



# Total Health Care Medicaid 2011 Formulary

(05/01/11)

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## INTRODUCTION

Total Health Care (THC) is pleased to provide the 2011 Medicaid formulary, created to help manage our members' pharmacy benefit. The list contains drugs that are safe and effective. This is an informational tool for physicians, pharmacists, and members designed to assist in selecting clinically appropriate and cost-effective products.

## NOTICE

The information contained in this formulary is provided by THC, solely for the convenience of medical providers and members. THC does not warrant or assure accuracy of this information, nor is it intended to be comprehensive in nature.

This formulary is not intended to be a substitute for the knowledge, expertise, skill or judgment of the medical provider in their choice of prescription drugs. Total Health Care 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.

## TOTAL HEALTH CARE PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

Total Health Care's P&T Committee meets quarterly to review and recommend medications for formulary consideration. The Committee considers clinical information on drugs that are new to the market and drugs that are typically included in an outpatient pharmacy benefit. This assures that the formulary remains responsive to patient and physician needs. The Committee is composed of physicians, pharmacists, and health care professionals. The Committee also uses reference materials from our Pharmacy Benefits Manager's Pharmacy and Therapeutics Advisory Panel.

## PRODUCT SELECTION CRITERIA

The primary goal of the THC P&T Committee is to maintain and update the formulary based upon an objective analysis of the safety, efficacy, approved indications, adverse effects, contraindications, patient administration/compliance considerations and cost effectiveness of available drugs.

When a drug is considered for formulary inclusion, it will be reviewed relative to similar drugs including those currently in the THC Formulary. Physicians may request a copy of THC's drug criteria by calling the Pharmacy Department at 1-313-871-2000, press option 9 at prompt.

## GENERIC SUBSTITUTION

THC mandates the use of generic drugs. The brand names listed in the formulary are for reference only. Drugs listed in boldface type have U.S. Food and Drug (FDA) approved generic equivalents available, and the generic product will be dispensed.

## PRIOR AUTHORIZATION

Drugs indicated with a "PA" require a Prior Authorization for coverage. A prescriber may complete a Prior Authorization form that can be found on the THC website at [www.totalhealthcareonline.com](http://www.totalhealthcareonline.com). Please call the CVS Caremark Help Desk at 1-888-304-9081 or fax a completed Prior Authorization form to 1-866-855-2658.

## LIMITATIONS

Drugs indicated with an "ST" require that an alternative, first line drug be tried and failed before the requested medication can be covered. The online claims adjudication system will automatically allow for the requested medication to be filled based on electronic claims history indicating that the first line drug was filled.

Specific medications indicated with a "QL" notation in the formulary, have restrictions on the quantity of the medication that will be dispensed.

Specific medications indicated with an "AL" notation in the formulary, have restrictions on the age of the patient for whom the medication will be dispensed.

## PREFACE

The formulary is a listing of drug products that are eligible for payment by Total Health Care. Products are listed by generic name and brand names are included as a reference for product recognition. Unless exceptions are noted, generally all applicable dosage forms and strengths of the drug cited are included in the formulary. Extended release formulations (e.g. ext-rel, SR, ER) are not considered formulary drugs unless specified. THC will not cover prescription drugs that are prescribed for experimental, investigational or non-FDA approved indications.

## MEDICAID FEE-FOR-SERVICE CARVE OUT LIST

Effective April 1, 2010, the State of Michigan required that the mental health drugs on the Medicaid Health Plans (MHP) carve-out list be added to the State's 100% carve-out list. These drugs must be billed directly by the pharmacies at point-of-sale to the Michigan Department of Community Health's contracted Pharmacy Benefits Manager (PBM). The State of Michigan will continue to pay all Psychotropic and HIV/AIDS medications. A list of the carve-out drugs is available on the PBM website at [www.michigan.fhsc.com](http://www.michigan.fhsc.com) (then click 'Providers', then 'Drug Information').

## LEGEND

<b>boldface</b>	Indicates generic availability; boldface may not apply to every strength or dosage form under the listed generic name
<b>AL</b>	Age Limitation
<b>(d/c)</b>	Discontinued brand, listed for reference purposes only
<b>OTC</b>	Over the counter
<b>PA</b>	Prior Authorization Required
<b>QL</b>	Quantity Limitation
<b>SP</b>	Specialty Program
<b>ST</b>	Step Therapy
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification

## SPECIALTY BIO-PHARMACEUTICAL PHARMACY PROGRAM

**Total Health Care** works exclusively with CVS Caremark and their Specialty Pharmacy to provide Specialty Bio-Pharmaceutical products to their members.

The fax number for prior authorization requests is 1-877-889-3401. A specialty pharmacy prior authorization form must be completed and faxed to CVS Caremark, with supporting documentation and the prescription. Please fax your standard prescription form that contains physician's name, address, phone, fax and DEA number. Please give the patient's full name and date of birth.

Once the order is received, CVS Caremark's Specialty department will contact the doctor's office to verify receipt of the prescription. CVS Caremark obtains authorization from Total Health Care. Then, CVS Caremark's staff ships the medication directly to the physician's office or the patient's home. All packages are individually marked for each patient and refrigerated items are shipped in insulated containers. Where appropriate, each shipment includes needles, syringes and alcohol swabs.

If you have any questions about our program, please contact the CVS Caremark Specialty Pharmacy Member Care Specialists at 1-866-516-7611.

Listed below are the medications that are available under the Specialty Pharmacy Program administered by CVS Caremark.

## SPECIALTY MEDICATIONS

<b>PA, SP</b>	capecitabine	XELODA
<b>SP</b>	<b>ceftriaxone sodium</b>	ROCEPHIN inj
<b>SP</b>	cyclosporine cap	SANDIMMUNE
<b>PA, SP</b>	dornase alfa inhalation soln	PULMOZYME
<b>PA, SP</b>	epoetin alfa	PROCRIT
<b>PA, SP</b>	filgrastim	NEUPOGEN
<b>PA, SP</b>	glatiramer	COPAXONE
<b>PA, SP</b>	interferon alfa-2b	INTRON A
<b>PA, SP</b>	interferon alfacon-1	INFERGEN
<b>PA, SP</b>	interferon beta-1a	AVONEX
<b>PA, SP</b>	interferon beta-1b	BETASERON
<b>PA, SP</b>	<b>iron dextran inj</b>	DEXFERRUM
<b>PA, SP</b>	<b>iron dextran inj</b>	INFED
<b>PA, SP</b>	leuprolide acetate	LUPRON DEPOT
<b>PA, SP</b>	leuprolide acetate	LUPRON DEPOT-PED
<b>PA, SP</b>	peginterferon alfa-2b	PEGINTRON
<b>PA, SP</b>	<b>ribavirin</b>	REBETOL
<b>PA, SP</b>	<b>testosterone cypionate inj</b>	DEPO-TESTOSTERONE inj

## MEDICATION LIMITATIONS

**Quantity Limitations** are on medications throughout the formulary and are indicated with a “QL” notation. These are medications that have a daily dose restriction; quantity/days supply limitation, and/or a limitation on the duration of therapy.

### Quantity Limitation List

<u>Generic Name</u>	<u>Brand Name</u>	<u>Limitation Description</u>
<b>All Condoms</b>		Limited to 12 Condoms per 30 Days
<b>All Diaphragms</b>		Limited to 1 Diaphragm per Year
<b>All Oral Contraceptives</b>		Limited to a Daily Dose of 1
<b>All Generic ACE Inhibitors</b>		Limited to 30 tabs per 30 Days, except for highest strength which has no edits
albuterol, cfc-free aerosol	VENTOLIN HFA	Limited to 2 Inhalers per Month
<b>OTC alcohol swabs</b>		Limited to 200 per Month
<b>alendronate 70 mg</b>	FOSAMAX 70 mg	Limited to 4 per Month
<b>amlodipine</b>	NORVASC	Limited to 30 tabs per 30 Days
<b>amlodipine/benazepril</b>	LOTREL	Limited to a Daily Dose of 1
<b>amoxicillin/clavulanate (500 mg, 875 mg tabs only)</b>	AUGMENTIN TABLETS	Limited to 28 tabs per 14 Days
atovaquone	MEPRON	Limited to 210 mL per 18 Days
<b>azithromycin 250 mg</b>	ZITHROMAX	Limited to a Daily Dose of 4
<b>azithromycin 500 mg, 600 mg</b>	ZITHROMAX	Limited to a Daily Dose of 2
<b>azithromycin 1 gm powder</b>	ZITHROMAX	Limited to a Daily Dose of 1
beclomethasone, cfc-free aerosol	QVAR	Limited to 1 Inhaler per Month
<b>OTC blood glucose test strips</b>	TRUETEST, TRUETRACK	Limited to 50 Strips per 30 Days For Non Insulin Dependent and 100 Strips for Insulin Dependent

