MSI DRUG FORMULARY LISTS
Rev. 4/2/2012

CATEGORY (Generic bias for all formulary drugs)	Brand Name (for reference only)	Pricing (AWP/MAC) for Reference only	Pharmacy Discount Programs (e.g., $4 generics)	Quantity Limit (QL)/Rx	QL units	Days Supply Limit	Maximum Dollar/Rx	GPI Code	Comments	PA	Step Tx
I. ANTI-INFECTIVES: ORAL Only, All Tab/Cap strengths -- (Not Oral Soln, Not Sustained Release, Not Ch											
ANTI-BACTERIALS								-			
Cephalosporins								-			
cefaclor	Ceclor	$20-$40		42	each	14 days	$240	0220004000			
cefixime	Suprax	$45-$90		14	each	14 days	$240	0230006000			
cephalexin	Keflex	$5-$15	X	56	each	14 days	$240	0210002000	**On Wal-Mart and Targets $4 list**		
Penicillins								-			
amoxicillin / clavulanate	Augmentin	$80-$110		28	each	14 days	$240	0199000220	For beta lactamase producing organisms		
amoxicillin	Amoxil	$5	X	56	each	14 days	$240	0120001010	PO drug of choice for a number of infections caused by gram (+) and (-) organisms, Shigella, and Salmonella. On Wal-Mart and Targets XIV. GI has H. Pylori regimen of bismuth +Metronidazole +tetracycline for 14 days with a QL of 56 each. This regimen is >90% effective. (American College of Gastroenterology) For further reference, and information for physician, this regimen is – Bismuth 525mg QID+ Metronidazole 500mg QID+Tetracycline 500mg QID -- Usually given with Omeprazole 20mg BID for 7-14 days		
ampicillin	Principen	$5	X	56	each	14 days	$240	0120002020			
dicloxacillin	Dynapen	$5-$10		56	each	14 days	$240	0130002010			
penicillin VK	Pen Vee K	$5	X	56	each	14 days	$240	0110004010	**On Wal-Mart, Targets $4 list**		
Macrolides					each			-			
azithromycin	Zithromax	$40		6	each	6 days	$240	0340001000	Macrolide antibiotic for Staph, Strep, and Atypical organisms		
erythromycin	-	$5	X	28	each	14 days	$240	0310000*	**On Wal-Mart, Targets $4 list,**		
erythromycin base ER	ERYC	$5	X	14	each	14 days	$240	0310000500			
clindamycin 150mg, 300mg caps only	-	$420		120	each	30 days	$450	162200201001			
clarithromycin tabs (not sustained release)	BIAXIN	$125-$150		28	each	30 days	$240	35000100003			
clarithromycin suspension	BIAXIN	$125-$240		300	ml	30 days	$240	35000100019			
Tetracyclines								-			
doxycycline	Vibramycin	$5	X	28	each	14 days	$240	04000020	**On Wal-Mart, Targets $4 list**		
tetracycline	Achromycin	$5	X	56	each	14 days	$240	0400006010	**On Wal-Mart, Targets**		
Quinolones								-			
ciprofloxacin	Cipro	$10	X	28	each	14 days	$240	05000020	Fluoroquinolone predominantly used for atypical organisms and gram (-) organisms including Pseudomonas. Consider Levaquin and Ciprofloxacin as therapeutically equivalent. **On Wal-Mart, Targets $4 list**		
Urinary Tract Anti-infectives								-			
nitrofurantoin macrocrystalline caps	Macrodantin	$25	X	42	each	14 days	$240	5300005010	Good PO option for uncomplicated UTI in which patient has Sulfa or PCN allergy. Concentrates in urine so little systemic side effects. Macrocrystalline Capsules (Macrodatin) are available in 25 mg, 50 mg, and 100 mg (Monohydrate, generic MacroBit, is NF and only available in 100 mg).		
