

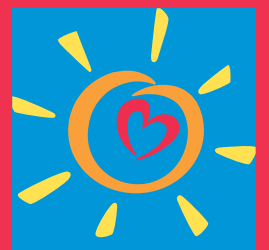


L.A. Care  
**Medi-Cal Dual**  
Formulary

[www.lacare.org](http://www.lacare.org)

LA1308E 02/15\_EN

Last Updated: 7/1/2018



**L.A. Care**  
HEALTH PLAN®

# L.A. Care Medi-Cal Dual Formulary

## INTRODUCTION

### Foreword

The L.A. Care Medi-Cal Dual formulary is a preferred list of covered drugs, approved by the L.A. Care Health Plan Pharmacy Quality Oversight Committee. This formulary applies only to outpatient drugs and self-administered drugs not covered by your Medicare Prescription Drug Benefit. It does not apply to medications used in the inpatient setting or medical offices.

The formulary is a continually reviewed and revised list of preferred drugs based on safety, clinical efficacy, and cost-effectiveness. The formulary is updated monthly, updated documents are available online at: <http://www.lacare.org>.

This drug listing is for L.A. Care Medi-Cal Dual members who also have a Medicare plan outside of L.A. Care.

### How to Use the Formulary

The formulary drug listing begins on Page 4. Drugs available in generic formulations are listed by their generic names and its most common proprietary (branded) name is capitalized next to the generic name in parenthesis. Drugs that are only available in brand name formulations are listed in ALL CAPITAL letters.

The formulary can be searched by using the "Ctrl + F" function or the index. Drugs can be searched by the generic name, proprietary name, or therapeutic drug category.

### Generic and Brand Name Medications

L.A. Care's Medi-Cal Dual Plan covers generic and brand name drugs. However, when available, FDA approved generic drugs are to be used in all situations, regardless of the availability of a brand. Generic drugs generally cost less than brand name drugs. All drugs that are or become available generically are subject to review by L.A. Care's Pharmacy Quality Oversight Committee.

A prescriber may request a brand name product in lieu of an approved generic, if the prescriber determines that there is a documented medical need for the brand equivalent. This type of request for coverage may be made using the 'Medication Request Process' described on Page 3.

### Non-Formulary Medications

Any drug not found in this formulary listing published by L.A. Care Health Plan shall be considered a non-formulary drug. If a drug is not found on this formulary it is possible that the drug would be covered through your Medicare Prescription Drug Benefit. If not, a prescriber may request an exception to coverage for a non-formulary drug if the prescriber determines that there is a documented medical need. This type of request for coverage may be made using the 'Medication Request Process' described on Page 3.

### Benefit Coverage and Limitations

This printed formulary does not provide information regarding the specific coverage and limitations an individual may have. The individual may have specific benefit inclusions, exclusions, and/or cost share which are not reflected in the formulary.

The formulary applies only to outpatient drugs provided to members, and does not apply to medications used in inpatient settings. Any specific questions regarding their coverage should be directed to L.A. Care Health Plan Member Services at 1-888-839-9909 (TTY: 711).

## Restrictions on Medication Coverage

Certain covered drugs may have additional requirements or limits on coverage. These are denoted throughout the document using the following symbols:

Symbol	Restriction	Description
NC	Not Covered	Drug that is non-formulary and will not be paid for by the plan without prior approval/prior authorization
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
OTC	Over the Counter	Coverage of OTC medication
RS	Restricted to Specialist	Coverage may be dependent on the specialty of the prescribing physician
PA	Prior Authorization	Requires specific physician request process
SMKG	Smoking Cessation	Coverage for the treatment of smoking cessation drugs, which may have specific restrictions
ST	Step Therapy	Coverage may require one or more "prerequisite" first step drugs to be tried before progressing to the second step drug

Please refer to the formulary listing beginning on Page 4 for details regarding specific agents.

## Medication Request Process

### Formulary Agents

- A. Prior Authorization (PA): These drugs require approval prior to being dispensed at a network pharmacy. Requests are reviewed with specific Prior Authorization guidelines. Each request will be reviewed on individual patient need. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved and alternative therapy may be recommended.
- B. Quantity Limits (QL): These drugs have quantity limits. If quantities exceeding the limit are necessary, an exception to coverage may be requested by the prescriber. Each request will be reviewed on individual patient need. Approval will be given if a documented medical need exists without compromising safety.
- C. Step Therapy (ST): These drugs require one or more first step drugs to be tried before progressing to the second step drug. If there is a medical need to use a second step drug without trying a first step drug, an exception to coverage may be requested by the prescriber. Each request will be reviewed on an individual patient need. Approval will be given if a documented medical need exists.

### Non-Formulary Agents

- A. Any drug not found on this list is considered non-formulary. Coverage for non-formulary agents may be requested by the prescriber. Each request will be reviewed on individual patient need. Approval will be given if a documented medical need exists.
- B. The 'Medication Request Process' is generally not available for drugs that are specifically excluded by benefit design. For benefit exclusions refer to the 'General Exclusions' section below.

Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity.

## General Benefit Exclusions (Not Covered)

Please note that this list is subject to change.

- A. Drugs specifically listed as not covered
- B. Any drug products used for cosmetic purposes
- C. Infertility agents
- D. Drugs used for erectile dysfunction
- E. Experimental drug products, or any drug product used in an experimental manner
- F. Non self-administered injectable drug products are not covered unless otherwise specified in the formulary listing
- G. Foreign drugs or drugs not approved by the United States Food & Drug Administration

## Pharmacist and Physician Feedback

The formulary is a tool to promote cost-effective prescription drug use. L.A. Care has made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this a formidable task. L.A. Care welcomes the participation of physicians, pharmacists, and ancillary medical providers, in this dynamic process. Physicians and pharmacists are highly encouraged to direct any suggestions or comments to L.A. Care via e-mail to [PharmacyandFormulary@lacare.org](mailto:PharmacyandFormulary@lacare.org).

**Search Tip:**

This is a large document, but you can search quickly and easily by clicking on the binocular icon on your toolbar. It will then display a search box for you to type in the name of the drug you want to locate. If you do not know the correct spelling, you can start your search by entering just the first few letters of the name.

**L.A. Care Medi-Cal Dual Formulary  
Alphabetical Index  
Last Updated 7/1/2018**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
acetaminophen cap	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen chew tab	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen drops	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen elixir	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen ER tab	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen liquid	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen ODT	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen supp	OTC	F	ANALGESICS - NONNARCOTIC
ACETAMINOPHEN SYRUP	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen tab	OTC	F	ANALGESICS - NONNARCOTIC
ACETAMINOPHEN/BUFFERED ASPIRIN TAB (Only covered for members 4 years and older)	OTC	F	ANALGESICS - NONNARCOTIC
ACETAMINOPHEN/DEXTROMETHORPHAN LIQUID	OTC	F	COUGH/COLD/ALLERGY
acetaminophen/pamabrom/pyrilamine tab (Only covered for members 4 years and older)	OTC	F	ANALGESICS - NONNARCOTIC
ACETAMINOPHEN/PHENYLTOLOXAMINE TAB (Only covered for members 4 years and older)	OTC	F	ANALGESICS - NONNARCOTIC
ALCOHOL WIPES	OTC	F	DERMATOLOGICALS
ALLERGY MULTI-SYMPTOM DAY/NIGHT PAK (Covered for members 4-19 years. Not covered if 3 and younger or 20 and older)	OTC	F	COUGH/COLD/ALLERGY
ALLERGY/SINUS TAB HEADACHE	OTC	F	COUGH/COLD/ALLERGY
ALUMINUM HYDROXIDE GEL SUSP.	OTC	F	ANTACIDS
ammonium lactate cream (Coverage includes OTC only)	OTC	F	DERMATOLOGICALS
ammonium lactate lotion (Coverage includes OTC only)	OTC	F	DERMATOLOGICALS
analgesic balm	OTC	F	DERMATOLOGICALS
antacid chew tab	OTC	F	ANTACIDS
anti-nausea soln. (EMETROL equiv)	OTC	F	ANTIEMETICS
ANTIVERT TAB (Coverage includes OTC only)	OTC	F	ANTIEMETICS
anumed supp	OTC	F	ANORECTAL AGENTS
AP-HIST DM SOLN	OTC	F	COUGH/COLD/ALLERGY
artificial tears ophth soln.	OTC	F	OPHTHALMIC AGENTS
ARMOUR THYROID TAB, NATURE THROID TAB	-	F	THYROID AGENTS
artificial tears ophth oint.	OTC	F	OPHTHALMIC AGENTS
artificial tears ophth soln.	OTC	F	OPHTHALMIC AGENTS
ascorbic acid cap	OTC	F	VITAMINS
ascorbic acid chew tab	OTC	F	VITAMINS
ascorbic acid ER tab	OTC	F	VITAMINS
ascorbic acid lozenge	OTC	F	VITAMINS
ascorbic acid syrup	OTC	F	VITAMINS
ascorbic acid tab	OTC	F	VITAMINS
ASCORBIC ACID WAFER	OTC	F	VITAMINS
aspirin chew tab	OTC	F	ANALGESICS - NONNARCOTIC
aspirin EC tab	OTC	F	ANALGESICS - NONNARCOTIC
aspirin supp.	OTC	F	ANALGESICS - NONNARCOTIC
ASPIRIN TAB	OTC	F	ANALGESICS - NONNARCOTIC

OTC    **NC** =Not Covered  
ST    Over-the-Counter  
Step Therapy

PA

**generic** =small letters  
Prior Authorization

QL

**BRANDS** =CAPITAL LETTERS  
Quantity Limit

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 7/1/2018**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ASSURE LANCET LOW FLOW 25 GAUGE - BOX 100 (Limited to LTC Pharmacies)	OTC	F	MEDICAL DEVICES AND SUPPLIES
ASSURE LANCET MICRO FLOW 28 GAUGE - BOX 100 (Limited to LTC Pharmacies)	OTC	F	MEDICAL DEVICES AND SUPPLIES
ASSURE PLATINUM TEST STRIP - BOX 100 (Limited to LTC Pharmacies)	OTC	F	DIAGNOSTIC PRODUCTS
ASSURE PLATINUM TEST STRIP - BOX 50 (Limited to LTC Pharmacies)	OTC	F	DIAGNOSTIC PRODUCTS
ASSURE PRISM MULTI TEST STRIP (Limited to LTC Pharmacies)	OTC	F	DIAGNOSTIC PRODUCTS
atropine ophth oint	-	F	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	F	OPHTHALMIC AGENTS
bacitracin oint.	OTC	F	DERMATOLOGICALS
bacitracin/polymyxin b oint	OTC	F	DERMATOLOGICALS
bacitracin/zinc oint.	OTC	F	DERMATOLOGICALS
b-complex/vitamin c/folic acid cap (NEPHROCAP equiv)	-	F	MULTIVITAMINS
b-complex/vitamin c/folic acid tab (NEPHRO-VITE equiv)	OTC	F	MULTIVITAMINS
BELLADONNA ALKALOID/OPIUM SUPP	-	F	ULCER DRUGS
BELVIQ TAB (QL = 2 tab/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
BELVIQ XR TAB (QL= 1 tab/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
BENADRYL-D SOLN	OTC	F	COUGH/COLD/ALLERGY
benzocaine/menthol lozenge	OTC	F	MOUTH/THROAT/DENTAL AGENTS
benzonatate cap (TESSALON PERLES equiv)	-	F	COUGH/COLD/ALLERGY
benzoyl peroxide cream (QL = 30 gm/30 day)	OTC-QL	F	DERMATOLOGICALS
benzoyl peroxide gel (BREVOXYL equiv) (Coverage includes OTC only; QL = 90 gm/30 day)	OTC-QL	F	DERMATOLOGICALS
BENZOYL PEROXIDE GEL 2.5% (QL= 1 tube/30 days)	OTC-QL	F	DERMATOLOGICALS
benzoyl peroxide liquid (BENZAC AC equiv) (Coverage includes OTC only; QL = 237 ml/30 day)	OTC-QL	F	DERMATOLOGICALS
benzoyl peroxide lotion (Coverage includes OTC only; QL = 340.2ml/30 day)	OTC-QL	F	DERMATOLOGICALS
BISACODYL ENEMA	OTC	F	LAXATIVES
bisacodyl supp.	OTC	F	LAXATIVES
bisacodyl tab	OTC	F	LAXATIVES
bismuth subsalicylate chew tab	OTC	F	ANTIDIARRHEALS
bismuth subsalicylate susp.	OTC	F	ANTIDIARRHEALS
bismuth subsalicylate tab	OTC	F	ANTIDIARRHEALS
brompheniramine/phenylephrine elixir	OTC	F	COUGH/COLD/ALLERGY
brompheniramine/phenylephrine liquid	OTC	F	COUGH/COLD/ALLERGY
BROMPHENIRAMINE/PHENYLEPHRINE TAB	OTC	F	COUGH/COLD/ALLERGY
BROMPHENIRAMINE/PSEUDOEPHEDRINE LIQUID	OTC	F	COUGH/COLD/ALLERGY
BROTAPP DM LIQUID	OTC	F	COUGH/COLD/ALLERGY
CALAMINE LOTION	OTC	F	DERMATOLOGICALS
CALCIUM ACETATE TAB (QL = 9 tab/day)	OTC-QL	F	MINERALS & ELECTROLYTES
calcium and phosphorus w/vitamin D tab	OTC	F	MINERALS & ELECTROLYTES
CALCIUM CARBONATE CAP	OTC	F	MINERALS & ELECTROLYTES
calcium carbonate chew tab	OTC	F	MINERALS & ELECTROLYTES
calcium carbonate susp	OTC	F	ANTACIDS
CALCIUM CARBONATE TAB	OTC	F	ANTACIDS
calcium carbonate w/ vitamin d cap	OTC	F	MINERALS & ELECTROLYTES
calcium carbonate w/ vitamin D chew tab	OTC	F	MINERALS & ELECTROLYTES
calcium carbonate w/ vitamin d tab	OTC	F	MINERALS & ELECTROLYTES