### Quantity Limitation List

	<u>Generic Name</u>	<u>Brand Name</u>	<u>Limitation Description</u>
ST	budesonide/formoterol	SYMBICORT	Limited to 1 Inhaler per Month
	bupropion ext-rel	ZYBAN	Limited to 90 days per calendar year
	carisoprodol 350 mg	SOMA 350 mg	Limited to 90 tabs per 30 Days
	colchicine	COLCRYS	Limited to 20 tabs per 30 Days
	diltiazem ext-rel 12 hr	CARDIZEM SR (d/c)	Limited to a Daily Dose of 2
	diltiazem ext-rel 24 hr	CARDIZEM CD	Limited to a Daily Dose of 1
	diltiazem ext-rel 24 hr	DILACOR XR	Limited to a Daily Dose of 1
	estradiol transdermal	ALORA, ESTRADERM	Limited to 8 transdermal patches per 30 days
	felodipine ext-rel	PLENDIL (d/c)	Limited to 30 tabs per 30 Days
	fluconazole 50 mg, 100 mg, 200 mg	DIFLUCAN	Limited to a Daily Dose of 1
	fluconazole 150 mg	DIFLUCAN	Limited to 3 tabs per 30 Days
	fluconazole susp	DIFLUCAN	Limited to 105 mL per 30 Days
	flunisolide	NASAREL (d/c)	Limited to 2 Inhalers per Month
	fluticasone	FLONASE	Limited to 1 Inhaler per Month
	fluticasone/salmeterol	ADVAIR 100 mcg/50 mcg	Limited to 1 Inhaler per Month
ST	glipizide ext-rel	GLUCOTROL XL	Limited to a Daily Dose of 1
	glucagon, human recombinant	GLUCAGON EMERGENCY KIT	Limited to 2 Kits per 30 Days
	ipratropium nasal spray	ATROVENT	Limited to 30 mL per Month
	ipratropium, cfc-free aerosol	ATROVENT HFA	Limited to 2 Inhalers per Month
	ipratropium/albuterol	COMBIVENT	Limited to 2 Inhalers per Month
	ketorolac tabs 10 mg		Limited to a Daily Dose of 4 (40 mg) tabs and maximum of 5 days supply
	losartan 25 mg, 50 mg	COZAAR	Limited to a Daily Dose of 2
	losartan 100 mg	COZAAR	Limited to a Daily Dose of 1
	losartan/hydrochlorothiazide 50/12.5 mg	HYZAAR	Limited to a Daily Dose of 2
	losartan/hydrochlorothiazide 100/12.5 mg, 100/25 mg	HYZAAR	Limited to a Daily Dose of 1
ST	medroxyprogesterone acetate	DEPO-PROVERA	Limited to 1 Injection per 90 Days
	metoprolol ext-rel	TOPROL XL	Limited to 30 tabs per 30 Days
	mometasone/formoterol	DULERA	Limited to 1 Inhaler per Month
	nabumetone tabs 500 mg		Limited to 4 (2000 mg) tabs per day
	nabumetone tabs 750 mg		Limited to 2 (1500 mg) tabs per day
	nicotine gum	NICORETTE	Limited to a Max Qty of 270 per Month and Limited to 3 Months per Year
OTC	nicotine transdermal 7 mg, 14 mg	NICODERM CQ	Limited to 90 days supply every 365 Days
OTC	nicotine transdermal 21 mg	NICODERM CQ	Limited to 90 days supply every 365 Days

**Quantity Limitation List**

	<u>Generic Name</u>	<u>Brand Name</u>	<u>Limitation Description</u>
	nifedipine ext-rel 24 hr	ADALAT CC, PROCARDIA XL	Limited to a Daily Dose of 1
	omeprazole 20 mg	PRILOSEC	Limited to 60 caps per 30 Days
	ondansetron 24 mg	ZOFRAN 24 mg (d/c)	Limited to 5 tabs per 30 Days
	ondansetron soln	ZOFRAN	Limited to 50 mL per 30 Days
	pentoxifylline	TRENTAL	Limited to 90 tabs per 30 Days
ST	pioglitazone	ACTOS	Limited to 30 tabs per 30 Days
ST	pioglitazone/glimepiride	DUETACT	Limited to 30 tabs per 30 Days
ST	pioglitazone/metformin	ACTOPLUS MET	Limited to a Daily Dose of 2
	prasugrel	EFFIENT	Limited to 30 tabs per 30 Days per 12 Months
	propranolol/hydrochlorothiazide	INDERIDE (d/c)	Limited to a Daily Dose of 1
PA	rosiglitazone	AVANDIA	Limited to 30 tabs per 30 Days
PA	rosiglitazone/glimepiride	AVANDARYL	Limited to 30 tabs per 30 Days
PA	rosiglitazone/metformin	AVANDAMET	Limited to 60 tabs per 30 Days
ST	rosuvastatin	CRESTOR	Limited to 30 tabs per 30 Days
	salmeterol xinafoate	SEREVENT	Limited to 2 Inhalers per Month
ST	sitagliptin	JANUVIA	Limited to a Daily Dose of 1
ST	sitagliptin/metformin	JANUMET	Limited to a Daily Dose of 2
OTC	sodium chloride nasal spray		Limited to 2 Inhalers per Month
	sumatriptan tabs	IMITREX	Limited to 9 tabs per 30 Days
	tramadol	ULTRAM	Limited to 60 tabs per 30 Days
	verapamil ext-rel	CALAN SR, ISOPTIN SR	Limited to a Daily Dose of 1
OTC	vitamin D	VITAMIN D 400 IU	Limited to 60 tabs per 30 Days

**Age Limitations** are on medications throughout the formulary and are indicated with an “AL” notation. Coverage for a medication is indicated by the age limitation. This could be a minimum age, maximum age, and/or the combination of a minimum and maximum age edit.

**Age Limitation List**

	<u>Generic Name</u>	<u>Brand Name</u>	<u>Limitation Description</u>
	budesonide inh susp	PULMICORT RESPULES	Covered for Patients Up to Age 8
OTC	cetirizine OTC syrup	ZYRTEC OTC SYRUP	Maximum Age is 2 Years, Then Use OTC Loratadine
OTC	diphenhydramine	BENADRYL	Prior Authorization Required for Over 65 Years

### Age Limitation List

<u>Generic Name</u>	<u>Brand Name</u>	<u>Limitation Description</u>
<b>OTC</b> diphenhydramine syrup, elixir, liquid	BENADRYL ALLERGY	Prior Authorization Required for Over 65 Years
lidocaine/prilocaine	EMLA	Covered for Patients Up to Age 15
montelukast chewable tab	SINGULAIR chewable tab	Covered for Patients Up to Age 18
montelukast tabs	SINGULAIR tab	Covered for Patients Up to Age 18
pediatric vitamins ADC/ fluoride chew tab		Covered for Patients Up to Age 10
pediatric vitamin ADC/fluoride drops	TRI-VI-FLOR DROPS (d/c)	Covered for Patients Up to Age 10
pediatric multivitamin/fluoride	POLY-VI-FLOR (d/c)	Covered for Patients Up to Age 10
<b>OTC</b> pediatric vitamins ADC drops	TRI-VI-SOL DROPS	Covered for Patients Up to Age 10
tretinoin	AVITA, RETIN-A	Covered for Patients Under 29 Years

### STEP THERAPY PROTOCOLS

**Step Therapy (ST)** medications require that an alternative, first line medication be tried and failed before the requested medication can be covered. The online claims adjudication system will automatically allow for the requested medication to be filled based on electronic claims history indicating that the first line medication was filled.

<u>Step Therapy Criteria</u>			
<u>Therapy Class</u>	<u>First Line</u>	<u>Second Line</u>	<u>Step Therapy Criteria</u>
Angiotensin II Receptor Blockers	generic ACE Inhibitor	Cozaar Hyzaar	Prior use of generic ACE Inhibitor within the last 90 days.
Antiasthmatic	Formulary Antiasthmatic	Advair 100 mcg/50 mcg Dulera Symbicort	Prior use of an Antiasthmatic within the last 90 days.
Antibiotics	Amoxicillin Ampicillin generic Augmentin Cefpodoxime Cephalexin Ciprofloxacin Clindamycin Dicloxacillin Doxycycline Dynapen susp Erythromycin Penicillin SMZ-TMP Sumycin (d/c) Tetracycline	Avelox Ceclor (d/c) Ceftin Cefzil (d/c) Duricef (d/c) Noroxin Omnicef (d/c)	Prior use of a first line antibiotic within the last 30 days.
Antidiabetics (TZD)	Metformin	Actoplus Met Actos Duetact	Prior use of Metformin within the last 90 days.



<b><u>Step Therapy Criteria</u></b>			
<u>Therapy Class</u>	<u>First Line</u>	<u>Second Line</u>	<u>Step Therapy Criteria</u>
Antidiabetics (DPP-4)	Metformin	Janumet Januvia	Prior use of Metformin within the last 90 days.
Bronchodilators	Albuterol	Spiriva	Prior use of first line agent within the last 30 days.
HMG-CoA Reductase Inhibitors	Simvastatin	Crestor Vytorin	Prior use of first line agent within the last 90 days.
Pediculicides	Elimite (d/c) Lice B Gone RID Nix	Ovide (malathion)	Prior use of first line agent within the last 30 days.
Urinary Antispasmodics	Oxybutynin	Detrol Detrol LA	Prior use of Oxybutynin within past 90 days.

## ANTINEOPLASTIC AND IMMUNOLOGIC AGENTS

### ANTINEOPLASTICS

#### Alkylating Agents

	busulfan	MYLERAN
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#### Antimetabolites

<b>PA, SP</b>	capecitabine	XELODA
	<b>mercaptopurine</b>	PURINETHOL
	<b>methotrexate</b>	
<b>PA</b>	thioguanine	TABLOID

#### Chemotherapy Rescue/Antidote Agents

	<b>leucovorin</b>	
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#### Epipodophyllotoxins

<b>PA</b>	<b>etoposide</b>	VEPESID (d/c)
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#### Ethylenimines/Methylmelamines

	altretamine	HEXALEN
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#### Hormonal Agents

<b>PA</b>	<b>anastrozole</b>	ARIMIDEX
<b>PA</b>	<b>bicalutamide</b>	CASODEX
<b>PA</b>	<b>flutamide</b>	EULEXIN (d/c)
<b>PA</b>	letrozole	FEMARA
<b>PA, SP</b>	leuprolide acetate	LUPRON DEPOT
	<b>megestrol acetate</b>	MEGACE
	<b>tamoxifen</b>	NOLVADEX (d/c)

#### Methylhydrazine

<b>PA</b>	procarbazine	MATULANE
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#### Nitrogen Mustards

	chlorambucil	LEUKERAN
	<b>cyclophosphamide</b>	CYTOXAN (d/c)

#### Nitrosoureas

	lomustine	CEENU
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#### Retinoids

<b>PA</b>	<b>tretinoin caps</b>	VESANOID (d/c)
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#### Substituted Ureas

	<b>hydroxyurea</b>	HYDREA
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#### Miscellaneous Antineoplastic Agents

