



October 2016

**Molina Healthcare of Washington
Medicaid**

**Preferred Drug List
(Formulary)**

Molina Healthcare of Washington Medicaid Preferred Drug List (Formulary)

(10/01/2016)

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INTRODUCTION

We are pleased to provide the 2016 *Molina Healthcare of Washington Medicaid 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 QUANTITIES

Prescriptions should be written for a therapeutic supply of medications (the amount to appropriately treat a medical condition) up to a maximum of a 30-day supply. Trial quantities may be used when trying 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 (800) 869-7791. 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 Washington's Pharmacy Department, please provide relevant information with the Prior Authorization request. The following are examples:

Class of Medication/Diagnosis

Cholesterol Lowering

Diabetes

Non-Formulary/Non-Preferred Medication

Requested Clinical Information

Lipid Panel, Cardiovascular risk factors

A1c Report

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

NON-COVERED MEDICATIONS

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

- Appetite Suppressants and other drugs used for weight loss
- Medications used for the treatment of infertility, impotence and sexual dysfunction
- Medications used for cosmetic purposes
- Experimental or Investigational Medications
- 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 the Apple Health Fee-for-Service program):

The following types of medications are covered by the Apple Health Fee-for-Service program directly, even when the member is enrolled in Molina managed care. For questions about a benefit or service listed here, call Apple Health Customer Service at 1-800-562-3022.

- Prescriptions related to dental care.
- Hemophiliac Blood Product – Blood factors VII, VIII and IX and the anti-inhibitor indicated for use in treatment for hemophilia and von Willebrand disease distributed for administration in the enrollee's home or other outpatient setting.
- Medications used to treat Hepatitis C, including all Direct-Acting Antivirals (DAA), ribavirin and interferon products.

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: 800-869-7791

NOTICE

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

ANALGESICS

ANALGESICS, OTHER

acetaminophen OTC		TYLENOL
NSAIDs		
diclofenac potassium		
diclofenac sodium delayed-rel		
diclofenac sodium ext-rel		
diflunisal PA		
etodolac tabs		
fenoprofen PA		NALFON
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	
meclofenamate PA		
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		
tolmetin PA		
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		
buprenorphine transdermal PA		BUTRANS
butalbital/acetaminophen/cafeine/codeine 50/300/40/30 mg		
butalbital/acetaminophen/cafeine/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 ext-rel PA		EXALGO
hydromorphone tabs 2 mg QL	Max #360/month	DILAUDID
hydromorphone tabs 4 mg QL	Max #360/month	DILAUDID

levorphanol tartrate PA		
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 ext-rel 10 mg PA		OXYCONTIN
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
oxycodone/ibuprofen PA		
oxymorphone PA		OPANA
oxymorphone ext-rel 5 mg PA		
tapentadol ext-rel PA		NUCYNТА ER
tramadol QL	Max #240/month	ULTRAM
tramadol ext-rel PA		
tramadol ext-rel PA		CONZIP

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
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ANTI-INFECTIVES

ANTIBACTERIALS

Aminoglycosides

neomycin		
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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

cefaclor PA		
cefaclor ext-rel PA		CEFACTOR ER
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	
cefditoren PA		SPECTRACEF
cefixime caps PA		SUPRAX
cefixime susp PA		SUPRAX
cefpodoxime PA		

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
fidaxomicin PA		DIFICID
Fluoroquinolones		
ciprofloxacin 250 mg, 500 mg, 750 mg QL		CIPRO
gemifloxacin PA		FACTIVE
levofloxacin oral soln PA		
levofloxacin tabs QL	Max #10/10 days, max 1 fill/45 days	LEVAQUIN
moxifloxacin PA		AVELOX
Ketolides		
telithromycin PA		KETEK
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		
sulfadiazine PA		SULFADIAZINE
sulfamethoxazole/trimethoprim		BACTRIM
Tetracyclines		
demeclocycline PA		
doxycycline monohydrate caps 50 mg, 100 mg		MONODOX
doxycycline monohydrate tabs 100 mg		ADOXA
minocycline caps 50 mg, 100 mg		MINOCIN
tetracycline PA		
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		
itraconazole PA		SPORANOX
ketoconazole tabs 200 mg		
nystatin		
terbinafine tabs QL	Max #30/month, max 6 fills/year	LAMISIL
ANTIMALARIALS		
artemether/lumefantrine PA		COARTEM
atovaquone/proguanil PA		MALARONE
chloroquine PA		ARALEN
mefloquine PA		
primaquine PA		PRIMAQUINE
pyrimethamine PA		DARAPRIM
quinine sulfate PA		QUALAQUIN

ANTIRETROVIRAL AGENTS

Antiretroviral Adjuvants

cobicistat PA	TYBOST
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Antiretroviral Combinations

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

maraviroc	SELZENTRY
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Integrase Inhibitors

dolutegravir	TIVICAY
elvitegravir	VITEKTA
raltegravir	ISENTRESS

Non-nucleoside Reverse Transcriptase Inhibitors

delavirdine PA	RESCRIPTOR
efavirenz	SUSTIVA
etravirine SP	INTELENCE
nevirapine	VIRAMUNE
nevirapine ext-rel	VIRAMUNE XR
rilpivirine	EDURANT

Nucleoside Reverse Transcriptase Inhibitors

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

Nucleotide Reverse Transcriptase Inhibitors

tenofovir	VIREAD
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Protease Inhibitors

atazanavir	REYATAZ
darunavir	PREZISTA
fosamprenavir tabs	LEXIVA
indinavir PA	CRIXIVAN
lopinavir/ritonavir	KALETRA
nelfinavir	VIRACEPT
ritonavir	NORVIR
saquinavir mesylate tabs	INVIRASE
tipranavir PA	APTIVUS

