



DRUG FORMULARY

County Medical Services (CMS) Program
Healthcare Coverage Initiative (CI) Program
Ryan White Primary Care Program

June 2009

This document has been prepared by AmeriChoice a UnitedHealth Company Group for the San Diego County Medical Services Program and is updated on a regular basis throughout the year.

Please be sure to confer with the CMS Formulary website to be sure this is the most recent version. The CMS Formulary website is:

www2.sdcounty.ca.gov/hhsa/documents/Formulary.pdf

San Diego County Medical Services Drug Formulary

The County of San Diego has contracted with AmeriChoice as their Administrative Services Organization for the County Medical Services (CMS) program. In turn, AmeriChoice has contracted with NMHC Professional Services* to act as the Pharmacy Benefits Manager.

This formulary serves the County Medical Services (CMS) Program, Coverage Initiative Program and Ryan White Primary Care Program. The AIDS Drug Assistance Program (ADAP) is separate from the CMS program and has its own enrollment criteria and formulary. Patients with dual membership in CMS and ADAP must bill ADAP for products appearing in both the CMS and ADAP formulary.

The CMS Pharmacy and Therapeutics (P&T) Committee determines the content of this formulary. Additions to this formulary must be approved by the P&T Committee. To request the review of a new product, complete the "Request for Formulary Change" form located at the end of this document and fax to the Medical Management Services Manager at AmeriChoice at (858) 565-4091.

FORMULARY FORMAT

Generic Products

1. The CMS Formulary is generic based.
2. When a brand name drug is ordered and a generic equivalent is available, the generic will be dispensed by the pharmacy. The prescriber must justify any exception and the "Drug Prior Authorization" form must be completed and faxed to NMHC Professional Services* at (516) 403-2151. The Drug Prior Authorization Form is also located at the end of the formulary.

Maximum Allowable Limits

Except as otherwise prescribed or noted below, patients can receive a 30-day supply of prescribed medications. Exceptions:

- Refills are allowed after 25 days.
- One lost prescription and one vacation supply is allowed each year

Code 1 Restrictions

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

Formulary Exclusions

- Drugs prescribed for conditions not covered by CMS
- All OTC products not included in this listing
- Psychotropic and psychotherapeutic drugs prescribed for mental health conditions
- Oral birth control and birth control devices for non-pathological reasons
- Nicotine and smoking cessation products
- Experimental drugs
- Drug and alcohol abuse treatment

Authorization Policy

Every provider has the right to request coverage of a non-formulary medication. However, medical justification for using a non-formulary medication is required. First, please review, any notations found under the "Utilization Management" column in the drug category type of the non-formulary medication. Second, complete the "Drug Prior Authorization" form found at the end of this document and fax to NMHC Professional Services* at (516) 403-2151. For your convenience, Drug Prior Authorizations can also be completed on line at: www.nmhcrx.com. At the NMHC website, click "Client Information – Provider Services" and then locate the "Provider Authorization Request Form" text (two forms are available on this webpage with similar names) and click to open. Then select the form titled "PA Form – San Diego CMS". Additionally, the NMHC Professional Services' Customer Service (800-777-0074) is available 24 hours a day, everyday, to assist with any formulary questions.

NMHC Professional Services is transitioning into informedRx®

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Denials and Appeals

When a product is excluded or is not medically justified, NMHC Professional Services* will issue a provisional denial to the pharmacy and/or the prescriber. If the CMS Program Medical Director completes the denial, the prescriber and the patient are issued written notification. Appeals are made directly to the CMS Program and instructions are incorporated in the denial notice.

Formulary Dates

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

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Generic Name	Representative Brand Name	Utilization Management
<u>ANTI-INFECTIVE AGENTS</u>		
<i>Penicillins</i>		
Amoxicillin Oral	Trimox	
Amoxicillin & Potassium Clavulanate Oral	Augmentin	
Ampicillin Oral	Ampicillin	
Dicloxacillin Sodium Oral	Dicloxacillin Sodium	
Penicillin V Potassium Oral	Pen-VK, Veetids	
<i>Cephalosporins</i>		
Cefixime Tab 400mg Oral	Suprax	
Cephalexin Monohydrate	Keflex	
<i>Fluroquinolones</i>		
Ciprofloxacin HCl 250mg, 500mg, 750mg Tab Oral	Cipro	Limited to 28/14 days.
Levofloxacin Tab Oral	Levaquin	For CMS & Coverage Initiative: Code 1 Restriction: For diagnosis of Pneumonia. Limited to 10 tablets/10 days.
<i>Macrolides</i>		
Azithromycin 250mg, 500mg Tab Oral	Zithromax	For CMS & Coverage Initiative: Limited to 6 tablets/fill and 2 fills/month for 250mg; 3 tablets/fill and 2 fills/month for 500mg.
Azithromycin Susp Oral	Zithromax	For CMS & Coverage Initiative: Code 1 Restriction: For diagnosis of community-acquired pneumonia only.
Clarithromycin 250mg, 500mg Tab Oral	Biaxin	For CMS & Coverage Initiative: Limited to 28 tablets/14 days.
Erythromycin Base Oral	Erythromycin	
Erythromycin Delayed Release Oral	E-Mycin, Eryc, Ery-Tab,	
Erythromycin w/EC Particles Oral	PCE	
Erythromycin Ethylsuccinate Oral	E.E.S.	
Erythromycin Stearate Oral	Erythrocin	
<i>Misc. Anti-Infectives</i>		
Clindamycin HCL Cap Oral	Cleocin	
Dapsone Oral	Dapsone	
Metronidazole Tab Oral	Flagyl	
Trimethoprim/Sulfamethoxazole Oral	Bactrim, Bactrim DS	
<i>Sulfonamides</i>		
Sulfisoxazole Powder	Sulfisoxazole	
Sulfisoxazole Acetyl Oral	Gantrisin	

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Generic Name	Representative Brand Name	Utilization Management
<i>Tetracyclines</i>		
Doxycycline Hyclate Cap 50mg & 100mg, Tab 100mg Oral	Vibramycin, Vibratab	
Tetracycline HCl Oral	Sumycin	
<i>Amebicides</i>		
Iodoquinol Oral	Yodoxin	
<i>Aminoglycosides</i>		
Neomycin Sulfate Oral	Neomycin Sulfate, Neo-Fradin	
<i>Anthelmintics</i>		
Mebendazole Oral	Vermox	All Anthelmintics are covered
Pyrantel Pamoate Oral	Pin-X, Antiminth	
Thiabendazole Oral	Mintezol	
<i>Antifungals</i>		
Fluconazole Tab 150 mg Oral	Diflucan	Limited to 1 tablet/fill, 2 fills/month
Griseofulvin Microsize Oral	Grifulvin V	
Griseofulvin Ultramicrosize	Gris-peg	
Ketoconazole Tab Oral	Nizoral	
Nystatin	Mycostatin	
<i>Antimalarials</i>		
Chloroquine Phosphate Tab Oral	Aralen	
Hydroxychloroquine Sulfate Oral	Plaquenil	
Primaquine Phosphate Oral	Primaquine phosphate	
Pyrimethamine Oral	Daraprim	
Quinine Sulfate Tab 324mg Oral	Qualaquin	
<i>Antimycobacterial Agents</i>		
Isoniazid Oral	Nydrazid	
Rifampin Oral	Rifadin	PA required for Tuberculosis.
<i>Antiviral – Herpes Agents</i>		
Acyclovir Oral	Zovirax	
<u>ANTINEOPLASTIC AGENTS</u>		
<i>Antineoplastic Agents</i>		All oral FDA-approved cancer therapy is covered up to \$350. PA required for agents greater than than \$350.

