



JEB BUSH, GOVERNOR

ALAN LEVINE, SECRETARY

July 7, 2005

Changes to the Florida Medicaid Preferred Drug List

Dear Medicaid Provider:

On July 11, 2005, changes to the Florida Medicaid Pharmacy Program will occur that affect medication choices previously available on the Preferred Drug List (PDL). The Pharmacy & Therapeutics (P&T) Committee met June 29 and removed the branded and generic drugs listed below from the PDL. Additional changes will be made until all therapeutic categories are reviewed by the P&T with completion expected by October 1. Updates to the PDL are made after each P&T meeting and will be posted on the Medicaid website at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/. Attached are the guidelines for PDL development.

Drugs removed from the Preferred Drug List (PDL) at the June 29th P&T meeting:

Coly-Mycin S Otic
Flunisolide (Nasal); Ipratropium (Nasal); Rhinocort Aqua
AeroBID & AeroBID-M; Pulmicort Respules
Metaglip; Riomet
Uroxatral; Flomax
Spectracef; cefuroxime (oral); cefpodoxime (generic); Omnicef for patients more than 12 years old
Micardis/Micardis HCT; Teveten/Teveten HCT
Inderal LA; Betaxolol; Innopran XL; bisoprolol
Pemoline; Concerta
Fosinopril (generic); Aceon; Quinapril

In addition the following drugs from previously exempt categories (MENTAL HEALTH DRUGS) were removed from the PDL:

paroxetine (generic); Prozac Weekly; fluvoxamine (generic); Sarafem
Nefazodone; Effexor XR; Bupropion SR (generic); Cymbalta
Symbyax; Zyprexa
Felbatol; Peganone; Phenytek, Tegretol XR; Trileptal; Lamictal; Zonegran; Topamax; Keppra; Equetro;
Gabitril; Klonopin; Depakote ER

Finally, the following drugs were recommended to be removed but will remain on the PDL until September 30, 2005:

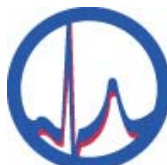
Zoloft, Lipitor and Caduet

Again, thank you for your assistance in providing medical care to our state's most vulnerable citizens.

Sincerely,

Thomas W. Arnold
Deputy Secretary for Medicaid

Enclosures (guidelines and PDL)



Statutory Framework for the Modified Preferred Drug List

- Products in each therapeutic class will be presented to the P&T committee with their relevant clinical efficacy and relative net cost positions.
- The P&T committee will recommend the most cost effective drugs in each therapeutic category for inclusion on the (PDL) which will be a minimum of two products where available and could represent three or more products in many categories.
- Products included on the PDL must be prescribed first unless the patient has previously used these products unsuccessfully or the prescriber submits documentation justifying the use of a non-PDL product.
- A step-therapy process using PDL-included drugs will then permit prior authorization (PA) for non-listed drugs.
- HIV/AIDS-related anti-retroviral products are included on the PDL by statutory exemption and, in general, do not require PA.
- Mental health drugs are not exempt from PDL requirements.
- Nursing home residents are not exempt from PDL requirements.
- There is no limit on the number of brand-name drugs if they are on the PDL.
- Medicaid will continue the policy of expanding the use of available over-the-counter-drugs (OTC) where these are more cost effective.

