October 2016

Molina Healthcare of California

Preferred Drug List (Formulary)

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(10/01/2016)

INTRODUCTION

We are pleased to provide the 2016 *Molina Healthcare of California Preferred Drug List (Formulary)* as a useful reference and informational tool. This document can assist medical providers in selecting clinically-appropriate and cost-effective products for their patients.

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

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

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

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

PREFACE

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

DRUG LIST PRODUCT DESCRIPTIONS

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

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

PRESCRIPTION QUANTITY

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

GENERIC SUBSTITUTION

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

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

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

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

PLAN DESIGN

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

PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Drug Formulary may be approved when medically necessary and when formulary options have demonstrated ineffectiveness. When these exceptional situations arise, the physician may fax a completed drug prior authorization form to Molina at (866) 508-6445. The forms may be obtained by logging into the website www.molinahealthcare.com. Trials of pharmaceutical samples will not be considered as rationale for approving a prior authorization request.

PRIOR AUTHORIZATION HELPFUL HINTS

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

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

NON-COVERED MEDICATIONS

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

- Medications used for sexual dysfunction
- Medications used for cosmetic purposes
- Experimental or investigational medications
- Non-legend drug preparations (benzoic and salicylic acid ointment, salicylic acid cream, ointment, or liquid, sodium chloride, zinc oxide paste)
- Non-legend analgesics
- Enteral nutritional supplements or replacements
- Vitamin combinations for persons > 5 years old (except prenatal vitamins)
- Supplements or other non-FDA approved products
- Non-legend Cough and Cold (OTC products containing guaifenesin or dextromethorphan)
- Household products (hand lotions, moisturizers, etc.)
- Estrogens, conjugated or esterified with methyltestosterone
- Belladonna alkaloids with phenobarbital
- Silver nitrate 75% and potassium nitrate 25% topical applicator sticks
- Silver nitrate topical solution

- Dental products
- Bepreve, Istalol and bromfenac sodium
- Pharmaceuticals determined by the Federal Drug Administration (FDA) to be less than effective and identical, related or similar drugs (frequently referred to as "DESI 5 and 6" drugs)

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

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

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

PRESCRIPTION CLAIMS PROCESSOR

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

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

URGENT AND AFTER-HOURS MEDICATION POLICY

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

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

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

LEGEND

AGE	Age Limit
OTC	Over-the-counter, covered benefit with a prescription
PA	Prior Authorization
QL	Quantity Limit
SP	Specialty Drug; these drugs must be obtained through a specialty pharmacy
ST	Step Therapy
†	Specific NDCs may not be reimbursable under the Molina Pharmacy Program
boldface	Indicates generic availability; boldface may not apply to every strength or dosage form under the listed generic name
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification

REQUESTING FORMULARY CHANGES

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

Fax: 562-499-0790

NOTICE

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

ANALGESICS

ANALGESICS, OTHER

acetaminophen OTC		TYLENOL

NSAIDs

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

diclofenac potassium		
diclofenac sodium delayed-rel		
diclofenac sodium ext-rel		
etodolac tabs		
flurbiprofen		
ibuprofen		
ibuprofen OTC		MOTRIN
indomethacin caps AGE	Covered for ages 64 years old & under	
ketoprofen		
ketorolac AGE, QL	Covered for ages 64 years old & under; Max #20/month	
meloxicam tabs		MOBIC
nabumetone		
naproxen		NAPROSYN
naproxen delayed-rel		EC-NAPROSYN
naproxen sodium OTC		ALEVE
naproxen sodium		ANAPROX
oxaprozin PA		DAYPRO
piroxicam PA		FELDENE
salsalate		
sulindac		

NSAIDs, TOPICAL

diclofenac gel PA		VOLTAREN GEL

COX-2 INHIBITORS

celecoxib PA		CELEBREX

GOUT

allopurinol		ZYLOPRIM
colchicine tabs QL	Max #30/90 days	COLCRYS
colchicine/probenecid		
probenecid		

OPIOID ANALGESICS

(Limited to 4 grams of acetaminophen per day)

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

methadone tabs 5 mg, 10 mg QL	Max #360/month	DOLOPHINE
morphine sulfate ext-rel 15 mg, 30 mg, 60 mg, 100 mg QL	Max #90/month	MS CONTIN
morphine sulfate soln PA, QL	Max #450 mL/month	
morphine sulfate tabs QL	Max #90/month	
oxycodone QL	Max #90/fill, max 1 fill/90 days	
oxycodone soln 5 mg/5 mL QL	Max #240 mL/fill, max 1 fill/90 days	
oxycodone/acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg QL	Max #180/month	PERCOCET
tramadol QL	Max #240/month	ULTRAM
NON-OPIOID ANALGESICS		
butalbital/acetaminophen AGE	Covered for ages 64 years old & under	
butalbital/acetaminophen/caffeine 50/325/40 mg		ESGIC
butalbital/aspirin/caffeine AGE	Covered for ages 64 years old & under	FIORINAL
VISCOSUPPLEMENTS		
sodium hyaluronate PA, SP		EUFLEXXA

ANTI-INFECTIVES

ANTIBACTERIALS

Aminoglycosides

neomycin		

Cephalosporins

First Generation

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

Second Generation

cefprozil susp AGE	Covered for ages 12 years old & under	
cefuroxime axetil tabs QL	Max #20/10 days	CEFTIN

Third Generation

cefdinir caps		
cefdinir susp AGE	Covered for ages 12 years old & under	

Erythromycins/Macrolides

azithromycin powder packet, tabs QL		ZITHROMAX
azithromycin susp AGE, QL	Covered for ages 12 years old & under; Max 1 fill/45 days	ZITHROMAX
clarithromycin susp AGE	Covered for ages 12 years old & under	BIAXIN
clarithromycin tabs		BIAXIN
erythromycin base		
erythromycin delayed-rel		Ery-Tab
erythromycin ethylsuccinate susp AGE	Covered for ages 12 years old & under	E.E.S. GRANULES
erythromycin ethylsuccinate susp 200 mg/5 mL AGE	Covered for ages 12 years old & under	ERYPED
erythromycin ethylsuccinate tabs		E.E.S.
erythromycin stearate		ERYTHROCIN

Fluoroquinolones

ciprofloxacin 250 mg, 500 mg, 750 mg QL		CIPRO
levofloxacin oral soln PA		
levofloxacin tabs QL	Max #10/10 days, max 1 fill/45 days	LEVAQUIN

Penicillins

amoxicillin caps, tabs		
amoxicillin susp AGE	Covered for ages 12 years old & under	

amoxicillin/clavulanate chew tabs, susp 200 mg/5 mL, 400 mg/5 mL, 600 mg/5 mL AGE	Covered for ages 12 years old & under	AUGMENTIN
amoxicillin/clavulanate susp 125 mg/5 mL, 250 mg/5 mL AGE	Covered for ages under 3 months.	AUGMENTIN
amoxicillin/clavulanate tabs QL	Max #20/10 days	AUGMENTIN
ampicillin caps		
ampicillin susp AGE	Covered for ages 12 years old & under	
dicloxacillin		
penicillin VK		

Sulfonamides

sulfamethoxazole/trimethoprim		BACTRIM

Tetracyclines

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

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

ANTIFUNGALS

fluconazole susp AGE, QL	Covered for ages 12 years old & under; Max #35 mL/month	DIFLUCAN
fluconazole tabs 100 mg, 200 mg QL	Max #21/month	DIFLUCAN
fluconazole tabs 150 mg QL	Max #2/month	DIFLUCAN
griseofulvin microsize susp		
ketoconazole tabs 200 mg		
nystatin		
terbinafine tabs QL	Max #30/month, max 6 fills/year	LAMISIL

