



State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing

March 20, 2009

Dear Pharmacy Provider:

RE: PDL # 09-01

Attached is the complete, most current listing of drugs on the Medicaid Prior Authorization (PA) Process' Preferred Drug List (PDL) "09-01." The listing includes preferred drugs and those drugs requiring prior authorization. **This list will be effective April 1, 2009.**

The PA process, in accordance with the program's "Continuity of Care" policy, does not impact original prescriptions (or refills) issued by a prescribing practitioner prior to effective PA dates of drugs as they are added to the PA process *as long as they are within the 5 refills and 6-month program limits*. An educational alert will notify the pharmacist that prescriptions (and their refills) will require a new prescription and prior authorization, if the prescription life exceeds six months or the refill exceeds the 5 refill limit. The educational alert will state, "NEW RX WILL REQUIRE PA AFTER (DATE)."

Prescriptions indicating emergency situations shall be dispensed in a MINIMUM quantity of a three (3) day supply. Refills for the dispensing of the non-preferred products in these emergency situations are not permitted. The recipient's practitioner must contact the Prior Authorization Unit to request authorization to continue the medication past the emergency supply, and a new prescription must be issued.

This process may be used when the Prior Authorization Unit is closed (Sundays; Monday - Saturday before 8am and after 6 pm) or when the PA system is unavailable. The pharmacist may also use professional judgment in situations that would necessitate an emergency supply.

The prescribing practitioner must indicate that the prescription is an emergency Rx on the face of the prescription if hard copy or if the prescription is called in to the pharmacy, the emergency status of the prescription must be communicated to the pharmacist who must indicate "Emergency Rx" on the hard copy prescription. When the pharmacist determines the prescription is an emergency, the pharmacist must indicate "Emergency by Pharmacist" on the hard copy prescription.

Note: Refer to Appendix D Point of Sale User Guide for detailed claim submission information.

Recipients are exempt from paying co-payments for emergency situations.

DHH will monitor emergency prescriptions/recipients on an ongoing basis through management reports, pharmacy provider audits, and other monitoring programs to review the number of these prescriptions and the reasons for them.

Information on the Prior Authorization process, including the PDL and Prior Authorization Request Form (copy is attached, Form RXPA01), is also available on the Louisiana Medicaid website (www.lamedicaid.com). This website will be updated when changes (additions or deletions) are made to the PDL. The program may also utilize the provider remittance advices to notify providers of PDL changes that must be implemented in short time frames.

March 20, 2009
Page 2

The Department has received inquiries that drug products requiring PA are not reimbursable by Medicaid. Medicaid does reimburse for drug products requiring prior authorization when the prior authorization process is followed. Additionally, should a claim deny because a PA is required, you may want to 1) verify that the PA was actually obtained and the dates of service for the PA; 2) verify that the filling date on the claim is subsequent to the start date of the PA. (Remember: PAs are not retroactive); and 3) call the POS help desk at 1-800-648-0790 for further assistance.

Thank you for your continued cooperation. We appreciate your participation in the Medicaid Program.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jerry Phillips for".

Jerry Phillips
Medicaid Director

JP/MJT/gbm

Attachments (1)

FAX OR MAIL this form to:
 La Medicaid Rx PA Operations
 ULM College of Pharmacy
 1800 Bienville Drive
 Monroe, LA 71201-3765
 FAX 866-RX PAFAX
 FAX 866-797-2329

State of Louisiana
Department of Health and Hospitals
 Bureau of Health Services Financing
 Louisiana Medicaid Prescription Prior Authorization Program
REQUEST FOR PRESCRIPTION PRIOR AUTHORIZATION

Form: Rx PA01
 Issue Date: 3/12/2002
 Voice Phone:
 866-730-4357

*Please type or print legibly (fields followed by an asterisk * are required, all other fields are requested).*

Date of Request:*	Number of Fax Pages: *
Practitioner Information	Patient Information
Name*	Name: (Last, First)*
LA Medicaid Prescribing Provider Number:	LA Medicaid CCN or Recipient Number*
LA Medicaid Billing Provider Number	Date of Birth (m/d/y)*
Call-Back Phone Number (include area code)*	
FAX Number (Include area code)*	Projected Duration: *
Requested Drug Information	
Drug Name*	Drug Strength
Diagnosis Code: (ICD -9-CM)	Diagnosis Description: *

