

CONNECT TO CARE
DRUG FORMULARY

Administered by MedImpact
February 2024
INTRODUCTION

Foreword

The below table describes Connect to Care prescription coverage:

Patient out-of-pocket cost	<ul style="list-style-type: none">• \$5 copayment per prescription• No monthly share of cost requirement
Benefit maximums	<ul style="list-style-type: none">• \$500 per prescription claim• \$1500 maximum benefit per enrollment period
Drug exclusions	<ul style="list-style-type: none">• Specialty drugs and contraceptives are excluded

This document represents the efforts of MedImpact and Connect to Care to provide physicians and pharmacists with a method to evaluate the various drug products available under the Connect to Care Benefits. The medical treatment of patients is frequently related to the practical application of drug therapy. Due to the vast availability of medication treatment modalities, a reasonable program of drug product selection and drug usage must be developed. The goal of the Connect to Care Formulary is to enhance the ability of physicians and pharmacists participating in Connect to Care to provide optimal cost effective drug therapy for Connect to Care members.

The development, maintenance, and improvement of the Connect to Care Formulary are evolutionary and require on-going oversight. This is accomplished by a pharmacy and therapeutics review process conducted by a panel of physicians and pharmacists. The Connect to Care Formulary is a continuously reviewed and revised list of drug products that reflects the consensus clinical opinion of the panel. Using this Formulary, you are encouraged to review the information and provide input and comments to Connect to Care.

Connect to Care uses the following criteria in the evaluation of product selection for the Connect to Care Formulary:

- The drug product must demonstrate unequivocal safety for medical use.
- The drug product must be efficacious and be medically necessary for the treatment, maintenance, or prophylaxis of the medical condition.
- The drug product must demonstrate therapeutic marker outcomes accepted by the medical community.
- The drug product must be accepted for use by the medical community.
- The drug product should have a favorable cost ratio for the treatment of the medical condition.

How to Use the Drug Formulary

The Connect to Care Formulary is a list of covered and preferred drug agents for Connect to Care members. All products are listed by their generic names and most common proprietary (branded) name. The Connect to Care Formulary may be accessed by using the index, both by generic and proprietary name (in small capital letters) and by therapeutic drug category. Any product not found in this Formulary listing shall be considered a Non-Formulary Drug.

Coverage Limitations

The Connect to Care Formulary does not provide information regarding the specific coverage or limitations an individual member may have. Connect to Care members may have specific limitations which are not reflected in this Drug Formulary. This Drug Formulary contains only FDA-approved outpatient drugs for eligible members and does not apply to non-FDA approved drugs or medications used in in-patient settings. If a Connect to Care member has any specific questions regarding coverage, they should contact Connect to Care at (916) 649-2631 for further explanation of benefits.

Connect to Care members are not eligible to receive prescription drug services outside of California and the designated border state areas of Oregon, Nevada and Arizona.

Generic Substitution

When available, FDA approved generic drugs are to be used in all situations, regardless of the brand name indicated. The brand names listed are for reference use only and do not denote coverage, unless specifically noted. Greater economy is realized through the use of generic equivalents. This policy is not meant to preclude or supplant any state statutes that may exist. All drugs that are or become available generically are subject to review by the Connect to Care pharmacy and therapeutics review process.

Connect to Care approves such multisource drugs for addition to the maximum allowable cost (MAC) list based on the following criteria:

- A minimum of one "A" rated source of the product.
- An FDA Rating for generic equivalency.
- Review by Connect to Care for efficacy and safety.
- Certain drug products with complex pharmacokinetics, dosage forms, narrow therapeutic efficacy or where blood level maintenance is crucial will not be subject to substitution. These products are:
 - ◇ Coumadin
 - ◇ Dilantin
 - ◇ Lanoxin
 - ◇ Premarin
 - ◇ Synthroid

This list is reviewed and updated periodically based on the clinical literature and available pharmacokinetic principals of the drug products. If a physician determines that there is a documented medical need for the brand equivalent, a request for coverage may be made using the medication request process.

Experimental Drugs

The experimental nature or use of drug products will be determined by Connect to Care using current medical literature. Any drug product or use of an existing product that is determined to be experimental will be excluded from coverage.

Prior Authorization

Drug products that are listed as Prior Authorization (PA) required require approval when the member presents a prescription to a network pharmacy. To obtain coverage, the prescribing physician may:

- A. Fax a completed Medication Request Form (MRF) to MedImpact at (858) 790-7100, or
- B. Contact MedImpact at (800) 788-2949 and provide all necessary information requested.

If the request does not meet the criteria established by Connect to Care, the request will be denied and alternative therapy may be recommended. Each request will be reviewed on individual patient need and approval may be given if a documented medical need exists.

Request Process for Non-Formulary Agents

Coverage for non-formulary agents may be requested in advance by physicians. When a Connect to Care member gives a prescription order for a non-formulary drug to a pharmacist, the pharmacist should notify the physician and member of the nonformulary status. The physician, pharmacist or member may then call MedImpact at (800) 788-2949 to initiate the medical exception process. To obtain coverage, the prescribing physician may:

- A. Fax a completed Medication Request Form (MRF) to MedImpact at (858) 790-7100, or
- B. Contact MedImpact at (800) 788-2949 and provide all necessary information requested.

The following general criteria are used for approval.

- 1) The use of Connect to Care Formulary Drug Products is contraindicated in the patient.
- 2) The patient has failed an appropriate trial of Formulary or related agents.
- 3) The choices available in the Connect to Care Formulary are not suited for the present patient care need and the drug selected is required for patient safety.
- 4) The use of a Connect to Care Formulary Drug may provoke an underlying condition, which would be detrimental to patient care.

Connect to Care recognizes that not all medical needs can be met with agents listed in this document and encourages inquires about optional therapies.

Step Care Agents

Drug products defined as step care will undergo an electronic pre-authorization process per Connect to Care guidelines, which requires a trial of first-line drug(s) before a Step Care drug will be covered at the formulary brand level. If recommended guidelines for first-line therapy are not met, then the Step Care drug may be subject to review through the prior authorization process.

Quantity Limits

Limitations on quantity may be placed on certain products due to safety, therapeutic or cost-effectiveness considerations. Prescriptions for such agents exceeding the quantity limit (QL) will be subject to the prior authorization process.

Appeals Process

Prior authorization and medical exception requests are evaluated based on medical necessity and safety as described. In the event of denial, providers or Connect to Care members may request a formal appeal verbally or in writing within sixty

(60) days of denial notification. To request an appeal, call (800) 788-2949 or send your written appeal request to the following address:

MedImpact Healthcare Systems, Inc.
10181 Scripps Gateway Court, San Diego, CA 92131
Attention: Appeals Coordinator
or
Fax (858) 790-6060

Formulary Process and Communication

The Connect to Care Formulary is a tool to promote cost-effective prescription drug use. While every attempt has been made to create a document that meets all therapeutic needs, the art of medicine makes this a formidable task. Connect to Care welcomes input on the formulary from physicians and pharmacists providing services to Connect to Care clients. Suggestions and comments should be submitted to the Connect to Care at the following address:

Connect to Care
ATTN: Pharmacy and Therapeutics Panel
1545 River Park Drive, Suite 435
Sacramento, CA 95815
(916) 649-2631

TABLE OF CONTENTS

FOREWORD.....	1
HOW TO USE THE DRUG FORMULARY	1
COVERAGE LIMITATIONS.....	2
GENERIC SUBSTITUTION	2
EXPERIMENTAL DRUGS	2
PRIOR AUTHORIZATION	2
REQUEST PROCESS FOR NON-FORMULARY AGENTS.....	3
STEP CARE AGENTS.....	3
QUANTITY LIMITS	3
APPEALS PROCESS.....	3
FORMULARY PROCESS AND COMMUNICATION	5
CENTRAL NERVOUS SYSTEM AGENTS	10
ANALGESIC AND ANTI-INFLAMMATORY AGENTS.....	10
<i>Non-Steroidal Anti-Inflammatory Agents</i>	10
<i>Miscellaneous Arthritis Agents</i>	10
<i>Migraine Agents</i>	10
<i>Opiate Agonists</i>	10
<i>Narcotic Withdrawal Therapy Agents</i>	11
<i>Opiate Antagonists</i>	11
<i>Miscellaneous Analgesics</i>	11
<i>Miscellaneous Central Nervous System Agents</i>	11
ANTICONVULSANT AGENTS.....	11
<i>Barbiturate Anticonvulsants</i>	11
<i>Benzodiazepine Anticonvulsants</i>	11
<i>Hydantoin Anticonvulsants</i>	11
<i>Miscellaneous Anticonvulsants</i>	11
ANTIPARKINSONIAN AGENTS	12
MUSCLE RELAXANT AGENTS	12
<i>Skeletal Muscle Relaxants</i>	12
PSYCHOTHERAPEUTIC AGENTS.....	12
<i>Tricyclic Antidepressant Agents</i>	12
<i>S.S.R.I. Agents</i>	12
<i>S.N.R.I. Agents</i>	12
<i>M.A.O. Inhibitor Agents</i>	12
<i>Miscellaneous Antidepressant Agents</i>	12
<i>Antimanic Agents</i>	13
<i>Benzodiazepines</i>	13
<i>Antipsychotic Agents</i>	13
<i>Antipsychotic/SSRI Combination Agents</i>	13
<i>Miscellaneous Anxiolytics, Sedatives, and Hypnotics</i>	13
CARDIOVASCULAR/BLOOD AGENTS	14
ANTIARRHYTHMIC AGENTS	14
<i>Antidysrhythmic Drug Agents</i>	14
ANTIHYPERTENSIVE AGENTS.....	14
<i>Alpha-Adrenergic Antagonist Antihypertensive Agents</i>	14
<i>Beta-Adrenergic Antagonist Agents</i>	14
<i>Combination Alpha-Beta Antagonist Agents</i>	14
<i>Angiotensin Converting Enzyme Inhibitor Agents</i>	14
<i>Angiotensin Receptor Blocker Agents</i>	14
<i>Calcium Channel Blocking Agents</i>	14
<i>Centrally Acting Antihypertensive Agents</i>	15
<i>Combination Antihypertensive Agents</i>	15
<i>Drugs for Pheochromocytoma</i>	15
<i>Potassium-Sparing Diuretics</i>	15
<i>Loop Diuretics</i>	15
<i>Thiazide and Related Diuretics</i>	15
<i>Vasodilator Antihypertensive Agents</i>	15

ANTILIPEMIC AGENTS	15
BLOOD AGENTS	16
<i>Coagulants and Anticoagulants</i>	16
HEMORHEOLOGIC AGENTS	16
CARDIAC GLYCOSIDE AGENTS	16
ANTIPLATELET AGENTS	16
VASODILATING AGENTS	16
GASTROINTESTINAL AGENTS.....	16
ANTIDIARRHEAL AGENTS	16
ANTIEMETIC AGENTS	17
ANTIMUSCARINIC/ANTISPASMODIC AGENTS	17
ANTIULCER/ANTIPEPTIC AGENTS	17
BOWEL EVACUANT AGENTS	17
DIGESTIVE ENZYMES	17
GALLSTONE SOLUBILIZING AGENTS	17
GASTROINTESTINAL STIMULANT AGENTS	18
H ₂ ANTAGONIST AGENTS	18
LAXATIVE AGENTS	18
MISCELLANEOUS GASTROINTESTINAL SUPPLIES	18
MISCELLANEOUS GASTROINTESTINAL AGENTS	18
ANTI-INFECTIVE AGENTS.....	18
AMEBICIDES	18
ANTHELMINTIC AGENTS.....	18
ANTIBIOTIC AGENTS.....	18
<i>Aminoglycosides</i>	18
<i>Cephalosporins</i>	18
<i>Macrolide Antibiotic Agents</i>	19
<i>Miscellaneous Antibiotic Agents</i>	19
<i>Penicillins</i>	19
<i>Quinolones</i>	19
<i>Sulfonamide Agents</i>	19
<i>Tetracyclines</i>	19
ANTIFUNGAL AGENTS	19
ANTIMALARIAL AGENTS	19
ANTITUBERCULOSIS AGENTS.....	20
ANTI-ULCER ERADICATION AGENTS	20
OTHER ANTIVIRAL AGENTS.....	20
LEPROSTATIC AGENTS.....	20
RESPIRATORY/EENT AGENTS.....	20
ANTIHISTAMINE AGENTS.....	20
<i>Single Entity Alkylamine Agents</i>	20
<i>Single Entity Ethanolamine Agents</i>	20
<i>Non-Sedating Single Entity Agents</i>	20
<i>Miscellaneous Antihistamine Agents</i>	20
ANTIHISTAMINE/DECONGESTANT COMBINATION AGENTS	21
<i>Antihistamine/Decongestant Agents</i>	21
ANTITUSSIVE AGENTS	21
<i>Non-Narcotic Antitussive Agents</i>	21
<i>Narcotic Antitussive Agents</i>	21
<i>Decongestants</i>	21
ASTHMA/COPD AGENTS.....	21
<i>Inhaled Sympathomimetic (Adrenergic) Agents</i>	21
<i>Oral Sympathomimetic (Adrenergic) Agents</i>	21
<i>Inhaled Oral Corticosteroid Agents</i>	21
<i>Leukotriene Receptor Antagonists</i>	22
<i>Respiratory Smooth Muscle Relaxant Agents</i>	22
EXPECTORANT AGENTS	22
MUCOLYTIC AGENTS.....	22
EYE, EAR, NOSE AND THROAT (EENT) PREPARATIONS	22

