



July 2014

**Molina Healthcare of Illinois
Preferred Drug List**

Molina Healthcare of Illinois Preferred Drug List (Formulary)

(07/01/2014 v2)

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INTRODUCTION

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

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

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

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

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

PREFACE

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

DRUG LIST PRODUCT DESCRIPTIONS

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

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

GENERIC SUBSTITUTION

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

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

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

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

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

PLAN DESIGN

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

NON-COVERED MEDICATIONS

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

- Appetite Suppressants / Anorexiants for weight loss
- Drugs for Cosmetic Purposes
- Drugs to treat infertility
- Drugs to treat erectile dysfunction
- Experimental or Investigational Medications
- Progesterone Suppositories
- Convenience Dosage Forms (Transdermal Patches) not listed on the Formulary
- Certain OTC(Over-the-Counter non-prescription) products for members 21 years of age or older unless specifically listed on the Formulary

PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Drug Formulary may be approved when medically necessary and when formulary alternatives have demonstrated ineffectiveness. When these exceptional situations arise, the physician may fax a completed drug prior authorization form to Molina at (855) 365-8112. 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 MHIL Pharmacy Department, please provide relevant information with the Prior Authorization request. The following are examples:

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

LEGEND

| | |
|-----------------|---|
| AGE | Age Limit |
| OTC | Over the counter |
| PA | Prior Authorization |
| QL | Quantity Limit |
| SP | Specialty Drug: These drugs must be obtained through CVS Caremark Specialty Pharmacy Services |
| ST | Step Therapy |
| boldface | Indicates generic availability; boldface may not apply to every strength or dosage form under the listed generic name |
| delayed-rel | Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification |
| ext-rel | Extended-release (also known as sustained-release), refer to the reference brand listed for clarification |

REQUESTING FORMULARY CHANGES

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

Fax: (855) 365-8112

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 Healthcare. (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 Healthcare 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) 364-6331 to obtain an override for a 72-hour supply.

Pharmacies may call Molina Healthcare at (855) 866-5462 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.

NOTICE

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

ANALGESICS

ANALGESICS, OTHER

acetaminophen OTC

TYLENOL

NSAIDs

diclofenac potassium

CATAFLAM

diclofenac sodium delayed-rel

etodolac tabs

flurbiprofen

ibuprofen

ibuprofen OTC

MOTRIN

indomethacin caps

ketoprofen

ketorolac QL

Max #20/month

meloxicam tabs

MOBIC

nabumetone PA

naproxen

NAPROSYN

naproxen delayed-rel

EC-NAPROSYN

naproxen sodium OTC

ALEVE

naproxen sodium

ANAPROX

oxaprozin PA

DAYPRO

piroxicam PA

FELDENE

salsalate

CLINORIL

sulindac

NSAIDs, TOPICAL

diclofenac gel PA

VOLTAREN GEL

COX-2 INHIBITORS

celecoxib PA

CELEBREX

GOUT

allopurinol

ZYLOPRIM

colchicine PA

COLCRYS

colchicine/probenecid

probenecid

OPIOID ANALGESICS

butalbital/acetaminophen/caffeine/codeine 50/325/40/30 mg QL

Max #240/month

codeine sulfate 15 mg, 30 mg QL

Max #360/month

codeine sulfate 60 mg QL

Max #240/month

codeine/acetaminophen soln QL

Max #3750 mL/month

TYLENOL w/CODEINE

codeine/acetaminophen tabs QL

Max #180/month

TYLENOL w/CODEINE

fentanyl transdermal PA, QL

Max #10/month

DURAGESIC

hydrocodone/acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg QL

Max #180/month

NORCO

hydrocodone/acetaminophen soln 7.5/325 mg/15 mL QL

Max #3750 mL/month

HYCET

hydromorphone tabs 2 mg QL

Max #360/month

DILAUDID

hydromorphone tabs 4 mg QL

Max #180/month

DILAUDID

methadone soln 5 mg/5 mL QL

Max #1200 mL/month

methadone soln 10 mg/5 mL QL

Max #600 mL/month

methadone tabs 5 mg, 10 mg QL

Max #360/month

DOLOPHINE

morphine sulfate ext-rel 15 mg, 30 mg, 60 mg, 100 mg QL

Max #90/month

MS CONTIN

morphine sulfate soln PA, QL

Max #450 mL/month

morphine sulfate tabs QL

Max #90/month

oxycodone/acetaminophen 5/325 mg, 10/325 mg QL

Max #180/month

PERCOCET

tramadol QL

Max #120/month

ULTRAM

NON-OPIOID ANALGESICS

butalbital/acetaminophen

butalbital/acetaminophen/caffeine 50/325/40 mg

butalbital/aspirin/caffeine

FIORINAL

VISCOSUPPLEMENTS

sodium hyaluronate PA, SP

EUFLEXXA

ANTI-INFECTIVES**ANTIBACTERIALS**

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

Aminoglycosides

neomycin

Cephalosporins*First Generation*

cefadroxil susp AGE *

cephalexin 250 mg, 500 mg

cephalexin susp AGE *

KEFLEX

KEFLEX

Second Generation

ceftazidime susp AGE *

cefuroxime axetil tabs

CEFTIN

Third Generation

cefdinir caps PA

cefdinir susp AGE *

Erythromycins/Macrolides

azithromycin powder packet, tabs QL

ZITHROMAX

azithromycin susp AGE *, QL

ZITHROMAX

erythromycin base

erythromycin delayed-rel

ERY-TAB

erythromycin ethylsuccinate susp AGE *

E.E.S. GRANULES

erythromycin ethylsuccinate susp 200 mg/5 mL AGE *

ERYPED

erythromycin ethylsuccinate tabs

E.E.S.

