

County of San Diego
Low Income Health Program (LIHP)

DRUG FORMULARY



May 2012

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 LIHP Drug Formulary

The County of San Diego has contracted with AmeriChoice as their Administrative Services Organization (ASO) for the Low Income Health Program (LIHP). In turn, AmeriChoice has contracted with InformedRx® to act as the Pharmacy Benefits Manager (PBM).

The LIHP 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 (858) 565-4091.

A list of HIV specialist prescribers is maintained. Formulary medications for this list of providers include those listed in this LIHP formulary, as well as medications as described on the ADAP formulary, as indicated for their patients who are HIV positive. The ADAP formulary can be viewed at the following link: http://www.ramsellcorp.com/medical_professionals/ca.aspx, under the "What Drugs are Covered" in the FAQ's section. If you provide HIV specialty care and would like your name to be added to this list of HIV specialist prescribers, please contact Fawn Faulkner, RN, at 858-658-8652.

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 InformedRx® 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 medications used to treat chronic diseases, such as Aspirin, Lisinopril, Lovastatin, and Insulin, may be filled for a 90-day supply
- Refills are allowed after 25 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.

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

- Drugs prescribed for cosmetic purposes
- 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
- Drug and alcohol abuse treatment

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 InformedRx® at (866) 511-2202. Additionally, you may contact InformedRx® Customer Service by phone (800-626-0072) which is available 24 hours a day, everyday, to assist with any formulary questions.

Denials and Appeals

When a product is excluded or is not medically justified, InformedRx® will issue a provisional denial to the pharmacy and/or the prescriber. As the LIHP Medical Director completes the denial, the prescriber and the enrollee are issued written notification. Appeals may be made directly to the LIHP, 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	
Sulfadiazine		Oral form only.
Amoxicillin & Potassium Clavulanate Ora	Augmentin, Augmentin XR	
Ampicillin Oral	Ampicillin	
Dicloxacillin Sodium Oral	Dicloxacillin Sodium	
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>Fluoroquinolones</i>		
Levofloxacin Tab Oral	Levaquin	
Ciprofloxacin HCl 250mg, 500mg, 750mg Tab Oral	Cipro	Limited to 28/14 days.
<i>Macrolides</i>		
Azithromycin Susp Oral	Zithromax	Code 1 Restriction: For diagnosis of community-acquired pneumonia only.
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.
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>		
Clindamycin HCL Cap Oral	Cleocin	
Dapsone Oral	Dapsone	
Trimethoprim	Trimpex, Proloprim	Oral form only.
Imipenem/Cilastatin IM/IV	Primaxin	Prior Authorization Required. 500mg IM/IV vials only
Trimethoprim/Sulfamethoxazole Oral	Bactrim, Bactrim DS	
Metronidazole Tab Oral	Flagyl	

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Generic Name	Representative Brand Name	Utilization Management
Sulfonamides		
Sulfadiazine		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		
Paromomycin	Paromycin	
Iodoquinol Oral	Yodoxin	
Aminoglycosides		
Amikacin Sulfate Solution and Powder	Amikin	Prior Authorization Required for home infusion if diagnosis is resistant TB or resistance profile. Injectable and generic forms only.
Neomycin Sulfate Oral	Neomycin Sulfate, Neo-Fradin	
Anthelmintics		
Mebendazole Oral	Vermox	
Pyrantel Pamoate Oral	Pin-X, Antiminth	
Thiabendazole Oral	Mintezol	
Antifungals		
Itraconazole Caps	Sporanox	
Ketoconazole Tab Oral, Ketoconazole Cream	Nizoral	
Flucytosine	Ancobon	
Ketoconazole Tab Oral, cream	Nizoral	
Nystatin Caps, Lozenges, Suspension, Vaginal	Mycostatin	
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.
Caspofungin	Cancidas	Prior Authorization Required. 50 and 70mg IV forms only.
Voriconazole Tabs and IV	Vfend	Prior Authorization Required. 50mg and 200mg tablets and 200mg IV forms only.
Terbinafine	Lamisil	
Antimalarials		
Chloroquine Phosphate Tab Oral	Aralen	
Hydroxychloroquine Sulfate Oral	Plaquenil	

