

Medicaid Pharmacy Prior Authorization & Preferred Drug List



About

- People enrolled in either traditional Medicaid (fee-for-service) or Medicaid managed care adhere to the same formulary, and some drugs on the formulary may require prior authorization, either non-preferred, clinical, or both. Pharmacy prior authorization services needed by people enrolled in Medicaid managed care are administered by the person’s managed care organization (MCO), while traditional Medicaid prior authorizations are administered by the Texas Prior Authorization Call Center.

Formulary

- The **Medicaid formulary** includes legend and over-the-counter drugs. In addition certain supplies and select vitamin and mineral products are also available as a pharmacy benefit. Some drugs are subject to one or both types of prior authorization, clinical and non-preferred.
- The Formulary Search identifies the list of covered Medicaid and CHIP drugs and whether a drug requires a PDL and/or a clinical prior authorization.
 - txvendordrug.com/formulary/formulary-search.

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Medicaid Pharmacy Prior Authorization & Preferred Drug List



Preferred Drug List

- The **preferred drug list** (PDL) is arranged by drug therapeutic class and contains a subset of many, but not all, drugs that are on the Medicaid formulary. Most drugs are identified as preferred or non-preferred. Drugs listed on the PDL as preferred or not listed at all are available to individuals without prior authorization unless there is a clinical prior authorization associated with that drug. (CHIP drugs are not subject to PDL requirements.)
 - txvendordrug.com/formulary/prior-authorization/preferred-drugs
- The **PDL PA Criteria Guide** explains the criteria used to evaluate PA requests
 - paxpress.txpa.hidinc.com/pdl_crit_guide.pdf
- Drugs that require clinical prior authorization are hyperlinked within the PDL, as shown in the example PDL entry below. Links will take the user to the specific clinical prior authorization document with a narrative that explains the purpose and requirements.

<i>PDL THERAPEUTIC CLASS NAME</i>		
Preferred Agents	Non-Preferred Agents	PA Criteria
bacitracin ointment BACTROBAN (mupirocin) cream	bacitracin packet BACTROBAN (mupirocin) ointment	<ul style="list-style-type: none"> • Treatment failure with preferred drugs within any subclass • Contraindication to preferred drugs • Allergic reaction to preferred drugs • Clinical Prior Authorization applies

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Clinical Prior Authorization

- **Clinical prior authorizations** may apply to any individual drug or an entire drug class on the formulary, including some preferred and non-preferred drugs. There are certain clinical PAs that all MCOs are required to perform. Usage of all other clinical PAs will vary between MCOs at the discretion of each MCO.
- All are approved by the Texas Medicaid Drug Utilization Board.
- For Medicaid managed care:
 - txvendordrug.com/formulary/prior-authorization/mco-clinical-pa
- Traditional Medicaid:
 - txvendordrug.com/formulary/prior-authorization/ffs-clinical-pa
- The Clinical Prior Authorization Assistance Chart identifies which clinical PAs are utilized by each MCO:
 - txvendordrug.com/sites/txvendordrug/files/docs/prior-authorization/cpa-assistance-chart.pdf

PDL Prior Authorization

- Drugs identified as non-preferred on the PDL require a PDL prior authorization. The PDL PA Criteria Guide explains the criteria used to evaluate the PDL PA requests.

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Obtaining PDL/Clinical Prior Authorization

As a prescribing provider you can help your Medicaid-eligible individuals receive medications quickly and conveniently with a few simple steps. Prescribing providers or their representatives should contact one of the following authorization authorities:

Medicaid Managed Care

- Pharmacy prior authorization call centers vary by MCO. The **Prescriber Assistance Chart** identifies each MCO and its prior authorization and member call center phone numbers.
 - txvendordrug.com/sites/txvendordrug/files/docs/managed-care/prescriber-assistance-chart.pdf

Traditional Medicaid

- The **Texas PA Call Center** accepts PA requests by phone at 1-877-PA-TEXAS (1-877-728-3927) or online. Please note online submission is only available for PDL PA requests.
 - Texas Prior Authorization Call Center: txvendordrug.com/about/contact-us/prior-authorization
 - Account Registration Instructions: paxpress.txpa.hidinc.com/Account_Reg_Instructions.pdf
 - Provider Quick Reference: paxpress.txpa.hidinc.com/Provider_Quick_Ref_Guide.pdf
- Xenical and Enzyme Replacement Therapy products require prior authorization but are reviewed internally by HHS staff.
- Download forms from txvendordrug.com/formulary/prior-authorization/medicaid-ffs-forms

Medicaid Pharmacy Prior Authorization & Preferred Drug List



Texas Medicaid Drug Utilization Review Board

- The board makes recommendations for the PDL and clinical prior authorizations four times a year.
- Close to 75 therapeutic classes are reviewed each year with approximately one-quarter of the classes reviewed at each meeting:
 - Decisions made at January and April meetings are included on the July release of the PDL.
 - Decisions made at July and October meetings are included on the January release of the PDL.

Education

- The pharmacy continuing education training module includes requirements related to pharmacy enrollment, using the online formulary and PDL, and obtaining prior authorization:
 - txhealthsteps.com/cms/?q=catalog/course/2388
- Prescriber's Guide to Texas Medicaid Outpatient Pharmacy Prior Authorization quick course:
 - casestudies.txhealthsteps.com/stepsQuickCourses/prescribers/index.html

Updates

- Both the formulary and PDL are available for mobile devices through the free Epocrates drug information system:
 - txvendordrug.com/formulary/epocrates
- Texas Medicaid Email Notification Service
 - txvendordrug.com/about/news/notices

For questions or comments about the PDL please email vdp_formulary@hhsc.state.tx.us.

HEALTH AND HUMAN SERVICES COMMISSION
TEXAS MEDICAID PREFERRED DRUG LIST (PDL) and PRIOR AUTHORIZATION (PA) CRITERIA
Effective July 27, 2017

PREFERRED DRUG LIST PUBLICATION LOG

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

July 27, 2017:	Published
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ACNE AGENTS, ORAL

Preferred Agents	Non-Preferred Agents	PA Criteria
AMNESTEEM (isotretinoin) CLARAVIS (isotretinoin) MYORISAN (isotretinoin) ZENATANE (isotretinoin)	ABSORICA (isotretinoin)	<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 solution	CLEOCIN-T (clindamycin) clindamycin foam erythromycin gel erythromycin medicated swab	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

Search the Medicaid Formulary <https://www.txvendordrug.com/formulary/formulary-search>

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ACNE AGENTS, TOPICAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
Benzoyl Peroxide		
benzoyl peroxide gel (Rx)	<i>benzoyl peroxide cleanser</i> <i>benzoyl peroxide cream</i> <i>benzoyl peroxide foam</i> <i>benzoyl peroxide gel</i> <i>benzoyl peroxide kit</i> <i>benzoyl peroxide lotion</i> <i>benzoyl peroxide towelette</i> <i>benzoyl peroxide wash</i>	<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)	<i>adapalene</i> <i>ATRALIN (tretinoin)</i> <i>AVITA (tretinoin)</i> <i>DIFFERIN (adapalene)</i> <i>FABIOR (tazarotene)</i> <i>RETIN-A (tretinoin)</i> <i>RETIN-A MICRO (tretinoin)</i> <i>TAZORAC (tazarotene)</i> <i>tretinoin gel (Atralin)</i> <i>tretinoin microspheres</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Combination and Other Agents		
BENZAACLIN (benzoyl peroxide/clindamycin) gel pump	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <i>ACZONE (dapsons)</i> <i>AZELEX (azelaic acid)</i> <i>BENZAACLIN GEL (benzoyl peroxide/clindamycin)</i> <i>clindamycin/benzoyl peroxide</i> <i>DUAC (benzoyl peroxide/clindamycin)</i> <i>EPIDUO (benzoyl peroxide/adapalene)</i> <i>EPIDUO FORTE (benzoyl peroxide/adapalene)</i> </div> <div style="width: 45%;"> <i>erythromycin/benzoyl peroxide</i> <i>sulfacetamide</i> <i>sulfacetamide sodium</i> <i>sulfacetamide sodium/sulfur</i> <i>sulfacetamide/sulfur</i> <i>sulfacetamide/sulfur/urea</i> <i>VELTIN (clindamycin/tretinoin)</i> <i>ZIANA (clindamycin/tretinoin)</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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ALZHEIMER'S AGENTS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Cholinesterase Inhibitors		
donepezil 5, 10 mg tablet donepezil ODT EXELON (rivastigmine) transdermal	ARICEPT (donepezil) <i>donepezil 23 mg tablet</i> <i>EXELON (rivastigmine) capsules</i> galantamine <i>galantamine ER</i> <i>RAZADYNE ER (galantamine)</i> <i>rivastigmine</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
NMDA Receptor Antagonist		
memantine tablets NAMENDA (memantine) solution	<i>NAMENDA (memantine) tablets</i> <i>NAMENDA XR (memantine)</i>	<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		
	<i>NAMZARIC (donepezil/memantine)</i>	

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ANALGESICS, NARCOTIC – LONG ACTING			
Preferred Agents	Non-Preferred Agents	PA Criteria	
<p>BUTRANS (buprenorphine) EMBEDA (morphine/naloxone) fentanyl patch (12.5, 25, 50, 100 mcg)^{PPG} HYSINGLA ER (hydrocodone)</p> <ul style="list-style-type: none"> • Opiate overutilization edit • Hydrocodone combination edit <p>morphine ER^{PPG} (generic MS Contin) tramadol ER (generic Ryzolt, Ultram ER)</p>	<p>BELBUCA (buprenorphine) CONZIP (tramadol) DURAGESIC (fentanyl) EXALGO (hydromorphone) fentanyl patch (37.5, 62.5, 87.5 mcg) hydromorphone ER KADIAN (morphine) methadone morphine ER (generic Avinza, Kadian)</p>	<p>MS CONTIN (morphine) NUCYNTA ER (tapentadol) OPANA ER (oxymorphone) oxycodone ER</p> <ul style="list-style-type: none"> • Opiate overutilization edit • OxyContin edit <p>OXYCONTIN (oxycodone)</p> <ul style="list-style-type: none"> • Opiate overutilization edit • OxyContin edit <p>oxymorphone ER tramadol ER (generic Conzip) XTAMPZA ER (oxycodone)</p> <ul style="list-style-type: none"> • Opiate overutilization edit • OxyContin edit <p>ZOHYDRO ER (hydrocodone)</p>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs ■ Methadone will be authorized for patients less than 24 months of age. ■ Clinical Prior Authorization Applies

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

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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

