

Idaho Medicaid Preferred Drug List Recommendations
November 18, 2011

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 October 21 and November 18 meetings and take into consideration public and prescriber input, utilization patterns and cost data.

Therapeutic Class	Preferred Drugs	Non-Preferred Drugs
ALZHEIMER'S DRUGS^{CL}	ARICEPT (donepezil) ^{CL} ARICEPT ODT (donepezil) ^{CL} EXELON Oral (rivastigmine) ^{CL} EXELON Transdermal (rivastigmine) ^{CL} NAMENDA (memantine) ^{CL}	Aricept (donepezil) 23 mg ^{CL} donepezil ^{CL} donepezil ODT ^{CL} Exelon (rivastigmine) Solution ^{CL} galantamine ^{CL} galantamine ER ^{CL} rivastigmine ^{CL}
ANALGESICS/ ANESTHETICS, TOPICAL		FLECTOR (diclofenac) ^{CL} LIDODERM (lidocaine) ^{CL} PENNSAID (diclofenac) ^{CL} VOLTAREN Gel (diclofenac) ^{CL}
ANTICONVULSANTS	carbamazepine CARBATROL (carbamazepine) CELONTIN (methosuximide) clonazepam DEPAKOTE Sprinkle (divalproex) DIASTAT (diazepam rectal) DILANTIN (phenytoin) divalproex divalproex ER EQUETRO (carbamazepine) Ethosuximide syrup gabapentin GABITRIL (tiagabine) lamotrigine ^{CL} levetiracetam ^{CL} LYRICA (pregabalin) ^{CL} MEBARAL(mephobarbital) oxcarbazepine tablets ^{CL} PEGANONE (ethotoin) phenobarbital phenytoin primidone TEGRETOL XR (carbamazepine) topiramate tablets ^{CL} topiramate sprinkle ^{CL} TRILEPTAL Suspension (oxcarbazepine) ^{CL}	diazepam rectal BANZEL(ruinamide) ^{CL} carbamazepine XR carbamazepine ER clonazepam ODT depakene syrup divalproex Sprinkle ethosuximide capsule FANATREX (gabapentin) ^{CL} FELBATOL (felbamate) ^{CL} felbamate gabapentin solution GRALISE (gabapentin) KEPPRA Solution (levetiracetam) ^{CL} KEPPRA XR (levetiracetam) ^{CL} levetiracetam ER LAMICTAL ODT (lamotrigine) ^{CL} LAMICTAL XR (lamotrigine) ^{CL} oxcarbazepine suspension ^{CL} PHENYTEK (phenytoin) SABRIL (vigabatrin) ^{CL} STAVZOR (valproic acid) ^{CL}