<i>Ophthalmic Antibiotic Agents</i>	22
<i>Ophthalmic Anti-Inflammatory Agents, Corticosteroid</i>	22
<i>Ophthalmic Anti-Inflammatory Agents, NSAIDs</i>	22
<i>Ophthalmic Antiviral Agents</i>	22
<i>Ophthalmic Beta Blockers</i>	22
<i>Ophthalmic Miotic Agents</i>	22
<i>Ophthalmic Mydriatic Agents</i>	23
<i>Ophthalmic Sulfonamide Agents</i>	23
<i>Miscellaneous Ophthalmic Agents</i>	23
<i>Otic Anti-Infective Agents</i>	23
<i>Miscellaneous Otic Agents</i>	23
INHALED/ORAL EENT AGENTS.....	23
<i>Inhaled Nasal Agents</i>	23
<i>Carbonic Anhydrase Inhibitor Agents</i>	23
<i>Local Anesthetic Agents</i>	23
MISCELLANEOUS EENT AGENTS.....	23
DIABETES AND THYROID AGENTS.....	24
ORAL DIABETES AGENTS.....	24
<i>Sulfonylureas</i>	24
<i>Non-Sulfonylureas</i>	24
<i>Combination Diabetes Agents</i>	24
INSULIN AGENTS.....	24
MISCELLANEOUS DIABETES AGENTS.....	24
THYROID AGENTS.....	24
<i>Antithyroid Agents</i>	25
HORMONE AGENTS.....	25
ORAL ADRENAL CORTICOSTEROID AGENTS.....	25
ANDROGEN AGENTS.....	25
BONE RESORPTION INHIBITORS.....	25
PARATHYROID HORMONE.....	25
ESTROGEN AGENTS.....	25
<i>Estrogen Agonist-Antagonists</i>	25
CONTRACEPTIVES.....	26
OXYTOCIC AGENTS.....	26
PITUITARY AGENTS.....	26
PROGESTIN AGENTS.....	26
GENITOURINARY AGENTS.....	26
URINARY ANTI-INFECTIVE AGENTS.....	26
URINARY ANTI-SPASMODIC AGENTS.....	26
GENITOURINARY SMOOTH MUSCLE RELAXANT AGENTS.....	26
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS.....	26
TOPICAL/MUCOUS MEMBRANE AGENTS.....	27
KERATOLYTIC AGENTS.....	27
MISCELLANEOUS SKIN/MUCOUS MEMBRANE AGENTS.....	27
TOPICAL ANTIBIOTIC AGENTS.....	27
TOPICAL ANTIFUNGAL AGENTS.....	27
VAGINAL ANTIFUNGAL AGENTS.....	27
VAGINAL ANTI-INFECTIVE AGENTS.....	28
TOPICAL ANTI-INFLAMMATORY AGENTS.....	28
TOPICAL ANTIPRURITIC AND LOCAL ANESTHETIC AGENTS.....	28
TOPICAL ANTIVIRAL AGENTS.....	28
TOPICAL MISCELLANEOUS ANTI-INFECTIVE AGENTS.....	28
SCABICIDE/PEDICULICIDE AGENTS.....	29
MISCELLANEOUS/UNCLASSIFIED AGENTS.....	29
ELECTROLYTE AGENTS.....	29
<i>Miscellaneous Agents</i>	29
<i>Potassium Agents</i>	29
HEAVY METAL ANTAGONIST AGENTS.....	30
VITAMIN AGENTS.....	30

<i>Vitamin B-Complex Agents</i>	30
<i>Vitamin D</i>	30
<i>Vitamin K Activity Agents</i>	30
<i>Iron Agents</i>	30
DIAGNOSTIC TESTING.....	30
<i>Blood Glucose Supplies</i>	30
ALCOHOL AND SMOKING DETERRENT AGENTS	30
GOUT AGENTS.....	30
OTHER MEDICAL SUPPLIES.....	31

CENTRAL NERVOUS SYSTEM AGENTS

Analgesic and Anti-Inflammatory Agents

Non-Steroidal Anti-Inflammatory Agents

FIRST LINE AGENTS

Aspirin	ASPIRIN
Aspirin EC	ECOTRIN
Celecoxib	CELEBREX
Diclofenac Sodium	VOLTAREN
Etodolac	LODINE
Ibuprofen	MOTRIN (INCLUDES OTC)
Indomethacin	INDOCIN
Ketoprofen	ORUVAIL, 200MG STRENGTH NON-FORMULARY
Indomethacin, Sustained Release	INDOCIN SR
Meloxicam Tablets	MOBIC (TABLETS ONLY), SUSPENSION NON-FORMULARY
Nabumetone	RELAFEN
Naproxen	NAPROSYN
Naproxen Sodium	ANAPROX ANAPROX DS
Salsalate	DISALCID
Sulindac	CLINORIL
Piroxicam	FELDENE

SECOND LINE AGENTS

SE	Etodolac Extended Release	LODINE XL, STEP THERAPY , RESTRICTED TO A TRIAL OF 2 UNRESTRICTED NSAIDS IN THE PAST 90 DAYS
----	---------------------------	---

Miscellaneous Arthritis Agents

Leflunomide	ARAVA
-------------	-------

Migraine Agents

	APAP/Dichloralphenazone/Isomethep	MIDRIN
	Butalbital/APAP/Caffeine	ESGIC ESGIC PLUS FIORICET
	Butalbital/Aspirin/Caffeine (Tablets Only)	FIORINAL
QL	Ergotamine/Caffeine	CAFERGOT
QL	Naratriptan	AMERGE, LIMITED TO 9 TABLETS/MONTH, ONLY 1 RX FOR ANY TRIPTAN/MONTH
QL	Rizatriptan	MAXALT, MAXALT MLT, LIMITED TO 9 TABLETS/MONTH, ONLY 1 RX FOR ANY TRIPTAN/MONTH
QL	Sumatriptan	IMITREX, LIMITED TO 4 INJECTIONS, 9 TABLETS, OR 6 NASAL UNITS PER MONTH, ONLY 1 RX FOR ANY TRIPTAN/MONTH, SUMAVEL NON-FORMULARY
SE, QL	Eletriptan	RELPAX, STEP THERAPY , RESTRICTED TO USE AFTER A TRIAL OF SUMATRIPTAN IN THE PAST 120 DAYS, LIMITED TO 9 TABLETS/MONTH, ONLY 1 RX FOR ANY TRIPTAN/MONTH
SE, QL	Zolmitriptan	ZOMIG, ZOMIG ZMT STEP THERAPY , RESTRICTED TO USE AFTER A TRIAL OF SUMATRIPTAN IN THE PAST 120 DAYS, LIMITED TO 9 TABLETS OR 6 NASAL UNITS PER MONTH, ONLY 1 RX FOR ANY TRIPTAN/MONTH
PA, QL	Dihydroergotamine	MIGRANAL, PA REQ , LIMITED TO 1 KIT (4 TREATMENTS) PER MONTH

Opiate Agonists

QL	Acetaminophen/Codeine	TYLENOL #2, #3, #4, LIMITED TO #240/MONTH OR 960ML/MONTH ; ORAL SUSPENSION AND VOPAC NON-FORMULARY
----	-----------------------	---

QL	Acetaminophen/Hydrocodone	NORCO 5/325, LIMITED TO #240/MONTH
QL		NORCO 7.5/325, LIMITED TO #180/MONTH
QL		NORCO 10/325, LIMITED TO #150/MONTH
		ALL OTHER HYDROCODONE/APAP STRENGTHS NON-FORMULARY
QL	Butalbital/APAP/Caffeine/Codeine	FIORICET/CODEINE, LIMITED TO #180/MONTH
QL	Butalbital/Aspirin/Caffeine/Codeine	FIORINAL/CODEINE, LIMITED TO #180/MONTH
QL	Codeine/Aspirin	EMPIRIN #2, #3, #4, LIMITED TO #240/MONTH
QL	Hydromorphone	DILAUDID, LIMITED TO #240/MONTH OR 960ML/MONTH
QL	Morphine	MSIR, LIMITED TO #240/MONTH OR 960ML/MONTH
QL	Morphine SR	MS CONTIN/ORAMORPH SR, LIMITED TO #120/MONTH
QL	Oxycodone	OXYIR, LIMITED TO #240/MONTH
QL	Oxycodone	OXYFAST, LIMITED TO #960ML/MONTH
QL	Oxycodone/Acetaminophen	PERCOCET, LIMITED TO #240/MONTH; MAGNACET AND PRIMALEV NON-FORMULARY
QL		TYLOX, LIMITED TO #240/MONTH
QL	Oxycodone/Aspirin	PERCODAN, LIMITED TO #240/MONTH
PA, QL	Oxycodone	OXYCONTIN, PA REQ , LIMITED TO #60/MONTH

Narcotic Withdrawal Therapy Agents

Naloxone Spray and Syringes

NARCAN; **EVZIO NON-FORMULARY**

Opiate Antagonists

Naltrexone

REVIA

Miscellaneous Analgesics

Acetaminophen

TYLENOL

Tramadol

ULTRAM ; **ULTRAM ER NON-FORMULARY**

PA, QL

Butorphanol NS

STADOL NS, **PA REQ**, LIMITED TO 2 BOTTLES/MONTH

Miscellaneous Central Nervous System Agents

Donepezil

ARICEPT

Anticonvulsant Agents

Barbiturate Anticonvulsants

Mephobarbital

MEBARAL

Phenobarbital

PHENOBARBITAL

Primidone

MYSOLINE

Benzodiazepine Anticonvulsants

QL

Clonazepam

KLONOPIN, LIMITED TO #90/MONTH; **RAPDIS TABLETS NON-FORMULARY**

Hydantoin Anticonvulsants

Phenytoin

DILANTIN, PHENYTEK

Miscellaneous Anticonvulsants

Carbamazepine

TEGRETOL; **EQUETRO NON-FORMULARY**

Carbamazepine Extended Release

TEGRETOL XR

Divalproex Sodium

DEPAKOTE

Divalproex Sodium Extended Release

DEPAKOTE ER

Gabapentin

NEURONTIN

Levetiracetam

KEPPRA

Oxcarbazepine

TRILEPTAL

Tiagabine

GABITRIL

Valproic Acid

DEPAKENE

Zonisamide

ZONEGRAN

QL

Lamotrigine

LAMICTAL, LIMITED TO #60/MONTH FOR 100MG AND 150MG, #180/MONTH FOR 25MG

QL

Topiramate

TOPAMAX, LIMITED TO #90/MONTH FOR 25MG, 50MG AND 100MG STRENGTHS

Antiparkinsonian Agents

Amantadine
Benztropine Mesylate
Bromocriptine

SYMMETREL
COGENTIN
PARLODEL

Carbidopa/Levodopa
Carbidopa/Levodopa CR
Pramipexole
Ropinirole
Selegiline
Trihexyphenidyl

SINEMET; **PARCOPA NON-FORMULARY**
SINEMET CR
MIRAPEX
REQUIP; **REQUIP XL NON-FORMULARY**
SELEGILINE, **ZELAPAR AND EMSAM NON-FORMULARY**
ARTANE

Muscle Relaxant Agents

Skeletal Muscle Relaxants

QL Baclufen
Carisoprodol

Chlorzoxazone
Cyclobenzaprine
Dantrolene Sodium
Methocarbamol
Orphenadrine Citrate
Orphenadrine/Aspirin/Caffeine

LIORESAL
SOMA, LIMITED TO #120/MONTH; **250 STRENGTH NON-FORMULARY**
PARAFON DSC
FLEXERIL
DANTRIUM
ROBAXIN
NORFLEX
NORGESIC

Psychotherapeutic Agents

Tricyclic Antidepressant Agents

Amitriptyline
Amoxapine
Desipramine
Doxepin
Imipramine
Maprotiline
Nortriptyline
Protriptyline

ELAVIL
ASENDIN
NORPRAMIN
SINEQUAN
TOFRANIL, **TOFRANIL PM NON-FORMULARY**
LUDIOMIL
PAMELOR
VIVACTIL

S.S.R.I. Agents

Citalopram
Fluoxetine Capsules

CELEXA
PROZAC CAPSULES (10MG, 20MG ONLY), **TABLETS NON-FORMULARY**
LUVOX
PAXIL
ZOLOFT

Fluvoxamine
Paroxetine
Sertraline

S.N.R.I. Agents

QL Duloxetine
QL Venlafaxine

QL Venlafaxine Extended Release

CYMBALTA , LIMITED TO #60/MONTH
EFFEXOR, LIMITED TO #60/MONTH IF DOSE ≤ 200MG/DAY,
LIMITED TO #90/MONTH OF DOSE > 200MG/DAY
EFFEXOR XR, LIMITED TO #30/MONTH **VENLAFAXINE
EXTENDED RELEASE TABLETS NON-FORMULARY**

M.A.O. Inhibitor Agents

Phenelzine
Tranylcypromine

NARDIL
PARNATE

Miscellaneous Antidepressant Agents

Bupropion
Bupropion SR

WELLBUTRIN, **APLENZIN NON-FORMULARY**
WELLBUTRIN SR, **APLENZIN NON-FORMULARY**

	Bupropion XL Clomipramine Mirtazapine	WELLBUTRIN XL, ALENZIN NON-FORMULARY ANAFRANIL REMERON TAB, SOLTABS AND 7.5MG TABLETS NON-FORMULARY
MD, QL	Trazodone Nefazodone	DESYREL SERZONE, RESTRICTED TO PSYCHIATRY, LIMITED TO #60/MONTH
Antimanic Agents		
	Lithium Carbonate	ESKALITH LITHOBID
Benzodiazepines		
QL	Alprazolam	XANAX, LIMITED TO #90/MONTH; XANAX XR, NIRAVAM, AND ALPRAZOLAM INTENSOL NON-FORMULARY
QL	Clorazepate	TRANXENE, LIMITED TO #90/MONTH
QL	Chlordiazepoxide	LIBRIUM, LIMITED TO #90/MONTH
QL	Diazepam	VALIUM, LIMITED TO #90/MONTH, DIASTAT NON-FORMULARY
QL	Flurazepam	DALMANE, LIMITED TO #30/MONTH
QL	Lorazepam	ATIVAN, LIMITED TO #90/MONTH; LORAZEPAM ORAL CONCENTRATE NON-FORMULARY
QL	Temazepam	RESTORIL, LIMITED TO #30/MONTH; 22.5MG STRENGTH NON-FORMULARY
QL	Triazolam	HALCION, LIMITED TO #30/MONTH
Antipsychotic Agents		
QL	Asenapine	SAPHRIS, LIMITED TO #60 PER MONTH
QL	Aripiprazole	ABILIFY, LIMITED TO #30 PER MONTH DISCMELOTS NON-FORMULARY
	Chlorpromazine	THORAZINE
	Clozapine	CLOZARIL
	Fluphenazine	PROLIXIN
	Haloperidol	HALDOL, HALDOL DECANOATE-VIALS ONLY
	Loxapine	LOXITANE
	Molindone	MOBAN
QL	Olanzapine	ZYPREXA, LIMITED TO #60/MONTH
QL		ZYPREXA ZYDIS, LIMITED TO #60/MONTH
		ZYPREXA INJECTION
		ZYPREXA RELPREVV
	Perphenazine	TRILAFON
	Pimozide	ORAP
QL	Quetiapine	SEROQUEL, LIMITED TO #90/MONTH, 25MG STRENGTH NON-FORMULARY. 25MG STRENGTH NOT COVERED FOR INSOMNIA, SUBMIT PA FOR OTHER INDICATIONS.
QL	Risperidone	RISPERDAL, LIMITED TO #60/MONTH
	Thioridazine	MELLARIL
	Thiothixene	NAVANE
	Trifluoperazine	STELAZINE
QL	Ziprasidone	GEODON, LIMITED TO #60/MONTH
Antipsychotic/SSRI Combination Agents		
QL	Olanzapine/Fluoxetine HCl	SYMBYAX, LIMITED TO #30/MONTH
Miscellaneous Anxiolytics, Sedatives, and Hypnotics		
	Buspirone	BUSPAR 7.5MG STRENGTH NON-FORMULARY
	Chloral Hydrate	NOCTEC
	Hydroxyzine	ATARAX
	Hydroxyzine Pamoate	VISTARIL
	Promethazine	PHENERGAN

