



Meridian
— *Health Plan*

2013

Medicaid Formulary

| | |
|--|----|
| Introduction | 5 |
| The MeridianRx Pharmacy and Therapeutics Committee (P&T) | 5 |
| Notice | 5 |
| Preface | 5 |
| Product Selection Criteria | 5 |
| Formulary Components | 5 |
| Generic Substitution | 5 |
| Covered Medications without Authorization | 5 |
| Non-Covered Benefits | 6 |
| Prior Authorization | 6 |
| Step Therapy | 6 |
| Specialty Medications | 6 |
| Quantity Limits | 6 |
| Benefit Exception | 6 |
| Pharmacy Benefit Management | 6 |
| Step Therapy Information | 7 |
| Prior Authorization Information | 9 |
| Acne Therapy | 13 |
| Alkylating Agents | 13 |
| Analgesic, Anti-inflammatory or Antipyretic - Non-Narcotic | 13 |
| Analgesics - Narcotic | 13 |
| Androgen-Anabolic | 14 |
| Angina Therapy | 14 |
| Anorectal - Glucocorticoids | 14 |
| Anterior Pituitary Hormones and Hormone Antagonists | 14 |
| Antianxiety Agents | 14 |
| Antiarrhythmics | 15 |
| Antibacterial Agents | 15 |
| Anticoagulants | 16 |
| Anticonvulsant | 16 |
| Antidepressants | 16 |
| Antidiarrheals | 17 |
| Antiemetics | 17 |
| Antifungals | 17 |
| Antihistamines | 18 |
| Antihyperlipidemics | 18 |
| Antihypertensive Therapy Agents | 18 |
| Antimetabolites | 19 |
| Antineoplastic - Antibody/Antibody-Drug Complexes | 19 |
| Antineoplastic - Hormone/Hormone Antagonist Agents | 19 |
| Antineoplastic - Retinoids and Retinoid Receptor Agonists | 19 |
| Antineoplastic - Systemic Enzyme Inhibitors | 19 |
| Antiparasitics | 19 |
| Antiparkinson Therapy | 19 |
| Antiprotozoal-Antibacterial Agents | 20 |
| Antipsychotics (Neuroleptics) | 20 |
| Antivirals | 20 |
| Appetite Stimulants | 21 |
| Asthma/COPD Therapy Agents | 21 |
| Attention Deficit-Hyperact Disorder (ADHD) Therapy | 22 |
| Beta Adrenergic Blockers | 22 |
| Bipolar Therapy Agents | 22 |
| Calcium & Bone Metabolism Regulators | 22 |
| Calcium Channel Blockers and Combinations | 22 |
| Cardiac Inotropes | 23 |
| Cardiac Sympathomimetics and Combinations | 23 |
| CNS Stimulants | 23 |
| Cognitive Disorder Therapy - Antidementia | 23 |
| Colonic Acidifier (Ammonia Inhibitor) | 23 |
| Contraceptives Injectable | 23 |
| Contraceptives Oral | 23 |
| Corticosteroids | 24 |
| Dental-Periodontal Products | 24 |
| Dermatological - Anti-infectives | 24 |
| Dermatological - Antineoplastic or Premalignant Lesions | 24 |
| Dermatological - Antiparasitics and Combinations | 24 |
| Dermatological - Antiperspirants and Deodorants | 24 |

| | |
|--|----|
| Dermatological - Antipsoriatics | 24 |
| Dermatological - Antiseborrheic Products and Combinations | 24 |
| Dermatological - Burn Products | 24 |
| Dermatological - Emollients and Combinations | 25 |
| Dermatological - Glucocorticoids and Combinations | 25 |
| Dermatological - Keratolytics-Antimitotics | 25 |
| Dermatological - Topical Local Anesthetics and Combinations | 25 |
| Diabetic Therapy | 25 |
| Digestive Aids | 26 |
| Diuretics | 26 |
| Emergency Contraceptives and Combinations | 26 |
| Estrogens and Combinations | 26 |
| Gallstone Solubilizing (Litholysis) Agents and Combinations | 26 |
| Gastrointestinal Antispasmodics | 26 |
| Gastrointestinal Prokinetic Agents | 27 |
| General Intravenous Solutions and Diluents | 27 |
| Genitourinary Irrigants | 27 |
| Gout - Acute Therapy | 27 |
| Hematopoietic Agents | 27 |
| Hematorheologic Agents | 27 |
| Hyperuricemia Therapy | 27 |
| Immunosuppressive - Calcineurin Inhibitors | 27 |
| Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors | 27 |
| Immunosuppressive - Purine Analogs | 27 |
| Inflammatory Bowel Agents | 28 |
| Interstitial Cystitis Agents | 28 |
| Laxatives | 28 |
| Medical Supplies & DME - Contraceptives | 28 |
| Medical Supplies & DME - Diabetic Supplies | 28 |
| Medical Supplies & DME - Respiratory Therapy | 28 |
| Migraine Therapy | 28 |
| Minerals & Electrolytes | 28 |
| Mouth and Throat - Anti-infectives | 28 |
| Mouth and Throat - Glucocorticoids | 28 |
| Mouth and Throat - Local Anesthetics | 29 |
| Mouth and Throat - Xerostomia Therapy | 29 |
| Multiple Sclerosis Agent - Interferons | 29 |
| Multiple Sclerosis Agent - Others | 29 |
| Musculoskeletal Therapy Agents | 29 |
| Nasal Preparations | 29 |
| Neuromuscular Therapy Agents | 29 |
| Ophthalmic - Anti-allergy | 29 |
| Ophthalmic - Anti-infectives | 29 |
| Ophthalmic - Anti-inflammatory | 30 |
| Ophthalmic - Decongestants and Combinations | 30 |
| Ophthalmic - Intraocular Pressure Reducing Agents | 30 |
| Ophthalmic - Local Anesthetics and Combinations | 30 |
| Ophthalmic - Mydriatics and Cycloplegics | 30 |
| Ophthalmic Combinations | 30 |
| Otic - Anti-infectives | 31 |
| Otic Combinations | 31 |
| Oxytocics | 31 |
| Passive Immunizing Agents | 31 |
| Peptic Ulcer Therapy | 31 |
| Phosphate Binders | 31 |
| Platelet Aggregation Inhibitors & Combinations | 31 |
| Posterior Pituitary Hormones | 31 |
| Progestins | 32 |
| Prostatic Hypertrophy Agents | 32 |
| Respiratory Combinations | 32 |
| Sedative-Hypnotics | 32 |
| Smoking Deterrents and Combinations | 32 |
| Systemic Sympathomimetic Decongestants | 33 |
| Thyroid Therapy | 33 |
| Urinary Analgesics | 33 |
| Urinary Anti-infectives | 33 |
| Urinary Antispasmodics | 33 |

| | |
|---|----|
| Urinary Ph Modifiers | 33 |
| Urinary Retention Therapy | 33 |
| Vaginal Anti-infectives | 33 |
| Vitamin Combinations | 33 |
| Vitamins | 34 |
| Acne Therapy | 35 |
| Analgesic, Anti-inflammatory or Antipyretic - Non-Narcotic | 35 |
| Anorectal - Hemorrhoidal Single Agents Other | 35 |
| Anorectal - Local Anesthetics | 35 |
| Antacids and Combinations | 35 |
| Antidiarrheals | 35 |
| Antiemetics | 35 |
| Antihistamines | 35 |
| Antiseptic - Alcohols | 35 |
| Antitussives | 36 |
| Artificial Tears and Lubricants | 36 |
| Contact Lens Preparations | 36 |
| Contraceptives Intravaginal | 36 |
| Dental-Periodontal Products | 36 |
| Dermatological - Anti-infectives | 36 |
| Dermatological - Antiparasitics and Combinations | 36 |
| Dermatological - Emollients and Combinations | 36 |
| Dermatological - Glucocorticoids and Combinations | 37 |
| Dermatological - Irritants-Counter-Irritants | 37 |
| Dermatological - Keratolytics-Antimitotics | 37 |
| Dermatological - Keratoplastics | 37 |
| Dermatological - Protectants and Combinations | 37 |
| Dermatological - Topical Local Anesthetics and Combinations | 37 |
| Diabetic Therapy | 37 |
| Diagnostic Test Reagents | 37 |
| Digestive Aids | 37 |
| Expectorants | 37 |
| Gastrointestinal Antiflatulents and Combinations | 37 |
| Irrigation Solutions | 38 |
| Laxatives | 38 |
| Medical Supplies & DME - Contraceptives | 38 |
| Medical Supplies & DME - Diabetic Supplies | 38 |
| Minerals & Electrolytes | 39 |
| Nasal Preparations | 39 |
| Ophthalmic - Decongestants and Combinations | 39 |
| Ophthalmic - Hyperosmolar Agents | 39 |
| Otic - Wax Removers-Softeners | 39 |
| Peptic Ulcer Therapy | 39 |
| Pharmaceutical Adjuvants | 39 |
| Respiratory Combinations | 40 |
| Sedative-Hypnotics | 40 |
| Smoking Deterrents and Combinations | 40 |
| Systemic Sympathomimetic Decongestants | 40 |
| Vaginal Anti-infectives | 40 |
| Vitamin Combinations | 40 |
| Vitamins | 41 |

Introduction

Meridian Health Plan is pleased to provide an updated 2013 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 Illinois 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 855-580-1688 or fax a completed Prior Authorization form to 855-580-1695. All Prior Authorization requests will be reviewed within 24 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 855-580-1695 or call MeridianRx's Help Desk at 855-580-1688.

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 855-580-1688 or fax a completed Formulary Exception form to 855-580-1695.

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 855-580-1688.

