

**Idaho Medicaid Pharmacy and Therapeutics Committee Recommendations
August 15, 2008**

The August 15, 2008 P&T Recommendations for the Vaginal Antibiotics are:

- The Committee recommends that Cleocin[®], clindamycin, Clindesse[®] and metronidazole be designated as preferred agents.
- There are no agents recommended by the committee as non-preferred.

The August 15, 2008 P&T Recommendations for the Topical Antivirals are:

- The Committee recommends that Zovirax[®] cream and Denavir[®] be designated as preferred agents.
- The Committee recommends that Zovirax[®] ointment be designated as a non-preferred agent that requires prior authorization.

The August 15, 2008 P&T Recommendations for the Topical Antiparasitics are:

- The Committee recommends that permethrin, Eurax[®], and Ovide[®] be designated as preferred agents.
- The Committee recommends that lindane be designated as a non-preferred agent that requires prior authorization.

The August 15, 2008 P&T Recommendations for the Analgesics/Anesthetics are:

- The Committee recommends that Lidoderm[®] be designated as a preferred agent.
- The Committee recommends that Voltaren gel[®] and Flector[®] be designated as non-preferred agents that require prior authorization.

The August 15, 2008 P&T Recommendations for the Pancreatic Enzymes are:

- The Committee recommends that pancrelipase, Pancrease[®] MT, lapase, dygase, Viokase[®], Lipram[®], Creon[®] and Ultrase[®] be designated as preferred agents.
- The Committee recommends that Pancrecarb[®] MS be designated as a non-preferred agent that requires prior authorization.

The August 15, 2008 P&T Recommendations for the Stimulants and Related Agents are:

- The Committee recommends that Concerta[®], Vyvanse[®], Adderall[®] XR, amphetamine salt combo, dexamethylphenidate, dextroamphetamine, Focalin[®] XR, Metadate[®] CD, methylphenidate, and methylphenidate ER be designated as preferred agents.
- The Committee recommends that Daytrana[®], Desoxyn[®], Provigil[®], Ritalin[®] LA and Strattera[®] be designated as non-preferred agents that require prior authorization.

- The Committee recommends that the current therapeutic prior authorization guidelines for diagnosis and contraindications remain in effect.

The August 15, 2008 P&T Recommendations for the Alzheimer Agents are:

- The Committee recommends that Aricept[®], Aricept ODT[®] be designated preferred for **mild to severe** dementia ratings and Exelon[®], Exelon[®] patch be designated as preferred agents for **mild to moderate** dementia ratings. The Committee recommends that Namenda[®] be designated as a preferred agent for **moderate to severe** dementia ratings.
- The Committee recommends that Cognex[®], Razadyne[®] and Razadyne ER[®] be designated as non-preferred agents that require prior authorization.
- The Committee recommends that the current therapeutic prior authorization criteria continue to be required.

The August 15, 2008 P&T Recommendations for the Androgenic Agents are:

- The Committee recommends that Androderm[®] and Androgel[®] be designated as preferred agents.
- The Committee recommends that Testim[®] be designated as a non-preferred agent that requires prior authorization.

The August 15, 2008 P&T Recommendations for the Anticholinergic Bronchodilators are:

- The Committee recommends that Atrovent HFA[®] metered dose inhaler, Combivent[®] metered dose inhaler, ipratropium nebulizer solution and Spiriva Handihaler[®] inhalation powder be designated as preferred agents..
- The Committee recommends that Duoneb[®] inhalation solution and ipratropium/albuterol nebulizer solution be designated as non-preferred agents that require prior authorization.

The August 15, 2008 P&T Recommendations for the Antidepressants classified as others are:

- The Committee recommends that mirtazapine, bupropion IR, bupropion SR, bupropion XL, and Effexor[®] XR be designated as preferred agents.
- The Committee recommends that nefazodone, venlafaxine, Cymbalta[®], Pristiq[®], and Emsam[®] patch be designated as non-preferred agents that require prior authorization.

