

# Florida Medicaid Preferred Drug List (Updated 8/28/09)

## Injectables

The Florida Medicaid Preferred Drug List is subject to revision following consideration and recommendations by the Pharmacy and Therapeutics Committee and the Agency for Health Care Administration.

The list is in order by the therapeutic classification. To locate a specific drug or therapeutic class, use the search or find feature available in Adobe Acrobat Reader. (Keyboard shortcut: CTRL+F)

This is the updated list from the June 24, 2009, P&T Committee meeting.

Recent additions to list are indicated in **red**.

Recent deletions to the list are indicated in **red** with ~~strikethrough~~.

THERAPEUTIC CLASSIFICATION	DRUG NAME	DATE EFFECTIVE
<b>A1B - XANTHINES</b>		
A1B	CAFFEINE AND SODIUM BENZOATE	
<b>A1C - INOTROPIC DRUGS</b>		
A1C	DOBUTAMINE HCL	
A1C	DOBUTAMINE HCL IN DEXTROSE	
A1C	DOBUTREX	
A1C	PRIMACOR	
<b>A2A - ANTIARRHYTHMICS</b>		
A2A	AMIODARONE	
A2A	ADENOSINE	10/1/08
A2A	LIDOCAINE HCL	
A2A	PROCAINAMIDE HCL	10/1/08
<b>A4A - HYPOTENSIVES, VASODILATORS</b>		
A4A	HYDRALAZINE HCL	4/1/09
<b>A7B - VASODILATORS, CORONARY</b>		
A7B	NITROGLYCERIN IN D5W	
<b>B1C - PULMONARY ANTI-HYPERTENSIVE</b>		
B1C	<b>EPOPROSTENOL SODIUM</b>	<b>7/1/09</b>
B1C	<del>FLOLAN</del>	<b>8/1/09</b>
B1C	<del>REMODULIN</del>	<b>7/1/09</b>
B1C	VENTAVIS	
<b>A80 - VENOSCLEROSING AGENTS</b>		
A80	SOTRADECOL INJECTION	
<b>C0K - BICARBONATE PRODUCING/CONTAINING AGENTS</b>		
C0K	SODIUM ACETATE	
C0K	SODIUM ACETATE SINGLE-DOSE	
C0K	SODIUM BICARBONATE	
<b>C1B - SODIUM/SALINE PREPARATIONS</b>		
C1B	NORMAL SALINE	
C1B	SODIUM CHLORIDE	

\* Cleanup of category  
 \*\* Change in category  
 \*\*\* Create a New Category

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THERAPEUTIC CLASSIFICATION	DRUG NAME	DATE EFFECTIVE
C1B	SODIUM CHLORIDE RAPID ADD	
<b>C1D – POTASSIUM REPLACEMENT</b>		
C1D	DEXTROSE 5% W/POTASSIUM CL	
C1D	DEXTROSE 5%-1/2NS-KCL	
C1D	DEXTROSE 5%-1/4NS-KCL	
C1D	DEXTROSE 5%-NS-KCL	
C1D	KCL IN DEXTROSE & LACT RINGERS	
C1D	POTASSIUM ACETATE	
C1D	POTASSIUM CHL/NORMAL SALINE	
C1D	POTASSIUM CHLORIDE IN D5W/NACL	
C1D	POTASSIUM CL IN D5W AND NACL	
<b>C1F – CALCIUM REPLACEMENT</b>		
C1F	CALCIUM GLUCONATE	
<b>C1H – MAGNESIUM SALTS REPLACEMENT</b>		
C1H	MAGNESIUM SULFATE	
<b>C1P – PHOSPHATE REPLACEMENT</b>		
C1P	SODIUM PHOSPHATE	
<b>C1W – ELECTROLYTE MAINTENANCE</b>		
C1W	LACTATED RINGERS	
<b>C3B – IRON REPLACEMENT</b>		
C3B	DEXFERRUM	
C3B	INFED	
<b>C3M – MINERAL REPLACEMENT, MISCELLANEOUS</b>		
C3M	M.T.E.-5	
C3M	MULTE-PAK-5	
C3M	SELE-PAK	
C3M	SELENIUM	
C3M	SELEPEN	
<b>C4G – INSULINS</b>		
C4G	HUMALOG	1/1/07
C4G	HUMULIN N	1/1/07
C4G	HUMULIN R	1/1/07
C4G	HUMULIN 70/30	1/1/07
C4G	HUMULIN 50/50	1/1/07
C4G	HUMALOG MIX 75/25	1/1/08
C4G	HUMALOG MIX 50/50	1/1/08
C4G	LANTUS SOLOSTAR PEN	10/1/07
C4G	LANTUS VIAL	
C4G	LEVEMIR	
C4G	LEVEMIR FLEX PEN	1/1/08
C4G	NOVOLIN 70/30	1/1/07
C4G	NOVOLOG MIX 70/30	1/1/08
C4G	NOVOLIN N	1/1/07
C4G	NOVOLIN R	1/1/07
C4G	NOVOLOG	1/1/07
<b>C4H - ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE</b>		
C4H	SYMLINPEN 60	1/1/08
C4H	SYMLINPEN 120	1/1/08
C4H	SYMLIN	

