

TOTAL HEALTH CARE MEDICAID FORMULARY

Effective January 2012

Introduction

The Total Health Care Medicaid Formulary was developed to serve as a guide for physicians, pharmacists, health care professionals and members in the selection of cost-effective drug therapy. Total Health Care recognizes that drug therapy is an integral part of effective health management.

Total Health Care continually reviews new and existing medications to ensure the Formulary remains responsive to the needs of our members and health professionals. Criteria used to evaluate drug selection for the formulary includes, but is not limited to: safety, efficacy and cost-effectiveness data, as well as comparison of relevant benefits of similar prescription or over-the counter (OTC) agents while minimizing potential duplications.

Notice

The information contained in this formulary is provided by THC, solely for the convenience of medical providers and members. THC does not warrant or assure accuracy of this information, nor is it intended to be comprehensive in nature.

This formulary is not intended to be a substitute for the knowledge, expertise, skill or judgment of the medical provider in their choice of prescription drugs. Total Health Care assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

How to Read the Formulary

All drugs are listed by their generic names and most common proprietary (branded) name. Specific drug listings may be accessed by using the index, either by generic (in lowercase) or proprietary name (in uppercase) and by therapeutic drug category. The brand names listed are for reference use only, and do not denote coverage, unless specifically noted. Any drug not found in this Formulary listing, or any Formulary updates published by Total Health Care, shall be considered a non-formulary drug.

Sample Listing:

Generic Name	–	Reference Name	Generic Status	Comments
PENICILLINS				
amoxicillin	–	AMOXIL, TRIMOX	generic	
amoxicillin/clavulanate	–	AUGMENTIN, AUGMENTIN ES	generic	
amoxicillin/clavulanate er	–	AUGMENTIN XR	generic	
ampicillin	–	PRINCIPEN	generic	
dicloxacillin	–	DYNAPEN	generic	
penicillin v potassium	–	VEETIDS	generic	
amoxicillin/clavulanate	–	AUGMENTIN SUSPENSION 125/31.25		

Once the category or product is located, the following items can be viewed.

Generic Name: This lists the generic name for the product (lowercase). Products are listed within the product index by both generic and brand name.

Reference Name: This lists the brand name or common reference name for the product (UPPERCASE). Products are listed within the product index by both generic and brand name.

Generic Status: If the word “generic” is listed, the product is available as a generic and the formulary limits coverage to the generic version. The generic listed within the Drug Name section is considered to be formulary and the brand name is listed for reference only. THC mandates the use of generic drugs as approved by the U.S. Food and Drug Administration (FDA).

Comments: This field includes potential limitations to the formulary drug. It also may contain additional information about the coverage of the drug such as OTC product availability. For certain agents within the Formulary, a recommended prescribing guideline may apply.

Prescribing Guidelines

Prescribing guidelines may apply to select drugs on the THC formulary. Prescribing guidelines may vary by benefit design but may include:

Prior Authorization (PA)	Requires prior authorization through a specific physician request process
Quantity Limit (QL)	Coverage may be limited to specific quantities per prescription &/or time period
Step Therapy (ST)	Coverage requires that an alternative or trial of another drug be used before the medication is covered
Age Limitation (AL)	Coverage may depend on patient age
Gender Edit (GE)	Coverage may depend on patient gender
Over the Counter (OTC)	Coverage is available for drugs that are available OTC with an authorized prescription from your provider when filled at a network pharmacy
Specialty (SP)	Requires that a medication be processed using THC’s contracted specialty pharmacy CVS- Caremark

Benefit Coverage and Limitations

This printed Formulary does not define benefit coverage and limitations. Members should contact Total Health Care at 1-800- 826-2862 if they have questions regarding their coverage. Please note that the formulary process is evolutionary and changes can occur throughout the year.

Prior Authorization (PA)

Drugs indicated with a “PA” require Prior Authorization for coverage. A prescriber may complete a Prior Authorization form that can be found on the Total Health Care and Catalyst Rx websites at www.totalhealthcareonline.com or <https://www.catalystrx.com/www/public/physicianLogin.jsp>. You may also request a form by calling Catalyst Rx Member Services Department at 1-877-634-9202 or Total Health Care at 1-800-826-2862. Completed prior authorization forms should be faxed to 1-888-852-1832. Prior Authorization review of prescribing guidelines will be evaluated utilizing the established drug review criteria approved by Total Health Care. If the request does not meet the approved criteria, the request will not be approved and alternative therapy may be recommended along with the proper course of alternative action. The requesting provider will be provided written notification of Total Health Care review decisions. THC’s website has a tab for an exception request that will go to THC’s Pharmacy Department for member use.

Non-Formulary Agents

Drugs not found on the Total Health Care Medicaid Formulary, or any updates published by Total Health Care, shall be considered a non-formulary drug. Requests for coverage of non-formulary agents may be requested by the health professional depending on specific coverage parameters. Review for non-formulary drug requests will require a Prior Authorization request with documentation of medical necessity. Generally, the following basic medical necessity guidelines are used in conducting a review:

- The patient has failed an appropriate trial of formulary or preferred agents.
- The use of preferred or formulary agent is contraindicated in the patient.
- The formulary drug or preferred agents are not suited for the present patient care need, and the drug selected is required for patient safety.

If the request does not meet the established guidelines request, it will not be approved and alternative therapy may be recommended along with the proper course of alternative action.

Common Drug Exclusions

The member's plan design may exclude certain drug classes. Prior authorization is generally not available for drugs that are specifically excluded by benefit design. Common excluded coverages may include, but are not limited to:

- Drug products used for cosmetic purposes
- Drug products for erectile dysfunction
- Drug products for infertility treatment
- Experimental drug products, or any drug product used in an experimental manner
- Foreign drugs or drugs not approved by the United States Food & Drug Administration (FDA)

Medicaid Fee-For-Service Carve Out List

Effective April 1, 2010, the State of Michigan required that the mental health drugs on the Medicaid Health Plans (MHP) carve-out list be added to the State's 100% carve-out list. These drugs must be billed directly by the pharmacies at point-of-sale to the Michigan Department of Community Health's contracted Pharmacy Benefits Manager (PBM). The State of Michigan will continue to pay all Psychotropic and HIV/AIDS medications. A list of the carve-out drugs is available on the PBM website at www.michigan.fhsc.com (then click 'Providers', then 'Drug Information').

Mandated Generic Substitution

Total Health Care advocates the use of cost-effective generic drugs where FDA- approved generic equivalent drugs are available. Generic products are listed in the Formulary and noted as "generic" wherever an FDA- approved generic drug product is available. The brand names listed in the formulary are for reference only.

Total Health Care Pharmacy and Therapeutics (P&T) Committee

The P&T Committee

Total Health Care's Pharmacy & Therapeutic Committee meets quarterly to review and recommend medications for formulary consideration. The Committee considers clinical information on drugs that are new to the market and drugs that are typically included in an outpatient pharmacy benefit. This assures that the formulary remains responsive to patient and physician needs. The Committee is composed of physicians, pharmacists, and health care professionals. The Committee also uses reference materials from our Pharmacy Benefits Manager's Pharmacy and Therapeutics Advisory Panel.

Product Selection Criteria

The primary goal of the THC Pharmacy & Therapeutic Committee is to maintain and update the formulary based upon an objective analysis of the safety, efficacy, approved indications, adverse effects, contraindications, patient administration/compliance considerations and cost effectiveness of available drugs. When a drug is considered for formulary inclusion, it will be reviewed relative to similar drugs including those currently in the THC Formulary. Physicians may request a copy of THC's drug criteria by calling the Pharmacy Department at 1-800-826-2862.

Specialty Bio-Pharmaceutical Pharmacy Program

Total Health Care works exclusively with CVS/Caremark Specialty Pharmacy to provide Specialty Bio-Pharmaceutical products to our members.

Specialty Medications are noted on the drug formulary with "SP". These medications are to be filled through CVS/Caremark Specialty Pharmacy.

A specialty pharmacy prior authorization form must be completed and faxed to Caremark Connect with supporting documentation and the prescription. A prescriber may obtain a Specialty Prior Authorization form found on the Total Health Care and Catalyst Rx websites at www.totalhealthcareonline.com or <https://.catalystrx.com/www/physicianLogin.jsp>. The fax number for prior authorization requests is 1-800-323-2445. Please fax your standard prescription form that contains physician's name, address, phone, fax and NPI number. Please give the patient's full name and date of birth.

Once the order is received, CVS/Caremark obtains authorization from Total Health Care. Then, the CVS/Caremark staff ships the medication directly to the physician's office or the patient's home. All packages are individually marked for each patient and refrigerated items are shipped in insulated containers. Where appropriate, each shipment includes needles, syringes and alcohol swabs.

If you have any questions about our program, please contact the CVS/Caremark Helpdesk at 1-800-237-2767.

Contact Information

The Total Health Care Medicaid formulary is designed to assist physicians, members and other health care professionals in the selection of cost-effective agents. Total Health Care encourages your input and feedback on how we can assist in improving this document and the formulary management process. You may contact THC at 1-800-826-2862.

