Meeting Minutes

Subject:	Louisiana Department of Health and Hospitals Medicaid Pharmaceutical and Therapeutic Committee Meeting
Location:	628 North Fourth Street Baton Rouge, LA Bienville Building Room 118
Date:	October 31, 2012
Members Present:	▪ Mary Gauthier-Lewis, PharmD ▪ James E. Hussey, MD ▪ James G. Lu, M.D. ▪ Edward C. Mader Jr., MD ▪ Marty R. McKay, RPh ▪ Senator Fred Mills ▪ Melvin Murrill, MD ▪ Representative J. Rogers Pope ▪ Leonard Weather Jr., MD ▪ Rodney Wise, MD ▪ Pamela Wiseman, MD ▪ Neil Wolfson, M.D. ▪ Lolie C. Yu, MD
DHH/Pharmacy Program Staff Present:	▪ Rachel Broussard, RPh ▪ Germaine Becks-Moody, PhD, BHSF Program Manager ▪ Madeline McAndrews ▪ Amanda Caire ▪ Calder Lynch ▪ Gabrielle Stewart ▪ Melwyn Wendt RPh ▪ Timothy Williams ▪ Mary Wolf
Contractors Present:	▪ Chris Andrews, PharmD, Magellan Medicaid Administration ▪ Julie Pritchard, PharmD, Magellan Medicaid Administration ▪ Sandy Blake, University of Louisiana at Monroe (ULM) ▪ Rebecca Hebert, University of New Orleans (UNO) ▪ 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 9:25 a.m.

Parliamentary Business

1. **Introduction of Members and Roll Call.** Committee Members and staff introduce themselves. Mr. McKay announced that the agenda would be adjusted slightly until another person shows up to approve the minutes. Mr. McKay lets Ms. Sullivan give the report.
2. **Bylaws Subcommittee Report.** Mr. McKay had to reorder the agenda and the bylaws Subcommittee report will be skipped.
3. **Approval of Minutes.** Mr. McKay takes the meeting back to the agenda and to the approval of the minutes. Dr. Weather offered a motion to approve the minutes. Dr. Murrill seconded the motion which passed.

Reports

1. **Background.** Ms. Sullivan provides the background of forming the committee. Established under Louisiana Revised statute 45:153.3. Purpose is to develop a preferred Drug List with no prior authorization, make recommendations for additions and deletions for the preferred Drug List, to advise the Sec of DHH on policy recommendation related to the administration of the Medicaid Pharmacy program. Committee make-up is 21 members appointed by the Governor and confirmed by the Senate. Committee must abide by code of governmental ethics. Bylaws to stay the same at this time. 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 put on 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. **Rachel Broussard from DHH provides report.** Ms. Broussard called committee members attention to the packet they received with the Prior Authorization (PA) monthly report, the annual report. Pointing out in January and February of 2012 there was a spike in Prior Authorizations (Attachment A). Also in the packet is the Preferred Drug List that was from May 2, 2012 meeting (Attachment B).

New Business

1. **Mr. Lynch** provides a presentation to the committee.

An overview of some of the major changes occurring in the Medicaid Pharmacy Program: Effective 01 NOV 2012, pharmacy services for members enrolled in the 3 traditional pre-paid managed care

plans will be administered by those plans rather than the Fee for Service Medicaid. This affects approximately 460,000 Medicaid lives. More information is available about this change on the website: www.makingmedicaidbetter.com, including notices to the pharmacy providers about how to prepare for the change.

Regarding the reimbursement change, effective September 5th 2012, DHH moved to an average acquisition cost reimbursement for pharmacy services at AAC + a markup of 10% for generics and 1% for brands + a dispensing fee the $10.51. Those new rates are available online now on the LA Medicaid website as well as on the Myers and Stauffer website.

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
Julia Compton	Novartis	Exelon Patch
Mr. Parris Pope	Forest Labs	Viibryd/Vilazodone
Kirsten Mar, Pharm D	Eli Lilly	Cymbalta
Ann Wicker, Pharm D	Pfizer	Pristiq
Ms. Attie Crandell	UCB	Neupro
Victoria Vardes	Janssen	Invega Sustenna
Brittany Howard	Mental Health America of LA	Open access to antipsychotic medications
Tim Burke	Astra Zeneca	Seroquel XR
David Precise	National Alliance of Mental Illness of LA	Protecting the recovery of individuals with mental illness, Restricting access to FDA approved antipsychotics, and Antipsychotic meds are not interchangeable
Manny Garcia	Sunouion	Lurasidone (Latuda) Aripiprazole on the PDL
Dr. Kathleen Murphy	Ostura America Pharm/Psychiatrist	Aripipazole
Dr. Fran Kaiser	Merck	Saphris
Dr. Zahid Imran	Private Practice in Baton Rouge	Guideline on prescribing Seroquel XR
Danket VYas, M.D.	Psychiatric Practice, Inpatient/Outpatient	Invega Sustenna
Julia Compton, Pharm D	Novartis	Ferapt

Shane Perilloux	Teva Respiratory	upcoming launch Pro Air HFA
Mike Donze	BI	Combivent
Speaker Marilyn		Combivent Respimat Protopic
Eddilisa Martin	Abbott	Humira
Brad Clay	Amgen	Enbrel
Shane Perilloux	Teva Respiratory	QVAR
Sarah Cattern	AZ	Symbicort Pulmicort Flex
James Osborne	GSK	Advair Flovent
Dr. Fran Kaiser	Merck	Dulera
Kevin Brown	Astellas Pharm	Protopic
Marilyn Ripoel	Astellas	Protopic
Shane Perilloux	TEVA	Qnasl
Ann Smallwood	Bristol Meyers Squibb	Sprycel
Ann Wicker	Pfizer	Oral oncology agents
Chris Murphy	GlaxoSmithKline	Votrient/Tykerh
Dr. John Rainey	Louisiana Oncology Society	Erivedge
Denine Coleman	Bausch and Lomb	Besivance
Rupa Shah	Purdue Pharma L.P. Stanford CT	Intermezzo (Zolpidem Tartrate Sublingual Tablets)
Ann Wicker	Pfizer	Chantix
Jennifer Robinson, Pharm D.	Shire Pharmaceuticals	Vyvanese/Intuniv
Kirsten Mar, Pharm D	Eli Lilly	Strattera
Cathy Tugwell	Amylin	Bydureon
Milton Kleinpeter	Amylin	Bydureon
Paula Jimenez	Sanofi Pasteur	Sklice Lotion

I. Therapeutic Class Reviews

Thirty four (34) 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.

Prior to the category reviews, Dr. Andrews covered points of the calculations and projections.

Alzheimer's Agents

Dr. Wolfson makes the motion to accept. Dr. Weather seconds the motion. After discussion a pharmaceutical representative Ms. Compton yielded her time back to the committee. A roll call vote was taken and the original motion passed with all in favor. Statistics on the use will be reviewed on the next meeting.

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

- Donepezil
- Donepezil ODT
- Exelon patch

Antidepressants Other

Dr. Hussey makes a motion to accept the recommendations. Dr. Weather seconds the motion. Mr. Parris from a pharmaceutical company presents Viibryd. Ms. Wicker presents Pristiq. Roll call was taken and the motion passed with all in favor.

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

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

Antidepressants SSRI

Dr. Hussey makes the motion to accept, Dr. Wolfson seconds the motion. After discussion and no pharmaceutical manufacturer's requests to make presentations, roll call was taken and the original motion passed with a unanimous vote.

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

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

Antihistamines Minimally Sedating

Dr. Weathers makes the motion to accept, Dr. Wolfson seconds 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** are:*

- Cetirizine
- Levocetirizine
- Loratadine

Antihypertensive

Dr. Wolfson makes the motion to accept, Dr. Lu seconds 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** are:*

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

Antihyperuricemics

Dr. Wolfson makes the motion to accept, Dr. Gauthier-Lewis seconds the motion. There was no requested discussion and no pharmaceutical manufacturers' requests to make presentations, the motion passed with a unanimous vote.

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

- Allopurinol
- Probenecid
- Probenecid combination with Colchicine

Antiparkinson's

Dr. Wolfson makes the motion to accept, Dr. Weather seconds the motion. After discussion and pharmaceutical manufacturers' presentation by Ms. Crandle from UCB on Neupro and transdermal system, roll call was taken and the original motion passed with a unanimous vote.

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

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

Antipsychotics

Dr. Wolfson makes the motion to accept, Dr. Lu seconds the motion after many public speakers; both pharmaceutical reps and persons speaking on behalf of the various psychiatric organizations. Roll call was taken and the motion carried. Dr. Gauthier-Lewis, Dr. Mader, Dr. Murrill, and Dr. Weather were against.

Dr. Hussey made a motion to remove Seroquel, Quetiapine, and olanzapine from the preferred list for both generic and brand forms. Dr. Wolfson seconded the motion. Tim Burton made a public comment that Seroquel and Seroquel XR are not A/B rated and have different dosing, indications, and are not interchangeable. Mr. McKay clarified the motion for removal of the Drugs motioned by Dr. Hussey as: Zyprexa/olanzapine from the formulary, Seroquel and its generic equivalents in all forms and fashion. Dr. Andrews clarified that Olanzapine was recommended as a non-preferred. Mr. McKay clarified that a yes vote was to remove Seroquel and its generic equivalent from the PDL. After discussion and no pharmaceutical manufacturers' requests to make presentations, roll call was taken and the motion failed. Dr. Lewis, Dr. Mader, Senator Mills, Dr. Murrill, Rep Pope, Dr. Weather, Dr. Wiseman, and Dr. Yu were against.

Dr. Hussey made a motion to remove Latuda from the preferred list. Dr. Wolfson seconded the motion. Mr. McKay announced an amendment to the motion to remove Latuda. Dr. Hussey withdrew the motion to remove Latuda from the PDL list based on the discussions.

