

HEALTH AND HUMAN SERVICES COMMISSION
TEXAS MEDICAID PREFERRED DRUG LIST (PDL) and PRIOR AUTHORIZATION (PA) CRITERIA
Effective July 21, 2016

PREFERRED DRUG LIST PUBLICATION LOG

The PDL is published biannually (January, July). Recent changes to the PDL status are **highlighted**:

August 12, 2016:	Status change: <ul style="list-style-type: none"> Symbicort moved from non-preferred to preferred
July 21, 2016:	Published

ACNE AGENTS, ORAL

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

ACNE AGENTS, TOPICAL

Preferred Agents	Non-Preferred Agents	PA Criteria
Antibiotics		
clindamycin gel clindamycin lotion clindamycin medicated swab clindamycin solution erythromycin gel erythromycin solution	<i>AKNE-MYCIN (erythromycin)</i> <i>CLEOCIN-T (clindamycin)</i> <i>clindamycin foam</i> <i>erythromycin medicated swab</i> <i>EVOCLIN (clindamycin)</i>	<ul style="list-style-type: none"> Treatment failure with preferred drugs within any subclass Contraindication to preferred drugs Allergic reaction to preferred drugs

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ACNE AGENTS, TOPICAL			
Preferred Agents	Non-Preferred Agents		PA Criteria
Benzoyl Peroxide			
benzoyl peroxide cream benzoyl peroxide gel (Rx) benzoyl peroxide lotion benzoyl peroxide wash	ACNE CLEARING SYSTEM (benzoyl peroxide) BENZEPRO (benzoyl peroxide) benzoyl peroxide cleanser benzoyl peroxide foam benzoyl peroxide gel benzoyl peroxide kit	benzoyl peroxide towelette BP 10-1 (benzoyl peroxide) PACNEX (benzoyl peroxide) PANOXYL-4 CREAMY WASH OTC (benzoyl peroxide) PANOXYL 10 OTC (benzoyl peroxide)	<ul style="list-style-type: none">■ Treatment failure with preferred drugs within any subclass■ Contraindication to preferred drugs■ Allergic reaction to preferred drugs
Retinoids			
tretinoin (Avita, Retin-A)	adapalene ATRALIN (tretinoin) AVITA (tretinoin) DIFFERIN (adapalene) FABIOR (tazarotene) RETIN-A (tretinoin) RETIN-A MICRO (tretinoin) TAZORAC (tazarotene) tretinoin gel (Atralin) tretinoin microspheres		<ul style="list-style-type: none">■ Treatment failure with preferred drugs within any subclass■ Contraindication to preferred drugs■ Allergic reaction to preferred drugs

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ACNE AGENTS, TOPICAL			
Preferred Agents	Non-Preferred Agents		PA Criteria
Combination and Other Agents			
BENZACLIN (benzoyl peroxide/clindamycin) gel pump	ACANYA (benzoyl peroxide/clindamycin) ACZONE (dapsona) AVAR (sulfacetamide/sulfur) AVAR-E (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) EPIDUO FORTE (benzoyl peroxide/adapalene) erythromycin/benzoyl peroxide	INOVA (salicylic acid/benzoyl peroxide/vitamin E) NEUAC (benzoyl peroxide/clindamycin) ONEXTON (benzoyl peroxide/clindamycin) OVACE (sulfacetamide) OVACE PLUS (sulfacetamide) 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)	<ul style="list-style-type: none">■ Treatment failure with preferred drugs within any subclass■ Contraindication to preferred drugs■ Allergic reaction to preferred drugs

ALZHEIMER’S AGENTS			
Preferred Agents	Non-Preferred Agents		PA Criteria
Cholinesterase Inhibitors			
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">■ Treatment failure with preferred drugs within any subclass■ Contraindication to preferred drugs■ Allergic reaction to preferred drugs

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ALZHEIMER'S AGENTS		
Preferred Agents	Non-Preferred Agents	PA Criteria
NMDA Receptor Antagonist		
memantine tablets NAMENDA (memantine) solution NAMENDA XR (memantine)	NAMENDA (memantine) tablets	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Cholinesterase Inhibitor/NMDA Receptor Antagonist Combinations		
	NAMZARIC (donepezil/memantine)	<ul style="list-style-type: none"> ■
ANALGESICS, NARCOTIC – LONG ACTING		
Preferred Agents	Non-Preferred Agents	PA Criteria
BUTRANS (buprenorphine) EMBEDA (morphine/naloxone) fentanyl patch (12.5, 25, 50, 100 mcg) ^{PPG} HYSINGLA ER (hydrocodone) morphine ER ^{PPG} (generic MS Contin) tramadol ER (generic Ryzolt, Ultram ER)	<div> <div>AVINZA (morphine)</div> <div>BELBUCA (fentanyl)</div> <div>CONZIP (tramadol)</div> <div>DURAGESIC (fentanyl)</div> <div>EXALGO (hydromorphone)</div> <div>fentanyl patch (37.5, 62.5, 87.5 mcg)</div> <div>hydromorphone ER</div> <div>KADIAN (morphine)</div> <div>morphine ER (generic Avinza, Kadian)</div> </div> <div> <div>MS CONTIN (morphine)</div> <div>NUCYNTA ER (tapentadol)</div> <div>OPANA ER (oxymorphone)</div> <div>oxycodone ER</div> <div>OXYCONTIN (oxycodone)</div> <div>oxymorphone ER</div> <div>tramadol ER (generic Conzip)</div> <div>ULTRAM ER (tramadol)</div> <div>ZOHYDRO ER (hydrocodone)</div> </div>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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ANALGESICS, NARCOTIC – SHORT ACTING (NON-PARENTERAL)		
Preferred Agents	Non-Preferred Agents	PA Criteria
APAP/codeine ^{PPG} butalbital/APAP/cafeine/codeine codeine hydrocodone/APAP ^{PPG} hydrocodone/ibuprofen hydromorphone tablet ^{PPG} morphine tablets morphine solution oxycodone solution oxycodone tablet ^{PPG} oxycodone/APAP ^{PPG} tramadol tramadol/APAP	<i>ABSTRAL (fentanyl)</i> <i>butalbital/ASA/cafeine/codeine</i> <i>butorphanol</i> <i>CAPITAL W/CODEINE (APAP/codeine)</i> <i>carisoprodol/aspirin/codeine</i> <i>dihydrocodeine/ASA/cafeine</i> <i>DILAUDID (hydromorphone)</i> <i>fentanyl buccal</i> <i>FENTORA (fentanyl)</i> <i>FIORICET W/CODEINE</i> <i>(butalbital/APAP/cafeine/ codeine)</i> <i>FIORINAL W/CODEINE</i> <i>(butalbital/ASA/cafeine/codeine)</i> <i>hydromorphone liquid</i> <i>hydromorphone suppositories</i> <i>IBUDONE (hydrocodone/ibuprofen)</i> <i>LAZANDA (fentanyl)</i> <i>levorphanol</i> <i>LORTAB (hydrocodone/APAP)</i> <i>meperidine</i> <i>morphine concentrated solution</i> <i>morphine suppositories</i> <i>NORCO (hydrocodone/APAP)</i> <i>NUCYNТА (tapentadol)</i> <i>OPANA (oxymorphone)</i> <i>oxycodone/ASA</i> <i>oxycodone/ibuprofen</i> <i>oxycodone capsule</i> <i>oxycodone concentrated solution</i> <i>oxymorphone</i> <i>pentazocine/naloxone</i> <i>PERCOCET (oxycodone/APAP)</i> <i>PRIMLEV (oxycodone/APAP)</i> <i>REPREXAIN (hydrocodone/ibuprofen)</i> <i>ROXICODONE (oxycodone)</i> <i>TYLENOL-CODEINE (codeine/APAP)</i> <i>ULTRACET (tramadol/APAP)</i> <i>ULTRAM (tramadol)</i> <i>XARTEMIS XR (oxycodone/APAP)</i> <i>XODOL (hydrodone/APAP)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

