



April 2018

**Molina Healthcare of Michigan
Preferred Drug List
(Formulary)**

Molina Healthcare of Michigan Preferred Drug List (Formulary)

(04/01/2018)

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INTRODUCTION

The Michigan Department of Health and Human Services has worked with its health plan partners to create a list of drugs that all Medicaid health plans must cover. This list is called the *Michigan Medicaid Managed Care Common Formulary*.

The 2018 *Molina Healthcare of Michigan Preferred Drug List (Formulary)* is the *Michigan Medicaid Managed Care Common Formulary*. We are pleased to provide this 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 the Common Formulary Committee and Molina Healthcare's Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. Both Committees' 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.

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 to 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 (888) 373-3059. 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 Michigan 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

LEGEND

AGE	Age Limit
OTC	Over-the-counter, covered benefit with a prescription
PA	Prior Authorization
QL	Quantity Limit
SP	Specialty Drug; these drugs must be obtained through a specialty pharmacy
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: 888-373-3059

STATE OF MICHIGAN, MEDICAID CARVE-OUT

The State of Michigan enacted a carve-out for Medicaid beneficiaries. This impacts all Medicaid members including Healthy Michigan Medicaid members. Claims for these medications must be submitted directly to the State Fee-for-Service Pharmacy Program, Magellan. These medications are subject to a \$1.10 or \$3.30 copay. The Medicaid Carve-Out includes:

- ADHD Stimulants
- Anticonvulsants
- Antidepressants
- Antipsychotics
- Antiretroviral Agents
- Benzodiazepines
- Drugs to treat substance abuse disorders
- Hemophilia Factor products
- Hepatitis C Agents
- Kinase Inhibitors
- Mood Stabilizers

STATE OF MICHIGAN, MEDICAID CARVE-OUT LIST

Medications on the Medicaid Carve-Out List include all dosage forms, i.e. oral, injectable, etc.

ABILIFY (aripiprazole)	BANZEL (rufinamide)	DAKLINZA (daclatasvir)
ACTHAR (corticotropin)	BELSOMRA (suvorexant)	DALMANE (flurazepam)
ACTHREL (corticotropin ovine)	BENEFIX (coagulation factor IX)	DAYTRANA (methylphenidate)
ADAGEN (pegademase bovine)	BERINERT (C1 esterase inhibitor)	DEPACON (valproate)
ADASUVE (loxapine)	BOSULIF (bosutinib)	DEPAKENE (valproic acid)
ADDERALL	BRISDELLE (paroxetine mesylate)	DEPAKOTE (divalproex sodium DR)
(amphetamine-dextroamphetamine)	BRIVIACT (brivaracetam)	DEPAKOTE ER (divalproex sodium ER)
ADDERALL XR	BUNAVAIL (buprenorphine-naloxone)	DESCOVY (emtricitabine-tenofovir
(amphetamine-dextroamphetamine ER)	BUPHENYL (sodium phenylbutyrate)	alafenamide fumarate)
ADVATE (antihemophilic factor)	BUSPAR (buspirone)	DESOXYN (methamphetamine)
ADYNOVATE (antihemophilic factor)	BUTISOL (butabarbital)	DESYREL (trazodone)
ADZENYS XR-ODT (amphetamine ER)	CABOMETYX (cabozantinib)	DEXEDRINE (dextroamphetamine)
AFSTYLA (antihemophilic factor)	CAMPRAL (acamprosate)	DIASTAT (diazepam)
ALBURX (albumin, human)	CAPRELSA (vandetanib)	DILANTIN (phenytoin)
ALDURAZYME (laronidase)	CARBAGLU (carglumic acid)	DYANAVEL XR (amphetamine ER)
ALECENSA (alecetinib)	CARBATROL (carbamazepine ER)	EDURANT (rilpivirine)
ALPHANATE (antihemophilic factor/VWF)	CARNITOR (levocarnitine)	EFFEXOR (venlafaxine)
ALPHANINE SD (coagulation factor IX)	CELEXA (citalopram)	EFFEXOR XR (venlafaxine ER)
ALPROLIX (coagulation factor IX)	CELONTIN (methsuximide)	ELAPRASE (idursulfase)
ALUNBRIG (brigatinib)	CEPHULAC ** (lactulose)	ELAVIL (amitriptyline)
AMBIEN (zolpidem)	CEPROTIN (protein C concentrate)	ELELYSO (taliglucerase alfa)
AMBIEN CR (zolpidem ER)	CERDELGA (eliglustat)	ELOCTATE (antihemophilic factor)
AMICAR (aminocaproic acid)	CEREBYX (fosphenytoin)	EMSAM (selegiline)
AMMONUL	CEREDASE (alglucerase)	EMTRIVA (emtricitabine)
(sodium benzoate-sodium phenylacetate)	CEREZYME (imiglucerase)	EPCLUSA (sofosbuvir-velpatasvir)
ANAFRANIL (clomipramine)	CINRYZE (C1 esterase inhibitor)	EPIVIR (lamivudine)
ANTABUSE (disulfiram)	CLOZARIL (clozapine)	EPZICOM (abacavir-lamivudine)
APLENZIN (bupropion ER)	COGENTIN (benztropine)	EQUETRO (carbamazepine ER)
APTENSIO XR (methylphenidate ER)	COMBIVIR (lamivudine-zidovudine)	ESKALITH (lithium carbonate)
APTIOM (eslicarbazepine)	COMETRIQ (cabozantinib)	ESKALITH CR (lithium carbonate ER)
APTIVUS (tipranavir)	CONCERTA (methylphenidate ER)	ETRAFON (perphenazine-amitriptyline)
ARCALYST (rilonacept)	CORIFACT (factor XIII concentrate)	EVEKEO (amphetamine)
ARISTADA (aripiprazole lauroxil ER)	CORTROSYN (cosyntropin)	EVOTAZ (atazanavir-cobicistat)
ARTANE (trihexyphenidyl)	COTELLIC (cobimetinib)	FABRAZYME (agalsidase beta)
ASENDIN (amoxapine)	CRIXIVAN (indinavir)	FANAPT (iloperidone)
ATIVAN (lorazepam)	CYKLOKAPRON (tranexamic acid)	FAZACLO (clozapine)
ATRIPLA (efavirenz-emtricitabine-tenofovir)	CYMBALTA (duloxetine DR)	FEIBA VH (antiinhibitor coagulant complex)
ATRYN (antithrombin)	CYSTADANE (betaine)	FELBATOL (felbamate)

STATE OF MICHIGAN, MEDICAID CARVE-OUT LIST

FETZIMA (levomilnacipran)	LIMBITROL (amitriptyline-chlordiazepoxide)	PANHEMATIN (hemin)
FOCALIN (dexmethylphenidate)	LIMBITROL DS (amitriptyline-chlordiazepoxide)	PARNATE (tranylcypromine)
FOCALIN XR (dexmethylphenidate ER)	LITHOBID (lithium carbonate ER)	PAXIL (paroxetine HCl)
FORFIVO XL (bupropion ER)	LITHOSTAT (acetohydroxamic acid)	PAXIL CR (paroxetine HCl ER)
FUZEON (enfuvirtide)	LOXITANE (loxapine)	PEGANONE (ethotoin)
FYCOMPA (perampanel)	LUDIOMIL (maprotiline)	PEGASYS (peginterferon alfa-2a)
GABITRIL (tiagabine)	LUMINAL (phenobarbital)	PEGINTRON (peginterferon alfa-2b)
GENVOYA (elvitegravir-cobicistat- emtricitabine-tenofovir)	LUMIZYME (alglucosidase alfa)	PERMITAL (dimenhydrinate)
GEODON (ziprasidone)	LUNESTA (eszopiclone)	PEXEVA (paroxetine mesylate)
GILOTRIF (afatinib)	LUVOX (fluvoxamine)	PHENYTEK (phenytoin ER)
GLEEVEC (imatinib)	LUVOX CR (fluvoxamine ER)	PLASMANATE (plasma protein fraction)
HAEGARDA (C1 esterase inhibitor)	LYNPARZA (olaparib)	POTIGA (ezogabine)
HALCION (triazolam)	LYRICA (pregabalin)	PREZCOBIX (darunavir-cobicistat)
HALDOL (haloperidol)	LYSTEDA (tranexamic acid)	PREZISTA (darunavir)
HARVONI (ledipasvir-sofosbuvir)	MARPLAN (isocarboxazid)	PRISTIQ (desvenlafaxine succinate ER)
HELIXATE (antihemophilic factor)	MAVYRET (glecaprevir-pibrentasvir)	PROLIXIN (fluphenazine)
HEMOFIL M (antihemophilic factor)	MEKINIST (trametinib)	PROSOM (estazolam)
HETLIOZ (tasimelteon)	MELLARIL (thioridazine)	PROVIGIL (modafinil)
HUMATE-P (antihemophilic factor/VFW)	METADATE CD (methylphenidate ER)	PROZAC (fluoxetine)
IBRANCE (palbociclib)	METADATE ER (methylphenidate ER)	PROZAC WEEKLY (fluoxetine DR)
ICLUSIG (ponatinib)	METHYLIN (methylphenidate)	QUDEXY XR (topiramate ER)
IDELVION (coagulation factor IX)	MILTOWN (meprobamate)	QUILLIVANT XR (methylphenidate ER)
ILARIS (canakinumab)	MOBAN (molindone)	RAVICTI (glycerol phenylbutyrate)
IMBRUVICA (ibrutinib)	MONOCLATE-P (antihemophilic factor)	RECOMBIMATE (antihemophilic factor)
INAPSINE (droperidol)	MONONINE (coagulation factor IX)	REMERON (mirtazapine)
INLYTA (axitinib)	MYALEPT (metreleptin)	RESCRIPTOR (delavirdine)
INTELENCE (etravirine)	MYDAYIS ER (amphetamine-dextroamphetamine)	RESTORIL (temazepam)
INTERMEZZO (zolpidem)	MYSOLINE (primidone)	RETROVIR (zidovudine)
INTUNIV (guanfacine ER)	NAGLAZYME (galsulfase)	REVIA (naltrexone)
INVEGA (paliperidone ER)	NARDIL (phenelzine)	REXULTI (brexpiprazole)
INVIRASE (saquinavir)	NAVANE (thiothixene)	REYATAZ (atazanavir)
IRENKA (duloxetine DR)	NERLYNX (neratinib)	RIASTAP (fibrinogen)
IRESSA (gefitinib)	NEURONTIN (gabapentin)	RIBAVIRIN (ribavirin)
ISENTRESS (raltegravir)	NEXAVAR (sorafenib)	RISPERDAL (risperidone)
IXINITY (coagulation factor IX)	NINLARO (ixazomib)	RITALIN (methylphenidate)
KALBITOR (ecallantide)	NIRAVAM (alprazolam)	RITALIN LA, SR (methylphenidate ER)
KALETRA (lopinavir-ritonavir)	NORPRAMIN (desipramine)	RIXUBIS (coagulation factor IX)
KALYDECO (ivacaftor)	NORVIR (ritonavir)	ROZEREM (ramelteon)
KAPVAY (clonidine ER)	NOVOEIGHT (antihemophilic factor)	RUBRACA (rucaparib)
KEPPRA (levetiracetam)	NOVOSEVEN (coagulation factor VIIa)	RUCONEST (C1 esterase inhibitor)
KEPPRA XR (levetiracetam ER)	NOVOSEVEN RT (coagulation factor VIIa)	RYDAPT (midostaurin)
KHEDEZLA (desvenlafaxine ER)	NUPLAZID (pimavanserin)	SABRIL (vigabatrin)
KINERET (anakinra)	NUVIGIL (armodafinil)	SAPHRIS (asenapine)
KISQALI (ribociclib)	NUWIQ (antihemophilic factor)	SARAFEM (fluoxetine HCl)
KLONOPIN (clonazepam)	OBIZUR (antihemophilic factor)	SECONAL (secobarbital)
KOATE-DVI (antihemophilic factor)	OCTAPLAS (plasma, human)	SELZENTRY (maraviroc)
KOGENATE FS (antihemophilic factor)	ODEFSEY (emtricitabine-rilpivirine-tenofovir)	SERAX (oxazepam)
KUVAN (sapropterin)	OLEPTRO (trazodone ER)	SEROQUEL (quetiapine)
KYPROLIS (carfilzomib)	OLYSIO (simeprevir)	SEROQUEL XR (quetiapine ER)
LAMICTAL (lamotrigine)	ONFI (clobazam)	SERZONE (nefazodone)
LAMICTAL XR (lamotrigine ER)	ORAP (pimozide)	SILENOR (doxepin)
LATUDA (lurasidone)	ORFADIN (nitisinone)	SINEQUAN (doxepin)
LENVIMA (lenvatinib)	ORKAMBI (lumacaftor-ivacaftor)	SOLIRIS (eculizumab)
LEXAPRO (escitalopram)	OXTELLAR XR (oxcarbazepine ER)	SONATA (zaleplon)
LEXIVA (fosamprenavir)	PAMELOR (nortriptyline)	SPRITAM (levetiracetam)
LIBRIUM (chlordiazepoxide)		SPRYCEL (dasatinib)
		STELAZINE (trifluoperazine)

