



**L.A. Care**  
*Medi-Cal*

# L.A. Care Health Plan

## *Medi-Cal Dual Formulary*



Formulary is subject to change. All previous versions of the formulary are no longer in effect. You can view the most current drug list by going to our website at <http://www.lacare.org/members/getting-care/pharmacy-services>

For more details on available health care services, visit our website:  
<http://www.lacare.org/members/welcome-la-care/member-documents/medi-cal>

# L.A. Care Medi-Cal Dual Formulary

## INTRODUCTION

### Foreword

The L.A. Care Medi-Cal Dual formulary is a preferred list of covered drugs, approved by the L.A. Care Health Plan Pharmacy Quality Oversight Committee. This formulary applies only to outpatient drugs and self-administered drugs not covered by your Medicare Prescription Drug Benefit. It does not apply to medications used in the inpatient setting or medical offices.

The formulary is a continually reviewed and revised list of preferred drugs based on safety, clinical efficacy, and cost-effectiveness. The formulary is updated monthly, updated documents are available online at: <http://www.lacare.org>.

This drug listing is for L.A. Care Medi-Cal Dual members who also have a Medicare plan outside of L.A. Care.

### How to Use the Formulary

The formulary drug listing begins on Page 4. Drugs available in generic formulations are listed by their generic names and its most common proprietary (branded) name is capitalized next to the generic name in parenthesis. Drugs that are only available in brand name formulations are listed in ALL CAPITAL letters.

The formulary can be searched by using the "Ctrl + F" function or the index. Drugs can be searched by the generic name, proprietary name, or therapeutic drug category.

### Generic and Brand Name Medications

L.A. Care's Medi-Cal Dual Plan covers generic and brand name drugs. However, when available, FDA approved generic drugs are to be used in all situations, regardless of the availability of a brand. Generic drugs generally cost less than brand name drugs. All drugs that are or become available generically are subject to review by L.A. Care's Pharmacy Quality Oversight Committee.

A prescriber may request a brand name product in lieu of an approved generic, if the prescriber determines that there is a documented medical need for the brand equivalent. This type of request for coverage may be made using the 'Medication Request Process' described on Page 3.

### Non-Formulary Medications

Any drug not found in this formulary listing published by L.A. Care Health Plan shall be considered a non-formulary drug. If a drug is not found on this formulary it is possible that the drug would be covered through your Medicare Prescription Drug Benefit. If not, a prescriber may request an exception to coverage for a non-formulary drug if the prescriber determines that there is a documented medical need. This type of request for coverage may be made using the 'Medication Request Process' described on Page 3.

### Benefit Coverage and Limitations

This printed formulary does not provide information regarding the specific coverage and limitations an individual may have. The individual may have specific benefit inclusions, exclusions, and/or cost share which are not reflected in the formulary.

The formulary applies only to outpatient drugs provided to members, and does not apply to medications used in inpatient settings. Any specific questions regarding their coverage should be directed to L.A. Care Health Plan Member Services at 1-888-839-9909 (TTY: 711).

## Restrictions on Medication Coverage

Certain covered drugs may have additional requirements or limits on coverage. These are denoted throughout the document using the following symbols:

Symbol	Restriction	Description
NC	Not Covered	Drug that is non-formulary and will not be paid for by the plan without prior approval/prior authorization
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
OTC	Over the Counter	Coverage of OTC medication
RS	Restricted to Specialist	Coverage may be dependent on the specialty of the prescribing physician
PA	Prior Authorization	Requires specific physician request process
SMKG	Smoking Cessation	Coverage for the treatment of smoking cessation drugs, which may have specific restrictions
ST	Step Therapy	Coverage may require one or more "prerequisite" first step drugs to be tried before progressing to the second step drug

Please refer to the formulary listing beginning on Page 4 for details regarding specific agents.

## Medication Request Process

### Formulary Agents

- A. Prior Authorization (PA): These drugs require approval prior to being dispensed at a network pharmacy. Requests are reviewed with specific Prior Authorization guidelines. Each request will be reviewed on individual patient need. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved and alternative therapy may be recommended.
- B. Quantity Limits (QL): These drugs have quantity limits. If quantities exceeding the limit are necessary, an exception to coverage may be requested by the prescriber. Each request will be reviewed on individual patient need. Approval will be given if a documented medical need exists without compromising safety.
- C. Step Therapy (ST): These drugs require one or more first step drugs to be tried before progressing to the second step drug. If there is a medical need to use a second step drug without trying a first step drug, an exception to coverage may be requested by the prescriber. Each request will be reviewed on an individual patient need. Approval will be given if a documented medical need exists.

### Non-Formulary Agents

- A. Any drug not found on this list is considered non-formulary. Coverage for non-formulary agents may be requested by the prescriber. Each request will be reviewed on individual patient need. Approval will be given if a documented medical need exists.
- B. The 'Medication Request Process' is generally not available for drugs that are specifically excluded by benefit design. For benefit exclusions refer to the 'General Exclusions' section below.

Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity.

## General Benefit Exclusions (Not Covered)

Please note that this list is subject to change.

- A. Drugs specifically listed as not covered
- B. Any drug products used for cosmetic purposes
- C. Infertility agents
- D. Drugs used for erectile dysfunction
- E. Experimental drug products, or any drug product used in an experimental manner
- F. Non self-administered injectable drug products are not covered unless otherwise specified in the formulary listing
- G. Foreign drugs or drugs not approved by the United States Food & Drug Administration

## Pharmacist and Physician Feedback

The formulary is a tool to promote cost-effective prescription drug use. L.A. Care has made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this a formidable task. L.A. Care welcomes the participation of physicians, pharmacists, and ancillary medical providers, in this dynamic process. Physicians and pharmacists are highly encouraged to direct any suggestions or comments to L.A. Care via e-mail to [PharmacyandFormulary@lacare.org](mailto:PharmacyandFormulary@lacare.org).

**Search Tip:**

This is a large document, but you can search quickly and easily by clicking on the binocular icon on your toolbar. It will then display a search box for you to type in the name of the drug you want to locate. If you do not know the correct spelling, you can start your search by entering just the first few letters of the name.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
acetaminophen cap	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen drops	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen elixir	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen ER tab	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen liquid	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen supp	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen tab	OTC	F	ANALGESICS - NONNARCOTIC
ALUMINUM HYDROXIDE GEL SUSP.	OTC	F	ANTACIDS
ammonium lactate cream (Coverage includes OTC only)	OTC	F	DERMATOLOGICALS
ammonium lactate lotion (Coverage includes OTC only)	OTC	F	DERMATOLOGICALS
analgesic balm	OTC	F	DERMATOLOGICALS
antacid chew tab	OTC	F	ANTACIDS
anti-nausea soln. (EMETROL equiv)	OTC	F	ANTIEMETICS
anumed supp	OTC	F	ANORECTAL AGENTS
artificial tears ophth soln.	OTC	F	OPHTHALMIC AGENTS
ARMOUR THYROID TAB, NATURE THROID TAB	-	F	THYROID AGENTS
artificial tears ophth oint.	OTC	F	OPHTHALMIC AGENTS
artificial tears ophth soln.	OTC	F	OPHTHALMIC AGENTS
ascorbic acid cap	OTC	F	VITAMINS
ascorbic acid chew tab	OTC	F	VITAMINS
ascorbic acid ER tab	OTC	F	VITAMINS
ascorbic acid tab	OTC	F	VITAMINS
aspirin chew tab	OTC	F	ANALGESICS - NONNARCOTIC
aspirin EC tab	OTC	F	ANALGESICS - NONNARCOTIC
aspirin tab	OTC	F	ANALGESICS - NONNARCOTIC
ASSURE LANCET LOW FLOW 25 GAUGE - BOX 100 (Limited to LTC Pharmacies)	OTC	F	MEDICAL DEVICES AND SUPPLIES
ASSURE LANCET MICRO FLOW 28 GAUGE - BOX 100 (Limited to LTC Pharmacies)	OTC	F	MEDICAL DEVICES AND SUPPLIES
ASSURE LANCETS (Limited to LTC Pharmacies)	OTC	F	MEDICAL DEVICES AND SUPPLIES
ASSURE PLATINUM TEST STRIP (Limited to LTC Pharmacies)	OTC	F	DIAGNOSTIC PRODUCTS
ASSURE PLATINUM TEST STRIP - BOX 100 (Limited to LTC Pharmacies)	OTC	F	DIAGNOSTIC PRODUCTS
ASSURE PLATINUM TEST STRIP - BOX 50 (Limited to LTC Pharmacies)	OTC	F	DIAGNOSTIC PRODUCTS
ASSURE PRISM MULTI TEST STRIP (Limited to LTC Pharmacies)	OTC	F	DIAGNOSTIC PRODUCTS
atropine ophth oint	-	F	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	F	OPHTHALMIC AGENTS
bacitracin oint.	OTC	F	DERMATOLOGICALS
bacitracin/polymyxin b oint	OTC	F	DERMATOLOGICALS
bacitracin/zinc oint.	OTC	F	DERMATOLOGICALS
b-complex/vitamin c/folic acid cap (NEPHROCAP equiv)	-	F	MULTIVITAMINS
b-complex/vitamin c/folic acid tab (NEPHRO-VITE equiv)	OTC	F	MULTIVITAMINS
BELLADONNA ALKALOID/OPIUM SUPP	-	F	ULCER DRUGS
BELVIQ TAB (QL = 2 tab/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