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Generic Name	Representative Brand Name	Utilization Management
<u>ENDOCRINE AND METABOLIC DRUGS</u>		
<i>Glucocorticosteroids</i>		
Cortisone Acetate Oral	Cortisone	
Dexamethasone Oral	Decadron, Dexone	
Hydrocortisone Tab Oral	Cortef	
Prednisolone	Prelone	
Prednisolone Sodium Phosphate Powder Prednisolone Sodium Phosphate Oral	Prednisolone	
Prednisone Oral	Meticorten, Deltasone, Liquid Pred	
<i>Mineralocorticoids</i>		
Fludrocortisone Acetate Oral	Florinef	
<u>DIABETIC AGENTS</u>		
<i>Human Insulin</i>		Limited to vials only.
Insulin Aspart Inj 100 U/mL	Novolog	Limited to 2 vials/month
Insulin Aspart Prot & Aspart Inj 100 U/mL	Novolog Mix	
Insulin Detemir Inj U/mL	Levemir	
Insulin Glargine Inj 100 U/mL	Lantus (vials only)	Limited to 4 vials/month
Insulin Lispro Inj 100 U/mL	Humalog	
Insulin Lispro Prot & Lispro Inj 100 U/mL (75-25)	Humalog Mix 75/25	
Insulin Regular Inj 100 U/mL	Humulin R, Novolin R	Limited to 2 vials/month
Insulin Regular Inj 500 U/mL	Humulin R	Limited to 2 vials/month
Insulin Isophane Inj 100 U/mL	Humulin N, Novolin N	Limited to 2 vials/month
Insulin Regular & Isophane Inj 100 U/mL	Humulin 70/30 Novolin 70/30	Limited to 2 vials/month
Insulin Regular & Isophane Inj 100 U/mL (50)	Humulin 50/50	Limited to 2 vials/month
Insulin Zinc Inj 100 U/mL	Humulin L, Novolin L	Limited to 2 vials/month
<i>Sulfonylureas</i>		
Glimepiride Oral	Amaryl	Limited to 1/tablet/day for 1mg & 2mg and 2 tablets/day for 4mg
Glipizide Tab Oral	Glucotrol	
Glyburide Oral	Diabeta, Micronase	Limited to 120/30 days
Glyburide Micronized	Glynase	Limited to 120/30 days
<i>Biguanides-Metformin</i>		
Metformin HCL Oral	Glucophage	Limited to 2500 mg/day

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Generic Name	Representative Brand Name	Utilization Management
<i>Other Antidiabetics</i>		
Glucagon Kit Injection	Glucagon Kit	
Glucose Chew Tab Oral	BD – Glucose Chw	
<i>Thiazolidinediones</i>		
Pioglitazone Oral	Actos	Contingent Therapy: Second-line agent to be used in combination with an oral diabetes agent or insulin. Limited to #1/day
Rosiglitazone Oral	Avandia	Contingent Therapy: Second-line agent to be used in combination with an oral diabetes agent or insulin and continuing therapy only. Limited to #1/day
<i>Thyroid Hormones</i>		
Levothyroxine Sodium Oral	Synthroid, L-Thyroxine, Levothroid, Levoxyl, Euthyrox	Available as “Do Not Substitute”
Liothyronine Sodium Oral	Cytomel	
<i>Antithyroid Agents</i>		
Methimazole Oral	Tapazole	
Propylthiouracil Oral	Propylthiouracil (PTU)	
<i>Vasopressin</i>		
Cabergoline Oral	Dostinex	
Desmopressin Acetate Oral, Nasal Spray	DDAVP	
<u>CARDIOVASCULAR AGENTS</u>		
<i>Anti-Arrhythmia</i>		All Anti-Arrhythmia are formulary
Disopyramide Phosphate Oral	Norpace CR	
Dofetilide Oral	Tikosyn	
Flecainide Acetate Oral	Tambocor	
Mexiletine HCL	Mexiletine	
Moricizine HCL Oral	Ethmozine	
Procainamide HCL Oral	Pronestyl	
Propafenone HCL Oral	Rythmol	
Quinidine Gluconate CR Oral	Quinidine	
Quinidine Sulfate Tab Oral	Quinidex	
<i>ACE Inhibitors</i>		
Benazepril HCL Oral	Lotensin	
Captopril Oral	Capoten	
Enalapril Oral	Vasotec	
Lisinopril Oral	Prinivil, Zestril	

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Generic Name	Representative Brand Name	Utilization Management
<i>Adrenolytics-Central</i>		Avoid in elderly patients
Clonidine HCL Oral	Catapres	
Methyldopa Oral	Aldomet	
<i>Alpha-Blockers</i>		
Doxazosin Mesylate Oral	Cardura	
Prazosin HCL Oral	Minipress	
Terazosin Oral	Hytrin	
<i>Angiotensin II Inhibitors</i>		
Olmesartan Oral	Benicar	Code 1 Restriction: For patient failing therapy with or intolerant to ACE Inhibitors. Limited to 1/day
Valsartan Oral	Diovan	Code 1 Restriction: For patient failing therapy with or intolerant to ACE Inhibitors. Limited to 1/day
<i>Angiotensin II Inhibitor Combinations</i>		
Olmesartan-HCTZ Oral	Benicar HCT	Code 1 Restriction: For patient failing therapy with or intolerant to ACE Inhibitors. Limited to 1/day
Valsartan Oral	Diovan HCT	Code 1 Restriction: For patient failing therapy with or intolerant to ACE Inhibitors. Limited to 1/day
<i>Anti-Anginals, Other</i>		
Dipyridamole Oral	Persantine	
<i>Beta-Blockers Non-Selective</i>		Patients with asthma or COPD at any level of severity should not receive non-selective beta blockers.
Propranolol HCL Oral	Inderal, Inderal LA	
Sotalol HCl Oral	Betapace, Betapace AF	
<i>BetaBlockers Cardio-Selective</i>		Beta-Blockers may worsen airway diseases. Use caution when using these medications in asthma/COPD patients.
Atenolol Oral	Tenormin	
Metoprolol Succinate SR Oral	Toprol XL	Code 1 Restriction: For Heart Failure. Limited to 1 tablet/day
Metoprolol Tartrate Oral	Lopressor	
<i>Alpha-Beta Blockers</i>		Patients with asthma or COPD at any level of severity should not receive non-selective beta blockers.

