)	
		Atenolol/Chlorthalidone (Generic)	Atenolol (Tenormin®)	
		Bisoprolol/HCTZ (Generic)	Atenolol/Chlorthalidone (Tenoretic®)	
		Carvedilol (Generic)	Betaxolol (Generic)	
		Labetalol (Generic)	Bisoprolol (Generic)	
		Metoprolol Tartrate (Generic)	Bisoprolol/HCTZ (Ziac®)	
		Metoprolol Succinate ER (Toprol XL®)	Carvedilol (Coreg®)	
		Nebivolol (Bystolic®)	Carvedilol CR (Coreg CR®)	
		Propranolol Tab, Soln (Generic)	Metoprolol/HCTZ (Generic)	
		Propranolol ER (Generic)	Metoprolol Succinate/HCTZ (Dutoprol®)	
		Propranolol/HCTZ (Generic)	Metoprolol ER (Generic)	
		Sotalol (Generic)	Nadolol (Corgard®; Generic)	
			Nadolol/Bendroflumethiazide (Corzide®; Generic)	
			Penbutolol (Levadol®)	
			Pindolol (Generic)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
			Propranolol (Hemangeol®)	
			Propranolol ER Capsule (Innopran XL®; Inderal XL®)	
			Propranolol LA (Inderal LA®)	
			Sotalol Soln (Sotylize®)	
			Timolol Maleate (Generic)	
	Calcium Channel Blockers	Amlodipine (Generic)	Amlodipine (Norvasc®)	
		Diltiazem ER 24 Hr Cap (Generic)	Diltiazem CD (Cardizem CD®; Tiazac®)	
		Diltiazem IR (Generic)	Diltiazem LA Tab (Cardizem LA®; Matzim LA®; Authorized Generic)	
		Diltiazem SR 12 Hr (Generic)	Felodipine ER (Generic)	
		Nifedipine ER (Generic)	Isradipine (Generic)	
		Nifedipine IR (Generic)	Nicardipine (Generic)	
		Verapamil ER Cap; Tab (Generic)	Nifedipine ER (Adalat CC®; Procardia XL®)	
		Verapamil IR Tablet (Generic)	Nifedipine IR (Procardia®)	
			Nimodipine Cap (Generic)	
			Nimodipine Soln (Nymalize®)	
			Nisoldipine ER (Sular®; Generic)	
			Verapamil Capsule (Generic-360mg)	
			Verapamil ER PM (Generic)	
			Verapamil SR (Calan SR®)	
	SYMPATHOLYTICS	Clonidine Transdermal (Catpress-TTS®)	Clonidine Oral Tab (Catapres®)	
		Clonidine Oral Tab (Generic)	Clonidine Transdermal Patch (Generic)	
		Guanfacine Tab (Generic)	Clonidine/Chlorthalidone Tab (Clorpres®)	
		Methyldopa Oral Tab (Generic)	Guanfacine Tab (Tenex®)	
		Methyldopa/Hydrochlorothiazide Oral Tab (Generic)	Reserpine Oral Tab (Generic)	
	ANTICOAGULANTS			
	Platelet Aggregation Inhibitors	Aspirin/Dipyridamole ER (Aggrenox®)	Aspirin/Dipyridamole ER (Authorized Generic)	
		Clopidogrel (Generic)	Clopidogrel (Plavix®)	
		Dipyridamole (Generic)	Dipyridamole (Persantine®)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
			Prasugrel (Effient®)	
			Ticlopidine (Generic)	
			Ticagrelor (Brilinta®)	
			Vorapaxar Tablet (Zontivity®)	
	Anticoagulants	Apixaban (Eliquis®)	Edoxaban Tab (Savaysa®)	
		Dabigatran (Pradaxa®)	Enoxaparin Syringe, Vial (Authorized Generic; Generic)	
		Dalteparin Syringe, Vial (Fragmin®)	Fondaparinux (Arixtra®; Generic)	
		Enoxaparin Syringe, Vial (Lovenox®)	Warfarin (Coumadin®)	
		Rivaroxaban (Xarelto®; Xarelto® Starter Pack)		
		Warfarin (Generic)		
	PULMONARY ARTERIAL HYPERTENSION (PAH)	Ambrisentan Tab (Letairis®)	Iloprost Inh Soln (Ventavis®)	
		Bosentan Tab (Tracleer®)	Macitentan Tab (Opsumit®)	
		Sildenafil Tab (Generic)	Riociguat Tab (Adempas®)	
			Sildenafil Tab; Oral Susp (Revatio®)	
			Tadalafil Tab (Adcirca®)	
			Treprostinil Inh Soln (Tyvaso®)	
			Treprostinil ER Tablet (Orenitram ER®)	
13	HEMATOLOGIC AGENTS			
	HEMATOPOIETIC AGENTS			
	Erythropoietins	Darbepoetin Syringe; Vial (Aranesp®)	Epoetin alfa Vial (Epoen®)	
		Epoetin alfa Vial (Procrit®)		
	Anticoagulants - refer to HEART DISEASE			
14	HEMODIALYSIS			
	Phosphate Binders	Calcium Acetate Capsule (Generic)	Calcium Acetate Tablet (Generic)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
		Calcium Acetate Tab (Eliphos®)	Calcium Acetate Capsule (PhosLo®)	
		Sevelamer HCL (RenaGel®)	Calcium Acetate Soln (Phoslyra®)	
			Calcium Carbonate/Magnesium Carbonate/FA (MagneBind 400 Rx®)	
			Ferric Citrate Tablet (Auryxia®)	
			Lanthanum Chew Tab; Powder Pack (Fosrenol®)	
			Sevelamer Carbonate Tab, Powder Pack (Renvela®)	
			Sevelamer Carbonate Tab (Authorized Generic)	
			Sucroferric Oxyhydroxide (Velphoro®)	
	PITUITARY SUPPRESSIVE AGENTS	Leuprolide Acetate (Lupron Depot®)	Goserelin Acetate (Zoladex®)	
		Leuprolide Acetate (Lupron Depot Kit®)	Histrelin Implant Kit (Supprelin LA®)	
		Leuprolide Acetate (Lupron Depot-Ped®)	Histrelin Kit (Vantas®)	
		Leuprolide Acetate (Lupron Depot-Ped Kit®)	Leuprolide Acetate Sub-q (Generic)	
			Leuprolide Acetate Sub-q Kit (Eligard®)	
			Leuprolide Acetate Suspension and Norethindrone Tablets Kit (Lupaneta Pack®)	
			Nafarelin Acetate Nasal Solution (Synarel®)	
			Triptorelin Pamoate (Trelstar®; Trelstar LA®; Trelstar Depot®)	
	HYPERLIPIDEMIA - REFER TO HEART DISEASE			
	IMMUNE DISORDERS - REFER TO MULTIPLE SCLEROSIS			
15	INFECTIOUS DISORDERS			
	ANTIBIOTICS			
	Cephalosporin and Related Antibiotics	Amoxicillin/Clavulanate Tablets; Chew Tablet; Susp (Generic)	Amoxicillin/Clavulanate Tab (Augmentin®)	
		Cefadroxil Capsule (Generic)	Amoxicillin/Clavulanate ER (Augmentin XR®; Generic)	
		Cefdinir Suspension (Generic)	Amoxicillin/Clavulanate Susp (Augmentin® 125 & 250)	
		Cefixime Cap; Tab; Chew Tab; Susp (Suprax®)	Cefaclor Cap; Susp (Generic)	
		Cefprozil Tab; Susp (Generic)	Cefaclor ER 500 mg Tab (Generic)	
		Cefuroxime Tablet (Generic)	Cefadroxil Susp; Tab (Generic)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
----------	-------------------------------	--------------	------------------------	------------------------------------