Committee recommendations for the **PDL** are:

- Amitriptyline/perphenazine oral
- Chlorpromazine oral
- Clozapine oral
- Fanapt titration pak/tab
- Fluphenazine tab/inj
- Geodon IM
- Haloperidol lactate conc/oral/inj
- Haloperidol decanoate inj
- Latuda oral
- Moban oral
- Olanzapine tab/ODT
- Orap
- Perphenazine oral
- Risperdal Consta inj
- Risperidone tab/soln/ODT
- Seroquel & Seroquel XR
- Thioridazine oral
- Thiothixene oral
- Trifluoperazine oral
- Ziprasidone cap

Topical Antipsoriatics

Dr. Weather makes the motion to accept, Dr. Wolfson seconds 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** are:*

- Calcipotriene ointment and solution
- Dovonex cream

Bile Salts

Dr. Wolfson makes the motion to accept, Dr. Gauthier-Lewis seconds 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** are:*

- Ursodiol 300 mg capsule

Bronchodilators

Dr. Wolfson makes the motion to accept, Dr. Mader seconds the motion. After pharmaceutical manufacturers' presentation by Shane Perilloux from medical liaison on upcoming launch, roll call was taken and the original motion passed with a unanimous vote.

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

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

COPD

Dr. Wolfson makes the motion to accept, Dr. Weather seconds the motion. After discussion and pharmaceutical manufacturers' presentation by Speaker on Combivent Respimat, roll call was taken and the original motion passed with a unanimous vote.

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

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

Cytokine Antagonists

Dr. Murrill makes the motion to accept, Dr. Wolfson seconds the motion. After pharmaceutical manufacturers' representatives Lisa Martin from Abbott Laboratories yields time back to the committee and Brad Clay medical science liaison yields time back as well, roll call was taken and the original motion passed with a unanimous vote.

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

- Enbrel

- Humira

Emollients

Dr. Wolfson makes the motion to accept, Dr. Mader seconds the motion. After pharmaceutical manufacturers' Dr. Fran Frasier from Merck, James Osbourne, Shane Perilloux, and Sarah with Astra Zeneca yield time back to the committee, roll call was taken and the original motion passed with a unanimous vote.

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

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

Atopic Dermatitis

Dr. Wolfson makes the motion to accept, Dr. Gauthier-Lewis seconds the motion. After discussion and pharmaceutical manufacturers' presentation by Marilyn on Protopic, roll call was taken and the original motion passed with a unanimous vote.

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

- Elidel

Glucocorticoids Inhaled

Dr. Wolfson makes the motion to accept, Dr. Mader seconds the motion. All speakers yielded their time back to the Committee. Roll call was taken and the original motion passed with a unanimous vote.

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

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

Intranasal Rhinitis Agents

Dr. Wolfson makes the motion to accept, Dr. Murrill seconds the motion. After pharmaceutical manufacturers' presentation by Shane Perilloux on QNASL Beclomethasone nasal inhaler, roll call was taken and the original motion passed with a unanimous vote.

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

- Astelin

- Astepro
- Fluticasone
- Ipratropium nasal
- Nasacort AQ
- Nasonex
- Patanase

Leukotriene Modifiers

Dr. Wolfson makes the motion to accept, Dr. Mader seconds 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** are:*

- Montelukast
- Zafirlukast

Neuropathic Pain

Dr. Wolfson makes the motion to accept, Dr. Mader seconds 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** are:*

- Cymbalta
- Lidoderm
- Savella

Dr. Lu makes a motion that the committee would like to see actual vs. projected savings going back 2 years (a review of how the committee's recommendations become actual savings). Senator Mills seconds the motion. A voice vote was called for by Mr. McKay, and the motion passed with a unanimous vote.

Dr. Wiseman makes a motion that the committee be informed of any changes to the PDL that occur after the most recent vote when it is enacted. Dr. Weathers seconds. A voice vote was called for by Mr. McKay, and the motion passed with a unanimous vote.

NSAIDS

Dr. Wolfson makes the motion to accept, Dr. Gauthier-Lewis seconds 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** are:*

- Diclofenac potassium and SR
- Meloxicam and susp

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

Oncology Agents

Dr. Wolfson makes the motion to accept, Dr. Weathers seconds the motion. After discussion and pharmaceutical manufacturers' presentation by Ann Smallwood from Bristol Meyers Squibb on Sprycel, Ann Wicker from Pfizer on oral oncology agents, Chris Murphy from GlaxoSmithKline on Votrient, Dr. John Rainey from Louisiana Oncology Society on Erivedge.

Senator Mills makes a motion to defer the Oncology Agents list until next year, Dr. Wolfson seconds the motion. After discussion and no pharmaceutical manufacturers' requests to make presentations, roll call was taken and the motion to defer passed with a unanimous vote.

Dr. Yu makes a motion for a permanent ban on oncology agents as part of the PDL, Dr. Weather seconds the motion. After discussion, Dr. Yu withdraws the motion for a permanent ban. (This class was deferred and not voted on, as of this mtg, oral oncology agents will not be reviewed by this committee.)

Ophthalmic Antibiotics/Steroids Combination

Dr. Gauthier-Lewis makes the motion to accept, Dr. Weathers seconds 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** are:*

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

Ophthalmic Anti-inflammatories

Dr. Wolfson makes the motion to accept, Dr. Weathers seconds the motion. There are no speakers. Roll call was taken and the original motion passed with a unanimous vote.

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

- Dexamethasone

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

Ophthalmic Antibiotics

Dr. Weather makes the motion to accept, Dr. Gauthier-Lewis seconds the motion. After discussion and pharmaceutical manufacturers' presentation by Denine Coleman from Bausch and Lomb on Besivance, roll call was taken and the original motion passed with a unanimous vote.

Committee recommendations for the **PDL** are:

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

Ophthalmics for Allergic Conjunctivitis

Dr. Weather makes the motion to accept, Dr. Wolfson seconds 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** are:*

- Alrex
- Cromolyn
- Pataday

Ophthalmics, Glaucoma Agents

Dr. Murrill makes the motion to accept, Dr. Wolfson seconds 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** are:

- Alphagan P 0.15%
- Latanoprost 2.5ML

- Betaxolol
- Brimonidine
- Carteolol
- Combigan
- Dorzolamide and Dorzolamide/timolol
- Levobunolol
- Metipranolol
- Pilocarpine
- Timolol
- Travatan and Travatan-Z

Otic Antibiotics

Dr. Weather makes the motion to accept, Dr. Murrill seconds 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** are:*

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

Senator Mills presents that this day is Dr. Wise's last day with the Department

Otic Anti-infectives

Dr. Hussey makes the motion to accept, Dr. Wolfson seconds the motion. Roll call was taken and the original motion passed with a unanimous vote.

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

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

Sedative Hypnotics

Dr. Mader made a motion to add Zaleplon generic to the PDL; Dr. Gauthier-Lewis seconded the motion. After discussion and no presentation the motion failed. Dr. Gauthier-Lewis, Dr. Mader, and Dr. Wiseman were in favor, all others opposed.

Rica Shaw spoke on Intermezzo.

New motion was made to accept the class as recommended, motion was seconded, roll call was taken and the motion to accept passed with a unanimous vote.

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

- Chloral hydrate
- Temazepam
- Triazolam

- Zolpidem

Smoking Cessation

Dr. Wolfson makes the motion to accept, Dr. Gauthier-Lewis seconds the motion. After discussion and pharmaceutical manufacturers' presentation by Ann Wicker from Pfizer on Chantix, roll call was taken and the original motion passed with Dr. Gauthier-Lewis, Senator Mills, and Dr. Weather against.

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

- Bupropion SR
- Nicotine Gum, lozenge, patch

Steroids Topical, High Potency

Dr. Weather makes the motion to accept, Dr. Gauthier-Lewis seconds 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** are:*

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

Steroids Topical, Low Potency

Dr. Weather makes the motion to accept, Dr. Yu seconds 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** are:*

- Derma-Smoothe FS
- Desonide Cream and Ointment
- Hydrocortisone cream/ointment/lotion
- Hydrocortisone/Mineral Oil/Petrolatum combination

Steroids Topical, Medium Potency

Dr. Gauthier-Lewis makes the motion to accept, Dr. Mader seconds 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** are:*

- Fluticasone proprionate ointment/cream
- Hydrocortisone Butyrate soln
- Hydrocortisone Valerate cream/ointment
- Mometasone furorate soln/cream/ointment
- Prednicarbate cream

Steroids Topical, Very High Potency

Dr. Weather makes the motion to accept, Dr. Wolfson seconds 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** are:*

- Clobetasol propionate
- Halobetasol propionate cream/ointment

Stimulants

Dr. Hussey makes the motion to accept, Dr. Yu seconds 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** are:*

- Adderall XR
- Amphetamine Salt Combo Immediate Release
- Daytrana
- Dexmethylphenidate
- Dextroamphetamine
- Focalin
- Focalin XR
- Intuniv
- Metadate CD
- Methylin Chewable & Solution
- Methylphenidate IR and ER
- 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. The reviews at this meeting were on new products in classes reviewed at the May 2, 2012 meeting. Five (5) new drugs were reviewed and a recommendation was made. P&T Committee recommendations follow:

Analgesic, Narcotic Short

Dr. Wolfson makes the motion to accept, Dr. Weather seconds 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 **NPDL** are:*

- Primlev
- Subsys

Bydureon

Dr. Gauthier-Lewis makes the motion to accept, Dr. Wolfson seconds the motion. After pharmaceutical manufacturers' presentation by Kathy on Bydureon, roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **NPDL** are:*

- Bydureon

Antiparasitics

Dr. Wolfson makes the motion to accept, Dr. Yu seconds the motion. After pharmaceutical manufacturers' presentation by Paula on Sklice Lotion, roll call was taken and the original motion passed with a unanimous vote.

*Committee recommendations for the **NPDL** are:*

- Sklice

Bladder Relaxants

Dr. Weather makes the motion to accept, Dr. Wolfson seconds 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 **NPDL** are:*

- Gelnique Pump (3% oxybutynin gel)

Omontys

Dr. Wolfson makes the motion to accept, Dr. Yu seconds 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 **NPDL** are:*

- Omontys

Next Steps

Therapy classes to be reviewed for the May meeting will be the same as those reviewed May 2012.

