



L.A. Care[®]
Medi-Cal

L.A. Care Health Plan

Medi-Cal Dual Formulary



Formulary is subject to change. All previous versions of the formulary are no longer in effect. You can view the most current drug list by going to our website at <http://www.lacare.org/members/getting-care/pharmacy-services>

For more details on available health care services, visit our website:
<http://www.lacare.org/members/welcome-la-care/member-documents/medi-cal>

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.

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
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Drug Name	Special Code	Tier	Category
acetaminophen cap	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 supp	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen tab	OTC	F	ANALGESICS - NONNARCOTIC
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
anumed supp	OTC	F	ANORECTAL AGENTS
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 tab	OTC	F	MULTIVITAMINS
aspirin chew tab	OTC	F	ANALGESICS - NONNARCOTIC
aspirin EC tab	OTC	F	ANALGESICS - NONNARCOTIC
aspirin tab	OTC	F	ANALGESICS - NONNARCOTIC
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/A NOREXIANTS
BELVIQ XR TAB (QL= 1 tab/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
benzocaine/menthol lozenge	OTC	F	MOUTH/THROAT/DENTAL AGENTS

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.

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Drug Name	Special Code	Tier	Category
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 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 and phosphorus w/vitamin D tab	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
calcium carbonate w/ vitamind 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 polycarbophil tab	OTC	F	LAXATIVES
carbamide peroxide otic drop	OTC	F	OTIC AGENTS
CATHFLO ACTIVASE INJ 2MG	-	F	HEMATOLOGICAL AGENTS - MISC.
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
chlorhexidine gluconate liquid	OTC	F	ANTISEPTICS & DISINFECTANTS
chlorpheniramine CR tab	OTC	F	ANTIHISTAMINES
chlorpheniramine syrup	OTC	F	ANTIHISTAMINES
chlorpheniramine tab	OTC	F	ANTIHISTAMINES
chlorpheniramine/phenylephrine liquid	OTC	F	COUGH/COLD/ALLERGY
chlorpheniramine/phenylephrine tab	OTC	F	COUGH/COLD/ALLERGY
chlorpheniramine/pseudoephedrine 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

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

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clotrimazole vaginal cream	OTC	F	VAGINAL PRODUCTS
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
CONTRAIVE TAB (QL= 4 tabs/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A 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 OPHTH SOLN	-	F	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	F	OPHTHALMIC AGENTS
dextromethorphan cap	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan syrup	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan/doxylamine soln.	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan/doxylamine/acetaminophen liquid	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan/phenylephrine/acetaminophen cap	OTC	F	COUGH/COLD/ALLERGY
dimenhydrinate tab	OTC	F	ANTIEMETICS
diphenhydramine (sleep) tab	OTC	F	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
diphenhydramine cap (BENADRYL equiv) (Coverage includes OTC only)	OTC	F	ANTIHISTAMINES
diphenhydramine gel	OTC	F	DERMATOLOGICALS
diphenhydramine liquid	OTC	F	ANTIHISTAMINES
diphenhydramine tab	OTC	F	ANTIHISTAMINES
diphenhydramine/acetaminophen (sleep) tab	OTC	F	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
diphenhydramine/phenylephrine liquid	OTC	F	COUGH/COLD/ALLERGY
diphenhydramine/phenylephrine/acetaminophen liquid	OTC	F	COUGH/COLD/ALLERGY
diphenhydramine/zinc cream	OTC	F	DERMATOLOGICALS
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 DISORDER AGENTS
DOXYLAMINE/PHENYLEPHRINE/ACETAMINOPHEN CAP	OTC	F	COUGH/COLD/ALLERGY
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

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

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Drug Name	Special Code	Tier	Category
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
FIRST OMEPRAZOLE SUSP	-	F	ULCER DRUGS
FLEET ENEMA	OTC	F	LAXATIVES
folbee tab	-	F	HEMATOPOIETIC AGENTS
FOLIC ACID INJ	-	F	HEMATOPOIETIC AGENTS
folic acid tab	OTC	F	HEMATOPOIETIC AGENTS
GLUCOSE CHEW TAB	OTC	F	ANTIDIABETICS
glucose gel	OTC	F	ANTIDIABETICS
glycerin lotion (Coverage includes OTC only)	OTC	F	DERMATOLOGICALS
glycerin suppository	OTC	F	LAXATIVES
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/codeine phosphate liquid	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/codeine phosphate liquid (TUSSI-ORGANIDIN-S equiv)	OTC	F	COUGH/COLD/ALLERGY
GUAIFENESIN/CODEINE SYRUP	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 tab	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/pseudoephedrine tab	OTC	F	COUGH/COLD/ALLERGY
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 aloe cream	OTC	F	DERMATOLOGICALS
hydrocortisone cream (Coverage includes OTC only)	OTC	F	DERMATOLOGICALS
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
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 tab (LEVSIN equiv)	-	F	ULCER DRUGS
ibuprofen cap	OTC	F	ANALGESICS - ANTI-INFLAMMATORY