<b>PA</b>	nilotinib	TASIGNA
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## BIOLOGICAL AND IMMUNOLOGIC AGENTS

### Immunologic Agents Immunomodulators

<b>PA, SP</b>	interferon alfa-2b	INTRON A
<b>PA, SP</b>	interferon alfacon-1	INFERGEN
<b>PA, SP</b>	peginterferon alfa-2b	PEGINTRON

#### Immunosuppressives

	azathioprine	AZASAN
	<b>azathioprine</b>	IMURAN

<b>SP</b>	cyclosporine cap	SANDIMMUNE
	<b>cyclosporine modified - Gengraf</b>	NEORAL
	<b>mycophenolate mofetil</b>	CELLCEPT
	<b>tacrolimus</b>	PROGRAF

## BLOOD MODIFIERS

### ANTICOAGULANTS

#### Oral

	<b>warfarin</b>	COUMADIN
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#### Injectable

<b>PA</b>	<b>enoxaparin</b>	LOVENOX
	<b>heparin sodium (porcine)</b>	

### BLOOD CELL FORMATION

<b>PA, SP</b>	<b>epoetin alfa</b>	PROCRIT
<b>PA, SP</b>	<b>filgrastim</b>	NEUPOGEN

### PLATELET AGGREGATION INHIBITORS

	<b>anagrelide</b>	AGRYLIN
<b>OTC</b>	<b>aspirin tabs, chewable tabs, enteric coated</b>	
	<b>cilostazol</b>	PLETAL
<b>PA</b>	<b>clopidogrel</b>	PLAVIX
	<b>dipyridamole</b>	PERSANTINE
<b>QL</b>	<b>prasugrel</b>	EFFIENT
	<b>ticlopidine</b>	TICLID (d/c)

### MISCELLANEOUS

<b>QL</b>	<b>pentoxifylline</b>	TRENTAL
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## CARDIOVASCULAR AGENTS

### ACE INHIBITORS

#### Ace Inhibitors

<b>QL</b>	<b>benazepril</b>	LOTENSIN
<b>QL</b>	<b>benazepril/hydrochlorothiazide</b>	LOTENSIN HCT
<b>QL</b>	<b>captopril</b>	CAPOTEN (d/c)
<b>QL</b>	<b>captopril/hydrochlorothiazide</b>	CAPOZIDE (d/c)
<b>QL</b>	<b>enalapril</b>	VASOTEC
<b>QL</b>	<b>enalapril/hydrochlorothiazide</b>	VASERETIC
<b>QL</b>	<b>fosinopril</b>	MONOPRIL (d/c)
<b>QL</b>	<b>lisinopril</b>	ZESTRIL
<b>QL</b>	<b>lisinopril/hydrochlorothiazide</b>	ZESTORETIC
<b>QL</b>	<b>moexipril</b>	UNIVASC
<b>QL</b>	<b>quinapril/hydrochlorothiazide</b>	ACCURETIC
<b>QL</b>	<b>ramipril</b>	ALTACE

#### Ace Inhibitor/Calcium Channel Blocker Combinations

<b>QL</b>	<b>amlodipine/benazepril</b>	LOTREL
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### ALPHA BLOCKERS

	<b>doxazosin</b>	CARDURA
	<b>prazosin</b>	MINIPRESS
	<b>terazosin</b>	HYTRIN (d/c)

**ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)****Angiotensin II Receptor Blockers**

<b>QL, ST</b>	<b>losartan</b>	COZAAR
<b>QL, ST</b>	<b>losartan/hydrochlorothiazide</b>	HYZAAR

**ANTIARRHYTHMICS AND CARDIAC GLYCOSIDES****Antiarrhythmics**

	<b>amiodarone</b>	CORDARONE
	<b>amiodarone</b>	PACERONE
	<b>disopyramide</b>	NORPACE
	disopyramide ext-rel	NORPACE CR
	<b>flecainide</b>	TAMBOCOR
	<b>mexiletine</b>	MEXITIL (d/c)
	<b>propafenone</b>	RYTHMOL

**Cardiac Glycosides**

	<b>digoxin</b>	LANOXIN
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**BETA BLOCKERS****Alpha-Beta Blockers**

	<b>carvedilol</b>	COREG
	<b>labetalol</b>	TRANDATE (d/c)

**Cardioselective**

	<b>acebutolol</b>	SECTRAL
	<b>atenolol</b>	TENORMIN
	<b>atenolol/chlorthalidone</b>	TENORETIC
	<b>bisoprolol/hydrochlorothiazide</b>	ZIAC
	<b>metoprolol</b>	LOPRESSOR
<b>QL</b>	<b>metoprolol ext-rel</b>	TOPROL XL
<b>PA</b>	<b>nebivolol</b>	BYSTOLIC

**Noncardioselective**

	<b>nadolol</b>	CORGARD
	<b>pindolol</b>	
	<b>propranolol</b>	INDERAL (d/c)
	<b>propranolol ext-rel</b>	INDERAL LA
<b>QL</b>	<b>propranolol/hydrochlorothiazide</b>	INDERIDE (d/c)
	<b>sotalol</b>	BETAPACE
	<b>sotalol</b>	BETAPACE AF
	<b>timolol</b>	

**CALCIUM CHANNEL BLOCKERS****Dihydropyridines**

<b>QL</b>	<b>amlodipine</b>	NORVASC
<b>QL</b>	<b>felodipine ext-rel</b>	PLENDIL (d/c)
	<b>nicardipine</b>	CARDENE (d/c)
<b>QL</b>	<b>nifedipine ext-rel</b>	ADALAT CC
<b>QL</b>	<b>nifedipine ext-rel</b>	PROCARDIA XL

**Nondihydropyridines**

<b>QL</b>	<b>diltiazem</b>	CARDIZEM
<b>QL</b>	<b>diltiazem ext-rel</b>	CARDIZEM CD
<b>QL</b>	<b>diltiazem ext-rel</b>	DILACOR XR
	<b>diltiazem ext-rel</b>	TIAZAC
<b>QL</b>	<b>diltiazem ext-rel 12 hour</b>	CARDIZEM SR (d/c)
	<b>verapamil</b>	CALAN

<b>QL</b>	verapamil ext-rel	CALAN SR
<b>QL</b>	verapamil ext-rel	ISOPTIN SR
	verapamil ext-rel	VERELAN
<b>DIURETICS</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
	acetazolamide	
	methazolamide	
<b>Loop Diuretics</b>		
	bumetanide	BUMEX (d/c)
	furosemide	LASIX
	torseamide	DEMADEX
<b>Potassium-sparing Diuretics</b>		
	amiloride	MIDAMOR (d/c)
	spironolactone	ALDACTONE
<b>Thiazides and Thiazide-like Diuretics</b>		
	chlorothiazide	
	chlorthalidone	
	hydrochlorothiazide	
	indapamide	LOZOL (d/c)
	methyclothiazide	AQUATENSIN (d/c)
	metolazone	ZAROXOLYN
<b>Diuretic Combinations</b>		
	amiloride/hydrochlorothiazide	MODURETIC (d/c)
	spironolactone/hydrochlorothiazide 25 mg/25 mg	ALDACTAZIDE 25/25
	triamterene/hydrochlorothiazide	MAXZIDE
	triamterene/hydrochlorothiazide	DYAZIDE
<b>LIPID LOWERING AGENTS</b>		
<b>Lipid Lowering Agents</b>		
	cholestyramine	QUESTRAN
	colestipol	COLESTID
	fenofibrate	LOFIBRA
	fenofibrate	TRIGLIDE
	gemfibrozil	LOPID
<b>HMG-CoA Reductase Inhibitors</b>		
<b>ST</b>	ezetimibe/simvastatin	VYTORIN
	lovastatin	MEVACOR
	pravastatin	PRAVACHOL
<b>QL, ST</b>	rosuvastatin	CRESTOR
	simvastatin	ZOCOR
<b>NITRATES</b>		
	isosorbide dinitrate	ISORDIL
	isosorbide dinitrate ext-rel	
	isosorbide mononitrate	ISMO (d/c)
	isosorbide mononitrate	MONOKET
	isosorbide mononitrate ext-rel	IMDUR
	nitroglycerin sublingual	NITROSTAT
	nitroglycerin sublingual spray	NITROLINGUAL
	nitroglycerin transdermal	NITRO-DUR

## MISCELLANEOUS

### Miscellaneous Cardiovascular Agents

	clonidine	CATAPRES
	guanfacine	TENEX
	hydralazine	
	isoxsuprine	VASODILAN (d/c)
	methyldopa	ALDOMET (d/c)
	midodrine	PROAMATINE (d/c)
	minoxidil	LONITEN (d/c)
	papaverine ext-rel	

### Anaphylaxis

	epinephrine inj device	EPIPEN, EPIPEN JR.
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## CENTRAL NERVOUS SYSTEM

### ALZHEIMER'S DISEASE

PA	donepezil	ARICEPT
	galantamine	RAZADYNE
PA	rivastigmine	EXELON

### ANALGESICS

#### NSAIDs

	diclofenac potassium	CATAFLAM
	diclofenac sodium delayed-rel	VOLTAREN (d/c)
	diclofenac sodium delayed-rel/misoprostol	ARTHROTEC
	diclofenac sodium ext-rel	VOLTAREN-XR
	etodolac	
	etodolac ext-rel	
	fenoprofen	NALFON
	flurbiprofen	ANSAID (d/c)
OTC	ibuprofen	ADVIL
	indomethacin	INDOCIN (d/c)
	indomethacin ext-rel	INDOCIN SR (d/c)
	ketoprofen	
	ketoprofen ext-rel	ORUVAIL (d/c)
QL	ketorolac	
	meclofenamate	
	mefenamic acid	PONSTEL
	meloxicam	MOBIC
QL	nabumetone	
	naproxen	NAPROSYN
OTC	naproxen sodium	ALEVE
	naproxen sodium	ANAPROX
	naproxen sodium	NAPRELAN
	oxaprozin	DAYPRO
	piroxicam	FELDENE
	sulindac	CLINORIL
	tolmetin	

