



Molina Healthcare of Washington
Drug Formulary (WMIP)
2012

Administered by





DRUG FORMULARY

The Molina Drug Formulary was created to help manage the quality of our members' pharmacy benefit. The Formulary is the cornerstone for a progressive program of managed care pharmacotherapy. Prescription drug therapy is an integral component of your patient's comprehensive treatment program. The Formulary was created to ensure that Molina members receive high quality, cost-effective, rational drug therapy.

The Molina Pharmacy and Therapeutics Committee meets quarterly to review and recommend medications for Formulary consideration. This assures that the Formulary remains responsive to physician and patient needs. The Committee is composed of physicians and pharmacists representing various medical specialties. With a primary consideration to provide a safe, effective and comprehensive Formulary, the Committee evaluated all therapeutic categories and has selected the most cost-effective agent(s) in each class. The Committee also uses reference materials from the CVS/Caremark Pharmacy and Therapeutics Advisory Panel. In addition, the Molina Pharmacy and Therapeutics Committee reviews prior authorization procedures to ensure medications are used safely, following manufacturer's guidelines and current medical practices.

Please familiarize yourself with the Drug Formulary as you prescribe medications for Molina members. Thank you for your cooperation.

PRESCRIPTION CLAIMS PROCESSOR

Molina has selected CVS/Caremark as the Pharmacy Benefit Management (PBM) company to manage the prescription benefit for Molina members.

Questions on processing claims, formulary status or rejected claims may be directed to the PBM Help Desk at (800) 770-8014.

Membership and eligibility concerns may be addressed by calling the Molina Membership Services at (800) 869-7175.

Provider-related questions may be addressed by calling the Molina Provider Services (800) 745-4044.

PREFACE

USING THE MOLINA DRUG FORMULARY

The Molina Drug Formulary is a listing of preferred drug products eligible for reimbursement by Molina. All medications are listed by generic name. The medications are organized by therapeutic classes. For your convenience, an index by both brand and generic names is located at the end of the Drug Formulary.

INDIVIDUAL PRESCRIPTIONS

Each prescription must legally be prescribed for one individual only. If prescribing for a family, each family member must receive a prescription.

INJECTABLE MEDICATIONS

Injectables (except insulin, Depo-Provera, and other specific medications noted in the Formulary) are generally not eligible for reimbursement under the outpatient prescription drug program without prior authorization.

GENERIC MEDICATIONS

Selected medications have FDA-approved generic equivalents available. The Molina drug endorsement states... "generic drugs will be dispensed whenever available".

If the use of a particular brand-name becomes medically necessary as determined by the physician, the physician must contact the Medical Director or his designee for prior authorization.

Molina encourages the use of quality generic products. Only those generic products which have received an "AB" rating by the FDA should be utilized. Physicians are encouraged to write "Brand Only" or "DNS" only when medically necessary.

The Pharmacy and Therapeutics Committee recognizes that certain medications possess narrow therapeutic dose response characteristics. Therefore, the following drugs are not recommended to be generically substituted, unless the patient has been therapeutically maintained on the generic product for a period of time.

Generic Name	Brand Name
Digoxin	Lanoxin
Levothyroxine	Synthroid or Levoxyl
Warfarin	Coumadin

NON-COVERED MEDICATIONS

Please note that certain medications are not covered. These include, but are not limited to:

- Appetite Suppressants / anorexiant for weight loss
- Retinoic Acid for Cosmetic Purposes
- Experimental or Investigational Medications
- Progesterone Suppositories
- Convenience Dosage Forms (Transdermal Patches) not listed in the Formulary
- Injectables administered in the physician's office (other than Depo-Provera)

PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Drug Formulary may be approved when medically necessary and when Formulary alternatives have demonstrated ineffectiveness. When these exceptional needs arise, the physician may fax a completed "Prior Authorization / Medication Exception Request" form to Molina. The forms may be obtained by calling Molina Healthcare of Washington at (800) 213-5525.

PRESCRIPTION QUANTITIES

Prescriptions should be written for a therapeutic supply of medications (the amount to appropriately treat a medical condition) up to a maximum of a 30-day supply. Trial quantities may be used when trying new treatments, if appropriate.

TELEPHONE PRESCRIPTIONS

Whenever possible, the member should be given the prescription in writing. This will allow the member to make use of the most convenient network pharmacy and enable the pharmacy to fill the prescription after normal office hours.

ANALGESICS HEADACHE AGENTS (SEE NEUROLOGICAL AGENTS)

NARCOTIC ANALGESICS

G	APAP/Codeine liquid	TYLENOL/CODEINE LIQUID
G	APAP/Codeine tablets	TYLENOL/CODEINE TABLETS
G	APAP/Hydrocodone 500/2.5	LORTAB 2.5/500
G	APAP/Hydrocodone 500/5	LORTAB 5/500
G	APAP/Hydrocodone 500/7.5	LORTAB 7.5/500
G	APAP/Hydrocodone 500-7.5/15ml	LORTAB ELIXIR
G	ASA/Hydrocodone 500/5	LORTAB ASA
G	Butalbital/ASA/Caff/Codeine	FIORINAL/CODEINE
G	But/APAP/Caff/Codeine	FIORICET/CODEINE
G	Codeine Phosphate, Sulfate	CODEINE
G	Codeine/ASA	EMPIRIN/CODEINE
G	Hydromorphone	DILAUDID
G	Meperidine	DEMEROL
G	Methadone	DOLOPHINE
G	Morphine Sulfate	MSIR TABS, ORAL CONC., CAPS
G	Morphine Sulfate SR	MS CONTIN
G	Oxycodone/APAP	PERCOCET, TYLOX
G	Oxycodone/ASA	PERCODAN
G	Oxycodone	OXY IR
G	Tramadol	ULTRAM
PA	Oxycodone ER	OXYCONTIN
PA	Fentanyl transdermal patches	DURAGESIC

Non-narcotic analgesics

(see JOINT/CONNECTIVE TISSUE/MUSCULOSKELETAL AGENTS)

ANTI-HISTAMINE DRUGS

Single Entity Antihistamine

G	Diphenhydramine	BENADRYL
G	Clemastine	TAVIST
G	Hydroxyzine HCl	ATARAX
G	Promethazine	PHENERGAN (PA for members <2 years of age)
G	Loratadine	CLARITIN
G	Cetirizine HCL (only tablets and liquid)	ZYRTEC
G	Chlorpheniramine	CHLOR-TRIMET
G	Fexofenadine	ALLEGRA OTC (formulary)
PA	Fexofenadine	ALLEGRA