ANDROGENIC AGENTS, TOPICAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
ANDROGEL (testosterone)	<i>ANDRODERM (testosterone)</i> <i>AXIRON (testosterone)</i> <i>FORTESTA (testosterone)</i> <i>NATESTO (testosterone)</i> <i>TESTIM (testosterone)</i> <i>testosterone gel</i> <i>VOGELXO (testosterone)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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ANGIOTENSIN MODULATORS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Ace Inhibitors		
benazepril captopril enalapril lisinopril ramipril	<div> <div>ACCUPRIL (quinapril)</div> <div>ALTACE (ramipril)</div> <div>EPANED (enalapril)</div> <div>fosinopril</div> <div>LOTENSIN (benazepril)</div> <div>MAVIK (trandolapril)</div> <div>moexepiril</div> <div>perindopril</div> <div>PRINIVIL (lisinopril)</div> </div> <div> <div>quinapril</div> <div>trandolapril</div> <div>VASOTEC (enalapril)</div> <div>ZESTRIL (lisinopril)</div> </div>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs ■ Epaned will be authorized for patients six years of age and under
ACE Inhibitor/Diuretic Combinations		
benazepril/HCTZ captopril/HCTZ enalapril/HCTZ lisinopril/HCTZ	<div> <div>ACCURETIC (quinapril/HCTZ)</div> <div>fosinopril/HCTZ</div> <div>moxepril/HCTZ</div> <div>quinapril/HCTZ</div> <div>ZESTORETIC (lisinopril/HCTZ)</div> </div>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Angiotensin II Receptor Blockers (ARBs)		
BENICAR (olmesartan) DIOVAN (valsartan) losartan	<div> <div>ATACAND (candesartan)</div> <div>AVAPRO (irbesartan)</div> <div>candesartan</div> <div>COZAAR (losartan)</div> <div>EDARBI (azilsartan)</div> <div>eprosartan</div> </div> <div> <div>irbesartan</div> <div>MICARDIS (telmisartan)</div> <div>telmisartan</div> <div>valsartan</div> </div>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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Preferred Agents	Non-Preferred Agents	PA Criteria
ARB/Diuretic Combinations		
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)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Direct Renin Inhibitors		
	TEKTURNA (aliskerin)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Direct Renin Inhibitor/Diuretic Combinations		
	TEKTURNA HCT (aliskerin/HCTZ)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
ARB/Neprilysin Inhibitor Combinations		
ENTRESTO (valsartan/sacubitril)		<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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ANGIOTENSIN MODULATOR COMBINATIONS		
Preferred Agents	Non-Preferred Agents	PA Criteria
benazepril /amlodipine EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) TARKA (trandolapril/verapamil)	AMTURNIDE (aliskiren/amlodipine/HCTZ) AZOR (olmesartan/amlodipine) LOTREL (benazepril/amlodipine) telmisartan/amlodipine trandolapril/verapamil TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine) valsartan /amlodipine valsartan/amlodipiine/HCTZ	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
ANTI-ALLERGENS, ORAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
	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"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
ANTIBIOTICS, GASTROINTESTINAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
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"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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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">■ Treatment failure with preferred drugs within any subclass■ Contraindication to preferred drugs■ Allergic reaction to preferred drugs
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">■ Treatment failure with preferred drugs within any subclass■ Contraindication to preferred drugs■ Allergic reaction to preferred drugs
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">■ Treatment failure with preferred drugs within any subclass■ Contraindication to preferred drugs■ Allergic reaction to preferred drugs

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

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

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

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

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ANTIEMETIC-ANTIVERTIGO AGENTS
(EXCLUDES INJECTABLES)

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

ANTIFUNGALS, ORAL

Preferred Agents	Non-Preferred Agents		PA Criteria
clotrimazole fluconazole griseofulvin suspension ketoconazole nystatin terbinafine	<i>CRESEMBA (isavuconazonium sulfate)</i> <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"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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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) LOTRIMIN (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">■ Treatment failure with preferred drugs within any subclass■ Contraindication to preferred drugs■ Allergic reaction to preferred drugs
Antifungal/Steroid Combinations					
clotrimazole/betamethasone cream		clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone) nystatin/triamcinolone		<ul style="list-style-type: none">■ Treatment failure with preferred drugs within any subclass■ Contraindication to preferred drugs■ Allergic reaction to preferred drugs	

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ANTIHISTAMINES, MINIMALLY SEDATING		
Preferred Agents	Non-Preferred Agents	PA Criteria
Antihistamines		
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"> ■ Treatment failure after no less than a 30-day trial of preferred drugs ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Antihistamine/Decongestant Combinations		
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"> ■ Treatment failure after no less than a 30-day trial of preferred drugs ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

ANTIHYPERTENSIVES, SYMPATHOLYTICS		
Preferred Agents	Non-Preferred Agents	PA Criteria
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"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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

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

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

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

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

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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">■ Treatment failure with preferred drugs within any subclass■ Contraindication to preferred drugs■ Allergic reaction to preferred drugs
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">■ Treatment failure with preferred drugs within any subclass■ Contraindication to preferred drugs■ Allergic reaction to preferred drugs
Long-Acting Injectables				
ABILIFY MAINTENA (aripiprazole) ARISTADA (aripiprazole) INVEGA SUSTENNA (paliperidone) INVEGA TRINZA (paliperidone) RISPERDAL CONSTA (risperidone)		ZYPREXA RELPREVV (olanzapine)		<ul style="list-style-type: none">■ Treatment failure with preferred drugs within any subclass■ Contraindication to preferred drugs■ Allergic reaction to preferred drugs

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

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BETA BLOCKERS (ORAL)			
Preferred Agents	Non-Preferred Agents	PA Criteria	
Beta Blockers			
acebutolol atenolol bisoprolol metoprolol IR metoprolol XL propranolol IR sotalol	<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> <i>nadolol</i>	<i>pindolol</i> <i>propranolol ER</i> <i>SECTRAL (acebutolol)</i> <i>SOTYLIZE (sotalol)</i> <i>TENORMIN (atenolol)</i> <i>timolol</i> <i>TOPROL XL (metoprolol succinate)</i> <i>ZEBETA (bisoprolol)</i>	<ul style="list-style-type: none">■ Treatment failure with preferred drugs within any subclass■ Contraindication to preferred drugs■ Allergic reaction to preferred drugs
Beta Blocker Combinations			
atenolol/chlorthalidone bisoprolol/HCTZ	<i>CORZIDE (nadolol/bendroflumethiazide)</i> <i>DUTOPROL (metoprolol succinate ER/HCTZ)</i> <i>metoprolol/HCTZ</i> <i>nadolol/bendroflumethiazide</i> <i>propranolol/HCTZ</i> <i>TENORETIC (atenolol/HCTZ)</i> <i>ZIAC (bisoprolol/HCTZ)</i>	<ul style="list-style-type: none">■ Treatment failure with preferred drugs within any subclass■ Contraindication to preferred drugs■ Allergic reaction to preferred drugs	
Beta- and Alpha-Blockers			
carvedilol labetalol	<i>COREG (carvedilol)</i> <i>COREG CR (carvedilol)</i>	<ul style="list-style-type: none">■ Treatment failure with preferred drugs within any subclass■ Contraindication to preferred drugs■ Allergic reaction to preferred drugs	

