



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 All previous versions of the formulary are no longer in effect.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>

INTRODUCTION

Foreword

The L.A. Care Health Plan (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 on a monthly basis and is effective the first of every month. These updates may include, and are not limited to, the following: (i) removal of drugs and/or dosage forms, (ii) changes in tier placement of a drug that results in an increase in cost sharing, and (iii) any changes of utilization management restrictions, including any additions of these restrictions. Updated documents are available online at: lacare.org/members/getting-care/pharmacy-services.

If you have questions about your pharmacy coverage, call Customer Solutions Center at **1-888-839-9909** (TTY 711), available 24 hours a day, 7 days a week.

How to Use the Formulary

The formulary drug listing begins on Page 11. A prescription drug may be located by looking up the therapeutic category and class of the drug or the brand or generic name of the drug in the alphabetical index. If a generic equivalent for a brand name drug is not available or is not covered, the drug will not be separately listed by its generic name. 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.

The presence of a prescription drug on the formulary does not guarantee that a member will be prescribed that prescription drug by his or her prescribing provider for a particular medical condition.

Generic and Brand Name Medications

L.A. Care's Medi-Cal Dual Plan covers generic and brand name drugs. However, when available, Food and Drug Administration (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 6.

How Drugs Are Listed

Drugs are listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs.

The generic name of the brand name drug is included after the brand name in parenthesis and all ***bold and italicized lowercase*** letters.

If a generic equivalent for a brand name drug is available, and both the brand name and generic equivalents are covered, the generic drug will be listed separately from the brand name drug in all ***bold and italicized lowercase*** letters.

In the event a generic drug is marketed under a proprietary, trademark protected brand name, the brand name will be listed in all CAPITAL letters after the generic name in parentheses and regular typeface with first letter of each word capitalized. The description must include an example of a drug available both as a brand name drug and a generic equivalent to illustrate how such a drug is listed.

Non-Formulary Medications

Any drug not found in this formulary listing published by L.A. Care Health Plan is considered a non-formulary drug.

Sometimes, your doctor may need to prescribe a drug that is not on the formulary. Your doctor must contact L.A. Care and request prior authorization to get an okay. To decide if this drug will be covered, L.A. Care may ask your provider for more information. This type of request for coverage may be made using the 'Medication Request Process' described on Page 6.

Within 24 hours after getting the prior authorization request, L.A. Care will tell your provider and pharmacy if the drug is authorized. L.A. Care and/or your provider or pharmacy will then let you know if your drug is covered or not. If the drug is approved, you can get the drug at a pharmacy that works with L.A. Care. If the drug is not approved, you have the right to appeal the decision or file a grievance. An "appeal" is when you want a decision to be reviewed.

L.A. Care will provide coverage pursuant to a non-urgent request for the duration of the prescription, including refills.

L.A. Care will provide coverage, including refills, pursuant to a request based on exigent circumstances for the duration of the exigency.

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.

This formulary only applies to outpatient drugs and self-administered drugs. These would be considered to be covered under a member's outpatient drug benefit. This formulary does NOT apply to medications used in an inpatient setting or drugs that are not self-administered. These would be considered to be covered under a member's medical benefit.

Any specific questions regarding their coverage should be directed to the Customer Solutions Center at **1-888-839-9909** (TTY 711).

How to Find a Pharmacy

To find a pharmacy near you, visit the L.A. Care website at lacare.org to find a L.A. Care network pharmacy in your neighborhood. Click on each of the following:

1. For Members
2. Pharmacy Services
3. “Search Now” in the *Find a Pharmacy* tab

Be sure to show your L.A. Care Member ID card when you fill your prescriptions at the pharmacy.

Some medications are subject to limited distribution by the U.S. Food and Drug Administration or require special handling, provider coordination, or special education that cannot be provided at your local pharmacy. Antineoplastic and biologic agents are examples of such specialty medications and are identified in the formulary with special code SP (Specialty Pharmacy Availability), MSP (Mandatory Specialty Pharmacy), LMSP (Mandatory Lumicera Specialty Pharmacy), or KMSP (Mandatory Kroger Specialty Pharmacy). You may refer to the formulary by visiting L.A. Care’s website lacare.org/members/getting-care/pharmacy-services for information on whether a medication must be filled at a specialty pharmacy.

Description of Coverage

You can get the following drugs and other items when they are prescribed by your doctor and are medically necessary:

- Prescription drugs listed on the L.A. Care formulary
- Non-prescription drugs or over-the-counter drugs (such as cough/cold syrups, cough drops or aspirin) listed on the L.A. Care formulary
- Certain diabetic supplies: Lancets
- FDA-approved birth control devices, condoms and contraceptive jellies on the L.A. Care formulary
- Emergency contraception

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How Much I Will Pay for My Drugs

All members of L.A. Care's Medi-Cal Dual plan **do not** have to pay for covered services.

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
EXC	Exclusion	Plan exclusion
INF	Infertility	Infertility drugs
KMSP	Mandatory Kroger Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans choice
LD	Limited Distribution	Coverage is available through a limited distributor or limited number of distributors
LMSP	Mandatory Lumicera Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans choice
MSP	Mandatory Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans choice
NC	Not Covered	Drug that is non-formulary and will not be paid for by the plan without prior approval/prior authorization
OTC	Over the Counter	Coverage of OTC medication
PA	Prior Authorization	Requires specific physician request process
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
RS	Restricted to Specialist	Coverage may be dependent on the specialty of the prescribing physician
SF	Split Fill	Limited to two 15 day fills per month for first 3 months
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
VAC	Vaccine Program	Coverage is available through a vaccine program

Please refer to the formulary listing beginning on Page 11 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 Pharmacy and Therapeutics (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. If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to an L.A. Care plan, you will not have to undergo step therapy and the drug will be approved for coverage when medically necessary.

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.

Please see lacare.org/providers/provider-resources/pharmacy-services/prior-authorizations for more information on the medication request process. A decision for approval or denial of the exception request or prior authorization can be made within 24 hours. If we fail to respond within the appropriate time frames, the request is deemed granted.

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 FDA

If L.A. Care's coverage is amended to exclude a drug that we have been covering and providing to you, we will continue to provide the drug if a prescription is required by law and a Plan Physician continues to prescribe the drug for the same condition and for a use approved by the Food and 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 the Providers Solution Center at **1-866-522-2736**.

Definitions

“Brand name drug” is a drug that is marketed under a proprietary, trademark protected name. The brand name drug is listed in all CAPITAL letters.

“Coinsurance” is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

“Copayment” is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

“Deductible” is the amount an enrollee pays for covered health care benefits before the enrollee’s health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

“Drug Tier” is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan’s prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee’s portion of the cost for the drug.

“Enrollee” is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscribers as defined in this section below.

“Exception request” is a request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing healthcare provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee’s condition.

“Exigent circumstances” are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee’s life, health, or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a non-formulary drug.

“Formulary” is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list,

“**Generic drug**” is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in ***bold and italicized lowercase*** letters.

“**Non-formulary drug**” is a prescription drug that is not listed on the health plan’s formulary.

“**Out-of-pocket cost**” are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

“**Prescribing provider**” is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

“**Prescription**” is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

“**Prescription drug**” is a drug that is prescribed by the enrollee’s prescribing provider and requires a prescription under applicable law.

“**Prior Authorization**” is a health plan’s requirement that the enrollee or the enrollee’s prescribing provider obtain the health plan’s authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

“**Step therapy**” is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee’s medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee’s prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

“**Subscriber**” means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

L.A. Care Medi-Cal Dual Formulary

Last Updated 7/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to treat ADHD, sleep disorders, and weight loss		
ANOREXIANTS NON-AMPHETAMINE - Drugs to help weight loss		
<i>phentermine cap 15MG, 30MG, 37.5MG</i> (ADIPEX Equiv)	F	PA-QL QL = 1 cap/day
<i>phentermine tab 37.5MG</i> (ADIPEX Equiv)	F	PA-QL QL = 1 tab/day
QSYMIA CAP 11.25MG-69MG, 15MG-92MG, 3.75MG-23MG, 7.5MG-46MG (<i>phentermine hcl-topiramate</i>)	F	PA-QL QL = 1 cap/day
ANTI-OBESITY AGENTS - Drugs to help weight loss		
BELVIQ TAB 10MG (<i>lorcaserin hcl</i>)	F	PA-QL QL = 2 tab/day
BELVIQ XR TAB 20MG (<i>lorcaserin hcl</i>)	F	PA-QL QL= 1 tab/day
CONTRAVE TAB 8MG-90MG (<i>naltrexone hcl-bupropion hcl</i>)	F	PA-QL QL= 4 tabs/day
ANALGESICS - ANTI-INFLAMMATORY - Drugs to treat pain and inflammation		
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - Drugs to treat pain and inflammation		
<i>ibuprofen cap 200MG</i>	F	OTC
<i>ibuprofen chew tab 100MG</i>	F	OTC
<i>ibuprofen susp 100MG/5ML, 40MG/ML, 50MG/1.25ML</i> (ADVIL, MOTRIN Equiv)	F	OTC Coverage includes OTC only

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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