Antihistamine/Decongestant

G	Phenylephrine /Chlorpheniramine	RYNATAN
G	Phenylephrine /Chlorpen/ Methscop	AH-CHEW
G	CTM/Phenylephrine/Phenyltol	COMHIST
G	Pseudoephedrine/Chlorpheniramine	CODIMAL L.A
G	Promethazine/Phenylephrine	PHENERGAN VC
G	P-Ephed Hcl/Br-Phenir	BROMFED
G	Pseudoephedrine Hcl/Acrivastine	SEMPREX-D

Anti-infective drugs Aminoglycosides

G	Neomycin Sulfate	MYCIFRADIN
PA	Tobramycin/NA Chloride 0.2%	TOBI

Antifungal Antibiotics

G	Nystatin Suspension	MYCOSTATIN SUS
G	Ketoconazole	NIZORAL
G	Clotrimazole	MYCELEX TROCHE
G	Fluconazole	DIFLUCAN
G	Terbinafine	LAMISIL (250mg tablets only)
PA	Itraconazole	SPORANOX

Antihelminthics

G	Mebendazole	VERMOX
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PA	Albendazole	ALBENZA
PA	Ivermectin	STROMECTOL
PA	Thiabendazole	MINTEZOL
PA	Praziquantel	BILTRICIDE

Antimalarial Agents - Products covered for treatment of active disease only

G	Chloroquine Phosphate	ARALEN
G	Hydroxychloroquine	PLAQUENIL
G	Paromomycin	HUMATIN
	Iodoquinol	YODOXIN
	Primaquine	PRIMAQUINE
	Pyrimethamine	DARAPRIM
	Sulfadoxine/Pyrimethamine	FANSIDAR
PA	Halofantrine HCL	HALFAN
PA	Mefloquine	LARIAM

Antituberculosis Agents

G	Ethambutol HCl	MYAMBUTOL
G	Isoniazid	INH
G	Pyrazinamide	PYRAZINAMIDE
G	Rifampin	RIFADIN
	Dapsone	DAPSONE
G	Isoniazid/Rifampin	RIFAMATE
	Isoniazid/Pyrazinamide/Rifampin	RIFATER
PA	Rifabutin	MYCOBUTIN

Antivirals

G	Acyclovir	ZOVIRAX
G	Rimantadine	FLUMADINE
PA	Famciclovir	FAMVIR
	Abacavir	ZIAGEN
	Delavirdine	RESCRIPTOR
PA	Valacyclovir	VALTREX
PA	Ganciclovir	CYTOVENE
PA	Valganciclovir	VALCYTE

All HIV (antiretroviral and protease inhibitors) are formulary (FA).

Cephalosporins

G	Cefaclor	CECLOR
G	Cefadroxil	DURICEF
G	Cephalexin	KEFLEX
G	Cefpodoxime Proxetil	VANTIN
G	Cefuroxime	CEFTIN
G	Cefprozil	CEFZIL
	Cefixime Suspension	SUPRAX Suspension
	Cefixime Tablets	SUPRAX TABLETS
	SUPRAX 200mg and 400mg Tablets Quantity #4 covered per fill	
PA	Cefdinir No PA required for suspension in ages ≤6	OMNICEF
PA	Ceftibuten	CEDAX

Erythromycins/Macrolides

G	Erythromycin Base Enteric Coat	ERY-TAB
G	Erythromycin Base	E-MYCIN
G	Erythromycin Ethylsuccinate	E.E.S., ERY-PED
G	Erythromycin Stearate	ERYTHROCIN
G	Clarithromycin	BIAXIN
	Erythromycin, delayed-release	PCE
G	Azithromycin	ZITHROMAX

Fluoroquinolones

G	Ciprofloxacin	CIPRO
PA	Levofloxacin	LEVAQUIN

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Penicillins

G	Amoxicillin	AMOXIL
G	Ampicillin	TOTACILLIN
G	Cloxacillin	CLOXACILLIN
G	Dicloxacillin	DYNAPEN
G	Oxacillin	BACTOCILL
G	Penicillin V potassium	VEETIDS
G	Amoxicillin/Clavulanate	AUGMENTIN

Sulfonamides

G	Sulfamethoxazole/Trimethoprim	BACTRIM, DS
G	Sulfasalazine	AZULFIDINE

Tetracyclines

G	Demeclocycline	DECLOMYCIN
G	Doxycycline capsules	VIBRAMYCIN
G	Doxycycline tablets	VIBRATAB
G	Minocycline	MINOCIN (not kit)
G	Tetracycline	ACHROMYCIN

Miscellaneous Anti-infectives

G	Clindamycin	CLEOCIN ORAL (150mg only)
G	Erythromycin/Sulfisoxazole	PEDIAZOLE
G	Metronidazole (Covered strengths are 250mg and 500mg)	FLAGYL (ONLY 250 MG AND 500 MG)
G	Nitrofurantoin	FURADANTIN Oral Suspension
G	Nitrofurantoin Macrocrystals	MACRODANTIN
G	Trimethoprim	PROLOPRIM
G	Nitrofurantoin	MACROBID
	Pentamidine	PENTAM 300
PA	Atovaquone	MEPRON
PA	Vancomycin oral	VANCOGIN

ANTITUSSIVES, EXPECTORANTS, AND MUCOLYTIC AGENTS

Antitussives - Narcotic

G	Codeine /Guaifenesin	ROBITUSSIN AC
G	Pseudoeph/Codeine/Guaifenesin	ROBITUSSIN DAC
G	Hydrocodone/Homatropine	HYCODAN
G	Hydrocodone/Pseudoephedrine	HISTUSSIN D
G	Promethazine/Codeine liquid	PHENERGAN/CODEINE
G	Promethazine/Phenylephrine/Codeine	PHENERGAN VC CODEINE
G	Triprolidine/Pseudoephedrine/Codeine	ACTIFED/CODEINE

Antitussives - Non-narcotic

G	Benzonatate	TESSALON PERLES
G	Promethazine/DM	PHENERGAN DM

Expectorants

G	Guaifenesin	FENESIN
G	Potassium Iodide	SSKI
PA	Guaifenesin ER	MUCINEX

BIOTECHNOLOGY AGENTS

Myeloid Stimulants

PA	Filgrastim	NEUPOGEN
PA	Sargramostim	LEUKINE

Erythroid Stimulants

PA	Darbepoetin alfa	ARANESP
PA	Pegfilgrastim	NEULASTA
PA	Erythropoetin, Epoetin Alfa	PROCRIT, EPOGEN
PA	Oprelvekin	NEUMEGA

Interferons

PA	Interferon alfa-2a, 2b	ROFERON-A, INTRON-A
PA	Interferon alfa-2b/Ribavirin	REBETRON
PA	Interferon beta-1A, 1B	AVONEX, EXTAVIA
PA	Peginterferon alfa 2B	PEG-INTRON
PA	Peginterferon alfa 2A	PEGASYS

Other Biotechnological Agents

PA	Etanercept	ENBREL
PA	Growth Hormone	TEV-TROPIN
PA	Octreotide	SANDOSTATIN
PA	Palivizumab	SYNAGIS
PA	Adalimumab	HUMIRA

Note: Prior authorization of these agents may require completion of specific forms which will be automatically faxed to the prescriber under the standard prior authorization procedure (see Overview section).

