

**HEALTH AND HUMAN SERVICES COMMISSION**  
**TEXAS MEDICAID PREFERRED DRUG LIST (PDL) and PRIOR AUTHORIZATION (PA) CRITERIA**  
Updated: December 5, 2005

THERAPEUTIC DRUG CLASS	PA NOT Required		PA IS Required	PA CRITERIA
	PREFERRED BRAND NAME AGENTS	GENERIC AGENTS	NON-PREFERRED AGENTS	
<b>ACE INHIBITORS</b>  Effective 7/12/05	<b>ACE INHIBITORS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
	ALTACE (ramipril) MAVIK (trandolapril)	benazepril captopril <sup>PPG</sup> enalapril <sup>PPG</sup> lisinopril <sup>PPG</sup>	ACCUPRIL (quinapril) ACEON (perindopril) CAPOTEN (captopril) fosinopril LOTENSIN (benazepril) MONOPRIL (fosinopril) PRINIVIL (lisinopril) quinapril UNIVASC (moexepiril) VASOTEC (enalapril) ZESTRIL (lisinopril)	
	<b>ACE INHIBITOR/DIURETIC COMBINATIONS</b>			
		benazepril/HCTZ captopril/HCTZ <sup>PPG</sup> enalapril/HCTZ <sup>PPG</sup> lisinopril/HCTZ <sup>PPG</sup>	ACCURETIC (quinapril/HCTZ) CAPOZIDE (captopril/HCTZ) fosinopril/HCTZ LOTENSIN HCT (benazepril/HCTZ) MONOPRIL HCT (fosinopril/HCTZ) PRINZIDE (lisinopril/HCTZ) quinapril/HCTZ UNIRETIC (moexepiril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)	
<b>ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS</b>  Effective 7/12/05	LOTREL (benazepril/amlodipine) TARKA (trandolapril/verapamil)		LEXXEL (enalapril/felodipine)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>

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ALZHEIMER'S AGENTS  Effective 7/12/05	<b>CHOLINESTERASE INHIBITORS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
	ARICEPT (donepezil) ARICEPT ODT (donepezil) EXELON (rivastigmine) RAZADYNE (galantamine) RAZADYNE ER (galantamine)		COGNEX (tacrine)	
	<b>NMDA RECEPTOR ANTAGONIST</b>			
	NAMENDA (memantine)			

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<b>ANALGESICS, NARCOTIC</b> (Non-parenteral)  Effective 1/10/05  *Combunox PA effective 10/05	<b>SHORT ACTING</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
		APAP/codeine <sup>PPG</sup> ASA/codeine butalbital/APAP/caffeine/codeine <sup>PPG</sup> butalbital/ASA/caffeine/codeine codeine <sup>PPG</sup> hydrocodone/APAP <sup>PPG</sup> hydromorphone <sup>PPG</sup> morphine <sup>PPG</sup> oxycodone oxycodone/APAP <sup>PPG</sup> oxycodone/ASA <sup>PPG</sup> pentazocine/APAP pentazocine/naloxone <sup>PPG</sup> propoxyphene <sup>PPG</sup> propoxyphene/APAP <sup>PPG</sup> tramadol <sup>PPG</sup> tramadol/APAP	ACTIQ (fentanyl) ANEXSIA (hydrocodone/ APAP) COMBUNOX (oxycodone/APAP)* DARVOCET (propoxyphene/ APAP) DARVON (propoxyphene) DEMEROL (meperidine) DILAUDID (hydromorphone) FIORICET W/CODEINE (butalbital/APAP/ caffeine/codeine) FIORINAL W/CODEINE (butalbital/ASA/ caffeine/codeine) hydrocodone/ ibuprofen LORCET, LORTAB (hydrocodone/APAP) MAXIDONE (hydrocodone/APAP) meperidine MSIR (morphine) NORCO (hydrocodone/APAP) OXYFAST, OXYIR (oxycodone) PANLOR (dihydrocodeine/APAP/caffeine) PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) PERCOLONE (oxycodone) REPRESXAIN (hydrocodone/ibuprofen) SYNALGOS-DC (dihydrocodeine/ASA/caffeine) TALACEN (pentazocine/APAP) TALWIN NX (pentazocine/naloxone) TYLENOL W/CODEINE (APAP/codeine) ULTRACET (tramadol/APAP) ULTRAM (tramadol) VICODIN (hydrocodone/APAP) VICOPROFEN (hydrocodone/ibuprofen)	