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

BLADDER RELAXANT PREPARATIONS		
Preferred Agents	Non-Preferred Agents	PA Criteria
oxybutynin IR TOVIAZ (<i>fesoterodine</i>) VESICARE (<i>solifenacin</i>)	<div>DETROL (<i>tolterodine</i>)</div> <div>oxybutynin ER</div> <div>DETROL LA (<i>tolterodine</i>)</div> <div>OXYTROL (<i>oxybutynin</i>)</div> <div>DITROPAN XL (<i>oxybutynin</i>)</div> <div>tolterodine</div> <div>ENABLEX (<i>darifenacin</i>)</div> <div>tolterodine ER</div> <div>flavoxate</div> <div>trospium</div> <div>GELNIQUE (<i>oxybutynin</i>)</div> <div>trospium ER</div> <div>MYRBETRIQ (<i>mirabegron</i>)</div>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

BONE RESORPTION SUPPRESSION AND RELATED AGENTS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Bisphosphonates		
alendronate tablets	<div>ACTONEL (<i>risedronate</i>)</div> <div>FOSAMAX (<i>alendronate</i>)</div> <div>alendronate solution</div> <div>FOSAMAX PLUS D</div> <div>ATELVIA (<i>risedronate</i>)</div> <div>(<i>alendronate/vitamin D</i>)</div> <div>BINOSTO (<i>alendronate</i>)</div> <div>ibandronate</div> <div>BONIVA (<i>ibandronate</i>)</div> <div>raloxifene</div> <div>etidronate</div> <div>risedronate</div>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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BONE RESORPTION SUPPRESSION AND RELATED AGENTS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Other Bone Resorption Suppression and Related Agents		
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"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

BPH AGENTS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Alpha Blockers		
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"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
5-Alpha-Reductase (5AR) Inhibitors		
finasteride	<i>AVODART (dutasteride)</i> <i>PROSCAR (finasteride)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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

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

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

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CALCIUM CHANNEL BLOCKERS (ORAL)			
Preferred Agents	Non-Preferred Agents		PA Criteria
Long-Acting			
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">■ Treatment failure with preferred drugs within any subclass■ Contraindication to preferred drugs■ Allergic reaction to preferred drugs

CEPHALOSPORINS AND RELATED ANTIBIOTICS (ORAL)			
Preferred Agents	Non-Preferred Agents		PA Criteria
Beta Lactam/Beta-Lactamase Inhibitor Combinations			
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">■ Treatment failure with preferred drugs within any subclass■ Contraindication to preferred drugs■ Allergic reaction to preferred drugs
Cephalosporins – First Generation			
cefadroxil capsules, suspension cephalexin capsules, suspension	cefadroxil tablets cephalexin tablets KEFLEX (cephalexin)		<ul style="list-style-type: none">■ Treatment failure with preferred drugs within any subclass■ Contraindication to preferred drugs■ Allergic reaction to preferred drugs

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

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COPD AGENTS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Anticholinergics		
ATROVENT HFA (ipratropium) ipratropium inhalation solution SPIRIVA HANDIHALER (tiotropium)	INCRUSE ELLIPTA (umeclidinium) SEEBRI NEOHALER (glycopyrrolate) SPIRIVA RESPIMAT (tiotropium) TUDORZA (aclidinium)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Anticholinergic-Beta Agonist Combinations		
COMBIVENT RESPIMAT (albuterol/ipratropium) STIOLTO RESPIMAT (tiotropium/olodaterol)	albuterol/ipratropium ANORO ELLIPTA (umeclidinium/vilanterol) UTIBRON NEOHALER (glycopyrrolate/indacaterol)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Phosphodiesterase Inhibitors		
	DALIRESP (roflumilast)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
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)	<div> <div>ACTEMRA (tocilizumab)</div> <div>CIMZIA (certolizumab)</div> <div>COSENTYX (secukinumab)</div> <div>ILARIS (canakinumab)</div> <div>KINERET (anakinra)</div> <div>ORENCIA (abatacept)</div> </div> <div> <div>OTEZLA (apremilast)</div> <div>SIMPONI (golimumab)</div> <div>STELARA (ustekinumab)</div> <div>XELJANZ (tofacitinib)</div> </div>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

EPINEPHRINE, SELF-INJECTED

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

ERYTHROPOIESIS STIMULATING PROTEINS

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

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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"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
GI MOTILITY, CHRONIC		
Preferred Agents	Non-Preferred Agents	PA Criteria
	alosetron AMITIZA (lubiprostone) LINZESS (linaclotide) LOTRONEX (alosetron) MOVANTIK (naloxegol) RELISTOR (methylnaltrexone) VIBERZI (eluxadoline)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass (including OTC laxatives) ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
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"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs ■ Pulmicort respules 0.25, 0.5 mg will be authorized for patients under four years of age

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

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"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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

HEPATITIS C AGENTS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Pegylated Interferons		
PEG-INTRON (pegylated IFN alfa-2b)	<i>INFERGEN (consensus IFN)</i> <i>PEGASYS (pegylated IFN alfa-2a)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Polymerase/Protease Inhibitors		
DAKLINZA (daclatasvir) TECHNIVIE (ombitasvir/paritaprevir/ritonavir) VIEKIRA PAK (dasabuvir/ombitasvir/paritaprevir/ritonavir)	<i>HARVONI (sofosbuvir/ledipasvir)</i> <i>OLYSIO (simeprevir)</i> <i>SOVALDI (sofosbuvir)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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HEPATITIS C AGENTS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Ribavirin		
ribavirin capsule ribavirin tablet	REBETOL solution RIBAPAK RIBASPHERE 400, 600 mg ribavirin dose pack	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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

HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Amylin Analogs		
SYMLIN (pramlintide)		Patient must meet all of the following criteria: <ul style="list-style-type: none"> ■ Diagnosis of diabetes mellitus ■ Age >18 years ■ HbA1C in past 6 months ■ No history of gastroparesis, neurologic manifestations of diabetes or recent treatment of hypoglycemia

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HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Incretin Enhancers		
JENTADUETO (linagliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin) ONGLYZA (saxagliptin) TRADJENTA (linagliptin)	JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JANUVIA (sitagliptin) KAZANO (alogliptin /metformin) NESINA (alogliptin) OSEN (alogliptin / glimepiride)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Incretin Mimetics		
BYDUREON (exenatide ER) BYETTA (exenatide) VICTOZA (liraglutide)	TANZEUM (albiglutide) TRULICITY (dulaglutide)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Incretin Enhancers/SGLT2 Inhibitor Combinations		
	GLYXAMBI (empagliflozin/linagliptin)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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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) TOUJEO (insulin glargine) TRESIBA (insulin degludec)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs

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

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

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

HYPOGLYCEMICS, TZD		
Preferred Agents	Non-Preferred Agents	PA Criteria
Thiazolidinediones		
pioglitazone	ACTOS (pioglitazone) AVANDIA (rosiglitazone)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
TZD Combinations		
	ACTOPLUS MET (pioglitazone/metformin) ACTOPLUS MET XR (pioglitazone/metformin) AVANDAMET (rosiglitazone/metformin) AVANDARYL (rosiglitazone/glimepiride) DUETACT (pioglitazone/glimepiride) pioglitazone/metformin pioglitazone/glimepiride	<ul style="list-style-type: none"> ■ Separate prescriptions for the individual components should be used instead of the combination drug.

