

**HEALTH AND HUMAN SERVICES COMMISSION**  
**TEXAS MEDICAID PREFERRED DRUG LIST (PDL) and PRIOR AUTHORIZATION (PA) CRITERIA**  
**Highlighted Changes Effective: July 22, 2009**

THERAPEUTIC DRUG CLASS	PA NOT Required		PA IS Required	PA CRITERIA
	PREFERRED BRAND NAME AGENTS	GENERIC AGENTS	NON-PREFERRED AGENTS	
ACNE AGENTS, TOPICAL	<b>ANTIBIOTICS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
		clindamycin erythromycin	AKNE-MYCIN (erythromycin) CLINDAGEL (clindamycin) CLINDAREACH (clindamycin) EVOCLIN (clindamycin)	
	<b>RETINOIDS</b>			
	DIFFERIN (adapalene)	tretinoin	ATRALIN (tretinoin) RETIN-A MICRO (tretinoin) TAZORAC (tazarotene)	
	<b>OTHERS</b>			
ACANYA (benzoyl peroxide/clindamycin) EPIDUO (benzoyl peroxide/adapalene) BENZA CLIN (benzoyl peroxide/clindamycin) NUOX (benzoyl peroxide/sulfur)	benzoyl peroxide <sup>PPG</sup>	ACZONE (dapson) AZELEX (azelaic acid) BENZAMYCIN (benzoyl peroxide/erythromycin) BREVOXYL (benzoyl peroxide) CLINAC BPO (benzoyl peroxide) DUAC (benzoyl peroxide/clindamycin/erythromycin/benzoyl peroxide) INOVA (benzoyl peroxide) INOVA 4/1 (benzoyl peroxide/salicylic acid) KLARON (sodium sulfacetamide) NEOBENZ MICRO (benzoyl peroxide/sulfacetamide) SULFOXYL (benzoyl peroxide/sulfur) TRIAZ (benzoyl peroxide) ZIANA (clindamycin/tretinoin) ZODERM (benzoyl peroxide)		

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ALZHEIMER'S AGENTS	<b>CHOLINESTERASE INHIBITORS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> <li>• Patients on a non-preferred product will be authorized to continue on that product.</li> </ul>
	ARICEPT (donepezil) ARICEPT ODT (donepezil) EXELON (rivastigmine)		COGNEX (tacrine) galantamine galantamine ER RAZADYNE (galantamine) RAZADYNE ER (galantamine)	
	<b>NMDA RECEPTOR ANTAGONIST</b>			
	NAMENDA (memantine)			
<b>ANALGESICS, NARCOTIC – LONG ACTING</b>	KADIAN (morphine) OPANA ER (oxymorphone)	fentanyl patch <sup>PPG</sup> morphine <sup>PPG</sup>	AVINZA (morphine) DURAGESIC (fentanyl) MS CONTIN (morphine) oxycodone ER OXYCONTIN (oxycodone) ULTRAM ER (tramadol)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>

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<b>ANALGESICS, NARCOTIC – SHORT ACTING</b> (Non-parenteral)		APAP/codeine <sup>PPG</sup> ASA/codeine <sup>PPG</sup> butalbital/APAP/caffeine/codeine <sup>PPG</sup> butalbital/ASA/caffeine/codeine <sup>PPG</sup> codeine dihydrocodeine/APAP/caffeine hydrocodone/APAP <sup>PPG</sup> hydrocodone/ibuprofen <sup>PPG</sup> hydromorphone <sup>PPG</sup> morphine <sup>PPG</sup> oxycodone <sup>PPG</sup> pentazocine/APAP pentazocine/naloxone propoxyphene <sup>PPG</sup> propoxyphene/APAP <sup>PPG</sup> tramadol <sup>PPG</sup> tramadol/APAP <sup>PPG</sup>	ACTIQ (fentanyl) COMBUNOX (oxycodone/ibuprofen) DARVOCET (propoxyphene/ APAP) DARVON (propoxyphene) DEMEROL (meperidine) DILAUDID (hydromorphone) fentanyl FENTORA (fentanyl) FIORICET W/CODEINE (butalbital/APAP/ caffeine/codeine) FIORINAL W/CODEINE (butalbital/ASA/ caffeine/codeine) LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) meperidine NORCO (hydrocodone/APAP) OPANA (oxymorphone) oxycodone/APAP oxycodone/ASA oxycodone/ibuprofen OXYFAST,OXYIR (oxycodone) PANLOR (dihydrocodeine/APAP/caffeine) PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) REPRESENTAIN (hydrocodone/ibuprofen) SYNALGOS-DC (dihydrocodeine/ASA/caffeine) TALACEN (pentazocine/APAP) TALWIN NX (pentazocine/naloxone) TYLENOL W/CODEINE (APAP/codeine) ULTRACET (tramadol/APAP) ULTRAM (tramadol) VICODIN (hydrocodone/APAP) VICOPROFEN (hydrocodone/ibuprofen) XODOL (hydrocodone/APAP)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>

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<b>ANALGESICS, TOPICAL</b>	LIDODERM (lidocaine) VOLTAREN (diclofenac)		FLECTOR (diclofenac)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products.</li> <li>• Contraindication to preferred products.</li> <li>• Allergic reaction to preferred products</li> </ul>
<b>ANDROGENIC AGENTS (Topical)</b>	ANDROGEL (testosterone) <b>TESTIM (testosterone)</b>		ANDRODERM (testosterone)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
<b>ANGIOTENSIN MODULATORS</b>	<b>ACE INHIBITORS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
		benazepril <sup>PPG</sup> captopril <sup>PPG</sup> enalapril <sup>PPG</sup> lisinopril <sup>PPG</sup> quinapril <sup>PPG</sup>	ACCUPRIL (quinapril) ACEON (perindopril) ALTACE (ramipril) CAPOTEN (captopril) fosinopril LOTENSIN (benazepril) MAVIK (trandolapril) moexepiril MONOPRIL (fosinopril) PRINIVIL (lisinopril) ramipril trandolapril UNIVASC (moexepiril) VASOTEC (enalapril) ZESTRIL (lisinopril)	