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	<b>LONG-ACTING</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
	DURAGESIC (fentanyl) KADIAN (morphine)	morphine <sup>PPG</sup>	AVINZA (morphine) fentanyl patch MS CONTIN (morphine) ORAMORPH SR (morphine) oxycodone ER OXYCONTIN (oxycodone)	
<b>ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)</b>  Effective 1/10/05	<b>ANGIOTENSIN RECEPTOR BLOCKERS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
	AVAPRO (irbesartan) BENICAR (olmesartan) DIOVAN (valsartan) COZAAR (losartan) MICARDIS (telmisartan) TEVETEN (eprosartan)		ATACAND (candesartan)	
	<b>ARB/DIURETIC COMBINATIONS</b>			
	AVALIDE (irbesartan/HCTZ) BENICAR-HCT (olmesartan/HCTZ) DIOVAN-HCT (valsartan/HCTZ) HYZAAR (losartan/HCTZ) MICARDIS-HCT (telmisartan/HCTZ) TEVETEN-HCT (eprosartan/HCTZ)		ATACAND-HCT (candesartan/HCTZ)	
<b>ANTICOAGULANTS, INJECTABLE</b>  Effective 7/12/05	ARIXTRA (fondaparinux) FRAGMIN (dalteparin) LOVENOX (enoxaparin)			

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<b>ANTIDEPRESSANTS, OTHER</b>  Effective 1/10/05	EFFEXOR XR (venlafaxine) WELLBUTRIN XL (bupropion)	bupropion IR <sup>PPG</sup> mirtazapine trazodone <sup>PPG</sup>	bupropion SR CYMBALTA (duloxetine) DESYREL (trazodone) EFFEXOR (venlafaxine) nefazodone REMERON (mirtazapine) SERZONE (nefazodone) WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> <li>• Patients on a non-preferred product will be authorized to continue on that product.</li> </ul>
<b>ANTIDEPRESSANTS, SSRIs</b>  Effective 7/12/05	LEXAPRO (escitalopram) PAXIL CR (paroxetine) PEXEVA (paroxetine) ZOLOFT (sertraline)	citalopram fluoxetine <sup>PPG</sup>	CELEXA (citalopram) fluvoxamine paroxetine PAXIL (paroxetine) PROZAC (fluoxetine) RAPIFLUX (fluoxetine) SARAFEM (fluoxetine)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> <li>• Patients on a non-preferred product will be authorized to continue on that product.</li> </ul>
<b>ANTIEMETICS, SEROTONIN RECEPTOR AND SUBSTANCE P ANTAGONISTS</b> (Oral)  Effective 7/12/05	<b>SEROTONIN RECEPTOR ANTAGONISTS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred product</li> <li>• Contraindication to preferred product</li> <li>• Allergic reaction to preferred product</li> </ul>
	ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron)		ANZEMET (dolasetron) KYTRIL (granisetron)	
	<b>SUBSTANCE P ANTAGONISTS</b>			
	EMEND (aprepitant)			

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<b>ANTIFUNGALS, ORAL</b>  Effective 7/12/05	GRIFULVIN V (griseofulvin) LAMISIL (terbinafine)	clotrimazole fluconazole nystatin	ANCOBON (flucytosine) DIFLUCAN (fluconazole) griseofulvin GRIS-PEG (griseofulvin) itraconazole ketoconazole MYCELEX (clotrimazole) MYCOSTATIN (nystatin) NIZORAL (ketoconazole) SPORANOX (itraconazole) VFEND (voriconazole)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
<b>ANTIFUNGALS, TOPICAL</b>  Effective 7/12/05	<b>ANTIFUNGALS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
	LOPROX GEL, SHAMPOO (ciclopirox) MENTAX (butenafine) NAFTIN (naftifine)	ketoconazole shampoo nystatin <sup>PPG</sup>	ciclopirox cream, suspension econazole ERTACZO (sertaconazole) EXELDERM (sulconazole) ketoconazole cream LOPROX CREAM, TS (ciclopirox) MYCELEX (clotrimazole) MYCOSTATIN (nystatin) NIZORAL (ketoconazole) OXISTAT (oxiconazole) PENLAC (ciclopirox) SPECTAZOLE (econazole)	
	<b>ANTIFUNGAL/STEROID COMBINATIONS</b>			
		nystatin/triamcinolone	clotrimazole/betamethasone LOTRISONE (clotrimazole/betamethasone) MYCOLOG (nystatin/triamcinolone)	

