

**BUREAU FOR MEDICAL SERVICES
WEST VIRGINIA MEDICAID
PREFERRED DRUG LIST**

PHASE III

Phase III will be implemented on March 5, 2003. Drugs included in Phase III are:

DRUG CLASS	PREFERRED	NON-PREFERRED
SKELETAL MUSCLE RELAXANTS <i>Implement 3/5/03</i>	baclofen* carisoprodol* carisoprodol compound* carisoprodol compound with codeine* chlorzoxazone* cyclobenzaprine* methocarbamol* methocarbamol with ASA* orphenadrine* orphenadrine/ASA/caffeine* tizanidine*	dantrolene (Dantrium) metaxolone (Skelaxin)
QUINOLONES <i>Implement 3/5/03</i>	ciprofloxacin (Cipro) moxifloxacin (Avelox)	cinoxacin (Cinobac) gatifloxacin (Tequin) levofloxacin (Levaquin) lomefloxacin (Maxaquin) norfloxacin (Noroxin) ofloxacin (Floxin) ciprofloxacin extended-release (Cipro XL)**
SELECTED INTRAOCULAR PRESSURE REDUCERS <i>Implement 3/5/03</i>	brimonidine (Alphagan P) brinzolamide (Azopt) dipivefrin* dorzolamide (Trusopt) dorzolamide/timolol (Cosopt) epinephrine * epinephryl borate* pilocarpine* pilocarpine/epinephrine*	
PROSTAGLANDIN INHIBITORS, OPHTHALMIC <i>Implement 3/5/03</i>	bimatoprost (Lumigan) 2.5 ml latanoprost (Xalatan) travoprost (Travatan)	bimatoprost (Lumigan) 5 ml unoprostone (Rescula)
BENIGN PROSTATIC HYPERPLASIA (BPH)/MICTURITION AGENTS <i>Implement 3/5/03</i>	doxazosin (Cardura)* finasteride (Proscar) tamsulosin (Flomax) terazosin (Hytrin)*	dutasteride (Avodart)**

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ATOPIC DERMATITIS IMMUNE MODULATORS <i>Implement 3/5/03</i>	pimecrolimus (Elidel)	tacrolimus (Protopic)
AMINOSALICYLATES/ULCERATIVE COLITIS AGENTS <i>Implement 3/5/03</i>	balsalazide (Colazal) mesalamine (Asacol) mesalamine (Rowasa) olsalazine (Dipentum) sulfasalazine* sulfasalazine EC*	mesalamine (Pentasa)
ANTIEMETIC/ ANTIVERTIGO AGENTS <i>Implement 3/5/03</i>	<p><u>ANTIEMETIC</u> hydroxyzine* metoclopramide* ondansetron (Zofran) ondansetron (Zofran) ODT prochlorperazine* promethazine*</p> <p><u>ANTIVERTIGO</u> meclizine* scopolamine, oral (Scopace) scopolamine, transdermal (Transderm Scop)</p>	<p><u>ANTIEMETIC</u> dolasetron (Anzemet) dronabinol (Marinol) granisetron (Kytril) thiethylperazine maleate (Torecan)</p>
ACE INHIBITORS <i>Implement 3/5/03</i>	benazepril (Lotensin) benazepril/HCTZ (Lotensin HCT) captopril (Capoten)* captopril/HCTZ (Capozide)* enalapril (Vasotec)* enalapril/HCTZ (Vasoretic)* fosinopril (Monopril) fosinopril/HCTZ (Monopril HCT) lisinopril (Prinivil/Zestril)* lisinopril/HCTZ (Prinzide/Zestoretic) moexipril (Univasc) moexipril/HCTZ (Uniretic) quinapril (Accupril) quinapril/HCTZ (Accuretic) trandolapril (Mavik)	perindopril (Aceon) ramipril (Altace)

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CEPHALOSPORIN AND RELATED ANTIBIOTICS <i>Implement 3/5/03</i>	<p><u>FIRST GENERATION</u> cefadroxil (Duricef)* cephalexin (Keflex)* cephradine (Velosef)*</p> <p><u>SECOND GENERATION</u> cefaclor (Ceclor)* cefuroxime axetil (Ceftin)*</p> <p><u>THIRD GENERATION</u> cefdinir (Omnicef) cefditoren pivoxil (Spectracef) cefixime (Suprax)</p> <p><u>PENICILLIN/BETA LACTAMASE INHIBITOR</u> amoxicillin/clavulanate (Augmentin)* amoxicillin/clavulanate (Augmentin ES-600) amoxicillin/clavulanate (Augmentin XR)</p>	<p><u>SECOND GENERATION</u> cefprozil (Cefzil) loracarbef (Lorabid)</p> <p><u>THIRD GENERATION</u> cefpodoxime proxetil (Vantin) ceftibuten (Cedax)</p>
PLATELET AGGREGATION INHIBITORS <i>Implement 3/5/03</i>	aspirin*(OTC) aspirin/dipyridamole ER (Aggrenox) clopidogrel (Plavix) dipyridamole (Persantine)* ticlopidine (Ticlid)*	
INTERMITTENT CLAUDICATION MEDICATIONS <i>Implement 3/5/03</i>	pentoxifylline (Trental)* cilostazol (Pletal)	
SEDATIVES/HYPNOTICS <i>Implement 3/5/03</i>	estazolam (ProSom)* temazepam (Restoril)* temazepam (Restoril 7.5mg) zolpidem (Ambien)	quazepam (Doral) zaleplon (Sonata) chloral hydrate flurazepam (Dalmane) triazolam (Halcion)
ANTIDEPRESSANTS, OTHER <i>Implement 3/5/03</i>	bupropion (Wellbutrin)* bupropion XR (Wellbutrin SR) mirtazapine (Remeron) mirtazapine (Remeron SolTab) trazodone (Desyrel)*	venlafaxine (Effexor) venlafaxine (Effexor XR) nefazodone (Serzone)

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STIMULANTS++ <i>Implement 3/5/03</i>	desmethylphenidate (Focalin) dextroamphetamine* methylphenidate* methylphenidate ER* methylphenidate ER (Concerta) methylphenidate ER (Metadate CD) methylphenidate ER (Methylin ER) mixed salt amphetamines* mixed salt amphetamines (Adderall XR) pemoline*	methamphetamine (Desoxyn) modafinil (Provigil) methylphenidate ER (Ritalin LA)

* Generic forms only

** Status pending

++ Prior authorization required for adults > age 18 years