

## Pharmacy Preferred Drug Program

Updated 8/13/03

### Anti-Infectives: Antifungals – Agents for Onychomycosis and Systemic Infections

#### PREFERRED DRUGS

DIFLUCAN<sup>®</sup>  
DIFLUCAN SUSPENSION<sup>®</sup>  
KETOCONAZOLE (generic of Nizoral<sup>®</sup>)  
LAMISIL<sup>®</sup>  
PENLAC<sup>®</sup>

### Anti-Infectives: Antifungals - Topical

#### PREFERRED DRUGS

CLOTRIMAZOLE (generic of Lotrimin<sup>®</sup>)  
CLOTRIMAZOLE/BETAMETHASONE (generic of Lotrisone<sup>®</sup>)  
FUNGIZONE<sup>®</sup>  
FUNGOID<sup>®</sup>  
KETOCONAZOLE (generic of Nizoral<sup>®</sup>)  
LOPROX<sup>®</sup>  
MICONAZOLE NITRATE (generic of Monistat-Derm<sup>®</sup>, Micatin<sup>®</sup>)  
MICRO-GUARD<sup>®</sup>  
NAFTIN<sup>®</sup>  
N.T.A.<sup>®</sup>  
NYSTATIN (generic of Nystop<sup>®</sup>, Mycostatin<sup>®</sup>, Nilstat<sup>®</sup>)  
NYSTATIN W/TRIAMCINOLONE (generic of Mycolog II<sup>®</sup>, Myco-Triacet<sup>®</sup>, Mytrex<sup>®</sup>)  
OXISTAT<sup>®</sup>  
TRI-STATIN II<sup>®</sup>

### Anti-Infectives: Antivirals - Herpes

#### PREFERRED DRUGS

ACYCLOVIR (generic of Zovirax<sup>®</sup>)  
ACYCLOVIR SUSP (generic of Zovirax<sup>®</sup> 200mg/5ml susp)  
FAMVIR<sup>®</sup>  
VALTREX<sup>®</sup>

### Phone Numbers for OHIO Medicaid PDL Program

#### First Health (FHSC) Clinical Call Center

Tel: 1-877-518-1546; Fax: 1-800-396-4111

*Note: Fax requests are responded to within 24 hrs.*

*For urgent requests, please use telephone.*

**For this and other PDL documents, visit:**

[www.state.oh.us/odjfs/ohp/bhpp/meddrug.stm](http://www.state.oh.us/odjfs/ohp/bhpp/meddrug.stm)

*Note: For assistance with the PDL process, please contact:*

*Paul Gapske at 614-488-6472*

*Jaelyn Woodard at 614-488-6475*

### Anti-Infectives: Cephalosporins

#### PREFERRED DRUGS

CEFADROXIL 500MG (generic of Duricef<sup>®</sup>)  
CEFUROXIME (generic of Ceftin<sup>®</sup>)  
CEFZIL SUSPENSION<sup>®</sup> (no PA required for ≤ 12 yoa)  
CEPHALEXIN (generic of Keflex<sup>®</sup>)  
CEPHALEXIN SUSPENSION (generic of Keflex Suspension<sup>®</sup>)  
DURICEF<sup>®</sup> 1GM  
DURICEF<sup>®</sup> SUSPENSION  
OMNICEF<sup>®</sup>  
OMNICEF SUSPENSION<sup>®</sup>

### Anti-Infectives: Macrolides

#### PREFERRED DRUGS

BIAXIN<sup>®</sup>  
BIAXIN XL<sup>®</sup>  
ERYTHROCIN STEARATE  
ERYTHROMYCIN BASE  
ERYTHROMYCIN ETHYLSUCCINATE  
ERYTHROMYCIN STEARATE  
ERYTHROMYCIN W/SULFISOXAZOLE  
ZITHROMAX<sup>®</sup>



