

# Medicaid Approved Formulary Drug List

March 1, 2017

## Introduction

The *Anthem Blue Cross (Anthem) Medicaid Managed Care-Approved Formulary Drug List* is a list of drugs covered under your benefit. These are commonly prescribed Food and Drug Administration (FDA)-approved drugs chosen by Anthem for their value and effectiveness. Select drugs may require prior authorization. The *Anthem Medicaid Managed Care-Approved Formulary Drug List* is updated quarterly and is subject to change without prior notification. To check for regular updates to the formulary, please visit us on the web at <https://mediproviders.anthem.com/ca> or you can contact the Customer Service Center at the number listed on the member's Anthem ID card. We encourage providers to share this drug list with their members.

<https://mediproviders.anthem.com/ca>

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## Brand name vs. generics

A brand-name drug is one that is developed, patented and marketed by the original drug manufacturer. Until the patent expires, no other companies can produce that same particular brand-name drug. A generic drug has the same active ingredients as its brand-name counterpart. A generic drug may be manufactured by various drug companies after the original patent expires. A generic drug is identical to the brand-name drug in dosage form, strength, route of administration, quality and intended uses. Generics may differ from their brand-name equivalent in color and/or shape. Both brands and generics have to meet the same strict safety, purity and performance standards governed by the FDA.

## Quantity supply limit

Quantity supply limit is the maximum amount of a drug that a pharmacy can dispense at a given time. The *Anthem Preferred Drug List (PDL)* adheres to FDA-approved dosing guidelines. If a prescribing provider feels a quantity supply greater than the defined maximum is medically necessary, the prescriber should submit a prior authorization request detailing the need for exceeding the recommended quantity.

## Prior authorization

The prior authorization program is designed to encourage appropriate use of medications. Drugs that require prior authorization are generally those that are either part of a step therapy (ST) regimen, have a high side effect potential, should be reserved for specific FDA indication, have high misuse or abuse potential, or have lower-cost alternatives. Brand-name drugs with generic equivalents available require prior authorization to encourage utilization of appropriate generic alternatives as first-line therapies. Prior to prescribing any brand-name medications, physicians are encouraged to consider using its preferred generic alternative.

Select medications on the *PDL* may require prior authorization. If a medication requires prior authorization, a *Prior Authorization* form needs to be completed by the prescriber for submission to Anthem. To obtain a *Prior Authorization* form and a list of drugs which require prior authorization, please go to <https://mediproviders.anthem.com/ca> or contact **1-800-338-6180** for more information.

## Carved-out medications (medications covered under Medi-Cal Fee-for-Service)

The following types of medication are covered directly by the Medi-Cal Fee-for-Service (FFS) program. For questions about a benefit or service listed here, please call Medi-Cal Support at **1-800-541-5555**.

- Antipsychotics
- Monoamine oxidase inhibitors (MAOIs)
- Select anti-Parkinsonian agents
- Mood stabilizers
- HIV drugs
- Detoxification agents (substance abuse treatments)
- Hemophilia blood products.

*Drugs that are carved out are identified by their ingredients rather than by indication. For this reason, certain drugs used for the treatment of Hepatitis B, such as Lamivudine (Epivir-HBV), Tenofovir disoproxil fumarate (TDF, Viread), Tenofovir alafenamide (TAF, Vemlidy) and Tenofovir disoproxil/emtricitabine (Truvada) are carved out and should be adjudicated as FFS-approvable benefits regardless of the indication. This also applies to transdermal forms of buprenorphine.*

## How to use this guide

The *Anthem PDL* lists the brand name or common name of a given drug. If a medication does not appear on this *PDL*, the medication will require prior authorization to be covered under the pharmacy benefit. A *Prior Authorization* form will need to be completed by the prescriber and submitted to Anthem before the prescription may be filled. To obtain a *Prior Authorization* form, please go to <https://mediproviders.anthem.com/ca>. You can also contact Customer Care at 1-800-338-6180 for more information.

## Contact information

If you have questions about the *Anthem PDL*, please contact Customer Care at **1-800-338-6180** or fax at **1-800-601-4829** for more information. Hours of operation are Monday through Friday 8 a.m. to 9 p.m., and Saturday and Sunday 8 a.m. to 6 p.m. In addition, regular updates to the *PDL* are available by visiting <https://mediproviders.anthem.com/ca>.