STATE OF MICHIGAN, MEDICAID CARVE-OUT LIST

STIVARGA (regorafenib)	TRINTELLIX (vortioxetine)	VOSEVI (sofosbuvir-velpatasvir-voxilaprevir)
STRATTERA (atomoxetine)	TRIUMEQ (abacavir-dolutegravir-lamivudine)	VOTRIENT (pazopanib)
STRIBILD (elvitegravir-cobicistat- emtricitabine-tenofovir)	TRIZIVIR (abacavir-lamivudine-zidovudine)	VPRIV (velaglucerase alfa)
SUBOXONE (buprenorphine-naloxone)	TROKENDI XR (topiramate ER)	VRAYLAR (cariprazine)
SUBUTEX (buprenorphine)	TRUVADA (emtricitabine-tenofovir)	VYVANSE (lisdexamfetamine)
SURMONTIL (trimipramine)	TYBOST (cobicistat)	WELLBUTRIN (bupropion)
SUSTIVA (efavirenz)	TYKERB (lapatinib)	WELLBUTRIN SR, XL (bupropion ER)
SUTENT (sunitinib)	VALIUM (diazepam)	WILATE (antihemophilic factor/VFW)
SYMBYAX (olanzapine-fluoxetine)	VANSPAR (buspirone)	XALKORI (crizotinib)
TAFINLAR (dabrafenib)	VELCADE (bortezomib)	XANAX (alprazolam)
TAGRISSO (osimertinib)	VERSACLOZ (clozapine)	XANAX XR (alprazolam ER)
TARCEVA (erlotinib)	VERZENIO (abemaciclib)	XYNTHA (antihemophilic factor)
TASIGNA (nilotinib)	VIDEX (didanosine)	ZARONTIN (ethosuximide)
TECHNIVIE (ombitasvir-paritaprevir-ritonavir)	VIDEX EC(didanosine DR)	ZAVESCA (miglustat)
TEGRETOL (carbamazepine)	VIEKIRA	ZEJULA (niraparib)
TEGRETOL XR (carbamazepine ER)	(ombitasvir-paritaprevir-ritonavir + dasabuvir)	ZELBORAF (vemurafenib)
THORAZINE (chlorpromazine)	VIEKIRA XR (dasabuvir-ombitasvir- paritaprevir-ritonavir ER)	ZENZEDI (dextroamphetamine)
THROMBATE III (antithrombin III)	VIIBRYD (vilazodone)	ZEPATIER (elbasvir-grazoprevir)
TIVICAY (dolutegravir)	VIMIZIM (elosulfase alfa)	ZERIT (stavudine)
TOFRANIL (imipramine HCl)	VIMPAT (lacosamide)	ZIAGEN (abacavir)
TOFRANIL-PM (imipramine pamoate)	VIRACEPT (nelfinavir)	ZOLOFT (sertraline)
TOPAMAX (topiramate)	VIRAMUNE (nevirapine)	ZOLPIMIST (zolpidem tartrate)
TRANXENE (clorazepate)	VIRAMUNE XR (nevirapine ER)	ZONEGRAN (zonisamide)
TRETEN (coagulation factor XIII A-subunit)	VIREAD (tenofovir)	ZUBSOLV (buprenorphine-naloxone)
TRIAVIL (perphenazine-amitriptyline)	VIVACTIL (protriptyline)	ZYDELIG (idelalisib)
TRILAFON (perphenazine)	VIVITROL (naltrexone ER)	ZYKADIA (ceritinib)
TRILEPTAL (oxcarbazepine)	VONVENDI (Von Willebrand factor)	ZYPREXA (olanzapine)

** CEPHULAC (lactulose) is carved out for the treatment of Hepatic Encephalopathy only

NON-COVERED MEDICATIONS

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

- Medications for Cosmetic Purposes
- Experimental or Investigational Medications
- Convenience Dosage Forms (Transdermal Patches), not listed in the Formulary
- Fertility Drugs
- Sexual Dysfunction Drugs
- OTC Medications not listed on the Formulary
- Medications used for non-FDA approved indications, unless approved by Medical Director

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ANALGESICS

NSAIDs

aspirin buffered 325 mg OTC , AGE	Covered for ages 40-79 years old	BUFFERIN
aspirin chew tabs 81 mg OTC , QL	Max #30/month	
aspirin delayed-rel 81 mg OTC , QL	Max #30/month	
aspirin delayed-rel 325 mg OTC , AGE , QL	Covered for ages 40-79 years old; Max #30/month	
aspirin supp 300 mg, 600 mg OTC		
aspirin tabs 325 mg OTC , AGE , QL	Covered for ages 40-79 years old; Max #30/month	
choline magnesium trisalicylate liq		
diclofenac sodium delayed-rel		
diclofenac sodium ext-rel		
etodolac QL	Max #60/month	
fenoprofen 600 mg		
flurbiprofen		
ibuprofen caps OTC , QL	Max #60/month	
ibuprofen chew tabs, tabs OTC		
ibuprofen drops 50 mg/1.25 mL OTC		
ibuprofen susp 100 mg/5 mL QL	Max #480 mL/month	
ibuprofen susp 100 mg/5 mL OTC , QL	Max #480 mL/month	
ibuprofen tabs		
indomethacin caps AGE	Covered for ages 64 years old & under	
indomethacin ext-rel AGE	Covered for ages 64 years old & under	
ketorolac tabs AGE	Covered for ages 64 years old & under	
meloxicam tabs QL	Max #30/month	MOBIC
nabumetone QL	Max #60/month	
naproxen delayed-rel		EC-NAPROSYN
naproxen sodium caps OTC		ALEVE
naproxen sodium ext-rel 375 mg		NAPRELAN
naproxen sodium tabs OTC , QL	Max #90/month	ALEVE
naproxen susp PA , AGE	Covered for ages 12 years old & under	NAPROSYN
naproxen tabs		NAPROSYN
piroxicam QL	Max #30/month	FELDENE
sulindac		

NSAIDs, TOPICAL

diclofenac sodium gel 1% QL	Max #100 grams/month	
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COX-2 INHIBITORS

celecoxib QL	Max #30/month	CELEBREX
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GOUT

allopurinol 100 mg QL	Max #90/month	ZYLOPRIM
allopurinol 300 mg QL	Max #30/month	ZYLOPRIM
colchicine caps QL	Max #60/month	MITIGARE
colchicine tabs QL	Max #60/month	COLCRYS
colchicine/probenecid		
febuxostat PA , QL	Max #30/month	ULORIC
probenecid		

OPIOID ANALGESICS

butalbital/acetaminophen/caffeine/codeine 50/325/40/30 mg QL	Max #240/month	
butalbital/aspirin/caffeine/codeine 50/325/40/30 mg QL	Max #240/month	
codeine sulfate QL	Max #90/month	
codeine/acetaminophen soln 12 mg/120 mg/5 mL QL	Max #240 mL/month	TYLENOL w/CODEINE
codeine/acetaminophen tabs QL	Max #180/month	TYLENOL w/CODEINE

fentanyl transdermal 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr 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 mg/325 mg/15 mL QL	Max #480 mL/month	HYCET
hydromorphone soln 1 mg/mL QL	Max #960 mL/month	DILAUDID
hydromorphone supp QL	Max #120/month	
hydromorphone tabs 2 mg, 4 mg QL	Max #240/month	DILAUDID
meperidine soln AGE, QL	Covered for ages 64 years old & under; Max #300 mL/month	
meperidine tabs AGE, QL	Covered for ages 64 years old & under; Max #30/month	
methadone conc 10 mg/mL QL	Max #240 mL/month	
methadone soln 5 mg/5 mL QL	Max #900 mL/month	
methadone soln 10 mg/5 mL QL	Max #600 mL/month	
methadone tabs 5 mg, 10 mg QL	Max #240/month	
morphine sulfate ext-rel tabs QL	Max #60/month	MS CONTIN
morphine sulfate oral soln QL	Max #240 mL/month	
morphine sulfate tabs QL	Max #120/month	
oxycodone soln 5 mg/5 mL QL	Max #600 mL/month	
oxycodone tabs 5 mg QL	Max #120/month	ROXICODONE
oxycodone/acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg QL	Max #180/month	PERCOCET
pentazocine/naloxone QL	Max #360/month	
tramadol QL	Max #240/month	ULTRAM

NON-OPIOID ANALGESICS

acetaminophen caps 500 mg OTC, QL	Max #240/month	
acetaminophen chew tabs 80 mg OTC, QL	Max #1500/month	
acetaminophen ext-rel 650 mg OTC, QL	Max #180/month	
acetaminophen liq, soln, susp 160 mg/5 mL OTC, QL	Max #3750 mL/month	TYLENOL
acetaminophen orally disintegrating tabs 80 mg OTC, QL	Max #1500/month	
acetaminophen orally disintegrating tabs 160 mg OTC, QL	Max #750/month	
acetaminophen supp 120 mg OTC, QL	Max #90/month	
acetaminophen supp 325 mg OTC, QL	Max #360/month	
acetaminophen supp 650 mg OTC, QL	Max #180/month	
acetaminophen tabs 325 mg, 500 mg OTC, QL	Max #240/month	TYLENOL
butalbital/acetaminophen 50/325 mg AGE, QL	Covered for ages 10-64 years old; Max #120/month	
butalbital/acetaminophen/caffeine 50/325/40 mg AGE, QL	Covered for ages 10-64 years old; Max #120/month	ESGIC
butalbital/aspirin/caffeine AGE, QL	Covered for ages 64 years old & under; Max #120/month	FIORINAL

VISCOSUPPLEMENTS

sodium hyaluronate PA, SP		EUFLEXXA
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ANTI-INFECTIVES

ANTIBACTERIALS

Aminoglycosides

neomycin		
paromomycin		

Cephalosporins

First Generation

cefadroxil caps, tabs		
cefadroxil susp AGE	Covered for ages 12 years old & under	
cephalexin caps 250 mg, 500 mg		KEFLEX
cephalexin susp AGE	Covered for ages 12 years old & under	

Second Generation

cefaclor caps

cefaclor susp AGE

Covered for ages 12 years old & under

cefprozil susp AGE

Covered for ages 12 years old & under

cefprozil tabs

cefuroxime axetil tabs

Third Generation

cefdinir caps

cefdinir susp AGE

Covered for ages 12 years old & under

cefixime caps

SUPRAX

cefixime susp 100 mg/5 mL, 200 mg/5 mL AGE

Covered for ages 12 years old & under

SUPRAX

cefixime susp 500 mg/5 mL AGE

Covered for ages 12 years old & under

SUPRAX

cefpodoxime susp AGE

Covered for ages 12 years old & under

cefpodoxime tabs

Erythromycins/Macrolides

azithromycin powder packets, tabs

ZITHROMAX

azithromycin susp AGE

Covered for ages 12 years old & under

ZITHROMAX

clarithromycin susp AGE

Covered for ages 12 years old & under

clarithromycin tabs

Fluoroquinolones

ciprofloxacin susp AGE

Covered for ages 12 years old & under

CIPRO

ciprofloxacin tabs

CIPRO

levofloxacin oral soln AGE

Covered for ages 12 years old & under

levofloxacin tabs

LEVAQUIN

ofloxacin

Penicillins

amoxicillin caps, tabs

amoxicillin chew tabs, susp AGE

Covered for ages 12 years old & under

amoxicillin/clavulanate chew tabs, susp AGE

Covered for ages 12 years old & under

amoxicillin/clavulanate ext-rel

AUGMENTIN XR

amoxicillin/clavulanate tabs

AUGMENTIN

ampicillin caps

ampicillin susp AGE

Covered for ages 12 years old & under

dicloxacillin

penicillin VK soln AGE

Covered for ages 12 years old & under

penicillin VK tabs

Sulfonamides

sulfamethoxazole/trimethoprim

BACTRIM

sulfamethoxazole/trimethoprim susp

SULFATRIM

Tetracyclines

doxycycline monohydrate 50 mg, 100 mg

doxycycline monohydrate susp AGE

Covered for ages 12 years old & under

VIBRAMYCIN

minocycline caps

MINOCIN

tetracycline caps

ANTIFUNGALS

fluconazole susp AGE

Covered for ages 12 years old & under

DIFLUCAN

fluconazole tabs

DIFLUCAN

griseofulvin microsize susp

griseofulvin ultramicrosize

GRIS-PEG

itraconazole caps

SPORANOX

ketoconazole tabs 200 mg QL

Max #60/month

nystatin susp		
nystatin tabs		
terbinafine tabs QL	Max #30/month	LAMISIL

ANTIMALARIALS

chloroquine QL	Max #30/month	
mefloquine PA		
primaquine		PRIMAQUINE
pyrimethamine PA		DARAPRIM

ANTIRETROVIRAL AGENTS

Antiretroviral Agents are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

ANTITUBERCULAR AGENTS

cycloserine		
ethambutol		MYAMBUTOL
ethionamide		TRECTOR
isoniazid syrup AGE	Covered for ages 12 years old & under	
isoniazid tabs		
pyrazinamide		
rifampin		RIFADIN

ANTIVIRALS

Cytomegalovirus Agents

valganciclovir tabs PA, QL	Max #60/month	VALCYTE
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Hepatitis Agents

Hepatitis B

adefovir dipivoxil		HEPSERA
entecavir tabs		BARACLUDE
lamivudine tabs		EPIVIR-HBV
tenofovir alafenamide PA, QL	Max #30/month	VEMLIDY

Hepatitis C

Hepatitis C Agents are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

Herpes Agents

acyclovir caps, tabs QL	Max #150/month	ZOVIRAX
acyclovir susp AGE	Covered for ages 12 years old & under	ZOVIRAX
famciclovir QL	Max #90/month	
valacyclovir 1 gram QL	Max #90/month	VALTREX
valacyclovir 500 mg QL	Max #30/month	VALTREX

Influenza Agents

oseltamivir caps QL	Max #10/fill; Max #20/6 months	TAMIFLU
oseltamivir susp AGE, QL	Covered for ages 12 years old & under; Max #120 mL/fill; Max 240 mL/6 months	TAMIFLU
rimantadine		FLUMADINE
zanamivir AGE, QL	Covered for ages 5 years old & older; Max #20/6 months	RELENZA

MISCELLANEOUS

atovaquone PA		MEPRON
clindamycin caps		CLEOCIN
clindamycin soln AGE	Covered for ages 12 years old & under	CLEOCIN
dapsone		

ivermectin		STROMECTOL
linezolid susp PA		ZYVOX
linezolid tabs PA		ZYVOX
metronidazole tabs		FLAGYL
nitrofurantoin ext-rel AGE, QL	Covered for ages 64 years old & under; Max #60/month	MACROBID
nitrofurantoin macrocrystals 50 mg, 100 mg AGE, QL	Covered for ages 64 years old & under; Max #60/month	MACRODANTIN
nitrofurantoin susp AGE	Covered for ages 12 years old & under	FURADANTIN
pyrantel OTC, QL	Max #2 fills/month	REESES PINWORM MEDICINE
rifabutin		MYCOBUTIN
tinidazole		TINDAMAX
trimethoprim tabs		
vancomycin inj		

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

altretamine PA		HEXALEN
busulfan PA		MYLERAN
chlorambucil PA		LEUKERAN
cyclophosphamide caps PA		CYCLOPHOSPHAMIDE
estramustine PA	Males only	EMCYT
melphalan PA		ALKERAN
temozolomide PA, SP		TEMODAR

