



# 2014 Drug Formulary



Your Extended Family.



Medi-Cal/Healthy Families  
Drug Formulary • 2014





## TABLE OF CONTENTS

<b>MOLINA HEALTHCARE MEDI-CAL/HEALTHY FAMILIES DRUG FORMULARY .....</b>	<b>4</b>
<b>PRESCRIPTION CLAIMS PROCESSOR.....</b>	<b>5</b>
<b>USING THE MOLINA MEDI-CAL/HEALTHY FAMILIES DRUG FORMULARY .....</b>	<b>6</b>
<b>CLINICAL CONSIDERATIONS .....</b>	<b>6</b>
<b>INDIVIDUAL PRESCRIPTIONS .....</b>	<b>6</b>
<b>GENERIC MEDICATIONS.....</b>	<b>7</b>
<b>PRIOR AUTHORIZATION REQUEST PROCEDURE .....</b>	<b>7</b>
<b>STEP THERAPY PROCEDURE .....</b>	<b>7</b>
<b>PRESCRIPTION QUANTITY.....</b>	<b>7</b>
<b>URGENT AND AFTER-HOURS MEDICATION POLICY.....</b>	<b>8</b>
<b>TELEPHONE PRESCRIPTIONS.....</b>	<b>8</b>
<b>DRUG FORMULARY.....</b>	<b>9</b>
<b>Chapter 1 ANALGESICS .....</b>	<b>9</b>
<b>Chapter 2 ANTIDIABETIC AGENTS .....</b>	<b>12</b>
<b>Chapter 3 ANTIHISTAMINES AND COMBINATIONS .....</b>	<b>14</b>
<b>Chapter 4 ANTI-INFECTIVE AGENTS .....</b>	<b>15</b>
<b>Chapter 5 ANTILIPIDEMICS.....</b>	<b>18</b>
<b>Chapter 6 ANTINEOPLASTICS AND IMMUNOSUPPRESSANTS.....</b>	<b>19</b>
<b>Chapter 7 CARDIOVASCULAR MEDICATIONS .....</b>	<b>20</b>
<b>Chapter 8 CENTRAL NERVOUS SYSTEM AGENTS.....</b>	<b>24</b>
<b>Chapter 9 CONTRACEPTIVES &amp; SEX HORMONES.....</b>	<b>26</b>
<b>Chapter 10 DERMATOLOGICALS &amp; MUCOUS MEMBRANE AGENTS....</b>	<b>28</b>
<b>Chapter 11 ENDOCRINE AGENTS .....</b>	<b>32</b>
<b>Chapter 12 GASTROINTESTINAL AGENTS.....</b>	<b>33</b>
<b>Chapter 13 GENITOUINARY AGENTS .....</b>	<b>36</b>
<b>Chapter 14 HEMATOLOGICAL AGENTS .....</b>	<b>37</b>
<b>Chapter 15 NASAL AGENTS .....</b>	<b>37</b>
<b>Chapter 16 NEURO-MUSCULAR AGENTS.....</b>	<b>38</b>
<b>Chapter 17 NUTRITIONAL PRODUCTS.....</b>	<b>40</b>
<b>Chapter 18 OPHTHALMIC AGENTS.....</b>	<b>41</b>
<b>Chapter 19 OTIC PREPARATION .....</b>	<b>43</b>
<b>Chapter 20 RESPIRATORY AGENTS .....</b>	<b>44</b>
<b>Chapter 21 MISCELLANEOUS .....</b>	<b>47</b>
<b>CARVED OUT MEDICATIONS .....</b>	<b>48</b>
<b>INDEX .....</b>	<b>50</b>



## **MOLINA HEALTHCARE MEDI-CAL/HEALTHY FAMILIES DRUG FORMULARY**

The Molina Healthcare Medi-Cal/Healthy Families Drug Formulary was created to help manage the quality of our members' pharmacy benefit. The Formulary is the cornerstone for a progressive program of managed care pharmacotherapy. Prescription drug therapy is an integral component of your patient's comprehensive treatment program. The Formulary was created to ensure that Molina members receive high quality, cost-effective, rational drug therapy.

The Molina Healthcare Pharmacy and Therapeutics Committee meets quarterly to review and recommend medications for Formulary consideration. This assures that the Formulary remains responsive to physician and patient needs. The Committee is composed of physicians and pharmacists representing various medical specialties. With a primary consideration to provide a safe, effective and comprehensive Formulary, the Committee evaluated all therapeutic categories and has selected the most cost-effective agent(s) in each class.

The Committee also uses reference materials from the CVS/Caremark Pharmacy and Therapeutics Advisory Panel. In addition, the Molina Healthcare Pharmacy and Therapeutics Committee reviews prior authorization procedures to ensure medications are used safely, following manufacturer's guidelines and current medical practices. Please familiarize yourself with the Drug Formulary as you prescribe medications for Molina members. Thank you for your cooperation.

## **PRESCRIPTION CLAIMS PROCESSOR**

Molina Healthcare has selected CVS/Caremark as the Pharmacy Benefit Management (PBM) Company to manage the prescription benefit for Molina members.

- Questions on processing claims, formulary status or rejected claims may be directed to the CVS/Caremark Help Desk at (800) 770-8014.
- Membership and eligibility concerns may be addressed by calling the Molina Membership Services at (888) 665-4621.
- Provider-related questions may be addressed by calling the Molina Provider Services Help Desk at (888) 665-4621.

## **PREFACE**

### **USING THE MOLINA MEDI-CAL/HEALTHY FAMILIES DRUG FORMULARY**

The Molina Medi-Cal/Healthy Families Drug Formulary is a listing of preferred drug products eligible for reimbursement by Molina. All medications are listed by brand and generic name. The medications are organized by therapeutic classes. For your convenience, an index by both brand and generic names is located at the end of the Drug Formulary. The brand names listed are for reference only, and do not denote coverage unless specifically noted. New dosage forms/line extensions of Formulary products are considered non-Formulary, unless otherwise indicated in this listing.

### **CLINICAL CONSIDERATIONS**

The Molina Healthcare Pharmacy and Therapeutics Committee have developed clinical considerations for many categories of medications and several specific drugs. The clinical considerations should not be considered prescribing guidelines or restrictions on the provider's use of certain medications. As these drugs are evaluated for inclusion in the patient's drug-therapy plan, the clinical considerations are important, key reminders related to cautions, drug-interactions, adverse effects or patient monitoring.

### **INDIVIDUAL PRESCRIPTIONS**

Each prescription must legally be prescribed for one individual only. If prescribing for a family, each family member must receive a prescription. For a member to receive a covered over the counter medication, a written prescription is required.

## GENERIC MEDICATIONS

Selected medications have FDA-approved generic equivalents available. The Molina drug endorsement states that generic drugs will be dispensed whenever available. If the use of a particular brand-name becomes medically necessary as determined by the physician, the physician must contact Molina for prior authorization. Molina encourages the use of quality generic products. Physicians are encouraged to write “Brand Only” or “DNS” only when medically necessary.

## PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Drug Formulary may be approved when medically necessary and when Formulary alternatives have demonstrated ineffectiveness. The physician may fax a completed “Medication Prior Authorization Request” form to Molina. The forms may be obtained by accessing Molina Healthcare of California’s website at <http://www.molinahealthcare.com/medicaid/providers/ca/drug/Pages/formulary.aspx> or by calling the Molina Pharmacy Prior Authorization Department at (888) 665-4621.

## STEP THERAPY PROCEDURE

Step-Therapy requires a trial of one or more “prerequisite” medications before a “Step-Therapy” medication will be covered. If it is medically necessary for a member to use a Step-Therapy medication as initial therapy, the treating physician can request coverage of such drug by submitting a Prior Authorization Request form.

## PRESCRIPTION QUANTITY

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



## **URGENT AND AFTER-HOURS MEDICATION POLICY**

To prevent a member's condition from worsening in an urgent situation, it may be necessary to dispense a 72-hour supply of an acute medication before prior authorization may be obtained from Molina. (e.g., a member is discharged from a hospital after regular business hours with a special antibiotic prescription). Pharmacies are instructed to use their professional judgment. Molina will reimburse pharmacies for a 72-hour supply of an acute medication at contracted rates for these prescriptions. Pharmacies may contact CVS/Caremark Help Desk at (800) 770-8014 to obtain an override for a 72-hour supply.

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

## **TELEPHONE PRESCRIPTIONS**

Whenever possible, the member should be given the prescription in writing. This will allow the member to make use of the most convenient network pharmacy and enable the pharmacy to fill the prescription after normal office hours.



Generic Available	Generic Name	Common Brand Name
-------------------	--------------	-------------------

## Chapter 1 ANALGESICS

### 1.1 Non-Narcotic Analgesics

Acetaminophen (Chew Tab, Soln, Supp, & Dispersible Tab)	TYLENOL – OTC*
Aspirin	ASPIRIN – OTC*
Butalbital/APAP/Caffeine Tab (Limited to age <65; Limited to #6/day)	FIORICET
Butalbital/ASA/Caffeine (Limited to age <65)	FIORINAL
Ketorolac Tromethamine (Limited to age <65; Limited to #5 day supply)	TORADOL
Choline & Magnesium Salicylate	TRILISATE
Salsalate	DISALCID
Tramadol HCl (Limited to #8/day)	ULTRAM

### PRIOR AUTHORIZATION REQUIRED

Butorphanol (PA)	STADOL Nasal Spray
------------------	--------------------

### 1.2 Narcotic Analgesics

- Limited to 4 gram of Acetaminophen per day.

Acetaminophen/Codeine 300/15mg, 300/30mg, 300/60mg Tab, Soln & Susp (Soln & Susp: Limited to age ≤12; 240mL/mo)	TYLENOL/CODEINE
Hydrocodone/APAP 5/500mg, 7.5/500mg, 10/500mg, 7.5/750mg Tab	VICODIN, VICODIN ES, LORCET, LORTAB
Hydrocodone/APAP 5/325mg, 10/325mg (Limited to #12/day, max of 3 dispensing in 75-day period)	NORCO
Hydromorphone 2mg and 4mg Tab	DILAUDID
Methadone	DOLOPHINE, METHADOSE
Morphine Sulfate CR Tab (Generic only; 30mg CR: Limited to #4/day)	MS CONTIN, ORAMORPH SR
Morphine Sulfate IR	MS IR

Generic Name/Common Brand Name

PA = Prior Authorization Required

ST = Step Therapy Restriction applied

Generic Available	Generic Name	Common Brand Name
	Oxycodone IR (5mg Cap & Tab: Limited to #8/day, 15mg & 30mg Tab: Limited to #4/day)	Oxy IR
	Oxycodone/APAP 5/325mg Tab (5/325mg Tab: Limited to #12/day)	PERCOCET

**PRIOR AUTHORIZATION/STEP THERAPY REQUIRED**

Fentanyl Transdermal (ST) (ST for failure of Morphine Sulfate ER or Methadone; Limited to #10/mo)	DURAGESIC
Oxycodone HCl, CR (PA)	OXYCONTIN
Oxycodone/APAP 2.5/325mg, 7.5/500mg & 10/650mg (PA)	PERCOCET
Oxycodone/APAP 7.5/325mg, 10/325mg (ST) (ST for failure or intolerant to Oxycodone/APAP 5/325mg)	PERCOCET
Oxycodone/ASA (ST) (ST for failure of Oxycodone/APAP 5/325mg)	PERCODAN

**1.3 Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)**

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

Diclofenac (25mg Tab: Limited to #3/day)	VOLTAREN
Etodolac (Tab: Limited to #2/day; Cap: Limited to #4/day)	LODINE
Flurbiprofen (50mg Tab: Limited to #4/day)	ANSAID
Ibuprofen (Cap & Tab: Limited to #4/day; Chewable Tab & Susp; 40mg/mL, 100mg/5ml Susp: Limited to 240mL/mo)	MOTRIN – OTC*
Indomethacin (25mg Cap: Limited to #4/day)	INDOCIN
Meloxicam	MOBIC
Naproxen (Limited to #3/day)	NAPROSYN – OTC*
Naproxen Sodium (Limited to #3/day; 550mg Tab #4/day)	ANAPROX, ANAPROX DS – OTC*
Piroxicam	FELDENE
Sulindac	CLINORIL

Generic Name/Common Brand Name

PA = Prior Authorization Required

ST = Step Therapy Restriction applied

Generic Available	Generic Name	Common Brand Name
<b>PRIOR AUTHORIZATION REQUIRED</b>		
	Diclofenac/Misoprostol (PA)	ARTHROTEC
	Etodolac CR (PA)	LODINE XL
	Oxaprozin (PA)	DAYPRO
	Ketoprofen CR Cap (PA)	ORUVAIL
	Nabumetone (PA)	RELAFEN
<b>1.4 Antirheumatics</b>		
	Hydroxychloroquine	PLAQUENIL
	Methotrexate	METHOTREXATE
<b>1.5 Gout Agents</b>		
	Allopurinol (100mg: Limited to #3/day; 60 day supply available)	ZYLOPRIM
	Indomethacin	INDOCIN
	Probenecid (60 day supply available)	BENEMID
<b>PRIOR AUTHORIZATION REQUIRED</b>		
	Colchicine (PA)	COLCRYS
<b>1.6 Anti-TNF-Alpha – Monoclonal Antibodies</b>		
<b>PRIOR AUTHORIZATION REQUIRED</b>		
	Etanercept (PA) (Rx Limited to CVS/Caremark Specialty Pharmacy)	ENBREL
	Adalimumab (PA) (Rx Limited to CVS/Caremark Specialty Pharmacy)	HUMIRA
<b>1.7 Migraine</b>		
	APAP/ASA/Caffeine	EXCEDRINE MIGRAINE – OTC*
	Divalproex ER (250mg: Limited to #4/day; 500mg: Limited to #8/day)	DEPAKOTE ER
	Ergotamine/Caffeine	CAFERGOT
	Isometheptene/ Dichloralphenazone/APAP	MIDRIN
	Sumatriptan Tablet (Limited to #9/month)	IMITREX

Generic Available	Generic Name	Common Brand Name
<b>PRIOR AUTHORIZATION/STEP THERAPY REQUIRED</b>		
	Dihydroergotamine (PA)	MIGRANAL Nasal Spray
	Eletriptan (ST)	RELPAK
	(ST for failure or intolerant to Imitrex Tab, Limited to #9/45 day)	
	Sumatriptan (PA)	IMITREX Nasal Spray, Injection
	Zolmitriptan (ST)	ZOMIG
	(ST for failure or intolerant to Imitrex Tab, Limited to #9/45 day)	

**Chapter 2 ANTIDIABETIC AGENTS****2.1 Sulfonylureas**

Glimepiride	AMARYL
(4mg: Limited to #2/day; 60 day supply available)	
Glipizide	GLUCOTROL
(60 day supply available)	
Glipizide Extended Release	GLUCOTROL XL
(10mg: Limited to #2/day; 60 day supply available)	
Glyburide	DIABETA, GLYNASE
(Limited to #2/day; 5mg #4/day; 60 day supply available)	
Glyburide/Metformin	GLUCOVANCE
(Limited to #2/day; 2.5/500mg #4/day; 60 day supply available)	

**PRIOR AUTHORIZATION REQUIRED**

Chlorpropamide (PA)	DIABINESE
Tolazamide (PA)	TOLINASE
Tolbutamide (PA)	ORINASE

**2.2 Alpha-Glucosidase Inhibitors**

Acarbose	PRECOSE
(Limited to #3/day; 60 day supply available)	

**2.3 Biguanides**

Metformin, SR	GLUCOPHAGE, XR
(1000mg: Limited to #2/day; 500mg SR: Limited to #4/day; 750mg SR: Limited to #3/day; 60 day supply available)	

**2.4 Meglitinides****PRIOR AUTHORIZATION REQUIRED**

Repaglinide (PA)	PRANDIN
------------------	---------

**2.5 Thiazolidinediones & Thiazolidinediones Combinations****PRIOR AUTHORIZATION/STEP THERAPY REQUIRED**

Pioglitazone (ST)	ACTOS
(ST for concurrent use with Sulfonylurea, Metformin, or Basal insulin)	
Pioglitazone/Metformin (PA)	ACTOPLUS MET

Generic Available	Generic Name	Common Brand Name
-------------------	--------------	-------------------

## 2.6 Dipeptidyl Peptidase IV Inhibitor

### PRIOR AUTHORIZATION REQUIRED

Sitagliptin (PA)	JANUVIA
Sitagliptin/Metformin (PA)	JANUMET
Saxagliptin (PA)	ONGLYZA
Saxagliptin/Metformin (PA)	KOMBIGLYZA

## 2.7 Insulins

- Limited to vials only. Prefilled insulin pens and cartridges are PA required.
- All vial formulations of Humulin, Humalog, and Novo-Nordisk agents are formulary.
- Humulin, Humalog and Novo Nordisk agents are Limited to 4 vials per month.

