

**HEALTH AND HUMAN SERVICES COMMISSION**  
**TEXAS MEDICAID PREFERRED DRUG LIST (PDL) and PRIOR AUTHORIZATION (PA) CRITERIA**  
**Effective January 28, 2016**

**PREFERRED DRUG LIST PUBLICATION LOG**

The PDL is published biannually (January, July). Recent changes to the PDL include:

January 28, 2016:	Published
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**ACNE AGENTS, ORAL**

Preferred Agents	Non-Preferred Agents	PA Criteria
AMNESTEEM (isotretinoin) CLARAVIS (isotretinoin) ZENATANE (isotretinoin)	ABSORICA (isotretinoin)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

**ACNE AGENTS, TOPICAL**

Preferred Agents	Non-Preferred Agents		PA Criteria
Antibiotics			
clindamycin gel clindamycin lotion clindamycin medicated swab clindamycin solution erythromycin gel erythromycin solution	AKNE-MYCIN (erythromycin) CLEOCIN-T (clindamycin) CLINDAGEL (clindamycin) clindamycin foam erythromycin medicated swab EVOCLIN (clindamycin)		<ul style="list-style-type: none"><li>■ Treatment failure with preferred drugs within any subclass</li><li>■ Contraindication to preferred drugs</li><li>■ Allergic reaction to preferred drugs</li></ul>
Benzoyl Peroxide			
benzoyl peroxide cleansing bar benzoyl peroxide cream benzoyl peroxide gel (Rx) benzoyl peroxide lotion benzoyl peroxide wash	ACNE CLEARING SYSTEM (benzoyl peroxide) BENZEFOAM (benzoyl peroxide) benzoyl peroxide cleanser benzoyl peroxide foam benzoyl peroxide gel OTC benzoyl peroxide kit	benzoyl peroxide towelette BP 10-1 (benzoyl peroxide) PACNEX-HP (benzoyl peroxide) PACNEX-LP (benzoyl peroxide) PANOXYL-4 CREAMY WASH (benzoyl peroxide) PANOXYL 10 (benzoyl peroxide)	<ul style="list-style-type: none"><li>■ Treatment failure with preferred drugs within any subclass</li><li>■ Contraindication to preferred drugs</li><li>■ Allergic reaction to preferred drugs</li></ul>

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ACNE AGENTS, TOPICAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
<b>Retinoids</b>		
tretinoin	<i>adapalene</i> <i>ATRALIN (tretinoin)</i> <i>AVITA (tretinoin)</i> <i>DIFFERIN (adapalene)</i> <i>FABIOR (tazarotene)</i> <i>RETIN-A (tretinoin)</i> <i>RETIN-A MICRO (tretinoin)</i> <i>TAZORAC (tazarotene)</i> <i>tretinoin microspheres</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Combination and Other Agents</b>		
BENZACLIN (benzoyl peroxide/clindamycin) gel pump	<div> <div> ACANYA (benzoyl peroxide/clindamycin)  ACZONE (dapsone)  AVAR (sulfacetamide/sulfur)  AVAR-E LS (sulfacetamide/sulfur)  AVAR-LS (sulfacetamide/sulfur)  AZELEX (azelaic acid)  BENZACLIN GEL (benzoyl peroxide/clindamycin)  BENZAMYCIN (benzoyl peroxide/erythromycin)  CLINDACIN PAC KIT (clindamycin)  clindamycin/benzoyl peroxide  DUAC (benzoyl peroxide/clindamycin)  EPIDUO (benzoyl peroxide/adapalene)  erythromycin/benzoyl peroxide  INOVA 4-1 (salicylic acid/benzoyl peroxide/vitamin E) </div> <div> NEUAC (benzoyl peroxide/clindamycin)  ONEXTON (benzoyl peroxide/clindamycin)  OVACE PLUS (sulfacetamide)  SE 10-5 SS (sulfacetamide sodium/sulfur)  SSS 10-5 (sulfacetamide sodium/sulfur)  sulfacetamide  sulfacetamide sodium  sulfacetamide sodium/sulfur  sulfacetamide/sulfur  sulfacetamide/sulfur/urea  SUMADAN (sulfacetamide/sulfur)  SUMADAN XLT (sulfacetamide/sulfur)  SUMAXIN CP (sulfacetamide/sulfur)  VELTIN (clindamycin/tretinoin)  ZIANA (clindamycin/tretinoin) </div> </div>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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<b>ALZHEIMER'S AGENTS</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
<b>Cholinesterase Inhibitors</b>		
donepezil 5, 10 mg tablet donepezil ODT EXELON (rivastigmine) transdermal	ARICEPT (donepezil) 5, 10, 23 mg donepezil 23 mg tablet EXELON (rivastigmine) capsules galantamine galantamine ER RAZADYNE ER (galantamine) rivastigmine	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>NMDA Receptor Antagonist</b>		
memantine tablets NAMENDA (memantine) solution	NAMENDA (memantine) tablets NAMENDA XR (memantine)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Cholinesterase Inhibitor/NMDA Receptor Antagonist Combinations</b>		
	NAMZARIC (donepezil/memantine)	<ul style="list-style-type: none"> <li>■</li> </ul>
<b>ANALGESICS, NARCOTIC – LONG ACTING</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
BUTRANS (buprenorphine) fentanyl patch <sup>PPG</sup> morphine ER <sup>PPG</sup> (generic MS Contin) tramadol ER	<div> <div>AVINZA (morphine)</div> <div>CONZIP (tramadol)</div> <div>DURAGESIC (fentanyl)</div> <div>EXALGO (hydromorphone)</div> <div>hydromorphone ER</div> <div>HYSINGLA ER (hydrocodone)</div> <div>KADIAN (morphine)</div> <div>morphine ER (generic Avinza, Kadian)</div> <div>MS CONTIN (morphine)</div> </div> <div> <div>NUCYNTA ER (tapentadol)</div> <div>OPANA ER (oxymorphone)</div> <div>oxycodone ER</div> <div>OXYCONTIN (oxycodone)</div> <div>oxymorphone ER</div> <div>ULTRAM ER (tramadol)</div> <div>ZOHYDRO ER (hydrocodone)</div> </div>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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<b>ANALGESICS, NARCOTIC – SHORT ACTING (NON-PARENTERAL)</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
APAP/codeine <sup>PPG</sup> butalbital/APAP/cafeine/codeine codeine hydrocodone/APAP <sup>PPG</sup> hydrocodone/ibuprofen hydromorphone tablet <sup>PPG</sup> morphine tablets morphine solution oxycodone solution <sup>PPG</sup> oxycodone tablet <sup>PPG</sup> oxycodone/APAP <sup>PPG</sup> pentazocine/APAP tramadol <sup>PPG</sup> tramadol/APAP	<div> <div> ABSTRAL (fentanyl)  butalbital/ASA/cafeine/codeine  butorphanol  CAPITAL W/CODEINE (APAP/codeine)  carisoprodol/aspirin/codeine  DEMEROL (meperidine)  dihydrocodeine/ASA/cafeine  DILAUDID (hydromorphone)  fentanyl buccal  FENTORA (fentanyl)  FIORICET W/CODEINE  (butalbital/APAP/cafeine/ codeine)  FIORINAL W/CODEINE  (butalbital/ASA/cafeine/codeine)  HYCET (hydrocodone/APAP)  hydromorphone liquid  hydromorphone suppositories  IBUDONE (hydrocodone/ibuprofen)  LAZANDA (fentanyl)  levorphanol  LORTAB (hydrocodone/APAP)  meperidine  morphine concentrated solution  morphine oral syringe </div> <div> morphine suppositories  NORCO (hydrocodone/APAP)  NUCYNTA (tapentadol)  OXECTA (oxycodone)  oxycodone/ASA  oxycodone/ibuprofen  oxycodone capsule  oxycodone concentrated solution  oxymorphone  pentazocine/naloxone  PERCOCET (oxycodone/APAP)  PRIMLEV (oxycodone/APAP)  REPREXAIN (hydrocodone/ibuprofen)  ROXICET SOLUTION  (oxycodone/APAP)  ROXICODONE (oxycodone)  RYBIX ODT (tramadol)  TYLENOL-CODEINE (codeine/APAP)  ULTRACET (tramadol/APAP)  ULTRAM (tramadol)  VICOPROFEN  (hydrocodone/ibuprofen)  XARTEMIS XR (oxycodone/APAP)  ZAMICET (hydrocodone/APAP) </div> </div>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>ANDROGENIC AGENTS, TOPICAL</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
ANDROGEL (testosterone)	ANDRODERM (testosterone) AXIRON (testosterone) FORTESTA (testosterone) NATESTO (testosterone) TESTIM (testosterone) testosterone gel VOGELXO (testosterone)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

Unless otherwise specified, the listing of a particular brand or generic name includes all dosage forms of that drug.

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ANGIOTENSIN MODULATORS				
Preferred Agents		Non-Preferred Agents		PA Criteria
Ace Inhibitors				
benazepril captopril enalapril lisinopril ramipril		ACCUPRIL (quinapril) ALTACE (ramipril) EPANED (enalapril) fosinopril LOTENSIN (benazepril) moexepiril perindopril quinapril trandolapril		UNIVASC (moexepiril)   

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ANGIOTENSIN MODULATORS		
Preferred Agents	Non-Preferred Agents	PA Criteria
<b>ARB/Diuretic Combinations</b>		
BENICAR-HCT (olmesartan/HCTZ) losartan/HCTZ	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) candesartan/HCTZ DIOVAN-HCT (valsartan/HCTZ) EDARBYCLOR (azilsartan/chlorthalidone) HYZAAR (losartan/HCTZ) irbesartan/HCTZ MICARDIS-HCT (telmisartan/HCTZ) telmisartan /HCTZ TEVETEN-HCT (eprosartan/HCTZ) valsartan/HCTZ	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Direct Renin Inhibitors</b>		
	TEKTURN (aliskerin)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Direct Renin Inhibitor/Diuretic Combinations</b>		
	TEKTURN HCT (aliskerin/HCTZ)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>ARB/Nephrilysin Inhibitor Combinations</b>		
ENTRESTO (valsartan/sacubitril)		<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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<b>ANGIOTENSIN MODULATOR COMBINATIONS</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) TARKA (trandolapril/verapamil)	AMTURNIDE (aliskiren/amlodipine/HCTZ) AZOR (olmesartan/amlodipine) benazepril /amlodipine LOTREL (benazepril/amlodipine) TEKAMLO (aliskerin/amlodipine) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine) telmisartan/amlodipine valsartan /amlodipine	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>ANTI-ALLERGENS, ORAL</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
	GRASTEK (Timothy grass pollen allergen extract) ORALAIR (Sweet Vernal, Orchard, Perennial Rye, Timothy, & Kentucky Blue Grass mixed pollens allergen extract) RAGWITEK (short ragweed pollen allergen extract)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>ANTIBIOTICS, GASTROINTESTINAL</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
metronidazole tablet TINDAMAX (tinidazole) vancomycin	ALINIA (nitazoxanide) DIFICID (fidaxomicin) FLAGYL (metronidazole) FLAGYL ER(metronidazone) metronidazole capsule neomycin paromomycin tinidazole VANCOCIN (vancomycin) XIFAXAN (rifaximin)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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ANTIBIOTICS, INHALED		
Preferred Agents	Non-Preferred Agents	PA Criteria
BETHKIS (tobramycin) CAYSTON (aztreonam) KITABIS PAK (tobramycin) TOBI PODHALER (tobramycin)	TOBI (tobramycin) solution tobramycin solution	<ul style="list-style-type: none"><li>■ Treatment failure with preferred drugs within any subclass</li><li>■ Contraindication to preferred drugs</li><li>■ Allergic reaction to preferred drugs</li></ul>
ANTIBIOTICS, TOPICAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
bacitracin ointment BACTROBAN (mupirocin) cream gentamicin mupirocin ointment triple antibiotic ointment	ALTABAX (retapamulin) bacitracin packet bacitracin/polymyxin BACTROBAN (mupirocin) ointment CENTANY (mupirocin) DOUBLE ANTIBIOTIC (bacitracin/polymyxin B) mupirocin cream neomycin/polymyxin/pramoxine NEOSPORIN (bacitracin/neomycin/polymyxin B) POLYSPORIN (bacitracin/polymyxin) triple antibiotic packet	<ul style="list-style-type: none"><li>■ Treatment failure with preferred drugs within any subclass</li><li>■ Contraindication to preferred drugs</li><li>■ Allergic reaction to preferred drugs</li></ul>
ANTIBIOTICS, VAGINAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
CLEOCIN (clindamycin) ovules clindamycin metronidazole	CLEOCIN (clindamycin) cream CLINDESSE (clindamycin) METROGEL-VAGINAL (metronidazole) NUVESSA (metronidazole) VANDAZOLE (metronidazole)	<ul style="list-style-type: none"><li>■ Treatment failure with preferred drugs within any subclass</li><li>■ Contraindication to preferred drugs</li><li>■ Allergic reaction to preferred drugs</li></ul>



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ANTICOAGULANTS		
Preferred Agents	Non-Preferred Agents	PA Criteria
ELIQUIS (apixaban) enoxaparin FRAGMIN (dalteparin) PRADAXA (dabigatran) warfarin XARELTO (rivaroxaban)	ARIXTRA ( <i>fondaparinux</i> ) COUMADIN ( <i>warfarin</i> ) <i>fondaparinux</i> LOVENOX ( <i>enoxaparin</i> ) SAVAYSA ( <i>edoxaban</i> )	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