### Anti-Infectives: Oral Quinolones

#### PREFERRED DRUGS

AVELOX<sup>®</sup>  
AVELOX ABC PACK<sup>®</sup>  
CIPRO<sup>®</sup>  
CIPRO XR<sup>®</sup>  
LEVAQUIN<sup>®</sup>  
TEQUIN<sup>®</sup>

### Cardiovascular: ACE Inhibitors

#### PREFERRED DRUGS

ALTACE<sup>®</sup>  
CAPTOPRIL (generic for Capoten<sup>®</sup>)  
CAPTOPRIL HCTZ (generic for Capozide<sup>®</sup>)  
ENALAPRIL (generic for Vasotec<sup>®</sup>)  
ENALAPRIL HCTZ (generic for Vasoretic<sup>®</sup>)  
LISINAPRIL (generic for Zestril<sup>®</sup>, Prinivil<sup>®</sup>)  
LISINAPRIL HCTZ (generic for Zestoretic<sup>®</sup>, Prinzide<sup>®</sup>)  
LOTENSIN<sup>®</sup>  
LOTENSIN HCT<sup>®</sup>  
LOTREL<sup>®</sup>  
TARKA<sup>®</sup>  
UNIVASC<sup>®</sup>  
UNIRETIC<sup>®</sup>

### Cardiovascular: Angiotensin Receptor Antagonists

#### PREFERRED DRUGS

ATACAND<sup>®</sup>  
ATACAND HCT<sup>®</sup>  
BENICAR<sup>®</sup>  
COZAAR<sup>®</sup>  
HYZAAR<sup>®</sup>  
DIOVAN<sup>®</sup>  
DIOVAN HCT<sup>®</sup>  
MICARDIS<sup>®</sup>  
MICARDIS HCT<sup>®</sup>  
TEVETEN<sup>®</sup>  
TEVETEN HCT<sup>®</sup>

Within these categories, drugs not listed as Preferred are subject to Prior Authorization.  
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**Cardiovascular: Beta Blockers****PREFERRED DRUGS**

ACEBUTOLOL (generic for Sectral<sup>®</sup>)  
 ATENOLOL (generic for Tenormin<sup>®</sup>)  
 ATENOLOL CHLORTHALIDONE (generic for Tenoretic<sup>®</sup>)  
 BETAXOLOL (generic for Kerlone<sup>®</sup>)  
 BISOPROLOL FUMARATE (generic for Zebeta<sup>®</sup>)  
 BISOPROLOL/HCTZ (generic for Ziac<sup>®</sup>)  
 COREG<sup>®</sup>  
 INDERAL LA<sup>®</sup>  
 LABETALOL (generic for Normodyne<sup>®</sup>, Trandate<sup>®</sup>)  
 LABETALOL/HCTZ (generic for Trandate/HCT<sup>®</sup>)  
 METOPROLOL (generic for Lopressor<sup>®</sup>)  
 METOPROLOL HCTZ (generic for Lopressor/HCT<sup>®</sup>)  
 NADOLOL (generic for Corgard<sup>®</sup>)  
 PINDOLOL (generic for Visken<sup>®</sup>)  
 PROPRANOLOL (generic for Inderal<sup>®</sup>)  
 PROPRANOLOL/HCTZ (generic for Inderide<sup>®</sup>)  
 SOTALOL (generic for Betapace<sup>®</sup>)  
 TIMOLOL (generic for Blocadren<sup>®</sup>)