#### Non-Narcotic Analgesics

OTC	acetaminophen caps, tabs, ext-rel tabs, chewable tabs, syrup, elixir, infant drops	TYLENOL
OTC	aspirin tabs, chewable tabs, enteric coated	
OTC	aspirin/acetaminophen/caffeine	EXCEDRIN
OTC	aspirin/aluminum hydroxide/magnesium hydroxide	ARTHRITIS PAIN
OTC	aspirin/aluminum hydroxide/magnesium/calcium carbonate	ASCRIPITIN

<b>OTC</b>	buffered aspirin	BUFFERIN
	butalbital/acetaminophen	PHRENILIN
	butalbital/acetaminophen/caffeine	ESGIC
	butalbital/acetaminophen/caffeine	FIORICET
	butalbital/aspirin/caffeine	FIORINAL
	choline/magnesium trisalicylate tabs	
	diflunisal	DOLOBID (d/c)
<b>QL</b>	tramadol	ULTRAM

#### Narcotic Analgesics

	acetaminophen/caffeine/dihydrocodeine	PANLOR DC (d/c)
	butalbital/acetaminophen/caffeine/codeine	FIORICET w/CODEINE
	butalbital/aspirin/caffeine/codeine	FIORINAL w/CODEINE
	codeine tabs	
	codeine/acetaminophen	TYLENOL w/CODEINE
<b>PA</b>	fentanyl transdermal	DURAGESIC
	hydrocodone/acetaminophen	LORCET
	hydrocodone/acetaminophen	LORCET PLUS
	hydrocodone/acetaminophen	LORTAB
	hydrocodone/acetaminophen	VICODIN ES
	hydrocodone/acetaminophen	VICODIN HP
	hydrocodone-acetaminophen	NORCO
	hydromorphone	DILAUDID
	hydromorphone liquid	DILAUDID-5
	meperidine	DEMEROL
	methadone	DOLOPHINE
	morphine sulfate	
	morphine sulfate ext-rel	MS CONTIN
	oxycodone caps 5 mg	OXYIR (d/c)
	oxycodone tabs 5 mg, 15 mg, 30 mg	
	oxycodone/acetaminophen (except 2.5/325 mg)	PERCOCET
	oxycodone/aspirin	PERCODAN

#### MIGRAINE

##### Migraine

	acetaminophen/isometheptene/dichloralphenazone	MIDRIN
	dihydroergotamine spray	MIGRANAL
	ergoloid mesylates	
	ergotamine	ERGOMAR
	ergotamine/caffeine	CAFERGOT

#### Triptans

<b>QL</b>	sumatriptan tabs	IMITREX TABLETS
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#### MULTIPLE SCLEROSIS

<b>PA, SP</b>	glatiramer	COPAXONE
<b>PA, SP</b>	interferon beta-1a	AVONEX
<b>PA, SP</b>	interferon beta-1b	BETASERON

#### PARKINSON'S DISEASE

	bromocriptine	PARLODEL
	carbidopa	LODOSYN
	carbidopa/levodopa	SINEMET
	carbidopa/levodopa ext-rel	SINEMET CR
	pramipexole	MIRAPEX
	ropinirole	REQUIP
	selegiline	ELDEPRYL

## DERMATOLOGY

### ACNE VULGARIS

#### Oral

	<b>doxycycline hyclate</b>	VIBRAMYCIN
	erythromycin delayed-rel	ERY-TAB
	<b>minocycline</b>	MINOCIN
	<b>tetracycline</b>	SUMYCIN (d/c)

#### Topical

	<b>benzoyl peroxide</b>	BENZAC AC
<b>OTC</b>	<b>benzoyl peroxide</b>	OXY 10
	<b>benzoyl peroxide</b>	TRIAZ
	<b>clindamycin</b>	CLEOCIN-T
	<b>erythromycin gel 2%</b>	ERYGEL (d/c)
	<b>erythromycin soln</b>	
	<b>sulfacetamide sodium lotion</b>	KLARON
<b>AL</b>	<b>tretinoin</b>	AVITA
<b>AL</b>	<b>tretinoin</b>	RETIN-A

### BACTERIAL INFECTIONS

<b>OTC</b>	<b>bacitracin</b>	
	<b>gentamicin</b>	
	mupirocin crm	BACTROBAN CREAM
	<b>mupirocin oint</b>	BACTROBAN OINTMENT
<b>OTC</b>	<b>neomycin/polymyxin B/bacitracin</b>	NEOSPORIN
	neomycin/polymyxin B/bacitracin/hydrocortisone oint	CORTISPORIN OINTMENT
<b>OTC</b>	<b>neomycin/polymyxin B/bacitracin/lidocaine oint</b>	NEOSPORIN PLUS
	neomycin/polymyxin B/hydrocortisone crm	CORTISPORIN CREAM
	<b>silver sulfadiazine</b>	SILVADENE

### CORTICOSTEROIDS

#### Low

	<b>desonide crm, lotion, oint 0.05%</b>	DESOWEN
	<b>fluocinolone acetonide soln 0.015%</b>	SYNALAR (d/c)
<b>OTC</b>	<b>hydrocortisone acetate aloe vera crm 0.5%</b>	HYDROCORT AC
<b>OTC</b>	<b>hydrocortisone acetate crm, oint</b>	ANUSOL
<b>OTC</b>	<b>hydrocortisone acetate crm, oint</b>	TUCKS
	<b>hydrocortisone crm 2.5%</b>	HYTONE (d/c)
<b>OTC</b>	<b>hydrocortisone crm, oint 0.5%, 1%</b>	
	<b>hydrocortisone lotion 1%</b>	NUTRACORT (d/c)

#### Medium

	<b>betamethasone valerate crm, lotion, oint 0.1%</b>	BETA-VAL (d/c)
	<b>desoximetasone crm 0.05%</b>	TOPICORT LP
	flurandrenolide	CORDRAN
	<b>fluticasone propionate crm 0.05%, oint 0.005%</b>	CUTIVATE CREAM, OINTMENT
	<b>hydrocortisone valerate crm, oint 0.2%</b>	WESTCORT
	<b>prednicarbate crm, oint 0.1%</b>	DERMATOP
	<b>triamcinolone acetonide crm, lotion 0.025%</b>	
	<b>triamcinolone acetonide crm, lotion, oint 0.1%</b>	KENALOG (d/c)

#### High

	<b>betamethasone dipropionate augmented crm 0.05%</b>	DIPROLENE AF
	<b>betamethasone dipropionate crm, lotion, oint 0.05%</b>	DIPROSONE (d/c)
	<b>desoximetasone crm, oint 0.25%, gel 0.05%</b>	TOPICORT
	<b>fluocinonide</b>	LIDEX, LIDEX-E (d/c)



	triamcinolone acetonide crm 0.5%	KENALOG (d/c)
<b>Very High</b>		
	betamethasone dipropionate augmented gel 0.05%	DIPROLENE (d/c)
	betamethasone dipropionate augmented oint 0.05%	DIPROLENE
	clobetasol propionate crm, oint	TEMOVATE
	clobetasol propionate emollient crm 0.05%	TEMOVATE EMOLLIENT
	diflorasone diacetate oint 0.05%	PSORCON (d/c)
	halobetasol propionate crm, oint 0.05%	ULTRAVATE CREAM, OINTMENT
	hydrocortisone/pramoxine	PRAMOSONE
<b>FUNGAL INFECTIONS</b>		
	betamethasone/clotrimazole	LOTRISONE
	clioquinol/hydrocortisone	
	clotrimazole	
OTC	clotrimazole	LOTRIMIN AF
	econazole	
	ketoconazole	NIZORAL (d/c)
OTC	miconazole	MICATIN
	nystatin	MYCOSTATIN (d/c)
	nystatin/triamcinolone	MYCOLOG-II (d/c)
	sodium thiosulfate 25%/salicylic acid 1% lotion	EXODERM
OTC	tolnaftate	TINACTIN
OTC	undecylenic acid	THERA-NAIL (d/c)
<b>PSORIASIS</b>		
	methotrexate, 2.5 mg only	
<b>ROSACEA</b>		
	metronidazole crm 0.75%	METROCREAM
	metronidazole gel 0.75%	
<b>SCABIES AND PEDICULOSIS</b>		
	crotamiton	EURAX
ST	malathion	OVIDE
OTC	permethrin	NIX CREME RINSE
	permethrin 5%	ELIMITE (d/c)
OTC	permethrin lotion 1%	
OTC	pyrethrins/piperonyl butoxide	RID
OTC	vegetable extract shampoo	LICE B GONE
<b>VIRAL INFECTIONS</b>		
	acyclovir oint	ZOVIRAX OINTMENT
	penciclovir	DENAVIR
	podofilox	CONDYLOX
<b>MISCELLANEOUS</b>		
OTC	ammonium lactate 12%	
	ammonium lactate 12%	LAC-HYDRIN
OTC	capsaicin	ZOSTRIX
OTC	diphenhydramine 2%	BENADRYL M-S
OTC	emollient crm	COLLAGEN
OTC	emollient lotion	DML
OTC	emollient oint	AQUAPHOR
OTC	emollient oint	SARATOGA
	ethyl chloride aerosol spray	
	fluorouracil	EFUDEX

	fluorouracil	FLUOROPLEX
	<b>lactic acid crm 10%</b>	LACTINOL-E (d/c)
<b>OTC</b>	<b>lidocaine</b>	BACTINE
<b>AL</b>	<b>lidocaine/prilocaine</b>	EMLA
<b>OTC</b>	<b>salicylic acid</b>	COMPOUND W
<b>OTC</b>	<b>salicylic acid/sulfur shampoo</b>	SEBULEX
	<b>selenium sulfide shampoo 2.5%</b>	SELSUN RX (d/c)
	<b>sulfacetamide sodium</b>	SEBIZON (d/c)
	<b>urea crm</b>	