trimethoprim	Trimpex	$5		42	each	14 days	$240	1600005500			
Other Anti-Bacterials								-			
metronidazole (oral)	Flagyl	$5	X	56	each	14 days	$240	1600003500	For treatment of choice for anaerobic infections, giardia, and C.difficile colitis. **On Wal-Mart, Targets $4 list**		
trimethoprim/sulfamethoxazole (tmp/smz)	Septra, Bactrim	$5	X	56	each	14 days	$240	1699000230	PO option for gram (+) and (-) organisms including MRSA, Used for PCP prophylaxis. **On Wal-Mart, Targets $4 list**		
ANTI-MALARIALS	-	-						-			
hydroxychloroquine	Plaquenil	$10		60	each	30 days	$240	1300002010			
primaquine	Primaquine	$10		30	each	30 days	$240	1300003010			
pyrimethamine	Daraprim	$10		30	each	30 days	$240	1300004000			
ANTI-VIRALS	-	-						-			
acyclovir oral	Zovirax	$20-$50	X	90	each	30 days	$240	1240501000	**On all $4 lists**		
ANTI-FUNGALS	-	-						-			
fluconazole 150mg	Diflucan	$15	X	30	each	30 days	$240	1140701500	**On Wal-Mart, Targets $4 list**		
griseofulvin	rifulvin, Fulvicin-P/G, -U	$15		30	each	30 days	$240	1100003010			
griseofulvin ultramicrosize tabs	Gris-Peg			30	each	30 days	$240	1100003020			
nystatin	Mycostatin	$5	X	120	each	30 days	$240	110000600003	**On Wal-Mart, Targets $4 list**		
nystatin (suspension)	Mycostatin	$5	X	480	ml	30 days	$240	8810001000	**On Wal-Mart, Targets $4 list**		
ANTI-RETROVIRALS -- OUT OF SCOPE OF THE PROGRAM											
ANTI-MYCOBACTERIALS	-	-						-			

CATEGORY (Generic bias for all formulary drugs)	Brand Name (for reference only)	Pricing (AWP/MAC) for Reference only	Pharmacy Discount Programs (e.g., $4 generics)	Quantity Limit (QL)/Rx	QL units	Days Supply Limit	Maximum Dollar/Rx	GPI Code	Comments	PA	Step Tx
ethambutol	Myambutol	$135		30	each	30 days	$240	0900004010	Part of standard 4 drug regimen for active TB		
isoniazid	INH	$5	X	30	each	30 days	$240	0900006000	Part of standard 4 drug regimen for active TB, Used alone for latent TB. **On all $4 lists**		
pyrazinamide	PZA	$120		30	each	30 days	$240	0900007000	Part of standard 4 drug regimen for active TB		
rifampin	Rimactane	$110		30	each	30 days	$240	0900008000	Part of standard 4 drug regimen for active TB		
ANTIHELMINTICS	-	-						-			
thiabendazole	Mintezol	$5		60	each	30 days	$240	1500009000			
II. ANTI-INFECTIVES: TOPICAL All Strengths-- Creams/Ointments (Solutions, Liquids, Shampoo											
TOPICAL ANTI-BACTERIALS	-	-						-			
bacitracin	Bacitracin	$5	X	60	gm	30 days	$240	9010001000	**On Wal-Mart, Targets $4 list**		
poly/bac	Polysporin	$5		60	gm	30 days	$240	9010980210			
TOPICAL ANTI-FUNGALS	-	-						-			
nystatin (Cream)	Mycostatin	$5	X	60	gm	30 days	$240	901500800037	**On Wal-Mart, Targets $4 list**		
nystatin (Ointment)	Mycostatin	$5	X	60	gm	30 days	$240	901500800042	**On Wal-Mart, Targets $4 list**		
tolnaftate (soln/cream)	Tinactin	$5		60	gm/ml	30 days	$240	9015008500			
clotrimazole (soln/cream)	Lotrimin	$15		60	gm/ml	30 days	$240	9015402000			
TOPICAL ANTI-FUNGAL COMBINATIONS	-	-						-			
nystatin/triamcin	Mycolog-II	$15	X	60	gm	30 days	$240	9015990225	**On Target's $4 list**		
SCABICIDES/PEDICULOCIDES	-	-						-			
pyrethrins -- liquid/shampoo	Rid, etc.	$10-$15		60	ml	30 days	$240	9090990210			
permethrin 5% cream	Elimite, Acticin	$60		120	gm	30 days	$240	90900035003720	2 tubes (2x60gm each = 120gm)		
III. IMMUNE MODULATORS								-			
ANTI-NEOPLASTICS	-	-						-			
Any oral/injectable FDA-approved cancer therapy -- Refer to PAP for all brands	-	-					$1,200	21			
Imatinib Mesylate	Gleevec	**$256**		60	each	30 days	$1,200	2153403510			
Note: For Breast and Cervical Cancer refer to Medi-Cal for payment of treatments											
Epogen / Neupogen / Neulasta -- Requires PA								-	**See PA criteria**	X	
IMMUNOSUPPRESSANTS -- All require PA	-	-						-	**See PA criteria**	X	
IV. CARDIOVASCULAR: ORAL, All Tab/Cap/Oral Soln strengths, (Sustained, Delayed, and Extended Rel											
CARDIAC GLYCOSIDES	-	-						-			
digoxin	Lanoxin	$5-$10	X	30	each	30 days	$240	3120001000	**On most $4 lists**		
CALCIUM-CHANNEL BLOCKERS	-	-						-			
diltiazem	Cardizem	$10-$25	X	90	each	30 days	$240	34000010	A benzothiazepine CCB with antiarrythmic properties for Tx of HTN, angina, and SVT. **On all $4 list**		
diltiazem ER	Tiazac	$35-$115		30	each	30 days	$240	3400001011			
felodipine	Plendil	$30-$65		30	each	30 days	$240	3400001300	Dihydropyridine CCB for the treatment of HTN and angina.		
