

# Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
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1	<b>ADD/ADHD</b>			
	<b>Stimulants and Related Agents</b>	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)	Dextroamphetamine Sulfate Tablet (Dexedrine®)	
		Guanfacine ER Tablet (Generic)	Dextroamphetamine IR Tablet (Zenedi®)	
		Lisdexamfetamine Capsule (Vyvanse®)	Dextroamphetamine Solution (Generic)	
		Methylphenidate IR (Generic)	Dextroamphetamine/Amphetamine (Dyanavel XR®)	
		Methylphenidate ER Capsule (Metadate CD®)	Guanfacine ER Tablet (Intuniv®)	
		Methylphenidate ER Tablet (Generic; Generic Concerta; Authorized Generic Concerta; Metadate ER®)	Methamphetamine (Generic; Desoxy®)	
		Methylphenidate ER Susp (Quillivant XR®)	Methylphenidate IR (Ritalin®)	
			Methylphenidate Solution (Generic; Authorized Generic; Methylin®)	
			Methylphenidate IR Chew Tab (Generic; Methylin® Chewable)	
			Methylphenidate ER Chew (Quillichew ER®)	
			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	<b>ALLERGY</b>			
	<b>Antihistamines - Minimally Sedating</b>	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®)	

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			Desloratadine/Pseudoephedrine (Clarinet-D 12 -hour®)	
			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)	
	<b>Rhinitis Agents, Nasal</b>	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®)	
			Fluticasone/Sodium Chloride/Sodium Bicarb (Ticanase®)	
			Ipratropium Bromide Nasal Spray (Atrovent®)	
			Olopatadine Nasal Spray (Generic; Authorized Generic)	
			Triamcinolone Nasal Spray (Generic)	
<b>3</b>	<b>ALZHEIMER'S</b>			
	<b>Alzheimer's Agents</b>	Donepezil (Generic)	Donepezil (Aricept®)	
	<b>Cholinesterase Inhibitors</b>	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®)	

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			Memantine Tablet (Namenda®; Namenda Titration Pack®)	
			Memantine Cap ER (Namenda XR®; Namenda XR® Titration Pack)	
			Rivastigmine Capsule (Generic; Exelon®)	
<b>4</b>	<b>ANTIPSYCHOTIC AGENTS</b>		<b>ORAL</b>	
	<b>Antipsychotic Agents</b>	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)	Cariprazine Capsule (Vraylar®)	
		Loxapine Cap (Generic)	Clozapine Tablet (Clozaril®)	
		Lurasidone Tab (Latuda®)	Clozapine Suspension (Versacloz®)	
		Olanzapine Tablet (Generic)	Clozapine ODT (Authorized Generic; Fazaclo®)	
		Olanzapine ODT (Generic)	Fluphenazine Elixir/Solution (Generic)	
		Perphenazine Tab (Generic)	Iloperidone Tablet (Fanapt®; Fanapt Titration Pack®)	
		Pimozide Tab (Orap®)	Loxapine Inh (Adasuve®)	
		Quetiapine Tablet (Generic)	Olanzapine Tablet (Zyprexa®)	
		Quetiapine ER Tablet (Seroquel XR®)	Olanzapine ODT (Zyprexa Zydis®)	
		Risperidone Solution (Generic)	Olanzapine/Fluoxetine (Generic; Symbyax®)	
		Risperidone Tablet (Generic)	Paliperidone ER Tab (Invega®)	
		Thioridazine Tablet (Generic)	Quetiapine Tablet (Seroquel®)	
		Thiothixene Capsule (Generic)	Risperidone ODT (Generic; Risperdal M®)	
		Trifluoperazine Tablet (Generic)	Risperidone Solution (Risperdal®)	
		Ziprasidone Capsule (Generic)	Risperidone Tablet (Risperdal®)	
			Ziprasidone Cap (Geodon®)	
			<b>INJECTIONS</b>	
		Fluphenazine Decanoate Injection (Generic)	Aripiprazole Intramuscular (Abilify®)	
		Haloperidol Decanoate Injection (Generic)	Aripiprazole Intramuscular ER (Abilify Maintena®)	
		Haloperidol Lactate Injection (Generic)	Aripiprazole Lauroxil Intramuscular (Aristada®)	
		Paliperidone (Invega Sustenna®)	Haloperidol Decanoate (Haldol®)	

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		Paliperidone (Invega Trinza®)	Haloperidol Lactate (Haldol®)
		Risperidone (Risperdal Consta®)	Olanzapine Intramuscular Solution (Generic; Zyprexa®)
		Ziprasidone Intramuscular (Geodon®)	Olanzapine Intramuscular Suspension (Zyprexa Relprevv®)
5	<b>ASTHMA/COPD</b>		
	<b>Bronchodilator, Beta-Adrenergic Agents</b>		
			<b><u>INHALATION</u></b>
		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®)
			<b><u>ORAL</u></b>
		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)
	<b>Bronchodilator, Anticholinergics (COPD)</b>		<b><u>INHALATION</u></b>
		Albuterol Sulfate/Ipratropium (Combivent Respimat®)	Acidinium Bromide Inhalation Powder (Tudorza Pressair®)
		Albuterol Sulfate/Ipratropium Nebulizer Solution (Generic)	Glycopyrrolate (Seebri Neohaler®)
		Ipratropium Inhalation Aerosol MDI (Atrovent HFA®)	Indacaterol/Glycopyrrolate (Utibron Neohaler®)
		Ipratropium Nebulizer Solution (Generic)	Tiotropium Inhalation Solution (Spiriva Respimat®)
		Tiotropium Inhalation Powder (Spiriva®)	Tiotropium/Olodaterol (Stiolto Respimat®)
			Umeclidinium (Incruse Ellipta®)
			Umeclidinium/Vilanterol (Anoro Ellipta®)

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		<u>ORAL</u>	
		NONE	Roflumilast (Daliresp®)
	<b>Glucocorticoids, Inhalation</b>	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®)
	<b>Leukotriene Modifiers</b>	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® Filmstab)
			Zileuton CR Tablet (Zyflo CR®)
<b>6</b>	<b>DEPRESSION</b>	Bupropion HCl IR (Generic)	Bupropion HBr ER (Aplenzin®)
	<b>Antidepressants, Other</b>	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®)