ANTIDEPRESSANTS, OTHER		
Preferred Agents	Non-Preferred Agents	PA Criteria
bupropion bupropion SR bupropion XL MARPLAN (isocarboxazid) mirtazapine phenelzine trazodone venlafaxine ER capsules	<div> APLENZIN (<i>bupropion</i>) BRINTELLIX (<i>vortioxetine</i>) <i>desvenlafaxine ER</i> EFFEXOR XR (<i>venlafaxine</i>) EMSAM (<i>selegiline</i>) FETZIMA (<i>levomilnacipran</i>) FORFIVO XL (<i>bupropion</i>) KHEDEZLA (<i>desvenlafaxine</i>) NARDIL (<i>phenelzine</i>) <i>nefazodone</i> OLEPTRO ER (<i>trazodone</i>) </div> <div> PARNATE (<i>tranylcypromine</i>) PRISTIQ (<i>desvenlafaxine</i>) REMERON (<i>mirtazapine</i>) <i>tranylcypromine</i> <i>venlafaxine IR</i> <i>venlafaxine ER tablets</i> VIIBRYD (<i>vilazodone</i>) WELLBUTRIN (<i>bupropion</i>) WELLBUTRIN SR (<i>bupropion</i>) WELLBUTRIN XL (<i>bupropion</i>) </div>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

ANTIDEPRESSANTS, SSRIS		
Preferred Agents	Non-Preferred Agents	PA Criteria
citalopram escitalopram tablets fluoxetine IR fluvoxamine paroxetine sertraline	<div> BRISDELLE (<i>paroxetine</i>) CELEXA (<i>citalopram</i>) <i>escitalopram solution</i> <i>fluoxetine capsule DR</i> <i>fluvoxamine ER</i> LEXAPRO (<i>escitalopram</i>) LUVOX CR (<i>fluvoxamine</i>) </div> <div> <i>paroxetine CR</i> PAXIL (<i>paroxetine</i>) PAXIL CR (<i>paroxetine</i>) PEXEVA (<i>paroxetine</i>) PROZAC (<i>fluoxetine</i>) SARAFEM (<i>fluoxetine</i>) ZOLOFT (<i>sertraline</i>) </div>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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**ANTIEMETIC-ANTIVERTIGO AGENTS**  
**(EXCLUDES INJECTABLES)**

Preferred Agents	Non-Preferred Agents	PA Criteria
<b>Anticholinergics, Antihistamines, Dopamine Antagonists</b>		
DICLEGIS (doxylamine/pyridoxine) dimenhydrinate meclizine metoclopramide solution, tablets phosphoric acid/dextrose/fructose prochlorperazine (oral) promethazine syrup, tablets	<b>ANTIVERT (meclizine)</b> <i>COMPRO (prochlorperazine)</i> <i>DRAMAMINE (dimenhydrinate)</i> <b>metoclopramide ODT</b> <i>METOSOLV ODT (metoclopramide)</i> <i>prochlorperazine (rectal)</i> <i>promethazine suppositories</i> <i>REGLAN (metoclopramide)</i> <i>TRANSDERM-SCOP (scopolamine)</i> <i>trimethobenzamide</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Cannabinoids</b>		
dronabinol	<i>CESAMET (nabilone)</i> <i>MARINOL (dronabinol)</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>5-HT3 Receptor Antagonists</b>		
ondansetron	<i>ANZEMET (dolasetron)</i> <i>granisetron</i> <i>SANCUSO (granisetron)</i> <i>ZOFRAN (ondansetron)</i> <b>ZUPLENZ (ondansetron)</b>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> <li>■ Ondansetron solution will be authorized for patients six years of age and under</li> </ul>

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**ANTIEMETIC-ANTIVERTIGO AGENTS**  
**(EXCLUDES INJECTABLES)**

Preferred Agents	Non-Preferred Agents	PA Criteria
<b>Substance P Antagonists &amp; Combinations</b>		
	<i>AKYNZEO (netupitant/palonosetron)</i> <i>EMEND (aprepitant)</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

**ANTIFUNGALS, ORAL**

Preferred Agents	Non-Preferred Agents	PA Criteria
clotrimazole fluconazole griseofulvin suspension ketoconazole nystatin terbinafine	<b>CRESEMBA (isavuconazonium sulfate)</b> <i>DIFLUCAN (fluconazole)</i> <i>flucytosine</i> <i>GRIFULVIN V (griseofulvin)</i> <i>GRIS-PEG (griseofulvin)</i> <i>griseofulvin tablets</i> <i>itraconazole</i>	<i>LAMISIL (terbinafine)</i> <i>NOXAFIL (posaconazole)</i> <i>nystatin powder</i> <i>ONMEL (itraconazole)</i> <i>SPORANOX (itraconazole)</i> <i>VFEND (voriconazole)</i> <i>voriconazole</i>
		<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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ANTIFUNGALS, TOPICAL					
Preferred Agents		Non-Preferred Agents		PA Criteria	
Antifungals					
clotrimazole ketoconazole cream, shampoo miconazole cream, powder nystatin terbinafine tolnaftate cream, powder		ALEVAZOL (clotrimazole) AZOLEN TINCTURE (miconazole) BENSAL HP (benzoic acid/salicylic acid) ciclopirox CNL 8 (ciclopirox) DESENEX AERO POWDER (miconazole) econazole ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) FUNGOID (miconazole) JUBLIA (efinaconazole) KERYDIN (tavaborole) ketoconazole foam		LAMISIL (terbinafine) LOPROX (ciclopirox) LOTIMIN (clotrimazole) LUZU (luliconazole) MENTAX (butenafine) miconazole ointment, spray naftifine NAFTIN (naftifine) NIZORAL (ketoconazole) OXISTAT (oxiconazole) PERIADERM AF (nystatin) PENLAC (ciclopirox) TINACTIN (tolnaftin) tolnaftate solution, spray VUSION (miconazole/zinc/petrolatum)	<ul style="list-style-type: none"><li>■ Treatment failure with preferred drugs within any subclass</li><li>■ Contraindication to preferred drugs</li><li>■ Allergic reaction to preferred drugs</li></ul>
Antifungal/Steroid Combinations					
clotrimazole/betamethasone cream		clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone) nystatin/triamcinolone		<ul style="list-style-type: none"><li>■ Treatment failure with preferred drugs within any subclass</li><li>■ Contraindication to preferred drugs</li><li>■ Allergic reaction to preferred drugs</li></ul>	

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<b>ANTIHISTAMINES, MINIMALLY SEDATING</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
<b>Antihistamines</b>		
cetirizine solution, tablets loratadine ODT, solution, tablets	ALLEGRA (fexofenadine) cetirizine capsule, chewable, solution 5mg/5mL CLARINEX (desloratadine) CLARITIN (loratadine) desloratadine fexofenadine levocetirizine XYZAL (levocetirizine) ZYRTEC (cetirizine)	<ul style="list-style-type: none"> <li>■ Treatment failure after no less than a 30-day trial of preferred drugs</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Antihistamine/Decongestant Combinations</b>		
cetirizine/pseudoephedrine loratadine/pseudoephedrine	ALLEGRA-D (fexofenadine/pseudoephedrine) CLARINEX-D (desloratadine/pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) fexofenadine/pseudoephedrine SEMPREX-D (acrivastine/pseudoephedrine) ZYRTEC-D (cetirizine/pseudoephedrine)	<ul style="list-style-type: none"> <li>■ Treatment failure after no less than a 30-day trial of preferred drugs</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>ANTIHYPERTENSIVES, SYMPATHOLYTICS</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
CATAPRES-TTS (clonidine) clonidine IR (oral) guanfacine IR methyldopa	CATAPRES (clonidine) clonidine (transdermal) CLORPRES (clonidine / chlorthalidone) methyldopa / HCTZ methyldopate reserpine TENEX (guanfacine)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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<b>ANTIHYPURICEMICS</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
allopurinol probenecid probenecid/colchicine	colchicine COLCRYS (colchicine) ULORIC (febuxostat) ZYLOPRIM (allopurinol)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

  

<b>ANTIMIGRAINE AGENTS</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
<b>Triptans</b>		
IMITREX (sumatriptan) injection kit IMITREX (sumatriptan) nasal RELPAK (eletriptan) sumatriptan tablets	<div> AXERT (almotriptan) FROVA (frovatriptan) IMITREX (sumatriptan) tablets IMITREX (sumatriptan) vial MAXALT (rizatriptan) naratriptan rizatriptan </div> <div> sumatriptan injection sumatriptan nasal SUMAVEL DOSEPRO (sumatriptan) TREMIMET (sumatriptan/naproxen) zolmitriptan ZOMIG (zolmitriptan) </div>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Non-Triptans</b>		
	CAFEGOT (caffeine/ergotamine) CAMBIA (diclofenac) D.H.E. 45 (dihydroergotamine) dihydroergotamine mesylate isometheptene/caffeine/APAP isometheptene/dichloralphenazone/APAP MIGRAGESIC IDA (isometheptene/dichloralphenazone/APAP) MIGRANAL (dihydroergotamine mesylate) NODOLOR (isometheptene/dichloralphenazone/APAP )	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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<b>ANTIPARASITICS, TOPICAL</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
NATROBA (spinosad) permethrin SKLICE (ivermectin)	<b>EURAX (crotamiton)</b> lindane malathion OVIDE (malathion) piperonyl butoxide/pyrethrins spinosad	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

  

<b>ANTIPARKINSON'S AGENTS (ORAL/TRANSDERMAL)</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
<b>Anticholinergics</b>		
benztropine trihexyphenidyl		<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>COMT Inhibitors</b>		
	COMTAN (entacapone) entacapone TASMAR (tolcapone)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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<b>ANTIPARKINSON'S AGENTS (ORAL/TRANSDERMAL)</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
<b>Dopamine Agonists</b>		
bromocriptine pramipexole ropinirole	MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO transdermal (rotigotine) pramipexole ER REQUIP (ropinirole) REQUIP XL (ropinirole) ropinirole ER	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>MAO-B Inhibitors</b>		
	AZILECT (rasagiline) selegiline ZELAPAR (selegiline)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Others</b>		
amantadine carbidopa/levodopa tablets carbidopa/levodopa ER STALEVO (levodopa/carbidopa/entacapone)	carbidopa carbidopa/levodopa ODT carbidopa/levodopa/entacapone LODOSYN (carbidopa) RYTARY (carbidopa/levodopa) SINEMET (carbidopa/levodopa)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>



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ANTIPSYCHOTICS				
Preferred Agents		Non-Preferred Agents		PA Criteria
Antipsychotics				
ABILIFY (aripiprazole) tablets	perphenazine	ADASUVE (loxapine)	REXULTI (brexpiprazole)	<ul style="list-style-type: none"><li>■ Treatment failure with preferred drugs within any subclass</li><li>■ Contraindication to preferred drugs</li><li>■ Allergic reaction to preferred drugs</li></ul>
chlorpromazine	quetiapine	aripiprazole	RISPERDAL (risperidone)	
clozapine	risperidone tablets, solution	clozapine ODT	risperidone ODT	
FANAPT (iloperidone)	SAPHRIS (asenapine)	CLOZARIL (clozapine)	SEROQUEL (quetiapine)	
fluphenazine	thioridazine	FAZACLO (clozapine)	SEROQUEL XR (quetiapine)	
haloperidol	thiothixene	GEODON (ziprasidone)	ZYPREXA (olanzapine)	
LATUDA (lurasidone)	trifluoperazine	INVEGA (paliperidone)	ZYPREXA ZYDIS (olanzapine)	
olanzapine	VERSACLOZ (clozapine)	loxapine		
olanzapine ODT	ziprasidone	ORAP (pimozide)		
Antipsychotic/SSRI Combinations				
amitriptyline/perphenazine		olanzapine/fluoxetine SYMBYAX (olanzapine/fluoxetine)		<ul style="list-style-type: none"><li>■ Treatment failure with preferred drugs within any subclass</li><li>■ Contraindication to preferred drugs</li><li>■ Allergic reaction to preferred drugs</li></ul>
Long-Acting Injectables				
ABILIFY MAINTENA (aripiprazole) INVEGA SUSTENNA (paliperidone) INVEGA TRINZA (paliperidone) RISPERDAL CONSTA (risperidone)		ZYPREXA RELPREVV (olanzapine)		<ul style="list-style-type: none"><li>■ Treatment failure with preferred drugs within any subclass</li><li>■ Contraindication to preferred drugs</li><li>■ Allergic reaction to preferred drugs</li></ul>

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<b>ANTIVIRALS (ORAL/NASAL)</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
<b>Antiherpetic</b>		
acyclovir famciclovir VALTREX (valacyclovir)	FAMVIR (famciclovir) SITAVIG (acyclovir) valacyclovir ZOVIRAX (acyclovir)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Anti-influenza</b>		
RELENZA (zanamivir) rimantadine TAMIFLU (oseltamivir)		<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>ANTIVIRALS, TOPICAL</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
ABREVA (docosanol) acyclovir ointment DENA VIR (penciclovir)	XERESE (acyclovir/hydrocortisone) ZOVIRAX (acyclovir)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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<b>BETA BLOCKERS (ORAL)</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
<b>Beta Blockers</b>		
acebutolol atenolol bisoprolol metoprolol IR metoprolol XL propranolol IR sotalol	<div> <i>BETAPACE/AF (sotalol)</i>  <i>betaxolol</i>  <i>BYSTOLIC (nebivolol)</i>  <i>CORGARD (nadolol)</i>  <i>HEMANGEOL (propranolol)</i>  <i>INDERAL LA (propranolol)</i>  <i>INDERAL XL (propranolol)</i>  <i>INNOPRAN XL (propranolol)</i>  <i>LEVATOL (penbutolol)</i> </div> <div> <i>LOPRESSOR (metoprolol)</i>  <i>nadolol</i>  <i>pindolol</i>  <i>propranolol ER</i>  <i>SECTRAL (acebutolol)</i>  <i><b>SOTYLIZE (sotalol)</b></i>  <i>TENORMIN (atenolol)</i>  <i>timolol</i>  <i>TOPROL XL (metoprolol succinate)</i> </div>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Beta Blocker Combinations</b>		
atenolol/chlorthalidone bisoprolol/HCTZ	<div> <i>CORZIDE (nadolol/bendroflumethiazide)</i>  <i>DUTOPROL (metoprolol succinate ER/HCTZ)</i>  <i>LOPRESSOR HCT (metoprolol/HCTZ)</i>  <i>metoprolol/HCTZ</i>  <i>nadolol/bendroflumethiazide</i>  <i>propranolol/HCTZ</i>  <i>TENORETIC (atenolol/HCTZ)</i>  <i>ZIAC (bisoprolol/HCTZ)</i> </div>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Beta- and Alpha-Blockers</b>		
carvedilol labetalol	<div> <i>COREG (carvedilol)</i>  <i>COREG CR (carvedilol)</i> </div>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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**BILE SALTS**