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

IMMUNOMODULATORS, ATOPIC DERMATITIS		
Preferred Agents	Non-Preferred Agents	PA Criteria
	ELIDEL (pimecrolimus) PROTOPIC (tacrolimus) tacrolimus	<ul style="list-style-type: none"> ■ Prior authorization is required for all products in this class

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

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INTRANASAL RHINITIS AGENTS				
Preferred Agents		Non-Preferred Agents		PA Criteria
Glucocorticoids				
fluticasone NASONEX (mometasone)		BECONASE AQ (beclomethasone) budesonide FLONASE (fluticasone) FLONASE OTC (fluticasone) flunisolide NASACORT OTC (triamcinolone) OMNARIS (ciclesonide)	QNASL (beclomethasone dipropionate) RHINOCORT AQUA (budesonide) triamcinolone VERAMYST (fluticasone furoate) ZETONNA (ciclesonide)	<ul style="list-style-type: none">■ Treatment failure with preferred drugs within any subclass■ Contraindication to preferred drugs■ Allergic reaction to preferred drugs
Others				
PATANASE (olopatadine)		ASTELIN (azelastine) ASTEPRO (azelastine) ATROVENT (ipratropium) nasal spray azelastine ipratropium nasal spray olopatadine		<ul style="list-style-type: none">■ Treatment failure with preferred drugs within any subclass■ Contraindication to preferred drugs■ Allergic reaction to preferred drugs
Combinations				
		DYMISTA (azelastine/fluticasone)		<ul style="list-style-type: none">■ Treatment failure with preferred drugs within any subclass■ Contraindication to preferred drugs■ Allergic reaction to preferred drugs
IRON, ORAL				
See Separate Listing Of Preferred Oral Iron Drugs.				

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

LINCOSAMIDES/OXAZOLIDINONES/STREPTOGRAMINS		
Preferred Agents	Non-Preferred Agents	PA Criteria
clindamycin capsules clindamycin solution linezolid tablet (non-authorized generic) ZYVOX (linezolid) suspension	<i>CLEOCIN (clindamycin)</i> <i>clindamycin injection</i> <i>LINCOCIN (lincomycin)</i> <i>linezolid injection</i> <i>linezolid suspension</i> <i>linezolid tablets (authorized generic/Apotex, Greenstone, Teva)</i> <i>SIVEXTRO (tedizolid)</i> <i>SYNERCID (quinupristin/dalfopristin)</i> <i>ZYVOX (linezolid) tablets</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

LIPOTROPICS, OTHER		
Preferred Agents	Non-Preferred Agents	PA Criteria
Bile Acid Sequestrants		
cholestyramine colestipol tablets	<i>COLESTID (colestipol)</i> <i>colestipol granules</i> <i>QUESTRAN (cholestyramine)</i> <i>QUESTRAN LIGHT (cholestyramine)</i> <i>WELCHOL (colesevalam)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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LIPOTROPICS, OTHER		
Preferred Agents	Non-Preferred Agents	PA Criteria
Cholesterol Absorption Inhibitors		
ZETIA (ezetimibe)		<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Fibric Acid Derivatives		
fenofibrate (generic Lipofen, Lofibra, Tricor) fenofibric acid (generic Trilipix) gemfibrozil	<i>ANTARA (fenofibrate)</i> <i>fenofibrate (generic Antara)</i> <i>fenofibric acid (generic Fibracor)</i> <i>FENOGLIDE (fenofibrate)</i> <i>LIPOFEN (fenofibrate)</i> <i>LOFIBRA (fenofibrate)</i>	<i>LOPID (gemfibrozil)</i> <i>TRICOR (fenofibrate)</i> <i>TRIGLIDE (fenofibrate)</i> <i>TRILIPIX (fenofibric acid)</i> <ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Homozygous Familial Hypercholesterolemia Treatments		
JUXTAPID (lomitapide) KYNAMRO (mipomersen)		<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Niacin		
<i>niacin OTC</i> NIACOR (niacin)	<i>niacin ER</i> <i>NIASPAN (niacin)</i> <i>SLO-NIACIN OTC (niacin)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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LIPOTROPICS, OTHER		
Preferred Agents	Non-Preferred Agents	PA Criteria
Omega-3 Fatty Acids		
omega-3 OTC	LOVAZA (<i>omega-3 fatty acids</i>) <i>omega-3 fatty acids</i> RESTORA (<i>omega-3 fatty acids</i>) VASCEPA (<i>icosapent ethyl</i>)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

LIPOTROPICS, STATINS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Statins		
atorvastatin lovastatin pravastatin simvastatin	ALTOPREV (<i>lovastatin</i>) CRESTOR (<i>rosuvastatin</i>) <i>fluvastatin</i> <i>fluvastatin ER</i> LESCOL (<i>fluvastatin</i>) LESCOL XL (<i>fluvastatin</i>) LIPITOR (<i>atorvastatin</i>) LIVALO (<i>pitavastatin</i>) PRAVACHOL (<i>pravastatin</i>) ZOCOR (<i>simvastatin</i>)	<ul style="list-style-type: none"> ■ Treatment failure with at least two preferred drugs accounting for no less than 120 days of therapy combined ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Statin Combinations		
SIMCOR (<i>simvastatin/niacin</i>)	ADVICOR (<i>lovastatin/niacin</i>) <i>atorvastatin/amlodipine</i> CADUET (<i>atorvastatin/amlodipine</i>) VYTORIN (<i>simvastatin/ezetimibe</i>)	<ul style="list-style-type: none"> ■ Treatment failure with at least two preferred drugs accounting for no less than 120 days of therapy combined ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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

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

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NEUROPATHIC PAIN		
Preferred Agents	Non-Preferred Agents	PA Criteria
Topical Agents		
capsaicin OTC	<i>lidocaine patch</i> <i>LIDODERM (lidocaine)</i> <i>QUTENZA (capsaicin)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

NSAIDS				
Preferred Agents		Non-Preferred Agents		PA Criteria
Nonspecific				
ibuprofen INDOCIN (indomethacin) suspension indomethacin capsules ketorolac naproxen suspension, 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">■ Treatment failure with preferred drugs within any subclass■ Contraindication to preferred drugs■ Allergic reaction to preferred drugs

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NSAIDS		
Preferred Agents	Non-Preferred Agents	PA Criteria
NSAID/GI Protectant Combinations		
	<i>ARTHROTEC (diclofenac/misoprostol)</i> <i>diclofenac/misoprostol</i> <i>DUEXIS (ibuprofen/famotidine)</i> <i>VIMOVO (naproxen/esomeprazole)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
COX-II Selective		
meloxicam tablets	<i>CELEBREX (celecoxib)</i> <i>celecoxib</i> <i>meloxicam suspension</i> <i>MOBIC (meloxicam)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
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"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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

OPHTHALMIC ANTIBIOTICS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Aminoglycosides		
gentamicin tobramycin TOBREX (tobramycin) ointment	TOBREX (tobramycin) solution	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Quinolones		
ciprofloxacin MOXEZA (moxifloxacin) ofloxacin VIGAMOX (moxifloxacin)	BESIVANCE (besifloxacin) CILOXAN (ciprofloxacin) gatifloxacin levofloxacin OCUFLOX (ofloxacin) Zymaxid (gatifloxacin)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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OPHTHALMIC ANTIBIOTICS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Macrolides		
erythromycin	AZASITE (<i>azithromycin</i>)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Other		
bacitracin/polymyxin neomycin/polymyxin/gramicidin polymyxin/trimethoprim sulfacetamide solution	<i>bacitracin</i> <i>BLEPH-10 (sulfacetamide)</i> <i>NATACYN (natamycin)</i> <i>neomycin/bacitracin/polymyxin</i> <i>POLYTRIM (polymyxin/trimethoprim)</i> <i>sulfacetamide ointment</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS		
Preferred Agents	Non-Preferred Agents	PA Criteria
cromolyn PATADAY (olopatadine) PAZEO (olopatadine)	<div> <div> <i>ALOCRIAL (nedocromil)</i> <i>ALOMIDE (lodoxamide)</i> <i>ALREX (loteprednol)</i> <i>azelastine</i> <i>BEPREVE (bepotastine)</i> <i>ELESTAT (epinastine)</i> </div> <div> <i>EMADINE (emedastine)</i> <i>epinastine</i> <i>ketotifen</i> <i>LASTACAFT (alcaftadine)</i> <i>OPTIVAR (azelastine)</i> <i>PATANOL (olopatadine)</i> </div> </div>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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