Tigan (trimethobenzamide)*		Naftin (naftifine hcl)		Prefest (estradiol/norgestimate)	(PA Req)	Timoptic (timolol maleate)*		Theo-bid (theophylline)	
Torecan (thiethylperazine)		Ciclopirox	(PA Req)	INSULINS		Travatan (travoprost)		Theo-dur (theophylline)	
Transderm-Scop (scopolamine)		Econazole	(PA Req)	Lantus (glargine insulin)		Trusopt (dorzolamide hcl)		Tobi (Tobramycin)	
Zofran (ondansetron)		Ertaczo (sertaconazole)	(PA Req)	Novolin (insulin recombinate)		Xalatan (latanoprost)		Truphylline (aminophylline)	
Aloxi	(PA Req)	Ketoconazole cream	(PA Req)	Novolog Mix (insulin aspart)		Istalol (timolol)	(PA Req)	Uniphyll (theophylline anhydrous)	
Anzemet (dolasetron)	(PA Req)	Oxistat (oxiconazole)	(PA Req)	Relion N, R, 70/30		GASTROINTESTINAL AGENTS			
Emend (aprepitant)	(PA Req)	Penlac (ciclopirox)	(PA Req)	Humulin (insulin, recombinate)	(PA Req)	ANTICHOLINERGIC/MOTILITY			
Kytril (granisetron)	(PA Req)	MISCELLANEOUS PRODUCTS		MISCELLANEOUS ENDOCRINE AGENTS		UROLOGIC AGENTS			
ANTIPARKINSON AGENTS		Anapram-HC		Cytadren (aminoglutethimide)		Cantil (mepenzolate bromide)		AGENTS FOR BENIGN	
Akineton (biperiden)		Capitol (chloroxine)		Danocrine (danazol)*		Helidac		PROSTATIC HYPERTROPHY	
Artane (trihexyphenidyl)*		Denavir (penciclovir)		DDAVP (desmopressin)*		Levsin (hyoscyamine)*		Avodart (dutasteride)	
Cogentin (benztropine)*		Dovonex (calcipotriene)		Dostinex (cabergoline)		Pro-banthine (propantheline bromide)*		Doxazosin*	
Comtan (entacapone)		Efudex (fluorouracil)		Progylcem (diazoxide)		Reglan (metoclopramide)*		Proscar (finasteride)	
Elderyl (selegiline)*		Elidel (pimecrolimus)		Byetta (exenatide)	(PA Req)	Robinul, Forte (glycopyrrolate)		Terazosin*	
Lodosyn (carbidopa)		Eurax (crotamiton)		Humalog	(PA Req)	Sal-tropine (atropine sulfate)*		Flomax (tamsulosin hcl)	
Mirapex (pramipexole)		Fluoroplex (fluorouracil)		Symilin (pramlintide)	(PA Req)	ANTIULCER AGENTS			
Parlodel (bromocriptine)*		Lac-hydrin (ammonium lactate)*		ORAL HYPOGLYCEMICS		Carafate (sucralfate)*			
Requip (ropinirole)		Lindane *		Actos (pioglitazone)		Cytotec (misoprostol)		Detrol, LA (tolterodine tartrate)	
Sinemet (carbidopa/levodopa)*		Ovide (malathion)		Amaryl (glimepiride)		Helidac (tetracycline/bism subsal/metronid)		Enablex (darifenacin)	
Stalevo(carbidopa/levodopa/entacapone)		Oxoralen-ultra (methoxsalen)		Avandamet (roiglitazone/metformin)		Nexium (esomeprazole)		Oxytrol (oxybutynin)	
Symmetrel (amantidine)*		Protopic (tacrolimus)*		Avandia (rosiglitazone)		Peppid (famotidine)*		Sanctura (trospium)	
Parcopa (carbidopa/levodopa)	(PA Req)	Radiaplexr		Diabinese (chlorpropamide)*		Prevacid (lansoprazole)		Urispas (flavoxate hcl)	
Permax (pergolide)	(PA Req)	Soriatane (acitretin)		Dymelol (acetohexamide)*		Priosec OTC 28 ct. (omeprazole)		Vesicare (solifenacin)	
Tasmar (tolcapone)	(PA Req)	Tazorac (tazarotene)		Fortamet (metformin HCl)		Tagamet (cimetidine)*		Ditropan XL (oxybutynin)	
Kemadrin (procyclidine)	(PA Req)	Tsoralen (trioxsalen)		Glucotrol (glipizide)*		Zantac (ranitidine)*		MISCELLANEOUS	
SEDATIVE-HYPNOTICS		ENDOCRINE AGENTS		Glucotrol XL (glipizide)		Aciphex (rabeprazole)	(PA Req)	SMOKING DETERRENT AGENTS	
Ativan (lorazepam)*		ANDROGENS/ANABOLICS		Glyburide-Metformin HCL		Prevpac (lansoprazole/amoxicillin/clarithromycin)	(PA Req)	Nicoderm (nicotine transdermal)*	
Chloral hydrate*		Androgel (testosterone)		Glyname (glyburide, micronized)*		Protonix (pantoprazole)	(PA Req)	Nicotrol (nicotine)	
