January 2020

Molina Healthcare of Michigan

Preferred Drug List (Formulary)

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(01/01/2020)

INTRODUCTION

The Michigan Department of Health and Human Services has worked with its health plan partners to create a list of drugs that all Medicaid health plans must cover. This list is called the *Michigan Medicaid Managed Care Common Formulary*.

The 2020 *Molina Healthcare of Michigan Preferred Drug List (Formulary)* is the *Michigan Medicaid Managed Care Common Formulary*. We are pleased to provide this 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 the Common Formulary Committee and Molina Healthcare's Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. Both Committees' 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. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product to the market. However, the document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

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

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

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

PLAN DESIGN

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

PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Drug Formulary may be approved when medically necessary and when formulary options have demonstrated ineffectiveness. When these exceptional situations arise, the physician may fax a completed drug prior authorization form to Molina at (888) 373-3059. The forms may be obtained by logging into the website www.molinahealthcare.com. Trials of pharmaceutical samples will not be considered as rationale for approving a prior authorization request.

PRIOR AUTHORIZATION HELPFUL HINTS

To ensure the quickest response possible from Molina Healthcare of Michigan 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, covered benefit with a prescription
PA	Prior Authorization
QL	Quantity Limit
SP	Specialty Drug; these drugs must be obtained through a specialty pharmacy
ST	Step Therapy
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: 888-373-3059

STATE OF MICHIGAN, MEDICAID CARVE-OUT

The State of Michigan enacted a carve-out for Medicaid beneficiaries. This impacts all Medicaid members including Healthy Michigan Medicaid members. Claims for these medications must be submitted directly to the State Fee-for-Service Pharmacy Program, Magellan. These medications are subject to a $1.10 or $3.30 copay. The Medicaid Carve-Out includes:

- ADHD Stimulants
- Anticonvulsants
- Antidepressants
- Antipsychotics
- Antiretroviral Agents
- Benzodiazepines
- Drugs to treat substance abuse disorders
- Hemophilia Factor products
- Hepatitis C Agents
- Kinase Inhibitors
- Mood Stabilizers

STATE OF MICHIGAN, MEDICAID CARVE-OUT LIST

Medications on the Medicaid Carve-Out List include all dosage forms, i.e. oral, injectable, etc.

ABILIFY (aripiprazole)
ABILIFY MYCITE (aripiprazole tab with sensor)
ACTHAR (corticotropin)
ACTHREL (corticorelin ovine)
ADAGEN (pegademase bovine)
ADASUVE (loxapine)
ADDERALL (amphetamine-dextroamphetamine)
ADDERALL XR (amphetamine-dextroamphetamine ER)
ADVATE (antihemophilic factor)
ADYNOVATE (antihemophilic factor)
ADZENYS XR-ODT (amphetamine ER)
AFSTYLA (antihemophilic factor)
ALBURX (albumin, human)
ALDURAZYME (laronidase)
ALECENSA (alectinib)
ALPHANATE (antihemophilic factor/VWF)
ALPHANINE SD (coagulation factor IX)
ALPROLIX (coagulation factor IX)
ALUNBRIG (brigatinib)
AMBIEN (zolpidem)
AMBIEN CR (zolpidem ER)
AMICAR (aminocaproic acid)
AMMONUL (sodium benzoate-sodium phenylacetate)
ANAFRANIL (clomipramine)
ANTABUSE (disulfiram)
APLENZIN (bupropion ER)
APTENSIO XR (methylphenidate ER)
APTIOM (eslicarbazepine)
APTIVUS (tipranavir)
ARCALYST (rilonacept)
ARISTADA (aripiprazole lauroxil ER)
ARTANE (trihexyphenidyl)
ASENDIN (amoxapine)
ATIVAN (lorazepam)
ATRIPLA (efavirenz-emtricitabine-tenofovir disoproxil)
ATRYN (antithrombin)
BANZEL (rufinamide)
BELSOMRA (suvorexant)
BENEFIX (coagulation factor IX)
BERINERT (C1 esterase inhibitor)
BIKTARVY (bictegravir-emtricitabine-tenofovir alafenamide)
BOSULIF (bosutinib)
BRISDELLE (paroxetine mesylate)
BRIVIACT (brivaracetam)
BUNAVAIL (buprenorphine-naloxone)
BUPHENYL (sodium phenylbutyrate)
BUSPAR (buspirone)
BUTISOL (butabarbital)
CABOMETYX (cabozantinib)
CAMPRAL (acamprosate)
CAPRELSA (vandetanib)
CARBAGLU (carglumic acid)
CARBATROL (carbamazepine ER)
CARNITOR (levocarnitine)
CELEXA (citalopram)
CELONTIN (methsuximide)
CEPHULAC ** (lactulose)
CEPROTIN (protein C concentrate)
CERDELGA (eliglustat)
CEREBYX (fosphenytoin)
CEREDASE (alglucerase)
CEREZYME (imiglucerase)
CINRYZE (C1 esterase inhibitor)
CLOZARIL (clozapine)
COGENTIN (benztropine)
COMBIVIR (lamivudine-zidovudine)
COMETRIQ (cabozantinib)
CONCERTA (methylphenidate ER)
COPIKTRA (duvelisib)
CORIFACT (factor XIII concentrate)
CORTROSYN (cosyntropin)
COTELLIC (cobimetinib)
CRIXIVAN (indinavir)
CYKLOKAPRON (tranexamic acid)
CYMBALTA (duloxetine DR)
CYSTADANE (betaine)
DAKLINZA (daclatasvir)
DALMANE (flurazepam)
DAYTRANA (methylphenidate)
DELSTRIGO (doravirine-lamivudine-tenofovir disoproxil)
DEPACON (valproate)
DEPAKENE (valproic acid)
DEPAKOTE (divalproex sodium DR)
DEPAKOTE ER (divalproex sodium ER)
DESCOVY (emtricitabine-tenofovir alafenamide)
DESOXYN (methamphetamine)
DESYREL (trazodone)
DEXEDRINE (dextroamphetamine)
DIASTAT (diazepam)
DILANTIN (phenytoin)
DYANAVEL XR (amphetamine ER)
EDURANT (rilpivirine)
EFFEXOR (venlafaxine)
EFFEXOR XR (venlafaxine ER)
ELAPRASE (idursulfase)
ELAVIL (amitriptyline)
ELELYSO (taliglucerase alfa)
ELOCTATE (antihemophilic factor)
EMSAM (selegiline)
EMTRIVA (emtricitabine)
EPCLUSA (sofosbuvir-velpatasvir)
EPIDIOLEX (cannabidiol)
EPIVIR (lamivudine)
EPZICOM (abacavir-lamivudine)
EQUETRO (carbamazepine ER)
ESKALITH (lithium carbonate)

ESKALITH CR (lithium carbonate ER)
ETRAFON (perphenazine-amitriptyline)
EVEKEO (amphetamine)
EVOTAZ (atazanavir-cobicistat)
EXONDYS 51 (eteplirsen)
FABRAZYME (agalsidase beta)
FANAPT (iloperidone)
FAZACLO (clozapine)
FEIBA VH (antiinhibitor coagulant complex)
FELBATOL (felbamate)
FETZIMA (levomilnacipran)
FIRDAPSE (amifampridine)
FOCALIN (dexmethylphenidate)
FOCALIN XR (dexmethylphenidate ER)
FORFIVO XL (bupropion ER)
FUZEON (enfuvirtide)
FYCOMPA (perampanel)
GABITRIL (tiagabine)
GALAFOLD (migalastat)
GENVOYA (elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide)
GEODON (ziprasidone)
GILOTRIF (afatinib)
GLEEVEC (imatinib)
HAEGARDA (C1 esterase inhibitor)
HALCION (triazolam)
HALDOL (haloperidol)
HARVONI (ledipasvir-sofosbuvir)
HELIXATE (antihemophilic factor)
HEMOFIL M (antihemophilic factor)
HETLIOZ (tasimelteon)
HUMATE-P (antihemophilic factor/VFW)
IBRANCE (palbociclib)
ICLUSIG (ponatinib)
IDELVION (coagulation factor IX)
ILARIS (canakinumab)
IMBRUVICA (ibrutinib)
INAPSINE (droperidol)
INLYTA (axitinib)
INTELENCE (etravirine)
INTERMEZZO (zolpidem)
INTUNIV (guanfacine ER)
INVEGA (paliperidone ER)
INVIRASE (saquinavir)
IRENKA (duloxetine DR)
IRESSA (gefitinib)
ISENTRESS (raltegravir)
IXINITY (coagulation factor IX)
JIVI (antihemophilic factor, recombinant)
KALBITOR (ecallantide)
KALETRA (lopinavir-ritonavir)
KALYDECO (ivacaftor)
KAPVAY (clonidine ER)
KEPPRA (levetiracetam)
KEPPRA XR (levetiracetam ER)
KHEDEZLA (desvenlafaxine ER)
KINERET (anakinra)
KISQALI (ribociclib)
KLONOPIN (clonazepam)
KOATE-DVI (antihemophilic factor)
KOGENATE FS (antihemophilic factor)
KUVAN (sapropterin)
KYPROLIS (carfilzomib)
LAMICTAL (lamotrigine)
LAMICTAL XR (lamotrigine ER)
LATUDA (lurasidone)
LENVIMA (lenvatinib)
LEXAPRO (escitalopram)
LEXIVA (fosamprenavir)
LIBRIUM (chlordiazepoxide)
LIMBITROL (amitriptyline-chlordiazepoxide)
LIMBITROL DS (amitriptyline-chlordiazepoxide)
LITHOBID (lithium carbonate ER)
LITHOSTAT (acetohydroxamic acid)
LORBRENA (lorlatinib)
LOXITANE (loxapine)
LUDIOMIL (maprotiline)
LUMINAL (phenobarbital)
LUMIZYME (alglucosidase alfa)
LUNESTA (eszopiclone)
LUVOX (fluvoxamine)
LUVOX CR (fluvoxamine ER)
LYNPARZA (olaparib)
LYRICA (pregabalin)
LYRICA CR (pregabalin ER)
LYSTEDA (tranexamic acid)
MARPLAN (isocarboxazid)
MAVYRET (glecaprevir-pibrentasvir)
MEKINIST (trametinib)
MEKTOVI (binimetinib)
MELLARIL (thioridazine)
METADATE CD (methylphenidate ER)
METADATE ER (methylphenidate ER)
METHYLIN (methylphenidate)
MILTOWN (meprobamate)
MOBAN (molindone)
MONOCLATE-P (antihemophilic factor)
MONONINE (coagulation factor IX)
MYALEPT (metreleptin)
MYDAYIS ER (amphetamine-dextroamphetamine)
MYSOLINE (primidone)
NAGLAZYME (galsulfase)
NARDIL (phenelzine)
NAVANE (thiothixene)
NERLYNX (neratinib)
NEURONTIN (gabapentin)
NEXAVAR (sorafenib)
NINLARO (ixazomib)
NIRAVAM (alprazolam)
NITYR (nitisinone)
NORPRAMIN (desipramine)
NORTRIPTYLINE (nortriptyline solution)
NORVIR (ritonavir)
NOVOEIGHT (antihemophilic factor)
NOVOSEVEN (coagulation factor VIIa)
NOVOSEVEN RT (coagulation factor VIIa)
NUPLAZID (pimavanserin)
NUVIGIL (armodafinil)
NUWIQ (antihemophilic factor)
OBIZUR (antihemophilic factor)
OCTAPLAS (plasma, human)
ODEFSEY (emtricitabine-rilpivirine-tenofovir alafenamide)
OLEPTRO (trazodone ER)
ONFI (clobazam)
ORAP (pimozide)
ORFADIN (nitisinone)
ORKAMBI (lumacaftor-ivacaftor)
OXTELLAR XR (oxcarbazepine ER)
PAMELOR (nortriptyline)
PANHEMATIN (hemin)
PARNATE (tranylcypromine)
PAXIL (paroxetine HCl)
PAXIL CR (paroxetine HCl ER)
PEGANONE (ethotoin)
PEGASYS (peginterferon alfa-2a)
PEGINTRON (peginterferon alfa-2b)
PERMITAL (dimenhydrinate)
PERSERIS (risperidone ER injection)
PEXEVA (paroxetine mesylate)
PHENYTEK (phenytoin ER)
PIFELTRO (doravirine)
PLASMANATE (plasma protein fraction)
POTIGA (ezogabine)
PREZCOBIX (darunavir-cobicistat)
PREZISTA (darunavir)
PRISTIQ (desvenlafaxine succinate ER)
PROLIXIN (fluphenazine)
PROSOM (estazolam)
PROVIGIL (modafinil)
PROZAC (fluoxetine)
PROZAC WEEKLY (fluoxetine DR)
QUDEXY XR (topiramate ER)
QUILLICHEW ER (methylphenidate chew tab ER)
QUILLIVANT XR (methylphenidate ER)
RAVICTI (glycerol phenylbutyrate)
RECOMBINATE (antihemophilic factor)
REMERON (mirtazapine)
RESCRIPTOR (delavirdine)
RESTORIL (temazepam)
RETROVIR (zidovudine)
REVCOVI (elapegademase)
REVIA (naltrexone)
REXULTI (brexpiprazole)
REYATAZ (atazanavir)
RIASTAP (fibrinogen)
RIBAVIRIN (ribavirin)
RISPERDAL (risperidone)
RITALIN (methylphenidate)
RITALIN LA, SR (methylphenidate ER)
RIXUBIS (coagulation factor IX)

