

County of San Diego
County Medical Services (CMS) Program

DRUG FORMULARY



April 2014

This document has been prepared by AmeriChoice for the County of San Diego and is updated at least quarterly throughout the year. Please be sure to confer with the website at http://www.sdcounty.ca.gov/hhsa/programs/ssp/county_medical_services/index.html to ensure this is the most recent version.

San Diego County CMS Drug Formulary

The County of San Diego has contracted with AmeriChoice as their Administrative Services Organization (ASO) for the County Medical Services (CMS) Program. In turn, AmeriChoice has contracted with Catamran® to act as the Pharmacy Benefits Manager (PBM).

The CMS Pharmacy and Therapeutics (P&T) Committee determines the content of this formulary. Additions to this formulary are recommended by the P&T Committee and must be approved by the County. To request the review of a new product, complete the "Request for Formulary Change" form located at the end of this document and fax to the Medical Management Services Manager at AmeriChoice at (855) 394-7927.

FORMULARY FORMAT

Generic Products

1. The Formulary is generic based.
2. When a brand name drug is ordered and a generic equivalent is available, the generic will be dispensed by the pharmacy. The prescriber must justify any exception and the "Drug Prior Authorization" form must be completed and faxed to Catamran® at (866) 511-2202. The Drug Prior Authorization Form is also located at the end of the formulary.

Maximum Allowable Limits

Except as otherwise noted below, enrollees can receive a 30-day supply of prescribed medications.

Exceptions:

- Certain classes of medications used to treat chronic diseases, such as asthma controller medications, statins, blood thinners, ACE-I and ARBs, Insulins, and Beta blockers, may be filled for a 90 day supply if the prescription is written for a 90 day supply. **MEDICATIONS WITH A 90 DAY FILL ARE NOTED WITH AN ASTERICK IN THE FORMULARY.**
- Refills are allowed after 23 days.
- One vacation supply is allowed every 12 months, to a max of one 60 day supply per medication per 12 months.
- One "lost prescription" supply is allowed every 12 months, to a max of a 30 day supply for one lost prescription per medication per 12 months.
- Quantity limits of drugs are noted as applicable. Products containing aspirin have a quantity limit of 4 grams per day. Products containing acetaminophen have a quantity limit of 3 grams per day.

Code 1 Restrictions

Products with this notation are limited to prescriber's specialty, to a restricted amount, to specific diagnoses, or to step therapy.

Formulary Exclusions

- Medication prescribed for cosmetic purposes
- Medications prescribed for the treatment of mental health conditions
- All OTC products not included in this listing
- Oral birth control and birth control devices for non-pathological reasons
- Nicotine and smoking cessation products
- Experimental drugs, drugs used in an experimental manner, and all drugs without FDA approval
- Medications for the treatment of drug and alcohol abuse
- Medications for the treatment of erectile dysfunction
- Medications related to transgender care
- Drug and alcohol abuse treatment
- Compounded medications

Authorization Policy

Every provider has the right to request coverage of a non-formulary medication. However, medical justification for using a non-formulary medication is required. First, please review any notations found under the "Utilization Management" column in the drug category type of the non-formulary medication. Second, complete the "Drug Prior Authorization" form found at the end of this document and fax to Catamran® at (866) 511-2202. Additionally, you may contact Catamran® Customer Service by phone (800-626-0072) which is available 24 hours a day, every day, to assist with any formulary questions.

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Generic Name	Representative Brand Name	Utilization Management
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Denials and Appeals

When a product is excluded or is not medically justified, Catamaran® will issue a provisional denial to the pharmacy and/or the prescriber. As the CMS Medical Director completes the denial, the prescriber and the enrollee are issued written notification. Appeals may be made directly to CMS, and instructions for submitting an appeal are incorporated in the denial notice.

Formulary Updates

This formulary is published on the Web and is updated on a quarterly basis. The most recent document is located at: www2.sdcountry.ca.gov/hhsa/documents/Formulary.pdf

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Generic Name	Representative Brand Name	Utilization Management
<u>INFECTIOUS DISEASE AGENTS</u>		
<i>Penicillins</i>		
Amoxicillin Oral	Trimox	
Amoxicillin & Potassium Clavulanate Oral	Augmentin, Augmentin XR	
Ampicillin Oral	Ampicillin	
Dicloxacillin Sodium Oral	Dicloxacillin Sodium	
Penicillin G Benzathine	Bicillin LA	1.2 MU per syringe (2ml) and 2.4 MU per syringe (4ml) only.
Penicillin V Potassium Oral	Pen-VK, Veetids	
<i>Cephalosporins</i>		
Cefixime Tab 400mg Oral	Suprax	
Cephalexin Monohydrate	Keflex	
Cefdinir Oral	Omnicef	
Cefpodoxime Proxetil Oral	Vantin	
<i>Fluroquinolones</i>		
Ciprofloxacin HCl 250mg, 500mg, 750mg Tab Oral	Cipro	Limited to 28/14 days.
Levofloxacin Tab Oral	Levaquin	Code 1 Restriction: For diagnosis of Pneumonia. Limited to 10 tablets/10 days.
<i>Macrolides</i>		
Azithromycin 250mg, 500mg Tab Oral	Zithromax	Limited to 6 tablets/fill and 2 fills/month for 250mg; 3 tablets/fill and 2 fills/month for 500mg.
Azithromycin Susp Oral	Zithromax	Code 1 Restriction: For diagnosis of community-acquired pneumonia only.
Clarithromycin 250mg, 500mg Tab Oral	Biaxin	Limited to 28 tablets/14 days.
Erythromycin Base Oral	Erythromycin	
Erythromycin Delayed Release Oral	E-Mycin, Eryc, Ery-Tab	
Erythromycin w/EC Particles Oral	PCE	
Erythromycin Ethylsuccinate Oral	E.E.S.	
Erythromycin Stearate Oral	Erythrocin	
<i>Misc. Anti-Infectives</i>		
Atovaquone	Mepron	
Clindamycin HCL Cap Oral	Cleocin	
Dapsone Oral	Dapsone	
Metronidazole Tab Oral	Flagyl	
Pentamidine	Nebupent, Pentam	Inhaled or injection forms only.
Trimethoprim	Trimplex, Proloprim	Oral form only.
Trimethoprim/ Sulfamethoxazole Oral	Bactrim, Bactrim DS	

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Generic Name	Representative Brand Name	Utilization Management
Sulfonamides		
Sulfadiazine	Lantrisol	Oral form only.
Sulfisoxazole Powder	Sulfisoxazole	
Sulfisoxazole Acetyl Oral	Gantrisin	
Tetracyclines		
Doxycycline Hyclate Cap 50mg & 100mg, Tab 100mg Oral	Vibramycin, Vibratab	
Tetracycline HCl Oral	Sumycin	
Amebicides		
Iodoquinol Oral	Yodoxin	
Paromomycin	Paromycin	
Aminoglycosides		
Neomycin Sulfate Oral	Neomycin Sulfate, Neo-Fradin	
Anthelmintics		
Mebendazole Oral	Vermox	
Pyrantel Pamoate Oral	Pin-X, Antiminth	
Thiabendazole Oral	Mintezol	
Antifungals		
Fluconazole Tab 50mg, 100mg, 150mg Oral	Diflucan	Limited to 1 tablet/fill, 2 fills/month. Code 1 – 100mg approved with the diagnosis of oral thrush.
Flucytosine	Ancobon	
Itraconazole Caps	Sporanox	
Ketoconazole Tab Oral	Nizoral	
Nystatin	Mycostatin	
Terbinafine	Lamisil	
Antimalarials		
Chloroquine Phosphate Tab Oral	Aralen	
Hydroxychloroquine Sulfate Oral	Plaquenil	
Primaquine Phosphate Oral	Primaquine phosphate	
Pyrimethamine Oral	Daraprim	
Quinine Sulfate Tab 324mg Oral	Qualaquin	
Antimycobacterial Agents		
Isoniazid Oral	Nydrazid	Prior Authorization required for Tuberculosis.
Rifampin Oral	Rifadin	