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<b>ACE INHIBITOR/DIURETIC COMBINATIONS</b>				
		benazepril/HCTZ <sup>PPG</sup> captopril/HCTZ <sup>PPG</sup> enalapril/HCTZ <sup>PPG</sup> lisinopril/HCTZ <sup>PPG</sup> quinapril/HCTZ <sup>PPG</sup>	ACCURETIC (quinapril/HCTZ) CAPOZIDE (captopril/HCTZ) fosinopril/HCTZ LOTENSIN HCT (benazepril/HCTZ) moxepril/HCTZ MONOPRIL HCT (fosinopril/HCTZ) PRINZIDE (lisinopril/HCTZ) UNIRETIC (moxepril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	
<b>ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)</b>				
	AVAPRO (irbesartan) DIOVAN (valsartan) COZAAR (losartan) MICARDIS (telmisartan)		ATACAND (candesartan) BENICAR (olmesartan) TEVETEN (eprosartan)	
<b>ARB/DIURETIC COMBINATIONS</b>				
	AVALIDE (irbesartan/HCTZ) DIOVAN-HCT (valsartan/HCTZ) HYZAAR (losartan/HCTZ) MICARDIS-HCT (telmisartan/HCTZ)		ATACAND-HCT (candesartan/HCTZ) BENICAR-HCT (olmesartan/HCTZ) TEVETEN-HCT (eprosartan/HCTZ)	
<b>DIRECT RENIN INHIBITORS</b>				
			TEKTURNA (aliskerin)	
<b>DIRECT RENIN INHIBITOR/DIURETIC COMBINATIONS</b>				
			TEKTURNA HCT (aliskerin/HCTZ)	

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<b>ANGIOTENSIN MODULATOR / CALCIUM CHANNEL BLOCKER COMBINATIONS</b>	AZOR (olmesartan/amlodipine) EXFORGE (valsartan/amlodipine)	benazepril/amlodipine	LOTREL (benazepril/amlodipine) TARKA (trandolapril/verapamil)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
<b>ANTIBIOTICS, VAGINAL</b>	CLINDESSE (clindamycin)	clindamycin metronidazole	CLEOCIN (clindamycin) CLINDAMAX (clindamycin) METROGEL (metronidazole) VANDAZOLE (metronidazole)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
<b>ANTICOAGULANTS, INJECTABLE</b>	ARIXTRA (fondaparinux) FRAGMIN (dalteparin) LOVENOX (enoxaparin)			
<b>ANTIDEPRESSANTS, OTHER</b>	CYMBALTA (duloxetine) EFFEXOR XR (venlafaxine) PRISTIQ (desvenlafaxine) <b>VENLAFAXINE ER</b>	bupropion IR <sup>PPG</sup> bupropion SR mirtazapine <sup>PPG</sup> trazodone <sup>PPG</sup>	<b>bupropion XL</b> DESYREL (trazodone) EFFEXOR (venlafaxine) EMSAM (selegiline) nefazodone REMERTON (mirtazapine) venlafaxine WELLBUTRIN (bupropion)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> <li>• Patients on a non-preferred product will be authorized to continue on that product.</li> </ul>

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ANTIDEPRESSANTS, SSRIs	LEXAPRO (escitalopram) LUVOX CR (fluvoxamine)	citalopram <sup>PPG</sup> fluoxetine <sup>PPG</sup> paroxetine <sup>PPG</sup> paroxetine CR sertraline <sup>PPG</sup>	CELEXA (citalopram) fluvoxamine PAXIL (paroxetine) PAXIL CR (paroxetine) PEXEVA (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> <li>• Patients on a non-preferred product will be authorized to continue on that product.</li> </ul>	
					<b>CANNABINOIDS</b>
ANTIEMETICS (Oral)			CESAMET (nabilone) dronabinol MARINOL (dronabinol)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred product</li> <li>• Contraindication to preferred product</li> <li>• Allergic reaction to preferred product</li> </ul>	
	<b>SEROTONIN RECEPTOR ANTAGONISTS</b>				
		ondansetron <sup>PPG</sup>	ANZEMET (dolasetron) granisetron KYTRIL (granisetron) SANCUSO (granisetron) ZOFTRAN (ondansetron)		
	<b>SUBSTANCE P ANTAGONISTS</b>				
		EMEND (aprepitant)			

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<b>ANTIFUNGALS, ORAL</b>	GRIS-PEG (griseofulvin)	clotrimazole fluconazole <sup>PPG</sup> griseofulvin ketoconazole <sup>PPG</sup> nystatin <sup>PPG</sup> terbinafine <sup>PPG</sup>	ANCOBON (flucytosine) DIFLUCAN (fluconazole) GRIFULVIN V (griseofulvin) itraconazole LAMISIL (terbinafine) MYCELEX (clotrimazole) MYCOSTATIN (nystatin) NIZORAL (ketoconazole) NOXAFIL (posaconazole) SPORANOX (itraconazole) VFEND (voriconazole)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
<b>ANTIFUNGALS, TOPICAL</b>	<b>ANTIFUNGALS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
	ERTACZO (sertaconazole) NAFTIN (naftifine) OXISTAT (oxiconazole)	ciclopirox solution clotrimazole <sup>PPG</sup> econazole ketoconazole miconazole <sup>PPG</sup> nystatin <sup>PPG</sup> terbinafine tolnaftate <sup>PPG</sup>	ciclopirox cream/gel/suspension EXELDERM (sulconazole) EXTINA (ketoconazole) LAMISIL (terbinafine) LOPROX (ciclopirox) LOTRIMIN (clotrimazole) MENTAX (butenafine) MONISTAT (miconazole) MYCELEX (clotrimazole) MYCOSTATIN (nystatin) NIZORAL (ketoconazole) PENLAC (ciclopirox) TINACTIN (tolnaftate) VUSION (miconazole/zinc/petrolatum) XOLEGEL (miconazole)	
	<b>ANTIFUNGAL/STEROID COMBINATIONS</b>			
		clotrimazole/betamethasone nystatin/triamcinolone	LOTRISONE (clotrimazole/betamethasone)	

