

CalOptima Approved Drug List

Pharmacy-dispensed injectable medications should be processed through the PBM.

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
<u>ANTI-INFECTIVE AGENTS</u>			
<i>Penicillin G</i>			
Penicillin G Potassium	Bicillin		
<i>Aminopenicillins</i>			
Amoxicillin (Trihydrate) Oral	Amoxil, Trimox		
Suspension: <u>CONTINGENT THERAPY</u> : Limited to patients under 19 years old. Limited to 300mL per fill.			
Ampicillin Oral	Principen		
Suspension: <u>CONTINGENT THERAPY</u> : Limited to patients under 19 years old. Limited to 400mL per fill.			
<i>Penicillinase-Resistant Penicillins</i>			
Dicloxacillin Sodium Oral	Dicloxacillin		
<i>Penicillin Combinations</i>			
Amoxicillin & K Clavulanate Oral	Augmentin, Augmentin ES		
All Amoxicillin/Clavulanate oral tablets limited to #30/fill except for 875mg/125mg which is limited to #20/fill. Suspension limited to 300mL per fill.			
<i>Cephalosporins-1st Generation</i>			
Cephalexin Oral	Keflex		
Suspension limited to 400mL per fill.			
Cefadroxil Oral	Duricef		
Tablet and Capsule: Limited to #20/month. Suspension: <u>CONTINGENT THERAPY</u> : Limited to patients under 19 years old. Limited to #100mL/month.			
<i>Cephalosporins-2nd Generation</i>			
Cefaclor Oral	Ceclor	CT	
<u>CONTINGENT THERAPY</u> : Limited to patients under 19 years old. Limited to 300mL per fill.			
Cefuroxime Oral	Ceftin		
Tablet: Limited to #20/month			
Cefprozil Oral	Cefzil		
Suspension: <u>CONTINGENT THERAPY</u> : Limited to patients under 19 years old. limited to 200mL per fill.			
<i>Cephalosporins-3rd Generation</i>			
Cefdinir Oral	Omnicef		
Capsule: limited to #20month. Suspension: <u>CONTINGENT THERAPY</u> : Limited to patients under 19 years old. Limited to 100mL per fill.			
<i>Erythromycins</i>			
Erythromycin Base Oral	Erythromycin		
Erythromycin w/EC particles Oral	Robimycin, E-Mycin, Ery-Tab		
Erythromycin Stearate Oral	Erythrocin		
Erythromycin Ethylsuccinate Oral	Eryped, E.E.S.	CT	
<u>CONTINGENT THERAPY</u> : 400mg/5mL suspension for patients under 19 years old. limited to 400mL per fill.			
Erythromycin and Sulfisoxazole	Pediazole	CT	
<u>CONTINGENT THERAPY</u> : Limited to patients under 19 years old. Limited to 400mL per fill.			
<i>Lincomycins</i>			
Clindamycin HCL Oral	Cleocin		
<i>Azithromycin</i>			
Azithromycin 250mg, 500mg & Susp Oral	Zithromax	CT	
Limited to #6/month for 250mg Tabs, 2 packs/month for Powder Pack, and #3/month for Tri-Pak 500mg Tabs. <u>CONTINGENT THERAPY</u> : Suspension limited to patients under 19 years old. Limited to 30mL per fill.			

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Azithromycin 600mg Oral <u>CONTINGENT THERAPY:</u> For patients on antiretrovirals. Limited to #8 per 28 days.	Zithromax	CT	
Clarithromycin			
Clarithromycin Tab & 250mg/5mL Susp Oral <u>CONTINGENT THERAPY:</u> For patients receiving an antiretroviral agent. Suspension limited to 200mL per fill. and limited to patients under 19 years old	Biaxin	CT	
Tetracyclines			
Doxycycline Hyclate Oral Only 50mg caps and 100mg tabs and caps. Limited to #2/day.	Periostat, Vibratab		
Tetracycline HCL Oral Minocycline HCL Oral <u>CONTINGENT THERAPY:</u> For patients age 8 and over. Limited to 1 per day. 100mg tabs require PA.	Dynacin	CT	
Fluoroquinolones			
<u>CONTINGENT THERAPY:</u> For patients age 12 and over.			
Ciprofloxacin Oral Tablets: Limited to #28/14 days/fill, 2 fills/3 months. Suspension: For patients age 12 and over and limited to #240mL/14 days, 2 fills/3 months.	Cipro	CT	
Levofloxacin Tabs Oral Limited to 14 days supply per fill, 2 fills/3 months; for patients age 12 and over.	Levaquin	CT	
Levofloxacin 750mg tablet limited to #5 tablets (one Leva-Pak) /fill, 2 fills/3 months; for patients age 12 and over.			
Norfloxacin Oral Limited to 14 days supply/fill, 2 fills/3 months; for patients age 12 and over.	Noroxin	CT	
Ofloxacin Oral Limited to 14 days supply/fill, 2 fills/3 months; for patients age 12 and over.	Floxin	CT	
Sulfonamides			
Sulfadiazine Oral	Sulfadiazine		
Sulfisoxazole 500mg tab Oral	Sulfisoxazole		
Antituberculars			
Cycloserine Cap 250mg Oral	Seromycin		
Ethambutol HCL Oral	Myambutol		
Isoniazid Oral Limited to #3/day for 100mg and #1/day for 300mg.	Isoniazid		62 Day Supply
Pyrazinamide Oral	Pyrazinamide		
Rifabutin Cap 150mg Oral <u>CONTINGENT THERAPY:</u> For patients receiving an antiretroviral agent.	Mycobutin	CT	
Rifampin Oral	Rifadin, Rimactane		
Antitubercular Combinations			
Isoniazid& Rifampin Oral	Rifamate		
Isoniazid-Rifampin w/ Pyrazinamide Oral	Rifater		
Antifungals			
Flucytosine Oral <u>CONTINGENT THERAPY:</u> For patients receiving an antiretroviral agent or immunosuppressives– cyclosporine, tacrolimus, mycophenolate mofetil, or sirolimus.	Ancobon	CT	
Griseofulvin Microsize Oral	Grisactin, Grifulvin V, Fulvicin U/F		
Griseofulvin Suspension 125mg/5mL <u>CONTINGENT THERAPY:</u> For patients under 12. Limited to 600mL per fill.	Grifulvin V	CT	
Griseofulvin Ultramicrosize Oral	Gris-Peg, Fulvicin P/G, Grisactin		
Nystatin Tab 500000 U Oral Limited to #6 per day and #2 Rx per 365 days.	Mycostatin		
Antifungals – Imidazoles			
Ketoconazole Tab 200mg Oral	Nizoral		
Antifungals - Triazoles			

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Fluconazole 50mg, 100mg, 200mg Oral, 40mg/mL suspension Tabs limited to #1/day and suspension limited to 70mL per fill.	Diflucan		
Fluconazole Tab 150mg Oral CONTINGENT THERAPY: For females only. Limited to #1/fill; 2 fills per month.	Diflucan	CT	
Itraconazole Oral CONTINGENT THERAPY: For patients receiving an antiretroviral agent or immunosuppressives– cyclosporine, tacrolimus, mycophenolate mofetil, or sirolimus. Caps limited #2 per day, 1,200mL per month for solution.	Sporanox	CT	
Voriconazole Tabs and Suspension CONTINGENT THERAPY: For patients receiving an antiretroviral agent or immunosuppressives – cyclosporine, tacrolimus, mycophenolate mofetil, or sirolimus. Tablets limited to #2 per day, 300mLper month for Susp.	Vfend	CT	
Antiretrovirals– Fusion Inhibitors			
Emtricitabine Oral CONTINGENT THERAPY: For patients receiving an antiretroviral agent. Limited to #1 per day.	Emtriva	CT	
Antiretrovirals – Integrase Inhibitors			
Raltegravir Oral Limited to #2 per day.	Isentress		
Antiretrovirals - Protease Inhibitors			
Amprenavir Oral Limited to #48 per day for caps	Agenerase		
Atazanavir Oral Limited to #2 per day.	Reyataz		
Darunavir Oral Limited to #4 per day.	Prezista		
Fosamprenavir Oral Limited to #4 per day.	Lexiva		
Indinavir Sulfate Oral Limited to #6 per day.	Crixivan		
Nelfinavir Mesylate Oral Limited to #10 per day for 250mg, #4 per day for 625mg.	Viracept		
Ritonavir Oral Limited to #12 per day.	Norvir		
Saquinavir Mesylate Oral Limited to #4 per day.	Invirase		
Tipranavir Oral Limited to #4 per day.	Aptivus		
Cellular Chemokine Receptor Antagonists			
Maraviroc Oral Limited to #2/day for 150mg and # 4/day for 300mg.	Selzentry		
Reverse Transcriptase Inhibitors– Purine Nucleoside Analogues			
Abacavir Sulfate Oral Limited to #2 per day.	Ziagen		
Didanosine EC Oral Limited to #1 per day.	Videx EC (DDI)		
Reverse Transcriptase Inhibitors– Pyrimidine Nucleoside Analogues			
Lamivudine Oral CONTINGENT THERAPY: For patients receiving an antiretroviral agent. Limited to #2 per day for 150mg; #1 per day for 300mg.	Epivir (3TC)	CT	
Reverse Transcriptase Inhibitors– Thymidine Nucleoside Analogues			
Stavudine Oral Limited to #2 per day for 30mg and 40mg.	Zerit (d4T)		
Zidovudine Oral Limited to #6 per day for 100mg, #2 per day for 300mg.	Retrovir (AZT)		
Reverse Transcriptase Inhibitors– Nucleotide Analogues			
Tenofovir Disoproxil Fumarate CONTINGENT THERAPY: For patients receiving an antiretroviral agent. Limited to #1 per day.	Viread	CT	
Reverse Transcriptase Inhibitors– Non-Nucleoside Analogues			

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Delavirdine Mesylate Oral Limited to #12 per day for 100mg, #6 per day for 200mg.	Rescriptor		
Efavirenz Oral Limited to #3 per day for 200mg, #1 per day for 600mg.	Sustiva		
Etravirine Oral Limited to #4 per day	Intelence		
Nevirapine Oral Limited to #2 per day.	Viramune		
Rilpivirine Limited to #1/day	Edurant		
<i>HIV/AIDS Antiviral Combinations</i>			
Abacavir Sulfate–Lamivudine Oral <u>CONTINGENT THERAPY:</u> For patients receiving an antiretroviral agent. Limited to #1 per day.	Epzicom		
Abacavir Sulfate–Lamivudine- Zidovudine Oral Limited to #2 per day.	Trizivir		
Efavirenz-Emtricitabine-Tenofovir Disoproxil Fumarate Oral	Atripla		
Emtricitabine/rilpivirine/tenofovir Limited to #1 per day.	Complera		
Emtricitabine-Tenofovir Disoproxil Fumarate Oral <u>CONTINGENT THERAPY:</u> For patients receiving an antiretroviral agent. Limited to #1 per day.	Truvada		
Lamivudine-Zidovudine Oral Limited to #2 per day.	Combivir		
Lopinavir-Ritonavir Oral Limited to #6 per day except for 100/50 tabs, which are limited to # 4/day.	Kaletra		
<i>Antivirals – CMV Agents</i>			
<u>CONTINGENT THERAPY:</u> For patients receiving an antiretroviral agent or immunosuppressives– cyclosporine, tacrolimus, mycophenolate mofetil, or sirolimus.			
Ganciclovir Oral	Cytovene	CT	
<i>Antivirals – Herpes Agents</i>			
Acyclovir Oral Limited to #5 per day for Capsules and Tablets, 600mL per fill for suspension.	Zovirax		
<i>Influenza Agents</i>			
Zanamivir Inhalation Limited to #20/fill and one fill during the months of September through March.	Relenza		
Osetamivir Cap Oral Limited to #10/fill and one fill during the months of September through March.	Tamiflu		
Osetamivir Oral Suspension Limited to 75mL/fill and one fill during the months of September through March.	Tamiflu		
<i>Antimalarials</i>			
Hydroxychloroquine Sulfate Oral	Plaquenil		
Primaquine Phosphate Oral	Primaquine		
Pyrimethamine Oral	Daraprim		
<i>Anthelmintics</i>			
Mebendazole Oral	Vermox		
Pyrantel Pamoate Oral	Pin-X, Antiminth		
Thiabendazole Oral	Mintezol		
<i>Misc. Anti-infectives</i>			
Furazolidone Oral	Furoxone		
Metronidazole Oral	Flagyl		
Pentamidine Isethionate Soln for Nebulization Inhalation <u>CONTINGENT THERAPY:</u> For patients receiving an antiretroviral agent.	Nebupent	CT	

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Trimethoprim Oral	Proloprim, Primsol		
Vancomycin Oral 125mg	Vancocin	ST	
STEP THERAPY: Must first try metronidazole			

Leprostatics

Dapsone Oral	Dapsone		
Clofazimine 50mg Oral	Lamprene		

Antiprotozoal

Erythromycin & Sulfisoxazole Oral	Pediazole		
Trimethoprim-Sulfamethoxazole Oral	Bactrim, Septra / DS	CT	
CONTINGENT THERAPY: Suspension limited to 480mL per fill; PA required for patients over age 12.			
Atavaquinone Suspension Oral	Mepron	CT	
CONTINGENT THERAPY: For patients receiving an antiretroviral agent.			

BIOLOGICALS

Viral Vaccines

CONTINGENT THERAPY: For CalOptima Direct members only September through March.

Influenza Virus Vaccine Whole Intramuscular	Fluzone	CT	
CONTINGENT THERAPY: For patients ≥19. Covered via VFC program for 0-18 years old. Limited to 2/year.			
Influenza Virus Vaccine Split Intramuscular	Fluzone	CT	
CONTINGENT THERAPY: For patients ≥19. Covered via VFC program for 0-18 years old. Limited to 2/year.			
Influenza Virus Vaccine Types A & B Surface Antigen Intramuscular	Fluvirin	CT	
CONTINGENT THERAPY: For patients ≥19. Covered via VFC program for 0-18 years old. Limited to 2/year			
Influenza Virus Vaccine Live Intranasal	Flumist	CT	
CONTINGENT THERAPY: For patients ≥19. Covered via VFC program for 0-18 years old.			
Hepatitis B Vaccine (Recombinant) Intramuscular	Recombivax-HB		

ANTI-NEOPLASTIC AGENTS

Antineoplastic Agents

Any FDA-approved cancer therapy.

ENDOCRINE AND METABOLIC DRUGS

Glucocorticosteroids

Dexamethasone Oral	Decadron, Dexone		
Hydrocortisone Tab Oral	Cortef		
Methylprednisolone Tab 4mg, 4mg Dose Pack Oral	Medrol Dose Pak		
Limited to #21/month and #1 fill/month.			
Prednisolone Oral	Prednisolone		
Prednisolone Syrup Oral	Prelone		
Prednisolone Sodium Phosphate Oral	Pediapred		
Prednisolone Sodium Phosphate Oral	Orapred		
Prednisone Oral	Meticorten, Deltasone, Liquid Pred		
Triamcinolone Acetate in Orabase 0.1% Oral Paste	Oralone		
Oral Paste limited to patients under age 21. Limited to one 5g tube/month.			

Mineralocorticoids

Fludrocortisone Acetate Oral	Florinef		
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Estrogens - Female Patients only. Limited to #1 per day.