**PENICILLINS**

Amoxicillin  
Amoxicillin Clavulanate, -ER  
Ampicillin  
Dicloxacillin  
Penicillin VK

**CEPHALOSPORINS — 1ST GENERATION**

Cefadroxil  
Cephalexin

**CEPHALOSPORINS — 2ND GENERATION**

Cefaclor, -ER  
Cefprozil  
Cefuroxime

**CEPHALOSPORINS — 3RD GENERATION**

Cefaclor, -ER  
Ceftriaxone

**OXAZOLIDINONE**

Zyvox

**MACROLIDES**

Azithromycin  
Clarithromycin  
Erythromycin  
Erythromycin delayed release  
Erythromycin-Sulfisox

**TETRACYCLINES**

Demeclocycline  
Doxycycline Monohydrate  
caps/suspension only  
Minocycline (IR)  
Tetracycline

**QUINOLONES**

Ciprofloxacin  
Levofloxacin  
Ofloxacin

**AMINOGLYCOSIDES**

Neomycin  
Tobramycin Nebules

**ANTI-MYCOBACTERIUM AGENTS**

Ethambutol  
Isoniazid  
Mycobutin  
Priftin  
Pyrazinamide  
Rifater  
Rifampin, -INH/Pyraz  
Sulfadiazine

**ANTIFUNGAL ANTIBIOTICS**

Fluconazole  
Flucytosine  
Griseofulvin Ultra tab  
Griseofulvin suspension  
Itraconazole (PA required)  
Ketoconazole  
Nystatin  
Terbinafine (PA required)  
Voriconazole (PA required)

**ANTIVIRALS, HIV-SPECIFIC**

The Department of Health Services, through the Medi-Cal Fee-for-Service (FFS) program, has assumed responsibility for HIV medications. This list may not be all-inclusive. Pharmacies must bill these medications directly to Medi-Cal FFS. PA from the plan is not required. Medi-Cal: 1-800-541-5555

Abacavir  
Aptivus  
Atripla  
Complera  
Crixivan  
Descovy  
Dutrebis  
Emtriva  
Epzicom  
Fuzeon  
Genvoya  
Intelence  
Invirase  
Isentress  
Kaletra  
Lamivudine, -Zidovudine  
Lexiva  
Nevirapine, -ER  
Norvir  
Prezcobix  
Prezista  
Rescriptor  
Reyataz  
Selzentry  
Stavudine  
Stribild  
Sustiva  
Tivicay  
Triumeq  
Trizivir  
Truvada  
Viracept  
Viramune XR  
Viread  
Viteka

**ANTIVIRALS, GENERAL**

Acyclovir  
Famciclovir  
Relenza  
Rimantadine  
Tamiflu  
Valacyclovir (PA required)  
Valganciclovir

**HEPATITIS B TREATMENT AGENTS**

(PA required)  
Adefovir Dipivoxil  
Baraclude  
Hepsera  
Lamivudine HBV 100mg  
Tyzeka  
Viread

**HEPATITIS C TREATMENT AGENTS**

(PA required)  
Epcusa  
Pegasys  
Pegintron  
Rebetron  
Ribavirin  
Sovaldi  
Zepatier

**PLASMOCIDES**

Chloroquine  
Hydroxychloroquine  
Mefloquine  
Primaquine

**AMEBACIDES**

Yodoxin

**ANTHELMINTICS**

Albenza  
Biltricide  
Ivermectin  
Mebendazole  
Reese Pinworm

**ANAEROBIC ANTI-PROTOZOAL ANTIBACTERIAL AGENTS**

Metronidazole  
Tinidazole

**VANCOMYCIN AND DERIVATIVES**

Vancomycin (PA required)  
Zyvox (PA required)

**LINCOSAMIDES**

Clindamycin

**CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISCELLANEOUS**

Dapsone  
Mepron (PA required)  
Methenamine  
Nitrofurantoin caps

**ABSORBABLE SULFONAMIDES**

Sulfadiazine  
Sulfamethoxazole  
Sulfamethoxazole/Tmp  
Sulfasalazine  
Trimethoprim

**IRRIGATION SOLUTIONS**

Sodium Chloride 0.9%

**IMMUNE GLOBULINS (PA required)**

Gamunex-C  
Octagam

**ANTINEOPLASTIC**

**IMMUNOSUPPRESSANT DRUGS**  
Alkeran  
Anastrozole  
Bicultamide  
Cyclophosphamide  
Emcyt (PA required)

Etoposide  
Flutamide  
Imatinib (PA required)  
Hexalen (PA required)  
Hydroxyurea  
Iressa (PA required)  
Letrozole  
Leucovorin  
Leukeran  
Megestrol  
Mercaptopurine  
Mesnex (PA required)  
Methotrexate  
Myleran  
Tabloid  
Tamoxifen  
Tretinoin  
Trexall

**GLUCOCORTICOIDS**

Cortisone  
Dexamethasone  
Hydrocortisone  
Methylprednisolone  
Prednisolone  
Prednisone

**MINERALOCORTICOIDS**

Fludrocortisone

**ANDROGENIC AGENTS (PA required)**

Testosterone gel 1%  
Testosterone cyp inj  
Testosterone enan inj

**ESTROGENIC AGENTS**

Estradiol  
Estropipate  
Jinteli  
Norethindrone

**PROGESTATIONAL AGENTS**

All oral generics  
Medroxyprogesterone  
Norethindrone  
Progesterone caps

**CONTRACEPTIVES**

All oral generics  
Nuvaring  
Xulane patch

**EMERGENCY CONTRACEPTIVES**

Ulipristal acetate (Ella)  
Levonorgestrel (React)  
Levonorgestrel 1.5 mg tablet  
Next choice one dose 1.5 mg tablet  
My way 1.5 mg tablet  
Fallback solo 1.5 mg tablet  
Opcicon one-step 1.5 mg tablet  
Econtra ez 1.5 mg tablet