OTC	<b>NC</b> =Not Covered	PA	<b>generic</b> =small letters	QL	<b>BRANDS</b> =CAPITAL LETTERS
ST	Over-the-Counter		Prior Authorization		Quantity Limit
	Step Therapy				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 7/1/2018**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
calcium carbonate w/ vitamind D tab	OTC	F	MINERALS & ELECTROLYTES
CALCIUM CARBONATE/VITAMIN D TAB	OTC	F	MINERALS & ELECTROLYTES
calcium citrate tab	OTC	F	MINERALS & ELECTROLYTES
calcium citrate w/ vitamin d tab	OTC	F	MINERALS & ELECTROLYTES
CALCIUM GLUCONATE TAB	OTC	F	MINERALS & ELECTROLYTES
CALCIUM LACTATE TAB	OTC	F	MINERALS & ELECTROLYTES
calcium polycarbophil tab	OTC	F	LAXATIVES
capsaicin cream	OTC	F	DERMATOLOGICALS
capsaicin pad	OTC	F	DERMATOLOGICALS
carbamide peroxide otic drop	OTC	F	OTIC AGENTS
CATHFLO ACTIVASE INJ 2MG	-	F	HEMATOLOGICAL AGENTS - MISC.
CENHIST CHEW TAB	OTC	F	COUGH/COLD/ALLERGY
cetirizine chew tab (Zyrtec equiv) (QL = 1 tab/day)	OTC-QL	F	ANTIHISTAMINES
cetirizine syrup (Zyrtec equiv) (Coverage includes OTC only)	OTC	F	ANTIHISTAMINES
cetirizine tab (Zyrtec equiv) (QL = 1 tab/day)	OTC-QL	F	ANTIHISTAMINES
cetirizine/pseudoephedrine 12-hour tab (Zyrtec equiv) (QL = 1 tab/day)	OTC-QL	F	COUGH/COLD/ALLERGY
CHILDRENS PLUS COLD	-	F	COUGH/COLD/ALLERGY
chlorhexidine gluconate liquid	OTC	F	ANTISEPTICS & DISINFECTANTS
chlorpheniramine CR tab	OTC	F	ANTIHISTAMINES
chlorpheniramine syrup	OTC	F	ANTIHISTAMINES
chlorpheniramine tab	OTC	F	ANTIHISTAMINES
chlorpheniramine/acetaminophen tab	OTC	F	COUGH/COLD/ALLERGY
chlorpheniramine/dextromethorphan liquid	OTC	F	COUGH/COLD/ALLERGY
chlorpheniramine/dextromethorphan tab	OTC	F	COUGH/COLD/ALLERGY
chlorpheniramine/phenylephrine liquid	OTC	F	COUGH/COLD/ALLERGY
chlorpheniramine/phenylephrine tab	OTC	F	COUGH/COLD/ALLERGY
chlorpheniramine/phenylephrine/acetaminophen effer tab	OTC	F	COUGH/COLD/ALLERGY
chlorpheniramine/phenylephrine/acetaminophen tab	OTC	F	COUGH/COLD/ALLERGY
chlorpheniramine/phenylephrine/aspirin effer tab	OTC	F	COUGH/COLD/ALLERGY
CHLORPHENIRAMINE/PSEUDOEPHEDRINE CHEW TAB	OTC	F	COUGH/COLD/ALLERGY
chlorpheniramine/pseudoephedrine syrup	OTC	F	COUGH/COLD/ALLERGY
chlorpheniramine/pseudoephedrine tab	OTC	F	COUGH/COLD/ALLERGY
CHLORPHENIRAMINE/PSEUDOEPHEDRINE/IBUPROFEN TAB	OTC	F	COUGH/COLD/ALLERGY
cholecalciferol cap	OTC	F	VITAMINS
cholecalciferol oral soln.	OTC	F	VITAMINS
cholecalciferol tab	OTC	F	VITAMINS
CHROMAGEN TAB	-	F	HEMATOPOIETIC AGENTS
clemastine tab (TAVIST equiv) (Coverage includes OTC only)	OTC	F	ANTIHISTAMINES
clotrimazole cream (Coverage includes OTC only)	OTC	F	DERMATOLOGICALS
clotrimazole vaginal cream	OTC	F	VAGINAL PRODUCTS
CLOVERINE OINT	OTC	F	DERMATOLOGICALS
COLD RELIEF COMPLETE TAB	OTC	F	COUGH/COLD/ALLERGY
COLD RELIEF TAB PLUS	OTC	F	COUGH/COLD/ALLERGY
COLD/FLU CONGESTION PAK	OTC	F	COUGH/COLD/ALLERGY
COLD/FLU RELIEF NIGHT D LIQUID	OTC	F	COUGH/COLD/ALLERGY
CONCEPTROL GEL	OTC	F	VAGINAL PRODUCTS
CONTRACEPTIVE FILM	OTC	F	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	F	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	F	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	F	VAGINAL PRODUCTS

OTC	<b>NC</b> =Not Covered		<b>generic</b> =small letters		<b>BRANDS</b> =CAPITAL LETTERS
ST	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
	Step Therapy				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 7/1/2018**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
CONTRAIVE TAB (QL= 4 tabs/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
cromolyn nasal soln. (NASALCROM equiv)	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
cyanocobalamine ER tab	OTC	F	HEMATOPOIETIC AGENTS
cyanocobalamine inj.	-	F	HEMATOPOIETIC AGENTS
cyanocobalamine lozenge	OTC	F	HEMATOPOIETIC AGENTS
cyanocobalamine SL tab	OTC-QL	F	HEMATOPOIETIC AGENTS
cyanocobalamine tab	OTC	F	HEMATOPOIETIC AGENTS
CYCLOMYDRIL OPTH SOLN	-	F	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	F	OPHTHALMIC AGENTS
DESITIN PASTE	OTC	F	DERMATOLOGICALS
DEXBROMPHENIRAMINE/PHENYLEPHRINE/ACETAMINOPHEN TAB	OTC	F	COUGH/COLD/ALLERGY
dexbrompheniramine/pseudoephedrine ER tab	OTC	F	COUGH/COLD/ALLERGY
DEXBROMPHENIRAMINE/PSEUDOEPHEDRINE TAB	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan cap	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan liquid	OTC	F	COUGH/COLD/ALLERGY
DEXTROMETHORPHAN LOZENGE	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan syrup	OTC	F	COUGH/COLD/ALLERGY
DEXTROMETHORPHAN/ACETAMINOPHEN/CHLORPHENIRAMINE LIQUID	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan/acetaminophen/chlorpheniramine susp	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan/acetaminophen/chlorpheniramine tab	OTC	F	COUGH/COLD/ALLERGY
DEXTROMETHORPHAN/ACETAMINOPHEN/DIPHENHYDRAMINE LIQUID	OTC	F	COUGH/COLD/ALLERGY
DEXTROMETHORPHAN/BENZOCAINE LOZENGE	OTC	F	MOUTH/THROAT/DENTAL AGENTS
dextromethorphan/doxylamine soln.	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan/doxylamine/acetaminophen cap	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan/doxylamine/acetaminophen liquid	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan/phenylephrine/acetaminophen cap	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan/phenylephrine/acetaminophen liquid	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan/phenylephrine/acetaminophen tab	OTC	F	COUGH/COLD/ALLERGY
DIALYVITE TAB	-	F	MULTIVITAMINS
DIALYVITE/IRON TAB	OTC	F	MULTIVITAMINS
DIALYVITE/ZINC TAB	OTC	F	MULTIVITAMINS
DIETHYLTOLUAMIDE LOTION	OTC	F	DERMATOLOGICALS
dimenhydrinate tab	OTC	F	ANTIEMETICS
dimethicone gel (Coverage includes OTC only)	OTC	F	DERMATOLOGICALS
diphenhydramine (sleep) cap	OTC	F	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
diphenhydramine (sleep) tab	OTC	F	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
diphenhydramine cap (BENADRYL equiv) (Coverage includes OTC only)	OTC	F	ANTIHISTAMINES
diphenhydramine chew tab	OTC	F	ANTIHISTAMINES
diphenhydramine cream	OTC	F	DERMATOLOGICALS
diphenhydramine gel	OTC	F	DERMATOLOGICALS
diphenhydramine liquid	OTC	F	ANTIHISTAMINES
diphenhydramine rapid tab	OTC	F	ANTIHISTAMINES
diphenhydramine spray	OTC	F	DERMATOLOGICALS
DIPHENHYDRAMINE STRIP	OTC	F	ANTIHISTAMINES
diphenhydramine tab	OTC	F	ANTIHISTAMINES
diphenhydramine/acetaminophen (sleep) pack	OTC	F	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS

OTC	<b>NC</b> =Not Covered	PA	<b>generic</b> =small letters	QL	<b>BRANDS</b> =CAPITAL LETTERS
ST	Over-the-Counter Step Therapy		Prior Authorization		Quantity Limit

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.



**L.A. Care Medi-Cal Dual Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 7/1/2018**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
diphenhydramine/acetaminophen (sleep) tab	OTC	F	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
DIPHENHYDRAMINE/ACETAMINOPHEN LIQUID	OTC	F	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
diphenhydramine/acetaminophen tab	OTC	F	COUGH/COLD/ALLERGY
diphenhydramine/phenylephrine liquid	OTC	F	COUGH/COLD/ALLERGY
diphenhydramine/phenylephrine soln.	OTC	F	COUGH/COLD/ALLERGY
diphenhydramine/phenylephrine tab	OTC	F	COUGH/COLD/ALLERGY
diphenhydramine/phenylephrine/acetaminophen liquid	OTC	F	COUGH/COLD/ALLERGY
diphenhydramine/phenylephrine/acetaminophen susp.	OTC	F	COUGH/COLD/ALLERGY
diphenhydramine/phenylephrine/acetaminophen tab	OTC	F	COUGH/COLD/ALLERGY
DIPHENHYDRAMINE/PSEUDOEPHEDRINE TAB	OTC	F	COUGH/COLD/ALLERGY
diphenhydramine/pseudoephedrine/acetaminophen tab	OTC	F	COUGH/COLD/ALLERGY
diphenhydramine/zinc cream	OTC	F	DERMATOLOGICALS
diphenhydramine/zinc spray	OTC	F	DERMATOLOGICALS
DOCUSAL/ENEMEEZ MINI ENEMA	OTC	F	LAXATIVES
docusate calcium cap	OTC	F	LAXATIVES
docusate sodium cap	OTC	F	LAXATIVES
docusate sodium enema	OTC	F	LAXATIVES
docusate sodium liquid	OTC	F	LAXATIVES
docusate sodium syrup	OTC	F	LAXATIVES
docusate sodium tab	OTC	F	LAXATIVES
doxylamine succinate tab	OTC	F	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
doxylamine/phenylephrine/acetaminophen cap	OTC	F	COUGH/COLD/ALLERGY
DULCOLAX BOWEL PREP KIT	OTC	F	LAXATIVES
EPHEDRINE SULFATE CAP	OTC	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ergocalciferol soln.	OTC	F	VITAMINS
ERGOCALCIFEROL TAB	OTC	F	VITAMINS
eye wash soln.	OTC	F	OPHTHALMIC AGENTS
famotidine tab	OTC	F	ULCER DRUGS
FEMALE CONDOM	OTC	F	MEDICAL DEVICES AND SUPPLIES
ferocon cap	-	F	HEMATOPOIETIC AGENTS
ferrex 150 forte cap	-	F	HEMATOPOIETIC AGENTS
ferrous gluconate tab	OTC	F	HEMATOPOIETIC AGENTS
ferrous sulfate DR tab	OTC	F	HEMATOPOIETIC AGENTS
ferrous sulfate ER tab	OTC	F	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID	OTC	F	HEMATOPOIETIC AGENTS
ferrous sulfate slow release tab	OTC	F	HEMATOPOIETIC AGENTS
ferrous sulfate soln	OTC	F	HEMATOPOIETIC AGENTS
FERROUS SULFATE SYRUP	OTC	F	HEMATOPOIETIC AGENTS
ferrous sulfate tab	OTC	F	HEMATOPOIETIC AGENTS
FIBER LIQUID	OTC	F	LAXATIVES
FLEET ENEMA	OTC	F	LAXATIVES
FLORIVA PLUS DROPS	-	F	MULTIVITAMINS
folbee tab	-	F	HEMATOPOIETIC AGENTS
FOLIC ACID INJ	-	F	HEMATOPOIETIC AGENTS
folic acid tab	OTC	F	HEMATOPOIETIC AGENTS
FUNGOID SOLN	OTC	F	DERMATOLOGICALS

OTC	<b>NC</b> =Not Covered	PA	<b>generic</b> =small letters	QL	<b>BRANDS</b> =CAPITAL LETTERS
ST	Over-the-Counter		Prior Authorization		Quantity Limit
	Step Therapy				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 7/1/2018**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
GALZIN CAP	-	F	MINERALS & ELECTROLYTES
GEL DRESSING (QL = 2 packet/day)	OTC-QL	F	DERMATOLOGICALS
GLUCOSE CHEW TAB	OTC	F	ANTIDIABETICS
glucose gel	OTC	F	ANTIDIABETICS
glycerin gel	OTC	F	DERMATOLOGICALS
glycerin liquid	OTC	F	DERMATOLOGICALS
glycerin lotion (Coverage includes OTC only)	OTC	F	DERMATOLOGICALS
GLYCERIN SHAMPOO	OTC	F	DERMATOLOGICALS
glycerin suppository	OTC	F	LAXATIVES
guaifenesin DM/pseudoephedrine tab (Covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin ER tab (MUCINEX equiv)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin liquid	OTC	F	COUGH/COLD/ALLERGY
guaifenesin syrup	OTC	F	COUGH/COLD/ALLERGY
guaifenesin tab	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/acetaminophen tab	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/codeine phosphate liquid	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/codeine phosphate liquid (TUSSI-ORGANIDIN-S equiv)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/dextromethorphan cap	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/dextromethorphan ER tab	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/dextromethorphan liquid	OTC	F	COUGH/COLD/ALLERGY
GUAIFENESIN/DEXTROMETHORPHAN PACK	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/dextromethorphan tab	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/ephedrine hcl tab	OTC	F	COUGH/COLD/ALLERGY
GUAIFENESIN/PHENYLEPHRINE HCL SYRUP	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/phenylephrine hcl tab	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/pseudoephedrine hcl cap	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/pseudoephedrine hcl syrup	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/pseudoephedrine hcl tab	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/pseudoephedrine tab	OTC	F	COUGH/COLD/ALLERGY
HDC DM SYRUP	OTC	F	COUGH/COLD/ALLERGY
HEMORRHOIDAL OINT	OTC	F	ANORECTAL AGENTS
HEPARIN LOCK FLUSH IV SOLN	-	F	ANTICOAGULANTS
heparin sodium (porcine) lock flush IV soln	-	F	ANTICOAGULANTS
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	F	OPHTHALMIC AGENTS
hydrocodone/homatropine soln.	-	F	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup	-	F	COUGH/COLD/ALLERGY
hydrocortisone acetate cream	OTC	F	DERMATOLOGICALS
HYDROCORTISONE ACETATE OINT	OTC	F	DERMATOLOGICALS
hydrocortisone aloe cream	OTC	F	DERMATOLOGICALS
HYDROCORTISONE ALOE OINT	OTC	F	DERMATOLOGICALS
hydrocortisone cream (Coverage includes OTC only)	OTC	F	DERMATOLOGICALS
hydrocortisone E/pramoxine cream (ANALPRAM E equiv)	-	F	ANORECTAL AGENTS
hydrocortisone gel	OTC	F	DERMATOLOGICALS
hydrocortisone lotion (Coverage includes OTC only)	OTC	F	DERMATOLOGICALS
hydrocortisone oint (Coverage includes OTC only)	OTC	F	DERMATOLOGICALS
hydrocortisone topical soln. (Coverage includes OTC only)	OTC	F	DERMATOLOGICALS
hydrocortisone/pramoxine rectal cream (ANALPRAM HC equiv)	-	F	ANORECTAL AGENTS
hydrogen peroxide soln	OTC	F	ANTISEPTICS & DISINFECTANTS
HYDROGEN PEROXIDE SOLN.	OTC	F	ANTISEPTICS & DISINFECTANTS