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Estrogens, Conjugated Oral	Premarin, Premarin Low-Dose		62 Day Supply
Esterified Estrogens Oral	Menest, Estratab		62 Day Supply
Estradiol Oral	Estrace, Gynodiol		62 Day Supply
Estropipate Oral	Ogen, Ortho-Est		62 Day Supply
Estrogen gel, patch			62 Day Supply
STEP THERAPY: Must first try oral estrogen			
Estradiol gel, TD patch Bi-weekly, TD patch weekly			62 Day Supply
Estrogen & Androgen - Female Patients only. Limited to #1 per day.			
Esterified Estrogens & Methyltestosterone Oral	Estratest, Estratest HS		62 Day Supply
Estrogen & Progestin - Female Patients only. Tab: Limited to #1 per day; Patch: Limited to #1 per week			
Conjugated Estrogen-Medroxyprogesterone Acetate Oral	Prempro, Prempro Low-Dose, Premphase		62 Day Supply
Estradiol-Levonorgestrel Patch Transdermal	ClimaraPro		62 Day Supply
Estradiol-Norethindrone Tabs	Activella		62 Day Supply
Ethinyl Estradiol-Norethindrone Tabs	FemHRT		62 Day Supply
Estrodiol/Norethindrone patch	Combipatch		62 Day Supply
Estradiol/Norgestimate	Prefest		62 Day Supply
Estradiol/Drospirinone	Angeliq		62 Day Supply
Progestin Oral Contraceptives - Female Patients only			
Norethindrone Oral	Nor-QD, Micronor		100 Day Supply
Norgestrel Oral	Ovrette 28		100 Day Supply
Emergency Contraceptives - Female Patients only			
Levonorgestrel 0.75mg Oral Limited to 2 fills (4 tabs) per 12 months	Plan B		
Levonorgestrel 1.5mg Oral Limited to 2 fills (2 tabs) per 12 months; PA required for additional fills.	Plan B One-Step		
Contraceptive Combinations– Transdermal - Female Patients only. Limited to 3 patches per month.			
Norelgestromin-Ethinyl Estradiol 150-20 mcg/24hr	Ortho Evra		
Combination Contraceptives– Vaginal - Female Patients only			
Etonogestrel-Ethinyl Estradiol 0.120-0.015mg/24hr Ring Vaginal Limited 1 ring/25 days.	NuvaRing		
Oral Contraceptive Combinations - Female Patients only			
Desogestrel & Ethinyl Estradiol Tab 0.15mg-30mcg Oral	Desogen-28, Ortho-Cept		100 Day Supply
Desogest-Eth Estrad & Eth Estrad Tab 0.15-.02/.01mg (21/5) Oral	Mircette		100 Day Supply
Drospirenone - Ethinyl Estradiol 3mg-0.02mg Tab Oral	Yaz		100 Day Supply
Drospirenone-Ethinyl Estradiol Tab 3-0.03mg Oral	Yasmin 28		100 Day Supply
Ethinodiol Diacetate & Ethinyl Estradiol Tab 1mg-35mcg Oral	Demulen 1/35, Zovia 1/35E,		100 Day Supply
Ethinodiol Diacetate & Ethinyl Estradiol Tab 1mg-50mcg Oral	Demulen 1/50, Zovia 1/50E,		100 Day Supply
Levonorgestrel & Ethinyl Estradiol Tab 0.10mg-20mcg Oral	Alesse, Levlite		100 Day Supply
Levonorgestrel & Ethinyl Estradiol Tab 0.15mg-30mcg Oral	Levlen, Nordette		100 Day Supply
Norethindrone & Ethinyl Estradiol Tab 0.4mg-35mcg Oral	Ovcon 35		100 Day Supply

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Norethindrone & Ethinyl Estradiol Tab 0.5mg-35mcg Oral	Brevicon, Necon, Modicon, Genora		100 Day Supply
Norethindrone & Ethinyl Estradiol Tab 1mg-35mcg Oral	Norinyl 1+35, Ortho-Novum 1/35		100 Day Supply
Norethindrone & Ethinyl Estradiol Tab 1mg-50mcg Oral	Ovcon 50		100 Day Supply
Norethindrone Ace & Ethinyl Estradiol Tab 1mg-20mcg Oral	Loestrin 1/20-21		100 Day Supply
Norethindrone Ace & Ethinyl Estradiol Tab 1.5mg-30mcg Oral	Loestrin 1.5/30-21		100 Day Supply
Norethindrone & Mestranol Tab 1mg-50mcg Oral	Norinyl 1+50, Ortho-Novum 1/50		100 Day Supply
Norgestrel & Ethinyl Estradiol Tab 0.3mg-30mcg Oral	Lo/Ovral		100 Day Supply
Norgestrel & Ethinyl Estradiol Tab 0.5mg-50mcg Oral	Ovral		100 Day Supply
Norgestimate & Ethinyl Estradiol Tab 0.25mg-35mcg Oral	Ortho-Cyclen		100 Day Supply
Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1mg-20mcg Oral	Loestrin Fe 1/20		100 Day Supply
Norethindrone & Ethinyl Estradiol-Fe Tab 1mg-20mg (24) Oral	Loestrin 24 Fe		100 Day Supply
Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5mg-30mcg Oral	Loestrin Fe 1.5/30		100 Day Supply
Oral Contraceptives – Biphasic - Female Patients only			
Norethindrone-Eth Estradiol Tab 0.5-35/1-35mg-mcg (10/11) Oral	Desogen-28, Ortho-Cept		100 Day Supply
Oral Contraceptives – Triphasic - Female Patients only			
Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg Oral	Cyclessa		100 Day Supply
Levonorgestrel-Eth Estrad Tab 0.5-30/0.075-40/0.125-30mg-mcg Oral	Tri-Levlen, Triphasil		100 Day Supply
Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35mg-mcg Oral	Ortho-Novum 7/7/7		100 Day Supply
Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35mg-mcg Oral	Tri-Norinyl		100 Day Supply
Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25mg-mcg Oral	Ortho Tri-Cyclen Lo		100 Day Supply
Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35mg-mcg Oral	Ortho Tri-Cyclen		100 Day Supply
Norethindrone-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35mg-mcg Oral	Estrostep Fe		100 Day Supply
Extended-Cycle Oral Contraceptives - Female Patients only			
Levonorgestrel-Eth Estradiol Tab 0.15-0.03mg Oral	Seasonale		100 Day Supply
Levonorgestrel-Eth Estradiol Tab 20-90mcg Oral Limited to #1/day	Lybrel		100 Day Supply
Progestins			
Medroxyprogesterone Acetate Oral	Provera		62 Day Supply
Norethindrone Acetate Oral	Aygestin		62 Day Supply

ANTIDIABETICS

All insulin vials are limited to 4 vials per month unless otherwise specified. Pre-filled insulin pens and cartridges limited to # 15 per month unless otherwise specified.

Human Insulin

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Insulin Aspart Inj 100 U/mL	Novolog		62 Day Supply
Insulin Aspart Prot & Aspart (Human) Inj 100 U/mL (70-30)	Novolog Mix		62 Day Supply
Insulin Detemir Inj 100 U/mL Limited to 2 vials/month, #10 cartridges per month	Levemir		62 Day Supply
Insulin Glargine Inj 100 U/mL Limited to 2 vials/month, #10 cartridges per month	Lantus		62 Day Supply
Insulin Glulisine Inj 100 U/mL	Apidra		
Insulin Lispro (Human) Inj 100 U/mL	Humalog		62 Day Supply
Insulin Lispro Prot & Lispro (Human) Inj 100 U/mL (75-25)	Humalog Mix 75/25		62 Day Supply
Insulin Regular (Human) Inj 100 U/mL	Humulin R, Novolin R, Relion R		62 Day Supply
Insulin Regular (Human) Inj 500 U/mL	Humulin R		62 Day Supply
Insulin Isophane (Human) Inj 100 U/mL	Humulin N, Novolin N, Relion N		62 Day Supply
Insulin Regular & Isophane (Human) Inj 100 U/mL (30-70)	Humulin 70/30, Novolin 70/30, Relion 70/30		62 Day Supply
Insulin Regular & Isophane (Human) Inj 100 U/mL (50-50)	Humulin 50/50		62 Day Supply
Insulin Zinc (Human) Inj 100 U/mL	Humulin L, Novolin L		62 Day Supply
<i>Sulfonylureas</i>			
Glimepiride Oral Limited to #1/day for 1mg and 2mg, and #2/day for 4mg.	Amaryl		62 Day Supply
Glipizide Oral Limited to #1/day for 2.5mg & 5mg XL, and #2/day for 10mg XL.	Glucotrol, Glucotrol XL		62 Day Supply
Glyburide Oral Limited to #4/day for 5mg, and #2/day for 1.25mg & 2.5mg	Micronase, Diabeta		62 Day Supply
Tolazamide Oral	Tolinase		62 Day Supply
Tolbutamide Oral	Orinase		62 Day Supply
<i>Amino Acid Derivatives</i>			
Nateglinide Oral <u>CONTINGENT THERAPY</u> : Patients currently receiving metformin and not on a sulfonylurea. Limited to #3 per day.	Starlix	CT	62 Day Supply
<i>Biguanides-Metformin</i>			
Metformin HCL Oral Total daily dose of metformin not to exceed 2550mg. Limited to #5 per day for 500mg, #3 per day for 850mg, and #2 per day for 1000mg.	Glucophage		62 Day Supply
Metformin XR Oral Limited to #4 per day for 500mg and #3 per day for 750mg. Fortamet is PA required.	Glucophage XR		
<i>Other Antidiabetics-Incretin Mimetic</i>			
Exenatide Injection <u>STEP THERAPY</u> : Patients must be receiving metformin or a sulfonylurea. Limited to #1.2mL per month for 5mcg/dose and #2.4mL per month for 10mcg/dose.	Byetta	ST	62 Day Supply
<i>Other Antidiabetics-Meglitinides</i>			
Repaglinide Tab Oral Limited to #3 per day for 0.5mg & 1mg and #6 per day for 2mg.	Prandin		62 Day Supply
<i>Other Antidiabetics</i>			
Glucagon Kit Injection Limit 1 per month.	Glucagon Kit		
<i>Alpha-Glucosidase Inhibitors</i>			
Acarbose Oral Limited to #3 per day.	Precose		62 Day Supply
Miglitol Oral Limited to #3 per day.	Glyset		62 Day Supply
<i>Thiazolidinediones</i>			
<u>CONTINGENT THERAPY</u> : Second-line agent to be used in combination with an oral diabetes agent. Limited to #1 per day.			
Pioglitazone Oral	Actos	CT	62 Day Supply
Rosiglitazone Oral	Avandia	CT	62 Day Supply

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Antidiabetic Combinations			
Glyburide-Metformin Tab Limited to #2 per day for 1.25mg/ 250mg and 5mg/500mg; #4 per day for 2.5mg/500mg.	Glucovance		62 Day Supply
Glipizide-Metformin Limited to #4/day	Metaglip		62 Day Supply
Thyroid Hormones			
Levothyroxine Sodium Oral Limited to #4 per day for 5mcg and #2 per day for 25mcg & 50mcg.	Synthroid, L-Thyroxine, Levothroid, Levoxyl		62 Day Supply
Liothyronine Sodium Oral Limited to #4 per day for 5mcg and #2 per day for 25mcg & 50mcg.	Cytomel		62 Day Supply
Liotrix Oral	Thyrolar		62 Day Supply
Thyroid Tab Oral <u>CONTINGENT THERAPY:</u> For patients under age 65.	Armour Thyroid, Westhroid, Nat Thyroid	CT	62 Day Supply
Antithyroid Agents			
Methimazole Oral	Tapazole		62 Day Supply
Propylthiouracil Oral	Propylthiouracil (PTU)		62 Day Supply
Oxytocics			
Methylergonovine Maleate Oral	Methergine		
Bisphosphonates			
Alendronate Sodium Tab Oral <u>CONTINGENT THERAPY:</u> For women 70 and older currently taking calcium supplements. Limited to #1 per day for 5mg & 10mg and #4 per 28 days for 35mg, 70mg.	Fosamax	CT	62 Day Supply
Alendronate plus D <u>STEP THERAPY:</u> Must first try alendronate	Fosamax D	ST	62 Day Supply
Risedronate <u>STEP THERAPY:</u> Must first try alendronate	Actonel	ST	62 Day Supply
Ibandronate <u>STEP THERAPY:</u> Must first try alendronate	Boniva	ST	62 Day Supply
Calcitonin			
Calcitonin (Salmon) Nasal Soln <u>CONTINGENT THERAPY:</u> For women age 70 and older currently taking calcium supplements. Limited to 4mL per month.	Fortical	CT	62 Day Supply
Selective Estrogen Receptor Modulators (SERMs)			
Raloxifene HCL Tab Oral <u>CONTINGENT THERAPY:</u> For women 70 and older currently taking calcium supplements. Limited to #1 per day.	Evista	CT	62 Day Supply
Vasopressin			
Enuresis (bedwetting) alarms are a covered benefit for patients over age 6. The alarms are available at retail pharmacies. Prior authorization is required for alarms. Prior Authorization is required for DDAVP.			
Miscellaneous Endocrine			
Levocarnitine 250mg, 330mg & Soln 10% Oral <u>CONTINGENT THERAPY:</u> For patients over age 21; limited to #9 per day for 250mg, 330mg, and 30mL per day for 10% oral solution. Under age 21: Bill to CCS or PA required.	Carnitor	CT	

CARDIOVASCULAR AGENTS

Digitalis

Digoxin Oral Limited to #2 per day.	Lanoxin, Lanoxin Ped		62 Day Supply
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Nitrates

Isosorbide Dinitrate Tabs & CR Tabs Oral Limited to #4 per day.	Isordil		62 Day Supply
Isosorbide Dinitrate SL Oral Limited to #4 per day.	Isordil		62 Day Supply
Isosorbide Mononitrate Oral Regular Release formulation: Limited to #2 per day. Sustained Release formulation: Limited to #1 per day.	Monoket, ISMO, Imdur		62 Day Supply

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Nitroglycerin Buccal Oral	Nitrogard		
Nitroglycerin SL Tab & Aer Oral	Nitrostat, Nitrotab, Nitroquick		
Nitroglycerin CR	Nitro-Time, Nitroglyn		62 Day Supply
Nitroglycerin Oint 2% Transdermal	Nitrobid, Nitrol		62 Day Supply
Nitroglycerin TD Transdermal	Nitro-Dur, Minitran, Transderm-Nitro, Deponit, Nitrodisc, Nitrek		62 Day Supply
Limited to #1 per day.			
Anti-anginals, Other			
Dipyridamole Oral	Persantine		62 Day Supply
Limit #4 per day for 25mg & 75mg, and #8 per day for 50mg.			
Beta-Blockers Non-Selective			
Patients with asthma or COPD at any level of severity should not receive non-selective beta blockers. Beta-blocker use in asthma/COPD patients will require prior authorization.			
Nadolol	Corgard		62 Day Supply
Nebivolol	Bystolic		62 Day Supply
STEP THERAPY: Must first try generic Coreg			
Penbutolol Sulfate Oral	Levatol		62 Day Supply
Limited to #2 per day.			
Pindolol Oral	Visken		62 Day Supply
Limited to #4 per day.			
Propranolol HCL regular release Oral	Inderal		62 Day Supply
Limited to #6 per day. Soln limited to 1920mL/62 days			
Propranolol	Inderal LA		62 Day Supply
Propranolol/HCTZ	Propranolol/HCTZ		62 Day Supply
Timolol Maleate Oral	Blocadren		62 Day Supply
Limited to #3 per day.			
Beta-Blockers Cardio-Selective			
Beta-Blockers may worsen reactive airway disease. Use with caution in patients with asthma/COPD.			
Acebutolol HCL Oral	Sectral		62 Day Supply
Limited to #3 per day.			
Atenolol Oral	Tenormin		62 Day Supply
Betaxolol HCL Oral	Kerlone		62 Day Supply
Limited to #1 per day.			
Bisoprolol Fumarate Oral	Zebeta		62 Day Supply
Limited to #2 per day.			
Metoprolol Succinate SR Oral	Toprol XL		62 Day Supply
Limited to #1 per day.			
Metoprolol Tartrate Oral	Lopressor		62 Day Supply
Limited to #5 per day.			
Metoprolol/HCTZ	Lopressor HCT		62 Day Supply
Alpha-Beta Blockers			
Patients with asthma at any level of severity should not receive non-selective beta blockers.			
Carvedilol Tabs Oral	Coreg		62 Day Supply
Limited to #2 per day			
Carvedilol CR	Coreg CR	ST	62 Day Supply
STEP THERAPY: Must first try carvedilol			
Labetalol HCL Oral	Trandate		62 Day Supply
Limited to #8 per day.			
Calcium Blockers			
Amlodipine Besylate Oral	Norvasc		62 Day Supply
Limited to #1 per day.			
Amlodipine Besylate Oral	Norvasc		62 Day Supply
Amlodipine/benazepril	Lotrel	ST	62 Day Supply
STEP THERAPY: Must first try amlodipine			
Diltiazem HCL CR Oral	Cardizem SR, Diltiazem ER		62 Day Supply
Limited to #2 per day.			
Diltiazem HCL Oral	Cardizem		62 Day Supply
Limited to #4 per day.			

