## 1. ANALGESICS/NSAIDs/IMMUNOSUPRESSANTS

***Opiates-Narcotics***

* **All narcotics require completion of a Special Drug Authorization Request form and Medical Review Committee approval.**

* APAP/Codeine Elixir CV
* APAP/Codeine (300/15 mg)
* APAP/Codeine (300/30 mg)
* Hydrocodone/APAP *(5/500 mg)*
* Hydromorphone CII
* Oxycodone/APAP CII (5/325 mg)
* Oxycodone/APAP CII (5/500 mg) (Percocet)

***Narcotic Agonists***

* Propoxyphene HCl
* Oxycodone
♦ Tramadol (Ultram) - Refer to PAP @ 800-577-3788

***Urinary Analgesic***

Phenazopyridine (Pyridium tablet)

***NSAIDs***

OTC usage must be tried and failed first, then a Special Drug Authorization Request form may be submitted. Prescriptions are limited to 45 tablets/30 days.

* Tolmetin
* Piroxicam
* Meloxicam
* Flurbiprofen (Ansaid)
* Trilisate
* Diclofenac EC
* Indomethacin capsule
♦ Sulindac - Refer to PAP 800-727-5400

***Immunosupressants***

Methotrexate (Methotrexate Sodium tablet)

## 2. ANTI-ASTHMATICS & COPD

***Anticholinergics***

Ipratropium bromide (Atrovent aerosol solution)

***Beta Adrenergics***

Albuterol Sulfate (Albuterol Sulfate Tab tablet)
Albuterol (Albuterol inh aerosol solution)
Metaproterenol Sulfate (Metaproterenol Sulfate Neb 0.6% nebulizer)
Metaproterenol Sulfate (Alupent Tab tablet)
Metaproterenol (Alupent inh aerosol powder)

***Cromolyn***

Cromolyn Sodium (nebulizer and inhaler)

***Leukotriene Receptor Inhibitors***

♦Zafirlukast (Accolate) - Refer to PAP @ 800-424-3727
♦Montelukast (Singulair) Refer to PAP @ 800-727-5400

***Steroid Inhalants***

Beclomethasone dipropionate (Vanceril DS aerosol solution)
Flunisolide (Aerobid-M aerosol solution)
Budesonide in powder (Pulmicort Turbuhaler Inhalation)

***Xanthines***

Theophylline (Slo-Bid Gyrocaps controlled release capsule)
Theovent controlled -release capsule

## 3. ANTI-CONVULSANTS

Carbamazepine (Tegretol)
* Carbamazepine XR
*Divalproex Sodium EC 125 mg (Depakote Sprinkles capsule)
*Divalproex sodium ex (Depakote enteric -coated )
Felbamate (Felbatol tablet)
Lamotrigine (Lamictal)
*Neurontin
* Phenobarbital
Phenytoin (Dilantin Kapseals capsule)
Primidone (Mysoline)
♦Topamax - Refer to PAP @ 800-577-3788
Valproic acid capsule (Depakene)

## 4. ANTI-DIABETIC AGENTS

Avandia
Glucovance (Glyburide/Metformin)
Miglitol (Glyset)
Acetohexamide (Dymelor )
Chlorpropamide (Diabanese)
Tolazamide (Tolinase)
Acarbose (Precose)
Glipizide (Not sustained release)
Metformin (Glucophage)
Tolbutamide (Orinase)
Rosiglitazone Maleate (Avandia)
♦Lantus - Refer to PAP @ 888-632-8607

***Human Insulin***

Insulin zinc (Novolin L Suspension)
Insulin zinc, extended (Humulin U suspension)
Insulin isophane (Novolin N suspension)
Insulin regular (Humulin R solution)
Insulin regular & isophane (Humulin 50/50)
Insulin lispro (Humalog)
Insulin Humulin N, R, 70/30

***Mixed Insulin***

Insulin zinc (Iletin Lente suspension)
Insulin isophane (Iletin NPH))

