

Within these categories, drugs
that are not listed are subject
to Prior Authorization



Virginia Medicaid Preferred Drug List Effective October 24, 2008



First Health Clinical Call Center

Phone: 1-800-932-6648

Fax: 1-800-932-6651

ANALGESICS

NON-STEROIDAL ANTI- INFLAMMATORY DRUGS

diclofenac potassium
diclofenac sodium
diflunisal
etodolac
etodolac SR
fenoprofen
flurbiprofen
ibuprofen
indomethacin
indomethacin SR
ketoprofen
ketoprofen SR
ketorolac
meclofenamate sodium
nabumetone
naproxen
naproxen sodium
oxaprozin
piroxicam
sulindac
tolmetin sodium

COX II INHIBITORS**

Celebrex[®]**

LONG-ACTING

NARCOTICS *

Avinza[®] *
Duragesic[®] (Brand Only) *
morphine sulfate tablets SA *

ANTIBIOTICS - ANTINFECTIVES

ORAL ANTIFUNGALS - ONYCHOMYCOSIS

terbinafine

CEPHALOSPORINS - 2ND & 3RD GENERATION

Cedax Capsule[®]
Cedax[®] Suspension
cefaclor capsule
cefaclor ER
cefaclor suspension
cefdinir capsules
cefdinir suspension
cefprozil tablet
cefprozil suspension
cefuroxime
Raniclор[®]
Spectracef[®]

MACROLIDES

azithromycin tablet
azithromycin packet
azithromycin suspension
clarithromycin tablet
clarithromycin ER
clarithromycin suspension
erythrocin stearate
erythromycin base
erythromycin ethylsuccinate
erythromycin stearate suspension
erythromycin stearate
erythromycin w/sulfisoxazole

QUINOLONES - 2ND & 3RD GENERATION

Avelox[®]
Avelox ABC pack[®]
ciprofloxacin tablet
Cipro suspension[®]

TOPICAL ANIBIOTICS

Mupirocin

ANTIVIRALS

HEPATITIS C**

Pegasys Conv.Pack[®]**
Pegasys[®]**
Peg-Intron[®]**
Peg-Intron Redipen[®]**

HERPES

acyclovir tablets
acyclovir suspension
Famvir[®]
Valtrex[®]

INFUENZA

amantadine
amantadine syrup
Relenza Disk[®]
rimantadine
Tamiflu[®]
Tamiflu suspension[®]

ASTHMA - ALLERGY

ANTI HISTAMINES - 2ND GENERATION

Claritin tablets OTC[®]
Claritin tablets- Rapids OTC[®]

Claritin Syrup OTC[®]
Claritin-D 12 hr OTC[®]
Claritin-D 24hr OTC[®]
loratadine tablet (All OTCs)
loratadine Tab- Rapids (All OTCs)
loratadine Syrup (All OTCs)
loratadine D12hr (All OTCs)
loratadine D24hr (All OTC names)
Zyrtec[®] Syrup (PA required except for children
under age 2)

BETA ADRENERGICS- SHORT ACTING

albuterol
Alupent[®] MDI
Maxair Autohaler[®]
Proventil[®] HFA
Ventolin[®] HFA
Xopenex HFA[®]

BETA ADRENERGICS - LONG ACTING

Foradil[®]
Serevent Diskus[®]

BETA ADRENERGICS FOR NEBULIZERS

albuterol sulfate
metaproterenol
Xopenex[®]

BETA ADRENERGIC/ CORTICOSTEROID INHALER COMBINATIONS

Advair Diskus[®]
Advair HFA[®]

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COPD

ANTICHOLINERGICS

Atrovent AER W/ADAP
Atrovent HFA[®]
Combivent MDI[®]
ipratropium bromide
Spiriva[®]

INHALED CORTICOSTEROIDS

AeroBid[®]
AeroBid M[®]
Asmanex[®]
Azmacort[®]
Flovent HFA[®]
Pulmicort Respules[®]
QVAR[®]

LEUKOTRIENE INHIBITORS

Accolate[®]
Singulair[®]

NASAL STEROIDS

flunisolide
fluticasone
Nasacort AQ[®]
Nasonex[®]

CARDIAC MEDICATIONS

ACE INHIBITORS

benazepril
benazepril HCL /HCTZ
captopril
captopril /HCTZ
enalapril
enalapril /HCTZ
lisinopril
lisinopril/HCTZ

ACE INHIBITORS OR ARB INHIBITORS WITH CALCIUM CHANNEL BLOCKERS

Lotrel[®]
amlodipine/benazepril

ANGIOTENSIN RECEPTOR ANTAGONISTS

Diovan[®]
Diovan HCT[®]
Cozaar[®]
Hyzaar[®]

BETA BLOCKERS

acebutolol
atenolol
atenolol /Chlorthalidone
betaxolol
bisoprolol fumarate
bisoprolol /HCTZ
carvedilol
labetalol HCL
metoprolol tartrate
metoprolol/HCTZ
nadolol
pindolol
propranolol
propranolol solution
propranolol/HCTZ
Sorine[®]
sotalol
sotalol AF
timolol maleate

CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINE

amlodipine
Afeditab CR[®]
Dynacirc[®] CR
felodipine ER
nicardipine
Nifediac CC[®]
Nifedical XL[®]
nifedipine
nifedipine ER
nifedipine SA
Plendil[®]

CALCIUM CHANNEL BLOCKERS- NON-DIHYDROPYRIDINE

Cartia XT[®]
Diltia XT[®]
diltiazem ER
diltiazem HCL
diltiazem XR
Taztia XT[®]
verapamil
verapamil SA
verapamil 24hr pellets