Gluethamide*		Android (methyltestosterone)*		Glyset (miglitol)		Zegerid (omeprazole)	(PA Req)	Zyban (bupropion hcl)	
Halcion (triazolam)*		Metformin HCL IR		Metformin HCL ER		MISCELLANEOUS GI AGENTS			
Prosom (estazolam)*		Oxandrin (oxandrolone)		Orinase (tolbutamide)*		Actigall (ursodiol)*		HEPATITIS C TREATMENT	
Restoril 7.5mg		Testoderm, TTS (testosterone)		Starlix (nateglinide)		Asacol (mesalamine)		Copegus (ribavirin)	
Temazepam		Winstrol (stanozolol)		Tolinase (tolazamide)*		Azulifidine (sulfasalazine)*		Peg-Intron (peginterferon alfa-2a)	
Ambien (zolpidem)	(PA Req)	Androderm (testosterone)	(PA Req)	Metaglip (metformin/glipizide)	(PA Req)	Canasa (mesalamine)		Peg-Intron (peginterferon alfa-2b)	
Lunesta (eszopiclone)	(PA Req)	BONE RESORPTION AGENTS		Colazal (balsalazide)		Rebetol (ribavirin)		Infergen (interferon alfacon-1)	
Sonata (zaleplon)	(PA Req)	Actonel (risedronate)		Prandin (repaglinide)	(PA Req)	Dipentum (diposalazine)		Ribavirin	
STIMULANTS		Fosamax (alendronate)		Procese (acarbose)	(PA Req)	lomotil (olsalicylate/atropine)*		AMOYOTROPIC LATERAL SCLEROSIS	
Adderall XR (amphet asp/amphet/d-amphet)		Fosrenol (lanthanum)		Riomet	(PA Req)	Pentasa (mesalamine)		Riutek (riluzole)	
Amphetamine salt combo		Miacalcin nasal (calcitonin)		PROGESTINS		Entocort EC (budesonide)	(PA Req)	GROWTH HORMONE	
Dextroamphetamine*		Phoso		Prometrium (micronized progesterone)		RESPIRATORY AGENTS			
Metadate CD (methylphenidate hcl)		Boniva (ibandronate)	(PA Req)	Provera (medroxyprogesterone acetate)*		ANTHISTAMINES			
Methylphenidate IR/ER		Didronel (etidronate disodium)	(PA Req)	EYE, EAR, NOSE and THROAT AGENTS					
Concerta (methylphenidate)	(PA Req)	Evista (raloxifene)	(PA Req)	NASAL PREPARATIONS					
Focalin (dexmethylphenidate)	(PA Req)	Forteo (teriparatide)	(PA Req)	Astelín (azelastine)		Allegra, D (fexofenadine)		Humatrope (somatropin)	
Methamphetamine	(PA Req)	Magnebind (magnesium oxide)	(PA Req)	Bactroban nasal (mupirocin)		Atarax (hydroxyzine)*		Kineret (anakinra)	
Pemoline*	(PA Req)	Renagel (sevelamer)	(PA Req)	Fionase (fluticasone)		Clarínex (desloratadine)/Clarínex Syrup		Norditropin (somatropin)	
Provigil (modafinil)	(PA Req)	Sensipar (cinacalcet)	(PA Req)	Nasarel (flunisolide)		Loratadine, D		Nutropin (somatropin)	
Ritalin, LA (methylphenidate)*	(PA Req)	CONTRACEPTIVES		Nasonex (mometasone)		Pediatex		HEMATINICS	
Strattera (atomoxetine)	(PA Req)	ALL CONTRACEPTIVES ARE ON THE PDL EXCEPT PRODUCTS CONTAINING Ethinyl Estradiol 50 mcg		Nasonex (mometasone)		Pediatex-D		Aranesp (darbeoetin alfa)	
MISCELLANEOUS CNS DRUGS		CORTICOSTEROIDS		Beconase (beclomethasone)	(PA Req)	Periaclin (ciproheptadine)*		Dexferum (iron dextran complex)	
Antabuse (disulfiram)*		Aristocort (triamcinolone)*		Ipratropium*	(PA Req)	Tavist (clemastine)*		Ferlicet (ferric gluconate)	
Aricept (donepezil)		Celestone (betamethasone)		Flunisolide*	(PA Req)	Zyrtec, D (cetirizine)		Infed (iron dextran complex)	
Eskalith CR (lithium carb)		Cortef (hydrocortisone)*		Nasacort (triamcinolone)	(PA Req)	ANTI-INFLAMMATORY			
Evoxac (cevimeline)		Cortone (cortisone)*		Rhinocort AQ (budesonide)	(PA Req)	INHALERS			
Exelon (rivastigmine)		Decadron (dexamethasone)*		OPHTHALMIC		Azmacor (triamcinolone)		Procrit (epoetin Alfa)	
Lithobid (lithium carb)		Deltasone (prednisone)*		Acular AF (ketorolac tromethamine)*		Flovent, Roladisk (fluticasone)		Epopen	