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

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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 OPHTH SOLN	-	F	OPHTHALMIC AGENTS
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
lansoprazole cap (PREVACID equiv) (Coverage includes OTC only. QL = 56 cap/30 day)	OTC-QL	F	ULCER DRUGS
LANSOPRAZOLE SUSP	-	F	ULCER DRUGS
levocarnitine tab	OTC	F	NUTRIENTS
levonorgestrel tab (PLAN B equiv) (Coverage includes OTC only)	OTC	F	CONTRACEPTIVES
LICE B GONE SHAMPOO	OTC	F	DERMATOLOGICALS
lidocaine anorectal cream	OTC	F	ANORECTAL AGENTS
lidocaine gel (XYLOCAINE equiv)	-	F	DERMATOLOGICALS
LIDOCAINE GEL 2%	-	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
magnesium citrate soln.	OTC	F	LAXATIVES
magnesium hydroxide susp.	OTC	F	LAXATIVES
magnesium oxide tab	OTC	F	ANTACIDS
magnesium tab	OTC	F	MINERALS & ELECTROLYTES
magnesium/aluminum hydroxide/simethicone chew tab	OTC	F	ANTACIDS
magnesium/aluminum hydroxide/simethicone susp	OTC	F	ANTACIDS
MALE CONDOMS	OTC	F	MEDICAL DEVICES AND SUPPLIES
MCT OIL	OTC-PA	F	NUTRIENTS
meclizine chew tab (BONINE equiv)	OTC	F	ANTIEMETICS
meclizine tab (ANTIVERT equiv) (Coverage includes OTC only)	OTC	F	ANTIEMETICS
MICONAZOLE 3 SUPP 200MG (Coverage includes OTC only)	OTC	F	VAGINAL PRODUCTS
miconazole cream	OTC	F	DERMATOLOGICALS

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ST	Step Therapy				

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miconazole nitrate powder	OTC	F	DERMATOLOGICALS
MICONAZOLE NITRATE SOLN.	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
MINERAL OIL (Coverage includes OTC only)	OTC	F	LAXATIVES
mineral oil enema	OTC	F	LAXATIVES
mineral oil/petrolatum cream	OTC	F	DERMATOLOGICALS
mineral oil/petrolatum cream (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 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
neomycin/bacitracin/polymyxin b oint	OTC	F	DERMATOLOGICALS
neomycin/bacitracin/polymyxin b/pramoxine oint	OTC	F	DERMATOLOGICALS
neomycin/polymyxin b/pramoxine cream	OTC	F	DERMATOLOGICALS
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
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
PEDIATRIC COUGH/COLD LIQUID	OTC	F	COUGH/COLD/ALLERGY
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

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ST	Step Therapy				

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pediatric multiple vitamin/fluoride soln.	-	F	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	F	MULTIVITAMINS
pediatric multivitamin adc drops	OTC	F	MULTIVITAMINS
pediatric multivitamin w/ iron chew tab	OTC	F	MULTIVITAMINS
pediatric multivitamin w/ iron drops	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
petrolatum oint	OTC	F	DERMATOLOGICALS
phenazopyridine tab (PYRIDIUM equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
phentermine cap (ADIPEX equiv) (QL = 1 cap/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
phentermine tab (ADIPEX equiv) (QL = 1 tab/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
phenylephrine ophth soln (MYDFRIN equiv)	-	F	OPHTHALMIC AGENTS
phenylephrine tab	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
phenylephrine/brompheniramine/dm elixir	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/brompheniramine/dm soln.	OTC	F	COUGH/COLD/ALLERGY
PHENYLEPHRINE/DEXTROMETHORPHAN LIQUID	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/dextromethorphan soln.	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
phlexy-10 tab	OTC-PA	F	NUTRIENTS
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
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
PRAMOSONE CREAM	-	F	DERMATOLOGICALS
PRENATAL VITAMIN (Coverage includes OTC only)	OTC	F	MULTIVITAMINS
PREPARATION H CREAM	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
promethazine DM syrup	-	F	COUGH/COLD/ALLERGY
PROMETHAZINE VC/CODEINE 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 tab	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine/brompheniramine/dm elixir	OTC	F	COUGH/COLD/ALLERGY

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ST	Over-the-Counter		Prior Authorization		Quantity Limit
	Step Therapy				

