

Washington Preferred Drug List

What is the Washington Preferred Drug List?

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

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

1. **Preferred Drugs** - Prescription claims for preferred drugs submitted to DSHS are reimbursed without authorization requirements unless the drug requires authorization for:
 - a. Safety criteria;
 - b. Special subpopulation criteria; or
 - c. Limits based on age, gender, dose, or quantity.
2. **Non-preferred Drugs** - Prescription claims for non-preferred drugs submitted to DSHS are reimbursed without authorization requirements when written by an Endorsing Practitioner who has indicated “DAW” on the prescription unless the drug requires restrictions for safety. See WAC 388-530-4150.
3. Prescription claims for non-preferred drugs submitted to DSHS are reimbursed only after authorizing criteria are met if written by a non-endorsing practitioner.
4. Pharmacies must call DSHS for authorization when required. Call 1-800-848-2842 (Option 1) or fax to **1-360-725-2020**.

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

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

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

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

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

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

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

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

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

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Drug Class	Preferred Drugs	Non-preferred Drugs
Combination Asthma Products	Generic: Brand: Advair Diskus® /HFA® <i>(fluticasone/salmeterol)</i> Symbicort® <i>(budesonide/formoterol)</i>	Generic: Brand:

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

Drug Class	Preferred Drugs	Non-preferred Drugs
	<p>Generic Topical:</p> <p>Brand Topical: Vagifem® (<i>estradiol</i>) vaginal tablets</p>	<p>Generic Topical:</p> <p>Brand Topical: Estrace® (<i>estradiol</i>) vaginal cream Estring® (<i>estradiol</i>) vaginal ring Femring® (<i>estradiol</i>) vaginal ring Premarin® (<i>conjugated equine estrogen</i>) vaginal cream</p>
<p>Estrogen-Progestin Combinations</p> <p>Transdermal products are not subject to TIP.</p>	<p>Generic: estradiol/norethindrone 1.0mg/0.5mg</p> <p>Brand: Activella® (<i>estradiol/norethindrone</i>) 0.5mg-0.1mg</p>	<p>Generic Oral:</p> <p>Brand Oral: Angeliq® (<i>estradiol/drospirenone</i>) Femhrt® (<i>ethinyl estradiol/norethindrone</i>) Prefest® (<i>estradiol/norgestimate</i>) Premphase® (<i>conjugated equine estrogens/medroxyprogesterone</i>) Prempro® (<i>conjugated equine estrogens/medroxyprogesterone</i>)</p> <p>Generic Transdermal:</p> <p>Brand Transdermal: Climara Pro® (<i>estradiol/levonorgestrel</i>) Combipatch® (<i>estradiol/norethindrone</i>)</p>
<p>Hepatitis C drugs (pegylated interferons)</p>	<p>Brand: PegIntron® (<i>peginterferon alfa-2b</i>)</p>	<p>Brand: Pegasys® (<i>peginterferon alfa-2a</i>)</p>
<p>Histamine-2 Receptor Antagonist (H2RA) (Not subject to TIP. See pg. 1.)</p>	<p>Generic: ranitidine</p> <p>Brand:</p>	<p>Generic: cimetidine famotidine nizatidine</p> <p>Brand: Axid® (<i>nizatidine</i>) Pepcid® (<i>famotidine</i>) Tagamet® (<i>cimetidine</i>) Zantac® (<i>ranitidine</i>)</p>

