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Molina Healthcare of California
Preferred Drug List
(Formulary)

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INTRODUCTION

We are pleased to provide the 2015 *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 for some medications prescribed monthly. 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. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product onto the market. 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 options 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

Cholesterol Lowering

Diabetes

Non-Formulary/Non-Preferred Medication

Requested Clinical Information

Lipid Panel, Cardiovascular risk factors

A1c Report

Medication Log and/or Progress Notes documenting previous use of Formulary medications

NON-COVERED MEDICATIONS

Please note that certain medications are not covered. 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)

- Supplements or other non-FDA approved products
- Non-legend Cough and Cold (OTC products containing guaifenesin or dextromethorphan)
- Household products (hand lotions, moisturizers, etc.)
- Estrogens, conjugated or esterified with methyltestosterone
- Belladonna alkaloids with phenobarbital
- Silver nitrate 75% and potassium nitrate 25% topical applicator sticks
- Silver nitrate topical solution
- Dental products
- Bepreve, Ictalol and bromfenac sodium

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

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

ANALGESICS

ANALGESICS, OTHER

acetaminophen OTC	TYLENOL
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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
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COX-2 INHIBITORS

celecoxib PA	CELEBREX
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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 #360/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, 7.5/325 mg, 10/325 mg QL	Max #180/month	PERCOCET
tramadol QL	Max #240/month	ULTRAM

NON-OPIOID ANALGESICS

butalbital/acetaminophen		
butalbital/acetaminophen/caffeine 50/325/40 mg		ESGIC
butalbital/aspirin/caffeine		FIORINAL

VISCOSUPPLEMENTS

sodium hyaluronate PA, SP		EUFLEXXA
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ANTI-INFECTIVES

ANTIBACTERIALS

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

Aminoglycosides

neomycin		
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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		
cefdinir susp AGE *		

Erythromycins/Macrolides

azithromycin powder packet, tabs QL		ZITHROMAX
azithromycin susp AGE *, QL		ZITHROMAX
clarithromycin PA		BIAXIN
clarithromycin ext-rel PA		BIAXIN XL
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

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	
(# Indicates a 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	
(# Indicates a Medi-Cal FFS Carved-Out Drugs)	
maraviroc #	SELZENTRY
Integrase Inhibitors	
(# Indicates a Medi-Cal FFS Carved-Out Drugs)	
raltegravir #	ISENTRESS
Non-nucleoside Reverse Transcriptase Inhibitors	
(# Indicates a Medi-Cal FFS Carved-Out Drugs)	
efavirenz #	SUSTIVA
etravirine SP, #	INTELENCE
nevirapine #	VIRAMUNE
nevirapine ext-rel #	VIRAMUNE XR
rilpivirine #	EDURANT

Nucleoside Reverse Transcriptase Inhibitors
 (# Indicates a 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
 (# Indicates a Medi-Cal FFS Carved-Out Drugs)

tenofovir #	VIREAD
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Protease Inhibitors
 (# Indicates a 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
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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	STROMEKTOL
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 tabs	
lomustine 100 mg	
melfalan	ALKERAN
temozolomide PA, SP	TEMODAR

ANTIMETABOLITES

capecitabine PA, SP	XELODA
mercaptopurine	PURINETHOL
methotrexate	
methotrexate inj 25 mg/mL, 50 mg/2 mL	

CYTOPROTECTIVE AGENTS

leucovorin calcium	
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HORMONAL ANTINEOPLASTIC AGENTS

Antiandrogens

bicalutamide	CASODEX
flutamide	

Antiestrogens

tamoxifen	
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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
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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	LOFIBRA
fenofibrate tabs 48 mg	TRICOR
fenofibric acid 35 mg	FIBRICOR
gemfibrozil	LOPID
HMG-CoA Reductase Inhibitors	
atorvastatin PA	LIPITOR
lovastatin	MEVACOR
pravastatin	PRAVACHOL
simvastatin 5 mg, 10 mg, 20 mg, 40 mg	ZOCOR
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 succinate ext-rel	TOPROL-XL
metoprolol tartrate	LOPRESSOR
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	PROCARDIA
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
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MISCELLANEOUS

hydralazine	
methyldopa	
midodrine	
minoxidil	
ranolazine ext-rel PA	RANEXA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

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 sprinkle caps, tabs	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 ext-rel	NAMENDA XR
memantine soln	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)

(# Indicates a 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	
venlafaxine ext-rel caps *	EFFEXOR XR

* Venlafaxine ext-rel tabs are not covered.

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	REMERNON
trazodone	

ANTIPARKINSONIAN AGENTS

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

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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

(# Indicates a 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

(# Indicates a 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 #	
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.**AGE ***** Covered only for ages 3-18 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 5 mg, 10 mg AGE ***, QL	
methylphenidate AGE **, QL	RITALIN
methylphenidate ext-rel AGE **, QL	CONCERTA
methylphenidate ext-rel AGE **, QL	METADATE CD
methylphenidate ext-rel AGE **, PA	RITALIN LA
methylphenidate ext-rel AGE **, QL	RITALIN-SR
methylphenidate soln, tabs AGE **, QL	METHYLIN

FIBROMYALGIA

pregabalin PA	LYRICA
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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****(# Indicates a 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 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
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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

disulfiram	ANTABUSE
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Opioid Antagonists

(# Indicates a Medi-Cal FFS Carved-Out Drugs)

naltrexone #	REVIA
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Smoking Deterrents

bupropion ext-rel	ZYBAN
nicotine inhaler PA	NICOTROL
nicotine nasal spray PA	NICOTROL NS
nicotine polacrilex gum OTC	NICORETTE
nicotine polacrilex lozenge OTC, PA	NICORETTE
nicotine transdermal OTC, QL	NICODERM CQ
varenicline PA	CHANTIX