Step Therapy Information

| Antibacterial Agents | | | |
|--|----------------------|-------------|---|
| Generic Name | Common Name | Drug Status | Criteria |
| CEFADROXIL HYDRATE | CEFADROXIL | ST | Must have prior use of a first line antibiotic (Cefaclor or Cephalexin) within the last 30 days |
| CEFDINIR | OMNICEF | 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 |
| Antihistamines | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| FEXOFENADINE HCL | ALLEGRA | QL,ST | Must have tried and failed three consecutive fills of Loratadine or Cetirizine tablets in the past 90 days |
| Asthma/COPD Therapy Agents | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| BUDESONIDE/FORMOTEROL FUMARATE | SYMBICORT | QL,ST | Must have tried and failed Qvar in the past 90 days |
| FLUTICASONE PROPIONATE/ SALMETEROL XINAFOATE | ADVAIR DISKUS | QL,ST | Must have tried and failed Qvar in the past 90 days |
| MOMETASONE FUROATE/ FORMOTEROL FUMARATE | DULERA | QL,ST | Must have tried and failed Qvar in the past 90 days |
| TIOTROPIUM BROMIDE | SPIRIVA | QL,ST | Must have tried and failed Atrovent HFA 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 | ACTOS | QL,ST | 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 | QL,ST | 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 |
| Migraine Therapy | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| NARATRIPTAN HCL | NARATRIPTAN HCL | QL,ST | Must have tried and failed three consecutive fills of Sumatriptan Tablets in the past 90 days |

Step Therapy Information

| Peptic Ulcer Therapy | | | |
|-------------------------------------|---------------------|-------------|---|
| Generic Name | Common Name | Drug Status | Criteria |
| LANSOPRAZOLE | PREVACID 24HR | 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 | PROSCAR | 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 |
| VARENICLINE TARTRATE | CHANTIX | ST | Limited to 90 days therapy per rolling 365 days; Must have 6 months prior therapy with topical nicotine patches along with either nicotine polacrilex gum or lozenges |
| Urinary Antispasmodics | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| TOLTERODINE TARTRATE | DETROL LA | QL,ST | Must have prior use of Oxybutynin within past 90 days |

Prior Authorization Information

| Alkylating Agents | | | |
|--|---------------------|-------------|--|
| Generic Name | Common Name | Drug Status | Criteria |
| CHLORAMBUCIL | LEUKERAN | SP | |
| TEMOZOLOMIDE | TEMODAR | PA,SP | |
| 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 | |
| OXYCODONE HCL | OXYCODONE HCL | PA,QL | Must meet Pharmacy Approval Criteria |
| Angina Therapy | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| RANOLAZINE | RANEXA | PA | |
| Anterior Pituitary Hormones and Hormone Antagonists | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| LEUPROLIDE ACETATE | LUPRON DEPOT | PA,SP | Must meet Pharmacy Approval Criteria |
| SOMATROPIN | GENOTROPIN | PA,SP | |
| Antianxiety Agents | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| ALPRAZOLAM | ALPRAZOLAM INTENSOL | QL,PA | Xanax XR requires prior authorization. Regular release Xanax is covered. |
| CLONAZEPAM | KLONOPIN | PA | |
| Antibacterial Agents | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| DEMECLOCYCLINE HCL | DEMECLOCYCLINE HCL | PA,QL | |
| RIFAMPIN | RIFADIN | PA | |
| Anticoagulants | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| ENOXAPARIN SODIUM | LOVENOX | PA | Must meet Pharmacy Approval Criteria |
| Anticonvulsant | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| DIAZEPAM | DIAZEPAM | PA | |
| FOSPHENYTOIN SODIUM | FOSPHENYTOIN SODIUM | PA | |
| LACOSAMIDE | VIMPAT | PA | |
| RUFINAMIDE | BANZEL | PA | |
| TIAGABINE HCL | GABITRIL | PA | |
| Antiemetics | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| DRONABINOL | MARINOL | PA | |
| GRANISETRON HCL | KYTRIL | PA | |

Prior Authorization Information

| Antimetabolites | | | |
|--|--------------|-------------|----------|
| Generic Name | Common Name | Drug Status | Criteria |
| CAPECITABINE | XELODA | PA,SP | |
| GEMCITABINE HCL | GEMZAR | PA,SP | |
| METHOTREXATE SODIUM | METHOTREXATE | PA | |
| Antineoplastic - Antibody/Antibody-Drug Complexes | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| BEVACIZUMAB | AVASTIN | PA,SP | |
| Antineoplastic - Systemic Enzyme Inhibitors | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| DASATINIB | SPRYCEL | PA,SP | |
| ERLOTINIB HCL | TARCEVA | PA,SP | |
| IMATINIB MESYLATE | GLEEVEC | SP | |
| LAPATINIB DITOSYLATE | TYKERB | PA,SP | |
| SUNITINIB MALATE | SUTENT | PA,SP | |
| Antipsychotics (Neuroleptics) | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| ARIPIPRAZOLE | ABILIFY | PA,QL | |
| CLOZAPINE | FAZACLO | PA | |
| RISPERIDONE | RISPERIDONE | PA | |
| Antivirals | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| ABACAVIR SULFATE | ZIAGEN | PA,QL,SP | |
| ABACAVIR SULFATE/LAMIVUDINE | EPZICOM | SP | |
| ABACAVIR SULFATE/LAMIVUDINE/ ZIDOVUDINE | TRIZIVIR | SP | |
| ATAZANAVIR SULFATE | REYATAZ | SP | |
| DARUNAVIR ETHANOLATE | PREZISTA | SP | |
| DELAVIRDINE MESYLATE | RESCRIPTOR | PA,SP | |
| DIDANOSINE | VIDEX | PA,SP | |
| EFAVIRENZ | SUSTIVA | PA,SP | |
| EFAVIRENZ/EMTRICITABINE/ TENOFVIR DISOPROXIL FUMARATE | ATRIPLA | SP | |
| EMTRICITABINE | EMTRIVA | PA,SP | |
| EMTRICITABINE/RILPIVIRINE HCL/ TENOFVIR DISOPROXIL FUMARATE | COMPLERA | SP | |
| EMTRICITABINE/TENOFVIR DISOPROXIL FUMARATE | TRUVADA | SP | |
| ENFUVIRTIDE | FUZEON | PA,SP | |
| ETRAVIRINE | INTELENCE | PA,SP | |
| FOSAMPRENAVIR CALCIUM | LEXIVA | SP,PA | |
| INDINAVIR SULFATE | CRIVAN | SP | |
| LAMIVUDINE | EPIVIR | PA,SP | |
| LOPINAVIR/RITONAVIR | KALETRA | SP | |
| MARAVIROC | SELZENTRY | PA,SP | |
| NELFINAVIR MESYLATE | VIRACEPT | SP | |

Prior Authorization Information

| Antivirals | | | |
|---|-------------------|-------------|--|
| Generic Name | Common Name | Drug Status | Criteria |
| NEVIRAPINE | VIRAMUNE | PA,SP | |
| PEGINTERFERON ALFA-2A | PEGASYS | PA,SP | |
| PEGINTERFERON ALFA-2B | PEGINTRON REDIPEN | PA,SP | Must meet Pharmacy Approval Criteria |
| RALTEGRAVIR POTASSIUM | ISENTRESS | PA,SP | |
| RIBAVIRIN | REBETOL | PA,SP | Must meet Pharmacy Approval Criteria |
| RITONAVIR | NORVIR | SP | |
| SAQUINAVIR MESYLATE | INVIRASE | PA,SP | |
| STAVUDINE | ZERIT | PA,SP | |
| TENOFOVIR DISOPROXIL FUMARATE | VIREAD | PA,SP | |
| TIPRANAVIR | APTIVUS | SP | |
| TIPRANAVIR/VITAMIN E TPGS | APTIVUS | SP | |
| ZIDOVUDINE | RETROVIR | PA,SP | |
| Asthma/COPD Therapy Agents | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| BUDESONIDE | BUDESONIDE | PA,QL | |
| FLUTICASONE PROPIONATE | FLOVENT HFA | PA | |
| MONTELUKAST SODIUM | SINGULAIR | QL,PA | Prior authorization required for granules only. Tablets are covered. |
| Attention Deficit-Hyperact Disorder (ADHD) Therapy | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| DESMETHYLPHENIDATE HCL | FOCALIN | PA | |
| LISDEXAMFETAMINE DIMESYLATE | VYVANSE | PA | |
| METHYLPHENIDATE HCL | METADATE CD | PA | |
| Calcium & Bone Metabolism Regulators | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| CALCITONIN,SALMON,SYNTHETIC | MIACALCIN | PA,SP | |
| Cardiac Sympathomimetics and Combinations | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| MIDODRINE HCL | MIDODRINE HCL | PA | |
| CNS Stimulants | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| CAFFEINE CITRATED | CAFFEINE CITRATE | SP | |
| Cognitive Disorder Therapy - Antidementia | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| GALANTAMINE HBR | GALANTAMINE HBR | PA | |
| RIVASTIGMINE TARTRATE | EXELON | PA | |
| Dermatological - Antineoplastic or Premalignant Lesions | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| FLUOROURACIL | EFUDEX | PA | |
| Dermatological - Antipsoriatics | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| ACITRETIN | SORIATANE | PA | |

Prior Authorization Information

| Diabetic Therapy | | | |
|--|-------------|-------------|---|
| Generic Name | Common Name | Drug Status | Criteria |
| EXENATIDE | BYETTA | PA | Must meet Pharmacy Approval Criteria |
| INSULIN GLULISINE | APIDRA | QL,PA | |
| INSULIN REGULAR, HUMAN | HUMULIN R | PA | Humulin R 500 Units/ML Vial requires Prior Authorization. Humulin R 100 Units/ML Vial is covered. |
| Gout - Acute Therapy | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| COLCHICINE | COLCHICINE | PA | |
| Hematopoietic Agents | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| EPOETIN ALFA | EPOGEN | 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 | |
| CYCLOSPORINE, MODIFIED | GENGRAF | PA,SP | |
| TACROLIMUS | TACROLIMUS | PA,SP | |
| Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| MYCOPHENOLATE MOFETIL | CELLCEPT | SP | |
| Interstitial Cystitis Agents | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| PENTOSAN POLYSULFATE SODIUM | ELMIRON | PA | |
| 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 | COPAXONE | SP | |
| Passive Immunizing Agents | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| RHO(D) IMMUNE GLOBULIN | RHOGAM PLUS | SP | |
| RHO(D) IMMUNE GLOBULIN/MALTOSE | WINRHO SDF | SP | |
| Phosphate Binders | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| SEVELAMER CARBONATE | RENEVELA | PA | |
| Sedative-Hypnotics | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| ZOLPIDEM TARTRATE | AMBIEN | QL,PA | |