ANTITUBERCULAR AGENTS

aminosalicylic acid delayed-rel granules PA		PASER
cycloserine PA		
ethambutol		MYAMBUTOL
ethionamide PA		TRECATOR
isoniazid		
pyrazinamide		
rifampin		RIFADIN
rifapentine QL	Max #32/month	PRIFTIN

ANTIVIRALS

Cytomegalovirus Agents

valganciclovir PA		VALCYTE
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Hepatitis Agents

Hepatitis B

adefovir dipivoxil		HEPSERA
entecavir		BARACLUDE
lamivudine soln PA		EPIVIR-HBV
lamivudine tabs		EPIVIR-HBV

Hepatitis C

Medications used to treat Hepatitis C, including all Direct-Acting Antivirals (DAA), ribavirin and interferon products, are a "carve-out" for Molina and are covered directly by the Health Care Authority Apple Health Fee-for-Service program. For questions, please call Apple Health Customer Service at 1-800-562-3022.

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
nitazoxanide PA		ALINIA
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		
pentamidine inh soln PA		NEBUPENT
pyrantel OTC		PIN-X
pyrantel OTC		REESES PINWORM MEDICINE
rifabutin PA		MYCOBUTIN
trimethoprim		

vancomycin PA	VANCOCIN
ANTINEOPLASTIC AGENTS	
ALKYLATING AGENTS	
chlorambucil	LEUKERAN
cyclophosphamide caps	CYCLOPHOSPHAMIDE caps
estramustine PA	EMCYT
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	
nilutamide PA	NILANDRON
Antiestrogens	
tamoxifen	
toremifene PA	FARESTON
Aromatase Inhibitors	
anastrozole	ARIMIDEX
exemestane PA	AROMASIN
letrozole	FEMARA
Luteinizing Hormone-releasing Hormone (LHRH) Agonists	
goserelin acetate PA, SP	ZOLADEX
leuprolide acetate PA, SP	
triptorelin pamoate PA, SP	TRELSTAR
Progestins	
megestrol acetate	MEGACE
IMMUNOMODULATORS	
lenalidomide PA, SP	REVLIMID
thalidomide PA, SP	THALOMID
KINASE INHIBITORS	
dasatinib PA, SP	SPRYCEL
erlotinib PA, SP	TARCEVA
everolimus PA, SP	AFINITOR
ibrutinib PA, SP	IMBRUVICA
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
rituximab	PA, SP	RITUXAN
tretinoin caps	PA	
vorinostat	PA	ZOLINZA

CARDIOVASCULAR

ACE INHIBITORS		
benazepril		LOTENSIN
captopril		
enalapril		VASOTEC
fosinopril		
lisinopril		ZESTRIL
moexipril	PA	
perindopril	PA	ACEON
quinapril		ACCUPRIL
ramipril	PA	ALTACE
trandolapril	PA	MAVIK

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	AGE *	CATAPRES
guanfacine	AGE **	TENEX

AGE* Quantity limits apply for clonidine tabs:
0-3 years: Prior authorization is required
4-5 years: Max dose of 0.2 mg/day
6-8 years: Max dose of 0.3 mg/day
9-17 years: Max dose of 0.4 mg/day

AGE** Quantity limits apply for guanfacine:
0-3 years: Prior authorization is required
4-5 years: Max dose of 2 mg/day
6-8 years: Max dose of 3 mg/day
9-17 years: Max dose of 4 mg/day

ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone	PA	INSPIRA
spironolactone		ALDACTONE

ALPHA BLOCKERS		
doxazosin		CARDURA
prazosin		MINIPRESS
terazosin		

ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS		
azilsartan	PA	EDARBI
eprosartan	PA	
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

olmesartan PA		BENICAR
telmisartan PA		MICARDIS
ANTIARRHYTHMICS		
amiodarone 200 mg		CORDARONE
disopyramide		NORPACE
dronedarone PA		MULTAQ
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
fluvastatin PA		
fluvastatin ext-rel PA		LESCOL XL
lovastatin		MEVACOR
pitavastatin PA		LIVALO
pravastatin		PRAVACHOL
rosuvastatin PA		CRESTOR
simvastatin 5 mg, 10 mg, 20 mg, 40 mg		ZOCOR
Niacins		
niacin		Niacor
Miscellaneous		
lomitapide PA		JUXTAPID
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
pindolol PA		

propranolol		
propranolol ext-rel		INDERAL LA
timolol PA		
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		
isradipine PA		
nicardipine PA		
nifedipine AGE	Covered for ages 64 years old & under	PROCARDIA
nifedipine ext-rel		ADALAT CC
nifedipine ext-rel		PROCARDIA XL
nimodipine PA		
nimodipine oral soln PA		NYMALIZE
nisoldipine ext-rel PA		SULAR
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
methazolamide PA		NEPTAZANE
Loop Diuretics		
bumetanide		
ethacrynic acid PA		EDECRIN
furosemide soln AGE	Covered for ages 12 years old & under	
furosemide tabs		LASIX
torsemide		DEMADEX
Potassium-sparing Diuretics		
amiloride		
triamterene PA		DYRENIUM
Thiazides and Thiazide-like Diuretics		
chlorothiazide susp PA		DIURIL
chlorothiazide tabs PA		
chlorthalidone		
hydrochlorothiazide		

indapamide	
methyclothiazide PA	
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
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Transdermal

nitroglycerin transdermal 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	NITRO-DUR
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PULMONARY ARTERIAL HYPERTENSION

