

## NEBRASKA MEDICAID PREFERRED DRUG LIST

As of **06/03/2010**

(See Legend Below Table)

**Note: Only drugs that are part of the listed therapeutic categories are affected by the Preferred Drug List. Check the Pharmacy Magellan Medicaid Administration, Inc. website for the most current version at <https://nebraska.fhsc.com>.**

THERAPEUTIC DRUG CLASS	PREFERRED DRUGS	NON-PREFERRED DRUGS
<b>ACNE AGENTS, TOPICAL</b> (Implementation 3/31/2010)	AZELEX (azelaic acid) BENZACLIN (clindamycin/benzoyl peroxide) benzoyl peroxide generic OTC benzoyl peroxide generic Rx CLINAC BPO (benzoyl peroxide) clindamycin phosphate DIFFERIN (adapalene) EPIDUO (adapalene/benzoyl peroxide) erythromycin NUOX (benzoyl peroxide and sulfur) RETIN-A MICRO (tretinoin) tretinoin	ACANYA (clindamycin and benzoyl peroxide) ACZONE (dapsone) AKNE-MYCIN (erythromycin) ATRALIN (tretinoin) BENZEFOAM (benzoyl peroxide) CLARIFOAM EF (sulfur and sulfacetamide) CLINDAGEL (clindamycin) clindamycin/benzoyl peroxide DUAC (clindamycin/benzoyl peroxide) erythromycin-benzoyl peroxide EVOCLIN (clindamycin) INOVA (benzoyl peroxide) sodium sulfa-sulfur-meratan sulfacetamide/sulfur (generic for Sulfacet-R) sulfacetamide TAZORAC (tazarotene) ZACLIR (benzoyl peroxide) ZIANA (clindamycin and tretinoin)
<b>ALZHEIMER'S DRUGS</b> (Implementation 11/12/09)	<b>CHOLINESTERASE INHIBITORS</b>	
	ARICEPT (donepezil) ARICEPT ODT (donepezil) EXELON Transdermal (rivastigmine) galantamine galantamine ER	COGNEX (tacrine) EXELON Oral Solution (rivastigmine) EXELON Oral (rivastigmine)
	<b>NMDA RECEPTOR ANTAGONIST</b>	
	NAMENDA (memantine)	
<b>ANALGESICS, OPIATE LONG-ACTING</b> (Implementation 3/31/2010)	AVINZA (morphine) fentanyl patches KADIAN (morphine) methadone morphine ER oxycodone ER OXYCONTIN (oxycodone ER)	DURAGESIC (fentanyl) DURAGESIC MATRIX (fentanyl) EMBEDA (morphine/naltrexone) OPANA ER (oxymorphone) RYZOLT (tramadol extended release) tramadol extended release ULTRAM ER (tramadol extended release)

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THERAPEUTIC DRUG CLASS	PREFERRED DRUGS	NON-PREFERRED DRUGS
<b>ANALGESICS, OPIATE SHORT-ACTING</b> (Implementation 3/31/2010)	<b>ORAL</b>	
	acetaminophen/codeine codeine hydrocodone/APAP hydrocodone/ibuprofen hydromorphone morphine IR oxycodone IR oxycodone/APAP oxycodone/aspirin propoxyphene propoxyphene/APAP tramadol ZAMICET (hydrocodone/acetaminophen)	aspirin/codeine DARVON N (propoxyphene) DILAUDID LIQUID (hydromorphone) dihydrocodeine/ APAP/caffeine (generic for Panlor DC) IBUDONE (hydrocodone/ibuprofen) levorphanol meperidine NUCYNTA (tapentadol) OPANA (oxymorphone) oxycodone/ibuprofen (generic for Combunox) PANLOR DC (dihydrocodeine/APAP/caffeine) pentazocine/APAP pentazocine/naloxone REPREXAIN (hydrocodone/ibuprofen) tramadol/APAP –generic for Ultracet (note: separate ingredients preferred)
	<b>BUCCAL/TRANSMUCOSAL</b>	
<b>ANDROGENIC DRUGS (Topical)</b> (Implementation 11/12/09)	ANDRODERM (testosterone) ANDROGEL (testosterone)	TESTIM (testosterone)
<b>ANGIOTENSIN MODULATORS</b> (Implementation 4/28/10)	<b>ACE INHIBITORS</b>	
	benazepril (generic for Lotensin) captopril (generic for Capoten) enalapril (generic for Vasotec) fosinopril (generic for Monopril) lisinopril (generic for Prinivil/Zestril) quinapril (generic for Accupril) ramipril (generic for Altace)	moexepiril (generic for Univasco) perindopril (generic for Aceon) trandolapril (generic for Mavik)
	<b>ACE INHIBITOR/DIURETIC COMBINATIONS</b>	
benazepril/HCTZ (generic for Lotensin HCT) captopril/HCTZ (generic for Capozide) enalapril/HCTZ (generic for Vaseretic) fosinopril/HCTZ (generic for Monopril HCT) lisinopril/HCTZ (generic Prinzide/Zestoretic) quinapril/HCTZ ((generic for Accuretic)	moexepiril/HCTZ (generic for Uniretic)	