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Drug Name	Special Code	Tier	Category
pseudoephedrine/chlorpheniramine/dm liquid	OTC	F	COUGH/COLD/ALLERGY
psyllium cap	OTC	F	LAXATIVES
psyllium powder	OTC	F	LAXATIVES
pyridoxine tab	OTC	F	VITAMINS
QSYMIA CAP (QL = 1 cap/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ranitidine tab 75mg	OTC	F	ULCER DRUGS
REFRESH PLUS DROPS	OTC	F	OPHTHALMIC AGENTS
RISCAL-D TAB	OTC	F	MINERALS & ELECTROLYTES
salicylic acid gel	OTC	F	DERMATOLOGICALS
salicylic acid pad	OTC	F	DERMATOLOGICALS
salicylic acid shampoo	-	F	DERMATOLOGICALS
salicylic acid soln	OTC	F	DERMATOLOGICALS
saline nasal spray	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
selenium sulfide lotion	-	F	DERMATOLOGICALS
sennosides tab	OTC	F	LAXATIVES
sennosides/docusate sodium tab	OTC	F	LAXATIVES
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.
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/potassium nitrate paste (PREVIDENT equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
sodium phosphate enema	OTC	F	LAXATIVES
SSKI SOLN	-	F	COUGH/COLD/ALLERGY
terbinafine cream (LAMISIL AT equiv) (QL = 30gm/30 day; Covered for members 12 years and older)	OTC-QL	F	DERMATOLOGICALS
tetrahydrozoline ophth soln.	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
triprolidine/pseudoephedrine tab	OTC	F	COUGH/COLD/ALLERGY
tropicamide ophth soln (MYDRIACYL equiv)	-	F	OPHTHALMIC AGENTS
TUSSIN CF LIQUID	OTC	F	COUGH/COLD/ALLERGY
URAMAXIN CREAM	-	F	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
urea lotion	-	F	DERMATOLOGICALS
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 B-12 TAB	OTC	F	HEMATOPOIETIC AGENTS
VITAMIN C TAB	OTC	F	VITAMINS
vitamin D cap	-	F	VITAMINS
zinc oxide oint.	OTC	F	DERMATOLOGICALS
zinc oxide paste	OTC	F	DERMATOLOGICALS
zinc sulfate cap	OTC	F	MINERALS & ELECTROLYTES

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ST	Over-the-Counter		Prior Authorization		Quantity Limit
	Step Therapy				

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ANOREXIANTS NON-AMPHETAMINE		
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
ANTI-OBESITY AGENTS		
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
ANALGESICS - ANTI-INFLAMMATORY		
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
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
ANALGESICS - NONNARCOTIC		
ANALGESICS OTHER		
acetaminophen cap	OTC	F
acetaminophen drops	OTC	F
acetaminophen elixir	OTC	F
acetaminophen ER tab	OTC	F
acetaminophen liquid	OTC	F
acetaminophen supp	OTC	F
acetaminophen tab	OTC	F
SALICYLATES		
aspirin chew tab	OTC	F
aspirin EC tab	OTC	F
ASPIRIN TAB	OTC	F
ANORECTAL AGENTS		
RECTAL COMBINATIONS		
anumed supp	OTC	F
hydrocortisone/pramoxine rectal cream (ANALPRAM HC equiv)	-	F
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	F
PREPARATION H CREAM	OTC	F
preparation h supp	OTC	F
PROCTOFOAM HC FOAM	-	F
RECTAL LOCAL ANESTHETICS		
lidocaine anorectal cream	OTC	F
ANTACIDS		
ANTACID COMBINATIONS		
antacid chew tab	OTC	F
magnesium/aluminum hydroxide/simethicone chew tab	OTC	F
magnesium/aluminum hydroxide/simethicone susp	OTC	F
ANTACIDS - ALUMINUM SALTS		
ALUMINUM HYDROXIDE GEL SUSP.	OTC	F

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DrugName	Special Code	Tier
ANTACIDS Cont.		
ANTACIDS - BICARBONATE		
sodium bicarbonate tab	OTC	F
ANTACIDS - CALCIUM SALTS		
calcium carbonate chew tab	OTC	F
calcium carbonate susp	OTC	F
calcium carbonate tab	OTC	F
ANTACIDS - MAGNESIUM SALTS		
magnesium oxide tab	OTC	F
ANTICOAGULANTS		
HEPARINS AND HEPARINOID-LIKE AGENTS		
HEPARIN LOCK FLUSH IV SOLN	-	F
heparin sodium (porcine) lock flush IV soln	-	F
ANTIDIABETICS		
DIABETIC OTHER		
GLUCOSE CHEW TAB	OTC	F
glucose gel	OTC	F
ANTIDIARRHEALS		
ANTIDIARRHEAL AGENTS - MISC.		
bismuth subsalicylate chew tab	OTC	F
bismuth subsalicylate susp.	OTC	F
bismuth subsalicylate tab	OTC	F
ANTIPERISTALTIC AGENTS		
loperamide cap (IMODIUM equiv) (Coverage includes OTC only)	OTC	F
loperamide liquid	OTC	F
loperamide tab	OTC	F
ANTIEMETICS		
ANTIEMETICS - ANTICHOLINERGIC		
dimenhydrinate tab	OTC	F
meclizine chew tab (BONINE equiv)	OTC	F
meclizine tab (ANTIVERT equiv) (Coverage includes OTC only)	OTC	F
ANTIEMETICS - MISCELLANEOUS		
anti-nausea soln. (EMETROL equiv)	OTC	F
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
chlorpheniramine CR tab	OTC	F
chlorpheniramine syrup	OTC	F
chlorpheniramine tab	OTC	F
ANTIHISTAMINES - ETHANOLAMINES		
clemastine tab (TAVIST equiv) (Coverage includes OTC only)	OTC	F
diphenhydramine cap (BENADRYL equiv) (Coverage includes OTC only)	OTC	F
diphenhydramine liquid	OTC	F
diphenhydramine tab	OTC	F
ANTIHISTAMINES - NON-SEDATING		