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<b>ANTIHISTAMINES, MINIMALLY SEDATING</b>	<b>ANTIHISTAMINES</b>			<ul style="list-style-type: none"> <li>• Treatment failure after no less than a 30-day trial of preferred product</li> <li>• Contraindication to preferred product</li> <li>• Allergic reaction to preferred product</li> <li>• Diagnosis of chronic idiopathic urticaria (CIU)</li> </ul>
		cetirizine <sup>PPG</sup> loratadine <sup>PPG</sup>	ALLEGRA (fexofenadine) CLARINEX (desloratadine) CLARITIN (loratadine) fexofenadine XYZAL (levocetirizine)	
	<b>ANTIHISTAMINE/DECONGESTANT COMBINATIONS</b>			
		cetirizine/pseudoephedrine loratadine/pseudoephedrine	ALLEGRA-D (fexofenadine/pseudoephedrine) CLARINEX-D (desloratadine/pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) SEMPREX-D (acrivastine/pseudoephedrine)	
<b>ANTIMIGRAINE AGENTS, TRIPTANS</b>	FROVA (frovatriptan) IMITREX (sumatriptan) Injection IMITREX (sumatriptan) Nasal RELPAX (eletriptan)	sumatriptan injection	AMERGE (naratriptan) AXERT (almotriptan) IMITREX (sumatriptan) Tablets MAXALT (rizatriptan) sumatriptan nasal sumatriptan tablets ZOMIG (zolmitriptan)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>

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ANTIPARASITICS, TOPICAL	OVIDE (malathion) permethrin		EURAX (cromtamiton) lindane	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
ANTIPARKINSON'S AGENTS (Oral)	<b>ANTICHOLINERGICS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
		benztropine trihexyphenidyl <sup>PPG</sup>		
	<b>COMT INHIBITORS</b>			
			COMTAN (entacapone) TASMAR (tolcapone)	
	<b>DOPAMINE AGONISTS</b>			
	MIRAPEX (pramipexole) REQUIP XL (ropinirole)	ropinirole <sup>PPG</sup>	NEUPRO (rotigotine) REQUIP (ropinirole)	
	<b>MAO-B INHIBITORS</b>			
		selegiline <sup>PPG</sup>	AZILECT (rasagiline) ELDEPRYL (selegiline) ZELAPAR (selegiline)	
	<b>OTHERS</b>			
	STALEVO (levodopa/ carbidopa/entacapone)	levodopa/carbidopa <sup>PPG</sup>	PARCOPA (levodopa/carbidopa) SINEMET (levodopa/carbidopa)	
ANTIPSYCHOTICS, ATYPICAL	<b>ATYPICAL ANTIPSYCHOTICS</b>			<ul style="list-style-type: none"> <li>• Treatment failure</li> </ul>

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(Oral)	ABILIFY (aripiprazole) GEODON (ziprasidone) INVEGA (paliperidone) SEROQUEL (quetiapine) SEROQUEL XR (quetiapine) ZYPREXA (olanzapine)	risperidone <sup>PPG</sup>	clozapine CLOZARIL (clozapine) FAZACLO (clozapine) RISPERDAL (risperidone)	with preferred products • Contraindication to preferred products • Allergic reaction to preferred products
	<b>ATYPICAL ANTIPSYCHOTIC/SSRI COMBINATIONS</b>			
	SYMBYAX (olanzapine/fluoxetine)			
<b>ANTIVIRALS, Antiherpetic</b> (Oral)	VALTREX (valacyclovir)	acyclovir <sup>PPG</sup>	FAMVIR (famciclovir) ZOVIRAX (acyclovir)	• Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products
<b>ATOPIC DERMATITIS</b>	ELIDEL (pimecrolimus) PROTOPIC (tacrolimus)			
<b>BETA BLOCKERS</b> (Oral)	<b>BETA BLOCKERS</b>			• Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products
	BYSTOLIC (nebivolol)	acebutolol <sup>PPG</sup> atenolol <sup>PPG</sup> betaxolol bisoprolol <sup>PPG</sup> metoprolol <sup>PPG</sup> nadolol <sup>PPG</sup> pindolol <sup>PPG</sup> propranolol <sup>PPG</sup> sotalol <sup>PPG</sup> timolol <sup>PPG</sup>	BETAPACE (sotalol) CORGARD (nadolol) INDERAL (propranolol) INNOPRAN XL (propranolol) KERLONE (betaxolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) TENORMIN (atenolol) ZEBETA (bisoprolol)	
<b>BETA- AND ALPHA- BLOCKERS</b>				

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			carvedilol <sup>PPG</sup> labetalol	
<b>BLADDER RELAXANT PREPARATIONS</b>	DETROL LA (tolterodine) ENABLEX (darifenacin)	oxybutynin IR <sup>PPG</sup>	DETROL (tolterodine) DITROPAN (oxybutynin) DITROPAN XL (oxybutynin) oxybutynin ER (oxybutynin) OXYTROL (oxybutynin) SANCTURA (trospium) SANCTURA XR (trospium) <b>TOVIAZ (fesoterodine)</b> VESICARE (solifenacin)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
<b>BONE RESORPTION SUPPRESSION AND RELATED AGENTS</b>	<b>BISPHOSPHONATES</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
	ACTONEL (risedronate)	alendronate <sup>PPG</sup>	ACTONEL W/ CALCIUM (risedronate/calcium) BONIVA (ibandronate) DIDRONEL (etidronate) etidronate FOSAMAX (alendronate) FOSAMAX PLUS D (alendronate/vitamin D)	
	<b>OTHER BONE RESORPTION SUPPRESSION AND RELATED AGENTS</b>			
	FORTICAL (calcitonin) MIACALCIN (calcitonin)	calcitonin nasal	EVISTA (raloxifene) FORTEO (teriparatide)	
<b>BPH AGENTS</b>	<b>ALPHA BLOCKERS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred product</li> <li>• Contraindication to preferred product</li> <li>• Allergic reaction to preferred product</li> </ul>
	FLOMAX (tamsulosin) UROXATRAL (alfuzosin)	doxazosin <sup>PPG</sup> terazosin <sup>PPG</sup>	CARDURA (doxazosin) CARDURA XL (doxazosin) HYTRIN (terazosin) <b>RAPAFLO (silodosin)</b>	
	<b>5-ALPHA-REDUCTASE (5AR) INHIBITORS</b>			
	AVODART (dutasteride)	finasteride <sup>PPG</sup>	PROSCAR (finasteride)	