ROZEREM (ramelteon)
RUBRACA (rucaparib)
RUCONEST (C1 esterase inhibitor)
RYDAPT (midostaurin)
SABRIL (vigabatrin)
SAPHRIS (asenapine)
SARAFEM (fluoxetine HCl)
SECONAL (secobarbital)
SELZENTRY (maraviroc)
SERAX (oxazepam)
SEROQUEL (quetiapine)
SEROQUEL XR (quetiapine ER)
SERZONE (nefazodone)
SILENOR (doxepin)
SINEQUAN (doxepin)
SOLIRIS (eculizumab)
SONATA (zaleplon)
SPRAVATO (esketamine HCl)
SPRITAM (levetiracetam)
SPRYCEL (dasatinib)
STELAZINE (trifluoperazine)
STIVARGA (regorafenib)
STRATTERA (atomoxetine)
STRIBILD (elvitegravir-cobicistat-emtricitabine-tenofovir disoproxil)
SUBOXONE (buprenorphine-naloxone)
SUBUTEX (buprenorphine)
SURMONTIL (trimipramine)
SUSTIVA (efavirenz)
SUTENT (sunitinib)
SYMBYAX (olanzapine-fluoxetine)
SYMDEKO (tezacaftor-ivacaftor)
SYMTUZA (darunavir-cobicistat-emtricitabine-tenofovir alafenamide)
TAFINLAR (dabrafenib)
TAGRISSO (osimertinib)
TAKHZYRO (lanadelumab-flyo)
TALZENNA (talazoparib)
TARCEVA (erlotinib)
TASIGNA (nilotinib)
TECHNIVIE (ombitasvir-paritaprevir-ritonavir)
TEGRETOL (carbamazepine)
TEGRETOL XR (carbamazepine ER)
THORAZINE (chlorpromazine)
THROMBATE III (antithrombin III)
TIVICAY (dolutegravir)
TOFRANIL (imipramine HCl)
TOFRANIL-PM (imipramine pamoate)
TOPAMAX (topiramate)
TRANXENE (clorazepate)
TRETTEN (coagulation factor XIII A-subunit)
TRIAVIL (perphenazine-amitriptyline)
TRILAFON (perphenazine)
TRILEPTAL (oxcarbazepine)
TRINTELLIX (vortioxetine)
TRIUMEQ (abacavir-dolutegravir-lamivudine)
TRIZIVIR (abacavir-lamivudine-zidovudine)
TROKENDI XR (topiramate ER)
TRUVADA (emtricitabine-tenofovir disoproxil)
TYBOST (cobicistat)
TYKERB (lapatinib)
VALIUM (diazepam)
VANSPAR (buspirone)
VELCADE (bortezomib)
VERSACLOZ (clozapine)
VERZENIO (abemaciclib)
VIDEX (didanosine)
VIDEX EC(didanosine DR)
VIEKIRA (ombitasvir-paritaprevir-ritonavir + dasabuvir)
VIEKIRA XR (dasabuvir-ombitasvir-paritaprevir-ritonavir ER)
VIIBRYD (vilazodone)
VIMIZIM (elosulfase alfa)
VIMPAT (lacosamide)
VIRACEPT (nelfinavir)
VIRAMUNE (nevirapine)
VIRAMUNE XR (nevirapine ER)
VIREAD (tenofovir disoproxil)
VIVACTIL (protriptyline)
VIVITROL (naltrexone ER)
VIZIMPRO (dacomitinib)
VONVENDI (Von Willebrand factor)
VOSEVI (sofosbuvir-velpatasvir-voxilaprevir)
VOTRIENT (pazopanib)
VPRIV (velaglucerase alfa)
VRAYLAR (cariprazine)
VYVANSE (lisdexamfetamine)
WELLBUTRIN (bupropion)
WELLBUTRIN SR, XL (bupropion ER)
WILATE (antihemophilic factor/VFW)
XALKORI (crizotinib)
XANAX (alprazolam)
XANAX XR (alprazolam ER)
XOSPATA (gilteritinib)
XYNTHA (antihemophilic factor)
ZARONTIN (ethosuximide)
ZAVESCA (miglustat)
ZEJULA (niraparib)
ZELBORAF (vemurafenib)
ZENZEDI (dextroamphetamine)
ZEPATIER (elbasvir-grazoprevir)
ZERIT (stavudine)
ZIAGEN (abacavir)
ZOLOFT (sertraline)
ZOLPIMIST (zolpidem tartrate)
ZONEGRAN (zonisamide)
ZUBSOLV (buprenorphine-naloxone)
ZYDELIG (idelalisib)
ZYKADIA (ceritinib)
ZYPREXA (olanzapine)

** CEPHULAC (lactulose) is carved out for the treatment of Hepatic Encephalopathy only

NON-COVERED MEDICATIONS

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

- Medications for Cosmetic Purposes
- Experimental or Investigational Medications
- Convenience Dosage Forms (Transdermal Patches), not listed in the Formulary
- Fertility Drugs
- Sexual Dysfunction Drugs
- OTC Medications not listed on the Formulary
- Medications used for non-FDA approved indications, unless approved by Medical Director

NOTICE

FORMULARY UPDATES

Please review the formulary changes which pertain to the Pharmacy Benefit unless denoted otherwise. If you have questions, contact Molina Health Plan's Pharmacy Help Desk.

Key			
AL= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA= Prior Authorization
PA, QL= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs; these drugs must be obtained through a specialty pharmacy	

Date	Product Name	Change	Comments
1/1/2020	TROSPIUM CHLORIDE ER 60 MG CAP	Add to Formulary with ST through Oxybutynin	
1/1/2020	TRULICITY 0.75 MG/0.5 ML PEN	Add to Formulary (PA Required), Max QL #2mL/month	
1/1/2020	TRULICITY 1.5 MG/0.5 ML PEN	Add to Formulary (PA Required), Max QL #2mL/month	
1/1/2020	DULERA 100 MCG/5 MCG INHALER	Add to Formulary (no PA Required), Max QL #1 inhaler/month, Max Age = 17	
1/1/2020	DULERA 200 MCG/5 MCG INHALER	Add to Formulary (no PA Required), Max QL #1 inhaler/month, Max Age = 17	
1/1/2020	STEGLUJAN 5-100 MG TABLET	Add to Formulary (PA Required), Min Age = 18	
1/1/2020	STEGLUJAN 15-100 MG TABLET	Add to Formulary (PA Required), Min Age = 18	
1/1/2020	LUCEMYRA 0.18 MG TABLET	Add to Formulary (PA Required), Min Age = 18, Max Days Supply = 14, Max Daily Dose = 16/day	
1/1/2020	XPOVIO 100 MG ONCE WEEKLY DOSE	Add to Formulary (PA required)	
1/1/2020	XPOVIO 60 MG ONCE WEEKLY DOSE	Add to Formulary (PA required)	
1/1/2020	XPOVIO 80 MG ONCE WEEKLY DOSE	Add to Formulary (PA required)	
1/1/2020	XPOVIO 80 MG TWICE WEEKLY DOSE	Add to Formulary (PA required)	
1/1/2020	MOTEGRITY 1 MG TABLET	Add to Formulary (PA required), Min Age = 18, Max QL #30/month	
1/1/2020	MOTEGRITY 2 MG TABLET	Add to Formulary (PA required), Min Age = 18, Max QL #30/month	
1/1/2020	VYNDAQEL 20 MG CAPSULE	Add to Formulary (PA Required), Min Age = 18, Max QL #120/month	
1/1/2020	NUBEQA 300 MG TABLET	Add to Formulary (PA required)	
1/1/2020	VYNDAMAX 61 MG CAPSULE	Add to Formulary (PA required), Min Age = 18, Max QL #30/month	
1/1/2020	DANTROLENE SODIUM 25 MG CAP	Add to Formulary (no PA required), Max QL #120/month	
1/1/2020	DANTROLENE SODIUM 50 MG CAP	Add to Formulary (no PA required), Max QL #120/month	
1/1/2020	DANTROLENE SODIUM 100 MG CAP	Add to Formulary (no PA required), Max QL #120/month	
1/1/2020	SYMBICORT 80-4.5 MCG INHALER	Increase Max Age to 17	
1/1/2020	SYMBICORT 160-4.5 MCG INHALER	Increase Max Age to 17	
1/1/2020	MESALAMINE DR 1.2 GM TABLET	Add to Formulary with Step Therapy through Balsalazide or Sulfasalazine; Max QL #120/month	

ANALGESICS

NSAIDs		
aspirin buffered 325 mg OTC, AGE	Covered for ages 40-79 years old	BUFFERIN
aspirin chew tabs 81 mg OTC, QL	Max #30/month	
aspirin delayed-rel 81 mg OTC, QL	Max #30/month	
aspirin delayed-rel 325 mg OTC, AGE, QL	Covered for ages 40-79 years old; Max #30/month	
aspirin supp 300 mg, 600 mg OTC		
aspirin tabs 325 mg OTC, AGE, QL	Covered for ages 40-79 years old; Max #30/month	
choline magnesium trisalicylate liq		
diclofenac sodium delayed-rel		
diclofenac sodium ext-rel		
etodolac QL	Max #60/month	
flurbiprofen		
ibuprofen caps OTC, QL	Max #60/month	
ibuprofen chew tabs, tabs OTC		
ibuprofen drops 50 mg/1.25 mL OTC		
ibuprofen susp 100 mg/5 mL QL	Max #480 mL/month	
ibuprofen susp 100 mg/5 mL OTC, QL	Max #480 mL/month	
ibuprofen tabs		
indomethacin caps AGE	Covered for ages 64 years old & under	
indomethacin ext-rel AGE	Covered for ages 64 years old & under	
ketorolac tabs AGE	Covered for ages 64 years old & under	
meloxicam tabs QL	Max #30/month	MOBIC
nabumetone QL	Max #60/month	
naproxen delayed-rel		EC-NAPROSYN
naproxen sodium caps OTC		ALEVE
naproxen sodium tabs OTC, QL	Max #90/month	ALEVE
naproxen susp AGE, PA	Covered for ages 12 years old & under	NAPROSYN
naproxen tabs		NAPROSYN
piroxicam QL	Max #30/month	FELDENE
sulindac		

NSAIDs, TOPICAL		
diclofenac sodium gel 1% QL	Max #100 grams/month	

COX-2 INHIBITORS		
celecoxib QL	Max #30/month	CELEBREX

GOUT		
allopurinol 100 mg QL	Max #90/month	ZYLOPRIM
allopurinol 300 mg QL	Max #30/month	ZYLOPRIM
colchicine caps QL	Max #60/month	MITIGARE
colchicine tabs QL	Max #60/month	COLCRYS
colchicine/probenecid		
febuxostat PA, QL	Max #30/month	ULORIC
probenecid		

OPIOID ANALGESICS		
butalbital/acetaminophen/caffeine/codeine 50/325/40/30 mg QL	Max #240/month	
butalbital/aspirin/caffeine/codeine 50/325/40/30 mg QL	Max #240/month	
codeine sulfate QL	Max #90/month	
codeine/acetaminophen soln 12 mg/120 mg/5 mL QL	Max #240 mL/month	TYLENOL w/CODEINE
codeine/acetaminophen tabs QL	Max #180/month	TYLENOL w/CODEINE
fentanyl transdermal 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr 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 #480 mL/month	
hydromorphone soln 1 mg/mL QL	Max #960 mL/month	DILAUDID
hydromorphone supp QL	Max #120/month	
hydromorphone tabs 2 mg, 4 mg QL	Max #240/month	DILAUDID
meperidine soln AGE, QL	Covered for ages 64 years old & under; Max #300 mL/month	
meperidine tabs AGE, QL	Covered for ages 64 years old & under; Max #30/month	
methadone conc 10 mg/mL QL	Max #240 mL/month	
methadone soln 5 mg/5 mL QL	Max #900 mL/month	
methadone soln 10 mg/5 mL QL	Max #600 mL/month	
methadone tabs 5 mg, 10 mg QL	Max #240/month	
morphine sulfate ext-rel tabs QL	Max #60/month	MS CONTIN
morphine sulfate oral soln QL	Max #240 mL/month	
morphine sulfate tabs QL	Max #120/month	
oxycodone soln 5 mg/5 mL QL	Max #600 mL/month	
oxycodone tabs 5 mg QL	Max #120/month	ROXICODONE
oxycodone/acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg QL	Max #180/month	PERCOCET
pentazocine/naloxone QL	Max #360/month	
tramadol QL	Max #240/month	ULTRAM

NON-OPIOID ANALGESICS

acetaminophen caps 500 mg OTC, QL	Max #240/month	
acetaminophen chew tabs 80 mg OTC, QL	Max #1500/month	
acetaminophen ext-rel 650 mg OTC, QL	Max #180/month	
acetaminophen liq, soln, susp 160 mg/5 mL OTC, QL	Max #3750 mL/month	TYLENOL
acetaminophen orally disintegrating tabs 80 mg OTC, QL	Max #1500/month	
acetaminophen orally disintegrating tabs 160 mg OTC, QL	Max #750/month	
acetaminophen supp 120 mg OTC, QL	Max #90/month	
acetaminophen supp 325 mg OTC, QL	Max #360/month	
acetaminophen supp 650 mg OTC, QL	Max #180/month	
acetaminophen tabs 325 mg, 500 mg OTC, QL	Max #240/month	TYLENOL
butalbital/acetaminophen 50/325 mg AGE, QL	Covered for ages 10-64 years old; Max #120/month	
butalbital/acetaminophen/caffeine 50/325/40 mg AGE, QL	Covered for ages 10-64 years old; Max #120/month	ESGIC
butalbital/aspirin/caffeine AGE, QL	Covered for ages 64 years old & under; Max #120/month	FIORINAL

VISCOSUPPLEMENTS

sodium hyaluronate PA, SP		EUFLEXXA

ANTI-INFECTIVES

ANTIBACTERIALS

Aminoglycosides

neomycin		
paromomycin		

Cephalosporins

First Generation

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

Second Generation		
cefaclor caps		
cefaclor susp AGE	Covered for ages 12 years old & under	
cefprozil susp AGE	Covered for ages 12 years old & under	
cefprozil tabs		
cefuroxime axetil tabs		
Third Generation		
cefdinir caps		
cefdinir susp AGE	Covered for ages 12 years old & under	
cefixime caps		SUPRAX
cefixime susp 100 mg/5 mL, 200 mg/5 mL AGE	Covered for ages 12 years old & under	SUPRAX
cefixime susp 500 mg/5 mL AGE	Covered for ages 12 years old & under	SUPRAX
cefpodoxime susp AGE	Covered for ages 12 years old & under	
cefpodoxime tabs		
Erythromycins/Macrolides		
azithromycin powder packets, tabs		ZITHROMAX
azithromycin susp AGE	Covered for ages 12 years old & under	ZITHROMAX
clarithromycin susp AGE	Covered for ages 12 years old & under	
clarithromycin tabs		
Fluoroquinolones		
ciprofloxacin susp AGE	Covered for ages 12 years old & under	CIPRO
ciprofloxacin tabs 250 mg, 500 mg, 750 mg		CIPRO
levofloxacin oral soln AGE	Covered for ages 12 years old & under	
levofloxacin tabs		LEVAQUIN
ofloxacin		
Penicillins		
amoxicillin caps, tabs		
amoxicillin chew tabs, susp AGE	Covered for ages 12 years old & under	
amoxicillin/clavulanate chew tabs, susp AGE	Covered for ages 12 years old & under	
amoxicillin/clavulanate ext-rel		AUGMENTIN XR
amoxicillin/clavulanate tabs		AUGMENTIN
ampicillin caps		
ampicillin susp AGE	Covered for ages 12 years old & under	
dicloxacillin		
penicillin VK soln AGE	Covered for ages 12 years old & under	
penicillin VK tabs		
Sulfonamides		
sulfamethoxazole/trimethoprim		BACTRIM
sulfamethoxazole/trimethoprim susp		SULFATRIM
Tetracyclines		
doxycycline hyclate tabs 100 mg		
doxycycline monohydrate 50 mg, 100 mg		
doxycycline monohydrate susp AGE	Covered for ages 12 years old & under	VIBRAMYCIN
minocycline caps		MINOCIN
ANTIFUNGALS		
fluconazole susp AGE	Covered for ages 12 years old & under	DIFLUCAN
fluconazole tabs		DIFLUCAN
griseofulvin microsize susp		
griseofulvin ultramicrosize		
itraconazole caps		SPORANOX
ketoconazole tabs 200 mg QL	Max #60/month	

nystatin susp		
nystatin tabs		
terbinafine tabs QL	Max #30/month	

ANTIMALARIALS

chloroquine QL	Max #30/month	
mefloquine PA		
primaquine		PRIMAQUINE
tafenoquine AGE, PA, QL	Covered for ages 16 years old & over; Max #2/year	KRINTAFEL

ANTIRETROVIRAL AGENTS

Antiretroviral Agents are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

ANTITUBERCULAR AGENTS

cycloserine		
ethambutol		MYAMBUTOL
ethionamide		TRECATOR
isoniazid syrup AGE	Covered for ages 12 years old & under	
isoniazid tabs		
pyrazinamide		
rifampin		RIFADIN

ANTIVIRALS

Cytomegalovirus Agents

valganciclovir tabs PA, QL	Max #60/month	VALCYTE

Hepatitis Agents

Hepatitis B

adefovir dipivoxil QL	Max #30/month	HEPSERA
entecavir tabs QL	Max #30/month	BARACLUDE
lamivudine tabs 100 mg QL	Max #30/month	EPIVIR-HBV
tenofovir alafenamide PA, QL	Max #30/month	VEMLIDY