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Generic Name	Representative Brand Name	Utilization Management
Antivirals		
Acyclovir Oral	Zovirax	
Oseltamivir	Tamiflu	
<u>ANTINEOPLASTIC AGENTS</u>		
Antineoplastic Agents		Oral agents are covered up to \$1500. Prior Authorization required for agents greater than \$1500.
<u>ENDOCRINE AND METABOLIC DRUGS</u>		
<u>Glucocorticosteroids</u>		
Cortisone Acetate Oral	Cortisone	
Dexamethasone Oral	Decadron, Dexone	
Hydrocortisone Tab Oral	Cortef	
Prednisolone	Prelone	
Prednisolone Sodium Phosphate Powder	Prednisolone	
Prednisolone Sodium Phosphate Oral		
Prednisone Oral	Meticorten, Deltasone, Liquid Pred	
<u>Mineralocorticoids</u>		
Fludrocortisone Acetate Oral	Florinef	
<u>DIABETIC AGENTS</u>		
*Insulins may be filled for a 90 day supply if the prescription is written as such.		
Human Insulin		Limited to vials only.
*Insulin Aspart Inj 100 U/mL	Novolog	Limited to 2 vials/month
*Insulin Aspart Prot & Aspart Inj 100 U/mL	Novolog Mix	
*Insulin Detemir Inj U/mL	Levemir	Limited to 4 vials/month
*Insulin Glargine Inj 100 U/mL	Lantus (vials only)	Limited to 4 vials/month
*Insulin Lispro Inj 100 U/mL	Humalog	
*Insulin Lispro Prot & Lispro Inj 100 U/mL (75-25)	Humalog Mix 75/25	
*Insulin Regular Inj 100 U/mL	Humulin R, Novolin R	Limited to 2 vials/month
*Insulin Regular Inj 500 U/mL	Humulin R	Limited to 2 vials/month
*Insulin Isophane Inj 100 U/mL	Humulin N, Novolin N	Limited to 2 vials/month
*Insulin Regular & Isophane Inj 100 U/mL	Humulin 70/30 Novolin 70/30	Limited to 2 vials/month
*Insulin Regular & Isophane Inj 100 U/mL (50)	Humulin 50/50	Limited to 2 vials/month
*Insulin Zinc Inj 100 U/mL	Humulin L, Novolin L	Limited to 2 vials/month

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Generic Name	Representative Brand Name	Utilization Management
<i>Sulfonylureas</i>		
Glimepiride Oral	Amaryl	Limited to 1/tablet/day for 1mg & 2mg and 2 tablets/day for 4mg
Glipizide Tab Oral	Glucotrol	
Glyburide Oral	Diabeta Micronase	Limited to 120/30 days
Glyburide Micronized	Glynase	Limited to 120/30 days
<i>Biguanides–Metformin</i>		
Metformin HCL Oral	Glucophage	Limited to 2500 mg/day
Glyburide/Metformin Tab	Glucovance	
<i>Other Antidiabetics</i>		
Glucagon Kit Injection	Glucagon Kit	
Glucose Chew Tab Oral	BD – Glucose Chw	
<i>Thiazolidinediones</i>		
Pioglitazone Oral	Actos	Contingent Therapy: To be used in conjunction with Sulfonylureas, Biguanides or Alpha-Glucosidase Inhibitors
Pioglitazone/Metformin	Actoplus Met	
<i>Thyroid Hormones</i>		
Levothyroxine Sodium Oral	Synthroid, L-Thyroxine, Levothroid, Levoxyl, Euthyrox	Available as “Do Not Substitute”
Liothyronine Sodium Oral	Cytomel	
<i>Antithyroid Agents</i>		
Methimazole Oral	Tapazole	
Propylthiouracil Oral	Propylthiouracil (PTU)	
<i>Vasopressin</i>		
Cabergoline Oral	Dostinex	
Desmopressin Acetate Oral, Nasal Spray	DDAVP	

CARDIOVASCULAR AGENTS

<i>Anti-Arrhythmia</i>		
Disopyramide Phosphate Oral	Norpace CR	
Dofetilide Oral	Tikosyn	
Flecainide Acetate Oral	Tambocor	
Mexiletine HCL	Mexiletine	
Moricizine HCL Oral	Ethmozine	
Procainamide HCL Oral	Pronestyl	
Propafenone HCL Oral	Rythmol	
Quinidine Gluconate CR Oral	Quinidine	

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Generic Name	Representative Brand Name	Utilization Management
Quinidine Sulfate Tab Oral	Quinidex	
ACE Inhibitors		
*ACE Inhibitors may be filled for a 90 day supply if the prescription is written as such.		
*Benazepril HCL Oral	Lotensin	
*Captopril Oral	Capoten	
*Enalapril Oral	Vasotec	
*Lisinopril Oral	Prinivil, Zestril	
Adrenolytics-Central		Avoid in elderly enrollees
Clonidine HCL Oral	Catapres	
Methyldopa Oral	Aldomet	
Alpha-Blockers		
Doxazosin Mesylate Oral	Cardura	
Prazosin HCL Oral	Minipress	
Terazosin Oral	Hytrin	
Finasteride	Proscar	Contingent therapy: For enrollee failing therapy with Terazosin.
Angiotensin II Inhibitors		
*Angiotensin II Inhibitors may be filled for a 90 day supply if the prescription is written as such.		
*Olmesartan Tabs	Benicar	
*Losartan Oral	Cozaar	Code 1 Restriction: For enrollee failing therapy with or intolerant to ACE Inhibitors.
Angiotensin II Inhibitor Combinations		
*Angiotensin II Inhibitor Combinations may be filled for a 90 day supply if the prescription is written as such.		
*Losartan-HCTZ Oral	Hyzaar	Code 1 Restriction: For enrollee failing therapy with or intolerant to ACE Inhibitors. Limited to 1/day
Anti-Anginals, Other		
Dipyridamole Oral	Persantine	
Beta-Blockers Non-Selective		
*Beta-Blockers Non-Selective may be filled for a 90 day supply if the prescription is written as such.		
*Propranolol HCL Oral	Inderal, Inderal LA	
*Sotalol HCl Oral	Betapace, Betapace AF	