nifedipine SR	Adalat CC only	$30-$65		30	each	30 days	$240	3400002000			
verapamil	Calan, Isoptin	$5-$15	X	90	each	30 days	$240	3400003010	Non-DHP CCB with antiarrythmic properties for Tx of HTN, angina, and SVT. **On all $4 list**		
verapamil SR	Calan SR	$10-$20		60	each	30 days	$240	3400003010			
Amlodipine	Norvasc	$5	X	30	each	30 days	$240	340000031003			
DIURETICS	-	-						-			
Thiazides	-	-						-			
hydrochlorothiazide	**HydroDiuril**	$5	X	60	each	30 days	$240	3760004000	HCTZ usually 1st line for Tx of HTN. **On all $4 lists**		
Carbonic Anhydrase Inhibitors	-	-						-			
acetazolamide	Diamox	$5-$10		90	each	30 days	$240	3710001000			
Loop	-	-						-			
furosemide	Lasix	$5	X	60	each	30 days	$240	3720003000	Potent diuretic. **On all $4 lists**		
Potassium-Sparing	-	-						-			
spironolactone	Aldactone	$5-$10	X	60	each	30 days	$240	3750002000	For Tx of HTN, adjunct therapy to CHF, or diuretic induced hypokalemia. **On Wal-mart's, Targets $4 list**		
Diuretic Combinations	-	-						-			
triamterene / hctz	Maxzide, Dyazide	$5-$20	X	60	each	30 days	$240	3799000230	**On all $4 list**		
BETA BLOCKERS	-	-						-			
atenolol	Tenormin	$5	X	60	each	30 days	$240	3320002000	Beta-blockers for treatment of HTN and highly recommended for HF and post-MI. Cardio-selective preferred due to less side effects. **On all $4 list**		

CATEGORY (Generic bias for all formulary drugs)	Brand Name (for reference only)	Pricing (AWP/MAC) for Reference only	Pharmacy Discount Programs (e.g., $4 generics)	Quantity Limit (QL)/Rx	QL units	Days Supply Limit	Maximum Dollar/Rx	GPI Code	Comments	PA	Step Tx
atenolol/chlorthalidone	Tenoretic	$10-$30	X	30	each	30 days	$240	3699200210	**On all $4 list**		
metoprolol	Lopressor	$5-$10	X	90	each	30 days	$240	3320003010	Beta-blockers for treatment of HTN and highly recommended for HF and post-MI. Cardio-selective preferred due to less side effects. On all $4 list (including Tom Thumb)		
metoprolol XL	Toprol XL	$25-$95		60	each	30 days	$240	3320003005			
propranolol	Inderal	$5-$10	X	120	each	30 days	$240	3310004010	**On all $4 list**		
Propranolol XL/ Propranolol LA	**Inderal LA**	**$60-$87**	**X**	**60**	**each**	**30 days**	**$240**	**3310004010**			
ALPHA BLOCKERS	-	-						-			
prazosin	Minipress	$5-$10	X	60	each	30 days	$240	3620203010	Alpha-1 antagonist for treatment of HTN, BPH. **On all $4 list**		
ALPHA/BETA BLOCKERS -- OUT OF SCOPE OF PROGRAM											
ACE INHIBITORS	-	-						-			
enalapril	Vasotec	$95	X	60	each	30 days	$240	361000201003	**On most $4 lists**		
benazepril	Lotensin	$25-$60	X	60	each	30 days	$240	3610000510	**On all $4 list**		
benazepril / HCTZ	Lotensin HCT	$30 - $65		60	each	30 days	$240	3699180215			
captopril	Capoten	$5-$10	X	90	each	30 days	$240	3610001000	**On all $4 list**		
captopril / hctz	Capozide	$15	X	30	each	30 days	$240	3699180225	**Only on Kmart's $4 list**		
lisinopril	Zestril, Prinivil	$5-$10	X	30	each	30 days	$240	3610003000	**On all $4 list**		
lisinopril / hctz	Prinzide	$15-$25	X	30	each	30 days	$240	3699180255	**On Wal-mart's, Targets $4 list**		
ANGIOTENSIN-II ANTAGONISTS -- Non-formulary -- PA REQUIRED	-	-						-	**See PA Criteria**	X	
losartan	Cozaar	$1 - $5		60	each	30 days	$240	361500402003	**See PA Criteria**	X	
losartan/ hctz	Hyzaar	$1 - $5		30	each	30 days	$240	369940024503	**See PA Criteria**	X	
VASODILATORS	-	-						-			
hydralazine	Apresoline	$5	X	120	each	30 days	$240	3640001010	**On Wal-mart's, Targets $4 list**		
minoxidil oral	Loniten	$5		60	each	30 days	$240	3640002000			
ADRENERGICS	-	-						-			
clonidine oral tablets, all strengths	Catapres	$5	X	120	each	30 days	$240	3620101010	Alpha-2 agonist for treatment of HTN, HTN urgency/emergency. **On all $4 lists (including Tom Thumb)**		
methyldopa	Aldomet	$5	X	90	each	30 days	$240	3620103000	**On Wal-mart's, Targets $4 list**		
NITRATES								-			
isosorbide dinitrate	Isordil	$5-$15	X	120	each	30 days	$240	3210002000			
nitroglycerin SL	Nitrostat	$5	X	100	each	30 days	$240	3210003000	Drug of choice for acute angina pectoris		
nitroglycerin topical ointment (any size tube)	Nitrobid Oint	$5-$10		1	tube	30 days	$240	3210003000			
ANTI-PLATELET / ANTI-COAGULANT	-	-						-			
clopidogrel (x 1 year for PCI)	Plavix	$125		30	each	30 days	$650	8515802010	clopidogrel (x 1 year for PCI)		
dipyridamole	Persantine	$5-$10		90	each	30 days	$240	8515003000			
warfarin	Coumadin	$20-$30	X	90	each	30 days	$240	8320003020	**On all $4 list**		
ANTI-ARRHYTHMICS	-	-						-			
amiodarone	Cordarone	$105-$310		**60**	each	30 days	$240	3540000500	Class III antiarrythmic for treatment of A. Fib and other arrythmias		
disopyramide	Norpace	$10-$20		120	each	30 days	$240	3510001010			
procainamide	Pronestyl	$10-$20		120	each	30 days	$240	3510002010			
procainamide SR	Pronestyl-SR	$85-$165		90	each	30 days	$240	3510002010			
quinidine gluconate	Quinaglute	$35-$70		90	each	30 days	$240	3510003010			
quinidine sulfate SR	Quinidex	$5-$15		90	each	30 days	$240	3510003030			
LIPID-LOWERING AGENTS	-	-						-			
Statins	-	-						-			
lovastatin	Mevacor	$15-$50	X	30	each	30 days	$240	3940005000	Low potency statin for LDL-C lowering <34%. **On Wal-mart's, Targets $4 list**		
simvastatin	Zocor	$30-$70		30	each	30 days	$240	3940007500	High potency statin for LDL-C lowering >34%. HMG-CoA reducase inhibitor for hyperlipidemia, or stroke/MI prophylaxis.		