OTC **NC** =Not Covered  
ST Over-the-Counter  
Step Therapy

PA

**generic** =small letters  
Prior Authorization

QL

**BRANDS** =CAPITAL LETTERS  
Quantity Limit

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
BELVIQ XR TAB (QL= 1 tab/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
benzocaine/menthol lozenge	OTC	F	MOUTH/THROAT/DENTAL AGENTS
benzonatate cap (TESSALON PERLES equiv)	-	F	COUGH/COLD/ALLERGY
benzoyl peroxide cream (QL = 30 gm/30 day)	OTC-QL	F	DERMATOLOGICALS
benzoyl peroxide gel (BREVOXYL equiv) (Coverage includes OTC only; QL = 90 gm/30 day)	OTC-QL	F	DERMATOLOGICALS
BENZOYL PEROXIDE GEL 2.5% (QL= 1 tube/30 days)	OTC-QL	F	DERMATOLOGICALS
benzoyl peroxide liquid (BENZAC AC equiv) (Coverage includes OTC only; QL = 237 ml/30 day)	OTC-QL	F	DERMATOLOGICALS
benzoyl peroxide lotion (Coverage includes OTC only; QL = 340.2ml/30 day)	OTC-QL	F	DERMATOLOGICALS
BISACODYL ENEMA	OTC	F	LAXATIVES
bisacodyl supp.	OTC	F	LAXATIVES
bisacodyl tab	OTC	F	LAXATIVES
bismuth subsalicylate chew tab	OTC	F	ANTIDIARRHEALS
bismuth subsalicylate susp.	OTC	F	ANTIDIARRHEALS
bismuth subsalicylate tab	OTC	F	ANTIDIARRHEALS
brompheniramine/phenylephrine elixir	OTC	F	COUGH/COLD/ALLERGY
BROMPHENIRAMINE/PHENYLEPHRINE TAB	OTC	F	COUGH/COLD/ALLERGY
brompheniramine/pseudoephedrine liquid	OTC	F	COUGH/COLD/ALLERGY
BROTAPP DM LIQUID	OTC	F	COUGH/COLD/ALLERGY
CALAMINE LOTION	OTC	F	DERMATOLOGICALS
calcium and phosphorus w/vitamin D tab	OTC	F	MINERALS & ELECTROLYTES
calcium carbonate chew tab	OTC	F	ANTACIDS
calcium carbonate susp	OTC	F	ANTACIDS
calcium carbonate tab	OTC	F	MINERALS & ELECTROLYTES
calcium carbonate w/ vitamin d cap	OTC	F	MINERALS & ELECTROLYTES
CALCIUM CARBONATE W/ VITAMIN D CHEW TAB	OTC	F	MINERALS & ELECTROLYTES
calcium carbonate w/ vitamin d tab	OTC	F	MINERALS & ELECTROLYTES
calcium carbonate w/ vitamind D tab	OTC	F	MINERALS & ELECTROLYTES
calcium citrate tab	OTC	F	MINERALS & ELECTROLYTES
calcium citrate w/ vitamin d tab	OTC	F	MINERALS & ELECTROLYTES
CALCIUM GLUCONATE TAB	OTC	F	MINERALS & ELECTROLYTES
calcium polycarbophil tab	OTC	F	LAXATIVES
carbamide peroxide otic drop	OTC	F	OTIC AGENTS
CATHFLO ACTIVASE INJ 2MG	-	F	HEMATOLOGICAL AGENTS - MISC.
cetirizine chew tab (ZYRTEC equiv) (QL = 1 tab/day)	OTC-QL	F	ANTIHISTAMINES
cetirizine syrup (ZYRTEC equiv) (Coverage includes OTC only)	OTC	F	ANTIHISTAMINES
cetirizine tab (ZYRTEC equiv) (QL = 1 tab/day)	OTC-QL	F	ANTIHISTAMINES
cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv) (QL = 1 tab/day)	OTC-QL	F	COUGH/COLD/ALLERGY
chlorhexidine gluconate liquid	OTC	F	ANTISEPTICS & DISINFECTANTS
chlorpheniramine CR tab	OTC	F	ANTIHISTAMINES
chlorpheniramine syrup	OTC	F	ANTIHISTAMINES
chlorpheniramine tab	OTC	F	ANTIHISTAMINES
chlorpheniramine/phenylephrine liquid	OTC	F	COUGH/COLD/ALLERGY
chlorpheniramine/phenylephrine tab	OTC	F	COUGH/COLD/ALLERGY
chlorpheniramine/pseudoephedrine tab	OTC	F	COUGH/COLD/ALLERGY
cholecalciferol cap	OTC	F	VITAMINS
cholecalciferol oral soln.	OTC	F	VITAMINS
cholecalciferol tab	OTC	F	VITAMINS

OTC	<b>NC</b> =Not Covered	PA	<b>generic</b> =small letters	QL	<b>BRANDS</b> =CAPITAL LETTERS
ST	Over-the-Counter		Prior Authorization		Quantity Limit
	Step Therapy				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
CHROMAGEN TAB	-	F	HEMATOPOIETIC AGENTS
clemastine tab (TAVIST equiv) (Coverage includes OTC only)	OTC	F	ANTIHISTAMINES
clotrimazole cream (Coverage includes OTC only)	OTC	F	DERMATOLOGICALS
clotrimazole vaginal cream	OTC	F	VAGINAL PRODUCTS
CONCEPTROL GEL	OTC	F	VAGINAL PRODUCTS
CONTRACEPTIVE FILM	OTC	F	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	F	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	F	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	F	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	F	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	F	VAGINAL PRODUCTS
CONTRAIVE TAB (QL= 4 tabs/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
cromolyn nasal soln. (NASALCROM equiv)	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
cyanocobalamine ER tab	OTC	F	HEMATOPOIETIC AGENTS
cyanocobalamine inj.	-	F	HEMATOPOIETIC AGENTS
cyanocobalamine lozenge	OTC	F	HEMATOPOIETIC AGENTS
cyanocobalamine SL tab	OTC-QL	F	HEMATOPOIETIC AGENTS
cyanocobalamine tab	OTC	F	HEMATOPOIETIC AGENTS
CYCLOMYDRIL OPHTH SOLN	-	F	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	F	OPHTHALMIC AGENTS
dextromethorphan cap	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan syrup	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan/doxylamine soln.	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan/doxylamine/acetaminophen liquid	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan/phenylephrine/acetaminophen cap	OTC	F	COUGH/COLD/ALLERGY
dimenhydrinate tab	OTC	F	ANTIEMETICS
diphenhydramine (sleep) tab	OTC	F	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
diphenhydramine cap (BENADRYL equiv) (Coverage includes OTC only)	OTC	F	ANTIHISTAMINES
diphenhydramine gel	OTC	F	DERMATOLOGICALS
diphenhydramine liquid	OTC	F	ANTIHISTAMINES
diphenhydramine tab	OTC	F	ANTIHISTAMINES
diphenhydramine/acetaminophen (sleep) tab	OTC	F	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
diphenhydramine/phenylephrine liquid	OTC	F	COUGH/COLD/ALLERGY
diphenhydramine/phenylephrine/acetaminophen liquid	OTC	F	COUGH/COLD/ALLERGY
diphenhydramine/zinc cream	OTC	F	DERMATOLOGICALS
docusate calcium cap	OTC	F	LAXATIVES
docusate sodium cap	OTC	F	LAXATIVES
docusate sodium enema	OTC	F	LAXATIVES
docusate sodium liquid	OTC	F	LAXATIVES
docusate sodium syrup	OTC	F	LAXATIVES
docusate sodium tab	OTC	F	LAXATIVES
doxylamine succinate tab	OTC	F	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
DOXYLAMINE/PHENYLEPHRINE/ACETAMINOPHEN CAP	OTC	F	COUGH/COLD/ALLERGY
ergocalciferol soln.	OTC	F	VITAMINS
ERGOCALCIFEROL TAB	OTC	F	VITAMINS
eye wash soln.	OTC	F	OPHTHALMIC AGENTS
famotidine tab	OTC	F	ULCER DRUGS
FEMALE CONDOM	OTC	F	MEDICAL DEVICES AND SUPPLIES

OTC	<b>NC</b> =Not Covered Over-the-Counter	PA	<b>generic</b> =small letters Prior Authorization	QL	<b>BRANDS</b> =CAPITAL LETTERS Quantity Limit
ST	Step Therapy				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ferocon cap	-	F	HEMATOPOIETIC AGENTS
ferrex 150 forte cap	-	F	HEMATOPOIETIC AGENTS
ferrous gluconate tab	OTC	F	HEMATOPOIETIC AGENTS
ferrous sulfate DR tab	OTC	F	HEMATOPOIETIC AGENTS
ferrous sulfate ER tab	OTC	F	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID	OTC	F	HEMATOPOIETIC AGENTS
ferrous sulfate slow release tab	OTC	F	HEMATOPOIETIC AGENTS
ferrous sulfate soln	OTC	F	HEMATOPOIETIC AGENTS
FERROUS SULFATE SYRUP	OTC	F	HEMATOPOIETIC AGENTS
ferrous sulfate tab	OTC	F	HEMATOPOIETIC AGENTS
FIRST OMEPRAZOLE SUSP	-	F	ULCER DRUGS
FLEET ENEMA	OTC	F	LAXATIVES
folbee tab	-	F	HEMATOPOIETIC AGENTS
FOLIC ACID INJ	-	F	HEMATOPOIETIC AGENTS
folic acid tab	OTC	F	HEMATOPOIETIC AGENTS
GLUCOSE CHEW TAB	OTC	F	ANTIDIABETICS
glucose gel	OTC	F	ANTIDIABETICS
glycerin lotion (Coverage includes OTC only)	OTC	F	DERMATOLOGICALS
glycerin suppository	OTC	F	LAXATIVES
guaifenesin ER tab (MUCINEX equiv)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin liquid	OTC	F	COUGH/COLD/ALLERGY
guaifenesin syrup	OTC	F	COUGH/COLD/ALLERGY
guaifenesin tab	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/codeine phosphate liquid	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/codeine phosphate liquid (TUSSI-ORGANIDIN-S equiv)	OTC	F	COUGH/COLD/ALLERGY
GUAIFENESIN/CODEINE SYRUP	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/dextromethorphan cap	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/dextromethorphan ER tab	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/dextromethorphan liquid	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/dextromethorphan tab	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/pseudoephedrine tab	OTC	F	COUGH/COLD/ALLERGY
HEPARIN LOCK FLUSH IV SOLN	-	F	ANTICOAGULANTS
heparin sodium (porcine) lock flush IV soln	-	F	ANTICOAGULANTS
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	F	OPHTHALMIC AGENTS
hydrocodone/homatropine soln.	-	F	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup	-	F	COUGH/COLD/ALLERGY
hydrocortisone acetate cream	OTC	F	DERMATOLOGICALS
hydrocortisone aloe cream	OTC	F	DERMATOLOGICALS
hydrocortisone cream (Coverage includes OTC only)	OTC	F	DERMATOLOGICALS
hydrocortisone gel	OTC	F	DERMATOLOGICALS
hydrocortisone lotion (Coverage includes OTC only)	OTC	F	DERMATOLOGICALS
hydrocortisone oint (Coverage includes OTC only)	OTC	F	DERMATOLOGICALS
hydrocortisone topical soln. (Coverage includes OTC only)	OTC	F	DERMATOLOGICALS
hydrocortisone/pramoxine rectal cream (ANALPRAM HC equiv)	-	F	ANORECTAL AGENTS
hydrogen peroxide soln	OTC	F	ANTISEPTICS & DISINFECTANTS
hyoscyamine IR/SR tab (SYMAX equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate CR tab (LEVBID equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate elixir	-	F	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN SL equiv)	-	F	ULCER DRUGS