		Cephalexin Cap; Susp; Tab (Generic)	Cefdinir Capsule (Generic)	
			Cefixime Suspension (Generic)	
			Ceftibuten Capsule; Suspension (Cedax®; Authorized Generic; Generic)	
			Cephalexin (Keflex® 250, 500, & 750mg)	
			Cefpodoxime Tab; Susp (Generic)	
			Cefuroxime Axetil Susp; Tablet (Ceftin®)	
			ORAL	
	Fluoroquinolones	Ciprofloxacin Tablet (Generic)	Ciprofloxacin Suspension (Cipro®, Generic)	
		Levofloxacin Tablet (Generic)	Ciprofloxacin Tab (Cipro®)	
			Ciprofloxacin ER Tab (Generic)	
			Levofloxacin Solution (Levaquin®; Generic)	
			Levofloxacin Tablet (Levaquin®)	
			Moxifloxacin (Avelox®; Authorized Generic; Generic)	
			Norfloxacin (Noroxin®)	
			Ofloxacin (Generic)	
	Antibiotics, Gastrointestinal	Metronidazole Tablet (Generic)	Fidaxomicin (Difacid®)	
		Neomycin (Generic)	Metronidazole Capsule (Flagyl®; Generic)	
		Vancomycin HCL (Vancocin®)	Metronidazole Tablet (Flagyl®)	
			Metronidazole ER (Flagyl ER®)	
			Nitazoxanide Tab; Susp (Alinia®)	
			Paromomycin (Generic)	
			Rifaximin (Xifaxan®)	
			Tinidazole (Tindamax®; Generic)	
			Vancomycin HCL (Generic)	
	Antibiotics, Inhaled	Tobramycin Solution (Bethkis®; Kitabis Pak®)	Aztreonam Solution (Cayston®)	
		Tobramycin (Tobi Podhaler®)	Tobramycin Solution (Tobi®; Generic)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
----------	-------------------------------	--------------	------------------------	------------------------------------

