



This is a condensed version of the **Molina Healthcare of Washington Formulary**. It contains the most commonly used therapeutic classes of medications and the Formulary products. Unless stated otherwise, all strengths and dosage forms are included. The “G” designation indicates that a generic equivalent is available and will be dispensed. The Drug Formulary is reviewed and updated periodically. Medications not listed below are routinely considered via the Prior Authorization – Medication Exception Request Procedure. Inclusion of a prescription drug on this listing:

- *Is not a guarantee of its coverage in the treatment of all conditions. Check with the plan for specific details of coverage. Certain age limits may apply, **and prior authorization for certain drugs may need to be obtained (notated “PA”).** Prior authorization may require completion of specific forms which will be automatically faxed to the prescriber under the standard prior authorization procedure. *Somedrugs are noted “ST.” These drugs require step therapy before approval will be given.**
- *Does not guarantee that a member will be prescribed the drug by the member’s prescribing provider. Independent professional judgement must be exercised by providers overseeing patient care.*

ANALGESICS

(Headache agents
see NEUROLOGICAL AGENTS)

Narcotic Analgesics

- G TYLENOL/CODEINE
- G LORTAB
- G LORTAB ASA
- G FIORINAL/CODEINE
- G CODEINE
- G EMPIRIN/CODEINE
- G DILAUDID
- G DEMEROL
- G DOLOPHINE
- G MSIR TABS, ORAL CONC., CAPS
- G MS CONTIN
- G PERCOCET, TYLOX
- G PERCODAN
- G OXY IR
- G DARVOCET-N 100
- G DARVON
- OXYCONTIN
- PA DURAGESIC

Non-narcotic analgesics (see
JOINT/CONNECTIVE TISSUE/
MUSCULOSKELETAL AGENTS)

ANTI-HISTAMINE DRUGS

Single Entity Antihistamine

- G BENADRYL
- G TAVIST
- G PERIACTIN TABS
- G ATARAX
- G PHENERGAN
- G LORATADINE
- PA ALLEGRA
- PA ZYRTEC

Antihist/Decongestant’s

- G TRINALIN
- G RONDEC, TR
- G DURA-TAP/PD
- G DURA-VENT
- G COMHIST,-LA
- G RYNATAN

- G CODIMAL LA
- G AH-CHEW
- G CODIMAL DH SYP
- G PHENERGAN VC
- G TANAFED
- G BROMFED
- G RONDEC, CARDEC
- G PC-HIST
- G SEMPREX-D
- G PBZ, PBZ-SR

Decongestant

- G DURATUSS
- G ZEPHREX LA

ANTI-INFECTIVE AGENTS

Aminoglycosides

- G MYCIFRADIN
- PA TOBI

Antifungal Antibiotics

- G GRISPEG, GRISACTIN, GRIFULVIN V, FULVICIN U/F, FULVICIN P/G
- G NIZORAL
- MYCELEX TROCHE
- PA DIFLUCAN
(Except for generic 150 mg quantity limit 2)

Antihelmintics

- G VERMOX
- PA ALBENZA
- PA FUROXONE
- PA STROMECTOL
- PA MINTEZOL
- PA BILTRICIDE

Antimalarial Agents

- G ARALEN
- G PLAQUENIL
- G HUMATIN
- PA LARIAM
- YODOXIN
- PRIMAQUINE
- DARAPRIM
- FANSIDAR
- LAMPRENE

- THALOMID
- PA HALFAN

Antituberculosis Agents

- RIFAMATE
- G INH
- G PYRAZINAMIDE
- G RIFADIN
- DAPSONE
- G MYAMBUTOL
- RIFATER
- PA MYCOBUTIN

Antivirals

- G ZOVIRAX
- G FLUMADINE
- FAMVIR
- VALTREX
- ZIAGEN
- RESCRIPTOR
- VIDEX
- EPIVIR
- VIRAMUNE
- ZERIT
- HIVID
- RETROVIR
- COMBIVIR
- SUSTIVA

