

HEALTH AND HUMAN SERVICES COMMISSION
TEXAS MEDICAID PREFERRED DRUG LIST (PDL) and PRIOR AUTHORIZATION (PA) CRITERIA
Effective: July 17, 2007

THERAPEUTIC DRUG CLASS	PA NOT Required		PA IS Required	PA CRITERIA
	PREFERRED BRAND NAME AGENTS	GENERIC AGENTS	NON-PREFERRED AGENTS	
ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS	LOTREL (benazepril/amlodipine) TARKA (trandolapril/verapamil)		LEXXEL (enalapril/felodipine)	<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products
ACNE AGENTS, TOPICAL	ANTIBIOTICS			<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products
		clindamycin erythromycin	AKNE-MYCIN (erythromycin) CLINDAGEL (clindamycin) EVOCLIN (clindamycin)	
	RETINOIDS			
	RETIN-A MICRO (tretinoin)	tretinoin	DIFFERIN (adapalene) TAZORAC (tazarotene)	
	OTHERS			
BENZACLIN (benzoyl peroxide/clindamycin) DUAC (benzoyl peroxide/clindamycin) NEOBENZ MICRO (benzoyl peroxide) NUOX (benzoyl peroxide/sulfur) TRIAZ (benzoyl peroxide) ZIANA (clindamycin/tretinoin)	benzoyl peroxide ^{PPG}	AZELEX (azelaic acid) BENZAMYCIN PAK (benzoyl peroxide/erythromycin) BENZIQU (benzoyl peroxide) BREVOXYL (benzoyl peroxide) CLINAC BPO (benzoyl peroxide) erythromycin/benzoyl peroxide INOVA (benzoyl peroxide) INOVA 4/1 (benzoyl peroxide/salicylic acid) KLARON (sodium sulfacetamide) SULFOXYL (benzoyl peroxide/sulfur) ZODERM (benzoyl peroxide)		

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ALZHEIMER'S AGENTS	CHOLINESTERASE INHIBITORS			<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products
	ARICEPT (donepezil) ARICEPT ODT (donepezil) EXELON (rivastigmine)		COGNEX (tacrine) RAZADYNE (galantamine) RAZADYNE ER (galantamine)	
	NMDA RECEPTOR ANTAGONIST			
	NAMENDA (memantine)			

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ANALGESICS, NARCOTIC – SHORT ACTING (Non-parenteral)		APAP/codeine ^{PPG} ASA/codeine ^{PPG} butalbital/APAP/caffeine/codeine ^{PPG} butalbital/ASA/caffeine/codeine ^{PPG} codeine hydrocodone/APAP ^{PPG} hydromorphone ^{PPG} morphine ^{PPG} oxycodone ^{PPG} oxycodone/APAP ^{PPG} oxycodone/ASA ^{PPG} pentazocine/APAP pentazocine/naloxone propoxyphene ^{PPG} propoxyphene/APAP ^{PPG} tramadol ^{PPG} tramadol/APAP ^{PPG}	ACTIQ (fentanyl) ANEXSIA (hydrocodone/APAP) COMBUNOX (oxycodone/APAP) DARVOCET (propoxyphene/ APAP) DARVON (propoxyphene) DEMEROL (meperidine) DILAUDID (hydromorphone) FENTORA (fentanyl) FIORICET W/CODEINE (butalbital/APAP/ caffeine/codeine) FIORINAL W/CODEINE (butalbital/ASA/ caffeine/codeine) hydrocodone/ibuprofen LORCET, LORTAB (hydrocodone/APAP) LYNOX (oxycodone/APAP) MAXIDONE (hydrocodone/APAP) meperidine NORCO (hydrocodone/APAP) OPANA (oxymorphone) OXYFAST,OXYIR (oxycodone) PANLOR (dihydrocodeine/APAP/caffeine) PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) REPREXAIN (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"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products