L.A. Care Medi-Cal Dual Formulary

Last Updated 7/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>ibuprofen tab 100MG, 200MG, 400MG, 600MG, 800MG</i>	F	OTC Coverage includes OTC only
ANALGESICS - NONNARCOTIC - Drugs to treat pain		
ANALGESICS OTHER - Drugs to treat pain		
<i>acetaminophen cap 325MG, 500MG</i>	F	OTC
<i>acetaminophen drops 160MG/5ML, 325MG/10.15ML, 650MG/20.3ML, 80MG/0.8ML, 80MG/2.5ML</i>	F	OTC
<i>acetaminophen elixir 160MG/5ML, 80MG/2.5ML</i>	F	OTC
<i>acetaminophen ER tab 650MG</i>	F	OTC
<i>acetaminophen liquid 1000MG/30ML, 160MG/5ML, 500MG/15ML</i>	F	OTC
<i>acetaminophen supp 120MG, 325MG, 650MG</i>	F	OTC
<i>acetaminophen tab 325MG, 500MG</i>	F	OTC
SALICYLATES - Drugs to treat pain		
<i>aspirin chew tab 81MG</i>	F	OTC
<i>aspirin EC tab 324MG, 325MG, 500MG, 81MG</i>	F	OTC
ASPIRIN TAB (<i>aspirin</i>)	F	OTC
ANORECTAL AGENTS - Drugs to treat problems related to the rectum		
RECTAL COMBINATIONS - Drugs to treat systemic swelling conditions		
<i>anumed supp .25%-85.5%, .25%-88.7%</i>	F	OTC
<i>hydrocortisone/pramoxine rectal cream 1%, 1%-2.5%</i> (ANALPRAM HC Equiv)	F	-

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L.A. Care Medi-Cal Dual Formulary

Last Updated 7/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>lidocaine/hydrocortisone cream .5%-3%</i> (ANAMANTLE Equiv)	F	-
PREPARATION H CREAM .25%-1%-14.4%-15% (<i>pramoxine-phenylephrine-glycerin-petrolatum</i>)	F	OTC
<i>preparation h supp .25%-85.39%, .25%-85.5%, .25%-88.44%</i>	F	OTC
PROCTOFOAM HC FOAM 1% (<i>hydrocortisone acetate w/ pramoxine</i>)	F	-
RECTAL LOCAL ANESTHETICS - Drugs for numbing		
<i>lidocaine anorectal cream 5%</i>	F	OTC
ANTACIDS - Drugs to treat ulcer and stomach acid		
ANTACID COMBINATIONS - Drugs to treat ulcer and stomach acid		
<i>antacid chew tab 20MG-80MG</i>	F	OTC
<i>magnesium/aluminum hydroxide/simethicone chew tab 25MG-200MG</i>	F	OTC
<i>magnesium/aluminum hydroxide/simethicone susp .2%-40MG/10ML-400MG/10ML, 120MG/30ML-1200MG/30ML, 20MG/5ML-200MG/5ML, 240MG/30ML-2400MG/30ML, 40MG/5ML-400MG/5ML</i>	F	OTC
ANTACIDS - ALUMINUM SALTS - Drugs to treat ulcer and stomach acid		
ALUMINUM HYDROXIDE GEL SUSP. 320MG/5ML (<i>aluminum hydroxide gel</i>)	F	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

<p>NC =Not Covered</p> <p>OTC Over-the-Counter</p> <p>ST Step Therapy</p>	<p>generic =small letters</p> <p>PA Prior Authorization</p>	<p>BRANDS =CAPITAL LETTERS</p> <p>QL Quantity Limit</p>
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L.A. Care Medi-Cal Dual Formulary

Last Updated 7/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
ANTACIDS - BICARBONATE - Drugs to treat ulcer and stomach acid		
<i>sodium bicarbonate tab 325MG, 650MG</i>	F	OTC
ANTACIDS - CALCIUM SALTS - Drugs to treat ulcer and stomach acid		
<i>calcium carbonate chew tab 1000MG, 400MG, 420MG, 500MG, 750MG</i>	F	OTC
<i>calcium carbonate susp 1250MG/5ML</i>	F	OTC
<i>calcium carbonate tab 648MG</i>	F	OTC
ANTACIDS - MAGNESIUM SALTS - Drugs to treat ulcer and stomach acid		
<i>magnesium oxide tab 250MG, 400MG, 420MG</i>	F	OTC
ANTICOAGULANTS - Drugs to thin the blood		
HEPARINS AND HEPARINOID-LIKE AGENTS - Drugs to thin the blood		
<i>HEPARIN LOCK FLUSH IV SOLN 1UNIT/ML (heparin sodium (porcine) lock flush)</i>	F	-
<i>heparin sodium (porcine) lock flush IV soln 100UNIT/ML, 10UNIT/ML</i>	F	-
ANTIDIABETICS - Drugs to regulate blood sugar		
DIABETIC OTHER - Drugs to regulate blood sugar		
<i>GLUCOSE CHEW TAB 4GM-6MG (glucose-vitamin c)</i>	F	OTC
<i>glucose gel 15GM/38GM, 40%</i>	F	OTC
ANTIDIARRHEALS - Drugs to treat diarrhea		
ANTIDIARRHEAL AGENTS - MISC. - Miscellaneous antidiarrheal agents		
<i>bismuth subsalicylate chew tab 262MG</i>	F	OTC

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DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>bismuth subsalicylate susp. 1050MG/30ML, 262MG/15ML, 525MG/15ML, 525MG/30ML, 527MG/30ML</i>	F	OTC
<i>bismuth subsalicylate tab 262MG</i>	F	OTC
ANTIPERISTALTIC AGENTS - Drugs to treat diarrhea		
<i>loperamide cap 2MG (IMODIUM Equiv)</i>	F	OTC Coverage includes OTC only
<i>loperamide liquid 1MG/5ML, 1MG/7.5ML</i>	F	OTC
<i>loperamide tab 2MG</i>	F	OTC
ANTIEMETICS - Drugs to treat nausea and vomiting		
ANTIEMETICS - ANTICHOLINERGIC - Drugs to treat nausea and vomiting		
<i>dimenhydrinate tab 50MG</i>	F	OTC
<i>meclizine chew tab 25MG (BONINE Equiv)</i>	F	OTC
<i>meclizine tab 12.5MG, 25MG (ANTIVERT Equiv)</i>	F	OTC Coverage includes OTC only
ANTIEMETICS - MISCELLANEOUS - Miscellaneous anti-emetics		
<i>anti-nausea soln. 1.87GM/5ML-21.5MG/5ML (EMETROL Equiv)</i>	F	OTC
ANTIHISTAMINES - Drugs to treat allergies		
ANTIHISTAMINES - ALKYLAMINES - Drugs to treat cough, cold, and allergy symptoms		
<i>chlorpheniramine CR tab 12MG</i>	F	OTC
<i>chlorpheniramine syrup 2MG/5ML</i>	F	OTC
<i>chlorpheniramine tab 4MG</i>	F	OTC
ANTIHISTAMINES - ETHANOLAMINES - Drugs to treat cough, cold, and allergy symptoms		

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<i>clemastine tab 1.34MG, 2.68MG</i> (TAVIST Equiv)	F	OTC Coverage includes OTC only
<i>diphenhydramine cap 25MG, 50MG</i> (BENADRYL Equiv)	F	OTC Coverage includes OTC only
<i>diphenhydramine liquid 12.5MG/5ML, 25MG/10ML, 50MG/20ML, 6.25MG/ML</i>	F	OTC
<i>diphenhydramine tab 25MG</i>	F	OTC
ANTIHISTAMINES - NON-SEDATING - Drugs to treat cough, cold, and allergy symptoms		
<i>cetirizine chew tab 10MG, 5MG</i> (ZYRTEC Equiv)	F	OTC-QL QL = 1 tab/day
<i>cetirizine syrup 1MG/ML, 5MG/5ML</i> (ZYRTEC Equiv)	F	OTC Coverage includes OTC only
<i>cetirizine tab 10MG, 5MG</i> (ZYRTEC Equiv)	F	OTC-QL QL = 1 tab/day
<i>loratadine ODT 10MG</i> (CLARITIN Equiv)	F	OTC-QL QL = 1 tab/day
<i>loratadine syrup 5MG/5ML</i> (CLARITIN Equiv)	F	OTC-QL QL = 240ml/30 day; Covered for members age 2 through 5 years
<i>loratadine tab 10MG</i> (CLARITIN Equiv)	F	OTC-QL QL = 1 tab/day; Covered for members 2 years and older
ANTISEPTICS & DISINFECTANTS - Drugs to treat bacterial infections		
ANTISEPTICS & DISINFECTANTS - Drugs to treat bacterial infections		

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NC =Not Covered OTC Over-the-Counter ST Step Therapy	generic =small letters PA Prior Authorization	BRANDS =CAPITAL LETTERS QL Quantity Limit
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<i>hydrogen peroxide soln 3%</i>	F	OTC
CHLORINE ANTISEPTICS - Drugs to treat bacterial infections		
<i>chlorhexidine gluconate liquid 4%</i>	F	OTC
IODINE ANTISEPTICS - Drugs to treat bacterial infections		
<i>povidone-iodine soln. 10%, 7.5%</i>	F	OTC
CONTRACEPTIVES - Drugs to prevent pregnancy		
EMERGENCY CONTRACEPTIVES - Drugs to prevent pregnancy		
<i>levonorgestrel tab 1.5MG (PLAN B Equiv)</i>	F	OTC Coverage includes OTC only
COUGH/COLD/ALLERGY - Drugs to treat cough, cold, and allergy symptoms		
ANTITUSSIVES - Drugs to treat cough		
<i>benzonatate cap 100MG, 200MG (TESSALON PERLES Equiv)</i>	F	-
<i>dextromethorphan cap 15MG</i>	F	OTC
<i>dextromethorphan syrup 10MG/5ML, 15MG/5ML, 7.5MG/5ML</i>	F	OTC
<i>hydrocodone/homatropine soln. 1.5MG-5MG</i>	F	-
<i>hydrocodone/homatropine syrup 1.5MG/5ML-5MG/5ML</i>	F	-
COUGH/COLD/ALLERGY COMBINATIONS - Drugs to treat cough, cold, and allergy symptoms		
<i>brompheniramine/phenylephrine elixir 1MG/5ML-2.5MG/5ML</i>	F	OTC
BROMPHENIRAMINE/PHENYLEPHRINE TAB 4MG-10MG (<i>brompheniramine & phenyleph</i>)	F	OTC

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OTC Over-the-Counter	PA Prior Authorization	QL Quantity Limit
ST Step Therapy		

