



August 2014

Molina Healthcare of Utah
Preferred Drug List
(Formulary)

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INTRODUCTION

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

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

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

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

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

PREFACE

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

DRUG LIST PRODUCT DESCRIPTIONS

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

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

GENERIC SUBSTITUTION

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

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

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

- Manufactured in the same strength and dosage form as the brand-name drugs.

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

PLAN DESIGN

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

PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Drug Formulary may be approved when medically necessary and when formulary alternatives have demonstrated ineffectiveness. When these exceptional situations arise, the physician may fax a completed drug prior authorization form to Molina at (866) 497-7448. 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 MHU 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
PA	Prior Authorization
QL	Quantity Limit
SP	Specialty Drug; These drugs must be obtained through CVS Caremark Specialty Pharmacy Services.
ST	Step Therapy
boldface	Indicates generic availability; boldface may not apply to every strength or dosage form under the listed generic name
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification

REQUESTING FORMULARY CHANGES

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

Fax: (855) 714-2419

STATE OF UTAH, MEDICAID CARVE-OUT

The State of Utah enacted a carve-out for some medications. Claims for these medications must be submitted directly to the State Fee-for-Service Pharmacy Program. These classes include:

- Antipsychotics (including injectables)
- Anticonvulsants
- ADHD Stimulants
- Antidepressants
- Antianxiety Agents
- Immunosuppressants
- Hemophilia Factor Products
- Mood Stabilizers
- Drugs to treat substance abuse disorders

NON-COVERED MEDICATIONS

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

- Appetite Suppressants/Anorexiant for weight loss
- Retinoic acid for cosmetic purposes
- Experimental or Investigational Medications
- Progesterone suppositories
- Convenience Dosage Forms (Transdermal Patches), not listed in the Drug List

NOTICE

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

ANALGESICS

ANALGESICS, OTHER

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

NSAIDs, TOPICAL

diclofenac gel PA		VOLTAREN GEL
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COX-2 INHIBITORS

celecoxib PA		CELEBREX
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GOUT

allopurinol		ZYLOPRIM
colchicine PA		COLCRYS
colchicine/probenecid		
probenecid		

OPIOID ANALGESICS

butalbital/acetaminophen/caffeine/codeine 50/325/40/30 mg QL	Max #240/month	
codeine sulfate 15 mg, 30 mg QL	Max #360/month	
codeine sulfate 60 mg QL	Max #240/month	
codeine/acetaminophen soln QL	Max #3750 mL/month	TYLENOL w/CODEINE
codeine/acetaminophen tabs QL	Max #180/month	TYLENOL w/CODEINE
fentanyl transdermal PA, QL	Max #10/month	DURAGESIC
hydrocodone/acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg QL	Max #180/month	NORCO
hydrocodone/acetaminophen soln 7.5/325 mg/15 mL QL	Max #3750 mL/month	HYCET
hydromorphone tabs 2 mg QL	Max #360/month	DILAUDID
hydromorphone tabs 4 mg QL	Max #180/month	DILAUDID
methadone soln 5 mg/5 mL QL	Max #1200 mL/month	
methadone soln 10 mg/5 mL QL	Max #600 mL/month	
methadone tabs 5 mg, 10 mg QL	Max #360/month	DOLOPHINE
morphine sulfate ext-rel 15 mg, 30 mg, 60 mg, 100 mg QL	Max #90/month	MS CONTIN
morphine sulfate soln PA, QL	Max #450 mL/month	
morphine sulfate tabs QL	Max #90/month	
oxycodone/acetaminophen 5/325 mg, 10/325 mg QL	Max #180/month	PERCOCET
tramadol QL	Max #120/month	ULTRAM

NON-OPIOID ANALGESICS**butalbital/acetaminophen****butalbital/acetaminophen/caffeine 50/325/40 mg****butalbital/aspirin/caffeine**

FIORINAL

VISCOSUPPLEMENTSsodium hyaluronate **PA, SP**

EUFLEXXA

ANTI-INFECTIVES**ANTIBACTERIALS****AGE *** Covered only for ages 12 years old and under.**Aminoglycosides****neomycin****Cephalosporins***First Generation***cefadroxil susp AGE *****cephalexin 250 mg, 500 mg**

KEFLEX

cephalexin susp AGE *

KEFLEX

*Second Generation***cefprozil susp AGE *****cefuroxime axetil tabs**

CEFTIN

*Third Generation***cefdinir caps PA****cefdinir susp AGE *****Erythromycins/Macrolides****azithromycin powder packet, tabs QL**

ZITHROMAX

azithromycin susp AGE *, QL

ZITHROMAX

erythromycin base

erythromycin delayed-rel

ERY-TAB

erythromycin ethylsuccinate susp **AGE ***

E.E.S. GRANULES

erythromycin ethylsuccinate susp 200 mg/5 mL **AGE ***

ERYPED

erythromycin ethylsuccinate tabs

E.E.S.

erythromycin stearate

ERYTHROCIN

erythromycin/sulfisoxazole**Fluoroquinolones****ciprofloxacin 250 mg, 500 mg, 750 mg**

CIPRO

levofloxacin PA

LEVAQUIN

Penicillins**amoxicillin caps, tabs****amoxicillin susp AGE *****amoxicillin/clavulanate chew tabs, susp AGE ***

AUGMENTIN

amoxicillin/clavulanate tabs

AUGMENTIN

ampicillin caps**ampicillin susp AGE *****dicloxacillin****penicillin VK****Sulfonamides****sulfamethoxazole/trimethoprim**