- PA CYTOVENE
- PA VALCYTE

PA PROTEASE INHIBITORS

(carve-out for Molina, bill DSHS directly)

Cephalosporins

- G CECLOR
- G CEFTIN
- G DURICEF
- G KEFLEX
- G VANTIN
- G CEFZIL
- LORABID
- SUPRAX SUSP**

- PA OMNICEF (unrestricted for ages 6 and under)
- PA CEDAX

Erythromycins/Macrolides

- G ERY-TAB
- G E-MYCIN
- G ILOSONE
- G E.E.S., ERY-PED
- G ERYTHROCIN
- G BIAXIN (not XL)
- DYNABAC
- PCE
- G ZITHROMAX

Fluoroquinolones

- G CIPRO (14 days supply)
- NEGGRAM
- CINOBAC
- PA LEVAQUIN
- PA ZAGAM

Penicillins

- G AMOXIL
- G TOTACILLIN
- G CLOXACILLIN
- G DYNAPEN
- G BACTOCILL
- G BEEPEN VK
- G AUGMENTIN

Sulfonamides

- G BACTRIM, DS
- G AZULFIDINE
- G GANTRISIN

Tetracyclines

- G DECLOMYCIN
- G DORYX
- G VIBRAMYCIN
- G VIBRATABS
- G MINOCIN
- G TERRAMYCIN
- G ACHROMYCIN
- G MONODOX

Miscellaneous Anti-infectives

G CLEOCIN ORAL
 G PEDIAZOLE
 G FLAGYL (375mg, 750 mg ER not covered)
 G MACROBID
 G MACRODANTIN
 G PROLOPRIM
 G FURADANTIN SUSP
 PENTAM 300
 PA MEPRON
 PA VANCOCIN

ANTINEOPLASTICS

All chemotherapy drugs, which are not considered experimental, are covered.

ANTITUSSIVES, EXPECTORANTS, AND MUCOLYTIC AGENTS**Antitussives – Narcotic**

G AMBENYL
 G POLYHISTINE CS
 G HYDROCO/GUAIF
 G CODIENE/GUAIF
 G HISTUSSIN HC
 G ROBITUSSIN
 AC,DAC
 G HYCODAN
 G HISTUSSIN D
 G PHENERGAN/COD
 G PHENER VC /COD
 G ACTIFED/CODEINE

Antitussives**Non-narcotic**

G TESSALON PERLES
 G TUSOGEST
 G PHENERGAN DM

Expectorants

G FENESIN
 G SSKI

BIOTECHNOLOGY AGENTS**Myeloid Stimulants**

PA NEUPOGEN
 PA LEUKINE

Erythroid Stimulants

PA PROCRIT, EPOGEN,
 ARANESP, NEULASTA,
 NEUMEGA

Interferons

PA ROFERON-A,
 INTRON-A
 PA REBETRON
 PA AVONEX, BETASERON
 PA PEG-INTRON,
 PEGASYS, REBIF

Other Biotechnological Agents

PA ENBREL
 PA PROTROPIN,
 SOMATREM
 PA REMICADE
 PA SANDOSTATIN
 PA SYNAGIS

CARDIOVASCULAR DRUGS**Angiotensin Converting Enzyme Inhibitors**

G CAPOTEN
 G LOTENSIN, HCT
 G MONOPRIL
 G ZESTRIL
 G ACCUPRIL

Angiotensin Receptor Blockers

PA AVAPRO
 PA AVALIDE
 PA BENICAR
 PA COZAAR
 PA HYZAAR
 PA DIOVAN, HCT

Antidysrhythmic Agents

G NORPACE, CR
 G QUINAGLUTE
 G QUINIDEX
 G BETAPACE

Antidysrhythmic Agents “Lidocaine Type”

G CORDARONE
 G MEXITIL
 G TAMBOCOR
 G CARDIOQUIN
 G ETHMOZINE
 G RYTHMOL
 G TONOCARD

Antidysrhythmic Agents “Procaine Type”

