

# Preferred Drug List



Prescribers may request an override for non-preferred drugs by calling the UAMS College of Pharmacy Evidence-Based Prescription Drug Program Help Desk at: [Toll Free 1-866-250-2518](tel:1-866-250-2518) or [Local 501-526-4200](tel:501-526-4200). **This Preferred Drug List is subject to change without notice.** New products in a reviewed drug class are considered NON-PREFERRED until the committee has reevaluated the evidence for the drug class. The effective implementation date stated for each drug class is the date claims will be edited at point-of-sale.

5/13/2009

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ALLERGY-ASTHMA	ANTHYPERLIPIDEMICS	ANTHYPERTENSIVE AGENTS
<p align="center"><b>ANTIHISTAMINE -- NONSEDATING</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 1/25/2005 ORIGINAL EDIT EFFECTIVE DATE: 3/25/2005</p> <p><b>PREFERRED</b> LORATADINE (CLARITIN)</p> <p><b>NON-PREFERRED -- INCLUDE BUT NOT LIMITED TO</b> CETIRIZINE (ZYRTEC)* CETIRIZINE/PSEUDOEPHEDRINE (ZYRTEC-D)* DES Loratadine (CLARINEX)* DES Loratadine/PSEUDOEPHEDRINE (CLARINEX-D)* FEXOFENADINE (ALLEGRA)* FEXOFENADINE/PSEUDOEPHEDRINE (ALLEGRA-D)* LEVOCETIRIZINE (XYZAL)* LORATADINE/PSEUDOEPHEDRINE (CLARITIN-D)*</p>	<p align="center"><b>HMG-CoA REDUCTASE INHIBITORS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 3/30/2005 ORIGINAL EDIT EFFECTIVE DATE: 6/8/2005 RE-REVIEW POSTED PREFERRED STATUS: 4/11/2008 REVISED EDIT EFFECTIVE DATE: 6/10/2008</p> <p><b>PREFERRED</b> PRAVASTATIN (PRAVACHOL) Effective 6/10/2008 SIMVASTATIN (ZOCOR)</p> <p><b>NON-PREFERRED -- INCLUDE BUT NOT LIMITED TO</b> ATORVASTATIN (LIPITOR)* FLUVASTATIN (LESCOL) LOVASTATIN (MEVACOR) LOVASTATIN/NICACIN (ADVICOR) <del>PRAVASTATIN (PRAVACHOL)</del> Effective 6/10/2008 PRAVASTATIN/ASPIRIN (PRAVIGARD PAC) ROSUVASTATIN (CRESTOR) SIMVASTATIN/EZETIMIBE (VYTORIN) SIMVASTATIN/NIACIN (SIMCOR)</p>	<p align="center"><b>ANGIOTENSIN-CONVERTING ENZYME INHIBITOR</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 11/16/2005 ORIGINAL EDIT EFFECTIVE DATE: 11/16/2005 RE-REVIEW POSTED PREFERRED STATUS: 11/21/2007 REVISED EDIT EFFECTIVE DATE: 1/23/2008</p> <p><b>PREFERRED</b> BENAZEPRIL (LOTENSIN) Effective 1/23/2008 BENAZEPRIL/AMLODIPINE (LOTREL) Effective 1/23/2008 CAPTOPRIL (CAPOTEN) LISINAPRIL (PRINIVIL) Effective 1/23/2008 RAMIPRIL CAPSULES (ALTACE CAPSULES)</p> <p><b>NON-PREFERRED -- INCLUDE BUT NOT LIMITED TO</b> <del>BENAZEPRIL (LOTENSIN)</del> Effective 1/23/2008 <del>BENAZEPRIL/AMLODIPINE (LOTREL)</del> Effective 1/23/2008 ENALAPRIL (VASOTEC)* ENALAPRIL/FELODIPINE (LEXCEL) FOSINOPRIL (MONOPRIL) <del>LISINAPRIL (PRINIVIL)</del>* Effective 1/23/2008 MOEXIPRIL (UNIVASC) PERINDOPRIL (ACEON) QUINAPRIL (ACCUPRIL) RAMIPRIL TABLETS (ALTACE TABLETS) TRANDOLAPRIL (MAVIK) TRANDOLAPRIL/VERAPAMIL (TARKA)</p>