ANGIOTENSIN MODULATORS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Ace Inhibitors		
benazepril captopril enalapril <u>fosinopril</u> lisinopril <u>quinapril</u> <u>ramipril</u>	<i>ACCUPRIL (quinapril)</i> <u>ALTACE (ramipril)</u> <i>EPANED (enalapril)</i> <i>LOTENSIN (benazepril)</i> <u>MAVIK (trandolapril)</u> <i>moexepiril</i> <i>perindopril</i> <i>PRINIVIL (lisinopril)</i>	<u>QBRELIS (lisinopril) solution</u> <u>trandolapril</u> <i>VASOTEC (enalapril)</i>
ACE Inhibitor/Diuretic Combinations		
<u>captopril/HCTZ</u> <u>enalapril/HCTZ</u> <u>lisinopril/HCTZ</u>	<u>ACCURETIC (quinapril/HCTZ)</u> <u>benazepril/HCTZ</u> <u>fosinopril/HCTZ</u> <i>moxepiril/HCTZ</i> <u>quinapril/HCTZ</u> <u>ZESTORETIC (lisinopril/HCTZ)</u>	<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	
Angiotensin II Receptor Blockers (ARBs)			
<p>DIOVAN (valsartan)</p> <ul style="list-style-type: none"> • Duplicate Therapy Edit • Dose Optimization Edit <p>irbesartan</p> <ul style="list-style-type: none"> • Duplicate Therapy Edit • Dose Optimization Edit <p>losartan</p> <ul style="list-style-type: none"> • Duplicate Therapy Edit • Dose Optimization Edit 	<p>ATACAND (candesartan)</p> <ul style="list-style-type: none"> • Duplicate Therapy Edit • Dose Optimization Edit <p>AVAPRO (irbesartan)</p> <ul style="list-style-type: none"> • Duplicate Therapy Edit • Dose Optimization Edit <p>BENICAR (olmesartan)</p> <p>Candesartan</p> <ul style="list-style-type: none"> • Duplicate Therapy Edit • Dose Optimization Edit <p>COZAAR (losartan)</p> <ul style="list-style-type: none"> • Duplicate Therapy Edit • Dose Optimization Edit <p>EDARBI (azilsartan)</p> <p>eprosartan</p> <ul style="list-style-type: none"> • Duplicate Therapy Edit • Dose Optimization Edit 	<p>MICARDIS (telmisartan)</p> <ul style="list-style-type: none"> • Duplicate Therapy Edit • Dose Optimization Edit <p>telmisartan</p> <ul style="list-style-type: none"> • Duplicate Therapy Edit • Dose Optimization Edit <p>Valsartan</p> <ul style="list-style-type: none"> • Duplicate Therapy Edit • Dose Optimization Edit 	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
ARB/Diuretic Combinations			
<p>irbesartan/HCTZ</p> <p>losartan/HCTZ</p> <ul style="list-style-type: none"> • Duplicate Therapy Edit • Dose Optimization Edit 	<p>ATACAND-HCT (candesartan/HCTZ)</p> <p>AVALIDE (irbesartan/HCTZ)</p> <p>BENICAR-HCT (olmesartan/HCTZ)</p> <p>candesartan/HCTZ</p> <p>DIOVAN-HCT (valsartan/HCTZ)</p> <p>EDARBYCLOR (azilsartan/chlorthalidone)</p> <p>HYZAAR (losartan/HCTZ)</p> <ul style="list-style-type: none"> • Duplicate Therapy Edit • Dose Optimization Edit 	<p>MICARDIS-HCT (telmisartan/HCTZ)</p> <p>telmisartan /HCTZ</p> <p>valsartan/HCTZ</p>	<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
Direct Renin Inhibitors		
	TEKTURNA (<i>aliskerin</i>)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs ■ Clinical Prior Authorization Applies
Direct Renin Inhibitor/Diuretic Combinations		
	TEKTURNA HCT (<i>aliskerin/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 ■ Clinical Prior Authorization Applies
ARB/Nepriylsin Inhibitor Combinations		
ENTRESTO (<i>valsartan/sacubitril</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 MODULATOR COMBINATIONS		
Preferred Agents	Non-Preferred Agents	PA Criteria
benazepril /amlodipine TARKA (trandolapril/verapamil) valsartan/amlodipine valsartan/amlodipine/HCTZ	AZOR (olmesartan/amlodipine) BYVALSON (valsartan/nebivolol) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) LOTREL (benazepril/amlodipine) PRESTALIA (perindopril/amlodipine) telmisartan/amlodipine trandolapril/verapamil TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs ■ Clinical Prior Authorization Applies

ANTI-ALLERGENS, ORAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
None	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 ■ Clinical Prior Authorization Applies

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ANTIBIOTICS, GASTROINTESTINAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
metronidazole tablet tinidazole vancomycin	ALINIA (nitazoxanide) <i>DIFICID</i> (fidaxomicin) <i>FLAGYL</i> (metronidazole) <i>FLAGYL ER</i> (metronidazole) <i>metronidazole capsule</i> <i>neomycin</i> <i>paramomycin</i> <i>TINDAMAX</i> (tinidazole) <i>VANCOCIN</i> (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 ■ Clinical Prior Authorization Applies

ANTIBIOTICS, INHALED		
Preferred Agents	Non-Preferred Agents	PA Criteria
BETHKIS (tobramycin) CAYSTON (aztreonam) KITABIS PAK (tobramycin) TOBI PODHALER (tobramycin)	<i>TOBI</i> (tobramycin) solution <i>tobramycin solution</i>	<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	<i>bacitracin packet</i> <i>bacitracin/polymyxin</i> <i>BACTROBAN</i> (mupirocin) ointment <i>CENTANY</i> (mupirocin) <i>mupirocin cream</i> <i>neomycin/polymyxin/pramoxine</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs ■ Clinical Prior Authorization Applies

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ANTIBIOTICS, VAGINAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
CLEOCIN (clindamycin) ovules clindamycin metronidazole	CLEOCIN (clindamycin) cream METROGEL-VAGINAL (metronidazole) NUVESSA (metronidazole) VANDAZONE (metronidazole)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

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	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> APLENZIN (bupropion) desvenlafaxine ER EFFEXOR XR (venlafaxine) EMSAM (selegiline) FETZIMA (levomilnacipran) FORFIVO XL (bupropion) KHEDEZLA (desvenlafaxine) NARDIL (phenelzine) nefazodone </td> <td style="width: 50%; vertical-align: top;"> PARNATE (tranylcypromine) PRISTIQ (desvenlafaxine) REMERON (mirtazapine) tranylcypromine TRINTELLIX (vortioxetine) venlafaxine IR venlafaxine ER tablets VIIBRYD (vilazodone) WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion) </td> </tr> </table>	APLENZIN (bupropion) desvenlafaxine ER EFFEXOR XR (venlafaxine) EMSAM (selegiline) FETZIMA (levomilnacipran) FORFIVO XL (bupropion) KHEDEZLA (desvenlafaxine) NARDIL (phenelzine) nefazodone	PARNATE (tranylcypromine) PRISTIQ (desvenlafaxine) REMERON (mirtazapine) tranylcypromine TRINTELLIX (vortioxetine) venlafaxine IR venlafaxine ER tablets VIIBRYD (vilazodone) WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
APLENZIN (bupropion) desvenlafaxine ER EFFEXOR XR (venlafaxine) EMSAM (selegiline) FETZIMA (levomilnacipran) FORFIVO XL (bupropion) KHEDEZLA (desvenlafaxine) NARDIL (phenelzine) nefazodone	PARNATE (tranylcypromine) PRISTIQ (desvenlafaxine) REMERON (mirtazapine) tranylcypromine TRINTELLIX (vortioxetine) venlafaxine IR venlafaxine ER tablets VIIBRYD (vilazodone) WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion)			

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

ANTIDEPRESSANTS, TRICYCLIC			
Preferred Agents	Non-Preferred Agents	PA Criteria	
amitriptyline doxepin imipramine maprotiline nortriptyline capsule	amoxapine ANAFRANIL (clomipramine) clomipramine desipramine imipramine pamoate NORPRAMIN (desipramine) nortriptyline solution PAMELOR (nortriptyline) protriptyline SURMONTIL (trimipramine)	TOFRANIL (imipramine)	<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	<i>COMPRO (prochlorperazine)</i> <i>metoclopramide ODT</i> <i>METOZOLV ODT (metoclopramide)</i> <i>prochlorperazine (rectal)</i> promethazine suppositories <i>REGLAN (metoclopramide)</i> <i>TRANSDERM-SCOP (scopolamine)</i> <i>trimethobenzamide</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs ■ Clinical Prior Authorization Applies
Cannabinoids		
dronabinol	<i>MARINOL (dronabinol)</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-HT3 Receptor Antagonists		
ondansetron	ANZEMET (dolasetron) granisetron SANCUSO (granisetron) SUSTOL (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 ■ Clinical Prior Authorization Applies

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ANTIEMETIC-ANTIVERTIGO AGENTS (EXCLUDES INJECTABLES)		
Preferred Agents	Non-Preferred Agents	PA Criteria
Substance P Antagonists & Combinations		
	AKYNZEO (<i>netupitant/palonosetron</i>) EMEND (<i>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 ■ Clinical Prior Authorization Applies

ANTIFUNGALS, ORAL			
Preferred Agents	Non-Preferred Agents	PA Criteria	
clotrimazole fluconazole griseofulvin suspension ketoconazole nystatin terbinafine	<i>ANCOBON (flucytosine)</i> <i>CRESEMBA (isavuconazonium sulfate)</i> <i>DIFLUCAN (fluconazole)</i> <i>flucytosine</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>ORAVIG (miconazole)</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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ANTIFUNGALS, TOPICAL			
Preferred Agents	Non-Preferred Agents	PA Criteria	
Antifungals			
clotrimazole ketoconazole cream, shampoo miconazole cream, powder nystatin terbinafine tolnaftate cream, powder	<i>BENSAL HP (benzoic acid/salicylic acid)</i> <i>ciclopirox</i> <i>CNL 8 (ciclopirox)</i> DERMACINRX THERAZOLE PAK (betamethasone/clotrimazole/zinc oxide) <i>econazole</i> <i>EXTINA (ketoconazole)</i> <i>FUNGOID (miconazole)</i> <i>JUBLIA (efinaconazole)</i> <i>KERYDIN (tavaborole)</i> <i>ketoconazole foam</i> <i>LAMISIL (terbinafine)</i>	<i>LOPROX (ciclopirox)</i> <i>MENTAX (butenafine)</i> <i>miconazole ointment, spray</i> <i>naftifine</i> <i>NAFTIN (naftifine)</i> <i>oxiconazole</i> <i>OXISTAT (oxiconazole)</i> <i>tolnaftate aerosolized powder, solution, spray</i> <i>VUSION (miconazole/zinc/petrolatum)</i>	<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	<i>clotrimazole/betamethasone lotion</i> <i>LOTRISONE (clotrimazole/betamethasone)</i> <i>nystatin/triamcinolone</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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ANTIHISTAMINES, MINIMALLY SEDATING		
Preferred Agents	Non-Preferred Agents	PA Criteria
Antihistamines		
cetirizine solution, tablets loratadine ODT, solution, tablets	<i>cetirizine capsule, chewable</i> CLARINEX (desloratadine) desloratadine fexofenadine levocetirizine XYZAL (levocetirizine)	<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	<i>fexofenadine/pseudoephedrine</i> <i>SEMPREX-D (acrivastine/pseudoephedrine)</i>	<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 tablets guanfacine IR methyldopa	<i>CATAPRES (clonidine)</i> <i>clonidine transdermal</i> <i>CLORPRES (clonidine / chlorthalidone)</i> methyldopa / HCTZ <i>methyldopate</i> <i>reserpine</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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ANTIHYPURICEMICS				
Preferred Agents	Non-Preferred Agents	PA Criteria		
allopurinol probenecid probenecid/colchicine	<i>colchicine</i> COLCRYS (<i>colchicine</i>) ULORIC (<i>febuxostat</i>) ZURAMPIC (<i>lesinurad</i>) ZYLOPRIM (<i>allopurinol</i>)	<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				
RELPAX (<i>eletriptan</i>) sumatriptan injection kit sumatriptan nasal sumatriptan tablets ZOMIG (<i>zolmitriptan</i>)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <i>almotriptan</i> AMERGE (<i>naratriptan</i>) AXERT (<i>almotriptan</i>) FROVA (<i>frovatriptan</i>) IMITREX (<i>sumatriptan</i>) injection kit IMITREX (<i>sumatriptan</i>) nasal IMITREX (<i>sumatriptan</i>) tablets IMITREX (<i>sumatriptan</i>) vial MAXALT (<i>rizatriptan</i>) </td> <td style="width: 50%; vertical-align: top;"> <i>naratriptan</i> ONZETRA XSAIL (<i>sumatriptan</i>) rizatriptan sumatriptan vial SUMAVEL DOSEPRO (<i>sumatriptan</i>) TREXIMET (<i>sumatriptan/naproxen</i>) ZECUITY (<i>sumatriptan</i>) ZEMBRACE SYMTOUCH (<i>sumatriptan</i>) zolmitriptan </td> </tr> </table>	<i>almotriptan</i> AMERGE (<i>naratriptan</i>) AXERT (<i>almotriptan</i>) FROVA (<i>frovatriptan</i>) IMITREX (<i>sumatriptan</i>) injection kit IMITREX (<i>sumatriptan</i>) nasal IMITREX (<i>sumatriptan</i>) tablets IMITREX (<i>sumatriptan</i>) vial MAXALT (<i>rizatriptan</i>)	<i>naratriptan</i> ONZETRA XSAIL (<i>sumatriptan</i>) rizatriptan sumatriptan vial SUMAVEL DOSEPRO (<i>sumatriptan</i>) TREXIMET (<i>sumatriptan/naproxen</i>) ZECUITY (<i>sumatriptan</i>) ZEMBRACE SYMTOUCH (<i>sumatriptan</i>) zolmitriptan	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
<i>almotriptan</i> AMERGE (<i>naratriptan</i>) AXERT (<i>almotriptan</i>) FROVA (<i>frovatriptan</i>) IMITREX (<i>sumatriptan</i>) injection kit IMITREX (<i>sumatriptan</i>) nasal IMITREX (<i>sumatriptan</i>) tablets IMITREX (<i>sumatriptan</i>) vial MAXALT (<i>rizatriptan</i>)	<i>naratriptan</i> ONZETRA XSAIL (<i>sumatriptan</i>) rizatriptan sumatriptan vial SUMAVEL DOSEPRO (<i>sumatriptan</i>) TREXIMET (<i>sumatriptan/naproxen</i>) ZECUITY (<i>sumatriptan</i>) ZEMBRACE SYMTOUCH (<i>sumatriptan</i>) zolmitriptan			
Non-Triptans				
	CAMBIA (<i>diclofenac</i>) D.H.E. 45 (<i>dihydroergotamine</i>) dihydroergotamine mesylate MIGRANAL (<i>dihydroergotamine mesylate</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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ANTIPARASITICS, TOPICAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
NATROBA (spinosad) permethrin SKLICE (ivermectin)	EURAX (<i>crotamiton</i>) <i>lindane</i> <i>malathion</i> OVIDE (<i>malathion</i>) <i>piperonyl butoxide/pyrethrins</i> <i>spinosad</i>	<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 (<i>entacapone</i>) <i>entacapone</i> TASMAR (<i>tolcapone</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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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			
<p>ABILIFY (aripiprazole) tablets</p> <p>chlorpromazine</p> <p>clozapine</p> <p>FANAPT (iloperidone)</p> <p>fluphenazine</p> <p>haloperidol</p> <p>LATUDA (lurasidone)</p> <p>Olanzapine</p> <ul style="list-style-type: none"> • Antipsychotic Edit • Dose Optimization Edit <p>olanzapine ODT</p> <ul style="list-style-type: none"> • Antipsychotic Edit • Dose Optimization Edit 	<p>perphenazine</p> <p>quetiapine IR</p> <p>risperidone tablets, solution</p> <ul style="list-style-type: none"> • Antipsychotic Edit • Dose Optimization Edit <p>SAPHRIS (asenapine)</p> <p>thioridazine</p> <p>thiothixene</p> <p>trifluoperazine</p> <p>VERSACLOZ (clozapine)</p> <p>ziprasidone</p>	<p>aripiprazole</p> <p>clozapine ODT</p> <p>CLOZARIL (clozapine)</p> <p>FAZACLO (clozapine)</p> <p>GEODON (ziprasidone)</p> <p>INVEGA (paliperidone)</p> <p>loxapine</p> <p>molindone</p> <p>ORAP (pimozide)</p> <p>paliperidone</p> <p>pimozide</p> <p>REXULTI (brexipiprazole)</p> <p>RISPERDAL (risperidone)</p> <p>risperidone ODT</p> <ul style="list-style-type: none"> • Antipsychotic Edit • Dose Optimization Edit <p>SEROQUEL (quetiapine)</p> <p>SEROQUEL XR (quetiapine)</p> <p>VRAYLAR (cariprazine)</p> <p>ZYPREXA (olanzapine)</p> <ul style="list-style-type: none"> • Antipsychotic Edit • Dose Optimization Edit <p>ZYPREXA ZYDIS (olanzapine)</p> <ul style="list-style-type: none"> • Antipsychotic Edit • Dose Optimization Edit 	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs ■ Clinical Prior Authorization Applies
Antipsychotic/SSRI Combinations			
<p>amitriptyline/perphenazine</p>	<p>olanzapine/fluoxetine</p> <p>SYMBYAX (olanzapine/fluoxetine)</p>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs ■ Clinical Prior Authorization Applies 	

