Medi-Cal/Healthy Families
Drug Formulary • 2013

MOLINA® HEALTHCARE

TABLE OF CONTENTS

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

MOLINA HEALTHCARE MEDI-CAL/HEALTHY FAMILIES DRUG FORMULARY

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

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

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

PRESCRIPTION CLAIMS PROCESSOR

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

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

PREFACE

USING THE MOLINA MEDI-CAL/HEALTHY FAMILIES DRUG FORMULARY

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

CLINICAL CONSIDERATIONS

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

INDIVIDUAL PRESCRIPTIONS

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

GENERIC MEDICATIONS

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

PRIOR AUTHORIZATION REQUEST PROCEDURE

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

STEP THERAPY PROCEDURE

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

PRESCRIPTION QUANTITY

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

URGENT AND AFTER-HOURS MEDICATION POLICY

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

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

TELEPHONE PRESCRIPTIONS

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

MOLINA® HEALTHCARE

DRUG FORMULARY

Generic Available	Generic Name	Common Brand Name

Chapter 1 ANALGESICS

1.1 Non-Narcotic Analgesics

Acetaminophen	TYLENOL – OTC*
(Chew Tab, Soln, Supp, & Dispersible Tab Limited to age ≤12)	
Aspirin	ASPIRIN – OTC*
Butalbital/APAP/Caffeine Tab	FIORICET
(Limited to age ≤65; Limited to #6/day)	
Butalbital/ASA/Caffeine	FIORINAL
(Limited to age ≤65)	
Ketorolac Tromethamine	TORADOL
(Limited to age ≤65; Limited to #5 day supply)	
Choline & Magnesium Salicylate	TRILISATE
Salsalate	DISALCID
Tramadol HCl	ULTRAM
(Limited to #8/day)	

PRIOR AUTHORIZATION/STEP THERAPY REQUIRED

Butorphanol (PA)	STADOL Nasal Spray

1.2 Narcotic Analgesics

- Limited to 4 gram of Acetaminophen per day.

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

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

PRIOR AUTHORIZATION/STEP THERAPY REQUIRED

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

1.3 Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

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

	Diclofenac (25mg Tab: Limited to #3/day)	VOLTAREN
	Etodolac (Tab: Limited to #2/day; Cap: Limited to #4/day)	LODINE
	Flurbiprofen (50mg Tab: Limited to #4/day)	ANSAID
	Ibuprofen (Cap & Tab: Limited to #4/day; Chewable Tab & Susp: Limited to age ≤12; 40mg/mL, 100mg/5ml Susp: Limited to 240mL/mo)	MOTRIN – OTC*
	Indomethacin (25mg Cap: Limited to #4/day)	INDOCIN
	Meloxicam	MOBIC
	Naproxen (Limited to #3/day)	NAPROSYN – OTC*
	Naproxen Sodium (Limited to #3/day; 550mg Tab #4/day)	ANAPROX, ANAPROX DS – OTC*
	Piroxicam	FELDENE
	Sulindac	CLINORIL

Generic Available	Generic Name	Common Brand Name
	PRIOR AUTHORIZATION/STEP THERAPY REQUIRED	
	Diclofenac/Misoprostol (PA)	ARTHROTEC
	Etodolac CR (PA)	LODINE XL
	Oxaprozin (PA)	DAYPRO
	Ketoprofen CR Cap (PA)	ORUVAIL
	Nabumetone (PA)	RELAFEN
	1.3.1 COX-2 Inhibitor	
	Celocoxib (Limited to age ≥65)	CELEBREX
	1.4 Antirheumatics	
	Hydroxychloroquine	PLAQUENIL
	Methotrexate	METHOTREXATE
	1.5 Gout Agents	
	Allopurinol (100mg: Limited to #3/day; 60 day supply available)	ZYLOPRIM
	Indomethacin	INDOCIN
	Probenecid (60 day supply available)	BENEMID
	PRIOR AUTHORIZATION/STEP THERAPY REQUIRED	
	Colchicine (PA)	COLCRYS
	1.6 Anti-TNF-Alpha – Monoclonoal Antibodies	
	PRIOR AUTHORIZATION/STEP THERAPY REQUIRED	
	Etanercept (PA) (Rx Limited to CVS/Caremark Specialty Pharmacy)	ENBREL
	Adalimumab (PA) (Rx Limited to CVS/Caremark Specialty Pharmacy)	HUMIRA
	1.7 Migraine	
	APAP/ASA/Caffeine	EXCEDRINE MIGRAINE – OTC*
	Divalproex ER (250mg: Limited to #4/day; 500mg: Limited to #8/day)	DEPAKOTE ER
	Ergotamine/Caffeine	CAFERGOT
	Isometheptene/ Dichloralphenazone/APAP	MIDRIN
	Sumatriptan Tablet (Limited to #9/month)	IMITREX

Generic Available	Generic Name	Common Brand Name
	PRIOR AUTHORIZATION/STEP THERAPY REQUIRED	
	Dihydroergotamine (PA)	MIGRANAL Nasal Spray
	Eletriptan (ST)	RELPAX
	(ST for failure or intolerant to Imitrex Tab, Limited to #9/45 day)	
	Sumatriptan(PA)	IMITREX Nasal Spray, Injection
	Zolmitriptan (ST)	ZOMIG
	(ST for failure or intolerant to Imitrex Tab, Limited to #9/45 day)	
	Chapter 2 ANTIDIABETIC AGENTSS	
	2.1 Sulfonylureas	
	Glimepiride	AMARYL
	(4mg: Limited to #2/day; 60 day supply available)	
	Glipizide	GLUCOTROL
	(60 day supply available)	
	Glipizide Extended Release	GLUCOTROL XL
	(10mg: Limited to #2/day; 60 day supply available)	
	Glyburide	DIABETA, GLYNASE
	(Limited to #2/day; 5mg #4/day; 60 day supply available)	
	Glyburide/Metformin	GLUCOVANCE
	(Limited to #2/day; 2.5/500mg #4/day; 60 day supply available)	
	PRIOR AUTHORIZATION/STEP THERAPY REQUIRED	
	Chlorpropamide (PA)	DIABINESE
	Tolazamide (PA)	TOLINASE
	Tolbutamide (PA)	ORINASE
	2.2 Alpha-Glucosidase Inhibitors	
	Acarbose	PRECOSE
	(Limited to #3/day; 60 day supply available)	
	2.3 Biguanides	
	Metformin, SR	GLUCOPHAGE, XR
	(1000mg: Limited to #2/day; 500mg SR: Limited to #4/day; 750mg SR: Limited to #3/day; 60 day supply available)	
	2.4 Meglitinides	
	PRIOR AUTHORIZATION/STEP THERAPY REQUIRED	
	Repaglinide (PA)	PRANDIN
	2.5 Thiazolidinediones & Thiazolidinediones Combinations	
	PRIOR AUTHORIZATION/STEP THERAPY REQUIRED	
	Pioglitazone (ST)	ACTOS
	(ST for concurrent use with Sulfonylurea, Metformin, or Basal insulin)	
	Pioglitazone/Metformin (PA)	ACTOPLUS MET

Generic Available	Generic Name	Common Brand Name

2.6 Dipeptidyl Peptidase IV Inhibitor

PRIOR AUTHORIZATION/STEP THERAPY REQUIRED

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

2.7 Insulins

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

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

PRIOR AUTHORIZATION/STEP THERAPY REQUIRED

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

2.8 Glucagon

PRIOR AUTHORIZATION/STEP THERAPY REQUIRED

Glucagon Injection (PA)	GLUCAGON KIT

2.9 Diabetic Supplies

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

Generic Available	Generic Name	Common Brand Name

Chapter 3 ANTIHISTAMINES AND COMBINATIONS

3.1 Single-Entity Products

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

Less Sedating Antihistamines:

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

3.2 Combination Products

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

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

Less Sedating Combination Products

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

Generic Available	Generic Name	Common Brand Name

Chapter 4 ANTI-INFECTIVE AGENTS

4.1 Penicillins

	Ampicillin	PRINCIPEN
	(Susp: Limited to age ≤12 and 400mL/10 day)	
	Amoxicillin	TRIMOX
	(Chewable Tab & Susp: Limited to age ≤12; Susp: Limited to 300mL/10 day; Chewable Tab: Limited to #3/day)	
	Dicloxacillin	DYNAPEN
	Penicillin	VK VEETIDS
	(Susp: Limited to age ≤12)	
	Amoxicillin/Clavulanate Potassium	AUGMENTIN
	(Chewable Tab & Susp: Limited to age ≤12; Limited to 300mL/mo; 500mg Tab: Limited to #3/day; 750mg Tab: Limited to #2/day)	

4.2 Cephalosporins

	Cefaclor	CECLOR
	(Susp: Limited to age ≤12; Limited to 300mL/10 day)	
	Cefdinir	OMNICEF
	(Cap: Limited to #2/day; Susp: Limited to age ≤12; Limited to 100mL/mo)	
	Cefixime 400mg	SUPRAX
	(Limited to #1 tab/fill and diagnosis of STD)	
	Cefuroxime Susp	CEFTIN
	(Limited to age ≤12; Limited to 200mL/10 day)	
	Cephalexin	KEFLEX
	(Susp: Limited to age ≤12; Limited to 400mL/mo)	
	Cephradrine	VELOSEF
PRIOR AUTHORIZATION/STEP THERAPY REQUIRED		
	Cefadroxil (PA)	DURICEF
	Cefpodoxime (PA)	
	Cefprozil (PA)	CEFZIL