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Generic Name	Representative Brand Name	Utilization Management
Carvedilol Tab Oral	Coreg	Code 1 Restriction: For Heart Failure or MI. Limited to 2 tablets/day
Labetalol HCL Oral	Trandate, Normodyne	
<i>Calcium Blockers</i>		
Amlodipine Besylate Oral	Norvasc	Limited to 1 tablet/day
Diltiazem HCL CR Oral	Cardizem SR, Diltiazem ER	
Diltiazem HCL Oral	Cardizem	
Diltiazem HCL SR/24hr Oral	Dilacor XR,	
Nimodipine Cap Oral	Nimotop	
Verapamil HCL Tab Oral	Calan, Isoptin	
Verapamil HCL Tab CR Oral	Calan SR, Isoptin SR	
<i>Digitals</i>		
Digoxin Oral	Lanoxin	
<i>Nitrates</i>		
Isosorbide Dinitrate Oral	Isordil, Sorbitrate Isosorbide Dinitrate Oral Tabs & Chew Tabs	
Isosorbide Dinitrate SL Oral	Isordil	
Isosorbide Mononitrate Oral	Monoket, ISMO Imdur	
Nitroglycerin Buccal Oral	Nitrogard	
Nitroglycerin SL Tab & Aer Ora/	Nitrostat, Nitrotab, Nitroquick	
Nitroglycerin Intravenous Soln	Nitroglycerin	
Nitroglycerin CR Oral	Nitro-Time, Nitroglyn	
Nitroglycerin Oint 2% Transderma/	Nitrobid, Nitrol	
Nitroglycerin TD Transdermal	Nitro-Dur, Minitran, Transderm-Nitro, Deponit, Nitrodisc	
<i>Carbonic Anhydrase Inhibitors</i>		
Acetazolamide Oral	Acetazolamide	
Acetazolamide SR Oral	Diamox Sequels	
Methazolamide Oral	Neptazane	

Loop Diuretics

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Generic Name	Representative Brand Name	Utilization Management
Furosemide Oral	Lasix	
<i>Potassium Sparing Diuretics</i>		
Spirolactone Ora/	Aldactone	
<i>Thiazides</i>		
Chlorthalidone 25mg, 50mg, 100mg tablet Oral	Hygroton	Limited to 1 tablet per day
Hydrochlorthiazide (HCTZ) Oral	Hydrodiuril, Oretic, Esidrix, Microzide	
Indapamide Oral	Lozol	
Metolazone Oral	Zaroxolyn	
<i>Combination Diuretics</i>		
Spirolactone & HCTZ Oral	Aldactazide	
Triamterene & HCTZ Oral	Dyazide, Maxzide-25, Maxzide 75/50	
<i>Vasodilators</i>		
Hydralazine HCL Oral	Apresoline	
Minoxidil Oral	Loniten	
<i>Anaphylaxis Therapy Agents</i>		
Epinephrine HCl Injection (Anaphylaxis)	Epipen, Epipen Jr.	
Epinephrine-Chlorpheniramine	Ana-Kit	
<i>Bile Sequestrants</i>		
Cholestyramine Powder Can Oral Cholestyramine Powder & Packets Ora/	Questran/Lite, Prevalite	
<i>Antihyperlipidemics: Fenamates</i>		
Gemfibrozil Oral	Lopid	Limited to CMS and Coverage Initiatives only. Contingent Therapy: For concurrent therapy with Simvastatin or patient failing therapy with or intolerant to gemfibrozil.
Fenofibrate Oral	Tricor, Triglide, etc	Limited to 1/day the following strengths, dosage forms, and NDCs: 54mg tablet (NDC: 00115-5511-10), 67mg capsule (NDC: 00115-0511-01, and 134mg capsule (NDC: 00115-0522-01).
<i>Antihyperlipidemics: HMG-CoA Reduase Inhibitor</i>		

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Generic Name	Representative Brand Name	Utilization Management
Lovastatin Oral	Mevacor	Limited to 1 tablet/day
Simvastatin Oral	Zocor	Limited to 1 tablet/day
<i>Nicotinic Acid Derivatives</i>		
Niacin Tab CR	Niaspan	Contingent Therapy: For patient failing therapy with or intolerant to niacin. Limited to 1 tablet/day
<u>RESPIRATORY AGENTS</u>		
<i>Antihistamines-Alkylamines</i>		
Cyproheptadine HCL Oral	Periactin	
Diphenhydramine HCL capsule, tablet Oral	Benadryl, Diphedryl	
Promethazine HCL Oral	Phenergan, Phenergan Forte	
Promethazine HCL Suppos Rectal	Phenergan	
<i>Antihistamines-Non-Sedating</i>		
Loratadine 10mg Tab Oral (OTC)	Claritin	Limited to 1 tablet/day
<i>Nasal Steroids</i>		
Flunisolide 0.025% Nasal	Nasalide	Code 1 Restriction: For diagnosis of nasal polyps, chronic sinusitis, or asthma. Limited to 1 unit/month
Fluticasone Propionate Nasal	Flonase	Code 1 Restriction: For diagnosis of nasal polyps, chronic sinusitis, or asthma. Limited to 1 unit/month
<i>Expectorants</i>		
Guaifenesin Oral	Organidin NR, Diabetic Tus, Robitussin, Naldecon Sr	
<i>Miscellaneous Respiratory</i>		
Sodium Chloride Soln Nebu 0.9%	Broncho Saline	
<i>Decongestant or Decongestant Combinations</i>		
Brompheniramine & Pseudoephedrine Syrup, Elixir Oral	Bromfed, Dimetapp, Bromtapp, Bromanate	
Chlorpheniramine & Phenylephrine Elixir 2-5 mg/5ml Oral	Novahistine	

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Generic Name	Representative Brand Name	Utilization Management
Chlorpheniramine & Pseudoephedrine Oral	Sudafed Plus, Chlor-Trimeton, Histex, Deconamine	
Dexbrompheniramine & Pseudoephedrine Oral	Sudex	
Phenylephrine-GG Oral	Rescon-GG	
Promethazine & Phenylephrine Syrup 6.25-5mg/5mL Oral	Phenergan VC	
Pseudoephedrine HCL Oral	Sudafed	
Pseudoephedrine w/DM-GG Cap 30-10-200mg Oral	Robitussin Cod/Cgh, Novahistine-DMX	
Pseudoephedrine-GG/CR Oral	Humibid Guaif, Guaifed, Robitussin PE, Guaifed-PD	
Tripolidine & Pseudoephedrine Oral	Actifed	
<i>Antitussive-Antihistamine Narcotic</i>		
Codine-GG Oral	Tussi-Organi, Robitussin A-C	
Narcotic (codeine cough syr)	Phenergan w/Codeine, etc.	Limited to 240 mL/fill, maximum of 3 fills/month.
<i>Antitussive Non-Narcotic</i>		All generic products are covered
Chlorpheniramine-DM Syrup Oral	Scot-Tussin DM SF	
Dextromethorphan-GG Liquid 10-100mg/5mL Oral	Robitussin DM, Diabetic Tus DM	
Phenylephrine-Chlorphen-DM Oral	Cerose-DM	<i>Fluticasone-Salmeterol Inhal Aerosol, Pwdr Diskus,</i>
Phenylephrine-Pyrimilamine-DM Oral	Codimal DM, Codituss DM	
Promethazine-DM Syrup Oral	Phenergan DM	
Pseudoephed-Bromphen-DM Oral	Dimetane-DX, Bromatane DX	
Pseudoephed-Carbinoxamine-DM Liquid Oral	Rondec DM	
Chlorpheniramine & Pseudoephedrine Oral	Sudafed Plus, Chlor-Trimeton, Histex, Deconamine	
Dexbrompheniramine & Pseudoephedrine Oral	Sudex	
Phenylephrine w/DM-GG Oral	Tussex	