erythromycin stearate

ERYTHROCIN

erythromycin/sulfisoxazole

Fluoroquinolones

ciprofloxacin 250 mg, 500 mg, 750 mg

CIPRO

levofloxacin PA

LEVAQUIN

Penicillins

amoxicillin caps, tabs

amoxicillin susp AGE *

amoxicillin/clavulanate chew tabs, susp AGE *

AUGMENTIN

amoxicillin/clavulanate tabs

AUGMENTIN

ampicillin caps

ampicillin susp AGE *

dicloxacillin

penicillin VK

Sulfonamides

sulfamethoxazole/trimethoprim

BACTRIM

Tetracyclines

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

ANTIFUNGALS

| | |
|------------------------------------|----------|
| fluconazole susp PA | DIFLUCAN |
| fluconazole tabs | DIFLUCAN |
| griseofulvin microsize susp | |
| ketoconazole | |
| nystatin | |
| terbinafine tabs | LAMISIL |

ANTIRETROVIRAL AGENTS**Antiretroviral Combinations**

| | |
|---|----------|
| abacavir/lamivudine | EPZICOM |
| abacavir/lamivudine/zidovudine | TRIZIVIR |
| efavirenz/emtricitabine/tenofovir | ATRIPLA |
| elvitegravir/cobicistat/emtricitabine/tenofovir PA | STRBILD |
| emtricitabine/rilpivirine/tenofovir | COMPLERA |
| emtricitabine/tenofovir | TRUVADA |
| lamivudine/zidovudine | COMBIVIR |

Chemokine Receptor Antagonists

| | |
|------------------|-----------|
| maraviroc | SELZENTRY |
|------------------|-----------|

Integrase Inhibitors

| | |
|--------------------|-----------|
| raltegravir | ISENTRESS |
|--------------------|-----------|

Non-nucleoside Reverse Transcriptase Inhibitors

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

Nucleoside Reverse Transcriptase Inhibitors

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

Nucleotide Reverse Transcriptase Inhibitors

| | |
|-----------------------|--------|
| tenofovir tabs | VIREAD |
|-----------------------|--------|

Protease Inhibitors

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

ANTITUBERCULAR AGENTS

| | |
|----------------|-----------|
| ethambutol | MYAMBUTOL |
| isoniazid tabs | |
| pyrazinamide | |
| rifampin | RIFADIN |

ANTIVIRALS

| | |
|------------------------|---------|
| Cytomegalovirus Agents | |
| valganciclovir PA | VALCYTE |

Hepatitis Agents

| | |
|--------------------|------------|
| Hepatitis B | |
| adefovir dipivoxil | HEPSERA |
| entecavir | BARACLUDE |
| lamivudine tabs | EPIVIR-HBV |

Hepatitis C

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

Herpes Agents

| | |
|--------------|---------|
| acyclovir | ZOVIRAX |
| famciclovir | FAMVIR |
| valacyclovir | VALTREX |

Influenza Agents

| | |
|------------------------|-----------|
| amantadine caps, syrup | |
| oseltamivir | TAMIFLU |
| rimantadine | FLUMADINE |
| zanamivir | RELENZA |

MISCELLANEOUS

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

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

ANTINEOPLASTIC AGENTS**ALKYLATING AGENTS**

| | |
|------------------|----------|
| chlorambucil | LEUKERAN |
| cyclophosphamide | |
| lomustine 100 mg | |
| melphalan | ALKERAN |

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

ACE INHIBITOR/DIURETIC COMBINATIONS

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

ADRENOLYTICS, CENTRAL

| | |
|----------------|----------|
| clonidine tabs | CATAPRES |
| guanfacine | TENEX |

ALDOSTERONE RECEPTOR ANTAGONISTS

| | |
|----------------|-----------|
| spironolactone | ALDACTONE |
|----------------|-----------|

ALPHA BLOCKERS

| | |
|-----------|-----------|
| doxazosin | CARDURA |
| prazosin | MINIPRESS |
| terazosin | |

ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

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

ST * Requires trial of an ACE Inhibitor.

ST ** Requires trial of losartan (COZAAR).

ANTIARRHYTHMICS

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

ANTILIPEMICS

| | |
|------------------|-----------------------------|
| Bile Acid Resins | |
| cholestyramine | QUESTRAN/ QUESTRAN LIGHT |
| colestipol tabs | COLESTID |

Fibrates

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

HMG-CoA Reductase Inhibitors

| | |
|-----------------|-----------|
| atorvastatin PA | LIPITOR |
| lovastatin | MEVACOR |
| pravastatin | PRAVACHOL |
| simvastatin ^ | ZOCOR |

^ Requires PA for 80 mg tabs only.