BACTRIM

Tetracyclines	
doxycycline monohydrate caps 50 mg, 100 mg	MONODOX
doxycycline monohydrate tabs 100 mg	ADOXA
minocycline caps 50 mg, 100 mg	MINOCIN
ANTIFUNGALS	
fluconazole susp PA	DIFLUCAN
fluconazole tabs	DIFLUCAN
griseofulvin microsize susp	
ketoconazole	
nystatin	
terbinafine tabs	LAMISIL
ANTIRETROVIRAL AGENTS	
Antiretroviral Combinations	
abacavir/lamivudine	EPZICOM
abacavir/lamivudine/zidovudine	TRIZIVIR
efavirenz/emtricitabine/tenofovir	ATRIPLA
elvitegravir/cobicistat/emtricitabine/tenofovir PA	STRIBILD
emtricitabine/rilpivirine/tenofovir	COMPLERA
emtricitabine/tenofovir	TRUVADA
lamivudine/zidovudine	COMBIVIR
Chemokine Receptor Antagonists	
maraviroc	SELZENTRY
Integrase Inhibitors	
raltegravir	ISENTRESS
Non-nucleoside Reverse Transcriptase Inhibitors	
efavirenz	SUSTIVA
etravirine SP	INTELENCE
nevirapine	VIRAMUNE
nevirapine ext-rel	VIRAMUNE XR
rilpivirine	EDURANT
Nucleoside Reverse Transcriptase Inhibitors	
abacavir soln	ZIAGEN
abacavir tabs	ZIAGEN
didanosine delayed-rel caps	VIDEX EC
emtricitabine	EMTRIVA
lamivudine soln	EPIVIR
lamivudine tabs	EPIVIR
stavudine caps	ZERIT
zidovudine	RETROVIR
Nucleotide Reverse Transcriptase Inhibitors	
tenofovir tabs	VIREAD
Protease Inhibitors	
atazanavir	REYATAZ
darunavir	PREZISTA
fosamprenavir tabs	LEXIVA
lopinavir/ritonavir	KALETRA
nelfinavir	VIRACEPT
ritonavir	NORVIR
saquinavir mesylate tabs	INVIRASE

ANTITUBERCULAR AGENTS

ethambutol	MYAMBUTOL
isoniazid tabs	
pyrazinamide	
rifampin	RIFADIN

ANTIVIRALS

Cytomegalovirus Agents

valganciclovir PA	VALCYTE
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Hepatitis Agents

Hepatitis B

adefovir dipivoxil	HEPSERA
entecavir	BARACLUDE
lamivudine tabs	EPIVIR-HBV

Hepatitis C

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

Herpes Agents

acyclovir	ZOVIRAX
famciclovir	FAMVIR
valacyclovir	VALTREX

Influenza Agents

amantadine caps, syp	
oseltamivir	TAMIFLU
rimantadine	FLUMADINE
zanamivir	RELENZA

MISCELLANEOUS

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

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

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

chlorambucil	LEUKERAN
cyclophosphamide	
lomustine 100 mg	

melphalan	ALKERAN
temozolomide PA, SP	TEMODAR
ANTIMETABOLITES	
capecitabine PA, SP	XELODA
mercaptopurine	PURINETHOL
methotrexate	
CYTOPROTECTIVE AGENTS	
leucovorin calcium	
HORMONAL ANTINEOPLASTIC AGENTS	
Antiandrogens	
bicalutamide	CASODEX
flutamide	
Antiestrogens	
tamoxifen	
Aromatase Inhibitors	
anastrozole	ARIMIDEX
letrozole	FEMARA
Luteinizing Hormone-releasing Hormone (LHRH) Agonists	
goserelin acetate PA, SP	ZOLADEX
leuprolide acetate PA, SP	
Progestins	
megestrol acetate	MEGACE
IMMUNOMODULATORS	
lenalidomide PA, SP	REVLIMID
thalidomide PA, SP	THALOMID
KINASE INHIBITORS	
dasatinib PA, SP	SPRYCEL
imatinib mesylate PA, SP	GLEEVEC
lapatinib PA, SP	TYKERB
sorafenib PA, SP	NEXAVAR
sunitinib PA, SP	SUTENT
MISCELLANEOUS	
etoposide PA	
hydroxyurea	HYDREA
mitotane	LYSODREN
procarbazine PA	MATULANE
tretinoin caps PA	
CARDIOVASCULAR	
ACE INHIBITORS	
benazepril	LOTENSIN
captopril	
enalapril	VASOTEC
fosinopril	
lisinopril	ZESTRIL
quinapril	ACCUPRIL

ACE INHIBITOR/DIURETIC COMBINATIONS

benazepril/hydrochlorothiazide 10/12.5 mg, 20/12.5 mg, 20/25 mg	LOTENSIN HCT
captopril/hydrochlorothiazide	
enalapril/hydrochlorothiazide	VASERETIC
fosinopril/hydrochlorothiazide	
lisinopril/hydrochlorothiazide	ZESTORETIC

ADRENOLYTICS, CENTRAL

clonidine tabs	CATAPRES
guanfacine	TENEX

ALDOSTERONE RECEPTOR ANTAGONISTS

spironolactone	ALDACTONE
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ALPHA BLOCKERS

doxazosin	CARDURA
prazosin	MINIPRESS
terazosin	

ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

irbesartan ST **	AVAPRO
irbesartan/hydrochlorothiazide ST **	AVALIDE
losartan ST *	COZAAR
losartan/hydrochlorothiazide ST *	HYZAAR

ST * Requires trial of an ACE Inhibitor.

ST ** Requires trial of losartan (COZAAR).

ANTIARRHYTHMICS

amiodarone 200 mg	CORDARONE
disopyramide	NORPACE
flecainide	
propafenone	RYTHMOL
sotalol	BETAPACE
sotalol	BETAPACE AF

ANTILIPEMICS**Bile Acid Resins**

cholestyramine	QUESTRAN/ QUESTRAN LIGHT
colestipol tabs	COLESTID

Fibrates

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

HMG-CoA Reductase Inhibitors

atorvastatin PA	LIPITOR
lovastatin	MEVACOR
pravastatin	PRAVACHOL
simvastatin ^	ZOCOR

^ Requires PA for 80 mg tabs only.