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<b>C4I - ANTIHYPERGLY, INCRETIN MIMETIC(GLP-1 RECEPTOR AGONIST)</b>		
C4I	BYETTA	
<b>C5J – IV SOLUTIONS: DEXTROSE-WATER</b>		
C5J	DEXTROSE IN WATER	
<b>C5K – IV SOLUTIONS : DEXTROSE-SALINE</b>		
C5K	DEXTROSE WITH SODIUM CHLORIDE	
<b>C5M – IV SOLUTIONS: DEXTROSE/LACTATED RINGERS</b>		
C5M	DEXTROSE IN LACTATED RINGERS	
<b>C5O – SOLUTIONS MISCELLANEOUS</b>		
C5O	DILUENT	8/1/09
<b>C6L - VITAMIN B12 PREPARATIONS</b>		
C6L	CYANOCOBALAMIN	4/1/07
C6L	HYDROXOCOBALAMIN	4/1/07
<b>C6M – FOLIC ACID PREPARATIONS</b>		
C6M	FOLIC ACID	10/1/08
<b>C8A – METALLIC POISON, AGENTS TO TREAT</b>		
C8A	DESFERAL	
C8A	DESFERAL MESYLATE	
<b>C8B – ACID AND ALKALI POISON ANTIDOTES</b>		
C8B	METHYLENE BLUE	
<b>D4K – GASTRIC ACID SECRETION REDUCERS</b>		
D4K	CIMETIDINE HCL	7/1/08
D4K	FAMOTIDINE	4/1/07
D4K	PEPCID	4/1/07
D4K	PREVACID IV	7/2/07
D4K	PROTONIX IV	7/2/07
D4K	RANTIDINE HCL	4/1/07
D4K	ZANTAG	4/1/07
<b>D6A – CYTOKINE &amp; CAM ANTAGONISTS</b>		
D6A	CIMZIA	7/1/09
<b>F1A – ANDROGENIC AGENTS</b>		
F1A	ANADROL-50	4/1/08
F1A	DELATESTRYL	4/1/08
F1A	DEPO TESTOSTERONE	
F1A	NANDROLONE DECANOATE	4/1/08
F1A	TESTOPEL	4/1/08
F1A	TESTOSTERONE CYPIONATE	
F1A	TESTOSTERONE ENANTHATE	4/1/08
<b>F2A – DRUGS TO TREAT IMPOTENCY</b>		
F2A	MUSE	
<b>G1A – ESTROGENIC AGENTS</b>		
G1A	DELESTROGEN	7/1/08
G1A	DEPO ESTRADIOL	
G1A	ESTRADIOL CYPIONATE	7/1/09
G1A	ESTRADIOL VALERATE *	7/1/09
G1A	PREMARIN*	7/1/09
<b>G1B – ESTROGEN/ANDROGEN COMBINATIONS</b>		
G1B	TESTOSTERONE W/ESTRADIOL	
<b>G2A – PROGESTATIONAL AGENTS</b>		