Anticholinergics

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Generic Name	Representative Brand Name	Utilization Management
Ipratropium Bromide Inhalation	Atrovent, Atrovent HFA	
Ipratropium Bromide Inhalation Soln		
Atropine Sulfate	Atropine Sulfate	
<i>Mast Cell Stabilizers</i>		
Cromolyn Sodium Inhalation	Intal	Limited to 30/month for aerosol solution
Nedocromil Sodium Inhalation	Tilade	
<i>Beta Adrenergics</i>		
Albuterol Inhalation	Ventolin, Proventil	
Albuterol Sulfate Aero Inhalation	Ventolin HFA, Proventil HFA	Limited to Proair HFA only and 2 cannisters/month
Albuterol Sulfate Oral	Ventolin, Proventil	
Albuterol Sulfate Soln Nebu Inhalatio	Ventolin, Proventil	
Pirbuterol Inhalation	Maxair, Maxair Autohaler	
Salmeterol Xinafoate Powder Disks Inhalation	Serevent Diskus	Limited to 1 unit/month
Terbutaline Sulfate Oral	Brethine	
<i>Adrenergic Combinations</i>		
Albuterol-Ipratropium Aerosol Inhalation	Combivent	Code 1 Restriction: For diagnosis of COPD
Fluticasone-Salmeterol Inhal Aerosol, Pwdr Diskus	Advair HFA, Advair	PA required. For patient failing therapy with or intolerant to inhaled steroids, Atrovent, Combivent, or Spiriva. Limited to 1 unit/month
<i>Xanthines (Theophylline)</i>		
		All generic Xanthine products are covered.
Aminophylline Oral	Aminophylline	
Theophylline Cap CR Oral	Slo-Bid, Slo-Phyllin, Theo-24	
Theophylline Tab Oral	Slo-Phyllin, Theolair, Quibron-T	
Theophylline Tab CR Oral	Theo-Dur, Theolair-SR, Uniphyl, Uni-Dur	
Theophylline Elixir, Soln Oral	Slo-Phyllin	
<i>Steroid Inhalants</i>		
Beclomethasone Dipropionate Inhal Aero	QVAR	
Fluticasone Propionate Inhalation	Flovent HFA	Contingent Therapy: For patient failing therapy with QVAR. Limited to 1 unit/month
<i>Leukotriene Receptor Inhibitors</i>		

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Generic Name	Representative Brand Name	Utilization Management
Montelukast Sodium Oral	Singulair	Contingent Therapy: For patient on current therapy with an inhaled steroid. Limited to 30 tablets/month
Zafirlukast Oral	Accolate	Contingent Therapy: For patient on current therapy with an inhaled steroid. Limited to 60 tablets/month

GASTROINTESTINAL AGENTS

Antiperistaltic Agents

Diphenoxylate w/ Atropine Oral	Lomotil, Lonox	
Loperamide HCL Oral	Imodium, Imodium A-D	
Opium Tincture 10% Oral	Opium tincture	
Paregoric Tincture Oral	Paregoric tincture	

Belladonna Alkaloids

Hyoscyamine Sulfate Oral	Levsinex, Cystospaz-M, Levsin, Levsin SL, Anaspaz, Levbid, Colytrol	
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Antispasmodics

Dicyclomine HCL Oral	Bentyl	
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Anticholinergic Combinations

Phenobarbital & Belladonna Alkaloids Oral	Donnatal, Donnatal Extentab	
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H-2 Antagonists

For Ulcer: Over 90% of gastric or duodenal ulcers are caused by H. pylori. If test results are positive, patients should be treated with antimicrobials. Once H. pylori has been successfully eradicated, continued maintenance therapy with Anti-Ulcer agents is no longer necessary.

Cimetidine Oral	Tagamet	
Famotidine Tablet 40mg Oral	Pepcid	
Ranitidine HCL Tablet 150mg, 300mg Oral	Zantac	

Anti-Ulcers: Imidazoles (Proton-Pump Inhibitors)

For Ulcer: Over 90% of gastric or duodenal ulcers are caused by H. pylori. If test results are positive, patients should be treated with antimicrobials. Once H. pylori has been successfully eradicated, continued maintenance therapy with Anti-Ulcer agents is no longer necessary.

Omeprazole Magnesium Tablet Oral	Prilosec (OTC)	Limited to 2 tablets/day
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Miscellaneous Anti-Ulcer

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Generic Name	Representative Brand Name	Utilization Management
Sucralfate Oral	Carafate	
<i>Ulcer Anti-Infective W/ Proton Pump Inhibitors</i>		
Amoxicillin Cap-Clarithro Tab- Lansopraz Cap CR Therapy Pack Oral	PrevPac	Limited 1 fill/6 months
<i>Anti-Emetics-Anticholinergic</i>		
Meclizine Oral	Antivert	
<i>Gallstone Solubilizing Agents</i>		
Ursodiol Capsule 300mg Oral	Actigall	
<i>GI Stimulants</i>		
Metoclopramide HCL Oral	Reglan	
<i>Intestinal Acidifiers</i>		
Lactulose (Encephalopathy) Syr 10gm/15mL Oral	Cephulac, Enulose Calulose, Cholac, Generlac	
<i>Misc. GI</i>		
Mesalamine Enema Rectal, Suppos Rectal, Oral	Asacol, Canasa, Rowasa, Pentasa	Limited to 2520mL/6 months for enema
Sulfasalazine Tab & EC Oral	Azulfidine	
<i>Digestive Aids</i>		
Amylase-Lipase-Protease Oral	Pancrease	
<u>GENITOURINARY PRODUCTS</u>		
<i>Calcium Acetate (Phosphate Binder)</i>		
Calcium Acetate (Phosphate Binder) Cap 667mg Oral	PhosLo	
<i>Urinary Anti-Infectives</i>		
Nitrofurantoin Susp Oral	Furadantin	
Nitrofurantoin Macrocrystalline Oral	Macrochantin	
Nitrofurantoin Monohydrate Macrocrystalline Oral	Macrobid	
<i>Urinary Antispasmodics</i>		
Bethanechol Chloride Oral	Urecholine	
Hyoscyamine Tab 0.15 mg Oral	Cystospaz	
Oxybutynin Chloride Tab & Syr Oral	Ditropan	

