



# Quick Reference Drug List



US Script Contact Information: Prior Authorization Phone 1-866-399-0928  
 Prior Authorization Fax 1-866-399-0929  
 Clinical Hours Monday – Friday  
 9:00 am – 7:00 pm

Magnolia Health Plan Contact Information: Provider Inquiry Phone 1-866-912-6285

- |                                       |   |  |  |                                    |
|---------------------------------------|---|--|--|------------------------------------|
| Accolate (ST, QL)                     | Cholestyramine*                           | Gemfibrozil* (QL)                                  | Metformin* (QL)                          | Phenyleph-Chlorphen w/ DM-GG* (QL) |
| Acetaminophen w/ cod.* (QL)           | Cimetidine* (QL)                          | Gentamicin*  | Methocarbamol*                           | Phenylephrine-Chlorphen-DM* (QL)   |
| Actos (QL)                            | Ciprofloxacin* (QL)                       | Glimepiride* (QL)                                  | Methylin ER (AL, QL)                     | Phenytol*                          |
| Acyclovir*                            | Citalopram* (QL)                          | Glipizide Tab SR 24HR*                             | Methylphenidate SR* (AL, QL)             | Piroxicam*                         |
| Acyclovir* (QL)                       | Clarithromycin* (QL)                      | Glipizide*   | Methylphenidate* (AL, QL)                | Pravastatin* (QL)                  |
| Adderall* (AL, QL)                    | Clindamycin* (QL)                         | Glyburide micronized*                              | Methylprednisolone*                      | Prednisolone*                      |
| Adderall-XR (AL, QL)                  | Clobetasol* (QL)                          | Glyburide*   | Metolazone* (AL) (GL)                    | Prednisone*                        |
| Advair Diskus (QL)                    | Clotrimazole* (QL)                        | Griseofulvin*                                      | Metoprolol HCTZ* (QL)                    | Prevacid OTC (QID dosing allowed)  |
| Alesse* (GL)                          | Combivent (QL)                            | Guaifenesin DM* (OTC, QL)                          | Metoprolol* (QL)                         | Prilosec OTC (QID dosing allowed)  |
| Alprazolam* (QL)                      | Concerta (AL, QL)                         | Guaifenesin/PSE* (QL)                              | Metoprolol* (QL)                         | ProAir HFA (QL)                    |
| Amitriptyline*                        | Cromolyn sodium* (QL)                     | Guaifenesin-Codeine Soln* (QL)                     | Metronidazole vaginal* (QL)              | Promethazine w/ codeine* (QL) (AL) |
| Amlodipine* (QL)                      | Cyclobenzaprine* (QL)                     | Halobetasol* (QL)                                  | Metronidazole*                           | Propoxyphene/APAP* (QL)            |
| Amlodipine* (QL)                      | Delsym (QL)                               | HCTZ*  | Miconazole vaginal* (OTC) (QL)           | Propranolol* (QL)                  |
| Amoxicillin & K clavulanate* (QL)     | Demulen* (GL)                             | Humalog (QL)                                       | Minocycline*                             | Proventil HFA (QL)                 |
| Amoxicillin*                          | Depo Provera* (GL, QL)                    | Human Insulin (QL)                                 | Mircette* (GL)                           | Pulmicort (QL)                     |
| Ampicillin*                           | Desipramine*                              | Hydralazine* (QL)                                  | Mirtazapine* (QL)                        | Pulmicort Respules (QL) (AL)       |
| Atenolol & Chlorthalidone* (QL)       | Desogen* (GL)                             | Hydrocodone w/ homatropine* (QL)                   | Modicon* (GL)                            | QVAR (QL)                          |
| Atenolol* (QL)                        | Desonide* (QL)                            | Hydrocodone/APAP* (QL)                             | Mometasone* (QL)                         | Ranitidine Syrup* (AL, QL)         |
| Atrovent (QL)                         | Dexamethasone*                            | Hydrocodone-Guaifenesin* (QL)                      | Morphine sulfate IR*, SR* (QL)           | Ranitidine* (QL)                   |
| Avandia (QL)                          | Dextroamphetamine IR*, SR* (AL, QL)       | Hydrocortisone Acetate w/ Pramoxine* (rectal) (QL) | Mupirocin* (QL)                          | Salsalate*                         |
| Axert (QL)                            | Dextromethorphan-guaifenesin Liquid* (QL) | Hydrocortisone*                                    | Nabumetone*                              | Selenium sulfide*                  |
| Azithromycin* (QL)                    | Diazepam* (QL)                            | Hydrocortisone* (QL)                               | Nadolol* (QL)                            | Serevent Diskus (QL)               |
| Azmacort (QL)                         | Diclofenac*                               | Hydrocortisone* (QL)                               | Nadrol* (QL)                             | Sertraline* (QL)                   |
| Baclofen*                             | Diltiazem* (QL)                           | Hydromorphone* (QL)                                | Naproxen sodium*                         | Simvastatin* (QL)                  |
| Benazepril* (QL)                      | Diovan (QL)                               | Hydroxyzine*                                       | Naproxen*                                | Singulair (ST, QL)                 |
| Benzonatate* (QL)                     | Diovan HCT (QL)                           | Ibuprofen*   | Nasacort AQ (ST, QL)                     | Slo-Niacin (OTC)                   |