## EAR, NOSE, AND THROAT

### EAR

	<b>acetic acid</b>	
	<b>acetic acid/hydrocortisone</b>	
	benzocaine drops 20%	
<b>OTC</b>	<b>carbamide peroxide</b>	DEBROX
	ciprofloxacin/dexamethasone	CIPRODEX
	ciprofloxacin/hydrocortisone	CIPRO HC OTIC
	neomycin/colistin/hydrocortisone	COLY-MYCIN S
	<b>neomycin/polymyxin/hydrocortisone</b>	CORTISPORIN OTIC
	<b>ofloxacin otic</b>	FLOXIN OTIC (d/c)

### NOSE

#### Antihistamines

##### First Generation

<b>OTC</b>	<b>chlorpheniramine</b>	CHLOR-TRIMETON
	<b>clemastine 2.68 tab</b>	
	<b>clemastine syrup</b>	
	<b>cyproheptadine</b>	
<b>AL, OTC</b>	<b>diphenhydramine</b>	BENADRYL
<b>AL, OTC</b>	<b>diphenhydramine syrup, elixir, liquid</b>	BENADRYL ALLERGY
	<b>promethazine</b>	PHENERGAN (d/c)

##### Second Generation

<b>AL, OTC</b>	<b>cetirizine syrup</b>	ZYRTEC OTC
<b>OTC</b>	<b>cetirizine tabs</b>	ZYRTEC OTC
<b>OTC</b>	<b>loratadine</b>	CLARITIN
<b>OTC</b>	<b>loratadine rapidly-disintegrating</b>	CLARITIN RDT
<b>OTC</b>	<b>loratadine syrup</b>	CLARITIN SYRUP

#### Antihistamines/Decongestant Combinations

##### First Generation

	chlorpheniramine/phenylephrine	RYNATAN PED
	chlorpheniramine/phenylephrine/pyrilamine	PHENA-PLUS

##### Second Generation

<b>OTC</b>	<b>loratadine/pseudoephedrine ext-rel</b>	CLARITIN-D
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#### Steroids

<b>QL</b>	<b>flunisolide</b>	NASAREL (d/c)
<b>QL</b>	<b>fluticasone</b>	FLONASE

#### Miscellaneous

<b>OTC</b>	<b>cromolyn sodium nasal spray</b>	NASALCROM
<b>QL</b>	<b>ipratropium nasal spray</b>	ATROVENT
<b>OTC</b>	<b>oxymetazoline spray</b>	AFRIN

<b>OTC</b>	pseudoephedrine	SUDAFED
<b>OTC</b>	saline nasal spray	MYCINAIRE (d/c)
<b>OTC, QL</b>	sodium chloride nasal spray	

#### THROAT AND MOUTH

<b>OTC</b>	benzocaine dental gel	ORAJEL
	cevimeline	EVOXAC
	chlorhexidine gluconate	PERIDEX
	clotrimazole troches	MYCELEX TROCHE (d/c)
	lidocaine	XYLOCAINE
	nystatin susp	
	pilocarpine	SALAGEN
	sodium fluoride	PREVIDENT
<b>OTC</b>	stannous fluoride	GEL-KAM
	triamcinolone paste	KENALOG (d/c)

### ENDOCRINE MEDICATIONS

#### ANDROGENS

<b>PA, SP</b>	testosterone cypionate inj	DEPO-TESTOSTERONE inj
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#### SYSTEMIC CORTICOSTEROIDS

##### Glucocorticosteroids

	cortisone acetate	
	dexamethasone	DECADRON (d/c)
	dexamethasone elixir	DECADRON (d/c)
	hydrocortisone	CORTEF
	methylprednisolone	MEDROL
	prednisolone sodium phosphate	PEDIAPRED
	prednisolone syrup	PRELONE
	prednisone	
	prednisone dose pack	STERAPRED DS PAK (d/c)

##### Mineralocorticoids

	fludrocortisone	FLORINEF (d/c)
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#### DIABETES MELLITUS

##### Oral Hypoglycemics

	acarbose	PRECOSE
	chlorpropamide	DIABINESE (d/c)
	glimepiride	AMARYL
	glipizide	GLUCOTROL
<b>QL</b>	glipizide ext-rel	GLUCOTROL XL
	glyburide	DIABETA
	glyburide	MICRONASE (d/c)
	glyburide, micronized	GLYNASE
	metformin	GLUCOPHAGE
	metformin ext-rel	GLUCOPHAGE XR
<b>QL, ST</b>	pioglitazone	ACTOS
<b>QL, ST</b>	pioglitazone/glimepiride	DUETACT
<b>QL, ST</b>	pioglitazone/metformin	ACTOPLUS MET
	repaglinide	PRANDIN
<b>PA, QL</b>	rosiglitazone	AVANDIA
<b>PA, QL</b>	rosiglitazone/glimepiride	AVANDARYL
<b>PA, QL</b>	rosiglitazone/metformin	AVANDAMET
<b>QL, ST</b>	sitagliptin	JANUVIA
<b>QL, ST</b>	sitagliptin/metformin	JANUMET

<b>tolazamide</b>		
<b>Insulins</b>		
	insulin detemir vial	LEVEMIR
	insulin glargine vial	LANTUS
	insulin glulisine vial	APIDRA
<b>OTC</b>	insulin human vial	RELION R
<b>OTC</b>	insulin isophane human 70%/regular 30% vial	NOVOLIN 70/30
<b>OTC</b>	insulin isophane human 70%/regular 30% vial	RELION 70/30
<b>OTC</b>	insulin isophane human vial	NOVOLIN N
<b>OTC</b>	insulin isophane human vial	RELION N
<b>Glucose Monitors**/Diabetic Supplies</b>		
<b>OTC, QL</b>	<b>alcohol swabs</b>	B-D SWABS
<b>*, OTC, QL</b>	blood glucose test strips	TRUETEST TEST STRIPS
<b>*, OTC, QL</b>	blood glucose test strips	TRUETRACK TEST STRIPS
<b>OTC</b>	<b>insulin needles</b>	
<b>OTC</b>	<b>insulin syringes</b>	
<b>OTC</b>	<b>lancets</b>	
<p><i>* Test strips are limited to 50 strips per 30 days for non insulin dependent and 100 strips per 30 days for insulin dependent members</i></p> <p><i>**TrueTrack &amp; TrueResult meters are covered for diabetic members</i></p>		
<b>Glucose Elevating Agents</b>		
<b>QL</b>	glucagon, human recombinant	GLUCAGON EMERGENCY KIT
<b>OTC</b>	<b>glucose</b>	
<b>OSTEOPOROSIS DRUGS</b>		
	<b>alendronate</b>	FOSAMAX ALL OTHER STRS
<b>QL</b>	<b>alendronate 70 mg</b>	FOSAMAX 70 mg
	<b>calcitonin-salmon</b>	MIACALCIN
	<b>calcitonin-salmon - Fortical</b>	
<b>THYROID DISEASE</b>		
	<b>levothyroxine</b>	SYNTHROID
	<b>levothyroxine</b>	UNITHROID
	<b>levothyroxine - Levoxyl</b>	
	<b>methimazole</b>	TAPAZOLE
	<b>propylthiouracil</b>	
	thyroid	ARMOUR THYROID
<b>MISCELLANEOUS</b>		
	<b>desmopressin</b>	DDAVP
<b>PA, SP</b>	leuprolide acetate	LUPRON DEPOT-PED
<b>GASTROINTESTINAL</b>		
<b>DIARRHEA</b>		
<b>OTC</b>	<b>bismuth subsalicylate</b>	KAOPECTATE
<b>OTC</b>	<b>bismuth subsalicylate</b>	PEPTO-BISMOL
	difenoxin/atropine	MOTOFEN
	<b>diphenoxylate/atropine</b>	LOMOTIL
<b>OTC</b>	<b>kaolin/pectin susp</b>	
<b>OTC</b>	<b>loperamide</b>	IMODIUM A-D
	opium tincture	OPIUM
	<b>paregoric tincture</b>	

**EMESIS****Antiemetics**

<b>OTC</b>	dimenhydrinate	DRAMAMINE
<b>PA</b>	dronabinol	MARINOL
<b>OTC</b>	meclizine	
<b>QL</b>	ondansetron 24 mg tabs	ZOFRAN 24 mg tabs (d/c)
<b>QL</b>	ondansetron oral soln	ZOFRAN oral soln
	ondansetron tabs, orally disintegrating tabs	ZOFRAN, ZOFRAN ODT
	trimethobenzamide caps	TIGAN

**GASTROESOPHAGEAL REFLUX DISEASE (GERD)****Antacids**

<b>OTC</b>	aluminum hydroxides/magnesium trisilicate/alginate acid/ sodium bicarbonate	
<b>OTC</b>	aluminum/magnesium hydroxide/simethicone	MYLANTA
<b>OTC</b>	calcium carbonate	MAALOX
<b>OTC</b>	calcium carbonate	TUMS
<b>OTC</b>	calcium carbonate/magnesium hydroxide	MYLANTA SUPREME
<b>OTC</b>	magnesium oxide	MAG-OX (d/c)
<b>OTC</b>	sodium bicarbonate	

**H<sub>2</sub> Antagonists**

	cimetidine	TAGAMET (d/c)
<b>OTC</b>	cimetidine	TAGAMET HB
<b>OTC</b>	famotidine	PEPCID AC
	famotidine tabs	PEPCID
	ranitidine (caps are not covered)	ZANTAC

**Proton Pump Inhibitors (PPIs)**

<b>QL</b>	omeprazole 20 mg	PRILOSEC 20 mg
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**GASTROINTESTINAL SPASM**

	belladonna alkaloids tincture	BELLADONNA
	belladonna alkaloids/opium supp	B & O 15-A, B & O 16-A
	belladonna alkaloids/phenobarbital	DONNATAL
	chlordiazepoxide/clidinium	LIBRAX
	dicyclomine	BENTYL
	glycopyrrolate	ROBINUL
	hyoscyamine sulfate	LEVSIN, LEVSIN-SL
	hyoscyamine sulfate ext-rel	CYSTOSPAZ-M (d/c)
	hyoscyamine sulfate ext-rel	LEVBID
	hyoscyamine sulfate ext-rel	LEVSINEX (d/c)
	hyoscyamine sulfate orally disintegrating tabs	NULEV (d/c)
	mepenzolate bromide	CANTIL
	methscopolamine bromide	PAMINE
	propantheline bromide 15 mg	