	Lincosamides/Oxazolidinones/ Streptogramins	Clindamycin Capsules (Generic)	Clindamycin Capsules (Cleocin®)
		Clindamycin Oral Solution (Generic)	Clindamycin Oral Solution (Cleocin®)
			Clindamycin Phosphate Piggyback Injection (Cleocin®; Generic)
			Clindamycin Phosphate Injection Vial (Cleocin®; Generic)
			Lincomycin HCL (Lincocin®)
			Linezolid Injection (Zyvox®; Authorized Generic; Generic)
			Linezolid Tablets (Generic)
			Linezolid Suspension; Tablets (Zyvox®)
			Quinupristin/Dalfopristin Vial (Synercid®)
			Tedizolid IV, Tablet (Sivextro®)
	Macrolides - Ketolides	Azithromycin Packet; Suspension; Tablet (Generic)	Azithromycin Packet; Suspension; Tablet (Zithromax®)
		Clarithromycin Tablet (Generic)	Azithromycin ER (Zmax®)
		Erythromycin Ethylsuccinate Susp (EryPed 400)	Clarithromycin Tablet (Biaxin®)
		Erythromycin Tablet (Ery-Tab®)	Clarithromycin ER (Generic)
			Clarithromycin Suspension (Biaxin®; Generic)
			Erythromycin Base Tablet (PCE®; Generic)
			Erythromycin Base DR Capsule (Generic)
			Erythromycin Ethylsuccinate Tablet (E.E.S. ® 400; Generic)
			Erythromycin Ethylsuccinate Susp (E.E.S. 200; EryPed® 200)
			Erythromycin Stearate (Erythrocin®)
		Telithromycin (Ketek®)	
	Tetracyclines	Doxycycline Hyclate Capsule; Tablet (Generic)	Demeclocycline (Generic)
		Doxycycline Hyclate Capsule (Authorized Generic)	Doxycycline Calcium Syrup (Vibramycin®)
		Doxycycline Monohydrate 100 mg Capsule (Generic)	Doxycycline Hyclate Tablet DR (Doryx®; Generic)
		Minocycline Cap (Generic)	Doxycycline Hyclate Cap (Morgidox®; Vibramycin®)
		Tetracycline (Generic)	Doxycycline Monohydrate Cap 50 mg; 75 mg (Generic)
			Doxycycline Monohydrate 100 mg Capsule (Branded Generic)
			Doxycycline Monohydrate Cap 150 mg (Adoxa®; Generic)
		Doxycycline Monohydrate Suspension (Vibramycin®; Generic)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
----------	-------------------------------	--------------	------------------------	------------------------------------

			Doxycycline Monohydrate Tablet (Generic)	
			Doxycycline DR (Oracea®)	
			Minocycline ER (Solodyn®; Generic)	
			Minocycline Tab (Generic)	
	Vaginal	Clindamycin Vaginal Ovules (Cleocin®)	Clindamycin Vaginal Cream (Cleocin®; Generic)	
		Metronidazole Vaginal Gel (MetroGel-Vaginal®)	Clindamycin Vaginal Cream (Clindesse®)	
			Metronidazole Vaginal Gel (Nuessa®; Vandazole®; Generic)	
	OPHTHALMIC ANTIBIOTICS - refer to Ophthalmic Disorders			
	OTIC ANTIBIOTICS - refer to OTIC Agents			
	ANTIFUNGALS			
	Antifungals, Oral	Clotrimazole Troches (Generic)	Fluconazole Tab; Susp (Diflucan®)	
		Fluconazole Tab; Susp (Generic)	Flucytosine (Generic)	
		Griseofulvin Suspension (Generic)	Griseofulvin Tablets (Grifulvin V®; Generic)	
		Griseofulvin (Gris-Peg®)	Griseofulvin Ultramicrosize Tab (Generic)	
		Nystatin Tab; Susp (Generic)	Isavuconazonium (Cresemba®)	
		Terbinafine Tab (Generic)	Itraconazole Cap (Generic; Sporanox®)	
			Itraconazole Solution (Sporanox®)	
			Itraconazole Tab (Onmel®)	
			Ketoconazole (Generic)	
			Miconazole Buccal Tab (Oravig®)	
			Nystatin Powder (Oral) (Generic)	
			Posaconazole Tab; Susp (Noxafil®)	
			Terbinafine Granules; Tab (Lamisil®)	
			Voriconazole Tab; Susp (VFend®; Generic)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
----------	-------------------------------	--------------	------------------------	------------------------------------

	HEPATITIS C AGENTS			
	Direct Acting Antiviral Agents	Daclatasvir Tablet (Daklinza®)	Ledipasvir/Sofosbuvir Tablet (Harvoni®)	
		Ombitasvir/Paritaprevir/Ritonavir (Technivie®)	Simeprevir Capsule (Olysio®)	
		Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir (Viekira Pak®)	Sofosbuvir (Sovaldi®)	
	Hepatic C Agents Other	Peginterferon alfa 2A Proclick; Syringe; Vial (Pegasys®)	Peginterferon alfa 2B Kit; Redipen (Peg-Intron®)	
		Ribavirin Tablet (Generic; Ribasphere® 200mg)	Ribavirin Capsule (Ribasphere®, Generic)	
			Ribavirin Tablet (Ribasphere® 400mg, 600mg; Ribasphere Ribapak®; Moderiba®; Moderiba® Dose Pack)	
			Ribavirin Soln; Cap (Rebetol®)	
16	MULTIPLE SCLEROSIS	Glatiramer Syringe Kit 20mg (Copaxone®)	Alemtuzumab Vial (Lemtrada®)	
	Multiple Sclerosis Agents	Interferon beta - 1a Pen; Syringe (Avonex®)	Dalfampridine Tab (Ampyra®)	
	(Immunomodulatory Agents)	Interferon beta - 1a (Rebif®; Rebif Rebidose Pen Injctr®)	Dimethyl Fumarate Cap (Tecfidera®)	
		Interferon beta - 1b Kit (Betaseron®)	Fingolimod Cap (Gilenya®)	
			Glatiramer Acetate Syringe (Glatopa®)	
			Glatiramer Syringe 40mg (Copaxone®)	
			Interferon beta-1b Kit; Vial (Extavia®)	
			Peginterferon beta-1a Pen; Syringe; Starter Pack (Plegridy®)	
			Teriflunomide Tab (Aubagio®)	
17	OPHTHALMIC DISORDERS			
	Allergic Conjunctivitis	Cromolyn Sodium Drops (Generic)	Alcaftadine Drops (Lastacaft®)	
		Loteprednol Drops (Alrex®)	Azelastine HCl Drops (Generic)	
		Olopatadine HCl Drops (Pataday®; Pazeo®)	Bepotastine Drops (Bepreve®)	
			Emedastine Difumarate Drops (Emadine®)	
			Epinastine Drops (Generic; Elestat®)	
			Lodoxamide Tromethamine Drops (Alomide®)	
			Nedocromil Sodium Drops (Alocril®)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
----------	-------------------------------	--------------	------------------------	------------------------------------