Hepatitis C

Hepatitis C Agents are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

Herpes Agents

acyclovir caps, tabs QL	Max #150/month	ZOVIRAX
acyclovir susp AGE	Covered for ages 12 years old & under	ZOVIRAX
famciclovir QL	Max #90/month	
valacyclovir 1 gram QL	Max #90/month	VALTREX
valacyclovir 500 mg QL	Max #30/month	VALTREX

Influenza Agents

oseltamivir caps QL	Max #10/fill; Max #20/6 months	TAMIFLU
oseltamivir susp AGE, QL	Covered for ages 12 years old & under; Max #120 mL/fill; Max 240 mL/6 months	TAMIFLU
rimantadine		FLUMADINE
zanamivir AGE, QL	Covered for ages 5 years old & over; Max #20/6 months	RELENZA

MISCELLANEOUS

atovaquone PA		MEPRON
benznidazole PA		BENZNIDAZOLE
clindamycin caps		CLEOCIN

clindamycin soln AGE	Covered for ages 12 years old & under	CLEOCIN
dapsone		
ivermectin		STROMECTOL
linezolid susp, tabs PA		ZYVOX
metronidazole tabs		FLAGYL
nitrofurantoin ext-rel AGE, QL	Covered for ages 64 years old & under; Max #60/month	MACROBID
nitrofurantoin macrocrystals 50 mg, 100 mg AGE, QL	Covered for ages 64 years old & under; Max #60/month	MACRODANTIN
nitrofurantoin susp AGE	Covered for ages 12 years old & under	FURADANTIN
pyrantel OTC		REESES PINWORM MEDICINE
pyrimethamine PA		DARAPRIM
rifabutin		MYCOBUTIN
tinidazole		
trimethoprim tabs		
vancomycin inj		
vancomycin oral soln		FIRVANQ

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

altretamine PA		HEXALEN
busulfan PA		MYLERAN
chlorambucil PA		LEUKERAN
cyclophosphamide caps PA		CYCLOPHOSPHAMIDE
estramustine PA	Males only	EMCYT
melphalan PA		ALKERAN
temozolomide PA, SP		TEMODAR

ANTIMETABOLITES

capecitabine PA, SP		XELODA
mercaptopurine tabs		
methotrexate inj 25 mg/mL, 250 mg/10 mL, 1 gram/40 mL		
methotrexate oral soln PA		XATMEP
methotrexate tabs 2.5 mg		
thioguanine PA		TABLOID

CYTOPROTECTIVE AGENTS

leucovorin calcium tabs		

HORMONAL ANTINEOPLASTIC AGENTS

Antiandrogens

abiraterone PA		YONSA
abiraterone 250 mg PA, QL, SP	Males only; Max #120/month	ZYTIGA
abiraterone 500 mg PA, QL, SP	Males only; Max #60/month	ZYTIGA
apalutamide PA, QL, SP	Max #120/month	ERLEADA
bicalutamide PA	Males only	CASODEX
darolutamide PA		NUBEQA
enzalutamide PA, QL, SP	Males only; Max #120/month	XTANDI
flutamide PA	Males only	
nilutamide PA		NILANDRON

Antiestrogens

tamoxifen tabs QL	Females only; Max #60/month	
toremifene PA		FARESTON

Aromatase Inhibitors		
anastrozole	Females only	ARIMIDEX
exemestane		AROMASIN
letrozole AGE, QL	Covered for ages 18 years & over; Max #30/month	FEMARA
Luteinizing Hormone-Releasing Hormone (LHRH) Agonists		
goserelin acetate PA, SP		ZOLADEX
leuprolide acetate inj 1 mg/0.2 mL PA, SP		
Progestins		
megestrol acetate tabs	Females only	
IMMUNOMODULATORS		
lenalidomide PA, SP		REVLIMID
pomalidomide PA, SP		POMALYST
thalidomide PA, SP		THALOMID
KINASE INHIBITORS		
Kinase Inhibitors are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.		
encorafenib PA		BRAFTOVI
everolimus PA, QL, SP		AFINITOR
everolimus soluble tabs PA, QL, SP		AFINITOR DISPERZ
ruxolitinib PA, QL, SP	Max #60/month	JAKAFI
TOPOISOMERASE INHIBITORS		
topotecan caps PA		HYCAMTIN
MISCELLANEOUS		
bexarotene caps PA, SP		TARGRETIN
enasidenib PA, SP		IDHIFA
etoposide PA		
glasdegib maleate PA, SP		DAURISMO
hydroxyurea		DROXIA
hydroxyurea		HYDREA
ivosidenib PA, QL, SP	Max #60/month	TIBSOVO
mesna PA		MESNEX
mitotane PA		LYSODREN
panobinostat PA, SP		FARYDAK
procarbazine PA		MATULANE
selinexor PA		XPOVIO
sonidegib PA, SP		ODOMZO
tretinoin caps PA		
trifluridine/tipiracil PA, SP		LONSURF
venetoclax PA, SP		VENCLEXTA
vismodegib PA, QL, SP	Max #30/month	ERIVEDGE
vorinostat PA, SP		ZOLINZA

CARDIOVASCULAR

ACE INHIBITORS		
benazepril 5 mg, 20 mg QL	Max #45/month	LOTENSIN
benazepril 10 mg, 40 mg QL	Max #60/month	LOTENSIN
enalapril 2.5 mg, 5 mg QL	Max #45/month	VASOTEC
enalapril 10 mg, 20 mg QL	Max #60/month	VASOTEC
enalapril oral soln AGE	Covered for ages 12 years old & under	EPANED

fosinopril 10 mg QL	Max #45/month	
fosinopril 20 mg, 40 mg QL	Max #60/month	
lisinopril 2.5 mg, 5 mg, 20 mg QL	Max #45/month	ZESTRIL
lisinopril 10 mg, 30 mg, 40 mg QL	Max #60/month	ZESTRIL
lisinopril oral soln AGE	Covered for ages 12 years old & under	QBRELIS
perindopril 2 mg, 4 mg QL	Max #45/month	
quinapril 5 mg, 10 mg, 20 mg QL	Max #30/month	ACCUPRIL
quinapril 40 mg QL	Max #60/month	ACCUPRIL
ramipril QL	Max #30/month	ALTACE
trandolapril QL	Max #30/month	
ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS		
benazepril/amlodipine QL	Max #30/month	LOTREL
ACE INHIBITOR/DIURETIC COMBINATIONS		
enalapril/hydrochlorothiazide QL	Max #60/month	VASERETIC
lisinopril/hydrochlorothiazide QL	Max #60/month	ZESTORETIC
quinapril/hydrochlorothiazide		ACCURETIC
ADRENOLYTICS, CENTRAL		
clonidine tabs		CATAPRES
guanfacine QL	Max #60/month	
methyldopa AGE	Covered for ages 64 years old & under	
ADRENOLYTICS, CENTRAL/DIURETIC COMBINATIONS		
methyldopa/hydrochlorothiazide		
ALDOSTERONE RECEPTOR ANTAGONISTS		
spironolactone QL	Max #60/month	ALDACTONE
ALPHA BLOCKERS		
doxazosin 1 mg, 2 mg, 4 mg QL	Max #30/month	CARDURA
doxazosin 8 mg QL	Max #60/month	CARDURA
prazosin QL	Max #60/month	MINIPRESS
terazosin 1 mg, 5 mg QL	Max #30/month	
terazosin 2 mg, 10 mg QL	Max #60/month	
ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS		
amlodipine/valsartan		EXFORGE
ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS		
irbesartan QL	Max #30/month	AVAPRO
irbesartan/hydrochlorothiazide QL	Max #30/month	AVALIDE
losartan QL	Max #30/month	COZAAR
losartan/hydrochlorothiazide QL	Max #30/month	HYZAAR
valsartan 40 mg, 80 mg, 160 mg QL	Max #60/month	DIOVAN
valsartan 320 mg QL	Max #30/month	DIOVAN
valsartan/hydrochlorothiazide QL	Max #30/month	DIOVAN HCT
ANTIARRHYTHMICS		
amiodarone		
disopyramide AGE	Covered for ages 64 years old & under	NORPACE
flecainide		
mexiletine		
propafenone		
quinidine sulfate		
sotalol QL	Max #60/month	BETAPACE, BETAPACE AF

ANTILIPEMICS		
Bile Acid Resins		
cholestyramine cans QL	Max #378 grams/month	QUESTRAN
cholestyramine cans QL	Max #239.4 grams/month	QUESTRAN LIGHT
cholestyramine packets QL	Max #60 packets/month	QUESTRAN, QUESTRAN LIGHT
colestipol granules, tabs		COLESTID
Cholesterol Absorption Inhibitors		
ezetimibe PA, QL	Max #30/month	ZETIA
Fibrates		
fenofibrate caps 50 mg QL	Max #30/month	LIPOFEN
fenofibrate tabs 48 mg, 145 mg QL	Max #30/month	TRICOR
fenofibrate tabs 54 mg, 160 mg QL	Max #30/month	
fenofibrate micronized 43 mg QL	Max #30/month	
fenofibrate micronized 67 mg, 134 mg, 200 mg QL	Max #30/month	
fenofibric acid QL	Max #30/month	FIBRICOR
fenofibric acid delayed-rel QL	Max #30/month	TRILIPIX
gemfibrozil QL	Max #60/month	LOPID
HMG-CoA Reductase Inhibitors		
atorvastatin QL	Max #30/month	LIPITOR
lovastatin QL	Max #30/month	
pravastatin QL	Max #30/month	PRAVACHOL
rosuvastatin QL	Max #30/month	CRESTOR
simvastatin QL	Max #30/month	ZOCOR
Omega-3 Fatty Acids		
omega-3 acid ethyl esters PA		LOVAZA
BETA-BLOCKERS		
acebutolol		
atenolol		
betaxolol		
bisoprolol 5 mg QL	Max #45/month	
bisoprolol 10 mg QL	Max #60/month	
carvedilol		COREG
labetalol		TRANDATE
metoprolol succinate ext-rel 25 mg, 50 mg, 100 mg QL	Max #45/month	TOPROL-XL
metoprolol succinate ext-rel 200 mg QL	Max #60/month	TOPROL-XL
metoprolol tartrate QL	Max #90/month	LOPRESSOR
nadolol		CORGARD
propranolol QL	Max #120/month	
propranolol ext-rel 60 mg QL	Max #120/month	INDERAL LA
propranolol ext-rel 80 mg QL	Max #90/month	INDERAL LA
propranolol ext-rel 120 mg, 160 mg QL	Max #60/month	INDERAL LA
propranolol oral soln		HEMANGEOL
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol/chlorthalidone		
bisoprolol/hydrochlorothiazide 2.5 mg/6.25 mg, 5 mg/6.25 mg QL	Max #45/month	ZIAC
bisoprolol/hydrochlorothiazide 10 mg/6.25 mg QL	Max #60/month	ZIAC
CALCIUM CHANNEL BLOCKERS		
Dihydropyridines		
amlodipine QL	Max #30/month	NORVASC
felodipine ext-rel 2.5 mg, 5 mg QL	Max #30/month	

felodipine ext-rel 10 mg QL	Max #60/month	
isradipine QL	Max #60/month	
nicardipine QL	Max #30/month	
nifedipine AGE, QL	Covered for ages 64 years old & under; Max #120/month	PROCARDIA
nifedipine ext-rel 30 mg QL	Max #30/month	PROCARDIA XL
nifedipine ext-rel 30 mg, 60 mg QL	Max #30/month	ADALAT CC
nifedipine ext-rel 60 mg, 90 mg QL	Max #60/month	PROCARDIA XL
nifedipine ext-rel 90 mg QL	Max #60/month	ADALAT CC
nimodipine caps		
Nondihydropyridines		
diltiazem		CARDIZEM
diltiazem ext-rel caps QL	Max #60/month	Dilt-XR
diltiazem ext-rel caps QL	Max #30/month	TIAZAC
diltiazem ext-rel caps 120 mg, 240 mg, 300 mg QL	Max #30/month	CARDIZEM CD
diltiazem ext-rel caps 180 mg QL	Max #60/month	CARDIZEM CD
diltiazem ext-rel tabs 180 mg, 300 mg QL	Max #30/month	CARDIZEM LA
verapamil		CALAN
verapamil ext-rel caps QL	Max #30/month	VERELAN PM
verapamil ext-rel caps 120 mg, 180 mg, 240 mg QL	Max #30/month	VERELAN
verapamil ext-rel tabs QL	Max #30/month	CALAN SR
DIGITALIS GLYCOSIDES		
digoxin tabs 125 mcg, 250 mcg		LANOXIN
DIRECT RENIN INHIBITORS/DIURETIC COMBINATIONS		
aliskiren PA, QL	Max #30/month	TEKTURNA
DIURETICS		
Carbonic Anhydrase Inhibitors		
acetazolamide QL	Max #120/month	
acetazolamide ext-rel QL	Max #60/month	
Loop Diuretics		
bumetanide		
furosemide soln AGE	Covered for ages 12 years old & under	
furosemide tabs QL	Max #60/month	LASIX
torsemide 5 mg, 100 mg QL	Max #60/month	DEMADEX
torsemide 10 mg, 20 mg QL	Max #120/month	DEMADEX
Potassium-sparing Diuretics		
amiloride QL	Max #30/month	
Thiazides and Thiazide-like Diuretics		
chlorothiazide oral susp AGE	Covered for ages 12 years old & under	DIURIL
chlorothiazide tabs		
chlorthalidone 25 mg, 50 mg QL	Max #120/month	
hydrochlorothiazide		
indapamide QL	Max #30/month	
methyclothiazide		
metolazone QL	Max #30/month	ZAROXOLYN
Diuretic Combinations		
amiloride/hydrochlorothiazide QL	Max #60/month	
spironolactone/hydrochlorothiazide 25 mg/25 mg QL	Max #90/month	ALDACTAZIDE
triamterene/hydrochlorothiazide caps		DYAZIDE
triamterene/hydrochlorothiazide tabs		MAXZIDE

NEPRILYSIN INHIBITOR/ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
sacubitril/valsartan ST, QL	Requires 30-day trial of high-dose ACE Inhibitor or Angiotensin II Receptor Antagonist; Max #60/mo	ENTRESTO
NITRATES		
Oral		
isosorbide dinitrate ext-rel tabs		
isosorbide dinitrate tabs		ISORDIL
isosorbide mononitrate		
isosorbide mononitrate ext-rel QL	Max #60/month	
nitroglycerin ext-rel		NITRO-TIME
Sublingual/Translingual		
nitroglycerin lingual spray ST	Requires trial of nitroglycerin sublingual or previous use of nitroglycerin lingual spray	NITROLINGUAL
nitroglycerin sublingual		NITROSTAT
Transdermal		
nitroglycerin oint		NITRO-BID
nitroglycerin transdermal 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr QL	Max #30/month	NITRO-DUR
PULMONARY ARTERIAL HYPERTENSION		
Endothelin Receptor Antagonists		
ambrisentan PA, QL, SP	Max #30/month	LETAIRIS
bosentan soluble tabs AGE, PA, SP	Covered for ages 3 to 12 years old	TRACLEER
bosentan tabs PA, QL, SP	Max #60/month	TRACLEER
Phosphodiesterase Inhibitors		
sildenafil PA, SP		REVATIO
tadalafil PA, QL, SP	Max #60/month	ADCIRCA
Soluble Guanylate Cyclase Stimulators		
riociguat PA, QL, SP	Max #90/month	ADEMPAS
MISCELLANEOUS		
hydralazine 10 mg, 25 mg, 50 mg QL	Max #120/month	
hydralazine 100 mg QL	Max #90/month	
hydralazine inj		
midodrine QL	Max #90/month	
minoxidil		
ranolazine ext-rel PA, QL	Max #60/month	RANEXA
tafamidis AGE, PA, QL	Covered for ages 18 years & over; Max #30/month	VYNDAMAX
tafamidis meglumine AGE, PA, QL	Covered for ages 18 years & over; Max #120/month	VYNDAQEL

