

**Idaho Medicaid Preferred Drug List Recommendations**  
**May 11, 2012**

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 April 20, 2012 and May 11, 2012 meetings and take into consideration public and prescriber input, utilization patterns and cost data.

Therapeutic Class	Preferred Drugs	Non-Preferred Drugs
<b>Analgesics, Narcotic – Long Acting</b>	KADIAN (morphine) methadone morphine ER <b>tablets</b>	AVINZA (morphine) BUTRANS (buprenorphine) CONZIP (tramadol ER) EXALGO (hydromorphone) fentanyl transdermal <sup>CL</sup> <b>morphine ER capsules</b> <b>NUCYNTA ER (tapentadol ER )</b> oxycodone ER oxymorphone ER OXYCONTIN (oxycodone) RYZOLT (tramadol) tramadol ER
<b>Analgesics, Narcotic-Short Acting</b>	codeine codeine/ acetaminophen codeine /aspirin <b>butorphanol nasal</b> hydrocodone/APAP hydromorphone <b>oral</b> morphine IR oxycodone IR oxycodone/APAP Roxicet solution (oxycodone/APAP) tramadol tramadol/APAP	ABSTRAL (fentanyl) <sup>CL</sup> butalbital/APAP/caffeine/codeine butalbital/ASA/caffeine/codeine CAPITAL W CODEINE (codeine/APAP) <b>carisoprodol compound/codeine</b> COCET (codeine/APAP) COCET PLUS (codeine/APAP) dihydrocodeine/APAP/caffeine hydrocodone/ibuprofen <b>hydromorphone suppositories</b> fentanyl transmucosal <sup>CL</sup> FENTORA (fentanyl) <sup>CL</sup> HYCET (hydrocodone/APAP ) IBUDONE (hydrocodone/ibuprofen) levorphanol MAGNACET (oxycodone/APAP) meperidine NUCYNTA (tapentadol) ONSOLIS (fentanyl) <sup>CL</sup> <b>OXECTA (oxycodone )</b> oxycodone/aspirin oxycodone/ibuprofen oxymorphone pentazocine/APAP pentazocine/naloxone PRIMLEV (oxycodone/APAP) REPREXAIN (hydrocodone/APAP) RYBIX ODT (tramadol) TREZIX (APAP/caffeine/dihydrocodeine ) XODOL (hydrocodone/APAP) XOLOX (oxycoonde/APAP ) ZAMICET (hydrocodone/APAP) ZOLVIT (hdrocodone/APAP) ZYDONE (hydrocodone/APAP)

Therapeutic Class	Preferred Drugs	Non-Preferred Drugs
<b>Androgenic Drugs (Topical)</b>	ANDRODERM (testosterone) ANDROGEL (testosterone) TESTIM (testosterone)	AXIRON (testosterone) FORTESTA (testosterone)
<b>Angiotensin Modulators</b>	benazepril benazepril/HCTZ BENICAR (olmesartan) BENICAR-HCT (olmesartan/HCTZ) captopril captopril/HCTZ DIOVAN (valsartan) DIOVAN-HCT (valsartan/HCTZ) enalapril enalapril/HCTZ fosinopril lisinopril lisinopril/HCTZ losartan losartan/HCTZ quinapril quinapril/HCTZ ramipril	AVALIDE (irbesartan/HCTZ) AVAPRO (irbesartan) ATACAND (candesartan) ATACAND-HCT (candesartan/HCTZ) EDARBI (azilsartan) EDARBYCLOR (azilsartan/chlorthalidone) eprosartan fosinopril/HCTZ MICARDIS (telmisartan) MICARDIS-HCT (telmisartan/HCTZ) moxepril moexepiril/HCTZ perindopril TEKTURNA (aliskerin) TEKTURNA HCT (aliskerin/HCTZ) TEVETEN-HCT (eprosartan/HCTZ) trandolapril
<b>Angiotensin Modulator Combinations</b>	AZOR (olmesartan/amlodipine) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) TARKA (trandolapril/verapamil) TRIBENZOR (olmesartan/amlodipine/HCTZ)	Amturnide (aliskerin/amlodipine/HCTZ) benazepril/amlodipine TEKAMLO (aliskerin/amlodipine) TWYNSTA (telmisartan/amlodipine)
<b>Antibiotics, Inhaled</b>	TOBI (tobramycin inhaled) CAYSTON (aztreonam inhaled)	No agents are recommended to be non-preferred at this time.
<b>Antibiotics, Topical</b>	mupirocin ointment	ALTABAX (retapamulin) BACTROBAN (mupirocin) cream gentamicin sulfate
<b>Antibiotics, Vaginal</b>	CLEOCIN OVULES (clindamycin) clindamycin METROGEL (metronidazole) VANDAZOLE (metronidazole)	metronidazole
<b>Anticoagulants</b>	FRAGMIN (dalteparin) LOVENOX (enoxaparin) warfarin XARELTO (rivaroxaban) <sup>CL</sup>	enoxaparin fondaparinux INNOHEP (tinzaparin) PRADAXA (dabigatran) <sup>CL</sup>