Endothelin Receptor Antagonists

ambrisentan PA , SP	LETAIRIS
bosentan PA , SP	TRACLEER

Phosphodiesterase Inhibitors

sildenafil PA , SP	REVATIO
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Prostaglandin Vasodilators

iloprost PA , SP	VENTAVIS
treprostinil PA , SP	REMODULIN

MISCELLANEOUS

hydralazine	
mecamylamine PA	VECAMYL
methyldopa AGE	Covered for ages 64 years old & under
midodrine	
minoxidil	
phenoxybenzamine PA	DIBENZYLINE
ranolazine ext-rel ST	Requires trial of beta blocker/calcium channel blockers and long-acting nitrate RANEXA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

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		
meprobamate PA		

ANTICONVULSANTS

carbamazepine		TEGRETOL
carbamazepine ext-rel		CARBATROL
carbamazepine ext-rel		TEGRETOL-XR
clobazam 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
felbamate PA		FELBATOL
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
methsuximide PA		CELONTIN
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

All Antidementia drugs require PA for children under 18 years old.

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

ANTIDEPRESSANTS

Monoamine Oxidase Inhibitors (MAOIs)

isocarboxazid PA		MARPLAN
phenelzine		NARDIL
selegiline transdermal PA		EMSAM
tranylcypromine		PARNATE

Selective Serotonin Reuptake Inhibitors (SSRIs)

citalopram QL	Max dose of 40 mg/day	CELEXA
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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, QL	Max dose of 60 mg/day	CYMBALTA
levomilnacipran ext-rel PA		FETZIMA
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	
amoxapine PA		
desipramine		NORPRAMIN
doxepin AGE	Covered for ages 64 years old & under	
imipramine HCl		TOFRANIL
nortriptyline caps		PAMELOR
protriptyline		
trimipramine PA		SURMONTIL

Miscellaneous Agents

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

ANTIPARKINSONIAN AGENTS

amantadine caps, syp		
benztropine		
bromocriptine		PARLODEL
carbidopa PA		LODOSYN
carbidopa/levodopa		SINEMET
carbidopa/levodopa ext-rel		SINEMET CR
entacapone PA		COMTAN
pramipexole		MIRAPEX
rasagiline mesylate PA		AZILECT
ropinirole		REQUIP
rotigotine transdermal PA		NEUPRO
selegiline caps, tabs		
tolcapone PA		TASMAR
trihexyphenidyl elixir PA		
trihexyphenidyl tabs		

ANTIPSYCHOTICS

[Antipsychotics are covered with AGE limits.](#)

Atypicals

aripiprazole AGE 1, PA	ABILIFY
aripiprazole ext-rel inj	ABILIFY MAINTENA
aripiprazole lauroxil ext-rel inj	ARISTADA
asenapine AGE 2	SAPHRIS
clozapine AGE 3	CLOZARIL
clozapine orally disintegrating tabs AGE 3	FAZACLO ODT

iloperidone AGE 4	FANAPT
lurasidone AGE 5	LATUDA
olanzapine AGE 6	ZYPREXA
olanzapine inj	ZYPREXA
olanzapine orally disintegrating tabs AGE 6	ZYPREXA ZYDIS
olanzapine pamoate ext-rel inj	ZYPREXA RELPREVV
olanzapine/fluoxetine AGE 7, PA	SYMBYAX
paliperidone ext-rel PA	INVEGA
paliperidone palmitate ext-rel inj	INVEGA SUSTENNA
paliperidone palmitate ext-rel inj	INVEGA TRINZA
quetiapine AGE 8	SEROQUEL
quetiapine ext-rel AGE 9	SEROQUEL XR
risperidone AGE 10	RISPERDAL
risperidone long-acting inj	RISPERDAL CONSTA
risperidone orally disintegrating tabs AGE 10	RISPERDAL M-TABS
ziprasidone AGE 11	GEODON
ziprasidone inj AGE 11	GEODON

[AGE 1](#) Quantity limits apply to aripiprazole:
6-12 years: Max dose of 20 mg/day
13-17 years: Max dose of 30 mg/day

[AGE 2](#) Quantity limits apply to SAPHRIS:
0-17 years: Prior authorization is required
18 years & older: Max dose of 20 mg/day

[AGE 3](#) Quantity limits apply to clozapine, clozapine orally disintegrating tabs:
0-5 years: Prior authorization is required
6-12 years: Max dose of 600 mg/day
13-17 years: Max dose of 900 mg/day

[AGE 4](#) Quantity limits apply to FANAPT:
0-17 years: Prior authorization is required
18 years & older: Max dose of 24 mg/day

[AGE 5](#) Quantity limits apply to LATUDA:
0-17 years: Prior authorization is required
18 years & older: Max dose of 160 mg/day

[AGE 6](#) Quantity limits apply to olanzapine, olanzapine orally disintegrating tabs:
0-2 years: Prior authorization is required
3-5 years: Max dose of 2.5 mg/day
6-12 years: Max dose of 10 mg/day
13-17 years: Max dose of 20 mg/day

[AGE 7](#) Quantity limits apply to olanzapine/fluoxetine:
6-12 years: Max dose of 6 mg olanzapine/day
13-17 years: Max dose of 24 mg olanzapine/day

[AGE 8](#) Quantity limits apply to quetiapine:
0-5 years: Prior authorization is required
6-12 years: Max dose of 300 mg/day
13-17 years: Max dose of 600 mg/day