OTC	<b>NC</b> =Not Covered	PA	<b>generic</b> =small letters	QL	<b>BRANDS</b> =CAPITAL LETTERS
ST	Over-the-Counter		Prior Authorization		Quantity Limit
	Step Therapy				

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
hyoscyamine sulfate soln	-	F	ULCER DRUGS
hyoscyamine sulfate tab (LEVSIN equiv)	-	F	ULCER DRUGS
ibuprofen cap	OTC	F	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen chew tab	OTC	F	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen susp (ADVIL, MOTRIN equiv) (Coverage includes OTC only)	OTC	F	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab (Coverage includes OTC only)	OTC	F	ANALGESICS - ANTI-INFLAMMATORY
INFANT FORMULA LIQUID	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
INFANT FORMULA POWDER	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
INJECTAFER INJ	-	F	HEMATOPOIETIC AGENTS
IRON POLYSACCHARIDE/THREONIC ACID/B12/FA CAP	-	F	HEMATOPOIETIC AGENTS
ISOPTO HYOSCINE OPTH SOLN	-	F	OPHTHALMIC AGENTS
KETOSTIX	OTC	F	DIAGNOSTIC PRODUCTS
ketotifen ophth soln (ZADITOR equiv)	OTC	F	OPHTHALMIC AGENTS
KONSYL POWDER	OTC	F	LAXATIVES
KONSYL POWDER PACKET	OTC	F	LAXATIVES
K-PHOS TAB	-	F	MINERALS & ELECTROLYTES
lansoprazole cap (PREVACID equiv) (Coverage includes OTC only. QL = 56 cap/30 day)	OTC-QL	F	ULCER DRUGS
LANSOPRAZOLE SUSP	-	F	ULCER DRUGS
levocarnitine tab	OTC	F	NUTRIENTS
levonorgestrel tab (PLAN B equiv) (Coverage includes OTC only)	OTC	F	CONTRACEPTIVES
LICE B GONE SHAMPOO	OTC	F	DERMATOLOGICALS
lidocaine anorectal cream	OTC	F	ANORECTAL AGENTS
lidocaine gel (XYLOCAINE equiv)	-	F	DERMATOLOGICALS
LIDOCAINE GEL 2%	-	F	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	F	DERMATOLOGICALS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	F	ANORECTAL AGENTS
LOHIST-D LIQUID	OTC	F	COUGH/COLD/ALLERGY
loperamide cap (IMODIUM equiv) (Coverage includes OTC only)	OTC	F	ANTIDIARRHEALS
loperamide liquid	OTC	F	ANTIDIARRHEALS
loperamide tab	OTC	F	ANTIDIARRHEALS
loratadine ODT (CLARITIN equiv) (QL = 1 tab/day)	OTC-QL	F	ANTIHISTAMINES
loratadine syrup (CLARITIN equiv) (QL = 240ml/30 day; Covered for members age 2 through 5 years)	OTC-QL	F	ANTIHISTAMINES
loratadine tab (CLARITIN equiv) (QL = 1 tab/day; Covered for members 2 years and older)	OTC-QL	F	ANTIHISTAMINES
loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv) (QL = 2 tab/day)	OTC-QL	F	COUGH/COLD/ALLERGY
loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv) (QL = 1 tab/day)	OTC-QL	F	COUGH/COLD/ALLERGY
lubricating jelly	OTC	F	DERMATOLOGICALS
magnesium citrate soln.	OTC	F	LAXATIVES
magnesium hydroxide susp.	OTC	F	LAXATIVES
magnesium oxide tab	OTC	F	ANTACIDS
magnesium tab	OTC	F	MINERALS & ELECTROLYTES
magnesium/aluminum hydroxide/simethicone chew tab	OTC	F	ANTACIDS
magnesium/aluminum hydroxide/simethicone susp	OTC	F	ANTACIDS
MALE CONDOMS	OTC	F	MEDICAL DEVICES AND SUPPLIES
MCT OIL	OTC-PA	F	NUTRIENTS
meclizine chew tab (BONINE equiv)	OTC	F	ANTIEMETICS

OTC	<b>NC</b> =Not Covered		<b>generic</b> =small letters		<b>BRANDS</b> =CAPITAL LETTERS
ST	Over-the-Counter Step Therapy	PA	Prior Authorization	QL	Quantity Limit

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
meclizine tab (ANTIVERT equiv) (Coverage includes OTC only)	OTC	F	ANTIEMETICS
MICONAZOLE 3 SUPP 200MG (Coverage includes OTC only)	OTC	F	VAGINAL PRODUCTS
miconazole cream	OTC	F	DERMATOLOGICALS
miconazole nitrate powder	OTC	F	DERMATOLOGICALS
MICONAZOLE NITRATE SOLN.	OTC	F	DERMATOLOGICALS
miconazole oint.	OTC	F	DERMATOLOGICALS
miconazole vaginal cream	OTC	F	VAGINAL PRODUCTS
MICONAZOLE VAGINAL KIT	OTC	F	VAGINAL PRODUCTS
miconazole vaginal supp kit	OTC	F	VAGINAL PRODUCTS
mineral oil (Coverage includes OTC only)	OTC	F	LAXATIVES
mineral oil enema	OTC	F	LAXATIVES
mineral oil/petrolatum cream	OTC	F	DERMATOLOGICALS
mineral oil/petrolatum cream (Coverage includes OTC only)	OTC	F	DERMATOLOGICALS
multigen plus tab	-	F	HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	F	HEMATOPOIETIC AGENTS
multigen/folic acid tab (CHROMAGEN FA equiv)	-	F	HEMATOPOIETIC AGENTS
multiple vitamin tab	OTC	F	MULTIVITAMINS
multivitamin w/ iron chew tab	OTC	F	MULTIVITAMINS
multivitamin w/ iron tab	OTC	F	MULTIVITAMINS
multivitamin/minerals tab (STROVITE equiv)	OTC	F	MULTIVITAMINS
NAPHAZOLINE OPHTH SOLN.	-	F	OPHTHALMIC AGENTS
naphazoline/pheniramine ophth drops	OTC	F	OPHTHALMIC AGENTS
NASACORT OTC NASAL SPRAY (QL = 2 bottle/fill; Coverage includes OTC only)	OTC-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
neomycin/bacitracin/polymyxin b oint	OTC	F	DERMATOLOGICALS
neomycin/bacitracin/polymyxin b/pramoxine oint	OTC	F	DERMATOLOGICALS
neomycin/polymyxin b/pramoxine cream	OTC	F	DERMATOLOGICALS
NEPHRON FA TAB	-	F	HEMATOPOIETIC AGENTS
niacin cap	OTC	F	VITAMINS
niacin CR tab (SLO-NIACIN equiv)	OTC	F	VITAMINS
niacin tab	OTC	F	VITAMINS
NIACIN TR TAB	OTC	F	VITAMINS
niacinamide tab	OTC	F	VITAMINS
nicotine gum (NICORETTE equiv) (Limited to 180 days per plan year)	OTC-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days per plan year)	OTC-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Coverage includes OTC only. Limited to 182 days per plan year)	OTC-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NINJACOF-XG LIQUID	OTC	F	COUGH/COLD/ALLERGY
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	F	THYROID AGENTS
NUTRITIONAL SUPPLEMENT LIQUID	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
NUTRITIONAL SUPPLEMENT POWDER	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
omega-3 fatty acid cap	OTC	F	NUTRIENTS
omeprazole cap (Coverage includes OTC only)	OTC	F	ULCER DRUGS
oxymetazoline nasal spray (AFRIN NASAL equiv)	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
PEDIATRIC COUGH/COLD LIQUID	OTC	F	COUGH/COLD/ALLERGY
pediatric electrolyte soln.	OTC	F	MINERALS & ELECTROLYTES

OTC	<b>NC</b> =Not Covered		<b>generic</b> =small letters		<b>BRANDS</b> =CAPITAL LETTERS
ST	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
	Step Therapy				

