

# NEW YORK STATE MEDICAID PREFERRED DRUG LIST

All non-preferred drugs in these classes require prior authorization

## I. ANALGESICS

### Cyclooxygenase II (COX II) Inhibitors

#### PREFERRED AGENTS

Celebrex<sup>®</sup>

### Narcotics – Long Acting

#### PREFERRED AGENTS

Duragesic<sup>®</sup> morphine sulfate SR  
fentanyl patch Opana ER<sup>®</sup>  
Kadian<sup>®</sup> Oramorph SR<sup>®</sup>

### Cyclooxygenase II (COX II) Inhibitors

#### NON-PREFERRED AGENTS

*None*

### Narcotics – Long Acting

#### NON-PREFERRED AGENTS

*Avinza<sup>®</sup> oxycodone HCL CR*  
*MS Contin<sup>®</sup> Oxycontin<sup>®</sup>*

## II. ANTI-INFECTIVES

### Anti-Fungals

#### PREFERRED AGENTS

ciclopirox (lacquer) griseofulvin (suspension)  
Grifulvin V<sup>®</sup> (tablet) terbinafine (tablet)  
Gris-PEG<sup>®</sup>

### Anti-Virals

#### PREFERRED AGENTS

acyclovir (capsule, suspension, tablet)  
famciclovir  
Valtrex<sup>®</sup>

### Cephalosporins – Third Generation

#### PREFERRED AGENTS

Cedax<sup>®</sup>  
cefdinir  
cefepodoxime proxetil  
Suprax<sup>®</sup>

### Fluoroquinolones - Oral

#### PREFERRED AGENTS

Avelox<sup>®</sup>  
Avelox ABC Pack<sup>®</sup>  
Cipro<sup>®</sup> (suspension)  
ciprofloxacin (tablet)  
ofloxacin (tablet)

### Pegylated Interferons

#### PREFERRED AGENTS

PEG-Intron<sup>®</sup>  
Peg-Intron Redipen<sup>®</sup>  
Pegasys<sup>®</sup>  
Pegasys Convenience Pack<sup>®</sup>

### Anti-Fungals

#### NON-PREFERRED AGENTS

*Grifulvin V<sup>®</sup> (suspension) Penlac<sup>®</sup>*  
*itraconazole Sporanox<sup>®</sup>*  
*Lamisil<sup>®</sup> (tablet)*

### Anti-Virals

#### NON-PREFERRED AGENTS

*Famvir<sup>®</sup>*  
*Zovirax<sup>®</sup> (capsule, suspension, tablet)*

### Cephalosporins – Third Generation

#### NON-PREFERRED AGENTS

*Omnicef<sup>®</sup>*  
*Spectracef<sup>®</sup>*  
*Vantin<sup>®</sup>*

### Fluoroquinolones - Oral

#### NON-PREFERRED AGENTS

*Cipro<sup>®</sup> (tablet) Levaquin<sup>®</sup>*  
*Cipro XR<sup>®</sup> Noroxin<sup>®</sup>*  
*ciprofloxacin ER Proquin XR<sup>®</sup>*  
*Factive<sup>®</sup> Tequin<sup>®</sup>*  
*Floxin<sup>®</sup> (tablet)*

### Pegylated Interferons

#### NON-PREFERRED AGENTS

*None*

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### III. CARDIOVASCULAR

#### Angiotensin Converting Enzyme Inhibitors (ACEIs)

##### PREFERRED AGENTS

|                               |                    |
|-------------------------------|--------------------|
| Altace <sup>®</sup> (capsule) | lisinopril         |
| benazepril                    | moexipril          |
| captopril                     | ramipril (capsule) |
| enalapril maleate             | trandolapril       |

#### ACEIs + Calcium Channel Blockers

##### PREFERRED AGENTS

|                       |                    |
|-----------------------|--------------------|
| benazepril/amlodipine | Tarka <sup>®</sup> |
| Lotrel <sup>®</sup>   |                    |

#### ACEIs + Diuretics

##### PREFERRED AGENTS

|                        |                 |
|------------------------|-----------------|
| benazepril/HCTZ        | lisinopril/HCTZ |
| captopril/HCTZ         | moexipril/HCTZ  |
| enalapril maleate/HCTZ |                 |