OTC	<b>NC</b> =Not Covered	PA	<b>generic</b> =small letters	QL	<b>BRANDS</b> =CAPITAL LETTERS
ST	Over-the-Counter		Prior Authorization		Quantity Limit
	Step Therapy				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 7/1/2018**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
hyoscyamine IR/SR tab (SYMAX equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate CR tab (LEVBID equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate elixir	-	F	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN SL equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate soln	-	F	ULCER DRUGS
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate tab (LEVSIN equiv)	-	F	ULCER DRUGS
ibuprofen cap	OTC	F	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen chew tab	OTC	F	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen susp (ADVIL, MOTRIN equiv) (Coverage includes OTC only)	OTC	F	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab (Coverage includes OTC only)	OTC	F	ANALGESICS - ANTI-INFLAMMATORY
INFANT FORMULA LIQUID	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
INFANT FORMULA POWDER	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
INJECTAFER INJ	-	F	HEMATOPOIETIC AGENTS
IRON POLYSACCHARIDE/THREONIC ACID/B12/FA CAP	-	F	HEMATOPOIETIC AGENTS
ISOPTO HYOSCINE OPTH SOLN	-	F	OPHTHALMIC AGENTS
IV PREP WIPES	OTC	F	ANTISEPTICS & DISINFECTANTS
KETOSTIX	OTC	F	DIAGNOSTIC PRODUCTS
ketotifen ophth soln (ZADITOR equiv)	OTC	F	OPHTHALMIC AGENTS
KONSYL POWDER	OTC	F	LAXATIVES
KONSYL POWDER PACKET	OTC	F	LAXATIVES
K-PHOS TAB	-	F	MINERALS & ELECTROLYTES
LANAPHILIC UREA OINT	OTC	F	DERMATOLOGICALS
lansoprazole cap (PREVACID equiv) (Coverage includes OTC only. QL = 56 cap/30 day)	OTC-QL	F	ULCER DRUGS
L-CARNITINE CAP	OTC	F	NUTRIENTS
levocarnitine cap	OTC	F	NUTRIENTS
levocarnitine tab	OTC	F	NUTRIENTS
levonorgestrel tab (PLAN B equiv) (Coverage includes OTC only)	OTC	F	CONTRACEPTIVES
LICE B GONE SHAMPOO	OTC	F	DERMATOLOGICALS
LICE TREATMENT KIT	OTC	F	DERMATOLOGICALS
lidocaine anorectal cream	OTC	F	ANORECTAL AGENTS
lidocaine gel (XYLOCAINE equiv)	-	F	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	F	DERMATOLOGICALS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	F	ANORECTAL AGENTS
LOHIST-D LIQUID	OTC	F	COUGH/COLD/ALLERGY
loperamide cap (IMODIUM equiv) (Coverage includes OTC only)	OTC	F	ANTIDIARRHEALS
loperamide liquid	OTC	F	ANTIDIARRHEALS
loperamide tab	OTC	F	ANTIDIARRHEALS
loratadine ODT (CLARITIN equiv) (QL = 1 tab/day)	OTC-QL	F	ANTIHISTAMINES
loratadine syrup (CLARITIN equiv) (QL = 240ml/30 day; Covered for members age 2 through 5 years)	OTC-QL	F	ANTIHISTAMINES
loratadine tab (CLARITIN equiv) (QL = 1 tab/day; Covered for members 2 years and older)	OTC-QL	F	ANTIHISTAMINES
loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv) (QL = 2 tab/day)	OTC-QL	F	COUGH/COLD/ALLERGY
loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv) (QL = 1 tab/day)	OTC-QL	F	COUGH/COLD/ALLERGY
lubricating jelly	OTC	F	DERMATOLOGICALS

OTC	<b>NC</b> =Not Covered	PA	<b>generic</b> =small letters	QL	<b>BRANDS</b> =CAPITAL LETTERS
ST	Over-the-Counter Step Therapy		Prior Authorization		Quantity Limit

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 7/1/2018**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
magnesium citrate soln.	OTC	F	LAXATIVES
magnesium hydroxide chew tab	OTC	F	LAXATIVES
magnesium hydroxide susp.	OTC	F	LAXATIVES
magnesium oxide tab	OTC	F	ANTACIDS
magnesium tab	OTC	F	MINERALS & ELECTROLYTES
MAGNESIUM/ALUMINUM HYDROXIDE CHEW TAB	OTC	F	ANTACIDS
magnesium/aluminum hydroxide/simethicone chew tab	OTC	F	ANTACIDS
MAGNESIUM/ALUMINUM HYDROXIDE/SIMETHICONE SUSP	OTC	F	ANTACIDS
MALE CONDOM	OTC	F	MEDICAL DEVICES AND SUPPLIES
MALE CONDOMS	OTC	F	MEDICAL DEVICES AND SUPPLIES
meclizine chew tab (BONINE equiv)	OTC	F	ANTIEMETICS
meclizine tab (ANTIVERT equiv) (Coverage includes OTC only)	OTC	F	ANTIEMETICS
MEDI-TUSSIN CAP	OTC	F	COUGH/COLD/ALLERGY
menthol lozenge (Covered for members 19 years and younger; Not covered for 20 years and older)	OTC	F	MOUTH/THROAT/DENTAL AGENTS
MICONAZOLE 3 SUPP 200MG (Coverage includes OTC only)	OTC	F	VAGINAL PRODUCTS
miconazole cream	OTC	F	DERMATOLOGICALS
miconazole nitrate aerosol	OTC	F	DERMATOLOGICALS
miconazole nitrate aerosol powder	OTC	F	DERMATOLOGICALS
miconazole nitrate powder	OTC	F	DERMATOLOGICALS
MICONAZOLE NITRATE SOLN.	OTC	F	DERMATOLOGICALS
MICONAZOLE NITRATE SPRAY	OTC	F	DERMATOLOGICALS
miconazole oint.	OTC	F	DERMATOLOGICALS
miconazole vaginal cream	OTC	F	VAGINAL PRODUCTS
MICONAZOLE VAGINAL KIT	OTC	F	VAGINAL PRODUCTS
miconazole vaginal supp kit	OTC	F	VAGINAL PRODUCTS
MILK OF MAGNESIA CHEW TAB	OTC	F	LAXATIVES
mineral oil	OTC	F	DERMATOLOGICALS
MINERAL OIL (Coverage includes OTC only)	OTC	F	LAXATIVES
mineral oil enema	OTC	F	LAXATIVES
MINERAL OIL LIGHT	OTC	F	DERMATOLOGICALS
mineral oil/petrolatum cream	OTC	F	DERMATOLOGICALS
mineral oil/petrolatum cream (Coverage includes OTC only)	OTC	F	DERMATOLOGICALS
mineral oil/petrolatum lotion	OTC	F	DERMATOLOGICALS
mineral oil/petrolatum oint	OTC	F	DERMATOLOGICALS
moisture lotion (Coverage includes OTC only)	OTC	F	DERMATOLOGICALS
multigen plus tab	-	F	HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	F	HEMATOPOIETIC AGENTS
multigen/folic acid tab (CHROMAGEN FA equiv)	-	F	HEMATOPOIETIC AGENTS
multiple vitamin liquid	OTC	F	MULTIVITAMINS
multiple vitamin tab	OTC	F	MULTIVITAMINS
multivitamin w/ iron chew tab	OTC	F	MULTIVITAMINS
multivitamin w/ iron tab	OTC	F	MULTIVITAMINS
multivitamin/minerals tab (STROVITE equiv)	OTC	F	MULTIVITAMINS
NAPHAZOLINE OPHTH SOLN.	-	F	OPHTHALMIC AGENTS
naphazoline/pheniramine ophth drops	OTC	F	OPHTHALMIC AGENTS
NASACORT OTC NASAL SPRAY (QL = 2 bottle/fill; Coverage includes OTC only)	OTC-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASAL MOIST GEL	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
neomycin/bacitracin/polymyxin b oint	OTC	F	DERMATOLOGICALS

OTC	<b>NC</b> =Not Covered		<b>generic</b> =small letters		<b>BRANDS</b> =CAPITAL LETTERS
ST	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
	Step Therapy				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 7/1/2018**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
neomycin/bacitracin/polymyxin b/pramoxine oint	OTC	F	DERMATOLOGICALS
neomycin/polymyxin b/pramoxine cream	OTC	F	DERMATOLOGICALS
NEOTUSS PLUS LIQUID	OTC	F	COUGH/COLD/ALLERGY
NEPHRON FA TAB	-	F	HEMATOPOIETIC AGENTS
niacin cap	OTC	F	VITAMINS
niacin CR tab (SLO-NIACIN equiv)	OTC	F	VITAMINS
niacin tab	OTC	F	VITAMINS
NIACIN TR TAB	OTC	F	VITAMINS
niacinamide tab	OTC	F	VITAMINS
nicotine gum (NICORETTE equiv) (Limited to 180 days per plan year)	OTC-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days per plan year)	OTC-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Coverage includes OTC only. Limited to 182 days per plan year)	OTC-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NINJACOF-XG LIQUID	OTC	F	COUGH/COLD/ALLERGY
NORTEMP SUSP INFANTS	OTC	F	ANALGESICS - NONNARCOTIC
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	F	THYROID AGENTS
NUTRITIONAL SUPPLEMENT LIQUID	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
NUTRITIONAL SUPPLEMENT POWDER	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
omega-3 fatty acid cap	OTC	F	NUTRIENTS
omeprazole cap (Coverage includes OTC only)	OTC	F	ULCER DRUGS
oxymetazoline nasal spray (AFRIN NASAL equiv)	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
PAIN RELIEF COUGH/COLD SYRUP	OTC	F	COUGH/COLD/ALLERGY
PAIN RELIEF PAK DAY AND NIGHT	OTC	F	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
PAIN RELIEVE PM TAB	OTC	F	COUGH/COLD/ALLERGY
pectin lozenge (Covered for members 19 years and younger; Not covered for 20 years and older)	OTC	F	MOUTH/THROAT/DENTAL AGENTS
pediatric electrolyte soln.	OTC	F	MINERALS & ELECTROLYTES
pediatric multiple vitamin ACD/fluoride soln.	-	F	MULTIVITAMINS
pediatric multiple vitamin ACD/fluoride/iron drops	-	F	MULTIVITAMINS
pediatric multiple vitamin/fluoride chew tab	-	F	MULTIVITAMINS
pediatric multiple vitamin/fluoride soln.	-	F	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	F	MULTIVITAMINS
pediatric multivitamin adc drops	OTC	F	MULTIVITAMINS
PEDIATRIC MULTIVITAMIN CHEW TAB	OTC	F	MULTIVITAMINS
pediatric multivitamin w/ iron chew tab	OTC	F	MULTIVITAMINS
pediatric multivitamin w/ iron drops	OTC	F	MULTIVITAMINS
pediatric multivitamin w/ minerals gummy	OTC	F	MULTIVITAMINS
pediatric multivitamin w/ vitamin c soln.	OTC	F	MULTIVITAMINS
pediatric multivitamin w/ vitamin c w/ iron chew tab	OTC	F	MULTIVITAMINS
permethrin liquid	OTC	F	DERMATOLOGICALS
permethrin lotion	OTC	F	DERMATOLOGICALS
permethrin spray	OTC	F	DERMATOLOGICALS
petrolatum oint	OTC	F	DERMATOLOGICALS
PETROLATUM/LANOLIN/ZINC OXIDE/MINERAL OIL OINT.	OTC	F	DERMATOLOGICALS

OTC	<b>NC</b> =Not Covered Over-the-Counter	PA	<b>generic</b> =small letters Prior Authorization	QL	<b>BRANDS</b> =CAPITAL LETTERS Quantity Limit
ST	Step Therapy				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 7/1/2018**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
phenazopyridine tab (PYRIDIDIUM equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
pheniramine/phenylephrine/acetaminophen packet (Covered for members 19 years and younger; Not covered for 20 years and older)	OTC	F	COUGH/COLD/ALLERGY
phentermine cap (ADIPEX equiv) (QL = 1 cap/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phentermine tab (ADIPEX equiv) (QL = 1 tab/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
PHENYLEPHRINE DROPS	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
phenylephrine nasal soln.	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
phenylephrine ophth soln (MYDFRIN equiv)	-	F	OPHTHALMIC AGENTS
phenylephrine tab	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
phenylephrine/acetaminophen cap	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/acetaminophen powder pack	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/acetaminophen tab	OTC	F	COUGH/COLD/ALLERGY
PHENYLEPHRINE/ACETAMINOPHEN/CAFFEINE TAB	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/acetaminophen/guaifenesin tab	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/brompheniramine/dm elixir	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/brompheniramine/dm soln.	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/chlorpheniramine/acetaminophen/dm liquid	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/chlorpheniramine/acetaminophen/dm susp.	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/chlorpheniramine/acetaminophen/dm tab	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/chlorpheniramine/dm liquid	OTC	F	COUGH/COLD/ALLERGY
PHENYLEPHRINE/CHLORPHENIRAMINE/DM SOLN.	OTC	F	COUGH/COLD/ALLERGY
PHENYLEPHRINE/DEXTROMETHORPHAN LIQUID	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/dextromethorphan soln.	OTC	F	COUGH/COLD/ALLERGY
PHENYLEPHRINE/DEXTROMETHORPHAN STRIP	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/doxylamine/acetaminophen/dm liquid	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/guaifenesin/acetaminophen/dm liquid	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/guaifenesin/acetaminophen/dm tab	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/guaifenesin/dm syrup	OTC	F	COUGH/COLD/ALLERGY
PHENYLEPHRINE/PYRILAMINE/DM LIQUID	OTC	F	COUGH/COLD/ALLERGY
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	F	MINERALS & ELECTROLYTES
phytonadione tab	-	F	VITAMINS
piperonyl butoxide/pyrethrins liquid	OTC	F	DERMATOLOGICALS
PIPERONYL BUTOXIDE/PYRETHRINS SHAMPOO	OTC	F	DERMATOLOGICALS
piperonyl butoxide/pyrethrins/permethrin kit	OTC	F	DERMATOLOGICALS
polyethylene glycol 3350 powder (Coverage includes OTC only)	OTC	F	LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	F	PHARMACEUTICAL ADJUVANTS
polyethylene glycol packet (MIRALAX equiv) (Coverage includes OTC only)	OTC	F	LAXATIVES
POVIDONE-IODINE SOLN	OTC	F	ANTISEPTICS & DISINFECTANTS
povidone-iodine soln.	OTC	F	ANTISEPTICS & DISINFECTANTS
PRAMOSONE CREAM	-	F	DERMATOLOGICALS
PRENATAL VITAMIN (Coverage includes OTC only)	OTC	F	MULTIVITAMINS
PREPARATION H CREAM	OTC	F	ANORECTAL AGENTS
PREPARATION H OINT	OTC	F	ANORECTAL AGENTS
preparation h supp	OTC	F	ANORECTAL AGENTS
PREVACID OTC CAP (QL = 56 cap/30 day; Step Therapy requires trial of lansoprazole and pantoprazole)	OTC-QL-ST	F	ULCER DRUGS
PROCTOFOAM HC FOAM	-	F	ANORECTAL AGENTS

OTC	<b>NC</b> =Not Covered	PA	<b>generic</b> =small letters	QL	<b>BRANDS</b> =CAPITAL LETTERS
ST	Over-the-Counter		Prior Authorization		Quantity Limit
	Step Therapy				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 7/1/2018**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
promethazine DM syrup	-	F	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODIENE equiv)	-	F	COUGH/COLD/ALLERGY
pseudoephedrine ER (12hr) tab (QL = 2 tab/day; Covered for members 4 years and older)	OTC-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine liquid (SUDAFED equiv) (QL = 1200ml/30 day; Covered for members 4 years and older)	OTC-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine syrup (SUDAFED equiv) (QL = 1200ml/30 day; Covered for members 4 years and older)	OTC-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine/acetaminophen tab	OTC	F	COUGH/COLD/ALLERGY
PSEUDOEPHEDRINE/ACETAMINOPHEN/DEXTROMETHORPHAN CAP (Onl covered for members age 4 years or older)	OTC	F	COUGH/COLD/ALLERGY
PSEUDOEPHEDRINE/ACETAMINOPHEN/DEXTROMETHORPHAN TAB (Onl covered for members age 4 years or older)	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/acetaminophen/dm cap	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/acetaminophen/dm tab	OTC	F	COUGH/COLD/ALLERGY
PSEUDOEPHEDRINE/ACETAMINOPHEN/GUAIFENESIN TAB	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/brompheniramine/dm elixir	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/brompheniramine/dm syrup (Covered for age 2 thru 4 years.)	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/chlorpheniramine/acetaminophen/dm cap	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/chlorpheniramine/acetaminophen/dm packet	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/chlorpheniramine/acetaminophen/dm susp	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/chlorpheniramine/acetaminophen/dm tab	OTC	F	COUGH/COLD/ALLERGY
PSEUDOEPHEDRINE/CHLORPHENIRAMINE/CODEINE LIQUID	OTC	F	COUGH/COLD/ALLERGY
PSEUDOEPHEDRINE/CHLORPHENIRAMINE/DEXTROMETHORPHAN/ACET PHEN CAP (Only covered for members age 4 years or older)	OTC	F	COUGH/COLD/ALLERGY
PSEUDOEPHEDRINE/CHLORPHENIRAMINE/DM CHEW TAB	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/chlorpheniramine/dm liquid	OTC	F	COUGH/COLD/ALLERGY
PSEUDOEPHEDRINE/DM ELIXIR	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/dm liquid	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/dm syrup	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/doxylamine/acetaminophen/dm cap	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/doxylamine/acetaminophen/dm liquid	OTC	F	COUGH/COLD/ALLERGY
PSEUDOEPHEDRINE/DOXYLAMINE/DEXTROMETHORPHAN/ACETAMINOP CAP (Only covered for members age 4 years or older)	OTC	F	COUGH/COLD/ALLERGY
PSEUDOEPHEDRINE/GUAIFENESIN/ACETAMINOPHEN/DM PACKET	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/guaifenesin/acetaminophen/dm tab	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/guaifenesin/dm cap	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/guaifenesin/dm syrup	OTC	F	COUGH/COLD/ALLERGY
PSEUDOEPHEDRINE/GUAIFENESIN/DM TAB (Covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
PSEUDOEPHEDRINE/IBUPROFEN CAP	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/ibuprofen susp.	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/ibuprofen tab	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/naproxen tab	OTC	F	COUGH/COLD/ALLERGY
PSYLLIUM CAP	OTC	F	LAXATIVES
psyllium powder	OTC	F	LAXATIVES
pyridoxine CR tab	OTC	F	VITAMINS
pyridoxine tab	OTC	F	VITAMINS