4.3 Macrolides

	Azithromycin	ZITHROMAX
	(Limited to #6/mo for 250mg Tab, #3/mo for Tri-Pak 500mg Tab, 1 pack/90 days for Powder Pack, Susp: Limited to age ≤12 and 30mL/mo)	
	Clarithromycin	BIAXIN
	250mg, 500mg Tab (Limited to #28/14 days)	
	Erythromycin Base	ERY-TAB Enteric Coated

Generic Available	Generic Name	Common Brand Name
	Erythromycin Ethylsuccinate Tab & Liquid (Susp: Limited to age ≤12 and 400mL/mo)	E.E.S.
	Erythromycin Stearate	ERYTHROCIN
4.4 Tetracyclines		
- Contraindicated for children less than 8 years old or pregnant and nursing mothers.		
	Doxycycline Hyclate Cap 50mg &100mg, Tab 100mg (Limited to age ≥8 and #2/day)	VIBRATAB
	Tetracycline Cap & Tab (Limited to age ≥8)	SUMYCIN
PRIOR AUTHORIZATION/STEP THERAPY REQUIRED		
	Minocycline Cap 50mg, 100mg (ST) (ST for failure of Doxycycline Hyclate or Tetracycline in members age ≥8; Limited to #60/mo)	MINOCIN
4.5 Quinolones		
	Ciprofloxacin 250mg, 500mg & 750mg Tab (Limited to #28/mo)	CIPRO
PRIOR AUTHORIZATION/STEP THERAPY REQUIRED		
	Levofloxacin (PA)	LEVAQUIN
	Ofloxacin (PA)	FLOXIN
4.6 Aminoglycosides		
	Neomycin	NEOMYCIN
4.7 Sulfonamides		
	SMZ/TMP	BACTRIM, SEPTRA
	Sulfisoxazole	GRANTRISIN
	Sulfisoxazole/Erythromycin Susp	PEDIAZOLE
4.8 Antituberculosis		
	Ethambutol	MYAMBUTOL
	Isoniazid (100mg: Limited to #3/day; Syrup: Limited to age ≤12; 900mL/mo)	ISONIAZID
	Pyrazinamide	PYRAZINAMIDE
	Pyridoxine	VITAMIN B-6
	Rifampin (Limited to #4/day)	RIFADIN

Generic Available	Generic Name	Common Brand Name
4.9 Antifungal – Oral		
	Clotrimazole (Troches only)	MYCELEX
	Fluconazole 150mg (Limited to female, #1/mo)	DIFLUCAN
	Fluconazole 50mg, 100mg, 200mg Tablet; 70mg Suspension (Tablet Limited to #1/day, Suspension Limited to 70mL/fill)	DIFLUCAN
	Ketoconazole 200mg (Limited to #1/day)	NIZORAL
	Nystatin	MYCOSTATIN
	PRIOR AUTHORIZATION/STEP THERAPY REQUIRED	
	Griseofulvin (ST) (ST, Failure to fluconazole)	FULVICIN UF, FULVICIN P/G
	Itraconazole (PA)	SPORANOX
	Posaconazole (PA)	NOXAFIL
	Terbinafine (PA)	LAMISIL
	Voriconazole (PA)	VFEND
4.10 Antiviral		
	Acyclovir	ZOVIRAX
	Amantadine	SYMMETREL
	Oseltamivir (Capsule: Limited to #10/ fill; Suspension: Limited to 75mL/ fill)	TAMIFLU
	Zamanivir Inhalation (Limited to 1 inhaler/ 28 days)	RELENZA
	PRIOR AUTHORIZATION/STEP THERAPY REQUIRED	
	Boceprevir (PA) (Rx Limited to CVS/Caremark Specialty Pharmacy)	VICTRELIS
	Peginterferon Alfa-2A (PA) (Rx Limited to CVS/Caremark Specialty Pharmacy)	PEGASYS Inj
	Peginterferon Alfa-2B (PA) (Rx Limited to CVS/Caremark Specialty Pharmacy)	PEG-INTRON Inj
4.11 Antimalarial		
	Primaquine Phosphate	PRIMAQUINE
	Pyrimethamine	DARAPRIM
4.12 Antihelminitics		
	Pyrantel Pamoate	

Generic Available	Generic Name	Common Brand Name

4.13 Anti retrovirals
(See Carved-out List, Bill Medi-Cal Fee For Service)

4.14 Misc. Anti-Infectives

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

PRIOR AUTHORIZATION/STEP THERAPY REQUIRED

Chloroquine (PA)	
Dapsone (PA)	

Chapter 5 ANTILIPIDEMICS

5.1 HMG CoA Reductase Inhibitors (Statins)

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

PRIOR AUTHORIZATION/STEP THERAPY REQUIRED

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

5.1.1 HMG CoA Reductase Inhibitor Combinations

PRIOR AUTHORIZATION/STEP THERAPY REQUIRED

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

Generic Available	Generic Name	Common Brand Name
5.2 Fibrates		
	Micro Cap 67mg &134mg, Tab 54mg & 160mg	LOFIBRA, TRICOR
	Gemfibrozil (60 day supply available)	LOPID
5.3 Other Cholesterol Lowering Agents		
	Cholestyramine, Light (Limited to 1 can/mo)	QUESTRAN, LIGHT
	Niacin, Niacin SR	NIACIN, SLO-NIACIN
	Niacin Timed Released (750mg SR: Limited to #2/day; 60 day supply available)	NIASPAN
PRIOR AUTHORIZATION/STEP THERAPY REQUIRED		
	Colesevelam (ST) (ST for failure or intolerant to Cholestyramine)	WELCHOL

Chapter 6 ANTINEOPLASTICS AND IMMUNOSUPPRESSANTS

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

Generic Available	Generic Name	Common Brand Name
	PRIOR AUTHORIZATION/STEP THERAPY REQUIRED	
	Capecitabine (PA)	XELODA
	Erlotinib (PA)	TARCEVA
	Imatinib (PA)	GLEEVEC
	Sunitinib (PA)	SUTENT
	Temozolomide (PA)	TEMODAR
	6.2 Immunosuppressants	
	Azathioprine	IMURAN
	PRIOR AUTHORIZATION/STEP THERAPY REQUIRED	
	Cyclosporine (PA)	SANDIMMUNE, NEORAL
	Mycophenolate Mofetil (PA)	CELLCEPT
	Sirolimus (PA)	RAPAMUNE
	Tacrolimus (PA)	PROGRAF
	Chapter 7 CARDIOVASCULAR MEDICATIONS	
	7.1 Cardiac Glycosides	
	Digoxin (60 day supply available)	LANOXIN
	7.2 Nitrates	
	Isosorbide Dinitrate Tab & SL (Limited to #4/day; 60 day supply available)	DILATRATE SR
	Isosorbide Mononitrate, SR (Limited to #1/day; 10mg Tab: #2/day; 60 day supply available)	IMDUR, MONOKET, ISMO, ISORDIL
	Nitroglycerin Oint	NITROL
	Nitroglycerin Patch (60 day supply available)	NITRO-DUR
	Nitroglycerin 0.4mg Pump Spray	NITROLINGUAL
	Nitroglycerin SR Cap (Limited to age ≥12; 2.5mg & 9mg Cap: #4/day; 60 day supply available)	NITRO-BID CR
	Nitroglycerin SL Tab (60 day supply available)	NITROSTAT

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

Generic Available	Generic Name	Common Brand Name
7.5 Antiarrhythmic Drugs		
	Amiodarone (60 day supply available)	CORDARONE, PACERONE
	Flecainide (60 day supply available)	TAMBOCOR
	Procainamide, SR (60 day supply available)	PRONESTYL, PROCANBID
	Propafenone (60 day supply available)	RYTHMOL
	Quinidine Gluconate (60 day supply available)	QUINAGLUTE
	Qunidine Sulfate, SR (SR: Limited to #6/day; 60 day supply available)	QUINIDEX
	Sotalol, AF (60 day supply available)	BETAPACE, AF
7.6 Angiotensin Converting Enzyme (ACE) Inhibitor **- Combination therapy with ARB requires prior authorization.**		
	Benazepril (Limited to #2/day; 60 day supply available)	LOTENSIN
	Captopril (Limited to #3/day; 60 day supply available)	CAPOTEN
	Enalapril (Limited to #2/day; 60 day supply available)	VASOTEC
	Lisinopril (Limited to #2/day; 60 day supply available)	ZESTRIL
	Quinapril (Limited to #2/day; 60 day supply available)	ACCUPRIL
7.6.1 Angiotensin Converting Enzyme Inhibitor / Diuretic Combination		
	Captopril/HCTZ (Limited to #2/day; 60 day supply available)	CAPOZIDE
	Lisinopril/HCTZ (60 day supply available)	ZESTORETIC
7.7 Angiotensin II Receptor Blockers		
	Losartan Potassium (Limited to #1/day; 60 day supply available)	COZAAR
7.7.1 ARB / Diuretic Combination		
	Losartan Potassium/ Hydrochlorothiazide (Limited to #1/day; 60 day supply available)	HYZAAR