#### Angiotensin Receptor Blockers (ARBs)

##### PREFERRED AGENTS

|                      |                       |
|----------------------|-----------------------|
| Avapro <sup>®</sup>  | Diovan <sup>®</sup>   |
| Benicar <sup>®</sup> | Exforge <sup>®</sup>  |
| Cozaar <sup>®</sup>  | Micardis <sup>®</sup> |

#### ARBs + Diuretics

##### PREFERRED AGENTS

|                          |                           |
|--------------------------|---------------------------|
| Avalide <sup>®</sup>     | Hyzaar <sup>®</sup>       |
| Benicar HCT <sup>®</sup> | Micardis HCT <sup>®</sup> |
| Diovan HCT <sup>®</sup>  |                           |

#### Beta Blockers

##### PREFERRED AGENTS

|                     |                     |
|---------------------|---------------------|
| acebutolol          | metoprolol tartrate |
| atenolol            | nadolol             |
| betaxolol           | pindolol            |
| bisoprolol fumarate | propranolol         |
| carvedilol          | propranolol ER/SA   |
| labetalol           | timolol maleate     |

#### Angiotensin Converting Enzyme Inhibitors (ACEIs)

##### NON-PREFERRED AGENTS

|                                    |                             |
|------------------------------------|-----------------------------|
| <i>Accupril<sup>®</sup></i>        | <i>Monopril<sup>®</sup></i> |
| <i>Aceon<sup>®</sup></i>           | <i>Prinivil<sup>®</sup></i> |
| <i>Altace<sup>®</sup> (tablet)</i> | <i>quinapril</i>            |
| <i>Capoten<sup>®</sup></i>         | <i>Univasc<sup>®</sup></i>  |
| <i>fosinopril sodium</i>           | <i>Vasotec<sup>®</sup></i>  |
| <i>Lotensin<sup>®</sup></i>        | <i>Zestril<sup>®</sup></i>  |
| <i>Mavik<sup>®</sup></i>           |                             |

#### ACEIs + Calcium Channel Blockers

##### NON-PREFERRED AGENTS

|                           |
|---------------------------|
| <i>Lexxel<sup>®</sup></i> |
|---------------------------|

#### ACEIs + Diuretics

##### NON-PREFERRED AGENTS

|                                 |                               |
|---------------------------------|-------------------------------|
| <i>Accuretic<sup>®</sup></i>    | <i>quinapril/HCTZ</i>         |
| <i>Capozide<sup>®</sup></i>     | <i>Quinaretic<sup>®</sup></i> |
| <i>fosinopril/HCTZ</i>          | <i>Uniretic<sup>®</sup></i>   |
| <i>Lotensin HCT<sup>®</sup></i> | <i>Vaseretic<sup>®</sup></i>  |
| <i>Monopril HCT<sup>®</sup></i> | <i>Zestoretic<sup>®</sup></i> |
| <i>Prinzide<sup>®</sup></i>     |                               |

#### Angiotensin Receptor Blockers (ARBs)

##### NON-PREFERRED AGENTS

|                            |                            |
|----------------------------|----------------------------|
| <i>Atacand<sup>®</sup></i> | <i>Teveten<sup>®</sup></i> |
| <i>Azor<sup>®</sup></i>    |                            |

#### ARBs + Diuretics

##### NON-PREFERRED AGENTS

|                                |
|--------------------------------|
| <i>Atacand HCT<sup>®</sup></i> |
| <i>Teveten HCT<sup>®</sup></i> |

#### Beta Blockers

##### NON-PREFERRED AGENTS

|                                |                              |
|--------------------------------|------------------------------|
| <i>Bystolic<sup>®</sup></i>    | <i>Levato<sup>®</sup></i>    |
| <i>Coreg<sup>®</sup></i>       | <i>Lopressor<sup>®</sup></i> |
| <i>Coreg CR<sup>®</sup></i>    | <i>metoprolol succinate</i>  |
| <i>Corgard<sup>®</sup></i>     | <i>Sectral<sup>®</sup></i>   |
| <i>Inderal<sup>®</sup></i>     | <i>Tenormin<sup>®</sup></i>  |
| <i>Inderal LA<sup>®</sup></i>  | <i>Toprol XL<sup>®</sup></i> |
| <i>InnoPran XL<sup>®</sup></i> | <i>Trandate<sup>®</sup></i>  |
| <i>Kerlone<sup>®</sup></i>     | <i>Zebeta<sup>®</sup></i>    |