Insulin Glulisine (Limited to 4 vials/mo)	APIDRA
Insulin Glargine (Limited to 3 vials/mo)	LANTUS

### STEP THERAPY REQUIRED

Insulin Detemir (ST) (ST for failure or intolerance to Lantus)	LEVEMIR
---	---------

## 2.8 Glucagon

### PRIOR AUTHORIZATION REQUIRED

Glucagon Injection (PA)	GLUCAGON KIT
-------------------------	--------------

## 2.9 Diabetic Supplies

Blood Glucose Meter (Limited to 1 meter/yr)	TRUERESULTS
Test Strips (Limited to #50/mo with oral diabetic medication; Limited to #150/mo for use with insulin or gestational diabetes)	TRUETEST
Syringes	Various
Lancets (Limited to #150/mo for use with insulin, gestational diabetes)	LANCETS, Various

Generic Available	Generic Name	Common Brand Name
-------------------	--------------	-------------------

### Chapter 3 ANTIHISTAMINES AND COMBINATIONS

#### 3.1 Single-Entity Products

Chlorpheniramine (Limited to age $\geq 3$ and $< 65$ )	CHLOR-TRIMETON – OTC*
Clemastine Tab, Syrup (Tab: Limited to age $\geq 3$ and $< 65$ ; Syrup: Limited to age $\geq 3$ and $\leq 12$ )	TAVIST– OTC*
Cyproheptadine (Limited to for age $< 65$ )	PERIACTIN – OTC*
Diphenhydramine (Liquid: Limited to age $\leq 12$ ; 25mg Tab & Cap: Limited to age $< 65$ , #2/day; 50mg Tab & Cap: Limited to age $< 65$ , #6/day)	BENADRYL– OTC*
Hydroxyzine HCl (Limited to age $< 65$ ; Tab #4/day; Syrup: Limited to age $\geq 12$ ; 60mL/day)	ATARAX
Hydroxyzine Pamoate Cap (Limited to age $< 65$ , #4/day)	VISTARIL

#### Less Sedating Antihistamines:

Cetirizine (Syrup: Limited to age $\leq 10$ )	ZYRTEC
Loratadine Tab, Syrup (Syrup: Limited to age $\leq 10$ )	CLARITIN– OTC*

#### 3.2 Combination Products

All antihistamine combination products require a prior authorization for age  $< 4$ .

Brompheniramine/Decongestant	CONTAC Tab – OTC*
Chlortrimeton/Decongestant Tab, Elixir, Syrup	DIMETAPP, RONDEC – OTC*
Pyril/Phenyltolox/Pheniramine	POLY-HISTINE – OTC*
Tripolidine/Pseudoephedrine Tab, Syrup	ACTIFED– OTC*

#### Less Sedating Combination Products

Certirizine/Pseudoephedrine	ZYRTEC-D
Loratadine/Pseudoephedrine	CLARITIN-D – OTC*

Generic Available	Generic Name	Common Brand Name
<b>Chapter 4 ANTI-INFECTIVE AGENTS</b>		
<b>4.1 Penicillins</b>		
	Ampicillin (Susp: Limited to age ≤12 and 400mL/10 day)	PRINCIPEN
	Amoxicillin (Chewable Tab & Susp; Susp: Limited to 300mL/10 day; Chewable Tab: Limited to #3/day)	TRIMOX
	Dicloxacillin	DYNAPEN
	Penicillin (Susp: Limited to age ≤12)	VK VEETIDS
	Amoxicillin/Clavulanate Potassium (Chewable Tab & Susp; Limited to 300mL/mo; 500mg Tab: Limited to #3/day; 750mg Tab: Limited to #2/day)	AUGMENTIN
<b>4.2 Cephalosporins</b>		
	Cefaclor (Susp: Limited to age ≤12; Limited to 300mL/10 day)	CECLOR
	Cefdinir (Cap: Limited to #2/day; Susp: Limited to age ≤12; Limited to 100mL/mo)	OMNICEF
	Cefixime 400mg (Limited to #1 tab/fill and diagnosis of STD)	SUPRAX
	Cefuroxime Susp (Limited to age ≤12; Limited to 200mL/10 day)	CEFTIN
	Cephalexin (Susp: Limited to 400mL/mo)	KEFLEX
	Cephadrine	VELOSEF
<b>PRIOR AUTHORIZATION REQUIRED</b>		
	Cefadroxil (PA)	DURICEF
	Cefpodoxime (PA)	
	Cefprozil (PA)	CEFZIL
<b>4.3 Macrolides</b>		
	Azithromycin (Limited to #6/mo for 250mg Tab, #3/mo for Tri-Pak 500mg Tab, 1 pack/90 days for Powder Pack, Susp: Limited to 30mL/mo)	ZITHROMAX
	Clarithromycin 250mg, 500mg Tab (Limited to #28/14 days)	BIAXIN
	Erythromycin Base	ERY-TAB Enteric Coated



Generic Available	Generic Name	Common Brand Name
	Erythromycin Ethylsuccinate Tab & Liquid (Susp: Limited to age ≤12 and 400mL/mo)	E.E.S.
	Erythromycin Stearate	ERYTHROCIN

#### 4.4 Tetracyclines

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

Doxycycline Hyclate Cap 50mg & 100mg, Tab 100mg (Limited to age ≥8 and #2/day)	VIBRATAB
Tetracycline Cap & Tab (Limited to age ≥8)	SUMYCIN
Minocycline Cap 50mg, 100mg	MINOCIN

#### 4.5 Quinolones

Ciprofloxacin 250mg, 500mg & 750mg Tab (Limited to #28/mo)	CIPRO
--	-------

#### PRIOR AUTHORIZATION REQUIRED

Levofloxacin (PA)	LEVAQUIN
Ofloxacin (PA)	FLOXIN

#### 4.6 Aminoglycosides

Neomycin	NEOMYCIN
----------	----------

#### 4.7 Sulfonamides

SMZ/TMP	BACTRIM, SEPTRA
Sulfisoxazole	GRANTRISIN
Sulfisoxazole/Erythromycin Susp	PEDIAZOLE

#### 4.8 Antituberculosis

Ethambutol	MYAMBUTOL
Isoniazid (100mg: Limited to #3/day; Syrup: Limited to age ≤12; 900mL/mo)	ISONIAZID
Pyrazinamide	PYRAZINAMIDE
Pyridoxine	VITAMIN B-6
Rifampin (Limited to #4/day)	RIFADIN

Generic Available	Generic Name	Common Brand Name
<b>4.9 Antifungal – Oral</b>		
	Clotrimazole (Troches only)	MYCELEX
	Fluconazole 150mg (Limited to female, #1/mo)	DIFLUCAN
	Fluconazole 50mg, 100mg, 200mg Tablet; 70mg Suspension (Tablet Limited to #1/day, Suspension Limited to 70mL/fill)	DIFLUCAN
	Ketoconazole 200mg (Limited to #1/day)	NIZORAL
	Nystatin	MYCOSTATIN
	Terbinafine	LAMISIL

**PRIOR AUTHORIZATION/STEP THERAPY REQUIRED**

Griseofulvin (ST) (ST, Failure to fluconazole)	FULVICIN UF, FULVICIN P/G
Itraconazole (PA)	SPORANOX
Posaconazole (PA)	NOXAFIL
Voriconazole (PA)	VFEND

**4.10 Antiviral**

Acyclovir	ZOVIRAX
Docosanol	ABREVA
Oseltamivir (Capsule: Limited to #10/ fill; Suspension: Limited to 75mL/ fill)	TAMIFLU
Zanamivir Inhalation (Limited to 1 inhaler/ 28 days)	RELENZA

**PRIOR AUTHORIZATION REQUIRED**

Boceprevir (PA) (Rx Limited to CVS/Caremark Specialty Pharmacy)	VICTRELIS
Peginterferon Alfa-2A (PA) (Rx Limited to CVS/Caremark Specialty Pharmacy)	PEGASYS Inj
Peginterferon Alfa-2B (PA) (Rx Limited to CVS/Caremark Specialty Pharmacy)	PEG-INTRON Inj

**4.11 Antimalarial**

Primaquine Phosphate	PRIMAQUINE
Pyrimethamine	DARAPRIM

**4.12 Anthelmintics**

Pyrantel Pamoate
------------------

Generic Available	Generic Name	Common Brand Name
-------------------	--------------	-------------------

**4.13 Anti retrovirals***(See Carved-out List, Bill Medi-Cal Fee For Service)***4.14 Misc. Anti-Infectives**

Clindamycin	CLEOCIN
Metronidazole	FLAGYL
Nitrofurantoin (Limited to age <65)	MACRODANTIN
Nitrofurantoin Monohydrate Macrocrystals LA (Limited to age <65, Limited to #2/day)	MACROBID
Trimethoprim	TRIMPEX

**PRIOR AUTHORIZATION REQUIRED**

Chloroquine (PA)  
Dapsone (PA)

**Chapter 5 ANTILIPIDEMICS****5.1 HMG CoA Reductase Inhibitors (Statins)**

Lovastatin (Limited to #1/day; 40mg Limited to #2/day; 60 day supply available)	MEVACOR
Pravastatin (Limited to #1/day; 60 day supply available)	PRAVACHOL
Simvastatin 5mg, 10mg, 20mg, 40mg (Limited to #1/day; 60 day supply available)	ZOCOR
Atorvastatin (ST) (ST failure to simvastatin 40mg, pravastatin/lovastatin 80mg)	LIPITOR

**PRIOR AUTHORIZATION REQUIRED**

Simvastatin 80mg (PA) (PA: Limited to prior use)	ZOCOR
Rosuvastatin (PA)	CRESTOR

**5.1.1 HMG CoA Reductase Inhibitor Combinations****PRIOR AUTHORIZATION REQUIRED**

Lovastatin/Niacin Extended Release (PA)	ADVICOR
Ezetimibe/Simvastatin (PA)	VYTORIN
Simvastatin/Niacin (PA)	SIMCOR

Generic Available	Generic Name	Common Brand Name
<b>5.2 Fibrates</b>		
	Micro Cap 67mg & 134mg, Tab 54mg & 160mg	LOFIBRA, TRICOR
	Gemfibrozil (60 day supply available)	LOPID
<b>5.3 Other Cholesterol Lowering Agents</b>		
	Cholestyramine, Light (Limited to 1 can/mo)	QUESTRAN, LIGHT
	Niacin, Niacin SR Niacin Timed Released (750mg SR: Limited to #2/day; 60 day supply available)	NIACIN, SLO-NIACIN NIASPAN

**STEP THERAPY REQUIRED**

Colesevelam (ST)	WELCHOL
(ST for failure or intolerant to Cholestyramine)	

**Chapter 6 ANTINEOPLASTICS AND IMMUNOSUPPRESSANTS****6.1 Antineoplastics**

Altretamine	HEXALEN
Anastrozole	ARIMIDEX
Bexarotene	TARGRETIN
Bicalutamide C	ASODEX
Busulfan	MYLERAN
Chlorambucil	LEUKERAN
Cyclophosphamide	CYTOXAN
Diethylstilbestrol	STILPHOSTROL
Estramustine	EMCYT
Etoposide	VEPESID
Exemestane	AROMASIN
Flutamide	EULEXIN
Hydroxyurea	HYDREA
Letrozole	FEMARA
Levamisole	ERGAMISOL
Lomustine	CEENU
Megestrol	MEGACE
Melphalan	ALKERAN
Mercaptopurine	PURINETHOL
Methotrexate	RHEUMATREX
Mitotane	LYSODREN
Procarbazine	MATULANE
Tamoxifen	NOLVADEX
Teremefine	FARESTON
Tretinoin	VESANOID

Generic Available	Generic Name	Common Brand Name
-------------------	--------------	-------------------

**PRIOR AUTHORIZATION REQUIRED***(All Rx Limited to CVS/Caremark Specialty Pharmacy)*

Capecitabine (PA)	XELODA
Erlotinib (PA)	TARCEVA
Imatinib (PA)	GLEEVEC
Sunitinib (PA)	SUTENT
Temozolomide (PA)	TEMODAR

**6.2 Immunosuppressants**

Azathioprine	IMURAN
--------------	--------

**PRIOR AUTHORIZATION REQUIRED***(All Rx Limited to CVS/Caremark Specialty Pharmacy)*

Cyclosporine (PA)	SANDIMMUNE, NEORAL
Mycophenolate Mofetil (PA)	CELLCEPT
Sirolimus (PA)	RAPAMUNE
Tacrolimus (PA)	PROGRAF

**Chapter 7 CARDIOVASCULAR MEDICATIONS****7.1 Cardiac Glycosides**

Digoxin (60 day supply available)	LANOXIN
--------------------------------------	---------

**7.2 Nitrates**

Isosorbide Dinitrate Tab & SL (Limited to #4/day; 60 day supply available)	DILATRATE SR
Isosorbide Mononitrate, SR (Limited to #1/day; 10mg Tab: #2/day; 60 day supply available)	IMDUR, MONOKET, ISMO, ISORDIL
Nitroglycerin Oint	NITROL
Nitroglycerin Patch (60 day supply available)	NITRO-DUR
Nitroglycerin 0.4mg Pump Spray	NITROLINGUAL
Nitroglycerin SR Cap (Limited to age $\geq 12$ ; 2.5mg & 9mg Cap: #4/day; 60 day supply available)	NITRO-BID CR
Nitroglycerin SL Tab (60 day supply available)	NITROSTAT