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ANTIHYPERTENSIVE AGENTS ANGIOTENSIN II RECEPTOR ANTAGONIST	ANTIHYPERTENSIVE AGENTS BETA ADRENERGIC BLOCKERS	ANTIHYPERTENSIVE AGENTS CALCIUM CHANNEL BLOCKERS
<p>ORIGINAL POSTED PREFERRED STATUS: 12/20/2005 ORIGINAL EDIT EFFECTIVE DATE: 2/21/2006 RE-REVIEW POSTED PREFERRED STATUS: 9/24/2008 REVISED EDIT EFFECTIVE DATE: 10/1/2008</p>	<p>ORIGINAL POSTED PREFERRED STATUS: 7/18/2005 ORIGINAL EDIT EFFECTIVE DATE: 10/5/2005 RE-REVIEW POSTED PREFERRED STATUS: 10/17/2007 REVISED EDIT EFFECTIVE DATE: 12/18/2007</p>	<p>ORIGINAL POSTED PREFERRED STATUS: 5/12/2005 ORIGINAL EDIT EFFECTIVE DATE: 7/12/2005 RE-REVIEW POSTED PREFERRED STATUS: 8/22/2007 REVISED EDIT EFFECTIVE DATE: 10/17/2007</p>
<p><b>PREFERRED</b> LOSARTAN (COZAAR) LOSARTAN/HCTZ (HYZAAR) OLMESARTAN (BENICAR) Effective 10/1/2008 OLMESARTAN/AMLODIPINE (AZOR) Effective 10/1/2008 OLMESARTAN/HCTZ (BENICAR HCT) Effective 10/1/2008 VALSARTAN (DIOVAN) VALSARTAN/AMLODIPINE (EXFORGE) Effective 10/1/2008 VALSARTAN/HCTZ (DIOVAN HCT)</p>	<p><b>PREFERRED</b> ATENOLOL (TENORMIN) METOPROLOL TARTRATE (LOPRESSOR) PROPRANOLOL IMMEDIATE RELEASE (INDERAL)</p> <p><b>PREFERRED FOR CHF ONLY</b> BISOPROLOL FUMARATE (ZEBETA)* CARVEDILOL TABLET (COREG) Effective 12/18/2007 METOLOPROL SUCCINATE (TOPROL XL)*</p>	<p><b>PREFERRED</b> AMLODIPINE (NORVASC) Effective 10/17/2007 AMLODIPINE/OLMESARTAN (AZOR) Effective 10/1/2008 AMLODIPINE/VALSARTAN (EXFORGE) Effective 10/1/2008 DILTIAZEM ER, XR, XT, OR SA CAPSULES 120MG, 180MG, AND 240MG (DILACOR XR) ISRADIPINE CR (DYNACIRC CR) NIFEDIPINE ER, XL, CC, OR CR TABLETS (PROCARDIA XL) VERAPAMIL SR OR SA TABLETS 120MG, 180MG, AND 240MG (CALAN SR)</p>
<p><b>NON-PREFERRED --</b> <b>INCLUDE BUT NOT LIMITED TO</b> CANDESARTAN (ATACNAD)* CANDESARTAN/HCTZ (ATACAND HCT) EPROSARTAN (TEVETEN) EPROSARTAN/HCTZ (TEVETEN HCT) IRBESARTAN (AVAPRO) IRBESARTAN/HCTZ (AVALIDE) <del>OLMESARTAN (BENICAR)</del> Effective 10/1/2008 <del>OLMESARTAN/AMLODIPINE (AZOR)</del> Effective 10/1/2008 <del>OLMESARTAN/HCTZ (BENICAR HCT)</del> Effective 10/1/2008 TELMISARTAN (MICARDIS) TELMISARTAN/HCTZ (MICARDIS HCT) <del>VALSARTAN/AMLODIPINE (EXFORGE)</del> Effective 10/1/2008</p>	<p><b>NON-PREFERRED --</b> <b>INCLUDE BUT NOT LIMITED TO</b> ACEBUTOLOL (SECTRAL) BETAXOLOL HCL (KERLONE) CARTEOLOL (CARTROL) CARVEDILOL PHOSPHATE (COREG CR) <del>CARVEDILOL TABLET (COREG)</del> Effective 12/18/2007 LABETALOL HCL (NORMODYNE) NADOLOL (CORGARD) NEBIVOLOL (BYSTOLIC) PENBUTOLOL (LEVATOL) PINDOLOL (VISKEN) PROPRANOLOL ER (INDERAL LA) TIMOLOL MALEATE (BLOCADREN)</p>	<p><b>NON-PREFERRED --</b> <b>INCLUDE BUT NOT LIMITED TO</b> <del>AMLODIPINE (NORVASC)*</del> Effective 10/17/2007 AMLODIPINE/ATORVASTATIN (CADUET) <del>AMLODIPINE/OLMESARTAN (AZOR)</del> Effective 10/1/2008 <del>AMLODIPINE/VALSARTAN (EXFORGE)</del> Effective 10/1/2008 BEPRIDIL (VASCOR) ENALAPRIL/FELODIPINE (LEXSEL) DILTIAZEM CD, LA, ER, XR, XT, OR SA PRODUCTS (CARDIZEM) FELODIPINE ER (PLENDIL) ISRADIPINE (DYNACIRC) NICARDIPINE (CARDENE) NISOLDIPINE (SULAR) VERAPAMIL SR CAPSULES (VERELAN)</p>