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DrugName	Special Code	Tier
ANTIHISTAMINES Cont.		
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
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
hydrogen peroxide soln	OTC	F
CHLORINE ANTISEPTICS		
chlorhexidine gluconate liquid	OTC	F
IODINE ANTISEPTICS		
povidone-iodine soln.	OTC	F
CONTRACEPTIVES		
EMERGENCY CONTRACEPTIVES		
levonorgestrel tab (PLAN B equiv) (Coverage includes OTC only)	OTC	F
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap (TESSALON PERLES equiv)	-	F
dextromethorphan cap	OTC	F
dextromethorphan syrup	OTC	F
hydrocodone/homatropine soln.	-	F
hydrocodone/homatropine syrup	-	F
COUGH/COLD/ALLERGY COMBINATIONS		
brompheniramine/phenylephrine elixir	OTC	F
BROMPHENIRAMINE/PHENYLEPHRINE TAB	OTC	F
brompheniramine/pseudoephedrine liquid	OTC	F
BROTAPP DM LIQUID	OTC	F
cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv) (QL = 1 tab/day)	OTC-QL	F
chlorpheniramine/phenylephrine liquid	OTC	F
chlorpheniramine/phenylephrine tab	OTC	F
chlorpheniramine/pseudoephedrine tab	OTC	F
dextromethorphan/doxylamine soln.	OTC	F
dextromethorphan/doxylamine/acetaminophen liquid	OTC	F
dextromethorphan/phenylephrine/acetaminophen cap	OTC	F
diphenhydramine/phenylephrine liquid	OTC	F
diphenhydramine/phenylephrine/acetaminophen liquid	OTC	F
DOXYLAMINE/PHENYLEPHRINE/ACETAMINOPHEN CAP	OTC	F
guaifenesin/codeine phosphate liquid	OTC	F
guaifenesin/codeine phosphate liquid (TUSSI-ORGANIDIN-S equiv)	OTC	F
GUAIFENESIN/CODEINE SYRUP	OTC	F
guaifenesin/dextromethorphan cap	OTC	F
guaifenesin/dextromethorphan ER tab	OTC	F
guaifenesin/dextromethorphan liquid	OTC	F
guaifenesin/dextromethorphan tab	OTC	F
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OTC ST	NC =Not Covered Over-the-Counter Step Therapy	PA
	generic =small letters Prior Authorization	QL
	BRANDS =CAPITAL LETTERS Quantity Limit	

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DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
guaifenesin/pseudoephedrine tab	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
NINJACOF-XG LIQUID	OTC	F
PEDIATRIC COUGH/COLD LIQUID	OTC	F
phenylephrine/brompheniramine/dm elixir	OTC	F
phenylephrine/brompheniramine/dm soln.	OTC	F
PHENYLEPHRINE/DEXTROMETHORPHAN LIQUID	OTC	F
phenylephrine/dextromethorphan soln.	OTC	F
phenylephrine/guaifenesin/acetaminophen/dm liquid	OTC	F
phenylephrine/guaifenesin/acetaminophen/dm tab	OTC	F
phenylephrine/guaifenesin/dm syrup	OTC	F
PROMETHAZINE DM SYRUP	-	F
PROMETHAZINE VC/CODEINE SYRUP	-	F
promethazine/codeine syrup (PHENERGAN/CODIENE equiv)	-	F
pseudoephedrine/brompheniramine/dm elixir	OTC	F
pseudoephedrine/chlorpheniramine/dm liquid	OTC	F
triprolidine/pseudoephedrine tab	OTC	F
TUSSIN CF LIQUID	OTC	F
VICKS DAYQUIL LIQUID MUCUS DM	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

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

clotrimazole cream (Coverage includes OTC only)	OTC	F
miconazole cream	OTC	F
miconazole nitrate powder	OTC	F
MICONAZOLE NITRATE SOLN.	OTC	F

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				

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

Last Updated* 2/1/2020

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
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
ANTIHISTAMINES-TOPICAL		
diphenhydramine gel	OTC	F
diphenhydramine/zinc cream	OTC	F
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion	-	F
CORTICOSTEROIDS - TOPICAL		
hydrocortisone acetate cream	OTC	F
hydrocortisone aloe cream	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
DIAPER RASH PRODUCTS		
vitamin a-d oint.	OTC	F
EMOLLIENT/KERATOLYTIC AGENTS		
URAMAXIN CREAM	-	F
urea lotion	-	F
EMOLLIENTS		
ammonium lactate cream (Coverage includes OTC only)	OTC	F
ammonium lactate lotion (Coverage includes OTC only)	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
KERATOLYTIC/ANTIMITOTIC AGENTS		
salicylic acid gel	OTC	F
salicylic acid pad	OTC	F
salicylic acid shampoo	-	F
salicylic acid soln	OTC	F
LINIMENTS		
analgesic balm	OTC	F
thera-gesic cream	OTC	F
LOCAL ANESTHETICS - TOPICAL		
lidocaine gel (XYLOCAINE equiv)	-	F
LIDOCAINE GEL 2%	-	F
lidocaine soln (XYLOCAINE equiv)	-	F
MISC. TOPICAL		
CALAMINE LOTION	OTC	F

