

Prior Authorization PDL Implementation Schedule

2/16/2004

Pharmacy Authorization for Implementation Concerns				Effective Date: April 1, 2004
Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	
1	ADD/ADHD Stimulants and Related Agents	Amphetamine Salts Combo	Atomoxetine (Strattera®)	
		Amphetamine Salts Combo/XR (Adderall XR)	Methylphenidate (Desoxyn®)	
		Dexmethylphenidate (Focalin®)	Modafinil (Provigil®)	
		Desmethylphenidate Sulfate		
		Methylphenidate		
		Methylphenidate ER (Metadate CD)		
		Methylphenidate ER (Concerta®)		
		Methylphenidate LA (Ritalin LA)		
		Methylphenidate/SR (Ritalin SR/Generic)		
		Peroline		
2	ALLERGY Anticholinergic Agents - Nasal	ipratropium (Atrovent®)	NONE	
		Cetirizine Syrup (Zyrtec Syrup) - children 12 years old and under	Cetirizine Syrup (Zyrtec Syrup) - over 12 years old	
		Desloratadine (Clarinex®)	Cetirizine tablets (Zyrtec tablets)	
			Cetirizine/Pseudoephedrine (Zyrtec-D®)	
			Fexofenadine (Allegra®)	
			Fexofenadine/Pseudoephedrine (Allegra-D®)	
		Azelastine (Astelin®)	NONE	
	Antihistamines - Nasal			
	Corticosteroids, Nasal	Flunisolide Spray	Beclomethasone AQ (Beconase AQ®)	
		Fluticasone (Flonase®)	Budesonide Aqua (Rhinosort Aqua®)	
		Mometasone (Nasonex®)	Flunisolide Aqueous (Nasarel®)	
			Flunisolide (Nasacort®)	
			Triamcinolone AQ (Nasacort AQ®)	
3	ALZHEIMER'S Alzheimer's Agents Cholinesterase Inhibitors	Donepezil (Aricept®)	Tacrine (Cognex®)	
		Galantamine (Razadyne®)		
		Rivastigmine (Exelon®)		

2/16/2004

Page 2 of 13

2/16/2004

Item No.	Descriptive Therapeutic Class	Drugs on PDL	Drugs which require PA	Effective Date: April 1, 2004
6	DERMATOLOGY			
	Antiturgals - Topical	Butenafine (Mentax®) Clotrimazole Clotrimazole/Betamethasone Econazole Ketokonazole Ketokonazole (Nizoral Shampoo - Rx ONLY) Natifine (Natifine®) Nystatin Nystatin w/ Triamcinolone Onconazole (Onista®) Sulconazole (Exselam®)	Ciclopirox (Loprox®) Ciclopirox (Pentac®) Terbinafine (Lamisil®)	
	Atopic Dermatitis Immunomodulators	Pimecrolimus (Elidel®) Tacrolimus (Protopic®)	NONE	
7	DIABETES			
	Hypoglycemics, Alpha - Glucosidase Inhibitors	Acarbose (Precose®) Miglitol (Glyset®)	NONE	
	Hypoglycemics, Meglitinides	Nateglinide (Starlix®) Repaglinide (Prandin®)	NONE	
	Hypoglycemics, Metformin Containing	Glyburide/Metformin (Glucovance®) Metformin Rosiglitazone/Metformin (Avandamet®)	Glipizide/Metformin (Metaglip®) Metformin XR (Glucophage XR®)	
	Hypoglycemics, Sulfonylureas	Acetohexamide Chlorpropamide Glimepiride (Amaryl®) Glipizide Glipizide XL (Glucotrol XL®) Gliburide Gliburide Extended Release Tolazamide Tolbutamide	NONE	
	Hypoglycemics, Thiazolidinediones (TZDs)	Pioglitazone (Actos®) Rosiglitazone (Avandia®)	NONE	