Therapeutic Class	Preferred Drugs	Non-Preferred Drugs
	valproic acid valproate syrup VIMPAT (lacosamide) ZARONTIN(ethosuximide) CAPSULES zonisamide ^{CL}	
ANTIDEPRESSANTS, OTHER	bupropion HCl bupropion SR bupropion XL EFFEXOR XR (venlafaxine) MARPLAN (isocarboxazid) mirtazapine NARDIL (phenelzine) PARNATE (tranylcypromine)	APLENZIN (bupropion HBr) CYMBALTA (duloxetine) ^{CL} EMSAM (selegiline transdermal) ^{CL} mirtazapine ODT nefazodone OLEPTRO ER (trazodone) phenelzine PRISTIQ (desvenlafaxine) tranylcypromine venlafaxine IR venlafaxine ER tablets venlafaxine ER capsules venlafaxine ER tablets (generic) VIIBRYD (vilazodone)
ANTIDEPRESSANTS, SSRIs	citalopram fluoxetine fluvoxamine sertraline	fluoxetine weekly ^{CL} LEXAPRO (escitalopram) LUVOX CR (fluvoxamine) paroxetine paroxetine CR PEXEVA (paroxetine)
ANTI-HISTAMINES, MINIMALLY SEDATING	cetirizine fexofenadine OTC loratadine	ALLEGRA ODT(fexofenadine) ALLEGRA Suspension (fexofenadine) cetirizine chewable OTC CLARINEX (desloratadine) levocetirizine Xyzal (levocetirizine)
ANTIHYPERURICEMICS	allopurinol probenecid probenecid/colchicine	COLCRYS (colchicine) ^{CL} ULORIC (febuxostat) ^{CL}
ANTIPARKINSON'S DRUGS (Oral)	benztropine bromocriptine carbidopa/levodopa pramipexole ropinirole selegiline STALEVO (levodopa/carbidopa/entacapone) trihexyphenidyl	AZILECT (rasagiline) carbidopa/levodopa ODT COMTAN (entacapone) MIRAPEX ER (pramipexole) REQUIP XL (ropinirole) TASMAR (tolcapone) ZELAPAR (selegiline)
ANTIPSYCHOTICS <i>THESE RECOMMENDATIONS ARE FOR NEW PATIENT STARTS ONLY.</i>	ABILIFY (aripiprazole) amitriptyline/perphenazine chlorpromazine clozapine fluphenazine GEODON (ziprasidone) haloperidol	FANAPT (iloperidone) FAZACLO (clozapine) INVEGA (paliperidone) LATUDA (lurasidone) risperidone ODT SAPHRIS (asenapine) thioridazine

Therapeutic Class	Preferred Drugs	Non-Preferred Drugs
	MOBAN (molindone) ORAP (pimozide) perphenazine perphenazine/amitriptyline risperidone SEROQUEL (quetiapine) SEROQUEL XR (quetiapine) SYMBYAX (olanzapine/fluoxetine) thiothixene trifluoperazine ZYPREXA (olanzapine) Injectable: ABILIFY (aripiprazole) Fluphenazine decanoate GEODON (ziprasidone) haloperidol decanoate haloperidol lactate INVEGA SUSTENNA (paliperidone) RISPERDAL CONSTA (risperidone) ZYPREXA (olanzapine)	Injectable: ZYPREXA RELPREVV (olanzapine)
ATOPIC DERMATITIS	ELIDEL (pimecrolimus) PROTOPIC (tacrolimus)	
BRONCHODILATORS, BETA AGONIST	Inhalers, Short-Acting: MAXAIR (pirbuterol) PROAIR HFA (albuterol) PROVENTIL HFA (albuterol) Inhalers, Long-Acting: No agents are recommended to be preferred at this time. Inhalation Solution: albuterol 2.5 mg, 100 mg Accuneb (albuterol) Oral: albuterol terbutaline	ARCAPTA Neohaler (indacaterol)^{CL} albuterol 0.63 mg, 1.25 mg inhalation solution BROVANA (arformoterol- inhalation solution) FORADIL (formoterol) levalbuterol (inhalation solution) metaproterenol (oral) PERFOROMIST (formoterol – inhalation solution) SEREVENT (salmeterol) VENTOLIN HFA (albuterol) XOPENEX (levalbuterol –inhalation solution) XOPENEX HFA (levalbuterol)
COPD AGENTS	albuterol/ipratropium ATROVENT HFA (ipratropium) COMBIVENT (albuterol/ipratropium) ipratropium SPIRIVA (tiotropium)	DALIRESP (roflumilast)^{CL}
COUGH AND COLD AGENTS	A list of preferred agents will be made available at a later date. Currently all generic agents are preferred and all brand products are non-preferred. Products containing decongestants are excluded from coverage.	
CYTOKINE & CAM ANTAGONISTS	CIMZIA (certolizumab) ENBREL (etanercept)	ACTEMRA (tocilizumab) AMEVIVE (alefacept)