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

Generic Available	Generic Name	Common Brand Name

Chapter 8 CENTRAL NERVOUS SYSTEM AGENTS

8.1 Antianxiety Agents

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

8.2 Antidepressants

8.2.1 Tricyclics

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

8.2.2. Tetracyclics

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

8.2.3 Triazolopyridines/Phenylpiperazines

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

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

Generic Available	Generic Name	Common Brand Name
8.6 ADHD Agents (Age ≥6 through ≤ 18)		
	Amphetamine, Mixed Salts, Extended Release	ADDERALL, XR
	Atomoxetine (Limited to #1 cap, for monotherapy only)	STRATTERA
	Dextroamphetamine	DEXEDRINE
	Guanfacine	TENEX
	Methylphenidate	RITALIN, SR
	Methylphenidate ER	METADATE CD
PRIOR AUTHORIZATION/STEP THERAPY REQUIRED		
	Guanfacine SR (PA)	INTUNIV
	Clonidine SR (PA)	KAPVAY
	Lisdexamfetamine dimesylate (PA)	VYVANSE
8.7 Smoking Cessation Agents		
PRIOR AUTHORIZATION/STEP THERAPY REQUIRED		
	Bupropion SR (PA)	ZYBAN
	Nicotine Inhaler (PA)	NICOTROL Inhaler
	Nicotine Polacrilex (PA)	NICORETTE Gum – OTC
	Nicotine Transdermal (PA)	NICODERM CQ, NICOTROL (15mg) - OTC
	Varenicline (PA)	CHANTIX
8.8 Other CNS Agents		
	Disulfiram Tab	ANTABUSE
Chapter 9 CONTRACEPTIVES & SEX HORMONES		
9.1 Contraceptives *(Limited to female; age 12 to 45)*		
9.1.1 Mono-Phasic Oral Contraceptives		
	Desogestrel & Ethinyl Estradiol Tab 0.15mg-30mcg	DESOGEN-28, ORTHO-CEPT
	Desogest-Eth Estrad & Eth Estrad Tab 0.15-.02/.01mg (21/5)	MIRCETTE
	Drospirenone-Ethinyl Estradiol Tab 3-0.03mg	YASMIN 28
	Levonorgestrel & Ethinyl Estradiol Tab 0.10mg-20mcg	ALESSE, LEVLITE
	Levonorgestrel & Ethinyl Estradiol Tab 0.15mg-30mcg	LEVLEN, NORDETTE
	Norethindrone & Ethinyl Estradiol Tab 0.4mg-35mcg	OVCON 35
	Norethindrone & Ethinyl Estradiol Tab 0.5mg-35mcg	BREVICON, NECON, MODICON, GENORA

Generic Available	Generic Name	Common Brand Name
	Norethindrone & Ethinyl Estradiol Tab 1mg-35mcg	NORINYL 1+35, ORTHO-NOVUM 1/35
	Norethindrone & Ethinyl Estradiol Tab 1mg-50mcg	OVCON 50
	Norethindrone Ace & Ethinyl Estradiol Tab 1mg-20mcg	LOESTRIN 1/20-21
	Norethindrone Ace & Ethinyl Estradiol Tab 1.5mg-30mcg	LOESTRIN 1.5/30-21
	Norethindrone & Mestranol Tab 1mg-50mcg	NORINYL 1+50, ORTHO-NOVUM 1/50
	Norgestrel & Ethinyl Estradiol Tab 0.3mg-30mcg	LO-OVRAL
	Norgestrel & Ethinyl Estradiol Tab 0.5mg-50mcg	OVRAL
	Norgestimate & Ethinyl Estradiol Tab 0.25mg-35mcg	ORTHO-CYCLEN
	Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1mg-20mcg	LOESTRIN FE 1/20
	Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5mg-30mcg	LOESTRIN FE 1.5/30
	9.1.2 Bi-Phasic Oral Contraceptives (PA)	
	Norethindone/Ethinyl Estradiol	ORTHO-NOVUM 10/11
	9.1.3 Tri-Phasic Oral Contraceptives (PA)	
	Levonorgestrel/Ethinyl Estradiol	TRIPHASIL
	Norethindrone/Ethinyl Estradiol	ESTROSTEP, ORTHO-NOVUM 7/7/7
	Norgestimate/Esthinyl Estradiol	ORTHO TRI-CYCLEN
	9.1.4 Progestin Oral Contraceptives (PA)	
	Norethindone	MICRONOR, NOR-QD
	Norgestrel	OVRETTE
	9.2 Androgens (Limited to male)	
	PRIOR AUTHORIZATION/STEP THERAPY REQUIRED	
	Testosterone Cypionate Injection (PA)	
	Testoterone gel (PA)	ANDROGEL, TESTIM

Generic Available	Generic Name	Common Brand Name
	9.3 Estrogens	
	(All estrogen are Limited to female; 60 day supply available. Limited to for age ≤65)	
	Estradiol	ESTRACE
	Estradiol Transdermal	ESTRADERM, CLIMARA, VIVELLE
	Estrogens, Esterified	ESTRATAB
	Estrogens, Conjugated	PREMARIN
	9.3.1 Estrogen/Progesterone Combination	
	(All estrogen/progesterone combination are Limited to female; 60 day supply available. Limited to for age ≤65)	
	Estrogen, Conjugated, Medroxyprogesterone	PREMPRO, PREMPRO LOW-DOSE, PREMPHASE
	Estradiol/Norethindrone Transdermal (Limited to #8/mo)	COMBIPATCH
	Ethinyl Estradiol/ Norethindrone (60 day supply available)	FEMHRT
	9.4 Progestins	
	(All Progestins are Limited to female; 60 day supply available)	
	Medroxyprogesterone	PROVERA, CYCRIN
	Norethindrone Acetate	AYGESTIN
	9.5 Endometriosis Agents	
	Danazol	DANOCRINE
	Nafarelin	SYNAREL
	9.6 Uterine Stimulants	
	Methylergonovine	METHERGINE
	Chapter 10 DERMATOLOGICALS & MUCOUS MEMBRANE AGENTS	
	10.1 Acne Medications	
	Benzoyl Peroxide, Gel	BENZOYL PEROXIDE
	Clindamycin 1% Topical Gel, Solution (Limited to 60gm/mo)	CLEOCIN-T
	Erythromycin Topical Gel, Soln (Limited to 60gm/mo)	ERYGEL, ERYCETTE
	Tretinoin Cream & Gel (Limited to age 12 to 30, max 20gm/mo; Microgel is not covered)	RETIN A
	PRIOR AUTHORIZATION/STEP THERAPY REQUIRED	
	Sulfacetamide Sodium/Sulfur Lotion, Emulsion (PA)	CERISA WASH, AVAR

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

Generic Available	Generic Name	Common Brand Name
	GROUP III (MEDIUM POTENCY)	
	Fluocinolone	SYNALAR
	Triamcinolone Acetonide Cream, Oint	KENALOG
	PRIOR AUTHORIZATION/STEP THERAPY REQUIRED	
	Fluocinolone Acetonide Oil (age <6, QL #118ml/month)	DERMA-SMOOTH OIL / FS BODY, DERMA-SMOOTH OIL/FS SCALP
	Hydrocortisone Valerate Cream, Oint 0.2% (PA)	WESTCORT
	Prednicarbate (PA)	DERMATOP
	Mometasone Furoate Cream, Oint (PA)	ELOCON
	Pramoxine-HC Aerosol Foam (PA)	EPIFOAM AER 1%
	Triamcinolone Acetonide Aerosol Soln (PA)	KENALOG AER SPRAY
	Triamcinolone Acetonide Lotion 0.025%, 0.1% (PA)	ARISTOCORT, KENALOG
	GROUP II (HIGH POTENCY)	
	Fluocinonide	LIDEX
	PRIOR AUTHORIZATION/STEP THERAPY REQUIRED	
	Betamethasone Dipropionate 0.05% Cream, Lotion (PA)	DIPROSONE
	Betamethasone Valerate 0.1% Cream, Oint (PA)	VALISONE
	Halcinonide (PA)	HALOG, HALOG-E
	Desoximetasone 0.05%, 0.25% Cream, 0.05% Gel, 0.25% Oint (PA)	TOPICORT
	GROUP 1 (VERY HIGH POTENCY)	
	PRIOR AUTHORIZATION/STEP THERAPY REQUIRED	
	Augmented Betamethasone Dipropionate (PA)	DIPROLENE
	Diflorasone Diacetate (PA)	FLORONE, FLORONE E, PSORCON
	Halobetasol (PA)	ULTRAVATE
	Clobetasol Propionate 0.05% Cream, Oint, Soln (ST)	TEMOVATE
	(ST for failure or intolerant to respond to Fluocinonide; Limited to qty 60gm/30 days for cream & oint & 50/30 days for soln)	

Generic Available	Generic Name	Common Brand Name
10.5 Topical Corticosteroids in Combinations		
	HydrocortisonePramoxine	EPIFOAM
10.6 Scabicides/Pediculocides		
	Permethrin	NIX – OTC
	Permethrin	ELIMITE
	Permethrin Combinations	RID, A-200 - OTC
PRIOR AUTHORIZATION/STEP THERAPY REQUIRED		
	Spinosad Suspension (PA)	NATROBA
	Benzyl Alcohol Lotion (ST)	ULESFIA
	(ST for failure of OTC Nix, Rid, or Lindane; Limited 4 fills/year)	
	Malathion (ST)	OVIDE
	(ST for failure of OTC Nix or Rid)	
10.7 Anorectal		
	Hydrocortisone Rectal Crm	PROCTOCREAM HC 2.5%
	Hydrocortisone Acetate	ANUSOL HC Supp
10.8 Anti-Psoriatics		
	Anthralin	DITHROCREME
PRIOR AUTHORIZATION/STEP THERAPY REQUIRED		
	Calcipotriene (PA)	DOVONEX
	Tazarotene Topical Gel (PA)	TAZORAC
10.9 Misc. Topicals		
	Calamine Lotion	CALAMINE – OTC
	Selenium Sulfide	SELSUN Shampoo- RX
PRIOR AUTHORIZATION/STEP THERAPY REQUIRED		
	Imiquimod (PA)	ALDARA
	Fluorouracil Topical (PA)	EFUDEX 5%
	Pimecrolimus Ointment (PA)	ELIDEL
	Tacrolimus Ointment (PA)	PROTOPIC
10.10 Mucous Membrane Agents		
	Clotrimazole Troche	MYCELEX
	Lidocaine Viscous	XYLOCAINE
	Nystatin Susp	MYCOSTATIN

