



Colorado Department of Health Care Policy and Financing Preferred Drug List (PDL) Effective April 1, 2008

The PDL applies to Medicaid fee-for-service clients. It does not apply to clients enrolled in Rocky Mountain Health HMO or Denver Health Medicaid Choice.

| Therapeutic Drug Class | Preferred Agents | Non-Preferred Agents | Prior Authorization Criteria |
|---------------------------------------|--|--|---|
| Non-benzodiazepine sedative-hypnotics | <p>No Prior Authorization Required</p> <p>LUNESTA (eszopiclone) ROZEREM (ramelteon) zolpidem (generic Ambien)</p> | <p>Prior Authorization Required</p> <p>AMBIEN (zolpidem) AMBIEN CR (zolpidem) SONATA (zaleplon)</p> | <p>Approval for non-preferred agents will be granted for clients who have failed treatment with two preferred agents in the last 6 months. Failure is defined as lack of efficacy; allergy; intolerable side effects; or significant drug-drug interactions.</p> <p><u>Age Limits</u> These agents will be approved for clients 18 years of age and older.</p> <p><u>Quantity Limit</u> Prior authorizations for Sonata and Ambien will be limited to once daily dosing and 14 units every 30 days.</p> <p><u>No Duplicative Therapy</u> Prior authorizations will be approved for only one agent in this drug class at a time. Clients currently taking a long-acting benzodiazepine will not receive prior authorization approval.</p> <p><u>Prior Authorization Forms:</u> available online at http://www.chcpf.state.co.us/HCPF/Pharmacy/nwPAList.asp</p> |



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| Proton Pump Inhibitors | <p>No Prior Authorization Required</p> <p>NEXIUM capsules (esomeprazole) PREVACID capsules (lansoprazole) PREVACID solutabs (lansoprazole)</p> | <p>Prior Authorization Required</p> <p>ACIPHEX (rabeprazole) NEXIUM packets (esomeprazole) omeprazole (generic Prilosec) PREVACID suspension (lansoprazole) PREVPAC (lansoprazole, amox, clarithromycin) PRILOSEC OTC (omeprazole) PROTONIX (pantoprazole) ZEGERID (omeprazole/Na bicarbonate)</p> | <p>Approval for non-preferred proton pump inhibitors will be granted if all of the following criteria are met: Client tried and failed treatment with two preferred products within the last 12 months and client has a qualifying diagnosis, diagnosed by an appropriate diagnostic method. Failure is defined as lack of efficacy; allergy; intolerable side effects; or significant drug-drug interactions.</p> <p><u>Qualifying Diagnoses:</u> Barrett's Esophagus, Duodenal Ulcer, Erosive Esophagitis, Gastric Ulcer, GERD, GI Bleed, Heartburn (for Prilosec OTC only), H. pylori, Hypersecretory Conditions (Zollinger-Ellison), NSAID-Induced Ulcer, Pediatric Esophagitis, Recurrent Aspiration Syndrome or Ulcerative GERD</p> <p><u>Diagnosed by:</u> GI Specialist, Endoscopy, X-Ray, Biopsy, Blood test, or Breath test</p> <p><u>Quantity Limits:</u> Non-preferred agents will be limited to once daily dosing except for the following diagnoses: Barrett's Esophagus, GI Bleed, H. pylori, Hypersecretory Conditions, or Spinal Cord Injury patients with any acid reflux diagnosis.</p> <p><u>Children:</u> Aciphex, Protonix, and Zegerid will not be approved for clients less than 18 years of age.</p> <p><u>Prior Authorization Forms:</u> available online at http://www.chcpf.state.co.us/HCPF/Pharmacy/nwPAList.asp</p> |



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| Statins and statin combinations | <p>No Prior Authorization Required</p> <p>CRESTOR (rosuvastatin) LIPITOR (atorvastatin) pravastatin (generic)</p> | <p>Prior Authorization Required</p> <p>ALTOPREV (lovastatin ER) LESCOL (fluvastatin) LESCOL XL (fluvastatin) lovastatin (generic) MEVACOR (lovastatin) PRAVACHOL (pravastatin) simvastatin (generic) ZOCOR (simvastatin)</p> <p>ADVICOR (lovastatin/niacin ER) CADUET (atorvastatin/amlodipine) VYTORIN (simvastatin/ezetimibe)</p> | <p>Approval for non-preferred agents will be granted for clients who have failed treatment with a preferred agent. Failure is defined as lack of efficacy; allergy; intolerable side effects; or significant drug-drug interaction. Trial of the maximum dose of Crestor or Lipitor for a period of at least three months is required before a non-preferred agent will be approved. Trial period is waived if allergy, intolerable side effects or other contraindication to therapy with Crestor and Lipitor exists.</p> <p><u>Age Limits</u> Altoprev, Crestor, Advicor and Vytorin will be approved for clients 18 years of age and older. Caduet, fluvastatin, lovastatin and simvastatin will be approved for clients 10 years of age and older.</p> <p><u>Grandfathering</u> Clients currently stabilized on a non-preferred statin or statin combination will be approved to continue therapy on that agent for one year.</p> <p><u>Prior Authorization Forms:</u> available online at http://www.chcpf.state.co.us/HCPF/Pharmacy/nwPAList.asp</p> |