



# Meridian

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*Health Plan*

**2015**

**Medicaid Formulary**

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## **Introduction**

Meridian Health Plan is pleased to provide an updated 2015 Medicaid Formulary as a reference and informational tool for physicians, pharmacists and patients. The Meridian Formulary is designed to assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

## **The MeridianRx Pharmacy and Therapeutics Committee (P&T)**

The medications on this formulary have been reviewed by the MeridianRx P&T Committee. The Committee includes physicians, pharmacists and health professionals. The clinical information within the formulary is primarily derived from medical literature and is reviewed and approved by the P&T Committee.

## **Notice**

The information contained in this formulary is provided by Meridian, solely for the convenience of medical providers. This formulary is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in their choice of prescription drugs. Meridian Health Plan 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.

## **Preface**

The Meridian formulary is organized by sections. Each section includes therapeutic groups identified by either drug class or disease state. Products are listed by generic name. Brand and common names are included as a reference to assist in product recognition. Meridian will not cover prescription drugs that are prescribed for experimental, investigational or non FDA approved indications, dosages, or routes of administration. Meridian does not cover any medication excluded by Michigan Medicaid.

## **Product Selection Criteria**

The MeridianRx P&T Committee considers clinical information on new to market drugs that are typically included in an outpatient pharmacy benefit. The primary goal of the MeridianRx P&T Committee is to preserve and evaluate the Meridian formulary based upon an objective analysis of the safety, efficacy, approved indications, adverse effects, contraindications, patient administration/compliance considerations and cost effectiveness. When a new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently included in the Meridian Formulary. Formulary decisions are communicated quarterly on the Meridian Health Plan website.

## **Formulary Components**

The Meridian Formulary contains the following components: Covered medications without authorization, medications that must meet Step Therapy Protocol, medications that require Prior Authorization, Specialty medications and medications that are subject to Quantity Limits. Members will not be charged a co-pay when Meridian covers a medication.

## **Generic Substitution**

Meridian is a mandatory generic plan. The brand and common names listed in the formulary are for reference only. Generic medication will be dispensed where available.

## **Covered Medications without Authorization**

Meridian covers many medications without any authorization required. These medications include many prescription and over-the-counter medications(when ordered by a physician).

### **Non-Covered Benefits**

The following categories are not covered benefits: Medications used for cosmetic purposes, to promote fertility, for sexual dysfunction, to treat gender identity conditions, for experimental or investigational purposes, or medications that are not licensed for use in the United States.

### **Prior Authorization**

Drugs indicated with "PA" require Prior Authorization for coverage. Details of the PA criteria are listed next to the drug name. Please call the MeridianRx Help Desk at 866-984-6462 or fax a completed Prior Authorization form to (313) 463-5250. Non-Urgent requests are reviewed within 14 days. Urgent requests must be accompanied by pertinent clinical information and are reviewed within 72 hours.

### **Step Therapy**

Drugs indicated with a "ST" require Step Therapy for coverage. The required step is listed next to the drug name.

### **Specialty Medications**

All specialty medications noted as "SP" are handled by MeridianRx. To order a specialty medication by fax, send the prescription and a completed prior authorization form to (313) 463-5250 or call MeridianRx's Help Desk at 866-984-6462.

### **Quantity Limits**

Drugs indicated with a "QL" have a set quantity limit imposed. These limits are based on FDA recommended dosing guidelines. The quantity limit is listed next to the drug name. All medications are subject to a maximum of 30 days per prescription.

### **Benefit Exception**

The process for requesting non formulary medication(s) requires faxing of a completed Formulary Exception form indicating the request for an exception to the formulary. This request will need to include pertinent clinical documentation showing trial and failure of all formulary agents. It should also contain information showing the medication is the standard of care for the indication provided (Peer reviewed journal articles may be required). Please call the MeridianRx Help Desk at 866-984-6462 or fax a completed Formulary Exception form to (313) 463-5250.

### **Pharmacy Benefit Management**

Meridian Health Plan utilizes MeridianRx to manage each member's pharmacy benefit. MeridianRx provides Meridian with a pharmacy network, pharmacy claims management services, and claims adjudication. MeridianRx's Help Desk can be contacted at 866-984-6462.

## Step Therapy Information

Analgesic, Anti-inflammatory or Antipyretic - Non-Narcotic			
Generic Name	Common Name	Drug Status	Criteria
DICLOFENAC POTASSIUM	DICLOFENAC POTASSIUM	ST	Must have trial and failure of Ibuprofen within the past 90 days.
DICLOFENAC SODIUM	DICLOFENAC SODIUM	ST	Must have trial and failure of Ibuprofen within the past 90 days.
FLURBIPROFEN	FLURBIPROFEN	ST	Must have trial and failure of Ibuprofen within the past 90 days.
Antibacterial Agents			
Generic Name	Common Name	Drug Status	Criteria
CEFADROXIL	CEFADROXIL	ST	Must have prior use of a first line antibiotic (Cefaclor or Cephalexin) within the last 30 days
CEFDINIR	CEFDINIR	ST	Must have prior use of Amoxicillin in the past 60 days
CEFPODOXIME PROXETIL	CEFPODOXIME PROXETIL	ST	Must have prior use of a first line antibiotic (Cefaclor or Cephalexin) within the last 30 days
Antihyperlipidemics			
Generic Name	Common Name	Drug Status	Criteria
EZETIMIBE/SIMVASTATIN	VYTORIN	ST	Must have three consecutive fills of Simvastatin 40mg in the last 90 days
Asthma/COPD Therapy Agents			
Generic Name	Common Name	Drug Status	Criteria
FLUTICASONE PROPIONATE/ SALMETEROL XINAFOATE	ADVAIR DISKUS	QL,ST	Limited to children under the age of 12 years old; Limited to one inhaler per month; 500/50 mcg inhaler is not covered; Must have tried and failed Qvar in the past 90 days
MOMETASONE FUROATE/ FORMOTEROL FUMARATE	DULERA	QL,ST	Limited to one inhaler per month; Must have tried and failed Qvar in the past 90 days
TIOTROPIUM BROMIDE	SPIRIVA	QL,ST	Limited to one inhaler per month; Must have tried and failed Tudorza in the past 90 days
Dermatological - Antiparasitics and Combinations			
Generic Name	Common Name	Drug Status	Criteria
MALATHION	MALATHION	ST	Must have prior use of first line Pediculicides agent within the last 30 days
Diabetic Therapy			
Generic Name	Common Name	Drug Status	Criteria
PIOGLITAZONE HCL	PIOGLITAZONE HCL	QL,ST	Limited to 1 tablet per day; Must have prior use of Metformin within the last 90 days; Maximal dose of metformin (1700 mg/day) or maximal dose of a sulfonylurea. Or if patient had renal or heart failure

## Step Therapy Information

Migraine Therapy			
Generic Name	Common Name	Drug Status	Criteria
NARATRIPTAN HCL	NARATRIPTAN HCL	QL,ST	Limited to 9 tablets per 30 days; Must have tried and failed three consecutive fills of Sumatriptan Tablets in the past 90 days
Peptic Ulcer Therapy			
Generic Name	Common Name	Drug Status	Criteria
DEXLANSOPRAZOLE	DEXILANT	QL,ST	Must have 3 consecutive fills of Omeprazole within the last 270 days and 3 consecutive fills of Lansoprazole within the last 180 days and then 3 consecutive fills of Pantoprazole within the last 90 days in order to qualify for Dexilant Dr 60Mg Capsule.
LANSOPRAZOLE	LANSOPRAZOLE	ST	Must have tried and failed three consecutive fills of Omeprazole in the past 90 days
PANTOPRAZOLE SODIUM	PANTOPRAZOLE SODIUM	ST	Must have tried and failed Omeprazole and Lansoprazole in the past 90 days
Prostatic Hypertrophy Agents			
Generic Name	Common Name	Drug Status	Criteria
FINASTERIDE	FINASTERIDE	ST	Must have tried and failed Prazosin, Doxazosin or Terazosin in the past 90 days.
Smoking Deterrents and Combinations			
Generic Name	Common Name	Drug Status	Criteria
NICOTINE	NICOTROL	QL,ST	Limited to 90 days therapy per rolling 360 days; Must have tried and failed three consecutive fills of Nicotine Patches or Nicotine Gum.
VARENICLINE TARTRATE	CHANTIX	ST	Limited to 90 days therapy per rolling 365 days; Must have tried and failed three consecutive fills of Nicotine Patches along with Nicotine Lozenges or Gum, and three consecutive fills of Buproban.
Urinary Antispasmodics			
Generic Name	Common Name	Drug Status	Criteria
TOLTERODINE TARTRATE	DETROL	ST	Must have prior use of Oxybutynin within past 90 days



## Prior Authorization Information

Analgesic, Anti-inflammatory or Antipyretic - Non-Narcotic			
Generic Name	Common Name	Drug Status	Criteria
ADALIMUMAB	HUMIRA	PA,SP	Must meet Pharmacy Approval Criteria
ETANERCEPT	ENBREL	PA,SP	Must meet Pharmacy Approval Criteria
Analgesics - Narcotic			
Generic Name	Common Name	Drug Status	Criteria
FENTANYL	FENTANYL	PA	Cancer related pain; end of life; unable to take oral medications; Limited to 10 patches per month
OXYCODONE HCL	OXYCODONE HCL	QL,PA	Must meet Pharmacy Approval Criteria to receive Oxycodone ER; Only 5 mg tablets and capsules are covered for Oxycodone IR and are limited to 4 tablets per day; Must meet Pharmacy Approval Criteria
Angina Therapy			
Generic Name	Common Name	Drug Status	Criteria
RANOLAZINE	RANEXA	PA	Must meet Pharmacy Approval Criteria
Anterior Pituitary Hormones and Hormone Antagonists			
Generic Name	Common Name	Drug Status	Criteria
LEUPROLIDE ACETATE	LUPRON DEPOT-PED	PA,SP	Must meet Pharmacy Approval Criteria
SOMATROPIN	HUMATROPE	PA,SP	Must meet Pharmacy Approval Criteria
Antibacterial Agents			
Generic Name	Common Name	Drug Status	Criteria
DEMECLOCYCLINE HCL	DEMECLOCYCLINE HCL	PA	Must show documented diagnosis of syndrome of inappropriate antidiuretic hormone (SIADH)
Anticoagulants			
Generic Name	Common Name	Drug Status	Criteria
ENOXAPARIN SODIUM	LOVENOX	PA	Must meet Pharmacy Approval Criteria
Antiemetics			
Generic Name	Common Name	Drug Status	Criteria
DRONABINOL	DRONABINOL	PA	Must meet Pharmacy Approval Criteria
GRANISETRON HCL	GRANISETRON HCL	PA	PA Required; Must submit documentation showing trial and failure of Ondansetron
Antihypertensive Therapy Agents			
Generic Name	Common Name	Drug Status	Criteria
TADALAFIL	ADCIRCA	PA,SP	Must meet Pharmacy Approval Criteria
Antineoplastic - Alkylating Agents			
Generic Name	Common Name	Drug Status	Criteria
CHLORAMBUCIL	LEUKERAN	PA,SP	Prescribed by Oncologist for FDA indicated diagnosis
Antivirals			
Generic Name	Common Name	Drug Status	Criteria
BOCEPREVIR	VICTRELIS	PA,SP	
PEGINTERFERON ALFA-2B	PEGINTRON REDIPEN	PA,SP	Redipen is covered; Must meet Pharmacy Approval Criteria