The August 15, 2008 P&T Recommendations for the SSRI Antidepressants are:

- The Committee recommends that, citalopram, fluoxetine, fluvoxamine, and sertraline be designated as preferred agents.

- The Committee recommends that Lexapro[®], paroxetine, paroxetine CR, Pexeva[®], Paxil CR[®], Prozac[®] Weekly, and Luvox[®] CR be designated as non-preferred agents that require prior authorization.
- The Committee recommends that all individuals currently on Lexapro[®], paroxetine, and Paxil CR[®] be “grandfathered.”

The August 15, 2008 Recommendations for Oral Antiemetics are:

- The Committee recommends that ondansetron, ondansetron ODT and Zofran[®] ODT be designated as preferred agents.
- The committee recommends that Anzemet[®], Emend[®], granisetron, Zofran[®] (non-ODT), Marinol[®], and Cesamet[®] be designated as non-preferred agents that require prior authorization.
- The Committee recommends that current therapeutic prior authorization criteria remain in effect for all of these agents.

The August 15, 2008 P&T Recommendations for the Oral Antifungals are:

- The Committee recommends that clotrimazole, fluconazole, ketoconazole, and nystatin be designated as preferred agents.
- The Committee recommends that Ancobon[®], griseofulvin suspension, Grifulvin[®] V tablets, Gris-Peg[®], itraconazole, Lamisil[®], Noxafil[®], terbinafine and Vfend[®] be designated as non-preferred agents that require prior authorization.
- Brand name drugs of preferred generics will still require prior authorization.

The August 15, 2008 P&T Recommendations for the Topical Antifungals are:

- The Committee recommends that clotrimazole/betamethasone, ketoconazole topical and shampoo, Naftin[®], nystatin, nystatin/triamcinolone, and econazole be designated as preferred prescription agents. In addition they recommend that the OTC preparations Tolnaftate[®] cream/powder/solution/spray, miconazole, Lamisil[®] AF, Tinactin[®] and clotrimazole be designated as preferred when a prescription is written.
- The Committee recommends that ciclopirox cream / suspension/gel/solution, Ertaczo[®], Exelderm[®], Loprox[®] shampoo, Mentax[®], Oxistat[®], Penlac[®], Xolegel[®], CNL8[®], Extina[®] and Vusion[®] be non-preferred agents that require prior authorization.
- The Committee recommends no changes to the current Penlac[®] prior authorization criteria.

The August 15, 2008 P&T Recommendations for the Antiparkinson’s Agents are:

- The Committee recommends that bromocriptine, benztropine, carbidopa/levodopa, ropinirole, selegiline, Stalevo[®] and trihexyphenidyl be designated as preferred agents.
- The Committee recommends that Azilect[®], Comtan[®], Mirapex[®], Parcopa[®], Tasmal[®] and Zelapar[®] be designated as non-preferred agents that require prior authorization.
- The Committee recommends that current Mirapex[®] patients be “grandfathered”.

The August 15, 2008 P&T Recommendations for the Antivirals are:

- The Committee recommends that acyclovir, amantadine, Tamiflu[®] and Valtrex[®] be designated as preferred agents.
- The Committee recommends that Relenza[®] inhalation, Famvir[®] and rimantadine be designated as non-preferred agents that require prior authorization.

The August 15, 2008 P&T Recommendations for the Atopic Dermatitis are:

- The Committee recommends that both Elidel[®] and Protopic[®] be designated as preferred agents.

The August 15, 2008 P&T Recommendations for the Beta-Agonist Bronchodilators are:

- The Committee recommends that albuterol all formulations, Proair HFA[®] metered dose inhaler, Proventil HFA[®] metered dose inhaler, Ventolin HFA[®] metered dose inhaler, Xopenex HFA[®] metered dose inhaler, Maxair Autoinhaler[®] metered dose inhaler, Foradil Aerolizer[®] metered dose inhaler, Serevent Diskus[®] dry powder inhaler and terbutaline oral tablets be designated as the preferred agents.
- The Committee recommends that Accuneb[®] inhalation solution, Alupent[®] metered dose inhaler, metaproterenol all formulations, Performist[®], Brovana[®], Vospire ER[®] and Xopenex[®] inhalation solution be designated as non-preferred agents that require prior authorization.