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ANALGESICS, NARCOTIC – LONG ACTING	DURAGESIC (fentanyl) KADIAN (morphine)	morphine ^{PPG}	AVINZA (morphine) fentanyl patch MS CONTIN (morphine) OPANA ER (oxymorphone) ORAMORPH SR (morphine) oxycodone ER OXYCONTIN (oxycodone) ULTRAM ER (tramadol)	<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products
ANDROGENIC AGENTS (Topical)	ANDRODERM (testosterone) ANDROGEL (testosterone) TESTIM (testosterone)			
ANGIOTENSIN MODULATORS	ACE INHIBITORS			<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products
		benazepril ^{PPG} captopril ^{PPG} enalapril ^{PPG} lisinopril ^{PPG}	ACCUPRIL (quinapril) ACEON (perindopril) ALTACE (ramipril) CAPOTEN (captopril) fosinopril LOTENSIN (benazepril) MAVIK (trandolapril) moexepri MONOPRIL (fosinopril) PRINIVIL (lisinopril) quinapril trandolapril UNIVASC (moexepri) VASOTEC (enalapril) ZESTRIL (lisinopril)	

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

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ANTICOAGULANTS, INJECTABLE	ARIXTRA (fondaparinux) FRAGMIN (dalteparin) LOVENOX (enoxaparin)			
ANTIDEPRESSANTS, OTHER	CYMBALTA (duloxetine) EFFEXOR XR (venlafaxine) WELLBUTRIN XL (bupropion)	bupropion ^{PPG} mirtazapine ^{PPG} trazodone	DESYREL (trazodone) EFFEXOR (venlafaxine) EMSAM (selegiline) nefazodone REMERON (mirtazapine) venlafaxine IR WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion)	<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products • Patients on a non-preferred product will be authorized to continue on that product.
ANTIDEPRESSANTS, SSRIs	PAXIL CR (paroxetine) PEXEVA (paroxetine)	citalopram ^{PPG} fluoxetine ^{PPG} sertraline ^{PPG}	CELEXA (citalopram) fluvoxamine LEXAPRO (escitalopram) paroxetine PAXIL (paroxetine) PROZAC (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)	<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products • Patients on a non-preferred product will be authorized to continue on that product.
ANTIEMETICS, SEROTONIN RECEPTOR AND SUBSTANCE P ANTAGONISTS (Oral)	SEROTONIN RECEPTOR ANTAGONISTS			<ul style="list-style-type: none"> • Treatment failure with preferred product • Contraindication to preferred product • Allergic reaction to preferred product
	ZOFRAN (ondansetron)		ANZEMET (dolasetron) KYTRIL (granisetron)	
	SUBSTANCE P ANTAGONISTS			
	EMEND (aprepitant)			

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

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

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ANTIPARKINSON'S AGENTS (Oral)	ANTICHOLINERGICS			<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products
		benztropine trihexyphenidyl ^{PPG}	COGENTIN (benztropine) KEMADRIN (procyclidine)	
	COMT INHIBITORS			
			COMTAN (entacapone) TASMAR (tolcapone)	
	DOPAMINE AGONISTS			
	MIRAPEX (pramipexole) REQUIP (ropinirole)		pergolide PERMAX (pergolide)	
	MAO-B INHIBITORS			
	AZILECT (rasagiline)	selegiline ^{PPG}	ELDEPRYL (selegiline) ZELAPAR (selegiline)	
	OTHERS			
STALEVO (levodopa/ carbidopa/entacapone)	levodopa/carbidopa ^{PPG}	PARCOPA (levodopa/carbidopa) SINEMET (levodopa/carbidopa)		
ANTIPSYCHOTICS, ATYPICAL (Oral)	ATYPICAL ANTIPSYCHOTICS			<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products • Patients on a non-preferred product will be authorized to continue on that product.
	ABILIFY (aripiprazole) GEODON (ziprasidone) INVEGA (paliperidone) RISPERDAL (risperidone) SEROQUEL (quetiapine) ZYPREXA (olanzapine)		clozapine CLOZARIL (clozapine) FAZACLO (clozapine)	
	ATYPICAL ANTIPSYCHOTIC/SSRI COMBINATIONS			
	SYMBYAX (olanzapine/ fluoxetine)			