ANTIMALARIALS

mefloquine PA		
primaquine PA		PRIMAQUINE

ANTIRETROVIRAL AGENTS

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

Antiretroviral Adjuvants

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

cobicistat PA, #	TYBOST

Antiretroviral Combinations

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

abacavir/dolutegravir/lamivudine #	TRIUMEQ
abacavir/lamivudine #	EPZICOM
abacavir/lamivudine/zidovudine #	TRIZIVIR
atazanavir/cobicistat #	EVOTAZ
darunavir/cobicistat #	PREZCOBIX
efavirenz/emtricitabine/tenofovir #	ATRIPLA
elvitegravir/cobicistat/emtricitabine/tenofovir #	STRIBILD
elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide #	GENVOYA
emtricitabine/rilpivirine/tenofovir #	COMPLERA
emtricitabine/tenofovir #	TRUVADA
lamivudine/zidovudine #	COMBIVIR

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

maraviroc #		SELZENTRY

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

dolutegravir #		TIVICAY
elvitegravir #		VITEKTA
raltegravir #		ISENTRESS

Non-nucleoside Reverse Transcriptase Inhibitors
(# Indicates a Medi-Cal FFS Carved-Out Drug)

efavirenz #		SUSTIVA
etravirine SP, #		INTELENCE
nevirapine #		VIRAMUNE
nevirapine ext-rel #		VIRAMUNE XR
rilpivirine #		EDURANT

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

abacavir soln #		ZIAGEN
abacavir tabs #		ZIAGEN
didanosine delayed-rel caps		VIDEX EC
emtricitabine #		EMTRIVA
lamivudine soln #		EPIVIR
lamivudine tabs #		EPIVIR
stavudine caps #		ZERIT
zidovudine		RETROVIR

Nucleotide Reverse Transcriptase Inhibitors
(# Indicates a Medi-Cal FFS Carved-Out Drug)

tenofovir #		VIREAD

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

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

ANTITUBERCULAR AGENTS

ethambutol		MYAMBUTOL
isoniazid		
pyrazinamide		
rifampin		RIFADIN
rifapentine QL	Max #32/month	PRIFTIN

ANTIVIRALS

Cytomegalovirus Agents

valganciclovir PA		VALCYTE

Hepatitis Agents

Hepatitis B

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

adefovir dipivoxil		HEPSERA
entecavir		BARACLUDE
lamivudine tabs #		EPIVIR-HBV

Hepatitis C

elbasvir/grazoprevir PA, SP	Preferred agent for Genotypes 1 and 4	ZEPATIER
ledipasvir/sofosbuvir PA, SP		HARVONI
ombitasvir/paritaprevir/ritonavir with dasabuvir PA, SP		VIEKIRA PAK
ribavirin caps 200 mg PA, SP		REBETOL
ribavirin tabs 200 mg PA, SP		COPEGUS
sofosbuvir PA, SP		SOVALDI

Herpes Agents

acyclovir caps, susp, tabs		ZOVIRAX
famciclovir		FAMVIR
valacyclovir		VALTREX

Influenza Agents

oseltamivir QL	Max #1 treatment per flu season	TAMIFLU
rimantadine QL		FLUMADINE
zanamivir QL		RELENZA

MISCELLANEOUS

albendazole PA, QL	Max #2/month	ALBENZA
atovaquone PA		MEPRON
clindamycin 150 mg, 300 mg		CLEOCIN
clindamycin soln AGE	Covered for ages 18 years old & under	CLEOCIN
dapsone		
ivermectin		STROMECTOL
linezolid susp PA, QL	Max 7 day supply	ZYVOX
linezolid tabs PA, QL	Max 7 day supply	ZYVOX
metronidazole tabs		FLAGYL
nitrofurantoin ext-rel AGE	Covered for ages 64 years old & under	MACROBID
nitrofurantoin macrocrystals 50 mg, 100 mg AGE	Covered for ages 64 years old & under	MACRODANTIN
nitrofurantoin susp AGE, QL	Covered for ages 12 years old & under; Max 40 mL/day; Max 10 days supply	FURADANTIN
paromomycin		
pyrantel OTC		PIN-X
pyrantel OTC		REESES PINWORM MEDICINE
trimethoprim		
vancomycin PA		VANCOCIN

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

chlorambucil		LEUKERAN
cyclophosphamide caps		CYCLOPHOSPHAMIDE caps
lomustine		GLEOSTINE
melphalan		ALKERAN
temozolomide PA, SP		TEMODAR

ANTIMETABOLITES	
capecitabine PA, SP	XELODA
mercaptopurine	
methotrexate	
methotrexate inj 25 mg/mL, 50 mg/2 mL	
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
quinapril/hydrochlorothiazide		ACCURETIC
ADRENOLYTICS, CENTRAL		
clonidine tabs		CATAPRES
guanfacine		TENEX
ALDOSTERONE RECEPTOR ANTAGONISTS		
spironolactone		ALDACTONE
ALPHA BLOCKERS		
doxazosin		CARDURA
prazosin		MINIPRESS
terazosin		
ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS		
irbesartan ST	Requires trial of losartan or losartan/hydrochlorothiazide	AVAPRO
irbesartan/hydrochlorothiazide ST	Requires trial of losartan or losartan/hydrochlorothiazide	AVALIDE
losartan		COZAAR
losartan/hydrochlorothiazide		HYZAAR
ANTIARRHYTHMICS		
amiodarone 200 mg		CORDARONE
disopyramide		NORPACE
flecainide		
propafenone		RYTHMOL
sotalol		BETAPACE
sotalol		BETAPACE AF
ANTILIPEMICS Bile Acid Resins		
cholestyramine cans	Powder packets are not covered	QUESTRAN/ QUESTRAN LIGHT
colestipol tabs		COLESTID
Cholesterol Absorption Inhibitors		
ezetimibe ST	Requires prior use of a HMG-CoA Reductase Inhibitor	ZETIA
Fibrates		
fenofibrate		LOFIBRA
fenofibrate tabs 48 mg		TRICOR
fenofibrate, micronized caps 43 mg		
fenofibric acid 35 mg		FIBRICOR
gemfibrozil		LOPID
HMG-CoA Reductase Inhibitors		
atorvastatin		LIPITOR
lovastatin		MEVACOR
pravastatin		PRAVACHOL
simvastatin 5 mg, 10 mg, 20 mg, 40 mg		ZOCOR

Niacins		
niacin		Niacor
PCSK9 Inhibitors		
evolocumab PA, SP		REPATHA
BETA-BLOCKERS		
acebutolol		SECTRAL
atenolol		TENORMIN
bisoprolol		ZEBETA
carvedilol		COREG
labetalol		TRANDATE
metoprolol succinate ext-rel		TOPROL-XL
metoprolol tartrate		LOPRESSOR
nadolol		CORGARD
propranolol		
propranolol ext-rel		INDERAL LA
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol/chlorthalidone		TENORETIC
bisoprolol/hydrochlorothiazide		ZIAC
CALCIUM CHANNEL BLOCKERS		
Dihydropyridines		
amlodipine		NORVASC
felodipine ext-rel 2.5 mg QL	Max #30/month	
felodipine ext-rel 5 mg, 10 mg		
nifedipine AGE	Covered for ages 64 years old & under	PROCARDIA
nifedipine ext-rel		ADALAT CC
nifedipine ext-rel		PROCARDIA XL
Nondihydropyridines		
diltiazem		CARDIZEM
diltiazem ext-rel		Dilt-XR
diltiazem ext-rel		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
verapamil ext-rel 100 mg, 300 mg		VERELAN PM
DIGITALIS GLYCOSIDES		
digoxin 0.125 mg, 0.25 mg		LANOXIN
digoxin soln AGE	Covered for ages 12 years old & under	LANOXIN
DIURETICS		
Carbonic Anhydrase Inhibitors		
acetazolamide		
acetazolamide ext-rel		DIAMOX SEQUELS
Loop Diuretics		
bumetanide		
furosemide soln AGE	Covered for ages 12 years old & under	
furosemide tabs		LASIX
torsemide		DEMADEX