Generic Available	Generic Name	Common Brand Name
<b>7.3 Beta-Blockers</b>		
<b>7.3.1 Beta-1 Specific</b>		
	Atenolol (60 day supply available)	TENORMIN
	Bisoprolol Fumerate (60 day supply available)	ZEBETA
	Metoprolol (Limited to #5/day; 60 day supply available)	LOPRESSOR
	Metoprolol ER (60 day supply available)	TOPROL XL
<b>7.3.2 Non-Selective</b>		
	Carvedilol (Limited to #2/day; 60 day supply available)	COREG
	Labetalol (60 day supply available)	NORMODYNE
	Nadolol (120mg: Limited to #2/day; 60 day supply available)	CORGARD
	Propranolol (80mg: Limited to #6/day)	INDERAL
<b>7.3.3 Beta-Blockers Combinations</b>		
	Atenolol/Chlorthalidone (50/25mg & 100/25mg: Limited to #1/day; 60 day supply available)	TENORETIC
	Bisoprolol/HCTZ (2.5/6.25mg & 5.6/25mg: Limited to #2/day; 60 day supply available)	ZIAC
<b>7.4 Calcium Antagonists</b>		
	Amlodipine (60 day supply available)	NORVASC
	Nifedipine Cap (Limited to age <65)	PROCARDIA
	Nifedipine SR (60 day supply available)	ADALAT CC
	Diltiazem, ER (60 day supply available)	DILACOR XR, TIAZAC, CARDIZEM SR
	Verapamil, SR (60 day supply available)	CALAN, SR

**STEP THERAPY REQUIRED**

Felodipine (ST)	PLENDIL
(ST for failure or intolerance to Amlodipine)	

Generic Available	Generic Name	Common Brand Name
<b>7.5 Antiarrhythmic Drugs</b>		
	Amiodarone (60 day supply available)	CORDARONE, PACERONE
	Flecainide (60 day supply available)	TAMBOCOR
	Procainamide, SR (60 day supply available)	PRONESTYL, PROCANBID
	Propafenone (60 day supply available)	RYTHMOL
	Quinidine Gluconate (60 day supply available)	QUINAGLUTE
	Quinidine Sulfate, SR (SR: Limited to #6/day; 60 day supply available)	QUINIDEX
	Sotalol, AF (60 day supply available)	BETAPACE, AF

**7.6 Angiotensin Converting Enzyme (ACE) Inhibitor**

- Combination therapy with ARB requires prior authorization.

Benazepril (Limited to #2/day; 60 day supply available)	LOTENSIN
Captopril (Limited to #3/day; 60 day supply available)	CAPOTEN
Enalapril (Limited to #2/day; 60 day supply available)	VASOTEC
Lisinopril (Limited to #2/day; 60 day supply available)	ZESTRIL
Quinapril (Limited to #2/day; 60 day supply available)	ACCUPRIL

**7.6.1 Angiotensin Converting Enzyme Inhibitor / Diuretic Combination**

Captopril/HCTZ (Limited to #2/day; 60 day supply available)	CAPOZIDE
Lisinopril/HCTZ (60 day supply available)	ZESTORETIC

**7.7 Angiotensin II Receptor Blockers**

Losartan Potassium (Limited to #1/day; 60 day supply available)	COZAAR
--	--------

**7.7.1 ARB / Diuretic Combination**

Losartan Potassium/ Hydrochlorothiazide (Limited to #1/day; 60 day supply available)	HYZAAR
--	--------

Generic Available	Generic Name	Common Brand Name
<b>7.8 Antiadrenergic Agents-Centrally Acting</b>		
	Clonidine Tab (Limited to age <65; Tab: Limited to #8/day; 60 day supply available)	CATAPRES
	Methyldopa (60 day supply available)	ALDOMET
<b>7.9 Antiadrenergic Agents-Peripheral Acting</b>		
	Doxazosin (60 day supply available)	CARDURA
	Prazosin (Limited to #3/day; 5mg #8/day; 60 day supply available)	MINIPRESS
	Terazosin (Limited to #2/day; 60 day supply available)	HYTRIN
<b>7.10 Diuretics</b>		
<b>7.10.1 Loop Diuretics</b>		
	Bumetanide (60 day supply available)	BUMEX
	Furosemide (60 day supply available)	LASIX
<b>7.10.2 Thiazide &amp; Related Diuretics</b>		
	Hydrochlorothiazide (60 day supply available)	HYDRODIURIL
	Indapamide (60 day supply available)	LOZOL
	Metolazone (Limited to #2/day; 60 day supply available)	ZAROXOLYN
<b>7.10.3 Potassium Sparing Diuretics</b>		
	Spirinolactone (Limited to #2/day; 60 day supply available)	ALDACTONE
	Triamterene/HCTZ (60 day supply available)	DYAZIDE, MAXZIDE 25 & 50
<b>7.10.4 Carbonic Anhydrase Inhibitors</b>		
	Acetazolamide (Tab: Limited to #2/day)	DIAMOX
	Methazolamide	NEPTAZANE
<b>7.11 Vasodilators</b>		
	Hydralazine (Limited to #4/day; 60 day supply available)	APRESOLINE

**PRIOR AUTHORIZATION REQUIRED**

Minoxidil (PA)

Generic Name/Common Brand Name

PA = Prior Authorization Required

ST = Step Therapy Restriction applied



Generic Available	Generic Name	Common Brand Name
-------------------	--------------	-------------------

## Chapter 8 CENTRAL NERVOUS SYSTEM AGENTS

### 8.1 Antianxiety Agents

Alprazolam (Limited to #3/day; 2mg #5/day, Age < 65)	XANAX
Buspirone (Limited to #2/day)	BUSPAR
Chlordiazepoxide (Limited to age <65)	LIBRIUM
Diazepam (Limited to age <65; Tab: Limited to #4/day; Soln: Limited to maximum of 300mL/mo)	VALIUM
Lorazepam (Limited to #3/day; 2mg #5/day)	ATIVAN
Oxazepam (Limited to #4/day, Age < 65)	SERAX

### 8.2 Antidepressants

#### 8.2.1 Tricyclics

Amitriptyline (Limited to #3/day; 150mg #2/day; 60 day supply available)	ELAVIL
Amoxapine (Limited to #3/day; 60 day supply available)	ASCENDIN
Clomipramine (Limited to #4/day; 75mg #3/day; 60 day supply available)	ANAFRANIL
Desipramine (Limited to #3/day; 150mg #2/day; 60 day supply available)	NORPRAMIN
Doxepin (Limited to #3/day; 150mg #2/day; 60 day supply available)	SINEQUAN
Imipramine (Limited to #3/day; 50mg #6/day; 60 day supply available)	TOFRANIL
Nortriptyline (Limited to #4/day; 60 day supply available)	PAMELOR

#### 8.2.2. Tetracyclics

Mirtazapine (regular tab) (60 day supply available)	REMERON
--	---------

#### 8.2.3 Triazolopyridines/Phenylpiperazines

Nefazodone (Limited to #2/day)	SERZONE
Trazodone 150mg (Limited to #2/day; 60 day supply available)	DESYREL

Generic Available	Generic Name	Common Brand Name
<b>8.2.4 SSRIs</b>		
	Citalopram (60 day supply available)	CELEXA
	Fluoxetine Cap (40mg Cap: Limited to #2/day; 60 day supply available)	PROZAC
	Paroxetine (60 day supply available)	PAXIL
	Sertraline (60 day supply available)	ZOLOFT
<b>PRIOR AUTHORIZATION/STEP THERAPY REQUIRED</b>		
	Escitalopram (PA)	LEXAPRO
	Fluvoxamine (ST)	LUVOX
<b>8.2.6 SNRIs</b>		
	Venlafaxine, XR (Tab: Limited to #3/day)	EFFEXOR, XR
<b>8.3 Miscellaneous Agents</b>		
	Bupropion (Limited to #3/day)	WELLBUTRIN
	Bupropion SR (100mg, 150mg & 200mg Tab; Limited to #2/day)	WELLBUTRIN SR
<b>8.4 Antipsychotics</b> (See <i>Carve-out List, Bill Medi-Cal Fee For Service</i> )		
<b>8.5 Sedatives &amp; Hypnotics</b> (Limited to age <65)		
- Flurazepam is not recommended for elderly patients due to its very long duration of action (> 24 hrs) from active metabolites.		
	Chloral Hydrate	NOCTEC
	Flurazepam	DALMANE
	Temazepam Cap 15mg & 30mg	RESTORIL
	Triazolam	HALCION
	Zolpidem	AMBIEN
<b>PRIOR AUTHORIZATION REQUIRED</b>		
	Estazolam (PA)	PROSOM
	Zaleplon (PA)	SONATA

Generic Available	Generic Name	Common Brand Name
<b>8.6 ADHD Agents (Age ≥6 through ≤ 18)</b>		
	Amphetamine, Mixed Salts, Extended Release	ADDERALL, XR
	Atomoxetine (Limited to #1 cap, for monotherapy only)	STRATTERA
	Dextroamphetamine	DEXEDRINE
	Guanfacine	TENEX
	Methylphenidate	RITALIN, SR
	Methylphenidate ER	METADATE CD

**PRIOR AUTHORIZATION REQUIRED**

Guanfacine SR (PA)	INTUNIV
Clonidine SR (PA)	KAPVAY

**8.7 Smoking Cessation Agents**

Bupropion SR	ZYBAN
--------------	-------

**PRIOR AUTHORIZATION REQUIRED**

Nicotine Inhaler (PA)	NICOTROL Inhaler
Nicotine Polacrilex (PA)	NICORETTE Gum – OTC
Nicotine Transdermal (PA)	NICODERM CQ, NICOTROL (15mg) - OTC
Varenicline (PA)	CHANTIX

**8.8 Other CNS Agents**

Disulfiram Tab	ANTABUSE
----------------	----------

**Chapter 9 CONTRACEPTIVES & SEX HORMONES****9.1 Contraceptives (Limited to female; age 12 to 45)****9.1.1 Mono-Phasic Oral Contraceptives**

Desogestrel & Ethinyl Estradiol Tab 0.15mg-30mcg	DESOGEN-28, ORTHO-CEPT
Desogest-Eth Estrad & Eth Estrad Tab 0.15-.02/.01mg	MIRCETTE (21/5)
Drospirenone-Ethinyl Estradiol Tab 3-0.03mg	YASMIN
Norethindrone & Ethinyl Estradiol Tab 0.5mg-35mcg	MODICON

Generic Available	Generic Name	Common Brand Name
	Norethindrone Ace & Ethinyl Estradiol Tab 1mg-20mcg	LOESTRIN 1/20-21
	Norethindrone Ace & Ethinyl Estradiol Tab 1.5mg-30mcg	LOESTRIN 1.5/30-21
	Norgestimate & Ethinyl Estradiol Tab 0.25mg-35mcg	ORTHO-CYCLEN
	Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1mg-20mcg	LOESTRIN FE 1/20
	Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5mg-30mcg	LOESTRIN FE 1.5/30

### 9.1.2 Bi-Phasic Oral Contraceptives (PA)

### 9.1.3 Tri-Phasic Oral Contraceptives (PA)

Norethindrone/Ethinyl Estradiol	ESTROSTEP, ORTHO-NOVUM 7/7/7
Norgestimate/Esthinyl Estradiol	ORTHO TRI-CYCLEN

### 9.1.4 Progestin Oral Contraceptives (PA)

Norethindone	MICRONOR, NOR-QD
--------------	------------------

## 9.2 Androgens (Limited to male)

### PRIOR AUTHORIZATION REQUIRED

Testosterone Cypionate Injection (PA)	
Testosterone gel (PA)	ANDROGEL, TESTIM

## 9.3 Estrogens

(60 day supply available. Limited to for age <65)

Estradiol	ESTRACE
Estradiol Transdermal	ESTRADERM, CLIMARA, VIVELLE
Estrogens, Esterified	ESTRATAB
Estrogens, Conjugated	PREMARIN

Generic Available	Generic Name	Common Brand Name
<b>9.3.1 Estrogen/Progesterone Combination</b>		
<b>(All estrogen/progesterone combination are Limited to female; 60 day supply available. Limited to for age &lt;65)</b>		
	Estrogen, Conjugated, Medroxyprogesterone	PREMPRO, PREMPRO LOW-DOSE, PREMPHASE COMBIPATCH
	Estradiol/Norethindrone Transdermal (Limited to #8/mo)	
	Ethinyl Estradiol/ Norethindrone (60 day supply available)	FEMHRT

<b>9.4 Progestins</b>		
<b>(All Progestins are Limited to female; 60 day supply available)</b>		
	Medroxyprogesterone	PROVERA, CYCRIN
	Norethindrone Acetate	AYGESTIN

<b>9.5 Endometriosis Agents</b>		
	Danazol	DANOCRINE
	Nafarelin	SYNAREL

<b>9.6 Uterine Stimulants</b>		
	Methylegonovine	METHERGINE

## **Chapter 10 DERMATOLOGICALS & MUCOUS MEMBRANE AGENTS**

<b>10.1 Acne Medications</b>		
	Benzoyl Peroxide, Gel	BENZOYL PEROXIDE
	Clindamycin 1% Topical Gel, Solution (Limited to 60gm/mo)	CLEOCIN-T
	Erythromycin Topical Gel, Soln (Limited to 60gm/mo)	ERYGEL, ERYCETTE
	Tretinoin Cream & Gel (Limited to age 12 to 30, max 20gm/mo; Microgel is not covered)	RETIN A

### **PRIOR AUTHORIZATION REQUIRED**

Sulfacetamide Sodium/Sulfur Lotion, Emulsion (PA)	CERISA WASH, AVAR
--	-------------------

Generic Available	Generic Name	Common Brand Name
<b>10.2 Topical Anti-Infectives</b>		
	Bacitracin, Zinc Ointment	BACITRACIN – OTC
	Bacitracin/Polymyxin B Oint	POLYSPORIN
	Gentamicin Cream, Oint	GARAMYCIN
	Mupirocin Oint (Limited to 22 gm/mo)	BACTROBAN
	Neomycin/Bacitracin/ Polymyxin Oint	NEOSPORIN - OTC
	Silver Sulfadiazine	SILVADENE
	Metronidazole 0.75% Cream, Gel (Limited to 45gm/mo)	METROCREAM 0.75%, METROGEL 0.75%
<b>PRIOR AUTHORIZATION REQUIRED</b>		
	Metronidazole Gel 1% (PA)	METROGEL 1%
<b>10.3 Topical Antifungals</b>		
	Clotrimazole Cream, Soln	MYCELEX – OTC
	Miconazole Cream	MONISTAT – OTC
	Nystatin Cream, Oint, Powder	MYCOSTATIN, NYSTAT-RX, NYAMYC
	Tolnaftate Cream	TINACTIN - OTC
	Ketoconazole 1%, 2% Shampoo (Limited to 120mL/mo)	NIZORAL A-D, NIZORAL
<b>PRIOR AUTHORIZATION/STEP THERAPY REQUIRED</b>		
	Ciclopirox (PA)	LOPROX
	Clotrimazole/Betamethasone (PA)	LOTRISONE
	Ketoconazole 2% Cream (ST) (ST for Miconazole & Clotrimazole Cream; Limited to 60gm/mo)	NIZORAL
<b>10.4 Topical Corticosteroids</b>		
<b>GROUP IV (LOW POTENCY)</b>		
	Acemetasone Dipropionate 0.05% Cream, Oint (Limited to 60gm/mo)	ACLOVATE
	Desonide Cream, Oint	TRIDESILON
	Hydrocortisone Cream, Oint, Lotion	HYTONE
<b>PRIOR AUTHORIZATION REQUIRED</b>		
	Desonide Lotion 0.05% (PA)	DESOWEN
	Lidocaine-Hydrocortisone Acetate 3-0.5% Cream, Lotion (PA)	LIDAMANTLE