Preferred Agents	Non-Preferred Agents	PA Criteria
ursodiol	CHENODAL (chenodiol) URSO (ursodiol) URSO FORTE (urosodiol)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drug</li> <li>■ Contraindication to preferred drug</li> <li>■ Allergic reaction to preferred drug</li> </ul>

**BLADDER RELAXANT PREPARATIONS**

Preferred Agents	Non-Preferred Agents	PA Criteria
oxybutynin IR TOVIAZ (fesoterodine) VESICARE (solifenacin)	<div style="display: flex; justify-content: space-between;"> <div> DETROL (tolterodine) DETROL LA (tolterodine) DITROPAN XL (oxybutynin) ENABLEX (darifenacin) flavoxate GELNIQUE (oxybutynin) MYRBETRIQ (mirabegron) </div> <div> oxybutynin ER OXYTROL (oxybutynin) OXYTROL FOR WOMEN (oxybutynin) tolterodine tolterodine ER trospium trospium ER </div> </div>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

**BONE RESORPTION SUPPRESSION AND RELATED AGENTS**

Preferred Agents	Non-Preferred Agents	PA Criteria
<b>Bisphosphonates</b>		
alendronate tablets	<div style="display: flex; justify-content: space-between;"> <div> ACTONEL (risedronate) alendronate solution ATELVIA (risedronate) BINOSTO (alendronate) BONIVA (ibandronate) etidronate </div> <div> FOSAMAX (alendronate) FOSAMAX PLUS D (alendronate/vitamin D) ibandronate raloxifene risedronate </div> </div>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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<b>BONE RESORPTION SUPPRESSION AND RELATED AGENTS</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
<b>Other Bone Resorption Suppression and Related Agents</b>		
FORTICAL (calcitonin)	<i>calcitonin nasal</i> <i>EVISTA (raloxifene)</i> <i>FORTEO (teriparatide)</i> <i>MIACALCIN (calcitonin)</i> <i>PROLIA (denosumab)</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

  

<b>BPH AGENTS</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
<b>Alpha Blockers</b>		
alfuzosin doxazosin tamsulosin terazosin	<i>CARDURA (doxazosin)</i> <i>CARDURA XL (doxazosin)</i> <i>FLOMAX (tamsulosin)</i> <i>RAPAFLO (silodosin)</i> <i>UROXATRAL (alfuzosin)</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>5-Alpha-Reductase (5AR) Inhibitors</b>		
finasteride	<i>AVODART (dutasteride)</i> <i>PROSCAR (finasteride)</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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<b>BPH AGENTS</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
<b>Alpha Blocker/5AR Inhibitor Combinations</b>		
	JALYN ( <i>dutasteride/tamsulosin</i> )	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

  

<b>BRONCHODILATORS, BETA AGONIST</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
<b>Inhalers, Short-Acting</b>		
PROAIR HFA (albuterol) PROVENTIL HFA (albuterol)	MAXAIR ( <i>pirbuterol</i> ) PROAIR RESPICLICK ( <i>albuterol</i> ) VENTOLIN HFA ( <i>albuterol</i> ) XOPENEX HFA ( <i>levalbuterol</i> )	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> <li>■ History of intolerable side effects to preferred drugs</li> </ul>
<b>Inhalers, Long-Acting</b>		
	ARCAPTA ( <i>indacaterol</i> ) FORADIL ( <i>formoterol</i> ) SEREVENT ( <i>salmeterol</i> ) STRIVERDI RESPIMAT ( <i>olodaterol</i> )	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> <li>■ History of intolerable side effects to preferred drugs</li> </ul>

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BRONCHODILATORS, BETA AGONIST		
Preferred Agents	Non-Preferred Agents	PA Criteria
Inhalation Solution		
albuterol	BROVANA (arformoterol) levalbuterol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> <li>■ History of intolerable side effects to preferred drugs</li> </ul>
Oral		
albuterol syrup	albuterol tablet albuterol ER metaproterenol terbutaline	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> <li>■ History of intolerable side effects to preferred drugs</li> </ul>
CALCIUM CHANNEL BLOCKERS (ORAL)		
Preferred Agents	Non-Preferred Agents	PA Criteria
Short-Acting		
diltiazem verapamil	isradipine nifedipine nimodipine NYMALIZE (nimodipine) PROCARDIA (nifedipine)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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<b>CALCIUM CHANNEL BLOCKERS (ORAL)</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
<b>Long-Acting</b>		
amlodipine diltiazem ER felodipine ER nifedipine ER verapamil ER capsules, tablets	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDIZEM CD (diltiazem) CARDIZEM LA (diltiazem) diltiazem LA MATZIM LA (diltiazem) nisoldipine NORVASC (amlodipine)  PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) verapamil 360 mg capsules verapamil ER PM VERELAN (verapamil) VERELAN PM (verapamil)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>CEPHALOSPORINS AND RELATED ANTIBIOTICS (ORAL)</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
<b>Beta Lactam/Beta-Lactamase Inhibitor Combinations</b>		
amoxicillin/clavulanate suspension, tablets	amoxicillin/clavulanate XR amoxicillin/clavulanate chewable IR tablets AUGMENTIN suspension (amoxicillin/clavulanate) AUGMENTIN tablets (amoxicillin/clavulanate) AUGMENTIN XR (amoxicillin/clavulanate)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Cephalosporins – First Generation</b>		
cefadroxil capsules, suspension cephalexin capsules, suspension	cefadroxil tablets cephalexin tablets KEFLEX (cephalexin)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>



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CEPHALOSPORINS AND RELATED ANTIBIOTICS (ORAL)		
Preferred Agents	Non-Preferred Agents	PA Criteria
<b>Cephalosporins – Second Generation</b>		
cefprozil suspension cefuroxime tablets	cefaclor ER cefaclor IR capsules, suspension cefprozil tablets CEFTIN (cefuroxime)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Cephalosporins – Third Generation</b>		
cefdinir SUPRAX (cefixime) capsules, suspension	CEDAX (ceftibuten) cefditoren cefixime cefpodoxime ceftibuten SUPRAX (cefixime) chewable tablets, tablets	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
COLONY STIMULATING FACTORS		
Preferred Agents	Non-Preferred Agents	PA Criteria
LEUKINE (sargramostim) NEULASTA (pegfilgrastim) NEUPOGEN (filgrastim)	GRANIX (tbo-filgrastim)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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COPD AGENTS		
Preferred Agents	Non-Preferred Agents	PA Criteria
<b>Anticholinergics</b>		
ATROVENT HFA (ipratropium) ipratropium inhalation solution SPIRIVA HANDIHALER (tiotropium)	INCRUSE ELLIPTA (umeclidinium) SPIRIVA RESPIMAT (tiotropium) TUDORZA (aclidinium)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Anticholinergic-Beta Agonist Combinations</b>		
COMBIVENT RESPIMAT (albuterol/ipratropium)	albuterol/ipratropium ANORO ELLIPITA (umeclidinium/vilanterol) <b>STIOLTO RESPIMAT (tiotropium/olodaterol)</b>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Phosphodiesterase Inhibitors</b>		
	DALIRESP (roflumilast)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
COUGH AND COLD AGENTS		
See Separate Preferred Cough and Cold Agent Listing.		

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**CYTOKINE AND CAM ANTAGONISTS**

Preferred Agents	Non-Preferred Agents	PA Criteria
ENBREL (etanercept) HUMIRA (adalimumab)	ACTEMRA (tocilizumab) CIMZIA (certolizumab) <b>COSENTYX (secukinumab)</b> ILARIS (canakinumab) KINERET (anakinra) ORENCIA (abatacept) OTEZLA (apremilast) SIMPONI (golimumab) STELARA (ustekinumab) XELJANZ (tofacitinib)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

**EPINEPHRINE, SELF-INJECTED**

Preferred Agents	Non-Preferred Agents	PA Criteria
epinephrine EPIPEN EPIPEN JR	ADRENALINE AUVI-Q	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred products</li> <li>■ Contraindication to preferred products</li> <li>■ Allergic reaction to preferred products</li> </ul>

**ERYTHROPOIESIS STIMULATING PROTEINS**

Preferred Agents	Non-Preferred Agents	PA Criteria
EPOGEN (RhUEPO) PROCRIT (RhUEPO)	ARANESP (darbepoetin)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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FLUOROQUINOLONES, ORAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
CIPRO (ciprofloxacin) suspension ciprofloxacin IR levofloxacin tablets	AVELOX (moxifloxacin) CIPRO (ciprofloxacin) tablets ciprofloxacin ER ciprofloxacin suspension LEVAQUIN (levofloxacin) levofloxacin solution moxifloxacin	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
GI MOTILITY, CHRONIC		
Preferred Agents	Non-Preferred Agents	PA Criteria
	alosetron AMITIZA (lubiprostone) LINZESS (linaclotide) LOTRONEX (alosetron) MOVANTIK (naloxegol) RELISTOR (methylnaltrexone)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
GLUCOCORTICOIDS, INHALED		
Preferred Agents	Non-Preferred Agents	PA Criteria
Glucocorticoids		
ASMANEX (mometasone) FLOVENT (fluticasone) QVAR (beclomethasone)	AEROSPAN (flunisolide) ALVESCO (ciclesonide) ARNUITY ELLIPTA (fluticasone) ASMANEX HFA (mometasone) budesonide respules PULMICORT 0.25, 0.5 MG RESPULES (budesonide) (See comment under PA criteria) PULMICORT 1 MG RESPULES (budesonide) PULMICORT FLEXHALER (budesonide)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> <li>■ Pulmicort respules 0.25, 0.5 mg will be authorized for patients under four years of age</li> </ul>

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GLUCOCORTICOIDS, INHALED		
Preferred Agents	Non-Preferred Agents	PA Criteria
<b>Glucocorticoid/Bronchodilator Combinations</b>		
ADVAIR (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)	BREO ELLIPTA (fluticasone/vilanterol)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

GLUCOCORTICOIDS, ORAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
budesonide EC dexamethasone elixir, solution, tablets hydrocortisone methylprednisolone tablet dose pack ORAPRED ODT (prednisolone) prednisolone sodium phosphate solution prednisolone prednisone solution, tablets, tablet dose pack	CORTEF (hydrocortisone) CORTISONE (hydrocortisone) dexamethasone intensol DEXPAK (dexamethasone) ENTOCORT EC (budesonide) FLO-PRED (prednisolone) MEDROL (methylprednisolone) methylprednisolone tablets MILLIPRED (prednisolone) prednisolone sodium phosphate ODT prednisone intensol RAYOS (prednisone) VERIPRED 20 (prednisolone)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

GROWTH HORMONE		
Preferred Agents	Non-Preferred Agents	PA Criteria
GENOTROPIN NORDITROPIN	HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN SEROSTIM TEV-TROPIN ZORBTIVE	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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**H. PYLORI TREATMENT**

Preferred Agents	Non-Preferred Agents	PA Criteria
PYLERA (bismuth subcitrate/metronidazole/tetracycline)	HELIDAC (bismuth subsalicylate/metronidazole/tetracycline) lansoprazole/amoxicillin/clarithromycin OMECLAMOX-PAK (amoxicillin/clarithromycin/omeprazole) PREVPAC (lansoprazole/amoxicillin/clarithromycin)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

**HEPATITIS C AGENTS**

Preferred Agents	Non-Preferred Agents	PA Criteria
<b>Pegylated Interferons</b>		
PEG-INTRON (pegylated IFN alfa-2b)	INFERGEN (consensus IFN) PEGASYS (pegylated IFN alfa-2a)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Polymerase/Protease Inhibitors</b>		
VIEKIRA PAK (dasabuvir/ombitasvir/paritaprevir/ritonavir)	HARVONI (sofosbuvir/ledipasvir) OLYSIO (simeprevir) SOVALDI (sofosbuvir) VICTRELIS (boceprevir)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Ribavirin</b>		
ribavirin capsule ribavirin tablet	REBETOL solution RIBAPAK RIBASPHERE 400, 600 mg ribavirin dose pack	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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HEREDITARY ANGIOEDEMA (HAE) TREATMENTS		
Preferred Agents	Non-Preferred Agents	PA Criteria
BERINERT (C1 esterase inhibitor) CINRYZE (C1 esterase inhibitor) FIRAZYR (icatibant) KALBITOR (ecallantide)	<i>RUCONEST (C1 esterase inhibitor)</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

  

HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS		
Preferred Agents	Non-Preferred Agents	PA Criteria
<b>Amylin Analogs</b>		
SYMLIN (pramlintide)		Patient must meet all of the following criteria: <ul style="list-style-type: none"> <li>■ Diagnosis of diabetes mellitus</li> <li>■ Age &gt;18 years</li> <li>■ HbA1C in past 6 months</li> <li>■ No history of gastroparesis, neurologic manifestations of diabetes or recent treatment of hypoglycemia</li> </ul>
<b>Incretin Enhancers</b>		
JENTADUETO (linagliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin) ONGLYZA (saxagliptin) TRADJENTA (linagliptin)	<i>JANUMET (sitagliptin/metformin)</i> <i>JANUMET XR (sitagliptin/metformin)</i> <i>JANUVIA (sitagliptin)</i> <i>KAZANO (alogliptin /metformin )</i> <i>NESINA (alogliptin)</i> <i>OSENI (alogliptin / glimepiride)</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS		
Preferred Agents	Non-Preferred Agents	PA Criteria
<b>Incretin Mimetics</b>		
<b>BYDUREON (exenatide ER)</b> BYETTA (exenatide) VICTOZA (liraglutide)	TANZEUM (albiglutide) TRULICITY (dulaglutide)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Incretin Enhancers/SGLT2 Inhibitor Combinations</b>		
	<b>GLXAMBI (empagliflozin/linagliptin)</b>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
HYPOGLYCEMICS, INSULIN		
Preferred Agents	Non-Preferred Agents	PA Criteria
HUMALOG (insulin lispro) vials HUMALOG MIX (insulin lispro/lispro protamine) vials HUMULIN (insulin) vials HUMULIN 500 UNITS/ML (insulin) HUMULIN 70/30 (insulin) vials LANTUS (insulin glargine) LEVEMIR (insulin detemir) NOVOLOG (insulin aspart) NOVOLOG MIX (insulin aspart/aspart protamine)	AFREZZA (insulin) APIDRA (insulin glulisine) HUMALOG (insulin lispro) pens HUMALOG MIX (insulin lispro/lispro protamine) pens HUMULIN (insulin) pens HUMULIN 70/30 (insulin) pens NOVOLIN (insulin) NOVOLIN 70/30 (insulin) <b>TOUJEO (insulin glargine)</b>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> </ul>