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

Benzodiazepines

Benzodiazepines are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

ANTICONVULSANTS

Anticonvulsants are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

ANTIDEMENTIA

donepezil tabs 5 mg AGE, QL	Covered for ages 40 years & over; Max #30/month	ARICEPT
donepezil tabs 10 mg AGE, QL	Covered for ages 40 years & over; Max #60/month	ARICEPT
memantine tabs AGE, QL	Covered for ages 40 years & over; Max #60/month	NAMENDA
memantine titration pak AGE, QL	Covered for ages 40 years & over; Max #1 pak/year	NAMENDA PAK
rivastigmine caps AGE, QL	Covered for ages 40 years & over; Max #60/month	

ANTIDEPRESSANTS

Antidepressants are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

ANTIPARKINSONIAN AGENTS

Drugs in this category may be carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

amantadine caps QL	Max #120/month	
amantadine syp QL	Max #1200 mL/month	
bromocriptine 2.5 mg QL	Max #180/month	PARLODEL
bromocriptine 5 mg QL	Max #90/month	PARLODEL
carbidopa/levodopa		SINEMET
carbidopa/levodopa ext-rel		SINEMET CR
carbidopa/levodopa orally disintegrating tabs		
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg QL	Max #90/month	MIRAPEX
pramipexole 1.5 mg QL	Max #30/month	MIRAPEX
ropinirole QL	Max #90/month	REQUIP
selegiline caps QL	Max #60/month	ELDEPRYL

ANTIPSYCHOTICS

Antipsychotics are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

ATTENTION DEFICIT HYPERACTIVITY DISORDER

ADHD Stimulants are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

FIBROMYALGIA

Fibromyalgia Agents are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

HYPNOTICS

Drugs in this category may be carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

midazolam inj 5 mg/mL QL, *	Max #4 mL/month

*Midazolam inj 5 mg/mL is not carved-out.

MIGRAINE

Monoclonal Antibodies

erenumab-aooe 70 mg AGE, PA, QL	Covered for ages 19 years & over; Max #1/month	AIMOVIG
erenumab-aooe 140 mg AGE, PA, QL	Covered for ages 19 years & over; Max #2/60 days	AIMOVIG

Selective Serotonin Agonists

naratriptan QL	Max #9/month	AMERGE
rizatriptan orally disintegrating tabs QL	Max #9/month	MAXALT-MLT
rizatriptan tabs QL	Max #9/month	MAXALT
sumatriptan auto-injectors, cartridges, vials PA, QL	Max #8 inj/month	IMITREX
sumatriptan nasal spray PA, QL	Max #1 mL/month	IMITREX
sumatriptan tabs QL	Max #9/month	IMITREX
zolmitriptan orally disintegrating tabs ST, QL	Requires trial of two of naratriptan, rizatriptan or sumatriptan; Max #9/month	ZOMIG ZMT
zolmitriptan tabs ST, QL	Requires trial of two of naratriptan, rizatriptan or sumatriptan; Max #9/month	ZOMIG

MOOD STABILIZERS

Mood Stabilizers are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

MULTIPLE SCLEROSIS AGENTS

dalfampridine ext-rel AGE, PA, QL, SP	Covered for ages 18-70 years; Max #60/month	AMPYRA
dimethyl fumarate delayed-rel caps PA, SP		TECFIDERA
dimethyl fumarate delayed-rel starter pack PA, SP		TECFIDERA STARTER PACK
fingolimod PA, SP		GILENYA
glatiramer PA, SP		COPAXONE
interferon beta-1a PA, QL, SP	Max #4 inj/month	AVONEX

MUSCULOSKELETAL THERAPY AGENTS

baclofen 10 mg QL	Max #90/month	
baclofen 20 mg		
chlorzoxazone 500 mg AGE	Covered for ages 18-64 years old	
cyclobenzaprine 5 mg, 10 mg AGE	Covered for ages 15-64 years old	
dantrolene QL	Max #120/month	DANTROLENE
methocarbamol AGE	Covered for ages 16-64 years old	ROBAXIN
orphenadrine ext-rel AGE, QL	Covered for ages 18-64 years old; Max #60/month	
tizanidine tabs AGE	Covered for ages 18 years & over	ZANAFLEX

MYASTHENIA GRAVIS

pyridostigmine tabs 60 mg		MESTINON

NARCOLEPSY/CATAPLEXY

Drugs in this category may be carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

sodium oxybate PA, QL	Max #540 mL/month	XYREM

PSYCHOTHERAPEUTIC-MISCELLANEOUS

Alcohol Deterrents

Alcohol Deterrents are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

Alpha-2 Adrenergic Agonists		
lofexidine AGE, PA, QL	Covered for ages 18 years & over; Max #16/day; Max 14 days supply	LUCEMYRA
Opioid Antagonists		
Drugs in this category may be carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.		
naloxone inj QL	Max #2 inj/90 days	
naloxone nasal spray QL	Max #2/90 days	NARCAN
Smoking Deterrents		
bupropion ext-rel QL	Max #60/month	ZYBAN
nicotine inhaler QL	Max #1 box/month	NICOTROL
nicotine nasal spray QL	Max #10 mL/month	NICOTROL NS
nicotine polacrilex gum 2 mg OTC, QL	Max #900/month	NICORETTE
nicotine polacrilex gum 4 mg OTC, QL	Max #720/month	NICORETTE
nicotine polacrilex lozenge OTC, QL	Max #600/month	NICORETTE
nicotine transdermal OTC, QL	Max #56/56 days	NICODERM CQ
varenicline QL	Max #60/month; Max of two 12-week courses per year	CHANTIX

ENDOCRINE AND METABOLIC

ANDROGENS		
testosterone cypionate		DEPO-TESTOSTERONE
ANTIDIABETICS		
Alpha-glucosidase Inhibitors		
acarbose 25 mg, 50 mg QL	Max #90/month	PRECOSE
acarbose 100 mg QL	Max #120/month	PRECOSE
Biguanides		
metformin 500 mg QL	Max #90/month	GLUCOPHAGE
metformin 850 mg QL	Max #90/month	GLUCOPHAGE
metformin 1000 mg QL	Max #60/month	GLUCOPHAGE
metformin ext-rel 500 mg, 750 mg		GLUCOPHAGE XR
Biguanide/Sulfonylurea Combinations		
glipizide/metformin		
glyburide/metformin tabs 1.25/250 mg QL	Max #60/month	
glyburide/metformin tabs 2.5/500 mg, 5/500 mg		
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin ST, QL	Requires 3 month trial of metformin 1500 mg/day; Max #30/month	NESINA
linagliptin PA, QL	Max #30/month	TRADJENTA
sitagliptin phosphate PA, QL	Max #30/month	JANUVIA
Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations		
alogliptin/metformin ST, QL	Requires 3 month trial of metformin 1500 mg/day; Max #60/month	KAZANO
linagliptin/metformin PA, QL	Max #60/month	JENTADUETO
sitagliptin/metformin PA, QL	Max #60/month	JANUMET
sitagliptin/metformin ext-rel PA, QL	Max #30/month	JANUMET XR
Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Insulin Sensitizer Combinations		
alogliptin/pioglitazone ST, QL	Requires 3 month trial of metformin	OSENI

	1500 mg/day; Max #30/month	
Incretin Mimetic Agents		
dulaglutide PA, QL	Max #2 mL/month	TRULICITY
liraglutide PA, QL	Max #9 mL/month	VICTOZA
semaglutide 0.25 mg, 0.5 mg PA, QL	Max #1.5 mL/month	OZEMPIC
semaglutide 1 mg PA, QL	Max #3 mL/month	OZEMPIC
Insulins *		
*Insulin vials are preferred. Insulin pens are covered only for ages 21 years and under. Prior authorization is available for members with documented retinopathy and neuropathy.		
insulin aspart protamine/insulin aspart pens AGE, QL	Covered for ages 21 years & under; Max #60 mL/month	NOVOLOG MIX FLEXPEN
insulin aspart protamine/insulin aspart vials QL	Max #60 mL/month	NOVOLOG MIX
insulin glargine pens QL	Max #60 mL/month	BASAGLAR KWIKPEN
insulin human vials OTC, QL	Max #60 mL/month	HUMULIN R, NOVOLIN R
insulin human vials PA, QL	Max #20 mL/month	HUMULIN R U-500
insulin isophane human 70%/regular 30% pens OTC, AGE, QL	Covered for ages 21 years & under; Max #60 mL/month	HUMULIN 70/30 KWIKPEN
insulin isophane human 70%/regular 30% vials OTC, QL	Max #60 mL/month	HUMULIN 70/30, NOVOLIN 70/30
insulin isophane human pens OTC, AGE, QL	Covered for ages 21 years & under; Max #60 mL/month	HUMULIN N KWIKPEN
insulin isophane human vials OTC, QL	Max #60 mL/month	HUMULIN N, NOVOLIN N
insulin lispro pens AGE, QL	Covered for ages 21 years & under; Max #60 mL/month	ADMELOG SOLOSTAR
insulin lispro protamine/insulin lispro pens AGE, QL	Covered for ages 21 years & under; Max #60 mL/month	HUMALOG MIX KWIKPEN
insulin lispro protamine/insulin lispro vials QL	Max #60 mL/month	HUMALOG MIX
insulin lispro vials QL	Max #60 mL/month	ADMELOG
insulin lispro vials PA, QL	Max #30 mL/month	HUMALOG
Insulin Sensitizers		
pioglitazone QL	Max #30/month	ACTOS
Meglitinides		
nateglinide QL	Max #90/month	STARLIX
repaglinide QL	Max #120/month	PRANDIN
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
canagliflozin PA, QL	Max #30/month	INVOKANA
empagliflozin PA, QL	Max #30/month	JARDIANCE
ertugliflozin PA		STEGLATRO
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Biguanide Combinations		
canagliflozin/metformin PA, QL	Max #60/month	INVOKAMET
canagliflozin/metformin ext-rel PA, QL	Max #60/month	INVOKAMET XR
empagliflozin/metformin PA, QL	Max #60/month	SYNJARDY
empagliflozin/metformin ext-rel PA, QL	Max #30/month	SYNJARDY XR
ertugliflozin/metformin PA		SEGLUROMET
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Dipeptidyl Peptidase (DPP-4) Inhibitor Combinations		
ertugliflozin/sitagliptin AGE, PA	Covered for ages 18 years & over	STEGLUJAN
Sulfonylureas		
chlorpropamide AGE	Covered for ages 64 years old & under	
glimepiride		AMARYL

glipizide		GLUCOTROL
glipizide ext-rel		GLUCOTROL XL
glyburide		
glyburide, micronized		GLYNASE
tolazamide		
tolbutamide		

Supplies

alcohol swabs OTC, QL	Max #200/month	
blood glucose monitoring kits OTC, QL	Max #1/year	TRUE METRIX AIR kits
blood glucose monitoring kits OTC, QL	Max #1/year	TRUE METRIX kits
blood glucose test strips OTC, QL, ^		TRUE METRIX test strips
insulin needles OTC, QL	Max #200/month	
insulin syringes OTC, QL	Max #150/month	
lancets OTC		

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

CALCIUM RECEPTOR ANTAGONISTS

cinacalcet 30 mg, 60 mg PA, QL, SP	Max #60/month	SENSIPAR
cinacalcet 90 mg PA, QL, SP	Max #120/month	SENSIPAR

CALCIUM REGULATORS

Bisphosphonates

alendronate 5 mg, 10 mg, 40 mg QL	Max #30/month	FOSAMAX
alendronate 35 mg, 70 mg QL	Max #4/month	FOSAMAX
ibandronate QL	Max #1 tab/month	BONIVA

Calcitonins

calcitonin-salmon nasal QL	Max # 3.7 mL/month	MIACALCIN

Parathyroid Hormones

abaloparatide PA, SP		TYMLOS
teriparatide PA, QL, SP	Max #1 pen/month	FORTEO

CONTRACEPTIVES

Covered for females only

EE = ethinyl estradiol

Monophasic

20 mcg Estrogen

drospirenone/EE 3/20	Gianvi
levonorgestrel/EE 0.1/20	Lutera
norethindrone acetate/EE 1/20	LOESTRIN 1/20
norethindrone acetate/EE 1/20 and iron	Junel 24 Fe, Microgestin Fe 1/20
norethindrone acetate/EE 1/20 and iron chew tabs PA	MINASTRIN 24 FE

25 mcg Estrogen

norethindrone acetate/EE 0.8/25 and iron	GENERESS FE

30 mcg Estrogen

desogestrel/EE 0.15/30	Apri
drospirenone/EE 3/30	YASMIN
drospirenone/EE/levomefolate 3/30 and levomefolate	SAFYRAL
levonorgestrel/EE 0.15/30	Levora
norethindrone acetate/EE 1.5/30	Microgestin 1.5/30

norethindrone acetate/EE 1.5/30 and iron		Microgestin Fe 1.5/30
norgestrel/EE 0.3/30		Low-Ogestrel
35 mcg Estrogen		
ethynodiol diacetate/EE 1/35		Zovia 1/35
norethindrone/EE 0.4/35		Zenchent
norethindrone/EE 0.4/35 and iron PA		
norethindrone/EE 0.5/35		Necon 0.5/35, Nortrel 0.5/35
norethindrone/EE 1/35		ORTHO-NOVUM 1/35
norgestimate/EE 0.25/35		Sprintec
50 mcg Estrogen		
ethynodiol diacetate/EE 1/50		
norgestrel/EE 0.5/50		Ogestrel
Biphasic		
desogestrel/EE		Kariva
norethindrone/EE and iron		LO LOESTRIN FE 1/10
Triphasic		
desogestrel/EE 0.1-0.025/0.125-0.025/0.15-0.025 mg-mg		Velivet
levonorgestrel/EE 0.05-30/0.075-40/0.125-30 mg-mcg		Trivora
norethindrone/EE 0.5-35/0.75-35/1-35 mg-mcg		ORTHO-NOVUM 7/7/7
norethindrone/EE 0.5-35/1-35/0.5-35 mg-mcg		Aranelle
norethindrone/EE and iron 1-20/1-30/1-35 mg-mcg		Tilia Fe
norgestimate/EE 0.18-25/0.215-25/0.25-25 mg-mcg		ORTHO TRI-CYCLEN LO
norgestimate/EE 0.18-35/0.215-35/0.25-35 mg-mcg		ORTHO TRI-CYCLEN
Extended Cycle		
levonorgestrel/EE 0.15/30		Jolessa
Continuous		
levonorgestrel/EE 0.09/20		
Progestin Only		
norethindrone		ORTHO MICRONOR
Emergency Contraception		
levonorgestrel 1.5 mg OTC		PLAN B ONE-STEP
ulipristal		ELLA
Injectable		
medroxyprogesterone acetate 150 mg/mL QL	Females only; Max #1 mL/90 days	DEPO-PROVERA
Transdermal		
norelgestromin/EE QL	Max #9/84 days	Xulane
Vaginal		
etonogestrel/EE ring QL	Max #1/month	NUVARING
Miscellaneous		
cervical cap		FEMCAP
condoms, male and female OTC, QL	Max #36/month	
diaphragm arc-spring		CAYA
diaphragm wide seal		WIDE SEAL
nonoxynol-9 foam 12.5% OTC		VCF CONTRACEPTIVE
nonoxynol-9 gel 3% OTC		GYNOL II