**INSULINS**

Apidra  
Basaglar Kwipen  
Humulin  
Novolin

**ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE (PA required)**  
Symlin, Symlin Pen

**ANTIHYPERGLY, INCRETIN MIMETIC (GLP-1 RECEPTOR AGONIST) (PA required)**  
Tanzeum  
Victoza

**HYPOGLYCEMICS, INSULIN – RELEASE STIMULANT TYPE**  
Glimepiride  
Glipizide, -ER, -XL  
Glipizide-metformin  
Glyburide,  
Glyburide-metformin  
Nateglinide  
Repaglinide

**HYPERGLYCEMICS**  
Glucagon  
Glucose

**HYPOGLYCEMICS, BIGUANIDE TYPE**  
Metformin,  
Metformin-ER

**HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITING TYPE**  
Acarbose

**DIPEPTIDYL PEPTIDASE – IV INHIBITORS & COMBOS (ST required)**  
Januvia  
Janumet  
Janumet XR  
Jardiance  
Jentadueto  
Jentadueto XR  
Synjardy  
Tradjenta

**HYPOGLYCEMICS, INSULIN – RESPONSE ENHANCER**  
Glimepiride (ST required)  
Pioglitazone (ST required)  
Pioglitazone-metformin

**BLOOD SUGAR DIAGNOSTICS**  
TrueMetrix (Trividia) test strips

**DIABETIC SUPPLIES**  
Lancets (various)  
Lancet Device  
TrueMetrix Control Solution

**THYROID HORMONES**  
Armour Thyroid  
Levothyroid  
Levothyroxine  
Levoxyl  
Liothyronine  
Nature Throid  
NP Throid  
Synthroid  
Unithroid  
Westhroid

**ANTITHYROID PREPARATIONS**  
Methimazole  
Propylthiouracil

**OXYTOXICS**  
Methylergonavine  
Propylthiouracil

**BONE RESORPTION INHIBITORS**  
Alendronate  
Calcitonin-Salmon  
Evista  
Fortical

**GROWTH HORMONES (PA required)**  
Zomacton

**SOMATOSTATIC AGENTS (PA required)**  
Octreotide

**PITUITARY SUPPRESSIVE AGENTS**  
Cabergoline

**ANTI-DIURETIC AND VASOPRESSOR HORMONES (PA required)**  
Desmopressin spray, sol, tab

**METABOLIC DEFICIENCY AGENTS**  
Calcitriol  
Levocarnitine

**DIGITALIS GLYCOSIDES**  
Digoxin

**VASODILATORS, CORONARY**  
Isosorbide  
Nitroglycerin

**BETA-ADRENERGIC BLOCKING AGENTS**  
Acebutolol  
Atenolol  
Betaxolol  
Bisoprolol  
Metoprolol  
Nadolol  
Pindolol  
Propranolol  
Sotalol  
Timolol

**ALPHA/BETA-ADRENERGIC BLOCKING AGENTS**  
Carvedilol  
Labetalol

**CALCIUM CHANNEL BLOCKING AGENTS**  
Amlodipine  
Diltiazem  
Felodipine  
Isradipine  
Nifedipine  
Verapamil

**ANTIARRHYTHMICS**  
Amiodarone  
Disopyramide

Flecainide  
Mexiletine  
Quinidine  
Propafenone

**HYPOTENSIVES, ACE INHIBITORS, COMBINATIONS**  
Benazepril, Benazepril/HCTZ  
Captopril, Captopril/HCTZ  
Enalapril, Enalapril/HCTZ  
Fosinopril, Fosinopril/HCTZ  
Lisinopril, Lisinopril/HCTZ  
Moexipril, Moexipril/HCTZ  
Quinapril, Quinapril/HCTZ  
Ramipril  
Trandolapril

**HYPOTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONISTS**  
Candesartan, -/HCTZ  
Irbesartan, -/HCTZ  
Losartan, -/HCTZ  
Valsartan, -/HCTZ

**HYPOTENSIVES, SYMPATHOLYTIC**  
Clonidine  
Guanabenz  
Guanfacine  
Methyldopa, Reserpine

**ALPHA-ADRENERGIC BLOCKING AGENTS**  
Doxazosin  
Prazosin  
Terazosin

**HYPOTENSIVES, VASODILATORS**  
Hydralazine, -HCTZ  
Minoxidil

**ACE INHIBITOR/CALCIUM CHANNEL BLOCK COMBINATION**  
Amlodipine/Benazepril  
Trandolapril/Verapamil

**HYPOTENSIVES, MISCELLANEOUS**  
Atenolol-Chlorthal  
Bisoprolol/HCTZ  
Methyldopa/HCTZ  
Metoprolol/HCTZ  
Propranolol/HCTZ