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HYPOGLYCEMICS, MEGLITINIDES		
Preferred Agents	Non-Preferred Agents	PA Criteria
nateglinide repaglinide	PRANDIMET (repaglinide/metformin) PRANDIN (repaglinide) STARLIX (nateglinide)	<ul style="list-style-type: none"> <li>Separate prescriptions for the individual components should be used instead of the combination drug.</li> </ul>

HYPOGLYCEMICS, SGLT2		
Preferred Agents	Non-Preferred Agents	PA Criteria
INVOKANA (canagliflozin)	FARXIGA (dapagliflozin) JARDIANCE (empagliflozin)	<ul style="list-style-type: none"> <li>Treatment failure with preferred drugs within any subclass</li> <li>Contraindication to preferred drugs</li> <li>Allergic reaction to preferred drugs</li> </ul>
SGLT2 Combinations		
	INVOKAMET (canagliflozin/ metformin) XIGDUO XR (dapagliflozin/metformin)	<ul style="list-style-type: none"> <li>Treatment failure with preferred drugs within any subclass</li> <li>Contraindication to preferred drugs</li> <li>Allergic reaction to preferred drugs</li> </ul>

HYPOGLYCEMICS, TZD		
Preferred Agents	Non-Preferred Agents	PA Criteria
Thiazolidinediones		
pioglitazone	ACTOS (pioglitazone) AVANDIA (rosiglitazone)	<ul style="list-style-type: none"> <li>Treatment failure with preferred drugs within any subclass</li> <li>Contraindication to preferred drugs</li> <li>Allergic reaction to preferred drugs</li> </ul>

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HYPOGLYCEMICS, TZD		
Preferred Agents	Non-Preferred Agents	PA Criteria
TZD Combinations		
	<i>ACTOPLUS MET (pioglitazone/metformin)</i> <i>ACTOPLUS MET XR (pioglitazone/metformin)</i> <i>AVANDAMET (rosiglitazone/metformin)</i> <i>AVANDARYL (rosiglitazone/glimepiride)</i> <i>DUETACT (pioglitazone/glimepiride)</i> <i>pioglitazone/metformin</i> <i>pioglitazone/glimepiride</i>	<ul style="list-style-type: none"> <li>Separate prescriptions for the individual components should be used instead of the combination drug.</li> </ul>

  

IMMUNE GLOBULINS		
Preferred Agents	Non-Preferred Agents	PA Criteria
CYTOGAM (CMV immune globulin) GAMMASTAN S-D (immune globulin) GAMMAGARD (immune globulin) GAMMAGARD S-D (immune globulin) GAMUNEX-C (immune globulin) HEPAGAM B (HBV immune globulin) HIZENTRA (immune globulin) VARIZIG (VZV immune globulin)	<i>CARIMUNE NF (immune globulin)</i> <i>FLEBOGAMMA DIF (immune globulin)</i> <i>GAMMAKED (immune globulin)</i> <i>GAMMAPLEX (immune globulin)</i> <i>HYQVIA (immune globulin)</i> <i>OCTAGAM (immune globulin)</i> <i>PRIVIGEN (immune globulin)</i>	<ul style="list-style-type: none"> <li>Treatment failure with preferred drugs within any subclass</li> <li>Contraindication to preferred drugs</li> <li>Allergic reaction to preferred drugs</li> </ul>

  

IMMUNOMODULATORS, ATOPIC DERMATITIS		
Preferred Agents	Non-Preferred Agents	PA Criteria
	<i>ELIDEL (pimecrolimus)</i> <i>PROTOPIC (tacrolimus)</i>	<ul style="list-style-type: none"> <li>Treatment failure with preferred drugs within any subclass</li> <li>Contraindication to preferred drugs</li> <li>Allergic reaction to preferred drugs</li> </ul>

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IMMUNOSUPPRESSIVES, ORAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
azathioprine cyclosporine, modified mycophenolate mofetil capsules, tablets NEORAL (cyclosporine, modified) capsules RAPAMUNE (sirolimus) solution <b>sirolimus tablets</b> tacrolimus	<div> <div>ASTAGRAF XL (tacrolimus)</div> <div>AZASAN (azathioprine)</div> <div>CELLCEPT (mycophenolate mofetil)</div> <div>cyclosporine</div> <div>IMURAN (azathioprine)</div> <div><b>mycophenolate mofetil suspension</b></div> <div>mycophenolic acid</div> </div> <div> <div>MYFORTIC (mycophenolic acid)</div> <div>NEORAL (cyclosporine, modified)</div> <div>solution</div> <div><b>PROGRAF (tacrolimus)</b></div> <div><b>RAPAMUNE (sirolimus) tablets</b></div> <div>SANDIMMUNE (cyclosporine)</div> <div>ZORTRESS (everolimus)</div> </div>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

  

INTRANASAL RHINITIS AGENTS		
Preferred Agents	Non-Preferred Agents	PA Criteria
<b>Glucocorticoids</b>		
fluticasone NASONEX (mometasone)	<div> <div>BECONASE AQ (beclomethasone)</div> <div>budesonide</div> <div>FLONASE (fluticasone)</div> <div>FLONASE OTC (fluticasone)</div> <div>flunisolide</div> <div>NASACORT OTC (triamcinolone)</div> <div>NASACORT AQ (triamcinolone)</div> <div>OMNARIS (ciclesonide)</div> </div> <div> <div>QNASL (beclomethasone)</div> <div>dipropionate</div> <div>RHINOCORT AQUA (budesonide)</div> <div>triamcinolone</div> <div>VERAMYST (fluticasone)</div> <div>furoate)isolide)</div> <div>ZETONNA (ciclesonide)</div> </div>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Others</b>		
PATANASE (olopatadine)	<div> <div>ASTELIN (azelastine)</div> <div>ASTEPRO (azelastine)</div> <div>ATROVENT (ipratropium) nasal spray</div> <div>azelastine</div> <div>ipratropium nasal spray</div> <div>olopatadine</div> </div>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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**INTRANASAL RHINITIS AGENTS**

Preferred Agents	Non-Preferred Agents	PA Criteria
<b>Combinations</b>		
	DYMISTA (azelastine/fluticasone)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

**IRON, ORAL**

See Separate Listing Of Preferred Oral Iron Drugs.

**LEUKOTRIENE MODIFIERS**

Preferred Agents	Non-Preferred Agents	PA Criteria
montelukast chewable tablets, tablets	<b>ACCOLATE (zafirlukast)</b> montelukast granules SINGULAIR (montelukast) zafirlukast ZYFLO (zileuton) ZYFLO CR (zileuton)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

**LINCOSAMIDES/OXAZOLIDINONES/STREPTOGRAMINS**

Preferred Agents	Non-Preferred Agents	PA Criteria
clindamycin capsules clindamycin solution ZYVOX (linezolid) suspension ZYVOX (linezolid) tablets	CLEOCIN (clindamycin) clindamycin injection LINCOCIN (lincomycin) linezolid injection SIVEXTRO (tedizolid) SYNERCID (quinupristin/dalfopristin)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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<b>LIPOTROPICS, OTHER</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
<b>Bile Acid Sequestrants</b>		
cholestyramine colestipol tablets	COLESTID (colestipol) colestipol granules QUESTRAN (cholestyramine) QUESTRAN LIGHT (cholestyramine) WELCHOL (colesevalam)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Cholesterol Absorption Inhibitors</b>		
ZETIA (ezetimibe)		<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Fibric Acid Derivatives</b>		
fenofibrate (generic Lipofen, Lofibra, Tricor) fenofibric acid (generic Trilipix) gemfibrozil	ANTARA (fenofibrate) fenofibrate (generic Antara) fenofibric acid (generic Fibracor) FENOGLIDE (fenofibrate) LOFIBRA (fenofibrate) LIPOFEN (fenofibrate)	LOPID (gemfibrozil) TRICOR (fenofibrate) TRIGLIDE (fenofibrate) TRILIPIX (fenofibric acid) <ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Homozygous Familial Hypercholesterolemia Treatments</b>		
JUXTAPID (lomitapide) KYNAMRO (mipomersen)		<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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<b>LIPOTROPICS, OTHER</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
<b>Niacin</b>		
niacin inositol OTC niacin ER NIACOR (niacin)	<i>niacin ER OTC</i> <i>niacin tablets OTC</i> <i>NIASPAN (niacin)</i> <i>SLO-NIACIN OTC (niacin)</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Omega-3 Fatty Acids</b>		
omega-3 OTC	<i>LOVAZA (omega-3 fatty acids)</i> <i>omega-3 fatty acids</i> <i>VASCEPA (icosapent ethyl)</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>LIPOTROPICS, STATINS</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
<b>Statins</b>		
atorvastatin lovastatin pravastatin simvastatin	<i>ALTOPREV (lovastatin)</i> <i>CRESTOR (rosuvastatin)</i> <i>fluvastatin</i> <i>LESCOL (fluvastatin)</i> <i>LESCOL XL (fluvastatin)</i> <i>LIPITOR (atorvastatin)</i> <i>LIVALO (pitavastatin)</i> <i>PRAVACHOL (pravastatin)</i> <i>ZOCOR (simvastatin)</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with at least two preferred drugs accounting for no less than 120 days of therapy combined</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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<b>LIPOTROPICS, STATINS</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
<b>Statin Combinations</b>		
SIMCOR (simvastatin/niacin)	<i>ADVICOR (lovastatin/niacin)</i> <i>atorvastatin/amlodipine</i> <i>CADUET (atorvastatin/amlodipine)</i> <i>LIPTRUZET (atorvastatin/ezetimibe)</i> <i>VYTORIN (simvastatin/ezetimibe)</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with at least two preferred drugs accounting for no less than 120 days of therapy combined</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

  

<b>MACROLIDES/KETOLIDES (ORAL)</b>		
<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>	<b>PA Criteria</b>
<b>Ketolides</b>		
	<i>KETEK (telithromycin)</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Macrolides</b>		
azithromycin clarithromycin suspension ERY-TAB (erythromycin) ERYTHROCIN (erythromycin) <b>PCE (erythromycin)</b>	<i>BIAXIN (clarithromycin)</i> <i>BIAXIN XL (clarithromycin)</i> <i>clarithromycin tablets</i> <i>clarithromycin ER</i> <i>E.E.S. (erythromycin)</i> <i>ERYPED (erythromycin)</i> <b>erythromycin base</b> <i>Z-MAX (azithromycin)</i> <i>ZITHROMAX (azithromycin)</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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NEUROPATHIC PAIN		
Preferred Agents	Non-Preferred Agents	PA Criteria
Oral Agents		
duloxetine gabapentin LYRICA (pregabalin)	CYMBALTA ( <i>duloxetine</i> ) GRALISE ( <i>gabapentin</i> ) HORIZANT ( <i>gabapentin enacarbil ER</i> ) SAVELLA ( <i>milnacipran</i> )	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
Topical Agents		
capsaicin OTC	lidocaine patch LIDODERM ( <i>lidocaine</i> ) QUTENZA ( <i>capsaicin</i> )	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>



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NSAIDS				
Preferred Agents		Non-Preferred Agents	PA Criteria	
Nonspecific				
ibuprofen INDOCIN (indomethacin) suspension indomethacin capsules ketorolac naproxen <b>suspension</b> , tablets		ADVIL (ibuprofen) ALEVE (naproxen) DAYPRO (oxaprozin) diclofenac diclofenac SR diflunisal etodolac etodolac SR FELDENE (piroxicam) fenoprofen flurbiprofen indomethacin ER capsules ketoprofen ketoprofen ER meclofenamate mefenamic acid MIDOL (ibuprofen)	MOTRIN (ibuprofen) nabumetone NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) NAPROSYN EC (naproxen) naproxen CR naproxen EC oxaprozin piroxicam PONSTEL (meclofenamate) SPRIX (ketorolac) sulindac TIVORBEX (indomethacin) tolmetin ZORVOLEX (diclofenac)	<ul style="list-style-type: none"><li>■ Treatment failure with preferred drugs within any subclass</li><li>■ Contraindication to preferred drugs</li><li>■ Allergic reaction to preferred drugs</li></ul>
NSAID/GI Protectant Combinations				
		ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/ esomeprazole)	<ul style="list-style-type: none"><li>■ Treatment failure with preferred drugs within any subclass</li><li>■ Contraindication to preferred drugs</li><li>■ Allergic reaction to preferred drugs</li></ul>	
COX-II Selective				
meloxicam tablets		CELEBREX (celecoxib) celecoxib meloxicam suspension MOBIC (meloxicam)	<ul style="list-style-type: none"><li>■ Treatment failure with preferred drugs within any subclass</li><li>■ Contraindication to preferred drugs</li><li>■ Allergic reaction to preferred drugs</li></ul>	

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NSAIDS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Topical NSAIDs		
	<i>diclofenac</i> <i>FLECTOR (diclofenac)</i> <i>INDOCIN (indomethacin) suppositories</i> <i>PENNSAID (diclofenac)</i> <i>VOLTAREN (diclofenac)</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