Other Lipid-Lowering Agents	-	-						-			
gemfibrozil	Lopid	$10		90	each	30 days	$240	3920003000			
ELECTROLYTES											
potassium chloride CR 8meq, 10meq tabs	K-Tab, Klotrix, Kaon	$25-$50	X	90	each	30 days	$240	797000300004	**On all $4 lists**		
potassium chloride CR 8meq, 10meq caps	Micro-K	$55- $75		90	each	30 days	$240	797000300002			
potassium chloride microencapsulated CR 10 meq, 20meq tabs	Klor Con, K-Dur	$30-$60	X	90	each	30 days	$240	797000301004	**On all $4 lists**		
KCL 10% (20 MEQ/15ML) oral soln	Kaon	$5	X	480	ml	30 days	$240	797000300009	**On all $4 lists**		

CATEGORY (Generic bias for all formulary drugs)	Brand Name (for reference only)	Pricing (AWP/MAC) for Reference only	Pharmacy Discount Programs (e.g., $4 generics)	Quantity Limit (QL)/Rx	QL units	Days Supply Limit	Maximum Dollar/Rx	GPI Code	Comments	PA	Step Tx
V. AUTONOMIC / CNS											
ANTI-CONVULSANTS -- All strengths, Tab/Cap except where excluded (Not Delayed Release, Chewable, or Solution/Suspension exc								-			
carbamazepine	Tegretol	$25-$100	X	90	each	30 days	$240	7260002000	For Tx of partial seizures, both simple and complex, and for tonic-clonic seizures. **On all $4 list**		
clonazepam (by PA, see PA criteria)	Klonopin	$5-$10		90	each	30 days	$240	7210001000		X	X
lamotrigine tabs (not chewable)	Lamictal	$3.00		60	each	30 days	$240	7260004000			
phenobarbital	Phenobarbital	$5		120	each	30 days	$240	6010006000			
phenytoin-- caps, chewable tabs	Dilantin	$30-60		120	each	30 days	$240	72200030	For prophylactic management of tonic-clonic seizures and partial seizures with complex symptomatology		
phenytoin-- suspension (100mg/4ml, 125mg/5ml)	Dilantin Suspension	$70		480	ml	30 days	$240	72200030			
topiramate tabs (not capsules)	Topamax	$6		60	each	30 days	$240	7260007500			
valproic acid	Depakene	$5-45		90	each	30 days	$240	7250003000	For Tx of absence seizures, generalized tonic-clonic seizures, complex partial seizures, and myoclonic seizures		
divalproex sodium delayed release	Depakote	$180		60	each	30 days	$240	725000101006			
gabapentin	Neurontin	$54-$305		90	each	30 days	$440	726000300003	Refer to PA/step therapy guidelines for anticonvulsants	X	X
levetiracetam (Tablets ONLY)	Keppra	**$172-575**		120	each	30 days	$600	726000430003	Refer to PA/step therapy guidelines for anticonvulsants	X	X
levetiracetam (Solutions ONLY)	Keppra	**$90-$150**		473	ml	30 days	$240	726000430020	Refer to PA/step therapy guidelines for anticonvulsants	X	X
Benzodiazepines -- OUT OF SCOPE OF PROGRAM									**Refer patient to OCBHS**		
ANTI-DEPRESSANTS -- OUT OF SCOPE OF PROGRAM									**Refer patient to OCBHS**		
amitriptyline -- Adjunct to pain management only (by PA, see PA criteria)	Elavil	$28	X	90	each	30 days	$240	582000101003	On all $4 list	X	X
ANTI-PSYCHOTICS -- OUT OF SCOPE OF PROGRAM									**Refer patient to OCBHS**		
prochlorperazine maleate -- For intractable nausea/vomiting only	Compazine	$110	X	100	each	30 days	$240	592000551003	**On Wal-Mart, Target's $4 lists**		
ANTI-PARKINSON'S AGENTS											
carbidopa/levodopa	Sinemet	$85-$200		120	each	30 days	$240	732099021003			
levodopa	Larodopa	$20-$300		90	each	30 days	$240	7320004000			
trihexyphenidyl		$20-$48	X	120	each	30 days	$240	7310007010			
Benztropine Mesylate		$12- $25	X	60	each	30 days	$240	731000101003			
ANTIEMETICS: ORAL, All strengths, tab/cap/oral soln (Not Injection)											
ondansetron (all oral tablets including ODT tablets) -- **Requires PA**	Zofran tabs	$24-$45/tab			each	30 days		not 05250065052020	**Refer to PA criteria**	X	