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OPHTHALMICS, GLAUCOMA AGENTS

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

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OPHTHALMICS, GLAUCOMA AGENTS

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

OPIATE DEPENDENCE TREATMENTS

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

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"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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OTIC ANTI-INFECTIVES/ANESTHETICS

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

PAH AGENTS (ORAL, INHALATION)

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

PANCREATIC ENZYMES

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

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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"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

PHOSPHATE BINDERS		
Preferred Agents	Non-Preferred Agents	PA Criteria
calcium acetate CALPHRON OTC (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>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"> ■ hypercalcemia (corrected serum calcium >10.2 mg/dL) ■ plasma PTH levels <150 pg/mL on two consecutive measurements ■ dialysis patients with severe vascular and/or soft tissue calcifications

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"> ■ Treatment failure with preferred drug ■ Contraindication to preferred drug ■ Allergic reaction to preferred drug

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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 (megestrol) MEGACE ES (megestrol)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drug ■ Contraindication to preferred drug ■ Allergic reaction to preferred drug

PROTON PUMP INHIBITORS (ORAL)

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

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

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

STEROIDS, TOPICAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
Low Potency		
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"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Medium Potency		
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"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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STEROIDS, TOPICAL			
Preferred Agents	Non-Preferred Agents		PA Criteria
High Potency			
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 DERMACINRX SILAZONE (triamcinolone) desoximetasone diflorasone	DIPROLENE (betamethasone dipropionate) DIPROLENE AF (betamethasone dipropionate) fluocinonide HALOG (halcinonide) KENALOG aerosol (triamcinolone) TOPICORT (desoximetasone) triamcinolone acetonide lotion TRIANEX (triamcinolone) VANOS (fluocinonide)	<ul style="list-style-type: none">■ Treatment failure with preferred drugs within any subclass■ Contraindication to preferred drugs■ Allergic reaction to preferred drugs
Very High Potency			
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)	<ul style="list-style-type: none">■ 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 DAYTRANA (methylphenidate) dexmethylphenidate IR dextroamphetamine IR FOCALIN XR (dexmethylphenidate) methylphenidate IR ^{PPG} methylphenidate CD methylphenidate ER methylphenidate ER (authorized generic Concerta/Actavis) ^{PPG} QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine)	<i>amphetamine salt combination ER</i> <i>APTENSIO XR (methylphenidate)</i> <i>CONCERTA (methylphenidate)</i> <i>DESOXYN (methamphetamine)</i> <i>DEXEDRINE (dextroamphetamine)</i> <i>dexmethylphenidate IR (AG)</i> <i>dexmethylphenidate ER</i> <i>dextroamphetamine ER</i> <i>dextroamphetamine solution</i> <i>EVEKEO (amphetamine)</i> <i>FOCALIN (dexmethylphenidate)</i> <i>METADATE CD (methylphenidate)</i> <i>methamphetamine</i>	<i>METHYLIN (methylphenidate)</i> <i>methylphenidate chewable tablets</i> <i>methylphenidate ER (generic Concerta)</i> <i>methylphenidate CD</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>ZENZEDI (dextroamphetamine)</i>	<ul style="list-style-type: none">■ Treatment failure with preferred drugs within any subclass■ Contraindication to preferred drugs■ Allergic reaction to preferred drugs■ Methylin solution will not require previous use of a preferred drug for patients under six years of age
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">■ Treatment failure with preferred drugs within any subclass■ Contraindication to preferred drugs■ Allergic reaction to preferred drugs

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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"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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

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PREMIUM PREFERRED GENERIC (PPG) 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.

Manufacturer	Labeler Code(s)
Mallinckrodt	00406

Preferred Agents		Non-Preferred Agents		PA CRITERIA
Agent	Ingredients	Agent	Ingredients	
ALA-HIST IR	DEXBROMPHENIRAMINE MALEATE	BROTAPP	BROMPHENIRAMIN/PSEUDOEPHEDRINE	All products restricted to patients aged 2 years and above
ALA-HIST PE	DEXBROMPHENIRAMIN/PHENYLEPHRIN	CHEST CONGESTION RELIEF PE	GUAIFENESIN/PHENYLEPHRINE HCL	
APRODINE	TRIPROLDINE/PSEUDOEPHEDRINE	CONGESTION RELIEF	IBUPROFEN/PHENYLEPHRINE HCL	
CHEST CONGESTION RELIEF	GUAIFENESIN	GUAIFENESIN-PSEUDOEPHEDRINE ER	GUAIFENESIN/PSEUDOEPHEDRINE HCL	
CHILD DELSYM COUGH+COLD	DIPHENHYDRA/PHENYLEPH/ACETAMIN	J-TAN D PD	BROMPHENIRAMIN/PSEUDOEPHEDRINE	
CHILD MUCINEX CHEST CONGESTION	GUAIFENESIN	LOHIST-D	CHLORPHENIRAMINE/PSEUDOEPHED	
CHILDREN'S MUCINEX	GUAIFENESIN/PHENYLEPHRINE HCL	LORTUSS LQ	DOXYLAMINE/PSEUDOEPHEDRINE HCL	
CHILDREN'S MUCINEX	DIPHENHYDRA/PHENYLEPH/ACETAMIN	MAPAP SINUS	PHENYLEPHRINE HCL/ACETAMINOPHN	
DALLERGY	CHLORPHENIRAMINE/PHENYLEPHRINE	MAXIPHEN	GUAIFENESIN/PHENYLEPHRINE HCL	
DALLERGY	DEXBROMPHENIRAMIN/PHENYLEPHRIN	MUCINEX FAST-MAX NITE COLD-FLU	DIPHENHYDRA/PHENYLEPH/ACETAMIN	
DECONEX IR	GUAIFENESIN/PHENYLEPHRINE HCL	MUCUS RELIEF SINUS	GUAIFENESIN/PHENYLEPHRINE HCL	
DELSYM COUGH+COLD	DIPHENHYDRA/PHENYLEPH/ACETAMIN	PAIN RELIEF SINUS PE	PHENYLEPHRINE HCL/ACETAMINOPHN	
DIMAPHEN	BROMPHENIRAMIN/PHENYLEPHRINE	PHENYLEPHRINE-PYRILAMINE	PHENYLEPHRINE/PYRILAMINE	
ED A-HIST	CHLORPHENIRAMINE/PHENYLEPHRINE	PROMETHAZINE VC	PHENYLEPHRINE HCL/PROMETH HCL	
ED A-HIST PSE	TRIPROLDINE/PSEUDOEPHEDRINE	RESCON	DEXCHLORPHENIRAMIN/PSEUDOEPHED	
ED BRON GP	GUAIFENESIN/PHENYLEPHRINE HCL	RESCON-GG	GUAIFENESIN/PHENYLEPHRINE HCL	
ED CHLORPED D	CHLORPHENIRAMINE/PHENYLEPHRINE	RU-HIST D	BROMPHENIRAMIN/PHENYLEPHRINE	
GUAIFENESIN	GUAIFENESIN	STAHIST AD	CHLORCYCLIZINE/PSEUDOEPHEDRINE	
GUAIFENESIN ER	GUAIFENESIN	VIRDEC	CHLORPHENIRAMINE/PHENYLEPHRINE	
HISTEX-PE	PHENYLEPHRINE/TRIPROLDINE			
IOPHEN NR	GUAIFENESIN			
J-MAX	GUAIFENESIN/PHENYLEPHRINE HCL			
LODRANE D	BROMPHENIRAMIN/PSEUDOEPHEDRINE			
MUCAPHED	GUAIFENESIN/PHENYLEPHRINE HCL			
MUCINEX	GUAIFENESIN			
MUCINEX D	GUAIFENESIN/PSEUDOEPHEDRNE HCL			
MUCINEX FAST-MAX COLD-SINUS	GUAIFEN/PHENYLEPH/ACETAMINOPHN			
MUCINEX FAST-MAX NITE COLD-FLU	DIPHENHYDRA/PHENYLEPH/ACETAMIN			
MUCINEX SINUS-MAX	GUAIFEN/PHENYLEPH/ACETAMINOPHN			
MUCINEX SINUS-MAX DAY-NIGHT	DIPHENHYD/PE/ACETAMINOPHEN/GG			
MUCINEX SINUS-MAX SEV CONGEST	GUAIFEN/PHENYLEPH/ACETAMINOPHN			
MUCUS ER	GUAIFENESIN			
MUCUS RELIEF	GUAIFENESIN			
NASOPEN PE	THONZYLAMINE/PHENYLEPHRINE			
NOHIST-LQ	CHLORPHENIRAMINE/PHENYLEPHRINE			
ORGAN-I NR	GUAIFENESIN			
POLY-VENT IR	GUAIFENESIN/PSEUDOEPHEDRNE HCL			
Q-TUSSIN	GUAIFENESIN			
RESPAIRNE-30	GUAIFENESIN/PSEUDOEPHEDRNE HCL			
ROBAFEN	GUAIFENESIN			
RYMED	DEXCHLORPHENIR/PHENYLEPHRINE			
RYNEX PE	BROMPHENIRAMIN/PHENYLEPHRINE			
RYNEX PSE	BROMPHENIRAMIN/PSEUDOEPHEDRINE			
SILTUSSIN SA	GUAIFENESIN			
SUDGEST SINUS & ALLERGY	CHLORPHENIRAMINE/PSEUDOEPHED			
TUSSIN	GUAIFENESIN			