**INFLAMMATORY BOWEL DISEASE**

	mesalamine delayed-rel tabs	ASACOL
	mesalamine ext-rel caps	PENTASA
	mesalamine rectal susp	ROWASA
	mesalamine supp	CANASA
	olsalazine sodium	DIPENTUM
	sulfasalazine	AZULFIDINE
	sulfasalazine delayed-rel	AZULFIDINE EN-TABS

**PANCREATIC ENZYMES**

	pancrelipase delayed-rel	CREON
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**ULCERS**

	cimetidine	TAGAMET (d/c)
	ranitidine (caps are not covered)	ZANTAC
	sucralfate tabs	CARAFATE

**LAXATIVES**

OTC	bisacodyl enteric coated	DULCOLAX
OTC	bisacodyl supp	DULCOLAX SUPPOSITORIES
OTC	calcium polycarbophil	FIBERCON
OTC	casanthranol/docusate sodium	
OTC	docusate calcium	KAOPECTATE
OTC	docusate sodium	COLACE
OTC	glycerin supp	
	lactulose	ENULOSE
OTC	magnesium citrate	
OTC	magnesium hydroxide	MILK OF MAGNESIA
OTC	methylcellulose powder	CITRUCEL
OTC	phenolphthalein/docusate	
OTC	polyethylene glycol 3350 oral powder	MIRALAX OTC
OTC	psyllium powder	KONSYL
OTC	psyllium powder	METAMUCIL
OTC	senna	
OTC	sennosides	SENOKOT
OTC	sennosides/docusate sodium	PERI-COLACE
OTC	sennosides/docusate sodium	SENNAPLUS
OTC	sodium phosphates enema	FLEET ENEMA

**MISCELLANEOUS**

	metoclopramide	REGLAN
	misoprostol	CYTOTEC
	peg 3350/electrolytes	COLYTE
OTC	simethicone drops	MYLICON
OTC	simethicone tabs	MYLANTA GAS
	ursodiol	ACTIGALL

**INFECTIOUS DISEASE****ANTI-INFECTIVES****Penicillins***First Line:*

	amoxicillin - Trimox	
	amoxicillin/clavulanate	AUGMENTIN ES-600 (d/c)
	amoxicillin/clavulanate 200 mg/5 mL, 400 mg/5 mL	AUGMENTIN (d/c)
QL	amoxicillin/clavulanate (500 mg, 875 mg tabs only)	AUGMENTIN
	ampicillin	PRINCIPEN (d/c)
	dicloxacillin	
	penicillin G procaine/benzathine inj	BICILLIN C-R INJ
	penicillin VK	VEETIDS

**Cephalosporins***First Line:*

	cefepodoxime	VANTIN (d/c)
SP	ceftriaxone sodium	ROCEPHIN inj
	cephalexin	KEFLEX

	cephalexin cap 750 mg	KEFLEX CAP 750 MG
<i>Second Line:</i>		
<b>ST</b>	<b>cefaclor</b>	CECLOR (d/c)
<b>ST</b>	<b>cefadroxil</b>	DURICEF (d/c)
<b>ST</b>	<b>cefdinir</b>	OMNICEF (d/c)
<b>ST</b>	<b>cefprozil</b>	CEFZIL (d/c)
<b>ST</b>	<b>cefuroxime axetil</b>	CEFTIN
<b>Macrolides</b>		
<i>First Line:</i>		
<b>QL</b>	<b>azithromycin</b>	ZITHROMAX
<b>QL</b>	<b>azithromycin 1 gm powder pack</b>	ZITHROMAX
	azithromycin ext-rel susp	ZMAX
	<b>clarithromycin, clarithromycin ext-rel</b>	BIAXIN, BIAXIN XL
	<b>erythromycin</b>	
	<b>erythromycin delayed-rel</b>	ERYC (d/c)
	erythromycin delayed-rel	ERY-TAB
	erythromycin dispertabs	PCE
	<b>erythromycin ethylsuccinate</b>	E.E.S. LIQUID, TABS
	erythromycin ethylsuccinate	ERYPED 400
	<b>erythromycin stearate</b>	ERYTHROCIN (d/c)
<b>Tetracyclines</b>		
<i>First Line:</i>		
	<b>demeclocycline</b>	DECLOMYCIN (d/c)
	<b>doxycycline hyclate</b>	VIBRAMYCIN
	<b>doxycycline hyclate</b>	VIBRA-TABS (d/c)
	<b>minocycline</b>	DYNACIN
	<b>tetracycline</b>	SUMYCIN (d/c)
<b>Quinolones</b>		
<i>First Line:</i>		
	<b>ciprofloxacin</b>	CIPRO
	<b>ofloxacin</b>	FLOXIN (d/c)
<i>Second Line:</i>		
<b>ST</b>	moxifloxacin	AVELOX, AVELOX ABC
<b>ST</b>	norfloxacin	NOROXIN
<b>Aminoglycosides</b>		
	<b>neomycin</b>	
<b>Sulfonamides</b>		
<i>First Line:</i>		
	sulfadiazine	
<b>Antituberculosis</b>		
	cycloserine	SEROMYCIN
	<b>ethambutol</b>	MYAMBUTOL
	ethionamide	TRECTOR
	<b>isoniazid</b>	
	<b>pyrazinamide</b>	
	rifabutin	MYCOBUTIN
	<b>rifampin</b>	RIFADIN

<b>Antifungals</b>		
<b>QL</b>	<b>fluconazole</b>	DIFLUCAN
	<b>griseofulvin susp</b>	GRIFULVIN V SUS (d/c)
	griseofulvin tab	GRIFULVIN V TABS
	griseofulvin ultramicrosize	GRIS-PEG
	<b>ketoconazole</b>	NIZORAL (d/c)
	<b>nystatin</b>	
	<b>terbinafine tabs</b>	LAMISIL
<b>Antivirals</b>		
<i>Cytomegalovirus</i>		
<b>PA</b>	<b>ganciclovir</b>	CYTOVENE (d/c)
<i>Hepatitis B</i>		
	lamivudine	EPIVIR-HBV
<i>Hepatitis C</i>		
<b>PA, SP</b>	peginterferon alfa-2b	PEGINTRON
<b>PA, SP</b>	<b>ribavirin</b>	REBETOL
<i>Herpes Virus</i>		
	<b>acyclovir</b>	ZOVIRAX
<b>Influenza</b>		
	<b>amantadine</b>	SYMMETREL (d/c)
	<b>rimantadine</b>	FLUMADINE
<b>Antimalarial</b>		
<b>PA</b>	<b>chloroquine</b>	ARALEN
	<b>hydroxychloroquine</b>	PLAQUENIL
<b>PA</b>	primaquine phosphate	PRIMAQUINE
<b>PA</b>	pyrimethamine	DARAPRIM
	quinine sulfate	QUALAQUIN
<b>Anthelmintics</b>		
	<b>mebendazole</b>	VERMOX (d/c)
<b>OTC</b>	<b>pyrantel pamoate</b>	PIN X
<b>OTC</b>	<b>pyrantel pamoate</b>	REESES
<b>Lincosamides</b>		
	<b>clindamycin</b>	CLEOCIN
	<b>clindamycin palmitate</b>	CLEOCIN PED SOLUTION
<b>Urinary Anti-infectives</b>		
	<b>methenamine hippurate - Urex</b>	HIPREX
	<b>methenamine/phenyl salicylate/atropine/hyoscyamine/ benzoic acid/methylene blue</b>	URISED (d/c)
	<b>nitrofurantoin macrocrystalline</b>	MACRODANTIN
<b>Combinations</b>		
	<b>erythromycin/sulfisoxazole</b>	PEDIAZOLE (d/c)
	<b>rifampin/isoniazid/pyrazinamide</b>	RIFATER
	<b>sulfamethoxazole/trimethoprim</b>	BACTRIM
	<b>sulfamethoxazole/trimethoprim</b>	SEPTRA
	<b>sulfamethoxazole/trimethoprim DS</b>	BACTRIM DS
	<b>sulfamethoxazole/trimethoprim DS</b>	SEPTRA DS



## Miscellaneous Anti-Infectives

<b>QL</b>	atovaquone	MEPRON
	dapsone	
	<b>trimethoprim</b>	PROLOPRIM (d/c)
	trimethoprim susp	PRIMSOL
	<b>vancomycin inj</b>	

## MUSCULOSKELETAL

### ARTHRITIS

#### Disease Modifying Anti-Rheumatic Drugs

	auranofin	RIDAURA
	<b>azathioprine</b>	IMURAN
	<b>leflunomide</b>	ARAVA
	methotrexate	RHEUMATREX
	<b>methotrexate 2.5 mg tab only</b>	
	<b>sulfasalazine delayed-rel</b>	AZULFIDINE EN-TABS

### GOUT

#### Drugs to Prevent and Treat Gout

	<b>allopurinol</b>	ZYLOPRIM
<b>QL</b>	colchicine	COLCRYS
	<b>colchicine/probenecid</b>	
	<b>naproxen</b>	NAPROSYN
	<b>probenecid</b>	BENEMID (d/c)
	<b>sulindac</b>	

### SKELETAL MUSCLE RELAXANTS

#### Muscle Spasm

<b>QL</b>	<b>carisoprodol 350 mg</b>	SOMA 350 mg
	<b>chlorzoxazone</b>	PARAFON FORTE
	<b>cyclobenzaprine 10 mg</b>	FLEXERIL
	<b>methocarbamol</b>	ROBAXIN