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

Potassium-sparing Diuretics

amiloride

Thiazides and Thiazide-like Diuretics

chlorthalidone 25 mg, 50 mg

hydrochlorothiazide

indapamide

metolazone

ZAROXOLYN

Diuretic Combinations

amiloride/hydrochlorothiazide

spironolactone/hydrochlorothiazide

ALDACTAZIDE

triamterene/hydrochlorothiazide caps 37.5/25 mg

DYAZIDE

triamterene/hydrochlorothiazide tabs

MAXZIDE

NITRATES

Oral

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

ISORDIL

isosorbide mononitrate

isosorbide mononitrate ext-rel

IMDUR

nitroglycerin ext-rel

Sublingual

nitroglycerin sublingual

NITROSTAT

Transdermal

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

NITRO-DUR

PULMONARY ARTERIAL HYPERTENSION

Endothelin Receptor Antagonists

bosentan PA, SP

TRACLEER

Phosphodiesterase Inhibitors

sildenafil SP

REVATIO

Prostaglandin Vasodilators

treprostинil PA, SP

REMODULIN

MISCELLANEOUS

hydralazine

methyldopa

midodrine

minoxidil

ranolazine ext-rel PA

RANEXA

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

Benzodiazepines

alprazolam tabs

XANAX

chlordiazepoxide

KLONOPIN

clonazepam tabs

TRANXENE T-TAB

clorazepate 7.5 mg

VALIUM

diazepam

DIAZEPAM INTENSOL

diazepam oral concentrate 5 mg/mL PA

ATIVAN

lorazepam

oxazepam

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

ANAFRANIL

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

| | |
|--|------------------------|
| carbamazepine | TEGRETOL |
| carbamazepine ext-rel | CARBATROL |
| carbamazepine ext-rel | TEGRETOL-XR |
| clobazam tabs PA | ONFI |
| diazepam rectal gel | DIASTAT |
| divalproex sodium delayed-rel | DEPAKOTE |
| divalproex sodium ext-rel | DEPAKOTE ER |
| divalproex sodium sprinkle caps | DEPAKOTE SPRINKLE |
| ethosuximide | ZARONTIN |
| gabapentin QL | NEURONTIN |
| lacosamide PA | VIMPAT |
| lamotrigine chewable dispersible tabs 5 mg, 25 mg | LAMICTAL CHEWABLE TABS |
| lamotrigine tabs | LAMICTAL |
| levetiracetam | KEPPRA |
| oxcarbazepine | TRILEPTAL |
| phenobarbital elixir AGE * | |
| phenobarbital tabs | |
| phenytoin chewable tabs | DILANTIN INFATABS |
| phenytoin sodium extended | DILANTIN |
| phenytoin susp | DILANTIN |
| primidone | mysoline |
| rufinamide PA | BANZEL |
| tiagabine 2 mg, 4 mg PA | GABITRIL |
| topiramate | TOPAMAX |
| valproic acid | DEPAKENE |
| vigabatrin PA, SP | SABRIL |
| zonisamide | ZONEGRAN |

ANTIDEMENTIA**donepezil 5 mg, 10 mg**

ARICEPT

galantamine ext-rel

RAZADYNE ER

galantamine tabs

RAZADYNE

memantine

NAMENDA

rivastigmine transdermal PA

EXELON PATCH

ANTIDEPRESSANTS**Monoamine Oxidase Inhibitors (MAOIs)****phenelzine**

NARDIL

tranylcypromine

PARNATE

Selective Serotonin Reuptake Inhibitors (SSRIs)**citalopram**

CELEXA

escitalopram PA

LEXAPRO

fluoxetine 10 mg, 20 mg

PROZAC

fluoxetine soln**paroxetine HCl tabs**

PAXIL

sertraline

ZOLOFT

Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

duloxetine delayed-rel PA

CYMBALTA

venlafaxine

Tricyclic Antidepressants (TCAs)

amitriptyline

NORPRAMIN

desipramine

doxepin

TOFRANIL

imipramine HCl

nortriptyline caps

PAMELOR

protriptyline

VIVACTIL

Miscellaneous Agents

bupropion

WELLBUTRIN

bupropion ext-rel

WELLBUTRIN SR

bupropion ext-rel

WELLBUTRIN XL

maprotiline 50 mg, 75 mg

mirtazapine tabs 15 mg, 30 mg, 45 mg

REMERON

trazodone

ANTIPARKINSONIAN AGENTS

amantadine caps, syrup

benztropine

PARLODEL

bromocriptine

SINemet

carbidopa/levodopa

SINemet CR

carbidopa/levodopa ext-rel

MIRAPEX

pramipexole ST *

REQUIP

ropinirole

ELDEPRYL

selegiline

trihexyphenidyl elixir PA

trihexyphenidyl tabs

ST * Requires trial of ropinirole (REQUIP).

ANTIPSYCHOTICS

Atypicals

ariPIPrazole PA

ABILIFY

ariPIPrazole ext-rel inj PA

ABILIFY MAINTENA

asenapine PA

SAPHRIS

clozapine ST *

CLOZARIL

iloperidone PA

FANAPT

lurasidone PA

LATUDA

olanzapine tabs ST *

ZYPREXA

paliperidone ext-rel PA

INVEGA

paliperidone palmitate PA

INVEGA SUSTENNA

quetiapine ST *

SEROQUEL

quetiapine ext-rel PA

SEROQUEL XR

risperidone

RISPERDAL

risperidone inj PA

RISPERDAL CONSTA

risperidone orally disintegrating tabs

RISPERDAL M-TABS

ziprasidone ST *

GEODON

ST * Requires trial of risperidone (RISPERDAL).

Miscellaneous

chlorpromazine

fluphenazine decanoate inj

fluphenazine HCl inj

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER

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

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

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

FIBROMYALGIA

pregabalin PA

LYRICA

HYPNOTICS

Benzodiazepines

estazolam

flurazepam

temazepam 15 mg, 30 mg

RESTORIL

triazolam

HALCION

Nonbenzodiazepines

doxylamine OTC

UNISOM

zolpidem

AMBIEN

MIGRAINE

Selective Serotonin Agonists

naratriptan QL

Max #9/month

AMERGE

rizatriptan tabs ST *, QL

Max #9/month

MAXALT

sumatriptan tabs QL

Max # 9/month

IMITREX

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

MOOD STABILIZERS

lithium carbonate

lithium carbonate ext-rel tabs

lithium carbonate ext-rel tabs

LITHOBID

lithium citrate

LITHIUM CITRATE

MULTIPLE SCLEROSIS AGENTS

dalfampridine ext-rel PA, SP

AMPYRA

glatiramer 20 mg PA, SP

COPAXONE

| | |
|---|-------------------|
| interferon beta-1a PA, SP | AVONEX |
| interferon beta-1b SP | EXTAVIA |
| MUSCULOSKELETAL THERAPY AGENTS | |
| baclofen | |
| carisoprodol 350 mg | SOMA |
| chlorzoxazone | PARAFON FORTE DSC |
| cyclobenzaprine 5 mg, 10 mg | |
| methocarbamol | ROBAXIN |
| orphenadrine ext-rel | |
| tizanidine tabs | ZANAFLEX |
| MYASTHENIA GRAVIS | |
| pyridostigmine tabs | MESTINON |
| NARCOLEPSY/CATAPLEXY | |
| armodafinil PA | NUVIGIL |
| modafinil 100 mg PA | PROVIGIL |
| sodium oxybate PA | XYREM |
| PSYCHOTHERAPEUTIC-MISCELLANEOUS | |
| Alcohol Deterrents | |
| disulfiram | ANTABUSE |
| Opioid Antagonists | |
| naltrexone | REVIA |
| Smoking Deterrents | |
| bupropion ext-rel | ZYBAN |
| nicotine polacrilex gum OTC | NICORETTE |
| nicotine transdermal OTC, QL | NICODERM CQ |
| varenicline | CHANTIX |
| ENDOCRINE AND METABOLIC | |
| ANDROGENS | |
| testosterone cypionate | DEPO-TESTOSTERONE |
| testosterone enanthate | |
| ANTIDIABETICS | |
| Alpha-glucosidase Inhibitors | |
| acarbose | PRECOSE |
| Biguanides | |
| metformin | GLUCOPHAGE |
| metformin ext-rel | GLUCOPHAGE XR |
| Biguanide/Sulfonylurea Combinations | |
| glyburide/metformin | GLUCOVANCE |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | |
| linagliptin PA | TRADJENTA |
| saxagliptin PA | ONGLYZA |
| sitagliptin phosphate ST * | JANUVIA |

ST * Requires trial of metformin AND pioglitazone (ACTOS) or a Sulfonylurea.