			Olopatadine HCl Drops (Patanol®)	
	Glaucoma Agents			
	Intraocular Pressure (IOP)	Brimonidine 0.15% (Alphagan P® 0.15%)	Apraclonidine Drops (Generic; Iopidine®)	
	Reducers	Brimonidine 0.2% Drops (Generic)	Betaxolol 0.25% Drops (Betoptic S®)	
		Brimonidine/Brinzolamide Drops (Simbrinza®)	Betaxolol 0.5% Drops (Generic)	
		Brimonidine/Timolol Drops (Combigan®)	Bimatoprost Drops (Generic; Lumigan®)	
		Carteolol Drops (Generic)	Brinzolamide Drops (Azopt®)	
		Dorzolamide Drops (Generic)	Brimonidine 0.1% (Alphagan P® 0.1%)	
		Dorzolamide/Timolol Drops (Generic)	Brimonidine P 0.15% Drops (Generic)	
		Latanoprost Drops (Generic)	Dorzolamide Drops (Trusopt®)	
		Levobunolol Drops (Generic)	Dorzolamide/Timolol Drops (Cosopt®; Cosopt PF®)	
		Metipranolol Drops (Generic)	Latanoprost 2.5 ml Drops (Xalatan®)	
		Pilocarpine HCl Drops (Isopto Carpine; Generic)	Levobunolol Drops (Betagan®)	
		Timolol Maleate Drops; Gel-Solution (Generic)	Tafluprost Drops (Zioptan®)	
		Travoprost 2.5ml; 5ml (Travatan Z®)	Timolol Maleate Solution; Ocudose (Timoptic®)	
			Timolol Maleate Gel forming Solution (Timoptic – XE®)	
			Timolol Maleate LA Drops (Istalol®)	
			Travoprost Drops (Generic)	
	Ophthalmics, Antibiotic	Bacitracin/Polymyxin B Sulfate Ointment (Generic)	Azithromycin (AzaSite®)	
		Ciprofloxacin Solution (Generic)	Besifloxacin (Besivance®)	
		Erythromycin Ophthalmic Ointment (Generic; Ilotycin®)	Bacitracin Ointment	
		Gentamicin Drops (Generic; Garamycin®)	Ciprofloxacin Ointment; Solution (Ciloxan®)	
		Gentamicin Sulfate Ointment (Generic)	Gatifloxacin 0.5% Drops (Generic; Zymaxid®)	
		Moxifloxacin Drops (Moxeza®; Vigamox®)	Levofloxacin Drops (Generic)	
		Neomycin-Polymyxin B-Gramicidin Solution (Generic)	Natamycin Drops (Natacyn®)	
		Ofloxacin Solution (Generic)	Neomycin-Polymyxin-Bacitracin Ointment (Generic)	
		Polymyxin B/Trimethoprim Drops (Generic)	Neomycin-Polymyxin B-Gramicidin Solution (Neosporin®)	
		Sulfacetamide Sodium Solution (Generic; Bleph-10®)	Ofloxacin Drops (Ocuflox®)	
		Tobramycin Drops (Generic)	Polymyxin B/Trimethoprim Drops (Polytrim®)	
			Sulfacetamide Sodium Ointment (Generic)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
----------	-------------------------------	--------------	------------------------	------------------------------------