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ANTIPSYCHOTICS		
Preferred Agents	Non-Preferred Agents	PA Criteria
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 ■ Clinical Prior Authorization Applies
ANTIVIRALS (ORAL/NASAL)		
Preferred Agents	Non-Preferred Agents	PA Criteria
Antiherpetic		
acyclovir famciclovir valacyclovir	<i>FAMVIR (famciclovir)</i> <i>VALTREX (valacyclovir)</i> <i>ZOVIRAX (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 (zanamivir) rimantadine TAMIFLU (oseltamivir)		<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
Anti-CMV		
VALCYTE (valganciclovir) tablets	VALCYTE (valganciclovir) solution valganciclovir tablets	<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 DENA VIR (penciclovir)	XERESE (acyclovir/hydrocortisone) ZOVIRAX (acyclovir)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs

ANXIOLYTICS		
Preferred Agents	Non-Preferred Agents	PA Criteria
alprazolam tablet buspirone chlordiazepoxide clorazepate diazepam solution diazepam tablet lorazepam intensol lorazepam tablet	alprazolam ER alprazolam intensol alprazolam ODT ATIVAN (lorazepam) tablet diazepam intensol meprobamate oxazepam TRANXENE T-TAB (clorazepate) VALIUM (diazepam) tablet XANAX (alprazolam) tablet	<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>INNOPRAN XL (propranolol)</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	CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol succinate ER/HCTZ) metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ <i>TENORETIC (atenolol/HCTZ)</i> ZIAC (bisoprolol/HCTZ)	<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> COREG CR (carvedilol)	<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	<i>ACTIGALL (ursodiol)</i> <i>CHENODAL (chenodiol)</i> <i>CHOLBAM (cholic acid)</i> <i>OICALIVA (obeticholic acid)</i> <i>URSO (ursodiol)</i> <i>URSO FORTE (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 (fesoterodine) VESICARE (solifenacin)	<i>DETROL (tolterodine)</i> DETROL LA (tolterodine) DITROPAN XL (oxybutynin) ENABLEX (darifenacin) flavoxate <i>GELNIQUE (oxybutynin)</i> <i>MYRBETRIQ (mirabegron)</i> oxybutynin ER <i>OXYTROL (oxybutynin)</i> tolterodine tolterodine ER trospium <i>trospium 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

BONE RESORPTION SUPPRESSION AND RELATED AGENTS

Preferred Agents	Non-Preferred Agents	PA Criteria
Bisphosphonates		
alendronate tablets	<i>ACTONEL (risedronate)</i> <i>alendronate solution</i> <i>ATELVIA (risedronate)</i> <i>BINOSTO (alendronate)</i> <i>BONIVA (ibandronate)</i> <i>etidronate</i> <i>FOSAMAX (alendronate)</i> <i>FOSAMAX PLUS D (alendronate/vitamin D)</i> <i>ibandronate</i> <i>risedronate</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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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> EVISTA (<i>raloxifene</i>) <i>FORTEO</i> (<i>teriparatide</i>) <i>MIACALCIN</i> (<i>calcitonin</i>) <i>raloxifene</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	CARDURA (<i>doxazosin</i>) <i>FLOMAX</i> (<i>tamsulosin</i>) <i>RAPAFLO</i> (<i>silodosin</i>) <i>UROXATRAL</i> (<i>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</i> (<i>dutasteride</i>) <i>PROSCAR</i> (<i>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> VENTOLIN HFA (albuterol) XOPENEX HFA (levalbuterol)	<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		
	ARCAPTA (indacaterol) SEREVENT (salmeterol) STRIVERDI RESPIMAT (olodaterol)	<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 (arformoterol) levalbuterol PERFOROMIST (formoterol) XOPENEX (levalbuterol)	<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	<i>albuterol tablet</i> <i>albuterol ER</i> <i>metaproterenol</i> <i>terbutaline</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

CALCIUM CHANNEL BLOCKERS (ORAL)

Preferred Agents	Non-Preferred Agents	PA Criteria
Short-Acting		
diltiazem verapamil	<i>isradipine</i> <i>nicardipine</i> <i>nifedipine</i> <i>nimodipine</i> <i>NYMALIZE</i> (nimodipine) <i>PROCARDIA</i> (nifedipine)	<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) <i>CALAN SR</i> (verapamil) <i>CARDIZEM CD</i> (diltiazem) <i>CARDIZEM LA</i> (diltiazem) <i>diltiazem LA</i> <i>MATZIM LA</i> (diltiazem) <i>nisoldipine</i>	NORVASC (amlodipine) PROCARDIA XL (nifedipine) <i>SULAR</i> (nisoldipine) <i>verapamil 360 mg capsules</i> verapamil ER PM <i>VERELAN</i> (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	<i>amoxicillin/clavulanate XR</i> <i>amoxicillin/clavulanate chewable IR tablets</i> <i>AUGMENTIN suspension (amoxicillin/clavulanate)</i> <i>AUGMENTIN tablets (amoxicillin/clavulanate)</i> <i>AUGMENTIN XR (amoxicillin/clavulanate)</i>	<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	<i>cefadroxil tablets</i> <i>cephalexin tablets</i> <i>KEFLEX (cephalexin)</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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CEPHALOSPORINS AND RELATED ANTIBIOTICS (ORAL)		
Preferred Agents	Non-Preferred Agents	PA Criteria
Cephalosporins – Second Generation		
cefprozil suspension cefuroxime tablets	<i>cefaclor ER</i> <i>cefaclor IR capsules, suspension</i> <i>cefprozil tablets</i> <i>CEFTIN (cefuroxime)</i>	<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	<i>CEDAX (ceftibuten)</i> <i>cefixime</i> <i>cefpodoxime</i> <i>ceftibuten</i> <i>SUPRAX (cefixime) chewable tablets, 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
COLONY STIMULATING FACTORS		
Preferred Agents	Non-Preferred Agents	PA Criteria
GRANIX (tbo-filgrastim) NEULASTA (pegfilgrastim) NEUPOGEN (filgrastim) vial	<i>LEUKINE (sargramostim)</i> <i>NEUPOGEN (filgrastim) syringe</i> <i>ZARXIO (filgrastim-sndz)</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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COPD AGENTS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Anticholinergics		
ATROVENT HFA (ipratropium) ipratropium inhalation solution SEEBRI NEOHALER (glycopyrrolate) SPIRIVA HANDIHALER (tiotropium)	<i>INCRUSE ELLIPTA (umeclidinium)</i> <i>SPIRIVA RESPIMAT (tiotropium)</i> <i>TUDORZA (aclidinium)</i>	<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		
albuterol/ipratropium COMBIVENT RESPIMAT (albuterol/ipratropium) STIOLTO RESPIMAT (tiotropium/olodaterol) UTIBRON NEOHALER (glycopyrrolate/indacaterol)	<u>ANORO ELLIPITA</u> (umeclidinium/vilanterol)	<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		
	<i>DALIRESP (roflumilast)</i>	<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.		Cough & cold PA criteria

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CYTOKINE AND CAM ANTAGONISTS

Preferred Agents	Non-Preferred Agents	PA Criteria
COSENTYX (secukinumab) ENBREL (etanercept) HUMIRA (adalimumab)	ACTEMRA (tocilizumab) CIMZIA (certolizumab) ILARIS (canakinumab) KINERET (anakinra) ORENCIA (abatacept) OTEZLA (apremilast)	SIMPONI (golimumab) STELARA (ustekinumab) XELJANZ (tofacitinib)
		<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		
		<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 ■ Clinical Prior Authorization Applies

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FLUOROQUINOLONES, ORAL		
Preferred Agents	Non-Preferred Agents	PA Criteria
CIPRO (ciprofloxacin) suspension ciprofloxacin IR levofloxacin tablets	<p><i>AVELOX (moxifloxacin) ofloxacin</i></p> <p><i>CIPRO (ciprofloxacin) tablets</i></p> <p><i>ciprofloxacin ER</i></p> <p><i>ciprofloxacin suspension</i></p> <p><i>LEVAQUIN (levofloxacin)</i></p> <p><i>levofloxacin solution</i></p> <p><i>moxifloxacin</i></p>	<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
None	<p>alose tron</p> <p>AMITIZA (lubiprostone)</p> <p>LINZESS (linaclotide)</p> <p>LOTRONEX (alose tron)</p> <p>MOVANTIK (naloxegol)</p> <p>RELISTOR (methylnaltrexone) injection</p> <p>RELISTOR (methylnaltrexone) oral</p> <p>VIBERZI (eluxadoline)</p>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass (including OTC products) ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs ■ Clinical Prior Authorization Applies