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

| | |
|---|---------------|
| linagliptin/metformin PA | JENTADUETO |
| saxagliptin/metformin ext-rel PA | KOMBIGLYZE XR |
| sitagliptin/metformin PA | JANUMET |
| sitagliptin/metformin ext-rel PA | JANUMET XR |

Incretin Mimetic Agents

| | |
|---------------------|--------|
| exenatide PA | BYETTA |
|---------------------|--------|

Insulins *

* Insulin vials are preferred. Insulin pens are covered only for ages 18 years and under. Prior authorization is available for members with documented retinopathy and neuropathy.

| | |
|---|-----------------|
| insulin aspart QL | NOVOLOG |
| insulin aspart protamine 70%/insulin aspart 30% QL | NOVOLOG MIX |
| insulin glargine QL | LANTUS |
| insulin glulisine QL | APIDRA |
| insulin human OTC | HUMULIN R |
| insulin human QL | HUMULIN R U-500 |
| insulin human OTC | NOVOLIN R |
| insulin isophane human OTC | HUMULIN N |
| insulin isophane human OTC | NOVOLIN N |
| insulin isophane human 70%/regular 30% OTC | HUMULIN 70/30 |
| insulin isophane human 70%/regular 30% OTC | NOVOLIN 70/30 |
| insulin lispro QL | HUMALOG |
| insulin lispro protamine/insulin lispro QL | HUMALOG MIX |

Insulin Sensitizers

| | |
|--------------------------|-------|
| pioglitazone ST * | ACTOS |
|--------------------------|-------|

ST * Requires trial of metformin.

Meglitinides

| | |
|-----------------------|---------|
| nateglinide PA | STARLIX |
|-----------------------|---------|

Sulfonylureas

| | |
|-----------------------|--------------|
| chlorpropamide | |
| glimepiride | AMARYL |
| glipizide | GLUCOTROL |
| glipizide ext-rel | GLUCOTROL XL |
| glyburide | DIABETA |
| glyburide, micronized | GLYNASE |
| tolbutamide | |

Supplies

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

^ Max of #50/month for non-insulin users.
Max of #200/month for insulin users and pregnant members filling prenatal vitamins.

CALCIUM REGULATORS**Bisphosphonates**

| | |
|------------------|---------|
| alendronate tabs | FOSAMAX |
| ibandronate | BONIVA |

Calcitonins**calcitonin-salmon PA**

MIACALCIN

Parathyroid Hormones**teriparatide PA, SP**

FORTEO

CONTRACEPTIVES

EE = ethinyl estradiol

ME = mestranol

Monophasic*20 mcg Estrogen***levonorgestrel/EE 0.1/20 QL**

Max #1 pack/month

Lutera**norethindrone acetate/EE 1/20 QL**

Max #1 pack/month

LOESTRIN 1/20**norethindrone acetate/EE 1/20 and iron QL**

Max #1 pack/month

LOESTRIN FE 1/20*30 mcg Estrogen***desogestrel/EE 0.15/30 QL**

Max #1 pack/month

DESOGEN**desogestrel/EE 0.15/30 QL**

Max #1 pack/month

ORTHO-CEPT**drospernone/EE 3/30 QL**

Max #1 pack/month

YASMIN**levonorgestrel/EE 0.15/30 QL**

Max #1 pack/month

norethindrone acetate/EE 1.5/30 QL

Max #1 pack/month

LOESTRIN 1.5/30**norethindrone acetate/EE 1.5/30 and iron QL**

Max #1 pack/month

LOESTRIN FE 1.5/30**norgestrel/EE 0.3/30 QL**

Max #1 pack/month

Low-Ogestrel*35 mcg Estrogen***ethynodiol diacetate/EE 1/35 QL**

Max #1 pack/month

Kelnor 1/35**ethynodiol diacetate/EE 1/35 QL**

Max #1 pack/month

Zovia 1/35**norethindrone/EE 0.4/35 QL**

Max #1 pack/month

OVCON 35**norethindrone/EE 0.5/35 QL**

Max #1 pack/month

MODICON**norethindrone/EE 1/35 QL**

Max #1 pack/month

ORTHO-NOVUM 1/35**norgestimate/EE 0.25/35 QL**

Max #1 pack/month

ORTHO-CYCLEN*50 mcg Estrogen***ethynodiol diacetate/EE 1/50 QL**

Max #1 pack/month

Zovia 1/50**norethindrone/ME 1/50 QL**

Max #1 pack/month

NORINYL 1+50**norgestrel/EE 0.5/50 QL**

Max #1 pack/month

Ogestrel**Triphasic****desogestrel/EE QL**

Max #1 pack/month

CYCLESSA**levonorgestrel/EE QL**

Max #1 pack/month

ORTHO-NOVUM 7/7/7**norethindrone/EE QL**

Max #1 pack/month

ORTHO TRI-CYCLEN**norgestimate/EE QL**

Max #1 pack/month

Progestin Only**norethindrone QL**

Max #1 pack/month

NOR-QD**norethindrone QL**

Max #1 pack/month

ORTHO MICRONOR**Emergency Contraception****levonorgestrel 0.75 mg QL****PLAN B****levonorgestrel 1.5 mg QL****PLAN B ONE-STEP****Injectable****medroxyprogesterone acetate 150 mg/mL QL****DEPO-PROVERA****Progestin Intrauterine Device****levonorgestrel releasing IUD PA, SP****MIRENA**

