

**Ohio Medicaid Fee-For-Service**  
Pharmacy Benefit Management Program

**Preferred Drug List**

Effective October 1, 2009

**Ohio Department of Job and Family Services**

**ANALGESIC AGENTS: COX-2 INHIBITORS**

CELEBREX® (no PA required for age 60 or older)

**ANALGESICS AGENTS: Long-Acting**

FENTANYL PATCH / DURAGESIC® patch  
KADIAN®  
MORPHINE SULFATE ER (generic of MS Contin®)  
OXYCODONE ER / OXYCONTIN®

**ANALGESIC AGENTS: Immediate-Acting**

ACETAMINOPHEN-CODEINE tablets, oral solution 120mg-12mg/5ml (generic of Tylenol w/Codeine®)  
ASPIRIN-CODEINE tablets (generic of Empirin w/Codeine No.3® and No.4®)  
BUTORPHANOL TARTRATE NS (generic of Stadol NS®)  
HYDROCODONE-ACETAMINOPHEN tablets, liquid 2.5mg-167mg/5ml (generic of Anexsia®, Lorcet®, Lortab®, Maxidone®, Norco®, Vicodin®)  
HYDROMORPHONE HCL tablets (generic of Dilaudid®)  
MEPERIDINE tablets, syrup 50 mg/5ml (generic of Demerol®)  
METHADONE HCL tablets, oral concentrate 10mg/ml, solution 5mg/ml, 10mg/5ml (generic of Dolophine®)  
MORPHINE SULFATE IR tablets, solution 10 mg/5ml, 20mg/5ml, 20mg/ml (generic of MSIR® and Roxanol®)  
OXYCODONE HCL IR tablets, capsules (generic of M-Oxy®, OxyIR®)  
OXYCODONE-ACETAMINOPHEN tablets, capsules, 5mg-325mg/5ml solution (generic of Percocet®, Tylox®)  
OXYCODONE-ASPIRIN tablets (generic of Percodan®)  
PROPOXYPHENE / PROPOXYPHENE 65-ACETAMINOPHEN 650 / PROPOXYPHENE 100-ACETAMINOPHEN 650 tablets (generic of Darvon®, Darvon-N®, Wygesic®, Darvocet-N-100®)  
ROXICODONE® oral solution 5mg/5ml and concentrate 20mg/ml (generic of Oxyfast®, Oxydose®)  
TRAMADOL (generic of Ultram®)

Within these categories, drugs not listed as preferred are subject to Prior Authorization.  
Tel: 1-877-518-1546 Fax: 1-800-396-4111

**BLOOD AGENTS: HEMATOPOIETIC AGENTS**  
*Clinical PA required for all hematopoietic products*

ARANESP® syringe, vial  
PROCRT®

**BLOOD AGENTS:  
HEPARIN-RELATED PREPARATIONS**

*Duration of therapy longer than 35 days requires PA*

ARIXTRA®  
FRAGMIN® syringe, vial  
INNOHEP®  
LOVENOX® ampule, syringe, vial

**BLOOD AGENTS:  
PLATELET AGGREGATION INHIBITORS**

AGGRENOX®  
CILOSTAZOL (generic of Pletal®)  
DIPYRIDAMOLE (generic of Persantine®)  
PLAVIX®  
TICLOPIDINE (generic of Ticlid®)

**CARDIOVASCULAR AGENTS:  
ACE INHIBITORS AND COMBINATIONS**

BENAZEPRIL / BENAZEPRIL-HCTZ (generic of Lotensin®, Lotensin HCT®)  
CAPTOPRIL / CAPTOPRIL-HCTZ (generic of Capoten®, Capozide®)  
ENALAPRIL / ENALAPRIL-HCTZ (generic of Vasotec®, Vaseretic®)  
LISINAPRIL / LISINAPRIL-HCTZ (generic of Prinivil®, Prinzide®, Zestoretic®, Zestril®)  
LOTREL®  
TARKA®

**CARDIOVASCULAR AGENTS:  
ANGIOTENSIN II RECEPTOR ANTAGONISTS  
AND COMBINATIONS**

AVAPRO® / AVALIDE®  
BENICAR® / BENICAR HCT®  
AZOR®  
COZAAR® / HYZAAR®  
DIOVAN® / DIOVAN HCT®  
EXFORGE® / EXFORGE HCT®  
MICARDIS® / MICARDIS HCT®