## Prior Authorization Information

Antivirals			
Generic Name	Common Name	Drug Status	Criteria
RIBAVIRIN	RIBAVIRIN	PA,SP	Must meet Pharmacy Approval Criteria
Asthma/COPD Therapy Agents			
Generic Name	Common Name	Drug Status	Criteria
BUDESONIDE	BUDESONIDE	PA,QL	Covered for patients up to age 8 without a prior authorization. Patients greater than age 8 must have tried and failed a steroid inhaler in the past 90 days or have documented inability to use an inhaler. Limited to 60 respules per 30 days
BUDESONIDE/FORMOTEROL FUMARATE	SYMBICORT	PA,QL	Must meet Pharmacy Approval Criteria
FLUTICASONE PROPIONATE	FLOVENT HFA	PA	Only 44 mcg inhaler is covered for ages 17 and below without a prior authorization
Calcium & Bone Metabolism Regulators			
Generic Name	Common Name	Drug Status	Criteria
CALCITONIN,SALMON,SYNTHETIC	MIACALCIN	PA,SP	
Cardiovascular Sympathomimetics and Combinations			
Generic Name	Common Name	Drug Status	Criteria
MIDODRINE HCL	MIDODRINE HCL	PA	Must be prescribed by a Cardiologist
Cognitive Disorder Therapy - Antidementia			
Generic Name	Common Name	Drug Status	Criteria
DONEPEZIL HCL	DONEPEZIL HCL	PA	Must show diagnosis of Alzheimer's Disease
GALANTAMINE HBR	GALANTAMINE HYDROBROMIDE	PA	Must show diagnosis of Alzheimer's Disease
RIVASTIGMINE TARTRATE	RIVASTIGMINE	PA	Must show diagnosis of Alzheimer's Disease
Dermatological - Antineoplastic or Premalignant Lesions			
Generic Name	Common Name	Drug Status	Criteria
FLUOROURACIL	FLUOROURACIL	PA	Must show documented diagnosis of Basal Cell Carcinoma
Dermatological - Antiparasitics and Combinations			
Generic Name	Common Name	Drug Status	Criteria
PERMETHRIN	PERMETHRIN	PA	
Dermatological - Antipsoriatics			
Generic Name	Common Name	Drug Status	Criteria
ACITRETIN	ACITRETIN	PA	PA Required; Must submit documented failure of Methotrexate or Cyclosporine
Diabetic Therapy			
Generic Name	Common Name	Drug Status	Criteria
EXENATIDE	BYETTA	PA	Must meet Pharmacy Approval Criteria

## Prior Authorization Information

Diabetic Therapy			
Generic Name	Common Name	Drug Status	Criteria
INSULIN GLULISINE	APIDRA	QL,PA	Vials are covered with no Prior Authorization. To receive cartridges or solostar, clinical documentation of a severe arthritic condition or blindness must be shown. Apidra is the preferred Rapid Acting Insulin
SITAGLIPTIN PHOSPHATE	JANUVIA	PA,QL	Must provide documented trial and failure or contraindication of Metformin, Sulfonylureas, and/or Actos. Hba1c level of greater than or equal to 7.5. Limited to 1 tablet per day
Digestive Aids			
Generic Name	Common Name	Drug Status	Criteria
LIPASE/PROTEASE/AMYLASE	CREON	PA	Must meet FDA dosage guidelines and be prescribed by a gastroenterologist. or pulmonologist for an FDA approved indication. Requests greater than 360 capsules per month require clinical documentation of compliance to therapy.
Gout - Acute Therapy			
Generic Name	Common Name	Drug Status	Criteria
COLCHICINE	COLCRYS	PA	
Hematopoietic Agents			
Generic Name	Common Name	Drug Status	Criteria
EPOETIN ALFA	PROCRIT	PA,SP	Must meet Pharmacy Approval Criteria
FILGRASTIM	NEUPOGEN	PA,SP	Must meet Pharmacy Approval Criteria
Immunosuppressive - Calcineurin Inhibitors			
Generic Name	Common Name	Drug Status	Criteria
CYCLOSPORINE	SANDIMMUNE	PA,SP	Must meet FDA guidelines
CYCLOSPORINE, MODIFIED	GENGRAF	PA,SP	Must meet FDA guidelines
TACROLIMUS	HECORIA	PA,SP	Must meet FDA guidelines
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors			
Generic Name	Common Name	Drug Status	Criteria
MYCOPHENOLATE MOFETIL	CELLCEPT	PA,SP	Must meet FDA guidelines
Inflammatory Bowel Agents			
Generic Name	Common Name	Drug Status	Criteria
ADALIMUMAB	HUMIRA	PA,SP	Must meet Pharmacy Approval Criteria
Interstitial Cystitis Agents			
Generic Name	Common Name	Drug Status	Criteria
PENTOSAN POLYSULFATE SODIUM	ELMIRON	PA	Must have diagnosis of interstitial cystitis and be prescribed by a Urologist
Multiple Sclerosis Agent - Interferons			
Generic Name	Common Name	Drug Status	Criteria
INTERFERON BETA-1A	AVONEX	PA,QL,SP	Must meet Pharmacy Approval Criteria
INTERFERON BETA-1A/ALBUMIN HUMAN	REBIF	PA,SP	Must meet Pharmacy Approval Criteria

## Prior Authorization Information

Multiple Sclerosis Agent - Others			
Generic Name	Common Name	Drug Status	Criteria
GLATIRAMER ACETATE	GLATOPA	PA,SP	
Passive Immunizing Agents			
Generic Name	Common Name	Drug Status	Criteria
RHO(D) IMMUNE GLOBULIN	RHOGAM ULTRA-FILTERED PLUS	PA,SP	Must be prescribed by an OB/GYN.
RHO(D) IMMUNE GLOBULIN/MALTOSE	WINRHO SDF	PA,SP	Must be prescribed by an OB/GYN.
Phosphate Binders			
Generic Name	Common Name	Drug Status	Criteria
SEVELAMER CARBONATE	SEVELAMER CARBONATE	PA	Must have trial and therapeutic failure, intolerance, or contraindication to Phoslo

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Acne Therapy			
Generic Name	Common Name	Drug Status	Criteria
BENZOYL PEROXIDE	BENZOYL PEROXIDE		
CLINDAMYCIN PHOSPHATE	CLINDAMYCIN PHOSPHATE		
ERYTHROMYCIN BASE/ETHYL ALCOHOL	ERYTHROMYCIN		
METRONIDAZOLE	METRONIDAZOLE		
TRETINOIN	TRETINOIN		
Analgesic, Anti-inflammatory or Antipyretic - Non-Narcotic			
Generic Name	Common Name	Drug Status	Criteria
ADALIMUMAB	HUMIRA	PA,SP	Must meet Pharmacy Approval Criteria
BUTALBITAL/ACETAMINOPHEN	BUTALBITAL-ACETAMINOPHEN	QL	Maximum of 4000 mg of Acetaminophen is allowed per day
BUTALBITAL/ACETAMINOPHEN/CAFFEINE	BUTALBITAL-ACETAMINOPHEN-CAFFEINE	QL	Maximum of 4000 mg of Acetaminophen is allowed per day
BUTALBITAL/ASPIRIN/CAFFEINE	BUTALBITAL-ASPIRIN-CAFFEINE	QL	Limited to 13 tablets per day
CHOLINE SALICYLATE/MAGNESIUM SALICYLATE	CHOLINE MAG TRISALICYLATE		
DICLOFENAC POTASSIUM	DICLOFENAC POTASSIUM	ST	Must have trial and failure of Ibuprofen within the past 90 days.
DICLOFENAC SODIUM	DICLOFENAC SODIUM	ST	Must have trial and failure of Ibuprofen within the past 90 days.
ETANERCEPT	ENBREL	PA,SP	Must meet Pharmacy Approval Criteria
FENOPROFEN CALCIUM	FENOPROFEN CALCIUM		
FLURBIPROFEN	FLURBIPROFEN	ST	Must have trial and failure of Ibuprofen within the past 90 days.
IBUPROFEN	IBUPROFEN	QL	Maximum limit of 3200 mg of Ibuprofen per day
INDOMETHACIN	INDOMETHACIN		
KETOPROFEN	KETOPROFEN		Only immediate release capsules are covered
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE		
MECLOFENAMATE SODIUM	MECLOFENAMATE SODIUM		
MELOXICAM	MELOXICAM		
METHOTREXATE SODIUM	METHOTREXATE		
NAPROXEN	NAPROXEN		
NAPROXEN SODIUM	NAPROXEN SODIUM		
SALSALATE	SALSALATE		
TOLMETIN SODIUM	TOLMETIN SODIUM		
Analgesics - Narcotic			
Generic Name	Common Name	Drug Status	Criteria
ACETAMINOPHEN WITH CODEINE PHOSPHATE	ACETAMINOPHEN-CODEINE	QL	Maximum of 4000 mg of Acetaminophen is allowed per day
BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE PHOSPHATE	BUTALB-CAFF-ACETAMINOPH-CODEIN	QL	Maximum of 4000 mg of Acetaminophen is allowed per day
CODEINE PHOSPHATE/BUTALBITAL/ASPIRIN/CAFFEINE	BUTALBITAL COMPOUND-CODEINE	QL	Limited to 6 tablets per day
CODEINE SULFATE	CODEINE SULFATE		

