

# Washington Preferred Drug List

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## What is the Washington Preferred Drug List?

DSHS, in coordination with the Health Care Authority (HCA) and Labor & Industries (L & I), have developed a list of preferred drugs within a chosen therapeutic class that are selected based on clinical evidence of safety, efficacy, and effectiveness. The drugs within a chosen therapeutic class are studied by an evidence-based practice center (EPC). A written report on the comparative safety, efficacy, and effectiveness from the EPC is evaluated by the Washington State Pharmacy and Therapeutic Committee which makes recommendations to the state agencies regarding the selection of the preferred drugs on the Washington Preferred Drug List (PDL). [WAC 388-530-4100]

## What is the process to obtain drugs on the Washington PDL?

1. **Preferred Drugs** - Prescription claims for preferred drugs submitted to DSHS are reimbursed without authorization requirements unless the drug requires authorization for:
  - a. Safety criteria;
  - b. Special subpopulation criteria; or
  - c. Limits based on age, gender, dose, or quantity.
2. **Non-preferred Drugs** - Prescription claims for non-preferred drugs submitted to DSHS are reimbursed without authorization requirements when written by an Endorsing Practitioner who has indicated “DAW” on the prescription unless the drug requires restrictions for safety. See WAC 388-530-4150.
3. Prescription claims for non-preferred drugs submitted to DSHS are reimbursed only after authorizing criteria are met if written by a non-endorsing practitioner.
4. Pharmacies must call DSHS for authorization when required. Call 1-800-848-2842 (Option 2) or fax to **1-360-725-2141**.

## What are the authorization criteria that must be met to obtain a non-preferred drug?

- For most drug classes on the Washington PDL, the authorization criteria is that the client must have tried and failed, or is intolerant to, at least one preferred drug. Drugs may have criteria that go beyond these basic criteria for the reasons stated in #1 on the previous page.
- Drugs that are in drug classes on the Washington PDL that have not been studied by the evidence-based practice center(s) and have not been reviewed by the P&T committee will be treated as non-preferred drugs and will require authorization.

DSHS requires pharmacies to obtain authorization for non-preferred drugs when a therapeutic equivalent is on the Washington PDL. The following table shows the preferred and non-preferred drug in each therapeutic drug class on the Washington PDL:

**Note:** DSHS changed the format for multiple drug listings. A slash (/) is used to denote multiple forms of a drug. For example: “Cardizem® /CD/LA/SR” represents immediate release Cardizem, as well as the CD, LA, and SR forms. A hyphen (-) is used to indicate combination products. For example: “benazepril-HCTZ” represents the combination product of benazepril and hydrochlorothiazide, rather than benazepril AND the combination product.

Drug Class	Preferred Drugs	Non-preferred Drugs
ACE Inhibitors	<p><b>Generic:</b> benazepril captopril enalapril lisinopril ramipril*</p> <p>*EA required</p>	<p><b>Generic:</b> fosinopril moexipril quinapril trandolapril</p> <p><b>Brand:</b> Accupril® (<i>quinapril</i>) Aceon® (<i>perindopril</i>) Altace® (<i>ramipril</i>) Capoten® (<i>captopril</i>) Lotensin® (<i>benazepril</i>) Mavik® (<i>trandolapril</i>) Monopril® (<i>fosinopril</i>) Prinivil® (<i>lisinopril</i>) Univasc® (<i>moexipril</i>) Vasotec® (<i>enalapril</i>) Zestril® (<i>lisinopril</i>)</p>