In addition to the Total Health Care Medicaid formulary, another quick reference guide to include the Preferred Drug Formulary is available on our Web site at www.totalhealthcareonline.com

Medication Limitations

Quantity Limitations are on medications throughout the formulary and are indicated with a "QL" notation. These are medications that have a daily dose restriction; quantity/days supply limitation, and/or a limitation on the duration of therapy.

In most instances topical steroids are limited to the two largest commercially available tubes per month, with some products limited to one package size per month.

Quantity Limitations

Generic Name	Brand Name	Quantity Limit	Other limitations
ACE-inhibitors	captopril, enalapril, lisinopril, benazepril, fosinopril, quinapril	Limit to 30 tabs per 30 days except for highest strength tablets which has no QL	
alcohol swabs	Alcohol swabs	200 per month	
albuterol HFA	Ventolin HFA	2 inhalers/month	
alendronate	Fosamax 70mg	Limit to 4 tabs per month	
amlodipine	Norvasc	1 tablet/day	
amlodipine/benazepril	Lotrel	1 tablet/day	
amoxicillin/clavulanate	Augmentin 500 & 875mg tablets	Limited to 28 tablets per 14 days	
atorvastatin	Lipitor	1 tablet/day	ST
atovaquone	Mepron	Limited to 210 ml per 18 days	
azithromycin 250mg	Zithromax 250mg	4 tablets/day	
azithromycin 500mg	Zithromax 500mg and 600mg	2 tablets/day	
azithromycin 1gm pack	Zithromax	1 dose daily	
beclomethasone	Qvar	1 inhaler/ month	
budesonide formoterol	Symbicort	1 inhaler/ month	ST
Budesonide respules	Pulmicort	60 vials/ 120ML per month	AL
buproion ext-rel	Zyban	90 days per year	
carisoprodol 350mg	Soma	90 tablets/month	
clopidigrel	Plavix	1 tablet daily	PA
colchicine 0.6mg	Colcrys	20 tablets/month	
condoms	Trojan	12 condoms/month	
contraception (oral)	Formulary Oral Contraceptives	1 tablet daily	
diabetic testing meter	True-Track or True-Test Meter	One meter per year	
diabetic testing strip	True-Track testing strips	Limited to 50 strips per 30 days for Non insulin Dependent and 100 strips for insulin dependent	
diaphragms	Ortho-Flat, Ortho-Flex	1 per year	
diltiazem 12 hr	Cardizem SR	2 capsules/day	
diltiazem 24 hr	Cardizem CD	1 capsule/day	
enoxaparin	Lovenox	5 day supply	QL, GE, (female 17-42 PA)
estradiol transdermal	Alora	8 patches/month	
felodipine er	Plendil	1 tablet/day	
fluconazole 100mg tabs	Diflucan 50, 100 and 200mg	1 tablet/day	
fluconazole 150mg tabs	Diflucan 150mg	3 tablets/month	
fluconazole suspension	Diflucan suspension	105ml/month	

Generic Name	Brand Name	Quantity Limit	Other limitations
flunisolide	Nasarel	Limited to 2 inhalers per month	
fluticasone	Flonase	1 inhaler/ month	
fluticasone/salmeterol	Advair 100mcg/50mcg	Limited to 1 inhaler per month	ST
glipizide ext-rel	Glucotrol XL	2 tablets/day	
glucagon	Glucagon Kit	2 kits/year	
ipratropium HFA	Atrovent HFA	2 inhalers/month	
ipratropium nasal spray 0.3%, 0.6%	Atrovent Nasal Spray	1 inhaler/ month	
ipratropium/albuterol	Combivent	2 inhalers/month	
ketoprofen	Orudis	50mg = max 6 capsules a day, 75mg = max 4 capsules a day, 200 ER = max 1 capsule a day	
ketorolac 10mg tabs	Toradol	4 tablets/ day max of 20 tablets for 5 days	
ketotifen fumarate	Zaditor	5ml/month	
lansoprazole	Prevacid-24 HR OTC 15mg	2 capsules/day	
latanoprost	Xalatan	5ml/month	
lidocaine 3% cr	Xylocaine	85gm/month	
losartan	Cozaar 25 and 50mg	2 tablets/day	ST
losartan	Cozaar 100mg	1 tablet/day	ST
losartan/hctz	Hyzaar 100/12.5 and 100/25mg	1 tablet/day	ST
losartan/hctz	Hyzaar 50/12.5mg	2 tablets/day	ST
macrodantin	Macrobid	2 capsules/day	
medroxyprogesterone Acetate	Depo-Provera	1 injection/90 days	
metoprolol succinate	Toprol XL	1 tablet/day	
mometasone/formoterol	Dulera	1 inhaler/ month	ST
nabumetone 500mg	Relafen 500mg	4 tablets/day	
nabumetone 750mg	Relafen 750mg	2 tablets/day	
nicotine gum	Nicorette	270 pieces/month and 3 months per year	
nicotine patch	Nicotrol patch	Limited to 90 days of therapy per year	
omeprazole 20mg	Prilosec	2 capsules/day	
ondansetron 24mg	Zofran	5 tablets/month	
ondansetron soln	Zofran solution	50ml/month	
oseltamivir	Tamiflu caps	2 doses per day/max of 5 days supply	
oseltamivir	Tamiflu susp	15ml per day/max of 5 days supply	
pantoprazole	Protonix	40mg 1 tablet/day 20mg 2 tablets/day	

Generic Name	Brand Name	Quantity Limit	Other limitations
pentoxifylline	Trental	90 tablets/month	
pioglitazone	Actos	1 tablet/day	ST
pioglitazone/glimepiride	Duetact	1 tablet/day	ST
pioglitazone/metformin	Actoplus Met	2 tablets/day	ST
prasugrel	Effient	1 tablet/day and 30 tablets per year	PA
propranolol/hctz	Inderide	1 tablet/day	
rivaroxaban	Xarelto 10mg	1 tablet daily for a max of 35 days	PA
salmeterol xinzfoate	Serevent	1 inhaler/month	
sitagliptin	Januvia	1 tablet/day	ST
sitagliptin/metformin	Janumet	2 tablets/day	ST
sodium chloride nasal spray	Ocean	2 bottles/month	
sumatriptan	Imitrex	9 tablets/month	
tizanidine	Zanaflex	90 tablets/30 days	
tramadol	Ultram	60 tablets/month	
tretinoin	Retin-A, Avita	45gm/ month	AL
verapamil ext-rel	Calan SR	1 capsule/day	
vitamin D 400 IU	Vitamin D 400 IU	2 capsules/day	OTC
zanamivir	Relenza	5-day supply (1 box)	

Age Limitations are on medications throughout the formulary and are indicated with an "AL" notation. Coverage for a medication is indicated by the age limitation. This could be a minimum age, maximum age, and/or the combination of a minimum and maximum age edit.

Age Limitations

Generic Name	Brand Name	Limitation Description
budesonide inh susp	Pulmicort Respules	Covered for Members Up to Age 8
cetirizine OTC syrup	Zyrtec OTC syrup	Maximum Age is 2 Years, Then Use OTC Loratadine
diphenhydramine (all forms)	Benadryl (OTC)	Covered up to age 65, then PA required
enoxaparin	Lovenox	Females ages 17-42 will require PA
lidocaine/prilocaine	Emla	Covered up to age 15
montelukast	Singulair 10mg tablets and chewable tablets	Covered up to age 18
pediatric vitamins ADC/fluoride chew tabs		Covered up to age 10

Generic Name	Brand Name	Limitation Description
pediatric vitamins ADC/fluoride drops	Tri-Vi-Flor Drops	Covered up to age 10
pediatric multivitamin/fluoride	Poly-Vi-Flor	Covered up to age 10
pediatric vitamins ADC drops	Tri-Vi-Sol (OTC)	Covered up to age 10
tretinoin topical	Retin-A, Avita	Covered for members under age 29 (QL applies)

Gender Edits formulary medications with gender edits are indicated with a “GE” on the formulary and require the member to be a specific generic for coverage.

Gender Edits

Generic Name	Brand Name	Gender requirement
Enoxaparin	Lovenox	PA is required for females ages 17-42
Estradiol transdermal patches	Alora	Female
Oral estrogen	Premarin	Female
Levonorgestrel	Plan B, Next Choice	Female
Medroxyprogesterone injection	Depo-Provera	Female
Oral Contraceptives	Formulary Oral Contraceptives	Female
Androgens	Depo-Testosterone	Male

Step Therapy Protocols

Step Therapy (ST) medications require that an alternative, first line medication be tried and failed before the requested medication can be covered. The online claims adjudication system will automatically allow for the requested medication to be filled based on electronic claims history indicating that the first line medication was filled.