**Cardiovascular: Calcium Channel Blockers****PREFERRED DRUGS**

CARDIZEM LA<sup>®</sup>  
 CARTIA XT<sup>®</sup> (generic for Cardizem CD<sup>®</sup>)  
 DILTIA XT<sup>®</sup> (generic for Dilacor XR<sup>®</sup>)  
 DILTIAZEM (generic for Cardizem<sup>®</sup>)  
 DILTIAZEM SR (generic for Cardizem SR)  
 DILTIAZEM ER (generic for Dilacor XR<sup>®</sup>)  
 DILTIAZEM HCL (generic for Cardizem CD<sup>®</sup>)  
 DILTIAZEM XR (generic for Dilacor XR<sup>®</sup>)  
 DYNACIRC<sup>®</sup>  
 DYNACIRC CR<sup>®</sup>  
 NICARDIPINE (generic for Cardene<sup>®</sup>)  
 NIFEDICAL XL<sup>®</sup> (generic for Procardia XL<sup>®</sup>)  
 NIFEDIPINE ER<sup>®</sup> (generic for Procardia XL<sup>®</sup> and Adalat CC<sup>®</sup>)  
 NORVASC<sup>®</sup>  
 SULAR<sup>®</sup>  
 VERAPAMIL (generic for Calan<sup>®</sup>, Isoptin<sup>®</sup>)  
 VERAPAMIL ER/SR (generic for Calan SR<sup>®</sup>, Isoptin SR<sup>®</sup>)  
 VERELAN PM<sup>®</sup>

**Cardiovascular: Lipotropics****PREFERRED DRUGS**

ADVICOR<sup>®</sup>  
 ALTOCOR<sup>®</sup>  
 GEMFIBROZIL (generic of Lipid<sup>®</sup>)  
 LESCOL<sup>®</sup>  
 LESCOL XL<sup>®</sup>  
 LOVASTATIN (generic of Mevacor<sup>®</sup>)  
 LIPITOR<sup>®</sup>  
 NIACIN  
 NIASPAN<sup>®</sup>  
 PRAVACHOL<sup>®</sup>  
 PRAVIGARD PAC<sup>®</sup>  
 TRICOR<sup>®</sup>  
 ZETIA<sup>®</sup>  
 ZOCOR<sup>®</sup>

**Endocrine: Diabetes - Insulins****PREFERRED DRUGS**

HUMALOG<sup>®</sup>  
 HUMALOG 75/25<sup>®</sup>  
 HUMULIN 50/50<sup>®</sup>  
 HUMULIN L<sup>®</sup>  
 HUMULIN U<sup>®</sup>  
 LANTUS<sup>®</sup>  
 NOVOLIN L<sup>®</sup>  
 NOVOLIN N<sup>®</sup>  
 NOVOLIN R<sup>®</sup>  
 NOVOLIN 70/30<sup>®</sup>  
 NOVOLOG<sup>®</sup>  
 NOVOLOG 70/30<sup>®</sup>  
 RELION N<sup>®</sup>  
 RELION R<sup>®</sup>  
 RELION 70/30<sup>®</sup>

**Endocrine: Diabetes – Oral Hypoglycemics****PREFERRED DRUGS**

ACTOS<sup>®</sup>  
 AMARYL<sup>®</sup>  
 AVANDAMET<sup>®</sup>  
 AVANDIA<sup>®</sup>  
 GLIPIZIDE (generic for Glucotrol<sup>®</sup>)  
 GLYBURIDE (generic for Diabeta<sup>®</sup>, Micronase<sup>®</sup>)  
 GLYBURIDE MICRONIZED (generic for Glynase PressTabs<sup>®</sup>)

METFORMIN (generic for Glucophage<sup>®</sup>)  
 PRECOSE<sup>®</sup>  
 STARLIX<sup>®</sup>

**Gastrointestinals: H2RAs****PREFERRED DRUGS**

CIMETIDINE (generic for Tagamet<sup>®</sup>)  
 FAMOTIDINE (generic for Pepcid<sup>®</sup>)  
 RANITIDINE (generic for Zantac<sup>®</sup>)  
 ZANTAC<sup>®</sup> SYRUP (No PA required if <12)

**Gastrointestinals: PPIs****PREFERRED DRUGS**

ACIPHEX<sup>®</sup>  
 NEXIUM<sup>®</sup>  
 OMEPRAZOLE (generic for Prilosec<sup>®</sup>)  
 PREVACID<sup>®</sup>  
 PROTONIX<sup>®</sup>

**Respiratory: Beta-Adrenergic - Inhaled – Short Acting****PREFERRED DRUGS**

ALBUTEROL (generic for Ventolin<sup>®</sup>, Proventil<sup>®</sup>)