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THERAPEUTIC CLASSIFICATION	DRUG NAME	DATE EFFECTIVE
G2A	DEPO-PROVERA	
G2A	PROGESTERONE	4/1/08
G2A	PROGESTERONE IN OIL	4/1/08
<b>G8C – CONTRACEPTIVES, INJECTABLE</b>		
G8C	DEPO-PROVERA CONTRACEPTIVE	
G8C	LUNELLE	
<b>H0A – LOCAL ANESTHETICS</b>		
H0A	BUPIVACAINE HCL	
H0A	BUPIVACAINE HCL W/EPINEPHRINE	
H0A	LIDOCAINE HCL IN 7.5% DEXTROSE	
H0A	LIDOCAINE HCL W/EPINEPHRINE	
H0A	MARCAINE	
H0A	MARCAINE W/EPINEPHRINE	
H0A	MARCAINEW/EPINEPHRINE	
H0A	SENSORCAINE	
H0A	SENSORCAINE W/EPINEPHRINE	
H0A	XYLOCAINE	
H0A	XYLOCAINE W/EPINEPHRINE	
H0A	XYLOCAINE-MPF	
<b>H0E – AGENTS TO TREAT MULTIPLE SCLEROSIS</b>		
H0E	AVONEX ADMINISTRATION PACK	
H0E	COPAXONE	
H0E	BETASERON	
H0E	REBIF	
<b>H2A – CENTRAL NERVOUS SYSTEM STIMULANTS</b>		
H2A	AMMONIA AROMATIC	
<b>H2C – GENERAL ANESTHETICS, INJECTABLES</b>		
H2C	MIDAZOLAM HCL	
<b>H2D – BARBITURATES</b>		
H2D	PHENOBARBITAL SODIUM	
<b>H2E – SEDATIVE-HYPNOTICS, NON-BARBITURATE</b>		
H2E	LORAZEPAM	
<b>H2G – ANTI-PSYCHOTICS, PHENOTHIAZINES</b>		
H2G	FLUPHENAZINE DECANOATE	
H2G	PROLIXIN DECANOATE	
H2G	PROLIXIN ENANTHATE	
<b>H2L – ANTI-PSYCHOTICS, NON-PHENOTHIAZINES</b>		
H2L	DROPERIDOL	
H2L	HALDOL	
H2L	HALDOL DECANOATE 100	
H2L	HALDOL DECANOATE 50	
H2L	HALOPERIDOL DECANOATE	
<b>H2T – ALCOHOL, SYSTEMIC USE</b>		
H2T	ALCOHOL, DEHYDRATED	
<b>H3C – ANALGESICS, NON-NARCOTICS</b>		
H3C	DURACLON	
<b>H3F – ANTIMIGRAINE PREPARATIONS</b>		
H3F	D.H.E.45	
<b>H3H – ANALGESICS NARCOTIC, ANESTHETIC ADJUNCT AGENTS</b>		

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H3H	FENTANYL CITRATE	
H3H	SUFENTANIL CITRATE	
<b>H3T – NARCOTIC ANTAGONISTS</b>		
H3T	NALOXONE HCL	
H3T	NARCAN	
<b>H4B – ANTICONVULSANTS</b>		
H4B	CEREBYX	
H4B	PHENYTOIN SODIUM INJECTION	
<b>H6B – ANTIPARKINSONISM DRUGS, ANTICHOLINERGIC</b>		
H6B	COGENTIN	
<b>H6H – SKELETAL MUSCLE RELAXANTS</b>		
H6H	LIORESAL INTRATHECAL	
<b>H6J – ANTIEMETIC/ANTIVERTIGO AGENTS</b>		
H6J	ALOXI	4/1/07
H6J	ANZEMET	4/1/07
H6J	KYTRIL	4/1/07
H6J	ODANSETRON HCL	4/1/09
H6J	PROCHLORPERAZINE EDISYLATE	
H6J	TIGAN THERA-JECT	4/1/07
H6J	TRIMETHOBENZAMIDE HCL	4/1/09
<b>H7T – ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, &amp; SEROTONIN ANTAG</b>		
H7T	RISPERDAL CONSTA	4/2/06
H7T	GEODON	10/1/08
<b>J1A – PARASYMPATHETIC AGENTS</b>		
J1A	DEXPANTHENOL	4/1/09
<b>J1B – CHOLINESTERASE INHIBITORS</b>		
J1B	MESTINON	
J1B	NEOSTIGMINE METHYLSULFATE	
<b>J2A – BELLADONNA ALKALOIDS</b>		
J2A	ATROPINE SULFATE	
J2A	LEVSIN	
<b>J2B – ANTICHOLINERGICS, QUATERNARY AMMONIUM</b>		
J2B	GLYCOPYRROLATE	
<b>J2D – ANTICHOLINERGICS/ANTISPASMODICS</b>		
J2D	BENTYL	
<b>J5A – ADRENERGIC AGENTS, CATECHOLAMINES</b>		
J5A	ADRENALIN CHLORIDE	
J5A	EPINEPHRINE	
J5A	EPINEPHRINE INJECTION	
<b>J5D – BETA-ADRENERGIC AGENTS</b>		
J5D	BRICANYL	
<b>J5E – SYMPATHOMIMETIC AGENTS</b>		
J5E	EPHEDRINE SULFATE	
J5E	PSEUDOEPHEDRINE HCL	
<b>J5F – ANAPHYLAXIS THERAPY AGENTS</b>		
J5F	EPIPEN	
J5F	EPIPEN JR.	
<b>J7B – ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
J7B	PHENTOLAMINE MESYLATE	