CARDIOVASCULAR/BLOOD AGENTS

Antiarrhythmic Agents

Antidysrhythmic Drug Agents

Amiodarone	CORDARONE; 100MG STRENGTH NON-FORMULARY
Disopyramide	NORPACE
Disopyramide CR	NORPACE CR
Flecainide	TAMBOCOR
Mexiletine	MEXITIL
Procainamide	PRONESTYL
Procainamide SR	PROCAN SR
	PROCANBID
Propafenone	RYTHMOL
Quinidine Gluconate	QUINAGLUTE
Quinidine Polygalacturonate	CARDIOQUIN
Quinidine Sulfate	CIN-QUIN
Quinidine Sulfate SR	QUINIDEX
Sotalol	BETAPACE

Antihypertensive Agents

Alpha-Adrenergic Antagonist Antihypertensive Agents

Reserpine	SERPASIL
-----------	----------

Beta-Adrenergic Antagonist Agents

Atenolol	TENORMIN
Metoprolol Succinate	TOPROL XL
Metoprolol Tartrate	LOPRESSOR
Nadolol	CORGARD
Pindolol	VISKEN
Propranolol	INDERAL
Propranolol LA	INDERAL LA

Combination Alpha-Beta Antagonist Agents

Carvedilol	COREG; COREG CR NON-FORMULARY
Labetalol	NORMODYNE
	TRANDATE

Angiotensin Converting Enzyme Inhibitor Agents

Benazepril	LOTENSIN
Captopril	CAPOTEN
Enalapril	VASOTEC
Lisinopril	PRINIVIL
	ZESTRIL

Angiotensin Receptor Blocker Agents

	Irbesartan	AVAPRO
	Losartan	COZAAR
	Telmisartan	MICARDIS
SE, QL	Olmesartan	BENICAR, STEP THERAPY , LIMITED TO #30/MONTH, RESTRICTED TO USE AFTER A TRIAL OF LOSARTAN OR LOSARTAN/HCTZ IN THE PAST 90 DAYS
SE, QL	Valsartan	DIOVAN, STEP THERAPY , LIMITED TO #60/MONTH, RESTRICTED TO USE AFTER A TRIAL OF LOSARTAN OR LOSARTAN/HCTZ IN THE PAST 90 DAYS

Calcium Channel Blocking Agents

Amlodipine
Diltiazem
Diltiazem SR
Diltiazem CD
Felodipine
Nifedipine, Sustained Release
Verapamil
Verapamil LA Tablets
Verapamil SR Capsules

NORVASC, LIMITED TO #30/MONTH
CARDIZEM
CARDIZEM SR; **CARDIZEM LA NON-FORMULARY**
CARTIA XT
PLENDIL, LIMITED TO #30/MONTH
ADALAT CC
CALAN
CALAN SR; **COVERA-HS NON-FORMULARY**
VERELAN

Centrally Acting Antihypertensive Agents

Clonidine
Guanfacine
Methyldopa

CATAPRES
TENEX
ALDOMET

Combination Antihypertensive Agents

Atenolol/Chlorthalidone
Benazepril/HCTZ
Bisoprolol/HCTZ
Captopril/HCTZ
Enalapril/HCTZ
Lisinopril/HCTZ

TENORETIC
LOTENSIN HCT
ZIAC
CAPOZIDE
VASORETIC
ZESTORETIC
PRINZIDE

SE, QL
Losartan/HCTZ
Olmesartan/HCTZ

HYZAAR,
BENICAR HCT, **STEP THERAPY**, LIMITED TO #30/MONTH,
RESTRICTED TO USE AFTER A TRIAL OF LOSARTAN OR
LOSARTAN/HCTZ IN THE PAST 90 DAYS

SE, QL
Valsartan/HCTZ

DIOVAN HCT, **STEP THERAPY**, LIMITED TO #30/MONTH,
RESTRICTED TO USE AFTER A TRIAL OF LOSARTAN OR
LOSARTAN/HCTZ IN THE PAST 90 DAYS

Drugs for Pheochromocytoma

PA
Phenoxybenzamine

DIBENZYLINE, **PA REQUIRED**

Potassium-Sparing Diuretics

Spirolactone
Spirolactone/HCTZ
Triamterene
Triamterene 37.5mg/HCTZ 25mg
Triamterene 37.5mg/HCTZ 25mg
Triamterene 75mg/HCTZ 50mg

ALDACTONE
ALDACTAZIDE
DYRENIUM
DYAZIDE
DYAZIDE
MAXZIDE 50

Loop Diuretics

Bumetanide
Furosemide

BUMEX
LASIX

Thiazide and Related Diuretics

Chlorthalidone
Hydrochlorothiazide (HCTZ)
Indapamide
Metolazone

HYGROTON
HYDRODIURIL
LOZOL
ZAROXOLYN

Vasodilator Antihypertensive Agents

Doxazosin Mesylate
Hydralazine
Minoxidil
Prazosin
Terazosin

CARDURA; **CARDURAL XL NON-FORMULARY**
APRESOLINE
LONITEN
MINIPRESS
HYTRIN

Antilipemic Agents

Atorvastatin
Cholestyramine/Aspartame
Cholestyramine/Sucrose

LIPITOR
QUESTRAN LIGHT
QUESTRAN

Gemfibrozil
Lovastatin
Niacin
Pravastatin
Niacin, Delayed Release
Niacin/Lovastatin
Simvastatin

LOPID
MEVACOR
NIACIN
PRAVACHOL
NIASPAN
ADVICOR
ZOCOR, 80MG STRENGTH RESTRICTED TO PRIOR USE OF
80MG DUE TO MYOPATHY RISK; ALL OTHER STRENGTHS
FORMULARY

Blood Agents

Coagulants and Anticoagulants

QL Enoxaparin
Warfarin Sodium

LOVENOX, LIMITED TO #20/FILL TIMES 3
COUMADIN

Hemorheologic Agents

Pentoxifylline

TRENTAL

Cardiac Glycoside Agents

Digoxin

LANOXIN; LANOXICAPS NON-FORMULARY

Antiplatelet Agents

Cilostazole
Clopidogrel
Dipyridamole
Pasugrel

PLETAL
PLAVIX
PERSANTINE
EFFIENT

Vasodilating Agents

Isosorbide Dinitrate
Isosorbide Dinitrate SR
Isosorbide Mononitrate
Isosorbide Dinitrate ER
Nitroglycerin Ointment
Nitroglycerin Patches
Nitroglycerin Spray
Nitroglycerin Sublingual
Isosorbide Mononitrate

SE

ISORDIL; **CHEW TABLETS NON-FORMULARY**
DILATRATE SR
ISOSORBIDE MONONITRATE
ISOSORBIDE MONONITRATE
NITROL
NITRO-DUR
NITROLINGUAL SPRAY
NITROSTAT SL
IMDUR, **STEP THERAPY**, RESTRICTED TO USE AFTER A TRIAL
OF ISOSORBIDE DINITRATE OR ISOSORBIDE DINITRATE SR IN
THE PAST 90 DAYS

GASTROINTESTINAL AGENTS

Antidiarrheal Agents

Attapulgite
Bismuth Subsalicylate
Diphenoxylate/Atropine
Kaolin/Pectin

PAREPECTOLIN
PEPTO BISMOL
LOMOTIL
KAOPECTATE

Loperamide

IMODIUM

Antiemetic Agents

Meclizine	ANTIVERT
Metoclopramide	REGLAN
Ondansetron ODT Tablets	ZOFRAN ODT
Ondansetron Tablets	ZOFRAN TABLETS
Ondansetron Solution	ZOFRAN SOLUTION
Prochlorperazine Maleate	COMPAZINE
	COMPAZINE SPANSULES NOT COVERED
Promethazine	PHENERGAN
Trimethobenzamide	TIGAN

Antimuscarinic/Antispasmodic Agents

Belladonna/Phenobarbital (Extentabs, Capsules Not Covered)	DONNATAL
Chlordiazepoxide/Clidinium	CHLORDIAZEPOXIDE/CLIDINIUM
Dicyclomine	BENTYL
Hyoscyamine Sulfate	LEVBID
	LEVSIN
	LEVSIN SL

Antiulcer/Antipeptic Agents

Antacid Mg OH/Al OH	MAALOX, TC
Antacid Mg OH/Al OH/Simethicone	MYLANTA I, II
Lansoprazole 15mg OTC	PREVACID 24HR, LEGEND LANSOPRAZOLE NON-FORMULARY
Misoprostol	CYTOTEC
Omeprazole 20mg and 40mg	PRILOSEC 20MG AND 40MG, OTHER STRENGTHS NON-FORMULARY
Omeprazole Magnesium	PRILOSEC OTC
Pantoprazole Tablets	PROTONIX
Simethicone	MYLICON
Sucralfate	CARAFATE

Bowel Evacuant Agents

QL	Bowel Evacuation Prep Kits	FLEET PREP KIT 1, LIMITED TO #2 KITS/MONTH AND 4 FILLS PER YEAR FLEET PREP KIT 2, LIMITED TO #2 KITS/MONTH AND 4 FILLS PER YEAR FLEET PREP KIT 3, LIMITED TO #2 KITS/MONTH AND 4 FILLS PER YEAR
QL	Enema	FLEET ENEMA, LIMITED TO #2 ENEMAS/MONTH AND 4 FILLS PER YEAR
QL	Oral Colon Lavage Solution	COLYTE
QL	Oral Saline Laxative	FLEET PHOSPHO-SODA, LIMITED TO #2 BOTTLES/MONTH AND 4 FILLS PER YEAR

Digestive Enzymes

Amylase/Lipase/Protease	PANCRELIPASE 5,000
Amylase/Lipase/Protease	CREON
Amylase/Lipase/Protease	PANCREAZE

Gallstone Solubilizing Agents

Ursodiol	ACTIGALL
----------	----------

Gastrointestinal Stimulant Agents

Metoclopramide REGLAN

H₂ Antagonist Agents

Cimetidine TAGAMET
Famotidine PEPCID
Ranitidine ZANTAC (TABLETS ONLY)

Laxative Agents

QL Bisacodyl Suppositories DULCOLAX, LIMITED TO #30/MONTH
Docusate Sodium Capsules COLACE
QL Lactulose CEPHULAC, LIMITED TO 4L/MONTH
QL Sennosides CHRONULAC, LIMITED TO 4L/MONTH
SENNA

Miscellaneous Gastrointestinal Supplies

Ostomy Supplies

Miscellaneous Gastrointestinal Agents

Mesalamine DELZICOL
ROWASA
Olsalazine DIPENTUM
Sulfasalazine AZULFIDINE
PA Budesonide ENTOCORT EC, PA REQ

ANTI-INFECTIVE AGENTS

Amebicides

Metronidazole FLAGYL; FLAGYL ER NON-FORMULARY
Iodoquinol (Diiodohydroxyquin) YODOXIN

Antihelmintic Agents

Albendazole ALBENZA
Furazolidone FUROXONE
Mebendazole VERMOX
Praziquantel BILTRICIDE

Antibiotic Agents

Aminoglycosides

Neomycin Sulfate MYCIFRADIN

Cephalosporins

QL Cefaclor CECLOR
Cefadroxil DURICEF
Cefdinir OMNICEF
Cefixime SUPRAX, LIMITED TO #1 X 400MG/FILL
Cefuroxime Tablets CEFTIN

	Cephalexin	KEFLEX; 750MG STRENGTH NON-FORMULARY
QL	Macrolide Antibiotic Agents Azithromycin	ZITHROMAX, LIMITED TO A 5-DAY SUPPLY; ZMAX NON-FORMULARY
	Erythromycin Base	ERY-TAB PCE ERYPED SUSPENSION
PA	Erythromycin Stearate Erythromycin Ethylsuccinate Erythromycin/Sulfisoxazole Clarithromycin	ERYTHROCIN EES PEDIAZOLE BIAXIN, PA REQ
	Miscellaneous Antibiotic Agents Clindamycin Metronidazole	CLEOCIN FLAGYL
	Penicillins Amoxicillin	AMOXIL TRIMOX
	Amoxicillin/Potassium Clavulanate Ampicillin Dicloxacillin Penicillin VK (125mg Tablets Not Covered)	AUGMENTIN PRINCIPEN DYNAPEN PEN VK
QL	Quinolones Ciprofloxacin tablets	CIPRO TABLETS ONLY, LIMITED TO 21-DAY SUPPLY; CIPRO XR AND PROQUIN XR NONFORMULARY
QL	Moxifloxacin	AVELOX, LIMITED TO 21-DAY SUPPLY
	Sulfonamide Agents Erythromycin/Sulfisoxazole Sulfamethoxazole/Trimethoprim (SMZ/TMP) Sulfisoxazole Sulfadiazine Trimethoprim	PEDIAZOLE BACTRIM SEPTRA GANTRISIN SULFADIAZINE TRIMPEX
	Tetracyclines Doxycycline	VIBRAMYCIN VIBRA-TABS DORYX, PERIOSTAT, AND ORACEA NON-FORMULARY
	Minocycline Tetracycline	MINOCIN ACHROMYCIN V SUMYCIN
	Antifungal Agents Clotrimazole Fluconazole Griseofulvin Ultramicrosized	MYCELEX TROCHE DIFLUCAN GRIS-PEG FULVICIN P/G
	Ketoconazole Nystatin (Oral Powder Not Covered) Terbinafine Tablets	NIZORAL MYCOSTATIN LAMISIL TABLETS
	Antimalarial Agents Atovaquone/Proguanil Chloroquine Phosphate Hydroxychloroquine Iodoquinol	MALARONE CHLOROQUINE PHOSPHATE PLAQUENIL YODOXIN