| | |
|---|------------------------|
| Vaginal | |
| etonogestrel/EE ring QL | NUVARING |
| Miscellaneous | |
| condoms, male OTC | |
| diaphragm | DIAPHRAGM , VARIOUS |
| ENDOMETRIOSIS | |
| nafarelin PA, SP | SYNAREL |
| ESTROGENS | |
| Oral | |
| estradiol | ESTRACE |
| estrogens, conjugated | PREMARIN |
| estropipate | |
| Vaginal | |
| estradiol vaginal crm | ESTRACE CREAM |
| estradiol vaginal tabs | VAGIFEM |
| estrogens, conjugated crm | PREMARIN CREAM |
| ESTROGEN/PROGESTINS | |
| Oral | |
| EE/norethindrone acetate | FEMHRT |
| estrogens, conjugated/medroxyprogesterone | PREMPHASE |
| estrogens, conjugated/medroxyprogesterone | PREMPRO |
| GLUCOCORTICOIDS | |
| dexamethasone elixir, soln 0.5 mg/5 mL | |
| dexamethasone tabs | |
| fludrocortisone | |
| hydrocortisone | CORTEF |
| methylprednisolone | MEDROL |
| prednisolone sodium phosphate soln | |
| prednisolone syrup | PRELONE |
| prednisone | |
| GLUCOSE ELEVATING AGENTS | |
| glucagon, human recombinant | GLUCAGON EMERGENCY KIT |
| glucose tablets OTC | |
| HUMAN GROWTH HORMONES | |
| somatropin PA, SP | TEV-TROPIN |
| somatropin vials PA, SP | OMNITROPE |
| HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS | |
| calcitriol (1,25-D3) | ROCALTROL |
| INSULIN-LIKE GROWTH FACTORS | |
| mecasermin PA, SP | INCRELEX |
| PHOSPHATE BINDER AGENTS | |
| calcium acetate caps | PHOSLO |
| PROGESTINS | |
| medroxyprogesterone acetate | PROVERA |
| norethindrone acetate | AYGESTIN |

SELECTIVE ESTROGEN RECEPTOR MODULATORS

raloxifene PA

EVISTA

THYROID AGENTS

Antithyroid Agents

methimazole

TAPAZOLE

propylthiouracil

Thyroid Supplements

levothyroxine

Levoxyl

levothyroxine

SYNTHROID

thyroid

ARMOUR THYROID

thyroid

NATURE-THROID

VASOPRESSINS

desmopressin spray PA, SP

DDAVP

desmopressin spray PA, SP

STIMATE

desmopressin tabs

DDAVP

MISCELLANEOUS

idursulfase PA, SP

ELAPRASE

leuprolide acetate PA, SP

LUPRON DEPOT-PED

levocarnitine soln

CARNITOR

levocarnitine tabs 330 mg

CARNITOR

methylergonovine

octreotide acetate PA, SP

SANDOSTATIN

octreotide acetate PA, SP

SANDOSTATIN LAR

thyrotropin alfa PA, SP

THYROGEN

GASTROINTESTINAL**ANTACIDS**

aluminum hydroxide/magnesium carbonate OTC

GAVISCON

aluminum hydroxide/magnesium hydroxide/simethicone OTC

MYLANTA

aluminum hydroxide/magnesium trisilicate OTC

calcium carbonate OTC

TUMS

calcium carbonate/magnesium hydroxide OTC

MYLANTA

sodium bicarbonate tabs OTC

ANTIDIARRHEALS

bismuth subsalicylate OTC

PEPTO-BISMOL

diphenoxylate/atropine

LOMOTIL

loperamide

loperamide OTC

IMODIUM A-D

ANTIEMETICS

AGE * Not covered for ages 2 years old and under.

dextrose/fructose/phosphoric acid OTC

EMETROL

dimenhydrinate tabs OTC

DRAMAMINE

meclizine OTC

meclizine

metoclopramide

REGLAN

ondansetron orally disintegrating tabs QL

ZOFTRAN ODT

ondansetron soln PA

ZOFTRAN

ondansetron tabs 4 mg, 8 mg QL

ZOFTRAN

prochlorperazine

COMPAZINE

prochlorperazine supp

COMPAZINE

promethazine AGE*
promethazine supp AGE, ^
scopolamine PA

TRANSDERM SCOP

^ Requires PA for 50 mg suppository only.

ANTISPASMODICS

| | |
|----------------------------------|-----------------------|
| dicyclomine | BENTYL |
| glycopyrrolate | ROBINUL/ROBINUL FORTE |
| hyoscyamine sulfate | LEVSIN |
| hyoscyamine sulfate ext-rel tabs | LEVIBID |

CHOLELIOLYTICS

| | |
|---------------|----------|
| ursodiol caps | ACTIGALL |
|---------------|----------|

H₂ RECEPTOR ANTAGONISTS

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

| | | |
|--------------------------------------|--------------------|------------|
| cimetidine 200 mg OTC, QL | Max #120/month | TAGAMET HB |
| cimetidine 300 mg, 400 mg, 800 mg QL | Max #60/month | |
| cimetidine soln 300 mg/5 mL QL | Max #1800 mL/month | |
| famotidine tabs QL | Max #60/month | PEPCID |
| famotidine tabs OTC, QL | Max #60/month | PEPCID AC |
| nizatidine PA, QL | Max #120/month | AXID |
| ranitidine OTC, QL | Max #120/month | ZANTAC OTC |
| ranitidine syrup AGE *, QL | Max #600 mL/month | ZANTAC |
| ranitidine tabs 150 mg QL | Max #120/month | ZANTAC |
| ranitidine tabs 300 mg QL | Max #60/month | ZANTAC |

INFLAMMATORY BOWEL DISEASE

Oral Agents

| | |
|-----------------------------|--------------------|
| mesalamine delayed-rel tabs | ASACOL HD |
| mesalamine ext-rel caps | APRISO |
| sulfasalazine | AZULFIDINE |
| sulfasalazine delayed-rel | AZULFIDINE EN-TABS |