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# Preferred Drug List



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5/13/2009

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BIOLOGIC AND IMMUNOLOGIC AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
<p align="center"><b>IMMUNOLOGIC AGENTS</b> Immunomodulators</p> <p>ORIGINAL POSTED PREFERRED STATUS: 4/14/2006 ORIGINAL EDIT EFFECTIVE DATE: 6/13/2006 RE-REVIEW POSTED PREFERRED STATUS: 8/22/2007 REVISED EDIT EFFECTIVE DATE: 10/17/2007</p> <p><b>PREFERRED</b> ADALIMUMAB (HUMIRA)* ETANERCEPT (ENBREL)* EFALIZUMAB (RAPTIVA)* effective 10/17/2007</p> <p><b>NON-PREFERRED --</b> <b>INCLUDE BUT NOT LIMITED TO</b> ANAKINRA (KINERET) CERTOLIZUMAB (CIMZIA) <del>EFALIZUMAB (RAPTIVA)*</del> Effective 10/17/2007 GOLIMUMAB (SIMPONI) INFLIXIMAB (REMICADE)</p>	<p align="center"><b>AGENTS FOR MIGRAINE</b> Serotonin 5-HT1 Receptor Agonist</p> <p>ORIGINAL POSTED PREFERRED STATUS: 12/8/2005 ORIGINAL EDIT EFFECTIVE DATE: 2/7/2006 RE-REVIEW POSTED PREFERRED STATUS: 7/25/2007 REVISED EDIT EFFECTIVE DATE: 10/1/2007</p> <p><b>PREFERRED</b> RIZATRIPTAN (MAXALT, MAXALT MLT)* SUMATRIPTAN 100MG TABLET (IMITREX)* SUMATRIPTAN 25MG TABLET (IMITREX)* SUMATRIPTAN 20MG NASAL SPRAY (IMITREX)* SUMATRIPTAN 5MG NASAL SPRAY (IMITREX)* SUMATRIPTAN 6MG/0.5ML KIT REFILL (IMITREX)* SUMATRIPTAN 6MG/0.5ML KIT SYRINGE (IMITREX)* SUMATRIPTAN 6MG/0.5ML VIAL (IMITREX)* SUMATRIPTAN 4MG/0.5ML KIT REFILL (IMITREX)* SUMATRIPTAN/NAPROXEN (TREMIMET)*</p> <p><b>NON-PREFERRED --</b> <b>INCLUDE BUT NOT LIMITED TO</b> AMLOTRIPTAN (AXERT)* ELETRIPTAN (RELPAK) FROVATRIPTAN (FROVA) NARATRIPTAN (AMERGE) SUMATRIPTAN 4MG/0.5ML VIAL (IMITREX) ZOLMITRIPTAN (ZOMIG)</p>	<p align="center"><b>ANTIDEPRESSANTS</b> SSRIs, SSNRIs, SNRIs</p> <p>ORIGINAL POSTED PREFERRED STATUS: 2/7/2007 ORIGINAL EDIT EFFECTIVE DATE: 4/10/2007</p> <p><b>PREFERRED</b> BUPROPION REGULAR RELEASE TABLET (WELLBUTRIN)* BUPROPION EXTENDED RELEASE TABLET (WELLBUTRIN XL)* CITALOPRAM (CELEXA)* ESCITALOPRAM 10MG AND 20MG TABLET (LEXAPRO)* FLUOXETINE 10MG AND 20MG CAPSULE; 20MG/5ML SOLUTION (PROZAC)* MIRTAZAPINE 15MG, 30MG, AND 45MG TABLET (REMERON)* PAROXETINE HCL TABLET (PAXIL)* PAROXETINE MESYLATE (PEXEVA)* SERTRALINE (ZOLOFT)* VENLAFAXINE REGULAR RELEASE TABLET (EFFEXOR)*</p> <p><b>NON-PREFERRED --</b> <b>INCLUDE BUT NOT LIMITED TO</b> BUPROPION HBR ER TABLET (APLENZIN)* BUPROPION HCL SR TABLET (WELLBUTRIN SR)* DESVENLAFAXINE (PRISTIQ)* DULOXETINE (CYMBALTA)* ESCITALOPRAM 5MG TABLET; 5MG/5ML SOL'N (LEXAPRO)* FLUOXETINE 10MG, 20MG TABLET; 40MG CAPSULE; 90MG DELAYED RELEASE (PROZAC)* FLUVOXAMINE (LUVOX)* MILNACIPRAN (SAVELLA)* MIRTAZAPINE 7.5 MG TABLET AND RPD TABLET (REMERON)* NEFAZODONE (SERZONE)* PAROXETINE CR TABLET; SUSPENSION (PAXIL)* VENLAFAXINE ER CAPSULES (EFFEXOR)* VENLAFAXINE ER TABLETS*</p>