ANTIMETABOLITES

capecitabine PA, SP		XELODA
mercaptopurine tabs		
methotrexate inj 25 mg/mL, 250 mg/10 mL, 1 gram/40 mL		
methotrexate tabs 2.5 mg		
thioguanine PA		TABLOID

CYTOPROTECTIVE AGENTS

leucovorin calcium tabs		
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HORMONAL ANTINEOPLASTIC AGENTS

Antiandrogens

abiraterone PA, QL, SP	Males only; Max #120/month	ZYTIGA
bicalutamide PA	Males only	CASODEX
enzalutamide PA, QL, SP	Males only; Max #120/month	XTANDI
flutamide PA	Males only	
nilutamide PA		NILANDRON

Antiestrogens

tamoxifen tabs QL	Females only; Max #60/month	
toremifene PA		FARESTON

Aromatase Inhibitors

anastrozole	Females only	ARIMIDEX
exemestane		AROMASIN
letrozole AGE, QL	Covered for ages 18 years & older; Max #30/month	FEMARA

Luteinizing Hormone-Releasing Hormone (LHRH) Agonists

goserelin acetate PA, SP		ZOLADEX
leuprolide acetate inj 1 mg/0.2 mL PA, SP		

Progestins

megestrol acetate tabs	Females only
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IMMUNOMODULATORS

lenalidomide PA, SP	REVLIMID
pomalidomide PA, SP	POMALYST
thalidomide PA, SP	THALOMID

KINASE INHIBITORS

Kinase Inhibitors are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

everolimus PA, SP	AFINITOR
everolimus soluble tabs PA, SP	AFINITOR DISPERZ
ruxolitinib PA, QL, SP	Max #60/month JAKAFI

TOPOISOMERASE INHIBITORS

topotecan caps PA	HYCAMTIN
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MISCELLANEOUS

bexarotene caps PA, SP	TARGRETIN
etoposide PA	
hydroxyurea	DROXIA
hydroxyurea	HYDREA
mesna PA	MESNEX
mitotane PA	LYSODREN
panobinostat PA, SP	FARYDAK
procarbazine PA	MATULANE
sonidegib PA, SP	ODOMZO
tretinoin caps PA	
trifluridine/tipiracil PA, SP	LONSURF
vismodegib PA, QL, SP	Max #30/month ERIVEDGE
vorinostat PA, SP	ZOLINZA

CARDIOVASCULAR

ACE INHIBITORS

benazepril 5 mg, 10 mg, 20 mg QL	Max #45/month	LOTENSIN
benazepril 40 mg QL	Max #60/month	LOTENSIN
captopril		
enalapril 2.5 mg, 5 mg, 10 mg QL	Max #45/month	VASOTEC
enalapril 20 mg QL	Max #60/month	VASOTEC
enalapril oral soln AGE	Covered for ages 12 years old & under	EPANED
fosinopril 10 mg, 20 mg QL	Max #45/month	
fosinopril 40 mg QL	Max #60/month	
lisinopril 2.5 mg, 5 mg, 10 mg, 20 mg QL	Max #45/month	ZESTRIL
lisinopril 30 mg, 40 mg QL	Max #60/month	ZESTRIL
perindopril 2 mg, 4 mg QL	Max #45/month	
quinapril 5 mg, 10 mg, 20 mg QL	Max #30/month	ACCUPRIL
quinapril 40 mg QL	Max #60/month	ACCUPRIL
ramipril QL	Max #30/month	ALTACE
trandolapril QL	Max #30/month	

ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

benazepril/amlodipine QL	Max #30/month	LOTREL
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ACE INHIBITOR/DIURETIC COMBINATIONS		
enalapril/hydrochlorothiazide QL	Max #60/month	VASERETIC
lisinopril/hydrochlorothiazide QL	Max #60/month	ZESTORETIC
quinapril/hydrochlorothiazide		ACCURETIC
ADRENOLYTICS, CENTRAL		
clonidine tabs		CATAPRES
guanfacine QL	Max #60/month	
methyldopa AGE	Covered for ages 64 years old & under	
ADRENOLYTICS, CENTRAL/DIURETIC COMBINATIONS		
methyldopa/hydrochlorothiazide		
ALDOSTERONE RECEPTOR ANTAGONISTS		
spironolactone QL	Max #60/month	ALDACTONE
ALPHA BLOCKERS		
doxazosin 1 mg, 2 mg, 4 mg QL	Max #30/month	CARDURA
doxazosin 8 mg QL	Max #60/month	CARDURA
prazosin QL	Max #60/month	MINIPRESS
terazosin 1 mg, 5 mg QL	Max #30/month	
terazosin 2 mg, 10 mg QL	Max #60/month	
ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS		
irbesartan QL	Max #30/month	AVAPRO
irbesartan/hydrochlorothiazide QL	Max #30/month	AVALIDE
losartan QL	Max #30/month	COZAAR
losartan/hydrochlorothiazide QL	Max #30/month	HYZAAR
valsartan 40 mg, 80 mg, 160 mg QL	Max #60/month	DIOVAN
valsartan 320 mg QL	Max #30/month	DIOVAN
valsartan/hydrochlorothiazide QL	Max #30/month	DIOVAN HCT
ANTIARRHYTHMICS		
amiodarone		
disopyramide AGE	Covered for ages 64 years old & under	NORPACE
flecainide		
mexiletine		
propafenone		
quinidine sulfate		
sotalol QL	Max #60/month	BETAPACE, BETAPACE AF
ANTILIPEMICS		
Bile Acid Resins		
cholestyramine cans QL	Max #378 grams/month	QUESTRAN
cholestyramine cans QL	Max #239.4 grams/month	QUESTRAN LIGHT
cholestyramine packets QL	Max #60 packets/month	QUESTRAN, QUESTRAN LIGHT
colestipol granules, tabs		COLESTID
Cholesterol Absorption Inhibitors		
ezetimibe PA, QL	Max #30/month	ZETIA
Fibrates		
fenofibrate caps 50 mg QL	Max #30/month	LIPOFEN
fenofibrate tabs QL	Max #30/month	LOFIBRA
fenofibrate tabs QL	Max #30/month	TRICOR
fenofibrate micronized 43 mg QL	Max #30/month	
fenofibrate micronized 67 mg, 134 mg, 200 mg QL	Max #30/month	LOFIBRA

fenofibric acid QL	Max #30/month	FIBRICOR
fenofibric acid delayed-rel QL	Max #30/month	TRILIPIX
gemfibrozil QL	Max #60/month	LOPID

HMG-CoA Reductase Inhibitors

atorvastatin QL	Max #30/month	LIPITOR
lovastatin QL	Max #30/month	
pravastatin QL	Max #30/month	PRAVACHOL
rosuvastatin QL	Max #30/month	CRESTOR
simvastatin QL	Max #30/month	ZOCOR

Omega-3 Fatty Acids

omega-3 acid ethyl esters PA		LOVAZA
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BETA-BLOCKERS

acebutolol		
atenolol		
betaxolol		
bisoprolol 5 mg QL	Max #45/month	
bisoprolol 10 mg QL	Max #60/month	
carvedilol		COREG
labetalol		TRANDATE
metoprolol succinate ext-rel 25 mg, 50 mg, 100 mg QL	Max #45/month	TOPROL-XL
metoprolol succinate ext-rel 200 mg QL	Max #60/month	TOPROL-XL
metoprolol tartrate QL	Max #90/month	LOPRESSOR
nadolol		CORGARD
pindolol		
propranolol QL	Max #120/month	
propranolol ext-rel 60 mg QL	Max #120/month	INDERAL LA
propranolol ext-rel 80 mg QL	Max #90/month	INDERAL LA
propranolol ext-rel 120 mg, 160 mg QL	Max #60/month	INDERAL LA
propranolol oral soln		HEMANGEOL
timolol		

BETA-BLOCKER/DIURETIC COMBINATIONS

atenolol/chlorthalidone		
bisoprolol/hydrochlorothiazide 2.5 mg/6.25 mg, 5 mg/6.25 mg QL	Max #45/month	ZIAC
bisoprolol/hydrochlorothiazide 10 mg/6.25 mg QL	Max #60/month	ZIAC

CALCIUM CHANNEL BLOCKERS

Dihydropyridines

amlodipine QL	Max #30/month	NORVASC
felodipine ext-rel 2.5 mg, 5 mg QL	Max #30/month	
felodipine ext-rel 10 mg QL	Max #60/month	
isradipine QL	Max #60/month	
nicardipine QL	Max #30/month	
nifedipine AGE, QL	Covered for ages 64 years old & under; Max #120/month	PROCARDIA
nifedipine ext-rel 30 mg QL	Max #30/month	PROCARDIA XL
nifedipine ext-rel 30 mg, 60 mg QL	Max #30/month	ADALAT CC
nifedipine ext-rel 60 mg, 90 mg QL	Max #60/month	PROCARDIA XL
nifedipine ext-rel 90 mg QL	Max #60/month	ADALAT CC
nimodipine caps		

Nondihydropyridines

diltiazem		CARDIZEM
diltiazem ext-rel caps QL	Max #60/month	Dilt-XR
diltiazem ext-rel caps QL	Max #30/month	TIAZAC

diltiazem ext-rel caps 120 mg, 240 mg, 300 mg QL	Max #30/month	CARDIZEM CD
diltiazem ext-rel caps 180 mg QL	Max #60/month	CARDIZEM CD
diltiazem ext-rel tabs 180 mg, 300 mg QL	Max #30/month	CARDIZEM LA
verapamil		CALAN
verapamil ext-rel caps QL	Max #30/month	VERELAN PM
verapamil ext-rel caps 120 mg, 180 mg, 240 mg QL	Max #30/month	VERELAN
verapamil ext-rel tabs QL	Max #30/month	CALAN SR
DIGITALIS GLYCOSIDES		
digoxin tabs 125 mcg, 250 mcg		LANOXIN
DIRECT RENIN INHIBITORS/DIURETIC COMBINATIONS		
aliskiren PA, QL	Max #30/month	TEKTURNA
aliskiren/hydrochlorothiazide PA, QL	Max #30/month	TEKTURNA HCT
DIURETICS		
Carbonic Anhydrase Inhibitors		
acetazolamide QL	Max #120/month	
acetazolamide ext-rel QL	Max #60/month	
Loop Diuretics		
bumetanide		
furosemide soln AGE	Covered for ages 12 years old & under	
furosemide tabs QL	Max #60/month	LASIX
torsemide 5 mg, 100 mg QL	Max #60/month	DEMADEX
torsemide 10 mg, 20 mg QL	Max #120/month	DEMADEX
Potassium-sparing Diuretics		
amiloride QL	Max #30/month	
Thiazides and Thiazide-like Diuretics		
chlorothiazide oral susp AGE	Covered for ages 12 years old & under	DIURIL
chlorothiazide tabs		
chlorthalidone 25 mg, 50 mg QL	Max #120/month	
hydrochlorothiazide		
indapamide QL	Max #30/month	
methyclothiazide		
metolazone QL	Max #30/month	ZAROXOLYN
Diuretic Combinations		
amiloride/hydrochlorothiazide QL	Max #60/month	
spironolactone/hydrochlorothiazide 25 mg/25 mg QL	Max #90/month	ALDACTAZIDE
triamterene/hydrochlorothiazide caps		DYAZIDE
triamterene/hydrochlorothiazide tabs		MAXZIDE
NEPRILYSIN INHIBITOR/ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
sacubitril/valsartan PA		ENTRESTO
NITRATES		
Oral		
isosorbide dinitrate ext-rel tabs		
isosorbide dinitrate tabs		ISORDIL
isosorbide mononitrate		
isosorbide mononitrate ext-rel QL	Max #60/month	
nitroglycerin ext-rel		NITRO-TIME

Sublingual/Translingual		
nitroglycerin lingual spray		NITROLINGUAL
nitroglycerin sublingual		NITROSTAT

Transdermal		
nitroglycerin oint		NITRO-BID
nitroglycerin transdermal 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr QL	Max #30/month	NITRO-DUR

PULMONARY ARTERIAL HYPERTENSION

Endothelin Receptor Antagonists

ambrisentan PA, QL, SP	Max #30/month	LETAIRIS
bosentan soluble tabs AGE, PA, SP	Covered for ages 3 to 12 years old	TRACLEER
bosentan tabs PA, QL, SP	Max #60/month	TRACLEER

Phosphodiesterase Inhibitors

sildenafil tabs PA, SP		REVATIO
tadalafil PA, QL, SP	Max #60/month	ADCIRCA

Soluble Guanylate Cyclase Stimulators

riociguat PA, QL, SP	Max #90/month	ADEMPAS
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MISCELLANEOUS

hydralazine 10 mg, 25 mg, 50 mg QL	Max #120/month	
hydralazine 100 mg QL	Max #90/month	
hydralazine inj		
midodrine QL	Max #90/month	
minoxidil		
ranolazine ext-rel PA		RANEXA

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

Benzodiazepines

Benzodiazepines are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

ANTICONSULSANTS

Anticonvulsants are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

ANTIDEMENTIA

donepezil tabs 5 mg AGE, QL	Covered for ages 40 years & older; Max #30/month	ARICEPT
donepezil tabs 10 mg AGE, QL	Covered for ages 40 years & older; Max #60/month	ARICEPT
memantine tabs AGE, QL	Covered for ages 40 years & older; Max #60/month	NAMENDA
memantine titration pak AGE, QL	Covered for ages 40 years & older; Max #1 pak/year	NAMENDA PAK
rivastigmine caps AGE	Covered for ages 40 years & older	

ANTIDEPRESSANTS

Antidepressants are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

ANTIPARKINSONIAN AGENTS

Drugs in this category may be carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

amantadine caps QL	Max #120/month	
amantadine syp QL	Max #1200 mL/month	
amantadine tabs QL	Max #120/month	
bromocriptine 2.5 mg QL	Max #180/month	PARLODEL
bromocriptine 5 mg		PARLODEL
carbidopa/levodopa		SINEMET
carbidopa/levodopa ext-rel		SINEMET CR
carbidopa/levodopa orally disintegrating tabs 10-100 mg, 25-250 mg		
carbidopa/levodopa orally disintegrating tabs 25 mg-100 mg QL	Max #30/month	
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg QL	Max #90/month	MIRAPEX
pramipexole 1.5 mg QL	Max #30/month	MIRAPEX
ropinirole QL	Max #90/month	REQUIP
selegiline caps QL	Max #60/month	ELDEPRYL

ANTIPSYCHOTICS

Antipsychotics are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

ATTENTION DEFICIT HYPERACTIVITY DISORDER

ADHD Stimulants are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

FIBROMYALGIA

Fibromyalgia Agents are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

HYPNOTICS

Drugs in this category may be carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

midazolam inj 5 mg/mL QL, *	Max #4 mL/month	
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*Midazolam inj 5 mg/mL is not carved-out.