OTC	<b>NC</b> =Not Covered	PA	<b>generic</b> =small letters	QL	<b>BRANDS</b> =CAPITAL LETTERS
ST	Over-the-Counter		Prior Authorization		Quantity Limit
	Step Therapy				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 7/1/2018**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
QSYMIA CAP (QL = 1 cap/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ranitidine tab 75mg	OTC	F	ULCER DRUGS
RECTICARE CREAM	OTC	F	ANORECTAL AGENTS
REFENESEN PE TAB	OTC	F	COUGH/COLD/ALLERGY
REFENESEN TAB	OTC	F	COUGH/COLD/ALLERGY
REFRESH OPHTH DROPS	OTC	F	OPHTHALMIC AGENTS
REFRESH PLUS DROPS	OTC	F	OPHTHALMIC AGENTS
RISCAL-D TAB	OTC	F	MINERALS & ELECTROLYTES
ROBITUSSIN COUGH AND COLD LIQUID	OTC	F	COUGH/COLD/ALLERGY
ROBITUSSIN SYRUP	OTC	F	COUGH/COLD/ALLERGY
salicylic acid gel	OTC	F	DERMATOLOGICALS
salicylic acid liquid	OTC	F	DERMATOLOGICALS
salicylic acid pad	OTC	F	DERMATOLOGICALS
salicylic acid shampoo	-	F	DERMATOLOGICALS
salicylic acid soln	OTC	F	DERMATOLOGICALS
salicylic acid strip	OTC	F	DERMATOLOGICALS
saline nasal spray	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
SCOT-TUSSIN LIQUID	OTC	F	COUGH/COLD/ALLERGY
selenium sulfide lotion	-	F	DERMATOLOGICALS
sennosides tab	OTC	F	LAXATIVES
sennosides/docusate sodium tab	OTC	F	LAXATIVES
SILPHEN COUGH SYRUP	OTC	F	ANTIHISTAMINES
simethicone cap	OTC	F	GASTROINTESTINAL AGENTS - MISC.
simethicone chew tab	OTC	F	GASTROINTESTINAL AGENTS - MISC.
simethicone drops	OTC	F	GASTROINTESTINAL AGENTS - MISC.
simethicone liquid	OTC	F	GASTROINTESTINAL AGENTS - MISC.
SIMETHICONE STRIPS	OTC	F	GASTROINTESTINAL AGENTS - MISC.
SKIN CLEANSER	OTC	F	DERMATOLOGICALS
SM COUGH/SORE THROAT LIQUID	OTC	F	COUGH/COLD/ALLERGY
sodium bicarbonate tab	OTC	F	ANTACIDS
sodium chloride flush IV soln	-	F	MINERALS & ELECTROLYTES
sodium chloride inj 0.9%	-	F	MINERALS & ELECTROLYTES
sodium chloride ophth oint.	OTC	F	OPHTHALMIC AGENTS
sodium chloride ophth soln.	OTC	F	OPHTHALMIC AGENTS
SODIUM CHLORIDE SPRAY	OTC	F	DERMATOLOGICALS
sodium chloride tab	OTC	F	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride paste (PREVIDENT equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
sodium phosphate enema	OTC	F	LAXATIVES
sodium phosphate soln.	OTC	F	LAXATIVES
SSKI SOLN	-	F	COUGH/COLD/ALLERGY
SUDAFED ER (24HR) TAB (QL= 1 tab/day; Covered for members 4 years and older)	OTC-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
SUDAFED TRIPLE ACTION TAB	OTC	F	COUGH/COLD/ALLERGY
terbinafine cream (LAMISIL AT equiv) (QL = 30gm/30 day; Covered for members 12 years and older)	OTC-QL	F	DERMATOLOGICALS

OTC	<b>NC</b> =Not Covered		<b>generic</b> =small letters		<b>BRANDS</b> =CAPITAL LETTERS
ST	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
	Step Therapy				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.



**L.A. Care Medi-Cal Dual Formulary Cont.**  
**Alphabetical Index**  
**Last Updated 7/1/2018**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
tetrahydrozoline ophth soln.	OTC	F	OPHTHALMIC AGENTS
tetrahydrozoline/zinc sulfate ophth drops	OTC	F	OPHTHALMIC AGENTS
thera-gesic cream	OTC	F	DERMATOLOGICALS
thiamine mononitrate tab	OTC	F	VITAMINS
thiamine tab	OTC	F	VITAMINS
throat lozenge	OTC	F	MOUTH/THROAT/DENTAL AGENTS
tioconazole vaginal oint.	OTC	F	VAGINAL PRODUCTS
tolnaftate aerosol	OTC	F	DERMATOLOGICALS
tolnaftate cream	OTC	F	DERMATOLOGICALS
tolnaftate powder	OTC	F	DERMATOLOGICALS
tolnaftate spray	OTC	F	DERMATOLOGICALS
TRIACTING COLD SYRUP	OTC	F	COUGH/COLD/ALLERGY
TRIAMINIC NASAL SPRAY	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
TRIAMINIC STRIPS	OTC	F	COUGH/COLD/ALLERGY
triprolidine/pseudoephedrine tab	OTC	F	COUGH/COLD/ALLERGY
TRI-VI-SOL DROPS	OTC	F	MULTIVITAMINS
tropicamide ophth soln (MYDRIACYL equiv)	-	F	OPHTHALMIC AGENTS
tussin CF liquid	OTC	F	COUGH/COLD/ALLERGY
TUSSIN COUGH/COLD LIQUID	OTC	F	COUGH/COLD/ALLERGY
tussin PE liquid (NARIZ equiv)	OTC	F	COUGH/COLD/ALLERGY
TYLENOL CAP	OTC	F	ANALGESICS - NONNARCOTIC
URAMAXIN CREAM	-	F	DERMATOLOGICALS
urea lotion	-	F	DERMATOLOGICALS
vapor inhaler	OTC	F	COUGH/COLD/ALLERGY
vaporizing steam	OTC	F	COUGH/COLD/ALLERGY
vaporizing steam - menthol	OTC	F	COUGH/COLD/ALLERGY
vcf vaginal gel (CONCEPTROL equiv)	OTC	F	VAGINAL PRODUCTS
VENELEX OINT	-	F	DERMATOLOGICALS
VENOFER INJ	-	F	HEMATOPOIETIC AGENTS
VICKS DAYQUIL LIQUID MUCUS DM	OTC	F	COUGH/COLD/ALLERGY
vitamin a-d oint.	OTC	F	DERMATOLOGICALS
vitamin B complex cap	OTC	F	MULTIVITAMINS
VITAMIN C SYRUP 500MG/5ML	OTC	F	VITAMINS
VITAMIN C TAB	OTC	F	VITAMINS
vitamin D cap	-	F	VITAMINS
WAL-FLU COLD PAK DAYTIME	OTC	F	COUGH/COLD/ALLERGY
wound cleanser	OTC	F	DERMATOLOGICALS
zinc oxide oint.	OTC	F	DERMATOLOGICALS
zinc oxide paste	OTC	F	DERMATOLOGICALS
zinc sulfate cap	OTC	F	MINERALS & ELECTROLYTES

OTC	<b>NC</b> =Not Covered		<b>generic</b> =small letters		<b>BRANDS</b> =CAPITAL LETTERS
ST	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
	Step Therapy				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary  
Category/Class**

Last Updated\* 7/1/2018

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>			
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>					
<b>ANOREXIANTS NON-AMPHETAMINE</b>					
phentermine cap (ADIPEX equiv) (QL = 1 cap/day)	PA-QL	F			
phentermine tab (ADIPEX equiv) (QL = 1 tab/day)	PA-QL	F			
QSYMIA CAP (QL = 1 cap/day)	PA-QL	F			
<b>ANTI-OBESITY AGENTS</b>					
BELVIQ TAB (QL = 2 tab/day)	PA-QL	F			
BELVIQ XR TAB (QL= 1 tab/day)	PA-QL	F			
CONTRAVE TAB (QL= 4 tabs/day)	PA-QL	F			
<b>ANALGESICS - ANTI-INFLAMMATORY</b>					
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>					
ibuprofen cap	OTC	F			
ibuprofen chew tab	OTC	F			
ibuprofen susp (ADVIL, MOTRIN equiv) (Coverage includes OTC only)	OTC	F			
ibuprofen tab (Coverage includes OTC only)	OTC	F			
<b>ANALGESICS - NONNARCOTIC</b>					
<b>ANALGESIC COMBINATIONS</b>					
ACETAMINOPHEN/BUFFERED ASPIRIN TAB (Only covered for members 4 years and older)	OTC	F			
acetaminophen/pamabrom/pyrilamine tab (Only covered for members 4 years and older)	OTC	F			
ACETAMINOPHEN/PHENYLTOLOXAMINE TAB (Only covered for members 4 years and older)	OTC	F			
<b>ANALGESICS OTHER</b>					
acetaminophen cap	OTC	F			
acetaminophen chew tab	OTC	F			
acetaminophen drops	OTC	F			
acetaminophen elixir	OTC	F			
acetaminophen ER tab	OTC	F			
acetaminophen liquid	OTC	F			
acetaminophen ODT	OTC	F			
acetaminophen supp	OTC	F			
ACETAMINOPHEN SYRUP	OTC	F			
acetaminophen tab	OTC	F			
NORTEMP SUSP INFANTS	OTC	F			
TYLENOL CAP	OTC	F			
<b>SALICYLATES</b>					
aspirin chew tab	OTC	F			
aspirin EC tab	OTC	F			
aspirin supp.	OTC	F			
ASPIRIN TAB	OTC	F			
<b>ANORECTAL AGENTS</b>					
<b>RECTAL COMBINATIONS</b>					
anumed supp	OTC	F			
HEMORRHOIDAL OINT	OTC	F			
hydrocortisone E/pramoxine cream (ANALPRAM E equiv)	-	F			
hydrocortisone/pramoxine rectal cream (ANALPRAM HC equiv)	-	F			
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	F			
PREPARATION H CREAM	OTC	F			
<b>Note:</b> Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.					
OTC ST	NC =Not Covered Over-the-Counter Step Therapy	PA	generic =small letters Prior Authorization	QL	BRANDS =CAPITAL LETTERS Quantity Limit

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

L.A. Care Medi-Cal Dual Formulary  
Category/Class

Last Updated\* 7/1/2018

DrugName	Special Code	Tier
<b>ANORECTAL AGENTS Cont.</b>		
PREPARATION H OINT	OTC	F
preparation h supp	OTC	F
PROCTOFOAM HC FOAM	-	F
<b>RECTAL LOCAL ANESTHETICS</b>		
lidocaine anorectal cream	OTC	F
RECTICARE CREAM	OTC	F
<b>ANTACIDS</b>		
<b>ANTACID COMBINATIONS</b>		
antacid chew tab	OTC	F
MAGNESIUM/ALUMINUM HYDROXIDE CHEW TAB	OTC	F
magnesium/aluminum hydroxide/simethicone chew tab	OTC	F
magnesium/aluminum hydroxide/simethicone susp	OTC	F
<b>ANTACIDS - ALUMINUM SALTS</b>		
ALUMINUM HYDROXIDE GEL SUSP.	OTC	F
<b>ANTACIDS - BICARBONATE</b>		
sodium bicarbonate tab	OTC	F
<b>ANTACIDS - CALCIUM SALTS</b>		
calcium carbonate chew tab	OTC	F
calcium carbonate susp	OTC	F
CALCIUM CARBONATE TAB	OTC	F
<b>ANTACIDS - MAGNESIUM SALTS</b>		
magnesium oxide tab	OTC	F
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>SYMPATHOMIMETICS</b>		
EPHEDRINE SULFATE CAP	OTC	F
<b>ANTICOAGULANTS</b>		
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
HEPARIN LOCK FLUSH IV SOLN	-	F
heparin sodium (porcine) lock flush IV soln	-	F
<b>ANTIDIABETICS</b>		
<b>DIABETIC OTHER</b>		
GLUCOSE CHEW TAB	OTC	F
glucose gel	OTC	F
<b>ANTIDIARRHEALS</b>		
<b>ANTIDIARRHEAL AGENTS - MISC.</b>		
bismuth subsalicylate chew tab	OTC	F
bismuth subsalicylate susp.	OTC	F
bismuth subsalicylate tab	OTC	F
<b>ANTIPERISTALTIC AGENTS</b>		
loperamide cap (IMODIUM equiv) (Coverage includes OTC only)	OTC	F
loperamide liquid	OTC	F
loperamide tab	OTC	F

**ANTIEMETICS**

**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

OTC	NC =Not Covered Over-the-Counter	PA	generic =small letters Prior Authorization	QL	BRANDS =CAPITAL LETTERS Quantity Limit
ST	Step Therapy				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

L.A. Care Medi-Cal Dual Formulary  
Category/Class

Last Updated\* 7/1/2018

DrugName	Special Code	Tier
<b>ANTIEMETICS Cont.</b>		
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
ANTIVERT TAB (Coverage includes OTC only)	OTC	F
dimenhydrinate tab	OTC	F
meclizine chew tab (BONINE equiv)	OTC	F
meclizine tab (ANTIVERT equiv) (Coverage includes OTC only)	OTC	F
<b>ANTIEMETICS - MISCELLANEOUS</b>		
anti-nausea soln. (EMETROL equiv)	OTC	F
<b>ANTIHISTAMINES</b>		
<b>ANTIHISTAMINES - ALKYLAMINES</b>		
chlorpheniramine CR tab	OTC	F
chlorpheniramine syrup	OTC	F
chlorpheniramine tab	OTC	F
<b>ANTIHISTAMINES - ETHANOLAMINES</b>		
clemastine tab (TAVIST equiv) (Coverage includes OTC only)	OTC	F
diphenhydramine cap (BENADRYL equiv) (Coverage includes OTC only)	OTC	F
diphenhydramine chew tab	OTC	F
diphenhydramine liquid	OTC	F
diphenhydramine rapid tab	OTC	F
DIPHENHYDRAMINE STRIP	OTC	F
diphenhydramine tab	OTC	F
SILPHEN COUGH SYRUP	OTC	F
<b>ANTIHISTAMINES - NON-SEDATING</b>		
cetirizine chew tab (ZYRTEC equiv) (QL = 1 tab/day)	OTC-QL	F
cetirizine syrup (ZYRTEC equiv) (Coverage includes OTC only)	OTC	F
cetirizine tab (ZYRTEC equiv) (QL = 1 tab/day)	OTC-QL	F
loratadine ODT (CLARITIN equiv) (QL = 1 tab/day)	OTC-QL	F
loratadine syrup (CLARITIN equiv) (QL = 240ml/30 day; Covered for members age 2 through 5 years)	OTC-QL	F
loratadine tab (CLARITIN equiv) (QL = 1 tab/day; Covered for members 2 years and older)	OTC-QL	F
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>ANTISEPTIC COMBINATIONS</b>		
IV PREP WIPES	OTC	F
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
hydrogen peroxide soln	OTC	F
HYDROGEN PEROXIDE SOLN.	OTC	F
<b>CHLORINE ANTISEPTICS</b>		
chlorhexidine gluconate liquid	OTC	F
<b>IODINE ANTISEPTICS</b>		
POVIDONE-IODINE SOLN	OTC	F
povidone-iodine soln.	OTC	F
<b>CHEMICALS</b>		
<b>LIQUIDS</b>		
GLYCERIN LIQUID	OTC	F
<b>CONTRACEPTIVES</b>		
<b>EMERGENCY CONTRACEPTIVES</b>		