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CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS
<p><b>ANTIEMETICS</b></p> <p>5-HT3 &amp; NK1 Receptor Antagonists</p> <p>ORIGINAL POSTED PREFERRED STATUS: 8/10/2006 ORIGINAL EDIT EFFECTIVE DATE: 10/10/2006</p> <p><b>PREFERRED</b></p> <p>ONDANSETRON (ZOFRAN)*</p> <p><b>NON-PREFERRED --</b></p> <p><b>INCLUDE BUT NOT LIMITED TO</b></p> <p>APREPITANT (EMEND)* DOLASETRON (ANZEMET)* GRANISETRON (KYTRIL, SANCUSO)*</p>	<p><b>ATTENTION DEFICIT DISORDER/HYPERACTIVITY DISORDER</b></p> <p>Amphetamine Salts, Amphetamine-Like Drugs, and Norepinephrine Reuptake Inhibitor</p> <p>ORIGINAL POSTED PREFERRED STATUS: 5/7/2007 ORIGINAL EDIT EFFECTIVE DATE: 7/10/2007 RE-REVIEW POSTED PREFERRED STATUS: 5/11/2009 REVISED EDIT EFFECTIVE DATE: 7/21/2009</p> <p><b>PREFERRED</b></p> <p>AMPHETAMINE SALTS TABLET (ADDERALL)* AMPHETAMINE SALTS ER CAPSULE (ADDERALL XR)* ATOMOXETINE (STRATTERA)* Effective 7/21/2009 DEXMETHYLPHENIDATE ER CAPSULE (FOCALIN XR)* DEXMETHYLPHENIDATE TABLET (FOCALIN)* DEXTROAMPHETAMINE TABLETS* Effective 7/21/2009 LISDEXAMFETAMINE (VYVANSE)* Effective 7/21/2009 METHYLPHENIDATE ER PATCH (DAYTRANA)* METHYLPHENIDATE ER TABLET (CONCERTA)* METHYLPHENIDATE SWALLOW TABLET (RITALIN)*</p> <p><b>NON-PREFERRED --</b></p> <p><b>INCLUDE BUT NOT LIMITED TO</b></p> <p><del>ATOMOXETINE (STRATTERA)*</del> Effective 7/21/2009 <del>DEXTROAMPHETAMINE TABLETS*</del> Effective 7/21/2009 DEXTROAMPHETAMINE CAPSULES (DEXEDRINE)* DEXTROAMPHETAMINE LIQUID (LIQUADD)* <del>LISDEXAMFETAMINE (VYVANSE)*</del> Effective 7/21/2009 METHAMPHETAMINE TABLETS (DESOXYN)* METHYLPHENIDATE CHEWABLE TABLET (METHYLIN)* METHYLPHENIDATE SOLUTION (METHYLIN)* METHYLPHENIDATE SA CAPSULE (METADATE CD, RITALIN LA)* METHYLPHENIDATE SA TABLET (RITALIN SR)* LA)*</p>	<p><b>NARCOTIC AGONIST ANALGESICS</b></p> <p><b>LONG ACTING OPIOIDS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 8/26/2005 ORIGINAL EDIT EFFECTIVE DATE: 10/26/2005 RE-REVIEW POSTED PREFERRED STATUS: 8/4/2008 REVISED EDIT EFFECTIVE DATE: 8/1/2008</p> <p><b>PREFERRED</b></p> <p>METHADONE (DOLOPHINE)* MORPHINE SULFATE LA TABLET (MS CONTIN, ORAMORPH)* OXYMORPHONE LA TABLET (OPANA ER)* Effective 8/1/2008</p> <p><b>NON-PREFERRED --</b></p> <p><b>INCLUDE BUT NOT LIMITED TO</b></p> <p>FENTANYL PATCH (DURAGESIC)* MORPHINE SULFATE LA CAPSULE (AVINZA, KADIAN)* OXYCODONE LA TABLET (OXYCONTIN)* <del>OXYMORPHONE LA TABLET (OPANA ER)*</del> Effective 8/1/2008</p>

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CENTRAL NERVOUS SYSTEM AGENTS NEUROPATHIC PAIN AGENTS	CENTRAL NERVOUS SYSTEM AGENTS NON-BENZODIAZEPINE SEDATIVE HYPNOTICS	CENTRAL NERVOUS SYSTEM AGENTS NONSTEROIDAL ANTIINFLAMMATORY AGENTS
<p><b>ORIGINAL POSTED PREFERRED STATUS: 4/3/2008</b> <b>ORIGINAL EDIT EFFECTIVE DATE: 6/5/2008</b></p> <p><b>PREFERRED</b> AMITRIPTYLINE (ELAVIL) CARBAMAZEPINE CHEWABLE TABLET (TEGRETOL TABLET CHEWABLE) CARBAMAZEPINE IMMEDIATE RELEASE TABLET (TEGRETOL) GABAPENTIN CAPSULES (NEURONTIN) GABAPENTIN 600MG AND 800 MG TABLETS (NEURONTIN) NORTRIPTYLINE (PAMELOR) PREGABALIN (LYRICA)* VENLAFAXINE REGULAR RELEASE TABLET (EFFEXOR)*</p> <p><b>NON-PREFERRED --</b> <b>INCLUDE BUT NOT LIMITED TO</b> CARBAMAZEPINE EXTENDED RELEASE CAPSULE (CARBATROL SA)* CARBAMAZEPINE EXTENDED RELEASE TABLET (TEGRETOL XR)* CARBAMAZEPINE SUSPENSION (TEGRETOL)* DIVALPROEX SODIUM (DEPAKOTE)* DULOXETINE (CYMBALTA)* GABAPENTIN 250MG/5 ML SOLUTION (NEURONTIN)* GABAPENTIN 100MG, 300 MG, 400 MG TABLETS* LACOSAMIDE (VIMPAT)* LAMOTRIGINE (LAMICTAL)* LIDOCAINE PATCH (LIDODERM)* OXCARBAZEPINE (TRILEPTAL)* TOPIRAMATE (TOPAMAX)* VALPROIC ACID (DEPAKENE, STAVZOR)* VENLAFAXINE ER CAPSULES (EFFEXOR XR)* ***SEE DISCLAIMER ON LAST PAGE***</p>	<p><b>ORIGINAL POSTED PREFERRED STATUS: 3/7/2006</b> <b>ORIGINAL EDIT EFFECTIVE DATE: 5/9/2006</b> <b>REVISED EDIT EFFECTIVE DATE: 10/17/2007</b> <b>RE-REVIEW POSTED PREFERRED STATUS: 12/15/2008</b> <b>REVISED EDIT EFFECTIVE DATE: 3/1/2009</b></p> <p><b>PREFERRED</b> RAMELTEON (ROZEREM)* ZALEPLON (SONATA)* ZOLPIDEM TABLET (AMBIEN)* <del>ZOLPIDEM CR TABLET (AMBIEN CR)*</del> Effective 2/28/09</p> <p><b>NON-PREFERRED --</b> <b>INCLUDE BUT NOT LIMITED TO</b> ESZOPICLONE (LUNESTA)* ZOLPIDEM CR TABLET (AMBIEN CR)* Effective 3/1/09</p>	<p><b>ORIGINAL POSTED PREFERRED STATUS: 4/13/2007</b> <b>ORIGINAL EDIT EFFECTIVE DATE: 6/18/2007</b></p> <p><b>PREFERRED</b> IBUPROFEN 100MG/5ML SUSPENSION, 400MG, 600MG, 800MG TABLET (MOTRIN) INDOMETHACIN 25MG CAPSULE (INDOCIN) KETOPROFEN 50MG AND 75MG CAPSULE (ORUDIS) KETOROLAC (TORADOL)* MELOXICAM 7.5MG AND 15MG TABLET (MOBIC) NAPROXEN 250MG, 375MG, AND 500MG TABLET (NAPROSYN) NAPROXEN SODIUM 275MG AND 550MG TABLET (ANAPROX) NAPROXEN 375MG AND 500MG EC TABLET (EC-NAPROSYN) PIROXICAM (FELDENE) SALSALATE (SALFLEX)</p> <p><b>Non-preferred agents listed on next columns</b></p>
<p><a href="#">*Please refer to the PDL Criteria Overview for more detail</a></p>	<p><b>GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY</b></p>	<p><b>Strikethrough</b> indicates change in PDL Status</p>