Generic Available	Generic Name	Common Brand Name
<b>GROUP III (MEDIUM POTENCY)</b>		
	Fluocinolone	SYNALAR
	Fluocinolone Acetonide Oil (age <6, QL #118ml/month)	DERMA-SMOOTH OIL / FS BODY, DERMA-SMOOTH OIL/FS SCALP
	Hydrocortisone Valerate Cream, Oint 0.2%	WESTCORT
	Mometasone Furoate Cream, Oint	ELOCON
	Triamcinolone Acetonide Cream, Oint	KENALOG
<b>PRIOR AUTHORIZATION REQUIRED</b>		
	Prednicarbate (PA)	DERMATOP
	Pramoxine-HC Aerosol Foam (PA)	EPIFOAM AER 1%
	Triamcinolone Acetonide Aerosol Soln (PA)	KENALOG AER SPRAY
	Triamcinolone Acetonide Lotion 0.025%, 0.1% (PA)	ARISTOCORT, KENALOG
<b>GROUP II (HIGH POTENCY)</b>		
	Fluocinonide	LIDEX
	Betamethasone Dipropionate 0.05% Cream, Lotion	DIPROSONE
	Betamethasone Valerate 0.1% Cream, Oint	VALISONE
<b>PRIOR AUTHORIZATION REQUIRED</b>		
	Halcinonide (PA)	HALOG, HALOG-E
	Desoximetasone 0.05%, 0.25% Cream, 0.05% Gel, 0.25% Oint (PA)	TOPICORT
<b>GROUP 1 (VERY HIGH POTENCY)</b>		
	Augmented Betamethasone Dipropionate	DIPROLENE
	Clobetasol Propionate 0.05% Cream, Oint, Soln	TEMOVATE
<b>PRIOR AUTHORIZATION REQUIRED</b>		
	Diflorasone Diacetate (PA)	FLORONE, FLORONE E, PSORCON
	Halobetasol (PA)	ULTRAVATE

Generic Name/Common Brand Name

PA = Prior Authorization Required

ST = Step Therapy Restriction applied

Generic Available	Generic Name	Common Brand Name
<b>10.5 Topical Corticosteroids in Combinations</b>		
	Hydrocortisone Pramoxine	EPIFOAM
<b>10.6 Scabicides/Pediculocides</b>		
	Permethrin	NIX – OTC
	Permethrin	ELIMITE
	Permethrin Combinations	RID, A-200 - OTC
	Benzyl Alcohol Lotion	ULESFIA
<b>PRIOR AUTHORIZATION/STEP THERAPY REQUIRED</b>		
	Spinosad Suspension (PA)	NATROBA
	Malathion (ST) (ST for failure of OTC Nix or Rid)	OVIDE
<b>10.7 Anorectal</b>		
	Hydrocortisone Rectal Crm	PROCTOCREAM HC 2.5%
	Hydrocortisone Acetate	ANUSOL HC Supp
<b>10.8 Anti-Psoriatics</b>		
	Anthralin	DITHROCREME
<b>PRIOR AUTHORIZATION REQUIRED</b>		
	Calcipotriene (PA)	DOVONEX
	Tazarotene Topical Gel (PA)	TAZORAC
<b>10.9 Misc. Topicals</b>		
	Calamine Lotion	CALAMINE – OTC
	Selenium Sulfide	SELSUN Shampoo- RX
<b>PRIOR AUTHORIZATION REQUIRED</b>		
	Imiquimod (PA)	ALDARA
	Fluorouracil Topical (PA)	EFUDEX 5%
	Pimecrolimus Ointment (PA)	ELIDEL
	Tacrolimus Ointment (PA)	PROTOPIC
<b>10.10 Mucous Membrane Agents</b>		
	Clotrimazole Troche	MYCELEX
	Lidocaine Viscous	XYLOCAINE
	Nystatin Susp	MYCOSTATIN



Generic Available	Generic Name	Common Brand Name
<b>Chapter 11 ENDOCRINE AGENTS</b>		
<b>11.1 Systemic Corticosteroids</b>		
<b>11.1.1 Glucocorticoids</b>		
	Hydrocortisone	CORTEF
	Dexamethasone	DECADRON
	Methylprednisolone	MEDROL
	Prednisolone Tab 5mg, Syrup, Powder	PRELONE
	Prednisone Tab, Sol (Tablet: 60 day supply available)	ORASONE
<b>11.1.2 Mineralocorticoids</b>		
	Fludrocortisone Tab	FLORINEF
<b>11.2 Osteoporosis Agents</b>		
	Alendronate 5mg, 10mg, 35mg, 70mg (Limited to age $\geq$ 50; Limited to #1/day for 5mg and 10mg; and #4/month for 70mg)	FOSAMAX
	Calcitonin Salmon (Limited to age $\geq$ 50; 1 bottle/mo)	MIACALCIN Nasal Spray
<b>PRIOR AUTHORIZATION REQUIRED</b>		
	Ibandronate (PA)	BONIVA
	Raloxifene (PA)	EVISTA
	Risedronate (PA)	ACTONEL
<b>11.3 Thyroid Agents</b>		
<b>11.3.1 Antithyroid Agents</b>		
	Methimazole (60 day supply available)	TAPAZOLE
	Propylthiouracil (60 day supply available)	PTU
<b>11.3.2 Thyroid Hormones</b>		
	Levothyroxine (60 day supply available)	LEVOXYL, SYNTHROID
	Thyroid Dessicated (Limited to age <65; 60 day supply available)	ARMOUR THYROID
<b>11.4 Other Endocrine Agents</b>		
	Bromocriptine (5mg Cap: Limited to #6/day)	PARLODEL
	Desmopressin	DDAVP
	Ergocalciferol	CALCIFEROL

Generic Name/Common Brand Name

PA = Prior Authorization Required

ST = Step Therapy Restriction applied

Generic Available	Generic Name	Common Brand Name
-------------------	--------------	-------------------

## 11.5 Growth Hormone

### PRIOR AUTHORIZATION REQUIRED

Somatropin (PA) (Rx Limited to CVS/Caremark Specialty Pharmacy)	TEV-TROPIN
--	------------

## Chapter 12 GASTROINTESTINAL AGENTS

### 12.1 Helicobacter Pylori Agents

Bismuth Subsalicylate/ Metronidazole/TCN (Limited to 1 fill/lifetime)	HELIDAC
---	---------

### 12.2 Histamine-2 Antagonists

Cimetidine Tab, Syrup (Syrup Limited to age <12, max 300mL/mo)	TAGAMET
Famotidine	PEPCID AC - OTC
Ranitidine Tab, Syrup (Tab: Limited of #2/day, Syrup: Limited to age ≤10 and 600mL/mo)	ZANTAC

### 12.3 Proton Pump Inhibitors (Limited to 6 months use per year)

Lansoprazole Cap Delayed Release 15mg, 30mg (Limited to #2/day)	PREVACID 24 HR- OTC
Lansoprazole Cap 30mg (Limited to #1/day)	PREVACID
Omeprazole Cap 10mg & 20mg Pantoprazole (Limited to #1/day)	PRILOSEC PROTONIX

### 12.4 Antacids

#### (Limited to 4 fills/year)

Alum/Mag Hydroxide	MAALOX, MAALOX TC – OTC*
Alum/Mag Hydroxide /Simethicone	MYLANTA, MYLANTA II – OTC*
Calcium Carbonate Tab, Chewable Tab	TUMS, ROLAIDS – OTC*

Generic Available	Generic Name	Common Brand Name
<b>12.5 Miscellaneous Agents</b>		
	Simethicone (Limited to 4 fills/year)	MYLICON – OTC*
	Sucralfate	CARAFATE
<b>STEP THERAPY REQUIRED</b>		
	Misoprostol (ST) (ST for concurrent use with an NSAIDs and age > 55, Limited to #4/day)	CYTOTEC
<b>12.6 Antiemetics</b>		
	Meclizine Tab & Chewable Tab (Limited to age <65 and #2/day)	ANTIVERT
	Ondansetron Tab, ODT (Limited to #9/21 day)	ZOFRAN
	Prochlorperazine (5mg Tab: Limited to #4/day; 10mg Tab: Limited to #2/day; Supp: Limited to 12/fill)	COMPAZINE
	Promethazine (Limited to age ≥3 and <65; Supp: QL 12/fill, 2 fills/mo)	PHENERGAN
	Trimethobenzamide (Limited to age <65; Limited to #2/day)	TIGAN
<b>12.7 Gastrointestinal Anticholinergic/Antispasmodics</b>		
	Belladonna Alkaloids/Phenobarbital (Limited to age <65; Tab: Limited to #8/day; Elixir: Limited to 12mL/day)	DONNATAL
	CDZ/Clindinium (Limited to age <65, Limited to #8/day)	LIBRAX
	Dicyclomine (Limited to age <65; 10mg Cap: Limited to #16/day; 20mg Tab: Limited to #8/day; Soln: Limited to 40mL/day)	BENTYL
	L-Hyoscyamine Sulfate Tab, SL, SR, and Soln (Limited to age <65; SR: Limited to #4/day)	LEVSIN, LEVSINEX
	Metoclopramide (10mg Tab: Limited to #4/day; Soln: Limited to age ≤12)	REGLAN
	Probanthelene (Limited to age <65)	PRO-BANTHINE

Generic Available	Generic Name	Common Brand Name
-------------------	--------------	-------------------

**12.8 Inflammatory Bowel Agents**

Balsalazide Disodium Cap (Formulary for age $\geq$ 21. Max #9/day)	COLAZAL
Sulfasalazine (Delayed Release: Limited to #4/day)	AZULFIDINE

**PRIOR AUTHORIZATION REQUIRED**

Mesalamine Cap (PA)	PENTASA
---------------------	---------

**12.9 Laxatives****(Limited to 4 fills/year)**

Bisacodyl	DULCOLAX – OTC*
Docusate Sodium	COLACE – OTC*
Polyethylene Glycol 3350 Powder (can) (Limited to 527gm/30 days, no fill limit)	MIRALAX
Lactulose	CONSTULOSE, ENULOSE
Senna	SENNA – OTC*
Sennosides/Docusate	SENOKOT S – OTC*

**12.10 Antidiarrheals****(Limited to 4 fills/year)**

Attapulgite	KAOPLECTATE – OTC*
Bismuth Subsalicylate	PEPTO BISMOL – OTC*
Diphenoxylate/Atropine	LOMOTIL
Loperamide	IMMODIUM – OTC*

**12.11 Digestive Enzymes****PRIOR AUTHORIZATION REQUIRED**

Amylase/Lipase/Protease (PA)	ACREASE, VIOKASE, COTAZYME, CREON, PANCREAZE, ZENPEP
------------------------------	--

**12.12 GI Preparations****(Limited to 4 fills/year)**

Barium Enema Prep Kit PEG Solution	FLEET PREP KIT COLYTE, Flavored
---------------------------------------	------------------------------------

Generic Available	Generic Name	Common Brand Name
<b>Chapter 13 GENITOUININARY AGENTS</b>		
<b>13.1 Vaginal Anti-Infectives</b>		
<b>(Limited to female)</b>		
	Butoconazole	FEMSTAT 3 – OTC*
	Clindamycin	CLEOCIN VAG Cream
	Clotrimazole	GYNE-LOTRIMIN – OTC*
	Fluconazole 150mg	DIFLUCAN
	(Limited to #1/mo)	
	Metronidazole Vag Cream	METROGEL VAGINAL
	Miconazole Cream, Supp	MONISTAT 3, 7 – OTC*
	Nystatin Vaginal Tab	MYCOSTATIN
	Triple Sulfa Vag Cream	GYNE SULF – OTC*

**13.2 Anticholinergics**

Oxybutynin	DITROPAN
(Tab: Limited to #4/day; Syrup: Limited to age ≤12)	

**PRIOR AUTHORIZATION REQUIRED**

Tolterodine LA (PA)	DETROL LA
---------------------	-----------

**13.3 Cholinergic Drugs**

Bethanechol	URECHOLINE
(Limited to #4/day)	

**13.4 Urinary Analgesics**

Phenazopyridine 100mg & 200mg	PYRIDIDIUM
(Limited to #12/mo)	

**13.5 Vaginal Estrogens****(Limited to female)**

Conjugated Estrogen	PREMARIN
Vaginal Cream	
Estradiol Vaginal Cream	VAGIFEM

**13.6 Peripheral Antiadrenergic Agents****(Limited to male)**

Doxazosin	CARDURA
Terazosin Cap	HYTRIN

**13.7 Prostatic Hypertrophy Agents****(Limited to male age ≥ 50)**

Finasteride 5mg tablet	PROSCAR
(Limited to #1/day)	
Tamsulosin	FLOMAX
(Limited to #1/day)	

**PRIOR AUTHORIZATION REQUIRED**

Alfuzosin (PA)	UROXATRAL
----------------	-----------

Generic Name/Common Brand Name

PA = Prior Authorization Required

ST = Step Therapy Restriction applied

Generic Available	Generic Name	Common Brand Name
-------------------	--------------	-------------------

**Chapter 14 HEMATOLOGICAL AGENTS****14.1 Hematopoietic Agents****14.1.1 Erythropoiesis-Stimulating Agents****PRIOR AUTHORIZATION REQUIRED**

Epoetin Alfa, Recombinant (PA) (Rx Limited to CVS/Caremark Specialty Pharmacy)	PROCRIT
---	---------

**14.2 Anticoagulants**

Warfarin Sodium (60 day supply available)	COUMADIN
--	----------

**PRIOR AUTHORIZATION REQUIRED**

Enoxaparin (PA) (Limited to max of 14/7 day at retail; limit 2 fills per year, PA required for >7 day supply or more than 2 fills per year)	LOVENOX
---	---------

**14.3 Antiplatelets**

Aspirin (60 day supply available)	ASPIRIN – OTC*
Clopidogrel	PLAVIX
Dipyridamole (Limited to age <65; 60 day supply available)	PERSANTINE