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<b>BRONCHODILATORS, ANTICHOLINERGIC</b>	<b>ANTICHOLINERGICS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
	ATROVENT HFA (ipratropium) SPIRIVA (tiotropium)	ipratropium inhalation solution		
	<b>ANTICHOLINERGIC-BETA AGONIST COMBINATIONS</b>			
	COMBIVENT (albuterol/ipratropium)	albuterol/ipratropium DUONEB (albuterol/ipratropium)		
<b>BRONCHODILATORS, BETA AGONIST</b>	<b>INHALERS, SHORT-ACTING</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> <li>• History of intolerable side effects to preferred product</li> <li>• Patient's condition is currently controlled and stable.</li> </ul> History of: tachycardia/cardiac arrhythmia; malignant hypertension; unstable angina; recent myocardial infarction; heart failure
	PROVENTIL HFA (albuterol) XOPENEX HFA (levalbuterol)	MAXAIR (pirbuterol) PROAIR HFA (albuterol) VENTOLIN HFA (albuterol)		
	<b>INHALERS, LONG-ACTING</b>			
		FORADIL (formoterol) SEREVENT (salmeterol)		
	<b>INHALATION SOLUTION</b>			
		albuterol ACCUNEB (albuterol) BROVANA (arformoterol) PERFOROMIST (formoterol) XOPENEX (levalbuterol)		
	<b>ORAL</b>			
		albuterol <sup>PPG</sup> terbutaline BRETHINE (terbutaline) metaproterenol VOSPIRE ER (albuterol)		

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	PREFERRED BRAND NAME AGENTS	GENERIC AGENTS	NON-PREFERRED AGENTS	
CALCIUM CHANNEL BLOCKERS (Oral)	<b>SHORT-ACTING</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
		diltiazem <sup>PPG</sup> nifedipine verapamil <sup>PPG</sup>	CALAN (verapamil) CARDENE (nicardipine) CARDIZEM (diltiazem) DYNACIRC (isradipine) isradipine nicardipine nimodipine NIMOTOP (nimodipine) PROCARDIA (nifedipine) VERELAN (verapamil)	
	<b>LONG-ACTING</b>			
	SULAR (nisoldipine)	amlodipine <sup>PPG</sup> diltiazem <sup>PPG</sup> felodipine nifedipine <sup>PPG</sup> nisoldipine <sup>PPG</sup> verapamil ER <sup>PPG</sup>	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD (diltiazem) CARDIZEM LA (diltiazem) COVERA-HS (verapamil) DILACOR XR (diltiazem) DYNACIRC CR (isradipine) ISOPTIN SR (verapamil) NORVASC (amlodipine) PLENDIL (felodipine) PROCARDIA XL (nifedipine) TIAZAC (diltiazem) verapamil ER PM VERELAN PM (verapamil)	

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CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)	<b>BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
	AUGMENTIN XR (amoxicillin/clavulanate)	amoxicillin/clavulanate	AUGMENTIN (amoxicillin/clavulanate)	
	<b>CEPHALOSPORINS – First Generation</b>			
		cefadroxil cephalexin	DURICEF (cefadroxil) KEFLEX (cephalexin) PANIXINE (cephalexin)	
	<b>CEPHALOSPORINS – Second Generation</b>			
		cefaclor cefprozil cefuroxime	CECLOR (cefaclor) CEFTIN (cefuroxime) CEFZIL (cefprozil)	
	<b>CEPHALOSPORINS – Third Generation</b>			
	CEDAX (ceftibuten) SUPRAX (cefixime)	cefdinir	cefpodoxime OMNICEF (cefdinir) SPECTRACEF (cefditoren) VANTIN (cefpodoxime)	
<b>COUGH AND COLD AGENTS</b>	<b>NON-ANTITUSSIVE</b>			
<b>ALA-HIST (brompheniramine/diphenhydramine)</b> <b>ALA-HIST D (brompheniramine/diphenhydramine/phenylephrine)</b> <b>AMBIFED, AMBIFED-G (pseudoephedrine/guaifenesin)</b>	antihistamines, first generation antihistamine/decongestant combinations antihistamine/decongestant/analgesic combinations decongestant/expectorant combinations decongestants expectorants	<b>ALL BRANDED AGENTS NOT LISTED AS PREFERRED</b>		

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	PREFERRED BRAND NAME AGENTS	GENERIC AGENTS	NON-PREFERRED AGENTS	
	<b>BROVEX ADT, BROVEX</b> PEB (brompheniramine/ phenylephrine)			
	<b>BROVEX PSB, BROVEX</b> PSE (brompheniramine/ pseudoephedrine)			
	<b>DICEL (chlorpheniramine/                      pseudoephedrine)</b>			
	<b>MAXICHLOR PEH</b> (chlorpheniramine/ phenylephrine)			
	<b>PHENA-PLUS, PHENA-S,</b> PHENA-S 12 (chlorpheniramine/ phenylephrine/pyrilamine)			
	<b>RESPAIRE-30</b> (pseudoephedrine/ guaifenesin)			
	<b>TG 10PEH-380GFN</b> (phenylephrine/ guaifenesin)			
	<b>TG 45PSE-400GFN</b> (pseudoephedrine/ guaifenesin)			
	<b>TIME-HIST QD</b> (chlorpheniramine/ methscopolamine/ pseudoephedrine)			

