

# Idaho Medicaid Preferred Drug List\*

Current as of June 1, 2005

ACEIs	ARBs	BBs	CCBs	HYPOGLYCEMICS	OPIOIDS	PPIS	TRIPTANS
Altace®	Avapro®	Atenolol	Cardene SR®	Acetohexamide	Avinza®	Nexium®	Imitrex®
Captopril	Cozaar®	Acebutolol	Cardizem LA®	Amaryl®	Kadian®	Prevacid®	Maxalt MLT®
Captopril/HCTZ	Micardis®	Betaxolol	Diltiazem ER	Chlorpropamide	Methadone	Prilosec OTC®	Maxalt
Enalapril		Bisoprolol	Diltiazem HCl	Glipizide			Relpax®
Enalapril/HCTZ		Labetalol	DynaCirc®	Glipizide ER			Zomig ZMT®
Lisinopril		Metoprolol tartrate	DynaCirc CR®	Glyburide			Zomig
Lisinopril/HCTZ		Nadolol	Nicardipine HCl	Glyburide micro			
		Pindolol	Nifedipine	Prandin®			
		Propranolol	Nifedipine ER	Starlix®			
		Innopran XL®	Nimotop®	Tolazamide			
		Timolol	Norvasc®	Tolbutamide			
		Toprol XL®	Plendil®				
		Coreg® (HF only)	Sular®				
			Vascor®				
			Verelan PM®				
			Verapamil ER				
			Verapamil HCl				
			Verapamil SR				

\*Agents subject to change upon P&T annual review

## Other classes & preferred agents:

Atypical Antipsychotics: All agents preferred

Antidepressants: All agents preferred (generic if available)

Estrogens: All agents except brand name Estrace®, Gynodiol®, Ogen®

Inhaled Beta-2 agonists: Albuterol

Inhaled Corticosteroids: Flovent® & Pulmicort®

Skeletal Muscle Relaxants: All agents preferred (Carisoprodol (Soma®) discouraged)

Statins: All agents except brand-name Mevacor®

Urinary Incontinence: Detrol®, Ditropan XL®, oxybutynin, Oxytrol®