**14.4 Hemorrhologic Agents**

Pentoxifylline (60 day supply available)	TRENTAL
---	---------

**Chapter 15 NASAL AGENTS****15.1 Nasal Corticosteroids****(All nasal corticosteroids are Limited to 4 fills per year.****Members with Asthma are excluded from the 4 fill limit.)**

Flunisolide (Fills >4 per year Limited to those with Asthma; Limited to 25gm/mo)	NASAREL, NASALIDE
Fluticasone (Fills >4 per year Limited to those with Asthma; Limited to 16gm/mo)	FLONASE

**PRIOR AUTHORIZATION REQUIRED**

Mometasone (PA) (Limited to age ≤4. Fills >4 per year Limited to those with Asthma; Limited to 17gm/mo)	NASONEX
---	---------

Generic Available	Generic Name	Common Brand Name
<b>15.2 Miscellaneous Nasal Products</b>		
	Cromolyn	NASALCROM – OTC*
<b>Chapter 16 NEURO-MUSCULAR AGENTS</b>		
<b>16.1 Anticonvulsants</b>		
	Carbamazepine, SR (SR: Limited to #2/day; 60 day supply available)	TEGRETOL, XR
	Clonazepam (Limited to #4/day)	KLONOPIN
	Divalproex Sodium (Sprinkle: Limited to #8/day; 250mg ER #4/day; 500mg ER #8/day; 60 day supply available)	DEPAKOTE, ER
	Ethosuximide (60 day supply available)	ZARONTIN
	Gabapentin (Limited to #6/day; 800mg Tab: #4/day)	NEURONTIN
	Phenobarbital (Tab: Limited to age <65; Limited to #3/day, 100mg Tab #4/day; Soln: Age ≤12)	PHENOBARBITAL
	Phenytoin (Limited to #6/day; 60 day supply available)	DILANTIN
	Primidone (60 day supply available)	MYSOLINE
	Lamotrigine 25mg, 100mg, 150mg, 200mg (Limited to Neurologist or Psychiatrist; PA for other prescribers; 25mg, 100mg, 150mg max #2/day, 200mg max #3/day)	LAMICTAL
	Levetiracetam 250mg, 500mg, 750mg & 1000mg (250mg & 500mg, max #2/day, 750mg max #4/day, 1000mg max #3/day)	KEPPRA
	Oxcarbazepine 150mg, 300mg & 600mg (Limited to Neurologist or Psychiatrist; PA for other prescribers; 150mg & 300mg max #2/day, 600mg max #3/day)	TRILEPTAL
	Zonisamide 25mg, 50mg & 100mg (Limited to Neurologist or Psychiatrist; PA for other prescribers; 25mg & 50mg max #3/day, 100mg max #6/day)	ZONEGRAN
	Valproic Acid (60 day supply available)	DEPAKENE

Generic Name/Common Brand Name

PA = Prior Authorization Required

ST = Step Therapy Restriction applied

Generic Available	Generic Name	Common Brand Name
<b>PRIOR AUTHORIZATION REQUIRED</b>		
	Carbamazepine Cap SR (PA)	CARBATROL
	Diazepam Rectal Gel Delivery System (PA)	DIASTAT
	Tiagabine (PA)	GABITRIL
	Topiramate (PA)	TOPAMAX
	Valproic Acid Delayed Release (PA)	STAVZOR

**16.2 Antiparkinson Agents**

(Limited to #3/day)

Biperiden HCl	AKINETON
Bromocriptine	PARODEL
Carbidopa/Levodopa, CR (60 day supply available)	SINEMET, CR
Carbidopa/Levodopa/ Entacapone (Limited to #8/day; 50-200-200mg Tab #6/day)	STALEVO

**PRIOR AUTHORIZATION REQUIRED**

Entacapone (PA)	COMTAN
Pramipexole (PA)	MIRAPEX
Ropinirole (PA)	REQUIP

**16.3 Skeletal Muscle Relaxants**

Baclofen (Limited to #4/day)	LIORESAL
Carisoprodol Tab 350mg (Limited to age <65; Limited to #4/day)	SOMA
Cyclobenzaprine Tab 10mg (Limited to age <65; Limited to #3/day)	FLEXERIL
Methocarbamol (Limited to age <65; Limited to #4/day)	ROBAXIN

**PRIOR AUTHORIZATION REQUIRED**

Orphenadrine Citrate (PA)	NORFLEX
Orphenadrine/ASA/Caffeine (PA)	NORGESIC, FORTE



Generic Available	Generic Name	Common Brand Name
-------------------	--------------	-------------------

## 16.4 Viscosupplements

### PRIOR AUTHORIZATION REQUIRED

Sodium Hyaluronate Intra-Articular (PA) (Rx Limited to CVS/Caremark Specialty Pharmacy)	SUPARTZ
---	---------

## 16.5 Others

Pyridostigmine	MESTINON
----------------	----------

## 16.6 Multiple Sclerosis Agents – Interferons

### PRIOR AUTHORIZATION REQUIRED

Glatiramer Acetate Inj Kit (PA) (Rx Limited to CVS/Caremark Specialty Pharmacy)	COPAXONE
Interferon Beta-1B IM Inj Kit (PA) (Rx Limited to CVS/Caremark Specialty Pharmacy)	EXTAVIA
Interferon Beta-1A IM Inj Kit (PA) (Rx Limited to CVS/Caremark Specialty Pharmacy)	AVONEX

## Chapter 17 NUTRITIONAL PRODUCTS

### 17.1 Vitamins

Calcitriol	ROCALTROL
Folic Acid 1mg (Limited to #2/day)	FOLVITE
Folic Acid/B-12/Iron (Limited to female, age 12 to 50; 60 day supply available)	NIFEREX-150 FORTE
Multi-Vitamin & Fluoride, FE Tab & Drops (Limited to children age ≤5; 60 day supply available)	POLY-VI-FLOR, FE, TRI-VI-FLOR, FE
Vitamin A	AQUASOL A
Vitamin K	MEPHYTON

### 17.2 Prenatal Vitamins

**(Limited to females, age 12 to 50; #1/day, 60 day supply available)**

Prenatal Vitamin FE	PRENAVITE, PRENATAL-S, NIFEREX ON, PN FORTE
---------------------	--

Generic Available	Generic Name	Common Brand Name
<b>17.3 Potassium Supplement</b>		
	Potassium Chloride Tab, Cap, Liquid (15mEq: Limited to #5/day; 60 day supply available)	K-DUR, K-TABS, KLOTRIX, KLOR-CON

**17.4 Others**

Calcium Acetate (Limited to #12/day)	PHOSLO
Calcium Carbonate	OS-CAL, TUMS – OTC*
Ferrous Gluconate	FERGON – OTC*
Ferrous Sulfate Tab, Soln, Drops (Drops: Limited to age ≤5)	FEOSOL
Levocarnitine	CARNITOR
Magnesium Chloride	SLOW MAG
Magnesium Oxide	MAG OXIDE
Pediatric Electrolyte Soln	PEDIALYTE – OTC*
Sodium Fluoride Tab & Drops (60 day supply available)	LURIDE

**STEP THERAPY REQUIRED**

Sevelamer (ST) (ST for failure or intolerant to Phos-Lo)	REVELA, RENAGEL
---	-----------------

**Chapter 18 OPHTHALMIC AGENTS****18.1 Anti-Infectives****18.1.1 Antibiotics and Combinations**

Bacitracin	AK-TRACIN
Chloramphenicol	CHLOROPTIC
Erythromycin Ophth Oint	ILOTYCIN
Gentamicin (Limited to 5mL/mo)	GENOPTIC
Neomycin/Polymyxin B/ Gramicidin	NEOSPORIN
Ofloxacin (Limited to 5mL/mo)	OCUFLOX
Polymycin/TMP (Limited to 10mL/mo)	POLYTRIM
Sulfacetamide (Limited to 15mL/mo)	BLEPH-10, SODIUM SULAMYD
Tobramycin (Limited to 5mL/mo)	TOBREX

**PRIOR AUTHORIZATION REQUIRED**

Gatifloxacin (PA)	ZYMAR
Moxifloxacin (PA)	VIGAMOX

Generic Available	Generic Name	Common Brand Name
<b>18.1.2 Antibiotics-Corticosteroid Combinations</b>		
	Hydrocortisone/Neomycin Polymyxin B	CORTISPORIN
	Prednisolone 1%/Gentamicin	PRED-G
	Prednisolone 0.5%/Neomycin/Polymyxin B	POLYPRED
	Prednisolone 0.6%/Tobramycin/Dexamethasone (Limited to 5mL/mo)	TOBRADEX
	Sulfacetamide/Prednisolone	BLEPHAMIDE
<b>18.1.3 Antifungals</b>		
	Natamycin 5%	NATACYN
<b>18.1.4 Antivirals</b>		
	Trifluridine	VIROPTIC
<b>18.2 Anti-Inflammatory Agents</b>		
<b>18.2.1 Corticosteroids</b>		
	Dexamethasone 0.1%	DECADRON, AK-DEX
	Fluorometholone 0.1%	FML, FML FORTE
	Prednisolone 0.12%, 1%	PRED MILD, PRED FORTE
<b>18.2.2 NSAIDs</b>		
	Diclofenac 0.1%	VOLTAREN
	Flurbiprofen	OCUFEN
	Ketorolac	ACULAR, LS
<b>18.3 Anti-Allergic Agents</b>		
<b>18.3.1 Others</b>		
	Ketotifen	ZADITOR – OTC*
<b>STEP THERAPY REQUIRED</b>		
	Olapatadine HCl Opth Soln (ST)	PATANOL
	(ST for Zaditor/Alaway and age ≤18; Limited to 5mL/30 day)	
<b>18.4 Dilating Agents</b>		
<b>18.4.1 Anticholinergics</b>		
	Atropine	ISOPTO ATROPINE
	Cyclopentolate	CYCLOGYL
	Homatropine	ISOPTO HOMATROPINE
	Scopolamine	ISOPTO HYOSCINE
	Tropicamide	MYDRIACIL

Generic Available	Generic Name	Common Brand Name
<b>18.5 Glaucoma Agents</b>		
<b>18.5.1 Alpha-2 Adrenergic Agonists</b>		
	Brimonidine 0.1%, 0.2%	ALPHAGAN
	Brimonidine/Timolol	COMBIGAN
<b>18.5.2 Symathomimetics</b>		
	Dipivefrin	PROPINE
	Epinephrine HCl	EPIFRIN
<b>18.5.3 Beta-Adrenergic Antagonists</b>		
	Levobunolol	BETAGAN
	Timolol Maleate 0.25% & 0.5% Soln, XE Gel	TIMOPTIC, TIMOPTIC XE, TIMOPTIC OCUDOSE
<b>PRIOR AUTHORIZATION REQUIRED</b>		
	Betaxolol 0.25% & 0.5% (PA)	BETOPTIC S, BETOPIC
<b>18.5.4 Miotics, Direct Acting</b>		
	Pilocarpine HCl	PILOCAR
<b>18.5.5 Carbonic Anhydrase Inhibitors</b>		
	Dorzolamide HCl 1%	TRUSOPT
<b>18.5.6 Prostaglandin Agonists</b>		
	Latanoprost Ophth Soln	XALATAN
	(Limited to 2.5ml/30 days, 5ml/60 days; Limited to age > 21)	
<b>PRIOR AUTHORIZATION REQUIRED</b>		
	Bimatoprost Ophth Soln (PA)	LUMIGAN
	Travoprost Ophth Soln (PA)	TRAVATAN Z
<b>Chapter 19 OTIC PREPARATION</b>		
<b>19.1 Otic Anti-infectives and Combinations</b>		
	Hydrocortisone/Neomycin/ Polymyxin B Otic	CORTISPORIN
	Ofloxacin Otic (Limited to 7mL/mo)	FLOXIN
<b>PRIOR AUTHORIZATION REQUIRED</b>		
	Ciprofloxacin/Dexamethasone (PA)	CIPRODEX

Generic Available	Generic Name	Common Brand Name
<b>19.2 Miscellaneous Otic Products</b>		
	Acetic Acid	VOSOL
	Benzocaine/Antipyrine	AURALGAN
	Carbamide Peroxide	DEBROX – OTC*
	Triethanolamine/ Chlorobutanol	CERUMENEX
<b>PRIOR AUTHORIZATION REQUIRED</b>		
	Hydrocortisone/Acetic Acid (PA)	VOSOL HC

**Chapter 20 RESPIRATORY AGENTS****20.1 Cough/Cold Products**

- All Cough/cold products requires a prior authorization for age <4 and are limited to 4 fills per year.
- All Promethazine products are limited to age ≥ 6 to <65

**20.1.1 Cough/Cold Combinations**

Brompheniramine/Decongestant Tab, Elixir	DIMETAPP– OTC*
Brompheniramine/ Pseudoephedrine Tab, Syrup	BROMDEC
Chlorpheniramine/Decongestant Cap	CONTACT 12 Hr – OTC*
Pyril/Phenyltolox/Pheniramine	POLY-HISTINE
Tripolidine/Pseudoephedrine Tab, Syrup	ACTIFED – OTC*

**20.1.3 Decongestants**

Pseudoephedrine Tab, Syrup (Limited to age ≥2)	SUDAFED – OTC*
---	----------------

**20.1.4 Antitussives & Expectorants**

Benzonatate (Limited to #60/10 day)	TESSALON PERLES
Codeine/Promethazine	PHENERGAN/CODEINE
Codeine/Promethazine/ Phenylephrine	PHENERGAN VC/CODEINE
Dextromethorphan/ Hydrocodone/Phenyl/CTM	HISTUSSIN HC, HISTINEX HC
Guaifenesin/Codeine	TUSSI-ORGANIDIN NR, ROBITUSSIN AC

Generic Available	Generic Name	Common Brand Name
<b>20.2 Beta Adrenergic Agonist</b>		
<b>20.2.1 Inhalers</b>		
	Albuterol	PROAIR HFA, VENTOLIN
	Metaproterenol	ALUPENT
	Pirbuterol	MAXAIR AUTOHALER
<b>20.2.2 Solutions</b>		
	Albuterol 0.083% nebulized solution (Limited to #300/30days)	PROVENTIL
<b>20.2.3 Oral Tablets</b>		
	Albuterol	PROVENTIL
	Albuterol Extended Release	VOLMAX
	Terbutaline	BRETHINE

**20.3 Long-Acting Beta Agonist****PRIOR AUTHORIZATION REQUIRED**

Formoterol Fumarate (PA)	FORADIL
Salmeterol (PA)	SEREVENT, DISKUS

**20.4 Xanthine Derivatives**

Theophylline	UNIPHYL
Theophylline 8-12 Hr SR	SLO-BID GYROCAPS
Theophylline 8-24 Hr SR (400mg Tab: Limited to #2/day)	THEO-DUR

**20.5 Corticosteroids Inhalation**

Beclomethasone	QVAR
Budesonide	PULMICORT FLEXHALER
Budesonide Inh Soln (Limited to age ≤6; Limited to 60 vials/mo)	PULMICORT RESPULES
Mometasone Furoate	ASMANEX