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Analgesics - Narcotic			
Generic Name	Common Name	Drug Status	Criteria
FENTANYL	FENTANYL	PA	Cancer related pain; end of life; unable to take oral medications; Limited to 10 patches per month
HYDROCODONE BITARTRATE/ ACETAMINOPHEN	HYDROCODONE- ACETAMINOPHEN	QL	Maximum of 4000 mg of Acetaminophen is allowed per day
HYDROMORPHONE HCL	HYDROMORPHONE HCL	QL	Limited to 4 tablets per day
MEPERIDINE HCL	MEPERIDINE HCL	QL	Limited to 6 tablets per day
METHADONE HCL	METHADONE HCL	QL	Limited to 4 tablets per day
MORPHINE SULFATE	MORPHINE SULFATE	QL	Limited to 2 tablets per day
OXYCODONE HCL	OXYCODONE HCL	QL,PA	Must meet Pharmacy Approval Criteria to receive Oxycodone ER; Only 5 mg tablets and capsules are covered for Oxycodone IR and are limited to 4 tablets per day; Must meet Pharmacy Approval Criteria
OXYCODONE HCL/ACETAMINOPHEN	OXYCODONE- ACETAMINOPHEN	QL	Maximum of 4000 mg of Acetaminophen is allowed per day
TRAMADOL HCL	TRAMADOL HCL	QL	Limited to 8 tablets per day
Androgen-Anabolic			
Generic Name	Common Name	Drug Status	Criteria
TESTOSTERONE CYPIONATE	TESTOSTERONE CYPIONATE		
Angina Therapy			
Generic Name	Common Name	Drug Status	Criteria
ISOSORBIDE DINITRATE	ISOSORBIDE DINITRATE		
ISOSORBIDE MONONITRATE	ISOSORBIDE MONONITRATE		
NITROGLYCERIN	NITROSTAT		Only sublingual tablets, capsules and patches are covered
RANOLAZINE	RANEXA	PA	Must meet Pharmacy Approval Criteria
Anorectal - Glucocorticoids			
Generic Name	Common Name	Drug Status	Criteria
HYDROCORTISONE	HYDROCORTISONE		
HYDROCORTISONE ACETATE	HYDROCORTISONE ACETATE		
Anterior Pituitary Hormones and Hormone Antagonists			
Generic Name	Common Name	Drug Status	Criteria
DANAZOL	DANAZOL		
LEUPROLIDE ACETATE	LUPRON DEPOT-PED	PA,SP	Must meet Pharmacy Approval Criteria
SOMATROPIN	HUMATROPE	PA,SP	Must meet Pharmacy Approval Criteria
Antianxiety Agents			
Generic Name	Common Name	Drug Status	Criteria
HYDROXYZINE HCL	HYDROXYZINE HCL SYRUP		Only syrup is covered for ages 12 and under
HYDROXYZINE PAMOATE	HYDROXYZINE PAMOATE		
Antiarrhythmics			
Generic Name	Common Name	Drug Status	Criteria
AMIODARONE HCL	AMIODARONE HCL		
DISOPYRAMIDE PHOSPHATE	DISOPYRAMIDE PHOSPHATE		

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Antiarrhythmics			
Generic Name	Common Name	Drug Status	Criteria
FLECAINIDE ACETATE	FLECAINIDE ACETATE		
MEXILETINE HCL	MEXILETINE HCL		
PROPafenONE HCL	PROPafenONE HCL		
QUINIDINE SULFATE	QUINIDINE SULFATE		
SOTALOL HCL	SOTALOL		
VERAPAMIL HCL	VERAPAMIL HCL		
Antibacterial Agents			
Generic Name	Common Name	Drug Status	Criteria
AMOXICILLIN	AMOXICILLIN		
AMOXICILLIN/POTASSIUM CLAVULANATE	AMOX TR-POTASSIUM CLAVULANATE		Generic strengths covered only
AMPICILLIN TRIHYDRATE	AMPICILLIN TRIHYDRATE		
AZITHROMYCIN	AZITHROMYCIN	QL	Tablets are limited to 1.5 grams per 30 days. Azithromycin 100 mg/5ml is not a covered benefit and Azithromycin 200 mg/5 ml is covered for members up to the age of 8
CEFACLOR	CEFACLOR		
CEFADROXIL	CEFADROXIL	ST	Must have prior use of a first line antibiotic (Cefaclor or Cephalexin) within the last 30 days
CEFDINIR	CEFDINIR	ST	Must have prior use of Amoxicillin in the past 60 days
CEFPODOXIME PROXETIL	CEFPODOXIME PROXETIL	ST	Must have prior use of a first line antibiotic (Cefaclor or Cephalexin) within the last 30 days
CEPHALEXIN	CEPHALEXIN		
CIPROFLOXACIN HCL	CIPROFLOXACIN HCL		
CLARITHROMYCIN	CLARITHROMYCIN		
CLINDAMYCIN HCL	CLINDAMYCIN HCL		Solution is limited to 250 mL per 30 days
CLINDAMYCIN PALMITATE HCL	CLINDAMYCIN PALMITATE HCL	QL	Solution is limited to 250 mL per 30 days
DAPSONE	DAPSONE		
DEMECLOCYCLINE HCL	DEMECLOCYCLINE HCL	PA	Must show documented diagnosis of syndrome of inappropriate antidiuretic hormone (SIADH)
DICLOXACILLIN SODIUM	DICLOXACILLIN SODIUM		
ERYTHROMYCIN BASE	ERYTHROMYCIN		
ERYTHROMYCIN ETHYLSUCCINATE	ERYTHROMYCIN ETHYLSUCCINATE		
ERYTHROMYCIN STEARATE	ERYTHROMYCIN STEARATE		
ETHAMBUTOL HCL	ETHAMBUTOL HCL		
ISONIAZID	ISONIAZID		
LEVOFLOXACIN	LEVOFLOXACIN		
MINOCYCLINE HCL	MINOCYCLINE HCL		
NEOMYCIN SULFATE	NEOMYCIN SULFATE		
PENICILLIN V POTASSIUM	PENICILLIN V POTASSIUM		
PYRAZINAMIDE	PYRAZINAMIDE		

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Antibacterial Agents			
Generic Name	Common Name	Drug Status	Criteria
RIFAMPIN	RIFAMPIN		
SULFADIAZINE	SULFADIAZINE		
SULFAMETHOXAZOLE/ TRIMETHOPRIM	SULFAMETHOXAZOLE- TRIMETHOPRIM		
TETRACYCLINE HCL	TETRACYCLINE HCL		
TRIMETHOPRIM	TRIMETHOPRIM		
Anticoagulants			
Generic Name	Common Name	Drug Status	Criteria
ENOXAPARIN SODIUM	LOVENOX	PA	Must meet Pharmacy Approval Criteria
HEPARIN SODIUM,PORCINE	HEPARIN SODIUM		20,000 unit/mL strength is not covered
HEPARIN SODIUM,PORCINE IN 0.9 % SODIUM CHLORIDE	HEPARIN FLUSH		
HEPARIN SODIUM,PORCINE/PF	HEPARIN SODIUM		
WARFARIN SODIUM	WARFARIN SODIUM		
Antidiarrheals			
Generic Name	Common Name	Drug Status	Criteria
DIPHENOXYLATE HCL/ATROPINE SULFATE	DIPHENOXYLATE-ATROPINE	QL	Limited to two bottles per month
LOPERAMIDE HCL	LOPERAMIDE		
PAREGORIC	PAREGORIC		
Antiemetics			
Generic Name	Common Name	Drug Status	Criteria
DRONABINOL	DRONABINOL	PA	Must meet Pharmacy Approval Criteria
GRANISETRON HCL	GRANISETRON HCL	PA	PA Required; Must submit documentation showing trial and failure of Ondansetron
MECLIZINE HCL	MECLIZINE HCL		
ONDANSETRON	ONDANSETRON ODT	QL	Limited to 30 tablets per 30 days.
ONDANSETRON HCL	ONDANSETRON HCL	QL	Limited to 30 tablets per 30 days
PROCHLORPERAZINE	PROCHLORPERAZINE		
PROCHLORPERAZINE MALEATE	PROCHLORPERAZINE MALEATE		
TRIMETHOBENZAMIDE HCL	TRIMETHOBENZAMIDE HCL	QL	Limited to 4 capsules per day
Antifungals			
Generic Name	Common Name	Drug Status	Criteria
FLUCONAZOLE	FLUCONAZOLE	QL	Limited to 1 tablet per day; Suspension is limited to ages 12 and under
GRISOFLUVIN, MICROSIZE	GRISOFLUVIN		
KETOCONAZOLE	KETOCONAZOLE		
NYSTATIN	NYSTATIN		
TERBINAFINE HCL	TERBINAFINE HCL		
Antihistamines			
Generic Name	Common Name	Drug Status	Criteria
CETIRIZINE HCL	CETIRIZINE HCL		
CLEMASTINE FUMARATE	CLEMASTINE FUMARATE		



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Antihistamines			
Generic Name	Common Name	Drug Status	Criteria
CYPROHEPTADINE HCL	CYPROHEPTADINE HCL		
DIPHENHYDRAMINE HCL	DIPHENHYDRAMINE HCL		
PROMETHAZINE HCL	PROMETHAZINE HCL		
Antihyperlipidemics			
Generic Name	Common Name	Drug Status	Criteria
ATORVASTATIN CALCIUM	ATORVASTATIN CALCIUM		
CHOLESTYRAMINE (WITH SUGAR)	CHOLESTYRAMINE		
CHOLESTYRAMINE/ASPARTAME	PREVALITE		
COLESTIPOL HCL	COLESTIPOL HCL		
EZETIMIBE/SIMVASTATIN	VYTORIN	ST	Must have three consecutive fills of Simvastatin 40mg in the last 90 days
FENOFIBRATE	FENOFIBRATE		Generic tablets covered only
GEMFIBROZIL	GEMFIBROZIL		
LOVASTATIN	LOVASTATIN	QL	Limited to 1 tablet per day
PRAVASTATIN SODIUM	PRAVASTATIN SODIUM	QL	Limited to 1 tablet per day
SIMVASTATIN	SIMVASTATIN	QL	Limited to 1 tablet per day
Antihypertensive Therapy Agents			
Generic Name	Common Name	Drug Status	Criteria
AMLODIPINE BESYLATE/BENAZEPRIL HCL	AMLODIPINE BESYLATE-BENAZEPRIL	QL	Limited to one tablet per day
ATENOLOL/CHLORTHALIDONE	ATENOLOL-CHLORTHALIDONE		
BENAZEPRIL HCL	BENAZEPRIL HCL		
BENAZEPRIL HCL/ HYDROCHLOROTHIAZIDE	BENAZEPRIL- HYDROCHLOROTHIAZIDE	QL	Limited to one tablet per day
BISOPROLOL FUMARATE/ HYDROCHLOROTHIAZIDE	BISOPROLOL- HYDROCHLOROTHIAZIDE		
CAPTOPRIL	CAPTOPRIL		
CAPTOPRIL/ HYDROCHLOROTHIAZIDE	CAPTOPRIL- HYDROCHLOROTHIAZIDE	QL	Limited to one tablet per day
CLONIDINE HCL	CLONIDINE HCL		
DOXAZOSIN MESYLATE	DOXAZOSIN MESYLATE		
ENALAPRIL MALEATE	ENALAPRIL MALEATE		
ENALAPRIL MALEATE/ HYDROCHLOROTHIAZIDE	ENALAPRIL- HYDROCHLOROTHIAZIDE	QL	Limited to one tablet per day
FOSINOPRIL SODIUM	FOSINOPRIL SODIUM		
GUANFACINE HCL	GUANFACINE HCL		
HYDRALAZINE HCL	HYDRALAZINE HCL		
ISOXSUPRINE HCL	ISOXSUPRINE HCL		
LISINOPRIL	LISINOPRIL		
LISINOPRIL/HYDROCHLOROTHIAZIDE	LISINOPRIL- HYDROCHLOROTHIAZIDE	QL	Limited to one tablet per day
LOSARTAN POTASSIUM	LOSARTAN POTASSIUM		
LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE	LOSARTAN- HYDROCHLOROTHIAZIDE		
METHYLDOPA	METHYLDOPA		

