



Blue Cross  
Blue Shield  
of Michigan

# Clinical Formulary

Please note that this listing of medications contained in this Blue Cross Blue Shield of Michigan Clinical Formulary is current at the time that the list is posted to this website, and is subject to change.

# INTRODUCTION

Blue Cross Blue Shield of Michigan is pleased to provide the Clinical Formulary as a useful reference and educational tool to assist providers in selecting cost-effective therapies. Please familiarize yourself with this information. To provide effective high-quality care, this Clinical Formulary requires the continuing support of physicians and pharmacists. Your questions and suggestions are welcome.

# PREFACE

The Blue Cross Blue Shield of Michigan Clinical Formulary is a list of FDA-approved prescription drug medications reviewed by the BCBSM/BCN Pharmacy and Therapeutics (P&T) Committee. The Clinical Formulary will assist in maintaining the quality of patient care and containing cost for the member's drug benefit plan. Providers, physicians, and pharmacists are encouraged to refer to the Clinical Formulary when selecting prescription drug therapy for eligible plan members.

Physicians are encouraged to prescribe medications included in the Clinical Formulary whenever possible. If a prescription is written for a nonformulary drug or for a drug or dose not recommended for use in the elderly or pregnant, pharmacists are encouraged to contact the physician. The benefit plan administrator will monitor provider-specific formulary prescribing and communicate with providers to optimize compliance.

The Clinical Formulary is divided into major therapeutic categories (chapters) for easy use. Products that are approved for more than one therapeutic indication may be included in more than one chapter. Drugs are listed by generic names; brand names are specified for reference purposes. Most dosage forms and strengths of a drug are included in the formulary.

# FORMULARY MEDICATION COVERAGE

All drugs included in the Clinical Formulary are not necessarily covered by each patient's prescription drug benefit plan. Patients should consult their prescription drug benefit packet or contact a Customer Service representative to determine specific coverage.

## Approved Medications

Only FDA-approved prescription medications are eligible for coverage under the member's policy.

## Experimental Indications

Medications used for only experimental indications are *not* eligible for coverage.

## Over-the-counter (OTC) Medications

When a drug is available in the identical strength and dosage form as both a prescription and nonprescription drug, the prescription drug is usually *not* covered by BCBSM. In these cases, providers should refer the patient to the equivalent OTC product. Certain OTC products, such as omeprazole (Prilosec OTC), are covered for certain BCBSM members with a prescription. Coverage is dependant on the members specific prescription drug benefit. Other exceptions are identified in the Clinical Formulary.

## Prior Authorization

Prior Authorization may be necessary for coverage of certain medications. In these cases, clinical criteria, based on current medical information and approved by the BCBSM/BCN P&T Committee must be met or other information must be provided before coverage is approved. The physician or office designee must call the appropriate phone number with the following information:

- Patient name and member number
- Physician name, address, and telephone number
- Drug name and strength

A clinical pharmacist will then request any additional information, as appropriate. If approved, the clinical pharmacist will enter the information into the drug processing system to allow the individual patient to obtain the specific drug. If disallowed, the clinical pharmacist will give the reasons why and suggest alternatives. An appeal process is available should the matter not be resolved.

# GENERIC DRUG SUBSTITUTION

**Generic drug substitution is the process by which a generic equivalent is dispensed rather than the brand-name product.**

The Maximum Allowable Cost (MAC) list sets a ceiling price for the reimbursement of certain generic prescription drugs. The drugs selected for inclusion on the MAC list are products that are commonly prescribed and dispensed and have generally gone through the FDA's review and approval process. This process ensures that the following conditions are met:

1. The generic drug must contain the same active ingredient(s), be the same strength, and be the same dosage form as the brand-name counterpart.
2. The FDA has given the generic an "A" rating compared to the brand-name counterpart and has determined it to be therapeutically equivalent, *and/or* the BCBSM/BCN P&T Committee has reviewed the product and finds that it is acceptable for generic substitution.

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and have the same safety profile as the prescribed product.

## CO-PAYMENTS

The member's prescription drug benefit plan design determines the applicable co-payment for the covered prescriptions.

# **SYMBOLS USED THROUGHOUT THE DOCUMENT**

## **KEY:**

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

## **EDITOR'S NOTE**

Your comments and suggestions regarding this Clinical Formulary are encouraged. Your input is vital to this Clinical Formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

Blue Cross Blue Shield of MI  
Pharmacy Services MC B773  
Attn: Drug Information Services,  
600 E. Lafayette Blvd.  
Detroit, MI 48226

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# 1. ANTI-INFECTIVES

## 1.1 Penicillins

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Ampicillin Trihydrate</i> (Principen)	
<i>Amoxicillin Trihydrate/Potassium Clavulanate</i> (Augmentin)	
<i>Amoxicillin Trihydrate/Potassium Clavulanate</i> (Augmentin ES)	
<i>Amoxicillin Trihydrate/Potassium Clavulanate</i> (Augmentin XR)	
<i>Dicloxacillin Sodium</i> (Dynapen)	
<i>Penicillin V Potassium</i> (Pen-Vee K)	
<b>BRANDS</b>	
Augmentin Suspension, Reconstituted 125-31.25mg/5ml, 250-62.5mg/5ml	
Augmentin Tablet, Chewable 125-31.25mg, 250-62.5mg	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
Augmentin Suspension, Reconstituted, Oral (ml) 200-28.5/5ml, 400-57mg/5ml	
Augmentin Tablet, Chewable 200-28.5mg, 400-57mg	
Dispermox	
Geocillin	
Moxatag	

## 1.2 Tetracyclines

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Doxycycline Hyclate Capsule (Hard, Soft, Etc.)</i> (Vibramycin)	
<i>Doxycycline Hyclate Tablet</i> (Vibra-Tabs)	
<i>Doxycycline Monohydrate</i> (Monodox)	
<i>Minocycline HCl</i> (Dynacin)	
<i>Minocycline HCl</i> (Minocin)	
<i>Minocycline HCl, Extended Release</i> (Solodyn 45mg, 90mg, 135mg)	
<i>Tetracycline HCl</i> (Achromycin V)	
<b>BRANDS</b>	
Vibramycin ( <i>Doxycycline Monohydrate Suspension, Reconstituted, Oral (ml)</i> )	
Vibramycin ( <i>Doxycycline Calcium Syrup</i> )	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA]	Adoxa
[PA]	Doryx
	Monodox
[PA]	Oracea
	Solodyn 55mg, 65mg, 80mg, 105mg, 115mg

## 1.3 Cephalosporins

FORMULARY PRODUCTS	
DRUG NAME	
<b>1.3.1 FIRST GENERATION CEPHALOSPORINS</b>	
<b>GENERICS</b>	
<i>Cephalexin Monohydrate</i> (Keflex)	
<i>Cephadrine</i> (Velosef)	
<i>Cefadroxil Hydrate</i> (Duricef)	
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
<b>DRUG NAME</b>	
Keflex 750mg	
Keftab	

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

FORMULARY PRODUCTS	
DRUG NAME	
<b>1.3.2 SECOND GENERATION CEPHALOSPORINS</b>	
<b>GENERICS</b>	
<i>Cefaclor</i> (Ceclor)	
<i>Cefpodoxime Proxetil Tablet</i> (Vantin)	
<i>Cefuroxime Axetil</i> (Ceftin)	
<i>Cefuroxime Axetil Suspension, Reconstituted, Oral (ml)</i> (Ceftin Suspension)	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
Raniclor	

FORMULARY PRODUCTS	
DRUG NAME	
<b>1.3.3 THIRD GENERATION CEPHALOSPORINS</b>	
<b>GENERICS</b>	
<i>Cefdinir</i> (Omnicef)	
<i>Cefditoren 400mg only</i> (Spectracef)	
<b>BRANDS</b>	
Suprax ( <i>Cefixime</i> )	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
Cedax	
Spectracef (200mg)	

FORMULARY PRODUCTS	
DRUG NAME	
<b>1.3.4 CARBACEPHEMS</b>	
<b>BRANDS</b>	
Lorabid ( <i>Loracarbef</i> )	

## 1.4 Erythromycins & Other Macrolides

FORMULARY PRODUCTS	
DRUG NAME	
<b>1.4.1 ERYTHROMYCINS &amp; OTHER MACROLIDES</b>	
<b>GENERICS</b>	
<i>Azithromycin Tablet</i> (Zithromax)	
<i>Azithromycin Suspension, Reconstituted, Oral (ml)</i> (Zithromax)	
<i>Clarithromycin</i> (Biaxin)	
<i>Clarithromycin</i> (Biaxin XL)	
<i>Erythromycin Base</i> (Eryc)	
<i>Erythromycin Base Tablet, Enteric Coated</i> (E-Mycin)	
<i>Erythromycin Ethylsuccinate</i> (E.E.S.)	
<i>Erythromycin Ethylsuccinate/Sulfisoxazole Acetyl</i> (Pediazole)	
<i>Erythromycin Stearate</i> (Erythrocin Stearate)	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[QL]	Dificid
	Dynabac
	EryPed Suspension, Reconstituted, Oral (ml) 400mg/5ml
	EryPed Tablet, Chewable 200mg
	PCE
	Zmax

# 1. ANTI-INFECTIVES (CONTINUED)

## 1.5 Quinolones

DRUG NAME	FORMULARY PRODUCTS
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### 1.5.1 FLUOROQUINOLONES

#### GENERICS

*Ciprofloxacin HCl - Betaine Combination Tablet, Sustained Release 24hr*  
(Cipro XR)

*Ciprofloxacin HCl Tablet* (Cipro)

*Levofloxacin* (Levaquin)

*Ofloxacin* (Floxin)

#### BRANDS

*Avelox (Moxifloxacin HCl)* (Levofloxacin Solution, Oral)

*Cipro* (Ciprofloxacin Suspension, Microcapsule Reconstituted)

*Cipro 100mg* (Ciprofloxacin HCl Tablet)

*Noroxin* (Norfloxacin)

#### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

##### DRUG NAME

Factive

Maxaquin

Proquin XR

## 1.6 Sulfas & Related Agents

DRUG NAME	FORMULARY PRODUCTS
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#### GENERICS

*Erythromycin Ethylsuccinate/Sulfisoxazole Acetyl* (Pediazole)

*Sulfadiazine* (Sulfadiazine)

*Sulfamethoxazole/Trimethoprim* (Bactrim DS)

*Sulfamethoxazole/Trimethoprim* (Septra DS)

*Sulfisoxazole* (Sulfisoxazole)

#### BRANDS

*Gantrisin* (Sulfisoxazole Acetyl)

## 1.7 Urinary Tract Agents

DRUG NAME	FORMULARY PRODUCTS
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#### GENERICS

*Methenamine Hippurate* (Hiprex)

*Methenamine Mandelate* (Mandelamine)

*Nitrofurantoin Macrocrystal* (Macrochantin)

*Phenazopyridine HCl* (Pyridium)

*Trimethoprim* (Proloprim)

#### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

##### DRUG NAME

Macrobid

Monurol

Neggram

Primsol

## 1.8 Antivirals

DRUG NAME	FORMULARY PRODUCTS
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### 1.8.1 MISCELLANEOUS ANTIVIRALS

#### GENERICS

*Acyclovir* (Zovirax)

*Amantadine HCl* (Symmetrel)

*Famciclovir* (Famvir)

*Ribavirin* (Copegus)

*Ribavirin* (Rebetol)

#### BRANDS

*Baraclude* (Entecavir)

*Famvir* (Famciclovir Tablet)

*Hepsera* (Adefovir Dipivoxil)

[PA] *Incivek* (Telaprevir)

[QL] *Relenza* (Zanamivir)

[QL] *Tamiflu* (Oseltamivir Phosphate)

*Valcyte* (Valganciclovir Hydrochloride)

*Valtrex* (Valacyclovir HCl)

*Valtrex* (Valacyclovir HCl Tablet)

[PA] *Victralis* (Boceprevir)

#### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

##### DRUG NAME

Flumadine

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

# 1. ANTI-INFECTIVES (CONTINUED)

DRUG NAME	FORMULARY PRODUCTS
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## 1.8.2 HIV/AIDS THERAPY

### GENERICS

- Didanosine Capsule, Delayed Release (Enteric Coated)* (Videx EC)
- Lamivudine Tablet* (Epivir)
- Lamivudine/Zidovudine* (Combivir)
- Stavudine Capsule* (Zerit)
- Zidovudine Capsule (Hard, Soft, Etc.)* (Retrovir)
- Zidovudine Syrup* (Retrovir)

### BRANDS

- Aptivus (*Tipranavir*)
- Aptivus Oral Solution (*Tipranavir/Vitamin*)
- Atripla (*Efavirenz/Emtricitabine/Tenofovir Disoproxil Fumarate*)
- [QL] Complera (*Emtricitabine/Rilpivirine/Tenofovir*)
- Crixivan (*Indinavir Sulfate*)
- [QL] Edurant (*Rilpivirine*)
- Emtriva (*Emtricitabine*)
- Epivir Solution (*Lamivudine*)
- Epzicom (*Abacavir Sulfate/Lamivudine*)
- Fortovase (*Saquinavir*)
- Fuzeon (*Enfuvirtide*)
- Hivid (*Zalcitabine*)
- Intelence (*Etravirine*)
- Invirase (*Saquinavir Mesylate*)
- Isentress (*Raltegravir Potassium*)
- Kaletra (*Ritonavir/Lopinavir*)
- Lexiva (*Fosamprenavir Calcium*)
- Norvir (*Ritonavir*)
- Prezista (*Darunavir Ethanolate*)
- Rescriptor (*Delavirdine Mesylate*)
- Reyataz (*Atazanavir Sulfate*)
- Sustiva (*Efavirenz*)
- Trizivir (*Abacavir Sulfate/Lamivudine/Zidovudine*)
- Truvada (*Emtricitabine/Tenofovir Disoproxil Fumarate*)
- Videx (*Didanosine/Calcium Carbonate/Magnesium Tablet, Chewable*)
- Videx (*Didanosine/Sodium Citrate Packet*)
- Videx (*Didanosine Solution, Reconstituted, Oral*)
- Videx EC (*Didanosine Capsule, Delayed Release (Enteric Coated)*)
- Viracept (*Nelfinavir Mesylate*)
- Viramune (*Nevirapine*)
- Viread (*Tenofovir Disoproxil Fumarate*)
- Ziagen (*Abacavir Sulfate*)

## 1.9 Antifungal Agents

DRUG NAME	FORMULARY PRODUCTS
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### GENERICS

- Clotrimazole Troche* (Mycelex)
- Fluconazole Tablet* (Diflucan)
- Flucytosine* (Ancobon)
- Griseofulvin, Microsize Suspension, Oral (Final Dose Form)* (Grifulvin V)
- Griseofulvin Ultramicrosize* (Gris-Peg 125mg)
- Itraconazole* (Sporanox)
- Ketoconazole* (Nizoral)
- Nystatin* (Mycostatin)
- Terbinafine HCl Tablet* (Lamisil)

### BRANDS

- Fungizone (*Amphotericin B*)
- Grifulvin Tabs (*Griseofulvin, Microsize*)
- Gris-Peg (*Griseofulvin Ultramicrosize*)
- Noxafil (*Posaconazole*)
- Sporanox (*Itraconazole Solution, Oral*)
- Vfend (*Voriconazole Suspension, Reconstituted, Oral (ml)*)

### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

- | DRUG NAME              |
|------------------------|
| Lamisil, Oral Granules |
| [QL] Oravig            |
| Vfend                  |

## 1.10 Vancomycin

DRUG NAME	FORMULARY PRODUCTS
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### BRANDS

- Vancocin HCl (*Vancomycin HCl*)

## 1.11 Miscellaneous Anti-infectives

DRUG NAME	FORMULARY PRODUCTS
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### 1.11.1 MISCELLANEOUS ANTI-INFECTIVES

#### GENERICS

- Chloramphenicol Capsule (Hard, Soft, Etc.)* (Chloramphenicol)
- Clindamycin HCl* (Cleocin HCl)
- Neomycin Sulfate* (Neomycin Sulfate)

#### BRANDS

- Dapsone (*Dapsone*)
- [QL] Tobi (*Tobramycin/0.25 Normal Saline Ampul for Nebulization (ml)*)
- Zyvox (*Linezolid*)
- Xifaxan (*Rifaximin*)

### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

- | DRUG NAME         |
|-------------------|
| [PA] [QL] Cayston |

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

**1. ANTI-INFECTIVES (CONTINUED)****FORMULARY PRODUCTS****DRUG NAME****1.11.2 ANTIPARASITICS****GENERICS**

*Iodoquinol* (Yodoxin)  
*Mebendazole* (Vermox)  
*Metronidazole* (Flagyl)  
*Paromomycin Sulfate* (Humatin)

**BRANDS**

Alinia (*Nitazoxanide*)  
 Alinia (*Nitazoxanide Suspension, Reconstituted, Oral (ml)*)  
 Biltricide (*Praziquantel*)  
 Flagyl ER (*Metronidazole*)  
 Furoxone (*Furazolidone*)  
 Mepron (*Atovaquone*)  
 Mintezol (*Thiabendazole*)  
 NebuPent (*Pentamidine Isethionate*)  
 Stromectol (*Ivermectin*)  
 Tindamax (*Tinidazole*)

**COMMONLY PRESCRIBED NONFORMULARY PRODUCTS****DRUG NAME**

Flagyl Capsule (Hard, Soft, Etc.)

**FORMULARY PRODUCTS****DRUG NAME****1.11.3 ANTIMALARIALS****GENERICS**

*Atovaquone/Proguanil HCl* (Malarone)  
*Chloroquine Phosphate* (Aralen Phosphate)  
*Hydroxychloroquine Sulfate* (Plaquenil)  
*Mefloquine HCl* (Lariam)

**BRANDS**

Coartem (*Artemether/Lumefantrine*)  
 Daraprim (*Pyrimethamine*)  
 Fansidar (*Pyrimethamine/Sulfadoxine*)  
 Primaquine (*Primaquine Phosphate*)

**FORMULARY PRODUCTS****DRUG NAME****1.11.4 ANTIMYCOBACTERIALS****GENERICS**

*Cycloserine* (Seromycin)  
*Isoniazid* (Isoniazid)  
*Pyrazinamide* (Pyrazinamide)  
*Rifampin* (Rifadin)

**BRANDS**

Clofazimine (*Lamprene*)  
 Rifabutin (*Mycobutin*)  
 Cycloserine (*Seromycin*)

**COMMONLY PRESCRIBED NONFORMULARY PRODUCTS****DRUG NAME**

Priftin

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

## 2. ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

### 2.1 Antineoplastic & Immunosuppressant Drugs

FORMULARY PRODUCTS	
DRUG NAME	
<b>2.1.1 ALKYLATING AGENTS</b>	
<b>GENERIC</b>	
<i>Cyclophosphamide</i> (Cytosan)	
<b>BRANDS</b>	
Alkeran ( <i>Melphalan</i> )	
CeeNu ( <i>Lomustine</i> )	
Cytosan ( <i>Cyclophosphamide</i> )	
Leukeran ( <i>Chlorambucil</i> )	
Myleran ( <i>Busulfan</i> )	
Temodar ( <i>Temozolomide</i> )	

FORMULARY PRODUCTS	
DRUG NAME	
<b>2.1.2 ANTIMETABOLITES</b>	
<b>GENERIC</b>	
<i>Mercaptopurine</i> (Purinethol)	
<i>Methotrexate Sodium</i> (Rheumatrex)	
<b>BRANDS</b>	
Thioguanine ( <i>Thioguanine</i> )	
Trexall ( <i>Methotrexate Sodium</i> )	
Xeloda ( <i>Capecitabine</i> )	

FORMULARY PRODUCTS	
DRUG NAME	
<b>2.1.3 ANDROGENS, ESTROGENS, HORMONES &amp; RELATED DRUGS</b>	
<b>2.1.3.1 ANDROGENS</b>	
<b>BRANDS</b>	
Halotestin ( <i>Fluoxymesterone Tablet</i> )	
Teslac ( <i>Testolactone</i> )	
<b>2.1.3.3 HORMONES</b>	
<b>GENERIC</b>	
<i>Megestrol Acetate</i> (Megace)	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
Megace ES	

FORMULARY PRODUCTS	
DRUG NAME	
<b>2.1.3.4 ANTIESTROGENS</b>	
<b>GENERIC</b>	
[PA] <i>Anastrozole</i> (Arimidex)	
[PA] <i>Exemestane</i> (Aromasin)	
[PA] <i>Letrozole</i> (Femara)	
<i>Tamoxifen Citrate</i> (Nolvadex)	
<b>BRANDS</b>	
Fareston ( <i>Toremifene Citrate</i> )	

FORMULARY PRODUCTS	
DRUG NAME	
<b>2.1.3.5 ANTIANDROGENS</b>	
<b>GENERIC</b>	
<i>Bicalutamide</i> (Casodex)	
<i>Flutamide</i> (Eulexin)	
<b>BRANDS</b>	
Eulexin ( <i>Flutamide</i> )	
Nilandron ( <i>Nilutamide</i> )	
[QL] <i>Zytiga</i> ( <i>Abiraterone Acetate</i> )	

FORMULARY PRODUCTS	
DRUG NAME	
<b>2.1.5 IMMUNOSUPPRESSANT DRUGS</b>	
<b>GENERIC</b>	
<i>Azathioprine</i> (Imuran)	
<i>Cyclosporine</i> (Sandimmune)	
<i>Cyclosporine, Modified Capsule (Hard, Soft, Etc.)</i> (Neoral)	
<i>Mycophenolate</i> (CellCept)	
<i>Tacrolimus</i> (Prograf)	
<b>BRANDS</b>	
Azasan ( <i>Azathioprine</i> )	
CellCept Oral Suspension ( <i>Mycophenolate Mofetil</i> )	
Neoral ( <i>Cyclosporine, Modified Capsule (Hard, Soft, Etc.)</i> )	
Rapamune ( <i>Sirolimus</i> )	
Sandimmune ( <i>Cyclosporine</i> )	

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

**2. ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS (CONTINUED)**

DRUG NAME	FORMULARY PRODUCTS
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**2.1.6 MISCELLANEOUS ANTINEOPLASTIC DRUGS****GENERICS***Etoposide (VePesid)**Hydroxyurea (Hydrea)**Leuprolide Acetate (Lupron)*[PA] *Octreotide Acetate Vial (SDV,MDV or Additive) (ml)* (Sandostatin)*Tretinoin (Vesanoid)***BRANDS***Afinitor (Everolimus)**Caprelesia (Vanetanib)**Droxia (Hydroxyurea)**Ergamisol (Levamisole HCl)**Emcyt (Estramustine Phosphate Sodium)**Gleevec (Imatinib Mesylate)**Hexalen (Altreptamine)**Hycamtin (Topotecan HCl)**Iressa 250mg (Gefitinib Tablet)**Lupron Depot (Leuprolide Acetate)**Lupron Depot-3 Month (Leuprolide Acetate)**Lupron Depot-Ped (Leuprolide Acetate)**Lysodren (Mitotane)**Matulane (Procarbazine HCl)**Nexavar (Sorafenib Tosylate)**Oforta (Fludarabine Phosphate)*[PA] *Sandostatin (Octreotide Acetate Kit)*[PA] *Sandostatin LAR (Octreotide Acetate Depot)**Sprycel (Dasatinib)*[QL] *Sutent (Sunitinib Malate)**Tarceva (Erlotinib HCl)**Tasigna (Nilotinib Hydrochloride)**Trelstar (Triptorelin Pamoate)**Tykerb (Lapatinib Ditosylate)**Votrient (Pazopanib)*[PA] [QL] *Xalkori*[PA] [QL] *Zelboraf*[QL] *Zoladex (Goserelin Acetate)**Zolinza (Vorinostat)***2.2 Adjunctive Agents**

DRUG NAME	FORMULARY PRODUCTS
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**2.2.1 ADJUNCTIVE AGENTS****GENERICS***Leucovorin Calcium (Leucovorin Calcium)**Medroxyprogesterone Acetate (Depo-Provera)***BRANDS***Depo-Provera (Medroxyprogesterone Acetate)**Depo-Subq Provera (Medroxyprogesterone Acet Disposable Syringe (ml))**Leukine (Sargramostim)**Mesnex (Mesna Tablet)*[QL] *Neulasta (Pegfilgrastim)**Neupogen (Filgrastim)**Procrit (Epoetin Alfa Vial (SDV,MDV or Additive) (ml))*

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

### 3. AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

#### 3.1 Narcotic Analgesics

FORMULARY PRODUCTS	
DRUG NAME	

##### 3.1.1 NARCOTICS

###### GENERICS

- Codeine Sulfate* (Codeine Sulfate)
- Hydromorphone HCl* (Dilaudid)
- Fentanyl* (Duragesic)
- [PA] [QL] *Fentanyl Citrate* (Actiq)
- Meperidine HCl* (Demerol)
- Methadone HCl* (Dolophine HCl)
- Morphine Sulfate* (Kadian)
- Morphine Sulfate* (MSIR)
- Morphine Sulfate* (Rms-Suppository)
- Morphine Sulfate Solution, Oral* (Morphine Sulfate)
- Morphine Sulfate Tablet, Sustained Action* (MS Contin)
- Oxycodone HCl* (Roxicodone)
- Oxycodone HCl Extended Release 12hr*
- Oxymorphone* (Opana)
- [QL] *Oxymorphone HCl, Extended Release 12hr* (Opana ER 7.5mg, 15mg)

###### BRANDS

- Avinza (*Morphine Sulfate Capsule, Multiphasic Release*)
- [QL] Embeda (*Morphine Sulfate/Naltrexone*)
- [QL] OxyContin (*Oxycodone HCl*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

- [PA] [QL] Abstral
- [PA] [QL] Exalgo
- [PA] [QL] Fentora
- Kadian 10mg, 200mg
- [PA] [QL] Lazanda
- Levo-Dromoran
- [PA] [QL] Onsolis
- [QL] Opana ER