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<b>L1A – ANTIPSORIATIC AGENTS, SYSTEMIC</b>		
<b>L1A</b>	<del>RAPTIVA (Prior Authorization Required)</del>	<del>7/1/09</del>
<b>M0B – PLASMA PROTEINS</b>		
<b>M0B</b>	ALBUMINAR-25 (Requires Clinical PA)	
<b>M0B</b>	ALBUTEIN	
<b>M0E – ANTIHEMOPHILIC FACTORS</b>		
<b>M0E</b>	ADVATE	4/1/09
<b>M0E</b>	ADVATE H	4/1/09
<b>M0E</b>	ADVATE L	4/1/09
<b>M0E</b>	ADVATE M	4/1/09
<b>M0E</b>	ADVATE SH	4/1/09
<b>M0E</b>	ADVATE UH	4/1/09
<b>M0E</b>	ALPHANATE	4/1/09
<b>M0E</b>	AUTOPLEX T	
<b>M0E</b>	HELIXATE	
<b>M0E</b>	HELIXATE FS	
<b>M0E</b>	HEMOFIL-M	
<b>M0E</b>	HUMATE-P	
<b>M0E</b>	GENARC	4/1/09
<b>M0E</b>	HYATE:C	4/1/09
<b>M0E</b>	NOVOSEVEN RT	4/1/09
<b>M0E</b>	FEIBA VH IMMUNO	
<b>M0E</b>	KOATE-DVI	
<b>M0E</b>	KOATE-HP	
<b>M0E</b>	KOGENATE	
<b>M0E</b>	KOGENATE FS	
<b>M0E</b>	MONARC-M	
<b>M0E</b>	MONOCLATE-P	
<b>M0E</b>	NOVOSEVEN	
<b>M0E</b>	RECOMBINATE	
<b>M0E</b>	REFACTO	
<b>M0E</b>	XYNTHA	4/1/09
<b>M0F – FACTOR IX PREPARATIONS</b>		
<b>M0F</b>	ALPHANINE SD	
<b>M0F</b>	ALPHANINE SD HEAT TREAT/SOLV	
<b>M0F</b>	BEBULIN VH IMMUNO	
<b>M0F</b>	BENEFIX	
<b>M0F</b>	MONONINE	
<b>M0F</b>	PROFILNINE SD	4/1/09
<b>M0F</b>	PROPLEX T	
<b>M4B – IV FAT EMULSIONS</b>		
<b>M4B</b>	LIPOSYN II	
<b>M4B</b>	LIPOSYN III	
<b>M4B</b>	NUTRILIPID	
<b>M4B</b>	TRAVAMULSION	
<b>M4G – HYPERGLYCEMICS</b>		
<b>M4G</b>	GLUCAGEN	
<b>M4G</b>	GLUCAGON	
<b>M4G</b>	GLUCAGON EMERGENCY KIT	