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Diltiazem HCL SR/24hr Oral Dilacor XR is limited to #2 per day; Tiazac is limited to #1 per day.	Diltiazem ER, Dilacor XR, Diltiazem XR, Diltia XT, Cartia XT. Tiazac, Cardizem CD		62 Day Supply
Felodipine ER Oral Limited to #1 per day dosing.	Plendil		62 Day Supply
Isradipine Tab SR <u>STEP THERAPY:</u> For patients failing therapy with amlodipine. Limited to #1 per day.	Dynacirc CR	ST	62 Day Supply
Nifedipine CR Oral <u>STEP THERAPY:</u> For patients failing therapy with amlodipine.. Limited to #1 per day.	Adalat CC, Procardia XL	ST	62 Day Supply
Nifedipine IR Oral Limited to 4/day for females between 12 – 45 years old.	Procardia		
Verapamil HCL Tab Oral	Calan, Isoptin		62 Day Supply
Verapamil HCL Tab CR Oral Limited to #2 per day.	Calan SR, Isoptin SR, Verelan		62 Day Supply
Anti-arrhythmics			
Disopyramide Phosphate Oral Limited to #4 per day.	Norpace		62 Day Supply
Procainamide HCL Cap & Tab Oral	Pronestyl		62 Day Supply
Procainamide HCL CR Oral Limited to #4 per day.			62 Day Supply
Procainamide HCL CR/12hr Oral	Procanbid		62 Day Supply
Quinidine Gluconate Tab CR 324mg Oral Limited to #6 per day.	Quinidine Gluconate ER/CR/SR		62 Day Supply
Quinidine Sulfate Tab Oral Limited to #6 per day.	Quinidine Sulfate		62 Day Supply
Quinidine Sulfate CR Oral Limited to #6 per day.			62 Day Supply
Anti-arrhythmics Type I-B			
Mexiletine HCL Oral Limited to #6 per day.			62 Day Supply
Anti-arrhythmics Type III			
Amiodarone Oral Limited to #8 per day.	Cordarone		62 Day Supply
ACE Inhibitors			
Combination therapy with Angiotensin II Receptor Blockers requires prior authorization.			
Benazepril HCL Oral Limited to #2 per day.	Lotensin		62 Day Supply
Captopril Oral	Capoten		62 Day Supply
Enalapril Oral Limited to #2 per day.	Vasotec		62 Day Supply
Fosinopril Oral Limited to #2 per day.	Monopril		62 Day Supply
Lisinopril Oral Limited to #1 per day.	Prinivil, Zestril		62 Day Supply
Moexipril HCL Oral Limited to #2 per day; 7.5mg limited to #1 per day.	Univasc		62 Day Supply
Ramipril Oral Limited to #1 per day; 10mg limited to #2 per day.	Altace		62 Day Supply
Quinapril Oral Limited to # 2 per day.	Accupril		62 Day Supply
Trandolapril Oral Limited to #1 per day.	Mavik		62 Day Supply

Angiotensin II Receptor Blocker

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Losartan Oral Limited to #1/day	Cozaar		62 Day Supply
Irbesartan STEP THERAPY: Must first try losartan or losartan HCTZ	Avapro	ST	62 Day Supply
Valsartan STEP THERAPY: Must first try losartan or losartan HCTZ	Diovan	ST	62 Day Supply
Candesartan STEP THERAPY: Must first try losartan or losartan HCTZ	Atacamd	ST	62 Day Supply
Telmisartan STEP THERAPY: Must first try losartan or losartan HCTZ	Micardis	ST	62 Day Supply
Eprosartan STEP THERAPY: Must first try losartan or losartan HCTZ	Teveten	ST	62 Day Supply
Olmesartan STEP THERAPY: Must first try losartan or losartan HCTZ	Benicar	ST	62 Day Supply
Adrenolytics-Central			
Avoid in elderly patients			
Clonidine HCL Oral <u>CONTINGENT THERAPY:</u> For members less than 65 years old. Limited to #8/day. Clonidine patches require prior authorization.	Catapres	CT	62 Day Supply
Guanfacine HCL Oral Limited to #3 per day.	Tenex		62 Day Supply
Methyldopa Oral Limited to #6 per day.	Aldomet		62 Day Supply
Alpha-Blockers			
Doxazosin Mesylate Oral Limited to #3 per day. Combination therapy with Proscar requires prior authorization.	Cardura		62 Day Supply
Prazosin HCL Oral Limited to #6 per day. Combination therapy with Proscar requires prior authorization.	Minipress		62 Day Supply
Terazosin Oral Limited to #2 per day.	Hytrin		62 Day Supply
Vasodilators			
Minoxidil Oral Limited to #4 per day.	Loniten		62 Day Supply
Hydralazine HCL Oral Limited to #4 per day.	Apresoline		62 Day Supply
ACE Inhibitor & Thiazide/Thiazide-Like Combinations			
Combination therapy with Angiotensin II Receptor Blockers requires prior authorization.			
Benazepril & Hydrochlorothiazide Oral Limited to #2 per day.	Lotensin HCT		62 Day Supply
Captopril & Hydrochlorothiazide Oral	Capozide		62 Day Supply
Fosinopril & Hydrochlorothiazide Oral Limited to #1 per day	Monopril HCT		62 Day Supply
Lisinopril & Hydrochlorothiazide Oral Limited to #2 per day.	Prinzide, Zestoretic		62 Day Supply
Enalapril & Hydrochlorothiazide Oral Limited to #2 per day.	Vaseretic		62 Day Supply
Moexipril & Hydrochlorothiazide Oral Limited to #2 per day. 7.5 & 12.5mg Limited to 1 per day.	Uniretic		62 Day Supply
Quinapril & Hydrochlorothiazide Oral Limited to #1 per day.	Accuretic		62 Day Supply
Beta-Blocker and Diuretic Combinations			
Beta-blocker use in Asthma/COPD patients will require prior authorization.			
Atenolol & Chlorthalidone Oral Limited to #2 per day.	Tenoretic		62 Day Supply
Bisoprolol & Hydrochlorothiazide Oral Limited to #2 per day.	Ziac		62 Day Supply
Angiotensin II Receptor Blocker Combinations			

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Losartan- Hydrochlorothiazide Oral Limited to #1/day	Hyzaar		62 Day Supply
Irbesartan- Hydrochlorothiazide Oral STEP THERAPY: Must first try losartan or losartan HCTZ	Avalide	ST	62 Day Supply
Valsartan- Hydrochlorothiazide Oral STEP THERAPY: Must first try losartan or losartan HCTZ	Diovan HCT	ST	62 Day Supply
Candesartan- Hydrochlorothiazide Oral STEP THERAPY: Must first try losartan or losartan HCTZ	Atacamd HCT	ST	62 Day Supply
Telmisartan- Hydrochlorothiazide Oral STEP THERAPY: Must first try losartan or losartan HCTZ	Micardis HCT	ST	62 Day Supply
Eprosartan- Hydrochlorothiazide Oral STEP THERAPY: Must first try losartan or losartan HCTZ	Teveten HCT	ST	62 Day Supply
Olmesartan- Hydrochlorothiazide Oral STEP THERAPY: Must first try losartan or losartan HCTZ	Benicar HCT	ST	62 Day Supply
Adrenergic Blocker Combinations			
Methyldopa & Hydrochlorothiazide Oral Limited to #3 per day.			62 Day Supply
Vasodilator Combinations			
Hydralazine & HCTZ Oral Limited to #2 per day.	Apresazide		62 Day Supply
Carbonic Anhydrase Inhibitors			
Acetazolamide Oral Limited to #4 per day.	Acetazolamide		62 Day Supply
Acetazolamide SR Oral Limited to #2 per day.	Diamox Sequels		62 Day Supply
Methazolamide Oral	Neptazane		62 Day Supply
Loop Diuretics			
Bumetanide Oral Limited to #2 per day.	Bumex		62 Day Supply
Furosemide Oral Solution limited to 1920mL/62 days	Lasix		62 Day Supply
Torsemide STEP THERAPY: Must first try furosemide or bumetanide	Demadex	ST	62 Day Supply
Potassium Sparing Diuretics			
Spironolactone Oral	Aldactone		62 Day Supply
Eplerenone STEP THERAPY: Must first try spironolactone.	Inspra	ST	62 Day Supply
Thiazides			
Chlorothalidone Oral Limited to #2 per day.	Chlorthalidone		62 Day Supply
Chlorothiazide Oral Limited to #2 per day.	Diuril		62 Day Supply
Hydrochlorothiazide (HCTZ) Oral Limited to #1 per day.	Hydrodiuril, Microzide		62 Day Supply
Indapamide Oral Limited to #2 per day.			62 Day Supply
Metolazone Oral Limited to #2 per day.	Zaroxolyn		62 Day Supply
Combination Diuretics			
Amiloride & Hctz Oral Limited to #2 per day.	Moduretic		62 Day Supply
Spironolactone & Hctz Oral Limited to #1 per day.	Aldactazide		62 Day Supply

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Triamterene & Hctz Oral Limited to #2 per day.	Dyazide, Maxzide-25, Maxzide 75/50		62 Day Supply
<i>Anaphylaxis Therapy Agents</i>			
Epinephrine 0.3mg, 0.15mg Injection Limited to 2 units per month.	Epipen, Epipen Jr.		
<i>Bile Sequestrants</i>			
Cholestyramine Powder & Packets Oral	Questran/Lite, Prevalite		62 Day Supply
Colestipol HCL Granules & Tablets Oral	Colestid		62 Day Supply
Colesevelam	Welchol	ST	62 Day Supply
STEP THERAPY: Must first try cholestyramine or colestipol			
<i>Antihyperlipidemics: Fibric Acid Derivatives</i>			
Gemfibrozil Oral Limited to #2 per day.	Lopid		62 Day Supply
Fenofibrate Oral 54mg, 67mg, 134mg, 160mg, 200mg Limited to #1 per day.	Lofibra		62 Day Supply
Fenofibrate	Tricor, Antara, Lipofen, Fenoglide, Triglide	ST	62 Day Supply
STEP THERAPY: Must first try generic Lopid or Lofibra			
Fenofibric Acid	Trilipix, Fenofibric Acid	ST	62 Day Supply
STEP THERAPY: Must first try generic Lopid or Lofibra			
<i>Antihyperlipidemics: HMG-CoA Reductase Inhibitor</i>			
Atorvastatin Calcium 80mg Oral Limited to #1/day.	Lipitor		62 Day Supply
Atorvastatin 10, 20, 40mg	Lipitor	ST	62 Day Supply
STEP THERAPY: Must first try simvastatin, pravastatin			
Rosuvastatin 5mg	Crestor	ST	62 Day Supply
STEP THERAPY: Must first try simvastatin, pravastatin			
Fluvastatin Sodium Regular Release Oral	Lescol	ST	62 Day Supply
STEP THERAPY: For patients who have tried and failed an adequate trial of simvastatin, lovastatin, or pravastatin as a first-line agent. Limited to #1 per day.			
Lovastatin Oral 10mg and 20mg limited to #1 per day. 40mg limited to #2 per day.	Mevacor		62 Day Supply
Pravastatin Sodium 20mg Oral Limited to #1 per day.	Pravachol		62 Day Supply
Simvastatin Oral Limited to #1 per day.	Zocor		62 Day Supply
<i>Nicotinic Acid Derivatives</i>			
Niacin Tab CR Limited to #2 per day.	Niaspan		

RESPIRATORY AGENTS

Antihistamines-Alkylamines

Brompheniramine Maleate 4mg Oral	Dibromm		
Chlorpheniramine Maleate 4mg Oral	Chlor-Trimeton, Aller-Chlor, C.P.M., Chlorhist	CT	
CONTINGENT THERAPY: Patients over age 2 and under 65.			

Antihistamines-Ethanolamines

Carbinoxamine Maleate Liquid Oral	Histex PD	CT	
CONTINGENT THERAPY: All carbinoxamine products restricted to patients over age 2.			
Diphenhydramine HCL Oral	Benadryl, Diphedryl, Genahist, Diphendryl, Diphenhist, Hydramine		

Antihistamines-Phenothiazines

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Promethazine HCL Oral	Phenergan	CT	
Promethazine HCL Oral	Phenergan Forte	CT	
Promethazine HCL Suppos Rectal	Phenergan	CT	
<u>CONTINGENT THERAPY:</u> All promethazine products restricted to patients over age 2 and under age 65. Rectal suppositories – Limited to #12 per fill, 2 fills per month.			
<i>Antihistamines-Piperidines</i>			
Cyproheptadine HCL Oral	Periactin	CT	
<u>CONTINGENT THERAPY:</u> For patients under 65.			
Phenindamine Tartrate Oral	Nolahist		
<i>Antihistamines-Non Sedating</i>			
Cetirizine HCL Oral	Zyrtec	CT	
Limited to #1/day. Syrup: <u>CONTINGENT THERAPY:</u> For patients under age 12. Limited to 10mL per day.			
Cetirizine/Pseudoephedrine	Zyrtec D	ST	
<u>STEP THERAPY:</u> Must first try loratadine, fexofenadine, or cetirizine.			
Fexofenadine Tablet Oral	Allegra		
Limited to #60 per month for 30mg and 60mg, #30 per month for 180mg.			
Loratadine 10mg Tablet Oral (OTC)	Claritin		
Limited to #1 per day.			
Loratadine Syrup Oral	Claritin	CT	
<u>CONTINGENT THERAPY:</u> For patients under age 12. Limited to 480mL per 45 days.			
Loratadine/pseudoephedrine	Claritin D	ST	
<u>STEP THERAPY:</u> Must first try loratadine, fexofenadine, or cetirizine.			
<i>Systemic Decongestants</i>			
Pseudoephedrine HCL Oral	Dimetapp Dec, Sudafed, Genaphed, Suphedrin, Triaminic, Sudafed Child, Pediacare, Decofed		
Phenylephrine Oral	Sudafed PE		
<i>Nasal Steroids</i>			
Azelastine Nasal	Astelín	ST	
<u>STEP THERAPY:</u> Must first try a nasal steroid. Limited to 1 unit per month (30mL per month).			
Flunisolide Nasal Spray	Nasarel		
Limited 1 unit per month (25mL per month).			
Fluticasone Propionate Nasal	Flonase		
Limit 1 unit per month (16gm per month).			
<i>Expectorants</i>			
Guaifenesin Oral	Organidin NR, Guaiatuss, Iofen, Diabetic Tus, Robitussin, Tussin Cough, Diabetic AME, Naldecon Sr		
<i>Iodine Expectorants</i>			
Potassium Iodide Soln Oral			
<i>Mycolytics</i>			
Acetylcysteine Soln Inhalation	Mucomyst		
Use only 30mL vial size.			
<i>Miscellaneous Respiratory Inhalants</i>			
Sodium Chloride Soln Nebu 0.9%	Broncho Saline	CT	
<u>CONTINGENT THERAPY:</u> For patients less than 6 or greater than 65 yrs old, if patient cannot use a metered-dose inhaler (MDI). Limited to 600mL per month.			
Sodium Chloride Soln	Ocean		
· Limited to patients under 7, and one Rx per 31 days.			

Cough/Cold Products:
Restricted to patients over 2 years of age.