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			Mirtazapine Tablet (Remeron®)	
			Mirtazapine ODT (Remeron ODT®)	
			Nefazodone Tablet (Generic)	
			Phenelzine (Generic; Nardil®)	
			Selegiline Patch (Emsam®)	
			Tranylcypromine Sulfate (Generic; Parnate®)	
			Trazodone ER (Oleptro ER®)	
			Venlafaxine ER Capsule (Effexor XR®)	
			Venlafaxine ER Tablet (Generic; Authorized Generic: Schwarz, Upstate)	
			Vilazodone (Viibryd®; Viibryd® Dose Pack)	
			Vortioxetine (Brintellix®)	
	<b>Selective Serotonin</b>	Citalopram Solution (Generic)	Citalopram Tablet (Celexa®)	
	<b>Reuptake Inhibitors (SSRIs)</b>	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®)	
<b>7</b>	<b>DERMATOLOGY</b>	Clotrimazole Rx Cream; Solution	Butenafine (Mentax®)	
	<b>Antifungals - Topical</b>	Clotrimazole/Betamethasone Cream (Generic)	Ciclopirox Cream (Generic)	
		Ketoconazole Rx Cream; Shampoo (Generic)	Ciclopirox Gel (Generic)	
		Nystatin Cream; Ointment; Powder (Generic)	Ciclopirox Shampoo (Loprox®; Generic)	
		Nystatin/Triamcinolone Cream; Ointment	Ciclopirox Solution (Generic)	

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			Ciclopirox Solution Kit (CNL8®; Generic)	
			Ciclopirox Suspension (Generic)	
			Clotrimazole/Betamethasone Lotion (Generic)	
			Clotrimazole/Betamethasone Cream (Lotrisone®)	
			Econazole Cream (Generic)	
			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®)	
	<b>Antiparasitic Agents, Topical</b>	Benzyl Alcohol (Ulesfia®)	Crotamiton Cream; Lotion (Eurax®)	
		Permethrin Cream (Generic)	Lindane Lotion; Shampoo (Generic)	
		Ivermectin (Sklice®)	Malathion Lotion (Generic; Ovide®)	
		Spinosad (Natroba®)	Spinosad (Generic)	
	<b>Antipsoriatics, Oral</b>	Acitretin Cap (Soriatane®)	Acitretin Cap (Authorized Generic; Generic)	
			Methoxsalen Rapid (Generic; OxSORALEN-Ultra®)	
			Methoxsalen (8-MOP®)	
	<b>Antipsoriatics, Topical</b>	Calcipotriene Ointment (Generic)	Calcipotriene Cream (Dovonex®)	
		Calcipotriene Solution (Generic)	Calcipotriene Foam (Sorilux®)	

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		Calcipotriene Cream (Generic)	Calcipotriene Ointment (Calcitrene®)
			Calcipotriene/Betamethasone Dipropionate Ointment (Generic; AG; Taclonex®)
			Calcipotriene/Betamethasone Dipropionate Scalp (Taclonex Scalp®)
			Calcitriol Ointment (Generic; Vectical®)
	<b>Antiviral Agents, Topical</b>	Acyclovir Cream (Zovirax®)	Acyclovir Ointment (Zovirax®; Generic)
		Penciclovir Cream (Denavir®)	Acyclovir/Hydrocortisone (Xerese®)
	<b>Atopic Dermatitis Immunomodulators</b>	Pimecrolimus Cream (Elidel®)	Tacrolimus Ointment (Generic; Authorized Generic; Protopic®)
	<b>Antibiotics, Topical</b>	Mupirocin Ointment (Generic)	Gentamicin Sulfate Cream, Ointment (Generic)
			Mupirocin Cream (Bactroban®; Generic; Authorized Generic)
			Mupirocin Ointment (Bactroban®)
			Mupirocin Ointment (Centany®)
			Mupirocin Ointment (Centany® Kit)
			Neomycin/Polymyxin/Pramoxine
			Retapamulin (Altabax®)
	<b>Emollients</b>	Ammonium Lactate Cream; Lotion (Generic)	Atopiclair® Cream
			Biafine® Emulsion
			Bionect® Foam
			Eletone® 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



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			HPR Plus Hydrogel Kit	
			HPR Plus® - MB Hydrogel Kit	
			MB Hydrogel Kit	
			Promiseb® Cream	
			TL Triseb Cream	
	<b>Immunomodulators, Topical</b>	Imiquimod Cream (Aldara®)	Imiquimod 5% Cream Packet (Generic)	
			Imiquimod 3.75% Cream Packet; 2.5%, 3.75% Cream Pump (Zyclara®)	
	<b>STEROIDS, TOPICAL</b>			
	<b>Low Potency</b>	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®)	
	<b>Medium Potency</b>	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)	

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			Hydrocortisone Butyrate Solution (Authorized Generic)	
			Hydrocortisone Butyrate Cream; Ointment (Generic)	
			Hydrocortisone Butyrate/Emollient (Generic; Authorized Generic)	
			Hydrocortisone Probutate Cream (Pandel®)	
			Hydrocortisone Valerate Cream; Ointment (Generic)	
			Mometasone Furoate Cream; Ointment; Lotion (Elocon®)	
			Prednicarbate Ointment (Generic; Dermatop®)	
	<b>High Potency</b>	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®)	
			Triamcinolone Aceton/Silicone Gel Sheet (DermacinRx Silazone®; Silazone-II®)	
	<b>Very High Potency</b>	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®)	

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			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®)	
<b>8</b>	<b>DIABETES</b>			
	<b>Hypoglycemics, Meglitinides</b>	Nateglinide (Generic)	Nateglinide (Starlix®)	
		Repaglinide (Generic)	Repaglinide (Prandin®)	
			Repaglinide/Metformin (Prandimet®; Generic)	
	<b>Hypoglycemics, Thiazolidinediones (TZDs)</b>	Pioglitazone (Generic)	Pioglitazone (Actos®)	
			Pioglitazone/Glimepiride (Duetact®; Authorized Generic; Generic)	
			Pioglitazone/Metformin (Actoplus Met®; Generic)	
			Pioglitazone/Metformin ER (Actoplus Met XR®)	
			Rosiglitazone (Avandia®)	
	<b>Hypoglycemics</b>	Insulin Aspart Pens; Cartridge; Vial (Novolog®)	Insulin Degludec 100 units/ml; 200 units/ml Pens (Tresiba® Flextouch)	
	<b>Insulins &amp; Related Agents</b>	Insulin Aspart/Insulin Aspart Protamine Pens; Vial (Novolog Mix 70/30®)	Insulin Glargine Pen (Toujeo SoloStar®)	
		Insulin Detemir Pens; Vial (Levemir®)	Insulin Glulisine Pens; Vial (Apidra®)	
		Human Insulin Vial (Humulin®)	Human Insulin Pens (Humulin®)	
		Human Insulin Regular 500 units/ml Vial (Humulin® R U-500)	Human Insulin Regular 500 units/ml Pens (Humulin® R U-500)	
		Human Insulin Vial (Novolin®)	Insulin Isophane (NPH) Insulin Regular Pens (Humulin 70/30®)	
		Insulin Glargine Pens; Vial (Lantus®)	Insulin Lispro 200 units/ml Pen (Humalog®)	
		Insulin Isophane (NPH) Insulin Regular Vial (Novolin 70/30®)	Insulin Regular Powder Cartridge (Afrezza®)	
		Insulin Isophane (NPH) Insulin Regular Vial (Humulin 70/30®)		
		Insulin Lispro Pens; Vial; Cartridge (Humalog®)		
		Insulin Lispro/Protamine Lispro Pens; Vial (Humalog Mix®)		

# Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
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	<b>Hypoglycemics</b>	Exenatide Subcutaneous; Pens (Bydureon®)	Albiglutide (Tanzeum®)
	<b>Incretin Mimetics/Enhancers</b>	Exenatide Pens (Byetta®)	Alogliptin (Nesina®)
		Linagliptin/Metformin (Jentadueto®)	Alogliptin/Metformin (Kazano®)
		Linagliptin (Tradjenta®)	Alogliptin/Pioglitazone (Oseni®)
		Liraglutide (Victoza®)	Dulaglutide Pen (Trulicity®)
		Sitagliptin (Januvia®)	Empagliflozin/Linagliptin Tablet (Glyxambi®)
		Sitagliptin/Metformin (Janumet®)	Pramlintide Pens (Symlin®)
		Sitagliptin/Metformin ER (Janumet XR®)	Saxagliptin/Metformin ER (Kombiglyze XR®)
			Saxagliptin (Onglyza®)
	<b>Hypoglycemics</b>	Canagliflozin (Invokana)	Dapagliflozin (Farxiga®)
	<b>Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors</b>	Canagliflozin/Metformin (Invokamet®)	Dapagliflozin/Metformin Tablet (Xigduo XR®)
			Empagliflozin (Jardiance®)
			Empagliflozin/Metformin Tablet (Synjardy®)
	<b>Hypoglycemics</b>	Glimepiride (Generic)	Chlorpropamide (Generic)
	<b>Sulfonylureas</b>	Glipizide (Generic)	Glimepiride (Amaryl®)
		Glipizide ER (Generic)	Glipizide (Glucotrol®)
		Glyburide (Generic)	Glipizide ER (Glucotrol XL®)
		Glyburide Micronized (Generic)	Glyburide (Diabeta®)
			Tolazamide (Generic)
			Tolbutamide (Generic)
<b>9</b>	<b>DIGESTIVE DISORDERS</b>		
	<b>Antiemetic/Antivertigo Agents</b>	Aprepitant Capsule (Emend®)	Aprepitant Pack (Emend®)
		Meclizine Rx Tab (Generic)	Dimenhydrinate Inj
		Metoclopramide Vial; Syringe (Generic)	Dolasetron Oral (Anzemet®)
		Metoclopramide Tab; Soln (Generic)	Dolasetron Inj (Anzemet®)
		Ondansetron Tab; ODT Tab; Soln (Generic)	Doxylamine/Pyridoxine Tab (Diclegis®)
		Ondansetron Vial; Disp Syringe (Generic)	Dronabinol Oral (Marinol®; Generic)

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
		Prochlorperazine Inj (Generic)	Fosaprepitant Dimeglumine Inj (Emend®)	
		Prochlorperazine Oral (Generic)	Granisetron Oral (Generic)	
		Prochlorperazine Rectal (Generic)	Granisetron Inj (Generic)	
		Promethazine Amp; Vial (Phenergan®; Generic)	Granisetron Transdermal (Sancuso®)	
		Promethazine Tab; Syrup (Generic)	Metoclopramide Tab (Reglan®)	
		Promethazine Rectal 12.5, 25mg (Generic)	Metoclopramide Oral ODT (Generic; Metozolv®)	
		Scopolamine Transdermal (Transderm-Scop®)	Nabilone (Cesamet®)	
		Trimethobenzamide Oral	Netupitant/Palonosetron HCL Cap (Akynzeo®)	
			Ondansetron Amp (Generic; Zofran®)	
			Ondansetron Tab; ODT; Soln (Zofran®)	
			Ondansetron Oral (Zuplenz®)	
			Palonosetron Inj (Aloxi®)	
			Prochlorperazine Rectal (Compro®)	
			Promethazine Rectal 50 mg (Generic)	
			Rolapitant Oral (Varubi®)	
			Trimethobenzamide IM Inj (Tigan®)	
	<b>Bile Acid Salts</b>	Ursodiol Tablet (Generic)	Chenodiol Tablet (Chenodal®)	
			Cholic Acid Capsule (Cholban®)	
			Ursodiol 300 mg Capsule (Generic; Actigall®)	
			Ursodiol (URSO 250®; URSO Forte®)	
	<b>Histamine II Receptor Blockers</b>	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®)	
	<b>Pancreatic Enzymes</b>	Pancrelipase (Authorized Generic)	Pancreaze®	
		Pancrelipase (Creon®)	Pancrelipase (Pertzye®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
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		Pancrelipase (Zenpep®)	Pancrelipase (Ultresa®) Pancrelipase (Viokace®)	
	<b>Proton Pump Inhibitors</b>	Omeprazole Rx (Generic) Pantoprazole (Generic) Pantoprazole Suspension (Protonix®)	Dexlansoprazole (Dexilant®) Esomeprazole Capsule (Nexium®; Generic) Esomeprazole Suspension (Nexium®) Lansoprazole Capsule (Prevacid®; Generic) Lansoprazole Solutab (Prevacid®) Omeprazole Granules for Suspension (Prilosec®) Omeprazole/Sodium Bicarbonate Rx (Zegerid®; Generic) Pantoprazole (Protonix®) Rabeprazole Sprinkle (Aciphex Sprinkle®) Rabeprazole Tablet (Aciphex®; Generic)	
	<b>Ulcerative Colitis Agents</b>	Balsalazide (Generic) Mesalamine ER (Apriso®) Mesalamine Suppository (Canasa®) Sulfasalazine (Generic) Sulfasalazine DR (Generic)	Balsalazide Capsule (Colaza®) Balsalazide Tablet (Giazo®) Budesonide ER Tablet; Rectal Foam (Uceris®) Mesalamine DR (Asacol HD®) Mesalamine DR Capsule (Delzico®) Mesalamine Rectal; Rectal Kit (Rowasa®; Generic) Mesalamine Sulfite-free Enema (sfRowasa®) Mesalamine MMX (Lialda®) Mesalamine ER Capsule (Pentasa®) Olsalazine Capsule (Dipentum®) Sulfasalazine Tablet (Azulfidine®) Sulfasalazine DR Tablet (Azulfidine EN-tab®)	
<b>10</b>	<b>GROWTH DEFICIENCY</b>			
	<b>Growth Hormones</b>	Somatropin Pen (Norditropin®) Somatropin Pen (Nutropin AQ®)	Somatropin Cartridge; Syringe (Genotropin®) Somatropin Cartridge; Vial (Humatrope®) Somatropin Cartridge; Vial (Omnitrope®)	

# Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
			Somatropin Vial (Serostim®)	
			Somatropin Cartridge; Vial (Saizen®)	
			Somatropin Vial (Zomacton®)	
			Somatropin Vial (Zorbtive®)	
<b>11</b>	<b>GOUT AGENTS</b>	Allopurinol Tab (Generic)	Allopurinol Tab (Zyloprim®)	
	<b>Antihyperuricemics</b>	Probenecid Tab (Generic)	Colchicine Tab (Authorized Generic; Colcrys®)	
		Probenecid/Colchicine Tab (Generic)	Colchicine Capsule (Mitigare®, Authorized Generic)	
			Febuxostat Tab (Uloric®)	
<b>12</b>	<b>HEART DISEASE, HYPERLIPIDEMIA</b>			
	<b>Lipotropics, Other</b>	Cholestyramine/Sucrose (Generic)	Alirocumab Subcutaneous Pen; Syringe (Praluent®)	
		Cholestyramine/Aspartame (Generic)	Cholestyramine (Questran®, Questran Light®)	
		Colestipol Tablet (Generic)	Colesevelam Tablet; Powder Pack (Welchol®)	
		Fenofibrate Tablet (Authorized Generic; Generic)	Colestipol Granule (Colestid®; Generic)	
		Fenofibric Acid (Trilipix®)	Evolocumab Subcutaneous SureClick; Syringe (Repatha®)	
		Gemfibrozil (Generic)	Ezetimibe (Zetia®)	
		Niacin ER (Generic)	Fenofibrate Cap (Antara®, Authorized Generic; Generic)	
		Niacin IR (Niacor®)	Fenofibrate Cap (Lipofen®, Lofibra®, Generic)	
			Fenofibrate Tab (Lofibra®, Triglide®, Tricor®, Fenoglide®, Generic; Authorized Generic)	
			Fenofibric Acid Tab (Generic)	
			Fenofibric Acid Cap (Authorized Generic; Generic)	
			Gemfibrozil (Lopid®)	
			Icosapent Ethyl (Vascepa®)	
			Lomitapide (Juxtapid®)	
			Mipomersen (Kynamro®)	
			Niacin ER (Niaspan®)	
			Omega-3-acid Ethyl Esters (Lovaza®, Generic)	

# Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
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	<b>Statins &amp; Statin Combination Agents</b>	Atorvastatin (Generic)	Amlodipine/Atorvastatin (Caduet®; Generic)	
		Lovastatin (Generic)	Atorvastatin (Lipitor®)	
		Pravastatin (Generic)	Ezetimibe/Simvastatin (Vytorin®)	
		Simvastatin (Generic)	Fluvastatin (Lescol®; Generic)	
			Fluvastatin ER (Lescol XL®; Authorized Generic; Generic)	
			Lovastatin ER (Altoprev®)	
			Niacin ER/Lovastatin (Advicor®)	
			Niacin ER/Simvastatin (Simcor®)	
			Pitavastatin (Livalo®)	
			Pravastatin (Pravachol®)	
			Rosuvastatin (Crestor®)	
			Simvastatin (Zocor®)	
	<b>HYPERTENSION</b>			
	<b>ACE Inhibitors &amp; Direct Renin Inhibitors</b>	Benazepril (Generic)	Aliskiren (Tekturna®)	
		Enalapril (Generic)	Aliskiren/HCTZ (Tekturna HCT®)	
		Enalapril/HCTZ (Generic)	Azilsartan Medoxomil (Edarbi®)	
		Irbesartan (Generic)	Azilsartan/Chlorthalidone (Edarbyclor®)	
		Irbesartan/HCTZ (Generic)	Benazepril (Lotensin®)	
		Lisinopril (Generic)	Benazepril/HCTZ (Generic)	
		Lisinopril/HCTZ (Generic)	Candesartan (Atacand®; Authorized Generic; Generic)	
		Losartan (Generic)	Candesartan/HCTZ (Atacand HCT®; Generic)	
		Losartan/HCTZ (Generic)	Captopril (Generic)	
		Ramipril (Generic)	Captopril/HCTZ (Generic)	
		Valsartan ( Authorized Generic; Generic)	Enalapril (Vasotec®)	
		Valsartan/HCTZ (Generic)	Enalapril for Solution (Epaned®)	
			Eprosartan (Generic)	
			Fosinopril (Generic)	
			Fosinopril/HCTZ (Generic)	
			Irbesartan (Avapro®)	
			Irbesartan/HCTZ (Avalide®)	
			Lisinopril (Zestril®; Prinivil®)	



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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
			Lisinopril/HCTZ (Zestoretic®)	
			Losartan (Cozaar®)	
			Losartan/HCTZ (Hyzaar®)	
			Moexipril (Generic)	
			Moexipril/HCTZ (Generic)	
			Olmesartan (Benicar®)	
			Olmesartan/HCTZ (Benicar HCT®)	
			Perindopril (Generic)	
			Quinapril (Accupril®; Generic)	
			Quinapril/HCTZ (Accuretic®; Generic)	
			Ramipril (Altace®)	
			Telmisartan (Micardis®; Authorized Generic; Generic )	
			Telmisartan/HCTZ (Micardis HCT®; Authorized Generic; Generic)	
			Trandolapril (Mavik®; Generic)	
			Valsartan (Diovan®)	
			Valsartan/HCTZ (Diovan HCT®)	
	<b>Angiotensin Receptor Antagonist/Nepriylsin Inhibitor Combination Products</b>	Sacubitril/Valsartan (Entresto®)		
	<b>Angiotensin Modulators/Calcium Channel Blockers Combination Products</b>	Amlodipine/Benazepril (Generic)	Amlodipine/Benazepril (Lotrel®)	
		Amlodipine/Olmesartan (Azor®)	Amlodipine/Olmesartan/HCTZ (Tribenzor®)	
		Amlodipine/Valsartan (Authorized Generic; Generic)	Amlodipine/Perindopril (Prestalia®)	
		Amlodipine/Valsartan/HCTZ (Authorized Generic; Generic)	Amlodipine/Telmisartan (Twnysta®; Generic)	
			Amlodipine/Valsartan (Exforge®)	
			Amlodipine/Valsartan/HCTZ (Exforge HCT®)	
			Trandolapril/Verapamil (Authorized Generic; Tarka®)	

# Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
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	<b>Beta Blockers Agents</b>	Atenolol (Generic)	Acebutolol (Sectral®; Generic)
		Atenolol/Chlorthalidone (Generic)	Atenolol (Tenormin®)
		Bisoprolol/HCTZ (Generic)	Atenolol/Chlorthalidone (Tenoretic®)
		Carvedilol (Generic)	Betaxolol (Generic)
		Labetalol (Generic)	Bisoprolol (Zebeta®; Generic)
		Metoprolol Tartrate (Generic)	Bisoprolol/HCTZ (Ziac®)
		Metoprolol Succinate ER (Generic)	Carvedilol (Coreg®)
		Nebivolol (Bystolic®)	Carvedilol CR (Coreg CR®)
		Propranolol Tab, Soln (Generic)	Metoprolol/HCTZ (Generic)
		Propranolol ER (Generic)	Metoprolol Succinate/HCTZ (Dutoprol®)
		Sotalol (Generic)	Metoprolol ER (Toprol XL®)
			Nadolol (Corgard®; Generic)
			Nadolol/Bendroflumethiazide (Corzide®; Generic)
			Penbutolol (Levitol®)
			Pindolol (Generic)
			Propranolol (Hemangeol®)
			Propranolol ER Capsule (Innopran XL®; Inderal XL®)
			Propranolol LA (Inderal LA®)
			Propranolol/HCTZ (Generic)
			Sotalol Soln (Sotylize®)
			Timolol Maleate (Generic)
	<b>Calcium Channel Blockers</b>	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®)

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
			Nisoldipine ER (Sular®; Generic)	
			Verapamil Capsule (Generic-360mg)	
			Verapamil ER Cap (Verelan®)	
			Verapamil ER PM (Verelan PM®; Generic)	
			Verapamil SR (Calan SR®)	
	<b>SYMPATHOLYTICS</b>	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)	
	<b>VASODILATORS, CORONARY</b>	Isosorbide Dinitrate Tablet (Generic)	Isosorbide Dinitrate Tablet (Isordil®)	
		Isosorbide Mononitrate Tablet (Generic)	Isosorbide DinitrateER Capsule (Dilatrate-SR®; Generic)	
		Isosorbide Mononitrate SR Tablet (Generic)	Isosorbide Dinitrate/Hydralazine Tablet (BiDil®)	
		Nitroglycerin Sublingual Tablet(Nitrostat®)	Nitroglycerin ER Capsule (Generic)	
		Nitroglycerin Transdermal Ointment (Nitro-Bid®; Generic)	Nitroglycerin Spray (Nitrolingual®; NitroMist®; Generic)	
		Nitroglycerin Transdermal Patch (Generic)	Nitroglycerin Transdermal Patch (Nitro-Dur®)	
	<b>ANTICOAGULANTS</b>			
	<b>Platelet Aggregation Inhibitors</b>	Aspirin/Dipyridamole ER (Aggrenox®)	Aspirin ER Capsule (Durlaza®)	
		Clopidogrel (Generic)	Aspirin/Dipyridamole ER (Authorized Generic)	
		Dipyridamole (Generic)	Clopidogrel (Plavix®)	
			Dipyridamole (Persantine®)	
			Prasugrel (Effient®)	
			Ticlopidine (Generic)	
			Ticagrelor (Brilinta®)	
			Vorapaxar Tablet (Zontivity®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
	<b>Anticoagulants</b>	Apixaban (Eliquis®)	Dalteparin Syringe (Fragmin®)	
		Dabigatran (Pradaxa®)	Edoxaban Tab (Savaysa®)	
		Dalteparin Vial (Fragmin®)	Enoxaparin Syringe, Vial (Authorized Generic; Generic)	
		Enoxaparin Syringe, Vial (Lovenox®)	Fondaparinux (Arixtra®; Generic)	
		Rivaroxaban (Xarelto®; Xarelto® Starter Pack)	Warfarin (Coumadin®)	
		Warfarin (Generic)		
	<b>PULMONARY ARTERIAL HYPERTENSION (PAH)</b>	Ambrisentan Tablet (Letairis®)	Iloprost Inhalation Solution (Ventavis®)	
		Bosentan Tablet (Tracleer®)	Macitentan Tablet (Opsumit®)	
		Sildenafil Tablet (Generic)	Riociguat Tablet (Adempas®)	
			Selexipag Tablet; Dose Pack (Upravi®)	
			Sildenafil Tablet; Oral Suspension (Revatio®)	
			Tadalafil Tablet (Adcirca®)	
			Treprostinil Inhalation Solution (Tyvaso®)	
			Treprostinil ER Tablet (Orenitram ER®)	
<b>13</b>	<b>HEMATOLOGIC AGENTS</b>			
	<b>HEMATOPOIETIC AGENTS</b>			
	<b>Erythropoietins</b>	Darbepoetin Syringe; Vial (Aranesp®)	Epoetin alfa Vial (Epoegen®)	
		Epoetin alfa Vial (Procrit®)		
	<b>Anticoagulants - refer to HEART DISEASE</b>			
<b>14</b>	<b>HEMODIALYSIS</b>			
	<b>Phosphate Binders</b>	Calcium Acetate Capsule (Generic)	Calcium Acetate Tablet (Generic)	
		Calcium Acetate Tablet (Eliphos®)	Calcium Acetate Capsule (PhosLo®)	
		Sevelamer Carbonate Tablet (Renvela®)	Calcium Acetate Soln (Phoslyra®)	
		Sevelamer HCL Tablet (RenaGel®)	Calcium Carbonate/Magnesium Carbonate/FA (MagneBind 400 Rx®)	
			Ferric Citrate Tablet (Auryxia®)	
			Lanthanum Chew Tablet; Powder Pack (Fosrenol®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
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			Sevelamer Carbonate Powder Pack (Renvela®)	
			Sucroferric Oxyhydroxide (Velphoro®)	
	<b>PITUITARY SUPPRESSIVE AGENTS</b>	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®)	
	<b>HYPERLIPIDEMIA - REFER TO HEART DISEASE</b>			
	<b>IMMUNE DISORDERS - REFER TO MULTIPLE SCLEROSIS</b>			
??	<b>IMMUNOSUPPRESSIVES, ORAL</b>	Azathioprine (Generic)	Azathioprine (Imuran®; Azasan®)	
		Cyclosporine Capsule, Modified (Generic)	Cyclosporine Capsule (Sandimmune®; Generic)	
		Mycophenolate Mofetil Capsule; Tablet (Generic)	Cyclosporine Softgel Capsule, Modified (Neoral®; Generic)	
		Sirolimus Tablet (Generic)	Cyclosporine Solution (Sandimmune®)	
		Tacrolimus Capsule (Generic)	Cyclosporine Solution, Modified (Neoral®; Generic)	
			Everolimus (Zortress®)	
			Mycophenolate Mofetil Capsule; Tablet; Suspension (Cellcept®)	
			Mycophenolate Mofetil Suspension (Generic)	
			Mycophenolate Sodium Tablet (Myfortic®; Generic)	
			Sirolimus Solution; Tablet (Rapamune®)	
			Sirolimus Tablet (Authorized Generic)	
			Tacrolimus Tablet (Prograf®)	
			Tacrolimus ER Tablet (Envarsus® XR)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
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			Tacrolimus ER Capsule (Astagraf® XL)	
15	<b>INFECTIOUS DISORDERS</b>			
	<b>ANTIBIOTICS</b>			
	<b>Cephalosporin and Related</b>	Amoxicillin/Clavulanate Tablets; Chew Tablet; Susp (Generic)	Amoxicillin/Clavulanate Tab (Augmentin®)	
	<b>Antibiotics</b>	Cefadroxil Capsule (Generic)	Amoxicillin/Clavulanate ER (Augmentin XR®; Generic)	
		Cefdinir Suspension (Generic)	Amoxicillin/Clavulanate Susp (Augmentin® 125 & 250)	
		Cefixime Cap; Chew Tab (Suprax®)	Cefaclor Cap; Susp (Generic)	
		Cefprozil Tab; Susp (Generic)	Cefaclor ER 500 mg Tab (Generic)	
		Cefuroxime Tablet (Generic)	Cefadroxil Susp; Tab (Generic)	
		Cephalexin Cap; Susp; Tab (Generic)	Cefdinir Capsule (Generic)	
			Cefixime Suspension (Suprax®; Generic)	
			Ceftibuten Capsule; Suspension (Cedax®; Authorized Generic)	
			Cephalexin (Keflex® 250, 500, & 750mg)	
			Cefpodoxime Tab; Susp (Generic)	
			Cefuroxime Axetil Susp; Tablet (Ceftin®)	
			<b><u>ORAL</u></b>	
	<b>Fluoroquinolones</b>	Ciprofloxacin Tablet (Generic)	Ciprofloxacin Suspension (Cipro®; Generic)	
		Levofloxacin Tablet (Generic)	Ciprofloxacin ER Tab (Generic)	
			Levofloxacin Solution (Generic)	
			Levofloxacin Tablet (Levaquin®)	
			Moxifloxacin (Avelox®; Authorized Generic; Generic)	
			Ofloxacin (Generic)	
	<b>Antibiotics, Gastrointestinal</b>	Metronidazole Tablet (Generic)	Fidaxomicin (Dificid®)	
		Neomycin (Generic)	Metronidazole Capsule (Flagyl®; Generic)	
		Vancomycin HCL (Vancocin®)	Metronidazole Tablet (Flagyl®)	
			Metronidazole ER (Flagyl ER®)	
			Nitazoxanide Tab; Susp (Alinia®)	
			Paromomycin (Generic)	

# Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
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			Rifaximin (Xifaxan®)	
			Tinidazole (Tindamax®; Generic)	
			Vancomycin HCL (Authorized Generic; Generic)	
	<b>Antibiotics, Inhaled</b>	Tobramycin Solution (Bethkis®; Kitabis Pak®)	Aztreonam Solution (Cayston®)	
			Tobramycin Solution (Tobi®; Authorized Generic; Generic)	
			Tobramycin (Tobi Podhaler®)	
			Tobramycin Pak (Authorized Generic)	
	<b>Lincosamides</b>	Clindamycin Capsule (Generic)	Clindamycin Capsule (Cleocin®)	
		Clindamycin Oral Solution (Generic)	Clindamycin Oral Solution (Cleocin®)	
			Clindamycin Phosphate Piggyback Injection (Cleocin®; Generic)	
			Clindamycin Phosphate Injection Vial (Cleocin®; Generic)	
			Lincomycin HCL (Lincocin®; Generic)	
	<b>Oxazolidinones</b>	Linezolid Tablet (Authorized Generic; Generic)	Linezolid Injection (Zyvox®; Authorized Generic; Generic)	
		Linezolid Suspension (Zyvox®)	Linezolid Tablet (Zyvox®)	
			Linezolid Suspension (Authorized Generic; Generic)	
			Tedizolid IV, Tablet (Sivextro®)	
	<b>Streptogramins</b>		Quinupristin/Dalfopristin Vial (Synercid®)	
	<b>Macrolides - Ketolides</b>	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 (Generic)	

# Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
			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®)	
	<b>Nitrofurantoin Derivatives</b>	Nitrofurantoin Macrocrystal Capsule (Generic)	Nitrofurantoin Suspension (Furadantin®; Generic)	
		Nitrofurantoin Monohydrate Macrocrystals Capsule (Generic)	Nitrofurantoin Macrocrystal Capsule (Macrodantin®)	
			Nitrofurantoin Monohydrate Macrocrystals Capsule (Macrobid®)	
	<b>Tetracyclines</b>	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 Capsule (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 DR Capsule 40mg (Authorized Generic)	
			Doxycycline Monohydrate Suspension (Vibramycin®; Generic)	
			Doxycycline Monohydrate Tablet (Generic)	
			Doxycycline DR (Oracea®)	
			Minocycline ER (Solodyn®; Generic)	
			Minocycline Tablet (Generic)	
	<b>Vaginal</b>	Clindamycin Vaginal Cream (Generic)	Clindamycin Vaginal Cream (Cleocin®)	
		Metronidazole Vaginal Gel (Generic)	Clindamycin Vaginal Cream (Clindesse®)	
			Clindamycin Vaginal Ovules (Cleocin®)	
			Metronidazole Vaginal Gel (MetroGel-Vaginal®; Nuversa®; Vandazole®)	



# Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
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	<b>OPHTHALMIC ANTIBIOTICS - refer to Ophthalmic Disorders</b>			
	<b>OTIC ANTIBIOTICS - refer to OTIC Agents</b>			
	<b>ANTIFUNGALS</b>			
	<b>Antifungals, Oral</b>	Clotrimazole Troches (Generic)	Fluconazole Tab; Susp (Diflucan®)	
		Fluconazole Tab; Susp (Generic)	Flucytosine (Generic)	
		Griseofulvin Suspension (Generic)	Griseofulvin Tablets (Grifulvin V®; Generic)	
		Griseofulvin (Generic)	Griseofulvin Ultramicrosized Tab (Gris-Peg®)	
		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)	
	<b>HEPATITIS C AGENTS</b>			
	<b>Direct Acting Antiviral Agents</b>	Daclatasvir Tablet (Daklinza®)	Elbasvir/Grazoprevir (Zepatier®)	
		Ledipasvir/Sofosbuvir Tablet (Harvoni®)	Simeprevir Capsule (Olysio®)	
		Ombitasvir/Paritaprevir/Ritonavir (Technivie®)		
		Ombitasvir/Paritaprevir/Ritonavir/Dasabuvir (Viekira Pak®)		
		Sofosbuvir (Sovaldi®)		
		Peginterferon alfa 2A Proclick; Syringe; Vial (Pegasys®)	Peginterferon alfa 2B Kit; Redipen (Peg-Intron®)	
		Ribavirin Tablet (Generic; Moderiba® 200mg)	Ribavirin Capsule (Ribasphere® 200mg; Generic)	

# Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
			Ribavirin Tablet (Ribasphere® 400mg, 600mg; Ribasphere Ribapak®; Moderiba® Dose Pack)	
			Ribavirin Soln; Cap (Rebetol®)	
<b>16</b>	<b>MULTIPLE SCLEROSIS</b>	Glatiramer Syringe Kit 20mg (Copaxone®)	Alemtuzumab Vial (Lemtrada®)	
	<b>Multiple Sclerosis Agents</b>	Interferon beta - 1a Pen; Syringe (Avonex®)	Dalfampridine Tab (Ampyra®)	
	<b>(Immunomodulatory Agents)</b>	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®)	
<b>17</b>	<b>OPHTHALMIC DISORDERS</b>			
	<b>Allergic Conjunctivitis</b>	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®)	
			Olopatadine HCl Drops (Patanol®)	
	<b>Glaucoma Agents</b>			
	<b>Intraocular Pressure (IOP)</b>	Brimonidine 0.15% (Alphagan P® 0.15%)	Apraclonidine Drops (Generic; Iopidine®)	
	<b>Reducers</b>	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%)	

# Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
		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)	
	<b>Ophthalmics, Antibiotic</b>	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)	
			Tobramycin Ointment; Solution (Tobrex®)	
	<b>Ophthalmics, Antibiotic- Steroid Combos</b>	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.®)	

# Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
			Tobramycin/Dexamethasone Suspension (Generic; Authorized Generic)	
			Tobramycin/Dexamethasone ST (Tobradex ST®)	
			Tobramycin/Loteprednol Drops (Zylet®)	
	<b>Ophthalmics, Anti-Inflammatories</b>	Dexamethasone Solution Drops (Generic)	Bromfenac Sodium 0.09% Drops (Generic)	
		Diclofenac Sodium Solution (Generic)	Bromfenac Sodium 0.07% Drops (Prolensa®)	
		Difluprednate 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®)	
			Triamcinolone Acetonide Suspension (Triesence®)	
<b>18</b>	<b>OPIATE DEPENDENCE AGENTS</b>	Buprenorphine/Naloxone Film (Suboxone®)	Buprenorphine/Naloxone Film (Bunavail®)	
		Naloxone Syringe; Vial (Generic)	Buprenorphine/Naloxone Sublingual Tablets (Zubsolv®; Generic)	
		Naloxone Nasal Spray (Narcan®)	Buprenorphine Sublingual Tablet (Generic)	
		Naltrexone Tab (Generic)	Naloxone Injection (Evzio®)	
			Naltrexone Extended-Release Injectable Suspension (Vivitrol®)	

## Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
19	<b>OTIC AGENTS</b>			
	<b>Otic Antibiotics</b>	Ciprofloxacin/Dexamethasone Otic (Ciprodex®)	Ciprofloxacin Otic (Generic)	
		Neomycin/Polymyxin/HC Solution; Suspension (Generic)	Ciprofloxacin/Hydrocortisone (Cipro HC OTIC®)	
			Neomycin/Colistin/Thonzonium/HC (Coly-Mycin S®; Cortisporin TC®)	
			Ofloxacin Otic Drops (Generic)	
	<b>Otic Anti-Infectives and Anesthetics</b>	Acetic Acid Otic (Generic)	Acetic Acid/HC Otic (Generic)	
		Acetic Acid/Aluminum Otic (Generic)	Antipyrine/Benzocaine/Zinc Otic (Otozin®)	
		Antipyrine/Benzocaine Otic (Generic)		
	20	<b>OSTEOPOROSIS</b>		
		<b>Bone Resorption Suppression Agents</b>	Alendronate Tablets (Generic)	Alendronate Eff Tab (Binosto®)
Calcitonin-Salmon Nasal (Generic)			Alendronate Tab (Fosamax®)	
			Alendronate Solution (Generic)	
			Alendronate/Vit D (Fosamax Plus D®)	
			Calcitonin - Salmon Nasal (Miacalcin®; Fortical®)	
			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®)	
21		<b>PAIN MANAGEMENT</b>		
	<b>Analgesics, Narcotics Short Acting</b>	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)	

# Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
		Morphine Solution, IR Tablet (Generic)	Capital w/Codeine	
		Oxycodone Soln, Tab (Generic)	Codeine Tab (Generic)	
		Oxycodone/Acetaminophen Tab (Generic)	Dihydrocodeine Bitartrate/Aspirin/Caffeine (Synalgos-DC®; Authorized Generic)	
		Oxycodone/Acetaminophen Tab (Roxicet®)	Dihydrocodeine Bitartrate/Acetaminophen/Caffeine (Generic)	
		Tramadol (Generic)	Fentanyl Buccal (Fentora®; Generic)	
		Tramadol/Acetaminophen (Generic)	Fentanyl Nasal Soln (Lazanda®)	
			Fentanyl Sublingual (Abstral®)	
			Fentanyl Sublingual Spray (Subsys®)	
			Hydrocodone/Acetaminophen Soln (Hycet®; Lortab®; Zamicet®)	
			Hydrocodone/Acetaminophen Tab (Lortab®; Norco®)	
			Hydrocodone/Ibuprofen (Ibudone®; Reprexain®)	
			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)	
			Oxycodone Cap (Generic)	
			Oxycodone Tab (Roxicodone®)	
			Oxycodone Concentrate (Generic)	
			Oxycodone/Ibuprofen (Generic)	
			Oxymorphone IR Tab (Opana®; Generic)	
			Pentazocine/Naloxone (Generic)	
			Tapentadol (Nucynta®)	
			Tramadol (Ultram®)	
			Tramadol / Acetaminophen (Ultracet®)	
	<b>Analgesics, Narcotics Long Acting</b>	Fentanyl Transdermal (Generic 12mcg, 25mcg, 50mcg, 75mcg, 100mcg)	Buprenorphine Buccal Film (Belbuca®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
		Morphine Sulfate ER Tab (Generic)	Buprenorphine Transdermal (Butrans®)	
			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; Generic)	
			Methadone HCL Concentrate; Solution; Sol Tab; Tablet (Generic)	
			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®)	
	<b>Neuropathic Pain</b>	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®)	
			Pregabalin Capsule; Solution (Lyrica®)	
	<b>Nonsteroidal Anti - Inflammatories (NSAIDs)</b>	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®)	

## Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
		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®)	
			Piroxicam Capsule (Generic; Feldene®)	
			Tolmetin Capsule; Tablet (Generic)	
	<b>Antimigraine Agents,</b>	Rizatriptan ODT (Generic)	Almotriptan Tab (Axert®; Authorized Generic; Generic)	
	<b>Triptans</b>	Rizatriptan Tablet (Generic)	Eletriptan Tab (Relpax®)	
		Sumatriptan Kit; Vial (Imitrex®)	Frovatriptan (Frova®)	
		Sumatriptan Nasal (Imitrex®)	Naratriptan (Amerge®; Generic)	
		Sumatriptan Tab (Generic)	Rizatriptan Tab (Maxalt®)	



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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
			Rizatriptan ODT (Maxalt MLT®)	
			Sumatriptan (Sumavel DosePro®)	
			Sumatriptan Syringe; Vial; Kit (Generic; 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®)	
	<b>Skeletal Muscle Relaxants</b>	Baclofen (Generic)	Carisoprodol Tablet (Soma®; Generic)	
		Chlorzoxazone (Generic)	Carisoprodol Compound	
		Cyclobenzaprine (Generic)	Chlorzoxazone (Lorzone®)	
		Methocarbamol (Generic)	Cyclobenzaprine Tablet (Fexmid®)	
		Tizanidine Tablet (Generic)	Cyclobenzaprine ER (Amrix®)	
			Dantrolene Sodium (Dantrium®; Generic)	
			Metaxalone (Skelaxin®; Generic)	
			Methocarbamol (Robaxin®)	
			Orphenadrine ER Tablet (Generic)	
			Tizanidine Capsule (Zanaflex®; Generic)	
			Tizanidine Tablet (Zanaflex®)	
	<b>Cytokine and CAM Antagonists</b>	Adalimumab Injection (Humira® Pen Kit; Humira® Kit)	Abatacept Inj (Orencia® Syringe; Vial )	
		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®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
			Rilonacept (Arcalyst®)	
			Secukinumab (Cosentyx® Pen; Syringe)	
			Tocilizumab Injection (Actemra® Syringe; Vial)	
			Tofacitinib Tablet (Xeljanz®)	
			Tofacitinib ER Tablet (Xeljanz® XR)	
			Ustekinumab (Stelara® Disp Syringe)	
			Vedolizumab Inj (Entyvio®)	
<b>22</b>	<b>PARKINSON'S</b>			
	<b>Antiparkinson Agents -</b>	Amantadine Capsule; Syrup (Generic)	Amantadine Tablet (Generic)	
	<b>Anticholinergic and Other</b>	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®)	
??	<b>PROGESTATIONAL AGENTS</b>	Hydroxyprogesterone Caproate Intramuscular (Makena®)		
<b>23</b>	<b>SEDATIVE/HYPNOTICS</b>	Temazepam Capsule 15mg; 30mg (Generic)	Doxepin Tablet (Silenor®)	
		Triazolam Tablet (Generic)	Estazolam Tablet (Generic)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
		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®)	
<b>24</b>	<b>UROLOGY</b>			
	<b>INCONTINENCE</b>			
	<b>Bladder Relaxant Preparations</b>			
		Fesoterodine Fumarate (Toviaz®)	Darifenacin (Enablex®)	
		Oxybutynin Syrup; Tab (Generic)	Flavoxate (Generic)	
		Oxybutynin ER (Authorized Generic; 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)	
<b>25</b>	<b>SMOKING CESSATION PRODUCTS</b>			
	<b>Smoking Cessation</b>			
		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)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
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			Nicotine Nasal Spray (Nicotrol Nasal Spray®)	
			Nicotine Transdermal (Nicoderm CQ®)	
<b>26</b>	<b>PROSTATE</b>			
	<b>Benign Prostatic Hyperplasia Treatment (BPH)</b>	Alfuzosin (Generic)	Alfuzosin (Uroxatral®)	
		Doxazosin (Generic)	Doxazosin (Cardura®)	
		Finasteride (Generic)	Doxazosin ER (Cardura XL®)	
		Tamsulosin (Generic)	Dutasteride (Avodart®; Generic)	
		Terazosin (Generic)	Dutasteride/Tamsulosin (Jalyn®; Generic)	
			Finasteride (Proscar®)	
			Silodosin (Rapaflo®)	
			Tamsulosin (Flomax®)	
<b>27</b>	<b>ANXIOLYTICS</b>	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)	
<b>28</b>	<b>ANITVIRALS, ORAL</b>	Acyclovir Cap; Tab (Generic)	Acyclovir Tab (Zovirax®)	
		Acyclovir Susp (Zovirax®)	Acyclovir Susp (Generic)	
		Famciclovir (Generic)	Acyclovir Buccal (Sitavig®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: July 1, 2016
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		Oseltamivir Cap; Susp (Tamiflu®)	Famciclovir (Famvir®)
		Rimantadine (Generic)	Valacyclovir (Valtrex®)
		Valacyclovir (Generic)	
		Zanamivir Inh (Relenza®)	
29	<b>GI MOTILITY, CHRONIC</b>	Linacotide Cap (Linzess®)	Alosetron Tab (Lotronex®; Authorized Generic; Generic)
		Lubiprostone Cap (Amitiza®)	Eluxadoline Tab (Viberzi®)
			Methylnaltrexone Syringe; Vial (Relistor®)
			Naloxegol Tab (Movantik®)
30	<b>H. PYLORI TREATMENT</b>	Bismuth/Metronidazole/Tetracycline (Pylera®)	Lansoprazole/Amoxicillin/ Clarithromycin (Prevpac®; Authorized Generic; Generic)
			Omeprazole/Clarithromycin/Amoxicillin (Omeclamox-Pak®)