**Prescription Drug Program**

<b>Drug Class</b>	<b>Preferred Drugs</b>	<b>Non-preferred Drugs</b>
<p>Alzheimer's Drugs</p> <p>(Not subject to therapeutic interchange program (TIP). See pg. 1.)</p>	<p><b>Brand:</b>                      Aricept® /ODT(<i>donepezil</i>)                      Namenda™ (<i>memantine</i>)</p>	<p><b>Brand:</b>                      Cognex® (<i>tacrine</i>)                      Exelon® (<i>rivastigmine</i>) patch**                      Exelon® (<i>rivastigmine</i>) capsule/solution                      Razadyne® /ER (<i>galantamine</i>)</p> <p>**Not subject to DAW-1 override.</p>
<p>Antiemetics</p>	<p><b>Generic:</b>                      ondansetron tablet/solution/                      injection*</p> <p>*EA required</p>	<p><b>Generic:</b>                      granisetron tablet/injection</p> <p><b>Brand:</b>                      Aloxi® (<i>palonosetron</i>) injection*                      Anzemet® (<i>dolasetron</i>) tablet/injection*                      Granisol® (<i>granisetron</i>) solution                      Kytril® (<i>granisetron</i>) tablet/solution/injection*                      Sancuso® (<i>granisetron</i>) transdermal patch**                      Zofran®/ODT® (<i>ondansetron</i>) tablet/solution/injection*</p> <p>*EA required                      **Not subject to TIP or DAW-1 override.</p>
<p>Antiplatelets</p> <p>(Not subject to TIP. See pg. 1.)</p>	<p><b>Generic:</b></p> <p><b>Brand:</b>                      Aggrenox® (<i>dipyridamole/aspirin ER</i>)*                      Plavix® (<i>clopidogrel bisulfate</i>)*</p> <p>*EA required</p>	<p><b>Generic:</b>                      ticlopidine</p> <p><b>Brand:</b>                      Ticlid® (<i>ticlopidine</i>)</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Attention Deficit/ Hyperactivity Disorder</p> <p>(Not subject to TIP. See pg. 1.)</p>	<p><b>Generic:</b> amphetamine salt combo dexmethylphenidate dextroamphetamine dextroamphetamine SA methylphenidate methylphenidate SA <b>Methylin® (methylphenidate HCl) tablet</b> <b>Methylin ER® (methylphenidate HCl)</b></p> <p><b>Brand:</b> Adderall XR® (amphetamine salt combo) Concerta® (methylphenidate HCl) Daytrana™ (methylphenidate HCl) transdermal patch Focalin XR® (dexmethylphenidate) Metadate CD™ (methylphenidate HCl) Strattera® (atomoxetine HCl) Vyvanse™ (lisdexamfetamine dimesylate)</p>	<p><b>Generic:</b> pemoline</p> <p><b>Brand:</b> Adderall® (amphetamine salt combo) Dexedrine® (d-amphetamine) Dexedrine SA® (d-amphetamine) Dextrostat® (d-amphetamine) Focalin® (dexmethylphenidate) Metadate ER™ (methylphenidate HCl) Methylin® (methylphenidate HCl) chewable/solution Ritalin® (methylphenidate HCl) Ritalin LA® (methylphenidate HCl) Ritalin SR® (methylphenidate HCl)</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Atypical Antipsychotic Drugs (Not subject to TIP. See pg. 1.)</p>	<p><b>Generic:</b> clozapine tablet <b>risperidone tablet/solution</b></p> <p><b>Brand:</b> Abilify® (<i>aripiprazole</i>) tablet/solution/Discmelt® Abilify® (<i>aripiprazole</i>) IM injection* Fazacllo® (<i>clozapine</i>) disintegrating tablet Geodon® (<i>ziprasidone HCl</i>) capsule Geodon® (<i>ziprasidone mesylate</i>) IM injection* Invega™ (<i>paliperidone</i>) tablet Risperdal® (<i>risperidone</i>) M-tab® Risperdal Consta® (<i>risperidone</i>) injection* Seroquel® (<i>quetiapine</i>) tablet /XR Zyprexa® (<i>olanzapine</i>) tablet/ Zydis® tablet Zyprexa® (<i>olanzapine</i>) IM injection*</p> <p>*EA required</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Clozaril® (<i>clozapine</i>) tablet Risperdal® (<i>risperidone</i>) tablet/solution</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
Beta Blockers	<p><b>Generic:</b>                      acebutolol                      atenolol                      bisoprolol                      carvedilol*                      labetalol                      metoprolol succinate*                      metoprolol tartrate                      nadolol                      pindolol                      propranolol                      timolol</p> <p>*EA required</p>	<p><b>Generic:</b>                      betaxolol                      propranolol ER</p> <p><b>Brand:</b>                      Blocadren® (<i>timolol</i>)                      Bystolic® (<i>nebivolol</i>)**                      Cartrol® (<i>carteolol</i>)                      Coreg® /CR® (<i>carvedilol</i>)                      Corgard® (<i>nadolol</i>)                      Inderal® /LA (<i>propranolol</i>)                      InnoPran XL® (<i>propranolol</i>)                      Kerlone® (<i>betaxolol</i>)                      Levatol® (<i>penbutolol</i>)                      Lopressor® (<i>metoprolol tartrate</i>)                      Sectral® (<i>acebutolol</i>)                      Tenormin® (<i>atenolol</i>)                      Toprol XL (<i>metoprolol succinate</i>)                      Trandate® (<i>labetalol</i>)                      Zebeta® (<i>bisoprolol</i>)</p> <p>**Not subject to TIP or DAW-1 override.</p>
Calcium Channel Blockers	<p><b>Generic:</b>                      amlodipine                      diltiazem /XR                      felodipine ER                      nicardipine                      nifedipine ER                      verapamil /XR</p>	<p><b>Generic:</b>                      isradipine                      nifedipine</p> <p><b>Brand:</b>                      Adalat® /CC (<i>nifedipine</i>)                      Calan® /SR (<i>verapamil</i>)                      Cardene® SR (<i>nicardipine</i>)                      Cardizem® /CD/LA (<i>diltiazem</i>)                      Cartia XT® (<i>diltiazem</i>)                      Dilacor® XR (<i>diltiazem</i>)                      Diltia XT® (<i>diltiazem</i>)                      DynaCirc® /CR (<i>isradipine</i>)                      Isoptin® /SR (<i>verapamil</i>)                      Norvasc® (<i>amlodipine</i>)                      Plendil® (<i>felodipine</i>)                      Procardia® /XL (<i>nifedipine</i>)                      Sular® (<i>nisoldipine</i>)                      Taztia XT® (<i>diltiazem</i>)                      Tiazac® (<i>diltiazem</i>)                      Verelan® /PM (<i>verapamil</i>)</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
Estrogens	<p><b>Generic Oral:</b> estradiol tablets</p> <p><b>Brand Oral:</b> Menest® (<i>esterified estrogens</i>)</p>	<p><b>Generic Oral:</b> estropipate</p> <p><b>Brand Oral:</b> Cenestin® (<i>synthetic conjugated estrogens</i>) Enjuvia® (<i>synthetic conjugated estrogens</i>) Estrace® (<i>estradiol</i>) oral Femtrace® (<i>estradiol</i>) Ogen® (<i>estropipate</i>) Ortho-Est® (<i>estropipate</i>) Premarin® (<i>conjugated equine estrogens</i>) oral</p>
	<p><b>Generic Transdermal:</b> estradiol transdermal patch</p> <p><b>Brand Transdermal:</b></p>	<p><b>Generic Transdermal:</b></p> <p><b>Brand Transdermal:</b> Alora® (<i>estradiol</i>) transdermal Climara® (<i>estradiol</i>) transdermal Divigel® (<i>estradiol</i>) gel Elestrin™ (<i>estradiol</i>) gel Estraderm® (<i>estradiol</i>) transdermal Estrasorb® (<i>estradiol</i>) emulsion Estrogel® (<i>estradiol</i>) gel Evamist® (<i>estradiol</i>) spray** Menostar® (<i>estradiol</i>) patch Vivelle® /DOT (<i>estradiol</i>) transdermal</p> <p>**Not subject to TIP or DAW-1 override.</p>
	<p><b>Generic Topical:</b></p> <p><b>Brand Topical:</b> Vagifem® (<i>estradiol</i>) vaginal tablets</p>	<p><b>Generic Topical:</b></p> <p><b>Brand Topical:</b> Estrace® (<i>estradiol</i>) vaginal cream Estring® (<i>estradiol</i>) vaginal ring Femring® (<i>estradiol</i>) vaginal ring Premarin® (<i>conjugated equine estrogen</i>) vaginal cream</p>