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Generic Name	Representative Brand Name	Utilization Management
Beta-Blockers Cardio-Selective		
*Beta-Blockers Cardio-Selective may be filled for a 90 day supply if the prescription is written as such.		
*Atenolol Oral	Tenormin	
*Metoprolol Succinate SR Oral	Toprol XL	Code 1 Restriction: For Heart Failure. Limited to 1 tablet/day
*Metoprolol Tartrate Oral	Lopressor	
Alpha-Beta Blockers		
*Alpha-Beta Blockers may be filled for a 90 day supply if the prescription is written as such.		
*Carvedilol Tab Oral	Coreg	Code 1 Restriction: For Heart Failure, MI or Diabetes. Limited to 2 tablets/day
*Labetalol HCL Oral	Trandate, Normodyne	
Calcium Blockers		
Amlodipine Besylate Oral	Norvasc	Limited to 1 tablet/day
Diltiazem HCL CR Oral	Cardizem SR, Diltiazem ER	
Diltiazem HCL Oral	Cardizem	
Diltiazem HCL SR/24hr Oral	Dilacor XR	
Nimodipine Cap Oral	Nimotop	
Verapamil HCL Tab Oral	Calan, Isoptin	
Digitalis		
Digoxin Oral	Lanoxin	
Nitrates		
Isosorbide Dinitrate Oral	Isordil, Sorbitrate Isosorbide Dinitrate Oral Tabs & Chew Tabs	
Isosorbide Dinitrate SL Oral	Isordil	
Isosorbide Mononitrate Oral	Monoket, ISMO Imdur	
Nitroglycerin Buccal Oral	Nitrogard	
Nitroglycerin SL Tab & Aer Oral	Nitrostat, Nitrotab, Nitroquick	
Nitroglycerin Intravenous Soln	Nitroglycerin	
Nitroglycerin CR Oral	Nitro-Time, Nitroglyn	
Nitroglycerin Oint 2% Transdermal	Nitrobid Nitrol	
Nitroglycerin TD Transdermal	Nitro-Dur, Minitran, Transderm-Nitro, Deponit, Nitrodisc	

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Generic Name	Representative Brand Name	Utilization Management
Carbonic Anhydrase Inhibitors		
Acetazolamide Oral	Acetazolamide	
Methazolamide Oral	Neptazane	
Loop Diuretics		
Furosemide Oral	Lasix	
Potassium Sparing Diuretics		
Spironolactone Oral 25mg, 50mg, 100mg	Aldactone	
Thiazides		
Chlorthalidone 25mg, 50mg, 100mg tablet Oral	Hygroton	Limited to 1 tablet per day
Hydrochlorothiazide (HCTZ) Oral	Hydrodiuril, Oretic, Esidrix, Microzide	
Indapamide Oral	Lozol	
Metolazone Oral	Zaroxolyn	Code 1: For Impaired Renal Function or CHF
Combination Diuretics		
Spironolactone & HCTZ Oral	Aldactazide	
Triamterene & HCTZ Oral	Dyazide, Maxzide	
Vasodilators		
Hydralazine HCL Oral	Apresoline	
Minoxidil Oral	Loniten	
Anaphylaxis Therapy Agents		
Epinephrine HCl Injection (Anaphylaxis)	Epipen, Epipen Jr.	Code 1 for Epipen Jr. : Approve for enrollees <30kg
Epinephrine-Chlorpheniramine	Ana-Kit	
Bile Sequestrants		
Cholestyramine Powder Can Oral Cholestyramine Powder & Packets Oral	Questran/Lite	
Antihyperlipidemics: Fenamates		
Gemfibrozil Oral	Lopid	
Fenofibrate Oral	Lofibra	Available as the following strengths; 54mg tablet, 67mg capsule, 134mg capsule, 160mg tablet, and 200 mg capsule.

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Generic Name	Representative Brand Name	Utilization Management
Antihyperlipidemics: HMG-CoA Reduase Inhibitor		
*Antihyperlipidemics: HMG-CoA Reduase Inhibitors may be filled for a 90 day supply if the prescription is written as such.		
*Atorvastatin Oral 40mg, 80mg	Lipitor	Contingent Therapy: For enrollee failing therapy with or intolerant to Simvastatin. Limited to 1 tablet/day
*Lovastatin Oral	Mevacor	
*Simvastatin Oral	Zocor	
*Pravastatin Oral	Pravachol	
Nicotinic Acid Derivatives		
Niacin	Vitamin B-3	
Niacin Tab CR	Niaspan	Contingent Therapy: For enrollee failing therapy with or intolerant to niacin. Limited to 1 tablet/day
RESPIRATORY AGENTS		
Antihistamines-Alkylamines		
Cyproheptadine HCL Oral	Periactin	
Diphenhydramine HCL capsule, tablet Oral	Benadryl, Diphedryl	
Promethazine HCL Oral	Phenergan, Phenergan Forte	
Promethazine HCL Suppos Rectal	Phenergan	
Antihistamines-Non-Sedating		
Loratadine 10mg Tab Oral (OTC)	Claritin	Limited to 1 tablet/day
Nasal Steroids		
Flunisolide 0.025% Nasal	Nasalide	Code 1 Restriction: For diagnosis of nasal polyps, chronic sinusitis, or asthma. Limited to 1 unit/month
Fluticasone Propionate Nasal	Flonase	Code 1 Restriction: For diagnosis of nasal polyps, chronic sinusitis, or asthma. Limited to 1 unit/month
Expectorants		
Guaifenesin Oral	Organidin NR, Diabetic Tus, Robitussin Cold/Cough, Naldecon Sr	

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Generic Name	Representative Brand Name	Utilization Management
Miscellaneous Respiratory		
Sodium Chloride Soln Nebu 0.9%	Broncho Saline	
Decongestant or Decongestant Combinations		
Phenylephrine-GG Oral	Rescon-GG	
Promethazine & Phenylephrine Syrup 6.25-5mg/5mL Oral	Phenergan VC	
Pseudoephedrine HCL Oral	Sudafed	
Pseudoephedrine w/DM-GG Cap 30-10-200mg Oral	Robitussin Cod/Cgh, Novahistine-DMX	
Pseudoephedrine-GG/CR Oral	Humibid, Guaifed, Robitussin PE, Guaifed-PD	
Tripolidine & Pseudoephedrine Oral	Actifed	
Antitussive-Antihistamine Narcotic		
Codine-GG Oral	Tussi-Organ, Robitussin A-C	
Narcotic (codeine cough syr)	Phenergan w/Codeine, etc.	Limited to 240 mL/fill, maximum of 3 fills/month.
Antitussive Non-Narcotic		
Chlorpheniramine-DM Syrup Oral	Scot-Tussin DM SF	
Dextromethorphan-GG Liquid 10-100mg/5mL Oral	Robitussin DM, Diabetic Tus DM	
Phenylephrine-Chlorphen-DM Oral	Cerose-DM	
Phenylephrine-Pyrimidine-DM Oral	Codimal DM, Codituss DM	
Promethazine-DM Syrup Oral	Phenergan DM	
Pseudoephed-Bromphen-DM Oral	Dimetane-DX, Bromatane DX	
Pseudoephed-Carbinoxamine-DM Liquid Oral	Rondec DM	
Chlorpheniramine & Pseudoephedrine Oral	Sudafed Plus, Chlor-Trimeton, Histex, Deconamine	
Dexbrompheniramine & Pseudoephedrine Oral	Sudex	
Phenylephrine w/DM-GG Oral	Tussex	

