

Prior Authorization PDI Implementation Schedule

9/2/2004

Item Nm	Descriptive Therapeutic Class	Drugs on PDI	Drugs which require PA	Effective Date: October 1, 2004	
1 ADD/ADHD	Stimulants and Related Agents	Amphetamine Mixed Salt Amphetamine Mixed Salt ER (Adderall XR) Dextroamphetamine Methamphetamine HCl Methylphenidate Methylphenidate ER Methylphenidate ER (Concerta®, Metadate CD®) Pemoline	Atomoxetine (Strattera®) Modafinil (Provigil®)		
2 ALLERGY	Anticholinergic Agents - Nasal	Ipratropium (Atrovent®)	NONE		
	Antihistamines - Nasal	Azelastine (Asteelin®)			
	Corticosteroids, Nasal	Flunisotide Spray Fluticasone (Flonase®)	Budesonide AQ (Becotide AQ®) Budesonide Aquia (Rhinocort Aquia®) Flunisotide Aqueous (Nasarel®) Mometasone (Nasonex®) Triamcinolone AQ (Nasacort AQ®)		
3 ALZHEIMER'S	Alzheimer's Agents	Donepezil (Aricept®) Galantamine (Reminyl®) Rivastigmine (Exelon®)	Tacrine (Cogreex®)		

Prior Authorization PDL Implementation Schedule

卷之三

Prior Authorization PDL Implementation Schedule

9/2/2004

Item Nor Nbr	Description Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date October 1, 2004
6 DERMATOLOGY				
Antifungals - Topical				
		Butenafine (Mentax®) Clotrimazole Clotrimazole/Betamethasone Econazole Ketoconazole Ketoconazole (Nizoral Shampoo - Rx ONLY) Maitline (Natin®) Nyistatin Nyistatin w/ Triamcinolone Oxiconazole (Oxistar®) Sulconazole (Exaderm),	Ciclopirox (Loprex®) Ciclopirox (Penlac®) Terbinafine (Lamisil®)	
Atopic Dermatitis Immunomodulators				
7 DIABETES				
Hypoglycemics, Alpha - Glucosidase Inhibitors	Miglitol (Glyset®)	Pimecrolimus (Elidel®) Tacrolimus (Protopic®)	Acarbose (Precose®)	
Hypoglycemics, Meglitinides	Nateglinide (Starlix®)	Repaglinide (Pranditope)		
Hypoglycemics, Metformin Containing	Metformin	Metformin ER (Fortamet®) Metformin XR	NONE	
Hypoglycemics, Sulfonylureas	Acetohexamide Chlorpropamide Glimepiride (Amaryl®) Glipizide Glipizide XL (Glucotrol XL®) Glyburide Glyburide Extended Release Tolazamide Tolbutamide	Metformin Oral Solution (Romeo®) Metformin/Glipizide (Metajdp®) Metformin/Glibenclamide (Avandamet®)	NONE	
Hypoglycemics, Thiazolidinediones (TZDs)	Fing列tatin (Actos®) Rosiglitazone (Avandia®)	NONE		

Prior Authorization PDL Implementation Schedule

9/2/2004

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

Prior Authorization PDL Implementation Schedule

9/2/2004

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date October 1, 2004
6	DIGESTIVE DISORDERS cont'			
	ULCERATIVE COLITIS	Balsalazide (Colazal®)	Mesalamine Enemas (Rowasa®)	
	Ulcerative Colitis Agents	Mesalamine (Asacol®)	Mesalamine (Pentasa®)	
		Mesalamine Suppositories (Canasa®)	Olsalazine (Dipentum®)	
		Sulfasalazine		
9	GROWTH DEFICIENCY			
	Growth Hormones	Somatropin (Genotropin®)	Somatrem (Protropin®)	
		Somatropin (Norditropin®)	Somatropin (Humatrope®)	
		Somatropin (Nutropin AQ®)	Somatropin (Saizen®)	
		Somatropin (Nutropin Depot)	Somatropin (Serostim®)	
10	HEART DISEASE			
	HYPERTROPHIC CARDIOMYOPATHY			
	Antihyperlipidemic Agents -			
	Non Statins	Cholestryamine	Colesevelam (Welchol®)	
		Colestipol (Colestid®)	Ezetimibe (Zetia)	
		Gemfibrozil	Fenofibrate (Lofibra®)	
		Fenofibrate (Tricor®)		
		Niacin ER (Niaspan®)		
		Niacin ER/Lovastatin (Advicor®)		
	Statins			
		Atorvastatin (Lipitor®)	Pravastatin/Buffered Aspirin (Pravgard PAC)	
		Fluvastatin (Lescol®)	Rosuvastatin (Crestor®)	
		Fluvastatin XL (Lescol XL®)		
		Lovastatin		
		Lovastatin ER (Altocore®)		
		Pravastatin (Pravachol®)		
		Simvastatin (Zocor®)		
	HYPERTENSION			
	ACE Inhibitors			
		Benazepril	Quinapril (Accupril®)	
		Benazepril/HCTZ		
		Captopril		
		Captopril/HCTZ		
		Enalapril		
		Enalapril/HCTZ		
		Fosinopril		
		Fosinopril/HCTZ (Monopril-HCT®)		
		Lisinopril		
		Lisinopril/HCTZ		
		Moexipril		
		Moexipril/HCTZ (Uniretic®)		
		Perindopril (Aceon®)		
		Quinapril-HCTZ (Accuretic®)		
		Ramipril (Altace®)		
		Trandolapril (Mavik®)		