Vaginal Anti-Infectives

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Generic Name	Representative Brand Name	Utilization Management
Clindamycin Phosphate CR Vaginal	Cleocin Vaginal	
Metronidazole Gel 0.75% Vaginal	Metrogel Vag Gel	
<i>Vaginal Antifungals</i>		
Nystatin Tab 100000 U Vagina/	Nystatin Vaginal Tab	
Clotrimazole Vaginal Clotrimazole Clotrimazole Tab Cream 1%, Kit Vaginal	Gyne-Lotrimin	
Miconazole Nitrate Vagina Miconazole Nitrate Vagina Kit, Miconazole Nitrate Cream, Suppos Vaginal Terconazole Vaginal	Monistat	
<i>Urinary Analgesics</i>		
Phenazopyridine HCL Tab Oral, Kit	Azo-gesic, Pyridium, Urogesic, Uro Femme Kit	
<i>Misc. Genitourinary Agents</i>		
Pentosan Polysulfate Sodium Oral	Elmiron	
Potassium & Sodium Citrates w/Citric Acid Oral	Cytra K, Polycitra, Tricitrates	
<i>Genitourinary Irrigants</i>		
Sodium Chloride Irrigation Soln	Sodium Chloride Irrigation Soln	
<u>PSYCHOTHERAPEUTIC AGENTS</u>		
<i>Benzodiazepines</i>		
Clonazepam Tab Oral	Klonopin	Code 1 Restriction: For seizure
Diazepam Tab Oral	Valium	Code 1 Restriction: For muscle spasms or seizure. Limited to 60/month.
<i>Miscellaneous Anti-Anxiety Agents</i>		
Hydroxyzine HCL Oral	Atarax	
Hydroxyzine Pamoate Oral	Vistaril	
<i>Tricyclic Agents</i>		Code 1 Restriction: For diagnosis of neuropathy or as an adjunct to pain management.
Amitriptyline HCL Oral	Elavil	

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Generic Name	Representative Brand Name	Utilization Management
Amoxapine Oral	Ascendin	
Clomipramine HCL Oral	Anafranil	
Desipramine HCL Oral	Norpramin	
Doxepin HCL Oral	Sinequan	
Imipramine HCL Oral	Tofranil	
Nortriptyline HCL Oral	Pamelor	
Protriptyline HCL Oral	Vivactil	
Trimipramine Maleate Oral	Surmontil	
<i>Phenothiazines</i>		
Prochlorperazine Suppos Rectal	Compazine	
Prochlorperazine Maleate Oral Prochlorperazine Maleate Cap CR & Tab Oral	Compazine	
Prochlorperazine Edisylate Oral	Compazine	
<i>Barbiturate Hypnotics</i>		
Phenobarbital Oral	Phenobarbital	Code 1 Restriction: For diagnosis of seizures
<u>ANALGESICS AND ANESTHETICS</u>		
<i>Salicylates</i>		
Aspirin Oral	Bayer ASA, Empirin, Ascriptin, ASA Low Dose, Ecotrin, Genacote	Does not include single source branded products
Aspirin Suppos Rectal	Aspirin Supp	Does not include single source branded products
Salsalate Oral	Salflex, Disalcid, Amigesic	
<i>Salicylate Combinations</i>		
Aspirin Buffered (mg Carbonate-Al Glycinate) 325mg Tab Oral	Aspirin Buffered, Gennin -FC	
Aspirin Buffered 325mg Tab Oral	Buffaprin, Buffered ASA	
<i>Analgesics Other</i>		
Acetaminophen Oral	Tylenol	
Acetaminophen Suppos Rectal	Feverall, Acephen	
<i>Analgesic-Sedatives</i>		

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Generic Name	Representative Brand Name	Utilization Management
Butalbital-Acetaminophen 50-650mg Cap, 50-325mg & 50-650mg Tab Ora//	Phrenilin, Sedapap	
Acetaminophen-Caffeine- Butalbital 325-40-50mg Tab & Cap Oral	Esgic, Esgic Plus, Fioricet	
Aspirin-Caffeine-Butalbital 325-40-50mg Tab & Cap Ora/	Fiorinal, Fiortal, Butalbital CPD, Fortabs	
<i>Narcotic Agonist</i>		
Methadone HCL Oral	Dolophine, Methadose	
Morphine Sulfate Tab Oral	MSIR	Limited to 12 tablets/day
Morphine Sulfate Tab CR Oral	MS Contin, Oramorph SR	Limited to 4 tablets/day
Tramadol HCL Tab 50mg Oral	Ultram	Limited to 8 tablets/day
<i>Narcotic Combinations</i>		Maximum acetaminophen daily dose = 4gm/day
Oxycodone w/ Acetaminophen 5-325mg, 7.5-325mg, & 10-325mg Tab Ora/	Roxicet	
<i>Codeine Combinations</i>		Maximum acetaminophen daily dose = 4gm/day
Acetaminophen w/ Codeine 300-15mg, 300-30mg, 300- 60mg, 650-30 mg Tab Ora/	Tylenol/Codeine #2, #3, #4Vopac	Limited to 60 tablets/month
Acetaminophen w/ Codeine Elixir, Soln, Susp Oral	Tylenol/Codeine	Limited to 500mL/month
Aspirin w/ Codeine 325- 15mg, 325-30mg, & 325-60mg Tab Oral	Empirin/Codeine #2, #3, #4	Limited to 60 tablets/month
<i>Hydrocodone Combinations</i>		Maximum acetaminophen daily dose = 4gm/day
Acetaminophen w/ Hydrocodone 5-500mg, 7.5- 750mg, 10-325mg Tab Oral	Lortab 5mg, Norco 10-325mg, Vicodin, Vicodin ES	Ryan White Program: 5-500mg – Bill ADAP Limited to 240 tablets/30 days for 5-500mg (CMS & Coverage Initiative); 150 tablet/30 days for 7.5-750mg, and 360 tablets/30 days for 10-325mg
Acetaminophen w/ Hydrocodone 7.5- 500mg/15mL Soln Oral	Lortab Elixer	Limited to 500mL/month
<i>Opioid Combinations</i>		Maximum acetaminophen daily dose = 4gm/day