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THERAPEUTIC DRUG CLASS	PREFERRED DRUGS	NON-PREFERRED DRUGS
	<b>ANGIOTENSIN RECEPTOR BLOCKERS</b>	
	COZAAR (losartan) DIOVAN (valsartan) MICARDIS (telmisartan)	ATACAND (candesartan) AVAPRO (irbesartan) BENICAR (olmesartan) losartan (generic for Cozaar) TEVETEN (eprosartan)
	<b>ANGIOTENSIN RECEPTOR BLOCKER/DIURETIC COMBINATIONS</b>	
	DIOVAN-HCT (valsartan/HCTZ) HYZAAR (losartan/HCTZ) MICARDIS-HCT (telmisartan/HCTZ)	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) BENICAR-HCT (olmesartan/HCTZ) TEVETEN-HCT (eprosartan/HCTZ) losartan/HCTZ (generic for Hyzaar)
Individual prescriptions for the components of these products should be used for patients requiring these drug combinations.	<b>ANGIOTENSIN MODULATOR / CALCIUM CHANNEL BLOCKER COMBINATIONS</b>	
		AZOR (olmesartan/amlodipine) benazepril/amlodipine EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/hydrochlorothiazide) LOTREL (benazepril/amlodipine) TARKA (trandolapril/verapamil) TWINSTA (telmisartan/amlodipine)
	<b>DIRECT RENIN INHIBITORS</b>	
		TEKTURNA (aliskiren)
	<b>DIRECT RENIN INHIBITOR COMBINATIONS</b>	
		TEKTURNA/HCT (aliskiren/HCTZ) VALTURNA (aliskiren/valsartan)
<b>ANTIBIOTICS, GASTROINTESTINAL</b> (Implementation 3/31/2010) Note: Although azithromycin, ciprofloxacin, and trimethoprim/sulfamethoxazole are not included in this review, they are available without prior authorization.	metronidazole neomycin TINDAMAX (tinidazole) VANCOCIN HCL (oral) (vancomycin)	ALINIA (nitazoxanide) FLAGYL ER (metronidazole) XIFAXAN (rifaximin)
<b>ANTIBIOTICS, VAGINAL</b> (Implementation 10/14/09)	clindamycin (vaginal) METROGEL (metronidazole, vaginal) metronidazole (vaginal)	CLEOCIN OVULES (clindamycin, vaginal suppositories) CLINDESSE (clindamycin, vaginal)
<b>ANTICOAGULANTS, INJECTABLE</b> (Implementation 4/28/10)	ARIXTRA (fondaparinux) FRAGMIN (dalteparin) LOVENOX (enoxaparin)	
<b>ANTIEMETICS INCLUDING: CANNABINOIDS, 5HT3 RECEPTOR BLOCKERS,</b>	<b>CANNABINOIDS</b>	
	Marinol (dronabinol)	CESAMET (nabilone) Dronabinol

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<b>NK-1 RECEPTOR ANTAGONIST</b> (Implementation 11/12/09)	<b>5HT3 RECEPTOR BLOCKERS</b>	
	ondansetron ondansetron ODT	ANZEMET (dolasetron) granisetron KYTRIL (granisetron) SANCUSO (granisetron)
	<b>NK-1 RECEPTOR ANTAGONIST</b>	
	EMEND (aprepitant)	
<b>ANTIFUNGALS, ORAL</b> (Implementation 10/14/09)	fluconazole GRIS-PEG (griseofulvin) griseofulvin suspension ketoconazole nystatin terbinafine	ANCOBON (flucytosine) clotrimazole (mucous membrane, troche) GRIFULVIN V (griseofulvin) LAMISIL GRANULES (terbinafine) NOXAFIL (posaconazole) SPORANOX (itraconazole) VFEND (voriconazole)
<b>ANTIFUNGALS, TOPICAL</b> (Implementation 10/14/09)	<b>ANTIFUNGAL</b>	
	clotrimazole OTC and RX econazole ketoconazole ketoconazole shampoo miconazole OTC NAFTIN (naftifine) nystatin selenium sulfide 1% selenium sulfide 2.5% terbinafine OTC tolnaftate OTC	BENSAL HP (benzoic acid/salicylic acid) ciclopirox cream/gel/suspension ciclopirox nail lacquer (solution) ERTACZO (sertaconazole) EXTINA (ketoconazole) LOPROX SHAMPOO (ciclopirox) MENTAX (butenafine) OXISTAT (oxiconazole) selenium sulfide 2.25% TERBINEX (terbenafine) <sup>Not Reviewed</sup> VUSION (miconazole/ zinc oxide) XOLEGEL (ketoconazole)
	<b>ANTIFUNGAL/STEROID COMBINATIONS</b>	
clotrimazole/betamethasone nystatin/triamcinolone		
<b>ANTI-HISTAMINES, MINIMALLY SEDATING</b> (implementation 4/28/10)  <a href="https://nebraska.fhsc.com/Downloads/NEcriteria_LSA-20080812.pdf">https://nebraska.fhsc.com/Downloads/NEcriteria_LSA-20080812.pdf</a>	cetirizine (generic for Zyrtec) (swallow tablets and syrup) loratadine (generic for Claritin) (swallow tablets and syrup)	ALLEGRA (fexofenadine) ALLEGRA ODT (fexofenadine) CLARINEX (desloratadine) CLARITIN (loratadine) CLARITIN REDITABS (loratadine) fexofenadine (generic for Allegra) XYZAL (levocetirizine)
<b>ANTIHYPERURICEMICS</b> (Implementation 10/14/09)	allopurinol colchicine probenecid probenecid/colchicine	ULORIC (febuxostat)  COLCRYS (colchicine) <sup>Not Reviewed</sup>