Generic Available	Generic Name	Common Brand Name

Chapter 11 ENDOCRINE AGENTS

11.1 Systemic Corticosteroids

11.1.1 Glucocorticoids

Hydrocortisone	CORTEF
Dexamethasone	DECADRON
Methylprednisolone	MEDROL
Prednisolone Tab 5mg, Syrup, Powder	PRELONE
Prednisone Tab, Sol (Tablet: 60 day supply available)	ORASONE

11.1.2 Mineralocorticoids

Fludrocortisone Tab	FLORINEF

11.2 Osteoporosis Agents

Alendronate 5mg, 10mg, 35mg, 70mg (Limited to age =/>50; Limited to #1/day for 5mg and10mg; and #4/month for 70mg)	FOSAMAX
Calcitonin Salmon (Limited to age =/>50; 1 bottle/mo)	MIACALCIN Nasal Spray

PRIOR AUTHORIZATION/STEP THERAPY REQUIRED

Ibandronate (PA)	BONIVA
Raloxifene (PA)	EVISTA
Risedronate (PA)	ACTONEL

11.3 Thyroid Agents

11.3.1 Antithyroid Agents

Methimazole (60 day supply available)	TAPAZOLE
Propylthiouracil (60 day supply available)	PTU

11.3.2 Thyroid Hormones

Levothyroxine (60 day supply available)	LEVOXYL, SYNTHROID
Thyroid Dessicated (Limited to age ≤65; 60 day supply available)	ARMOUR THYROID

11.4 Other Endocrine Agents

Bromocriptine (5mg Cap: Limited to #6/day)	PARLODEL
Desmopressin	DDAVP
Ergocalciferol	CALCIFEROL

Generic Available	Generic Name	Common Brand Name

11.5 Growth Hormone

PRIOR AUTHORIZATION/STEP THERAPY REQUIRED

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

Chapter 12 GASTROINTESTINAL AGENTS

12.1 Helicobacter Pylori Agents

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

12.2 Histamine-2 Antagonists

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

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

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

12.4 Antacids

(Limited to 4 fills/year)

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

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

Generic Available	Generic Name	Common Brand Name
12.8 Inflammatory Bowel Agents		
	Balsalazide Disodium Cap	COLAZAL
	(Formulary for age =/>21. Max #9/day)	
	Mesalamine Tab, Cap	ASACOL
	(250mg Cap: Limited to #4/day; 500mg Cap: Limited to #8/day; 400mg Tab: Limited to #6/day)	
	Sulfasalazine	AZULFIDINE
	(Delayed Release: Limited to #4/day)	
PRIOR AUTHORIZATION/STEP THERAPY REQUIRED		
	Mesalamine Cap (PA)	PENTASA
12.9 Laxatives		
(Limited to 4 fills/year)		
	Bisacodyl	DULCOLAX – OTC*
	Docusate Sodium	COLACE – OTC*
	Polyethylene Glycol 3350 Powder (can) (Limited to 527gm/30 days, no fill limit)	MIRALAX
	Lactulose	CONSTULOSE, ENULOSE
	Senna	SENNA – OTC*
	Sennosides/Docusate	SENOKOT S – OTC*
12.10 Antidiarrheals		
(Limited to 4 fills/year)		
	Attapulgite	KAOPECTATE – OTC*
	Bismuth Subsalicylate	PEPTO BISMOL – OTC*
	Diphenoxylate/Atropine	LOMOTIL
	Loperamide	IMMODIUM – OTC*
12.11 Digestive Enzymes		
PRIOR AUTHORIZATION/STEP THERAPY REQUIRED		
	Amylase/Lipase/Protease (PA)	ACREASE, VIOKASE, COTAZYME, CREON, PANCREAZE, ZENPEP
12.12 GI Preparations		
(Limited to 4 fills/year)		
	Barium Enema Prep Kit	FLEET PREP KIT
	PEG Solution	COLYTE, Flavored

Generic Available	Generic Name	Common Brand Name
	Chapter 13 GENITOUINARY AGENTS	
	13.1 Vaginal Anti-Infectives (Limited to female)	
	Butoconazole	FEMSTAT 3 – OTC*
	Clindamycin	CLEOCIN VAG Cream
	Clotrimazole	GYNE-LOTRIMIN – OTC*
	Fluconazole 150mg (Limited to #1/mo)	DIFLUCAN
	Metronidazole Vag Cream	METROGEL VAGINAL
	Miconazole Cream, Supp	MONISTAT 3, 7 – OTC*
	Nystatin Vaginal Tab	MYCOSTATIN
	Triple Sulfa Vag Cream	GYNE SULF – OTC*
	13.2 Anticholinergics	
	Oxybutynin (Tab: Limited to #4/day; Syrup: Limited to age ≤12)	DITROPAN
	PRIOR AUTHORIZATION/STEP THERAPY REQUIRED	
	Tolterodine LA (PA)	DETROL LA
	13.3 Cholinergic Drugs	
	Bethanechol (Limited to #4/day)	URECHOLINE
	13.4 Urinary Analgesics	
	Phenazopyridine 100mg & 200mg (Limited to #12/mo)	PYRIDIUM
	13.5 Vaginal Estrogens (Limited to female)	
	Conjugated Estrogen Vaginal Cream	PREMARIN
	Estradiol Vaginal Cream	VAGIFEM
	13.6 Peripheral Antiadrenergic Agents (Limited to male)	
	Doxazosin	CARDURA
	Terazosin Cap	HYTRIN
	13.7 Prostatic Hypertrophy Agents (Limited to male age ≥ 50)	
	Finasteride 5mg tablet (Limited to #1/day)	PROSCAR
	Tamsulosin (Limited to #1/day)	FLOMAX
	PRIOR AUTHORIZATION/STEP THERAPY REQUIRED	
	Alfuzosin (PA)	UROXATRAL

Generic Available	Generic Name	Common Brand Name

Chapter 14 HEMATOLOGICAL AGENTS

14.1 Hematopoeitic Agents

14.1.1 Erythropoiesis-Stimulating Agents

PRIOR AUTHORIZATION/STEP THERAPY REQUIRED

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

14.2 Anticoagulants

Warfarin Sodium — COUMADIN
(60 day supply available)

PRIOR AUTHORIZATION/STEP THERAPY REQUIRED

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

14.3 Antiplatelets

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

14.4 Hemorrheologic Agents

Pentoxifylline — TRENTAL
(60 day supply available)

Chapter 15 NASAL AGENTS

15.1 Nasal Corticosteroids

(All nasal corticosteroids are Limited to 4 fills per year. Members with Asthma are excluded from the 4 fill limit.)

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

PRIOR AUTHORIZATION/STEP THERAPY REQUIRED

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

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

Generic Available	Generic Name	Common Brand Name
	PRIOR AUTHORIZATION/STEP THERAPY REQUIRED	
	Carbamazepine Cap SR (PA)	CARBATROL
	Diazepam Rectal Gel Delivery System (PA)	DIASTAT
	Tiagabine (PA)	GABITRIL
	Topiramate (PA)	TOPAMAX
	Valproic Acid Delayed Release (PA)	STAVZOR
	16.2 Antiparkinson Agents	
	Amantadine (Limited to #3/day)	SYMMETREL
	Benztropine	COGENTIN
	Biperiden HCl	AKINETON
	Bromocriptine	PARODEL
	Carbidopa/Levodopa, CR (60 day supply available)	SINEMET, CR
	Carbidopa/Levodopa/ Entacapone (Limited to #8/day; 50-200-200mg Tab #6/day)	STALEVO
	PRIOR AUTHORIZATION/STEP THERAPY REQUIRED	
	Entacapone (PA)	COMTAN
	Pramipexole (PA)	MIRAPEX
	Ropinirole (PA)	REQUIP
	Selegiline Transdermal (PA)	ENSAM
	Trihexyphenidyl (PA)	ARTANE
	16.3 Skeletal Muscle Relaxants	
	Baclofen (Limited to #4/day)	LIORESAL
	Carisoprodol Tab 350mg (Limited to age ≤65; Limited to #4/day)	SOMA
	Cyclobenzaprine Tab 10mg (Limited to age ≤65; Limited to #3/day)	FLEXERIL
	Methocarbamol (Limited to age ≤65; Limited to #4/day)	ROBAXIN
	PRIOR AUTHORIZATION/STEP THERAPY REQUIRED	
	Orphenadrine Citrate (PA)	NORFLEX
	Orphenadrine/ASA/Caffeine (PA)	NORGESIC, FORTE