Prior Authorization PDL Implementation Schedule

9/2/2004

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2004
10	HEART DISEASE cont'			
	HYPERTENSION			
	ACE Inhibitors/Calcium Channel Blockers Combination Products	Amlodipine/Benazepril (Lotrel®) Verapamil SR/Tarololapril (Tarka®)	Felodipine/Enalapril (Lexel®)	
	Angiotensin II Receptor Blockers (ARBs)	Eprostan (Teveten®) Eprostan/HCTZ (Teveten HCT®) Ibresartan (Avapro®) Ibresartan/HCTZ (Avadirect®)	Candesartan (Atacand®) Candesartan/HCTZ (Atecard HCT®)	
	Beta Adrenergic Receptor Blocking Agents	Iosartan (Cozaire®) Iosartan/HCTZ (Hyaat®) Olmesartan/HCTZ (Benicar®) Olmesartan/HCTZ (Benicar HCT®) Teimisartan (Micardis®) Teimisartan/HCTZ (Micardis HCT®) Valsartan (Diovan®) Valsartan/HCTZ (Diovan HCT®)		
		Acebutolol Atenolol Betaxolol Bisoprolol Fumarate Carvedilol (Coreg®) Labetalol Metoprolol Tartrate Metoprolol XL (Toprol XL) Nadolol Pindolol Propranolol Propranolol XL (Innopran XL®) Sotalol Sotalol (Betapace AF®) Timolol Maleate	Canebol (Cartrol®) Penbutolol (Levato®) Propranolol LA (Inderal LA®)	
	Calcium Channel Blockers	Amiodipine (Norvasc®) Diltiazem Diltiazem ER Diltiazem SR Diltiazem LA (Cardizem LA) Felodipine (Plendil®) Isradipine (Dynacirc®) Isradipine SR (Dynacirc CR®) Nicardipine Nifedipine Nifedipine SR Nisoldipine (Sular®) Verapamil Verapamil SR	Bapridil (Vascon®) Nicardipine SR (Cardene SR®) Nimodipine (Nimotop®) Verapamil ER (Covera HS®) Verapamil ER (Veteban PH®)	
	INTERMITTENT CLAUDICATION AGENTS	Cilostazol (Pletal®) Pentoxifylline	NONE	
	Intermittent Claudication Agents			

Prior Authorization PDL Implementation Schedule

9/2/2004

Item No.	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date October 1, 2004
10	HEART DISEASE cont' PLATELET AGGREGATION INHIBITORS Platelet Aggregation Inhibitors	Aspirin/Dipyridamole ER (Aggrenox®) Clopidogrel (Plavix®) Dipyridamole	Ticloplipine	
11	ANTICOAGULANTS, INJECTABLES Anticoagulants, Injectables	Dalteparin (Fragmin®) Fondaparinux (Arixtra®) Enoxaparin (Lovenox®) - Pediatric use only (21 years old and Under) Tinzaparin (Innohep®) Danaparoid (Avanesp®)	Enoxaparin (Lovenox®) Over 21 years old	
12	HEMATOLOGIC AGENTS HEMATOPOIETIC AGENTS Erythropoietins	Epoetin alfa (Procrit®) Darbepoetin alfa (Aranesp®)	Epoetin alfa (Epogen®)	
13	ANTI-COAGULANTS - refer to HEART DISEASE			
	HORMONE THERAPY Contraceptives All covered contraceptives are on the PDI.	Alesse; Aria; Aviane Brevicon Demulen; Desogen Lessina; Levon; Levite; Levora Lo/Ovral; Loestin; FE; Low-Ogesterel Microgestin FE; Modicon Nason; Netaiva; Nordette; Norinyl; Norrel Ogestrel; Ortho-Cept; Ortho-Cyclen; Ortho-Novum Ovcon; Oval Portia Yasmin Zovia 150	MONOPHASIC MONOPHASIC NONE MONOPHASIC	NONE
	BIPHASIC	BIPHASIC	BIPHASIC	
	Kaniva Mircette Necon Ortho-Novum 10/11			