Therapeutic Class	Preferred Drugs	Non-Preferred Drugs
<b>Antiemetics-Antivertigo Agents</b>	<b>dimenhydrinate</b> EMEND (aprepitant) meclizine metoclopramide ondansetron ondansetron ODT prochlorperazine (oral, <b>rectal</b> ) promethazine (oral, rectal 12.5 and 25 mg) trimethobenzamide (oral) TRANSDERM-SCOP (scopolamine)	<b>ANTIVERT (meclizine)</b> ANZEMET (dolasetron) CESAMET (nabilone) <b>COMPRO (prochlorperazine)</b> <b>CYCLIVERT (cyclizine)</b> granisetron MARINOL <sup>CL</sup> METOZOLV ODT (metoclopramide) <b>promethazine 50 mg rectal</b> SANCUSO (granisetron) <sup>CL</sup> ZUPLENZA (ondansetron)
<b>Antifungals, Oral</b>	fluconazole ketoconazole nystatin <b>suspension, tablet</b>	clotrimazole flucytosine GRIFULVIN V (griseofulvin) <sup>CL</sup> griseofulvin <sup>CL</sup> GRIS-PEG (griseofulvin) <sup>CL</sup> itraconazole <sup>CL</sup> NOXAFIL (posaconazole) <b>nystatin powder</b> <b>terbinafine<sup>CL</sup></b> voriconazole
<b>Antifungals, Topical</b>	butenafine OTC clotrimazole OTC and RX <b>DESENEX AERO powder ( miconazole )</b> econazole <b>FUNGOID (miconazole)</b> ketoconazole <b>LAMISIL spray, gel, cream (terbinafine )</b> <b>LOTRIMIN AF cream ( clotrimazole )</b> miconazole OTC <b>nystatin</b> <b>nystatin/triamcinolone</b> terbinafine OTC <b>TINACTIN AERO powder ( tolnaftate )</b> <b>TINACTIN CREAM AF OTC ( tolnaftate )</b> tolnaftate OTC <b>ZEABSORB AF OTC (miconazole )</b>	<b>ATHLETES FOOT (tolnaftate)</b> <b>AZOLEN TINCTURE OTC (miconazole)</b> BENSAL HP (benzoic acid/salicylic acid) ciclopirox ciclopirox CR ciclopirox nail lacquer <sup>CL</sup> clotrimazole/betamethasone * ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) LOTRIMIN ULTRA OTC (butenafine) MENTAX (butenafine) NAFTIN (naftifine) OXISTAT (oxiconazole) PEDIADERM AF (nystatin/emollient) <b>PEDIPIROX-4 (ciclopirox)</b> VUSION (miconazole/petrolatum/zinc oxide) XOLEGEL (ketoconazole)

\* Individual prescriptions for an antifungal and corticosteroid should be used for patients requiring this drug combination.