Niacins	
niacin OTC	
niacin	Niacor
niacin ext-rel caps OTC	
niacin ext-rel tabs OTC	SLO-NIACIN
BETA-BLOCKERS	
acebutolol	SECTRAL
atenolol	TENORMIN
bisoprolol	ZEBETA
carvedilol	COREG
labetalol	TRANDATE
metoprolol	LOPRESSOR
metoprolol ext-rel	TOPROL-XL
nadolol	CORGARD
propranolol	
propranolol ext-rel	INDERAL LA
BETA-BLOCKER/DIURETIC COMBINATIONS	
atenolol/chlorthalidone	TENORETIC
bisoprolol/hydrochlorothiazide	ZIAC
CALCIUM CHANNEL BLOCKERS	
Dihydropyridines	
amlodipine	NORVASC
felodipine ext-rel 5 mg, 10 mg	
nifedipine 20 mg	
nifedipine ext-rel	ADALAT CC
nifedipine ext-rel	PROCARDIA XL
Nondihydropyridines	
diltiazem	CARDIZEM
diltiazem ext-rel	Dilt-XR
diltiazem ext-rel 120 mg, 180 mg, 240 mg	TIAZAC
diltiazem ext-rel 120 mg, 180 mg, 240 mg, 300 mg	CARDIZEM CD
verapamil	CALAN
verapamil ext-rel	CALAN SR
verapamil ext-rel	VERELAN PM
verapamil ext-rel 100 mg, 300 mg	VERELAN
DIGITALIS GLYCOSIDES	
AGE * Covered only for ages 12 years old and under.	
digoxin 0.125 mg, 0.25 mg	LANOXIN
digoxin soln AGE *	LANOXIN
DIURETICS	
AGE * Covered only for ages 12 years old and under.	
Carbonic Anhydrase Inhibitors	
acetazolamide	
acetazolamide ext-rel	DIAMOX SEQUELS
Loop Diuretics	
bumetanide	
furosemide soln AGE *	
furosemide tabs	LASIX
torsemide	DEMADEX

Potassium-sparing Diuretics

amiloride

Thiazides and Thiazide-like Diuretics

chlorthalidone 25 mg, 50 mg

hydrochlorothiazide

indapamide

metolazone

ZAROXOLYN

Diuretic Combinations

amiloride/hydrochlorothiazide

spironolactone/hydrochlorothiazide

ALDACTAZIDE

triamterene/hydrochlorothiazide caps 37.5/25 mg

DYAZIDE

triamterene/hydrochlorothiazide tabs

MAXZIDE

NITRATES

Oral

isosorbide dinitrate oral tabs 5 mg, 10 mg, 20 mg, 30 mg

ISORDIL

isosorbide mononitrate

isosorbide mononitrate ext-rel

IMDUR

nitroglycerin ext-rel

Sublingual

nitroglycerin sublingual

NITROSTAT

Transdermal

nitroglycerin transdermal 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr

NITRO-DUR

PULMONARY ARTERIAL HYPERTENSION

Endothelin Receptor Antagonists

bosentan PA, SP

TRACLEER

Phosphodiesterase Inhibitors

sildenafil PA, SP

REVATIO

Prostaglandin Vasodilators

treprostinil PA, SP

REMODULIN

MISCELLANEOUS

hydralazine

methyldopa

midodrine

minoxidil

ranolazine ext-rel PA

RANEXA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

Anti-anxiety Agents are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly.

Benzodiazepines

alprazolam tabs

XANAX

clordiazepoxide

clonazepam tabs

KLONOPIN

clorazepate 7.5 mg

TRANXENE T-TAB

diazepam

VALIUM

diazepam oral concentrate 5 mg/mL PA

DIAZEPAM INTENSOL

lorazepam

ATIVAN

oxazepam

Miscellaneous

buspirone tabs 5 mg, 7.5 mg, 10 mg, 15 mg

clomipramine

ANAFRANIL

fluvoxamine

ANTICONVULSANTS

Anticonvulsants are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly.

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

carbamazepine

TEGRETOL

carbamazepine ext-rel

CARBATROL

carbamazepine ext-rel

TEGRETOL-XR

clobazam tabs PA

ONFI

diazepam rectal gel

DIASTAT

divalproex sodium delayed-rel

DEPAKOTE

divalproex sodium ext-rel

DEPAKOTE ER

divalproex sodium sprinkle caps

DEPAKOTE SPRINKLE

ethosuximide

ZARONTIN

gabapentin QL

NEURONTIN

lacosamide PA

VIMPAT

lamotrigine chewable dispersible tabs 5 mg, 25 mg

LAMICTAL CHEWABLE TABS

lamotrigine tabs

LAMICTAL

levetiracetam

KEPPRA

oxcarbazepine

TRILEPTAL

phenobarbital elixir AGE *

phenobarbital tabs

phenytoin chewable tabs

DILANTIN INFATABS

phenytoin sodium extended

DILANTIN

phenytoin susp

DILANTIN

primidone

MYSOLINE

rufinamide PA

BANZEL

tiagabine 2 mg, 4 mg PA

GABITRIL

topiramate

TOPAMAX

valproic acid

DEPAKENE

vigabatrin PA, SP

SABRIL

zonisamide

ZONEGRAN

ANTIDEMENTIA

donepezil 5 mg, 10 mg

ARICEPT

galantamine ext-rel

RAZADYNE ER

galantamine tabs

RAZADYNE

memantine

NAMENDA

rivastigmine transdermal PA

EXELON PATCH

ANTIDEPRESSANTS

Antidepressants are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly.