Generic Available	Generic Name	Common Brand Name

16.4 Viscosupplements

PRIOR AUTHORIZATION/STEP THERAPY REQUIRED

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

16.5 Others

Pyridostigmine	MESTINON

16.6 Multiple Sclerosis Agents – Interferons

PRIOR AUTHORIZATION/STEP THERAPY REQUIRED

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

Chapter 17 NUTRITIONAL PRODUCTS

17.1 Vitamins

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

17.2 Prenatal Vitamins

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

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

Generic Available	Generic Name	Common Brand Name
17.3 Potassium Supplement		
	Potassium Chloride Tab, Cap, Liquid (15mEq: Limited to #5/day; 60 day supply available)	K-DUR, K-TABS, KLOTRIX, KLOR-CON
17.4 Others		
	Calcium Acetate (Limited to #12/day)	PHOSLO
	Calcium Carbonate	OS-CAL, TUMS – OTC*
	Ferrous Gluconate	FERGON – OTC*
	Ferrous Sulfate Tab, Soln, Drops (Drops: Limited to age ≤5)	FEOSOL
	Levocarnitine	CARNITOR
	Magnesium Chloride	SLOW MAG
	Magnesium Oxide	MAG OXIDE
	Pediatric Electrolyte Soln	PEDIALYTE – OTC*
	Sodium Fluoride Tab & Drops (60 day supply available)	LURIDE
PRIOR AUTHORIZATION/STEP THERAPY REQUIRED		
	Sevelamer (ST) (ST for failure or intolerant to Phos-Lo)	RENVELA, RENAGEL

Chapter 18 OPHTHALMIC AGENTS

18.1 Anti-Infectives

18.1.1 Antibiotics and Combinations		
	Bacitracin	AK-TRACIN
	Chloramphenicol	CHLOROPTIC
	Erythromycin Ophth Oint	ILOTYCIN
	Gentamicin (Limited to 5mL/mo)	GENOPTIC
	Neomycin/Polymyxin B/ Gramicidin	NEOSPORIN
	Ofloxacin (Limited to 5mL/mo)	OCUFLOX
	Polymycin/TMP (Limited to 10mL/mo)	POLYTRIM
	Sulfacetamide (Limited to 15mL/mo)	BLEPH-10, SODIUM SULAMYD
	Tobramycin (Limited to 5mL/mo)	TOBREX
PRIOR AUTHORIZATION/STEP THERAPY REQUIRED		
	Gatifloxacin (PA)	ZYMAR
	Moxifloxacin (PA)	VIGAMOX

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

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

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

Chapter 20 RESPIRATORY AGENTS

20.1 Cough/Cold Products

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

20.1.1 Cough/Cold Combinations		
	Brompheniramine/Decongestant Tab, Elixir	DIMETAPP– OTC*
	Brompheniramine/ Pseudoephedrine Tab, Syrup	BROMDEC
	Chlorpheniramine/Decongestant Cap	CONTACT 12 Hr – OTC*
	Pyril/Phenyltolox/Pheniramine	POLY-HISTINE
	Triprolidine/Pseudoephedrine Tab, Syrup	ACTIFED – OTC*
20.1.3 Decongestants		
	Pseudoephedrine Tab, Syrup (Limited to age ≥2)	SUDAFED – OTC*
20.1.4 Antitussives & Expectorants		
	Benzonatate (Limited to #60/10 day)	TESSALON PERLES
	Codeine/Promethazine	PHENERGAN/CODEINE
	Codeine/Promethazine/ Phenylephrine	PHENERGAN VC/CODEINE
	Dextromethorphan/ Hydrocodone/Phenyl/CTM	HISTUSSIN HC, HISTINEX HC
	Guaifenesin/Codeine	TUSSI-ORGANIDIN NR, ROBITUSSIN AC

Generic Available	Generic Name	Common Brand Name
20.2 Beta Adrenergic Agonist		
20.2.1 Inhalers		
	Albuterol	PROAIR HFA, VENTOLIN
	Metaproterenol	ALUPENT
	Pirbuterol	MAXAIR AUTOHALER
20.2.2 Solutions		
	Albuterol 0.083% nebulized solution (Limited to #300/30days)	PROVENTIL
20.2.3 Oral Tablets		
	Albuterol	PROVENTIL
	Albuterol Extended Release	VOLMAX
	Terbutaline	BRETHINE
20.3 Long-Acting Beta Agonist		
PRIOR AUTHORIZATION/STEP THERAPY REQUIRED		
	Formoterol Fumarate (ST) (Not for acute symptoms; ST for concurrent use with an inhaled corticosteroids)	FORADIL
	Salmeterol (ST) (Not for acute symptoms; ST for concurrent use with an inhaled corticosteroids)	SEREVENT, DISKUS
20.4 Xanthine Derivatives		
	Theophylline	UNIPHYL
	Theophylline 8-12 Hr SR	SLO-BID GYROCAPS
	Theophylline 8-24 Hr SR (400mg Tab: Limited to #2/day)	THEO-DUR
20.5 Corticosteroids Inhalation		
	Beclomethasone	QVAR
	Budesonide Inh Soln (Limited to age ≤6; Limited to 60 vials/mo)	PULMICORT RESPULES
	Fluticasone	FLOVENT, FLOVENT DISKUS, FLOVENT HFA
PRIOR AUTHORIZATION/STEP THERAPY REQUIRED		
	Mometasone Furoate (PA)	ASMANEX

Generic Available	Generic Name	Common Brand Name

20.6 Corticosteroids/ Long-Acting Beta Agonist Combinations

PRIOR AUTHORIZATION/STEP THERAPY REQUIRED

Fluticasone/Salmeterol (ST) (ST for inhaled corticosteroid (ICS) in last 30 days; Limited to age <12; Limited to #1/mo)	ADVAIR DISKUS, HFA
Mometasone Furoate/Formoterol Fumarate (ST) (ST for inhaled corticosteroid (ICS) in last 30 days; Limited to 13gm/mo)	DULERA
Budesonide/Formoterol (ST) (ST for inhaled corticosteroid (ICS) in last 30 days)	SYMBICORT

20.7 Leukotriene Inhibitors

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

PRIOR AUTHORIZATION/STEP THERAPY REQUIRED

Zafirlukast (PA)	ACCOLATE

20.8 Anticholinergics

Ipratropium Inhaler & Neb Soln	ATROVENT

PRIOR AUTHORIZATION/STEP THERAPY REQUIRED

Tiotropium (PA)	SPIRIVA

20.8.1 Anticholinergic/Beta Agonist combination

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

20.9 Mast Cell Stabilizers

Cromolyn Neb Soln	INTAL
Nedocromil Sodium Inhaler	TILADE

20.10 Respiratory Devices

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

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

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

Generic Name/Common Brand Name
PA = Prior Authorization Required
ST = Step Therapy Restriction applied

CARVED –OUT DRUGS

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

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

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

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

INDEX

A

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

INDEX

AVONEX 40
AYGESTIN 28
Azathioprine 20
Azithromycin 15
AZULFIDINE 35

B

Bacitracin 41
BACITRACIN – OTC 29
Bacitracin, Zinc Ointment 29
Bacitracin/Polymyxin B Oint 29
Baclofen 39
BACTRIM 16
BACTROBAN 29
Balsalazide Disodium Cap 35
Barium Enema Prep Kit 35
Beclomethasone 45
Belladonna Alkaloids/Phenobarbital 34
BENADRYL– OTC* 14
Benazepril 22
BENEMID 11
BENTYL 34
Benzocaine/Antipyrine 44
Benzonatate 44
BENZOYL PEROXIDE 28
Benzoyl Peroxide, Gel 28
Benztropine 39
Benzyl Alcohol Lotion 31
BETAGAN 43
Betamethasone Dipropionate 0.05% Cream, Lotion 30
Betamethasone Valerate 0.1% Cream, Oint 30
BETAPACE, AF 22
Betaxolol 0.25% & 0.5% 43
Bethanechol 36
BETOPIC 43
BETOPTIC S 43
Bexarotene 19
BIAXIN 15
Bicalutamide C 19
Bimatoprost Ophth Soln 43
Biperiden HCl 39
Bisacodyl 35
Bismuth Subsalicylate 35
Bismuth Subsalicylate/ Metronidazole/TCN 33
Bisoprolol Fumerate 21
Bisoprolol/HCTZ 21
BLEPH-10 41
BLEPHAMIDE 42
Blood Glucose Meter 13
Boceprevir 17
BONIVA 32
BRETHINE 45
BREVICON 26
Brimonidine 0.2% 43
Brimonidine/Timolol 43
BROMDEC 44
Bromocriptine 32, 39
Brompheniramine/Decongestant .. 14
Brompheniramine/Decongestant Tab, Elixir 44
Brompheniramine/Pseudoephedrine Tab, Syrup 44
Budesonide Inh Soln 45
Budesonide/Formoterol 46
Bumetanide 23
BUMEX 23
Bupropion 25
Bupropion SR 25
Bupropion SR 26
BUSPAR 24
Buspirone 24
Busulfan 19
Butalbital/APAP/Caffeine Tab 9
Butalbital/ASA/Caffeine 9
Butoconazole 36
Butorphanol 9

C

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

INDEX

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

INDEX

Conjugated Estrogen Vaginal Cream 36
CONSTULOSE 35
CONTAC Tab – OTC* 14
CONTACT 12 Hr – OTC* 44
COPAXONE 40
CORDARONE 22
COREG 21
CORGARD 21
CORTEF 32
CORTISPORIN 42, 43
COTAZYME 35
COUMADIN 37
COZAAR 22
CREON 35
CRESTOR 18
Cromolyn 38
Cromolyn Neb Soln 46
Cyclobenzaprine Tab 39
CYCLOGYL 42
Cyclopentolate 42
Cyclophosphamide 19
Cyclosporine 20
CYCRIN 28
Cyproheptadine 14
CYTOTEC 34
CYTOXAN 19