LAXATIVES/STOOL SOFTENERS

| | |
|------------------------------------|------------------|
| benzocaine/docusate OTC | Enemeez Plus |
| bisacodyl delayed-rel tabs OTC, QL | DULCOLAX |
| bisacodyl supp OTC | DULCOLAX |
| calcium polycarbophil OTC | FIBERCON |
| cellulose powder OTC | UNIFIBER |
| docusate calcium OTC | |
| docusate sodium OTC | COLACE |
| glycerin supp OTC | |
| lactulose | |
| magnesium citrate soln OTC | MILK OF MAGNESIA |
| magnesium hydroxide OTC | CITRUCEL |
| methylcellulose tabs OTC | |
| mineral oil OTC | |
| mineral oil enema OTC | |
| peg 3350/electrolytes | GOLYTELY |
| peg 3350/electrolytes | NULYTELY |
| polyethylene glycol 3350 | |
| polyethylene glycol 3350 OTC | MIRALAX |
| psyllium OTC | METAMUCIL |
| senna OTC | |
| sennosides OTC | SENOKOT |

| | |
|--------------------------------|-----------|
| sennosides/docusate sodium OTC | SENOKOT-S |
| sodium phosphates enema OTC | FLEET |
| sodium phosphates soln OTC | |
| wheat dextrin OTC | BENEFIBER |

| | |
|---------------------------------|--------|
| PANCREATIC ENZYMES | |
| pancrelipase delayed-rel | CREON |
| pancrelipase delayed-rel 5000 U | ZENPEP |

| | |
|----------------|---------|
| PROSTAGLANDINS | |
| misoprostol | CYTOTEC |

PROTON PUMP INHIBITORS

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

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

ST * Requires trial of omeprazole (PRILOSEC).

| | |
|---|---------------|
| MISCELLANEOUS | |
| dibucaine rectal oint OTC | NUPERCAINAL |
| glycopyrrolate PA | CUVPOSA |
| pramoxine/phenylephrine/glycerin/petrolatum crm OTC | PREPARATION H |
| simethicone OTC | |
| sucralfate susp PA | CARAFATE |
| sucralfate tabs QL | CARAFATE |

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

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

URINARY ANTISPASMODICS

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

ST * Requires trial of oxybutynin.

VAGINAL ANTI-INFECTIVES

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

MISCELLANEOUS

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

HEMATOLOGIC

ANTICOAGULANTS

Injectable

| | |
|-------------------|---------|
| dalteparin PA, SP | FRAGMIN |
| enoxaparin SP, ^ | LOVENOX |

^ Requires PA for treatment longer than 7 days.

Oral

| | |
|----------|----------|
| warfarin | COUMADIN |
|----------|----------|

Synthetic Heparinoid-like Agents

| | |
|---------------------|---------|
| fondaparinux PA, SP | ARIXTRA |
|---------------------|---------|

ANTIHEMOPHILIC AGENTS

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

HEMATOPOIETIC GROWTH FACTORS

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

PLATELET AGGREGATION INHIBITORS

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

MISCELLANEOUS

| | |
|------------------------|--------|
| cilostazol | PLETAL |
| pentoxifylline ext-rel | |

IMMUNOLOGIC AGENTS

BIOLOGIC DISEASE-MODIFYING AGENTS

| | |
|-------------------|--------|
| adalimumab PA, SP | HUMIRA |
| etanercept PA, SP | ENBREL |

DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

| | |
|--------------------|-----------|
| hydroxychloroquine | PLAQUENIL |
| leflunomide | ARAVA |
| methotrexate | |

IMMUNE GLOBULINS

Rho (D) immune globulin **PA, SP**

RHOGAM PLUS

IMMUNOMODULATORS

Interferons

interferon alfa-2b **PA, SP**

INTRON A

interferon gamma-1b **PA, SP**

ACTIMMUNE

peginterferon alfa-2a **PA, SP**

PEGASYS

peginterferon alfa-2b **PA, SP**

PEGINTRON

IMMUNOSUPPRESSANTS

Antimetabolites

azathioprine

IMURAN

mycophenolate mofetil caps, tabs

CELLCEPT

Calcineurin Inhibitors

cyclosporine caps

SANDIMMUNE

cyclosporine, modified

NEORAL

tacrolimus 0.5 mg, 1 mg

PROGRAF

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

Potassium

potassium bicarbonate effer tabs 25 mEq

MICRO-K

potassium chloride ext-rel caps 8 mEq, 10 mEq

K-TAB

potassium chloride ext-rel tabs 8 mEq, 10 mEq

potassium chloride liquid

KLOR-CON

potassium chloride microencapsulated crystal ext-rel

10 mEq, 20 mEq

Miscellaneous

potassium/sodium phosphates

K-PHOS NEUTRAL

sodium chloride tabs

VITAMINS AND MINERALS

Folic Acid

folic acid **OTC**

folic acid

Prenatal Vitamins

prenatal vitamin tabs

Miscellaneous

calcium **OTC**

calcium/vitamin D **OTC**

calcium/vitamin D/minerals **OTC**

cholecalciferol (D3) **OTC**

VITAMIN D

cyanocobalamin **OTC**

VITAMIN B-12

electrolyte soln, oral **OTC**

PEDIALYTE

ergocalciferol (D2) **QL**

DRISDOL

ferrous fumarate **OTC**

HEMOCYTE

ferrous gluconate **OTC**

FERGON

ferrous sulfate **OTC**

FEOSOL

ferrous sulfate ext-rel **OTC**

SLOW FE

iron polysaccharides complex **OTC**

magnesium chloride ext-rel **OTC**

magnesium gluconate **OTC**

MAG-OX

magnesium oxide **OTC**

| | |
|--|----------------|
| melatonin OTC | |
| melatonin/pyridoxine OTC | |
| multivitamins OTC | |
| multivitamins/fluoride/iron drops, tabs | POLY-VI-FLOR |
| multivitamins/iron OTC | |
| multivitamins/minerals OTC | |
| niacinamide 500 mg OTC | |
| omega-3 fatty acids OTC | FISH OIL |
| pediatric multivitamins OTC | |
| pediatric multivitamins/iron drops OTC | POLY-VI-SOL |
| phytonadione | MEPHYTON |
| pyridoxine ext-rel OTC | |
| pyridoxine tabs OTC | VITAMIN B-6 |
| sodium fluoride chew tabs, drops | LURIDE |
| vitamin B complex/vitamin C/folic acid OTC | |
| vitamin B complex/vitamin C/folic acid | NEPHROCAPS |
| vitamin B complex/vitamin C/folic acid | NEPHRO-VITE RX |
| zinc sulfate OTC | |