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GLUCOCORTICOIDS, INHALED			
Preferred Agents	Non-Preferred Agents	PA Criteria	
Glucocorticoids			
ASMANEX (mometasone) FLOVENT (fluticasone) QVAR (beclomethasone)	AEROSPAN (flunisolide) ALVESCO (ciclesonide) ARNUIITY ELLIPTA (fluticasone) <i>budesonide respules</i> 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 	
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 prednisolone sodium phosphate solution prednisolone prednisone solution, tablets	CORTEF (hydrocortisone) CORTISONE (hydrocortisone) <i>dexamethasone intensol</i> DEXPAK (dexamethasone) ENTOCORT EC (budesonide) MEDROL (methylprednisolone) <i>methylprednisolone tablets</i>	MILLIPRED (prednisolone) <i>prednisolone sodium phosphate ODT</i> <i>prednisone intensol</i> <i>prednisone tablet dose pack</i> 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

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

H. PYLORI TREATMENT		
Preferred Agents	Non-Preferred Agents	PA Criteria
PYLERA (bismuth subcitrate/metronidazole/tetracycline)	<i>lansoprazole/amoxicillin/clarithromycin</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>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

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HEPATITIS C AGENTS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Polymerase/Protease Inhibitors		
EPCLUSA (sofosbuvir/velpatasvir) – GENOTYPE 2 & 3 ONLY TECHNIVIE (ombitasvir/paritaprevir/ritonavir) VIEKIRA PAK (dasabuvir/ombitasvir/paritaprevir/ritonavir) VIEKIRA XR (dasabuvir/ombitasvir/paritaprevir/ritonavir)	DAKLINZA (<i>daclatasvir</i>) HARVONI (sofosbuvir/ledipasvir) OLYSIO (simeprevir) SOVALDI (sofosbuvir) ZEPATIER (elbasvir/grazoprevir)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs ■ Clinical Prior Authorization Applies
Ribavirin		
ribavirin capsule ribavirin tablet	<i>REBETOL solution</i> <i>RIBASPHERE 400, 600 mg</i> <i>ribavirin dose pack</i>	<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)	<i>RUCONEST (C1 esterase inhibitor)</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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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 ■ Clinical Prior Authorization Applies
Incretin Enhancers		
JENTADUETO (linagliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin) ONGLYZA (saxagliptin) TRADJENTA (linagliptin)	<i>alogliptin</i> <i>alogliptin/metformin</i> <i>alogliptin/pioglitazone</i> <i>JANUMET (sitagliptin/metformin)</i> <i>JANUMET XR (sitagliptin/metformin)</i> JANUVIA (sitagliptin) <i>JENTADUETO XR (linagliptin/metformin)</i> <i>KAZANO (alogliptin /metformin)</i> <i>NESINA (alogliptin)</i> <i>OSENI (alogliptin / glimepiride)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs ■ Clinical Prior Authorization Applies

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HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Incretin Mimetics		
BYDUREON (exenatide ER) vials BYETTA (exenatide) VICTOZA (liraglutide)	ADLYXIN (lixisenatide) <i>BYDUREON (exenatide ER) pens</i> <i>TANZEUM (albiglutide)</i> <i>TRULICITY (dulaglutide)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs ■ Clinical Prior Authorization Applies
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 ■ Clinical Prior Authorization Applies
Incretin Mimetic/Insulin Combinations		
	SOLIQUA (lixisenatide/insulin glargine) XULTOPHY (liraglutide/insulin degludec)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs ■ Clinical Prior Authorization Applies

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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) vial 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) BASAGLAR (insulin glargine) HUMALOG (insulin lispro) pens HUMALOG MIX (insulin lispro/lispro protamine) pens HUMULIN (insulin) pens HUMULIN 500 UNITS/ML (insulin) pen 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) repaglinide/metformin STARLIX (nateglinide)	<ul style="list-style-type: none"> ■ Separate prescriptions for the individual components should be used instead of the combination drug.

HYPOGLYCEMICS, METFORMIN		
Preferred Agents	Non-Preferred Agents	PA Criteria
glyburide/metformin metformin metformin ER (GLUCOPHAGE XR)	FORTAMET (metformin ER) glipizide/metformin GLUCOPHAGE (metformin) GLUCOPHAGE XR (metformin ER) GLUMETZA (metformin ER) metformin ER (FORTAMET) metformin ER (GLUMETZA) RIOMET (metformin)	<ul style="list-style-type: none"> ■ Separate prescriptions for the individual components should be used instead of the combination drug.

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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
SGLT2 Combinations		
INVOKAMET (canagliflozin/metformin)	INVOKAMET XR (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 ■ Clinical Prior Authorization Applies

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HYPOGLYCEMICS, TZD

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

IMMUNE GLOBULINS

Preferred Agents	Non-Preferred Agents	PA Criteria
CYTOGAM (CMV immune globulin) GAMMAGARD (immune globulin) GAMUNEX-C (immune globulin) HIZENTRA (immune globulin)	BIVIGAM (immune globulin) CARIMUNE NF (immune globulin) CUVITRU (immune globulin) FLEBOGAMMA DIF (immune globulin) GAMMAKED (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
None	ELIDEL (pimecrolimus) EUCRISA (crisaborole) PROTOPIC (tacrolimus) tacrolimus	<ul style="list-style-type: none"> Prior authorization is required for all products in this class Clinical Prior Authorization Applies

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IMMUNOSUPPRESSIVES, ORAL

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

INTRANASAL RHINITIS AGENTS

Preferred Agents	Non-Preferred Agents	PA Criteria	
Glucocorticoids			
fluticasone	<i>BECONASE AQ (beclomethasone)</i> <i>budesonide</i> <i>CLARISPRAY OTC (fluticasone)</i> <i>flunisolide</i> <i>NASONEX (mometasone)</i> <i>OMNARIS (ciclesonide)</i> <i>QNASL (beclomethasone dipropionate)</i>	<i>triamcinolone</i> <i>VERAMYST (fluticasone furoate)</i> <i>ZETONNA (ciclesonide)</i>	<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)	<u>ASTEPRO (azelastine)</u> <i>ATROVENT (ipratropium) nasal spray</i> <u>azelastine</u> <i>ipratropium nasal spray</i> <i>olopatadine</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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INTRANASAL RHINITIS AGENTS

Preferred Agents	Non-Preferred Agents	PA Criteria
Combinations		
	<i>DYMISTA (azelastine/fluticasone)</i>	<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.

LEUKOTRIENE MODIFIERS

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

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LINCOSAMIDES/OXAZOLIDINONES/STREPTOGRAMINS		
Preferred Agents	Non-Preferred Agents	PA Criteria
clindamycin capsules clindamycin solution linezolid suspension linezolid tablets	CLEOCIN (clindamycin) clindamycin injection LINCOCIN (lincomycin) SIVEXTRO (tedizolid) ZYVOX (linezolid) suspension ZYVOX (linezolid) tablets	<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	COLESTID (colestipol) colestipol granules QUESTRAN (cholestyramine) QUESTRAN LIGHT (cholestyramine) WELCHOL (colesevalam)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
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

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LIPOTROPICS, OTHER		
Preferred Agents	Non-Preferred Agents	PA Criteria
Fibric Acid Derivatives		
fenofibrate (generic Lipofen, Tricor) gemfibrozil	<i>fenofibrate (generic Antara, Lofibra)</i> <i>fenofibric acid (generic Fibracor, Trilipix)</i> <i>FENOGLIDE (fenofibrate)</i> <i>LIPOFEN (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		
	LOVAZA (<i>omega-3 fatty acids</i>) omega-3 fatty acids 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 ■ Clinical Prior Authorization Applies
PCSK9 Inhibitors		
	PRALUENT (<i>alirocumab</i>) REPATHA (<i>evolocumab</i>)	<ul style="list-style-type: none"> ■ Trial and failure of atorvastatin, rosuvastatin, and ezetimibe.

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LIPOTROPICS, STATINS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Statins		
<p>Atorvastatin</p> <ul style="list-style-type: none"> • Duplicate Therapy Edit • Dose Optimization Edit <p>lovastatin</p> <ul style="list-style-type: none"> • Duplicate Therapy Edit • Dose Optimization Edit <p>pravastatin</p> <ul style="list-style-type: none"> • Duplicate Therapy Edit • Dose Optimization Edit <p>Simvastatin</p> <ul style="list-style-type: none"> • Duplicate Therapy Edit • Dose Optimization Edit 	<p><i>ALTOPREV (lovastatin)</i></p> <ul style="list-style-type: none"> • Duplicate Therapy Edit • Dose Optimization Edit <p><i>CRESTOR (rosuvastatin)</i></p> <ul style="list-style-type: none"> • Duplicate Therapy Edit • Dose Optimization Edit <p><i>fluvastatin</i></p> <ul style="list-style-type: none"> • Duplicate Therapy Edit • Dose Optimization Edit <p><i>fluvastatin ER</i></p> <ul style="list-style-type: none"> • Duplicate Therapy Edit • Dose Optimization Edit <p><i>LESCOL (fluvastatin)</i></p> <p>LESCOL XL (fluvastatin)</p> <p><i>LIPITOR (atorvastatin)</i></p> <ul style="list-style-type: none"> • Duplicate Therapy Edit • Dose Optimization Edit <p>LIVALO (pitavastatin)</p> <p><i>PRAVACHOL (pravastatin)</i></p> <ul style="list-style-type: none"> • Duplicate Therapy Edit • Dose Optimization Edit <p><i>ZOCOR (simvastatin)</i></p> <ul style="list-style-type: none"> • Duplicate Therapy Edit • Dose Optimization Edit 	<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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LIPOTROPICS, STATINS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Statin Combinations		
	<i>ADVICOR (lovastatin/niacin)</i> <i>atorvastatin/amlodipine</i> <i>CADUET (atorvastatin/amlodipine)</i> <i>VYTORIN (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
MACROLIDES/KETOLIDES (ORAL)		
Preferred Agents	Non-Preferred Agents	PA Criteria
Ketolides		
	<i>KETEK (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 (erythromycin) erythromycin base PCE (erythromycin)	<i>BIAXIN (clarithromycin)</i> <i>clarithromycin tablets</i> <i>clarithromycin ER</i> <i>E.E.S. (erythromycin)</i> <i>ERYPED (erythromycin)</i> <i>ERYTHROCIN (erythromycin)</i> <i>KETEK (telithromycin)</i> <i>Z-MAX (azithromycin)</i> <i>ZITHROMAX (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