nonoxynol-9 sponge OTC		TODAY CONTRACEPTIVE SPONGE
ENDOMETRIOSIS		
danazol		
ESTROGENS		
Oral		
estradiol AGE	Covered for ages 64 years old & under	ESTRACE
estrogens, conjugated AGE, QL	Covered for ages 64 years old & under; Max #30/month	PREMARIN
estrogens, esterified AGE	Covered for ages 64 years old & under	MENEST
Transdermal		
estradiol weekly AGE, QL	Covered for ages 64 years old & under; Max #4 patches/month	CLIMARA
estradiol, twice weekly AGE, QL	Covered for ages 64 years old & under; Max #8 patches/month	VIVELLE-DOT
Vaginal		
estradiol vaginal crm QL	Covered for females only; Max #42.5 grams/month	ESTRACE CREAM
estradiol vaginal tabs		Yuvafem
ESTROGEN/PROGESTINS		
Oral		
EE/norethindrone acetate 0.5 mg/2.5 mcg AGE, QL	Covered for ages 64 years old & under; Max #28/month	FEMHRT
EE/norethindrone acetate 1 mg/5 mcg AGE	Covered for ages 64 years old & under	
estradiol/norethindrone acetate AGE	Covered for ages 64 years old & under	ACTIVELLA
estrogens, conjugated/medroxyprogesterone AGE, QL	Covered for ages 64 years old & under; Max #28/month	PREMPHASE, PREMPRO
GLUCOCORTICOIDS		
dexamethasone elixir, soln 0.5 mg/5 mL		
dexamethasone tabs		
fludrocortisone		
hydrocortisone		CORTEF
methylprednisolone		
prednisolone sodium phosphate soln 5 mg/5 mL, 15 mg/5 mL		
prednisolone syrup		
prednisone		
GLUCOSE ELEVATING AGENTS		
glucagon, human recombinant QL	Max 1 kit/month	GLUCAGEN HYPOKIT, GLUCAGON EMERGENCY KIT
HUMAN GROWTH HORMONES		
somatropin PA, SP		NORDITROPIN FLEXPRO
HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS		
calcitriol caps QL	Max #120/month	ROCALTROL
calcitriol soln AGE	Covered for ages 12 years old & under	ROCALTROL
INSULIN-LIKE GROWTH FACTORS		
mecasermin PA, SP		INCRELEX

PHOSPHATE BINDER AGENTS		
calcium acetate 667 mg		
lanthanum chew tabs PA		FOSRENOL
sevelamer carbonate tabs PA		RENVELA
sevelamer HCl PA		RENAGEL
POTASSIUM-REMOVING AGENTS		
sodium polystyrene sulfonate oral susp		Kionex
sodium polystyrene sulfonate powder		
sodium polystyrene sulfonate rectal susp		
PROGESTINS		
medroxyprogesterone acetate		PROVERA
megestrol acetate susp 40 mg/mL		
norethindrone acetate QL	Max #60/month	AYGESTIN
progesterone, micronized 100 mg QL	Max #30/month	PROMETRIUM
progesterone, micronized 200 mg QL	Max #60/month	PROMETRIUM
SELECTIVE ESTROGEN RECEPTOR MODULATORS		
raloxifene AGE, QL	Covered for ages 40 years old & over; Max #30/month	EVISTA
THYROID AGENTS		
Antithyroid Agents		
methimazole		TAPAZOLE
propylthiouracil		
Thyroid Supplements		
levothyroxine		
levothyroxine		Levoxyl
liothyronine		CYTOMEL
thyroid AGE	Covered for ages 64 years old & under	ARMOUR THYROID
thyroid AGE	Covered for ages 64 years old & under	NATURE-THROID
thyroid		WESTHROID
thyroid		WP THYROID
VASOPRESSINS		
desmopressin spray PA, SP		DDAVP
desmopressin spray PA, SP		STIMATE
desmopressin tabs QL	Max #180/month	DDAVP
MISCELLANEOUS		
Drugs in this category may be carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.		
cabergoline		
methylergonovine tabs AGE	Covered for ages 12 years old & over	Methergine
octreotide acetate vials 50 mcg/mL, 100 mcg/mL, 200 mcg/mL, 1000 mcg/mL PA, SP		

GASTROINTESTINAL

ANTACIDS/COMBINATIONS		
aluminum hydroxide gel susp OTC		
aluminum hydroxide/magnesium carbonate OTC		GAVISCON
aluminum hydroxide/magnesium hydroxide/simethicone OTC		GELUSIL
aluminum hydroxide/magnesium hydroxide/simethicone OTC		MAG-AL
aluminum hydroxide/magnesium trisilicate OTC		GAVISCON
calcium carbonate OTC		TUMS

calcium carbonate/magnesium hydroxide OTC		
calcium carbonate/magnesium hydroxide/simethicone OTC		
calcium carbonate/simethicone OTC		MAALOX ADVANCED
calcium glycerophosphate OTC		PRELIEF
magnesium oxide/asafoetida OTC		DEWEES CARMINATIVE
sodium bicarbonate tabs OTC		
sodium bicarbonate/citric acid OTC		ALKA-SELTZER HEARTBURN
sodium bicarbonate/citric acid/simethicone granules OTC		E-Z GAS II
sodium bicarbonate/potassium bicarbonate OTC		ALKA-SELTZER GOLD
ANTIDIARRHEALS		
bismuth subsalicylate OTC		PEPTO-BISMOL
diphenoxylate/atropine tabs		LOMOTIL
loperamide caps		
loperamide caps OTC		
loperamide susp 1 mg/7.5 mL OTC		
paregoric tincture		
ANTIEMETICS		
dimenhydrinate tabs OTC		
dronabinol PA		MARINOL
granisetron tabs ST, QL	Requires trial of ondansetron; Max #4/month	
meclizine OTC		
meclizine		
metoclopramide soln, tabs		REGLAN
ondansetron oral soln AGE, QL	Covered for ages 12 years old & under; Max #300 mL/month	ZOFRAN
ondansetron orally disintegrating tabs 4 mg, 8 mg QL	Max #90/month	ZOFRAN ODT
ondansetron tabs 4 mg, 8 mg QL	Max #90/month	ZOFRAN
ondansetron tabs 24 mg QL	Max #30/month	
prochlorperazine supp QL	Max #60/month	COMPAZINE
prochlorperazine tabs QL	Max #120/month	COMPAZINE
promethazine AGE	Covered for ages 2-64 years old	
promethazine supp AGE	Covered for ages 2-64 years old	
ANTISPASMODICS		
dicyclomine AGE	Covered for ages 64 years old & under	BENTYL
glycopyrrolate tabs 1 mg, 2 mg		ROBINUL, ROBINUL FORTE
hyoscyamine sulfate AGE	Covered for ages 64 years old & under	
hyoscyamine sulfate ext-rel tabs AGE	Covered for ages 64 years old & under	LEVBID
CHOLELITHOLYTICS		
ursodiol caps QL	Max #150/month	ACTIGALL
ursodiol tabs		URSO
H_2 RECEPTOR ANTAGONISTS		
cimetidine tabs		
cimetidine tabs OTC		TAGAMET HB
famotidine tabs		PEPCID
famotidine tabs OTC		PEPCID AC
ranitidine syp QL	Max #600 mL/month	ZANTAC
ranitidine tabs		ZANTAC
ranitidine tabs OTC		ZANTAC OTC

INFLAMMATORY BOWEL DISEASE

Oral Agents

balsalazide		COLAZAL
mesalamine delayed-rel ST, QL	Requires trial of APRISO or DELZICOL; Max #180/month	ASACOL HD
mesalamine delayed-rel ST, QL	Requires trial of balsalazide, sulfasalazine or sulfasalazine delayed-rel; Max #180/month	DELZICOL
mesalamine delayed-rel ST, QL	Requires trial of balsalazide, sulfasalazine or sulfasalazine delayed-rel; Max #120/month	LIALDA
mesalamine ext-rel ST, QL	Requires trial of balsalazide, sulfasalazine or sulfasalazine delayed-rel; Max #120/month	APRISO
mesalamine ext-rel ST, QL	Requires trial of APRISO or DELZICOL; Max #240/month	PENTASA
sulfasalazine		AZULFIDINE
sulfasalazine delayed-rel		AZULFIDINE EN-TABS

Rectal Agents

mesalamine enema		

IRRITABLE BOWEL SYNDROME

Irritable Bowel Syndrome with Constipation/Chronic Idiopathic Constipation

lubiprostone PA, QL	Max #60/month	AMITIZA
prucalopride AGE, PA, QL	Covered for ages 18 years old & over; Max #30/month	MOTEGRITY

LAXATIVES/STOOL SOFTENERS

benzocaine/docusate enema OTC		ENEMEEZ PLUS
bisacodyl delayed-rel OTC		DULCOLAX
bisacodyl enema OTC		FLEET BISACODYL
bisacodyl supp OTC		DULCOLAX
calcium polycarbophil OTC		FIBERCON
calcium polycarbophil chew tabs OTC		EQUALACTIN
castor oil OTC		
cellulose powder OTC		UNIFIBER
CO2-releasing supp OTC		CEO-TWO
corn dextrin powder OTC		Fiber Powder
docusate calcium OTC		
docusate sodium 50 mg, 250 mg OTC		
docusate sodium caps 100 mg OTC, QL	Max # 180/month	COLACE
docusate sodium enema OTC		DOCUSOL KIDS
docusate sodium liq 50 mg/5 mL OTC		Docu Liquid
docusate sodium liq 50 mg/15 mL OTC		FLEET PEDIA-LAX
fiber chew tabs OTC		
fiber liquid OTC		HYFIBER WITH FOS
fiber liquid OTC		LIQUIFIBER
glycerin enema OTC		FLEET ENEMA
glycerin supp OTC		FLEET
glycerin supp OTC		PEDIA-LAX SUPP
lactulose soln		
magnesium citrate soln OTC		Citroma
magnesium hydroxide OTC		PHILLIPS' MILK OF MAGNESIA
magnesium hydroxide chew tabs OTC		PEDIA-LAX CHEWS
magnesium oxide OTC		PHILLIPS
magnesium sulfate oral granules OTC		EPSOM SALT

mineral oil OTC		
mineral oil		
mineral oil emulsion OTC		KONDREMUL
mineral oil enema OTC		FLEET MINERAL OIL
peg 3350/electrolytes QL	Max #4000 grams/year	COLYTE
peg 3350/electrolytes QL	Max #4000 grams/year	GOLYTELY
peg 3350/electrolytes		MOVIPREP
peg 3350/electrolytes QL	Max #4000 grams/year	NULYTELY
peg 3350/electrolytes with bisacodyl QL		Gavilyte-H Kit
polyethylene glycol 3350 powder		
polyethylene glycol 3350 powder OTC		MIRALAX OTC
psyllium OTC		METAMUCIL
psyllium powder OTC		HYDROCIL
psyllium powder OTC		KONSYL
psyllium wafer OTC		METAMUCIL
psyllium/calcium OTC		METAMUCIL PLUS CALCIUM
senna leaves OTC		
senna syrup OTC		
sennosides 8.6 mg OTC		SENOKOT
sennosides/docusate sodium OTC		SENOKOT-S
sennosides/psyllium OTC		SENNA PROMPT
sodium phosphates		OSMOPREP
sodium phosphates enema OTC		FLEET
sodium phosphates soln OTC		
sodium picosulfate/magnesium oxide/citric acid		PREPOPIK
sodium sulfate/potassium sulfate/magnesium sulfate		SUPREP
wheat dextrin powder OTC		BENEFIBER
wheat dextrin/calcium chew tabs OTC		
PANCREATIC ENZYMES		
pancrelipase QL	Max #480 tabs/month	VIOKACE
pancrelipase delayed-rel 2,600 units, 4,200 units QL	Max #720 caps/month	PANCREAZE
pancrelipase delayed-rel 3,000 units, 5,000 units, 10,000 units QL	Max #720 caps/month	ZENPEP
pancrelipase delayed-rel 3,000 units, 6,000 units QL	Max #720 caps/month	CREON
pancrelipase delayed-rel 8,000 units QL	Max #720 caps/month	PERTZYE
pancrelipase delayed-rel 10,500 units, 16,800 units, 21,000 units QL	Max #480 caps/month	PANCREAZE
pancrelipase delayed-rel 12,000 units, 24,000 units, 36,000 units QL	Max #480 caps/month	CREON
pancrelipase delayed-rel 15,000 units, 20,000 units, 25,000 units, 40,000 units QL	Max #480 caps/month	ZENPEP
pancrelipase delayed-rel 16,000 units, 24,000 units QL	Max # 480 caps/month	PERTZYE
PROSTAGLANDINS		
misoprostol QL	Max #120/month	CYTOTEC
PROTON PUMP INHIBITORS		
esomeprazole magnesium delayed-rel OTC, ST, QL	Requires trial of omeprazole and pantoprazole; Max #60/month	NEXIUM 24HR OTC
lansoprazole delayed-rel caps OTC, ST, QL	Requires trial of omeprazole and pantoprazole; Max #60/month	PREVACID 24HR OTC
lansoprazole delayed-rel caps 15 mg ST, QL	Requires trial of omeprazole and pantoprazole; Max #60/month	PREVACID
lansoprazole delayed-rel caps 30 mg ST, QL	Requires trial of omeprazole and pantoprazole; Max #30/month	PREVACID
lansoprazole susp AGE, QL	Covered for ages 12 years old & under; Max #300 mL/month	FIRST-LANSOPRAZOLE
omeprazole delayed-rel caps QL	Max #60/month	
omeprazole magnesium delayed-rel caps OTC, QL	Max #60/month	
omeprazole susp AGE, QL	Covered for ages 12 years old & under;	FIRST-OMEPRAZOLE

	Max #300 mL/month	
pantoprazole delayed-rel tabs 20 mg QL	Max #30/month	PROTONIX
pantoprazole delayed-rel tabs 40 mg QL	Max #60/month	PROTONIX
SALIVA STIMULANTS		
pilocarpine		SALAGEN
STEROIDS, RECTAL		
hydrocortisone rectal crm 2.5% QL	Max #45 grams/month	
MISCELLANEOUS		
simethicone chew tabs OTC		GAS-X
simethicone susp 40 mg/0.6 mL OTC		
sucralfate tabs QL	Max #120/month	CARAFATE