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

| | |
|-------------|------------|
| epinephrine | EPIPEN |
| epinephrine | EPIPEN JR. |

ANTICHOLINERGICS

| | |
|-------------------------------|--------------|
| aclidinium bromide | TUDORZA |
| ipratropium soln | |
| ipratropium, CFC-free aerosol | ATROVENT HFA |

ANTIHISTAMINES

AGE * Covered only for ages 12 years old and under

Low Sedating

| | |
|--|--------|
| cetirizine chewable tabs, syrup OTC, AGE * | ZYRTEC |
| cetirizine syrup AGE * | |
| cetirizine tabs OTC | ZYRTEC |

Nonsedating

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

Sedating

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

BETA AGONISTS

Inhalants

Short Acting

albuterol inhalation soln QL

albuterol sulfate, CFC-free aerosol

PROAIR HFA

albuterol sulfate, CFC-free aerosol

VENTOLIN HFA

Long Acting

formoterol inhalation caps ST *

FORADIL

salmeterol xinafoate ST *

SEREVENT

ST * Requires concomitant use of a Steroid Inhalant

Oral Agents

albuterol syp, tabs 4 mg

terbutaline

COUGH AND COLD *

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

Antihistamine/Decongestant Combinations

brompheniramine/pseudoephedrine elixir OTC

DIMETAPP

cetirizine/pseudoephedrine ext-rel tabs OTC, AGE

ZYRTEC-D

diphenhydramine/phenylephrine liquid OTC, QL

TRIAMINIC NT

diphenhydramine/phenylephrine tabs OTC

BENADRYL-D

loratadine/pseudoephedrine ext-rel OTC

CLARITIN-D

promethazine/phenylephrine syp

Antitussives

benzonatate

TESSALON

Antitussive Combinations

Opioid

codeine/guaifenesin OTC, QL

Cheratussin AC

codeine/guaifenesin/pseudoephedrine OTC

Cheratussin DAC

codeine/promethazine syp QL

codeine/promethazine/phenylephrine

codeine/pyrilamine syp OTC, QL

PRO-CLEAR AC

hydrocodone/homatropine syp

Non-opioid

dextromethorphan syp 7.5 mg/5 mL OTC, QL

ROBITUSSIN CHILDREN'S

dextromethorphan/brompheniramine/pseudoephedrine elixir OTC

Brotapp DM

dextromethorphan/brompheniramine/pseudoephedrine syp QL

Bromfed DM

dextromethorphan/guaifenesin ext-rel 30-600 mg OTC

MUCINEX DM

dextromethorphan/guaifenesin liq, syp OTC, QL

ROBITUSSIN DM

dextromethorphan/promethazine QL

Decongestants

phenylephrine OTC, AGE

SUDAFED PE

pseudoephedrine OTC, AGE

SUDAFED

pseudoephedrine ext-rel 120 mg OTC, AGE

SUDAFED 12 HOUR

Decongestant/Expectorant Combinations

pseudoephedrine/guaifenesin ext-rel 60-600 mg OTC

MUCINEX D

Expectorants

guaifenesin ext-rel 600 mg **OTC**
guaifenesin liq, syrup, tabs **OTC, AGE**

MUCINEX
ROBITUSSIN

CYSTIC FIBROSIS

dornase alfa **PA, SP**
tobramycin inhalation soln **PA, SP**

PULMOZYME
TOBI

LEUKOTRIENE RECEPTOR ANTAGONISTS

AGE * Covered only for ages 9 years old and under

montelukast chewable tabs **AGE ***
montelukast tabs

SINGULAIR
SINGULAIR

MAST CELL STABILIZERS

cromolyn sodium nasal spray **OTC**
cromolyn soln for inhalation

NASALCROM

MEDICAL SUPPLIES

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

NASAL ANTIHISTAMINES

azelastine spray **QL**

NASAL STEROIDS

fluticasone spray **QL**
triamcinolone acetonide spray **OTC**

FLONASE

NASACORT ALLERGY 24 HR

RESPIRATORY SYNCYTIAL VIRUS

palivizumab **PA, SP**

SYNAGIS

STEROID/BETA AGONIST COMBINATIONS

AGE * Covered only for ages 12 years old and under

budesonide/formoterol **ST ***
fluticasone/salmeterol **AGE *, QL**
mometasone/formoterol **ST *, QL**

SYMBICORT

ADVAIR DISKUS 100/50

DULERA

ST * Requires trial of Steroid Inhalant

STEROID INHALANTS

AGE * Covered only for ages 9 years old and under

beclomethasone **QL**
budesonide **QL**
budesonide inh susp 0.25 mg/2 mL, 0.5 mg/2 mL **AGE *, QL**
mometasone **QL**