OPHTHALMICS, ANTIBIOTIC – STEROID COMBINATIONS		
Preferred Agents	Non-Preferred Agents	PA Criteria
BLEPHAMIDE (sulfacetamide/prednisolone) neomycin/polymyxin/dexamethasone sulfacetamide/prednisolone TOBRADEX (tobramycin/dexamethasone)	<i>BLEPHAMIDE S.O.P. (sulfacetamide/prednisolone)</i> <i>MAXITROL (neomycin/polymyxin/ dexamethasone)</i> <i>neomycin/bacitracin/polymyxin/hydrocortisone</i> <i>neomycin/polymyxin/ hydrocortisone</i> <i>PRED-G (gentamicin/prednisolone)</i> <i>TOBRADEX ST (tobramycin/dexamethasone)</i> <i>tobramycin/dexamethasone</i> <i>ZYLET (tobramycin/loteprednol)</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

OPHTHALMIC ANTIBIOTICS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Aminoglycosides		
gentamicin tobramycin TOBREX (tobramycin) ointment	<i>TOBREX (tobramycin) solution</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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OPHTHALMIC ANTIBIOTICS		
Preferred Agents	Non-Preferred Agents	PA Criteria
<b>Quinolones</b>		
ciprofloxacin MOXEZA (moxifloxacin) ofloxacin VIGAMOX (moxifloxacin)	BESIVANCE (besifloxacin) CILOXAN (ciprofloxacin) gatifloxacin levofloxacin OCUFLOX (ofloxacin) Zymaxid (gatifloxacin)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Macrolides</b>		
erythromycin	AZASITE (azithromycin)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Other</b>		
bacitracin/polymyxin neomycin/polymyxin/gramicidin polymyxin/trimethoprim sulfacetamide solution	bacitracin BLEPH-10 (sulfacetamide) NATACYN (natamycin) neomycin/bacitracin/polymyxin POLYTRIM (polymyxin/trimethoprim) sulfacetamide ointment	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS		
Preferred Agents	Non-Preferred Agents	PA Criteria
cromolyn PATADAY (olopatadine) PAZEO (olopatadine)	<div> <div>ALOCRIIL (nedocromil)</div> <div>ALOMIDE (lodoxamide)</div> <div>ALREX (loteprednol)</div> <div>azelastine</div> <div>BEPREVE (bepotastine)</div> <div>ELESTAT (epinastine)</div> </div> <div> <div>EMADINE (emedastine)</div> <div>epinastine</div> <div>ketotifen</div> <div>LASTACRAFT (alcaftadine)</div> <div>OPTIVAR (azelastine)</div> <div>PATANOL (olopatadine)</div> </div>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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OPHTHALMICS, ANTI-INFLAMMATORIES		
Preferred Agents	Non-Preferred Agents	PA Criteria
<b>NSAIDs</b>		
diclofenac flurbiprofen ILEVRO (nepafenac) ketorolac NEVANAC (nepafenac)	ACULAR (ketorolac) ACULAR LS (ketorolac) ACUVAIL (ketorolac) bromfenac ketorolac LS OCUFEN (flurbiprofen) PROLENSA (bromfenac)	<ul style="list-style-type: none"> <li>Treatment failure with preferred drugs within any subclass</li> <li>Contraindication to preferred drugs</li> <li>Allergic reaction to preferred drugs</li> </ul>
<b>Steroids</b>		
dexamethasone DUREZOL (difluprednate) LOTEMAX (loteprednol) suspension prednisolone acetate	<div>FLAREX (fluorometholone)</div> <div>fluoromethalone</div> <div>FML (fluorometholone)</div> <div>FML FORTE (fluorometholone)</div> <div>FML S.O.P. (fluorometholone)</div> <div>LOTEMAX (loteprednol) gel, ointment</div> <div>MAXIDEX (dexamethasone)</div> <div>OMNIPRED (prednisolone)</div> <div>PRED FORTE (prednisolone)</div> <div>PRED MILD (prednisolone)</div> <div>prednisolone sodium phosphate</div> <div>VEXOL (rimexolone)</div>	<ul style="list-style-type: none"> <li>Treatment failure with preferred drugs within any subclass</li> <li>Contraindication to preferred drugs</li> <li>Allergic reaction to preferred drugs</li> </ul>
OPHTHALMICS, GLAUCOMA AGENTS		
Preferred Agents	Non-Preferred Agents	PA Criteria
<b>Sympathomimetics</b>		
brimonidine pilocarpine	ALPHAGAN P (brimonidine) apraclonidine brimonidine P IOPIDINE (apraclonidine)	<ul style="list-style-type: none"> <li>Treatment failure with preferred drugs within any subclass</li> <li>Contraindication to preferred drugs</li> <li>Allergic reaction to preferred drugs</li> </ul>

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**OPHTHALMICS, GLAUCOMA AGENTS**

Preferred Agents	Non-Preferred Agents	PA Criteria
<b>Beta Blockers</b>		
betaxolol BETIMOL (timolol) carteolol levobunolol timolol	<b>BETAGAN (levobunolol)</b> <i>BETOPTIC S (betaxolol)</i> <i>ISTALOL (timolol)</i> <i>metipranolol</i> <i>TIMOPTIC (timolol)</i> <i>TIMOPTIC XE (timolol)</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Carbonic Anhydrase Inhibitors</b>		
AZOPT (brinzolamide) dorzolamide	<i>TRUSOPT (dorzolamide)</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Prostaglandin Analogs</b>		
latanoprost TRAVATAN-Z (travoprost)	<b>bimatoprost</b> <i>LUMIGAN (bimatoprost)</i> <i>travoprost</i> <i>XALATAN (latanoprost)</i> <i>ZIOPTAN (tafluprost)</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Combination Agents</b>		
COMBIGAN (brimonidine/timolol) dorzolamide/timolol SIMBRINZA (brinzolamide/brimonidine)	<i>COSOPT (dorzolamide/timolol)</i> <i>COSOPT PF (dorzolamide/timolol)</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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**OPHTHALMICS, GLAUCOMA AGENTS**

Preferred Agents	Non-Preferred Agents	PA Criteria
<b>Miscellaneous</b>		
	phospholine iodide	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

**OPIATE DEPENDENCE TREATMENTS**

Preferred Agents	Non-Preferred Agents	PA Criteria
buprenorphine naloxone syringe naloxone vial naltrexone <sup>PPG</sup> SUBOXONE (buprenorphine/naloxone) film	BUNAVAIL (buprenorphine/naloxone) buprenorphine/naloxone EVZIO (naloxone) VIVITROL (naltrexone) ZUBSOLV (buprenorphine/naloxone)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

**OTIC ANTIBIOTICS**

Preferred Agents	Non-Preferred Agents	PA Criteria
CIPRODEX (ciprofloxacin/dexamethasone) neomycin/polymyxin/hydrocortisone ofloxacin	CIPRO HC (ciprofloxacin/hydrocortisone) ciprofloxacin COLY-MYCIN S (colistin/neomycin/hydrocortisone) CORTISPORIN (neomycin/polymyxin/hydrocortisone) CORTISPORIN-TC (colistin/neomycin/hydrocortisone)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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**OTIC ANTI-INFECTIVES/ANESTHETICS**

Preferred Agents	Non-Preferred Agents	PA Criteria
acetic acid antipyrine/benzocaine VOSOL HC (acetic acid/hydrocortisone)	<i>acetic acid/hydrocortisone</i> <i>acetic acid/aluminum</i> <i>PINNACAINE (benzocaine)</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

**PAH AGENTS (ORAL, INHALATION)**

Preferred Agents	Non-Preferred Agents	PA Criteria
ADCIRCA (tadalafil) LETAIRIS (ambrisentan) sildenafil (generic Revatio) TRACLEER (bosentan)	<i>ADEMPAS (riociguat)</i> <i>OPSUMIT (macitentan)</i> <i>ORENITRAM ER (treprostinil)</i> <i>REVATIO (sildenafil)</i> <i>TYVASO Inhalation (treprostinil)</i> <i>VENTAVIS Inhalation (iloprost)</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

**PANCREATIC ENZYMES**

Preferred Agents	Non-Preferred Agents	PA Criteria
CREON (pancrelipase) pancrelipase ZENPEP (pancrelipase)	<i>PANCREAZE (pancrelipase)</i> <i>PERTZYE (pancrelipase)</i> <i>ULTRESA (pancrelipase)</i> <i>VIOKACE (pancrelipase)</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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PENICILLINS		
Preferred Agents	Non-Preferred Agents	PA Criteria
amoxicillin ampicillin dicloxacillin penicillin VK	<i>amoxicillin ER</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

  

PHOSPHATE BINDERS		
Preferred Agents	Non-Preferred Agents	PA Criteria
calcium acetate CALPHRON OTC (calcium acetate) MAGNEBIND 400 (magnesium, calcium, folic acid) PHOSLO (calcium acetate) PHOSLYRA (calcium acetate) RENAGEL (sevelamer HCl)	<i>AURYXIA (ferric citrate)</i> <i>ELIPHOS (calcium acetate)</i> <i>FOSRENOL (lanthanum)</i> <i>REVELA (sevelamer carbonate)</i> <i>sevelamer carbonate</i> <i>VELPHORO (sucroferric oxyhydroxide)</i>	<p>Allergic reaction to preferred drug OR treatment failure with preferred drug; AND diagnosis of ESRD and hyperphosphatemia despite dietary phosphorous restrictions AND at least one of the following:</p> <ul style="list-style-type: none"> <li>■ hypercalcemia (corrected serum calcium &gt;10.2 mg/dL)</li> <li>■ plasma PTH levels &lt;150 pg/mL on two consecutive measurements</li> <li>■ dialysis patients with severe vascular and/or soft tissue calcifications</li> </ul>

  

PLATELET AGGREGATION INHIBITORS		
Preferred Agents	Non-Preferred Agents	PA Criteria
AGGRENOX (dipyridamole/aspirin) BRILINTA (ticagrelor) clopidogrel EFFIENT (prasugrel)	<i>dipyridamole</i> <i>PERSANTINE (dipyridamole)</i> <i>PLAVIX (clopidogrel)</i> <i>ticlopidine</i> <i>ZONTIVITY (vorapaxar)</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drug</li> <li>■ Contraindication to preferred drug</li> <li>■ Allergic reaction to preferred drug</li> </ul>



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**PRENATAL VITAMINS**

See Separate Preferred Prenatal Vitamin Listing.

**PA Criteria:**

- Prenatal vitamins are covered only for females less than 50 years of age.

**PROGESTINS FOR CACHEXIA**

Preferred Agents	Non-Preferred Agents	PA Criteria
megestrol	MEGACE ES (megestrol)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drug</li> <li>■ Contraindication to preferred drug</li> <li>■ Allergic reaction to preferred drug</li> </ul>

**PROTON PUMP INHIBITORS (ORAL)**

Preferred Agents	Non-Preferred Agents	PA Criteria
NEXIUM (esomeprazole) omeprazole pantoprazole PROTONIX (pantoprazole) suspension	<div style="display: flex; justify-content: space-between;"> <div> <i>ACIPHEX (rabeprazole)</i>  <i>DEXILANT (dexlansoprazole)</i>  <i>esomeprazole</i>  <i>esomeprazole strontium</i>  <i>lansoprazole</i>  <i>NEXIUM OTC (esomeprazole)</i>  <i>omeprazole/sodium bicarbonate</i>  <i>PREVACID (lansoprazole)</i>  <i>PRILOSEC (omeprazole)</i> </div> <div> <i>PROTONIX tablets (pantoprazole)</i>  <i>rabeprazole</i>  <i>ZEGERID (omeprazole/sodium bicarbonate)</i> </div> </div>	<ul style="list-style-type: none"> <li>■ Treatment failure after no less than a 30 day trial of each preferred drug</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> <li>■ Prevacid Solutabs will be approved for children 10 years of age and under</li> </ul>

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SEDATIVE HYPNOTICS		
Preferred Agents	Non-Preferred Agents	PA Criteria
<b>Benzodiazepines</b>		
flurazepam temazepam 15, 30 mg triazolam	estazolam HALCION (triazola) RESTORIL (temazepam) temazepam 7.5, 22.5 mg	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Others</b>		
zolpidem	<div> <div>AMBIEN (zolpidem)</div> <div>AMBIEN CR (zolpidem)</div> <div>BELSOMRA (suvorexant)</div> <div>eszopiclone</div> <div>HETLIOZ (tasimelteon)</div> <div>INTERMEZZO (zolpidem)</div> </div> <div> <div>LUNESTA (eszopiclone)</div> <div>ROZEREM (ramelteon)</div> <div>SILENOR (doxepin)</div> <div>SONATA (zaleplon)</div> <div>zaleplon</div> <div>zolpidem ER</div> </div>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
SKELETAL MUSCLE RELAXANTS		
Preferred Agents	Non-Preferred Agents	PA Criteria
baclofen carisoprodol (except 250 mg) chlorzoxazone cyclobenzaprine methocarbamol tizanidine tablets	<div> <div>AMRIX (cyclobenzaprine ER)</div> <div>carisoprodol 250 mg</div> <div>carisoprodol compound</div> <div>DANTRUM (dantrolene)</div> <div>Dantrolene</div> <div>FEXMID (cyclobenzaprine)</div> <div>LORZONE (chlorzoxazone)</div> <div>metaxolone</div> </div> <div> <div>orphenadrine</div> <div>ROBAXIN (methocarbamol)</div> <div>SKELAXIN (metaxolone)</div> <div>SOMA (carisoprodol)</div> <div>tizanidine capsules</div> <div>ZANAFLEX (tizanidine)</div> </div>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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SMOKING CESSATION		
Preferred Agents	Non-Preferred Agents	PA Criteria
bupropion SR CHANTIX (varenicline) NICODERM CQ (nicotine) NICORETTE (nicotine) nicotine gum nicotine patch	nicotine lozenge NICOTROL (nicotine) NICOTROL NS (nicotine) ZYBAN (bupropion)	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

  