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<p style="text-align: center;"><b>NONSTEROIDAL ANTIINFLAMMATORY AGENTS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 4/13/2007 ORIGINAL EDIT EFFECTIVE DATE: 6/18/2007</p> <p><b>NON-PREFERRED -- INCLUDE BUT NOT LIMITED TO</b></p> <p>CELECOXIB (CELEBREX) DICLOFENAC EPOLAMINE (FLECTOR) DICLOFENAC K (CATAFLAM) DICLOFENAC NA (SOLARAZE, VOLTAREN) DICLOFENAC/MISOPROSTOL (ARTHROTEC) DIFLUNISAL (DOLOBID) ETODOLAC (LODINE) FENOPROFEN (NALFON) FLURBIPROFEN (ANSAID) IBUPROFEN 40MG/ML SUSPENSION; 50MG AND 100MG TABLET (MOTRIN) INDOMETHACIN 50MG CAPSULE; 75MG SA CAPSULE; SUPPOSITORY; 25MG/5ML SUSPENSION (INDOCIN) KETOPROFEN 200 MG CAPSULE SA (ORUVAIL) MECLOFENAMATE (MECLOMEN) MEFENAMIC ACID (PONSTEL) MELOXICAM SUSPENSION (MOBIC) NABUMETONE (RELAFEN) NAPROXEN SUSPENSION (NAPROSYN) NAPROXEN NA 375MG AND 500MG TABLET (NAPRELAN) OXAPROZIN (DAYPRO) SULINDAC (CLINORIL) TOLMETIN (TOLECTIN)</p>	<p style="text-align: center;"><b>SKELETAL MUSCLE RELAXANTS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 1/18/2006 ORIGINAL EDIT EFFECTIVE DATE: 3/20/2006</p> <p><b>PREFERRED</b></p> <p>BACLOFEN TABLETS (LIORESAL)* CHLORZOXAZONE (PARAFON) CYCLOBENZAPRINE 10MG TABLET (FLEXERIL) METHOCARBAMOL (ROBAXIN) TIZANIDINE TABLET (ZANAFLEX)*</p> <p><b>NON-PREFERRED -- INCLUDE BUT NOT LIMITED TO</b></p> <p>CARISOPRODOL (SOMA) CARISOPRODOL/ASA (SOMA COMPOUND) CARISOPRODOL/ASA/CODEINE (SOMA COMPOUND W/ COD) CYCLOBENZAPRINE 5MG AND 7.5MG TABLET (FLEXERIL, FEXMID) CYCLOBENZAPRINE CAPSULE ER (AMRIX) DANTROLENE (DANTRIUUM) ORPHENADRINE CITRATE (NORFLEX) ORPHENADRINE/ASPIRIN/CAFFEINE (NORGESIC) METAXOLONE (SKELAXIN) TIZANIDINE CAPSULES (ZANAFLEX)</p>	<p style="text-align: center;"><b>ANTIDIABETIC AGENTS</b></p> <p style="text-align: center;"><b>Meglitinides</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 9/29/2006 ORIGINAL EDIT EFFECTIVE DATE: 11/28/2006 RE-REVIEW POSTED PREFERRED STATUS: 11/12/2008 REVISED EDIT EFFECTIVE DATE: 1/1/2009</p> <p><b>PREFERRED</b></p> <p>NATEGLINIDE (STARLIX) REPAGLINIDE (PRANDIN) Effective 1/1/2009</p> <p><b>NON-PREFERRED -- INCLUDE BUT NOT LIMITED TO</b></p> <p><del>REPAGLINIDE (PRANDIN)</del> Effective 12/31/2008 REPAGLINIDE/METFORMIN (PRANDIMET) Effective 1/1/2009</p>