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ANTIVIRALS (Oral)	ANTI-CMV AGENTS			<ul style="list-style-type: none"> • Treatment failure with preferred products in same subclass • Contraindication to preferred products in same subclass • Allergic reaction to preferred products in same subclass
	VALCYTE (valganciclovir)	ganciclovir	CYTOVENE (ganciclovir)	
	ANTIHERPES AGENTS			
	VALTREX (valacyclovir)	acyclovir ^{PPG}	FAMVIR (famciclovir) ZOVIRAX (acyclovir)	
	ANTI-INFLUENZA AGENTS			
TAMIFLU (oseltamivir)	amantadine ^{PPG} rimantadine	FLUMADINE (rimantadine) RELENZA (zanamivir) SYMMETREL (amantadine)		
ATOPIC DERMATITIS	ELIDEL (pimecrolimus) PROTOPIC (tacrolimus)			
BETA BLOCKERS (Oral)	BETA BLOCKERS			<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products
	TOPROL XL (metoprolol)	acebutolol ^{PPG} atenolol ^{PPG} betaxolol bisoprolol ^{PPG} metoprolol ^{PPG} nadolol ^{PPG} pindolol ^{PPG} propranolol ^{PPG} sotalol ^{PPG} timolol ^{PPG}	BETAPACE (sotalol) CORGARD (nadolol) INDERAL (propranolol) INNOPRAN XL (propranolol) KERLONE (betaxolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) TENORMIN (atenolol) ZEBETA (bisoprolol)	
	BETA- AND ALPHA- BLOCKERS			
COREG (carvedilol)	labetalol	COREG CR (carvedilol) TRANDATE (labetalol)		

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BLADDER RELAXANT PREPARATIONS	DETROL LA (tolterodine) ENABLEX (darifenacin) VESICARE (solifenacin)	oxybutynin IR ^{PPG}	DETROL (tolterodine) DITROPAN (oxybutynin) DITROPAN XL (oxybutynin) oxybutynin ER (oxybutynin) OXYTROL (oxybutynin) SANCTURA (trospium)	<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	BISPHOSPHONATES			<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products
	BONIVA (ibandronate) FOSAMAX (alendronate) FOSAMAX PLUS D (alendronate/vitamin D)		ACTONEL (risedronate) ACTONEL W/ CALCIUM (risedronate/calcium) DIDRONEL (etidronate)	
	OTHER BONE RESORPTION SUPPRESSION AND RELATED AGENTS			
	MIACALCIN (calcitonin)		EVISTA (raloxifene) FORTEO (teriparatide) FORTICAL (calcitonin)	
BPH AGENTS	ALPHA BLOCKERS			<ul style="list-style-type: none"> • Treatment failure with preferred product • Contraindication to preferred product • Allergic reaction to preferred product
	FLOMAX (tamsulosin) UROXATRAL (alfuzosin)	doxazosin ^{PPG} terazosin ^{PPG}	CARDURA (doxazosin) CARDURA XL (doxazosin) HYTRIN (terazosin)	
	5-ALPHA-REDUCTASE (5AR) INHIBITORS			
	AVODART (dutasteride)		finasteride PROSCAR (finasteride)	
BRONCHODILATORS, ANTICHOLINERGIC	ANTICHOLINERGICS			<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products
	ATROVENT HFA (ipratropium) SPIRIVA (tiotropium)	ipratropium inhalation solution	ATROVENT inhalation solution (ipratropium)	
	ANTICHOLINERGIC-BETA AGONIST COMBINATIONS			
	COMBIVENT (albuterol/ipratropium)		DUONEB (albuterol/ipratropium)	

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BRONCHODILATORS, BETA AGONIST	INHALERS, SHORT-ACTING			<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products • History of intolerable side effects to preferred product • Patient's condition is currently controlled and stable. • History of: tachycardia/cardiac arrhythmia; malignant hypertension; unstable angina; recent myocardial infarction; heart failure
	XOPENEX HFA (levalbuterol)		albuterol ALUPENT (metaproterenol) MAXAIR (pirbuterol) PROAIR HFA (albuterol) PROVENTIL (albuterol) PROVENTIL HFA (albuterol) VENTOLIN HFA (albuterol)	
	INHALERS, LONG-ACTING			
	FORADIL (formoterol)		SEREVENT (salmeterol)	
	INHALATION SOLUTION			
		albuterol	ACCUNEB (albuterol) AIRET (albuterol) metaproterenol XOPENEX (levalbuterol)	
	ORAL			
	albuterol ^{PPG} terbutaline	BRETHINE (terbutaline) metaproterenol VOSPIRE ER (albuterol)		