Step Therapy Criteria

Therapy Class	First Line	Second Line	Step Therapy Criteria
Angiotensin II Receptor Blockers	generic ACE Inhibitor	Cozaar Hyzaar	Prior use of generic ACE Inhibitor within the last 90 days.
Antiasthmatic	Formulary Antiasthmatic	Advair 100/50 Dulera Symbicort	Prior use of an Antiasthmatic within the last 90 days.

Therapy Class	First Line	Second Line	Step Therapy Criteria
Antibiotics	Amoxicillin Ampicillin generic Augmentin Cefpodoxime Cephalexin Ciprofloxacin Clindamycin Dicloxacillin Doxycycline Erythromycin Penicillin SMZ-TMP Tetracycline	Avelox Ceclor (d/c) Ceftin Cefzil (d/c) Duricef (d/c) Noroxin Omnicef (d/c)	Prior use of a first line antibiotic within the last 30 days.
Antidiabetics (TZD)	Metformin	Actoplus Met Actos Duetact	Prior use of Metformin within the last 90 days.
Antidiabetics (DPP-4)	Metformin	Janumet Januvia	Prior use of Metformin within the last 90 days.
Bronchodilators	Albuterol	Spiriva	Prior use of first line agent within the last 30 days.
HMG-CoA Reductase Inhibitors	Simvastatin (except 80 mg)	Atorvastatin (Lipitor)	Prior use of first line agent within the last 90 days.
Pediculicides	Elimite (d/c) Lice B Gone RID Nix	Ovide (malathion)	Prior use of first line agent within the last 30 days.
Urinary Antispasmodics	Oxybutynin	Detrol Detrol LA Oxybutynin ER	Prior use of Oxybutynin within past 90 days.



2012 Medicaid Formulary

Formulary changes can occur at any time

Generic Name	Reference Name	Generic Status	Comments
ANTI-INFECTIVES			
PENICILLINS			
amoxicillin	AMOXIL, TRIMOX	generic	
amoxicillin/clavulanate	AUGMENTIN	generic	500 and 875mg covered- QL
amoxicillin/clavulanate	AUGMENTIN SUSPENSION 200/5, 400/5 and ES	generic	
ampicillin	PRINCIPEN	generic	
dicloxacillin	DYNAPEN	generic	
penicillin g procaine/benzathine inj	BICILLIN C-R INJECTION		
penicillin v potassium	VEETIDS	generic	
CEPHALOSPORINS			
cefaclor	CECLOR	generic	ST
cefadroxil	DURICEF	generic	ST
cefdinir	OMNICEF	generic	ST
cefpodoxime	VANTIN	generic	
cefprozil	CEFZIL	generic	ST
ceftriaxone sodium	ROCEPHIN INJECTION	generic	
cefuroxime axetil	CEFTIN	generic	ST
cephalexin	KEFLEX, KEFTAB	generic	
MACROLIDES			
azithromycin	ZITHROMAX	generic	QL
clarithromycin	BIAXIN	generic	
clarithromycin er	BIAXIN XL	generic	
erythromycin ethylsuccinate	E.E.S 400	generic	
erythromycin base	ERYTHROMYCIN FILMTAB		
erythromycin ethylsuccinate	E.E.S GRANULES, ERYPED		
erythromycin stearate	ERYTHROCIN		
azithromycin	ZMAX		
erythromycin base, delayed release	ERY-TAB, PCE		
SULFONAMIDES & COMBINATIONS			
erythromycin/sulfisoxazole	PEDIAZOLE	generic	
sulfadiazine	SULFADIAZINE	generic	
sulfamethoxazole/trimethoprim	BACTRIM DS, SEPTRA DS	generic	
TETRACYCLINES			
doxycycline hyclate	VIBRA-TABS, VIBRAMYCIN	generic	
minocycline	DYNACIN, MINOCIN	generic	
tetracycline	ACHROMYCIN, SUMYCIN	generic	
doxycycline hyclate	VIBRAMYCIN	generic	
doxycycline monohydrate	VIBRAMYCIN SUSPENSION		
MISCELLANEOUS ANTI-BACTERIALS & ANTI-MYCOBACTERIALS			
chlorhexidine	PERIDEX, PERIOGARD	generic	
clindamycin hcl	CLEOCIN	generic	
dapsone		generic	
metronidazole	FLAGYL	generic	
neomycin	NEOMYCIN	generic	
vancomycin	VANCOCIN INJECTION	generic	PA- injection compounded for oral use with PA
clindamycin palmitate	CLEOCIN PED SOLUTION		
URINARY ANTI-INFECTIVES			
methenamine hippurate	HIPREX	generic	
nitrofurantoin macrocrystals	MACRODANTIN	generic	
nitrofurantoin monohydrate/macrocrystals	MACROBID 50mg, 100mg	generic	QL
trimethoprim	PROLOPRIM, TRIMPEX	generic	
QUINOLONES			
ciprofloxacin	CIPRO	generic	
ofloxacin	FLOXIN	generic	
moxifloxacin	AVELOX		ST
norfloxacin	NOROXIN		ST
ORAL ANTIFUNGAL AGENTS			
clotrimazole	MYCELEX TROCHE	generic	
fluconazole	DIFLUCAN	generic	QL
griseofulvin microsize suspension	GRIFULVIN V SUSPENSION	generic	
ketoconazole	NIZORAL TABLETS	generic	
nystatin	NILSTAT, MYCOSTATIN	generic	
griseofulvin	GRIFULVIN	generic	
griseofulvin ultramicrosize	GRIS-PEG		
ANTIVIRAL AGENTS			
ORAL ANTIVIRAL AGENTS - ANTI-INFLUENZA			
amantadine	SYMMETREL CAPSULES	generic	
rimantadine	FLUMADINE	generic	
oseltamivir	TAMIFLU		QL
zanamivir	RELENZA		QL
ANTIVIRAL AGENTS - HEPATITIS			
lamivudine	EPIVIR-HPV		
ribavirin	COPEGUS, REBETOL, RIBASPHERE	generic	PA/SP
peginterferon alpha-2b	PEG INTRON		PA/SP
interferon alfacon-1	INFERGEN		PA/SP
ANTIVIRAL AGENTS - HERPES			
acyclovir	ZOVIRAX	generic	
ANTIVIRAL AGENTS - OTHER			
ganciclovir	VALCYTE		PA
ANTI-MALARIAL AGENTS			
chloroquine phosphate	ARALEN	generic	PA



2012 Medicaid Formulary

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Generic Name	Reference Name	Generic Status	Comments
hydroxychloroquine	PLAQUENIL	generic	
primaquine	PRIMAQUINE		PA
pyrimethamine	DARAPRIM		PA
quinine sulfate	QUALAQUIN		
ANTI-AMEBIC, ANTI-HELMINTHIC & ANTI-PROTOZOAL AGENTS			
mebendazole	VERMOX	generic	
atovaquone	MEPRON		QL
pyrantel pamoate	PIN-X, REESES		OTC
ANTI-TUBERCULOSIS AGENTS			
cycloserine	SEROMYCIN	generic	
ethambutol	MYAMBUTOL	generic	
isoniazid	IAZID, NYDRAZID	generic	
pyrazinamide	PYRAZINAMIDE	generic	
rifampin	RIFADIN, RIMACTANE	generic	
ethionamide	TRECTOR		
rifampin/isoniazid/pyrazinamide	RIFATER		
rifabutin	MYCOBUTIN		
IMMUNOSUPPRESSANT AGENTS			
azathioprine	IMURAN	generic	
cyclosporine	NEORAL, GENGRAF	generic	SP
leflunomide	ARAVA	generic	
methotrexate	RHEUMATREX 2.5mg	generic	
mycophenolate mofetil	CELLCEPT CAPSULES	generic	PA on Cellcept Suspension
tacrolimus	PROGRAF	generic	
auranofin	RIDAURA		
cyclosporine	SANDIMMUNE		SP
methotrexate	TREXALL		
ANTI-NEOPLASTIC AGENTS			
anagrelide	AGRYLIN	generic	
anastrozole	ARIMIDEX	generic	PA
bicalutamide	CASODEX	generic	PA
flutamide	EULEXIN	generic	PA
letrozole	FEMARA	generic	PA
hydroxyurea	HYDREA 500mg	generic	
leucovorin	LEUCOVORIN	generic	
leuprolide	LUPRON	generic	PA/SP
megestrol	MEGACE	generic	
mercaptopurine	PURINETHOL	generic	
tamoxifen	NOLVADEX	generic	
tretinoin	VESANOID	generic	PA
altretamine	HEXALEN		
busulfan	MYLERAN		
capecitabine	XELODA		PA/SP
chlorambucil	LEUKERAN		PA
cyclophosphamide	CYTOXAN		
nilotinib	TASIGNA		PA/SP
interferon alpha-2b	INTRON A		PA/SP
leuprolide	LUPRON DEPOT/PED, ELIGARD		PA/SP
lomustine	CEENU		PA
procarbazine	MATULANE		PA
thioguanine	TABLOID		PA
HEMATOPOETIC GROWTH FACTORS			
filgrastim	NEUPOGEN		PA/SP
CARDIOVASCULAR MEDICATIONS			
CARDIAC GLYCOSIDES			
digoxin	LANOXIN	generic	
CALCIUM ANTAGONISTS			
amlodipine	NORVASC	generic	QL
diltiazem	CARDIZEM	generic	
diltiazem er	CARDIZEM CD, CARTIA XT	generic	QL
diltiazem er	DILACOR XR	generic	QL
diltiazem er	DILTZAC, TAZTIA XT, TIAZAC	generic	QL
felodipine er	PLENDIL	generic	QL
nicardipine	CARDENE	generic	
nifedipine er	ADALAT CC	generic	QL
nifedipine er	PROCARDIA XL	generic	QL
verapamil	CALAN, ISOPTIN	generic	
verapamil er	CALAN SR, ISOPTIN SR	generic	QL
DIURETICS			
acetazolamide	DIAMOX	generic	
amiloride	MIDAMOR	generic	
amiloride/hydrochlorothiazide	MODURETIC	generic	
bumetanide	BUMEX	generic	
chlorothiazide	DIURIL	generic	
chlorthalidone	HYGROTON	generic	
furosemide	LASIX	generic	
hydrochlorothiazide	ESIDRIX, HYDRODIURIL	generic	
indapamide	LOZOL	generic	
metolazone	ZAROXOLYN	generic	
spironolactone	ALDACTONE	generic	
spironolactone/hydrochlorothiazide	ALDACTAZIDE	generic	
toremide	DEMADEX	generic	