			Tobramycin Ointment; Solution (Tobrex®)	
	Ophthalmics, Antibiotic- Steroid Combos	Neomycin/Polymyxin B/Dexamethasone Suspension; Ointment (Generic)	Gentamicin/Prednisolone Ointment; Suspension (Pred-G S.O.P.®, Pred-G®)	
		Sulfacetamide/Prednisolone Solution (Generic)	Neomycin/Polymyxin B/Hydrocortisone Ointment; Suspension (Generic)	
		Tobramycin/Dexamethasone Ointment; Suspension (Tobradex®)	Neomycin/Polymyxin B/Dexamethasone Ointment; Suspension (Maxitrol®)	
			Neomycin/Bacitracin/Polymyxin B/Hydrocortisone Ointment (Generic)	
			Sulfacetamide/Prednisolone Ointment; Solution (Blephamide®; Blephamide S.O.P. ®)	
			Tobramycin/Dexamethasone Suspension (Generic; Authorized Generic)	
			Tobramycin/Dexamethasone ST (Tobradex ST®)	
			Tobramycin/Loteprednol Drops (Zylet®)	
	Ophthalmics, Anti-Inflammatories	Dexamethasone Solution Drops (Generic)	Bromfenac Sodium 0.09% Drops (Generic)	
		Diclofenac Sodium Solution (Generic)	Bromfenac Sodium 0.07% Drops (Prolensa®)	
		Diffuprednate Drops (Durezol®)	Dexamethasone Suspension (Maxidex®)	
		Fluorometholone 0.1% Suspension (Generic)	Dexamethasone Intraocular Implant (Ozurdex®)	
		Flurbiprofen Sodium Solution (Generic)	Fluocinolone Acetonide Intraocular Implant (Retisert®; Iluvien®)	
		Ketorolac Tromethamine Solution 0.5% (Generic)	Fluorometholone Acetate 0.1% Suspension (Flarex®)	
		Ketorolac Tromethamine LS Solution 0.4%(Generic)	Fluorometholone 0.1% Suspension (FML®)	
			Fluorometholone 0.25% Suspension (FML Forte®)	
			Fluorometholone 0.1% Ointment (FML S.O.P. ®)	
			Flurbiprofen Drops (Ocufen®)	
			Ketorolac Tromethamine Solution (Acular®; Acular LS®)	
			Ketorolac Tromethamine PF Solution 0.45% (Acuvail®)	
			Loteprednol Drops; Gel; Ointment (Lotemax®)	
			Nepafenac 0.1% Suspension (Nevanac®)	
			Nepafenac 0.3% Suspension (Ilevro®)	
			Prednisolone Acetate 1% Suspension (Generic; Omnipred®; Pred Forte®)	
			Prednisolone Acetate 0.12% Solution (Pred Mild®)	
			Prednisolone Sodium Phosphate 1% Solution (Generic)	
			Rimexolone Drops (Vexol®)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
----------	-------------------------------	--------------	------------------------	------------------------------------

			Triamcinolone Acetonide Suspension (Triesence®)	
18	OPIATE DEPENDENCE AGENTS	Buprenorphine/Naloxone Film (Suboxone®) Naltrexone Tab (Generic)	Buprenorphine/Naloxone Film (Bunavail®) Buprenorphine/Naloxone Sublingual Tablets (Zubsolv®; Generic) Buprenorphine Subling Tab (Generic) Naloxone Injection (Evzio®) Naltrexone Extended-Release Injectable Suspension (Vivitrol®)	
19	OTIC AGENTS			
	Otic Antibiotics	Ciprofloxacin/Dexamethasone Otic (Ciprodex®) Neomycin/Polymyxin/HC Solution; Suspension (Generic)	Ciprofloxacin Otic (Generic) Ciprofloxacin/Hydrocortisone (Cipro HC OTIC®) Neomycin/Colistin/Thonzonium/HC (Coly-Mycin S®; Cortisporin TC®) Ofloxacin Otic Drops (Generic)	
	Otic Anti-Infectives and Anesthetics	Acetic Acid Otic (Generic) Acetic Acid/Aluminum Otic (Generic) Antipyrine/Benzocaine Otic (Generic)	Acetic Acid/HC Otic (Generic) Antipyrine/Benzocaine/Zinc Otic (Otozin®)	
20	OSTEOPOROSIS			
	Bone Resorption Suppression Agents	Alendronate Tablets (Generic) Calcitonin-Salmon Nasal (Fortical®)	Alendronate Eff Tab (Binosto®) Alendronate Tab (Fosamax®) Alendronate Solution (Fosamax®; Generic) Alendronate/Vit D (Fosamax Plus D®) Calcitonin - Salmon Nasal (Miacalcin®; Generic) Denosumab (Prolia®) Etidronate Disodium (Generic) Ibandronate Sodium Tablet (Boniva®; Generic) Raloxifene (Evista®; Authorized Generic; Generic) Risedronate (Actonel®; Authorized Generic; Generic) Risedronate DR (Atelvia®; Authorized Generic; Generic) Teriparatide Subcutaneous (Forteo®)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
----------	-------------------------------	--------------	------------------------	------------------------------------