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

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CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)	BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS			<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products
	AUGMENTIN XR (amoxicillin/clavulanate)	amoxicillin/clavulanate suspension	amoxicillin/clavulanate tablets AUGMENTIN (amoxicillin/clavulanate) AUGMENTIN ES (amoxicillin/clavulanate)	
	CEPHALOSPORINS – First Generation			
		cefadroxil cephalexin	DURICEF (cefadroxil) KEFLEX (cephalexin) PANIXINE (cephalexin)	
	CEPHALOSPORINS – Second Generation			
		cefaclor	CECLOR (cefaclor) cefprozil CEFTIN (cefuroxime) cefuroxime CEFZIL (cefprozil)	
	CEPHALOSPORINS – Third Generation			
	CEDAX (ceftibuten) OMNICEF (cefdinir) SUPRAX (cefixime)	cefdinir cefpodoxime SPECTRACEF (cefditoren) VANTIN (cefpodoxime)		
CYTOKINE AND CAM ANTAGONISTS	ENBREL (etanercept) HUMIRA (adalimumab) RAPTIVA (efalizumab)		KINERET (anakinra)	<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products
ERYTHROPOIESIS STIMULATING PROTEINS	ARANESP (darbepoetin) PROCRIT (RhUEPO)		EPOGEN (RhUEPO)	<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products

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FLUROQUINOLONES, ORAL	AVELOX (moxifloxacin) FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin)	ciprofloxacin ^{PPG}	CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin) ofloxacin PROQUIN XR (ciprofloxacin)	<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products
GLUCOCORTICOID, INHALED	GLUCOCORTICOID			<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products • Pulmicort Respules will be authorized for patients between 1 and 8 years of age.
	AZMACORT (triamcinolone) ASMANEX (mometasone) FLOVENT (fluticasone) QVAR (beclomethasone)		AEROBID (flunisolide) AEROBID-M (flunisolide) PULMICORT (budesonide)	
	GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS			
	ADVAIR (fluticasone/salmeterol)			
GROWTH HORMONE	GENOTROPIN (somatropin) NORDITROPIN (somatropin) NUTROPIN (somatropin) NUTROPIN AQ (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin)		HUMATROPE (somatropin) OMNITROPE (somatropin) ZORBTIVE (somatropin)	<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products • Patients on a non-preferred product will be authorized to continue on that product.
HEPATITIS B AGENTS	EPIVIR HBV (lamivudine) HEPSERA (adefovir) TYZEKA (telbivudine)		BARACLUDE (entecavir)	<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products

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	PREFERRED BRAND NAME AGENTS	GENERIC AGENTS	NON-PREFERRED AGENTS	
HEPATITIS C AGENTS	PEGASYS (pegylated IFN alfa-2a) PEG-INTRON (pegylated IFN alfa-2b)	ribavirin ^{PPG}	COPEGUS (ribavirin) INFERGEN (consensus IFN) REBETOL (ribavirin)	<ul style="list-style-type: none"> • Treatment failure with preferred product of same type • Contraindication to preferred product of same type • Allergic reaction to preferred product of same type • Patients on a non-preferred product will be authorized to continue on that product for the current course of therapy
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS	AMYLIN ANALOGS			<ul style="list-style-type: none"> • Patient must meet all of the following criteria: <ul style="list-style-type: none"> ○ Diagnosis of diabetes mellitus ○ Age ≥18 years ○ HbA1c in past 6 months ○ No history of gastroparesis, neurologic manifestations of diabetes or recent treatment of hypoglycemia
	SYMLIN (pramlintide)			
	INCRETIN ENHANCERS			
	JANUVIA (sitagliptin)			
	INCRETIN MIMETICS			
BYETTA (exenatide)				