Potassium-sparing Diuretics		
amiloride		
Thiazides and Thiazide-like Diuretics		
chlorthalidone		
hydrochlorothiazide		
indapamide		
metolazone		
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		
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 AGE	Covered for ages 64 years old & under	
midodrine		
minoxidil		
ranolazine ext-rel ST	Requires trial of beta blocker/calcium channel blockers and long-acting nitrate	RANEXA

CENTRAL NERVOUS SYSTEM

ANTIANXIETY		
Benzodiazepines		
alprazolam tabs AGE	Covered for ages 18 years old & over	XANAX
chlordiazepoxide AGE	Covered for ages 6-64 years old	
clonazepam tabs		KLONOPIN
clorazepate AGE	Covered for ages 6-64 years old	TRANXENE T-TAB
diazepam AGE	Covered for ages 64 years old & under	VALIUM
diazepam oral concentrate 5 mg/mL AGE, PA	Covered for ages 64 years old & under	DIAZEPAM INTENSOL
lorazepam AGE	Covered for ages 12 years old & over	ATIVAN
oxazepam AGE	Covered for ages 6 years old & over	

Miscellaneous

buspirone tabs 5 mg, 7.5 mg, 10 mg, 15 mg AGE	Covered for ages 6 years old & over	
clomipramine		ANAFRANIL
fluvoxamine		

ANTICONVULSANTS

carbamazepine		TEGRETOL
carbamazepine ext-rel		CARBATROL
carbamazepine ext-rel		TEGRETOL-XR
clobazam tabs PA		ONFI
diazepam rectal gel QL	Max #2 kits/month	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
levetiracetam ext-rel 500 mg QL	Max #180/month	KEPPRA XR
levetiracetam ext-rel 750 mg QL	Max #120/month	KEPPRA XR
oxcarbazepine		TRILEPTAL
phenobarbital elixir AGE	Covered for ages 12 years old & under	
phenobarbital tabs		
phenytoin chewable tabs		DILANTIN INFATABS
phenytoin sodium extended		DILANTIN
phenytoin susp		DILANTIN
primidone		MYSOLINE
rufinamide PA		BANZEL
tiagabine 2 mg, 4 mg PA		GABITRIL
topiramate sprinkle caps, tabs		TOPAMAX
valproic acid		DEPAKENE
vigabatrin PA, SP		SABRIL
zonisamide		ZONEGRAN

ANTIDEMENTIA

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

ANTIDEPRESSANTS

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

Monoamine Oxidase Inhibitors (MAOIs)

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

phenelzine #	NARDIL
tranylcypromine #	PARNATE

Selective Serotonin Reuptake Inhibitors (SSRIs)

citalopram	CELEXA
escitalopram PA	LEXAPRO

fluoxetine 10 mg, 20 mg		PROZAC
fluoxetine soln		
paroxetine HCl tabs		PAXIL
sertraline		ZOLOFT

Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

duloxetine delayed-rel PA		CYMBALTA
venlafaxine		
venlafaxine ext-rel caps	venlafaxine ext-rel tabs are not covered	EFFEXOR XR

Tricyclic Antidepressants (TCAs)

amitriptyline AGE	Covered for ages 64 years old & under	
desipramine		NORPRAMIN
doxepin AGE	Covered for ages 64 years old & under	
imipramine HCl		TOFRANIL
nortriptyline caps		PAMELOR
protriptyline		

Miscellaneous Agents

bupropion		WELLBUTRIN
bupropion ext-rel		WELLBUTRIN SR
bupropion ext-rel		WELLBUTRIN XL
maprotiline		
mirtazapine tabs 15 mg, 30 mg, 45 mg		REMERON
trazodone 50 mg, 100 mg, 150 mg		

ANTIPARKINSONIAN AGENTS

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

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amantadine caps, syp #	
benztropine #	
bromocriptine	PARLODEL
carbidopa/levodopa	SINEMET
carbidopa/levodopa ext-rel	SINEMET CR
pramipexole	MIRAPEX
ropinirole	REQUIP
selegiline caps, tabs	
trihexyphenidyl elixir PA, #	
trihexyphenidyl tabs #	

ANTIPSYCHOTICS

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

Atypicals

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

aripiprazole PA, #	ABILIFY
aripiprazole ext-rel inj PA, #	ABILIFY MAINTENA
aripiprazole lauroxil ext-rel inj PA, #	ARISTADA
asenapine PA, #	SAPHRIS
clozapine #	CLOZARIL
iloperidone PA, #	FANAPT
lurasidone PA, #	LATUDA

olanzapine pamoate ext-rel inj PA, #		ZYPREXA RELPREVV
olanzapine tabs ST, #	Requires trial of risperidone or quetiapine or clozapine	ZYPREXA
paliperidone ext-rel PA, #		INVEGA
paliperidone palmitate ext-rel inj PA, #		INVEGA SUSTENNA
paliperidone palmitate ext-rel inj PA, #		INVEGA TRINZA
quetiapine 25 mg PA, #		SEROQUEL
quetiapine 50 mg, 100 mg, 200 mg, 300 mg, 400 mg #		SEROQUEL
quetiapine ext-rel PA, #		SEROQUEL XR
risperidone #		RISPERDAL
risperidone long-acting inj PA, #		RISPERDAL CONSTA
risperidone orally disintegrating tabs #		RISPERDAL M-TABS
ziprasidone ST, #	Requires trial of risperidone or quetiapine or clozapine	GEODON

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

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine/dextroamphetamine mixed salts 5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg AGE, QL	Covered for ages 18 years old & under; Max #90/month	ADDERALL
amphetamine/dextroamphetamine mixed salts 7.5 mg AGE, QL	Covered for ages 18 years old & under; Max #150/month	ADDERALL
amphetamine/dextroamphetamine mixed salts 30 mg AGE, QL	Covered for ages 18 years old & under; Max #60/month	ADDERALL
amphetamine/dextroamphetamine mixed salts ext-rel AGE, QL	Covered for ages 6-18 years old; Max #30/month	ADDERALL XR
atomoxetine AGE, QL	Covered for ages 6-18 years old	STRATTERA
dexmethylphenidate AGE, QL	Covered for ages 18 years old & under	FOCALIN
dextroamphetamine ext-rel 5 mg, 10 mg PA, QL	Max #120/month	DEXEDRINE SPANSULE
dextroamphetamine ext-rel 15 mg PA, QL	Max #60/month	DEXEDRINE SPANSULE
dextroamphetamine tabs 5 mg, 10 mg AGE, QL	Covered for ages 3-18 years old	
methylphenidate AGE, QL	Covered for ages 6-18 years old	RITALIN
methylphenidate ext-rel AGE, QL	Covered for ages 6-18 years old	CONCERTA
methylphenidate ext-rel AGE, QL	Covered for ages 6-18 years old	METADATE CD
methylphenidate ext-rel 10 mg, 60 mg AGE, PA, QL	Covered for ages 6-18 years old	RITALIN LA
methylphenidate ext-rel 20 mg, 30 mg, 40 mg AGE, QL	Covered for ages 6-18 years old	RITALIN LA
methylphenidate ext-rel tabs 20 mg AGE, QL	Covered for ages 6-18 years old	
methylphenidate soln, tabs AGE, QL	Covered for ages 6-18 years old	METHYLIN