FORMULARY PRODUCTS	
DRUG NAME	

##### 3.1.2 COMBINATION NARCOTIC/ANALGESICS

###### GENERICS

- Acetaminophen/Butalbital* (Phrenilin)
- Acetaminophen/Caffeine/Butalbital* (Fioricet)
- Aspirin/Caffeine/Butalbital* (Fiorinal)
- Butalbital/Acetaminophen/Caffeine* (Esgic, Esgic-Plus)
- Codeine Phosphate/Acetaminophen* (Tylenol w/Codeine)
- Codeine Phosphate/Acetaminophen/Caffeine/Butalbital* (Fioricet w/Codeine)
- Codeine Phosphate/Aspirin* (Aspirin w/Codeine)
- Codeine Phosphate/Aspirin/Caffeine/Butalbital* (Fiorinal w/Codeine)
- Hydrocodone Bit/Acetaminophen* (Anexsia)
- Hydrocodone Bit/Acetaminophen* (Lorcet Plus)
- Hydrocodone Bit/Acetaminophen* (Lorcet 10/650)
- Hydrocodone Bit/Acetaminophen* (Lortab)
- Hydrocodone Bit/Acetaminophen* (Vicodin, Vicodin ES)
- Hydrocodone Bit/Ibuprofen* (Vicoprofen)
- Ibuprofen/Oxycodone HCl* (Combunox)
- Oxycodone/Aspirin* (Percodan)
- Oxycodone HCl/Acetaminophen* (Percocet)
- Oxycodone HCl/Acetaminophen* (Tylox)

###### BRANDS

- Capital w/Codeine (*Acetaminophen/Codeine*)
- Phrenilin, Phrenilin Forte (*Acetaminophen/Butalbital*)
- Phrenilin w/Caffeine & Codeine (*Acetaminophen/Butalbital/Caffeine/Codeine*)

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

- Esgic
- Esgic-Plus
- Fioricet w/Codeine
- Lortab
- Lortab Asa
- Mepergan Fortis Capsule (Hard, Soft, Etc.)
- Meperidine w/Promethazine Capsule (Hard, Soft, Etc.)
- Meprozone Capsule (Hard, Soft, Etc.)
- Synalgos-DC
- Vicodin HP
- Vicoprofen

#### 3.3 Non-narcotic Analgesics

FORMULARY PRODUCTS	
DRUG NAME	

##### 3.3.1 NSAIDS/COX II INHIBITORS

###### 3.3.1.1 NSAIDS

###### GENERICS

- Diclofenac Potassium* (Cataflam)
- Diclofenac Sodium* (Voltaren)
- Diclofenac Sodium Tablet, Sustained Release 24hr* (Voltaren-XR)
- Etodolac* (Lodine)
- Etodolac Tablet, Sustained Release 24hr* (Lodine XL)
- Flurbiprofen* (Ansaid)
- Ibuprofen* (Motrin)
- Indomethacin* (Indocin)
- Indomethacin Capsule, Sustained Action* (Indocin SR)
- Ketoprofen* (Orudis)
- Ketoprofen Capsule, 24hr Sustained Release Pellets* (Oruvail)
- [QL] *Ketorolac Tromethamine* (Toradol)
- Meclofenamate Sodium* (Meclofenamate Sodium)
- Mefenamic Acid* (Ponstel)
- Meloxicam* (Mobic)
- Nabumetone* (Relafen)
- Naproxen* (Naprosyn)
- Naproxen Sodium* (Anaprox)
- Naproxen Sodium* (Anaprox DS)
- Naproxen Sodium Tablet, Sustained Action* (Naprelan 500mg)
- Naproxen, Sustained Release* (EC-Naprosyn)
- Oxaprozin* (Daypro)
- Piroxicam* (Feldene)
- Sulindac* (Clinoril)
- Tolmetin Sodium* (Tolectin)

###### BRANDS

- Naprelan 375mg (*Naproxen Sodium Tablet, Sustained Action*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

- Arthrotec
- [PA] [QL] Cambia
- [PA] [QL] Duexis
- [PA] [QL] Flector Patch
- Nalfon
- [PA] [QL] Pennsaid
- [PA] [QL] Vimovo
- [PA] [QL] Voltaren Gel

### 3. AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH (CONTINUED)

FORMULARY PRODUCTS
DRUG NAME

#### 3.3.1.2 NSAIDS- SPECIFIC COX-II INHIBITORS

##### BRANDS

[PA] Celebrex (*Celecoxib*)

FORMULARY PRODUCTS
DRUG NAME

#### 3.3.2 SALICYLATES

##### GENERICS

*Choline Salicylate/Magnesium Salicylate* (Choline Mag Trisalicylate)

*Diflunisal* (Dolobid)

*Salsalate* (Salflex)

##### BRANDS

Salflex (*Salsalate Tablet*)

Zorprin (*Aspirin*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
DRUG NAME

Magsal

FORMULARY PRODUCTS
DRUG NAME

#### 3.3.3 MISCELLANEOUS ANALGESICS

##### GENERICS

*Pentazocine HCl/Acetaminophen* (Talacen)

*Pentazocine HCl/Naloxone HCl* (Talwin NX)

*Tramadol ER* (Ultram ER)

*Tramadol HCl* (Ryzolt)

*Tramadol HCl* (Ultram)

*Tramadol HCl/Acetaminophen* (Ultracet)

##### BRANDS

[PA] [QL] Nucynta (*Tapentadol*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
DRUG NAME

Equagesic

[PA] [QL] Nucynta ER

FORMULARY PRODUCTS
DRUG NAME

#### 3.3.4 NARCOTIC ANTAGONISTS

##### GENERICS

*Naltrexone HCl* (ReVia)

##### BRANDS

Suboxone Film (*Buprenorphine HCl/Naloxone HCl*)

Suboxone SL Tab (*Buprenorphine HCl/Naloxone HCl*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
DRUG NAME

[PA] [QL] Butrans

Rybix

Ryzolt ODT

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

### 3.4 Migraine & Cluster Headache Therapy

FORMULARY PRODUCTS
DRUG NAME

#### 3.4.1 HEADACHE THERAPY

##### GENERICS

*Acetaminophen/Butalbital* (Phrenilin)

*Acetaminophen/Caffeine/Butalbital* (Fioricet)

*Aspirin/Caffeine/Butalbital* (Fiorinal)

*Dihydroergotamine Mesylate* (D.H.E.45)

*Ergotamine Tartrate/Caffeine Suppository, Rectal* (Cafergot)

*Ergotamine Tartrate/Caffeine Tablet* (Cafergot)

*Ergotamine Tartrate Tablet, Sublingual* (Ergomar)

*Isometheptene Mucate/Acetaminophen/Dichloralphenazone* (Midrin)

[QL] *Naratriptan* (Amerge)

[QL] *Sumatriptan Intranasal Solution* (Imitrex Nasal Spray)

[QL] *Sumatriptan Succinate* (Alsuma)

[QL] *Sumatriptan Succinate Kit* (Imitrex)

[QL] *Sumatriptan Succinate Tablet* (Imitrex)

##### BRANDS

Cafergot (*Ergotamine Tartrate/Caffeine*)

Ergomar (*Ergotamine Tartrate Tablet, Sublingual*)

[PA] [QL] Maxalt (*Rizatriptan Benzoate Tablet*)

[PA] [QL] Maxalt MLT (*Rizatriptan Benzoate Tablet, Rapid Dissolve*)

[QL] Migranal (*Dihydroergotamine Mesylate*)

Migraten (*Isometheptene Mucate/Acetaminophen/Caffeine*)

Phrenilin, Phrenilin Forte (*Acetaminophen/Butalbital*)

Phrenilin w/Caffeine & Codeine (*Acetaminophen/Butalbital/Caffeine/Codeine*)

Sansert (*Methysergide Maleate*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
DRUG NAME

[PA] [QL] Axert

[PA] [QL] Frova

[PA] [QL] Relpax

[PA] [QL] Sumavel Dose Pro

[PA] [QL] Treximet

[PA] [QL] Zomig Spray

[PA] [QL] Zomig Tablet

[PA] [QL] Zomig ZMT

FORMULARY PRODUCTS
DRUG NAME

#### 3.4.2 ANTIVERTIGO & ANTIEMETIC DRUGS

##### GENERICS

*Dronabinol* (Marinol)

[QL] *Granisetron HCl* (Kytril)

*Meclizine HCl* (Antivert)

*Prochlorperazine Maleate* (Compazine)

*Prochlorperazine Maleate Suppository, Rectal* (Compazine)

*Prochlorperazine Maleate Suppository, Rectal* (Compazine 25mg)

*Promethazine HCl Suppository, Rectal* (Phenergan)

*Promethazine HCl Tablet* (Phenergan)

[QL] *Ondansetron* (Zofran ODT)

[QL] *Ondansetron HCl* (Zofran)

*Trimethobenzamide HCl* (Tigan)

##### BRANDS

[QL] Anzemet (*Dolasetron Mesylate Tablet*)

Compazine 5mg (*Prochlorperazine Maleate*)

[QL] Emend (*Aprepitant*)

Transderm-Scop (*Scopolamine Hydrobromide Patch, Transdermal 72 Hours*)

### 3. AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH (CONTINUED)

#### 3.5 Antiparkinsonism Agents

DRUG NAME	FORMULARY PRODUCTS
<b>GENERICS</b>	
	<i>Amantadine HCl Tablet (Symmetrel)</i>
	<i>Benzotropine Mesylate (Cogentin)</i>
	<i>Bromocriptine Mesylate (Parlodel)</i>
	<i>Diphenhydramine HCl (Benadryl 50mg)</i>
	<i>Carbidopa/Levodopa (Parcopa)</i>
	<i>Carbidopa/Levodopa (Sinemet)</i>
	<i>Carbidopa/Levodopa Tablet, Sustained Action (Sinemet CR)</i>
	<i>Pramipexol (Mirapex)</i>
	<i>Ropinirole HCl (Requip)</i>
	<i>Selegiline HCl (Eldepryl)</i>
	<i>Trihexyphenidyl HCl (Artane)</i>
<b>BRANDS</b>	
	<i>Apokyn (Apomorphine HCl Cartridge (ml))</i>
	<i>Azilect (Rasagiline Mesylate)</i>
	<i>Comtan (Entacapone)</i>
	<i>Larodopa (Levodopa)</i>
	<i>Parlodel (Bromocriptine Mesylate)</i>
	<i>Requip XL (Ropinirole HCl Sustained Release)</i>
	<i>Stalevo (Carbidopa/Levodopa/Entacapone)</i>

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] [QL] Mirapex ER	
Tasmart	

#### 3.6 Anticonvulsants

DRUG NAME	FORMULARY PRODUCTS
<b>GENERICS</b>	
	<i>Acetazolamide (Diamox)</i>
	<i>Carbamazepine (Carbatrol)</i>
	<i>Carbamazepine (Tegretol)</i>
	<i>Carbamazepine Tablet, Sustained Release 12hr (Tegretol XR)</i>
	<i>Clonazepam (Klonopin)</i>
	<i>Clonazepam Tablet, Rapid Dissolve (Klonopin)</i>
	<i>Diazepam (Diastat Acudial)</i>
	<i>Divalproex Sodium (Depakote)</i>
	<i>Divalproex Sodium Sprinkle Capsules (Depakote Sprinkle)</i>
	<i>Divalproex Sodium Tablets, Delayed Release (Depakote ER)</i>
	<i>Ethosuximide (Zarontin)</i>
	<i>Ethosuximide Capsule (Hard, Soft, Etc.) (Zarontin)</i>
	<i>Felbamate (Felbatol)</i>
	<i>Gabapentin (Neurontin)</i>
	<i>Lamotrigine (Lamictal)</i>
	<i>Lamotrigine Tablet, Dispersible (Lamictal)</i>
	<i>Levetiracetam (Keppra)</i>
	<i>Levetiracetam Tablet, Extended Release (Keppra XR)</i>
	<i>Oxcarbazepine (Trileptal)</i>
	<i>Phenobarbital (Phenobarbital)</i>
	<i>Phenytoin Sodium Extended (Dilantin)</i>
	<i>Phenytoin Sodium Extended Capsule (Hard, Soft, Etc.) (Phenytoin Sodium)</i>
	<i>Phenytoin Suspension, Oral (Final Dose Form) (Dilantin)</i>
	<i>Primidone Tablet (Mysoline)</i>
	<i>Topiramate (Topamax Tablets)</i>
	<i>Topiramate Sprinkle Capsules (Topamax)</i>
	<i>Valproate Sodium Syrup (Depakene)</i>
	<i>Valproic Acid Capsule (Hard, Soft, Etc.) (Depakene)</i>
	<i>Zonisamide (Zonegran)</i>
<b>BRANDS</b>	
	<i>Banzel (Rufinamide)</i>
	<i>Diastat (Diazepam)</i>
	<i>Dilantin 30mg (Phenytoin Sodium Extended)</i>
	<i>Gabitril (Tiagabine HCl)</i>
	<i>Lamictal (Lamotrigine Tablet, Dose Pack)</i>
	<i>Lamictal ODT (Lamotrigine Orally Disintegrating)</i>
	<i>Lamictal XR (Lamotrigine Sustained Release)</i>
	<i>Mebaral (Mephobarbital)</i>
	<i>Peganone (Ethotoin)</i>
	<i>Phenytek (Phenytoin Sodium Extended)</i>
	<i>Sabril (Vigabatrin)</i>
	<i>Trileptal (Oxcarbazepine)</i>
	<i>Vimpat (Lacosamide)</i>

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
Equetro	
[PA] [QL] Gralise	
[PA] Lyrica	

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

### 3. AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH (CONTINUED)

#### 3.7 Miscellaneous Neurological Therapy

DRUG NAME	FORMULARY PRODUCTS
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##### GENERICS

*Donepezil HCl* (Aricept)  
*Donepezil HCl Tablet, Rapid Dissolve* (Aricept ODT)  
*Galantamine Hydrobromide* (Razadyne)  
*Galantamine Hydrobromide Extended-Release Capsules* (Razadyne ER)  
*Rivastigmine* (Exelon)

##### BRANDS

[PA] [QL] Aricept 23mg (*Donepezil HCl*)  
 Copaxone (*Glatiramer Acetate Kit*)  
 Exelon Patch (*Rivastigmine Transdermal System*)  
 Exelon Solution (*Rivastigmine Solution*)  
 Namenda (*Memantine HCl, Memantine HCl Solution, Oral*)  
 [PA] [QL] Nuedexta (*Dextromethorphan HBR/Quinidine*)  
 [PA] Xenazine (*Tetrabenazine*)

##### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

###### DRUG NAME

Cognex  
 [PA] [QL] Gilenya  
 [PA] Horizant  
 [PA] [QL] Savella  
 [PA] [QL] Xyrem

#### 3.8 Muscle Relaxants & Antispasmodic Therapy

DRUG NAME	FORMULARY PRODUCTS
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##### 3.8.1 MUSCLE RELAXANTS & ANTISPASMODIC AGENTS

##### GENERICS

*Baclofen Tablet* (Lioresal)  
*Carisoprodol Tablet* (Soma)  
*Carisoprodol/Aspirin* (Soma Compound)  
*Chlorzoxazone* (Parafon Forte DSC)  
*Cyclobenzaprine HCl* (Flexeril)  
*Dantrolene Sodium* (Dantrium)  
*Diazepam* (Valium)  
*Metaxalone* (Skelaxin)  
*Methocarbamol* (Robaxin)  
*Methocarbamol/Aspirin* (Robaxisal)  
*Oxybutynin Chloride* (Ditropan, Ditropan XL)  
*Tizanidine HCl* (Zanaflex)

##### BRANDS

Detrol (*Tolterodine Tartrate*)  
 Detrol LA (*Tolterodine Tartrate Capsule, Sustained Release 24 hr*)  
 Enablex (*Darifenacin Hydrobromide*)  
 [QL] Oxytrol (*Oxybutynin Patch, Transdermal Semiweekly*)  
 Vesicare (*Solifenacin Succinate*)

##### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

###### DRUG NAME

[PA] Amrix

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

DRUG NAME	FORMULARY PRODUCTS
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##### 3.8.2 MYASTHENIA GRAVIS

##### GENERICS

*Pyridostigmine Bromide Tablet* (Mestinon)

##### BRANDS

Mestinon (*Pyridostigmine Bromide Syrup*)  
 Mestinon (*Pyridostigmine Bromide Tablet, Sustained Action*)  
 Prostigmin (*Neostigmine Bromide*)

#### 3.9 Psychotherapeutic Drugs

DRUG NAME	FORMULARY PRODUCTS
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##### 3.9.1 HYPNOTIC AGENTS

##### GENERICS

*Chloral Hydrate* (Chloral Hydrate)  
 [QL] *Estazolam* (ProSom)  
 [QL] *Flurazepam HCl* (Dalmane)  
 [QL] *Temazepam* (Restoril)  
 [QL] *Triazolam* (Halcion)  
 [QL] *Zaleplon* (Sonata)  
 [QL] *Zolpidem Tartrate* (Ambien)  
 [QL] *Zolpidem Tartrate Controlled Release* (Ambien CR)

##### BRANDS

[QL] Restoril 22.5mg (*Temazepam*)

##### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

###### DRUG NAME

Butisol Sodium  
 [QL] Doral  
 [PA] [QL] Edluar  
 [QL] Lunesta  
 Nembutal Sodium  
 [QL] Rozerem  
 Seconal Sodium  
 [PA] [QL] Silenor  
 Toval ODT  
 [PA] Zolpimist

##### FORMULARY PRODUCTS

###### DRUG NAME

##### 3.9.2 ANTIDEPRESSANT AGENTS

##### 3.9.2.1 TRICYCLICS

##### GENERICS

*Amitriptyline HCl* (Elavil)  
*Amoxapine* (Asendin)  
*Clomipramine HCl* (Anafranil)  
*Desipramine HCl* (Norpramin)  
*Doxepin HCl* (Sinequan)  
*Imipramine HCl* (Tofranil)  
*Imipramine Pamoate* (Tofranil-PM)  
*Nortriptyline HCl* (Pamelor)  
*Protriptyline HCl* (Vivactil)  
*Trimipramine Maleate* (Surmontil)

##### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

###### DRUG NAME

Aventyl HCl  
 Surmontil 100mg  
 Vivactil

## 3. AUTONOMIC &amp; CNS DRUGS, NEUROLOGY &amp; PSYCH (CONTINUED)

DRUG NAME	FORMULARY PRODUCTS
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## 3.9.2.2 MISCELLANEOUS ANTIDEPRESSANTS

## GENERICS

*Bupropion HCl Tablet* (Wellbutrin)  
*Bupropion HCl Tablet, Sustained Action* (Wellbutrin SR)  
*Bupropion HCl Tablet, Sustained Release 24 hr* (Wellbutrin XL 150mg)  
*Bupropion HCl Tablet, Sustained Release 24 hr 300mg* (Wellbutrin XL 300mg)  
*Maprotiline HCl* (Ludiomil)  
*Mirtazapine Tablet* (Remeron)  
*Mirtazapine Tablet, Rapid Dissolve* (Remeron)  
*Nefazodone HCl* (Serzone)  
*Trazodone HCl* (Desyrel)  
*Venlafaxine HCl* (Effexor)  
*Venlafaxine XR* (Effexor XR)  
*Venlafaxine XR Tablet, Osmotic Push, 24 hr*

## COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME	FORMULARY PRODUCTS
[PA]	Aplenzin
[PA]	Cymbalta
[PA]	Oleptro
[PA]	Pristiq

DRUG NAME	FORMULARY PRODUCTS
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## 3.9.2.3 MAO INHIBITORS

## BRANDS

*Nardil (Phenelzine Sulfate)*  
*Parnate (Tranylcypromine Sulfate)*

## 3.9.2.4 SELECTIVE SEROTONIN REUPTAKE INHIBITORS

## GENERICS

*Citalopram Hydrobromide* (Celexa)  
*Escitalopram Oxalate* (Lexapro)  
*Fluoxetine HCl* (Prozac)  
 [QL] *Fluoxetine HCl* (Prozac Weekly)  
*Fluoxetine HCl* (Sarafem)  
*Fluvoxamine Maleate* (Luvox)  
*Paroxetine HCl Tablet* (Paxil)  
*Paroxetine HCl Tablet* (Paxil CR)  
*Sertraline HCl* (Zoloft)

## COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME	FORMULARY PRODUCTS
[PA]	Luvox CR
[PA]	Pexeva
[PA] [QL]	Viibryd

DRUG NAME	FORMULARY PRODUCTS
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## 3.9.3 ANTIPSYCHOTICS

## 3.9.3.1 PHENOTHIAZINES

## GENERICS

*Chlorpromazine HCl* (Thorazine)  
*Fluphenazine HCl* (Prolixin)  
*Perphenazine* (Trilafon)  
 [QL] *Thioridazine HCl* (Mellaril)  
*Trifluoperazine HCl* (Stelazine)

## 3.9.3.2 BUTYROPHENONES

## GENERICS

*Haloperidol* (Haldol)  
*Haloperidol Lactate Concentrate, Oral* (Haldol)

## 3.9.3.3 MISCELLANEOUS ANTIPSYCHOTICS

## GENERICS

*Clozapine* (Clozaril)  
*Loxapine Succinate* (Loxitane)  
*Olanzapine Orally Disintegrating Tablets* (Zyprexa Zydis)  
*Olanzapine Tablets* (Zyprexa)  
*Risperidone Tablets* (Risperdal)  
*Risperidone Tablets, Oral Disintegrating* (Risperdal M-tab)  
*Thiothixene* (Navane)  
*Thiothixene HCl Concentrate, Oral* (Navane)  
*Ziprasidone HCl* (Geodon)

## BRANDS

*Abilify (Aripiprazole)*  
*Moban (Molindone HCl)*  
*Orap (Pimozide)*  
 [QL] *Saphris (Asenapine)*  
*Seroquel (Quetiapine Fumarate)*  
 [QL] *Seroquel XR (Quetiapine Fumarate)*

## COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME	FORMULARY PRODUCTS
	Zyprexa
	Zyprexa Zydis

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

**3. AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH (CONTINUED)****FORMULARY PRODUCTS****DRUG NAME****3.9.4 MISCELLANEOUS PSYCHOTHERAPEUTIC AGENTS****GENERICS***Amphetamine Aspartate/Amphetamine Sulfate/Dextroamphetamine (Adderall)**Amphetamine Aspartate/Amphetamine Sulfate/Dextroamphetamine Capsules, Sustained Release (Adderall XR)**D-Amphetamine Sulfate (Dexedrine)**D-Amphetamine Sulfate Capsule, Sustained Action (Dexedrine)**Dexmethylphenidate HCl (Focalin)**Lithium Carbonate (Eskalith)**Lithium Carbonate Tablet, Sustained Action (Eskalith CR)**Lithium Citrate (Lithium Citrate)**Methamphetamine HCl (Desoxyn)**Methylphenidate HCl (Concerta)**Methylphenidate HCl (Ritalin)**Methylphenidate HCl Tablet, Sustained Action (Ritalin-SR)**Methylphenidate Solution (Methylin Solution, Oral)***BRANDS***Daytrana (Methylphenidate, Patch, Transdermal 24 hr)**Metadate CD (Methylphenidate HCl)**Metadate ER 20mg (Methylphenidate HCl)**Methylin (Methylphenidate HCl Tablet)*[QL] *Provigil (Modafinil)*[PA] *Strattera (Atomoxetine HCl Capsule (Hard, Soft, Etc.))***COMMONLY PRESCRIBED NONFORMULARY PRODUCTS****DRUG NAME**

Focalin XR Capsule, Multiphasic Release 50-50

Hydergine

Hydergine LC

[PA] [QL] Kapvay

Liquadd

Lithobid

Methylin Tablet, Chewable

[QL] Nuvigil

Ritalin LA

[PA] Vyvanse

**FORMULARY PRODUCTS****DRUG NAME****3.9.5 ANXIOLYTICS****GENERICS***Alprazolam (Xanax)**Alprazolam, Sustained Release 24hr (Xanax XR)**Alprazolam Tablets, Oral Disintegrating (Niravam)**Bupirone HCl (Buspar)**Chlordiazepoxide HCl (Librium)**Clorazepate Dipotassium Tablet (Tranxene T-Tab)**Diazepam (Valium)**Lorazepam (Ativan)**Midazolam HCl (Versed)**Midazolam HCl Syrup (Versed)**Oxazepam (Serax)***COMMONLY PRESCRIBED NONFORMULARY PRODUCTS****DRUG NAME**

Tranxene SD

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

## 4. CARDIOVASCULAR, HYPERTENSION & LIPIDS

### 4.1 Antiarrhythmic Agents

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Amiodarone HCl Ampul (ml)</i> (Cordarone)	
<i>Disopyramide Phosphate</i> (Norpace)	
<i>Disopyramide Phosphate Capsule, Sustained Action</i> (Norpace CR)	
<i>Flecainide Acetate</i> (Tambocor)	
<i>Mexiletine HCl Capsule (Hard, Soft, Etc.)</i> (Mexitil)	
<i>Procainamide HCl Capsule (Hard, Soft, Etc.)</i> (Pronestyl)	
<i>Propafenone HCl Tablet</i> (Rythmol)	
<i>Quinidine Gluconate Tablet, Sustained Action</i> (Quinaglute)	
<i>Quinidine Sulfate Tablet</i> (Quinidine Sulfate)	
<i>Quinidine Sulfate Tablet, Sustained Action</i> (Quinidex)	
<i>Sotalol HCl</i> (Betapace AF)	
<i>Sotalol HCl Tablet</i> (Betapace)	
<b>BRANDS</b>	
<i>Ethmozine (Moricizine HCl)</i>	
[QL]	<i>Multaq (Dronedarone HCl)</i>
<i>Quinaglute (Quinidine Gluconate Tablet, Sustained Action)</i>	
<i>Tikosyn (Dofetilide)</i>	
<i>Tonocard (Tocainide HCl)</i>	
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
	Rythmol SR

### 4.2 Cardiac Glycosides

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Digoxin Tablet</i> (Lanoxin)	

### 4.3 Nitrates

FORMULARY PRODUCTS	
DRUG NAME	
<b>4.3.1 RAPID ACTING NITRATES</b>	
<b>GENERICS</b>	
<i>Nitroglycerin</i> (Nitrostat)	
<b>BRANDS</b>	
<i>Nitrolingual (Nitroglycerin)</i>	
<i>Nitrostat (Nitroglycerin)</i>	

FORMULARY PRODUCTS	
DRUG NAME	
<b>4.3.2 LONG ACTING NITRATES</b>	
<b>GENERICS</b>	
<i>Isosorbide Dinitrate</i> (Isordil)	
<i>Isosorbide Mononitrate Tablet, Sustained Release 24hr</i> (Imdur)	
<i>Nitroglycerin Capsule, Sustained Action</i> (Nitroglycerin)	
<i>Nitroglycerin Capsule, Sustained Action</i> (Nitro-Time)	
<i>Nitroglycerin Ointment(gm)</i> (Nitro-Bid)	
<i>Nitroglycerin Patch, Transdermal 24 Hours</i> (Nitroglycerin)	
<b>BRANDS</b>	
<i>Dilatrate-SR (Isosorbide Dinitrate Capsule, Sustained Action)</i>	
<i>Nitro-Bid (Nitroglycerin Ointment(gm))</i>	
<i>Nitro-Dur (Nitroglycerin Patch, Transdermal 24 Hours)</i>	
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
	Minitran Patch, Transdermal 24 Hours