<b>Therapeutic Class</b>	<b>Preferred Drugs</b>	<b>Non-Preferred Drugs</b>
<b>Antimigraine Agents</b>	IMITREX (sumatriptan) NASAL IMITREX (sumatriptan) INJECTABLE RELPAK (eletriptan) sumatriptan	ALSUMA (sumatriptan) NASAL AXERT (almotriptan) CAMBIA (diclofenac) FROVA (frovatriptan) MAXALT (rizatriptan)* naratriptan sumatriptan injectable sumatriptan nasal TREMIMET (sumatriptan/naproxen) ZOMIG (zolmitriptan) ZOMIG (zolmitriptan) nasal
<b>Antiparasitics, Topical</b>	EURAX cream (cromtamiton) OVIDE (malathion) permethrin OTC and Rx	EURAX lotion (cromtamiton) LICE EGG REMOVER OTC (benzalconium) lindane malathion NATROBA (spinosad) PIPERONYL BUTOXIDE/PYRETHRINS ULESFIA (benzyl alcohol)
<b>Antivirals, Oral</b>	<b>Antiherpetic:</b> acyclovir valacyclovir  <b>Antiinfluenza:</b> amantadine RELENZA (zanamivir) rimantadine TAMIFLU (oseltamivir)	famciclovir
<b>Antivirals, Topical</b>	DENAVIR (penciclovir) ZOVIRAX (acyclovir) Ointment	XERESE(acyclovir/hydrocortisone) ZOVIRAX (acyclovir) Cream
<b>Beta Blockers</b>	acebutolol atenolol atenolol/chlorthalidone bisoprolol bisoprolol/HCTZ carvedilol labetalol metoprolol/HCTZ nadolol pindolol propranolol propranolol/HCTZ sotalol timolol	betaxolol BYSTOLIC (nebivolol) COREG CR (carvedilol) DUTOPROL (metoprolol succinate/HCTZ) INNOPRAN XL (propranolol) LEVATOL (penbutolol) nadolol/bendroflumethiazide
<b>Bladder Relaxant Preparations</b>	oxybutynin IR oxybutynin ER TOVIAZ (fesoterodine) VESICARE (solifenacin)	DETROL (tolterodine) DETROL LA (tolterodine) ENABLEX (darifenacin) flavoxate GELNIQUE (oxybutynin) OXYTROL (oxybutynin) SANCTURA XR (trospium) trospium

Therapeutic Class	Preferred Drugs	Non-Preferred Drugs
<b>Bone Resorption Suppression And Related Drugs (Oral)</b>	alendronate MICALCIN (calcitonin)	ACTONEL (risedronate) ACTONEL WITH CALCIUM (risedronate/calcium) ATELVIA (risedronate) BONIVA (ibandronate) calcitonin-salmon didronel etidronate FORTEO (teriparatide) <sup>CL</sup> – <i>except for diagnosis of glucocorticoid-induced osteoporosis</i> FORTICAL (calcitonin) FOSAMAX Solution (alendronate) FOSAMAX Plus D (alendronate/cholecalciferol)
<b>BPH Treatments</b>	doxazosin finasteride tamsulosin terazosin UROXATRAL (alfuzosin)	alfuzosin AVODART (dutasteride) CARDURA XL (doxazosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin)
<b>Calcium Channel Blockers</b>	amlodipine diltiazem diltiazem ER felodipine ER nifedipine nifedipine ER verapamil verapamil ER (except 360 mg)	CARDENE SR (nicardipine) COVERA-HS (verapamil) diltiazem LA DYNACIRC CR (isradipine) isradipine nicardipine nisoldipine verapamil ER 360 mg capsule verapamil ER PM
<b>Cephalosporins and Related Antibiotics (Oral)</b>	<b>Beta Lactam/Beta Lactamase Inhibitor Combinations:</b> amoxicillin/clavulanate IR amoxicillin/clavulanate suspension AUGMENTIN Suspension (amoxicillin/clavulanate) 125 and 250 mg  <b>Cephalosporins:</b> cefadroxil cefdinir cefprozil cefuroxime cephalexin SUPRAX (cefixime)	amoxicillin/clavulanate XR AUGMENTIN (amoxicillin/clavulanate) – except 125 and 250 mg suspension  CEDAX (ceftibuten) cefaclor cefditoren cefepodoxime
<b>Erythropoiesis Stimulating Proteins</b>	ARANESP (darbepoetin) PROCRIT (rHuEPO)	EPOGEN (rHuEPO)
<b>Fluoroquinolones, Oral</b>	ciprofloxacin levofloxacin	AVELOX (moxifloxacin) ciprofloxacin ER CIPRO Suspension (ciprofloxacin) FACTIVE (gemifloxacin) NOROXIN (norfloxacin) ofloxacin
<b>Growth Factors</b>	INCRELEX (mecasermin)	