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<i>brompheniramine/pseudoephedrine liquid 1MG/5ML-15MG/5ML</i>	F	OTC
BROTAPP DM LIQUID 1MG/5ML-5MG/5ML-15MG/5ML <i>(pseudoephed-bromphen-dm)</i>	F	OTC
<i>cetirizine/pseudoephedrine 12-hour tab 5MG-120MG</i> (ZYRTEC Equiv)	F	OTC-QL QL = 1 tab/day
<i>chlorpheniramine/phenylephrine liquid 4MG/5ML-10MG/5ML</i>	F	OTC
<i>chlorpheniramine/phenylephrine tab 4MG-10MG</i>	F	OTC
<i>chlorpheniramine/pseudoephedrine tab 4MG-60MG</i>	F	OTC
<i>dextromethorphan/doxylamine soln. 12.5MG/10ML-30MG/10ML, 12.5MG/20ML-30MG/20ML, 12.5MG/30ML-30MG/30ML, 3.125MG/5ML-7.5MG/5ML, 6.25MG/15ML-15MG/15ML</i>	F	OTC
<i>dextromethorphan/doxylamine/acetaminophen liquid 12.5MG/30ML-30MG/30ML-1000MG/30ML, 12.5MG/30ML-30MG/30ML-650MG/30ML, 6.25MG/15ML-15MG/15ML-325MG/15ML, 6.25MG/15ML-15MG/15ML-500MG/15ML</i>	F	OTC
<i>dextromethorphan/phenylephrine/acetaminophen cap 5MG-10MG-325MG</i>	F	OTC

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<i>diphenhydramine/phenylephrine liquid 2.5MG/5ML-6.25MG/5ML</i>	F	OTC
<i>diphenhydramine/phenylephrine/acetaminophen liquid 10MG/30ML-25MG/30ML-650MG/30ML, 2.5MG/5ML-6.25MG/5ML-160MG/5ML, 5MG/10ML-12.5MG/10ML-325MG/10ML, 5MG/15ML-12.5MG/15ML-325MG/15ML</i>	F	OTC
DOXYLAMINE/PHENYLEPHRINE/ACETAMINOPHEN CAP 5MG-6.25MG-325MG <i>(doxylamine-phenylephrine-acetaminophen)</i>	F	OTC
<i>guaifenesin/codeine phosphate liquid 7.5MG/5ML-225MG/5ML, 8MG/5ML-200MG/5ML (TUSSI-ORGANIDIN-S Equiv)</i>	F	OTC
GUAIFENESIN/CODEINE SYRUP 6.3MG/5ML-100MG/5ML <i>(guaifenesin-codeine)</i>	F	OTC
<i>guaifenesin/dextromethorphan cap 10MG-200MG</i>	F	OTC
<i>guaifenesin/dextromethorphan ER tab 30MG-600MG, 60MG-1200MG</i>	F	OTC
<i>guaifenesin/dextromethorphan liquid 10MG/5ML-100MG/5ML</i>	F	OTC
<i>guaifenesin/dextromethorphan tab 20MG-400MG</i>	F	OTC
<i>guaifenesin/pseudoephedrine tab 120MG-1200MG, 60MG-600MG</i>	F	OTC

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LOHIST-D LIQUID 2MG/5ML-30MG/5ML <i>(chlorpheniramine & pseudoeph)</i>	F	OTC
<i>loratadine/pseudoephedrine 12-hour tab</i> 5MG-120MG (CLARITIN-D Equiv)	F	OTC-QL QL = 2 tab/day
<i>loratadine/pseudoephedrine 24-hour tab</i> 10MG-240MG (CLARITIN-D Equiv)	F	OTC-QL QL = 1 tab/day
NINJACOF-XG LIQUID 10MG/5ML-200MG/5ML, 8MG/5ML-200MG/5ML <i>(guaifenesin-codeine)</i>	F	OTC
PEDIATRIC COUGH/COLD LIQUID 1MG/5ML-5MG/5ML-15MG/5ML <i>(pseudoephedrine-chlorphen-dm)</i>	F	OTC
<i>phenylephrine/brompheniramine/dm elixir</i> 1MG/5ML-2.5MG/5ML-5MG/5ML	F	OTC
<i>phenylephrine/brompheniramine/dm soln.</i> 1MG/5ML-2.5MG/5ML-5MG/5ML, 4MG/5ML-10MG/5ML-20MG/5ML, 4MG/5ML-7.5MG/5ML-15MG/5ML	F	OTC
PHENYLEPHRINE/DEXTROMETHORPHAN LIQUID 2.5MG/5ML-5MG/5ML <i>(phenylephrine-dm)</i>	F	OTC
<i>phenylephrine/dextromethorphan soln.</i> 2.5MG/5ML-5MG/5ML	F	OTC

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<i>phenylephrine/guaifenesin/acetaminophen/dm liquid</i> 10MG/20ML-20MG/20ML-400MG/20ML-650MG/20ML, 10MG/30ML-20MG/30ML-400MG/30ML-650MG/30ML, 5MG/10ML-10MG/10ML-200MG/10ML-325MG/10ML, 5MG/15ML-10MG/15ML-200MG/15ML-325MG/15ML	F	OTC
<i>phenylephrine/guaifenesin/acetaminophen/dm tab</i> 5MG-10MG-100MG-325MG, 5MG-10MG-200MG-325MG	F	OTC
<i>phenylephrine/guaifenesin/dm syrup</i> 5MG/5ML-10MG/5ML-100MG/5ML	F	OTC
<i>promethazine DM syrup</i> 6.25MG/5ML-15MG/5ML	F	-
PROMETHAZINE VC/CODEINE SYRUP 5MG/5ML-6.25MG/5ML-10MG/5ML (<i>promethazine-phenylephrine-codeine</i>)	F	-
<i>promethazine/codeine syrup</i> 6.25MG/5ML-10MG/5ML (PHENERGAN/CODIENE Equiv)	F	-
<i>pseudoephedrine/brompheniramine/dm elixir</i> 1MG/5ML-5MG/5ML-15MG/5ML	F	OTC

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<i>pseudoephedrine/chlorpheniramine/dm liquid 1MG/5ML-5MG/5ML-15MG/5ML</i>	F	OTC
<i>triprolidine/pseudoephedrine tab 2.5MG-60MG</i>	F	OTC
TUSSIN CF LIQUID 10MG/15ML-18MG/15ML-396MG/15ML, 10MG/5ML-20MG/5ML-200MG/5ML, 10MG/5ML-20MG/5ML-400MG/5ML, 10MG/5ML-28MG/5ML-388MG/5ML, 10MG/5ML-29MG/5ML-390MG/5ML, 10MG/5ML-30MG/5ML-200MG/5ML, 2.5MG/5ML-5MG/5ML-50MG/5ML, 2.5MG/ML-7.5MG/ML-88MG/ML, 7.5MG/5ML-30MG/5ML-200MG/5ML (<i>phenylephrine w/ dm-gg</i>)	F	OTC
VICKS DAYQUIL LIQUID MUCUS DM 10MG/15ML-200MG/15ML, 10MG/5ML-187MG/5ML, 15MG/5ML-125MG/5ML, 15MG/5ML-200MG/5ML, 15MG/5ML-25MG/5ML, 20MG/20ML-200MG/20ML, 20MG/5ML-200MG/5ML, 5MG/ML-50MG/ML (<i>dextromethorphan-guaifenesin</i>)	F	OTC
EXPECTORANTS - Drugs to thin and loosen mucus in the chest		
<i>guaifenesin ER tab 1200MG, 600MG</i> (MUCINEX Equiv)	F	OTC

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<i>guaifenesin liquid 100MG/5ML, 200MG/10ML, 300MG/15ML, 400MG/20ML</i>	F	OTC
<i>guaifenesin syrup 100MG/5ML, 200MG/10ML</i>	F	OTC
<i>guaifenesin tab 200MG, 400MG</i>	F	OTC
SSKI SOLN 1GM/ML (<i>potassium iodide (expectorant)</i>)	F	-
DERMATOLOGICALS - Drugs to treat skin conditions		
ACNE PRODUCTS - Drugs to treat skin conditions		
<i>benzoyl peroxide cream 10%, 2.5%</i>	F	OTC-QL QL = 30 gm/30 day
<i>benzoyl peroxide gel 10%, 2.5%, 5%</i> (BREVOXYL Equiv)	F	OTC-QL Coverage includes OTC only; QL = 90 gm/30 day
<i>benzoyl peroxide liquid 10%, 2.5%, 4%, 5%, 6%, 7%</i> (BENZAC AC Equiv)	F	OTC-QL Coverage includes OTC only; QL = 237 ml/30 day
<i>benzoyl peroxide lotion</i>	F	OTC-QL Coverage includes OTC only; QL = 340.2ml/30 day
ANTIBIOTICS - TOPICAL - Drugs to treat bacterial infections		
<i>bacitracin oint. 500UNIT/GM</i>	F	OTC
<i>bacitracin/polymyxin b oint 500UNIT/GM-100000UNIT/GM, 500UNIT/GM-10000UNIT/GM</i>	F	OTC

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<i>bacitracin/zinc oint. 500UNIT/GM</i>	F	OTC
<i>neomycin/bacitracin/polymyxin b oint 3.5MG-400UNIT-5000UNIT, 3.5MG/GM-400UNIT/GM-5000UNIT/GM, 3.5MG/GM-500UNIT/GM-10000UNIT/GM, 5MG-400UNIT-5000UNIT, 5MG/GM-400UNIT/GM-5000UNIT/GM, 5MG/GM-500UNIT/GM-10000UNIT/GM</i>	F	OTC
<i>neomycin/bacitracin/polymyxin b/pramoxine oint 3.5MG/GM-10MG/GM-500UNIT/GM-10000UNIT/GM, 5MG/GM-10MG/GM-500UNIT/GM-10000UNIT/GM</i>	F	OTC
<i>neomycin/polymyxin b/pramoxine cream 3.5MG/GM-10MG/GM-10000UNIT/GM</i>	F	OTC
ANTIFUNGALS - TOPICAL - Drugs to treat fungal infections		
<i>clotrimazole cream 1%</i>	F	OTC Coverage includes OTC only
<i>miconazole cream 2%</i>	F	OTC
<i>miconazole nitrate powder 2%</i>	F	OTC
MICONAZOLE NITRATE SOLN. 2% (<i>miconazole nitrate (topical)</i>)	F	OTC
<i>miconazole oint. 2%</i>	F	OTC

