
**August 2014**

## Molina Healthcare of California

# Preferred Drug List (Formulary)

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(08/01/2014)


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## INTRODUCTION

We are pleased to provide the 2014 *Molina Healthcare of California Preferred Drug List (Formulary)* as a useful reference and informational tool. This document can assist medical providers in selecting clinically-appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by a Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. All the information in the document is provided as a reference for drug therapy selection.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

## PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action. Products are listed by generic name with brand name for reference only. Unless the cited drug is available as an injectable or an exception is specifically noted, generally, all applicable dosage forms and strengths of the drug cited are included in the document.

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of a Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an advisory body of experts. The P&T Committee's voting members include physicians and pharmacists, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

## DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms on the document are covered, general principles are noted below.

- Listed products on the document generally include all strengths and dosage forms of the cited brand-name product.
- When a strength or dosage form is specified, only the specified strength and dosage form is on the document. Other strengths/dosage forms, including injectable dosage forms of the reference product are not.
- If the OTC and Prescription versions of the product are covered, then both are listed.
- Extended-release and delayed-release products require their own entry.
- Dosage forms on the document will be consistent with the category and use where listed.

## PRESCRIPTION QUANTITY

Prescriptions should be written for a therapeutic supply of medications (the amount to appropriately treat a medical condition) up to a maximum of a 60-day supply. Trial quantities may be used when initiating new treatments, if appropriate.

## GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. **Boldface type** indicates generic availability. However, not all strengths or dosage forms of the generic name in boldface type may be generically available. A brand drug for which a generic product becomes available may become non-formulary and the generic covered in its place. However, the document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color, and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

## PLAN DESIGN

The document represents a closed formulary plan design. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e. Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria. Log in to **www.molinahealthcare.com** to check coverage.

## 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 situations arise, the physician may fax a completed drug prior authorization form to Molina at (866) 508-6445. The forms may be obtained by logging into the website **www.molinahealthcare.com**. Trials of pharmaceutical samples will not be considered as rationale for approving a prior authorization request.

## PRIOR AUTHORIZATION HELPFUL HINTS

To ensure the quickest response possible from Molina Healthcare of California's Pharmacy Department, please provide relevant information with the Prior Authorization request. The following are examples:

| Class of Medication/Diagnosis | Requested Clinical Information |
|---|---|
| Cholesterol Lowering | Lipid Panel, Cardiovascular risk factors |
| Diabetes | A1c Report |
| Non-Formulary/Non-Preferred Medication | Medication Log and/or Progress Notes documenting previous use of Formulary medications |

## NON-COVERED MEDICATIONS

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

- Medications used for erectile dysfunction
- Medications used for cosmetic purposes
- Experimental or investigational medications
- Non-legend drug preparations (benzoic and salicylic acid ointment, salicylic acid cream, ointment, or liquid, sodium chloride, zinc oxide paste)
- Non-legend analgesics
- Enteral nutritional supplements or replacements
- Vitamin combinations for persons > 5 years old (except prenatal vitamins)
- Non-legend Cough and Cold (OTC products containing guaifenesin or dextromethorphan)

## CARVED-OUT MEDICATIONS (medications covered under Medi-Cal Fee-for-Service)

The following types of medications are covered by the Medi-Cal Fee-for-Service (FFS) program directly, even when the member is enrolled in Molina managed care. For questions about a benefit or service listed here, please call Medi-Cal Support at 1-800-541-5555.

- Psychiatric Drugs

- Monoamine Oxidase Inhibitors (MAOIs)
- Select Antiparkinsonian Agents
- Mood Stabilizers
- HIV Drugs
- Detoxification Agents
- Hemophiliac Blood Products

## PRESCRIPTION CLAIMS PROCESSOR

Molina Healthcare 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 CVS/caremark Help Desk at (800) 770-8014.
- Membership and eligibility concerns may be addressed by calling the Molina Membership Services at (888) 665-4621.
- Provider-related questions may be addressed by calling the Molina Provider Services Help Desk at (888) 665-4621.

## URGENT AND AFTER-HOURS MEDICATION POLICY

To prevent a member's condition from worsening in an urgent situation, it may be necessary to dispense a 72-hour supply of an acute medication before prior authorization may be obtained from Molina (e.g., a member is discharged from a hospital after regular business hours with a special antibiotic prescription).

Pharmacies are instructed to use their professional judgment. Molina will reimburse pharmacies for a 72-hour supply of an acute medication at contracted rates for these prescriptions. Pharmacies may contact CVS/caremark Help Desk at (800) 770-8014 to obtain an override for a 72-hour supply.

Pharmacies may call Molina at (888) 665-4621 on the following business day to obtain authorization to allow the urgent or after-hours prescription to process on-line. It is advised and expected that the pharmacy will provide reasonable documentation of cases where medications were dispensed under these urgent circumstances.

## LEGEND

| | |
|---|---|
| **AGE** | Age Limit |
| **OTC** | Over-the-counter |
| **PA** | Prior Authorization |
| **QL** | Quantity Limit |
| **SP** | Specialty Drug; These drugs must be obtained through CVS Caremark Specialty Pharmacy Services. |
| **ST** | Step Therapy |
| **boldface** | Indicates generic availability; boldface may not apply to every strength or dosage form under the listed generic name |
| delayed-rel | Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification |
| ext-rel | Extended-release (also known as sustained-release), refer to the reference brand listed for clarification |

## REQUESTING FORMULARY CHANGES

If you are a prescriber and would like to request a formulary change, please submit your request and rationale to Molina's Pharmacy Department with your contact information.

Fax: 562-499-0790

## NOTICE



This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

## ANALGESICS

### ANALGESICS, OTHER

| | | |
|---|---|---|
| **acetaminophen OTC** | | TYLENOL |

### NSAIDs

**NSAID use in the following conditions deserves special consideration of potential risks: history of GI bleeding or ulcer, chronic anticoagulation, asthma, aspirin allergy, renal failure, hypertension or congestive heart failure.**

| | | |
|---|---|---|
| **diclofenac potassium** | | CATAFLAM |
| **diclofenac sodium delayed-rel** | | |
| **etodolac tabs** | | |
| **flurbiprofen** | | |
| **ibuprofen** | | |
| **ibuprofen OTC** | | MOTRIN |
| **indomethacin caps** | | |
| **ketoprofen** | | |
| **ketorolac QL** | Max #20/month | |
| **meloxicam tabs** | | MOBIC |
| **nabumetone PA** | | |
| **naproxen** | | NAPROSYN |
| **naproxen delayed-rel** | | EC-NAPROSYN |
| **naproxen sodium OTC** | | ALEVE |
| **naproxen sodium** | | ANAPROX |
| **oxaprozin PA** | | DAYPRO |
| **piroxicam PA** | | FELDENE |
| **salsalate** | | |
| **sulindac** | | CLINORIL |

### NSAIDs, TOPICAL

| | | |
|---|---|---|
| diclofenac gel **PA** | | VOLTAREN GEL |

### COX-2 INHIBITORS

| | | |
|---|---|---|
| celecoxib **PA** | | CELEBREX |

### GOUT

| | | |
|---|---|---|
| **allopurinol** | | ZYLOPRIM |
| colchicine **PA** | | COLCRYS |
| **colchicine/probenecid** | | |
| **probenecid** | | |

### OPIOID ANALGESICS

**(Limited to 4 grams of acetaminophen per day)**

| | | |
|---|---|---|
| **butalbital/acetaminophen/caffeine/codeine 50/325/40/30 mg QL** | Max #240/month | |
| **codeine sulfate 15 mg, 30 mg QL** | Max #360/month | |
| **codeine sulfate 60 mg QL** | Max #240/month | |
| **codeine/acetaminophen soln QL** | Max #3750 mL/month | TYLENOL w/CODEINE |
| **codeine/acetaminophen tabs QL** | Max #180/month | TYLENOL w/CODEINE |
| **fentanyl transdermal PA, QL** | Max #10/month | DURAGESIC |
| **hydrocodone/acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg QL** | Max #180/month | NORCO |
| **hydrocodone/acetaminophen soln 7.5/325 mg/15 mL QL** | Max #3750 mL/month | HYCET |
| **hydromorphone tabs 2 mg QL** | Max #360/month | DILAUDID |
| **hydromorphone tabs 4 mg QL** | Max #180/month | DILAUDID |
| **methadone soln 5 mg/5 mL QL** | Max #1200 mL/month | |
| **methadone soln 10 mg/5 mL QL** | Max #600 mL/month | |
| **methadone tabs 5 mg, 10 mg QL** | Max #360/month | DOLOPHINE |
| **morphine sulfate ext-rel 15 mg, 30 mg, 60 mg, 100 mg QL** | Max #90/month | MS CONTIN |

| | | |
|---|---|---|
| **morphine sulfate soln PA, QL** | Max #450 mL/month | |
| **morphine sulfate tabs QL** | Max #90/month | |
| **oxycodone/acetaminophen 5/325 mg, 10/325 mg QL** | Max #180/month | PERCOCET |
| **tramadol QL** | Max #120/month | ULTRAM |

**NON-OPIOID ANALGESICS**

| | |
|---|---|
| **butalbital/acetaminophen** | |
| **butalbital/acetaminophen/caffeine 50/325/40 mg** | |
| **butalbital/aspirin/caffeine** | FIORINAL |

**VISCOSUPPLEMENTS**

| | |
|---|---|
| sodium hyaluronate **PA, SP** | EUFLEXXA |

## ANTI-INFECTIVES

**ANTIBACTERIALS**

**AGE *** Covered only for ages 12 years old and under.

**Aminoglycosides**

| | |
|---|---|
| **neomycin** | |

**Cephalosporins**

*First Generation*

| | |
|---|---|
| **cefadroxil susp AGE *** | |
| **cephalexin 250 mg, 500 mg** | KEFLEX |
| **cephalexin susp AGE *** | KEFLEX |

*Second Generation*

| | |
|---|---|
| **cefprozil susp AGE *** | |
| **cefuroxime axetil tabs** | CEFTIN |