STEROIDS, TOPICAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
<b>Low Potency</b>		
fluocinolone oil hydrocortisone cream, gel, lotion, ointment hydrocortisone/aloe cream	<div> <div>alclometasone</div> <div>AQUA GLYCOLIC HC (hydrocortisone)</div> <div>CAPEX (fluocinolone)</div> <div>DERMA-SMOOTHIE/FS (fluocinolone)</div> <div>DESONATE (desonide)</div> <div>desonide</div> <div>DESOWEN (desonide)</div> <div>hydrocortisone/mineral oil ointment</div> </div> <div> <div>hydrocortisone/urea</div> <div>hydrocortisone lotion, solution</div> <div>NEOSPORIN (hydrocortisone)</div> <div>PEDIADERM HC (hydrocortisone)</div> <div>PEDIADERM TA (triamcinolone)</div> <div>SCALPICIN (hydrocortisone)</div> <div>TEXACORT (hydrocortisone) solution</div> </div>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>
<b>Medium Potency</b>		
fluticasone propionate cream, ointment hydrocortisone butyrate ointment mometasone cream, ointment, solution	<div> <div>beclomethasone valerate foam</div> <div>clocortolone cream</div> <div>CLODERM (clocortolone)</div> <div>CORDRAN (flurandrenolide)</div> <div>CUTIVATE (fluticasone)</div> <div>ELOCON (mometasone)</div> <div>fluocinolone acetonide</div> <div>fluticasone propionate lotion</div> </div> <div> <div>hydrocortisone butyrate cream, emollient, ointment, solution</div> <div>hydrocortisone valerate</div> <div>LUXIQ (betamethasone)</div> <div>PANDEL (hydrocortisone probutate)</div> <div>prednicarbate</div> <div>SYNALAR (fluocinolone)</div> </div>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass</li> <li>■ Contraindication to preferred drugs</li> <li>■ Allergic reaction to preferred drugs</li> </ul>

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**TEXAS MEDICAID PREFERRED DRUG LIST (PDL) and PRIOR AUTHORIZATION (PA) CRITERIA**  
**Effective January 28, 2016**

STEROIDS, TOPICAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
<b>High Potency</b>		
betamethasone dipropionate lotion betamethasone dipropionate/propylene glycol cream betamethasone valerate cream triamcinolone acetonide cream, ointment	amcinonide betamethasone dipropionate cream, gel, ointment betamethasone dipropionate/propylene glycol lotion, ointment betamethasone valerate lotion, ointment desoximetasone diflorasone DIPROLENE (betamethasone dipropionate)	DIPROLENE AF (betamethasone dipropionate) fluocinonide HALOG (halcinonide) KENALOG aerosol (triamcinolone) TOPICORT (desoximetasone) triamcinolone acetonide lotion TRIANEX (triamcinolone) VANOS (fluocinonide)
<b>Very High Potency</b>		
clobetasol emollient clobetasol propionate cream, gel, ointment, solution	APEXICON E (diflorasone) clobetasol lotion, shampoo clobetasol propionate foam, spray CLOBEX (clobetasol) CLODAN (clobetasol) halobetasol	TEMOVATE (clobetasol) ULTRAVATE X (halobetasol)

- Treatment failure with preferred drugs within any subclass
- Contraindication to preferred drugs
- Allergic reaction to preferred drugs

- Treatment failure with preferred drugs within any subclass
- Contraindication to preferred drugs
- Allergic reaction to preferred drugs

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**STIMULANTS AND RELATED AGENTS**

Preferred Agents	Non-Preferred Agents		PA Criteria
Stimulants			
ADDERALL XR (amphetamine salt combination) amphetamine salt combination IR <sup>PPG</sup> DAYTRANA (methylphenidate) dexmethylphenidate IR dextroamphetamine IR <sup>PPG</sup> FOCALIN XR (dexmethylphenidate) methylphenidate IR <sup>PPG</sup> methylphenidate ER (generic Concerta) <sup>PPG</sup> methylphenidate ER (generic Ritalin SR) <sup>PPG</sup> QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine)	<i>amphetamine salt combination ER</i> <b>APTENSIO XR (methylphenidate)</b> <i>CONCERTA (methylphenidate)</i> <i>DEXEDRINE (dextroamphetamine)</i> <i>dexmethylphenidate ER</i> <i>dextroamphetamine ER</i> <i>dextroamphetamine solution</i> <b>EVEKEO (amphetamine)</b> <i>FOCALIN (dexmethylphenidate)</i> <i>METADATE CD (methylphenidate)</i> <i>methamphetamine</i> <i>METHYLIN (methylphenidate)</i>	<i>methylphenidate CD</i> <i>methylphenidate ER (generic Ritalin LA)</i> <i>methylphenidate solution</i> <i>modafanil</i> <i>NUVIGIL (armodafinil)</i> <i>PROCENTRA (dextroamphetamine)</i> <i>PROVIGIL (modafinil)</i> <i>RITALIN (methylphenidate)</i> <i>RITALIN LA (methylphenidate ER)</i> <i>RITALIN SR (methylphenidate ER)</i> <i>ZENZEDI (dextroamphetamine)</i>	<ul style="list-style-type: none"><li>■ Treatment failure with preferred drugs within any subclass</li><li>■ Contraindication to preferred drugs</li><li>■ Allergic reaction to preferred drugs</li><li>■ Methylin solution will not require previous use of a preferred drug for patients under six years of age</li></ul>
Non-Stimulants			
guanfacine ER STRATTERA (atomoxetine)	<i>clonidine ER</i> <i>INTUNIV (guanfacine ER)</i> <i>KAPVAY (clonidine ER)</i>		<ul style="list-style-type: none"><li>■ Treatment failure with preferred drugs within any subclass</li><li>■ Contraindication to preferred drugs</li><li>■ Allergic reaction to preferred drugs</li></ul>

**TETRACYCLINES**

Preferred Agents	Non-Preferred Agents		PA Criteria
doxycycline monohydrate 50, 100 mg capsules minocycline capsules VIBRAMYCIN (doxycycline) suspension	ADOXA (doxycycline) demeclocycline DORYX (doxycycline) doxycycline hyclate IR doxycycline hyclate DR doxycycline monohydrate 40, 75, 150 mg capsules doxycycline monohydrate suspension, tablets	minocycline tablets minocycline ER MORGIDOX KIT (doxycycline) ORACEA (doxycycline) SOLODYN (minocycline) tetracycline VIBRAMYCIN (doxycycline) capsule, syrup	<ul style="list-style-type: none"><li>■ Treatment failure with preferred drugs within any subclass</li><li>■ Contraindication to preferred drugs</li><li>■ Allergic reaction to preferred drugs</li></ul>

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ULCERATIVE COLITIS		
Preferred Agents	Non-Preferred Agents	PA Criteria
<b>Oral</b>		
<b>DELZICOL (mesalamine)</b> LIALDA (mesalamine) sulfasalazine sulfasalazine DR	<i>APRISO (mesalamine)</i> <i>ASACOL HD (mesalamine)</i> <i>AZULFIDINE (sulfasalazine)</i> <i>balsalazide</i> <b>COLAZAL (balsalazide)</b> <i>DIPENTUM (olsalazine)</i> <i>GIAZO (balsalazide)</i> <i>PENTASA (mesalamine)</i> <i>UCERIS (budesonide)</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass of same route</li> <li>■ Contraindication to preferred drugs of same route</li> <li>■ Allergic reaction to preferred drugs of same route</li> </ul>
<b>Rectal</b>		
CANASA (mesalamine)	<i>mesalamine</i> <i>ROWASA (mesalamine)</i> <i>SFROWASA (mesalamine)</i> <i>UCERIS (budesonide)</i>	<ul style="list-style-type: none"> <li>■ Treatment failure with preferred drugs within any subclass of same route</li> <li>■ Contraindication to preferred drugs of same route</li> <li>■ Allergic reaction to preferred drugs of same route</li> </ul>

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PREMIUM PREFERRED GENERIC ( ) MANUFACTURERS: These manufacturers have offered Supplemental Rebates to the state for their PDL drugs dispensed to Medicaid recipients. Pharmacists will receive an additional \$0.50 dispensing fee when they dispense the PDL drugs of these manufacturers.

Generic Manufacturer	Labeler Code(s)
Mallinckrodt	00406

Cough and Cold (Oral only)			
Preferred Agents		Non-Preferred Agents	
Agent	Ingredients	Agent	Ingredients
ADULT MUCUS RELIEF	GUAIFENESIN	ACTA-TABS PE	PHENYLEPHRINE/CHLORPHENIRAMINE
ALA-HIST IR	DEXBROMPHENIRAMINE MALEATE	ADULT ROBITUSSIN NASAL RELIEF	PHENYLEPHRINE HCL/ACETAMINOPHN
ALA-HIST PE	DEXBROMPHENIRAMIN/PHENYLEPHRIN	ALDEX G5	GUAIFENESIN/PSEUDOEPHEDRINE HCL
ANTIHISTAMINE-DECONGESTANT	PSEUDOEPHEDRINE/TRIPROLDINE	ALDEX-CT	PHENYLEPHRINE/DIPHENHYDRAMINE
BIDEX	GUAIFENESIN	ALLANTAN	PHENYLEPHRINE/CHLOR-TAN
CHILD DELSYM COUGH+COLD	DIPHENHYDRA/PHENYLEPH/ACETAMIN	ALLERFRIM	PSEUDOEPHEDRINE/TRIPROLDINE
CHILD DELSYM COUGH-COLD NIGHT	PHENYLEPHRINE/DIPHENHYDRAMINE	ALLERGY & COLD PE	DIPHENHYDRA/PHENYLEPH/ACETAMIN
CHILD MUCINEX CHEST CONGESTION	DIPHENHYDRA/PHENYLEPH/ACETAMIN	BROHIST D	PHENYLEPHRINE/BROMPHENIRAMINE
CHILD MUCINEX CHEST CONGESTION	GUAIFENESIN	BROMALINE	PSEUDOEPHEDRINE/BROMPHENIRAMIN
CHILD MUCINEX CHEST CONGESTION	GUAIFENESIN/PHENYLEPHRINE HCL	BROTAPP	PSEUDOEPHEDRINE/BROMPHENIRAMIN
CHILD TRIAMINIC COLD & ALLERGY	PHENYLEPHRINE/BROMPHENIRAMINE	CARDEC	PHENYLEPHRINE/CHLORPHENIRAMINE
COUGHTAB	GUAIFENESIN	CHEST CONGESTION & SINUS	GUAIFENESIN/PHENYLEPHRINE HCL
DALLERGY	PHENYLEPHRINE/CHLORPHENIRAMINE	CHEST CONGESTION RELIEF D	GUAIFENESIN/PSEUDOEPHEDRINE HCL
DALLERGY	CHLORCYCLIZINE/PHENYLEPHRINE	CHILD DELSYM NIGHTTIME C-C	PHENYLEPHRINE/DIPHENHYDRAMINE
DALLERGY	DEXBROMPHENIRAMIN/PHENYLEPHRIN	COLD & SINUS PAIN RELIEF	IBUPROFEN/PSEUDOEPHEDRINE HCL
DECONEX IR	GUAIFENESIN/PHENYLEPHRINE HCL	COLD RELIEVER	PHENYLEPHRINE/ACETAMINOPHEN/CP
DECONGESTANT PLUS	PSEUDOEPHED/CHLORPHENIRAMINE	CONGESTION RELIEF	IBUPROFEN/PHENYLEPHRINE HCL
DELSYM COUGH+COLD	DIPHENHYDRA/PHENYLEPH/ACETAMIN	C-PHEN DROPS	PHENYLEPHRINE/CHLORPHENIRAMINE
ED A-HIST	PHENYLEPHRINE/CHLORPHENIRAMINE	CPM-PYR-PE	PHENYLEPHRINE/PYRILAMINE MA/CP
ED A-HIST PSE	PSEUDOEPHEDRINE/TRIPROLDINE	DALLERGY	CHLORCYCLIZINE/PHENYLEPHRINE
ED BRON GP	GUAIFENESIN/PHENYLEPHRINE HCL	DAYTIME & NITETIME SINUS	PHENYLEPHRINE/ACETAMIN/DOXYLAM
ED CHLORPED D	PHENYLEPHRINE/CHLORPHENIRAMINE	DELSYM NIGHTTIME COUGH-COLD	PHENYLEPHRINE/DIPHENHYDRAMINE
MUCAPHED	GUAIFENESIN/PHENYLEPHRINE HCL	DICEL	P-EPD TAN/CHLOR-TAN
MUCINEX	GUAIFENESIN	ENTRE-HIST PSE	PSEUDOEPHEDRINE/TRIPROLDINE
MUCINEX COLD & SINUS	GUAIFEN/PHENYLEPH/ACETAMINOPHN	GUAIFENESIN ER	GUAIFENESIN
MUCINEX D	GUAIFENESIN/PSEUDOEPHEDRINE HCL	HISTEX-PE	PHENYLEPHRINE/TRIPROLDINE
MUCINEX FAST-MAX NITE COLD-FLU	DIPHENHYDRA/PHENYLEPH/ACETAMIN	IBUPROFEN COLD	IBUPROFEN/PSEUDOEPHEDRINE HCL
MUCINEX SINUS-MAX	GUAIFEN/PHENYLEPH/ACETAMINOPHN	J-MAX	GUAIFENESIN/PHENYLEPHRINE HCL
MUCINEX SINUS-MAX DAY-NIGHT	DIPHENHYD/PE/ACETAMINOPHEN/GG	J-TAN D	PHENYLEPHRINE/BROMPHENIRAMIN
NASOPEN	CHLORCYCLIZINE/PSEUDOEPHEDRINE	J-TAN D PD	PSEUDOEPHEDRINE/BROMPHENIRAMIN
NASOPEN PE	THONZYLAMINE/PHENYLEPHRINE	LODRANE D	PSEUDOEPHEDRINE/BROMPHENIRAMIN
POLY HIST FORTE	PHENYLEPHRINE/PYRILAMINE	LOHIST-D	PSEUDOEPHED/CHLORPHENIRAMINE
POLY-VENT IR	GUAIFENESIN/PSEUDOEPHEDRINE HCL	LOHIST-PEB	PHENYLEPHRINE/BROMPHENIRAMINE
RESPIRE-30	GUAIFENESIN/PSEUDOEPHEDRINE HCL	LORTUSS LQ	DOXYLAMINE/PSEUDOEPHEDRINE HCL
RYMED	DEXCHLORPHENIR/PHENYLEPHRINE	MAXIPHEN	GUAIFENESIN/PHENYLEPHRINE HCL
RYNEX PE	PHENYLEPHRINE/BROMPHENIRAMINE	NASOHIST	PHENYLEPHRINE/CHLORPHENIRAMINE
RYNEX PSE	PSEUDOEPHEDRINE/BROMPHENIRAMIN	NASOPEN-CH	CHLORCYCLIZINE/PHENYLEPHRINE
		NOHIST-LQ	PHENYLEPHRINE/CHLORPHENIRAMINE
		NON-ASPIRIN SINUS	PSEUDOEPHEDRINE/ACETAMINOPHEN
		NOREL AD	PHENYLEPHRINE/ACETAMINOPHEN/CP
		NOREL SR	PHENYLEPH/ACETAMINOP/P-TLOX/CP
		PEDIATEX TD	PSEUDOEPHEDRINE/TRIPROLDINE
		PHENA-S 12	PE/PE & PYRILAMINE TANNATE/CPM
		PHENYLEPHRINE-PYRILAMINE	PHENYLEPHRINE/PYRILAMINE
		PROMETHAZINE VC	PHENYLEPHRINE HCL/PROMETH HCL
		PYRIL D	PHENYLEPHRINE/PYRILAMINE
		RESCON	PSEUDOEPHEDRINE/DEXCHLORPHENIR
		RESCON-GG	GUAIFENESIN/PHENYLEPHRINE HCL
		RHINACON A	PHENYLEPHRINE/P-TLOX CI/CP
		R-TANNA	PHENYLEPHRINE/CHLOR-TAN
		RU-TUSS	P-EPHED HCL/CHLOR-MAL/BELL ALK
		SILDEC	PSEUDOEPHEDRINE/BROMPHENIRAMIN
		STAHIST AD	CHLORCYCLIZINE/PSEUDOEPHEDRINE
		TRIGOFEN	PHENYLEPHRINE/CHLORPHENIRAMINE
		TRIPOHIST D	PSEUDOEPHEDRINE/TRIPROLDINE
		TRIP-PSE	PSEUDOEPHEDRINE/TRIPROLDINE
		TRITAL SR	PHENYLEPH/ACETAMINOP/P-TLOX/CP