***Pork Insulin***

Insulin regular
1) Iletin II Regular Pork solution
2) Insulin Purified NPH Pork suspension
3) Insulin Lente Pork suspension

## 5. ANTI-EMETICS

Prochlorperazine (Compazine) (tablets and suppositories)
Trimethobenzamide (Tigan) (tablets and suppositories)
♦ Granisetron (Kytril) - Refer to PAP @ 800-443-6676
♦ Ondansetron (Zofran) - Refer to PAP @ 800-722-9294

## 6. ANTI-GOUT AGENTS/URICOSURICS

Allopurinol tablet (Zyloprim) Colchicine tablet
Sulfinpyrazone capsule
Probenecid tablet

## 7. ANTI-INFECTIVE AGENTS

***Antifungal Antibiotics***

Ketoconazole (Nizoral tab)
Clotrimazole troche
Fluconazole (Diflucan Tab)
Flucytosine
Griseofulvin *ultramicrosize (Griseofulvin)*
*Nystatin tablet and suspension*

***Anti Malarial Agents***

Chloroquine
Hydroxychloroquine
Primaquine
Pyrimethamine
Quinine (200mg & 300 mg caps)

***Anti Tuberculosis Agents/combinations***

Refer to the Public Health Department @ 714-834-8796

***Anti Virals***

For HIV/AIDS medication, refer to the AIDS Drug Assistance Program (ADAP) @ 714-834-8175.

♦Epivir - Refer to PAP @ 800-722-9294
♦Pegasys/Copegus - Refer to PAP @ 877-734-2797

***Azithromycin***

Azithromycin (Zithromax 600mg tab tablet)

***Cephalosporins***

Cephalexin capsule (Keflex)

***Erythomycins***

Erythromycin stearate tablets
Erythromycin EC (Erythromycin capsule)

***Ampicillins***

Amoxicillin trihydrate (Amoxicillin capsule)
Ampicillin capsule

***Penicillins/Penicillin Combinations***

Dicloxacillin sodium capsule
Penicillin V potassium
1) Penicillin VK tablet
2) V-Cillin -K
Amoxicillin & k clavulanate (Augmentin chewable)
Amoxicillin & k clavulanate (Augmentin tablet)

***Quinolones***

Ciprofloxacin (Cipro)
Norfloxacin (Noroxin tablet)
Levofloxacin(Levaquin)
Ofloxacin (Floxin tablet)

***Sulfonamides/ Sulfonamide combination***

Sulfisoxazole tablet
Trimethoprim/Sulfamethoxazole (Bactrim/Septra DS Tab tablet)

***Tetracyclines***

Doxycycline hyclate capsule
Tetracycline HCl (Tetracycline capsule, Sumycin tablet)

***Miscellaneous***

Atovaquone (*Liquid. only, PCP if intolerant to Septra)*
Clindamycin HCl (Cleocin HCL capsule)
Dapsone tablet (Avlosulfon)
Metronidazole (Flagyl)
Nitrofurantoin monohydrate macrocrystals (Macrobid capsule)
Trimethroprim tablet

## 8. CARDIOVASCULAR

***Angiotensin Converting Enzyme (ACE) Inhibitor***

Benazepril (Lotensin tablet)
Moexipril (Univasc tablet)
Ramipril (Altace capsule)
Quinapril (Accupril tablet)
Captopril tablet
Enalapril maleate (Vasotec)

***Angiotension II Inhibitors Combinations***

Losartan potassium tab 100mg (Cozaar)
Valsartan (Diovan capsule)
Valsartan-hydrochlorlthiazide (Diovan HCT tablet)
♦Lisinopril (Zestril, Prinivil) - Refer to PAP @ 800-424-3727

***Anti-Arrythmic Agents***

Amiodarone (Cordarone)
Mexiletine (Mexiletine Hydrochloride capsule)
Procainamide HCl /Sustained Release
Quinidine sulfate 200mg,300mg tab tablet

## 8. CARDIOVASCULAR

**Anti-Lipemic Agents (All anti-hyperlipidemics require completion of a Special Drug Authorization Request form, along with pre-treatment lipid blood levels and Medical Review Committee approval.)**