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<b>ANTIMIGRAINE DRUGS<sup>QL</sup>, TRIPTANS</b> (Implementation 3/31/2010)  Note: There are Quantity Limits for entire class.	<b>ORAL</b>	
	IMITREX (sumatriptan) MAXALT (rizatriptan) MAXALT MLT (rizatriptan) sumatriptan generic oral	AMERGE (naratriptan) AXERT (almotriptan) FROVA (frovatriptan) RELPAK (eletriptan) TREMIMET (sumatriptan/naproxen) ZOMIG (zolmitriptan) ZOMIG ZMT (zolmitriptan)
	<b>NASAL</b>	
	IMITREX (sumatriptan)	sumatriptan generic nasal ZOMIG (zolmitriptan)
	<b>INJECTABLE</b>	
	IMITREX (sumatriptan)	sumatriptan generic injection
<b>ANTIPARASITICS, TOPICAL</b> (Implementation 10/14/09)	EURAX (crotamiton) permethrin 1% OTC permethrin 5% RX OVIDE (malathion)	lindane malathion  ULESFIA (benzyl alcohol) <sup>NR</sup>
<b>ANTIPARKINSON'S DRUGS(Oral)</b> (Implementation 11/12/09)	<b>ANTICHOLINERGICS</b>	
	benztropine trihexyphenidyl	
	<b>COMT INHIBITORS</b>	
		COMTAN (entacapone) TASMAR (tolcapone)
	<b>DOPAMINE AGONISTS</b>	
	bromocriptine ropinirole	MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) <sup>Not Reviewed</sup> REQUIP (ropinirole) REQUIP XL (ropinirole)
	<b>MAO-B INHIBITORS</b>	
	selegiline	AZILECT (rasagiline) ZELAPAR (selegiline)
	<b>OTHER ANTIPARKINSON'S DRUGS</b>	
	carbidopa/levodopa STALEVO (levodopa/carbidopa/entacapone)	carbidopa/levodopa ODT
<b>ANTIVIRALS, ORAL</b> (Implementation 10/14/09)	<b>ANTI-HERPETIC DRUGS</b>	
	acyclovir VALTREX (valacyclovir)	famciclovir FAMVIR (famciclovir) valacyclovir generic
	<b>ANTI-INFLUENZA DRUGS</b>	
	amantadine	

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	RELENZA (zanamivir) inhalation <sup>QL</sup> rimantadine TAMIFLU (oseltamivir) <sup>QL</sup>	
<b>ANTIVIRALS, TOPICAL</b> (Implementation 10/14/09)		DENA VIR (penciclovir) ZOVIRAX Cream (acyclovir) ZOVIRAX Ointment (acyclovir)
<b>ATOPIC DERMATITIS</b> (Implementation 11/12/09)	PROTOPIC (tacrolimus) ELIDEL (pimecrolimus)	
<b>BENIGN PROSTATIC HYPERPLASIA (BPH) TREATMENTS</b> (Implementation 3/31/2010)	<b>ALPHA BLOCKERS</b>	
	doxazosin (generic for Cardura) FLOMAX (tamsulosin) <i>thru 7/4/10</i> tamsulosin (generic for Flomax) <i>start 7/5/10</i> terazosin (generic for Hytrin) UROXATRAL (alfuzosin)	CARDURA XL (doxazosin) FLOMAX (tamsulosin) <i>start 7/5/10</i> RAPAFLO (silodosin) tamsulosin generic <i>thru 7/4/10</i>
	<b>5-ALPHA-REDUCTASE (5AR) INHIBITORS</b>	
	finasteride (generic for Proscar)	AVODART (dutasteride) PROSCAR (finasteride)
<b>BETA BLOCKERS (Oral)</b> (Implementation 4/28/10)	<b>BETA BLOCKERS</b>	
	acebutolol (generic for Sectral) atenolol (generic for Tenormin) atenolol/chlorthalidone(generic for Tenoretic) bisoprolol (generic for Zebeta) bisoprolol/HCTZ (generic for Ziac) INNOPRAN XL (propranolol) LEVATOL (penbutolol) metoprolol (generic for Lopressor) metoprolol/HCTZ (generic for Lopressor HCT) metoprolol XL (generic for Toprol XL) nadolol (generic for Corgard) nadolol/bendroflumethiazide (gen. Corzide) pindolol (generic for Viskin) propranolol (generic for Inderal) propranolol/hydrochlorothiazide(gen. Inderide) sotalol (generic for Betapace) timolol (generic for Blocadren) TOPROL XL (metoprolol)	betaxolol (generic for Kerlone) BYSTOLIC (nebivolol)
	<b>BETA- AND ALPHA- BLOCKERS</b>	
carvedilol (generic for Coreg) labetalol (generic for Trandate)	COREG CR (carvedilol)	
<b>BLADDER RELAXANT PREPARATIONS</b> (Implementation 4/28/10)	ENABLEX (darifenacin) oxybutynin IR (generic for Ditropan) TOVIAZ (fesoterodine ER) VESICARE (solifenacin)	DETROL (tolterodine) DETROL LA (tolterodine) GELNIQUE (oxybutynin) oxybutynin ER (generic for Ditropan XL) OXYTROL (oxybutynin) SANCTURA (trospium)