All products restricted to patients aged 2 years and above

Cough and Cold (Nasal)			
Preferred Agents		Non-Preferred Agents	
Agent	Ingredients	Agent	Ingredients
12 HOUR NASAL RELIEF	OXYMETAZOLINE HCL	EPHRINE NOSE DROPS	PHENYLEPHRINE HCL
MUCINEX	OXYMETAZOLINE HCL/MENTHOL	LONG ACTING NASAL SPRAY	OXYMETAZOLINE HCL
		MUCINEX SINUS-MAX	OXYMETAZOLINE HCL
		TYZINE	TETRAHYDROZOLINE HCL



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Preferred Agents		Cough and Cold (Non-Narcotic)		Non-Preferred Agents		PA CRITERIA
Agent		Ingredients		Agent		Ingredients
						All products restricted to patients aged 2 years and above
ALA-HIST DM	BROMPHENIRAM/PHENYLEPHRINE/DM	ALDEX GS DM	GUAIFENESIN/DM/PSEUDOEPHEDRINE			
BENZONATATE	BENZONATATE	ALLFEN DM	GUAIFENESIN/DEXTROMETHORPHAN			
BROMFED DM	D-METHORPHAN HB/P-EPD HCL/BPM	BALAMINE DM	DM/PHENYLEPH/CHLORPHENIRAMINE			
7.5PEH-4BRM-15DM	BROMPHENIRAM/PHENYLEPHRINE/DM	BICLORA	CHLORCYCLIZINE/CHLOPHEDIANOL			
BROTAPP DM	D-METHORPHAN HB/P-EPD HCL/BPM	BICLORA-D	CHLORCYCLIZ/PSE/CHLOPHEDIANOL			
CHILDREN'S MUCINEX	GUAIFENESIN/D-METHORPHAN HB/PE	BP 8 COUGH	GUAIFENESIN/DM/PSEUDOEPHEDRINE			
CHILDREN'S MUCINEX	GUAIFENESIN/DEXTROMETHORPHAN	BPM-PSE-DM	D-METHORPHAN HB/P-EPD HCL/BPM			
CHILDREN'S MUCINEX	PHENYLEPHRINE/DM/ACETAMINOP/GG	BROMPHENIRAMINE-PSEUDOEPHED-DM	D-METHORPHAN HB/P-EPD HCL/BPM			
CHLO TUSS	DEXBROMPHEN/PHENYLEPH/CHLOPHED	BROM-PSE-DM	D-METHORPHAN HB/P-EPD HCL/BPM			
CHLO TUSS	DEXBROMPHEN/PSEUDOEPH/CHLOPHED	CHILDREN'S COLD & COUGH	BROMPHENIRAM/PHENYLEPHRINE/DM			
DECONEX DMX	GUAIFENESIN/D-METHORPHAN HB/PE	CARBATUSS-12	CAR-PEN/CAR-PEN TAN/PE TAN/PE			
DELSYM COUGH & COLD	D-METHORPHAN/ACETAMIN/DOXYLAMN	CARDEC DM	DM/PHENYLEPH/CHLORPHENIRAMINE			
DELSYM COUGH & COLD	PHENYLEPHRINE/DM/ACETAMINOP/GG	CHILD MUCINEX M-5 COLD DAY-NTE	DIPHENHYDRAM/PE/DM/ACETAMIN/GG			
DELSYM	DEXTROMETHORPHAN POLISTIREX	CHLO TUSS EX	CHLOPHEDIANOL HCL/GUAIFENESIN			
DE-CHLOR DM	DM/PHENYLEPH/CHLORPHENIRAMINE	CLOFERA	PSEUDOEPHEDRINE/CHLOPHEDIANOL			
KIDKARE	D-METHORPHAN HB/P-EPHED HCL/CP	DECONSAI DM	DM-PE-PYRILAMINE TANNATES			
ED-A-HIST DM	DM/PHENYLEPH/CHLORPHENIRAMINE	DELSYM MULTI-SYPTOM	DM/PE/ACETAMINOPHEN/DOXYLAMINE			
ADT ROBITUSSIN PEAK CLD DM MAX	GUAIFENESIN/DEXTROMETHORPHAN	DELSYM NIGHTTIME MULTI-SYPTOM	D-METHORPHAN/ACETAMIN/DOXYLAMN			
M-END DMX	DEXBROMPHEN/PSEUDOEPHEDRINE/DM	COUGH DM ER	DEXTROMETHORPHAN POLISTIREX			
MUCINEX COLD-FLU & SORE THROAT	PHENYLEPHRINE/DM/ACETAMINOP/GG	COLD-FLU RELIEF	D-METHORPHAN/ACETAMIN/DOXYLAMN			
MUCINEX COUGH	GUAIFENESIN/DEXTROMETHORPHAN	ALL-NITE	D-METHORPHAN/ACETAMIN/DOXYLAMN			
MUCINEX DM	GUAIFENESIN/DEXTROMETHORPHAN	ALKA-SELTZER PLUS DAY	D-METHORPHAN/PE/ACETAMINOPHEN			
MUCINEX FAST-MAX COLD-FLU-THRT	PHENYLEPHRINE/DM/ACETAMINOP/GG	COLD HEAD CONGESTION	D-METHORPHAN/PE/ACETAMINOPHEN			
MUCINEX FAST-MAX CONGEST-COUGH	GUAIFENESIN/D-METHORPHAN HB/PE	C-PHEN DM	DM/PHENYLEPH/CHLORPHENIRAMINE			
MUCINEX FAST-MAX DM MAX	GUAIFENESIN/DEXTROMETHORPHAN	TRIGOFEN DM	DM/PHENYLEPH/CHLORPHENIRAMINE			
MUCINEX FAST-MAX SEVERE COLD	PHENYLEPHRINE/DM/ACETAMINOP/GG	15DM-5PEH-2CPM	DM/PHENYLEPH/CHLORPHENIRAMINE			
POLY-HIST DM	THONZYLAMINE/PHENYLEPHRINE/DM	ALBATUSSIN SR	DM/PHENYLEPH/CHLORPHENIRAMINE			
POLY-HIST PD	THONZYLAMINE/CHLOPHEDIANOL	DONATUSSIN	PHENYLEPHRINE/CHLOPHEDIANOL/GG			
POLY-VENT DM	GUAIFENESIN/DM/PSEUDOEPHEDRINE	NIGHT TIME COUGH	DEXTROMETHORPHAN HB/DOXYLAMINE			
PRO-CHLO	PYRILAMINE/PE/CHLOPHEDIANOL	DURAFU	PSEUDOEPH/DM/GUAIFEN/ACETAMIN			
PROMETHAZINE-DM	D-METHORPHAN HB/PROMETH HCL	ED A-HIST DM	DM/PHENYLEPH/CHLORPHENIRAMINE			
RYNEX DM	BROMPHENIRAM/PHENYLEPHRINE/DM	ADLT WAL-TUSSIN COUGH-COLD CF	GUAIFENESIN/D-METHORPHAN HB/PE			
VANACOF DM	GUAIFENESIN/D-METHORPHAN HB/PE	NIVANEX DMX	GUAIFENESIN/D-METHORPHAN HB/PE			
VANACOF DX	PSEUDOEPH/CHLOPHEDIANOL/GG	HISTEX-DM	TRIPROLIDINE/PHENYLEPHRINE/DM			
VANACOF	D-CHLORPHENIRA/PSE/CHLOPHEDIAN	LOHIST PEB DM	BROMPHENIRAM/PHENYLEPHRINE/DM			
VANACOF-8	PYRILAMINE/CHLOPHEDIANOL	LOHIST DM	BROMPHENIRAM/PHENYLEPHRINE/DM			
VANATAB DX	PSEUDOEPH/CHLOPHEDIANOL/GG	LORTUSS DM	DOXYLAMINE/PSEUDOEPHEDRINE/DM			
		MAXIPHEN DM	GUAIFENESIN/D-METHORPHAN HB/PE			
		NASOHIST DM	DM/PHENYLEPH/CHLORPHENIRAMINE			
		NEO DM	D-METHORPHAN HB/P-EPD HCL/BPM			
		NINIACOF	PYRILAMINE/CHLOPHEDIANOL			
		NINIACOF-A	PYRILAM/CHLOPHED/ACETAMINOPHEN			
		NOHIST-DM	DM/PHENYLEPH/CHLORPHENIRAMINE			
		NOREL CS	DM/PHENYLEPH/CHLORPHENIRAMINE			
		PEDIATEX TDM	TRIPROLIDINE/PSEUDOEPHEDRIN/DM			
		RESCON-DM	D-METHORPHAN HB/P-EPHED HCL/CP			
		RYDEX DM	GUAIFENESIN/DM/PSEUDOEPHEDRINE			
		SILPHEN DM	DEXTROMETHORPHAN HBR			
		Y-COF	BROMPHENIRAMIN/PE/CARBETAPENT			
		VANACOF-PE	CHLORCYCLIZIN-PE-CHLOPHEDIANOL			
		Z-COF 12DM	GUAIFENESIN/DM/PSEUDOEPHEDRINE			
		Z-COF 8 DM	GUAIFENESIN/DM/PSEUDOEPHEDRINE			
		Z-COF I	GUAIFENESIN/DM/PSEUDOEPHEDRINE			
		ZONATUSS	BENZONATATE			

HEALTH AND HUMAN SERVICES COMMISSION  
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Cough and Cold (Narcotic)			
Preferred Agents	Agent	Ingredients	Non-Preferred Agents
			Agent
			Ingredients
CHERATUSSIN AC		GUAIFENESIN/CODEINE PHOSPHATE	BALTUSSIN
AMBITUSSIN AC		GUAIFENESIN/CODEINE PHOSPHATE	BRONTX
PRO-CLEAR AC		CODEINE PHOSPHATE/PYRIL MAL	CHLORPHENIRAMINE-CODEINE
PROMETHAZINE-CODEINE		PROMETHAZINE HCL/CODEINE	DUOHIST DH
TUSSIONEX		HYDROCODONE/CHLORPHEN P-STIREX	ENDACOF-C
			CHERATUSSIN DAC
			HYDROCODONE-CHLORPHENIRAMNE ER
			HYCODAN
			HYDROCODONE BT-HOMATROPINE MBR
			M-END MAX D
			M-END WC
			NINJACOF-XG
			COLDROUGH PD
			POLY-TUSSIN D
			POLY-TUSSIN
			PROMETHAZINE VC-CODEINE
			NOTUSS DC
			DIHISTINE DH
			HYDROCOD-CPM-PSEUDOEPHEDRINE
			REZIRA
			VITUZ
			ZOTEX-C
			ZUTRIPRO
			PHENYLEPHRINE/DHCODEINE BT/CP
			GUAIFENESIN/CODEINE PHOSPHATE
			CHLORPHENIRAMINE/CODEINE PHOS
			PHENYLEPHRINE/DHCODEINE BT/CP
			CHLORPHENIRAMINE/CODEINE PHOS
			P-EPHED HCL/CODEINE/GUAIFEN
			HYDROCODONE/CHLORPHEN P-STIREX
			HYDROCODONE BIT/HOMATROP ME-BR
			HYDROCODONE BIT/HOMATROP ME-BR
			DEXBROMPHENIRAMINE/PSE/CODEINE
			BROMPHENIRAMA/PSEUDOEPHED/CODEIN
			GUAIFENESIN/CODEINE PHOSPHATE
			PHENYLEPHRINE/DHCODEINE BT/CP
			CHLORCYCL/PSEUDOEPHED/CODEINE
			CHLORCYCLZINE/CODEINE
			PROMETHAZINE/PHENYLEPH/CODEINE
			PSEUDOEPHEDRINE HCL/CODEINE
			P-EPHED HCL/COD/CHLORPHENIR
			PSEUDOEPHED/HYDROCODONE/CPM
			P-EPHED HCL/HYDROCODONE
			HYDROCODONE/CHLORPHENIRAMINE
			PYRIL MA/PE/CODEINE PHOS
			PSEUDOEPHED/HYDROCODONE/CPM