G PRONESTYL,
 PROCAN SR

Antilipidemic Agents

G LOPID
 G MEVACOR
 G ZOCOR
 G NIASPAN
 G PRAVACHOL
 G COLESTID
 G QUESTRAN, LIGHT
 ST VYTORIN
 ST CRESTOR
 PA TRICOR
 PA LIPITOR

Beta-Adrenergic Antagonists**“Non-selective”**

G CORGARD
 G BLOCADREN
 INDERAL, LA or
 INNOPRAN XL

Beta-Adrenergic Antagonists “Selective”

G SECTRAL
 G TENORMIN
 G VISKEN
 G LEVATOL
 G TOPROL XL
 G COREG

Calcium Channel Blockers

G CARDIZEM, SR
 G DILACOR XR
 G DYNACIRC
 G CARDENE, SR
 G ADALAT, -CC
 G CALAN
 G CALAN SR
 PLENDIL
 TIAZAC
 DYNACIRC CR
 SULAR
 VASCOR
 PA NORVASC
 PA NIMOTOP

Cardiac Glycosides

G LANOXIN

Centrally Acting Antihypertensives

G CATAPRES
 G WYTENSIN
 G TENEX
 G ALDORIL
 G ALDOMET
 G RESERPINE
 G REGROTON, DEMI-
 REGROTON
 ENDURONYL
 HYLOREL
 ISMELIN
 DEMSER
 SALUTENSIN
 PA CATAPRES-TTS
Combination Alpha-Beta Antagonist
 G TRANDATE,
 NORMODYNE

Hemorrhologic Agents - Anticoagulants

G COUMADIN

Hemorrhologic Agents – Antiplatelets

G PERSANTINE
 PLAVIX
 ASPIRIN 81MG EC

Other Hemorrhologic Agents

G AMICAR
 G TRENAL

Pheochromocytoma Agents

DIBENZYLIN

Antihypertensive Misc. Agents

PA TRACLEER

Vasodilator**Antihypertensives**

G APRESOLINE
 G APRESAZIDE
 G LONITEN
 G MINIPRESS
 G HYTRIN
 G CARDURA

Vasodilating Agents

G ISORDIL,
 DILATRATE SR
 G IMDUR
 G NITROL OINTMENT
 G NITRO-BID
 G NITROSTAT
 G SUBLINGUAL SPRAY
 G NITRO-DUR,
 TRANSDERM NITRO
 HYDERGINE LC
 NITROGARD

Combination**Antihypertensives**

G TENORETIC
 G CAPOZIDE
 G COMBIPRES
 G INDERIDE, LA
 G LOPRESSOR HCT
 G LOTENSIN HCT
 G ZIAC
 TIMOLIDE
 CORZIDE
 LOTREL
 PA TARKA
 PA DIOVAN HCT
 PA TECZEM

CENTRAL NERVOUS SYSTEM AGENTS**Antidepressants**

G ANAFRANIL
 G ASENDIN
 G DESYREL
 G ELAVIL
 G ETRAFON, TRIAVIL
 G LIMBITROL, DS
 G LUDIOMIL
 G NORPRAMIN
 G PAMELOR
 G PAXIL (Not CR)
 G PROZAC (20mg caps only; "weekly" not covered)

G REMERON (Not SolTab)
 G SINEQUAN
 G SURMONTIL
 G TOFRANIL
 G TOFRANIL-PM
 G VIVACTIL
 G CELEXA (QTY limit of #15 for 10mg and 20mg tablets)

G EFFEXOR, XR
 G ZOLOFT (QTY limit of #15 for 25mg and 50mg tablets)

PA WELLBUTRIN SR (Not XL, generic only with auth) (Not Covered for Smoking Cessation unless enrolled in Molina-approved smoking cessation program)