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<b>ANTIHISTAMINES, MINIMALLY SEDATING</b>  Effective 1/10/05	<b>ANTIHISTAMINES</b>			<ul style="list-style-type: none"> <li>• Treatment failure after no less than a 30-day trial of preferred product</li> <li>• Contraindication to preferred product</li> <li>• Allergic reaction to preferred product</li> <li>• Diagnosis of chronic idiopathic urticaria (CIU)</li> <li>• Zyrtec Syrup will be authorized for patients up to 2 years of age</li> </ul>
		loratadine	ALLEGRA (fexofenadine) CLARINEX (desloratadine) CLARITIN (loratadine) ZYRTEC (cetirizine)	
	<b>ANTIHISTAMINE/DECONGESTANT COMBINATIONS</b>			
		loratadine/pseudoephedrine	ALLEGRA-D (fexofenadine/pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) ZYRTEC-D (cetirizine/pseudoephedrine)	
<b>ANTIMIGRAINE AGENTS, TRIPTANS</b>  Effective 1/10/05	AMERGE (naratriptan) AXERT (almotriptan) IMITREX NASAL (sumatriptan) IMITREX ORAL (sumatriptan) MAXALT (rizatriptan) MAXALT MLT (rizatriptan) RELPAX (eletriptan)		FROVA (frovatriptan) IMITREX INJECTION (sumatriptan) ZOMIG (zolmitriptan) ZOMIG ZMT (zolmitriptan)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
<b>ANTIPARKINSON'S AGENTS (Oral)</b>  Effective 7/12/05	<b>ANTICHOLINERGICS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
		benztropine trihexyphenidyl	COGENTIN (benztropine) KEMADRIN (procyclidine)	
	<b>COMT INHIBITORS</b>			
	COMTAN (entacapone)		TASMAR (tolcapone)	
	<b>DOPAMINE AGONISTS</b>			
	MIRAPEX (pramipexole) REQUIP (ropinirole)		pergolide PERMAX (pergolide)	
	<b>OTHERS</b>			
STALEVO (levodopa/carbidopa/entacapone)	levodopa/carbidopa <sup>PPG</sup> selegiline <sup>PPG</sup>	ELDEPRYL (selegiline) PARCOPA (levodopa/carbidopa) SINEMET (levodopa/carbidopa)		

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<b>ANTIPSYCHOTICS, ATYPICAL</b> (Oral)  Effective 7/12/05	<b>ATYPICAL ANTIPSYCHOTICS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> <li>• Patients on a non-preferred product will be authorized to continue on that product.</li> </ul>
	ABILIFY (aripiprazole) GEODON (ziprasidone) RISPERDAL (risperidone) RISPERDAL M (risperidone) SEROQUEL (quetiapine)		clozapine CLOZARIL (clozapine) FAZACLO (clozapine) ZYPREXA (olanzapine) ZYPREXA ZYDIS (olanzapine)	
	<b>ATYPICAL ANTIPSYCHOTIC/SSRI COMBINATIONS</b>			
			SYMBYAX (olanzapine/fluoxetine)	
<b>ANTIVIRALS</b> (Oral)  Effective 7/12/05	<b>ANTI-CMV AGENTS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products in same subclass</li> <li>• Contraindication to preferred products in same subclass</li> <li>• Allergic reaction to preferred products in same subclass</li> </ul>
	VALCYTE (valganciclovir)	ganciclovir	CYTOVENE (ganciclovir)	
	<b>ANTIHERPES AGENTS</b>			
	VALTREX (valacyclovir)	acyclovir <sup>PPG</sup>	FAMVIR (famciclovir) ZOVIRAX (acyclovir)	
	<b>ANTI-INFLUENZA AGENTS</b>			
	TAMIFLU (oseltamivir)	amantadine <sup>PPG</sup> rimantadine	FLUMADINE (rimantadine) RELENZA (zanamivir) SYMMETREL (amantadine)	
<b>ATOPIC DERMATITIS</b>  Effective 7/12/05	ELIDEL (pimecrolimus) PROTOPIC (tacrolimus)			

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<b>BETA BLOCKERS</b> (Oral)  Effective 1/10/05	<b>BETA BLOCKERS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
	INNOPRAN XL (propranolol) TOPROL XL (metoprolol)	acebutolol <sup>PPG</sup> atenolol <sup>PPG</sup> bisoprolol metoprolol <sup>PPG</sup> nadolol <sup>PPG</sup> pindolol <sup>PPG</sup> propranolol <sup>PPG</sup> sotalol <sup>PPG</sup> timolol <sup>PPG</sup>	BETAPACE (sotalol) betaxolol BLOCADREN (timolol) CARTROL (carteolol) CORGARD (nadolol) INDERAL (propranolol) KERLONE (betaxolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) TENORMIN (atenolol) ZEBETA (bisoprolol)	
	<b>BETA- AND ALPHA- BLOCKERS</b>			
	COREG (carvedilol)	labetalol <sup>PPG</sup>	TRANDATE (labetalol)	
<b>BLADDER RELAXANT PREPARATIONS</b>  Effective 1/10/05	DETROL (tolterodine) DETROL LA (tolterodine) ENABLEX (darifenacin) OXYTROL (oxybutynin) SANCTURA (trospium) VESICARE (solifenacin)	oxybutynin <sup>PPG</sup>	DITROPAN (oxybutynin) DITROPAN XL (oxybutynin)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
<b>BONE RESORPTION SUPPRESSION AND RELATED AGENTS</b>  Effective 7/12/05  *Fortical effective 1/25/06	<b>BISPHOSPHONATES</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
	ACTONEL (risedronate) FOSAMAX (alendronate) FOSAMAX PLUS D (alendronate/Vitamin D)		BONIVA (ibandronate) DIDRONEL (etidronate)	
	<b>OTHER BONE RESORPTION SUPPRESSION AND RELATED AGENTS</b>			
	FORTICAL (calcitonin)*		EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin)	