Cough and Cold (Nasal)			
Preferred Agents		Non-Preferred Agents	
Agent	Ingredients	Agent	Ingredients
NASAL DECONGESTANT	OXYMETAZOLINE HCL	MUCINEX SINUS-MAX	OXYMETAZOLINE HCL
NASAL SPRAY	OXYMETAZOLINE HCL	MUCINEX SINUS-MAX	OXYMETAZOLINE HCL
NRS-NASAL RELIEF	OXYMETAZOLINE HCL	NASAL SPRAY	OXYMETAZOLINE HCL
		NOSE DROPS	PHENYLEPHRINE HCL

Cough and Cold (Non-Narcotic)				
Preferred Agents		Non-Preferred Agents		PA CRITERIA
Agent	Ingredients	Agent	Ingredients	
ALA-HIST DM	BROMPHENIRAM/PHENYLEPHRINE/DM	ALLFEN DM	GUAIFENESIN/DEXTROMETHORPHAN	All products restricted to patients aged 2 years and above
AP-HIST DM	BROMPHENIRAM/PHENYLEPHRINE/DM	ALL-NITE COLD-FLU RELIEF	D-METHORPHAN/ACETAMIN/DOXYLAMN	
BENZONATATE	BENZONATATE	BROMPHENIRAMINE-PSEUDOEPHED-DM	BROMPHENIRAMINE/PSEUDOEPHED/DM	
BROMFED DM	BROMPHENIRAMINE/PSEUDOEPHED/DM	CHILDREN'S COLD & COUGH DM	BROMPHENIRAM/PHENYLEPHRINE/DM	
BROTAPP DM	BROMPHENIRAMINE/PSEUDOEPHED/DM	CHLO TUSS EX	CHLOPHEDIANOL HCL/GUAIFENESIN	
CHILD DELSYM COUGH+CHEST DM	GUAIFENESIN/DEXTROMETHORPHAN	DAY TIME COLD-FLU RELIEF	D-METHORPHAN/PE/ACETAMINOPHEN	
CHILD MUCINEX M-S COLD DAY-NTE	DIPHENHYDRAM/PE/DM/ACETAMIN/GG	DIMAPHEN DM	BROMPHENIRAM/PHENYLEPHRINE/DM	
CHILDREN'S MUCINEX	PHENYLEPHRINE/DM/ACETAMINOP/GG	DURAFUJ	PSEUDOEPH/DM/GUAIFEN/ACETAMIN	
CHILDREN'S MUCINEX	GUAIFENESIN/D-METHORPHAN HB/PE	ENDACOF-DM	BROMPHENIRAM/PHENYLEPHRINE/DM	
CHILDREN'S MUCINEX	GUAIFENESIN/DEXTROMETHORPHAN	LOHIST PEB DM	BROMPHENIRAM/PE/ACETAMINOP/DM	
CHLO TUSS	DEXBROMPHEN/PSEUDOEPH/CHLOPHED	LORTUSS DM	DOXYLAMINE/PSEUDOEPHEDRINE/DM	
COUGH DM ER	DEXTROMETHORPHAN POLISTIREX	MAPAP COLD FORMULA	D-METHORPHAN/PE/ACETAMINOPHEN	
DECONEX DMX	GUAIFENESIN/D-METHORPHAN HB/PE	MAXIPHEN DM	GUAIFENESIN/D-METHORPHAN HB/PE	
DELSYM	DEXTROMETHORPHAN POLISTIREX	MUCINEX FAST-MAX DAY-NITE COLD	DIPHENHYDRAM/PE/DM/ACETAMIN/GG	
DELSYM COUGH+CHEST CONGEST DM	GUAIFENESIN/DEXTROMETHORPHAN	MUCINEX FAST-MAX SEVERE COLD	PHENYLEPHRINE/DM/ACETAMINOP/GG	
DELSYM COUGH-COLD	PHENYLEPHRINE/DM/ACETAMINOP/GG	NIGHT TIME COLD-FLU RELIEF	D-METHORPHAN/ACETAMIN/DOXYLAMN	
DEXTROMETHORPHAN POLISTIREX	DEXTROMETHORPHAN POLISTIREX	NIGHTTIME COUGH & SORE THROAT	D-METHORPHAN/ACETAMIN/DOXYLAMN	
ED A-HIST DM	CHLORPHENIRAMINE/PHENYLEPH/DM	NINJACOF	PYRILAMINE/CHLOPHEDIANOL	
ED-A-HIST DM	CHLORPHENIRAMINE/PHENYLEPH/DM	NINJACOF-A	PYRILAM/CHLOPHED/ACETAMINOPHEN	
EXTRA ACTION COUGH	GUAIFENESIN/DEXTROMETHORPHAN	PRO-CHLO	PYRILAMINE/PE/CHLOPHEDIANOL	
HISTEX-DM	TRIPROLDINE/PHENYLEPHRINE/DM	ROBAFEN CF	GUAIFENESIN/D-METHORPHAN HB/PE	
IOPHEN DM-NR	GUAIFENESIN/DEXTROMETHORPHAN	ROBAFEN COUGH	DEXTROMETHORPHAN HBR	
KIDKARE	CHLORPHENIRAMIN/PSEUDOEPHED/DM	VANACOF-8	PYRILAMINE/CHLOPHEDIANOL	
LOHIST-DM	BROMPHENIRAM/PHENYLEPHRINE/DM	VIRDEC DM	CHLORPHENIRAMINE/PHENYLEPH/DM	
M-END DMX	DEXBROMPHEN/PSEUDOEPHEDRINE/DM	ZONATUSS	BENZONATATE	
MUCINEX COLD-FLU-SORE THROAT	PHENYLEPHRINE/DM/ACETAMINOP/GG			
MUCINEX COUGH	GUAIFENESIN/DEXTROMETHORPHAN			
MUCINEX DM	GUAIFENESIN/DEXTROMETHORPHAN			
MUCINEX FAST-MAX COLD-FLU-THRT	PHENYLEPHRINE/DM/ACETAMINOP/GG			
MUCINEX FAST-MAX CONGEST-COUGH	GUAIFENESIN/D-METHORPHAN HB/PE			
MUCINEX FAST-MAX DAY-NITE CONG	DIPHENHYDRAM/PE/DM/ACETAMIN/GG			
MUCINEX FAST-MAX DM MAX	GUAIFENESIN/DEXTROMETHORPHAN			
MUCINEX FAST-MAX SEVERE COLD	PHENYLEPHRINE/DM/ACETAMINOP/GG			
NOHIST-DM	CHLORPHENIRAMINE/PHENYLEPH/DM			
PEDIATRIC COUGH-COLD	CHLORPHENIRAMIN/PSEUDOEPHED/DM			
POLY-HIST DM	THONZYLAMINE/PHENYLEPHRINE/DM			
POLY-HIST PD	THONZYLAMINE/CHLOPHEDIANOL			
POLY-VENT DM	GUAIFENESIN/DM/PSEUDOEPHEDRINE			
PROMETHAZINE-DM	PROMETHAZINE/DEXTROMETHORPHAN			
Q-TUSSIN DM	GUAIFENESIN/DEXTROMETHORPHAN			
RESCON-DM	CHLORPHENIRAMIN/PSEUDOEPHED/DM			
ROBAFEN DM COUGH	GUAIFENESIN/DEXTROMETHORPHAN			
ROBAFEN DM COUGH-CHEST CONGEST	GUAIFENESIN/DEXTROMETHORPHAN			
ROBAFEN-DM	GUAIFENESIN/DEXTROMETHORPHAN			
RYNEX DM	BROMPHENIRAM/PHENYLEPHRINE/DM			
SILTUSSIN DM	GUAIFENESIN/DEXTROMETHORPHAN			
SILTUSSIN DM DAS COUGH FORMULA	GUAIFENESIN/DEXTROMETHORPHAN			
TUSSIN DM	GUAIFENESIN/DEXTROMETHORPHAN			
VANACOF	D-CHLORPHENIRAM/PE/CHLOPHEDIAN			
VANACOF DM	GUAIFENESIN/D-METHORPHAN HB/PE			