LIPOTROPICS: STATINS

Advicor[®]
Altoprev[®]
Lescol[®]
Lescol XL[®]
Lovastatin[®]
pravastatin
simvastatin

LIPOTROPICS: CAI

Zetia[®]

LIPOTROPICS: FIBRIC ACID

Antara[®]
gemfibrozil

LIPOTROPICS: NIACIN DERIVATES

Niaspan[®]
Niacor[®]

LIPOTROPICS: NIACIN & STATIN COMBINATIONS

Simcor^{®*}

PDE-5 INHIBITORS - PULMONARY HYPERTENSION**

Revatio^{®**}

CENTRAL NERVOUS SYSTEM

STIMULANTS/ADHD MEDICATIONS

Adderall XR[®]
amphetamine salt combo
Concerta[®]
dextroamphetamine capsule
dextroamphetamine tablet
Dextrostat[®]
Focalin[®]
Focalin XR[®]
Metadate CD[®]
Metadate ER[®]
Methylin tablet[®]

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STIMULANTS/ADHD MEDICATIONS

(CONTINUED FROM PG 2)

Methylin Chew[®]
Methylin ER[®]
Methylin solution[®]
methylphenidate
methylphenidate SA/SR
Ritalin LA[®]
Strattera[®]
Vyvanse[®]

SEDATIVE HYPNOTIC

chloral Hydrate Syrup
estazolam
flurazepam
temazepam
triazolam
zolpidem Tartrate

OTHER SEDATIVE HYPNOTIC*

Rozerem[®] *

DIABETES

ORAL HYPOGLYCEMICS ALPHAGLUCOSIDASE INHIBITORS.

Glyset[®]
Precose[®]

ORAL HYPOGLYCEMICS BIGUANIDES

metformin
metformin ER

ORAL HYPOGLYCEMICS -BIGUANIDE COMBINATIONS

Actoplus Met[®]
Avandamet[®]
glyburide-metformin
glipizide-metformin

ORAL HYPOGLYCEMICS – DPP-IV INHIBITORS AND COMBINATIONS

Januvia[®]
Janumet[®]

ORAL HYPOGLYCEMICS – MEGLITINIDES

Starlix[®]

ORAL HYPOGLYCEMICS 2ND GENERATION SULFONYLUREAS

glimepiride
glipizide
glipizide ER
glyburide
glyburide micronized

ORAL HYPOGLYCEMICS- THIAZOLIDINEDIONES

Actos[®]
Avandia[®]

GASTROINTESTINAL HISTAMINE-2 RECEPTOR ANTAGONISTS (H-2RA)

ranitidine
famotidine
Zantac[®] Syrup
(No PA req. IF under age 12)

PROTON PUMP INHIBITORS *

Prilosec[®] OTC
Protonix[®] *
omeprazole
(No PA req. IF under age 12)
Prevacid[®]
(No PA req. IF under age 12)
Prevacid Susp[®]
(No PA req. IF under age 12)
Prevacid solutab[®]
(No PA req. IF under age 12)

GENITOURINARY URINARY ANTISPASMODICS

Detrol LA[®]
Enablex[®]
oxybutynin tablet
oxybutynin syrup
Oxytrol Transdermal[®]
Sanctura[®]
Sanctura XR[®]
VESIcare[®]

OPHTHALMIC ANTIBIOTIC- QUINOLONES

ciprofloxacin drops
ofloxacin drops
Quixin[®]

Vigamox[®]
Zymar[®]

ANTI-HISTAMINES

Alaway OTC[®]
Elestat[®]
Optivar[®]
Pataday[®]
Patanol[®]
Zaditor OTC[®]

ANTI-INFLAMMATORY

Acular[®]
Acular LS[®]
flurbiprofen sodium drops
Nevanac[®]
Voltaren drops[®]
Xibrom[®]

GLAUCOMA – ALPHA-2 ADRENERGICS

Alphagan P[®]
brimonidine tartrate
Iopidine[®]

GLAUCOMA BETA-BLOCKERS

Betaxolol HCl
Betimol[®]
Betoptic S[®]
Combigan[®]
carteolol HCl
levobunolol HCl
metipranolol
timolol maleate drops
timolol maleate Sol-Gel

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Imitrex Nasal[®]

GLAUCOMA – CARBONIC ANHYDRASE INHIBITORS

Azopt[®]
Cosopt[®]
Trusopt[®]

GLAUCOMA – PROSTAGLANDIN ANALOGS

Lumigan[®]
Travatan[®]
Travatan Z[®]
Xalatan[®]

MAST CELL STABILIZERS

Alamast[®]
Alocril[®]
Alomide[®]
cromolyn

OSTEOPOROSIS BISPHOSPHONATES

Actonel[®]
aledronate Tablet
Fosamax Solution[®]
Fosamax Plus D[®]

MISCELLANEOUS ELECTROLYTE DEPLETERS

Fosrenol[®]
Phoslo[®]
Renagel[®]

SEROTONIN RECEPTOR AGONISTS (Triptans)

Imitrex Cartridge[®]

Imitrex Pen Kit[®]
Imitrex Tablet[®]
Imitrex Vial[®]
Maxalt[®]
Maxalt-MLT[®]

TOPICAL IMMUNOMODULATORS**

Elidel[®]**
Protopic[®]**

GROWTH HORMONE**

Genotropin[®]**
Norditropin Cartridge[®]**
Nutropin Aq Cartridge[®]**
Nutropin[®]**
Nutropin Aq Vial[®]**
Norditropin Nordiflex[®]**

NOTE: Fax requests receive
a response within
24 hours. For urgent
requests, please call.

Not all medications listed
are covered by all DMAS
programs. Check individual
program coverage. For
program drug coverage
information, visit
www.dmas.virginia.gov or
<http://virginia.fhsc.com>.