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ST	Step Therapy				

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L.A. Care Medi-Cal Dual Formulary
Category/Class
Last Updated* 2/1/2020

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
lubricating jelly	OTC	F
mineral oil/petrolatum cream	OTC	F
SODIUM CHLORIDE SPRAY	OTC	F
zinc oxide oint.	OTC	F
zinc oxide paste	OTC	F
SCABICIDES & PEDICULICIDES		
LICE B GONE SHAMPOO	OTC	F
permethrin liquid	OTC	F
permethrin lotion	OTC	F
piperonyl butoxide/pyrethrins liquid	OTC	F
piperonyl butoxide/pyrethrins shampoo	OTC	F
WOUND CARE PRODUCTS		
VENELEX OINT	-	F
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
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
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
INFANT FOODS		
INFANT FORMULA LIQUID	OTC-PA	F
INFANT FORMULA POWDER	OTC-PA	F
NUTRITIONAL SUPPLEMENTS		
NUTRITIONAL SUPPLEMENT LIQUID	OTC-PA	F
NUTRITIONAL SUPPLEMENT POWDER	OTC-PA	F
GASTROINTESTINAL AGENTS - MISC.		
ANTIFLATULENTS		
simethicone cap	OTC	F
simethicone chew tab	OTC	F
simethicone drops	OTC	F
simethicone liquid	OTC	F
SIMETHICONE STRIPS	OTC	F
GENITOURINARY AGENTS - MISCELLANEOUS		
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIDIUM equiv)	-	F
HEMATOLOGICAL AGENTS - MISC.		
THROMBOLYTIC ENZYMES		
CATHFLO ACTIVASE INJ 2MG	-	F
HEMATOPOIETIC AGENTS		
COBALAMINS		
cyanocobalamine ER tab	OTC	F
cyanocobalamine inj.	-	F
cyanocobalamine lozenge	OTC	F
Note: 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
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**L.A. Care Medi-Cal Dual Formulary
Category/Class**

Last Updated* 2/1/2020

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
cyanocobalamine SL tab	OTC-QL	F
cyanocobalamine tab	OTC	F
VITAMIN B-12 TAB	OTC	F
FOLIC ACID/FOLATES		
FOLIC ACID INJ	-	F
folic acid tab	OTC	F
HEMATOPOIETIC MIXTURES		
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
IRON		
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
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
diphenhydramine (sleep) tab	OTC	F
diphenhydramine/acetaminophen (sleep) tab	OTC	F
doxylamine succinate tab	OTC	F
LAXATIVES		
BULK LAXATIVES		
calcium polycarbophil tab	OTC	F
KONSYL POWDER	OTC	F
KONSYL POWDER PACKET	OTC	F
psyllium cap	OTC	F
psyllium powder	OTC	F
LAXATIVE COMBINATIONS		
sennosides/docusate sodium tab	OTC	F
LAXATIVES - MISCELLANEOUS		
FLEET ENEMA	OTC	F
glycerin suppository	OTC	F
polyethylene glycol 3350 powder (Coverage includes OTC only)	OTC	F

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

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DrugName	Special Code	Tier
LAXATIVES Cont.		
polyethylene glycol packet (MIRALAX equiv) (Coverage includes OTC only)	OTC	F
LUBRICANT LAXATIVES		
MINERAL OIL (Coverage includes OTC only)	OTC	F
mineral oil enema	OTC	F
SALINE LAXATIVES		
magnesium citrate soln.	OTC	F
magnesium hydroxide susp.	OTC	F
sodium phosphate enema	OTC	F
STIMULANT LAXATIVES		
BISACODYL ENEMA	OTC	F
bisacodyl supp.	OTC	F
bisacodyl tab	OTC	F
sennosides tab	OTC	F
SURFACTANT LAXATIVES		
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
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
FEMALE CONDOM	OTC	F
MALE CONDOMS	OTC	F
DIABETIC SUPPLIES		
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
MINERALS & ELECTROLYTES		
CALCIUM		
calcium and phosphorus w/vitamin D tab	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
calcium carbonate w/ vitamind D tab	OTC	F
calcium citrate tab	OTC	F
calcium citrate w/ vitamin d tab	OTC	F
CALCIUM GLUCONATE TAB	OTC	F
RISCAL-D TAB	OTC	F
ELECTROLYTE MIXTURES		
pediatric electrolyte soln.	OTC	F
MAGNESIUM		
magnesium oxide tab	OTC	F
magnesium tab	OTC	F

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ST	Step Therapy				

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L.A. Care Medi-Cal Dual Formulary
Category/Class
Last Updated* 2/1/2020

DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
MINERAL COMBINATIONS		
calcium citrate tab	OTC	F
PHOSPHATE		
K-PHOS TAB	-	F
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	F
SODIUM		
sodium chloride flush IV soln	-	F
sodium chloride inj 0.9%	-	F
sodium chloride tab	OTC	F
ZINC		
zinc sulfate cap	OTC	F
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
benzocaine/menthol lozenge	OTC	F
DENTAL PRODUCTS		
sodium fluoride cream (PREVIDENT equiv)	-	F
sodium fluoride gel (PREVIDENT equiv)	-	F
sodium fluoride paste (PREVIDENT equiv)	-	F
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	F
LOZENGES		
throat lozenge	OTC	F
MULTIVITAMINS		
B-COMPLEX VITAMINS		
vitamin B complex cap	OTC	F
B-COMPLEX W/ FOLIC ACID		
b-complex/vitamin c/folic acid cap (NEPHROCAP equiv)	-	F
b-complex/vitamin c/folic acid tab (NEPHRO-VITE equiv)	OTC	F
BIOFLAVONOID PRODUCTS		
ascorbic acid tab	OTC	F
MULTIPLE VITAMINS W/ IRON		
multivitamin w/ iron tab	OTC	F
MULTIPLE VITAMINS W/ MINERALS		
multivitamin w/ iron chew tab	OTC	F
multivitamin/minerals tab (STROVITE equiv)	OTC	F
MULTIVITAMINS		
multiple vitamin tab	OTC	F
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamin ACD/fluoride/iron drops	-	F
pediatric multiple vitamins/fluoride/iron soln	-	F
PED MV W/ FLUORIDE		
pediatric multiple vitamin ACD/fluoride soln.	-	F
pediatric multiple vitamin/fluoride chew tab	-	F
pediatric multiple vitamin/fluoride soln.	-	F

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ST	Step Therapy				

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

Last Updated* 2/1/2020

DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
PED MV W/ IRON		
pediatric multivitamin w/ iron chew tab	OTC	F
pediatric multivitamin w/ iron drops	OTC	F
PEDIATRIC MULTIPLE VITAMINS		
pediatric multivitamin w/ vitamin c soln.	OTC	F
pediatric multivitamin w/ vitamin c w/ iron chew tab	OTC	F
PEDIATRIC VITAMINS		
pediatric multivitamin adc drops	OTC	F
PRENATAL VITAMINS		
PRENATAL VITAMIN (Coverage includes OTC only)	OTC	F
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENTS - MISC.		
saline nasal spray	OTC	F
NASAL ANTIALLERGY		
cromolyn nasal soln. (NASALCROM equiv)	OTC	F
NASAL STEROIDS		
NASACORT OTC NASAL SPRAY (QL = 2 bottle/fill; Coverage includes OTC only)	OTC-QL	F
SYMPATHOMIMETIC DECONGESTANTS		
oxymetazoline nasal spray (AFRIN NASAL equiv)	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 tab	OTC	F
NUTRIENTS		
LIPIDS		
MCT OIL	OTC-PA	F
MISC. NUTRITIONAL SUBSTANCES		
omega-3 fatty acid cap	OTC	F
PROTEINS		
levocarnitine tab	OTC	F
phlexy-10 tab	OTC-PA	F
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
artificial tears ophth soln.	OTC	F
artificial tears ophth oint.	OTC	F
artificial tears ophth soln.	OTC	F
REFRESH PLUS DROPS	OTC	F
CYCLOPLEGIC MYDRIATICS		
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

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Category/Class
Last Updated* 2/1/2020

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
ISOPTO HYOSCINE OPHTH SOLN	-	F
phenylephrine ophth soln (MYDFRIN equiv)	-	F
tropicamide ophth soln (MYDRIACYL equiv)	-	F
OPHTHALMIC DECONGESTANTS		
NAPHAZOLINE OPHTH SOLN.	-	F
naphazoline/pheniramine ophth drops	OTC	F
tetrahydrozoline ophth soln.	OTC	F
OPHTHALMICS - MISC.		
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		
carbamide peroxide otic drop	OTC	F
PHARMACEUTICAL ADJUVANTS		
SEMI SOLID VEHICLES		
POLYETHYLENE GLYCOL 8000 GRANULES	-	F
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
SMOKING DETERRENTS		
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
THYROID AGENTS		
THYROID HORMONES		
ARMOUR THYROID TAB, NATURE THROID TAB	-	F
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	F
ULCER DRUGS		
ANTISPASMODICS		
BELLADONNA ALKALOID/OPIUM SUPP	-	F
hyoscyamine IR/SR tab (SYMAX equiv)	-	F
hyoscyamine sulfate CR tab (LEVBIID 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 tab (LEVSIN equiv)	-	F
H-2 ANTAGONISTS		
famotidine tab	OTC	F
ranitidine tab 75mg	OTC	F
PROTON PUMP INHIBITORS		
FIRST OMEPRAZOLE SUSP	-	F
lansoprazole cap (PREVACID equiv) (Coverage includes OTC only. QL = 56 cap/30 day)	OTC-QL	F
LANSOPRAZOLE SUSP	-	F

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

Last Updated* 2/1/2020

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
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

VAGINAL PRODUCTS

SPERMICIDES		
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

VAGINAL ANTI-INFECTIVES		
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
miconazole vaginal supp kit	OTC	F
tioconazole vaginal oint.	OTC	F