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# Preferred Drug List



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5/13/2009

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ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS	ENDOCRINE AND METABOLIC AGENTS
<p style="text-align: center;"><b>ANTIDIABETIC AGENTS</b> Newer Agents</p> <p>ORIGINAL POSTED PREFERRED STATUS: 11/12/2008 ORIGINAL EDIT EFFECTIVE DATE: 1/1/2009</p> <p><b>NON-PREFERRED -- INCLUDE BUT NOT LIMITED TO</b></p> <p>EXENATIDE (BYETTA) PRAMLINTIDE (SYMLIN) SITAGLIPTIN (JANUVIA) SITAGLIPTIN/METFORMIN (JANUMET)</p>	<p style="text-align: center;"><b>ANTIDIABETIC AGENTS</b> Sulfonylurea</p> <p>ORIGINAL POSTED PREFERRED STATUS: 9/29/2006 ORIGINAL EDIT EFFECTIVE DATE: 11/28/2006 RE-REVIEW POSTED PREFERRED STATUS: 11/12/2008 REVISED EDIT EFFECTIVE DATE: 1/13/2009</p> <p><b>PREFERRED -- WILL BE EXEMPT ON 1/13/2009</b></p> <p>CHLORPROPAMIDE (DIABINESE) TOLAZAMIDE (TOLINASE)</p> <p><b>PREFERRED</b></p> <p>GLIMEPIRIDE (AMARYL) GLIPIZIDE (GLUCOTROL) GLYBURIDE (DIABETA) GLYBURIDE MICRONIZED (GLYNASE) METFORMIN/GLIPIZIDE (METAGLIP) METFORMIN/GLYBURIDE (GLUCOVANCE)</p> <p><b>NON-PREFERRED INCLUDE BUT NOT LIMITED TO</b></p> <p><del>PIOGLITAZONE/GLIMEPIRIDE (DUETACT)</del> Effective 12/31/2008</p>	<p style="text-align: center;"><b>ANTIDIABETIC AGENTS</b> Thiazoladinediones</p> <p>ORIGINAL POSTED PREFERRED STATUS: 9/29/2006 ORIGINAL EDIT EFFECTIVE DATE: 11/28/2006 RE-REVIEW POSTED PREFERRED STATUS: 11/12/2008 REVISED EDIT EFFECTIVE DATE: 1/1/2009</p> <p><b>PREFERRED</b></p> <p>PIOGLITAZONE (ACTOS) Effective 1/1/2009 PIOGLITAZONE/GLIMEPIRIDE (DUETACT) Effective 1/1/2009 PIOGLITAZONE/METFORMIN (ACTOSPLUS MET) ROSIGLITAZONE (AVANDIA) ROSIGLITAZONE/GLIMEPIRIDE (AVANDARYL) ROSIGLITAZONE/METFORMIN (AVANDAMET)</p> <p><b>NON-PREFERRED -- INCLUDE BUT NOT LIMITED TO</b></p> <p><del>PIOGLITAZONE 15MG TABLET (ACTOS)</del> Effective 12/31/2008 <del>PIOGLITAZONE/GLIMEPIRIDE (DUETACT)</del> Effective 12/31/2008</p>