Monoamine Oxidase Inhibitors (MAOIs)

phenelzine

NARDIL

tranylcypromine

PARNATE

Selective Serotonin Reuptake Inhibitors (SSRIs)

citalopram

CELEXA

escitalopram PA

LEXAPRO

fluoxetine 10 mg, 20 mg

PROZAC

fluoxetine soln

paroxetine HCl tabs	PAXIL
sertraline	ZOLOFT
Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)	
duloxetine delayed-rel PA	CYMBALTA
venlafaxine	
Tricyclic Antidepressants (TCAs)	
amitriptyline	
desipramine	NORPRAMIN
doxepin	
imipramine HCl	TOFRANIL
nortriptyline caps	PAMELOR
protriptyline	VIVACTIL
Miscellaneous Agents	
bupropion	WELLBUTRIN
bupropion ext-rel	WELLBUTRIN SR
bupropion ext-rel	WELLBUTRIN XL
maprotiline 50 mg, 75 mg	
mirtazapine tabs 15 mg, 30 mg, 45 mg	REMERON
trazodone	
ANTIPARKINSONIAN AGENTS	
amantadine caps, syp	
benztropine	
bromocriptine	PARLODEL
carbidopa/levodopa	SINEMET
carbidopa/levodopa ext-rel	SINEMET CR
pramipexole ST *	MIRAPEX
ropinirole	REQUIP
selegiline	ELDEPRYL
trihexyphenidyl elixir PA	
trihexyphenidyl tabs	

ST * Requires trial of ropinirole (REQUIP).

ANTIPSYCHOTICS

Antipsychotics are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly.

Atypicals

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

ST * Requires trial of risperidone (RISPERDAL).

Miscellaneous

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER

ADHD Stimulants are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly.

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

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

amphetamine/dextroamphetamine mixed salts AGE *, QL	ADDERALL
amphetamine/dextroamphetamine mixed salts ext-rel AGE **, QL	ADDERALL XR
atomoxetine AGE *, QL	STRATTERA
dexmethylphenidate AGE *, QL	FOCALIN
dextroamphetamine ext-rel PA	DEXEDRINE SPANSULE
dextroamphetamine tabs AGE *, QL	
methylphenidate AGE *, QL	RITALIN
methylphenidate ext-rel PA	CONCERTA
methylphenidate ext-rel AGE **, QL	METADATE CD
methylphenidate ext-rel PA	RITALIN LA
methylphenidate ext-rel AGE **, QL	RITALIN-SR
methylphenidate soln, tabs AGE **, QL	METHYLIN

FIBROMYALGIA

Fibromyalgia Agents are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly.

pregabalin PA	LYRICA
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HYPNOTICS

Benzodiazepines

estazolam	
flurazepam	
temazepam 15 mg, 30 mg	RESTORIL
triazolam	HALCION

Nonbenzodiazepines

doxylamine OTC	UNISOM
zolpidem	AMBIEN

MIGRAINE

Selective Serotonin Agonists

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

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

MOOD STABILIZERS

Mood Stabilizers are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly.

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

MULTIPLE SCLEROSIS AGENTS

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

MUSCULOSKELETAL THERAPY AGENTS

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

MYASTHENIA GRAVIS

pyridostigmine tabs	MESTINON
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NARCOLEPSY/CATAPLEXY

armodafinil PA	NUVIGIL
modafinil 100 mg PA	PROVIGIL
sodium oxybate PA	XYREM

PSYCHOTHERAPEUTIC-MISCELLANEOUS

Alcohol Deterrents

Drugs to treat substance abuse disorders are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly.

disulfiram	ANTABUSE
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Opioid Antagonists

Drugs to treat substance abuse disorders are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly.

naltrexone	REVIA
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Smoking Deterrents

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

ENDOCRINE AND METABOLIC

ANDROGENS

testosterone cypionate	DEPO-TESTOSTERONE
testosterone enanthate	

ANTIDIABETICS

Alpha-glucosidase Inhibitors

acarbose	PRECOSE
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Biguanides	
metformin	GLUCOPHAGE
metformin ext-rel	GLUCOPHAGE XR
Biguanide/Sulfonylurea Combinations	
glyburide/metformin	GLUCOVANCE
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	
linagliptin PA	TRADJENTA
saxagliptin PA	ONGLYZA
sitagliptin phosphate PA	JANUVIA
Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations	
linagliptin/metformin PA	JENTADUETO
saxagliptin/metformin ext-rel PA	KOMBIGLYZE XR
sitagliptin/metformin PA	JANUMET
sitagliptin/metformin ext-rel PA	JANUMET XR
Incretin Mimetic Agents	
exenatide PA	BYETTA
Insulins *	
* Insulin vials are preferred. Insulin pens are covered only for ages 18 years and under. Prior authorization is available for members with documented retinopathy and neuropathy.	
insulin aspart QL	NOVOLOG
insulin aspart protamine 70%/insulin aspart 30% QL	NOVOLOG MIX
insulin glargine QL	LANTUS
insulin glulisine QL	APIDRA
insulin human OTC	HUMULIN R
insulin human QL	HUMULIN R U-500
insulin human OTC	NOVOLIN R
insulin isophane human OTC	HUMULIN N
insulin isophane human OTC	NOVOLIN N
insulin isophane human 70%/regular 30% OTC	HUMULIN 70/30
insulin isophane human 70%/regular 30% OTC	NOVOLIN 70/30
insulin lispro QL	HUMALOG
insulin lispro protamine/insulin lispro QL	HUMALOG MIX
Insulin Sensitizers	
pioglitazone ST *	ACTOS
ST * Requires trial of metformin.	
Meglitinides	
nateglinide PA	STARLIX
Sulfonylureas	
chlorpropamide	
glimepiride	AMARYL
glipizide	GLUCOTROL
glipizide ext-rel	GLUCOTROL XL
glyburide	DIABETA
glyburide, micronized	GLYNASE
tolbutamide	

Supplies

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

[^] Max of #50/month for non-insulin users.

Max of #200/month for insulin users and pregnant members filling prenatal vitamins.