VITAMINS

OIL SOLUBLE VITAMINS		
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

WATER SOLUBLE VITAMINS		
ascorbic acid cap	OTC	F
ascorbic acid chew tab	OTC	F
ascorbic acid ER tab	OTC	F
ascorbic acid tab	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 tab	OTC	F
thiamine mononitrate tab	OTC	F
thiamine tab	OTC	F
VITAMIN C TAB	OTC	F

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ST	Step Therapy				

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**L.A. Care Medi-Cal Dual Formulary
Prior Authorization Drug List
Last Updated* 2/1/2020**

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.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
BELVIQ TAB	F
BELVIQ XR TAB	F
CONTRACE TAB	F
INFANT FORMULA LIQUID	F
INFANT FORMULA POWDER	F
MCT OIL	F
NUTRITIONAL SUPPLEMENT LIQUID	F
NUTRITIONAL SUPPLEMENT POWDER	F
phentermine cap	F
phentermine tab	F
phlexy-10 tab	F
QSYMIA CAP	F

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L.A. Care Medi-Cal Dual Formulary
Last Updated* 2/1/2020
Over-the-Counter (OTC)

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

Over-the-Counter (OTC) Medications

acetaminophen cap acetaminophen liquid	acetaminophen drops acetaminophen supp	acetaminophen elixir acetaminophen tab	acetaminophen ER tab ALUMINUM HYDROXIDE GEL SUSP. antacid chew tab artificial tears ophth oint. ascorbic acid ER tab aspirin tab ASSURE PLATINUM TEST STRIP - BOX 50 bacitracin/zinc oint.
ammonium lactate cream anti-nausea soln. artificial tears ophth soln. ascorbic acid tab ASSURE LANCET LOW FLOW 25 GAUGE - BOX 100 ASSURE PRISM MULTI TEST STRIP	ammonium lactate lotion anumed supp ascorbic acid cap aspirin chew tab ASSURE LANCET MICRO FLOW 28 GAUGE - BOX 100 bacitracin oint.	analgesic balm artificial tears ophth soln. ascorbic acid chew tab aspirin EC tab ASSURE PLATINUM TEST STRIP - BOX 100 bacitracin/polymyxin b oint	
b-complex/vitamin c/folic acid tab BENZOYL PEROXIDE GEL 2.5% bisacodyl supp.	benzocaine/menthol lozenge benzoyl peroxide liquid bisacodyl tab	benzoyl peroxide cream benzoyl peroxide lotion bismuth subsalicylate chew tab	benzoyl peroxide gel BISACODYL ENEMA bismuth subsalicylate susp.
bismuth subsalicylate tab BROTAPP DM LIQUID	brompheniramine/phenylephri ne elixir CALAMINE LOTION	BROMPHENIRAMINE/PHEN YLEPHRINE TAB calcium and phosphorus w/vitamin D tab calcium carbonate w/ vitamin d cap calcium citrate tab	brompheniramine/pseudoeph edrine liquid calcium carbonate chew tab calcium carbonate w/ vitamin D chew tab calcium citrate w/ vitamin d tab cetirizine chew tab chlorhexidine gluconate liquid
calcium carbonate susp calcium carbonate w/ vitamin d tab CALCIUM GLUCONATE TAB cetirizine syrup	calcium carbonate tab calcium carbonate w/ vitamin D tab calcium polycarbophil tab cetirizine tab	carbamide peroxide otic drop cetirizine/pseudoephedrine 12-hour tab chlorpheniramine tab	calcium carbonate w/ vitamin D chew tab calcium citrate w/ vitamin d tab cetirizine chew tab chlorhexidine gluconate liquid
chlorpheniramine CR tab chlorpheniramine/phenylephri ne tab cholecalciferol tab CONCEPTROL GEL CONTRACEPTIVE SUPP cyanocobalamine SL tab dextromethorphan/doxylamin e soln. diphenhydramine (sleep) tab diphenhydramine tab	chlorpheniramine syrup chlorpheniramine/pseudoeph edrine tab clemastine tab CONTRACEPTIVE FILM cromolyn nasal soln. cyanocobalamine tab dextromethorphan/doxylamin e/acetaminophen liquid diphenhydramine cap diphenhydramine/acetaminop hen (sleep) tab docusate calcium cap	cholecalciferol cap clotrimazole cream CONTRACEPTIVE FOAM cyanocobalamine ER tab dextromethorphan cap dextromethorphan/phenyleph rine/acetaminophen cap diphenhydramine gel diphenhydramine/phenylephri ne liquid docusate sodium cap	chlorpheniramine/phenylephri ne liquid cholecalciferol oral soln. clotrimazole vaginal cream CONTRACEPTIVE GEL cyanocobalamine lozenge dextromethorphan syrup dimenhydrinate tab diphenhydramine liquid diphenhydramine/phenylephri ne/acetaminophen liquid docusate sodium enema

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.