Cough and Cold (Narcotic)			
Preferred Agents		Non-Preferred Agents	
Agent	Ingredients	Agent	Ingredients
CHERATUSSIN AC CODEINE-GUAIFENESIN GUAIAUSSIN AC GUAIFENESIN AC GUAIFENESIN-CODEINE IOPHEN-C NR PROMETHAZINE-CODEINE VIRTUSSIN AC	GUAIFENESIN/CODEINE PHOSPHATE GUAIFENESIN/CODEINE PHOSPHATE GUAIFENESIN/CODEINE PHOSPHATE GUAIFENESIN/CODEINE PHOSPHATE GUAIFENESIN/CODEINE PHOSPHATE GUAIFENESIN/CODEINE PHOSPHATE PROMETHAZINE HCL/CODEINE GUAIFENESIN/CODEINE PHOSPHATE	CHERATUSSIN DAC FLOWTUSS HYCOFENIX HYDROCOD-CPM-PSEUDOEPHEDRINE HYDROCODONE BT-HOMATROPINE MBR HYDROCODONE-CHLORPHENIRAMINE ER HYDROCODONE-HOMATROPINE MBR HYDROMET LORTUSS EX M-END MAX D M-END WC NINJACOF-XG PHENYLHISTINE DH PRO-CLEAR AC PROMETHAZINE VC-CODEINE REZIRA TUSSIONEX ZUTRIPRO	P-EPHED HCL/CODEINE/GUAIFEN GUAIFENESIN/HYDROCODONE HYDROCODONE/PSEUDOEPHED/GUAIF HYDROCODONE/CPM/PSEUDOEPHED HYDROCODONE BIT/HOMATROP ME-BR HYDROCODONE/CHLORPHEN P-STIREX HYDROCODONE BIT/HOMATROP ME-BR HYDROCODONE BIT/HOMATROP ME-BR P-EPHED HCL/CODEINE/GUAIFEN DEXBROMPHENIRAMINE/PSE/CODEINE BROMPHENIRAMINE/PSEUDOEPHED/CODEIN GUAIFENESIN/CODEINE PHOSPHATE P-EPHED HCL/COD/CHLORPHENIR CODEINE PHOSPHATE/PYRIL MAL PROMETHAZINE/PHENYLEPH/CODEINE P-EPHED HCL/HYDROCODONE HYDROCODONE/CHLORPHEN P-STIREX HYDROCODONE/CPM/PSEUDOEPHED
		All products restricted to patients aged 2 years and above	