Generic Available	Generic Name	Common Brand Name
<b>20.6 Corticosteroids/ Long-Acting Beta Agonist Combinations</b>		
	Fluticasone/Salmeterol (Limited to age <12; Limited to #1/mo)	ADVAIR DISKUS 100/50

**STEP THERAPY REQUIRED**

Mometasone Furoate/Formoterol Fumarate (ST) (ST for inhaled corticosteroid (ICS) in last 90 days; Limited to 13gm/mo)	DULERA
Budesonide/Formoterol (ST) (ST for inhaled corticosteroid (ICS) in last 90 days)	SYMBICORT

**20.7 Leukotriene Inhibitors**

Montelukast 4mg chew, 5mg chew, 10mg tab	SINGULAIR
---	-----------

**PRIOR AUTHORIZATION REQUIRED**

Zafirlukast (PA)	ACCOLATE
------------------	----------

**20.8 Anticholinergics**

Ipratropium Inhaler & Neb Soln	ATROVENT
Acidinium	TUDORZA

**20.8.1 Anticholinergic/Beta Agonist combination**

Ipratropium/Albuterol Aerosol (Limited to age ≥12; Limited to 4gm, 1 box/month)	COMBIVENT RESPIMAT
--	--------------------

**20.9 Mast Cell Stabilizers**

Cromolyn Neb Soln	INTAL
Nedocromil Sodium Inhaler	TILADE

**20.10 Respiratory Devices**

Inhaler Enhancement Device (Limited to 1 space device/yr)	AEROCHAMBER, E-Z SPACER, MICROCHAMBER, OPTICHAMBER, INSPIREASE EASIVENT
--	--

**Spacers consistently increase the delivery of inhaled medications in all age groups, regardless of technique, and are strongly recommended.**

Generic Available	Generic Name	Common Brand Name
<b>Chapter 21 MISCELLANEOUS</b>		
	Condoms	CONDOMS – Various OTC*
	Diaphragm	DIAPHRAGM - Various
	Epinephrine Inj Device (Epipen/Epipen JR Limited to 2/mo)	EPIPEN, EPIPEN JR, TWINJECT
	Spermicidal Jelly, Foam, Film	SPERMICIDAL – Various OTC*
<b>PRIOR AUTHORIZATION REQUIRED</b>		
	Epinephrine Inj (PA)	TWINJECT INJECTABLE



**CARVED –OUT DRUGS**

The Department of Health Services through the Medi-Cal Fee for Service Program has assumed financial responsibility for select psychiatric, HIV, and detoxification medications listed below. This list may not be inclusive. Pharmacies must bill these medications directly to Medi-Cal Fee for Service. Prior Authorization from the plan is not required.

<b>PSYCHIATRIC DRUGS (Listed by Generic Name) * list may not be inclusive</b>	
Amantadine HCl (SYMMETREL)	Olanzapine/Fluoxetine (SYMBYAX)
Aripiprazole (ABILIFY)	Olanzapine Pamoate Monohydrate (Zyprexa Relprevv)
Asenapine (SAPHRIS)	
Benzotropine Mesylate (COGENTIN)	Paliperidone (INVEGA)
Biperiden HCl (AKINETON)	Paliperidone Palmitate (Invega Sustenna)
Biperiden Lactate (AKINETON)	
Chlorpromazine HCl (THORAZINE)	Perphenazine (TRILAFON)
Chlorprothixene	Phenelzine Sulfate (NARDIL)
Clozapine (CLOZARIL)	Pimozide (ORAP)
Fluphenazine Decanoate	Procyclidine HCl (KEMADRIN)
(PROLIXIN)	Promazine HCl (SPARINE)
Fluphenazine Enanthate (PROLIXIN)	Quetiapine (SEROQUEL XR, SEROQUEL)
Fluphenazine HCl (PERMITIL, PROLIXIN)	
Haloperidol (HALDOL)	Risperidone, Risperidone Microspheres (RISPERDAL, RISPERDAL CONSTA)
Haloperidol Decanoate (HALDOL-D)	
Haloperidol Lactate (HALDOL)	Selegiline Transdermal (EMSAM)
Iloperidone (FANAPT)	Thioridazine HCl (MELLARIL)
Isocarboxazid (MARPLAN)	Thiothixene HCl (NAVANE)
Lithium Carbonate (LITHOBID, LITHONATE, ESKALITH )	Tranlycypromine Sulfate (VESPERIN)
Lithium Citrate (various generic)	Trifluoperazine HCl (STELAZINE)
Loxapine HCl (LOXITANE)	Triflupromazine HCl (VESPERIN)
Loxapine Succinate (LOXITANE)	Trihexyphenidyl HCl (ARTANE, TRIHXY-5)
Lurasidone HCl (LATUDA)	
Mesoridazine Mesylate (SERENTIL)	Ziprasidone, Ziprasidone Mesylate (GEODON, GEODON IM)
Molindone HCl (MOBAN)	
Olanzapine (ZYPREXA)	

<b>HIV DRUGS (Listed by Generic Name) *list may not be inclusive</b>	
Abacavir/Lamivudine/Zidovudine Combination (TRIZIVIR)	Etravirine (INTELENCE)
	Fosamprenavir Calcium (LEXIVA)
Abacavir Sulfate (ZIAGEN)	Indinavir Sulfate (CRIXIVAN)
Abacavir/Lamivudine (EPZICOM)	Lamivudine (EPIVIR)
Amprenavir (AGENERASE)	Lopinavir/Ritonavir (KALETRA)
Atazanavir (REYATAZ)	Maraviroc (SELZENTRY)
Darunavir Ethanolate (PREZISTA)	Nevirapine (VIRAMUNE)
Delavirdine Mesylate (RESCRIPTOR)	Nelfinavir Mesylate (VIRACEPT)
	Raltegravir Potassium (ISENTRESS)
Efavirenz (SUSTIVA)	Rilpivirine HCl (Edurant)
Efavirenz/Emtricitabine/ Tenofovir Disoproxil Fumarate (ATRIPLA)	Ritonavir (NORVIR)
	Saquinavir (INVIRASE, FORTOVASE)
Elvitegravir/Cobicistat/Emtricitabine/ Tenofovir Disoproxil Fumarate (STRIBILD)	Stavudine (ZERIT)
	Tenofovir Disoproxil-Emtricitabine (TRUVADA)
Emtricitabine (EMTRIVA)	
Emtricitabine/Rilpivirine/Tenofovir Disoproxil Fumarate (COMPLERA)	Tenofovir Disoproxil (VIREAD)
	Tipranavir (APTIVUS)
Enfuvirtide (FUZEON)	Zidovudine/Lamivudine (COMBIVIR)

<b>DETOXIFICATION AGENTS (Listed by Generic Name) * list may not be inclusive</b>	
Acamprosate Calcium (CAMPRAL)	Buprenorphine Transdermal Patch (BUTRANS)
Buprenorphine/Naloxone HCl (SUBOXONE)	
Buprenorphine HCl (SUBUTEX, BUPRENEX)	Naltrexone Microsphere Injectable Suspension (VIVITROL)
	Naltrexone (oral) (REVIA)

## INDEX

<b>A</b>			
A-200 - OTC	31	Amiodarone	22
ABREVA	17	Amitriptyline	24
Acarbose	12	Amlodipine	21
ACCOLATE	46	Amoxapine	24
ACCUPRIL	22	Amoxicillin	15
Acetaminophen	9	Amoxicillin/Clavulanate	
Acetaminophen/Codeine	9	Potassium	15
Acetazolamide	23	Amphetamine, Mixed Salts, Extended Release	26
Acetic Acid	44	Ampicillin	15
Acridinium	46	Amylase/Lipase/Protease	35
Aclometasone Dipropionate 0.05% Cream, Oint	29	ANAFRANIL	24
ACLOVATE	29	ANAPROX	10
ACREASE	35	ANAPROX DS – OTC*	10
ACTIFED – OTC*	14, 44	Anastrozole	19
ACTONEL	32	ANDROGEL	27
ACTOPLUS MET	12	ANSAID	10
ACTOS	12	ANTABUSE	26
ACULAR, LS	42	Anthralin	31
Acyclovir	17	ANTIVERT	34
ADALAT CC	21	ANUSOL HC Supp	31
Adalimumab	11	APAP/ASA/Caffeine	11
ADDERALL, XR	26	APIDRA	13
ADVAIR DISKUS 100/50	46	APRESOLINE	23
ADVICOR	18	AQUASOL A	40
AEROCHAMBER	46	ARIMIDEX	19
AK-DEX	42	ARISTOCORT	30
AK-TRACIN	41	ARMOUR THYROID	32
AKINETON	39	AROMASIN	19
Albuterol	45	ARTHROTEC	11
Albuterol 0.083% nebulized solution	45	ASCENDIN	24
Albuterol Extended Release	45	ASMANEX	45
ALDACTONE	23	ASODEX	19
ALDARA	31	Aspirin	9, 37
ALDOMET	23	ASPIRIN – OTC*	9, 37
Alendronate	32	ATARAX	14
Alfuzosin	36	Atenolol	21
ALKERAN	19	Atenolol/Chlorthalidone	21
Allopurinol	11	ATIVAN	24
ALPHAGAN	43	Atomoxetine	26
Alprazolam	24	Atorvastatin	18
Altretamine	19	Atropine	42
Alum/Mag Hydroxide	33	ATROVENT	46
Alum/Mag Hydroxide/Simethicone	33	Attapulgit	35
ALUPENT	45	Augmented Betamethasone Dipropionate	30
Amantadine	39	AUGMENTIN	15
AMARYL	12	AURALGAN	44
AMBIEN	25	AVAR	28
		AVONEX	40

## INDEX

AYGESTIN .....	28
Azathioprine .....	20
Azithromycin .....	15
AZULFIDINE .....	35

**B**

Bacitracin .....	41
BACITRACIN – OTC .....	29
Bacitracin, Zinc Ointment .....	29
Bacitracin/Polymyxin B Oint .....	29
Baclofen .....	39
BACTRIM .....	16
BACTROBAN .....	29
Balsalazide Disodium Cap .....	35
Barium Enema Prep Kit .....	35
Beclothemason .....	45
Belladonna Alkaloids/Phenobarbital .....	34
BENADRYL– OTC* .....	14
Benzazepril .....	22
BENEMID .....	11
BENTYL .....	34
Benzocaine/Antipyrine .....	44
Benzonate .....	44
BENZOYL PEROXIDE .....	28
Benzoyl Peroxide, Gel .....	28
Benzyl Alcohol Lotion .....	31
BETAGAN .....	43
Betamethasone Dipropionate 0.05% Cream, Lotion .....	30
Betamethasone Valerate 0.1% Cream, Oint .....	30
BETAPACE, AF .....	22
Betaxolol 0.25% & 0.5% .....	43
Bethanechol .....	36
BETOPIC .....	43
BETOPTIC S .....	43
Bexarotene .....	19
BIAXIN .....	15
Bicalutamide C .....	19
Bimatoprost Opth Soln .....	43
Biperiden HCl .....	39
Bisacodyl .....	35
Bismuth Subsalicylate .....	35
Bismuth Subsalicylate/ Metronidazole/TCN .....	33
Bisoprolol Fumerate .....	21
Bisoprolol/HCTZ .....	21
BLEPH-10 .....	41
BLEPHAMIDE .....	42
Blood Glucose Meter .....	13

Boceprevir .....	17
BONIVA .....	32
BRETHINE .....	45
Brimonidine 0.1%, 0.2% .....	43
Brimonidine/Timolol .....	43
BROMDEC .....	44
Bromocriptine .....	32, 39
Brompheniramine/Decongestant ..	14
Brompheniramine/Decongestant Tab, Elixir .....	44
Brompheniramine/Pseudoephedrine Tab, Syrup .....	44
Budesonide .....	45
Budesonide Inh Soln .....	45
Budesonide/Formoterol .....	46
Bumetanide .....	23
BUMEX .....	23
Bupropion .....	25
Bupropion SR .....	25
Bupropion SR .....	26
BUSPAR .....	24
Buspirone .....	24
Busulfan .....	19
Butalbital/APAP/Caffeine Tab .....	9
Butalbital/ASA/Caffeine .....	9
Butoconazole .....	36
Butorphanol .....	9

**C**

CAFERGOT .....	11
CALAMINE – OTC .....	31
Calamine Lotion .....	31
CALAN, SR .....	21
CALCIFEROL .....	32
Calcipotriene .....	31
Calcitonin Salmon .....	32
Calcitriol .....	40
Calcium Acetate .....	41
Calcium Carbonate .....	41
Calcium Carbonate Tab, Chewable Tab .....	33
Capecitabine .....	20
CAPOTEN .....	22
CAPOZIDE .....	22
Captopril .....	22
Captopril/HCTZ .....	22
CARAFATE .....	34
Carbamazepine Cap SR .....	39
Carbamazepine, SR .....	38
Carbamide Peroxide .....	44

## INDEX

CARBATROL.....	39	Ciprofloxacin .....	16
Carbidopa/Levodopa, CR.....	39	Ciprofloxacin/Dexamethasone .....	43
Carbidopa/Levodopa/ Entacapone .....	39	Citalopram .....	25
CARDIZEM SR .....	21	Clarithromycin .....	15
CARDURA.....	23, 36	CLARITIN-D – OTC* .....	14
Carisoprodol Tab .....	39	CLARITIN– OTC* .....	14
CARNITOR.....	41	Clemastine Tab, Syrup .....	14
Carvedilol .....	21	CLEOCIN .....	18
CATAPRES .....	23	CLEOCIN VAG Cream .....	36
CDZ/Ciindinium .....	34	CLEOCIN-T .....	28
CECLOR .....	15	CLIMARA.....	27
CEENU .....	19	Clindamycin.....	18, 36
Cefaclor.....	15	Clindamycin 1% Topical Gel, Solution .....	28
Cefadroxil .....	15	CLINORIL .....	10
Cefdinir .....	15	Clobetasol Propionate 0.05% Cream, Oint, Soln.....	30
Cefixime 400mg .....	15	Clomipramine .....	24
Cefpodoxime .....	15	Clonazepam .....	38
Cefprozil .....	15	Clonidine SR .....	26
CEFTIN .....	15	Clonidine Tab .....	23
Cefuroxime Susp.....	15	Clopidogrel .....	37
CEFZIL .....	15	Clotrimazole .....	36
CELEXA.....	25	Clotrimazole (Troches only) .....	17
CELLCEPT .....	20	Clotrimazole Cream, Soln .....	29
Cephalexin .....	15	Clotrimazole Troche .....	31
Cephadrine.....	15	Clotrimazole/Betamethasone .....	29
CERISA WASH .....	28	Codeine/Promethazine.....	44
Certirizine/Pseudoephedrine.....	14	Codeine/Promethazine/ Phenylephrine.....	44
CERUMENEX .....	44	COLACE – OTC* .....	35
Cetirizine .....	14	COLAZAL .....	35
CHANTIX.....	26	Colchicine .....	11
CHLOR-TRIMETON – OTC*.....	14	COLCRYS .....	11
Chloral Hydrate .....	25	Colesevelam.....	19
Chlorambucil .....	19	COLYTE, Flavored .....	35
Chloramphenicol .....	41	COMBIGAN.....	43
Chlordiazepoxide.....	24	COMBIPATCH.....	28
CHLOROPTIC.....	41	COMBIVENT RESPIMAT.....	46
Chloroquine.....	18	COMPAZINE .....	34
Chlorpheniramine .....	14	COMTAN .....	39
Chlorpheniramine/Decongestant Cap.....	44	Condoms .....	47
Chlorpropamide.....	12	CONDOMS – Various OTC* .....	47
Chlortrimeton/Decongestant Tab, Elixir, Syrup .....	14	Conjugated Estrogen Vaginal Cream .....	36
Cholestyramine, Light .....	19	CONSTULOSE .....	35
Choline & Magnesium Salicylate ....	9	CONTACT Tab – OTC*.....	14
Ciclopirox.....	29	CONTACT 12 Hr – OTC* .....	44
Cimetidine Tab, Syrup .....	33	COPAXONE .....	40
CIPRO .....	16	CORDARONE.....	22
CIPRODEX.....	43		