2012 Medicaid Formulary

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Generic Name	Reference Name	Generic Status	Comments
triamterene/hydrochlorothiazide	DYAZIDE, MAXZIDE, MAXZIDE-25	generic	
BETA-ADRENERGIC ANTAGONIST AGENTS & COMBINATIONS			
acebutolol	SECTRAL	generic	
atenolol	TENORMIN	generic	
atenolol/chlorthalidone	TENORETIC	generic	
bisoprolol/hydrochlorothiazide	ZIAC	generic	
carvedilol	COREG	generic	
labetalol	NORMODYNE, TRANDATE	generic	
metoprolol succinate	TOPROL XL	generic	QL
metoprolol tartrate	LOPRESSOR	generic	
metoprolol/hydrochlorothiazide	LOPRESSOR HCT 100/25	generic	
nadolol	CORGARD	generic	
pindolol	VISKEN	generic	
propranolol	INDERAL	generic	
propranolol er	INDERAL LA	generic	
propranolol/hydrochlorothiazide	INDERIDE 40/25	generic	QL
nebivolol	BYSTOLIC		PA
timolol	BLOCADREN		
ACE INHIBITORS & COMBINATIONS			
benazepril	LOTENSIN	generic	QL
benazepril/amlodipine besylate	LOTREL	generic	QL
benazepril/hydrochlorothiazide	LOTENSIN HCT	generic	QL
captopril	CAPOTEN	generic	QL
captopril/hydrochlorothiazide	CAPOZIDE	generic	QL
enalapril	VASOTEC	generic	QL
enalapril/hydrochlorothiazide	VASERETIC	generic	QL
fosinopril	MONOPRIL	generic	QL
lisinopril	PRINIVIL	generic	QL
lisinopril/hydrochlorothiazide	PRINZIDE	generic	QL
moexipril	UNIVASC	generic	QL
quinapril	ACCUPRIL	generic	QL
quinapril/hydrochlorothiazide	ACCURETIC	generic	QL
ramipril	ALTACE CAPSULES	generic	QL
trandolapril	MAVIK	generic	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS & COMBINATIONS			
losartan	COZAAR	generic	ST/QL
losartan/hydrochlorothiazide	HYZAAR	generic	ST/QL
OTHER ANTIHYPERTENSIVES			
clonidine	CATAPRES	generic	
doxazosin	CARDURA	generic	
guanfacine	TENEX	generic	
hydralazine		generic	
methyldopa	ALDOMET	generic	
midodrine	PROAMATINE	generic	
minoxidil	LONITEN	generic	
prazosin	MINIPRESS	generic	
terazosin	HYTRIN	generic	
VASODILATING AGENTS			
isosorbide dinitrate	ISORDIL, SORBITRATE	generic	
isosorbide dinitrate er	ISOCHRON	generic	
isosorbide mononitrate	MONOKET	generic	
isosorbide mononitrate er	IMDUR	generic	
nitroglycerin sublingual	NITROSTAT	generic	
nitroglycerin transdermal	MINITRAN, NITREK, NITRO-DUR	generic	
ANTIDYSRHYTHMIC AGENTS			
amiodarone	CORDARONE, PACERONE 200mg, 400mg	generic	
disopyramide	NORPACE	generic	
flecainide	TAMBOCOR	generic	
propafenone	RYTHMOL	generic	
disopyramide er	NORPACE CR		
ANTILIPEMIC AGENTS			
HMG-COA REDUCTASE INHIBITORS			
lovastatin	MEVACOR	generic	
pravastatin	PRAVACHOL	generic	
simvastatin	ZOCOR	generic	80mg tablets are not covered
atorvastatin calcium	LIPITOR	generic	ST/QL
ANTILIPEMIC AGENTS - OTHER			
cholestyramine/sucrose	QUESTRAN	generic	
colestipol	COLESTID	generic	
fenofibrate micronized	LOFIBRA	generic	
gemfibrozil	LOPID	generic	
fenofibrate	FENOGLIDE		
fenofibrate	TRIGLIDE 50mg		
AUTONOMIC & CNS MEDICATIONS			
ANALGESICS (NARCOTICS)			
fentanyl patch	DURAGESIC	generic	PA
hydromorphone	DILAUDID	generic	
meperidine	DEMEROL INJECTION, TABLETS	generic	
methadone	DOLOPHINE	generic	
morphine	MSIR	generic	
morphine er	MS CONTIN	generic	



2012 Medicaid Formulary

Formulary changes can occur at any time

Generic Name	Reference Name	Generic Status	Comments
oxycodone	OXYIR, ROXICODONE 5mg, 15mg, 30mg	generic	
tramadol	ULTRAM	generic	QL
codeine sulfate	CODEINE		
hydromorphone	DILAUDID LIQUID		
meperidine	DEMEROL SOLUTION		
ANALGESICS (NON-NARCOTICS; OVER-THE-COUNTER)			
acetaminophen	TYLENOL	generic	OTC- all dosage forms are covered
aspirin		generic	OTC- all dosage forms are covered
aspirin/acetaminophen/caffeine	EXCEDERIN	generic	OTC
aspirin/aluminum hydroxide/magnesium hydroxide	ARTHRITIS PAIN	generic	OTC
aspirin/aluminum hydroxide/magnesium/calcium carbonate	ASCRIPTIN	generic	OTC
buffered aspirin	BUFFERIN	generic	OTC
ANALGESIC COMBINATIONS			
acetaminophen/caffeine/dihydrocodeine	PANLOR DC	generic	
codeine/acetaminophen	TYLENOL/CODEINE	generic	
hydrocodone/acetaminophen	LORTAB, VICODIN, VICODIN ES	generic	
oxycodone/acetaminophen	PERCOCET (except 2.5/325mg)	generic	
oxycodone/aspirin	PERCODAN	generic	
AGENTS TO PREVENT & TREAT HEADACHES			
butalbital/acetaminophen	PHRENILIN, PHRENILIN FORTE	generic	
butalbital/acetaminophen/caffeine	ESGIC/PLUS, FIORICET	generic	
butalbital/aspirin/caffeine	FIORINAL	generic	
butalbital/codeine/acetaminophen	FIORICET/CODEINE	generic	
butalbital/codeine/aspirin/caffeine	FIORINAL/CODEINE	generic	
ergotamine/caffeine	CAFERGOT	generic	
isometheptene/dichlorophenazone/acetaminophen	MIDRIN	generic	
TRIPTAN AGENTS			
sumatriptan tablets	IMITREX TABLETS	generic	QL
ANTIVERTIGO & ANTIEMETIC AGENTS			
dimenhydrinate	DRAMAMINE	generic	OTC
dronabinol	MARINOL	generic	PA
meclizine	ANTIVERT	generic	OTC
ondansetron	ZOFRAN	generic	QL
prochlorperazine	COMPazine	generic	
promethazine	PHENERGAN	generic	
trimethobenzamide	TIGAN	generic	
ANTIPARKINSON AGENTS			
benztropine	COGENTIN	generic	
pramipexole	MIRAPEX	generic	
bromocriptine mesylate	PARLODEL	generic	
carbidopa/levodopa	SINEMET/CR	generic	
ropinirole	REQUIP	generic	
selegiline	ELDEPRYL CAPSULES	generic	
AGENTS TO TREAT ALZHEIMER'S DISEASE			
donepezil	ARICEPT 5mg, 10mg	generic	
rivastigmine tartrate	EXELON	generic	PA
AGENTS TO TREAT MULTIPLE SCLEROSIS			
interferon beta-1a	AVONEX		PA/SP
glatiramer	COPAXONE		PA/SP
interferon beta-1b	EXTAVIA		PA/SP
DERMATOLOGICAL AGENTS			
TOPICAL ANESTHETICS			
lidocaine	BACTINE	generic	OTC
lidocaine	XYLOCAINE	generic	
lidocaine/prilocaine	EMLA	generic	AL
ANTI-ACNE AGENTS			
erythromycin solution	A/T/S	generic	
benzoyl peroxide	BENZAC AC, OXY-10, TRIAZ	generic	OTC available
sulfacetamide sodium lotion	KLARON	generic	
clindamycin phosphate	CLEOCIN T, CLINDA-DERM	generic	
erythromycin gel	EMGEL, ERYGEL	generic	
tretinoin	RETIN-A 0.05% cream, 0.01% gel	generic	AL/QL
tretinoin	AVITA 0.025% crm, 0.025% gel	generic	AL/QL
TOPICAL ANTIBACTERIAL AGENTS			
bacitracin	BACITRACIN	generic	OTC
gentamicin	GARAMYCIN	generic	
silver sulfadiazine	SILVADENE	generic	
neomycin/polymixin B/bacitracin	NEOSPORIN	generic	OTC
neomycin/polymixin B/bacitracin/hydrocortisone	CORTISPORIN OINTMENT	generic	
neomycin/polymixin B/bacitracin/hc cream	CORTISPORIN CREAM	generic	
neomycin/polymixin B/bacitracin/lidocaine	NEOSPORIN PLUS	generic	OTC
TOPICAL ANTIFUNGAL AGENTS			
clotrimazole	LOTRIMIN OTC	generic	OTC only covered
econazole nitrate	SPECTAZOLE	generic	
ketoconazole	EXTINA	generic	
ketoconazole	NIZORAL CREAM, SHAMPOO	generic	
miconazole	MICATIN	generic	OTC
nystatin	MYCOSTATIN	generic	
tolnaftate	TINACTIN	generic	OTC