2013 Meridian Health Plan Medicaid Formulary

| Acne Therapy | | | |
|--|--------------------------------|-------------|--------------------------------------|
| Generic Name | Common Name | Drug Status | Criteria |
| BENZOYL PEROXIDE | BENZAC AC | | |
| ERYTHROMYCIN BASE/ETHYL ALCOHOL | ERYTHROMYCIN | | |
| TRETINOIN | RETIN-A | | |
| Alkylating Agents | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| CHLORAMBUCIL | LEUKERAN | SP | |
| TEMOZOLOMIDE | TEMODAR | PA,SP | |
| Analgesic, Anti-inflammatory or Antipyretic - Non-Narcotic | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| ADALIMUMAB | HUMIRA | PA,SP | Must meet Pharmacy Approval Criteria |
| ASPIRIN | ASPIRIN EC | | |
| BUTALBITAL/ACETAMINOPHEN | PHRENILIN | QL | |
| BUTALBITAL/ACETAMINOPHEN/CAFFEINE | BUTALBITAL-ACETAMINOPHEN-CAFFE | QL | |
| BUTALBITAL/ASPIRIN/CAFFEINE | BUTALBITAL-ASPIRIN-CAFFEINE | QL | |
| CHOLINE SALICYLATE/MAGNESIUM SALICYLATE | CHOLINE MAG TRISALICYLATE | | |
| DICLOFENAC POTASSIUM | CATAFLAM | | |
| DICLOFENAC SODIUM | DICLOFENAC SODIUM | | |
| ETANERCEPT | ENBREL | PA,SP | Must meet Pharmacy Approval Criteria |
| ETODOLAC | ETODOLAC | | |
| IBUPROFEN | CHILDREN'S MOTRIN | QL | |
| INDOMETHACIN | INDOMETHACIN | | |
| KETOROLAC TROMETHAMINE | KETOROLAC TROMETHAMINE | | |
| MECLOFENAMATE SODIUM | MECLOFENAMATE SODIUM | | |
| MELOXICAM | MELOXICAM | | |
| METHOTREXATE SODIUM | RHEUMATREX | | |
| NAPROXEN | NAPROSYN | | |
| NAPROXEN SODIUM | ANAPROX DS | | |
| PIROXICAM | FELDENE | | |
| SALSALATE | SALSALATE | | |
| SULINDAC | SULINDAC | | |
| TOLMETIN SODIUM | TOLMETIN SODIUM | | |
| Analgesics - Narcotic | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| ACETAMINOPHEN WITH CODEINE PHOSPHATE | ACETAMINOPHEN-CODEINE | QL | |
| BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE PHOSPHATE | BUTALB-CAFF-ACETAMINOPH-CODEIN | QL | |
| CODEINE PHOSPHATE/BUTALBITAL/ASPIRIN/CAFFEINE | BUTALBITAL COMPOUND-CODEINE | QL | |
| CODEINE SULFATE | CODEINE SULFATE | | |
| FENTANYL | FENTANYL | PA | |

2013 Meridian Health Plan Medicaid Formulary

| Analgesics - Narcotic | | | |
|---|-------------------------------|-------------|---|
| Generic Name | Common Name | Drug Status | Criteria |
| HYDROCODONE BIT/ ACETAMINOPHEN | HYDROCODONE- ACETAMINOPHEN | QL | |
| HYDROMORPHONE HCL | HYDROMORPHONE HCL | QL | |
| MEPERIDINE HCL | MEPERIDINE HCL | QL | |
| METHADONE HCL | METHADONE HCL | QL | |
| MORPHINE SULFATE | MORPHINE SULFATE ER | QL | |
| OXYCODONE HCL | OXYCODONE HCL | PA,QL | Must meet Pharmacy Approval Criteria |
| OXYCODONE HCL/ACETAMINOPHEN | OXYCODONE- ACETAMINOPHEN | QL | |
| TRAMADOL HCL | TRAMADOL HCL | QL | |
| Androgen-Anabolic | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| TESTOSTERONE CYPIONATE | DEPO-TESTOSTERONE | | |
| Angina Therapy | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| ISOSORBIDE DINITRATE | ISOSORBIDE DINITRATE | | |
| ISOSORBIDE MONONITRATE | MONOKET | | |
| NITROGLYCERIN | NITROSTAT | | |
| RANOLAZINE | RANEXA | PA | |
| Anorectal - Glucocorticoids | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| HYDROCORTISONE | PROCTOCREAM-HC | | |
| HYDROCORTISONE ACETATE | ANUCORT-HC | | |
| Anterior Pituitary Hormones and Hormone Antagonists | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| LEUPROLIDE ACETATE | LUPRON DEPOT | PA,SP | Must meet Pharmacy Approval Criteria |
| SOMATROPIN | GENOTROPIN | PA,SP | |
| Antianxiety Agents | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| ALPRAZOLAM | ALPRAZOLAM INTENSOL | QL,PA | Xanax XR requires prior authorization. Regular release Xanax is covered. |
| BUSPIRONE HCL | BUSPIRONE HCL | | |
| CHLORDIAZEPOXIDE HCL | CHLORDIAZEPOXIDE HCL | | |
| CLONAZEPAM | KLONOPIN | PA | |
| CLORAZEPATE DIPOTASSIUM | CLORAZEPATE DIPOTASSIUM | | |
| DIAZEPAM | DIAZEPAM | | |
| HYDROXYZINE HCL | HYDROXYZINE HCL | | |
| HYDROXYZINE PAMOATE | HYDROXYZINE PAMOATE | | |
| LORAZEPAM | LORAZEPAM INTENSOL | | |
| MEPROBAMATE | MEPROBAMATE | | |
| OXAZEPAM | OXAZEPAM | | |

2013 Meridian Health Plan Medicaid Formulary

| Antiarrhythmics | | | |
|---|----------------------------|-------------|---|
| Generic Name | Common Name | Drug Status | Criteria |
| AMIODARONE HCL | CORDARONE | | |
| DISOPYRAMIDE PHOSPHATE | NORPACE | | |
| FLECAINIDE ACETATE | FLECAINIDE ACETATE | | |
| MEXILETINE HCL | MEXILETINE HCL | | |
| PROPAFENONE HCL | RYTHMOL | | |
| QUINIDINE SULFATE | QUINIDINE SULFATE | | |
| SOTALOL HCL | SOTALOL | | |
| VERAPAMIL HCL | CALAN | | |
| Antibacterial Agents | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| AMOXICILLIN | AMOXICILLIN | | |
| AMOXICILLIN/POTASSIUM CLAVULANATE | AUGMENTIN | | |
| AMPICILLIN TRIHYDRATE | AMPICILLIN TRIHYDRATE | | |
| AZITHROMYCIN | ZITHROMAX | QL | |
| CEFACLOR | CEFACLOR | | |
| CEFADROXIL HYDRATE | CEFADROXIL | ST | Must have prior use of a first line antibiotic (Cefaclor or Cephalexin) within the last 30 days |
| CEFDINIR | OMNICEF | 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 | BIAXIN | | |
| CLINDAMYCIN HCL | CLEOCIN HCL | | |
| CLINDAMYCIN PALMITATE HCL | CLEOCIN PALMITATE | QL | |
| DAPSONE | DAPSONE | | |
| DEMECLOCYCLINE HCL | DEMECLOCYCLINE HCL | PA,QL | |
| DICLOXACILLIN SODIUM | DICLOXACILLIN SODIUM | | |
| DOXYCYCLINE HYCLATE | VIBRAMYCIN | | |
| ERYTHROMYCIN BASE | ERYTHROMYCIN | | |
| ERYTHROMYCIN ETHYLSUCCINATE | ERYPED 200 | | |
| ERYTHROMYCIN ETHYLSUCCINATE/ SULFISOXAZOLE ACETYL | ERYTHROMYCIN-SULFISOXAZOLE | | |
| ERYTHROMYCIN STEARATE | ERYTHROCIN STEARATE | | |
| ETHAMBUTOL HCL | ETHAMBUTOL HCL | | |
| ISONIAZID | ISONIAZID | | |
| LEVOFLOXACIN | LEVAQUIN | | |
| MINOCYCLINE HCL | MINOCYCLINE HCL | | |
| NEOMYCIN SULFATE | NEOMYCIN SULFATE | | |
| PENICILLIN V POTASSIUM | PENICILLIN V POTASSIUM | | |
| PYRAZINAMIDE | PYRAZINAMIDE | | |

2013 Meridian Health Plan Medicaid Formulary

| Antibacterial Agents | | | |
|--|------------------------------------|-------------|--------------------------------------|
| Generic Name | Common Name | Drug Status | Criteria |
| RIFAMPIN | RIFADIN | PA | |
| 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 LOCK | | |
| HEPARIN SODIUM,PORCINE IN 0.9 % SODIUM CHLORIDE | HEPARIN FLUSH | | |
| HEPARIN SODIUM,PORCINE/PF | MONOJECT PREFILL ADVANCED | | |
| WARFARIN SODIUM | COUMADIN | | |
| Anticonvulsant | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| CARBAMAZEPINE | TEGRETOL XR | | |
| DIAZEPAM | DIAZEPAM | PA | |
| DIVALPROEX SODIUM | DEPAKOTE SPRINKLE | | |
| ETHOSUXIMIDE | ZARONTIN | | |
| FOSPHENYTOIN SODIUM | FOSPHENYTOIN SODIUM | PA | |
| GABAPENTIN | NEURONTIN | | |
| LACOSAMIDE | VIMPAT | PA | |
| LAMOTRIGINE | LAMOTRIGINE | | |
| LEVETIRACETAM | LEVETIRACETAM | | |
| LEVETIRACETAM IN SODIUM CHLORIDE, ISO-OSMOTIC | LEVETIRACETAM-NACL | | |
| OXCARBAZEPINE | OXCARBAZEPINE | | |
| PHENYTOIN | DILANTIN | | |
| PHENYTOIN SODIUM EXTENDED | DILANTIN | | |
| PRIMIDONE | PRIMIDONE | | |
| RUFINAMIDE | BANZEL | PA | |
| TIAGABINE HCL | GABITRIL | PA | |
| TOPIRAMATE | TOPIRAMATE | | |
| VALPROATE SODIUM | DEPACON | | |
| VALPROIC ACID | DEPAKENE | | |
| ZONISAMIDE | ZONISAMIDE | | |
| Antidepressants | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| AMITRIPTYLINE HCL | AMITRIPTYLINE HCL | | |
| AMITRIPTYLINE HCL/ CHLORDIAZEPOXIDE | CHLORDIAZEPOXIDE- AMITRIPTYLINE | | |
| AMOXAPINE | AMOXAPINE | | |

2013 Meridian Health Plan Medicaid Formulary

| Antidepressants | | | |
|------------------------------------|----------------------------|-------------|----------|
| Generic Name | Common Name | Drug Status | Criteria |
| BUPROPION HCL | WELLBUTRIN | | |
| CITALOPRAM HYDROBROMIDE | CITALOPRAM HBR | | |
| CLOMIPRAMINE HCL | CLOMIPRAMINE HCL | | |
| DESIPRAMINE HCL | NORPRAMIN | | |
| DOXEPIN HCL | DOXEPIN HCL | | |
| ESCITALOPRAM OXALATE | LEXAPRO | QL | |
| FLUOXETINE HCL | FLUOXETINE HCL | | |
| IMIPRAMINE HCL | TOFRANIL | | |
| IMIPRAMINE PAMOATE | IMIPRAMINE PAMOATE | | |
| MIRTAZAPINE | REMERON | | |
| NEFAZODONE HCL | NEFAZODONE HCL | | |
| NORTRIPTYLINE HCL | NORTRIPTYLINE HCL | | |
| PAROXETINE HCL | PAXIL | | |
| PERPHENAZINE/AMITRIPTYLINE HCL | PERPHENAZINE-AMITRIPTYLINE | | |
| PHENELZINE SULFATE | NARDIL | | |
| PROTRIPTYLINE HCL | PROTRIPTYLINE HCL | | |
| SERTRALINE HCL | ZOLOFT | | |
| TRAZODONE HCL | TRAZODONE HCL | | |
| TRIMIPRAMINE MALEATE | SURMONTIL | | |
| VENLAFAXINE HCL | VENLAFAXINE HCL | QL | |
| Antidiarrheals | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| DIPHENOXYLATE HCL/ATROPINE SULFATE | DIPHENOXYLATE-ATROPINE | QL | |
| LOPERAMIDE HCL | LOPERAMIDE | | |
| PAREGORIC | PAREGORIC | | |
| Antiemetics | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| DRONABINOL | MARINOL | PA | |
| GRANISETRON HCL | KYTRIL | PA | |
| MECLIZINE HCL | ANTIVERT | | |
| ONDANSETRON | ONDANSETRON ODT | QL | |
| ONDANSETRON HCL | ONDANSETRON HCL | QL | |
| PROCHLORPERAZINE MALEATE | COMPRO | | |
| PROMETHAZINE HCL | PROMETHEGAN | | |
| TRIMETHOBENZAMIDE HCL | TRIMETHOBENZAMIDE HCL | QL | |
| Antifungals | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| FLUCONAZOLE | DIFLUCAN | QL | |
| GRISOFLUVIN, MICROSIZE | GRISOFLUVIN | | |
| KETOCONAZOLE | KETOCONAZOLE | | |
| NYSTATIN | NYSTATIN | | |