Please answer the following questions for your request to prescribe a non-preferred drug for your patient:

- Has the patient experienced treatment failure with the preferred products? YES NO
- Does the patient have a condition that prevents the use of the preferred product(s)? YES NO
 If YES, list the condition(s) in the box below:
- Is there a potential drug interaction between another medication and the preferred product(s)? YES NO
 If YES, list the interactions(s) in the box below:
- Has the patient experienced intolerable side effects while on the preferred product(s)? YES NO
 If YES, list the side effects in the box below:

Practitioner Signature:* _____
(If a signature stamp is used, then the prescribing practitioner must initial the signature.)

CONFIDENTIAL NOTICE

The documents accompanying this facsimile transmission may contain confidential information which is legally privileged. The information is intended only for the use of the individual or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any review, disclosure/re-disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy this information.

Prior Authorization PDL Implementation Schedule

02/20/2009

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

Prior Authorization PDL Implementation Schedule

02/20/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2009
		Fluticasone Furoate (Veramyst®)	Ciclesolide (Omnaris®)	
		Ipratropium Nasal	Flunisolide (Nasarel®)	
		Olopatadine HCL (Patanase®)		
		Mometasone (Nasonex®)	Flunisolide	
		Triamcinolone AQ (Nasacort AQ®)	Fluticasone (Flonase Brand only®)	
3	ALZHEIMER'S			
	Alzheimer's Agents	Donepezil (Aricept®)	Galantamine (Razadyne®)	
	Cholinesterase Inhibitors	Donepezil (Aricept ODT®)	Galantamine (Razadyne ER®)	
		Memantine HCl (Namenda®)	Rivastigmine Oral (Exelon®)	
			Rivastigmine Transdermal Patch (Exelon Transdermal®)	
			Tacrine (Cognex®)	
4	ANTIPSYCHOTIC AGENTS			
	Antipsychotic, Atypical	Clozapine	Aripiprazole (Abilify®)	
		Quetiapine Fumarate (Seroquel®)	Clozapine (Fazacl®)	
		Risperidone (Risperdal®)	Olanzapine/Fluoxetine (Symbyax®)	
		Ziprasidone (Geodon®)	Olanzapine (Zyprexa®)	
			Paliperidone ER (Invega®)	
			Quetiapine XR (Seroquel XR®)	
5	ASTHMA/COPD			
	Bronchodilator, Beta-Adrenergic Agents			
			INHALATION	
		Albuterol Sulfate Inhaler	Albuterol Sulfate Nebulizer Low-Dose	
		Albuterol Sulfate Nebulizer	Arformoterol Inhalation Solution (Brovana Inhalation Solution®)	
		Albuterol Sulfate HFA (ProAir HFA®)	Formoterol Inhalation Solution (Perforomist Inhalation Solution®)	
		Albuterol Sulfate HFA MDI (Proventil HFA®)	Metaproterenol Inhalation	
		Albuterol Sulfate HFA MDI (Ventolin HFA®)	Metaproterenol Sulfate MDI (Alupent Inhalent®)	
		Formoterol DPI (Foradil®)		
		Levalbuterol HFA (Xopenex HFA®)		