[AGE 9](#) Quantity limits apply to SEROQUEL XR:
0-5 years: Prior authorization is required
6-12 years: Max dose of 300 mg/day
13-17 years: Max dose of 600 mg/day
18 years & older: Max dose of 800 mg/day

AGE ¹⁰ Quantity limits apply to risperidone, risperidone orally disintegrating tabs:
 0-2 years: Prior authorization is required
 3-5 years: Max dose of 2 mg/day
 6-12 years: Max dose of 4 mg/day
 13-17 years: Max dose of 8 mg/day

AGE ¹¹ Quantity limits apply to ziprasidone, GEODON inj:
 0-5 years: Prior authorization is required
 6-12 years: Max dose of 80 mg/day
 13 years & older: Max dose of 160 mg/day

Miscellaneous

chlorpromazine	
fluphenazine decanoate inj	
fluphenazine HCl	
fluphenazine HCl inj	
haloperidol AGE *	
haloperidol decanoate inj	HALDOL DECANOATE
haloperidol lactate inj	HALDOL
loxapine	
perphenazine AGE **	
pimozide PA	ORAP
thioridazine	
thiothixene	
trifluoperazine	

AGE* Quantity limits apply to haloperidol:
 0-5 years: Prior authorization is required
 6-12 years: Max dose of 10 mg/day
 13-17 years: Max dose of 15 mg/day

AGE** Quantity limits apply to perphenazine:
 0-5 years: Prior authorization is required
 6-12 years: Max dose of 12 mg/day
 13-65 years: Max dose of 24 mg/day

ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine/dextroamphetamine mixed salts AGE ¹, QL	ADDERALL
amphetamine/dextroamphetamine mixed salts ext-rel AGE ¹, QL	ADDERALL XR
atomoxetine AGE ², QL	STRATTERA
dexmethylphenidate AGE ¹, QL	FOCALIN
dextroamphetamine ext-rel AGE ¹, PA, QL	DEXEDRINE SPANSULE
dextroamphetamine tabs 5 mg, 10 mg AGE ³, QL	
guanfacine ext-rel AGE ⁴	INTUNIV
lisdexamfetamine AGE ⁵, QL	VYVANSE
methamphetamine AGE ³, PA	DESOXYN
methylphenidate AGE ⁶, QL	RITALIN
methylphenidate ext-rel AGE ⁶, QL	CONCERTA
methylphenidate ext-rel AGE ⁶, QL	METADATE CD
methylphenidate ext-rel 10 mg, 60 mg AGE ⁶, PA, QL	RITALIN LA
methylphenidate ext-rel 20 mg, 30 mg, 40 mg AGE ⁶, QL	RITALIN LA
methylphenidate ext-rel tabs 20 mg AGE ⁶, QL	
methylphenidate soln, tabs AGE ⁶, QL	METHYLIN

AGE ¹ Covered only for ages 5-64 years old. Quantity limits apply:

0-4 years: Prior authorization is required
 5-8 years: Max dose of 35 mg/day
 9-12 years: Max dose of 45 mg/day
 13-60 years: Max dose of 60 mg/day

AGE² Quantity limits apply for STRATTERA:

0-4 years: Prior authorization is required
 5 years & older: Max dose of 120 mg/day

AGE³ Covered only for ages 5-64 years old

AGE⁴ Quantity limits apply for guanfacine ext-rel:

0-3 years: Prior authorization is required
 4-5 years: Max dose of 2 mg/day
 6-8 years: Max dose of 3 mg/day
 9 years & older: Max dose of 4 mg/day

AGE⁵ Quantity limits apply for VYVANSE:

0-4 years: Prior authorization is required
 5-8 years: Max dose of 60 mg/day
 9-11 years: Max dose of 70 mg/day
 12 years & older: Max dose of 100 mg/day
 18 years & older: Max dose of 100 mg/day

AGE⁶ Covered only for ages 5-64 years old. Quantity limits apply:

0-4 years: Prior authorization is required
 5-8 years: Max dose of 70 mg/day
 9-12 years: Max dose of 90 mg/day
 13-60 years: Max dose of 120 mg/day

FIBROMYALGIA

milnacipran PA	SAVELLA
pregabalin PA	LYRICA

HUNTINGTON'S DISEASE AGENTS

tetrabenazine PA, SP	XENAZINE
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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

eszopiclone PA		LUNESTA
ramelteon PA		ROZEREM
zaleplon ST	Requires prior use of zolpidem	SONATA
zolpidem		AMBIEN

MIGRAINE

Ergotamine Derivatives

dihydroergotamine inj PA	D.H.E. 45
dihydroergotamine spray PA	MIGRANAL
ergotamine tartrate sublingual PA	ERGOMAR

Selective Serotonin Agonists

almotriptan PA	AXERT
eletriptan PA	RELPAK
frovatriptan PA	FROVA

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
zolmitriptan PA		ZOMIG
zolmitriptan nasal spray PA		ZOMIG

MOOD STABILIZERS

[Mood Stabilizers](#) are covered with AGE limits.