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Generic Name	Representative Brand Name	Utilization Management
Anticholinergics		
Ipratropium Bromide Inhalation	Atrovent HFA	
Ipratropium Sol Inh	Atrovent	
Tiotropium	Spiriva Handihaler	Step Therapy: Trial and failure of Atrovent or Combivent.
Mast Cell Stabilizers		
*Mast Cell Stabilizers may be filled for a 90 day supply if the prescription is written as such.		
*Cromolyn Sodium Solution	Intal	Limited to 30/month for aerosol solution
Beta Adrenergics		
*Beta Adrenergics noted with an asterisk may be filled for a 90 day supply if the prescription is written as such.		
Albuterol Sulfate Aero Inhalation	Ventolin HFA	
Albuterol Sulfate Soln Nebu Inhalation	Ventolin, Accuneb	
*Budesonide/Formoterol	Symbicort	
Ipratropium/Albuterol Sol	Duoneb	
Mometasone furoate/Formoterol fumarate dehydrate	Dulera Aer	
Indacaterol Oral Inh.	Arcapta Neohaler Cap	
Salmeterol Xinafoate Powder Disks Inhalation	Serevent Diskus	Limited to 1 unit/month Contingent Therapy: For diagnosis of asthma only. Use with steroid.
Terbutaline Sulfate Oral	Brethine	
Adrenergic Combinations		
Albuterol-Ipratropium Aerosol Inhalation	Combivent Respimat	
Xanthines (Theophylline)		
*Xanthines (Theophylline) may be filled for a 90 day supply if the prescription is written as such.		
*Theophylline Tab ER Oral	Theochron ER	
*Theophylline Tab CR Oral	Theo-24	
Steroid Inhalants		
*Steroid Inhalants may be filled for a 90 day supply if the prescription is written as such.		
*Beclomethasone Dipropionate Inhal Aero	QVAR	
*Fluticasone	Flovent Diskus	

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Generic Name	Representative Brand Name	Utilization Management
Leukotriene Receptor Inhibitors		
*Leukotriene Receptor Inhibitors may be filled for a 90 day supply if the prescription is written as such.		
*Montelukast Sodium TAB Oral	Singulair	
<u>GASTROINTESTINAL AGENTS</u>		
<i>Antiperistaltic Agents</i>		
Diphenoxylate w/ Atropine Oral	Lomotil, Lonox	Limited to 50 tabs or 500ml's/ month
Loperamide HCL Oral	Imodium, Imodium A-D	
<i>Belladonna Alkaloids</i>		
Hyoscyamine Sulfate Oral	Levsinex, Cystospaz-M, Levsin, Levsin SL, Anaspaz, Levbid, Colytrol	
<i>Antispasmodics</i>		
Dicyclomine HCL Oral	Bentyl	
<i>Anticholinergic Combinations</i>		
Belladonna Alkaloids-Phenobarbital Tab & Elixir	Donnatal Tab, Donnatal Elixir	
<i>H-2 Antagonists</i>		
Famotidine Tablet 10mg, 20mg, 40mg Oral	Pepcid	
Ranitidine HCL Tabs 75mg, 150mg, 300mg	Zantac Rx	
<i>Anti-Ulcers: Imidazoles (Proton-Pump Inhibitors)</i>		
** Starting 1/1/14 a quantity limit of 180 days or 6 months with a look back of 365 days will be added to PPI class. In addition, Pantoprazole will become non-formulary.		
Omeprazole Magnesium Tab	Prilosec (OTC)	Limited to 2 tablets/day
Pantoprazole	Protonix	
<i>Miscellaneous Anti-Ulcer</i>		
Sucralfate Oral	Carafate	

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Generic Name	Representative Brand Name	Utilization Management
<i>Anti-Emetics-Anticholinergic</i>		
Meclizine Oral	Antivert	
Promethazine HCL Oral	Phenergan, Phenergan Forte	
Prochlorperazine Maleate Oral Prochlorperazine Maleate Cap CR & Tab Oral	Compazine	
Prochlorperazine Edisylate Oral	Compazine	
Metoclopramide HCL Oral	Reglan	
<i>Gallstone Solubilizing Agents</i>		
Ursodiol Capsule 300mg Oral	Actigall	
<i>GI Stimulants</i>		
Metoclopramide HCL Oral	Reglan	
<i>Intestinal Acidifiers</i>		
Lactulose Syr 10gm/15mL Oral	Cephulac, Enulose Calulose, Choloc, Generlac	Code 1 for Encephalopathy
<i>Laxatives</i>		
Clearlax Polyethylene Glycol 3350 SM Powder	Miralax	
<i>Misc. GI</i>		
Mesalamine Enema Rectal, Suppos Rectal, Oral	Asacol, Asacol HD, Canasa, Rowasa, Pentasa	Limited to 2520mL/6 months for enema
Sulfasalazine Tab & EC Oral	Azulfidine	
<u>ESTROGENS/PROGESTINS</u>		
<u>**Coverage may depend on patient gender</u>		
<i>Estrogen</i>		
Estrogen Vaginal Cream	Estrace	
Estradiol Vaginal Cream	Estrogel	
Estradiol	Femtrace, Estrace	
Estropipate	Orth-est/Ogen	
<i>Progestins</i>		
Medroxyprogesterone Acetate	Provera	

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Generic Name	Representative Brand Name	Utilization Management
<u>GENITOURINARY PRODUCTS</u>		
<i>Calcium Acetate (Phosphate Binder)</i>		
Calcium Acetate (Phosphate Binder) Cap 667mg Oral	PhosLo, Biphos	
<i>Urinary Anti-Infectives</i>		
Nitrofurantoin Susp Oral	Furadantin	
Nitrofurantoin Macrocrystalline Oral	Macrochantin	
Nitrofurantoin Monohydrate Macrocrystalline Oral	Macrobid	
<i>Urinary Antispasmodics</i>		
Bethanechol Chloride Oral	Urecholine	
Hyoscyamine Tab 0.15 mg Oral	Cystospaz	
Oxybutynin Chloride Tab & Syr Oral	Ditropan	
<i>Vaginal Anti-Infectives</i>		
Clindamycin Phosphate CR Vaginal	Cleocin Vaginal	
Metronidazole Gel 0.75% Vaginal	Metrogel Vag Gel, Vandazole	
<i>Vaginal Antifungals</i>		
Nystatin Tab 100000 U Vaginal	Nystatin Vaginal Tab	
Clotrimazole Vaginal Clotrimazole Clotrimazole Tab Cream 1%, Kit Vaginal	Gyne-Lotrimin	
Miconazole Nitrate Vagina Miconazole Nitrate Vagina Kit, Miconazole Nitrate Cream, Suppos VaginalTerconazole Vaginal	Monistat	
<i>Urinary Analgesics</i>		
Phenazopyridine HCL Tab Oral, Kit	Azo-gesic, Pyridium, Urogesic, Uro Femme Kit	
<i>Misc. Genitourinary Agents</i>		
Pentosan Polysulfate Sodium Oral	Elmiron	
Potassium & Sodium Citrates w/Citric Acid Oral	Cytra K, Polycitra, Tricitrates	