#### Spasticity

	<b>baclofen</b>	
	<b>tizanidine tabs</b>	ZANAFLEX TABS

## OB-GYN

### CONTRACEPTIVES

EE = ethinyl estradiol

ME = mestranol

#### Monophasic Oral Contraceptives

<b>QL</b>	<b>desogestrel/EE 0.15/30 - Apri, Reclipsen, Solia</b>	DESOGEN, ORTHO-CEPT
<b>QL</b>	<b>desogestrel/EE - Kariva</b>	MIRCETTE
<b>QL</b>	<b>ethynodiol diacetate/EE 1/35 - Kelnor, Zovia</b>	DEMULEN (d/c)
<b>QL</b>	<b>levonorgestrel/EE 0.1/20 - Aviane, Lessina, Luter, Sronyx</b>	ALESSE, LEVLITE (d/c)
<b>QL</b>	<b>levonorgestrel/EE 0.15/30 - Levora or Portia</b>	LEVLEN, NORDETTE (d/c)
<b>QL</b>	<b>norethindrone/EE 1/20 - Junel, Microgestin</b>	LOESTRIN
<b>QL</b>	<b>norethindrone/EE 1/35 - Necon, Nortrel</b>	ORTHO-NOVUM 1/35
<b>QL</b>	<b>norethindrone/EE and iron - Junel FE, Microgestin FE</b>	LOESTRIN FE
<b>QL</b>	<b>norethindrone/ME 1/50 - Necon</b>	NORINYL, ORTHO-NOVUM 1/50 (d/c)
<b>QL</b>	<b>norgestimate/EE 0.25/35 - Mononessa, Previfem, Sprintec</b>	ORTHO-CYCLEN
<b>QL</b>	<b>norgestrel/EE 0.3/30 - Cryelle, Low-ogestrel</b>	LO/OVRAL

<b>Triphasic Oral Contraceptives</b>		
<b>QL</b>	<b>desogestrel/EE - Cesia, Velivet</b>	CYCLESSA
<b>QL</b>	<b>levonorgestrel/EE - Enpresse</b>	TRI-LEVEN, TRIPHASIL (d/c)
<b>QL</b>	<b>norethindrone/EE - Necon 7/7/7 or Nortrel 7/7/7</b>	ORTHO-NOVUM
<b>QL</b>	<b>norgestimate/EE - Trinessa, Tri-previfem, Tri-sprintec</b>	ORTHO TRI-CYCLEN
<b>Injectable Contraceptives</b>		
<b>QL</b>	<b>medroxyprogesterone acetate</b>	DEPO-PROVERA
<b>Emergency Contraceptives</b>		
<b>OTC</b>	<b>levonorgestrel - Next Choice</b>	PLAN B (d/c)
<b>Diaphragms</b>		
<b>QL</b>	diaphragm	OMNIFLEX
<b>QL</b>	diaphragm	ORTHO-FLEX, ORTHO-COIL, ORTHO-FLAT
<b>QL</b>	diaphragm	WIDE-SEAL
<b>Other Contraceptives</b>		
<b>OTC, QL</b>	<b>condoms</b>	TROJAN
<b>OTC</b>	<b>nonoxynol-9 foam</b>	DELFIN
<b>OTC</b>	<b>nonoxynol-9 gel</b>	GYNOL II
<b>OTC</b>	<b>octoxynol gel</b>	ORTHO-GYNOL
<b>ENDOMETRIOSIS</b>		
<b>PA, SP</b>	leuprolide acetate	LUPRON DEPOT
<b>HORMONE THERAPY/MENOPAUSE</b>		
<b>Estrogens</b>		
	<b>estradiol</b>	ESTRACE
<b>QL</b>	estradiol transdermal	ALORA
<b>QL</b>	estradiol transdermal	ESTRADERM
	estrogens, conjugated	PREMARIN
	estrogens, esterified	MENEST
	<b>estropipate</b>	OGEN (d/c)
<b>Estrogen Combinations</b>		
	EE/norethindrone acetate	FEMHRT
	<b>EE/norethindrone acetate - Jinteli</b>	FEMHRT 1/5
	<b>estradiol/norethindrone</b>	ACTIVELLA
	estrogens, conjugated/medroxyprogesterone	PREMPHASE
	estrogens, conjugated/medroxyprogesterone	PREMPRO
<b>Progestins</b>		
	<b>medroxyprogesterone</b>	PROVERA
	<b>norethindrone</b>	AYGESTIN
<b>VAGINAL INFECTIONS</b>		
<b>Oral</b>		
<b>QL</b>	<b>fluconazole</b>	DIFLUCAN 150 mg
	<b>metronidazole</b>	FLAGYL
<b>Vaginal</b>		
	<b>clindamycin phosphate</b>	CLEOCIN VAGINAL CREAM
<b>OTC</b>	<b>clotrimazole</b>	GYNE-LOTIMIN
<b>OTC</b>	<b>clotrimazole</b>	MYCELEX-7
	<b>metronidazole</b>	METROGEL VAGINAL

<b>OTC</b>	<b>miconazole nitrate</b>	MONISTAT 3, MONISTAT 7
	<b>nystatin vaginal tabs</b>	
	<b>terconazole</b>	TERAZOL 3, TERAZOL 7
<b>OB-GYN Miscellaneous</b>		
	acetic acid vaginal gel	
	methylergonovine	METHERGINE
<b>OPHTHALMIC</b>		
<b>ALLERGY</b>		
	<b>azelastine</b>	OPTIVAR
	<b>cromolyn sodium</b>	CROLOM (d/c)
	<b>naphazoline</b>	ALBALON (d/c)
<b>OTC</b>	<b>naphazoline/pheniramine</b>	NAPHCN A
<b>OTC</b>	<b>naphazoline/pheniramine</b>	OPCON-A
	<b>phenylephrine</b>	
<b>OTC</b>	<b>tetrahydrozoline</b>	VISINE
<b>ANTI-INFLAMMATORIES</b>		
	dexamethasone	MAXIDEX
	<b>dexamethasone sodium phosphate</b>	
	<b>diclofenac sodium</b>	VOLTAREN
	fluorometholone acetate	FLAREX
	fluorometholone ointment	FML S.O.P.
	<b>fluorometholone susp 0.1%</b>	FML LIQUIFILM
	fluorometholone susp 0.25%	FML FORTE
	<b>flurbiprofen</b>	OCUFEN
	gentamicin/prednisolone	PRED-G
	gentamicin/prednisolone	PRED-G SOP
	<b>ketorolac 0.5%</b>	ACULAR
	<b>neomycin/polymyxin B/dexamethasone</b>	MAXITROL
	<b>neomycin/polymyxin B/hydrocortisone susp</b>	CORTISPORIN (d/c)
	neomycin/polymyxin B/prednisolone	POLY-PRED
	prednisolone acetate susp 0.12%	PRED MILD
	<b>prednisolone acetate susp 1%</b>	PRED FORTE
	rimexolone	VEXOL
	sulfacetamide/prednisolone acetate oint	BLEPHAMIDE SOP
	sulfacetamide/prednisolone susp	BLEPHAMIDE
	<b>tobramycin/dexamethasone</b>	TOBRADEX
<b>GLAUCOMA</b>		
<b>Oral</b>		
	<b>acetazolamide</b>	
	<b>methazolamide</b>	
<b>Topical</b>		
	<b>apraclonidine</b>	IOPIDINE
	betaxolol	BETOPTIC S
	<b>brimonidine 0.2%</b>	
	<b>carteolol</b>	
	<b>dorzolamide</b>	TRUSOPT
	<b>dorzolamide/timolol maleate</b>	COSOPT
	echothiophate iodide	PHOSPHOLINE
	latanoprost	XALATAN
	<b>levobunolol</b>	BETAGAN
	<b>metipranolol</b>	OPTIPRANOLOL

	<b>timolol maleate</b>	TIMOPTIC
	<b>timolol maleate gel</b>	TIMOPTIC-XE
<b>INFECTIONS</b>		
<b>Bacterial</b>		
	<b>bacitracin</b>	
	<b>ciprofloxacin</b>	CILOXAN
	<b>erythromycin</b>	
	<b>gentamicin</b>	GENTAK
	<b>neomycin/polymyxin B/gramicidin</b>	NEOSPORIN
	<b>polymyxin B/bacitracin</b>	POLYSPORIN (d/c)
	<b>polymyxin B/trimethoprim</b>	POLYTRIM
	<b>sulfacetamide 10%</b>	BLEPH-10
	<b>tobramycin sulfate</b>	TOBREX
<b>Viral</b>		
	<b>trifluridine</b>	VIROPTIC
<b>MISCELLANEOUS</b>		
	<b>artificial tear insert</b>	LACRISERT
<b>OTC</b>	<b>artificial tears oint</b>	HYPOTEARs
<b>OTC</b>	<b>artificial tears oint</b>	REFRESH-PM
<b>OTC</b>	<b>artificial tears soln</b>	HYPOTEARs
<b>OTC</b>	<b>artificial tears soln</b>	OCUCOAT
	<b>cyclopentolate</b>	CYCLOGYL
	<b>cyclopentolate/phenylephrine</b>	CYCLOMYDRIL
	<b>homatropine</b>	ISO HOMATROP
<b>OTC</b>	<b>polyvinyl alcohol</b>	LIQUIFILM
	<b>proparacaine</b>	ALCAINE
	<b>scopolamine</b>	ISO HYOSCINE
<b>OTC</b>	<b>sodium chloride hypertonic</b>	MURO 128
	<b>tropicamide</b>	MYDRIACYL
<b>RESPIRATORY DRUGS</b>		
<b>ANTITUSSIVES AND EXPECTORANTS</b>		
	<b>benzonatate</b>	TESSALON
	<b>carbetapentane/chlorpheniramine/ephedrine/phenylephrine</b>	RYNATUSS
	<b>chlorpheniramine tannate/carbetapentane tannate</b>	TUSSI-12
	<b>codeine/guaifenesin</b>	MYTUSSIN AC
	<b>codeine/guaifenesin</b>	TUSSI-ORGANIDIN NR (d/c)
	<b>codeine/promethazine</b>	
	<b>codeine/promethazine/phenylephrine</b>	
<b>OTC</b>	<b>dextromethorphan</b>	BENYLIN ADULT SYRUP (d/c)
<b>OTC</b>	<b>dextromethorphan/guaifenesin</b>	ROBITUSSIN-DM
<b>OTC</b>	<b>dextromethorphan/guaifenesin ext-rel</b>	MUCINEX DM
	<b>dextromethorphan/promethazine</b>	
	<b>guaifenesin</b>	
<b>OTC</b>	<b>guaifenesin</b>	ROBITUSSIN
<b>OTC</b>	<b>guaifenesin ext-rel</b>	HUMIBID
<b>OTC</b>	<b>guaifenesin ext-rel</b>	MUCINEX
	<b>hydrocodone/homatropine</b>	HYCODAN (d/c)
<b>OTC</b>	<b>phenylephrine/dextromethorphan/guaifenesin</b>	TUSSIN CF
	<b>pseudoephedrine/chlorpheniramine/codeine</b>	
	<b>pseudoephedrine/codeine/guaifenesin</b>	CHERATUSSIN DAC
<b>OTC</b>	<b>pseudoephedrine/guaifenesin</b>	CONGESTAC
	<b>pyrilamine/phenylephrine/dextromethorphan</b>	CODIMAL DM (d/c)