2013 Meridian Health Plan Medicaid Formulary

| Antifungals | | | |
|---|--------------------------------|-------------|--|
| Generic Name | Common Name | Drug Status | Criteria |
| TERBINAFINE HCL | LAMISIL | | |
| Antihistamines | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| CETIRIZINE HCL | CETIRIZINE HCL | | |
| CLEMASTINE FUMARATE | CLEMASTINE FUMARATE | | |
| CYPROHEPTADINE HCL | CYPROHEPTADINE HCL | | |
| DEXCHLORPHENIRAMINE MALEATE | DEXCHLORPHENIRAMINE MALEATE | | |
| DIPHENHYDRAMINE HCL | DIPHENHYDRAMINE HCL | | |
| FEXOFENADINE HCL | ALLEGRA | QL,ST | Must have tried and failed three consecutive fills of Loratadine or Cetirizine tablets in the past 90 days |
| PROMETHAZINE HCL | PROMETHAZINE HCL | | |
| Antihyperlipidemics | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| ATORVASTATIN CALCIUM | LIPITOR | QL | |
| CHOLESTYRAMINE (WITH SUGAR) | CHOLESTYRAMINE | | |
| COLESTIPOL HCL | COLESTID | | |
| FENOFIBRATE | FENOFIBRATE | | |
| FENOFIBRATE NANOCRYSTALLIZED | TRICOR | | |
| GEMFIBROZIL | LOPID | | |
| LOVASTATIN | LOVASTATIN | QL | |
| PRAVASTATIN SODIUM | PRAVACHOL | QL | |
| SIMVASTATIN | ZOCOR | QL | |
| Antihypertensive Therapy Agents | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| AMLODIPINE BESYLATE/BENAZEPRIL HCL | LOTREL | | |
| ATENOLOL/CHLORTHALIDONE | ATENOLOL-CHLORTHALIDONE | | |
| BENAZEPRIL HCL | LOTENSIN | | |
| BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE | BISOPROLOL-HYDROCHLOROTHIAZIDE | | |
| CAPTOPRIL | CAPTOPRIL | | |
| CLONIDINE HCL | CLONIDINE HCL | | |
| DOXAZOSIN MESYLATE | CARDURA | | |
| ENALAPRIL MALEATE | ENALAPRIL MALEATE | | |
| ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE | ENALAPRIL-HYDROCHLOROTHIAZIDE | | |
| FOSINOPRIL SODIUM | FOSINOPRIL SODIUM | | |
| GUANFACINE HCL | GUANFACINE HCL | | |
| HYDRALAZINE HCL | HYDRALAZINE HCL | | |
| ISOXSUPRINE HCL | ISOXSUPRINE HCL | | |
| LISINOPRIL | LISINOPRIL | | |
| LISINOPRIL/HYDROCHLOROTHIAZIDE | PRINZIDE | | |
| LOSARTAN POTASSIUM | COZAAR | | |

2013 Meridian Health Plan Medicaid Formulary

| Antihypertensive Therapy Agents | | | |
|---|------------------------------------|-------------|----------|
| Generic Name | Common Name | Drug Status | Criteria |
| LOSARTAN POTASSIUM/ HYDROCHLOROTHIAZIDE | HYZAAR | | |
| METHYLDOPA | METHYLDOPA | | |
| METHYLDOPA/ HYDROCHLOROTHIAZIDE | METHYLDOPA- HYDROCHLOROTHIAZIDE | | |
| MINOXIDIL | MINOXIDIL | | |
| MOEXIPRIL HCL | UNIVASC | | |
| NADOLOL/BENDROFLUMETHIAZIDE | NADOLOL- BENDROFLUMETHIAZIDE | | |
| PAPAVERINE HCL | PAPAVERINE HCL | | |
| PRAZOSIN HCL | MINIPRESS | | |
| RAMIPRIL | RAMIPRIL | | |
| TERAZOSIN HCL | TERAZOSIN HCL | | |
| Antimetabolites | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| CAPECITABINE | XELODA | PA,SP | |
| GEMCITABINE HCL | GEMZAR | PA,SP | |
| HYDROXYUREA | HYDREA | | |
| MERCAPTOPYRINE | MERCAPTOPYRINE | | |
| METHOTREXATE SODIUM | METHOTREXATE | PA | |
| Antineoplastic - Antibody/Antibody-Drug Complexes | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| BEVACIZUMAB | AVASTIN | PA,SP | |
| Antineoplastic - Hormone/Hormone Antagonist Agents | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| MEGESTROL ACETATE | MEGESTROL ACETATE | | |
| Antineoplastic - Retinoids and Retinoid Receptor Agonists | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| TRETINOIN | TRETINOIN | | |
| Antineoplastic - Systemic Enzyme Inhibitors | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| DASATINIB | SPRYCEL | PA,SP | |
| ERLOTINIB HCL | TARCEVA | PA,SP | |
| IMATINIB MESYLATE | GLEEVEC | SP | |
| LAPATINIB DITOSYLATE | TYKERB | PA,SP | |
| SUNITINIB MALATE | SUTENT | PA,SP | |
| Antiparasitics | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| HYDROXYCHLOROQUINE SULFATE | PLAQUENIL | | |
| Antiparkinson Therapy | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| BENZTROPINE MESYLATE | BENZTROPINE MESYLATE | | |
| BROMOCRIPTINE MESYLATE | PARLODEL | | |
| CARBIDOPA/LEVODOPA | SINEMET CR | | |

2013 Meridian Health Plan Medicaid Formulary

| Antiparkinson Therapy | | | |
|--|--------------------------------|-------------|----------|
| Generic Name | Common Name | Drug Status | Criteria |
| PRAMIPEXOLE DI-HCL | PRAMIPEXOLE DIHYDROCHLORIDE | | |
| ROPINIROLE HCL | REQUIP | QL | |
| SELEGILINE HCL | SELEGILINE HCL | | |
| TRIHEXYPHENIDYL HCL | TRIHEXYPHENIDYL HCL | | |
| Antiprotozoal-Antibacterial Agents | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| METRONIDAZOLE | FLAGYL | | |
| Antipsychotics (Neuroleptics) | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| ARIPRAZOLE | ABILIFY | PA,QL | |
| CHLORPROMAZINE HCL | CHLORPROMAZINE HCL | | |
| CLOZAPINE | FAZACLO | PA | |
| FLUPHENAZINE DECANOATE | FLUPHENAZINE DECANOATE | | |
| FLUPHENAZINE HCL | FLUPHENAZINE HCL | | |
| HALOPERIDOL | HALOPERIDOL | | |
| HALOPERIDOL DECANOATE | HALOPERIDOL DECANOATE | | |
| HALOPERIDOL LACTATE | HALDOL | | |
| LOXAPINE SUCCINATE | LOXAPINE | | |
| PERPHENAZINE | PERPHENAZINE | | |
| QUETIAPINE FUMARATE | SEROQUEL | | |
| RISPERIDONE | RISPERIDONE | PA | |
| THIORIDAZINE HCL | THIORIDAZINE HCL | | |
| THIOTHIXENE | THIOTHIXENE | | |
| TRIFLUOPERAZINE HCL | TRIFLUOPERAZINE HCL | | |
| ZIPRASIDONE HCL | GEODON | QL | |
| Antivirals | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| ABACAVIR SULFATE | ZIAGEN | PA,QL,SP | |
| ABACAVIR SULFATE/LAMIVUDINE | EPZICOM | SP | |
| ABACAVIR SULFATE/LAMIVUDINE/ ZIDOVUDINE | TRIZIVIR | SP | |
| ACYCLOVIR | ZOVIRAX | | |
| ATAZANAVIR SULFATE | REYATAZ | SP | |
| DARUNAVIR ETHANOLATE | PREZISTA | SP | |
| DELAVIRDINE MESYLATE | RESCRIPTOR | PA,SP | |
| DIDANOSINE | VIDEX | PA,SP | |
| EFAVIRENZ | SUSTIVA | PA,SP | |
| EFAVIRENZ/EMTRICITABINE/ TENOFVIR DISOPROXIL FUMARATE | ATRIPLA | SP | |
| EMTRICITABINE | EMTRIVA | PA,SP | |
| EMTRICITABINE/RILPIVIRINE HCL/ TENOFVIR DISOPROXIL FUMARATE | COMPLERA | SP | |
| EMTRICITABINE/TENOFVIR DISOPROXIL FUMARATE | TRUVADA | SP | |