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Generic Name	Representative Brand Name	Utilization Management
Genitourinary Irrigants		
Sodium Chloride Irrigation Soln	Sodium Chloride Irrigation Soln	
PSYCHOTHERAPEUTIC AGENTS		
Benzodiazepines		
Clonazepam Tab Oral	Klonopin	Code 1 Restriction: For seizure
Diazepam Tab Oral	Valium	
Miscellaneous Antihistamine Agents		
Hydroxyzine HCL Oral	Atarax	
Hydroxyzine Pamoate Oral	Vistaril	
Tricyclic Agents		Code 1 Restriction: For diagnosis of neuropathy or as an adjunct to pain management.
Amitriptyline HCL Oral	Elavil	
Amoxapine Oral	Ascendin	
Clomipramine HCL Oral	Anafranil	
Desipramine HCL Oral	Norpramin	
Doxepin HCL Oral	Sinequan	
Imipramine HCL Oral	Tofranil	
Nortriptyline HCL Oral	Pamelor	
Protriptyline HCL Oral	Vivactil	
Trimipramine Maleate Oral	Surmontil	
Barbiturate Hypnotics		
Phenobarbital Oral	Phenobarbital	PA required for FDA indications only
ANALGESICS AND ANESTHETICS		
Salicylates		
Maximum acetaminophen daily dose = 3gm/day		
Maximum aspirin daily dose = 4gm/day		
*Salicylates may be filled for a 90 day supply if the prescription is written as such.		
*Aspirin Oral	Bayer ASA, Empirin, Ascriptin, ASA Low Dose, Ecotrin, Genacote	Does not include single source branded products
*Aspirin Suppos Rectal	Aspirin Supp	Does not include single source branded products
*Salsalate Oral	Salflex, Disalcid, Amigesic	
Salicylate Combinations		
Maximum acetaminophen daily dose = 3gm/day		
Maximum aspirin daily dose = 4gm/day		
*Salicylate Combinations may be filled for a 90 day supply if the prescription is written as such.		
*Aspirin Buffered (mg Carbonate-Al Glycinate) 325mg Tab Oral	Aspirin Buffered, Gennin -FC	

San Diego County Drug Formulary

Generic Name	Representative Brand Name	Utilization Management
*Aspirin Buffered 325mg Tab Oral	Buffaprin, Buffered ASA	
Analgesics Other		
Acetaminophen Oral	Tylenol	
Acetaminophen Suppos Rectal	Feverall, Acephen	
Narcotic Agonist		
Methadone HCL Oral		Code 1 for pain. Use for substance abuse is not a covered benefit.
Morphine Sulfate Tab Oral	MSIR	Limited to 12 tablets/day
Morphine Sulfate Tab CR Oral	MS Contin, Oramorph SR	Limited to 4 tablets/day
Tramadol HCL Tab	Ultram	Limited to 8 tablets/day
Narcotic Combinations		Maximum acetaminophen daily dose = 3gm/day Maximum aspirin daily dose = 4gm/day
Oxycodone w/ Acetaminophen 5-325mg, 7.5-325mg, & 10-325mg Tab Oral	Roxicet	
Codeine Combinations		Maximum acetaminophen daily dose = 3gm/day Maximum aspirin daily dose = 4gm/day
Acetaminophen w/ Codeine 300-15mg, 300-30mg, 300-60mg, 650-30 mg Tab Oral	Tylenol/Codeine #2, #3, #4, Vopac	Limited to 60 tablets/month
Acetaminophen w/ Codeine Oral Soln	Tylenol/Codeine	Limited to 500mL/month
Aspirin w/ Codeine 325-15mg, 325-30mg, & 325-60mg Tab Oral	Empirin/Codeine #2, #3, #4	Limited to 60 tablets/month
Hydrocodone Combinations		Maximum acetaminophen daily dose = 3gm/day Maximum aspirin daily dose = 4gm/day
Acetaminophen w/ Hydrocodone 5-500mg, 7.5-750mg, 10-325mg Tab Oral	Lortab 5mg, Norco 10-325mg, Vicodin, Vicodin ES	
Acetaminophen w/ Hydrocodone 7.5-500mg/15mL Soln Oral	Lortab Elixir	Limited to 500mL/month
Nonsteroidal Anti-Inflammatory Agents		
Diclofenac Potassium Oral	Cataflam	Limited to 4 tablets/day
Diclofenac Sodium EC Oral	Voltaren	Limited to 4 tablets/day
Etodolac Cap & Tab Oral	Lodine	Limited to 3 capsules/day for 200mg & 300mg capsules; 3 tablets/day for 400mg tablet and 2 tablets/day for 500mg tablet

San Diego County Drug Formulary

Generic Name	Representative Brand Name	Utilization Management
Fenoprofen Calcium Oral	Nalfon	Limited to 16 tablets/day
Ibuprofen Oral	Motrin	Limited to FDA approved limit
Indomethacin Oral, Suppos Rectal	Indocin	
Meloxicam Tab Oral	Mobic	Limited to 1 tablet/day
Naproxen Oral	Naprosyn	
Naproxen DR Oral	EC-Naprosyn	Code 1: Failure of naproxen or GI disease
Oxaprozin Oral	Daypro	Limited to 2 tablets/day
Piroxicam Oral	Feldene	Limited to 2 capsules/day for 10mg and 1 capsule/day for 20mg
Sulindac Oral	Clinoril	Limited to 2 tablets/day

ANTI-RHEUMATIC AND ANTI-PSORIATIC AGENTS

Folic Acid Antagonist

Methotrexate Oral 2.5mg

MIGRAINE AGENTS

Migraine Products

Maximum acetaminophen daily dose = 3gm/day

Maximum aspirin daily dose = 4gm/day

APAP-Isometheptane-Dichloral Cap 325-65-100mg Oral

Midrin

Opioid Combinations

Maximum acetaminophen daily dose = 3gm/day

Maximum aspirin daily dose = 4gm/day

Butalbital-Acetaminophen-Caff w/ Cod 50-325-40-30mg Cap Oral

Phrenilin w/ Codeine

Butalbital-Acetaminophen 50-650mg Cap, 50-325 mg & 50-650mg Tab Oral

Phrenilin, Sedapop

Butalbital-Aspirin-Caff w/ Codeine 50-325-40-30mg Cap Oral

Fiorinal w/ Codeine

Limited to 60 capsules/month

Aspirin-Caffeine-Butalbital 325-40-50mg Tab & Cap Oral

Fiorinal, Fiortal, Butalbital CPD, Fortabs

Acetaminophen-Caffeine-Butalbital 325-40-50mg Tab & Cap Oral

Esgic, Esgic Plus, Fioricet

Serotonin Agonist

Sumatriptan Spray Nasal

Imitrex NS

Contingent Therapy: For enrollee failing therapy with or intolerant to Cafegot, Midrin, Fioricet, or Fiorinal. Limited to 6 units/month