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<b>M0F – FACTOR IX PREPARATIONS</b>		
M0F	PROFILNINE SD	4/1/09
<b>M9D – ANTIFIBRINOLYTIC AGENTS</b>		
M9D	AMINOCAPROIC ACID	4/1/09
M9D	CYKLOKAPRON	4/1/09
<b>M9F – THROMBOLYTIC ENZYMES</b>		
M9F	ACTIVASE	
M9F	STREPTASE	
<b>M9K – HEPARIN AND RELATED PREPARATIONS</b>		
M9K	ARIXTRA	1/1/07
M9K	FRAGMIN	1/1/08
M9K	HEPARIN SODIUM	
M9K	LOVENOX	
<b>M9L – ORAL ANTICOAGULANTS, COUMARIN TYPE</b>		
M9L	COUMADIN	
<b>N1B – HEMATINICS, OTHER</b>		
N1B	ARANESP (Requires Clinical PA)	
N1B	PROCRIT (Requires Clinical PA)	
<b>N1C – LEUKOCYTE (WBC) STIMULANTS</b>		
N1C	LEUKINE (Requires Clinical PA)	
N1C	NEULASTA (Requires Clinical PA)	
N1C	NEUPOGEN (Requires Clinical PA)	
<b>N1E – PLATELET PROLIFERATION STIMULANTS</b>		
N1E	NEUMEGA	
<b>P0B – FOLLICLE STIM./LUTEINIZING HORMONES</b>		
P0B	CHORIONIC GONADOTROPIN	
<b>P1A – GROWTH HORMONES</b>		
P1A	GENOTROPIN (Requires Clinical PA for ages greater than 20)	
P1A	NUTROPIN (Requires Clinical PA)	1/1/09
P1A	NUTROPIN AQ (Requires Clinical PA)	1/1/09
P1A	SAIZEN (Requires Clinical PA for ages greater than 20)	
P1A	OMNITROPE (Requires Clinical PA)	1/1/09
P1A	SEROSTIM (Requires Clinical PA for all ages)	
P1A	TEV-TROPIN (Requires Clinical PA for ages greater than 20)	
<b>P1B – SOMATOSTATIC AGENTS</b>		
P1B	SANDOSTATIN	
P1B	SANDOSTATIN LAR	
<b>P1E – ADRENOCORTICOTROPHIC HORMONES</b>		
P1E	CORTROSYN	
<b>P1H – GROWTH HORMONE RELEASING HORMONE (GHRH) &amp; ANALOGS</b>		
P1H	GEREF	
<b>P1L – LUTEINIZING HORMONE RELEASING HORMONE –LHRH (GNRH)</b>		
P1L	FACTREL	
<b>P1M – LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
P1M	LUPRON DEPOT	
P1M	LUPRON DEPOT-3 MONTH	
P1M	SYNAREL	4/1/08
<b>P1P LHRH (GNRH) AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY</b>		

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P1P	LUPRON DEPOT-PED	
<b>P1Q – GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
P1Q	SOMAVERT	
<b>P1U – METABOLIC FUNCTION DIAGNOSTICS</b>		
P1U	R-GENE 10	
<b>P2B – ANTIDIURETIC AND VASOPRESSOR HORMONES</b>		
P2B	DDAVP	
P2B	PITRESSIN	
P2B	VASOPRESSIN	
<b>P3A – THYROID HORMONES</b>		
P3A	LEVOTHROID	
P3A	SYNTHROID	
<b>P3B – THYROID FUNCTION DIAGNOSTIC AGENTS</b>		
P3B	THYREL TRH	
<b>P4D – HYPERPARATHYROID TX AGENTS</b>		
P4D	HECTOROL*	10/1/08
<b>P4L – BONE RESORPTION SUPPRESSION AGENTS</b>		
P4L	AREDIA	4/1/08
<b>P5A – GLUCOCORTICOIDS</b>		
P5A	A-METHAPRED	7/1/08
P5A	ARISTOSPAN	7/1/08
P5A	BETAMETHASONE SODIUM PHOSPHATE	
P5A	CELESTONE	7/1/08
P5A	DEPO-MEDROL	7/1/08
P5A	DEXAMETHASONE SODIUM PHOSPHATE	
P5A	<del>HYDROCORTISONE SOD SUCCINATE</del>	7/1/09
P5A	HYDROCORTONE PHOSPHATE	4/1/07
P5A	KENALOG-10	7/1/08
P5A	KENALOG-40	7/1/08
P5A	METHYLPREDNISOLONE ACETATE	
P5A	METHYLPREDNISOLONE SOD SUCC	
P5A	<del>SOLU-CORTEF</del>	7/1/09
P5A	SOLU-MEDROL	7/1/08
P5A	SOLU-MEDROL W/DILUENT	4/1/07
P5A	TRIAMCINOLONE ACETONIDE	
<b>Q6V – EYE ANTIVIRALS</b>		
Q6V	VITRAVENE	
<b>R1B – OSMOTIC DIURETICS</b>		
R1B	INTROL	
R1B	MANNITOL	
R1B	OSMOGLYN	
<b>R1C – INORGANIC SALT DIURETICS</b>		
R1C	AMMONIUM CHLORIDE	
<b>R1E – CARBONIC ANHYDRASE INHIBITORS</b>		
R1E	ACETAZOLAMIDE SODIUM	
<b>R1K – DIURETICS, MISCELLANEOUS</b>		
R1K	ISMOTIC	
<b>S2B – NSAIDS, CYCLOOXYGENASE INHIBITOR – TYPE</b>		
S2B	INDOCIN I.V.	