### 4.4 Coagulation Therapy

FORMULARY PRODUCTS	
DRUG NAME	
<b>4.4.1 ANTICOAGULANTS</b>	
<b>GENERICS</b>	
<i>Warfarin Sodium</i> (Coumadin)	
<b>BRANDS</b>	
<i>Pradaxa (Dabigatran)</i>	
[QL]	<i>Xarelto (Rivaroxaban)</i>

FORMULARY PRODUCTS	
DRUG NAME	
<b>4.4.2 ANTIPLATELET DRUGS</b>	
<b>GENERICS</b>	
<i>Cilostazol Tablet</i> (Pletal)	
<i>Dipyridamole Tablet</i> (Persantine)	
<i>Sulfapyrazone Tablet</i> (Anturane)	
<i>Ticlopidine HCl Tablet</i> (Ticlid)	
<b>BRANDS</b>	
<i>Aggrenox (Aspirin/Dipyridamole Capsule, Multiphasic Release)</i>	
<i>Effient (Prasugrel HCl)</i>	
<i>Plavix (Clopidogrel Bisulfate)</i>	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[QL]	Brilinta
	Pletal

FORMULARY PRODUCTS	
DRUG NAME	
<b>4.4.3 HEPARIN</b>	
<b>GENERICS</b>	
<i>Enoxaparin</i> (Lovenox)	
<i>Fondaparinux Sodium</i> (Arixtra)	
<i>Heparin Sodium, Beef</i> (Heparin Lock Flush)	
<i>Heparin Sodium, Porcine</i> (Heparin Lock Flush)	
<b>BRANDS</b>	
<i>Fragmin (Dalteparin Sodium, Porcine)</i>	

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

## 4. CARDIOVASCULAR, HYPERTENSION & LIPIDS (CONTINUED)

FORMULARY PRODUCTS	
DRUG NAME	

**4.4.4 VITAMIN K BRANDS**  
Mephyton (*Phytonadione Tablet*)

FORMULARY PRODUCTS	
DRUG NAME	

**4.4.5 HEMOSTATICS GENERICS**  
*Aminocaproic Acid* (Amicar)

**BRANDS**  
[PA] Promacta (*Eltrombopag Olamine*)

FORMULARY PRODUCTS	
DRUG NAME	

**4.4.6 MISCELLANEOUS COAGULATION AGENTS GENERICS**  
*Pentoxifylline Tablet, Sustained Action* (Trental)

### 4.5 Antihypertensive Therapy

FORMULARY PRODUCTS	
DRUG NAME	

**4.5.1 THIAZIDE & RELATED DIURETICS GENERICS**  
*Amiloride HCl/Hydrochlorothiazide* (Moduretic)  
*Amiloride HCl Tablet* (Midamor)  
*Bumetanide* (Bumex)  
*Chlorothiazide* (Diuril)  
*Chlorthalidone* (Hygroton)  
*Eplerenone* (Inspra)  
*Furosemide* (Lasix)  
*Hydrochlorothiazide* (HydroDIURIL)  
*Indapamide* (Lozol)  
*Methyclothiazide* (Enduron)  
*Metolazone* (Zaroxolyn)  
*Spirolactone/Hydrochlorothiazide* (Aldactazide)  
*Spirolactone Tablet* (Aldactone)  
*Torsemide* (Demadex)  
*Triamterene/Hydrochlorothiazide* (Dyazide)  
*Triamterene/Hydrochlorothiazide* (Maxzide)

**BRANDS**  
Dyrenium (*Triamterene Capsule (Hard, Soft, Etc.)*)  
Edecrin (*Ethacrynic Acid*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
Microzide	
Naturetin	

FORMULARY PRODUCTS	
DRUG NAME	

**4.5.2 BETA-BLOCKERS GENERICS**  
*Acebutolol HCl* (Sectral)  
*Atenolol* (Tenormin)  
*Betaxolol HCl* (Kerlone)  
*Bisoprolol Fumarate* (Zebeta)  
*Carvedilol* (Coreg)  
*Labetalol HCl* (Normodyne)  
*Labetalol HCl* (Trandate)  
*Metoprolol Succinate Tablet, Sustained Release 24hr* (Toprol XL)  
*Metoprolol Tartrate* (Lopressor)  
*Nadolol* (Corgard)  
*Pindolol* (Visken)  
*Propranolol HCl* (Inderal)  
*Propranolol HCl Capsule, Sustained Action 24 hr* (Inderal LA)  
*Timolol Maleate* (Blocadren)

**BRANDS**  
Coreg CR (*Carvedilol*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] Bystolic	
Innopran XL	

FORMULARY PRODUCTS	
DRUG NAME	

**4.5.3 CALCIUM CHANNEL BLOCKERS 4.5.3.1 CALCIUM CHANNEL BLOCKERS/NON-DIHYDROPYRIDINES GENERICS**  
[QL] *Amlodipine/Atorvastatin* (Caduet)  
*Diltiazem Extended Release (excluding 120mg)* (Cardizem LA)  
*Diltiazem HCl* (Cardizem)  
*Diltiazem HCl Capsule, Sustained Action* (Tiazac)  
*Diltiazem HCl Capsule, Sustained Release 24 hr* (Cardizem CD)  
*Nimodipine* (Nimotop)  
*Verapamil HCl* (Calan)  
*Verapamil HCl Capsule, 24hr Sustained Release Pellets* (Verelan)  
*Verapamil HCl Capsule, 24hr Sustained Release Pellets* (Verelan PM)  
*Verapamil HCl Tablet, Sustained Action* (Calan SR)  
*Verapamil HCl Tablet, Sustained Action* (Isoptin S.R.)

**BRANDS**  
Covera-HS (*Verapamil HCl Tablet, Sustained Release Osmotic Push*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[QL] Tekamlo	

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

## 4. CARDIOVASCULAR, HYPERTENSION & LIPIDS (CONTINUED)

FORMULARY PRODUCTS	
DRUG NAME	
<b>453.2 CALCIUM CHANNEL BLOCKERS/DIHYDROPYRIDINES</b>	
<b>GENERICS</b>	
<i>Amlodipine Besylate</i> (Norvasc)	
<i>Felodipine ER</i> (Plendil)	
<i>Isradipine</i> (DynaCirc)	
<i>Nifedipine Capsule (Hard, Soft, Etc.)</i> (Procardia)	
<i>Nifedipine Tablet, Sustained Action</i> (Adalat CC)	
<i>Nifedipine Tablet, Sustained Release Osmotic Push</i> (Procardia XL)	
<i>Nisoldipine Tablet</i> (Sular)	
<b>BRANDS</b>	
Sular ( <i>Nisoldipine</i> )	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
Adalat CC	
Cardene SR	
DynaCirc CR	
Plendil	

FORMULARY PRODUCTS	
DRUG NAME	
<b>454 ACE INHIBITORS</b>	
<b>GENERICS</b>	
<i>Benazepril HCl</i> (Lotensin)	
<i>Captopril</i> (Capoten)	
<i>Enalapril Maleate</i> (Vasotec)	
<i>Fosinopril Sodium Tablet</i> (Monopril)	
<i>Lisinopril</i> (Prinivil)	
<i>Lisinopril</i> (Zestril)	
<i>Moexipril HCl</i> (Univasc)	
<i>Perindopril Erbumine</i> (Aceon)	
<i>Quinapril HCl Tablet</i> (Accupril)	
<i>Ramipril</i> (Altace)	
<i>Trandolapril</i> (Mavik)	
<b>BRANDS</b>	
Altace ( <i>Ramipril</i> )	

FORMULARY PRODUCTS	
DRUG NAME	
<b>455 ADRENERGIC ANTAGONISTS &amp; RELATED DRUGS</b>	
<b>GENERICS</b>	
<i>Clonidine HCl</i> (Catapres)	
<i>Doxazosin Mesylate</i> (Cardura)	
<i>Guanfacine HCl</i> (Tenex)	
<i>Methyldopa</i> (Aldomet)	
<i>Prazosin HCl</i> (Minipress)	
<i>Reserpine</i> (Reserpine)	
<i>Terazosin HCl</i> (Hytrin)	
<b>BRANDS</b>	
Catapres-TTS ( <i>Clonidine HCl Patch, Transdermal Weekly</i> )	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] [QL] Intuniv	
[PA] [QL] Nexiclon XR	

FORMULARY PRODUCTS	
DRUG NAME	
<b>45.6 AGENTS FOR PHEOCHROMOCYTOMA</b>	
<b>BRANDS</b>	
Dibenzyline ( <i>Phenoxybenzamine HCl</i> )	

FORMULARY PRODUCTS	
DRUG NAME	
<b>45.7 VASODILATORS</b>	
<b>GENERICS</b>	
<i>Hydralazine HCl</i> (Apresoline)	
<i>Minoxidil</i> (Loniten)	
<b>BRANDS</b>	
BiDil ( <i>Hydralazine HCl/Isosorbide Dinitrate</i> )	

FORMULARY PRODUCTS	
DRUG NAME	
<b>45.8 OTHER ANTIHYPERTENSIVE COMBINATIONS</b>	
<b>GENERICS</b>	
<i>Amlodipine Besylate/Benazepril HCl</i> (Lotrel)	
<i>Atenolol/Chlorthalidone</i> (Tenoretic)	
<i>Benazepril HCl/Hydrochlorothiazide</i> (Lotensin HCT)	
<i>Bisoprolol Fumarate/Hydrochlorothiazide</i> (Ziac)	
<i>Captopril/Hydrochlorothiazide</i> (Capozide)	
<i>Enalapril Maleate/Hydrochlorothiazide</i> (Vaseretic)	
<i>Fosinopril Sodium/Hydrochlorothiazide</i> (Monopril HCT)	
<i>Hydralazine HCl/Hydrochlorothiazide</i> (Apresazide)	
<i>Lisinopril/Hydrochlorothiazide</i> (Prinzide, Zestoretic)	
<i>Methyldopa/Hydrochlorothiazide</i> (Aldoril)	
<i>Propranolol HCl/Hydrochlorothiazide</i> (Inderide)	
<i>Metoprolol Tartrate/Hydrochlorothiazide</i> (Lopressor HCT)	
<i>Moexipril HCl/Hydrochlorothiazide</i> (Uniretic)	
<i>Quinapril HCl/Hydrochlorothiazide Tablet</i> (Accuretic)	
<i>Reserpine/Hydrochlorothiazide</i> (Reserpine/Hydrochlorothiazide)	
<i>Trandolapril/Verapamil</i> (Tarka)	
<b>BRANDS</b>	
Azor ( <i>Amlodipine Bes/Olmesartan Med</i> )	
Clorpres ( <i>Clonidine HCl/Chlorthalidone Tablet</i> )	
Exforge ( <i>Amlodipine/Valsartan</i> )	
Exforge HCT ( <i>Amlodipine/Valsartan HCTZ</i> )	
Timolide ( <i>Timolol Maleate/Hydrochlorothiazide</i> )	
[QL] Tribenzor ( <i>Olmesartan/Amlodipine/HCTZ</i> )	
Twynsta ( <i>Telmisartan/Amlodipine</i> )	
Valturna ( <i>Aliskiren Hemifumarate/Valsartan</i> )	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
Enduronyl	
Enduronyl Forte	
Lexxel	
Tarka (1-240mg)	

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

## 4. CARDIOVASCULAR, HYPERTENSION & LIPIDS (CONTINUED)

FORMULARY PRODUCTS	
DRUG NAME	
<b>4.5.9 ANGIOTENSIN II RECEPTOR BLOCKERS</b>	
<b>GENERICS</b>	
	<i>Eprosartan/Hydrochlorothiazide</i> (Teveten 600mg)
	<i>Losartan Potassium</i> (Cozaar)
	<i>Losartan Potassium/Hydrochlorothiazide</i> (Hyzaar)
<b>BRANDS</b>	
	Atacand ( <i>Candesartan Cilexetil</i> )
	Atacand HCT ( <i>Candesartan Cilexetil/Hydrochlorothiazide</i> )
	Benicar ( <i>Olmесartan Medoxomil</i> )
	Benicar HCT ( <i>Olmесartan Medoxomil/Hydrochlorothiazide</i> )
	Diovan ( <i>Valsartan</i> )
	Diovan HCT ( <i>Valsartan/Hydrochlorothiazide</i> )
	Micardis ( <i>Telmisartan</i> )
	Micardis HCT ( <i>Telmisartan/Hydrochlorothiazide</i> )

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Avalide
	Avapro
[PA]	Tekturna
	Teveten 400mg

## 4.6 Lipid/Cholesterol Lowering Agents

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
[QL]	<i>Atorvastatin Calcium</i> (Lipitor)
	<i>Cholestyramine/Aspartame</i> (Questran Light)
	<i>Cholestyramine/Sucrose</i> (Questran)
	<i>Colestipol</i> (Colestid)
	<i>Fenofibrate, Micronized</i> (Fenofibrate)
	<i>Fenofibrate, Micronized Capsule (Hard, Soft, Etc.)</i> (Tricor 200mg)
	<i>Fenofibric</i> (Fibricor)
	<i>Gemfibrozil</i> (Lopid)
[QL]	<i>Lovastatin</i> (Mevacor)
	<i>Nicotinic</i> (Niacin)
[QL]	<i>Pravastatin Sodium</i> (Pravachol)
[QL]	<i>Simvastatin</i> (Zocor)
<b>BRANDS</b>	
[QL]	Altoprev ( <i>Lovastatin</i> )
	Antara ( <i>Fenofibrate</i> )
[QL]	Crestor ( <i>Rosuvastatin Calcium</i> )
	Fenoglide ( <i>Fenofibrate</i> )
	Lipofen ( <i>Fenofibrate</i> )
	Lovaza ( <i>Omega-3</i> )
	Niaspan ( <i>Niacin Tablet, Sustained Action Sequential</i> )
	Tricor ( <i>Fenofibrate, Micronized</i> )
	Triglide ( <i>Fenofibrate</i> )
[QL]	Vytorin ( <i>Ezetimibe/Simvastatin</i> )
	Welchol ( <i>Colesevelam HCl</i> )
[QL]	Zetia ( <i>Ezetimibe</i> )

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Advicor
[QL]	Caduet
[QL]	Lescol
[QL]	Lescol XL
	Livalo
	Lofibra
	Simcor
[PA]	Trilipix

## 4.7 Miscellaneous Cardiovascular Agents

FORMULARY PRODUCTS	
DRUG NAME	
<b>BRANDS</b>	
	Ranexa ( <i>Ranolazine</i> )
	Tyvaso ( <i>Treprostinil</i> )

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

## 5. DERMATOLOGICALS/TOPICAL THERAPY

### 5.1 Topical Corticosteroids

DRUG NAME	FORMULARY PRODUCTS
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#### 5.1.1 TOPICAL CORTICOSTEROIDS VERY HIGH POTENCY GENERICIS

*Betamethasone Dipropionate/Propylene Glycol Ointment(gm)* (Diprolene)  
*Calcipotriene* (Dovonex)  
*Clobetasol Propionate* (OLUX Foam)  
*Clobetasol Propionate* (Temovate)  
*Clobetasol Propionate/Emollient* (Temovate)  
*Diflorasone Diacetate Ointment(gm)* (Psorcon)  
*Halobetasol Propionate* (Ultravate)

#### BRANDS

Clobex Lotion (ml) (*Clobetasol Propionate*)  
 Clobex Spray (*Clobetasol Propionate*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
OLUX Foam	

DRUG NAME	FORMULARY PRODUCTS
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#### 5.1.2 TOPICAL CORTICOSTEROIDS HIGH POTENCY GENERICIS

*Amcinonide* (Cyclocort)  
*Betamethasone Dipropionate* (Diprosone)  
*Betamethasone Dipropionate/Propylene Glycol Cream (Grams)* (Diprolene AF 0.05%)  
*Betamethasone Valerate Ointment(gm)* (Betatrex 0.10%)  
*Desoximetasone Cream (Grams)* (Topicort 0.25%)  
*Desoximetasone Gel (gm)* (Topicort 0.05%)  
*Desoximetasone Ointment(gm)* (Topicort 0.25%)  
*Diflorasone Diacetate Cream (Grams)* (Psorcon)  
*Diflorasone Diacetate/Emollient Cream (Grams)* (Psorcon E)  
*Fluocinonide* (Lidex)  
*Fluocinonide/Emollient Cream (Grams)* (Lidex-E 0.05%)  
*Triamcinolone Acetonide Cream (Grams)* (Kenalog 0.50%)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
Diprolene 0.05%	
Vanos	

DRUG NAME	FORMULARY PRODUCTS
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#### 5.1.3 TOPICAL CORTICOSTEROIDS MEDIUM POTENCY GENERICIS

*Betamethasone Valerate* (Betatrex)  
*Desoximetasone Cream (Grams)* (Topicort Lp 0.05%)  
*Fluocinolone Acetonide Cream (Grams)* (Synalar 0.025%)  
*Fluocinolone Acetonide Ointment(gm)* (Synalar 0.025%)  
*Fluticasone Propionate* (Cutivate)  
*Hydrocortisone Butyrate* (Locoid)  
*Hydrocortisone Valerate* (Westcort)  
*Mometasone Furoate* (Elocon)  
*Triamcinolone Acetonide* (Kenalog)

#### BRANDS

Cloderm 0.10% (*Clocortolone Pivalate Cream (Grams)*)  
 Cordran 4mcg/sq cm (*Flurandrenolide Tape, Medicated*)  
 Locoid Lipocream 0.1% (*Hydrocortisone Butyrate (Grams)*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
Aristocort A Cream (Grams) 0.10%	
Dermatop Cream (Grams) 0.10%	

DRUG NAME	FORMULARY PRODUCTS
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#### 5.1.4 TOPICAL CORTICOSTEROIDS LOW POTENCY GENERICIS

*Alclometasone Dipropionate Ointment(gm)* (Aclovate)  
*Desonide Cream (Grams)* (DesOwen)  
*Desonide Lotion (ml)* (DesOwen)  
*Desonide Ointment(gm)* (DesOwen)  
*Fluocinolone Acetonide Cream (Grams)* (Fluocinolone Acetonide 0.01%)  
*Fluocinolone Acetonide Solution, Non-Oral* (Synalar 0.01%)  
*Hydrocortisone Lotion Rx (ml)* (Hydrocortisone)  
*Hydrocortisone Rx* (Hytone)

#### BRANDS

Capex Shampoo 0.01% (*Fluocinolone Acetonide*)

### 5.2 Topical Anesthetics

DRUG NAME	FORMULARY PRODUCTS
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#### GENERICIS

*Benzocaine Aerosol (ml)* (Americaine)  
*Lidocaine HCl Cream (Grams)* (Lida Mantle)  
*Lidocaine HCl Jel (ml)* (Xylocaine)  
*Lidocaine HCl Ointment(gm)* (Xylocaine)  
*Lidocaine HCl Solution, Non-Oral* (Xylocaine)  
*Lidocaine/Prilocaine* (Emla)

#### BRANDS

[QL] Lidoderm (*Lidocaine Adhesive Patch, Medicated*)  
 Xylocaine (*Lidocaine HCl Aerosol, Spray (ml)*)

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

## 5. DERMATOLOGICALS/TOPICAL THERAPY (CONTINUED)

### 5.3 Therapy For Acne

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Adapalene</i> (Differin 0.1% cream, gel)	
<i>Benzoyl Peroxide Rx</i> (Benzoyl Peroxide)	
<i>Clindamycin 1%</i> (Evoclin)	
<i>Clindamycin Phosphate</i> (Cleocin T)	
<i>Erythromycin Base Solution, Non-Oral</i> (Del-Mycin)	
<i>Erythromycin Base/Benzoyl Peroxide Gel (gm)</i> (Benzamycin)	
<i>Erythromycin Base/Ethyl Alcohol Gel (gm)</i> (A/T/S)	
<i>Erythromycin Base/Ethyl Alcohol Solution, Non-Oral</i> (A/T/S)	
<i>Erythromycin Base/Ethyl Alcohol Swab, Medicated</i> (Erycette)	
<i>Isotretinoin Capsule (Hard, Soft, Etc.)</i> (Accutane)	
<i>Metronidazole</i> (Metrocream)	
<i>Metronidazole</i> (Metro lotion)	
<i>Metronidazole Gel 0.75%</i> (Metrogel)	
<i>Sulfacetamide Sodium/Sulfur</i> (Sulfacet-R)	
<i>Tretinoin</i> (Retin-A)	
<b>BRANDS</b>	
<i>Acanya (Benzoyl Peroxide/Clindamycin)</i>	
<i>Aczone (Dapsone)</i>	
<i>Atralin Gel (Tretinoin)</i>	
<i>Benzaclin (Clindamycin Phosphate/Benzoyl Peroxide)</i>	
<i>Differin (Adapalene)</i>	
<i>Duac (Clindamycin Phosphate/Benzoyl Peroxide)</i>	
<i>Epiduo (Benzoyl Peroxide/Adapalene)</i>	
<i>Finacea (Azelaic Acid Gel)</i>	
<i>Metrocream (Metronidazole)</i>	
<i>Metrogel 1% (Metronidazole Gel (gm))</i>	
<i>Metrogel 1% Kit (Metronidazole Gel/Skin Cleanser)</i>	
<i>Retin-A Micro (Tretinoin)</i>	
<i>Tazorac (Tazarotene)</i>	
<i>Triaz (Benzoyl Peroxide)</i>	
<i>Veltin (Clindamycin/Tretinoin)</i>	
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
Azelex	
Brevoxyl Lotion (gm) 8%	
Desquam-X	
Vanoxide-HC	

### 5.4 Topical Antibacterials

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Gentamicin Sulfate</i> (Garamycin)	
<i>Mupirocin Ointment (gm)</i> (Bactroban)	
<b>BRANDS</b>	
pHisoHex Liquid 3% ( <i>Hexachlorophene</i> )	
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
Centany	
Bactroban Cream	

### 5.5 Topical Antifungals

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Ciclopirox</i> (Loprox, Penlac)	
<i>Clotrimazole/Betamethasone Dipropionate Cream (Grams) or Lotion (ml)</i> (Lotrisone)	
<i>Econazole Nitrate</i> (Spectazole)	
<i>Ketoconazole Cream (Grams), Ketoconazole Shampoo</i> (Nizoral)	
<i>Nystatin Cream (Grams)</i> (Mycostatin)	
<i>Nystatin/Triamcinolone Acetonide</i> (Mycolog II)	
<b>BRANDS</b>	
<i>Mentax (Butenafine HCl)</i>	
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
Exelderm	
Extina Foam	
Lotrimin Lotion (ml) 1%	
Naftin	
Oxistat	

### 5.6 Topical Antivirals

FORMULARY PRODUCTS	
DRUG NAME	
<b>BRANDS</b>	
<i>Zovirax (Acyclovir)</i>	
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
Denavir	

### 5.7 Burn Therapy

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Silver Sulfadiazine</i> (Silvadene)	

### 5.8 Topical Enzymes

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Trypsin/Balsam Peru/Castor Oil</i> (Granulex)	
<b>BRANDS</b>	
<i>Santyl (Collagenase)</i>	
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
Accuzyme	

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

## 5. DERMATOLOGICALS/TOPICAL THERAPY (CONTINUED)

### 5.10 Antipsoriatic/Antiseborrheic

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Calcipotriene</i> (Dovonex)	
<i>Selenium Sulfide</i> (Selsun Rx)	
<i>Sulfacetamide Sodium</i> (Ovace)	
<b>BRANDS</b>	
Capitrol ( <i>Chloroxine</i> )	
Carmol HC ( <i>Hydrocortisone Acetate/Urea</i> )	
Carmol Scalp ( <i>Sulfacetamide Sodium/Urea</i> )	
Dovonex ( <i>Calcipotriene</i> )	
Dritho-Scalp ( <i>Anthralin</i> )	
Pramosone ( <i>Hydrocortisone Acetate/Pramoxine HCl</i> )	
Soriatane CK ( <i>Acitretin</i> )	
Tazorac ( <i>Tazarotene</i> )	
Vectical ( <i>Calcitriol, Topical</i> )	
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
Taclonex Scalp	

### 5.11 Topical Scabicides/Pediculicides

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Lindane</i> (Lindane)	
<i>Malathion</i> (Ovide)	
<i>Permethrin</i> (Elimite)	
<b>BRANDS</b>	
Eurax Cream ( <i>Crotamiton</i> )	
Ulesfia ( <i>Benzyl Alcohol</i> )	
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
Eurax Lotion	

### 5.12 Miscellaneous Dermatologicals

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Aluminum Chloride</i> (Drysol)	
<i>Ammonium Lactate</i> (Lac-Hydrin)	
<i>Fluorouracil Cream</i> (Efudex)	
<i>Fluorouracil Solution, Non-Oral</i> (Efudex)	
<i>Imiquimod</i> (Aldara)	
<i>Sulfacetamide Sodium/Urea Lotion (gm)</i> (Carmol 10%)	
<i>Urea</i> (Carmol 40)	
<b>BRANDS</b>	
Alphaquin HP ( <i>Oxybenzone/Octinoxate/Hydroquinone</i> )	
Condylox ( <i>Podofilox Solution, Non-Oral</i> )	
Elidel ( <i>Pimecrolimus Cream (Grams)</i> )	
Oxsoralen ( <i>Methoxsalen</i> )	
Oxsoralen-Ultra ( <i>Methoxsalen, Rapid</i> )	
Panretin ( <i>Alitretinoin</i> )	
Perimax Perio Rinse ( <i>Hydrogen Peroxide</i> )	
Protopic ( <i>Tacrolimus Ointment (gm)</i> )	
Solaraze ( <i>Diclofenac Sodium Gel</i> )	
Trisoralen ( <i>Trioxsalen</i> )	
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
[QL]	Zyclara

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

## 6. EAR, NOSE & THROAT MEDICATIONS

### 6.1 Intranasal Steroids

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
[QL]	<i>Flunisolide</i> (Nasalide)
[QL]	<i>Fluticasone Propionate</i> (Flonase)
[PA] [QL]	<i>Triamcinolone Acetonide</i> (Nasacort AQ)
<b>BRANDS</b>	
[PA] [QL]	Nasonex ( <i>Mometasone Furoate</i> )
[PA] [QL]	Rhinocort Aqua ( <i>Budesonide</i> )
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] [QL]	Beconase AQ
[PA] [QL]	Omnaris
[PA] [QL]	Veramyst