2012 Medicaid Formulary

Formulary changes can occur at any time

Generic Name	Reference Name	Generic Status	Comments
undecylenic acid	THERA-NAIL	generic	OTC
sulfoconazole	EXELDERM		
TOPICAL ANTIFUNGAL & CORTICOSTEROID COMBINATIONS			
clotrimazole/betamethasone	LOTRISONE	generic	QL
nystatin/triamcinolone	MYCOLOG	generic	
KERATOLYTIC AGENTS			
podofilox	CONDYLOX SOLUTION	generic	
TOPICAL CORTICOSTEROID AGENTS			
betamethasone dipropionate	DIPROSONE, MAXIVATE	generic	QL
betamethasone dipropionate augmented	DIPROLENE, DIPROLENE AF CREAM	generic	QL
betamethasone valerate	VALISONE	generic	QL
clobetasol	TEMOVATE CREAM/OINT	generic	QL
desonide	DESOWEN CREAM/OINT 0.05%, TRIDESILON	generic	QL
diflorasone	FLORONE, FLORONE E, PSORCON E OINT 0.05%	generic	QL
fluocinonide	LIDEX, LIDEX E	generic	QL
fluticasone propionate	CUTIVATE CRM .05%, OINT 0.1%	generic	QL
halobetasol	ULTRAVATE CRM, OINT 0.05%	generic	QL
hydrocortisone acetate cream, ointment	ANUSOL, TUCKS	generic	OTC, QL
hydrocortisone	HYTONE	generic	QL; 0.5% and 1% OTC are covered
hydrocortisone valerate	WESTCORT CRM, OINT 0.1%	generic	QL
mometasone	ELOCON OINTMENT, CREAM, LOTION	generic	QL
prednicarbate	DERMATOP	generic	QL
triamcinolone acetonide	KENALOG CRM 0.5%, OINT 0.1%	generic	QL
flurandrenolide	CORDRAN TAPE		QL
TOPICAL OB/GYN ANTI-INFECTIVES			
clindamycin phosphate	CLEOCIN VAGINAL CREAM	generic	
metronidazole	METROGEL-VAGINAL	generic	
acetic acid gel	ACETIC ACID JELLY GEL		
metronidazole	VANAZOLE		
sulfanilamide	AVC		
clindamycin phosphate	CLEOCIN VAGINAL SUPPOSITORY		
TOPICAL VAGINAL ANTIFUNGALS			
clotrimazole	GYNE-LOTRMIN, MYCELEX	generic	OTC
miconazole nitrate	MONISTAT 3, MONISTAT 7	generic	OTC
terconazole	TERAZOL 3 SUPP	generic	
terconazole	TERAZOL 3, TERAZOL 7 CREAM	generic	
nystatin	NYSTATIN VAGINAL TABLETS		
TOPICAL RECTAL AGENTS			
hydrocortisone 1% cream	PROCTOCORT HC	generic	
hydrocortisone 2.5% cream	ANUSOL HC	generic	
hydrocortisone enema	COLOCORT, CORTENEMA	generic	
OTHER DERMATOLOGICAL AGENTS			
ammonium lactate	LAC-HYDRIN	generic	OTC
fluorouracil	EFUDEX	generic	
lindane	KWELL	generic	
malathion	OVIDE	generic	ST
metronidazole	METROCREAM 0.75%	generic	metronidazole 0.75% gel also covered
permethrin	ELIMITE	generic	OTC 1% lotion is covered
permethrin 1% lotion		generic	OTC
pyrethrins/piperonyl butoxide	RID	generic	OTC
salicylic acid	COMPOUND W	generic	OTC
urea	CARMOL, UMECTA	generic	
docosanol	ABREVA		OTC
penciclovir	DENAVIR		
permethrin	NIX		OTC
salicylic acid/sulfur	SEBULEX		OTC
selenium sulfide shampoo 2.5%	SELSUN RX		
vegetable extract shampoo	LICE B GONE SHAMPOO		OTC
crotamiton	EURAX		
EAR, NOSE & THROAT AGENTS			
NASAL CORTICOSTEROIDS			
flunisolide	NASAREL	generic	QL
fluticasone propionate	FLONASE	generic	QL
AGENTS AFFECTING THE EAR			
acetic acid	ACETIC ACID	generic	
acetic acid/aluminum acetate	BOROFAIR OTIC, OTIC DOMEBORO	generic	
acetic acid/antipyrine/benzocaine	AURALGAN	generic	
acetic acid/hydrocortisone	VOSOL HC	generic	
ofloxacin	FLOXIN OTIC	generic	
carbamide peroxide	DEBROX	generic	OTC
ciprofloxacin/dexamethasone	CIPRODEX		
ciprofloxacin/hydrocortisone	CIPRO HC		
hydrocortisone/neomycin sulfate	COLY-MYCIN S		
AGENTS AFFECTING THE NOSE			
cromolyn sodium	NASALCROM	generic	OTC
oxymetazoline	AFRIN	generic	OTC
saline nasal spray	OCEAN NASAL SPRAY	generic	OTC/QL
ipratropium	ATROVENT	generic	QL
AGENTS AFFECTING THE MOUTH			
pilocarpine	SALAGEN	generic	