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	PREFERRED BRAND NAME AGENTS	GENERIC AGENTS	NON-PREFERRED AGENTS	
	<b>WITH NARCOTIC ANTITUSSIVE</b>			
	<b>ALA-HIST AC</b> (phenylephrine/codeine) <b>ALA-HIST DHC</b> (phenylephrine/ dihydrocodeine) <b>ALLFEN CD, ALLFEN CDX</b> (guaifenesin/codeine) <b>AMBIFED CD, AMBIFED CDX, AMBIFED-G CD, AMBIFED-G CDX</b> (pseudoephedrine/ guaifenesin/codeine) <b>COTAB A, COTAB AX</b> (chlorpheniramine/ codeine) <b>MAXIFED CD, MAXIFED CDX, MAXIFED-G CD, MAXIFED-G CDX</b> (pseudoephedrine/ guaifenesin/codeine) <b>MAXIPHEN CD, MAXIPHEN CDX</b> (phenylephrine/ guaifenesin/codeine) <b>M-CLEAR WC</b> (guaifenesin/ codeine) <b>M-END PE</b> (brompheniramine/ phenylephrine/codeine) <b>M-END WC</b> (brompheniramine/ pseudoephedrine/codeine) <b>POLY-TUSSIN AC</b> (brompheniramine/ phenylephrine/codeine)	narcotic antitussive/antihistamine combinations narcotic antitussive/antihistamine/ decongestant combinations narcotic antitussive/decongestant/ expectorant combinations narcotic antitussive/expectorant combinations	narcotic antitussive/anticholinergic combinations <b>ALL BRANDED AGENTS NOT LISTED AS PREFERRED</b>	

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	PREFERRED BRAND NAME AGENTS	GENERIC AGENTS	NON-PREFERRED AGENTS	
	POLY-TUSSIN DHC (brompheniramine/ phenylephrine/ dihydrocodeine)			
<b>WITH NON-NARCOTIC ANTITUSSIVE</b>				
	ALA-HIST DM (brompheniramine/ phenylephrine/DM) ALLFEN DM (guaifenesin/DM) ALLRES G (guaifenesin/ carbetapentane) AMBIFED DM, AMBIFED-G DM (pseudoephedrine/ guaifenesin/DM) BROMFED-DM (brompheniramine/ pseudoephedrine/DM) BROVEX PEB DM (brompheniramine/ phenylephrine/DM) BROVEX PSB DM, BROVEX PSE DM (brompheniramine/ pseudoephedrine/DM) CARBATUSS-12 (phenylephrine/ carbetapentane) CARBATUSS-CL (potassium guaiacolsulfonate/ carbetapentane) CARBA-XP (guaifenesin/ carbetapentane) DICEL DM (chlorpheniramine/ pseudoephedrine/DM)	antitussive/antihistamine/decongestant combinations antitussive/antihistamine combinations antitussive/decongestant/analgesic/ expectorant combinations antitussive/expectorant combinations antitussive/decongestant combinations	antitussive/decongestant combinations antitussive/decongestant/expectorant combinations <b>ALL BRANDED AGENTS NOT LISTED AS PREFERRED</b>	

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	PREFERRED BRAND NAME AGENTS	GENERIC AGENTS	NON-PREFERRED AGENTS	
	<p><b>MAXICHLOR DM</b> (chlorpheniramine/DM)</p> <p><b>MAXICHLOR PEH DM</b> (chlorpheniramine/phenylephrine/DM)</p> <p><b>MAXICHLOR PSE DM</b> (chlorpheniramine/pseudoephedrine/DM)</p> <p><b>MAXIFLU DM</b> (pseudoephedrine/APAP/guaifenesin/DM)</p> <p><b>M-END DM</b> (chlorpheniramine/pseudoephedrine/DM)</p> <p><b>NEO DM Syrup</b> (brompheniramine/phenylephrine/DM)</p> <p><b>TENAR DM</b> (pseudoephedrine/guaifenesin/DM)</p> <p><b>TG 10PEH-380GFN-15DM</b> (phenylephrine/guaifenesin/DM)</p> <p><b>TG 45PSE-400GFN-15DM</b> (pseudoephedrine/guaifenesin/DM)</p> <p><b>TUSSO-XR</b> (phenylephrine/guaifenesin/DM)</p> <p><b>TUSSO-ZMR, TUSSO-ZR</b> (guaifenesin/carbetapentane)</p>			
<b>CYTOKINE AND CAM ANTAGONISTS</b>	<p>ENBREL (etanercept)</p> <p>HUMIRA (adalimumab)</p> <p>RAPTIVA (efalizumab)</p>		KINERET (anakinra)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>

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<b>ERYTHROPOIESIS STIMULATING PROTEINS</b>	ARANESP (darbepoetin) PROCRIT (RhUEPO)		EPOGEN (RhUEPO)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
<b>FLUROQUINOLONES, ORAL</b>	AVELOX (moxifloxacin) LEVAQUIN (levofloxacin)	ciprofloxacin <sup>PPG</sup>	CIPRO (ciprofloxacin) ciprofloxacin ER FACTIVE (gemifloxacin) NOROXIN (norfloxacin) ofloxacin PROQUIN XR (ciprofloxacin)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> <li>• Cipro Suspension will be authorized for patients 10 years of age and under.</li> </ul>
<b>GLUCOCORTICOIDS, INHALED</b>	<b>GLUCOCORTICOIDS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> <li>• <b>Budesonide and Pulmicort Respules</b> will be authorized for patients 8 years of age under.</li> </ul>
	ASMANEX (mometasone) FLOVENT (fluticasone) QVAR (beclomethasone)		AEROBID (flunisolide) AEROBID-M (flunisolide) ALVESCO (ciclesonide) <b>AZMACORT (triamcinolone)</b> budesonide PULMICORT (budesonide)	
	<b>GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS</b>			
	ADVAIR (fluticasone/salmeterol) SYMBICORT (budesonide/formoterol)			

