FY2014 Cancer State Aid Supportive Therapies Formulary

Out-Patient Prescriptions Formulary

Prescription Notes

To qualify for reimbursement, medications must be related to the treatment of the patient's cancer or cancer symptoms. Medications for conditions not related to the patient's cancer treatment or related symptoms are not eligible for program reimbursements.

If available, generic equivalents must be used. Reimbursement will only be made for brand name drugs if there is no generic equivalent.

Over-the-counter medication and strengths of medication will not be approved.

For compounds, reimbursement will be made only for the amount of actual medication dispensed.

All prescription medications require written and Cancer State Aid (CSA) signed prior approval on a current CSA Medication Request Form. In addition to prior approval, any medications not included on this list will require additional medical and/or financial review.

Approvals of requested prescriptions and refills are limited to time periods which do not extend beyond the current state fiscal year (FY), as patient enrollments are limited to the current FY. Each State FY begins on July 1st and ends on the following June 30th.

Antibiotics/Antifungals

Recommended Duration of Therapy - limited to 30 days	
Generic Name	Brand Name
Amoxicillin	Amoxil, Trimox
Amoxicillin/clavulanate	Augmentin
Ampicillin	Principen
Azithromycin	Z-Pak
Cefadroxil	Duricef
Cefdinir	Omnicef
Cefuroxime	Ceftin
Cephalexin	Keflex
Ciprofloxacin	Cipro
Clarithromycin	Biaxin
Clindamycin	Cleocin
Clotrimazole	Mycelex
Dapsone	Dapsone
Doxycycline	Doryx, Monodox, Vibra-tabs
Erythromycin	Eryc, Ery-tab, PCE, E.E.S.
Ethambutol	Myambutol
Fluconazole	Diflucan
Gatifloxacin	Tequin
Ketoconazole	Nizoral
Levofloxacin	Levaquin
Metronidazole	Flagyl
Moxifloxacin	Avelox
Mupirocin	Bactroban
Neomycin	Various combinations

FY2014 Cancer State Aid Supportive Therapies Formulary Out-Patient Prescriptions Formulary	
Nitrofurantoin	Macrobid, Macrodantin
Penicillin	Pen-VK, Veetids
Posaconazole	Noxafil
Rifabutin	Mycobutin
Rifampin	Rifadin
Rifaximin	Xifaxan
Silver sulfadiazine	Silvadene
Sulfamethoxazole/trimethoprim	Bactrim, Bactrim DS, Septra, Septra DS
Voriconazole	V-fend
Anticoagulants	
Recommended Duration of Therapy - no time limitations	
Generic Name	Brand Name
Dalteparin	Fragmin
Enoxaparin	Lovenox
Fonaparinux	Atrixtra
Heparin	Hep-Lock flush (flushes only)
Warfarin	Coumadin
Anticonvulsants	
Recommended Duration of Therapy - no time limitations	
Generic Name	Brand Name
Carbamazepine	Tegretol, Carbatrol
Gabapentin	Neurontin
Lamotrigine	Lamictal
Levetiracetam	Keppra
Phenytoin	Dilantin
Pregabalin	Lyrica
Tiagabine	Gabitril
Valproic Acid	Depakote
Antidepressants	
Recommended Duration of Therapy - limited to 6 months	
Generic Name	Brand Name
Amitriptyline	Elavil
Bupropion	Wellbutrin
Citalopram	Celexa
Desipramine	Norpramin
Duloxetine	Cymbalta
Escitalopram	Lexapro
Fluoxetine	Prozac
Mirtazapine	Remeron
Nortriptyline	Pamelor
Paroxetine	Paxil
Sertraline	Zoloft
Trazadone	Desyrel
Venlafaxine	Effexor