<b>Therapeutic Class</b>	<b>Preferred Drugs</b>	<b>Non-Preferred Drugs</b>
<b>Growth Hormone</b>	NORDITROPIN (somatropin) NUTROPIN (somatropin) NUTROPIN AQ (somatropin)	GENOTROPIN (somatropin) HUMATROPE (somatropin) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin) ZORBTIVE (somatropin)
<b>Hepatitis C Agents</b>	INCIVEK (telaprevir) PEGASYS (pegylated interferon alfa-2a) PEG-INTRON (pegylated interferon alfa-2b) ribavirin VICTRELIS (boceprevir)	INFERGEN (consensus interferon) RIBAPAK (ribavirin)
<b>Hypoglycemics, Incretin Mimetics/Enhancers</b>	BYETTA (exenatide) <sup>CL</sup> JANUMET (sitagliptin/metformin) <sup>CL</sup> JANUVIA (sitagliptin) <sup>CL</sup> JENTADUETO (linagliptin/metformin) <sup>CL</sup> KOMBIGLYZE XR (saxagliptin/metformin) <sup>CL</sup> ONGLYZA (saxagliptin) <sup>CL</sup> SYMLIN (pramlintide) <sup>CL</sup> TRADJENTA (linagliptin) <sup>CL</sup>	BYDUREON (exenatide) <sup>CL</sup> JUVISYNC (sitagliptin/simvastatin) <sup>CL</sup> VICTOZA (liraglutide) <sup>CL</sup>
<b>Hypoglycemics, Insulin and Related Agents</b>	HUMALOG (insulin lispro) HUMALOG MIX (insulin lispro/lispro protamine) HUMULIN (insulin) LANTUS (insulin glargine) NOVOLIN (insulin) NOVOLOG (insulin aspart) NOVOLOG MIX (insulin aspart/aspart protamine)	APIDRA (insulin glulisine) LEVEMIR (insulin detemir)*
<b>Hypoglycemics, TZD</b>	ACTOS (pioglitazone)	ACTOPLUS MET (pioglitazone/metformin) <sup>CL</sup> ACTOPLUS MET XR (pioglitazone/metformin) <sup>CL</sup> AVANDAMET (rosiglitazone/metformin) <sup>CL</sup> AVANDARYL (rosiglitazone/glipizide) <sup>CL</sup> AVANDIA (rosiglitazone) <sup>CL</sup> DUETACT (pioglitazone/glimepiride) <sup>CL</sup>
<b>Immunosuppressives, Oral</b>	azathioprine CELLCEPT (mycophenolate mofetil) suspension cyclosporine, modified cyclosporine soft gel mycophenolate mofetil NEORAL (cyclosporine, modified) PROGRAF (tacrolimus) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine)	CELLCEPT (mycophenolate mofetil) tablet, capsule cyclosporine capsule tacrolimus ZORTRESS (everolimus)