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<b>BPH AGENTS</b>  Effective 7/12/05	<b>ALPHA BLOCKERS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
	FLOMAX (tamsulosin)	doxazosin <sup>PPG</sup> terazosin <sup>PPG</sup>	CARDURA (doxazosin) HYTRIN (terazosin) UROXATRAL (alfuzosin)	
	<b>5-ALPHA-REDUCTASE (5AR) INHIBITORS</b>			
	AVODART (dutasteride) PROSCAR (finasteride)			
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>  Effective 7/12/05	<b>ANTICHOLINERGICS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
	ATROVENT HFA (ipratropium) ipratropium inhalation solution SPIRIVA (tiotropium)		ATROVENT inhalation solution (ipratropium)	
	<b>ANTICHOLINERGIC-BETA AGONIST COMBINATIONS</b>			
	COMBIVENT (albuterol/ipratropium)		DUONEB (albuterol/ipratropium)	
<b>BRONCHODILATORS, BETA AGONIST</b>  Effective 7/12/05	<b>INHALERS, SHORT-ACTING</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> <li>• History of intolerable side effects to preferred product</li> <li>• Patient's condition is currently controlled and stable.</li> <li>• History of: tachycardia/cardiac arrhythmia; malignant hypertension; unstable angina; recent myocardial infarction; heart failure</li> </ul>
	MAXAIR (pirbuterol)	albuterol	ALUPENT (metaproterenol) PROVENTIL (albuterol) VENTOLIN (albuterol)	
	<b>INHALERS, LONG-ACTING</b>			
	FORADIL (formoterol) SEREVENT (salmeterol)			
	<b>INHALATION SOLUTION</b>			
	albuterol <sup>PPG</sup>	ACCUNEB (albuterol) AIRET (albuterol) metaproterenol XOPENEX (levalbuterol)		

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	ORAL			
		albuterol <sup>PPG</sup> terbutaline	BRETHINE (terbutaline) metaproterenol VOSPIRE ER (albuterol)	
CALCIUM CHANNEL BLOCKERS (Oral)  Effective 1/10/05	<b>SHORT-ACTING</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
		diltiazem <sup>PPG</sup> verapamil	ADALAT (nifedipine) CALAN (verapamil) CARDENE (nicardipine) CARDIZEM (diltiazem) DYNACIRC (isradipine) nicardipine nifedipine NIMOTOP (nimodipine) PROCARDIA (nifedipine) VASCOR (bepridil)	
	<b>LONG-ACTING</b>			
	CARDIZEM LA (diltiazem) DYNACIRC CR (isradipine) NORVASC (amlodipine) SULAR (nisoldipine)	diltiazem <sup>PPG</sup> felodipine nifedipine <sup>PPG</sup> verapamil <sup>PPG</sup>	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD (diltiazem) CARDIZEM SR (diltiazem) COVERA-HS (verapamil) DILACOR XR (diltiazem) ISOPTIN SR (verapamil) PLENDIL (felodipine) PROCARDIA XL (nifedipine) TIAZAC (diltiazem) VERELAN (verapamil) VERELAN PM (verapamil)	

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<sup>PPG</sup> Premium Preferred Generic available. See final page of Preferred Drug List for information on participating generic manufacturers.

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THERAPEUTIC DRUG CLASS	PA NOT Required		PA IS Required	PA CRITERIA
	PREFERRED BRAND NAME AGENTS	GENERIC AGENTS	NON-PREFERRED AGENTS	
<b>CEPHALOSPORINS AND RELATED ANTIBIOTICS</b> (Oral)  Effective 7/12/05	<b>BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
	AUGMENTIN XR (amoxicillin/clavulanate)	amoxicillin/clavulanate suspension <sup>PPG</sup>	amoxicillin/clavulanate tablets AUGMENTIN (amoxicillin/clavulanate) AUGMENTIN ES 600 (amoxicillin/clavulanate)	
	<b>CEPHALOSPORINS – First Generation</b>			
		cefadroxil <sup>PPG</sup> cephalexin <sup>PPG</sup> cephradine	DURICEF (cefadroxil) KEFLEX (cephalexin) PANIXINE (cephalexin) VELOSEF (cephradine)	
	<b>CEPHALOSPORINS – Second Generation</b>			
	CEFZIL (cefprozil)	cefaclor <sup>PPG</sup>	CECLOR (cefaclor) CEFTIN (cefuroxime) cefuroxime LORABID (loracarbef) RANICLOR (cefaclor)	
	<b>CEPHALOSPORINS – Third Generation</b>			
	CEDAX (ceftibuten) OMNICEF (cefdinir) SUPRAX (cefixime)	cefpodoxime SPECTRACEF (cefditoren) VANTIN (cefpodoxime)		
<b>CYTOKINE AND CAM ANTAGONISTS</b>  Effective 7/12/05	ENBREL (etanercept) HUMIRA (adalimumab) RAPTIVA (efalizumab)		KINERET (anakinra)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
<b>ERYTHROPOIESIS STIMULATING PROTEINS</b>  Effective 7/12/05	ARANESP (darbepoetin) PROCRT (RhUEPO)		EPOGEN (RhUEPO)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>