*Third Generation*

| | |
|---|---|
| **cefdinir caps PA** | |
| **cefdinir susp AGE *** | |

**Erythromycins/Macrolides**

| | |
|---|---|
| **azithromycin powder packet, tabs QL** | ZITHROMAX |
| **azithromycin susp AGE *, QL** | ZITHROMAX |
| **erythromycin base** | |
| erythromycin delayed-rel | ERY-TAB |
| erythromycin ethylsuccinate susp **AGE *** | E.E.S. GRANULES |
| erythromycin ethylsuccinate susp 200 mg/5 mL **AGE *** | ERYPED |
| **erythromycin ethylsuccinate tabs** | E.E.S. |
| **erythromycin stearate** | ERYTHROCIN |
| **erythromycin/sulfisoxazole** | |

**Fluoroquinolones**

| | |
|---|---|
| **ciprofloxacin 250 mg, 500 mg, 750 mg** | CIPRO |
| **levofloxacin PA** | LEVAQUIN |

**Penicillins**

| | |
|---|---|
| **amoxicillin caps, tabs** | |
| **amoxicillin susp AGE *** | |
| **amoxicillin/clavulanate chew tabs, susp AGE *** | AUGMENTIN |
| **amoxicillin/clavulanate tabs** | AUGMENTIN |
| **ampicillin caps** | |
| **ampicillin susp AGE *** | |
| **dicloxacillin** | |
| **penicillin VK** | |

### Sulfonamides

| | |
|---|---|
| **sulfamethoxazole/trimethoprim** | BACTRIM |

### Tetracyclines

**Contraindicated for children less than 8 years old, or pregnant and nursing mothers.**

| | |
|---|---|
| **doxycycline monohydrate caps 50 mg, 100 mg** | MONODOX |
| **doxycycline monohydrate tabs 100 mg** | ADOXA |
| **minocycline caps 50 mg, 100 mg** | MINOCIN |

## ANTIFUNGALS

| | |
|---|---|
| **fluconazole susp PA** | DIFLUCAN |
| **fluconazole tabs** | DIFLUCAN |
| **griseofulvin microsize susp** | |
| **ketoconazole** | |
| **nystatin** | |
| **terbinafine tabs** | LAMISIL |

## ANTIRETROVIRAL AGENTS

**The Department of Health Services through the Medi-Cal Fee-for-Service (FFS) Program has assumed responsibility for select HIV medications listed below. This list may not be all-inclusive. Pharmacies must bill these medications directly to Medi-Cal Fee-for-Service. Prior Authorization from the plan is not required. Medi-Cal 1-800-541-5555.**

### Antiretroviral Combinations

**(Medi-Cal FFS Carved-Out Drugs)**

| | |
|---|---|
| abacavir/lamivudine | EPZICOM |
| **abacavir/lamivudine/zidovudine** | TRIZIVIR |
| efavirenz/emtricitabine/tenofovir | ATRIPLA |
| elvitegravir/cobicistat/emtricitabine/tenofovir **PA** | STRIBILD |
| emtricitabine/rilpivirine/tenofovir | COMPLERA |
| emtricitabine/tenofovir | TRUVADA |
| **lamivudine/zidovudine** | COMBIVIR |

### Chemokine Receptor Antagonists

**(Medi-Cal FFS Carved-Out Drugs)**

| | |
|---|---|
| maraviroc | SELZENTRY |

### Integrase Inhibitors

**(Medi-Cal FFS Carved-Out Drugs)**

| | |
|---|---|
| raltegravir | ISENTRESS |

### Non-nucleoside Reverse Transcriptase Inhibitors

**(Medi-Cal FFS Carved-Out Drugs)**

| | |
|---|---|
| efavirenz | SUSTIVA |
| etravirine **SP** | INTELENCE |
| **nevirapine** | VIRAMUNE |
| nevirapine ext-rel | VIRAMUNE XR |
| rilpivirine | EDURANT |

### Nucleoside Reverse Transcriptase Inhibitors

**(Medi-Cal FFS Carved-Out Drugs)**

| | |
|---|---|
| abacavir soln | ZIAGEN |
| **abacavir tabs** | ZIAGEN |

| | |
|---|---|
| **didanosine delayed-rel caps** | VIDEX EC |
| emtricitabine | EMTRIVA |
| lamivudine soln | EPIVIR |
| **lamivudine tabs** | EPIVIR |
| **stavudine caps** | ZERIT |
| **zidovudine** | RETROVIR |

**Nucleotide Reverse Transcriptase Inhibitors**
**(Medi-Cal FFS Carved-Out Drugs)**

| | |
|---|---|
| tenofovir tabs | VIREAD |

**Protease Inhibitors**
**(Medi-Cal FFS Carved-Out Drugs)**

| | |
|---|---|
| atazanavir | REYATAZ |
| darunavir | PREZISTA |
| fosamprenavir tabs | LEXIVA |
| lopinavir/ritonavir | KALETRA |
| nelfinavir | VIRACEPT |
| ritonavir | NORVIR |
| saquinavir mesylate tabs | INVIRASE |

**ANTITUBERCULAR AGENTS**

| | |
|---|---|
| **ethambutol** | MYAMBUTOL |
| **isoniazid tabs** | |
| **pyrazinamide** | |
| **rifampin** | RIFADIN |

**ANTIVIRALS**
**Cytomegalovirus Agents**

| | |
|---|---|
| valganciclovir **PA** | VALCYTE |

**Hepatitis Agents**
*Hepatitis B*

| | |
|---|---|
| **adefovir dipivoxil** | HEPSERA |
| entecavir | BARACLUDE |
| **lamivudine tabs** | EPIVIR-HBV |

*Hepatitis C*

| | |
|---|---|
| boceprevir **PA, SP** | VICTRELIS |
| **ribavirin caps 200 mg PA, SP** | REBETOL |
| **ribavirin tabs 200 mg PA, SP** | COPEGUS |

**Herpes Agents**

| | |
|---|---|
| **acyclovir** | ZOVIRAX |
| **famciclovir** | FAMVIR |
| **valacyclovir** | VALTREX |

**Influenza Agents**

| | |
|---|---|
| oseltamivir | TAMIFLU |
| **rimantadine** | FLUMADINE |
| zanamivir | RELENZA |

**MISCELLANEOUS**
**AGE *** Covered only for ages 18 years old and under.

| | |
|---|---|
| albendazole | ALBENZA |
| **atovaquone PA** | MEPRON |
| **clindamycin 150 mg, 300 mg** | CLEOCIN |
| **clindamycin soln AGE *** | CLEOCIN |
| **dapsone** | |
| ivermectin | STROMECTOL |
| linezolid **PA** | ZYVOX |
| **metronidazole tabs** | FLAGYL |
| **nitrofurantoin ext-rel** | MACROBID |
| **nitrofurantoin macrocrystals 50 mg, 100 mg** | MACRODANTIN |
| **paromomycin** | |
| **pyrantel OTC** | PIN-X |
| **pyrantel OTC** | REESES PINWORM MEDICINE |
| **trimethoprim** | |
| **vancomycin PA** | VANCOCIN |

## ANTINEOPLASTIC AGENTS

**ALKYLATING AGENTS**

| | |
|---|---|
| chlorambucil | LEUKERAN |
| **cyclophosphamide** | |
| **lomustine 100 mg** | |
| melphalan | ALKERAN |
| **temozolomide PA, SP** | TEMODAR |

**ANTIMETABOLITES**

| | |
|---|---|
| **capecitabine PA, SP** | XELODA |
| **mercaptopurine** | PURINETHOL |
| **methotrexate** | |

**CYTOPROTECTIVE AGENTS**

| | |
|---|---|
| **leucovorin calcium** | |

**HORMONAL ANTINEOPLASTIC AGENTS**

Antiandrogens

| | |
|---|---|
| **bicalutamide** | CASODEX |
| **flutamide** | |

Antiestrogens

| | |
|---|---|
| **tamoxifen** | |

Aromatase Inhibitors

| | |
|---|---|
| **anastrozole** | ARIMIDEX |
| **letrozole** | FEMARA |

Luteinizing Hormone-releasing Hormone (LHRH) Agonists

| | |
|---|---|
| goserelin acetate **PA, SP** | ZOLADEX |
| **leuprolide acetate PA, SP** | |

Progestins

| | |
|---|---|
| **megestrol acetate** | MEGACE |

**IMMUNOMODULATORS**

| | |
|---|---|
| lenalidomide **PA, SP** | REVLIMID |
| thalidomide **PA, SP** | THALOMID |

| KINASE INHIBITORS | |
|---|---|
| dasatinib PA, SP | SPRYCEL |
| imatinib mesylate PA, SP | GLEEVEC |
| lapatinib PA, SP | TYKERB |
| sorafenib PA, SP | NEXAVAR |
| sunitinib PA, SP | SUTENT |

| MISCELLANEOUS | |
|---|---|
| **etoposide** PA | |
| **hydroxyurea** | HYDREA |
| mitotane | LYSODREN |
| procarbazine PA | MATULANE |
| **tretinoin caps** PA | |

## CARDIOVASCULAR

| ACE INHIBITORS | |
|---|---|
| **benazepril** | LOTENSIN |
| **captopril** | |
| **enalapril** | VASOTEC |
| **fosinopril** | |
| **lisinopril** | ZESTRIL |
| **quinapril** | ACCUPRIL |

| ACE INHIBITOR/DIURETIC COMBINATIONS | |
|---|---|
| **benazepril/hydrochlorothiazide 10/12.5 mg, 20/12.5 mg, 20/25 mg** | LOTENSIN HCT |
| **captopril/hydrochlorothiazide** | |
| **enalapril/hydrochlorothiazide** | VASERETIC |
| **fosinopril/hydrochlorothiazide** | |
| **lisinopril/hydrochlorothiazide** | ZESTORETIC |

| ADRENOLYTICS, CENTRAL | |
|---|---|
| **clonidine tabs** | CATAPRES |
| **guanfacine** | TENEX |

| ALDOSTERONE RECEPTOR ANTAGONISTS | |
|---|---|
| **spironolactone** | ALDACTONE |

| ALPHA BLOCKERS | |
|---|---|
| **doxazosin** | CARDURA |
| **prazosin** | MINIPRESS |
| **terazosin** | |

| ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS | |
|---|---|
| **irbesartan** ST ** | AVAPRO |
| **irbesartan/hydrochlorothiazide** ST ** | AVALIDE |
| **losartan** ST * | COZAAR |
| **losartan/hydrochlorothiazide** ST * | HYZAAR |

ST * Requires trial of an ACE Inhibitor.
ST ** Requires trial of losartan (COZAAR).

| ANTIARRHYTHMICS | |
|---|---|
| **amiodarone 200 mg** | CORDARONE |
| **disopyramide** | NORPACE |
| **flecainide** | |
| **propafenone** | RYTHMOL |
| **sotalol** | BETAPACE |

| | |
|---|---|
| **sotalol** | BETAPACE AF |

**ANTILIPEMICS**

Bile Acid Resins

| | |
|---|---|
| **cholestyramine** | QUESTRAN/ QUESTRAN LIGHT |
| **colestipol tabs** | COLESTID |

Fibrates

| | |
|---|---|
| **fenofibrate tabs 48 mg** | TRICOR |
| **fenofibrate tabs 54 mg, 160 mg** | LOFIBRA |
| **fenofibrate, micronized** | LOFIBRA |
| **fenofibric acid 35 mg** | FIBRICOR |
| **gemfibrozil** | LOPID |

HMG-CoA Reductase Inhibitors

| | |
|---|---|
| **atorvastatin PA** | LIPITOR |
| **lovastatin** | MEVACOR |
| **pravastatin** | PRAVACHOL |
| **simvastatin ^** | ZOCOR |

^ Requires PA for 80 mg tabs only.