ondansetron oral liquid (4mg/5ml) (Not Injection) -- **Requires PA**	Zofran liq	$281/50ml			ml	30 days		50580065052070	**Refer to PA criteria**	X	
VI. ANALGESIC/MUSCULOSKELETAL: ORAL, All Tab/Cap strengths (Not Delayed, Sustained, Extended-Release, Chewable, Child Form, or Oral Soln/Susp except where indicated)											
Cox-2 Inhibitors -- OUT OF SCOPE OF PROGRAM											
Migraine Agents											
ibuprofen oral tabs/caps all strengths (Not Child Forms)	Motrin	$5	X	120	each	30 days	$240	6610002000	Short acting NSAID for mild to moderate pain. **On all $4 lists**		
Sumatriptan Tablets ONLY (Prior Auth Required)	**Imitrex tablets**	**$80**		**9**	**each**	**30 days**	**$440**	674060701003	**PA Required-- Refer to Migraine Therapy Prior Authorization**	X	X
Skeletal Muscle Relaxants -- OUT OF SCOPE OF PROGRAM											
NSAIDS	-	-						-			
ibuprofen oral tabs/caps all strengths (Not Child Forms)	Motrin	$5	X	120	each	30 days	$240	6610002000	Short acting NSAID for mild to moderate pain. **On all $4 lists**		
ibuprofen oral susp all strengths (Not Child Forms)	Motrin	$25	X	480	ml	30days	$240	661000200018			
naproxen oral tabs (not long acting)	Naprosyn	$5-$15	X	60	each	30 days	$240	661000600003	**On all $4 lists**		
naproxen suspension	Naprosyn	$25		480	ml	30 days	$240	66100060001805			
NARCOTICS	-	-						-			
Hydrocodone w/APAP (Recommend 5mg/325mg) -- **Requires PA**	-	$5		60	each	30 days	$240	6599170210	Short acting opioid for moderate to moderately severe pain	X	
Oxycodone IR (immediate release Tablets ONLY) -- Requires PA	**Oxy IR**	**$48-$145**		**60**	**each**	30 days	**$240**	651000751003	**PA Required -Short acting opioid for moderate to severe pain**	X	X
Oxycodone ER -- **Requires PA**	Oxycontin	$65 - $465		30	each	30 days	$1,200	6510007510	Long acting opioid for chronic non-malignant pain -- **Refer to PA criteria**	X	
ANTI-RHEUMATICS	-	-						-			
methotrexate	Rheumatrex	$30-$55		30	each	30 days	$1,200	6625005010			
MYASTHENIA GRAVIS AGENTS	-	-						-			
neostigmine	Prostigmin	$60-$115		90	each	30 days	$240	7600004020			
pyridostigmine	Mestinon	$30-$75		90	each	30 days	$240	7600005010			
GOUT MEDICATIONS	-	-						-			
allopurinol	Zyloprim	$5-$10	X	90	each	30 days	$240	6800001000	Xanthine oxidase inhibitor for gout prophylaxis and hyperuricemia. **On all $4 lists**		
colchicine	Colchicine	$5	X	30	each	30 days	$240	6800002000	For treatment of acute gouty attack and for prophylaxis. **On all $4 lists**		

CATEGORY (Generic bias for all formulary drugs)	Brand Name (for reference only)	Pricing (AWP/MAC) for Reference only	Pharmacy Discount Programs (e.g., $4 generics)	Quantity Limit (QL)/Rx	QL units	Days Supply Limit	Maximum Dollar/Rx	GPI Code	Comments	PA	Step Tx
VII. DERMATOLOGICS: TOPICAL creams/ointments, All strengths											
TOPICAL STEROIDS	-	-						-			
hydrocortisone (any size tube all strengths)	Hydrocortisone	$5	X	1	tube	30 days	$240	9055007500	**On Wal-mart's, Targets $4 list**		
triamcinolone (any size tube all strengths)	-	$5	X	1	tube	30 days	$240	9055008510	**On Wal-mart's, Targets $4 list**		
ACNE PREPARATIONS -- OUT OF SCOPE OF PROGRAM											
VIII. OTIC PREPARATIONS: All strengths											
antipyrine/benzocaine	Auralgan	$5	X	1	bottle	30 days	$240	8799200220	**On Wal-mart's and Targets $4 list**		
carbamide	Debrox	$5-$10		1	bottle	30 days	$240	8740003000			
acetic acid/hc otic	Acetasol HC	$13		1	bottle	30 days	$240	8730002010	For treatment of acute otitis externa caused by Pseudomonas sp., Aspergillus sp., and Candida sp.		
