

Prior Authorization PDL Implementation Schedule

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2007
17	INFECTIOUS DISORDERS Cont'			
	ANTIBIOTICS		ORAL	
	Fluoroquinolones	Ciprofloxacin	Ciprofloxacin Suspension (Cipro Suspension®)	
		Ciprofloxacin ER - Generics only	Ciprofloxacin ER (Cipro XR®)	
		Moxifloxacin (Avelox®)	Ciprofloxacin ER (Proquin XR®)	
		Ofloxacin	Gemifloxacin Mesylate (Factive®)	
			Levofloxacin (Levaquin®)	
	Macrolides	Azithromycin	Azithromycin ER (Zmax®)	
		Clarithromycin	Clarithromycin ER (Biaxin XL®)	
		Erythromycin Stearate	Telithromycin (Ketek®)	
		Erythromycin Base		
		Erythromycin Estolate		
		Erythromycin Ethylsuccinate		
	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	Voriconazole (VFEND®)	
		Nystatin		
		Terbinafine (Lamisil®)		
	HEPATITIS AGENTS			
	Hepatitis B Agents	Adefovir Dipivoxil (Hepsera®)	NONE	
		Entecavir (Baraclude®)		
		Lamivudine (EpiVir HBV®)		
		Telbivudine (Tyzeka®)		
	Hepatitis C Agents	Ribavirin (Generics only)	Consensus Interferon (Infergen®)	
		Peginterferon alfa 2A (Pegasys®)	Ribavirin (Copegus®)	
		Peginterferon alfa 2B (Peg-Intron®)	Ribavirin (Rebetol®)	
		Peginterferon alfa 2B (Peg-Intron Redipen®)		
18	MULTIPLE SCLEROSIS	Glatiramer (Copaxone®)	NONE	
	Multiple Sclerosis Agents	Interferon beta - 1a (Avonex®)		
	(Immunomodulatory Agents)	Interferon beta - 1b (Betaseron®)		
		Interferon beta - 1a (Rebif®)		

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