Prior Authorization PDL Implementation Schedule

02/20/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2009
		Levalbuterol Nebulizer HCL (Xopenex®)		
		Pirbuterol (Maxair Autohaler®)		
		Salmeterol Xinafoate (Serevent Diskus®)		
			<u>ORAL</u>	
	Bronchodilator, Beta-Adrenergic Agents cont'	Albuterol Sulfate	NONE	
		Albuterol Sulfate ER		
		Metaproterenol Sulfate		
		Terbutaline Sulfate		
	Bronchodilator, Anticholinergics		<u>INHALATION</u>	
		Albuterol Sulfate/Ipratropium MDI (Combivent®)	Albuterol Sulfate/Ipratropium Nebulizer	
		Ipratropium Nebulizer		
		Ipratropium Inhalation Aerosol MDI (Atrovent HFA®)		
		Tiotropium Inhalation Powder (Spiriva®)		
	Corticosteroids, Inhalation	Beclomethasone MDI (QVAR®)	Budesonide Respules (Pulmicort - Respules®) - 9 years old and over	
		Budesonide DPI (Pulmicort Flexhaler®)	Ciclesonide (Alvesco®)	
		Budesonide/Formoterol MDI Inhalation (Symbicort Inhalation®)	Mometasone DPI (Asmanex®)	
		Budesonide Respules (Pulmicort - Respules®) - 8 years old and under		
		Flunisolide MDI (Aerobid®)		
		Flunisolide MDI (Aerobid M®)		
		Fluticasone MDI (Flovent®)		
		Fluticasone MDI (Flovent HFA Inhalers)		
		Fluticasone/Salmeterol DPI (Advair Diskus®)		
		Fluticasone/Salmeterol MDI (Advair HFA®)		
		Triamcinolone MDI (Azmacort®)		
	Leukotriene Modifiers	Montelukast (Singulair®)	Zileuton CR (Zyflo CR®)	
		Zafirlukast (Accolate®)		

Prior Authorization PDL Implementation Schedule

02/20/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2009
----------	-------------------------------	--------------	------------------------	----------------------------------

6	DEPRESSION			
	Antidepressants, Other	Bupropion IR	Bupropion XL	
	Antidepressants, Other cont'	Bupropion SR	Desvenlafaxine (Pristiq®)	
		Mirtazapine	Duloxetine (Cymbalta®)	
		Trazodone	Nefazodone	
		Venlafaxine ER (Effexor XR®)	Selegiline Patch (Emsam®)	
			Venlafaxine	
			Venlafaxine ER	
	Selective Serotonin	Citalopram	Fluvoxamine CR (Luvox CR®)	
	Reuptake Inhibitors (SSRIs)	Escitalopram (Lexapro®)	Fluoxetine ER (Prozac Weekly®)	
		Fluoxetine	Paroxetine CR	
		Fluvoxamine		
		Paroxetine Mesylate (Pexeva®)		
		Paroxetine		
		Sertraline		
7	DERMATOLOGY			
	Antifungals - Topical	Ciclopirox Cream	Butenafine (Mentax®)	
		Ciclopirox Gel	Ciclopirox (CNL8®)	
		Ciclopirox Suspension	Ciclopirox Shampoo (Loprox®)	
		Clotrimazole	Ciclopirox Solution	
		Clotrimazole/Betamethasone	Econazole	
		Ketoconazole (Xolegel®)	Ketoconazole Foam (Extina Foam®)	
		Ketoconazole Cream	Miconazole/zinc oxide/white petrolatum (Vusion®)	
		Ketoconazole Shampoo (Rx only)	Oxiconazole (Oxistat®)	
		Naftifine (Naftin®)	Sertaconazole Nitrate (Ertaczo®)	
		Nystatin		
		Nystatin w/ Triamcinolone		
		Ketconazole/Pyrrithine (Xolegel Duo)		
		Ketconazole/Hydrocortisone (Xolegel Corepak)		
	Antiparasitic Agents, Topical	Crotamiton (Eurax®)	Lindane	

Prior Authorization PDL Implementation Schedule

02/20/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2009
		Malathion (Ovide®)		
		Permethrin		
	Antiviral Agents, Topical	Penciclovir Cream (Denavir®)	Acyclovir Cream (Zovirax®) Acyclovir Ointment (Zovirax®)	
	Atopic Dermatitis	Pimecrolimus (Elidel®)	NONE	
	Immunomodulators	Tacrolimus (Protopic®)		
	Impetigo Agents, Topical	Mupirocin Ointment Topical	NONE	
		Mupirocin Cream Topical (Bactroban®)		
		Retapamulin (Altabax®)		
	STERIODS, TOPICAL			
	Low Potency	Desonide	Acclometasone Dipropionate	
		Fluocinolone Acetonide (Derma-Smoothe-FS)	Desonide (Verdeso®)	
		Hydrocortisone	Desonide (Desonate®)	
	Medium Potency	Hydrocortisone Butyrate (Luroid Lipocream®)	Flurandrenolide (Cordran®)	
		Betamethasone Valerate (Luxiq®)	Flurandrenolide Tape (Cordran Tape®)	
		Hydrocortisone Valerate	Prednicarbate	
		Hydrocortisone Butyrate	Mometasone Furoate	
			Clocortolone Pivalate (Cloderm®)	
			Fluticasone Propionate	
	High Potency	Betamethasone Dipropionate	Amcinonide	
		Betamethasone Valerate	Desoximetasone	
		Fluocinolone Acetonide	Diflorasone Diacetate	
		Fluocinolone Acetonide Shampoo (Capex®)	Fluocinonide (Vanos®)	
		Fluocinonide	Halcinonide (Halog®)	
		Fluocinonide-E		
		Fluocinonide Emollient		
		Triamcinolone Acetonide		