QVAR

PULMICORT FLEXHALER

PULMICORT RESPULES

ASMANEX

XANTHINES

theophylline ext-rel tabs
theophylline soln

MISCELLANEOUS

acetylcysteine inhalation soln 20%
ipratropium nasal spray

ATROVENT

omalizumab PA, SP
saline nasal spray OTC

XOLAIR

TOPICAL

DERMATOLOGY

Acne

Oral

isotretinoin caps PA

Topical

benzoyl peroxide gel, liquid, lotion 2.5%, 5%, 10% OTC

benzoyl peroxide liquid 2.5%, gel 10%

clindamycin gel, lotion, soln

CLEOCIN T

erythromycin gel, soln

tretinoin crm 0.025%

RETIN-A

tretinoin, except crm 0.025% PA

RETIN-A

Actinic Keratosis

fluorouracil crm

EFUDEX

Antibiotics

bacitracin oint OTC

bacitracin zinc oint OTC

bacitracin/neomycin/polymyxin B oint OTC

NEOSPORIN

bacitracin/polymyxin B oint OTC

POLYSPORIN

gentamicin

mupirocin nasal PA

BACTROBAN NASAL

mupirocin oint

BACTROBAN

silver sulfadiazine

SILVADENE

Antifungals

ciclopirox crm 0.77%

LOPROX

clotrimazole OTC

LOTRIMIN AF

econazole crm

ketoconazole

NIZORAL

miconazole crm, powder OTC

MICATIN

miconazole oint OTC

ALOE VESTA

nystatin

terbinafine crm OTC

LAMISIL AT

tolnaftate crm, powder, soln OTC

TINACTIN

Antipsoriatics

Topical

anthralin crm 1%

DRITHOCREME HP

calcipotriene oint, soln PA

DOVONEX

Antiseborrheics

selenium sulfide lotion 1% OTC

SELSUN BLUE

selenium sulfide lotion 2.5%

Corticosteroids

Low Potency

desonide crm, oint 0.05%

DESOWEN

fluocinolone acetonide oil 0.01%

DERMA-SMOOTH-E-FS

hydrocortisone crm, gel, lotion, oint OTC

CORTIZONE

hydrocortisone crm, lotion, oint

hydrocortisone/aloe vera crm, oint OTC

Medium Potency

| | |
|--|----------|
| betamethasone valerate.crm, lotion 0.1% | |
| fluticasone propionate.crm 0.05%, oint 0.005% | CUTIVATE |
| hydrocortisone valerate.crm 0.2% | WESTCORT |
| mometasone.crm, oint 0.1% PA | ELOCON |
| triamcinolone acetonide.crm, lotion, oint 0.025% | |
| triamcinolone acetonide.crm, lotion, oint 0.1% | |

High Potency

| | |
|--|--------------|
| betamethasone dipropionate augmented.crm 0.05% | DIPROLENE AF |
| fluocinonide.crm, gel, oint 0.05% | |
| fluocinonide.emollient.crm 0.05% | |
| fluocinonide.soln 0.05% PA | |
| triamcinolone acetonide.crm, oint 0.5% | |

Very High Potency

| | |
|--|-----------|
| clobetasol propionate.crm, gel, oint, soln 0.05% | TEMOVATE |
| halobetasol propionate.crm, oint 0.05% PA | ULTRAVATE |

Emollients

| | |
|--|------------|
| lactic acid (ammonium lactate).crm, lotion 12% | LAC-HYDRIN |
|--|------------|

Immunomodulators

| | |
|-----------------|----------|
| pimecrolimus PA | ELIDEL |
| tacrolimus PA | PROTOPIC |

Local Analgesics

| | |
|--------------------|----------|
| lidocaine patch PA | LIDODERM |
|--------------------|----------|

Local Anesthetics

| | |
|----------------------|-----------|
| lidocaine gel 2% OTC | |
| lidocaine oint 5% | |
| lidocaine.soln 4% | XYLOCAINE |
| lidocaine/prilocaine | EMLA |

Rosacea

| | |
|----------------------------|-------------|
| metronidazole.crm 0.75% | METROCREAM |
| metronidazole.gel 0.75% | |
| metronidazole.lotion 0.75% | METROLOTION |

Scabicides and Pediculicides

| | |
|-----------------------------------|-----------------|
| benzyl alcohol ST* | ULESFIA |
| crotamiton ST* | EURAX |
| malathion PA | OVIDE |
| permethrin 0.5% OTC | RID AEROSOL |
| permethrin 1% OTC | NIX CREME RINSE |
| permethrin.crm 5% | ELIMITE |
| pyrethrins/piperonyl butoxide OTC | A-200 KIT |
| pyrethrins/piperonyl butoxide OTC | PRONTO SHAMPOO |
| pyrethrins/piperonyl butoxide OTC | RID |
| spinosad PA | NATROBA |

ST * Requires trial of a permethrin or pyrethrins/piperonyl butoxide

Miscellaneous Skin and Mucous Membrane

| | |
|----------------------|-----------|
| acyclovir PA | ZOVIRAX |
| aluminum chloride | DRYSOL |
| chlorhexidine 4% OTC | HIBICLENS |

| | |
|---|----------------------------|
| diphenhydramine/zinc acetate 2-0.1% OTC | BENADRYL EXTRA STRENGTH |
| docosanol OTC | ABREVA |
| imiquimod PA | ALDARA |
| menthol/zinc oxide oint OTC | ZINC-OXYDE |
| podofilox soln | CONDYLOX |
| water for irrigation, sterile | |
| MOUTH/THROAT/DENTAL AGENTS | |
| Anesthetics - Topical Oral | |
| lidocaine viscous 2% | |
| Steroids - Mouth/Throat | |
| triamcinolone paste | |
| Miscellaneous | |
| chlorhexidine 0.12% | PERIDEX |
| clotrimazole troches QL | |
| nystatin susp | |
| sodium fluoride crm, gel | PREVIDENT |
| OPHTHALMIC | |
| Antiallergics | |
| azelastine PA | OPTIVAR |
| cromolyn sodium | |
| epinastine | ELESTAT |
| ketotifen OTC | ZADITOR |
| Anti-infectives | |
| bacitracin | |
| bacitracin/neomycin/polymyxin B oint | |
| bacitracin/polymyxin B oint | |
| ciprofloxacin soln | CILOXAN |
| erythromycin | |
| gentamicin | |
| levofloxacin soln | |
| neomycin/polymyxin B/gramicidin | NEOSPORIN |
| ofloxacin | OCUFLOX |
| polymyxin B/trimethoprim | POLYTRIM |
| sulfacetamide soln | BLEPH-10 |
| tobramycin soln | TOBREX |
| Anti-infective/Anti-inflammatory Combinations | |
| bacitracin/neomycin/polymyxin B/hydrocortisone oint | |
| neomycin/polymyxin B/dexamethasone | MAXITROL |
| sulfacetamide/prednisolone acetate 10%/0.23% | |
| tobramycin/dexamethasone susp 0.3%/0.1% | TOBRADEX |
| Anti-inflammatories | |
| Nonsteroidal | |
| diclofenac sodium 0.1% | |
| flurbiprofen sodium | OCUFEN |
| ketorolac 0.4% | ACULAR LS |
| ketorolac 0.5% | ACULAR |

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

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