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# Preferred Drug List



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5/13/2009

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ENDOCRINE AND METABOLIC AGENTS	GASTROINTESTINAL	RENAL AND GENITOURINARY AGENTS
<p style="text-align: center;"><b>SYSTEMIC ESTROGENS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 2/14/2006 ORIGINAL EDIT EFFECTIVE DATE: 4/17/2006 RE-REVIEW POSTED PREFERRED STATUS: 5/12/2008 REVISED EDIT EFFECTIVE DATE: 7/11/2008</p> <p><b>PREFERRED</b> ESTRADIOL 0.5MG, 1MG, 2MG ORAL TABLET (ESTRACE) ESTROPIPATE ORAL TABLET (OGEN)</p> <p><b>NON-PREFERRED -- INCLUDE BUT NOT LIMITED TO</b> ESTRADIOL ACETATE TABLET (FEMTRACE) ESTRADIOL ACETATE VAGINAL RING (FEMRING) ESTRADIOL ORAL 1.5 MG TABLET (ESTRACE) ESTRADIOL SPRAY (EVAMIST) ESTRADIOL TOPICAL GEL (DIVIGEL) ESTRADIOL TRANSDERMAL (ALORA, CLIMARA) ESTRADIOL VAGINAL RING (ESTRING) ESTRADIOL VAGINAL TABLET (VAGIFEM) ESTRADIOL/DROSPIRENONE (ANGELIQ)* Effective 7/11/2008 ESTRADIOL/LEVONORGESTREL (CLIMARA PRO)* Effective 7/11/2008 ESTRADIOL/NORETHINDRONE ACETATE (ACTIVELLA)* Effective 7/11/2008 ESTRADIOL/NORGESTIMATE (PREFEST)* Effective 7/11/2008 ESTROGENS, CONJUGATED (CENESTIN, ENJUVA, PREMARIN) ESTROGENS, ESTERIFIED (MENEST) ESTROGENS, CONJUGATED/MEDROXYPROGESTERONE (PREMPHASE, PREMPRO)* Effective 7/11/2008 ETHINYL ESTRADIOL/NORETHINDRONE ACETATE (FEMHRT)* Effective 7/11/2008</p>	<p style="text-align: center;"><b>PROTON PUMP INHIBITORS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 3/18/2005 ORIGINAL EDIT EFFECTIVE DATE: 5/18/2005 RE-REVIEW POSTED PREFERRED STATUS: 1/31/2008 REVISED EDIT EFFECTIVE DATE: 4/1/2008</p> <p><b>PREFERRED</b> ESOMEPRAZOLE CAPSULES (NEXIUM) <del>LANSOPRAZOLE CAPSULE (PREVACID CAPSULE)</del> Effective 4/1/2008 <del>LANSOPRAZOLE SOLUTAB (PREVACID SOLUTABS)*</del> Effective 4/1/2008 OMEPRAZOLE 20MG CAPSULE (Rx PRILOSEC) Effective 4/1/2008</p> <p><b>NON-PREFERRED -- INCLUDE BUT NOT LIMITED TO</b> DEXLANSOPRAZOLE (KAPIDEX) ESOMEPRAZOLE PACKETS (NEXIUM PACKETS) LANSOPRAZOLE SOLUTABS (PREVACID SOLUTABS)* Effective 4/1/2008 LANSOPRAZOLE CAPSULES (PREVACID CAPSULES)* Effective 4/1/2008 LANSOPRAZOLE SUSPENSION (PREVACID SUSPENSION) OMEPRAZOLE 10MG AND 40MG CAPSULE (PRILOSEC) OMEPRAZOLE SUSPENSION (PRILOSEC) OMEPRAZOLE 20MG TABLET (PRILOSEC OTC) OMEPRAZOLE SODIUM BICARBONATE (ZEGERID) PANTOPRAZOLE (PROTONIX) RABEPRAZOLE (ACIPHEX)</p>	<p style="text-align: center;"><b>ANTICHOLINERGICS For Overactive Bladder</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 6/16/2006 ORIGINAL EDIT EFFECTIVE DATE: 8/15/2006</p> <p><b>PREFERRED</b> OXYBUTYNIN 5MG/5ML SYRUP; 5MG TABLET (DITROPAN) SOLIFENACIN (VESICARE) TOLTERODINE LA CAPSULE (DETROL LA)</p> <p><b>NON-PREFERRED -- INCLUDE BUT NOT LIMITED TO</b> DARIFENACIN (ENABLEX) FESOTERODINE (TOVIAZ) FLAVOXATE (URISPAS) OXYBUTYNIN GEL (GELNIQUE) OXYBUTYNIN PATCH (OXYTROL) OXYBUTYNIN XL (DITROPAN XL)* TOLTERODINE IMMEDIATE RELEASE (DETROL) TROSPIUM (SANCTURA)</p>

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# Preferred Drug List



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5/13/2009

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NASAL INHALANT PRODUCTS	RESPIRATORY ASTHMA AGENTS	RESPIRATORY ASTHMA AGENTS
<p style="text-align: center;"><b>CORTICOSTEROIDS</b></p> <p>ORIGINAL POSTED PREFERRED STATUS: 9/29/2006 ORIGINAL EDIT EFFECTIVE DATE: 11/28/2006</p> <p><b>PREFERRED</b> MOMETASONE (NASONEX) TRIAMCINOLONE (NASACORT AQ)</p> <p><b>NON-PREFERRED --</b> BECLOMETHASONE AQ (BECONASE AQ) BUDESONIDE (RHINOCORT AQUA) CICLESONIDE (OMNARIS) FLUNISOLIDE (NASAREL) FLUTICASONE FUROATE (VERAMYST) FLUTICASONE PROPIONATE (FLONASE)</p>	<p style="text-align: center;"><b>BRONCHODILATORS, SHORT ACTING</b> Quick Relief Medications for Asthma</p> <p>ORIGINAL POSTED PREFERRED STATUS: 3/30/2007 ORIGINAL EDIT EFFECTIVE DATE: 5/29/2007 RE-REVIEW POSTED STATUS: 5/11/2009 RE-REVIEW EFFECTIVE DATE: 8/11/2009</p> <p>ALBUTEROL 0.83MG/ML AND 5MG/ML SOLUTION (PROVENTIL) ALBUTEROL CFC 90MCG INHALER ALBUTEROL INHALER HFA (PROAIR HFA) ALBUTEROL INHALER HFA (VENTOLIN HFA) PIRBUTEROL INHALER (MAXAIR AUTOHALER)</p> <p><b>NON-PREFERRED --</b> <b>INCLUDE BUT NOT LIMITED TO</b> ALBUTEROL 0.21MG/ML AND 0.42MG/ML SOL'N (ACCUNEB) ALBUTEROL INHALER HFA (PROVENTIL HFA) ALBUTEROL 2.5MG/0.5ML SOLUTION ALBUTEROL/IPRATROPIUM (COMBIVENT)* Effective 8/12/2009 ALBUTEROL/IPRATROPIUM (DUONEB)* Effective 8/11/2009 IPRATROPIUM (ATROVENT)* Effective 8/11/2009 LEVALBUTEROL INHALER AND SOLUTION (XOPENEX) METAPROTERENOL INHALER AND SOLUTION (ALUPENT)</p>	<p style="text-align: center;"><b>BETA<sub>2</sub> AGONISTS, LONG ACTING</b> Controller Medications for Asthma</p> <p>ORIGINAL POSTED PREFERRED STATUS: 3/30/2007 ORIGINAL EDIT EFFECTIVE DATE: 5/29/2007 RE-REVIEW POSTED STATUS: 5/11/2009 RE-REVIEW EFFECTIVE DATE: 8/11/2009</p> <p><b>PREFERRED</b> <del>SALMETEROL INHALER (SEREVENT DISKUS)*</del> Eff 8/11/2009</p> <p><b>NON-PREFERRED --</b> <b>INCLUDE BUT NOT LIMITED TO</b> ARFORMOTEROL NEBULIZER (BROVANA) FORMOTEROL INHALER (FORADIL) FORMOTEROL NEBULIZER (PERFORMIST) SALMETEROL INHALER (SEREVENT DISKUS)* Eff 8/11/2009</p>