21	PAIN MANAGEMENT			
	Analgesics, Narcotics Short Acting			
		Butalbital/Caff/APAP w/ Codeine (Generic)	Acetaminophen w/Codeine (Tylenol #3®; Tylenol #4®)	
		Acetaminophen w/Codeine Elixir; Tab (Generic)	Butalbital/Caff/APAP w/ Codeine (Fioricet w/ Codeine®)	
		Hydrocodone/Acetaminophen Tab; Soln (Generic)	Butalbital Compound with Codeine (Fiorinal w/ Codeine®; Generic)	
		Hydrocodone/Ibuprofen (Generic)	Butorphanol Tartrate Nasal (Generic)	
		Hydromorphone Tablet (Generic)	Carisoprodol Compound-Codeine (Generic)	
		Morphine Solution, IR Tablet (Generic)	Capital w/Codeine	
		Oxycodone Soln, Cap (Generic)	Codeine Soln; Tab (Generic)	
		Oxycodone/Acetaminophen Cap, Tab (Generic)	Dihydrocodeine Bitartrate/Aspirin/Caffeine (Generic; Authorized Generic)	
		Oxycodone/Acetaminophen Tab (Roxicet®)	Dihydrocodeine Bitartrate/Acetaminophen/Caffeine (Generic)	
		Tramadol (Generic)	Fentanyl Buccal (Actiq®; Fentora®; Generic)	
		Tramadol/Acetaminophen (Generic)	Fentanyl Nasal Soln (Lazanda®)	
			Fentanyl Sublingual (Abstral®)	
			Fentanyl Sublingual Spray (Subsys®)	
			Hydrocodone/Acetaminophen Soln (Hycet®; Lortab®; Zamicet®; Generic)	
			Hydrocodone/Acetaminophen Tab (Lortab®; Xodol®; Norco®)	
			Hydrocodone/Ibuprofen (Ibudone®; Vicoprofen®; Replexain®)	
			Hydromorphone Liq; Tab (Dilaudid®)	
			Hydromorphone Suppositories; Liq (Generic)	
			Levorphanol Tab (Generic)	
			Meperidine Soln (Generic)	
			Meperidine Tab (Demerol®; Generic)	
			Morphine Concentrate Solution (Generic)	
			Morphine Suppositories (Generic)	
			Oxycodone/Acetaminophen Soln (Roxicet®)	
			Oxycodone/Acetaminophen Tab (Percocet®; Primlev®)	
			Oxycodone/Acetaminophen Tab XR (Xartemis XR®)	
			Oxycodone/Aspirin (Generic; Branded Generic)	
			Oxycodone Tab (Oxecta®; Roxicodone®; Generic)	
			Oxycodone Concentrate (Generic)	
			Oxycodone/Ibuprofen (Generic)	
			Oxymorphone IR Tab (Opana®; Generic)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
----------	-------------------------------	--------------	------------------------	------------------------------------

			Pentazocine/Naloxone (Generic)	
			Tapentadol (Nucynta®)	
			Tramadol (Ultram®)	
			Tramadol / Acetaminophen (Ultracet®)	
	Analgesics, Narcotics Long Acting	Fentanyl Transdermal (Generic 12mcg, 25mcg, 50mcg, 75mcg, 100mcg)	Buprenorphine Transdermal (Butrans®)	
		Morphine Sulfate ER Tab (Generic)	Fentanyl Transdermal (Duragesic®)	
			Fentanyl Transdermal (Generic 37.5mcg, 62.5mcg, 87.5mcg)	
			Hydrocodone Bitartrate ER Cap (Zohydro ER®)	
			Hydrocodone Bitartrate ER Tab (Hysingla ER®)	
			Hydromorphone ER Tab (Exalgo®; Authorized Generic)	
			Methadone HCL Concentrate; Solution; Sol Tab; Tablet (Generic)	
			Methadone HCL Tab (Dolophine®)	
			Morphine Sulfate ER Cap (Avinza®; Kadian®; Generic)	
			Morphine Sulfate ER Tab (MS Contin®)	
			Morphine Sulfate/Naltrexone HCL ER Capsule (Embeda®)	
			Oxycodone ER Tab (OxyContin®)	
			Oxycodone ER Tab (Authorized Generic)	
			Oxymorphone ER (Opana ER®; Generic)	
			Tramadol ER Cap (Authorized Generic; Conzip®)	
			Tramadol ER Tab (Ultram ER®; Generic)	
			Tapentadol Extended Release (Nucynta ER®)	
	Neuropathic Pain	Duloxetine Capsule (Generic; Authorized Generic)	Capsaicin (Qutenza Kit®)	
		Gabapentin Capsule (Generic)	Duloxetine Capsule (Cymbalta®; Irenka®; Generic for Irenka)	
		Gabapentin Solution (Neurontin®)	Gabapentin ER Tablet; Starter Pack (Gralise®)	
		Lidocaine Topical Patch (Lidoderm®)	Gabapentin Enacarbil Tablet (Horizant®)	
			Gabapentin Capsule (Neurontin®)	
			Gabapentin Solution (Generic)	
			Gabapentin Tablet (Generic; Neurontin®)	
			Lidocaine Topical Patch (Generic; Authorized Generic)	
			Milnacipran (Savella®; Savella Titration Pack®)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
----------	-------------------------------	--------------	------------------------	------------------------------------