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<i>terbinafine cream 1%</i> (LAMISIL AT Equiv)	F	OTC-QL QL = 30gm/30 day; Covered for members 12 years and older
<i>tolnaftate aerosol 1%</i>	F	OTC
<i>tolnaftate cream 1%</i>	F	OTC
<i>tolnaftate powder 1%</i>	F	OTC
ANTIHISTAMINES-TOPICAL - Drugs to treat allergies		
<i>diphenhydramine gel 2%</i>	F	OTC
<i>diphenhydramine/zinc cream .1%-1%, .1%-2%</i>	F	OTC
ANTISEBORRHEIC PRODUCTS - Drugs to treat skin conditions		
<i>selenium sulfide lotion 1%, 2.5%</i>	F	-
CORTICOSTEROIDS - TOPICAL - Drugs to treat itching and inflammation		
<i>hydrocortisone acetate cream 1%</i>	F	OTC
<i>hydrocortisone aloe cream .5%, 1%</i>	F	OTC
<i>hydrocortisone cream .5%, 1%, 2.5%</i>	F	OTC Coverage includes OTC only
<i>hydrocortisone gel 1%</i>	F	OTC
<i>hydrocortisone lotion 1%, 2%, 2.5%</i>	F	OTC Coverage includes OTC only
<i>hydrocortisone oint .5%, 1%, 2.5%</i>	F	OTC Coverage includes OTC only
<i>hydrocortisone topical soln. 1%</i>	F	OTC Coverage includes OTC only
PRAMOSONE CREAM 1% (<i>pramoxine-hc</i>)	F	-

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DIAPER RASH PRODUCTS - Drugs to treat diaper rash		
<i>vitamin a-d oint. 15.5%-53.4%, 46.5%, 51.1%, 60.4%, 71.3%</i>	F	OTC
EMOLLIENT/KERATOLYTIC AGENTS - drugs to treat rough skin		
URAMAXIN CREAM 30%, 35%, 37.5%, 42%, 42.5%, 44%, 45%, 50% (<i>urea</i>)	F	-
UREA LOTION 15%, 45%, 5% (<i>urea</i>)	F	-
EMOLLIENTS - Drugs to treat skin conditions		
<i>ammonium lactate cream 12%</i>	F	OTC Coverage includes OTC only
<i>ammonium lactate lotion 10%, 12%, 5%</i>	F	OTC Coverage includes OTC only
<i>glycerin lotion 1.25%</i>	F	OTC Coverage includes OTC only
<i>mineral oil/petrolatum cream</i>	F	OTC Coverage includes OTC only
petrolatum oint .3%, 4.5%-7.3%-54.86%, 41% (<i>emollient</i>)	F	OTC
<i>vitamin a-d oint. 15.5%-53.4%, 15.5%-53.5%, 93.5%, 95%, 96%</i>	F	OTC
KERATOLYTIC/ANTIMITOTIC AGENTS - Drugs to treat skin conditions		
<i>salicylic acid gel 17%, 2%, 6%</i>	F	OTC
<i>salicylic acid pad 2%, 40%</i>	F	OTC
<i>salicylic acid shampoo 6%</i>	F	-

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<i>salicylic acid soln 17%, 26%, 28.5%</i>	F	OTC
LINIMENTS - Miscellaneous topicals to treat pain		
<i>analgesic balm 10%-15%, 6%-14%, 7.6%-29%</i>	F	OTC
<i>thera-gesic cream .5%-15%, 1%-15%, 10%-15%, 10%-30%, 3%-10%, 4%-25%, 8%-30%</i>	F	OTC
MISC. TOPICAL - Miscellaneous topical products		
CALAMINE LOTION 6.971%, 8% (<i>calamine-zinc oxide</i>)	F	OTC
<i>lubricating jelly 1%</i>	F	OTC
<i>mineral oil/petrolatum cream</i>	F	OTC
SODIUM CHLORIDE SPRAY .9% (<i>sodium chloride (external)</i>)	F	OTC
<i>zinc oxide oint. 10%, 20%, 30%, 40%</i>	F	OTC
<i>zinc oxide paste 40%</i>	F	OTC
SCABICIDES & PEDICULICIDES - Drugs to treat skin conditions		
LICE B GONE SHAMPOO (<i>vegetable extract</i>)	F	OTC
<i>permethrin liquid 1%</i>	F	OTC
<i>permethrin lotion 1%</i>	F	OTC
<i>piperonyl butoxide/pyrethrins liquid .3%-1.2%-2.4%-3%, .33%-4%</i>	F	OTC
<i>piperonyl butoxide/pyrethrins shampoo .33%-4%</i>	F	OTC
WOUND CARE PRODUCTS - Drugs to treat diabetic ulcers		

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VENELEX OINT 87MG/GM-788MG/GM (<i>balsam peru-castor oil</i>)	F	-
DIAGNOSTIC PRODUCTS - Miscellaneous diagnostic test products		
DIAGNOSTIC TESTS - Miscellaneous diagnostic test products		
ASSURE PLATINUM TEST STRIP (<i>glucose blood</i>)	F	OTC Limited to LTC Pharmacies
ASSURE PLATINUM TEST STRIP - BOX 100 (<i>glucose blood</i>)	F	OTC Limited to LTC Pharmacies
ASSURE PLATINUM TEST STRIP - BOX 50 (<i>glucose blood</i>)	F	OTC Limited to LTC Pharmacies
ASSURE PRISM MULTI TEST STRIP (<i>glucose blood</i>)	F	OTC Limited to LTC Pharmacies
KETOSTIX (<i>acetone (urine) test</i>)	F	OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - Drugs to treat nutrition condition		
INFANT FOODS		
INFANT FORMULA LIQUID (<i>infant foods</i>)	F	OTC-PA
INFANT FORMULA POWDER (<i>infant foods</i>)	F	OTC-PA
NUTRITIONAL SUPPLEMENTS - Drugs to treat nutrition deficiency		
NUTRITIONAL SUPPLEMENT LIQUID (<i>nutritional supplements</i>)	F	OTC-PA
NUTRITIONAL SUPPLEMENT POWDER (<i>nutritional supplements</i>)	F	OTC-PA
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous gastrointestinal drugs		
ANTIFLATULENTS - Drugs to treat excessive gas		

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<i>simethicone cap 125MG, 180MG</i>	F	OTC
<i>simethicone chew tab 125MG, 80MG</i>	F	OTC
<i>simethicone drops 20MG/0.3ML, 40MG/0.6ML</i>	F	OTC
<i>simethicone liquid 20MG/0.3ML, 40MG/0.6ML</i>	F	OTC
SIMETHICONE STRIPS 40MG, 62.5MG (<i>simethicone</i>)	F	OTC
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous genitourinary drugs		
URINARY ANALGESICS - Drugs to treat urinary pain		
<i>phenazopyridine tab 100MG, 200MG, 95MG, 97.5MG, 99.5MG</i> (PYRIDIDIUM Equiv)	F	-
HEMATOLOGICAL AGENTS - MISC. - Drugs to treat blood disorders		
THROMBOLYTIC ENZYMES ***		
CATHFLO ACTIVASE INJ 2MG 2MG (<i>alteplase</i>)	F	-
HEMATOPOIETIC AGENTS - Drugs to treat blood disorders		
COBALAMINS - Drugs to treat vitamin deficiency		
<i>cyanocobalamine ER tab 1000MCG, 1500MCG, 2000MCG</i>	F	OTC
<i>cyanocobalamine inj. 1000MCG/ML</i>	F	-
<i>cyanocobalamine lozenge 1000MCG, 100MCG, 250MCG, 3000MCG, 5000MCG, 50MCG</i> (<i>cyanocobalamin</i>)	F	OTC
<i>cyanocobalamine SL tab 1000MCG, 2500MCG, 3000MCG, 5000MCG, 500MCG</i>	F	OTC-QL

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<i>cyanocobalamine tab 1000MCG, 100MCG, 2000MCG, 250MCG, 500MCG, 50MCG</i>	F	OTC
VITAMIN B-12 TAB 2000MCG, 2500MCG (<i>cyanocobalamin</i>)	F	OTC
FOLIC ACID/FOLATES - Drugs to treat vitamin deficiency		
<i>folic acid inj 5MG/ML</i>	F	-
<i>folic acid tab 1MG, 400MCG, 800MCG</i>	F	OTC
HEMATOPOIETIC MIXTURES - Drugs to treat blood disorders		
CHROMAGEN TAB (<i>fe asparto gly-succin ac-c-threonic ac-b12-des stom subst</i>)	F	-
<i>ferocon cap .5MG-15MCG-75MG-110MG-240MG</i>	F	-
<i>ferrex 150 forte cap 1MG-25MCG-150MG</i>	F	-
<i>folbee tab 1MG-2.5MG-25MG</i>	F	-
IRON POLYSACCHARIDE/THREONIC ACID/B12/FA CAP .8MG-1MG-25MCG-50MG-60MG-100MG (<i>fe asp gly-fe polysaccharide-succ acd-c-threonic acid-b12-fa</i>)	F	-
MULTIGEN PLUS TAB .8MG-1MG-10MCG-50MG-60MG-101MG (<i>fe asparto gly-fe fumarate-succ acd-c-threonic acd-b12-fa</i>)	F	-