2013 Meridian Health Plan Medicaid Formulary

| Antivirals | | | |
|---|------------------------|-------------|---|
| Generic Name | Common Name | Drug Status | Criteria |
| ENFUVIRTIDE | FUZEON | PA,SP | |
| ETRAVIRINE | INTELENCE | PA,SP | |
| FOSAMPRENAVIR CALCIUM | LEXIVA | SP,PA | |
| INDINAVIR SULFATE | CRIXIVAN | SP | |
| LAMIVUDINE | EPIVIR | PA,SP | |
| LAMIVUDINE/ZIDOVUDINE | COMBIVIR | | |
| LOPINAVIR/RITONAVIR | KALETRA | SP | |
| MARAVIROC | SELZENTRY | PA,SP | |
| NELFINAVIR MESYLATE | VIRACEPT | SP | |
| NEVIRAPINE | VIRAMUNE | PA,SP | |
| OSELTAMIVIR PHOSPHATE | TAMIFLU | QL | |
| PEGINTERFERON ALFA-2A | PEGASYS | PA,SP | |
| PEGINTERFERON ALFA-2B | PEGINTRON REDIPEN | PA,SP | Must meet Pharmacy Approval Criteria |
| RALTEGRAVIR POTASSIUM | ISENTRESS | PA,SP | |
| RIBAVIRIN | REBETOL | PA,SP | Must meet Pharmacy Approval Criteria |
| RIMANTADINE HCL | RIMANTADINE HCL | | |
| RITONAVIR | NORVIR | SP | |
| SAQUINAVIR MESYLATE | INVIRASE | PA,SP | |
| STAVUDINE | ZERIT | PA,SP | |
| TENOFOVIR DISOPROXIL FUMARATE | VIREAD | PA,SP | |
| TIPRANAVIR | APTIVUS | SP | |
| TIPRANAVIR/VITAMIN E TPGS | APTIVUS | SP | |
| ZIDOVUDINE | RETROVIR | PA,SP | |
| Appetite Stimulants | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| MEGESTROL ACETATE | MEGACE | | |
| Asthma/COPD Therapy Agents | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| ALBUTEROL SULFATE | VENTOLIN HFA | QL | |
| AMINOPHYLLINE | AMINOPHYLLINE | | |
| BECLOMETHASONE DIPROPIONATE | QVAR | QL | |
| BUDESONIDE | BUDESONIDE | PA,QL | |
| BUDESONIDE/FORMOTEROL FUMARATE | SYMBICORT | QL,ST | Must have tried and failed Qvar in the past 90 days |
| CROMOLYN SODIUM | CROMOLYN SODIUM | | |
| FLUTICASONE PROPIONATE | FLOVENT HFA | PA | |
| FLUTICASONE PROPIONATE/SALMETEROL XINAFOATE | ADVAIR DISKUS | QL,ST | Must have tried and failed Qvar in the past 90 days |
| IPRATROPIUM BROMIDE | ATROVENT HFA | QL | |
| IPRATROPIUM BROMIDE/ALBUTEROL SULFATE | COMBIVENT | QL | |
| METAPROTERENOL SULFATE | METAPROTERENOL SULFATE | | |

2013 Meridian Health Plan Medicaid Formulary

| Asthma/COPD Therapy Agents | | | |
|--|---------------------|-------------|--|
| Generic Name | Common Name | Drug Status | Criteria |
| MOMETASONE FUROATE/ FORMOTEROL FUMARATE | DULERA | QL,ST | Must have tried and failed Qvar in the past 90 days |
| MONTELUKAST SODIUM | SINGULAIR | QL,PA | Prior authorization required for granules only. Tablets are covered. |
| TERBUTALINE SULFATE | TERBUTALINE SULFATE | | |
| THEOPHYLLINE ANHYDROUS | THEOCHRON | | |
| TIOTROPIUM BROMIDE | SPIRIVA | QL,ST | Must have tried and failed Atrovent HFA in the past 90 days |
| Attention Deficit-Hyperact Disorder (ADHD) Therapy | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| DESMETHYLPHENIDATE HCL | FOCALIN | PA | |
| LISDEXAMFETAMINE DIMESYLATE | VYVANSE | PA | |
| METHYLPHENIDATE HCL | METADATE CD | PA | |
| Beta Adrenergic Blockers | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| ACEBUTOLOL HCL | ACEBUTOLOL HCL | | |
| ATENOLOL | ATENOLOL | | |
| CARVEDILOL | COREG | | |
| LABETALOL HCL | LABETALOL HCL | | |
| METOPROLOL SUCCINATE | TOPROL XL | QL | |
| METOPROLOL TARTRATE | METOPROLOL TARTRATE | | |
| NADOLOL | NADOLOL | | |
| PINDOLOL | PINDOLOL | | |
| PROPRANOLOL HCL | PROPRANOLOL HCL | | |
| TIMOLOL MALEATE | TIMOLOL MALEATE | | |
| Bipolar Therapy Agents | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| LITHIUM CARBONATE | LITHIUM CARBONATE | | |
| LITHIUM CITRATE | LITHIUM | | |
| Calcium & Bone Metabolism Regulators | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| ALENDRONATE SODIUM | FOSAMAX | QL | |
| CALCITONIN,SALMON,SYNTHETIC | MIACALCIN | PA,SP | |
| Calcium Channel Blockers and Combinations | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| AMLODIPINE BESYLATE | AMLODIPINE BESYLATE | QL | |
| DILTIAZEM HCL | DILTIAZEM 24HR ER | QL | |
| FELODIPINE | FELODIPINE ER | QL | |
| NICARDIPINE HCL | NICARDIPINE HCL | | |
| NIFEDIPINE | ADALAT CC | QL | |
| VERAPAMIL HCL | CALAN SR | QL | |

2013 Meridian Health Plan Medicaid Formulary

| Cardiac Inotropes | | | |
|---|---------------------|-------------|----------|
| Generic Name | Common Name | Drug Status | Criteria |
| DIGOXIN | LANOXIN | | |
| Cardiac Sympathomimetics and Combinations | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| EPINEPHRINE | EPIPEN JR | QL | |
| EPINEPHRINE/PF | EPINEPHRINE | QL | |
| MIDODRINE HCL | MIDODRINE HCL | PA | |
| CNS Stimulants | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| AMPHETAMINE ASPARTATE/ AMPHETAMINE SULFATE/ DEXTROAMPHETAMINE | ADDERALL | | |
| CAFFEINE | CAFFEINE | | |
| CAFFEINE CITRATED | CAFFEINE CITRATE | SP | |
| DEXTROAMPHETAMINE SULFATE | DEXEDRINE | | |
| METHAMPHETAMINE HCL | METHAMPHETAMINE HCL | | |
| Cognitive Disorder Therapy - Antidementia | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| DONEPEZIL HCL | ARICEPT | | |
| GALANTAMINE HBR | GALANTAMINE HBR | PA | |
| RIVASTIGMINE TARTRATE | EXELON | PA | |
| Colonic Acidifier (Ammonia Inhibitor) | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| LACTULOSE | ENULOSE | | |
| Contraceptives Injectable | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| MEDROXYPROGESTERONE ACETATE | DEPO-PROVERA | QL | |
| Contraceptives Oral | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| DESOGESTREL-ETHINYL ESTRADIOL | DESOGEN | QL | |
| DESOGESTREL-ETHINYL ESTRADIOL/ ETHINYL ESTRADIOL | KARIVA | QL | |
| ETHINYL ESTRADIOL/ DROSPIRENONE | OCELLA | QL | |
| ETHYNODIOL D-ETHINYL ESTRADIOL | ZOVIA 1-50E | QL | |
| LEVONORGESTREL-ETHINYL ESTRADIOL | LESSINA | QL | |
| NORETHINDRONE | MICRONOR | QL | |
| NORETHINDRONE A-E ESTRADIOL | JUNEL | QL | |
| NORETHINDRONE A-E ESTRADIOL/ FERROUS FUMARATE | JUNEL FE | QL | |
| NORETHINDRONE-ETHINYL ESTRADIOL | OVCON-35 | QL | |
| NORGESTIMATE-ETHINYL ESTRADIOL | ORTHO-CYCLEN | QL | |

2013 Meridian Health Plan Medicaid Formulary

| Contraceptives Oral | | | |
|---|-------------------------------|-------------|---|
| Generic Name | Common Name | Drug Status | Criteria |
| NORGESTREL-ETHINYL ESTRADIOL | LO-OVRAL-28 | QL | |
| Corticosteroids | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| CORTISONE ACETATE | CORTISONE ACETATE | | |
| DEXAMETHASONE | DEXAMETHASONE | | |
| FLUDROCORTISONE ACETATE | FLUDROCORTISONE ACETATE | | |
| HYDROCORTISONE | CORTEF | | |
| METHYLPREDNISOLONE | MEDROL | | |
| PREDNISOLONE | PREDNISOLONE | | |
| PREDNISOLONE SOD PHOSPHATE | PREDNISOLONE SODIUM PHOSPHATE | | |
| PREDNISONE | PREDNISONE | | |
| Dental-Periodontal Products | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| SODIUM FLUORIDE | SODIPLUOR | | |
| Dermatological - Anti-infectives | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| GENTAMICIN SULFATE | GENTAMICIN SULFATE | | |
| MUPIROCIN | BACTROBAN | | |
| NYSTATIN | NYSTATIN | | |
| NYSTATIN/TRIAMCINOLONE ACETONIDE | NYSTATIN-TRIAMCINOLONE | | |
| Dermatological - Antineoplastic or Premalignant Lesions | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| FLUOROURACIL | EFUDEX | PA | |
| 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 |
| Dermatological - Antiperspirants and Deodorants | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| ALUMINUM CHLORIDE | XERAC AC | | |
| Dermatological - Antipsoriatics | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| ACITRETIN | SORIATANE | PA | |
| 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 | THERMAZENE | | |

2013 Meridian Health Plan Medicaid Formulary

| Dermatological - Emollients and Combinations | | | |
|---|-------------------------|-------------|---|
| Generic Name | Common Name | Drug Status | Criteria |
| AMMONIUM LACTATE | LAC-HYDRIN | | |
| Dermatological - Glucocorticoids and Combinations | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| HYDROCORTISONE | HYDROCORTISONE | | |
| HYDROCORTISONE VALERATE | HYDROCORTISONE VALERATE | | |
| HYDROCORTISONE/MINERAL OIL/ PETROLATUM,WHITE | HYDROCORTISONE | | |
| TRIAMCINOLONE ACETONIDE | TRIAMCINOLONE ACETONIDE | | |
| 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 | | |
| Diabetic Therapy | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| ACARBOSE | PRECOSE | QL | |
| CHLORPROPAMIDE | CHLORPROPAMIDE | | |
| EXENATIDE | BYETTA | PA | Must meet Pharmacy Approval Criteria |
| GLIMEPIRIDE | AMARYL | | |
| GLIPIZIDE | GLUCOTROL | | |
| GLUCAGON,HUMAN RECOMBINANT | GLUCAGON EMERGENCY KIT | QL | |
| GLYBURIDE | DIABETA | | |
| GLYBURIDE,MICRONIZED | GLYNASE | | |
| INSULIN ASPART PROTAMINE HUMAN/INSULIN ASPART | NOVOLOG MIX 70-30 | | |
| INSULIN GLARGINE, HUMAN RECOMBINANT ANALOG | LANTUS | QL | |
| INSULIN GLULISINE | APIDRA | QL,PA | |
| INSULIN LISPRO PROTAMINE & INSULIN LISPRO | HUMALOG MIX 75-25 | QL | |
| INSULIN REGULAR, HUMAN | HUMULIN R | PA | Humulin R 500 Units/ML Vial requires Prior Authorization. Humulin R 100 Units/ ML Vial is covered. |
| METFORMIN HCL | GLUCOPHAGE | | |
| PIOGLITAZONE HCL | ACTOS | QL,ST | 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 | QL,ST | 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 |
| TOLAZAMIDE | TOLAZAMIDE | | |