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Generic Name	Representative Brand Name	Utilization Management
Primaquine Phosphate Oral	Primaquine Phosphate	
Pyrimethamine Oral	Daraprim	
Quinine Sulfate Tab 324mg Oral	Quaaluan	
Antimycobacterial Agents		
Ethambutol Tabs	Myambutol	
Isoniazid Oral	Nydrazid	
Pyrazinamide	Rifater	
Ethionamide	Trecator	Prior Authorization Required. 250mg Tab only.
Cycloserine Caps 250mg	Seromycin	Prior Authorization Required. 250n mg Cap only
Para-Aminosalicyclate 4g Packet	Paser	Prior Authorization Required. 4g packet only.
Pyrazinamide		
Rifabutin	Mycobutin	
Rifampin Oral	Rifadin	
Antiviral – Herpes Agents		
Acyclovir Oral	Zovirax	
Antiviral		
Sulfadiazine Tabs		
Trimethoprim	Trimplex, Proloprim	
Pyrazinamide		
Antiretrovirals		
Abacavir Tabs	Ziagen	
Abacavir/Lamivudine	Epzicom	
Abacavir/Lamivudine/Zidovudine	Trizivir	
Didanosine	Videx, Videx EC	
Lamivudine	Epivir	
Stavudine	Zerit	
Zidovudine	Retrovir	
Zidovudine/Lamivudine	Combivir	
Delavirdine	Rescriptor	
Etravirine	Intelence	
Nevirapine Tabs	Viramune IR, Viramune XR	
Rilpivirine	Edurant	
Amprenavir	Agenerase	
Darunavir (TMC-114)	Prezista	
Fosamprenavir	Lexiva	
Nelfinavir Tabs	Viracept	
Tipranavir	Aptivus	
Atovaquone	Mepron	
Ethambutol	Myambutol	
Paromomycin	Humatin	

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Generic Name	Representative Brand Name	Utilization Management
Clofazimine Injectable	Lamprene	Prior Authorization Required for home infusion if diagnosis is resistant TB or resistance profile.
Penicillin G Benzathine, 1.2ml syringe, 2.4ml syringe	Bicillin LA	
Pentamidine Injection, Solution	Nebupent, Pentam	
Sufadiazine Tabs		
Vancomycin	Vancocin	Prior Authorization Required for Cdiff Colitis and Tried and Failed Flagyl
Clotrimazole Oral	Lotrimin, Mycelex	Prior Authorization for diagnosis of oral thrush with try and fail swish and swallow.
Trimethoprim	Trimplex, Proloprim	

ANTINEOPLASTIC AGENTS

Antineoplastic Agents

Oral agents are covered up to \$1,500. Prior Authorization required for agents greater than \$1,500.

ENDOCRINE AND METABOLIC DRUGS

Glucocorticosteroids

Cortisone Acetate Oral	Cortisone	
Dexamethasone Oral	Dexone	
Hydrocortisone Tab Oral	Cortef	
Prednisolone	Pre lone	
Prednisolone Sodium Phosphate Powder		
Prednisolone Sodium Phosphate Oral	Prednisolone	
Prednisone Oral	Meticorten, Deltasone Liquid Pred	

Mineralocorticoids

Fludrocortisone Acetate Oral	Florinef	
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ESTROGENS

Estrogen

Estrogen Vaginal Cream	Estrace	
Estradiol Vaginal Cream	Estrogel	
Estradiol	Femtrace, Estrace	
Estropipate	Orth-est/Ogen	

Progestins

Medroxyprogesterone Acetate	Provera	
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DIABETIC AGENTS

Human Insulin

Insulin Aspart Inj 100 U/mL	Novolog	Limited to vials only.
Insulin Aspart Prot & Aspart Inj 100 U/mL	Novolog Mix	Limited to 2 vials/month

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Generic Name	Representative Brand Name	Utilization Management
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
Sulfonylureas		
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
Biguanides–Metformin		
Metformin HCL Oral	Glucophage	Limited to 2500 mg/day
Other Antidiabetics		
Glucagon Kit Injection	Glucagon Kit	
Glucose Chew Tab Oral	BD – Glucose Chw	
Thiazolidinediones		
Pioglitazone Oral	Actos	Contingent Therapy: Second-line agent to be used in combination with an oral diabetes agent or insulin.
Thyroid Hormones		
Levothyroxine Sodium Oral	Synthroid, L-Thyroxine, Levothroid, Levoxyl, Euthyrox	Available as “Do Not Substitute”
Liothyronine Sodium Oral	Cytomel	
Antithyroid Agents		
Methimazole Oral	Tapazole	
Propylthiouracil Oral	Propylthiouracil (PTU)	
Vasopressin		
Cabergoline Oral	Dostinex	
Desmopressin Acetate Oral, Nasal Spray	DDAVP	

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Generic Name	Representative Brand Name	Utilization Management
<u>CARDIOVASCULAR AGENTS</u>		
<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	
Quinidine Sulfate Tab Oral	Quinidex	
<i>ACE Inhibitors</i>		
Benazepril HCL Oral	Lotensin	
Captopril Oral	Capoten	
Enalapril Oral	Vasotec	
Lisinopril Oral	Prinivil, Zestril	
<i>Adrenolytics-Central</i>		Avoid in elderly enrollees
Clonidine HCL Oral	Catapres	
Methyldopa Oral	Aldomet	
<i>Alpha-Blockers</i>		
Doxazosin Mesylate Oral	Cardura	
Prazosin HCL Oral	Minipress	
Terazosin Oral	Hytrin	
<i>Angiotensin II Inhibitors</i>		
Olmesartan Tabs	Benicar	
Losartan Oral	Cozaar	Code 1 Restriction: For enrollee failing therapy with or intolerant to ACE Inhibitors.
<i>Angiotensin II Inhibitor Combinations</i>		
Losartan-HCTZ Oral	Hyzaar	Code 1 Restriction: For enrollee failing therapy with or intolerant to ACE Inhibitors. Limited to 1/day
<i>Anti-Anginals, Other</i>		
Dipyridamole Oral	Persantine	
<i>Beta-Blockers Non-Selective</i>		Enrollees with asthma or COPD at any level of severity should not receive non-selective beta blockers.
Propranolol HCL Oral	Inderal, Inderal LA	
Sotalol HCl Oral	Betapace, Betapace AF	