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MULTIGEN TAB 2MG-10MCG-50MG-70MG-75MG-150MG (<i>fe asparto gly-succin ac-c-threonic ac-b12-des stom subst</i>)	F	-
MULTIGEN/FOLIC ACID TAB 1MG-2MG-10MCG-70MG-75MG-150MG (<i>fe asparto gly-succinic acid-vit c-threonic acid-vit b12-fa</i>)	F	-
NEPHRON FA TAB 1MG-1.5MG-1.7MG-6MCG-10MG-20MG-40MG-75MG-200MG-300MCG (<i>ferrous fumarate w/ fa-dss-b complex-vit c</i>)	F	-
IRON - Drugs to treat iron deficiency		
<i>ferrous gluconate tab 240MG, 27MG, 324MG</i>	F	OTC
<i>ferrous sulfate DR tab 325MG</i>	F	OTC
<i>ferrous sulfate ER tab 142MG, 143MG, 45MG, 47.5MG, 50MG</i>	F	OTC
FERROUS SULFATE LIQUID 220MG/5ML, 5MG/20ML (<i>ferrous sulfate</i>)	F	OTC
<i>ferrous sulfate slow release tab 160MG, 45MG</i>	F	OTC
<i>ferrous sulfate soln 220MG/5ML</i>	F	OTC
FERROUS SULFATE SYRUP 300MG/5ML (<i>ferrous sulfate</i>)	F	OTC
<i>ferrous sulfate tab 134MG, 27MG, 28MG, 325MG, 65MG</i>	F	OTC

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INJECTAFER INJ 750MG/15ML (<i>ferric carboxymaltose</i>)	F	-
VENOFER INJ 20MG/ML (<i>iron sucrose</i>)	F	-
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - Drugs to treat insomnia		
ANTI-HISTAMINE HYPNOTICS - Drugs to treat insomnia		
<i>diphenhydramine (sleep) tab 25MG, 50MG</i>	F	OTC
<i>diphenhydramine/acetaminophen (sleep) tab 25MG-500MG, 38MG-500MG</i>	F	OTC
<i>doxylamine succinate tab 25MG</i>	F	OTC
LAXATIVES - Drugs to treat constipation		
BULK LAXATIVES - Drugs to treat constipation		
<i>calcium polycarbophil tab 625MG</i>	F	OTC
KONSYL POWDER 27%, 52.3%, 55.6%, 57.6%, 60.3%, 63%, 70%, 71.67% (<i>psyllium</i>)	F	OTC
KONSYL POWDER PACKET 100%, 28%, 28.3%, 49%, 51.7%, 58.12%, 58.6%, 60.3%, 70%, 95% (<i>psyllium</i>)	F	OTC
<i>psyllium cap .52GM, 400MG, 520MG</i>	F	OTC
<i>psyllium powder 100%, 25%, 28.3%, 30%, 30.9%, 33%, 43%, 48.57%, 49%, 51.7%, 58.6%, 68%, 95%</i>	F	OTC
LAXATIVE COMBINATIONS - Drugs to treat constipation		
<i>sennosides/docusate sodium tab 8.6MG-50MG</i>	F	OTC
LAXATIVES - MISCELLANEOUS - Drugs to treat constipation		
FLEET ENEMA 5.4GM/DOSE (<i>glycerin (laxative)</i>)	F	OTC

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<i>glycerin suppository 1.2GM, 1GM, 2.1GM, 2GM, 80.7%</i>	F	OTC
<i>polyethylene glycol 3350 powder 17GM/SCOOP</i>	F	OTC Coverage includes OTC only
<i>polyethylene glycol packet 17GM (MIRALAX Equiv)</i>	F	OTC Coverage includes OTC only
LUBRICANT LAXATIVES - Drugs to treat constipation		
<i>mineral oil 100%, 99.9%</i>	F	OTC Coverage includes OTC only
<i>mineral oil enema 100%</i>	F	OTC
SALINE LAXATIVES - Drugs to treat constipation		
<i>magnesium citrate soln. 1.745GM/30ML</i>	F	OTC
<i>magnesium hydroxide susp. 1200MG/15ML, 2400MG/10ML, 2400MG/30ML, 400MG/5ML, 7.75%</i>	F	OTC
<i>sodium phosphate enema 3.5GM/59ML-9.5GM/59ML, 6GM/133ML-16GM/133ML, 7GM/118ML-19GM/118ML</i>	F	OTC
STIMULANT LAXATIVES - Drugs to treat constipation		
<i>BISACODYL ENEMA 10MG/30ML (bisacodyl)</i>	F	OTC
<i>bisacodyl supp. 10MG</i>	F	OTC
<i>bisacodyl tab 5MG</i>	F	OTC
<i>sennosides tab 15MG, 17.2MG, 25MG, 8.6MG</i>	F	OTC
SURFACTANT LAXATIVES - Drugs to treat constipation		

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<i>docusate calcium cap 240MG</i>	F	OTC
<i>docusate sodium cap 100MG, 250MG, 50MG</i>	F	OTC
<i>docusate sodium enema 100MG/5ML, 283MG/5ML</i>	F	OTC
<i>docusate sodium liquid 100MG/10ML, 150MG/15ML, 50MG/5ML</i>	F	OTC
<i>docusate sodium syrup 60MG/15ML</i>	F	OTC
<i>docusate sodium tab 100MG</i>	F	OTC
MEDICAL DEVICES AND SUPPLIES - Drugs for miscellaneous use		
CONTRACEPTIVES - Devices to prevent pregnancy		
FEMALE CONDOM (<i>condoms - female</i>)	F	OTC
MALE CONDOMS (<i>condoms non-latex lubricated - male</i>)	F	OTC
DIABETIC SUPPLIES - Devices to assist with diabetes		
ASSURE LANCET LOW FLOW 25 GAUGE - BOX 100 (<i>lancets</i>)	F	OTC Limited to LTC Pharmacies
ASSURE LANCET MICRO FLOW 28 GAUGE - BOX 100 (<i>lancets</i>)	F	OTC Limited to LTC Pharmacies
ASSURE LANCETS (<i>lancets</i>)	F	OTC Limited to LTC Pharmacies
MINERALS & ELECTROLYTES - Drugs to treat electrolyte disorders		
CALCIUM - Drugs to treat calcium deficiency		
<i>calcium and phosphorus w/vitamin D tab</i>	F	OTC
<i>calcium carbonate chew tab</i>	F	OTC

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<i>calcium carbonate tab 1250MG, 1500MG, 500MG, 600MG</i>	F	OTC
<i>calcium carbonate w/ vitamin d cap 200UNIT-600MG</i>	F	OTC
CALCIUM CARBONATE W/ VITAMIN D CHEW TAB 400UNIT-600MG, 600MG-800UNIT (<i>calcium carbonate-cholecalciferol</i>)	F	OTC
<i>calcium carbonate w/ vitamin d tab 125UNIT-250MG, 125UNIT-500MG, 125UNIT-600MG, 200UNIT-500MG, 200UNIT-600MG, 400UNIT-500MG, 400UNIT-600MG</i>	F	OTC
<i>calcium carbonate w/ vitamind D tab 10MCG-500MG, 125UNIT-250MG, 125UNIT-500MG, 15MCG-500MG, 200UNIT-500MG, 200UNIT-600MG, 20MCG-600MG, 400UNIT-500MG, 400UNIT-600MG, 500MG-600UNIT, 5MCG-500MG, 600MG-800UNIT</i>	F	OTC
<i>calcium citrate tab 200MG, 950MG</i>	F	OTC
<i>calcium citrate w/ vitamin d tab 200MG-250UNIT, 200UNIT-250MG, 200UNIT-315MG, 250UNIT-315MG, 5MCG-315MG, 6.25MCG-200MG</i>	F	OTC
CALCIUM GLUCONATE TAB 500MG, 50MG (<i>calcium gluconate</i>)	F	OTC
RISCAL-D TAB 81MG-105MG-120UNIT (<i>calcium & phosphorus w/ vitamin d</i>)	F	OTC

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ELECTROLYTE MIXTURES - Drugs to treat electrolyte disorders		

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<i>MEQ/L, 7.8MG/L-20GM/L-20MEQ/L-40MEQ/L-50MEQ/L, 7.8MG/L-20MEQ/L-25GM-35MEQ/L-45MEQ/L, 7.8MG/L-20MEQ/L-25GM/L-35MEQ/L-45MEQ/L, 7.8MG/L-20MEQ/L-25MEQ/L-35MEQ/L-45MEQ/L</i>		
MAGNESIUM - Drugs to treat electrolyte disorders		
<i>magnesium oxide tab 200MG, 241.3MG, 250MG, 400MG, 500MG</i>	F	OTC
<i>magnesium tab 100MG, 250MG, 400MG</i>	F	OTC
MINERAL COMBINATIONS - Drugs to treat mineral deficiency		
<i>calcium citrate tab .25MG-.5MG-3.75MG-40MG-125UNIT-250MG, .5MG-2MG-50MCG-50UNIT-250MG, .5MG-3.75MG-40MG-125UNIT-250MG, .5MG-5MG-40MG-125UNIT-250MG, .5MG-5MG-40MG-250MG-400UNIT, 5MG-133.333MG-133.333UNIT-333.333MG</i>	F	OTC
PHOSPHATE - Drugs to treat electrolyte deficiency		
<i>K-PHOS TAB 500MG (potassium phosphate monobasic)</i>	F	-
<i>phospha 250 neutral tab (K-PHOS NEUTRAL Equiv)</i>	F	-
SODIUM - Drugs to treat electrolyte disorders		
<i>sodium chloride flush IV soln .9%</i>	F	-