2012 Medicaid Formulary

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Generic Name	Reference Name	Generic Status	Comments
triamcinolone dental paste	KENALOG IN ORABASE	generic	
benzocaine dental gel	ORAJEL		OTC
lidocaine	XYLOCAINE GEL	generic	
cevimeline	EVOXAC		
ENDOCRINE MEDICATIONS			
ANTIDIABETIC AGENTS - BIGUANIDES			
metformin	GLUCOPHAGE	generic	
metformin er	GLUCOPHAGE XR	generic	
ANTIDIABETIC AGENTS - SULFONYLUREAS			
chlorpropamide	DIABENESE	generic	
glimepiride	AMARYL	generic	
glipizide	GLUCOTROL	generic	
glipizide er	GLUCOTROL XL	generic	QL
glyburide	DIABETA, GLYNASE, MICRONASE	generic	
ANTIDIABETIC AGENTS - THIAZOLIDINEDIONES			
pioglitazone	ACTOS		QL/ST
ANTIDIABETIC AGENTS - DPP-IV INHIBITORS			
sitagliptin	JANUVIA		QL/ST
ANTIDIABETIC AGENTS - COMBINATIONS			
pioglitazone/glimepiride	DUETACT		QL/ST
pioglitazone/metformin	ACTOPLUS MET		QL/ST- ACTOSPLUS MET XR not covered
sitagliptin/metformin	JANUMET		QL/ST
ANTIDIABETIC AGENTS - OTHER			
acarbose	PRECOSE	generic	
DIABETIC AGENTS - OTHER			
glucagon	GLUCAGON		QL
glucose	GLUCOSE GEL		OTC
INSULIN			
insulin detemir	LEVEMIR		vials only
insulin glulisine	APIDRA		vials only
insulin, glargine	LANTUS		vials only
insulin, human	NOVOLIN R, 70/30 and N		OTC; vials only
BISPHOSPHONATES & RELATED AGENTS			
alendronate	FOSAMAX	generic	QL
calcitonin-salmon nasal spray	FORTICAL, MIACALCIN	generic	
ADRENAL CORTICOSTEROID AGENTS			
cortisone	CORTISONE	generic	
dexamethasone	DECADRON ELIXIR, 0.5mg, 0.75mg, 1.5mg, 4mg, 6mg TABLETS	generic	
fludrocortisone	FLORINEF	generic	
hydrocortisone	CORTEF	generic	
methylprednisolone	MEDROL	generic	
prednisolone	PRELONE SYRUP	generic	
prednisolone sodium phosphate	ORAPRED, PEDIAPRED	generic	
prednisone	DELTASONE 1mg, 2.5mg, 5mg, 10mg, 20mg	generic	
THYROID AGENTS			
levothyroxine	LEVOTHROID, LEVOXYL	generic	
thyroid	ARMOUR THYROID, WESTHROID 32.5mg, 65mg, 130mg, 195mg	generic	
thyroid	ARMOUR THYROID 30mg, 60mg, 90mg	generic	
levothyroxine	UNITHROID	generic	
thyroid	ARMOUR THYROID, NATURE THYROID 15mg, 16.25mg, 97.5mg, 120mg, 180mg, 240mg, 260mg, 300mg, 325mg		
ANTI-THYROID AGENTS			
methimazole	TAPAZOLE	generic	
propylthiouracil	PTU	generic	
OTHER ENDOCRINE AGENTS / ENZYME REPLACEMENT			
desmopressin	DDAVP	generic	
GASTROINTESTINAL MEDICATIONS			
ANTISPASMODICS / AGENTS AFFECTING GI MOTILITY			
belladonna alkaloids/opium supp	B&O 15-A and 16-A	generic	
belladonna alkaloids/phenobarbital	DONNATAL	generic	
belladonna alkaloids tincture	BELLADONNA	generic	
clidinium/chlordiazepoxide	LIBRAX	generic	
dicyclomine	BENTYL	generic	
diphenoxylate/atropine sulfate	LOMOTIL	generic	
hyoscyamine	ANASPAZ, LEVSIN, LEVSIN SL, NULEV	generic	
hyoscyamine er	LEVBID	generic	
hyoscyamine er	LEVSINEX	generic	
loperamide	IMODIUM	generic	OTC
methscopalamine bromide	FAMINE 2.5mg	generic	
metoclopramide	REGLAN	generic	
propantheline bromide 15mg		generic	
H-2 ANTAGONIST AGENTS			
cimetidine	TAGAMET-HB	generic	OTC
famotidine	PEPCID AC	generic	OTC
famotidine	PEPCID SUSPENSION	generic	
ranitidine	ZANTAC	generic	OTC- capsule are not covered
PROTON PUMP INHIBITORS			
lansoprazole	PREVACID 24HR OTC	generic	OTC only covered- QL



2012 Medicaid Formulary

Formulary changes can occur at any time

Generic Name	Reference Name	Generic Status	Comments
omeprazole	– PRILOSEC 20mg CAPSULE	generic	QL
pantoprazole	– PROTONIX	generic	QL
BOWEL PREPARATION AGENTS			
polyethylene glycol/electrolyte solution	– GOLYTELY, NULYTELY	generic	
DIGESTIVE ENZYMES			
amylase/lipase/protease	– CREON		
AGENTS TO TREAT CROHN'S DISEASE & ULCERATIVE COLITIS			
mesalamine enema	– ROWASA	generic	
sulfasalazine	– AZULFIDINE, AZULFADINE EN-TAB	generic	
mesalamine capsules er	– PENTASA		
mesalamine suppositories	– CANASA		
mesalamine tablets er	– ASACOL		
olsalazine	– DIPENTUM		
OTHER GASTROINTESTINAL AGENTS			
alumimun hydroxides/magnesium hydroxide/simethicone	– MYLANTA	generic	OTC
bisacodyl	– DULCOLAX TABS and SUPP	generic	OTC
bismuth subsalicylate	– KAOPECTATE/PEPTO BISMOL	generic	OTC
calcium carbonate	– TUMS	generic	OTC
calcium carbonate/ magnesium hydroxide	– MYLANTA SUPREME	generic	OTC
calcium polycarbophil	– FIBERCON	generic	OTC
docusate calcium	– KAO-TIN, KAOPECTATE CAP	generic	OTC
docusate sodium	– COLACE	generic	OTC
glycerin suppositories	– PEDIALAX	generic	OTC
ipecac	– IPECAC SYRUP	generic	OTC
kaolin pectin			OTC
lactulose	– ENULOSE	generic	OTC
magnesium citrate		generic	OTC
magnesium hydroxide	– MILK OF MAGNESIA	generic	OTC
methylcellulose	– CITRUCEL	generic	OTC
misoprostol	– CYTOTEC	generic	OTC
polyethylene glycol 3350 oral powder	– MIRALAX	generic	OTC
psyllium	– METAMUCIL	generic	OTC
sennosides	– SENAKOT	generic	OTC
sennosides/docusate sodium	– PERI-COLACE	generic	OTC
simethicone drops	– MYLICON DROPS	generic	OTC
simethicone tablets	– MYLANTA GAS	generic	OTC
sodium bicarbonate		generic	OTC
sodium phosphates enema	– FLEET ENEMA	generic	OTC
sucralfate	– CARAFATE TABLETS	generic	
ursodiol	– ACTIGALL, URSO, URSO FORTE	generic	
MUSCULOSKELETAL MEDICATIONS			
SALICYLATES & RELATED AGENTS			
choline/magnesium salicylate	– TRILISATE	generic	
diflunisal	– DOLOBID	generic	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS			
diclofenac potassium	– CATAFLAM	generic	
diclofenac sodium	– VOLTAREN 50mg, 75mg	generic	
diclofenac sodium er	– VOLTAREN XR	generic	
etodolac	– LODINE	generic	
etodolac er	– LODINE XL	generic	
fenoprofen	– NALFON 600MG	generic	
flurbiprofen	– ANSAID	generic	
ibuprofen	– MOTRIN	generic	OTC
indomethacin	– INDOCIN	generic	
indomethacin er	– INDOCIN SR	generic	
ketoprofen	– ORUDIS	generic	QL
ketorolac	– TORADOL	generic	QL
meloxicam	– MOBIC	generic	
nabumetone	– RELAFEN	generic	QL
naproxen	– NAPROSYN	generic	OTC
naproxen sodium	– ANAPROX, ANAPROX DS	generic	OTC
oxaprozin	– DAYPRO	generic	
piroxicam	– FELDENE	generic	
sulindac	– CLINORIL	generic	
tolmetin	– TOLECTIN 400mg	generic	
GOUT AGENTS			
allopurinol	– ZYLOPRIM	generic	
colchicine & probenecid	– COL-BENEMID	generic	
probenecid	– BENEMID	generic	
colchicine	– COLCRYS		QL
SKELETAL MUSCLE AGENTS			
baclofen	– LIORESAL	generic	
carisoprodol	– SOMA 350mg TABLETS	generic	QL
chlorzoxazone	– PARAFON FORTE DSC	generic	
cyclobenzaprine	– FLEXERIL 10mg	generic	
methocarbamol	– ROBAXIN	generic	
tizanidine	– ZANAFLEX TABLETS	generic	QL
NUTRITION & ELECTROLYTE AGENTS			
VITAMINS, MINERALS & RELATED AGENTS			
calcitriol	– ROCALTROL	generic	