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA		
alfuzosin ext-rel		UROXATRAL
finasteride QL	Males only; Max #30/month	PROSCAR
tamsulosin QL	Max #60/month	FLOMAX
URINARY ANTISPASMODICS		
flavoxate hydrochloride		
oxybutynin ext-rel 5 mg QL	Max #30/month	DITROPAN XL
oxybutynin ext-rel 10 mg, 15 mg QL	Max #60/month	DITROPAN XL
oxybutynin syrup QL	Max #600 mL/month	
oxybutynin tabs QL	Max #90/month	
oxybutynin transdermal OTC		OXYTROL FOR WOMEN
tolterodine ST, QL	Requires trial of oxybutynin; Max #60/month	DETROL
tolterodine ext-rel ST, QL	Requires trial of oxybutynin; Max #30/month	DETROL LA
trospium ext-rel caps ST	Requires trial of oxybutynin	
trospium tabs ST, QL	Requires trial of oxybutynin; Max #60/month	
VAGINAL ANTI-INFECTIVES Females only		
clindamycin crm		CLEOCIN
clotrimazole crm OTC		GYNE-LOTRIMIN
metronidazole		METROGEL-VAGINAL
miconazole crm 2% OTC		
miconazole crm 2%, supp 100 mg OTC		MONISTAT 3 COMBO KIT
miconazole crm 2%, applicator 100 mg OTC		MONISTAT 7 COMBO KIT
miconazole supp OTC		
terconazole crm		
MISCELLANEOUS		
bethanechol QL	Max #120/month	URECHOLINE
methenamine hippurate		HIPREX
methenamine mandelate		
pentosan polysulfate sodium PA, QL	Max #90/month	ELMIRON
phenazopyridine		PYRIDIUM
potassium citrate ext-rel 5 mEq, 10 mEq		UROCIT-K
potassium citrate/citric acid soln, powder packets		CYTRA-K
potassium phosphate		K-PHOS

potassium/sodium acid phosphates		K-PHOS NO. 2
sodium citrate/citric acid soln		Cytra-2

HEMATOLOGIC

ANTICOAGULANTS

Injectable

enoxaparin pre-filled syringes PA, QL, SP	Requires PA for treatment longer than 7 days	LOVENOX
heparin vials 5000 units/mL, 10000 units/mL		

Oral

apixaban starter pack AGE, PA, QL	Covered for ages 18 years & over; Max #1 pack	ELIQUIS
apixaban tabs AGE, PA, QL	Covered for ages 18 years & over; Max #60/month	ELIQUIS
rivaroxaban starter pack AGE, PA, QL	Covered for ages 18 years & over; Max #1 pack	XARELTO
rivaroxaban tabs AGE, PA, QL	Covered for ages 18 years & over; Max #30 tabs/month	XARELTO
warfarin		COUMADIN
warfarin		Jantoven

ANTIHEMOPHILIC AGENTS

Antihemophilic Agents are carved-out for Medicaid. Pharmacies bill State Fee-for-Service Pharmacy Program directly. Refer to the full list of carve-out drugs beginning on page 6.

HEMATOPOIETIC GROWTH FACTORS

darbepoetin alfa PA, SP		ARANESP
epoetin alfa PA, SP		EPOGEN
epoetin alfa PA, SP		PROCRIT
epoetin alfa-epbx PA, SP		RETACRIT
filgrastim PA, SP		NEUPOGEN
filgrastim-aafi PA, SP		NIVESTYM
filgrastim-sndz PA, SP		ZARXIO
pegfilgrastim-jmdb PA, SP		FULPHILA
tbo-filgrastim vial PA, SP		GRANIX

PLATELET AGGREGATION INHIBITORS

aspirin chew tabs 81 mg OTC, QL	Max #30/month	
aspirin delayed-rel 81 mg OTC, QL	Max #30/month	
clopidogrel 75 mg QL	Max #30/month	PLAVIX
clopidogrel 300 mg QL	Max #1 tab/month	PLAVIX
dipyridamole QL	Max #120/month	

PLATELET SYNTHESIS INHIBITORS

anagrelide		AGRYLIN

MISCELLANEOUS

cilostazol QL	Max #60/month	
L-glutamine oral powder PA, SP		ENDARI
pentoxifylline ext-rel		
succimer		CHEMET

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

abatacept subcutaneous PA, SP		ORENCIA, ORENCIA CLICKJECT

adalimumab PA, SP		HUMIRA
baricitinib PA, SP		OLUMIANT
brodalumab PA, SP, QL	Max #3 mL/month	SILIQ
certolizumab pegol PA, SP		CIMZIA
etanercept 25 mg/0.5 mL PA, SP, QL	Max #2 mL/month	ENBREL
etanercept 50 mg/mL PA, SP, QL	Max #4 mL/month	ENBREL, ENBREL SURECLICK
tocilizumab subcutaneous PA, SP		ACTEMRA, ACTEMRA ACTPEN
tofacitinib PA, SP, QL	Max #60/month	XELJANZ
tofacitinib ext-rel PA, SP, QL	Max #30/month	XELJANZ XR
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)		
hydroxychloroquine		PLAQUENIL
leflunomide QL	Max #30/month	ARAVA
IMMUNOMODULATORS		
Interferons		
interferon alfa-2b PA, SP		INTRON A
Miscellaneous		
apremilast 30 mg PA, SP		OTEZLA
apremilast starter pack PA, SP, QL	Max # 1 fill per year	OTEZLA
IMMUNOSUPPRESSANTS		
Antimetabolites		
azathioprine QL	Max #240/month	IMURAN
mycophenolate mofetil		CELLCEPT
mycophenolate mofetil susp AGE	Covered for ages 12 years old & under	CELLCEPT
mycophenolate sodium delayed-rel ST	Requires trial of mycophenolate mofetil	MYFORTIC
Calcineurin Inhibitors		
cyclosporine caps		SANDIMMUNE
cyclosporine, modified		NEORAL
cyclosporine, modified soln AGE	Covered for ages 12 years old & under	NEORAL
tacrolimus		PROGRAF
Rapamycin Derivatives		
sirolimus tabs		RAPAMUNE
VACCINES		
hepatitis A vaccine AGE, QL	Covered for ages 19 years & over; Max #2 per lifetime	HAVRIX, VAQTA
hepatitis A, hepatitis B vaccine AGE, QL	Covered for ages 19 years & over; Max #3 per lifetime	TWINRIX
hepatitis B vaccine AGE, QL	Covered for ages 19 years & over; Max #3 per lifetime; exclude 40 mcg dose	ENGERIX-B, HEPLISAV-B, RECOMBIVAX HB
influenza virus vaccine quadrivalent AGE, QL	Covered for ages 19 years & over; Max #1 per year	AFLURIA QUAD, AFLURIA QUAD PF, FLUARIX QUAD, FLUCELVAX QUAD, FLULAVAL QUAD, FLUZONE QUAD
influenza virus vaccine, quadrivalent recombinant AGE, QL	Covered for ages 19 years & over; Max #1 per year	FLUBLOK QUAD
influenza virus vaccine, trivalent AGE, QL	Covered for ages 19 years & over; Max #1 per year	AFLURIA, FLUAD, FLUZONE
pneumococcal vaccine AGE, QL	Covered for ages 19 years & over; Max #2 per lifetime	PNEUMOVAX 23

pneumococcal vaccine AGE, QL	Covered for ages 19 years & over; Max #1 per lifetime	PREVNAR 13
tetanus, diphtheria vaccine AGE, QL	Covered for ages 19 years & over; Max #1 per 10 years	TENIVAC
tetanus, diphtheria, pertussis vaccine AGE, QL	Covered for ages 19 years & over; and history of prenatal vitamin in past 90 days	ADACEL, BOOSTRIX
zoster vaccine live AGE, QL	Covered for ages 50 years & over; Max #1 per lifetime	ZOSTAVAX
zoster vaccine recombinant AGE, QL	Covered for ages 50 years & over; Max #2 per lifetime	SHINGRIX

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

Calcium/Combinations

calcium carbonate OTC		
calcium carbonate/vitamin D OTC		CALTRATE + D
calcium carbonate/vitamin D/minerals OTC		CALTRATE 600 + D PLUS
calcium chloride inj		
calcium citrate OTC		
calcium citrate/vitamin D OTC		CITRACAL + D
calcium glubionate OTC		CALCIONATE
calcium gluconate OTC		
calcium lactate OTC		
calcium phosphate/vitamin D OTC		
calcium, oyster shell OTC		
calcium/boron OTC		RA CALCIUM/BORON
calcium/magnesium OTC		
calcium/magnesium/vitamin C OTC		LOCALNESIUM-C
calcium/magnesium/vitamin D OTC		
calcium/magnesium/zinc OTC		
calcium/phosphorus/vitamin D OTC		RISACAL-D
calcium/vitamin C/vitamin D OTC		
calcium/vitamin D OTC		
calcium/vitamin D/minerals OTC		CALTRATE 600 + MINERALS
calcium/vitamin D/vitamin K OTC		VIACTIV

Phosphates

potassium phosphates inj		
potassium phosphates/sodium phosphates OTC		PHOS-NAK
sodium glycerophosphate inj		GLYCOPHOS
sodium phosphates inj		

Potassium

potassium bicarbonate effer tabs 25 mEq		
potassium bicarbonate/potassium chloride effer tabs 25 mEq		
potassium chloride ext-rel 8 mEq, 10 mEq		
potassium chloride microencapsulated crystal ext-rel tabs 10 mEq, 20 mEq		KLOR-CON M10, KLOR-CON M20
potassium chloride oral soln		

VITAMINS AND MINERALS

Folic Acid/Combinations

folic acid 1 mg		
folic acid 400 mcg OTC, QL	Max #30/month	
folic acid 800 mcg OTC		
folic acid/vitamin B6/vitamin B12		FOLGARD RX
folic acid/vitamin B6/vitamin B12 OTC		Foltabs 800

folinic acid/vitamin B6/vitamin B12 OTC		FOLINIC-PLUS
l-methylfolate/vitamin B2/vitamin B6/vitamin B12		CEREFOLIN, METAFOLBIC
l-methylfolate/vitamin B6/vitamin B12		FOLTX

Iron Supplements/Combinations

carbonyl iron OTC		FEOSOL, PERFECT IRON, IRON CHEWS
carbonyl iron OTC		ICAR PEDS
ferrous fumarate OTC		FERRETTS, FERRIMIN 150
ferrous fumarate OTC		HEMOCYTE
ferrous fumarate/folic acid/docusate sodium/vitamin B-complex/vitamin C		NEPHRON FA
ferrous fumarate/folic acid/intrinsic factor/vitamin B12/vitamin C		
ferrous fumarate/folic acid/vitamin B12/vitamin C		
ferrous fumarate/folic acid/vitamin B12/vitamin C		HEMATOGEN FA
ferrous fumarate/folic acid/vitamin B-complex/minerals		
ferrous gluconate OTC		FERGON
ferrous sulfate OTC		FEOSOL
ferrous sulfate delayed-rel OTC		
ferrous sulfate drops 15 mg/mL OTC, AGE	Covered for ages 12 years old & under	FER-IN-SOL
ferrous sulfate elixir, liquid 220 mg/5 mL OTC, AGE	Covered for ages 12 years old & under	
ferrous sulfate ext-rel OTC		SLOW FE
ferrous sulfate syrup 300 mg/5 mL OTC, AGE	Covered for ages 12 years old & under	
iron combination		CORVITE
iron combination		Hematogen
iron combination elixir OTC		I.L.X. B-12
iron heme polypeptide OTC		PROFERRIN ES
iron polysaccharides complex OTC		
iron polysaccharides complex OTC		NOVAFERRUM
iron polysaccharides complex/vitamin B12/folic acid		
iron/vitamin B12/vitamin C/folic acid AGE	Covered for ages 12 years old & under	
iron/vitamin B12/vitamin C/folic acid OTC, AGE	Covered for ages 12 years old & under	
iron/vitamin C OTC		ICAR-C
iron/vitamin C OTC		VITRON-C
iron/vitamins OTC		VITAFOL

Prenatal Vitamins

* All prenatal vitamins are covered only for females ages 12-55 years old.

prenatal vitamins without A/ferrous bisglycinate/folic acid 32-1 mg QL	Max #30/month	NESTABS
prenatal vitamins without A/ferrous bisglycinate/folic acid 32-1 mg + omega-3		NESTABS DHA PAK, TRI-TABS DHA
prenatal vitamins without A/ferrous fumarate/folic acid 106.5-1 mg QL	Max #30/month	PRENATAL-U
prenatal vitamins without A/iron carbonyl/folic acid 20-1 mg + vitamin B6 QL	Max #30/month	TARON-BC
prenatal vitamins/docusate/ferrous fumarate/folic acid 29-1 mg QL	Max #30/month	Prenatal 19
prenatal vitamins/docusate/ferrous fumarate/folic acid 29-1 mg QL	Max #30/month	PRENATAL 19, SE-NATAL 19, THRIVITE 19
prenatal vitamins/docusate/ferrous fumarate/folic acid 90-1 mg QL	Max #30/month	MYNATE 90 PLUS
prenatal vitamins/docusate/iron carbonyl/folic acid 29-1 mg + omega-3 QL	Max #30/month	OBSTETRIX DHA PAK
prenatal vitamins/docusate/iron carbonyl/folic acid 29-1 mg QL	Max #30/month	OBSTETRIX EC
prenatal vitamins/docusate/iron carbonyl/folic acid 29-1 mg OTC, QL	Max #30/month	OBTREX
prenatal vitamins/docusate/iron carbonyl/folic acid 29-1 mg + omega-3 OTC, QL	Max #30/month	OBTREX DHA PAK
prenatal vitamins/docusate/iron carbonyl/folic acid 90-1 mg QL	Max #30/month	Inatal GT
prenatal vitamins/ferrous bisglycinate chelate/folic acid 29-1 mg QL	Max #30/month	ATABEX OB, VINATE II
prenatal vitamins/ferrous fumarate/folic acid 14-0.4 mg OTC, QL	Max #30/month	PRENATAL COMPLETE

prenatal vitamins/ferrous fumarate/folic acid 27-0.8 mg OTC, QL	Max #30/month	MULTIPRENATAL, PRENATAL LOW IRON, PRENATAL ONE DAILY, PRENATAL VITAMIN, RIGHT STEP PRENATAL
prenatal vitamins/ferrous fumarate/folic acid 27-1 mg QL	Max #30/month	M-VIT, NIVA-PLUS, O-CAL FA, PNV FOLIC ACID + IRON, PNV PRENATAL PLUS, PRENATAL PLUS, PRENATAL LOW IRON, PREPLUS, TRICARE PRENATAL, VOL-PLUS
prenatal vitamins/ferrous fumarate/folic acid 27-1 mg OTC, QL	Max #30/month	THERANATAL
prenatal vitamins/ferrous fumarate/folic acid 28-0.8 mg OTC, QL	Max #30/month	CLASSIC PRENATAL, CVS PRENATAL, EQL PRENATAL FORMULA, GNP PRENATAL, GOODSENSE PRENATAL, HM PRENATAL, KP PRENATAL, PRENATAL/IRON, PRENATAL TAB, PX PRENATAL, QC PRENATAL, RA PRENATAL, SM PRENATAL
prenatal vitamins/ferrous fumarate/folic acid 28-1 mg QL	Max #30/month	Trinate
prenatal vitamins/ferrous fumarate/folic acid 60-1 mg QL	Max #30/month	TRINATAL RX1, VINATE ONE
prenatal vitamins/ferrous fumarate/folic acid 65-1 mg QL	Max #30/month	MYNATAL PLUS, MYNATAL-Z, VITAFOL-OB
prenatal vitamins/ferrous fumarate/folic acid chew tabs 29-1 mg QL	Max #30/month	Prenatal 19
prenatal vitamins/ferrous fumarate/folic acid chew tabs 29-1 mg QL	Max #30/month	COMPLETENATE CHEW, PRENATAL 19 CHEW, SE-NATAL CHEW
prenatal vitamins/ferrous fumarate/folic acid/omega-3 27-0.8-228 mg OTC, QL	Max #30/month	PRENATAL MULTI + DHA
prenatal vitamins/iron carbonyl/folic acid 29-1 mg QL	Max #30/month	Prenatabs Rx
prenatal vitamins/iron polysaccharide complex/iron heme polypeptide/folic acid 28-6-1 mg		HEMENATAL OB
prenatal vitamins/iron polysaccharide complex/iron heme polypeptide/folic acid 34-1 mg		PREFERA OB
prenatal vitamins/minerals/folic acid/fish oil chew tabs 0.4-113.5 mg OTC, QL	Max #30/month	CVS PRENATAL CHEW GUMMY
prenatal vitamins/selenium/ferrous fumarate/folic acid 27-1 mg QL	Max #30/month	VINATE M
Vitamin B-Complex/Combinations		
vitamin B complex OTC		
vitamin B complex elixir OTC		APETIGEN, APETEX
vitamin B complex inj		
vitamin B complex/biotin/folic acid OTC		
vitamin B complex/biotin/folic acid ext-rel OTC		
vitamin B complex/folic acid OTC		
vitamin B complex/folic acid ext-rel OTC		
vitamin B complex/folic acid/vitamin C/zinc		NEPHLEX
vitamin B complex/iron OTC		APETIGEN PLUS
vitamin B complex/minerals OTC		APETIGEN PLUS
vitamin B complex/vitamin C OTC		
vitamin B complex/vitamin C/biotin/vitamin D/folic acid OTC		DIALYVITE 800 PLUS D
vitamin B complex/vitamin C/calcium OTC		
vitamin B complex/vitamin C/folic acid OTC		FULL SPECTRUM B WITH C