CARDIOVASCULAR DRUGS

Angiotensin Converting Enzyme Inhibitors

G	Captopril	CAPOTEN
G	Lisinopril	ZESTRIL
G	Benazepril	LOTENSIN
G	Fosinopril	MONOPRIL
G	Quinapril	ACCUPRIL
G	Enalapril	VASOTEC

Angiotensin Receptor Blockers

PA	Irbesartan	AVAPRO
PA	Irbesartan/HCTZ	AVALIDE
G	Losartan Potassium/HCTZ	HYZAAR
PA	Valsartan , Valsartan/HCTZ	DIOVAN, HCT
ST	Olmesartan	BENICAR
G	Losartan Potassium	COZAAR
ST	Telmisartan	MICARDIS

Antidysrhythmic Agents

G	Disopyramide, CR	NORPACE, CR
G	Sotalol	BETAPACE

Antidysrhythmic Agents “Lidocaine Type”

G	AmiodaronE	CORDARONE
	Dronedarone	MULTAQ
G	Mexiletine	MEXITIL
G	Flecainide	TAMBOCOR
G	Propafenone	RYTHMOL

Antidysrhythmic Agents “Procaine Type”

G	Procainamide, SR	PRONESTYL, PROCAN SR
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Antilipidemic Agents

G	Colestipol	COLESTID
G	Simvastatin	ZOCOR
G	Cholestyramine	QUESTRAN, QUESTRAN LIGHT
G	Gemfibrozil	LOPID

G	Lovastatin	MEVACOR
G	Pravastatin	PRAVACHOL
	Niacin	NIASPAN
G	Fenofibrate	TRICOR (54, 67, 134, 160 and 200mg only generic strengths are formulary)
ST	Atorvastatin	LIPITOR
ST	Ezetimibe / Simvastatin	VYTORIN
PA	Rosuvastatin	CRESTOR

Beta-Adrenergic Antagonists "Non-selective"

G	Nadolol	CORGARD
G	Propranolol, SR	INDERAL, LA
G	Timolol	BLOCADREN

Beta-Adrenergic Antagonists "Selective"

G	Acebutolol	SECTRAL
G	Atenolol	TENORMIN
G	Pindolol	PINDOLOL
G	Penbutolol	LEVATOL
G	Metoprolol SR	TOPROL XL
G	Carvedilol	COREG

Calcium Channel Blockers

G	Diltiazem, SR	CARDIZEM, SR
G	Diltiazem XR	DILACOR XR
G	Diltiazem HCL	TIAZAC
G	Nicardipine	CARDENE, SR
G	Nifedipine	ADALAT
G	Verapamil	CALAN
G	Verapamil SR	CALAN SR
G	Felodipine	PLENDIL
	Isradipine	DYNACIRC, CR
G	Nifedipine SR	ADALAT CC
G	Amlodipine	NORVASC
PA	Nimodipine	NIMOTOP

Cardiac Glycosides

G	Digoxin (generic not mandatory)	LANOXIN
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Centrally Acting Antihypertensives

G	Clonidine	CATAPRES
G	Guanfacine	TENEX
G	Methyldopa/Hydrochlorothiazide	
G	Methyldopa	
G	Reserpine	RESERPINE
	Metyrosine	DEMSEK
PA	Clonidine Patches	CATAPRES-TTS

Combination Alpha-Beta Antagonist

G	Labetalol	TRANDATE
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Hemorrhheologic Agents – Anticoagulants

G	Warfarin Sodium (generic not mandatory)	COUMADIN
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Hemorrhheologic Agents – Antiplatelets

G	Aspirin 81mg enteric coated	ASPIRIN
G	Dipyridamole	PERSANTINE
	Clopidogrel	PLAVIX

Other Hemorrhheologic Agents

G	Aminocaproic Acid	AMICAR
G	Pentoxifylline	TRENTAL

Pheochromocytoma Agents

	Phenoxybenzamine	DIBENZYLINE
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Vasodilator Antihypertensives*

G	Hydralazine	HYDRALAZINE
G	Prazosin	MINIPRESS
G	Terazosin	HYTRIN
G	Doxazosin	CARDURA

Vasodilating Agents

G	Isosorbide Dinitrate, SR	ISORDIL, DILATRATE SR
G	Isosorbide mononitrate (extended release)	IMDUR
G	Nitroglycerin ointment	NITRO-BID OINTMENT

G	Nitroglycerin, SR	NITRO-BID
	Nitroglycerin sublingual Spray	NITROSTAT SUBLINGUAL SPRAY
G	Nitroglycerin patches	NITRO-DUR, TRANSDERM NITRO
G	Ergoloid Mesylates	HYDERGINE
G	Nitroglycerin	

Combination Antihypertensives

G	Atenolol/Chlorthalidone	TENORETIC
G	Bisoprolol/Hctz	ZIAC
G	Captopril/HCTZ	CAPOZIDE
G	Clonidine/Chlorthalidone	
G	Hctz/Propranolol Hcl	INDERIDE, LA
G	Bendroflumethiazide/Nadolol	CORZIDE
G	Benazepril Hcl/Hctz	LOTENSIN HCT
G	Lisino/Hctz	ZESTORETIC
PA	Benazepril Hcl/Amlodipine	LOTREL
PA	Enalapril Maleate/Diltiazem	TECZEM
PA	Hctz/Timolol	TIMOLIDE

CENTRAL NERVOUS SYSTEM AGENTS

Antidepressants

G	Amitriptyline	ELAVIL
G	Bupropion	WELLBUTRIN
G	Clomipramine	ANAFRANIL
G	Desipramine	NORPRAMIN
G	Doxepin	SINEQUAN
G	Fluoxetine	PROZAC
G	Imipramine HCL	TOFRANIL
G	Imipramine Pamoate	TOFRANIL-PM
G	Mirtazapine	REMERON (not SolTab)
G	Nortriptyline	PAMELOR
G	Protriptyline HCL	VIVACTIL
G	Trazodone	DESYREL
G	Trimipramine Maleate	SURMONTIL
G	Paroxetine	PAXIL (Not CR)
G	Citalopram	CELEXA
G	Sertraline	ZOLOFT
G	Venlafaxine, SR (only Capsules , tab is PA)	EFFEXOR, XR
G	Bupropion SR	WELLBUTRIN SR
PA	Fluvoxamine Maleate	LUVOX