FIBROMYALGIA

pregabalin PA		LYRICA

HYPNOTICS

Benzodiazepines

estazolam AGE	Covered for ages 18 years old & over	
flurazepam AGE	Covered for ages 15-64 years old	
temazepam 15 mg, 30 mg		RESTORIL
triazolam AGE	Covered for ages 18 years old & over	HALCION

Nonbenzodiazepines

doxylamine OTC		UNISOM
zaleplon ST	Requires prior use of zolpidem	SONATA
zolpidem		AMBIEN

MIGRAINE

Selective Serotonin Agonists

naratriptan QL	Max #9/month	AMERGE
rizatriptan tabs ST, QL	Requires trial of sumatriptan or naratriptan; Max #12/month	MAXALT
sumatriptan tabs QL	Max #9/month	IMITREX

MOOD STABILIZERS

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

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lithium carbonate #		
lithium carbonate ext-rel tabs #		
lithium carbonate ext-rel tabs #		LITHOBID

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 AGE	Covered for ages 18-64 years old	SOMA
chlorzoxazone		PARAFON FORTE DSC
cyclobenzaprine 5 mg, 10 mg		
methocarbamol AGE	Covered for ages 64 years old & under	ROBAXIN
orphenadrine ext-rel		
tizanidine tabs AGE	Covered for ages 64 years old & under	ZANAFLEX

MYASTHENIA GRAVIS

pyridostigmine tabs		MESTINON

NARCOLEPSY/CATAPLEXY

armodafinil 50 mg, 150 mg, 250 mg AGE, PA	Covered for ages 64 years old & under	NUVIGIL
modafinil 100 mg PA, QL	Max #30 tabs/month	PROVIGIL
modafinil 200 mg PA, QL	Max #60 tabs/month	PROVIGIL
sodium oxybate PA		XYREM

PSYCHOTHERAPEUTIC-MISCELLANEOUS

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

Alcohol Deterrents

disulfiram		ANTABUSE

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

naloxone inj 1 mg/mL #		
naloxone nasal spray #		NARCAN
naltrexone #		

Partial Opioid Agonist/Opioid Antagonist Combinations
(# Indicates a Medi-Cal FFS Carved-Out Drug)

buprenorphine/naloxone sublingual tabs #		

Smoking Deterrents

bupropion ext-rel QL	Max 3 fills/year	ZYBAN
nicotine inhaler PA		NICOTROL
nicotine nasal spray PA		NICOTROL NS
nicotine polacrilex gum OTC, QL	Max 3 fills/year	NICORETTE
nicotine polacrilex lozenge OTC, QL	Max 3 fills/year	NICORETTE
nicotine transdermal OTC, QL	Max 3 fills/year	NICODERM CQ
varenicline PA		CHANTIX

ENDOCRINE AND METABOLIC

ANDROGENS

testosterone cypionate		DEPO-TESTOSTERONE
testosterone enanthate		

ANTIDIABETICS

Alpha-glucosidase Inhibitors

acarbose		PRECOSE

Biguanides

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

Biguanide/Sulfonylurea Combinations

glyburide/metformin		GLUCOVANCE

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

alogliptin ST	Requires prior use of metformin	NESINA
linagliptin ST	Requires prior use of metformin	TRADJENTA
sitagliptin phosphate ST	Requires prior use of alogliptin AND prior use of TRADJENTA or JENTADUETO	JANUVIA

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

alogliptin/metformin ST	Requires prior use of metformin	KAZANO
linagliptin/metformin ST	Requires prior use of metformin	JENTADUETO
sitagliptin/metformin ST	Requires prior use of alogliptin AND prior use of TRADJENTA or JENTADUETO	JANUMET

sitagliptin/metformin ext-rel ST	Requires prior use of alogliptin AND prior use of TRADJENTA or JENTADUETO	JANUMET XR

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

alogliptin/pioglitazone ST	Requires prior use of metformin	OSENI

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	Max #30 mL/month	NOVOLOG
insulin aspart protamine 70%/insulin aspart 30% QL	Max #30 mL/month	NOVOLOG MIX
insulin glargine QL	Max #30 mL/month	LANTUS
insulin human OTC, QL	Max #30 mL/month	HUMULIN R
insulin human OTC, QL	Max #30 mL/month	NOVOLIN R
insulin human vial QL	Max #20 mL/month	HUMULIN R U-500 VIAL
insulin isophane human OTC, QL	Max #30 mL/month	HUMULIN N
insulin isophane human OTC, QL	Max #30 mL/month	NOVOLIN N
insulin isophane human 70%/regular 30% OTC, QL	Max #30 mL/month	HUMULIN 70/30
insulin isophane human 70%/regular 30% OTC, QL	Max #30 mL/month	NOVOLIN 70/30
insulin lispro QL	Max #30 mL/month	HUMALOG U-100
insulin lispro protamine/insulin lispro QL	Max #30 mL/month	HUMALOG MIX

Insulin Sensitizers

pioglitazone		ACTOS

Meglitinides

nateglinide		STARLIX
repaglinide		PRANDIN

Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors

empagliflozin ST	Requires prior use of metformin	JARDIANCE

Sulfonylureas

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

Supplies

alcohol swabs OTC		
blood glucose monitoring kits OTC		TRUE METRIX AIR kits
blood glucose monitoring kits OTC		TRUE METRIX kits
blood glucose test strips OTC, QL, ^		TRUE METRIX test strips
blood glucose test strips OTC, QL, ^		TRUETEST test strips
insulin syringes, needles OTC		
lancets OTC		
urine acetone test strips OTC		KETOCARE test strips

^ 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 AGE	Covered for ages 50 years old & over	MIACALCIN

Parathyroid Hormones

teriparatide PA, SP		FORTEO

CONTRACEPTIVES

Limited to females

EE = ethinyl estradiol

ME = mestranol

Monophasic

20 mcg Estrogen

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

30 mcg Estrogen

desogestrel/EE 0.15/30 QL	Max #1 pack/month	DESOGEN
drospirenone/EE 3/30 QL	Max #1 pack/month	YASMIN
levonorgestrel/EE 0.15/30 QL	Max #1 pack/month	Levora
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 1.5 mg OTC, QL	Max #4/year	PLAN B ONE-STEP
ulipristal QL	Max #4/year	ELLA

Injectable		
medroxyprogesterone acetate 150 mg/mL QL	Max #4 inj/year	DEPO-PROVERA
Progestin Intrauterine Device (Medical Benefit)		
levonorgestrel-releasing IUD SP		LILETTA
levonorgestrel-releasing IUD SP		MIRENA
levonorgestrel-releasing IUD SP		SKYLA
Vaginal		
etonogestrel/EE ring QL	Max #1/month	NUVARING
Miscellaneous		
condoms, male OTC		
diaphragm		DIAPHRAGM , VARIOUS
ENDOMETRIOSIS		
nafarelin PA, SP		SYNAREL
ESTROGENS Limited to ages < 65		
Oral		
estradiol		ESTRACE
estrogens, conjugated		PREMARIN
estropipate		
Vaginal Limited to females		
estradiol vaginal crm		ESTRACE CREAM
estradiol vaginal tabs		VAGIFEM
estrogens, conjugated crm		PREMARIN CREAM
ESTROGEN/PROGESTINS Limited to ages < 65		
Oral		
EE/norethindrone acetate		FEMHRT 0.5 mg/2.5 mcg
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		
prednisone		
GLUCOSE ELEVATING AGENTS		
glucagon, human recombinant QL	Max 1 kit/month	GLUCAGON EMERGENCY KIT
glucose tablets OTC		