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		SANCTURA XR (trospium)
<b>BONE RESORPTION SUPPRESSION AND RELATED DRUGS</b> (Implementation 11/12/09)	<b>BISPHOSPHONATES</b>	
	ACTONEL (risedronate) alendronate BONIVA (ibandronate)	ACTONEL WITH CALCIUM (risedronate/ calcium) DIDRONEL (etidronate) etidronate disodium FOSAMAX Oral Solution (alendronate) FOSAMAX PLUS D
	<b>OTHER BONE RESORPTION SUPPRESSION AND RELATED DRUGS</b>	
<b>BRONCHODILATORS, ANTICHOLINERGIC</b> (Implementation 10/14/09)	<b>INHALERS</b>	
	ATROVENT HFA (ipratropium) COMBIVENT (albuterol/ipratropium) SPIRIVA (tiotropium)	
	<b>INHALATION SOLUTION</b>	
ipratropium solution	albuterol/ipratropium	
<b>BRONCHODILATORS, BETA AGONIST</b> (Implementation 10/14/09)	<b>INHALERS-Short Acting</b>	
	PROAIR HFA (albuterol) VENTOLIN HFA (albuterol)	MAXAIR (pirbuterol) PROVENTIL HFA (albuterol) XOPENEX HFA (levalbuterol)
	<b>INHALERS – Long Acting</b>	
	FORADIL (formoterol) SEREVENT (salmeterol)	
	<b>INHALATION SOLUTION</b>	
	albuterol (2.5mg/3ml premix or 2.5mg/0.5ml)	albuterol low dose (0.63mg/3ml & 1.25mg/3ml) albuterol/ipratropium BROVANA (arformoterol) PERFOROMIST (formoterol) XOPENEX (levalbuterol)
	<b>ORAL</b>	
albuterol terbutaline	metaproterenol	
<b>CALCIUM CHANNEL BLOCKERS (Oral)</b> (Implementation 4/28/10)	<b>SHORT-ACTING</b>	
	<b>Dihydropyridines</b>	
	nifedipine (generic for Procardia)	isradipine (generic for Dynacirc) nimodipine (generic for Nimotop)
	<b>Non-dihydropyridine</b>	
	diltiazem (generic for Cardizem) verapamil (generic for Calan, Isoptin)	
	<b>LONG-ACTING</b>	
	<b>Dihydropyridines</b>	
	amlodipine (generic for Norvasc) felodipine ER (generic for Plendil)	CARDENE SR (nicardipine) DYNACIRC CR (isradipine)