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Antihypertensive Therapy Agents			
Generic Name	Common Name	Drug Status	Criteria
METHYLDOPA/ HYDROCHLOROTHIAZIDE	METHYLDOPA- HYDROCHLOROTHIAZIDE		
MINOXIDIL	MINOXIDIL		
MOEXIPRIL HCL	MOEXIPRIL HCL		
NADOLOL/BENDROFLUMETHIAZIDE	NADOLOL- BENDROFLUMETHIAZIDE		
PRAZOSIN HCL	PRAZOSIN HCL		
TADALAFIL	ADCIRCA	PA,SP	Must meet Pharmacy Approval Criteria
TERAZOSIN HCL	TERAZOSIN HCL		
Antineoplastic - Alkylating Agents			
Generic Name	Common Name	Drug Status	Criteria
CHLORAMBUCIL	LEUKERAN	PA,SP	Prescribed by Oncologist for FDA indicated diagnosis
Antineoplastic - Antimetabolites			
Generic Name	Common Name	Drug Status	Criteria
HYDROXYUREA	HYDROXYUREA		
MERCAPTOPYRINE	MERCAPTOPYRINE		
METHOTREXATE SODIUM	METHOTREXATE		
Antineoplastic - Hormone/Hormone Antagonist Agents			
Generic Name	Common Name	Drug Status	Criteria
MEGESTROL ACETATE	MEGESTROL ACETATE		
Antiparasitics			
Generic Name	Common Name	Drug Status	Criteria
HYDROXYCHLOROQUINE SULFATE	HYDROXYCHLOROQUINE SULFATE		
Antiparkinson Therapy			
Generic Name	Common Name	Drug Status	Criteria
BROMOCRIPTINE MESYLATE	BROMOCRIPTINE MESYLATE		
CARBIDOPA/LEVODOPA	CARBIDOPA-LEVODOPA		
PRAMIPEXOLE DI-HCL	PRAMIPEXOLE DIHYDROCHLORIDE		
ROPINIROLE HCL	ROPINIROLE HCL	QL	Limited to 30 tablets for 0.25, 0.5, 1, 2, 3 and 4 mg strengths per 30 days; Limited to 120 tablets for 5 mg strength per 30 days
SELEGILINE HCL	SELEGILINE HCL		
Antiprotozoal-Antibacterial Agents			
Generic Name	Common Name	Drug Status	Criteria
METRONIDAZOLE	METRONIDAZOLE		
Antivirals			
Generic Name	Common Name	Drug Status	Criteria
ACYCLOVIR	ACYCLOVIR		Only oral forms are covered
BOCEPREVIR	VICTRELIS	PA,SP	

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Antivirals			
Generic Name	Common Name	Drug Status	Criteria
OSELTAMIVIR PHOSPHATE	TAMIFLU	QL	Must have documented Influenza. Limited to 10 capsules, unless institutional setting then 14 capsules can be approved; Suspension is limited to 3 bottles. Limited to one fill per rolling 365 days.
PEGINTERFERON ALFA-2B	PEGINTRON REDIPEN	PA,SP	Redipen is covered;Must meet Pharmacy Approval Criteria
RIBAVIRIN	RIBAVIRIN	PA,SP	Must meet Pharmacy Approval Criteria
RIMANTADINE HCL	RIMANTADINE HCL		
Appetite Stimulants			
Generic Name	Common Name	Drug Status	Criteria
MEGESTROL ACETATE	MEGESTROL ACETATE		
Asthma/COPD Therapy Agents			
Generic Name	Common Name	Drug Status	Criteria
ACLIDINIUM BROMIDE	TUDORZA PRESSAIR		
ALBUTEROL SULFATE	ALBUTEROL SULFATE	QL	Ventolin HFA is the Exclusive Albuterol Inhaler. Limited to one inhaler per month.
BECLOMETHASONE DIPROPIONATE	QVAR	QL	Limited to one inhaler per month
BUDESONIDE	BUDESONIDE	PA,QL	Covered for patients up to age 8 without a prior authorization. Patients greater than age 8 must have tried and failed a steroid inhaler in the past 90 days or have documented inability to use an inhaler. Limited to 60 respules per 30 days
BUDESONIDE/FORMOTEROL FUMARATE	SYMBICORT	PA,QL	Must meet Pharmacy Approval Criteria
CROMOLYN SODIUM	CROMOLYN SODIUM		
FLUTICASONE PROPIONATE	FLOVENT HFA	PA	Only 44 mcg inhaler is covered for ages 17 and below without a prior authorization
FLUTICASONE PROPIONATE/ SALMETEROL XINAFOATE	ADVAIR DISKUS	QL,ST	Limited to children under the age of 12 years old;Limited to one inhaler per month; 500/50 mcg inhaler is not covered;Must have tried and failed Qvar in the past 90 days
IPRATROPIUM BROMIDE	IPRATROPIUM BROMIDE	QL	Limited to one inhaler per month
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	IPRATROPIUM-ALBUTEROL		
METAPROTERENOL SULFATE	METAPROTERENOL SULFATE		
MOMETASONE FUROATE/ FORMOTEROL FUMARATE	DULERA	QL,ST	Limited to one inhaler per month;Must have tried and failed Qvar in the past 90 days
MONTELUKAST SODIUM	SINGULAIR		
TERBUTALINE SULFATE	TERBUTALINE SULFATE		
THEOPHYLLINE ANHYDROUS	THEOPHYLLINE ANHYDROUS		
TIOTROPIUM BROMIDE	SPIRIVA	QL,ST	Limited to one inhaler per month;Must have tried and failed Tudorza in the past 90 days

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Beta Adrenergic Blockers			
Generic Name	Common Name	Drug Status	Criteria
ACEBUTOLOL HCL	ACEBUTOLOL HCL		
ATENOLOL	ATENOLOL		
CARVEDILOL	CARVEDILOL		
LABETALOL HCL	LABETALOL HCL		
METOPROLOL SUCCINATE	METOPROLOL SUCCINATE	QL	Limited to one tablet per day
METOPROLOL TARTRATE	METOPROLOL TARTRATE		
NADOLOL	NADOLOL		
PINDOLOL	PINDOLOL		
PROPRANOLOL HCL	PROPRANOLOL HCL		
TIMOLOL MALEATE	TIMOLOL MALEATE		
Calcium & Bone Metabolism Regulators			
Generic Name	Common Name	Drug Status	Criteria
ALENDRONATE SODIUM	ALENDRONATE SODIUM	QL	Limited to 4 tablets per 30 days
CALCITONIN,SALMON,SYNTHETIC	MIACALCIN	PA,SP	
Calcium Channel Blockers and Combinations			
Generic Name	Common Name	Drug Status	Criteria
AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	QL	Limited to 1 tablet per day
DILTIAZEM HCL	DILTIAZEM HCL	QL	Limited to a Daily Dose of 2 (Cardizem SR); Limited to a Daily Dose of 1 (Cardizem CD) per 30 days
FELODIPINE	FELODIPINE ER	QL	Limited to 1 tablet per day
NICARDIPINE HCL	NICARDIPINE HCL		
NIFEDIPINE	NIFEDICAL XL	QL	Limited to 1 tablet per day
VERAPAMIL HCL	VERAPAMIL ER	QL	Limited to 1 tablet per day
Cardiac Inotropes			
Generic Name	Common Name	Drug Status	Criteria
DIGOXIN	DIGOXIN		
Cardiovascular Sympathomimetics and Combinations			
Generic Name	Common Name	Drug Status	Criteria
EPINEPHRINE	AUVI-Q	QL	Limited to 2 injections per 180 days
EPINEPHRINE HCL/PF	EPINEPHRINE	QL	Limited to 2 injections per 180 days
MIDODRINE HCL	MIDODRINE HCL	PA	Must be prescribed by a Cardiologist
CNS Stimulants			
Generic Name	Common Name	Drug Status	Criteria
CAFFEINE CITRATED	CAFFEINE CITRATE		
Cognitive Disorder Therapy - Antidementia			
Generic Name	Common Name	Drug Status	Criteria
DONEPEZIL HCL	DONEPEZIL HCL	PA	Must show diagnosis of Alzheimer's Disease
GALANTAMINE HBR	GALANTAMINE HYDROBROMIDE	PA	Must show diagnosis of Alzheimer's Disease
RIVASTIGMINE TARTRATE	RIVASTIGMINE	PA	Must show diagnosis of Alzheimer's Disease

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Colonic Acidifier (Ammonia Inhibitor)			
Generic Name	Common Name	Drug Status	Criteria
LACTULOSE	GENERLAC		
Contraceptives Injectable			
Generic Name	Common Name	Drug Status	Criteria
MEDROXYPROGESTERONE ACETATE	DEPO-PROVERA	QL	Limit of 1 injection per 90 days, Restricted to females only
Contraceptives Oral			
Generic Name	Common Name	Drug Status	Criteria
DESOGESTREL-ETHINYL ESTRADIOL	DESOGESTREL-ETHINYL ESTRADIOL	QL	Limited to 1 tablet per day, Restricted to females only
DESOGESTREL-ETHINYL ESTRADIOL/ETHINYL ESTRADIOL	DESOGESTR-ETH ESTRAD ETH ESTRA	QL	Limited to 1 tablet per day, Restricted to females only
ETHYNODIOL DIACETATE-ETHINYL ESTRADIOL	ZOVIA 1-50E	QL	Limited to 1 tablet per day, Restricted to females only
LEVONORGESTREL-ETHINYL ESTRADIOL	LEVONORGESTREL-ETH ESTRADIOL	QL	Limited to 1 tablet per day, Restricted to females only
NORETHINDRONE	NORETHINDRONE	QL	Limited to 1 tablet per day, Restricted to females only
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL	NORETHINDRON-ETHINYL ESTRADIOL	QL	Limited to 1 tablet per day, Restricted to females only
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL/FERROUS FUMARATE	JUNEL FE	QL	Limited to 1 tablet per day, Restricted to females only
NORETHINDRONE-ETHINYL ESTRADIOL	NORTREL	QL	Limited to 1 tablet per day, Restricted to females only
NORGESTIMATE-ETHINYL ESTRADIOL	SPRINTEC	QL	Limited to 1 tablet per day, Restricted to females only
NORGESTREL-ETHINYL ESTRADIOL	NORGESTREL-ETHINY ESTRA	QL	Limited to 1 tablet per day, Restricted to females only
Corticosteroids			
Generic Name	Common Name	Drug Status	Criteria
CORTISONE ACETATE	CORTISONE ACETATE		
DEXAMETHASONE	DEXAMETHASONE		
FLUDROCORTISONE ACETATE	FLUDROCORTISONE ACETATE		
HYDROCORTISONE	HYDROCORTISONE		
METHYLPREDNISOLONE	METHYLPREDNISOLONE		
PREDNISOLONE	PREDNISOLONE		
PREDNISOLONE SOD PHOSPHATE	PREDNISOLONE SODIUM PHOSPHATE		
PREDNISON	PREDNISON		
Dental-Periodontal Products			
Generic Name	Common Name	Drug Status	Criteria
SODIUM FLUORIDE	SODIUM FLUORIDE		Limited to ages 11 and below
Dermatological - Anti-infectives			
Generic Name	Common Name	Drug Status	Criteria
CLOTRIMAZOLE	CLOTRIMAZOLE		
GENTAMICIN SULFATE	GENTAMICIN SULFATE		
KETOCONAZOLE	KETOCONAZOLE		