Mefloquine
Primaquine
Pyrimethamine
Quinine (260mg Not Covered)

LARIAM
PRIMAQUINE
DARAPRIM
QUININE

Antituberculosis Agents

Ethambutol
Isoniazid
Pyrazinamide
Rifabutin
Rifampin

MYAMBUTOL
ISONIAZID
PYRAZINAMIDE
MYCOBUTIN
RIFADIN

Anti-Ulcer Eradication Agents

QL Amoxicillin/Clarithromycin/Lansoprazole
QL Tetracycline/Bismuth/Metronidazole

PREVPAC, LIMITED TO 14-DAY SUPPLY/YEAR
HELIDAC, LIMITED TO 14-DAY SUPPLY/YEAR

Other Antiviral Agents

Amantadine
Acyclovir Oral
Oseltamivir

Rimantadine
Zanamivir

SE Valacyclovir
Famciclovir

Nirmatrelvir/Ritonavir
Molnupiravir
Tecovirimat Oral

SYMMETREL
ZOVIRAX ORAL
TAMIFLU, QTY LIMITED TO A 5-DAY COURSE OF TREATMENT
OF EITHER TAMIFLU OR RELENZA PER 6 MONTHS
FLUMADINE
RELENZA, QTY LIMITED TO A 5-DAY COURSE OF TREATMENT
OF EITHER RELENZA OR TAMIFLU PER 6 MONTHS
VALTREX
FAMVIR, **STEP THERAPY**, RESTRICTED TO USE AFTER A TRIAL
OF ACYCLOVIR IN THE PAST 90 DAYS
PAXLOVID (EUA)
LAGEVRIO (EUA)
TPOXX (NATIONAL STOCKPILE)

Leprostatic Agents

Clofazimine
Dapsone

LAMPRENE
DAPSONE; **ACZONE NON-FORMULARY**

RESPIRATORY/EENT AGENTS

Antihistamine Agents

Single Entity Alkylamine Agents

Chlorpheniramine
Dexchlorpheniramine

CHLORTRIMETON
POLARAMINE

Single Entity Ethanolamine Agents

Cyproheptadine
Diphenhydramine

PERIACTIN
BENADRYL

Non-Sedating Single Entity Agents

Cetirizine, OTC
Fexofenadine
Loratadine, OTC

CETIRIZINE, OTC
FEXOFENADINE
LORATADINE, OTC

Miscellaneous Antihistamine Agents

Hydroxyzine
Hydroxyzine Pamoate
Promethazine

ATARAX
VISTARIL
PHENERGAN

Antihistamine/Decongestant Combination Agents

Antihistamine/Decongestant Agents

Bromphen/Pseudoephedrine	BROMFED BROMFED PD
Guaifenesin/Pseudoephedrine	GUAIFED-PD
Pseudoephedrine/Chlorpheniramine	DECONAMINE SR

Antitussive Agents

Non-Narcotic Antitussive Agents

Benzonatate	TESSALON
Dextromethorphan	TUSSIN PEDIATRIC
Promethazine/Dextromethorphan	PHENERGAN W/DEXTROMETHORPHAN

Narcotic Antitussive Agents

Codeine/Chlorpheniramine/ Pseudoephedrine	NOVAHISTINE DH
Guaifenesin/Codeine	ROBITUSSIN A-C
Guaifenesin/Codeine/Pseudoephedrine	NOVAHISTINE EXPECTORANT ROBITUSSIN DAC
Phenylephrine/Hydrocodone/ Chlorpheniramine	HISTUSSIN HC ENDAL-HD
Promethazine/Codeine	PHENERGAN/CODEINE
Promethazine/Phenylephrine/Codeine	PHENERGAN VC/CODEINE
Terpin Hydrate/Codeine	TERPIN HYDRATE/CODEINE
Triprolidine/Pseudoephedrine/Codeine	ACTIFED/CODEINE

Decongestants

Pseudoephedrine	SUDAFED
-----------------	---------

Asthma/COPD Agents

Inhaled Sympathomimetic (Adrenergic) Agents

QL	Albuterol HFA	PROVENTIL HFA , LIMITED TO #2 INHALERS/MONTH, PROAIR HFA, VENTOLIN HFA, AND XOPENEX HFA NON-FORMULARY.
QL	Albuterol/Ipratropium	COMBIVENT RESPIMAT, LIMITED TO #1 INHALER/MONTH
QL	Formoterol	FORADIL, LIMITED TO #60/MONTH
QL	Ipratropium	ATROVENT HFA
QL	Pirbuterol Acetate	MAXAIR, LIMITED TO #2 INHALERS/MONTH MAXAIR AUTOHALER, LIMITED TO #2 INHALERS/MONTH
QL	Salmeterol	SEREVENT, LIMITED TO #1 INHALER/MONTH OR #60 BLISTERS/MONTH
SE, QL	Mometasone/Formoterol	DULERA, STEP THERAPY , RESTRICTED TO USE AFTER A TRIAL OF ORAL INHALED STEROID (IF ASTHMA), ANTICHOLINERGIC, OR ANTICHOLINERGIC/LABA IN THE PAST 90 DAYS, LIMITED TO #1 INHALER/MONTH
SE, QL	Salmeterol/Fluticasone	ADVAIR DISKUS 250/50 STRENGTH ONLY, STEP THERAPY , RESTRICTED TO COPD AFTER A TRIAL ANTICHOLINERGIC OR LABA IN THE PAST 90 DAYS, LIMITED TO #1 INHALER/MONTH

Oral Sympathomimetic (Adrenergic) Agents

Albuterol	PROVENTIL
Albuterol E.R.	PROVENTIL REPETABS
	VOLMAX
Metaproterenol Oral	ALUPENT
Terbutaline Sulfate	BRETHINE BRICANYL

Inhaled Oral Corticosteroid Agents

QL	Beclomethasone Inhaler	QVAR REDHALER, LIMITED TO #2 INHALERS/MONTH
QL	Mometasone Inhaler	ASMANEX, LIMITED TO #2 INHALERS/MONTH
	Leukotriene Receptor Antagonists	
QL	Montelukast	SINGULAIR, LIMITED TO #30/MONTH
	Respiratory Smooth Muscle Relaxant Agents	
	Aminophylline 150mg/5ml	
	Aminophylline Suppositories	
	Theophylline, 80mg/15cc (Alcohol Free)	SLO-PHYLLIN 80
	Theophylline	SLO-PHYLLIN
	Theophylline, Sustained Release	THEO-DUR, SLO-BID, UNIPHYL

Expectorant Agents

Guaifenesin	ROBITUSSIN
Guaifenesin/Dextromethorphan	ROBITUSSIN DM
Guaifenesin/Phenylephrine	ENDAL
Guaifenesin/Pseudoephedrine	ZEPHREX LA
Phenylephrine/Promethazine	PHENERGAN VC
Phenylephrine/Guaifenesin	RESCON GC
Potassium Iodide	SSKI

Mucolytic Agents

Acetylcysteine	MUCOMYST
----------------	----------

Eye, Ear, Nose and Throat (EENT) Preparations

Ophthalmic Antibiotic Agents

Bacitracin	BACITRACIN
Dexamethasone/Polymyxin/Neomycin	MAXITROL
Erythromycin Base	ILOTYCIN
Gentamicin	GARAMYCIN
Gentamicin/Prednisolone	PRED-G
Hydrocortisone/Neomycin/Polymyxin	CORTISPORIN OPHTHALMIC
Neomycin/Gramicidin/Polymyxin	NEOSPORIN OPHTHALMIC
Ofloxacin	OCUFLOX
Polymixin B Sulfate/TMP	POLYTRIM
Tobramycin	TOBREX

Ophthalmic Anti-Inflammatory Agents, Corticosteroid

Fluorometholone	EFLONE
	FML
	FML FORTE
Prednisolone Acetate	PRED MILD OPHTHALMIC
	PRED FORTE
Prednisolone Phosphate	INFLAMASE
	INFLAMASE FORTE

Ophthalmic Anti-Inflammatory Agents, NSAIDs

Flurbiprofen Sodium	OCUFEN
Diclofenac Sodium	VOLTAREN
Ketorolac Tromethamine	ACULAR

Ophthalmic Antiviral Agents

Trifluridine Ophthalmic Solution	VIROPTIC
----------------------------------	----------

Ophthalmic Beta Blockers

Levobunolol	BETAGAN
Timolol	TIMOPTIC

Ophthalmic Miotic Agents

Brimonidine
Dorzolamide
Dorzolamide/Timolol
Echothiophate Iodide
Pilocarpine

ALPHAGAN
ALPHAGAN P
TRUSOPT
COSOPT
PHOSPHOLINE IODIDE
PILOCAR
OCUSERT NOT COVERED

Ophthalmic Mydriatic Agents

Atropine Sulfate
Dipivefrin
Tropicamide

ISOPTO ATROPINE
PROPINE
MYDRIACYL

Ophthalmic Sulfonamide Agents

Sulfacetamide

BLEPH-10
SODIUM SULAMYD
BLEPHAMIDE
METIMYD

Sulfacetamide 10%/Prednisolone 0.2%
Sulfacetamide 10%/Prednisolone 0.5%

Miscellaneous Ophthalmic Agents

Ketotifen
Latanoprost
Naphazoline
Naphazoline/Pheniramine

ZADITOR OTC, ALAWAY
XALATAN
ALBALON
NAPHCN-A

Otic Anti-Infective Agents

Acetic Acid
Acetic Acid 2%
Acetic Acid 2%/Hydrocortisone 1%
Hydrocortisone/Neomycin/Polymyxin
Ofloxacin

VOSOL
DOMEBORO
VOSOL HC
CORTISPORIN
FLOXIN OTIC

Miscellaneous Otic Agents

Benzocaine/Antipyrine
Carbamide Peroxide/Glycerin

AURALGAN
DEBROX

Inhaled/Oral EENT Agents

Inhaled Nasal Agents

Fluticasone, Nasal
Triamcinolone, Nasal
Ipratropium, Nasal

FLONASE
NASACORT
ATROVENT, LIMITED TO #2 DEVICES/MONTH

QL

Carbonic Anhydrase Inhibitor Agents

Acetazolamide
Acetazolamide SA
Methazolamide

DIAMOX
DIAMOX SEQUELS
NEPTAZANE

Local Anesthetic Agents

Benzocaine/Antipyrine Otic
Lidocaine Solution
Lidocaine, Viscous
Triamcinolone 0.1% in Orabase

AURALGAN
XYLOCAINE
VISCIOUS XYLOCAINE
KENALOG IN ORABASE

Miscellaneous EENT Agents

Carbachol
Chlorhexidine Gluconate
Cromolyn Ophthalmic Solution
Epinephrine Injection
Optichamber
Sodium Chloride for Inhalation
Triethanolamine

ISOPTO CARBACHOL
PERIDEX
CROLOM
EPIPEN
OPTICHAMBER, LIMITED TO #2/YEAR
GENERIC
CERUMENEX

QL

DIABETES AND THYROID AGENTS

Oral Diabetes Agents

Sulfonylureas

Glipizide	GLUCOTROL
Glipizide L.A.	GLUCOTROL XL
Glyburide	DIABETA, GLYNASE
	MICRONASE
Glimepiride	AMARYL
Chlorpropamide	DIABINESE
Tolazamide	TOLINASE
Tolbutamide	ORINASE

Non-Sulfonylureas

	Acarbose	PRECOSE
	Metformin	GLUCOPHAGE
	Metformin ER	GLUCOPHAGE XR
SE, QL	Pioglitazone	ACTOS
	Alogliptin	NESINA, STEP THERAPY , RESTRICTED TO USE AFTER A TRIAL OF METFORMIN IN THE PAST 365 DAYS , LIMITED TO 30 TABLETS/MONTH
SE, QL	Sitagliptin	JANUVIA, STEP THERAPY , RESTRICTED TO USE AFTER A TRIAL OF METFORMIN IN THE PAST 365 DAYS , LIMITED TO 30 TABLETS/MONTH

Combination Diabetes Agents

	Glipizide/Metformin	METAGLIP
SE, QL	Glyburide/Metformin	GLUCOVANCE
	Alogliptin/Metformin	KAZANO, STEP THERAPY , RESTRICTED TO USE AFTER A TRIAL OF METFORMIN OR ALOGLIPTIN IN THE PAST 365 DAYS, LIMITED TO 60 TABLETS/MONTH
SE, QL	Sitagliptin/Metformin	JANUMET, STEP THERAPY , RESTRICTED TO USE AFTER A TRIAL OF METFORMIN OR JANUVIA IN THE PAST 365 DAYS, LIMITED TO 60 TABLETS/MONTH
SE, QL	Sitagliptin/Metformin Extended Release	JANUMET XR, STEP THERAPY , RESTRICTED TO USE AFTER A TRIAL OF METFORMIN OR JANUVIA IN THE PAST 365 DAYS, LIMITED TO 30 TABLETS/MONTH EXCEPT JANUMET XR 50-1000, WHICH IS LIMITED TO 60 TABLETS/MONTH

Insulin Agents

Insulin	ALL LILLY INSULINS, VIALS ONLY
Insulin Lispro	HUMALOG, HUMALOG MIX, VIALS AND PENS
Insulin Glargine	LANTUS, VIALS ONLY

Miscellaneous Diabetes Agents

Glucagon	GLUCAGON
----------	----------

Thyroid Agents

Levothyroxine	LEVOTHROID
Liotrix	THYROLAR
Liothyronine	CYTOMEL
Thyroid, Desiccated	ARMOUR THYROID
	LEVOXYL

Antithyroid Agents

Methimazole
Propylthiouracil

SYNTHROID

TAPAZOLE
PROPYLTHIOURACIL

HORMONE AGENTS

Oral Adrenal Corticosteroid Agents

Cortisone Acetate
Dexamethasone
Fludrocortisone Acetate
Hydrocortisone Oral
Methylprednisolone
Prednisone

CORTONE
DECADRON
FLORINEF
CORTEF
MEDROL
DELTASONE
ORASONE
MEDROL DOSEPAK
PEDIAPRED
PRELONE

Prednisolone

Androgen Agents

Danazol
Fluoxymesterone
Methyltestosterone

DANOCRINE
HALOTESTIN
ANDROID
METANDREN

Bone Resorption Inhibitors

QL Alendronate

FOSAMAX,
70MG AND 35MG LIMITED TO #4/MONTH;
5MG, 10MG, AND 40MG LIMITED TO #30/MONTH;
SOLUTION LIMITED TO #300ML/MONTH
FOSAMAX PLUS D NONFORMULARY
MIACALCIN NS, **PA REQ**

PA Calcitonin

Parathyroid Hormone

PA, QL Teriparatide

FORTEO, **PA REQ**, LIMITED TO 1 PEN/MONTH

Estrogen Agents

Conjugated Estrogens
Conjugated Estrogens, Vaginal
Estradiol
Estradiol Patches

PREMARIN
PREMARIN VAGINAL CREAM
ESTRACE
ALORA
CLIMARA
ESTRADERM
VIVELLE

Estrogen/Medroxyprogesterone

VIVELLE DOT
PREMPRO, PREMPRO LOW DOSE
PREMPHASE

SE Esterified Estrogens/ Methyltestosterone
Estradiol/Vaginal Ring

ESTRATEST, ESTRATEST HS
ESTRING, **STEP THERAPY**, RESTRICTED TO USE AFTER A
TRIAL OF PREMARIN VAGINAL CREAM IN THE PAST 90 DAYS

Estrogen Agonist-Antagonists

Raloxifene

EVISTA

Contraceptives

Contraceptives are not a covered benefit.