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
pediatric multiple vitamin ACD/fluoride soln.	-	F	MULTIVITAMINS
pediatric multiple vitamin ACD/fluoride/iron drops	-	F	MULTIVITAMINS
pediatric multiple vitamin/fluoride chew tab	-	F	MULTIVITAMINS
pediatric multiple vitamin/fluoride soln.	-	F	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	F	MULTIVITAMINS
pediatric multivitamin adc drops	OTC	F	MULTIVITAMINS
pediatric multivitamin w/ iron chew tab	OTC	F	MULTIVITAMINS
pediatric multivitamin w/ iron drops	OTC	F	MULTIVITAMINS
pediatric multivitamin w/ vitamin c soln.	OTC	F	MULTIVITAMINS
pediatric multivitamin w/ vitamin c w/ iron chew tab	OTC	F	MULTIVITAMINS
permethrin liquid	OTC	F	DERMATOLOGICALS
permethrin lotion	OTC	F	DERMATOLOGICALS
petrolatum oint	OTC	F	DERMATOLOGICALS
phenazopyridine tab (PYRIDIDIUM equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
phentermine cap (ADIPEX equiv) (QL = 1 cap/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
phentermine tab (ADIPEX equiv) (QL = 1 tab/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
phenylephrine ophth soln (MYDFRIN equiv)	-	F	OPHTHALMIC AGENTS
phenylephrine tab	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
phenylephrine/brompheniramine/dm elixir	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/brompheniramine/dm soln.	OTC	F	COUGH/COLD/ALLERGY
PHENYLEPHRINE/DEXTROMETHORPHAN LIQUID	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/dextromethorphan soln.	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/guaifenesin/acetaminophen/dm liquid	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/guaifenesin/acetaminophen/dm tab	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/guaifenesin/dm syrup	OTC	F	COUGH/COLD/ALLERGY
phlexy-10 tab	OTC-PA	F	NUTRIENTS
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	F	MINERALS & ELECTROLYTES
phytonadione tab	-	F	VITAMINS
piperonyl butoxide/pyrethrins liquid	OTC	F	DERMATOLOGICALS
piperonyl butoxide/pyrethrins shampoo	OTC	F	DERMATOLOGICALS
polyethylene glycol 3350 powder (Coverage includes OTC only)	OTC	F	LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	F	PHARMACEUTICAL ADJUVANTS
polyethylene glycol packet (MIRALAX equiv) (Coverage includes OTC only)	OTC	F	LAXATIVES
povidone-iodine soln.	OTC	F	ANTISEPTICS & DISINFECTANTS
PRAMOSONE CREAM	-	F	DERMATOLOGICALS
PRENATAL VITAMIN (Coverage includes OTC only)	OTC	F	MULTIVITAMINS
PREPARATION H CREAM	OTC	F	ANORECTAL AGENTS
preparation h supp	OTC	F	ANORECTAL AGENTS
PREVACID OTC CAP (QL = 56 cap/30 day; Step Therapy requires trial of lansoprazole and pantoprazole)	OTC-QL-ST	F	ULCER DRUGS
PROCTOFOAM HC FOAM	-	F	ANORECTAL AGENTS
promethazine DM syrup	-	F	COUGH/COLD/ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	F	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODIENE equiv)	-	F	COUGH/COLD/ALLERGY
pseudoephedrine ER (12hr) tab (QL = 2 tab/day; Covered for members 4 years and older)	OTC-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL

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ST	Over-the-Counter		Prior Authorization		Quantity Limit
	Step Therapy				

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
pseudoephedrine liquid (SUDAFED equiv) (QL = 1200ml/30 day; Covered for members 4 years and older)	OTC-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine/brompheniramine/dm elixir	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/chlorpheniramine/dm liquid	OTC	F	COUGH/COLD/ALLERGY
psyllium cap	OTC	F	LAXATIVES
psyllium powder	OTC	F	LAXATIVES
pyridoxine tab	OTC	F	VITAMINS
QSYMIA CAP (QL = 1 cap/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ranitidine tab 75mg	OTC	F	ULCER DRUGS
REFRESH PLUS DROPS	OTC	F	OPHTHALMIC AGENTS
RISCAL-D TAB	OTC	F	MINERALS & ELECTROLYTES
salicylic acid gel	OTC	F	DERMATOLOGICALS
salicylic acid pad	OTC	F	DERMATOLOGICALS
salicylic acid shampoo	-	F	DERMATOLOGICALS
salicylic acid soln	OTC	F	DERMATOLOGICALS
saline nasal spray	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
selenium sulfide lotion	-	F	DERMATOLOGICALS
sennosides tab	OTC	F	LAXATIVES
sennosides/docusate sodium tab	OTC	F	LAXATIVES
simethicone cap	OTC	F	GASTROINTESTINAL AGENTS - MISC.
simethicone chew tab	OTC	F	GASTROINTESTINAL AGENTS - MISC.
simethicone drops	OTC	F	GASTROINTESTINAL AGENTS - MISC.
simethicone liquid	OTC	F	GASTROINTESTINAL AGENTS - MISC.
SIMETHICONE STRIPS	OTC	F	GASTROINTESTINAL AGENTS - MISC.
sodium bicarbonate tab	OTC	F	ANTACIDS
sodium chloride flush IV soln	-	F	MINERALS & ELECTROLYTES
sodium chloride inj 0.9%	-	F	MINERALS & ELECTROLYTES
sodium chloride ophth oint.	OTC	F	OPHTHALMIC AGENTS
sodium chloride ophth soln.	OTC	F	OPHTHALMIC AGENTS
SODIUM CHLORIDE SPRAY	OTC	F	DERMATOLOGICALS
sodium chloride tab	OTC	F	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride paste (PREVIDENT equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
sodium phosphate enema	OTC	F	LAXATIVES
SSKI SOLN	-	F	COUGH/COLD/ALLERGY
terbinafine cream (LAMISIL AT equiv) (QL = 30gm/30 day; Covered for members 12 years and older)	OTC-QL	F	DERMATOLOGICALS
tetrahydrozoline ophth soln.	OTC	F	OPHTHALMIC AGENTS
thera-gesic cream	OTC	F	DERMATOLOGICALS
thiamine mononitrate tab	OTC	F	VITAMINS
thiamine tab	OTC	F	VITAMINS
throat lozenge	OTC	F	MOUTH/THROAT/DENTAL AGENTS
tioconazole vaginal oint.	OTC	F	VAGINAL PRODUCTS
tolnaftate aerosol	OTC	F	DERMATOLOGICALS
tolnaftate cream	OTC	F	DERMATOLOGICALS
tolnaftate powder	OTC	F	DERMATOLOGICALS

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ST	Over-the-Counter		Prior Authorization		Quantity Limit
	Step Therapy				

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
triprolidine/pseudoephedrine tab	OTC	F	COUGH/COLD/ALLERGY
tropicamide ophth soln (MYDRIACYL equiv)	-	F	OPHTHALMIC AGENTS
TUSSIN CF LIQUID	OTC	F	COUGH/COLD/ALLERGY
URAMAXIN CREAM	-	F	DERMATOLOGICALS
urea lotion	-	F	DERMATOLOGICALS
vcf vaginal gel (CONCEPTROL equiv)	OTC	F	VAGINAL PRODUCTS
VENELEX OINT	-	F	DERMATOLOGICALS
VENOFER INJ	-	F	HEMATOPOIETIC AGENTS
VICKS DAYQUIL LIQUID MUCUS DM	OTC	F	COUGH/COLD/ALLERGY
vitamin a-d oint.	OTC	F	DERMATOLOGICALS
vitamin B complex cap	OTC	F	MULTIVITAMINS
VITAMIN B-12 TAB	OTC	F	HEMATOPOIETIC AGENTS
VITAMIN C TAB	OTC	F	VITAMINS
vitamin D cap	-	F	VITAMINS
zinc oxide oint.	OTC	F	DERMATOLOGICALS
zinc oxide paste	OTC	F	DERMATOLOGICALS
zinc sulfate cap	OTC	F	MINERALS & ELECTROLYTES

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ST	Over-the-Counter		Prior Authorization		Quantity Limit
	Step Therapy				

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DrugName	Special Code	Tier
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>ANOREXIANTS NON-AMPHETAMINE</b>		
phentermine cap (ADIPEX equiv) (QL = 1 cap/day)	PA-QL	F
phentermine tab (ADIPEX equiv) (QL = 1 tab/day)	PA-QL	F
QSYMIA CAP (QL = 1 cap/day)	PA-QL	F
<b>ANTI-OBESITY AGENTS</b>		
BELVIQ TAB (QL = 2 tab/day)	PA-QL	F
BELVIQ XR TAB (QL= 1 tab/day)	PA-QL	F
CONTRAVE TAB (QL= 4 tabs/day)	PA-QL	F
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
ibuprofen cap	OTC	F
ibuprofen chew tab	OTC	F
ibuprofen susp (ADVIL, MOTRIN equiv) (Coverage includes OTC only)	OTC	F
ibuprofen tab (Coverage includes OTC only)	OTC	F
<b>ANALGESICS - NONNARCOTIC</b>		
<b>ANALGESICS OTHER</b>		
acetaminophen cap	OTC	F
acetaminophen drops	OTC	F
acetaminophen elixir	OTC	F
acetaminophen ER tab	OTC	F
acetaminophen liquid	OTC	F
acetaminophen supp	OTC	F
acetaminophen tab	OTC	F
<b>SALICYLATES</b>		
aspirin chew tab	OTC	F
aspirin EC tab	OTC	F
ASPIRIN TAB	OTC	F
<b>ANORECTAL AGENTS</b>		
<b>RECTAL COMBINATIONS</b>		
anumed supp	OTC	F
hydrocortisone/pramoxine rectal cream (ANALPRAM HC equiv)	-	F
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	F
PREPARATION H CREAM	OTC	F
preparation h supp	OTC	F
PROCTOFOAM HC FOAM	-	F
<b>RECTAL LOCAL ANESTHETICS</b>		
lidocaine anorectal cream	OTC	F
<b>ANTACIDS</b>		
<b>ANTACID COMBINATIONS</b>		
antacid chew tab	OTC	F
magnesium/aluminum hydroxide/simethicone chew tab	OTC	F
magnesium/aluminum hydroxide/simethicone susp	OTC	F
<b>ANTACIDS - ALUMINUM SALTS</b>		
ALUMINUM HYDROXIDE GEL SUSP.	OTC	F

