

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

<b>DRUG CLASS</b>	<b>PREFERRED</b>	<b>NON-PREFERRED</b>
MINIMALLY SEDATING ANTIHISTAMINES AND COMBINATIONS <i>Effective 5/1/03</i>	loratadine (Claritin, Claritin Redi-Tabs) OTC loratadine/pseudoephedrine (Claritin-D 12 Hour, Claritin-D 24 Hour) OTC	loratadine rapidly-disintegrating tablets (Alavert)
ANTIMIGRAINE (TRIPTANS) <i>Effective 5/1/03</i>		eletriptan (Relpax)
BONE RESORPTION SUPPRESSION AGENTS <i>Effective 5/1/03</i>		teriparatide (Forteo)
ANTIFUNGALS, TOPICAL <i>Effective 5/1/03</i>	ciclopirox (Loprox)	
ANTIFUNGALS, TOPICAL <i>Effective 5/1/03</i>	ketoconazole shampoo (Nizoral)	
QUINOLONES <i>Effective 5/1/03</i>	ciprofloxacin extended release (Cipro XR)	
BENIGN PROSTATIC HYPERPLASIA (BPH)/MICTURITION AGENTS <i>Effective 5/1/03</i>	dutasteride (Avodart)	
STIMULANTS <i>Effective 5/1/03</i>	atomoxetine (Strattera)	
ANTIVIRALS, GENERAL <i>Effective 5/1/03</i>	famciclovir (Famvir)	
PHOSPHATE BINDERS <i>Effective 5/1/03</i>	sevelamer (RenaGel)	
NICOTINE REPLACEMENT AGENTS <i>Effective 5/1/03</i>	Nicotine gum (Watson only) Commit Lozenge Nicoderm CQ patch	Nicotine gum (all other brands and generics) Nicotrol Inhaler Nicotrol NS Nicotine patch (all other brands and generics)

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GROWTH HORMONE <i>Effective 5/1/03</i>	Genotropin Humatrope Norditropin Nutropin Nutropin AQ Nutropin Depot Protropin Saizen Serostim	

- ◆ 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.

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 Paul L. Nusbaum, Secretary

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 Date