**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

OTC	NC =Not Covered Over-the-Counter	PA	generic =small letters Prior Authorization	QL	BRANDS =CAPITAL LETTERS Quantity Limit
ST	Step Therapy				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary  
Category/Class**

**Last Updated\* 7/1/2018**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>CONTRACEPTIVES Cont.</b>		
levonorgestrel tab (PLAN B equiv) (Coverage includes OTC only)	OTC	F
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
benzonatate cap (TESSALON PERLES equiv)	-	F
dextromethorphan cap	OTC	F
dextromethorphan liquid	OTC	F
DEXTROMETHORPHAN LOZENGE	OTC	F
dextromethorphan syrup	OTC	F
hydrocodone/homatropine soln.	-	F
hydrocodone/homatropine syrup	-	F
ROBITUSSIN SYRUP	OTC	F
TRIAMINIC STRIPS	OTC	F
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
ACETAMINOPHEN/DEXTROMETHORPHAN LIQUID	OTC	F
ALLERGY MULTI-SYMPTOM DAY/NIGHT PAK (Covered for members 4-19 years. Not covered if 3 and younger or 20 and older)	OTC	F
ALLERGY/SINUS TAB HEADACHE	OTC	F
AP-HIST DM SOLN	OTC	F
BENADRYL-D SOLN	OTC	F
brompheniramine/phenylephrine elixir	OTC	F
brompheniramine/phenylephrine liquid	OTC	F
BROMPHENIRAMINE/PHENYLEPHRINE TAB	OTC	F
BROMPHENIRAMINE/PSEUDOEPHEDRINE LIQUID	OTC	F
BROTAPP DM LIQUID	OTC	F
CENHIST CHEW TAB	OTC	F
cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv) (QL = 1 tab/day)	OTC-QL	F
CHILDRENS PLUS COLD	-	F
chlorpheniramine/acetaminophen tab	OTC	F
chlorpheniramine/dextromethorphan liquid	OTC	F
chlorpheniramine/dextromethorphan tab	OTC	F
chlorpheniramine/phenylephrine liquid	OTC	F
chlorpheniramine/phenylephrine tab	OTC	F
chlorpheniramine/phenylephrine/acetaminophen effer tab	OTC	F
chlorpheniramine/phenylephrine/acetaminophen tab	OTC	F
chlorpheniramine/phenylephrine/aspirin effer tab	OTC	F
CHLORPHENIRAMINE/PSEUDOEPHEDRINE CHEW TAB	OTC	F
chlorpheniramine/pseudoephedrine syrup	OTC	F
chlorpheniramine/pseudoephedrine tab	OTC	F
CHLORPHENIRAMINE/PSEUDOEPHEDRINE/IBUPROFEN TAB	OTC	F
COLD RELIEF COMPLETE TAB	OTC	F
COLD RELIEF TAB PLUS	OTC	F
COLD/FLU CONGESTION PAK	OTC	F
COLD/FLU RELIEF NIGHT D LIQUID	OTC	F
DEXBROMPHENIRAMINE/PHENYLEPHRINE/ACETAMINOPHEN TAB	OTC	F
dexbrompheniramine/pseudoephedrine ER tab	OTC	F
DEXBROMPHENIRAMINE/PSEUDOEPHEDRINE TAB	OTC	F

**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

OTC	<b>NC</b> =Not Covered Over-the-Counter	PA	<b>generic</b> =small letters Prior Authorization	QL	<b>BRANDS</b> =CAPITAL LETTERS Quantity Limit
ST	Step Therapy				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary  
Category/Class**

**Last Updated\* 7/1/2018**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>COUGH/COLD/ALLERGY Cont.</b>		
DEXTROMETHORPHAN/ACETAMINOPHEN/CHLORPHENIRAMINE LIQUID	OTC	F
dextromethorphan/acetaminophen/chlorpheniramine susp	OTC	F
dextromethorphan/acetaminophen/chlorpheniramine tab	OTC	F
DEXTROMETHORPHAN/ACETAMINOPHEN/DIPHENHYDRAMINE LIQUID	OTC	F
dextromethorphan/doxylamine soln.	OTC	F
dextromethorphan/doxylamine/acetaminophen cap	OTC	F
dextromethorphan/doxylamine/acetaminophen liquid	OTC	F
dextromethorphan/phenylephrine/acetaminophen cap	OTC	F
dextromethorphan/phenylephrine/acetaminophen liquid	OTC	F
dextromethorphan/phenylephrine/acetaminophen tab	OTC	F
diphenhydramine/acetaminophen tab	OTC	F
diphenhydramine/phenylephrine liquid	OTC	F
diphenhydramine/phenylephrine soln.	OTC	F
diphenhydramine/phenylephrine tab	OTC	F
diphenhydramine/phenylephrine/acetaminophen liquid	OTC	F
diphenhydramine/phenylephrine/acetaminophen susp.	OTC	F
diphenhydramine/phenylephrine/acetaminophen tab	OTC	F
DIPHENHYDRAMINE/PSEUDOEPHEDRINE TAB	OTC	F
diphenhydramine/pseudoephedrine/acetaminophen tab	OTC	F
doxylamine/phenylephrine/acetaminophen cap	OTC	F
guaifenesin DM/pseudoephedrine tab (Covered for members 4 years and older)	OTC	F
guaifenesin/acetaminophen tab	OTC	F
guaifenesin/codeine phosphate liquid	OTC	F
guaifenesin/codeine phosphate liquid (TUSSI-ORGANIDIN-S equiv)	OTC	F
guaifenesin/dextromethorphan cap	OTC	F
guaifenesin/dextromethorphan ER tab	OTC	F
guaifenesin/dextromethorphan liquid	OTC	F
GUAIFENESIN/DEXTROMETHORPHAN PACK	OTC	F
guaifenesin/dextromethorphan tab	OTC	F
guaifenesin/ephedrine hcl tab	OTC	F
GUAIFENESIN/PHENYLEPHRINE HCL SYRUP	OTC	F
guaifenesin/phenylephrine hcl tab	OTC	F
guaifenesin/pseudoephedrine hcl cap	OTC	F
guaifenesin/pseudoephedrine hcl syrup	OTC	F
guaifenesin/pseudoephedrine hcl tab	OTC	F
GUAIFENESIN/PSEUDOEPHEDRINE TAB	OTC	F
HDC DM SYRUP	OTC	F
LOHIST-D LIQUID	OTC	F
loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv) (QL = 2 tab/day)	OTC-QL	F
loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv) (QL = 1 tab/day)	OTC-QL	F
MEDI-TUSSIN CAP	OTC	F
NEOTUSS PLUS LIQUID	OTC	F
NINJACOF-XG LIQUID	OTC	F
PAIN RELIEF COUGH/COLD SYRUP	OTC	F
PAIN RELIEVE PM TAB	OTC	F
pheniramine/phenylephrine/acetaminophen packet (Covered for members 19 years and younger; Not covered for 20 years and older)	OTC	F

**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

OTC	<b>NC</b> =Not Covered		<b>generic</b> =small letters		<b>BRANDS</b> =CAPITAL LETTERS
ST	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
	Step Therapy				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary**  
**Category/Class**  
**Last Updated\* 7/1/2018**

DrugName	Special Code	Tier
<b>COUGH/COLD/ALLERGY Cont.</b>		
phenylephrine/acetaminophen cap	OTC	F
phenylephrine/acetaminophen powder pack	OTC	F
phenylephrine/acetaminophen tab	OTC	F
PHENYLEPHRINE/ACETAMINOPHEN/CAFFEINE TAB	OTC	F
phenylephrine/acetaminophen/guaifenesin tab	OTC	F
phenylephrine/brompheniramine/dm elixir	OTC	F
phenylephrine/brompheniramine/dm soln.	OTC	F
phenylephrine/chlorpheniramine/acetaminophen/dm liquid	OTC	F
phenylephrine/chlorpheniramine/acetaminophen/dm susp.	OTC	F
phenylephrine/chlorpheniramine/acetaminophen/dm tab	OTC	F
PHENYLEPHRINE/CHLORPHENIRAMINE/DM LIQUID	OTC	F
PHENYLEPHRINE/CHLORPHENIRAMINE/DM SOLN.	OTC	F
PHENYLEPHRINE/DEXTROMETHORPHAN LIQUID	OTC	F
phenylephrine/dextromethorphan soln.	OTC	F
PHENYLEPHRINE/DEXTROMETHORPHAN STRIP	OTC	F
phenylephrine/doxylamine/acetaminophen/dm liquid	OTC	F
phenylephrine/guaifenesin/acetaminophen/dm liquid	OTC	F
phenylephrine/guaifenesin/acetaminophen/dm tab	OTC	F
phenylephrine/guaifenesin/dm syrup	OTC	F
PHENYLEPHRINE/PYRILAMINE/DM LIQUID	OTC	F
promethazine DM syrup	-	F
promethazine/codeine syrup (PHENERGAN/CODIENE equiv)	-	F
pseudoephedrine/acetaminophen tab	OTC	F
PSEUDOEPHEDRINE/ACETAMINOPHEN/DEXTROMETHORPHAN CAP (Only covered for members age 4 years or older)	OTC	F
PSEUDOEPHEDRINE/ACETAMINOPHEN/DEXTROMETHORPHAN TAB (Only covered for members age 4 years or older)	OTC	F
pseudoephedrine/acetaminophen/dm cap	OTC	F
pseudoephedrine/acetaminophen/dm tab	OTC	F
PSEUDOEPHEDRINE/ACETAMINOPHEN/GUAIFENESIN TAB	OTC	F
pseudoephedrine/brompheniramine/dm elixir	OTC	F
pseudoephedrine/brompheniramine/dm syrup (Covered for age 2 thru 4 years.)	OTC	F
pseudoephedrine/chlorpheniramine/acetaminophen/dm cap	OTC	F
pseudoephedrine/chlorpheniramine/acetaminophen/dm packet	OTC	F
pseudoephedrine/chlorpheniramine/acetaminophen/dm susp	OTC	F
pseudoephedrine/chlorpheniramine/acetaminophen/dm tab	OTC	F
PSEUDOEPHEDRINE/CHLORPHENIRAMINE/CODEINE LIQUID	OTC	F
PSEUDOEPHEDRINE/CHLORPHENIRAMINE/DEXTROMETHORPHAN/ACETAMINOPHEN CAP (Only covered for members age 4 years or older)	OTC	F
PSEUDOEPHEDRINE/CHLORPHENIRAMINE/DM CHEW TAB	OTC	F
pseudoephedrine/chlorpheniramine/dm liquid	OTC	F
PSEUDOEPHEDRINE/DM ELIXIR	OTC	F
pseudoephedrine/dm liquid	OTC	F
pseudoephedrine/dm syrup	OTC	F
pseudoephedrine/doxylamine/acetaminophen/dm cap	OTC	F
pseudoephedrine/doxylamine/acetaminophen/dm liquid	OTC	F
PSEUDOEPHEDRINE/DOXYLAMINE/DEXTROMETHORPHAN/ACETAMINOPHEN CAP (Only covered for members age 4 years or older)	OTC	F
PSEUDOEPHEDRINE/GUAIFENESIN/ACETAMINOPHEN/DM PACKET	OTC	F

**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

OTC	<b>NC</b> =Not Covered Over-the-Counter	PA	<b>generic</b> =small letters Prior Authorization	QL	<b>BRANDS</b> =CAPITAL LETTERS Quantity Limit
ST	Step Therapy				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary  
Category/Class**

Last Updated\* 7/1/2018

DrugName	Special Code	Tier
<b>COUGH/COLD/ALLERGY Cont.</b>		
pseudoephedrine/guaifenesin/acetaminophen/dm tab	OTC	F
pseudoephedrine/guaifenesin/dm cap	OTC	F
pseudoephedrine/guaifenesin/dm syrup	OTC	F
PSEUDOEPHEDRINE/GUAIFENESIN/DM TAB (Covered for members 4 years and older)	OTC	F
PSEUDOEPHEDRINE/IBUPROFEN CAP	OTC	F
pseudoephedrine/ibuprofen susp.	OTC	F
pseudoephedrine/ibuprofen tab	OTC	F
pseudoephedrine/naproxen tab	OTC	F
REFENESEN PE TAB	OTC	F
REFENESEN TAB	OTC	F
ROBITUSSIN COUGH AND COLD LIQUID	OTC	F
SCOT-TUSSIN LIQUID	OTC	F
SM COUGH/SORE THROAT LIQUID	OTC	F
SUDAFED TRIPLE ACTION TAB	OTC	F
TRIACTING COLD SYRUP	OTC	F
triprolidine/pseudoephedrine tab	OTC	F
tussin CF liquid	OTC	F
TUSSIN COUGH/COLD LIQUID	OTC	F
tussin PE liquid (NARIZ equiv)	OTC	F
VICKS DAYQUIL LIQUID MUCUS DM	OTC	F
WAL-FLU COLD PAK DAYTIME	OTC	F

**EXPECTORANTS**

guaifenesin ER tab (MUCINEX equiv)	OTC	F
guaifenesin liquid	OTC	F
guaifenesin syrup	OTC	F
guaifenesin tab	OTC	F
SSKI SOLN	-	F

**MISC. RESPIRATORY INHALANTS**

vapor inhaler	OTC	F
vaporizing steam	OTC	F
vaporizing steam - menthol	OTC	F

**DERMATOLOGICALS**

**ACNE PRODUCTS**

benzoyl peroxide cream (QL = 30 gm/30 day)	OTC-QL	F
benzoyl peroxide gel (BREVOXYL equiv) (Coverage includes OTC only; QL = 90 gm/30 day)	OTC-QL	F
BENZOYL PEROXIDE GEL 2.5% (QL= 1 tube/30 days)	OTC-QL	F
benzoyl peroxide liquid (BENZAC AC equiv) (Coverage includes OTC only; QL = 237 ml/30 day)	OTC-QL	F
benzoyl peroxide lotion (Coverage includes OTC only; QL = 340.2ml/30 day)	OTC-QL	F

**ANTIBIOTICS - TOPICAL**

bacitracin oint.	OTC	F
bacitracin/polymyxin b oint	OTC	F
bacitracin/zinc oint.	OTC	F
neomycin/bacitracin/polymyxin b oint	OTC	F
neomycin/bacitracin/polymyxin b/pramoxine oint	OTC	F
neomycin/polymyxin b/pramoxine cream	OTC	F

**ANTIFUNGALS - TOPICAL**

**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

OTC	NC =Not Covered Over-the-Counter	PA	generic =small letters Prior Authorization	QL	BRANDS =CAPITAL LETTERS Quantity Limit
ST	Step Therapy				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.