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ST	Step Therapy				

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DrugName	Special Code	Tier
<b>ANTACIDS Cont.</b>		
<b>ANTACIDS - BICARBONATE</b>		
sodium bicarbonate tab	OTC	F
<b>ANTACIDS - CALCIUM SALTS</b>		
calcium carbonate chew tab	OTC	F
calcium carbonate susp	OTC	F
calcium carbonate tab	OTC	F
<b>ANTACIDS - MAGNESIUM SALTS</b>		
magnesium oxide tab	OTC	F
<b>ANTICOAGULANTS</b>		
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
HEPARIN LOCK FLUSH IV SOLN	-	F
heparin sodium (porcine) lock flush IV soln	-	F
<b>ANTIDIABETICS</b>		
<b>DIABETIC OTHER</b>		
GLUCOSE CHEW TAB	OTC	F
glucose gel	OTC	F
<b>ANTIDIARRHEALS</b>		
<b>ANTIDIARRHEAL AGENTS - MISC.</b>		
bismuth subsalicylate chew tab	OTC	F
bismuth subsalicylate susp.	OTC	F
bismuth subsalicylate tab	OTC	F
<b>ANTIPERISTALTIC AGENTS</b>		
loperamide cap (IMODIUM equiv) (Coverage includes OTC only)	OTC	F
loperamide liquid	OTC	F
loperamide tab	OTC	F
<b>ANTIEMETICS</b>		
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
dimenhydrinate tab	OTC	F
meclizine chew tab (BONINE equiv)	OTC	F
meclizine tab (ANTIVERT equiv) (Coverage includes OTC only)	OTC	F
<b>ANTIEMETICS - MISCELLANEOUS</b>		
anti-nausea soln. (EMETROL equiv)	OTC	F
<b>ANTIHISTAMINES</b>		
<b>ANTIHISTAMINES - ALKYLAMINES</b>		
chlorpheniramine CR tab	OTC	F
chlorpheniramine syrup	OTC	F
chlorpheniramine tab	OTC	F
<b>ANTIHISTAMINES - ETHANOLAMINES</b>		
clemastine tab (TAVIST equiv) (Coverage includes OTC only)	OTC	F
diphenhydramine cap (BENADRYL equiv) (Coverage includes OTC only)	OTC	F
diphenhydramine liquid	OTC	F
diphenhydramine tab	OTC	F
<b>ANTIHISTAMINES - NON-SEDATING</b>		

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OTC ST	<b>NC</b> =Not Covered Over-the-Counter Step Therapy	PA	<b>generic</b> =small letters Prior Authorization	QL	<b>BRANDS</b> =CAPITAL LETTERS Quantity Limit
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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIHISTAMINES Cont.</b>		
cetirizine chew tab (ZYRTEC equiv) (QL = 1 tab/day)	OTC-QL	F
cetirizine syrup (ZYRTEC equiv) (Coverage includes OTC only)	OTC	F
cetirizine tab (ZYRTEC equiv) (QL = 1 tab/day)	OTC-QL	F
loratadine ODT (CLARITIN equiv) (QL = 1 tab/day)	OTC-QL	F
loratadine syrup (CLARITIN equiv) (QL = 240ml/30 day; Covered for members age 2 through 5 years)	OTC-QL	F
loratadine tab (CLARITIN equiv) (QL = 1 tab/day; Covered for members 2 years and older)	OTC-QL	F
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
hydrogen peroxide soln	OTC	F
<b>CHLORINE ANTISEPTICS</b>		
chlorhexidine gluconate liquid	OTC	F
<b>IODINE ANTISEPTICS</b>		
povidone-iodine soln.	OTC	F
<b>CONTRACEPTIVES</b>		
<b>EMERGENCY CONTRACEPTIVES</b>		
levonorgestrel tab (PLAN B equiv) (Coverage includes OTC only)	OTC	F
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
benzonatate cap (TESSALON PERLES equiv)	-	F
dextromethorphan cap	OTC	F
dextromethorphan syrup	OTC	F
hydrocodone/homatropine soln.	-	F
hydrocodone/homatropine syrup	-	F
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
brompheniramine/phenylephrine elixir	OTC	F
BROMPHENIRAMINE/PHENYLEPHRINE TAB	OTC	F
brompheniramine/pseudoephedrine liquid	OTC	F
BROTAPP DM LIQUID	OTC	F
cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv) (QL = 1 tab/day)	OTC-QL	F
chlorpheniramine/phenylephrine liquid	OTC	F
chlorpheniramine/phenylephrine tab	OTC	F
chlorpheniramine/pseudoephedrine tab	OTC	F
dextromethorphan/doxylamine soln.	OTC	F
dextromethorphan/doxylamine/acetaminophen liquid	OTC	F
dextromethorphan/phenylephrine/acetaminophen cap	OTC	F
diphenhydramine/phenylephrine liquid	OTC	F
diphenhydramine/phenylephrine/acetaminophen liquid	OTC	F
DOXYLAMINE/PHENYLEPHRINE/ACETAMINOPHEN CAP	OTC	F
guaifenesin/codeine phosphate liquid	OTC	F
guaifenesin/codeine phosphate liquid (TUSSI-ORGANIDIN-S equiv)	OTC	F
GUAIFENESIN/CODEINE SYRUP	OTC	F
guaifenesin/dextromethorphan cap	OTC	F
guaifenesin/dextromethorphan ER tab	OTC	F
guaifenesin/dextromethorphan liquid	OTC	F
guaifenesin/dextromethorphan tab	OTC	F
<b>Note:</b> Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
OTC ST	<b>NC</b> =Not Covered Over-the-Counter Step Therapy	PA
	<b>generic</b> =small letters Prior Authorization	QL
	<b>BRANDS</b> =CAPITAL LETTERS Quantity Limit	

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>COUGH/COLD/ALLERGY Cont.</b>		
guaifenesin/pseudoephedrine tab	OTC	F
LOHIST-D LIQUID	OTC	F
loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv) (QL = 2 tab/day)	OTC-QL	F
loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv) (QL = 1 tab/day)	OTC-QL	F
NINJACOF-XG LIQUID	OTC	F
PEDIATRIC COUGH/COLD LIQUID	OTC	F
phenylephrine/brompheniramine/dm elixir	OTC	F
phenylephrine/brompheniramine/dm soln.	OTC	F
PHENYLEPHRINE/DEXTROMETHORPHAN LIQUID	OTC	F
phenylephrine/dextromethorphan soln.	OTC	F
phenylephrine/guaifenesin/acetaminophen/dm liquid	OTC	F
phenylephrine/guaifenesin/acetaminophen/dm tab	OTC	F
phenylephrine/guaifenesin/dm syrup	OTC	F
promethazine DM syrup	-	F
PROMETHAZINE VC/CODEINE SYRUP	-	F
promethazine/codeine syrup (PHENERGAN/CODIENE equiv)	-	F
pseudoephedrine/brompheniramine/dm elixir	OTC	F
pseudoephedrine/chlorpheniramine/dm liquid	OTC	F
triprolidine/pseudoephedrine tab	OTC	F
TUSSIN CF LIQUID	OTC	F
VICKS DAYQUIL LIQUID MUCUS DM	OTC	F

**EXPECTORANTS**

guaifenesin ER tab (MUCINEX equiv)	OTC	F
guaifenesin liquid	OTC	F
guaifenesin syrup	OTC	F
guaifenesin tab	OTC	F
SSKI SOLN	-	F

**DERMATOLOGICALS**

**ACNE PRODUCTS**

benzoyl peroxide cream (QL = 30 gm/30 day)	OTC-QL	F
benzoyl peroxide gel (BREVOXYL equiv) (Coverage includes OTC only; QL = 90 gm/30 day)	OTC-QL	F
BENZOYL PEROXIDE GEL 2.5% (QL= 1 tube/30 days)	OTC-QL	F
benzoyl peroxide liquid (BENZAC AC equiv) (Coverage includes OTC only; QL = 237 ml/30 day)	OTC-QL	F
benzoyl peroxide lotion (Coverage includes OTC only; QL = 340.2ml/30 day)	OTC-QL	F

**ANTIBIOTICS - TOPICAL**

bacitracin oint.	OTC	F
bacitracin/polymyxin b oint	OTC	F
bacitracin/zinc oint.	OTC	F
neomycin/bacitracin/polymyxin b oint	OTC	F
neomycin/bacitracin/polymyxin b/pramoxine oint	OTC	F
neomycin/polymyxin b/pramoxine cream	OTC	F

**ANTIFUNGALS - TOPICAL**

clotrimazole cream (Coverage includes OTC only)	OTC	F
miconazole cream	OTC	F
miconazole nitrate powder	OTC	F
MICONAZOLE NITRATE SOLN.	OTC	F

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ST	Step Therapy				

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>DERMATOLOGICALS Cont.</b>		
miconazole oint.	OTC	F
terbinafine cream (LAMISIL AT equiv) (QL = 30gm/30 day; Covered for members 12 years and older)	OTC-QL	F
tolnaftate aerosol	OTC	F
tolnaftate cream	OTC	F
tolnaftate powder	OTC	F
<b>ANTIHISTAMINES-TOPICAL</b>		
diphenhydramine gel	OTC	F
diphenhydramine/zinc cream	OTC	F
<b>ANTISEBORRHEIC PRODUCTS</b>		
selenium sulfide lotion	-	F
<b>CORTICOSTEROIDS - TOPICAL</b>		
hydrocortisone acetate cream	OTC	F
hydrocortisone aloe cream	OTC	F
hydrocortisone cream (Coverage includes OTC only)	OTC	F
hydrocortisone gel	OTC	F
hydrocortisone lotion (Coverage includes OTC only)	OTC	F
hydrocortisone oint (Coverage includes OTC only)	OTC	F
hydrocortisone topical soln. (Coverage includes OTC only)	OTC	F
PRAMOSONE CREAM	-	F
<b>DIAPER RASH PRODUCTS</b>		
vitamin a-d oint.	OTC	F
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
URAMAXIN CREAM	-	F
urea lotion	-	F
<b>EMOLLIENTS</b>		
ammonium lactate cream (Coverage includes OTC only)	OTC	F
ammonium lactate lotion (Coverage includes OTC only)	OTC	F
glycerin lotion (Coverage includes OTC only)	OTC	F
mineral oil/petrolatum cream (Coverage includes OTC only)	OTC	F
petrolatum oint	OTC	F
vitamin a-d oint.	OTC	F
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
salicylic acid gel	OTC	F
salicylic acid pad	OTC	F
salicylic acid shampoo	-	F
salicylic acid soln	OTC	F
<b>LINIMENTS</b>		
analgesic balm	OTC	F
thera-gesic cream	OTC	F
<b>LOCAL ANESTHETICS - TOPICAL</b>		
lidocaine gel (XYLOCAINE equiv)	-	F
LIDOCAINE GEL 2%	-	F
lidocaine soln (XYLOCAINE equiv)	-	F
<b>MISC. TOPICAL</b>		
CALAMINE LOTION	OTC	F