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	nifedipine ER (generic for Procardia XL)	nisoldipine (generic for Sular) SULAR (nisoldipine)
	Non-dihydropyridines	
	diltiazem ER (generic for Cardizem CD) verapamil ER verapamil ER PM (generic for Verelan PM)	CARDIZEM LA (diltiazem) COVERA-HS (verapamil)
<b>CEPHALOSPORINS (Oral) and RELATED ANTIBIOTICS</b> (Implementation 10/14/09)	<b>BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS</b>	
	amoxicillin/clavulanate tablets and suspension AUGMENTIN 125mg/5ml Suspension AUGMENTIN 250mg/5ml Suspension	AUGMENTIN XR (amoxicillin/clavulanate) (all forms of brand name AUGMENTIN are non-preferred, <i>except</i> 125 and 250mg/5ml)
	<b>CEPHALOSPORINS – First Generation</b>	
	cephalexin (oral) cefadroxil (oral)	
	<b>CEPHALOSPORINS – Second Generation</b>	
	cefuroxime (oral) cefprozil (oral)	cefaclor (oral) CEFTIN (cefuroxime)
<b>COLONY STIMULATING FACTORS</b> (Implementation 3/31/2010) (Entire class requires prior authorization when administered outside physician office or hospital)	<b>CEPHALOSPORINS – Third Generation</b>	
	cefdinir (oral) SUPRAX (cefixime)	CEDAX (ceftibuten) cefpodoxime (oral) SPECTRACEF (cefditoren) cefditoren generic
<b>CYTOKINE &amp; CAM ANTAGONISTS</b> (Implementation 11/12/09) (Note: only self-administered, out-patient medications included in this review)	LEUKINE (sargramostim) NEUPOGEN (filgrastim)	NEULASTA (pegfilgrastim)
<b>ERYTHROPOIESIS STIMULATING PROTEINS</b> (Implementation 3/31/2010) (Entire class requires prior authorization when administered outside physician office or hospital)	ARANESP (darbepoetin) EPOGEN (rHuEPO) PROCRIT (rHuEPO)	SIMPONI (golimumab) <sup>NR</sup>
<b>FLUOROQUINOLONES, ORAL</b> (Implementation 10/14/09)	AVELOX (moxifloxacin) ciprofloxacin	CIPRO Suspension (ciprofloxacin) ciprofloxacin ER FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) NOROXIN (norfloxacin) ofloxacin

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<b>GLUCOCORTICOIDS, INHALED</b> (Implementation 10/14/09)	<p style="text-align: center;"><b>GLUCOCORTICOIDS</b></p> AEROBID (flunisolide) AEROBID-M (flunisolide) FLOVENT DISKUS (fluticasone) FLOVENT HFA (fluticasone) QVAR (beclomethasone)	PROQUIN XR (ciprofloxacin)  ALVESCO (ciclesonide) ASMANEX (mometasone) PULMICORT FLEXHALER (budesonide)
<b>GROWTH HORMONE</b> (Implementation 3/31/2010) Entire class requires prior authorization based on clinical criteria: <a href="https://nebraska.fhsc.com/Downloads/NEcriteria_GH-20090317.pdf">https://nebraska.fhsc.com/Downloads/NEcriteria_GH-20090317.pdf</a>	NORDITROPIN (somatropin) NUTROPIN (somatropin) NUTROPIN AQ (somatropin) SAIZEN (somatropin)	GENOTROPIN (somatropin) HUMATROPE (somatropin) OMNITROPE (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin) ZORBTIVE (somatropin)
<b>HEPATITIS C TREATMENTS</b> (Implementation 3/31/2010) Entire class requires prior authorization based on clinical criteria: <a href="https://nebraska.fhsc.com/Downloads/NEcriteria_HepatitisC-20081210.pdf">https://nebraska.fhsc.com/Downloads/NEcriteria_HepatitisC-20081210.pdf</a>	<p style="text-align: center;"><b>INTERFERON</b></p> PEGASYS (pegylated interferon alfa-2a) PEG-INTRON REDIPEN (pegylated interferon alfa-2b)	INFERGEN (interferon alfacon-1)
<b>HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS</b> (Implementation 11/12/09)	<p style="text-align: center;"><b>RIBAVIRIN</b></p> ribavirin 200mg tablets/capsules	BYETTA (exenatide) subcutaneous SYMLIN (pramlintide) subcutaneous  JANUVIA (sitagliptin) JANUMET (sitagliptin/metformin) ONGLYZA (saxagliptin) <sup>Not Reviewed</sup>
<b>HYPOGLYCEMICS, INSULIN AND RELATED DRUGS</b> (Implementation 11/12/09)	HUMALOG (insulin lispro) HUMALOG MIX (insulin lispro/lispro protamine) HUMULIN (insulin) LANTUS (insulin glargine) LEVEMIR (insulin detemir)	APIDRA (insulin glulisine) NOVOLIN (insulin) NOVOLOG (insulin aspart) NOVOLOG MIX (insulin aspart/aspart protamine) Insulin pens /cartridges
<b>HYPOGLYCEMICS, MEGLITINIDES</b>	PRANDIN (repaglinide)	nateglinide PRANDIMET (repaglinide/metformin)