2012 Medicaid Formulary

Formulary changes can occur at any time

Generic Name	Reference Name	Generic Status	Comments
calcium carbonate	OS-CAL	generic	OTC
calcium carbonate	OS-CAL D	generic	OTC
calcium citrate	CITRACAL	generic	OTC
calcium glubionate	CALCIONATE SYRUP		OTC
calcium gluconate	CALCIUM GLUCONATE 500mg		OTC
calcium lactate	CALCIUM LACTATE 650mg	generic	OTC
calcium with vitamin D	OYSTER-CALCIUM D	generic	OTC
chromium	CHROMIUM 200mcg	generic	OTC
cyanocobalamin injection	VITAMIN B-12	generic	
ergocalciferol	DRISDOL	generic	
iron supplements (oral)	FEOSOL	generic	OTC
iron combination capsules	FEOGEN	generic	
iron polysaccharides complex/vit B-12/folic acid	FERREX 150 FORTE	generic	
iron polysaccharides complex	FERREX 150	generic	
iron fumarate/vit C/vit B12/folic acid cap	FERROGELS	generic	
iron fumarate/B12/vit C/folic acid/intrinsic factor	FEROTRIN, FEROCON, TRICON	generic	
iron with vitamin tablet	GERITOL, VITAFOL	generic	OTC
ferrous sulfate/vit C/folic acid tab	FOLITAB	generic	
oral electrolyte solution	PEDIALYTE	generic	OTC
folic acid	FOLVITE	generic	OTC, QL
magnesium chloride	SLO-MAG	generic	OTC
magnesium gluconate	MAGNESIUM GLUCONATE	generic	OTC
pediatric multivitamins w/fluoride & iron	POLY-VI-FLOR with IRON	generic	OTC; AL
multivitamins	ONE-A-DAY, CHILDRENS MULTI-VIT	generic	OTC
oyster shell calcium	OYSTER SHELL CALCIUM	generic	OTC
triple vitamins w/fluoride	TRI-VI-FLOR	generic	OTC
ascorbic acid	VITAMIN C	generic	OTC
niacin	SLO-NIACIN	generic	OTC
pyridoxine	VITAMIN B-6	generic	OTC
thiamine	VITAMIN B-12 TABLETS	generic	OTC
vitamin B complex/ vitamin C/folic acid	NEPHROCAPS	generic	
vitamin B complex/ vitamin C/ biotin/folic acid	MILCO-B-FORTE, STROVITE, VITAROCA PLUS	generic	OTC, Rx
vitamin D	VITAMIN D 400IU	generic	OTC, QL
vitamin E	VITAMIN E	generic	OTC
zinc sulfate	ZINC SULFATE	generic	OTC
doxercalciferol	HECTOROL		
iron dextran	DEXFERRUM, INFED		PA/ST- Medical benefit
phytonadione	MEPHYTON		
FLUORIDE PRODUCTS			
sodium fluoride tablets	KARDIUM, LURIDE	generic	
sodium fluoride	PHOS-FLUR 1.1% CREAM	generic	
stannous fluoride	GEL-KAM 0.4% GEL	generic	OTC
POTASSIUM SUPPLEMENTS			
potassium bicarbonate/citric acid	K-LYTE	generic	
potassium chloride liquid	KAY CIEL	generic	
potassium chloride powder	K-LOR, KLOR-CON	generic	
potassium chloride tablets	K-TAB, SLOW-K	generic	
potassium chloride capsules	MICRO-K	generic	
PHOSPHATE BINDERS			
calcium acetate	PHOSLO	generic	
sevelamer	RENAGEL		PA
sevelamer carbonate	REVELA		PA
URINARY ALKALYZERS			
potassium phosphate	K PHOS	generic	
potassium/sodium acid phosphates	K PHOS MF		
sodium citrate/citric acid	BICITRA, CYTRA-2, ORACIT, POLYCITRA-K	generic	
BLOOD MODIFIERS			
ANTIPLATELET AGENTS			
aspirin tablets, chewables, enteric coated	BAYER	generic	OTC
cilostazol	PLETAL	generic	
dipyridamole	PERSANTINE	generic	
pentoxifylline	TRENTAL	generic	QL
ticlopidine	TICLID	generic	
clopidogrel	PLAVIX		PA/QL
prasugrel	EFFIENT		PA/QL
ANTICOAGULANTS & RELATED AGENTS			
warfarin sodium	COUMADIN	generic	
heparin	HEPARIN	generic	
enoxaparin	LOVENOX	generic	QL/PA required for >5 day supply; GE/AL- females age 17-42 require PA.
rivaroxaban	XARELTO 10mg TABLETS		PA/QL
HEMATOPOIETIC AGENTS			
erythropoietin	PROCRIT		PA/SP
OBSTETRICAL & GYNECOLOGICAL MEDICATIONS			
PRENATAL VITAMINS			
prenatal vit/minerals/iron/folic acid 1mg	MYNATAL		
prenatal vit/iron carbonyl 29mg/folic acid 1mg	PRENATABS RX		
prenatal vit/iron fumarate 27mg/folic acid 0.8mg	PRENATAL TABS		
prenatal vit/iron fumarate 27mg/folic acid 1mg	THERANATAL; PRENATAL		



2012 Medicaid Formulary

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Generic Name	Reference Name	Generic Status	Comments
prenatal vit/iron fumarate 60mg/folic acid 1mg	TRINATAL, VINATE ONE		
prenatal vit/iron fumarate 65mg/folic acid 1mg	LACTOCAL-F, VITAFOL-OB, VITAFOL-PN		
prenatal vit/iron gluconate 30mg/folic acid 0.8mg	MISSION PRENATAL TAB HP		
prenatal vit/iron carbonyl-iron sulfate 60mg/folic acid 1mg	NATAFORT		
prenatal vit without vit A/Fe carbonyl 90mg/Docusate/folic acid 1mg	COMPLETE RF		
prenatal vit with sel/iron fumarate/folic acid 9-0.5mg	PRENATAL FO		
prenatal vit with sel/iron fumarate/folic acid 27-1mg	VINATE M		
prenatal vit with docusate sod/iron carbonyl 90mg /folic acid 1mg	ULTRATABS, TRIADVANCE, TRINATAL GT, ULTRANATAL CARE, VINATE ULTRA		
prenatal vit with docusate sod/iron fumarate 90mg /folic acid 1mg	SE-NATAL-90, MYNATE-90		
prenatal vitamin/ferrous gluconate/folic acid	MISSION PRENATAL FA	generic	OTC
prenatal vitamins	various brands	generic	OTC
ANDROGEN AGENTS			
testosterone cypionate	DELATESTRYL, DEPO-TESTOSTERONE	generic	PA/GE
ORAL ESTROGEN AGENTS			
estradiol	ESTRACE	generic	GE
estropipate	OGEN, ORTHO-EST	generic	GE
estrogens, conjugated	PREMARIN		GE
esterified estrogens	MENEST		GE
TRANSDERMAL ESTROGEN AGENTS			
estradiol transdermal	ESTRADIOL TRANSDERMAL SYSTEM	generic	QL/GE
estradiol transdermal	ALORA		QL/GE
ESTROGEN / PROGESTIN COMBINATION AGENTS			
estradiol/norethindrone	ACTIVELLA	generic	
ethinyl estradiol/norethindrone	FEMHRT	generic	
conjugated estrogen/medroxyprogesterone	PREMPHASE		GE
conjugated estrogen/medroxyprogesterone	PREMPRO		GE
PROGESTIN AGENTS			
medroxyprogesterone	PROVERA	generic	
norethindrone	AYGESTIN	generic	
CONTRACEPTIVE AGENTS			
ethinyl estradiol/desogestrel	LO/OVRAL	generic	QL/GE
ethinyl estradiol/desogestrel	MIRECETTE	generic	QL/GE
ethinyl estradiol/desogestrel	ORTHO-CEPT, DESOGEN	generic	QL/GE
ethinyl estradiol/ethynodiol diacetate	DEMULEN 1/35, ZOVIA 1/35	generic	QL/GE
ethinyl estradiol/levonorgestrel	LEVLEN, NORDETTE	generic	QL/GE
ethinyl estradiol/levonorgestrel	TRI-LEVLEN, TRIPHASIL, TRIVORA	generic	QL/GE
ethinyl estradiol/levonorgestrel	ALESSE, LEVLITE	generic	QL/GE
ethinyl estradiol/norethindrone	BREVICON, MODICON	generic	QL/GE
ethinyl estradiol/norethindrone	LOESTRIN 1/20	generic	QL/GE
ethinyl estradiol/norethindrone	ORTHO NOVUM 1/35, 777	generic	QL/GE
ethinyl estradiol/norethindrone	TRI-NORINYL	generic	QL/GE
ethinyl estradiol/norethindrone	OVCON 35	generic	QL/GE
ethinyl estradiol/norethindrone and iron	LOESTRIN FE	generic	QL/GE
ethinyl estradiol/norethindrone/ferrous fumarate	ESTROSTEP, ESTROSTEP FE	generic	QL/GE
ethinyl estradiol/norgestimate	ORTHO CYCLEN	generic	QL/GE
ethinyl estradiol/norgestimate	ORTHO TRI-CYCLEN	generic	QL/GE
medroxyprogesterone acetate	DEPO-PROVERA	generic	QL/GE
mestranol/norethindrone	ORTHO NOVUM, NORINYL	generic	QL/GE
diaphragms	ORTHO FLEX, ORTHO FLAT, ORTHO COIL, OMNIFLEX, WIDE-SEAL		QL/GE
levonorgestrel	NEXT CHOICE, PLAN B	generic	OTC for members >17 years old; GE
CONTRACEPTIVE AGENTS- OTHER			
condoms	TROJAN		OTC, QL
nonoxynol-9 gel	GYNOL II		OTC
OB-GYN MISCELLANEOUS			
methylergonovine	METHERGINE	generic	
OPHTHALMIC MEDICATIONS			
OPHTHALMIC TOPICAL ANTI-INFECTIVE AGENTS			
bacitracin/polymyxin b	POLYSPORIN	generic	
ciprofloxacin	CILOXAN SOLUTION	generic	
erythromycin	ILOTYCIN	generic	
gentamicin ophthalmic solution	GARAMYCIN, GENOPTIC, GENTAK	generic	
neomycin/bacitracin/polymyxin b	NEOSPORIN	generic	
neomycin/polymyxin b/gramicidin	AK-SPORE	generic	
polymyxin b/trimethoprim	POLYTRIM	generic	
sulfacetamide sodium	BLEPH-10	generic	
tobramycin	TOBREX SOLUTION	generic	
trifluridine	VIROPTIC	generic	
OPHTHALMIC CORTICOSTEROID AGENTS			
dexamethasone sodium phosphate	DECADRON	generic	
fluorometholone	FML, FML S.O.P., FLAREX, FML FORTE, FML LIQUIFILM	generic	
prednisolone acetate	ECONOPRED PLUS, PRED FORTE	generic	
dexamethasone	MAXIDEX		