The August 15, 2008 P&T Recommendations for the Bone Resorption Suppression and Related Agents are:

- The Committee recommends that alendronate sodium, Actonel[®], Fosamax[®] solution, Fosamax Plus D[®] and Miacalcin[®] nasal be designated as preferred agents.
- The Committee recommends that, Actonel[®]w/calcium, Boniva[®], Didronel[®], Fortical[®] and Forteo[®] subcutaneous be designated as non-preferred agents that require prior authorization.

The August 15, 2008 P&T Recommendations for Oral Cephalosporins and Related Antibiotics are:

- The Committee recommends that amoxicillin/clavulanate tablets and suspension, cefdinir, cefaclor, cefuroxime, cephalexin, and Suprax[®] be designated as preferred agents.
- The Committee recommends that cefadroxil, cefprozil, Cedax[®], Augmentin XR[®], Spectracef[®], cefpodoxime, and Ranicl[®] be designated as non-preferred agents that require prior authorization.
- Brand name drugs of preferred generics will still require prior authorization.

The August 15, 2008 Recommendations for Cytokine and CAM Antagonists are:

- The Committee recommends that Enbrel[®], Humira[®], Kineret[®] and Raptiva[®], be designated as preferred agents.
- The Committee recommends that Amevive[®], Orencia[®] and Remicade[®] be designated as non-preferred agents that require prior-authorization.

The August 15, 2008 P&T Recommendations for the Oral Fluroquinolones are:

- The Committee recommends that Levaquin[®], Avelox[®] and ciprofloxacin tablets be designated as preferred agents.
- The Committee recommends that , ciprofloxacin ER, Cipro[®] suspension, Factive[®], Noroxin[®], ofloxacin and Proquin XR[®] be designated as non-preferred that require prior authorization.

The August 15, 2008 Recommendations for Hepatitis B Agents are:

- The Committee recommends that prescriber choice be allowed within this drug class and that Epivir–HBV[®], Tyzeka[®], Hepsera[®] and Baraclude[®] be designated as preferred agents.
- There are no agents recommended as non-preferred.

The August 15, 2008 P&T Recommendations for Incretin Hypoglycemics are:

- The Committee recommends that Byetta[®] and Symlin[®] be designated as preferred.
- The Committee recommends that Janumet[®] and Januvia[®] be designated as non-preferred agents that require prior-authorization.
- The Committee recommends that current therapeutic criteria for Byetta[®] and Symlin[®] be retained.

The August 15, 2008 P&T Recommendations for the Inhaled Glucocorticoids are:

- The Committee recommends that Symbicort[®], AeroBid[®], AeroBid-M[®], Asmanex[®], Azmacort[®] and QVAR[®] be designated as preferred agents.

- The Committee recommends that Advair Diskus[®], Advair HFA[®], Flovent[®], Flovent HFA[®], Pulmicort Flexhaler[®], Pulmicort Respules[®] and be designated non-preferred agents that require prior authorization.
- The Committee recommends that the current therapeutic criteria for long-acting beta agonist/inhaled glucocorticoid combinations and Pulmicort Respules[®] remain in effect.

The August 15, 2008 P&T Recommendations for the Intranasal Rhinitis Agents are:

- The Committee recommends that Veramyst[®], Astelin[®], ipratropium nasal spray, fluticasone, Nasacort AQ[®] and Nasonex[®] be designated as preferred agents.
- The Committee recommends that Omnaris[®], Beconase AQ[®], flunisolide, Nasarel[®] and Rhinocort Aqua[®] be designated as non-preferred agents that require prior authorization.