## INDEX

COREG.....	21	Dexamethasone.....	32
CORGARD.....	21	Dexamethasone 0.1%.....	42
CORTEF.....	32	DEXEDRINE.....	26
CORTISPORIN.....	42, 43	Dextroamphetamine.....	26
COTAZYME.....	35	Dextromethorphan/Hydrocodone/ Phenyl/CTM.....	44
COUMADIN.....	37	DIABETA.....	12
COZAAR.....	22	DIABINESE.....	12
CREON.....	35	DIAMOX.....	23
CRESTOR.....	18	Diaphragm.....	47
Cromolyn.....	38	DIAPHRAGM - Various.....	47
Cromolyn Neb Soln.....	46	DIASTAT.....	39
Cyclobenzaprine Tab.....	39	Diazepam.....	24
CYCLOGYL.....	42	Diazepam Rectal Gel Delivery System.....	39
Cyclopentolate.....	42	Diclofenac.....	10
Cyclophosphamide.....	19	Diclofenac 0.1%.....	42
Cyclosporine.....	20	Diclofenac/Mixoprostol.....	11
CYCRIN.....	28	Dicloxacillin.....	15
Cyproheptadine.....	14	Dicyclomine.....	34
CYTOTEC.....	34	Diethylstilbestrol.....	19
CYTOXAN.....	19	Diflorasone Diacetate.....	30
<b>D</b>			
DALMANE.....	25	DIFLUCAN.....	17, 36
Danazol.....	28	Digoxin.....	20
DANOCRINE.....	28	Dihydroergotamine.....	12
Dapsone.....	18	DILACOR XR.....	21
DARAPRIM.....	17	DILANTIN.....	38
DAYPRO.....	11	DILATRATE SR.....	20
DDAVP.....	32	DILAUDID.....	9
DEBROX – OTC*.....	44	Diltiazem, ER.....	21
DECADRON.....	32, 42	DIMETAPP.....	14
DEPAKENE.....	38	DIMETAPP– OTC*.....	44
DEPAKOTE ER.....	11	Diphenhydramine.....	14
DEPAKOTE, ER.....	38	Diphenoxylate/Atropine.....	35
DERMA-SMOOTH OIL/ FS BODY.....	30	Dipivefrin.....	43
DERMA-SMOOTH OIL/ FS SCALP.....	30	DIPROLENE.....	30
DERMATOP.....	30	DIPROSONE.....	30
Desipramine.....	24	Dipyridamole.....	37
Desmopressin.....	32	DISALCID.....	9
DESOGEN-28.....	26	DISKUS.....	45
Desogest-Eth Estrad & Eth Estrad Tab.....	26	Disoximetasone Cream, Gel, Oint .....	30
Desogestrel & Ethinyl Estradiol.....	26	Disulfiram Tab.....	26
Desonide Cream, Oint.....	29	DITHROCREME.....	31
Desonide Lotion 0.05%.....	29	DITROPAN.....	36
DESOWEN.....	29	Divalproex ER.....	11
DESYREL.....	24	Divalproex Sodium.....	38
DETROL LA.....	36	Docosanol.....	17
		Docusate Sodium.....	35
		DOLOPHINE.....	9

## INDEX

DONNATAL .....	34	Erythromycin Ethylsuccinate Tab & Liquid .....	16
Dorzolamide HCl 1% .....	43	Erythromycin Ophth Oint.....	41
DOVONEX .....	31	Erythromycin Stearate.....	16
Doxazosin.....	23, 36	Erythromycin Topical Gel, Soln .....	28
Doxepin .....	24	Escitalopram.....	25
Doxycycline Hyclate Cap .....	16	Estazolam.....	25
Drospirenone-Ethinyl Estradiol Tab .....	26	ESTRACE .....	27
DULCOLAX – OTC* .....	35	ESTRADERM.....	27
DULERA.....	46	Estradiol .....	27
DURAGESIC .....	10	Estradiol Transdermal .....	27
DURICEF .....	15	Estradiol Vaginal Cream.....	36
DYAZIDE .....	23	Estradiol/Norethindrone Transdermal .....	28
DYNAPEN .....	15	Estramustine .....	19
		ESTRATAB .....	27
<b>E</b>		Estrogen, Conjugated, Medroxyprogesterone .....	28
E-Z SPACER .....	46	Estrogens, Conjugated.....	27
E.E.S. ....	16	Estrogens, Esterified .....	27
EFFEXOR, XR .....	25	ESTROSTEP.....	27
EFUDEX 5%.....	31	Etanercept .....	11
ELAVIL.....	24	Ethambutol .....	16
Eletriptan .....	12	Ethinyl Estradiol/Norethindrone.....	28
ELIDEL .....	31	Ethosuximide.....	38
ELIMITE .....	31	Etodolac .....	10
ELOCON .....	30	Etodolac CR .....	11
EMCYT .....	19	Etoposide .....	19
Enalapril .....	22	EULEXIN .....	19
ENBREL .....	11	EVISTA.....	32
Enoxaparin .....	37	EXCEDRINE MIGRAINE – OTC* .....	11
ENSAM.....	39	Exemestane .....	19
Entacapone .....	39	EXTAVIA.....	40
ENULOSE .....	35	Ezetimibe/Simvastatin.....	18
EPIFOAM .....	31		
EPIFOAM AER 1%.....	30	<b>F</b>	
EPIFRIN .....	43	Famotidine.....	33
Epinephrine HCl .....	43	FARESTON .....	19
Epinephrine Inj .....	47	FELDENE.....	10
Epinephrine Inj Device .....	47	Felodipine.....	21
EPIPEN .....	47	FEMARA.....	19
EPIPEN JR.....	47	FEMHRT.....	28
Epoetin Alfa, Recombinant.....	37	FEMSTAT 3 – OTC* .....	36
ERGAMISOL.....	19	Fentanyl Transdermal .....	10
Ergocalciferol.....	32	FEOSOL.....	41
Ergotamine/Caffeine.....	11	FERGON – OTC* .....	41
Erlotinib .....	20	Ferrous Gluconate .....	41
ERY-TAB Enteric Coated .....	15	Ferrous Sulfate Tab, Soln, Drops .....	41
ERYCETTE .....	28	Finasteride 5mg tablet .....	36
ERYGEL.....	28	FIORICET.....	9
ERYTHROCIN.....	16		
Erythromycin Base .....	15		

## INDEX

FIORINAL.....	9	Glimepiride .....	12
FLAGYL.....	18	Glipizide.....	12
Flecainide .....	22	Glipizide Extended Release.....	12
FLEET PREP KIT.....	35	Glucagon Injection .....	13
FLEXERIL.....	39	GLUCAGON KIT .....	13
FLOMAX.....	36	GLUCOPHAGE, XR.....	12
FLONASE.....	37	GLUCOTROL.....	12
FLORINEF.....	32	GLUCOTROL XL.....	12
FLORONE.....	30	GLUCOVANCE .....	12
FLORONE E.....	30	Glyburide.....	12
FLOXIN.....	16	Glyburide/Metformin.....	12
FLOXIN.....	43	GLYNASE.....	12
Fluconazole.....	17, 36	GRANTRISIN.....	16
Fludrocortisone Tab.....	32	Griseofulvin.....	17
Flunisolide.....	37	Guaifenesin/Codeine.....	44
Fluocinolone.....	30	Guanfacine.....	26
Fluocinolone Acetonide Oil.....	30	Guanfacine SR.....	26
Fluocinonide.....	30	GYNE SULF - OTC*.....	36
Fluorometholone 0.1%.....	42	GYNE-LOTRIMIN - OTC*.....	36
Fluorouracil Topical.....	31		
Fluoxetine Cap.....	25	<b>H</b>	
Flurazepam.....	25	Halcinonide.....	30
Flurbiprofen.....	10, 42	HALCION.....	25
Flutamide.....	19	Halobetasol.....	30
Fluticasone.....	37	HALOG.....	30
Fluticasone/Salmeterol.....	46	HALOG-E.....	30
Fluvoxamine.....	25	HELIDAC.....	33
FML.....	42	HEXALEN.....	19
FML FORTE.....	42	HISTINEX HC.....	44
Folic Acid 1mg.....	40	HISTUSSIN HC.....	44
Folic Acid/B-12/Iron.....	40	Homatropine.....	42
FOLVITE.....	40	HUMIRA.....	11
FORADIL.....	45	Hydralazine.....	23
Formoterol Fumarate.....	45	HYDREA.....	19
FOSAMAX.....	32	Hydrochlorothiazide.....	23
FULVICIN P/G.....	17	Hydrocodone/APAP.....	9
FULVICIN UF.....	17	Hydrocortisone.....	32
Furosemide.....	23	Hydrocortisone Acetate.....	31
		Hydrocortisone Cream, Oint, Lotion.....	29
<b>G</b>		Hydrocortisone Rectal Crm.....	31
Gabapentin.....	38	Hydrocortisone Valerate Cream, Oint.....	30
GABRITRIL.....	39	Hydrocortisone/Acetic Acid.....	44
GARAMYCIN.....	29	Hydrocortisone/Neomycin Polymyxin B.....	42
Gatifloxacin.....	41	Hydrocortisone/Neomycin/ Polymyxin B Otic.....	43
Gemfibrozil.....	19	HydrocortisonePramoxine.....	31
GENOPTIC.....	41	HYDRODIURIL.....	23
Gentamicin.....	41		
Gentamicin Cream, Oint.....	29		
Glatiramer Acetate Inj Kit.....	40		
GLEEVEC.....	20		



## INDEX

Hydromorphone .....	9
Hydroxychloroquine .....	11
Hydroxyurea .....	19
Hydroxyzine HCl.....	14
Hydroxyzine Pamoate Cap .....	14
HYTONE .....	29
HYTRIN .....	23, 36
HYZAAR.....	22

## I

Ibandronate .....	32
Ibuprofen .....	10
ILOTYCIN.....	41
Imatinib.....	20
IMDUR.....	20
Imipramine.....	24
Imiquimod.....	31
IMITREX.....	11
IMITREX Nasal Spray, Injection....	12
IMMODIUM – OTC* .....	35
IMURAN .....	20
Indapamide.....	23
INDERAL.....	21
INDOCIN .....	10, 11
Indomethacin.....	10, 11
Inhaler Enhancement Device .....	46
INSPIREASE EASIVENT .....	46
Insulin Determir .....	13
Insulin Glargine .....	13
Insulin Glulisine .....	13
INTAL.....	46
Interferon Beta-1A IM Inj Kit.....	40
Interferon Beta-1B IM Inj Kit.....	40
INTUNIV .....	26
Ipratropium Inhaler & Neb Soln....	46
Ipratropium/Albuterol Aerosol.....	46
ISMO .....	20
Isometheptene/Dichloralphenazone/ APAP.....	11
Isoniazid .....	16
ISONIAZID .....	16
ISOPTO ATROPINE.....	42
ISOPTO HOMATROPINE .....	42
ISOPTO HYOSCINE.....	42
ISORDIL.....	20
Isosorbide Dinitrate Tab & SL.....	20
Isosorbide Mononitrate, SR.....	20
Itraconazole.....	17

## J

JANUMET .....	13
JANUVIA.....	13

## K

K-DUR.....	41
K-TABS.....	41
KAOPECTATE – OTC* .....	35
KAPVAY.....	26
KEFLEX.....	15
KENALOG.....	30
KENALOG.....	30
KENALOG AER SPRAY .....	30
KEPPRA.....	38
Ketoconazole 1%, 2% Shampoo ..	29
Ketoconazole 2% Cream .....	29
Ketoconazole 200mg .....	17
Ketoprofen CR Cap.....	11
Ketorolac .....	42
Ketorolac Tromethamine .....	9
Ketotifen .....	42
KLONOPIN.....	38
KLOR-CON .....	41
KLOTRIX.....	41
KOMBIGLYZA.....	13

## L

L-Hyoscyamine Sulfate Tab, SL, SR and Soln.....	34
Labetalol.....	21
Lactulose .....	35
LAMICTAL .....	38
LAMISIL .....	17
Lamotrigine .....	38
Lancets.....	13
LANCETS, Various.....	13
LANOXIN.....	20
Lansoprazole Cap .....	33
LANTUS .....	13
LASIX .....	23
Latanoprost Ophth Soln .....	43
Letrozole.....	19
LEUKERAN .....	19
Levamisole .....	19
LEVAQUIN .....	16
LEVEMIR.....	13
Levetiracetam .....	38
Levobunolol.....	43
Levocarnitine .....	41
Levofloxacin .....	16

## INDEX

Levothyroxine .....	32
LEVOXYL .....	32
LEVSIN .....	34
LEVSINEX .....	34
LEXAPRO .....	25
LIBRAX .....	34
LIBRIUM .....	24
LIDAMANTLE .....	29
LIDEX .....	30
Lidocaine Viscous .....	31
Lidocaine-Hydrocortisone Acetate 3-0.5% Cream, Lotion .....	29
LIORESAL .....	39
LIPITOR .....	18
Lisinopril .....	22
Lisinopril/HCTZ .....	22
LODINE .....	10
LODINE XL .....	11
LOESTRIN 1.5/30-21 .....	27
LOESTRIN 1/20-21 .....	27
LOESTRIN FE 1.5/30 .....	27
LOESTRIN FE 1/20 .....	27
LOFIBRA .....	19
LOMOTIL .....	35
Lomustine .....	19
Loperamide .....	35
LOPID .....	19
LOPRESSOR .....	21
LOPROX .....	29
Loratadine Tab, Syrup .....	14
Loratadine/Pseudoephedrine .....	14
Lorazepam .....	24
LORCET .....	9
LORTAB .....	9
Losartan Potassium .....	22
Losartan Potassium/ Hydrochlorothiazide .....	22
LOTENSIN .....	22
LOTRISONE .....	29
Lovastatin .....	18
Lovastatin/Niacin Extended Release .....	18
LOVENOX .....	37
LOZOL .....	23
LUMIGAN .....	43
LURIDE .....	41
LUVOX .....	25
LYSODREN .....	19