Decongestant-Antihistamine

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Brompheniramine & Pseudoephedrine Syrup, Elixir Oral	Bromfed, Dimetapp, Bromaline, Gentabs, Bromtapp, Bromanate, Dibromm		
Chlorpheniramine & Phenylephrine Elixir 2-5mg/5mL Oral	Novahistine		
Chlorpheniramine & Pseudoephedrine Oral	Sudafed Plus, Chlor-Trimeton, Genaphed, Deconamine, Klerist-D, Iso-Chlor, Histex, Rhinosyn		
Dexbrompheniramine & Pseudoephedrine Oral	Sudex		
Promethazine & Phenylephrine Syrup 6.25-5mg/5mL Oral	Phenergan VC	CT	
CONTINGENT THERAPY: All promethazine products restricted to patients over age 2 and under age 65. Limit of 480mL per fill. Maximum of 4 fills per year.			
Triprolidine & Pseudoephedrine Oral	Actifed, Allerfrim, Genac, Actahist, Histafed		
Narcotic Antitussive-Antihistamine			
Bromodiphenhydramine w/ Codeine Syrup Oral	Bromanyl, Ambenyl		
Limit of 480mL per fill. Maximum of 4 fills per year.			
Promethazine w/ Codeine Syrup Oral	Phenergan/Codeine	CT	
CONTINGENT THERAPY: All promethazine products restricted to patients over age 2. Limit of 480mL per fill. Maximum of 4 fills per year.			
Narcotic Antitussive-Decongestant-Antihistamine			
Phenylephrine-Promethazine w/ Codeine Syrup Oral	Phenergan VC/Codeine	CT	
CONTINGENT THERAPY: Restricted to patients over age 2 and under 65. Limit of 480mL per fill. Maximum of 4 fills per year.			
Pseudoephedrine-Chlorphen w/ Codeine Soln Oral	Novahistine DH, Dihistine DH		
Limit of 480mL per fill. Maximum of 4 fills per year.			
Pseudoephedrine-Triprolidine w/ Cod Syrup Oral	Actagen C, Triacin-C		
Limit of 480mL per fill. Maximum of 4 fills per year.			
Non-Narcotic Antitussive			
Detromethorphan	Robitussin		
Non-Narcotic Antitussive-Decongestant			
Pseudoephedrine-DM Oral	Drixoral, Decongest CD, Vicks Form 44D Cgh, Formula D, Robitussin Max/Cgh, Tussin CG&CD Max-Str		
Non-Narcotic Antitussive-Antihistamine			
Chlorpheniramine-DM Syrup Oral	Tricodene SF, Scot-Tussin DM SF		
Promethazine-DM Syrup Oral	Phenergan DM	CT	
CONTINGENT THERAPY: All promethazine products restricted to patients over age 2. Limit of 480mL per fill. Maximum of 4 fills per year.			
Pseudoephed-Carbinoxamine-DM Liquid Oral	Rondec DM	CT	
CONTINGENT THERAPY: All carbinoxamine products restricted to patients over age 2.			
Non-Narcotic Antitussive-Decongestant-Antihistamine			
Phenylephrine-Chlorphen-DM Oral	Cerose-DM		
Phenylephrine-Pyramine-DM Oral	Codimal DM, Codituss DM		
Pseudoephed-Chlorphen-DM Oral	Nyquil Child, Pediacare Cgh/Cold, Pediacare Niterest, Robitussin Ped Night, Triaminic Night Tm, Rescon-DM		
Pseudoephed-Bromphen-DM Oral	Dimetane-DX, Bromatane DX		
Decongestant w/Expectorant			
Phenylephrine-GG Oral	Rescon-GG		
Pseudoephedrine-GG/CROral	Zephrex, Humibid Guaif, Guaifed, Robitussin PE, Guiatuss PE, Sudal, Guaifed-PD, Guaifpax PSE		

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Antitussive-Expectorant			
Terpin Hydrate w/ Codeine Elixir Oral Limit of 480mL/fill. Maximum of 4 fills per year.	Terpin Hyd/Codeine		
Codeine-GG Oral Limit of 480mL/fill. Maximum of 4 fills per year.	Tussi-Organi, Halotussn-AC, Robitussin A-C		
Dextromethorphan-GG Liquid 10-100mg/5mL Oral	Robitussin DM, Diabetic Tus DM, Benylin-DME, Kolephrin-GG/DM, Double-Tuss DM, Vicks Form 44E Ped		
Antitussive-Expectorant-Decongestant			
Phenylephrine w/ DM-GG Oral	Tussex		
Pseudoephedrine w/ DM-GG Cap 30-10-200mg Oral	Robitussin Cld/Cgh, Robitussin Ped, Neotuss-D, Panmist DM, Ru Tuss-DM, Dorcol CG, Sudafed Cough, Benylin Multi, Ambenyl-D, Q-Fed, Ru-Tuss Expect, Novahistine-DMX		
Pseudoephedrine w/codeine-GG	Robitussin DAC		
Antitussive-Expectorant-Decongestant-Anti-histamine			
Phenyleph-Chlorphen w/ Cod-KI Syrup Oral Limit of 480mL/fill. Maximum of 4 fills per year.	Pediacof		
Anticholinergics			
Combination therapy with Combivent or Spiriva requires prior authorization.			
Ipratropium Bromide Inhalation Soln <u>STEP THERAPY:</u> For patients 6 or younger. (MDI). Limited to 600mL per fill.	Atrovent	ST	
Ipratropium Bromide HFA Inhalation Limited to 2 inhalers (25.8gm) per 31 days. Combination therapy with Combivent or Spiriva requires prior authorization. For patients 12 and older.	Atrovent HFA		62 Day Supply
Ipratropium Bromide Nasal Spray	Atrovent		
Tiotropium Bromide Monohydrate Capsule 18mcg Inhalation <u>STEP THERAPY:</u> For patients 18 and older who have tried and failed ipratropium or Combivent. Combination therapy with ipratropium requires a prior authorization.	Spiriva	ST	62 Day Supply
Mast Cell Stabilizers			
Cromolyn Sodium Soln Nebu Inhalation <u>STEP THERAPY:</u> For patients 6 or younger. Limited to 240mL per fill.	Intal	ST	
Cromolyn Sodium Inhalation Cromolyn inhaler limited to 2 inhalers (28.4gm) per 31 days	Intal		62 Day Supply
Cromolyn Sodium Nasal Spray	Nasalcrom		
Beta Adrenergics			
Albuterol Sulfate Aero Inhalation Limited to 2 inhalers per 62 days.	Ventolin HFA, Proventil HFA, Proair HFA		
Albuterol Sulfate Oral Albuterol regular release tablets and 2mg/5mL syrup only. 4mg tablets limited to 4/day.	Ventolin, Proventil		62 Day Supply
Albuterol Sulfate Soln Nebu Inhalation Limited to 600mL per fill.	Ventolin, Proventil		
Levalbuterol <u>STEP THERAPY:</u> Must first try Proventil HFA, Ventolin HFA, or ProAir HFA	Xopenex HFA	ST	62 Day Supply
Formoterol Fumarate Inhalation Powder <u>STEP THERAPY:</u> For patients not adequately controlled with an inhaled corticosteroid. Limited to 2/day.	Foradil	ST	
Metaproterenol Sulfate Oral	Alupent		62 Day Supply
Metaproterenol Sulfate Soln Nebu Inhalation <u>STEP THERAPY:</u> For patients 6 or younger. Limited to 600mL per fill.	Alupent	ST	

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Pirbuterol Inhalation Pirbuterol Inhal Aerosol 200mcg – limited to 2 inhalers (52gm) per 62 days. Pirbuterol Acetate Breath Activated Inhal Aerosol 200 mcg – Limited to 2 inhalers (28gm) per 62days.	Maxair, Maxair Autohaler		
Salmeterol Xinafoate Powder Disks Inhalation <u>STEP THERAPY:</u> Patient must receive inhaled steroids, cromolyn, nedocromil or ipratropium. Limited to 2 units (120gm) per 31 days.	Serevent Diskus	ST	62 Day Supply
Terbutaline Sulfate Inhalation Terbutaline inhaler limited to 2 inhalers (16gm) per 31 days.	Brethaire		
Adrenergic Combinations			
Albuterol-Ipratropium Aerosol Inhalation <u>STEP THERAPY:</u> For patients 12 and older who have failed therapy with albuterol or ipratropium. Limited to 2 units (30gm) per 31 days. Combivent is not indicated for treatment of asthma.	Combivent	ST	
Fluticasone-Salmeterol Inhal Aerosol <u>STEP THERAPY:</u> For patients with asthma not adequately controlled with an inhaled corticosteroid. Limited to 1 inhaler (12gm) per 31 days.	Advair HFA	ST	
Budesonide-Formoterol <u>STEP THERAPY:</u> For patients with asthma not adequately controlled with an inhaled corticosteroid. Limited to one 10.2 g canister per 31 days.	Symbicort	ST	
Salmeterol-Fluticasone Pwdr Disks <u>STEP THERAPY:</u> For patients with asthma not adequately controlled with an inhaled corticosteroid. Limited to 60 per 31 days.	Advair	ST	62 Day Supply
Xanthines			
Aminophylline Oral	Aminophylline		62 Day Supply
Theophylline Cap CR Oral	Slo-Bid Gyro Cap, Aerolate III, Theo-24, Theobid		62 Day Supply
Theophylline Tab Oral	Slo-Phyllin, Theolair, Quibron-T		62 Day Supply
Theophylline Tab CR Oral	Theochron, Uniphyll		62 Day Supply
Theophylline Elixir, Soln Oral	Truxophyllin		62 Day Supply
Steroid Inhalants			
Beclomethasone Dipropionate Inhal Aero Limited to 2 units per 31 days.	QVAR		62 Day Supply
Budesonide (Breath Activated) Inhalation Limited to 1 inhaler per 60 days	Pulmicort Flexhaler		62 Day Supply
Budesonide Inhalation Susp <u>CONTINGENT THERAPY:</u> For patients age 6 and under. Max limit of 120mL per fill.	Pulmicort Respules	CT	62 Day Supply
Ciclesonide Inhalation Limited to 1 inhaler per 31 days.	Alvesco		
Flunisolide Inhal Aerosol 250 mcg/Spray Limited to 3 units per 31 days (21gm per month).	Aerobid, Aerobid-M		62 Day Supply
Fluticasone Propionate Inhalation Limited to 1 units per month	Flovent HFA		62 Day Supply
Mometasone Furoate Powder for Oral Inhalation Limited to 1 unit (0.24gm) per 31 days.	Asmanex		62 Day Supply
Triamcinolone Acetonide Inhalation Limited to 3 units (60gm) per 31 days.	Azmacort		62 Day Supply
Leukotriene Receptor Inhibitors			
<u>CONTINGENT THERAPY:</u> For patients receiving any asthma medications			
Montelukast Sodium Oral Limited to #1 per day.	Singulair	CT	62 Day Supply
Zafirlukast Oral Limited to #2 per day.	Accolate	CT	62 Day Supply

GASTROINTESTINAL AGENTS

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Stimulant Laxatives			
Bisacodyl EC Oral	Bisacodyl		
Bisacodyl Suppos Rectal	Fleet Laxative Sup		
Bulk Laxatives			
Psyllium Oral	Serutan, Metamucil		
Bulk psyllium products only.			
Surfactant Laxatives			
Docusate Sodium Oral	Colace		
Miscellaneous Laxatives			
Lactulose Oral	Lactulose		
Limited to 946mL per fill.			
PEG-Electrolyte For Soln Oral	Colyte/Flav, Golytely		
PEG (High)-Electrolyte For Soln Oral	Nulytely		
Polyethylene Glycol 3350 Pwdr Oral	Miralax		
Limited to 527gm per month.			
Anti-peristaltic Agents			
Diphenoxylate w/ Atropine Oral	Lomotil	CT	
<u>CONTINGENT THERAPY:</u> Limited to patients under 65.			
Loperamide HCL Oral	Imodium, Imodium A-D		
Opium Tincture 10% Oral	Opium tincture		
Paregoric Tincture Oral	Paregoric tincture		
Miscellaneous Antidiarrheal Agents			
Bismuth Subsalicylate Oral 266mg Tab, Chew Tab, 525mg/15mL Susp	Pink Bismuth, Bismatrol, Pepto-Bismol		
Suspension limited to 240mL per fill.			
Antacids-Aluminum Salts			
Aluminum Carbonate Oral	Basaljel		
Aluminum Hydroxide Oral	Amphojel, Alu-Cap, Dialume, Alu-Tab, Alternagel		
Antacids-Calcium Salts			
Calcium Carbonate (Antacid) Oral	Calcium Carbonate tab 650mg		
Magnesium Salts			
Magnesium Oxide Tab 400mg Oral	Mag-Ox 400		
Antacids Combinations			
Aluminum Hydroxide-Magnesium Carbonate Susp 31.7-137mg Oral	Gaviscon susp		
Limited to 710mL per fill.			
Aluminum Hydroxide-Magnesium Trisilicate Chew Tab Oral	Gaviscon, Foam Antacid		
Calcium & Magnesium Carbonates Tab & Liq Oral	Dimacid, Marblen		
Alum Hydrox-Mag Trisil-Alginic Acid-Sod Bicarb Chew Tab DS Oral	Gaviscon-2		
Antacid-Simethicone			
Alum & Mag Hydroxide-Simethicone Oral	Mylanta, Mi-Acid, Maalox, Gelusil, Mintox Plus, Maldroxal Plus, Di-Gel, Masanti		
Quaternary Anticholinergics			
Glycopyrrolate	Robinul	CT	
<u>CONTINGENT THERAPY:</u> For patients under 21 years old. Limited to #3/day for tablets.			
Antispasmodics			
Dicyclomine HCL Oral	Bentyl		
Anticholinergic Combinations			

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Phenobarbital & Belladonna Alk Oral <u>CONTINGENT THERAPY:</u> For patients under 65.	Donnatal, Donnatal Extentab	CT	
<i>H-2 Antagonists</i>			
Cimetidine Oral	Tagamet		
Famotidine 20mg, 40mg, 40mg/5mL Oral	Pepcid		
Ranitidine HCL Oral <u>CONTINGENT THERAPY:</u> Syrup limited to patients 18 and younger with QL = 10mL/day	Zantac	CT	
<i>Prostaglandins</i>			
Misoprostol Oral <u>CONTINGENT THERAPY:</u> For patients over the age of 55 and also receiving an NSAID.	Cytotec	CT	
<i>Anti-ulcers: Imidazoles (Proton-Pump Inhibitors)</i>			
Omeprazole Oral 20mg, 40mg: Limited to #1 per day	Prilosec , Prilosec OTC		
Pantoprazole Oral <u>STEP THERAPY:</u> Must first try omeprazole.	Protonix Limited to #1 per day.		
Lansoprazole <u>STEP THERAPY:</u> Must first try omeprazole or Omeprazole OTC. Limited to #2 per day.	Prevacid, Prevacid 24 Hr (OTC) , Prevacid SoluTab		
<i>Miscellaneous Anti-Ulcer</i>			
Sucralfate Oral	Carafate		
<i>Antiemetics-Anticholinergic</i>			
Meclizine Oral	Antivert		
<i>Antiemetics-Other</i>			
Dronabinol Oral <u>CONTINGENT THERAPY:</u> For patients receiving an antiretroviral agent. Limited to #2/day.	Marinol	CT	
Ondansetron Oral Limited to #1 per day.	Zofran		
Trimethobenzamide Oral <u>CONTINGENT THERAPY:</u> Limited to patients 65 and under. Limit of #2 per day.	Tigan	CT	
<i>GI Stimulants</i>			
Metoclopramide HCL Oral Syrup: Limited to 480mL per fill.	Reglan		
<i>Intestinal Acidifiers</i>			
Lactulose (Encephalopathy) Syrup 10gm/15mL Oral Limited to 960mL per fill.	Lactulose		
<i>Sulfasalazine</i>			
Sulfasalazine Tab & EC Oral	Azulfidine		62 Day Supply

GENITOURINARY PRODUCTS

Calcium Acetate (Phosphate Binder)

Calcium Acetate (Phosphate Binder) Tab and Cap 667mg Oral Limited to #12 per day.	PhosLo		62 Day Supply
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Urinary Anti-infectives

Nitrofurantoin Susp Oral <u>CONTINGENT THERAPY:</u> Limited to patients under age 19. Limited to 280ml/year.	Furadantin	CT	
Nitrofurantoin Macrocrystalline Oral	Macrodantin		
Nitrofurantoin Monohydrate Macrocrystalline Oral	Macrobid		

Urinary Antispasmodics

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Oxybutynin Chloride Tab & Syrup Oral	Ditropan		62 Day Supply
Oxybutynin Chloride Tab SR 24HR	Ditropan XL		62 Day Supply
Limited to #2 per day.			
Oxybutynin TD Patch Biweekly	Oxytrol		62 Day Supply
Limited to #8 per 30 days			
Oxybutynin Chloride 1gm Sachet	Gelnique		
Limited to #1/day.			
Tolterodine Tartrate Tab & Cap SR	Detrol, Detrol LA		62 Day Supply
Limited to #2 per day tablets & #1 per day capsules			
Tropium Oral Tablet	Sanctura, Sanctura XR		62 Day Supply
Immediate release limited to #2 per day. XR limited to # 1 per day.			
Solifenacin Succinate Tab	Vesicare		62 Day Supply
Limited to #1 per day			
Darifenacin Hydrobromide Tab SR 24HR	Enablex		62 Day Supply
Limited to #1 per day			

Vaginal Anti-infectives

All limited to 3 fills per 6 months. Female patients only.