			Pregabalin Capsule; Solution (Lyrica®)	
	Nonsteroidal Anti - Inflammatories (NSAIDs)	Diclofenac Sodium Oral Tablet DR; EC; SR; ER (Generic)	Celecoxib Capsule (Generic; Authorized Generic; Celebrex®)	
		Ibuprofen Rx Suspension; Tablet (Generic)	Diclofenac Potassium Tablet (Generic)	
		Indomethacin Capsule (Generic)	Diclofenac Capsule (Zorvolex®)	
		Indomethacin Suspension (Indocin®)	Diclofenac/Misoprostol Tablet (Generic; Arthrotec®)	
		Ketoprofen Capsule (Generic)	Diclofenac Epolamine Transdermal Patch (Flector®)	
		Ketorolac Tablet (Generic)	Diclofenac Sodium Transdermal Solution (Generic; Pennsaid®)	
		Meloxicam Tablet; Suspension (Generic)	Diclofenac Sodium Transdermal Gel (Voltaren®)	
		Nabumetone Tablet (Generic)	Diclofenac Potassium Capsule (Zipsor®)	
		Naproxen EC DR (Generic)	Diclofenac XR Tablet (Voltaren XR®)	
		Naproxen Suspension (Generic)	Diclofenac Na/Capsaicin Topical (DermacinRx Lexitral®)	
		Naproxen Tablet (Generic)	Diflunisal Tablet (Generic)	
		Sulindac Tablet (Generic)	Esomeprazole/Naproxen Tablet (Vimovo®)	
			Etodolac Capsule; Tablet; ER Tablet (Generic)	
			Famotidine/Ibuprofen Tablet (Duexis®)	
			Fenoprofen Capsule (Authorized Generic; Nalfon®)	
			Fenoprofen Tablet (Generic)	
			Flurbiprofen Tablet (Generic)	
			Indomethacin Rectal Suppository (Indocin®)	
			Indomethacin Capsule (Tivorbex®)	
			Indomethacin ER Capsule (Generic)	
			Ketoprofen ER Capsule (Generic)	
			Ketorolac Nasal Spray (Sprix®)	
			Meclofenamate Sodium Capsule (Generic)	
			Meloxicam Tablet; Suspension (Mobic®)	
			Mefenamic Acid (Generic; Ponstel®)	
			Naproxen Sodium (Generic; Anaprox®)	
			Naproxen CR Tablet (Generic)	
			Naproxen EC (Naprosyn EC®)	
			Naproxen Tablet (Naprosyn®)	
			Naproxen ER (Naprelan®)	
			Oxaprozin Tablet (Generic; Daypro®)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
			Piroxicam Capsule (Generic; Feldene®)	
			Tolmetin Capsule; Tablet (Generic)	
	Antimigraine Agents, Triptans	Eletriptan Tab (Relpax®)	Almotriptan Tab (Axert®; Authorized Generic; Generic)	
		Rizatriptan ODT (Authorized Generic; Generic)	Frovatriptan (Frova®)	
		Rizatriptan Tablet (Generic)	Naratriptan (Amerge®; Generic)	
		Sumatriptan Kit; Vial (Imitrex®)	Rizatriptan Tab (Maxalt®)	
		Sumatriptan Nasal (Imitrex®)	Rizatriptan ODT (Maxalt MLT®)	
		Sumatriptan Tab (Generic)	Sumatriptan (Sumavel DosePro®)	
			Sumatriptan Syringe; Vial; Kit (Generic; Alsuma®; Branded Generic)	
			Sumatriptan Nasal (Generic)	
			Sumatriptan Transdermal (Zecuity®)	
			Sumatriptan Tab (Imitrex®)	
			Sumatriptan/Naproxen (Treximet®)	
			Zolmitriptan Tab (Zomig®; Authorized Generic; Generic)	
			Zolmitriptan ODT (Zomig ZMT®; Authorized Generic; Generic)	
			Zolmitriptan Nasal (Zomig®)	
	Skeletal Muscle Relaxants	Baclofen (Generic)	Carisoprodol Tab (Soma®; Generic)	
		Chlorzoxazone (Generic)	Carisoprodol Compound	
		Cyclobenzaprine (Generic)	Chlorzoxazone (Lorzone)	
		Methocarbamol (Generic)	Chlorzoxazone (Parafon Forte DSC®)	
		Tizanidine Tablet (Generic)	Cyclobenzaprine ER (Amrix®)	
			Dantrolene Sodium (Dantrium®; Generic)	
			Metaxalone (Skelaxin®; Generic)	
			Methocarbamol (Robaxin®)	
			Orphenadrine ER Tab (Generic)	
			Tizanidine Capsule (Zanaflex®; Generic)	
			Tizanidine Tab (Zanaflex®)	
	Cytokine and CAM Antagonists	Adalimumab Injection (Humira® Pen Kit; Humira® Kit)	Abatacept Inj (Orencia® Syringe; Vial)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
----------	-------------------------------	--------------	------------------------	------------------------------------

