Idaho Medicaid Preferred Drug List Recommendations
August 27, 2010

Idaho Medicaid makes the following recommendations for the Idaho Medicaid Preferred Drug List. These recommendations are based on the clinical recommendations of the Pharmacy and Therapeutics Committee from the July 16 and August 27 meetings and take into consideration public and prescriber input, utilization patterns and cost data.

Therapeutic Class	Preferred Drugs	Non-Preferred Drugs
ALZHEIMER'S DRUGS[CL]	ARICEPT (donepezil) [CL] ARICEPT ODT (donepezil) [CL] EXELON Oral (rivastigmine) [CL] EXELON Transdermal (rivastigmine) [CL] galantamine[CL] galantamine ER[CL] NAMENDA (memantine) [CL]	rivastigmine[CL]
ANALGESICS/ ANESTHETICS, TOPICAL	LIDODERM (lidocaine)	FLECTOR (diclofenac) [CL] PENNSAID (diclofenac) [CL] VOLTAREN Gel (diclofenac) [CL]
ANDROGENIC DRUGS (Topical)	ANDRODERM (testosterone) ANDROGEL (testosterone)	TESTIM (testosterone)
ANTIBIOTICS, INHALED	TOBI (tobramycin inhaled) CAYSTON (aztreonam inhaled)	
ANTIBIOTICS, VAGINAL	CLEOCIN OVULES (clindamycin) clindamycin metronidazole VANDAZOLE (metronidazole)	
ANTIDEPRESSANTS, OTHER	bupropion HCl bupropion SR bupropion XL MARPLAN (isocarboxazid) mirtazapine NARDIL (phenelzine) PARNATE (tranylcypromine) venlafaxine ER tablets (generic)	APLENZIN (bupropion HBr) CYMBALTA (duloxetine)[CL] EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal)[CL] nefazodone PRISTIQ (desvenlafaxine) tranylcypromine venlafaxine VENLAFAXINE ER (venlafaxine)
ANTIDEPRESSANTS, SSRIs	citalopram fluoxetine fluvoxamine sertraline	fluoxetine weekly LEXAPRO (escitalopram) LUVOX CR (fluvoxamine) paroxetine paroxetine CR PEXEVA (paroxetine)
ANTIEMETICS (Oral)	EMEND (aprepitant) [CL] MARINOL [CL] ondansetron [CL] ondansetron ODT [CL] SANCUSO (granisetron) [CL]	ANZEMET (dolasetron) [CL] CESAMET (nabilone) [CL] dronabinol [CL] granisetron [CL]

Therapeutic Class	Preferred Drugs	Non-Preferred Drugs
ANTIFUNGALS, ORAL	fluconazole ketoconazole nystatin	ANCOBON (flucytosine) clotrimazole GRIFULVIN V (griseofulvin)[CL] griseofulvin[CL] GRIS-PEG (griseofulvin)[CL] itraconazole[CL] LAMISIL (terbinafine)[CL] NOXAFIL (posaconazole) ORAVIG (miconazole) terbinafine[CL] TERBINEX (terbinafine) VFEND (voriconazole)
ANTIFUNGALS, TOPICAL	butenafine OTC clotrimazole OTC and RX econazole ketoconazole LAMISIL AF (tolnaftate) miconazole OTC NAFTIN (naftifine) nystatin terbinafine OTC TINACTIN OTC (tolnaftate) tolnaftate OTC clotrimazole/betamethasone nystatin/triamcinolone	BENSAL HP (benzoic acid/salicylic acid) ciclopirox ciclopirox nail lacquer[CL] CNL 8 (ciclopirox nail lacquer)[CL] ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) LOPROX (ciclopirox) MENTAX (butenafine) OXISTAT (oxiconazole) VUSION (miconazole/petrolatum/zinc oxide) XOLEGEL (ketoconazole)
ANTIHYPERURICEMICS	allopurinol colchicine probenecid probenecid/colchicine	COLCRYS (colchicine) ULORIC (febuxostat) [CL]
ANTIPARASITICS, TOPICAL	EURAX (cromtamiton) OVIDE (malathion) permethrin OTC and Rx	lindane malathion Ulesfia (benzyl alcohol)
ANTIPARKINSON'S DRUGS (Oral	benztropine bromocriptine carbidopa/levodopa carbidopa/levodopa ODT KEMADRIN (procyclidine) ropinirole selegiline STALEVO (levodopa/carbidopa/entacapone) trihexyphenidyl	AZILECT (rasagiline) COMTAN (entacapone) MIRAPEX ER (pramipexole) pramipexole REQUIP XL (ropinirole) TASMAR (tolcapone) ZELAPAR (selegiline)
ANTIPSYCHOTICS THE P&T COMMITTEE WILL BE REVIEWING ADDITIONAL DATA AND HAVING FURTHER DISCUSSION BEFORE MAKING FINAL DECISIONS ON THIS CLASS. AT THIS TIME THE CURRENT PDL WILL REMAIN IN EFFECT.	ABILIFY (aripiprazole) chlorpromazine clozapine FAZACLO (clozapine) fluphenazine GEODON (ziprasidone) haloperidol INVEGA (paliperidone) MOBAN (molindone)	FANAPT (iloperidone) SAPHRIS (asenapine) thioridazine