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(Implementation 4/28/10)		STARLIX (nateglinide)
<b>HYPOGLYCEMICS, TZDS</b> (Implementation 4/28/10)	<b>THIAZOLIDINEDIONES (TZDs)</b>	
	ACTOS (pioglitazone) AVANDIA (rosiglitazone)	
	<b>TZD COMBINATIONS</b>	
	ACTOPLUS MET (pioglitazone/metformin) AVANDAMET (rosiglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) DUETACT (pioglitazone/glimepiride)	
<b>IMPETIGO DRUGS, TOPICAL</b> (Implementation 3/31/2010) Note: Triple antibiotic ointment and similar OTC antibiotics are also available for Medicaid patients with a prescription.	mupirocin ointment (generic for Bactroban)	ALTABAX (retapamulin) BACTROBAN CREAM (mupirocin)
<b>INTRANASAL RHINITIS DRUGS</b> (Implementation 10/14/09)	<b>ANTICHOLINERGICS</b>	
		ipratropium
	<b>ANTIHISTAMINES</b>	
	ASTELIN (azelastine)	ASTEPRO (azelastine) PATANASE (olopatadine)
	<b>CORTICOSTEROIDS</b>	
	fluticasone NASONEX (mometasone) VERAMYST (fluticasone)	BECONASE AQ (beclomethasone) flunisolide NASACORT AQ (triamcinolone) OMNARIS (ciclesonide) RHINOCORT AQUA (budesonide)
<b>LEUKOTRIENE MODIFIERS</b> (Implementation 10/14/09)	ACCOLATE (zafirlukast) SINGULAIR (montelukast)	ZYFLO CR (zileuton)
<b>LIPOTROPICS, OTHER (non-statins)</b> (Implementation 4/28/10)  Note: Several other forms of OTC niacin and fish oil are also covered under Medicaid with a prescription without prior authorization.	<b>BILE ACID SEQUESTRANTS</b>	
	cholestyramine (generic for Questran) colestipol (generic for Colestid)	WELCHOL (colesevalam)
	<b>FIBRIC ACID DERIVATIVES</b>	
	ANTARA (fenofibrate) gemfibrozil (generic for Lopid) TRICOR (fenofibrate) TRILIPIX (fenofibric acid)	fenofibric acid fenofibrate FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) TRIGLIDE (fenofibrate)
	<b>NIACIN</b>	
	NIACOR (niacin IR) NIASPAN (niacin ER)	
	<b>OMEGA-3 FATTY ACIDS</b>	
	LOVAZA (omega-3 fatty acids) If triglycerides ≥ 500. (verified by faxed copy of lab report)	

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	<b>CHOLESTEROL ABSORPTION INHIBITORS</b>	
		ZETIA (ezetimibe)
<b>LIPOTROPICS, STATINS</b> (Implementation 4/28/10)	<b>STATINS</b>	
	CRESTOR (rosuvastatin) LIPITOR (atorvastatin) lovastatin (generic for Mevacor) pravastatin (generic for Pravachol) simvastatin (generic for Zocor)	ALTOPREV (lovastatin) LESCOL (fluvastatin) LESCOL XL (fluvastatin)
	<b>STATIN COMBINATIONS</b>	
	SIMCOR (simvastatin/niacin ER)	ADVICOR (lovastatin/niacin ER) CADUET (atorvastatin/ amlodipine) VYTORIN (simvastatin/ezetimibe)
<b>MACROLIDES AND KETOLIDES (Oral)</b> (Implementation 10/14/09)	<b>KETOLIDES</b>	
		KETEK (telithromycin)
	<b>MACROLIDES</b>	
	azithromycin erythromycin	clarithromycin ER clarithromycin IR ZMAX (azithromycin) ZITHROMAX (azithromycin)
<b>MULTIPLE SCLEROSIS DRUGS</b> (Implementation 3/31/2010)	AVONEX (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE (glatiramer)	EXTAVIA (interferon beta-1b) REBIF (interferon beta-1a)
<b>NSAIDS, (Oral)</b> (Implementation 11/12/09)	<b>COX-I SELECTIVE</b>	
	diclofenac fenoprofen flurbiprofen ibuprofen OTC, Rx ketoprofen ketorolac meloxicam nabumetone naproxen Rx oxaprozin piroxicam sulindac	etodolac indomethacin meclofenamate mefenamic acid tolmetin  <b>ALL BRAND NAME NSAIDs ARE NON-PREFERRED.</b>
	<b>NSAID/GI PROTECTANT COMBINATIONS</b>	
		ARTHROTEC (diclofenac/misoprostol)
	<b>COX-II SELECTIVE</b>	
		CELEBREX (celecoxib)