Prior Authorization PDL Implementation Schedule

9/2/2004

Prior Authorization PDL Implementation Schedule

9/2/2004

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2004
16	INFECTIOUS DISORDERS Cont'			
	ANTIBIOTICS			
	Fluoroquinolones	INJECTABLE	NONE	
	Ciprofloxacin (Cipro®)			
	Gatifloxacin (Tequin®)			
	Levofloxacin (Levaquin®)			
	Moxifloxacin (Avelox®)			
	Oftloxacin (Floxin®)			
	Macrolides			
	Azithromycin (Zithromax®)	INJECTABLE	NONE	
	Clarithromycin (Blaxin®)			
	Clarithromycin ER (Blaxin XI®)			
	Erythromycin Stearate			
	Erythromycin Base			
	Erythromycin Esterate			
	Erythromycin Ethylsuccinate			
	OPHTHALMIC ANTIBIOTICS - refer to Ophthalmic			
	OTIC ANTIBIOTICS - refer to OTC Agents			
	ANTIFUNGALS			
	Antifungals, Oral			
	Fluconazole (Diflucan®)	INJECTABLE	NONE	
	Griseofulvin			
	Ketoconazole			
	Nystatin			
	Terbinafine (Lamisil®)			

Prior Authorization PDL Implementation Schedule

9/2/2004

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2004
17	MULTIPLE SCLEROSIS			
	Multiple Sclerosis Agents (Immunomodulatory Agents)	Interferon beta - 1a (Avonex®) Interferon beta - 1b (Betaseron®)	Glatiramer (Copaxone®) Interferon beta - 1a (Rebif®)	
18	OPHTHALMIC DISORDERS			
	Allergic Conjunctivitis	Azelastine Hydrochloride (Optivar®) Cromoly Sodium Emedastine Dipropionate (Emadine®) Ketorolac Tromethamine (Acular®) Levocabastine (Ludosin®) Loteprednol (Alerix®) Olopatadine Hydrochloride (Patanol®) Pemafylline Potassium (Alamast®)	Ketotifen Fumarate (Zaditor®) Lodoxamina Tromethamine (Alomide®) Nedocromil Sodium (Aerol®)	
	Glaucoma Agents			
	Intraocular Pressure (IOP) Reducers	Betaxolol HCL Betaxolol HCL (Betoptic S®) Brimonidine Tartrate Brimonidine (Alphagen P®) Carteolol Dipivefrin Dorzolamide (Trusopt®) Epinephrine Levobunolol Metipranolol Pilocarpine Timolol (Betimol®) Timolol Maleate	NONE	
	Prostaglandin Inhibitors	Bimatoprost (Lumigan®) Latanoprost (Xalatan®) Travoprost (Travatan®)	Umipostone (Rescue®)	
	Antibiotics, Ophthalmic	Bacitracin Ciprofloxacin (Ciloxan®) Erythromycin Gentamicin Sulfate Levonoxacin (Quikine®) Moxifloxacin (Vigamox®) Ofloxacin (Ocufolex) Tobramycin Sulfate	Gatifloxacin (Zymar®)	
19	OTIC AGENTS			
	Antibiotics, Others	Neomycin/Collistin/Thornzonium/HC (Coly-Mycin S) Naotycin/Polymyxin HC (Pedotic®) Neotycin/Polymyxin HC	Neomycin/Collistin/Thornzonium/HC (Cortisporin - TC®)	
	Fluoroquinolones	Ciprofloxacin/Dexamethasone (CiproDex OTIC®) Ofloxacin (Floxin OTIC®)	Ciprofloxacin/Hydrocortisone (Cipro HC OTIC®)	
20	OSTEOPOROSIS			
	Bone Resorption Suppression Agents	Alendronate (Fosamax®) Calcitonin-Salmon (Miacalcin®) Risedronate (Actone®)	Etidronate (Didronel®) Raloxifene (Evista®) Teriparatide (Forteo)	