Clindamycin Phosphate CR Vaginal	Cleocin Vaginal		
Metronidazole Gel 0.75% Vaginal	Metrogel Vag Gel		
Limited to 45 gm/fill			

Vaginal Antifungals

All limited to 3 fills per 6 months. Female patients only.

Nystatin Tab 100000 U Vaginal	Nystatin Vaginal Tab		
Butoconazole Nitrate Cream 2% Vaginal	Mycelex-3		
Clotrimazole Tab, CR 1%, Kit Vaginal	Gyne-Lotrimin, Mycelex, Clotrimazole		
Miconazole Nitrate Kit, Cream, Suppos Vaginal	Monistat		
Terconazole Cream 0.4% & 0.8% Vaginal	Terazol		
Terconazole Suppos 80mg Vaginal	Terazol		

Spermicides

Nonoxynol-9 Vaginal	Delfen, Gynol, Conceptrol, Encare, Shur-seal, KY Plus, VC Film		
Oxtoxynol Vaginal	Ortho-Gynol		

Vaginal Estrogens - Female Patients only.

Dienestrol Cream 0.01% Vaginal	Ortho-Dienestrol		
Estrogens, Conjugated Cream 0.625mg/gm Vaginal	Premarin Vaginal Cream		
Limit of #1 tube per month.			

Urinary Analgesics

Phenazopyridine HCL Tab 100mg & 200mg Oral	Pyridium		
Limited to #12 per month.			

GU Irrigants

Suby's Solution G For Irrigation	Urologic G		
Sodium Chloride Irrigation Soln 0.9%	Wound Wash Saline		

BPH Agents

Tamsulosin Oral	Flomax	CT	62 Day Supply
CONTINGENT THERAPY: For males not currently receiving an antihypertensive. Limited to #1 per day.			
Finasteride Tab 5mg Oral	Proscar		62 Day Supply
Dutasteride Cap 0.5mg Oral	Avodart	ST	62 Day Supply
STEP THERAPY: Patient must first try finasteride, prazosin, or doxazosin. Limited to #1 per day.			

PSYCHOTHERAPEUTIC AGENTS

Benzodiazepines

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Alprazolam Tab, Concentrate, & Soln Oral	Xanax		
Limited to #5 tablets per day; 90mL per fill for oral solution, concentrate.			
Chlordiazepoxide HCL Cap (only) Oral	Librium	CT	
<u>CONTINGENT THERAPY:</u> For patients under age 65. Limited #5 tablets per day.			
Clonazepam Tab Oral	Klonopin		
Limited to #4 tablets per day.			
Diazepam Oral	Valium		
Limited to #4 tablets per day.			
Diazepam Concentrate	Valium	ST	
STEP THERAPY: Must first try alprazolam concentrate, diazepam, lorazepam, or oxazepam			
Diazepam Solution	Valium	ST	
STEP THERAPY: Must first try alprazolam concentrate, diazepam, lorazepam, or oxazepam			
Lorazepam Oral	Ativan		
Limited to #5 tablets per day, 90mL per month for oral solution			
Lorazepam Concentrate	Ativan	ST	
STEP THERAPY: Must first try alprazolam concentrate, diazepam, lorazepam, or oxazepam			
Flurazepam HCL Oral	Dalmane	CT	
<u>CONTINGENT THERAPY:</u> For patients under age 65. Flurazepam is not recommended for elderly patients due to its very long duration of action (> 24 hrs) from active metabolites. Limited to #1 per day.			
Oxazepam Oral	Serax		
Limited to #1 per day.			
Temazepam 15mg & 30mg Cap Oral	Restoril		
Limited to #1 per day.			
Triazolam Oral	Halcion		
Limited to #1 per day.			
Miscellaneous Anti-anxiety Agents			
Buspirone HCL 5mg, 10mg, & 15mg Tab Oral	Buspar		
Limited to #4 per day for 5mg, 10mg and 15mg. Prior authorization required for Buspirone 7.5mg & 30mg.			
Hydroxyzine HCL Oral	Atarax	CT	
<u>CONTINGENT THERAPY:</u> Limited to patients under age 65. Hydroxyzine Pamoate preferred.			
Hydroxyzine Pamoate Oral	Vistaril	CT	
<u>CONTINGENT THERAPY:</u> Limited to patients under age 65.			
Miscellaneous Anti-depressants			
Mirtazapine Tablets 15mg, 30mg, 45mg Oral	Remeron		
Limited to #1 per day.			
Mirtazapine Orally Disintegrating Tablets	Remeron Solutab		
Limited to #1 per day.			
Trazodone & Nefazodone			
Nefazodone HCL Oral	Serzone		
Limited to #2 per day.			
Trazodone HCL 50mg, 100mg, 150mg Oral	Desyrel		
Limited to #2 per day.			
Antidepressants: SSRIs			
Citalopram Hydrobromide Oral	Celexa		
Limited to #1 per day for tabs, 10mL per day for solution.			
Fluoxetine 10mg, 20mg Cap Oral	Prozac		
Limited to #1 per day for 10mg and #4 per day for 20mg capsule.			
Fluoxetine Soln Oral	Prozac		
Limited to 5mL per day.			
Fluvoxamine Maleate Oral	Luvox		
Limited to #1.5 per day.			
Consolidate dosing with a higher strength when possible.			
Paroxetine HCL Oral	Paxil		
Limited to #1 tab and 42mL per day.			

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Sertraline HCL Oral Limited to #1/day for tablets, #2/day for 100mg tablets and 10mL/day for concentrate.	Zoloft		
Tricyclic Agents			
Amitriptyline HCL Oral	Elavil		
Desipramine HCL Oral	Norpramin		
Doxepin HCL Oral	Sinequan		
Imipramine HCL Oral	Tofranil		
Nortriptyline HCL Oral	Pamelor		
Miscellaneous Antidepressants			
Bupropion Tab Oral Limited to #3 per day.	Wellbutrin		
Bupropion HCL Tab CR Oral Limited to #2 per day.	Wellbutrin SR		
Bupropion HCL Tab XL Oral Limited to #1 per day	Wellbutrin XL		
Duloxetine HCL Enteric Coated Pellets Cap Oral STEP THERAPY: Must use generic SSRIs. Limited to #1 per day for 30 & 60mg. Limited to #2 per day for 20mg.	Cymbalta	ST	
Venlafaxine HCL Cap CR Oral STEP THERAPY: Must first try fluoxetine, fluvoxamine, paroxetine, citalopram, sertraline, or venlafaxine IR. Venlafaxine CR 37.5mg & 75mg caps limited to #1 per day; Venlafaxine CR 150mg cap limited to #2 per day.	Effexor XR	ST	
Venlafaxine ER tablet STEP THERAPY: Must first try fluoxetine, fluvoxamine, paroxetine, citalopram, sertraline, or venlafaxine IR.	Venlafaxine ER tablet	ST	
Venlafaxine HCL Tab (immediate release) Limited to #3/day.	Effexor		
Phenothiazines			
Prochlorperazine Suppos Rectal Limit 12/fill, 2 fills/month.	Compazine		
Prochlorperazine Maleate Cap CR & Tab Oral	Compazine		
Prochlorperazine Edisylate Oral, Injection	Compazine		
Barbiturate Hypnotics			
Pentobarbital Sodium Suppos Rectal	Nembutal		
Phenobarbital Oral CONTINGENT THERAPY: For patients under age 65.	Phenobarb	CT	62 Day Supply
Non-Barbiturate Hypnotics			
Chloral Hydrate Oral	Somnote		
Chloral Hydrate Suppos 325mg Rectal	Chloral Hydrate		
Miscellaneous Hypnotics			
Zolpidem Tartrate Oral Limited to #1 per day.	Ambien		
Zaleplon Oral Limited #20 per month.	Sonata		
Ramelteon STEP THERAPY: Must first try zolpidem or zaleplon	Rozerem	ST	
Eszopiclone STEP THERAPY: Must first try zolpidem or zaleplon	Lunesta	ST	
Amphetamines			
Dextroamphetamine Sulfate Oral CONTINGENT THERAPY: For patients between the ages of 4-21 years. Immediate Release .Limited to #4 per day. Sustained Release Limited to #1 per day (5mg), #2 per day (10mg), #4 per day (15mg).	Dexedrine, Dextrostat	CT	100 Day Supply
Amphetamine Mixtures			

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Amphetamine-Dextroamphetamine Tab Oral	Adderall, Adderall XR	CT	100 Day Supply
<u>CONTINGENT THERAPY:</u> For patients between the ages of 4-21 years, =Extended Release Limited to #1 per day (5mg, 10mg, 15mg); #2 per day (20mg, 25mg, 30mg). Immediate Release Limited to #2 per day except 30mg #1 per day.			
<i>ADHD Agents – Selective Norepinephrine Reuptake Inhibitors</i>			
Atomoxetine	Strattera	CT	100 Day Supply
<u>CONTINGENT THERAPY:</u> For patients between the ages of 4-21 years			
Guanfacine ER	Intuniv	CT	100 Day Supply
<u>CONTINGENT THERAPY:</u> For patients between the ages of 4-21 years			
<i>Miscellaneous Stimulants</i>			
<u>CONTINGENT THERAPY:</u> For patients between the ages of 4-21			
Dexmethylphenidate HCL	Focalin, Focalin XR	CT	100 Day Supply
Limited to #1 per day for Extended Release Formulation and #2 per day for Immediate Release Formulation.			
Lisdexamfetamine Dimestkate	Vyvanse	CT	
Limited to #1 per day.			
Methylphenidate HCL Oral	Ritalin, Ritalin LA, Ritalin SR, Metadate CD, Concerta	CT	100 Day Supply
Non-Psychiatrists: Concerta limited to #1 per day for 18mg, 27mg, and 54mg. Concerta 36mg limited to #2 per day. Metadate CD & Ritalin LA limited to #1 per day, #2 per day for 30mg SR capsule. Metadate ER or Ritalin SR limited to #3 per day. Ritalin Immediate Release limited to #3 per day.			
<i>Misc. Psychotherapeutics</i>			
Disulfiram Oral	Antabuse		
<i>Cholinomimetics. Prior Authorization is required for patients under age 55.</i>			
Donepezil Hydrochloride Oral	Aricept		62 Day Supply
Limited to #1 per day.			
Donepezil	Aricept ODT	ST	62 Day Supply
STEP THERAPY: Must first try galantamine/ER, donepezil, or rivastigmine			
Galantamine Hydrobromide Oral	Razadyne		62 Day Supply
Limited to #1 per day.			
Rivastigmine Tartrate Oral and Patch	Exelon		62 Day Supply
Limited to #2 per day for Capsules, 120mL per month for Soln, and #1 per day for patch.			
Tacrine	Cognex	ST	62 Day Supply
STEP THERAPY: Must first try generic Aricept			
<u>ANALGESICS AND ANESTHETICS</u>			
<i>Salicylates</i>			
Aspirin Oral	Bayer ASA, Empirin, Ascriptin, ASA Low Dose, Ecotrin, Genacote		62 Day Supply
Aspirin 60mg, 81mg, 325mg, capsule, tablet, chew tab. 100 Day Supply available for 81mg.			
Aspirin Suppos Rectal (except for single source branded products)?	Aspirin Supp		
Aspirin 125mg, 325mg suppository.			
Diflunisal Oral	Dolobid		
Salsalate Oral	Salflex		
<i>Salicylate Combinations</i>			
Aspirin Buffered (mg Carbonate-Al Glycinate) Tab 325mg Oral	Aspirin Buffered		62 Day Supply
Aspirin Buffered Tab 325mg Oral	Bufprin, Buffered ASA		62 Day Supply
Choline & Magnesium Salicylates Oral	Trilisate		
<i>Analgesics Other</i>			
Limited to patients under age 21. Maximum Acetaminophen daily dose = 4gm/day.			

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Acetaminophen 80mg chew, , 160mg/5mL Elixir, 100mg/mL solution,160mg/mL liquid, 80mg/0.8ml suspension, 160mg/5ml suspension, 160mg/5ml solution	Tylenol		
Acetaminophen 80mg, 120mg, 325mg Suppos Rectal	Feverall, Acephen		
<i>Analgesic-Sedatives</i>			
Acetaminophen-Caffeine-Butalbital Cap 325-40-50mg Oral	Esgic, Esgic Plus, Fioricet		
Aspirin-Caffeine-Butalbital 325-40-50mg Tab & Cap Oral	Fiorinal, Fiortal, Butalbital CPD, Fortabs		
<i>Narcotic Agonist</i>			
Codeine sulfate tab Oral	Codeine		
Fentanyl Transdermal Limited to 10 patches/month.	Duragesic		
Hydromorphone HCL Tab Oral	Dilaudid		
Hydromorphone HCL Suppos Rectal	Dilaudid		
Levorphanol Tartrate Oral	Levo Dromoran		
Methadone HCL Oral	Dolophine, Methadose		
Morphine Sulfate Cap SR Oral Limited to #2 per day.	Kadian		
Morphine Sulfate Tab & Tab CR Oral Immediate Release Tablets limited to #8/day. Controlled Released Tablets limited to #3 per day except for 30mg, which are limited to # 4 per day.	MSIR, MS Contin, Oramorph SR		
Morphine Sulfate Soln Oral	MSIR, Roxanol		
Morphine Sulfate Suppos Rectal	RMS supp		
Oxycodone HCL Cap 5mg Oral Limited to #8 per day.	Oxy IR		
Oxycodone HCL Tab 5mg, 15mg & 30mg Oral Limited to #4 per day for 15mg & 30mg.	Roxicodone, Percolone		
Oxycodone HCL Tab CR Oral 10mg, 15mg, 20mg, 30, 40mg are limited to #2/day. 60mg and 80mg require prior authorization.	OxyContin		
Tramadol HCL Tab 50mg Oral Limited to #4 per day.	Ultram		
<i>Narcotic Combinations</i>			
Oxycodone w/ Acetaminophen Tab 5-325mg Oral Limited to #4 per day.	Roxicet		
Oxycodone w/ Aspirin Tab Limited to #4 per day.	Percodan		
<i>Codeine Combinations</i>			
Maximum Acetaminophen daily dose = 4gm/day.			
Acetaminophen w/ Codeine 300-15mg & 300-30mg Tab Oral Limited to #4 per day.	Tylenol/Codeine #2 & #3		
Acetaminophen w/ Codeine Elixir & Soln Oral Limited to 240mL per month.	Tylenol/Codeine		
Aspirin w/ Codeine 325-15mg & 325- 30mg Tab Oral Limited to #4 per day.	Empirin/Codeine #2 & #3		
<i>Acetaminophen Combinations</i>			
APAP/Hydrocodone combination tablets – Maximum acetaminophen daily dose = 4gm/day.			
Acetaminophen w/ Hydrocodone Tab , 500-7.5mg, 500-10mg, 750-7.5mg, 650- 10mg Oral Limited to #8/day for 500-7.5mg and 500-10mg, #5/day for 650-7.5mg and 650-10mg	Lortab, Lorcet Plus, Lorcet		

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Acetaminophen w/ Hydrocodone Tab 500-5mg, 750-7.5mg Oral Limited to #8/day for 500-5mg and #5/day for 750-7.5mg	Vicodin , Vicodin E.S.		
Acetaminophen w/Hydrocodone Soln Limited to 960mL/month	Acetaminophen w/Hydrocodone		

Nonsteroidal Anti-Inflammatory Agents

Diclofenac Sodium EC Oral Limited to 3 per day.	Voltaren	CT	62 Day Supply
Fenoprofen Calcium Oral	Nalfon		62 Day Supply
Ibuprofen Oral	Motrin		62 Day Supply
Indomethacin Oral	Indocin		62 Day Supply
Naproxen Oral	Naprosyn		62 Day Supply
Naproxen Sodium Oral	Anaprox		62 Day Supply
Meloxicam Oral	Mobic		62 Day Supply
Piroxicam Oral	Feldene		62 Day Supply
Sulindac Oral	Clinoril		62 Day Supply
Tolmetin Sodium Oral Capsules	Tolmentin		62 Day Supply

Methotrexate

Methotrexate Tab 2.5mg Oral	Rheumatrex		
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Migraine Products

APAP-Isometheptane-Dichloral Cap 325-65-100mg Oral	Midrin		
Ergotamine Tartrate SL 2mg CONTINGENT THERAPY: For patients under age 65.	Ergomar	CT	