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NEUROPATHIC PAIN		
Preferred Agents	Non-Preferred Agents	PA Criteria
Oral Agents		
duloxetine (Cymbalta) gabapentin LYRICA (pregabalin)	<i>CYMBALTA (duloxetine)</i> <i>duloxetine (Irenka)</i> <i>GRALISE (gabapentin)</i> <i>HORIZANT (gabapentin enacarbil ER)</i> <i>SAVELLA (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
Topical Agents		
	<i>DERMACINRX PHN PAK (lidocaine patch, DermacinRX Moisturizing Complex Cream)</i> <i>lidocaine patch</i> <i>LIDODERM (lidocaine)</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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NSAIDS			
Preferred Agents	Non-Preferred Agents	PA Criteria	
Nonspecific			
<p>ibuprofen INDOCIN (indomethacin) suspension indomethacin capsules ketorolac</p> <ul style="list-style-type: none"> • Ketorolac Edit • Duplicate Therapy Edit <p>naproxen tablets naproxen sodium OTC</p>	<p><i>ANAPROX (naproxen)</i> <i>CHILDREN'S MOTRIN (ibuprofen)</i> DAYPRO (oxaprozin) diclofenac <i>diclofenac SR</i> <i>diflunisal</i> etodolac <i>etodolac SR</i> FELDENE (piroxicam) fenoprofen flurbiprofen <i>INDOCIN (indomethacin) capsules</i> indomethacin ER capsules ketoprofen ketoprofen ER meclofenamate</p>	<p>mefenamic acid nabumetone NALFON (fenoprofen) NAPROSYN (naproxen) naproxen CR <i>naproxen EC</i> naproxen suspension <i>naproxen sodium (Rx)</i> oxaprozin piroxicam PONSTEL (meclofenamate) <i>SPRIX (ketorolac)</i> sulindac tolmetin VOLTAREN (diclofenac) <i>ZORVOLEX (diclofenac)</i></p>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
NSAID/GI Protectant Combinations			
	<p>ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol <i>DUEXIS (ibuprofen/famotidine)</i> VIMOVO (naproxen/esomeprazole)</p>	<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
COX-II Selective		
meloxicam tablets <ul style="list-style-type: none"> Duplicate Therapy Edit Dose Optimization Edit COX-2 Inhibitors Edit 	<p>CELEBREX (<i>celecoxib</i>)</p> <ul style="list-style-type: none"> Duplicate Therapy Edit COX-2 Inhibitors Edit <p><i>celecoxib</i></p> <ul style="list-style-type: none"> Duplicate Therapy Edit COX-2 Inhibitors Edit <p><i>meloxicam suspension</i></p> <ul style="list-style-type: none"> Duplicate Therapy Edit COX-2 Inhibitors Edit <p><i>MOBIC</i> (<i>meloxicam</i>)</p> <ul style="list-style-type: none"> Duplicate Therapy Edit Dose Optimization Edit COX-2 Inhibitors Edit 	<ul style="list-style-type: none"> Treatment failure with preferred drugs within any subclass Contraindication to preferred drugs Allergic reaction to preferred drugs Clinical Prior Authorization Applies
Topical NSAIDs		
	<p>diclofenac</p> <p>FLECTOR (<i>diclofenac</i>)</p> <p>INDOCIN (<i>indomethacin</i>) suppositories</p> <p>PAIN RELIEF COLLECTION KIT (oral naproxen, capsaicin/ menthol/ methyl salicylate gel)</p> <p><i>PENNSAID</i> (<i>diclofenac</i>)</p> <p>VOLTAREN (<i>diclofenac</i>)</p> <p><i>XRYLIX KIT</i> (<i>diclofenac</i>)</p>	<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) ointment	<i>BLEPHAMIDE S.O.P. (sulfacetamide/prednisolone)</i> <i>MAXITROL (neomycin/polymyxin/ dexamethasone)</i> <i>neomycin/bacitracin/polymyxin/hydrocortisone</i> <i>neomycin/polymyxin/hydrocortisone</i> <i>PRED-G (gentamicin/prednisolone)</i> <i>TOBRADEX (tobramycin/dexamethasone) suspension</i> <i>TOBRADEX ST (tobramycin/dexamethasone)</i> <i>tobramycin/dexamethasone</i> <i>ZYLET (tobramycin/loteprednol)</i>	<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	<i>TOBREX (tobramycin) solution</i>	<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) VIGAMOX (moxifloxacin)	<i>BESIVANCE (besifloxacin)</i> <i>CILOXAN (ciprofloxacin)</i> <i>gatifloxacin</i> <i>levofloxacin</i> <i>OCUFLOX (ofloxacin)</i> <i>ofloxacin</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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OPHTHALMIC ANTIBIOTICS		
Preferred Agents	Non-Preferred Agents	PA Criteria
Macrolides		
erythromycin	AZASITE (<i>azithromycin</i>) ILOTYCIN (<i>erythromycin</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 polymyxin/trimethoprim	<i>bacitracin</i> BLEPH-10 (<i>sulfacetamide</i>) NATACYN (<i>natamycin</i>) <i>neomycin/bacitracin/polymyxin</i> <i>neomycin/polymyxin/gramicidin</i> POLYTRIM (<i>polymyxin/trimethoprim</i>) <i>sulfacetamide ointment, solution</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 style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <i>ALOCRIIL (nedocromil)</i> <i>ALOMIDE (loxamide)</i> <i>ALREX (loteprednol)</i> <i>azelastine</i> <i>BEPREVE (bepotastine)</i> <i>ELESTAT (epinastine)</i> </div> <div style="width: 45%;"> <i>EMADINE (emedastine)</i> <i>epinastine</i> <i>ketotifen</i> <i>LASTACRAFT (alcaftadine)</i> <i>olopatadine</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 (<i>ketorolac</i>) ACULAR LS (<i>ketorolac</i>) ACUVAIL (<i>ketorolac</i>) <i>bromfenac</i> BROMSITE (<i>bromfenac</i>) <i>ketorolac LS</i>	<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	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <i>FLAREX (fluorometholone)</i> <i>fluoromethalone</i> <i>FML (fluorometholone)</i> <i>FML FORTE (fluorometholone)</i> <i>FML S.O.P. (fluorometholone)</i> <i>LOTEMAX (loteprednol) gel, ointment</i> </div> <div style="width: 45%;"> <i>MAXIDEX (dexamethasone)</i> <i>OMNIPRED (prednisolone)</i> <i>PRED FORTE (prednisolone)</i> <i>PRED MILD (prednisolone)</i> <i>prednisolone sodium phosphate</i> <i>VEXOL (rimexolone)</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
OPHTHALMICS, ANTI-INFLAMMATORY IMMUNOMODULATORS		
Preferred Agents	Non-Preferred Agents	PA Criteria
RESTASIS (cyclosporin)	XIIDRA (<i>lifitegrast</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, 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
Beta Blockers		
betaxolol carteolol levobunolol timolol	BETAGAN (levobunolol) BETOPTIC S (betaxolol) ISTALOL (timolol) 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

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OPHTHALMICS, GLAUCOMA AGENTS

Preferred Agents	Non-Preferred Agents	PA Criteria
Combination Agents		
COMBIGAN (brimonidine/timolol) dorzolamide/timolol SIMBRINZA (brinzolamide/brimonidine)	<i>COSOPT (dorzolamide/timolol)</i> <i>COSOPT PF (dorzolamide/timolol)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs
Miscellaneous		
	<i>phospholine iodide</i>	<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
BUNAVAIL (buprenorphine/naloxone) <ul style="list-style-type: none"> • Opiate/Benzo/Muscle Relaxant Combo Edit • Buprenorphine Edit buprenorphine naloxone syringe naloxone vial naltrexone ^{PPG} NARCAN (naloxone) nasal SUBOXONE (buprenorphine/naloxone) film <ul style="list-style-type: none"> • Opiate/Benzo/Muscle Relaxant Combo Edit • Buprenorphine Edit 	<i>buprenorphine/naloxone</i> <i>EVZIO (naloxone)</i> <i>VIVITROL (naltrexone)</i> <i>ZUBSOLV (buprenorphine/naloxone)</i> <ul style="list-style-type: none"> • Opiate/Benzo/Muscle Relaxant Combo Edit • Buprenorphine Edit 	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs ■ Clinical Prior Authorization Applies

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

OTIC ANTI-INFECTIVES/ANESTHETICS		
Preferred Agents	Non-Preferred Agents	PA Criteria
acetic acid	<i>acetic acid/hydrocortisone</i> <i>acetic acid/aluminum</i>	<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)	<i>ADEMPAS (riociguat)</i> <i>OPSUMIT (macitentan)</i> <i>ORENITRAM ER (treprostinil)</i> REVATIO (sildenafil) <i>TYVASO Inhalation (treprostinil)</i> <i>UPTRAVI (selexipag)</i> <i>VENTAVIS Inhalation (iloprost)</i>	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs ■ Clinical Prior Authorization Applies

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PANCREATIC ENZYMES

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

PENICILLINS

Preferred Agents	Non-Preferred Agents	PA Criteria
<p>amoxicillin ampicillin dicloxacillin penicillin VK</p>	<p>amoxicillin ER</p>	<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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PHOSPHATE BINDERS

Preferred Agents	Non-Preferred Agents	PA Criteria
calcium acetate MAGNEBIND 400 RX (calcium carbonate, folic acid, magnesium carbonate) RENAGEL (sevelamer HCl)	AURYXIA (<i>ferric citrate</i>) ELIPHOS (<i>calcium acetate</i>) FOSRENOL (<i>lanthanum</i>) PHOSLYRA (<i>calcium acetate</i>) RENVELA (<i>sevelamer carbonate</i>) VELPHORO (<i>sucroferric oxyhydroxide</i>)	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: <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 Clinical Prior Authorization Applies

PLATELET AGGREGATION INHIBITORS

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

PRENATAL VITAMINS

See Separate Preferred Prenatal Vitamin Listing.

PA Criteria:

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

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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	ACIPHEX (rabeprazole) rabeprazole DEXILANT (dexlansoprazole) ZEGERID (omeprazole/sodium bicarbonate) esomeprazole lansoprazole NEXIUM OTC (esomeprazole) omeprazole OTC omeprazole/sodium bicarbonate PREVACID (lansoprazole) PROTONIX tablets (pantoprazole)	<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

SEDATIVE HYPNOTICS

Preferred Agents	Non-Preferred Agents	PA Criteria
Benzodiazepines		
flurazepam temazepam 15, 30 mg triazolam	Estazolam <ul style="list-style-type: none"> • Anxiolytics and Sedative/Hypnotics Edit • Opiate/Benzo/Muscle Relaxant Combo Edit 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 ■ Clinical Prior Authorization Applies

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SEDATIVE HYPNOTICS			
Preferred Agents	Non-Preferred Agents	PA Criteria	
Others			
zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) BELSOMRA (suvorexant) EDLUAR (zolpidem) eszopiclone HETLIOZ (tasimelteon) INTERMEZZO (zolpidem)	LUNESTA (eszopiclone) ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zaleplon zolpidem ER	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs ■ Clinical Prior Authorization Applies
SKELETAL MUSCLE RELAXANTS			
Preferred Agents	Non-Preferred Agents	PA Criteria	
baclofen carisoprodol (except 250 mg) chlorzoxazone cyclobenzaprine <ul style="list-style-type: none"> • Opiate/Benzo/Muscle Relaxant Combo Edit • Cyclobenzaprine Edit methocarbamol tizanidine tablets	AMRIX (cyclobenzaprine ER) <ul style="list-style-type: none"> • Opiate/Benzo/Muscle Relaxant Combo Edit • Cyclobenzaprine Edit carisoprodol 250 mg carisoprodol compound DANTRIUM (dantrolene) dantrolene FEXMID (cyclobenzaprine) <ul style="list-style-type: none"> • Opiate/Benzo/Muscle Relaxant Combo Edit • Cyclobenzaprine Edit LORZONE (chlorzoxazone) metaxolone orphenadrine	ROBAXIN (methocarbamol) SKELAXIN (metaxolone) SOMA (carisoprodol) tizanidine capsules ZANAFLEX (tizanidine)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs ■ Clinical Prior Authorization Applies