		Etanercept Injection (Enbrel® Kit; Pen; Disp Syringe)	Anakinra Syringe (Kineret®)	
			Apremilast Tablet (Otezla®; Otezla® Starter Pack)	
			Canakinumab/PF Vial (Ilaris®)	
			Certolizumab Pegol (Cimzia® Kit; Starter Kit; Syringe Kit)	
			Golimumab (Simponi® Pen; Disp Syringe)	
			Golimumab Intravenous (Simponi® Aria Vial)	
			Infliximab Vial (Remicade®)	
			Rilonacept (Arcalyst®)	
			Secukinumab (Cosentyx® Pen; Syringe)	
			Tocilizumab Injection (Actemra® Syringe; Vial)	
			Tofacitinib Tablet (Xeljanz®)	
			Ustekinumab (Stelara® Disp Syringe)	
			Vedolizumab Inj (Entyvio®)	
22	PARKINSON'S			
	Antiparkinson Agents -	Amantadine Capsule; Syrup (Generic)	Amantadine Tablet (Generic)	
	Anticholinergic and Other	Benzotropine Tab (Generic)	Bromocriptine Tab (Generic)	
		Carbidopa/ Levodopa (Generic)	Carbidopa (Generic; Lodosyn®)	
		Carbidopa/ Levodopa ER (Generic)	Carbidopa/ Levodopa Tab (Sinemet®)	
		Carbidopa/Levodopa/Entacapone (Generic)	Carbidopa/ Levodopa ER Tab (Sinemet CR®)	
		Pramipexole (Generic)	Carbidopa/ Levodopa ER Cap (Rytary®)	
		Ropinirole (Generic)	Carbidopa/ Levodopa ODT (Generic)	
		Selegiline Capsule (Generic)	Carbidopa/ Levodopa Enteral Susp (Duopa®)	
		Selegiline Tablet (Generic)	Carbidopa/Levodopa/Entacapone Tab (Stalevo®)	
		Trihexyphenidyl Elixir	Entacapone (Generic; Comtan®)	
		Trihexyphenidyl Tablet	Pramipexole (Mirapex®)	
			Pramipexole ER (Generic; Mirapex ER®)	
			Rasagiline (Azilect®)	
			Ropinirole (Requip®)	
			Ropinirole ER (Generic; Requip XL®)	
			Rotigotine Transdermal (Neupro®)	
			Selegiline (Zelapar®)	
			Tolcapone Tab (Generic; Tasmar®)	

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
----------	-------------------------------	--------------	------------------------	------------------------------------

23	SEDATIVE/HYPNOTICS	Temazepam Capsule 15mg; 30mg (Generic)	Doxepin Tablet (Silenor®)
		Triazolam Tablet (Generic)	Estazolam Tablet (Generic)
		Zolpidem Tablet (Generic)	Eszopiclone Tablet (Generic; Lunesta®)
			Flurazepam Capsule (Generic)
			Ramelteon Tablet (Rozerem®)
			Suvorexant Tablet (Belsomra®)
			Tazimelteon Capsule (Hetlioz®)
			Temazepam Capsule (Restoril®)
			Temazepam 7.5mg (Generic; Restoril®)
			Temazepam 22.5mg (Generic; Restoril®)
			Triazolam Tablet (Halcion®)
			Zaleplon Capsule (Generic; Sonata®)
			Zolpidem Tablet (Ambien®)
			Zolpidem Tartrate Sublingual (Edluar®; Intermezzo®)
			Zolpidem ER Tablet (Generic; Ambien CR®)
24	UROLOGY		
	INCONTINENCE		
	Bladder Relaxant Preparations	Fesoterodine Fumarate (Toviaz®)	Darifenacin (Enablex®)
		Oxybutynin Syrup; Tab (Generic)	Flavoxate (Generic)
		Oxybutynin ER (Generic)	Mirabegron ER Tab (Myrbetriq®)
		Solifenacin (VESicare®)	Oxybutynin ER (Ditropan XL®)
			Oxybutynin Gel (Gelnique Gel Pump®; Gelnique Gel MD PMP Transdermal®)
			Oxybutynin Transdermal (Oxytrol® Rx)
			Tolterodine (Detrol®; Generic)
			Tolterodine ER (Detrol LA®; Authorized Generic; Generic)
			Trospium (Generic)
			Trospium ER (Generic)
25	SMOKING CESSATION PRODUCTS		

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: January 1, 2016
----------	-------------------------------	--------------	------------------------	------------------------------------

	Smoking Cessation	Bupropion SR Tablet (Generic)	Bupropion ER Tablet (Zyban®)
		Nicotine Gum OTC Buccal (Generic)	Nicotine Gum OTC Buccal (Nicorette®)
		Nicotine Transdermal Patch OTC (Generic)	Nicotine Inhaler (Nicotrol Inhaler®)
		Varenicline Tablet (Chantix®; Chantix Dose Pack®)	Nicotine Lozenges; Mini Lozenges OTC Buccal (Nicorette®; Generic)
			Nicotine Nasal Spray (Nicotrol Nasal Spray®)
			Nicotine Transdermal (Nicoderm CQ®)
26	PROSTATE		
	Benign Prostatic Hyperplasia Treatment (BPH)	Alfuzosin (Generic)	Alfuzosin (Uroxatral®)
		Doxazosin (Generic)	Doxazosin (Cardura®)
		Finasteride (Generic)	Doxazosin ER (Cardura XL®)
		Tamsulosin (Generic)	Dutasteride (Avodart®)
		Terazosin (Generic)	Dutasteride/Tamsulosin (Jalyn®)
			Finasteride (Proscar®)
			Silodosin (Rapaflo®)
			Tamsulosin (Flomax®)
27	ANXIOLYTICS	Buspirone Tablet (Generic)	Alprazolam ODT (Generic)
		Lorazepam Tablet (Generic)	Alprazolam Tablet (Generic; Xanax®)
			Alprazolam ER (Generic; Xanax XR®)
			Alprazolam Intensol Concentrate
			Chlordiazepoxide Capsule (Generic)
			Clorazepate Dipotassium Tablet (Generic; Tranxene T-Tab®)
			Diazepam Intensol Concentrate
			Diazepam Solution (Generic)
			Diazepam Tablet (Generic)
			Diazepam Inj Vial; Syringe
			Lorazepam Intensol Concentrate
			Lorazepam Tablet (Ativan®)
			Meprobamate (Generic)
			Oxazepam (Generic)