D

DALMANE 25
Danazol 28
DANOCRINE 28
Dapsone 18
DARAPRIM 17
DAYPRO 11
DDAVP 32
DEBROX – OTC* 44
DECADRON 32, 42
DEPAKENE 38
DEPAKOTE ER 11
DEPAKOTE, ER 38
DERMA-SMOOTH OIL/ FS BODY 30
DERMA-SMOOTH OIL/ FS SCALP 30
DERMATOP 30
Desipramine 24
Desmopressin 32
DESOGEN-28 26
Desogest-Eth Estrad & Eth Estrad Tab 26
Desogestrel & Ethinyl Estradiol 26
Desonide Cream, Oint 29
Desonide Lotion 0.05% 29
DESOWEN 29
DESYREL 24
DETROL LA 36
Dexamethasone 32
Dexamethasone 0.1% 42
DEXEDRINE 26
Dextroamphetamine 26
Dextromethorphan/Hydrocodone/ Phenyl/CTM 44
DIABETA 12
DIABINESE 12
DIAMOX 23
Diaphragm 47
DIAPHRAGM - Various 47
DIASTAT 39
Diazepam 24
Diazepam Rectal Gel Delivery System 39
Diclofenac 10
Diclofenac 0.1% 42
Diclofenac/Mixoprostol 11
Dicloxacillin 15
Dicyclomine 34
Diethylstilbestrol 19
Diflorasone Diacetate 30
DIFLUCAN 17, 36
Digoxin 20
Dihydroergotamine 12
DILACOR XR 21
DILANTIN 38
DILATRATE SR 20
DILAUDID 9
Diltiazem, ER 21
DIMETAPP 14
DIMETAPP– OTC* 44
Diphenhydramine 14
Diphenoxylate/Atropine 35
Dipivefrin 43
DIPROLENE 30
DIPROSONE 30
Dipyridamole 37
DISALCID 9
DISKUS 45
Disoximetasone Cream, Gel, Oint 30

INDEX

Disulfiram Tab 26
DITHROCREME 31
DITROPAN 36
Divalproex ER 11
Divalproex Sodium 38
Docusate Sodium 35
DOLOPHINE 9
DONNATAL 34
Dorzolamide HCl 1% 43
DOVONEX 31
Doxazosin 23, 36
Doxepin 24
Doxycycline Hyclate Cap 16
Drospirenone-Ethinyl Estradiol Tab 26
DULCOLAX – OTC* 35
DULERA 46
DURAGESIC 10
DURICEF 15
DYAZIDE 23
DYNAPEN 15

E

E-Z SPACER 46
E.E.S. 16
EFFEXOR, XR 25
EFUDEX 5% 31
ELAVIL 24
Eletriptan 12
ELIDEL 31
ELIMITE 31
ELOCON 30
EMCYT 19
Enalapril 22
ENBREL 11
Enoxaparin 37
ENSAM 39
Entacapone 39
ENULOSE 35
EPIFOAM 31
EPIFOAM AER 1% 30
EPIFRIN 43
Epinephrine HCl 43
Epinephrine Inj 47
Epinephrine Inj Device 47
EPIPEN 47
EPIPEN JR 47
Epoetin Alfa, Recombinant 37
ERGAMISOL 19
Ergocalciferol 32
Ergotamine/Caffeine 11
Erlotinib 20
ERY-TAB Enteric Coated 15
ERYCETTE 28
ERYGEL 28
ERYTHROCIN 16
Erythromycin Base 15
Erythromycin Ethylsuccinate Tab & Liquid 16
Erythromycin Ophth Oint 41
Erythromycin Stearate 16
Erythromycin Topical Gel, Soln 28
Escitalopram 25
Estazolam 25
ESTRACE 28
ESTRADERM 28
Estradiol 28
Estradiol Transdermal 28
Estradiol Vaginal Cream 36
Estradiol/Norethindrone Transdermal 28
Estramustine 19
ESTRATAB 28
Estrogen, Conjugated, Medroxyprogesterone 28
Estrogens, Conjugated 28
Estrogens, Esterified 28
ESTROSTEP 27
Etanercept 11
Ethambutol 16
Ethinyl Estradiol/Norethindrone 28
Ethosuximide 38
Etodolac 10
Etodolac CR 11
Etoposide 19
EULEXIN 19
EVISTA 32
EXCEDRINE MIGRAINE – OTC* 11
Exemestane 19
EXTAVIA 40
Ezetimibe/Simvastatin 18

F

Famotidine 33
FARESTON 19
FELDENE 10
Felodipine 21
FEMARA 19
FEMHRT 28
FEMSTAT 3 – OTC* 36

INDEX

Fentanyl Transdermal 10
FEOSOL..... 41
FERGON – OTC*..... 41
Ferrous Gluconate 41
Ferrous Sulfate Tab, Soln, Drops . 41
Finasteride 5mg tablet 36
FIORICET..... 9
FIORINAL..... 9
FLAGYL..... 18
Flecainide..... 22
FLEET PREP KIT..... 35
FLEXERIL..... 39
FLOMAX..... 36
FLONASE..... 37
FLORINEF..... 32
FLORONE..... 30
FLORONE E..... 30
FLOVENT..... 45
FLOVENT DISKUS 45
FLOVENT HFA..... 45
FLOXIN 16
FLOXIN 43
Fluconazole..... 17, 36
Fludrocortisone Tab..... 32
Flunisolide 37
Fluocinolone..... 30
Fluocinolone Acetonide Oil..... 30
Fluocinonide..... 30
Fluorometholone 0.1%..... 42
Fluorouracil Topical 31
Fluoxetine Cap 25
Flurazepam 25
Flurbiprofen 10, 42
Flutamide..... 19
Fluticasone..... 37, 45
Fluticasone/Salmeterol..... 46
FML 42
FML FORTE 42
Folic Acid 1mg..... 40
Folic Acid/B-12/Iron 40
FOLVITE..... 40
FORADIL..... 45
Formoterol Fumarate 45
FOSAMAX..... 32
FULVICIN P/G..... 17
FULVICIN UF 17
Furosemide 23

G

Gabapentin..... 38
GABRITRIL 39
GARAMYCIN 29
Gatifloxacin..... 41
Gemfibrozil 19
GENOPTIC..... 41
GENORA..... 26
Gentamicin 41
Gentamicin Cream, Oint..... 29
Glatiramer Acetate Inj Kit 40
GLEEVEC 20
Glimepiride 12
Glipizide..... 12
Glipizide Extended Release..... 12
Glucagon Injection 13
GLUCAGON KIT..... 13
GLUCOPHAGE, XR..... 12
GLUCOTROL..... 12
GLUCOTROL XL..... 12
GLUCOVANCE 12
Glyburide..... 12
Glyburide/Metformin..... 12
GLYNASE..... 12
GRANTRISIN..... 16
Griseofulvin 17
Guaifenesin/Codeine..... 44
Guanfacine..... 26
Guanfacine SR..... 26
GYNE SULF – OTC*..... 36
GYNE-LOTRIMIN – OTC*..... 36

H

Halcinonide..... 30
HALCION 25
Halobetasol 30
HALOG..... 30
HALOG-E 30
HELIDAC..... 33
HEXALEN..... 19
HISTINEX HC..... 44
HISTUSSIN HC..... 44
Homatropine..... 42
HUMIRA 11
Hydralazine 23
HYDREA..... 19
Hydrochlorothiazide 23
Hydrocodone/APAP..... 9
Hydrocortisone 32
Hydrocortisone Acetate 31

INDEX

Hydrocortisone Cream, Oint, Lotion 29
Hydrocortisone Rectal Crm 31
Hydrocortisone Valerate Cream, Oint 30
Hydrocortisone/Acetic Acid 44
Hydrocortisone/Neomycin Polymyxin B 42
Hydrocortisone/Neomycin/ Polymyxin B Otic 43
HydrocortisonePramoxine 31
HYDRODIURIL 23
Hydromorphone 9
Hydroxychloroquine 11
Hydroxyurea 19
Hydroxyzine HCl 14
Hydroxyzine Pamoate Cap 14
HYTONE 29
HYTRIN 23, 36
HYZAAR 22

I

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

J

JANUMET 13
JANUVIA 13

K

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

L

L-Hyoscyamine Sulfate Tab, SL, SR and Soln 34
Labetalol 21
Lactulose 35
LAMICTAL 38
LAMISIL 17
Lamotrigine 38
Lancets 13
LANCETS, Various 13
LANOXIN 20
Lansoprazole Cap 33