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Drug Class	Preferred Drugs	Non-preferred Drugs
Estrogen-Progestin Combinations	<b>Brand Oral:</b> Activella® ( <i>estradiol/norethindrone</i> ) Premphase® ( <i>conjugated equine estrogens/medroxyprogesterone</i> ) Prempro® ( <i>conjugated equine estrogens/medroxyprogesterone</i> )	<b>Brand Oral:</b> Angeliq® ( <i>estradiol/drospirenone</i> ) Femhrt® ( <i>ethinyl estradiol/norethindrone</i> ) Prefest® ( <i>estradiol/norgestimate</i> )
	<b>Brand Transdermal:</b> Climara Pro® ( <i>estradiol/levonorgestrel</i> )	<b>Brand Transdermal:</b> Combipatch® ( <i>estradiol/norethindrone</i> )
Hepatitis C drugs (pegylated interferons)  (Not subject to TIP. See page 1.)	Pegasys® ( <i>peginterferon alfa-2a</i> )	PegIntron® ( <i>peginterferon alfa-2b</i> )
Histamine-2 Receptor Antagonist (H2RA) (Not subject to TIP. See pg. 1.)	<b>Generic:</b> ranitidine	<b>Generic:</b> cimetidine famotidine nizatidine  <b>Brand:</b> Axid® ( <i>nizatidine</i> ) Pepcid® ( <i>famotidine</i> ) Tagamet® ( <i>cimetidine</i> ) Zantac® ( <i>ranitidine</i> )