| Benzoyl Peroxide* (QL)                | Diphenhydramine* (OTC)                    | Imipramine*  | Nasonex (ST, QL)                         | Spironolactone* (QL)               |
| Betamethasone diprop.* (QL)           | Divalproex sodium* ER* (QL)               | Indapamide* (QL)                                   | Neomycin-Bacitracin-Polymyxin* (OTC, QL) | Sulfamethoxazole-TMP DS*           |
| Betamethasone valerate* (QL)          | Dovonex (QL)                              | Indomethacin*                                      | Niacin* (OTC)                            | Sulindac*                          |
| Brompheniramine & phenylephrine* (QL) | Doxazosin*                                | Isometheptene-Dichloralphenazone-APAP* (QL)        | Nicardipine* (QL)                        | Sumatriptan* (QL)                  |
| Bumetanide* (QL)                      | Doxepin*                                  | Ketoconazole* (QL)                                 | Nordette* (GL)                           | Terbinafine* (QL)                  |
| Bupropion SR*, XL* (QL)               | Doxycycline*                              | Ketoconazole* (QL)                                 | Norinyl* (GL)                            | Terconazole vaginal* (QL)          |
| Bupropion* (QL)                       | Enalapril HCTZ* (QL)                      | Ketoconazole* (QL)                                 | Nor-QD* (GL)                             | Tetracycline*                      |
| Butalbital-APAP-Caffeine* (QL)        | Enalapril* (QL)                           | Labetolol* (QL)                                    | Novolog (QL)                             | Tizanidine*                        |
| Butalbital-Aspirin-Caffeine* (QL)     | Erythromycin*                             | Lactic Acid (Ammonium Lactate)* (QL)               | Nuvaring (GL)                            | Torsemide* (QL)                    |
| Captopril HCTZ* (QL)                  | Erythromycin* (QL)                        | Lamotrigine*                                       | Nystatin*                                | Tramadol/APAP* (QL)                |
| Captopril* (QL)                       | Ethosuximide*                             | Lantus (QL)  | Nystatin* (QL)                           | Tramazodone* (QL)                  |
| Carbamazepine*                        | Etodolac*                                 | Lavaquin (QL)                                      | Ortho 777* (GL)                          | Triamcinolone* (QL)                |
| Carisoprodol* (QL)                    | Eurax (QL)                                | Linsinopril* (QL)                                  | Ortho Cyclen* (GL)                       | Triamterene & HCTZ*                |
| Carvedilol* (QL)                      | Felodipine* (QL)                          | Linsinopril/HCTZ* (QL)                             | Ortho Tri Cyclen* (GL)                   | Triphasil* (GL)                    |
| Carvedilol* (QL)                      | Fenofibrate* (QL)                         | Lipitor (PA) (QL)                                  | Ovral* (GL)                              | Valtrex (QL)                       |
| Cefdinir* (ST)                        | Fetanyl patches 72HR* (PA, QL)            | Lo/Ovral* (GL)                                     | Oxapropin*                               | Venlafaxine* (QL)                  |
| Cefprozil* (QL) (AL)                  | Flovent (QL)                              | Loratadine* (OTC, QL)                              | Oxycodone* (QL)                          | Venlafaxine-XR* (QL)               |
| Cefuroxime* (QL) (AL)                 | Fluconazole* (QL) (AL)                    | Loratadine-D* (OTC, QL)                            | Oxycodone/APAP* (QL)                     | Ventolin HFA (QL)                  |
| Celebrex (PA, QL)                     | Fluocinolone* (QL)                        | Lorazepam* (QL)                                    | Oxycontin* (PA, QL)                      | Verapamil* (QL)                    |
| Cephalexin*                           | Fluocinonide* (QL)                        | Losartan* (QL)                                     | Paroxetine* (QL)                         | Veripred                           |
| Cetirizine* (OTC, QL)                 | Fluoxetine* (QL)                          | Losartan/HCTZ* (QL)                                | Pediapred*                               | Yasmin* (GL, QL)                   |
| Chlorpheniramine* (OTC)               | Fluticasone propionate* (QL)              | Lovastatin* (QL)                                   | Penicillin VK*                           | YAZ* (GL)                          |
| Chlorthalidone*                       | Foradil (QL)                              | Meperidine* (QL)                                   | Permethrin Cream* (QL)                   | Zomig (QL)                         |
| Chlorzoxazone*                        | Furesomide*                               | Metadate CD (AL, QL)                               | Permethrin Creme Rinse* (OTC)            |                                    |
|                                       | Gabapentin*                               |  | Phenobarbital*                           |                                    |

KEY: PA - Prior Authorization ST - Step Therapy QL - Quantity Limit GL - Gender Limit  
 AL - Age Limit OTC - Over-the-Counter \* - Generic Substitution Required

The listed drugs are covered in certain formulations that represent a wide range of generic options. Some formulations may have been excluded due to pricing. To avoid a prior authorization process, please indicate on the prescription that generic equivalents can be substituted according to the Preferred Drug List positioning. For the most current Preferred Drug List please visit the Magnolia Health Plan website at [www.magnoliahealthplan.com](http://www.magnoliahealthplan.com).