Niacins

| | |
|---|---|
| **niacin OTC** | |
| **niacin** | **Niacor** |
| **niacin ext-rel caps OTC** | |
| **niacin ext-rel tabs OTC** | SLO-NIACIN |

**BETA-BLOCKERS**

| | |
|---|---|
| **acebutolol** | SECTRAL |
| **atenolol** | TENORMIN |
| **bisoprolol** | ZEBETA |
| **carvedilol** | COREG |
| **labetalol** | TRANDATE |
| **metoprolol** | LOPRESSOR |
| **metoprolol ext-rel** | TOPROL-XL |
| **nadolol** | CORGARD |
| **propranolol** | |
| **propranolol ext-rel** | INDERAL LA |

**BETA-BLOCKER/DIURETIC COMBINATIONS**

| | |
|---|---|
| **atenolol/chlorthalidone** | TENORETIC |
| **bisoprolol/hydrochlorothiazide** | ZIAC |

**CALCIUM CHANNEL BLOCKERS**

Dihydropyridines

| | |
|---|---|
| **amlodipine** | NORVASC |
| **felodipine ext-rel 5 mg, 10 mg** | |
| **nifedipine 20 mg** | |
| **nifedipine ext-rel** | ADALAT CC |
| **nifedipine ext-rel** | PROCARDIA XL |

Nondihydropyridines

| | |
|---|---|
| **diltiazem** | CARDIZEM |
| **diltiazem ext-rel** | **Dilt-XR** |
| **diltiazem ext-rel 120 mg, 180 mg, 240 mg** | TIAZAC |
| **diltiazem ext-rel 120 mg, 180 mg, 240 mg, 300 mg** | CARDIZEM CD |

| | |
|---|---|
| **verapamil** | CALAN |
| **verapamil ext-rel** | CALAN SR |
| **verapamil ext-rel** | VERELAN PM |
| **verapamil ext-rel 100 mg, 300 mg** | VERELAN |

**DIGITALIS GLYCOSIDES**
**AGE *** Covered only for ages 12 years old and under.

| | |
|---|---|
| **digoxin 0.125 mg, 0.25 mg** | LANOXIN |
| **digoxin soln AGE *** | LANOXIN |

**DIURETICS**
**AGE *** Covered only for ages 12 years old and under.

| Carbonic Anhydrase Inhibitors | |
|---|---|
| **acetazolamide** | |
| **acetazolamide ext-rel** | DIAMOX SEQUELS |

| Loop Diuretics | |
|---|---|
| **bumetanide** | |
| **furosemide soln AGE *** | |
| **furosemide tabs** | LASIX |
| **torsemide** | DEMADEX |

| Potassium-sparing Diuretics | |
|---|---|
| **amiloride** | |

| Thiazides and Thiazide-like Diuretics | |
|---|---|
| **chlorthalidone 25 mg, 50 mg** | |
| **hydrochlorothiazide** | |
| **indapamide** | |
| **metolazone** | ZAROXOLYN |

| Diuretic Combinations | |
|---|---|
| **amiloride/hydrochlorothiazide** | |
| **spironolactone/hydrochlorothiazide** | ALDACTAZIDE |
| **triamterene/hydrochlorothiazide caps 37.5/25 mg** | DYAZIDE |
| **triamterene/hydrochlorothiazide tabs** | MAXZIDE |

**NITRATES**
Oral

| | |
|---|---|
| **isosorbide dinitrate oral tabs 5 mg, 10 mg, 20 mg, 30 mg** | ISORDIL |
| **isosorbide mononitrate** | |
| **isosorbide mononitrate ext-rel** | IMDUR |
| **nitroglycerin ext-rel** | |

| Sublingual | |
|---|---|
| nitroglycerin sublingual | NITROSTAT |

| Transdermal | |
|---|---|
| **nitroglycerin transdermal 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr** | NITRO-DUR |

**PULMONARY ARTERIAL HYPERTENSION**
Endothelin Receptor Antagonists

| | |
|---|---|
| bosentan **PA, SP** | TRACLEER |

| Phosphodiesterase Inhibitors | |
|---|---|
| **sildenafil PA, SP** | REVATIO |

| | |
|---|---|
| **Prostaglandin Vasodilators** | |
| **treprostinil PA, SP** | REMODULIN |
| | |
| **MISCELLANEOUS** | |
| **hydralazine** | |
| **methyldopa** | |
| **midodrine** | |
| **minoxidil** | |
| ranolazine ext-rel **PA** | RANEXA |

## CENTRAL NERVOUS SYSTEM

**ANTIANXIETY**

| | |
|---|---|
| **Benzodiazepines** | |
| **alprazolam tabs** | XANAX |
| **chlordiazepoxide** | |
| **clonazepam tabs** | KLONOPIN |
| **clorazepate 7.5 mg** | TRANXENE T-TAB |
| **diazepam** | VALIUM |
| diazepam oral concentrate 5 mg/mL **PA** | DIAZEPAM INTENSOL |
| **lorazepam** | ATIVAN |
| **oxazepam** | |
| | |
| **Miscellaneous** | |
| **buspirone tabs 5 mg, 7.5 mg, 10 mg, 15 mg** | |
| **clomipramine** | ANAFRANIL |
| **fluvoxamine** | |

**ANTICONVULSANTS**

**AGE** * Covered only for ages 12 years old and under.

| | |
|---|---|
| **carbamazepine** | TEGRETOL |
| **carbamazepine ext-rel** | CARBATROL |
| **carbamazepine ext-rel** | TEGRETOL-XR |
| clobazam tabs **PA** | ONFI |
| **diazepam rectal gel** | DIASTAT |
| **divalproex sodium delayed-rel** | DEPAKOTE |
| **divalproex sodium ext-rel** | DEPAKOTE ER |
| **divalproex sodium sprinkle caps** | DEPAKOTE SPRINKLE |
| **ethosuximide** | ZARONTIN |
| **gabapentin QL** | NEURONTIN |
| lacosamide **PA** | VIMPAT |
| **lamotrigine chewable dispersible tabs 5 mg, 25 mg** | LAMICTAL CHEWABLE TABS |
| **lamotrigine tabs** | LAMICTAL |
| **levetiracetam** | KEPPRA |
| **oxcarbazepine** | TRILEPTAL |
| **phenobarbital elixir AGE *** | |
| **phenobarbital tabs** | |
| **phenytoin chewable tabs** | DILANTIN INFATABS |
| **phenytoin sodium extended** | DILANTIN |
| **phenytoin susp** | DILANTIN |
| **primidone** | MYSOLINE |
| rufinamide **PA** | BANZEL |
| **tiagabine 2 mg, 4 mg PA** | GABITRIL |
| **topiramate** | TOPAMAX |
| **valproic acid** | DEPAKENE |
| vigabatrin **PA, SP** | SABRIL |
| **zonisamide** | ZONEGRAN |

## ANTIDEMENTIA

| | |
|---|---|
| **donepezil 5 mg, 10 mg** | ARICEPT |
| **galantamine ext-rel** | RAZADYNE ER |
| **galantamine tabs** | RAZADYNE |
| memantine | NAMENDA |
| rivastigmine transdermal **PA** | EXELON PATCH |

## ANTIDEPRESSANTS

**The Department of Health Services through the Medi-Cal Fee-for-Service (FFS) Program has assumed responsibility for select drugs listed below. This list may not be all-inclusive. Pharmacies must bill these medications directly to Medi-Cal Fee-for-Service. Prior Authorization from the plan is not required. Medi-Cal 1-800-541-5555.**

### Monoamine Oxidase Inhibitors (MAOIs)
**(Medi-Cal FFS Carved-Out Drugs)**

| | |
|---|---|
| **phenelzine** | NARDIL |
| **tranylcypromine** | PARNATE |

### Selective Serotonin Reuptake Inhibitors (SSRIs)

| | |
|---|---|
| **citalopram** | CELEXA |
| **escitalopram PA** | LEXAPRO |
| **fluoxetine 10 mg, 20 mg** | PROZAC |
| **fluoxetine soln** | |
| **paroxetine HCl tabs** | PAXIL |
| **sertraline** | ZOLOFT |

### Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

| | |
|---|---|
| **duloxetine delayed-rel PA** | CYMBALTA |
| **venlafaxine** | |

### Tricyclic Antidepressants (TCAs)

| | |
|---|---|
| **amitriptyline** | |
| **desipramine** | NORPRAMIN |
| **doxepin** | |
| **imipramine HCl** | TOFRANIL |
| **nortriptyline caps** | PAMELOR |
| **protriptyline** | VIVACTIL |

### Miscellaneous Agents

| | |
|---|---|
| **bupropion** | WELLBUTRIN |
| **bupropion ext-rel** | WELLBUTRIN SR |
| **bupropion ext-rel** | WELLBUTRIN XL |
| **maprotiline 50 mg, 75 mg** | |
| **mirtazapine tabs 15 mg, 30 mg, 45 mg** | REMERON |
| **trazodone** | |

## ANTIPARKINSONIAN AGENTS
**(# Indicates a Medi-Cal FFS Carved-Out Drug)**

**The Department of Health Services through the Medi-Cal Fee-for-Service (FFS) Program has assumed responsibility for selected medications listed below. This list may not be all-inclusive. Pharmacies must bill these medications directly to Medi-Cal Fee-for-Service. Prior Authorization from the plan is not required. Medi-Cal 1-800-541-5555.**

| | |
|---|---|
| **amantadine caps, syp #** | |
| **benztropine #** | |
| **bromocriptine** | PARLODEL |
| **carbidopa/levodopa** | SINEMET |
| **carbidopa/levodopa ext-rel** | SINEMET CR |

| | |
|---|---|
| **pramipexole ST *** | MIRAPEX |
| **ropinirole** | REQUIP |
| **selegiline caps, tabs** | ELDEPRYL |
| **trihexyphenidyl elixir PA, #** | |
| **trihexyphenidyl tabs #** | |

ST * Requires trial of ropinirole (REQUIP).