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Generic Name	Representative Brand Name	Utilization Management
Butalbital-Acetaminophen-Caff w/ Cod 50-325-40-30mg Cap Oral	Phrenilin w/ Codeine	Limited to 30 capsules/month
Butalbital-Aspirin-Caff w/ Codeine 50-325-40-30mg Cap Ora/	Fiorinal w/ Codeine	Limited to 60 capsules/month
<i>Propoxyphene Combinations</i>		
Propoxyphene-N w/ APAP 50-325mg Tab Oral	Darvocet-N 50	Limited to 60 tablets/month
<i>Propoxyphene-N w/ APAP 100-650mg Tab Oral</i>	Darvocet-N 100	Limited to 60 tablets/month
<i>Nonsteroidal Anti-Inflammatory Agents</i>		
Diclofenac Potassium Oral	Cataflam	
Diclofenac Sodium EC Oral	Voltaren	Limited to 4 tablets/day
Etodolac Cap & Tab Oral	Lodine	Limited to 3 capsules/day for 200mg & 300mg capsules; 3 tablets/day for 400mg tablet and 2 tablets/day for 500mg tablet
Fenoprofen Calcium Oral Fenoprofen Calcium Oral	Nalfon	
Ibuprofen Oral	Motrin	
Indomethacin Oral, Suppos Rectal	Indocin	
Meloxicam Tab Oral	Mobic	Limited to 1 tablet/day
Naproxen Oral	Naprosyn	
Naproxen Sodium Ora/	Anaprox	
Oxaprozin Ora/	Daypro	Limited to 2 tablets/day
Piroxicam Ora/	Feldene	Limited to 2 capsules/day for 10mg and 1 capsule/day for 20mg
Sulindac Oral	Clinoril	
<i>Methotrexate</i>		
Methotrexate 2.5mg Tab Oral	Rheumatrex	
<i>Migraine Products</i>		
APAP-Isometheptane-Dichloral Cap 325-65-100mg Oral	Midrin	
<i>Serotonin Agonist</i>		
Sumatriptan Spray Nasal	Imitrex NS	Contingent Therapy: For patient failing therapy with or intolerant to Cafergot, Midrin, Fioricet, or Fiorinal. Limited to 6 units/month

San Diego County Medical Services Drug Formulary

Generic Name	Representative Brand Name	Utilization Management
Sumatriptan Succinate Injection	Imitrex	Contingent Therapy: For patient failing therapy with or intolerant to Cafergot, Midrin, Fioricet, or Fiorinal. Limited to 4 packages (8 injections)/month
Sumatriptan Succinate Tab Oral	Imitrex	Contingent therapy: For patient failing therapy with or intolerant to Cafergot, Midrin, Fioricet, or Fiorinal. Limited to 18 tablets/month for 25mg & 50mg and 9 tablets/month for 100mg
<i>Ergot Combinations</i>		
Ergotamine w/ Caffeine 1-100mg Tab Oral	Wigraine, Ercaf	
<i>Gout</i>		
Allopurinol Tab Oral	Zyloprim	
Colchicine Ora/	Colchicine	
<i>Uricosurics</i>		
Probenecid Oral Probenecid Tab 500 mg	Benemid	
Sulfinpyrazone Oral	Anturane	
<i>Combination Gout Drugs</i>		
Colchicine w/Probenecid Oral Coichicine w/Probenecid Tab 0.5-500 mg Oral	Proben-C	
<u>NEUROMUSCULAR AGENTS</u>		
<i>Hydantoins</i>		
Phenytoin Chew Tab 50 mg Oral	Dilantin	
<i>Valproic Acid</i>		
Divalproex Sodium EC Cap Oral	Depakote Sprinkle	
Divalproex Sodium EC Tab Oral	Depakote EC	
Divalproex Sodium SR 24 Hr Tab Ora/	Depakote ER	
Valproic Acid Cap 250mg Oral	Depakene	

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Generic Name	Representative Brand Name	Utilization Management
<i>Miscellaneous Anticonvulsants</i>		
Carbamazepine Tab SR Oral	Tegretol XR	Limited to patient intolerant to or failing therapy with carbamazepine tablets
Carbamazepine Chew Tab Oral	Tegretol	
Carbamazepine Susp Ora/	Tegretol	
Gabapentin 400mg Cap, 400mg, 600mg, & 800mg Tablet Oral	Neurontin	For CMS & Coverage Initiative: Limited to 6 capsules/day for 400mg capsules, 6 tablets/day for 400mg tablets, 5 tablets/day for 600mg tablets, and 4 tablets/day for 800mg tablets
Primidone Tablet Oral	Mysoline	
Zonisamide Capsule Oral	Zonegran	Code 1 Restriction: Limited to diagnosis of seizure
<i>Antiparkinsonian Agents</i>		All agents are covered.
<i>Central Muscle Relaxants</i>		
Baclofen Tab Oral	Lioresal, Lioresal DS	Limited to 4 tablets/day
Cyclobenzaprine HCL 10mg Tab Oral	Flexeril	Limited to 3 tablets/day
Methocarbamol Oral	Robaxin	Limited to 6 tablets/day
<i>Anticholinergic Agents</i>		
Neostigmine Bromide Tab 15mg Oral	Prostigmin	
Pyridostigmine Bromide Oral	Mestinon	
<u>NUTRITIONAL PRODUCTS</u>		
<i>Vitamin B-3</i>		
Niacin Oral	Niacin	
<i>Vitamin B-6</i>		
Pyridoxine HCL Cap , Cap CR, Tab Oral	Vitamin B-6	Code 1 Restriction: For use with INH only
<i>Vitamin K</i>		
Phytonadione Tab 5mg Oral	Mephyton	
<i>Nutritional Supplements (Ryan White Program)</i>		
Nutritional Supplement Liquid	Boost, Ensure	Ryan White Program: Limited to 21600mL/fill, 3 fills/year
<i>Potassium</i>		
Potassium Chloride Cap CR 8mEq & 10mEq Oral	Micro-K	

San Diego County Medical Services Drug Formulary

Generic Name	Representative Brand Name	Utilization Management
Potassium Chloride Tab CR 8mEq, 10mEq, 15mEq & 20mEq Oral	Slow-K, Klor-Con, K- Tabs, K-Dur, Klortrix, Kaon-CL	
Potassium Chloride Oral Liq 10% & 20% Oral	Klorvess, Kaochlor, Kay Ciel KCL, Kaon- CL SF	
Potassium & Sodium Phosphates for Soln 278-164- 250mg/75mL, Powder 278- 164-250mg & 280-160-250mg Oral	Neutraphos	
<i>Potassium Removing Resin</i>		
Sodium Polystyrene Sulfonate Susp 15gm/60mL Oral/Rectal/	SPS	
Sodium Polystyrene Sulfonate Powder Oral	Kayexalate	
<i>Sodium</i>		
Sodium Chloride Injection	Normal Saline (IV)	
<u>HEMATOLOGICAL AGENTS</u>		
<i>Folic Acid</i>		
Folic Acid Oral	Folic Acid	
<i>Iron</i>		
Ferrous Fumarate Oral	Feostat	
Ferrous Gluconate Oral	Ferrous Gluconate	
Ferrous Sulfate Oral	Iron, Slow-Fe, Feosol, Fer-In-Sol, Feratab	
<i>Coumarin Anticoagulants</i>		
Warfarin Sodium Tab Oral	Coumadin	
<i>Platelet Aggregation Inhibitors</i>		
Dipyridamole Tab Oral	Persantine	
<i>Heparins And Heparinoid-Like Agents</i>		
Enoxaparin Sodium Injection	Lovenox	Limited to 14 units/6 months
Fondaparinux Sodium 2.5 mg/0.5mL Injection	Arixtra	Limited to 7 units/7 days
<i>Thienopyridine Derivatives</i>		
Clopidogrel Bisulfate Tab Oral	Plavix	Code 1 Restriction: For diagnosis of TIA, stroke, stent, or patient failing therapy or intolerant to Aspirin.
<u>TOPICAL PRODUCTS</u>		
<i>Ophthalmic Antibiotics</i>		All ophthalmic Anti-Infectives are covered