Carboxylic Acid Derivatives

Divalproex Sodium Tab SR 24HR STEP THERAPY: Must first try divalproex DR Limited to #4/day for 250mg and #8/day for 500mg.	Depakote ER	CT	62 Day Supply
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Ergot Combinations

Ergotamine w/ Caffeine Tab 1-100mg Oral	Wigraine, Ercaf		
Ergotamine w/ Caffeine Suppos 2-100mg Rectal	Migergot		

Gout

Allopurinol Tab Oral	Zyloprim		62 Day Supply
Febuxostat STEP THERAPY: Must first try allopurinol	Uloric	ST	62 Day Supply
Colchicine Oral	Colchicine		

Uricosurics

Probenecid Oral	Probenecid		62 Day Supply
Sulfapyrazone Oral	Anturane		

Combination Gout Drugs

Colchicine w/ Probenecid Oral	Proben-C		62 Day Supply
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NEUROMUSCULAR AGENTS

GABA-T Inhibitors

Tiagabine HCL Oral Limited to #2/day.	Gabitril		62 Day Supply
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Hydantoins

Phenytoin Chew Tab Oral	Dilantin		62 Day Supply
Phenytoin Susp 125mg/5mL Oral Limited to 960mL per fill.	Dilantin		62 Day Supply

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Phenytoin Sodium Prompt Cap Oral	Dilantin		62 Day Supply
Phenytoin Sodium Extended Cap Oral	Dilantin, Phenytek		62 Day Supply
<i>Succinimides</i>			
Ethosuximide Oral	Zarontin		62 Day Supply
Limited to #6 per day for 250mg and 960mL per month for 250mg/5mL syrup.			
<i>Valproic Acid</i>			
Divalproex Sodium EC Cap Oral	Depakote Sprinkle		62 Day Supply
Limited to #8 per day.			
Divalproex Sodium EC Tab Oral	Depakote EC		62 Day Supply
Valproate Sodium Syrup Oral	Depakene		
Valproic Acid Cap 250mg Oral	Depakene		62 Day Supply
<i>Miscellaneous Anticonvulsants</i>			
Carbamazepine Cap SR Oral	Carbatrol		62 Day Supply
Carbamazepine Tab Oral	Tegretol		62 Day Supply
Carbamazepine Tab SR Oral	Tegretol XR		62 Day Supply
Carbamazepine Chew Tab Oral	Tegretol		62 Day Supply
Carbamazepine Susp Oral	Tegretol		
Limited to 2250mL per fill.			
Gabapentin Oral	Neurontin		62 Day Supply
Limited to #6 per day for 100mg, 300mg, 400mg, & 600mg and limited to #4 per day for 800mg. Soln limited to 2,160mL/month. Maximum daily dose is 3600mg/day.			
Lamotrigine tab, Chew tab	Lamictal		62 Day Supply
Limited to #2 per day, 150mg limited to #5 per day.			
Lamotrigine ER, ODT	Lamictal	ST	62 Day Supply
<u>STEP THERAPY: Must first try lamotrigine tab, or chew tab</u>			
Levetiracetam tab, oral solution	Keppra		62 Day Supply
.Limited to #2 per day. Soln prior authorization required.			
Levetiracetam ER	Keppra	ST	62 Day Supply
<u>STEP THERAPY: Must first try levetiracetam tab, or oral solution.</u>			
Oxcarbazepine Oral	Trileptal		62 Day Supply
Limited to #2/day.			
Topiramate Oral	Topamax		62 Day Supply
Limited to #2 per day for 15mg, 50mg, 100mg, 200mg and #6 per for 25mg.			
Zonisamide Capsules Oral	Zonegran		62 Day Supply
. Limited to #2/day			
Primidone Oral	Mysoline		62 Day Supply
<i>Anti-parkinsonian Dopaminergic</i>			
Levodopa Oral	Larodopa		
Limited to #2 per day.			
<i>Dopamine Agonists</i>			
Pramipexole Dihydrochloride Tab Oral	Mirapex	ST	62 Day Supply
<u>STEP THERAPY: Must try carbidopa/levodopa first. Limit # 3 per day</u>			
Ropinirole HCL Tab	Requip	ST	62 Day Supply
Limit # 3 per day			
<i>Carbidopa-Levodopa</i>			
Carbidopa & Levodopa Tab Oral	Sinemet		62 Day Supply
Carbidopa & Levodopa Tab CR Oral	Sinemet CR		62 Day Supply
<i>Selegiline</i>			
Selegiline HCL Oral	Eldepryl	ST	62 Day Supply
<u>STEP THERAPY: Must try carbidopa/levodopa or levodopa first. Limit #2 per day.</u>			
<i>Central Muscle Relaxants</i>			
Baclofen Tab Oral	Baclofen		62 Day Supply
Limited to #4 per day.			

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Carisoprodol Tab Oral	Soma	CT	
<u>CONTINGENT THERAPY: Limited to patients under 65. Limited to #4 per day. Only generic versions covered.</u>			
Cyclobenzaprine HCL Tab 10mg Oral	Flexeril		
Cyclobenzaprine – limited to #120 per fill, four fills per year. For chronic muscle spasms/pain, try methocarbamol first.			
Methocarbamol Oral	Robaxin		
<i>Anti-myasthenic Agents</i>			
Neostigmine Bromide Tab 15mg Oral	Prostigmin		
Pyridostigmine Bromide Oral	Mestinon		
<u>NUTRITIONAL PRODUCTS</u>			
<i>Vitamin B-3</i>			
Niacin Tab 25mg, 50mg, 100mg, 500mg Oral	Niacin		
<i>Vitamin B-6</i>			
Pyridoxine HCL Tab (only) Oral	Vitamin B-6		62 Day Supply
<u>CONTINGENT THERAPY: For Females age 12 to 45.</u>			
<i>Vitamin B-12</i>			
Cyanocobalmin (only) Oral	Vitamin B-12		
<u>CONTINGENT THERAPY: For Females age 12 to 45.</u>			
<i>Vitamin D</i>			
Vitamin D (Cholecalciferol) 400 IU	Vitamin D		
Dihydrotachysterol Tabs, Caps Oral	DHT		
Dihydrotachysterol Soln 0.2mg/mL Oral	DHT Conc		
<i>Vitamin K</i>			
Phytonadione Tab 5mg Oral	Mephyton		
<i>Pediatric Vitamins A&D w/C - For children up to the age of 5 years.</i>			
Pediatric Vitamins ACD Drops 1500-400IU-35mg/5mL Oral	Vi-Daylin ADC, Tri-Vi-Sol		100 Day Supply
<i>Pediatric Multiple Vitamins w/C - For children up to the age of 5 years.</i>			
Pediatric Multiple Vitamins w/ C liquid 60mg/5mL Oral	Vi-Daylin liquid		100 Day Supply
Pediatric Multiple Vitamins w/ C soln 35mg/mL Oral	Vi-Daylin drops		100 Day Supply
<i>Pediatric Multiple Vitamins w/Iron - For children up to the age of 5 years.</i>			
Pediatric Multiple Vitamins w/ Iron Chew Tab Oral	Vi-Daylin + chw Fe, Poly-Vi-Sol/ chw Iron, Poly-Vi-Tabs chw w/Iron		100 Day Supply
Pediatric Multiple Vitamins w/ Iron Drops 10mg/mL Oral	Vi-Daylin/Iron, Tri-Vi-Sol/Iron, Vi-Daylin drops FE/ADC		100 Day Supply
Pediatric Multiple Vitamins w/ Iron Liquid 10mg/5mL Oral	Dalyvite/FE, Vi-Daylin/Iron		100 Day Supply
<i>Pediatric Vitamins ACD w/Fluoride - For children up to the age of 5 years.</i>			
Pediatric Vitamins ACD w/ Fluoride Chew Tab 1mg Oral	Tri-Vi-Flor, ADC/Fluoride		100 Day Supply
Pediatric Vitamins ACD w/ Fluoride Soln 0.25mg/mL Oral	Vi-Daylin/F/ADC, Tri-Vi-Flor		100 Day Supply
Pediatric Vitamins ACD w/ Fluoride Soln 0.5mg/mL Oral	Tri-Vi-Flor, Poly-Vita/ FL		100 Day Supply

Pediatric Multiple Vitamins - For children up to the age of 5 years.

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Pediatric Multiple Vitamins w/ Fluoride Tab 1mg Oral	Adeflor M		100 Day Supply
Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25mg Oral	Poly-Vi-Flor Chw		100 Day Supply
Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5mg Oral	Poly-Vi-Flor Chw		100 Day Supply
Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1mg Oral	Vi-Daylin/F Chw, Poly-Vi-Flor Chw		100 Day Supply
Pediatric Multiple Vitamins w/ Fluoride Soln 0.25mg/mL Oral	Vi-Daylin/F, Poly-Vi-Flor		100 Day Supply
Pediatric Multiple Vitamins w/ Fluoride Soln 0.5mg/mL Oral	Poly-Vi-Flor		100 Day Supply
<i>Pediatric Multiple Vitamins w/FL & Fe - For children up to the age of 5 years.</i>			
Pediatric Multiple Vitamins w/ Fl & Fe Chew Tab 0.25-12mg Oral	Poly-Vi-Flor Chw Fe		100 Day Supply
Pediatric Multiple Vitamins w/ Fl & Fe Chew Tab 0.5-12mg Oral	Poly-Vi-Flor Chw Fe		100 Day Supply
Pediatric Multiple Vitamins w/ Fl & Fe Chew Tab 1-12mg Oral	Vi-Daylin/F Chw /Fe, Poly-Vi-Flor Chw Fe		100 Day Supply
Pediatric Multiple Vitamins w/ Fl & Fe Drops 0.25-10mg/mL Oral	Vi-Daylin/F Dro Fe, Poly-Vi-Flor Dro /Fe		100 Day Supply
Pediatric Multiple Vitamins w/ Fl & Fe Drops 0.5-10mg/mL Oral	Poly-Vi-Flor Dro Fe, Florvite/Fe		100 Day Supply
<i>Pediatric Vitamins ACD Fluoride & Iron - For children up to the age of 5 years.</i>			
Pediatric Vitamins ACD Fluoride & Iron Chew Tab 1-10mg Oral	ADC/Fluoride Chw /Iron		100 Day Supply
Pediatric Vitamins ACD Fluoride & Iron Drops 0.25-10mg/mL Oral	Vi-Daylin/F Dro ADC/Fe, Tri-Vi-Flor Dro /Fe		100 Day Supply
<i>Prenatal Vitamins</i>			
<i>For use in pregnancy and up through 2 months after birth. For females ages 12 to 45. Limited to #1/day.</i>			
Prenatal Vitamin Tab Oral	Lactocal-F, OB-20		100 Day Supply
<i>Prenatal Multiple Vitamins & Minerals w/Iron & FA</i>			
<i>For use in pregnancy and up through 2 months after birth. For females ages 12 to 45.</i>			
Prenatal Multivitamins & Minerals w/ Iron & Fa Cap & Tab Oral	Chromagen-OB, Vita-Natal		100 Day Supply
<i>Calcium</i>			
Calcium Oral	Calcium, Oyster-Cal		
Calcium Acetate Oral	Calphron, Hil-Cal		
Calcium Carbonate Oral	Calcicarb, Os-Cal, Oyster Shell, TUMS, Rolaids, Miscellaneous		
Calcium Citrate Oral	Cal-Citrate, Citracal		
Calcium Glubionate Oral	Calcionate, Neo-Calgluconate, Calciquid		
Calcium Gluconate Oral	Calcium Gluconate		
Calcium Lactate Oral	Ridactate, Cal-Lactate		
<i>Calcium Combinations</i>			
Calcium w/ Vitamin D Oral	Os-Cal + D, Oyst-Cal D, Dical-D, Caltrate + D, Citracal + D, Vita-Calcium Waf		
<i>Iodine Products</i>			
Potassium Iodide Soln 1gm/mL Oral	SSKI (saturated oral soln)		
<i>Magnesium</i>			
Magnesium Chloride Tab CR Oral	Slow-Mag, Mag64		
<i>Magnesium and Protein</i>			
Magnesium tabs with soy protein	MG Plus Protein		
<i>Phosphorous Replacement</i>			

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Phosphorous Tab Oral Limited to #8 per day	Uro-KP-Neutral, KPhos Neutral		62 Day Supply
Phosphorous Powder Oral Limited to four packets per day	Neutra-Phos, Neutra-Phos K, Phos-NaK		62 Day Supply
Potassium			
Potassium Bicarbonate Tab 6.5mEq Oral	Quick-K		62 Day Supply
Potassium Chloride Cap CR 8mEq & 10mEq Oral	Micro-K		62 Day Supply
Potassium Chloride Tab CR 8mEq, 10mEq, 15mEq & 20mEq Oral	Slow-K, Klor-Con, K-Tabs, K-Dur, Klortrix, Kaon-CL		62 Day Supply
Potassium Chloride Oral Liq 10% & 20% Oral	Klorvess, Kaochlor, Kay Ciel, KCL, Kaon-CL SF		62 Day Supply
Potassium Chloride Powder Packet 20 mEq Oral	K-Lor, Klorvess, Klor-Con, Kay Ciel, K-Vescent		62 Day Supply
Potassium Chloride Injection	Potassium Chloride		
Potassium Citrate 540mg & 1080mg Tab Limited to #6 per day.	Urocit-K		
Zinc			
Zinc Sulfate Cap & Tab 220mg Oral <u>CONTINGENT THERAPY:</u> For patients receiving an antiretroviral agent.	Zincate, Orazinc, Mar-Zinc	CT	
Electrolytes Oral			
Oral Electrolyte Solution <u>CONTINGENT THERAPY:</u> For patients under age 5. Limited to 2028mL/30 days.	Rehydralyte, Pedialyte, Oralyte, Infalyte	CT	
<u>HEMATOLOGICAL AGENTS</u>			
Folic Acid			
Folic Acid Tab 1mg and 0.4mg Oral <u>CONTINGENT THERAPY:</u> For patients between 12-45 years. Limited to #1/day.	Folic Acid	CT	62 Day Supply
Leucovorin Calcium Tab Oral	Wellcovorin		
Iron			
Ferrous Gluconate Oral Limited to #3 tabs per day	Ferrous Gluconate		
Ferrous Sulfate Oral Limited to # 3 tabs per day	Iron, Slow-Fe, Feosol, Fer-In-Sol, Feratab		62 Day Supply
Coumarin Anti-coagulants			
Warfarin Sodium Tab Oral	Coumadin		
Platelet Aggregation Inhibitors			
Dipyridamole Tab Oral <u>CONTINGENT THERAPY:</u> For patients under 65. Limit #4 per day for 25mg & 75mg, and #8 per day for 50mg.	Persantine		62 Day Supply
Thienopyridine Derivatives			
Clopidogrel Bisulfate Tab Oral <u>CONTINGENT THERAPY:</u> Must first try aspirin. Limited to #1 per day.	Plavix	CT	62 Day Supply
Platelet Aggregation Inhibitor Combinations			
Aspirin-Dipyridamole Oral <u>CONTINGENT THERAPY:</u> For patients over age 65 failing aspirin. Limited to #2 per day.	Aggrenox	CT	62 Day Supply
Hematorheological			
Cilostazol Tab Oral Limited to #2 per day.	Pletal		62 Day Supply