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	PREFERRED BRAND NAME AGENTS	GENERIC AGENTS	NON-PREFERRED AGENTS	
HYPOGLYCEMICS, INSULINS	INSULIN, INJECTABLE			
	HUMALOG (insulin lispro) HUMALOG MIX (insulin lispro/lispro protamine) HUMULIN (insulin) LANTUS (insulin glargine) LEVEMIR (insulin detemir) NOVOLIN (insulin) NOVOLOG (insulin aspart) NOVOLOG MIX (insulin aspart/aspart protamine)		APIDRA (insulin glulisine)	<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products
	INSULIN, INHALATION			
			EXUBERA (insulin, inhaled)	<ul style="list-style-type: none"> • Patient must meet all of the following criteria: <ul style="list-style-type: none"> ○ Diagnosis of diabetes mellitus ○ Age \geq18 years ○ PFT in past 6 months (new user) or 12 months (current user) ○ No history of tobacco use or lung disease in previous 2 years ○ Less than 9 vials of regular insulin in past 90 days

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	PREFERRED BRAND NAME AGENTS	GENERIC AGENTS	NON-PREFERRED AGENTS	
HYPOGLYCEMICS, MEGLITINIDES	STARLIX (nateglinide)		PRANDIN (repaglinide)	<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products
HYPOGLYCEMICS, TZD	THIAZOLIDIONES			
	ACTOS (pioglitazone) AVANDIA (rosiglitazone)			
	TZD COMBINATIONS			
	ACTOPLUS MET (pioglitazone/ metformin) AVANDAMET (rosiglitazone/ metformin) AVANDARYL (rosiglitazone/ glimepiride) DUETACT (pioglitazone/ glimepiride)			
INTRANASAL RHINITIS AGENTS	GLUCOCORTICOIDS			<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products
	FLONASE (fluticasone) NASONEX (mometasone) RHINOCORT AQUA (budesonide)	flunisolide^{PPG}	BECONASE AQ (beclomethasone) fluticasone NASACORT AQ (triamcinolone) NASAREL (flunisolide)	
	OTHERS			
	ASTELIN (azelastine)		ATROVENT nasal spray (ipratropium) ipratropium nasal spray	

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	PREFERRED BRAND NAME AGENTS	GENERIC AGENTS	NON-PREFERRED AGENTS	
LEUKOTRIENE MODIFIERS	SINGULAIR (montelukast)		ACCOLATE (zafirlukast) ZYFLO (zileuton)	<ul style="list-style-type: none"> • Treatment failure with preferred product • Contraindication to preferred product • Allergic reaction to preferred product
LIPOTROPICS, OTHER	BILE ACID SEQUESTRANTS			<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products
	COLESTID (colestipol)	cholestyramine	QUESTRAN (cholestyramine) WELCHOL (colesevalam)	
	CHOLESTEROL ABSORPTION INHIBITORS			
			ZETIA (ezetimibe)	
	FIBRIC ACID DERIVATIVES			
	ANTARA (fenofibrate) TRICOR (fenofibrate)	gemfibrozil	fenofibrate LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRIGLIDE (fenofibrate)	
	NIACIN			
	NIASPAN (niacin)	niacin ^{PPG}	SLO-NIACIN (niacin)	
	OMEGA-3 FATTY ACIDS			
			OMACOR (omega-3 fatty acids)	