Next Meeting Date

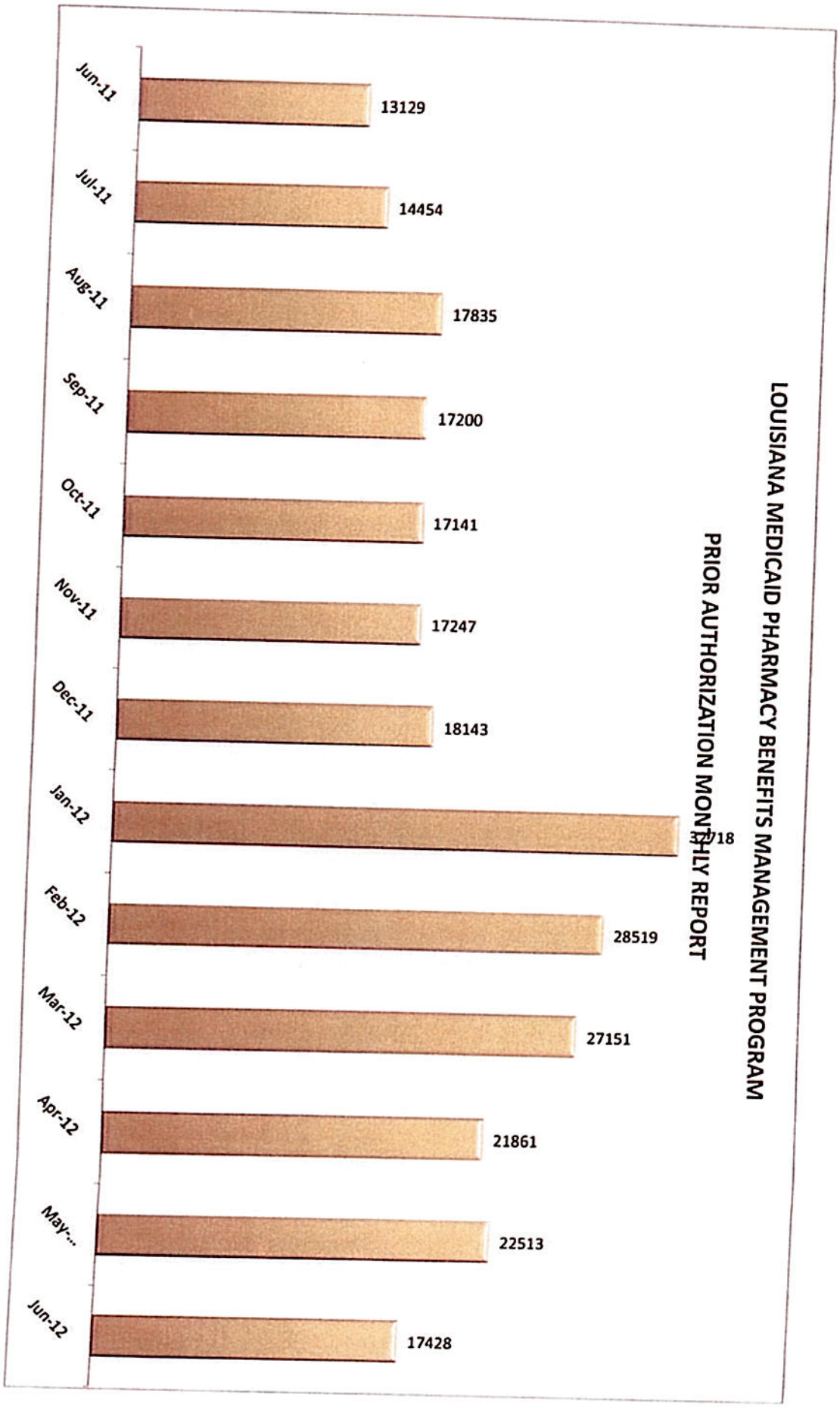
The next committee meeting is scheduled for May 1, 2013.

Adjournment

Dr. Weather offered the motion to adjourn the meeting. Dr. Wiseman seconds the motion. The meeting adjourned at 2:21 p.m.

Marty McKay
11-6-13

Attachment A



Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
1	ADD/ADHD			
	Stimulants and Related Agents	Amphetamine Salt Combo (Generic; Adderall®)	Amphetamine Salt Combo ER (Generic Only)	
		Amphetamine Salt Combo ER (Adderall XR® - Brand Only)	Armodafinil (Nuvigil®)	
		Atomoxetine (Strattera®)	Clonidine Extended-Release (Kapvay®)	
		Dexmethylphenidate (Focalin ® - Brand Only)	Dexmethylphenidate (Generic Only)	
		Dexmethylphenidate ER (Focalin XR ®)	Dextroamphetamine ER (Generic; Dexadrine®)	
		Dextroamphetamine (Generic)	Dextroamphetamine Solution (Procentra®)	
		Guanfacine ER (Intuniv®)	Methylphenidate Solution (Generic)	
		Lisdexamfetamine (Vyvanse®)	Methamphetamine (Generic; Desoxyn®)	
		Methylphenidate (Generic; Metadate CD®)	Methylphenidate ER (Ritalin LA®)	
		Methylphenidate ER (Generic; Concerta; Metadate CD®)	Modafinil (Provigil®)	
		Methylphenidate IR (Methylin Chewable & Solution®)		
		Methylphenidate SR (Ritalin SR®)		
		Methylphenidate Transdermal Patches (Daytrana®)		
2	ALLERGY			
	Antihistamines - Minimally Sedating	Cetirizine Syrup OTC	Acrivastin/Pseudoephedrine (Semprex-D®)	
		Cetirizine Syrup Rx	Cetirizine Chewable Tablet OTC	
		Cetirizine Tablet OTC	Cetirizine Solution 5mg/5cc OTC	
		Cetirizine-D OTC	Desloratadine Tablet (Clarinex®)	
		Fexofenadine Tablet 30mg, 60mg, 180mg (Generic Only)	Desloratadine ODT (Clarinex ODT®)	
		Fexofenadine-D 12-hour (Generic Only)	Desloratadine Syrup (Clarinex®)	
		Fexofenadine-D 24-hour (Generic Only)	Desloratadine/Pseudoephedrine (Clarinex-D 12 -hour®)	
		Loratadine Tab OTC (Generic Only)	Desloratadine/Pseudoephedrine (Clarinex-D 24 -hour®)	
		Loratadine ODT Tablet OTC (Generic Only)	Fexofenadine Tablet 30mg, 60mg, 180mg (Allegra - Brand Only)	
		Loratadine-D Tablet (Generic Only)	Fexofenadine ODT Tablet (Allegra ODT®)	
		Loratadine Syrup OTC (Generic Only)	Fexofenadine/Pseudoephedrine (Allegra-D 12-hour®- Brand Only)	
			Fexofenadine/Pseudoephedrine (Allegra-D 24-hour® - Brand Only)	
			Fexofenadine Syrup (Allegra Syrup®)	
			Levocetirizine Tablet (Generic; Xyzal®)	
			Levocetirizine Syrup (Generic; Xyzal®)	
			Loratadine Capsule OTC (Claritin® - Brand Only)	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
	Antihistamines - Minimally Sedating cont'		Loratadine Syrup OTC (Claritin® - Brand Only)	
			Loratadine Tablet OTC (Claritin®)	
			Loratadine ODT OTC (Claritin® - Brand Only)	
			Loratadine Chewable Tablet OTC (Claritin®)	
			Loratadine-D 12 hours OTC (Claritin - D®)	
			Loratadine-D 24 hours OTC (Claritin - D®)	
	Rhinitis Agents, Nasal	Azelastine (Astelin; Astepro®)	Azelastine (Generic)	
		Fluticasone Propionate (Flonase® - Brand Only)	Beclomethasone (Beconase AQ®)	
		Ipratropium Nasal	Budesonide Aqua (Rhinocort Aqua®)	
		Mometasone (Nasonex®)	Ciclesonide (Omnaris®)	
		Olopatadine (Patanase®)	Flunisolide	
			Fluticasone Furoate (Veramyst®)	
			Fluticasone Propionate (Generic Only)	
			Triamcinolone (Generic; Nasacort AQ®)	
3	ALZHEIMER'S			
	Alzheimer's Agents	Donepezil (Aricept® - Brand Only)	Donepezil (Generics only)	
	Cholinesterase Inhibitors	Donepezil (Aricept ODT® - Brand Only)	Donepezil ODT (Generics only)	
		Memantine Solution (Namenda Sol®)	Donepezil 23 mg (Aricept 23mg®)	
		Memantine Tablet (Namenda Tab®)	Galantamine Tablet	
		Memantine Tablet Dose Pack (Namenda Tab Dose Pack®)	Galantamine ER	
		Rivastigmine Capsule (Exelon Capsule® - Brand Only)	Galantamine Oral Solution (Generics; Razadyne®)	
		Rivastigmine Transdermal (Exelon Transdermal®)	Rivastigmine Capsule (Generics Only)	
			Rivastigmine Oral Solution (Generics; Exelon Solution®)	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
4	ANTIPSYCHOTIC AGENTS			
	Antipsychotic Agents		ORAL	
		Amitriptyline/Perphenazine	Aripiprazole Oral Solution (Abilify Oral Solution®)	
		Aripiprazole Discmelt (Abilify®)	Clozapine (Clozaril; Fazaclo®)	
		Aripiprazole Tablet (Abilify®)	Lurasidone (Latuda®)	
		Asenapine (Saphris®)	Olanzapine (Zyprexa; Zyprexa Zydis®)	
		Chlorpromazine	Olanzapine/Fluoxetine (Symbyax®)	
		Clozapine (Generics Only)	Paliperidone ER (Invega®)	
		Fluphenazine Elixir	Risperidone ODT (Risperdal® - Brand Only)	
		Fluphenazine Tablet	Risperidone Solution (Risperdal® - Brand Only)	
		Haloperidol Oral	Risperidone Tablet (Risperdal® - Brand Only)	
		Haloperidol Lactate Concentrate		
		Iloperidone Dose pack (Fanapt®)		
		Iloperidone Tablet (Fanapt®)		
		Molindone (Moban®)		
		Perphenazine		
		Pimozide (Orap®)		
		Quetiapine (Seroquel®)		
		Quetiapine (Seroquel XR®)		
		Risperidone ODT (Generic Only)		
		Risperidone Solution (Generic Only)		
		Risperidone Tablet (Generic Only)		
		Thioridazine		
		Thiothixene (Generic; Navane®)		
		Trifluoperazine (Generic)		
		Ziprasidone (Geodon®)		
			INJECTIONS	
		Aripiprazole (Abilify®)	Haloperidol Decanoate (Haldol® - Brand Only)	
		Fluphenazine Decanoate	Olanzapine (Zyprexa®)	
		Haloperidol Decanoate (Generic Only)	Olanzapine (Zyprexa Relprevv®)	
		Haloperidol Lactate (Generic)	Paliperidone (Invega Sustenna®)	
		Risperidone (Risperdal Consta®)		
		Ziprasidone (Geodon®)		