Prenatal Vitamins			
Preferred Agents		Non-Preferred Agents	
Agent	Ingredients	Agent	Ingredients
CITRANATAL 90 DHA CITRANATAL ASSURE CITRANATAL B-CALM CITRANATAL HARMONY NESTABS NESTABS ABC NESTABS DHA OB COMPLETE OB COMPLETE PETITE PRENATE AM PRENATE CHEWABLE PRENATE DHA PRENATE DHA PRENATE ELITE PRENATE ENHANCE PRENATE ESSENTIAL PRENATE MINI PRENATE MINI PRENATE PIXIE PRENATE RESTORE PRENATE STAR SELECT-OB + DHA TRIADVANCE TRICARE TRINATAL RX 1 VITAFOL NANO VITAFOL ULTRA VITAFOL-OB+DHA VITAFOL-ONE VOL-PLUS	PNV72/IRON,CARB&GLU/FA/DSS/DHA PNV73/IRON,CARB&GLU/FA/DSS/DHA PRENATAL #48/IRON CB,GLU/FA/B6 PNV59/IRON,CARB&FUM/FA/DSS/DHA PRENATAL VIT#86/IRON BISGLY/FA PNV #86/IRON POLY/FA/DHA/EPA PNV #87/IRON BISGLY/FA/DHA IRON,CARBONYL/FA/MULTIVIT-MIN PRENATAL56/IRON/FOLIC ACID/DHA PRENATAL VIT NO.114/FA/GINGER PRENATAL VIT NO.112/FOLIC ACID PNV #38/IRON FUM/FOLATE/DHA PNV #78/IRON ASP GLY/FA#1/DHA PRENATAL #79/IRON ASP GLY/FA#1 PRENATAL VIT #68/IRON/FA#6/DHA PRENATAL VIT#84/IRON/FA#1/DHA PRENATAL VIT NO.44/IRON/FA/DHA PRENATAL VIT NO.87/IRON/FA/DHA PRENATAL VIT#85/IRON/FA#1/DHA PRENATAL VIT #69/IRON/FA#6/DHA PRENATAL NO.77/IRON ASP GLY/FA PRENATAL VITS #33/IRON/FA/DHA PRENATAL VIT 15/IRON CB/FA/DSS PRENATAL #103/IRON FUMARATE/FA PRENATAL VIT27,CALCIUM/IRON/FA PRENATAL NO.75/IRON/FOLATE #1 PNV#67/IRON PS/FA CMB#1/DHA PRENAT VIT COMB.10/IRON/FA/DHA PNV#26/IRON POLY/FA/DHA PNV WITH CA#74/IRON/FOLIC ACID	ACTIVE OB COMPLETE NATAL DHA COMPLETENATE CONCEPT DHA CONCEPT OB ELITE-OB EXTRA-VIRT PLUS DHA FOCALGIN 90 DHA FOCALGIN CA FOLCAL DHA FOLCAPS OMEGA-3 FOLIVANE-OB NATALVIRT 90 DHA NATALVIRT CA NEXA PLUS OB COMPLETE ONE OB COMPLETE PREMIER PAIRE OB PLUS DHA PR NATAL 400 PR NATAL 400 EC PR NATAL 430 EC PREFERA OB PREFERA-OB ONE PREFERA-OB PLUS DHA PROVIDA DHA PROVIDA OB RELNATE DHA SELECT-OB SE-NATAL 19 SE-NATAL 19 SE-TAN DHA TARON-BC TARON-C DHA TRICARE PRENATAL COMPLEAT TRICARE PRENATAL DHA ONE TRINATAL GT TRIVEEN-DUO DHA ULTIMATECARE ONE VIRT-SELECT VITAFOL-OB VOL-NATE VOL-TAB RX VP-CH-PNV VP-GGR-B6 VP-HEME OB VP-HEME OB + DHA VP-HEME ONE VP-PNV-DHA ZATEAN-CH ZATEAN-PN DHA ZATEAN-PN PLUS	PNV NO.66/IRON,CARBONYL/FA/DHA PNV2/IRON B-G SUC-P/FA/OMEGA-3 PNV #14/FERROUS FUM/FOLIC ACID PNV#16/IRON FUM & PS/FA/OM-3 PNV #15/IRON FUM,PS/FOLIC ACID IRON,CARBONYL/FA/MULTIVIT-MIN PRENATAL #57/IRON/FA/DSS/DHA PNV72/IRON,CARB&GLU/FA/DSS/DHA PNV73/IRON,CARB&GLU/FA/DSS/DHA PNV66/IRON FUMARATE/FA/DSS/DHA PNV W-CA NO.37/IRON/FA/OMEGA-3 PNV #15/IRON FUM,PS/FOLIC ACID PNV,CA64/IRON CB,GL/FA/DSS/DHA PNV38/IRON CBN&GLUC/FA/DSS/DHA PNV53/IRON FUM/FA/DOCUSATE/DHA PN85/IRON CB&ASP G/FA/DHA/FISH PNV83/IRON,CARB/IRON ASP GL/FA PNV #8/IRON PS CMP,ASP/G/FA/DHA PNV53/IRON B-G HCL-P/FA/OMEGA3 PNV19/IRON BG HC&SUCC-P/FA/OM3 PNV55/IRON BG HC,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 PRENATAL#90/IRON FUM,PS/FA/DHA PRENATAL VIT#65/IRON FUM&PS/FA PNV 11-IRON FUM-FOLIC ACID-OM3 PV W-O CAL/IRON PS CPLX/FA PNV NO.118/IRON FUMARATE/FA PNV119/IRON FUMARATE/FA/DSS PNV NO10/IRON FUM&P/FA/OMEGA-3 PNV WITH CA,NO63/IRON/FA/B6 PNV#16/IRON FUM & PS/FA/OM-3 PNV103/FE/FA/DHA/EPA/OTHER OM3 PNV#20/IRON/FA/DS/FISH/DHA/EPA PRENATAL VIT 16/IRON CB/FA/DSS PNV53/IRON B-G HCL-P/FA/OMEGA3 PNV W-CA NO.37/IRON/FA/OMEGA-3 PNV80/IRON FUMARATE/FA/DSS/DHA PRENATAL VIT COMB.10/IRON/FA PRENATAL VIT NO.73/IRON/FA PRENATAL VIT #76/IRON,CARB/FA PNV34/IRON,CARBONYL/FA/DSS/DHA PNV/FA/B6/CALCIUM PHOS/GINGER PNV#21/IRON PS& HEME POLYP/FA PNV COMBO #22/IRON/FA/OM3/DHA PNV #19/IRON PS&HEME/FOLIC/DHA PRENATAL NO.52/IRON/FA/DHA PNV69/IRON,CARBONYL/FA/DSS/DHA PNV COMBO#47/IRON/FA #1/DHA PNV WITH CA #68/IRON/FA#1/DHA

Iron Oral Agents			
Preferred Agents		Non-Preferred Agents	
Agent	Ingredients	Agent	Ingredients
CENTRATEX	FE FUMARATE/FA/MV, MIN COMB#15	ACTIVE FE	IRON,CARBONYL/FA/MULTIVIT-MIN
FERIVA FA	IRON/FA#6/C/B12/BIOT/COP/DOCUS	CORVITE 150	IRON,CARB/FA#6/MV, MIN NO.41
FERIVA FA	IRON/FA#1/C/B12/BIOT/COPPR/DSS	CORVITE FE	IRON,CARB/FA#6/MV, MIN NO.40
FERRALET 90	IRON CARB, GL/FA/B12/C/DOCUSATE	FERRATE	FERROUS GLUCONATE
FERRAPLUS 90	IRON/FA/B12/C/DOCUSATE SODIUM	FERRON	FERROUS GLUCONATE
FUSION PLUS	IRON,FUM&PS/FA/VIT B&C#18/L.CA	FERIVA 21-7	IRON/FA#1/VIT C/B12/ZN/DSS/SUC
HEMOCYTE PLUS	FE FUMARATE/FA/MV, MIN COMB#15	FOCALGIN DSS	IRON CARB, GL/FA/B12/C/DOCUSATE
HEMOCYTE-F	FERROUS FUMARATE/FOLIC ACID	NATALVIRT FLT	IRON CARB, GL/FA/B12/C/DOCUSATE
INTEGRA	IRON FUM & PS CMP/VIT C & B	NEPHRON FA	FE FUMARATE/DOSS/FA/BCOMP,C
INTEGRA F	IRON FUM & PS CMP/FA/VIT C/B3	POLY-IRON 150 FORTE	IRON PS CMPLX/VIT B12/FA
INTEGRA PLUS	IRON FUM,PS/FA/VIT B WITH C #9	SLOW RELEASE IRON	FERROUS SULFATE
IROSPAN	IRON BISGLY & PS/FA/B&C#12/SUC		
NOVAFERRUM	IRON POLYSACCHARIDE COMPLEX		
NOVAFERRUM 125	IRON POLYSACCHARIDE COMPLEX/D3		
NOVAFERRUM 50	IRON POLYSACCHARIDE COMPLEX		
SE-TAN PLUS	IRON FUM&POLYSAC#1/FA/MV NO.18		
TANDEM DUAL ACTION	FERROUS FUMARATE/IRON PS CPLX		
TANDEM PLUS	IRON FUM&POLYSAC#1/FA/MV NO.18		
TARON FORTE	IRON BG,PS/VITC/B12/FA/CALCIUM		