All products restricted to patients aged 2 years and above

Prenatal Vitamins			
Preferred Agents	Agent	Ingredients	Non-Preferred Agents
			Agent
			Ingredients
CITRANATAL 90 DHA		PN W-CA64/IRON CB&GL/FA/DSS/DH	ACTIVE OB
CITRANATAL 90 DHA		PNV72/IRON,CARB&GLU/FA/DSS/DHA	ADVANCED CARE PLUS
CITRANATAL ASSURE		PNV73/IRON,CARB&GLU/FA/DSS/DHA	B-NEXA
CITRANATAL B-CALM		PRENATAL #48/IRON CB&GLU/FA/B6	CITRANATAL HARMONY
CITRANATAL DHA		PNV22/IRON CBN&GLUC/FA/DSS/DHA	COMPLETENATE
CITRANATAL RX		PNV NO.22/IRON CBN&GLUC/FA/DSS	CONCEPT DHA
NESTABS		PRENATAL VIT#86/IRON BISGLY/FA	CONCEPT OB
NESTABS ABC		PNV #86/IRON POLY/FA/DHA/EPA	EXTRA-VIRT PLUS DHA
NESTABS DHA		PNV #87/IRON BISGLY/FA/DHA	ELITE-OB
PRENATAL PLUS		PNV WITH CA,NO.72/IRON,CARB/FA	FE-C PLUS
CITRANATAL ASSURE		PNV38/IRON CBN&GLUC/FA/DSS/DHA	FOLCAPS CARE ONE
INATAL ADVANCE		PRENATAL VIT 15/IRON CB/FA/DSS	FOLCAPS 90 PLUS DHA
SE-NATAL ONE		PRENATAL VIT278/CALCIUM/IRON/FA	ICAR-C PLUS
PRENATE AM		PRENATAL VIT NO.114/FA/GINGER	ICAR-C PLUS SR
PRENATE CHEWABLE		PRENATAL VIT NO.112/FOLIC ACID	MISSION PRENATAL FA
PRENATE DHA		PNV #38/IRON FUM/FOLATE/DHA	NATAFORT
PRENATE DHA		PNV #78/IRON ASP GLY/FA#1/DHA	NATALVIRT 90 DHA
PRENATE ELITE		PRENATAL #79/IRON ASP GLY/FA#1	NATALVIRT CA
PRENATE ENHANCE		PRENATAL VIT #68/IRON/FA#6/DHA	NATELLE PLUS
PRENATE ESSENTIAL		PNV #35/IRON/FA #6/DHA	NEXA PLUS
PRENATE ESSENTIAL		PRENATAL VIT#84/IRON/FA#1/DHA	OB COMPLETE 400
PRENATE MINI		PRENATAL VIT NO.44/IRON/FA/DHA	OB COMPLETE DHA
PRENATE MINI		PRENATAL VIT NO.87/IRON/FA/DHA	OB COMPLETE ONE
PRENATE RESTORE		PRENATAL VIT #69/IRON/FA#6/DHA	OB COMPLETE PETITE
SELECT-OB + DHA		PRENATAL VITS #33/IRON/FA/DHA	OB COMPLETE PREMIER
TRINATAL RX 1		PRENATAL VIT278/CALCIUM/IRON/FA	OB COMPLETE
VITAFOL ULTRA		PNV#67/IRON PS/FA CMB#1/DHA	PAIRE OB PLUS DHA
VITAFOL-OB+DHA		PRENAT VIT COMB.10/IRON/FA/DHA	VP-HEME ONE
VITAFOL-ONE		PNV#26/IRON POLY/FA/DHA	C-NATE DHA
VOL-PLUS		PNV WITH CA,NO.71/IRON/FA	HEMENATAL OB + DHA
			PNV-DHA
			SE-NATAL 19
			FOLIVANE-OB
			FOLCAPS
			CAVAN ONE OMEGA
			PNV-SELECT
			PNV-OMEGA
			PNV-IRON
			PRENAISSANCE NEXT
			TARON-C DHA
			HEMENATAL OB
			SE-NATAL 19
			COMPLETE NATAL DHA
			PR NATAL 400
			FOLCAL DHA
			PRENAISSANCE
			BAL-CARE DHA
			PR NATAL 400 EC
			PR NATAL 430 EC
			PREFERA OB
			PREFERA-OB ONE
			PREFERA-OB PLUS DHA
			PREFERA-OB PLUS DHA
			NATAL-V RX
			TRINATAL GT
			VIRT NATE
			PRENATE PIXIE
			PRENATE STAR
			PRENEXA PREMIER
			MULTINATAL PLUS
			MULTINATAL PLUS
			ROVIN-NV DHA
			SE-TAN DHA
			SELECT-OB
			TANDEM DHA
			TANDEM OB
			TARON-BC
			TL-ASSURE + DHA
			TL-ASSURE ONE
			TL-SELECT DHA
			TRICARE
			TRICARE DHA
			TRICARE PRENATAL COMPLEAT
			ULTIMATECARE ADVANTAGE
			ULTIMATECARE COMBO
			VINATE AZ EXTRA
			VINATE III
			VITAFOL-OB
			VP-CH-PNV
			VP-PNV-DHA
			ZATEAN-CH
			PNV NO.66/IRON,CARBONYL/FA/DHA
			PNV7/FE ASP GLY/DOCUSATE/FA
			PNV/FA/B6/CALCIUM PHOS/GINGER
			PNV59/IRON,CARB&FUM/FA/DSS/DHA
			PNV #14/FERROUS FUM/FOLIC ACID
			PNV#16/IRON FUM & PS/FA/OM-3
			PNV NO.15/IRON FUM & PS CMP/FA
			PRENATAL #57/IRON/FA/DSS/DHA
			IRON,CARBONYL/FA/MULTIVIT-MIN
			IRON,CARBONYL/VIT C/VIT B12/FA
			PNV,CA,NO.35/IRON/FA/DS/OMEG-3
			PNV COMB 45/IRON CB/FA/DSS/DHA
			IRON,CARBONYL/VIT C/VIT B12/FA
			IRON,CARBONYL/VIT C/VIT B12/FA
			PNV/FERROUS GLUCONATE/FA
			PNV NO.27/IRON CARB & FUM/FA
			PN W-CA64/IRON CB&GL/FA/DSS/DH
			PNV38/IRON CBN&GLUC/FA/DSS/DHA
			PNV CMB#20/IRON BISGLY/FA/DHA
			PNV53/IRON FUM/FA/DOCUSATE/DHA
			PNV17/IRON/FA/FISH OIL/DHA/OM
			PN VIT W-O CA #7, IRON,FA,DHA
			PN85/IRON CB&ASP G/FA/DHA/FISH
			PNV #56/IRON CARB&ASP/FA/DHA
			PNV83/IRON,CARB/IRON ASP GL/FA
			IRON,CARBONYL/FA/MULTIVIT-MIN
			PNV #8/IRON PS CMP&ASP/FA/DHA
			PNV #19/IRON PS&HEME/FOLIC/DHA
			PNV 11-IRON FUM-FOLIC ACID-OM3
			PNV COMBO #22/IRON/FA/OM3/DHA
			PNV COMBO#47/IRON/FA #1/DHA
			PNV NO.118/IRON FUMARATE/FA
			PNV NO.15/IRON FUM & PS CMP/FA
			PNV NO.22/IRON CBN&GLUC/FA/DSS
			PNV W-CA NO.37/IRON/FA/OMEGA-3
			PNV W-CA #40/IRON FUM/FA CMB#1
			PNV WITH CA #68/IRON/FA#1/DHA
			PNV WITH CA8/IRON/FA/LMEFOLATE
			PNV/FA/B6/CALCIUM PHOS/GINGER
			PNV#16/IRON FUM & PS/FA/OM-3
			PNV#21/IRON PS& HEME POLYP/FA
			PNV119/IRON FUMARATE/FA/DSS
			PNV2/IRON B-G SUC-P/FA/OMEGA-3
			PNV53/IRON B-G HCL-P/FA/OMEGA3
			PNV66/IRON FUMARATE/FA/DSS/DHA
			PNV80/IRON FUMARATE/FA/DSS/DHA
			PNV81/SOD IRON EDTA& PS/FA/OM3
			PNV19/IRON BG HCL&SUCC-P/FA/OM3
			PNV55/IRON BG HCL&SUCC-P/FA/OM3
			PNV#21/IRON PS& HEME POLYP/FA
			PNV #19/IRON PS&HEME/FOLIC/DHA
			PNV COMBO #22/IRON/FA/OM3/DHA
			PNV COMBO #8/IRON/FOLIC AC/DHA
			PRENATAL VIT #76/IRON,CARB/FA
			PRENATAL VIT 16/IRON CB/FA/DSS
			PRENATAL VIT NO.73/IRON/FA
			PRENATAL VIT#85/IRON/FA#1/DHA
			PRENATAL NO.77/IRON ASP GLY/FA
			PNV80/IRON FUMARATE/FA/DSS/DHA
			PRENATAL VIT NO.109/IRON/FA
			PV W-O VIT A/FE/CBN-FEFM/FA
			PNV NO.42/IRON/FA/LMFOLATE/DHA
			PNV NO10/IRON FUM&P/FA/OMEGA-3
			PV W-O CAL/IRON PS CPLX/FA
			PNV NO10/IRON FUM&P/FA/OMEGA-3
			PRENATAL VITS CMB W-O CA NO.2
			PNV WITH CA,NO63/IRON/FA/B6
			PRENATAL VITS #33/IRON/FA/DHA
			PNV#26/IRON POLY/FA/DHA
			PRENATAL #57/IRON/FA/DSS/DHA
			PRENATAL #103/IRON FUMARATE/FA
			PNV#20/IRON/FA/DS/FISH/DHA/EPA
			PNV103/FE/FA/DHA/EPA/OTHER OM3
			PNV COMB26/IRON/FA/DSS/FAT7
			PNV5/FE ASP GLY/DOSS/FA/FAT 4
			PV W-O CAL/FE BISGLY/FA
			PNV NO.52/IRON B-G SUC-PRO/FA
			PRENATAL VIT COMB.10/IRON/FA
			PNV34/IRON,CARBONYL/FA/DSS/DHA
			PRENATAL NO.52/IRON/FA/DHA
			PNV69/IRON,CARBONYL/FA/DSS/DHA

Iron Orals Appendix A; Current Product Listing

MANUFACTURER	BRAND NAME ROUTE	PS MARKET BASKET	DRUG TYPE
AVION PHARMACEU	FERIVA FA CAPSULE (ORAL)	IRON, ORAL	SSB
AVION PHARMACEU	FERIVA FA CAPSULE (ORAL)	IRON, ORAL	SSB
MISSION PHARM.	FERRALET 90 DUAL-IRON TABLET (ORAL)	IRON, ORAL	SSB
CENTURION LABS	FERROUS FUMARATE/FA/MULTIVITAMIN & MINERALS CAPSULE (ORAL)	IRON, ORAL	GEN
CENTURION LABS	FERROUS FUMARATE/FA/MULTIVITAMIN & MINERALS CAPSULE (ORAL)	IRON, ORAL	GEN
SETON PHARMACEU	FERROUS FUMARATE/IRON POLYSACCHARIDES/FA/MULTIVITAMIN CAPSULE (ORAL)	IRON, ORAL	GEN
MAJOR PHARMACEU	FERROUS GLUCONATE TABLET OTC (ORAL)	IRON, ORAL	GEN
US PHARMACEUTIC	HEMOCYTE PLUS CAPSULE (ORAL)	IRON, ORAL	SSB
US PHARMACEUTIC	HEMOCYTE PLUS CAPSULE (ORAL)	IRON, ORAL	SSB
US PHARMACEUTIC	HEMOCYTE-F TABLET (ORAL)	IRON, ORAL	SSB
US PHARMACEUTIC	HEMOCYTE-F TABLET (ORAL)	IRON, ORAL	SSB
US PHARMACEUTIC	INTEGRA CAPSULE OTC (ORAL)	IRON, ORAL	SSB
US PHARMACEUTIC	INTEGRA CAPSULE OTC (ORAL)	IRON, ORAL	SSB
US PHARMACEUTIC	INTEGRA F CAPSULE (ORAL)	IRON, ORAL	SSB
US PHARMACEUTIC	INTEGRA F CAPSULE (ORAL)	IRON, ORAL	SSB
US PHARMACEUTIC	INTEGRA PLUS CAPSULE (ORAL)	IRON, ORAL	SSB
US PHARMACEUTIC	INTEGRA PLUS CAPSULE (ORAL)	IRON, ORAL	SSB
WOMEN'S CHOICE	IROSPAN TABLET (ORAL)	IRON, ORAL	SSB
NEPHRO-TECH	NEPHRON FA TABLET (ORAL)	IRON, ORAL	SSB
GENSAVIS PHARMA	NOVAFERRUM 125 LIQUID OTC (ORAL)	IRON, ORAL	SSB
GENSAVIS PHARMA	NOVAFERRUM 50 CAPSULE OTC (ORAL)	IRON, ORAL	SSB
GENSAVIS PHARMA	NOVAFERRUM DROPS OTC (ORAL)	IRON, ORAL	SSB
US PHARMACEUTIC	TANDEM DUAL ACTION CAPSULE OTC (ORAL)	IRON, ORAL	SSB
US PHARMACEUTIC	TANDEM PLUS CAPSULE (ORAL)	IRON, ORAL	SSB