**Respiratory: Beta-Adrenergic – Inhaled - Long Acting****PREFERRED DRUGS**

FORADIL<sup>®</sup>  
 SEREVENT<sup>®</sup>  
 SEREVENT DISKUS<sup>®</sup>

**Respiratory: Beta-Adrenergic Agents- Nebulizers****PREFERRED DRUGS**

ALBUTEROL (generic for Proventil<sup>®</sup> nebs, Ventolin<sup>®</sup> nebs)  
 METAPROTERENOL (generic for Alupent<sup>®</sup> neb solution)  
 ACCUNEB<sup>®</sup>  
 XOPENEX<sup>®</sup>

**Respiratory: Beta-Adrenergic Agents- Miscellaneous Combinations****PREFERRED DRUGS**

ADVAIR DISKUS<sup>®</sup>  
 COMBIVENT MDI<sup>®</sup>

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**Respiratory: Glucocorticoids: Inhaled**

**PREFERRED DRUGS**

FLOVENT<sup>®</sup>  
 PULMICORT<sup>®</sup> NEBULIZER SOLUTION  
 PULMICORT TURBUHALER<sup>®</sup>

**Respiratory: Glucocorticoids: Nasal**

**PREFERRED DRUGS**

FLONASE<sup>®</sup>  
 NASONEX<sup>®</sup>  
 NASALIDE<sup>®</sup>  
 NASAREL<sup>®</sup>  
 RHINOCORT AQ<sup>®</sup>

**Respiratory: Leukotriene Receptor Antagonist**

**PREFERRED DRUGS**

ACCOLATE<sup>®</sup>  
 SINGULAIR<sup>®</sup>

**Antimigraine Medications: Serotonin 5HT<sub>1</sub> Receptor Agonists**

**PREFERRED DRUGS**

AMERGE<sup>®</sup>  
 AXERT<sup>®</sup>  
 IMITREX<sup>®</sup> INJECTION  
 IMITREX<sup>®</sup> NASAL SPRAY  
 IMITREX<sup>®</sup> TABLETS  
 MAXALT-MLT<sup>®</sup>  
 MAXALT<sup>®</sup>  
 ZOMIG ZMT<sup>®</sup>  
 ZOMIG<sup>®</sup>

**Antihistamines: 2<sup>nd</sup> Generation**

**PREFERRED DRUGS**

ALLEGRA<sup>®</sup>  
 ALLEGRA D<sup>®</sup>  
 CLARINEX<sup>®</sup>  
 LORATADINE (generic for Claritin<sup>®</sup> & Claritin Redi-Tabs<sup>®</sup>)  
 ZYRTEC<sup>®</sup>  
 ZYRTEC D<sup>®</sup>  
 ZYRTEC SYRUP<sup>®</sup>

**Analgesics: COX II**

**PREFERRED DRUGS**

BEXTRA<sup>®</sup> (PA required if age less than 60)  
 CELEBREX<sup>®</sup> (PA required if age less than 60)  
 VIOXX<sup>®</sup> (PA required if age less than 60)

**Analgesics: NSAIDs**

**PREFERRED DRUGS**

DICLOFENAC POTASSIUM (generic for Cataflam<sup>®</sup>)  
 DICLOFENAC SODIUM (generic for Voltaren<sup>®</sup>)  
 ETODOLAC (generic for Lodine<sup>®</sup> and Lodine XL<sup>®</sup>)  
 FENOPROFEN (generic for Nalfon<sup>®</sup>)  
 FLURBIPROFEN (generic for Ansaid<sup>®</sup>)  
 IBUPROFEN (generic for Motrin<sup>®</sup>)  
 INDOMETHACIN (generic for Indocin<sup>®</sup>)  
 INDOMETHACIN SR (generic for Indocin SR<sup>®</sup>)  
 KETOPROFEN (generic for Orudis<sup>®</sup>)  
 KETOPROFEN ER (generic for Oruvail<sup>®</sup>)  
 KETOROLAC (generic for Toradol<sup>®</sup>)  
 PA required for greater than twenty (20) tablets per thirty (30) days  
 MECLOFENAMATE SODIUM (generic for Meclomen<sup>®</sup>)  
 NABUMETONE (generic for Relafen<sup>®</sup>)  
 NAPROXEN (generic for Naprosyn<sup>®</sup>)  
 NAPROXEN SODIUM (generic for Anaprox<sup>®</sup>)  
 OXAPROZIN (generic for Daypro<sup>®</sup>)  
 SULINDAC (generic for Clinoril<sup>®</sup>)