**ANTIPSYCHOTICS**

**The Department of Health Services through the Medi-Cal Fee-for-Service (FFS) Program has assumed responsibility for select antipsychotic medications listed below. This list may not be all-inclusive. Pharmacies must bill these medications directly to Medi-Cal Fee-for-Service. Prior Authorization from the plan is not required. Medi-Cal 1-800-541-5555.**

**Atypicals**
**(Medi-Cal FFS Carved-Out Drugs)**

| | |
|---|---|
| aripiprazole PA | ABILIFY |
| aripiprazole ext-rel inj PA | ABILIFY MAINTENA |
| asenapine PA | SAPHRIS |
| **clozapine ST *** | CLOZARIL |
| iloperidone PA | FANAPT |
| lurasidone PA | LATUDA |
| **olanzapine tabs ST *** | ZYPREXA |
| paliperidone ext-rel PA | INVEGA |
| paliperidone palmitate PA | INVEGA SUSTENNA |
| **quetiapine ST *** | SEROQUEL |
| quetiapine ext-rel PA | SEROQUEL XR |
| **risperidone** | RISPERDAL |
| risperidone inj PA | RISPERDAL CONSTA |
| **risperidone orally disintegrating tabs** | RISPERDAL M-TABS |
| **ziprasidone ST *** | GEODON |

ST * Requires trial of risperidone (RISPERDAL).

**Miscellaneous**
**(Medi-Cal FFS Carved-Out Drugs)**

| | |
|---|---|
| **chlorpromazine** | |
| **fluphenazine decanoate inj** | |
| **fluphenazine HCl inj** | |
| **fluphenazine HCl tabs** | |
| **haloperidol** | |
| **haloperidol decanoate inj** | HALDOL DECANOATE |
| **haloperidol lactate inj** | HALDOL |
| **loxapine** | LOXITANE |
| **perphenazine** | |
| **thioridazine** | |
| **thiothixene** | |
| **trifluoperazine** | |

**ATTENTION DEFICIT HYPERACTIVITY DISORDER**

AGE * Covered only for ages 18 years old and under.
AGE ** Covered only for ages 6-18 years old.

| | |
|---|---|
| **amphetamine/dextroamphetamine mixed salts AGE *, QL** | ADDERALL |
| **amphetamine/dextroamphetamine mixed salts ext-rel AGE **, QL** | ADDERALL XR |
| atomoxetine AGE *, QL | STRATTERA |
| **dexmethylphenidate AGE *, QL** | FOCALIN |

| | | |
|---|---|---|
| **dextroamphetamine ext-rel PA** | | DEXEDRINE SPANSULE |
| **dextroamphetamine tabs AGE *, QL** | | |
| **methylphenidate AGE *, QL** | | RITALIN |
| **methylphenidate ext-rel PA** | | CONCERTA |
| **methylphenidate ext-rel AGE **, QL** | | METADATE CD |
| **methylphenidate ext-rel PA** | | RITALIN LA |
| **methylphenidate ext-rel AGE **, QL** | | RITALIN-SR |
| **methylphenidate soln, tabs AGE **, QL** | | METHYLIN |

**FIBROMYALGIA**

| | | |
|---|---|---|
| pregabalin **PA** | | LYRICA |

**HYPNOTICS**

**Benzodiazepines**

| | | |
|---|---|---|
| **estazolam** | | |
| **flurazepam** | | |
| **temazepam 15 mg, 30 mg** | | RESTORIL |
| **triazolam** | | HALCION |

**Nonbenzodiazepines**

| | | |
|---|---|---|
| **doxylamine OTC** | | UNISOM |
| **zolpidem** | | AMBIEN |

**MIGRAINE**

**Selective Serotonin Agonists**

| | | |
|---|---|---|
| **naratriptan QL** | Max #9/month | AMERGE |
| **rizatriptan tabs ST *, QL** | Max #9/month | MAXALT |
| **sumatriptan tabs QL** | Max # 9/month | IMITREX |

**ST** * Requires trial of sumatriptan (IMITREX) or naratriptan (AMERGE).

**MOOD STABILIZERS**

**(Medi-Cal FFS Carved-Out Drugs)**

**The Department of Health Services through the Medi-Cal Fee-for-Service (FFS) Program has assumed responsibility for select drugs listed below. This list may not be all-inclusive. Pharmacies must bill these medications directly to Medi-Cal Fee-for-Service. Prior Authorization from the plan is not required. Medi-Cal 1-800-541-5555.**

| | |
|---|---|
| **lithium carbonate** | |
| **lithium carbonate ext-rel tabs** | |
| **lithium carbonate ext-rel tabs** | LITHOBID |
| lithium citrate | LITHIUM CITRATE |

**MULTIPLE SCLEROSIS AGENTS**

| | |
|---|---|
| dalfampridine ext-rel **PA, SP** | AMPYRA |
| glatiramer 20 mg **PA, SP** | COPAXONE |
| interferon beta-1a **PA, SP** | AVONEX |
| interferon beta-1b **PA, SP** | EXTAVIA |

**MUSCULOSKELETAL THERAPY AGENTS**

| | |
|---|---|
| **baclofen** | |
| **carisoprodol 350 mg** | SOMA |
| **chlorzoxazone** | PARAFON FORTE DSC |
| **cyclobenzaprine 5 mg, 10 mg** | |
| **methocarbamol** | ROBAXIN |
| **orphenadrine ext-rel** | |
| **tizanidine tabs** | ZANAFLEX |

| MYASTHENIA GRAVIS | |
|---|---|
| **pyridostigmine tabs** | MESTINON |

| NARCOLEPSY/CATAPLEXY | |
|---|---|
| armodafinil PA | NUVIGIL |
| **modafinil 100 mg PA** | PROVIGIL |
| sodium oxybate PA | XYREM |

**PSYCHOTHERAPEUTIC-MISCELLANEOUS**

**The Department of Health Services through the Medi-Cal Fee-for-Service (FFS) Program has assumed responsibility for select detoxification medications listed below. This list may not be all-inclusive. Pharmacies must bill these medications directly to Medi-Cal Fee-for-Service. Prior Authorization from the plan is not required. Medi-Cal 1-800-541-5555.**

Alcohol Deterrents
**(Medi-Cal FFS Carved-Out Drugs)**

| | |
|---|---|
| **disulfiram** | ANTABUSE |

Opioid Antagonists
**(Medi-Cal FFS Carved-Out Drugs)**

| | |
|---|---|
| **naltrexone** | REVIA |

| Smoking Deterrents | |
|---|---|
| **bupropion ext-rel** | ZYBAN |
| **nicotine polacrilex gum OTC** | NICORETTE |
| **nicotine transdermal OTC, QL** | NICODERM CQ |
| varenicline | CHANTIX |

## ENDOCRINE AND METABOLIC

| ANDROGENS | |
|---|---|
| **testosterone cypionate** | DEPO-TESTOSTERONE |
| **testosterone enanthate** | |

**ANTIDIABETICS**

| Alpha-glucosidase Inhibitors | |
|---|---|
| **acarbose** | PRECOSE |

| Biguanides | |
|---|---|
| **metformin** | GLUCOPHAGE |
| **metformin ext-rel** | GLUCOPHAGE XR |

| Biguanide/Sulfonylurea Combinations | |
|---|---|
| **glyburide/metformin** | GLUCOVANCE |

| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | |
|---|---|
| linagliptin PA | TRADJENTA |
| saxagliptin PA | ONGLYZA |
| sitagliptin phosphate PA | JANUVIA |

| Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations | |
|---|---|
| linagliptin/metformin PA | JENTADUETO |
| saxagliptin/metformin ext-rel PA | KOMBIGLYZE XR |
| sitagliptin/metformin PA | JANUMET |
| sitagliptin/metformin ext-rel PA | JANUMET XR |

| Incretin Mimetic Agents | |
|---|---|
| exenatide PA | BYETTA |

**Insulins** *

* Insulin vials are preferred. Insulin pens are covered only for ages 18 years and under. Prior authorization is available for members with documented retinopathy and neuropathy.

| | |
|---|---|
| insulin aspart **QL** | NOVOLOG |
| insulin aspart protamine 70%/insulin aspart 30% **QL** | NOVOLOG MIX |
| insulin glargine **QL** | LANTUS |
| insulin glulisine **QL** | APIDRA |
| insulin human **OTC** | HUMULIN R |
| insulin human **QL** | HUMULIN R U-500 |
| insulin human **OTC** | NOVOLIN R |
| insulin isophane human **OTC** | HUMULIN N |
| insulin isophane human **OTC** | NOVOLIN N |
| insulin isophane human 70%/regular 30% **OTC** | HUMULIN 70/30 |
| insulin isophane human 70%/regular 30% **OTC** | NOVOLIN 70/30 |
| insulin lispro **QL** | HUMALOG |
| insulin lispro protamine/insulin lispro **QL** | HUMALOG MIX |

**Insulin Sensitizers**

| | |
|---|---|
| **pioglitazone** **ST** * | ACTOS |

**ST** * Requires trial of metformin.

**Meglitinides**

| | |
|---|---|
| **nateglinide** **PA** | STARLIX |

**Sulfonylureas**

| | |
|---|---|
| **chlorpropamide** | |
| **glimepiride** | AMARYL |
| **glipizide** | GLUCOTROL |
| **glipizide ext-rel** | GLUCOTROL XL |
| **glyburide** | DIABETA |
| **glyburide, micronized** | GLYNASE |
| **tolbutamide** | |

**Supplies**

| | |
|---|---|
| alcohol swabs **OTC** | |
| blood glucose monitoring kits **OTC** | TRUERESULT kits |
| blood glucose test strips **OTC, QL, ^** | TRUETEST test strips |
| insulin syringes, needles **OTC** | |
| lancets **OTC** | |

**^** Max of #50/month for non-insulin users.
Max of #200/month for insulin users and pregnant members filling prenatal vitamins.