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### Beta Blockers + Diuretics

#### PREFERRED AGENTS

atenolol/chlorthalidone  
bisoprolol fumarate/HCTZ  
metoprolol tartrate/HCTZ  
nadolol/bendroflumethiazide  
propranolol/HCTZ

### Calcium Channel Blockers (Dihydropyridine)

#### PREFERRED AGENTS

|                          |                           |
|--------------------------|---------------------------|
| Afeditab CR <sup>®</sup> | nicardipine HCl           |
| amlodipine               | Nifediac CC <sup>®</sup>  |
| DynaCirc <sup>®</sup>    | Nifedical XL <sup>®</sup> |
| DynaCirc CR <sup>®</sup> | nifedipine                |
| felodipine ER            | nifedipine ER/SA          |
| isradipine               |                           |

### Cholesterol Absorption Inhibitors

#### PREFERRED AGENTS

Zetia<sup>®</sup>

### HMG-CoA Reductase Inhibitors (Statins)

#### PREFERRED AGENTS

|                        |                     |
|------------------------|---------------------|
| Crestor <sup>®</sup>   | lovastatin          |
| Lescol <sup>®</sup>    | pravastatin         |
| Lescol XL <sup>®</sup> | Simcor <sup>®</sup> |
| Lipitor <sup>®</sup>   | simvastatin         |

### Niacin Derivatives

#### PREFERRED AGENTS

Niaspan

### Triglyceride Lowering Agents

#### PREFERRED AGENTS

|             |                     |
|-------------|---------------------|
| fenofibrate | Lovaza <sup>®</sup> |
| gemfibrozil | Tricor <sup>®</sup> |

### Beta Blockers + Diuretics

#### NON-PREFERRED AGENTS

|                                  |                              |
|----------------------------------|------------------------------|
| <i>Corzide<sup>®</sup></i>       | <i>Tenoretic<sup>®</sup></i> |
| <i>Inderide<sup>®</sup></i>      | <i>Ziac<sup>®</sup></i>      |
| <i>Lopressor HCT<sup>®</sup></i> |                              |

### Calcium Channel Blockers (Dihydropyridine)

#### NON-PREFERRED AGENTS

|                               |                                 |
|-------------------------------|---------------------------------|
| <i>Adalat CC<sup>®</sup></i>  | <i>Plendil<sup>®</sup></i>      |
| <i>Cardene<sup>®</sup></i>    | <i>Procardia<sup>®</sup></i>    |
| <i>Cardene SR<sup>®</sup></i> | <i>Procardia XL<sup>®</sup></i> |
| <i>Norvasc<sup>®</sup></i>    | <i>Sular<sup>®</sup></i>        |

### Cholesterol Absorption Inhibitors

#### NON-PREFERRED AGENTS

*None*

### HMG-CoA Reductase Inhibitors (Statins)

#### NON-PREFERRED AGENTS

|                             |                              |
|-----------------------------|------------------------------|
| <i>Advicor<sup>®</sup></i>  | <i>Mevacor<sup>®</sup></i>   |
| <i>Altoprev<sup>®</sup></i> | <i>Pravachol<sup>®</sup></i> |
| <i>Caduet<sup>®</sup></i>   | <i>Vytorin<sup>®</sup></i>   |
|                             | <i>Zocor<sup>®</sup></i>     |

### Niacin Derivatives

#### NON-PREFERRED AGENTS

*None*

### Triglyceride Lowering Agents

#### NON-PREFERRED AGENTS

|                              |                             |
|------------------------------|-----------------------------|
| <i>Antara<sup>®</sup></i>    | <i>Lofibra<sup>®</sup></i>  |
| <i>Fenoglide<sup>®</sup></i> | <i>Lopid<sup>®</sup></i>    |
| <i>Lipofert<sup>®</sup></i>  | <i>Triglide<sup>®</sup></i> |