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**CARDIOVASCULAR AGENTS:  
BETA-BLOCKERS AND COMBINATIONS**

ACEBUTOLOL (generic of Sectral®)  
ATENOLOL / ATENOLOL-CHLORTHALIDONE (generic of Tenormin®, Tenoretic®)  
BETAXOLOL (generic of Kerlone®)  
BISOPROLOL / BISOPROLOL-HCTZ (generic of Zebeta®, Ziac®)  
CARVEDILOL (generic of Coreg®)  
LABETALOL (generic of Trandate®)  
METOPROLOL TARTRATE (generic of Lopressor®)  
NADOLOL (generic of Corgard®)  
PINDOLOL (generic of Visken®)  
PROPRANOLOL / PROPRANOLOL ER/  
PROPRANOLOL-HCTZ (generic of Inderal®, Inderal LA®, Inderide®)  
SOTALOL / SOTALOL AF (generic of Betapace®, Betapace AF®)  
TIMOLOL (generic of Blocadren®)  
TOPROL XL®

**CARDIOVASCULAR AGENTS: CALCIUM  
CHANNEL BLOCKERS**

AMLODIPINE (generic of Norvasc®)  
DILTIAZEM / DILTIAZEM SR / DILTIAZEM ER (generic of Cardizem®, Cardizem SR® q12h, Cardizem CD® q24h, Dilacor XR® q24h, Tiazac®)  
DYNACIRC CR®  
FELODIPINE (generic of Plendil®)  
NICARDIPINE (generic of Cardene®)  
NIFEDIPINE ER (generic of Procardia XL®, Adalat CC®)  
VERAPAMIL / VERAPAMIL SR / VERAPAMIL ER (Generic of Calan®, Calan SR®, Isoptin SR®, Verelan®)

**CARDIOVASCULAR AGENTS: DIRECT RENIN  
INHIBITORS AND COMBINATION**  
*Step therapy required – patient must try alternate antihypertensive first*

TEKTURNA®  
TEKTURNA HCT®

**CARDIOVASCULAR AGENTS: LIPOTROPICS**

ADVICOR®  
CADUET®  
GEMFIBROZIL (generic of Lipid®)  
LESCOL® / LESCOL XL®  
LIPITOR®  
LOVASTATIN (generic of Mevacor®)  
NIACIN  
NIASPAN®  
PRAVASTATIN (generic of Pravachol®)  
SIMCOR®  
SIMVASTATIN (generic of Zocor®)  
TRICOR®  
TRILIPIX®  
VYTORIN®  
ZETIA®

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**CNS AGENTS: ALZHEIMER'S AGENTS**

ARICEPT® / ARICEPT® ODT  
 COGNEX®  
 EXELON®  
 NAMENDA®  
 RAZADYNE™ / RAZADYNE™ ER

**CNS AGENTS: ANTI-MIGRAINE AGENTS**

AMERGE®  
 AXERT®  
 FROVA®  
 IMITREX® injection, nasal spray, tablets  
 MAXALT® / MAXALT-MLT®  
 RELPAX®  
 TREXIMET® (Sumatriptan 85mg/Naproxen 500mg)

**CNS AGENTS: ANTIDEPRESSANTS**

*PA Exception: Patients stable on drug therapy will not be asked to change therapy. Patients that have filled a prescription for any medication in this drug class within the past 120 days will be automatically approved to continue the same medication without a prior authorization request from the prescriber. Prescriptions written by a physician registered with Ohio Medicaid with a specialty in psychiatry will be automatically approved when the claim is submitted by the pharmacy using the psychiatrist's individual NPI or Medicaid ID*

BUPROPION HCL / BUPROPION SR / WELLBUTRIN XL® (generic of Wellbutrin®, Wellbutrin SR®)  
 CITALOPRAM tablets, 10mg/5ml solution (generic of Celexa®)  
 CYMBALTA®  
 EFFEXOR XR®  
 FLUOXETINE HCL 10mg, 20mg, 20mg/5ml solution (generic of Prozac®)  
 FLUVOXAMINE MALEATE (generic of Luvox®)  
 LEXAPRO® tablet, 5mg/5ml solution  
 MIRTAZAPINE / MIRTAZAPINE rapid dissolve (generic of Remeron®, Remeron® Sol-Tab)  
 PAROXETINE HCL tablet, 10mg/5ml solution (generic of Paxil®)  
 SERTRALINE tablet, 20mg/ml oral concentrate (generic of Zoloft®)  
 VENLAFAXINE (generic of Effexor®)  
 VENLAFAXINE ER tablet