MIGRAINE

Selective Serotonin Agonists

naratriptan QL	Max #9/month	AMERGE
rizatriptan orally disintegrating tabs QL	Max #9/month	MAXALT-MLT
rizatriptan tabs QL	Max #9/month	MAXALT
sumatriptan auto-injectors, cartridges, vials PA, QL	Max #8 inj/month	IMITREX
sumatriptan nasal spray QL	Max #1 mL/month	IMITREX
sumatriptan tabs QL	Max #9/month	IMITREX
zolmitriptan orally disintegrating tabs ST, QL	Requires trial of two of naratriptan, rizatriptan or sumatriptan; Max #9/month	ZOMIG ZMT
zolmitriptan tabs ST, QL	Requires trial of two of naratriptan, rizatriptan or sumatriptan; Max #9/month	ZOMIG

MOOD STABILIZERS

Mood Stabilizers are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

MULTIPLE SCLEROSIS AGENTS

dalfampridine ext-rel PA, SP		AMPYRA
dimethyl fumarate delayed-rel caps PA, SP		TECFIDERA
dimethyl fumarate delayed-rel starter pack PA, SP		TECFIDERA STARTER PACK
fingolimod PA, SP		GILENYA
glatiramer PA, SP		COPAXONE
interferon beta-1a PA, QL, SP	Max #4 inj/month	AVONEX

MUSCULOSKELETAL THERAPY AGENTS

baclofen 10 mg QL	Max #90/month	
baclofen 20 mg		
chlorzoxazone AGE	Covered for ages 64 years old & under	
cyclobenzaprine 5 mg, 10 mg AGE	Covered for ages 64 years old & under	
methocarbamol AGE	Covered for ages 64 years old & under	ROBAXIN
orphenadrine ext-rel AGE, QL	Covered for ages 64 years old & under; Max #60/month	
tizanidine tabs		ZANAFLEX

MYASTHENIA GRAVIS

pyridostigmine tabs 60 mg		MESTINON
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NARCOLEPSY/CATAPLEXY

Drugs in this category may be carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

PSYCHOTHERAPEUTIC-MISCELLANEOUS

Alcohol Deterrents

Alcohol Deterrents are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

Opioid Antagonists

Drugs in this category may be carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

naloxone inj QL	Max #2 inj/90 days	
naloxone nasal spray QL	Max #2/90 days	NARCAN

Smoking Deterrents

bupropion ext-rel QL	Max #60/month	ZYBAN
nicotine inhaler QL	Max #1 box/month	NICOTROL
nicotine nasal spray QL	Max #10 mL/month	NICOTROL NS
nicotine polacrilex gum 2 mg OTC, QL	Max #900/month	NICORETTE
nicotine polacrilex gum 4 mg OTC, QL	Max #720/month	NICORETTE
nicotine polacrilex lozenge OTC, QL	Max #600/month	NICORETTE
nicotine transdermal OTC, QL	Max #30/month	NICODERM CQ
varenicline QL	Max #60/month; Max of two 12-week courses per year	CHANTIX

ENDOCRINE AND METABOLIC

ANDROGENS

testosterone cypionate	Males only	DEPO-TESTOSTERONE
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ANTIDIABETICS

Alpha-glucosidase Inhibitors

acarbose 25 mg, 50 mg QL	Max #90/month	PRECOSE
acarbose 100 mg QL	Max #120/month	PRECOSE

Biguanides

metformin 500 mg QL	Max #90/month	GLUCOPHAGE
metformin 850 mg QL	Max #90/month	GLUCOPHAGE
metformin 1000 mg QL	Max #60/month	GLUCOPHAGE
metformin ext-rel 500 mg, 750 mg		GLUCOPHAGE XR

Biguanide/Sulfonylurea Combinations

glipizide/metformin		
glyburide/metformin tabs 1.25/250 mg QL	Max #60/month	GLUCOVANCE
glyburide/metformin tabs 2.5/500 mg, 5/500 mg		GLUCOVANCE

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

alogliptin PA		NESINA
linagliptin PA, QL	Max #30/month	TRADJENTA
sitagliptin phosphate PA, QL	Max #30/month	JANUVIA

Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations

alogliptin/metformin PA		KAZANO
linagliptin/metformin PA, QL	Max #60/month	JENTADUETO
sitagliptin/metformin PA, QL	Max #60/month	JANUMET
sitagliptin/metformin ext-rel PA, QL	Max #30/month	JANUMET XR

Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Insulin Sensitizer Combinations

alogliptin/pioglitazone PA, QL	Max #30/month	OSENI
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Incretin Mimetic Agents

albiglutide PA, QL	Max #4 inj/month	TANZEUM
liraglutide PA, QL	Max #9mL/month	VICTOZA

Insulins *

*Insulin vials are preferred. Insulin pens are covered only for ages 21 years and under. Prior authorization is available for members with documented retinopathy and neuropathy.

insulin aspart cartridges AGE, QL	Covered for ages 21 years & under; Max #60 mL/month	NOVOLOG PENFILL
insulin aspart pens AGE, QL	Covered for ages 21 years & under; Max #60 mL/month	NOVOLOG FLEXPEN
insulin aspart protamine/insulin aspart pens AGE, QL	Covered for ages 21 years & under; Max #60 mL/month	NOVOLOG MIX FLEXPEN
insulin aspart protamine/insulin aspart vials QL	Max #60 mL/month	NOVOLOG MIX
insulin aspart vials QL	Max #60 mL/month	NOVOLOG
insulin glargine pens QL	Max #60 mL/month	BASAGLAR KWIKPEN
insulin glulisine pens AGE, QL	Covered for ages 21 years & under; Max #60 mL/month	APIDRA SOLOSTAR
insulin glulisine vials QL	Max #60 mL/month	APIDRA
insulin human vials OTC, QL	Max #60 mL/month	HUMULIN R, NOVOLIN R
insulin human vials PA, QL	Max #20 mL/month	HUMULIN R U-500
insulin isophane human 70%/regular 30% pens OTC, AGE, QL	Covered for ages 21 years & under; Max #60 mL/month	HUMULIN 70/30 KWIKPEN
insulin isophane human 70%/regular 30% vials OTC, QL	Max #60 mL/month	HUMULIN 70/30, NOVOLIN 70/30
insulin isophane human pens OTC, AGE, QL	Covered for ages 21 years & under; Max #60 mL/month	HUMULIN N KWIKPEN
insulin isophane human vials OTC, QL	Max #60 mL/month	HUMULIN N, NOVOLIN N
insulin lispro cartridges AGE, QL	Covered for ages 21 years & under; Max #60 mL/month	HUMALOG U-100
insulin lispro pens AGE, QL	Covered for ages 21 years & under; Max #60 mL/month	HUMALOG JUNIOR U-100 KWIKPEN

insulin lispro pens AGE, QL	Covered for ages 21 years & under; Max #60 mL/month	HUMALOG U-100 KWIKPEN
insulin lispro protamine/insulin lispro pens AGE, QL	Covered for ages 21 years & under; Max #60 mL/month	HUMALOG MIX KWIKPEN
insulin lispro protamine/insulin lispro vials QL	Max #60 mL/month	HUMALOG MIX
insulin lispro vials QL	Max #60 mL/month	HUMALOG U-100

Insulin Sensitizers

pioglitazone QL	Max #30/month	ACTOS
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Meglitinides

nateglinide QL	Max #90/month	STARLIX
repaglinide QL	Max #120/month	PRANDIN

Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors

canagliflozin PA, QL	Max #30/month	INVOKANA
empagliflozin PA, QL	Max #30/month	JARDIANCE

Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Biguanide Combinations

canagliflozin/metformin PA, QL	Max #60/month	INVOKAMET
canagliflozin/metformin ext-rel PA, QL	Max #60/month	INVOKAMET XR
empagliflozin/metformin PA, QL	Max #60/month	SYNJARDY
empagliflozin/metformin ext-rel PA, QL	Max #30/month	SYNJARDY XR

Sulfonylureas

chlorpropamide AGE	Covered for ages 64 years old & under	
glimepiride		AMARYL
glipizide		GLUCOTROL
glipizide ext-rel		GLUCOTROL XL
glyburide		
glyburide, micronized		GLYNASE
tolazamide		
tolbutamide		

Supplies

alcohol swabs OTC, QL	Max #200/month	
blood glucose monitoring kits OTC, QL	Max #1/year	TRUE METRIX AIR kits
blood glucose monitoring kits OTC, QL	Max #1/year	TRUE METRIX kits
blood glucose test strips OTC, QL, ^		TRUE METRIX test strips
insulin needles OTC, QL	Max #200/month	
insulin syringes OTC, QL	Max #150/month	
isopropyl alcohol wipes OTC		
lancets OTC		
urine acetone test strips OTC		KETOCARE test strips
urine ketone test strips OTC		

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

CALCIUM RECEPTOR ANTAGONISTS

cinacalcet 30 mg, 60 mg PA, QL, SP	Max #60/month	SENSIPAR
cinacalcet 90 mg PA, QL, SP	Max #120/month	SENSIPAR

CALCIUM REGULATORS

Bisphosphonates

alendronate 5 mg, 10 mg, 40 mg QL	Max #30/month	FOSAMAX
alendronate 35 mg, 70 mg QL	Max #4/month	FOSAMAX
ibandronate QL	Max #1 tab/month	BONIVA

Calcitonins		
calcitonin-salmon nasal QL	Max # 3.7 mL/month	MIACALCIN
Parathyroid Hormones		
abaloparatide PA, SP		TYMLOS
teriparatide PA, QL, SP	Max #1 pen/month	FORTEO
CONTRACEPTIVES		
Covered for females only		
EE = ethinyl estradiol		
Monophasic		
<i>20 mcg Estrogen</i>		
drospirenone/EE 3/20		Gianvi
levonorgestrel/EE 0.1/20		Lutera
norethindrone acetate/EE 1/20		LOESTRIN 1/20
norethindrone acetate/EE 1/20 and iron		Junel 24 Fe
norethindrone acetate/EE 1/20 and iron		Microgestin Fe 1/20
norethindrone acetate/EE 1/20 and iron chew tabs PA		MINASTRIN 24 FE
<i>25 mcg Estrogen</i>		
norethindrone acetate/EE 0.8/25 and iron		GENERESS FE
<i>30 mcg Estrogen</i>		
desogestrel/EE 0.15/30		Apri
drospirenone/EE 3/30		YASMIN
drospirenone/EE/levomefolate 3/30 and levomefolate		SAFYRAL
levonorgestrel/EE 0.15/30		Levora
norethindrone acetate/EE 1.5/30		Microgestin 1.5/30
norethindrone acetate/EE 1.5/30 and iron		Microgestin Fe 1.5/30
norgestrel/EE 0.3/30		Low-Ogestrel
<i>35 mcg Estrogen</i>		
ethynodiol diacetate/EE 1/35		Zovia 1/35
norethindrone/EE 0.4/35		Zenchant
norethindrone/EE 0.4/35 and iron PA		
norethindrone/EE 0.5/35		BREVICON
norethindrone/EE 1/35		ORTHO-NOVUM 1/35
norgestimate/EE 0.25/35		Sprintec
<i>50 mcg Estrogen</i>		
ethynodiol diacetate/EE 1/50		Zovia 1/50
norgestrel/EE 0.5/50		Ogestrel
Biphasic		
desogestrel/EE		Kariva
norethindrone/EE and iron		LO LOESTRIN FE 1/10
Triphasic		
desogestrel/EE		Velivet
levonorgestrel/EE		Trivora
norethindrone/EE		Aranelle
norethindrone/EE		Necon 7/7/7
norethindrone/EE and iron		Tilia Fe
norgestimate/EE		ORTHO TRI-CYCLEN
norgestimate/EE		ORTHO TRI-CYCLEN LO

Extended Cycle		
levonorgestrel/EE 0.15/30		Quasense
Continuous		
levonorgestrel/EE 0.09/20		
Progestin Only		
norethindrone		ORTHO MICRONOR
Emergency Contraception		
levonorgestrel 1.5 mg OTC		Next Choice
ulipristal		ELLA
Injectable		
medroxyprogesterone acetate 150 mg/mL QL	Females only; Max #1 mL/90 days	DEPO-PROVERA
Transdermal		
norelgestromin/EE QL	Max #9/84 days	Xulane
Vaginal		
etonogestrel/EE ring QL	Max #1/month	NUVARING
Miscellaneous		
condoms, male and female OTC, QL	Max #36/month	
diaphragm arc-spring		CAYA
diaphragm wide seal		WIDE SEAL
nonoxynol-9 foam 12.5% OTC		VCF CONTRACEPTIVE
nonoxynol-9 gel 3% OTC		GYNOL II
nonoxynol-9 sponge OTC		TODAY CONTRACEPTIVE SPONGE
ENDOMETRIOSIS		
danazol		
ESTROGENS		
Covered for females only		
Oral		
estradiol AGE	Covered for ages 64 years old & under	ESTRACE
estrogens, conjugated AGE, QL	Covered for ages 64 years old & under; Max #30/month	PREMARIN
estrogens, esterified		MENEST
estropipate AGE	Covered for ages 64 years old & under	
Transdermal		
estradiol weekly QL	Max #4 patches/month	CLIMARA
estradiol, twice weekly QL	Max #8 patches/month	VIVELLE-DOT
Vaginal		
estradiol vaginal crm QL	Covered for females only; Max #42.5 grams/month	ESTRACE CREAM
estradiol vaginal tabs		Yuvafem
ESTROGEN/PROGESTINS		
Covered for females only		
Oral		
EE/norethindrone acetate 0.5 mg/2.5 mcg QL	Max #28/month	FEMHRT