**Analgesics: Narcotics - Long-Acting**

**PREFERRED DRUGS**

MORPHINE SULFATE ER (generic for MS Contin<sup>®</sup>)  
 OXYCONTIN<sup>®</sup> [max quantity of 120 tablets per 30 days]  
 DURAGESIC<sup>®</sup> [Long-Term Care recipients exempt from prior authorization- all others REQUIRE Prior Authorization]

**Analgesics: Narcotics - Short-Acting**

**PREFERRED DRUGS**

ACETAMINOPHEN W/ CODEINE (generic for Tylenol w/codeine #2, #3, #4<sup>®</sup> and oral syrup)  
 ACETAMINOPHEN 500mg W/ HYDROCODONE 5mg tablets (generic for Vicodin<sup>®</sup> and Lortab<sup>®</sup>)  
 ACETAMINOPHEN W/ HYDROCODONE Liquid 167mg/2.5mg per 5 mls (generic for Lortab Elixir<sup>®</sup>)  
 ACETAMINOPHEN 325mg W/ OXYCODONE 5mg TABLETS (generic for Percocet<sup>®</sup>)  
 ASPIRIN W/ CODEINE

ASPIRIN W/ OXYCODONE (generic for Percodan<sup>®</sup>)  
 BUTORPHANOL TARTRATE NS (generic for Stadol NS<sup>®</sup>)  
 CODEINE SULFATE (Tablets and oral solution)  
 ENDOCET<sup>®</sup> 5mg/325mg  
 ENDODAN<sup>®</sup> 4.88mg/325mg  
 HYDROMORPHONE Tablets and oral solution (generic for Dilaudid<sup>®</sup> and Dilaudid-5<sup>®</sup>)  
 MEPERIDINE Tablets and Syrup (generic for Demerol<sup>®</sup> and Demerol Syrup<sup>®</sup>)  
 METHADONE TABLETS (generic for Dolophine<sup>®</sup>)  
 METHADOSE DISPERSTABS<sup>®</sup>  
 MORPHINE SULFATE (generic for MSIR<sup>®</sup>)  
 MORPHINE SULFATE SOLUBLE TABS  
 MORPHINE SULFATE SOLN (generic for Roxanol<sup>®</sup> oral solution and Intensol)  
 OXYCODONE HCL Tablets, immediate release and oral Solution  
 OXYCODONE HCL Capsules, immediate release (generic for OxyIR<sup>®</sup>)  
 PANLOR SS<sup>®</sup>  
 PROPACET  
 PROPOXYPHENE HCL (generic for Darvon<sup>®</sup>)  
 PROPOXYPHENE NAPSYLATE (generic for Darvon N<sup>®</sup>)  
 PROPOXYPHENE COMPOUND (generic for Darvon Compound<sup>®</sup>)  
 PROPOXYPHENE 65mg HCL/APAP 650mg (generic for Wygesic<sup>®</sup>)  
 PROPOXYPHENE NAPSYLATE 100mg /APAP 650mg (generic for Darvocet N-100<sup>®</sup>)  
 ROXICET<sup>®</sup> 5mg/325mg tabs and oral solution  
 ROXICODONE INTENSOL<sup>®</sup>  
 ROXICODONE TABS<sup>®</sup> (generic for M-OXY<sup>®</sup>)  
 ROXICODONE 5mg/5ml (generic for Oxydose<sup>®</sup>)  
 TRAMADOL (generic for Ultram<sup>®</sup>)

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