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<b>FLUROQUINOLONES, ORAL</b>  Effective 1/10/05	AVELOX (moxifloxacin) CIPRO XR (ciprofloxacin) ciprofloxacin FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) TEQUIN (gatifloxacin)		CIPRO (ciprofloxacin) FLOXIN (ofloxacin) NOROXIN (norfloxacin) ofloxacin	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
<b>GLUCOCORTICOID, INHALED</b>  Effective 1/10/05  *Asmanex effective 1/25/06	AZMACORT (triamcinolone) ASMANEX (mometasone)* FLOVENT (fluticasone)		AEROBID (flunisolide) AEROBID-M (flunisolide) PULMICORT (budesonide) QVAR (beclomethasone)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> <li>• Pulmicort Respules will be authorized for patients between 1 and 8 years of age.</li> </ul>
	<b>GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS</b>			
	ADVAIR (fluticasone/salmeterol)			
<b>GROWTH HORMONE</b>  Effective 7/12/05	GENOTROPIN (somatropin) NUTROPIN AQ (somatropin)		HUMATROPE (somatropin) NORDITROPIN (somatropin) NUTROPIN (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> <li>• Patients on a non-preferred product will be authorized to continue on that product.</li> </ul>
<b>HEPATITIS B AGENTS</b>  Effective 7/12/05  * Baraclude PA effective 10/05	EPIVIR HBV (lamivudine)		BARACLUDGE (entecavir)* HEPSERA (adefovir)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred product</li> <li>• Contraindication to preferred product</li> <li>• Allergic reaction to preferred product</li> </ul>

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 PPG Premium Preferred Generic available. See final page of Preferred Drug List for information on participating generic manufacturers.

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<b>HEPATITIS C AGENTS</b>  Effective 7/12/05	PEGASYS (pegylated IFN) PEG-INTRON (pegylated IFN) REBETOL (ribavirin)		COPEGUS (ribavirin) INFERGEN (consensus IFN) ribavirin	<ul style="list-style-type: none"> <li>• Treatment failure with preferred product of same type</li> <li>• Contraindication to preferred product of same type</li> <li>• Allergic reaction to preferred product of same type</li> <li>• Patients on a non-preferred product will be authorized to continue on that product for the current course of therapy</li> </ul>
<b>HYPOGLYCEMICS, INSULINS AND RELATED AGENTS</b>  Effective 7/12/05  *Symlin and Byetta PAs effective 10/05	<b>INSULINS</b>			
	LANTUS (insulin glargine) NOVOLIN (insulin) NOVOLOG (insulin aspart) NOVOLOG MIX (insulin aspart/protamine)		HUMALOG (insulin lispro) HUMALOG MIX (insulin lispro/protamine) HUMULIN (insulin)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
	<b>AMYLIN ANALOGS</b>			
			SYMLIN (pramlintide)*	
	<b>INCRETIN MIMETICS</b>			
			BYETTA (exenatide)*	
<b>HYPOGLYCEMICS, MEGLITINIDES</b>  Effective 7/12/05	STARLIX (nateglinide)		PRANDIN (repaglinide)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
<b>HYPOGLYCEMICS, TZD</b>  Effective 7/12/05  *Actoplus Met effective 1/25/06	<b>THIAZOLIDINEDIONES</b>			
	ACTOS (pioglitazone) AVANDIA (rosiglitazone)			

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	TZD COMBINATIONS			
	ACTOPLUS MET (pioglitazone/metformin)* AVANDAMET (rosiglitazone/metformin)			
<b>INTRANASAL RHINITIS AGENTS</b>  Effective 7/12/05	<b>GLUCOCORTICOIDS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
	FLONASE (fluticasone) NASONEX (mometasone)		BECONASE AQ (beclomethasone) flunisolide NASACORT AQ (triamcinolone) NASAREL (flunisolide) RHINOCORT AQUA (budesonide)	
	<b>OTHERS</b>			
	ASTELIN (azelastine)		ATROVENT (ipratropium) ipratropium	
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>  Effective 1/10/05	SINGULAIR (montelukast)		ACCOLATE (zafirlukast)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred product</li> <li>• Contraindication to preferred product</li> <li>• Allergic reaction to preferred product</li> </ul>
<b>LIPOTROPICS, OTHER</b>  Effective 7/12/05  *Triglide PA effective 10/05  ** Omacor PA effective 1/25/06	<b>BILE ACID SEQUESTRANTS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
	COLESTID (colestipol)	cholestyramine	QUESTRAN (cholestyramine) WELCHOL (colesevalam)	
	<b>CHOLESTEROL ABSORPTION INHIBITORS</b>			
			ZETIA (ezetimibe)	
	<b>FIBRIC ACID DERIVATIVES</b>			
	ANTARA (fenofibrate) TRICOR (fenofibrate)	gemfibrozil	LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRIGLIDE (fenofibrate)*	