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**CNS AGENTS: ANTIPSYCHOTICS, SECOND GENERATION, ORAL**

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ABILIFY® tablet and 1mg/ml solution  
 GEODON®  
 RISPERIDONE® tablet and 1mg/ml solution (generic of Risperdal®)  
 SEROQUEL® / SEROQUEL XR®

**CNS AGENTS: ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS**

*\*\* Dextroamphetamine products require clinical PA for age 18 and over*

ADDERALL® XR  
 AMPHETAMINE SALTS (generic of Adderall®)  
 CONCERTA®  
 DESOXYN®\*\*  
 DEXEDRINE® spansule\*\*  
 DEXTROAMPHETAMINE (generic of Dexedrine®)\*\*  
 DEXTROAMPHETAMINE SA\*\*  
 DEXTROSTAT®\*\*  
 FOCALIN® / FOCALIN® XR  
 METADATE® CD / METADATE® ER  
 METHYLIN® ER / METHYLIN® tablets, solution  
 METHYLPHENIDATE / METHYLPHENIDATE ER (generic of Ritalin®, Ritalin SR®)  
 STRATTERA®  
 VYVANSE™ \*\*

**CNS AGENTS: MULTIPLE SCLEROSIS AGENTS**

AVONEX®  
 BETASERON®  
 COPAXONE®  
 REBIF® titration pack, syringe

**PARKINSON'S AGENTS**

COMTAN®  
 ROPINIROLE (generic of Requip®) / REQUIP XL®  
 CARBIDOPA-LEVODOPA / CARBIDOPA-LEVODOPA CR (generic of Sinemet®, Sinemet® CR)  
 SELEGELINE (generic of Eldepryl®)  
 STALEVO®

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**CNS AGENTS: SEDATIVE-HYPNOTICS, NON-BARBITURATE**

ESTAZOLAM (generic of Prosom®)  
 FLURAZEPAM (generic of Dalmane®)  
 ROZEREM®  
 TEMAZEPAM 15mg, 30mg (generic of Restoril®)  
 ZOLPIDEM (generic of Ambien®)

**CNS AGENTS: SKELETAL MUSCLE RELAXANTS – ORAL**

BACLOFEN (generic of Lioresal®)  
 CHLORZOXAZONE (generic of Parafon Forte®)  
 CYCLOBENZAPRINE (generic of Flexeril®)  
 METHOCARBAMOL (generic of Robaxin®, Robomol®)  
 TIZANIDINE (generic of Zanaflex®)

**CNS AGENTS: SMOKING DETERRENTS**

BUPROPION (generic of Zyban®)  
 CHANTIX  
 COMMIT® lozenge / NICOTINE lozenge  
 NICODERM®CQ patch / NICOTINE patch (generics)  
 NICORETTE® gum / NICOTINE gum  
 NICOTROL® inhaler, nasal spray

**ELECTROLYTE DEPLETERS FOR HYPERPHOSPHATEMIA**

CALCIUM CARBONATE  
 FOSRENOL®  
 MAGNEBIND®  
 PHOSLO®

**ENDOCRINE AGENTS: DIABETES – ADJUNCT THERAPY**

SYMLIN®  
 BYETTA™

**ENDOCRINE AGENTS: DIABETES – INSULINS**

HUMALOG® / HUMALOG MIX 50/50®, 75/25®  
 HUMULIN 50/50® / HUMULIN 70/30® / HUMULIN N® / HUMULIN R 500-U® / HUMULIN R®  
 LANTUS®  
 NOVOLIN 70/30® / NOVOLIN N® / NOVOLIN R®  
 NOVOLOG® / NOVOLOG MIX 70/30®

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**ENDOCRINE AGENTS:****DIABETES – ORAL HYPOGLYCEMIC AGENTS**

ACARBOSE (generic of Precose®)  
 ACTOS® / ACTOPLUS MET®  
 AVANDIA® / AVANDAMET® / AVANDARYL®  
 DUETACT®  
 GLIMEPIRIDE (generic of Amaryl®)  
 GLIPIZIDE / GLIPIZIDE ER (generic of Glucotrol®,  
 Glucotrol XL®)  
 GLYBURIDE, GLYBURIDE MICRONIZED (generic of  
 Diabeta®, Micronase®, GlynasePressTabs®)  
 GLYBURIDE-METFORMIN (generic of Glucovance®)  
 GLYSET®  
 JANUVIA® / JANUMET™  
 METFORMIN / METFORMIN ER (generic of Glucophage®,  
 Glucophage XR®)  
 STARLIX®