## IV. CENTRAL NERVOUS SYSTEM

### Carbamazepine Derivatives

#### PREFERRED AGENTS

carbamazepine (chewable, suspension, tablet)  
Carbatrol<sup>®</sup>  
Epilex<sup>®</sup>  
Equetro<sup>®</sup>  
oxcarbazepine  
Tegretol<sup>®</sup> (chewable, suspension, tablet)  
Tegretol XR<sup>®</sup>  
Trileptal<sup>®</sup>

### Carbamazepine Derivatives

#### NON-PREFERRED AGENTS

*None*

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### Central Nervous System (CNS) Stimulants

#### PREFERRED AGENTS

|                          |                          |
|--------------------------|--------------------------|
| Adderall XR <sup>®</sup> | Focalin XR <sup>®</sup>  |
| amphetamine salt combo   | Metadate ER <sup>®</sup> |
| Concerta <sup>®</sup>    | Methylin <sup>®</sup>    |
| dexmethylphenidate       | Methylin ER <sup>®</sup> |
| dextroamphetamine        | methylphenidate          |
| dextroamphetamine SR     | methylphenidate ER/SA    |
| Focalin <sup>®</sup>     | Vyvanse <sup>®</sup>     |

### Sedative Hypnotics/Sleep Agents

#### PREFERRED AGENTS

|                 |           |
|-----------------|-----------|
| chloral hydrate | temazepam |
| estazolam       | triazolam |
| flurazepam      | zolpidem  |

### Serotonin Receptor Agonists (Triptans)

#### PREFERRED AGENTS

|                      |
|----------------------|
| Imitrex <sup>®</sup> |
| Maxalt <sup>®</sup>  |
| Relpax <sup>®</sup>  |

### Central Nervous System (CNS) Stimulants<sup>CC</sup>

#### NON-PREFERRED AGENTS

|                                       |                                |
|---------------------------------------|--------------------------------|
| <i>Adderall<sup>®</sup></i>           | <i>Metadate CD<sup>®</sup></i> |
| <i>Daytrana<sup>®</sup></i>           | <i>Provigil<sup>®CC</sup></i>  |
| <i>Desoxyrn<sup>®</sup></i>           | <i>Ritalin<sup>®</sup></i>     |
| <i>Dexedrine<sup>®</sup></i>          | <i>Ritalin LA<sup>®</sup></i>  |
| <i>Dexedrine Spansule<sup>®</sup></i> | <i>Ritalin SR<sup>®</sup></i>  |
| <i>Dextrostat<sup>®</sup></i>         |                                |
| <i>LiquADD<sup>®</sup></i>            |                                |

### Sedative Hypnotics/Sleep Agents

#### NON-PREFERRED AGENTS

|                              |                             |
|------------------------------|-----------------------------|
| <i>Ambien<sup>®</sup></i>    | <i>Prosom<sup>®</sup></i>   |
| <i>Ambien CR<sup>®</sup></i> | <i>Restoril<sup>®</sup></i> |
| <i>Dalmane<sup>®</sup></i>   | <i>Rozerem<sup>®</sup></i>  |
| <i>Dora<sup>®</sup></i>      | <i>Somnote<sup>®</sup></i>  |
| <i>Halcion<sup>®</sup></i>   | <i>Sonata<sup>®</sup></i>   |
| <i>Lunesta<sup>®</sup></i>   | <i>zaleplon</i>             |

### Serotonin Receptor Agonists (Triptans)

#### NON-PREFERRED AGENTS

|                           |                             |
|---------------------------|-----------------------------|
| <i>Amerge<sup>®</sup></i> | <i>Treximet<sup>®</sup></i> |
| <i>Axert<sup>®</sup></i>  | <i>Zomig<sup>®</sup></i>    |
| <i>Frova<sup>®</sup></i>  |                             |

## V. ENDOCRINE AND METABOLIC AGENTS

### Bisphosphonates – Oral

#### PREFERRED AGENTS

|                      |                             |
|----------------------|-----------------------------|
| alendronate          | Fosamax <sup>®</sup> Plus D |
| Fosamax <sup>®</sup> |                             |

### Calcitonins – Intranasal

#### PREFERRED AGENTS

|                        |
|------------------------|
| Miacalcin <sup>®</sup> |
|------------------------|