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<i>sodium chloride inj 0.9% .9%</i>	F	-
<i>sodium chloride tab 1GM</i>	F	OTC
ZINC - Drugs to treat mineral deficiency		
<i>zinc sulfate cap 220MG</i>	F	OTC
MOUTH/THROAT/DENTAL AGENTS - Drugs to treat problems related to mouth/throat/teeth		
ANESTHETICS TOPICAL ORAL - Drugs for numbing		
<i>benzocaine/menthol lozenge 2.6MG-15MG, 3.6MG-15MG, 6MG-10MG</i>	F	OTC
DENTAL PRODUCTS - Drugs to prevent cavities		
<i>sodium fluoride cream 1.1% (PREVIDENT Equiv)</i>	F	-
<i>sodium fluoride gel 1.1% (PREVIDENT Equiv)</i>	F	-
<i>sodium fluoride paste 1.1% (PREVIDENT Equiv)</i>	F	-
<i>sodium fluoride/potassium nitrate paste 1.1%-5% (PREVIDENT Equiv)</i>	F	-
LOZENGES ***		
<i>throat lozenge 3MG, 5MG, 6.1MG, 6MG-10MG, 8.4MG</i>	F	OTC
MULTIVITAMINS - Drugs to treat vitamin deficiency		
B-COMPLEX VITAMINS - Drugs to treat vitamin deficiency		
<i>vitamin B complex cap</i>	F	OTC
B-COMPLEX W/ FOLIC ACID - Drugs to treat vitamin deficiency		
<i>b-complex/vitamin c/folic acid cap (NEPHROCAP Equiv)</i>	F	-

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<i>b-complex/vitamin c/folic acid tab</i> (NEPHRO-VITE Equiv)	F	
BIOFLAVONOID PRODUCTS ***		
<i>ascorbic acid tab</i>	F	OTC
MULTIPLE VITAMINS W/ IRON - Drugs to treat vitamin and iron deficiency		
<i>multivitamin w/ iron tab</i>	F	OTC
MULTIPLE VITAMINS W/ MINERALS - Drugs to treat vitamin and mineral deficiency		
<i>multivitamin w/ iron chew tab</i>	F	OTC
<i>multivitamin/minerals tab</i> (STROVITE Equiv)	F	OTC
MULTIVITAMINS - Drugs to treat vitamin deficiency		
<i>multiple vitamin tab</i>	F	OTC
PED MULTI VITAMINS W/FL & FE - Drugs to treat vitamin deficiency		
<i>pediatric multiple vitamin ACD/fluoride/iron drops</i>	F	-
<i>pediatric multiple vitamins/fluoride/iron soln</i>	F	-
PED MV W/ FLUORIDE - Drugs to treat vitamin deficiency		
<i>pediatric multiple vitamin ACD/fluoride soln.</i>	F	-
<i>pediatric multiple vitamin/fluoride chew tab</i>	F	-
<i>pediatric multiple vitamin/fluoride soln.</i>	F	-
PED MV W/ IRON - Drugs to treat vitamin and iron deficiency		
<i>pediatric multivitamin w/ iron chew tab</i>	F	OTC
<i>pediatric multivitamin w/ iron drops</i>	F	OTC
PEDIATRIC MULTIPLE VITAMINS - Drugs to treat vitamin deficiency		
<i>pediatric multivitamin w/ vitamin c soln.</i>	F	OTC
<i>pediatric multivitamin w/ vitamin c w/ iron chew tab</i>	F	OTC

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PEDIATRIC VITAMINS - Drugs to treat vitamin deficiency		
<i>pediatric multivitamin adc drops</i>	F	OTC
PRENATAL VITAMINS - Drugs to treat and prevent vitamin deficiency		
PRENATAL VITAMIN (<i>prenatal multivit-min w/fe-fa</i>)	F	OTC Coverage includes OTC only
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the nose or sinus		
NASAL AGENTS - MISC. - Miscellaneous nasal agents		
<i>saline nasal spray .002%-.65%, .65%</i>	F	OTC
NASAL ANTIALLERGY - Drugs to treat cough, cold, and allergy symptoms		
<i>cromolyn nasal soln. 5.2MG/ACT</i> (NASALCROM Equiv)	F	OTC
NASAL STEROIDS - Drugs to treat cough, cold, and allergy symptoms		
NASACORT OTC NASAL SPRAY (<i>triamcinolone acetonide (nasal)</i>)	F	OTC-QL QL = 2 bottle/fill; Coverage includes OTC only
SYMPATHOMIMETIC DECONGESTANTS - Drugs to treat sinus congestion		
<i>oxymetazoline nasal spray .05%</i> (AFRIN NASAL Equiv)	F	OTC
<i>phenylephrine tab 10MG</i>	F	OTC
<i>pseudoephedrine ER (12hr) tab 120MG</i>	F	OTC-QL QL = 2 tab/day; Covered for members 4 years and older

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<i>pseudoephedrine liquid 15MG/5ML</i> (SUDAFED Equiv)	F	OTC-QL QL = 1200ml/30 day; Covered for members 4 years and older
<i>pseudoephedrine tab 30MG, 60MG</i>	F	OTC
NUTRIENTS - Drugs to treat nutrient disorders		
LIPIDS - Drugs to treat nutrient disorders		
MCT OIL (<i>medium chain triglycerides</i>)	F	OTC-PA
MISC. NUTRITIONAL SUBSTANCES - Miscellaneous nutritional substances		
<i>omega-3 fatty acid cap</i>	F	OTC
PROTEINS - Drugs to treat nutrient disorders		
<i>levocarnitine tab</i>	F	OTC
<i>phlexy-10 tab</i>	F	OTC-PA
OPHTHALMIC AGENTS - Drugs to treat eye conditions		
ARTIFICIAL TEARS AND LUBRICANTS - Drugs to treat dry eyes		
<i>artificial tears ophth soln. .1%-.3%</i>	F	OTC
<i>artificial tears ophth oint. 15%-83%, 15%-85%, 20%-80%, 3%-94%, 31.9%-57.7%, 41.5%-56.8%, 42.5%-56.8%, 42.5%-57.3%</i>	F	OTC
<i>artificial tears ophth soln. 1.4%</i>	F	OTC
REFRESH PLUS DROPS .25%, .5% (<i>carboxymethylcellulose sodium (ophth)</i>)	F	OTC
CYCLOPLEGIC MYDRIATICS - Drugs to treat eye conditions		
<i>atropine ophth oint 1%</i>	F	-
<i>atropine ophth soln</i> (ISOPTO ATROPINE Equiv)	F	-

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CYCLOMYDRIL OPHTH SOLN .2%-1% <i>(cyclopentolate w/ phenylephrine)</i>	F	-
<i>cyclopentolate ophth soln .5%, 1%, 2% (CYCLOGYL Equiv)</i>	F	-
<i>homatropine ophth soln 5% (ISOPTO HOMATROPINE Equiv)</i>	F	-
ISOPTO HYOSCINE OPHTH SOLN <i>(scopolamine hbr (ophth))</i>	F	-
<i>phenylephrine ophth soln 10%, 2.5% (MYDFRIN Equiv)</i>	F	-
<i>tropicamide ophth soln .5%, 1% (MYDRIACYL Equiv)</i>	F	-
OPHTHALMIC DECONGESTANTS - Drugs to treat eye conditions		
NAPHAZOLINE OPHTH SOLN. <i>(naphazoline hcl)</i>	F	-
<i>naphazoline/pheniramine ophth drops .025%-.3%, .027%-.315%</i>	F	OTC
<i>tetrahydrozoline ophth soln. .05%</i>	F	OTC
OPHTHALMICS - MISC. - Miscellaneous eye agents		
<i>eye wash soln. .002%, .01%, .025%-.1%, .5%-1.9%, 99.05%, 99.1%</i>	F	OTC
<i>ketotifen ophth soln .025% (ZADITOR Equiv)</i>	F	OTC
<i>sodium chloride ophth oint. 5%</i>	F	OTC
<i>sodium chloride ophth soln. 5%</i>	F	OTC
OTIC AGENTS - Drugs to treat ear infection		
OTIC AGENTS - MISCELLANEOUS - Miscellaneous ear agents		

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<i>carbamide peroxide otic drop 6.5%</i>	F	OTC
PHARMACEUTICAL ADJUVANTS - Drugs to enhance primary drug effects		
SEMI SOLID VEHICLES - Miscellaneous compounding ingredients		
POLYETHYLENE GLYCOL 8000 GRANULES <i>(polyethylene glycol 8000)</i>	F	-
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to treat mental and emotional conditions		
SMOKING DETERRENTS - Drugs to treat smoking urges		
<i>nicotine gum 2MG, 4MG</i> (NICORETTE Equiv)	F	OTC-QL Limited to 180 days per plan year
<i>nicotine lozenge 2MG, 4MG</i> (COMMIT Equiv)	F	OTC-QL Limited to 180 days per plan year
<i>nicotine patch 14MG/24HR, 21MG/24HR, 7MG/24HR</i> (NICODERM Equiv)	F	OTC-QL Coverage includes OTC only. Limited to 182 days per plan year
THYROID AGENTS - Drugs to regulate thyroid hormones		
THYROID HORMONES - Drugs to regulate thyroid hormones		
ARMOUR THYROID TAB, NATURE THROID TAB 120MG, 15MG, 30MG, 60MG, 90MG <i>(thyroid)</i>	F	-
<i>np thyroid tab 120MG, 15MG, 30MG, 60MG, 90MG</i> (ARMOUR THYROID, NATURE THROID Equiv)	F	-
ULCER DRUGS - Drugs to treat bowel, intestine, and stomach conditions		
ANTISPASMODICS - Drugs to treat diarrhea		

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BELLADONNA ALKALOID/OPIUM SUPP 16.2MG-30MG, 16.2MG-60MG (<i>belladonna alkaloids & opium</i>)	F	-
<i>hyoscyamine IR/SR tab</i> (SYMAX Equiv)	F	-
<i>hyoscyamine sulfate CR tab .375MG</i> (LEVVID Equiv)	F	-
<i>hyoscyamine sulfate elixir .125MG/5ML</i>	F	-
<i>hyoscyamine sulfate ODT .125MG</i> (ANASPAZ Equiv)	F	-
<i>hyoscyamine sulfate SL tab .125MG</i> (LEVSIN SL Equiv)	F	-
<i>hyoscyamine sulfate soln .125MG/ML, .5MG/ML</i>	F	-
<i>hyoscyamine sulfate tab .125MG</i> (LEVSIN Equiv)	F	-
H-2 ANTAGONISTS - Drugs to treat bowel, intestine, and stomach conditions		
<i>famotidine tab 10MG</i>	F	OTC
PROTON PUMP INHIBITORS - Drugs to treat acid reflux		
FIRST OMEPRAZOLE SUSP 2MG/ML (<i>omeprazole</i>)	F	-
<i>lansoprazole cap 15MG, 30MG</i> (PREVACID Equiv)	F	OTC-QL Coverage includes OTC only. QL = 56 cap/30 day
LANSOPRAZOLE SUSP 3MG/ML (<i>lansoprazole</i>)	F	-
<i>omeprazole cap 20.6MG, 20MG</i>	F	OTC Coverage includes OTC only