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<b>GROWTH HORMONE</b>	GENOTROPIN (somatropin) <b>NORDITROPIN (somatropin)</b> NUTROPIN (somatropin) NUTROPIN AQ (somatropin)		HUMATROPE (somatropin) OMNITROPE (somatropin) <b>SAIZEN (somatropin)</b> SEROSTIM (somatropin) TEV-TROPIN (somatropin) ZORBTIVE (somatropin)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> <li>• Patients on a non-preferred product will be authorized to continue on that product.</li> </ul>
<b>HEPATITIS C AGENTS</b>	PEGASYS (pegylated IFN alfa-2a) PEG-INTRON (pegylated IFN alfa-2b)		INFERGEN (consensus IFN)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred product of same type</li> <li>• Contraindication to preferred product of same type</li> <li>• Allergic reaction to preferred product of same type</li> <li>• Patients on a non-preferred product will be authorized to continue on that product for the current course of therapy</li> </ul>

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HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS	<b>AMYLIN ANALOGS</b>			<ul style="list-style-type: none"> <li>• Patient must meet all of the following criteria: <ul style="list-style-type: none"> <li>○ Diagnosis of diabetes mellitus</li> <li>○ Age <math>\geq</math>18 years</li> <li>○ HbA<sub>1c</sub> in past 6 months</li> <li>○ No history of gastroparesis, neurologic manifestations of diabetes or recent treatment of hypoglycemia</li> </ul> </li> </ul>
	SYMLIN (pramlintide)			
	<b>INCRETIN ENHANCERS</b>			
	JANUMET (sitagliptin/metformin) JANUVIA (sitagliptin)			
	<b>INCRETIN MIMETICS</b>			
BYETTA (exenatide)				
HYPOGLYCEMICS, INSULIN ANALOGS	HUMALOG (insulin lispro) HUMALOG MIX (insulin lispro/lispro protamine) LANTUS (insulin glargine) LEVEMIR (insulin detemir) NOVOLOG (insulin aspart) NOVOLOG MIX (insulin aspart/aspart protamine)		APIDRA (insulin glulisine)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> <li>• Patients on a non-preferred product will be authorized to continue on that product.</li> </ul>

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<b>HYPOGLYCEMICS, MEGLITINIDES</b>	PRANDIN (repaglinide) STARLIX (nateglinide)		PRANDIMET (repaglinide/metformin)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
<b>HYPOGLYCEMICS, TZD</b>	<b>THIAZOLIDINEDIONES</b>			
	ACTOS (pioglitazone) AVANDIA (rosiglitazone)			
	<b>TZD COMBINATIONS</b>			
	ACTOPLUS MET (pioglitazone/metformin) AVANDAMET (rosiglitazone/metformin) AVANDARYL (rosiglitazone/glimepiride) DUETACT (pioglitazone/glimepiride)			
<b>IMPETIGO AGENTS, TOPICAL</b>		mupirocin	ALTABAX (retapamulin) BACTROBAN (mupirocin) CENTANY (mupirocin)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
<b>INTRANASAL RHINITIS AGENTS</b>	<b>GLUCOCORTICOIDS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
	NASONEX (mometasone) VERAMYST (fluticasone furoate)	flunisolide <sup>PPG</sup> fluticasone	BECONASE AQ (beclomethasone) FLONASE (fluticasone propionate) NASACORT AQ (triamcinolone) NASAREL (flunisolide) OMNARIS (ciclesonide) RHINOCORT AQUA (budesonide)	

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	OTHERS			
	PATANASE (olopatadine)		<b>ASTELIN (azelastine)</b> <b>ASTEPRO (azelastine)</b> ATROVENT nasal spray (ipratropium) ipratropium nasal spray	
<b>LEUKOTRIENE MODIFIERS</b>	SINGULAIR (montelukast)		ACCOLATE (zafirlukast) ZYFLO CR (zileuton)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred product</li> <li>• Contraindication to preferred product</li> <li>• Allergic reaction to preferred product</li> </ul>
<b>LIPOTROPICS, OTHER</b>	<b>BILE ACID SEQUESTRANTS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
	COLESTID (colestipol)	cholestyramine colestipol	QUESTRAN (cholestyramine) WELCHOL (colesevalam)	
	<b>CHOLESTEROL ABSORPTION INHIBITORS</b>			
	<b>ZETIA (ezetimibe)</b>			
	<b>FIBRIC ACID DERIVATIVES</b>			
	TRICOR (fenofibrate) <b>TRILIPIX (fenofibric acid)</b>	gemfibrozil	<b>ANTARA (fenofibrate)</b> fenofibrate <b>FENOGLIDE (fenofibrate)</b> LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRIGLIDE (fenofibrate)	
	<b>NIACIN</b>			
	<b>NIACOR (niacin)</b> NIASPAN (niacin)	niacin <sup>PPG</sup>		
	<b>OMEGA-3 FATTY ACIDS</b>			
	<b>LOVAZA (omega-3 fatty acids)</b>			

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LIPOTROPICS, STATINS	<b>STATINS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with at least two preferred products accounting for no less than 120 days of therapy combined</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
	CRESTOR (rosuvastatin) LESCOL (fluvastatin) LESCOL XL (fluvastatin) LIPITOR (atorvastatin)	pravastatin <sup>PPG</sup> simvastatin <sup>PPG</sup>	ALTOPREV (lovastatin) lovastatin MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin)	
	<b>STATIN COMBINATIONS</b>			
	SIMCOR (simvastatin/niacin) VYTORIN (simvastatin/ezetimibe)		ADVICOR (lovastatin/niacin) CADUET (atorvastatin/amlodipine)	
MACROLIDES/KETOLIDES (Oral)	<b>KETOLIDES</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
			KETEK (telithromycin)	
	<b>MACROLIDES</b>			
	Z-MAX (azithromycin)	azithromycin clarithromycin IR erythromycin	BIAXIN (clarithromycin) BIAXIN XL (clarithromycin) clarithromycin ER E.E.S. (erythromycin) ERY-TAB (erythromycin) ERYPED (erythromycin) ERYTHROCIN (erythromycin) PCE (erythromycin) ZITHROMAX (azithromycin)	