### Growth Hormones

#### PREFERRED AGENTS

|                         |                          |
|-------------------------|--------------------------|
| Genotropin <sup>®</sup> | Nutropin AQ <sup>®</sup> |
| Nutropin <sup>®</sup>   | Saizen <sup>®</sup>      |

### Thiazolidinediones (TZDs)

#### PREFERRED AGENT

|                           |                        |
|---------------------------|------------------------|
| Actoplus Met <sup>®</sup> | Avandaryl <sup>®</sup> |
| Actos <sup>®</sup>        | Avandia <sup>®</sup>   |
| Avandamet <sup>®</sup>    | Duetact <sup>®</sup>   |

### Bisphosphonates - Oral

#### NON-PREFERRED AGENTS

|   |                           |
|---|---------------------------|
| <i>Actonel<sup>®</sup></i>              | <i>Boniva<sup>®</sup></i> |
| <i>Actonel<sup>®</sup> with Calcium</i> |                           |

### Calcitonins - Intranasal

#### NON-PREFERRED AGENTS

|                             |
|-----------------------------|
| <i>Fortical<sup>®</sup></i> |
|-----------------------------|

### Growth Hormones<sup>CC</sup>

#### NON-PREFERRED AGENTS

|                                  |                                 |
|----------------------------------|---------------------------------|
| <i>Humatrope<sup>®CC</sup></i>   | <i>Tev-Tropin<sup>®CC</sup></i> |
| <i>Norditropin<sup>®CC</sup></i> | <i>Zorbtive<sup>®CC</sup></i>   |
| <i>Omnitrope<sup>®CC</sup></i>   |                                 |

### Thiazolidinediones (TZDs)

#### NON-PREFERRED AGENT

|             |
|-------------|
| <i>None</i> |
|-------------|

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## VI. GASTROINTESTINAL

### Anti-Emetics

#### PREFERRED AGENTS

ondansetron (ODT, solution, tablet)

### Proton Pump Inhibitors (PPIs)

#### PREFERRED AGENTS

Nexium<sup>®</sup> (capsule)

omeprazole OTC

Prevacid<sup>®</sup> (capsule)

### Anti-Emetics

#### NON-PREFERRED AGENTS

Anzemet<sup>®</sup>

granisetron (tablet)

Granisol<sup>®</sup>

Kytril<sup>®</sup> (solution, tablet)

Zofran<sup>®2</sup> (ODT, solution, tablet)

### Proton Pump Inhibitors (PPIs)

#### NON-PREFERRED AGENTS

Aciphex<sup>®</sup>

Nexium Packet<sup>®</sup>

omeprazole Rx

pantoprazole

Prevacid<sup>®</sup> (packet, solutab)

Prevacid NapraPAC<sup>®</sup>

Prilosec<sup>®</sup> Rx

Protonix<sup>®</sup>

Zegerid<sup>®</sup>

## VII. HEMATOLOGICAL AGENTS

### Anticoagulants - Injectable

#### PREFERRED AGENTS

Arixtra<sup>®</sup>

Fragmin<sup>®</sup>

Innohep<sup>®</sup>

Lovenox<sup>®</sup>

### Erythropoiesis Stimulating Agents (ESAs)

#### PREFERRED AGENTS

Aranesp<sup>®</sup>

Procrit<sup>®</sup>

### Anticoagulants - Injectable

#### NON-PREFERRED AGENTS

None

### Erythropoiesis Stimulating Agents (ESAs)

#### NON-PREFERRED AGENTS

Epogen<sup>®</sup>

## VIII. IMMUNOLOGIC AGENTS

### Immunomodulators - Injectable

#### PREFERRED AGENTS

Enbrel<sup>®</sup>

Humira<sup>®</sup>

### Immunomodulators – Topical

#### PREFERRED AGENTS

Elidel<sup>®</sup>

Protopic<sup>®</sup>

### Immunomodulators - Injectable

#### NON-PREFERRED AGENTS

Cimzia<sup>®</sup>

Kineret<sup>®</sup>

### Immunomodulators - Topical

#### NON-PREFERRED AGENTS

None

## IX. MISCELLANEOUS

### Progestins (for Cachexia)

#### PREFERRED AGENTS

megestrol acetate (suspension)