Prior Authorization PDL Implementation Schedule

02/20/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2009
	Very High Potency	Clobetasol Propionate	Clobetasol Propionate (Clobex®)	
		Clobetasol Emollient	Clobetasol Propionate (Olux-Olux-E Pack®)	
		Halobetasol Propionate	Clobetasol Propionate (Olux-E®)	
8	DIABETES			
	Hypoglycemics, Meglitinides	Nateglinide (Starlix®)	Repaglinide (Prandin®)	
	Hypoglycemics, Thiazolidinediones (TZDs)	Pioglitazone (Actos®)	None	
		Pioglitazone/Glimeperide (Duetact®)		
		Pioglitazone/Metformin (Actoplus Met®)		
		Rosiglitazone (Avandia®)		
		Rosiglitazone/Glimepiride ((Avandaryl®)		
		Rosiglitazone/Metformin (Avandamet®)		
	Hypoglycemics	Human Insulin & Pens (Humulin®)	Insulin Glulisine & Pens (Apidra®)	
	Insulins & Related Agents	Human Insulin & Pens (Novolin®)		
		Insulin Aspart & Pens (Novolog®)		
		Insulin Aspart/Insulin Aspart Protamine & Pens (Novolog Mix 70/30®)		
		Insulin Detemir & Pens (Levemir®)		
		Insulin Glargine & Pens (Lantus®)		
		Insulin Lispro & Pens (Humalog®)		
		Insulin Lispro/Protamine Lispro & Pens (Humalog Mix®)		
	Hypoglycemics	Exenatide (Byetta, Pens®)	NONE	
	Incretin Mimetics/Enhancers	Pramlintide (Symlin®)		
		Pramlintide Pens (Symlin Pens®)		
		Sitagliptin (Januvia®)		
		Sitagliptin/Metformin (Janumet®)		
9	DIGESTIVE DISORDERS			
	Antiemetic Agents			
		Aprepitant (Emend®)	Dolasetron (Anzemet®)	
		Dronabinol (Marinol®)	Granisetron	

Prior Authorization PDL Implementation Schedule

02/20/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2009
		Ondansetron / Ondansetron ODT	Granisetron Transdermal (Sancuso®)	
			Nabilone (Cesamet®)	
	H. Pylori Agents	Metronidazole+Tetracycline+Bismuth subsalicylate (Helidac®)	Bismuth Subcitrate Potassium+Metronidazole+Tetracycline (Pylera®)	
			Lansoprazole+Amoxicillin+Clarithromycin (Prevpac®)	
	GERD AND RELATED DISORDERS			
	Proton Pump Inhibitors	Esomeprazole (Nexium®)	Omeprazole	
		Esomeprazole Suspension (Nexium®)	Omeprazole (Zegerid®)	
		Lansoprazole Capsule (Prevacid®)	Pantoprazole	
		Lansoprazole Solutabs (Prevacid®)	Rabeprazole (Aciphex®)	
	Pancreatic Enzymes	Dygase	Pancrecarb MS	
		Lapase		
		Pancrelipase		
		Viokase		
		Lipram		
		Pancrease MT		
		Ultrase		
		Creon		
9	DIGESTIVE DISORDERS			
	ULCERATIVE COLITIS			
	Ulcerative Colitis Agents	Balsalazide (Colazal®)	Mesalamine Oral (Pentasa®)	
		Mesalamine Enemas	Mesalamine MMX (Lialda®)	
		Mesalamine (Asacol®)	Olsalazine Oral (Dipentum®)	
		Mesalamine Suppositories (Canasa®)		
		Sulfasalazine		
10	GROWTH DEFICIENCY			
	Growth Hormones	Somatropin (Genotropin®)	Somatropin (Humatrope®)	

