The February 16, 2007 P&T Recommendations for the Hypoglycemics, TZD are:

- The Committee recommends Avandia®, Actos®, Avandamet®, Avandaryl® Actosplus Met® , and Duetact® be designated as preferred agents.
- There were no agents designated as non-preferred.

The February 16, 2007 P&T Recommendations for the Meglitinides are:

- The Committee recommends Starlix® and Prandin® be designated as preferred agents.
- There were no agents designated as non-preferred.

The February 16, 2007 P&T Recommendations for the Lipotropics, Other are:

- The Committee recommends Niaspan®, gemfibrozil generic, colestipol generic, Tricor®, cholestyramine generic and fenofibrate generic be designated as preferred agents.
- The Committee recommends Zetia®, Triglide®, Antara® Omacor® and Welchol® be designated as non-preferred agents that require prior authorization.

The February 16, 2007 P&T Recommendations for the Narcotic Analgesic, short-acting are:

- The Committee recommends propoxyphene/apap generic, apap/codeine generic, tramadol generic, hydrocodone/apap generic, asa/codeine generic, codeine generic, morphine IR generic, ocycodone IR generic, oxycodone/apap generic, pentazocine/naloxone generic, hydromorphone generic, oxycodone/asa generic, and levorphanol generic be designated as preferred agents.
- The Committee recommends propoxyphene compound generic, propoxyphene generic, meperidine oral generic, Darvon N®, Combunox®, pentazocine/acetaminophen generic, Panlor DC/SS®, Opana®, fentanyl buccal generic, hydrocodone/ibuprofen generic, tramadol/acetaminophen generic, butalbital compound/codeine generic, and dihydrocodeine/apap/caff generic be designated as non-preferred agents that require prior authorization.

The February 16, 2007 P&T Recommendations for Narcotic Analgesics, Long Acting are:

- The Committee recommends methadone generic, Kadian® and morphine extended release generic be designated as preferred agents.
- The Committee recommends Duragesic®, fentanyl transdermal generic, Avinza®, Opana ER®, Oxycontin®, and oxycodone extended release generic be designated as non-preferred agents that require prior authorization.
- Duragesic® is recommended by the Committee as preferred over generic fentanyl transdermal when the therapeutic prior authorization criteria are met.

The February 16, 2007 Recommendations for Anticonvulsants are:

- The Committee recommends methobarbital generic, phenobarbital generic, clonazepam generic, carbamazepine generic, Carbatrol®, Equetro®, phenytoin, , Dilantin®, Mebaral®, primidone generic , valproic acid generic, Depakote®

sprinkle, Depakote ER®, Depakote®, Celontin® , Peganone®, Gabitril®, , ethosuximide generic, zonisamide generic[2], Trileptal®[2], Lyrica®[2], gabapentin generic[2] , Topamax®[2], Keppra®[2], Lamictal®[2], and Diastat® be designated as preferred agents.

- The Committee recommends Phenytek®, Tegretol XR®[1], Felbatol® and lamotrigine generic[2] be designated as non-preferred agents that require prior authorization.
- [1] Clients currently receiving Tegetrol XR® will be "grandfathered" and not need to switch to a preferred agent.
- [2] These anticonvulsants are recommended as preferred for epilepsy and other seizure orders only. Non-seizure indications will still require that therapeutic prior authorization criteria are met.

The February 16, 2007 Recommendations for Growth Hormone[1] are:

- The Committee recommends Saizen®, Tev-Tropin®, Serostim®, Genotropin®, and Nutropin AQ® be designated as preferred agents.
- The Committee recommends Nutropin®[2] and Humatrope®[2] and Norditropin®[2] and Zorbtive® be designated as non-preferred agents that require prior authorization.
- [1] Current therapeutic criteria for growth hormone will continue to be required for all agents.
- The Committee recommends that Nutropin®[2], Humatrope®[2] and Norditropin®[2] be "grandfathered" for current patients. These agents will be non-preferred and require prior-authorization for new patients.

The February 16, 2007 Recommendations for Hepatitis C Agents are:

- The Committee recommends Pegasys® and ribavirin generic be designated as preferred agents.
- The Committee recommends Copegus®, Infergen®, Rebetol® Peg-Intron and Peg-Intron Redipen® as non-preferred agents that require prior authorization.
- The Committee recommends that Peg-Intron be "grandfathered" for current patients. These agents will be non-preferred and require prior-authorization for new patients.

The February 16, 2007 Recommendations for Multiple Sclerosis Agents are:

- The Committee recommends Betaseron®, Avonex®, Rebif® and Copaxone® be designated as preferred agents.
- There were no agents designated as non-preferred.

The February 16, 2007 Recommendations for Erythropoiesis Stimulating Protiens are:

- The Committee recommends Aranesp® and Procrit® be designated as preferred agents.
- The Committee recommends Epogen® as a non-preferred agent that requires prior authorization.

The February 16, 2007 Recommendations for Otic Fluroquinolone Preparations are:

- The Committee recommends Floxin® otic and Ciprodex® otic as preferred agents.
- The Committee recommends Cipro®HC otic as a non-preferred agent that requires prior authorization.

The February 16, 2007 Recommendations for Phosphate Binders are:

- The Committee recommends PhosLo®, Fosrenol® and Renagel® as preferred agents.
- There were no agents designated as non-preferred.