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Dermatological - Anti-infectives			
Generic Name	Common Name	Drug Status	Criteria
MUPIROCIN	MUPIROCIN		
NYSTATIN	NYSTATIN		
NYSTATIN/TRIAMCINOLONE ACETONIDE	NYSTATIN-TRIAMCINOLONE		
Dermatological - Antineoplastic or Premalignant Lesions			
Generic Name	Common Name	Drug Status	Criteria
FLUOROURACIL	FLUOROURACIL	PA	Must show documented diagnosis of Basal Cell Carcinoma
Dermatological - Antiparasitics and Combinations			
Generic Name	Common Name	Drug Status	Criteria
MALATHION	MALATHION	ST	Must have prior use of first line Pediculicides agent within the last 30 days
PERMETHRIN	PERMETHRIN	PA	
Dermatological - Antiperspirants and Deodorants			
Generic Name	Common Name	Drug Status	Criteria
ALUMINUM CHLORIDE	DRYSOL		
Dermatological - Antipsoriatics			
Generic Name	Common Name	Drug Status	Criteria
ACITRETIN	ACITRETIN	PA	PA Required; Must submit documented failure of Methotrexate or Cyclosporine
Dermatological - Antiseborrheic Products and Combinations			
Generic Name	Common Name	Drug Status	Criteria
SELENIUM SULFIDE	SELENIUM SULFIDE		
Dermatological - Burn Products			
Generic Name	Common Name	Drug Status	Criteria
SILVER SULFADIAZINE	SILVER SULFADIAZINE		
Dermatological - Emollients and Combinations			
Generic Name	Common Name	Drug Status	Criteria
AMMONIUM LACTATE	AMMONIUM LACTATE		
Dermatological - Glucocorticoids and Combinations			
Generic Name	Common Name	Drug Status	Criteria
BETAMETHASONE DIPROPIONATE	BETAMETHASONE DIPROPIONATE		
BETAMETHASONE VALERATE	BETAMETHASONE VALERATE		
CLOBETASOL PROPIONATE	CLOBETASOL PROPIONATE		
DESONIDE	DESONIDE		
FLUOCINONIDE	FLUOCINONIDE		
FLUOCINONIDE/EMOLLIENT BASE	FLUOCINONIDE-E		
HYDROCORTISONE	HYDROCORTISONE		
HYDROCORTISONE VALERATE	HYDROCORTISONE VALERATE		
HYDROCORTISONE/MINERAL OIL/PETROLATUM,WHITE	HYDROCORTISONE		
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE		

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Dermatological - Keratolytics-Antimitotics			
Generic Name	Common Name	Drug Status	Criteria
PODOFILOX	PODOFILOX		
Dermatological - Topical Local Anesthetics and Combinations			
Generic Name	Common Name	Drug Status	Criteria
LIDOCAINE HCL	LIDOCAINE HCL		
LIDOCAINE/PRILOCAINE	LIDOCAINE-PRILOCAINE		Covered up to age 15
Diabetic Therapy			
Generic Name	Common Name	Drug Status	Criteria
ACARBOSE	ACARBOSE		
CHLORPROPAMIDE	CHLORPROPAMIDE		
EXENATIDE	BYETTA	PA	Must meet Pharmacy Approval Criteria
GLIMEPIRIDE	GLIMEPIRIDE		
GLIPIZIDE	GLIPIZIDE		
GLUCAGON,HUMAN RECOMBINANT	GLUCAGON EMERGENCY KIT	QL	Limited to 2 kits per year
GLYBURIDE	GLYBURIDE		
GLYBURIDE,MICRONIZED	GLYBURIDE MICRONIZED		
INSULIN ASPART PROTAMINE HUMAN/INSULIN ASPART	NOVOLOG MIX 70-30		Only vials will be covered
INSULIN GLARGINE,HUMAN RECOMBINANT ANALOG	LANTUS	QL	Vials are covered with no Prior Authorization. To receive cartridges or solostar, clinical documentation of a severe arthritic condition or blindness must be shown. Lantus is the preferred Long Acting Insulin
INSULIN GLULISINE	APIDRA	QL,PA	Vials are covered with no Prior Authorization. To receive cartridges or solostar, clinical documentation of a severe arthritic condition or blindness must be shown. Apidra is the preferred Rapid Acting Insulin
INSULIN LISPRO PROTAMINE & INSULIN LISPRO	HUMALOG MIX 75-25		Only vials will be covered
INSULIN REGULAR, HUMAN	HUMULIN R U-500		Only vials will be covered
METFORMIN HCL	METFORMIN HCL		
PIOGLITAZONE HCL	PIOGLITAZONE HCL	QL,ST	Limited to 1 tablet per day;Must have prior use of Metformin within the last 90 days; Maximal dose of metformin (1700 mg/day) or maximal dose of a sulfonylurea. Or if patient had renal or heart failure
SITAGLIPTIN PHOSPHATE	JANUVIA	PA,QL	Must provide documented trial and failure or contraindication of Metformin, Sulfonylureas, and/or Actos. Hba1c level of greater than or equal to 7.5. Limited to 1 tablet per day
TOLAZAMIDE	TOLAZAMIDE		

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Digestive Aids			
Generic Name	Common Name	Drug Status	Criteria
LIPASE/PROTEASE/AMYLASE	CREON	PA	Must meet FDA dosage guidelines and be prescribed by a gastroenterologist, or pulmonologist for an FDA approved indication. Requests greater than 360 capsules per month require clinical documentation of compliance to therapy.
Diuretics			
Generic Name	Common Name	Drug Status	Criteria
ACETAZOLAMIDE	ACETAZOLAMIDE		
AMILORIDE HCL	AMILORIDE HCL		
AMILORIDE HCL/ HYDROCHLOROTHIAZIDE	AMILORIDE- HYDROCHLOROTHIAZIDE		
BUMETANIDE	BUMETANIDE		
CHLOROTHIAZIDE	CHLOROTHIAZIDE		
CHLORTHALIDONE	CHLORTHALIDONE		
FUROSEMIDE	FUROSEMIDE		
HYDROCHLOROTHIAZIDE	HYDROCHLOROTHIAZIDE		
INDAPAMIDE	INDAPAMIDE		
METHAZOLAMIDE	METHAZOLAMIDE		
METHYCLOTHIAZIDE	METHYCLOTHIAZIDE		
METOLAZONE	METOLAZONE		
SPIRONOLACTONE	SPIRONOLACTONE		
SPIRONOLACTONE/ HYDROCHLOROTHIAZIDE	SPIRONOLACTONE-HCTZ		
TORSEMIDE	TORSEMIDE		
TRIAMTERENE/ HYDROCHLOROTHIAZIDE	TRIAMTERENE- HYDROCHLOROTHIAZID		
Emergency Contraceptives and Combinations			
Generic Name	Common Name	Drug Status	Criteria
LEVONORGESTREL	LEVONORGESTREL		
Estrogens and Combinations			
Generic Name	Common Name	Drug Status	Criteria
ESTRADIOL	ESTRADIOL		Restricted to females only
ESTROGENS, CONJUGATED	PREMARIN		Restricted to females only, Only tablets are covered
ESTROGENS, CONJUGATED/ MEDROXYPROGESTERONE ACETATE	PREMPRO	QL	Limited to one tablet per day, Restricted to females only
ESTROGENS,ESTERIFIED	MENEST		Restricted to females only
ESTROPIPATE	ESTROPIPATE		Restricted to females only
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL	JINTELI	QL	Limited to one tablet per day, Restricted to females only
Gallstone Solubilizing (Litholysis) Agents and Combinations			
Generic Name	Common Name	Drug Status	Criteria
URSODIOL	URSODIOL		



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Gastrointestinal Antispasmodics			
Generic Name	Common Name	Drug Status	Criteria
DICYCLOMINE HCL	DICYCLOMINE HCL		
GLYCOPYRROLATE	GLYCOPYRROLATE		
HYOSCYAMINE SULFATE	HYOSCYAMINE SULFATE		
METHSCOPOLAMINE BROMIDE	METHSCOPOLAMINE BROMIDE		
PHENOBARBITAL/HYOSCYAMINE SULF/ATROPINE SULF/SCOPOLAMINE HB	BELLADONNA-PHENOBARBITAL		
PROPANTHELINE BROMIDE	PROPANTHELINE BROMIDE		
Gastrointestinal Prokinetic Agents			
Generic Name	Common Name	Drug Status	Criteria
METOCLOPRAMIDE HCL	METOCLOPRAMIDE HCL		
General Injectable Solutions and Diluents			
Generic Name	Common Name	Drug Status	Criteria
0.9 % SODIUM CHLORIDE	SODIUM CHLORIDE		
Genitourinary Irrigants			
Generic Name	Common Name	Drug Status	Criteria
SODIUM CHLORIDE IRRIGATING SOLUTION	SODIUM CHLORIDE		
Gout - Acute Therapy			
Generic Name	Common Name	Drug Status	Criteria
COLCHICINE	COLCRYS	PA	
Hematopoietic Agents			
Generic Name	Common Name	Drug Status	Criteria
EPOETIN ALFA	PROCRIT	PA,SP	Must meet Pharmacy Approval Criteria
FILGRASTIM	NEUPOGEN	PA,SP	Must meet Pharmacy Approval Criteria
Hematorheologic Agents			
Generic Name	Common Name	Drug Status	Criteria
PENTOXIFYLLINE	PENTOXIFYLLINE	QL	Limited to 3 tablets per day
Hyperuricemia Therapy			
Generic Name	Common Name	Drug Status	Criteria
ALLOPURINOL	ALLOPURINOL		
PROBENECID	PROBENECID		
Immunosuppressive - Calcineurin Inhibitors			
Generic Name	Common Name	Drug Status	Criteria
CYCLOSPORINE	SANDIMMUNE	PA,SP	Must meet FDA guidelines
CYCLOSPORINE, MODIFIED	GENGRAF	PA,SP	Must meet FDA guidelines
TACROLIMUS	HECORIA	PA,SP	Must meet FDA guidelines
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors			
Generic Name	Common Name	Drug Status	Criteria
MYCOPHENOLATE MOFETIL	CELLCEPT	PA,SP	Must meet FDA guidelines
Immunosuppressive - Purine Analogs			
Generic Name	Common Name	Drug Status	Criteria
AZATHIOPRINE	AZATHIOPRINE		