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SMOKING CESSATION		
Preferred Agents	Non-Preferred Agents	PA Criteria
bupropion SR CHANTIX (varenicline) NICORETTE (nicotine) gum NICORETTE (nicotine) lozenge nicotine gum nicotine patch	NICODERM CQ (nicotine) <i>nicotine lozenge</i> <i>NICOTROL (nicotine)</i> <i>NICOTROL NS (nicotine)</i> <i>ZYBAN (bupropion)</i>	<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 (OTC), ointment hydrocortisone/aloe cream	<i>alclometasone</i> <i>DERMA-SMOOTH/FS (fluocinolone)</i> <i>DESONATE (desonide)</i> <i>desonide</i> <i>hydrocortisone/mineral oil ointment</i> <i>hydrocortisone lotion (Rx)</i>	MICORT-HC (hydrocortisone) <i>PEDIADERM HC (hydrocortisone)</i> <i>PEDIADERM TA (triamcinolone)</i> <i>TEXACORT (hydrocortisone) solution</i>	<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 mometasone cream, ointment, solution	<i>beclomethasone valerate foam</i> <i>clocortolone cream</i> <i>CLODERM (clocortolone)</i> <i>CORDRAN (flurandrenolide)</i> <i>CUTIVATE (fluticasone)</i> <i>ELOCON (mometasone)</i> <i>fluocinolone acetonide</i> <i>flurandrenolide</i>	<i>fluticasone propionate lotion</i> <i>hydrocortisone butyrate</i> <i>hydrocortisone valerate</i> <i>LUXIQ (betamethasone)</i> <i>PANDEL (hydrocortisone probutate)</i> <i>prednicarbate</i> <i>SYNALAR (fluocinolone)</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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STERIODS, 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	<i>amcinonide</i> <i>betamethasone dipropionate cream, gel, ointment</i> <i>betamethasone dipropionate/propylene glycol lotion, ointment</i> <i>betamethasone valerate lotion, ointment</i> <i>desoximetasone</i> <i>diflorasone</i> <i>DIPROLENE (betamethasone dipropionate)</i>	<i>fluocinonide</i> <i>HALOG (halcinonide)</i> <i>KENALOG aerosol (triamcinolone)</i> <i>SERNIVO (betamethasone dipropionate)</i> <i>TOPICORT (desoximetasone)</i> <i>triamcinolone acetonide aerosol, lotion</i> <i>triamcinolone/dimethicone</i> <i>TRIANEX (triamcinolone)</i> <i>VANOS (fluocinonide)</i>	<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 halobetasol	<i>APEXICON E (diflorasone)</i> <i>clobetasol lotion, shampoo</i> <i>clobetasol propionate foam, spray</i> <i>CLOBEX (clobetasol)</i> <i>CLODAN (clobetasol)</i> <i>OLUX, OLUX-E (clobetasol)</i>	<i>TEMOVATE (clobetasol)</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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STIMULANTS AND RELATED AGENTS

Preferred Agents	Non-Preferred Agents	PA Criteria
Stimulants		
ADDERALL XR (amphetamine salt combination) APTENSIO XR (methylphenidate) amphetamine salt combination IR DAYTRANA (methylphenidate) dexmethylphenidate IR dextroamphetamine IR DYANAVAL XR (amphetamine) FOCALIN XR (dexmethylphenidate) METHYLIN (methylphenidate) chewable tablets METHYLIN (methylphenidate) solution methylphenidate IR ^{PPG} methylphenidate ER (authorized generic Concerta) ^{PPG} QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine) VYVANSE (lisdexamfetamine) chewable tablets	ADZENYS XR ODT (amphetamine) amphetamine salt combination ER CONCERTA (methylphenidate) DESOXYN (methamphetamine) DEXEDRINE (dextroamphetamine) dexmethylphenidate ER dextroamphetamine ER dextroamphetamine solution EVEKEO (amphetamine) FOCALIN (dexmethylphenidate) METADATE CD (methylphenidate) methamphetamine methylphenidate CD	methylphenidate chewable tablets methylphenidate ER <ul style="list-style-type: none"> • Dose Optimization Edit • ADD ADHD Edit methylphenidate solution modafinil NUVIGIL (armodafinil) PROCENTRA (dextroamphetamine) PROVIGIL (modafinil) QUILLICHEW ER (methylphenidate) RITALIN (methylphenidate) RITALIN LA (methylphenidate ER) ZENZEDI (dextroamphetamine)
Non-Stimulants		
guanfacine ER STRATTERA (atomoxetine)	clonidine ER INTUNIV (guanfacine ER)	<ul style="list-style-type: none"> ■ Treatment failure with preferred drugs within any subclass ■ Contraindication to preferred drugs ■ Allergic reaction to preferred drugs ■ Clinical Prior Authorization Applies

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TETRACYCLINES			
Preferred Agents	Non-Preferred Agents	PA Criteria	
doxycycline monohydrate 50, 100 mg capsules minocycline capsules VIBRAMYCIN (doxycycline) suspension	<i>demeclocycline</i> <i>doxycycline hyclate IR</i> <i>doxycycline hyclate DR</i> <i>doxycycline monohydrate 40, 75, 150 mg capsules</i> <i>doxycycline monohydrate suspension, tablets</i>	<i>minocycline tablets</i> <i>minocycline ER</i> <i>ORACEA (doxycycline)</i> <i>SOLODYN (minocycline)</i> <i>tetracycline</i> <i>VIBRAMYCIN (doxycycline) capsule, syrup</i>	<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	<i>APRISO (mesalamine)</i> <i>ASACOL HD (mesalamine)</i> <i>AZULFIDINE (sulfasalazine)</i> <i>balsalazide</i> <i>COLAZAL (balsalazide)</i> <i>DIPENTUM (olsalazine)</i> <i>GIAZO (balsalazide)</i> <i>PENTASA (mesalamine)</i> <i>UCERIS (budesonide)</i>	<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)	<i>mesalamine</i> <i>SFROWASA (mesalamine)</i> <i>UCERIS (budesonide)</i>	<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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UREA CYCLE DISORDERS		
Preferred Agents	Non-Preferred Agents	PA Criteria
<p>BUPHENYL (sodium phenylbutyrate) CARBAGLU (carglumic acid)</p>	<p>RAVICTI (glycerol phenylbutyrate) sodium phenylbutyrate powder</p>	<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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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

PDL Review and Implementation Schedule

2017 Review	CLASS	Date of Most Recent PDL Change	Date of Next PDL Change (Tentative)	2018 Review (Tentative)
JAN	ACNE AGENTS, ORAL	7/1/2017	7/1/2018	JAN
JAN	ACNE AGENTS, TOPICAL	7/1/2017	7/1/2018	JAN
JAN	ANALGESICS, NARCOTICS LONG	7/1/2017	7/1/2018	JAN
JAN	ANALGESICS, NARCOTICS SHORT	7/1/2017	7/1/2018	JAN
JAN	ANGIOTENSIN MODULATOR COMBINATIONS	7/1/2017	7/1/2018	JAN
JAN	ANGIOTENSIN MODULATORS	7/1/2017	7/1/2018	JAN
JAN	ANTIMIGRAINE AGENTS, OTHER	7/1/2017	7/1/2018	JAN
JAN	ANTIMIGRAINE AGENTS, TRIPTANS	7/1/2017	7/1/2018	JAN
JAN	BLADDER RELAXANT PREPARATIONS	7/1/2017	7/1/2018	JAN
JAN	H. PYLORI TREATMENT	7/1/2017	7/1/2018	JAN
JAN	IMMUNOMODULATORS, ATOPIC DERMATITIS	7/1/2017	7/1/2018	JAN
JAN	INTRANASAL RHINITIS AGENTS	7/1/2017	7/1/2018	JAN
JAN	NEUROPATHIC PAIN	7/1/2017	7/1/2018	JAN
JAN	OPHTHALMIC ANTI-INFLAMMATORY/IMMUNOMODULATORS	7/1/2017	7/1/2018	JAN
JAN	PHOSPHATE BINDERS	7/1/2017	7/1/2018	JAN
JAN	PLATELET AGGREGATION INHIBITORS	7/1/2017	7/1/2018	JAN
JAN	PROGESTINS FOR CACHEXIA	7/1/2017	7/1/2018	JAN
JAN	PROTON PUMP INHIBITORS	7/1/2017	7/1/2018	JAN
JAN	SMOKING CESSATION	7/1/2017	7/1/2018	JAN
JAN	STIMULANTS AND RELATED AGENTS	7/1/2017	7/1/2018	JAN
APR	ANTI-ALLERGENS, ORAL	7/1/2017	7/1/2018	APR

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2017 Review	CLASS	Date of Most Recent PDL Change	Date of Next PDL Change (Tentative)	2018 Review (Tentative)
APR	ANTIBIOTICS, INHALED	7/1/2017	7/1/2018	APR
APR	ANTICOAGULANTS	7/1/2017	7/1/2018	APR
APR	ANTIDEPRESSANTS, OTHER	7/1/2017	7/1/2018	APR
APR	ANTIDEPRESSANTS, SSRIs	7/1/2017	7/1/2018	APR
APR	ANTIDEPRESSANTS, TRICYCLICS	7/1/2017	7/1/2018	APR
APR	ANTIHYPERURICEMICS	7/1/2017	7/1/2018	APR
APR	ANTIPARKINSONS AGENTS	7/1/2017	7/1/2018	APR
APR	ANXIOLYTICS	7/1/2017	7/1/2018	APR
APR	BETA-BLOCKERS	7/1/2017	7/1/2018	APR
APR	BILE SALTS	7/1/2016	1/1/2018	APR
APR	BPH TREATMENTS	7/1/2017	7/1/2018	APR
APR	BRONCHODILATORS, BETA AGONIST	7/1/2017	7/1/2018	APR
APR	COPD AGENTS	7/1/2017	7/1/2018	APR
APR	COUGH AND COLD	7/1/2017	7/1/2018	APR
APR	ERYTHROPOIESIS STIMULATING PROTEINS	7/1/2017	7/1/2018	APR
APR	GLUCOCORTICOIDS, INHALED	7/1/2017	7/1/2018	APR
APR	HAE TREATMENTS	7/1/2017	7/1/2018	APR
APR	HEPATITIS C AGENTS	7/1/2017	7/1/2018	APR
APR	HYPOGLYCEMICS, SLGT2	7/1/2016	1/1/2018	APR
APR	IMMUNE GLOBULINS, IV	7/1/2017	7/1/2018	APR
APR	LINCOSAMIDES/OXAZOLIDINONES/STREPTOGRAMINS	7/1/2017	7/1/2018	APR
APR	LIPOTROPICS, OTHER	7/1/2017	7/1/2018	APR
APR	LIPOTROPICS, STATINS	7/1/2017	7/1/2018	APR
APR	PAH AGENTS, ORAL AND INHALED	7/1/2017	7/1/2018	APR
APR	PANCREATIC ENZYMES	7/1/2017	7/1/2018	APR
APR	SEDATIVE HYPNOTICS	7/1/2017	7/1/2018	APR
APR	UREA CYCLE DISORDERS	7/1/2017	7/1/2018	APR

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2017 Review	CLASS	Date of Most Recent PDL Change	Date of Next PDL Change (Tentative)	2018 Review (Tentative)
JUL	ALZHEIMERS AGENTS	1/1/2017	1/1/2018	JUL
JUL	ANTIHISTAMINES, MINIMALLY SEDATING	1/1/2017	1/1/2018	JUL
JUL	ANTIHYPERTENSIVES, SYMPATHOLYTIC	1/1/2017	1/1/2018	JUL
JUL	ANTIVIRALS, ORAL	1/1/2017	1/1/2018	JUL
JUL	CALCIUM CHANNEL BLOCKERS	1/1/2017	1/1/2018	JUL
JUL	CEPHALOSPORINS AND RELATED ANTIBIOTICS	1/1/2017	1/1/2018	JUL
JUL	FLUOROQUINOLONES, ORAL	1/1/2017	1/1/2018	JUL
JUL	GLUCOCORTICOIDS, ORAL	1/1/2017	1/1/2018	JUL
JUL	IMMUNOSUPPRESSIVES, ORAL	1/1/2017	1/1/2018	JUL
JUL	IRON, ORAL	1/1/2017	1/1/2018	JUL
JUL	LEUKOTRIENE MODIFIERS	1/1/2017	1/1/2018	JUL
JUL	NSAIDS	1/1/2017	1/1/2018	JUL
JUL	OPHTHALMIC ANTIBIOTICS	1/1/2017	1/1/2018	JUL
JUL	OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS	1/1/2017	1/1/2018	JUL
JUL	OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS	1/1/2017	1/1/2018	JUL
JUL	OPHTHALMICS, ANTI-INFLAMMATORY	1/1/2017	1/1/2018	JUL
JUL	OPHTHALMICS, GLAUCOMA AGENTS	1/1/2017	1/1/2018	JUL
JUL	OTIC ANTIBIOTICS	1/1/2017	1/1/2018	JUL
JUL	OTIC ANTI-INFECTIVES & ANESTHETICS	1/1/2017	1/1/2018	JUL
JUL	PRENATAL VITAMINS	1/1/2017	1/1/2018	JUL
JUL	SKELETAL MUSCLE RELAXANTS	1/1/2017	1/1/2018	JUL
JUL	STEROIDS, TOPICAL	1/1/2017	1/1/2018	JUL
JUL	ULCERATIVE COLITIS	1/1/2017	1/1/2018	JUL
OCT	ANDROGENIC AGENTS	1/1/2017	1/1/2018	OCT
OCT	ANTIBIOTICS, GI	1/1/2017	1/1/2018	OCT
OCT	ANTIBIOTICS, TOPICAL	1/1/2017	1/1/2018	OCT
OCT	ANTIBIOTICS, VAGINAL	1/1/2017	1/1/2018	OCT