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

MULTIPLE SCLEROSIS AGENTS

dalfampridine ext-rel PA, SP		AMPYRA
dimethyl fumarate delayed-rel PA, ST, SP		TECFIDERA
fingolimod PA, ST, SP		GILENYA
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		
dantrolene PA		DANTRIUM
metaxalone PA		SKELAXIN
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
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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

Alcohol Deterrents

acamprosate calcium		
disulfiram		ANTABUSE
naltrexone microspheres PA, SP		VIVITROL

Opioid Antagonists

naloxone inj		
naloxone nasal spray		NARCAN NASAL SPRAY
naltrexone		

Partial Opioid Agonist/Opioid Antagonist Combinations

buprenorphine/naloxone sublingual tabs		
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Pseudobulbar Affect

dextromethorphan/quinidine PA		NUEDEXTA
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Smoking Deterrents		
bupropion ext-rel QL	Max 3 fills/year	ZYBAN
nicotine inhaler PA		NICOTROL INHALER
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

MISCELLANEOUS		
ergoloid mesylates PA		
guanidine PA		GUANIDINE
riluzole PA		RILUTEK

ENDOCRINE AND METABOLIC

ANDROGENS		
oxandrolone PA		OXADRIN
oxymetholone PA		ANADROL-50
testosterone cypionate		DEPO-TESTOSTERONE
testosterone enanthate		

ANTIDIABETICS		
Alpha-glucosidase Inhibitors		
acarbose		PRECOSE
miglitol		GLYSET

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 for members under the age of 21 without an authorization. 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 detemir PA		LEVEMIR
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
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Meglitinides

nateglinide		STARLIX
repaglinide		PRANDIN

Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors

empagliflozin ST	Requires prior use of metformin	JARDIANCE
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Sulfonylureas

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

Miscellaneous

bromocriptine PA		CYCLOSET
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CALCIUM REGULATORS

Bisphosphonates

alendronate tabs		FOSAMAX
alendronate/vitamin D3 PA		FOSAMAX PLUS D

etidronate PA	
ibandronate	BONIVA
risedronate PA	ACTONEL
risedronate delayed-rel PA	ATELVIA
zoledronic acid PA, SP	RECLAST
zoledronic acid PA, SP	ZOMETA

Calcitonins

calcitonin-salmon AGE	Covered for ages 50 years old & over	MIACALCIN
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Parathyroid Hormones

teriparatide PA, SP		FORTEO
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CONTRACEPTIVES

[ALL ORAL CONTRACEPTIVES LISTED ARE COVERED UP TO 1 YEAR SUPPLY AT A TIME.](#)

EE = ethinyl estradiol

ME = mestranol

Monophasic

20 mcg Estrogen

levonorgestrel/EE 0.1/20 QL	Lutera
norethindrone acetate/EE 1/20 QL	LOESTRIN 1/20
norethindrone acetate/EE 1/20 and iron QL	LOESTRIN FE 1/20

30 mcg Estrogen

desogestrel/EE 0.15/30 QL	DESOGEN
drospirenone/EE 3/30 QL	YASMIN
levonorgestrel/EE 0.15/30 QL	Levora
norethindrone acetate/EE 1.5/30 QL	LOESTRIN 1.5/30
norethindrone acetate/EE 1.5/30 and iron QL	LOESTRIN FE 1.5/30
norgestrel/EE 0.3/30 QL	Low-Ogestrel

35 mcg Estrogen

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

50 mcg Estrogen

ethynodiol diacetate/EE 1/50 QL	Zovia 1/50
norethindrone/ME 1/50 QL	NORINYL 1+50
norgestrel/EE 0.5/50 QL	Ogestrel

Triphasic

desogestrel/EE QL	CYCLESSA
levonorgestrel/EE QL	
norethindrone/EE QL	ORTHO-NOVUM 7/7/7
norgestimate/EE QL	ORTHO TRI-CYCLEN

Progestin Only

norethindrone QL	NOR-QD
norethindrone QL	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		
copper IUD	Covered through Medical Benefit	PARAGARD T380A
levonorgestrel-releasing IUD	Covered through Medical Benefit	LILETTA
levonorgestrel-releasing IUD	Covered through Medical Benefit	MIRENA
levonorgestrel-releasing IUD	Covered through Medical Benefit	SKYLA
Transdermal		
norelgestromin/EE		Xulane
Vaginal		
etonogestrel/EE ring QL	Max #1/month	NUVARING
Miscellaneous		
condoms, male OTC		
diaphragm		DIAPHRAGM , VARIOUS
ENDOMETRIOSIS		
danazol PA		
nafarelin PA, SP		SYNAREL
ESTROGENS		
Oral		
estradiol		ESTRACE
estrogens, conjugated		PREMARIN
estropipate		
Vaginal		
estradiol vaginal crm		ESTRACE CREAM
estradiol vaginal tabs		VAGIFEM
estrogens, conjugated crm		PREMARIN CREAM
ESTROGEN/PROGESTINS		
Oral		
EE/norethindrone acetate		FEMHRT 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

HUMAN GROWTH HORMONES		
somatropin vials PA, SP		OMNITROPE
HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS		
calcitriol caps (1,25-D3)		ROCALTROL
paricalcitol caps PA		ZEMPLAR
INSULIN-LIKE GROWTH FACTORS		
mecasermin PA, SP		INCRELEX
PHOSPHATE BINDER AGENTS		
calcium acetate caps		PHOSLO
lanthanum PA		FOSRENOL
sevelamer carbonate PA		REVELA
sevelamer HCl PA		RENAGEL
PROGESTINS		
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
liothyronine PA		CYTOMEL
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		
betaine anhydrous PA		CYSTADANE
cabergoline PA		
carglumic acid PA		CARBAGLU
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
tolvaptan PA, SP		SAMSCA
trientine PA		SYPRINE

GASTROINTESTINAL

ANTACIDS

calcium carbonate chew tabs 500 mg, 750 mg, 1000 mg OTC		TUMS
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ANTIDIARRHEALS

bismuth subsalicylate chew tabs, tabs OTC		PEPTO-BISMOL
bismuth subsalicylate susp 262 mg/15 mL OTC		PEPTO-BISMOL
diphenoxylate/atropine		LOMOTIL
loperamide		
loperamide caps, tabs OTC		
loperamide liq 1 mg/5 mL OTC		