Oxytocic Agents

Ergonovine Maleate	ERGOTRATE
Methylergonovine Maleate	METHERGINE

Pituitary Agents

Desmopressin	DDAVP
--------------	-------

Progestin Agents

Medroxyprogesterone	CYCRIN PROVERA
Norethindrone Acetate	AYGESTIN NORLUTATE

GENITOURINARY AGENTS

Urinary Anti-Infective Agents

Meth/Me Blue/PA/Salol/ATP/Hyos Nitrofurantoin (Tablets, Suspension Only)	URISED FURADANTIN
Trimethoprim	TRIMPEX

Urinary Anti-Spasmodic Agents

Pentosan	ELMIRON
Phenazopyridine	PYRIDIUM

Genitourinary Smooth Muscle Relaxant Agents

	Belladonna/Methylene Blue Oxybutynin	URISED DITROPAN DITROPAN XL NOT COVERED
ST, QL	Tolterodine	DETROL, STEP THERAPY , LIMITED TO #60/MONTH, RESTRICTED TO USE AFTER A TRIAL OF OXYBUTININ IN THE PAST 90 DAYS
ST, QL		DETROL LA, STEP THERAPY , LIMITED TO #30/MONTH, RESTRICTED TO USE AFTER A TRIAL OF OXYBUTININ IN THE PAST 90 DAYS

Parasympathomimetic (Cholinergic) Agents

Bethanechol	URECHOLINE
Neostigmine	PROSTIGMIN
Pyridostigmine	MESTINON

TOPICAL/MUCOUS MEMBRANE AGENTS

Keratolytic Agents

Anthralin	DRITHOCREME
	DRITHO-SCALP
Podofilox	CONDYLOX

Miscellaneous Skin/Mucous Membrane Agents

	Aluminum Acetate	BURROWS SOLUTION
	Aluminum Chloride Hexahydrate	DRYSOL
	Benzoyl Peroxide, OTC Generic	BENZOYL PEROXIDE, OTC GENERIC
	Calamine	CALAMINE LOTION
	Calcipotriene	DOVONEX
	Fluorouracil	EFUDEX
	Hydrocortisone 1% Rectal	PROCTOCORT
	Masoprocol	ACTINEX
PA	Becaplermin	REGRANEX, PA REQ
PA	Isotretinoin	ACCUTANE, PA REQ

Topical Antibiotic Agents

Bacitracin	BACITRACIN
Bacitracin/Polymixin/Neomycin	NEOSPORIN
Clindamycin Solution	CLEOCIN T
Erythromycin Topical	ERYGEL
	EMGEL
	T-STAT
Erythromycin/Benzoyl Peroxide	BENZAMYCIN
Gentamicin Sulfate	GARAMYCIN
Mupirocin	BACTROBAN
Silver Sulfadiazine	SILVADENE

Topical Antifungal Agents

Clotrimazole	LOTRIMIN
Clotrimazole/Betamethasone	LOTRISONE
Ciclopirox	LOPROX
Ketoconazole	NIZORAL
Miconazole Nitrate	MONISTAT-DERM
Nystatin	MYCOSTATIN
Terbinafine	LAMISIL
Tolnaftate	TINACTIN
Triamcinolone/Nystatin	MYCOLOG II

Vaginal Antifungal Agents

Butoconazole	FEMSTAT
Clotrimazole Cream/Vaginal Tablets	MYCELEX
	MYCELEX G
Nystatin	MYCOSTATIN
Miconazole Cream/Vaginal Tablets	MONISTAT
	MONISTAT 3
Triple Sulfa Cream	SULTRIN
Tioconazole	VAGISTAT-1

Vaginal Anti-Infective Agents

Metronidazole

METROGEL-VAGINAL

Topical Anti-Inflammatory Agents

LOW POTENCY

Fluocinolone 0.025%

Desonide

Hydrocortisone

Hydrocortisone Enema

Hydrocortisone Acetate

Hydrocortisone/Pramoxine

MEDIUM POTENCY

Betamethasone Dipropionate

Betamethasone Valerate 0.01%

Betamethasone Valerate 0.1%

Desoximetasone Cream/Gel 0.05%

Flurandrenolide

Hydrocortisone Valerate

Mometasone Furoate Cream

Triamcinolone

HIGH POTENCY

Betamethasone Dipropionate

Desoximetasone 0.25%

Fluocinonide

Fluocinolone Acetonide 0.2%

VERY HIGH POTENCY

Augmented Betamethasone

Dipropionate

Clobetasol Cream, Gel, Solution,

Ointment

Diflorasone Diacetate

SYNALAR

TRIDESILON

HYTONE

CORTENEMA

CORTIFOAM

PROCTOCREAM-HC

DIPROSONE

MAXIVATE

VALISONE REDUCED STRENGTH

VALISONE

TOPICORT LP

CORDRAN

WESTCORT

ELOCON

ARISTOCORT

ARISTOCORT A NOT COVERED

KENALOG

DIPROLENE

TOPICORT

LIDEX

LIDEX E

SYNALAR

DIPROLENE AF

TEMOVATE

FLORONE

FLORONE-E

PSORCON

Topical Antipruritic and Local Anesthetic Agents

Lidocaine (Viscous and Spray Only)

Pramoxine/Hydrocortisone

Pramoxine

PA

Pimecrolimus

PA

Tacrolimus

XYLOCAINE

PROCTOFOAM HC

EPIFOAM

ELIDEL, **PA REQ**

PROTOPIC, **PA REQ**

Topical Antiviral Agents

Acyclovir Topical

ZOVIRAX OINTMENT

Topical Miscellaneous Anti-Infective Agents

Selenium Sulfide 2.5%

EXSEL

SELSUN

Sulfacetamide Lotion

SEBIZON

Scabicide/Pediculicide Agents

Crotamiton
Malathion
Permethrin

EURAX
OVIDE
ELIMITE
NIX

MISCELLANEOUS/UNCLASSIFIED AGENTS

Electrolyte Agents

Miscellaneous Agents

Calcium Acetate
Calcium Carbonate
Magnesium Oxide, OTC Generic

PHOS LO
TUMS
MAGNESIUM OXIDE, OTC GENERIC

Potassium Agents

Potassium Chloride 8mEq
Potassium Chloride
Potassium Chloride 10mEq
Potassium Chloride

MICRO-K
KAON-CL 10
K-DUR
MICRO-K 10

Potassium Chloride 20mEq
Potassium Chloride

K-DUR

<i>Potassium Chloride Effervescent Tablets</i>	
Potassium Chloride Tablets	K-LYTE
Potassium Chloride Tablets	K-LYTE CL DS
<i>Potassium Chloride Powders</i>	
Potassium Chloride Powder	K-LOR
<i>Potassium Chloride Liquids</i>	
Potassium Chloride Liquid	KAON-CL
<i>Potassium-Removing Resins</i>	
Sodium Polystyrene Sulfonate	KAYEXALATE

Heavy Metal Antagonist Agents

Penicillamine	CUPRIMINE
---------------	-----------

Vitamin Agents

Vitamin B-Complex Agents

Cyanocobalamin	VITAMIN B ₁₂ (ORAL FORMULATIONS ONLY)
Folic Acid	FOLIC ACID
Niacin	NIACIN
Pyridoxine	VITAMIN B ₆
Thiamine	VITAMIN B ₁

Vitamin D

Calcitriol	ROCALTROL
Ergocalciferol	DRISDOL

Vitamin K Activity Agents

Phytonadione	MEPHYTON
--------------	----------

Iron Agents

Ferrous Sulfate (Tablets, Liquid, Drops)	FEOSOL
--	--------

Diagnostic Testing

Blood Glucose Supplies

QL	Alcohol Swabs	LIMITED TO 200/MONTH
	Blood Glucose Monitoring Control Solution	BLOOD GLUCOSE MONITORING CONTROL SOLUTION, ROCHE PRODUCTS (E.G., ACCU-CHEK) ONLY
QL	Blood Glucose Test Strips	BLOOD GLUCOSE TEST STRIPS, ROCHE STRIPS (E.G., ACCU-CHEK) ONLY , LIMITED TO 100 STRIPS/MONTH FOR MEMBERS THAT ARE DIET-CONTROLLED OR ON ORAL AGENTS. MEMBERS ON INSULIN LIMITED TO 150 STRIPS/MONTH. LARGER QUANTITIES AVAILABLE VIA PRIOR AUTHORIZATION
	Glucometers	GLUCOMETERS, ROCHE METERS (E.G., ACCU-CHEK) ONLY
	Lancets	

Alcohol And Smoking Deterrent Agents

PA	Bupropion SR	ZYBAN, PA REQ
	Disulfiram	ANTABUSE
PA	Nicotine	NICORETTE GUM, PA REQ
PA		NICOTINE PATCH, PA REQ (OTC PATCHES ONLY)
PA		NICOTROL NASAL SPRAY, PA REQ

Gout Agents

	Allopurinol	ZYLOPRIM
QL	Colchicine	COLCRYS, LIMITED TO 1 TABLET/DAY. PATIENTS WHO FAIL 1 TABLET/DAY MAY RECEIVE 2 TABLETS/DAY.

Other Medical Supplies

Limited medical supplies are available through the pharmacy benefit. For additional information, contact MedImpact at (800) 788-2949. The following exceptions should be noted:

- Durable medical equipment (e.g., wheelchairs, walkers, canes, crutches) are filled through the medical benefit. Connect to Care does not provide coverage for contraceptive medical supplies (e.g., diaphragms, cervical caps, condoms).

INDEX

—A—

- ABILIFY, 13
- Acarbose, 24
- AC CUTANE, 27
- Acetaminophen, 11
- Acetaminophen/Codeine, 11
- Acetaminophen/Hydrocodone, 11
- Acetazolamide, 23
- Acetazolamide SA, 23
- Acetic Acid, 23
- Acetic Acid 2%, 23
- Acetic Acid 2%/Hydrocortisone 1%, 23
- Acetylcysteine, 22
- ACHROMYCIN V, 19
- ACTIFED/CODEINE, 21
- ACTIGALL, 18
- ACTINEX, 27
- ACTOS, 24
- ACULAR, 22
- Acyclovir Oral, 20
- Acyclovir Topical, 28
- ADALAT CC, 15
- ADVAIR DISKUS 250/50 STRENGTH ONLY, 21
- ADVICOR, 16
- ALAWAY, 23
- ALBALON, 23
- Albendazole, 18
- ALBENZA, 18
- Albuterol, 21
- Albuterol E.R., 21
- Albuterol HFA, 21
- Albuterol/Ipratropium, 21
- Alcohol And Smoking Deterrent Agents, 30
- Alcohol Swabs, 30
- ALDACTAZIDE, 15
- ALDACTONE, 15
- ALDOMET, 15
- Alendronate, 25
- Allopurinol, 30
- Alogliptin, 24
- ALORA, 25
- Alpha-Adrenergic Antagonist Antihypertensive Agents, 14
- ALPHAGAN, 23
- Alprazolam, 13
- Aluminum Acetate, 27
- Aluminum Chloride Hexahydrate, 27
- ALUPENT, 22
- Amantadine, 12, 20
- AMARYL, 24
- AMBIEN, 14
- Amebicides, 18
- AMERGE, 10
- Aminoglycosides, 18
- Aminophylline 150mg/5ml, 22
- Aminophylline Suppositories, 22
- Amiodarone, 14
- Amitriptyline, 12
- Amlodipine, 15
- Amoxapine, 12
- Amoxicillin, 19
- Amoxicillin/Clarithromycin/Lansoprazole, 20
- Amoxicillin/Potassium Clavulanate, 19
- AMOXIL, 19
- Ampicillin, 19
- Amylase/Lipase/Protease, 17
- ANAFRANIL, 13
- Analgesic and Anti-Inflammatory Agents, 10
- ANAPROX, 10
- ANAPROX DS, 10
- Androgen Agents, 25
- ANDROID, 25
- Angiotensin Converting Enzyme Inhibitor Agents, 14
- Angiotensin Receptor Blocker Agents, 14
- ANTABUSE, 30
- Antacid Mg OH/Al OH, 17
- Antacid Mg OH/Al OH/Simethicone, 17
- Anthralin, 27
- Antiarrhythmic Agents, 14
- Antibiotic Agents, 18
- Anticonvulsant Agents, 11
- Antidiarrheal Agents, 16
- Antidysrhythmic Drug Agents, 14
- Antiemetic Agents, 17
- Antifungal Agents, 19
- Antihelmintic Agents, 18
- Antihistamine Agents, 20
- Antihistamine/Decongestant Agents, 21
- Antihistamine/Decongestant Combination Agents, 21
- Antihypertensive Agents, 14
- ANTI-INFECTIVE AGENTS, 18
- Antilipemic Agents, 16
- Antimalarial Agents, 20
- Antimanic Agents, 13
- Antimuscarinic/Antispasmodic Agents, 17
- Antiparkinsonian Agents, 12
- Antiplatelet Agents, 16
- Antipsychotic Agents, 13
- Antipsychotic/SSRI Combination Agents, 13
- Antithyroid Agents, 25
- Antituberculosis Agents, 20
- Antitussive Agents, 21
- Anti-Ulcer Eradication Agents, 20
- Antiulcer/Antipeptic Agents, 17