vitamin B complex/vitamin C/folic acid		NEPHROCAPS, NEPHRO-VITE RX
vitamin B complex/vitamin C/folic acid OTC		NEPHRO-VITE
vitamin B complex/vitamin C/folic acid		Virt-Vite Plus
vitamin B complex/vitamin C/vitamin E/zinc OTC		
Miscellaneous		
biotin OTC		
biotin liq OTC		CYTO B7
biotin tab 800 mcg OTC		
brewers yeast OTC		
cholecalciferol caps, chew tabs 400 units, liquid 400 units/mL, tabs OTC		VITAMIN D-3
cholecalciferol wafer 50,000 units OTC		REPLESTA
cyanocobalamin 100 mcg, 500 mcg, 1000 mcg OTC, QL	Max #30/month	VITAMIN B12
cyanocobalamin inj 1000 mcg/mL		
docosahexaenoic acid 200 mg OTC		DHA OMEGA-3
electrolyte soln, oral OTC		CERALYTE 70, ENFAMIL ENFALYTE
electrolyte soln, oral OTC		PEDIALYTE
ergocalciferol (D2) caps		
ergocalciferol (D2) drops OTC, QL	Max #60 mL/month	
inositol niacinate caps OTC		NIACIN FLUSH FREE
lysine/thiamine/niacinamide OTC		ALBA-LYBE
magnesium OTC		
magnesium aspartate delayed-rel OTC		MAGINEX 615
magnesium chloride inj		
magnesium chloride/calcium delayed-rel OTC		SLOW-MAG
magnesium citrate OTC		
magnesium gluconate OTC		
magnesium glycinate OTC		
magnesium lactate ext-rel OTC		MAG-TAB SR
magnesium oxide OTC		MAG-OX
magnesium oxide OTC		UROMAG
magnesium sulfate inj		
melatonin caps 5 mg, 10 mg OTC, AGE, QL	Covered for ages 12 years old & under; Max #30/month	
melatonin ext-rel tabs 10 mg OTC, AGE, QL	Covered for ages 12 years old & under; Max #30/month	
melatonin liquid 1 mg/4 mL, 1 mg/mL OTC, AGE, QL	Covered for ages 12 years old & under; Max #600 mL/month	
melatonin sublingual 5 mg OTC, AGE, QL	Covered for ages 12 years old & under; Max #30/month	
melatonin tabs 1 mg, 3 mg, 5 mg OTC, AGE, QL	Covered for ages 12 years old & under; Max #30/month	
multivitamins OTC		OMNICAP, QUINTABS, SPECTRAVITE, STROVITE, THERA BETA, THERA-M
multivitamins OTC		ONE-A-DAY
multivitamins inj		M.V.I. ADULT
multivitamins/calcium OTC		ONE-A-DAY WOMEN'S
multivitamins/iron OTC		
multivitamins/minerals OTC		THERACAL, THEREMS-M
multivitamins/minerals caps, chew tabs OTC		AQUADEKS
niacin OTC		
niacin ext-rel caps OTC		
niacin ext-rel tabs 250 mg, 750 mg OTC		SLO-NIACIN
niacin/inositol OTC		

niacinamide OTC		
niacinamide ext-rel OTC		NIACINAMIDE PR
niacinamide/zinc/copper/methylfolate		NICOMIDE
omega-3 fatty acids caps 500 mg OTC		FISH OIL
omega-3 fatty acids caps 1000 mg OTC		Super Omega-3
omega-3 fatty acids delayed-rel caps 1000 mg OTC		FISH OIL
pediatric multiple vitamins/fluoride/iron drops AGE, QL	Covered for ages 12 years & under; Max #60 mL/month	
pediatric multivitamins OTC		
pediatric multivitamins/fluoride chew tabs AGE, QL	Covered for ages 12 years & under; Max #30/month	
pediatric multivitamins/fluoride soln AGE, QL	Covered for ages 12 years & under; Max #60 mL/month	
pediatric multivitamins/iron OTC		
pediatric multivitamins/iron drops OTC		POLY-VI-SOL WITH IRON
pediatric multivitamins/minerals/vitamin C OTC		
pediatric multivitamins/minerals/vitamin C drops		Aquadeks
pediatric multivitamins/vitamin C drops OTC		POLY-VI-SOL
pediatric multivitamins/vitamin C/folic acid chew tabs OTC		VITACRAVES
pediatric vitamins ACD drops QL	Max #60 mL/month	
pediatric vitamins ACD drops		TRI-VI-SOL
pediatric vitamins ACD/fluoride soln AGE	Covered for ages 12 years & under	
pediatric vitamins ACD/fluoride/iron drops AGE, QL	Covered for ages 12 years & under; Max #60 mL/month	
phytonadione QL	Max #5 tabs/day, 5 day supply/month	MEPHYTON
pyridoxine tabs 25 mg OTC, QL	Max #60/month	VITAMIN B-6
pyridoxine tabs 50 mg, 100 mg OTC, QL	Max #120/month	VITAMIN B-6
riboflavin 25 mg OTC		VITAMIN B-2
sodium fluoride chew tabs AGE, QL	Covered for ages 16 years old & under; Max #30/month	
sodium fluoride drops 0.125 mg/drop, 0.25 mg/drop AGE, QL	Covered for ages 16 years old & under; Max #60 mL/month	
sodium fluoride drops 0.5 mg/mL AGE, QL	Covered for ages 16 years old & under; Max #120 mL/25 days	
sulbutiamine OTC		ARKALIOX
thiamine 50 mg, 100 mg OTC		VITAMIN B-1
tocopherols/tocotrienols OTC		AQUA-E
vitamin E OTC		
vitamin E drops OTC, AGE	Covered for ages 12 years old & under	Aqueous E
vitamin E oil OTC		
vitamins/lipotropics OTC		
vitamins/lipotropics ext-rel OTC		
wheat germ oil		

DIETARY PRODUCTS/NUTRITIONAL SUPPLEMENTS

calcium/folic acid/vitamin B6/vitamin E/herbs OTC		MENS POTENT FORMULA
ferrous sulfate/misc herbs OTC		LYDIA PINKHAM HERBAL
l-methylfolate/algae/vitamin B12/acetylcysteine		CEREFOLIN NAC, METAFOLBIC PLUS RF
nutritional supplement caps OTC		Prostamen
nutritional supplement liquid OTC		FIBER-STAT LIQ, TYR COOLER LIQ
nutritional supplement tabs OTC		BLADDER 2.2
nutritional supplement, diet aid OTC		Fiber Weight Management
psyllium husk/misc natural products OTC		COLOX

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

epinephrine 0.3 mg QL	Max #2 pens/3 months	SYMJEPI
epinephrine auto-injector QL	Max #2 pens/3 months	

ANTICHOLINERGICS

ipratropium soln		
ipratropium, CFC-free aerosol QL	Max #1 inhaler/month	ATROVENT HFA
tiotropium AGE, PA, QL	Covered for ages 6 years old & over; Max #1 inhaler/month	SPIRIVA RESPIMAT
umeclidinium QL	Max #1 inhaler/month	INCRUSE ELLIPTA

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

glycopyrrolate/formoterol ST	Requires 2 month trial of SEREVENT or INCRUSE ELLIPTA	BEVESPI AEROSPHERE
ipratropium/albuterol soln QL	Max #360 mL/month	
ipratropium/albuterol, CFC-free aerosol QL	Max #1 inhaler/month	COMBIVENT RESPIMAT

ANTIHISTAMINES

Low Sedating

cetirizine soln, syp AGE, QL	Covered for ages 12 years old & under; Max #300 mL/month	
cetirizine soln, syp OTC, AGE, QL	Covered for ages 12 years old & under; Max #300 mL/month	ZYRTEC OTC
cetirizine tabs OTC, QL	Max #30/month	ZYRTEC OTC

Nonsedating

loratadine syp OTC, AGE, QL	Covered for ages 12 years old & under; Max #300 mL/month	CLARITIN OTC
loratadine tabs 10 mg OTC, QL	Max #30/month	CLARITIN OTC

Sedating

carbinoxamine		
chlorpheniramine ext-rel OTC		CHLOR-TRIMETON
chlorpheniramine tabs OTC		CHLOR-TRIMETON
clemastine		
clemastine OTC		TAVIST
cyproheptadine AGE	Covered for ages 64 years old & under	
diphenhydramine 25 mg, 50 mg OTC, AGE	Covered for ages 64 years old & under	BENADRYL
diphenhydramine elixir		
diphenhydramine inj AGE	Covered for ages 64 years old & under	
diphenhydramine liquid, syp OTC		BENADRYL
hydroxyzine HCl syrup AGE	Covered for ages 12 years old & under	
hydroxyzine HCl tabs AGE	Covered for ages 64 years old & under	
hydroxyzine pamoate 25 mg, 50 mg AGE	Covered for ages 64 years old & under	VISTARIL

BETA AGONISTS

Inhalants

Short Acting

albuterol inhalation soln 0.083%		
albuterol inhalation soln 0.5%		
albuterol inhalation soln 0.63 mg/3 mL, 1.25 mg/3 mL QL	Max #225 mL/month	
albuterol sulfate, CFC-free aerosol QL	Max #1 inhaler/month	
albuterol sulfate, CFC-free aerosol QL	Both brand and generic are covered. Max #1 inhaler/month	VENTOLIN HFA
levalbuterol tartrate, CFC-free aerosol ST, QL	Requires trial of VENTOLIN; Max #1 inhaler/month	XOPENEX HFA

Long Acting		
salmeterol xinafoate	Max #60 units/month	SEREVENT
Oral Agents		
albuterol syp		
metaproterenol tabs		
terbutaline		
COUGH AND COLD		
Antihistamine/Decongestant Combinations		
brompheniramine/pseudoephedrine elixir OTC, QL	Max #180 mL/fill; Max #360 mL/month	DIMETAPP
cetirizine/pseudoephedrine ext-rel tabs OTC, AGE, QL	Covered for ages 4 years old & over; Max #60/month	ZYRTEC-D
diphenhydramine/phenylephrine liquid 6.25 mg-2.5 mg/5 mL OTC, QL	Max #180 mL/fill; Max #360 mL/month	TRIAMINIC NT
diphenhydramine/phenylephrine tabs OTC		BENADRYL-D
loratadine/pseudoephedrine ext-rel 5 mg/120 mg OTC, QL	Max #60/month	CLARITIN-D 12 HOUR
loratadine/pseudoephedrine ext-rel 10 mg/240 mg OTC, QL	Max #30/month	CLARITIN-D 24 HOUR
promethazine/phenylephrine syp QL	Max #180 mL/fill; Max #360 mL/month	
Antitussives		
benzonatate caps 100 mg QL	Max # 180/month	TESSALON
benzonatate caps 200 mg QL	Max #150/month	TESSALON
dextromethorphan syp 7.5 mg/5 mL OTC, QL	Covered for ages 4 years old & over; Max #180 mL/fill; Max #360 mL/month	ROBITUSSIN CHILDREN'S
Antitussive Combinations		
Opioid		
codeine/guaifenesin AGE, QL	Covered for ages 2 years old & over; Max #180 mL/fill; Max #360 mL/month	Guaiatussin
codeine/guaifenesin/pseudoephedrine QL	Max #180 mL/fill; Max #360 mL/month	Virtussin DAC
codeine/promethazine syp AGE, QL	Covered for ages 2 years old & over; Max #180 mL/fill; Max #360 mL/month	
codeine/promethazine/phenylephrine AGE, QL	Covered for ages 2 years old & over; Max #180 mL/fill; Max #360 mL/month	
codeine/pyrilamine syp QL	Max #180 mL/fill; Max #360 mL/month	PRO-CLEAR AC
hydrocodone/homatropine syp QL	Max #180 mL/fill; Max #360 mL/month	
Non-opioid		
dextromethorphan/brompheniramine/pseudoephedrine elixir OTC, QL	Max #180 mL/fill; Max #360 mL/month	Brotapp DM
dextromethorphan/brompheniramine/pseudoephedrine syp QL	Max #180 mL/fill; Max #360 mL/month	Bromfed DM
dextromethorphan/guaifenesin ext-rel 30-600 mg OTC, QL	Max #60/month	MUCINEX DM
dextromethorphan/guaifenesin liquid 10-100 mg/5 mL, 10-200 mg/5 mL OTC, QL	Max #180 mL/fill; Max #360 mL/month	ROBITUSSIN DM
dextromethorphan/guaifenesin syp 10-100 mg/5 mL OTC, QL	Max #180 mL/fill; Max #360 mL/month	ROBITUSSIN DM
dextromethorphan/promethazine syp AGE, QL	Covered for ages 4 years old & over; Max #180 mL/fill; Max #360 mL/month	
Decongestant/Expectorant Combinations		
pseudoephedrine/guaifenesin ext-rel 60-600 mg OTC, AGE	Covered for ages 4 years old & over	MUCINEX D
Expectorants		
guaifenesin ext-rel 600 mg OTC, QL	Max #60/month	MUCINEX
guaifenesin liq, syp OTC, AGE, QL	Covered for ages 4 years old & over; Max #180 mL/fill; Max #360 mL/month	ROBITUSSIN
guaifenesin tabs OTC, AGE	Covered for ages 4 years old & under	ROBITUSSIN