ANTIEMETICS

aprepitant PA		EMEND
dimenhydrinate tabs OTC		DRAMAMINE
dolasetron PA		ANZEMET
granisetron ST	Requires trial of ondansetron	
granisetron transdermal PA		SANCUSO
meclizine OTC		
meclizine		
metoclopramide		REGLAN
nabilone PA		CESAMET
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	LEVIBID
methscopolamine bromide PA		PAMINE

CHOLELITHOLYTICS

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

H₂ 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		COLAZAL
balsalazide PA		GIAZO
budesonide delayed-rel caps		ENTOCORT EC
mesalamine ext-rel caps		APRISO
olsalazine PA		DIPENTUM
sulfasalazine		AZULFIDINE
sulfasalazine delayed-rel		AZULFIDINE EN-TABS
IRRITABLE BOWEL SYNDROME		
Irritable Bowel Syndrome with Constipation		
lubiprostone PA		AMITIZA
Irritable Bowel Syndrome with Diarrhea		
alosetron PA		LOTIRONEX
LAXATIVES/STOOL SOFTENERS		
benzocaine/docusate OTC		Enemeez Plus
bisacodyl delayed-rel tabs OTC, QL	Max #90/month	DULCOLAX
bisacodyl supp OTC, QL	Max #30/month	DULCOLAX
docusate calcium OTC		
docusate sodium 100 mg, 250 mg OTC		
glycerin supp OTC		
lactulose		
magnesium citrate soln OTC		
magnesium hydroxide 400 mg/5 mL OTC		Milk of Magnesia
mineral oil		
peg 3350/electrolytes		GOLYTELY
peg 3350/electrolytes		NULYTELY
polyethylene glycol 3350		
psyllium bulk powder OTC		METAMUCIL
sennosides syp 8.8 mg/5 mL OTC		
sennosides tabs 8.6 mg OTC, QL	Max #60/month	SENOKOT
sodium phosphates enema OTC		FLEET
sodium phosphates soln OTC		
sodium picosulfate/magnesium oxide/citric acid PA		PREPOPIK
sodium sulfate/potassium sulfate/magnesium sulfate PA		SUPREP
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
rabeprazole delayed-rel PA		ACIPHEX
SALIVA STIMULANTS		
cevimeline PA		EVOXAC
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		
alfuzosin ext-rel		UROXATRAL
doxazosin		CARDURA
dutasteride PA		AVODART
finasteride		PROSCAR
silodosin PA		RAPAFLO
tadalafil 2.5 mg, 5 mg PA	Not covered for erectile dysfunction	CIALIS
tamsulosin		FLOMAX
terazosin		
URINARY ANTISPASMODICS		
darifenacin ext-rel PA		ENABLEX
flavoxate hydrochloride		
oxybutynin		
oxybutynin ext-rel ST	Requires trial of oxybutynin	DITROPAN XL
solifenacin PA		VESICARE
tolterodine ST	Requires trial of oxybutynin	DETROL
trospium ST	Requires trial of oxybutynin	
trospium ext-rel PA		
VAGINAL ANTI-INFECTIVES		
butoconazole PA		GYNAZOLE-1
clindamycin crm		CLEOCIN
clotrimazole crm OTC		
metronidazole QL	Max #70 grams/5 days	METROGEL-VAGINAL
miconazole crm OTC		MONISTAT 3, MONISTAT 7
terconazole crm, supp		TERAZOL
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
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ANTIHEMOPHILIC AGENTS

Hemophiliac Blood Product – Blood factors VII, VIII and IX and the anti-inhibitor indicated for use in treatment for hemophilia and von Willebrand disease distributed for administration in the enrollee's home or other outpatient setting are a "carve-out" for Molina and are covered directly by the Health Care Authority Apple Health Fee-for-Service program. For questions, please call Apple Health Customer Service at 1-800-562-3022.

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
ticagrelor PA		BRILINTA

MISCELLANEOUS

cilostazol		
deferasirox PA, SP		EXJADE
deferiprone PA		FERRIPROX
pentoxifylline ext-rel		
succimer PA		CHEMET
tranexamic acid inj PA		CYKLOKAPRON inj

IMMUNOLOGIC AGENTS

BIOLOGIC DISEASE-MODIFYING AGENTS

adalimumab PA, SP		HUMIRA
etanercept PA, SP		ENBREL

DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

auranofin PA		RIDAURA
hydroxychloroquine		PLAQUENIL

leflunomide		ARAVA
methotrexate		
methotrexate inj 25 mg/mL QL	Max #10 mL/month	
penicillamine PA		CUPRIMINE
penicillamine PA		DEPEN TITRA
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		IMURAN
mycophenolate mofetil caps, tabs		CELLCEPT
Calcineurin Inhibitors		
cyclosporine caps		SANDIMMUNE
cyclosporine, modified		NEORAL
tacrolimus		PROGRAF
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		
sodium polystyrene sulfonate rectal susp PA		
Miscellaneous		
potassium/sodium phosphates		K-PHOS NEUTRAL
VITAMINS AND MINERALS		
Folic Acid		
folic acid OTC		
folic acid		
Prenatal Vitamins		
prenatal vitamin tabs		
prenatal vitamins/DHA		
Miscellaneous		
ascorbic acid tabs 500 mg OTC		VITAMIN C
calcium carbonate susp 1250 mg/5 mL OTC		
calcium oyster shell 500 mg OTC		