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Generic Name	Representative Brand Name	Utilization Management
BetaBlockers Cardio-Selective		Beta-Blockers may worsen airway diseases. Use caution when using these medications in asthma/COPD enrollees.
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		Enrollees with asthma or COPD at any level of severity should not receive non-selective beta blockers.
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	
Carbonic Anhydrase Inhibitors		
Acetazolamide Oral	Acetazolamide	
Methazolamide Oral	Neptazane	

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Generic Name	Representative Brand Name	Utilization Management
Loop Diuretics		
Furosemide Oral	Lasix	
Potassium Sparing Diuretics		
Spirolactone 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		
Spirolactone & 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, Tricor	Available as the following strengths; 54mg tablet, 67mg capsule, 134mg capsule, 160mg tablet, and 200 mg capsule.
Antihyperlipidemics: HMG-CoA Reduase Inhibitor		
Atorvastatin Oral 40mg, 80mg	Lipitor	Contingent Therapy: For enrollee failing therapy with or intolerant to Simvastatin. 120 day look back Limited to 1 tablet/day
Lovastatin Oral	Mevacor	
Simvastatin Oral	Zocor	
Pravastatin Oral	Pravachol	

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Generic Name	Representative Brand Name	Utilization Management
<i>Nicotinic Acid Derivatives</i>		
Niacin	Vitamin B-3	
Niacin Tab CR	Niaspan	Contingent Therapy: For enrollee failing therapy with or intolerant to niacin. Limited to 1 tablet/day
<u>RESPIRATORY AGENTS</u>		
<i>Antihistamines-Alkylamines</i>		
Cyproheptadine HCL Oral	Periactin	
Diphenhydramine HCL capsule, tablet Oral	Benadryl, Diphedryl	
Promethazine HCL Oral	Phenergan, Phenergan Forte	
Promethazine HCL Suppos Rectal	Phenergan	
<i>Antihistamines-Non-Sedating</i>		
Loratadine 10mg Tab Oral (OTC)	Claritin	Limited to 1 tablet/day
<i>Nasal Steroids</i>		
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
<i>Expectorants</i>		
Guaifenesin Oral	Organidin NR, Diabetic Tus, Robitussin Cold/Cough, Naldecon Sr	
<i>Miscellaneous Respiratory</i>		
Sodium Chloride Soln Nebu 0.9%	Broncho Saline	
<i>Decongestant or Decongestant Combinations</i>		
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	

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Generic Name	Representative Brand Name	Utilization Management
Tripolidine & Pseudoephedrine Oral	Actifed	
Antitussive-Antihistamine Narcotic		
Codine-GG Oral	Tussi-Organic, 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-Pyrimamine-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	
Anticholinergics		
Ipratropium Bromide Inhalation Ipratropium Bromide Inhalation Soln	Atrovent HFA	
Tiotropium	Spiriva Handihaler	Step Therapy: Trial and failure of Atrovent.
Mast Cell Stabilizers		
Cromolyn Sodium Solution	Intal	Limited to 30/month for aerosol solution
Beta Adrenergics		
Albuterol Sulfate Aero Inhalation	Ventolin HFA, ProAir HFA	Limited to Proair HFA only and 2 canisters/month
Albuterol Sulfate Soln Nebu Inhalation	Ventolin, Proventil	
Budesonide/Formoterol	Symbicort	Step therapy: first use 1st Line Steroid Inhalers
Fluticasone/Salmeterol	Advair Diskus	Step therapy: first use 1st Line Steroid Inhalers
Fluticasone/Salmeterol	Advair HFA	Step therapy: first use 1st Line Steroid Inhalers