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
5	ASTHMA/COPD			
	Bronchodilator, Beta-Adrenergic			
	Agents			
		INHALATION		
		Albuterol Sulfate Nebulizer Solution 100mg/20ml	Albuterol Sulfate HFA MDI (Ventolin HFA®)	
		Albuterol Sulfate Nebulizer Solution 2.5mg/3ml	Albuterol Sulfate Nebulizer Low-Dose 0.63mg/3ml, 1.25mg/3ml	
		Albuterol Sulfate Nebulizer Solution 2.5mg/0.5ml	Arformoterol Inhalation Solution (Brovana Inhalation Solution®)	
		Albuterol Sulfate Nebulizer Low-Dose (Accuneb®)	Formoterol DPI (Foradil®)	
		Albuterol Sulfate HFA (ProAir HFA®)	Formoterol Inhalation Solution (Perforomist Inhalation Solution®)	
		Albuterol Sulfate HFA MDI (Proventil HFA®)	Indacaterol for Inhalation (Arcapta®)	
			Levalbuterol HCL Nebulizer Solution (Generic; Xopenex®)	
			Levalbuterol HFA (Xopenex HFA®)	
			Pirbuterol (Maxair Autohaler®)	
			Salmeterol Xinafoate (Serevent Diskus®)	
		ORAL		
		Albuterol Sulfate Syrup	Albuterol Sulfate ER (Generic; Vospire ER Tablet®)	
		Albuterol Sulfate Tablet	Metaproterenol Sulfate Tablet	
		Metaproterenol Sulfate Syrup		
		Terbutaline Sulfate		
	Bronchodilator, Anticholinergics			
	(COPD)	**INHALATION**		
		Albuterol Sulfate/Ipratropium MDI (Combivent®)	Albuterol Sulfate/Ipratropium Nebulizer (Generic Only)	
		Albuterol Sulfate/Ipratropium Nebulizer Solution (Duoneb® - Brand Only)		
		Ipratropium Nebulizer		
		Ipratropium Inhalation Aerosol MDI (Atrovent HFA®)		
		Tiotropium Inhalation Powder (Spiriva®)		
		ORAL		
		NONE	Roflumilast (Daliresp®)	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
	Glucocorticoids, Inhalation	Beclomethasone MDI (QVAR®)	Budesonide DPI (Pulmicort Flexhaler®)	
		Budesonide Respules 0.25mg; 0.5mg - 8 years old and under	Budesonide Respules 0.25mg; 0.5mg - 9 years old and over	
		Budesonide Respules 0.25mg; 0.5mg (Pulmicort Respules®) - 8 years old and under	Budesonide Respules 0.25mg; 0.5mg (Pulmicort Respules®) - 9 years old and over	
		Budesonide Respules 1mg (Pulmicort Respules®) - 8 years old and under	Budesonide Respules 1mg (Pulmicort Respules®) - 9 years old and over	
		Fluticasone MDI (Flovent®)	Budesonide/Formoterol MDI (Symbicort®)	
		Fluticasone MDI (Flovent HFA Inhaler®)	Ciclesonide (Alvesco®)	
		Fluticasone/Salmeterol DPI (Advair Diskus®)		
		Fluticasone/Salmeterol MDI (Advair HFA®)		
		Mometasone DPI (Asmanex®)		
		Mometasone/Formoterol MDI (Dulera®)		
	Leukotriene Modifiers	Montelukast Chewable Tablet (Singulair®)	Montelukast Gran Pack (Singulair Gran Pack®)	
		Montelukast Tablet (Singulair®)	Zafirlukast (Generic Only)	
		Zafirlukast (Accolate® - Brand Only)	Zileuton CR (Zyflo CR®)	
6	DEPRESSION			
	Antidepressants, Other	Bupropion IR	Bupropion HBr ER (Aplenzin®)	
		Bupropion SR	Bupropion HCl IR (Wellbutrin®)	
		Bupropion XL	Bupropion HCl SR (Wellbutrin SR®)	
		Duloxetine (Cymbalta®)	Bupropion HCl XL (Wellbutrin XL®)	
		Mirtazapine (Generics only)	Desvenlafaxine (Pristiq®)	
		Mirtazapine ODT (Generics only)	Mirtazapine (Remeron®)	
		Trazodone	Mirtazapine ODT (Remeron ODT®)	
		Venlafaxine ER Capsule (Effexor XR® - Brand Only)	Nefazodone	
		Venlafaxine IR Tablet	Selegiline Patch (Emsam®)	
			Trazodone ER (Oleptro®)	
			Venlafaxine ER Capsule (Generic)	
			Venlafaxine ER Tablet (Generic; Schwarz; Upstate)	
			Vilazodone (Viibryd®)	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
	Selective Serotonin	Citalopram Tablet (Generic)	Citalopram Solution	
	Reuptake Inhibitors (SSRIs)	Fluoxetine Capsule (Generic)	Citalopram Tablet (Celexa®)	
		Fluoxetine Tablet 10mg	Escitalopram Solution (Lexapro®)	
		Fluoxetine Solution	Escitalopram Tablet (Lexapro®)	
		Fluvoxamine Oral	Fluoxetine Tablet 20mg	
		Paroxetine Suspension (Paxil®)	Fluoxetine Capsule (Prozac; Sarafem®)	
		Paroxetine CR Tablet (Paxil CR®)	Fluoxetine DR Capsule (Generic; Prozac Weekly®)	
		Paroxetine Tablet (Paxil®)	Fluvoxamine CR (Luvox CR®)	
		Paroxetine Tablet (Generic)	Paroxetine Suspension (Generic)	
		Sertraline Tablet (Generic)	Paroxetine CR Tablet (Generic)	
			Paroxetine Mesylate (Pexeva)	
			Sertraline Concentrate (Zoloft; Generic)	
			Sertraline Tablet (Zoloft®)	
7	DERMATOLOGY	Clotrimazole Rx		
	Antifungals - Topical	Clotrimazole/Betamethasone Cream (Generic)	Benzoic Acid/Salicyclic Acid (Bensal HP)	
		Clotrimazole/Betamethasone Lotion (Lotrisone®) - Brand	Butenafine (Mentax®)	
		Econazole	Ciclopirox (CNL8®)	
		Ketoconazole Cream	Ciclopirox (Pedipirox-4)	
		Ketoconazole Shampoo (Rx only)	Ciclopirox Cream	
		Nystatin Cream	Ciclopirox Gel	
		Nystatin Ointment	Ciclopirox Shampoo	
		Nystatin Powder	Ciclopirox Solution	
		Nystatin/Triamcinolone	Ciclopirox Solution (Pedipirox-4)	
		Nystatin/Triamcinolone Cream	Ciclopirox Solution (Penlac)	
		Nystatin/Triamcinolone Ointment	Ciclopirox Suspension	
			Clotrimazole/Betamethasone Lotion	
			Clotrimazole / Betamethasone Cream (Lotrisone®) - Brand	
			Ketoconazole (Ketocon Plus®)	
			Ketoconazole Foam	
			Ketoconazole Foam (Extina ®)	
			Ketoconazole (Nizoral Shampoo)	
			Ketoconazole (Xolegel®)	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
			Miconazole (Nuzole®)	
			Miconazole/zinc oxide/white petrolatum (Vusion®)	
			Naftifine (Naftin®)	
			Nystatin (Pediaderm AF®)	
			Oxiconazole (Oxistat®)	
			Sertaconazole (Ertaczo®)	
			Sulconazole (Exelderm®)	
			Terbinafine (Lamisil)	
	Antiparasitic Agents, Topical	Crotamiton Cream (Eurax®)		
		Permethrin	Benzyl Alcohol (Ulesfia®)	
			Crotamiton Lotion (Eurax®)	
			Lindane	
			Malathion (generic only)	
			Malathion (Ovide® - Brand only)	
			Spinosad (Natroba®)	
	Antiviral Agents, Topical	Acyclovir Ointment (Zovirax®)		
		Penciclovir Cream (Denavir®)	Acyclovir Cream (Zovirax®)	
			Acyclovir/Hydrocortisone (Xerese®)	
	Atopic Dermatitis	Pimecrolimus (Elidel®)		
	Immunomodulators	Tacrolimus (Protopic®)	NONE	
	Antibiotics, Topical	Gentamicin Sulfate		
		Mupirocin Ointment (Generic)	Mupirocin Cream (Bactroban® Cream)	
			Mupirocin Ointment (Bactroban® Ointment) – Brand Only	
			Mupirocin Ointment (Centany®)	
			Mupirocin Ointment (Centany® Kit)	
			Neomycin/Polymyxin/Pramoxine	
			Retapamulin (Altabax®)	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
	STEROIDS, TOPICAL			
	Low Potency	Alclometasone Dipropionate (Aclovate® - Brand Only)	Alclometasone Dipropionate Cream, Ointment (Generic Only)	
		Desonide Cream, Ointment (Generic)	Desonate Gel (Generic)	
		Hydrocortisone Cream, Lotion, Ointment (Generic)	Desonide/Emollient Combo No. 3 (Desonil Plus®)	
			Desonide Lotion (Generic; Desowen; Verdeso®)	
			Desonide Cream Kit (Desowen Cream Kit®)	
			Desonide Lotion Kit (Desowen Lotion Kit®)	
			Desonide Ointment Kit (Desowen Ointment Kit®)	
			Fluocinolone Acetonide Shampoo (Capex®)	
			Fluocinolone Acetonide (Derma-Smoothe-FS®)	
			Hydrocortisone (Texacort®)	
			Hydrocortisone Acetate/Urea	
			Hydrocortisone/Aloe Gel (Generic; Nuzon®)	
			Hydrocortisone/Mineral Oil/Pet Ointment	
			Hydrocortisone/Emollient (Pediaderm HC®)	
			Triamcinolone (Pediaderm TA®)	
	Medium Potency	Clocortolone Pivalate (Cloderm®)		
		Fluocinolone Acetonide Cream, Ointment, Solution	Betametasone Valerate (Luxiq®)	
		Fluticasone Propionate Cream, Ointment (Generic)	Flurandrenolide Tape (Cordran Tape®)	
		Hydrocortisone Butyrate Ointment, Solution	Fluticasone Propionate Cream, Lotion (Cutivate®)	
		Hydrocortisone Valerate Cream (Generic)	Hydrocortisone Butyrate Cream (Generic; Locoid Lipocream®)	
		Prednicarbate Cream (Dermatop®)	Hydrocortisone Probutate (Pandel®)	
			Hydrocortisone Valerate Cream (Westcort®)	
			Hydrocortisone Valerate Ointment (Generic)	
			Mometasone Furoate Cream, Ointment, Solution (Generic; Elocon®)	
			Mometasone Furoate (Momexin®)	
			Prednicarbate Cream, Ointment (Generic)	
			Prednicarbate Ointment (Dermatop®)	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
	High Potency	Amcinonide Lotion (Generic)	Amcinonide Cream, Ointment (Generic)	
		Betamethasone Dipropionate Cream, Lotion, Ointment (Generic)	Betamethasone Dipropionate/Prop Glycol Cream, Lotion, Ointment (Generic; Diprolene; Diprolene/AF®)	
		Betamethasone Valerate Cream, Lotion, Ointment (Generic)	Betamethasone Dipropionate Gel (Generic; Diprolene®)	
		Betamethasone Valerate Cream, Lotion (Beta Val®)	Desoximetasone Cream, Gel, Ointment (Generic; Topicort; Topicort LP®)	
		Fluocinonide Cream; Emollient; Gel; Ointment, Solution (Generic)	Diflorasone Diacetate Cream, Ointment (Generic)	
		Triamcinolone Acetonide Cream, Ointment (Generic)	Fluocinonide Cream (Vanos®)	
			Halcinonide Cream, Ointment (Halog®)	
			Triamcinolone Acetonide Aerosol (Kenlag Aerosol®)	
			Triamcinolone Acetonide Lotion (Generic)	
	Very High Potency	Clobetasol Propionate Cream, Gel, Ointment, Solution (Generic)	Clobetasol Propionate Cream (Temovate®)	
		Clobetasol Propionate Foam (Olux®)	Clobetasol Propionate Foam (Generic Only)	
		Clobetasol Propionate/Emollient (Generic Only)	Clobetasol Propionate (Clobex Lotion, Shampoo, Spray®)	
		Halobetasol Propionate Cream, Ointment (Generic)	Clobetasol Propionate - Emollient (Olux-E® - Brand Only)	
			Diflorasone Diacetate (Apexicon E®)	
			Halobetasol Propionate/Ammonium Lactate (Halac, Halonate, Halonate PAC, Ultravate PAC®)	
8	DIABETES			
	Hypoglycemics, Meglitinides	Repaglinide (Prandin®)	Nateglinide (Generic)	
			Nateglinide (Starlix®)	
			Repaglinide/Metformin (Prandimet®)	
	Hypoglycemics, Thiazolidinediones (TZDs)	Pioglitazone (Actos®)	Pioglitazone/Metformin ER (Actoplus Met XR®)	
		Pioglitazone/Glimeperide (Duetact®)	Rosiglitazone/Glimeperide (Avandaryl®)	
		Pioglitazone/Metformin (Actoplus Met®)	Rosiglitazone (Avandia®)	
			Rosiglitazone/Metformin (Avandamet®)	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
	Hypoglycemics	Human Insulin & Pens (Humulin®)		
	Insulins & Related Agents	Insulin Glargine & Pens (Lantus®)	Human Insulin & Pens (Novolin®)	
		Insulin Lispro & Pens (Humalog®)	Insulin Aspart & Pens (Novolog®)	
		Insulin Lispro/Protamine Lispro & Pens (Humalog Mix®)	Insulin Aspart/Insulin Aspart Protamine & Pens (Novolog Mix 70/30®)	
			Insulin Detemir & Pens (Levemir®)	
			Insulin Glulisine & Pens (Apidra®)	
	Hypoglycemics	Linagliptin/Metformin (Jentadueto)		
	Incretin Mimetics/Enhancers	Linagliptin (Tradjenta®)	Exenatide (Byetta Pens®)	
		Liraglutide (Victoza®)	Exenatide Extended-Release (Bydureon®)	
		Pramlintide (Symlin®)	Pramlintide Pens (Symlin Pens®)	
		Saxagliptin (Onglyza®)	Sitagliptin/Simvastatin (Juvisync)	
		Saxagliptin/Metformin ER (Kombiglyze XR®)		
		Sitagliptin (Januvia®)		
		Sitagliptin/Metformin (Janumet®)		
9	DIGESTIVE DISORDERS			
	Antiemetic/Antivertigo Agents	Aprepitant Oral (Emend®)		
		Meclizine	Dimenhydrinate Inj	
		Metoclopramide Inj	Dolasetron IV Inj (Anzemet®)	
		Metoclopramide Oral (Generics)	Dolasetron Oral (Anzemet®)	
		Ondansetron IV Inj (Generics)	Dronabinol Oral (Generic)	
		Ondansetron Oral ODT (Generics)	Dronabinol Oral (Marinol®)	
		Ondansetron Oral Tab (Generics)	Fosaprepitant IV Inj (Emend®)	
		Prochlorperazine Inj	Granisetron IV inj	
		Prochlorperazine Oral	Granisetron Oral	
		Prochlorperazine Rectal	Granisetron (Granisol Solution)	
		Promethazine Inj	Granisetron Transdermal (Sancuso®)	
		Promethazine Oral	Metoclopramide (Reglan®) – Brand Only	
		Promethazine Rectal	Metoclopramide Ampule	
		Scopolamine Transdermal (Transderm-Scop®)	Metoclopramide Oral ODT (Metozolv®)	
		Trimethobenzamide IM Inj	Nabilone (Cesamet®)	
			Ondansetron (Zofran®)	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
		Trimethobenzamide Oral	Ondansetron (Zofran IV®) – Brand Only	
			Ondansetron (Zofran ODT®) – Brand Only	
			Ondansetron Ampule	
			Ondansetron Oral (Zuplenz®)	
			Ondansetron Oral Solution	
			Palonosetron IV Inj (Aloxi®)	
			Prochlorperazine Rectal (Compro®)	
			Promethazine Rectal (50 mg)	
			Trimethobenzamide IM Inj (Tigan®)	
	Bile Acid Salts	Ursodiol Capsule (Generic Only)		
			Chenodiol (Chenodal®)	
			Ursodiol Tablet	
			Ursodiol USP (Actigall® - Brand Only)	
			Ursodiol (URSO 250®)	
			Ursodiol (URSO Forte®)	
	Pancreatic Enzymes	Creon		
		Pancrelipase	Pancreaze	
		Zenpep		
	Proton Pump Inhibitors	Omeprazole (Generic legend only)		
		Pantoprazole (Generic Only)	Dexlansoprazole (Dexilant®)	
		Pantoprazole Suspension (Protonix®)	Esomeprazole (Nexium®)	
			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®)	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
	Ulcerative Colitis Agents	Balsalazide		
		Mesalamine ER (Apriso®)	Mesalamine DR (Asacol HD®)	
		Mesalamine (Asacol®)	Mesalamine Rectal	
		Mesalamine Suppositories (Canasa®)	Mesalamine Kit Rectal	
		Sulfasalazine	Mesalamine Sulfite-free Enema (sfRowasa®)	
		Sulfasalazine DR	Mesalamine MMX (Lialda®)	
			Mesalamine Oral (Pentasa®)	
			Olsalazine Oral (Dipentum®)	
10	GROWTH DEFICIENCY			
	Growth Hormones	Somatropin (Norditropin®)	Somatropin (Genotropin®)	
		Somatropin (Nutropin®)	Somatropin (Humatrope®)	
		Somatropin (Nutropin AQ®)	Somatropin (Omnitrope®)	
		Somatropin (Saizen®)	Somatropin (Serostim®)	
			Somatropin (Tev-Tropin®)	
			Somatropin (Zorbtive®)	
11	GOUT AGENTS			
	Antihyperuricemics	Allopurinol	Colchicine (Colcrys®)	
		Probenecid	Febuxostat (Uloric®)	
		Probenecid/Colchicine		
12	HEART DISEASE, HYPERLIPIDEMIA			
	Lipotropics, Other	Cholestyramine	Colesevelam (Welchol®)	
		Cholestyramine/Aspartame	Colestipol Granules	
		Colestipol Tablet – Generic Only	Colestipol Tablet (Colestid®) – Brand Only	
		Fenofibrate (Tricor®)	Colestipol Granule (Colestid®)	
		Fenofibric Acid (Trilipix®)	Ezetimibe (Zetia®)	
		Gemfibrozil	Fenofibrate (Antara®)	
		Niacin ER (Niaspan®)	Fenofibrate (Fenoglide®)	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
		Niacin IR (Niacor®)	Fenofibrate (Generic)	
			Fenofibrate (Lipofen®)	
			Fenofibrate (Triglide®)	
			Fenofibric Acid (Generic)	
			Fenofibric Acid (Fibricor®)	
			Omega-3-acid ethyl esters (Lovaza®)	
	Statins & Statin Combination Agents	Atorvastatin (Generic)	Amlodipine/Atorvastatin	
		Fluvastatin (Lescol®)	Amlodipine/Atorvastatin (Caduet®)	
		Fluvastatin XL (Lescol XL®)	Atorvastatin (Lipitor®) – Brand Only	
		Lovastatin	Ezetimibe/Simvastatin (Vytorin®)	
		Niacin ER/Simvastatin (Simcor®)	Lovastatin ER (Altoprev®)	
		Pravastatin	Niacin ER/Lovastatin (Advicor®)	
		Simvastatin (Generic Only)	Pitavastatin (Livalo®)	
			Pravastatin (Pravachol®)	
			Rosuvastatin (Crestor®)	
			Simvastatin (Zocor®) – Brand Only	
	HYPERTENSION			
	ACE Inhibitors & Direct Renin Inhibitors	Benazepril (Generic Only)	Aliskiren (Tekturna®)	
		Benazepril/HCTZ	Aliskiren/HCTZ (Tekturna HCT®)	
		Captopril	Azilsartan Meoxomil (Edarbi®)	
		Captopril/HCTZ	Azilsartan/Chlorthalidone (Edarbyclor®)	
		Enalapril (Generic)	Azilsartan/Chlorthalidone (Prinzide®)	
		Enalapril/HCTZ (Generic)	Benazepril (Lotensin®) – Brand Only	
		Fosinopril	Candesartan (Atacand®)	
		Lisinopril (Generic Only)	Candesartan/HCTZ (Atacand HCT®)	
		Lisinopril/HCTZ (Generic Only)	Enalapril (Vasotec) – Brand Only	
		Losartan (Generic)	Enalapril/HCTZ (Vaseretic) – Brand Only	
		Losartan/HCTZ (Generic)	Eprosartan (Teveten®)	
		Quinapril (Generic)	Eprosartan/HCTZ (Teveten HCT®)	