calcium/vitamin D caps 600 mg/200 units, tabs 500 mg/200 units, 600 mg/200 units, 600 mg/400 units OTC	
cholecalciferol (D3) 1000 units OTC	VITAMIN D-3
electrolyte soln, oral OTC	PEDIALYTE
ergocalciferol (D2) QL	
ferrous gluconate 324 mg, 325 mg OTC	
ferrous sulfate delayed-rel tabs 324 mg, 325 mg OTC	
ferrous sulfate drops 15 mg/mL OTC	FER-IN-SOL
ferrous sulfate elixir 220 mg/5 mL OTC	
iron combination caps	Hematogen
iron polysaccharides complex/vitamin B12/folic acid caps	
multivitamins/minerals	
niacin 500 mg OTC	
niacin ext-rel 500 mg, 750 mg OTC	
pediatric multiple vitamins/fluoride	
pediatric multiple vitamins/fluoride/iron drops	POLY-VI-FLOR
pediatric multiple vitamins/iron drops OTC	POLY-VI-SOL WITH IRON
pediatric multiple vitamins/minerals/vitamin C drops	Vitamax Pediatric
pediatric vitamins ACD drops OTC	
pediatric vitamins ACD/fluoride drops	
pediatric vitamins ACD/fluoride/iron drops	
phytonadione	MEPHYTON
pyridoxine tabs 50 mg 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 caps	NEPHROCAPS
vitamin B complex/vitamin C/folic acid tabs	B-Plex
vitamin B complex/vitamin C/folic acid tabs	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

acridinium 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	
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ANTI-HISTAMINES

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

desloratadine PA		CLARINEX
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 tabs 4 mg OTC		CHLOR-TRIMETON
clemastine		
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		
<i>Short Acting</i>		
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
<i>Long Acting</i>		
arformoterol inhalation PA		BROVANA
salmeterol xinafoate		SEREVENT
Oral Agents		
albuterol syp, tabs 4 mg		
metaproterenol PA		
terbutaline		
COUGH AND COLD		
<i>Antihistamine/Decongestant Combinations</i>		
loratadine/pseudoephedrine ext-rel OTC		CLARITIN-D
promethazine/phenylephrine syp AGE	Covered for ages 64 years old and under	
<i>Antitussives</i>		
benzonatate		TESSALON
<i>Antitussive Combinations</i>		
<i>Opioid</i>		
codeine/promethazine syp AGE, QL	Covered for ages 2-64 years old	
codeine/promethazine/phenylephrine AGE	Covered for ages 2-64 years old	
hydrocodone/homatropine syp		
<i>Non-opioid</i>		
dextromethorphan/brompheniramine/pseudoephedrine syp QL		Bromfed DM
dextromethorphan/guaifenesin liq 10-100 mg/5 mL OTC, QL	Max #240 mL/month	ROBITUSSIN DM
dextromethorphan/guaifenesin syp 10-100 mg/5 mL OTC, QL	Max #180 mL/month	ROBITUSSIN DM
dextromethorphan/promethazine syp AGE, QL	Covered for ages 4-64 years; Max #180 mL/month	
Decongestants		
pseudoephedrine tabs OTC, AGE		SUDAFED

Expectorants			
guaifenesin liq, syp	OTC, AGE		ROBITUSSIN
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
zafirlukast	PA		
zileuton ext-rel	PA		ZYFLO CR
MAST CELL STABILIZERS			
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		
olopatadine spray	PA		PATANASE
NASAL DECONGESTANTS			
oxymetazoline spray	OTC		AFRIN
NASAL STEROIDS			
flunisolide spray	PA		
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%			
alpha-1 proteinase inhibitor	PA, SP		ARALAST NP

alpha-1 proteinase inhibitor PA, SP	GLASSIA
alpha-1 proteinase inhibitor PA, SP	PROLASTIN-C
alpha-1 proteinase inhibitor PA, SP	ZEMAIRA
ipratropium nasal spray	ATROVENT
omalizumab PA, SP	XOLAIR
saline nasal spray OTC	

TOPICAL

DERMATOLOGY

Acne

Oral

isotretinoin caps [PA](#)

Topical

adapalene cream, gel 0.1% PA		DIFFERIN
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 10% OTC, AGE, QL	Covered for ages 10-29 years old; Max #240 grams/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	
sulfacetamide lotion 10%		KLARON
sulfacetamide/sulfur crm 10-1%		
tretinoin AGE, QL	Covered for ages 10-35 years old; Max #45 grams/month	RETIN-A

Actinic Keratosis

fluorouracil crm		EFUDEX
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Antibiotics

bacitracin oint OTC		
bacitracin zinc oint OTC		
bacitracin/polymyxin B oint OTC		POLYSPORIN
gentamicin		
mupirocin nasal PA		BACTROBAN NASAL
mupirocin oint QL	Max #44 grams/month	
silver sulfadiazine		SILVADENE

Antifungals

butenafine crm OTC, PA		LOTRIMIN ULTRA
ciclopirox crm 0.77%		LOPROX
clotrimazole crm OTC		LOTRIMIN AF
clotrimazole crm, soln		
ketoconazole crm 2% QL	Max #60 grams/month	NIZORAL
ketoconazole shampoo 2% QL	Max #120 mL/month	NIZORAL
miconazole crm OTC		MICATIN
naftifine PA		NAFTIN
nystatin crm, oint QL	Max #90 grams/month	
nystatin powder QL	Max #30 grams/month	
sertaconazole PA		ERTACZO
tolnaftate crm OTC		TINACTIN