San Diego County Drug Formulary

Generic Name	Representative Brand Name	Utilization Management
Sumatriptan Succinate Injection	Imitrex	Contingent Therapy: For enrollee failing therapy with or intolerant to Cafergot, Midrin, Fioricet, or Fiorinal. Limited to 4 packages (8 injections)/month
Sumatriptan Succinate Tab Oral	Imitrex	Contingent therapy: For enrollee failing therapy with or intolerant to Cafergot, Midrin, Fioricet, or Fiorinal. Limited to 18 tablets/month for 25mg & 50mg and 9 tablets/month for 100mg
Amerge	Naratriptan Tab	For trial and failure of Sumitriptan tabs or Ornaratriptan tabs with 120 day look back. Limited to 9 tabs/month.
Rizatriptan	Maxalt-MLT	For trial and failure of Sumitriptan tabs with 120 day look back. Limited to 9 tabs/month.
<i>Ergot Combinations</i>		
Ergotamine w/ Caffeine 1-100mg Tab Oral	Wigraine, Ercaf	
<u>GOUT AGENTS</u>		
<i>Gout</i>		
Allopurinol Tab Oral	Zyloprim	
<i>Uricosurics</i>		
Probenecid Oral Probenecid Tab 500 mg	Benemid	
Sulfinpyrazone Oral	Anturane	
<i>Combination Gout Drugs</i>		
Colchicine w/Probenecid Tab 0.5-500 mg Oral	Proben-C	
<u>NEUROMUSCULAR AGENTS</u>		
<i>Hydantoins</i>		
Phenytoin Sod. Susp	Dilantin	
Phenytoin Inj.	Dilantin	
Phenytoin Sod. Extended Caps	Dilantin	
<i>Valproic Acid</i>		
Divalproex Sodium EC Cap Oral	Depakote Sprinkle	
Divalproex Sodium EC Tab Delayed Release 125mg, 250mg, 500mg	Depakote EC	
Divalproex Sodium SR 24 Hr Tab Oral	Depakote ER	
Valproic Acid Cap 250mg	Depakene	

San Diego County Drug Formulary

Generic Name	Representative Brand Name	Utilization Management
Oral		
Valproate Sodium Syrup	Depakene	
Valproate Acid Soln	Depakene	
Miscellaneous Anticonvulsants		
Carbamazepine Tab SR Oral	Tegretol XR	Limited to enrollee intolerant to or failing therapy with carbamazepine tablets
Carbamazepine Chew Tab Oral	Tegretol, Epitol	
Carbamazepine Susp Oral	Tegretol	
Gabapentin 400mg Cap, 400mg, 600mg, & 800mg Tablet Oral	Neurontin	Limited to 6 capsules/day for 400mg capsules, 6 tablets/day for 400mg tablets, 5 tablets/day for 600mg tablets, and 4 tablets/day for 800mg tablets
Primidone Tablet Oral	Mysoline	
Lamotrigine 5mg, 25mg, 100mg, 150mg & 200mg Tabs, 25mg chew	Lamictal	Limited to 120 tablets/30 days for 5mg tablet, 25mg tablet, 25mg chew & 200mg tablet, 60 tablets/30 days for 100mg tablet, 150 tablets/30 days for 150mg tablets
Ethosuximide Caps	Zarontin	
Zonisamide Capsule Oral	Zonegran	Approved as Adjunct Therapy for Seizure Disorder
Levetiracetam Tabs	Keppra	
Oxcarbazepine Tabs	Trileptal	
Topiramate Tabs	Topamax	
Topiragen Tabs		
Antiparkinsonian Agents		Generic agents in this class are covered (i.e. carbidopa, levodopa, benztropine, etc.)
Central Muscle Relaxants		
Baclofen Tab Oral	Lioresal, Lioresal DS	Limited to 4 tablets/day
Cyclobenzaprine HCL 10mg Tab Oral	Flexeril	Limited to 3 tablets/day
Methocarbamol Oral	Robaxin	Limited to 6 tablets/day
Anticholinergic Agents		
Neostigmine Bromide Tab 15mg Oral	Prostigmin	
Pyridostigmine Bromide Oral	Mestinon	
NUTRITIONAL PRODUCTS		
Vitamin B-3		
Niacin Oral	Niacin	

San Diego County Drug Formulary

Generic Name	Representative Brand Name	Utilization Management
Vitamin B-6		
HCL Cap, HLC Cap CR, Tab Oral	Vitamin B-6	Code 1 Restriction: For use with INH only
Vitamin K		
Phytonadione Tab 5mg Oral	Mephyton	
Potassium		
Potassium Chloride Cap CR 8mEq & 10mEq Oral	Micro-K	
Potassium Chloride Tab CR 8mEq, 10mEq, 15mEq & 20mEq Oral	Slow-K, Klor-Con, K-Tabs, K-Dur, Klortrix, Kaon-CL	
Potassium Chloride Oral Liq 10% & 20% Oral	Klorvess, Kaochlor, Kay Ciel KCL, Kaon-CL SF	
Potassium & Sodium Phosphates for Soln 278-164-250mg/75mL, Powder 278-164-250mg & 280-160-250mg Oral	Neutraphos	
Potassium Removing Resin		
Sodium Polystyrene Sulfonate Susp 15gm/60mL Oral/Rectal	SPS	
Sodium Polystyrene Sulfonate Powder Oral	Kayexalate	
Sodium		
Sodium Chloride Injection	Normal Saline (IV)	
<u>HEMATOLOGICAL AGENTS</u>		
Folic Acid		
Folic Acid Oral	Folic Acid	
Iron		
Ferrous Fumarate Oral	Feostat	
Ferrous Gluconate Oral	Ferrous Gluconate	
Ferrous Sulfate Oral	Iron, Slow-Fe, Feosol, Fer-In-Sol, Feratab	
Coumarin Anticoagulants		
*Coumarin Anticoagulants may be filled for a 90 day supply if the prescription is written as such.		
*Warfarin Sodium Tab Oral	Coumadin	

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Generic Name	Representative Brand Name	Utilization Management
Platelet Aggregation Inhibitors		
*Platelet Aggregation Inhibitors may be filled for a 90 day supply if the prescription is written as such.		
*Cilostazol	Pletal	
*Dipyridamole Tab Oral	Persantine	
*Clopidogrel Bisulfate Tab Oral	Plavix	
Heparins and Heparinoid-Like Agents		
*Heparins and Heparinoid-Like Agents may be filled for a 90 day supply if the prescription is written as such.		
*Enoxaparin Sodium Injection	Lovenox	Limited to 10 vials per month.
<u>OPHTHALMIC AND OTIC AGENTS</u>		
Ophthalmic Antibiotics		
Ciprofloxacin HCL Soln 0.3% Ophthalmic	Ciloxan	
Erythromycin Oint 5mg/gm Ophthalmic	Llotycin	
Gentamicin Sulfate Soln & Oint 0.3% Ophthalmic	Garamycin, Genoptic	
Ofloxacin Ophth Soln 0.3% Ophthalmic	Ocuflox	
Sodium Sulfacetamide 10% Ophthalmic	Bleph-10, Sod Sulamyd	
Ophthalmic Beta-Blockers		
Betaxolol HCL Soln -.5% & 1% and Susp 0.25% Ophthalmic	Betoptic, Betoptic-S	
Carteolol HCL Soln 1% Ophthalmic	Ocupress	
Metipranolol HCL Soln 0.3% Ophthalmic	Optipranolol	
Levobunolol HCL Soln 0.25% & 0.5% Ophthalmic	Betagan	
Timolol Maleate Soln 0.25% & 0.5% Ophthalmic	Timoptic	
Timolol Maleate Soln (Gel Forming) 0.25% & 0.5% ophthalmic	Timoptic XE	
Ophthalmic Carbonic Anhydrase Inhibitors		
Brinzolamide Susp 1% Ophthalmic	Azopt	