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Generic Name	Representative Brand Name	Utilization Management
Ipratropium/Albuterol	CombiVent	
Levalbuterol	Xopenex HFA	
Pirbuterol Inhalation	Maxair, Maxair Autohaler	
Salmeterol Xinafoate Powder Disks Inhalation	Serevent Diskus	Limited to 1 unit/month Contingent Therapy: Use with Albuterol or Lavalbuterol and Steroid.
Terbutaline Sulfate Oral	Brethine	
Adrenergic Combinations		
Albuterol-Ipratropium Aerosol Inhalation	Combivent	Code 1 Restriction: For diagnosis of COPD
Xanthines (Theophylline)		All generic Xanthine products are covered.
Aminophylline Oral	Aminophylline	
Theophylline Cap CR Oral	Slo-Bid, Slo-Phyllin, Theo-24	
Theophylline Tab Oral	Slo-Phyllin, Theolair, Quibron-T	
Theophylline Tab CR Oral	Theo-Dur, Theolair-SR, Uniphyll, Uni-Dur	
Steroid Inhalants		
Beclomethasone Dipropionate Inhal Aero	QVAR	
Budesonide	Pulmicort Flexhaler	
Fluticasone	Flovent Diskus	
Leukotriene Receptor Inhibitors		
Montelukast Sodium Oral	Singulair	Contingent Therapy: For enrollee on current therapy with an inhaled steroid. Limited to 30 tablets/month
Zafirlukast Oral	Accolate	Contingent Therapy: For enrollee on current therapy with an inhaled steroid. Limited to 60 tablets/month
Zileuton Oral	Zyflo	Contingent Therapy: For enrollee on current therapy with an inhaled steroid. Limited to 30 tablets/month
<u>GASTROINTESTINAL AGENTS</u>		
Antiperistaltic Agents		
Diphenoxylate w/ Atropine Oral	Lomotil, Lonox	Limited to 50 tabs or 500ml's/ month
Loperamide HCL Oral	Imodium, Imodium A-D	
Belladonna Alkaloids		
Hyoscyamine Sulfate Oral	Levsinex, Cystospaz-M, Levsin, Levsin SL, Anaspaz, Levbid, Colytrol	

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Generic Name	Representative Brand Name	Utilization Management
Antispasmodics		
Dicyclomine HCL Oral	Bentyl	
Anticholinergic Combinations		
Phenobarbital & Belladonna Alkaloids Oral	Donnatal, Donnatal Extentab	
H-2 Antagonists		
For Ulcer: Over 90% of gastric or duodenal ulcers are caused by H. pylori. If test results are positive, enrollees should be treated with antimicrobials. Once H. pylori has been successfully eradicated, continued maintenance therapy with Anti-Ulcer agents is no longer necessary.		
Famotidine Tablet 10mg, 20mg, 40mg Oral	Pepcid	
Ranitidine HCL Tabs 75mg, 150mg, 300mg	Zantac Rx	
Ranitidine HCL Caps 150mg, 300mg Oral	Zantac OTC	
Anti-Ulcers: Imidazoles (Proton-Pump Inhibitors)		
For Ulcer: Over 90% of gastric or duodenal ulcers are caused by H. pylori. If test results are positive, enrollees should be treated with antimicrobials. Once H. pylori has been successfully eradicated, continued maintenance therapy with Anti-Ulcer agents is no longer necessary.		
Omeprazole Magnesium Tablet Oral	Prilosec (OTC)	Limited to 2 tablets/day
Omeprazole Tab	Prilosec (non OTC)	Prior authorization for non OTC strength only.
Pantoprazole Sodium	Protonix	
Miscellaneous Anti-Ulcer		
Sucralfate Oral	Carafate	
Ulcer Anti-Infective W/ Proton Pump Inhibitors		
Amoxicillin Cap-Clarithro Tab-Lansopraz Cap CR Therapy Pack Oral	PrevPac	Limited 1 fill/6 months
Anti-Emetics-Anticholinergic		
Meclizine Oral	Antivert	
Promethazine HCL Oral	Phenergan, Phenergan Forte	
Prochlorperazine Suppos Rectal	Compazine	
Prochlorperazine Maleate Oral Prochlorperazine Maleate Cap CR & Tab Oral	Compazine	
Prochlorperazine Edisylate Oral	Compazine	
Metoclopramide HCL Oral	Reglan	
Gallstone Solubilizing Agents		
Ursodiol Capsule 300mg Oral	Actigall	

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Generic Name	Representative Brand Name	Utilization Management
<i>GI Stimulants</i>		
Metoclopramide HCL Oral	Reglan	
<i>Intestinal Acidifiers</i>		
Lactulose Syr 10gm/15mL Oral	Cephulac, Enulose Calulose, Cholac, Generlac	Code 1 for Encephalopathy
<i>Misc. GI</i>		
Mesalamine Enema Rectal, Suppos Rectal, Oral	Asacol, Canasa, Rowasa, Pentasa	Limited to 2520mL/6 months for enema
Sulfasalazine Tab & EC Oral	Azulfidine	
<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	
Miconazole Nitrate Vagina Miconazole Nitrate Vagina Kit, Miconazole Nitrate Cream, Suppos Vaginal Terconazole Vaginal	Monistat	
<i>Urinary Analgesics</i>		
Phenazopyridine HCL Tab Oral, Kit	Azo-gesic, Pyridium, Urogesic, Uro Femme Kit	