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	<b>NIACIN</b>			
	NIASPAN (niacin)	niacin <sup>PPG</sup>	NIACELS (niacin) NIADELAY (niacin) SLO-NIACIN (niacin)	
	<b>OMEGA-3 FATTY ACIDS</b>			
			OMACOR (omega-3 fatty acids)**	
<b>LIPOTROPICS, STATINS</b>	<b>STATINS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with at least two preferred products accounting for no less than 120 days of therapy combined</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> <li>• Requirement for greater than 50 percent reduction in LDL</li> </ul>
Effective 7/12/05	ALTOPREV (lovastatin) CRESTOR (rosuvastatin) LESCOL (fluvastatin) LESCOL XL (fluvastatin) ZOCOR (simvastatin)		LIPITOR (atorvastatin) lovastatin MEVACOR (lovastatin) PRAVACHOL (pravastatin)	
	<b>STATIN COMBINATIONS</b>			
	VYTORIN (simvastatin/ezetimibe)		ADVICOR (lovastatin/niacin) CADUET (atorvastatin/amlodipine) PRAVIGARD PAC (pravastatin/ASA)	
<b>MACROLIDES/KETOLIDES</b> (Oral)	<b>KETOLIDES</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
			KETEK (telithromycin)	
	<b>MACROLIDES</b>			
Effective 1/10/05	ZITHROMAX (azithromycin)	erythromycin <sup>PPG</sup>	BIAXIN (clarithromycin) BIAXIN XL (clarithromycin) E.E.S. (erythromycin) ERYC (erythromycin) ERYPED (erythromycin) ERY-TAB (erythromycin) ERYTHROCIN (erythromycin) PCE (erythromycin)	

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NSAIDS  Effective 7/12/05	<b>NONSPECIFIC</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
		diclofenac <sup>PPG</sup> fenoprofen flurbiprofen <sup>PPG</sup> ibuprofen <sup>PPG</sup> indomethacin <sup>PPG</sup> ketoprofen <sup>PPG</sup> ketorolac <sup>PPG</sup> meclofenamate <sup>PPG</sup> naproxen <sup>PPG</sup> oxaprozin <sup>PPG</sup> piroxicam <sup>PPG</sup> sulindac <sup>PPG</sup>	ADVIL (ibuprofen) ANAPROX (naproxen) ANSAID (flurbiprofen) CATAFLAM (diclofenac) CLINORIL (sulindac) DAYPRO (oxaprozin) etodolac FELDENE (piroxicam) INDOCIN (indomethacin) LODINE (etodolac) MOTRIN (ibuprofen) nabumetone NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) NUPRIN (ibuprofen) ORUVAIL (ketoprofen) PONSTEL (meclofenamate) RELAFEN (nabumetone) TOLECTIN (tolmetin) tolmetin TORADOL (ketorolac) VOLTAREN (diclofenac)	
	<b>NSAID/GI PROTECTANT COMBINATIONS</b>			
			ARTHROTEC (diclofenac/misoprostol) PREVACID NAPRAPAC (naproxen/lansoprazole)	
	<b>COX-II SELECTIVE</b>			
		CELEBREX (celecoxib) MOBIC (meloxicam)		

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	PREFERRED BRAND NAME AGENTS	GENERIC AGENTS	NON-PREFERRED AGENTS	
OPHTHALMIC ANTIBIOTICS  Effective 7/12/05	<b>FLUOROQUINOLONES</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
	QUIXIN (levofloxacin) VIGAMOX (moxifloxacin) ZYMAR (gatifloxacin)		CILOXAN (ciprofloxacin) ciprofloxacin OCUFLOX (ofloxacin) ofloxacin	
	<b>OTHER SINGLE AGENTS</b>			
		bacitracin erythromycin gentamicin polymyxin B sulfacetamide tobramycin	BLEPH-10 (sulfacetamide) CHLOROMYCETIN (chloramphenicol) CHLOROPTIC (chloramphenicol) GENOPTIC (gentamicin) TOBREX (tobramycin)	
	<b>COMBINATION AGENTS</b>			
	neomycin/polymyxin/bacitracin neomycin/polymyxin/gramicidin polymyxin/bacitracin polymyxin/trimethoprim	NEOSPORIN (neomycin/polymyxin/bacitracin) NEOSPORIN (neomycin/polymyxin/gramicidin) POLYSPORIN (polymyxin/bacitracin) POLYTRIM (polymyxin/trimethoprim) TERRAMYCIN W/POLYMYXIN (oxytetracycline/polymyxin)		