PA ZYBAN
 PA LUVOX

Antimanic Agents

G LITHONATE
 G LITHIUM CITRATE
 LITHOBID, ESKALITH

Antipsychotic Agents

G CLOZARIL
 G HALDOL
 G LOXITANE
 G LOXITANE C
 G MELLARIL
 G NAVANE
 G PROLIXIN
 G STELAZINE
 G THORAZINE
 G TRILAFON

MOBAN
 ORAP
 SERENTIL
 PA GEODON
 PA SEROQUEL
 PA RISPERDAL
 PA ZYPREXA

Barbiturates

G PHENOBARBITAL
 PA NEMBUTAL

Benzodiazepines

G XANAX
 G LIBRIUM
 G TRANXENE
 G VALIUM
 G PROSOM
 G DALMANE !
 G ATIVAN
 G RESTORIL !
 G HALCION !
 DORAL

! = quantity limit 15/30 days

Monoamine Oxidase**Inhibitors**

NARDIL
 PARNATE

Respiratory and Cerebral Stimulants

G DEXEDRINE,
 DEXASTAT
 G RITALIN, CR
 ADDERALL, XR
 (XR QTY limit of QD dosing)
 DESOXYN
 DEXEDRINE SPANS
 METADATE CD
 CONCERTA
 STRATTERA
 (QTY limit of QD dosing)

Miscellaneous Central Nervous System Agents

G NOCTEC
 G TRANCOPAL
 G ANTABUSE
 G ATARAX, VISTARIL
 G PAXIPAM
 G EQUANIL
 G SERAX
 SONATA !

G AMBIEN
 ! = quantity limit 15/30 days

G BUSPAR
 PA ReVIA

ELECTROLYTIC, CALORIC, AND WATER BALANCE**Ammonia Detoxicants**

G CEPHULAC
 Electrolyte Depletors
 G PHOS-LO
 G SPS

Loop Diuretics

G BUMEX
 G LASIX
 DEMADEX
 EDECRIN

Potassium Chloride Formulations

G SLOW-K
 G K-DUR 10 mEq
 G K-DUR 20 mEq
 G K-LYTE
 G KLORVESH
 G KAON
 G MICRO-K

Potassium Sparing Diuretics

G MIDAMOR
 G MODURETIC
 G ALDACTAZIDE
 G DYAZIDE, MAXZIDE
 G ALDACTONE

Thiazide and Related Diuretics

G HYGROTON
 G LOZOL
 G MICROZIDE
 G ZAROXOLYN

ENDOCRINE AGENTS**Androgens**

G DANOCRINE
 G HALOTESTIN
 G METANDREN
 G OXANDRIN
 TESLAC

Estrogens

G ESTRATAB
 G OGEN, CREAM
 PREMPHASE,
 PREMPRO
 PREMARIN, CREAM
 G CLIMARA (Qty. #4/mo)
 ALORA (Qty. #8/mo)

PA COMBIPATCH

Insulins (prior authorization not required on pens for 18 and younger)

ILETIN
 HUMULIN, NOVOLIN
 HUMALOG, 50/50,
 75/25
 LANTUS
 NOVOLOG,
 NOVOLOG MIX 70/30

LHRH Agonists

PA LUPRON DEPOT

Glucagon

GLUCAGON KIT

Oral Antidiabetics

G DYMELOS
 G DIABINESE
 G GLUCOTROL, XL
 G DIABETA, MICRONASE
 G GLYNASE PRESTAB
 G TOLINASE
 G ORINASE
 G GLUCOPHAGE
 (Not -XR)
 AMARYL
 PRECOSE
 PA PRANDIN
 PA ACTOS

Osteoporosis Agents

FOSAMAX (formulary for post-menopausal women over age 50)
 PA ACTONEL
 PA SKELID

Thyroid Agents — All Brands Covered, Generic NOT Mandatory

G LEVOXYL, SYNTHROID
 G ARMOUR THYROID
 CYTOMEL
 THYROLAR

Antithyroid Agents

G PTU
 G TAPAZOLE

Other Endocrine Agents

G MEGACE
 G NOLVADEX
 G EULEXIN
 DIDRONEL
 EVISTA
 CYTADREN
 ARIMIDEX
 CASODEX
 HYTAKEROL
 EMCYT
 G EULEXIN
 PA SYNAREL
 PA DDAVP, STIMATE