### Progestins (for Cachexia)

#### NON-PREFERRED AGENTS

Megace<sup>®</sup> (suspension)

Megace ES<sup>®</sup>

## X. OPHTHALMICS

### Alpha-2 Adrenergic Agonists (for Glaucoma) – Ophthalmic

#### PREFERRED AGENTS

Alphagan P<sup>®</sup>

brimonidine

### Antihistamines – Ophthalmic

#### PREFERRED AGENTS

Pataday<sup>®</sup>

Patanol<sup>®</sup>

### Alpha-2 Adrenergic Agonists (for Glaucoma) - Ophthalmic

#### NON-PREFERRED AGENTS

Iopidine<sup>®</sup>

### Antihistamines - Ophthalmic

#### NON-PREFERRED AGENTS

Elestat<sup>®</sup>

Emadine<sup>®</sup>

ketotifen RX

Optivar<sup>®</sup>

<sup>2</sup> Non-Preferred as of 09/25/08

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### Fluoroquinolones – Ophthalmic

#### PREFERRED AGENTS

ciprofloxacin  
ofloxacin  
Vigamox<sup>®</sup>

### Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) – Ophthalmic

#### PREFERRED AGENTS

Acular<sup>®</sup> Acular PF<sup>®</sup>  
Acular LS<sup>®</sup> flurbiprofen

### Prostaglandin Agonists – Ophthalmic

#### PREFERRED AGENTS

Travatan<sup>®</sup> Xalatan<sup>®</sup>  
Travatan Z<sup>®</sup>

### Fluoroquinolones – Ophthalmic

#### NON-PREFERRED AGENTS

*Ciloxan<sup>®</sup> Quixin<sup>®</sup>*  
*IQUIX<sup>®</sup> Zymar<sup>®</sup>*  
*Ocuflox<sup>®</sup>*

### Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) – Ophthalmic

#### NON-PREFERRED AGENTS

*diclofenac Voltaren<sup>®</sup>*  
*Nevanac<sup>®</sup> Xibrom<sup>®</sup>*  
*Ocufen<sup>®</sup>*

### Prostaglandin Agonists – Ophthalmic

#### NON-PREFERRED AGENTS

*Lumigan<sup>®</sup>*

## XI. OTICS

### Fluoroquinolones - Otic

#### PREFERRED AGENTS

Ciprodex<sup>®</sup> ofloxacin

### Fluoroquinolones - Otic

#### NON-PREFERRED AGENTS

*Cipro HC<sup>®</sup> Floxin<sup>®</sup>*

## XII. RENAL AND GENITOURINARY

### Phosphate Binders/Regulators

#### PREFERRED AGENTS

Fosrenol<sup>®</sup> Renagel<sup>®</sup>  
Phoslo<sup>®</sup>

### Phosphate Binders/Regulators

#### NON-PREFERRED AGENTS

*Renvela<sup>®</sup>*

### Selective Alpha Adrenergic Blockers

#### PREFERRED AGENTS

Flomax<sup>®</sup> Uroxatral<sup>®</sup>

### Selective Alpha Adrenergic Blockers

#### NON-PREFERRED AGENTS

*None*

### Urinary Tract Antispasmodics

#### PREFERRED AGENTS

Detrol LA<sup>®</sup> Sanctura<sup>®1</sup>  
Enablex<sup>®</sup> Sanctura XR<sup>®1</sup>  
oxybutynin Vesicare<sup>®</sup>  
Oxytrol<sup>®1</sup>

### Urinary Tract Antispasmodics

#### NON-PREFERRED AGENTS

*Detrol<sup>®</sup> Ditropan XL<sup>®</sup>*  
*Ditropan<sup>®</sup> oxybutynin ER*

## XIII. RESPIRATORY

### Anticholinergics – Inhaled

#### PREFERRED AGENTS

Atrovent HFA<sup>®</sup> ipratropium  
Combivent<sup>®</sup> Spiriva<sup>®</sup>

### Anticholinergics - Inhaled

#### NON-PREFERRED AGENTS

*Duoneb<sup>®</sup>*  
*ipratropium/albuterol*

<sup>1</sup> Preferred as of 09/25/08