## CALCIUM REGULATORS

**Bisphosphonates**

| | |
|---|---|
| **alendronate tabs** | FOSAMAX |
| **ibandronate** | BONIVA |

**Calcitonins**

| | |
|---|---|
| **calcitonin-salmon** **PA** | MIACALCIN |

**Parathyroid Hormones**

| | |
|---|---|
| teriparatide **PA, SP** | FORTEO |

**CONTRACEPTIVES**
**Limited to females, ages 12 to 45**

EE = ethinyl estradiol
ME = mestranol

| | | |
|---|---|---|
| **Monophasic** | | |
| *20 mcg Estrogen* | | |
| **levonorgestrel/EE 0.1/20 QL** | Max #1 pack/month | **Lutera** |
| **norethindrone acetate/EE 1/20 QL** | Max #1 pack/month | LOESTRIN 1/20 |
| **norethindrone acetate/EE 1/20 and iron QL** | Max #1 pack/month | LOESTRIN FE 1/20 |
| *30 mcg Estrogen* | | |
| **desogestrel/EE 0.15/30 QL** | Max #1 pack/month | DESOGEN |
| **desogestrel/EE 0.15/30 QL** | Max #1 pack/month | ORTHO-CEPT |
| **drospirenone/EE 3/30 QL** | Max #1 pack/month | YASMIN |
| **levonorgestrel/EE 0.15/30 QL** | Max #1 pack/month | |
| **norethindrone acetate/EE 1.5/30 QL** | Max #1 pack/month | LOESTRIN 1.5/30 |
| **norethindrone acetate/EE 1.5/30 and iron QL** | Max #1 pack/month | LOESTRIN FE 1.5/30 |
| **norgestrel/EE 0.3/30 QL** | Max #1 pack/month | **Low-Ogestrel** |
| *35 mcg Estrogen* | | |
| **ethynodiol diacetate/EE 1/35 QL** | Max #1 pack/month | **Kelnor 1/35** |
| **ethynodiol diacetate/EE 1/35 QL** | Max #1 pack/month | **Zovia 1/35** |
| **norethindrone/EE 0.4/35 QL** | Max #1 pack/month | OVCON 35 |
| **norethindrone/EE 0.5/35 QL** | Max #1 pack/month | MODICON |
| **norethindrone/EE 1/35 QL** | Max #1 pack/month | ORTHO-NOVUM 1/35 |
| **norgestimate/EE 0.25/35 QL** | Max #1 pack/month | ORTHO-CYCLEN |
| *50 mcg Estrogen* | | |
| **ethynodiol diacetate/EE 1/50 QL** | Max #1 pack/month | **Zovia 1/50** |
| **norethindrone/ME 1/50 QL** | Max #1 pack/month | NORINYL 1+50 |
| **norgestrel/EE 0.5/50 QL** | Max #1 pack/month | **Ogestrel** |
| **Triphasic** | | |
| **desogestrel/EE QL** | Max #1 pack/month | CYCLESSA |
| **levonorgestrel/EE QL** | Max #1 pack/month | |
| **norethindrone/EE QL** | Max #1 pack/month | ORTHO-NOVUM 7/7/7 |
| **norgestimate/EE QL** | Max #1 pack/month | ORTHO TRI-CYCLEN |
| **Progestin Only** | | |
| **norethindrone QL** | Max #1 pack/month | NOR-QD |
| **norethindrone QL** | Max #1 pack/month | ORTHO MICRONOR |
| **Emergency Contraception** | | |
| **levonorgestrel 0.75 mg QL** | | PLAN B |
| **levonorgestrel 1.5 mg QL** | | PLAN B ONE-STEP |
| **Injectable** | | |
| **medroxyprogesterone acetate 150 mg/mL QL** | | DEPO-PROVERA |
| **Progestin Intrauterine Device (Medical Benefit)** | | |
| levonorgestrel releasing IUD **PA, SP** | | MIRENA |
| **Vaginal** | | |
| etonogestrel/EE ring **QL** | | NUVARING |

| | |
|---|---|
| **Miscellaneous** | |
| condoms, male **OTC** | |
| diaphragm | DIAPHRAGM , VARIOUS |
| | |
| **ENDOMETRIOSIS** | |
| nafarelin **PA, SP** | SYNAREL |
| | |
| **ESTROGENS**<br>**Limited to ages < 65** | |
| | |
| **Oral** | |
| **estradiol** | ESTRACE |
| estrogens, conjugated | PREMARIN |
| **estropipate** | |
| | |
| **Vaginal**<br>**Limited to females** | |
| | |
| estradiol vaginal crm | ESTRACE CREAM |
| estradiol vaginal tabs | VAGIFEM |
| estrogens, conjugated crm | PREMARIN CREAM |
| | |
| **ESTROGEN/PROGESTINS**<br>**Limited to ages < 65** | |
| | |
| **Oral** | |
| **EE/norethindrone acetate** | FEMHRT |
| estrogens, conjugated/medroxyprogesterone | PREMPHASE |
| estrogens, conjugated/medroxyprogesterone | PREMPRO |
| | |
| **GLUCOCORTICOIDS** | |
| **dexamethasone elixir, soln 0.5 mg/5 mL** | |
| **dexamethasone tabs** | |
| **fludrocortisone** | |
| **hydrocortisone** | CORTEF |
| **methylprednisolone** | MEDROL |
| **prednisolone sodium phosphate soln** | |
| **prednisolone syrup** | PRELONE |
| **prednisone** | |
| | |
| **GLUCOSE ELEVATING AGENTS** | |
| glucagon, human recombinant | GLUCAGON EMERGENCY KIT |
| **glucose tablets OTC** | |
| | |
| **HUMAN GROWTH HORMONES** | |
| somatropin **PA, SP** | TEV-TROPIN |
| somatropin vials **PA, SP** | OMNITROPE |
| | |
| **HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS** | |
| **calcitriol (1,25-D3)** | ROCALTROL |
| | |
| **INSULIN-LIKE GROWTH FACTORS** | |
| mecasermin **PA, SP** | INCRELEX |
| | |
| **PHOSPHATE BINDER AGENTS** | |
| **calcium acetate caps** | PHOSLO |

**PROGESTINS**
Limited to females

| | |
|---|---|
| **medroxyprogesterone acetate** | PROVERA |
| **norethindrone acetate** | AYGESTIN |

**SELECTIVE ESTROGEN RECEPTOR MODULATORS**

| | |
|---|---|
| **raloxifene PA** | EVISTA |

**THYROID AGENTS**
Antithyroid Agents

| | |
|---|---|
| **methimazole** | TAPAZOLE |
| **propylthiouracil** | |

Thyroid Supplements

| | |
|---|---|
| **levothyroxine** | **Levoxyl** |
| **levothyroxine** | SYNTHROID |
| **thyroid** | ARMOUR THYROID |
| thyroid | NATURE-THROID |

**VASOPRESSINS**

| | |
|---|---|
| **desmopressin spray PA, SP** | DDAVP |
| desmopressin spray PA, SP | STIMATE |
| **desmopressin tabs** | DDAVP |

**MISCELLANEOUS**

| | |
|---|---|
| idursulfase PA, SP | ELAPRASE |
| leuprolide acetate PA, SP | LUPRON DEPOT-PED |
| **levocarnitine soln** | CARNITOR |
| **levocarnitine tabs 330 mg** | CARNITOR |
| **methylergonovine** | |
| **octreotide acetate PA, SP** | SANDOSTATIN |
| octreotide acetate PA, SP | SANDOSTATIN LAR |
| thyrotropin alfa PA, SP | THYROGEN |

## GASTROINTESTINAL

**ANTACIDS**
Limited to 4 fills per year

| | |
|---|---|
| **aluminum hydroxide/magnesium carbonate OTC** | GAVISCON |
| **aluminum hydroxide/magnesium hydroxide/simethicone OTC** | MYLANTA |
| **aluminum hydroxide/magnesium trisilicate OTC** | |
| **calcium carbonate OTC** | TUMS |
| **calcium carbonate/magnesium hydroxide OTC** | MYLANTA |
| **sodium bicarbonate tabs OTC** | |

**ANTIDIARRHEALS**
Limited to 4 fills per year

| | |
|---|---|
| **bismuth subsalicylate OTC** | PEPTO-BISMOL |
| **diphenoxylate/atropine** | LOMOTIL |
| **loperamide** | |
| **loperamide OTC** | IMODIUM A-D |

## ANTIEMETICS

AGE * Not covered for ages 2 years old and under.

| | |
|---|---|
| **dextrose/fructose/phosphoric acid** OTC | EMETROL |
| **dimenhydrinate tabs** OTC | DRAMAMINE |
| **meclizine** OTC | |
| **meclizine** | |
| **metoclopramide** | REGLAN |
| **ondansetron orally disintegrating tabs** QL | ZOFRAN ODT |
| **ondansetron soln** PA | ZOFRAN |
| **ondansetron tabs 4 mg, 8 mg** QL | ZOFRAN |
| **prochlorperazine** | COMPAZINE |
| **prochlorperazine supp** | COMPAZINE |
| **promethazine** AGE * | |
| **promethazine supp** AGE, ^ | |
| scopolamine PA | TRANSDERM SCOP |

^ Requires PA for 50 mg suppository only.