### 6.2 Miscellaneous Otic Preparations

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
	<i>Acetic Acid</i> (VoSol)
	<i>Acetic Acid/Aluminum Acetate</i> (Domeboro)
	<i>Acetic Acid/Hydrocortisone</i> (VoSol HC)
	<i>Antipyrine/Benzocaine/Glycerin</i> (Auralgan)
	<i>Hydrocortisone/Pramoxine HCl/Chloroxylenol/Water</i> (Cortane-B)
	<i>Ofloxacin</i> (Floxin)
	<i>Phenylephrine/Antipyrine/Benzocaine</i> (Tympagesic)
<b>BRANDS</b>	
	Americaine ( <i>Benzocaine</i> )
	Cerumenex ( <i>Triethanolamine</i> )
	Floxin ( <i>Ofloxacin</i> )

### 6.3 Otic Steroid/Antibiotic

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
	<i>Neomycin Sulfate/Polymyxin B Sulfate/Hydrocortisone</i> (Cortisporin)
<b>BRANDS</b>	
	Cetraxal ( <i>Ciprofloxacin HCl Drops</i> )
	Ciprodex ( <i>Ciprofloxacin HCl/Dexamethasone Suspension, Drops (Final Dosage Form)(ml)</i> )
	Cipro HC ( <i>Ciprofloxacin HCl/Hydrocortisone</i> )
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Coly-Mycin S
	Cortisporin-TC
	Pediotic Suspension, Drops (Final Dosage Form)(ml)

### 6.4 Miscellaneous Agents

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
[QL]	<i>Azelastine</i> (Astelin)
	<i>Chlorhexidine Gluconate Liquid (ml)</i> (Peridex)
[QL]	<i>Ipratropium Bromide Aerosol, Spray (ml)</i> (Atrovent)
	<i>Lidocaine HCl</i> (Xylocaine)
	<i>Lidocaine HCl Jel (ml)</i> (Xylocaine 2%)
	<i>Lidocaine HCl Solution, Non-Oral</i> (Lidocaine HCl)
	<i>Sodium Fluoride Gel (gm)</i> (Phos-Flur)
	<i>Stannous Fluoride Solution, Non-Oral</i> (Gel-Kam)
	<i>Triamcinolone Acetonide Paste (gm)</i> (Kenalog in Orabase)
<b>BRANDS</b>	
[QL]	Astelin ( <i>Azelastine HCl Aerosol, Spray w/Pump (ml)</i> )
[QL]	Astepro ( <i>Azelastine HCl</i> )
	Bactroban ( <i>Mupirocin Calcium Ointment(gm)</i> )
	Xylocaine ( <i>Lidocaine HCl Aerosol, Spray (ml)</i> )
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Aphthasol
[QL]	Patanase

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

## 7. ENDOCRINE/DIABETES

### 7.1 Antithyroid Agents

DRUG NAME	FORMULARY PRODUCTS
<b>GENERICS</b>	
	<i>Methimazole Tablet</i> (Tapazole)
	<i>Potassium Iodide</i> (SSKI)
	<i>Propylthiouracil Tablet</i> (Propylthiouracil)

### 7.2 Thyroid Hormones

DRUG NAME	FORMULARY PRODUCTS
<b>GENERICS</b>	
	<i>Levothyroxine Sodium</i> (Levoxyl)
	<i>Levothyroxine Sodium</i> (Synthroid)
	<i>Liothyronine</i> (Cytomel)
	<i>Thyroid</i> (Armour Thyroid)
<b>BRANDS</b>	
	Thyroid Strong ( <i>Thyroid Strong Tablet</i> )
	Thyrolar ( <i>Liotrix</i> )

### 7.3 Adrenal Hormones

DRUG NAME	FORMULARY PRODUCTS
<b>GENERICS</b>	
	<i>Dexamethasone Tablet, Dose Pack</i> (Decadron)
	<i>Fludrocortisone Acetate</i> (Florinef Acetate)
	<i>Hydrocortisone</i> (Cortef 20mg)
	<i>Methylprednisolone</i> (Medrol)
	<i>Prednisolone Sodium Phosphate Solution, Oral</i> (Pediapred)
	<i>Prednisolone Syrup</i> (Prelone)
	<i>Prednisolone Tablet</i> (Prednisolone)
	<i>Prednisone</i> (Orasone)
	<i>Prednisone</i> (Prednisone)
<b>BRANDS</b>	
	Cortisone Acetate ( <i>Cortisone Acetate</i> )
	Liquid Pred ( <i>Prednisone Syrup</i> )

#### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME
Celestone

### 7.4 Miscellaneous Hormones

DRUG NAME	FORMULARY PRODUCTS
<b>7.4.1 ANDROGENS</b>	
<b>GENERICS</b>	
	<i>Danazol</i> (Danocrine)
	<i>Methyltestosterone</i> (Methitest)
[PA]	<i>Oxandrolone</i> (Oxandrin)
	<i>Testosterone Cypionate Vial (SDV,MDV or Additive) (ml)</i> (Depo-Testosterone 100mg/ml)
	<i>Testosterone Enanthate Disposable Syringe (ml)</i> (Delatestryl)
	<i>Testosterone Propionate</i> (Testosterone Propionate)
<b>BRANDS</b>	
[QL]	Androderm ( <i>Testosterone Patch, Transdermal 24 Hours</i> )
[QL]	Androgel ( <i>Testosterone Gel in Metered-Dose Pump</i> )
[QL]	Androgel ( <i>Testosterone Gel in Packet (gm)</i> )
[QL]	Fortesta ( <i>Testosterone</i> )
[QL]	Testim ( <i>Testosterone</i> )

#### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME
[PA] Anadrol-50
[QL] Axiron
[PA] Nandrolone
[QL] Striant

#### FORMULARY PRODUCTS

DRUG NAME	FORMULARY PRODUCTS
<b>7.4.2 OVULATORY STIMULANTS</b>	
<b>GENERICS</b>	
	<i>Clomiphene Citrate</i> (Clomid)
<b>BRANDS</b>	
	Bravelle ( <i>Urofollitropin (FSH)</i> )
	Gonal-F, Gonal-F RFF ( <i>Follitropin Alpha, Recombinant</i> )
	Ovidrel ( <i>HCG Alpha, Recombinant</i> )
	Repronex ( <i>Menotropins</i> )

#### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME
Follistim AQ

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

## 7. ENDOCRINE/DIABETES (CONTINUED)

FORMULARY PRODUCTS	
DRUG NAME	

### 7.4.3 MISCELLANEOUS AGENTS

#### GENERIC

Calcitriol Capsule (Hard, Soft, Etc.) (Rocaltrol)  
 Calcitonin Salmon Recombinant (Fortical Nasal)  
 Calcitonin, Salmon, Synthetic (Miacalcin)  
 Desmopressin Acetate Solution, Non-Oral (DDAVP)  
 Desmopressin Acetate Tablet (DDAVP)  
 Finasteride (Proscar)

[PA] Octreotide Acetate Vial (SDV,MDV or Additive) (ml) (Sandostatin)

#### BRANDS

Calderol (Calcifediol)  
 Ceredase (Alglucerase)  
 Cerezyme (Imiglucerase)  
 Cytadren (Aminoglutethimide)  
 Dostinex (Cabergoline)  
 Fortical Nasal (Calcitonin Salmon Recombinant)  
 Hectoral (Doxercalciferol Capsule, Injection)  
 Hytakerol (Dihydrotyachysterol Capsule (Hard, Soft, Etc.))  
 Kuvan (Sapropterin Dihydrochloride)  
 Rocaltrol (Calcitriol Liquid (ml))  
 Samsca (Tolvaptan)  
 [PA] Sandostatin (Octreotide Acetate Kit)  
 [PA] Sandostatin LAR (Octreotide Acetate Depot)  
 Sensipar (Cinacalcet HCl)  
 Somatuline Depot (Lanreotide)  
 [PA] Somavert (Pegvisomant)  
 Synarel (Nafarelin Acetate)  
 Zemplar (Paricalcitol Capsules, Injection)

#### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME  
 Miacalcin

FORMULARY PRODUCTS	
DRUG NAME	

### 7.4.4 GONADOTROPIN & RELATED AGENTS

#### BRANDS

Cetrotide (Cetrorelix Acetate)  
 Chorionic Gonadotropin  
 Ganirelix (Ganirelix Acetate)

[PA] Novarel

[PA] Pregynl

## 7.5 Diabetes Therapy

FORMULARY PRODUCTS	
DRUG NAME	

### 7.5.1 INSULIN THERAPY

#### BRANDS

Apidra (Insulin Glulisine)  
 Humalog (Insulin Lispro, Human Rec. Analog)  
 Humalog Mix 75/25 (Insulin Lispro (NPL)/Insulin Lispro, Human Rec. Analog)  
 Humulin 50/50 (Insulin NPH Human Semi-Synthetic/Insulin Regular Human Rec)  
 Humulin 70/30 (Insulin NPH Human Recombinant/Insulin Regular Human Rec)  
 Humulin N (Insulin NPH Human Recombinant)  
 Humulin R (Insulin Regular Human Rec)  
 Lantus (Insulin Glargine, Human Recombinant Analog)  
 Lantus Solostar (Insulin Glargine, Human Recombinant Analog)  
 Levemir (Insulin Detemir)  
 Novolin 70/30 (Insulin NPH Human Recombinant/Insulin Regular Human Rec Cartridge (ml))  
 Novolin 70/30 (Insulin NPH Human Recombinant/Insulin Regular Human Rec Disposable Syringe (ml))  
 Novolin 70/30 (Insulin NPH Human Recombinant/Insulin Regular Human Rec Vial (SDV,MDV or Additive) (ml))  
 Novolin 70/30 InnoLet (Insulin NPH Human Recombinant/Insulin Regular Human Rec Disposable Syringe (ml))  
 Novolin L (Insulin Zinc Human Rec)  
 Novolin L (Insulin Zinc Human Rec Vial (SDV,MDV or Additive) (ml))  
 Novolin N (Insulin NPH Human Recombinant Cartridge (ml))  
 Novolin N (Insulin NPH Human Recombinant Disposable Syringe (ml))  
 Novolin N (Insulin NPH Human Recombinant Vial (SDV,MDV or Additive) (ml))  
 Novolin N (Insulin NPH Human Semi-Synthetic)  
 Novolin N InnoLet (Insulin NPH Human Recombinant Disposable Syringe (ml))  
 Novolin R (Insulin Regular Human Rec)  
 Novolin R (Insulin Regular Human Rec Cartridge (ml))  
 Novolin R (Insulin Regular Human Rec Disposable Syringe (ml))  
 Novolin R (Insulin Regular Human Rec Vial (SDV,MDV or Additive) (ml))  
 Novolin R InnoLet (Insulin Regular Human Rec Disposable Syringe (ml))  
 NovoLog (Insulin Aspart)  
 NovoLog (Insulin Aspart Cartridge (ml))  
 NovoLog (Insulin Aspart Disposable Syringe (ml))  
 NovoLog (Insulin Aspart Vial (SDV,MDV or Additive) (ml))  
 Novolog Mix 70/30 (Insulin Aspart Protamine Human/Insulin Aspart Cartridge (ml))  
 Novolog Mix 70/30 (Insulin Aspart Protamine Human/Insulin Aspart Disposable Syringe (ml))  
 Novolog Mix 70/30 (Insulin Aspart Protamine Human/Insulin Aspart Vial (SDV,MDV or Additive) (ml))  
 ReliOn 70/30 (Insulin NPH Human Recombinant/Insulin Regular Human Rec Vial (SDV,MDV or Additive) (ml))  
 ReliOn N (Insulin NPH Human Recombinant Vial (SDV,MDV or Additive) (ml))  
 ReliOn R (Insulin Regular Human Rec Vial (SDV,MDV or Additive) (ml))  
 Velosulin Human Br (Insulin Regular, Human Rec Buffered Vial (SDV,MDV or Additive) (ml))  
 Velosulin Human Br (Insulin Regular, Human S-S Buffered Vial (SDV,MDV or Additive) (ml))  
 Velosulin R (Insulin, Pork Purified Vial (SDV,MDV or Additive) (ml))

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

## 7. ENDOCRINE/DIABETES (CONTINUED)

### FORMULARY PRODUCTS

#### 7.5.2 NON-INSULIN HYPOGLYCEMIC AGENTS

##### GENERICS

Acetohexamide (Acetohexamide)  
 Acarbose (Precose)  
 Chlorpropamide (Diabinese)  
 Glimpiride (Amaryl)  
 Glipizide (Glucotrol)  
 Glipizide/Metformin HCl (Metaglip)  
 Glipizide Tablet, Sustained Release Osmotic Push (Glucotrol XL)  
 Glyburide (DiaBeta)  
 Glyburide/Metformin HCl (Glucovance)  
 Glyburide, Micronized (Glynase)  
 Metformin HCl (Glucophage)  
 Metformin HCl Tablet, Sustained Release 24hr (Glucophage XR)  
 Nateglinide (Starlix)  
 Tolazamide (Tolinase)  
 Tolbutamide (Orinase)

##### BRANDS

Actoplus Met (Pioglitazone HCl/Metformin)  
 Actoplus Met XR (Pioglitazone HCl/Metformin Extended Release)  
 Actos (Pioglitazone HCl)  
 [PA] [QL] Byetta (Exenatide)  
 Duetact (Pioglitazone/Glimpiride)  
 Janumet (Sitagliptin/Metformin HCl)  
 [QL] Januvia (Sitagliptin Phosphate)  
 Juvisync (Sitagliptin/Simvastatin)  
 Kombiglyze XR (Saxagliptin/Metformin)  
 Prandimet (Repaglinide/Metformin HCl)  
 [QL] Onglyza (Saxagliptin)  
 Prandin (Repaglinide)  
 Symlin (Pramlintide Acetate)  
 Symlin Pen (Pramlintide Acetate)

### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

Avandamet  
 Avandaryl  
 Avandia  
 [PA] [QL] Cycloset  
 Fortamet  
 Glucotrol XL  
 Riomet  
 [PA] [QL] Tradjenta  
 [PA] [QL] Victoza

### FORMULARY PRODUCTS

#### 7.5.3 GLUCOSE ELEVATING AGENTS

##### BRANDS

Glucagon (Glucagon, Human Recombinant)

### FORMULARY PRODUCTS

#### 7.5.4 INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQUIPMENT

##### BRANDS

Accu-Chek Active (Blood-Glucose Measuring Equipment Kit)  
 Accu-Chek Advantage (Blood-Glucose Measuring Equipment Kit)  
 Accu-Chek Aviva (Blood-Glucose Measuring Equipment Kit)  
 Accu-Chek Compact Plus (Blood-Glucose Measuring Equipment Kit)  
 Accu-Chek Multiclix (Lancets)  
 Accu-Chek Softclix (Lancets)  
 Accu-Chek Soft Touch (Lancets)  
 B-D Insulin Syringe (Syringe w-Needle, Disposable, Insulin)  
 B-D Interlink Syringe (Syringe with cannula, Disposable, 5ml)  
 B-D Pen (Insulin Administration Supplies)  
 Lancets (Lancets)  
 Novofine (Needles, Insulin Disposable)  
 One Touch Basic System (Blood-Glucose Measuring Equipment Kit)  
 One Touch Ultra 2 (Blood-Glucose Measuring Equipment Kit)  
 One Touch Ultramini (Blood-Glucose Measuring Equipment Kit)  
 One Touch Ultra Smart (Blood-Glucose Measuring Equipment Kit)  
 One Touch Ultra System (Blood-Glucose Measuring Equipment Kit)  
 Pen Needle (Needles, Insulin Disposable)  
 Surestep (Blood-Glucose Measuring Equipment Kit)  
 Surestep Pro (Blood-Glucose Measuring Equipment Kit)

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

## 8. GASTROENTEROLOGY

### 8.1 Ulcer Therapy

FORMULARY PRODUCTS	
DRUG NAME	
<b>8.1.1 H2 ANTAGONISTS</b>	
<b>GENERICS</b>	
	<i>Cimetidine HCl Liquid (ml)</i> (Tagamet)
	<i>Cimetidine Tablet Rx</i> (Tagamet)
	<i>Famotidine Rx</i> (Pepcid)
	<i>Nizatidine</i> (Axid Pulvule)
	<i>Ranitidine HCl Rx</i> (Zantac)
<b>BRANDS</b>	
	Axid Solution ( <i>Nizatidine</i> )

FORMULARY PRODUCTS	
DRUG NAME	
<b>8.1.2 PROSTAGLANDINS</b>	
<b>GENERICS</b>	
	<i>Misoprostol</i> (Cytotec)

FORMULARY PRODUCTS	
DRUG NAME	
<b>8.1.3 OTHER ULCER THERAPY</b>	
<b>GENERICS</b>	
	<i>Sucralfate Tablet</i> (Carafate)
<b>BRANDS</b>	
	Carafate ( <i>Sucralfate Suspension, Oral (Final Dose Form)</i> )
	Pamine FQ ( <i>Methscopolamine &amp; Misc. Flora</i> )
	Prevpac ( <i>Lansoprazole/Amoxicillin Trihydrate/Clarithromycin Combination Package</i> )
	Pylera ( <i>Bismuth/Metronidazole/Tetracycline</i> )

FORMULARY PRODUCTS	
DRUG NAME	
<b>8.1.4 PROTON PUMP INHIBITORS</b>	
<b>GENERICS</b>	
	<i>Lansoprazole</i> (Prevacid)
	<i>Lansoprazole Tablet, Rapid Dissolve</i> (Prevacid Solutab)
	<i>Omeprazole/Bicarb</i> (Zegerid Rx)
	<i>Omeprazole OTC</i> (Prilosec OTC)
	<i>Omeprazole Rx</i> (Prilosec)
	<i>Pantoprazole Sodium</i> (Protonix)
<b>BRANDS</b>	
	Prilosec OTC ( <i>Omeprazole</i> )

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA]	Aciphex
[PA]	Dexilant
[PA]	Nexium
	Zegerid Packets

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

### 8.2 Antidiarrheals & Antispasmodics

FORMULARY PRODUCTS	
DRUG NAME	
<b>8.2.1 ANTIDIARRHEALS</b>	
<b>GENERICS</b>	
	<i>Diphenoxylate HCl/Atropine Sulfate</i> (Lomotil)
	<i>Loperamide HCl Capsule (Hard, Soft, Etc.)</i> (Imodium 2mg)
	<i>Paregoric</i> (Paregoric)
<b>BRANDS</b>	
	Motofen ( <i>Difenoxin HCl/Atropine Sulfate</i> )

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Opium Tincture

FORMULARY PRODUCTS	
DRUG NAME	
<b>8.2.2 ANTISPASMODICS</b>	
<b>GENERICS</b>	
	<i>Dicyclomine HCl</i> (Bentyl)
	<i>Hyoscyamine</i> (Cystospaz)
	<i>Hyoscyamine Sulfate Tablet, Sublingual</i> (Levsin/SL)
	<i>Glycopyrrolate</i> (Robinul)
<b>BRANDS</b>	
	Levbid ( <i>Hyoscyamine Sulfate Tablet, Sustained Release 12hr</i> )
	Levsin ( <i>Hyoscyamine Sulfate</i> )
	Levsin/SL ( <i>Hyoscyamine Sulfate Tablet, Sublingual</i> )
	Levsinex ( <i>Hyoscyamine Sulfate Capsule, Sustained Release 12 hr</i> )
	Nulev ( <i>Hyoscyamine Sulfate Tablet, Rapid Dissolve</i> )
	Pro-Banthine ( <i>Propantheline Bromide</i> )

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Cantil

FORMULARY PRODUCTS	
DRUG NAME	
<b>8.2.3 COMBINATION ANTICHOLINERGICS</b>	
<b>GENERICS</b>	
	<i>Belladonna Alkaloids/Phenobarbital</i> (Donnatal)
	<i>Clidinium Bromide/Chlordiazepoxide</i> (Librax)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Donnatal Tablet, Sustained Action

### 8.3 Miscellaneous Gastrointestinal Agents

FORMULARY PRODUCTS	
DRUG NAME	
<b>8.3.1 BILE ACIDS</b>	
<b>GENERICS</b>	
	<i>Ursodiol</i> (Actigall)
	<i>Ursodiol</i> (Urso)
	<i>Ursodiol</i> (Urso Forte)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA]	Chenodal

## 8. GASTROENTEROLOGY (CONTINUED)

FORMULARY PRODUCTS	
DRUG NAME	
<b>8.3.2 DIGESTIVE ENZYMES</b>	
<b>GENERIC</b>	
<i>Amylase/Lipase/Protease Capsule, Delayed Release (Enteric Coated)</i> (Pancrelipase)	
<i>Amylase/Lipase/Protease Tablet</i> (Pancrelipase)	
<b>BRANDS</b>	
Creon ( <i>Amylase/Lipase/Protease</i> )	
Kutrase ( <i>Amylase/Lipase/Protease</i> )	
Ku-Zyme ( <i>Amylase/Lipase/Protease</i> )	
Ku-Zyme HP ( <i>Amylase/Lipase/Protease</i> )	
Pancrease ( <i>Amylase/Lipase/Protease</i> )	
Pancrease MT ( <i>Amylase/Lipase/Protease</i> )	
Pancrease ( <i>Pancrelipase</i> )	
Ultrase ( <i>Amylase/Lipase/Protease</i> )	
Ultrase MT ( <i>Amylase/Lipase/Protease</i> )	
Viokase ( <i>Amylase/Lipase/Protease</i> )	
Zenpep ( <i>Pancrelipase</i> )	

FORMULARY PRODUCTS	
DRUG NAME	
<b>8.3.3 MISCELLANEOUS GASTROINTESTINAL AGENTS</b>	
<b>GENERIC</b>	
<i>Balsalazide Disodium</i> (Colazal)	
<i>Budesonide Capsule, Sustained Release 24 hr</i> (Entocort EC)	
<i>Cromolyn Sodium</i> (Gastrocrom)	
<i>Hydrocortisone</i> (Cortenema)	
<i>Hydrocortisone</i> (proctoCream-HC 2.50%)	
<i>Hydrocortisone Acetate Suppository, Rectal</i> (Anusol-HC)	
<i>Hydrocortisone Acetate/Pramoxine HCl Cream, Rectal</i> (Pramosone)	
<i>Hydrocortisone Cream (Grams)</i> (Anusol-HC)	
<i>Lactulose</i> (Cephulac)	
<i>Mesalamine Enema (ml)</i> (Rowasa)	
<i>Metoclopramide HCl</i> (Reglan)	
<i>Sulfasalazine</i> (Azulfidine)	
<i>Sulfasalazine Tablet, Enteric Coated</i> (Azulfidine)	
<b>BRANDS</b>	
Analpram-HC ( <i>Hydrocortisone Acetate/Pramoxine HCl</i> )	
Analpram-HC 1%-1% ( <i>Hydrocortisone Acetate/Pramoxine HCl</i> )	
Anusol-HC ( <i>Hydrocortisone Acetate Suppository, Rectal</i> )	
Anusol-HC ( <i>Hydrocortisone/Resorcinol/Bismuth Subgallate/Zinc Oxide Cream (Grams)</i> )	
Apriso ( <i>Mesalamine</i> )	
Asacol ( <i>Mesalamine</i> )	
Canasa ( <i>Mesalamine Suppository, Rectal</i> )	
Colazal ( <i>Balsalazide Disodium</i> )	
Cortifoam ( <i>Hydrocortisone Acetate Foam (gm)</i> )	
Kristalose ( <i>Lactulose</i> )	
Lialda ( <i>Mesalamine</i> )	
Pentasa ( <i>Mesalamine Capsule, Sustained Action</i> )	
proctoCream-HC ( <i>Hydrocortisone Acetate/Pramoxine HCl</i> )	
Proctofoam-HC ( <i>Hydrocortisone/Pramoxine</i> )	
[PA] [QL] Relistor ( <i>Methylnatrexone Bromide</i> )	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] [QL] Amitiza	
[PA] [QL] Lotronex	
Metozolv ODT	
Rowasa	

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

FORMULARY PRODUCTS	
DRUG NAME	
<b>8.3.4 ANTIVERTIGO &amp; ANTIEMETIC AGENTS</b>	
<b>GENERIC</b>	
<i>Dronabinol</i> (Marinol)	
<i>Granisetron HCl</i> (Kytril)	
<i>Meclizine HCl</i> (Antivert)	
<i>Ondansetron</i> (Zofran ODT)	
<i>Ondansetron HCl</i> (Zofran)	
<i>Prochlorperazine Maleate Suppository, Rectal</i> (Compazine)	
<i>Prochlorperazine Maleate Tablet</i> (Compazine)	
<i>Promethazine HCl</i> (Phenergan)	
<i>Promethazine HCl Suppository, Rectal</i> (Phenergan)	
<i>Trimethobenzamide HCl</i> (Tigan)	
<i>Trimethobenzamide HCl/Benzocaine Suppository, Rectal</i> (Tigan)	
<b>BRANDS</b>	
Anzemet ( <i>Dolasetron Mesylate Tablet</i> )	
Emend ( <i>Aprepitant</i> )	
Transderm-Scop ( <i>Scopolamine Hydrobromide Patch, Transdermal 72 Hours</i> )	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
Kytril	
[PA] [QL] Sancuso	
[PA] Zuplenz	

FORMULARY PRODUCTS	
DRUG NAME	
<b>8.3.5 BOWEL EVACUANTS</b>	
<b>GENERIC</b>	
<i>Polyethylene Glycol 3350</i> (Miralax)	
<i>Sodium Sulfate/Sodium Bicarbonate/Potassium Chloride/Polyethylene Glycols</i> (Colyte)	
<i>Sodium Sulfate/Sodium Bicarbonate/Potassium Chloride/Polyethylene Glycols</i> (GoLYTELY Solution)	
<b>BRANDS</b>	
GoLYTELY ( <i>Sodium Sulfate/Sodium Bicarbonate/Potassium Chloride/Polyethylene Glycols</i> )	
Halflytely ( <i>Bisacodyl/Sodium Chloride/Sodium Bicarbonate/Potassium Chloride/Polyethylene Glycol 3350</i> )	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
NuLytely	

## 9. IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

### 9.1 Biotechnology Drugs

DRUG NAME	FORMULARY PRODUCTS
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#### 9.1.1 ERYTHROID STIMULANTS

##### BRANDS

- [PA] Aranesp (*Darbepoetin Alfa in Albumn Sol*)
- [PA] Procrit (*Epoetin Alfa*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