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Inflammatory Bowel Agents			
Generic Name	Common Name	Drug Status	Criteria
ADALIMUMAB	HUMIRA	PA,SP	Must meet Pharmacy Approval Criteria
MESALAMINE	MESALAMINE		
SULFASALAZINE	SULFASALAZINE		
Interstitial Cystitis Agents			
Generic Name	Common Name	Drug Status	Criteria
PENTOSAN POLYSULFATE SODIUM	ELMIRON	PA	Must have diagnosis of interstitial cystitis and be prescribed by a Urologist
Laxatives			
Generic Name	Common Name	Drug Status	Criteria
LACTULOSE	LACTULOSE		
PEG 3350/SOD SULF/SOD BICARBONATE/SOD CHLORIDE/POTASSIUM CHL	PEG 3350-ELECTROLYTE		
POLYETHYLENE GLYCOL 3350	POLYETHYLENE GLYCOL 3350		
Medical Supplies & DME - Diabetic Supplies			
Generic Name	Common Name	Drug Status	Criteria
SYRINGE WITH NEEDLE,DISPOSABLE, INSULIN 1 ML	MONOJECT INSULIN SYRINGE		
SYRINGE WITH NEEDLE,INSULIN DISPOSABLE,0.3 ML	MONOJECT INSULIN SYRINGE		
SYRINGE WITH NEEDLE,INSULIN DISPOSABLE,0.5 ML	MONOJECT		
Medical Supplies & DME - Respiratory Therapy			
Generic Name	Common Name	Drug Status	Criteria
INHALER, ASSIST DEVICES	PROCHAMBER		
Migraine Therapy			
Generic Name	Common Name	Drug Status	Criteria
NARATRIPTAN HCL	NARATRIPTAN HCL	QL,ST	Limited to 9 tablets per 30 days;Must have tried and failed three consecutive fills of Sumatriptan Tablets in the past 90 days
SUMATRIPTAN SUCCINATE	SUMATRIPTAN SUCCINATE	QL	Limited to 9 tablets or 2 injections per month
Minerals & Electrolytes			
Generic Name	Common Name	Drug Status	Criteria
POTASSIUM CHLORIDE	K-TAB ER		
Mouth and Throat - Anti-infectives			
Generic Name	Common Name	Drug Status	Criteria
CLOTRIMAZOLE	CLOTRIMAZOLE		
NYSTATIN	NYSTATIN		
Mouth and Throat - Glucocorticoids			
Generic Name	Common Name	Drug Status	Criteria
TRIAMCINOLONE ACETONIDE	TRIAMCINOLONE ACETONIDE	QL	Limited to 1 tube per month

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Mouth and Throat - Local Anesthetics			
Generic Name	Common Name	Drug Status	Criteria
LIDOCAINE HCL	LIDOCAINE HCL VISCOUS		
Mouth and Throat - Xerostomia Therapy			
Generic Name	Common Name	Drug Status	Criteria
CEVIMELINE HCL	CEVIMELINE HCL		
PILOCARPINE HCL	PILOCARPINE HCL		
Multiple Sclerosis Agent - Interferons			
Generic Name	Common Name	Drug Status	Criteria
INTERFERON BETA-1A	AVONEX	PA,QL,SP	Must meet Pharmacy Approval Criteria
INTERFERON BETA-1A/ALBUMIN HUMAN	REBIF	PA,SP	Must meet Pharmacy Approval Criteria
Multiple Sclerosis Agent - Others			
Generic Name	Common Name	Drug Status	Criteria
GLATIRAMER ACETATE	GLATOPA	PA,SP	
Musculoskeletal Therapy Agents			
Generic Name	Common Name	Drug Status	Criteria
BACLOFEN	BACLOFEN		
CARISOPRODOL	CARISOPRODOL		
CHLORZOXAZONE	CHLORZOXAZONE		
CYCLOBENZAPRINE HCL	CYCLOBENZAPRINE HCL		
METHOCARBAMOL	METHOCARBAMOL		
TIZANIDINE HCL	TIZANIDINE HCL		
Nasal Preparations			
Generic Name	Common Name	Drug Status	Criteria
FLUNISOLIDE	FLUNISOLIDE	QL	Limited to 1 inhaler per month
FLUTICASONE PROPIONATE	FLUTICASONE PROPIONATE	QL	Limited to 1 inhaler per month
IPRATROPIUM BROMIDE	IPRATROPIUM BROMIDE	QL	Limited to 1 inhaler per month
Neuromuscular Therapy Agents			
Generic Name	Common Name	Drug Status	Criteria
PYRIDOSTIGMINE BROMIDE	PYRIDOSTIGMINE BROMIDE		
Ophthalmic - Anti-allergy			
Generic Name	Common Name	Drug Status	Criteria
CROMOLYN SODIUM	CROMOLYN SODIUM		
Ophthalmic - Anti-infectives			
Generic Name	Common Name	Drug Status	Criteria
BACITRACIN	BACITRACIN		
BACITRACIN/POLYMYXIN B SULFATE	BACITRACIN-POLYMYXIN		
CIPROFLOXACIN HCL	CIPROFLOXACIN HCL		Only 5 mL bottle is covered
ERYTHROMYCIN BASE	ERYTHROMYCIN		
GENTAMICIN SULFATE	GENTAMICIN SULFATE		
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/GRAMICIDIN D	NEOMYCIN-POLYMYXIN-GRAMICIDIN		
OFLOXACIN	OFLOXACIN		
POLYMYXIN B SULFATE/TRIMETHOPRIM	POLYMYXIN B SUL-TRIMETHOPRIM		

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Ophthalmic - Anti-infectives			
Generic Name	Common Name	Drug Status	Criteria
SULFACETAMIDE SODIUM	SULFACETAMIDE SODIUM		
TOBRAMYCIN	TOBRAMYCIN		
TRIFLURIDINE	TRIFLURIDINE		
Ophthalmic - Anti-inflammatory			
Generic Name	Common Name	Drug Status	Criteria
DEXAMETHASONE SOD PHOSPHATE	DEXAMETHASONE SODIUM PHOSPHATE		
DICLOFENAC SODIUM	DICLOFENAC SODIUM		
FLURBIPROFEN SODIUM	FLURBIPROFEN SODIUM		
KETOROLAC TROMETHAMINE	KETOROLAC TROMETHAMINE		
PREDNISOLONE ACETATE	PREDNISOLONE ACETATE		
PREDNISOLONE SOD PHOSPHATE	PREDNISOLONE SODIUM PHOSPHATE		
Ophthalmic - Decongestants and Combinations			
Generic Name	Common Name	Drug Status	Criteria
NAPHAZOLINE HCL	NAPHAZOLINE HCL		
PHENYLEPHRINE HCL	PHENYLEPHRINE HCL		
Ophthalmic - Intraocular Pressure Reducing Agents			
Generic Name	Common Name	Drug Status	Criteria
APRACLONIDINE HCL	APRACLONIDINE HCL		
BETAXOLOL HCL	BETAXOLOL HCL		
BRIMONIDINE TARTRATE	BRIMONIDINE TARTRATE		
CARTEOLOL HCL	CARTEOLOL HCL		
DORZOLAMIDE HCL	DORZOLAMIDE HCL		
LATANOPROST	LATANOPROST		
LEVOBUNOLOL HCL	LEVOBUNOLOL HCL		
METIPRANOLOL	METIPRANOLOL		
TIMOLOL MALEATE	TIMOLOL MALEATE		
Ophthalmic - Local Anesthetics and Combinations			
Generic Name	Common Name	Drug Status	Criteria
PROPARACAINE HCL	PROPARACAINE HCL		
Ophthalmic - Mydriatics and Cycloplegics			
Generic Name	Common Name	Drug Status	Criteria
CYCLOPENTOLATE HCL	CYCLOPENTOLATE HCL		
TROPICAMIDE	TROPICAMIDE		
Ophthalmic Combinations			
Generic Name	Common Name	Drug Status	Criteria
NEOMYCIN SULFATE/BACITRACIN ZINC/POLYMYXIN B/HYDROCORTISONE	NEOMYCIN-BACITRACIN-POLY-HC		
NEOMYCIN/POLYMYXIN B SULFATE/DEXAMETHASONE	NEOMYCIN-POLYMYXIN-DEXAMETH		
TOBRAMYCIN/DEXAMETHASONE	TOBRAMYCIN-DEXAMETHASONE		

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Otic - Anti-infectives			
Generic Name	Common Name	Drug Status	Criteria
ACETIC ACID	ACETIC ACID		
OFLOXACIN	OFLOXACIN		
Otic Combinations			
Generic Name	Common Name	Drug Status	Criteria
ACETIC ACID/ALUMINUM ACETATE	ACETIC ACID-ALUMINUM		
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE	NEOMYCIN-POLYMYXIN-HYDROCORT		
Oxytocics			
Generic Name	Common Name	Drug Status	Criteria
METHYLERGONOVINE MALEATE	METHYLERGONOVINE MALEATE		
Passive Immunizing Agents			
Generic Name	Common Name	Drug Status	Criteria
RHO(D) IMMUNE GLOBULIN	RHOGAM ULTRA-FILTERED PLUS	PA,SP	Must be prescribed by an OB/GYN.
RHO(D) IMMUNE GLOBULIN/MALTOSE	WINRHO SDF	PA,SP	Must be prescribed by an OB/GYN.
Peptic Ulcer Therapy			
Generic Name	Common Name	Drug Status	Criteria
CIMETIDINE	CIMETIDINE		
CIMETIDINE HCL	CIMETIDINE		
DEXLANSOPRAZOLE	DEXILANT	QL,ST	Must have 3 consecutive fills of Omeprazole within the last 270 days and 3 consecutive fills of Lansoprazole within the last 180 days and then 3 consecutive fills of Pantoprazole within the last 90 days in order to qualify for Dexilant Dr 60Mg Capsule.
FAMOTIDINE	FAMOTIDINE		Only generic tablets are covered
LANSOPRAZOLE	LANSOPRAZOLE	ST	Must have tried and failed three consecutive fills of Omeprazole in the past 90 days
MISOPROSTOL	MISOPROSTOL		
PANTOPRAZOLE SODIUM	PANTOPRAZOLE SODIUM	ST	Must have tried and failed Omeprazole and Lansoprazole in the past 90 days
RANITIDINE HCL	RANITIDINE HCL		Suspension is limited to ages 11 and below
SUCRALFATE	SUCRALFATE		
Phosphate Binders			
Generic Name	Common Name	Drug Status	Criteria
CALCIUM ACETATE	CALCIUM ACETATE		
SEVELAMER CARBONATE	SEVELAMER CARBONATE	PA	Must have trial and therapeutic failure, intolerance, or contraindication to Phoslo
Platelet Aggregation Inhibitors & Combinations			
Generic Name	Common Name	Drug Status	Criteria
CILOSTAZOL	CILOSTAZOL		
CLOPIDOGREL BISULFATE	CLOPIDOGREL		