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<b>OPHTHALMICS, ANTIBIOTICS</b> (Implementation 10/14/09)	<b>FLUOROQUINOLONES</b>	
	ciprofloxacin CILOXAN oint. (ciprofloxacin) ofloxacin VIGAMOX (moxifloxacin)	IQUIX (levofloxacin) QUIXIN (levofloxacin) ZYMAR (gatifloxacin) BESIVANCE (besifloxacin) <sup>NR</sup>
	<b>MACROLIDES</b>	
	erythromycin	AZASITE (azithromycin)
	<b>AMINOGLYCOSIDES</b>	
	gentamicin tobramycin TOBEX ointment (tobramycin)	
	<b>OTHER ANTIBIOTICS</b>	
bacitracin bacitracin/polymyxin B neomycin/polymyxin B/gramicidin polymyxin B/trimethoprim sulfacetamide triple antibiotic (neomycin/bacitracin/polymyxin B)	NATACYN (natamycin)	
<b>OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS</b> (Implementation 11/12/09)	ALREX (loteprednol) cromolyn ketotifen OTC PATADAY (olopatadine 0.2%) PATANOL (olopatadine 0.1%)	ACULAR (ketorolac 0.5%) ALAMAST (pemirolast) ALOCRIAL (nedocromil) ALOMIDE (lodoxamide) ELESTAT (epinastine) EMADINE (emedastine) OPTIVAR (azelastine) BEPREVE (bepotastine besilate) <sup>NR</sup>
<b>OPHTHALMICS, ANTI-INFLAMMATORIES</b> (Implementation 11/12/09)	<b>CORTICOSTEROIDS</b>	
	dexamethasone FLAREX (fluorometholone) fluorometholone FML FORTE (fluorometholone) FML S.O.P. (fluorometholone) LOTEMAX (fluorometholone) MAXIDEX (dexamethasone) PRED MILD (prednisolone) prednisolone acetate 1% prednisolone sodium phosphate 1%	DUREZOL (difluprednate) OMNIPRED (prednisolone acetate 1%) VEXOL (rimexolone)
	<b>NSAID</b>	
diclofenac flurbiprofen	ACULAR <b>LS</b> (ketorolac 0.4%) ACULAR <b>PF</b> (ketorolac 0.5%) XIBROM (bromfenac) NEVANAC (nepafenac) ACUVAIL (ketorolac 0.45%) <sup>NR</sup>	
<b>OPHTHALMICS, GLAUCOMA DRUGS</b>	<b>MIOTICS</b>	
pilocarpine		

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(Implementation 11/12/09)	<b>SYMPATHOMIMETICS</b>	
	brimonidine PROPINE (dipivefrin)	ALPHAGAN P (brimonidine)
	<b>BETA BLOCKERS</b>	
	betaxolol BETIMOL (timolol) BETOPTIC S (betaxolol) carteolol ISTALOL (timolol) levobunolol metipranolol timolol	
	<b>CARBONIC ANHYDRASE INHIBITORS</b>	
	AZOPT (brinzolamide) TRUSOPT (dorzolamide)	dorzolamide
	<b>PROSTAGLANDIN ANALOGS</b>	
	TRAVATAN (travoprost) TRAVATAN Z (travoprost) XALATAN (latanoprost)	LUMIGAN (bimatoprost)
	<b>COMBINATION DRUGS</b>	
	COMBIGAN (brimonidine/timolol) COSOPT (dorzolamide/timolol)	dorzolamide/timolol
<b>OTIC ANTIBIOTICS</b> (Implementation 3/31/2010)	CIPRODEX (ciprofloxacin/dexamethasone) COLY-MYCIN S (neomycin/hydrocortisone/colistin) CORTISPORIN-TC (neomycin/hydrocortisone/colistin) neomycin/polymyxin/hydrocortisone (generic for Cortisporin) ofloxacin (generic for Floxin)	CETRAXAL (ciprofloxacin) CIPRO HC (ciprofloxacin/hydrocortisone)
<b>PANCREATIC ENZYMES</b> (Implementation 11/12/09)	CREON PANCREASE MT pancrelipase ULTRASE VIOKASE	PANCRECARB MS  PANCRELIPASE™ (pancrelipase) <sup>NR</sup> ZENPEP (pancrelipase) <sup>NR</sup>
<b>PHOSPHATE BINDERS</b> (Implementation 4/28/10)	FOSRENOL (lanthanum) PHOSLO (calcium acetate) RENAGEL (sevelamer HCl)	calcium acetate ELIPHOS (calcium acetate) RENVELA (sevelamer carbonate)
<b>PULMONARY ARTERIAL HYPERTENSION AGENTS (Oral and inhaled)</b> (Implementation 4/28/10)	LETAIRIS (ambrisentan) REVATIO (sildenafil) (for PAH only) TRACLEER (bosentan) VENTAVIS INHALATION (iloprost)	ADCIRCA (tadalafil) (for PAH only)   TYVASO INHALATION (treprostinil)
<b>PLATELET AGGREGATION INHIBITORS</b>	AGGRENOX (dipyridamole/aspirin) aspirin	ticlopidine