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Inhaled Beta-Agonists</p>	<p><b>Generic short-acting nebulized:</b> albuterol inhalation solution metaproterenol inhalation solution</p> <p><b>Brand short-acting nebulized:</b> Xopenex® (<i>levalbuterol</i>) inhalation solution</p> <p><b>Generic short-acting inhaled:</b> albuterol inhaler</p> <p><b>Brand short-acting inhaled:</b> Alupent® (<i>metaproterenol</i>) inhaler Ventolin® HFA (<i>albuterol</i>) inhaler Xopenex® HFA (<i>levalbuterol</i>) inhaler</p> <p><b>Brand long-acting :</b> Foradil® Aerolizer® (<i>formoterol</i>) Serevent® Diskus® (<i>salmeterol</i>)</p>	<p><b>Brand short-acting nebulized:</b> Accuneb® (<i>albuterol</i>) inhalation solution Proventil® (<i>albuterol</i>) inhalation solution</p> <p><b>Brand short-acting inhaled:</b> Maxair Autohaler™ (<i>pirbuterol</i>) inhaler ProAir™ HFA (<i>albuterol</i>) inhaler Proventil® (<i>albuterol</i>) inhaler Proventil® HFA (<i>albuterol</i>) inhaler</p> <p><b>Brand long-acting (nebulized):</b> Brovana™ (<i>arformoterol</i>)** Perforomist™ (<i>formoterol</i>)**</p> <p>**Not subject to TIP or DAW-1 override.</p>
<p>Inhaled Corticosteroids</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Aerobid/Aerobid-M® (<i>flunisolide</i> <i>MDI</i>) Asmanex Twisthaler® (<i>mometasone furoate DPI</i>) Azmacort® (<i>triamcinolone</i> <i>acetone MDI</i>) Flovent® HFA/Diskus® (<i>fluticasone propionate HFA/DPI</i>) Qvar® (<i>beclomethasone</i> <i>dipropionate MDI</i>) Pulmicort Respules® (<i>budesonide</i> <i>inhalation suspension</i>) Pulmicort Turbuhaler®/Flexhaler® (<i>budesonide DPI</i>)</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Alvesco® (<i>ciclesonide HFA</i>)**</p> <p>**Not subject to TIP or DAW-1 override.</p>