ENDOCRINE AND METABOLIC**ANDROGENS**

testosterone cypionate	DEPO-TESTOSTERONE
testosterone enanthate	

ANTIDIABETICS**Alpha-glucosidase Inhibitors**

acarbose	PRECOSE
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Biguanides

metformin	GLUCOPHAGE
metformin ext-rel 500 mg, 750 mg	GLUCOPHAGE XR

Biguanide/Sulfonylurea Combinations

glyburide/metformin	GLUCOVANCE
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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
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Parathyroid Hormones

teriparatide PA, SP	FORTEO
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CONTRACEPTIVES

Limited to females

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 Limited to ages < 65	
Oral	
estradiol	ESTRACE
estrogens, conjugated	PREMARIN
estropipate	
Vaginal Limited to females	
estradiol vaginal crm	ESTRACE CREAM
estradiol vaginal tabs	VAGIFEM
estrogens, conjugated crm	PREMARIN CREAM
ESTROGEN/PROGESTINS Limited to ages < 65	
Oral	
EE/norethindrone acetate	FEMHRT
EE/norethindrone acetate - Jinteli	
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
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H₂ 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

balsalazide	
budesonide delayed-rel caps	ENTOCORT EC
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 powder OTC	BENEFIBER

PANCREATIC ENZYMES

pancrelipase delayed-rel	CREON
pancrelipase delayed-rel	ZENPEP

PROSTAGLANDINS

misoprostol	CYTOTEC
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PROTON PUMP INHIBITORS

Limited to 6 fills per year.

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

esomeprazole magnesium delayed-rel OTC	NEXIUM 24HR
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	
sucalfate susp PA	CARAFATE
sucalfate 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
tropium PA	

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 5 mEq, 10 mEq	UROKIT-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

rivaroxaban PA	XARELTO
warfarin	COUMADIN

Synthetic Heparinoid-like Agents

fondaparinux PA, SP	ARIXTRA
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ANTIHEMOPHILIC AGENTS

(# Indicates a 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	
methotrexate inj 25 mg/mL, 50 mg/2 mL	

IMMUNE GLOBULINS

Rho (D) immune globulin PA, SP	RHOGAM PLUS
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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 PA	IMURAN
mycophenolate mofetil caps, tabs PA	CELLCEPT

Calcineurin Inhibitors	
cyclosporine caps PA	SANDIMMUNE
cyclosporine, modified PA	NEORAL
tacrolimus 0.5 mg, 1 mg PA	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	KLOR-CON
potassium chloride liquid	
potassium chloride microencapsulated crystal ext-rel 10 mEq, 20 mEq	KLOR-CON M10, KLOR-CON M20

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

prenatal vitamin tabs	
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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
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

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

epinephrine	EPIPEN
epinephrine	EPIPEN JR.
epinephrine pen	

ANTICHOLINERGICS

acridinium bromide	TUDORZA
ipratropium soln	
ipratropium, CFC-free aerosol	ATROVENT HFA

ANTI-HISTAMINES

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
loratadine rapidly-disintegrating tabs, syp OTC, AGE *, QL	CLARITIN
loratadine tabs OTC, QL	CLARITIN

Sedating

carbinoxamine	
chlorpheniramine ext-rel OTC	CHLOR-TRIMETON
chlorpheniramine syp, tabs OTC	CHLOR-TRIMETON
clemastine	
clemastine syp OTC, AGE *	TAVIST
clemastine tabs OTC	TAVIST
cypheptadine	
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	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 .

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/brompheniramine/pseudoephedrine syp QL

Bromfed DM

dextromethorphan/promethazine QL

Decongestants

phenylephrine OTC, AGE

SUDAFED PE

pseudoephedrine OTC, AGE

SUDAFED

pseudoephedrine ext-rel 120 mg OTC, AGE

SUDAFED 12 HOUR

CYSTIC FIBROSIS

dornase alfa PA, SP

PULMOZYME

tobramycin inhalation soln PA, SP

TOBI

LEUKOTRIENE RECEPTOR ANTAGONISTS

AGE * Covered only for ages 14 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 24HR

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 **ST** *, **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	LOTIMIN 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-SMOOTH-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 ST *	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
chlorhexidine 4% OTC	HIBICLENS
diphenhydramine/zinc acetate 2-0.1% OTC	BENADRYL EXTRA STRENGTH
docosanol OTC	ABREVA
imiquimod PA	ALDARA
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	

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	
<i>Nonsteroidal</i>	
diclofenac sodium 0.1%	
flurbiprofen sodium	OCUFEN
ketorolac 0.4%	ACULAR LS
ketorolac 0.5%	ACULAR
<i>Steroidal</i>	
dexamethasone sodium phosphate	
fluorometholone 0.1% susp	FML LIQUIFILM
prednisolone acetate 1%	PRED FORTE
Antivirals	
trifluridine	VIROPTIC
Beta-blockers	
<i>Nonselective</i>	
carteolol	
levobunolol	BETAGAN
metipranolol	OPTIPRANOLOL
timolol maleate	TIMOPTIC
timolol maleate gel	TIMOPTIC-XE
Carbonic Anhydrase Inhibitors	
<i>Topical</i>	
dorzolamide	TRUSOPT
Carbonic Anhydrase Inhibitor/Beta-blocker Combinations	
dorzolamide/timolol maleate	COSOPT

Mydriatics	
atropine soln	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	
acetic acid/hydrocortisone	
neomycin/polymyxin B/hydrocortisone	CORTISPORIN OTIC
Miscellaneous	
antipyrine/benzocaine	
carbamide peroxide 6.5% OTC	DEBROX
isopropyl alcohol /glycerin OTC	Ear Drying Drops

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