HUMAN GROWTH HORMONES		
somatropin vials PA, SP		OMNITROPE
HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS		
calcitriol caps (1,25-D3)		ROCALTROL
INSULIN-LIKE GROWTH FACTORS		
mecasermin PA, SP		INCRELEX
PHOSPHATE BINDER AGENTS		
calcium acetate caps		PHOSLO
PROGESTINS Limited to females		
medroxyprogesterone acetate		PROVERA
norethindrone acetate		AYGESTIN
SELECTIVE ESTROGEN RECEPTOR MODULATORS		
raloxifene AGE	Covered for ages 50 years old & over	EVISTA
THYROID AGENTS Antithyroid Agents		
methimazole		TAPAZOLE
propylthiouracil		
Thyroid Supplements		
levothyroxine		Levoxyl
levothyroxine		SYNTHROID
thyroid AGE	Covered for ages 64 years old & under	ARMOUR THYROID
thyroid AGE	Covered for ages 64 years old & under	NATURE-THROID
thyroid AGE	Covered for ages 64 years old & under	WESTHROID
thyroid AGE	Covered for ages 64 years old & under	WP THYROID
VASOPRESSINS		
desmopressin spray PA, SP		DDAVP
desmopressin spray PA, SP		STIMATE
desmopressin tabs		DDAVP
MISCELLANEOUS		
idursulfase PA, SP		ELAPRASE
leuprolide acetate PA, SP		LUPRON DEPOT-PED
levocarnitine soln		CARNITOR
levocarnitine tabs 330 mg		CARNITOR
methylergonovine		
octreotide acetate PA, SP		SANDOSTATIN
octreotide acetate PA, SP		SANDOSTATIN LAR
thyrotropin alfa PA, SP		THYROGEN

GASTROINTESTINAL

ANTACIDS
Limited to 4 fills per year

aluminum hydroxide/magnesium carbonate OTC		GAVISCON
aluminum hydroxide/magnesium hydroxide/simethicone OTC		MYLANTA
aluminum hydroxide/magnesium trisilicate OTC		
calcium carbonate OTC		TUMS
calcium carbonate/magnesium hydroxide OTC		MYLANTA

sodium bicarbonate tabs OTC		

ANTIDIARRHEALS
Limited to 4 fills per year

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

ANTIEMETICS

dextrose/fructose/phosphoric acid OTC		EMETROL
dimenhydrinate tabs OTC		DRAMAMINE
granisetron ST	Requires trial of ondansetron	
meclizine OTC		
meclizine		
metoclopramide		REGLAN
ondansetron orally disintegrating tabs QL	Max #90/month	ZOFRAN ODT
ondansetron soln PA, QL	Max #30 mL/month	ZOFRAN
ondansetron tabs 4 mg, 8 mg QL	Max #90/month	ZOFRAN
prochlorperazine		COMPAZINE
prochlorperazine supp		COMPAZINE
promethazine AGE	Covered for ages 2-64 years old	
promethazine inj AGE	Covered for ages 2-64 years old	
promethazine supp 12.5 mg, 25 mg AGE	Covered for ages 2-64 years old	
promethazine supp 50 mg AGE, PA	Covered for ages 2-64 years old	
scopolamine AGE, PA	Covered for ages 64 years old & under	TRANSDERM SCOP

ANTISPASMODICS

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

CHOLELITHOLYTICS

ursodiol caps		ACTIGALL
ursodiol tabs 250 mg QL	Max #30/month	URSO
ursodiol tabs 500 mg QL	Max #60/month	URSO FORTE

H_2 RECEPTOR ANTAGONISTS

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 ST, QL	Requires trial of two of cimetidine, famotidine or ranitidine; Max #120/month	
ranitidine OTC, QL	Max #120/month	ZANTAC OTC
ranitidine syp AGE, QL	Covered for ages 12 years old & under; Max #600 mL/month	ZANTAC
ranitidine tabs 150 mg QL	Max #120/month	ZANTAC
ranitidine tabs 300 mg QL	Max #60/month	ZANTAC

INFLAMMATORY BOWEL DISEASE
Oral Agents

balsalazide		
budesonide delayed-rel caps		ENTOCORT EC

mesalamine ext-rel caps		APRISO
sulfasalazine		AZULFIDINE
sulfasalazine delayed-rel		AZULFIDINE EN-TABS

LAXATIVES/STOOL SOFTENERS
Limited to 4 fills per year

benzocaine/docusate OTC		Enemeez Plus
bisacodyl delayed-rel tabs OTC, QL	Max #90/month	DULCOLAX
bisacodyl supp OTC, QL	Max #30/month	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 8.6 mg OTC, QL	Max #60/month	SENOKOT
sennosides/docusate sodium OTC		SENOKOT-S
sodium phosphates enema OTC		FLEET
sodium phosphates soln OTC		
wheat dextrin powder OTC		BENEFIBER

PANCREATIC ENZYMES

pancrelipase delayed-rel		CREON
pancrelipase delayed-rel		ZENPEP

PROSTAGLANDINS

misoprostol		CYTOTEC

PROTON PUMP INHIBITORS

esomeprazole magnesium delayed-rel OTC		NEXIUM 24HR OTC
lansoprazole delayed-rel OTC, QL		PREVACID 24HR OTC
omeprazole delayed-rel caps 10 mg, 20 mg QL		PRILOSEC
omeprazole delayed-rel caps 40 mg		PRILOSEC
omeprazole delayed-rel tabs OTC, †		OMEPRAZOLE OTC
omeprazole magnesium delayed-rel OTC, QL		PRILOSEC OTC
omeprazole magnesium delayed-rel caps OTC, QL		
omeprazole oral suspension AGE, QL	Covered for ages 12 years old & under	FIRST-OMEPRAZOLE
pantoprazole delayed-rel tabs QL		PROTONIX

SALIVA STIMULANTS

pilocarpine tabs		SALAGEN

MISCELLANEOUS

dibucaine rectal oint OTC		NUPERCAINAL
glycopyrrolate PA		CUVPOSA
pramoxine/phenylephrine/glycerin/petrolatum crm OTC		PREPARATION H

simethicone OTC		
sucralfate susp AGE, PA	Covered for ages 18 years old & under	CARAFATE
sucralfate tabs QL		CARAFATE

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA
Limited to males

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

URINARY ANTISPASMODICS

flavoxate hydrochloride		
oxybutynin		
oxybutynin ext-rel ST	Requires trial of oxybutynin	DITROPAN XL
tolterodine ST	Requires trial of oxybutynin	DETROL
trospium ST	Requires trial of oxybutynin	

VAGINAL ANTI-INFECTIVES
Limited to females

clindamycin crm		CLEOCIN
clotrimazole OTC		
metronidazole QL	Max #70 grams/5 days	METROGEL-VAGINAL
miconazole OTC		MONISTAT 3, MONISTAT 7
terconazole crm, supp		TERAZOL
tioconazole OTC		VAGISTAT-1

MISCELLANEOUS

acetic acid irrigation soln		
bethanechol		URECHOLINE
phenazopyridine		PYRIDIUM
potassium citrate ext-rel 5 mEq, 10 mEq		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	Requires PA for treatment longer than 7 days	LOVENOX

Oral

rivaroxaban PA		XARELTO
warfarin		COUMADIN

Synthetic Heparinoid-like Agents

fondaparinux PA, SP		ARIXTRA

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

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

antihemophilic factor (recombinant) PA, SP, #		ADVATE
antihemophilic factor (recombinant) PA, SP, #		HELIXATE FS
antihemophilic factor (recombinant) PA, SP, #		KOGENATE FS
antihemophilic factor/von Willebrand factor complex (human) PA, SP, #		HUMATE-P
factor IX concentrate PA, SP, #		BENEFIX
HEMATOPOIETIC GROWTH FACTORS		
darbepoetin alfa PA, SP		ARANESP
epoetin alfa PA, SP		EPOGEN
epoetin alfa PA, SP		PROCRIT
filgrastim PA, SP		NEUPOGEN
pegfilgrastim PA, SP		NEULASTA
sargramostim PA, SP		LEUKINE
PLATELET AGGREGATION INHIBITORS		
aspirin OTC		
clopidogrel 75 mg		PLAVIX
dipyridamole		PERSANTINE
dipyridamole ext-rel/aspirin PA		AGGRENOX
MISCELLANEOUS		
cilostazol		
pentoxifylline ext-rel		

