

**BUREAU FOR MEDICAL SERVICES  
WEST VIRGINIA MEDICAID  
PREFERRED DRUG LIST  
PHASE VI**

DRUG CLASS	PREFERRED	NON-PREFERRED
OPTHALMIC ANTIBIOTICS <i>Effective (8/15/03)</i>	bacitracin◆ chloramphenicol (Chloroptic) ciprofloxacin (Ciloxan) erythromycin◆ gentamicin◆ moxifloxacin (Vigamox) natamycin (Natacyn) ofloxacin (Ocuflox) tobramycin◆	gatifloxacin (Zymar) levofloxacin (Quixin)
HEPATITIS C AGENTS <i>Effective (8/15/03)</i>	IFN a2a (Roferon-A) PEG IFN-2a (PEGASYS) ribavirin (COPEGUS)	IFN a2b (Intron-A) IFN alfacon-1 (Infergen) PEG IFN-2b (PEG-Intron) ribavirin (Rebetol) ribavirin / IFN a2b (Rebetron)
ANTIPARKINSON AGENTS <i>Effective (8/15/03)</i>	<p><b><u>Anticholinergic</u></b>            benzotropine◆            procyclidine (Kemadrin)            trihexyphenidyl◆</p> <p><b><u>COMT inhibitor</u></b>            entacapone (Comtan)</p> <p><b><u>Dopamine agonist</u></b>            pramipexole (Mirapex)            ropinirole (Requip)</p> <p><b><u>Other</u></b>            levodopa (Larodopa)            levodopa/carbidopa◆            selegiline◆</p>	<p><b><u>COMT inhibitor</u></b>            tolcapone (Tasmar)</p> <p><b><u>Dopamine agonist</u></b>            pergolide◆</p>
INSULIN PENS <i>Effective (8/15/03)</i>	Novolin Innolet (N, R, 70/30)	All other insulin pens and insulin pen systems

- ◆ Generic forms only.
- \* Status pending.
- \*\* Prior authorization required.
- \*\*\* No prior authorization required for children through 8 years of age.
- † Prior authorization required after limits exceeded.
- ++ Prior authorization required for adults > age 18 years.
- <> New drug, not yet reviewed.