2013 Meridian Health Plan Medicaid Formulary

| Digestive Aids | | | |
|---|-----------------------------------|-------------|----------|
| Generic Name | Common Name | Drug Status | Criteria |
| LIPASE/PROTEASE/AMYLASE | CREON | | |
| Diuretics | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| ACETAZOLAMIDE | ACETAZOLAMIDE | | |
| AMILORIDE HCL | MIDAMOR | | |
| AMILORIDE HCL/ HYDROCHLOROTHIAZIDE | AMILORIDE- HYDROCHLOROTHIAZIDE | | |
| BUMETANIDE | BUMETANIDE | | |
| CHLOROTHIAZIDE | CHLOROTHIAZIDE | | |
| CHLORTHALIDONE | CHLORTHALIDONE | | |
| FUROSEMIDE | FUROSEMIDE | | |
| HYDROCHLOROTHIAZIDE | HYDROCHLOROTHIAZIDE | | |
| INDAPAMIDE | INDAPAMIDE | | |
| METHAZOLAMIDE | METHAZOLAMIDE | | |
| METHYCLOTHIAZIDE | METHYCLOTHIAZIDE | | |
| METOLAZONE | METOLAZONE | | |
| SPIRONOLACTONE | ALDACTONE | | |
| SPIRONOLACTONE/ HYDROCHLOROTHIAZIDE | ALDACTAZIDE | | |
| TORSEMIDE | DEMADEX | | |
| TRIAMTERENE/ HYDROCHLOROTHIAZIDE | DYAZIDE | | |
| Emergency Contraceptives and Combinations | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| LEVONORGESTREL | PLAN B | | |
| Estrogens and Combinations | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| ESTRADIOL | ESTRADIOL | | |
| ESTROGENS, CONJUGATED | PREMARIN | | |
| ESTROGENS, CONJUGATED/ MEDROXYPROGESTERONE ACETATE | PREMPRO | QL | |
| ESTROGENS,ESTERIFIED | MENEST | | |
| ESTROPIPATE | ESTROPIPATE | | |
| NORETHINDRONE ACETATE/ETHINYL ESTRADIOL | FEMHRT | QL | |
| Gallstone Solubilizing (Litholysis) Agents and Combinations | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| URSODIOL | URSODIOL | | |
| Gastrointestinal Antispasmodics | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| CHLORDIAZEPOXIDE/CLIDINIUM BROMIDE | LIBRAX | | |
| DICYCLOMINE HCL | DICYCLOMINE HCL | | |
| GLYCOPYRROLATE | GLYCOPYRROLATE | | |

2013 Meridian Health Plan Medicaid Formulary

| Gastrointestinal Antispasmodics | | | |
|--|--------------------------|-------------|--------------------------------------|
| Generic Name | Common Name | Drug Status | Criteria |
| HYOSCYAMINE SULFATE | HYOSCYAMINE SULFATE | | |
| METHSCOPOLAMINE BROMIDE | PAMINE | | |
| 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 Intravenous 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 | COLCHICINE | PA | |
| Hematopoietic Agents | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| EPOETIN ALFA | EPOGEN | 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 | TRENTAL | QL | |
| 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 | |
| CYCLOSPORINE, MODIFIED | GENGRAF | PA,SP | |
| TACROLIMUS | TACROLIMUS | PA,SP | |
| Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| MYCOPHENOLATE MOFETIL | CELLCEPT | SP | |
| Immunosuppressive - Purine Analogs | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| AZATHIOPRINE | AZATHIOPRINE | | |

2013 Meridian Health Plan Medicaid Formulary

| Inflammatory Bowel Agents | | | |
|--|----------------------------|-------------|---|
| Generic Name | Common Name | Drug Status | Criteria |
| MESALAMINE | MESALAMINE | | |
| SULFASALAZINE | AZULFIDINE | | |
| Interstitial Cystitis Agents | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| PENTOSAN POLYSULFATE SODIUM | ELMIRON | PA | |
| Laxatives | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| LACTULOSE | LACTULOSE | | |
| PEG 3350/SOD SULF/SOD BICARBONATE/SOD CHLORIDE/POTASSIUM CHL | COLYTE WITH FLAVOR PACKETS | | |
| POLYETHYLENE GLYCOL 3350 | CLEARLAX | | |
| Medical Supplies & DME - Contraceptives | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| DIAPHRAGMS, ARC-SPRING | ORTHO ALL-FLEX | | |
| Medical Supplies & DME - Diabetic Supplies | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| SYRINGE WITH NEEDLE,DISPOSABLE, INSULIN 1 ML | INSULIN SYRINGE | | |
| SYRINGE WITH NEEDLE,INSULIN DISPOSABLE,0.3 ML | MONOJECT INSULIN SYRINGE | | |
| SYRINGE WITH NEEDLE,INSULIN DISPOSABLE,0.5 ML | MONOJECT INSULIN SYRINGE | | |
| Medical Supplies & DME - Respiratory Therapy | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| INHALER, ASSIST DEVICES | INSPIREASE | QL | |
| Migraine Therapy | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| ERGOTAMINE TARTRATE/CAFFEINE | ERGOTAMINE-CAFFEINE | | |
| NARATRIPTAN HCL | NARATRIPTAN HCL | QL,ST | Must have tried and failed three consecutive fills of Sumatriptan Tablets in the past 90 days |
| SUMATRIPTAN SUCCINATE | SUMATRIPTAN SUCCINATE | QL | |
| Minerals & Electrolytes | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| POTASSIUM CHLORIDE | KLOR-CON | | |
| ZINC SULFATE | ZINC SULFATE | | |
| 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 | |

2013 Meridian Health Plan Medicaid Formulary

| 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 |
| 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 | COPAXONE | SP | |
| Musculoskeletal Therapy Agents | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| BACLOFEN | BACLOFEN | | |
| CARISOPRODOL | SOMA | | |
| CHLORZOXAZONE | PARAFON FORTE DSC | | |
| CYCLOBENZAPRINE HCL | CYCLOBENZAPRINE HCL | | |
| METHOCARBAMOL | ROBAXIN | | |
| Nasal Preparations | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| FLUNISOLIDE | FLUNISOLIDE | QL | |
| FLUTICASONE PROPIONATE | FLUTICASONE PROPIONATE | QL | |
| IPRATROPIUM BROMIDE | IPRATROPIUM BROMIDE | QL | |
| Neuromuscular Therapy Agents | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| PYRIDOSTIGMINE BROMIDE | MESTINON | | |
| 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 | | |
| CIPROFLOXACIN HCL | CILOXAN | | |
| ERYTHROMYCIN BASE | ERYTHROMYCIN | | |
| GENTAMICIN SULFATE | GENTAK | | |
| NEOMYCIN SULFATE/BACITRACIN/ POLYMYXIN B | NEOMYCIN-BACITRACIN- POLYMYXIN | | |
| NEOMYCIN SULFATE/POLYMYXIN B SULFATE/GRAMICIDIN D | NEOMYCIN-POLYMYXIN- GRAMICIDIN | | |
| OFLOXACIN | OCUFLOX | | |
| POLYMYXIN B SULFATE/ TRIMETHOPRIM | POLYTRIM | | |
| SULFACETAMIDE SODIUM | SULFACETAMIDE SODIUM | | |

2013 Meridian Health Plan Medicaid Formulary

| Ophthalmic - Anti-infectives | | | |
|---|--------------------------------|-------------|----------|
| Generic Name | Common Name | Drug Status | Criteria |
| TRIFLURIDINE | TRIFLURIDINE | | |
| Ophthalmic - Anti-inflammatory | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| DEXAMETHASONE SOD PHOSPHATE | DEXAMETHASONE SODIUM PHOSPHATE | | |
| DICLOFENAC SODIUM | VOLTAREN | | |
| FLURBIPROFEN SODIUM | OCUFEN | | |
| KETOROLAC TROMETHAMINE | ACULAR | | |
| PREDNISOLONE ACETATE | OMNIPRED | | |
| PREDNISOLONE SOD PHOSPHATE | PREDNISOLONE SODIUM PHOSPHATE | | |
| Ophthalmic - Decongestants and Combinations | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| NAPHAZOLINE HCL | NAPHAZOLINE HCL | | |
| PHENYLEPHRINE HCL | MYDRIN | | |
| Ophthalmic - Intraocular Pressure Reducing Agents | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| APRACLOPIDINE HCL | IOPIDINE | | |
| BETAXOLOL HCL | BETAXOLOL HCL | | |
| BRIMONIDINE TARTRATE | BRIMONIDINE TARTRATE | | |
| CARTEOLOL HCL | CARTEOLOL HCL | | |
| DORZOLAMIDE HCL | TRUSOPT | | |
| LATANOPROST | XALATAN | | |
| LEVOBUNOLOL HCL | LEVOBUNOLOL HCL | | |
| METIPRANOLOL | OPTIPRANOLOL | | |
| TIMOLOL MALEATE | TIMOPTIC-XE | | |
| Ophthalmic - Local Anesthetics and Combinations | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| PROPACARCAINE HCL | ALCAINE | | |
| Ophthalmic - Mydriatics and Cycloplegics | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| CYCLOPENTOLATE HCL | CYCLOGYL | | |
| TROPICAMIDE | TROPICAMIDE | | |
| Ophthalmic Combinations | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| NEOMYCIN SULFATE/BACITRACIN ZINC/POLYMYXIN B/HYDROCORTISONE | CORTOMYCIN | | |
| NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE | NEOMYCIN-POLYMYXIN-HC | | |
| NEOMYCIN/POLYMYXIN B SULFATE/DEXAMETHASONE | MAXITROL | | |
| TOBRAMYCIN/DEXAMETHASONE | TOBRADEX | | |

2013 Meridian Health Plan Medicaid Formulary

| Otic - Anti-infectives | | | |
|---|------------------------------|-------------|--|
| Generic Name | Common Name | Drug Status | Criteria |
| ACETIC ACID | VOSOL | | |
| OFLOXACIN | OFLOXACIN | | |
| Otic Combinations | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| ACETIC ACID/ALUMINUM ACETATE | BOROFAIR | | |
| NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE | NEOMYCIN-POLYMYXIN-HYDROCORT | | |
| Oxytocics | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| METHYLERGONOVINE MALEATE | METHERGINE | | |
| Passive Immunizing Agents | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| RHO(D) IMMUNE GLOBULIN | RHOGAM PLUS | SP | |
| RHO(D) IMMUNE GLOBULIN/MALTOSE | WINRHO SDF | SP | |
| Peptic Ulcer Therapy | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| CIMETIDINE | HEARTBURN RELIEF | | |
| CIMETIDINE HCL | CIMETIDINE | | |
| FAMOTIDINE | PEPCID | | |
| LANSOPRAZOLE | PREVACID 24HR | ST | Must have tried and failed three consecutive fills of Omeprazole in the past 90 days |
| MISOPROSTOL | CYTOTEC | | |
| OMEPRAZOLE | OMEPRAZOLE | QL | |
| PANTOPRAZOLE SODIUM | PANTOPRAZOLE SODIUM | ST | Must have tried and failed Omeprazole and Lansoprazole in the past 90 days |
| RANITIDINE HCL | RANITIDINE HCL | | |
| SUCRALFATE | SUCRALFATE | | |
| Phosphate Binders | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| CALCIUM ACETATE | CALCIUM ACETATE | | |
| SEVELAMER CARBONATE | REVELA | PA | |
| Platelet Aggregation Inhibitors & Combinations | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| CILOSTAZOL | CILOSTAZOL | | |
| CLOPIDOGREL BISULFATE | PLAVIX | | |
| DIPYRIDAMOLE | DIPYRIDAMOLE | | |
| Posterior Pituitary Hormones | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| DESMOPRESSIN ACETATE | DDAVP | QL | |