CYSTIC FIBROSIS		
aztreonam lysine inhalation soln PA, SP		CAYSTON
dornase alfa PA, SP		PULMOZYME
tobramycin inhalation powder PA, SP		TOBI PODHALER
tobramycin inhalation soln PA, SP		BETHKIS
tobramycin inhalation soln PA, SP		KITABIS PAK
tobramycin inhalation soln PA, SP		TOBI
LEUKOTRIENE MODULATORS		
montelukast QL	Max #30/month	SINGULAIR
MAST CELL STABILIZERS		
cromolyn sodium nasal spray OTC		NASALCROM
cromolyn soln for inhalation		
MEDICAL SUPPLIES		
mask QL	Max #1/year	LITETOUCH, SIDESTREAM, SILICONE MASK
peak flow meter OTC, QL	Max #1/year	AIRZONE, ASSESS METER FULL, ASTHMA CHECK, ASTHMAMENTOR, IN-CHECK, MICROLIFE, MINI WRIGHT, PEAK AIR FLOW, PERSONAL BEST FULL, PIKO 1, POCKET PEAK METER, TRUZONE
spacer QL	Max #1/year	AEROCHAMBER, BREATHERITE, EASIVENT, INSPIREASE, LITEAIR, MICROSPACER, OPTICHAMBER, POCKET CHAMBER, PRIMEAIRE, RITEFLO, VALVED HOLDING CHAMBER, VORTEX
spacer OTC, QL	Max #1/year	ARIAL CHAMBER, EXPIRATORY MOUTHPIECE, PANDA, SIDESTREAM
spacer/mask QL	Max #4/year	PRO COMFORT
NASAL ANTIHISTAMINES		
azelastine 0.1% spray QL	Max #1 inhaler/month	
NASAL STEROIDS		
flunisolide spray QL	Max #1 inhaler/month	
fluticasone spray QL	Max #1 inhaler/month	
fluticasone spray OTC, QL	Max #1 inhaler/month	FLONASE ALLERGY RELIEF
triamcinolone acetonide spray OTC, QL	Max #1 inhaler/month	NASACORT ALLERGY 24HR
RESPIRATORY SYNCYTIAL VIRUS		
palivizumab PA, SP		SYNAGIS
SEVERE ASTHMA AGENTS		
omalizumab PA, SP		XOLAIR
STEROID/BETA AGONIST COMBINATIONS		
budesonide/formoterol AGE, QL	Covered for ages 17 years & under; Max #1 inhaler/month	SYMBICORT
fluticasone/salmeterol QL	Max #1 inhaler/month	AIRDUO RESPICLICK

fluticasone/salmeterol QL	Max #1 inhaler/month	WIXELA INHUB
mometasone/formoterol AGE, QL	Covered for ages 17 years & under; Max #1 inhaler/month	DULERA
STEROID INHALANTS		
beclomethasone breath-activated aerosol QL	Max #1 inhaler/month; Max #2 months supply	QVAR REDIHALER
budesonide QL	Max #1 inhaler/month; Max #2 months supply	PULMICORT FLEXHALER
budesonide inhalation susp AGE, QL	Covered for ages 6 years old & under; Max #120 mL/month	PULMICORT RESPULES
fluticasone propionate QL	Max #1 fill/month	ARMONAIR RESPICLICK
fluticasone propionate, CFC-free aerosol AGE, QL	Covered for ages 12 years old & under; Max #1 inhaler/month	FLOVENT HFA
XANTHINES		
theophylline elixir		
theophylline ext-rel tabs		
theophylline soln		
MISCELLANEOUS		
acetylcysteine inhalation soln		
caffeine citrate oral soln AGE	Covered for ages 1 year old & under	
ipratropium nasal spray QL	Max #1 inhaler/month	ATROVENT
saline nasal spray OTC		
sodium chloride for inhalation 0.9%		
sodium chloride for inhalation 3%		Nebusal
sodium chloride for inhalation 7%		HYPER-SAL

TOPICAL

DERMATOLOGY

Acne

Oral

isotretinoin caps PA, QL	Max #60 caps/month	Claravis
Topical		
adapalene gel 0.1% OTC, QL	Max #45 grams/month	DIFFERIN OTC
benzoyl peroxide gel 5% OTC		
benzoyl peroxide gel 10% OTC, QL	Max #120 grams/month	
benzoyl peroxide liquid 4%, 5%, 10% OTC		
clindamycin pledgets, soln 1%		CLEOCIN T
erythromycin soln 2%		
sulfacetamide sodium/sulfur cleanser 10-5%		
tretinoin crm 0.025% ST	Requires trial of DIFFERIN GEL 0.1% OTC	
Actinic Keratosis		
diclofenac sodium gel 3% PA		
fluorouracil crm 0.5%, 5% PA		
Antibiotics		
bacitracin oint OTC		
bacitracin zinc oint OTC		
bacitracin/neomycin/polymyxin B oint OTC		NEOSPORIN
gentamicin		
mupirocin oint QL	Max #22 grams/month	
silver sulfadiazine crm 1%		SSD

Antifungals		
ciclopirox topical soln 8% QL	Max #6.6 mL/28 days	PENLAC
clotrimazole crm, soln		
clotrimazole/betamethasone crm QL	Max #45 grams/month	LOTRISONE
ketoconazole crm 2% QL	Max #60 grams/month	
ketoconazole shampoo 2% QL	Max #120 mL/month	NIZORAL
miconazole crm 2% OTC		MICATIN
nystatin crm, oint		
nystatin powder QL	Max #60 grams/month	
terbinafine crm 1% OTC		LAMISIL AT
tolnaftate crm, powder, aerosol powder OTC		
Antipsoriatics		
Oral		
acitretin PA		SORIATANE
Topical		
calcipotriene oint PA, QL	Max #120 grams/month	
calcipotriene soln PA, QL	Max #60 mL/month	
Antiseborrheics		
selenium sulfide lotion 2.5%		
Corticosteroids		
Low Potency		
hydrocortisone crm 2.5% QL	Max #45 grams/month	
hydrocortisone crm 1%, lotion, oint		
hydrocortisone crm, oint OTC		CORTIZONE
hydrocortisone/aloe vera crm OTC		
Medium Potency		
betamethasone valerate crm 0.1% QL	Max #60 grams/month	
betamethasone valerate lotion 0.1% QL	Max #60 mL/month	
betamethasone valerate oint 0.1% QL	Max #45 grams/month	
fluticasone propionate crm 0.05% QL	Max #45 grams/month	CUTIVATE
fluticasone propionate oint 0.005% QL	Max #60 grams/month	
mometasone crm, oint 0.1% QL	Max #45 grams/month	ELOCON
mometasone lotion 0.1% QL	Max #60 mL/month	ELOCON
triamcinolone acetonide crm, oint 0.025% QL	Max #16 grams/day, #480 grams/month	
triamcinolone acetonide crm, oint 0.1% QL	Max #16 grams/day, #480 grams/month	
triamcinolone acetonide lotion 0.025%		
triamcinolone acetonide lotion 0.1% QL	Max #16 mL/day, #480 mL/month	
High Potency		
betamethasone dipropionate augmented crm 0.05% QL	Max #50 grams/month	DIPROLENE AF
betamethasone dipropionate augmented lotion 0.05% QL	Max #60 mL/month	DIPROLENE
betamethasone dipropionate crm 0.05% QL	Max #60 grams/month	
betamethasone dipropionate lotion 0.05% QL	Max #60 mL/month	
betamethasone dipropionate oint 0.05% QL	Max #45 grams/month	
fluocinonide crm, oint 0.05% QL	Max #30 grams/month	
fluocinonide emollient crm 0.05% QL	Max #30 grams/month	
fluocinonide soln 0.05% QL	Max #60 mL/month	
triamcinolone acetonide crm 0.5% QL	Max #16 grams/day, #480 grams/month	
triamcinolone acetonide oint 0.5%		
Very High Potency		
betamethasone dipropionate augmented gel, oint 0.05% QL	Max #50 grams/month	DIPROLENE
clobetasol propionate crm, oint 0.05% PA, QL	Max #60 grams/month	TEMOVATE

clobetasol propionate soln 0.05% PA, QL	Max #50 mL/month	
halobetasol propionate crm, oint 0.05% QL	Max #50 grams/month	ULTRAVATE
Emollients		
lactic acid (ammonium lactate) crm 12%		LAC-HYDRIN
lactic acid (ammonium lactate) lotion 12%		LAC-HYDRIN
vitamin E liq OTC		
Immunomodulators		
pimecrolimus PA, QL	Max #30 grams/month	ELIDEL
tacrolimus PA		PROTOPIC
Local Analgesics		
capsaicin crm 0.025% OTC		
lidocaine patch 4% OTC, QL	Max #30 patches/month	Aspercreme
Local Anesthetics		
lidocaine crm 4% OTC, QL	Preferred NDC 41167-0058-20; Max #153 grams/month	Aspercreme
lidocaine gel, jelly 2%		
lidocaine/prilocaine crm QL	Max #30 grams/month	
Rosacea		
metronidazole crm 0.75%		METROCREAM
metronidazole gel 0.75%		
Scabicides and Pediculicides		
lindane QL	Max #60 mL/month	
malathion ST, QL	Requires trial of permethrin 1%; Max #59 mL/month	OVIDE
permethrin cream rinse, lotion 1% OTC, QL	Max #59 mL/month	
permethrin crm 5% QL	Max #60 grams/month	ELIMITE
pyrethrins/piperonyl butoxide liq OTC, QL	Max #59 mL/month	PV Lice Killing Shampoo
pyrethrins/piperonyl butoxide shampoo kit OTC, QL	Max #1 box/month	RID ESSENTIAL LICE KIT
pyrethrins/piperonyl butoxide spray and shampoo kit QL	Max #1 kit/month	LICIDE TREATMENT KIT
Miscellaneous Skin and Mucous Membrane		
aluminum chloride		DRYSOL
collagenase QL	Max #60 grams/month	SANTYL
docosanol OTC		ABREVA
imiquimod crm 5% QL	Max #12 packets/month	ALDARA
insect repellent with DEET aerosol, lotion QL	Max #360 mL/month	
podofilox soln		CONDYLOX
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics - Topical Oral		
lidocaine viscous 2%		
Steroids - Mouth/Throat		
triamcinolone paste QL	Max #5 grams/month	
Miscellaneous		
chlorhexidine 0.12%		Periogard
clotrimazole troches QL	Max #150/month	
sodium fluoride crm, gel		PREVIDENT

OPHTHALMIC		
Antiallergics		
azelastine ST, QL	Requires trial of ketotifen drops: Max #6 mL/month	
cromolyn sodium		
ketotifen OTC, QL	Max #10 mL/month	ZADITOR
naphazoline/pheniramine OTC		NAPHCON-A
naphazoline/pheniramine OTC		OPCON-A
Anti-infectives		
bacitracin		
bacitracin/neomycin/polymyxin B oint		
bacitracin/polymyxin B oint		
ciprofloxacin soln QL	Max #10 mL/month	CILOXAN
erythromycin oint		
gentamicin oint, soln		
levofloxacin soln		
neomycin/polymyxin B/gramicidin soln		NEOSPORIN
ofloxacin soln		OCUFLOX
polymyxin B/trimethoprim soln		POLYTRIM
sulfacetamide oint, soln		
tobramycin soln		TOBREX
Anti-infective/Anti-inflammatory Combinations		
bacitracin/neomycin/polymyxin B/hydrocortisone oint		
neomycin/polymyxin B/dexamethasone oint, soln		MAXITROL
sulfacetamide/prednisolone sodium phosphate soln		
tobramycin/dexamethasone susp 0.3%/0.1%		TOBRADEX
Anti-inflammatories		
Nonsteroidal		
diclofenac sodium 0.1%		
flurbiprofen sodium		
ketorolac 0.5% QL	Max #10 mL/month	ACULAR
Steroidal		
dexamethasone sodium phosphate		
fluorometholone susp 0.1% QL	Max #15 mL/month	FML LIQUIFILM
prednisolone acetate 1%		PRED FORTE
prednisolone sodium phosphate soln 1%		
Antivirals		
trifluridine		VIROPTIC
Beta-blockers		
betaxolol 0.5%		
carteolol		
levobunolol		BETAGAN
metipranolol		
timolol maleate soln		TIMOPTIC
Carbonic Anhydrase Inhibitors		
dorzolamide QL	Max #10 mL/month	TRUSOPT
Carbonic Anhydrase Inhibitor/Beta-blocker Combinations		
dorzolamide/timolol maleate QL	Max #10 mL/month	COSOPT

Mydriatics		
atropine sulfate oint		
atropine sulfate soln		ISOPTO ATROPINE
cyclopentolate 1%, 2%		CYCLOGYL
homatropine		
tropicamide		MYDRIACYL
Parasympathomimetics		
pilocarpine soln		ISOPTO CARPINE
Prostaglandins		
latanoprost QL	Max #2.5 mL/25 days	XALATAN
Sympathomimetics		
apraclonidine 0.5% QL	Max #10 mL/month	IOPIDINE
brimonidine 0.2%		
Miscellaneous		
artificial tears oint OTC		Refresh Lacri-lube, Refresh PM
carboxymethylcellulose sodium soln 0.5% OTC		REFRESH TEARS
carboxymethylcellulose sodium soln 1% OTC		REFRESH CELLUVISC, REFRESH LIQUIGEL
echothiophate iodide		PHOSPHOLINE IODIDE
hypromellose soln 0.4% OTC		
phenylephrine 2.5%		
polyethylene glycol/propylene glycol gel OTC		SYSTANE GEL
polyethylene glycol/propylene glycol soln OTC		SYSTANE, SYSTANE ULTRA
polyvinyl alcohol soln 1.4% OTC		
proparacaine 0.5%		
propylene glycol/glycerin soln 1-0.3% OTC		
sodium chloride oint, soln 5% OTC		
OTIC		
Anti-infectives		
acetic acid		
ciprofloxacin otic soln QL	Max #14 mL/month	CETRAXAL
ofloxacin otic QL	Max #5 mL/month	
Anti-infective/Anti-inflammatory Combinations		
acetic acid/hydrocortisone		
ciprofloxacin/dexamethasone QL	Max #7.5 mL/month	CIPRODEX
neomycin/polymyxin B/hydrocortisone		

MOLINA HEALTHCARE
Your Extended Family

Non-Discrimination Notification
Molina Healthcare of Michigan
Medicaid

Molina Healthcare of Michigan (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
  - Skilled sign language interpreters
  - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
  - Skilled interpreters
  - Written material translated in your language
  - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (888) 898-7969.
Hearing Impaired: MI Relay (800) 649-3777 or 711.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (248) 925-1765.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can mail it to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.

If you need help, call 1-800-368-1019; TTY 800-537-7697.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-898-7969 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-898-7969 (TTY: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-898-7969 (رقم هاتف الصم والبكم: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-898-7969（TTY：711）。
Syriac	ܙܘܗܪܐ: ܐܢ ܐܢܬܘܢ ܟܐ ܡܣܘܚܒܬܘܢ ܠܫܢܐ ܐܬܘܪܝܐ، ܟܝ ܒܥܬܘܢ ܕܡܚܠܝܬܘܢ ܝܠܦܢܘܬܐ ܕܗܝܪܬܐ ܕܠܫܢܐ ܡܓܢܢܝܐܝܬ. ܩܪܘܢ ܥܠ ܡܢܝܢܐ 1-888-898-7969 (TTY: 711)
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-898-7969 (TTY: 711).
Albanian	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-898-7969 (TTY: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-898-7969 (TTY: 711) 번으로 전화해 주십시오.
Bengali	লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-888-898-7969 (TTY: 711)।
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-898-7969 (TTY: 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-898-7969 (TTY: 711).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-898-7969 (TTY: 711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-898-7969（TTY: 711）まで、お電話にてご連絡ください。
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-898-7969 (телетайп: 711).
Serbo-Croatian	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-898-7969 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-898-7969 (TTY: 711).

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