Antimanic Agents

G	Lithium Carbonate	
G	Lithium Citrate	LITHIUM CITRATE
G	Lithium Carbonate SR	LITHOBID, ESKALITH

Antipsychotic Agents

G	Chlorpromazine	THORAZINE
G	Clozapine	CLOZARIL
G	Fluphenazine	
G	Haloperidol	HALDOL
G	Loxapine	LOXITANE
G	Perphenazine	TRILAFON
G	Thioridazine	
G	Thiothixene	NAVANE
G	Risperidone	RISPERDAL
G	Olanzapine	ZYPREXA (regular tabs only, not OTD)
G	Quetiapine	SEROQUEL, SEROQUEL XR
G	Ziprasidone	GEODON

PA	Molindone	MOBAN
PA	Pimozide	ORAP

Barbiturates

G	Phenobarbital	PHENOBARBITAL
PA	Pentobarbital	NEMBUTAL

Benzodiazepines

G	Alprazolam	XANAX
G	Chlordiazepoxide	LIBRIUM
G	Clorazepate	TRANXENE
G	Diazepam	VALIUM
G	Estazolam	PROSOM
G	Flurazepam	DALMANE
G	Lorazepam	ATIVAN
G	Temazepam (15mg and 30mg only)	RESTORIL
G	Triazolam	HALCION
	Quazepam	DORAL

Monoamine Oxidase Inhibitors

	Phenelzine	NARDIL
G	Tranlycypromine	PARNATE

Respiratory and Cerebral Stimulants

G	Dextroamphetamine	DEXEDRINE, DEXASTAT
G	Methylphenidate	RITALIN, CR
G	Amphetamine Asp/Amphet/D-Amphet	ADDERALL
G	Amphetamine Asp/Amphet/D-Amphet XL	ADDERALL XR (Qty limit of 30/mo)
G	Methamphetamine	DESOXYN
G	Dextroamphetamine SA	DEXEDRINE SPANSULES
	Methylphenidate	METADATE CD
	Methylphenidate	CONCERTA
	Lisdexamfetamine	VYVANSE

Note:

Prior authorization is required for Stimulants in patients over the age of 18

Only one long acting and one short acting med can be used together (Duplication of therapy is not formulary)

Miscellaneous Central Nervous System Agents

G	Bupirone	BUSPAR
	Disulfiram	ANTABUSE
G	Hydroxyzine HCl, Pamoate	VISTARIL
G	Meprobamate	EQUANIL
G	Oxazepam	SERAX
G	Zaleplon	SONATA (quantity limit 15/30 days)
G	Zolpidem	AMBIEN
	Atomoxetine	STRATTERA (Qty limit of a single strength #30/mo) Only covered for age 18 and younger
PA	Naltrexone	ReVia
PA	Buprinorphine	Subutex

ELECTROLYTIC, CALORIC, AND WATER BALANCE

Ammonia Detoxicants

G	Lactulose	Chronulac SyruP
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Electrolyte Depleters

G	Calcium Acetate	PHOS-LO
G	Sodium Polystyrene Sulfonate	SPS

Loop Diuretics

G	Bumetanide	BUMEX
G	Furosemide	LASIX
G	Torsemide	DEMADEX
	Ethacrynic Acid	EDECIN

Potassium Chloride Formulations

G	Potassium Chloride 8 mEq	SLOW-K
G	Potassium Chloride 10 mEq	K-DUR 10 mEq
G	Potassium Chloride 20 mEq	K-DUR 20 mEq
G	Potassium Chloride	MICRO – K
G	Potassium Chloride Effervescent tablets	K-LYTE
G	Potassium Chloride/Potassium Bicarb	
G	Potassium Gluconate	KAON

Potassium Sparing Diuretics

G	Amiloride	MIDAMOR
G	Amiloride/HCTZ	MODURETIC
G	Spironolactone	ALDACTONE
G	Spironolactone/HCTZ	ALDACTAZIDE
G	Triamterene/HCTZ	DYAZIDE, MAXZIDE, -25

Thiazide and Related Diuretics

G	Chlorthalidone	
G	Indapamide	
G	Hydrochlorothiazide	Various generics
G	Hydrochlorothiazide Liquid /pediatric	Hydrochlorothiazide
G	Metolazone	ZAROXOLYN

ENDOCRINE AGENTS

Androgens

G	Oxandrolone	OXANDRIN
	Testolactone	TESLAC
PA	Testosterone cypionate	DEPO-TESTOSTERONE

Estrogens

G	Esterified Estrogens	ESTRATAB
G	Estropipate	OGEN
	Conjugated Estrogens/Medroxyprogesterone	PREMPHASE, PREMPRO
	Conjugated Estrogens	PREMARIN, CREAM
	Estradiol patch	CLIMARA (quantity limit 4/mo)
	Estradiol	ALORA (quantity limit 8/mo)
	Estradiol/Norethindrone Patch	COMBIPATCH

Osteoporosis Agents

G	Alendronate	FOSAMAX
PA	Risedronate Sodium	ACTONEL
PA	Tiludronate Disodium	SKELID

Insulins

	Human Insulin	HUMULIN, NOVOLIN ***
	Insulin Lispro	HUMALOG, HUMALOG 75/25 ***
	Insulin Glargine	LANTUS ***
	Insulin Aspart	NOVOLOG, NOVOLOG MIX 70/30 ***
	INSULIN GLULISINE	APIDRA***

Glucometers

	Blood Glucose Monitoring Kit	TRUE TRACK
	Blood Glucose Monitoring Kit	TRUE RESULT AND TRUE TEST

Test strip quantities are limited as follows:

Insulin dependant diabetic members are allowed up to 100 strips per month

Non-Insulin dependant members are allowed up to 50 strips per month

Prior authorization is required for more frequent testing.