ANTIVERT, 17
 Antiviral Agents, Other, 20
 APAP/Dichloralphenazone/Isometheptene, 10
 APRESOLINE, 15
 ARAVA, 10
 ARICEPT, 11
 Aripiprazole, 13
 ARISTOCORT, 28
 ARMOUR THYROID, 25
 ARTANE, 12
 Asenapine, 13
 ASENDIN, 12
 ASMANEX, 22
 ASPIRIN, 10
 Aspirin, 10
 Aspirin EC, 10
 Asthma/COPD Agents, 21
 ATARAX, 13, 21
 Atenolol, 14
 Atenolol/Chlorthalidone, 15
 ATIVAN, 13
 Atorvastatin, 16
 Atovaquone/Proguanil, 20
 Atropine Sulfate, 23
 ATROVENT, 23
 ATROVENT HFA, 21
 Attapulgate, 16
 Augmented Betamethasone Dipropionate, 28
 AUGMENTIN, 19
 AURALGAN, 23
 AVAPRO, 14
 AVELOX, 19
 AYGESTIN, 26
 Azithromycin, 19
 AZULFIDINE, 18

—B—

Bacitracin, 22, 27
 Bacitracin/Polymixin/Neomycin, 27
 Baclofen, 12
 BACTRIM, 19
 BACTROBAN, 27
 Barbiturate Anticonvulsants, 11
 Becaplermin, 27
 Beclomethasone Inhaler, 22
 Belladonna/Methylene Blue, 26
 Belladonna/Phenobarbital, 17
 BENADRYL, 20
 Benazepril, 14
 Benazepril/HCTZ, 15
 BENEMID, 31
 BENICAR, 14
 BENICAR HCT, 15
 BENTYL, 17
 BENZAMYCIN, 27
 Benzocaine/Antipyrine, 23
 Benzocaine/Antipyrine Otic, 23
 Benzodiazepine Anticonvulsants, 11

Benzodiazepines, 13
 Benzonatate, 21
 BENZOYL PEROXIDE, OTC GENERIC, 27
 Benzoyl Peroxide, OTC Generic, 27
 Bextropine Mesylate, 12
 Beta-Adrenergic Antagonist Agents, 14
 BETAGAN, 23
 Betamethasone Dipropionate, 28
 Betamethasone Valerate 0.01%, 28
 Betamethasone Valerate 0.1%, 28
 BETAPACE, 14
 Bethanechol, 26
 BIAVIN, 19
 BILTRICIDE, 18
 Bisacodyl Suppositories, 18
 Bismuth Subsalicylate, 16
 Bisoprolol/HCTZ, 15
 BLEPH-10, 23
 BLEPHAMIDE, 23
 Blood Agents, 16
 Blood Glucose Monitoring Control Solution, 30
 Blood Glucose Supplies, 30
 Blood Glucose Test Strips, 30
 Bone Resorption Inhibitors, 25
 Bowel Evacuant Agents, 17
 Bowel Evacuation Prep Kits, 17
 BRETHINE, 22
 BRICANYL, 22
 Brimonidine, 23
 BROMFED, 21
 Bromocriptine, 12
 Bromphen/Pseudoephedrine, 21
 Budesonide, 18
 Bumetanide, 15
 BUMEX, 15
 Bupropion, 13
 Bupropion SR, 13, 30
 Bupropion XL, 13
 BURROWS SOLUTION, 27
 BUSPAR, 13
 Buspirone, 13
 Butalbital/APAP/Caffeine, 10
 Butalbital/APAP/Caffeine/Codeine, 11
 Butalbital/Aspirin/Caffeine, 10
 Butalbital/Aspirin/Caffeine/Codeine, 11
 Butoconazole, 27
 Butorphanol NS, 11

—C—

CAFERGOT, 10
 Calamine, 27
 CALAMINE LOTION, 27
 CALAN, 15
 CALAN SR, 15
 Calcipotriene, 27
 Calcitonin, 25
 Calcitriol, 30
 Calcium Acetate, 29

Calcium Carbonate, 29
 Calcium Channel Blocking Agents, 15
 CAPOTEN, 14
 CAPOZIDE, 15
 Captopril, 14
 Captopril/HCTZ, 15
 CARAFATE, 17
 Carbachol, 23
 Carbamazepine, 11
 Carbamazepine Extended Release, 11
 Carbamide Peroxide/Glycerin, 23
 Carbidopa/Levodopa, 12
 Carbidopa/Levodopa CR, 12
 Carbonic Anhydrase Inhibitor Agents, 23
 Cardiac Glycoside Agents, 16
 CARDIOQUIN, 14
 CARDIOVASCULAR/BLOOD AGENTS, 14
 CARDIZEM, 15
 CARDIZEM SR, 15
 CARDURA, 15
 Carisoprodol, 12
 CARTIA XT, 15
 Carvedilol, 14
 CATAPRES, 15
 CECLOR, 18
 Cefaclor, 18
 Cefadroxil, 19
 Cefdinir, 19
 Cefixime, 19
 CEFTIN, 19
 Cefuroxime, 19
 CELEBREX, 10
 Celecoxib, 10
 CELEXA, 12
 CENTRAL NERVOUS SYSTEM AGENTS, 10
 Centrally Acting Antihypertensive Agents, 15
 Cephalixin, 19
 Cephalosporins, 18
 CEPHULAC, 18
 CERUMENEX, 24
 Cetirizine OTC, 20
 CETIRIZINE, OTC, 20
 Chloral Hydrate, 13
 Chlordiazepoxide, 13
 Chlordiazepoxide/Clidinium, 17
 Chlorhexidine Gluconate, 23
 CHLOROQUINE PHOSPHATE, 20
 Chloroquine Phosphate, 20
 Chlorpheniramine, 20
 Chlorpromazine, 13
 Chlorpropamide, 24
 Chlorthalidone, 15
 CHLORTRIMETON, 20
 Chlorzoxazone, 12
 Cholestyramine/Aspartame, 16
 Cholestyramine/Sucrose, 16
 CHRONULAC, 18
 Ciclopirox, 27
 Cilostazole, 16
 Cimetidine, 18
 CIN-QUIN, 14
 CIPRO, 19
 Ciprofloxacin tablets, 19
 Citalopram, 12
 Clarithromycin, 19
 CLEOCIN, 19
 CLEOCIN T, 27
 CLIMARA, 25
 Clindamycin, 19
 Clindamycin Solution, 27
 CLINORIL, 10
 Clobetasol Cream, Gel, Solution, Ointment, 28
 Clofazimine, 20
 Clomipramine, 13
 Clonazepam, 11
 Clonidine, 15
 Clopidogrel, 16
 Clorazepate, 13
 Clotrimazole, 19, 27
 Clotrimazole Cream/Vaginal Tablets, 27
 Clotrimazole/Betamethasone, 27
 Clozapine, 13
 CLOZARIL, 13
 Coagulants and Anticoagulants, 16
 Codeine/Aspirin, 11
 Codeine/Chlorpheniramine/Pseudoephedrine, 21
 COGENTIN, 12
 COLACE, 18
 Colchicine, 31
 COLCRYS, 31
 COLYTE, 17
 Combination Alpha-Beta Antagonist Agents, 14
 Combination Antihypertensive Agents, 15
 Combination Diabetes Agents, 24
 COMBIVENT RESPIMAT, 21
 COMPAZINE, 17
 CONDYLOX, 27
 Conjugated Estrogens, 25
 Conjugated Estrogens, Vaginal, 25
 CORDARONE, 14
 CORDRAN, 28
 COREG, 14
 CORGARD, 14
 CORTEF, 25
 CORTENEMA, 28
 CORTIFOAM, 28
 Cortisone Acetate, 25
 CORTISPORIN, 23
 CORTISPORIN OPHTHALMIC, 22
 CORTONE, 25
 COSOPT, 23
 COUMADIN, 16
 COZAAR, 14
 CREON, 17
 CROLOM, 23
 Cromolyn Ophthalmic Solution, 23
 Crotamiton, 29
 CUPRIMINE, 30

Cyanocobalamin, 30
Cyclobenzaprine, 12
CYCRIN, 26
CYMBALTA, 12
Cyproheptadine, 20
CYTOMEL, 24
CYTOTEC, 17

—D—

DALMANE, 13
Danazol, 25
DANOCRINE, 25
DANTRIUM, 12
Dantrolene Sodium, 12
DAPSONE, 20
Dapsone, 20
DARAPRIM, 20
DDAVP, 26
DEBROX, 23
DECADRON, 25
DECONAMINE SR, 21
Decongestants, 21
DELTASONE, 25
DELZICOL, 18
DEPAKENE, 11
DEPAKOTE, 11
Desipramine, 12
Desmopressin, 26
Desonide, 28
Desoximetasone 0.25%, 28
Desoximetasone Cream/Gel 0.05%, 28
DESYREL, 13
DETROL, 26
DETROL LA, 26
Dexamethasone, 25
Dexamethasone/Polymyxin/Neomycin, 22
Dexchlorpheniramine, 20
Dextromethorphan, 21
DIABETA, 24
DIABETES AND THYROID AGENTS, 24
DIABINESE, 24
Diagnostic Testing, 30
DIAMOX, 23
DIAMOX SEQUELS, 23
Diazepam, 13
DIBENZYLIN, 15
Diclofenac Sodium, 10, 22
Dicloxacillin, 19
Dicyclomine, 17
Diflorasone Diacetate, 28
DIFLUCAN, 19
Digestive Enzymes, 17
Digoxin, 16
Dihydroergotamine, 10
DILANTIN, 11
DILATRATE SR, 16
DILAUDID, 11
Diltiazem, 15

Diltiazem CD, 15
Diltiazem SR, 15
DIOVAN, 14
DIOVAN HCT, 15
DIPENTUM, 18
Diphenhydramine, 20
Diphenoxylate/Atropine, 17
Dipivefrin, 23
DIPROLENE, 28
DIPROLENE AF, 28
DIPROSONE, 28
Dipyridamole, 16
DISALCID, 10
Disopyramide, 14
Disopyramide CR, 14
Disulfiram, 30
DITROPAN, 26
Divalproex Sodium, 11
Divalproex Sodium Extended Release, 11
Docusate Sodium Capsules, 18
DOMEBORO, 23
Donepezil, 11
DONNATAL, 17
Dorzolamide, 23
Dorzolamide/Timolol, 23
DOVONEX, 27
Doxazosin Mesylate, 15
Doxepin, 12
DOXYCYCLINE, 19
DRISDOL, 30
DRITHOCREME, 27
DRITHO-SCALP, 27
Drugs for Pheochromocytoma, 15
DRYSOL, 27
DULCOLAX, 18
DULERA, 21
Duloxetine, 12
DURICEF, 19
DYAZIDE, 15
DYNAPEN, 19
DYRENIUM, 15

—E—

Echothiophate Iodide, 23
ECOTRIN, 10
EES, 19
EFFEXOR, 12
EFFEXOR XR, 12
EFFIENT, 16
EFLONE, 22
EFUDEX, 27
ELAVIL, 12
Electrolyte Agents, 29
Eletriptan, 10
ELIDEL, 28
ELIMITE, 29
ELMIRON, 26
ELOCON, 28

EMGEL, 27
EMPIRIN #2, #3, #4, 11
Enalapril, 14
Enalapril/HCTZ, 15
ENDAL, 22
ENDAL-HD, 21
Enema, 17
Enoxaparin, 16
ENTOCORT EC, 18
EPIFOAM, 28
Epinephrine Injection, 23
EPIPEN, 23
Ergocalciferol, 30
Ergonovine Maleate, 26
Ergotamine/Caffeine, 10
ERGOTRATE, 26
ERYGEL, 27
ERYPED SUSPENSION, 19
ERY-TAB, 19
ERYTHROCIN, 19
Erythromycin Base, 19, 22
Erythromycin Ethylsuccinate, 19
Erythromycin Stearate, 19
Erythromycin Topical, 27
Erythromycin/Benzoyl Peroxide, 27
Erythromycin/Sulfisoxazole, 19
ESGIC, 10
ESGIC PLUS, 10
ESKALITH, 13
Esterified Estrogens/Methyltestosterone, 25
ESTRACE, 25
ESTRADERM, 25
Estradiol, 25
Estradiol Patches, 25
Estradiol/Vaginal Ring, 25
ESTRATEST, 25
ESTRATEST HS, 25
ESTRING, 25
Estrogen Agents, 25
Estrogen Agonist-Antagonists, 26
Estrogen/Medroxyprogesterone, 25
Ethambutol, 20
Etodolac, 10
Etodolac Extended Release, 10
EURAX, 29
EVISTA, 26
Expectorant Agents, 22
EXSEL, 28
Eye, Ear, Nose and Throat (EENT) Preparations, 22

—F—

Famciclovir, 20
Famotidine, 18
FAMVIR, 20
FELDENE, 10
Felodipine, 15
FEMSTAT, 27
FEOSOL, 30

Ferrous Sulfate, 30
FEXOFENADINE, 20
Fexofenadine, 20
FIORICET, 10
FIORICET/CODEINE, 11
FIORINAL, 10
FIORINAL/CODEINE, 11
FLAGYL, 18, 19
Flecainide, 14
FLEET ENEMA, 17
FLEET PHOSPHO-SODA, 17
FLEET PREP KIT 1, 17
FLEET PREP KIT 2, 17
FLEET PREP KIT 3, 17
FLEXERIL, 12
FLONASE, 23
FLORINEF, 25
FLORONE, 28
FLORONE-E, 28
FLOXIN OTIC, 23
Fluconazole, 19
Fludrocortisone Acetate, 25
FLUMADINE, 20
Fluocinolone, 28
Fluocinolone 0.025%, 28
Fluocinolone Acetonide 0.2%, 28
Fluorometholone, 22
Fluorouracil, 27
Fluoxetine Capsules, 12
Fluoxymesterone, 25
Fluphenazine, 13
Flurandrenolide, 28
Flurazepam, 13
Flurbiprofen Sodium, 22
Fluticasone, Nasal, 23
Fluvoxamine, 12
FML, 22
FML FORTE, 22
FOLIC ACID, 30
Folic Acid, 30
FORADIL, 21
Formoterol, 21
FORTEO, 25
FOSAMAX, 25
FULVICIN P/G, 19
FURADANTIN, 26
Furazolidone, 18
Furosemide, 15
FUROXONE, 18

—G—

Gabapentin, 11
GABITRIL, 11
Gallstone Solubilizing Agents, 18
GANTRISIN, 19
GARAMYCIN, 22, 27
GASTROINTESTINAL AGENTS, 16
Gastrointestinal Stimulant Agents, 18