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OCT	ANTIEMETICS/ANTIVERTIGO AGENTS	1/1/2017	1/1/2018	OCT
OCT	ANTIFUNGALS, ORAL	1/1/2017	1/1/2018	OCT
OCT	ANTIFUNGALS, TOPICAL	1/1/2017	1/1/2018	OCT
OCT	ANTIPARASITICS, TOPICAL	1/1/2017	1/1/2018	OCT
OCT	ANTIPSYCHOTICS	1/1/2017	1/1/2018	OCT
OCT	ANTIVIRALS, TOPICAL	1/1/2017	1/1/2018	OCT
OCT	BONE RESORPTION SUPPRESSION AND RELATED	1/1/2017	1/1/2018	OCT
OCT	COLONY STIMULATING FACTORS	1/1/2017	1/1/2018	OCT
OCT	CYTOKINE AND CAM ANTAGONISTS	1/1/2017	1/1/2018	OCT
OCT	EPINEPHRINE, SELF-INJECTED	1/1/2017	1/1/2018	OCT
OCT	GI MOTILITY, CHRONIC	1/1/2017	1/1/2018	OCT
OCT	GROWTH HORMONE	1/1/2017	1/1/2018	OCT
OCT	HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS	1/1/2017	1/1/2018	OCT
OCT	HYPOGLYCEMICS, INSULIN AND RELATED	1/1/2017	1/1/2018	OCT
OCT	HYPOGLYCEMICS, MEGLITINIDES	1/1/2017	1/1/2018	OCT
OCT	HYPOGLYCEMICS, METFORMIN	1/1/2017	1/1/2018	OCT
OCT	HYPOGLYCEMICS, TZD	1/1/2017	1/1/2018	OCT
OCT	MACROLIDES-KETOLIDES	1/1/2017	1/1/2018	OCT
OCT	OPIATE DEPENDENCE TREATMENTS	1/1/2017	1/1/2018	OCT
OCT	PENICILLINS	1/1/2017	1/1/2018	OCT
OCT	TETRACYCLINES	1/1/2017	1/1/2018	OCT

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HEALTH AND HUMAN SERVICES COMMISSION
TEXAS MEDICAID PDL and PA CRITERIA

Cough and Cold (Oral only)

Preferred Agents		Non-Preferred Agents		PA CRITERIA
Agent	Ingredients	Agent	Ingredients	
ALA-HIST PE	DEXBROMPHENIRAMIN/PHENYLEPHRIN	ALA-HIST IR	DEXBROMPHENIRAMINE MALEATE	All products restricted to patients aged 2 years and above
APRODINE	TRIPROLIDINE/PSEUDOEPHEDRINE	BROTAPP	BROMPHENIRAMIN/PSEUDOEPHEDRINE	
CHEST CONGESTION RELIEF	GUAIFENESIN	CHEST CONGESTION RELIEF PE	GUAIFENESIN/PHENYLEPHRINE HCL	Cough and Cold Products subject to PA
CHILD MUCINEX CHEST CONGESTION	GUAIFENESIN	CHILD DELSYM COUGH+COLD	DIPHENHYDRA/PHENYLEPH/ACETAMIN	
CHILDREN'S MUCINEX	DIPHENHYDRA/PHENYLEPH/ACETAMIN	DALLERGY	CHLORPHENIRAMINE/PHENYLEPHRINE	
CHILDREN'S MUCINEX	GUAIFENESIN/PHENYLEPHRINE HCL	ED A-HIST PSE	TRIPROLIDINE/PSEUDOEPHEDRINE	
COUGH SYRUP	GUAIFENESIN	LORTUSS LQ	DOXYLAMINE/PSEUDOEPHEDRINE HCL	
DALLERGY	DEXBROMPHENIRAMIN/PHENYLEPHRIN	MAPAP SINUS	PHENYLEPHRINE HCL/ACETAMINOPHN	
DECONEX IR	GUAIFENESIN/PHENYLEPHRINE HCL	MAXIPHEN	GUAIFENESIN/PHENYLEPHRINE HCL	
DELSYM COUGH-COLD NIGHTTIME	DIPHENHYDRA/PHENYLEPH/ACETAMIN	MUCINEX FAST-MAX NITE COLD-FLU	DIPHENHYDRA/PHENYLEPH/ACETAMIN	
DIMAPHEN	BROMPHENIRAMINE/PHENYLEPHRINE	MUCUS RELIEF SINUS	GUAIFENESIN/PHENYLEPHRINE HCL	
ED A-HIST	CHLORPHENIRAMINE/PHENYLEPHRINE	PAIN RELIEF SINUS PE	PHENYLEPHRINE HCL/ACETAMINOPHN	
ED BRON GP	GUAIFENESIN/PHENYLEPHRINE HCL	PHENYLEPHRINE-PYRILAMINE	PHENYLEPHRINE/PYRILAMINE	
ED CHLORPED D	CHLORPHENIRAMINE/PHENYLEPHRINE	PROMETHAZINE VC	PHENYLEPHRINE HCL/PROMETH HCL	
GUAIFENESIN	GUAIFENESIN	RESCON	DEXCHLORPHENIRAMIN/PSEUDOEPHED	
GUAIFENESIN ER	GUAIFENESIN	RESCON-GG	GUAIFENESIN/PHENYLEPHRINE HCL	
GUAIFENESIN-PSEUDOEPHEDRINE ER	GUAIFENESIN/PSEUDOEPHEDRNE HCL	RESPAIRE-30	GUAIFENESIN/PSEUDOEPHEDRNE HCL	
HISTEX-PE	PHENYLEPHRINE HCL/TRIPROLIDINE	RU-HIST D	BROMPHENIRAMINE/PHENYLEPHRINE	
IOPHEN NR	GUAIFENESIN	STAHIST AD	CHLORCYCLIZINE/PSEUDOEPHEDRINE	
LODRANE D	BROMPHENIRAMIN/PSEUDOEPHEDRINE			
LOHIST-D	CHLORPHENIRAMINE/PSEUDOEPHED			
MUCINEX	GUAIFENESIN			
MUCINEX D	GUAIFENESIN/PSEUDOEPHEDRNE HCL			
MUCINEX FAST-MAX COLD-SINUS	GUAIFEN/PHENYLEPH/ACETAMINOPHN			
MUCUS ER	GUAIFENESIN			
MUCUS RELIEF	GUAIFENESIN			
NASAL SPRAY	OXYMETAZOLINE HCL			
NASOPEN PE	THONZYLAMINE/PHENYLEPHRINE			
NOHIST-LQ	CHLORPHENIRAMINE/PHENYLEPHRINE			
NRS-NASAL RELIEF	OXYMETAZOLINE HCL			
ORGAN-I NR	GUAIFENESIN			
POLY-VENT IR	GUAIFENESIN/PSEUDOEPHEDRNE HCL			
Q-TUSSIN	GUAIFENESIN			
ROBAFEN	GUAIFENESIN			
RYMED	DEXCHLORPHENIRAM/PHENYLEPHRINE			
RYNEX PE	BROMPHENIRAMINE/PHENYLEPHRINE			
RYNEX PSE	BROMPHENIRAMIN/PSEUDOEPHEDRINE			
SILTUSSIN SA	GUAIFENESIN			
SUDOGEST SINUS & ALLERGY	CHLORPHENIRAMINE/PSEUDOEPHED			
TUSSIN	GUAIFENESIN			

Cough and Cold (Nasal Only)

Preferred Agents		Non-Preferred Agents	
Agent	Ingredients	Agent	Ingredients
MUCINEX SINUS-MAX	GUAIFEN/PHENYLEPH/ACETAMINOPHN	NOSE DROPS	PHENYLEPHRINE HCL
NASAL DECONGESTANT	OXYMETAZOLINE HCL		

HEALTH AND HUMAN SERVICES COMMISSION
TEXAS MEDICAID PDL and PA CRITERIA

Cough and Cold (Non-Narcotic)

Preferred Agents		Non-Preferred Agents		PA CRITERIA
Agent	Ingredients	Agent	Ingredients	
ALA-HIST DM	BROMPHENIRAM/PHENYLEPHRINE/DM	ALL-NITE COLD-FLU RELIEF	DM/ACETAMINOPHEN/DOXYLAMINE	All products restricted to patients aged 2 years and above
ALAHIST DM	D-METHORPHAN/PE/DEXBROMPHENIR	ALLFEN DM	GUAIFENESIN/DEXTROMETHORPHAN	
BENZONATATE	BENZONATATE	BROMFED DM	BROMPHENIRAMINE/PSEUDOEPHED/DM	Cough and Cold Products subject to PA
BROTAPP DM	BROMPHENIRAMINE/PSEUDOEPHED/DM	DAY TIME COLD-FLU RELIEF	D-METHORPHAN/PE/ACETAMINOPHEN	
CHILD DELSYM COUGH+CHEST DM	GUAIFENESIN/DEXTROMETHORPHAN	MAPAP COLD FORMULA	D-METHORPHAN/PE/ACETAMINOPHEN	
CHILD MUCINEX M-S COLD DAY-NTE	DIPHENHYDRAM/PE/DM/ACETAMIN/GG	MAXIPHEN DM	GUAIFEN/DEXTROMETHORPHAN/PE	
CHILDREN'S COLD & COUGH DM	BROMPHENIRAM/PHENYLEPHRINE/DM	MUCINEX FAST-MAX DAY-NITE COLD	DIPHENHYDRAM/PE/DM/ACETAMIN/GG	
CHILDREN'S DELSYM COUGH	DEXTROMETHORPHAN POLISTIREX	MUCINEX FAST-MAX DAY-NITE CONG	DIPHENHYDRAM/PE/DM/ACETAMIN/GG	
CHILDREN'S MUCINEX	GUAIFEN/DEXTROMETHORPHAN/PE	MUCINEX FAST-MAX SEVERE COLD	PHENYLEPHRINE/DM/ACETAMINOP/GG	
CHILDREN'S MUCINEX	GUAIFENESIN/DEXTROMETHORPHAN	NIGHT TIME COLD-FLU RELIEF	DM/ACETAMINOPHEN/DOXYLAMINE	
CHILDREN'S MUCINEX	PHENYLEPHRINE/DM/ACETAMINOP/GG	NINJACOF	PYRILAMINE/CHLOPHEDIANOL	
CHLO TUSS	DEXBROMPHEN/PSEUDOEPH/CHLOPHED	NINJACOF-A	PYRILAM/CHLOPHED/ACETAMINOPHEN	
COUGH DM ER	DEXTROMETHORPHAN POLISTIREX	ROBAFEN CF	GUAIFEN/DEXTROMETHORPHAN/PE	
DECONEX DMX	GUAIFEN/DEXTROMETHORPHAN/PE	ROBAFEN COUGH	DEXTROMETHORPHAN HBR	
DELSYM	DEXTROMETHORPHAN POLISTIREX	VANACOF-8	PYRILAMINE/CHLOPHEDIANOL	
DELSYM COUGH-COLD	PHENYLEPHRINE/DM/ACETAMINOP/GG			
DELSYM COUGH+CHEST CONGEST DM	GUAIFENESIN/DEXTROMETHORPHAN			
DEXTROMETHORPHAN POLISTIREX	DEXTROMETHORPHAN POLISTIREX			
DIMAPHEN DM	BROMPHENIRAM/PHENYLEPHRINE/DM			
DURAFU	PSEUDOEPH/DM/GUAIFEN/ACETAMIN			
ED A-HIST DM	CHLORPHENIRAMINE/PHENYLEPH/DM			
ED-A-HIST DM	CHLORPHENIRAMINE/PHENYLEPH/DM			
ENDACOF-DM	BROMPHENIRAM/PHENYLEPHRINE/DM			
EXTRA ACTION COUGH	GUAIFENESIN/DEXTROMETHORPHAN			
HISTEX-DM	TRIPROLDINE/PHENYLEPHRINE/DM			
IOPHEN DM-NR	GUAIFENESIN/DEXTROMETHORPHAN			
KIDKARE	CHLORPHENIRAMIN/PSEUDOEPHED/DM			
LOHIST-DM	BROMPHENIRAM/PHENYLEPHRINE/DM			
LORTUSS DM	DOXYLAMINE/PSEUDOEPHEDRINE/DM			
M-END DMX	DEXBROMPHEN/PSEUDOEPHEDRINE/DM			
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	GUAIFEN/DEXTROMETHORPHAN/PE			
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	DEXCHLORPHENIR/PSE/CHLOPHEDIAN			
VANACOF DM	GUAIFEN/DEXTROMETHORPHAN/PE			