**ENDOCRINE AGENTS: GROWTH HORMONES**

*Clinical PA required for all growth hormones*

GENOTROPIN® Cartridge, Miniquick  
 NUTROPIN® Vial / NUTROPIN AQ® Pen Cartridge, Vial  
 TEV-TROPIN® Vial  
 SAIZEN® Cartridge, Vial

**ENDOCRINE AGENTS: OSTEOPOROSIS**

ACTONEL®  
 ALENDRONATE (generic of Fosamax®)  
 BONIVA®  
 MIACALCIN®

**GASTROINTESTINAL AGENTS:  
ANTI-EMETIC AGENTS**

EMEND® / EMEND® TRIFOLD  
 ONDANSETRON tablets, ODT, Oral Solution (generic  
 of Zofran®)

**GASTROINTESTINAL AGENTS:  
CHRONIC CONSTIPATION AGENTS**

AMITIZA®

**GASTROINTESTINAL AGENTS:  
PANCREATIC ENZYMES**

CREON®  
 PANCREASE MT®  
 PANCRECARB-MS®  
 PANCRELIPASE®  
 ULTRASE®  
 ULTRASE MT®  
 VIOKASE®

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**GASTROINTESTINAL AGENTS: PPIs**

NEXIUM® Capsules  
 OMEPRAZOLE 10mg, 20mg capsules (generic of  
 Prilosec®)  
 PREVACID SOLUTAB® (No PA required for  
 age 6 or under)

**GENITOURINARY AGENTS:  
BENIGN PROSTATIC HYPERTROPHY AGENTS**

AVODART®  
 DOXAZOSIN (generic of Cardura®)  
 FINASTERIDE (generic of Proscar®)  
 FLOMAX®  
 PRAZOSIN (generic of Minipress®)  
 TERAZOSIN (generic of Hytrin®)  
 UROXATRAL®

**GENITOURINARY AGENTS:  
URINARY ANTISPASMODICS**

ENABLEX®  
 FLAVOXATE (generic of Urispas®)  
 OXYBUTYNIN tablets, 5mg/5ml syrup (generic of  
 Ditropan®)  
 SANCTURA® / SANCTURA XR®  
 VESICARE®

**INFECTIOUS DISEASE AGENTS:  
CEPHALOSPORINS**

CEDAX® capsules, suspension  
 CEFACLOR capsules, suspension (generic of Ceclor®)  
 CEFADROXIL 500mg capsules (generic of Duricef®)  
 CEFDINIR capsules, suspension (generic of Omnicef®)  
 CEFPROZIL tablets (generic of Cefzil®)  
 CEFTIN® suspension (no PA required for age 12 or under)  
 CEFUROXIME tablets (generic of Cefitin®)  
 CEPHALEXIN capsules, suspension (generic of Keflex®)

**INFECTIOUS DISEASE AGENTS: MACROLIDES**

AZITHROMYCIN tablets and suspension (generic of  
 Zithromax®)  
 CLARITHROMYCIN / CLARITHROMYCIN ER tablets  
 and suspension (generic of Biaxin®, Biaxin XL®)  
 ERYPED®  
 ERY-TAB®  
 ERYTHROMYCIN  
 ERYTHROMYCIN-SULFISOXAZOLE

**INFECTIOUS DISEASE AGENTS: QUINOLONES**

AVELOX® / AVELOX ABC PACK®  
 CIPRO® suspension (no PA required for age 12 or under)  
 CIPROFLOXACIN tablets (generic of Cipro®)

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**INFECTIOUS DISEASE AGENTS:****ANTIVIRALS – General**

ACYCLOVIR capsules, suspension (generic of Zovirax®)  
 VALTREX®

**INFECTIOUS DISEASE AGENTS:  
ANTIFUNGALS – Onychomycosis and Systemic  
Infections**

CICLOPIROX topical solution (generic of Penlac®)  
 FLUCONAZOLE tablets, suspension (generic of Diflucan®)  
 GRIFULVIN®V tablets  
 GRISEOFULVIN suspension (generic of Grifulvin®V)  
 GRIS-PEG®  
 KETOCONAZOLE (generic of Nizoral®)  
 TERBINAFINE (generic of Lamisil®)