Cortisporin otic generic		$10		1	bottle	30 days	$250	8799100310			
ofloxacin otic	Floxin Otic	$64-$192		3	10ml bottles	30 days	$240	8710006000	For chronic suppurative otitis media with perforated tympanic membranes due to S. aureus, P. mirabilis, or P. aeruginosa; For treatment of otitis externa due to E. coli, P. aeruginosa, and S. aureus		
IX. OPHTHALMICS: All strengths											
OPHTHALMIC ANTI-BACTERIALS	-	-						-			
bacitracin	-	$10	X	1	tube	14 days	$240	8610100500	**On Wal-mart's, Targets $4 list**		
erythromycin	-	$10	X	1	tube	14 days	$240	8610102500	**On Wal-mart's, Targets $4 list**		
sulfacetamide	Bleph-10	$5	X	1	bottle	14 days	$240	8610201010	**On Wal-mart's, Targets $4 list**		
OPHTHALMIC ANTI-VIRALS --OUT OF SCOPE OF PROGRAM											
CYCLOPLEGIC MYDRIATICS--OUT OF SCOPE OF PROGRAM											
GLAUCOMA AGENTS	-	-						-			
Beta Blockers	-	-						-			
carbachol	Isopto Carbachol	$25		1	bottle	30 days	$240	8650102000			
carteolol	Ocupress	$15		1	bottle	30 days	$240	8625001210			
Miotics	-	-						-			
timolol	Betimol	$15	X	1	bottle	30 days	$240	862500301020			
dorzolamide-timolol	Cosopt	$20		1	10ml bottle	30 days	$240	86259902202020			
Sympathomimetics	-	-						-			
brimonidine	Alphagan	$25		1	bottle	30 days	$240	8660202010			
dipivefrin	Propine	$20		1	bottle	30 days	$240	8660001000			
naphazoline	Ak-Con	$15		1	bottle	30 days	$240	8640003010			
phenylephrine	Neo-Synephrine	$20		1	bottle	30 days	$240	864000401			
travoprost	Travatan	$20		1	5ml bottle	30 days	$240	86330070002020			
OPHTHALMIC ANTI-INFLAMMATORY								-			
Corticosteroids	-	-						-			
dexamethasone	Ocu-dex	$5-$10		1	bottle	30 days	$240	2210002000			
prednisolone	Pred-Mild, Pred-Forte	$15		1	bottle	30 days	$240	8630005010			
NSAIDs	-	-						-			
flurbiprofen	-	$15		1	bottle	30 days	$240	8680502010			
X. NASAL PREPARATIONS: All strengths								-			
cromolyn	Nasalcrom	$10		1	bottle	30 days	$240	4240503010			
fluticasone	Flonase	$50		1	bottle	30 days	$240	4220003230			
mupirocin -- by PA only -- see PA criteria (1 tube BID x 5 days)	Bactroban	$10		1	10 tubes	5 days	$240	42251050104210	**See PA criteria**	**X**	
XI. ENDOCRINE MEDICATIONS: ORAL, All Tab/Cap strengths (Not Chewable, Sustained, Delayed, or Extended Release or Oral Soln								-			
INSULIN: INJECTABLE, All strengths, No Pens, No Cartridges	-	-						-			
insulin glargine (Not Pen, Not Cartridge)	Lantus	**$119/vial**		4	10ml vials	30 days	**$500**	**27104003002020**	Pens or refill cartridges not approved for formulary status		
Insulin glulisine (Not Pen, Not Cartridge)	Apidra	**$112/vial**		4	10ml vials	30 days	**$500**	**27104004002022**	Pens or refill cartridges not approved for formulary status		
insulin lispro (Not Pen, Not Cartridge)	Humalog	**$139/vial**		4	10ml vials	30 days	**$500**	**27104005002020**	Pens or refill cartridges not approved for formulary status		
insulin lispro (50/50; 75/25) (Not Pen, Not Cartridge)	Humalog	**$139/vial**		4	10ml vials	30 days	**$500**	**27104080001840 27104080001820**	Pens or refill cartridges not approved for formulary status		
insulin aspart (Mix 70/30) (Not Pen, Not Cartridge)	Novolog	**$140/vial**		4	10ml vials	30 days	**$500**	**27104070001820**	Pens or refill cartridges not approved for formulary status		
insulin aspart (Not Pen, Not Cartridge)	Novolog	**$140/vial**		4	10ml vials	30 days	**$500**	**27104002002020**	Pens or refill cartridges not approved for formulary status		
Human Insulin (regular, NPH, lente) (Not Pen, Not Cartridge)	Humulin, Novolin	$65/vial		4	10ml vials	30 days	$240	2710*	Pens or refill cartridges not approved for formulary status		
ORAL HYPOGLYCEMICS (No sustained release)	-	-						-			
glipizide	Glucotrol	$5	X	120	each	30 days	$240	272000300003	Increases insulin production, QD-BID but preferred in renal dysfunction. **On all $4 lists**		

CATEGORY (Generic bias for all formulary drugs)	Brand Name (for reference only)	Pricing (AWP/MAC) for Reference only	Pharmacy Discount Programs (e.g., $4 generics)	Quantity Limit (QL)/Rx	QL units	Days Supply Limit	Maximum Dollar/Rx	GPI Code	Comments	PA	Step Tx
glipizide ER	Glucotrol XL	$13-$25		60	each	30 days	$240	272000300075			
glyburide	Micronase, DiaBeta	$5-$10	X	90	each	30 days	$240	272000400003	Increases insulin production, once daily dosing. **On all $4 lists**		