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NSAIDS	<b>NONSPECIFIC</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
		etodolac <sup>PPG</sup> diclofenac <sup>PPG</sup> fenoprofen <sup>PPG</sup> flurbiprofen <sup>PPG</sup> ibuprofen <sup>PPG</sup> ketoprofen <sup>PPG</sup> ketorolac <sup>PPG</sup> meclofenamate <sup>PPG</sup> naproxen <sup>PPG</sup> oxaprozin <sup>PPG</sup> piroxicam <sup>PPG</sup> sulindac <sup>PPG</sup>	ANAPROX (naproxen) ANSAID (flurbiprofen) CATAFLAM (diclofenac) CLINORIL (sulindac) DAYPRO (oxaprozin) FELDENE (piroxicam) INDOCIN (indomethacin) indomethacin mefenamic acid MOTRIN (ibuprofen) nabumetone NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) ORUDIS (ketoprofen) PONSTEL (meclofenamate) tolmetin VOLTAREN (diclofenac)	
	<b>NSAID/GI PROTECTANT COMBINATIONS</b>			
			ARTHROTEC (diclofenac/misoprostol) PREVACID NAPRAPAC (naproxen/lansoprazole)	
	<b>COX-II SELECTIVE</b>			
	meloxicam	CELEBREX (celecoxib) MOBIC (meloxicam)		

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	PREFERRED BRAND NAME AGENTS	GENERIC AGENTS	NON-PREFERRED AGENTS	
<b>OPHTHALMICS, ANTIBIOTIC – STEROID COMBINATIONS</b>	TOBRADEX (tobramycin/dexamethasone) ZYLET (tobramycin/loteprednol)	neomycin/bacitracin/polymyxin/hydrocortisone <sup>PPG</sup> neomycin/polymyxin/dexamethasone <sup>PPG</sup> sulfacetamide/prednisolone	BLEPHAMIDE (sulfacetamide/prednisolone) CORTISPORIN Ointment (neomycin/bacitracin/polymyxin/hydrocortisone) CORTISPORIN Suspension (neomycin/polymyxin/hydrocortisone) MAXITROL (neomycin/polymyxin/dexamethasone) neomycin/polymyxin/hydrocortisone POLY-PRED (neomycin/polymyxin/prednisolone) PRED-G (gentamicin/prednisolone) <b>tobramycin/dexamethasone</b>	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
<b>OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS</b>	ALREX (loteprednol) OPTIVAR (azelastine) PATADAY (olopatadine) PATANOL (olopatadine)	cromolyn <b>ketotifen<sup>PPG</sup></b>	ACULAR (ketorolac) ALAMAST (pemirolast) <b>ALOCRIL (nedocromil)</b> ALOMIDE (lodoxamide) CROLOM (cromolyn) ELESTAT (epinastine) EMADINE (emedastine) VOLTAREN (ketotifen) ZADITOR (ketotifen)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
<b>OPHTHALMIC QUINOLONES/MACROLIDES</b>	<b>QUINOLONES</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
	QUIXIN (levofloxacin) VIGAMOX (moxifloxacin) ZYMAR (gatifloxacin)		CILOXAN (ciprofloxacin) ciprofloxacin IQUIX (levofloxacin) OCUFLOX (ofloxacin) ofloxacin	
	<b>MACROLIDES</b>			
	AZASITE (azithromycin)	erythromycin		

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OPHTHALMICS, GLAUCOMA AGENTS	<b>SYMPATHOMIMETICS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
	ALPHAGAN P (brimonidine)	brimonidine <sup>PPG</sup> dipivefrin <sup>PPG</sup> pilocarpine <sup>PPG</sup>	ISOPTO CARPINE (pilocarpine) PROPINE (dipivefrin)	
	<b>BETA BLOCKERS</b>			
	BETIMOL (timolol) BETOPTIC S (betaxolol) ISTALOL (timolol)	betaxolol carteolol <sup>PPG</sup> levobunolol <sup>PPG</sup> metipranolol <sup>PPG</sup> timolol <sup>PPG</sup>	BETAGAN (levobunolol) OPTIPRANOLOL (metipranolol) TIMOPTIC (timolol)	
	<b>CARBONIC ANHYDRASE INHIBITORS</b>			
	AZOPT (brinzolamide)	dorzolamide	TRUSOPT (dorzolamide)	
	<b>PROSTAGLANDIN ANALOGS</b>			
	TRAVATAN (travoprost) TRAVATAN-Z (travoprost) XALATAN (latanoprost)		LUMIGAN (bimatoprost)	
	<b>COMBINATION AGENTS</b>			
	COMBIGAN (brimonidine/timolol)	dorzolamide/timolol	COSOPT (dorzolamide/timolol)	
OPHTHALMICS NSAIDS	ACULAR LS (ketorolac) NEVANAC (nepafenac) XIBROM (bromfenac)	flurbiprofen <sup>PPG</sup>	ACULAR PF (ketorolac) diclofenac OCUFEN (flurbiprofen) VOLTAREN (diclofenac)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>

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<b>OTIC FLUOROQUINOLONES</b>	CIPRODEX (ciprofloxacin/ dexamethasone) CIPRO HC (ciprofloxacin/ hydrocortisone)	ofloxacin <sup>PPG</sup>	FLOXIN (ofloxacin)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
<b>PAH AGENTS, ORAL</b>	<b>LETAIRIS (ambrisentan)</b> <b>REVATIO (sildenafil)</b> <b>TRACLEER (bosentan)</b>			
<b>PANCREATIC ENZYMES</b>	CREON (pancrelipase) ULTRASE (pancrelipase) VIOKASE (pancrelipase)	pancrelipase <sup>PPG</sup>	PANCREASE MT (pancrelipase) PANCRECARB MS (pancrelipase)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>