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Generic Name	Representative Brand Name	Utilization Management
Ophthalmic Carbonic Anhydrase Inhibitors – Beta-Blocker Combination		
Dorzolamide-Timolol Soln 2-0.5% Ophthalmic	Cosopt	
Ophthalmic Steroids		
Dexamethasone Susp 0.1% Ophthalmic	Maxidex	
Dexamethasone Sodium Phosphate Soln Ophthalmic	Decadron, Dexa-sol	
Fluorometholone Susp Ophthalmic	FML Liquifilm, FML Forte	
Fluorometholone Oint 0.1% Ophthalmic	FML S.O.P.	
Fluorometholone Acetate Susp 0.1% Ophthalmic	Flarex, Eflone	
Prednisolone Acetate Susp 1% Ophthalmic	Econopred Plus, Omnipred Pred Forte	
Prednisolone Sodium Phosphate Soln 1% Ophthalmic	Inflamase Forte	
Ophthalmic Steroid Combinations		
Loteprednol etabonate-Tobramycin Susp 0.5-0.3% Ophthalmic	Zylet	
Sulfacetamide Sodium-Prednisolone Susp 10-0.2% Ophthalmic	Blephamide	
Sulfacetamide Sodium-Prednisolone Oint 10-0.2% Ophthalmic	Blephamide S.O.P.	
Tobramycin-Dexamethasone Susp & Oint 0.3-0.1% Ophthalmic	Tobradex	
Neomycin-Polymyxin-Dexamethasone Susp & Oint 0.1% Ophthalmic	Maxitrol, Dexacidin	
Neomycin-Polymyxin-HC Susp Ophthalmic	Cortisporin	
Bacitracin-Polymyxin-Neomycin-HC Ophthalmic Oint 1%	Cortisporin, AK-Spore HC, Triple Antibiotic	
Ophthalmics- Alpha 2 Adrenergic Agonists		
Brimonidine Soln 0.1% Ophthalmic	Alphagan/ Alphagan-P	

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Generic Name	Representative Brand Name	Utilization Management
Prostaglandin Agonists Ophthalmic		
Latanoprost Soln 0.005% Ophthalmic	Xalatan	
Cycloplegics		
Atropine Sulfate Soln 1% Ophthalmic	Iso Atropine	
Atropine Sulfate Oint 1% Ophthalmic	Ocu-tropine	
Cyclopentolate HCL Soln 0.5%, 1%, 2% Ophthalmic	Cyclogyl	
Homatropine HBr Soln 2%, 5% Ophthalmic	Iso Homatropine	
Scopolamine HBr Soln 0.25% Ophthalmic	Iso Hyoscine	
Tropicamide Soln 0.5%, 1% Ophthalmic	Mydracil, Infi-Cyle	
Cycloplegics Mydriatic Combinations		
Cyclopentolate w/ Phenylephrine Soln 0.2-1% Ophthalmic	Cyclomydri	
Scopolamine w/ Phenylephrine Soln 0.3-10% Ophthalmic	Murocoll-2	
Ophthalmic Decongestant Combinations		
Naphazoline w/ Antazoline Soln 0.05-0.5% Ophthalmic	Vasocon-A	
Naphazoline w/ Pheniramine Soln 0.025-0.3% Ophthalmic	Naphcon-A	
Ophthalmics – Direct Acting		
Pilocarpine HCL Soln 0.5%, 1%, 2%, 4%, 6% Ophthalmic	Iso Carpine, Pilocar	
Pilocarpine HCL Gel 4% Ophthalmic	Pilopine HS	
Adrenergic Mydriatics		
Dipivefrin Soln 0.1% Ophthalmic	Propine-C	
Ophthalmic Anti-Allergic		
Olopatadine HCL Soln Ophthalmic	Patanol	Contingent Therapy: For enrollee failing therapy with or intolerant to Naphcon-A or Vasacon-A

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Generic Name	Representative Brand Name	Utilization Management
<i>Ophthalmic Non-Steroidal Anti-Inflammatory Agents</i>		
Diclofenac Sodium Soln 0.1% Ophthalmic	Voltaren	Code 1 Restriction: For Ophthalmologist Limited to #2.5mL/30 days
Flurbiprofen Soln 0.03% Ophthalmic	Ocufen	
Ketorolac Tromethamine Soln 0.4%, 0.5% Ophthalmic	Acular LS, Acular	Code 1 Restriction: For Ophthalmologist Limited to #2.5mL/30 days
Nepafenac Susp 0.1% Ophthalmic	Nevanac	Code 1 Restriction: For Ophthalmologist Limited to #3mL/30 days
Bromfenac Sodium Soln 0.09% Ophthalmic	Xibrom	Code 1 Restriction: For Ophthalmologist Limited to #2.5mL/30 days
<i>Otic Steroids</i>		
Hydrocortisone W/ Acetic Acid 1-2% Soln Otic	Vosol-HC	
<i>Otic Miscellaneous</i>		
Acetic Acid 2% Soln Otic	Vosol	
Carbamide Peroxide 6.5% Soln Otic	Debrox	
<i>Otic Steroid Antibiotic Combinations</i>		
Benzocaine-Antipyrine 1.4-5.4% Soln Otic	Auralgan	
Neomycin-Polymyxin-HC Susp 3.5mg/mL-10000 U/mL-1% Otic	Cortisporin Otic	
Neomycin-Polymyxin-HC Soln 1% Otic	Cortisporin Otic	
Ciprofloxacin-Hydrocortisone Otic Susp 0.2-1%	Cipro HC Otic	Code 1 Restriction: Must be written by ENT or Emergency Department Physician.
<u>MOUTH & THROAT AGENTS</u>		
<i>Mouth & Throat (Local)</i>		
Lidocaine HCL in Viscous Soln 2% (Mouth-Throat)	Lidocaine Viscous	
Nystatin Susp 100000 U/mL (Mouth/Throat)	Mycostatin, Bio-Statin	
Pilocarpine HCL 5mg Tab Oral	Salagen	
Triamcinolone Acetonide in Orabase 0.1% (Mouth)	Kenalog	
<u>DERMATOLOGICAL PRODUCTS</u>		
<i>Antibiotics – Topical</i>		
Mupirocin 2% Oint External	Bactroban	Limited to 60gm/month

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Generic Name	Representative Brand Name	Utilization Management
<i>Antifungals – Topical</i>		
Crotamiton External	Eurax	
Nystatin External	Mycostatin, Nystop, Pedi-Dri	
Tolnaftate Power External	Tinactin	
Clotrimazole External	Desenex, Lotrimin, Lotrimin AF	
Ketoconazole Cream 2% External	Nizoral	
Ketoconazole Shampoo 2% External	Nizoral	Limited to 120mL/month
Miconazole Nitrate Cream 2% External	Micatin, Monistat	
<i>Antifungals – Topical Combinations</i>		
Clotrimazole w/ Betamethasone Cream, External	Lotrisone	
Nystatin-Triamcinolone Cream & Oint External	Mycolog II	
<i>Burn Products</i>		
Silver Sulfadiazine Cream 1% External	Silvadene	
<i>Tar Products</i>		
Allantoin-Coal Tar and Combinations Shampoo External	Tegrin Medicated Shampoo 7%	
Coal Tar External	Fototar, G-Tar, Tegrin, Medotar	
<i>Corticosteroids – Topical</i>		
Betamethasone Dipropionate Cream External	Diprosone, Maxivate	Limited to 90gm/mo for cream, & ointment, and 120ml/mo for lotion.
Fluocinolone Acetonide Cream, Soln External	Synalar, Fluorosyn,	Limited to 120 gm/mo for cream, & ointment, and 120ml/mo for solution.
Fluocinonide Cream, Emulsified Cream, Gel, Soln, Oint 0.05% External	Lidex, Lidex-E	Limited to 120 gm/mo for cream, gel & ointment, and 120ml/mo for solution.