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Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Insulin-release stimulant type oral hypoglycemics</p>	<p><b>Generic immediate release:</b>  glipizide  glyburide  glyburide micronized</p>	<p><b>Generic:</b>  chlorpropamide  glimepiride  glipizide XR  tolazamide  tolbutamide</p> <p><b>Brand:</b>  Amaryl® (<i>glimepiride</i>)  Diabinese® (<i>chlorpropamide</i>)  DiaBeta® (<i>glyburide</i>)  Glucotrol® /XR (<i>glipizide</i>)  Glynase® (<i>glyburide micronized</i>)  Micronase® (<i>glyburide</i>)  Prandin® (<i>repaglinide</i>)  Starlix® (<i>nateglinide</i>)  Tolinase® (<i>tolazamide</i>)</p>
<p>Long-Acting Opioids (oral tabs/caps/liquids)  (Not subject to TIP. See pg. 1.)</p>	<p><b>Generic:</b>  methadone  morphine sulfate /SA/SR</p>	<p><b>Generic:</b>  fentanyl transdermal  levorphanol  oxycodone ER  Oramorph® SR</p> <p><b>Brand:</b>  Avinza® (<i>morphine sulfate ER</i>)  Dolophine® (<i>methadone</i>)  Duragesic® (<i>fentanyl</i>) transdermal  Kadian® (<i>morphine sulfate SR</i>)  Kadian® 200mg (<i>morphine sulfate SR</i>)**  Levo-Dromoran® (<i>levorphanol</i>)  MS Contin® (<i>morphine sulfate SA</i>)  Opana ER® (<i>oxymorphone HCl</i>)  OxyContin® (<i>oxycodone ER</i>)</p> <p>**Not subject to DAW-1 or EA overrides due to safety concerns (to prevent potential error/overdose).</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Macrolides (Not subject to TIP. See pg. 1.)</p>	<p><b>Generic:</b> azithromycin – all forms clarithromycin immediate release tablet/suspension erythromycin EC erythromycin ethylsuccinate erythromycin filmtab erythromycin stearate</p> <p><b>Brand:</b> Ery-Tab 333mg® (<i>erythromycin base EC</i>)</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Biaxin® (<i>clarithromycin</i>) tablet/suspension Biaxin XL® (<i>clarithromycin</i>) EES® (<i>erythromycin ethylsuccinate</i>) granules/suspension/filmtab Eryc® (<i>erythromycin base EC</i>) Eryped® (<i>erythromycin ethylsuccinate</i>) drops/granules Ery-Tab® (<i>erythromycin base EC</i>) Erythrocin® (<i>erythromycin stearate</i>) filmtab PCE Dispertab® (<i>erythromycin base</i>) Zithromax® (<i>azithromycin</i>) capsule/powder packet/suspension/tablet Zmax® (<i>azithromycin SR</i>)</p>
<p>Multiple Sclerosis Drugs  (Not subject to TIP. See pg. 1.)</p>	<p><b>Generic:</b> <b>mitoxantrone</b></p> <p><b>Brand:</b> Avonex® (<i>interferon β 1a</i>) Betaseron® (<i>interferon β 1b</i>) Copaxone® (<i>glatiramer acetate</i>) Rebif® (<i>interferon β 1a</i>) Tysabri® (<i>natalizumab</i>)*</p> <p>*PA required</p>	<p><b>Brand:</b> <b>Novantrone® (<i>mitoxantrone</i>)</b></p>

Drug Class	Preferred Drugs	Non-preferred Drugs
Nasal Corticosteroids	<p><b>Generic:</b></p> <p><b>Brand:</b>                      Nasacort AQ® (<i>triamcinolone acetonide</i>)                      Nasonex® (<i>mometasone furoate</i>)*</p> <p>*EA required</p>	<p><b>Generic:</b>                      flunisolide                      fluticasone propionate</p> <p><b>Brand:</b>                      Beconase AQ ® (<i>beclomethasone dipropionate</i>)                      Flonase® (<i>fluticasone propionate</i>)                      Nasacort® (<i>triamcinolone acetonide</i>)                      Nasarel® (<i>flunisolide</i>)                      Omnaris® (<i>ciclesonide</i>)**                      Rhinocort Aqua® (<i>budesonide</i>)                      Veramyst™ (<i>fluticasone</i>)**</p> <p>**Not subject to DAW-1 override or TIP.</p>
Newer Antihistamines (formerly Non-Sedating Antihistamines)	<p><b>Generic:</b>                      loratadine OTC</p> <p><b>Brand:</b>                      Clarinex® (<i>desloratadine</i>) syrup*</p> <p>*EA required</p>	<p><b>Generic:</b>                      cetirizine                      fexofenadine</p> <p><b>Brand:</b>                      Allegra /ODT® (<i>fexofenadine</i>)                      Clarinex® (<i>desloratadine</i>)                      Claritin® (<i>loratadine</i>)                      Zyrtec® (<i>cetirizine</i>)                      Xyzal® (<i>levocetirizine</i>)**</p> <p>**Not subject to TIP or DAW-1 override.</p>
Newer Sedative/Hypnotics	<p><b>Generic:</b>                      zolpidem*</p> <p>*EA required</p>	<p><b>Generic:</b>                      zaleplon*</p> <p><b>Brand:</b>                      Ambien /CR® (<i>zolpidem tartrate</i>)*                      Lunesta® (<i>eszopiclone</i>)*                      Sonata® (<i>zaleplon</i>)*</p> <p>*EA required</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
Nonsteroidal anti-inflammatory drugs (NSAID) including Cyclo-oxygenase - 2 (Cox-II) Inhibitors	<p><b>Generic:</b>                      diclofenac potassium*                      diclofenac sodium /SR/ER/EC*                      diflunisal*                      etodolac /ER*                      fenoprofen*                      flurbiprofen*                      ibuprofen*                      indomethacin /SR*                      ketoprofen /SR*                      ketorolac*                      meclofenamate*                      meloxicam*                      nabumetone*                      naproxen /EC*                      naproxen sodium /ER/SA*                      oxaprozin*                      piroxicam*                      salsalate*                      sulindac*                      tolmetin*</p> <p>* EA required</p>	<p><b>Generic:</b></p> <p><b>Brand:</b>                      Amigesic® (<i>salsalate</i>)*                      Anaprox® /DS (<i>naproxen sodium</i>)*                      Ansaid® (<i>flurbiprofen</i>)*                      Cataflam® (<i>diclofenac potassium</i>)*                      Celebrex® (<i>celecoxib</i>)**                      Clinoril® (<i>sulindac</i>)*                      Dolobid® (<i>diflunisal</i>)                      Daypro® (<i>oxaprozin</i>)*                      Feldene® (<i>piroxicam</i>)*                      Flector® (<i>diclofenac epolamine</i>)**                      Indocin® /SR (<i>indomethacin</i>)*                      Lodine® /XL (<i>etodolac</i>)*                      Mobic® (<i>meloxicam</i>)*                      Motrin® (<i>ibuprofen</i>)*                      Nalfon® (<i>fenoprofen</i>)*                      Naprelan® (<i>naproxen sodium ER</i>)*                      Naprosyn® EC/DS (<i>naproxen</i>)*                      Oruvail® (<i>ketoprofen SA</i>)*                      Ponstel® (<i>mefenamic acid</i>)                      Relafen® (<i>nabumetone</i>)*                      Salflex® (<i>salsalate</i>)*                      Voltaren® /XR (<i>diclofenac sodium</i>)*                      Voltaren® (<i>diclofenac sodium</i>) gel***</p> <p>* EA required                      ** Not subject to TIP and EA required                      *** Not subject to TIP or DAW-1 override, and EA required.</p>