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

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
	Beta Blockers Agents	Acebutolol	Atenolol (Tenormin®) - Brand Only	
		Atenolol (Generic)	Atenolol / Chlorthalidone (Tenoretic)	
		Atenolol/Chlorthalidone	Betaxolol	
		Bisoprolol – Generic Only	Bisoprolol (Zebeta®)	
		Bisoprolol/HCTZ	Carvedilol (Coreg®)	
		Carvedilol – Generic Only	Carvedilol CR (Coreg CR®)	
		Labetalol	Metoprolol Succinate ER (Toprol XL®)	
		Metoprolol Tartrate – Generic Only	Metoprolol Succinate / Hydrochlorothiazide (Dutoprol®)	
		Metoprolol/HCTZ (Generic Only)	Metoprolol Tartrate (Lopressor®) – Brand Only	
		Metoprolol Succinate ER (Generic Only)	Metoprolol Tartrate/ Hydrochlorothiazide (Lopressor HCT®)	
		Nadolol – Generic Only	Nadolol (Corgard®)	
		Nebivolol (Bystolic®)	Nadolol/Bendroflumethiazide	
		Propranolol	Nadolol / Bendroflumethiazide (Corzide®)	
		Propranolol LA (Generic Only)	Penbutolol (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®)	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
			Nifedipine IR	
			Nimodipine	
			Nisoldipine	
			Verapamil Capsule (360 mg)	
			Verapamil ER (Covera HS®)	
			Verapamil ER PM	
			Verapamil SR (Calan SR®)	
			Verapamil SR (Verelan)	
	ANTICOAGULANTS			
	Platelet Aggregation Inhibitors	Aspirin/Dipyridamole ER (Aggrenox®)	Prasugrel (Effient®)	
		Clopidogrel (Plavix®)	Ticlopidine	
		Dipyridamole	Ticagrelor (Brilinta)	
	Anticoagulants	Dabigatran (Pradaxa®)	Enoxaparin (Generic)	
		Dalteparin (Fragmin®)	Fondaparinux	
		Enoxaparin (Lovenox®) – Brand Only	Fondaparinux (Arixtra®)	
		Rivaroxaban (Xarelto®)	Warfarin (Coumadin®) – Brand Only	
		Warfarin (Generic)		
	PULMONARY ARTERIAL HYPERTENSION (PAH)	Ambrisentan (Letairis®)	Sildenafil (Revatio®)	
		Bosentan (Tracleer®)	Treprostinil (Tyvaso®)	
		Iloprost (Ventavis®)		
		Tadalafil (Adcirca®)		