TOPICAL PRODUCTS

Ophthalmic Antibiotics

Azithromycin Soln 1% <u>CONTINGENT THERAPY:</u> Prescriber must be Ophthalmologist or Optometrist: Limited to 2.5mL per fill.	AzaSite	CT	
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<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Bacitracin Oint 500 U/gm Ophthalmic Limited to 7gm per month.	AK-Tracin		
Ciprofloxacin HCL Oint & Soln 0.3% Ophthalmic Solution limited to 10mL per fill., Ointment limited to 8gms per 31 days.	Ciloxan		
Erythromycin Oint 5mg/gm Ophthalmic Limited to 7gm per 31 days.	Erythromycin		
Gatifloxacin 0.3% Soln Ophthalmic <u>CONTINGENT THERAPY</u> : Prescriber must be Ophthalmologist or Optometrist: Limited to 5mL per fill.	Zymar	CT	
Gentamicin Sulfate Soln & Oint 0.3% Ophthalmic Soln limited to 10mL per fill. Ointment limited to 8gms per 31 days.	Garamycin, Genoptic		
Levofloxacin 0.5% Soln Ophthalmic Limited to 10mL per fill.	Quixin		
Moxifloxacin 0.5% Soln Ophthalmic <u>CONTINGENT THERAPY</u> : Prescriber must be Ophthalmologist or Optometrist: Limited to 3mL per fill.	Vigamox	CT	
Ofloxacin Ophth Soln 0.3% Ophthalmic Limited to 10mL per fill.	Ocuflox		
Tobramycin Sulfate Soln & Oint 0.3% Ophthalmic Soln limited to 10mL per fill.	Tobrex		
<i>Ophthalmic Sulfonamides</i>			
Sodium Sulfacetamide 10% Ophthalmic Soln limited to 15mL per fill., Oint limited to 7gm per 31 days.	Bleph-10, Cetamide, Sod Sulamyd, Iso Cetamide		
<i>Ophthalmic Anti-virals</i>			
Ganciclovir <u>CONTINGENT THERAPY</u> : Prescriber must be Ophthalmologist or Optometrist. Limited to 5 g per year	Zirgan	CT	
Trifluridine Soln 1% Ophthalmic <u>CONTINGENT THERAPY</u> : Prescriber must be Ophthalmologist or Optometrist: Limited to 7.5mL per fill.	Viroptic	CT	
<i>Ophthalmic Anti-Infective Combinations</i>			
Bacitracin-Polymyxin B Oint Ophthalmic Limited to 7gm per 31 days.	Polysporin, Polytracin		
Trimethoprim-Polymyxin B Soln 0.1%- 10000u/mL Ophthalmic Limited to 10mL per fill.	Polytrim		
Neomycin-Bacitracin Zinc-Polymyxin 3.5mg-400u-10000u Oint Ophthalmic Limited to 7gm per 31 days.	Neosporin, AK-Spore		
Neomycin-Polymyxin B-Gramicidin Soln Ophthalmic Limited to 10mL per fill.	Neosporin, Alba-3		
<i>Beta-Blockers – Ophthalmic</i>			
<u>CONTINGENT THERAPY</u> : Prescriber must be Ophthalmologist or Optometrist.			
Betaxolol HCL Soln 0.5% & 1% and Susp 0.25% Ophthalmic Limited to 15mL per 62 days.	Betoptic, Betoptic-S	CT	
Carteolol HCL Soln 1% Ophthalmic Limited to 15mL per 62 days.	Ocupress	CT	
Metipranolol HCL Soln 0.3% Ophthalmic Limited to 10mL per 62 days.	Optipranolol	CT	
Levobunolol HCL Soln 0.25% & 0.5% Ophthalmic Limited to 15mL per 62 days.	Betagan	CT	
Timolol Maleate Soln 0.25% & 0.5% Ophthalmic Limited to 15mL per 62 days.	Timoptic	CT	

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Timolol Maleate Soln (Gel Forming) 0.25% & 0.5% Ophthalmic Limited to 5mL per 62 days.	Timoptic XE	CT	
<i>Ophthalmic Carbonic Anhydrase Inhibitors</i>			
<u>CONTINGENT THERAPY:</u> Prescriber must be Ophthalmologist or Optometrist.			
Brinzolamide Susp 1% Ophthalmic Limited to 15mL per 62 days.	Azopt	CT	
Dorzolamide HCL Soln 2% Ophthalmic Limited to 10mL per 62 days	Trusopt	CT	
<i>Ophthalmic Carbonic Anhydrase Inhibitors – Beta-Blocker Combination</i>			
<u>CONTINGENT THERAPY:</u> Prescriber must be Ophthalmologist or Optometrist.			
Dorzolamide-Timolol Soln 2-0.5% Ophthalmic. Limited to 5mL per fill. or 10mL per 62 days.	Cosopt	CT	
<i>Ophthalmic Steroids</i>			
Dexamethasone Susp 0.1% Ophthalmic Limited to 5mL per fill, 2 fill per 6 months.	Maxidex		
Dexamethasone Sodium Phosphate Soln 0.1% Ophthalmic Limited to 10mL per fill, 1 fill per 6 months.	Dexamethasone		
Dexamethasone Sodium Phosphate Oint 0.05% Ophthalmic Limited to 7gm per 31 days, 1 fill per 6 months.	Dexamethasone		
Fluorometholone Susp 0.1% Ophthalmic <u>CONTINGENT THERAPY:</u> Prescriber must be Ophthalmologist or Optometrist. Limited to 10mL per fill.	FML Liquiflm	CT	
Fluorometholone Oint 0.1% Ophthalmic <u>CONTINGENT THERAPY:</u> Prescriber must be Ophthalmologist or Optometrist. Limited to 7gm per 31 days.	FML S.O.P.	CT	
Fluorometholone Acetate Susp 0.1% Ophthalmic <u>CONTINGENT THERAPY:</u> Prescriber must be Ophthalmologist or Optometrist. Limited to 10mL per fill.	Flarex, Eflone	CT	
Loteprednol Etabonate Susp 0.2% Ophthalmic <u>CONTINGENT THERAPY:</u> Prescriber must be Ophthalmologist or Optometrist. Limited to 15mL per 62 days.	Alrex, Lotemax	CT	
Prednisolone Acetate Susp 0.12% Ophthalmic Limited to 10mL per fill., 1 fill per 6 months.	Pred Mild		
Prednisolone Acetate Susp 1% Ophthalmic Limited to 15mL per fill., 1 fill per 6 months.	Econopred Plus, Pred Forte		
Prednisolone Sodium Phosphate Soln 0.125% Ophthalmic Limited to 10mL per fill., 1 fill per 6 months.	Inflam Mild		
Prednisolone Sodium Phosphate Soln 1% Ophthalmic Limited to 15mL per fill., 1 fill per 6 months.	Inflamase Forte		
Rimexolone Susp 1% Ophthalmic <u>CONTINGENT THERAPY:</u> Prescriber must be Ophthalmologist or Optometrist. Limited to 10mL per 62 days.	Vexol	CT	
<i>Ophthalmic Steroid Combinations</i>			
Loteprednol etabonate-Tobramycin Susp 0.5-0.3% Ophthalmic <u>CONTINGENT THERAPY:</u> Prescriber must be Ophthalmologist or Optometrist: Limited to 10mL per fill.	Zylet	CT	
Neomycin-Dexamethasone Phos Soln 0.5-0.1% Ophthalmic Limited to 5mL per fill., 1 fill per 6 months.	Neo-Decadron		
Sulfacetamide Sodium-Prednisolone Soln 10-0.25% Ophthalmic Limited to 10mL per fill, 1 fill per 6 months.	Vasocidin		

Generic Name	Representative Brand Name	CT	Maintenance Supply
Sulfacetamide Sodium-Prednisolone Susp 10-0.2% Ophthalmic <u>CONTINGENT THERAPY:</u> Prescriber must be Ophthalmologist or Optometrist: Limited to 10mL per fill.	Blephamide	CT	
Sulfacetamide Sodium-Prednisolone Susp 10-0.25% Ophthalmic Limited to 10mL per fill, 1 fill per 6 months.	Iso Cetapred		
Sulfacetamide Sodium-Prednisolone Susp 10-0.5% Ophthalmic Limited to 10mL per fill, 1 fill per 6 months.	Metimyd		
Sulfacetamide Sodium-Prednisolone Soln 10-0.25% Ophthalmic Limited to 10mL per fill, 1 fill per 6 months.	Vasocidin		
Sulfacetamide Sodium-Prednisolone Oint 10-0.2% Ophthalmic <u>CONTINGENT THERAPY:</u> Prescriber must be Ophthalmologist or Optometrist: Limited to 7gm per 31 days.	Blephamide S.O.P.	CT	
Sulfacetamide Sodium-Prednisolone Oint 10-0.25% Ophthalmic Limited to 3.5gm (4gm) per 31 days, 1 fill per 6 months.	Cetapred		
Sulfacetamide Sodium-Prednisolone Oint 10-0.5% Ophthalmic Limited to 4gm per 31 days, 1 fill per 6 months.	Metimyd, Vascocidin		
Tobramycin-Dexamethasone Susp & Oint 0.3-0.1% Ophthalmic <u>CONTINGENT THERAPY:</u> Prescriber must be Ophthalmologist or Optometrist. Limited to 10mL per fill for Susp and 7gm per 31 days for Oint.	Tobradex	CT	
Neomycin-Polymyxin-Dexamethasone Susp & Oint 0.1% Ophthalmic Limited to 5mL per fill, 1 fill per 6 months for Susp and 3.5gm per 31 days, 1 fill per 6 months for Oint.	Maxitrol, Dexacidin		
Neomycin-Polymyxin-HC Susp Ophthalmic Limited to 10mL per fill, 1 fill per 6 months.	Cortisporin		
Bacitracin-Polymyxin-Neomycin-HC Ophth Oint 1% Limited to 3.5gm per 31 days, 1 fill per 6 months.	Cortisporin, AK-Spore HC, Triple Antibiotic		
Prostaglandin Agonists			
<u>CONTINGENT THERAPY:</u> Prescriber must be Ophthalmologist or Optometrist.			
Bimatoprost Soln 0.03% Ophthalmic Limited to 5mL per 62 days.	Lumigan	CT	
Latanoprost Soln 0.005% Ophthalmic Limited to 2.5mL per fill.	Xalatan	CT	
Travoprost Soln 0.004% Ophthalmic Limited to 2.5mL per fill.	Travatan	CT	
Unoprostone Soln 0.15% Ophthalmic Limited to 5mL per fill.	Rescula	CT	
Cycloplegics			
<u>CONTINGENT THERAPY:</u> Prescriber must be Ophthalmologist or Optometrist.			
Atropine Sulfate Soln 1% Ophthalmic Limited to 15mL per 62 days.	Iso Atropine	CT	
Atropine Sulfate Oint 1% Ophthalmic Limited to 3.5gm per 31 days.	Ocu-tropine	CT	
Cyclopentolate HCL Soln 0.5%, 1%, 2% Ophthalmic Limited to 15mL per 62 days.	Cyclogyl	CT	
Homatropine HBr Soln 2%, 5% Ophthalmic Limited to 15mL per 62 days.	Isopto Homatropine	CT	
Scopolamine HBr Soln 0.25% Ophthalmic Limited to 15mL per 62 days	Isopto Hyoscine	CT	

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Tropicamide Soln 0.5%, 1% Ophthalmic Limited to 15mL per 62 days.	Mydracyl	CT	
Ophthalmic Decongestants			
CONTINGENT THERAPY: Prescriber must be Ophthalmologist or Optometrist.			
Naphazoline Soln 0.1% Ophthalmic Limited to 15mL per 62 days.	AK-Con	CT	
Phenylephrine HCL Soln Ophthalmic 2.5%, 10% Limited to 5mL per fill.	Mydrin, Neo-Synephrine	CT	
Ophthalmic Decongestant Combinations			
CONTINGENT THERAPY: Prescriber must be Ophthalmologist or Optometrist.			
Naphazoline w / Antazoline Soln 0.05- 0.5% Ophthalmic Limited to 15mL per 62 days.	Vasocon-A	CT	
Miotics – Direct Acting			
CONTINGENT THERAPY: Prescriber must be Ophthalmologist or Optometrist.			
Pilocarpine HCL Soln 0.5%, 1%, 2%, 4%, 6% Ophthalmic Limited to 15mL per fill.	Pilocar	CT	
Pilocarpine HCL Gel 4% Ophthalmic Limited to 4gm per 31 days.	Pilopine HS	CT	
Adrenergic Mydriatics			
CONTINGENT THERAPY: Prescriber must be Ophthalmologist or Optometrist.			
Dipivefrin Soln 0.1% Ophthalmic Limited to 15mL per 62 days.	Propine-C	CT	
Alpha-2 Adrenergic Agonist			
CONTINGENT THERAPY: Prescriber must be a Ophthalmologist or Optometrist.			
Apraclonidine HCL Soln 0.5% Ophthalmic Limited to 10mL per 62 days.	Iopidine	CT	
Brimonidine Tartrate Soln 0.15%, 0.2% Ophthalmic Limited to 20mL per 62 days	Alphagan-P, Alphagan	CT	
Alpha-2 Adrenergic Agonist/Beta Blocker			
Brimonidine Tartrate 0.15%/Timolol 0.5% Soln	Combigan	CT	
CONTINGENT THERAPY: Prescriber must be Ophthalmologist or Optometrist. Limited to 10 mL per 62 days.			
Ophthalmic Antiallergic			
CONTINGENT THERAPY: Prescriber must be Ophthalmologist or Optometrist.			
Azelastine Soln 0.05% Ophthalmic Limited to 6mL per fill.	Optivar	CT/ST	
Cromolyn Sodium Soln 4% Ophthalmic Limited to 10mL per fill.	Crolom, Opticrom		
Lodoxamide Tromethamine Ophth Solution Limited to 10mL per fill.	Alomide	CT/ST	
Ketotifen Fumarate Soln Ophthalmic Limited to 10mL per fill for Alaway and 5mL per fill. for Zaditor OTC.	Zaditor OTC, Alaway		
Nedocromil Sodium Soln Ophthalmic Limited to 5mL per fill.	Alocril	CT/ST	
Olopatadine HCL Soln Ophthalmic Limited to 2.5ml/month.	Patanol, Pataday	CT/ST	
Pemirolast Potassium Soln Ophthalmic Limited to 10mL per fill.	Alamast	CT/ST	
Ophthalmic Hyperosmolar Products			
CONTINGENT THERAPY: Prescriber must be Ophthalmologist or Optometrist. STEP THERAPY: Must first try Cromolyn Op, Ketotifen fumarate Op, or Always Op			

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Sodium Chloride Hypertonic Soln & Oint Ophthalmic Soln: Limited to 15mL per fill. Oint: Limited to 7gm per month	Muro-128, Adsorbonac	CT	
<i>Ophthalmic Non-Steroidal Anti-Inflammatory Agents</i>			
<u>CONTINGENT THERAPY:</u> Prescriber must be Ophthalmologist or Optometrist			
Bromfenac Sodium Soln 0.09% Ophthalmic Limited to 5mL per fill, 2 fills per year	Xibrom	CT	
Diclofenac Sodium Soln 0.1% Ophthalmic Limited to 5mL per 62 days.	Voltaren	CT	
Flurbiprofen Soln 0.03% Ophthalmic Limited to 2mL per fill.	Ocufen	CT	
Ketorolac Tromethamine Soln 0.4%, 0.45%, 0.5% Ophthalmic Limited to 10mL per 62 days. Acuvail limited to 30 vials per month.	Acular LS, Acular, Acular PF, Acuvail	CT	
Nepafenac Susp 0.1% Ophthalmic Limited to 3mL per fill., one fill per year	Nevanac	CT	
<i>Miscellaneous Ophthalmics</i>			
Tyloxapol Soln 0.25% Ophthalmic <u>CONTINGENT THERAPY:</u> Prescriber must be Ophthalmologist or Optometrist: Limited to 15mL per fill.	Enuclene	CT	
Cyclosporine 0.05% Ophthalmic <u>CONTINGENT THERAPY:</u> Prescriber must be Ophthalmologist. Limited to 60 vials per month.	Restasis	CT	
<i>Otic Antibiotics</i>			
Ofloxacin Soln 0.3% Otic <u>CONTINGENT THERAPY:</u> For patients under age 21. Soln limited to 10mL per year. Floxin Otic Singles limited to 20mL per year.	Floxin Otic	CT	
<i>Otic Steroids</i>			
Hydrocortisone w/ Acetic Acid In Propylene Glycol Soln Otic	Hydrocortisone w/Acetic Acid		
<i>Otic Miscellaneous</i>			
Acetic Acid In Propylene Glycol Soln 2% Otic	Acetic Acid		
Benzocaine/Antipyrine Otic Soln	A/B Otic		
Burrow's Solution w/ Acetic Acid Soln 2% Otic	Domeboro		
Carbamide Peroxide 6.5% Soln Otic	Debrox		
<i>Otic Steroid Antibiotic Combinations</i>			
Polymyxin B-HC Soln Otic	Otobiotic		
Neomycin-Polymyxin-HC Susp 3.5mg/mL-10000 U/mL-1% Otic	UAD		
Neomycin-Polymyxin-HC Susp 5mg/mL-10000 U/mL-1% Otic	Pediotic, Cortisporin Otic		
Neomycin-Polymyxin-HC Soln 1% Otic	Cortisporin Otic		
Ciprofloxacin-Hydrocortisone Susp 0.2-1% Otic <u>STEP THERAPY:</u> Must first try ofloxacin otic. For patients under age 21. Limited to 10mL per year	Cipro HC	CT	
Ciprofloxacin-Dexamethasone Susp 0.3-0.1% Otic <u>STEP THERAPY:</u> Must first try ofloxacin otic. For patients under age 21. Limited to 7.5mL per year	Ciprodex	CT	
<i>Anti-Infectives – Throat</i>			
Nystatin Susp 100000 U/mL Mouth/Throat Limited to 480mL/fill, 2 fills per year	Mycostatin, Nilstat, Bio-Staton		

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Clotrimazole Troche 10mg Mouth/Throat	Mycelex Troche		
Magic Mouthwash			
Diphenhydramine, lidocaine, aluminum hydroxide, First Mouthwash BLM magnesium hydroxide, simethicone Limited to 237 ml/month and 3 fills/year			
Diphenhydramine, lidocaine, nystatin Mouthwash Limited to 237 ml/month and 3 fills/year	First BXN		
Rectal Steroids			
Hydrocortisone Acetate Cream 1% Rectal Limited to 30 grams per 31days, #4 fills per year.	Hemor Anusert		
Hydrocortisone Acetate Suppos Rectal Limited to #4/day, #4 fills per year.	Proctosol, Anucort-HC, Anusol-HC, Proctocort		
Intrarectal Steroids			
Hydrocortisone Enema 100mg/60mL Rectal Limited to #21 (1260mL) per 21 days.	Cortenema, Hydrocort		
Hydrocortisone Acetate Foam 90mg/Dose Rectal Limited to 3 unit (45gm) per 21 days.	Cortifoam		
Rectal Anesthetic Steroids			
Hydrocortisone w/ Pramoxine Cream, Lotion, RectalFoam 1-1% Foam limited to 15 grams/31 days. Cream and lotion limited to 30 grams/31 days. All forms limited to 4 fills per year.	Pramosone, Proctofoam-HC		

DERMATOLOGICAL PRODUCTS

All dermatological products limited to 480gm/fill unless otherwise specified.