Prior Authorization PDL Implementation Schedule

2/16/2004

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2004
7	DIABETES cont'			
	Insulins	Humalog (Children 18 years and under) Novolin L Novolin N Novolin R Novolin 70/30 Novolog Relion R Relion N Relion 70/30 Novolog Mix	Humalog (Over 18 years) Humalog Mix 75/25 Humulin L Humulin N Humulin R Humulin U Humulin 50/50 Humulin 70/30 Lantus	
8	DIGESTIVE DISORDERS			
	Antiemetic Agents	ORAL Aprepitant (Emerge®) Dronabinol (Marinol®) Metoclopramide Ondansetron (Zofran ODT®)	Dolasetron (Anzemet®) Granisetron (Kytril®)	
		INJECTABLE Metoclopramide Injection Ondansetron Injection (Zofran®)	Dolasetron Injection (Anzemet®) Granisetron Injection (Kytril®)	
	Antivertigo Agents	Scopolamine, Transdermal (Transderm Scop)	Scopolamine, Oral (Scopace)	
	GERD AND RELATED DISORDERS			
	H2 Antagonists	Cimetidine Famotidine Ranitidine	Nizatidine (Axid®) Famotidine RPD (Pepoid RPD®) Ranitidine Efferdose (Zantac Efferdose®) Ranitidine Granules (Zantac Granules®)	
	H. Pylori Agents	Bismuth Subsalicylate/Metronidazole/Tetracycline (Helidac®) Amoxicillin Clarithromycin (Biaxin®) Lansoprazole (Prevacid®)	Lansoprazole/Amoxicillin/Clarithromycin (Prevpac®)	
	Proton Pump Inhibitors	Lansoprazole (Prevacid®) Omeprazole Pantoprazole (Protonix®)	Esomeprazole (Nexium®) Rabeprazole (Aciphex®)	

2/16/2004

Pharmacy Benefits Management

Prior Authorization PDL Implementation Schedule

2/16/2004

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2004
10	HEART DISEASE cont			
	HYPERTENSION			
	ACE Inhibitors/Calcium Channel Blockers Combination Products	Amlodipine/Benzazepil (Lotrel®) Verapamil SR/Trandolapril (Tarka®)	Felodipine/E-nalapril (Lexel®)	
	Angiotensin II Receptor Blockers (ARBs)	Ibuprofen (Avapro®) Ibuprofen/HCTZ (Availde®) Olmesartan (Benicar®) Telmisartan (Micardis®) Telmisartan/HCTZ (Micardis HCT®) Valsartan (Diovan®) Valsartan/HCTZ (Diovan HCT®)	Candesartan (Atacand®) Candesartan/HCTZ (Atacand HCT®) Eprosartan (Teveten®) Eprosartan/HCTZ (Teveten HCT®) Losartan (Cozaar®) Losartan/HCTZ (Hyzaar®)	
	Beta Adrenergic Receptor Blocking Agents	Acetabulol Alenol Betaxolol Bisoprolol Fumarate Carvedilol (Coreg®) Labetalol Metoprolol Tartrate Metoprolol XL (Toprol XL) Nadolol Pindolol Propafenol Propafenol LA Propafenol XL (Inopran XL®) Sotalol Sotalol (Betapace AF®) Timolol Maleate	Carvedilol (Coreg®) Pindolol (Levitol®)	
	Calcium Channel Blockers	Diltiazem Diltiazem ER Diltiazem ER (Cardizen LA) Felodipine (Purdine®) Nifedipine Nifedipine SR Nifedipine (Sulan®) Verapamil Verapamil SR	Amlodipine (Norvasc®) Bepridil (Vasorel®) Isradipine (Dynacirc®) Isradipine SR (Dynacirc CR®) Nifedipine SR (Cardene SR®) Nifedipine (Nimodip®) Verapamil ER (Covera HS®) Verapamil ER (Verelan PM®)	
	INTERMITTENT CLAUDICATION AGENTS			
	Intermittent Claudication Agents	Clofazolin (Pletal®) Pentoxifylline	NONE	

Primary Benefits of Accelerated

Prior Authorization PDL Implementation Schedule

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2004
13	HORMONE THERAPY Cont			
	Contraceptives	TRIPHASIC	TRIPHASIC	
	All covered contraceptives are on the PDL.	Cyclessa Empressa, Estrostep Ortho Tri-Cyclen, Ortho-Novum 7/7/7 Tri-Levlen, Tri-Norinyl, Triphasil, Triora PROGESTIN ONLY	NONE PROGESTIN ONLY	
		Nor-O.D. Ortho Micronor Ovrette EMERGENCY CONTRACEPTION Preven	NONE EMERGENCY CONTRACEPTION	
		TRANSDERMAL & VAGINAL RING NuvaRing Ortho Evra	NONE TRANSDERMAL & VAGINAL RING	
	Estrogen Agents - Oral and Transdermal	ORAL Conjugated Estrogens (Premarin®) Dienylstilbestrol Esterified Estrogens (Menest®) Estradiol Estropipate Synthetic Conjugated Estrogens (Cenestin®) TRANSDERMAL PATCH Estradiol	Esterified Estrogens (Estratab) Estradiol (Climara®)	
	Combination Estrogen Agents	17β-Estradiol/Norgestimate (Ortho-Prefest®) Conjugated Estrogens (CE)/Medroxyprogesterone Acetate (MPA) (Premphase) Conjugated Estrogens /Medroxyprogesterone Acetate (Prempro)	17β-Estradiol/Norethindrone Acetate (Activella®) 17β-Estradiol/Norethindrone Acetate (Combipatch) Ethinyl Estradiol/Norethindrone Acetate (Femhr)	
14	HYPERLIPIDEMIA - REFER TO HEART DISEASE			
15	IMMUNE DISORDERS - REFER TO MULTIPLE SCLEROSIS			
16	INFECTIOUS DISORDERS			
	ANTIBIOTICS			
	Cephalexin and Related Antibiotics	Amoxicillin/Clavulanate Amoxicillin/Clavulanate (Augmentin ES-600®) Amoxicillin/Clavulanate XR (Augmentin XR®) Cefaclor Cefaclor ER (Ceclor CD®) Cefadroxil Monohydrate Cefdinir (Omnicef®) Cefixime Proxetil (Spectracef®) Cefuroxime Axetil Cephalexin Cephadrine	Cefprozil (Cefzil®) Cefpodoxime Proxetil (Vantin®) Cefixime (Cedax®) Loracarbef (Lorabid®)	