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Generic Name	Representative Brand Name	Utilization Management
Bacitracin Oint 500 U/gm Ophthalmic	AK-Tracin	
Ciprofloxacin HCL Oint & Soln 0.3% Ophthalmic	Ciloxan	
Erythromycin Oint 5mg/gm Ophthalmic	Llotycin	
Gatifloxacin 0.3% Soln Ophthalmic	Zymar	
Gentamicin Sulfate Soln & Oint 0.3% Ophthalmic	Garamycin, Genoptic	
Levofloxacin 0.5% Soln Ophthalmic	Quixin	
Moxifloxacin 0.5% Soln Ophthalmic	Vigamox	
Ofloxacin Ophth Soln 0.3% Ophthalmic	Ocuflox	
Sodium Sulfacetamide 10% Ophthalmic	Bleph-10, Sod Sulamyd	
Tobramycin Sulfate Soln & Oint 0.3% Ophthalmic	Tobrex	
<i>Ophthalmic Beta-Blockers</i>		All ophthalmic beta-blockers are covered
Betaxolol HCL Soln -.5% & 1% and Susp 0.25% Ophthalmic	Betoptic, Betoptic-S	
Carteolol HCL Soln 1% Ophthalmic	Ocupress	
Metipranolol HCL Soln 0.3% Ophthalmic	Optipranolol	
Levobunolol HCL Soln 0.25% & 0.5% Ophthalmic	Betagan	
Timolol Maleate Soln 0.25% & 0.5% Ophthalmic	Timoptic	
Timolol Maleate Soln (Gel Forming) 0.25% & 0.5% ophthalmic	Timoptic XE	
<i>Ophthalmic Carbonic Anhydrase Inhibitors</i>		
Brinzolamide Susp 1% Ophthalmic	Azopt	
<i>Ophthalmic Carbonic Anhydrase Inhibitors – Beta-Blocker Combination</i>		
Dorzolamide-Timolol Soln 2- 0.5% Ophthalmic	Cosopt	
<i>Ophthalmic Steroids</i>		
Dexamethasone Susp 0.1% Ophthalmic	Maxidex	
Dexamethasone Sodium Phosphate Soln Ophthalmic	Decadron, Dexa-sol	

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Generic Name	Representative Brand Name	Utilization Management
Fluorometholone Susp Ophthalmic	FML Liquifilm, FML Forte	
Fluorometholone Oint 0.1% Ophthalmic	FML S.O.P.	
Fluorometholone Acetate Susp 0.1% Ophthalmic	Flarex, Eflone	
Prednisolone Acetate Susp 1% Ophthalmic	Econopred Plus, Omnipred Pred Forte	
Prednisolone Sodium Phosphate Soln 1% Ophthalmic	Inflamase Forte	
<i>Ophthalmic Steroid Combinations</i>	All ophthalmic steroid combinations are covered	
Loteprednol etabonate-Tobramycin Susp 0.5-0.3% Ophthalmic	Zylet	
Neomycin-Dexamethasone Phos Soln 0.5-0.1% Ophthalmic	Neo-Decadron	
Sulfacetamide Sodium-Prednisolone Soln 10-0.25% Ophthalmic	Vasocidin	
Sulfacetamide Sodium-Prednisolone Susp 10-0.2% Ophthalmic	Blephamide	
Sulfacetamide Sodium-Prednisolone Susp 10-0.25% Ophthalmic	Iso Cetapred	
Sulfacetamide Sodium-Prednisolone Susp 10-0.5% Ophthalmic	Metimyd	
Sulfacetamide Sodium-Prednisolone Oint 10-0.2% Ophthalmic	Blephamide S.O.P.	
Sulfacetamide Sodium-Prednisolone Oint 10-0.25% Ophthalmic	Cetapred	
Sulfacetamide Sodium-Prednisolone Oint 10-0.5% Ophthalmic	Metimyd, Vascocidin	
Tobramycin-Dexamethasone Susp & Oint 0.3-0.1% Ophthalmic	Tobradex	
Neomycin-Polymyxin-Dexamethasone Susp & Oint 0.1% Ophthalmic	Maxitrol, Dexacidin	
Neomycin-Polymyxin-HC Susp Ophthalmic	Cortisporin	

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Generic Name	Representative Brand Name	Utilization Management
Bacitracin-Polymyxin-Neomycin-HC Ophthalmic Oint 1%	Cortisporin, AK-Spore HC, Triple Antibiotic	
<i>Prostaglandin Agonists Ophthalmic</i>		
Latanoprost Soln 0.005% Ophthalmic	Xalatan	
<i>Cycloplegics</i>		
Atropine Sulfate Soln 1% Ophthalmic	Iso Atropine	
Atropine Sulfate Oint 1% Ophthalmic	Ocu-tropine	
Cyclopentolate HCL Soln 0.5%, 1%, 2% Ophthalmic	Cyclogyl	
Homatropine HBr Soln 2%, 5% Ophthalmic	Iso Homatropine	
Scopolamine HBr Soln 0.25% Ophthalmic	Iso Hyoscine	
Tropicamide Soln 0.5%, 1% Ophthalmic	Mydriacyl, Infi-Cyle	
<i>Cycloplegics Mydriatic Combinations</i>		
Cyclopentolate w/ Phenylephrine Soln 0.2-1% Ophthalmic	Cyclomydril	
Scopolamine w/ Phenylephrine Soln 0.3-10% Ophthalmic	Murocoll-2	
<i>Ophthalmic Decongestant Combinations</i>		
Naphazoline w/ Antazoline Soln 0.05-0.5% Ophthalmic	Vasocon-A	
Naphazoline w/ Pheniramine Soln 0.025-0.3% Ophthalmic	Naphcon-A	
<i>Ophthalmics - Direct Acting</i>		
Pilocarpine HCL Soln 0.5%, 1%, 2%, 4%, 6% Ophthalmic	Iso Carpine, Pilocar	All ophthalmic miotic direct-acting agents are covered.
Pilocarpine HCL Gel 4% Ophthalmic	Pilopine HS	
<i>Adrenergic Mydriatics</i>		
Dipivefrin Soln 0.1% Ophthalmic	Propine-C	