Glucagon

	Glucagon	GLUCAGON KIT
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LHRH Agonists

PA	Leuprolide Acetate	LUPRON DEPOT
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Oral Antidiabetics

G	Chlorpropamide	DIABINESE
G	Glipizide	GLUCOTROL, XL
G	Glyburide	DIABETA, MICRONASE
G	Glyburide, micronized	GLYNASE PRESTAB
G	Tolazamide	TOLINASE
G	Glimepiride	AMARYL
G	Metformin	GLUCOPHAGE
G	Acarbose	PRECOSE
PA	Repaglinide	PRANDIN
PA	Pioglitazone	ACTOS

Thyroid Agents – All Brands Covered, Generic NOT Mandatory

G	Levothyroxine	LEVOXYL, SYNTHROID
G	Thyroid, Dessicated	ARMOUR THYROID
	Liotrix	THYROLAR

Thyroid Agents

G	Liothyronine	CYTOMEL
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Antithyroid Agents

G	Propylthiouracil	
	Methimazole	TAPAZOLE

Other Endocrine Agents

G	Tamoxifen	
G	Etidronate	DIDRONEL
	Raloxifene Hcl	EVISTA (PA is required for under age 50)
	Anastrozole	ARIMIDEX
G	Bicalutamide	CASODEX*
	Estramustine	EMCYT
G	Flutamide*	
PA	Desmopressin Acetate	DDAVP, STIMATE
PA	Nafarelin Acetate	SYNAREL

*Use only in combination with LHRH agonists. Treatment must be started simultaneously using both drugs.

EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS

Miotics

G	Pilocarpine	ISOPTO CARPINE
	Echothiophate Iodide	PHOSPHOLINE IODIDE

Mydriatics

G	Cyclopentolate	CYCLOGYL
G	Dipivefrin	PROPINE
G	Scopolamine	
G	Tropicamide	MYDRIACYL

Nasal Corticosteroids

G	Fluticasone nasal spray	FLONASE
G	Triamcinolone nasal	NASACORT AQ
G	Flunisolide	NASAREL
PA	Budesonide nasal spray	RHINOCORT AQUA
PA	Beclomethasone nasal spray	BECONASE AQ
PA	Mometasone nasal spray	NASONEX

Miscellaneous Nasal Products

NF	Cromolyn Sodium (OTC)	NASALCROM (NF, OTC)
	Azelastine	ASTELIN
	Azelastine	ASTEPRO

Ophthalmic Antibiotics

G	Bacitracin	BACITRACIN O.O.
G	Ciprofloxacin Sol 3%	CILOXAN
G	Bacitracin/Polymyxin B Sulfate	
G	Chloramphenicol	CHLOROMYCETIN
G	Gentamicin	GARAMYCIN
G	HC/Neosporin/Polymyxin	CORTISPORIN
G	Neomycin/Gramcidin/Polymyxin	NEOSPORIN
G	Neomycin/Polymyxin/Bacitracin	NEOSPORIN O.O., INFA-3
G	Polymyxin B/Trimethoprim	POLYTRIM
G	Sodium Sulfacetamide/Prednis SP	VASOCIDIN
G	Sulfacetamide Sodium	BLEPH-10
G	Erythromycin Oph oint	
G	Tobramycin	TOBREX
G	Ofloxacin	OCUFLOX

	Sodium Sulfacetamide/Prednisol AC	BLEPHAMIDE, S.O.P.
PA	Tobramycin/dexamethasone	TOBRADEX
	Gatifloxacin Ophth.	ZYMAR (no PA for plan Ophthalmologists)

Ophthalmic Anti-inflammatory Agents

G	Dexamethasone/Neomycin/Polymyxin	MAXITROL
G	Dexamethasone	
G	Diclofenac	VOLTAREN OPHTH
G	Fluorometholone	FML OPHTH SUSP
G	Fluorometholone Acetate	
G	Flurbiprofen	OCUFEN
G	Medrysone	HMS
G	Prednisone Acetate	PRED MILD, FORTE
G	Prednisone Phosphate	INFLAMASE, FORTE
G	Sulfacetamide/Prednisolone	
	Neomycin/Polymyxin/Prednisolone	POLY-PRED
	Sulfacetamide/Fluorometholone	FML-S
G	Ketorolac	ACULAR
PA	Rimexolone	VEXOL

Ophthalmic Antivirals

PA	Trifluridine	VIROPTIC
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Ophthalmic "Non-selective" Beta Blockers

G	Levobunolol	BETAGAN
G	Timolol Maleate	TIMOPTIC
G	Timolol	BETIMOL
G	Metipranolol	OPTIPRANOLOL

Ophthalmic "Selective" Beta Blockers

	Betaxolol	BETOPTIC, -S
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Ophthalmic Vasoconstrictors

NF	Naphazoline	NAPHCON / ALBALON
NF	Naphazoline/Pheniramine	NAPHCON-A

Miscellaneous Antiglaucoma Ophthalmics

	Apraclonidine	IOPIDINE
G	Carteolol Hcl	OCUPRESS
	Brimonidine	ALPHAGAN-P

	Brinzolamide	AZOPT
	Travoprost	TRAVATAN-Z
	Latanoprost	XALATAN
PA	Dorzolamide HCL/Timolol	COSOPT

Miscellaneous Ophthalmics

G	Ketotifen	ZADITOR
PA	Lodoxamide	ALOMIDE
PA	Emedastine Difumarate	EMADINE
PA	Olopatadine HCL	PATANOL
PA	Cyclosporin	RESTASIS (prior authorization not required for plan-approved Ophthalmologists)

Oral Antiglaucoma Agents

G	Acetazolamide	DIAMOX
G	Methazolamide	NEPTAZANE
G	Acetazolamide SR	DIAMOX SEQUELS

Oral Anesthetics

G	Lidocaine Viscous	XYLOCAINE VISCOUS
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Otic Agents

G	Acetic Acid 2%/HC 1% Otic	VOSOL-HC OTIC
G	Acetic Acid 2% Otic	VOSOL OTIC
G	Benzocaine/Antipyrine Otic	A/B OTIC
G	HC/Neosporin/Polymyxin Otic soln, susp	CORTISPORIN OTIC
PA	Ciprofloxacin / dexamethasone	CIPRODEX OTIC (prior authorization not required for plan-approved ENT or Pediatrician)
PA	Ofloxacin	FLOXIN OTIC (prior authorization not required for plan-approved ENT or Pediatrician)

GASTROINTESTINAL DRUGS

Antidiarrheal Agents

G	Diphenoxylate/Atropine	LOMOTIL
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Antiemetics

G	Meclizine Hcl	ANTIVERT
G	Metoclopramide	REGLAN
G	Prochlorperazine	COMPAZINE
G	Promethazine	PHENERGAN (PA for members < 2 years of age)
G	Trimethobenzamide	TIGAN
PA	Scopolamine Hydrobromide	TRANSDERM-SCOP
PA	Dronabinol	MARINOL (quantity limit/6)
PA	Granisetron	KYTRIL
G	Ondansetron HCL	ZOFRAN (quantity limit 15/30 days)
G	Ondansetron ODT	ZOFRAN ODT (quantity limit 15/30 days)
G	Ondansetron solution	ZOFRAN SOL (quantity limit 50ml/30 days)