Therapeutic Class	Preferred Drugs	Non-Preferred Drugs
	HUMIRA (adalimumab)	KINERET (anakinra) ORENCIA (abatacept) REMICADE (infliximab) SIMPONI (golimumab) STELARA (ustekimumab)
FIBROMYALGIA		CYMBALTA (duloxetine) ^{CL} LYRICA (pregabalin) ^{CL} SAVELLA (milnacipran) ^{CL}
Glucocorticoids, Inhaled	ASMANEX (mometasone) FLOVENT (fluticasone) PULMICORT RESPULES (budesonide) QVAR (beclomethasone)	ALVESCO (ciclesonide) budesonide respules PULMICORT (budesonide)
GLUCOCORTICOID /BRONCHODILATOR COMBINATIONS^{CL}	ADV AIR (fluticasone/salmeterol) ^{CL} DULERA (mometasone/formoterol) ^{CL} SYMBICORT (budesonide/formoterol) ^{CL}	
HEPATITIS C TREATMENT, PROTEASE INHIBITORS	INCIVEK (telaprevir) VICTRELIS (boceprevir)	
INTRANASAL RHINITIS AGENTS	ASTELIN (azelastine) ASTEPRO (azelastine) BECONASE AQ (beclomethasone) fluticasone flunisolide ipratropium NASACORT AQ (triamcinolone) NASONEX (mometasone) PATANASE (olopatadine)	azelastine OMNARIS (ciclesonide) RHINOCORT AQUA (budesonide) triamcinolone VERAMYST (fluticasone)
LEUKOTRIENE MODIFIERS	ACCOLATE (zafirlukast) SINGULAIR (montelukast)	ZYFLO CR (zileuton) zafirlukast
NSAIDS	diclofenac etodolac flurbiprofen ibuprofen (Rx only) INDOCIN (indomethacin) suspension indomethacin ketoprofen ketorolac meclofenamate meloxicam MOBIC (meloxicam) suspension nabumetone naproxen (Rx only) oxaprozin piroxicam sulindac	ARTHROTEC (diclofenac/misoprostol) CELEBREX (celecoxib) ^{CL} diflunisal etodolac SR fenoprofen indomethacin ER ketoprofen ER mefenamic acid meloxicam suspension NAPRELAN (naproxen) SPRIX (nasal ketorolac) tolmetin VIMOVO (naproxen/esomeprazole) ZIPSOR (diclofenac)
OPHTHALMIC ANTIBIOTICS	bacitracin/polymyxin BESIVANCE (besifloxacin) CILOXAN Ointment (ciprofloxacin) ciprofloxacin erythromycin Garamycin (gentamicin) Gentamicin	AZASITE (azithromycin) bacitracin IQUIX (levofloxacin) levofloxacin NATACYN (natamycin) ZYMAYID (gatifloxacin)

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	<p>MOXEZA (moxifloxacin) neomycin/bacitracin/polymyxin neomycin-polymyxin-gramicidin ofloxacin polymyxin/trimethoprim sulfacetamide terramycin w/polymyxin tobramycin TOBREX Ointment (tobramycin) VIGAMOX (moxifloxacin) ZYMAR (gatifloxacin)</p>	
<p>OPHTHALMIC ANTIBIOTIC-STERIOD COMBINATIONS</p>	<p>neomycin/polymyxin B/dexamethasone BLEPHAMIDE (prednisolone/sulfacetamide) ZYLET (loteprednol/tobramycin) BLEPHAMIDE S.O.P.(prednisolone/sulfacetamide) PRED-G OINT (prednisolone/gentamicin) PRED-G DROPS (prednisolone/gentamicin) TOBRADEX OINMENT (dexamethasone/tobramycin) sulfacetamide/prednisolone tobramycin/dexamethasone suspension</p>	<p>TOBRADEX ST (dexamethasone/tobramycin) suspension neomycin/polymyxin B/HC neomycin/bacitracin/polymyxin/HC</p>
<p>OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS</p>	<p>ALREX (loteprednol) cromolyn ketotifen OTC OPTIVAR (azelastine) PATADAY (olopatadine)</p>	<p>ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (Iodoxamide) azelastine BEPREVE (bepotastine) ELESTAT (epinastine) EMADINE (emedastine) epinastine ketotifen LASTACFT (alcaftadine) PATANOL (olopatadine)</p>
<p>OPHTHALMIC ANTI-INFLAMMATORIES</p>	<p>dexamethasone diclofenac fluorometholone flurbiprofen FML FORTE (fluorometholone) FML S.O.P. (fluorometholone) Ketorolac ketorolac LS LOTEMAX (loteprednol) MAXIDEX (dexamethasone) PRED MILD (prednisolone) PRED FORTE (prednisolone) prednisolone acetate</p>	<p>ACUVAIL (ketorolac) bromfenac DUREZOL (difluprednate) FLAREX (fluorometholone) FML (fluorometholone) NEVANAC (nepafenac) prednisolone sodium phosphate VEXOL (rimexolone)</p>
<p>OPHTHALMICS, GLAUCOMA DRUGS</p>	<p>ALPHAGAN P (brimonidine) AZOPT (brinzolamide) betaxolol</p>	<p>apraclonidine brimonidine P IOPIDINE (apraclonidine) LUMIGAN (bimatoprost) – all strengths</p>