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
13	HEMATOLOGIC AGENTS			
	HEMATOPOIETIC AGENTS			
	Erythropoietins	Darbepoetin (Aranesp®)	Epoetin alfa (Epogen®)	
		Epoetin alfa (Procrit®)		
	Anticoagulants - refer to			
	HEART DISEASE			
14	HEMODIALYSIS			
	Phosphate Binders	Calcium Acetate (Eliphos®)	Calcium Acetate (Generics)	
		Sevelamer HCL (RenaGel®)	Calcium Acetate (PhosLo®)	
			Calcium Acetate (Phoslyra®)	
			Calcium Carbonate/Magnesium Carbonate/FA (Magenebind 400 Rx®)	
			Lanthanum (Fosrenol®)	
			Sevelamer Carbonate (Renvela®)	
15	HORMONE THERAPY			
	Androgenic Agents	Testosterone Transdermal Patch (Androderm®)	Testosterone (Axiron®)	
		Testosterone Gel 1% (Androgel®)	Testosterone Gel (Fortesta®)	
		Testosterone Gel 1% (Testim®)		
	PITUITARY SUPPRESSIVE AGENTS	Leuprolide Acetate (Lupron Depot®) – Brand Only	Goserelin Acetate (Zoladex®)	
		Leuprolide Acetate (Lupron Depot Kit®)	Histrelin (Supprelin LA®)	
		Leuprolide Acetate (Lupron Depot-Ped®)	Histrelin (Vantas)	
		Leuprolide Acetate (Lupron Depot-Ped Kit®)	Leuprolide Acetate (Generic)	
			Leuprolide Acetate Kit (Eligard®)	
			Nafarelin Acetate Nasal Solution (Synarel®)	
			Triptorelin Pamoate (Trelstar®, Trelstar LA®, Trelstar Depot®)	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
	HYPERLIPIDEMIA - REFER TO HEART DISEASE			
	IMMUNE DISORDERS - REFER TO MULTIPLE SCLEROSIS			
16	INFECTIOUS DISORDERS			
	ANTIBIOTICS	Amoxicillin/Clavulanate Suspension	Amoxicillin/Clavulanate (Augmentin Tablet®)	
	Cephalosporin and Related	Amoxicillin/Clavulanate Tablets	Amoxicillin/Clavulanate (Augmentin XR®)	
	Antibiotics	Cefadroxil Capsule	Amoxicillin/Clavulanate ER	
		Cefdinir Suspension	Amoxicillin/Clavulanate Susp (Augmentin 125 & 250)	
		Cefixime (Suprax®)	Cefaclor	
		Cefprozil	Cefaclor ER 500 mg	
		Cefuroxime tablets	Cefadroxil Suspension	
		Cephalexin	Cefadroxil Tablet	
			Cefdinir Capsule	
			Cefditoren Pivoxil (Spectracef®)	
			Ceftibuten (Cedax®)	
			Cephalexin (Keflex 250, 500 & 750®)	
			Cefpodoxime	
			Cefuroxime Axetil Susp (Ceftin®)	
	Fluoroquinolones	Ciprofloxacin Tablets	**ORAL**	
		Levofloxacin Tablets (Generic)	Ciprofloxacin Suspension (Cipro Suspension®)	
			Cipro Tablet	
			Ciprofloxacin ER	
			Ciprofloxacin ER (Proquin XR®)	
			Gemifloxacin (Factive®)	
			Levofloxacin Solution	
			Levofloxacin (Levaquin®) – Brand Only	
			Moxifloxacin (Avelox®)	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
			Norfloxacin (Noroxin®)	
			Ofloxacin	
	Antibiotics, Gastrointestinal	Metronidazole Tablet		
		Neomycin	Fidaxomicin (Dificid®)	
		Nitazoxanide (Alinia®)	Metronidazole Capsule	
			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)		
		Clarithromycin Tablet	Azithromycin (Zithromax®)	
		Erythromycin Tablet (Ery-Tab®)	Azithromycin ER (Zmax®)	
		Erythromycin Base Tablet	Clarithromycin (Biaxin Tablet®)	
		Erythromycin Stearate (Erythrocin®)	Clarithromycin ER	
			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)		
		Doxycycline Monohyrate 100 mg capsule (Generic Only)	Demeclocycline	
		Minocycline Cap	Doxycycline Calcium Suspension (Vibramycin®)	
		Tetracycline	Doxycycline Hyclate (Doryx®)	
			Doxycycline Hyclate Tablet DR (generic)	
			Doxycycline Hyclate DR (Morgidox)	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
			Doxycycline Monohyrate 50 mg capsule	
			Doxycycline Monohyrate 75 mg capsule	
			Doxycycline Monohyrate 100 mg capsule (Monodox®) – Brand Only	
			Doxycycline Monohyrate 150 mg capsule	
			Doxycycline Monohyrate Tablet	
			Doxycycline DR (Oracea®)	
			Minocycline ER - generic	
			Minocycline Tab	
	Vaginal	Clindamycin Vaginal Cream		
		Clindamycin Vaginal Ovules (Cleocin®)	Clindamycin Vaginal Cream (Cleocin®)	
		Metronidazole Vaginal Gel	Clindamycin Vaginal Cream (Clindesse®)	
		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	Fluconazole (Diflucan Tablet®)	
		Griseofulvin Suspension	Flucytosine (Ancobon®)	
		Griseofulvin (Gris-Peg®)	Griseofulvin Tablets (Grifulvin V®)	
		Ketoconazole	Itraconazole	
		Nystatin	Itraconazole Solution (Sporanox®)	
		Terbinafine (no granules)	Nystatin Powder (Oral)	
			Posaconazole (Noxafil®)	
			Terbinafine (Terbinex®)	
			Terbinafine Granules (Lamisil Granules®)	
			Voriconazole (Generic)	
			Voriconazole (VFEND®)	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
	HEPATITIS AGENTS			
	Hepatitis C Agents	Boceprevir (Victrelis®)	Consensus Interferon (Infergen®)	
		Ribavirin Tablet	Peginterferon alfa 2B (Peg-Intron®)	
		Peginterferon alfa 2A (Pegasys®)	Peginterferon alfa 2B (Peg-Intron Redipen®)	
		Telaprevir (Incivek®)	Ribavirin Capsule	
			Ribavirin (Ribasphere, Ribasphere Ribapak)	
			Ribavirin (Rebetol)	
17	MULTIPLE SCLEROSIS	Glatiramer (Copaxone®)	Dalfampridine (Ampyra®)	
	Multiple Sclerosis Agents	Interferon beta - 1a (Avonex®)	Fingolimod (Gilenya®)	
	(Immunomodulatory Agents)	Interferon beta - 1a (Rebif®)	Interferon beta-1b (Extavia®)	
		Interferon beta - 1b (Betaseron®)		
18	OPHTHALMIC DISORDERS			
	Allergic Conjunctivitis	Cromolyn Sodium	Alcaftadine (Lastacaft®)	
		Loteprednol (Alrex®)	Azelastine HC (Generic; Optivar®)	
		Olopatadine HCl (Pataday®)	Bepotastine (Bepreve®)	
			Emedastine Difumarate (Emadine®)	
			Epinastine (Generic; Elestat®)	
			Lodoxamide Tromethamine (Alomide®)	
			Nedocromil Sodium (Alocril®)	
			Olopatadine HCl (Patanol®)	
			Pemirolast Potassium (Alamast®)	
	Glaucoma Agents			
	Intraocular Pressure (IOP)	Betaxolol	Apraclonidine (Generic; Iopidine®)	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
	Reducers	Betaxolol (Betoptic S®)	Bimatroprost (Lumigan 2.5ml; 5ml; 7.5ml®)	
		Brimonidine 0.15% (Alphagan P 0.15% - Brand Only)	Brimonidine 0.1% (Alphagan P 0.1%®)	
		Brimonidine 0.2% (Generic)	Brimonidine 0.15% (Generic only)	
		Brimonidine/Timolol (Combigan®)	Dorzolamide (Trusopt® - Brand Only)	
		Brinzolamide (Azopt®)	Dorzolamide/Timolol (Cosopt® - Brand Only)	
		Carteolol	Latanoprost (Xalatan® - Brand Only)	
		Dorzolamide (Generic only)	Levobunolol (Betagan® - Brand Only)	
		Dorzolamide/Timolol (Generic only)	Timolol (Timoptic®)	
		Latanoprost (Generic only)		
		Levobunolol (Generic only)		
		Metipranolol (Generic; Optipranolol®)		
		Pilocarpine		
		Timolol (Generic; Betimol®)		
		Timolol LA (Istalol®)		
		Travoprost (Travatan Z®)		
	Ophthalmics, Antibiotic	Besifloxacin (Besivance®)		
		Ciprofloxacin Ointment (Ciloxan®)	Azithromycin (AzaSite®)	
		Ciprofloxacin Solution (Generic)	Bacitracin	
		Erythromycin	Bacitracin/Polymyxin B Ointment	
		Garamycin Drops	Gatifloxacin 0.5% (Zymaxid®)	
		Garamycin Ointment	Levofloxacin (Generic; Iquix; Quixin®)	
		Gatifloxacin 0.3% (Zymar®)	Natamycin (Natacyn®)	
		Gentamicin Drops	Neomycin-Polymyxin-Gramacidin	
		Gentamicin Ointment	Ofloxacin Solution (Ocuflox® - Brand Only)	
		Moxifloxacin (Moxeza; Vigamox®)		
		Neomycin-Polymyxin-Bacitracin Ointment		
		Ofloxacin Solution (Generic Only)		
		Polymyxin B/Trimethoprim (Generic; Polytrim®)		
		Sulfacetamide (Generic; Bleph-10®)		
		Tobramycin (Generic; Tobrex®)		
	Ophthalmics, Antibiotic- Steroid Combos	Gentamicin/Prednisolone (Pred-G;Pred-G S.O.P. ®)	Neomycin/Polymyxin B/Hydrocortisone	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
		Neomycin/Polymyxin B/Dexamethasone	Neomycin/Bacitracin/Polymyxin B/Hydrocortisone	
		Sulfacetamide/Prednisolone Ointment (Blephamide S.O.P. ®)	Tobramycin/Dexamethasone Suspension (Generic)	
		Sulfacetamide/Prednisolone Solution (Generic; Blephamide®)	Tobramycin/Dexamethasone ST (Tobradex ST®)	
		Tobramycin/Dexamethasone Ointment (Tobradex®)		
		Tobramycin/Dexamethasone Suspension (Tobradex®)		
		Tobramycin/Loteprednol (Zylet®)		
	Ophthalmics, Anti-Inflammatories	Dexamethasone (Generic; Maxidex®)	Bromfenac (Generic; Bromday; Xibrom®)	
		Diclofenac	Difluprednate (Durezol®)	
		Fluorometholone 0.1% Ointment (FML S.O.P. ®)	Fluorometholone 0.1% Suspension (FML® - Brand Only)	
		Fluorometholone 0.1% Suspension (Generic)	Fluorometholone Acetate 0.1% Solution (Flarex®)	
		Fluorometholone 0.25% Suspension (FML Forte®)	Ketorolac (Generic; Acular®)	
		Flurbiprofen	Ketorolac LS (Generic; Acular LS®)	
		Loteprednol Drops (Lotemax®)	Ketorolac (Acuvail®)	
		Loteprednol Ointment (Lotemax®)	Nepafenac (Nevanac®)	
		Prednisolone Acetate 0.12% Solution (Generic; Pred Mild®)	Prednisolone Acetate 1% (Pred Forte®)	
		Prednisolone Acetate 1% (Generic)	Prednisolone Sodium Phosphate	
			Rimexolone (Vexol®)	
19	OPIATE DEPENDENCE AGENTS	Buprenorphine/Naloxone Filmtab (Suboxone®)	Buprenorphine Subling Tab (Generic)	
		Buprenorphine/Naloxone Subling Tab (Suboxone®)	Buprenorphine Subling Tab (Subutex®)	