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S2B	TORADOL	
<b>S2C – GOLD SALTS</b>		
S2C	AUROLATE	
S2C	SOLGANAL SUSPENSION	
<b>S2J – ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR</b>		
S2J	ENBREL	
S2J	HUMIRA	
<b>S2M – ANTI-FLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST</b>		
S2M	KINERET	
<b>S7A – NEUROMUSCULAR BLOCKING AGENTS</b>		
S7A	BOTOX (Requires Clinical PA)	
<b>U6H – SOLVENTS</b>		
U6H	SODIUM CHLORIDE	
<b>V1A – ALKYLATING AGENTS</b>		
V1A	CISPLATIN	
V1A	CYTOXAN LYOPHILIZED	
V1A	GLIADEL	
V1A	MUSTARGEN	
V1A	PARAPLATIN	
<b>V1B – ANTIMETABOLITES</b>		
V1B	CYTARABINE	
V1B	DEPOCYT	
V1B	FLUOROURACIL	
V1B	GEMZAR	
V1B	METHOTREXATE LPF	
V1B	METHOTREXATE SODIUM	
V1B	METHOTREXATE SODIUM PARENTERAL	
V1B	TARABINE PFS	
<b>V1C – VINCA ALKALOIDS</b>		
V1C	NAVELBINE	
V1C	VINBLASTINE SULFATE	
V1C	VINCRISTINE SULFATE	
<b>V1D – ANTIBIOTIC ANTINEOPLASTICS</b>		
V1D	BLEOMYCIN SULFATE	
V1D	COSMEGEN	
V1D	DAUNOXOME	
V1D	DOXIL	
V1D	DOXORUBICIN HCL	
V1D	VALSTAR	
<b>V1F – ANTINEOPLASTICS, MISCELLANEOUS</b>		
V1F	CAMPTOSAR	
V1F	DACARBAZINE	
V1F	ELSPAR	
V1F	ETOPOSIDE	
V1F	HYCAMTIN	
V1F	NOVANTRONE	
V1F	ONXOL	
V1F	TAXOL	
V1F	TAXOTERE	

\* Cleanup of category  
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## Florida Medicaid Preferred Drug List Injectables

THERAPEUTIC CLASSIFICATION	DRUG NAME	DATE EFFECTIVE
V1F	THERACYS	
V1F	TICE BCG	
<b>V1I – CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>		
V1I	ETHYOL	
V1I	MESNEX	
V1I	ZINECARD	
<b>V1K – ANTINEOPLASTICS ANTIBODY/ANTIBODY-DRUG COMPLEXES</b>		
V1K	HERCEPTIN	
<b>V1O – ANTINEOPLASTIC LHRH (GNRH) AGONIST, PITUITARY SUPPR.</b>		
V1O	LEUPROLIDE ACETATE	
<b>W1A – PENICILLINS</b>		
W1A	AMPICILLIN SODIUM	
W1A	AMPICILLIN /SULBACTAM	
W1A	BICILLIN C-R	
W1A	BICILLIN L-A	
W1A	NAFCILLIN SODIUM	
W1A	OXACILLIN	4/1/09
W1A	PENICILLIN G POTASSIUM	
W1A	PENICILLIN G PROCAINE	
W1A	PENICILLIN G SODIUM	
W1A	PENICILLIN GK-ISO-OSM DEXTROSE	4/1/09
W1A	PFIZERPEN *	4/1/09
W1A	PIPERACILLIN	4/1/09
W1A	TICAR	4/1/09
W1A	TIMENTIN ISO-OSMOTIC	4/1/09
W1A	ZOSYN	
<b>W1C - TETRACYCLINES</b>		
W1C	DOXYCYCLINE HYDRATE	4/1/09
W1C	TERRAMYCIN IM	4/1/08
<b>W1D - MACROLIDES</b>		
W1D	AZITHROMYCIN*	4/1/08
W1D	ERYTHROMYCIN LACTOBIONATE	4/1/09
W1D	ZITHROMAX I.V. *	4/1/08
<b>W1F - AMINOGLYCOSIDES</b>		
W1F	AMIKACIN SULFATE	
W1F	GENTAMICIN	
W1F	GENTAMICIN SULFATE	
W1F	GENTAMICIN SULFATE IN NS	
W1F	ISOTONIC GENTAMICIN SULFATE	
W1F	KANAMYCIN SULFATE	1/1/09
W1F	STREPTOMYCIN SULFATE	1/1/09
W1F	TOBI	1/1/08
W1F	TOBRAMYCIN SULFATE	
W1F	TOBRAMYCIN SULFATE IN NS	
<b>W1G - ANTITUBERCULAR ANTIBIOTICS</b>		
W1G	CAPASTAT SULFATE	
<b>W1H - AMINOCYCLITOLS</b>		
W1H	TROBICIN W/DILUENT	
<b>W1K - LINCOSAMIDES</b>		