Antispasmodics and GI Motility

G	Belladonna/Phenobarbital 16mg	DONNATAL
G	Bethanechol	URECHOLINE
G	Chlordiazepoxide/Clidinium	
G	Dicyclomine	BENTYL
G	Ergotamine/Belladonna/PB	BELLERGAL-S, BEL-PHEN-ERGOT S
G	L-Hyoscyamine	LEVSIN, LEVSINEX

Digestive Enzymes

PA	Pancrelipase	CREON
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Cathartics and Laxatives

G	Oral Colon Lavage solution	GoLYTELY, NuLYTELY
G	Docusate Sodium Syrup	DIOCTO SYRUP
G	Polyethylene Glycol	MIRALAX

H2 Antagonists

G	Cimetidine	TAGAMET
G	Ranitidine	ZANTAC (Syrup only covered for children 8 and younger)
G	Famotidine (Tab only)	PEPCID

Other Anti-Ulcer Agents

G	Sucralfate	CARAFATE (TABLETS ONLY)

Proton Pump Inhibitors

G	Omeprazole OTC	PRILOSEC
	Lansoprazole	PREVACID (OTC only)
PA	Pantoprazole	PROTONIX

Miscellaneous

G	Chlorhexidine Gluconate	PERIDEX
G	Hydrocortisone hemorrhoid cream, supp	PROCTO-CREAM
G	Pramoxine/HC	PROCTOFOAM-HC, ANALPRAM-HC,
	Hydrocortisone Acetate	ORABASE HCA
	Hydrocortisone rectal foam	CORTIFOAM
	Mesalamine Tablets	ASACOL
	Mesalamine Capsules	APRISO
	Mesalamine Enema	ROWASA
G	Ursodiol	ACTIGALL
G	Misoprostol	CYTOTEC

GENTOURINARY AGENTS

Smooth Muscle Relaxants

G	Oxybutynin	DITROPAN (not ER)
G	Flavoxate	URISPAS

Miscellaneous

G	Phenazopyridine	PYRIDIUM
G	Sodium Citrate/Citric Acid	BICITRA
G	Finasteride	PROSCAR
PA	Yohimbine	YOCON
PA	Pentosan Polysulfate	ELMIRON

ALPHA BLOCKERS

G	Doxazosin	CARDURA
G	Terazosin	HYTRIN
G	Tamsulosin	FLOMAX

IMMUNOSUPPRESSIVE AGENTS

G	Azathioprine	IMURAN
G	Cyclosporine	SANDIMMUNE
PA	Cyclosporine Microemulsion	NEORAL (Generic only)
PA	Mycophenolate mofetil	CELLCEPT(Generic only)
PA	Tacrolimus	PROGRAF (Generic only)

JOINT / CONNECTIVE TISSUE / MUSCULOSKELETAL AGENTS

Adrenal Corticosteroids

G	Betamethasone	CELESTONE
G	Dexamethasone	DECADRON
G	Hydrocortisone	CORTEF
G	Methylprednisolone	MEDROL
G	Prednisolone	PRELONE SYRUP and Tablets
G	Prednisone	DELTASONE
G	Triamcinolone	ARISTOCORT
G	Prednisolone	ORAPRED, various
G	Fludrocortisone	FLORINEF

Antirheumatics

G	Methotrexate	RHEUMATREX
G	Levocarnitine	CARNITOR
	Auranofin	RIDAURA
	Penicillamine	CUPRIMINE
	Succimer	CHEMET
PA	Leflunomide	ARAVA

Gout Agents

G	Allopurinol	ZYLOPRIM
G	Colchicine	COLCHICINE
G	Colchicine/Probenecid	COL-BENEMID
G	Probenecid	

Nonsteroidal Anti-inflammatory Agents

G	Diclofenac	VOLTAREN (Not XR)
G	Diclofenac Potassium	CATAFLAM
G	Etodolac	
G	Flurbiprofen	ANSAID
G	Ibuprofen	MOTRIN
G	Indomethacin, SR	
G	Ketoprofen	
G	Ketorolac	
G	Naproxen sodium	ANAPROX
G	Naproxen	NAPROSYN
G	Oxaprozin	DAYPRO

G	Piroxicam	FELDENE
G	Sulindac	CLINORIL
G	Tramadol (Not ER)	ULTRAM (Not ER)
G	Tolmetin Sodium	
	Diclofenac/Misoprostol	ARTHROTEC
G	Nabumetone	RELAFEN
PA	Celecoxib	CELEBREX
G	Meloxicam	MOBIC

Salicylates

G	Diflunisal	
G	Choline Magnesium Trisalicylate	

Skeletal Muscle Relaxants

G	Baclofen	LIORESAL
G	Carisoprodol	SOMA
G	Carisoprodol/Aspirin	SOMA COMPOUND
G	Chlorzoxazone	PARAFON FORTE
G	Cyclobenzaprine	FLEXERIL
G	Methocarbamol	ROBAXIN
G	Orphenadrine	NORFLEX
G	Orphenadrine/Aspirin/Caffeine	NORGESIC, FORTE
G	Dantrolene	DANTRIUM
G	Tizanidine (only tablets)	ZANAFLEX
PA	Metaxalone	SKELAXIN

Miscellaneous Musculoskeletal Agents

G	Neostigmine	PROSTIGMIN
G	Pyridostigmine	MESTINON
	Riluzole	RILUTEK

NEUROLOGICAL AGENTS

Anticonvulsants – Barbiturate

G	Mephobarbital	MEBARAL
G	Phenobarbital	PHENOBARBITAL
G	Primidone	MYSOLINE

Anticonvulsants – Benzodiazepine

G	Clonazepam	KLONOPIN
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Anticonvulsants – Hydantoin

G	Phenytoin	DILANTIN
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Anticonvulsants – Miscellaneous

G	Carbamazepine	TEGRETOL, -XR
G	Gabapentin	NEURONTIN
G	Valproic Acid	DEPAKENE
G	Ethosuximide	ZARONTIN
	Ethoin	PEGANONE
G	Divalproex	DEPAKOTE, -ER
G	Lamotrigine	LAMICTAL (ONLY TABLET)
PA	Rufinamide	BANZEL
G	Topiramate	TOPAMAX**
PA	Tiagabine Hcl	GABITRIL, **
PA	Levetiracetam	KEPPRA
G	Oxcarbazepine	TRILEPTAL (prior authorization not required for plan-approved Neurologists)**
PA	Zonisamide	ZONEGRAN
PA	Vigabatrin	SABRIL
PA	Diazepam	DIASTAT