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ST	Step Therapy				

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DrugName	Special Code	Tier
<b>DERMATOLOGICALS Cont.</b>		
lubricating jelly	OTC	F
mineral oil/petrolatum cream	OTC	F
SODIUM CHLORIDE SPRAY	OTC	F
zinc oxide oint.	OTC	F
zinc oxide paste	OTC	F
<b>SCABICIDES &amp; PEDICULICIDES</b>		
LICE B GONE SHAMPOO	OTC	F
permethrin liquid	OTC	F
permethrin lotion	OTC	F
piperonyl butoxide/pyrethrins liquid	OTC	F
piperonyl butoxide/pyrethrins shampoo	OTC	F
<b>WOUND CARE PRODUCTS</b>		
VENELEX OINT	-	F
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC TESTS</b>		
ASSURE PLATINUM TEST STRIP (Limited to LTC Pharmacies)	OTC	F
ASSURE PLATINUM TEST STRIP - BOX 100 (Limited to LTC Pharmacies)	OTC	F
ASSURE PLATINUM TEST STRIP - BOX 50 (Limited to LTC Pharmacies)	OTC	F
ASSURE PRISM MULTI TEST STRIP (Limited to LTC Pharmacies)	OTC	F
KETOSTIX	OTC	F
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
<b>INFANT FOODS</b>		
INFANT FORMULA LIQUID	OTC-PA	F
INFANT FORMULA POWDER	OTC-PA	F
<b>NUTRITIONAL SUPPLEMENTS</b>		
NUTRITIONAL SUPPLEMENT LIQUID	OTC-PA	F
NUTRITIONAL SUPPLEMENT POWDER	OTC-PA	F
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>ANTIFLATULENTS</b>		
simethicone cap	OTC	F
simethicone chew tab	OTC	F
simethicone drops	OTC	F
simethicone liquid	OTC	F
SIMETHICONE STRIPS	OTC	F
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>URINARY ANALGESICS</b>		
phenazopyridine tab (PYRIDIUM equiv)	-	F
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>THROMBOLYTIC ENZYMES</b>		
CATHFLO ACTIVASE INJ 2MG	-	F
<b>HEMATOPOIETIC AGENTS</b>		
<b>COBALAMINS</b>		
cyanocobalamine ER tab	OTC	F
cyanocobalamine inj.	-	F
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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>HEMATOPOIETIC AGENTS Cont.</b>		
cyanocobalamine lozenge	OTC	F
cyanocobalamine SL tab	OTC-QL	F
cyanocobalamine tab	OTC	F
VITAMIN B-12 TAB	OTC	F
<b>FOLIC ACID/FOLATES</b>		
FOLIC ACID INJ	-	F
folic acid tab	OTC	F
<b>HEMATOPOIETIC MIXTURES</b>		
CHROMAGEN TAB	-	F
ferocon cap	-	F
ferrex 150 forte cap	-	F
folbee tab	-	F
IRON POLYSACCHARIDE/THREONIC ACID/B12/FA CAP	-	F
multigen plus tab	-	F
multigen tab (CHROMAGEN equiv)	-	F
multigen/folic acid tab (CHROMAGEN FA equiv)	-	F
NEPHRON FA TAB	-	F
<b>IRON</b>		
ferrous gluconate tab	OTC	F
ferrous sulfate DR tab	OTC	F
ferrous sulfate ER tab	OTC	F
FERROUS SULFATE LIQUID	OTC	F
ferrous sulfate slow release tab	OTC	F
ferrous sulfate soln	OTC	F
FERROUS SULFATE SYRUP	OTC	F
ferrous sulfate tab	OTC	F
INJECTAFER INJ	-	F
VENOFER INJ	-	F
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>ANTIHISTAMINE HYPNOTICS</b>		
diphenhydramine (sleep) tab	OTC	F
diphenhydramine/acetaminophen (sleep) tab	OTC	F
doxylamine succinate tab	OTC	F
<b>LAXATIVES</b>		
<b>BULK LAXATIVES</b>		
calcium polycarbophil tab	OTC	F
KONSYL POWDER	OTC	F
KONSYL POWDER PACKET	OTC	F
psyllium cap	OTC	F
psyllium powder	OTC	F
<b>LAXATIVE COMBINATIONS</b>		
sennosides/docusate sodium tab	OTC	F
<b>LAXATIVES - MISCELLANEOUS</b>		
FLEET ENEMA	OTC	F
glycerin suppository	OTC	F

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>LAXATIVES Cont.</b>		
polyethylene glycol 3350 powder (Coverage includes OTC only)	OTC	F
polyethylene glycol packet (MIRALAX equiv) (Coverage includes OTC only)	OTC	F
<b>LUBRICANT LAXATIVES</b>		
MINERAL OIL (Coverage includes OTC only)	OTC	F
mineral oil enema	OTC	F
<b>SALINE LAXATIVES</b>		
magnesium citrate soln.	OTC	F
magnesium hydroxide susp.	OTC	F
sodium phosphate enema	OTC	F
<b>STIMULANT LAXATIVES</b>		
BISACODYL ENEMA	OTC	F
bisacodyl supp.	OTC	F
bisacodyl tab	OTC	F
sennosides tab	OTC	F
<b>SURFACTANT LAXATIVES</b>		
docusate calcium cap	OTC	F
docusate sodium cap	OTC	F
docusate sodium enema	OTC	F
docusate sodium liquid	OTC	F
docusate sodium syrup	OTC	F
docusate sodium tab	OTC	F
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>CONTRACEPTIVES</b>		
FEMALE CONDOM	OTC	F
MALE CONDOMS	OTC	F
<b>DIABETIC SUPPLIES</b>		
ASSURE LANCET LOW FLOW 25 GAUGE - BOX 100 (Limited to LTC Pharmacies)	OTC	F
ASSURE LANCET MICRO FLOW 28 GAUGE - BOX 100 (Limited to LTC Pharmacies)	OTC	F
ASSURE LANCETS (Limited to LTC Pharmacies)	OTC	F
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>CALCIUM</b>		
calcium and phosphorus w/vitamin D tab	OTC	F
calcium carbonate chew tab	OTC	F
calcium carbonate tab	OTC	F
calcium carbonate w/ vitamin d cap	OTC	F
CALCIUM CARBONATE W/ VITAMIN D CHEW TAB	OTC	F
calcium carbonate w/ vitamin d tab	OTC	F
calcium carbonate w/ vitamind D tab	OTC	F
calcium citrate tab	OTC	F
calcium citrate w/ vitamin d tab	OTC	F
CALCIUM GLUCONATE TAB	OTC	F
RISCAL-D TAB	OTC	F
<b>ELECTROLYTE MIXTURES</b>		
pediatric electrolyte soln.	OTC	F
<b>MAGNESIUM</b>		

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ST	Step Therapy				

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MINERALS &amp; ELECTROLYTES Cont.</b>		
magnesium oxide tab	OTC	F
magnesium tab	OTC	F
<b>MINERAL COMBINATIONS</b>		
calcium citrate tab	OTC	F
<b>PHOSPHATE</b>		
K-PHOS TAB	-	F
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	F
<b>SODIUM</b>		
sodium chloride flush IV soln	-	F
sodium chloride inj 0.9%	-	F
sodium chloride tab	OTC	F
<b>ZINC</b>		
zinc sulfate cap	OTC	F
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
benzocaine/menthol lozenge	OTC	F
<b>DENTAL PRODUCTS</b>		
sodium fluoride cream (PREVIDENT equiv)	-	F
sodium fluoride gel (PREVIDENT equiv)	-	F
sodium fluoride paste (PREVIDENT equiv)	-	F
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	F
<b>LOZENGES</b>		
throat lozenge	OTC	F
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX VITAMINS</b>		
vitamin B complex cap	OTC	F
<b>B-COMPLEX W/ FOLIC ACID</b>		
b-complex/vitamin c/folic acid cap (NEPHROCAP equiv)	-	F
b-complex/vitamin c/folic acid tab (NEPHRO-VITE equiv)	OTC	F
<b>BIOFLAVONOID PRODUCTS</b>		
ascorbic acid tab	OTC	F
<b>MULTIPLE VITAMINS W/ IRON</b>		
multivitamin w/ iron tab	OTC	F
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
multivitamin w/ iron chew tab	OTC	F
multivitamin/minerals tab (STROVITE equiv)	OTC	F
<b>MULTIVITAMINS</b>		
multiple vitamin tab	OTC	F
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
pediatric multiple vitamin ACD/fluoride/iron drops	-	F
pediatric multiple vitamins/fluoride/iron soln	-	F
<b>PED MV W/ FLUORIDE</b>		
pediatric multiple vitamin ACD/fluoride soln.	-	F