			Naltrexone Extended-Release Injectable Suspension (Vivitrol®)	
20	OTIC AGENTS			
	Otic Antibiotics	Ciprofloxacin/Dexamethasone (Ciprodex®)	Ciprofloxacin (Cetraxal OTIC®)	
		Neomycin/Polymixin/HC (Generic; Cortisporin®)	Ciprofloxacin/Hydrocortisone (Cipro HC OTIC®)	
		Ofloxacin (Generic; Floxin®)	Neomycin/Colistin/Thonzonium/HC (Coly-Mycin S®)	
			Neomycin/Colistin/Thonzonium/HC (Cortisporin TC®)	
	Otic Anti-Infectives and Anesthetics	Acetic Acid	Acetic Acid/HC	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
		Acetic Acid/Aluminum	Antipyrine/Benzocaine/Policosanol (Otic Care®)	
		Antipyrine/Benzocaine	Antipyrine/Benzocaine/Zinc (Neotic; Otozin®)	
		Benzocaine (Pinnacaine®)	Chloroxylenol/Benzocaine/Hydrocortisone (Myoxin; Trioxin®)	
		Chloroxylenol/Pramoxine	Chloroxylenol/Pramoxine/Zinc/Glycerine (Zinotic; Zinotic ES®)	
		Chloroxylenol/Pramoxine (Pramotic®)		
		Pramoxine HC		
21	OSTEOPOROSIS			
	Bone Resorption Suppression	Alendronate Tablets (Generic)	Alendronate (Fosamax®) – Brand Only	
	Agents	Calcitonin-Salmon Nasal (Miacalcin®) – Brand Only	Alendronate Solution (Fosamax Solution®)	
			Alendronate/Vit D (Fosamax Plus D®)	
			Calcitonin-Salmon Nasal (Fortical®)	
			Calcitonin - Salmon Nasal (Generics)	
			Denosumab (Prolia®)	
			Etidronate Disodium (Generics)	
			Etidronate (Didronel®)	
			Ibandronate Sodium (Boniva®)	
			Raloxifene (Evista®)	
			Risendronate (Actonel®)	
			Risendronate DR (Atelvia®)	
			Teriparatide Subcutaneous (Forteo®)	
22	PAIN MANAGEMENT			
	Analgesics/Anesthetic, Topical	Diclofenac Sodium Gel (Voltaren®)	Diclofenac Epolamine Patch (Flector®)	
		Lidocaine Patch (Lidoderm®)	Diclofenac Sodium (Pennsaid®)	
	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®)	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
		Codeine	Codeine/Acetaminophen (Tylenol #3, Tylenol #4)	
		Dihydrocodeine Bitartrate/Acetaminophen/Caffeine (Generics)	Dihydrocodeine Bitartrate/Aspirin/Caffeine (Synalgos DC®)	
		Hydrocodone/Acetaminophen (Generic)	Dihydrocodeine Bitartrate/Acetaminophen/Caffeine (Trezix®)	
		Hydrocodone/Ibuprofen (Generic)	Fentanyl Buccal (Generics)	
		Hydromorphone Tablet	Fentanyl Buccal (Actiq®)	
		Morphine Solution, IR Tablet	Fentanyl Buccal (Fentora®)	
		Oxycodone	Fentanyl Buccal (Onsolis®)	
		Oxycodone (Roxicodone®)	Fentanyl Sublingual (Abstral®)	
		Oxycodone/Acetaminophen	Hydrocodone/Acetaminophen (Hycet®)	
		Oxycodone/Acetaminophen (Roxicet®)	Hydrocodone/Acetaminophen (Xodol®)	
		Oxycodone w/Aspirin	Hydrocodone/Acetaminophen (Lorcet®)	
		Oxycodone/Ibuprofen	Hydrocodone/Acetaminophen (Lortab®)	
		Pentazocine/Acetaminophen	Hydrocodone/Acetaminophen (Norco®)	
		Pentazocine/Naloxone	Hydrocodone/Acetaminophen (Vicodin®)	
		Tramadol (Generic)	Hydrocodone/Acetaminophen (Zamicet®)	
		Tramadol/Acetaminophen (Generic)	Hydrocodone/Acetaminophen (Zolvit®)	
			Hydrocodone/Acetaminophen (Zydone®)	
			Hydrocodone/Ibuprofen (Ibudone®)	
			Hydrocodone/Ibuprofen (Reprexain®)	
			Hydrocodone/Ibuprofen (Vicoprofen®)	
			Hydromorphone (Dilaudid®)	
			Hydromorphone Suppositories	
			Levorphanol	
			Meperidine	
			Meperidine (Demerol®)	
			Morphine Concentrate Solution	
			Morphine Suppositories	
			Opium Tincture	
			Oxycodone/Acetaminophen (Magnacet®)	
			Oxycodone/Acetaminophen (Percocet®)	
			Oxycodone/Acetaminophen (Primalev®)	
			Oxycodone/Acetaminophen (Xolox®)	
			Oxycodone/Aspirin (Percodan®)	
			Oxycodone (Oxecta®)	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
			Oxycodone Concentrate	
			Oxymorphone	
			Oxymorphone (Numorphan®)	
			Oxymorphone IR (Opana®)	
			Tapentadol (Nucynta®)	
			Tramadol ODT (Rybix ODT®)	
			Tramadol (Ultram®) – Brand Only	
			Tramadol / Acetaminophen (Ultracet®) – Brand Only	
	Analgesics, Narcotics Long Acting	Fentanyl Transdermal		
		Methadone HCL	Buprenorphine Transdermal (Butrans®)	
		Morphine Sulfate ER (Generic)	Fentanyl Transdermal (Duragesic)	
		Morphine Sulfate (Kadian®)	Hydromorphone ER (Exalgo®)	
			Morphine Sulfate ER (Avinza®)	
			Morphine Sulfate ER (Kadian ER®)	
			Morphine Sulfate ER (MS Contin®)	
			Oxycodone (OxyContin®)	
			Oxymorphone ER	
			Oxymorphone ER (Opana ER®)	
			Tramadol ER	
			Tramadol ER (Conzip®)	
			Tramadol ER (Ryzolt®)	
			Tramadol ER (Ultram ER®)	
			Tapentadol Extended Release (Nucynta ER®)	
	Nonsteroidal Anti - Inflammatories	Diclofenac Potassium Oral (Generic)		
	(NSAIDs)	Diclofenac Sodium Oral (Generic)	Celecoxib (Celebrex®)	
		Esomeprazole/Naproxen (Vimovo®)	Diclofenac/Misoprostol (Arthrotec®)	
		Etodolac	Diclofenac Potassium (Zipsor®)	
		Flurbiprofen	Diclofenac SR	
		Ibuprofen Rx Suspension (Generic)	Diflunisal (Generic; Dolobid®)	
		Ibuprofen Rx Tablet (Generic)	Duexis	
			Etodolac SR	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
		Indomethacin Capsule (Generic only)	Fenoprofen (Generic; Nalfon®)	
		Indomethacin Suspension (Indocin®)	Indomethacin Rectal (Indocin®)	
		Ketoprofen	Indomethacin ER Capsule (Generic)	
		Ketorolac	Ketoprofen ER	
		Meloxicam Suspension (Mobic® Brand Only)	Ketorolac Nasal Spray (Sprix®)	
		Meloxicam Tablet (Generic only)	Meclofenamate	
		Naproxen EC (Generic only)	Mefenamic Acid (Generic; Ponstel®)	
		Naproxen Sodium	Meloxicam Suspension (Generic only)	
		Naproxen Suspension (Generic only)	Meloxicam Tablet (Mobic® Brand Only)	
		Naproxen Tablet (Generic only)	Nabumetone	
		Oxaprozin	Naproxen EC (Naprosyn® - Brand Only)	
		Piroxicam (Generic; Feldene®)	Naproxen Suspension (Naprosyn® - Brand Only)	
		Sulindac	Naproxen Tablet (Naprosyn® - Brand Only)	
			Naproxen 500mg (Naprelan®)	
			Tolmetin Capsule	
			Tolmetin Tablet	
	Antimigraine Agents,	Eletriptan (Relpax®)		
	Triptans	Rizatriptan (Maxalt®)	Almotriptan (Axert®)	
		Rizatriptan (Maxalt MLT®)	Diclofenac (Cambia®)	
		Sumatriptan (Imitrex® Injection) – Brand only	Frovatriptan (Frova®)	
		Sumatriptan (Imitrex ® Nasal) – Brand only	Naratriptan	
		Sumatriptan (Oral – Generic only)	Sumatriptan (Sumavel DosePro®)	
			Sumatriptan Injection – Generic only	
			Sumatriptan Nasal – Generic only	
			Sumatriptan (Imitrex Oral) – Brand only	
			Sumatriptan/Naproxen (Treximet®)	
			Zolmitriptan (Zomig®)	
			Zolmitriptan (Zomig ZMT®)	
			Zolmitriptan (Zomig® Nasal)	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
	Skeletal Muscle Relaxants	Baclofen	Carisoprodol	
		Chlorzoxazone	Carisoprodol Compound	
		Cyclobenzaprine	Carisoprodol (Soma 250 mg®)	
		Methocarbamol	Chlorzoxazone (Lorzone)	
		Tizanidine (generics)	Chlorzoxazone (Parafon Forte DSC)	
			Cyclobenzaprine (Fexmid®)	
			Cyclobenzaprine ER (Generic)	
			Cyclobenzaprine ER (Amrix®)	
			Dantrolene Sodium	
			Metaxalone	
			Methocarbamol (Robaxin)	
			Orphenadrine	
			Orphenadrine Compound	
			Tizanidine (Zanaflex®)	
	Cytokine and CAM Antagonists	Adalimumab Injection (Humira IJ Kit; Humira Kit®)	Abatacept (Orencia Injection; Orencia Sub-Q®)	
		Certolizumab Pegol (Cimzia Kit; Syringe Kit®)	Alefacept Injection (Amevive®)	
		Etanercept Injection (Enbrel Kit; Pen; Disp Syringe®)	Anakinra Injection (Kineret®)	
			Golimumab (Simponi Pen; Disp Syringe®)	
			Infliximab Injection (Remicade®)	
			Tocilizumab (Actemra®)	
23	PARKINSON'S			
	Antiparkinson Agents -	Benztropine		
	Anticholinergic and Other	Carbidopa/ Levodopa	Bromocriptine	
		Carbidopa/ Levodopa ER (Generic Only)	Carbidopa/ Levodopa ER (Sinemet CR® - Brand Only)	
			Carbidopa/ Levodopa ODT	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
		Levodopa/Carbidopa/Entacapone (Stalevo®)	Entacapone (Comtan®)	
		Pramipexole (Generic)	Pramipexole (Mirapex®)	
		Ropinirole (Generic Only)	Pramipexole ER (Mirapex ER®)	
		Selegiline Tablet (Generic)	Rasagiline (Azilect®)	
		Trihexyphenidyl Elixir	Ropinirole (Requip® - Brand Only)	
		Trihexyphenidyl Tablet	Ropinirole ER (Requip XL®)	
			Selegiline Capsule	
			Selegiline (Zelapar®)	
			Tolcapone (Tasmar®)	
24	SEDATIVE/HYPNOTICS	Chloral Hydrate Syrup	Chloral Hydrate (Somnote®)	
		Temazepam (Generic)	Doxepin (Silenor®)	
		Triazolam (Generic Only)	Estazolam	
		Zaleplon (Generic Only)	Eszopiclone (Lunesta®)	
		Zolpidem (Generic Only)	Flurazepam	
			Quazepam (Doral®)	
			Ramelteon (Rozerem®)	
			Temazepam (Restoril®)	
			Temazepam 7.5mg (Generic; Restoril®)	
			Temazepam 22.5mg (Generic; Restoril®)	
			Triazolam (Halcion® - Brand Only)	
			Zalepon (Sonata – Brand Only)	
			Zolpidem (Ambien® - Brand Only)	
			Zolpidem Sublingual (Edluar; Zolpimist®)	
			Zolpidem ER (Generic; Ambien CR®)	
25	UROLOGY			
	INCONTINENCE			
	Bladder Relaxant Preparations	Fesoterodine Fumarate (Toviaz®)	Darifenacin (Enablex®)	
		Oxybutynin	Flavoxate	
		Solifenacin (VESIcare®)	Oxybutynin ER	