Anti-Parkinson's Agents

G	Amantadine	
G	Benzotropine	COGENTIN
G	Bromocriptine	PARLODEL
G	Carbidopa/Levodopa	SINEMET, CR
G	Pergolide	PERMAX
G	Selegiline Capsule	ELDEPRYL

	Procyclidine Hcl	KEMADRIN
G	Pramipexole DI-HCL	MIRAPEX
G	Ropinirole HCL	REQUIP
PA	Tolcapone	TASMAR
PA	Entacapone	COMTAN

Sympatholytic Agents-(anti migraine medications)

G	APAP/Butalbital/Caffeine	ESGIC, FIORICET
G	APAP/Butalbital	PHRENILIN, FORTE
G	APAP/Dichloralphenazone/Isometheptene	MIDRIN
G	ASA/Butalbital/Caffeine	FIORINAL
G	Ergotamine/Caffeine	CAFERGOT
G	Ergotamine/Caff/Bella/P-Barb	E-CAFF P-B, URKAF-PB
G	Naratriptan tablets	AMERGE
G	Sumatriptan oral	IMITREX TABLETS (quantity limit of 9 per 45 days)
PA	Sumatriptan injection	IMITREX INJECTION
PA	Sumatriptan nasal spray	IMITREX NASAL
PA	Eletriptan	RELPAX
PA	Rizatriptan Benzoate	MAXALT, MAXALT MLT
PA	Zolmitriptan	ZOMIG

Miscellaneous Neurological Agents

PA	Donepezil	ARICEPT
PA	Memantine	NAMENDA

OBSTETRICAL AND GYNECOLOGICAL AGENTS

Monophasic Oral Contraceptives

G	Desogestrel 0.15/Ethinyl Estradiol 0.03	DESOGEN, ORTHO-CEPT
G	Ethinodiol/Ethinyl Estradiol	DEMULEN
G	Levonorgestrel 0.15/Ethinyl Estradiol 0.03	NORDETTE
G	Levonorgestrel 0.15/Ethinyl Estradiol 0.03	ORTHO CYCLEN
G	Norethindrone 0.5/Ethinyl Estradiol 0.035	MODICON
G	Norethindrone 1.0/Ethinyl Estradiol 0.035	ORTHO-NOVUM 1/35
G	Norethindrone 1.0/Mestranol 0.05	ORTHO NOVUM
G	Norgestrel 0.3/Ethinyl Estradiol 0.03	LO/OVRAL
G	Norgestrel 0.5/Ethinyl Estradiol 0.05	OVRAL
G	Levonorgestrel 0.1/ Ethinyl Estradiol 0.02	ALESSE
	Norethindrone Acetate/Ethinyl Estradiol	LOESTRIN, LOESTRIN-FE
G	Noreth A et Estra/Fe Fumarate	ESTROSTEP, FE
G	Drospirinone 3mg/ Ethinyl Estradiol 30mcg	YASMIN

Biphasic Oral Contraceptives

G	Norethindrone/Ethinyl Estradiol	OVCON
G	Norethindrone-Ethin Estradiol	ORTHO-NOVUM 10/11
G	Desogestrel/Ethinyl Estradiol	MIRCETTE

Triphasic Oral Contraceptives

G	Levonorgestrel/Ethinyl Estradiol	TRIPHASIL
G	Norethindrone-Ethinyl Estradiol	ORTHO-NOVUM 7-7-7
G	Norethindrone/Ethinyl Estradiol	TRI-NORINYL
G	Norgestimate-Ethinyl Estradiol	ORTHO TRI-CYCLEN (NOT LO)

Progestin Only Oral Contraceptives

G	Norethindrone	MICRONOR
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Emergency Oral Contraceptives

G	Levonogestrel	PLAN B
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Progestin Agents

G	Medroxyprogesterone	PROVERA, DEPO PROVERA
G	Norethindrone Acetate	AYGESTIN
PA	Progesterone	PROMETRIUM

OB/GYN Anti-infectives

G	Nystatin Vaginal Tablets	MYCOSTATIN VAGINAL
G	Metronidazole	METRO-GEL VAGINAL
	Terconazole	TERAZOL
G	Clindamycin (use oral first)	CLEOCIN VAGINAL (Cream Only)

Miscellaneous

G	Estradiol Vaginal Cream and tablet	ESTRACE
	Methylergonovine Maleate	METHERGINE
	Etonogestrel/Ethinyl Estradiol	NUVARING
	Norelgestromin/Ethinyl Estradiol	ORTHO EVRA
PA	Estradiol	ESTRING

RESPIRATORY AGENTS

Beta 2 Adrenergic Agents (oral)

G	Metaproterenol tablets, syrup	ALUPENT
G	Terbutaline Sulfate	BRETHINE
G	Albuterol Sulfate	VOSPIRE

Beta 2 Adrenergic Inhalants

G	Albuterol Inhaler	PROAIR HFA (Limit 2 inhalers per month)
PA	Formoterol fumarate	FORADIL
PA	Salmeterol	SEREVENT

Inhaled Bronchial Steroids

	Fluticasone	FLOVENT
	Beclomethasone	QVAR
PA	Mometasone Furoate	ASMANEX
PA	Budesonide respules	PULMICORT RESPULES (0.25mg and 0.5mg is formulary for children 5 years old and younger) (1mg is not covered)

Respiratory Smooth Muscle Relaxants

G	Aminophylline	AMINOPHYLLINE
G	Theophylline SA	THEO-DUR, T-PHYL, SLOW-BID
G	Theophylline SA	UNIPHYL, THEO-24

Other Respiratory Agents

G	Ipratropium Bromide	ATROVENT
G	Cromolyn Sodium inhaler	INTAL
	Tiotropium	SPIRIVA HANDIHALER (PA required for members less than 30 years of age)
ST	Salmeterol/Fluticasone	ADVAIR DISCUS
ST	Budesonide/Formoterol	SYMBICORT
ST	Mometasone/Formoterol	DULERA
PA	Montelukast Sodium	SINGULAIR
PA	Acetylcysteine	
PA	Dornase Alfa	PULMOZYME
PA	Ipratropium/Albuterol	COMBIVENT
PA	Zafirlukast	ACCOLATE
PA	Zileuton	ZYFLO

Emergency Respiratory Agents

	Epinephrine	EPIPEN, JR
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Misc. Respiratory Agents

	Peak Flow Meter	Any item is formulary up to one per year
	Inhaler Spacer	Any item is formulary up to one per year