The August 15, 2008 P&T Recommendations for Insulins are:

- The Committee recommends that Humalog[®], Humalog[®] mixture, Humulin[®], Lantus[®], Levemir[®], Novolin[®], Novolog[®], and Novolog[®] mixture be designated as preferred agents.
- The Committee recommends that Apidra[®] be designated as a non-preferred agent that requires prior-authorization.

The August 15, 2008 P&T Recommendations for the Leukotriene Modifiers are:

- The Committee recommends that Accolate[®] and Singulair[®] be designated as the preferred agent.
- The Committee recommends that Zyflo CR[®] be designated as a non-preferred agent that requires prior authorization.

The August 15, 2008 P&T Recommendations for Macrolides/Ketolides are:

- The Committee recommends that Zmax[®], azithromycin generic, clarithromycin generic and erythromycin generic be designated as preferred agents.
- The Committee recommends that clarithromycin ER and Ketek[®] and be designated as non-preferred agents that require prior authorization.
- The Committee recommends that Ketek[®] continue to be subject to prior authorization with strict adherence to the package insert.

The August 15, 2008 P&T Recommendations for the Non-Steroidal Anti-inflammatory agents (NSAIDS) are:

- The Committee recommends that diclofenac, etodolac, fenoprofen, flurbiprofen, ibuprofen (RX), indomethacin, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen (RX), oxaprozin, piroxicam and sulindac, be designated as preferred agents.

- The Committee recommends that Arthrotec[®], Celebrex[®], ketoprofen, mefenamic acid, Prevacid Naprapac[®] and tolmetin be designated as non-preferred agents that require prior authorization.
- The Committee recommends that the therapeutic prior authorization rule currently in place for Celebrex[®] remain.

The August 15, 2008 P&T Recommendations for the Ophthalmics for Allergic Conjunctivitis are:

- The Committee recommends that Acular[®], Alrex[®], cromolyn sodium, Elestat[®], Optivar[®], Patanol[®], and Pataday[®] be designated as preferred agents.
- The Committee recommends that Alocril[®], Almast[®], Alomide[®], Emadine[®], and ketotifen be designated as non-preferred agents that require prior authorization.

The August 15, 2008 P&T Recommendations for the Ophthalmic Fluoroquinolone Antibiotics are:

- The Committee recommends that erythromycin, ciprofloxacin, Iquix[®], ofloxacin, Vigamox[®] and Zymar[®] be designated as preferred agents.
- The Committee recommends that Azasite[®], Ciloxan[®] ointment and Quixin[®] be designated as non-preferred agents that require prior authorization.

The August 15, 2008 P&T Recommendations for the Ophthalmic Glaucoma Agents are:

- The Committee recommends that prescriber choice be allowed within this drug class and that Combigan[®], Alphagan P[®], Azopt[®], betaxolol, Betimol[®], Betoptic S[®], brimonidine, carteolol, Cosopt[®], dipivefrin, Istalol[®], levobunolol, Lumigan[®], metipranolol, pilocarpine, timolol, Travatan[®], Travatan Z[®], Trusopt[®] and Xalatan[®] be designated as preferred agents.
- No agents are recommended as non-preferred at this time.
- Brand name agents not listed as preferred agents will still require prior authorization.

The August 15, 2008 Recommendations for Ophthalmics, NSAIDs are:

- The Committee recommends that Acular LS[®] ophthalmic, Acular PF[®] ophthalmic, flurbiprofen ophthalmic, Nevanac[®] ophthalmic and Xibrom[®] ophthalmic be designated as preferred agents.
- The Committee recommends that diclofenac ophthalmic be designated as non-preferred agents that require prior authorization.

The August 15, 2008 P&T Recommendations for the Platelet Aggregation Inhibitors are:

- The Committee recommends that Aggrenox[®], dipyridamole and Plavix[®] be designated as preferred agents.
- The Committee recommends that ticlopidine be designated as a non-preferred agent that requires prior authorization.