Prior Authorization PDL Implementation Schedule

9/2/2004

Item #	Descriptive Therapeutic Class	Drug on PDL	Drugs which Require PA	Effective Date: October 1, 2004
21	PAIN MANAGEMENT Narcotics	Acetaminophen w/Codiene (Capital w/Codiene) Acetaminophen/Caffeine/Dihydrocodeine Bitartrate (Parlor DC®, Parlor SS®) Aspirin w/Codiene Belladonna & Opium Butalithal Compound w/Codiene ButalithalCaff/APC/Codiene Butorphanol Tartrate Carisoprodol Compound/Codasine Codeine Phosphate Codeine Sulfate Fentanyl Transdermal (Duragesic®) Flortal w/Codene #3 Hydrocodone/Acetaminophen Hydrocodone/Acetaminophen (Maxidone®, Zydone®) Hydrocodone Bitartrate/Ibuprofen (Ketoprofen) Hydromorphone HCL Meperidine HCL Meperidine w/Promethazine Methadone HCL Methadose Morphine Sulfate (Oral) Morphine Sulfate (Rectal) Morphine Sulfate ER (Avinza®) Morphine Sulfate IR (Kadian®) Oxycodone HCL Oxycodone/Acetaminophen Oxycodone/Acetaminophen (Percocet 10/325mg, 2.5/325mg, 5/325mg) Oxycodone w/Acetaminophen (Roxicet®) Oxydone w/Aspelin Pentazocine/Naloxone HCL Pentazocine/Acetaminophen Propoxyphene HCL Propoxyphene HCL Compound Propoxyphene HCL w/APAP Propoxyphene Napsylate w/APAP Tramadol (Ultram®) Tramadol/Acetaminophen (Ultrace®)	Aspirin/Caffeine/Dihydrocodeine Bitartrate (Synatex DC®) Fentanyl Citrate (Actiq®) Opium Tincture Oxycodone SR Oxymorphone (Numorphan®) Propoxyphene Napsylate (Parvon-N®)	

Prior Authorization PDL Implementation Schedule

9/2/2004

Item No.	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2004
21	PAIN MANAGEMENT Cont' Nonsteroidal Anti - Inflammatories (NSAIDS)	Diclofenac Etoricoxib Fenoprofen Flurbiprofen Ibuprofen Indometacin Ketoprofen Ketorolac Lansoprazole/Naproxen (Prevacid NapraPAC) Meclofenamate Sodium Meferanamic Acid (Ponstel®) Meloxicam (Mobic®) Nabumetone Naproxen Naproxen Sodium Oxaprozim Piroxicam Sulindac Tolmetin Sodium	Diclofenac/Misoprostol (Athrotec®)	
	Selective Cyclooxygenase Cox 2 Inhibitors	Celecoxib (Celebrex®) Valdecoxib (Bextra®)	NONE	
	Immunomodulators and Related Agents for Arthritis	Adalimumab (Humira®) Etanercept (Enbrel®) Leflunomide (Arava®)	Azakinra (Kineret®) Infliximab (Remicade®)	
	Skeletal Muscle Relaxants	Baclofen Carisoprodol Chlorzoxazone Cyclobenzaprine Diazepam Metaxalone (Skelaxin®) Methocarbamol Ophendate Citrate Trizadine (Zanaflex®)	Dantrolene (Dantrium®)	
	Triptans	Rizatriptan (Maxalt®, Maxalt MLT®) Sumatriptan (Imitrex Nasal) Sumatriptan (Imitrex Oral) Sumatriptan (Imitrex Subcutaneous) Zolmitriptan (Zomig, Zomig-ZMT®) Zolmitriptan (Zomig nasal)	Almotriptan (Axert®) Eletriptan (Relefact®) Frovatriptan (Frova®) Naratriptan (Amerge®) Zolmitriptan (Zomig, Zomig-ZMT®)	

Prior Authorization PDI Implementation Schedule

9/2/2004

Item Nbr	Description Therapeutic Class	Drugs on PRI	Drugs which Require PA	Effective Date: October 1, 2004
22	PARKINSON'S Antiparkinson Agents "Anticholinergic and Other"	Benztropine Mesylate Entacapone (Comtan®) Levodopa (Larotop®) Levodopa/Carbidopa Levodopa/Carbidopa/Entacapone (Stalevo®) Perogidonide Pramipexole (Mirapex®) Ropinirole (Requip®) Selegiline Trihexyphenidyl	Procyclidine (Kemadief®) Tolcapone (Tasmar®)	
23	SEDATIVE/HYPNOTICS Sedative/Hypnotics	Chloral Hydrate Estazolam Flurazepam Temazepam Triazolam Zolpidem (Ambien®)	Quazepam (Doral®) Zaleplon (Sonata®)	
24	UROLOGY Incontinence Antiincontinence Agents	Flavoxate Oxybutynin Oxybutynin extended-release (Ditropan XL®) Oxybutynin transdermal (Oxytrol®)	Tolterodine (Detrol®) Tolterodine extended-release (Detrol LA®)	
	PROSTATE Drug for Treatment of Benign Prostatic Hyperplasia (BPH)	Aflutuzosin (Uroxatral®) Doxazosin Dutasteride (Avodart®) Finasteride (Proscar®) Tamsulosin (Flomax®) Terazosin	NONE	