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

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

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

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

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	PREFERRED BRAND NAME AGENTS	GENERIC AGENTS	NON-PREFERRED AGENTS	
OTIC ANTIBIOTIC PREPARATIONS	CIPRODEX (ciprofloxacin/ dexamethasone) FLOXIN (ofloxacin)	neomycin/polymyxin/hydrocortisone	CIPRO HC (ciprofloxacin/hydrocortisone) COLY-MYCIN S (neomycin/hydrocortisone) CORTISPORIN TC (neomycin/hydrocortisone) CORTISPORIN (neomycin/ polymyxin/hydrocortisone) PEDIOTIC (neomycin/ polymyxin/hydrocortisone)	<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products
PANCREATIC ENZYMES	CREON (pancrelipase) LIPRAM (pancrelipase) PANCRECARB MS (pancrelipase) ULTRASE (pancrelipase) VIOKASE (pancrelipase)	pancrelipase ^{PPG}	PANCREASE MT (pancrelipase)	<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products
PHOSPHATE BINDERS	FOSRENOL (lanthanum) PHOSLO (calcium acetate)		RENAGEL (sevelamer)	<p>Diagnosis of ESRD and hyperphosphatemia despite dietary phosphorous restrictions and at least one of the following:</p> <ul style="list-style-type: none"> • hypercalcemia (corrected serum calcium >10.2 mg/dL) • plasma PTH levels <150 pg/mL on two consecutive measurements • dialysis patients with severe vascular and/or soft tissue calcifications • allergic reaction to preferred product • treatment failure with preferred product

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	PREFERRED BRAND NAME AGENTS	GENERIC AGENTS	NON-PREFERRED AGENTS	
PLATELET AGGREGATION INHIBITORS	AGGRENOX (dipyridamole/aspirin) PLAVIX (clopidogrel)	clopidogrel	dipyridamole PERSANTINE (dipyridamole) TICLID (ticlopidine) ticlopidine	<ul style="list-style-type: none"> • Treatment failure with preferred product. • Contraindication to preferred product. • Allergic reaction to preferred product.
PROTON PUMP INHIBITORS (Oral)	NEXIUM (esomeprazole) PREVACID Capsules (lansoprazole) PREVACID Solutabs (lansoprazole)		ACIPHEX (rabeprazole) NEXIUM Packets (esomeprazole) omeprazole PREVACID Suspension (lansoprazole) PRILOSEC OTC (omeprazole) PROTONIX (pantoprazole) ZEGERID (omeprazole/sodium bicarbonate)	<ul style="list-style-type: none"> • Treatment failure after no less than a 30 day trial of each preferred product • Contraindication to preferred products • Allergic reaction to preferred products
SEDATIVE HYPNOTICS	BENZODIAZEPINES			<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products
		estazolam flurazepam ^{PPG} temazepam ^{PPG} triazolam	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) PROSOM (estazolam) RESTORIL (temazepam)	
	OTHERS			
	ROZEREM (ramelteon)	chloral hydrate ^{PPG} zolpidem^{PPG}	AMBIEN (zolpidem) AMBIEN CR (zolpidem) AQUACHLORAL (chloral hydrate) LUNESTA (eszopiclone) SOMNOTE (chloral hydrate) SONATA (zaleplon)	

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STIMULANTS AND RELATED AGENTS	STIMULANTS			<ul style="list-style-type: none"> • Treatment failure with preferred products • Contraindication to preferred products • Allergic reaction to preferred products
	ADDERALL XR (amphetamine salt combination) CONCERTA (methylphenidate) DAYTRANA (methylphenidate) FOCALIN (dexmethylphenidate) FOCALIN XR (dexmethylphenidate) METADATE CD (methylphenidate)	amphetamine salt combination ^{PPG} dextroamphetamine ^{PPG} methylphenidate ^{PPG}	ADDERALL (amphetamine salt combination) DEXTROSTAT(dextroamphetamine) RITALIN (methylphenidate) RITALIN LA (methylphenidate) RITALIN-SR (methylphenidate)	
	NON-STIMULANTS			
			PROVIGIL (modafanil) STRATTERA (atomoxetine)	
ULCERATIVE COLITIS	ORAL			<ul style="list-style-type: none"> • Treatment failure with preferred products of same route • Contraindication to preferred products of same route • Allergic reaction to preferred products of same route
	ASACOL (mesalamine) PENTASA (mesalamine)	sulfasalazine ^{PPG}	AZULFIDINE (sulfasalazine) COLAZAL (balsalazide) DIPENTUM (olsalazine) LIALDA (mesalamine)	
	RECTAL			
	CANASA (mesalamine)		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)
Bausch & Lomb	24208
Breckenridge	51991
Caraco	57664
Cypress	60258
Endo Pharmaceuticals	60951
Mallinckrodt	00406
Mylan	00378
Qualitest	00603
Silarx	54838

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