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Platelet Aggregation Inhibitors & Combinations			
Generic Name	Common Name	Drug Status	Criteria
DIPYRIDAMOLE	DIPYRIDAMOLE		
Posterior Pituitary Hormones			
Generic Name	Common Name	Drug Status	Criteria
DESMOPRESSIN ACETATE	DESMOPRESSIN ACETATE	QL	Only tablets are covered, Limited to 6 tablets per day
Progestins			
Generic Name	Common Name	Drug Status	Criteria
HYDROXYPROGESTERONE CAPROATE	HYDROXYPROGESTERONE CAPROATE		
MEDROXYPROGESTERONE ACETATE	DEPO-PROVERA		Restricted to females only
NORETHINDRONE ACETATE	NORETHINDRONE ACETATE	QL	Limited to 1 tablet per day, Restricted to females only
Prostatic Hypertrophy Agents			
Generic Name	Common Name	Drug Status	Criteria
FINASTERIDE	FINASTERIDE	ST	Must have tried and failed Prazosin, Doxazosin or Terazosin in the past 90 days.
TAMSULOSIN HCL	TAMSULOSIN HCL		
Respiratory Combinations			
Generic Name	Common Name	Drug Status	Criteria
PHENYLEPHRINE HCL/ PROMETHAZINE HCL	PROMETHAZINE VC		
PROMETHAZINE HCL/CODEINE	PROMETHAZINE-CODEINE		
PROMETHAZINE HCL/ DXTROMETHORPHAN HBR	PROMETHAZINE-DM		
PROMETHAZINE/PHENYLEPHRINE HCL/CODEINE	PROMETHAZINE VC-CODEINE		
PSEUDOEPHEDRINE HCL/ CHLORPHENIRAMINE MALEATE	PSEUDOEPHEDRINE- CHLORPHENIRAMI		
Smoking Deterrents and Combinations			
Generic Name	Common Name	Drug Status	Criteria
BUPROPION HCL	BUPROPION HCL SR		
NICOTINE	NICOTROL	QL,ST	Limited to 90 days therapy per rolling 360 days; Must have tried and failed three consecutive fills of Nicotine Patches or Nicotine Gum.
VARENICLINE TARTRATE	CHANTIX	ST	Limited to 90 days therapy per rolling 365 days; Must have tried and failed three consecutive fills of Nicotine Patches along with Nicotine Lozenges or Gum, and three consecutive fills of Buproban.
Systemic Sympathomimetic Decongestants			
Generic Name	Common Name	Drug Status	Criteria
PSEUDOEPHEDRINE HCL	PSEUDOEPHEDRINE HCL	QL	Limited to 4 tablets per day

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Thyroid Therapy			
Generic Name	Common Name	Drug Status	Criteria
LEVOTHYROXINE SODIUM	LEVOTHYROXINE SODIUM		
METHIMAZOLE	METHIMAZOLE		
PROPYLTHIOURACIL	PROPYLTHIOURACIL		
THYROID,PORK	ARMOUR THYROID		
Urinary Analgesics			
Generic Name	Common Name	Drug Status	Criteria
PHENAZOPYRIDINE HCL	PHENAZOPYRIDINE HCL		
Urinary Anti-infectives			
Generic Name	Common Name	Drug Status	Criteria
METHENAMINE HIPPURATE	METHENAMINE HIPPURATE		
NITROFURANTOIN MACROCRYSTAL	NITROFURANTOIN		
NITROFURANTOIN MONOHYDRATE/ MACROCRYSTALS	NITROFURANTOIN MONO- MACRO		
Urinary Antispasmodics			
Generic Name	Common Name	Drug Status	Criteria
FLAVOXATE HCL	FLAVOXATE HCL		
OXYBUTYNIN CHLORIDE	OXYBUTYNIN CHLORIDE		
TOLTERODINE TARTRATE	DETROL	ST	Must have prior use of Oxybutynin within past 90 days
Urinary Ph Modifiers			
Generic Name	Common Name	Drug Status	Criteria
CITRIC ACID/SODIUM CITRATE	SODIUM CITRATE & CITRIC ACID		
POTASSIUM CITRATE/CITRIC ACID	POTASSIUM CITRATE-CITRIC ACID		
Urinary Retention Therapy			
Generic Name	Common Name	Drug Status	Criteria
BETHANECHOL CHLORIDE	BETHANECHOL CHLORIDE		
Vaginal Anti-infectives			
Generic Name	Common Name	Drug Status	Criteria
CLINDAMYCIN PHOSPHATE	CLINDAMYCIN PHOSPHATE		
METRONIDAZOLE	METRONIDAZOLE		
TERCONAZOLE	TERCONAZOLE		
Vitamin Combinations			
Generic Name	Common Name	Drug Status	Criteria
FLUORIDE/IRON/VITAMINS A,C,AND D	TRI-VIT WITH FLUORIDE-IRON		
PEDIATRIC MULTIVITAMINS A,C,& D3 NO.21 WITH SODIUM FLUORIDE	TRI-VITAMIN WITH FLUORIDE		Limited to ages 10 and under
PEDIATRIC MULTIVITAMINS NO.16 WITH SODIUM FLUORIDE	MULTIVITAMINS WITH FLUORIDE		Limited to ages 10 and under
PEDIATRIC MULTIVITAMINS NO.17 WITH SODIUM FLUORIDE	MULTIVITAMIN WITH FLUORIDE		Limited to ages 10 and under
PRENATAL VITAMIN 27 WITH CALCIUM/FERROUS FUMARATE/ FOLIC ACID	TRINATAL RX 1	QL	Limited to 1 tablet per day, Restricted to females only

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Vitamin Combinations			
Generic Name	Common Name	Drug Status	Criteria
PRENATAL VITAMIN NO.15/IRON, CARBONYL/FOLIC ACID/DOCUSATE SOD	TRIADVANCE	QL	Limited to 1 tablet per day, Restricted to females only
PRENATAL VITAMIN NO.18/IRON, CARBONYL/FOLIC ACID/DOCUSATE SOD	VINATE ULTRA	QL	Limited to 1 tablet per day, Restricted to females only
PRENATAL VITAMINS COMBO NO.14/ FERROUS FUMARATE/FOLIC ACID	COMPLETENATE	QL	Limited to 1 tablet per day, Restricted to females only
PRENATAL VITS WITH CALCIUM #71/ FERROUS FUMARATE/FOLIC ACID	VOL-PLUS	QL	Limited to 1 tablet per day, Restricted to females only
PRENATAL VITS WITH CALCIUM #72/ FERROUS FUMARATE/FOLIC ACID	PRENATAL PLUS	QL	Limited to 1 tablet per day, Restricted to females only
PRENATAL VITS WITH CALCIUM #74/ FERROUS FUMARATE/FOLIC ACID	VOL-PLUS	QL	Limited to 1 tablet per day, Restricted to females only
PRENATAL VITS WITHOUT CALC NO5/ FERROUS FUMARATE/FOLIC ACID	PRENATAL-U		
PRENATAL WITHOUT IRON/FOLIC ACID/CALCIUM CARB/PYRIDOXINE/ B12	FOLINATAL PLUS B	QL	Limited to 1 tablet per day, Restricted to females only
Vitamins			
Generic Name	Common Name	Drug Status	Criteria
CALCITRIOL	CALCITRIOL		
CYANOCOBALAMIN (VITAMIN B-12)	CYANOCOBALAMIN INJECTION		
ERGOCALCIFEROL (VITAMIN D2)	VITAMIN D2	QL	Limited to 4 capsules per month
FOLIC ACID	FOLIC ACID		



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Acne Therapy			
Generic Name	Common Name	Drug Status	Criteria
BENZOYL PEROXIDE	BENZOYL PEROXIDE		
Analgesic, Anti-inflammatory or Antipyretic - Non-Narcotic			
Generic Name	Common Name	Drug Status	Criteria
ACETAMINOPHEN	INFANTS' TYLENOL	QL	Maximum of 4000 mg of Acetaminophen is allowed per day
ASPIRIN	ASPIRIN		
ASPIRIN/CALCIUM CARBONATE/ MAGNESIUM	TRI-BUFFERED ASPIRIN		
IBUPROFEN	INFANT'S IBUPROFEN	QL	Maximum limit of 3200 mg of Ibuprofen per day
NAPROXEN SODIUM	ALL DAY PAIN RELIEF		
Antacids and Combinations			
Generic Name	Common Name	Drug Status	Criteria
CALCIUM CARBONATE	ANTACID		
MAGNESIUM HYDROXIDE/ALUMINUM HYDROXIDE/SIMETHICONE	ANTACID PLUS ANTI-GAS		
SODIUM BICARBONATE	SODIUM BICARBONATE		
Antidiarrheals			
Generic Name	Common Name	Drug Status	Criteria
BISMUTH SUBSALICYLATE	PINK BISMUTH		
KAOLIN/PECTIN	KAOLIN PECTIN		
LOPERAMIDE HCL	ANTI-DIARRHEAL		
Antiemetics			
Generic Name	Common Name	Drug Status	Criteria
DIMENHYDRINATE	WAL-DRAM		
MECLIZINE HCL	MOTION SICKNESS RELIEF		
Antihistamines			
Generic Name	Common Name	Drug Status	Criteria
CETIRIZINE HCL	CHILDREN'S ALL DAY ALLERGY		
CHLORPHENIRAMINE MALEATE	WAL-FINATE		
CLEMASTINE FUMARATE	CLEMASTINE FUMARATE		
DIPHENHYDRAMINE HCL	DIPHEDRYL		
LORATADINE	LORATADINE	QL	
Antiseptic - Alcohols			
Generic Name	Common Name	Drug Status	Criteria
ALCOHOL ANTISEPTIC PADS	ALCOHOL SWABS		
Artificial Tears and Lubricants			
Generic Name	Common Name	Drug Status	Criteria
DEXTRAN 70/HYPROMELLOSE/PF	ARTIFICIAL TEARS		
POLYVINYL ALCOHOL	LUBRICANT EYE		
Contraceptives Intravaginal			
Generic Name	Common Name	Drug Status	Criteria
NONOXYNOL 9	TODAY CONTRACEPTIVE SPONGE		Restricted to females only