San Diego County Drug Formulary

Generic Name	Representative Brand Name	Utilization Management
Misc. Genitourinary Agents		
Pentosan Polysulfate Sodium Oral	Elmiron	
Potassium & Sodium Citrates w/Citric Acid Oral	Cytra K, Polycitra, Tricitrates	
Genitourinary Irrigants		
Sodium Chloride Irrigation Soln	Sodium Chloride Irrigation Soln	
<u>PSYCHOTHERAPEUTIC AGENTS</u>		
Benzodiazepines		
Clonazepam Tab Oral	Klonopin	Code 1 for generalized anxiety disorder or seizure. Must be prescribed by a Psychiatrist.
Diazepam Tab Oral 2mg, 5mg and 10mg	Valium	Code 1 for PCP can write for muscle spasms or seizure. Must be prescribed by a Psychiatrist only for GAD. Prior authorization required after 60 days. Limited to 60/month.
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	
Phenothiazines		
Prochlorperazine Suppos Rectal	Compazine	
Prochlorperazine Maleate Oral Prochlorperazine Maleate Cap CR & Tab Oral	Compazine	
Prochlorperazine Edisylate Oral	Compazine	
Barbiturate Hypnotics		
Phenobarbital Oral	Phenobarbital	Code 1 Restriction: For diagnosis of seizures

San Diego County Drug Formulary

Generic Name	Representative Brand Name	Utilization Management
<u>ANALGESICS AND ANESTHETICS</u>		
Salicylates		
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		
Aspirin Buffered (mg Carbonate-Al Glycinate) 325mg Tab Oral	Aspirin Buffered, Gennin –FC	
Aspirin Buffered 325mg Tab Oral	Buffaprin, Buffered ASA	
Analgesics Other		
Acetaminophen Oral	Tylenol	
Acetaminophen Suppos Rectal	Feverall, Acephen	
Narcotic Agonist		
Methadone HCL Oral	Dolophine, Methadose	Code 1 for pain. May not be used for detox.
Morphine Sulfate Tab and Caps 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 = 4gm/day
Oxycodone w/ Acetaminophen 5-325mg, 7.5-325mg, & 10-325mg Tab Oral	Roxicet	
Codeine Combinations		Maximum acetaminophen daily dose = 4gm/day
Acetaminophen w/ Codeine 300-15mg, 300-30mg, 300-60mg, 650-30 mg Tab Oral and caps	Tylenol/Codeine #2, #3, #4, Vopac	
Acetaminophen w/ Codeine Elixir, Soln, Susp Oral	Tylenol/Codeine	Limited to 500mL/month
Aspirin w/ Codeine 325-15mg, 325-30mg, & 325-60mg Tab Oral	Empirin/Codeine #2, #3, #4	

San Diego County Drug Formulary

Generic Name	Representative Brand Name	Utilization Management
Hydrocodone Combinations		Maximum acetaminophen 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
Opioid Analgesic		
Opium Tincture		
Nonsteroidal Anti-Inflammatory Agents		
Sulindac Oral Tabs	Clinoril	
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
Fenoprofen Calcium Oral Tabs and Caps	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
Ketorolac Tromethamine Injectable	Toradol	Prior authorization required. Limited to 120mg/day (4ML or 2 vials/day and 20ML or 10 vials/month)

ANTI-RHEUMATIC AND ANTI-PSORIATIC AGENTS

Folic Acid Antagonist

Methotrexate Oral 2.5mg

MIGRAINE AGENTS

Migraine Products

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

Opioid Combinations

Maximum acetaminophen daily dose = 4gm/day

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

Butalbital-Aspirin-Caff w/ Codeine 50-325-40-30mg Cap Oral Fiorinal w/ Codeine Limited to 60 capsules/month

San Diego County Drug Formulary

Generic Name	Representative Brand Name	Utilization Management
Butalbital-Acetaminophen 50-650mg Cap, 50-325mg & 50-650mg Tab Oral	Phrenilin, Sedapap	
Acetaminophen-Caffeine- Butalbital 325-40-50mg Tab & Cap Oral	Esgic, Esgic Plus, Fioricet	
Aspirin-Caffeine-Butalbital 325-40-50mg Tab & Cap Oral	Fiorinal, Fiortal, Butalbital CPD, Fortabs	
Serotonin Agonist		
Sumatriptan Spray Nasal	Imitrex NS	Contingent Therapy: For enrollee failing therapy with or intolerant to Midrin, Fioricet, or Fiorinal. Limited to 6 units/month.
Sumatriptan Succinate Injection	Imitrex	Contingent Therapy: For enrollee failing therapy with or intolerant to Sumatriptan tabs, Midrin, Fioricet, or Fiorinal with 120 day look back. Limited to 5 packages (10 injections)/month
Sumatriptan Succinate Tabs	Imitrex	Contingent Therapy: For enrollee failing therapy with or intolerant to Midrin, Fioricet, or Fiorinal. Quantity limit of 9 tablets/month
Rizatriptan	Maxalt-MLT	For trial and failure of Sumatriptan tabs with 120 day look back. Limited of 9 tabs/month.
Amerge	Naratriptan Tab	For trial and failure of Sumatriptan tabs or Ornaratriptan tabs with 120 day look back. Limited of 9 tabs/month.
Ergot Combinations		
Ergotamine w/ Caffeine 1- 100mg Tab Oral	Wigraine, Ercaf	
Gout		
Allopurinol Tab Oral	Zyloprim	
Uricosurics		
Probenecid Oral Probenecid Tab 500 mg	Benemid	
Sulfinpyrazone Oral	Anturane	
Combination Gout Drugs		
Colchicine w/Probenecid Oral Coichicine w/Probenecid Tab 0.5-500 mg Oral	Proben-C	