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<b>OPHTHALMICS, ANTIBIOTIC – STEROID COMBINATIONS</b>  Effective 7/12/05	TOBRADEX (tobramycin/dexamethasone)	neomycin/bacitracin/polymyxin/hydrocortisone neomycin/polymyxin/dexamethasone sulfacetamide/prednisolone	BLEPHAMIDE (sulfacetamide/prednisolone) CORTISPORIN (neomycin/polymyxin/hydrocortisone) FML-S (sulfacetamide/fluorometholone) MAXITROL (neomycin/polymyxin/dexamethasone) neomycin/polymyxin/hydrocortisone POLY-PRED (neomycin/polymyxin/prednisolone) PRED-G (gentamicin/prednisolone) VASOCIDIN (sulfacetamide/prednisolone) ZYLET (tobramycin/loteprednol)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
<b>OPHTHALMICS, ANTI-INFLAMMATORIES</b>  Effective 7/12/05  *Xibrom PA effective 10/05  <b>** Nevanac effective 1/25/06</b>	LOTEMAX (loteprednol) <b>NEVANAC (nepafenac)**</b>	dexamethasone fluorometholone prednisolone	ACULAR LS (ketorolac) A CULAR PF (ketorolac) DECADRON (dexamethasone) ECONOPRED (prednisolone) FLAREX (fluorometholone) FML (fluorometholone) HMS (medrysone) INFLAMASE (prednisolone) MAXIDEX (dexamethasone) PRED MILD (prednisolone) PRED FORTE (prednisolone) VEXOL (rimexolone) VOLTAREN (diclofenac) XIBROM (bromfenac)*	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>

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<b>OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS</b>  Effective 7/12/05	ACULAR (ketorolac) ALREX (loteprednol) ELESTAT (epinastine) PATANOL (olopatadine) ZADITOR (ketotifen)	cromolyn	ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (lodoxamide) CROLOM (cromolyn) EMADINE (emedastine) LIVOSTIN (levocabastine) OPTICROM (cromolyn) OPTIVAR (azelastine)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
<b>OPHTHALMICS, GLAUCOMA AGENTS</b>  Effective 7/12/05	<b>SYMPATHOMIMETICS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
	ALPHAGAN P (brimonidine)	brimonidine dipivefrin pilocarpine	ISOPTO CARPINE (pilocarpine) PROPINE (dipivefrin)	
	<b>BETA BLOCKERS</b>			
	BETOPTIC S (betaxolol) ISTALOL (timolol)	levobunolol metipranolol timolol	BETAGAN (levobunolol) betaxolol BETIMOL (timolol) carteolol OCUPRESS (carteolol) OPTIPRANOLOL (metipranolol) TIMOPTIC (timolol)	
	<b>CARBONIC ANHYDRASE INHIBITORS</b>			
	TRUSOPT (dorzolamide)		AZOPT (brinzolamide)	
	<b>PROSTAGLANDIN ANALOGS</b>			
	LUMIGAN (bimatoprost) TRAVATAN (travoprost) XALATAN (latanoprost)			
	<b>COMBINATION AGENTS</b>			
	COSOPT (dorzolamide/timolol)			

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<b>OTIC ANTIBIOTIC PREPARATIONS</b>  Effective 7/12/05	CIPRODEX (ciprofloxacin/dexamethasone) FLOXIN (ofloxacin)	neomycin/polymyxin/hydrocortisone	CIPRO HC (ciprofloxacin/hydrocortisone) COLY-MYCIN S (neomycin/hydrocortisone) CORTISPORIN TC (neomycin/hydrocortisone) CORTISPORIN (neomycin/polymyxin/hydrocortisone) PEDIOTIC (neomycin/polymyxin/hydrocortisone)	<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
<b>PHOSPHATE BINDERS</b>  Effective 7/12/05	PHOSLO (calcium acetate)		FOSRENOL (lanthanum) RENAGEL (sevelamer)	Diagnosis of ESRD and hyperphosphatemia despite dietary phosphorous restrictions and at least one of the following: <ul style="list-style-type: none"> <li>• hypercalcemia (corrected serum calcium &gt;10.2 mg/dL)</li> <li>• plasma PTH levels &lt;150 pg/mL on two consecutive measurements</li> <li>• dialysis patients with severe vascular and/or soft tissue calcifications</li> <li>• allergic reaction to preferred product</li> <li>• treatment failure with preferred product</li> </ul>
<b>PLATELET AGGREGATION INHIBITORS</b>  Effective 7/12/05	AGGRENOX (dipyridamole/aspirin) PLAVIX (clopidogrel)		dipyridamole PERSANTINE (dipyridamole) TICLID (ticlopidine) ticlopidine	<ul style="list-style-type: none"> <li>• Treatment failure with preferred product.</li> <li>• Contraindication to preferred product.</li> <li>• Allergic reaction to preferred product.</li> </ul>