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Generic Name	Representative Brand Name	Utilization Management
<i>Ophthalmic Anti-Allergic</i>		
Olopatadine HCL Soln Ophthalmic	Patanol	Contingent Therapy: For patient failing therapy with or intolerant to Naphcon-A or Vasacon-A
<i>Ophthalmic Non-Steroidal Anti-Inflammatory Agents</i>		
Diclofenac Sodium Soln 0.1% Ophthalmic	Voltaren	Code 1 Restriction: For Ophthalmologist Limited to #2.5mL/30 days
Flurbiprofen Soln 0.03% Ophthalmic	Ocufen	
Ketorolac Tromethamine Soln 0.4%, 0.5% Ophthalmic	Acular LS, Acular	Code 1 Restriction: For Ophthalmologist Limited to #2.5mL/30 days
Nepafenac Susp 0.1% Ophthalmic	Nevanac	Code 1 Restriction: For Ophthalmologist Limited to #3mL/30 days
Bromfenac Sodium Soln 0.09% Ophthalmic	Xibrom	Code 1 Restriction: For Ophthalmologist Limited to #2.5mL/30 days
<i>Otic Steroids</i>		
Hydrocortisone W/ Acetic Acid 1-2% Soln Otic	Vosol-HC	
<i>Otic Miscellaneous</i>		
Acetic Acid 2% Soln Otic	Vosol	
Carbamide Peroxide 6.5% Soln Otic	Debrox	
<i>Otic Steroid Antibiotic Combinations</i>		
Benzocaine-Antipyrine 1.4-5.4% Soln Otic	Auralgan	
Neomycin-Polymyxin-HC Susp 3.5mg/mL-10000 U/mL-1% Otic	Cortisporin Otic	
Neomycin-Polymyxin-HC Soln 1% Otic	Cortisporin Otic	
<i>Mouth & Throat (Local)</i>		
Lidocaine HCL in Viscous Soln 2% (Mouth-Throat)	Lidocaine Viscous	
Nystatin Susp 100000 U/mL (Mouth/Throat)	Mycostatin, Bio-Statin	
Pilocarpine HCL 5mg Tab Oral	Salagen	
Triamcinolone Acetonide in Orabase 0.1% (Mouth)	Kenalog	

DERMATOLOGICAL PRODUCTS

Antibiotics – Topical

Mupirocin 2% Oint External	Bactroban	Limited to 60gm/month
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Generic Name	Representative Brand Name	Utilization Management
<i>Antifungals – Topical</i>		
Crotamiton External	Eurax	
Nystatin External	Mycostatin, Nystop, Pedi-Dri	
Tolnaftate Power External	Tinactin	
<i>Topical Antifungals</i>		
Clotrimazole External	Desenex, Lotrimin, Lotrimin AF	
Ketoconazole Cream 2% External	Nizoral	
Ketoconazole Shampoo 2% External/	Nizoral	Limited to 120mL/month
Miconazole Nitrate Cream 2% External	Micatin, Monistat	
<i>Antifungals – Topical Combinations</i>		
Clotrimazole w/ Betamethasone Cream, External	Lotrisone	
Nystatin-Triamcinolone Cream & Oint External	Mycolog II	
<i>Burn Products</i>		
Silver Sulfadiazine Cream 1% External/	Silvadene	
<i>Tar Products</i>		
Allantoin-Coal Tar and Combinations Shampoo External	Tegrin Medicated Shampoo 7%	
Coal Tar External	Fototar, G-Tar, Tegrin, Medotar	
<i>Corticosteroids – Topical</i>		
Betamethasone Dipropionate Cream External	Diprosone, Maxivate	Limited to 90gm/mo for cream, & ointment, and 120ml/mo for lotion.
Fluocinolone Acetonide Cream, Soln External	Synalar, Fluorosyn,	Limited to 120 gm/mo for cream, & ointment, and 120ml/mo for solution.
Fluocinonide Cream, Emulsified Cream, Gel, Soln, Oint 0.05% External	Lidex, Lidex-E	Limited to 120 gm/mo for cream, gel & ointment, and 120ml/mo for solution.

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

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

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- Acetaminophen w/ Codeine Elixir, 18
- Acetaminophen w/ Hydrocodone 5-500mg, 7.5-750mg, 10-325mg Tab Oral, 18
- Acetaminophen w/ Hydrocodone 7.5-500mg/15mL Soln, 18
- Acetaminophen w/ Hydrocodone Cap, Tab Oral, 18
- Acetaminophen-Caffeine-Butalbital 325-40-50mg Tab & Cap Oral, 18
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- Alpha-Blockers, 8**
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DRUG PRIOR AUTHORIZATION REQUEST
CONFIDENTIAL PATIENT INFORMATION
San Diego CMS Program

Fax to: 866-511-2202

Customer Service Help Desk: (800) 777-0074

If this is an URGENT REQUEST check here:

Fax to the 'Urgent Fax Line' at 877-636-9001. Note: This line MUST be reserved for requests that are potentially life threatening or pose a significant risk to the continuous care of the patient, in the provider's best professional judgment. NMHC Clinical Pharmacists reserve judgment of urgency and must meet definition above, therefore, please explain reason for urgency below. This fax line monitored for abuse.

Top portion and medication request information to be completed by physician requesting prior authorization.

Name of Member's Health Plan:

Member's Program: CMS RW CI (circle one)

Date of Request: Physician:

MD office Contact Person: Signature:

Physician's Fax Number: Physician's Phone Number:

Physician's Specialty:

Pharmacy Name: Pharmacy Fax Number: ()

Pharmacy Contact: Pharmacy Phone Number: ()

Patient's Last Name, First Name	Patient's ID# or SSN#
Sex: Male Female	Patient's DOB
Patient's Phone Number	

MEDICATION REQUEST NEW RENEWAL---RENEWAL ORIGINAL RX DATE: _____

DIAGNOSIS (LIST RELEVANT):

CURRENT MEDICATION(S):

FORMULARY DRUGS TRIED AND MEDICAL JUSTIFICATION:

DRUG AND STRENGTH: _____ **NDC:** _____

DIRECTIONS: _____ **MONTHLY QTY:** _____ **#REFILLS:** _____

FOR Informed Rx USE ONLY

Approved ___ Denied ___ Deferred for Additional Information ___ Approved As Modified ___ Pt. Not Eligible ___

COMMENTS: _____

Authorizing Signature _____ Date _____

NDC VALID: EXPIRES: _____

SAN DIEGO COUNTY CMS PROGRAM
REQUEST FOR FORMULARY CHANGE FORM
Fax Completed Form to (858) 565-4091
Attention: Medical Management Services, Manager

DATE FORM COMPLETED: _____

REQUESTED BY: _____

CLINIC _____ SPECIALTY _____

PHONE NUMBER: _____ FAX NUMBER: _____ EMAIL: _____

COMPARABLE DRUG(S) ON FORMULARY:

1) _____

2) _____

DRUG INFORMATION

GENERIC NAME _____ BRAND NAME _____

MANUFACTURER _____ DOSAGE: _____

MEDICAL INDICATIONS: _____

PRECAUTIONS/ALERTS: _____

ADVANTAGES AND DISADVANTAGES: (YOU MAY ATTACH REFERENCES OR PUBLICATIONS THAT SUPPORT THE
EFFICACY OF THIS DRUG) _____

.....
FOR CMS PROGRAM USE ONLY

COMMITTEE COMMENTS: _____

DRUG COST PER MONTH _____ POTENTIAL OVERALL COST _____

ADVANTAGE/DISADVANTAGE _____

ACCEPTED: _____ REJECTED: _____ DATE: _____

DATE ADDED TO FORMULARY _____ FORM 10/01/08