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

Miotics

- G ISOPTO CARBACHOL
- G ESERINE SULFATE
- G ISOPTO CARPINE
- PHOSPHOLINE IODIDE

Mydriatics

- G ISOPTO-ATROPINE
- G CYCLOGYL
- G PROPINE
- G P1E1, etc.
- G ISOPTO-HOMATROPINE
- G ISOPTO-HYOSCINE
- G MYDRIACYL

Nasal Corticosteroids

- NASONEX
- NASACORT AQ
- BECONASE AQ
- RHINOCORT AQUA
- G FLONASE

Miscellaneous Nasal Products

- ASTELIN
- NASALCROM (OTC)

Ophthalmic Antibiotics

- G BACITRACIN O.O.
- G OCUMYCIN
- G CHLOROMYCETIN
- G GARAMYCIN
- G CORTISPORIN
- G NEOSPORIN
- G NEOSPORIN O.O., INFA-3
- G POLYTRIM
- G VASOCIDIN
- G BLEPH-10, SULAMYD
- G TOBREX
- VASOSULF
- OCUFLOX
- BLEPHAMIDE, S.O.P.
- TOBRADEX

- G ILOTYCIN

- PA ZYMAR (PA not required for plan Ophthalmologists)

Ophthalmic Anti-inflammatory Agents

- G MAXITROL
- G DECADRON
- G VOLTAREN OPHTH
- G FML OPHTH SUSP
- G EFLON
- G OCUFEN
- G HMS

- G PRED MILD, FORTE
- G INFLAMASE, FORTE
- G ISOPTO CETAPRED
- POLY-PRED
- FML-S
- ACULAR
- PA VEXOL

Ophthalmic Antivirals

- HERPLEX
- VIROPTIC
- VIRA-A O.O.

Ophthalmic "Non-selective" Beta Blockers

- G BETAGAN
- G TIMOPTIC
- G BETIMOL
- OPTIPRANOLOL

Ophthalmic "Selective" Beta Blockers

- BETOPTIC, -S

Ophthalmic Vasoconstrictors

- NF NAPHCN / ALBALON (USE OTC.)
- NF NAPHCN-A (USE OTC)

Miscellaneous

Antiglaucoma Ophthalmics

- G IOPIDINE
- G OCUPRESS
- HUMORSOL
- ALPHAGAN - P
- AZOPT
- TRAVATAN
- XALATAN
- PA COSOPT

Miscellaneous Ophthalmics

- ZADITOR OTC
- ALOMIDE
- PA EMADINE
- PA PATANOL
- PA RESTASIS OTIC (no PA required for plan-approved Ophthalmologists)

Oral Antiglaucoma Agents

- G DIAMOX
- G NEPTAZANE
- DIAMOX SEQUELS

Oral Anesthetics

- G XYLOCAINE VISCOUS

Otic Agents

- G VOSOL-HC OTIC
- G DOMEBORO OTIC
- G A/B OTIC
- G CORTISPORIN OT.

- CERUMENEX
- PA CIPRODEX OTIC (no PA required for plan-approved ENT or pediatrician)
- PA FLOXIN OTIC (no PA required for plan-approved ENT or pediatrician)

GASTROINTESTINAL DRUGS

Antidiarrheal Agents

- KAOPECTATE
- CHILD SUSP
- G LOMOTIL

Antiemetics

- G ANTIVERT
- G REGLAN
- G COMPAZINE
- G PHENERGAN (PA for members < 2 years old)
- G TORECAN
- G TIGAN
- G TEBAMIDE
- TRANSDERM-SCOP
- PA MARINOL
- PA KYTRIL
- PA ZOFRAN, Zofran ODT