IMMUNOLOGIC AGENTS

BIOLOGIC DISEASE-MODIFYING AGENTS		
adalimumab PA, SP		HUMIRA
etanercept PA, SP		ENBREL
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)		
hydroxychloroquine		PLAQUENIL
leflunomide		ARAVA
methotrexate		
methotrexate inj 25 mg/mL QL	Max #10 mL/month	
IMMUNE GLOBULINS		
Rho (D) immune globulin PA, SP		RHOGAM PLUS
IMMUNOMODULATORS		
Interferons		
interferon alfa-2b PA, SP		INTRON A
interferon gamma-1b PA, SP		ACTIMMUNE
peginterferon alfa-2a PA, SP		PEGASYS
IMMUNOSUPPRESSANTS		
Antimetabolites		
azathioprine PA		IMURAN
mycophenolate mofetil caps, tabs PA		CELLCEPT
Calcineurin Inhibitors		
cyclosporine caps PA		SANDIMMUNE

cyclosporine, modified PA		NEORAL
tacrolimus PA		PROGRAF
VACCINES		
hepatitis A vaccine AGE, QL	Covered for ages 19 years & older; Max 2 doses per lifetime	HAVRIX, VAQTA
hepatitis A, hepatitis B vaccine AGE	Covered for ages 19 years & older	TWINRIX
hepatitis B vaccine AGE	Covered for ages 19 years & older	ENGERIX-B, RECOMBIVAX HB
human papillomavirus (HPV) vaccine AGE, QL	Covered for ages 19 years & older; Max 3 doses per lifetime	CERVARIX, GARDASIL, GARDASIL 9
influenza virus vaccine, quadrivalent AGE	Covered for ages 18 years & older	FLUARIX QUADRIVALENT, FLUCELVAX QUADRIVALENT, FLULAVAL QUADRIVALENT, FLUZONE QUADRIVALENT
influenza virus vaccine, trivalent AGE	Covered for ages 18 years & older	AFLURIA, AFLURIA PF, FLUVIRIN, FLUVIRIN PF
measles, mumps & rubella vaccine AGE, QL	Covered for ages 19 years & older; Max 2 doses per lifetime	M-M-R II
meningococcal conjugate vaccine AGE, QL	Covered for ages 19 years & older; Max 1 dose per lifetime	MENACTRA, MENVEO
meningococcal group B vaccine AGE, QL	Covered for ages 19 years & older; Max 2 doses per lifetime	BEXSERO
meningococcal group B vaccine AGE, QL	Covered for ages 19 years & older; Max 3 doses per lifetime	TRUMENBA
meningococcal polysaccharide vaccine AGE, QL	Covered for ages 19 years & older; Max 1 dose per lifetime	MENOMUNE
pneumococcal conjugate vaccine, 13 valent AGE, QL	Covered for ages 50 years & older; Max 1 dose per lifetime	PREVNAR 13
pneumococcal polysaccharide vaccine, 23 valent AGE, QL	Covered for ages 50 years & older; Max 2 doses per lifetime	PNEUMOVAX 23
rabies vaccine AGE	Covered for ages 19 years & older	IMOVAX RABIES, RABAVERT
tetanus, diphtheria toxoids AGE	Covered for ages 19 years & older	TENIVAC, TETANUS-DIPHTHERIA TOXOIDS TD
tetanus, diphtheria, pertussis AGE	Covered for ages 19 years & older	ADACEL, BOOSTRIX
varicella virus vaccine AGE, QL	Covered for ages 19 years & older; Max 2 doses per lifetime	VARIVAX
zoster vaccine AGE, QL	Covered for ages 60 years & older; Max 1 dose per lifetime	ZOSTAVAX

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

Potassium

potassium bicarbonate effer tabs 25 mEq		
potassium chloride ext-rel 20 mEq QL	Max #150/month	K-TAB
potassium chloride ext-rel caps 8 mEq, 10 mEq		MICRO-K
potassium chloride ext-rel tabs 8 mEq, 10 mEq		KLOR-CON
potassium chloride liquid		
potassium chloride microencapsulated crystal ext-rel 10 mEq, 20 mEq		KLOR-CON M10, KLOR-CON M20

Potassium-Removing Agents

sodium polystyrene sulfonate oral susp		Kionex
sodium polystyrene sulfonate powder		

Miscellaneous

potassium/sodium phosphates		K-PHOS NEUTRAL
sodium chloride tabs		

VITAMINS AND MINERALS

Folic Acid

folic acid OTC		
folic acid		

Prenatal Vitamins

Limited to females

prenatal vitamin tabs		
prenatal vitamins/DHA		

Miscellaneous

ascorbic acid tabs 500 mg OTC		VITAMIN C
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		
ferrous fumarate OTC		HEMOCYTE
ferrous gluconate OTC		FERGON
ferrous sulfate OTC		FEOSOL
ferrous sulfate drops 15 mg/mL OTC		FER-IN-SOL
ferrous sulfate elixir, liquid 220 mg/5 mL OTC		
ferrous sulfate ext-rel OTC		SLOW FE
iron polysaccharides complex OTC		
magnesium chloride ext-rel OTC		
magnesium gluconate OTC		
magnesium oxide OTC		MAG-OX
multivitamins OTC, AGE	Limited to ages 5 years old & under	
multivitamins/fluoride/iron drops, tabs		POLY-VI-FLOR
multivitamins/iron OTC		
multivitamins/minerals OTC		
niacin OTC		
niacin ext-rel caps OTC		
niacin ext-rel tabs OTC		SLO-NIACIN
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
riboflavin tabs 100 mg OTC		VITAMIN B-2
sodium fluoride chew tabs, drops		LURIDE
thiamine 50 mg, 100 mg OTC		VITAMIN B-1
vitamin B complex/vitamin C/folic acid OTC		
vitamin B complex/vitamin C/folic acid		NEPHROCAPS
vitamin B complex/vitamin C/folic acid		NEPHRO-VITE RX

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

epinephrine QL	Max #2 pens/month	EPIPEN
epinephrine QL	Max #2 pens/month	EPIPEN JR.
epinephrine pen QL	Max #2 pens/month	