Therapeutic Class	Preferred Drugs	Non-Preferred Drugs
	BETIMOL (timolol) BETOPTIC S (betaxol) brimonidine carteolol COMBIGAN (brimonidine/timolol) dorzolamide dorzolamide/timolol STALOL (timolol) latanoprost levobunolol metipranolol OPTIPRANOLOL (metiprololol) pilocarpine timolol TRAVATAN (travoprost)	
OTIC ANTIINFECTIVES AND ANESTHETICS	acetic acid acetic acid/aluminum	acetic acid/hydrocortisone
OTIC ANTIBIOTICS	CIPRODEX (ciprofloxacin/dexamethasone) CIPRO HC (ciprofloxacin/hydrocortisone) COLY-MYCIN S (colistin/neomycin/HC) CORTISPORIN TC (colistin/neomycin/HC) neomycin/polymyxin/hydrocortisone ofloxacin	CETRAXAL (ciprofloxacin)
SEDATIVE HYPNOTICS	temazepam 15 and 30 mg chloral hydrate zaleplon zolpidem IR	DORAL (quazepam) EDULAR (zolpidem) estazolam flurazepam LUNESTA (eszopiclone) ROZEREM (ramelteon) SILENOR (doxepin) SOMNOTE (chloral hydrate) temazepam 7.5 and 22.5 triazolam zolpidem ER ZOLPIMIST (zolpidem)
STIMULANTS AND RELATED DRUGS^{CL}	ADDERALL (amphetamine salt combination)^{CL} ADDERALL XR (amphetamine salt combination) ^{CL} amphetamine salt combination IR ^{CL} CONCERTA (methylphenidate) ^{CL} clonidine FOCALIN (dexmethylphenidate) ^{CL} guanfacine METADATE CD (methylphenidate)^{CL} methylphenidate ^{CL} methylphenidate ER ^{CL} METHYLIN chewable and solution (methylphenidate) ^{CL} RITALIN SR (methylphenidate)^{CL} STRATTERA (atomoxetine)^{CL} VYVANSE (lisdexamfetamine) ^{CL}	amphetamine salt combination ER ^{CL} DAYTRANA (methylphenidate) ^{CL} dexmethylphenidate^{CL} dextroamphetamine ^{CL} FOCALIN XR (dexmethylphenidate) ^{CL} KAPVAY (clonidine ER)^{CL} INTUNIV (guanfacine ER) ^{CL} METADATE CD (methylphenidate)^{CL} Methylphenidate solution NUVIGIL (armodafanil) ^{CL} PROCENTRA (dextroamphetamine) ^{CL} PROVIGIL (modafanil) ^{CL} RITALIN LA (methylphenidate) ^{CL}

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 ^{CL} also have clinical prior authorization criteria for use associated with them.