Antispasmodics and GI Motility

- G DONNATAL
- G URECHOLINE
- G LIBRAX
- G BENTYL
- G BELLERGA-S, BEL-PHEN-ERGOT
- G LEVSIN, LEVSINEX
- G PROBANTHINE

Digestive Enzymes

- G PANCREASE, VIOKASE
- G CREON

Cathartics and Laxatives

- G GoLYTELY, NuLYTELY
- MIRALAX

H2 Antagonists

- G TAGAMET
- G ZANTAC 150mg tabs
- G ZANTAC SYRUP

Other Anti-Ulcer Agents

- G CARAFATE Tabs
- HELIDAC
- PREVPAC
- TRITEC

Proton Pump Inhibitors

- PRIOLOSEC OTC
- PA PROTONIX
- PA PREVACID (except 15mg Solu-Tab for members <12 years of age and up to 6mo/yr)

Miscellaneous

- G PERIDEX
- G PROCTO-CREAM
- G PROCTOFOAM-HC, ANALPRAM-HC
- ORABASE HCA
- CORTIFOAM
- ASACOL, ROWASA
- ACTIGALL
- CYTOTEC

GENITOURINARY AGENTS

Smooth Muscle Relaxants

- G DITROPAN
- URISPAS

Miscellaneous

- G PYRIDIUM
- G PROSCAR
- G URISID
- G BICITRA
- PA YOCON
- PA ELIMIRON

ALPHA BLOCKERS

- G CARDURA
- G HYTRIN
- PA FLOMAX

IMMUNOSUPPRESSIVE AGENTS

- G IMURAN
- G METHOTREXATE
- PA SANDIMMUNE
- PA NEORAL
- PA CELLCEPT
- PA PROGRAF

JOINT-CONNECTIVE TISSUE-MUSCULO-SKELETAL AGENTS

Adrenal Corticosteroids

- G CELESTONE
- G CORTONE
- G DECADRON
- G CORTEF
- G MEDROL
- G PRELONE SYRUP
- G DELTASONE
- G ARISTOCORT
- ORAPRED
- FLORINEF

Antirheumatics

G RHEUMATREX
 CARNITOR
 RIDAURA
 CUPRIMINE
 CHEMET
 PA ARAVA

Gout Agents

G ZYLOPRIM
 G COLCHICINE
 G COL-BENEMID
 G BENEMID
 G ANTURANE

Nonsteroidal Anti-Inflammatory Agents

G ANAPROX
 G ANSAID
 G CATAFLAM
 G CLINORIL
 G DAYPRO
 G FELDENE
 G INDOCIN, SR
 G LODINE, -XL
 G MECLOMEN
 G MOTRIN
 G NAPROSYN
 G ORUDIS
 G RELAFEN
 G TORADOL
 G ULTRAM
 (qty limit of 120/mo)
 G VOLTAREN (not XR)
 ARTHROTEC
 PA CELEBREX
 PA MOBIC

Salicylates

G TRILISATE
 G DOLOBID

Skeletal Muscle Relaxants

G LIORESAL
 G SOMA
 G SOMA COMPOUND
 G PARAFON FORTE
 G FLEXERIL
 G ROBAXIN
 G ROBAXISAL
 G NORFLEX
 G NORGESIC, FORTE
 SKELAXIN
 DANTRIUM
 PA ZANAFLEX

Miscellaneous

Musculoskeletal Agents
 PROSTIGMIN
 MESTINON
 RILUTEK

NEUROLOGICAL AGENTS**Anticonvulsants –****Barbiturate**

G MEBARAL
 G PHENOBARBITAL
 G MYSOLINE

Anticonvulsants –**Benzodiazepine**

G KLONOPIN

Anticonvulsants –**Hydantoin**

G DILANTIN

Anticonvulsants –**Miscellaneous**

G TEGRETOL, -XR
 G DEPAKENE
 G NEURONTIN
 G ZARONTIN
 CELONTIN
 MILONTIN
 PEGANONE
 DEPAKOTE, -ER
 LAMICTAL
 PA KEPPRA
 PA GABITRIL
 No PA from plan
 approved Neurologist
 TRIDIONE
 PA TOPAMAX
 No PA from plan
 approved Neurologist
 PA TRILEPTAL
 No PA from plan
 approved Neurologist
 PA ZONEGRAN