ANTICHOLINERGICS		
aclidinium bromide		TUDORZA
ipratropium soln		
ipratropium, CFC-free aerosol		ATROVENT HFA
umeclidinium		INCRUSE ELLIPTA
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
Short Acting		
ipratropium/albuterol soln QL	Max #360 mL/month	
ANTIHISTAMINES		
Low Sedating		
cetirizine chewable tabs, syp OTC, AGE	Covered for ages 12 years old & under	ZYRTEC
cetirizine syp AGE	Covered for ages 12 years old & under	
cetirizine tabs OTC		ZYRTEC
Nonsedating		
fexofenadine tabs 30 mg, 60 mg OTC, PA		ALLEGRA
fexofenadine tabs 180 mg OTC		ALLEGRA
loratadine rapidly-disintegrating tabs 10 mg OTC, AGE, QL	Covered for ages 12 years old & under	CLARITIN
loratadine syp OTC, AGE, QL	Covered for ages 12 years old & under	CLARITIN
loratadine tabs OTC, QL		CLARITIN
Sedating		
carbinoxamine		
chlorpheniramine ext-rel OTC		CHLOR-TRIMETON
chlorpheniramine syp, tabs OTC		CHLOR-TRIMETON
clemastine		
clemastine tabs OTC		TAVIST
cyproheptadine AGE	Covered for ages 64 years old & under	
diphenhydramine 25 mg, 50 mg OTC, AGE	Covered for ages 64 years old & under	BENADRYL
diphenhydramine chew tabs 12.5 mg OTC, AGE	Covered for ages 12 years old & under	BENADRYL
diphenhydramine elixir, liquid, syp OTC, AGE	Covered for ages 12 years old & under	BENADRYL
diphenhydramine inj AGE	Covered for ages 64 years old & under	
hydroxyzine HCl AGE	Covered for ages 64 years old & under	
hydroxyzine pamoate AGE	Covered for ages 64 years old & under	VISTARIL
BETA AGONISTS		
Inhalants		
Short Acting		
albuterol inhalation soln 0.083% QL	Max #225 mL/month	
albuterol inhalation soln 0.5% QL	Max #150 mL/month	
albuterol inhalation soln 0.63 mg/3 mL QL	Max #300 mL/month	
albuterol inhalation soln 1.25 mg/3 mL QL	Max #150 mL/month	
albuterol sulfate, CFC-free aerosol		VENTOLIN HFA
Long Acting		
salmeterol xinafoate		SEREVENT
Oral Agents		
albuterol syp, tabs 4 mg		
terbutaline		
COUGH AND COLD		
Limited to 4 fills per year.		
Antihistamine/Decongestant Combinations		
brompheniramine/pseudoephedrine elixir OTC, QL	Max #480 mL/month	DIMETAPP

cetirizine/pseudoephedrine ext-rel tabs OTC, AGE		ZYRTEC-D
diphenhydramine/phenylephrine liquid 6.25 mg-2.5 mg/5 mL OTC, QL	Max #180 mL/month	TRIAMINIC NT
diphenhydramine/phenylephrine tabs OTC		BENADRYL-D
loratadine/pseudoephedrine ext-rel OTC		CLARITIN-D
promethazine/phenylephrine syp AGE	Covered for ages 64 years old and under	
Antitussives		
benzonatate		TESSALON
Antitussive Combinations		
Opioid		
codeine/guaifenesin AGE, QL	Covered for ages 2 years old & over	Cheratussin AC
codeine/guaifenesin/pseudoephedrine		Cheratussin DAC
codeine/promethazine syp AGE, QL	Covered for ages 2-64 years old	
codeine/promethazine/phenylephrine AGE	Covered for ages 2-64 years old	
codeine/pyrilamine syp OTC, QL	Max #180 mL/month	PRO-CLEAR AC
hydrocodone/homatropine syp		
Non-opioid		
dextromethorphan/brompheniramine/pseudoephedrine syp QL		Bromfed DM
dextromethorphan/promethazine syp AGE, QL	Covered for ages 4-64 years; Max #180 mL/month	
Decongestants		
phenylephrine OTC, AGE		SUDAFED PE
pseudoephedrine OTC, AGE		SUDAFED
pseudoephedrine ext-rel 120 mg OTC, AGE		SUDAFED 12 HOUR
CYSTIC FIBROSIS		
dornase alfa PA, SP		PULMOZYME
tobramycin inhalation soln PA, SP		TOBI
LEUKOTRIENE MODIFIERS		
montelukast chewable tabs 4 mg AGE	Covered for ages 9 years old & under	SINGULAIR
montelukast chewable tabs 5 mg AGE	Covered for ages 14 years old & under	SINGULAIR
montelukast tabs		SINGULAIR
MAST CELL STABILIZERS		
cromolyn sodium nasal spray OTC		NASALCROM
cromolyn soln for inhalation		
MEDICAL SUPPLIES		
nebulizer/compressor OTC		
peak flow meter OTC, QL	Max #1/year	
respiratory mask OTC, QL	Max 1 fill/year	
sodium chloride for inhalation		
spacer OTC, QL	Max 1 fill/year	
NASAL ANTIHISTAMINES		
azelastine 0.1% spray QL		
NASAL DECONGESTANTS		
oxymetazoline spray OTC		AFRIN

NASAL STEROIDS
Limited to 4 fills per year except for asthmatics

fluticasone spray AGE, QL	Covered for ages 4 years old & over	
triamcinolone acetonide spray OTC		

RESPIRATORY SYNCYTIAL VIRUS

palivizumab PA, SP		SYNAGIS

STEROID/BETA AGONIST COMBINATIONS

budesonide/formoterol		SYMBICORT
fluticasone/salmeterol AGE, ST, QL	Covered for ages 12 years old & under; Requires trial of Steroid Inhalant	ADVAIR DISKUS 100/50
mometasone/formoterol ST, QL	Requires trial of Steroid Inhalant	DULERA

STEROID INHALANTS

beclomethasone QL		QVAR
budesonide QL		PULMICORT FLEXHALER
budesonide inh susp 0.25 mg/2 mL, 0.5 mg/2 mL AGE, QL	Covered for ages 9 years old & under	PULMICORT RESPULES
flunisolide, CFC-free aerosol QL		AEROSPAN

XANTHINES

theophylline ext-rel tabs		
theophylline soln		

MISCELLANEOUS

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

TOPICAL

DERMATOLOGY
Acne
Oral

isotretinoin caps PA		

Topical

benzoyl peroxide gel 2.5% OTC, AGE, QL	Covered for ages 10-29 years old; Max #60 grams/month	
benzoyl peroxide gel 5% OTC, AGE	Covered for ages 10 years old & over	
benzoyl peroxide gel 10% OTC, AGE	Covered for ages 10-29 years old	
benzoyl peroxide liquid 5%, 10% OTC, AGE, QL	Covered for ages 10-29 years old; Max #240 grams/month	
benzoyl peroxide lotion 5% OTC, AGE, QL	Covered for ages 10-29 years old; Max #141 mL/month	
benzoyl peroxide lotion 10% OTC, AGE, QL	Covered for ages 10-29 years old; Max #30 mL/month	
clindamycin gel 1 % AGE, QL	Covered for ages 10-29 years old; Max #60 grams/month	CLEOCIN T
clindamycin lotion 1% AGE, QL	Covered for ages 10-29 years old; Max #300 mL/month	CLEOCIN T
clindamycin soln		CLEOCIN T
erythromycin gel, soln AGE	Covered for ages 10-29 years old	
tretinoin AGE, QL	Covered for ages 10-35 years old; Max #45 grams/month	RETIN-A