**L.A. Care Medi-Cal Dual Formulary  
Category/Class**

Last Updated\* 7/1/2018

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
clotrimazole cream (Coverage includes OTC only)	OTC	F
CLOVERINE OINT	OTC	F
FUNGOID SOLN	OTC	F
miconazole cream	OTC	F
miconazole nitrate aerosol	OTC	F
miconazole nitrate aerosol powder	OTC	F
miconazole nitrate powder	OTC	F
MICONAZOLE NITRATE SOLN.	OTC	F
MICONAZOLE NITRATE SPRAY	OTC	F
miconazole oint.	OTC	F
terbinafine cream (LAMISIL AT equiv) (QL = 30gm/30 day; Covered for members 12 years and older)	OTC-QL	F
tolnaftate aerosol	OTC	F
tolnaftate cream	OTC	F
tolnaftate powder	OTC	F
tolnaftate spray	OTC	F
<b>ANTIHISTAMINES-TOPICAL</b>		
diphenhydramine cream	OTC	F
diphenhydramine gel	OTC	F
diphenhydramine spray	OTC	F
diphenhydramine/zinc cream	OTC	F
diphenhydramine/zinc spray	OTC	F
<b>ANTISEBORRHEIC PRODUCTS</b>		
selenium sulfide lotion	-	F
<b>BATH PRODUCTS</b>		
glycerin gel	OTC	F
mineral oil	OTC	F
<b>CORTICOSTEROIDS - TOPICAL</b>		
hydrocortisone acetate cream	OTC	F
HYDROCORTISONE ACETATE OINT	OTC	F
hydrocortisone aloe cream	OTC	F
HYDROCORTISONE ALOE OINT	OTC	F
hydrocortisone cream (Coverage includes OTC only)	OTC	F
hydrocortisone gel	OTC	F
hydrocortisone lotion (Coverage includes OTC only)	OTC	F
hydrocortisone oint (Coverage includes OTC only)	OTC	F
hydrocortisone topical soln. (Coverage includes OTC only)	OTC	F
PRAMOSONE CREAM	-	F
<b>DIAPER RASH PRODUCTS</b>		
vitamin a-d oint.	OTC	F
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
LANAPHILIC UREA OINT	OTC	F
URAMAXIN CREAM	-	F
urea lotion	-	F
<b>EMOLLIENTS</b>		
ammonium lactate cream (Coverage includes OTC only)	OTC	F

**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

OTC	<b>NC</b> =Not Covered Over-the-Counter	PA	<b>generic</b> =small letters Prior Authorization	QL	<b>BRANDS</b> =CAPITAL LETTERS Quantity Limit
ST	Step Therapy				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary  
Category/Class**

**Last Updated\* 7/1/2018**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>			
<b>DERMATOLOGICALS Cont.</b>					
ammonium lactate lotion (Coverage includes OTC only)	OTC	F			
glycerin liquid	OTC	F			
glycerin lotion (Coverage includes OTC only)	OTC	F			
mineral oil/petrolatum cream (Coverage includes OTC only)	OTC	F			
petrolatum oint	OTC	F			
vitamin a-d oint.	OTC	F			
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>					
salicylic acid gel	OTC	F			
salicylic acid liquid	OTC	F			
salicylic acid pad	OTC	F			
salicylic acid shampoo	-	F			
salicylic acid soln	OTC	F			
salicylic acid strip	OTC	F			
<b>LINIMENTS</b>					
analgesic balm	OTC	F			
capsaicin cream	OTC	F			
thera-gesic cream	OTC	F			
<b>LOCAL ANESTHETICS - TOPICAL</b>					
capsaicin pad	OTC	F			
lidocaine gel (XYLOCAINE equiv)	-	F			
lidocaine soln (XYLOCAINE equiv)	-	F			
<b>MISC. DERMATOLOGICAL PRODUCTS</b>					
mineral oil/petrolatum cream (Coverage includes OTC only)	OTC	F			
<b>MISC. TOPICAL</b>					
ALCOHOL WIPES	OTC	F			
CALAMINE LOTION	OTC	F			
DESITIN PASTE	OTC	F			
DIETHYLTOLUAMIDE LOTION	OTC	F			
GEL DRESSING (QL = 2 packet/day)	OTC-QL	F			
glycerin liquid	OTC	F			
GLYCERIN SHAMPOO	OTC	F			
lubricating jelly	OTC	F			
mineral oil	OTC	F			
MINERAL OIL LIGHT	OTC	F			
mineral oil/petrolatum cream	OTC	F			
mineral oil/petrolatum lotion	OTC	F			
mineral oil/petrolatum oint	OTC	F			
moisture lotion (Coverage includes OTC only)	OTC	F			
PETROLATUM/LANOLIN/ZINC OXIDE/MINERAL OIL OINT.	OTC	F			
SKIN CLEANSER	OTC	F			
SODIUM CHLORIDE SPRAY	OTC	F			
zinc oxide oint.	OTC	F			
zinc oxide paste	OTC	F			
<b>SCABICIDES &amp; PEDICULICIDES</b>					
dimethicone gel (Coverage includes OTC only)	OTC	F			
LICE B GONE SHAMPOO	OTC	F			
<b>Note:</b> Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.					
OTC ST	NC =Not Covered Over-the-Counter Step Therapy	PA	generic =small letters Prior Authorization	QL	BRANDS =CAPITAL LETTERS Quantity Limit

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary**  
**Category/Class**  
**Last Updated\* 7/1/2018**

DrugName	Special Code	Tier
<b>DERMATOLOGICALS Cont.</b>		
LICE TREATMENT KIT	OTC	F
permethrin liquid	OTC	F
permethrin lotion	OTC	F
permethrin spray	OTC	F
piperonyl butoxide/pyrethrins liquid	OTC	F
piperonyl butoxide/pyrethrins shampoo	OTC	F
piperonyl butoxide/pyrethrins/permethrin kit	OTC	F
<b>WOUND CARE PRODUCTS</b>		
VENELEX OINT	-	F
wound cleanser	OTC	F
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC TESTS</b>		
ASSURE PLATINUM TEST STRIP - BOX 100 (Limited to LTC Pharmacies)	OTC	F
ASSURE PLATINUM TEST STRIP - BOX 50 (Limited to LTC Pharmacies)	OTC	F
ASSURE PRISM MULTI TEST STRIP (Limited to LTC Pharmacies)	OTC	F
KETOSTIX	OTC	F
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
<b>INFANT FOODS</b>		
INFANT FORMULA LIQUID	OTC-PA	F
INFANT FORMULA POWDER	OTC-PA	F
<b>NUTRITIONAL SUPPLEMENTS</b>		
NUTRITIONAL SUPPLEMENT LIQUID	OTC-PA	F
NUTRITIONAL SUPPLEMENT POWDER	OTC-PA	F
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>ANTIFLATULENTS</b>		
simethicone cap	OTC	F
simethicone chew tab	OTC	F
simethicone drops	OTC	F
simethicone liquid	OTC	F
SIMETHICONE STRIPS	OTC	F
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>URINARY ANALGESICS</b>		
phenazopyridine tab (PYRIDIDIUM equiv)	-	F
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>THROMBOLYTIC ENZYMES</b>		
CATHFLO ACTIVASE INJ 2MG	-	F
<b>HEMATOPOIETIC AGENTS</b>		
<b>COBALAMINS</b>		
cyanocobalamine ER tab	OTC	F
cyanocobalamine inj.	-	F
cyanocobalamine lozenge	OTC	F
cyanocobalamine SL tab	OTC-QL	F
cyanocobalamine tab	OTC	F
<b>FOLIC ACID/FOLATES</b>		

**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

OTC	<b>NC</b> =Not Covered Over-the-Counter	PA	<b>generic</b> =small letters Prior Authorization	QL	<b>BRANDS</b> =CAPITAL LETTERS Quantity Limit
ST	Step Therapy				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary  
Category/Class**

Last Updated\* 7/1/2018

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>HEMATOPOIETIC AGENTS Cont.</b>		
FOLIC ACID INJ	-	F
folic acid tab	OTC	F
<b>HEMATOPOIETIC MIXTURES</b>		
CHROMAGEN TAB	-	F
ferocon cap	-	F
ferrex 150 forte cap	-	F
folbee tab	-	F
IRON POLYSACCHARIDE/THREONIC ACID/B12/FA CAP	-	F
multigen plus tab	-	F
multigen tab (CHROMAGEN equiv)	-	F
multigen/folic acid tab (CHROMAGEN FA equiv)	-	F
NEPHRON FA TAB	-	F
<b>IRON</b>		
ferrous gluconate tab	OTC	F
ferrous sulfate DR tab	OTC	F
ferrous sulfate ER tab	OTC	F
FERROUS SULFATE LIQUID	OTC	F
ferrous sulfate slow release tab	OTC	F
ferrous sulfate soln	OTC	F
FERROUS SULFATE SYRUP	OTC	F
ferrous sulfate tab	OTC	F
INJECTAFER INJ	-	F
VENOFER INJ	-	F
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>ANTIHISTAMINE HYPNOTICS</b>		
diphenhydramine (sleep) cap	OTC	F
diphenhydramine (sleep) tab	OTC	F
diphenhydramine/acetaminophen (sleep) pack	OTC	F
diphenhydramine/acetaminophen (sleep) tab	OTC	F
DIPHENHYDRAMINE/ACETAMINOPHEN LIQUID	OTC	F
doxylamine succinate tab	OTC	F
PAIN RELIEF PAK DAY AND NIGHT	OTC	F
<b>LAXATIVES</b>		
<b>BULK LAXATIVES</b>		
calcium polycarbophil tab	OTC	F
FIBER LIQUID	OTC	F
KONSYL POWDER	OTC	F
KONSYL POWDER PACKET	OTC	F
PSYLLIUM CAP	OTC	F
psyllium powder	OTC	F
<b>LAXATIVE COMBINATIONS</b>		
sennosides/docusate sodium tab	OTC	F
<b>LAXATIVES - MISCELLANEOUS</b>		
FLEET ENEMA	OTC	F
glycerin suppository	OTC	F

**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

OTC	<b>NC</b> =Not Covered Over-the-Counter	PA	<b>generic</b> =small letters Prior Authorization	QL	<b>BRANDS</b> =CAPITAL LETTERS Quantity Limit
ST	Step Therapy				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary  
Category/Class**

Last Updated\* 7/1/2018

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>			
<b>LAXATIVES Cont.</b>					
polyethylene glycol 3350 powder (Coverage includes OTC only)	OTC	F			
polyethylene glycol packet (MIRALAX equiv) (Coverage includes OTC only)	OTC	F			
<b>LUBRICANT LAXATIVES</b>					
MINERAL OIL (Coverage includes OTC only)	OTC	F			
mineral oil enema	OTC	F			
MINERAL OIL LIGHT	OTC	F			
<b>SALINE LAXATIVES</b>					
magnesium citrate soln.	OTC	F			
magnesium hydroxide chew tab	OTC	F			
magnesium hydroxide susp.	OTC	F			
MILK OF MAGNESIA CHEW TAB	OTC	F			
sodium phosphate enema	OTC	F			
sodium phosphate soln.	OTC	F			
<b>STIMULANT LAXATIVES</b>					
BISACODYL ENEMA	OTC	F			
bisacodyl supp.	OTC	F			
bisacodyl tab	OTC	F			
DULCOLAX BOWEL PREP KIT	OTC	F			
sennosides tab	OTC	F			
<b>SURFACTANT LAXATIVES</b>					
DOCUSAL/ENEMEEZ MINI ENEMA	OTC	F			
docusate calcium cap	OTC	F			
docusate sodium cap	OTC	F			
docusate sodium enema	OTC	F			
docusate sodium liquid	OTC	F			
docusate sodium syrup	OTC	F			
docusate sodium tab	OTC	F			
<b>MEDICAL DEVICES AND SUPPLIES</b>					
<b>CONTRACEPTIVES</b>					
FEMALE CONDOM	OTC	F			
MALE CONDOM	OTC	F			
MALE CONDOMS	OTC	F			
<b>DIABETIC SUPPLIES</b>					
ASSURE LANCET LOW FLOW 25 GAUGE - BOX 100 (Limited to LTC Pharmacies)	OTC	F			
ASSURE LANCET MICRO FLOW 28 GAUGE - BOX 100 (Limited to LTC Pharmacies)	OTC	F			
<b>MINERALS &amp; ELECTROLYTES</b>					
<b>CALCIUM</b>					
CALCIUM ACETATE TAB (QL = 9 tab/day)	OTC-QL	F			
calcium and phosphorus w/vitamin D tab	OTC	F			
CALCIUM CARBONATE CAP	OTC	F			
calcium carbonate chew tab	OTC	F			
calcium carbonate tab	OTC	F			
calcium carbonate w/ vitamin d cap	OTC	F			
calcium carbonate w/ vitamin D chew tab	OTC	F			
calcium carbonate w/ vitamin d tab	OTC	F			
<b>Note:</b> Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.					
OTC ST	NC =Not Covered Over-the-Counter Step Therapy	PA	generic =small letters Prior Authorization	QL	BRANDS =CAPITAL LETTERS Quantity Limit

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary  
Category/Class**

Last Updated\* 7/1/2018

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MINERALS &amp; ELECTROLYTES Cont.</b>		
calcium carbonate w/ vitamind D tab	OTC	F
CALCIUM CARBONATE/VITAMIN D TAB	OTC	F
calcium citrate tab	OTC	F
calcium citrate w/ vitamin d tab	OTC	F
CALCIUM GLUCONATE TAB	OTC	F
CALCIUM LACTATE TAB	OTC	F
RISCAL-D TAB	OTC	F
<b>ELECTROLYTE MIXTURES</b>		
pediatric electrolyte soln.	OTC	F
<b>MAGNESIUM</b>		
magnesium oxide tab	OTC	F
magnesium tab	OTC	F
<b>MINERAL COMBINATIONS</b>		
calcium citrate tab	OTC	F
<b>PHOSPHATE</b>		
K-PHOS TAB	-	F
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	F
<b>SODIUM</b>		
sodium chloride flush IV soln	-	F
sodium chloride inj 0.9%	-	F
sodium chloride tab	OTC	F
<b>ZINC</b>		
GALZIN CAP	-	F
zinc sulfate cap	OTC	F
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
benzocaine/menthol lozenge	OTC	F
<b>DENTAL PRODUCTS</b>		
sodium fluoride cream (PREVIDENT equiv)	-	F
sodium fluoride gel (PREVIDENT equiv)	-	F
sodium fluoride paste (PREVIDENT equiv)	-	F
sodium fluoride rinse (PREVIDENT equiv)	-	F
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	F
<b>LOZENGES</b>		
DEXTROMETHORPHAN/BENZOCAINE LOZENGE	OTC	F
menthol lozenge (Covered for members 19 years and younger; Not covered for 20 years and older)	OTC	F
PECTIN LOZENGE (Covered for members 19 years and younger; Not covered for 20 years and older)	OTC	F
throat lozenge	OTC	F
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX VITAMINS</b>		
vitamin B complex cap	OTC	F
<b>B-COMPLEX W/ FOLIC ACID</b>		
b-complex/vitamin c/folic acid cap (NEPHROCAP equiv)	-	F
b-complex/vitamin c/folic acid tab (NEPHRO-VITE equiv)	OTC	F

**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

OTC	<b>NC</b> =Not Covered Over-the-Counter	PA	<b>generic</b> =small letters Prior Authorization	QL	<b>BRANDS</b> =CAPITAL LETTERS Quantity Limit
ST	Step Therapy				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary  
Category/Class**

Last Updated\* 7/1/2018

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MULTIVITAMINS Cont.</b>		
DIALYVITE TAB	-	F
DIALYVITE/IRON TAB	OTC	F
DIALYVITE/ZINC TAB	OTC	F
<b>BIOFLAVONOID PRODUCTS</b>		
ascorbic acid tab	OTC	F
<b>MULTIPLE VITAMINS W/ IRON</b>		
multivitamin w/ iron tab	OTC	F
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
multivitamin w/ iron chew tab	OTC	F
multivitamin/minerals tab (STROVITE equiv)	OTC	F
<b>MULTIVITAMINS</b>		
multiple vitamin liquid	OTC	F
multiple vitamin tab	OTC	F
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
pediatric multiple vitamin ACD/fluoride/iron drops	-	F
pediatric multiple vitamins/fluoride/iron soln	-	F
<b>PED MV W/ FLUORIDE</b>		
FLORIVA PLUS DROPS	-	F
pediatric multiple vitamin ACD/fluoride soln.	-	F
pediatric multiple vitamin/fluoride chew tab	-	F
pediatric multiple vitamin/fluoride soln.	-	F
<b>PED MV W/ IRON</b>		
pediatric multivitamin w/ iron chew tab	OTC	F
pediatric multivitamin w/ iron drops	OTC	F
<b>PEDIATRIC MULTIPLE VITAMINS</b>		
PEDIATRIC MULTIVITAMIN CHEW TAB	OTC	F
pediatric multivitamin w/ minerals gummy	OTC	F
pediatric multivitamin w/ vitamin c soln.	OTC	F
pediatric multivitamin w/ vitamin c w/ iron chew tab	OTC	F
<b>PEDIATRIC VITAMINS</b>		
pediatric multivitamin adc drops	OTC	F
PEDIATRIC MULTIVITAMIN CHEW TAB	OTC	F
TRI-VI-SOL DROPS	OTC	F
<b>PRENATAL VITAMINS</b>		
PRENATAL VITAMIN (Coverage includes OTC only)	OTC	F
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENTS - MISC.</b>		
NASAL MOIST GEL	OTC	F
saline nasal spray	OTC	F
<b>NASAL ANTIALLERGY</b>		
cromolyn nasal soln. (NASALCROM equiv)	OTC	F
<b>NASAL STEROIDS</b>		
NASACORT OTC NASAL SPRAY (QL = 2 bottle/fill; Coverage includes OTC only)	OTC-QL	F
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		