**LOOP DIURETICS**  
Bumetanide  
Furosemide  
Torsemide

**POTASSIUM SPARING DIURETICS**  
Amiloride, Amiloride/HCTZ  
Spironolactone, -HCTZ  
Triamterene/HCTZ

**THIAZIDE AND RELATED DIURETICS**  
Chlorothiazide  
Chlorthalidone  
HCTZ  
Indapamide  
Metolazone

**ADRENERGIC VASOPRESSOR**  
Midodrine

**ANAPHYLAXIS THERAPY AGENTS**  
epinephrine auto-injectors  
(Authorized generic to Epipen)  
epinephrine 0.1 mg/ml syringe  
epinephrine 1 mg/ml vial

**LIPOTROPICS**  
Atorvastatin  
Cholestyramine  
Colestipol  
Fenofibrate 48mg, 145mg  
Fenofibrate Acid  
Gemfibrozil  
Lovastatin  
Niacin  
Niacinamide  
Pravastatin  
Simvastatin

**PCSK-9 INHIBITORS**  
Repatha (PA required)

**XANTHINES**  
Aminophylline  
Theophylline

**VASODILATING DRUGS (PA required)**  
Adcirca  
Sildenafil

**ANTI-HISTAMINES**  
Brompheniramine  
Chlorpheniramine  
Cyproheptadine  
Diphenhydramine  
Promethazine (PA required)

**NASAL ANTI-INFLAMMATORY STEROIDS**  
Flonase Allergy Relief (OTC)  
Ipratropium  
Nasacort Allergy 24 HR (OTC)  
Nasacort Allergy (OTC)

**NASAL ANTI-HISTAMINE**  
Azelastine  
Cromolyn

**ANTI-HISTAMINE AND DECONGESTANT COMBINATIONS**  
Brompheniramine-Pse  
Carbinoxamine  
Phenyleph-Pse  
Phenylephrine  
Pseudoephedrine

**DECONGESTANT – EXPECTORANT COMBINATIONS (PA required for age < 2)**  
Pseudoephedrine  
Pseudoephedrine-Guaifene

**GENERAL INHALATION AGENTS**

Broncho Saline  
Mucolytics Acetylcysteine  
Pulmozyme (PA required)  
Water for Inhalation

**NON-NARCOTIC ANTITUSSIVE COMBINATIONS (PA required for age < 2)**

Benzonatate (100 and 200 mg)  
Dextromethorphan-Cp-Phenyl  
D-Methorphan  
Dmethorphan-Pe-Chlorphenir  
Carbetapentane-Chlorphenir  
GuaifeDextromethorphan  
Phenylephrine  
Promethazine-DM

**NARCOTIC ANTITUSSIVE COMBINATIONS (PA required for age < 2)**

Brompheniramine-Hydroc-Pse  
Guaifenesin/Codeine  
Hydrocodone/Guaifenesin  
Hydrocodone-Homatropine  
Hydrocod/Phenyle/Cp  
Phenyleph/Hcod  
Hydrocodone Cp  
Hydrocodone Hd  
Promethazine/Codeine

**GENERAL BRONCHODILATOR AGENTS**

Atrovent HFA  
Ipratropium bromide  
Spiriva

**MAST CELL STABILIZERS**

Cromolyn

**BETA-ADRENERGIC AGENTS**

Albuterol  
Metaproterenol  
Serevent (ST required)  
Terbutaline  
Ventolin HFA

**BETA-ADRENERGIC COMBINATION AGENTS**

Anoro Ellipta  
Combivent Respimat  
Ipratropium, -Albuterol  
Spiriva Respimat

**INHALED CORTICOSTEROIDS**

Aerospan  
Arnuity Ellipta  
(Budesonide Respules (PA required age >5 years)

**SPACER DEVICES**

Ace Aerosol Cloud Enhancer  
Aerotrach Holding Chamber  
Aerovent Plus Holding Chamber  
Breatherite Spacer  
Breathrite Chamber  
Liteaire  
Microchamber  
Microspacer

Optichamber Diamond  
Pocket Chamber  
Primeaire Chamber  
Prochamber Holding Chamber  
Riteflo Spacer  
Vortex Holding Chamber  
Vortex VHC Frog Child Mask  
Vortex VHC Ladybug Toddler  
Watchhaler Spacer

**BETA-ADRENERGICS AND GLUCOCORTICOID COMBINATIONS**

Breo Ellipta (ST required)  
Dulera (ST required)

