

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Medical Services

PREFERRED DRUG LIST - PHASE II
December 1, 2002

DRUG CLASS	PREFERRED	NON-PREFERRED
NARCOTIC ANALGESICS <i>Effective 12/1/02</i>	<ul style="list-style-type: none"> • all generics • acetaminophen/caffeine/dihydrocodeine bitartrate (Panlor) • fentanyl transdermal (Duragesic) • hydrocodone/acetaminophen (Maxidone) • morphine sulfate ER (Kadian) • morphine sulfate ER (Avinza) • oxycodone (Roxicodone) tablets • oxycodone/acetaminophen (Roxicet) • tramadol/acetaminophen (Ultracet) 	<ul style="list-style-type: none"> • aspirin/caffeine/dihydrocodeine bitartrate (Synalgos-DC) • fentanyl citrate (Actiq) • hydrocodone bitartrate/ibuprofen (Vicoprofen) • oxycodone (Roxicodone Intensol) • oxycodone CR (OxyContin) • propoxyphene napsylate (Darvon-N)
NSAIDS <i>Effective 12/1/02</i>	<ul style="list-style-type: none"> • all generics • rofecoxib (Vioxx)** • valdecoxib (Bextra)** 	<ul style="list-style-type: none"> • celecoxib (Celebrex) • diclofenac/misoprostol (Arthrotec) • meloxicam (Mobic) • meclofenamic acid (Ponstel)
HYPOGLYCEMICS, INSULINS <i>Effective 12/102</i>	<ul style="list-style-type: none"> • human insulin (Novolin, Novolog) • human insulin (Relion) • insulin glargine (Lantus) 	<ul style="list-style-type: none"> • human insulin (Humulin, Humalog)
HYPOGLYCEMICS, THIAZOLIDINEDIONES <i>Effective 12/1/02</i>	<ul style="list-style-type: none"> • rosiglitazone (Avandia) • pioglitazone (Actos) 	

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MACROLIDES <i>Effective 12/1/02</i>	<ul style="list-style-type: none"> • azithromycin (Zithromax) • clarithromycin (Biaxin) • clarithromycin (Biaxin XL) • erythromycin (generic only) excluding erythromycin estolate 	<ul style="list-style-type: none"> • dirithromycin (Dynabac) • troleandomycin (Tao) • erythromycin estolate
BONE RESORPTION SUPPRESSION AGENTS <i>Effective 12/1/02</i>	<ul style="list-style-type: none"> • alendronate (Fosamax) • calcitonin-salmon (Miacalcin) • etidronate (Didronel) • risedronate (Actonel) 	<ul style="list-style-type: none"> • raloxifene (Evista)*
ANGIOTENSIN II RECEPTOR BLOCKERS <i>Effective 12/1/02</i>	<ul style="list-style-type: none"> • eposartan (Teveten) • losartan (Cozaar) • losartan/HCTZ (Hyzaar) • olmesartan (Benicar) • telmisartan (Micardis) • telmisartan/HCTZ (Micardis HCT) • valsartan (Diovan) • valsartan/HCTZ (Diovan HCT) 	<ul style="list-style-type: none"> • candesartan (Atacand) • candesartan/HCTZ (Atacand HCT) • irbesartan (Avapro) • irbesartan/HCTZ (Avalide)
ANTIFUNGALS, TOPICAL <i>Effective 12/1/02</i>	<ul style="list-style-type: none"> • clotrimazole/betamethasone (Lotrisone) generic only • ketoconazole (Nizoral) generic only • naftifine (Naftin) • nystatin (Mycostatin) generic only • nystatin/triamcinolone (Mycolog) generic only • sulconazole (Exelderm) 	<ul style="list-style-type: none"> • butenafine (Mentax) • ciclopirox (Loprox) • ciclopirox (Penlac) • econazole (Spectazole) • oxiconazole (Oxistat) • terbinafine (Lamisil)

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ANTIFUNGALS, ORAL <i>Effective 12/1/02</i>	<ul style="list-style-type: none"> clotrimazole (Mycelex Troche) fluconazole (Diflucan) ketonazole (Nizoral) (generic only) nystatin (generic only) terbinafine (Lamisil) 	<ul style="list-style-type: none"> flucytosine (Ancobon) itraconazole (Sporanox) griseofulvin (brand & generic)
ACE INHIBITOR/CALCUM CHANNEL BLOCKER, COMBINATIONS <i>Effective 12/1/02</i>	<ul style="list-style-type: none"> amlodipine/benazepril (Lotrel) verapamil SR/trandolapril (Tarka) 	<ul style="list-style-type: none"> felodipine/enalapril (Lexxel)
HYPOGLYCEMICS, POST-PRANDIAL <i>Effective 12/1/02</i>	<ul style="list-style-type: none"> nateglinide (Starlix) repaglinide (Prandin) 	
ESTROGEN AGENTS, ORAL AND TRANSDERMAL <i>Effective 12/1/02</i>	<ul style="list-style-type: none"> Transdermal patch (All brands and generics) conjugated estrogens (Premarin) esterified estrogens (Menest) estradiol (Estrace) generic only estropipate (Ortho-Est, Ogen) generic only 	<ul style="list-style-type: none"> synthetic conjugated estrogens (Cenestin)
HYPOGLYCEMICS, SULFONYLUREAS <i>Effective 12/1/02</i>	<ul style="list-style-type: none"> glimepiride (Amaryl) glipizide (Glucotrol) generic only glyburide (Micronase, DiaBeta) generic only glyburide extended release (Glynase) generic only 	<ul style="list-style-type: none"> glipizide XL (Glucotrol XL) acetohexamide (Dymelor and generics) chlorpropamide (Diabinese and generics) tolazamide (Tolinase and generics) tolbutamide (Orinase and generics)

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ESTROGEN AGENTS, COMBINATION <i>Effective 12/1/02</i>	<ul style="list-style-type: none"> • 17β-estradiol/norethindrone acetate (Activella) • 17β-estradiol/norethindrone acetate (CombiPatch) • 17β-estradiol/norgestimate (Ortho-Prefast) • conjugated estrogens/medroxyprogesterone acetate (Premphase) 	<ul style="list-style-type: none"> • conjugated estrogens/medroxyprogesterone acetate (Prempro) • esterified estrogens/methyltestosterone (Estratest, HS) • ethinyl estradiol/norethindrone acetate (Femhrt)
HYPOGLYCEMICS, BIGUANIDES <i>Effective 12/1/02</i>	<ul style="list-style-type: none"> • metformin (Glucophage) generic only • metformin XR (Glucophage XR) • metformin/glyburide (Glucovance) 	

* Status pending

** Prior authorization required

Paul L. Nusbaum, DHHR Secretary: _____ Date: _____