**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

OTC	<b>NC</b> =Not Covered Over-the-Counter	PA	<b>generic</b> =small letters Prior Authorization	QL	<b>BRANDS</b> =CAPITAL LETTERS Quantity Limit
ST	Step Therapy				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary  
Category/Class**

Last Updated\* 7/1/2018

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.</b>		
oxymetazoline nasal spray (AFRIN NASAL equiv)	OTC	F
PHENYLEPHRINE DROPS	OTC	F
phenylephrine nasal soln.	OTC	F
phenylephrine tab	OTC	F
pseudoephedrine ER (12hr) tab (QL = 2 tab/day; Covered for members 4 years and older)	OTC-QL	F
pseudoephedrine liquid (SUDAFED equiv) (QL = 1200ml/30 day; Covered for members 4 years and older)	OTC-QL	F
pseudoephedrine syrup (SUDAFED equiv) (QL = 1200ml/30 day; Covered for members 4 years and older)	OTC-QL	F
pseudoephedrine tab	OTC	F
SUDAFED ER (24HR) TAB (QL= 1 tab/day; Covered for members 4 years and older)	OTC-QL	F
TRIAMINIC NASAL SPRAY	OTC	F
<b>NUTRIENTS</b>		
<b>MISC. NUTRITIONAL SUBSTANCES</b>		
omega-3 fatty acid cap	OTC	F
<b>PROTEINS</b>		
L-CARNITINE CAP	OTC	F
levocarnitine cap	OTC	F
levocarnitine tab	OTC	F
<b>OPHTHALMIC AGENTS</b>		
<b>ARTIFICIAL TEARS AND LUBRICANTS</b>		
artificial tears ophth soln.	OTC	F
artificial tears ophth oint.	OTC	F
artificial tears ophth soln.	OTC	F
REFRESH OPHTH DROPS	OTC	F
REFRESH PLUS DROPS	OTC	F
<b>CYCLOPLEGIC MYDRIATICS</b>		
atropine ophth oint	-	F
atropine ophth soln (ISOPTO ATROPINE equiv)	-	F
CYCLOMYDRIL OPHTH SOLN	-	F
cyclopentolate ophth soln (CYCLOGYL equiv)	-	F
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	F
ISOPTO HYOSCINE OPHTH SOLN	-	F
tropicamide ophth soln (MYDRIACYL equiv)	-	F
<b>OPHTHALMIC DECONGESTANTS</b>		
NAPHAZOLINE OPHTH SOLN.	-	F
naphazoline/pheniramine ophth drops	OTC	F
phenylephrine ophth soln (MYDFRIN equiv)	-	F
tetrahydrozoline ophth soln.	OTC	F
tetrahydrozoline/zinc sulfate ophth drops	OTC	F
<b>OPHTHALMICS - MISC.</b>		
eye wash soln.	OTC	F
ketotifen ophth soln (ZADITOR equiv)	OTC	F
sodium chloride ophth oint.	OTC	F
sodium chloride ophth soln.	OTC	F

**OTIC AGENTS**

**OTIC AGENTS - MISCELLANEOUS**

**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

OTC	<b>NC</b> =Not Covered Over-the-Counter	PA	<b>generic</b> =small letters Prior Authorization	QL	<b>BRANDS</b> =CAPITAL LETTERS Quantity Limit
ST	Step Therapy				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.



**L.A. Care Medi-Cal Dual Formulary  
Category/Class**

Last Updated\* 7/1/2018

DrugName	Special Code	Tier
<b>OTIC AGENTS Cont.</b>		
carbamide peroxide otic drop	OTC	F
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>SEMI SOLID VEHICLES</b>		
POLYETHYLENE GLYCOL 8000 GRANULES	-	F
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>SMOKING DETERRENTS</b>		
nicotine gum (NICORETTE equiv) (Limited to 180 days per plan year)	OTC-QL	F
nicotine lozenge (COMMIT equiv) (Limited to 180 days per plan year)	OTC-QL	F
nicotine patch (NICODERM equiv) (Coverage includes OTC only. Limited to 182 days per plan year)	OTC-QL	F
<b>THYROID AGENTS</b>		
<b>THYROID HORMONES</b>		
ARMOUR THYROID TAB, NATURE THROID TAB	-	F
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	F
<b>ULCER DRUGS</b>		
<b>ANTISPASMODICS</b>		
BELLADONNA ALKALOID/OPIUM SUPP	-	F
hyoscyamine IR/SR tab (SYMAX equiv)	-	F
hyoscyamine sulfate CR tab (LEVVID equiv)	-	F
hyoscyamine sulfate elixir	-	F
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	F
hyoscyamine sulfate SL tab (LEVSIN SL equiv)	-	F
hyoscyamine sulfate soln	-	F
hyoscyamine sulfate SR cap (LEVSINEX equiv)	-	F
hyoscyamine sulfate tab (LEVSIN equiv)	-	F
<b>H-2 ANTAGONISTS</b>		
famotidine tab	OTC	F
ranitidine tab 75mg	OTC	F
<b>PROTON PUMP INHIBITORS</b>		
lansoprazole cap (PREVACID equiv) (Coverage includes OTC only. QL = 56 cap/30 day)	OTC-QL	F
omeprazole cap (Coverage includes OTC only)	OTC	F
PREVACID OTC CAP (QL = 56 cap/30 day; Step Therapy requires trial of lansoprazole and pantoprazole)	OTC-QL-ST	F
<b>VAGINAL PRODUCTS</b>		
<b>SPERMICIDES</b>		
CONCEPTROL GEL	OTC	F
CONTRACEPTIVE FILM	OTC	F
CONTRACEPTIVE FOAM	OTC	F
CONTRACEPTIVE GEL	OTC	F
CONTRACEPTIVE SUPP	OTC	F
vcf vaginal gel (CONCEPTROL equiv)	OTC	F
<b>VAGINAL ANTI-INFECTIVES</b>		
clotrimazole vaginal cream	OTC	F
MICONAZOLE 3 SUPP 200MG (Coverage includes OTC only)	OTC	F
miconazole vaginal cream	OTC	F
MICONAZOLE VAGINAL KIT	OTC	F

**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

OTC	<b>NC</b> =Not Covered Over-the-Counter	PA	<b>generic</b> =small letters Prior Authorization	QL	<b>BRANDS</b> =CAPITAL LETTERS Quantity Limit
ST	Step Therapy				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary**  
**Category/Class**  
**Last Updated\* 7/1/2018**

DrugName	Special Code	Tier
<b>VAGINAL PRODUCTS Cont.</b>		
miconazole vaginal supp kit	OTC	F
tioconazole vaginal oint.	OTC	F
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
cholecalciferol cap	OTC	F
cholecalciferol oral soln.	OTC	F
cholecalciferol tab	OTC	F
ergocalciferol soln.	OTC	F
ERGOCALCIFEROL TAB	OTC	F
phytonadione tab	-	F
vitamin D cap	-	F
<b>WATER SOLUBLE VITAMINS</b>		
ascorbic acid cap	OTC	F
ascorbic acid chew tab	OTC	F
ascorbic acid ER tab	OTC	F
ascorbic acid lozenge	OTC	F
ascorbic acid syrup	OTC	F
ascorbic acid tab	OTC	F
ASCORBIC ACID WAFER	OTC	F
niacin cap	OTC	F
niacin CR tab (SLO-NIACIN equiv)	OTC	F
niacin tab	OTC	F
NIACIN TR TAB	OTC	F
niacinamide tab	OTC	F
pyridoxine CR tab	OTC	F
pyridoxine tab	OTC	F
thiamine mononitrate tab	OTC	F
thiamine tab	OTC	F
VITAMIN C SYRUP 500MG/5ML	OTC	F
VITAMIN C TAB	OTC	F

**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

OTC ST	<b>NC</b> =Not Covered Over-the-Counter Step Therapy	PA	<b>generic</b> =small letters Prior Authorization	QL	<b>BRANDS</b> =CAPITAL LETTERS Quantity Limit
-----------	--	----	--	----	--

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary  
Prior Authorization Drug List  
Last Updated\* 7/1/2018**

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
BELVIQ TAB	F
BELVIQ XR TAB	F
CONTRACE TAB	F
INFANT FORMULA LIQUID	F
INFANT FORMULA POWDER	F
NUTRITIONAL SUPPLEMENT LIQUID	F
NUTRITIONAL SUPPLEMENT POWDER	F
phentermine cap	F
phentermine tab	F
QSYMIA CAP	F

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary  
Last Updated\* 7/1/2018  
Over-the-Counter (OTC)**

- The following OTC drugs are a covered benefit with a prescription

**Over-the-Counter (OTC) Medications**

acetaminophen cap acetaminophen ER tab ACETAMINOPHEN SYRUP	acetaminophen chew tab acetaminophen liquid acetaminophen tab	acetaminophen drops acetaminophen ODT ACETAMINOPHEN/BUFFERED ASPIRIN TAB ALCOHOL WIPES	acetaminophen elixir acetaminophen supp ACETAMINOPHEN/DEXTROROTARY METHORPHAN LIQUID ALLERGY MULTI-SYMPTOM DAY/NIGHT PAK ammonium lactate lotion
acetaminophen/pamabrom/pyrilamine tab	ACETAMINOPHEN/PHENYLEPHRINE TOLOXAMINE TAB		
ALLERGY/SINUS TAB HEADACHE analgesic balm anumed supp artificial tears ophth soln. ascorbic acid lozenge aspirin chew tab ASSURE LANCET LOW FLOW 25 GAUGE - BOX 10 ASSURE PRISM MULTI TEST STRIP	ALUMINUM HYDROXIDE GEL SUSP. antacid chew tab AP-HIST DM SOLN ascorbic acid cap ascorbic acid syrup aspirin EC tab ASSURE LANCET MICRO FLOW 28 GAUGE - BOX 10 bacitracin oint.	ammonium lactate cream  anti-nausea soln. artificial tears ophth soln. ascorbic acid chew tab ascorbic acid tab aspirin supp. ASSURE PLATINUM TEST STRIP - BOX 100 bacitracin/polymyxin b oint	ANTIVERT TAB artificial tears ophth oint. ascorbic acid ER tab ASCORBIC ACID WAFER ASPIRIN TAB ASSURE PLATINUM TEST STRIP - BOX 50 bacitracin/zinc oint.
b-complex/vitamin c/folic acid tab benzoyl peroxide gel	BENADRYL-D SOLN  BENZOYL PEROXIDE GEL 2.5%	benzocaine/menthol lozenge  benzoyl peroxide liquid	benzoyl peroxide cream  benzoyl peroxide lotion
BISACODYL ENEMA	bisacodyl supp.	bisacodyl tab	bismuth subsalicylate chew tab
bismuth subsalicylate susp.	bismuth subsalicylate tab	brompheniramine/phenylephrine elixir BROTAPP DM LIQUID	brompheniramine/phenylephrine liquid CALAMINE LOTION
BROMPHENIRAMINE/PHENYLEPHRINE TAB CALCIUM ACETATE TAB	BROMPHENIRAMINE/PSEUDOEPHEDRINE LIQUID calcium and phosphorus w/vitamin D tab CALCIUM CARBONATE TABLETS	CALCIUM CARBONATE CAP calcium carbonate w/ vitamin d cap CALCIUM CARBONATE/VITAMIN D TAB calcium lactate tab	calcium carbonate chew tab  CALCIUM CARBONATE W/ VITAMIN D CHEW TAB calcium citrate tab
calcium carbonate susp	CALCIUM CARBONATE TABLETS		
calcium carbonate w/ vitamin d tab	calcium carbonate w/ vitamin d tab		
calcium citrate w/ vitamin d tab	CALCIUM GLUCONATE TABLETS		calcium polycarbophil tab
capsaicin cream cetirizine chew tab	capsaicin pad cetirizine syrup	carbamide peroxide otic drop cetirizine tab	CENHIST CHEW TAB cetirizine/pseudoephedrine 12-hour tab chlorpheniramine tab
chlorhexidine gluconate liquid	chlorpheniramine CR tab	chlorpheniramine syrup	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

chlorpheniramine/acetaminophen tab	chlorpheniramine/dextromethorphan liquid	chlorpheniramine/dextromethorphan tab	chlorpheniramine/phenylephrine liquid
chlorpheniramine/phenylephrine tab	chlorpheniramine/phenylephrine/acetaminophen effer tab	chlorpheniramine/phenylephrine/acetaminophen tab	chlorpheniramine/phenylephrine/aspirin effer tab
CHLORPHENIRAMINE/PSEUDOEPHEDRINE CHEW TAB	chlorpheniramine/pseudoephedrine syrup	chlorpheniramine/pseudoephedrine tab	CHLORPHENIRAMINE/PSEUDOEPHEDRINE/IBUPROFEN TAB
cholecalciferol cap	cholecalciferol oral soln.	cholecalciferol tab	clemastine tab
clotrimazole cream	clotrimazole vaginal cream	CLOVERINE OINT	COLD RELIEF COMPLETE TAB
COLD RELIEF TAB PLUS	COLD/FLU CONGESTION PAK	COLD/FLU RELIEF NIGHT LIQUID	CONCEPTROL GEL
CONTRACEPTIVE FILM	CONTRACEPTIVE FOAM	CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP
cromolyn nasal soln.	cyanocobalamin ER tab	cyanocobalamin lozenge	cyanocobalamin SL tab
cyanocobalamin tab	DESITIN PASTE	DEXBROMPHENIRAMINE/FENYLEPHRINE/ACETAMINOPHEN TAB	dexbrompheniramine/pseudoephedrine ER tab
DEXBROMPHENIRAMINE/FSEUDOEPHEDRINE TAB	dextromethorphan cap	dextromethorphan liquid	DEXTROMETHORPHAN LOZENGE
dextromethorphan syrup	DEXTROMETHORPHAN/ACETAMINOPHEN/CHLORPHENIRAMINE LIQUID	dextromethorphan/acetaminophen/chlorpheniramine susp	dextromethorphan/acetaminophen/chlorpheniramine tab
DEXTROMETHORPHAN/ACETAMINOPHEN/DIPHENHYDRAMINE LIQUID	DEXTROMETHORPHAN/BENZOCAINE LOZENGE	dextromethorphan/doxylamine soln.	dextromethorphan/doxylamine/acetaminophen cap
dextromethorphan/doxylamine/acetaminophen liquid	dextromethorphan/phenylephrine/acetaminophen cap	dextromethorphan/phenylephrine/acetaminophen liquid	dextromethorphan/phenylephrine/acetaminophen tab
DIALYVITE/IRON TAB	DIALYVITE/ZINC TAB	DIETHYLTOLUAMIDE LOTION	dimenhydrinate tab
dimethicone gel	diphenhydramine (sleep) cap	diphenhydramine (sleep) tab	diphenhydramine cap
diphenhydramine chew tab	diphenhydramine cream	diphenhydramine gel	diphenhydramine liquid
diphenhydramine rapid tab	diphenhydramine spray	DIPHENHYDRAMINE STRIP	diphenhydramine tab
diphenhydramine/acetaminophen (sleep) pack	diphenhydramine/acetaminophen (sleep) tab	DIPHENHYDRAMINE/ACETAMINOPHEN LIQUID	diphenhydramine/acetaminophen tab
diphenhydramine/phenylephrine liquid	diphenhydramine/phenylephrine soln.	diphenhydramine/phenylephrine tab	diphenhydramine/phenylephrine/acetaminophen liquid
diphenhydramine/phenylephrine/acetaminophen susp.	diphenhydramine/phenylephrine/acetaminophen tab	DIPHENHYDRAMINE/PSEUDOEPHEDRINE TAB	diphenhydramine/pseudoephedrine/acetaminophen tab
diphenhydramine/zinc cream	diphenhydramine/zinc spray	DOCUSAL/ENEMEEZ MINI ENEMA	docusate calcium cap
docusate sodium cap	docusate sodium enema	docusate sodium liquid	docusate sodium syrup
docusate sodium tab	doxylamine succinate tab	doxylamine/phenylephrine/acetaminophen cap	DULCOLAX BOWEL PREP KIT
EPHEDRINE SULFATE CAP	ergocalciferol soln.	ERGOCALCIFEROL TAB	eye wash soln.
famotidine tab	FEMALE CONDOM	ferrous gluconate tab	ferrous sulfate DR tab
ferrous sulfate ER tab	FERROUS SULFATE LIQUID	ferrous sulfate slow release tab	ferrous sulfate soln
FERROUS SULFATE SYRUP	ferrous sulfate tab	FIBER LIQUID	FLEET ENEMA
folic acid tab	FUNGOID SOLN	GEL DRESSING	GLUCOSE CHEW TAB
glucose gel	glycerin gel	glycerin liquid	glycerin lotion