Therapeutic Class	Preferred Drugs	Non-Preferred Drugs
	ORAP (pimozide) perphenazine perphenazine/amitriptyline risperidone SEROQUEL (quetiapine) SEROQUEL XR (quetiapine) SYMBYAX (olanzapine/fluoxetine) thiothixene trifluoperazine ZYPREXA (olanzapine) **Injectable:** fluphenazine GEODON (ziprasidone) haloperidol RISPERDAL CONSTA (risperidone) ZYPREXA (olanzapine)	**Injectable:** INVEGA SUSTENNA (paliperidone) ZYPREXA RELPREVV (olanzapine
ANTIVIRALS, ORAL	**Antiherpectic:** acyclovir VALTREX (valacyclovir) **Antiinfluenza:** amantadine RELENZA (zanamivir) rimantadine TAMIFLU (oseltamivir)	famciclovir valacyclovir
ANTIVIRALS, TOPICAL	DENAVIR (penciclovir) ZOVIRAX (acyclovir) Ointment [CL]	Abreva ZOVIRAX (acyclovir) Cream
ATOPIC DERMATITIS	ELIDEL (pimecrolimus PROTOPIC (tacrolimus)	
BONE RESORPTION SUPPRESSION AND RELATED DRUGS (Oral)	alendronate MIACALCIN (calcitonin) FORTEO (teriparatide) [CL]. Forteo will be preferred for diagnosis of gluococorticoid-induced osteoporosis, but non-preferred for other indications.	ACTONEL (risedronate) ACTONEL WITH CALCIUM (risedronate/calcium) BONIVA (ibandronate) calcitonin-salmon didronel etidronate FORTICAL (calcitonin FOSAMAX Solution (alendronate) FOSAMAX Plus D (alendronate/cholecalciferol)
BRONCHODILATORS, ANTICHOLINERGIC	albuterol/ipratropium ATROVENT HFA (ipratropium) COMBIVENT (albuterol/ipratropium) ipratropium SPIRIVA (tiotropium)	
BRONCHODILATORS, BETA AGONIST	**Inhalers, Short-Acting:** MAXAIR (pirbuterol) PROAIR HFA (albuterol) VENTOLIN HFA (albuterol)	albuterol 0.63 mg BROVANA (arformoterol- inhalation solution) FORADIL (formoterol) levalbuterol (inhalation solution)