Prior Authorization PDL Implementation Schedule

02/20/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2009
		Somatropin (Norditropin®)	Somatropin (Omnitrope®)	
		Somatropin (Nutropin®)	Somatropin (Saizen®)	
		Somatropin (Nutropin AQ®)	Somatropin (Serostim®)	
			Somatropin (Tev-Tropin®)	
			Somatropin (Zorbtive®)	
11	HEART DISEASE			
	HYPERLIPIDEMIA			
	Antihyperlipidemic Agents -			
	Non Statins	Cholestyramine	Colesevelam (Welchol®)	
		Colestipol	Ezetimibe (Zetia®)	
		Fenofibrate (Tricor®)	Fenofibrate (Antara®)	
		Gemfibrozil	Fenofibrate (Fenoglide®)	
		Niacin ER (Niaspan®)	Fenofibrate (Generics®)	
		Niacin IR (Niacor®)	Fenofibrate (Lipofen®)	
			Fenofibrate (Triglide®)	
			Omega-3-acid ethyl esters (Lovaza®)	
	Statins & Statin Combination Agents	Amlodipine/Atorvastatin (Caduet®)	Ezetimibe/Simvastatin (Vytorin®)	
		Atorvastatin (Lipitor®)	Niacin ER/Lovastatin (Advicor®)	
		Fluvastatin (Lescol®)		
		Fluvastatin XL (Lescol XL®)		
		Lovastatin		
		Lovastatin ER (Altoprev®)		
		Niacin ER/Simvastatin (Simcor®)		
		Pravastatin		
		Rosuvastatin (Crestor®)		
		Simvastatin		
	HYPERTENSION			
	ACE Inhibitors & Related Agents	Benazepril	Aliskiren (Tekturna®)	
		Benazepril/HCTZ	Aliskiren/HCTZ (Tekturna HCT®)	
		Captopril	Moexipril	
		Captopril/HCTZ	Moexipril/HCTZ	
		Enalapril		

Prior Authorization PDL Implementation Schedule

02/20/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2009
		Enalapril/HCTZ		
		Fosinopril		
		Fosinopril/HCTZ		
		Lisinopril		
		Lisinopril/HCTZ		
		Perindopril (Aceon®)		
		Quinapril		
		Quinapril/HCTZ		
		Ramipril (Altace®)		
		Trandolapril		
	Angiotensin Modulators/Calcium Channel Blockers Combination Products	Amlodipine/Benazepril - Generic only	Amlodipine/Benazepril (Lotrel®)	
		Amlodipine/Olmesartan (Azor®)		
		Amlodipine/Valsartan (Exforge®)		
		Verapamil SR/Trandolapril (Tarka®)		
	Angiotensin II Receptor Blockers (ARBs)	losartan (Cozaar®)	Candesartan (Atacand®)	
		losartan/HCTZ (Hyzaar®)	Candesartan/HCTZ (Atacand HCT®)	
		Irbesartan (Avapro®)	Eprosartan (Teveten®)	
		Irbesartan/HCTZ (Avalide®)	Eprosartan/HCTZ (Teveten HCT®)	
		Olmesartan (Benicar®)		
		Olmesartan/HCTZ (Benicar HCT®)		
		Telmisartan (Micardis®)		
		Telmisartan/HCTZ (Micardis HCT®)		
		Valsartan (Diovan®)		
		Valsartan/HCTZ (Diovan HCT®)		
	Beta Adrenergic Receptor Blocking Agents	Acebutolol	Betaxolol	
		Atenolol	Carvedilol CR (Coreg CR®)	
		Bisoprolol Fumarate		
		Carvedilol		
		Labetalol		
		Metoprolol Succinate ER		
		Metoprolol Tartrate		