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Generic Name	Representative Brand Name	Utilization Management
Hydrocortisone External	Corticreme, Genasone, Dermacort, Cortaid, Hytone, DermateX HC, Nutracort, Hydrocort, Cortaid, Nercainal, Lanacort HC, AC/Aloe, Anusol HC, Hydrocort/ AN, Cotacort	Limited to 120gm/mo for cream & ointment, and 120mL/mo for lotion.
Triamcinolone Acetonide Cream, Ointment External	Aristocort A, Kenalog	Limited to 80gm/mo for 0.025%, 0.1% and 45gm/mo for 0.5%
Anorectal Products		
Hydrocortisone w/ Pramoxine Foam 1-1% Rectal	Proctofoam-HC	
Phenylephrine in Hard Fat Suppos 0.25% Rectal	Rectacaine	
Pramoxine Hcl Oint 1% Rectal	Tucks	
Pramoxine-HC External	Analpram-HC, Epifoam, Pramosone	
Pramoxine w/ Zinc Oxide in Mineral Oil Oint 1-12.5% Rectal	Tucks, Anusol	
Starch Suppositories 51% Rectal	Tucks	
Enzymes		
Papain-Urea Ointment External	Accuzyme, Ethezyme	
Papain & Urea-Chlorophyllin Ointment External	Panafil	
Trypsin w/ Castor Oil & Peruvian Balsam Ointment External	Xenaderm	
Keratolytics		
Podofilox Soln & Gel 0.5% External	Condylox	
Local Anesthetics – Topical		
Lidocaine HCL Gel 2% External	Xylocaine	
Lidocaine HCL Viscous Soln 2% Mouth/Throat	Xylocaine	
Scabicides & Pediculocides		
Crotamiton Cream & Lotion 10% External	Eurax	

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Generic Name	Representative Brand Name	Utilization Management
Malathion 0.5% Lotion External	Ovide	
Permethrin Cream Rinse 1% External	Nix Cream Rinse	
Permethrin Cream 5% External	Elimite, Acticin	
Pyrethrins-Piperonyl Butoxide External	Rid, A-200, Pronto	
Miscellaneous Topical		
Calcipotriene Soln External	Dovonex	
Coal Tar (Crude) Solution External	Coal Tar	
DIAGNOSTIC PRODUCTS		
Diagnostic Reagents		
Acetone Test	Acetest, Ketostix	
Glucose Urine Test-(Glucose Oxidase)	Diastix, Clinistix	
Glucose Urine Test-(Copper Sulfate)	Clinitest	
Glucose Blood Test Strips	Ascencia Contour Ascencia Breeze 2	Limited to 50 per 30 days if not on insulin. If on insulin, allow limit 100 per 30 days. Limited to Bayer Ascencia Contour Ascencia Breeze 2 only.
Multiple Urine Test Strips	Chemstrips	Limited to 51/month. Maximum of 3 fills/prescription
Urine Glucose-Ketones Test Strips	Chemstrips	
Diabetic Supplies		
Glucose Blood Calibration Soln	Control Solutions	
Glucose Blood Monitoring Kit	Ascencia Contour Ascencia Breeze 2	Limited to 1 fill per year. Maximum of \$60 per fill. Limited to Ascencia Contour and Breeze 2 products.
Insulin Syringes	B-D Insulin Syringes	Limited to 100/month. Maximum of 3 fills/prescription
Lancets	Lancets	Limited to 51/month. Maximum of 3 fills/prescription
Lancets Devices	Lancets	Limited to 2 fills/year, maximum \$25/prescription
Transplant Medications		Prior Authorization Required

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 Acetaminophen-Caffeine-Butalbital, 19
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 Acetazolamide Oral, 10
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 Aralen, 5
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 Aspirin Buffered 325mg Tab Oral, 18
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SAN DIEGO COUNTY CMS
REQUEST FOR FORMULARY CHANGE FORM
Fax Completed Form to (855) 394-7927
Attention: Medical Management Services, Manager

DATE FORM COMPLETED: _____

REQUESTED BY: _____

CLINIC _____ SPECIALTY _____

PHONE NUMBER: _____ FAX NUMBER: _____ EMAIL: _____

COMPARABLE DRUG(S) ON FORMULARY:

1) _____

2) _____

DRUG INFORMATION

GENERIC NAME _____ BRAND NAME _____

MANUFACTURER _____ DOSAGE: _____

MEDICAL INDICATIONS: _____

PRECAUTIONS/ALERTS: _____

ADVANTAGES AND DISADVANTAGES: (YOU MAY ATTACH REFERENCES OR PUBLICATIONS THAT SUPPORT THE

EFFICACY OF THIS DRUG) _____

.....

FOR CMS PROGRAM USE ONLY

COMMITTEE COMMENTS: _____

DRUG COST PER MONTH _____ POTENTIAL OVERALL COST _____

ADVANTAGE/DISADVANTAGE _____

ACCEPTED: _____ REJECTED: _____ DATE: _____

DATE ADDED TO FORMULARY _____ FORM 7/01/11

Check here for URGENT request: ☐ Medical justification for urgent request: _____	
Completed by: _____ Appeal or reconsideration of denial? ☐ YES ☐ NO Direct Phone #: _____ Has Patient Assistance Program been denied? ☐ YES ☐ NO Has this medication been denied by ADAP? ☐ YES ☐ NO ☐ N/A	
Prescriber Information Last Name: DEA/NPI: Phone: 	First Name Specialty: Fax:
Member Information Last Name: Member ID Number: 	First Name DOB:
Medication Information: Drug Name and Strength: _____ Diagnosis: _____	Quantity and Dosing: _____ Duration: _____

Medication Request: ☐ NEW ☐ RENEWAL – Renewal Original RX Date:

Prior Authorization Criteria: General (Non-Preferred)

You must answer ALL questions		
1. Has the patient tried/ failed an adequate trial of a preferred drug? (Document drug, dates of trials, and description of failures below) _____ _____	Y	N
2. Has the patient experienced an adverse event, or been intolerant to, a preferred drug? (Document drug, dates of trials, and description of failures below) _____ _____	Y	N
3. Is the patient currently taking the requested medication? (If yes, please describe how the medication was supplied) _____ _____	Y	N

Please note any other information pertinent to this request:
Information given on this form is accurate as of this date.

Prescriber or Authorized Signature:

Date:

I understand that Informed Rx's use or disclosure of individually identifiable health information, whether furnished by me or obtained by another source such as medical providers, shall be in accordance with federal privacy regulations under HIPAA (Health Insurance Portability and Accountability Act of 1996).