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

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

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Macrolides (Not subject to TIP. See pg. 1.)</p>	<p>Generic: azithromycin packet/suspension/tablet clarithromycin tablet/suspension clarithromycin SR tablet erythromycin EC capsule/tablet erythromycin ethylsuccinate tablet/suspension erythromycin stearate tablet erythromycin tablet</p> <p>Brand: EES® (<i>erythromycin ethylsuccinate</i>) granules/suspension Eryped® (<i>erythromycin ethylsuccinate</i>) drops/granules/suspension</p>	<p>Generic:</p> <p>Brand: Biaxin® (<i>clarithromycin</i>) tablet/suspension Biaxin XL® (<i>clarithromycin</i>) EES® (<i>erythromycin ethylsuccinate</i>) tablet Eryc® (<i>erythromycin base EC</i>) Ery-Tab® (<i>erythromycin base EC</i>) Erythrocin® (<i>erythromycin stearate</i>) filmtab PCE Dispertab® (<i>erythromycin base</i>) Zithromax® (<i>azithromycin</i>) powder packet/suspension/tablet Zmax® (<i>azithromycin SR</i>)</p>
<p>Multiple Sclerosis Drugs (Not subject to TIP. See pg. 1.)</p>	<p>Generic: mitoxantrone</p> <p>Brand: Avonex® (<i>interferon β 1a</i>) Betaseron® (<i>interferon β 1b</i>) Copaxone® (<i>glatiramer acetate</i>) Rebif® (<i>interferon β 1a</i>) Tysabri® (<i>natalizumab</i>)*</p> <p>*PA required</p>	<p>Generic:</p> <p>Brand: Novantrone® (<i>mitoxantrone</i>)</p>
<p>Nasal Corticosteroids</p>	<p>Generic: flunisolide fluticasone propionate</p> <p>Brand: Nasacort AQ® (<i>triamcinolone acetonide</i>)</p>	<p>Generic:</p> <p>Brand: Beconase AQ® (<i>beclomethasone dipropionate</i>) Flonase® (<i>fluticasone propionate</i>) Nasacort® (<i>triamcinolone acetonide</i>) Nasarel® (<i>flunisolide</i>) Nasonex® (<i>mometasone furoate</i>) Omnamis® (<i>ciclesonide</i>) Rhinocort Aqua® (<i>budesonide</i>) Veramyst™ (<i>fluticasone furoate</i>)</p>

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Drug Class	Preferred Drugs	Non-preferred Drugs
Newer Antihistamines	<p>Generic: cetirizine cetirizine syrup* fexofenadine loratadine OTC</p> <p>Brand:</p> <p>*EA required</p>	<p>Generic:</p> <p>Brand: Allegra /ODT® (<i>fexofenadine</i>) Clarinet® (<i>desloratadine</i>) Claritin® (<i>loratadine</i>) Zyrtec® (<i>cetirizine</i>) Xyzal® (<i>levocetirizine</i>)**</p> <p>**Not subject to TIP or DAW-1 override.</p>
Newer Sedative/Hypnotics	<p>Generic: zaleplon* zolpidem*</p> <p>Brand:</p> <p>*EA required</p>	<p>Generic:</p> <p>Brand: Ambien /CR® (<i>zolpidem tartrate</i>)* Lunesta® (<i>eszopiclone</i>)* Sonata® (<i>zaleplon</i>)*</p> <p>*EA required</p>

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

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Overactive Bladder/Urinary Incontinence</p>	<p>Generic short acting: oxybutynin chloride tablets/syrup</p> <p>Brand short acting:</p> <p>Generic long acting: oxybutynin ER</p> <p>Brand long acting: Vesicare® (<i>solifenacin succinate</i>)</p>	<p>Generic short acting: flavoxate HCl</p> <p>Brand short acting: Detrol® (<i>tolterodine tartrate</i>) Ditropan® (<i>oxybutynin chloride</i>) Sanctura® (<i>trospium chloride</i>) Urispas® (<i>flavoxate HCl</i>)</p> <p>Generic long acting:</p> <p>Brand long acting: Detrol LA® (<i>tolterodine tartrate</i>) Ditropan XL® (<i>oxybutynin chloride</i>) Enablex® (<i>darifenacin hydrobromide</i>) Gelnique® (<i>oxybutynin chloride</i>) topical gel** Oxytrol® (<i>oxybutynin chloride</i>) Sanctura XR® (<i>trospium chloride</i>) Toviaz® (<i>fesoterodine fumarate</i>)**</p> <p>**Not subject to TIP or DAW-1 override.</p>
<p>Proton Pump Inhibitors (Limited to 90 days duration.)</p>	<p>Generic: omeprazole OTC omeprazole Rx</p> <p>Brand: Prilosec OTC® (<i>omeprazole magnesium</i>) tablets Prevacid® SoluTab™ (<i>lansoprazole</i>)* Prevacid® (<i>lansoprazole</i>) suspension*</p> <p>*EA required</p>	<p>Generic: pantoprazole</p> <p>Brand: Aciphex® (<i>rabeprazole</i>) Kapidex® (<i>dexlansoprazole</i>)** Nexium® (<i>esomeprazole</i>) Prevacid® (<i>lansoprazole</i>) capsules Prilosec® Rx (<i>omeprazole</i>) Protonix® (<i>pantoprazole</i>) Zegerid® (<i>omeprazole sodium bicarbonate</i>)</p> <p>**Not subject to TIP or DAW-1 override.</p>

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

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