HEALTH AND HUMAN SERVICES COMMISSION
TEXAS MEDICAID PDL and PA CRITERIA

Cough and Cold (Narcotic)

Preferred Agents		Non-Preferred Agents		PA CRITERIA
Agent	Ingredients	Agent	Ingredients	
CHERATUSSIN AC	CODEINE PHOSPHATE/GUAIFENESIN	CHERATUSSIN DAC	PSEUDOEPHED/CODEINE/GUAIFEN	All products restricted to patients aged 2 years and above
CODEINE-GUAIFENESIN	CODEINE PHOSPHATE/GUAIFENESIN	FLOWTUSS	GUAIFENESIN/HYDROCODONE	
GUAIFENESIN AC	CODEINE PHOSPHATE/GUAIFENESIN	HYCOFENIX	HYDROCODONE/PSEUDOEPHED/GUAIF	Cough and Cold Products subject to PA
GUAIFENESIN-CODEINE	CODEINE PHOSPHATE/GUAIFENESIN	HYDROCOD-CPM-PSEUDOEPHEDRINE	HYDROCODONE/CPM/PSEUDOEPHED	
IOPHEN-C NR	CODEINE PHOSPHATE/GUAIFENESIN	HYDROCODONE BT-HOMATROPINE MBR	HYDROCODONE BIT/HOMATROP ME-BR	
PROMETHAZINE-CODEINE	PROMETHAZINE HCL/CODEINE	HYDROCODONE-CHLORPHENIRAMNE ER	HYDROCODONE/CHLORPHEN P-STIREX	
VIRTUSSIN AC	CODEINE PHOSPHATE/GUAIFENESIN	HYDROCODONE-HOMATROPINE MBR	HYDROCODONE BIT/HOMATROP ME-BR	
		HYDROMET	HYDROCODONE BIT/HOMATROP ME-BR	
		NINJACOF-XG	CODEINE PHOSPHATE/GUAIFENESIN	
		PHENYLHISTINE DH	PSEUDOEPHED/COD/CHLORPHENIR	
		PROMETHAZINE VC-CODEINE	PROMETHAZINE/PHENYLEPH/CODEINE	
		PROMETHAZINE-PHENYLEPH-CODEINE	PROMETHAZINE/PHENYLEPH/CODEINE	
		TUSSIONEX	HYDROCODONE/CHLORPHEN P-STIREX	
		VIRTUSSIN DAC	PSEUDOEPHED/CODEINE/GUAIFEN	
		ZUTRIPRO	HYDROCODONE/CPM/PSEUDOEPHED	

HEALTH AND HUMAN SERVICES COMMISSION
TEXAS MEDICAID PDL and PA CRITERIA

Prenatal Vitamins

Preferred Agents		Non-Preferred Agents	
Agent	Ingredients	Agent	Ingredients
CITRANATAL 90 DHA	PNV72/IRON, GLUC/FOLIC/DSS/DHA	COMPLETE NATAL DHA	PRENATAL 2/IRON/FOLIC ACID/OM3
CITRANATAL ASSURE	PNV73/IRON, GLUC/FOLIC/DSS/DHA	COMPLETENATE	PRENATAL VIT 14/IRON FUM/FOLIC
CITRANATAL B-CALM	PRENATAL 48/IRON/FOLIC ACID/B6	CONCEPT DHA	PNV 16/IRON FUM, PS/FOLIC/OM-3
CITRANATAL HARMONY	PNV59/IRON, CARB, FUM/FA/DSS/DHA	CONCEPT OB	PNV 15/IRON FUM, PS/FOLIC ACID
NESTABS	PRENATAL VIT86/IRON/FOLIC ACID	DOTHELLE DHA	PNV 16/IRON FUM, PS/FOLIC/OM-3
NESTABS ABC	PRENATAL 86/IRON/FOLIC/DHA/EPA	ELITE-OB	PRENATAL NO.123/IRON/FOLIC AC
NESTABS DHA	PRENATAL 87/IRON BIS/FOLIC/DHA	EXTRA-VIRT PLUS DHA	PRENATAL 57/IRON/FOLIC/DSS/DHA
SELECT-OB	PRENATAL VITS/IRON/FOLIC ACID	FOCALGIN 90 DHA	PNV72/IRON, GLUC/FOLIC/DSS/DHA
SELECT-OB + DHA	PRENATAL VIT 33/IRON/FOLIC/DHA	FOCALGIN CA	PNV73/IRON, GLUC/FOLIC/DSS/DHA
TRICARE	PRENATAL VIT103/IRON FUM/FOLIC	FOLIVANE-OB	PNV 15/IRON FUM, PS/FOLIC ACID
TRINATAL RX 1	PRENATAL VIT27, CALCIUM/IRON/FA	NEXA PLUS	PNV53/IRON FUM/FA/DOCUSATE/DHA
VITAFOL ULTRA	PNV 67/IRON PS/FOLATE NO.1/DHA	OB COMPLETE	IRON, CARBONYL/FOLIC ACID/MV-MN
VITAFOL-OB+DHA	PRENATAL VIT 10/IRON/FOLIC/DHA	OB COMPLETE GOLD	PNV NO.106/IRON/FOLATE NO6/DHA
VITAFOL-ONE	PRENATAL 26/IRON PS/FOLIC/DHA	OB COMPLETE ONE	PNV 85/IRON/FOLIC/DHA/FISH OIL
VOL-PLUS	PRENATAL VIT, CAL 74/IRON/FOLIC	OB COMPLETE PETITE	PRENATAL56/IRON/FOLIC ACID/DHA
		OB COMPLETE PREMIER	PNV83/IRON, CARB, ASP/FOLIC ACID
		PR NATAL 400	PRENATAL 53/IRON/FOLIC AC/OMG3
		PR NATAL 400 EC	PNV19/IRON B6, S.P/FOLIC AC/OM3
		PR NATAL 430 EC	PRENATAL VIT 55/IRON/FOLIC/OM3
		PREFERA-OB ONE	PNV 19/IRON PS, HEME/FOLIC/DHA
		PRENATE AM	PRENATAL VIT114/FOLATE6/GINGER
		PRENATE CHEWABLE	PRENATAL VIT NO.112/FOLATE NO6
		PRENATE DHA	PRENATAL 78/IRON/FOLATE 1/DHA
		PRENATE ELITE	PRENATAL 114/IRON A-G/FOLATE 1
		PRENATE ENHANCE	PRENATAL VIT68/IRON/FA NO6/DHA
		PRENATE ESSENTIAL	PRENATAL VIT 84/IRON/FA 1/DHA
		PRENATE MINI	PRENATAL VIT 87/IRON/FOLIC/DHA
		PRENATE PIXIE	PRENATAL VIT 85/IRON/FA 1/DHA
		PRENATE RESTORE	PRENATAL VIT69/IRON/FOLATE6/DH
		PRENATE STAR	PRENATAL NO.77/IRON ASP GLY/FA
		PROVIDA DHA	PRENAT90/IRON FUM, PS/FOLIC/DHA
		PROVIDA OB	PRENATAL VIT 65/IRON FUM, PS/FA
		RELINATE DHA	PNV 11/IRON FUM/FOLIC ACID/OM3
		RULAVITE DHA	PRENATAL 47/IRON/FOLATE 1/DHA
		SE-NATAL 19	PNV NO.118/IRON FUMARATE/FA
		SE-NATAL 19	PNV119/IRON FUM/FOLIC/DOCUSATE
		TARON-C DHA	PNV 16/IRON FUM, PS/FOLIC/OM-3
		THRIVITE 19	PNV119/IRON FUM/FOLIC/DOCUSATE
		TRICARE PRENATAL DHA ONE	PNV20/IRON/FOLIC/DOCUSATE/OM3S
		TRISTART DHA	PRENATAL 93/IRON/FOLATE 9/DHA
		TRIVEEN-DUO DHA	PRENATAL 53/IRON/FOLIC AC/OMG3
		ULTIMATECARE ONE	PNV, CALCIUM37/IRON/FOLIC/OMEG3
		VIRT-SELECT	PNV 80/IRON FUM/FOLIC/DSS/DHA
		VITAFOL NANO	PRENATAL NO.75/IRON/FOLATE NO1
		VITAFOL-OB	PRENATAL VIT 10/IRON FUM/FOLIC
		VOL-NATE	PRENATAL VIT, CAL 73/IRON/FOLIC
		VOL-TAB RX	PRENATAL VIT, CALC76/IRON/FOLIC
		VP-CH-PNV	PRENATAL 34/IRON/FOLIC/DSS/DHA
		VP-GGR-B6	PNV/FOLIC AC/B6/CALCIUM/GINGER
		VP-HEME OB	PNV 21/IRON PS, HEME PPEP/FOLIC
		VP-HEME ONE	PNV 19/IRON PS, HEME/FOLIC/DHA
		VP-PNV-DHA	PRENATAL NO.52/IRON/FA/DHA
		ZATEAN-CH	PNV 69/IRON/FOLIC/DOCUSATE/DHA
		ZATEAN-PN DHA	PRENATAL 47/IRON/FOLATE 1/DHA
		ZATEAN-PN PLUS	PRENATAL 68/IRON/FOLIC NO1/DHA

HEALTH AND HUMAN SERVICES COMMISSION
TEXAS MEDICAID PDL and PA CRITERIA

Iron Oral Agents			
Preferred Agents		Non-Preferred Agents	
Agent	Ingredients	Agent	Ingredients
CENTRATEX	IRON FUM/FOLIC ACID/MV,MIN 15	POLY-IRON 150 FORTE	IRON PS COMPLEX/B12/FOLIC ACID
FERATE	FERROUS GLUCONATE	ACTIVE FE	IRON,CARBONYL/FOLIC ACID/MV-MN
FERGON	FERROUS GLUCONATE	FERIVA FA	IRON/FOLAT1/C/B12/BIOT/DOCUSAT
FERRALET 90	IRON CARB,GL/FA/B12/C/DOCUSATE	FERIVA FA	IRON/FOLAT6/C/B12/BIOT/COP/DSS
FERRAPLUS 90	IRON/FOLIC ACID/B12/C/DOCUSATE	FOCALGIN DSS	IRON CARB,GL/FA/B12/C/DOCUSATE
FUSION PLUS	IRON,FM,PS/FOLIC/B,C18/L.CASEI		
HEMOCYTE PLUS	IRON FUM/FOLIC ACID/MV,MIN 15		
HEMOCYTE-F	FERROUS FUMARATE/FOLIC ACID		
INTEGRA	IRON FUM,PS CMP/VIT C/NIACIN		
INTEGRA F	IRON FUM,PS/FOLIC ACID/VITC/B3		
INTEGRA PLUS	IRON FUM,PS/FOLIC/BCOMP,C NO.9		
IROSPAN	IRON BG,PS/FOLIC/B,C NO.12/SUC		
NEPHRON FA	IRON FUM/DOCUSAT/FOLIC/BCOMP,C		
SE-TAN PLUS	IRON FM,PS NO.1/FOLIC/MV NO.18		
TANDEM DUAL ACTION	FERROUS FUMARATE/IRON PS CPLX		
TANDEM PLUS	IRON FM,PS NO.1/FOLIC/MV NO.18		
TARON FORTE	IRON BG,PS/VITC/B12/FA/CALCIUM		