- [PA] Epogen

DRUG NAME	FORMULARY PRODUCTS
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#### 9.1.2 MYELOID STIMULANTS

##### BRANDS

- Leukine (*Sargramostim*)
- Neulasta (*Pegfilgrastim Disposable Syringe (ml)*)
- Neupogen (*Filgrastim*)

DRUG NAME	FORMULARY PRODUCTS
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#### 9.1.3 INTERFERONS

##### BRANDS

- Actimmune (*Interferon Gamma-1b, Recombinant*)
- Avonex Administration Pack (*Interferon Beta-1A/Albumin Human*)
- Avonex Administration Pack (*Interferon Beta-1A/Albumin Human Kit*)
- Copaxone (*Glatiramer Acetate*)
- Infergen (*Interferon Alfacon-1*)
- Intron A (*Interferon Alfa-2b, Recombinant*)
- [QL] Pegasys (*Peginterferon Alfa-2A*)
- [QL] Pegasys Proclick (*Peginterferon Alfa-2A*)
- [QL] Peg-Intron (*Peginterferon Alfa-2b*)
- [QL] Peg-Intron Redipen (*Peginterferon Alfa-2b*)
- Rebetron (*Ribavirin/Interferon Alfa-2b, Recombinant*)
- Rebif (*Interferon Beta-1A/Albumin Human Disposable Syringe (ml)*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

- [PA] [QL] Ampyra
- [PA] Betaseron
- Extavia

DRUG NAME	FORMULARY PRODUCTS
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#### 9.1.4 GROWTH HORMONES

##### BRANDS

- [PA] [QL] Egrifta
- [PA] Genotropin (*Somatropin*)
- [PA] Nutropin (*Somatropin*)
- [PA] Nutropin AQ (*Somatropin*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

- [PA] Humatrope
- [PA] Norditropin
- [PA] Omnitrope
- [PA] Saizen
- [PA] Serostim
- [PA] Tev-Tropin
- [PA] Zorbtive

DRUG NAME	FORMULARY PRODUCTS
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#### 9.1.5 INTERLEUKINS

##### BRANDS

- [PA] Arcalyst (*Rilonacept*)
- Neumega (*Oprelvekin*)

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

## 10. MUSCULOSKELETAL & RHEUMATOLOGY

### 10.1 NSAID Agents

DRUG NAME	FORMULARY PRODUCTS
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#### 10.1.1 NSAIDS/COX II INHIBITORS

##### 10.1.1.1 NSAIDS

###### GENERICS

*Diclofenac Potassium* (Cataflam)  
*Diclofenac Sodium* (Voltaren)  
*Diclofenac Sodium Tablet, Sustained Release 24hr* (Voltaren-XR)  
*Etodolac* (Lodine)  
*Etodolac Tablet, Sustained Release 24hr* (Lodine XL)  
*Flurbiprofen* (Ansaid)  
*Ibuprofen* (Motrin)  
*Indomethacin* (Indocin)  
*Indomethacin Capsule, Sustained Action* (Indocin SR)  
*Ketoprofen* (Orudis)  
*Ketoprofen Capsule, 24hr Sustained Release Pellets* (Oruvail)  
*Meclofenamate Sodium* (Meclofenamate Sodium)  
*Mefenamic Acid* (Ponstel)  
*Meloxicam* (Mobic)  
*Nabumetone* (Relafen)  
*Naproxen* (Naprosyn)  
*Naproxen Sodium* (Anaprox)  
*Naproxen Sodium* (Anaprox DS)  
*Naproxen Sodium Tablet, Sustained Action* (Naprelan 500mg)  
*Naproxen, Sustained Release* (EC-Naprosyn)  
*Oxaprozin* (Daypro)  
*Piroxicam* (Feldene)  
*Sulindac* (Clinoril)  
*Tolmetin Sodium* (Tolectin)

###### BRANDS

Indocin Suppository (*Indomethacine Suppository*)  
 Naprelan 375mg (*Naproxen Sodium Tablet, Sustained Action*)

#### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME	FORMULARY PRODUCTS
[PA] [QL] Cambia	
[PA] Flector Patch	
Naprelan	
Naprelan CR	
[PA] Pennsaid	
[QL] Sprix	
[PA] [QL] Vimovo	
[PA] [QL] Voltaren Gel	
Zipsor	

DRUG NAME	FORMULARY PRODUCTS
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#### 10.1.1.2 NSAIDS- SPECIFIC COX-II INHIBITORS

###### BRANDS

[PA] Celebrex (*Celecoxib*)

DRUG NAME	FORMULARY PRODUCTS
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#### 10.1.2 SALICYLATES

###### GENERICS

*Choline Salicylate/Magnesium Salicylate Tablet* (Choline Mag Trisalicylate)  
*Diffunisal* (Dolobid)  
*Salsalate* (Salflex)

###### BRANDS

Zorprin (*Aspirin*)

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

### 10.2 Gout Therapy

DRUG NAME	FORMULARY PRODUCTS
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#### GENERICS

*Allopurinol* (Zyloprim)  
*Colchicine/Probenecid* (Probenecid w/Colchicine)  
*Probenecid* (Probenecid)  
*Sulfinpyrazone* (Anturane)

#### BRANDS

Colcrys (*Colchicine*)  
 [PA] [QL] Uloric

### 10.3 Other Rheumatologicals

DRUG NAME	FORMULARY PRODUCTS
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#### 10.3.1 CORTICOSTEROIDS

###### GENERICS

*Dexamethasone* (Decadron)  
*Dexamethasone Tablet, Dose Pack* (Decadron)  
*Hydrocortisone* (Cortef 20mg)  
*Methylprednisolone* (Medrol)  
*Prednisolone Sodium Phosphate Solution, Oral* (Pediapred)  
*Prednisolone Syrup* (Prelone)  
*Prednisolone Tablet* (Prednisolone)  
*Prednisone* (Prednisone)

###### BRANDS

Cortisone Acetate (*Cortisone Acetate*)  
 Liquid Pred (*Prednisone Syrup*)

DRUG NAME	FORMULARY PRODUCTS
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#### 10.3.2 MISCELLANEOUS RHEUMATOLOGICAL AGENTS

###### GENERICS

*Azathioprine* (Imuran)  
*Sulfasalazine* (Azulfidine)  
*Hydroxychloroquine Sulfate* (Plaquenil)  
*Methotrexate Sodium* (Rheumatrex)  
*Sulfasalazine Tablet, Enteric Coated* (Azulfidine EN-tabs)  
*Leftunomide* (Arava)

###### BRANDS

Cuprimine (*Penicillamine*)  
 [PA] Enbrel (*Etanercept*)  
 [PA] Humira (*Adalimumab*)  
 Ridaura (*Auranofin*)  
 Trexall (*Methotrexate Sodium*)

DRUG NAME	COMMONLY PRESCRIBED NONFORMULARY PRODUCTS
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[PA] Cimzia (syringe)  
 [PA] Kineret  
 [PA] [QL] Orencia (syringe)  
 [PA] [QL] Simponi

## 10. MUSCULOSKELETAL & RHEUMATOLOGY (CONTINUED)

### FORMULARY PRODUCTS

#### 10.3.3 MUSCLE RELAXANTS & ANTISPASMODIC THERAPY

##### GENERICS

*Baclofen* (Lioresal)  
*Carisoprodol* (Soma)  
*Carisoprodol/Aspirin* (Soma Compound)  
*Chlorzoxazone* (Parafon Forte DSC)  
*Cyclobenzaprine HCl* (Flexeril)  
*Dantrolene Sodium* (Dantrium)  
*Diazepam* (Valium)  
*Diazepam Tablet* (Diazepam)  
*Methocarbamol* (Robaxin)  
*Methocarbamol/Aspirin* (Robaxisal)  
*Oxybutynin Chloride* (Ditropan)  
*Oxybutynin Chloride* (Ditropan XL)  
*Metaxalone* (Skelaxin)  
*Trospium* (Sanctura)

##### BRANDS

Detrol (*Tolterodine Tartrate*)  
 Detrol LA (*Tolterodine Tartrate Capsule, Sustained Release 24 hr*)  
 Enablex (*Darifenacin Hydrobromide*)  
 [QL] Oxytrol (*Oxybutynin Patch, Transdermal Semiweekly*)  
 Sanctura XR (*Trospium Chloride*)  
 Vesicare (*Solifenacin Succinate*)

#### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

##### DRUG NAME

[PA] Amrix  
 [QL] Gelnique

## 10.4 Osteoporosis Therapy

### FORMULARY PRODUCTS

##### GENERICS

[QL] *Alendronate Sodium* (Fosamax)  
 [QL] *Alendronate Sodium* (Fosamax Weekly)  
*Calcitonin, Salmon, Synthetic* (Miacalcin)  
 [QL] *Estradiol/Norethindrone Acetate 1.0-0.5mg* (Activella)  
 [QL] *Estradiol Patch, Transdermal Weekly* (Climara)  
*Estradiol Patch, Transdermal Weekly* (Estradiol)  
*Estradiol Tablet* (Estrace)  
*Estropipate Tablet* (Ogen)  
*Ethinyl Estradiol/Norethindrone Acetate* (Femhrt)

##### BRANDS

[PA] [QL] Actonel (*Risedronate Sodium*)  
 [PA] [QL] Actonel with Calcium (*Risedronate Sodium/Calcium Carbonate*)  
 [QL] Alora (*Estradiol*)  
 [QL] Climara  
 Enjuvia (*Estrogens, Conjugated, Synthetic B*)  
 Esclim (*Estradiol Patch, Transdermal Semiweekly*)  
 Estrace (*Estradiol Vaginal Cream*)  
 [QL] Estraderm (*Estradiol Patch, Transdermal Semiweekly*)  
 Evista (*Raloxifene HCl*)  
 [PA] [QL] Forteo (*Teriparatide*)  
 Fortical (*Calcitonin Salmon Recombinant*)  
 [QL] Fosamax Plus D (*Alendronate Sodium/Cholecalciferol*)  
 Premarin (*Estrogens, Conjugated Cream with Applicator*)  
 Premarin (*Estrogens, Conjugated Tablet*)  
 [QL] Vivelle (*Estradiol Patch, Transdermal Semiweekly*)  
 [QL] Vivelle-Dot (*Estradiol Patch, Transdermal Semiweekly*)

#### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

##### DRUG NAME

[QL] Activella 0.5-1.0mg  
 [PA] Atelvia  
 [PA] [QL] Boniva  
 [QL] Climara Pro  
 Femhrt

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

# 11. OBSTETRICS & GYNECOLOGY

## 11.1 Oral Contraceptives & Related Agents

FORMULARY PRODUCTS	
DRUG NAME	

### 11.1.1 MONOPHASIC/BIPHASIC/TRIPHASIC AGENTS

#### GENERICS

- Desogestrel-Ethinyl Estradiol* (Cyclessa)
- Desogestrel-Ethinyl Estradiol* (Desogen)
- Desogestrel-Ethinyl Estradiol/Ethinyl Estradiol* (Mircette)
- Ethinyl Estradiol/Drospirenone* (Yasmin, YAZ)
- Ethinodiol D-Ethinyl Estradiol* (Demulen)
- Levonorgestrel* (Plan B)
- Levonorgestrel-Ethinyl Estradiol* (Alesse)
- Levonorgestrel-Ethinyl Estradiol* (Levlen)
- Levonorgestrel-Ethinyl Estradiol* (Levlite)
- Levonorgestrel-Ethinyl Estradiol* (Lybrel)
- Levonorgestrel-Ethinyl Estradiol* (Nordette)
- [QL] *Levonorgestrel-Ethinyl Estradiol* (Seasonale)
- [QL] *Levonorgestrel-Ethinyl Estradiol* (Seasonique)
- Levonorgestrel-Ethinyl Estradiol* (Tri-Levlen)
- Levonorgestrel-Ethinyl Estradiol* (Triphasil)
- [QL] *Levonorgestrel-Ethinyl Estradiol-Ethinyl Estradiol* (Loseasonique)
- Norethindrone A-E Estradiol/Ferrous Fumarate* (Estrostep Fe)
- Norethindrone-Ethinyl Estradiol* (Brevicon)
- Norethindrone-Ethinyl Estradiol* (Femcon Fe)
- Norethindrone-Ethinyl Estradiol* (Norinyl)
- Norethindrone-Mestranol* (Norinyl)
- Norethindrone-Mestranol* (Ortho-Novum)
- Norgestrel-Ethinyl Estradiol* (Estrostep Fe)
- Norgestrel-Ethinyl Estradiol* (Lo/Ovral, Ovral)

#### BRANDS

- Beyaz (*Drospirenone/Estradiol/Levonorgestrel*)
- Lo Loestrin Fe (*Norethindrone A-E Estradiol/Ferrous Fumarate*)
- [QL] Loseasonique (*Levonorgestrel-Ethinyl Estradiol-Ethinyl Estradiol*)
- Modicon (*Norethindrone-Ethinyl Estradiol*)
- Natazia (*Estradiol Valerate-Dienogest*)
- Ortho Tri-Cyclen, Ortho Tri-Cyclen Lo (*Norgestimate-Ethinyl Estradiol*)
- Ortho-Cept (*Desogestrel-Ethinyl Estradiol*)
- Ortho-Cyclen (*Norgestimate-Ethinyl Estradiol*)
- Ortho-Novum (*Norethindrone-Ethinyl Estradiol*)
- Safyral (*Ethinyl Estradiol/Drospirenone*)
- Velivet (*Desogestrel-Ethinyl Estradiol Tablet*)
- YAZ (*Ethinyl Estradiol/Drospirenone*)

#### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME
Brevicon
Desogen
Norinyl
Ovcon 0.4-0.035
Plan B One Step
Tri-Levlen
Tri-Norinyl

FORMULARY PRODUCTS	
DRUG NAME	

### 11.1.2 PROGESTIN ONLY

#### GENERICS

- Norethindrone Acetate* (Aygestin)
- Methylethylgonovine Maleate* (Methergine)

#### BRANDS

- Ortho Micronor (*Norethindrone*)
- Ovrette (*Norgestrel*)

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

## 11.3 Estrogens & Progestins

FORMULARY PRODUCTS	
DRUG NAME	

### 11.3.1 PROGESTINS

#### GENERICS

- Medroxyprogesterone Acetate* (Depo-Provera, Provera)
- Medroxyprogesterone Acet Disposable Syringe 150mg/ml* (Depo-Provera 150)
- Norethindrone Acetate* (Aygestin)
- Progesterone, Micronized* (Prometrium)

#### BRANDS

- Crinone (*Progesterone, Micronized Gel*)
- Depo-Provera 400mg/ml (*Medroxyprogesterone Acet vial*)
- Depo-Subq Provera (*Medroxyprogesterone Acet Disposable Syringe (ml)*)
- Endometrin (*Progesterone, Micronized*)
- Ortho Micronor (*Norethindrone*)
- Ovrette (*Norgestrel*)
- Prochieve (*Progesterone, Micronized*)

FORMULARY PRODUCTS	
DRUG NAME	

### 11.3.2 ESTROGENS

#### GENERICS

- [QL] *Estradiol Patch, Transdermal Weekly* (Climara)
- Estradiol Patch, Transdermal Weekly* (Estradiol)
- Estradiol Tablet* (Estrace)
- Estropipate* (Ogen)

#### BRANDS

- [QL] Alora (*Estradiol*)
- Cenestin (*Estrogens, Conjugated, Synthetic Tablet*)
- [QL] Climara
- Enjuvia (*Estrogens, Conjugated Synthetic B*)
- Esclim (*Estradiol*)
- Estrace Vaginal Cream (*Estradiol*)
- [QL] Estraderm (*Estradiol Patch, Transdermal Semiweekly*)
- [QL] Estring (*Estradiol Ring, Vaginal*)
- Premarin (*Estrogens, Conjugated Cream (Grams)*)
- Premarin (*Estrogens, Conjugated Tablet*)
- Vagifem (*Estradiol Vaginal Tablet*)
- [QL] Viville (*Estradiol Patch, Transdermal Semiweekly*)
- [QL] Viville-Dot (*Estradiol Patch, Transdermal Semiweekly*)

#### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME
[QL] Alora
[QL] Divigel
[QL] Elestrin
[QL] Estrogel
Evamist
[QL] Femring
[QL] Menostar

## 11. OBSTETRICS & GYNECOLOGY (CONTINUED)

### FORMULARY PRODUCTS

#### DRUG NAME

#### 11.3.3 ESTROGEN COMBINATIONS

##### GENERICS

*Estradiol/Norethindrone Acetate 1.0-0.5mg* (Activella)  
*Estrogens, Esterified/Methyltestosterone* (Syntest D.S.)  
*Estrogens, Esterified/Methyltestosterone* (Syntest H.S.)

##### BRANDS

[QL] *Combipatch* (*Estradiol/Norethindrone Acetate*)  
*Estratest* (*Estrogens, Esterified/Methyltestosterone*)  
*Estratest H.S.* (*Estrogens, Esterified/Methyltestosterone*)  
*Femhrt* (*Ethinyl Estradiol/Norethindrone Acetate*)  
*Premphase* (*Estrogens, Conjugated/Medroxyprogesterone Acet*)  
*Prempro* (*Estrogens, Conjugated/Medroxyprogesterone Acet*)

### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

#### DRUG NAME

Activella 0.5-1.0mg  
 Ortho-Prefest

## 11.4 Miscellaneous Ob/Gyn

### FORMULARY PRODUCTS

#### DRUG NAME

#### 11.4.1 DRUGS TO TREAT INFERTILITY/IVF AGENTS

##### GENERICS

*Clomiphene Citrate* (Clomid)  
*Gonadotropin, Chorionic, Human* (Profasi)  
*Leuprolide Acetate* (Lupron)

##### BRANDS

*Bravelle* (*Urofollitropin* (FSH))  
*Cetrotide* (*Cetrorelix Acetate*)  
*Ganirelix* (*Ganirelix Acetate*)  
*Gonal-F* (*Follitropin Alpha, Recombinant*)  
*Gonal-f RFF* (*Follitropin Alpha, Recombinant*)  
*Lupron Depot* (*Leuprolide Acetate*)  
*Lupron Depot-3 Month* (*Leuprolide Acetate*)  
*Lupron Depot-Ped* (*Leuprolide Acetate*)  
*Ovidrel* (*HCG Alpha, Recombinant*)  
*Repronex* (*Menotropins*)

### FORMULARY PRODUCTS

#### DRUG NAME

#### 11.4.2 VAGINAL CLEANSER/ANTIINFECTIVES

##### GENERICS

*Metronidazole Gel with Applicator (gm)* (Metrogel)  
*Sulfanilamide* (AVC)  
*Sulfathiazole/Sulfacetamide/Sulfabenzamide Cream with Applicator* (Triple Sulfa Vaginal)

##### BRANDS

*Vandazole* (*Metronidazole*)

### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

#### DRUG NAME

Clindesse

### FORMULARY PRODUCTS

#### DRUG NAME

#### 11.4.3 VAGINAL ANTIFUNGALS

##### GENERICS

*Fluconazole* (Diflucan 150mg)  
*Miconazole Nitrate Suppository, Vaginal Rx* (Monistat 3)  
*Nystatin* (Nystatin)  
*Terconazole Cream with Applicator* (Terazol)

##### BRANDS

*Amino Acid Cervical* (*Sod. Propionate/Inosi/AA14/Urea*)  
*Gynazole-1* (*Butoconazole Nitrate Cream*)

### FORMULARY PRODUCTS

#### DRUG NAME

#### 11.4.4 SPECIALIZED OB/GYN DRUGS

##### GENERICS

*Isoxsuprine HCl* (Vasodilan)  
*Terbutaline Sulfate* (Brethine)

##### BRANDS

*Lysteda* (*Tranexamic*)  
*Synarel* (*Nafarelin Acetate*)

### FORMULARY PRODUCTS

#### DRUG NAME

#### 11.4.5 DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

##### BRANDS

[QL] *NuvaRing* (*Etonogestrel/Ethinyl Estradiol Ring, Vaginal*)  
 [QL] *Ortho Evra* (*Ethinyl Estradiol/Norelgestromin*)

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

## 12. OPHTHALMOLOGY

### 12.1 Beta-blockers

DRUG NAME	FORMULARY PRODUCTS
<b>GENERICS</b>	
	<i>Betaxolol HCl</i> (Betoptic)
	<i>Carteolol HCl</i> (Ocupress)
	<i>Levobunolol HCl</i> (Betagan)
	<i>Metipranolol</i> (OptiPranolol)
	<i>Timolol Maleate</i> (Timoptic)
	<i>Timolol Maleate Gel-Forming Solution</i> (Timoptic-XE)
<b>BRANDS</b>	
	Betimol ( <i>Timolol</i> )
	Betoptic S ( <i>Betaxolol HCl</i> )

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Istalol

### 12.2 Cholinesterase Inhibitor Miotics

DRUG NAME	FORMULARY PRODUCTS
<b>BRANDS</b>	
	Phospholine Iodide ( <i>Echothiophate Iodide</i> )

### 12.3 Direct Acting Miotics

DRUG NAME	FORMULARY PRODUCTS
<b>GENERICS</b>	
	<i>Pilocarpine HCl</i> (Isopto Carpine)
<b>BRANDS</b>	
	Pilopine HS ( <i>Pilocarpine HCl Gel (gm)</i> )

### 12.4 Other Glaucoma Drugs

DRUG NAME	FORMULARY PRODUCTS
<b>GENERICS</b>	
	<i>Timolol Maleate/Dorzolamide HCl</i> (Cosopt)
	<i>Dorzolamide HCl</i> (Trusopt)
	<i>Latanoprost</i> (Xalatan)
<b>BRANDS</b>	
	Azopt ( <i>Brinzolamide</i> )
	Carboptic ( <i>Carbachol</i> )
	Humorsol ( <i>Demecarium Bromide</i> )
	Isopto Carbachol ( <i>Carbachol</i> )
	Lumigan ( <i>Bimatoprost</i> )
	P6E1 ( <i>Pilocarpine HCl/Epinephrine Bitartrate</i> )
	Travatan ( <i>Travoprost</i> )
	Travatan Z ( <i>Travoprost</i> )
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Combigan

### 12.5 Oral Drugs For Glaucoma

DRUG NAME	FORMULARY PRODUCTS
<b>GENERICS</b>	
	<i>Acetazolamide</i> (Diamox)
	<i>Acetazolamide Capsules Extended Release</i> (Diamox Sequels)
	<i>Methazolamide</i> (Neptazane)
<b>BRANDS</b>	
	Osmoglyn ( <i>Glycerin</i> )

### 12.6 Cycloplegic Mydriatics

DRUG NAME	FORMULARY PRODUCTS
<b>GENERICS</b>	
	<i>Atropine Sulfate</i> (Isopto Atropine)
	<i>Cyclopentolate HCl Drops</i> (Cyclogyl 1%)
	<i>Homatropine HBr</i> (Isopto Homatropine)
	<i>Tropicamide</i> (Mydracyl)
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Isopto Hyoscine

### 12.7 Non-steroidal Anti-inflammatory Agents

DRUG NAME	FORMULARY PRODUCTS
<b>GENERICS</b>	
	<i>Diclofenac Sodium</i> (Voltaren)
	<i>Flurbiprofen Sodium</i> (Ocufen)
	<i>Ketorolac</i> (Acular)
	<i>Ketorolac</i> (Acular LS)
<b>BRANDS</b>	
	Profenal ( <i>Suprofen</i> )
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
	Acuvail

### 12.8 Vasoconstrictor Decongestants

DRUG NAME	FORMULARY PRODUCTS
<b>GENERICS</b>	
	<i>Naphazoline HCl</i> (Albalon)
	<i>Phenylephrine HCl</i> (Neo-Synephrine)

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

## 12. OPHTHALMOLOGY (CONTINUED)

### 12.9 Antibiotics

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Bacitracin</i> (Bacitracin)	
<i>Bacitracin/Polymyxin B Sulfate Ointment(gm)</i> (Polysporin)	
<i>Ciprofloxacin HCl Drops</i> (Ciloxan)	
<i>Erythromycin Base</i> (Ilotycin)	
<i>Gentamicin Sulfate</i> (Garamycin)	
<i>Levofloxacin</i> (Quixin)	
<i>Neomycin Sulfate/Bacitracin/Polymyxin B Ointment(gm)</i> (Neosporin)	
<i>Neomycin Sulfate/Gramicidin D/Polymyxin B Drops</i> (Neosporin)	
<i>Ofloxacin Drops</i> (Ocuflox)	
<i>Polymyxin B Sulfate/Trimethoprim</i> (Polytrim)	
<i>Tobramycin Sulfate</i> (Tobrex)	
<b>BRANDS</b>	
Besivance ( <i>Besifloxacin</i> )	
Ciloxan ( <i>Ciprofloxacin HCl Ointment(gm)</i> )	
Iquix ( <i>Levofloxacin</i> )	
Moxeza ( <i>Moxifloxacin HCl</i> )	
Natacyn ( <i>Natamycin</i> )	
Vigamox ( <i>Moxifloxacin HCl</i> )	
Zymar ( <i>Gatifloxacin</i> )	
Zymaxid ( <i>Gatifloxacin</i> )	

### 12.10 Sulfonamides

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Sulfacetamide Sodium</i> (Bleph-10)	
<i>Sulfacetamide Sodium Ointment(gm)</i> (Sodium Sulamyd)	

### 12.11 Steroids

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Dexamethasone Sodium Phosphate</i> (Decadron)	
<i>Fluorometholone</i> (FML)	
<i>Fluorometholone Acetate</i> (Flarex)	
<i>Prednisolone Acetate</i> (Pred Forte)	
<i>Prednisolone Sodium Phosphate</i> (Inflamase Forte)	
<b>BRANDS</b>	
Alrex ( <i>Loteprednol Etabonate</i> )	
FML ( <i>Fluorometholone</i> )	
FML Forte ( <i>Fluorometholone</i> )	
FML S.O.P. ( <i>Fluorometholone</i> )	
Hms ( <i>Medrysone</i> )	
Lotemax ( <i>Loteprednol Etabonate</i> )	
Pred Mild ( <i>Prednisolone Acetate</i> )	
Vexol ( <i>Rimexolone</i> )	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
Durezol	