San Diego County Drug Formulary

Generic Name	Representative Brand Name	Utilization Management
<u>NEUROMUSCULAR AGENTS</u>		
<i>Hydantoins</i>		
Phenytoin Chew Tab 50 mg Oral	Dilantin	
<i>Valproic Acid</i>		
Divalproex Sodium EC Cap Oral	Depakote Sprinkle	
Divalproex Sodium EC Tab Oral	Depakote EC	
Divalproex Sodium SR 24 Hr Tab Oral	Depakote ER	
Valproic Acid Cap 250mg Oral	Depakene	
<i>Miscellaneous Anticonvulsants</i>		
Carbamazepine Tab SR Oral	Tegretol	Limited to enrollee intolerant to or failing therapy with carbamazepine tablets
Carbamazepine Chew Tab Oral	Tegretol	
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	
Zonisamide Capsule Oral	Zonegran	Code 1 Restriction: Limited to diagnosis of seizure
<i>Antiparkinsonian Agents</i>		Generic agents in this class are covered (i.e. carbidopa, levodopa, benztropine, etc.)
<i>Central Muscle Relaxants</i>		
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
<i>Antimyasthenic Agents</i>		
Neostigmine Bromide Tab 15mg Oral	Prostigmin	
Pyridostigmine Bromide Oral	Mestinon	
<u>NUTRITIONAL PRODUCTS</u>		
<i>Vitamin B-3</i>		
Niacin Oral	Niacin	
<i>Vitamin B-6</i>		
HCL Cap , Cap CR, Tab Oral	Vitamin B-6	Code 1 Restriction: For use with INH only

San Diego County Drug Formulary

Generic Name	Representative Brand Name	Utilization Management
Vitamin K		
Phytonadione Tab 5mg Oral	Mephyton	
Nutritional Supplements (Ryan White Program)		
Nutritional Supplement Liquid	Boost, Ensure	Ryan White Program: Limited to 21600mL/fill, 3 fills/year
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		
Warfarin Sodium Tab Oral	Coumadin	
Platelet Aggregation Inhibitors		
Dipyridamole Tab Oral	Persantine	
Heparins And Heparinoid-Like Agents		
Enoxaparin Sodium Injection	Lovenox	Limited to 14 units/6 months
Fondaparinux Sodium 2.5 mg/0.5mL Injection	Arixtra	Limited to 7 units/7 days

San Diego County Drug Formulary

Generic Name	Representative Brand Name	Utilization Management
<i>Thienopyridine Derivatives</i>		
Clopidogrel Bisulfate Tab Oral	Plavix	Code 1 Restriction: For diagnosis of TIA, stroke, stent, or enrollee failing therapy or intolerant to Aspirin.
<u>TOPICAL PRODUCTS</u>		
<i>Ophthalmic Antibiotics</i>		
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	
<i>Ophthalmic Beta-Blockers</i>		
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	
<i>Ophthalmic Carbonic Anhydrase Inhibitors</i>		
Brinzolamide Susp 1% Ophthalmic	Azopt	
<i>Ophthalmic Carbonic Anhydrase Inhibitors – Beta-Blocker Combination</i>		
Dorzolamide-Timolol Soln 2-0.5% Ophthalmic	Cosopt	
<i>Ophthalmic Steroids</i>		
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	

San Diego County Drug Formulary

Generic Name	Representative Brand Name	Utilization Management
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	
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	

San Diego County Drug Formulary

Generic Name	Representative Brand Name	Utilization Management
Cycloplegics Mydriatic Combinations		
Cyclopentolate w/ Phenylephrine Soln 0.2-1% Ophthalmic	Cyclomydril	
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
Ophthalmic Non-Steroidal Anti-Inflammatory Agents		
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
Otic Steroids		
Hydrocortisone W/ Acetic Acid 1-2% Soln Otic	Vosol-HC	
Otic Miscellaneous		
Acetic Acid 2% Soln Otic	Vosol	
Carbamide Peroxide 6.5% Soln Otic	Debrox	

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Generic Name	Representative Brand Name	Utilization Management
Otic Steroid Antibiotic Combinations		
Benzocaine-Antipyrine 1.4-5.4% Soln Otic	Auralgan	
Neomycin-Polymyxin-HC Susp 3.5mg/mL-10000 U/mL-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.
Neomycin-Polymyxin-HC Soln 1% Otic	Cortisporin Otic	
Mouth & Throat (Local)		
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>		
Antibiotics – Topical		
Mupirocin 2% Oint External	Bactroban	Limited to 60gm/month
Antifungals – Topical		
Crotamiton External	Eurax	
Nystatin External	Mycostatin, Nystop, Pedi-Dri	
Tolnaftate Power External	Tinactin	
Ketoconazole Cream 2% External	Nizoral	
Miconazole Nitrate Cream 2% External	Micatin, Monistat	
Antifungals – Topical Combinations		
Clotrimazole w/ Betamethasone Cream, External	Lotrisone	
Nystatin-Triamcinolone Cream & Oint External	Mycolog II	
Burn Products		
Silver Sulfadiazine Cream 1% External	Silvadene	
Tar Products		
Allantoin-Coal Tar and Combinations Shampoo External	Tegrin Medicated Shampoo 7%	