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ST	Step Therapy				

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MULTIVITAMINS Cont.</b>		
pediatric multiple vitamin/fluoride chew tab	-	F
pediatric multiple vitamin/fluoride soln.	-	F
<b>PED MV W/ IRON</b>		
pediatric multivitamin w/ iron chew tab	OTC	F
pediatric multivitamin w/ iron drops	OTC	F
<b>PEDIATRIC MULTIPLE VITAMINS</b>		
pediatric multivitamin w/ vitamin c soln.	OTC	F
pediatric multivitamin w/ vitamin c w/ iron chew tab	OTC	F
<b>PEDIATRIC VITAMINS</b>		
pediatric multivitamin adc drops	OTC	F
<b>PRENATAL VITAMINS</b>		
PRENATAL VITAMIN (Coverage includes OTC only)	OTC	F
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENTS - MISC.</b>		
saline nasal spray	OTC	F
<b>NASAL ANTIALLERGY</b>		
cromolyn nasal soln. (NASALCROM equiv)	OTC	F
<b>NASAL STEROIDS</b>		
NASACORT OTC NASAL SPRAY (QL = 2 bottle/fill; Coverage includes OTC only)	OTC-QL	F
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
oxymetazoline nasal spray (AFRIN NASAL equiv)	OTC	F
phenylephrine tab	OTC	F
pseudoephedrine ER (12hr) tab (QL = 2 tab/day; Covered for members 4 years and older)	OTC-QL	F
pseudoephedrine liquid (SUDAFED equiv) (QL = 1200ml/30 day; Covered for members 4 years and older)	OTC-QL	F
pseudoephedrine tab	OTC	F
<b>NUTRIENTS</b>		
<b>LIPIDS</b>		
MCT OIL	OTC-PA	F
<b>MISC. NUTRITIONAL SUBSTANCES</b>		
omega-3 fatty acid cap	OTC	F
<b>PROTEINS</b>		
levocarnitine tab	OTC	F
phlexy-10 tab	OTC-PA	F
<b>OPHTHALMIC AGENTS</b>		
<b>ARTIFICIAL TEARS AND LUBRICANTS</b>		
artificial tears ophth soln.	OTC	F
artificial tears ophth oint.	OTC	F
artificial tears ophth soln.	OTC	F
REFRESH PLUS DROPS	OTC	F
<b>CYCLOPLEGIC MYDRIATICS</b>		
atropine ophth oint	-	F
atropine ophth soln (ISOPTO ATROPINE equiv)	-	F
CYCLOMYDRIL OPHTH SOLN	-	F

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ST	Over-the-Counter		Prior Authorization		Quantity Limit
	Step Therapy				

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DrugName	Special Code	Tier
<b>OPHTHALMIC AGENTS Cont.</b>		
cyclopentolate ophth soln (CYCLOGYL equiv)	-	F
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	F
ISOPTO HYOSCINE OPHTH SOLN	-	F
phenylephrine ophth soln (MYDFRIN equiv)	-	F
tropicamide ophth soln (MYDRIACYL equiv)	-	F
<b>OPHTHALMIC DECONGESTANTS</b>		
NAPHAZOLINE OPHTH SOLN.	-	F
naphazoline/pheniramine ophth drops	OTC	F
tetrahydrozoline ophth soln.	OTC	F
<b>OPHTHALMICS - MISC.</b>		
eye wash soln.	OTC	F
ketotifen ophth soln (ZADITOR equiv)	OTC	F
sodium chloride ophth oint.	OTC	F
sodium chloride ophth soln.	OTC	F
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
carbamide peroxide otic drop	OTC	F
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>SEMI SOLID VEHICLES</b>		
POLYETHYLENE GLYCOL 8000 GRANULES	-	F
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>SMOKING DETERRENTS</b>		
nicotine gum (NICORETTE equiv) (Limited to 180 days per plan year)	OTC-QL	F
nicotine lozenge (COMMIT equiv) (Limited to 180 days per plan year)	OTC-QL	F
nicotine patch (NICODERM equiv) (Coverage includes OTC only. Limited to 182 days per plan year)	OTC-QL	F
<b>THYROID AGENTS</b>		
<b>THYROID HORMONES</b>		
ARMOUR THYROID TAB, NATURE THROID TAB	-	F
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	F
<b>ULCER DRUGS</b>		
<b>ANTISPASMODICS</b>		
BELLADONNA ALKALOID/OPIUM SUPP	-	F
hyoscyamine IR/SR tab (SYMAMX equiv)	-	F
hyoscyamine sulfate CR tab (LEVBID equiv)	-	F
hyoscyamine sulfate elixir	-	F
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	F
hyoscyamine sulfate SL tab (LEVSIN SL equiv)	-	F
hyoscyamine sulfate soln	-	F
hyoscyamine sulfate tab (LEVSIN equiv)	-	F
<b>H-2 ANTAGONISTS</b>		
famotidine tab	OTC	F
ranitidine tab 75mg	OTC	F
<b>PROTON PUMP INHIBITORS</b>		
FIRST OMEPRAZOLE SUSP	-	F

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OTC ST	<b>NC</b> =Not Covered Over-the-Counter Step Therapy	PA	<b>generic</b> =small letters Prior Authorization	QL	<b>BRANDS</b> =CAPITAL LETTERS Quantity Limit
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Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.



**L.A. Care Medi-Cal Dual Formulary  
Category/Class**

**Last Updated\* 3/1/2020**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ULCER DRUGS Cont.</b>		
lansoprazole cap (PREVACID equiv) (Coverage includes OTC only. QL = 56 cap/30 day)	OTC-QL	F
LANSOPRAZOLE SUSP	-	F
omeprazole cap (Coverage includes OTC only)	OTC	F
PREVACID OTC CAP (QL = 56 cap/30 day; Step Therapy requires trial of lansoprazole and pantoprazole)	OTC-QL-ST	F
<b>VAGINAL PRODUCTS</b>		
<b>SPERMICIDES</b>		
CONCEPTROL GEL	OTC	F
CONTRACEPTIVE FILM	OTC	F
CONTRACEPTIVE FOAM	OTC	F
CONTRACEPTIVE GEL	OTC	F
CONTRACEPTIVE SUPP	OTC	F
vcf vaginal gel (CONCEPTROL equiv)	OTC	F
<b>VAGINAL ANTI-INFECTIVES</b>		
clotrimazole vaginal cream	OTC	F
MICONAZOLE 3 SUPP 200MG (Coverage includes OTC only)	OTC	F
miconazole vaginal cream	OTC	F
MICONAZOLE VAGINAL KIT	OTC	F
miconazole vaginal supp kit	OTC	F
tioconazole vaginal oint.	OTC	F
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
cholecalciferol cap	OTC	F
cholecalciferol oral soln.	OTC	F
cholecalciferol tab	OTC	F
ergocalciferol soln.	OTC	F
ERGOCALCIFEROL TAB	OTC	F
phytonadione tab	-	F
vitamin D cap	-	F
<b>WATER SOLUBLE VITAMINS</b>		
ascorbic acid cap	OTC	F
ascorbic acid chew tab	OTC	F
ascorbic acid ER tab	OTC	F
ascorbic acid tab	OTC	F
niacin cap	OTC	F
niacin CR tab (SLO-NIACIN equiv)	OTC	F
niacin tab	OTC	F
NIACIN TR TAB	OTC	F
niacinamide tab	OTC	F
pyridoxine tab	OTC	F
thiamine mononitrate tab	OTC	F
thiamine tab	OTC	F
VITAMIN C TAB	OTC	F

**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

OTC	<b>NC</b> =Not Covered Over-the-Counter	PA	<b>generic</b> =small letters Prior Authorization	QL	<b>BRANDS</b> =CAPITAL LETTERS Quantity Limit
ST	Step Therapy				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary  
Prior Authorization Drug List  
Last Updated\* 3/1/2020**

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
BELVIQ TAB	F
BELVIQ XR TAB	F
CONTRACE TAB	F
INFANT FORMULA LIQUID	F
INFANT FORMULA POWDER	F
MCT OIL	F
NUTRITIONAL SUPPLEMENT LIQUID	F
NUTRITIONAL SUPPLEMENT POWDER	F
phentermine cap	F
phentermine tab	F
phlexy-10 tab	F
QSYMIA CAP	F

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**L.A. Care Medi-Cal Dual Formulary  
Last Updated\* 3/1/2020  
Over-the-Counter (OTC)**

- The following OTC drugs are a covered benefit with a prescription

**Over-the-Counter (OTC) Medications**

acetaminophen cap acetaminophen liquid	acetaminophen drops acetaminophen supp	acetaminophen elixir acetaminophen tab	acetaminophen ER tab ALUMINUM HYDROXIDE GEL SUSP.
ammonium lactate cream anti-nausea soln. artificial tears ophth soln. ascorbic acid tab ASSURE LANCET LOW FLOW 25 GAUGE - BOX 100 ASSURE PLATINUM TEST STRIP - BOX 100 bacitracin/polymyxin b oint	ammonium lactate lotion anumed supp ascorbic acid cap aspirin chew tab ASSURE LANCET MICRO FLOW 28 GAUGE - BOX 100 ASSURE PLATINUM TEST STRIP - BOX 50 bacitracin/zinc oint.	analgesic balm artificial tears ophth soln. ascorbic acid chew tab aspirin EC tab ASSURE LANCETS ASSURE PRISM MULTI TEST STRIP b-complex/vitamin c/folic acid tab BENZOYL PEROXIDE GEL 2.5% bisacodyl supp. bismuth subsalicylate tab	antacid chew tab artificial tears ophth oint. ascorbic acid ER tab ASPIRIN TAB ASSURE PLATINUM TEST STRIP bacitracin oint. benzocaine/menthol lozenge benzoyl peroxide liquid
benzoyl peroxide cream	benzoyl peroxide gel	BENZOYL PEROXIDE GEL 2.5% bisacodyl supp. bismuth subsalicylate tab	benzoyl peroxide liquid
benzoyl peroxide lotion bismuth subsalicylate chew tab BROMPHENIRAMINE/PHEN YLEPHRINE TAB calcium and phosphorus w/vitamin D tab calcium carbonate w/ vitamin d cap calcium citrate tab	BISACODYL ENEMA bismuth subsalicylate susp. brompheniramine/pseudoeph edrine liquid calcium carbonate chew tab CALCIUM CARBONATE W/ VITAMIN D CHEW TAB calcium citrate w/ vitamin d tab	BROTAPP DM LIQUID calcium carbonate susp calcium carbonate w/ vitamin d tab CALCIUM GLUCONATE TAB	bisacodyl tab brompheniramine/phenylephri ne elixir CALAMINE LOTION calcium carbonate tab calcium carbonate w/ vitamin d tab calcium polycarbophil tab
carbamide peroxide otic drop cetirizine/pseudoephedrine 12-hour tab chlorpheniramine tab	cetirizine chew tab chlorhexidine gluconate liquid chlorpheniramine/phenylephri ne liquid	cetirizine syrup chlorpheniramine CR tab chlorpheniramine/phenylephri ne tab	cetirizine tab chlorpheniramine syrup chlorpheniramine/pseudoeph edrine tab
cholecalciferol cap clotrimazole cream CONTRACEPTIVE FOAM cyanocobalamine ER tab dextromethorphan cap	cholecalciferol oral soln. clotrimazole vaginal cream CONTRACEPTIVE GEL cyanocobalamine lozenge dextromethorphan syrup	cholecalciferol tab CONCEPTROL GEL CONTRACEPTIVE SUPP cyanocobalamine SL tab dextromethorphan/doxylamin e soln. diphenhydramine (sleep) tab	clemastine tab CONTRACEPTIVE FILM cromolyn nasal soln. cyanocobalamine tab dextromethorphan/doxylamin e/acetaminophen liquid diphenhydramine cap
dextromethorphan/phenyleph rine/acetaminophen cap diphenhydramine gel	dimenhydrinate tab diphenhydramine liquid	diphenhydramine tab	diphenhydramine/acetaminop hen (sleep) tab