Gemfibrozil, 16
 GENITOURINARY AGENTS, 26
 Genitourinary Smooth Muscle Relaxant Agents, 26
 Gentamicin, 22
 Gentamicin Sulfate, 27
 Gentamicin/Prednisolone, 22
 GEODON, 13
 Glimepiride, 24
 Glipizide, 24
 Glipizide L.A., 24
 Glipizide/Metformin, 24
 GLUCAGON, 24
 Glucagon, 24
 Glucometers, 30
 GLUCOPHAGE, 24
 GLUCOPHAGE XR, 24
 GLUCOTROL, 24
 GLUCOTROL XL, 24
 GLUCOVANCE, 24
 Glyburide, 24
 Glyburide/Metformin, 24
 GLYNASE, 24
 Gout Agents, 30
 Griseofulvin Ultramicrosize, 19
 GRIS-PEG, 19
 GUAIFED-PD, 21
 Guaifenesin, 22
 Guaifenesin/Codeine, 21
 Guaifenesin/Codeine/Pseudoephedrine, 21
 Guaifenesin/Dextromethorphan, 22
 Guaifenesin/Phenylephrine, 22
 Guaifenesin/Pseudoephedrine, 21, 22
 Guanfacine, 15

—H—

H₂ Antagonist Agents, 18
 HALCION, 13
 HALDOL, 13
 HALDOL DECANOATE (VIALS ONLY), 13
 Haloperidol, 13
 HALOTESTIN, 25
 Heavy Metal Antagonist Agents, 30
 HELIDAC, 20
 Hemorrhologic Agents, 16
 HISTUSSIN HC, 21
 HORMONE AGENTS, 25
 HUMALOG (VIALS AND PENS), 24
 HUMALOG MIX (VIALS AND PENS), 24
 Hydantoin Anticonvulsants, 11
 Hydralazine, 15
 Hydrochlorothiazide (HCTZ), 15
 Hydrocortisone, 28
 Hydrocortisone 1% Rectal Cream, 27
 Hydrocortisone Acetate, 28
 Hydrocortisone Enema, 28
 Hydrocortisone Oral, 25
 Hydrocortisone Valerate, 28
 Hydrocortisone/Neomycin/Polymyxin, 22, 23

Hydrocortisone/Pramoxine, 28
 HYDRODIURIL, 15
 Hydromorphone, 11
 Hydroxychloroquine, 20
 Hydroxyzine, 13, 21
 Hydroxyzine Pamoate, 14, 21
 HYGROTON, 15
 Hyoscyamine Sulfate, 17
 HYTONE, 28
 HYTRIN, 15
 HYZAAR, 15

—I—

Ibuprofen, 10
 ILOTYCIN, 22
 IMDUR, 16
 Imipramine, 12
 IMITREX, 10
 IMODIUM, 17
 Indapamide, 15
 INDERAL, 14
 INDERAL LA, 14
 INDOCIN, 10
 INDOCIN SR, 10
 Indomethacin, Sustained Release, 10
 INFLAMASE, 22
 INFLAMASE FORTE, 22
 Inhaled Nasal Agents, 23
 Inhaled Oral Corticosteroid Agents, 22
 Inhaled Sympathomimetic (Adrenergic) Agents, 21
 Inhaled/Oral EENT Agents, 23
 Insulin, 24
 Insulin Agents, 24
 Insulin Glargine, 24
 Insulin Lispro, 24
 Iodoquinol, 20
 Iodoquinol (Diiodohydroxyquin), 18
 Ipratropium, 21
 Ipratropium, Nasal, 23
 Irbesartan, 14
 Iron Agents, 30
 ISONIAZID, 20
 Isoniazid, 20
 ISOPTO ATROPINE, 23
 ISOPTO CARBACHOL, 23
 ISORDIL, 16
 Isosorbide Dinitrate, 16
 Isosorbide Dinitrate ER, 16
 Isosorbide Dinitrate SR, 16
 Isosorbide Mononitrate, 16
 Isotretinoin, 27

—J—

JANUMET, 24
 JANUMET XR, 24
 JANUVIA, 24

—K—

Kaolin/Pectin, 17
KAON-CL, 30
KAON-CL 10, 29
KAOPECTATE, 17
KAYEXALATE, 30
KAZANO, 24
K-DUR, 29
K-DUR, 29
KEFLEX, 19
KENALOG, 28
KENALOG IN ORABASE, 23
KEPPRA, 11
Keratolytic Agents, 27
Ketoconazole, 19, 27
Ketoprofen, 10
Ketorolac Tromethamine, 22
Ketotifen, 23
KLONOPIN, 11
K-LOR, 30
K-LYTE, 30
K-LYTE CL DS, 30

—L—

Labetalol, 14
Lactulose, 18
LAMICTAL, 11
LAMISIL, 19, 27
Lamotrigine, 11
LAMPRENE, 20
Lancets, 30
LANOXIN, 16
Lansoprazole 15mg OTC, 17
LANTUS (VIALS ONLY), 24
LARIAM, 20
LASIX, 15
Latanoprost, 23
Laxative Agents, 18
Leflunomide, 10
Leprostatic Agents, 20
Leukotriene Receptor Antagonists, 22
LEVBID, 17
Levetiracetam, 11
Levobunolol, 23
LEVOTHROID, 24
Levothyroxine, 24
LEVOXYL, 25
LEVSIN, 17
LEVSIN SL, 17
LIBRIUM, 13
LIDEX, 28
LIDEX E, 28
Lidocaine, 28
Lidocaine Solution, 23
Lidocaine, Viscous, 23
LILLY INSULINS (VIALS ONLY), 24
LIORESAL, 12

Liothyronine, 24
Liotrix, 24
LIPITOR, 16
Lisinopril, 14
Lisinopril/HCTZ, 15
Lithium Carbonate, 13
LITHOBID, 13
Local Anesthetic Agents, 23
LODINE, 10
LODINE XL, 10
LOMOTIL, 17
LONITEN, 15
Loop Diuretics, 15
Loperamide, 17
LOPID, 16
LOPRESSOR, 14
LOPROX, 27
Loratadine OTC, 20
LORATADINE, OTC, 20
Lorazepam, 13
Losartan, 14
Losartan/HCTZ, 15
LOTENSIN, 14
LOTENSIN HCT, 15
LOTRIMIN, 27
LOTRISONE, 27
Lovastatin, 16
LOVENOX, 16
Loxapine, 13
LOXITANE, 13
LOZOL, 15
LUDIOMIL, 12
LUVOX, 12

—M—

M.A.O. Inhibitor Agents, 12
MAALOX, 17
MAALOX TC, 17
Macrolide Antibiotic Agents, 19
MAGNESIUM OXIDE, OTC GENERIC, 29
Magnesium Oxide, OTC Generic, 29
MALARONE, 20
Malathion, 29
Maprotiline, 12
Masoprocol, 27
MAXAIR, 21
MAXAIR AUTOHALER, 21
MAXALT, 10
MAXALT MLT, 10
MAXITROL, 22
MAXIVATE, 28
MAXZIDE 50, 15
MEBARAL, 11
Mebendazole, 18
Meclizine, 17
MEDROL, 25
MEDROL DOSEPAK, 25
Medroxyprogesterone, 26

Mefloquine, 20
 MELLARIL, 13
 Meloxicam Tablets, 10
 Mephobarbital, 11
 MEPHYTON, 30
 Mesalamine, 18
 MESTINON, 26
 METAGLIP, 24
 METANDREN, 25
 Metaproterenol Oral, 22
 Metformin, 24
 Metformin ER, 24
 Meth/Me Blue/PA/Salol/ATP/Hyos, 26
 Methazolamide, 23
 METHERGINE, 26
 Methimazole, 25
 Methocarbamol, 12
 Methyldopa, 15
 Methylergonovine Maleate, 26
 Methylprednisolone, 25
 Methyltestosterone, 25
 METIMYD, 23
 Metoclopramide, 17, 18
 Metolazone, 15
 Metoprolol Succinate, 14
 Metoprolol Tartrate, 14
 METROGEL-VAGINAL, 28
 Metronidazole, 18, 19, 28
 MEVACOR, 16
 Mexiletine, 14
 MEXITIL, 14
 MIACALCIN NS, 25
 MICARDIS, 14
 Miconazole Cream/Vaginal Tablets, 27
 Miconazole Nitrate, 27
 MICRO-K, 29
 MICRO-K 10, 29
 MICRONASE, 24
 MIDRIN, 10
 Migraine Agents, 10
 MIGRANAL, 10
 MINIPRESS, 15
 MINOCIN, 19
 Minocycline, 19
 Minoxidil, 15
 MIRAPEX, 12
 Mirtazapine, 13
 Miscellaneous Agents, 29
 Miscellaneous Analgesics, 11
 Miscellaneous Antibiotic Agents, 19
 Miscellaneous Anticonvulsants, 11
 Miscellaneous Antidepressant Agents, 12
 Miscellaneous Antihistamine Agents, 21
 Miscellaneous Anxiolytics, Sedatives, and Hypnotics, 13
 Miscellaneous Arthritis Agents, 10
 Miscellaneous Central Nervous System Agents, 11
 Miscellaneous Diabetes Agents, 24
 Miscellaneous EENT Agents, 23
 Miscellaneous Gastrointestinal Agents, 18

Miscellaneous Gastrointestinal Supplies, 18
 Miscellaneous Ophthalmic Agents, 23
 Miscellaneous Otic Agents, 23
 Miscellaneous Skin/Mucous Membrane Agents, 27
 MISCELLANEOUS/UNCLASSIFIED AGENTS, 29
 Misoprostol, 17
 MOBAN, 13
 MOBIC (TABLETS ONLY), 10
 Molindone, 13
 Mometasone Furoate Cream, 28
 Mometasone Inhaler, 22
 Mometasone/Formoterol, 21
 MONISTAT, 27
 MONISTAT 3, 27
 MONISTAT-DERM, 27
 Montelukast, 22
 Morphine, 11
 Morphine SR, 11
 MOTRIN, 10
 Moxifloxacin, 19
 MS CONTIN/ORAMORPH SR, 11
 MSIR, 11
 Mucolytic Agents, 22
 MUCOMYST, 22
 Mupirocin, 27
 Muscle Relaxant Agents, 12
 MYAMBUTOL, 20
 MYCELEX, 27
 MYCELEX G, 27
 MYCELEX TROCHE, 19
 MYCIFRADIN, 18
 MYCOBUTIN, 20
 MYCOLOG II, 27
 MYCOSTATIN, 19, 27
 MYDRIACYL, 23
 MYLANTA I, 17
 MYLANTA II, 17
 MYLICON, 17
 MYSOLINE, 11

—N—

Nabumetone, 10
 Nadolol, 14
 Naloxone, 11
 Naltrexone, 11
 Naphazoline, 23
 Naphazoline/Pheniramine, 23
 NAPHCN-A, 23
 NAPROSYN, 10
 Naproxen, 10
 Naproxen Sodium, 10
 Naratriptan, 10
 NARCAN, 11
 Narcotic Antitussive Agents, 21
 Narcotic Withdrawal Therapy Agents, 11
 NARDIL, 12
 NASACORT, 23
 NAVANE, 13

Nefazodone, 13
Neomycin Sulfate, 18
Neomycin/Gramicidin/Polymyxin, 22
NEOSPORIN, 27
NEOSPORIN OPHTHALMIC, 22
Neostigmine, 26
NEPTAZANE, 23
NESINA, 24
NEURONTIN, 11
NIACIN, 16, 30
Niacin, 16, 30
Niacin, Delayed Release, 16
Niacin/Lovastatin, 16
NIASPAN, 16
NICORETTE GUM, 30
Nicotine, 30
NICOTINE PATCH, 30
NICOTROL NASAL SPRAY, 30
Nifedipine, Sustained Release, 15
NITRO-DUR, 16
Nitrofurantoin, 26
Nitroglycerin Ointment, 16
Nitroglycerin Patches, 16
Nitroglycerin Spray, 16
Nitroglycerin Sublingual, 16
NITROL, 16
NITROLINGUAL SPRAY, 16
NITROSTAT SL, 16
NIX, 29
NIZORAL, 19, 27
NOCTEC, 13
Non-Narcotic Antitussive Agents, 21
Non-Sedating Single Entity Agents, 20
Non-Steroidal Anti-Inflammatory Agents, 10
Non-Sulfonylureas, 24
NORCO, 11
Norethindrone Acetate, 26
NORFLEX, 12
NORGESIC, 12
NORLUTATE, 26
NORMODYNE, 14
NORPACE, 14
NORPACE CR, 14
NORPRAMIN, 12
Nortriptyline, 12
NORVASC, 15
NOVAHISTINE DH, 21
NOVAHISTINE EXPECTORANT, 21
Nystatin, 19, 27

—O—

OCUFEN, 22
OCUFLOX, 22
Ofloxacin, 22, 23
Olanzapine, 13
Olanzapine/Fluoxetine HCl, 13
Olmesartan, 14
Olmesartan/HCTZ, 15

Olsalazine, 18
Omeprazole 20mg and 40mg, 17
Omeprazole Magnesium, 17
OMNICEF, 19
Ondansetron ODT Tablets, 17
Ondansetron Solution, 17
Ondansetron Tablets, 17
Ophthalmic Antibiotic Agents,, 22
Ophthalmic Anti-Inflammatory Agents, Corticosteroid, 22
Ophthalmic Anti-Inflammatory Agents, NSAIDs, 22
Ophthalmic Antiviral Agents, 22
Ophthalmic Beta Blockers, 22
Ophthalmic Miotic Agents, 23
Ophthalmic Mydriatic Agents, 23
Ophthalmic Sulfonamide Agents, 23
Opiate Agonists, 10
Opiate Antagonists, 11
OPTICHAMBER, 23
Optichamber, 23
Oral Adrenal Corticosteroid Agents, 25
Oral Colon Lavage Solution, 17
Oral Contraceptive Agents, 26
Oral Diabetes Agents, 24
Oral Saline Laxative, 17
Oral Sympathomimetic (Adrenergic) Agents, 21
ORAP, 13
ORASONE, 25
ORINASE, 24
Orphenadrine Citrate, 12
Orphenadrine/Aspirin/Caffeine, 12
ORUVAIL, 10
Oseltamivir, 20
Ostomy Supplies, 18
Other Medical Supplies, 31
Otic Anti-Infective Agents, 23
OVIDE, 29
Oxcarbazepine, 11
Oxybutynin, 26
Oxycodone, 11
Oxycodone/Acetaminophen, 11
Oxycodone/Aspirin, 11
OXYCONTIN, 11
OXYFAST, 11
OXYIR, 11
Oxytocic Agents, 26