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2012
			Oxybutynin Gel (Gelnique Transdermal®)	
			Oxybutynin Transdermal (Oxytrol®)	
			Tolterodine (Detrol®)	
			Tolterodine ER (Detrol LA®)	
			Trospium	
			Trospium XR (Sanctura XR®)	
26	SMOKING CESSATION PRODUCTS			
	Smoking Cessation	Bupropion SR	Nicotine Inhaler (Nicotrol Inhaler®)	
		Nicotine Gum Buccal (Generic; Nicorette®)	Nicotine Lozenges OTC Buccal	
		Nicotine Lozenges (Nicorette Lozenges®)	Nicotine Lozenges OTC Mucous Membrane	
		Nicotine Transdermal (Generic Only)	Nicotine Nasal Spray (Nicotrol Nasal Spray®)	
			Nicotine Transdermal (Nicoderm CQ® - Brand Only)	
			Varenicline Dose Pack (Chantix Dose Pack®)	
			Varenicline Tablet (Chantix Tablet-®)	
27	PROSTATE			
	Benign Prostatic Hyperplasia Treatment (BPH)	Alfuzosin (Uroxatral®) – Brand Only	Alfuzosin (Generic)	
		Doxazosin	Doxazosin XL (Cardura XL®)	
		Finasteride	Dutasteride (Avodart®)	
		Tamsulosin (Generic)	Dutasteride/Tamsulosin (Jalyn®)	
		Terazosin	Silodosin (Rapaflo®)	
			Tamsulosin (Flomax) – Brand Only	