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

### 12.12 Steroid-antibiotic Combinations

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Neomycin/Polymyxin B Sulfate/Dexamethasone</i> (Maxitrol)	
<i>Neomycin Sulfate/Bacitracin Zinc/Polymyxin B/Hydrocortisone Ointment(gm)</i> (Cortisporin)	
<i>Neomycin Sulfate/Polymyxin B Sulfate/Hydrocortisone Suspension, Drops (Final Dosage Form)(ml)</i> (Cortisporin)	
<i>Neomycin Sulfate/Dexamethasone Sodium Phosphate</i> (NeoDecadron)	
<i>Tobramycin Sulfate/Dexamethasone</i> (TobraDex)	
<b>BRANDS</b>	
Poly-Pred ( <i>Neomycin Sulfate/Polymyxin B Sulfate/Prednisolone</i> )	
TobraDex-ST ( <i>Tobramycin/Dexamethasone</i> )	
Zylet ( <i>Tobramycin/Loteprednol Etabonate</i> )	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
Pred-G Suspension, Drops (Final Dosage Form)(ml) 0.3%-1%	
Pred-G Suspension, Drops (Final Dosage Form)(ml) 1%	

### 12.13 Steroid-sulfonamide Combinations

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Sulfacetamide Sodium/Prednisolone Sodium Phosphate</i> (Vasocidin)	
<b>BRANDS</b>	
Blephamide ( <i>Sulfacetamide Sodium/Prednisolone Acetate</i> )	
Blephamide S.O.P. ( <i>Sulfacetamide Sodium/Prednisolone Acetate</i> )	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
FML-S	

### 12.14 Sympathomimetics

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Apraclonidine 0.5%</i> (Iopidine 0.5%)	
<i>Brimonidine 0.15%</i> (Alphagan P)	
<i>Brimonidine Tartrate</i> (Alphagan)	
<i>Dipivefrin HCl</i> (Propine)	
<b>BRANDS</b>	
Alphagan P 0.1% ( <i>Brimonidine Tartrate</i> )	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
Iopidine (1%)	

## 12. OPHTHALMOLOGY (CONTINUED)

### 12.15 Miscellaneous Ophthalmologics

DRUG NAME	FORMULARY PRODUCTS
<b>GENERICS</b>	
<i>Azelastine HCl</i> (Optivar)	
<i>Cromolyn Sodium</i> (Opticrom)	
<b>BRANDS</b>	
<i>Alocril</i> ( <i>Nedocromil Sodium</i> )	
<i>Alomide</i> ( <i>Lodoxamide Tromethamine</i> )	
<i>Lacrisert</i> ( <i>Hydroxypropyl Cellulose Insert</i> )	
<i>Livostin</i> ( <i>Levocabastine HCl</i> )	
<i>Pataday</i> ( <i>Olopatadine HCl 0.2%</i> )	
<i>Patanol</i> ( <i>Olopatadine HCl 0.1%</i> )	
<i>Restasis</i> ( <i>Cyclosporine</i> )	
<i>Zirgan</i> ( <i>Ganciclovir</i> )	
<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
<b>DRUG NAME</b>	
Bepreve	
Emadine	

### 12.16 Antivirals

DRUG NAME	FORMULARY PRODUCTS
<b>GENERICS</b>	
<i>Trifluridine</i> (Viroptic)	

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

## 13. RESPIRATORY, ALLERGY, COUGH & COLD

### 13.1 Antihistamine & Antiallergenic Agents

FORMULARY PRODUCTS	
DRUG NAME	
<b>13.1.1 ANTIHISTAMINES</b>	
<b>GENERICS</b>	
[QL]	<i>Azelastine</i> (Astelin)
	<i>Cetirizine HCl</i> (Zyrtec OTC)
	<i>Clemastine Fumarate</i> (Tavist)
	<i>Cyproheptadine HCl</i> (Periactin)
	<i>Dexchlorpheniramine Maleate</i> (Dexchlorpheniramine Maleate)
	<i>Diphenhydramine HCl</i> (Benadryl 50mg)
	<i>Fexofenadine HCl</i> (Allegra)
	<i>Hydroxyzine Pamoate</i> (Vistaril)
	<i>Hydroxyzine HCl</i> (Atarax)
[QL]	<i>Levocetirizine</i> (Xyzal)
	<i>Loratadine OTC</i> (Claritin OTC)
	<i>Promethazine HCl</i> (Phenergan)
<b>BRANDS</b>	
[QL]	Astelin ( <i>Azelastine HCl Aerosol, Spray w/Pump (ml)</i> )
[QL]	Astepro ( <i>Azelastine HCl</i> )
	Zyrtec-D OTC ( <i>Pseudoephedrine HCl/Cetirizine HCl</i> )

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA]	Allegra ODT
[PA]	Allegra Suspension
[PA] [QL]	Clarinx

FORMULARY PRODUCTS	
DRUG NAME	
<b>13.1.2 ADRENERGICS</b>	
<b>BRANDS</b>	
	Epi E-Z Pen ( <i>Epinephrine</i> )
	EpiPen ( <i>Epinephrine</i> )
	EpiPen Jr. ( <i>Epinephrine</i> )
	Twinject ( <i>Epinephrine</i> )

FORMULARY PRODUCTS	
DRUG NAME	
<b>13.1.3 CORTICOSTEROIDS</b>	
<b>GENERICS</b>	
	<i>Dexamethasone</i> (Decadron)
	<i>Hydrocortisone</i> (Cortef)
	<i>Methylprednisolone</i> (Medrol)
	<i>Prednisolone Sodium Phosphate Solution, Oral</i> (Pediapred)
	<i>Prednisolone Syrup</i> (Prelone)
	<i>Prednisolone Tablet</i> (Prednisolone)
	<i>Prednisone</i> (Prednisone)
<b>BRANDS</b>	
	Cortisone Acetate ( <i>Cortisone Acetate</i> )
	Liquid Pred ( <i>Prednisone Syrup</i> )

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

## 13. RESPIRATORY, ALLERGY, COUGH & COLD (CONTINUED)

### 13.2 Cough & Cold Therapy

DRUG NAME	FORMULARY PRODUCTS
<b>13.2.1 ANTITUSSIVE COMBINATIONS</b>	
<b>GENERICS</b>	
	<i>Codeine/Promethazine HCl</i> (Phenergan w/Codeine)
	<i>Dextromethorphan HBr/Phenylephrine HCl/Pyrimamine</i> (Codal-DM)
	<i>Dextromethorphan HBr/Promethazine HCl</i> (Phenergan w/Dextromethorphan)
	<i>Dextromethorphan HBr/Pseudoephedrine HCl/Brompheniramine</i> (Bromfed-DM)
	<i>Dextromethorphan HBr/Pseudoephedrine HCl/Chlorpheniramine</i> (Deltuss)
	<i>Dextromethorphan Tannate/Pseudoephedrine Tannate/Chlorpheniramine</i> (Tanafed DM)
	<i>Guaiifenesin/Codeine Phosphate</i> (Robitussin A-C)
	<i>Guaiifenesin/Codeine Phosphate</i> (Tussi-Organidin Nr)
	<i>Guaiifenesin/Dextromethorphan HBr/Phenylephrine/Brompheniramine</i> (Accuhist Pdx)
	<i>Guaiifenesin/Phenylephrine HCl/Hydrocodone</i> (Guaiifenesin-Phenylephrine-Hcod)
	<i>Guaiifenesin/Pseudoephedrine HCl/Codeine</i> (Robitussin-DAC)
	<i>Hydrocodone Polistirex/Chlorpheniramine Polistirex Suspension, 12 hr Sustained Release</i> (Tussionex)
	<i>Phenylephrine HCl/Codeine/Promethazine</i> (Phenergan VC w/Codeine)
	<i>Potassium Guaiacolsulfonate/Dextromethorphan HBr/Phenylephrine/Pyrimamine</i> (Vita-Numonyl)
	<i>Pseudoephedrine HCl/Codeine Phosphate/Tripolidine</i> (Triacin-C)
<b>BRANDS</b>	
	Tussicaps ( <i>Hydrocodone Polistirex/Chlorpheniramine Polistirex</i> )
	Tussionex ( <i>Hydrocodone Polistirex/Chlorpheniramine Polistirex Suspension, 12 hr Sustained Release</i> )

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[QL]	Rezira
[QL]	Zutripro

DRUG NAME	FORMULARY PRODUCTS
<b>13.2.3 DECONGESTANT/ANTIHISTAMINES</b>	
<b>GENERICS</b>	
[QL]	<i>Fexofenadine/Pseudoephedrine</i> (Allegra-D 12 Hr)
	<i>Pseudoephedrine HCl/Cetirizine HCl OTC</i> (Zyrtec-D OTC)
	<i>Pseudoephedrine HCl/Loratadine OTC</i> (Claritin-D)
<b>BRANDS</b>	
[QL]	Allegra-D 24 Hr ( <i>Fexofenadine/Pseudoephedrine</i> )
COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[PA] [QL]	Clarinx-D
	Semprex-D

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

## 13. RESPIRATORY, ALLERGY, COUGH & COLD (CONTINUED)

### 13.3 Pulmonary Agents

DRUG NAME	FORMULARY PRODUCTS
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#### 13.3.1 XANTHINES

##### GENERICS

*Aminophylline* (Aminophylline)  
*Aminophylline/Ephedrine/Potassium Iodide/Phenobarbital* (Dainite-KI)  
*Dyphylline* (Lufyllin)  
*Guaifenesin/Theophylline Elixir* (Theolate)  
*Theophylline Anhydrous Tablet, Sustained Release 12hr* (Theo-Dur)

##### BRANDS

Aerolate SR (*Theophylline Anhydrous Capsule, Sustained Release 12 hr*)  
 Brondelate (*Guaifenesin/Oxtriphylline*)  
 Theo-24 (*Theophylline Anhydrous Capsule, Sustained Release 24 hr*)  
 Theolate (*Guaifenesin/Theophylline Elixir*)  
 T-Phyl (*Theophylline Anhydrous Tablet, Sustained Release 12hr*)  
 Uniphyl (*Theophylline Anhydrous Tablet, Sustained Action*)

[QL] Ventolin HFA (*Albuterol Sulfate*)

DRUG NAME	FORMULARY PRODUCTS
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#### 13.3.2 BETA AGONISTS ORAL

##### GENERICS

*Albuterol Sulfate* (Proventil)  
*Ephedrine Sulfate* (Ephedrine Sulfate)  
*Metaproterenol Sulfate* (Alupent)  
*Terbutaline Sulfate* (Brethine)

##### BRANDS

Proventil (*Albuterol Sulfate Tablet, Multiphasic Release*)

DRUG NAME	FORMULARY PRODUCTS
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#### 13.3.3 BETA AGONISTS INHALERS

##### GENERICS

*Albuterol Solution, Non-Oral* (Accuneb)  
*Albuterol Sulfate Solution, Non-Oral* (Proventil)  
*Isoetharine HCl Solution, Non-Oral* (Bronkosol)  
 [QL] *Levalbuterol HCl Solution, Non-Oral 1.25mg/5ml* (Xopenex)  
*Metaproterenol Sulfate Solution, Non-Oral* (Alupent)

##### BRANDS

Alupent (*Metaproterenol Sulfate Aerosol w/Adapter (gm)*)  
 [QL] Foradil (*Formoterol Fumarate*)  
 Perforomist (*Formoterol Fumarate*)  
 [QL] ProAir HFA (*Albuterol Aerosol*)  
 [QL] Proventil (*Albuterol Aerosol (gm)*)  
 [QL] Proventil (*Albuterol Sulfate Solution, Non-Oral*)  
 [QL] Serevent Diskus (*Salmeterol Xinafoate Disk, with Inhalation Device*)  
 Xopenex (*Levalbuterol HCl Solution, Non-Oral except 1.25mg/5ml*)  
 [QL] Ventolin HFA (*Albuterol Aerosol*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

[QL] Arcapta Neohaler  
 Brovana  
 [QL] Maxair Autohaler  
 Peforomist  
 [QL] Proventil HFA

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

DRUG NAME	FORMULARY PRODUCTS
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#### 13.3.4 INHALED CORTICOSTEROIDS

##### GENERICS

*Budesonide Respules 0.25mg & 0.5mg* (Pulmicort)

##### BRANDS

[QL] Alvesco (*Ciclesonide*)  
 [QL] Asmanex (*Mometasone Furoate*)  
 [QL] Flovent (*Fluticasone Propionate Aerosol w/Adapter (gm)*)  
 [QL] Flovent Diskus (*Fluticasone Propionate Disk, with Inhalation Device*)  
 [QL] Flovent HFA (*Fluticasone Propionate*)  
 [QL] Pulmicort (*Budesonide Aerosol Powder, Breath Activated (ea)*)  
 [QL] Pulmicort (*Budesonide Ampul for Nebulization (ml) (1mg)*)  
 [QL] Qvar (*Beclomethasone Dipropionate*)

DRUG NAME	FORMULARY PRODUCTS
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#### 13.3.5 INTRANASAL STEROIDS

##### GENERICS

[QL] *Flunisolide* (Nasalide)  
 [QL] *Flunisolide* (Nasarel)  
 [QL] *Fluticasone Propionate* (Flonase)

##### BRANDS

[PA] [QL] Nasacort AQ (*Triamcinolone Acetonide Aerosol, Spray, (gm)*)  
 [PA] [QL] Nasonex (*Mometasone Furoate Aerosol, Spray, (gm)*)  
 [PA] [QL] Rhinocort Aqua (*Budesonide Spray, Non-Aerosol (ml)*)

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	

[PA] [QL] Beconase AQ  
 [PA] [QL] Omnaris  
 [PA] Veramyst

## 13. RESPIRATORY, ALLERGY, COUGH & COLD (CONTINUED)

FORMULARY PRODUCTS	
DRUG NAME	

### 13.3.6 MISCELLANEOUS PULMONARY AGENTS

#### GENERICIS

- Acetylcysteine Vial (SDV,MDV or Additive)(ml)* (Mucomyst)  
*Albuterol Sulfate/Ipratropium Bromide* (Duoneb)  
*Cromolyn Sodium Ampul for Nebulization (ml)* (Intal)  
 [QL] *Ipratropium Bromide Solution, Non-Oral* (Atrovent)  
 [QL] *Zafirlukast* (Accolate)

#### BRANDS

- [QL] *Advair Diskus (Fluticasone Propionate/Salmeterol Xinafoate Disk, with Inhalation Device)*  
 [QL] *Advair HFA (Fluticasone Propionate/Salmeterol Xinafoate)*  
 [QL] *Atrovent HFA (Ipratropium Bromide Aerosol w/Adapter (gm))*  
 [QL] *Combivent (Albuterol Sulfate/Ipratropium Bromide Aerosol w/Adapter (gm))*  
 [QL] *Dulera (Mometasone Furoate/Formoterol Fumarate Dihydrate)*  
*Intal (Cromolyn Sodium Aerosol (gm))*  
*Letairis (Ambrisentan)*  
*Pulmozyme (Dornase Alfa Solution, Non-Oral)*  
 [PA] *Revatio (Sildenafil Citrate)*  
 [QL] *Singulair (Montelukast Sodium)*  
 [QL] *Spiriva (Tiotropium Bromide)*  
*Symbicort (Budesonide/Formoterol Fumarate Dihydrate)*  
*Tilade (Nedocromil Sodium Aerosol w/Adapter (gm))*  
*Tracleer (Bosentan)*  
*Ventavis (Iloprost)*

#### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

- | DRUG NAME |          |
|-----------|----------|
| [PA]      | Adcirca  |
| [PA] [QL] | Daliresp |
| [PA] [QL] | Firazyr  |
| [QL]      | Zyflo    |
| [QL]      | Zyflo CR |

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

## 14. UROLOGICALS

### 14.1 Cholinergic Stimulants

DRUG NAME	FORMULARY PRODUCTS
<b>GENERICS</b>	
	<i>Bethanechol Chloride</i> (Urecholine)

### 14.2 Anticholinergics & Antispasmodics

DRUG NAME	FORMULARY PRODUCTS
<b>GENERICS</b>	
	<i>Dicyclomine HCl</i> (Bentyl)
	<i>Dicyclomine HCl Syrup</i> (Bentyl)
	<i>Flavoxate HCl</i> (Urispas)
	<i>Hyoscyamine</i> (Cystospaz)
	<i>Hyoscyamine Sulfate</i> (Levsin)
	<i>Hyoscyamine Sulfate Tablet, Rapid Dissolve</i> (Nulev)
	<i>Oxybutynin Chloride</i> (Ditropan)
	<i>Oxybutynin Chloride</i> (Ditropan XL)
<b>BRANDS</b>	
	Detrol ( <i>Tolterodine Tartrate</i> )
	Detrol LA ( <i>Tolterodine Tartrate Capsule, Sustained Release 24 hr</i> )
	Levbid ( <i>Hyoscyamine Sulfate Tablet, Sustained Release 12hr</i> )
	Levsin/SL ( <i>Hyoscyamine Sulfate</i> )
[QL]	Levsinex ( <i>Hyoscyamine Sulfate Capsule, Sustained Release 12 hr</i> )
	[QL] Oxytrol ( <i>Oxybutynin Patch, Transdermal Semiweekly</i> )
	Pro-Banthine ( <i>Propantheline Bromide</i> )
	Sanctura XR ( <i>Trospium Chloride</i> )
	Toviaz ( <i>Fesoterodine Fumarate</i> )
	Vesicare ( <i>Boceprevir</i> )

### 14.3 Urinary Anesthetics

DRUG NAME	FORMULARY PRODUCTS
<b>GENERICS</b>	
	<i>Phenazopyridine HCl</i> (Pyridium)

### 14.4 Miscellaneous Urologicals

DRUG NAME	FORMULARY PRODUCTS
<b>GENERICS</b>	
	<i>Methenamine Mandelate/Sodium Phosphate</i> (Uroquid-Acid No 2)
	<i>Methenamine/Methylene Blue/Benzoic Acid/Salicylate/Atropine/Hyoscyamine</i> (Urised)
	<i>Potassium Citrate Tablet, Sustained Action</i> (Urocit-K)
<b>BRANDS</b>	
[QL]	Caverject ( <i>Alprostadil</i> )
[QL]	Cialis ( <i>Tadalafil Tablet</i> )
	Cystagon ( <i>Cysteamine Bitartrate</i> )
	Elmiron ( <i>Pentosan Polysulfate Sodium</i> )
[QL]	Muse ( <i>Alprostadil Suppository, Urethral</i> )
	Renacidin ( <i>Magnesium Carbonate/Citric Acid/Gluconolactone Solution, Irrigation</i> )
	Urocit-K ( <i>Potassium Citrate Tablet, Sustained Action</i> )
[QL]	Viagra ( <i>Sildenafil Citrate</i> )

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[QL]	Edex
[QL]	Levitra
[QL]	Staxyn

### 14.5 Benign Prostatic Hyperplasia (bph) Therapy

DRUG NAME	FORMULARY PRODUCTS
<b>GENERICS</b>	
	<i>Alfuzosin HCl</i> (Uroxatral)
	<i>Doxazosin Mesylate</i> (Cardura)
	<i>Finasteride</i> (Proscar)
	<i>Tamsulosin</i> (Flomax)
	<i>Terazosin HCl</i> (Hytrin)
<b>BRANDS</b>	
	Avodart ( <i>Dutasteride</i> )
[QL]	Jalyn ( <i>Dutasteride/Tamsulosin HCl</i> )

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
[QL]	Rapaflo

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

# 15. VITAMINS, HEMATINICS & ELECTROLYTES

## 15.1 Vitamins & Hematinics

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
<i>Cyanocobalamin</i> (Vitamin B-12)	
<i>Cyanocobalamin/Folic Acid</i> (Foltrate)	
<i>Ergocalciferol Capsule</i> (Hard, Soft, Etc.) (Vitamin D 50000 Unit)	
<i>Ferrous Fumarate/Folic Acid</i> (Hemocyte-F)	
<i>Fluoride Ion/Iron/Vitamins A, C, and D</i> (Tri-Vi-Flor w/Iron)	
<i>Fluoride Ion/Multivitamins</i> (Poly-Vi-Flor)	
<i>Fluoride Ion/Multivitamins w-Iron</i> (Poly-Vi-Flor w/Iron)	
<i>Fluoride Ion/Vitamins A, C, and D</i> (Tri-Vi-Flor)	
<i>Folic Acid</i> (Folvite)	
<i>Folic Acid/Multivitamins, Therapeutic w-Minerals</i> (Vicon Forte)	
<i>Folic Acid/Multivitamins w-Fe, Other Minerals</i> (Strovite Forte)	
<i>Folic Acid/Vitamin B Comp w-C</i> (Nephrocaps)	
<i>Iron/Folic Acid/Vitamin B Comp w-C/Minerals</i> (Hemocyte Plus)	
<i>Iron/Vitamin B Complex/Folic Acid/Minerals</i> (V G Tonic)	
<i>Prenatal Vitamin w-o Calcium/Fe Carbonyl-Fe Sulfate/Folic Acid</i> (Natafort)	
<i>Prenatal Vitamin w-o Calcium/Ferrous Fumarate/Folic Acid Tablet, Chewable</i> (Natachew)	
<i>Prenatal Vitamin w-o Vitamin A/Ferrous Fumarate/Folic Acid</i> (Cenogen-OB)	
<i>Prenatal Vitamin w-O Vitamin A/Iron, Carbonyl/Folic Acid</i> (Novanatal)	
<i>Prenatal Vitamins w-Calcium, Fe, Folic Acid (&lt; 1mg)</i> (Perry Prenatal Tablet)	
<i>Prenatal Vitamins w-Calcium, Fe, Folic Acid (1mg)</i> (Prena-Cap)	
<i>Prenatal Vitamins/Fe Carbonyl-Fe Gluconate/Docusate/Folic Acid</i> (Citracal Prenatal Rx)	
<i>Prenatal Vitamins/Fe Carbonyl-Fe Sulfate/Folic Acid</i> (Vinatal Forte)	
<i>Prenatal Vitamins/Ferrous Bis-Glycinate Chelate/Folic Acid</i> (Duet)	
<i>Prenatal Vitamins/Ferrous Fumarate/Docusate/Folic Acid</i> (Strongstart)	
<i>Prenatal Vitamins/Ferrous Fumarate/Folic Acid</i> (Nestabs fa)	
<i>Prenatal Vitamins/Ferrous Fumarate/Folic Acid/Selenium</i> (Materna)	
<i>Prenatal Vitamins/Iron, Carbonyl/Docusate/Calcium/Folic Acid</i> (Embrex 600)	
<i>Prenatal Vitamins/Iron, Carbonyl/Docusate/Folic Acid</i> (Prenate Advance)	
<i>Prenatal Vitamins/Iron, Carbonyl/Docusate/Folic Acid</i> (Prenate GT)	
<i>Prenatal Vitamins/Iron, Carbonyl/Folic Acid</i> (Nestabs Cbf)	
<i>Prenatal Vitamins/Iron Polysaccharides Complex/Folic Acid</i> (Niferex-PN)	
<i>Sodium Fluoride</i> (Luride)	
<i>Vitamin B Comp w-C</i> (Berocca)	
<i>Vitamin B Complex</i> (Varidin)	
<b>BRANDS</b>	
<i>Bifera</i> (Iron PS/Iron HEM POLY/FA/B12)	
<i>Nascobal</i> (Cyanocobalamin Gel (ml))	
<i>Precare Chewable Tablets</i> (Prenatal Vitamins/Ferrous Fumarate/Folic Acid)	
<i>Prenate DHA</i> (Prenatal Vitamins/Omega-3/Folic Acid)	
<i>Prenate Elite</i> (Prenatal Vitamins/Ferrous Fumarate/Folic Acid/L-methylfolate)	
<i>Prenate Essential</i> (Prenatal Vitamins/CA/Iron/FA/DHA)	
<i>Primacare</i> (Prenatal Vitamins/Ferrous Fumarate/Folic Acid)	
<i>Repliva 21/7</i> (Mutivitamin with Iron and Folic Acid)	

COMMONLY PRESCRIBED NONFORMULARY PRODUCTS	
DRUG NAME	
Cefol	
Chromagen fa	
Fero-Folic 105-500-.8	
Hemocyte Plus Capsule (Hard, Soft, Etc.)	
Hemocyte Plus Tablet	
Nephro-Vite Rx	
Nephron fa	
Stuartnatal Plus	
Vitafol	

## 15.2 Coagulation Therapy

FORMULARY PRODUCTS	
DRUG NAME	
<b>15.2.1 ANTICOAGULANTS</b>	
<b>GENERICS</b>	
<i>Warfarin Sodium</i> (Coumadin)	

FORMULARY PRODUCTS	
DRUG NAME	
<b>15.2.2 ANTIPLATELET DRUGS</b>	
<b>GENERICS</b>	
<i>Cilostazol</i> (Pletal)	
<i>Dipyridamole</i> (Persantine)	
<i>Ticlopidine HCl</i> (Ticlid)	
<i>Sulfipyrazone</i> (Anturane)	
<b>BRANDS</b>	
<i>Aggrenox</i> (Aspirin/Dipyridamole)	
<i>Effient</i> (Prasugrel HCl)	
<i>Plavix</i> (Clopidogrel Bisulfate)	

FORMULARY PRODUCTS	
DRUG NAME	
<b>15.2.3 HEPARIN</b>	
<b>GENERICS</b>	
<i>Enoxaparin Sodium</i> (Lovenox)	
<i>Heparin Sodium, Beef</i> (Heparin Lock Flush)	
<i>Heparin Sodium, Porcine</i> (Heparin Lock Flush)	
<b>BRANDS</b>	
<i>Arixtra</i> (Fondaparinux Sodium)	
<i>Fragmin</i> (Dalteparin Sodium, Porcine)	

FORMULARY PRODUCTS	
DRUG NAME	
<b>15.2.4 VITAMIN K</b>	
<b>BRANDS</b>	
<i>Mephyton</i> (Phytonadione Tablet)	

FORMULARY PRODUCTS	
DRUG NAME	
<b>15.2.5 HEMOSTATICS</b>	
<b>GENERICS</b>	
<i>Aminocaproic Acid</i> (Amicar)	
<b>BRANDS</b>	
[PA]	<i>Promacta</i> (Eltrombopag Olamine)

FORMULARY PRODUCTS	
DRUG NAME	
<b>15.2.6 MISCELLANEOUS COAGULATION AGENTS</b>	
<b>GENERICS</b>	
<i>Pentoxifylline Tablet, Sustained Action</i> (Trental)	

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

## 15. VITAMINS, HEMATINICS & ELECTROLYTES (CONTINUED)

### 15.3 Electrolytes

#### FORMULARY PRODUCTS

##### DRUG NAME

#### 15.3.1 POTASSIUM

##### GENERICS

*Potassium Bicarbonate/Citric Acid (K-Lyte)*

*Potassium Chloride (Micro-K 8mEq)*

*Potassium Chloride Capsule, Sustained Action (Micro-K 10mEq)*

*Potassium Chloride Liquid (ml) (Kay Ciel)*

*Potassium Chloride Packet (K-Lor)*

*Potassium Chloride/Potassium Bicarbonate/Citric Acid Tablet, Effervescent (K-Lyte/Cl 25mEq)*

*Potassium Chloride Tablet, Sustained Action (Slow-K 8mEq)*

*Potassium Chloride Tablet, Sustained Release, Particles/Crystals (K-Dur)*

##### BRANDS

*K-Tab 10mEq (Potassium Chloride Tablet, Sustained Action)*

*Micro-K 8mEq (Potassium Chloride Capsule, Sustained Action)*

#### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

##### DRUG NAME

Micro-K 8mEq

#### FORMULARY PRODUCTS

##### DRUG NAME

#### 15.3.2 OTHER ELECTROLYTES

##### GENERICS

*Calcium Acetate (Phoslo)*

*Potassium Iodide/Iodine (Lugol's)*

*Zinc Sulfate (Zinc Sulfate)*

#### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

##### DRUG NAME

Phoslo

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

## 16. DIAGNOSTICS & MISCELLANEOUS AGENTS

### 16.1 Miscellaneous Agents

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
[QL]	<i>Alendronate Sodium (Fosamax)</i>
[QL]	<i>Alendronate Sodium (Fosamax Weekly)</i>
	<i>Anagrelide HCl (Agrylin)</i>
	<i>Disulfiram (Antabuse)</i>
	<i>Levocarnitine (Carnitor)</i>
	<i>Midodrine HCl (ProAmatine)</i>
	<i>Sodium Polystyrene Sulfonate (Kayexalate)</i>
	<i>Sodium Polystyrene Sulfonate Enema (ml) (Sodium Polystyrene Sulfonate)</i>
<b>BRANDS</b>	
[QL]	<i>Actonel (Risedronate Sodium)</i>
[QL]	<i>Actonel with Calcium (Risedronate Sodium/Calcium Carbonate)</i>
[PA]	<i>Carbaglu (Carglumic Acid)</i>
	<i>Chemet (Succimer)</i>
[QL]	<i>Didronel (Etidronate Disodium)</i>
	<i>Evoxac (Cevimeline HCl)</i>
	<i>Fosrenol (Lanthanum Carbonate)</i>
	<i>Kuvan (Sapropterin Dihydrochloride)</i>
	<i>Numoisyn (Calcium Phosphate/Saliva Stimulant Agents Combin/Malic Acid/Sorbitol Lozenge)</i>
	<i>Renagel (Sevelamer HCl)</i>
	<i>Renvela (Sevelamer Carbonate)</i>
	<i>Rilutek (Riluzole)</i>
	<i>Salagen (Pilocarpine HCl)</i>
	<i>Thalomid (Thalidomide)</i>

#### COMMONLY PRESCRIBED NONFORMULARY PRODUCTS

DRUG NAME	
	Antabuse
[PA]	Boniva
	Campral
[PA]	Increlex

### 16.2 Smoking Deterrents

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
	<i>Bupropion HCl Tablet, Sustained Action (Zyban)</i>
<b>BRANDS</b>	
	<i>Chantix (Varenicline Tartrate)</i>

### 16.3 Anorexiant

FORMULARY PRODUCTS	
DRUG NAME	
<b>GENERICS</b>	
	<i>Diethylpropion HCl Tablet (Tenuate)</i>
	<i>Phendimetrazine Tartrate (Bontril PDM)</i>
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<b>COMMONLY PRESCRIBED NONFORMULARY PRODUCTS</b>	
DRUG NAME	
[PA]	Suprenza

[PA] In limited circumstances, prior authorization may apply, based upon individual plan design.