**MISCELLANEOUS PULMONARY AGENTS (PA required)**

Letairis

**LEUKOTRIENE RECEPTOR ANTAGONISTS**

Montelukast  
Zafirlukast

**IMMUNOGLOBULIN ANTIBODIES (PA required)**

Xolair

**METHYLXANTHINES**

Aminophylline  
Guaifenesin/Dyphylline  
Theophylline

**LAXATIVES AND CATHARTICS**

Bisacodyl  
Docusate  
Lactulose  
PEGs

**ANTI-DIARRHEALS**

Bismuth Subsalicylate  
Diphenoxylate/Atropine

**ANTACIDS**

Aluminum  
Calcium

**ANTISPASMODICS**

Dicyclomine  
Clidinium-Chlordiazepoxide  
Glycopyrrolate  
Hyoscyamine  
Propantheline

**GASTRIC ACID SECRETION REDUCERS**

Carafate Suspension  
Famotidine oral/inj  
Famot/Calcium Carb/Mag  
Omeprazole OTC  
Lansoprazole OTC  
Nexium (OTC)  
Nizatidine  
Prevacid 24 hr (OTC)  
Ranitidine  
Sucralfate  
Sucralfate suspension

**ANTIEMETIC/ANTIVERTIGO AGENTS**

Formula Em  
Meclizine  
Ondansetron ODT 4mg, 8mg  
Promethazine  
(PA required for ages < 2)  
Prochlorperazine  
Transderm Scopolamine  
(PA required)  
Trimethobenzamide

**PANCREATIC ENZYMES**

Creon  
Lactase  
Pancrelipase

**BILE SALTS**

Ursodiol

**INTESTINAL MOTILITY STIMULANTS**

Metoclopramide

**DRUG TX-CHRONIC INFLAM. COLON DX, 5-AMINOSALICYLAT**

Apriso ER  
Balsalazide  
Mesalamine Kit  
Sulfasalazine

**BLOOD DETOXICANTS**

Calcium Acetate  
Velphoro (PA required)

**PARASYMPATHETIC AGENTS**

Bethanechol

**URINARY TRACT ANTISPASMODIC/ANTI-INCONTINENCE AGENT**

Flavoxate  
Darifenacin ER  
Oxybutynin, -ER  
Tolterodine  
Tolterodine ER  
Trospium  
Trospium ER

**VAGINAL ANTIBIOTICS**

Clindamycin  
Metronidazole

**VAGINAL ANTIFUNGALS**

Clotrimazole  
Miconazole  
Terconazole

**VAGINAL ESTROGEN PREPARATIONS**

Premarin

**URINARY PH MODIFIERS**

Potassium Citrate ER

**URINARY TRACT ANESTHETIC/ANALGESIC AGENT**

Phenazopyridine

**BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS (PA required)**

Alfuzosin  
Finasteride  
Tamsulosin

**ANTI-ANXIETY DRUGS**

Alprazolam  
Buspirone  
Chlordiazepoxide  
Clorazepate  
Diazepam  
Hydroxyzine  
Lorazepam  
Oxazepam

**ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS**

Mirtazapine

**SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)**

Nefazodone  
Trazodone

**MAO INHIBITORS**

Phenelzine  
Tranylcypromine

**SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)**

Citalopram  
Escitalopram  
Fluoxetine (except 60mg)  
Fluvoxamine Maleate  
Paroxetine  
Sertraline

**SEROTONIN-NOREPINEPHRINE REUPTAKE — INHIB (SNRIS)**

Venlafaxine  
Venlafaxine ER

**TRICYCLIC ANTIDEPRESSANTS AND REL. NON-SEL. RU-INHIB**

Amitriptyline  
Amoxapine  
Clomipramine  
Desipramine  
Doxepin  
Imipramine  
Maprotiline  
Nortriptyline  
Protriptyline  
Trimipramine

**NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)**

Bupropion, SR



**ANTIPSYCHOTICS, ATYPICAL**

The Department of Health Services, through the Medi-Cal FFS program, has assumed responsibility for antipsychotic medications. This list may not be all-inclusive. Pharmacies must bill these medications directly to Medi-Cal Fee-for-Service. Prior authorization from the plan is not required.  
Medi-Cal: 1-800-541-5555

Aripiprazole  
Clozapine  
Loxapine  
Olanzapine, -ODT  
Paliperidone ER  
Quetiapine  
Risperidone, -ODT  
Ziprasidone

**ANTIPSYCHOTICS, TYPICAL**

The Department of Health Services, through the Medi-Cal FFS program, has assumed responsibility for antipsychotic medications. This list may not be all-inclusive. Pharmacies must bill these medications directly to Medi-Cal Fee-for-Service. PA from the plan is not required.  
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Chlorpromazine  
Haloperidol  
Haloperidol/Decanoate  
Fluphenazine  
Perphenazine  
Prochlorperazine  
Thioridazine  
Thiothixene  
Trifluoperazine