Therapeutic Class	Preferred Drugs	Non-Preferred Drugs
	Inhalers, Long-Acting: No agents are recommended to be preferred at this time. **Inhalation Solution:** albuterol (except 0.63 mg) **Oral:** albuterol terbutaline	metaproterenol (oral) PERFOROMIST (formoterol – inhalation solution) PROVENTIL HFA (albuterol) SEREVENT (salmeterol) XOPENEX (levalbuterol –inhalation solution) XOPENEX HFA (levalbuterol)
CEPHALOSPORINS (Oral)	**Beta Lactam/Beta Lactamase Inhibitor Combinations:** amoxicillin/clavulanate amoxicillin/clavulanate suspension AUGMENTIN Suspension (amoxicillin/ clavulanate) - 125 and 250 mg only **Cephalosporins:** cefadroxil cephalexin cefprozil cefuroxime cefdinir SUPRAX (cefixime)	amoxicillin/clavulanate XR AUGMENTIN (amoxicillin/clavulanate) – except 125 and 250 mg suspension AUGMENTIN XR (amoxicillin/clavulanate) CEDAX (ceftibuten) cefaclor cefditoren cefpodoxime Ceftin suspension Ceftin tablets
CYTOKINE & CAM ANTAGONISTS	CIMZIA (certolizumab) ENBREL (etanercept) HUMIRA (adalimumab)	ACTEMRA (tocilizumab) AMEVIVE (alefacept) KINERET (anakinra) ORENCIA (abatacept) REMICADE (infliximab) SIMPONI (golimumab) STELARA (ustekimumab)
Epinephrine, Self-Injected	epinephrine	Adrenaclick Epipen Epipen Jr Twinject
FLUOROQUINOLONES, ORAL	AVELOX (moxifloxacin) ciprofloxacin LEVAQUIN (levofloxacin)	CIPRO Suspension (ciprofloxacin) ciprofloxacin ER FACTIVE (gemifloxacin) NOROXIN (norfloxacin) ofloxacin PROQUIN XR (ciprofloxacin)
Glucocorticoids, Inhaled	AEROBID (flunisolide) AEROBID-M (flunisolide) ASMANEX (mometasone) FLOVENT (fluticasone) QVAR (beclomethasone)	ALVESCO (ciclesonide) budesonide PULMICORT (budesonide)
GLUCOCORTICOID /BRONCHODILATOR COMBINATIONS[CL]	ADVAIR (fluticasone/salmeterol) [CL] SYMBICORT (budesonide/formoterol [CL]	
Hypoglycemics, Incretin Mimetics/Enhancers	BYETTA (exenatide)[CL] ONGLYZA (saxagliptin) [CL] SYMLIN (pramlintide)[CL]	JANUMET (sitagliptin/metformin) [CL] JANUVIA (sitagliptin) [CL] VICTOZA (liraglutide) [CL]

Therapeutic Class	Preferred Drugs	Non-Preferred Drugs
Hypoglycemics, Insulin and Related Agents	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)
INTRANASAL RHINITIS AGENTS	ASTELIN (azelastine) fluticasone ipratropium	ASTEPRO (azelastine azelastine BECONASE AQ (beclomethasone) flunisolide NASACORT AQ (triamcinolone) NASONEX (mometasone) OMNARIS (ciclesonide) PATANASE (olopatadine) RHINOCORT AQUA (budesonide) VERAMYST (fluticasone)
LEUKOTRIENE MODIFIERS	ACCOLATE (zafirlukast) SINGULAIR (montelukast)	ZYFLO CR (zileuton)
MACROLIDES AND KETOLIDES (Oral)	azithromycin clarithromycin IR erythromycin ZMAX (azithromycin)	clarithromycin ER KETEK (telithromycin
NSAIDS	diclofenac etodolac flurbiprofen ibuprofen (Rx only) indomethacin ketoprofen ketorolac meloxicam nabumetone naproxen (Rx only) oxaprozin piroxicam sulindac	ARTHROTEC (diclofenac/misoprostol) CELEBREX (celecoxib)[CL] fenoprofen meclofenamate mefenamic acid NAPRELAN (naproxen) tolmetin VIMOVO (naproxen/esomeprazole) ZIPSOR (diclofenac)
OPHTHALMIC ANTIBIOTICS	bacitracin bacitracin/polymyxin CILOXAN Ointment (ciprofloxacin) ciprofloxacin erythromycin gentamicin neomycin-polymyxin-gramicidin ofloxacin polymyxin/trimethoprim sulfacetamide tobramycin TOBREX Ointment (tobramycin) triple antibiotic	AZASITE (azithromycin) BESIVANCE (besifloxacin) CILOXAN Solution (ciprofloxacin) IQUIX (levofloxacin) NATACYN (natamycin) QUIXIN (levofloxacin) TOBREX Solution (tobramycin) ZYMAR (gatifloxacin)