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## Florida Medicaid Preferred Drug List Injectables

THERAPEUTIC CLASSIFICATION	DRUG NAME	DATE EFFECTIVE
W1K	CLINDAMYCIN PHOSPHATE	
W1K	LINGOMYCIN	4/1/08
W1K	LINGOMYCIN HCL	4/1/08
<b>W1L - ANTIBIOTICS</b>		
W1L	BACITRACIN STERILE	
<b>W1M - STREPTOGRAMINS</b>		
W1M	SYNERCID	1/1/09 *
<b>W1N - POLYMYXIN AND DERIVATIVES</b>		
W1N	COLY-MYCIN M PARENTERAL	
W1N	POLYMYXIN B SULFATE	
<b>W1P - BETALACTAMS</b>		
W1P	AZACTAM	
<b>W1Q - QUINOLONES</b>		
W1Q	CIPROFLOXACIN	4/1/08
W1Q	LEVAQUIN	4/1/09
<b>W1S – CARBENPENEMS (THIENAMYCINS)</b>		
W1S	DORIBAX	1/1/09
W1S	INVANZ	4/1/07
W1S	MERREM	1/1/09 *
W1S	PRIMAXIN	
W1S	PRIMAXIN I.M.	4/1/07
W1S	PRIMAXIN I.V.	
<b>W1W – CEPHALOSPHORINS-1<sup>ST</sup> GENERATION</b>		
W1W	CEFAZOLIN SODIUM	
W1W	CEFAZOLIN SODIUM IN D5W	
<b>W1X – CEPHALOSPHORINS-2<sup>ND</sup> GENERATION</b>		
W1X	CEFOTAN	
W1X	CEFOXITIN	
W1X	CEFUROXIME SODIUM	
W1X	CEFUROXIME SODIUM-DEXTROSE ISO	
<b>W1Y - CEPHALOSPHORINS-3<sup>RD</sup> GENERATION</b>		
W1Y	CEFOTAXIME	1/1/08*
W1Y	CEFTRIAZONE	
W1Y	CEFOTAXIME SODIUM	1/1/08*
W1Y	CLAFORAN	4/1/07
W1Y	FORTAZ	
W1Y	FORTAZ IN ISO-OSMOTIC DEXTROSE	
<b>W1Z - CEPHALOSPORINS - 4TH GENERATION</b>		
W1Z	CEFEPIME	1/1/09
W1Z	MAXIPIME	1/1/09 *
<b>W2E - ANTI-MYCOBACTERIUM AGENTS</b>		
W2E	ISONIAZID	4/1/09
<b>W3A - ANTIFUNGAL ANTIBIOTICS</b>		
W3A	ABELCET	
W3A	AMPHOTERICIN B	
W3A	FUNGIZONE I.V.	4/1/08
W3A	MYCAMINE	4/1/08
<b>W3B - ANTIFUNGAL AGENTS</b>		
W3B	FLUCONAZOLE	

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**Florida Medicaid Preferred Drug List  
Injectables**