Anti-Parkinson's Agents

G SYMMETREL
 G COGENTIN
 G PARLODEL
 G PERMAX
 G SINEMET, CR
 G ELDEPRYL
 G ARTANE
 AKINETON
 KEMADRIX
 MIRAPEX
 REQUIP
 PA TASMAR

Sympatholytic Agents**Anti-Migraine Medications**

G ESGIC, FIORICET
 G PHRENILIN, FORTE
 G MIDRIN
 G FIORINAL
 G CAFERGOT
 G E-CAFF PB,
 URKAF-PB

ERGOSTAT

RELPAK

(qty limit 6 per month)

MAXALT, MLT

(qty limit 9 per 45 days)

IMITREX TABLETS

(qty limit 9 per 45 days)

ZOMIG

(qty limit 6 per month)

PA AXERT

PA IMITREX INJECTION

PA IMITREX NASAL

Miscellaneous Neurological Agents

PA ARICEPT
 PA COMTAN
 PA NAMENDA

OBSTETRICAL AND GYNECOLOGICAL AGENTS**Monophasic Oral Contraceptives**

G DESOGEN,
 G ORTHO-CEPT
 G DEMULEN
 G NORDETTE
 G ORTHO CYCLEN
 G MODICON
 G ORTHO-NOVUM 1/35
 G ORTHO NOVUM
 G LOESTRIN, FE
 G LO/OVRAL
 G OVRAL
 G ALESSE
 ESTROSTEP, Fe
 YASMIN

Biphasic Oral Contraceptives

G VARIOUS
 G ORTHO-NOVUM 10/11
 G MIRCETTE

Triphasic Oral Contraceptives

G TRIPHASIL
 G ORTHO-NOVUM 7-7-7
 TRI-NORINYL
 G ORTHO TRI-CYCLEN
 (Not Lo)

Emergency Oral Contraceptives

PLAN B

Progestin Agents

G AYGESTIN

G PROVERA
 DEPO-PROVERA
 G MICRONOR
 OVRETTE
 PA PROMETRIUM

OB/GYN Anti-infectives

G MYCOSTATIN
 VAGINAL
 G SULTRIN
 METRO-GEL VAGINAL
 TERAZOL
 CLEOCIN VAGINAL
 (use oral first)

Miscellaneous

ESTRACE
 METHERGINE
 ORTHO-EVRA
 NUVARING
 PA ESTRING

RESPIRATORY AGENTS

(limit two inhalers per prescription)

Beta 2 Adrenergic Agents (oral)

G PROAIR HFA
 G ALUPENT
 VOLMAX, PROVENTIL
 REPETAB
 YUTOPAR

Beta 2 Adrenergic Inhalants

G PROVENTIL HFA
 G ALUPENT SOLUTION
 FORADIL
 SEREVENT, DISKUS
Inhaled Bronchial Steroids
 PULMICORT RESPULE
 Age 0-6 (>7 yo req PA)
 AEROBID
 AZMACORT
 FLOVENT, ROTADISK
 QVAR

ST ADVAIR DISKUS

ST SYMBICORT

Respiratory Smooth Muscle Relaxants

G AMINOPHYLLINE
 G THEO-DUR, SLOW-BID
 G UNIPHYL, THEO-24

Other Respiratory Agents

- G INTAL SOLUTION
- G ATROVENT
- TILADE INHALER
- INTAL
- SPIRIVA (PA for members < 30 years old)
- PA BROVANA
- PA MUCOMYST
- PA PULMOZYME
- PA COMBIVENT
- PA ACCOLATE
- PA SINGULAIR
- PA ZYFLO

Misc. Respiratory Devices

- PEAK FLOW METER
- (One per year)
- SPACER (1 per year)