CALCIUM REGULATORS

Bisphosphonates

alendronate tabs	FOSAMAX
ibandronate	BONIVA

Calcitonins

calcitonin-salmon PA	MIACALCIN
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Parathyroid Hormones

teriparatide PA, SP	FORTEO
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CONTRACEPTIVES

EE = ethinyl estradiol

ME = mestranol

Monophasic

20 mcg Estrogen

levonorgestrel/EE 0.1/20 QL	Max #1 pack/month	Lutera
norethindrone acetate/EE 1/20 QL	Max #1 pack/month	LOESTRIN 1/20
norethindrone acetate/EE 1/20 and iron QL	Max #1 pack/month	LOESTRIN FE 1/20

30 mcg Estrogen

desogestrel/EE 0.15/30 QL	Max #1 pack/month	DESOGEN
desogestrel/EE 0.15/30 QL	Max #1 pack/month	ORTHO-CEPT
drospirenone/EE 3/30 QL	Max #1 pack/month	YASMIN
levonorgestrel/EE 0.15/30 QL	Max #1 pack/month	
norethindrone acetate/EE 1.5/30 QL	Max #1 pack/month	LOESTRIN 1.5/30
norethindrone acetate/EE 1.5/30 and iron QL	Max #1 pack/month	LOESTRIN FE 1.5/30
norgestrel/EE 0.3/30 QL	Max #1 pack/month	Low-Ogestrel

35 mcg Estrogen

ethynodiol diacetate/EE 1/35 QL	Max #1 pack/month	Kelnor 1/35
ethynodiol diacetate/EE 1/35 QL	Max #1 pack/month	Zovia 1/35
norethindrone/EE 0.4/35 QL	Max #1 pack/month	OVCON 35
norethindrone/EE 0.5/35 QL	Max #1 pack/month	MODICON
norethindrone/EE 1/35 QL	Max #1 pack/month	ORTHO-NOVUM 1/35
norgestimate/EE 0.25/35 QL	Max #1 pack/month	ORTHO-CYCLEN

50 mcg Estrogen

ethynodiol diacetate/EE 1/50 QL	Max #1 pack/month	Zovia 1/50
norethindrone/ME 1/50 QL	Max #1 pack/month	NORINYL 1+50
norgestrel/EE 0.5/50 QL	Max #1 pack/month	Ogestrel

Triphasic

desogestrel/EE QL	Max #1 pack/month	CYCLESSA
levonorgestrel/EE QL	Max #1 pack/month	
norethindrone/EE QL	Max #1 pack/month	ORTHO-NOVUM 7/7/7
norgestimate/EE QL	Max #1 pack/month	ORTHO TRI-CYCLEN

Progestin Only		
norethindrone QL	Max #1 pack/month	NOR-QD
norethindrone QL	Max #1 pack/month	ORTHO MICRONOR
Emergency Contraception		
levonorgestrel 0.75 mg QL		PLAN B
levonorgestrel 1.5 mg QL		PLAN B ONE-STEP
Injectable		
medroxyprogesterone acetate 150 mg/mL QL		DEPO-PROVERA
Progestin Intrauterine Device		
levonorgestrel releasing IUD PA, SP		MIRENA
Vaginal		
etonogestrel/EE ring QL		NUVARING
Miscellaneous		
condoms, male OTC		
contraceptive sponge OTC		TODAY SPONGE
diaphragm		DIAPHRAGM , VARIOUS
nonoxynol-9 film, foam OTC		VCF VAGINAL CONTRACEPTIVE FOAM
ENDOMETRIOSIS		
nafarelin PA, SP		SYNAREL
ESTROGENS		
Oral		
estradiol		ESTRACE
estrogens, conjugated		PREMARIN
estropipate		
Vaginal		
estradiol vaginal crm		ESTRACE CREAM
estradiol vaginal tabs		VAGIFEM
estrogens, conjugated crm		PREMARIN CREAM
ESTROGEN/PROGESTINS		
Oral		
EE/norethindrone acetate		FEMHRT
estrogens, conjugated/medroxyprogesterone		PREMPHASE
estrogens, conjugated/medroxyprogesterone		PREMPRO
GLUCOCORTICOIDS		
dexamethasone elixir, soln 0.5 mg/5 mL		
dexamethasone tabs		
fludrocortisone		
hydrocortisone		CORTEF
methylprednisolone		MEDROL
prednisolone sodium phosphate soln		
prednisolone syrup		PRELONE
prednisone		
GLUCOSE ELEVATING AGENTS		
glucagon, human recombinant		GLUCAGON EMERGENCY KIT
glucose tablets OTC		

HUMAN GROWTH HORMONES		
somatropin PA, SP		TEV-TROPIN
somatropin vials PA, SP		OMNITROPE
HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS		
calcitriol (1,25-D3)		ROCALTROL
INSULIN-LIKE GROWTH FACTORS		
mecasermin PA, SP		INCRELEX
PHOSPHATE BINDER AGENTS		
calcium acetate caps		PHOSLO
PROGESTINS		
medroxyprogesterone acetate		PROVERA
norethindrone acetate		AYGESTIN
SELECTIVE ESTROGEN RECEPTOR MODULATORS		
raloxifene PA		EVISTA
THYROID AGENTS		
Antithyroid Agents		
methimazole		TAPAZOLE
propylthiouracil		
Thyroid Supplements		
levothyroxine		Levoxyl
levothyroxine		SYNTHROID
thyroid		ARMOUR THYROID
thyroid		NATURE-THROID
VASOPRESSINS		
desmopressin spray PA, SP		DDAVP
desmopressin spray PA, SP		STIMATE
desmopressin tabs		DDAVP
MISCELLANEOUS		
idursulfase PA, SP		ELAPRASE
leuprolide acetate PA, SP		LUPRON DEPOT-PED
levocarnitine soln		CARNITOR
levocarnitine tabs 330 mg		CARNITOR
methylegonovine		
octreotide acetate PA, SP		SANDOSTATIN
octreotide acetate PA, SP		SANDOSTATIN LAR
thyrotropin alfa PA, SP		THYROGEN
GASTROINTESTINAL		
ANTACIDS		
aluminum hydroxide/magnesium carbonate OTC		GAVISCON
aluminum hydroxide/magnesium hydroxide/simethicone OTC		MYLANTA
aluminum hydroxide/magnesium trisilicate OTC		
calcium carbonate OTC		TUMS
calcium carbonate/magnesium hydroxide OTC		MYLANTA
sodium bicarbonate tabs OTC		
ANTIDIARRHEALS		
bismuth subsalicylate OTC		PEPTO-BISMOL
diphenoxylate/atropine		LOMOTIL