**TRICYCLIC ANTIDEPRESSANT/  
PHENOTHIAZINE COMBINATIONS**

Amitriptyline w/Perphenazine

**TRICYCLIC ANTIDEPRESSANT/  
BENZODIAZEPINE  
COMBINATIONS**

Amitriptyline/Chlordiazepoxide

**MOOD STABILIZERS**

The Department of Health Services, through the Medi-Cal FFS program, has assumed responsibility for lithium. This list may not be all-inclusive. Pharmacies must bill these medications directly to Medi-Cal FFS. PA from the plan is not required.  
Medi-Cal: 1-800-541-5555

Lithium Carbonate, -er

**BARBITURATES**

Phenobarbital

**SEDATIVE-HYPNOTICS,  
NON-BARBITURATES**

Chloral Hydrate  
Doxylamine  
Estazolam  
Flurazepam  
Temazepam  
Triazolam  
Zaleplon  
Zolpidem

**TX FOR ATTENTION DEFICIT-  
HYPERACT (ADHD)/NARCOLEPSY**

Amphetamine/D-amphetamine  
Caffeine Citrate  
Dextroamphetamine  
Dexmethylphenidate  
Methylphenidate, -ER, -SR  
Modafinil  
Strattera (ST required)

**CHOLINESTERASE INHIBITORS**

Donepezil  
Galantamine  
Namenda  
Rivastigmine

**SMOKING DETERRENT AGENTS**

Bupropion, -SR  
Nicotine gum  
Nicotine lozenge  
Nicotine patch

**DRUGS TO TREAT MULTIPLE  
SCLEROSIS (PA REQUIRED)**

Avonex  
Betaseron  
Copaxone  
Extavia  
Gilenya  
Rebif  
Tecfidera

**ALCOHOL ANTAGONIST**

Disulfiram

**ANALGESIC/ANTIPYRETICS,  
SALICYLATES**

Aspirin  
Choline Magnesium  
Diflunisal  
Salsalate

**ANALGESIC/ANTIPYRETICS,  
NON-SALICYLATE**

APAP -Diphenhydramine

**ANTIMIGRAINE PREPARATIONS**

Apap-Butalbital  
Apap/Dichlphen/Isomethop  
Apap/Asa/Caff  
Apap/Phenyltolox  
Apap/Pyrimilamine/Caff  
Asa/Butalb/Caff/Cod  
Butalbital/Apap/Caffeine  
Butalbital/Caf/Apap/Cod  
Butalbital/Asa/Caffeine  
Ergotamine-Caffeine  
Naratriptan  
Sumatriptan

**ANALGESICS, NARCOTICS**

Acetaminophen/Cod  
Aspirin/Codeine  
Butorphanol  
Carisoprodol  
Carisoprodol Compound  
Carisoprodol/aspirin/codeine  
Codeine  
Fentanyl patch (PA)  
Fentanyl citrate lozenge (PA)  
Hydrocodone/Apap  
Hydromorphone  
Meperidine  
Methadone (PA)  
Morphine Sulfate ER tabs (PA)  
Oramorph  
Oxycodone  
Oxycodone-Apap  
Oxycodone-Aspirin  
Pentazocine-Apap  
Pentazocine-Naloxone  
Tramadol, -Apap

**NARCOTIC ANTAGONISTS**

The Department of Health Services, through the Medi-Cal FFS program, has assumed responsibility for detoxification agent medications. This list may not be all-inclusive. Pharmacies must bill these medications directly to Medi-Cal FFS. PA from the plan is not required.  
Medi-Cal: 1 800 541 5555

Buprenorphine/naloxone tabs  
Naltrexone  
Naloxone inj  
Narcan nasal spray

**(PA REQUIRED) NSAIDS,  
CYCLOOXYGENASE INHIBITOR  
— TYPE**

Diclofenac  
Etodolac (PA required)  
Fenoprofen  
Flurbiprofen  
Ibuprofen, -Apap, Diphehydramine  
Indomethacin  
Ketoprofen (PA required)  
Ketorolac  
Meclofenamate  
Meloxicam  
Nabumetone (PA required)  
Naproxen  
Oxaprozin  
Piroxicam  
Sulindac  
Tolmetin

**ANTI-INFLAMMATORY TUMOR  
NECROSIS FACTOR INHIBITOR**

Enbrel (PA required)  
Humira (PA required)

**ANTI-INFLAMMATORY, PYRIMIDINE  
SYNTHESIS INHIBITOR**

Leflunomide  
Ridaura

**ANTIARTHRITIC, FOLATE ANTAGONIST  
AGENTS**

Methotrexate

**HYLAURONIC ACIDS (PA REQUIRED)**

Euflexxa  
Gelsyn  
Supartz

**HYPERURICEMIA TX — PURINE  
INHIBITORS**

Allopurinol

**URICOSURIC AGENTS**

Probenecid

**URINE GLUCOSE TEST AIDS****COLCHICINE**

Probenecid-Colchicine

**ANTICONSULSANTS**

Carbamazepine  
Clonazepam  
Diazepam, Rectal  
Divalproex  
Ethosuximide  
Felbamate  
Gabapentin  
Lamotrigine IR  
Levetiracetam  
Oxcarbazepine  
Phenytoin  
Phenytek  
Primidone  
Tiagabine  
Topiramate  
Valproic Acid  
Zonisamide