- ♦ Fluvastatin (Lescol) - Refer to PAP @ 800-277-2254
- ♦ Pravastatin (Pravachol) - Refer to PAP @ 800-736-0003
- ♦ Tricor - Refer to PAP @ 800-222-6885 (option 3)
- ♦ Zocor - Refer to PAP @ 800-727-5400

*Colestipol (Colestid)
*Gemfibrozil (Lopid)

***Beta-Blockers***
Atenolol tablet (Tenormin)
Metroprolol tartrate (Lopressor tablet) (No ER)
Propranolol (Inderal tablet)
Pindolol tablet (Visken)

***Calcium Channel Blockers***
Diltiazem Hydrochloride tablet (Cardizem)
Felodipine (Plendil)
Nifedipine capsule (Immediate release) (Procardia)
Verapamil (Calan)
Verapamil HCL (Controlled release) (Calan SR, Isoptin SR)

***Cardiotonics***
Digoxin tablet
Isosorbide dinitrate tablet, sublingual (Isordil)
Nitroglycerin ointment, sublingual

***Hypotensive Drugs***
Clonidine HCl (Catapres)
Doxazosin mesylate (Cardura tablet)
Methyldopa tablet (Aldomet)
Prazosin (Minipres)
Terazosin (Hytrin)
Hydralazine Hydrochloride tablet (Apresoline)

## 9. DERMATOLOGICAL PRODUCTS

***Corticosteroids - Topical***
Fluocinolone (Synalar)
Hydrocortisone Acetate (2.5%)

***Miscellaneous***
Crotamiton 10% cream (Eurax)
Silver Sulfadiazine (Silvadene)

## 10. DIURETICS

Acetazolamide (Diamox)
Furosemide tablet (Lasix)
HCTZ/Triamterene 25/50mg, 50/75mg (Dyazide)
Hydrochlorothiazide tablet (Hydrodiuril)
Chlorthalidone (Hygroton)
Indapamide (Lozol)
Spironolactone tablet (25 mg only) (Aldactone)

## 11. GASTROINTESTINAL AGENTS

***Anticholinergics/Antispasmodics***
Dicyclomine Hydrochloride (Bentyl)
Propantheline bromide tablet (Probanthine)

***Antidiarrhea Agents***
Diphenoxylate/Atropine (Lomotil)

***GI Stimulants***
Metoclopramide (Reglan)

***Histamine $H_2$ Antagonist and Ulcer Adherent Available OTC***

- ♦ Tagament - Refer to PAP @ 800-577-3788

***Proton Pump Inhibitors***
**NOTE:** All PPI's require a Special Drug Authorization Request form. Documentation must include trial and failure of twice daily $H_2$ blocker therapy. Justification must be documented for other than daily dosing. PPI's are limited to 3 months dispensing. Further justification is needed for continued therapy.

- ♦ Pantoprazole (Protonix) - Refer to PAP @ 800-568-9938
- ♦ Prilosec - Refer to PAP @ 800-424-3727
- ♦ Nexium - Refer to PAP @ 800-424-3727
- ♦ Rabeprazole (Aciphex) @ 800-523-5870

***Miscellaneous GI Agents***
Sulfasalazine (Azulfidine)
Sucralfate (Carafate)

- ♦ Asacol/Pentasa (Mesalamine) - Refer to PAP @ 800-830-9049

## 12. HORMONES

***Glucocorticoids***
Dexamethasone tablet (Decadron)
Prednisolone (Medrol Acetate tablet)
Hydrocortisone (Cortone tablet, Cortef)
Prednisone tablet

***Mineralocortoids***
Fludrocortisone acetate (Florinef)

***Thyroid and Anti-Thyroid***
Thyroid (Armour Thyroid tablet)
Levothyroxine sodium (Levoxyl , Synthroid tablet)
Methimazole (Tapazole)
Propylthiouracil (PTU)