INDEX

LANTUS 13
LASIX 23
Latanoprost Ophth Soln 43
Letrozole 19
LEUKERAN 19
Levamisole 19
LEVAQUIN 16
LEVEMIR 13
Levetiracetam 38
LEVLEN 26
LEVLITE 26
Levobunolol 43
Levocarnitine 41
Levofloxacin 16
Levonorgestrel & Ethinyl Estradiol Tab 26
Levonorgestrel/Ethinyl Estradiol 27
Levothyroxine 32
LEVOXYL 32
LEVSIN 34
LEVSINEX 34
LEXAPRO 25
LIBRAX 34
LIBRIUM 24
LIDAMANTLE 29
LIDEX 30
Lidocaine Viscous 31
Lidocaine-Hydrocortisone Acetate 3-0.5% Cream, Lotion 29
LIORESAL 39
LIPITOR 18
Lisdexamfetamine dimesylate 26
Lisinopril 22
Lisinopril/HCTZ 22
Lithium Carbonate 25
LITHOBID 25
LO-OVRAL 27
LODINE 10
LODINE XL 11
LOESTRIN 1.5/30-21 27
LOESTRIN 1/20-21 27
LOESTRIN FE 1.5/30 27
LOESTRIN FE 1/20 27
LOFIBRA 19
LOMOTIL 35
Lomustine 19
Loperamide 35
LOPID 19
LOPRESSOR 21
LOPROX 29
Loratadine Tab, Syrup 14
Loratadine/Pseudoephedrine 14
Lorazepam 24
LORCET 9
LORTAB 9
Losartan Potassium 22
Losartan Potassium/ Hydrochlorothiazide 22
LOTENSIN 22
LOTRISONE 29
Lovastatin 18
Lovastatin/Niacin Extended Release 18
LOVENOX 37
LOZOL 23
LUMIGAN 43
LURIDE 41
LYSODREN 19

M

MAALOX 33
MAALOX TC – OTC* 33
MACROBID 18
MACRODANTIN 18
MAG OXIDE 41
Magnesium Chloride 41
Magnesium Oxide 41
Malathion 31
MATULANE 19
MAXAIR AUTOHALER 45
MAXZIDE 25 & 50 23
Meclizine Tab & Chewable Tab 34
MEDROL 32
Medroxyprogesterone 28
MEGACE 19
Megestrol 19
Meloxicam 10
Melphalan 19
MEPHYTON 40
Mercaptopurine 19
Mesalamine Cap 35
Mesalamine Tab, Cap 35
MESTINON 40
METADATE CD 26
Metaproterenol 45
Metformin, SR 12
Methadone 9
METHADOSE 9
Methazolamide 23
METHERGINE 28

INDEX

Methimazole 32
Methocarbamol 39
Methotrexate 11
METHOTREXATE 11
Methotrexate 19
Methyldopa 23
Methylergonovine 28
Methylphenidate 26
Methylphenidate ER 26
Methylprednisolone 32
Metoclopramide 34
Metolazone 23
Metoprolol 21
Metoprolol ER 21
METROCREAM 0.75% 29
METROGEL 0.75% 29
METROGEL 1% 29
METROGEL VAGINAL 36
Metronidazole 18
Metronidazole 0.75% Cream, Gel 29
Metronidazole Gel 1% 29
Metronidazole Vag Cream 36
MEVACOR 18
MIACALCIN Nasal Spray 32
Miconazole Cream 29
Miconazole Cream, Supp 36
Micro Cap, Tab 19
MICROCHAMBER 46
MICRONOR 27
MIDRIN 11
MIGRANAL Nasal Spray 12
MINIPRESS 23
MINOCIN 16
Minocycline Cap 16
Minoxidil 23
MIRALAX 35
MIRAPEX 39
MIRCETTE 26
Mirtazapine 24
Misoprostol 34
Mitotane 19
MOBIC 10
MODICON 26
Mometasone 37
Mometasone Furoate 45
Mometasone Furoate Cream, Oint 30
Mometasone Furoate/Formoterol Fumarate 46
MONISTAT – OTC 29
MONISTAT 3, 7 – OTC* 36
MONOKET 20
Montelukast 46
Morphine Sulfate CR Tab 9
Morphine Sulfate IR 9
MOTRIN – OTC* 10
Moxifloxacin 41
MS CONTIN 9
MS IR 9
Multi-Vitamin & Fluoride, FE Tab & Drops 40
Mupirocin Oint 29
MYAMBUTOL 16
MYCELEX 17, 31
MYCELEX – OTC 29
MYCOLOG II 29
Mycophenolate Mofetil 20
MYCOSTATIN 17, 29, 31, 36
MYDRIACIL 42
MYLANTA 33
MYLANTA II – OTC* 33
MYLERAN 19
MYLICON – OTC* 34
MYSOLINE 38

N

Nabumetone 11
Nadolol 21
Nafarelin 28
NAPROSYN – OTC* 10
Naproxen 10
Naproxen Sodium 10
NASALCROM – OTC* 38
NASALIDE 37
NASAREL 37
NASONEX 37
NATACYN 42
Natamycin 5% 42
NATROBA 31
NECON 26
Nedocromil Sodium Inhaler 46
Nefazodone 24
Neomycin 16
NEOMYCIN 16
Neomycin/Bacitracin/ Polymyxin Oint 29
Neomycin/Polymyxin B/ Gramicidin 41
NEORAL 20

INDEX

NEOSPORIN 41
NEOSPORIN - OTC 29
NEPTAZANE 23
NEURONTIN 38
Niacin 19
NIACIN 19
Niacin SR 19
Niacin Timed Released 19
NIASPAN 19
NICODERM CQ 26
NICORETTE Gum – OTC 26
Nicotine Inhaler 26
Nicotine Polacrilex 26
Nicotine Transdermal 26
NICOTROL (15mg) – OTC 26
NICOTROL Inhaler 26
Nifedipine Cap 21
Nifedipine SR 21
NIFEREX ON 40
NIFEREX-150 FORTE 40
NITRO-BID CR 20
NITRO-DUR 20
Nitrofurantoin 18
Nitrofurantoin Monohydrate Macrocrystals LA 18
Nitroglycerin 0.4mg Pump Spray 20
Nitroglycerin Oint 20
Nitroglycerin Patch 20
Nitroglycerin SL Tab 20
Nitroglycerin SR Cap 20
NITROL 20
NITROLINGUAL 20
NITROSTAT 20
NIX – OTC 31
NIZORAL 17, 29
NIZORAL 29
NIZORAL A-D 29
NOCTEC 25
NOLVADEX 19
NOR-QD 27
NORCO 9
NORDETTE 26
Norethindone 27
Norethindone/Ethinyl Estradiol 27
Norethindrone & Ethinyl Estradiol Tab 26, 27
Norethindrone & Mestranol Tab 27
Norethindrone Ace & Ethinyl Estradiol Tab 27
Norethindrone Ace & Ethinyl Estradiol-Fe Tab 27
Norethindrone Acetate 28
Norethindrone/Ethinyl Estradiol 27
NORFLEX 39
NORGESIC, FORTE 39
Norgestimate & Ethinyl Estradiol Tab 27
Norgestimate/Esthinyl Estradiol 27
Norgestrel 27
Norgestrel & Ethinyl Estradiol Tab 27
NORINYL 1+35 27
NORINYL 1+50 27
NORMODYNE 21
NORPRAMIN 24
Nortriptyline 24
NORVASC 21
NOXAFIL 17
NYAMYC 29
NYSTAT-RX 29
Nystatin 17
Nystatin Cream, Oint, Powder 29
Nystatin Susp 31
Nystatin Vaginal Tab 36
Nystatin/Triamcinolone 29

O

OCUFEN 42
OCUFLOX 41
Ofloxacin 16
Ofloxacin 41
Ofloxacin Otic 43
Olapatadine HCl Ophth Soln 42
Omeprazole Cap 33
Omeprazole DR 20mg Tab 33
OMNICEF 15
Ondansetron Tab, ODT 34
ONGLYZA 13
OPTICHAMBER 46
ORAMORPH SR 9
ORASONE 32
ORINASE 12
Orphenadrine Citrate 39
Orphenadrine/ASA/Caffeine 39
ORTHO TRI-CYCLEN 27
ORTHO-CEPT 26
ORTHO-CYCLEN 27
ORTHO-NOVUM 1/35 27
ORTHO-NOVUM 1/50 27
ORTHO-NOVUM 10/11 27

INDEX

ORTHO-NOVUM 7/7/7 27
ORUVAIL 11
OS-CAL 41
Oseltamivir 17
OVCON 35 26
OVCON 50 27
OVIDE 31
OVRAL 27
OVRETTE 27
Oxaprozin 11
Oxazepam 24
Oxcarbazepine 38
Oxy IR 10
Oxybutynin 36
Oxycodone HCl, CR 10
Oxycodone IR 10
Oxycodone/APAP 10
Oxycodone/APAP 5/325mg Tab 10
Oxycodone/ASA 10
OXYCONTIN 10

P

PACERONE 22
PAMELOR 24
PANCREAZE 35
Pantoprazole 33
PARLODEL 32
PARODEL 39
Paroxetine 25
PATANOL 42
PAXIL 25
PEDIALYTE – OTC* 41
Pediatric Electrolyte Soln 41
PEDIAZOLE 16
PEG Solution 35
PEG-INTRON Inj 17
PEGASYS Inj 17
Peginterferon Alfa-2A 17
Peginterferon Alfa-2B 17
Penicillin 15
PENTASA 35
Pentoxifylline 37
PEPCID AC - OTC 33
PEPTO BISMOL – OTC* 35
PERCOCET 10
PERCOCET 10
PERCODAN 10
PERIACTIN – OTC* 14
Permethrin 31
Permethrin Combinations 31
PERSANTINE 37
Phenazopyridine 36
PHENERGAN 34
PHENERGAN VC/CODEINE 44
PHENERGAN/CODEINE 44
Phenobarbital 38
PHENOBARBITAL 38
Phenytoin 38
PHOSLO 41
PILOCAR 43
Pilocarpine HCl 43
Pimecrolimus Ointment 31
Pioglitazone 12
Pioglitazone/Metformin 12
Pirbuterol 45
Piroxicam 10
PLAQUENIL 11
PLAVIX 37
PLENDIL 21
PN FORTE 40
POLY-HISTINE 44
POLY-HISTINE – OTC* 14
POLY-VI-FLOR, FE 40
Polyethylene Glycol 3350 Powder (can) 35
Polymycin/TMP 41
POLYPRED 42
POLYSPORIN 29
POLYTRIM 41
Posaconazole 17
Potassium Chloride Tab, Cap, Liquid 41
Pramipexole 39
Pramoxine-HC Aerosol Foam 30
PRANDIN 12
PRAVACHOL 18
Pravastatin 18
Prazosin 23
PRECOSE 12
PRED FORTE 42
PRED MILD 42
PRED-G 42
Prednicarbate 30
Prednisolone 0.12%, 1% 42
Prednisolone 0.5%/Neomycin/Polymyxin B 42
Prednisolone 0.6%/Tobramycin/Dexamethasone 42
Prednisolone 1%/Gentamicin 42