**ANTIPARKINSONISM DRUGS,  
ANTICHOLINERGIC**

The Department of Health Services, through the Medi-Cal FFS program, has assumed responsibility for Benzotropine. This list may not be all-inclusive. Pharmacies must bill these medications directly to Medi-Cal FFS. PA from the plan is not required.  
Medi-Cal: 1-800-541-5555

Benzotropine  
Trihexyphenidyl

**ANTIPARKINSONISM DRUGS, OTHER**

Amantadine  
Bromocriptine  
Carbidopa/Levo/entacapone  
Entacapone  
Pramipexole  
Ropinirole  
Selegiline

**SKELETAL MUSCLE RELAXANTS**

Baclofen  
Carisoprodol, -ASA, -Codeine  
Chlorzoxazone  
Cyclobenzaprine (except 7.5mg)

Dantrolene Methocarbamol Orphenadrine (PA Required) Rilutek (PA Required) Tizanidine tablets	<b>PLATELET REDUCING AGENTS</b> Anagrelide	<b>OTIC PREPARATIONS, ANTIBIOTICS</b> Ciprofloxacin Flouxin 0.3% Neo/Polymyxin/HC Ofloxacin Praxoxine/HC	Iodoquinol/Hydrocortisone Ketoconazole Cream Ketoconazole Shampoo Lotrimin Spray Lotrimin Ultra Cream Miconazole Cream Miconazole Spray Nystatin Cream Nystatin Ointment Nystatin Powder Terbinafine Tolnaftate Tolnaftin
<b>OTHER CNS/AUTONOMIC DRUGS</b> Pyridostigmine	<b>MIOTICS/OTHER INTRAOC.</b> <b>PRESSURE REDUCERS</b> Acetazolamide Apraclonidine Betaxolol Brimonidine Carteolol Dorzolamide Dozolamide-Timolol Latanoprost Levobunolol Methazolamide Metipranolol Pilocarpine Timolol	<b>FLUORIDE PREPARATIONS</b>	
<b>VITAMIN B12 PREPARATIONS</b> B12 500 mcg Lozenge		<b>PERIODONTAL COLLAGENASE INHIBITORS</b> Doxycycline	
<b>VITAMIN K PREPARATIONS</b> Mephyton 5mg tab		<b>DENTAL AIDS AND PREPARATIONS</b> Triamcinolone Sodium fluoride drops Stannous fluoride rinse	<b>ANTIPSORIATIC AGENTS</b> 8-MOP Calcipotriene Dovonex (PA Required) Selenium sulfide lotion Selenium sulfide shampoo
<b>FOLIC ACID PREPARATIONS</b> Folic Acid 1 mg	<b>MYDRIATICS</b> Atropine	<b>HEMORRHOIDAL PREPARATIONS</b> HC Pramoxine Lidocaine-Prilocaine	
<b>IRON REPLACEMENT</b>		<b>VITAMIN A DERIVATIVES (PA required)</b> Adapalene Tretinoin	<b>TOPICAL ANTIVIRALS</b> Abreva
<b>MULTIVITAMINS (GENERIC)</b>	<b>OPHTHALMIC ANTIBIOTICS</b> Bacitracin Bacitracin-Polymyxin Ciprofloxacin Erythromycin Gentamicin Levofloxacin Neo-Bacit-Poly Neomycin/Poly/Gram Ofloxacin Polymyxin, -TMP Sulfacetamide Tobramycin	<b>KERATOLYTICS</b> Benzoyl Peroxide	<b>TOPICAL ANTINEOPLASTIC AND PREMALIGNANT</b> Fluorouracil
<b>PEDIATRIC VITAMIN PREPARATIONS</b>		<b>ACNE AGENTS, SYSTEMIC (PA required)</b> Amnesteem Claravis Sotret	<b>TOPICAL ANTI-INFLAMMATORY STEROIDAL AGENTS</b> <i>Low Potency:</i> Hydrocortisone cream, ointment, solution <i>Medium Potency:</i> Betamethasone dip lotion Betamethasone val cream Fluticasone cream, ointment Mometasone cream, ointment, lotion Triamcinolone cream, ointment <i>High Potency:</i> Amcinonide ointment Betamethasone dip cream Betamethasone val oint Fluocinonide E cream <i>Very High Potency:</i> Clobetasol prop E cream Clobetasol prop cream, gel, ointment, solution Halobetasol crm, oint
<b>PRENATAL VITAMIN PREPARATIONS</b>	<b>EYE ANTIBIOTIC-CORTICOID COMBINATIONS</b> Neo-Bacit-Poly-Hc Neomycin-Poly-Hc Neo-Polymyxin-Dexameth	<b>ACNE AGENTS, TOPICAL</b> Benzoyl Peroxide 5%, 10% gel (OTC products) Urea Clindamycin 1% gel, pledgets Clindamycin Phos-Benzoyl Peroxide 1.2%-5% gel Erythromycin 2% soln, pledgets Sod.Sulfacet/Sulfur, -Urea Tretinoin 0.1% tube Tretinoin 0.05% emollient cr	
<b>CALCIUM REPLACEMENT</b>		<b>ROSACEA AGENTS, TOPICAL</b> Metronidazole	
<b>POTASSIUM REPLACEMENT</b>	<b>EYE ANTIVIRALS</b> Trifluridine	<b>TOPICAL ANTIBIOTICS</b> Bacitracin Bacitracin-Polymyxin Erythromycin Gentamicin Mupirocin Neomycin-Bacitracin-Polymixin	<b>TOPICAL IMMUNOMODULATORS (PA required)</b> Imiquimod Tacrolimus oint (PA required)
<b>POTASSIUM REMOVING RESINS</b>	<b>EYE LOCAL ANESTHETICS</b> Proparacaine		<b>TOPICAL ANESTHETICS</b> Lidocaine jelly Lidocaine 5% patch Lidocaine-Prilocaine
<b>SODIUM POLYSTYRENE SULFATE SUSPENSION</b>	<b>EYE ANTIHISTAMINES</b> Epinastine	<b>TOPICAL ANTIFUNGALS</b> Cicloclan 8% Soln Ciclopirox 8% Soln Ciclopirox Cream (PA) Ciclopirox Suspension (PA) Clioquinol/Hydrocortisone Clotrimazole Cream Clotrimazole Solution Clotrimazole-Betamethasone crm, lot Fungoid Tincture	<b>TOPICAL ANTIPARASITICS</b> Malathion Permethrin Piperonyl
<b>ELECTROLYTE REPLACEMENT</b>	<b>EYE ANTI-INFLAMMATORY AGENTS</b> Dexamethasone Diclofenac 0.1% drops Fluorometholone Flurbiprofen Prednisolone		<b>ANTISEPTICS, GENERAL</b> Chlorhexidine gluconate
<b>HEMATINICS, OTHER</b> Procrit (PA Required)			
<b>HEPARIN AND RELATED PREPARATIONS</b> Heparin Enoxaparin (PA required)	<b>OTIC PREPARATIONS, ANTI-INFLAMMATORY – ANTIBIOTICS</b> Neomycin-Polymixin-Dexa Sulfacetamide-Prednisolone Tobramycin-Dexamethasone		
<b>ORAL ANTICOAGULANTS, COUMARIN TYPE</b> Eliquis Warfarin Xarelto	<b>OTIC PREPARATIONS, LOCAL ANESTHETICS</b> Benzocaine		
<b>ANTIFIBRINOLYTIC AGENTS</b> Aminocaproic Acid			
<b>PLATELET AGGREGATION INHIBITORS</b> Cilostazol Clopidogrel (PA required) Dipyridamole Ticlopidine			
<b>HEMORRHOLOGIC AGENTS</b> Pentoxifylline			