2013 Meridian Health Plan Medicaid Formulary

| Progestins | | | |
|---|--------------------------------|-------------|---|
| Generic Name | Common Name | Drug Status | Criteria |
| HYDROXYPROGESTERONE CAPROATE | HYDROXYPROGESTERONE CAPROATE | | |
| MEDROXYPROGESTERONE ACETATE | DEPO-PROVERA | | |
| NORETHINDRONE ACETATE | NORETHINDRONE ACETATE | QL | |
| Prostatic Hypertrophy Agents | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| FINASTERIDE | PROSCAR | 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 |
| CODEINE/PROMETHAZINE HCL | PROMETHAZINE-CODEINE | | |
| DEXTROMETHORPHAN HBR/ PROMETHAZINE HCL | PROMETHAZINE-DM | | |
| GUAIFENESIN/CODEINE PHOSPHATE | GUAIFENESIN-CODEINE | | |
| PHENYLEPHRINE HCL/CODEINE/ PROMETHAZINE | PROMETHAZINE VC-CODEINE | | |
| PHENYLEPHRINE HCL/ PROMETHAZINE HCL | PROMETHAZINE VC | | |
| PSEUDOEPHEDRINE HCL/ CHLORPHENIRAMINE MALEATE | PSEUDOEPHEDRINE-CHLORPHENIRAMI | | |
| Sedative-Hypnotics | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| ESTAZOLAM | ESTAZOLAM | | |
| FLURAZEPAM HCL | FLURAZEPAM HCL | | |
| LORAZEPAM | LORAZEPAM | | |
| MIDAZOLAM HCL | MIDAZOLAM HCL | | |
| PHENOBARBITAL | PHENOBARBITAL | | |
| PHENOBARBITAL SODIUM | PHENOBARBITAL SODIUM | | |
| TEMAZEPAM | TEMAZEPAM | | |
| TRIAZOLAM | TRIAZOLAM | | |
| ZALEPLON | ZALEPLON | QL | |
| ZOLPIDEM TARTRATE | AMBIEN | QL,PA | |
| Smoking Deterrents and Combinations | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| BUPROPION HCL | BUPROBAN | | |
| VARENICLINE TARTRATE | CHANTIX | ST | Limited to 90 days therapy per rolling 365 days; Must have 6 months prior therapy with topical nicotine patches along with either nicotine polacrilex gum or lozenges |

2013 Meridian Health Plan Medicaid Formulary

| Systemic Sympathomimetic Decongestants | | | |
|--|-------------------------------|-------------|---|
| Generic Name | Common Name | Drug Status | Criteria |
| PSEUDOEPHEDRINE HCL | SUDOGEST | QL | |
| Thyroid Therapy | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| LEVOTHYROXINE SODIUM | SYNTHROID | | |
| METHIMAZOLE | METHIMAZOLE | | |
| PROPYLTHIOURACIL | PROPYLTHIOURACIL | | |
| THYROID,PORK | ARMOUR THYROID | | |
| Urinary Analgesics | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| PHENAZOPYRIDINE HCL | PYRIDIUM | | |
| Urinary Anti-infectives | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| METHENAMINE HIPPURATE | HIPREX | | |
| NITROFURANTOIN MACROCRYSTAL | NITROFURANTOIN | | |
| NITROFURANTOIN MONOHYDRATE/ MACROCRYSTALS | MACROBID | | |
| Urinary Antispasmodics | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| FLAVOXATE HCL | FLAVOXATE HCL | | |
| OXYBUTYNIN CHLORIDE | OXYBUTYNIN CHLORIDE ER | | |
| TOLTERODINE TARTRATE | DETROL LA | QL,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 | CLEOCIN | | |
| METRONIDAZOLE | VANDAZOLE | | |
| MICONAZOLE NITRATE | MICONAZOLE 3 | | |
| NYSTATIN | NYSTATIN | | |
| TERCONAZOLE | TERAZOL 3 | | |
| Vitamin Combinations | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| FLUORIDE/IRON/VITAMINS A,C,AND D | TRI-VIT WITH FLUORIDE-IRON | | |
| MULTIVITAMINS WITH FLUORIDE | MULTIVITAMINS WITH FLUORIDE | | |
| MULTIVITAMINS WITH IRON & FLUORIDE | MULTIVITAMINS W-FLUORIDE-IRON | | |

2013 Meridian Health Plan Medicaid Formulary

| Vitamin Combinations | | | |
|---|-----------------------------|-------------|----------|
| Generic Name | Common Name | Drug Status | Criteria |
| PEDIATRIC MULTIVITAMINS A,C,& D3 NO.21 WITH SODIUM FLUORIDE | TRI-VITAMIN WITH FLUORIDE | | |
| PEDIATRIC MULTIVITAMINS NO.16 WITH SODIUM FLUORIDE | MULTIVITAMINS WITH FLUORIDE | | |
| PEDIATRIC MULTIVITAMINS NO.17 WITH SODIUM FLUORIDE | MULTIVITAMINS WITH FLUORIDE | | |
| PRENATAL VITAMIN 27 WITH CALCIUM/FERROUS FUMARATE/FOLIC ACID | TRINATAL RX 1 | QL | |
| PRENATAL VITAMIN NO.15/IRON, CARBONYL/FOLIC ACID/DOCUSATE SOD | TRIADVANCE | QL | |
| PRENATAL VITAMIN NO.18/IRON, CARBONYL/FOLIC ACID/DOCUSATE SOD | VINATE ULTRA | QL | |
| PRENATAL VITAMINS COMB NO.71/FERROUS FUMARATE/FOLIC ACID | VOL-PLUS | QL | |
| PRENATAL VITAMINS COMB NO.72/FERROUS FUMARATE/FOLIC ACID | PRENATAL PLUS | QL | |
| PRENATAL VITAMINS COMB NO.74/FERROUS FUMARATE/FOLIC ACID | PRENATAL LOW IRON | QL | |
| PRENATAL VITAMINS COMBO NO.14/FERROUS FUMARATE/FOLIC ACID | NATACHEW | QL | |
| PRENATAL WITHOUT IRON/FOLIC ACID/CALCIUM CARB/PYRIDOXINE/B12 | TRIMESIS RX | QL | |
| Vitamins | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| CALCITRIOL | CALCITRIOL | | |
| CYANOCOBALAMIN (VITAMIN B-12) | CYANOCOBALAMIN INJECTION | | |
| ERGOCALCIFEROL (VITAMIN D2) | DRISDOL | QL | |
| FOLIC ACID | FOLIC ACID | | |

2013 Meridian Health Plan Medicaid OTC Formulary

| 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 | NORTEMP | QL | |
| ASPIRIN | ECOTRIN | | |
| ASPIRIN/CALCIUM CARBONATE/ MAGNESIUM | TRI-BUFFERED ASPIRIN | | |
| IBUPROFEN | CHILDREN'S IBUPROFEN | QL | |
| Anorectal - Hemorrhoidal Single Agents Other | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| PHENYLEPHRINE HCL | HEMORRHOIDAL | | |
| Anorectal - Local Anesthetics | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| DIBUCAINE | NUPERCAINAL | | |
| Antacids and Combinations | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| ALUMINUM HYDROXIDE | ALUMINUM HYDROXIDE | | |
| CALCIUM CARBONATE | CALCIUM ANTACID | | |
| MAGNESIUM HYDROXIDE/ALUMINUM HYDROXIDE/SIMETHICONE | MAALOX ADVANCED | | |
| SODIUM BICARBONATE | SODIUM BICARBONATE | | |
| Antidiarrheals | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| BISMUTH SUBSALICYLATE | KAOPECTATE | | |
| KAOLIN/PECTIN | KAOLIN PECTIN | | |
| LOPERAMIDE HCL | ANTI-DIARRHEAL | | |
| Antiemetics | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| DIMENHYDRINATE | WAL-DRAM | | |
| MECLIZINE HCL | MECLIZINE HCL | | |
| Antihistamines | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| CETIRIZINE HCL | CETIRIZINE HCL | | |
| CHLORPHENIRAMINE MALEATE | ALLERGY | | |
| CLEMASTINE FUMARATE | CLEMASTINE FUMARATE | | |
| DIPHENHYDRAMINE HCL | ALLERGY RELIEF | | |
| LORATADINE | CHILDREN'S CLEAR-ATADINE | | |
| Antiseptic - Alcohols | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| ALCOHOL ANTISEPTIC PADS | ALCOHOL PREP PADS | | |

2013 Meridian Health Plan Medicaid OTC Formulary

| Antitussives | | | |
|--|-------------------------|-------------|----------|
| Generic Name | Common Name | Drug Status | Criteria |
| DEXTROMETHORPHAN HBR | WAL-TUSSIN | | |
| Artificial Tears and Lubricants | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| DEXTRAN 70/HYPROMELLOSE | AKWA TEARS RENEWED | | |
| HYPROMELLOSE | NATURE'S TEARS | | |
| LANOLIN/MINERAL OIL/PETROLATUM, WHITE | AKWA TEARS | | |
| MINERAL OIL/PETROLATUM, WHITE | ARTIFICIAL TEARS | | |
| POLYVINYL ALCOHOL | ARTIFICIAL TEARS | | |
| POLYVINYL ALCOHOL/POVIDONE | ARTIFICIAL TEARS | | |
| Contact Lens Preparations | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| SODIUM CHLORIDE | SALINE WOUND WASH | | |
| Contraceptives Intravaginal | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| NONOXYNOL 9 | GYNOL II | | |
| Dental-Periodontal Products | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| STANNOUS FLUORIDE | GEL-KAM | | |
| Dermatological - Anti-infectives | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| BACITRACIN | BACITRACIN | | |
| BACITRACIN ZINC | BACITRACIN ZINC | | |
| BACITRACIN/POLYMYXIN B SULFATE | BACITRACIN-POLYMYXIN | | |
| CLOTRIMAZOLE | DESENEX | | |
| DOCOSANOL | ABREVA | | |
| MICONAZOLE NITRATE | ANTIFUNGAL CREAM | | |
| NEOMYCIN SULFATE/BACITRACIN ZINC/POLYMYXIN B | TRIPLE ANTIBIOTIC | | |
| POVIDONE-IODINE | POVIDONE-IODINE | | |
| TERBINAFINE HCL | DESENEX | | |
| TOLNAFTATE | LAMISIL AF DEFENSE | | |
| Dermatological - Antiparasitics and Combinations | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| PERMETHRIN | LICE BEDDING | | |
| PIPERONYL BUTOXIDE/PYRETHRINS | LICE KILLING | | |
| PIPERONYL BUTOXIDE/PYRETHRINS/ PERMETHRIN | COMPLETE LICE TREATMENT | | |
| Dermatological - Emollients and Combinations | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| AMMONIUM LACTATE | AMMONIUM LACTATE | | |
| MINERAL OIL/PETROLATUM, WHITE | MINERIN | | |
| VITAMINS A AND D | VITAMIN A & D | | |