[QL] In limited circumstances, quantity limits may apply, based upon individual plan design.

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Exalgo	11
Exelderm	22
Exelon	14
Exelon Patch	14
Exelon Solution	14
Exemestane	9
Exenatide	27
Exforge	19
Exforge HCT	19
Expectorant Combinations	39
Extavia	30
Extina Foam	22
Ezetimibe	20
Ezetimibe/Simvastatin	20
F	
Factive	6
Famciclovir	6
Famciclovir Tablet	6
Famotidine Rx	28
Famvir	6
Fansidar	8
Fareston	9
Fastin	45
Felbamate	13
Felbatol	13
Feldene	11,31
Felodipine ER	19
Femara	9
Femcon Fe	33
Femhrt	32,34
Femring	33
Fenofibrate	20
Fenofibrate	20
Fenofibrate, Micronized	20
Fenofibrate, Micronized	20
Fenofibrate, Micronized Capsule (Hard, Soft, Etc.)	20
Fenofibril	20
Fenoglide	20
Fentanyl	11
Fentanyl Citrate	11
Fentora	11
Fero-Folic 105-500-8	43
Ferrous Fumarate/Folic Acid	43
Fesoterodine Fumarate	42
Fexofenadine HCl	38
Fexofenadine/Pseudoephedrine	39
Fibricor	20
Filgrastim	10,30
Finacea	22
Finasteride	26,42
Fioricet	11,12
Fioricet w/Codeine	11
Fiorinal	11,12
Fiorinal w/Codeine	11
Firazyr	41
First Generation Cephalosporins	5
Flagyl	8
Flagyl Capsule (Hard, Soft, Etc.)	8
Flagyl ER	8
Flarex	36
Flavoxate HCl	42
Flecainide Acetate	17
Flector Patch	11,31
Flexeril	14,32
Flomax	42
Flonase	24,40
Florinef Acetate	25
Flovent	40
Flovent Diskus	40
Flovent HFA	40
Floxin	6,24
Fluconazole	34
Fluconazole Tablet	7
Flucytosine	7
Fludarabine Phosphate	10
Fludrocortisone Acetate	25
Flumadine	6
Flunisolide	24,40
Fluocinolone Acetonide	21
Fluocinolone Acetonide 0.01%	21
Fluocinolone Acetonide Cream (Grams)	21
Fluocinolone Acetonide Ointment (gm)	21
Fluocinolone Acetonide Solution, Non-Oral	21
Fluocinonide	21
Fluocinonide/Emollient Cream (Grams)	21
Fluoride Ion/Iron/Vitamins A, C, and D	43
Fluoride Ion/Multivitamins	43
Fluoride Ion/Multivitamins w-Iron	43
Fluoride Ion/Vitamins A, C, and D	43
Fluorometholone	36
Fluorometholone Acetate	36
Fluoroquinolones	6
Fluorouracil Cream	23
Fluorouracil Solution, Non-Oral	23
Fluoxetine HCl	15
Fluoxymesterone Tablet	9
Fluphenazine HCl	15
Flurandrenolide Tape, Medicated	21
Flurazepam HCl	14
Flurbiprofen	11,31
Flurbiprofen Sodium	35
Flutamide	9
Fluticasone Propionate	21,24,40
Fluticasone Propionate Aerosol w/Adapter (gm)	40
Fluticasone Propionate Disk, with Inhalation Device	40
Fluticasone Propionate/Salmeterol Xinafoate	41
Fluticasone Propionate/Salmeterol Xinafoate Disk, with Inhalation Device	41
Fluvoxamine Maleate	15
FML	36
FML Forte	36
FML S.O.P.	36
FML-S	36
Focalin	16
Focalin XR Capsule, Multiphasic Release 50-50	16
Folic Acid	43
Folic Acid/Multivitamins w-Fe, Other Minerals	43
Folic Acid/Multivitamins, Therapeutic w-Minerals	43
Folic Acid/Vitamin B Comp w-C	43
Follistim AQ	25
Follitropin Alpha, Recombinant	25,34
Foltrate	43
Folvite	43
Fondaparinux Sodium	17,43
Foradil	40
Formoterol Fumarate	40
Formoterol Fumerate	40
Fortamet	27
Forteo	32
Fortesta	25
Fortical	32
Fortical Nasal	26
Fortovase	7
Fosamax	32,45
Fosamax Plus D	32
Fosamax Weekly	32,45
Fosamprenavir Calcium	7
Fosinopril Sodium Tablet	19
Fosinopril Sodium/Hydrochlorothiazide	19
Fostrenol	45
Fragmin	17,43
Frova	12
Fungizone	7
Furazolidone	8
Furosemide	18
Furoxone	8
Fuzeon	7
G	
Gabapentin	13
Gabitril	13
Galantamine Hydrobromide	14
Galantamine Hydrobromide Extended-Release Capsules	14
Ganciclovir	37
Ganirelix	26,34
Ganirelix Acetate	26,34
Gantrisin	6
Garamycin	22,36
Gastrocrom	29
Gatifloxacin	36
Gefitinib Tablet	10
Gel-Kam	24
Gelnique	32
Gemfibrozil	20
Genotropin	30
Genamycin Sulfate	22,36
Geocillin	5
Geodon	15
Gilenya	14
Glatinamer Acetate	30
Glatinamer Acetate Kit	14
Gleevec	10
Glimepiride	27
Glipizide	27
Glipizide Tablet, Sustained Release Osmotic Push	27
Glipizide/Metformin HCl	27
Glucagon	27
Glucagon, Human Recombinant	27
Glucophage	27
Glucophage XR	27
Glucose Elevating Agents	27
Glucotrol	27
Glucotrol XL	27
Glucovance	27
Glyburide	27
Glyburide, Micronized	27
Glyburide/Metformin HCl	27
Glycerin	35
Glycopyrrolate	28
Glynase	27
GoLYTELY	29
GoLYTELY Solution	29



<i>Isotretinoin Capsule (Hard, Soft, Etc.)</i> . . . . .	22	Lazanda . . . . .	11	<i>Loperamide HCl Capsule (Hard, Soft, Etc.)</i> . . . . .	28
<i>Isoxsuprine HCl</i> . . . . .	34	<i>Leflunomide</i> . . . . .	31	Lopid . . . . .	20
<i>Isradipine</i> . . . . .	19	Lescol . . . . .	20	Lopressor . . . . .	18
Istalol . . . . .	35	Lescol XL . . . . .	20	Lopressor HCT . . . . .	19
<i>Itraconazole</i> . . . . .	7	Letairis . . . . .	41	Loprox, Penlac . . . . .	22
<i>Itraconazole Solution, Oral</i> . . . . .	7	<i>Letrozole</i> . . . . .	9	Lorabid . . . . .	5
<i>Ivermectin</i> . . . . .	8	Leucovorin Calcium . . . . .	10	<i>Loracarbef</i> . . . . .	5
<b>J</b>					
Jalyn . . . . .	42	<i>Leucovorin Calcium</i> . . . . .	10	<i>Loratadine OTC</i> . . . . .	38
Janumet . . . . .	27	Leukeran . . . . .	9	<i>Lorazepam</i> . . . . .	16
Januvia . . . . .	27	Leukine . . . . .	10,30	Lorcet Plus . . . . .	11
Juvisync . . . . .	27	<i>Leuprolide Acetate</i> . . . . .	10,34	Lorcet 10/650 . . . . .	11
<b>K</b>					
K-Dur . . . . .	44	<i>Levalbuterol HCl Solution, Non-Oral 1.25mg/5ml</i> . . . . .	40	Lortab . . . . .	11
K-Lor . . . . .	44	<i>Levalbuterol HCl Solution, Non-Oral except 1.25mg/5ml</i> . . . . .	40	Lortab Asa . . . . .	11
K-Lyte . . . . .	44	<i>Levamisole HCl</i> . . . . .	10	<i>Losartan Potassium</i> . . . . .	20
K-Lyte/Cl 25mEq . . . . .	44	Levaquin . . . . .	6	<i>Losartan Potassium/Hydrochlorothiazide</i> . . . . .	20
K-Tab 10mEq . . . . .	44	Levbid . . . . .	28,42	Loseasonique . . . . .	33
Kadian . . . . .	11	Levemir . . . . .	26	Lotemax . . . . .	36
Kadian 10mg, 200mg . . . . .	11	<i>Levetiracetam</i> . . . . .	13	Lotensin . . . . .	19
Kaletra . . . . .	7	<i>Levetiracetam Tablet, Extended Release</i> . . . . .	13	Lotensin HCT . . . . .	19
Kapvay . . . . .	16	Levitra . . . . .	42	<i>Loteprednol Etabonate</i> . . . . .	36
Kay Ciel . . . . .	44	Levlen . . . . .	33	Lotrel . . . . .	19
Kayexalate . . . . .	45	Levlike . . . . .	33	Lotrimin Lotion (ml) 1% . . . . .	22
Keflex . . . . .	5	Levo-Dromoran . . . . .	11	Lotrisone . . . . .	22
Keflex 750mg . . . . .	5	<i>Levobunolol HCl</i> . . . . .	35	Lotronex . . . . .	29
Keftab . . . . .	5	<i>Levocabastine HCl</i> . . . . .	37	<i>Lovastatin</i> . . . . .	20
Kenalog . . . . .	21	<i>Levocarnitine</i> . . . . .	45	Lovaza . . . . .	20
Kenalog 0.50% . . . . .	21	<i>Levocetirizine</i> . . . . .	38	Lovenox . . . . .	17,43
Kenalog in Orabase . . . . .	24	<i>Levodopa</i> . . . . .	13	<i>Loxapine Succinate</i> . . . . .	15
Keppra . . . . .	13	<i>Levofloxacin</i> . . . . .	6,36	Loxitane . . . . .	15
Keppra XR . . . . .	13	<i>Levonorgestrel</i> . . . . .	33	Lozol . . . . .	18
Kerlone . . . . .	18	<i>Levonorgestrel-Ethinyl Estradiol</i> . . . . .	33	Ludiomil . . . . .	15
<i>Ketoconazole</i> . . . . .	7	<i>Levonorgestrel-Ethinyl Estradiol-Ethinyl Estradiol</i> . . . . .	33	Lufyllin . . . . .	40
<i>Ketoconazole Cream (Grams), Ketoconazole Shampoo</i> . . . . .	22	<i>Levothyroxine Sodium</i> . . . . .	25	Lugol's . . . . .	44
<i>Ketoprofen</i> . . . . .	11,31	Levoxyl . . . . .	25	Lumigan . . . . .	35
<i>Ketoprofen Capsule, 24hr Sustained Release Pellets</i> . . . . .	11,31	Levsin . . . . .	28,42	Lunesta . . . . .	14
<i>Ketorolac</i> . . . . .	35	Levsin/SL . . . . .	28,42	Lupron . . . . .	10,34
<i>Ketorolac Tromethamine</i> . . . . .	11	Levsinex . . . . .	28,42	Lupron Depot . . . . .	10,34
Kineret . . . . .	31	Lexapro . . . . .	15	Lupron Depot-3 Month . . . . .	10,34
Klonopin . . . . .	13	Lexiva . . . . .	7	Lupron Depot-Ped . . . . .	10,34
Kombiglyze XR . . . . .	27	Lexxel . . . . .	19	Luride . . . . .	43
Kristalose . . . . .	29	Lialda . . . . .	29	Luvox . . . . .	15
Ku-Zyme . . . . .	29	Librax . . . . .	28	Luvox CR . . . . .	15
Ku-Zyme HP . . . . .	29	Librium . . . . .	16	Lybrel . . . . .	33
Kutrase . . . . .	29	Lida Mantle . . . . .	21	Lyrica . . . . .	13
Kuvan . . . . .	26,45	Lidex . . . . .	21	Lysodren . . . . .	10
Kytril . . . . .	12,29	Lidex-E 0.05% . . . . .	21	Lysteda . . . . .	34
<b>L</b>					
<i>Labetalol HCl</i> . . . . .	18	<i>Lidocaine Adhesive Patch, Medicated</i> . . . . .	21	<b>M</b>	
Lac-Hydrin . . . . .	23	Lidocaine HCl . . . . .	24	Macrobid . . . . .	6
<i>Lacosamide</i> . . . . .	13	<i>Lidocaine HCl</i> . . . . .	24	Macrochantin . . . . .	6
Lacrisert . . . . .	37	<i>Lidocaine HCl Aerosol, Spray (ml)</i> . . . . .	21,24	<i>Magnesium Carbonate/Citric Acid/ Gluconolactone Solution, Irrigation</i> . . . . .	42
<i>Lactulose</i> . . . . .	29	<i>Lidocaine HCl Cream (Grams)</i> . . . . .	21	Magsal . . . . .	12
Lamictal . . . . .	13	<i>Lidocaine HCl Gel (ml)</i> . . . . .	21,24	Malarone . . . . .	8
Lamictal ODT . . . . .	13	<i>Lidocaine HCl Ointment(gm)</i> . . . . .	21	<i>Malathion</i> . . . . .	23
Lamictal XR . . . . .	13	<i>Lidocaine HCl Solution, Non-Oral</i> . . . . .	21,24	Mandelamine . . . . .	6
Lamisil . . . . .	7	<i>Lidocaine HCl Solution, Prilocaine</i> . . . . .	21	MAO Inhibitors . . . . .	15
Lamisil, Oral Granules . . . . .	7	Lidoderm . . . . .	21	<i>Maprotiline HCl</i> . . . . .	15
<i>Lamivudine</i> . . . . .	7	Lindane . . . . .	23	Marinol . . . . .	12,29
<i>Lamivudine Tablet</i> . . . . .	7	<i>Lindane</i> . . . . .	23	Materna . . . . .	43
<i>Lamivudine/Zidovudine</i> . . . . .	7	<i>Linezolid</i> . . . . .	7	Matulane . . . . .	10
<i>Lamotrigine</i> . . . . .	13	Lioresal . . . . .	14,32	Mavik . . . . .	19
<i>Lamotrigine Orally Disintegrating</i> . . . . .	13	<i>Liothyronine</i> . . . . .	25	Maxair Autohaler . . . . .	40
<i>Lamotrigine Sustained Release</i> . . . . .	13	<i>Liotrix</i> . . . . .	25	Maxalt . . . . .	12
<i>Lamotrigine Tablet, Dispersible</i> . . . . .	13	Lipid/Cholesterol Lowering Agents . . . . .	20	Maxalt MLT . . . . .	12
<i>Lamotrigine Tablet, Dose Pack</i> . . . . .	13	Lipitor . . . . .	20	Maxaquin . . . . .	6
<i>Lamprene</i> . . . . .	8	Lipofen . . . . .	20	Maxitrol . . . . .	36
Lancets . . . . .	27	Liquadd . . . . .	16	Maxzide . . . . .	18
<i>Lancets</i> . . . . .	27	Liquid Pred . . . . .	25,31,38	Mebaral . . . . .	13
Lanoxin . . . . .	17	<i>Lisinopril</i> . . . . .	19	<i>Mebendazole</i> . . . . .	8
<i>Lanreotide</i> . . . . .	26	<i>Lisinopril/Hydrochlorothiazide</i> . . . . .	19	<i>Mecizine HCl</i> . . . . .	12,29
<i>Lansoprazole</i> . . . . .	28	<i>Lithium Carbonate</i> . . . . .	16	Meclofenamate Sodium . . . . .	11,31
<i>Lansoprazole Tablet, Rapid Dissolve</i> . . . . .	28	<i>Lithium Carbonate Tablet, Sustained Action</i> . . . . .	16	<i>Meclofenamate Sodium</i> . . . . .	11,31
<i>Lansoprazole/Amoxicillin Trihydrate/ Clarithromycin Combination Package</i> . . . . .	28	Lithium Citrate . . . . .	16	Medrol . . . . .	25,31,38
<i>Lanthanum Carbonate</i> . . . . .	45	<i>Lithium Citrate</i> . . . . .	16	<i>Medroxyprogesterone Acet Disposable Syringe (ml)</i> . . . . .	10,33
Lantus . . . . .	26	Lithobid . . . . .	16	<i>Medroxyprogesterone Acet Disposable Syringe 150mg/ml</i> . . . . .	33
Lantus Solostar . . . . .	26	Livalo . . . . .	20	<i>Medroxyprogesterone Acet vial</i> . . . . .	33
<i>Lapatinib Ditosylate</i> . . . . .	10	Livostin . . . . .	37	<i>Medroxyprogesterone Acetate</i> . . . . .	10,33
Lariam . . . . .	8	Lo/Ovral . . . . .	33	<i>Medyson</i> . . . . .	36
Larodopa . . . . .	13	Locoid . . . . .	21	<i>Mefenamic Acid</i> . . . . .	11,31
Lasix . . . . .	18	Locoid Lipocream 0.1% . . . . .	21	<i>Mefloquine HCl</i> . . . . .	8
<i>Latanoprost</i> . . . . .	35	Lodine . . . . .	11,31	Megace . . . . .	9
		Lodine XL . . . . .	11,31	Megace ES . . . . .	9
		<i>Lodoxamide Tromethamine</i> . . . . .	37	<i>Megestrol Acetate</i> . . . . .	9
		Lofibra . . . . .	20	Mellaril . . . . .	15
		Lo Loestrin . . . . .	33	<i>Meloxicam</i> . . . . .	11,31
		Lomotel . . . . .	28	<i>Melphalan</i> . . . . .	9
		<i>Lomustine</i> . . . . .	9		
		Long Acting Nitrates . . . . .	17		
		Loniten . . . . .	19		

<i>Memantine HCl, Memantine HCl Solution, Oral</i> .....	14	Micro-K 8mEq.....	44	Mycelex.....	7
Menostar.....	33	Microzide.....	18	<i>Mycobutin</i> .....	8
<i>Menotropins</i> .....	25,34	Midamor.....	18	Mycolog II.....	22
Mentax.....	22	<i>Midazolam HCl</i> .....	16	<i>Mycophenolate</i> .....	9
Mepergan Fortis Capsule (Hard, Soft, Etc.).....	11	<i>Midazolam HCl Syrup</i> .....	16	<i>Mycophenolate Mofetil</i> .....	9
<i>Meperidine HCl</i> .....	11	<i>Midodrine HCl</i> .....	45	Mycostatin.....	7,22
Meperidine w/Promethazine Capsule (Hard, Soft, Etc.).....	11	Midrin.....	12	Mydriacyl.....	35
<i>Mephobarbital</i> .....	13	Migraine & Cluster Headache Therapy.....	12	Myeloid Stimulants.....	30
Mephyton.....	18,43	Migranal.....	12	Myleran.....	9
Mepron.....	8	Migraten.....	12	Mysoline.....	13
Meprozone Capsule (Hard, Soft, Etc.).....	11	Minipress.....	19		
<i>Mercaptopurine</i> .....	9	Minitran Patch, Transdermal 24 Hours.....	17	<b>N</b>	
<i>Mesalamine</i> .....	29	Minocin.....	5	<i>Nabumetone</i> .....	11,31
<i>Mesalamine Capsule, Sustained Action</i> .....	29	<i>Minocycline HCl</i> .....	5	<i>Nadolol</i> .....	18
<i>Mesalamine Enema (ml)</i> .....	29	<i>Minocycline HCl, Extended Release</i> .....	5	<i>Nafarelin Acetate</i> .....	26,34
<i>Mesalamine Suppository, Rectal</i> .....	29	Minoxidil.....	19	Naftin.....	22
<i>Mesna Tablet</i> .....	10	Mintezol.....	8	Nalfon.....	11
Mesnex.....	10	Miralax.....	29	<i>Naltrexone HCl</i> .....	12
Mestinon.....	14	Mirapex.....	13	Namenda.....	14
Metadate CD.....	16	Mirapex ER.....	13	Nandrolone.....	25
Metadate ER 20mg.....	16	Mircette.....	33	<i>Naphazoline HCl</i> .....	35
Metaglip.....	27	<i>Mirtazapine Tablet</i> .....	15	Naprelan.....	31
<i>Metaproterenol Sulfate</i> .....	40	<i>Mirtazapine Tablet, Rapid Dissolve</i> .....	15	Naprelan 375mg.....	11,31
<i>Metaproterenol Sulfate Aerosol w/Adapter (gm)</i> .....	40	Miscellaneous Agents.....	24,45	Naprelan 500mg.....	11,31
<i>Metaproterenol Sulfate Solution, Non-Oral</i> .....	40	Miscellaneous Agents.....	26	Naprelan CR.....	31
Metaxalone.....	14,32	Miscellaneous Analgesics.....	12	Naprosyn.....	11,31
Metformin HCl.....	27	Miscellaneous Anti-infectives.....	7	<i>Naproxen</i> .....	11,31
<i>Metformin HCl Tablet, Sustained Release 24hr</i> .....	27	Miscellaneous Antidepressants.....	15	<i>Naproxen Sodium</i> .....	11,31
<i>Methadone HCl</i> .....	11	Miscellaneous Antineoplastic Drugs.....	10	<i>Naproxen Sodium Tablet, Sustained Action</i> .....	11,31
<i>Methamphetamine HCl</i> .....	16	Miscellaneous Antipsychotics.....	15	<i>Naproxen, Sustained Release</i> .....	11,31
<i>Methazolamide</i> .....	35	Miscellaneous Antivirals.....	6	<i>Naratriptan</i> .....	12
<i>Methenamine Hippurate</i> .....	6	Miscellaneous Cardiovascular Agents.....	20	Narcotic Analgesics.....	11
<i>Methenamine Mandelate</i> .....	6	Miscellaneous Coagulation Agents.....	18,43	Narcotic Antagonists.....	12
<i>Methenamine Mandelate/Sodium Phosphate</i> .....	42	Miscellaneous Dermatologicals.....	23	Narcotics.....	11
<i>Methenamine/Methylene Blue/Benzoic Acid/Salicylate/Atropine/Hyoscyamine</i> .....	42	Miscellaneous Gastrointestinal Agents.....	28,29	Nardil.....	15
Methergine.....	33	Miscellaneous Hormones.....	25	Nasacort AQ.....	24,40
<i>Methimazole Tablet</i> .....	25	Miscellaneous Neurological Therapy.....	14	Nasalide.....	24,40
Methitest.....	25	Miscellaneous OB/GYN.....	34	Nasarel.....	40
<i>Methocarbamol</i> .....	14,32	Miscellaneous Ophthalmologics.....	37	Nascobal.....	43
<i>Methocarbamol/Aspirin</i> .....	14,32	Miscellaneous Otic Preparations.....	24	Nasonex.....	24,40
<i>Methotrexate Sodium</i> .....	9,31	Miscellaneous Psychotherapeutic Agents.....	16	Natachew.....	43
<i>Methoxsalen</i> .....	23	Miscellaneous Pulmonary Agents.....	41	Natacyn.....	36
<i>Methoxsalen, Rapid</i> .....	23	Miscellaneous Rheumatological Agents.....	31	Natafort.....	43
<i>Methscopolamine &amp; Misc. Flora</i> .....	28	Miscellaneous Urologicals.....	42	<i>Natamycin</i> .....	36
<i>Methylothiazide</i> .....	18	<i>Misoprostol</i> .....	28	Natazia.....	33
<i>Methyl dopa</i> .....	19	<i>Mitotane</i> .....	10	<i>Nateglinide</i> .....	27
<i>Methyl dopa/Hydrochlorothiazide</i> .....	19	Moban.....	15	Naturetin.....	18
<i>Methylergonovine Maleate</i> .....	33	Mobic.....	11,31	Navane.....	15
Methylin.....	16	<i>Modafinil</i> .....	16	NebuPent.....	8
Methylin Solution, Oral.....	16	Modicon.....	33	<i>Nedocromil Sodium</i> .....	37
Methylin Tablet, Chewable.....	16	Moduretic.....	18	<i>Nedocromil Sodium Aerosol w/Adapter (gm)</i> .....	41
<i>Methylphenidate Bromide</i> .....	29	<i>Moexipril HCl</i> .....	19	Needles, Insulin Disposable.....	27
<i>Methylphenidate HCl</i> .....	16	<i>Moexipril HCl/Hydrochlorothiazide</i> .....	19	<i>Nefazodone HCl</i> .....	15
<i>Methylphenidate HCl Tablet</i> .....	16	<i>Molindone HCl</i> .....	15	Neggram.....	6
<i>Methylphenidate HCl Tablet, Sustained Action</i> .....	16	<i>Mometasone Furoate</i> .....	21,24,40	<i>Nelfinavir Mesylate</i> .....	7
<i>Methylphenidate Solution</i> .....	16	<i>Mometasone Furoate Aerosol, Spray, (gm)</i> .....	40	Nembutal Sodium.....	14
<i>Methylphenidate, Patch, Transdermal 24 hr</i> .....	16	<i>Mometasone Furoate/Formoterol Fumarate Dihydrate</i> .....	41	Neo-Synephrine.....	35
<i>Methylprednisolone</i> .....	25,31,38	Monistat 3.....	34	NeoDecadron.....	36
<i>Methyltestosterone</i> .....	25	Monodox.....	5	Neomycin Sulfate.....	7
<i>Methysergide Maleate</i> .....	12	Monophasic/Biphasic/Triphasic Agents.....	33	<i>Neomycin Sulfate</i> .....	7
Metipranolol.....	35	Monopril.....	19	<i>Neomycin Sulfate/Bacitracin Zinc/Polymyxin B/Hydrocortisone Ointment(gm)</i> .....	36
Metoclopramide HCl.....	29	Monopril HCT.....	19	<i>Neomycin Sulfate/Bacitracin/Polymyxin B Ointment(gm)</i> .....	36
Metolazone.....	18	<i>Montelukast Sodium</i> .....	41	<i>Neomycin Sulfate/Dexamethasone Sodium Phosphate</i> .....	36
<i>Metoprolol Succinate Tablet, Sustained Release 24hr</i> .....	18	Monuril.....	6	<i>Neomycin Sulfate/Gramicidin D/Polymyxin B Drops</i> .....	36
<i>Metoprolol Tartrate</i> .....	18	<i>Moricizine HCl</i> .....	17	<i>Neomycin Sulfate/Polymyxin B Sulfate/Hydrocortisone</i> .....	24
<i>Metoprolol Tartrate/Hydrochlorothiazide</i> .....	19	Morphine Sulfate.....	11	<i>Neomycin Sulfate/Polymyxin B Sulfate/Hydrocortisone Suspension, Drops (Final Dosage Form)(ml)</i> .....	36
Metozolv ODT.....	29	<i>Morphine Sulfate Capsule, Multiphasic Release</i> .....	11	<i>Neomycin Sulfate/Polymyxin B Sulfate/Prednisolone</i> .....	36
Metrocream.....	22	<i>Morphine Sulfate Solution, Oral</i> .....	11	<i>Neomycin/Polymyxin B Sulfate/Dexamethasone</i> .....	36
Metrogel.....	22,34	<i>Morphine Sulfate Tablet, Sustained Action</i> .....	11	Neoral.....	9
Metrogel 1%.....	22	<i>Morphine Sulfate/ Naltrexone</i> .....	11	Neosporin.....	36
Metrogel 1% Kit.....	22	Motofen.....	28	<i>Neostigmine Bromide</i> .....	14
Metro lotion.....	22	Motrin.....	11,31	Nephro-Vite Rx.....	43
<i>Metronidazole</i> .....	8,22,34	Moxatag.....	5	Nephrocaps.....	43
<i>Metronidazole Gel (gm)</i> .....	22	Moxeza.....	36	Nephron fa.....	43
<i>Metronidazole Gel with Applicator (gm)</i> .....	34	<i>Moxifloxacin HCl</i> .....	36	Neptazane.....	35
<i>Metronidazole Gel 0.75%</i> .....	22	<i>Moxifloxacin HCl (Levofloxacin Solution, Oral)</i> .....	6	Nestabs Cbf.....	43
<i>Metronidazole Gel with Applicator (gm)</i> .....	34	MS Contin.....	11	Nestabs fa.....	43
<i>Metronidazole Gel/Skin Cleanser</i> .....	22	MSIR.....	11	Neulasta.....	10,30
Mevacor.....	20	Mucomyst.....	41	Neumega.....	30
<i>Mexiletine HCl Capsule (Hard, Soft, Etc.)</i> .....	17	Multaq.....	17	Neupogen.....	10,30
Mexitil.....	17	<i>Mupirocin Calcium Ointment(gm)</i> .....	24	Neurontin.....	13
Miacalcin.....	26,32	<i>Mupirocin Ointment(gm)</i> .....	22	<i>Nevirapine</i> .....	7
Micardis.....	20	Muscle Relaxants & Antispasmodic Agents.....	14		
Micardis HCT.....	20	Muscle Relaxants & Antispasmodic Therapy.....	14,32		
<i>Miconazole Nitrate Suppository, Vaginal Rx</i> .....	34	Muse.....	42		
Micro-K 10mEq.....	44	<i>Mutivitamin with Iron and Folic Acid</i> .....	43		
		Myasthenia Gravis.....	14		