Actinic Keratosis		
fluorouracil crm		EFUDEX
Antibiotics		
bacitracin oint OTC		
bacitracin zinc oint OTC		
bacitracin/neomycin/polymyxin B oint OTC		NEOSPORIN
bacitracin/polymyxin B oint OTC		POLYSPORIN
gentamicin		
mupirocin nasal PA		BACTROBAN NASAL
mupirocin oint QL	Max #44 grams/month	
silver sulfadiazine		SILVADENE
Antifungals		
ciclopirox crm 0.77%		LOPROX
clotrimazole OTC		LOTRIMIN AF
ketoconazole crm 2% QL	Max #60 grams/month	NIZORAL
ketoconazole shampoo 2% QL	Max #120 mL/month	NIZORAL
miconazole crm, powder OTC		MICATIN
miconazole oint OTC		ALOE VESTA
nystatin crm, oint QL	Max #90 grams/month	
nystatin powder QL	Max #30 grams/month	
terbinafine crm OTC, QL	Max #30 grams/month	LAMISIL AT
tolnaftate crm, powder, soln OTC		TINACTIN
Antipsoriatics		
Topical		
anthralin crm 1%		DRITHOCREME HP
calcipotriene oint, soln PA		DOVONEX
Antiseborrheics		
selenium sulfide lotion 1% OTC		SELSUN BLUE
selenium sulfide lotion 2.5%		
Corticosteroids		
Low Potency		
alclometasone crm, oint 0.05%		ACLOVATE
desonide crm 0.05% ST	Requires trial of any preferred low potency steroid	DESOWEN
desonide oint 0.05%		DESOWEN
fluocinolone acetonide oil 0.01% QL	Max #120 mL/month	DERMA-SMOOTHE-FS
hydrocortisone acetate crm 0.5 % OTC		
hydrocortisone crm, gel, lotion, oint OTC		CORTIZONE
hydrocortisone crm, lotion, oint 1%		
hydrocortisone crm, lotion, oint 2.5% QL	Max #60 grams/month	
hydrocortisone/aloe vera crm OTC		
Medium Potency		
betamethasone valerate crm, oint 0.1%		
betamethasone valerate lotion 0.1% QL	Max #60 mL/month	
fluocinolone acetonide crm, oint 0.025%		
fluticasone propionate crm 0.05%, oint 0.005%		CUTIVATE
hydrocortisone valerate crm 0.2%		WESTCORT
mometasone crm, oint 0.1% QL	Max #60 grams/month	ELOCON
mometasone lotion 0.1%		ELOCON
prednicarbate crm, oint 0.1%		DERMATOP
triamcinolone acetonide crm, lotion, oint 0.025%		
triamcinolone acetonide crm, lotion, oint 0.1%		

High Potency		
betamethasone dipropionate augmented crm 0.05%		DIPROLENE AF
betamethasone dipropionate augmented lotion 0.05%		DIPROLENE
betamethasone dipropionate crm, lotion, oint 0.05%		
desoximetasone crm 0.25%		TOPICORT
fluocinonide crm, gel 0.05%		
fluocinonide emollient crm 0.05%		
fluocinonide oint 0.05% ST	Requires trial of triamcinolone acetonide crm or oint 0.5%	
fluocinonide soln 0.05% QL	Max #60 mL/month	
triamcinolone acetonide crm, oint 0.5%		
Very High Potency		
betamethasone dipropionate augmented gel, oint 0.05%		DIPROLENE
clobetasol propionate crm, gel, oint, soln 0.05%		TEMOVATE
halobetasol propionate crm, oint 0.05%		ULTRAVATE
Emollients		
emollient oint OTC		
lactic acid (ammonium lactate) crm 12% QL	Max #280 grams/month	LAC-HYDRIN
lactic acid (ammonium lactate) lotion 12% QL	Max #225 grams/month	LAC-HYDRIN
Immunomodulators		
pimecrolimus AGE, PA, QL	Covered for ages 2 years old & over; Max #60 grams/month	ELIDEL
tacrolimus AGE, PA, QL	Covered for ages 2 years old & over; Max #30 grams/month	PROTOPIC
Local Analgesics		
lidocaine patch PA		LIDODERM
Local Anesthetics		
lidocaine crm 4% OTC		LMX 4
lidocaine gel 2% OTC		
lidocaine soln 4%		XYLOCAINE
lidocaine/prilocaine crm QL	Max #60 grams/month	
Rosacea		
metronidazole crm 0.75%		METROCREAM
metronidazole gel 0.75%		
metronidazole lotion 0.75%		METROLOTION
Scabicides and Pediculicides		
benzyl alcohol ST	Requires trial of a permethrin AND pyrethrins/piperonyl butoxide	ULESFIA
crotamiton ST	Requires trial of a permethrin	EURAX
malathion ST	Requires trial of a permethrin AND pyrethrins/piperonyl butoxide	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 ST	Requires trial of a permethrin AND pyrethrins/piperonyl butoxide	NATROBA

Miscellaneous Skin and Mucous Membrane		
acyclovir crm AGE, PA	Covered for ages 18 years old & under	ZOVIRAX
acyclovir oint AGE, PA	Covered for ages 18 years old & under	ZOVIRAX
chlorhexidine 4% OTC		HIBICLENS
diphenhydramine/zinc acetate 2-0.1% OTC		BENADRYL EXTRA STRENGTH
docosanol OTC, QL	Max #2 grams/month	ABREVA
imiquimod PA, QL	Max #24 packets/month	ALDARA
podofilox soln QL	Max #7 mL/6 months	CONDYLOX
skin protectant crm OTC		EUCERIN CREAM
water for irrigation, sterile		
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics - Topical Oral		
lidocaine viscous 2%		
Steroids - Mouth/Throat		
triamcinolone paste		
Miscellaneous		
chlorhexidine 0.12%		PERIDEX
clotrimazole troches QL		
nystatin susp		
OPHTHALMIC		
Antiallergics		
azelastine PA		
cromolyn sodium		
epinastine PA		ELESTAT
ketotifen OTC		ZADITOR
Anti-infectives		
bacitracin		
bacitracin/neomycin/polymyxin B oint		
bacitracin/polymyxin B oint		
ciprofloxacin soln		CILOXAN
erythromycin		
gentamicin		
levofloxacin soln		
neomycin/polymyxin B/gramicidin		NEOSPORIN
ofloxacin		OCUFLOX
polymyxin B/trimethoprim		POLYTRIM
sulfacetamide soln		BLEPH-10
tobramycin soln		TOBREX
Anti-infective/Anti-inflammatory Combinations		
bacitracin/neomycin/polymyxin B/hydrocortisone oint		
neomycin/polymyxin B/dexamethasone		MAXITROL
sulfacetamide/prednisolone acetate 10%/0.23%		
tobramycin/dexamethasone susp 0.3%/0.1%		TOBRADEX
Anti-inflammatories		
Nonsteroidal		
diclofenac sodium 0.1%		
flurbiprofen sodium		OCUFEN
ketorolac 0.4%		ACULAR LS
ketorolac 0.5%		ACULAR

Steroidal		
dexamethasone sodium phosphate		
fluorometholone 0.1% susp		FML LIQUIFILM
prednisolone acetate 1%		PRED FORTE
Antivirals		
trifluridine		VIROPTIC
Beta-blockers		
Nonselective		
carteolol		
levobunolol		BETAGAN
metipranolol		
timolol maleate		TIMOPTIC
timolol maleate gel		TIMOPTIC-XE
Carbonic Anhydrase Inhibitors		
Topical		
dorzolamide		TRUSOPT
Carbonic Anhydrase Inhibitor/Beta-blocker Combinations		
dorzolamide/timolol maleate		COSOPT
Mydriatics		
atropine soln		
Parasympathomimetics		
pilocarpine		ISOPTO CARPINE
Prostaglandins		
latanoprost		XALATAN
travoprost ST	Requires trial of latanoprost	
travoprost ST	Requires trial of latanoprost	TRAVATAN Z
Sympathomimetics		
brimonidine 0.15%		ALPHAGAN P
brimonidine 0.2%		
Miscellaneous		
artificial tears OTC		
naphazoline 0.1%		
proparacaine 0.5%		
sodium chloride 5% OTC		MURO-128
OTIC		
Anti-infectives		
acetic acid		
ciprofloxacin otic		CETRAXAL
ofloxacin otic		
Anti-infective/Anti-inflammatory Combinations		
acetic acid/hydrocortisone		
neomycin/polymyxin B/hydrocortisone		CORTISPORIN OTIC
Miscellaneous		
antipyrine/benzocaine		
carbamide peroxide 6.5% OTC		DEBROX
isopropyl alcohol /glycerin OTC		Ear Drying Drops

MISCELLANEOUS

MEDICAL SUPPLIES
needles 18 g x 1-1/2"
syringes 3 mL

INDEX

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

X

Y

Z