Therapeutic Class	Preferred Drugs	Non-Preferred Drugs
	VIGAMOX (moxifloxacin)	
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS	ALREX (loteprednol) cromolyn ketorolac ketotifen OTC Optivar PATADAY (olopatadine) PATANOL (olopatadine)	ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (lodoxamide) azelastine BEPREVE (bepotastine) ELESTAT (epinastine) EMADINE (emedastine) ketotifen
OPHTHALMIC ANTI-INFLAMMATORIES	dexamethasone diclofenac FLAREX (fluorometholone) fluorometholone flurbiprofen FML FORTE (fluorometholone) FML S.O.P. (fluorometholone) LOTEMAX (loteprednol) MAXIDEX (dexamethasone) PRED MILD (prednisolone) prednisolone	ACUVAIL (ketorolac) DUREZOL (difluprednate) ketorolac NEVANAC (nepafenac) VEXOL (rimexolone) XIBROM (bromfenac)
OPHTHALMICS, GLAUCOMA DRUGS	AZOPT (brinzolamide) betaxolol BETIMOL (timolol) brimonidine carteolol dipivefrin COMBIGAN (brimonidine/timolol) COSOPT (dorzolamide/timolol) ISTALOL (timolol) levobunolol metipranolol pilocarpine PROPINE (dipivefrin) timolol TRUSOPT (dorzolamide TRAVATAN (travoprost) XALATAN (latanoprost)	ALPHAGAN P (brimonidine) BETOPTIC S (betaxolol) brimonidine P dorzolamide dorzolamide/timolol LUMIGAN (bimatoprost) – all strengths
PANCREATIC ENZYMES	CREON PANCREAZE pancrelipase ZENPEP	No agents are recommended to be non-preferred at this time.
PLATELET AGGREGATION INHIBITORS	AGGRENOX (dipyridamole/aspirin) dipyridamole PLAVIX (clopidogrel)	EFFIENT (prasugrel) ticlopidine
STIMULANTS AND RELATED DRUGS[CL]	ADDERALL XR (amphetamine salt combination) [CL] amphetamine salt combination IR [CL] CONCERTA (methylphenidate) dexmethylphenidate [CL] FOCALIN (dexmethylphenidate) [CL] guanfacine	amphetamine salt combination ER [CL] DAYTRANA (methylphenidate) [CL] DESOXYN (methamphetamine) [CL] dextroamphetamine [CL] FOCALIN XR (dexmethylphenidate) [CL] INTUNIV (guanfacine ER) [CL]

Therapeutic Class	Preferred Drugs	Non-Preferred Drugs
	methylphenidate [CL] methylphenidate ER [CL] METHYLIN chewable and solution (methylphenidate) [CL] VYVANSE (lisdexamfetamine) [CL]	METADATE CD (methylphenidate) [CL] NUVIGIL (armodafanil) [CL] PROCENTRA (dextroamphetamine) [CL] PROVIGIL (modafanil) [CL] RITALIN LA (methylphenidate) [CL] STRATTERA (atomoxetine) [CL]
Tetracyclines	doxycycline hyclate tetracycline minocycline capsules	ADOXA TT (doxycycline) ADOXA CK (doxycycline) Demeclocycline DORYX doxycycline monohydrate doxycycline hyclate DR Minocycline tablets Minocycline ER NUTRIDOX (doxycycline) ORACEA (doxycycline) SOLODYN (minocycline) VIBRAMYCIN suspension(doxycycline)

Note: Changes are indicated by highlighted area. Non-preferred drugs require failure of 1, 2 or 3 preferred agents for prior authorization approval. Those drugs with a [CL] also have clinical prior authorization criteria for use associated with them.