Prior Authorization PDL Implementation Schedule

2/16/2004

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2004
16	INFECTIOUS DISORDERS Cont'			
	ANTIBIOTICS			
	Fluoroquinolones	INJECTABLE Ciprofloxacin (Cipro®) Gatifloxacin (Iequin®) Levofloxacin (Levaquin®) Moxifloxacin (Avelox®)	Ofloxacin (Floxin®)	
		ORAL Ciprofloxacin (Cipro®) Ciprofloxacin ER (Cipro XR®) Gatifloxacin (Iequin®) Levofloxacin (Levaquin®) Moxifloxacin (Avelox®)	Lomefloxacin (Maxaquin®) Norfloxacin (Noroxin®) Ofloxacin (Floxin®) Sparfloxacin (Zagam®)	
	Macrolides	Azithromycin (Zithromax®) Clarithromycin (Biaxin®) Clarithromycin ER (Biaxin XL®) Dirithromycin (Dynabac®) Erythromycin Base Erythromycin Estolate Erythromycin Estlysuccinate Erythromycin Stearate	Erythromycin Base (PCE 333mg & 500mg)	
	OPTIC ANTIBIOTICS - refer to Ophthalmic Disorders			
	OTIC ANTIBIOTICS - refer to OTIC Agents			
	ANTIFUNGALS			
	Antifungals, Oral	Fluconazole (Diflucan®) Griseofulvin Ketoconazole Nystatin Terbinafine (Lamisil®)	Clotrimazole (Mycelex Troche®) Fluconazole (Ancobond®) Itraconazole (Sporanox®) Nystatin (Mycostatin pastilles) Voriconazole (Vfend®)	
	ANTIVIRALS			
	Antivirals	Acyclovir Amantadine HCl Ganciclovir (Cytovene®) Oseltamivir (Tamiflu®) Rimantadine HCl Valacyclovir (Valtrex®)	Fanciclovir (Famvir®) Valganciclovir (Valcyte®) Zanamivir (Relenza®)	

Prior Authorization PDL Implementation Schedule

2/16/2004

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2004
17	MULTIPLE SCLEROSIS Multiple Sclerosis Agents (Immunomodulatory Agents)	Interferon beta - 1a (Avonex®) Interferon beta - 1a (Betaseron®)	Glatiramer (Copaxone®) Interferon beta - 1a (Rebif®)	
18	OPHTHALMIC DISORDERS Allergic Conjunctivitis	Azelastine Hydrochloride (Optivar®) Cromolyn Sodium Emedastine Difumarate (Emadine®) Ketorolac Tromethamine (Acular®) Levocabastine (Livostin®) Lodoxamide (Alrex®) Olopatadine Hydrochloride (Patanol®) Pemrolast Potassium (Alamast®)	Ketotifen Fumarate (Zaditor®) Lodoxamine Tromethamine (Alomide®) Nedocromil Sodium (Alocril®)	
	Glaucoma Agents Intraocular Pressure (IOP) Reducers	Betaxolol Bimatoprost (Lumigan®) Brimonidine (Alphagan P®) Brimonidine Tartrate Brimonidine (Azopt®) Carteolol Dipivefrin Dorzolamide (Trusopt®) Dorzolamide/Timolol (Cosopt®) Epinephrine Levobunolol Meprotanediol Pilocarpine Timolol (Betimol®) Timolol Maleate	NONE	
	Prostaglandin Inhibitors	Bimatoprost (Lumigan®) Latanoprost (Xalatan®) Travoprost (Travatan®)	Unoprostone (Rescula®)	
	Antibiotics, Ophthalmic	Bacitracin Ciprofloxacin (Ciproxin®) Erythromycin Gentamicin Sulfate Levofloxacin (Quixin®) Moxifloxacin (Vganox®) Ofloxacin (Ocuflox®) Tobramycin Sulfate	Gatifloxacin (Zymar®)	
19	OTIC AGENTS Antibiotics, Others	Neomycin/Colistin/Thonzonium/HC (Col-Mycin S) Neomycin/Polymyxin/HC (Pedic®) Neomycin/Polymyxin/HC	Neomycin/Colistin/Thonzonium/HC (Cortisporin - TC)	
	Fluoroquinolones	Ciprofloxacin/Dexamethasone (Ciprodex OTC®) Ofloxacin (Floxin OTC®)	Ciprofloxacin/Hydrocortisone (Cipro HC OTC®)	
20	OSTEOPOROSIS Bone Resorption Suppression Agents	Alendronate (Fosamax®) Calcitonin salmon (Miacalcin®) Risedronate (Actonel®)	Etidronate (Didronel®) Raloxifene (Evista®) Teriparatide (Forteo)	