metformin	Glucophage	$10-$15	X	90	each	30 days	$240	272500500003	Increases insulin sensitivity and prevention of diabetic complications. **On all $4 lists**		
metformin ER	Glucophage XR	$34-$54	X	60	each	30 days	$240	272500500075			
GLUCOSE-ELEVATING AGENTS	-	-						-			
glucagon -- injectable	Glucagon	$30		1	vial	30 days	$240	2730001010			
CORTICOSTEROIDS	-	-						-			
dexamethasone	Decadron	$5-$15	X	30	each	30 days	$240	2210002000	**On Wal-mart's, Targets $4 list**		
hydrocortisone	Cortef	$5-$25		90	each	30 days	$240	2210002500			
prednisone	Deltasone	$5	X	**90**	each	30 days	$240	2210004500	**On all $4 lists**		
prednisone oral soln 5mg/5ml	Deltasone Oral Soln	$40		120	ml	30 days	$241	2210004500			
triamcinolone	Aristocort	$10		90	each	30 days	$240	2210005000			
MINERALOCORTICOIDS	-	-						-			
fludrocortisone	Florinef	$20-$35		60	each	30 days	$240	2220003010			
THYROID AGENTS	-	-						-			
levothyroxine	Synthroid	$5-$15	X	30	each	30 days	$240	2810001010	**On Wal-mart's, Targets $4 list**		
liothyronine	Cytomel	$20-$35		30	each	30 days	$240	2810002010			
ANTI-THYROID AGENTS	-	-						-			
methimazole	Tapazole	$5-$15		90	each	30 days	$240	2830001000			
propylthiouracil	PTU	$5		90	each	30 days	$240	2830002000			
ESTROGEN -- OUT OF SCOPE OF PROGRAM											
PROGESTIN -- OUT OF SCOPE OF PROGRAM											
ANDROGEN -- OUT OF SCOPE OF PROGRAM											
GLITAZONES: STEP THERAPY / PA									**Refer to Step Therapy criteria**	X	X
XII. OBSTETRICAL/GYNECOLOGIC: VAGINAL, All strengths								-			
VAGINAL ANTI-INFECTIVES	-	-						-			
metronidazole	Metrogel	$35		1	tube	14 days	$240	55100035004020			
VAGINAL HORMONES --OUT OF SCOPE OF PROGRAM	**Estrogens**										
	Progestins										
CONTRACEPTIVES/EMERGENCY CONTRACEPTIVES --OUT OF SCOPE OF PROGRAM											
OXYTOCICS --OUT OF SCOPE OF PROGRAM											
OSTEOPOROSIS AGENTS: ORAL, All strengths - Requires PA	-	-						-	Regular exercise, adequate diet, discontinue smoking and preventative measures in home so that falls are avoided. Vitamin D & Calcium recommended.		
alendronate 35mg (Preferred generic)	Fosamax generic	$82	X	4	each	30 days	$240	30042010100335	**Refer to PA criteria -- preferred agent**	X	
alendronate 70mg (Preferred generic)	Fosamax generic	$82	X	4	each	30 days	$240	30042010100370	**Refer to PA criteria -- preferred agent**	X	
XIII. UROLOGICS: ORAL, All Tab/Cap strengths, tab/cap/oral soln								-			
ANTISPASMODICS	-	-						-			
bethanechol	Urecholine	$10-$15		90	each	30 days	$240	5400001010			
oxybutynin	Ditropan	$10-$20	X	60	each	30 days	$500	5400003010	**On all $4 lists**		
BPH AGENTS											
doxazosin	Cardura	$30	X	30	each	30 days	$240	362020051003			
GU IRRIGANTS--OUT OF SCOPE OF PROGRAM											
OTHER UROLOGICS	-	-						-			
phenazopyridine	Pyridium	$5	X	90	each	30 days	$240	5630001010	**On all $4 lists**		
XIV. GASTROINTESTINAL AGENTS: ORAL, All strengths, tab/cap/oral soln unless specified otherwise								-			
ANTI-DIARRHEALS -- OUT OF SCOPE OF PROGRAM											
ANTICHOLINERGICS/ANTISPASMODICS -- OUT OF SCOPE OF PROGRAM											
LAXATIVES											
PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate	**GoLYTELY**	$2		**4000**	**ml**	**30 days**	**$240**	**4699200530**			
MOTILITY AGENTS	-	-						-			
metoclopramide	Reglan	$15-$70	X	90	each	30 days	$240	5230002010	Treatment of N/V, gastroparesis, and GERD. **On all $4 lists**		
ACID REDUCING/PUD AGENTS	-	-						-			

CATEGORY (Generic bias for all formulary drugs)	Brand Name (for reference only)	Pricing (AWP/MAC) for Reference only	Pharmacy Discount Programs (e.g., $4 generics)	Quantity Limit (QL)/Rx	QL units	Days Supply Limit	Maximum Dollar/Rx	GPI Code	Comments	PA	Step Tx
cimetidine	Tagamet	$5-$10	X	90	each	30 days	$240	4920001000	**On all $4 lists**		
omeprazole OTC X 8 weeks only, then PAP	Prilosec OTC	$20-$40		30	each	30 days	$240	4927006010	PPI for reduction of stomach acid, esophagitis, GI bleed prophylaxis. **8 WEEKS ONLY!**	X	
ranitidine	Zantac	$10-$20	X	60	each	30 days	$240	4920002010	Histamine receptor blocker for reduction of stomach acid. **On all $4 lists**		
HELICOBACTER PYLORI REGIMENS	-	-						-			
BMT = bismuth+metronidazole+tetracycline	Helidac	$10-$20		56	each	14 days	$240	X	**BSS 535mg:Metronidazole 250mg-Tetracycline 500mg QID x 14 days**		