EE/norethindrone acetate 1 mg/5 mcg		
estradiol/norethindrone acetate		ACTIVELLA
estrogens, conjugated/medroxyprogesterone QL	Max #28/month	PREMPHASE
estrogens, conjugated/medroxyprogesterone QL	Max #28/month	PREMPRO
GLUCOCORTICOIDS		
dexamethasone elixir, soln 0.5 mg/5 mL		
dexamethasone tabs		
fludrocortisone		
hydrocortisone		CORTEF
methylprednisolone		
prednisolone sodium phosphate soln 5 mg/5 mL, 15 mg/5 mL		
prednisolone syrup		
prednisone		
GLUCOSE ELEVATING AGENTS		
glucagon, human recombinant QL	Max 1 kit/month	GLUCAGEN HYPOKIT
glucagon, human recombinant QL	Max 1 kit/month	GLUCAGON EMERGENCY KIT
HUMAN GROWTH HORMONES		
somatropin PA, SP		NORDITROPIN FLEXPRO
HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS		
calcitriol caps QL	Max #120/month	ROCALTROL
calcitriol soln AGE	Covered for ages 12 years old & under	ROCALTROL
INSULIN-LIKE GROWTH FACTORS		
mecasermin PA, SP		INCRELEX
PHOSPHATE BINDER AGENTS		
calcium acetate 667 mg		
lanthanum chew tabs PA		FOSRENOL
sevelamer carbonate tabs PA		REVELA
sevelamer HCl PA		RENAGEL
POTASSIUM-REMOVING AGENTS		
sodium polystyrene sulfonate oral susp		Kionex
sodium polystyrene sulfonate powder		
sodium polystyrene sulfonate rectal susp		
PROGESTINS		
medroxyprogesterone acetate	Females only	PROVERA
megestrol acetate susp 40 mg/mL		
norethindrone acetate QL	Females only; Max #60/month	AYGESTIN
progesterone, micronized 100 mg QL	Females only; Max #30/month	PROMETRIUM
progesterone, micronized 200 mg QL	Females only; Max #60/month	PROMETRIUM
SELECTIVE ESTROGEN RECEPTOR MODULATORS		
raloxifene AGE, QL	Females only; Covered for ages 40 years old & over; Max #30/month	EVISTA
THYROID AGENTS		
Antithyroid Agents		
methimazole		TAPAZOLE
propylthiouracil		

Thyroid Supplements

levothyroxine		
levothyroxine		Levoxyl
liothyronine		CYTOMEL
thyroid AGE	Covered for ages 64 years old & under	ARMOUR THYROID
thyroid AGE	Covered for ages 64 years old & under	NATURE-THROID
thyroid		WESTHROID
thyroid		WP THYROID

VASOPRESSINS

desmopressin spray PA, SP		DDAVP
desmopressin spray SP		STIMATE
desmopressin tabs QL	Max #180/month	DDAVP

MISCELLANEOUS

Drugs in this category may be carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

cabergoline		
methylergonovine tabs AGE	Covered for ages 12 years old & older	METHERGINE
octreotide acetate vials 50 mcg/mL, 100 mcg/mL, 200 mcg/mL, 1000 mcg/mL PA, SP		

GASTROINTESTINAL

ANTACIDS/COMBINATIONS

aluminum hydroxide gel susp OTC		
aluminum hydroxide/magnesium carbonate OTC		GAVISCON
aluminum hydroxide/magnesium hydroxide/simethicone OTC		GELUSIL
aluminum hydroxide/magnesium hydroxide/simethicone OTC		MAG-AL
aluminum hydroxide/magnesium trisilicate OTC		GAVISCON
calcium carbonate OTC		TUMS
calcium carbonate/magnesium hydroxide OTC		
calcium carbonate/magnesium hydroxide/simethicone OTC		
calcium carbonate/simethicone OTC		MAALOX ADVANCED
calcium glycerophosphate OTC		PRELIEF
magnesium oxide/asafoetida OTC		DEWEES CARMINATIVE
sodium bicarbonate tabs OTC		
sodium bicarbonate/citric acid OTC		ALKA-SELTZER HEARTBURN
sodium bicarbonate/citric acid/simethicone granules OTC		E-Z GAS II
sodium bicarbonate/potassium bicarbonate OTC		ALKA-SELTZER GOLD

ANTIDIARRHEALS

bismuth subsalicylate OTC		PEPTO-BISMOL
diphenoxylate/atropine		LOMOTIL
loperamide caps		
loperamide caps OTC		
loperamide susp 1 mg/7.5 mL OTC		
paregoric tincture		

ANTIEMETICS

dimenhydrinate tabs OTC		
dronabinol PA		MARINOL
granisetron tabs ST, QL	Requires trial of ondansetron; Max #4/month	
meclizine OTC		
meclizine		

metoclopramide soln, tabs		REGLAN
ondansetron oral soln AGE , QL	Covered for ages 12 years old & under; Max #300 mL/month	ZOFRAN
ondansetron orally disintegrating tabs 4 mg, 8 mg QL	Max #90/month	ZOFRAN ODT
ondansetron tabs 4 mg, 8 mg QL	Max #90/month	ZOFRAN
ondansetron tabs 24 mg QL	Max #30/month	
prochlorperazine supp QL	Max #60/month	COMPAZINE
prochlorperazine tabs QL	Max #120/month	COMPAZINE
promethazine AGE	Covered for ages 2-64 years old	
promethazine supp AGE	Covered for ages 2-64 years old	

ANTISPASMODICS

dicyclomine AGE	Covered for ages 64 years old & under	BENTYL
glycopyrrolate tabs		ROBINUL, ROBINUL FORTE
hyoscyamine sulfate AGE	Covered for ages 64 years old & under	
hyoscyamine sulfate ext-rel tabs AGE	Covered for ages 64 years old & under	LEVBID

CHOLELITHOLYTICS

ursodiol caps QL	Max #150/month	ACTIGALL
ursodiol tabs		URSO

H₂ RECEPTOR ANTAGONISTS

cimetidine tabs		
cimetidine tabs OTC		TAGAMET HB
famotidine tabs		PEPCID
famotidine tabs OTC		PEPCID AC
ranitidine OTC		ZANTAC OTC
ranitidine syp QL	Max #600 mL/month	ZANTAC
ranitidine tabs		ZANTAC

INFLAMMATORY BOWEL DISEASE

Oral Agents

balsalazide		COLAZAL
mesalamine delayed-rel ST , QL	Requires trial of APRISO or DELZICOL; Max #180/month	ASACOL HD
mesalamine delayed-rel ST , QL	Requires trial of balsalazide, sulfasalazine or sulfasalazine delayed-rel; Max #180/month	DELZICOL
mesalamine ext-rel ST , QL	Requires trial of balsalazide, sulfasalazine or sulfasalazine delayed-rel; Max #120/month	APRISO
mesalamine ext-rel ST , QL	Requires trial of APRISO or DELZICOL; Max #240/month	PENTASA
sulfasalazine		AZULFIDINE
sulfasalazine delayed-rel		AZULFIDINE EN-TABS

Rectal Agents

mesalamine enema		
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LAXATIVES/STOOL SOFTENERS

benzocaine/docusate enema OTC		ENEMEEZ PLUS
bisacodyl delayed-rel OTC		DULCOLAX
bisacodyl enema OTC		FLEET BISACODYL
bisacodyl supp OTC		DULCOLAX
calcium polycarbophil OTC		FIBERCON
calcium polycarbophil chew tabs OTC		EQUALACTIN

castor oil OTC		
cellulose powder OTC		UNIFIBER
CO2-releasing supp OTC		CEO-TWO
corn dextrin powder OTC		Fiber Powder
docusate calcium OTC		
docusate sodium 50 mg, 250 mg OTC		
docusate sodium caps 100 mg OTC, QL	Max # 180/month	COLACE
docusate sodium enema OTC		DOCUSOL KIDS
docusate sodium liq 50 mg/5 mL OTC		Docu Liquid
docusate sodium liq 50 mg/15 mL OTC		FLEET PEDIA-LAX
fiber chew tabs OTC		
fiber liquid OTC		HYFIBER WITH FOS
fiber liquid OTC		LIQUIFIBER
glycerin enema OTC		FLEET ENEMA
glycerin supp OTC		FLEET
glycerin supp OTC		PEDIA-LAX SUPP
lactulose		
lactulose		KRISTALOSE
magnesium citrate soln OTC		Citroma
magnesium hydroxide OTC		PHILLIPS' MILK OF MAGNESIA
magnesium hydroxide chew tabs OTC		PEDIA-LAX CHEWS
magnesium oxide OTC		PHILLIPS
magnesium sulfate oral granules OTC		EPSOM SALT
mineral oil OTC		
mineral oil		
mineral oil emulsion OTC		KONDREMUL
mineral oil enema OTC		FLEET MINERAL OIL
peg 3350/electrolytes QL	Max #4000 grams/year	COLYTE
peg 3350/electrolytes QL	Max #4000 grams/year	GOLYTELY
peg 3350/electrolytes		MOVIPREP
peg 3350/electrolytes QL	Max #4000 grams/year	NULYTELY
peg 3350/electrolytes with bisacodyl QL		Gavilyte-H Kit
polyethylene glycol 3350		
polyethylene glycol 3350 packets OTC, QL	Max #17 grams/day	MIRALAX OTC
polyethylene glycol 3350 powder OTC		MIRALAX OTC
psyllium OTC		METAMUCIL
psyllium powder OTC		HYDROCIL
psyllium powder OTC		KONSYL
psyllium wafer OTC		METAMUCIL
psyllium/calcium OTC		METAMUCIL PLUS CALCIUM
senna leaves OTC		
senna syrup OTC		
sennosides 8.6 mg OTC		SENOKOT
sennosides/docusate sodium OTC		SENOKOT-S
sennosides/psyllium OTC		SENNAPROMPT
sodium phosphates		OSMOPREP
sodium phosphates enema OTC		FLEET
sodium phosphates soln OTC		
sodium picosulfate/magnesium oxide/citric acid		PREPOPIK
sodium sulfate/potassium sulfate/magnesium sulfate		SUPREP
wheat dextrin powder OTC		BENEFIBER
wheat dextrin/calcium chew tabs OTC		
PANCREATIC ENZYMES		
pancrelipase delayed-rel 2,600 units, 4,200 units QL	Max #720 caps/month	PANCREAZE
pancrelipase delayed-rel 3,000 units, 5,000 units, 10,000 units QL	Max #720 caps/month	ZENPEP
pancrelipase delayed-rel 3,000 units, 6,000 units QL	Max #720 caps/month	CREON

pancrelipase delayed-rel 10,500 units, 16,800 units, 21,000 units QL	Max #480 caps/month	PANCREAZE
pancrelipase delayed-rel 12,000 units, 24,000 units, 36,000 units QL	Max #480 caps/month	CREON
pancrelipase delayed-rel 15,000 units, 20,000 units, 25,000 units, 40,000 units QL	Max #480 caps/month	ZENPEP

PROSTAGLANDINS

misoprostol QL	Max #120/month	CYTOTEC
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PROTON PUMP INHIBITORS

esomeprazole magnesium delayed-rel OTC, ST, QL	Requires trial of omeprazole and pantoprazole; Max #60/month	NEXIUM 24HR OTC
lansoprazole delayed-rel caps OTC, ST, QL	Requires trial of omeprazole and pantoprazole; Max #60/month	PREVACID 24HR OTC
lansoprazole delayed-rel caps 15 mg ST, QL	Requires trial of omeprazole and pantoprazole; Max #60/month	PREVACID
lansoprazole delayed-rel caps 30 mg ST, QL	Requires trial of omeprazole and pantoprazole; Max #30/month	PREVACID
lansoprazole susp AGE, QL	Covered for ages 12 years old & under; Max #300 mL/month	FIRST-LANSOPRAZOLE
omeprazole delayed-rel caps QL	Max #60/month	
omeprazole magnesium delayed-rel caps OTC, QL	Max #60/month	
omeprazole susp AGE, QL	Covered for ages 12 years old & under; Max #300 mL/month	FIRST-OMEPRAZOLE
pantoprazole delayed-rel tabs 20 mg QL	Max #30/month	PROTONIX
pantoprazole delayed-rel tabs 40 mg QL	Max #60/month	PROTONIX

SALIVA STIMULANTS

pilocarpine		SALAGEN
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STEROIDS, RECTAL

hydrocortisone rectal crm 2.5% QL	Max #45 grams/month	
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MISCELLANEOUS

simethicone chew tabs OTC		GAS-X
simethicone susp 40 mg/0.6 mL OTC		
sucalfate tabs QL	Max #120/month	CARAFATE

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

alfuzosin ext-rel		UROXATRAL
finasteride QL	Males only; Max #30/month	PROSCAR
tamsulosin QL	Max #60/month	FLOMAX

URINARY ANTISPASMODICS

flavoxate hydrochloride		
oxybutynin ext-rel 5 mg QL	Max #30/month	DITROPAN XL
oxybutynin ext-rel 10 mg, 15 mg QL	Max #60/month	DITROPAN XL
oxybutynin syrup QL	Max #600 mL/month	
oxybutynin tabs QL	Max #90/month	
oxybutynin transdermal OTC		OXYTROL FOR WOMEN
tolterodine ST, QL	Requires trial of oxybutynin; Max #60/month	DETROL
tolterodine ext-rel ST, QL	Requires trial of oxybutynin; Max #30/month	DETROL LA
trospium ST, QL	Requires trial of oxybutynin; Max #60/month	

VAGINAL ANTI-INFECTIVES

Females only

clindamycin crm		CLEOCIN
clotrimazole crm OTC		GYNE-LOTTRIMIN
metronidazole		METROGEL-VAGINAL
miconazole crm 2% OTC		
miconazole crm 2%, supp 100 mg OTC		MONISTAT 3 COMBO KIT
miconazole crm 2%, applicator 100 mg OTC		MONISTAT 7 COMBO KIT
miconazole supp OTC		
terconazole crm		TERAZOL

MISCELLANEOUS

bethanechol QL	Max #120/month	URECHOLINE
methenamine hippurate		HIPREX
methenamine mandelate		
pentosan polysulfate sodium PA, QL	Max #90/month	ELMIRON
phenazopyridine		PYRIDIUM
potassium citrate ext-rel 5 mEq, 10 mEq		UROKIT-K
potassium citrate/citric acid soln, powder packets		CYTRA-K
potassium phosphate		K-PHOS
potassium/sodium acid phosphates		K-PHOS NO. 2
sodium citrate/citric acid soln		Cytra-2