Nexavar	10	Nystatin Cream (Grams)	22	Oxistat	22
Nexiclon XR	19	Nystatin/Triamcinolone Acetonide	22	Oxsoralen	23
Nexium	28	<b>O</b>		Oxsoralen-Ultra	23
Niacin	20	Octreotide Acetate Depot	10,26	Oxybenzone/Octinoxate/Hydroquinone	23
Niacin Tablet, Sustained Action Sequential	20	Octreotide Acetate Kit	10,26	Oxybutynin Chloride	14,32,42
Niaspan	20	Octreotide Acetate Vial (SDV,MDV or Additive) (ml)	10,26	Oxybutynin Patch, Transdermal	
Nicotinic	20	Ocufen	35	Semiweekly	14,32,42
Nifedipine Capsule (Hard, Soft, Etc.)	19	Ocuflox	36	Oxycodone HCl	11
Nifedipine Tablet, Sustained Action	19	Ocupress	35	Oxycodone HCl Extended Release 12hr	11
Nifedipine Tablet, Sustained Release		Ofloxacin	6,24	Oxycodone HCl/Acetaminophen	11
Osmotic Push	19	Ofloxacin Drops	36	Oxycodone/Aspirin	11
Niferex-PN	43	Oforta	10	OxyContin	11
Nilandron	9	Ogen	32,33	Oxymorphone	11
Nilotinib Hydrochloride	10	Olanzapine Orally Disintegrating Tablets	15	Oxymorphone HCl, Extended Release 12hr	11
Nilutamide	9	Olanzapine Tablets	15	Oxytrol	14,32,42
Nimodipine	18	Oleptro	15		
Nimotop	18	Olmesartan Medoxomil	20	<b>P</b>	
Niravam	16	Olmesartan Medoxomil/Hydrochlorothiazide	20	P6E1	35
Nisoldipine	19	Olmesartan/Amlodipine/HCTZ	19	Pamelor	14
Nisoldipine Tablet	19	Olopatadine HCl 0.1%	37	Pamine FQ	28
Nitazoxanide	8	Olopatadine HCl 0.2%	37	Pancrease	29
Nitazoxanide Suspension, Reconstituted, Oral (ml)	8	OLUX Foam	21	Pancrease MT	29
Nitrates	17	Omega-3	20	Pancrease	29
Nitro-Bid	17	Omeprazole	28	Pancrelipase	29
Nitro-Dur	17	Omeprazole OTC	28	Pancrelipase	29
Nitro-Time	17	Omeprazole Rx	28	Panretin	23
Nitrofurantoin Macrocrystal	6	Omeprazole/Bicarb	28	Pantoprazole Sodium	28
Nitroglycerin	17	Omniaris	24,40	Parafon Forte DSC	14,32
Nitroglycerin Capsule, Sustained Action	17	Omnicef	5	Parcopa	13
Nitroglycerin Ointment(gm)	17	Omnitrope	30	Paregoric	28
Nitroglycerin Patch, Transdermal 24 Hours	17	Ondansetron	12,29	Paragoric	28
Nitrolingual	17	Ondansetron HCl	12,29	Paricalcitol Capsules, Injection	26
Nitrostat	17	One Touch Basic System	27	Parlodel	13
Nizatidine	28	One Touch Ultra 2	27	Parnate	15
Nizoral	7,22	One Touch Ultra Smart	27	Paromomycin Sulfate	8
Nolvadex	9	One Touch Ultra System	27	Paroxetine HCl Tablet	15
Non-Insulin Hypoglycemic Agents	27	One Touch Ultramini	27	Pataday	37
Non-narcotic Analgesics	11	Onglyza	27	Patanase	24
Non-steroidal Anti-inflammatory Agents	35	Onsolis	11	Patanol	37
Nordette	33	Opana	11	Paxil	15
Norditropin	30	Opana ER	11	Paxil CR	15
Norethindrone	33	Opana ER 15mg	11	Pazopanib	10
Norethindrone A-E Estradiol/Ferrous Fumarate	33	Opana ER 7.5mg	11	PCE	5
Norethindrone Acetate	33	Opium Tincture	28	Pediapred	25,31,38
Norethindrone-Ethinyl Estradiol	33	Oprelvekin	30	Pediazole	5,6
Norethindrone-Mestranol	33	Opticrom	37	Pediotic Suspension, Drops (Final Dosage Form)(ml)	24
Norfloxacin	6	OptiPranolol	35	Peforomist	40
Norgestimate-Ethinyl Estradiol	33	Optivar	37	Peg-Intron	30
Norgestrel	33	Oracea	5	Peg-Intron Redipen	30
Norgestrel-Ethinyl Estradiol	33	Oral Contraceptives & Related Agents	33	Peganone	13
Norinyl	33	Oral Drugs For Glaucoma	35	Pegasys	30
Normodyne	18	Orap	15	Pegasys Proclick	30
Noroxin	6	Orasone	25	Pegfilgrastim	10
Norpace	17	Oravig	7	Pegfilgrastim Disposable Syringe (ml)	30
Norpace CR	17	Orencia (syringe)	31	Peginterferon Alfa-2A	30
Norpramin	14	Orinase	27	Peginterferon Alfa-2b	30
Nortriptyline HCl	14	Orlistat	45	Peguisomant	26
Norvasc	19	Ortho Evra	34	Pen Needle	27
Norvir	7	Ortho Micronor	33	Pen-Vee K	5
Novanatal	43	Ortho Tri-Cyclen	33	Penicillamine	31
Novarel	26	Ortho Tri-Cyclen Lo	33	Penicillin V Potassium	5
Novofine	27	Ortho-Cept	33	Penicillins	5
Novolin 70/30	26	Ortho-Cyclen	33	Pensaïd	11,31
Novolin 70/30 InnoLet	26	Ortho-Novum	33	Pentamidine Isethionate	8
Novolin L	26	Ortho-Prefest	34	Pentasa	29
Novolin N	26	Orudis	11,31	Pentazocine HCl/Acetaminophen	12
Novolin N InnoLet	26	Oruvail	11,31	Pentazocine HCl/Naloxone HCl	12
Novolin R	26	Osetamivir Phosphate	6	Pentosan Polysulfate Sodium	42
NovoLog	26	Osmoglyn	35	Pentoxifylline Tablet, Sustained Action	18,43
Novolog Mix 70/30	26	Osteoporosis Therapy	32	Pepcid	28
Noxafil	7	Other Antihypertensive Combinations	19	Percocet	11
NSAID Agents	31	Other Electrolytes	44	Percodan	11
NSAIDs	11,31	Other Glaucoma Drugs	35	Perforomist	40
NSAIDS- Specific COX-II Inhibitors	12,31	Other Rheumatologicals	31	Periacin	38
NSAIDS/COX II Inhibitors	11,31	Other Ulcer Therapy	28	Peridex	24
Nucynta	12	Otic Steroid/Antibiotic	24	Perimax Perio Rinse	23
Nucynta ER	12	Ovace	23	Perindopril Erbumine	19
Nuedexta	14	Ovcon 0.4-0.035	33	Permethrin	23
Nulev	28,42	Ovide	23	Perphenazine	15
NuLytlely	29	Ovidrel	25,34	Perry Prenatal Tablet	43
Numoisyn	45	Ovral	33	Persantine	17,43
Nutropin	30	Ovrette	33	Pexeva	15
Nutropin AQ	30	Ovulatory Stimulants	25	Phenazopyridine HCl	6,42
NuvaRing	34	Oxandrin	25	Phendimetrazine Tartrate	45
Nuvigil	16	Oxandrolone	25	Phendimetrazine Tartrate Capsule, Sustained Action	45
Nystatin	34	Oxaprozin	11,31	Phenelzine Sulfate	15
Nystatin	7,34	Oxazepam	16	Phenergan	12,29,38
		Oxcarbazepine	13	Phenergan VC w/Codeine	39



Ranicleor	5	Rufinamide	13	Solodyn 45mg, 90mg, 135mg	5
Ranitidine HCl Rx	28	Rybix	12	Solodyn 55mg, 65mg, 80mg, 105mg, 115mg	5
Ranolazine	20	Rythmol	17	Soma	14,32
Rapaflo	42	Rythmol SR	17	Soma Compound	14,32
Rapamune	9	Ryzolt	12	Somatropin	30
Rapid Acting Nitrates	17	Ryzolt ODT	12	Somatuline Depot	26
Rasagiline Mesylate	13	<b>S</b>		Somavert	26
Razadyne	14	Sabril	13	Sonata	14
Razadyne ER	14	Safyral	33	Sorafenib Tosylate	10
Rebetol	6	Saizen	30	Soriatane CK	23
Rebetron	30	Salagen	45	Sotalol HCl	17
Rebif	30	Salflex	12,31	Sotalol HCl Tablet	17
Reglan	29	Salicylates	12,31	Specialized Ob/Gyn Drugs	34
Relafen	11,31	Salmeterol Xinafoate Disk, with Inhalation Device	40	Spectazole	22
Relenza	6	Salsalate	12,31	Spectracef	5
ReliOn 70/30	26	Salsalate Tablet	12	Spectracef (200mg)	5
ReliOn N	26	Samsca	26	Spiriva	41
ReliOn R	26	Sanctura	32	Spirolactone Tablet	18
Relistor	29	Sanctura XR	32,42	Spirolactone/Hydrochlorothiazide	18
Relpax	12	Sancuso	29	Sporanox	7
Remeron	15	Sandimmune	9	Sprix	31
Renacidin	42	Sandostatin	10,26	Sprycel	10
Renagel	45	Sandostatin LAR	10,26	SSKI	25
Renvela	45	Sansert	12	Stalevo	13
Repaglinide	27	Santyl	22	Stannous Fluoride Solution, Non-Oral	24
Repaglinide/Metformin HCl	27	Saphris	15	Starlix	27
Repliva 21/7	43	Sapropterin Dihydrochloride	26,45	Stavudine Capsule	7
Repronex	25,34	Saquinavir	7	Staxyn	42
Requip	13	Saquinavir Mesylate	7	Stelazine	15
Requip XL	13	Sarafem	15	Steroid-antibiotic Combinations	36
Rescriptor	7	Sargramostim	10,30	Steroid-sulfonamide Combinations	36
Reserpine	19	Savella	14	Steroids	36
Reserpine	19	Saxagliptin	27	Strattera	16
Reserpine/Hydrochlorothiazide	19	Saxagliptin/Metformin	27	Striant	25
Reserpine/Hydrochlorothiazide	19	Scopolamine Hydrobromide Patch, Transdermal 72 Hours	12,29	Stromectol	8
Restasis	37	Seasonale	33	Strongstart	43
Restoril	14	Seasonique	33	Strovite Forte	43
Restoril 22.5mg	14	Seconal Sodium	14	Stuartnatal Plus	43
Retin-A	22	Second Generation Cephalosporins	5	Suboxone Film	12
Retin-A Micro	22	Sectral	18	Suboxone SL Tab	12
Retrovir	7	Selective Serotonin Reuptake Inhibitors	15	Succimer	45
Revatio	41	Selegiline HCl	13	Sucralfate Suspension, Oral (Final Dose Form)	28
ReVia	12	Selenium Sulfide	23	Sucralfate Tablet	28
Reyataz	7	Selsun Rx	23	Sular	19
Rezira	39	Semprex-D	39	Sulfacet-R	22
Rheumatrex	9,31	Sensipar	26	Sulfacetamide Sodium	23,36
Rhincort Aqua	24,40	Septra DS	6	Sulfacetamide Sodium Ointment(gm)	36
Ribavirin	6	Serax	16	Sulfacetamide Sodium/Prednisolone Acetate	36
Ribavirin/Interferon Alfa-2b, Recombinant	30	Serevent Diskus	40	Sulfacetamide Sodium/Prednisolone Sodium Phosphate	36
Ridaura	31	Seromycin	8	Sulfacetamide Sodium/Sulfur	22
Rifabutin	8	Seromycin	8	Sulfacetamide Sodium/Urea	23
Rifadin	8	Seroflo	8	Sulfacetamide Sodium/Urea Lotion (gm)	23
Rifampin	8	Seroquel	15	Sulfadiazine	6
Rifaximin	7	Seroquel XR	15	Sulfadiazine	6
Rilonacept	30	Serostim	30	Sulfamethoxazole/Trimethoprim	6
Rilpivirine	7	Sertraline HCl	15	Sulfanilamide	34
Rilutek	45	Serzone	15	Sulfas & Related Agents	6
Riluzole	45	Sevelamer Carbonate	45	Sulfasalazine	29,31
Rimexolone	36	Sevelamer HCl	45	Sulfasalazine Tablet, Enteric Coated	29,31
Riommet	27	Sildenafil Citrate	41,42	Sulfathiazole/Sulfacetamide/Sulfabenzamide Cream with Applicator	34
Risedronate Sodium	32,45	Silenor	14	Sulfapyrazone	31,43
Risedronate Sodium/Calcium Carbonate	32,45	Silvadene	22	Sulfapyrazone Tablet	17
Risperdal	15	Silver Sulfadiazine	22	Sulfisoxazole	6
Risperdal M-tab	15	Simcor	20	Sulfisoxazole	6
Risperidone Tablets	15	Simponi	31	Sulfisoxazole Acetyl	6
Risperidone Tablets, Oral Disintegrating	15	Simvastatin	20	Sulfonamides	36
Ritalin	16	Sinemet	13	Sulindac	11,31
Ritalin LA	16	Sinemet CR	13	Sumatriptan Intranasal Solution	12
Ritalin-SR	16	Sinequan	14	Sumatriptan Succinate	12
Ritonavir	7	Singulair	41	Sumatriptan Succinate Kit	12
Ritonavir/Lopinavir	7	Sinolimus	9	Sumatriptan Succinate Tablet	12
Rivaroxaban	17	Sitagliptin Phosphate	27	Sumavel Dose Pro	12
Rivastigmine	14	Sitagliptin/Metformin HCl	27	Sunitinib Malate	10
Rivastigmine Solution	14	Sitagliptin/Simvastatin	27	Suprax	5
Rivastigmine Transdermal System	14	Skelaxin	14,32	Suprenza	45
Rizatriptan Benzoate Tablet	12	Slow-K 8mEq	44	Suprofen	35
Rizatriptan Benzoate Tablet, Rapid Dissolve	12	Smoking Deterrents	45	Surestep	27
Rms-Suppository	11	Sod. Propionate/Inositol/AA14/Urea	34	Surestep Pro	27
Robaxin	14,32	Sodium Fluoride	43	Surmontil	14
Robaxinal	14,32	Sodium Fluoride Gel (gm)	24	Surmontil 100mg	14
Robinul	28	Sodium Polystyrene Sulfonate	45	Sustiva	7
Robitussin A-C	39	Sodium Polystyrene Sulfonate	45	Sutant	10
Robitussin-DAC	39	Sodium Polystyrene Sulfonate Enema (ml)	45	Symbicort	41
Rocaltrol	26	Sodium Sulamyd	36	Symmlin	27
Ropinirole HCl	13	Sodium Sulfate/Sodium/Sodium Bicarbonate/Potassium Chloride/Polyethylene Glycols	29	Symmlin Pen	27
Ropinirole HCl Sustained Release	13	Solaraze	23	Symmetrel	6,13
Rosuvastatin Calcium	20	Solifenacin Succinate	14,32,42	Sympathomimetics	36
Rowasa	29			Synalar 0.01%	21
Roxicodone	11				
Rozerem	14				

Synalar 0.025% . . . . .	21
Synalgos-DC . . . . .	11
Synarel . . . . .	26,34
Syntest D.S. . . . .	34
Syntest H.S. . . . .	34
Synthroid . . . . .	25
Syringe w-Needle, Disposable, Insulin . . . . .	27
Syringe with cannula, Disposable, 5ml . . . . .	27
<b>T</b>	
T-Phyl . . . . .	40
Taclonex Scalp . . . . .	23
Tacrolimus . . . . .	9
Tacrolimus Ointment (gm) . . . . .	23
Tadalafil Tablet . . . . .	42
Tagamet . . . . .	28
Talacen . . . . .	12
Talwin NX . . . . .	12
Tambacor . . . . .	17
Tamiflu . . . . .	6
Tamoxifen Citrate . . . . .	9
Tamsulosin . . . . .	42
Tanafed DM . . . . .	39
Tanafed DP . . . . .	39
Tapazole . . . . .	25
Tapentadol . . . . .	12
Tarceva . . . . .	10
Tarka . . . . .	19
Tarka (1-240mg) . . . . .	19
Tasigna . . . . .	10
Tasmar . . . . .	13
Tavist . . . . .	38
Tazarotene . . . . .	22,23
Tazorac . . . . .	22,23
Tegretol . . . . .	13
Tegretol XR . . . . .	13
Tekamlo . . . . .	18
Tekturna . . . . .	20
Telaprevir . . . . .	6
Telmisartan . . . . .	20
Telmisartan/Amlodipine . . . . .	19
Telmisartan/Hydrochlorothiazide . . . . .	20
Temazepam . . . . .	14
Temodar . . . . .	9
Temovate . . . . .	21
Temozolomide . . . . .	9
Tenex . . . . .	19
Tenofvir Disoproxil Fumarate . . . . .	7
Tenoretic . . . . .	19
Tenormin . . . . .	18
Tenuate . . . . .	45
Terazol . . . . .	34
Terazosin HCl . . . . .	19,42
Terbinafine HCl Tablet . . . . .	7
Terbutaline Sulfate . . . . .	34,40
Terconazole Cream with Applicator . . . . .	34
Teriparatide . . . . .	32
Testlac . . . . .	9
Testim . . . . .	25
Testolactone . . . . .	9
Testosterone . . . . .	25
Testosterone Cypionate Vial (SDV,MDV or Additive) (ml) . . . . .	25
Testosterone Enanthate Disposable Syringe (ml) . . . . .	25
Testosterone Gel in Metered-Dose Pump . . . . .	25
Testosterone Gel in Packet (gm) . . . . .	25
Testosterone Patch, Transdermal 24 Hours . . . . .	25
Testosterone Propionate . . . . .	25
Testosterone Propionate . . . . .	25
Tetrabenazine . . . . .	14
Tetracycline HCl . . . . .	5
Tetracyclines . . . . .	5
Tev-Tropin . . . . .	30
Teveten 400mg . . . . .	20
Teveten 600mg . . . . .	20
Thalidomide . . . . .	45
Thalomid . . . . .	45
Theo-24 . . . . .	40
Theo-Dur . . . . .	40
Theolate . . . . .	40
Theophylline Anhydrous Capsule, Sustained Release 12 hr . . . . .	40
Theophylline Anhydrous Capsule, Sustained Release 24 hr . . . . .	40
Theophylline Anhydrous Tablet, Sustained Action . . . . .	40
Theophylline Anhydrous Tablet, Sustained Release 12hr . . . . .	40
Therapy For Acne . . . . .	22
Thiabendazole . . . . .	8
Thiazide & Related Diuretics . . . . .	18
Thioguanine . . . . .	9
Thioguanine . . . . .	9
Thioridazine HCl . . . . .	15
Thiothixene . . . . .	15
Thiothixene HCl Concentrate, Oral . . . . .	15
Third Generation Cephalosporins . . . . .	5
Thorazine . . . . .	15
Thyroid . . . . .	25
Thyroid Hormones . . . . .	25
Thyroid Strong . . . . .	25
Thyroid Strong Tablet . . . . .	25
Thyrolar . . . . .	25
Tiagabine HCl . . . . .	13
Tiazac . . . . .	18
Ticlid . . . . .	17,43
Ticlopidine HCl . . . . .	43
Ticlopidine HCl Tablet . . . . .	17
Tigan . . . . .	12,29
Tikosyn . . . . .	17
Tilade . . . . .	41
Timolide . . . . .	19
Timolol . . . . .	35
Timolol Maleate . . . . .	18,35
Timolol Maleate Gel-Forming Solution . . . . .	35
Timolol Maleate/Dorzolamide HCl . . . . .	35
Timolol Maleate/Hydrochlorothiazide . . . . .	19
Timoptic . . . . .	35
Timoptic-XE . . . . .	35
Tindamax . . . . .	8
Tinidazole . . . . .	8
Tiotropium Bromide . . . . .	41
Tipranavir . . . . .	7
Tipranavir/Vitamin . . . . .	7
Tizanidine HCl . . . . .	14
Tobi . . . . .	7
TobraDex . . . . .	36
TobraDex-ST . . . . .	36
Tobramycin Sulfate . . . . .	36
Tobramycin Sulfate/Dexamethasone . . . . .	36
Tobramycin/0.25 Normal Saline Ampul for Nebulization (ml) . . . . .	7
Tobramycin/Dexamethasone . . . . .	36
Tobramycin/Loteprednol Etabonate . . . . .	36
Tobrex . . . . .	36
Tocainide HCl . . . . .	17
Tofranil . . . . .	14
Tofranil-PM . . . . .	14
Tolazamide . . . . .	27
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