**INFECTIOUS DISEASE AGENTS: HEPATITIS C**

PEGASYS® / PEGASYS CONVENIENCE PACK®  
 PEG-INTRON® / PEG-INTRON REDIPEN®  
 RIBAVIRIN (generic of Rebetol®)

**INJECTABLE ANTI-RHEUMATIC AGENTS**

*Clinical PA required for all injectable anti-rheumatic  
 agents*

CIMZIA® syringe  
 ENBREL® kit, sureclik syringe, syringe  
 HUMIRA® pen, Crohn's starter pack, syringe  
 KINERET® syringe

**OPHTHALMIC AGENTS: ANTIBACTERIAL**

BACITRACIN ointment  
 BACITRACIN-POLYMYXIN ointment (generic of  
 Polysporin®)  
 CIPROFLOXACIN drops (generic of Ciloxan®)  
 ERYTHROMYCIN ointment (generic of Ilotycin®)  
 GENTAMICIN drops, ointment (generic of Garamycin®)  
 NEOMYCIN-POLYMYXIN-BACITRACIN ointment  
 (generic of Neosporin®)  
 NEOMYCIN-POLYMYXIN-GRAMICIDIN drops (generic  
 of Neosporin®)  
 POLYMYXIN-TRIMETHOPRIM drops (generic of  
 Polytrim®)  
 TOBRAMYCIN drops (generic of Tobrex®)  
 TOBREX® ointment  
 VIGAMOX® drops

**OPHTHALMIC AGENTS:  
ANTI-HISTAMINE/MAST CELL STABILIZERS**

ALAWAY®  
 OPTIVAR®  
 PATADAY®  
 PATANOL®  
 ZADITOR® OTC

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## OPHTHALMIC AGENTS: GLAUCOMA AGENTS

ALPHAGAN®P  
AZOPT®  
BETAXOLOL (generic of Betoptic®)  
BETIMOL®  
BRIMONIDINE (generic of Alphagan®)  
CARTEOLOL (generic of Ocupress®)  
COMBIGAN®  
COSOPT®  
DIPIVEFRIN (generic of Propine®)  
LEVOBUNOLOL (generic of Betagan®)  
LUMIGAN™  
METIPRANOLOL (generic of Optipranolol®)  
TIMOLOL solution, gel solution (generic of Timoptic®, Timoptic-XE®)  
TRAVATAN™ / TRAVATAN®Z  
TRUSOPT®  
XALATAN®

## OPHTHALMIC NSAIDs

ACULAR LS® / ACULAR PF® / ACULAR®  
DICLOFENAC (generic of Voltaren®)  
FLURBIPROFEN (generic of Ocufen®)

## OTIC AGENTS: ANTIBACTERIAL AND ANTIBACTERIAL-STERIOD COMBINATION

CIPRO HC® suspension  
CIPRODEX® suspension  
COLY-MYCIN-S® suspension  
NEOMYCIN-POLYMYXIN B WITH HYDROCORTISONE solution, suspension (generic of Cortisporin®)  
OFLOXACIN drops (generic of Floxin Otic®)

## RESPIRATORY AGENTS: ANTIHISTAMINES AND COMBINATIONS

CETIRIZINE chewable tablets, syrup (generic of Zyrtec®) (no PA required for age 6 or under)  
CETIRIZINE tablets (generic of Zyrtec®)  
LORATADINE tablets, syrup, rapid dissolve (generic of Claritin®)  
LORATADINE-D (generic of Claritin-D®-12HR and 24HR)

## RESPIRATORY AGENTS: INHALED BETA-ADRENERGIC, SHORT-ACTING

ACCUNEB® (no PA required for age 12 or under)  
ALBUTEROL MDI, 0.083%, 0.42mg/ml, 0.63mg/ml nebulizer, 0.5% concentrated solution (generic of Accuneb®, Proventil®, Ventolin®)  
PROAIR® HFA  
VENTOLIN HFA®

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## RESPIRATORY AGENTS: INHALED BETA-ADRENERGIC, LONG-ACTING AND COMBINATIONS