docusate sodium liquid DOXYLAMINE/PHENYLEPH RINE/ACETAMINOPHEN CAP	docusate sodium syrup ergocalciferol soln.	docusate sodium tab ERGOCALCIFEROL TAB	doxylamine succinate 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	FLEET ENEMA	folic acid tab
GLUCOSE CHEW TAB	glucose gel	glycerin lotion	glycerin suppository
guaifenesin ER tab	guaifenesin liquid	guaifenesin syrup	guaifenesin tab
guaifenesin/codeine phosphate liquid	GUAIFENESIN/CODEINE SYRUP	guaifenesin/dextromethorpha n cap	guaifenesin/dextromethorpha n ER tab
guaifenesin/dextromethorpha n liquid	guaifenesin/dextromethorpha n tab	guaifenesin/pseudoephedrine tab	hydrocortisone acetate cream
hydrocortisone aloe cream	hydrocortisone cream	hydrocortisone gel	hydrocortisone lotion
hydrocortisone oint	hydrocortisone topical soln.	hydrogen peroxide soln	ibuprofen cap
ibuprofen chew tab	ibuprofen susp	ibuprofen tab	INFANT FORMULA LIQUID
INFANT FORMULA POWDER	KETOSTIX	ketotifen ophth soln	KONSYL POWDER
KONSYL POWDER PACKET	lansoprazole cap	levocarnitine tab	levonorgestrel tab
LICE B GONE SHAMPOO	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 susp.	magnesium oxide tab	magnesium tab
magnesium/aluminum hydroxide/simethicone chew tab	magnesium/aluminum hydroxide/simethicone susp	MALE CONDOMS	MCT OIL
meclizine chew tab	meclizine tab	MICONAZOLE 3 SUPP 200MG	miconazole cream
miconazole nitrate powder	MICONAZOLE NITRATE SOLN.	miconazole oint.	miconazole vaginal cream
MICONAZOLE VAGINAL KIT	miconazole vaginal supp kit	mineral oil	mineral oil enema
mineral oil/petrolatum cream	multiple vitamin tab	multivitamin w/ iron chew tab	multivitamin w/ iron tab
multivitamin/minerals tab	naphazoline/pheniramine ophth drops	NASACORT OTC NASAL SPRAY	neomycin/bacitracin/polymyx in b oint
neomycin/bacitracin/polymyx in b/pramoxine oint	neomycin/polymyxin b/pramoxine cream	niacin cap	niacin CR tab
niacin tab	NIACIN TR TAB	niacinamide tab	nicotine gum
nicotine lozenge	nicotine patch	NINJACOF-XG LIQUID	NUTRITIONAL SUPPLEMENT LIQUID
NUTRITIONAL SUPPLEMENT POWDER	omega-3 fatty acid cap	omeprazole cap	oxymetazoline nasal spray
PEDIATRIC COUGH/COLD LIQUID	pediatric electrolyte soln.	pediatric multivitamin adc drops	pediatric multivitamin w/ iron chew tab
pediatric multivitamin w/ iron drops	pediatric multivitamin w/ vitamin c soln.	pediatric multivitamin w/ vitamin c w/ iron chew tab	permethrin liquid
permethrin lotion	petrolatum oint	phenylephrine tab	phenylephrine/bromphenirami ne/dm elixir

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phenylephrine/brompheniramine/dm soln.	PHENYLEPHRINE/DEXTROMETHORPHAN LIQUID	phenylephrine/dextromethorphan soln.	phenylephrine/guaifenesin/acetaminophen/dm liquid
phenylephrine/guaifenesin/acetaminophen/dm tab	phenylephrine/guaifenesin/dm syrup	phlexy-10 tab	piperonyl butoxide/pyrethrins liquid
piperonyl butoxide/pyrethrins shampoo	polyethylene glycol 3350 powder	polyethylene glycol packet	povidone-iodine soln.
PRENATAL VITAMIN	PREPARATION H CREAM	preparation h supp	PREVACID OTC CAP
pseudoephedrine ER (12hr) tab	pseudoephedrine liquid	pseudoephedrine tab	pseudoephedrine/brompheniramine/dm elixir
pseudoephedrine/chlorpheniramine/dm liquid	psyllium cap	psyllium powder	pyridoxine tab
ranitidine tab 75mg	REFRESH PLUS DROPS	RISCAL-D TAB	salicylic acid gel
salicylic acid pad	salicylic acid soln	saline nasal spray	sennosides tab
sennosides/docusate sodium tab	simethicone cap	simethicone chew tab	simethicone drops
simethicone liquid	SIMETHICONE STRIPS	sodium bicarbonate tab	sodium chloride ophth oint.
sodium chloride ophth soln.	SODIUM CHLORIDE SPRAY	sodium chloride tab	sodium phosphate enema
terbinafine cream	tetrahydrozoline ophth soln.	thera-gesic cream	thiamine mononitrate tab
thiamine tab	throat lozenge	tioconazole vaginal oint.	tolnaftate aerosol
tolnaftate cream	tolnaftate powder	triprolidine/pseudoephedrine tab	TUSSIN CF LIQUID
vcf vaginal gel	VICKS DAYQUIL LIQUID	vitamin a-d oint.	vitamin B complex cap
VITAMIN B-12 TAB	MUCUS DM	zinc oxide oint.	zinc oxide paste
zinc sulfate cap	VITAMIN C 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.

L.A. Care Medi-Cal Dual Formulary
Last Updated* 2/1/2020
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
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* 2/1/2020
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
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	
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
QSYMIA CAP	QL = 1 cap/day
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.



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