The February 16, 2007 Recommendations for Sedative-Hypnotics are:

- The Committee recommends chloral hydrate generic, temazepam generic, triazolam generic , Lunesta® and Ambien® as preferred agents.
- The Committee recommends flurazepam generic, Rozerem®, Ambien CR® Sonata® , Doral® , estazolam generic, Restoril® 7.5 mg as non-preferred agents that require prior authorization.

The February 16, 2007 Recommendations for Proton Pump Inhibitors are:

- The Committee recommends Prilosec® OTC, Nexium® and Prevacid® capsule, Prevacid®solutab and suspension as preferred agents.
- The Committee recommends Zegerid®, Aciphex®, Protonix® and omeprazole generic as non-preferred agents that require prior authorization.

The February 16, 2007 Recommendations for Injectable Anticoagulants are:

- The Committee recommends Fragmin®, Lovenox®, Arixtra® and as preferred agents.
- The Committee recommends Innohep® as a non-preferred agent that requires prior authorization.

The February 16, 2007 Recommendations for ACE Inhibitor/Calcium Channel Blocker Combinations are:

- The Committee recommends Tarka® and Lotrel® as preferred agents.
- The Committee recommends Lexxel® as a non-preferred agent that requires prior authorization.

The February 16, 2007 Recommendations for Angiotensin-2 Receptor Antagonists are:

- The Committee recommends Diovan®, Diovan HCT®, Benicar, Benicar HCT®, Micardis®, Micardis HCT®, Cozaar®, Hyzaar®, Avapro® Avalide® as preferred agents.
- The Committee recommends Teveten®, Tevetan HCT®, Atacand® and Atacand HCT® as non-preferred agents that require prior authorization.

The February 16, 2007 Recommendations for Benign Prostatic Hyperplasia Treatment Agents are:

- The Committee recommends doxazosin generic, terazosin generic, Uroxatril®, Cardura XL®, Flomax®, Avodart®, and finasteride generic as preferred agents.
- There are no agents designated as non-preferred.

The February 16, 2007 Recommendations for Bladder Relaxant Preparations are:

- The Committee recommends oxybutynin generic, Vesicare®, Oxytrol®transdermal, Enablex®, Sanctura® and Ditropan XL® as preferred agents.
- The Committee recommends Detrol® and Detrol LA® as non-preferred agents that require prior authorization.

The February 16, 2007 Recommendations for Lipotropics, Statins are:

- The Committee recommends Advicor®, Altoprev®, Lescol/Lescol XL®, Lipitor®, lovostatin generic, pravastatin generic, and simvastatin generic as preferred agents.
- The Committee recommends Caduet®, Crestor® and Vytorin® as non-preferred agents that require prior authorization.

The February 16, 2007 Recommendations for Calcium Channel Blockers are:

- The Committee recommends Dynacirc CR®, verapamil generic, Sular®, Cardizem LA®, Diltiazem®, Verelan PM®, nifedipine ER generic, felodipine ER generic and Norvasc® as preferred agents.
- The Committee recommends nifedipine IR generic, nicardipine generic, Cardene SR®, Covera-HS® and isradipine generic as non-preferred agents that require prior authorization.

The February 16, 2007 Recommendations for Beta-Blockers are:

- The Committee recommends atenolol generic, metoprolol generic, propranolol generic, sotalol generic, nadolol generic, acebutolol generic, labetalol generic, pindolol generic, timolol generic, bisoprolol generic, betaxolol generic, Toprol XL® and Inderal LA® as preferred agents.
- The Committee recommends Levatol®and Innopran XL® as non-preferred agents that require prior authorization.
- The Committee recommends that Coreg® continue to require prior authorization for heart failure.

The February 16, 2007 Recommendations for Antimigraine Agents, Triptans are:

- The Committee recommends Imitrex (oral)®, Imitrex (nasal)®, Imitrex® SQ ,Amerge® and Maxalt/Maxalt MLT® as preferred agents.

- The Committee recommends Relpax®, Axert®, Zomig/ZomigZMT®, Frova®, and Zomig® (nasal) as non-preferred agents that require prior authorization.
- The Committee recommends that Zomig/Zomig ZMT® be "grandfathered" for current patients. These agents will be non-preferred and require prior-authorization for new patients.

The February 16, 2007 Recommendations for Minimally Sedating Antihistamines are:

- The Committee recommends Semprex-D®, loratadine/loratadine-D generic, and Clarinex® syrup as preferred agents.
- The Committee recommends Zyrtec® syrup, Clarinex/Clarinex D®, Zyrtec/Zyrtec-D® oral, Allegra® and fexofenadine generic as non-preferred agents that require prior authorization.

The February 16, 2007 Recommendations for Antidepressants, Other are:

- The Committee recommends mirtazapine generic, bupropion IR ,bupropion SR generic, Wellbutrin XL® and Effexor XR® as preferred agents.
- The Committee recommends nefazodone generic, venlafaxine generic, Cymbalta® and Emsam® as non-preferred agents that require prior authorization.
- The Committee recommends that venlafaxine and Cymbalta® be "grandfathered" for current patients. These agents will be non-preferred and require prior-authorization for new patients.

The February 16, 2007 Recommendations for Ulcerative Colitis Agents are:

- The Committee recommends sulfasalazine generic, Colazal®, mesalamine rectal generic, Asacol®, and Canasa® as preferred agents.
- The Committee recommends Dipentum® and Pentasa® as non-preferred agents that require prior authorization.