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<b>PHOSPHATE BINDERS</b>	FOSRENOL (lanthanum) PHOSLO (calcium acetate)		calcium acetate <b>ELIPHOS (calcium acetate)</b> RENAGEL (sevelamer HCl) REVELA (sevelamer carbonate)	Diagnosis of ESRD and hyperphosphatemia despite dietary phosphorous restrictions and at least one of the following: <ul style="list-style-type: none"> <li>• hypercalcemia (corrected serum calcium &gt;10.2 mg/dL)</li> <li>• plasma PTH levels &lt;150 pg/mL on two consecutive measurements</li> <li>• dialysis patients with severe vascular and/or soft tissue calcifications</li> <li>• allergic reaction to preferred product</li> <li>• treatment failure with preferred product</li> </ul>
<b>PLATELET AGGREGATION INHIBITORS</b>	AGGRENOLX (dipyridamole/aspirin) PLAVIX (clopidogrel)		dipyridamole PERSANTINE (dipyridamole) TICLID (ticlopidine) ticlopidine	<ul style="list-style-type: none"> <li>• Treatment failure with preferred product.</li> <li>• Contraindication to preferred product.</li> <li>• Allergic reaction to preferred product.</li> </ul>

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<b>PROTON PUMP INHIBITORS</b> (Oral)	NEXIUM (esomeprazole)		ACIPHEX (rabeprazole) KAPIDEX (dexlansoprazole) omeprazole pantoprazole PREVACID (lansoprazole) PRILOSEC (omeprazole) PROTONIX (pantoprazole) ZEGERID (omeprazole/sodium bicarbonate)	<ul style="list-style-type: none"> <li>• Treatment failure after no less than a 30 day trial of each preferred product</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> <li>• Prevacid Solutabs will be approved for children 10 years of age and under</li> </ul>
<b>SEDATIVE HYPNOTICS</b>	<b>BENZODIAZEPINES</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
		estazolam flurazepam <sup>PPG</sup> temazepam <sup>PPG</sup> triazolam	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) PROSOM (estazolam) RESTORIL (temazepam)	
	<b>OTHERS</b>			
		chloral hydrate <sup>PPG</sup> zolpidem <sup>PPG</sup>	AMBIEN (zolpidem) AMBIEN CR (zolpidem) AQUACHLORAL (chloral hydrate) LUNESTA (eszopiclone) ROZEREM (ramelteon) SOMNOTE (chloral hydrate) SONATA (zaleplon) zaleplon	

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SKELETAL MUSCLE RELAXANTS		baclofen <sup>PPG</sup> carisoprodol carisoprodol/ASA chlorzoxazone <sup>PPG</sup> cyclobenzaprine <sup>PPG</sup> methocarbamol <sup>PPG</sup> orphenadrine <sup>PPG</sup> orphenadrine compound <sup>PPG</sup> tizanidine <sup>PPG</sup>	AMRIX (cyclobenzaprine ER) dantrolene FEXMID (cyclobenzaprine) FLEXERIL (cyclobenzaprine) NORFLEX (orphenadrine) PARAFON FORTE (chlorzoxazone) ROBAXIN (methocarbamol) SKELAXIN (metaxolone) SOMA (carisoprodol) ZANAFLEX (tizanidine)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
STEROIDS, TOPICAL	LOW POTENCY			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
		alclometasone desonide <sup>PPG</sup> hydrocortisone <sup>PPG</sup>	DERMA-SMOOTH/FS (fluocinolone) DESONATE (desonide) DESOWEN (desonide) VERDESO (desonide)	
	MEDIUM POTENCY			
	CORDRAN (flurandrenolide)	fluticasone hydrocortisone mometasone prednicarbate	CLODERM (clocortolone) CORDRAN TAPE (flurandrenolide) CUTIVATE (fluticasone) LUXIQ (betamethasone)	
	HIGH POTENCY			
		amcinonide betamethasone <sup>PPG</sup> desoximetasone <sup>PPG</sup> fluocinolone <sup>PPG</sup> fluocinonide <sup>PPG</sup> triamcinolone <sup>PPG</sup>	diflorasone HALOG (halcinonide) VANOS (fluocinonide)	
	VERY HIGH POTENCY			
	clobetasol halobetasol	CLOBEX (clobetasol) OLUX (clobetasol) ULTRAVATE (halobetasol)		

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STIMULANTS AND RELATED AGENTS	<b>STIMULANTS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
	ADDERALL XR (amphetamine salt combination) CONCERTA (methylphenidate) DAYTRANA (methylphenidate) FOCALIN XR (dexmethylphenidate) VYVANSE (lisdexamfetamine)	amphetamine salt combination <b>IR</b> <sup>PPG</sup> dexmethylphenidate dextroamphetamine <sup>PPG</sup> methylphenidate <sup>PPG</sup>	ADDERALL (amphetamine salt combination) <b>amphetamine salt combination XR</b> DEXEDRINE (dextroamphetamine) DEXEDRINE SPANSULES (dextroamphetamine) DEXTROSTAT (dextroamphetamine) FOCALIN (dexmethylphenidate) METADATE CD (methylphenidate) <b>PROCENTRA (dextroamphetamine)</b> PROVIGIL (modafanil) RITALIN (methylphenidate) RITALIN LA (methylphenidate) RITALIN-SR (methylphenidate)	
	<b>NON-STIMULANTS</b>			
			STRATTERA (atomoxetine)	
ULCERATIVE COLITIS	<b>ORAL</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products of same route</li> <li>• Contraindication to preferred products of same route</li> <li>• Allergic reaction to preferred products of same route</li> </ul>
	ASACOL (mesalamine) COLAZAL (balsalazide) PENTASA (mesalamine)	sulfasalazine <sup>PPG</sup>	<b>APRISO (mesalamine)</b> AZULFIDINE (sulfasalazine) balsalazide DIPENTUM (olsalazine) LIALDA (mesalamine)	
	<b>RECTAL</b>			
	mesalamine		CANASA (mesalamine) ROWASA (mesalamine)	

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PREMIUM PREFERRED GENERIC (PPG) MANUFACTURERS: These manufacturers have offered Supplemental Rebates to the state for their PDL products dispensed to Medicaid recipients. Pharmacists will receive an additional \$0.50 dispensing fee when they dispense the PDL products of these manufacturers.

Generic Manufacturer	Labeler Code(s)
Mylan	00378
Mallinckrodt	00406
Qualitest	00603
Bausch & Lomb	24208
Breckenridge	51991
Silarx	54838
Caraco	57664
Endo Pharmaceuticals	60951

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