*Step edit applies: Patient must use prior controller therapy (inhaled steroid, leukotriene modifier, theophylline) or prescriber may request PA*

ADVAIR DISKUS®, HFA  
SEREVENT DISKUS®  
SYMBICORT®

## RESPIRATORY AGENTS: INHALED COPD ANTICHOLINERGICS

ATROVENT HFA®  
COMBIVENT MDI®  
IPRATROPIUM nebulizer solution (generic of Atrovent®)  
IPRATROPIUM/ALBUTEROL nebulizer solution (generic of Duoneb®)  
SPIRIVA®

## RESPIRATORY AGENTS: INHALED GLUCOCORTICOIDS

AEROBID® / AEROBID-M®  
ASMANEX®  
AZMACORT®  
FLOVENT® HFA  
PULMICORT® nebulizer solution (no PA required for age 8 or under)  
QVAR®

## RESPIRATORY AGENTS: LEUKOTRIENE RECEPTOR ANTAGONISTS

ACCOLATE®  
SINGULAIR® tablets, chewable tablets, oral granules

## RESPIRATORY AGENTS: NASAL PREPARATIONS

ASTELIN® / ASTEPRO®  
FLUTICASONE (generic of Flonase®)  
IPRATROPIUM (generic of Atrovent®)  
NASONEX®  
PATANASE®

## TOPICAL AGENTS: ACNE PREPARATIONS

AZELEX® cream  
BENZACLIN® gel (benzoyl peroxide and clindamycin)  
BENZOYL PEROXIDE cleanser, gel, lotion, wash (generic of Benzac®, Benzagel®, Brevoxyl®, Desquam-X®, Oscion®, Triaz®, Zaclir®)  
CLINDAMYCIN gel, lotion, pledgets, solution (generic of Cleocin T®, Clindamax®)  
DIFFERIN® cream, gel (no PA required for age 23 or under)  
ERYTHROMYCIN gel, solution (generic of A/T/S®, Akne-Mycin®, Erygel®)  
ERYTHROMYCIN-BENZOYL PEROXIDE gel (generic of Benzamycin®)  
KLARON® lotion  
NEOBENZ MICRO® cream  
RETIN-A® / RETIN-A MICRO® cream, gel (no PA required for age 23 or under)  
TAZORAC® cream, gel (no PA required for age 23 or under)  
ZACLIR® lotion  
ZIANA® gel (no PA required for age 23 or under)  
ZODERM® cream

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## TOPICAL AGENTS: ANTI-FUNGALS

CICLOPIROX cream, topical suspension (generic of Loprox®)  
CLOTRIMAZOLE (generic of Lotrimin®)  
CLOTRIMAZOLE-BETAMETHASONE (generic of Lotrisone®)  
KETOCONAZOLE Cream, Shampoo (generic of Nizoral®)  
LOPROX®  
MICONAZOLE  
NAFTIN®  
NYSTATIN (generic of Nystop®, Mycostatin®, Nilstat®)  
NYSTATIN-TRIAMCINOLONE (generic of Mytrex®)  
OXISTAT®  
TERBINAFINE (generic of Lamisil®)  
TOLNAFTATE (generic of Tinactin®)  
VUSION®

## TOPICAL AGENTS: ANTI-PARASITICS

EURAX® cream  
LICE kit (generic of Rid® complete kit)  
OVIDE® lotion  
PERMETHRIN cream, lotion (generic of Elimite®, Nix® cream rinse)  
PIPERONYL BUTOXIDE-PYRETHRINS lotion, shampoo (generic of Rid®)

## TOPICAL AGENTS: IMMUNOMODULATORS (age 2 or older)

ELIDEL®  
PROTOPIC®

## TOPICAL AGENTS: PLEUROMUTILIN DERIVATIVES

ALTABAX® 5 gram and 10 gram tubes

## TOPICAL AGENTS: POST-HERPETIC NEURALGIA

LIDODERM®

### OHIO Medicaid PDL Program Information

**For prior authorizations please call or fax to the ACS Clinical Call Center  
Telephone: 1-877-518-1546; Fax 1-800-396-4111  
Note: Fax requests are responded to within 24 hours**

**Prescriptions requiring prior authorization may be subject to higher copays**

*A searchable database of drugs is available at <http://medlist.ohio.gov>  
For questions or assistance with the PDL process, please visit the Medlist website above or contact ACS at the number listed below*

**(614) 682-2034**

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