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5/13/2009

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RESPIRATORY ASTHMA AGENTS	RESPIRATORY ASTHMA AGENTS	RESPIRATORY ASTHMA AGENTS
<p><b>CORTICOSTEROIDS</b> Controller Medications for Asthma ORIGINAL POSTED PREFERRED STATUS: 5/12/2006 ORIGINAL EDIT EFFECTIVE DATE: 7/11/2006 REVISED POSTED PREFERRED STATUS: 4/16/2007 REVISED EDIT EFFECTIVE DATE: 7/1/2007 RE-REVIEW POSTED STATUS: 5/11/2009 RE-REVIEW EFFECTIVE DATE: 8/11/2009</p> <p><b>PREFERRED</b> BECLOMETHASONE (QVAR)* Effective 8/11/2009 FLUTICASONE (FLOVENT HFA)* FLUTICASONE 50MCG DISK W/DEVICE (FLOVENT 50MCG DISKUS) Effective 8/11/2009 MOMETASONE (ASMANEX -- 30, 60, 120)</p> <p><b>NON-PREFERRED -- INCLUDE BUT NOT LIMITED TO</b> <del>BECLOMETHASONE (QVAR)*</del> Effective 8/11/2009 BUDESONIDE INHALER (PULMICORT FLEXHALER) BUDESONIDE RESUPLE (PULMICORT RESPULE)* Eff 8/11/2009 CICLESONIDE (ALVESCO) FLUNISOLIDE (AEROBID) <del>FLUTICASONE 50MCG DISK W/DEVICE (FLOVENT DISKUS)</del> Effective 8/11/2009 FLUTICASONE 100MCG AND 250MCG DISK W/DEVICE (FLOVENT 100MCG AND 250MCG DISKUS) Effective 8/11/2009 MOMETASONE (ASMANEX -- 14) TRIAMCINOLONE (AZMACORT) Effective 7/1/2007</p>	<p><b>BETA<sub>2</sub> AGONISTS/CORTICOSTEROIDS</b> Controller Medications for Asthma ORIGINAL POSTED PREFERRED STATUS: 5/11/2009 ORIGINAL EDIT EFFECTIVE DATE: 8/11/2009</p> <p><b>PREFERRED</b> BUDESONIDE/FORMOTEROL (SYMBICORT)* FLUTICASONE/SALMETEROL HFA (ADVAIR HFA)*</p> <p><b>NON-PREFERRED -- INCLUDE BUT NOT LIMITED TO</b> FLUTICASONE/SALMETEROL (ADVAIR)*</p>	<p><b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b> Controller Medications for Asthma ORIGINAL POSTED PREFERRED STATUS: 5/11/2009 ORIGINAL EDIT EFFECTIVE DATE: 8/11/2009</p> <p><b>PREFERRED</b> MONTELUKAST (SINGULAIR)*</p> <p><b>NON-PREFERRED -- INCLUDE BUT NOT LIMITED TO</b> ZAFIRLUKAST (ACCOLATE) ZILEUTON (ZYFLO)</p>
<p>*Please refer to the <a href="#">PDL Criteria Overview</a> for more detail      <b>GENERIC (SAMPLE BRAND) LISTED FOR REFERENCE ONLY</b>      <del>Strikethrough</del> indicates change in PDL Status</p>		

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**DISCLAIMER**

**NEUROPATHIC PAIN AGENTS**

**ORIGINAL POSTED PREFERRED STATUS: 4/3/2008**

**ORIGINAL EDIT EFFECTIVE DATE: 6/5/2008**

The non-preferred antiepileptic medications will be considered non-preferred for treating neuropathic pain only. Medications listed as either preferred or non-preferred status in this category may or may not include an FDA approved indication for neuropathic pain. Use of these medications for neuropathic pain and neuralgias has been reviewed through the evidence-based review process. Medications listed in this category as either preferred or non-preferred status are not to be construed as endorsements for marketing of off-label use by the manufacturer or by Medicaid.

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