Acne Products

Benzoyl Peroxide Gel 2.5 % & 5% & 10% External Limited to 114 grams per 31days.	Benzac AC		
Benzoyl Peroxide Wash Limited to 227mL per fill.	Benzac AC Wash		
Tretinoin Cream & Gel 0.025%, 0.05%, 0.1% External Prior authorization required for patients > 36 years old. Limited to 45 grams per 31 days.	Retin-A, Avita		

Acne Antibiotics

Erythromycin-benzoyl peroxide Limited to #46.6 gm/month	Benzamycin		
Clindamycin Phosphate 1% Gel, Lotion, Solution, Pad External Limited to 60mL for lotion, 60gm for gel, 120mL for soln, #60 pads per 31 days.	Cleocin-T		
Clindamycin- Benzoyl Peroxide 1.5% Gel, pump STEP THERAPY: Must first try topical erythromycin, clindamycin, benzoyl peroxide, or Benzamycin. Benzaclin: Limited to 25gm per month for gel, 50gm per 31 days for pump. Duac: Limited to #45gm per month	Benzaclin, Duac		
Erythromycin 2% Soln, Gel, Oint, Pledgets External Limited to 60mL per fill. Soln, 60gm per month for gel, 50gm per 31 days for oint, 60 per 31 days for pledgets.	A/T/S, T-Stat, Eryderm		
Sulfacetamide Lotion External Limited to 25gm per 31 days.	Sulfacet- R		

Antibiotics – Topical

Bacitracin Oint 500 U/gm External Limited to 454 grams per 31 days.	Baciguent, Bactericin		
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<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Bacitracin Zinc Oint 500 U/gm External Limited to 454 grams per 31 days.	Baciguent, Bactericin		
Mupirocin 2% Cream, Oint External Limited to 15gm per 31 days for cream and 22gm per 31 days for oint	Bactroban		
Tetracycline HCL Oint 3% External	Achromycin		
Antibiotics Mixtures Topical			
Bacitracin-Polymyxin B Oint External Limited to 454 grams per 31 days.	Polysporin		
Neomycin-Bacitracin-Polymyxin Oint External	Neosporin, Triple Antibiotic		
Antifungals – Topical			
Nystatin Powder External Limited to 60 grams per 31days.	Mycostatin, Nystop, Pedi-Dri		
Nystatin Cream 100000 U/gm External Limited to 240 grams per 31 days.	Mycostatin		
Nystatin Oint 100000 U/gm External Limited to 30 grams per 31 days.	Mycostatin		
Tolnaftate Soln & Cream 1% External Solution limited to 10mL per fill and cream limited to 30 grams per 31 days.	Tinactin		
Topical Antifungals			
Clotrimazole Soln 1% External Limited to 30mL per fill.	Mycelex, Lotrimin		
Clotrimazole Cream 1% External Limited to 45 grams per 31 days.	Mycelex, Lotrimin, Desenex		
Econazole Nitrate Cream 1% External Limited to 170gm per fill and 2 fills per 6 months.	Spectazole		
Ketoconazole Cream 2% External Limited to 60gm per fill and 2 fills per 6 months.	Nizoral		
Ketoconazole Shampoo 2% External Limited to 240mL per fill and 2 fills per 6 months.	Nizoral		
Miconazole Nitrate Cream 2% External	Micatin, Monistat		
Antifungals – Topical Combinations			
Clotrimazole w/ Betamethasone Cream, Lotion 1-0.5% External Cream limited to 45 grams per 31 days, and lotion limited to 30mL per fill.	Lotrisone		
Nystatin-Triamcinolone Cream & Oint External Limited to 120 grams per 31 days.	Mycolog II		
Burn Products			
Silver Sulfadiazine Cream 1% External Limited to 2 units of 20gm, 50gm, 85gm, 400gm, or 1000gm per fill.	Silvadene		
Tar Products			
Coal Tar Cream & Oint Limited to 454 grams per 31 days	Fototar, G-Tar, Tegrin, Medotar		
Corticosteroids – Topical			
Limited to 2grams per day except hydrocortisone, which is limited to 4 grams per day.			
Betamethasone Dipropionate Cream, Lotion 0.05% External STEP THERAPY: For patients who have tried a low or medium potency steroid first.	Diprosone, Maxivate	ST	
Betamethasone Dipropionate Oint 0.05% External STEP THERAPY: For patients who have tried a low or medium potency steroid first.	Diprosone, Maxivate	ST	
Augmented Betamethasone Dipropionate 0.05% External	Diprolene		
Betamethasone Valerate Cream, Lotion, Oint 0.1% External Cream and ointment limited to 45 grams per 31 days. Lotion limited to 60mL per fill.	Beta-Val, Betatrex		

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Fluocinolone Acetonide Oil 0.01% External Limited to 120mL per fill.	Derma-Smooth Oil/FS		
Fluocinolone Acetonide Soln 0.01% External Limited to 60mL per 31 days.	Synalar, Fluorosyn		
Fluocinolone Acetonide Cream & Oint Limited to 425 grams per 31 days.	Synemol, Synalar		
Fluocinonide Cream, Gel, Soln, Oint 0.05% External Limited to 120 grams per 31 days except for solution, which is limited to 60mL per fill.	Lidex, Lidex-E		
Hydrocortisone Cream, Lotion, Oint, Soln 0.5%, 1%, 2.5% External Solution limited to 60mL per 31 days. Cream and ointment limited to 240 grams per 31 days. Lotion limited to 120mL per 31 days.	Hytone, Hydrocort		
Hydrocortisone Acetate Cream, Oint 0.5%, 1% External (OTC) Limited to 30 grams per 31 days.	Various		
Hydrocortisone Acetate Lotion 1% External	Hydrocort/AN		
Hydrocortisone Alcohol Lotion 1% External	Cotacort		
Triamcinolone Acetonide Cream, Lotion, Oint 0.025%, 0.1%, 0.5% External Cream and ointment limited to 240 grams per 31 days. Lotion limited to 60mL per fill.	Aristocort A, Kenalog		
<i>Steroid – Local Anesthetics</i>			
Pramoxine-HC Cream 1-1% and 1-2.5% External Limited to 120 grams per 31 days.	Pramosone, Analpram-HC		
Pramoxine-HC Aerosol Foam 1-1% External Limited to 10 grams per 31 days.	Epifoam		
Pramoxine-HC Lotion 1-1% and 1-2.5% External Limited to 240mL per 31 days.	Pramosone		
Pramoxine-HC Oint 1-1% and 1-2.5% External Limited to 120 grams per 31 days.	Pramosone		
<i>Enzymes – Topical</i>			
Collagenase Oint 250 U/gm External Limited to 60 grams per month.	Santyl		
<i>Topical Immunomodulators</i>			
<u>CONTINGENT THERAPY:</u> For patients ages 2 to 12 years who have tried and failed an adequate trial of a medium to high potency topical corticosteroid.			
Pimecrolimus Cream Limit 60gm per fill; 1 fill per 90 days.	Elidel	CT	
Tacrolimus Ointment Limit 60gm per fill; 1 fill per 90 days.	Protopic	CT	
<i>Local Anesthetics – Topical</i>			
Lidocaine HCL Viscous Soln 2% Mouth/Throat Limited to 100mL/month.	Xylocaine		
Pramoxine HCL Cream 1% External. Limited to 140 grams per 31 days	Tronolane		
Pramoxine HCL Foam 1% External Limited to 15 grams per 31 days.	Epipram		

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Pramoxine HCL Gel 1% External Limited to 118 grams per 31 days.	Itch-X, Pramegel		
Pramoxine HCL Lotion 1% External Limited to 240mL per fill.	Prax, Anti-Itch		
Scabicides & Pediculocides			
Benzyl Alcohol	Ulesfia	ST	
STEP THERAPY: Must first try permethrin or pyrethins			
Crotamiton Cream & Lotion 10% External Limited to 2 units per fill and 2 fills per 6 months.	Eurax		
Malathion 0.5% Lotion External CONTINGENT THERAPY: For use in patients who tried and failed 2 courses of permethrin or pyrethins. Limited to 60mL per 14 days and 2 fills per year.	Ovide	CT	
Permethrin Creme Rinse 1% External Limited to 60mL per 14 days and 2 fills per 6 months.	Nix Cream Rinse		
Permethrin Cream 5% External Limited to 60gm per 14 days and 2 fills per 6 months.	Elimite, Acticin		
Pyrethrins-Piperonyl Butoxide External	Tisit, Barc, Licide, Lice-X, Rid, A-200, Innogel Plus, R & C, Pronto, Tegrin-LT		
Pyrethrins Spray & Pyrethrins-Piperonyl Butoxide Shamp Kit External	Pronto Kit Complete		
Pyreth-Piper But Spray & Pyreth-Piper But Shamp Kit External	Clear Lice Kit Elim Sys		
Spinosad STEP THERAPY: Must first try permethrin or pyrethins	Natroba	ST	
Wound Dressings			
Wound Dressing Gel External Limited to 2 tube per month for 15gm and 1 tube per month for 85gm.	Radiagel		
Miscellaneous Topical			
Fluorouracil Soln & Cream 1% External Limited to 30mL per month for Soln and 30gm per month for Cream.	Fluoroplex		
Selenium Sulfide Lotion and Shampoo Limited to 2 bottles/Rx.	Selsun		

DIAGNOSTIC PRODUCTS

Diagnostic Reagents

CONTINGENT THERAPY: For patients receiving medications for diabetes. Limited to 100 strips/month.

Acetone Test	Acetest, Ketostix	CT	
Glucose Urine Test-(Glucose Oxidase)	Diastix, Clinistix	CT	
Glucose Urine Test-(Copper Sulfate)	Clinitest	CT	
Glucose Blood Test	TrueTrack Test Strips, TRUEtest Strips	CT	
CONTINGENT THERAPY: For patients receiving medications for diabetes or with gestational diabetes. Limited to 100 per month. TrueTrack Test Strips/TRUEtest Strips are CalOptima's preferred product for new prescriptions. All other brands require prior authorization.			
Multiple Urine Test Strips Urine test strips limited to 100 per month.	Urine test strips		

Diabetic Supplies

All Blood Glucose Monitors limited to 1 machine every 3 years.

Blood Glucose Calibration Soln Limited to 5mL/month.	Control Solutions		
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<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
Blood Glucose Monitoring Devices	TrueTrack Monitors, TRUEresult	CT	
<u>CONTINGENT THERAPY:</u> For patients receiving medications for diabetes or with gestational diabetes. Limited to 1 per 3 years. TrueTrack Monitors/TRUEresult are CalOptima's preferred product for new prescriptions. All other brands require prior authorization.			
Blood Glucose Monitoring Kit w/ Device	Glucose Monitors	CT	
<u>CONTINGENT THERAPY:</u> For patients receiving medications for diabetes or with gestational diabetes. Limited to 1 per 3 years. TrueTrack Monitors are CalOptima's preferred product. All other brands require prior authorization.			
Insulin Syringes	B-D Insulin Syringes	CT	
<u>CONTINGENT THERAPY:</u> For patients receiving insulin. Limited to 100 per month.			
Lancets	Lancets	CT	
<u>CONTINGENT THERAPY:</u> For patients receiving medications for diabetes or with gestational diabetes. Limited to 100 per month. Lancet auto-injectors limited to 2 unit per year.			

Respiratory Therapy Supplies

Peak Flow Meters – Misc Limited to 1 per year.	All Peak Flow Meters		
Respiratory Therapy Supplies – Misc Limited to 1 per year.	Vortex Aerochamber, Vortex Aerochamber w/mask		

Miscellaneous Devices

Tablet Cutter Limited to 1 per year.	Tablet Cutter		
Oral Syringes 3mL, 5mL, 10mL For patients ≤ 5 years old. Limited to 4 per year.	Oral Syringes		
Bulb Syringe <u>CONTINGENT THERAPY:</u> For patients under age 7. Limited to 1 per year		CT	
Nasal Aspirator <u>CONTINGENT THERAPY:</u> For patients under age 7. Limited to 1 per year		CT	
Alcohol Pads Limited to #200/month			

IMMUNOSUPPRESSIVE AGENTS

Immunosuppressive Agents

Azathioprine Tab 50mg Oral Limited to #4 per day.	Imuran		62 Day Supply
Belatacept	Nulojix		62 Day Supply
Cyclosporine Cap Oral Limited to #6 per day.	Sandimmune		62 Day Supply
Cyclosporine Cap For Microemulsion Oral Limited to #6 per day.	Neoral		62 Day Supply
Cyclosporine Soln 100mg/mL Oral	Sandimmune		
Cyclosporine Soln For Microemulsion 100mg/mL Oral	Neoral, Sangcya		
Everolimus 0.25mg, 0.5mg, 0.75mg Limited to #2/day	Zortress		62 Day Supply
Mycophenolate Mofetil Cap 250mg Oral Limited to #8 per day.	Cellcept		62 Day Supply
Mycophenolate Mofetil Tab 500mg Oral Limited to #8 per day.	Cellcept		62 Day Supply
Mycophenolate Mofetil Susp 200mg/mL Oral	Cellcept		
Mycophenolate Sodium Tab 180mg, 360mg Oral Limited to #8 per day.	Myfortic		62 Day Supply
Sirolimus Soln Oral Limited to 6 per day for 1mg and 3 per day for 2mg.	Rapamune		
Tacrolimus Cap 1mg & 5mg Oral	Prograf		62 Day Supply

MISCELLANEOUS

<i>Generic Name</i>	<i>Representative Brand Name</i>	<i>CT</i>	<i>Maintenance Supply</i>
<i>K Removing Resin</i>			
Sodium Polystyrene Sulfonate Susp 15gm/60mL Oral/Rectal Limit 960mL per month.	SPS		
Sodium Polystyrene Sulfonate Powder Oral Limit 454gm per month.	Kayexalate		
Medium Chain Triglycerides <u>CONTINGENT THERAPY</u> : For patients under 12. Limited to 946mL per fill.	MCT Oil	CT	

Smoking-Cessation Agents

Prior authorization required. Please provide documentation of participation in a smoking cessation class. CalOptima members may call 1-888-587-8088 for more information.

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