San Diego County Drug Formulary

Generic Name	Representative Brand Name	Utilization Management
Coal Tar External	Fototar, G-Tar, Tegrin, Medotar	
Corticosteroids – Topical		
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.
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	

San Diego County Drug Formulary

Generic Name	Representative Brand Name	Utilization Management
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	
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	
<u>DIAGNOSTIC PRODUCTS</u>		
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

San Diego County Drug Formulary

Generic Name	Representative Brand Name	Utilization Management
Lancets Devices	Lancets	Limited to 2 fills/year, maximum \$25/prescription
Transplant Medications		Prior Authorization Required
<u>PSYCHIATRIC PRODUCTS</u>		
Medications Used To Treat ADHD		
Dextroamphetamine 5MG, 10MG & 15MG CAP, CAP CR & CAP SR 24HR	Dexedrine	Code 1. Must be prescribed by a Psychiatrist
Mixed Amphetamine Salts 10mg, 15mg, 20mg, 25mg & 30mg TAB	Adderall XR	Code 1. Generic only. Must be prescribed by a Psychiatrist
Methylphenidate 5mg, 10mg & 20mg TAB	Ritalin	Code 1. Must be prescribed by a Psychiatrist
Methylphenidate HCL ER 20mg 30mg	Ritalin LA	Generic only. Must be prescribed by a Psychiatrist
Methylphenidate ER 10mg, 20mg, 30mg, 40mg, 50mg & 60mg CAP CR	Metadate	Code 1. Must be prescribed by a Psychiatrist
Antipsychotics		
ATYPICAL		
Risperidone 0.25mg, 0.5mg, 1mg, 2mg, 3mg & 4mg TAB	Risperdal	
Risperidone 12.5 mg, 25mg, 37.5mg and 50mg	Risperdal Consta	Generic only.
TYPICAL		
Fluphenazine ORAL 1mg, 2.5mg, 5mg & 10mg TAB	Prolixin	
Fluphenazine Decanoate 25mg/ml	Prolixin-D	Code 1. Must be prescribed by a Psychiatrist
Haloperidol ORAL 0.5mg, 1mg, 2mg, 5mg, 10mg & 20mg TAB	Haldol	
Haloperidol Lactate	Haldol IM	Code 1. Generic only. Must be prescribed by a Psychiatrist
Haloperidol 5mg/2.5ml	Haldol Conc	Code 1. Generic only. Must be prescribed by a Psychiatrist
Haloperidol Deconoate 100mg/ml	Haldol-D	Code 1. Must be prescribed by a Psychiatrist
Clozaril 25mg, 100 mg	Clozapine	Generic only
Fazacllo 25mg, 100mg	Clozapine	Code 1. Generic only. Must be prescribed by a Psychiatrist
Chlorpromazine 10mg, 25mg, 50mg, 100mg & 200mg TAB	Thorazine	
Loxapine 5mg, 10mg, 25mg & 50mg	Loxitane	

San Diego County Drug Formulary

Generic Name	Representative Brand Name	Utilization Management
CAP		
Molindone 5mg, 10mg, 25mg, 50mg & 100mg TAB	Moban	
Perphenazine 2mg, 4mg, 8mg & 16mg TAB	Trilafon	
Thioridazine 10mg, 15mg, 25mg, 50mg, 100mg, 150mg & 200mg TAB	Mellaril	
Thiothixene 1mg, 2mg, 5mg, 10mg & 20mg TAB	Navane	
Trifluoperazine 1mg, 2mg, 5mg & 10mg TAB	Stelazine	
Antidepressants		
Citalopram 10mg, 20mg & 40mg TAB	Celexa	
Bupropion 75mg & 100mg TAB	Wellbutrin	
Bupropion SR 100mg, 150mg & 200mg TAB SR 12HR	Wellbutrin SR	
Bupropion XL 100mg, 150mg & 300mg TAB SR 12HR	Wellbutrin XL	Code 1. Generic only. Must be prescribed by a Psychiatrist
Venlafaxine	Effexor	Code 1. Generic only. Must be prescribed by a Psychiatrist
Venlafaxine XR	Effexor XR	Code 1. Must be prescribed by a Psychiatrist
Fluoxetine 10mg, 20mg & 40mg CAP	Prozac	
Fluvoxamine 25mg, 50mg & 100mg TAB	Luvox	
Mirtazapine 7.5mg, 15mg, 30mg & 45mg TAB	Remeron	
Paroxetine 10mg, 20mg, 30mg & 40mg TAB	Paxil	
Amitriptyline 10mg, 25mg, 50mg, 75mg, 100mg & 150mg TAB	Elavil	
Clomipramine 25mg, 50mg & 75mg CAP	Anafranil	
Desipramine 25mg & 50mg CAP 10mg, 25mg, 50mg, 75mg, 100mg & 150mg TAB	Pertofrane Norpramin	
Doxepin 10mg, 25mg, 50mg, 75mg, 100mg & 150mg CAP	Adapin	