loperamide		
loperamide OTC		IMODIUM A-D
ANTIEMETICS		
AGE * Not covered for ages 2 years old and under.		
dextrose/fructose/phosphoric acid OTC		EMETROL
dimenhydrinate tabs OTC		DRAMAMINE
meclizine OTC		
meclizine		
metoclopramide		REGLAN
ondansetron orally disintegrating tabs QL		ZOFRAN ODT
ondansetron soln PA		ZOFRAN
ondansetron tabs 4 mg, 8 mg QL		ZOFRAN
prochlorperazine		COMPazine
prochlorperazine supp		COMPazine
promethazine AGE *		
promethazine supp AGE, ^		
scopolamine PA		TRANSDERM SCOP
^ Requires PA for 50 mg suppository only.		
ANTISPASMODICS		
dicyclomine		BENTYL
glycopyrrolate		ROBINUL/ROBINUL FORTE
hyoscyamine sulfate		LEVSIN
hyoscyamine sulfate ext-rel tabs		LEVbid
CHOLELITHOLYTICS		
ursodiol caps		ACTIGALL
H₂ RECEPTOR ANTAGONISTS		
AGE * Covered only for ages 12 years old and under.		
cimetidine 200 mg OTC, QL	Max #120/month	TAGAMET HB
cimetidine 300 mg, 400 mg, 800 mg QL	Max #60/month	
cimetidine soln 300 mg/5 mL QL	Max #1800 mL/month	
famotidine tabs QL	Max #60/month	PEPCID
famotidine tabs OTC, QL	Max #60/month	PEPCID AC
nizatidine PA, QL	Max #120/month	AXID
ranitidine OTC, QL	Max #120/month	ZANTAC OTC
ranitidine syp AGE *, QL	Max #600 mL/month	ZANTAC
ranitidine tabs 150 mg QL	Max #120/month	ZANTAC
ranitidine tabs 300 mg QL	Max #60/month	ZANTAC
INFLAMMATORY BOWEL DISEASE		
Oral Agents		
mesalamine delayed-rel tabs		ASACOL HD
mesalamine ext-rel caps		APRISO
sulfasalazine		AZULFIDINE
sulfasalazine delayed-rel		AZULFIDINE EN-TABS
LAXATIVES/STOOL SOFTENERS		
benzocaine/docusate OTC		Enemeez Plus
bisacodyl delayed-rel tabs OTC, QL		DULCOLAX
bisacodyl supp OTC		DULCOLAX
calcium polycarbophil OTC		FIBERCON
cellulose powder OTC		UNIFIBER

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

PANCREATIC ENZYMES

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

PROSTAGLANDINS

misoprostol	CYTOTEC
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PROTON PUMP INHIBITORS

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

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

ST * Requires trial of omeprazole (PRILOSEC).

MISCELLANEOUS

dibucaine rectal oint OTC	NUPERCALIN
glycopyrrolate PA	CUVPOSA
pramoxine/phenylephrine/glycerin/petrolatum crm OTC	PREPARATION H
simethicone OTC	
sucrafate susp PA	CARAFATE
sucrafate tabs QL	CARAFATE

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

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

URINARY ANTISPASMODICS

flavoxate hydrochloride	
oxybutynin	
oxybutynin ext-rel ST *	DITROPAN XL
tolterodine ST *	DETROL
tropium PA	SANCTURA

ST * Requires trial of oxybutynin.

VAGINAL ANTI-INFECTIVES

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

MISCELLANEOUS

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

HEMATOLOGIC

ANTICOAGULANTS

Injectable

dalteparin PA, SP	FRAGMIN
enoxaparin SP, ^	LOVENOX

^ Requires PA for treatment longer than 7 days.

Oral

warfarin	COUMADIN
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Synthetic Heparinoid-like Agents

fondaparinux PA, SP	ARIXTRA
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ANTIHEMOPHILIC AGENTS

Hemophilia Factor Products are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly.

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

HEMATOPOIETIC GROWTH FACTORS

darbepoetin alfa PA, SP	ARANESP
epoetin alfa PA, SP	EPOGEN
epoetin alfa PA, SP	PROCRIT
filgrastim PA, SP	NEUPOGEN
pegfilgrastim PA, SP	NEULASTA
sargramostim PA, SP	LEUKINE

PLATELET AGGREGATION INHIBITORS

aspirin OTC	
aspirin buffered OTC	BUFFERIN
clopidogrel 75 mg	PLAVIX
dipyridamole	PERSANTINE
dipyridamole ext-rel/aspirin PA	AGGRENOX

MISCELLANEOUS

cilostazol	PLETAL
pentoxifylline ext-rel	

IMMUNOLOGIC AGENTS

BIOLOGIC DISEASE-MODIFYING AGENTS

adalimumab PA, SP	HUMIRA
etanercept PA, SP	ENBREL

DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

hydroxychloroquine	PLAQUENIL
leflunomide	ARAVA
methotrexate	

IMMUNE GLOBULINS

Rho (D) immune globulin PA, SP	RHOGAM PLUS
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IMMUNOMODULATORS

Interferons

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

IMMUNOSUPPRESSANTS

Immunosuppressants are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly.