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	PREFERRED BRAND NAME AGENTS	GENERIC AGENTS	NON-PREFERRED AGENTS	
<b>PROTON PUMP INHIBITORS</b> (Oral)  Effective 1/10/05	NEXIUM (esomeprazole) PREVACID Capsules (lansoprazole)		ACIPHEX (rabeprazole) omeprazole PREVACID Solutabs, Suspension (lansoprazole) PRILOSEC OTC (omeprazole) PROTONIX (pantoprazole) ZEGERID (omeprazole)	<ul style="list-style-type: none"> <li>• Treatment failure after no less than a 30 day trial of each preferred product</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
<b>SEDATIVE HYPNOTICS</b>  Effective 7/12/05  * Effective 1/25/06	<b>BENZODIAZEPINES</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
		estazolam <sup>PPG</sup> flurazepam <sup>PPG</sup> temazepam <sup>PPG</sup> triazolam	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) PROSOM (estazolam) RESTORIL (temazepam)	
	<b>OTHERS</b>			
	AMBIEN (zolpidem) <b>AMBIEN CR (zolpidem)*</b> LUNESTA (eszopiclone) <b>ROZEREM (ramelteon)*</b>	chloral hydrate	AQUACHLORAL (chloral hydrate) SOMNOTE (chloral hydrate) SONATA (zaleplon)	
<b>STIMULANTS AND RELATED AGENTS</b>  Effective 7/12/05	<b>STIMULANTS</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products</li> <li>• Contraindication to preferred products</li> <li>• Allergic reaction to preferred products</li> </ul>
	ADDERALL XR (amphetamine salt combination) CONCERTA (methylphenidate) FOCALIN (dexmethylphenidate) FOCALIN XR (dexmethylphenidate) METADATE CD (methylphenidate) RITALIN LA (methylphenidate)	amphetamine salt combination <sup>PPG</sup> dextroamphetamine <sup>PPG</sup> methylphenidate <sup>PPG</sup>	ADDERALL (amphetamine salt combination) DEXEDRINE (dextroamphetamine) DEXTROSTAT(dextroamphetamine) RITALIN (methylphenidate) RITALIN-SR (methylphenidate)	

Unless otherwise specified, the listing of a particular brand or generic name includes all dosage forms of that drug.

<sup>PPG</sup> Premium Preferred Generic available. See final page of Preferred Drug List for information on participating generic manufacturers.

**HEALTH AND HUMAN SERVICES COMMISSION**  
**TEXAS MEDICAID PREFERRED DRUG LIST (PDL) and PRIOR AUTHORIZATION (PA) CRITERIA**  
 Updated: December 5, 2005

THERAPEUTIC DRUG CLASS	PA NOT Required		PA IS Required	PA CRITERIA
	PREFERRED BRAND NAME AGENTS	GENERIC AGENTS	NON-PREFERRED AGENTS	
	NON-STIMULANTS			
	STRATTERA (atomoxetine)		PROVIGIL (modafanil)	
<b>ULCERATIVE COLITIS</b>  Effective 7/12/05	<b>ORAL</b>			<ul style="list-style-type: none"> <li>• Treatment failure with preferred products of same route</li> <li>• Contraindication to preferred products of same route</li> <li>• Allergic reaction to preferred products of same route</li> </ul>
	PENTASA (mesalamine)	sulfasalazine <sup>PPG</sup>	ASACOL (mesalamine) AZULFIDINE (sulfasalazine) COLAZAL (balsalazide) DIPENTUM (olsalazine)	
	<b>RECTAL</b>			
	CANASA (mesalamine)		mesalamine ROWASA (mesalamine)	

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PREMIUM PREFERRED GENERIC (PPG) MANUFACTURERS: These manufacturers have offered Supplemental Rebates to the state for their PDL products dispensed to Medicaid recipients. Pharmacists will receive an additional \$0.50 dispensing fee when they dispense the PDL products of these manufacturers.

Generic Manufacturer	Labeler Code(s)
Barr Laboratories	00555, 51285
Bausch & Lomb	24208
Cypress Pharmaceutical	60258
Dey	49502
Dr. Reddy's	55111
Endo Pharmaceuticals	60951
Interpharm	53746
Mylan Laboratories	00378
Qualitest Pharmaceuticals	00603
Ranbaxy Pharmaceuticals	63304
Watson Pharma	00591

PREFERRED GENERIC MANUFACTURERS: These manufacturers have signed Supplemental Rebate Agreements with the state.

Generic Manufacturer	Labeler Code(s)
Abel Laboratories	53265
Amide	52152
Beach Products	00121
Breckenridge Pharmaceutical	51991
Caraco Pharmaceutical	57664
Cardinal Health	37025, 49614
Clay-Park Labs	45802
F. Dohmen	64899
Forest Laboratories	00258
Fougera	00168
EON Labs	00185
Global Pharmaceutical	00115
Greenstone Ltd.	59762
IVAX Pharmaceuticals	00172, 00182
Major	00904
Mallinckrodt	00406

Generic Manufacturer	Labeler Code(s)
McKesson HBOC	49348
Morton Grove Pharmaceuticals	60432
Mutual Pharmaceutical	53489
Nephron Pharmaceuticals	00487
Par Pharmaceutical	49884
Pliva	50111
Rising Pharmaceuticals	64980
RX Elite Holdings	66794
R&S	65162
Sandoz	00781
Teva	55853, 00093, 38245, 00332
United Research Laboratories	00677
Upsher-Smith	00832, 00245
Warrick Pharmaceutical	59930
West-Ward Pharmaceutical	00143
Wyeth Pharmaceuticals	59911

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