HEMATOLOGIC

ANTICOAGULANTS

Injectable

enoxaparin pre-filled syringes PA, QL, SP	Requires PA for treatment longer than 7 days	LOVENOX
heparin vials 5000 units/mL, 10000 units/mL		

Oral

rivaroxaban tabs PA, QL	Max #30 tabs/month	XARELTO
warfarin		COUMADIN
warfarin		Jantoven

ANTIHEMOPHILIC AGENTS

Antihemophilic Agents are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

HEMATOPOIETIC GROWTH FACTORS

darbepoetin alfa PA, SP		ARANESP
epoetin alfa PA, SP		EPOGEN
epoetin alfa PA, SP		PROCRIT
filgrastim PA, SP		NEUPOGEN
filgrastim-sndz PA, SP		GRANIX
tbo-filgrastim PA, SP		ZARXIO

PLATELET AGGREGATION INHIBITORS

aspirin chew tabs 81 mg OTC, QL	Max #30/month	
aspirin delayed-rel 81 mg OTC, QL	Max #30/month	
clopidogrel 75 mg QL	Max #30/month	PLAVIX
clopidogrel 300 mg QL	Max #1 tab/month	PLAVIX
dipyridamole 25 mg, 75 mg QL	Max #120/month	
dipyridamole 50 mg		

PLATELET SYNTHESIS INHIBITORS		
anagrelide		AGRYLIN
MISCELLANEOUS		
cilostazol QL	Max #60/month	
pentoxifylline ext-rel succimer		CHEMET
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
adalimumab PA, SP		HUMIRA
etanercept PA, SP		ENBREL, ENBREL SURECLICK
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)		
hydroxychloroquine		PLAQUENIL
leflunomide QL	Max #30/month	ARAVA
IMMUNOMODULATORS		
Interferons		
interferon alfa-2b PA, SP		INTRON A
Miscellaneous		
apremilast 30 mg PA, SP		OTEZLA
IMMUNOSUPPRESSANTS		
Antimetabolites		
azathioprine QL	Max #240/month	IMURAN
mycophenolate mofetil		CELLCEPT
mycophenolate mofetil susp AGE	Covered for ages 12 years old & under	CELLCEPT
mycophenolate sodium delayed-rel ST	Requires trial of mycophenolate mofetil	MYFORTIC
Calcineurin Inhibitors		
cyclosporine caps		SANDIMMUNE
cyclosporine, modified		NEORAL
cyclosporine, modified soln AGE	Covered for ages 12 years old & under	NEORAL
tacrolimus		PROGRAF
Rapamycin Derivatives		
sirolimus tabs		RAPAMUNE
VACCINES		
hepatitis A vaccine AGE, QL	Covered for ages 19 years & under; Max #2 per lifetime	HAVRIX, VAQTA
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
Calcium/Combinations		
calcium carbonate OTC		
calcium carbonate/vitamin D OTC		CALTRATE + D
calcium carbonate/vitamin D/minerals OTC		CALTRATE 600 + D PLUS
calcium chloride inj		
calcium citrate OTC		
calcium citrate/vitamin D OTC		CITRACAL + D
calcium glubionate OTC		CALCIONATE
calcium gluconate OTC		
calcium gluconate inj		

calcium lactate OTC	
calcium phosphate/vitamin D OTC	
calcium, oyster shell OTC	
calcium/boron OTC	RA CALCIUM/BORON
calcium/magnesium OTC	
calcium/magnesium/vitamin C OTC	LOCALNESIUM-C
calcium/magnesium/vitamin D OTC	
calcium/magnesium/zinc OTC	
calcium/phosphorus/vitamin D OTC	RISACAL-D
calcium/vitamin C/vitamin D OTC	
calcium/vitamin D OTC	
calcium/vitamin D/minerals OTC	CALTRATE 600 + MINERALS
calcium/vitamin D/vitamin K OTC	VIActiv

Phosphates

potassium phosphates inj	
potassium phosphates/sodium phosphates OTC	PHOS-NAK
sodium glycerophosphate inj	GLYCOPHOS
sodium phosphates inj	

Potassium

potassium bicarbonate effer tabs 25 mEq	
potassium bicarbonate/potassium chloride effer tabs 25 mEq	
potassium chloride ext-rel 8 mEq, 10 mEq	
potassium chloride microencapsulated crystal ext-rel tabs 10 mEq, 20 mEq	KLOR-CON M10, KLOR-CON M20
potassium chloride oral soln	

VITAMINS AND MINERALS

Folic Acid/Combinations

folic acid 1 mg	
folic acid 400 mcg OTC, QL	Max #30/month
folic acid 800 mcg OTC	
folic acid/vitamin B6/vitamin B12	FOLGARD RX
folic acid/vitamin B6/vitamin B12 OTC	Foltabs 800
folinic acid/vitamin B6/vitamin B12 OTC	FOLINIC-PLUS
l-methylfolate/vitamin B2/vitamin B6/vitamin B12	CEREFOLIN, METAFOLBIC
l-methylfolate/vitamin B6/vitamin B12	FOLTX

Iron Supplements/Combinations

carbonyl iron OTC	FEOSOL, PERFECT IRON, IRON CHEWS
carbonyl iron OTC	ICAR PEDS
ferrous fumarate OTC	FERRETTIS, FERRIMIN 150
ferrous fumarate OTC	HEMOCYTE
ferrous fumarate/folic acid/docusate sodium/vitamin B-complex/vitamin C	NEPHRON FA
ferrous fumarate/folic acid/intrinsic factor/vitamin B12/vitamin C	
ferrous fumarate/folic acid/vitamin B12/vitamin C	
ferrous fumarate/folic acid/vitamin B12/vitamin C	HEMATOGEN FA
ferrous fumarate/folic acid/vitamin B-complex/minerals	
ferrous fumarate/polysaccharide iron complex/folic acid/B complex/vitamin C/minerals	TANDEM PLUS
ferrous gluconate OTC	FERGON
ferrous sulfate OTC	FEOSOL
ferrous sulfate delayed-rel OTC	
ferrous sulfate drops 15 mg/mL OTC, AGE	Covered for ages 12 years old & under FER-IN-SOL
ferrous sulfate elixir, liquid 220 mg/5 mL OTC, AGE	Covered for ages 12 years old & under

ferrous sulfate ext-rel OTC		SLOW FE
ferrous sulfate syrup 300 mg/5 mL OTC, AGE	Covered for ages 12 years old & under	
iron combination		CORVITE
iron combination		Hematogen
iron combination elixir OTC		I.L.X. B-12
iron heme polypeptide OTC		PROFERRIN ES
iron polysaccharides complex OTC		
iron polysaccharides complex OTC		NOVAFERRUM
iron polysaccharides complex/vitamin B12/folic acid		
iron/vitamin B12/vitamin C/folic acid AGE	Covered for ages 12 years old & under	
iron/vitamin B12/vitamin C/folic acid OTC, AGE	Covered for ages 12 years old & under	
iron/vitamin C OTC		ICAR-C
iron/vitamin C OTC		VITRON-C
iron/vitamins OTC		VITAFOL

Prenatal Vitamins

* All prenatal vitamins are covered only for females ages 12-55 years old.

prenatal vitamins without A/ferrous bisglycinate/folic acid QL	Max #30/month	NESTABS
prenatal vitamins without A/ferrous bisglycinate/folic acid/omega-3		NESTABS DHA COMBO
prenatal vitamins without A/ferrous bisglycinate/folic acid QL	Max #30/month	NEWGEN
prenatal vitamins without A/ferrous bisglycinate/folic acid/omega-3		TRI-TABS DHA COMBO
prenatal vitamins without A/ferrous fumarate/folic acid QL	Max #30/month	PRENATAL-U
prenatal vitamins without A/iron carbonyl/folic acid QL	Max #30/month	TARON-BC
prenatal vitamins/calcium/vitamin B6/vitamin B12/folic acid/ginger QL	Max #30/month	PRENATE AM
prenatal vitamins/docusate/ferrous fumarate/folic acid QL	Max #30/month	MYNATE 90 PLUS
prenatal vitamins/docusate/ferrous fumarate/folic acid		SE-NATAL 19
prenatal vitamins/docusate/ferrous fumarate/folic acid		THRIVITE 19
prenatal vitamins/docusate/iron carbonyl/folic acid QL	Max #30/month	Inatal Advance
prenatal vitamins/docusate/iron carbonyl/folic acid QL	Max #30/month	Inatal Ultra
prenatal vitamins/docusate/iron carbonyl/folic acid QL	Max #30/month	MYNATAL ADVANCE
prenatal vitamins/docusate/iron carbonyl/folic acid QL	Max #30/month	MYNATAL ULTRACAPLET
prenatal vitamins/docusate/iron carbonyl/folic acid/omega-3 QL	Max #30/month	OBSTETRIX DHA COMBO
prenatal vitamins/docusate/iron carbonyl/folic acid QL	Max #30/month	OBSTETRIX EC
prenatal vitamins/docusate/iron carbonyl/folic acid QL	Max #30/month	TRINATAL GT
prenatal vitamins/docusate/iron carbonyl/folic acid QL	Max #30/month	VINATE GT
prenatal vitamins/docusate/iron carbonyl/folic acid QL	Max #30/month	VINATE ULTRA
prenatal vitamins/docusate/iron carbonyl/folic acid QL	Max #30/month	VIRT-ADVANCE
prenatal vitamins/docusate/iron carbonyl/folic acid QL	Max #30/month	VIRT-VITE GT
prenatal vitamins/ferrous bisglycinate chelate/folic acid QL	Max #30/month	VINATE II
prenatal vitamins/ferrous fumarate/folic acid OTC, QL	Max #30/month	CLASSIC PRENATAL
prenatal vitamins/ferrous fumarate/folic acid QL	Max #30/month	COMPLETENATE CHEW
prenatal vitamins/ferrous fumarate/folic acid OTC, QL	Max #30/month	CVS PRENATAL
prenatal vitamins/ferrous fumarate/folic acid OTC, QL	Max #30/month	Eql Prenatal Formula
prenatal vitamins/ferrous fumarate/folic acid OTC, QL	Max #30/month	GNP Prenatal
prenatal vitamins/ferrous fumarate/folic acid OTC, QL	Max #30/month	HM PRENATAL
prenatal vitamins/ferrous fumarate/folic acid QL	Max #30/month	M-VIT CAPLET
prenatal vitamins/ferrous fumarate/folic acid QL	Max #30/month	MYNATAL PLUS
prenatal vitamins/ferrous fumarate/folic acid QL	Max #30/month	MYNATAL-Z
prenatal vitamins/ferrous fumarate/folic acid QL	Max #30/month	O-CAL FA
prenatal vitamins/ferrous fumarate/folic acid QL	Max #30/month	PNV PRENATAL PLUS
prenatal vitamins/ferrous fumarate/folic acid QL	Max #30/month	Prenatabs FA
prenatal vitamins/ferrous fumarate/folic acid QL	Max #30/month	PRENATAL 19 CHEWABLE
prenatal vitamins/ferrous fumarate/folic acid OTC, QL	Max #30/month	PRENATAL COMPLETE
prenatal vitamins/ferrous fumarate/folic acid QL	Max #30/month	PRENATAL LOW IRON
prenatal vitamins/ferrous fumarate/folic acid QL	Max #30/month	PRENATAL PLUS
prenatal vitamins/ferrous fumarate/folic acid OTC, QL	Max #30/month	PRENATAL TABLET

prenatal vitamins/ferrous fumarate/folic acid OTC, QL	Max #30/month	PRENATAL VITAMIN FORMULA
prenatal vitamins/ferrous fumarate/folic acid QL	Max #30/month	PRENATAL VITAMIN PLUS LOW IRON
prenatal vitamins/ferrous fumarate/folic acid QL	Max #30/month	PREPLUS CA-FE 27-FA 1MG
prenatal vitamins/ferrous fumarate/folic acid QL	Max #30/month	PRETAB 29MG-1MG
prenatal vitamins/ferrous fumarate/folic acid OTC, QL	Max #30/month	QC PRENATAL
prenatal vitamins/ferrous fumarate/folic acid OTC, QL	Max #30/month	RA-PRENATAL
prenatal vitamins/ferrous fumarate/folic acid OTC, QL	Max #30/month	SM PRENATAL
prenatal vitamins/ferrous fumarate/folic acid OTC, QL	Max #30/month	SV PRENATAL
prenatal vitamins/ferrous fumarate/folic acid OTC, QL	Max #30/month	THERANATAL CORE NUTRITION
prenatal vitamins/ferrous fumarate/folic acid QL	Max #30/month	TRICARE PRENATAL
prenatal vitamins/ferrous fumarate/folic acid QL	Max #30/month	TRINATAL RX1
prenatal vitamins/ferrous fumarate/folic acid QL	Max #30/month	Trinate
prenatal vitamins/ferrous fumarate/folic acid QL	Max #30/month	VINATE ONE
prenatal vitamins/ferrous fumarate/folic acid QL	Max #30/month	VIRT NATE PRENATAL
prenatal vitamins/ferrous fumarate/folic acid QL	Max #30/month	VOL-NATE PRENATAL
prenatal vitamins/ferrous fumarate/folic acid QL	Max #30/month	VOL-PLUS
prenatal vitamins/ferrous fumarate/folic acid/omega-3 OTC, QL	Max #30/month	PRENATAL MULTI + DHA
prenatal vitamins/iron carbonyl/folic acid		Elite OB
prenatal vitamins/iron carbonyl/folic acid QL	Max #30/month	PNV 29-1
prenatal vitamins/iron carbonyl/folic acid QL	Max #30/month	Prenatabs Rx
prenatal vitamins/iron carbonyl/folic acid QL	Max #30/month	PRENATAL PLUS IRON
prenatal vitamins/iron carbonyl/folic acid QL	Max #30/month	VOL-TAB RX
prenatal vitamins/iron polysaccharide complex/ iron heme polypeptide/folic acid		HEMENATAL OB
prenatal vitamins/iron polysaccharide complex/ iron heme polypeptide/folic acid		PREFERA OB
prenatal vitamins/iron polysaccharide complex/ iron heme polypeptide/folic acid		VP-HEME OB
prenatal vitamins/minerals/folic acid/fish oil chew tabs		CVS PRENATAL CHEW GUMMY
prenatal vitamins/selenium/ferrous fumarate/folic acid QL	Max #30/month	VINATE M
Vitamin B-Complex/Combinations		
vitamin B complex OTC		
vitamin B complex elixir OTC		APETIGEN, APETEX
vitamin B complex inj		
vitamin B complex/biotin/folic acid OTC		
vitamin B complex/biotin/folic acid ext-rel OTC		
vitamin B complex/folic acid OTC		
vitamin B complex/folic acid ext-rel OTC		
vitamin B complex/folic acid/vitamin C/zinc		NEPHLEX
vitamin B complex/iron OTC		APETIGEN PLUS
vitamin B complex/minerals OTC		APETIGEN PLUS
vitamin B complex/vitamin C OTC		
vitamin B complex/vitamin C/biotin/vitamin D/folic acid OTC		DIALYVITE 800 PLUS D
vitamin B complex/vitamin C/calcium OTC		
vitamin B complex/vitamin C/folic acid OTC		FULL SPECTRUM B WITH C
vitamin B complex/vitamin C/folic acid		NEPHROCAPS, NEPHRO-VITE RX
vitamin B complex/vitamin C/folic acid OTC		NEPHRO-VITE
vitamin B complex/vitamin C/vitamin E/zinc OTC		
Miscellaneous		
biotin OTC		
biotin liq OTC		CYTO B7