Prior Authorization PDL Implementation Schedule

02/20/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2009
		Nadolol		
		Nebivolol (Bystolic®)		
		Penbutolol (LevatoI®)		
		Pindolol		
		Propranolol		
		Propranolol ER (Innopran XL®)		
		Propranolol LA		
		Sotalol		
		Sotalol AF		
		Timolol Maleate		
	Calcium Channel Blockers	Amlodipine	Diltiazem ER (Cardizem LA®)	
		Diltiazem IR	Nicardipine SR (Cardene SR®)	
		Diltiazem ER (Generics)	Nisoldipine – Generics only	
		Diltiazem SR	Verapamil ER (Covera HS®)	
		Felodipine ER	Verapamil ER PM	
		Isradipine IR		
		Isradipine SR (Dynacirc CR®)		
		Nicardipine		
		Nifedipine ER		
		Nifedipine IR		
		Nimodipine		
		Nisoldipine (Sular®)		
		Verapamil		
		Verapamil ER (Generics)		
		Verapamil IR		
		Verapamil SR		
11	PLATELET AGGREGATION INHIBITORS			
	Platelet Aggregation Inhibitors	Aspirin/Dipyridamole ER (Aggrenox®)	Ticlopidine	
		Clopidogrel (Plavix®)		
		Dipyridamole		

Prior Authorization PDL Implementation Schedule

02/20/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2009
	ANTICOAGULANTS, INJECTABLES			
	Anticoagulants,	Dalteparin (Fragmin®)	Tinzaparin (Innohep®)	
	Injectable	Enoxaparin (Lovenox®)		
		Fondaparinux (Arixtra®)		
	Pulmonary Arterial Hypertension (PAH)	Ambrisentan (Letaris®)	Bosentan (Tracleer®)	
		Sildenafil (Revatio®)		
12	HEMATOLOGIC AGENTS			
	HEMATOPOIETIC AGENTS			
	Erythropoietins	Darbepoetin alfa (Aranesp®)	Epoetin alfa (Epogen®)	
		Epoetin alfa (Procrit®)		
	Anticoagulants - refer to			
	HEART DISEASE			
13	HEMODIALYSIS			
	Phosphate Binders	Calcium Acetate (PhosLo® - Brand only)	Calcium Acetate (Generics®)	
		Lanthanum (Fosrenol®)	Sevelamer Carbonate (Renvela®)	
		Sevelamer HCL (RenaGel®)		
14	HORMONE THERAPY			
	Androgenic Agents	Testosterone Gel 1% (Testim®)	Testosterone Gel 1% (Androgel®)	
		Testosterone Transdermal Patch (Androderm®)		
15	HYPERLIPIDEMIA - REFER TO HEART DISEASE			
16	IMMUNE DISORDERS - REFER TO MULTIPLE SCLEROSIS			

Prior Authorization PDL Implementation Schedule

02/20/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2009
17	INFECTIOUS DISORDERS			
	ANTIBIOTICS	Amoxicillin/Clavulanate (Tablets & Suspension)	Cefaclor (Raniclor®)	
	Cephalosporin and Related	Amoxicillin/Clavulanate XR (Augmentin XR®)	Cefditoren Pivoxil (Spectracef®)	
	Antibiotics	Cefaclor	Cefpodoxime	
		Cefaclor ER		
		Cefadroxil		
		Cefdinir		
		Cefixime (Suprax®)		
		Ceftibuten (Cedax®)		
		Cefuroxime Axetil		
		Cefprozil		
		Cephalexin		
			ORAL	
	Fluoroquinolones	Ciprofloxacin	Ciprofloxacin Suspension (Cipro Suspension®)	
		Moxifloxacin (Avelox®)	Ciprofloxacin ER	
			Ciprofloxacin ER (Proquin XR®)	
			Gemifloxacin Mesylate (Factive®)	
			Levofloxacin (Levaquin®)	
			Norfloxacin (Noroxin®)	
			Ofloxacin	
	Antibiotics, Gastrointestinal	Metronidazole	Metronidazole ER (Flagyl ER®)	
		Neomycin	Rifaximin (Xifaxan®)	
		Nitazoxanide (Alinia®)		
		Tinidazole (Tindamax®)		
		Vancomycin (Vancocin®)		
	Macrolides - Ketolides	Azithromycin	Clarithromycin	
		Azithromycin ER (Zmax®)	Clarithromycin ER	
		Erythromycin Base	Telithromycin (Ketek®)	
		Erythromycin Estolate		
		Erythromycin Ethylsuccinate		