<b>Lipotropics, Other</b>	cholestyramine fenofibrate gemfibrozil NIACOR (niacin) NIASPAN (niacin) TRICOR (fenofibrate) TRILIPIX (fenofibric acid)	ANTARA (fenofibrate) colestipol fenofibric acid FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOVAZA (omega-3 fatty acids) TRIGLIDE (fenofibrate) WELCHOL (colesevalam) ZETIA (ezetimibe) <sup>CL</sup>
<b>Lipotropics, Statins</b>	CRESTOR (rosuvastatin) LESCOL (fluvastatin) LESCOL XL (fluvastatin) atorvastatin lovastatin pravastatin simvastatin SIMCOR (simvastatin/niacin ER)	ALTOPREV (lovastatin) atorvastatin/amlo地平ine fluvastatin LIVALO (pitavastatin) ADVICOR (lovastatin/niacin) VYTORIN (simvastatin/ezetimibe) <sup>CL</sup>
<b>Macrolides And Ketolides (Oral)</b>	azithromycin clarithromycin IR erythromycin (non-base) ZMAX (azithromycin)	clarithromycin ER clarithromycin susp ERYPED 400 mg susp erythromycin base KETEK (telithromycin)
<b>Multiple Sclerosis Agents</b>	AVONEX (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE (glatiramer) GILENYA (fingolimod) REBIF (interferon beta-1a)	AMPYRA (dalfampridine) <sup>CL</sup> EXTAVIA (interferon beta-1b)
<b>Opiate Dependence Treatments</b>	SUBOXONE (buprenorphine/naloxone) SUBOXONE FILM (buprenorphine/naloxone)	buprenorphine HCL
<b>Pancreatic Enzymes</b>	CREON pancrelipase ZENPEP	PANCREAZE
<b>Phosphate Binders</b>	ELIPHOS (calcium acetate) RENAGEL (sevelamer HCl)	calcium acetate FOSRENOL (lanthanum) PHOSLO (calcium acetate) PHOSLYRA (calcium acetate) REVELA (sevelamer carbonate)
<b>Platelet Aggregation Inhibitors</b>	dipyridamole PLAVIX (clopidogrel)	AGGRENOX (dipyridamole/aspirin) BRILINTA (ticagrelor) EFFIENT (prasugrel) ticlopidine
<b>Proton Pump Inhibitors</b>	omeprazole pantoprazole PROTONEX suspension ( pantoprazole)	ACIPHEX (rabeprazole) DEXILANT (dexlansoprazole) lansoprazole NEXIUM (esomeprazole) omeprazole/sodium bicarbonate PRILOSEC suspension (omeprazole)
<b>Pulmonary Arterial Hypertension Agents, Oral and Inhaled</b>	ADCIRCA (tadalafil) <sup>cl</sup> LETAIRIS (ambrisentan) TRACLEER (bosentan)	REVATIO (sildenafil) <sup>cl</sup> TYVASO (teprostiniil) VENTAVIS (iloprost)

<b>Therapeutic Class</b>	<b>Preferred Drugs</b>	<b>Non-Preferred Drugs</b>
<b>Skeletal Muscle Relaxants</b>	baclofen chlorzoxazone cyclobenzaprine dantrolene methocarbamol tizanidine <b>tablets</b>	carisoprodol <sup>CL</sup> carisoprodol compound <sup>CL</sup> cyclobenzaprine ER FEXMID (cyclobenzaprine) <b>LORZONE (chlorzoxazone)</b> metaxalone orphenadrine orphenadrine compound <b>tizanidine capsules</b>
<b>Tetracyclines</b>	doxycycline hyclate IR minocycline capsules tetracycline	ADOXA TT (doxycycline) ADOXA CK (doxycycline) demeclocycline DORYX (doxycycline hyclate) doxycycline hyclate DR doxycycline monohydrate minocycline ER minocycline tablets MORGIDOX (doxycycline) NUTRIDOX (doxycycline) ORACEA (doxycycline) SOLODYN (minocycline) VIBRAMYCIN suspension (doxycycline)
<b>Ulcerative Colitis Agents</b>	APRISO (mesalamine) ASACOL (mesalamine) CANASA (mesalamine) mesalamine PENTASA (mesalamine) sulfasalazine	ASACOL HD (mesalamine) <b>balsalazide</b> DIPENTUM (olsalazine) LIALDA (mesalamine) SFROWASA (mesalamine)

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 <sup>CL</sup> also have clinical prior authorization criteria for use associated with them.