Antimetabolites

azathioprine	IMURAN
mycophenolate mofetil caps, tabs	CELLCEPT

Calcineurin Inhibitors

cyclosporine caps	SANDIMMUNE
cyclosporine, modified	NEORAL
tacrolimus 0.5 mg, 1 mg	PROGRAF

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

Potassium

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

Miscellaneous

potassium/sodium phosphates	K-PHOS NEUTRAL
sodium chloride tabs	

VITAMINS AND MINERALS

Folic Acid

folic acid **OTC**

folic acid

Prenatal Vitamins

(pregnant women only)

prenatal vitamin tabs

Miscellaneous

For multivitamins with or without fluoride, coverage is for children through age 5 only.

calcium **OTC**

calcium/vitamin D **OTC**

calcium/vitamin D/minerals **OTC**

cholecalciferol (D3) **OTC**

VITAMIN D

cyanocobalamin **OTC**

VITAMIN B-12

electrolyte soln, oral **OTC**

PEDIALYTE

ergocalciferol (D2) **QL**

DRISDOL

ferrous fumarate **OTC**

HEMOCYTE

ferrous gluconate **OTC**

FERGON

ferrous sulfate **OTC**

FEOSOL

ferrous sulfate ext-rel **OTC**

SLOW FE

iron polysaccharides complex **OTC**

magnesium chloride ext-rel **OTC**

magnesium gluconate **OTC**

magnesium oxide **OTC**

MAG-OX

melatonin **OTC**

melatonin/pyridoxine **OTC**

multivitamins **OTC**

multivitamins/fluoride/iron drops, tabs

POLY-VI-FLOR

multivitamins/iron **OTC**

multivitamins/minerals **OTC**

niacinamide 500 mg **OTC**

omega-3 fatty acids **OTC**

FISH OIL

pediatric multivitamins **OTC**

pediatric multivitamins/iron drops **OTC**

POLY-VI-SOL

phytonadione

MEPHYTON

pyridoxine ext-rel **OTC**

pyridoxine tabs **OTC**

VITAMIN B-6

sodium fluoride chew tabs, drops

LURIDE

vitamin B complex/vitamin C/folic acid **OTC**

vitamin B complex/vitamin C/folic acid

NEPHROCAPS

vitamin B complex/vitamin C/folic acid

NEPHRO-VITE RX

zinc sulfate **OTC**

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

epinephrine

EPIPEN

epinephrine

EPIPEN JR.

ANTICHOLINERGICS

acridinium bromide

TUDORZA

ipratropium soln

ipratropium, CFC-free aerosol

ATROVENT HFA

ANTI-HISTAMINES

AGE * Covered only for ages 12 years old and under

Low Sedating

cetirizine chewable tabs, syp OTC, AGE *	ZYRTEC
cetirizine syp AGE *	
cetirizine tabs OTC	ZYRTEC

Nonsedating

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

Sedating

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

BETA AGONISTS

Inhalants

Short Acting

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

Long Acting

formoterol inhalation caps ST *	FORADIL
salmeterol xinafoate ST *	SEREVENT

ST * Requires concomitant use of a Steroid Inhalant

Oral Agents

albuterol syp, tabs 4 mg	
terbutaline	

COUGH AND COLD *

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

Antihistamine/Decongestant Combinations

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

Antitussives

benzonatate	TESSALON
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Antitussive Combinations

Opioid

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

Non-opioid

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

Decongestants

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

Decongestant/Expectorant Combinations

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

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

CYSTIC FIBROSIS

dornase alfa PA, SP	PULMOZYME
tobramycin inhalation soln PA, SP	TOBI

LEUKOTRIENE RECEPTOR ANTAGONISTS

AGE * Covered only for ages 9 years old and under

montelukast chewable tabs AGE *	SINGULAIR
montelukast tabs	SINGULAIR

MAST CELL STABILIZERS

cromolyn sodium nasal spray OTC	NASALCROM
cromolyn soln for inhalation	

MEDICAL SUPPLIES

nebulizer/compressor OTC	
respiratory mask OTC	
sodium chloride for inhalation	
spacer OTC	

NASAL ANTIHISTAMINES

azelastine spray QL	
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NASAL STEROIDS

fluticasone spray QL	FLONASE
triamcinolone acetonide spray OTC	NASACORT ALLERGY 24 HR

RESPIRATORY SYNCYTIAL VIRUS

palivizumab PA, SP	SYNAGIS
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STEROID/BETA AGONIST COMBINATIONS

AGE * Covered only for ages 12 years old and under

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

ST * Requires trial of Steroid Inhalant

STEROID INHALANTS

AGE * Covered only for ages 9 years old and under

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

XANTHINES

theophylline ext-rel tabs	
theophylline soln	

MISCELLANEOUS

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

TOPICAL

DERMATOLOGY

Acne

Oral

isotretinoin caps PA	
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Topical

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

Actinic Keratosis

fluorouracil crm	EFUDEX
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Antibiotics