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Dermatological - Anti-infectives			
Generic Name	Common Name	Drug Status	Criteria
BACITRACIN	BACITRACIN		
BACITRACIN ZINC	BACITRACIN ZINC		
CLOTRIMAZOLE	CLOTRIMAZOLE		
DOCOSANOL	ABREVA		
MICONAZOLE NITRATE	MICONAZOLE NITRATE		
NEOMYCIN SULFATE/BACITRACIN ZINC/POLYMYXIN B	TRIPLE ANTIBIOTIC		
POVIDONE-IODINE	POVIDONE-IODINE		
TOLNAFTATE	ATHLETE'S FOOT		
UNDECYLENIC ACID	ANTI-FUNGAL		
Dermatological - Antiparasitics and Combinations			
Generic Name	Common Name	Drug Status	Criteria
PERMETHRIN	LICE TREATMENT		
PIPERONYL BUTOXIDE/PYRETHRINS	LICE KILLING		
Dermatological - Emollients and Combinations			
Generic Name	Common Name	Drug Status	Criteria
AMMONIUM LACTATE	AMMONIUM LACTATE		
MINERAL OIL/PETROLATUM,WHITE	MINERIN		
Dermatological - Glucocorticoids and Combinations			
Generic Name	Common Name	Drug Status	Criteria
HYDROCORTISONE	ANTI-ITCH		
HYDROCORTISONE ACETATE	HYDROCORTISONE ACETATE		
HYDROCORTISONE/ALOE VERA	HYDROCORTISONE PLUS		
Dermatological - Irritants-Counter-Irritants			
Generic Name	Common Name	Drug Status	Criteria
CAPSAICIN	CAPSAICIN		
Dermatological - Keratolytics-Antimitotics			
Generic Name	Common Name	Drug Status	Criteria
SALICYLIC ACID	WART REMOVER		
Dermatological - Keratoplastics			
Generic Name	Common Name	Drug Status	Criteria
COAL TAR	DHS TAR		
Diabetic Therapy			
Generic Name	Common Name	Drug Status	Criteria
INSULIN NPH HUMAN ISOPHANE	HUMULIN N		Only vials will be covered
INSULIN NPH HUMAN ISOPHANE/ INSULIN REGULAR, HUMAN	HUMULIN 70-30		Only vials will be covered
INSULIN REGULAR, HUMAN	HUMULIN R		Only vials will be covered
Diagnostic Test Reagents			
Generic Name	Common Name	Drug Status	Criteria
BLOOD SUGAR DIAGNOSTIC	PRODIGY NO CODING	QL	

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Expectorants			
Generic Name	Common Name	Drug Status	Criteria
GUAIFENESIN	TUSSIN MUCUS-CHEST CONGESTION		
Gastrointestinal Antiflatulents and Combinations			
Generic Name	Common Name	Drug Status	Criteria
SIMETHICONE	SIMETHICONE		
Laxatives			
Generic Name	Common Name	Drug Status	Criteria
BISACODYL	BISACODYL		
CALCIUM POLYCARBOPHIL	FIBER LAXATIVE		
DOCUSATE SODIUM	STOOL SOFTENER		
POLYETHYLENE GLYCOL 3350	SMOOTHLAX		
PSYLLIUM HUSK (WITH SUGAR)	WAL-MUCIL		
PSYLLIUM HUSK/ASPARTAME	WAL-MUCIL		
PSYLLIUM SEED	REGULOID		
PSYLLIUM SEED (WITH DEXTROSE)	NATURAL VEGETABLE POWDER		
PSYLLIUM SEED (WITH SUGAR)	FIBER SMOOTH		
PSYLLIUM SEED/ASPARTAME	NATURAL FIBER		
Medical Supplies & DME - Contraceptives			
Generic Name	Common Name	Drug Status	Criteria
CONDOMS, LATEX, LUBRICATED	CONDOMS		
CONDOMS, LATEX, NON-LUBRICATED	TRUSTEX-RIA		
Medical Supplies & DME - Diabetic Supplies			
Generic Name	Common Name	Drug Status	Criteria
BLOOD GLUCOSE CALIBRATION CONTROL SOLUTION, LOW	PRODIGY CONTROL SOLUTION		
LANCETS	FINGERSTIX		
LANCING DEVICE/LANCETS	GLUCOLET 2		
PEN NEEDLE, DIABETIC	ADVOCATE PEN NEEDLES		
SYRING W-NDL, DISP, INSUL, 0.3 ML/ CONTAINER, EMPTY	ULTICARE		
SYRING W-NDL, DISP, INSUL, 0.5 ML/ CONTAINER, EMPTY	ULTICARE		
SYRINGE W-O NEEDL, INSULIN, 1 ML	LUER-LOK SYRINGE		
SYRINGE WITH NEEDLE, INSULIN, 1 ML AND SHARPS CONTAINER	ULTICARE		
SYRINGE WITH NEEDLE, DISPOSABLE, INSULIN	ULTRA COMFORT		
SYRINGE WITH NEEDLE, DISPOSABLE, INSULIN 1 ML	EASY-TOUCH INSULIN SYRINGE		
SYRINGE WITH NEEDLE, INSULIN DISPOSABLE, 0.3 ML	ULTICARE		
SYRINGE WITH NEEDLE, INSULIN DISPOSABLE, 0.5 ML	ULTICARE		
SYRINGE, NEEDLE, INSULIN, SAFETY, DISPOSAL UNIT, 1 ML	SAFESNAP INSULIN SYRINGE		

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Medical Supplies & DME - Diabetic Supplies			
Generic Name	Common Name	Drug Status	Criteria
SYRINGE,NEEDLE,INSULIN,SAFETY, DISPOSAL UNIT,0.3 ML	SAFESNAP INSULIN SYRINGE		
SYRINGE,NEEDLE,INSULIN,SAFETY, DISPOSAL UNIT,0.5 ML	SAFESNAP INSULIN SYRINGE		
Minerals & Electrolytes			
Generic Name	Common Name	Drug Status	Criteria
CALCIUM CARBONATE	CALCIUM CARBONATE		
CALCIUM CARBONATE/ CHOLECALCIFEROL (VITAMIN D3)	CALCIUM		
CALCIUM CARBONATE/ ERGOCALCIFEROL (VITAMIN D2)	OYSTER SHELL CALCIUM W- VIT D		
ELECTROLYTE,ORAL	PEDIALYTE		
FERROUS GLUCONATE	FERROUS GLUCONATE		
FERROUS SULFATE	FERROUS SULFATE		
MAGNESIUM	MAGNESIUM		
MAGNESIUM OXIDE	MAGNESIUM OXIDE		
ZINC SULFATE	ZINC SULFATE		
Nasal Preparations			
Generic Name	Common Name	Drug Status	Criteria
CROMOLYN SODIUM	CROMOLYN SODIUM		
Ophthalmic - Decongestants and Combinations			
Generic Name	Common Name	Drug Status	Criteria
NAPHAZOLINE HCL/PHENIRAMINE MALEATE	OPCON-A		
Peptic Ulcer Therapy			
Generic Name	Common Name	Drug Status	Criteria
CIMETIDINE	CIMETIDINE		
FAMOTIDINE	ACID REDUCER		Only generic tablets are covered
OMEPRAZOLE	OMEPRAZOLE	QL	MHP covers Omeprazole Tablets only.
RANITIDINE HCL	WAL-ZAN 150		
Respiratory Combinations			
Generic Name	Common Name	Drug Status	Criteria
GUAIFENESIN/CODEINE PHOSPHATE	GUAIFENESIN-CODEINE		
GUAIFENESIN/ DEXTROMETHORPHAN HBR	TUSSIN DM		
GUAIFENESIN/ DEXTROMETHORPHAN HBR/ PSEUDOEPHEDRINE HCL	TUSSIN CF		
PSEUDOEPHEDRINE HCL/ TRIPROLIDINE HCL	WAL-ACT D COLD & ALLERGY		
Sedative-Hypnotics			
Generic Name	Common Name	Drug Status	Criteria
DIPHENHYDRAMINE HCL	SLEEP AID		

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Smoking Deterrents and Combinations			
Generic Name	Common Name	Drug Status	Criteria
NICOTINE	NICOTINE PATCH	QL	Patches are limited to 1 patch per day. Gum is limited to 336 pieces per month. Lozenges are limited to 360 per month. All are limited to 6 months therapy per 365 days.
NICOTINE POLACRILEX	NICOTINE GUM	QL	Patches are limited to 1 patch per day. Gum is limited to 336 pieces per month. Lozenges are limited to 360 per month. All are limited to 6 months therapy per 365 days.
Systemic Sympathomimetic Decongestants			
Generic Name	Common Name	Drug Status	Criteria
PSEUDOEPHEDRINE HCL	NASAL DECONGESTANT	QL	Limited to 8 tablets per day
Vaginal Anti-infectives			
Generic Name	Common Name	Drug Status	Criteria
CLOTRIMAZOLE	CLOTRIMAZOLE		
MICONAZOLE NITRATE	MICONAZOLE 3		
Vitamin Combinations			
Generic Name	Common Name	Drug Status	Criteria
B COMPLEX WITH VITAMIN C	VITAMIN B-COMPLEX WITH VIT C		
FOLIC ACID/MULTIVITAMIN WITH MINERALS	MEN'S DAILY FORMULA		
FOLIC ACID/VITAMIN B COMPLEX & C/ RICE BRAN	VITAMIN B-COMPLEX WITH VIT C		
MULTIVIT WITH CALCIUM, IRON, AND OTHER MINERALS	THERAPEUTIC M		
MULTIVIT WITH CALCIUM,IRON, MINERALS/FOLIC ACID/ PHYTOSTEROL	CENTRAL-VITE CARDIO		
MULTIVITAMIN	MULTIVITAMINS		
MULTIVITAMIN WITH IRON AND OTHER MINERALS	POLYVITAMIN WITH IRON		
MULTIVITAMIN WITH MINERALS	MEGA MULTIVITAMIN WITH MINERAL		
MULTIVITAMIN/FERROUS FUMARATE/ FOLIC ACID	ADULTS' DAILY FORMULA		
MULTIVITAMINS WITH IRON	CHILDREN'S MULTIVITAMIN-IRON		
MULTIVITAMINS,THERAPEUTIC	THERA		
MULTIVITS,STRESS FORMULA	STRESS FORMULA		
PEDIATRIC MULTIVITAMINS A,C,& D3 NO.21	TRI-VITAMIN		Limited to ages 10 and under
PRENATAL VIT W-CA,FE,FA(<1 MG)	KPN	QL	Limited to 1 tablet per day, Restricted to females only
PRENATAL VITAMINS COMB NO.21/ IRON/FOLIC ACID	PRENATAL COMPLETE	QL	Limited to 1 tablet per day, Restricted to females only

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Vitamin Combinations			
Generic Name	Common Name	Drug Status	Criteria
PRENATAL VITAMINS WITH CALCIUM/ FERROUS FUMARATE/FOLIC ACID	CLASSIC PRENATAL	QL	Limited to 1 tablet per day, Restricted to females only
VITAMIN B COMPLEX	VITAMIN B COMPLEX		
Vitamins			
Generic Name	Common Name	Drug Status	Criteria
CYANOCOBALAMIN/COBAMAMIDE	B-12		
FOLIC ACID	FOLIC ACID		
NIACIN	NIACIN		
PYRIDOXINE HCL	VITAMIN B-6		
THIAMINE HCL	VITAMIN B-1		
VITAMIN A	VITAMIN A		