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PREVACID OTC CAP 15MG, 30MG (<i>lansoprazole</i>)	F	OTC-QL-ST QL = 56 cap/30 day; Step Therapy requires trial of lansoprazole and pantoprazole
VAGINAL PRODUCTS - Drugs to treat vaginal infections and low hormones		
SPERMICIDES - Drugs to prevent pregnancy		
CONCEPTROL GEL 4% (<i>nonoxynol-9</i>)	F	OTC
CONTRACEPTIVE FILM 28% (<i>nonoxynol-9</i>)	F	OTC
CONTRACEPTIVE FOAM 12.5% (<i>nonoxynol-9</i>)	F	OTC
CONTRACEPTIVE GEL 2%, 3% (<i>nonoxynol-9</i>)	F	OTC
CONTRACEPTIVE SUPP 100MG (<i>nonoxynol-9</i>)	F	OTC
<i>vcf vaginal gel 4%</i> (CONCEPTROL Equiv)	F	OTC
VAGINAL ANTI-INFECTIVES - Drugs to treat vaginal infections		
<i>clotrimazole vaginal cream 1%, 2%</i>	F	OTC
<i>MICONAZOLE 3 SUPP 200MG 100MG</i>	F	OTC Coverage includes OTC only
<i>miconazole vaginal cream 2%, 4%</i>	F	OTC
MICONAZOLE VAGINAL KIT (<i>miconazole nitrate vaginal & wipes</i>)	F	OTC
<i>miconazole vaginal supp kit</i>	F	OTC
<i>tioconazole vaginal oint. 6.5%</i>	F	OTC
VITAMINS - Drugs to treat vitamin deficiency		
OIL SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		

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L.A. Care Medi-Cal Dual Formulary

Last Updated 7/1/2020

DRUG NAME Name of drug	DRUG TIER What the drug will cost you (tier level)	REQUIREMENTS/LIMITS Necessary actions, restrictions, or limits on use
<i>cholecalciferol cap 1.25MG, 10000UNIT, 1000UNIT, 125MCG, 2000UNIT, 250MCG, 25MCG, 4000UNIT, 400UNIT, 50000UNIT, 5000UNIT, 50MCG</i>	F	OTC
<i>cholecalciferol oral soln. 1000UNT/0.03ML, 2000UNT/0.03ML, 400UNIT/ML, 400UNT/0.03ML, 400UT/0.028ML, 5000UNIT/ML</i>	F	OTC
<i>cholecalciferol tab 1000UNIT, 2000UNIT, 25MCG, 400UNIT, 50000UNIT, 5000UNIT, 50MCG</i>	F	OTC
<i>ergocalciferol soln. 8000UNIT/ML</i>	F	OTC
ERGOCALCIFEROL TAB 2000UNIT, 400UNIT <i>(ergocalciferol)</i>	F	OTC
<i>phytonadione tab 100MCG, 5MG</i>	F	-
<i>vitamin D cap 1.25MG, 50000UNIT</i>	F	-
WATER SOLUBLE VITAMINS - Drugs to treat vitamin deficiency		
<i>ascorbic acid cap 500MG</i>	F	OTC
<i>ascorbic acid chew tab 100MG, 125MG, 250MG, 500MG, 7.5MG-500MG</i>	F	OTC
<i>ascorbic acid ER tab 1000MG, 1500MG, 16MG-25MG-500MG, 500MG</i>	F	OTC
<i>ascorbic acid tab 1000MG, 100MG, 10MG-500MG, 14MG-25MG-500MG, 250MG, 25MG-35MG-500MG, 37MG-1000MG, 37MG-500MG, 500MG</i>	F	OTC
<i>niacin cap 250MG, 500MG</i>	F	OTC

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OTC Over-the-Counter	PA Prior Authorization	QL Quantity Limit
ST Step Therapy		

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<i>niacin CR tab 250MG, 500MG, 750MG</i> (SLO-NIACIN Equiv)	F	OTC
<i>niacin tab 100MG, 250MG, 500MG, 50MG</i>	F	OTC
NIACIN TR TAB 1000MG (<i>niacin</i>)	F	OTC
<i>niacinamide tab 100MG, 500MG</i>	F	OTC
<i>pyridoxine tab 100MG, 250MG, 25MG, 500MG, 50MG</i>	F	OTC
<i>thiamine mononitrate tab 100MG</i>	F	OTC
<i>thiamine tab 100MG, 250MG, 50MG</i>	F	OTC
VITAMIN C TAB 100MG (<i>ascorbic acid</i>)	F	OTC

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A		aspirin EC tab	2	b-complex/vitamin c/folic acid tab	29
acetaminophen cap	2	ASPIRIN TAB	2	BELLADONNA	35
acetaminophen drops	2	ASSURE LANCET LOW FLOW 25 GAUGE - BOX 100	24	ALKALOID/OPIUM SUPP	
acetaminophen elixir	2	ASSURE LANCET MICRO FLOW 28 GAUGE - BOX 100	24	BELVIQ TAB	1
acetaminophen ER tab	2	ASSURE LANCETS	24	BELVIQ XR TAB	1
acetaminophen liquid	2	ASSURE PLATINUM TEST STRIP	18	benzocaine/menthol lozenge	29
acetaminophen supp	2	ASSURE PLATINUM TEST STRIP - BOX 100	18	benzonatate cap	7
acetaminophen tab	2	ASSURE PLATINUM TEST STRIP - BOX 50	18	benzoyl peroxide cream	13
ALUMINUM HYDROXIDE GEL SUSP.	3	ASSURE PRISM MULTI TEST STRIP	18	benzoyl peroxide gel	13
ammonium lactate cream	16	atropine ophth oint	32	benzoyl peroxide liquid	13
ammonium lactate lotion	16	atropine ophth soln	32	benzoyl peroxide lotion	13
analgesic balm	17			BISACODYL ENEMA	23
antacid chew tab	3	B		bisacodyl supp.	23
anti-nausea soln.	5	bacitracin oint.	13	bisacodyl tab	23
anumed supp	2	bacitracin/polymyxin b oint	13	bismuth subsalicylate chew tab	4
artificial tears ophth soln.	32	bacitracin/zinc oint.	14	bismuth subsalicylate susp.	5
ARMOUR THYROID TAB, NATURE THROID TAB	34	b-complex/vitamin c/folic acid cap	29	bismuth subsalicylate tab	5
artificial tears ophth oint.	32			brompheniramine/phenylephrine elixir	7
artificial tears ophth soln.	32			BROMPHENIRAMINE/PHENYLEPHRINE TAB	7
ascorbic acid cap	37			brompheniramine/pseudoephedrine liquid	8
ascorbic acid chew tab	37			BROTAPP DM LIQUID	8
ascorbic acid ER tab	37				
ascorbic acid tab	30				
aspirin chew tab	2				

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C		cetirizine syrup	6	cromolyn nasal soln.	31
CALAMINE LOTION	17	cetirizine tab	6	cyanocobalamine ER tab	19
calcium and phosphorus w/vitamin D tab	24	cetirizine/pseudoephedrine 12-hour tab	8	cyanocobalamine inj.	19
calcium carbonate chew tab	4	chlorhexidine gluconate liquid	7	cyanocobalamine lozenge	19
calcium carbonate susp	4	chlorpheniramine CR tab	5	cyanocobalamine SL tab	19
calcium carbonate tab	4	chlorpheniramine syrup	5	cyanocobalamine tab	20
calcium carbonate w/ vitamin d cap	25	chlorpheniramine tab	5	CYCLOMYDRIL OPHTH SOLN	33
CALCIUM CARBONATE W/ VITAMIN D CHEW TAB	25	chlorpheniramine/phenyle phrine liquid	8	D	
calcium carbonate w/ vitamin d tab	25	chlorpheniramine/phenyle phrine tab	8	dextromethorphan cap	7
calcium carbonate w/ vitamin d tab	25	chlorpheniramine/pseudoe phedrine tab	8	dextromethorphan syrup	7
calcium citrate tab	25	cholecalciferol cap	37	dextromethorphan/doxyla mine soln.	8
calcium citrate w/ vitamin d tab	25	cholecalciferol oral soln.	37	dextromethorphan/doxyla mine/acetaminophen liquid	8
CALCIUM GLUCONATE TAB	25	cholecalciferol tab	37	dextromethorphan/phenyle phrine/acetaminophen cap	8
calcium polycarbophil tab	22	CHROMAGEN TAB	20	dimenhydrinate tab	5
carbamide peroxide otic drop	34	clemastine tab	6	diphenhydramine (sleep) tab	22
CATHFLO ACTIVASE INJ 2MG	19	clotrimazole cream	14	diphenhydramine cap	6
cetirizine chew tab	6	clotrimazole vaginal cream	36	diphenhydramine gel	15
		CONCEPTROL GEL	36	diphenhydramine liquid	6
		CONTRACEPTIVE FILM	36	diphenhydramine tab	6
		CONTRACEPTIVE FOAM	36	diphenhydramine/acetamin ophen (sleep) tab	22
		CONTRACEPTIVE GEL	36		
		CONTRACEPTIVE SUPP	36		
		CONTRAVE TAB	1		