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(Implementation 11/12/09)	dipyridamole PLAVIX (clopidogrel)	EFFIENT (prasugrel) <sup>NR</sup>
<b>PROTON PUMP INHIBITORS (ORAL)</b> (Implementation 3/31/2010)  Criteria for use of non-preferred PPI: <a href="https://nebraska.fhsc.com/Downloads/NEcriteria_PPI-20081103a.pdf">https://nebraska.fhsc.com/Downloads/NEcriteria_PPI-20081103a.pdf</a>	omeprazole	ACIPHEX (rabeprazole) KAPIDEX, DEXILANT (dexlansoprazole) lansoprazole (generic for Prevacid) NEXIUM (esomeprazole) NEXIUM SUSPENSION (esomeprazole) pantoprazole (generic for Protonix) PREVACID Rx (lansoprazole) PREVACID SOLU-TAB PRILOSEC (omeprazole) PROTONIX (pantoprazole)
<b>SEDATIVE HYPNOTICS</b> (Implementation 3/31/2010) Note: All <b>brand name benzodiazepines</b> are <b>not</b> covered by Nebraska Medicaid.	<b>BENZODIAZEPINES</b>	
	estazolam (generic for ProSom) temazepam 15mg, 30mg (generic for Restoril)	flurazepam (generic for Dalmane) temazepam 7.5mg, 22.5mg (generic for Restoril) triazolam (generic for Halcion)
	<b>OTHERS</b>	
	chloral hydrate (generic for Noctec) zolpidem (generic for Ambien)	AMBIEN CR (zolpidem) EDLUAR (zolpidem sublingual) LUNESTA (eszopiclone) ROZEREM (ramelteon) zaleplon (generic for Sonata)
<b>SKELETAL MUSCLE RELAXANTS</b> (Implementation 3/31/2010)	baclofen (generic for Lioresal) chlorzoxazone (generic for Parafon) cyclobenzaprine (generic for Flexeril) methocarbamol (generic for Robaxin) tizanidine tabs (generic for Zanaflex)	AMRIX (cyclobenzaprine) carisoprodol (generic for Soma) carisoprodol compound dantrolene (generic for Dantrium) FEXMID (cyclobenzaprine) orphenadrine (generic for Norflex) orphenadrine compound SKELAXIN (metaxalone) SOMA (carisoprodol) ZANAFLEX (tizanidine) (brand name tablets and capsules)
<b>STEROIDS, TOPICAL</b> (Implementation 11/12/09)	<b>LOW POTENCY</b>	
	alclometasone dipropionate CAPEX Shampoo (fluocinolone) DERMA-SMOOTHIE-FS (fluocinolone) desonide	DESONATE (desonide) VERDESO (desonide)

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	hydrocortisone	
	<b>MEDIUM POTENCY</b>	
	flucinolone acetonide fluticasone propionate hydrocortisone valerate LUXIQ (betamethasone) mometasone furoate	CLODERM (clocortolone) CORDRAN TAPE (flurandrenolide) hydrocortisone butyrate LOCOID LIPOCREAM (hydrocortisone) prednicarbate MOMEXIN (mometasone) <sup>Not Reviewed</sup>
	<b>HIGH POTENCY</b>	
	betamethasone valerate fluocinonide fluocinonide E fluocinonide emollient triamcinolone acetonide	amcinonide betamethasone dipropionate desoximetasone diflorasone diacetate HALOG (halcinonide) KENALOG AEROSOL (triamcinolone) VANOS (fluocinonide)
	<b>VERY HIGH POTENCY</b>	
clobetasol emollient clobetasol propionate halobetasol propionate	CLOBEX (clobetasol) OLUX-E (clobetasol) OLUX/OLUX-E CP (clobetasol)	
<p><b>STIMULANTS AND RELATED DRUGS</b> (Implementation 11/12/09)</p> <p><b>Note: Patients on non-preferred stimulants prior to the PDL are eligible for “grand-fathering.”</b></p> <p>QL= quantity limits may apply to this class.</p>	<b>CNS STIMULANTS</b>	
	ADDERALL XR (amphetamine salt combination) amphetamine salt combination ER amphetamine salt combination IR CONCERTA (methylphenidate) dexmethylphenidate dextroamphetamine FOCALIN (dexmethylphenidate) FOCALIN XR (dexmethylphenidate) METADATE CD (methylphenidate) methylphenidate methylphenidate ER	DAYTRANA (methylphenidate) DESOXYN (methamphetamine) PROCENTRA (dextroamphetamine) RITALIN LA (methylphenidate) VYVANSE (lisdexamfetamine)
	<b>MISCELLANEOUS</b>	
		STRATTERA (atomoxetine) INTUNIV (guanfacine) <sup>Not Reviewed</sup>
	<b>ANALEPTICS</b>	
	PROVIGIL (modafanil)	NUVIGIL (armodafinil) <sup>Not Reviewed</sup>
<p><b>TETRACYCLINES</b> (Implementation 10/14/09)</p>	doxycycline hyclate IR minocycline HCl capsules tetracycline HCl	ADOXA (doxycycline monohydrate) demeclocycline DORYX (doxycycline pelletized) doxycycline hyclate DR doxycycline monohydrate minocycline HCl tablets minocycline HCl extended release ORACEA (doxycycline monohydrate)

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		SOLODYN (minocycline HCl)
<b>ULCERATIVE COLITIS</b> (implementation 3/31/2010)	<b>ORAL</b>	
	APRISO (mesalamine) ASACOL (mesalamine) 400MG balsalazide (generic for Colazal) PENTASA (mesalamine) sulfasalazine (generic for Azulfidine)	ASACOL <b>HD</b> 800mg (mesalamine) DIPENTUM (olsalazine) LIALDA (mesalamine)
	<b>RECTAL</b>	
	CANASA (mesalamine)	mesalamine SFROWASA (mesalamine)

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