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Drug Class	Preferred Drugs	Non-preferred Drugs
Overactive Bladder/Urinary Incontinence	<p><b>Generic short acting:</b> oxybutynin chloride tablets/syrup</p> <p><b>Generic long acting:</b> oxybutynin ER</p> <p><b>Brand long acting:</b> Oxytrol® (<i>oxybutynin chloride</i>) Vesicare® (<i>solifenacin succinate</i>)</p>	<p><b>Generic short acting:</b> flavoxate HCl</p> <p><b>Brand short acting:</b> Detrol® (<i>tolterodine tartrate</i>) Ditropan® (<i>oxybutynin chloride</i>) Sanctura® (<i>trospium chloride</i>) Urispas® (<i>flavoxate HCl</i>)</p> <p><b>Brand long acting:</b> Detrol LA® (<i>tolterodine tartrate</i>) Ditropan XL® (<i>oxybutynin chloride</i>) Enablex® (<i>darifenacin hydrobromide</i>) Sanctura XR® (<i>trospium chloride</i>)</p>
Proton Pump Inhibitors	<p><b>Generic:</b> omeprazole OTC omeprazole Rx pantoprazole</p> <p><b>Brand:</b> Prilosec OTC® (<i>omeprazole magnesium</i>) tablets Prevacid® (<i>lansoprazole</i>) capsules Prevacid® SoluTab™ (<i>lansoprazole</i>)* Prevacid® (<i>lansoprazole</i>) suspension* Zegerid® (<i>omeprazole sodium bicarbonate</i>)</p> <p>*EA required</p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Aciphex® (<i>rabeprazole</i>) Nexium® (<i>esomeprazole</i>) Prilosec® Rx (<i>omeprazole</i>) Protonix® (<i>pantoprazole</i>)</p>