<b>CONDOMS</b>	Bexsero
<b>DIAPHRAGMS/CERVICAL CAP</b>	Boostrix
	Cervarix
	Daptacel
<b>NEEDLES/NEEDLELESS DEVICES</b>	Diphtheria-tetanus toxoids-ped
	Engerix-b
<b>SYRINGES AND ACCESSORIES</b>	Flu vaccine syringe/vial
	Gardasil
<b>RESPIRATORY AIDS, DEVICES, EQUIPMENT</b>	Gardasil 9
	Havrix
	Hiberix
<b>RUBBER SYRINGES</b>	Imovax rabies vaccine
Nasal Aspirator	Infanrix
	Kinrix
<b>IMMUNOSUPPRESSANTS</b>	Menactra
CellCept oral solution	Menhibrix
Cyclosporine	Menomune
Gengraf	Menveo
Mycophenolate	M-M-R II vaccine
Rapamune	Pediarix
Sandimmune Oral Soln	Pedvaxhib
Tacrolimus	Pentacel
	Pentacel acthib component
<b>CHELATING AGENTS (WILSON'S DISEASE)</b>	Pneumovax 23 ** (age limit 50 years of age and older)
Cuprimine	Prevnar 13 ** (age limit 50 years of age and older)
Depen	Proquad
Syprine	Quadracel dtap-ipv
<b>VACCINES (AGE 18 AND OVER, 17 AND YOUNGER MAY ACCESS VACCINES THROUGH CA VACCINES FOR CHILDREN, VFC PROGRAM)</b>	Rabavert
Flu vaccine	Recombivax hb
Pneumococcal vaccine	Tenivac
Acthib	Tetanus diphtheria toxoids
Adacel	Trumenba
	Twinrix
	Vaqta
	Varivax vaccine
	Zostavax** (age limit 60 years of age and older)