Prior Authorization PDL Implementation Schedule

2/16/2004

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2004
21	PAIN MANAGEMENT			
	Narcotics			
	Acetaminophen w/Codeine	Aspirin/Caffeine/Dihydrocodeine Bitartrate (Synalgos-DC)		
	Acetaminophen/Caffeine/Dihydrocodeine Bitartrate (Pantor SS)	Acetaminophen w/Codeine (Capital w/Codeine)		
	Aspirin w/Codeine	Fentanyl Citrate (Actiq®)		
	Belladonna & Opium	Hydrocodone/Acetaminophen (Maxidone Zydore)		
	Buprenorphine Compound w/Codeine	Morphine Sulfate ER (Kadian®)		
	Buprenorphine w/Codeine	Opium Tincture		
	Codeine Phosphate	Oxycodone (Roxicodone/Roxicodone Intenso®)		
	Codeine Sulfate	Oxycodone/Acetaminophen (Percocet 10/325mg/2.5/325mg)		
	Dihydrocodeine/APAP/Caffeine	Oxycodone CR (Oxycontin®)		
	Fentanyl Transdermal (Duragesic®)	Oxycodone (Numorphan®)		
	Fortal w/Codeine #3	Propoxyphene Napsylate (Darvon-N®)		
	Hydrocodone/Acetaminophen			
	Hydrocodone Bitartrate/Bupropion (Vicoprofen®)			
	Hydromorphone HCL			
	Meperidine HCL			
	Meperidine w/Promethazine (generic only)			
	Methadone HCL			
	Methadose			
	Morphine Sulfate (Oral)			
	Morphine Sulfate (Rectal)			
	Morphine Sulfate ER (Avizae®)			
	Morphine Sulfate IR			
	Oxycodone HCL (except Roxicodone, Roxicodone Intenso®)			
	Oxycodone w/Acetaminophen (Roxicet®)			
	Oxycodone w/Aspirin			
	Pentazocine/Naloxone HCL			
	Pentazocine/Acetaminophen			
	Propoxyphene HCL/Propoxyphene HCL Compound			
	Propoxyphene HCL w/APAP/Propoxyphene Napsylate w/APAP			
	Tramadol (Ultram®)/Tramadol/Acetaminophen (Ultracet®)			

Prior Authorization PDL Implementation Schedule

2/16/2004

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: April 1, 2004
21	PAIN MANAGEMENT Cont Nonsteroidal Anti - Inflammatories (NSAIDs)	Diclofenac	Diclofenac/Misoprostol (Arthrocare®)	
		Etoricoxib		
		Fenoprofen		
		Flurbiprofen		
		Ibuprofen		
		Indomethacin		
		Ketoprofen		
		Ketorolac		
		Meclofenamate Sodium		
		Metenamic Acid (Ponstel®)		
		Meloxicam (Mobic®)		
		Nabumetone		
		Naproxen		
		Naproxen Sodium		
		Oxaprozin		
		Piroxicam		
		Sulindac		
		Tolmetin Sodium		
		Rofecoxib (Vioxx®)	Celecoxib (Celebrex®)	
		Valdecoxib (Bextra®)		
Selective Cyclooxygenase Cox 2 Inhibitors	Skeletal Muscle Relaxants	Baclofen	Dantrolene (Dantrolene®)	
		Carisoprodol		
		Chlorzoxazone		
		Cyclobenzaprine		
		Diazepam		
		Metaxalone (Skelaxin®)		
		Methocarbamol		
		Orphenadrine Citrate		
		Tizanidine (Zanaflex®)		
		Almotriptan (Axept®)	Frovatriptan (Frova®)	
Triptans		Rizatriptan (Maxalt, Maxalt MLT®)	Naratriptan (Amerge®)	
		Sumatriptan (Imitrex - tablets, nasal spray and injection)	Zolmitriptan (Zomig, Zomig ZMT®)	
			Eletriptan (Relpax®)	

Pharmacy Benefits Management