

**WEST VIRGINIA MEDICAID
PREFERRED DRUG LIST**

PHASE I

Phase I will be implemented on January 7, 2003. Drugs included in Phase I are:

DRUG CLASS	PREFERRED	NON-PREFERRED
PROTON PUMP INHIBITORS** <i>Implement 1/7/03</i>	<ul style="list-style-type: none"> • lansoprazole (Prevacid) • rabeprazole (AcipHex) 	<ul style="list-style-type: none"> • esomeprazole (Nexium) • omeprazole (Prilosec) • pantoprazole (Protonix)
MINIMALLY SEDATING ANTIHISTAMINES AND COMBINATIONS <i>Implement 1/7/03</i>	<ul style="list-style-type: none"> • desloratadine (Clarinex) • loratadine (Claritin) • loratadine/pseudoephedrine (Claritin-D 12 hour, Claritin-D 24 hour) 	<ul style="list-style-type: none"> • cetirizine (Zyrtec) • cetirizine/pseudoephedrine (Zyrtec-D) • fexofenadine (Allegra) • fexofenadine/pseudoephedrine (Allegra-D)
LEUKOTRIENE RECEPTOR AGONISTS <i>Implement 1/7/03</i>	<ul style="list-style-type: none"> • montelukast (Singulair) 	<ul style="list-style-type: none"> • zafirlukast (Accolate) • zileuton (Zyflo)
BETA AGONISTS (INHALED & PERORAL) <i>Implement 1/7/03</i>	<ul style="list-style-type: none"> • albuterol/ipratropium MDI (Combivent) • albuterol HFA MDI (Proventil HFA) • albuterol syrup, tablets, CFC MDI, inhalation solution (generics) • metaproterenol syrup, tablets, inhalation solution (generic) • pirbuterol MDI (Maxair, Maxair Autohaler) • salmeterol (Serevent, Serevent Diskus) • terbutaline (generic) • levalbuterol inhalation solution (Xopenex) 	<ul style="list-style-type: none"> • albuterol/ipratropium inhalation solution (Duoneb) • albuterol HFA MDI (Ventolin HFA) • albuterol inhalation solution (Accuneb) • albuterol SR tablets (Volmax) • formoterol MDI (Foradil) • metaproterenol MDI (Alupent)
HISTAMINE 2 ANTAGONISTS <i>Implement 1/7/03</i>	<ul style="list-style-type: none"> • cimetidine (Tagamet) generic only • famotidine (Pepcid) generic only • nizatidine (Axid) generic only • ranitidine (Zantac) generic only • ranitidine syrup (Zantac) 	<ul style="list-style-type: none"> • famotidine orally disintegrating (Pepcid RPD) • famotidine suspension (Pepcid) • ranitidine 150mg (Zantac EFFERdose)
ANTIMIGRAINE (TRIPTANS) <i>Implement 1/7/03</i>	<ul style="list-style-type: none"> • almotriptan (Axert) • sumatriptan (Imitrex) all forms 	<ul style="list-style-type: none"> • frovatriptan (Frova) • naratriptan (Amerge) • rizatriptan (Maxalt) • zolmitriptan (Zomig)

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIINCONTINENCE AGENTS <i>Implement 1/7/03</i>	<ul style="list-style-type: none"> • flavoxate (Urispas) • oxybutynin (Ditropan) generic only • tolterodine (Detrol) • tolterodine LA (Detrol LA) 	<ul style="list-style-type: none"> • oxybutynin XL (Ditropan XL)
LIPOTROPICS, OTHER <i>Implement 1/7/03</i>	<ul style="list-style-type: none"> • cholestyramine (Questran) generic only • cholestyramine light (Questran Light) generic only • colestipol (Colestid) • gemfibrozil (Lopid) generic only • niacin ER (Niaspan) • fenofibrate (Tricor) 	<ul style="list-style-type: none"> • colestesevelam (WelChol) • niacin ER/lovastatin (Advicor)
GLUCOCORTICOIDS, INHALED <i>Implement 1/7/03</i>	<ul style="list-style-type: none"> • beclomethasone CFC (Vanceril) • flunisolide (Aerobid, Aerobid M) • fluticasone (Flovent, Flovent Rotadisk) • fluticasone/salmeterol (Advair) 	<ul style="list-style-type: none"> • beclomethasone HFA (QVAR) • budesonide (Pulmicort Turbuhaler) • budesonide (Pulmicort Respules)* • triamcinolone (Azmacort)
BETA-ADRENERGIC RECEPTOR BLOCKING AGENTS <i>Implement 1/7/03</i>	<ul style="list-style-type: none"> • acebutolol (Sectral) generic only • atenolol (Tenormin) generic only • betaxolol (Kerlone) generic only • bisoprolol (Zebeta) generic only • carvedilol (Coreg) • labetalol (Normodyne, Trandate) generic only • metoprolol (Lopressor) generic only • metoprolol XL (Toprol XL) • nadolol (Corgard) generic only • pindolol (Visken) generic only • propranolol (Inderal) generic only • propranolol LA (Inderal LA) • sotalol (Betapace) generic only • timolol (Blocadren) generic only 	<ul style="list-style-type: none"> • carteolol (Cartrol) • penbutolol (Levatol) • sotalol (Betapace AF)
CORTICOSTEROIDS, NASAL <i>Implement 1/7/03</i>	<ul style="list-style-type: none"> • flunisolide (Nasalide) generic only • fluticasone (Flonase) • mometasone (Nasonex) 	<ul style="list-style-type: none"> • flunisolide (Nasarel) • beclomethasone (Beconase, Vancenase) • beclomethasone AQ (Beconase AQ, Vancenase AQ) • budesonide (Rhinocort) • budesonide aqua (Rhinocort Aqua) • triamcinolone (Nasacort) • triamcinolone AQ (Nasacort AQ)

* No prior authorization required for children through 8 years of age.

** Prior authorization required.

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