

**BUREAU FOR MEDICAL SERVICES
WEST VIRGINIA MEDICAID
PREFERRED DRUG LIST
(Classes Reviewed January 21, 2004)**

PA-Prior Authorization

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIMIGRAINE AGENTS, TRIPTANS <i>Implement 4/1/04</i> TABLED AS IS PRESENT TIME	sumatriptan (Imitrex) zolmitriptan (Zomig)	almotriptan (Axert) eletriptan (Relpax) frovatriptan (Frova) naratriptan (Amerge) rizatriptan (Maxalt)
LIPOTROPICS, STATINS <i>Implement 4/1/04</i> TABLED	fluvastatin (Lescol) fluvastatin XL (Lescol XL) lovastatin (generic) lovastatin ER (Altacor) simvastatin (Zocor)	atorvastatin (Lipitor) pravastatin (Pravachol) pravastatin/buffered aspirin (Pravigard PAC) rosuvastatin (Crestor)

- # Generic forms only.
- * Status pending.
- ** Prior authorization required.
- *** No prior authorization required for children through 8 years of age.
- † Prior authorization required after limits exceeded.
- ++ Prior authorization required for adults > age 18 years.
- <> New drug, not yet reviewed.

Paul L. Nusbaum, Secretary

Date