—P—

PAMELOR, 12
PANCREAZE, 18
PANCRELIPASE 5,000, 17
Pantoprazole, 17
PARAFON DSC, 12
Parasympathomimetic (Cholinergic) Agents, 26
Parathyroid Hormone, 25
PAREPECTOLIN, 16
PARLODEL, 12
PARNATE, 12
Paroxetine, 12

Pasugrel, 16
 PAXIL, 12
 PCE, 19
 PEDIAPRED, 25
 PEDIAZOLE, 19
 PEN VK, 19
 Penicillamine, 30
 Penicillin VK, 19
 Penicillins, 19
 Pentosan, 26
 Pentoxifylline, 16
 PEPCID, 18
 PEPTO BISMOL, 16
 PERCOCET, 11
 PERCODAN, 11
 PERIACTIN, 20
 PERIDEX, 23
 Permethrin, 29
 Perphenazine, 13
 PERSANTINE, 16
 Phenazopyridine, 26
 Phenelzine, 12
 PHENERGAN, 14, 17, 21
 PHENERGAN VC, 22
 PHENERGAN VC/CODEINE, 21
 PHENERGAN W/DEXTROMETHORPHAN, 21
 PHENERGAN/CODEINE, 21
 PHENOBARBITAL, 11
 Phenobarbital, 11
 Phenoxybenzamine, 15
 Phenylephrine/Guaifenesin, 22
 Phenylephrine/Hydrocodone/Chlorpheniramine, 21
 Phenylephrine/Promethazine, 22
 PHENYTEK, 11
 Phenytoin, 11
 PHOS LO, 29
 PHOSPHOLINE IODIDE, 23
 Phytonadione, 30
 PILOCAR, 23
 Pilocarpine, 23
 Pimecrolimus, 28
 Pimozide, 13
 Pindolol, 14
 Pioglitazone, 24
 Pirbuterol Acetate, 21
 Piroxicam, 10
 Pituitary Agents, 26
 PLAQUENIL, 20
 PLAVIX, 16
 PLENDIL, 15
 PLETAL, 16
 Podofilox, 27
 POLARAMINE, 20
 Polymixin B Sulfate/TMP, 22
 POLYTRIM, 22
 Potassium Agents, 29
 Potassium Chloride, 29
Potassium Chloride 10mEq, 29
Potassium Chloride 20mEq, 29
Potassium Chloride 8mEq, 29
Potassium Chloride Effervescent Tablets, 30
 Potassium Chloride Liquid, 30
Potassium Chloride Liquids, 30
 Potassium Chloride Powder, 30
Potassium Chloride Powders, 30
 Potassium Chloride Tablets, 30
 Potassium Iodide, 22
Potassium-Removing Resins, 30
 Potassium-Sparing Diuretics, 15
 Pramipexole, 12
 Pramoxine, 28
 Pramoxine/Hydrocortisone, 28
 PRAVACHOL, 16
 Pravastatin, 16
 Praziquantel, 18
 Prazosin, 15
 PRECOSE, 24
 PRED FORTE, 22
 PRED MILD OPHTHALMIC, 22
 PRED-G, 22
 Prednisolone, 25
 Prednisolone Acetate, 22
 Prednisolone Phosphate, 22
 Prednisone, 25
 PRELONE, 25
 PREMARIN, 25
 PREMARIN VAGINAL CREAM, 25
 PREMPHASE, 25
 PREMPRO, 25
 PREMPRO LOW DOSE, 25
 PREVACID 24HR, 17
 PREVPAC, 20
 PRILOSEC 20MG AND 40MG, 17
 PRILOSEC OTC, 17
 PRIMAQUINE, 20
 Primaquine, 20
 Primidone, 11
 PRINCIPEN, 19
 PRINIVIL, 14
 PRINZIDE, 15
 Probenecid, 31
 Procainamide, 14
 Procainamide SR, 14
 PROCAN SR, 14
 PROCANBID, 14
 Prochlorperazine Maleate, 17
 PROCTOCORT, 27
 PROCTOCREAM-HC, 28
 PROCTOFOAM HC, 28
 Progestin Agents, 26
 PROLIXIN, 13
 Promethazine, 14, 17, 21
 Promethazine/Codeine, 21
 Promethazine/Dextromethorphan, 21
 Promethazine/Phenylephrine/Codeine, 21
 PRONESTYL, 14
 Propafenone, 14
 PROPINE, 23

Propranolol, 14
Propranolol LA, 14
PROPYLTHIOURACIL, 25
Propylthiouracil, 25
PROSTIGMIN, 26
PROTONIX, 17
PROTOPIC, 28
Protriptyline, 12
PROVENTIL, 21
PROVENTIL HFA, 21
PROVENTIL REPETABS, 21
PROVERA, 26
PROZAC CAPSULES, 12
Pseudoephedrine, 21
Pseudoephedrine/Chlorpheniramine, 21
PSORCON, 28
Psychotherapeutic Agents, 12
PYRAZINAMIDE, 20
Pyrazinamide, 20
PYRIDIDIUM, 26
Pyridostigmine, 26
Pyridoxine, 30
Pyrimethamine, 20

—Q—

QUESTRAN, 16
QUESTRAN LIGHT, 16
Quetiapine, 13
QUINAGLUTE, 14
QUINIDEX, 14
Quinidine Gluconate, 14
Quinidine Polygalacturonate, 14
Quinidine Sulfate, 14
Quinidine Sulfate SR, 14
QUININE, 20
Quinine, 20
Quinolones, 19
QVAR REDHALER, 22

—R—

Raloxifene, 26
Ranitidine, 18
REGLAN, 17, 18
REGRANEX, 27
RELAFEN, 10
RELENZA, 20
RELPAK, 10
REMERON, 13
REQUIP, 12
RESCON GC, 22
Reserpine, 14
Respiratory Smooth Muscle Relaxant Agents, 22
RESPIRATORY/EENT AGENTS, 20
RESTORIL, 13
REVIA, 11
Rifabutin, 20
RIFADIN, 20

Rifampin, 20
Rimantadine, 20
RISPERDAL, 13
Risperidone, 13
Rizatriptan, 10
ROBAXIN, 12
ROBITUSSIN, 22
ROBITUSSIN A-C, 21
ROBITUSSIN DAC, 21
ROBITUSSIN DM, 22
ROCALTRON, 30
Ropinirole, 12
ROWASA, 18
RYTHMOL, 14

—S—

S.N.R.I. Agents, 12
S.S.R.I. Agents, 12
Salmeterol, 21
Salmeterol/Fluticasone, 21
Salsalate, 10
SAPHRIS, 13
Scabicide/Pediculicide Agents, 29
SEBIZON, 28
Selegiline, 12
Selenium Sulfide 2.5%, 28
SELSUN, 28
SENNA, 18
Sennosides, 18
SEPTRA, 19
SEREVENT, 21
SEROQUEL, 13
SERPASIL, 14
Sertraline, 12
SERZONE, 13
SILVADENE, 27
Silver Sulfadiazine, 27
Simethicone, 17
Simvastatin, 16
SINEMET, 12
SINEMET CR, 12
SINEQUAN, 12
Single Entity Alkylamine Agents, 20
Single Entity Ethanolamine Agents, 20
SINGULAIR, 22
Sitagliptin, 24
Sitagliptin/Metformin, 24
Sitagliptin/Metformin Extended Release, 24
Skeletal Muscle Relaxants, 12
SLO-BID, 22
SLO-PHYLLIN, 22
SLO-PHYLLIN 80, 22
Sodium Chloride for Inhalation, 24
Sodium Polystyrene Sulfonate, 30
SODIUM SULAMYD, 23
SOMA, 12
Sotalol, 14
Spironolactone, 15

Spirololactone/HCTZ, 15
SSKI, 22
STADOL NS, 11
STELAZINE, 13
Sucralfate, 17
SUDAFED, 21
Sulfacetamide, 23
Sulfacetamide 10%/Prednisolone 0.2%, 23
Sulfacetamide 10%/Prednisolone 0.5%, 23
Sulfacetamide Lotion, 28
SULFADIAZINE, 19
Sulfadiazine, 19
Sulfamethoxazole/Trimethoprim (SMZ/TMP), 19
Sulfasalazine, 18
Sulfisoxazole, 19
Sulfonamide Agents, 19
Sulfonylureas, 24
Sulindac, 10
SULTRIN, 27
Sumatriptan, 10
SUMYCIN, 19
SUPRAX, 19
SYMBYAX, 13
SYMMETREL, 12, 20
SYNALAR, 28
SYNTHROID, 25

—T—

Tacrolimus, 28
TAGAMET, 18
TAMBOCOR, 14
TAMIFLU, 20
TAPAZOLE, 25
TEGRETOL, 11
TEGRETOL XR, 11
Telmisartan, 14
Temazepam, 13
TEMOVATE, 28
TENEX, 15
TENORETIC, 15
TENORMIN, 14
Terazosin, 15
Terbinafine, 19, 27
Terbutaline Sulfate, 22
Teriparatide, 25
TERPIN HYDRATE/CODEINE, 21
Terpin Hydrate/Codeine, 21
TESSALON, 21
Tetracycline, 19
Tetracycline/Bismuth/Metronidazole, 20
Tetracyclines, 19
THEO-DUR, 22
Theophylline, 22
Theophylline, 80mg/15cc, 22
Theophylline, Sustained Release, 22
Thiamine, 30
Thiazide and Related Diuretics, 15
Thioridazine, 13

Thiothixene, 13
THORAZINE, 13
Thyroid Agents, 24
Thyroid, Desiccated, 25
THYROLAR, 24
Tiagabine, 11
TIGAN, 17
TIMOPTIC, 23
TINACTIN, 27
Tioconazole, 27
Tobramycin, 22
TOBREX, 22
TOFRANIL, 12
Tolazamide, 24
Tolbutamide, 24
TOLINASE, 24
Tolnaftate, 27
Tolterodine, 26
TOPAMAX, 12
Topical Antibiotic Agents, 27
Topical Antifungal Agents, 27
Topical Anti-Inflammatory Agents, 28
Topical Antipruritic and Local Anesthetic Agents, 28
Topical Antiviral Agents, 28
Topical Miscellaneous Anti-Infective Agents, 28
TOPICAL/MUCOUS MEMBRANE AGENTS, 27
TOPICORT, 28
TOPICORT LP, 28
Topiramate, 12
TOPROL XL, 14
Tramadol, 11
TRANDATE, 14
TRANXENE, 13
Tranlycypromine, 12
Trazodone, 13
TRENAL, 16
Triamcinolone, 28
Triamcinolone 0.1% in Orabase, 23
Triamcinolone, Nasal, 23
Triamcinolone/Nystatin, 27
Triamterene, 15
Triamterene 37.5mg/HCTZ 25mg, 15
Triamterene 50mg/HCTZ 25mg, 15
Triamterene 75mg/HCTZ 50mg, 15
Triazolam, 13
Tricyclic Antidepressant Agents, 12
TRIDESILON, 28
Triethanolamine, 24
Trifluoperazine, 13
Trifluridine Ophthalmic Solution, 22
Trihexyphenidyl, 12
TRILAFON, 13
TRILEPTAL, 11
Trimethobenzamide, 17
Trimethoprim, 19, 26
TRIMOX, 19
TRIMPEX, 19, 26
Triple Sulfa Cream, 27
Triprolidine/Pseudoephedrine/Codeine, 21

Tropicamide, 23
TRUSOPT, 23
T-STAT, 27
TUMS, 29
TUSSIN PEDIATRIC, 21
TYLENOL, 11
TYLENOL/CODEINE, 11
TYLOX, 11

—U—

ULTRAM, 11
UNIPHYL, 22
URECHOLINE, 26
Urinary Anti-Infective Agents, 26
Urinary Anti-Spasmodic Agents, 26
URISED, 26
Ursodiol, 18

—V—

Vaginal Antifungal Agents, 27
Vaginal Anti-Infective Agents, 28
VAGISTAT-1, 27
Valacyclovir, 20
VALISONE, 28
VALISONE REDUCED STRENGTH, 28
VALIUM, 13
Valproic Acid, 11
Valsartan, 14
Valsartan/HCTZ, 15
VALTRESX, 20
Vasodilating Agents, 16
Vasodilator Antihypertensive Agents, 15
VASORETIC, 15
VASOTEC, 14
Venlafaxine, 12
Venlafaxine Extended Release, 12
Verapamil, 15
Verapamil LA Tablets, 15
Verapamil SR Capsules, 15
VERELAN, 15
VERMOX, 18
VIBRAMYCIN, 19
VIBRA-TABS, 19
VIROPTIC, 22
VISCIOUS XYLOCAINE, 23
VISKEN, 14
VISTARIL, 14, 21
Vitamin Agents, 30
VITAMIN B₁, 30
VITAMIN B₁₂, 30
VITAMIN B₆, 30
Vitamin B-Complex Agents, 30
Vitamin D, 30
Vitamin K Activity Agents, 30

VIVACTIL, 12
VIVELLE, 25
VIVELLE DOT, 25
VOLMAX, 21
VOLTAREN, 10, 22
VOSOL, 23
VOSOL HC, 23

—W—

Warfarin Sodium, 16
WELLBUTRIN, 13
WELLBUTRIN SR, 13
WELLBUTRIN XL, 13
WESTCORT, 28

—X—

XALATAN, 23
XANAX, 13
XYLOCAINE, 23, 28

—Y—

YODOXIN, 18, 20

—Z—

ZADITOR OTC, 23
Zanamivir, 20
ZANTAC (TABLETS ONLY), 18
ZAROXOLYN, 15
ZEPHREX LA, 22
ZESTORETIC, 15
ZESTRIL, 14
ZIAC, 15
Ziprasidone, 13
ZITHROMAX, 19
ZOCOR, 16
ZOFRAN, 17
Zolmitriptan, 10
ZOLOFT, 12
Zolpidem, 14
ZOMIG, 10
ZOMIG ZMT, 10
ZONEGRAN, 11
Zonisamide, 11
ZOVIRAX OINTMENT, 28
ZOVIRAX ORAL, 20
ZYBAN, 30
ZYLOPRIM, 30
ZYPREXA, 13
ZYPREXA INJECTION, 13
ZYPREXA RELPREVV, 13
ZYPREXA ZYDIS, 13