## ANTISPASMODICS

| | |
|---|---|
| **dicyclomine** | BENTYL |
| **glycopyrrolate** | ROBINUL/ROBINUL FORTE |
| **hyoscyamine sulfate** | LEVSIN |
| **hyoscyamine sulfate ext-rel tabs** | LEVBID |

## CHOLELITHOLYTICS

| | |
|---|---|
| **ursodiol caps** | ACTIGALL |

## $H_2$ RECEPTOR ANTAGONISTS

AGE * Covered only for ages 12 years old and under.

| | | |
|---|---|---|
| **cimetidine 200 mg** OTC, QL | Max #120/month | TAGAMET HB |
| **cimetidine 300 mg, 400 mg, 800 mg** QL | Max #60/month | |
| **cimetidine soln 300 mg/5 mL** QL | Max #1800 mL/month | |
| **famotidine tabs** QL | Max #60/month | PEPCID |
| **famotidine tabs** OTC, QL | Max #60/month | PEPCID AC |
| **nizatidine** PA, QL | Max #120/month | AXID |
| **ranitidine** OTC, QL | Max #120/month | ZANTAC OTC |
| **ranitidine syp** AGE *, QL | Max #600 mL/month | ZANTAC |
| **ranitidine tabs 150 mg** QL | Max #120/month | ZANTAC |
| **ranitidine tabs 300 mg** QL | Max #60/month | ZANTAC |

## INFLAMMATORY BOWEL DISEASE

### Oral Agents

| | |
|---|---|
| mesalamine delayed-rel tabs | ASACOL HD |
| mesalamine ext-rel caps | APRISO |
| **sulfasalazine** | AZULFIDINE |
| **sulfasalazine delayed-rel** | AZULFIDINE EN-TABS |

## LAXATIVES/STOOL SOFTENERS

Limited to 4 fills per year

| | |
|---|---|
| **benzocaine/docusate** OTC | **Enemeez Plus** |
| **bisacodyl delayed-rel tabs** OTC, QL | DULCOLAX |
| **bisacodyl supp** OTC | DULCOLAX |
| **calcium polycarbophil** OTC | FIBERCON |
| cellulose powder OTC | UNIFIBER |
| **docusate calcium** OTC | |

| | |
|---|---|
| **docusate sodium OTC** | COLACE |
| **glycerin supp OTC** | |
| **lactulose** | |
| **magnesium citrate soln OTC** | |
| **magnesium hydroxide OTC** | MILK OF MAGNESIA |
| **methylcellulose tabs OTC** | CITRUCEL |
| **mineral oil OTC** | |
| **mineral oil enema OTC** | |
| **peg 3350/electrolytes** | GOLYTELY |
| **peg 3350/electrolytes** | NULYTELY |
| **polyethylene glycol 3350** | |
| **polyethylene glycol 3350 OTC** | MIRALAX |
| **psyllium OTC** | METAMUCIL |
| **senna OTC** | |
| **sennosides OTC** | SENOKOT |
| **sennosides/docusate sodium OTC** | SENOKOT-S |
| **sodium phosphates enema OTC** | FLEET |
| **sodium phosphates soln OTC** | |
| **wheat dextrin OTC** | BENEFIBER |

**PANCREATIC ENZYMES**

| | |
|---|---|
| pancrelipase delayed-rel | CREON |
| **pancrelipase delayed-rel 5000 U** | ZENPEP |

**PROSTAGLANDINS**

| | |
|---|---|
| **misoprostol** | CYTOTEC |

**PROTON PUMP INHIBITORS**
**Limited to 6 fills per year**
**AGE *** Covered only for ages 12 years old and under.

| | |
|---|---|
| **lansoprazole delayed-rel caps PA** | PREVACID |
| **omeprazole delayed-rel caps 10 mg, 20 mg QL** | PRILOSEC |
| omeprazole magnesium delayed-rel **OTC, QL** | PRILOSEC OTC |
| **omeprazole magnesium delayed-rel caps OTC, QL** | |
| omeprazole oral suspension **AGE *, PA** | FIRST-OMEPRAZOLE |
| **pantoprazole delayed-rel tabs ST *** | PROTONIX |

**ST *** Requires trial of omeprazole (PRILOSEC).

**MISCELLANEOUS**

| | |
|---|---|
| **dibucaine rectal oint OTC** | NUPERCAINAL |
| glycopyrrolate **PA** | CUVPOSA |
| **pramoxine/phenylephrine/glycerin/petrolatum crm OTC** | PREPARATION H |
| **simethicone OTC** | |
| **sucralfate susp PA** | CARAFATE |
| **sucralfate tabs QL** | CARAFATE |

## GENITOURINARY

**BENIGN PROSTATIC HYPERPLASIA**
**Limited to males**

| | |
|---|---|
| **alfuzosin ext-rel** | UROXATRAL |
| **doxazosin** | CARDURA |
| **finasteride** | PROSCAR |
| **tamsulosin** | FLOMAX |
| **terazosin** | |

| URINARY ANTISPASMODICS | |
|---|---|
| **flavoxate hydrochloride** | |
| **oxybutynin** | |
| **oxybutynin ext-rel ST *** | DITROPAN XL |
| **tolterodine ST *** | DETROL |
| **trospium PA** | SANCTURA |

**ST *** Requires trial of oxybutynin.

**VAGINAL ANTI-INFECTIVES**
**Limited to females**

| | |
|---|---|
| **clindamycin crm** | CLEOCIN |
| **clotrimazole OTC** | |
| **metronidazole QL** | METROGEL-VAGINAL |
| **miconazole OTC** | MONISTAT 3, MONISTAT 7 |
| **terconazole crm, supp** | TERAZOL |
| **tioconazole OTC** | VAGISTAT-1 |

| MISCELLANEOUS | |
|---|---|
| **acetic acid irrigation soln** | |
| **bethanechol** | URECHOLINE |
| **phenazopyridine** | PYRIDIUM |
| **potassium citrate ext-rel** | UROCIT-K |
| **potassium citrate/citric acid soln** | CYTRA-K |
| **sodium chloride irrigation soln** | |
| **sodium citrate/citric acid soln** | CYTRA-2 |

## HEMATOLOGIC

**ANTICOAGULANTS**
**Injectable**

| | |
|---|---|
| dalteparin **PA, SP** | FRAGMIN |
| **enoxaparin SP, ^** | LOVENOX |

**^** Requires PA for treatment longer than 7 days.

**Oral**

| | |
|---|---|
| **warfarin** | COUMADIN |

**Synthetic Heparinoid-like Agents**

| | |
|---|---|
| **fondaparinux PA, SP** | ARIXTRA |

**ANTIHEMOPHILIC AGENTS**
**(Medi-Cal FFS Carved-Out Drugs)**

**The Department of Health Services through the Medi-Cal Fee-for-Service (FFS) Program has assumed responsibility for select antihemophilia medications listed below. This list may not be all-inclusive. Pharmacies must bill these medications directly to Medi-Cal Fee-for-Service. Prior Authorization from the plan is not required. Medi-Cal 1-800-541-5555.**

| | |
|---|---|
| antihemophilic factor (recombinant) **PA, SP** | ADVATE |
| antihemophilic factor (recombinant) **PA, SP** | HELIXATE FS |
| antihemophilic factor (recombinant) **PA, SP** | KOGENATE FS |
| antihemophilic factor/von Willebrand factor complex (human) **PA, SP** | HUMATE-P |
| factor IX concentrate **PA, SP** | BENEFIX |

| HEMATOPOIETIC GROWTH FACTORS | |
|---|---|
| darbepoetin alfa **PA, SP** | ARANESP |
| epoetin alfa **PA, SP** | EPOGEN |

| | |
|---|---|
| epoetin alfa **PA, SP** | PROCRIT |
| filgrastim **PA, SP** | NEUPOGEN |
| pegfilgrastim **PA, SP** | NEULASTA |
| sargramostim **PA, SP** | LEUKINE |

**PLATELET AGGREGATION INHIBITORS**

| | |
|---|---|
| **aspirin** **OTC** | |
| **clopidogrel 75 mg** | PLAVIX |
| **dipyridamole** | PERSANTINE |
| dipyridamole ext-rel/aspirin **PA** | AGGRENOX |

**MISCELLANEOUS**

| | |
|---|---|
| **cilostazol** | PLETAL |
| **pentoxifylline ext-rel** | |

## IMMUNOLOGIC AGENTS

**BIOLOGIC DISEASE-MODIFYING AGENTS**

| | |
|---|---|
| adalimumab **PA, SP** | HUMIRA |
| etanercept **PA, SP** | ENBREL |

**DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)**

| | |
|---|---|
| **hydroxychloroquine** | PLAQUENIL |
| **leflunomide** | ARAVA |
| **methotrexate** | |

**IMMUNE GLOBULINS**

| | |
|---|---|
| Rho (D) immune globulin **PA, SP** | RHOGAM PLUS |

**IMMUNOMODULATORS**

**Interferons**

| | |
|---|---|
| interferon alfa-2b **PA, SP** | INTRON A |
| interferon gamma-1b **PA, SP** | ACTIMMUNE |
| peginterferon alfa-2a **PA, SP** | PEGASYS |
| peginterferon alfa-2b **PA, SP** | PEGINTRON |

**IMMUNOSUPPRESSANTS**

**Antimetabolites**

| | |
|---|---|
| **azathioprine** | IMURAN |
| **mycophenolate mofetil caps, tabs** | CELLCEPT |

**Calcineurin Inhibitors**

| | |
|---|---|
| **cyclosporine caps** | SANDIMMUNE |
| **cyclosporine, modified** | NEORAL |
| **tacrolimus 0.5 mg, 1 mg** | PROGRAF |

## NUTRITIONAL/SUPPLEMENTS

**ELECTROLYTES**

**Potassium**

| | |
|---|---|
| **potassium bicarbonate effer tabs 25 mEq** | |
| **potassium chloride ext-rel caps 8 mEq, 10 mEq** | MICRO-K |
| **potassium chloride ext-rel tabs 8 mEq, 10 mEq** | K-TAB |
| **potassium chloride liquid** | |
| **potassium chloride microencapsulated crystal ext-rel 10 mEq, 20 mEq** | KLOR-CON |