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

Antifungals

ciclopirox crm 0.77%	LOPROX
clotrimazole OTC	LOTRIMIN AF
econazole crm	

ketoconazole	NIZORAL
miconazole crm, powder OTC	MICATIN
miconazole oint OTC	ALOE VESTA
nystatin	
terbinafine crm OTC	LAMISIL AT
tolnaftate crm, powder, soln OTC	TINACTIN
Antipsoriatics	
<i>Topical</i>	
anthralin crm 1%	DRITHOCREME HP
calcipotriene oint, soln PA	DOVONEX
Antiseborrheics	
selenium sulfide lotion 1% OTC	SELSUN BLUE
selenium sulfide lotion 2.5%	
Corticosteroids	
<i>Low Potency</i>	
desonide crm, oint 0.05%	DESOWEN
fluocinolone acetonide oil 0.01%	DERMA-SMOOTH-ES
hydrocortisone crm, gel, lotion, oint OTC	CORTIZONE
hydrocortisone crm, lotion, oint	
hydrocortisone/aloe vera crm, oint OTC	
<i>Medium Potency</i>	
betamethasone valerate crm, lotion 0.1%	
fluticasone propionate crm 0.05%, oint 0.005%	CUTIVATE
hydrocortisone valerate crm 0.2%	WESTCORT
mometasone crm, oint 0.1% PA	ELOCON
triamcinolone acetonide crm, lotion, oint 0.025%	
triamcinolone acetonide crm, lotion, oint 0.1%	
<i>High Potency</i>	
betamethasone dipropionate augmented crm 0.05%	DIPROLENE AF
fluocinonide crm, gel, oint 0.05%	
fluocinonide emollient crm 0.05%	
fluocinonide soln 0.05% PA	
triamcinolone acetonide crm, oint 0.5%	
<i>Very High Potency</i>	
clobetasol propionate crm, gel, oint, soln 0.05%	TEMOVATE
halobetasol propionate crm, oint 0.05% PA	ULTRAVATE
Emollients	
lactic acid (ammonium lactate) crm, lotion 12%	LAC-HYDRIN
Immunomodulators	
pimecrolimus PA	ELIDEL
tacrolimus PA	PROTOPIC
Local Analgesics	
lidocaine patch PA	LIDODERM
Local Anesthetics	
lidocaine gel 2% OTC	
lidocaine oint 5%	
lidocaine soln 4%	XYLOCAINE
lidocaine/prilocaine	EMLA

Rosacea	
metronidazole crm 0.75%	METROCREAM
metronidazole gel 0.75%	
metronidazole lotion 0.75%	METROLOTION
Scabicides and Pediculicides	
benzyl alcohol ST *	ULESFIA
crotamiton ST *	EURAX
malathion PA	OVIDE
permethrin 0.5% OTC	RID AEROSOL
permethrin 1% OTC	NIX CREME RINSE
permethrin crm 5%	ELIMITE
pyrethrins/piperonyl butoxide OTC	A-200 KIT
pyrethrins/piperonyl butoxide OTC	PRONTO SHAMPOO
pyrethrins/piperonyl butoxide OTC	RID
spinosad PA	NATROBA
ST * Requires trial of a permethrin or pyrethrins/piperonyl butoxide	
Miscellaneous Skin and Mucous Membrane	
acyclovir PA	ZOVIRAX
aluminum chloride	DRYSOL
chlorhexidine 4% OTC	HIBICLENS
diphenhydramine/zinc acetate 2-0.1% OTC	BENADRYL EXTRA STRENGTH
docosanol OTC	ABREVA
imiquimod PA	ALDARA
menthol/zinc oxide oint OTC	ZINC-OXYDE
podofilox soln	CONDYLOX
water for irrigation, sterile	
MOUTH/THROAT/DENTAL AGENTS	
Anesthetics - Topical Oral	
lidocaine viscous 2%	
Steroids - Mouth/Throat	
triamcinolone paste	
Miscellaneous	
chlorhexidine 0.12%	PERIDEX
clotrimazole troches QL	
nystatin susp	
sodium fluoride crm, gel	PREVIDENT
OPHTHALMIC	
Antiallergics	
azelastine PA	OPTIVAR
cromolyn sodium	
epinastine	ELESTAT
ketotifen OTC	ZADITOR
Anti-infectives	
bacitracin	
bacitracin/neomycin/polymyxin B oint	
bacitracin/polymyxin B oint	
ciprofloxacin soln	CILOXAN
erythromycin	
gentamicin	

levofloxacin soln	
neomycin/polymyxin B/gramicidin	NEOSPORIN
ofloxacin	OCUFLOX
polymyxin B/trimethoprim	POLYTRIM
sulfacetamide soln	BLEPH-10
tobramycin soln	TOBREX
Anti-infective/Anti-inflammatory Combinations	
bacitracin/neomycin/polymyxin B/hydrocortisone oint	
neomycin/polymyxin B/dexamethasone	MAXITROL
sulfacetamide/prednisolone acetate 10%/0.23%	
tobramycin/dexamethasone susp 0.3%/0.1%	TOBRADEX
Anti-inflammatories	
<i>Nonsteroidal</i>	
diclofenac sodium 0.1%	
flurbiprofen sodium	OCUFEN
ketorolac 0.4%	ACULAR LS
ketorolac 0.5%	ACULAR
<i>Steroidal</i>	
dexamethasone sodium phosphate	
fluorometholone 0.1% susp	FML LIQUIFILM
prednisolone acetate 1%	PRED FORTE
Antivirals	
trifluridine	VIROPTIC
Beta-blockers	
<i>Nonselective</i>	
carteolol	
levobunolol	BETAGAN
metipranolol	OPTIPRANOLOL
timolol maleate	TIMOPTIC
timolol maleate gel	TIMOPTIC-XE
Carbonic Anhydrase Inhibitors	
<i>Topical</i>	
dorzolamide	TRUSOPT
Carbonic Anhydrase Inhibitor/Beta-blocker Combinations	
dorzolamide/timolol maleate	COSOPT
Mydriatics	
atropine	ISOPTO ATROPINE
Parasympathomimetics	
pilocarpine	ISOPTO CARPINE
Prostaglandins	
latanoprost	XALATAN
travoprost ST *	
travoprost ST *	TRAVATAN Z

ST * Requires trial of latanoprost (XALATAN).

Sympathomimetics

brimonidine 0.15%	ALPHAGAN P
brimonidine 0.2%	

Miscellaneous

artificial tears OTC	
sodium chloride 5% OTC	MURO-128

OTIC**Anti-infectives**

acetic acid
ofloxacin otic

Anti-infective/Anti-inflammatory Combinations

neomycin/polymyxin B/hydrocortisone	CORTISPORIN OTIC
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Miscellaneous

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

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