2012 Medicaid Formulary

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prednisolone acetate	PRED MILD		
rimexolone	VEXOL		
OPHTHALMIC ANTI-INFECTIVE / CORTICOSTEROID AGENTS			
neomycin/bacitracin/polymyxin/hydrocortisone	CORTISPORIN	generic	
neomycin/polymyxin/dexamethasone	MAXITROL	generic	
prednisolone/gentamycin	PRED-G, PRED-G SOP		
tobramycin/dexamethasone	TOBRADEX	generic	
sulfacetamide/prednisolone acetate	BLEPHAMIDE		
OPHTHALMIC ANTIHISTAMINES			
ketotifen fumarate	ZADITOR	generic	OTC/QL
azelastine	OPTIVAR	generic	
naphazoline	ALBALON	generic	
naphazoline/pheniramine	NAPHCON A/OPCON A	generic	OTC
tetrahydrozoline	VISINE	generic	OTC
OPHTHALMIC MAST CELL STABILIZERS			
cromolyn	CROLOM	generic	
OPHTHALMIC NON-STEROIDAL ANTI-INFLAMMATORY AGENTS			
diclofenac	VOLTAREN	generic	
flurbiprofen	OCUFEN	generic	
ketorolac	ACULAR 0.5%	generic	ACULAR LS and PF are not covered
GLAUCOMA AGENTS			
betaxolol	BETOPTIC	generic	
brimonidine	ALPHAGAN 0.2%	generic	ALPHAGAN P 0.15% not covered
carteolol	OCUPRESS	generic	
dorzolamide	TRUSOPT	generic	
dorzolamide/timolol	COSOPT	generic	
homatropine	ISOPTO HOMATROPINE	generic	
levobunolol	BETAGAN	generic	
metipranolol	OPTIPRANOLOL	generic	
latanoprost	XALATAN	generic	
timolol maleate	TIMOPTIC, TIMOPTIC-XE	generic	
betaxolol	BETOPTIC S		
echothiophate iodide	PHOSPHOLINE IODIDE		
OPHTHALMIC AGENTS - OTHER			
artificial tears solution, ointment	HYPOTEAR, REFRESH-PM, OCUCOAT	generic	OTC
atropine sulfate	ISOPTO ATROPINE	generic	
cyclopentolate	CYCLOGYL 1%	generic	
cyclopentolate/phenylephrine	CYCLOMYDRIL		
phenylephrine	AK-DILATE, MYDFRIN	generic	
polyvinyl alcohol	LIQUIFILM	generic	OTC
propatacaine	ALCAINE	generic	
sodium chloride hypertonic	MURO 128	generic	OTC
tropicamide	MYDRIACYL	generic	
cyclopentolate	CYCLOGYL 0.5%, 2%		
hydroxypropyl cellulose	LACRISERT		
scopolamine	ISO HYOSCINE		
RESPIRATORY AGENTS			
BRONCHODILATORS - BETA AGONISTS			
albuterol tablets	albuterol tablets	generic	
albuterol inhaler	VENTOLIN HFA		QL
albuterol solution/nebulizer	albuterol solution/nebulizer	generic	
formoterol	FORADIL		QL
salmeterol	SEREVENT DISKUS		QL
BRONCHODILATORS - COMBINATIONS			
budesonide/formoterol	SYMBICORT		ST/QL
fluticasone/salmeterol	ADVAIR 100/50		ST/QL- ADVAIR 250/50 and 500/50 are not covered
ipratropium/albuterol inhaler	COMBIVENT		QL
mometasone furoate and formoterol fumarate	DULERA		ST/QL
PULMONARY AGENTS - OTHER			
cromolyn	INTAL	generic	
ipratropium aerosol	ATROVENT	generic	QL
ipratropium bromide	ATROVENT NEBULIZER SOLN	generic	
terbutaline sulfate	BRETHINE	generic	
theophylline er	THEO-24, THEOCHRON	generic	
aminophylline	AMINOPHYLLINE	generic	
deoxyribonuclease	PULMOZYME		PA/SP
epinephrine	EPIPEN, EPIPEN JR		
ipratropium	ATROVENT HFA		QL
palivizumab	SYNAGIS		PA/SP
tiotropium	SPIRIVA HANDHALER		ST
dyphylline	LUFYLLIN		
PULMONARY CORTICOSTEROIDS			
budesonide	PULMICORT RESPULES	generic	AL
beclomethasone	QVAR		QL
LEUKOTRIENE MODIFIERS			
zafirlukast	ACCOLATE	generic	
montelukast	SINGULAIR TABLET/CHEWABLE		AL
COUGH & COLD THERAPY			
ANTITUSSIVE COMBINATIONS			
benzonatate	TESSALON PERLE 100mg	generic	
detromethorphan	BENYLIN ADULT SYRUP		
guaifenesin/codeine	ROBTIUSSIN AC	generic	



2012 Medicaid Formulary

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guaifenesin/codeine	TUSSI-ORGANIDIN/S NR	generic	
guaifenesin/dextromethorphan	ROBITUSSIN DM, MUCINEX DM	generic	OTC
guaifenesin/dextromethorphan/phenylephrine	TUSSIN CF	generic	OTC
guaifenesin/codeine/pseudoephedrine	CHERATUSSIN DAC	generic	
hydrocodone/homatropine	HYCODAN	generic	
EXPECTORANT COMBINATIONS			
guaifenesin	LIQUIBID, MUCINEX	generic	OTC
guaifenesin/pseudoephedrine	MAXIFED-G, CONGESTAC	generic	OTC
ANTIHISTAMINE DECONGESTANT COMBINATIONS			
chlorpheniramine/phenylephrine	RYNATAN PED	generic	OTC
dexbrompheniramine/pseudoephedrine etx-rel	DRIXORAL	generic	OTC
cetirizine/pseudoephedrine ext-release	ZYRTEC D	generic	OTC
loratadine/pseudoephedrine	CLARITIN D, ALAVERT	generic	OTC
ANTIHISTAMINES			
cetirizine (all forms)	ZYRTEC	generic	OTC/AL on syrup
chlorpheniramine	CHLOR-TRIMETON	generic	OTC
clemastine 2.68mg	TAVIST	generic	OTC
clemastine syrup	TAVIST	generic	OTC
cyproheptadine			
diphenhydramine (all forms)	BENADRYL	generic	OTC/AL
hydroxyzine hcl	ATARAX	generic	
hydroxyzine pamoate	VISTARIL	generic	
loratadine (all forms)	CLARITIN, ALAVERT	generic	OTC
DECONGESTANTS			
pseudoephedrine	SUDAFED	generic	OTC
UROLOGICAL AGENTS			
OVERACTIVE BLADDER AGENTS			
oxybutynin	DITROPAN	generic	
oxybutynin er	DITROPAN XL	generic	ST
tolterodine	DETROL		ST
tolterodine er	DETROL LA		ST
BENIGN PROSTATIC HYPERTROPHY AGENTS			
doxazosin	CARDURA	generic	
finasteride	PROSCAR	generic	
tamsulosin	FLOMAX	generic	
terazosin	HYTRIN	generic	
OTHER GENITOURINARY AGENTS			
bethanechol	URECHOLINE	generic	
citric acid/potassium citrate	CYTRA-K, POLYCITRA-K	generic	
dibasic sodium phosphate monobasic potassium phosphate monobasic sodium phosphate	K-PHOS NEUTRAL	generic	
phenazopyridine	PYRIDIUM	generic	
sodium citrate/citric acid solution	BICITRA	generic	
cinacalcet	SENSIPAR		PA/SP
pentosan polysulfate sodium	ELMIRON		PA
DIABETIC SUPPLIES			
GLUCOSE MONITORS			
blood glucose monitor	TRUE TRACK and TRUE TEST		OTC/QL
GLUCOSE TEST STRIPS			
blood glucose test strip	TRUE TRACK and TRUE TEST		OTC/QL
MISCELLANEOUS DIABETIC SUPPLIES			
blood testing alcohol swab	ALCOHOL SWABS		OTC/QL
blood testing lancet	LANCETS		OTC
diabetic syringes	BD MICROFINE, BD MICROFINE ULTRA FINE SYRINGES		OTC
MISCELLANEOUS AGENTS			
SMOKING CESSATION AGENTS			
bupropion ext-release	ZYBAN	generic	QL
nicotine gum	NICORETTE	generic	QL, OTC
nicotine transdermal	NICODERM	generic	QL, OTC