INDEX

Prednisolone Tab 5mg, Syrup, Powder 32
Prednisone Tab, Soln 32
PRELONE 32
PREMARIN 28, 36
PREMPHASE 28
PREMPRO 28
PREMPRO LOW-DOSE 28
Prenatal Vitamin FE 40
PRENATAL-S 40
PRENAVITE 40
PREVACID 33
PREVACID 24 HR– OTC 33
PRILOSEC 33
PRIMAQUINE 17
Primaquine Phosphate 17
Primidone 38
PRINCIPEN 15
PRO-BANTHINE 34
PROAIR HFA 45
Probanthelene 34
Probenecid 11
Procainamide, SR 22
PROCANBID 22
Procarbazine 19
PROCARDIA 21
Prochlorperazine 34
PROCRIT 37
PROCTOCREAM HC 2.5% 31
PROGRAF 20
Promethazine 34
PRONESTYL 22
Propafenone 22
PROPINE 43
Propranolol 21
Propylthiouracil 32
PROSCAR 36
PROSOM 25
PROTONIX 33
PROTOPIC 31
PROVENTIL 45
PROVERA 28
PROZAC 25
Pseudoephedrine Tab, Syrup 44
PSORCON 30
PTU 32
PULMICORT RESPULES 45
PURINETHOL 19
Pyrantel Pamoate 17
Pyrazinamide 16
PYRAZINAMIDE 16
PYRIDIUM 36
Pyridostigmine 40
Pyridoxine 16
Pyril/Phenyltolox/Pheniramine 14, 44
Pyrimethamine 17

Q

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

R

Raloxifene 32
Ranitidine Tab, Syrup 33
RAPAMUNE 20
REGLAN 34
RELAFEN 11
RELENZA 17
RELPAX 12
REMERON 24
RENAGEL 41
RENVELA 41
Repaglinide 12
REQUIP 39
RESTORIL 25
RETIN A 28
RHEUMATREX 19
RID 31
RIFADIN 16
Rifampin 16
Risedronate 32
RITALIN, SR 26
ROBAXIN 39
ROBITUSSIN AC 44
ROCALTROL 40
ROLAIDS – OTC* 33
RONDEC – OTC* 14
Ropinirole 39
Rosuvastatin 18
RYTHMOL 22

S

Salmeterol 45
Salsalate 9

INDEX

SANDIMMUNE 20
Saxagliptin 13
Saxagliptin/Metformin 13
Scopolamine 42
Selegiline Transdermal 39
Selenium Sulfide 31
SELSUN Shampoo- RX 31
Senna 35
SENNA – OTC* 35
Sennosides/Docusate 35
SENOKOT S – OTC* 35
SEPTRA 16
SERAX 24
SEREVENT 45
Sertraline 25
SERZONE 24
Sevelamer 41
SILVADENE 29
Silver Sulfadiazine 29
SIMCOR 18
Simethicone 34
Simvastatin 18
Simvastatin 80mg 18
Simvastatin/Niacin 18
SINEMET, CR 39
SINEQUAN 24
SINGULAIR 46
Sirolimus 20
Sitagliptin 13
Sitagliptin/Metformin 13
SLO-BID GYROCAPS 45
SLO-NIACIN 19
SLOW MAG 41
SMZ/TMP 16
Sodium Fluoride Tab & Drops 41
Sodium Hyaluronate Intra-Articular 40
SODIUM SULAMYD 41
SOMA 39
Somatropin 33
SONATA 25
Sotalol, AF 22
SPERMICIDAL – Various OTC* 47
Spermicidal Jelly, Foam, Film 47
Spinosad Suspension 31
SPIRIVA 46
Spironolactone 23
SPORANOX 17
STADOL Nasal Spray 9
STALEVO 39
STAVZOR 39
STILPHOSTROL 19
STRATTERA 26
Sucralfate 34
SUDAFED – OTC* 44
Sulfacetamide 41
Sulfacetamide Sodium/Sulfur Lotion, Emulsion 28
Sulfacetamide/Prednisolone 42
Sulfasalazine 35
Sulfisoxazole 16
Sulfisoxazole/Erythromycin Susp 16
Sulindac 10
Sumatriptan 12
Sumatriptan Tablet 11
SUMYCIN 16
Sunitinib 20
SUPARTZ 40
SUPRAX 15
SUTENT 20
SYMBICORT 46
SYMMETREL 17, 39
SYNALAR 30
SYNAREL 28
SYNTHROID 32
Syringes 13

T

Tacrolimus 20
Tacrolimus Ointment 31
TAGAMET 33
TAMBOCOR 22
TAMIFLU 17
Tamoxifen 19
Tamsulosin 36
TAPAZOLE 32
TARCEVA 20
TARGRETIN 19
TAVIST– OTC* 14
Tazarotene Topical Gel 31
TAZORAC 31
TEGRETOL, XR 38
Temazepam Cap 25
TEMODAR 20
TEMOVATE 30
Temozolomide 20
TENEX 26
TENORETIC 21
TENORMIN 21
Terazosin 23

INDEX

Terazosin Cap 36
Terbinafine 17
Terbutaline 45
Teremefine 19
TESSALON PERLES 44
Test Strips 13
TESTIM 27
Testosterone Cypionate Injection 27
Testoterone gel 27
Tetracycline Cap & Tab 16
TEV-TROPIN 33
THEO-DUR 45
Theophylline 45
Theophylline 8-12 Hr SR 45
Theophylline 8-24 Hr SR 45
Thyroid Dessicated 32
Tiagabine 39
TIAZAC 21
TIGAN 34
TILADE 46
Timolol Maleate 0.25% & 0.5% Soln, XE Gel 43
TIMOPTIC 43
TIMOPTIC OCUDOSE 43
TIMOPTIC XE 43
TINACTIN - OTC 29
Tiotropium 46
TOBRADEX 42
Tobramycin 41
TOBREX 41
TOFRANIL 24
Tolazamide 12
Tolbutamide 12
TOLINASE 12
Tolnaftate Cream 29
Tolterodine LA 36
TOPAMAX 39
TOPICORT 30
Topiramate 39
TOPROL XL 21
TORADOL 9
Tramadol HCl 9
TRAVATAN Z 43
Travoprost Ophth Soln 43
Trazodone 150mg 24
TRENTAL 37
Tretinoin 19
Tretinoin Cream & Gel 28
TRI-VI-FLOR, FE 40
Triamcinolone Acetonide Aerosol Soln 30
Triamcinolone Acetonide Cream, Oint 30
Triamcinolone Acetonide Lotion 30
Triamterene/HCTZ 23
Triazolam 25
TRICOR 19
TRIDESILON 29
Triethanolamine/Chlorobutanol 44
Trifluridine 42
Trihexyphenidyl 39
TRILEPTAL 38
TRILISATE 9
Trimethobenzamide 34
Trimethoprim 18
TRIMOX 15
TRIMPEX 18
TRIPHASIL 27
Triple Sulfa Vag Cream 36
Triprolidine/Pseudoephedrine Tab, Syrup 14, 44
Tropicamide 42
TRUERESULTS 13
TRUETEST 13
TRUSOPT 43
TUMS 33
TUMS – OTC* 41
TUSSI-ORGANIDIN NR 44
TWINJECT 47
TWINJECT INJECTABLE 47
TYLENOL – OTC* 9
TYLENOL/CODEINE 9

U

ULESFIA 31
ULTRAM 9
ULTRAVATE 30
UNIPHYL 45
URECHOLINE 36
UROXATRAL 36

V

VAGIFEM 36
VALISONE 30
VALIUM 24
Valproic Acid 38
Valproic Acid Delayed Release 39
Varenicline 26
VASOTEC 22

INDEX

VELOSEF 15
Venlafaxine, XR 25
VENTOLIN 45
VEPESID 19
Verapamil, SR 21
VESANOID 19
VFEND 17
VIBRATAB 16
VICODIN 9
VICODIN ES 9
VICTRELIS 17
VIGAMOX 41
VIOKASE 35
VIROPTIC 42
VISTARIL 14
Vitamin A 40
VITAMIN B-6 16
Vitamin K 40
VIVELLE 28
VK VEETIDS 15
VOLMAX 45
VOLTAREN 10, 42
Voriconazole 17
VOSOL 44
VOSOL HC 44
VYTORIN 18
VYVANSE 26

W

Warfarin Sodium 37
WELCHOL 19
WELLBUTRIN 25
WELLBUTRIN SR 25
WESTCORT 30

X

XALATAN 43
XANAX 24
XELODA 20
XYLOCAINE 31

Y

YASMIN 28 26

Z

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