#03-03 Prior Authorization PDL Implementation Schedule
UPDATES

		Drugs on PDL	Drugs which Require PA	Implementation Date
9.	**Selective Serotonin Reuptake Inhibitors**	Citalopram (Celexa) Paroxetine (Paxil) Fluoxetine Fluvoxamine **Paroxetine CR (Paxil CR)**	Fluoxetine (Sarafem) Fluoxetine Weekly (Prozac Weekly) Sertraline (Zoloft) **Escitalopram (Lexapro)**	April 1, 2003
12.	**Angiotensin II Receptor Blockers (ARBs)**	Telmisartan (Micardis) Telmisartan/HCTZ (Micardis HCT) Valsartan (Diovan) Valsartan/HCTZ (Diovan HCT)	Candesartan (Atacand) Candesartan/HCTZ (Atacand HCT) Eprosartan (Teveten) Irbesartan (Avapro) Irbesartan/HCTZ (Avalide) Losartan (Cozaar) Losartan/HCTZ (Hyzaar) **Olmesaratan (Benicar)**	April 1, 2003
15.	**Biguandes/Combination Products**	Metformin **Rosiglitazone/Metformin (Avandamet)**	Metformin XR (Glucophage XR) Metformin/Glyburide (Glucovance) **Glipizide/Metformin (Metaglip)**	April 1, 2003
16.	**Cephalosporin and Related Antibotics**	Amoxicillin/Clavulanate (Augmentin) Amoxicillin/Clavulanate (Augmentin ES-600) **Amoxicillin/Clavulanate XR (Augmentin XR)** Cefaclor Cefaclor ER Cefadroxil Monohydrate Cefdinir (Omnicef) Cefditoren Pivoxil (Spectracef) Cefixime (Suprax) Cefprozil (Cefzil) Cefuroxime Axetil Cephalexin Cephradine	Cefpodoxime Proxetil (Vantin) Ceftibuten (Cedax) Loracarbef (Lorabid)	April 1, 2003
20.	**Oral Antifungals**	Fluconazole (Diflucan) Griseofulvin Ketoconazole Nystatin Terbinafine (Lamisil)	Clotrimazole (Mycelex Troche) Flucytosine (Ancobon) Itraconazole (Sporanox) **Voriconazole (VFEND)**	April 1, 2003
26.	**Bone Resorption Suppression Agents**	Alendronate (Fosamax) Calcitonin-salmon (Miacalcin) Risedronate (Actonel)	Etidronate (Didronel) Raloxifene (Evista) Tiludronate (Skelid) **Teriparatide (Forteo)**	April 1, 2003

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UPDATES Continued

	Drugs on PDL	Drugs which Require PA	Implementation Date
27. **Narcotics**	Acetaminophen w/Codeiene Acetaminophen/Caffeine/Dihydrocodeine Bitartrate (Panlor SS) Aspirin w/Codeine Belladonna & Opium Butalbital Compound w/Codeine Butalbital/Caff/APAP/Codeine Codeine Phosphate Codeine Sulfate Dihydrocodeine/APAP/Caffeine Fentanyl Transdermal (Duragesic) Flortal w/Codeine #3 Hydrocodone/Acetaminophen Hydrocodone Bitartrate/ibuprofen (Vicoprofen) Hydromorphone HCL Meperidine HCL Methadone HCL Methadose Morphine Sulfate (Oral) Morphine Sulfate (Rectal) **Morphine Sulfate ER (Avinza)** Morphine Sulfate IR Oxycodone HCL (except Roxicodone, Rixicodone Intensol) Oxycodone w/Acetaminophen (Roxicet) Oxycodone/Acetaminophen 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)	Aspirin/Caffeine/Dihydrocodeine Bitartrate (Synalgos-DC) Acetaminophen w/Codeine (Capital w/Codeine) Fentanyl Citrate (Actiq) Hydrocodone/Acetaminophen (Maxidone; Zydone) Morphine Sulfate ER (Kadian) Opium Tincture Oxycodone (Roxicodone; Roxicodone Intensol) Oxycodone/Acetaminophen (Percocet 10/325mg; 2.5/325mg; 7.5/325mg) Oxycodone CR (Oxycontin) Oxymorphone (Numorphan) Propoxyphene Napsylate (Darvon-N)	April 1, 2003
41. **Antihyperlipidemic Agents - Non Statins**	Cholestyramine Clofibrate Colestipol (Colestid) Fenofibrate (Tricor) Gemfibrozil Niacin ER (Niaspan) Niacin ER/Lovastatin (Advicor) Cholestyramine/Aspartane	Colesevelam (Welchol) **Ezetimibe (Zetia)**	April 1, 2003

#03-03 Prior Authorization PDL Implementation Schedule

UPDATES Continued

		Drugs on PDL	Drugs which Require PA	Implementation Date
48.	**Erythropoietins**	**Darbepoetin alfa (Aranesp) - children and adults** Epoetin alfa (Epogen; Procrit)	**NONE**	April 1, 2003
53.	**Atopic Dermatitis Immunomodulators**	Pimecrolimus (Elidel) **Tacrolimus (Protopic)**	**NONE**	April 1, 2003