Anti-infective/Anti-inflammatory Combinations		
neomycin/polymyxin B/hydrocortisone crm		CORTISPORIN CREAM
Antipsoriatics		
<i>Topical</i>		
anthralin crm 1%		DRITHOCREME HP
calcipotriene oint, soln PA		DOVONEX
Antiseborrheics		
selenium sulfide lotion 2.5%		
Corticosteroids		
<i>Low Potency</i>		
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-SMOOTHIE-FS
hydrocortisone crm, gel, lotion, oint OTC		CORTIZONE
hydrocortisone crm, lotion, oint 1%		
hydrocortisone crm, lotion, oint 2.5% QL	Max #60 grams/month	
<i>Medium Potency</i>		
betamethasone valerate crm, oint 0.1%		
betamethasone valerate lotion 0.1% QL	Max #60 mL/month	
clocortolone crm PA		CLODERM
fluocinolone acetonide crm, oint 0.025%		
flurandrenolide crm PA		CORDRAN
flurandrenolide lotion, tape PA		CORDRAN
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%		
<i>High Potency</i>		
amcinonide crm, lotion, oint 0.1% PA		
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
diflorasone diacetate crm 0.05% PA		
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	
halcinonide crm, oint 0.1% PA		HALOG
triamcinolone acetonide crm, oint 0.5%		
<i>Very High Potency</i>		
betamethasone dipropionate augmented gel, oint 0.05%		DIPROLENE
clobetasol propionate crm, gel, oint, soln 0.05%		TEMOVATE
diflorasone diacetate oint 0.05% PA		
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%		
lidocaine soln 4%		XYLOCAINE
lidocaine/prilocaine crm QL	Max #60 grams/month	
lidocaine/tetracaine patch PA		SYNERA
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
ivermectin PA		SKLICE
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
alitretinoin PA		PANRETIN
aluminum chloride		DRYSOL
imiquimod PA, QL	Max #24 packets/month	ALDARA
podofilox soln QL	Max #7 mL/6 months	CONDYLOX
sinecatechins PA		VEREGEN
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		
sodium fluoride crm, gel		PREVIDENT
OPHTHALMIC		
Antiallergics		
alcaftadine PA		LASTACAPT
azelastine PA		
bepotastine PA		BEPREVE
cromolyn sodium		
emedastine PA		EMADINE
epinastine PA		ELESTAT
ketotifen OTC		ZADITOR
lodoxamide PA		ALOMIDE
nedocromil PA		ALOCRIL
Antifungals		
natamycin PA		NATACYN
Anti-infectives		
bacitracin		
bacitracin/neomycin/polymyxin B oint		
bacitracin/polymyxin B oint		
besifloxacin PA		BESIVANCE
ciprofloxacin soln		CILOXAN
erythromycin		
gatifloxacin PA		ZYMAXID
gentamicin		
levofloxacin soln		
moxifloxacin PA		MOXEZA
moxifloxacin PA		VIGAMOX
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		
bromfenac sodium PA		
diclofenac sodium 0.1%		
flurbiprofen sodium		OCUFEN
ketorolac 0.4%		ACULAR LS
ketorolac 0.5%		ACULAR

<i>Steroidal</i>		
dexamethasone sodium phosphate		
difluprednate PA		DUREZOL
fluorometholone 0.1% susp		FML LIQUIFILM
loteprednol 0.2% PA		ALREX
loteprednol 0.5% PA		LOTEMAX
prednisolone acetate 1%		PRED FORTE
<i>Antivirals</i>		
trifluridine		VIROPTIC
<i>Beta-blockers</i>		
<i>Nonselective</i>		
carteolol		
levobunolol		BETAGAN
metipranolol		
timolol maleate		TIMOPTIC
timolol maleate gel		TIMOPTIC-XE
<i>Selective</i>		
betaxolol 0.25% PA		BETOPTIC S
betaxolol 0.5% PA		
<i>Carbonic Anhydrase Inhibitors</i>		
<i>Topical</i>		
brinzolamide PA		AZOPT
dorzolamide		TRUSOPT
<i>Carbonic Anhydrase Inhibitor/Beta-blocker Combinations</i>		
dorzolamide/timolol maleate		COSOPT
<i>Mydriatics</i>		
atropine soln		
<i>Parasympathomimetics</i>		
pilocarpine		ISOPTO CARPINE
<i>Prostaglandins</i>		
bimatoprost PA		LUMIGAN
latanoprost		XALATAN
travoprost ST	Requires trial of latanoprost	
travoprost ST	Requires trial of latanoprost	TRAVATAN Z
<i>Sympathomimetics</i>		
brimonidine 0.15%		ALPHAGAN P
brimonidine 0.2%		
<i>Miscellaneous</i>		
echothiophate iodide PA		PHOSPHOLINE IODIDE
naphazoline 0.1%		
proparacaine 0.5%		
<i>OTIC</i>		
<i>Anti-infectives</i>		
acetic acid		
ciprofloxacin otic		CETRAXAL
ofloxacin otic		

Anti-infective/Anti-inflammatory Combinations

acetic acid/hydrocortisone	
ciprofloxacin/dexamethasone PA	CIPRODEX
ciprofloxacin/hydrocortisone PA	CIPRO HC
neomycin/polymyxin B/hydrocortisone	CORTISPORIN OTIC

Miscellaneous

antipyrine/benzocaine	
carbamide peroxide 6.5% OTC	DEBROX
fluocinolone acetonide PA	DERMOTIC

MISCELLANEOUS

MEDICAL SUPPLIES

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

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