Lithonate (lithium carb)*		Florinef (fludrocortisone)		Alamast (pemirolast)		Flovent, Roladisk (fluticasone)		DISEASE MODIFYING	
Prostigmin (neostigmine)		Medrol (methylprednisolone)*		Alomide (lodoxamide)		Intal (cromolyn)*		IMMUNOSUPPRESSANTS	
Provigil (modafinil)		Pediapred (prednisolone sod phos)		Alerx (loteprednol)		Pulmicort Turbuhaler		Arava (leflunomide)	
Reminyl (galantamine)		Prelone (prednisolone)*		Crolom (cromolyn sodium)*		Qvar (beclomethasone dipropionate)		Enbrel (etanercept)	
Salagen (pilocarpine)		Cordran (flurandrenolide)	(PA Req)	Decadron (dexamethasone sodium phos)*		Tilade (nedocromil sodium)		Humira (adalimumab)	
Urecholine (bethanechol)		Dermatop (prednicarbate)	(PA Req)	Flarex (fluorometholone)*		Aerobid, M (flunisolide)	(PA Req)	Kineret (anakinra)	
Campdal (acamprosate)	(PA Req)	Diflorasone Diacetate	(PA Req)	FML (fluorometholone)		Entocort (budesonide)	(PA Req)	Amevive (alefacept)	
Namenda (memantine)	(PA Req)	Flurandrenolide	(PA Req)	HMS (medrysone)		Pulmicort, Respules (budesonide)	(PA Req)	Raptiva (efalizumab)	
Zanaflex (tizanidine)	(PA Req)	Prednicarbate	(PA Req)	Inflamase (prednisolone sodium phosphate)*		BETA ADRENERGIC AGONISTS			
ANTIACNE		Psorcon (diflorasone)	(PA Req)	Lotemax (loteprednol)		Advair (salmeterol/fluticasone)		Remicade (infliximab)	
Accutane (isotretinoin)		ESTROGENS AND COMBINATIONS		Maxidex (dexamethasone)*		Brethine (terbutaline)		MULTIPLE SCLEROSIS AGENTS	
Avita (tretinoin)		Activella (estradiol/noreth)		Ofufen (flurbiprofen sodium)		Combivent (ipratropium bromide/albuterol)		Avonex (interferon beta 1a)	
Azelex (azelaic acid)		Cenestin (estrogen)		Optivar (azelastine)		Duoneb (ipratropium bromide/albuterol)		Betaseron (interferon beta 1b)	
Benzac (benzoyl peroxide)*		Climara patch (estradiol)		Pantanol (olopatadine)		Maxair (pirbuterol)		Rebif (interferon beta 1a)	
Differin (adapalene)		Combipatch (estradiol, noreth)		Pred (prednisolone acetate)*		Proventil (albuterol)*		Copaxone (glatiramer acetate)	
Duac (clindamycin/benzyl peroxide)		Esclim (Estradiol Transdermal)		Voltaren (diclofenac sod)*		Proventil HFA (albuterol)		VACCINES	
Retin-a (tretinoin)*		Estinyl (ethinyl estradiol)		Zaditor (ketofen fumarate)		Serevent, Diskus (salmeterol)		Fluzone	
ANTIBIOTICS (OTIC)		Estrace (estradiol)*		OPHTHALMIC - GLAUCOMA THERAPIES		Xopenex (levabuterol HCl)		Flumist Nasal	
Ciprodex		Estraderm (estradiol transdermal)*		Alphagan, P (brimonidine)		Foradil (formoterol)	(PA Req)		
Floxin		Estring 2mg vaginal ring (estradiol)		Azopt (brinzolamide)		Vospire (albuterol)	(PA Req)		
Neomycin/Polymyxin/HC		Femhrt (ethinyl estradiol, noreth)		Belagan (levobunolol hcl)*		ANTAGONISTS			
Cipro HC	(PA Req)	Menest (estrogen, esterified)		Betimol (timolol)		Singular (montelukast)			
Coly-Mycin S	(PA Req)	Ogen (estropipate)*		Betoptic (betaxolol hcl)*		Accolate (zafirlukast)	(PA Req)	MISCELLANEOUS RESPIRATORY AGENTS	
Cortisporin-TC	(PA Req)	Ortho-Dienestrol (dienestrol)		Cosopt (dorzolamide/timolol maleate)		AGENTS			
ANTIFUNGALS		Ortho-Prefest (estradiol/norgestimate)		Diamox (acetazolamide)*		Lufyllin (dyphylline)			
Exelderm (sulconazole)		Premarin (conjugated estrogen)		Lumigan (bimatoprost)		Mucomyst (acetylcysteine)*			
Loprox (ciclopirox)		Premphase (conj estrogen/medroxyprog)		Neptazane (methazolamide)*		Pulmozyme (dornase alfa)			
Lotrimin (clotrimazole)*				Ocupress (careolol hcl)*					
Mentax (butenafine)									