FY2014 Cancer State Aid Supportive Therapies Formulary

Out-Patient Prescriptions Formulary

Anti-diarrheals	
Recommended Duration of Therapy - no time limitations	
Generic Name	Brand Name
Cholestyramine	Questran
Diphenoxylate/atropine	Lomotil
Octreotide	Sandostatin, Sandostatin LAR
Tincture of opium	Paregoric
Antiemetics	
Recommended Duration of Therapy - limited to 6 months	
Generic Name	Brand Name
Aprepitant	Emend
Dolasetron	Anzemet
Dronabinol	Marinol
Granisetron	Kytril
Haloperidol	Haldol
Metoclopramide	Reglan
Ondansetron	Zofran
Palonosetron	Aloxi
Prochlorperazine	Compazine
Promethazine	Phenergan
Antitussives	
Recommended Duration of Therapy - no time limitations	
Generic Name	Brand Name
Benzonatate	Tessalon
Guaifenesin/codeine	Robitussin AC, Guiatuss AC
Hydrocodone/chlorpheniramine	Tussionex
Hydrocodone/homatropine	Hycodan
Promethazine/codeine	Phenergan with codeine
Antivirals	
Recommended Duration of Therapy - no time limitations	
Generic Name	Brand Name
Acyclovir	Zovirax
Famciclovir	Famvir
Valacyclovir	Valtrex
Valganciclovir	Valcyte
Anxiolytics	
Recommended Duration of Therapy - limited to 6 months	
Generic Name	Brand Name
Alprazolam	Xanax
Clonazepam	Klonopin
Diazepam	Valium
Eszopiclone	Lunesta
Lorazepam	Ativan
Temazepam	Restoril

FY2014 Cancer State Aid Supportive Therapies Formulary Out-Patient Prescriptions Formulary	
Zaleplon	Sonata
Zolpidem	Ambien
Cholinergics	
Recommended Duration of Therapy - no time limitations	
Generic Name	Brand Name
Cevimeline	Evoxac
Pilocarpine	Salagen
Electrolyte Replacement	
Recommended Duration of Therapy - no time limitations	
Generic Name	Brand Name
Magnesium	Slo-Mag
Magnesium oxide	Mag-Ox
Phosphorus combinations	Nutra-phos, K-phos
Potassium chloride	K-Dur
Gastrointestinal	
Recommended Duration of Therapy - no time limitations	
Generic Name	Brand Name
Belladonna alkaloids and barbiturates	Donnatal
Lactulose	Generlac
Pancrelipase	Pancrease
Polyethylene glycol electrolyte solution	Miralax, Go-lytely, Nu-lytely
Sorbitol	Sorbitol
Gastrointestinal Protectants	
Recommended Duration of Therapy - limited to 6 months	
Generic Name	Brand Name
Esomeprazole	Nexium
Pantoprazole	Protonix
Sucralfate	Carafate
Growth Factors	
Recommended Duration of Therapy - limited to 6 months	
Generic Name	Brand Name
Darbepoetin	Aranesp
Epoetin	Procrit
Filgrastim	Neupogen
Pegfilgrastim	Neulasta
Sargramostim	Leukine
Hormonal Agents	
Recommended Duration of Therapy - no time limitations	
Generic Name	Brand Name
Anastrozole	Arimidex
Bicalutamide	Casodex
Exemestane	Aromasin
Flutamide	Eulexin
Ketoconazole	Nizoral

FY2014 Cancer State Aid Supportive Therapies Formulary Out-Patient Prescriptions Formulary	
Letrozole	Femara
Leuprolide	Lupron
Megestrol	Megace
Nilutamide	Nilandron
Tamoxifen	Nolvadex
Miscellaneous	
Recommended Duration of Therapy - no time limitations	
Generic Name	Brand Name
Alfuzosin	Uroxatral
Diphenhydramine (injection only)	Benadryl
Flavoxate	Urispas
Fludrocortisone	Florinef
Folic Acid	Folic Acid
Hydrocortisone suppositories	Anusol HC
Hydroxyzine HCl	Atarax
Insulin	Humulin, Novolin, Lantus
Levothyroxine sodium	Synthyroid
Meclizine	Antivert
Oxandrolone	Oxandrin
PVP, hyaluronic acid, glycyrrhetinic acid	Gelclair
Pramoxine & Hydrocortisone	Proctofoam-HC
Scopolamine	Transderm Scop
Tamulosin	Flomax
Miscellaneous Supplies	
Supplies	Examples
Diabetic Supplies for Pancreatic Cancer	Syringes, Strips, Lancets, etc.
Ostomy Supplies for Colon Cancer	Flanges, Wafers, Paste, etc.
Narcotic Analgesics	
Recommended Duration of Therapy - no time limitations	
Generic Name	Brand Name
Fentanyl	Duragesic, Sublimaze
Hydromorphone	Dilaudid
Meperidine	Demerol
Methadone	Dolophine
Morphine	MSIR, MS Contin
Oxycodone	Oxy Contin, OxyIR
Codeine/Acetaminophen	Tylenol #3
Hydrocodone/Acetaminophen	Lortab, Vicodin
Oxycodone/Acetaminophen	Percocet, Roxicet, Tylox
Non-Narcotic Analgesics	
Recommended Duration of Therapy - no time limitations	
Generic Name	Brand Name
Celecoxib	Celebrex
Tramadol	Ultram