SKIN AND MUCOUS MEMBRANE AGENTS

Anti-Acne Products

G	Benzoyl Peroxide (Gel and wash) (Gel and wash 2.5%, 5%, and 10% only)	BENZOYL PEROXIDE
G	Clindamycin (Sol, gel and lotion)	CLEOCIN T (Sol, gel and lotion)
G	Erythromycin (gel, solution, swabs)	ERYTHROMYCIN (gel, solution, swabs)
G	Tretinoin Topical	RETIN A (Generic only)
	Benzoyl Peroxide/Sulfur	SULFOXYL
G	Metronidazole	METROGEL, METROCREAM, METROLOTION, NORITATE (0.75% only)
PA	Azelaic Acid	AZELEX
PA	Dapsone	ACZONE
PA	Adapalene	DIFFERIN

Oral Anti-Acne Agents

PA	Isotretinoin	ACCUTANE
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Antifungals (USE OTC WHEN POSSIBLE)

G	Nystatin topical	MYCOSTATIN TOPICAL
G	Nystatin/Triamcinolone	MYCOLOG TOPICAL, Mycolog II's
G	Clotrimazole 1% Topical Cream, Solution	CLOTRIMAZOLE
	Sulconazole cream, solution	EXELDERM
G	Ketoconazole shampoo, cream	NIZORAL SHAMPOO, CREAM
G	Terbinafine cream 1%	LAMISIL AT CREAM 1%
G	Econazole	SPECTAZOLE
	Naftifine	NAFTIN
PA	Ciclopirox	LOPROX
PA	Oxiconazole cream, lotion	OXISTAT
	Clotrimazole/Betamethasone	LOTRISONE*
PA	Triacetin	FUNGOID

*Limit treatment to two weeks or less

Anti-Infectives – topical (USE OTC WHEN POSSIBLE)

G	Gentamicin	GARAMYCIN CREAM
G	HC/Neosporin/Polymyxin	CORTISPORIN CREAM, OINTMENT
G	Silver Sulfadiazine 1%	SILVADENE CREAM
G	Mupirocin	BACTROBAN OINTMENT

Group 1 Anti-Inflammatory Agents*

G	Clobetasol , cream, oint, solution, gel 0.05%	TEMOVATE, CORMAX
G	Diflorasone Acetate cream, oint 0.05%	PSORCON
G	Halobetasol Propionate	ULTRAVATE

Group 2 Anti-Inflammatory Agents*

G	Betamethasone dipropionate cream, oint 0.05%	DIPROLENE
G	Betamethasone Dipropionate/Prop Gly	DIPROLENE AF
G	Betamethasone valerate oint, lotion,cream 0.1%	
G	Desonide	DESOWEN
G	Fluocinolone cream 0.2%	SYNALAR HP
G	Fluocinonide 0.05%	LIDEX
G	Triamcinolone acetonide oint 0.1%	KENALOG
	Halcinonide cream, oint 0.1%	HALOG
G	Prednicarbate	DERMATOP

Group 3 Anti-Inflammatory Agents

G	Desoximetasone cream 0.05%	TOPICORT
G	Fluocinolone cream, oint 0.025%	SYNALAR
G	Fluticasone cream, oint	CUTIVATE
G	Hydrocortisone valerate cream, oint 0.2%	WESTCORT
G	Mometasone 0.1%	ELOCON
G	Triamcinolone (0.1%) Lotion	TRIAMCINOLONE
G	Triamcinolone cream, oint 0.1%	ARISTOCORT
G	Hydrocortisone Lotion 2.5%	HYTONE LOT 2.5%

Group 4 Anti-Inflammatory Agents

G	Fluocinolone cream, soln 0.01%	SYNALAR
G	Triamcinolone 0.025%	ARISTOCORT

Group 5 Anti-Inflammatory Agents

G	Hydrocortisone	
G	Alclometasone dipropionate cream, oint	ACLOVATE

Antipruritics and Local Anesthetics

G	Dicloline	
G	Lidocaine topical	XYLOCAINE (5% Ointment only)

Antipsoriatic

G	Selenium Sulfide 2.5%	SELSUN
G	Calcipotriene	DOVONEX
PA	Tazarotene	TAZORAC

Scabicides

G	Permethrin	ELIMITE, NIX CRÈME RINSE
	Crotamiton	EURAX LOTION
G	Pyrethrins-Piperonyl Butoxide	PRONTO, RID

Miscellaneous Topical Skin and Mucous Membrane Agents

NF	Lactic Acid (use OTC)	LAC-HYDRIN (use OTC)
NF	Coal Tar (use OTC)	ZETAR (use OTC)
G	Amcinonide	
G	Aluminum Chloride Hexahydrate	DRYSOL
G	Podofilox	CONDYLOX
G	Sulfactamide lotion	
G	Fluorouracil	EFUDEX
	Penciclovir	DENAVIR
	Pimecrolimus Cream	ELIDEL 30g tube or less per month – PA required for members < 2 years of age)
PA	Acyclovir Topical	ZOVIRAX (Ointment and Cream
PA	Tacrolimus Ointment	PROTOPIC- No Prior Auth required for plan approved Dermatologist or Allergist at 30g tubes per month - PA required for members < 2 years of age)
PA	Becaplermin	REGRANEX
PA	Imiquimod	ALDARA
PA	Alitretinoin 0.1% gel	PANRETIN GEL

Miscellaneous Oral Skin Agents

G	Methoxsalen	OXSORALEN

VITAMINS

Vitamin A

G	Vitamin A	AQUASOL A
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Vitamin B Complex

G	Folic Acid	FOLVITE
G	Leucovorin Calcium	LEUCOVORIN CALCIUM

Vitamin D

G	Calcifediol	
G	Calcitriol	ROCALTROL
G	Ergocalciferol	CALCIFEROL

Vitamin K

G	Phytonadione	MEPHYTON
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Prenatal (RX Only)

Generic Prenatal Multivitamins are all formulary as a 30 day supply

Multivitamins with Fluoride

G	Multivitamins/fluoride	POLY-VI-FLOR
G	Multivitamins/fluoride/iron	POLY-VI-FLOR with IRON
G	Vitamins ADC/fluoride	TRI-VI-FLOR
G	Vitamins ADC/fluoride/iron	TRI-VI-FLOR with IRON

Mineral Replacements

G	Phosphorus	K-PHOS NEUTRAL
G	Potassium Iodide	SSKI
	Calcium Gluconate peds item	NEO CAL GLUCONATE

Mineral Supplements

G	Zinc Sulfate	ZINC SULFATE

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Molina Healthcare of Washington – revised Dec. 2011

ST= Step therapy required

PA = Prior Authorization Required, fax request to (800) 869-7791

***= No prior authorization required on pens for 18 and younger

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