biotin tab 800 mcg OTC		
brewers yeast OTC		
cholecalciferol caps, tabs OTC		VITAMIN D-3
cholecalciferol chew tabs 400 units OTC		VITAMIN D-3
cholecalciferol oral liquid 400 unit/mL OTC		VITAMIN D-3
cholecalciferol wafer 50,000 units OTC		REPLESTA
cyanocobalamin 100 mcg, 500 mcg, 1000 mcg OTC, QL	Max #30/month	VITAMIN B12
cyanocobalamin inj 1000 mcg/mL		
docosahexaenoic acid 200 mg OTC		DHA OMEGA-3
electrolyte soln, oral OTC		CERALYTE 70, ENFAMIL ENFALYTE
electrolyte soln, oral OTC		PEDIALYTE
ergocalciferol (D2) caps		
ergocalciferol (D2) drops OTC, QL	Max #60mL/month	
inositol niacinate caps OTC		NIACIN FLUSH FREE
lysine/thiamine/niacinamide OTC		ALBA-LYBE
magnesium OTC		
magnesium aspartate delayed-rel OTC		MAGINEX 615
magnesium chloride inj		
magnesium chloride/calcium delayed-rel OTC		SLOW-MAG
magnesium citrate OTC		
magnesium gluconate OTC		
magnesium glycinate OTC		
magnesium lactate ext-rel OTC		MAG-TAB SR
magnesium oxide OTC		MAG-OX
magnesium oxide OTC		UROMAG
magnesium sulfate inj		
melatonin caps 5 mg, 10 mg OTC, AGE, QL	Covered for ages 12 years old & under; Max #30/month	
melatonin ext-rel tabs 10 mg OTC, AGE, QL	Covered for ages 12 years old & under; Max #30/month	
melatonin liquid 1 mg/4 mL, 1 mg/mL OTC, AGE, QL	Covered for ages 12 years old & under; Max #600 mL/month	
melatonin sublingual 5 mg OTC, AGE, QL	Covered for ages 12 years old & under; Max #30/month	
melatonin tabs 1 mg, 3 mg, 5 mg OTC, AGE, QL	Covered for ages 12 years old & under; Max #30/month	
multivitamins OTC		
multivitamins OTC		OMNICAP, QUINTABS, SPECTRAVITE, STROVITE, THERA BETA, THERA-M
multivitamins OTC		ONE-A-DAY
multivitamins inj		M.V.I. ADULT
multivitamins/calcium OTC		ONE-A-DAY WOMEN'S
multivitamins/iron OTC		
multivitamins/minerals OTC		THERACAL
multivitamins/minerals OTC		THEREMS-M
multivitamins/minerals caps, chew tabs OTC		AQUADEKS
niacin OTC		
niacin ext-rel caps OTC		
niacin ext-rel tabs 250 mg, 750 mg OTC		SLO-NIACIN
niacin/inositol OTC		
niacinamide OTC		
niacinamide ext-rel OTC		NIACINAMIDE PR
niacinamide/zinc/copper/methylfolate		NICOMIDE
omega-3 fatty acids caps 500 mg OTC		FISH OIL
omega-3 fatty acids caps 1000 mg OTC		Super Omega-3
omega-3 fatty acids delayed-rel caps 1000 mg OTC		FISH OIL

pediatric multiple vitamins/fluoride/iron drops		
pediatric multivitamins OTC		
pediatric multivitamins/fluoride		
pediatric multivitamins/iron OTC		
pediatric multivitamins/iron drops OTC		POLY-VI-SOL WITH IRON
pediatric multivitamins/minerals/vitamin C OTC		
pediatric multivitamins/minerals/vitamin C drops		Aquadeks
pediatric multivitamins/vitamin C drops OTC		POLY-VI-SOL
pediatric multivitamins/vitamin C/folic acid chew tabs OTC		VITACRAVES
pediatric vitamins ACD drops QL	Max #60 mL/month	
pediatric vitamins ACD drops		TRI-VI-SOL
pediatric vitamins ACD w/fluoride soln		
phytonadione QL	Max #5 tabs/day, 5 day supply/month	MEPHYTON
pyridoxine tabs 25 mg OTC, QL	Max #60/month	VITAMIN B-6
pyridoxine tabs 50 mg, 100 mg OTC, QL	Max #120/month	VITAMIN B-6
riboflavin 25 mg OTC		VITAMIN B-2
sodium fluoride chew tabs AGE, QL	Covered for ages 16 years old & under; Max #30/month	
sodium fluoride drops 0.125 mg/drop, 0.25 mg/drop AGE, QL	Covered for ages 16 years old & under; Max #60 mL/month	
sodium fluoride drops 0.5 mg/mL AGE, QL	Covered for ages 16 years old & under; Max #120 mL/25 days	
sulbutiamine OTC		ARKALIOX
thiamine 50 mg, 100 mg OTC		VITAMIN B-1
tocopherols/tocotrienols OTC		AQUA-E
vitamin E OTC		
vitamin E drops OTC, AGE	Covered for ages 12 years old & under	Aqueous E
vitamin E oil OTC		
vitamins/lipotropics OTC		
vitamins/lipotropics ext-rel OTC		
wheat germ oil		

DIETARY PRODUCTS/NUTRITIONAL SUPPLEMENTS

calcium/folic acid/vitamin B6/vitamin E/herbs OTC		MENS POTENT FORMULA
ferrous sulfate/misc herbs OTC		LYDIA PINKHAM HERBAL
I-methylfolate/algae/vitamin B12/acetylcysteine		CEREFOLIN NAC, METAFOLBIC PLUS RF
nutritional supplement caps OTC		Prostamen
nutritional supplement liquid OTC		FIBER-STAT LIQ
nutritional supplement liquid OTC		TYR COOLER LIQ
nutritional supplement tabs OTC		BLADDER 2.2
nutritional supplement, diet aid OTC		Fiber Weight Management
psyllium husk/misc natural products OTC		COLOX

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

epinephrine auto-injector QL	Max #2 pens/month	
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ANTICHOLINERGICS

acclidinium bromide QL	Max #1 inhaler/month	TUDORZA
ipratropium soln		
ipratropium, CFC-free aerosol QL	Max #1 inhaler/month	ATROVENT HFA
umeclidinium QL	Max #1 inhaler/month	INCRUSE ELLIPTA

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ipratropium/albuterol soln QL	Max #360 mL/month	
ipratropium/albuterol, CFC-free aerosol QL	Max #1 inhaler/month	COMBIVENT RESPIMAT

ANTI-HISTAMINES**Low Sedating**

cetirizine soln, syp AGE, QL	Covered for ages 12 years old & under; Max #300 mL/month	
cetirizine soln, syp OTC, AGE, QL	Covered for ages 12 years old & under; Max #300 mL/month	ZYRTEC OTC
cetirizine tabs OTC, QL	Max #30/month	ZYRTEC OTC

Nonsedating

loratadine syp OTC, AGE, QL	Covered for ages 12 years old & under; Max #300 mL/month	CLARITIN OTC
loratadine tabs 10 mg OTC, QL	Max #30/month	CLARITIN OTC

Sedating

carbinoxamine		
chlorpheniramine ext-rel OTC		CHLOR-TRIMETON
chlorpheniramine tabs OTC		CHLOR-TRIMETON
clemastine		
clemastine OTC		TAVIST
cyproheptadine AGE	Covered for ages 64 years old & under	
diphenhydramine 25 mg, 50 mg OTC, AGE	Covered for ages 64 years old & under	BENADRYL
diphenhydramine elixir		
diphenhydramine inj AGE	Covered for ages 64 years old & under	
diphenhydramine liquid, syp OTC		BENADRYL
hydroxyzine HCl syrup AGE	Covered for ages 12 years old & under	
hydroxyzine HCl tabs AGE	Covered for ages 64 years old & under	
hydroxyzine pamoate AGE	Covered for ages 64 years old & under	VISTARIL

BETA AGONISTS**Inhalants***Short Acting*

albuterol inhalation soln 0.083%		
albuterol inhalation soln 0.5%		
albuterol inhalation soln 0.63 mg/3 mL, 1.25 mg/3 mL QL	Max #225 mL/month	
albuterol sulfate, CFC-free aerosol QL	Max #1 inhaler/month	VENTOLIN HFA

Long Acting

salmeterol xinafoate	Max #60 units/month	SEREVENT
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Oral Agents

albuterol syp		
metaproterenol tabs		
terbutaline		

COUGH AND COLD**Antihistamine/Decongestant Combinations**

brompheniramine/pseudoephedrine elixir OTC, QL	Max #180 mL/fill; Max #360 mL/month	DIMETAPP
cetirizine/pseudoephedrine ext-rel tabs OTC, AGE, QL	Covered for ages 4 years old & older; Max #60/month	ZYRTEC-D
diphenhydramine/phenylephrine liquid 6.25 mg-2.5 mg/5 mL OTC, QL	Max #180 mL/fill; Max #360 mL/month	TRIAMINIC NT
diphenhydramine/phenylephrine tabs OTC		BENADRYL-D
loratadine/pseudoephedrine ext-rel 5 mg/120 mg OTC, QL	Max #60/month	CLARITIN-D 12 HOUR
loratadine/pseudoephedrine ext-rel 10 mg/240 mg OTC, QL	Max #30/month	CLARITIN-D 24 HOUR
promethazine/phenylephrine syp QL	Max #180 mL/fill; Max #360 mL/month	

Antitussives

benzonatate caps 100 mg QL	Max # 180/month	TESSALON
benzonatate caps 200 mg QL	Max #150/month	TESSALON
dextromethorphan syp 7.5 mg/5 mL OTC, QL	Covered for ages 4 years old & older; Max #180 mL/fill; Max #360 mL/month	ROBITUSSIN CHILDREN'S

Antitussive Combinations

Opioid

codeine/guaifenesin AGE, QL	Covered for ages 2 years old & older; Max #180 mL/fill; Max #360 mL/month	Guaiatussin
codeine/guaifenesin/pseudoephedrine QL	Max #180 mL/fill; Max #360 mL/month	Virtussin DAC
codeine/promethazine syp AGE, QL	Covered for ages 2 years old & older; Max #180 mL/fill; Max #360 mL/month	
codeine/promethazine/phenylephrine AGE, QL	Covered for ages 2 years old & older; Max #180 mL/fill; Max #360 mL/month	
codeine/pyrilamine syp QL	Max #180 mL/fill; Max #360 mL/month	PRO-CLEAR AC
hydrocodone/homatropine syp QL	Max #180 mL/fill; Max #360 mL/month	

Non-opioid

dextromethorphan/brompheniramine/pseudoephedrine elixir OTC, QL	Max #180 mL/fill; Max #360 mL/month	Brotapp DM
dextromethorphan/brompheniramine/pseudoephedrine syp QL	Max #180 mL/fill; Max #360 mL/month	Bromfed DM
dextromethorphan/guaifenesin ext-rel 30-600 mg OTC, QL	Max #60/month	MUCINEX DM
dextromethorphan/guaifenesin liquid 10-100 mg/5 mL, 10-200 mg/5 mL OTC, QL	Max #180 mL/fill; Max #360 mL/month	ROBITUSSIN DM
dextromethorphan/guaifenesin syp 10-100 mg/5 mL OTC, QL	Max #180 mL/fill; Max #360 mL/month	ROBITUSSIN DM
dextromethorphan/promethazine syp AGE, QL	Covered for ages 4 years old & older; Max #180 mL/fill; Max #360 mL/month	

Decongestant/Expectorant Combinations

pseudoephedrine/guaifenesin ext-rel 60-600 mg OTC, AGE	Covered for ages 4 years old & older	MUCINEX D
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Expectorants

guaifenesin ext-rel 600 mg OTC, QL	Max #60/month	MUCINEX
guaifenesin liq, syp OTC, AGE, QL	Covered for ages 4 years old & older; Max #180 mL/fill; Max #360 mL/month	ROBITUSSIN
guaifenesin tabs OTC, AGE	Covered for ages 4 years old & under	ROBITUSSIN

CYSTIC FIBROSIS

aztreonam lysine inhalation soln PA, SP		CAYSTON
dornase alfa PA, SP		PULMOZYME
tobramycin inhalation powder PA, SP		TOBI PODHALER
tobramycin inhalation soln PA, SP		BETHKIS
tobramycin inhalation soln PA, SP		KITABIS PAK
tobramycin inhalation soln PA, SP		TOBI

DECONGESTANTS

pseudoephedrine soln 30 mg/5 mL OTC, QL	Max #300 mL/month	
pseudoephedrine tabs OTC, QL	Max #30/month	SUDAFED

LEUKOTRIENE RECEPTOR ANTAGONISTS

montelukast chewable tabs 4 mg, granules AGE, QL	Covered for ages 5 years old & under; Max #30/month	SINGULAIR
montelukast chewable tabs 5 mg AGE, QL	Covered for ages 6-14 years old; Max #30/month	SINGULAIR
montelukast tabs AGE, QL	Covered for ages 15 years & older; Max #30/month	SINGULAIR