## 13. NASAL STEROIDS

Budesonide (Rhinocort aerosol)
Beclomethasone dipropionate (Vancenase aerosol solution)

## 14. OPTHALMIC PRODUCTS

***Anti-Glaucoma Agents***
Acetazolamide (Diamox)
Betaxolol hydrochloride (Betopic)
Carbachol (Isoptocarbachol)
Dipivefrin (Propofol)
Dorzolamide (Trusopt)
Levobunolol hydorchloride (Betagan)
Metipranolol (Optipranolol)
Pilocarpine (Isopto Carpine solution)
Timolol Maleate (Timoptic)

**Antibiotics/Steroids/Steriod Combinations - Solutions/ & Ointments**

Bacitracin (Bacitracin, Opthalmic)
Chloramphenicol (Chloromycetin)
Erythromycin Ophth Ointment (Ilotycin ointment)
Dexamethasone (Decadron solution)
Flurometholone (FML suspension)
Prednisolone sodium phosphate (Inflamase solution)
Gentamicin sulfate (Gentamicin Sulfate, Opthalmic soln/oint)
Neomycin/Bacitracin/Polymyxin B (Neosporin)
Neomycin-Dexamethasone (Neo-Decadron solution)
Sulfacetamide-prednisolone (Vasocidin)
Tobramycin (Tobrex opth soln/oint)
Tobramycin/dexamethasone (Tobradex ointment)
Trimethoprim-polymyxin b (Polymyxin B-Trimethroprim soln)

**Vasoconstrictors**
Naphozoline (0.1%) (Naphcon A)
Phenylephrine (Neosynephrine)

**Miscellaneous**
Cyclopentolate (Cyclogyl)
Homatropine (Isopto Homatropine)
Trifluridine (Viroptic)

## 15. OTIC PRODUCTS

HC w/ Acetic Acid in propylene glycol (AA w/ Hydrocortisone soln)
Benzocaine- Antipyrine (Auralgan)

Neomycin-polymyxin-HC (Cortisporin 1%)

## 16. SKELETAL MUSCLE RELAXANTS

Baclofen (Lioresal)

***All medications require an MSI Special Drug Authorization Request form.**

**The MSI Pocket formulary is subject to change.**

MSI Pocket Formulary June 2003

**ORANGE COUNTY**
**HEALTH CARE AGENCY**
**MEDICAL SERVICES FOR INDIGENTS (MSI) PROGRAM**

# DRUG FORMULARY SELECTION GUIDE 2003

**Note:** Drugs listed are the most commonly prescribed medications. Most of these medications are covered by the MSI formulary which is ***generic*** based. When a brand name is ordered and a generic equivalent is available, the ***generic will be dispensed by the pharmacy***. Participating Caremark pharmacies may provide eligible pharmaceuticals.

**Formulary Exclusions:**
The MSI Program utilizes a modified Medi-Cal drug formulary. Exclusions to the MSI formulary include medications not listed in the formulary, over the counter medications and specific therapeutic classifications relating to conditions outside the scope of the MSI Program. Please refer to the MSI Provider Manual, Seventh Edition, Appendix D, p. 63-66 for information on the drug formulary, a listing of excluded therapeutic classifications, and a copy of the Special Drug Authorization form. Many medications are provided to indigent patients through drug manufacturer's Patient Assistance Programs (PAPs). Please refer patients to the PAPs as appropriate. **Note: PAPs are identified by the ♦ symbol and the telephone numbers are subject to change without notification.**

**Special Drug Requests:**
Non-Formulary drugs may be covered on an exception basis and require medical justification through completion of an MSI Drug Authorization Request form. This form is initiated at the pharmacy and faxed to the physician for medical justification. The physician faxes the completed form to American Insurance Administrators at (714) 634-1486. Pharmacies are notified of the Medical Review Committee's decision. **Medications listed on this formulary that require a Special Drug Authorization Request form are noted with a * symbol**. For further information on billing for non-formulary drugs please refer to the MSI Provider Manual, 7th edition pages 14-15.