## M

MAALOX .....	33
MAALOX TC – OTC* .....	33
MACROBID .....	18
MACRODANTIN .....	18
MAG OXIDE .....	41
Magnesium Chloride .....	41
Magnesium Oxide .....	41
Malathion .....	31
MATULANE .....	19
MAXAIR AUTOHALER .....	45
MAXZIDE 25 & 50 .....	23
Meclizine Tab & Chewable Tab .....	34
MEDROL .....	32
Medroxyprogesterone .....	28
MEGACE .....	19
Megestrol .....	19
Meloxicam .....	10
Melphalan .....	19
MEPHYTON .....	40
Mercaptopurine .....	19
Mesalamine Cap .....	35
MESTINON .....	40
METADATE CD .....	26
Metaproterenol .....	45
Metformin, SR .....	12
Methadone .....	9
METHADOSE .....	9
Methazolamide .....	23
METHERGINE .....	28
Methimazole .....	32
Methocarbamol .....	39
Methotrexate .....	11
METHOTREXATE .....	11
Methotrexate .....	19
Methyldopa .....	23
Methylergonovine .....	28
Methylphenidate .....	26
Methylphenidate ER .....	26
Methylprednisolone .....	32
Metoclopramide .....	34
Metolazone .....	23
Metoprolol .....	21
Metoprolol ER .....	21
METROCREAM 0.75% .....	29
METROGEL 0.75% .....	29
METROGEL 1% .....	29
METROGEL VAGINAL .....	36
Metronidazole .....	18

## INDEX

Metronidazole 0.75% Cream, Gel	29	MYLANTA.....	33
.....	29	MYLANTA II – OTC*.....	33
Metronidazole Gel 1%.....	29	MYLERAN.....	19
Metronidazole Vag Cream.....	36	MYLICON – OTC*.....	34
MEVACOR.....	18	MYSOLINE.....	38
MIACALCIN Nasal Spray.....	32		
Miconazole Cream.....	29	<b>N</b>	
Miconazole Cream, Supp.....	36	Nabumetone.....	11
Micro Cap, Tab.....	19	Nadolol.....	21
MICROCHAMBER.....	46	Nafarelin.....	28
MICRONOR.....	27	NAPROSYN – OTC*.....	10
MIDRIN.....	11	Naproxen.....	10
MIGRANAL Nasal Spray.....	12	Naproxen Sodium.....	10
MINIPRESS.....	23	NASALCROM – OTC*.....	38
MINOCIN.....	16	NASALIDE.....	37
Minocycline Cap.....	16	NASAREL.....	37
Minoxidil.....	23	NASONEX.....	37
MIRALAX.....	35	NATACYN.....	42
MIRAPEX.....	39	Natamycin 5%.....	42
MIRCETTE.....	26	NATROBA.....	31
Mirtazapine.....	24	Nedocromil Sodium Inhaler.....	46
Misoprostol.....	34	Nefazodone.....	24
Mitotane.....	19	Neomycin.....	16
MOBIC.....	10	NEOMYCIN.....	16
MODICON.....	26	Neomycin/Bacitracin/ Polymyxin Oint.....	29
Mometasone.....	37	Neomycin/Polymyxin B/ Gramicidin.....	41
Mometasone Furoate.....	45	NEORAL.....	20
Mometasone Furoate Cream, Oint	30	NEOSPORIN.....	41
.....	30	NEOSPORIN - OTC.....	29
Mometasone Furoate/Formoterol	46	NEPTAZANE.....	23
Fumarate.....	46	NEURONTIN.....	38
MONISTAT – OTC.....	29	Niacin.....	19
MONISTAT 3, 7 – OTC*.....	36	NIACIN.....	19
MONOKET.....	20	Niacin SR.....	19
Montelukast.....	46	Niacin Timed Released.....	19
Morphine Sulfate CR Tab.....	9	NIASPAN.....	19
Morphine Sulfate IR.....	9	NICODERM CQ.....	26
MOTRIN – OTC*.....	10	NICORETTE Gum – OTC.....	26
Moxifloxacin.....	41	Nicotine Inhaler.....	26
MS CONTIN.....	9	Nicotine Polacrilex.....	26
MS IR.....	9	Nicotine Transdermal.....	26
Multi-Vitamin & Fluoride, FE Tab	40	NICOTROL (15mg) – OTC.....	26
& Drops.....	40	NICOTROL Inhaler.....	26
Mupirocin Oint.....	29	Nifedipine Cap.....	21
MYAMBUTOL.....	16	Nifedipine SR.....	21
MYCELEX.....	17, 31	NIFEREX ON.....	40
MYCELEX – OTC.....	29	NIFEREX-150 FORTE.....	40
Mycophenolate Mofetil.....	20	NITRO-BID CR.....	20
MYCOSTATIN.....	17, 29, 31, 36		
MYDRIACIL.....	42		



## INDEX

Peginterferon Alfa-2B .....	17	PRECOSE .....	12
Penicillin .....	15	PRED FORTE .....	42
PENTASA .....	35	PRED MILD .....	42
Pentoxifylline .....	37	PRED-G .....	42
PEPCID AC - OTC .....	33	Prednicarbate .....	30
PEPTO BISMOL – OTC* .....	35	Prednisolone 0.12%, 1% .....	42
PERCOCET .....	10	Prednisolone 0.5%/Neomycin/ Polymyxin B .....	42
PERCOCET .....	10	Prednisolone 0.6%/Tobramycin/ Dexamethasone .....	42
PERCODAN .....	10	Prednisolone 1%/Gentamicin .....	42
PERIACTIN – OTC* .....	14	Prednisolone Tab 5mg, Syrup, Powder .....	32
Permethrin .....	31	Prednisone Tab, Soln .....	32
Permethrin Combinations .....	31	PRELONE .....	32
PERSANTINE .....	37	PREMARIN .....	27, 36
Phenazopyridine .....	36	PREMPHASE .....	28
PHENERGAN .....	34	PREMPRO .....	28
PHENERGAN VC/CODEINE .....	44	PREMPRO LOW-DOSE .....	28
PHENERGAN/CODEINE .....	44	Prenatal Vitamin FE .....	40
Phenobarbital .....	38	PRENATAL-S .....	40
PHENOBARBITAL .....	38	PRENAVITE .....	40
Phenytoin .....	38	PREVACID .....	33
PHOSLO .....	41	PREVACID 24 HR– OTC .....	33
PILOCAR .....	43	PRIMAQUINE .....	17
Pilocarpine HCl .....	43	Primaquine Phosphate .....	17
Pimecrolimus Ointment .....	31	Primidone .....	38
Pioglitazone .....	12	PRINCIPEN .....	15
Pioglitazone/Metformin .....	12	PRO-BANTHINE .....	34
Pirbuterol .....	45	PROAIR HFA .....	45
Piroxicam .....	10	Probanthelene .....	34
PLAQUENIL .....	11	Probenecid .....	11
PLAVIX .....	37	Procainamide, SR .....	22
PLENDIL .....	21	PROCANBID .....	22
PN FORTE .....	40	Procabazine .....	19
POLY-HISTINE .....	44	PROCARDIA .....	21
POLY-HISTINE – OTC* .....	14	Prochlorperazine .....	34
POLY-VI-FLOR, FE .....	40	PROCRIT .....	37
Polyethylene Glycol 3350 Powder (can) .....	35	PROCTOCREAM HC 2.5% .....	31
Polymycin/TMP .....	41	PROGRAF .....	20
POLYPRED .....	42	Promethazine .....	34
POLYSPORIN .....	29	PRONESTYL .....	22
POLYTRIM .....	41	Propafenone .....	22
Posaconazole .....	17	PROPINE .....	43
Potassium Chloride Tab, Cap, Liquid .....	41	Propranolol .....	21
Pramipexole .....	39	Propylthiouracil .....	32
Pramoxine-HC Aerosol Foam .....	30	PROSCAR .....	36
PRANDIN .....	12	PROSOM .....	25
PRAVACHOL .....	18	PROTONIX .....	33
Pravastatin .....	18	PROTOPIC .....	31
Prazosin .....	23		

## INDEX

PROVENTIL .....	45
PROVERA.....	28
PROZAC .....	25
Pseudoephedrine Tab, Syrup.....	44
PSORCON .....	30
PTU .....	32
PULMICORT FLEXHALER.....	45
PULMICORT RESPULES.....	45
PURINETHOL.....	19
Pyrantel Pamoate.....	17
Pyrazinamide.....	16
PYRAZINAMIDE .....	16
PYRIDIDIUM.....	36
Pyridostigmine.....	40
Pyridoxine.....	16
Pyril/Phenyltolox/Pheniramine .....	14, 44
Pyrimethamine .....	17

## Q

QUESTRAN, LIGHT.....	19
QUINAGLUTE.....	22
Quinapril.....	22
QUINIDEX.....	22
Quinidine Gluconate.....	22
Quinidine Sulfate, SR.....	22
QVAR .....	45

## R

Raloxifene .....	32
Ranitidine Tab, Syrup.....	33
RAPAMUNE .....	20
REGLAN.....	34
RELAFEN.....	11
RELENZA.....	17
RELPAX.....	12
REMERON.....	24
RENAGEL.....	41
REVELA.....	41
Repaglinide .....	12
REQUIP.....	39
RESTORIL.....	25
RETIN A.....	28
RHEUMATREX .....	19
RID .....	31
RIFADIN .....	16
Rifampin .....	16
Risedronate.....	32
RITALIN, SR.....	26
ROBAXIN .....	39

ROBITUSSIN AC .....	44
ROCALTROL.....	40
ROLAIDS – OTC*.....	33
RONDEC – OTC*.....	14
Ropinirole.....	39
Rosuvastatin.....	18
RYTHMOL.....	22

## S

Salmeterol .....	45
Salsalate.....	9
SANDIMMUNE.....	20
Saxagliptin.....	13
Saxagliptin/Metformin.....	13
Scopolamine.....	42
Selegiline Transdermal.....	39
Selenium Sulfide .....	31
SELSUN Shampoo- RX.....	31
Senna.....	35
SENNA – OTC*.....	35
Senosides/Docusate .....	35
SENOKOT S – OTC*.....	35
SEPTRA.....	16
SERAX.....	24
SEREVENT.....	45
Sertraline.....	25
SERZONE.....	24
Sevelamer .....	41
SILVADENE.....	29
Silver Sulfadiazine.....	29
SIMCOR.....	18
Simethicone.....	34
Simvastatin.....	18
Simvastatin 80mg.....	18
Simvastatin/Niacin.....	18
SINEMET, CR.....	39
SINEQUAN.....	24
SINGULAIR.....	46
Sirolimus.....	20
Sitagliptin.....	13
Sitagliptin/Metformin.....	13
SLO-BID GYROCAPS .....	45
SLO-NIACIN.....	19
SLOW MAG.....	41
SMZ/TMP .....	16
Sodium Fluoride Tab & Drops.....	41
Sodium Hyaluronate Intra-Articular .....	40
SODIUM SULAMYD .....	41
SOMA.....	39



## INDEX

Tramadol HCl.....	9		
TRAVATAN Z.....	43		
Travoprost Ophth Soln.....	43		
Trazodone 150mg.....	24		
TRENTAL.....	37		
Tretinoin.....	19		
Tretinoin Cream & Gel.....	28		
TRI-VI-FLOR, FE.....	40		
Triamcinolone Acetonide Aerosol Soln.....	30		
Triamcinolone Acetonide Cream, Oint.....	30		
Triamcinolone Acetonide Lotion.....	30		
Triamterene/HCTZ.....	23		
Triazolam.....	25		
TRICOR.....	19		
TRIDESILON.....	29		
Triethanolamine/Chlorobutanol.....	44		
Trifluridine.....	42		
TRILEPTAL.....	38		
TRILISATE.....	9		
Trimethobenzamide.....	34		
Trimethoprim.....	18		
TRIMOX.....	15		
TRIMPEX.....	18		
Triple Sulfam Vag Cream.....	36		
Tripolidine/Pseudoephedrine Tab, Syrup.....	14, 44		
Tropicamide.....	42		
TRUERESULTS.....	13		
TRUETEST.....	13		
TRUSOPT.....	43		
TUDORZA.....	46		
TUMS.....	33		
TUMS – OTC*.....	41		
TUSSI-ORGANIDIN NR.....	44		
TWINJECT.....	47		
TWINJECT INJECTABLE.....	47		
TYLENOL – OTC*.....	9		
TYLENOL/CODEINE.....	9		
<b>U</b>			
ULESFIA.....	31		
ULTRAM.....	9		
ULTRAVATE.....	30		
UNIPHYL.....	45		
URECHOLINE.....	36		
UROXATRAL.....	36		
		<b>V</b>	
		VAGIFEM.....	36
		VALISONE.....	30
		VALIUM.....	24
		Valproic Acid.....	38
		Valproic Acid Delayed Release.....	39
		Varenicline.....	26
		VASOTEC.....	22
		VELOSEF.....	15
		Venlafaxine, XR.....	25
		VENTOLIN.....	45
		VEPESID.....	19
		Verapamil, SR.....	21
		VESANOID.....	19
		VFEND.....	17
		VIBRATAB.....	16
		VICODIN.....	9
		VICODIN ES.....	9
		VICTRELIS.....	17
		VIGAMOX.....	41
		VIOKASE.....	35
		VIROPTIC.....	42
		VISTARIL.....	14
		Vitamin A.....	40
		VITAMIN B-6.....	16
		Vitamin K.....	40
		VIVELLE.....	27
		VK VEETIDS.....	15
		VOLMAX.....	45
		VOLTAREN.....	10, 42
		Voriconazole.....	17
		VOSOL.....	44
		VOSOL HC.....	44
		VYTORIN.....	18
		<b>W</b>	
		Warfarin Sodium.....	37
		WELCHOL.....	19
		WELLBUTRIN.....	25
		WELLBUTRIN SR.....	25
		WESTCORT.....	30
		<b>X</b>	
		XALATAN.....	43
		XANAX.....	24
		XELODA.....	20
		XYLOCAINE.....	31



## INDEX

Y		Z	
YASMIN .....	26	ZITHROMAX .....	15
		ZOCOR .....	18
		ZOCOR .....	18
		ZOFRAN .....	34
		Zolmitriptan .....	12
ZADITOR – OTC* .....	42	ZOLOFT .....	25
Zafirlukast .....	46	Zolpidem .....	25
Zalepion .....	25	ZOMIG .....	12
Zanamivir Inhalation .....	17	ZONEGRAN .....	38
ZANTAC .....	33	Zonisamide .....	38
ZARONTIN .....	38	ZOVIRAX .....	17
ZAROXOLYN .....	23	ZYBAN .....	26
ZEBETA .....	21	ZYLOPRIM .....	11
ZENPEP .....	35	ZYMAR .....	41
ZESTORETIC .....	22	ZYRTEC .....	14
ZESTRIL .....	22	ZYRTEC-D .....	14
ZIAC .....	21		