ANTI-INFLAMMATORY AGENTS											
mesalamine all strengths and dosage forms (tabs, caps, caps delayed release, enema, supp	Asacol	$252		180	each	30 days	$350	5250003000			
Sulfasalazine	Azulfidine	$1 - $5	X	90	each	30 days	$250	52500060000310			
XV. RESPIRATORY MEDICATIONS: INHALED, All strengths								-			
BRONCHODILATORS	-	-						-			
Inhaled Beta-Agonists (Short-Acting) -- All strengths	-	-						-			
albuterol Inhaler	Ventolin, Proventil	$10-$15	X	1	<17gm inhaler	30 days	$240	44201010003405	**On Wal-mart's, Targets $4 list**		
albuterol HFA Inhaler	HFA, ProAir HFA, Prove	$75-$100	ntolin HFA	2	Inhalers	30days	$240	44201010103410	CFC discontinued - HFA only form as of 1/1/2009		
albuterol inhalant nebulizer solution	ntolin or Proventil Inh S	$35/box	X	4	boxes (360ml)	30 days	$240	442010101025*	**on $4 Lists**		
metaproterenol inhalant nebulizer solution	Alupent Inh Soln	$25-$45		4	boxes(300ml)	30 days	$240	442010502025*			
terbutaline	Brethaire	$25-$30		1	inhaler	30 days	$240	4420106020			
Oral Beta-Agonists: (Short-acting), All strengths	-	-						-			
albuterol tabs only	Ventolin, Proventil	$10-$45	X	90	each	30 days	$240	442010101003*	**On Wal-mart's, Targets $4 list**		
albuterol oral syrup	entolin or Proventil Syru	$25	X	1	bottle(480ml)	30 days	$240	44201010101205	**on $4 Lists**		
metaproterenol tabs only	Alupent	$10-$15		90	each	30 days	$240	4420105020			
metaproterenol oral syrup	Alupent Syrup	$35		1	bottle(480ml)	30 days	$240	44201050201205			
INHALED ANTI-INFLAMMATORY AGENTS: All strengths	-	-						-			
beclomethasone	QVAR	$65-$80		1	inhaler	30 days	$240	4440001010			
cromolyn	Intal	$45-$85		1	inhaler	30 days	$240	4415001010			
fluticasone/salmeterol	Advair	**$226-$370**		**12g or 60**	inhaler or diskus	30 days	**$360**	4420990270	**12g (2puffs BID=30day) HFA inhaler or #60 (1 puff BID=30day) Diskus**		
budesonide/formoterol	**Symbicort**	**$230-$262**		**10.2g**	**inhaler**	**30 days**	**$275**	**4420990241**	**10.2g (2 puffs BID= 30days)**		
nedocromil	Tilade	$35-$70		1	inhaler	30 days	$240	4415005010			
INHALED ANTICHOLINERGICS: All strengths	-	-						-			
ipratropium Inhaler	Atrovent	$35-$50		1	inhaler	30 days	$240	44100030103410			
ipratropium inhalant nebulizer solution	Atrovent Inh Soln	$35-$50	X	4	boxes(360ml)	30 days	$300	44100030102020	on $4 Lists		
OTHER ORAL AGENTS: All strengths, tab/cap/oral soln	-	-						-			
aminophylline	-	$5		120	each	30 days	$240	4430001000			
theophylline	-	$20-$30		120	each	30 days	$240	4430004000			
XVI. ALLERGY/COUGH/COLD											
OUT OF SCOPE OF PROGRAM											
XVII. NUTRITIONAL PRODUCTS											
DIETARY PRODUCTS -- OUT OF SCOPE OF PROGRAM											
MULTIVITAMINS -- OUT OF SCOPE OF PROGRAM											
NUTRIENTS -- OUT OF SCOPE OF PROGRAM											
VITAMINS -- OUT OF SCOPE OF PROGRAM											
XVIII. ELECTROLYTES/RELATED											
XIX. HABIT-ABATEMENT AGENTS											
SMOKING DETERRENTS -- OUT OF SCOPE OF PROGRAM											
ALCOHOL DETERRENTS -- OUT OF SCOPE OF PROGRAM											
XX. MISCELLANEOUS -- Generics only											
blood glucose test strips -- RxAmerica True Track Program	True Track	$25-$100		150	each	30 days	$240	94100030006100			
epinephrine injectable	Epipen, -JR	$98		1	syringe	30 days	$240	3890004010			
insulin syringes	-	$25-$30		100	syringes	30 days	$240	97051030			
other syringes	-	$25-$30		100	syringes	30 days	$240	97051040			
ostomy supplies	-					30 days	$150	9715100000			
Lancets	-	$7		100		30 days	$240	97202025006300			
XXI. UNFRACTIONATED HEPARINS: INJECTABLE, All strengths											

CATEGORY (Generic bias for all formulary drugs)	Brand Name (for reference only)	Pricing (AWP/MAC) for Reference only	Pharmacy Discount Programs (e.g., $4 generics)	Quantity Limit (QL)/Rx	QL units	Days Supply Limit	Maximum Dollar/Rx	GPI Code	Comments	PA	Step Tx
dalteparin (syringes = 16mg/0.2ml; 32mg/0.2ml; 48mg/0.3ml; 64mg/0.4ml; 64mg/ml; 80mg/0.5ml; 96mg/0.6ml; 115.2mg/0.72ml)	Fragmin	$45 to $173/syringe		60	syringes	30 days	$2,000	8310101010			
enoxaparin (syringes = 30mg/0.3ml; 40mg/0.4ml; 60mg/0.6ml; 80mg/0.8ml; 100mg/ml; 120mg/0.8ml; 150mg/ml)	Lovenox	$28 to $128/syringe		60	syringes	30 days	$2,000	831010201020	**Not 300mg/3ml Vial**		