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

diphenhydramine/phenylephrine liquid docusate sodium cap docusate sodium tab	diphenhydramine/phenylephrine/acetaminophen liquid docusate sodium enema doxylamine succinate tab	diphenhydramine/zinc cream  docusate sodium liquid DOXYLAMINE/PHENYLEPHRINE/ACETAMINOPHEN CAP famotidine tab ferrous sulfate ER tab FERROUS SULFATE SYRUP GLUCOSE CHEW TAB guaifenesin ER tab guaifenesin/codeine phosphate liquid guaifenesin/dextromethorphan liquid hydrocortisone aloe cream	docusate calcium cap  docusate sodium syrup ergocalciferol soln.  FEMALE CONDOM FERROUS SULFATE LIQUID ferrous sulfate tab  glucose gel guaifenesin liquid GUAIFENESIN/CODEINE SYRUP guaifenesin/dextromethorphan tab hydrocortisone cream
ERGOCALCIFEROL TAB ferrous gluconate tab ferrous sulfate slow release tab FLEET ENEMA glycerin lotion guaifenesin syrup	eye wash soln. ferrous sulfate DR tab ferrous sulfate soln  folic acid tab glycerin suppository guaifenesin tab	hydrocortisone oint ibuprofen chew tab INFANT FORMULA POWDER KONSYL POWDER PACKET LICE B GONE SHAMPOO loperamide liquid loratadine tab	hydrocortisone topical soln. ibuprofen susp KETOSTIX  lansoprazole cap  lidocaine anorectal cream loperamide tab loratadine/pseudoephedrine 12-hour tab magnesium hydroxide susp.
guaifenesin/dextromethorphan cap guaifenesin/pseudoephedrine tab hydrocortisone gel hydrogen peroxide soln ibuprofen tab	guaifenesin/dextromethorphan ER tab hydrocortisone acetate cream hydrocortisone lotion ibuprofen cap INFANT FORMULA LIQUID	magnesium citrate soln.  magnesium/aluminum hydroxide/simethicone chew tab meclizine chew tab miconazole nitrate powder	hydrocortisone cream  hydrocortisone topical soln. ibuprofen susp KETOSTIX  lansoprazole cap  lidocaine anorectal cream loperamide tab loratadine/pseudoephedrine 12-hour tab magnesium hydroxide susp.
ketotifen ophth soln	KONSYL POWDER		
levocarnitine tab LOHIST-D LIQUID loratadine ODT	levonorgestrel tab loperamide cap loratadine syrup		
loratadine/pseudoephedrine 24-hour tab magnesium oxide tab	lubricating jelly  magnesium tab		
MALE CONDOMS MICONAZOLE 3 SUPP 200MG miconazole oint. mineral oil multivitamin w/ iron chew tab	MCT OIL miconazole cream  miconazole vaginal cream mineral oil enema multivitamin w/ iron tab	MICONAZOLE VAGINAL KIT mineral oil/petrolatum cream multivitamin/minerals tab	magnesium/aluminum hydroxide/simethicone susp  meclizine tab MICONAZOLE NITRATE SOLN. miconazole vaginal supp kit multiple vitamin tab naphazoline/pheniramine ophth drops neomycin/polymyxin b/pramoxine cream NIACIN TR TAB nicotine patch omega-3 fatty acid cap
NASACORT OTC NASAL SPRAY niacin cap niacinamide tab NINJACOF-XG LIQUID	neomycin/bacitracin/polymyxin b oint niacin CR tab nicotine gum NUTRITIONAL SUPPLEMENT LIQUID oxymetazoline nasal spray	neomycin/bacitracin/polymyxin b/pramoxine oint niacin tab nicotine lozenge NUTRITIONAL SUPPLEMENT POWDER PEDIATRIC COUGH/COLD LIQUID	neomycin/polymyxin b/pramoxine cream NIACIN TR TAB nicotine patch omega-3 fatty acid cap
omeprazole cap			pediatric electrolyte soln.
pediatric multivitamin adc drops	pediatric multivitamin w/ iron chew tab	pediatric multivitamin w/ iron drops	pediatric multivitamin w/ vitamin c soln.

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

pediatric multivitamin w/ vitamin c w/ iron chew tab phenylephrine tab	permethrin liquid	permethrin lotion	petrolatum oint
phenylephrine/dextromethorphan soln. phlexy-10 tab	phenylephrine/brompheniramine/dm elixir phenylephrine/guaifenesin/acetaminophen/dm liquid piperonyl butoxide/pyrethrins liquid povidone-iodine soln. PREVACID OTC CAP	phenylephrine/brompheniramine/dm soln. phenylephrine/guaifenesin/acetaminophen/dm tab piperonyl butoxide/pyrethrins shampoo PRENATAL VITAMIN pseudoephedrine ER (12hr) tab pseudoephedrine/chlorpheniramine/dm liquid ranitidine tab 75mg salicylic acid pad sennosides/docusate sodium tab simethicone liquid sodium chloride ophth soln. terbinafine cream thiamine tab tolnaftate cream vcf vaginal gel	PHENYLEPHRINE/DEXTROMETHORPHAN LIQUID phenylephrine/guaifenesin/dm syrup polyethylene glycol 3350 powder PREPARATION H CREAM pseudoephedrine liquid psyllium cap
polyethylene glycol packet preparation h supp	pseudoephedrine/brompheniramine/dm elixir pyridoxine tab salicylic acid gel sennosides tab	pseudoephedrine tab	REFRESH PLUS DROPS salicylic acid soln simethicone cap
psyllium powder RISCAL-D TAB saline nasal spray	simethicone drops sodium chloride ophth oint. sodium phosphate enema thiamine mononitrate tab tolnaftate aerosol TUSSIN CF LIQUID	psyllium cap	SIMETHICONE STRIPS SODIUM CHLORIDE SPRAY tetrahydrozoline ophth soln. throat lozenge tolnaftate powder VICKS DAYQUIL LIQUID MUCUS DM VITAMIN C TAB
simethicone chew tab sodium bicarbonate tab sodium chloride tab thera-gesic cream tioconazole vaginal oint. triprolidine/pseudoephedrine tab vitamin a-d oint. zinc oxide oint.	vitamin B complex cap zinc oxide paste	VITAMIN B-12 TAB zinc sulfate cap	

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**L.A. Care Medi-Cal Dual Formulary**  
**Last Updated\* 3/1/2020**  
**Step Therapy (ST)**

- The following drugs are covered on the formulary with a Step Therapy.

**Step Therapy (ST) Medications**

<b>Drug Name</b>	<b>Step Therapy Requirements</b>
PREVACID OTC CAP	QL = 56 cap/30 day; Step Therapy requires trial of lansoprazole and pantoprazole

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\* Products listed may not be all inclusive and are subject to change.

**L.A. Care Medi-Cal Dual Formulary**  
**Last Updated\* 3/1/2020**  
**Quantity Limit (QL)**

- The following drugs are covered on the formulary with a Quantity Limit.

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
BELVIQ TAB	QL = 2 tab/day
BELVIQ XR TAB	QL= 1 tab/day
benzoyl peroxide cream	QL = 30 gm/30 day
benzoyl peroxide gel	Coverage includes OTC only; QL = 90 gm/30 day
BENZOYL PEROXIDE GEL 2.5%	QL= 1 tube/30 days
benzoyl peroxide liquid	Coverage includes OTC only; QL = 237 ml/30 day
benzoyl peroxide lotion	Coverage includes OTC only; QL = 340.2ml/30 day
cetirizine chew tab	QL = 1 tab/day
cetirizine tab	QL = 1 tab/day
cetirizine/pseudoephedrine 12-hour tab	QL = 1 tab/day
CONTRAIVE TAB	QL= 4 tabs/day
cyanocobalamine SL tab	
lansoprazole cap	Coverage includes OTC only. QL = 56 cap/30 day
loratadine ODT	QL = 1 tab/day
loratadine syrup	QL = 240ml/30 day; Covered for members age 2 through 5 years
loratadine tab	QL = 1 tab/day; Covered for members 2 years and older
loratadine/pseudoephedrine 12-hour tab	QL = 2 tab/day
loratadine/pseudoephedrine 24-hour tab	QL = 1 tab/day
NASACORT OTC NASAL SPRAY	QL = 2 bottle/fill; Coverage includes OTC only
nicotine gum	Limited to 180 days per plan year
nicotine lozenge	Limited to 180 days per plan year
nicotine patch	Coverage includes OTC only. Limited to 182 days per plan year
phentermine cap	QL = 1 cap/day
phentermine tab	QL = 1 tab/day
PREVACID OTC CAP	QL = 56 cap/30 day; Step Therapy requires trial of lansoprazole and pantoprazole
pseudoephedrine ER (12hr) tab	QL = 2 tab/day; Covered for members 4 years and older
pseudoephedrine liquid	QL = 1200ml/30 day; Covered for members 4 years and older
QSYMIA CAP	QL = 1 cap/day
terbinafine cream	QL = 30gm/30 day; Covered for members 12 years and older

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