**ASTHMA/COPD****Inhalers - Beta Agonists**

<b>QL</b>	albuterol, cfc-free aerosol	VENTOLIN HFA
	formoterol inhalation caps	FORADIL
<b>QL</b>	salmeterol xinafoate	SEREVENT

**Inhalers - Corticosteroids**

<b>QL</b>	beclomethasone, cfc-free aerosol	QVAR
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**Inhalers - Others**

<b>QL, ST</b>	budesonide/formoterol	SYMBICORT
<b>QL, ST</b>	fluticasone/salmeterol	ADVAIR 100 mcg/50 mcg
<b>QL</b>	ipratropium, cfc-free aerosol	ATROVENT HFA
<b>QL</b>	ipratropium/albuterol	COMBIVENT
<b>QL, ST</b>	mometasone/formoterol	DULERA
<b>ST</b>	tiotropium bromide	SPIRIVA

**Oral - Beta Agonists**

	albuterol	
	metaproterenol	
	terbutaline	BRETHINE

**Leukotriene Modifiers**

<b>AL</b>	montelukast	SINGLAIR
	zafirlukast	ACCOLATE

**Solutions for Nebulization**

	acetylcysteine	MUCOMYST (d/c)
	albuterol soln	PROVENTIL (d/c)
<b>AL</b>	budesonide inh susp	PULMICORT RESPULES
	cromolyn soln	INTAL (d/c)
	ipratropium soln	

**Theophylline**

	aminophylline	
	dyphylline	LUFYLLIN
	dyphylline elixir	DYLIX
	dyphylline/guaifenesin	LUFYLLIN-GG
	theophylline ext-rel caps (24 hr)	THEO-24
	theophylline ext-rel tabs (12 hr)	
	theophylline liquid	ELIXOPHYLLIN

**SUPPLEMENTS****POTASSIUM PRODUCTS**

	potassium chloride ext-rel caps	MICRO-K (d/c)
	potassium chloride ext-rel tabs	K-DUR (d/c)
	potassium chloride/potassium bicarbonate/citric acid, effervescent tabs	K-LYTE/CL (d/c)

**VITAMINS AND MINERALS****Vitamins**

	calcitriol	ROCALTROL
<b>OTC</b>	cyanocobalamin	VITAMIN B-12
<b>OTC</b>	ergocalciferol	DRISDOL
<b>OTC</b>	niacin	
	niacin - Niacor	
<b>OTC</b>	niacin ext-rel	SLO-NIACIN

	phytonadione	MEPHYTON
OTC	pyridoxine	VITAMIN B-6
OTC	thiamine	VITAMIN B-1
OTC, QL	vitamin D	VITAMIN D 400 IU
OTC	vitamin E	
<b>Multivitamins</b>		
OTC	multiple vitamin	ONE-A-DAY
OTC	multivitamins/iron tab	STRESSTABS
OTC	multivitamins/minerals cap	CENTRUM
	multivitamins/minerals cap	VICON FORTE
OTC	vitamin B complex/vitamin C tab	
OTC	vitamin B complex/vitamin C/biotin/folic acid	MILCO-B-FORTE
	vitamin B complex/vitamin C/biotin/folic acid	STROVITE
	vitamin B complex/vitamin C/biotin/folic acid	VITAROCA
	vitamin B complex/vitamin C/folic acid	BEROCCA (d/c)
	vitamin B complex/vitamin C/folic acid	NEPHROCAPS
<b>Pediatric Vitamins</b>		
OTC	multivitamin chew tab	
OTC	multivitamins, pediatric drops	POLY-VI-SOL
AL	multivitamins/fluoride	POLY-VI-FLOR (d/c)
OTC	multivitamins/iron pediatric drops	POLY-VI-SOL with IRON DROPS
OTC	multivitamins/minerals/iron	CENTRUM JR with IRON
OTC	multivitamins/minerals/iron chew tab	CENTRUM JR
OTC	multivitamins/vitamin C/folic acid chew tab	FLINTSTONES
AL, OTC	pediatric vitamins ADC drops	TRI-VI-SOL DROPS
AL	pediatric vitamins ADC/fluoride chew tab	
AL	pediatric vitamins ADC/fluoride drops	TRI-VI-FLOR DROPS (d/c)
<b>Prenatal Vitamins</b>		
	prenatal vitamins/carbonyl iron/folic acid	PRENATABS RX
	prenatal vitamins/docusate sodium/carbonyl iron/folic acid	VINATE ULTRA
	prenatal vitamins/docusate sodium/ferrous fumarate/folic acid ext-rel	MYNATE 90 PLUS
	prenatal vitamins/ferrous fumarate/folic acid 60 mg/1 mg	VINATE ONE
OTC	prenatal vitamins/ferrous gluconate/folic acid	MISSION PRENATAL FA
	prenatal vitamins/selenium/ferrous fumarate/folic acid	VINATE M
<b>Minerals</b>		
OTC	calcium carbonate	OS-CAL
OTC	calcium carbonate/vitamin D	OS-CAL D
OTC	calcium citrate	CITRACAL
OTC	calcium glubionate	
OTC	calcium gluconate	
OTC	calcium lactate	
OTC	calcium/vitamin D tab	OYSTER-CALCIUM D
OTC	chromium	
OTC	ferrous gluconate	
OTC	ferrous sulfate	
	folic acid 1 mg	
	iron combination cap	
PA, SP	iron dextran inj	DEXFERRUM
PA, SP	iron dextran inj	INFED
	iron polysaccharides complex/vitamins B-12/folic acid	
	iron/vitamin B12/vitamin C/folic acid/intrinsic factor	TRINSICON
	iron/vitamin C/vitamin B12/folic acid	
OTC	magnesium chloride ext-rel	SLOW-MAG

<b>OTC</b>	<b>magnesium gluconate</b>	
<b>OTC</b>	<b>multivitamins/iron tab</b>	GERITOL
	<b>multivitamins/iron tab</b>	VITAFOL
<b>OTC</b>	<b>oyster shell calcium</b>	
<b>OTC</b>	<b>pediatric oral electrolyte solution</b>	PEDIALYTE
<b>OTC</b>	<b>polysaccharide iron complex</b>	FERREX 150
	<b>sodium fluoride</b>	LURIDE
<b>OTC</b>	<b>zinc sulfate</b>	
	<b>zinc sulfate</b>	

## UROLOGICAL

### BENIGN PROSTATIC HYPERPLASIA

	<b>doxazosin</b>	CARDURA
	<b>finasteride</b>	PROSCAR
	<b>terazosin</b>	HYTRIN (d/c)

### URINARY ANTISPASMODICS

	<b>flavoxate</b>	URISPAS (d/c)
	<b>oxybutynin</b>	DITROPAN (d/c)
<b>ST</b>	<b>tolterodine</b>	DETROL
<b>ST</b>	<b>tolterodine ext-rel</b>	DETROL LA

### MISCELLANEOUS

	<b>bethanechol</b>	URECHOLINE
<b>PA</b>	<b>pentosan polysulfate sodium</b>	ELMIRON
	<b>phenazopyridine</b>	PYRIDIUM
	<b>potassium citrate/citric acid</b>	POLYCITRA-K
	<b>potassium citrate/sodium citrate/citric acid</b>	POLYCITRA (d/c)
	<b>potassium/sodium acid phosphates</b>	K-PHOS
	<b>sodium citrate/citric acid</b>	BICITRA (d/c)

## MISCELLANEOUS

### COMPOUNDS

**Compounds** are covered as long as all ingredients in the compound are on the formulary and the total cost of the compound is under \$200.00. All other compounds require prior authorization. Pharmacies should submit compounds on-line using the NCPDP 5.1 Compound Segment.

### CYSTIC FIBROSIS

<b>PA, SP</b>	<b>dornase alfa</b>	PULMOZYME
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### HYPERPHOSPHATEMIA

	<b>calcium acetate</b>	PHOSLO
	<b>doxercalciferol</b>	HECTOROL
<b>PA</b>	<b>sevelamer</b>	RENAGEL
<b>PA</b>	<b>sevelamer carbonate</b>	REVELA

### SMOKING DETERRENTS

<b>QL</b>	<b>bupropion ext-rel</b>	ZYBAN
<b>OTC, QL</b>	<b>nicotine gum</b>	NICORETTE
<b>OTC, QL</b>	<b>nicotine patches</b>	NICODERM CQ

### MISCELLANEOUS

<b>OTC</b>	<b>ipecac</b>	
	<b>penicillamine</b>	CUPRIMINE
<b>PA</b>	<b>sapropterin dihydrochloride</b>	KUVAN
	<b>sodium polystyrene sulfonate</b>	KAYEXALATE

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