### Miscellaneous

| | |
|---|---|
| **potassium/sodium phosphates** | K-PHOS NEUTRAL |
| **sodium chloride tabs** | |

## VITAMINS AND MINERALS

### Folic Acid

| | |
|---|---|
| **folic acid OTC** | |
| **folic acid** | |

### Prenatal Vitamins

**Limited to females, ages 12 to 50**

| | |
|---|---|
| **prenatal vitamin tabs** | |

### Miscellaneous

**(Specific products listed are excluded from coverage)**
**Multi-vitamins limited to ages < 5 years old**

| | |
|---|---|
| **calcium OTC** | |
| **calcium/vitamin D OTC** | |
| **calcium/vitamin D/minerals OTC** | |
| **cholecalciferol (D3) OTC** | VITAMIN D |
| **cyanocobalamin OTC** | VITAMIN B-12 |
| **electrolyte soln, oral OTC** | PEDIALYTE |
| **ergocalciferol (D2) QL** | DRISDOL |
| **ferrous fumarate OTC** | HEMOCYTE |
| **ferrous gluconate OTC** | FERGON |
| **ferrous sulfate OTC** | FEOSOL |
| **ferrous sulfate ext-rel OTC** | SLOW FE |
| **iron polysaccharides complex OTC** | |
| **magnesium chloride ext-rel OTC** | |
| **magnesium gluconate OTC** | |
| **magnesium oxide OTC** | MAG-OX |
| **melatonin OTC** | |
| **melatonin/pyridoxine OTC** | |
| **multivitamins OTC** | |
| **multivitamins/fluoride/iron drops, tabs** | POLY-VI-FLOR |
| **multivitamins/iron OTC** | |
| **multivitamins/minerals OTC** | |
| **niacinamide 500 mg OTC** | |
| **omega-3 fatty acids OTC** | FISH OIL |
| **pediatric multivitamins OTC** | |
| **pediatric multivitamins/iron drops OTC** | POLY-VI-SOL |
| phytonadione | MEPHYTON |
| **pyridoxine ext-rel OTC** | |
| **pyridoxine tabs OTC** | VITAMIN B-6 |
| **sodium fluoride chew tabs, drops** | LURIDE |
| **vitamin B complex/vitamin C/folic acid OTC** | |
| **vitamin B complex/vitamin C/folic acid** | NEPHROCAPS |
| **vitamin B complex/vitamin C/folic acid** | NEPHRO-VITE RX |
| **zinc sulfate OTC** | |

# RESPIRATORY

## ANAPHYLAXIS TREATMENT AGENTS

| | |
|---|---|
| epinephrine | EPIPEN |
| epinephrine | EPIPEN JR. |

| ANTICHOLINERGICS | |
|---|---|
| aclidinium bromide | TUDORZA |
| **ipratropium soln** | |
| ipratropium, CFC-free aerosol | ATROVENT HFA |

**ANTIHISTAMINES**

**AGE** * Covered only for ages 12 years old and under

| Low Sedating | |
|---|---|
| **cetirizine chewable tabs, syp OTC, AGE *** | ZYRTEC |
| **cetirizine syp AGE *** | |
| **cetirizine tabs OTC** | ZYRTEC |

| Nonsedating | |
|---|---|
| **fexofenadine tabs OTC, PA** | ALLEGRA |
| **fexofenadine tabs PA** | ALLEGRA |
| **loratadine rapidly-disintegrating tabs, syp OTC, AGE *, QL** | CLARITIN |
| **loratadine tabs OTC, QL** | CLARITIN |

| Sedating | |
|---|---|
| **carbinoxamine** | PALGIC |
| **chlorpheniramine ext-rel OTC** | CHLOR-TRIMETON |
| **chlorpheniramine syp, tabs OTC** | CHLOR-TRIMETON |
| **clemastine** | |
| **clemastine syp OTC, AGE *** | TAVIST |
| **clemastine tabs OTC** | TAVIST |
| **cyproheptadine** | |
| **diphenhydramine caps, tabs OTC** | BENADRYL |
| **diphenhydramine chewable tabs, elixir, liquid, syp OTC, AGE *** | BENADRYL |
| **diphenhydramine inj** | |
| **hydroxyzine HCl** | |
| **hydroxyzine pamoate** | VISTARIL |

**BETA AGONISTS**

Inhalants

*Short Acting*

| | |
|---|---|
| **albuterol inhalation soln QL** | |
| albuterol sulfate, CFC-free aerosol | PROAIR HFA |
| albuterol sulfate, CFC-free aerosol | VENTOLIN HFA |

*Long Acting*

| | |
|---|---|
| formoterol inhalation caps **ST *** | FORADIL |
| salmeterol xinafoate **ST *** | SEREVENT |

**ST** * Requires concomitant use of a Steroid Inhalant

| Oral Agents | |
|---|---|
| **albuterol syp, tabs 4 mg** | |
| **terbutaline** | |

**COUGH AND COLD ***

* Cough and cold products are not covered for ages less than 4 years old

**Limited to 4 fills per year.**

**Promethazine-containing products are limited to ages ≥ 6 and < 65.**

**OTC products containing guaifenesin or dextromethorphan are not covered. Exception: EPSDT eligible members < 21 years old.**

| Antihistamine/Decongestant Combinations | |
|---|---|
| **brompheniramine/pseudoephedrine elixir OTC** | DIMETAPP |

| | |
|---|---|
| **cetirizine/pseudoephedrine ext-rel tabs OTC, AGE** | ZYRTEC-D |
| **diphenhydramine/phenylephrine liquid OTC, QL** | TRIAMINIC NT |
| **diphenhydramine/phenylephrine tabs OTC** | BENADRYL-D |
| **loratadine/pseudoephedrine ext-rel OTC** | CLARITIN-D |
| **promethazine/phenylephrine syp** | |

**Antitussives**

| | |
|---|---|
| **benzonatate** | TESSALON |

**Antitussive Combinations**

*Opioid*

| | |
|---|---|
| **codeine/guaifenesin QL** | **Cheratussin AC** |
| **codeine/guaifenesin/pseudoephedrine** | **Cheratussin DAC** |
| **codeine/promethazine syp QL** | |
| **codeine/promethazine/phenylephrine** | |
| codeine/pyrilamine syp **OTC, QL** | PRO-CLEAR AC |
| **hydrocodone/homatropine syp** | |

*Non-opioid*

| | |
|---|---|
| **dextromethorphan syp 7.5 mg/5 mL OTC *, QL** | ROBITUSSIN CHILDREN'S |
| **dextromethorphan/brompheniramine/pseudoephedrine elixir OTC *** | **Brotapp DM** |
| **dextromethorphan/brompheniramine/pseudoephedrine syp QL** | **Bromfed DM** |
| **dextromethorphan/guaifenesin ext-rel 30-600 mg OTC *** | MUCINEX DM |
| **dextromethorphan/guaifenesin liq, syp OTC *, QL** | ROBITUSSIN DM |
| **dextromethorphan/promethazine QL** | |

**OTC** * Covered only for EPSDT eligible members < 21 years old.

**Decongestants**

| | |
|---|---|
| **phenylephrine OTC, AGE** | SUDAFED PE |
| **pseudoephedrine OTC, AGE** | SUDAFED |
| **pseudoephedrine ext-rel 120 mg OTC, AGE** | SUDAFED 12 HOUR |

**Decongestant/Expectorant Combinations**

| | |
|---|---|
| pseudoephedrine/guaifenesin ext-rel 60-600 mg **OTC** | MUCINEX D |

**Expectorants**

| | |
|---|---|
| **guaifenesin ext-rel 600 mg OTC** | MUCINEX |
| **guaifenesin liq, syp, tabs OTC, AGE** | ROBITUSSIN |

**CYSTIC FIBROSIS**

| | |
|---|---|
| dornase alfa **PA, SP** | PULMOZYME |
| **tobramycin inhalation soln PA, SP** | TOBI |

**LEUKOTRIENE RECEPTOR ANTAGONISTS**

**AGE** * Covered only for ages 9 years old and under

| | |
|---|---|
| **montelukast chewable tabs AGE *** | SINGULAIR |
| **montelukast tabs** | SINGULAIR |

**MAST CELL STABILIZERS**

| | |
|---|---|
| **cromolyn sodium nasal spray OTC** | NASALCROM |
| **cromolyn soln for inhalation** | |

**MEDICAL SUPPLIES**

| | |
|---|---|
| nebulizer/compressor **OTC** | |
| respiratory mask **OTC** | |
| **sodium chloride for inhalation** | |

| | |
|---|---|
| spacer **OTC** | |

**NASAL ANTIHISTAMINES**

| | |
|---|---|
| **azelastine spray QL** | |

**NASAL STEROIDS**
**Limited to 4 fills per year except for asthmatics**

| | |
|---|---|
| **fluticasone spray QL** | FLONASE |
| triamcinolone acetonide spray **OTC** | NASACORT ALLERGY 24 HR |

**RESPIRATORY SYNCYTIAL VIRUS**

| | |
|---|---|
| palivizumab **PA, SP** | SYNAGIS |

**STEROID/BETA AGONIST COMBINATIONS**
**AGE** * Covered only for ages 12 years old and under

| | |
|---|---|
| budesonide/formoterol **ST** * | SYMBICORT |
| fluticasone/salmeterol **AGE *, QL** | ADVAIR DISKUS 100/50 |
| mometasone/formoterol **ST *, QL** | DULERA |

**ST** * Requires trial of Steroid Inhalant

**STEROID INHALANTS**
**AGE** * Covered only for ages 9 years old and under

| | |
|---|---|
| beclomethasone **QL** | QVAR |
| budesonide **QL** | PULMICORT FLEXHALER |
| **budesonide inh susp 0.25 mg/2 mL, 0.5 mg/2 mL AGE *, QL** | PULMICORT RESPULES |
| mometasone **QL** | ASMANEX |