<b>THERAPEUTIC CLASSIFICATION</b>	<b>DRUG NAME</b>	<b>DATE EFFECTIVE</b>
W3B	FLUCONAZOLE IN DEXTROSE	
W3B	FLUCONAZOLE IN SALINE	
<b>W4E-ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS</b>		
W4E	METRO I.V.	
<b>W4K – ANTIPROTOZOAL DRUGS, MISCELLANEOUS</b>		
W4K	PENTAMIDINE ISETHIONATE	4/1/09
<b>W5A – ANTIVIRALS, GENERAL</b>		
W5A	ACYCLOVIR SODIUM	10/1/08
W5A	CYTOVENE	10/1/08
W5A	FOSCARNET SODIUM	10/1/08
W5A	FOSCAVIR	10/1/08
W5A	GANCICLOVIR	10/1/08
W5A	VISTIDE	10/1/08
<b>W5G – HEPATITIS C TREATMENT AGENTS</b>		
W5G	INFERGEN (Requires Clinical PA)	
W5G	PEGASYS (SUBCUTANE.)	
W5G	PEG-INTRON REDIPEN	1/1/07
W5G	PEG-INTRON (SUBCUTANE.)	1/1/07
<b>W5N - ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS 0</b>		
W5N	FUZEON CONVENIENCE KIT (Requires Clinical PA)	
<b>W5M - ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMBINATION</b>		
W5M	KALETRA 25	11/27/07
<b>W7C – FLU VACCINES AND FLUMIST</b>		
W7C	FLUZONE 2007-08 VIAL	
W7C	FLUZONE PEDI 2007-08 SYRING	
W7C	FLUZONE 2007-08 SYRINGE	
W7C	FLUARIX 2007-08 SYRINGE	
W7C	FLUMIST NASAL 2007-08 VACCI	
W7C	FLUVIRIN 2007-08 SYRINGE	
W7C	FLUVIRIN 2007-08 VIAL	
<b>W7K – ANTISERA</b>		
W7K	BAYGAM (Requires Clinical PA)	
W7K	BAYRHO-D (Requires Clinical PA)	
W7K	CARIMUNE NF(Requires Clinical PA)	
W7K	CYTOGAM (Requires Clinical PA)	
W7K	CYTOMEGALOVIRUS IMMUNE GLOB (Requires Clinical PA)	
W7K	FLEBOGAMMA (Requires Clinical PA)	4/1/09
W7K	FLEBOGAMMA DIF (Requires Clinical PA)	4/1/09
W7K	GAMASTAN S-D (Requires Clinical PA)	4/1/09
W7K	GAMIMUNE N (Requires Clinical PA)	
W7K	GAMMAGARD LIQUID (Requires Clinical PA)	4/1/09
W7K	GAMMAGARD S/D (Requires Clinical PA)	
W7K	GAMUNEX (Requires Clinical PA)	4/1/09
W7K	HYPERRHO S/D (Requires Clinical PA)	
W7K	IMMUNE GLOBULIN (Requires Clinical PA)	
W7K	IMOGAM RABIES-HT (Requires Clinical PA)	
W7K	NABI-HB (Requires Clinical PA)	3/1/08
W7K	PANGLOBULIN (Requires Clinical PA)	
W7K	PRIVIGEN (Requires Clinical PA)	4/1/09

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## Florida Medicaid Preferred Drug List Injectables

THERAPEUTIC CLASSIFICATION	DRUG NAME	DATE EFFECTIVE
W7K	RHOPHYLAC (Requires Clinical PA)	
W7K	SANDOGLOBULIN (Requires Clinical PA)	
W7K	VARICELLA-ZOSTER IMM GLOBULIN (Requires Clinical PA)	
W7K	VENOGLOBULIN-S (Requires Clinical PA)	
W7K	VIVAGLOBIN (Requires Clinical PA)	4/1/09
W7K	WINRHO SD (Requires Clinical PA)	
W7K	WINRHO SDF (Requires Clinical PA)	
<b>W8F – IRRIGANTS</b>		
W8F	ACETIC ACID	
W8F	NEOMYCIN-POLYMYXIN GU IRRIGANT	
W8F	SODIUM CHLORIDE	
W8F	WATER	
<b>W8J – ANTIBACTERIAL AGENTS, MISCELLANEOUS</b>		
W8J	UROLOGIC G IRRIGATION W/HANGER	
W8J	UROLOGIC SOLUTION G	
<b>W9B - CYCLIC LIPOPEPTIDES</b>		
W9B	CUBICIN	1/1/09 *
<b>Z1A - HISTAMINE PREPARATIONS</b>		
Z1A	HISTATROL INTRADERMAL	
<b>Z1D - ENZYME REPLACEMENTS (UBIQUITOUS ENZYMES)</b>		
Z1D	ADAGEN	
Z1D	CEREZYME	
<b>Z2D – HISTAMINE II RECEPTRO BLOCKER</b>		
Z2D	CIMETIDINE	7/1/09
Z2D	FAMOTIDINE	7/1/09
Z2D	RANITIDINE HCL	7/1/09
<b>Z2E - IMMUNOSUPPRESSIVES</b>		
Z2E	ZENAPAX	
<b>Z2G - IMMUNOMODULATORS</b>		
Z2G	ACTIMMUNE	
Z2G	ALFERON-N	4/1/08
Z2G	INTRON A	4/1/07
Z2G	PEG-INTRON	
Z2G	PROLEUKIN	
Z2G	ROFERON A *	4/1/09
<b>Z2H - SYSTEMIC ENZYME INHIBITORS</b>		
Z2H	PROLASTIN	
<b>Z2L - MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E (IGE)</b>		
Z2L	XOLAIR	4/1/09
<b>Z2P-1<sup>ST</sup> GENERATION ANTIHISTAMINES</b>		
Z2P	DIPHENHYDRAMINE	
Z2P	PROMETHAZINE	
<b>Z3G - MISCELLANEOUS AGENTS</b>		
Z3G	KUTAPRESSIN	

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