2013 Meridian Health Plan Medicaid OTC Formulary

| Dermatological - Glucocorticoids and Combinations | | | |
|---|--------------------------|-------------|----------|
| Generic Name | Common Name | Drug Status | Criteria |
| HYDROCORTISONE | ANTI-ITCH | | |
| HYDROCORTISONE ACETATE | HYDROCORTISONE ACETATE | | |
| HYDROCORTISONE ACETATE/ALOE VERA | HYDROCORTISONE WITH ALOE | | |
| HYDROCORTISONE/ALOE VERA | HYDROCORTISONE PLUS | | |
| Dermatological - Irritants-Counter-Irritants | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| CAPSAICIN | MUSCLE RELIEF | | |
| 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 | ANTI-DANDRUFF | | |
| Dermatological - Protectants and Combinations | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| DIMETHICONE | PROSHIELD PLUS | | |
| DIMETHICONE/ZINC OXIDE | BAZA PROTECT | | |
| Dermatological - Topical Local Anesthetics and Combinations | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| DIBUCAINE | DIBUCAINE | | |
| LIDOCAINE | LMX 4 | | |
| Diabetic Therapy | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| DEXTROSE | INSTA-GLUCOSE | | |
| INSULIN REGULAR, HUMAN | HUMULIN R | QL | |
| NPH, HUMAN INSULIN ISOPHANE | HUMULIN N | QL | |
| NPH, HUMAN INSULIN ISOPHANE/ INSULIN REGULAR, HUMAN | HUMULIN 70-30 | QL | |
| Diagnostic Test Reagents | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| BLOOD SUGAR DIAGNOSTIC | CONTOUR | | |
| URINE ACETONE TEST,STRIPS | KETOSTIX REAGENT | | |
| Digestive Aids | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| LACTASE | LACTRASE | | |
| Expectorants | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| GUAIFENESIN | EXPECTORANT | | |
| Gastrointestinal Antiflatulents and Combinations | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| SIMETHICONE | GAS-X | | |

2013 Meridian Health Plan Medicaid OTC Formulary

| Irrigation Solutions | | | |
|---|--------------------------|-------------|----------|
| Generic Name | Common Name | Drug Status | Criteria |
| SODIUM CHLORIDE | SODIUM CHLORIDE | | |
| Laxatives | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| BISACODYL | GENTLE LAXATIVE | | |
| DOCUSATE CALCIUM | KAOPECTATE | | |
| DOCUSATE SODIUM | STOOL SOFTENER | | |
| GLYCERIN | PEDIA-LAX | | |
| MAGNESIUM HYDROXIDE | EX-LAX MILK OF MAGNESIA | | |
| METHYLCELLULOSE | CITRUCEL | | |
| METHYLCELLULOSE (WITH SUGAR) | CITRUCEL | | |
| POLYETHYLENE GLYCOL 3350 | SMOOTHLAX | | |
| PSYLLIUM HUSK/ASPARTAME | WAL-MUCIL | | |
| PSYLLIUM SEED | FIBER THERAPY | | |
| PSYLLIUM SEED (WITH DEXTROSE) | KONSYL-D | | |
| PSYLLIUM SEED (WITH SUGAR) | KONSYL | | |
| PSYLLIUM SEED/ASPARTAME | NATURAL FIBER | | |
| SENNA LEAF EXTRACT | SENNA | | |
| SENNOSIDES | SELEXON | | |
| 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 | LANCETS | | |
| LANCING DEVICE/LANCETS | ADVANCED LANCING DEVICE | | |
| NEEDLES, INSULIN DISPOSABLE | ADVOCATE PEN NEEDLES | | |
| SYRING W-NDL, DISP, INSUL, 0.5ML/CONTAINER, EMPTY | ULTICARE | | |
| SYRING W-O NDL, DISP, INSUL, 1ML | 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 | INSULIN SYRINGE | | |
| SYRINGE WITH NEEDLE, INSULIN DISPOSABLE, 0.3 ML | INSULIN SYRINGE | | |
| SYRINGE WITH NEEDLE, INSULIN DISPOSABLE, 0.5 ML | INSULIN SYRINGE | | |
| SYRINGE, NEEDLE, INSULIN, SAFETY, DISPOSAL UNIT, 1 ML | SAFESNAP INSULIN SYRINGE | | |

2013 Meridian Health Plan Medicaid OTC Formulary

| 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 | CALCI-CHEW | | |
| CALCIUM CARBONATE/ CHOLECALCIFEROL (VITAMIN D3) | OS-CAL 500+D | | |
| CALCIUM CARBONATE/ ERGOCALCIFEROL (VITAMIN D2) | OYSTER SHELL CALCIUM W- VIT D | | |
| ELECTROLYTE,ORAL | PEDIATRIC ELECTROLYTE | | |
| FERROUS GLUCONATE | FERROUS GLUCONATE | | |
| FERROUS SULFATE | FER-IN-SOL | | |
| IRON POLYSACCHARIDES COMPLEX | NU-IRON 150 | | |
| MAGNESIUM | MAGNESIUM | | |
| MAGNESIUM OXIDE | MAGNESIUM OXIDE | | |
| ZINC SULFATE | ZINC SULFATE | | |
| Nasal Preparations | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| CROMOLYN SODIUM | NASAL ALLERGY SPRAY | | |
| SODIUM CHLORIDE | AYR SALINE | | |
| Ophthalmic - Decongestants and Combinations | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| NAPHAZOLINE HCL/PHENIRAMINE MALEATE | OPCON-A | | |
| Ophthalmic - Hyperosmolar Agents | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| SODIUM CHLORIDE | SODIUM CHLORIDE | | |
| Otic - Wax Removers-Softeners | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| CARBAMIDE PEROXIDE | DEBROX | | |
| Peptic Ulcer Therapy | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| CIMETIDINE | CIMETIDINE | | |
| FAMOTIDINE | ACID REDUCER | | |
| OMEPRAZOLE | OMEPRAZOLE | | |
| OMEPRAZOLE MAGNESIUM | PRILOSEC OTC | | |
| RANITIDINE HCL | ACID REDUCER | | |
| Pharmaceutical Adjuvants | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| METHYLCELLULOSE | METHYLCELLULOSE | | |
| SODIUM CHLORIDE FOR INHALATION | SODIUM CHLORIDE | | |

2013 Meridian Health Plan Medicaid OTC Formulary

| Respiratory Combinations | | | |
|---|----------------------------------|-------------|----------|
| Generic Name | Common Name | Drug Status | Criteria |
| GUAIFENESIN/CODEINE PHOSPHATE | GUAIFENESIN-CODEINE | | |
| GUAIFENESIN/ DEXTROMETHORPHAN HBR | TUSSIN DM | | |
| GUAIFENESIN/ DEXTROMETHORPHAN HBR/ PSEUDOEPHEDRINE | TUSSIN CF | | |
| PSEUDOEPHEDRINE HCL/ TRIPROLIDINE HCL | NASAL DECONGESTANT | | |
| Sedative-Hypnotics | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| DIPHENHYDRAMINE HCL | WAL-SOM | | |
| Smoking Deterrents and Combinations | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| NICOTINE | NICOTINE PATCH | QL | |
| NICOTINE POLACRILEX | THRIVE NICOTINE | QL | |
| Systemic Sympathomimetic Decongestants | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| PSEUDOEPHEDRINE HCL | NEXAFED | QL | |
| Vaginal Anti-infectives | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| CLOTRIMAZOLE | GYNE-LOTRIMIN | | |
| MICONAZOLE NITRATE | MICONAZOLE 7 | | |
| Vitamin Combinations | | | |
| Generic Name | Common Name | Drug Status | Criteria |
| B COMPLEX WITH VITAMIN C | VITAMIN B-COMPLEX WITH VIT C | | |
| FOLIC ACID/VITAMIN B COMPLEX & C/ RICE BRAN | VITAMIN B-COMPLEX WITH VIT C | | |
| MULTIVITAMIN | POLY-VITAMIN | | |
| MULTIVITAMIN WITH IRON AND OTHER MINERALS | CHILDREN'S MULTIVIT- MINERALS | | |
| MULTIVITAMIN WITH MINERALS | ONE DAILY ENERGY | | |
| MULTIVITAMINS WITH IRON | MULTIVITAMINS WITH IRON | | |
| MULTIVITS,STRESS FORMULA | STRESS 500 | | |
| PEDIATRIC MULTIVITAMINS A,C,& D3 NO.21 | TRI-VITAMIN | | |
| PRENATAL VITAMINS COMB NO.21/ IRON/FOLIC ACID | PRENATAL COMPLETE | QL | |
| PRENATAL VITAMINS COMB NO.59/ FERROUS SULFATE/FOLIC ACID/DHA | PRENATAL PLUS DHA | QL | |
| PRENATAL VITAMINS/FERROUS FUMARATE/FOLIC ACID | PRENATAL VITAMINS | QL | |
| PRENATAL VITS W-CA,FE,FA(<1MG) | PRENATAL FORMULA | QL | |
| VITAMIN B COMPLEX | BALANCED B-50 | | |

2013 Meridian Health Plan Medicaid OTC Formulary

| Vitamins | | | |
|------------------------------|-------------|-------------|----------|
| Generic Name | Common Name | Drug Status | Criteria |
| CHOLECALCIFEROL (VITAMIN D3) | D-VI-SOL | | |
| CYANOCOBALAMIN/COBAMAMIDE | B-12 | | |
| ERGOCALCIFEROL (VITAMIN D2) | DRISDOL | | |
| FOLIC ACID | FOLIC ACID | | |
| NIACIN | SLO-NIACIN | | |
| PYRIDOXINE HCL | VITAMIN B-6 | | |
| THIAMINE HCL | VITAMIN B-1 | | |
| VITAMIN A | VITAMIN A | | |