**XANTHINES**

| | |
|---|---|
| **theophylline ext-rel tabs** | |
| **theophylline soln** | |

**MISCELLANEOUS**

| | |
|---|---|
| **acetylcysteine inhalation soln 20%** | |
| **ipratropium nasal spray** | ATROVENT |
| omalizumab **PA, SP** | XOLAIR |
| **saline nasal spray OTC** | |

## TOPICAL

**DERMATOLOGY**
**Acne**
*Oral*

| | |
|---|---|
| **isotretinoin caps PA** | |

*Topical*

| | |
|---|---|
| **benzoyl peroxide gel, liquid, lotion 2.5%, 5%, 10% OTC** | |
| **benzoyl peroxide liquid 2.5%, gel 10%** | |
| **clindamycin gel, lotion, soln** | CLEOCIN T |
| **erythromycin gel, soln** | |
| **tretinoin crm 0.025%** | RETIN-A |
| **tretinoin, except crm 0.025% PA** | RETIN-A |

**Actinic Keratosis**

| | |
|---|---|
| **fluorouracil crm** | EFUDEX |

| Antibiotics | |
|---|---|
| **bacitracin oint OTC** | |
| **bacitracin zinc oint OTC** | |
| **bacitracin/neomycin/polymyxin B oint OTC** | NEOSPORIN |
| **bacitracin/polymyxin B oint OTC** | POLYSPORIN |
| **gentamicin** | |
| mupirocin nasal PA | BACTROBAN NASAL |
| **mupirocin oint** | BACTROBAN |
| **silver sulfadiazine** | SILVADENE |

| Antifungals | |
|---|---|
| **ciclopirox crm 0.77%** | LOPROX |
| **clotrimazole OTC** | LOTRIMIN AF |
| **econazole crm** | |
| **ketoconazole** | NIZORAL |
| **miconazole crm, powder OTC** | MICATIN |
| **miconazole oint OTC** | ALOE VESTA |
| **nystatin** | |
| **terbinafine crm OTC** | LAMISIL AT |
| **tolnaftate crm, powder, soln OTC** | TINACTIN |

| Antipsoriatics | |
|---|---|
| *Topical* | |
| **anthralin crm 1%** | DRITHOCREME HP |
| **calcipotriene oint, soln PA** | DOVONEX |

| Antiseborrheics | |
|---|---|
| **selenium sulfide lotion 1% OTC** | SELSUN BLUE |
| **selenium sulfide lotion 2.5%** | |

| Corticosteroids | |
|---|---|
| *Low Potency* | |
| **desonide crm, oint 0.05%** | DESOWEN |
| **fluocinolone acetonide oil 0.01%** | DERMA-SMOOTHE-FS |
| **hydrocortisone crm, gel, lotion, oint OTC** | CORTIZONE |
| **hydrocortisone crm, lotion, oint** | |
| **hydrocortisone/aloe vera crm, oint OTC** | |
| *Medium Potency* | |
| **betamethasone valerate crm, lotion 0.1%** | |
| **fluticasone propionate crm 0.05%, oint 0.005%** | CUTIVATE |
| **hydrocortisone valerate crm 0.2%** | WESTCORT |
| **mometasone crm, oint 0.1% PA** | ELOCON |
| **triamcinolone acetonide crm, lotion, oint 0.025%** | |
| **triamcinolone acetonide crm, lotion, oint 0.1%** | |
| *High Potency* | |
| **betamethasone dipropionate augmented crm 0.05%** | DIPROLENE AF |
| **fluocinonide crm, gel, oint 0.05%** | |
| **fluocinonide emollient crm 0.05%** | |
| **fluocinonide soln 0.05% PA** | |
| **triamcinolone acetonide crm, oint 0.5%** | |
| *Very High Potency* | |
| **clobetasol propionate crm, gel, oint, soln 0.05%** | TEMOVATE |
| **halobetasol propionate crm, oint 0.05% PA** | ULTRAVATE |

| Emollients | |
|---|---|
| **lactic acid (ammonium lactate) crm, lotion 12%** | LAC-HYDRIN |

| Immunomodulators | |
|---|---|
| pimecrolimus **PA** | ELIDEL |
| tacrolimus **PA** | PROTOPIC |

| Local Analgesics | |
|---|---|
| **lidocaine patch PA** | LIDODERM |

| Local Anesthetics | |
|---|---|
| **lidocaine gel 2% OTC** | |
| **lidocaine oint 5%** | |
| **lidocaine soln 4%** | XYLOCAINE |
| **lidocaine/prilocaine** | EMLA |

| Rosacea | |
|---|---|
| **metronidazole crm 0.75%** | METROCREAM |
| **metronidazole gel 0.75%** | |
| **metronidazole lotion 0.75%** | METROLOTION |

| Scabicides and Pediculicides | |
|---|---|
| benzyl alcohol **ST *** | ULESFIA |
| crotamiton **ST *** | EURAX |
| **malathion PA** | OVIDE |
| **permethrin 0.5% OTC** | RID AEROSOL |
| **permethrin 1% OTC** | NIX CREME RINSE |
| **permethrin crm 5%** | ELIMITE |
| **pyrethrins/piperonyl butoxide OTC** | A-200 KIT |
| **pyrethrins/piperonyl butoxide OTC** | PRONTO SHAMPOO |
| **pyrethrins/piperonyl butoxide OTC** | RID |
| **spinosad PA** | NATROBA |

**ST** ***** Requires trial of a permethrin or pyrethrins/piperonyl butoxide

| Miscellaneous Skin and Mucous Membrane | |
|---|---|
| **acyclovir PA** | ZOVIRAX |
| **aluminum chloride** | DRYSOL |
| **chlorhexidine 4% OTC** | HIBICLENS |
| **diphenhydramine/zinc acetate 2-0.1% OTC** | BENADRYL EXTRA STRENGTH |
| docosanol **OTC** | ABREVA |
| **imiquimod PA** | ALDARA |
| menthol/zinc oxide oint **OTC** | ZINC-OXYDE |
| **podofilox soln** | CONDYLOX |
| **water for irrigation, sterile** | |

**MOUTH/THROAT/DENTAL AGENTS**

| Anesthetics - Topical Oral | |
|---|---|
| **lidocaine viscous 2%** | |

| Steroids - Mouth/Throat | |
|---|---|
| **triamcinolone paste** | |

| Miscellaneous | |
|---|---|
| **chlorhexidine 0.12%** | PERIDEX |
| **clotrimazole troches QL** | |
| **nystatin susp** | |

| | |
|---|---|
| **sodium fluoride crm, gel** | PREVIDENT |

**OPHTHALMIC**

**Antiallergics**

| | |
|---|---|
| **azelastine PA** | OPTIVAR |
| **cromolyn sodium** | |
| **epinastine** | ELESTAT |
| **ketotifen OTC** | ZADITOR |

**Anti-infectives**

| | |
|---|---|
| **bacitracin** | |
| **bacitracin/neomycin/polymyxin B oint** | |
| **bacitracin/polymyxin B oint** | |
| **ciprofloxacin soln** | CILOXAN |
| **erythromycin** | |
| **gentamicin** | |
| **levofloxacin soln** | |
| **neomycin/polymyxin B/gramicidin** | NEOSPORIN |
| **ofloxacin** | OCUFLOX |
| **polymyxin B/trimethoprim** | POLYTRIM |
| **sulfacetamide soln** | BLEPH-10 |
| **tobramycin soln** | TOBREX |

**Anti-infective/Anti-inflammatory Combinations**

| | |
|---|---|
| **bacitracin/neomycin/polymyxin B/hydrocortisone oint** | |
| **neomycin/polymyxin B/dexamethasone** | MAXITROL |
| **sulfacetamide/prednisolone acetate 10%/0.23%** | |
| **tobramycin/dexamethasone susp 0.3%/0.1%** | TOBRADEX |

**Anti-inflammatories**

*Nonsteroidal*

| | |
|---|---|
| **diclofenac sodium 0.1%** | |
| **flurbiprofen sodium** | OCUFEN |
| **ketorolac 0.4%** | ACULAR LS |
| **ketorolac 0.5%** | ACULAR |

*Steroidal*

| | |
|---|---|
| **dexamethasone sodium phosphate** | |
| **fluorometholone 0.1% susp** | FML LIQUIFILM |
| **prednisolone acetate 1%** | PRED FORTE |

**Antivirals**

| | |
|---|---|
| **trifluridine** | VIROPTIC |

**Beta-blockers**

*Nonselective*

| | |
|---|---|
| **carteolol** | |
| **levobunolol** | BETAGAN |
| **metipranolol** | OPTIPRANOLOL |
| **timolol maleate** | TIMOPTIC |
| **timolol maleate gel** | TIMOPTIC-XE |

**Carbonic Anhydrase Inhibitors**

*Topical*

| | |
|---|---|
| **dorzolamide** | TRUSOPT |

**Carbonic Anhydrase Inhibitor/Beta-blocker Combinations**

| | |
|---|---|
| **dorzolamide/timolol maleate** | COSOPT |

| Mydriatics | |
|---|---|
| **atropine** | ISOPTO ATROPINE |

| Parasympathomimetics | |
|---|---|
| **pilocarpine** | ISOPTO CARPINE |

| Prostaglandins | |
|---|---|
| **latanoprost** | XALATAN |
| **travoprost ST *** | |
| travoprost **ST *** | TRAVATAN Z |

**ST *** Requires trial of latanoprost (XALATAN).

| Sympathomimetics | |
|---|---|
| **brimonidine 0.15%** | ALPHAGAN P |
| **brimonidine 0.2%** | |

| Miscellaneous | |
|---|---|
| **artificial tears OTC** | |
| **sodium chloride 5% OTC** | MURO-128 |

**OTIC**

| Anti-infectives | |
|---|---|
| **acetic acid** | |
| **ofloxacin otic** | |

| Anti-infective/Anti-inflammatory Combinations | |
|---|---|
| **neomycin/polymyxin B/hydrocortisone** | CORTISPORIN OTIC |

| Miscellaneous | |
|---|---|
| **antipyrine/benzocaine** | AURALGAN |
| **carbamide peroxide 6.5% OTC** | DEBROX |
| **isopropyl alcohol /glycerin OTC** | **Ear Drying Drops** |

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