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Generic Name	Representative Brand Name	Utilization Management
Imipramine 10mg, 25mg & 50mg TAB	Tofranil	
Nortriptyline 10mg, 25mg, 50mg & 75mg CAP	Pamelor	
Sertraline 50mg & 100mg CAP	Zoloft	
Trazodone 50mg, 100mg, 150mg, 300mg TAB 150mg & 300mg TAB SR 24HR	Desyrel, Oleptro	
Anxiolytics – Hypnotics		
Lorazepam 0.5mg, 1mg & 2mg TAB	Ativan	Prior Authorization required after 60 days
Buspirone 5mg, 7.5mg, 10mg, 15mg & 30mg TAB	Buspar	
Clonazepam 0.5mg, 1mg & 2mg TAB	Klonopin	Prior Authorization required after 60 days.
Colanzepam ORAL 0.125mg, 0.25mg, 0.5mg, 1mg & 2mg ORALLY DISINTEGRATING TAB	Klonopin Wafers	Prior Authorization required after 60 days.
Hydroxyzine Pamoate 25mg, 50mg & 100mg CAP	Vistaril	
Temazepam 7.5mg, 15mg, 22.5mg & 30mg CAP	Restoril	Code 1. Must be prescribed by a Psychiatrist
Zolpidem 5mg & 10mg TAB	Ambien	Code 1. Must be prescribed by a Psychiatrist only for severe insomnia.
Sinequan 25mg, 50mg and 100mg tabs	Doxepin	
Diazepam capsule CR CR 15 mg	Valium	PCP can write for spastic plegias. Must be prescribed by a psychiatrist only for GAD. PA required after 60 days
Diazepam Tablet 2mg, 5mg, 10mg	Valium	PCP can write for spastic plegias. Must be prescribed by a psychiatrist only for GAD. PA required after 60 days
Mood Stabilizers / Seizures		
Chlordiazepoxide 10mg, 25mg	Librium	Limit 30 pills per 30 days.
Lithium 150mg, 300mg & 600mg CAP 300mg TAB 300mg & 450mg TAB CR	Eskalith, Lithobid, Eskalith CR	
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

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Generic Name	Representative Brand Name	Utilization Management
Lamotrigine 25mg, 100mg, 150mg & 200mg TAB	Lamictal	Code 1. Must be prescribed by a Psychiatrist. Not covered for seizure disorder
Valproic Acid 250mg CAP	Depakene	
Divalproex Sodium 125mg, 250mg & 500mg TAB DELAYED RELEASE	Depakote	
Carbamazepine 100mg & 200mg TAB	Tegretol	
Phenytoin 30mg, 100mg, 200mg & 300mg EXTENDED CAP	Dilantin	
Risperidone 0.25mg, 0.5mg, 1mg, 2mg, 3mg & 4mg TAB	Risperdal	Generic only.
Risperidone 12.5 mg, 25mg, 37.5mg and 50mg	Risperdal Consta	Generic only.
Topiramate 25mg, 100mg, 200mg	Topamax	Generic only.
Oxcarbazepine 150mg, 300mg, 600mg	Triepal	Code 1. Generic only. Must be prescribed by a Psychiatrist
Medications Used To Treat Common Side Effects		
Benzotropine 0.5mg, 1mg & 2mg TAB	Cogentin	
Diphenhydramine 25mg & 50mg CAP & TAB 12.5mg CHEW TAB & TAB DISP 12.5mg & 25mg ORAL STRIP	Benadryl, Triaminic, Theraflu	
Trihexyphenidyl 5mg CAP CR 2mg & 5mg TAB	Artane	
Lactulose 10 GM & 20 GM ORAL CRYSTAL PACKET	Kristalose	

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SAN DIEGO COUNTY LIHP
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 LIHP PROGRAM USE ONLY

COMMITTEE COMMENTS: _____

DRUG COST PER MONTH _____ POTENTIAL OVERALL COST _____

ADVANTAGE/DISADVANTAGE _____

ACCEPTED: _____ REJECTED: _____ DATE: _____

DATE ADDED TO FORMULARY _____ FORM 04/18/2012



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: <input type="text"/> DEANPI: <input type="text"/> Phone: <input type="text"/>		First Name: <input type="text"/> Specialty: <input type="text"/> Fax: <input type="text"/>	
Member Information Last Name: <input type="text"/> Member ID Number: <input type="text"/>		First Name: <input type="text"/> DOB: <input type="text"/>	
Medication Information: Drug Name and Strength: _____ Diagnosis: _____		Quantity and Dosing: _____ Duration: _____	

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).