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

GLYCERIN SHAMPOO	glycerin suppository	guaifenesin DM/pseudoephedrine tab	guaifenesin ER tab
guaifenesin liquid	guaifenesin syrup	guaifenesin tab	guaifenesin/acetaminophen tab
guaifenesin/codeine phosphate liquid	guaifenesin/dextromethorpha n cap	guaifenesin/dextromethorpha n ER tab	guaifenesin/dextromethorpha n liquid
GUAIFENESIN/DEXTROME HOPHAN PACK	guaifenesin/dextromethorpha n tab	guaifenesin/ephedrine hcl tat	GUAIFENESIN/PHENYLEPT RINE HCL SYRUP
guaifenesin/phenylephrine hc tab	guaifenesin/pseudoephedrine hcl cap	guaifenesin/pseudoephedrine hcl syrup	guaifenesin/pseudoephedrine hcl tab
GUAIFENESIN/PSEUDOEP HEDRINE TAB	HDC DM SYRUP	HEMORRHOIDAL OINT	hydrocortisone acetate cream
HYDROCORTISONE ACETATE OINT	hydrocortisone aloe cream	HYDROCORTISONE ALOE OINT	hydrocortisone cream
hydrocortisone gel	hydrocortisone lotion	hydrocortisone oint	hydrocortisone topical soln.
hydrogen peroxide soln	HYDROGEN PEROXIDE SOLN.	ibuprofen cap	ibuprofen chew tab
ibuprofen susp	ibuprofen tab	INFANT FORMULA LIQUID	INFANT FORMULA POWDER
IV PREP WIPES	KETOSTIX	ketotifen ophth soln	KONSYL POWDER
KONSYL POWDER PACKET	LANAPHILIC UREA OINT	lansoprazole cap	L-CARNITINE CAP
levocarnitine cap	LEVOCARNITINE TAB	levonorgestrel tab	LICE B GONE SHAMPOO
LICE TREATMENT KIT	lidocaine anorectal cream	LOHIST-D LIQUID	loperamide cap
loperamide liquid	loperamide tab	loratadine ODT	loratadine syrup
loratadine tab	loratadine/pseudoephedrine 12-hour tab	loratadine/pseudoephedrine 24-hour tab	lubricating jelly
magnesium citrate soln.	magnesium hydroxide chew tab	magnesium hydroxide susp.	magnesium oxide tab
magnesium tab	MAGNESIUM/ALUMINUM HYDROXIDE CHEW TAB	magnesium/aluminum hydroxide/simethicone chew tab	MAGNESIUM/ALUMINUM HYDROXIDE/SIMETHICONE SUSP
MALE CONDOM	MALE CONDOMS	meclizine chew tab	meclizine tab
MEDI-TUSSIN CAP	menthol lozenge	MICONAZOLE 3 SUPP 200MG	miconazole cream
miconazole nitrate aerosol	miconazole nitrate aerosol powder	miconazole nitrate powder	MICONAZOLE NITRATE SOLN.
MICONAZOLE NITRATE SPRAY	miconazole oint.	miconazole vaginal cream	MICONAZOLE VAGINAL KIT
miconazole vaginal supp kit	MILK OF MAGNESIA CHEW TAB	mineral oil	mineral oil enema
MINERAL OIL LIGHT	mineral oil/petrolatum cream	mineral oil/petrolatum lotion	mineral oil/petrolatum oint
moisturel lotion	multiple vitamin liquid	multiple vitamin tab	multivitamin w/ iron chew tab
multivitamin w/ iron tab	multivitamin/minerals tab	naphazoline/pheniramine ophth drops	NASACORT OTC NASAL SPRAY
NASAL MOIST GEL	neomycin/bacitracin/polymyx in b oint	neomycin/bacitracin/polymyx in b/pramoxine oint	neomycin/polymyxin b/pramoxine cream
NEOTUSS PLUS LIQUID	niacin cap	niacin CR tab	niacin tab
NIACIN TR TAB	niacinamide tab	nicotine gum	nicotine lozenge
nicotine patch	NINJACOF-XG LIQUID	NORTEMP SUSP INFANTS	NUTRITIONAL SUPPLEMENT LIQUID

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

NUTRITIONAL SUPPLEMENT POWDER	omega-3 fatty acid cap	omeprazole cap	oxymetazoline nasal spray
PAIN RELIEF COUGH/COLIC SYRUP	PAIN RELIEF PAK DAY AND NIGHT	PAIN RELIEVE PM TAB	pectin lozenge
pediatric electrolyte soln.	pediatric multivitamin adc drops	PEDIATRIC MULTIVITAMIN CHEW TAB	pediatric multivitamin w/ iron chew tab
pediatric multivitamin w/ iron drops	pediatric multivitamin w/ minerals gummy	pediatric multivitamin w/ vitamin c soln.	pediatric multivitamin w/ vitamin c w/ iron chew tab
permethrin liquid	permethrin lotion	permethrin spray	petrolatum oint
PETROLATUM/LANOLIN/ZINC OXIDE/MINERAL OIL OINT.	pheniramine/phenylephrine/acetaminophen packet	PHENYLEPHRINE DROPS	phenylephrine nasal soln.
phenylephrine tab	phenylephrine/acetaminophen cap	phenylephrine/acetaminophen powder pack	phenylephrine/acetaminophen tab
PHENYLEPHRINE/ACETAMINOPHEN/CAFFEINE TAB	phenylephrine/acetaminophen/guaifenesin tab	phenylephrine/brompheniramine/dm elixir	phenylephrine/brompheniramine/dm soln.
phenylephrine/chlorpheniramine/acetaminophen/dm liquid	phenylephrine/chlorpheniramine/acetaminophen/dm susp.	phenylephrine/chlorpheniramine/acetaminophen/dm tab	PHENYLEPHRINE/CHLORPHENIRAMINE/DM LIQUID
PHENYLEPHRINE/CHLORPHENIRAMINE/DM SOLN.	PHENYLEPHRINE/DEXTROMETHORPHAN LIQUID	phenylephrine/dextromethorphan soln.	PHENYLEPHRINE/DEXTROMETHORPHAN STRIP
phenylephrine/doxylamine/acetaminophen/dm liquid	phenylephrine/guaifenesin/acetaminophen/dm liquid	phenylephrine/guaifenesin/acetaminophen/dm tab	phenylephrine/guaifenesin/dm syrup
PHENYLEPHRINE/PYRILAMINE/DM LIQUID	piperonyl butoxide/pyrethrins liquid	piperonyl butoxide/pyrethrins shampoo	piperonyl butoxide/pyrethrins/permethrin kit
polyethylene glycol 3350 powder	polyethylene glycol packet	POVIDONE-IODINE SOLN	povidone-iodine soln.
PRENATAL VITAMIN	PREPARATION H CREAM	PREPARATION H OINT	preparation h supp
PREVACID OTC CAP	pseudoephedrine ER (12hr) tab	pseudoephedrine liquid	pseudoephedrine syrup
pseudoephedrine tab	PSEUDOEPHEDRINE/ACETAMINOPHEN TAB	PSEUDOEPHEDRINE/ACETAMINOPHEN/DEXTROMETHORPHAN CAP	PSEUDOEPHEDRINE/ACETAMINOPHEN/DEXTROMETHORPHAN TAB
pseudoephedrine/acetaminophen/dm cap	pseudoephedrine/acetaminophen/dm tab	PSEUDOEPHEDRINE/ACETAMINOPHEN/GUAIFENESIN TAB	pseudoephedrine/brompheniramine/dm elixir
pseudoephedrine/brompheniramine/dm syrup	pseudoephedrine/chlorpheniramine/acetaminophen/dm cap	pseudoephedrine/chlorpheniramine/acetaminophen/dm packet	pseudoephedrine/chlorpheniramine/acetaminophen/dm susp
pseudoephedrine/chlorpheniramine/acetaminophen/dm tab	PSEUDOEPHEDRINE/CHLORPHENIRAMINE/CODEINE LIQUID	PSEUDOEPHEDRINE/CHLORPHENIRAMINE/DEXTROMETHORPHAN/ACETAMINOPHEN CAP	PSEUDOEPHEDRINE/CHLORPHENIRAMINE/DM CHEW TAB
pseudoephedrine/chlorpheniramine/dm liquid	PSEUDOEPHEDRINE/DM ELIXIR	PSEUDOEPHEDRINE/DM LIQUID	pseudoephedrine/dm syrup
pseudoephedrine/doxylamine/acetaminophen/dm cap	pseudoephedrine/doxylamine/acetaminophen/dm liquid	PSEUDOEPHEDRINE/DOXYLAMINE/DEXTROMETHORPHAN/ACETAMINOPHEN CAP	PSEUDOEPHEDRINE/GUAIFENESIN/ACETAMINOPHEN/DM PACKET
pseudoephedrine/guaifenesin/acetaminophen/dm tab	pseudoephedrine/guaifenesin/dm cap	pseudoephedrine/guaifenesin/dm syrup	PSEUDOEPHEDRINE/GUAIFENESIN/DM TAB

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

PSEUDOEPHEDRINE/IBUPROFEN CAP	pseudoephedrine/ibuprofen susp.	pseudoephedrine/ibuprofen tab	pseudoephedrine/naproxen tab
psyllium cap	psyllium powder	pyridoxine CR tab	pyridoxine tab
ranitidine tab 75mg	RECTICARE CREAM	REFENESEN PE TAB	REFENESEN TAB
REFRESH OPHTH DROPS	REFRESH PLUS DROPS	RISCAL-D TAB	ROBITUSSIN COUGH AND COLD LIQUID
ROBITUSSIN SYRUP	salicylic acid gel	salicylic acid liquid	salicylic acid pad
salicylic acid soln	salicylic acid strip	saline nasal spray	SCOT-TUSSIN LIQUID
sennosides tab	sennosides/docusate sodium tab	SILPHEN COUGH SYRUP	simethicone cap
simethicone chew tab	simethicone drops	simethicone liquid	SIMETHICONE STRIPS
SKIN CLEANSER	SM COUGH/SORE THROAT LIQUID	sodium bicarbonate tab	sodium chloride ophth oint.
sodium chloride ophth soln.	SODIUM CHLORIDE SPRAY	sodium chloride tab	sodium phosphate enema
sodium phosphate soln.	SUDAFED ER (24HR) TAB	SUDAFED TRIPLE ACTION TAB	terbinafine cream
tetrahydrozoline ophth soln.	tetrahydrozoline/zinc sulfate ophth drops	thera-gesic cream	thiamine mononitrate tab
thiamine tab	throat lozenge	tioconazole vaginal oint.	tolnaftate aerosol
tolnaftate cream	tolnaftate powder	tolnaftate spray	TRIACTING COLD SYRUP
TRIAMINIC NASAL SPRAY	TRIAMINIC STRIPS	triprolidine/pseudoephedrine tab	TRI-VI-SOL DROPS
tussin CF liquid	TUSSIN COUGH/COLD LIQUID	tussin PE liquid	TYLENOL CAP
vapor inhaler	vaporizing steam	vaporizing steam - menthol	vcf vaginal gel
VICKS DAYQUIL LIQUID	vitamin a-d oint.	vitamin B complex cap	VITAMIN C SYRUP
MUCUS DM	WAL-FLU COLD PAK DAYTIME	wound cleanser	500MG/5ML
VITAMIN C TAB	zinc sulfate cap		zinc oxide oint.

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.



**L.A. Care Medi-Cal Dual Formulary**  
**Last Updated\* 7/1/2018**  
**Step Therapy (ST)**

- The following drugs are covered on the formulary with a Step Therapy.

**Step Therapy (ST) Medications**

<b>Drug Name</b>	<b>Step Therapy Requirements</b>
PREVACID OTC CAP	QL = 56 cap/30 day; Step Therapy requires trial of lansoprazole and pantoprazole

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary**  
**Last Updated\* 7/1/2018**  
**Quantity Limit (QL)**

- The following drugs are covered on the formulary with a Quantity Limit.

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
BELVIQ TAB	QL = 2 tab/day
BELVIQ XR TAB	QL= 1 tab/day
benzoyl peroxide cream	QL = 30 gm/30 day
benzoyl peroxide gel	Coverage includes OTC only; QL = 90 gm/30 day
BENZOYL PEROXIDE GEL 2.5%	QL= 1 tube/30 days
benzoyl peroxide liquid	Coverage includes OTC only; QL = 237 ml/30 day
benzoyl peroxide lotion	Coverage includes OTC only; QL = 340.2ml/30 day
CALCIUM ACETATE TAB	QL = 9 tab/day
cetirizine chew tab	QL = 1 tab/day
cetirizine tab	QL = 1 tab/day
cetirizine/pseudoephedrine 12-hour tab	QL = 1 tab/day
CONTRAVE TAB	QL= 4 tabs/day
cyanocobalamine SL tab	
GEL DRESSING	QL = 2 packet/day
lansoprazole cap	Coverage includes OTC only. QL = 56 cap/30 day
loratadine ODT	QL = 1 tab/day
loratadine syrup	QL = 240ml/30 day; Covered for members age 2 through 5 years
loratadine tab	QL = 1 tab/day; Covered for members 2 years and older
loratadine/pseudoephedrine 12-hour tab	QL = 2 tab/day
loratadine/pseudoephedrine 24-hour tab	QL = 1 tab/day
NASACORT OTC NASAL SPRAY	QL = 2 bottle/fill; Coverage includes OTC only
nicotine gum	Limited to 180 days per plan year
nicotine lozenge	Limited to 180 days per plan year
nicotine patch	Coverage includes OTC only. Limited to 182 days per plan year
phentermine cap	QL = 1 cap/day
phentermine tab	QL = 1 tab/day
PREVACID OTC CAP	QL = 56 cap/30 day; Step Therapy requires trial of lansoprazole and pantoprazole
pseudoephedrine ER (12hr) tab	QL = 2 tab/day; Covered for members 4 years and older
pseudoephedrine liquid	QL = 1200ml/30 day; Covered for members 4 years and older
pseudoephedrine syrup	QL = 1200ml/30 day; Covered for members 4 years and older
QSYMIA CAP	QL = 1 cap/day
SUDAFED ER (24HR) TAB	QL= 1 tab/day; Covered for members 4 years and older
terbinafine cream	QL = 30gm/30 day; Covered for members 12 years and older

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.