Emergency Respiratory Agents

- EPIPEN, JR
- ANAKIT
- ANAGUARD

SKIN AND MUCOUS MEMBRANE AGENTS**Anti-Acne Products**

- G DESQUAM
- G BENZAMYCIN
- G CLEOCIN T SOLN, GEL, LOTION
- G T-STAT
- G EMGEL, A/T/S
- G ERYCETTE
- G RETIN A, AVITA
- SULFOXYL
- METROGEL,
- METROCREAM,
- METROLOTION,
- NORITATE
- TOPICYCLINE
- DIFFERIN
- AZELEX

Oral Anti-Acne Agents

- PA ACCUTANE

Antifungals –Topical (USE OTC WHEN POSSIBLE)

- G MYCOSTATIN
- G MYCOLOG
- EXELDERM
- NIZORAL SHAMPOO, CREAM
- LOPROX
- SPECTAZOLE
- NAFTIN
- OXISTAT
- LOTRISONE*

- PA FUNGOID
- G CLOTRIMAZOLE

Anti-Infectives - topical (USE OTC WHEN POSSIBLE)

- G GARAMYCIN CREAM
- G CORTISPORIN CREAM, OINTMENT
- G SILVADENE CREAM
- BACTROBAN OINTMENT, CREAM

Anti-Inflammatory Agents Group 1**Anti-Inflammatory Agents***

- G TEMOVATE, -E, CORMAX
- G PSORCON
- ULTRAVATE

Group 2**Anti-Inflammatory Agents***

- G DIPROSONE, DIPROLENE
- G DIPROLENE AF
- G VALISONE
- G DESOWEN
- G SYNALAR HP
- G LIDEX, E
- G KENALOG
- HALOG
- DERMATOP

Group 3**Anti-Inflammatory Agents**

- G TOPICORT
- G SYNALAR
- G CUTIVATE
- G WESTCORT
- G ELOCON
- G ARISTOCORT

Group 4**Anti-Inflammatory Agents**

- G SYNALAR
- G ARISTOCORT
- G TRIAMCINOLONE

Group 5**Anti-Inflammatory Agents**

- G HYTONE
- ACLOVATE
- CORDRAN (topical)

MISC AGENTS

- ELIDEL CREAM – No Pa Req for 15g or 30g tubes at #1/MO- PA for members <2 years old

- PA PROTOPIC OINT. No PA Req for plan approved Derm or Allergist. At 30g per month- PA for members < 2 years old

MEPHYTON

Prenatal (RX Only)

- G Any Generic as 30 day supply

Multivitamins with Fluoride

- G POLY-VI-FLOR
- G POLY-VI-FLOR with IRON
- G TRI-VI-FLOR
- G TRI-VI-FLOR with IRON

Mineral Replacements

- G K-PHOS NEUTRAL SSKI
- NEOCAL GLUCONATE

Mineral Supplements

- G ZINC SULFATE
- G FERROUS SULFATE

MISC DEVICES

TRUE TRACK

Antipruritics and Local Anesthetics

- G DYCLONE
- G XYLOCAINE

Antipsoriatic

- G SELSUN
- CAPITROL
- SORIATANE
- DOVONEX
- TEGISON
- TAZORAC

Scabicides

- G ELIMITE, NIX
- CREAM RINSE
- EURAX LOTION

Miscellaneous Topical Skin and Mucous Membrane Agents

- NF LAC-HYDRIN (use OTC)
- NF ZETAR (use OTC)
- CYCLOCORT
- DRYSOL
- CONDYLOX
- SEBIZON
- ELASE OINTMENT
- EFUDEX
- FURACIN
- DENAVIR
- ZOVIRAX OINT.

- PA REGRANEX

- PA ALDARA

- PA PANRETIN GEL

Miscellaneous Oral Skin Agents

- G OXSORALEN
- G TRISORALEN

VITAMINS**Vitamin A**

- G AQUASOL A

Vitamin B Complex

- G FOLVITE
- G LEUCOVORIN
- CALCIUM

Vitamin D

- G CALDEROL
- ROCALTROL
- CALCIFEROL

Vitamin K