MAST CELL STABILIZERS		
cromolyn sodium nasal spray OTC		NASALCROM
cromolyn soln for inhalation		
MEDICAL SUPPLIES		
mask QL	Max #1/year	LITETOUCH, SIDESTREAM, SILICONE MASK
peak flow meter OTC, QL	Max #1/year	AIRZONE, ASSESS METER FULL, ASTHMA CHECK, ASTHMAMENTOR, IN-CHECK, MICROLIFE, MINI WRIGHT, PEAK AIR FLOW, PERSONAL BEST FULL, PIKO 1, POCKET PEAK METER, TRUZONE
spacer QL	Max #1/year	AEROCHAMBER, BREATHERITE, EASIVENT, E-Z SPACER, INSPIREASE, LITEAIR, MICROSPACER, OPTICHAMBER, POCKET CHAMBER, PRIMEAIRE, RITEFLO, VALVED HOLDING CHAMBER, VORTEX
spacer OTC, QL	Max #1/year	ARIAL CHAMBER, EXPIRATORY MOUTHPIECE, PANDA, SIDESTREAM
NASAL ANTIHISTAMINES		
azelastine 0.1% spray QL	Max #1 inhaler/month	
NASAL STEROIDS		
flunisolide spray QL	Max #1 inhaler/month	
fluticasone spray QL	Max #1 inhaler/month	
fluticasone spray OTC, QL	Max #1 inhaler/month	FLONASE ALLERGY RELIEF
triamcinolone acetonide spray OTC, QL	Max #1 inhaler/month	NASACORT ALLERGY 24HR
RESPIRATORY SYNCYTIAL VIRUS		
palivizumab PA, SP		SYNAGIS
STEROID/BETA AGONIST COMBINATIONS		
budesonide/formoterol QL	Max #1 inhaler/month	SYMBICORT
fluticasone/salmeterol QL	Max #1 inhaler/month	AIRDUO RESPICLICK
mometasone/formoterol QL	Max #1 inhaler/month	DULERA
STEROID INHALANTS		
beclomethasone QL	Max #1 inhaler/month; Max #2 months supply	QVAR
beclomethasone QL	Max #1 inhaler/month; Max #2 months supply	QVAR REDHALER
budesonide QL	Max #1 inhaler/month; Max #2 months supply	PULMICORT FLEXHALER
budesonide inh susp AGE, QL	Covered for ages 6 years old & under; Max #120 mL/month	PULMICORT RESPULES
flunisolide, CFC-free aerosol QL	Max #1 inhaler/month; Max #2 months supply	AEROSPAN

XANTHINES

theophylline elixir

theophylline ext-rel tabs

theophylline soln

MISCELLANEOUS

acetylcysteine inhalation soln

caffeine citrate oral soln **AGE**

Covered for ages 1 year old & under

ipratropium nasal spray **QL**

Max #1 inhaler/month

ATROVENT

omalizumab **PA, SP**

XOLAIR

saline nasal spray **OTC**

sodium chloride for inhalation 0.9%

sodium chloride for inhalation 3%

Nebusal

sodium chloride for inhalation 7%

HYPER-SAL

TOPICAL

DERMATOLOGY

Acne

Oral

isotretinoin caps **PA, QL**

Max #60 caps/month

Claravis

Topical

adapalene gel 0.1% **OTC, QL**

Max #45 grams/month

DIFFERIN OTC

benzoyl peroxide gel 5% **OTC**

benzoyl peroxide gel 10% **OTC, QL**

Max #120 grams/month

benzoyl peroxide liquid 4%, 5%, 10% **OTC**

clindamycin pledgets, soln 1%

CLEOCIN T

erythromycin soln 2%

sulfacetamide sodium/sulfur cleanser 10-5%

Actinic Keratosis

diclofenac sodium gel 3% **PA**

SOLARAZE

fluorouracil crm 0.5%, 5% **PA**

Antibiotics

bacitracin oint **OTC**

bacitracin zinc oint **OTC**

bacitracin/neomycin/polymyxin B oint **OTC**

NEOSPORIN

gentamicin

mupirocin oint **QL**

Max #22 grams/month

silver sulfadiazine crm 1%

SSD

Antifungals

ciclopirox topical soln 8% **QL**

Max #6.6 mL/28 days

PENLAC

clotrimazole crm, soln

clotrimazole/betamethasone crm **QL**

Max #45 grams/month

LOTRISONE

econazole crm **QL**

Max #30 grams/month

ketoconazole crm 2% **QL**

Max #60 grams/month

ketoconazole shampoo 2% **QL**

Max #120 mL/month

NIZORAL

miconazole crm 2% **OTC**

MICATIN

nystatin crm, oint

nystatin powder **QL**

Max #60 grams/month

terbinafine crm 1% **OTC**

LAMISIL AT

tolnaftate crm, powder, aerosol powder **OTC**

Antipsoriatics		
<i>Oral</i>		
acitretin PA		SORIATANE
<i>Topical</i>		
calcipotriene oint PA, QL	Max #120 grams/month	
calcipotriene soln PA, QL	Max #60 mL/month	
Antiseborrheics		
selenium sulfide lotion 2.5%		
Corticosteroids		
<i>Low Potency</i>		
hydrocortisone crm 2.5% QL	Max #45 grams/month	
hydrocortisone crm 1%, lotion, oint		
hydrocortisone crm, oint OTC		CORTIZONE
hydrocortisone/aloe vera crm OTC		
<i>Medium Potency</i>		
betamethasone valerate crm 0.1% QL	Max #60 grams/month	
betamethasone valerate lotion 0.1% QL	Max #60 mL/month	
betamethasone valerate oint 0.1% QL	Max #45 grams/month	
fluticasone propionate crm 0.05% QL	Max #45 grams/month	CUTIVATE
fluticasone propionate oint 0.005% QL	Max #60 grams/month	
hydrocortisone valerate crm 0.2% QL	Max #120 grams/month	WESTCORT
mometasone crm, oint 0.1% QL	Max #45 grams/month	ELOCON
mometasone lotion 0.1% QL	Max #60 mL/month	ELOCON
triamcinolone acetonide crm, oint 0.025% QL	Max #16 grams/day, #480 grams/month	
triamcinolone acetonide crm, oint 0.1% QL	Max #16 grams/day, #480 grams/month	
triamcinolone acetonide lotion 0.025%		
triamcinolone acetonide lotion 0.1% QL	Max #16 mL/day, #480 mL/month	
<i>High Potency</i>		
betamethasone dipropionate augmented crm 0.05% QL	Max #50 grams/month	DIPROLENE AF
betamethasone dipropionate augmented lotion 0.05% QL	Max #60 mL/month	DIPROLENE
betamethasone dipropionate crm 0.05% QL	Max #60 grams/month	
betamethasone dipropionate lotion 0.05% QL	Max #60 mL/month	
betamethasone dipropionate oint 0.05% QL	Max #45 grams/month	
fluocinonide crm, oint 0.05% QL	Max #30 grams/month	
fluocinonide emollient crm 0.05% QL	Max #30 grams/month	
fluocinonide soln 0.05% QL	Max #60 mL/month	
triamcinolone acetonide crm 0.5% QL	Max #16 grams/day, #480 grams/month	
triamcinolone acetonide oint 0.5%		
<i>Very High Potency</i>		
betamethasone dipropionate augmented gel, oint 0.05% QL	Max #50 grams/month	DIPROLENE
clobetasol propionate crm, oint 0.05% PA, QL	Max #60 grams/month	TEMOVATE
clobetasol propionate soln 0.05% PA, QL	Max #50 mL/month	TEMOVATE
halobetasol propionate crm, oint 0.05% QL	Max #50 grams/month	ULTRAVATE
Emollients		
lactic acid (ammonium lactate) crm 12%		LAC-HYDRIN
lactic acid (ammonium lactate) lotion 12%		LAC-HYDRIN
vitamin E liq OTC		
Immunomodulators		
pimecrolimus PA, QL	Max #30 grams/month	ELIDEL
tacrolimus PA		PROTOPIC

Local Analgesics		
capsaicin crm 0.025% OTC		
lidocaine patch 4% OTC, QL	Max #30 patches/month	Aspercreme
Local Anesthetics		
lidocaine crm 4% OTC		LMX 4
lidocaine gel, jelly 2%		
lidocaine/prilocaine crm QL	Max #30 grams/month	
Rosacea		
metronidazole crm 0.75%		METROCREAM
metronidazole gel 0.75%		
Scabicides and Pediculicides		
lindane QL	Max #60 mL/month	
malathion ST, QL	Requires trial of permethrin 1%; Max #59 mL/month	OVIDE
permethrin cream rinse, lotion 1% OTC, QL	Max #59 mL/month	
permethrin crm 5% QL	Max #60 grams/month	ELIMITE
pyrethrins/piperonyl butoxide liq OTC, QL	Max #59 mL/month	PV Lice Killing Shampoo
pyrethrins/piperonyl butoxide shampoo kit OTC, QL	Max #1 box/month	RID ESSENTIAL LICE KIT
pyrethrins/piperonyl butoxide spray and shampoo kit QL	Max #1 kit/month	LICIDE TREATMENT KIT
Miscellaneous Skin and Mucous Membrane		
aluminum chloride		DRYSOL
collagenase QL	Max #60 grams/month	SANTYL
docosanol OTC		ABREVA
imiquimod crm 5% PA, QL	Max #12 packets/month	ALDARA
insect repellent with DEET aerosol, lotion QL	Max #360 mL/month	
podofilox soln		CONDYLOX
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics - Topical Oral		
lidocaine viscous 2%		
Steroids - Mouth/Throat		
triamcinolone paste QL	Max #5 grams/month	
Miscellaneous		
chlorhexidine 0.12%		Periogard
clotrimazole troches QL	Max #150/month	
sodium fluoride crm, gel		PREVIDENT
OPHTHALMIC		
Antiallergics		
azelastine QL	Max #6 mL/month	
cromolyn sodium		
ketotifen OTC, QL	Max #10 mL/month	ZADITOR
naphazoline/pheniramine OTC		NAPHCON-A
naphazoline/pheniramine OTC		OPCON-A
Anti-infectives		
bacitracin		
bacitracin/neomycin/polymyxin B oint		
bacitracin/polymyxin B oint		
ciprofloxacin soln QL	Max #10 mL/month	CILOXAN
erythromycin oint		
gentamicin oint, soln		

levofloxacin soln		
neomycin/polymyxin B/gramicidin soln		NEOSPORIN
ofloxacin soln		OCUFLOX
polymyxin B/trimethoprim soln		POLYTRIM
sulfacetamide oint, soln		
tobramycin soln		TOBREX
Anti-infective/Anti-inflammatory Combinations		
bacitracin/neomycin/polymyxin B/hydrocortisone oint		
neomycin/polymyxin B/dexamethasone oint, soln		MAXITROL
neomycin/polymyxin B/hydrocortisone susp		
sulfacetamide/prednisolone sodium phosphate soln		
tobramycin/dexamethasone susp 0.3%/0.1%		TOBRADEX
Anti-inflammatories		
<i>Nonsteroidal</i>		
diclofenac sodium 0.1%		
flurbiprofen sodium		
ketorolac 0.5% QL	Max #10 mL/month	ACULAR
<i>Steroidal</i>		
dexamethasone sodium phosphate		
fluorometholone susp 0.1% QL	Max #15 mL/month	FML LIQUIFILM
prednisolone acetate 1%		PRED FORTE
prednisolone sodium phosphate soln 1%		
Antivirals		
trifluridine		VIROPTIC
Beta-blockers		
betaxolol 0.5%		
carteolol		
levobunolol		BETAGAN
metipranolol		
timolol maleate soln		TIMOPTIC
Carbonic Anhydrase Inhibitors		
dorzolamide QL	Max #10 mL/month	TRUSOPT
Carbonic Anhydrase Inhibitor/Beta-blocker Combinations		
dorzolamide/timolol maleate QL	Max #10 mL/month	COSOPT
Mydriatics		
atropine sulfate oint		
atropine sulfate soln		ISOPTO ATROPINE
cyclopentolate 1%, 2%		CYCLOGYL
homatropine		
tropicamide		MYDRIACYL
Parasympathomimetics		
pilocarpine soln		ISOPTO CARPINE
Prostaglandins		
latanoprost QL	Max #2.5 mL/month	XALATAN
Sympathomimetics		
apraclonidine 0.5% QL	Max #10 mL/month	IOPIDINE
brimonidine 0.2%		

Miscellaneous

artificial tears oint OTC		Refresh Lacri-lube, Refresh PM
carboxymethylcellulose sodium soln 0.5% OTC		REFRESH TEARS
carboxymethylcellulose sodium soln 1% OTC		REFRESH CELLUVISC, REFRESH LIQUIGEL
echothiophate iodide		PHOSPHOLINE IODIDE
hypromellose soln 0.4% OTC		
phenylephrine 2.5%		
polyethylene glycol/propylene glycol gel OTC		SYSTANE GEL
polyethylene glycol/propylene glycol soln OTC		SYSTANE, SYSTANE ULTRA
polyvinyl alcohol soln 1.4% OTC		
proparacaine 0.5%		
propylene glycol/glycerin soln 1-0.3% OTC		
sodium chloride oint, soln 5% OTC		

OTIC**Anti-infectives**

acetic acid		
ciprofloxacin otic soln QL	Max #14 mL/month	CETRAXAL
ofloxacin otic QL	Max #5 mL/month	

Anti-infective/Anti-inflammatory Combinations

acetic acid/hydrocortisone		
ciprofloxacin/dexamethasone QL	Max #7.5 mL/month	CIPRODEX
neomycin/polymyxin B/hydrocortisone		

NON-DISCRIMINATION STATEMENT



Non-Discrimination Notification Molina Healthcare of Michigan Medicaid

Molina Healthcare of Michigan (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
 - Skilled sign language interpreters
 - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
 - Skilled interpreters
 - Written material translated in your language
 - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (888) 898-7969.

Hearing Impaired: MI Relay (800) 649-3777 or 711.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (248) 925-1765.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call 1-800-368-1019; TTY 800-537-7697.

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