Prior Authorization PDL Implementation Schedule

02/20/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2009
		Erythromycin Stearate		
	Vaginal	Clindamycin Vaginal Cream	NONE	
		Clindamycin Vaginal Cream (Clindesse®)		
		Clindamycin Vaginal Ovules (Cleocin®)		
		Metronidazole Vaginal Gel Cream		
	OPHTHALMIC ANTIBIOTICS - refer to Ophthalmic Disorders			
	OTIC ANTIBIOTICS - refer to OTIC Agents			
	ANTIFUNGALS			
	Antifungals, Oral	Clotrimazole	Flucytosine (Ancobon®)	
		Fluconazole	Griseofulvin (Grifulvin V®) (Tablets)	
		Griseofulvin Suspension	Itraconazole	
		Griseofulvin (Gris-Peg®)	Posaconazole (Noxafil®)	
		Ketoconazole	Terbinafine Granules (Lamisil Granules®)	
		Nystatin	Voriconazole (VFEND®)	
		Terbinafine (no granules)		
	HEPATITIS AGENTS			
	Hepatitis B Agents	Adefovir Dipivoxil (Hepsera®)	NONE	
		Entecavir (Baraclude®)		
		Lamivudine (EpiVir HBV®)		
		Telbivudine (Tyzeka®)		
	Hepatitis C Agents	Ribavirin	Consensus Interferon (Infergen®)	
		Peginterferon alfa 2A (Pegasys®)		
		Peginterferon alfa 2B (Peg-Intron®)		
		Peginterferon alfa 2B (Peg-Intron Redipen®)		
18	MULTIPLE SCLEROSIS	Glatiramer (Copaxone®)	NONE	
	Multiple Sclerosis Agents	Interferon beta - 1a (Avonex®)		

Prior Authorization PDL Implementation Schedule

02/20/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2009
	(Immunomodulatory Agents)	Interferon beta - 1b (Betaseron®)		
		Interferon beta - 1a (Rebif®)		
19	OPHTHALMIC DISORDERS			
	Allergic Conjunctivitis	Azelastrine Hydrochloride (Optivar®)	Cromolyn Sodium	
		Epinastine HCl (Elestat®)	Emedastine Difumarate (Emadine®)	
		Ketorolac Tromethamine (Acular®)	Ketotifen Fumarate	
		Loteprednol (Alrex®)	Lodoxamine Tromethamine (Alomide®)	
		Olopatadine HCl (Pataday®)	Nedocromil Sodium (Alocril®)	
		Olopatadine HCl (Patanol®)	Pemirolast Potassium (Alamast®)	
	Glaucoma Agents			
	Intraocular Pressure (IOP)	Betaxolol	Bimatroprost (Lumigan®)	
	Reducers	Betaxolol (Betoptic S®)		
		Brimonidine Tartrate (Alphagan P®)		
		Brimonidine Tartrate		
		Brimonidine/Timolol (Combigan®)		
		Brinzolamide (Azopt®)		
		Carteolol		
		Dipivefrin		
		Dorzolamide (Trusopt®)		
		Dorzolamide/Timolol (Cosopt®)		
		Latanoprost (Xalatan®)		
		Levobunolol		
		Metipranolol		
		Pilocarpine		
		Timolol (Betimol®)		
		Timolol Maleate		
		Timolol LA (Istalol®)		
		Travoprost (Travatan, Travantan Z®)		
	Ophthalmics, Antibiotic	Erythromycin	Azithromycin 1% (AzaSite®)	
		Gatifloxacin (Zymar®)	Ciprofloxacin Ointment (Ciloxan®)	