FY2014 Cancer State Aid Supportive Therapies Formulary

Out-Patient Prescriptions Formulary

Oral Care Agents	
Recommended Duration of Therapy - no time limitations	
Generic Name	Brand Name
Amlexanox	Aphthasol
Lidocaine viscous	Xylocaine viscous
Lidocaine, nystatin, tetracycline	Duke's Magic Mouthwash
PVP, hyaluronic acid, glycyrrhetinic acid	Gelclair
Oral Chemotherapeutic Agents	
Recommended Duration of Therapy - no time limitations	
Generic Name	Brand Name
6- Mercaptopurine	Purinethol
Capecitabine	Xeloda
Hydroxyurea	Hydrea
Imatinib mesylate	Gleevec
Methotrexate	Rheumatrex
Thalidomide	Thalomid
Protectants/Antidotes	
Recommended Duration of Therapy - no time limitations	
Generic Name	Brand Name
Allopurinol	Zyloprim
Folinic Acid	Leucovorin
Mesna	Mesnex
Pulmonary	
Recommended Duration of Therapy - no time limitations	
Generic Name	Brand Name
Albuterol	Proventil
Albuterol/Ipratropium	Combivent
Fluticasone	Flovent
Fluticasone/salmeterol	Advair
Ipratropium	Atrovent
Salmeterol	Serevent
Theophylline	Theo-Dur, Uniphyl
Tiotropium	Spiriva
Skeletal Muscle Relaxants	
Recommended Duration of Therapy - limited to 30 days	
Generic Name	Brand Name
Baclofen	Lioresal
Cyclobenzaprine	Flexeril
Methocarbamol	Robaxin
Tizanidine	Zanaflex
Steroids	
Recommended Duration of Therapy - no time limitations	
Generic Name	Brand Name
Clobetasol propionate	Temovate

FY2014 Cancer State Aid Supportive Therapies Formulary

Out-Patient Prescriptions Formulary

Dexamethasone	Decadron
Methylprednisolone	Medrol
Prednisone	Deltasone
Triamcinolone	Aristacort-A, Kenalog

Supportive Cardiac Care

Recommended Duration of Therapy - no time limitations

Generic Name	Brand Name
Amiodarone	Cordarone
Digoxin	Lanoxin
Furosemide	Lasix
Spironolactone	Aldactone

Topicals

Recommended Duration of Therapy - no time limitations

Generic Name	Brand Name
Acyclovir	Zovirax
Bexarotene	Targretin gel
Clobetasol propionate	Temovate
Fluorouracil	Efudex
Hyaluronic acid	Xclair cream
Ketoconazole	Nizoral
Lidocaine & Prilocaine	ELMA cream & discs
Mupirocin	Bactroban
Neomycin	Various combinations
Silver sulfadiazine	Silvadene
Triamcinolone	Aristacort-A, Kenalog
Trypsin, balsam peru, castor oil	Xenaderm

By Special Approval Only

Generic Name	Brand Name
Tretinoin	Vesanoid

High cost medications should be referred to a Patient Medication Assistance Program. Please see the CSA list.

Submit requests for prior approval of high cost medications on the current Cancer State Aid form for retail or supportive prescription medications.

Hospitals and hospital pharmacies that have negotiated 340B pricing may only be reimbursed up to the lowest negotiated 340B cost of medications that are purchased from the supplier. Reimbursement is based on the lowest price the hospital has negotiated with the supplier. The 340B or lowest negotiated price should be listed on claims submitted to CSA. To learn more about the 340B Program please visit select the first hyperlink below and to verify hospital/pharmacy participation in the 340B program select the second hyperlink.

Hyperlink to http://www.hrsa.gov/opa/introduction.htm Hyperlink to http://opanet.hrsa.gov/opa/CE/CEExtract.aspx