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<b>Drug Class</b>	<b>Preferred Drugs</b>	<b>Non-preferred Drugs</b>
<p>Second Generation Antidepressants (Not subject to TIP. See pg. 1.)</p>	<p><b>Generic:</b>                      bupropion /SR*                      citalopram                      fluoxetine HCl                      mirtazapine/soltab                      paroxetine HCl                      sertraline                      venlafaxine HCl</p> <p><b>Brand:</b>                      Effexor® XR (<i>venlafaxine HCl</i>)</p> <p>*EA required</p>	<p><b>Generic:</b>                      fluvoxamine                      nefazodone                      paroxetine CR                      venlafaxine XR</p> <p><b>Brand:</b>                      Celexa® (<i>citalopram</i>)                      Cymbalta® (<i>duloxetine HCl</i>)                      Effexor® (<i>venlafaxine HCl</i>)                      Lexapro® (<i>escitalopram</i>)                      Luvox CR (<i>fluvoxamine</i>)**                      Paxil® /CR (<i>paroxetine HCl</i>)                      Pexeva® (<i>paroxetine mesylate</i>)                      Pristiq® (<i>desvenlafaxine</i>)**                      Prozac® /Prozac Weekly® (<i>fluoxetine HCl</i>)                      Remeron® /SolTab (<i>mirtazapine</i>)                      Wellbutrin® /SR/XL (<i>bupropion/SR/XL</i>)                      Zoloft® (<i>sertraline</i>)</p> <p>**Not subject to DAW-1 override.</p>
<p>Skeletal Muscle Relaxants</p>	<p><b>Generic:</b>                      baclofen                      cyclobenzaprine                      methocarbamol                      tizanidine</p>	<p><b>Generic:</b>                      carisoprodol                      chlorzoxazone                      dantrolene                      orphenadrine</p> <p><b>Brand:</b>                      Amrix® (<i>cyclobenzaprine</i>)                      Dantrium® (<i>dantrolene</i>)                      Fexmid® (<i>cyclobenzaprine</i>)                      Flexeril® (<i>cyclobenzaprine</i>)                      Norflex® (<i>orphenadrine</i>)                      Parafon Forte® (<i>chlorzoxazone</i>)                      Robaxin® (<i>methocarbamol</i>)                      Skelaxin® (<i>metaxalone</i>)                      Soma® (<i>carisoprodol</i>)                      Zanaflex® (<i>tizanidine</i>)</p>

Drug Class	Preferred Drugs	Non-preferred Drugs
Statin-type cholesterol-lowering agents	<b>Generic:</b> lovastatin pravastatin simvastatin  <b>Brand:</b> Crestor <sup>®</sup> ( <i>rosuvastatin</i> )	<b>Generic:</b>  <b>Brand:</b> Altoprev <sup>®</sup> ( <i>lovastatin</i> ) Lescol <sup>®</sup> /XL ( <i>fluvastatin</i> ) Lipitor <sup>®</sup> ( <i>atorvastatin</i> ) Mevacor <sup>®</sup> ( <i>lovastatin</i> ) Pravachol <sup>®</sup> ( <i>pravastatin</i> ) Zocor <sup>®</sup> ( <i>simvastatin</i> )
Targeted Immune Modulators (Not subject to TIP. See pg. 1.)	<b>Generic:</b>  <b>Brand:</b> Enbrel <sup>®</sup> ( <i>etanercept</i> )* Humira <sup>®</sup> ( <i>adalimumab</i> )* Remicade <sup>®</sup> ( <i>infliximab</i> )*  *EA required	<b>Generic:</b>  <b>Brand:</b> Amevive <sup>®</sup> ( <i>alefacept</i> )* Kineret <sup>®</sup> ( <i>anakinra</i> )* Orencia <sup>®</sup> ( <i>abatacept</i> )* Raptiva <sup>®</sup> ( <i>efalizumab</i> )* Rituxan <sup>®</sup> ( <i>rituximab</i> )*  *EA required
Thiazolidinediones (TZDs)	<b>Generic:</b>  <b>Brand:</b> Avandia <sup>®</sup> tablet ( <i>rosiglitazone maleate</i> )	<b>Generic:</b>  <b>Brand:</b> Actos <sup>®</sup> tablet ( <i>pioglitazone HCl</i> )
Triptans	<b>Generic:</b>  <b>Brand:</b> Imitrex <sup>®</sup> ( <i>sumatriptan</i> ) tablet/nasal spray/injection Relpax <sup>®</sup> ( <i>eletriptan</i> ) Zomig <sup>®</sup> ( <i>zolmitriptan</i> ) tablet/nasal spray/ZMT <sup>®</sup>	<b>Generic:</b>  <b>Brand:</b> Amerge <sup>®</sup> ( <i>naratriptan</i> ) Axert <sup>®</sup> ( <i>almotriptan</i> ) Frova <sup>®</sup> ( <i>frovatriptan</i> ) Maxalt <sup>®</sup> ( <i>rizatriptan</i> ) tablet/MLT <sup>®</sup>