Prior Authorization PDL Implementation Schedule

02/20/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2009
		Levofloxacin (Iquix®)	Ciprofloxacin Solution	
		Maxifloxacin (Vigamox®)	Levofloxacin (Quixin®)	
			Ofloxacin Solution	
	Ophthalmics, NSAIDS	Bromfenac (Xibrom®)	NONE	
		Diclofenac		
		Flurbiprofen		
		Ketorlac (Acular LS®)		
		Ketorac PF (Acular PF®)		
		Nepafenac (Nevanac®)		
20	OTIC AGENTS			
	Fluoroquinolones	Ciprofloxacin/Dexamethasone (Ciprodex OTIC®)	Ciprofloxacin/Hydrocortisone (Cipro HC OTIC®)	
		Ofloxacin (Floxin® - Brand only)	Ofloxacin - Generics	
21	OSTEOPOROSIS			
	Bone Resorption Suppression	Alendronate Sodium (generics only)	Alendronate Sodium (Fosamax Brand only®)	
	Agents	Calcitonin - Salmon (Fortical®)	Alendronate Solution (Fosamax®)	
		Calcitonin-Salmon Nasal (Miacalcin®)	Alendronate/Vit D (Fosamax Plus D®)	
		Ibandronate Sodium (Boniva®)	Etidronate (Didronel®)	
		Risedronate (Actonel®)	Raloxifene (Evista®)	
			Risedronate/Calcium (Actonel with Calcium®)	
			Teriparatide Subcutaneous (Forteo®)	
22	PAIN MANAGEMENT			
	Analgesics/Anesthetic, Topical	Diclofenac Sodium Gel (Voltaren®)	Diclofenac Epolamine Patch (Flector®)	
		Lidocaine Patch (Lidoderm®)		
	Analgesics, Narcotics Short Acting	Acetaminophen w/Codeine	Acetaminophen/Caffeine/Dihydrocodeine Bitartrate (Panlor DC®)	
		Aspirin w/Codeine	Fentanyl Citrate Buccal (Generics & Actiq, Fentora®)	
		Codeine Phosphate	Opium Tincture	
		Codeine Sulfate	Oxymorphone (Numorphan®)	
		Dihydrocodeine Bitartrate/Acetaminophen/Caffeine (Generics)	Oxymorphone IR (Opana®)	

Prior Authorization PDL Implementation Schedule

02/20/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2009
		Hydrocodone/Acetaminophen	Propoxyphene Napsylate (Darvon-N®)	
		Hydrocodone Bitartrate/ibuprofen		
		Hydromorphone		
		Meperidine HCL		
		Morphine Sulfate IR		
		Oxycodone IR		
		Oxycodone/Acetaminophen		
		Oxycodone w/Aspirin		
		Oxycodone/Ibuprofen		
		Pentazocine/Naloxone HCL		
		Pentazocine/Acetaminophen		
		Propoxyphene		
		Propoxyphene HCL w/APAP		
		Propoxyphene Napsylate w/APAP		
		Tramadol		
		Tramadol/Acetaminophen		
22	PAIN MANAGEMENT Cont'			
	Analgesics, Narcotics Long Acting	Fentanyl Transdermal (Duragesic) – Brand only	Fentanyl Transdermal (Generic only)	
		Methadone HCL	Morphine Sulfate ER (Avinza®)	
		Morphine Sulfate ER (Kadian®)	Oxycodone ER	
		Morphine Sulfate ER (Generic)	Oxycodone (Oxycontin®)	
			Oxymorphone ER (Opana ER®)	
			Tramadol ER (Ultram ER®)	
	Nonsteroidal Anti - Inflammatories (NSAIDs)	Celecoxib (Celebrex®)	Diclofenac/Misoprostol (Arthrotec®)	
		Diclofenac	Lansoprazole/Naproxen (Prevacid NapraPAC®)	
		Etodolac	Meclofenamate Sodium	
		Fenoprofen	Mefenamic Acid (Ponstel®)	
		Flurbiprofen	Nabumetone	
		Ibuprofen (Rx Only)	Tolmetin Sodium	
		Indomethacin		
		Ketoprofen		

Prior Authorization PDL Implementation Schedule

02/20/2009

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

Prior Authorization PDL Implementation Schedule

02/20/2009

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