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diphenhydramine/phenylephrine liquid	9	ferrous sulfate ER tab	21	GUAIFENESIN/CODEINE SYRUP	9
diphenhydramine/phenylephrine/acetaminophen liquid	9	FERROUS SULFATE LIQUID	21	guaifenesin/dextromethorphan cap	9
diphenhydramine/zinc cream	15	ferrous sulfate slow release tab	21	guaifenesin/dextromethorphan ER tab	9
docusate calcium cap	24	ferrous sulfate soln	21	guaifenesin/dextromethorphan liquid	9
docusate sodium cap	24	FERROUS SULFATE SYRUP	21	guaifenesin/dextromethorphan tab	9
docusate sodium enema	24	ferrous sulfate tab	21	guaifenesin/dextromethorphan tab	9
docusate sodium liquid	24	FIRST OMEPRAZOLE SUSP	35	guaifenesin/pseudoephedrine tab	9
docusate sodium syrup	24	FLEET ENEMA	22		
docusate sodium tab	24	folbee tab	20	H	
doxylamine succinate tab	22	folic acid inj	20	HEPARIN LOCK FLUSH IV SOLN	4
DOXYLAMINE/PHENYLEPHRINE/ACETAMINOPHEN CAP	9	folic acid tab	20	heparin sodium (porcine) lock flush IV soln	4
E		G		homatropine ophthalmic soln	33
ergocalciferol soln.	37	GLUCOSE CHEW TAB	4	hydrocodone/homatropine soln.	7
ERGOCALCIFEROL TAB	37	glucose gel	4	hydrocodone/homatropine syrup	7
eye wash soln.	33	glycerin lotion	16	hydrocortisone acetate cream	15
F		GLYCERIN SUPPOSITORY	23	hydrocortisone aloe cream	15
famotidine tab	35	guaifenesin ER tab	12	hydrocortisone cream	15
FEMALE CONDOM	24	guaifenesin liquid	13	hydrocortisone gel	15
ferocon cap	20	guaifenesin syrup	13	hydrocortisone lotion	15
ferrex 150 forte cap	20	guaifenesin tab	13		
ferrous gluconate tab	21	guaifenesin/codeine phosphate liquid	9		
ferrous sulfate DR tab	21				

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hydrocortisone oint	15	IRON	20	loratadine ODT	6
hydrocortisone topical soln.	15	POLYSACCHARIDE/THR EONIC ACID/B12/FA		loratadine syrup	6
hydrocortisone/pramoxine rectal cream	2	CAP		loratadine tab	6
hydrogen peroxide soln	7	ISOPTO HYOSCINE	33	loratadine/pseudoephedrin e 12-hour tab	10
hyoscyamine IR/SR tab	35	OPHTH SOLN		loratadine/pseudoephedrin e 24-hour tab	10
hyoscyamine sulfate CR tab	35	<hr/> K		lubricating jelly	17
hyoscyamine sulfate elixir	35	KETOSTIX	18	<hr/> M	
hyoscyamine sulfate ODT	35	ketotifen ophth soln	33	magnesium citrate soln.	23
hyoscyamine sulfate SL tab	35	KONSYL POWDER	22	magnesium hydroxide susp.	23
hyoscyamine sulfate soln	35	KONSYL POWDER PACKET		magnesium oxide tab	4
hyoscyamine sulfate tab	35	K-PHOS TAB	28	magnesium tab	28
<hr/> I		<hr/> L		magnesium/aluminum hydroxide/simethicone chew tab	3
ibuprofen cap	1	lansoprazole cap	35	magnesium/aluminum hydroxide/simethicone susp	
ibuprofen chew tab	1	LANSOPRAZOLE SUSP	35	MALE CONDOMS	24
ibuprofen susp	1	levocarnitine tab	32	MCT OIL	32
ibuprofen tab	2	levonorgestrel tab	7	meclizine chew tab	5
INFANT FORMULA LIQUID	18	LICE B GONE SHAMPOO	17	meclizine tab	5
INFANT FORMULA POWDER	18	lidocaine anorectal cream	3	MICONAZOLE 3 SUPP 200MG	36
INJECTAFER INJ	22	lidocaine/hydrocortisone cream	3	miconazole cream	14
		LOHIST-D LIQUID	10	miconazole nitrate powder	14
		loperamide cap	5		
		loperamide liquid	5		
		loperamide tab	5		

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MICONAZOLE NITRATE SOLN.	14	neomycin/bacitracin/poly myxin b oint	14	PEDIATRIC COUGH/COLD LIQUID	10
miconazole oint.	14	neomycin/bacitracin/poly myxin b/pramoxine oint	14	pediatric electrolyte soln.	27
miconazole vaginal cream	36	neomycin/polymyxin b/pramoxine cream	14	pediatric multiple vitamin ACD/fluoride soln.	30
MICONAZOLE VAGINAL KIT	36	NEPHRON FA TAB	21	pediatric multiple vitamin ACD/fluoride/iron drops	30
miconazole vaginal supp kit	36	niacin cap	37	pediatric multiple vitamin/fluoride chew tab	30
MINERAL OIL	23	niacin CR tab	38	pediatric multiple vitamin/fluoride soln.	30
mineral oil enema	23	niacin tab	38	pediatric multiple vitamins/fluoride/iron soln	30
mineral oil/petrolatum cream	16	NIACIN TR TAB	38	pediatric multivitamin adc drops	31
MULTIGEN PLUS TAB	20	niacinamide tab	38	pediatric multivitamin w/ iron chew tab	30
MULTIGEN TAB	21	nicotine gum	34	pediatric multivitamin w/ iron drops	30
MULTIGEN/FOLIC ACID TAB	21	nicotine lozenge	34	pediatric multivitamin w/ vitamin c soln.	30
multiple vitamin tab	30	nicotine patch	34	pediatric multivitamin w/ vitamin c w/ iron chew tab	30
multivitamin w/ iron chew tab	30	NINJACOF-XG LIQUID	10	permethrin liquid	17
multivitamin w/ iron tab	30	np thyroid tab	34	permethrin lotion	17
multivitamin/minerals tab	30	NUTRITIONAL SUPPLEMENT LIQUID	18	petrolatum oint	16
<hr/>		NUTRITIONAL SUPPLEMENT POWDER	18	phenazopyridine tab	19
N		O		phentermine cap	1
NAPHAZOLINE OPHTH SOLN.	33	omega-3 fatty acid cap	32		
naphazoline/pheniramine ophth drops	33	omeprazole cap	35		
NASACORT OTC NASAL SPRAY	31	oxymetazoline nasal spray	31		
		P			

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phentermine tab	1	POLYETHYLENE	34	pyridoxine tab	38
phenylephrine ophth soln	33	GLYCOL 8000		<hr/>	
phenylephrine tab	31	GRANULES		Q	
phenylephrine/bromphenir amine/dm elixir	10	polyethylene glycol packet	23	QSYMIA CAP	1
phenylephrine/bromphenir amine/dm soln.	10	povidone-iodine soln.	7	<hr/>	
PHENYLEPHRINE/DEXT	10	PRAMOSONE CREAM	15	R	
ROMETHORPHAN		PRENATAL VITAMIN	31	REFRESH PLUS DROPS	32
LIQUID		PREPARATION H	3	RISCAL-D TAB	25
phenylephrine/dextrometh orphan soln.	10	CREAM		<hr/>	
phenylephrine/guaifenesin/ acetaminophen/dm liquid	11	preparation h supp	3	S	
phenylephrine/guaifenesin/ acetaminophen/dm tab	11	PREVACID OTC CAP	36	salicylic acid gel	16
phenylephrine/guaifenesin/ dm syrup	11	PROCTOFOAM HC	3	salicylic acid pad	16
phlexy-10 tab	32	FOAM		salicylic acid shampoo	16
phospha 250 neutral tab	28	promethazine DM syrup	11	salicylic acid soln	17
phytonadione tab	37	PROMETHAZINE	11	saline nasal spray	31
piperonyl	17	VC/CODEINE SYRUP		selenium sulfide lotion	15
butoxide/pyrethrins liquid		promethazine/codeine syrup	11	sennosides tab	23
piperonyl	17	pseudoephedrine ER	31	sennosides/docusate	22
butoxide/pyrethrins		(12hr) tab		sodium tab	
shampoo		pseudoephedrine liquid	32	simethicone cap	19
polyethylene glycol 3350 powder	23	pseudoephedrine tab	32	simethicone chew tab	19
		pseudoephedrine/bromphe niramine/dm elixir	11	simethicone drops	19
		pseudoephedrine/chlorphe niramine/dm liquid	12	simethicone liquid	19
		psyllium cap	22	SIMETHICONE STRIPS	19
		psyllium powder	22	sodium bicarbonate tab	4
				sodium chloride flush IV soln	28
				sodium chloride inj 0.9%	29
				sodium chloride ophth oint.	33

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sodium chloride ophth soln.	33	U	
SODIUM CHLORIDE SPRAY	17	URAMAXIN CREAM	16
sodium chloride tab	29	urea lotion	16
sodium fluoride cream	29	<hr/>	
sodium fluoride gel	29	V	
sodium fluoride paste	29	vcf vaginal gel	36
sodium fluoride/potassium nitrate paste	29	VENELEX OINT	18
sodium phosphate enema	23	VENOFER INJ	22
SSKI SOLN	13	VICKS DAYQUIL LIQUID	12
<hr/>		MUCUS DM	
T		vitamin a-d oint.	16
terbinafine cream	15	vitamin B complex cap	29
tetrahydrozoline ophth soln.	33	VITAMIN B-12 TAB	20
thera-gesic cream	17	VITAMIN C TAB	38
thiamine mononitrate tab	38	vitamin D cap	37
thiamine tab	38	<hr/>	
throat lozenge	29	Z	
tioconazole vaginal oint.	36	zinc oxide oint.	17
tolnaftate aerosol	15	zinc oxide paste	17
tolnaftate cream	15	zinc sulfate cap	29
tolnaftate powder	15		
triprolidine/pseudoephedrine tab	12		
tropicamide ophth soln	33		
TUSSIN CF LIQUID	12		

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