

Chartered Health Plan Closed Formulary 2009 (741)

(05/01/09)

FORMULARY UPDATES.....	2
INTRODUCTION	2
PREFACE.....	3
PHARMACY, THERAPEUTICS AND TECHNOLOGY COMMITTEE	3
PRODUCT SELECTION CRITERIA.....	3
DRUG LIST PRODUCT DESCRIPTIONS.....	3
GENERIC AVAILABILITY.....	4
GENERIC SUBSTITUTION	4
SPECIALTY PHARMACY SERVICES.....	5
MEDICAL DRUG LIMITATION	6
MEDICAL EXCEPTION.....	7
PRIOR AUTHORIZATION.....	8
STEP THERAPY	9
OVER-THE-COUNTER MEDICATIONS	10
EDITOR	13
NOTICE	13
LEGEND.....	13
ANALGESICS	14
ANTI-INFECTIVES	14
ANTINEOPLASTIC AGENTS	17
CARDIOVASCULAR.....	17
CENTRAL NERVOUS SYSTEM.....	19
ENDOCRINE AND METABOLIC	22
GASTROINTESTINAL	26
GENITOURINARY.....	27
HEMATOLOGIC.....	28
IMMUNOLOGIC AGENTS.....	28
NUTRITIONAL/SUPPLEMENTS.....	29
RESPIRATORY	30
TOPICAL	32
INDEX.....	36

FORMULARY UPDATES

Chartered Health Plan Formulary Updates

The following drug products were reviewed and acted upon by the Chartered Health Plan Pharmacy, Therapeutics and Technology Committee:

Changes to Formulary, as of July 1, 2009

- Step Therapy added to Lipitor -- must try pravastatin or simvastatin first
- Step Therapy added to Vytorin -- must try pravastatin or simvastatin first

Additions to Formulary, as of May 1, 2009

- All Over-the-counter (OTC) Vitamin D products
 - 400 IU capsules and tablets
 - 1000 IU capsules
 - 2000 IU capsules and tablets
 - 8000 IU tablets
- Azor
- Cetirizine OTC tablets
- Lantus insulin pens
- Prandimet
- Rx Vitamin D 1.25 mg (50,000 IU) softgel

Deletions from Formulary, as of May 1, 2009

- Elestat eye drops
- Rx Ketotifen eye drops

Not added to Formulary, as of May 1, 2009

- Ceftriaxone vials
- Pristiq
- Trilipix
- Vimpat

Additions to Formulary, as of January 1, 2009

- All generics, whether listed or unlisted, are covered on formulary.

INTRODUCTION

Chartered Health Plan, Inc. is pleased to provide the Chartered Health Plan Managed Care Formulary to be used when prescribing for patients covered by the pharmacy plan offered by Chartered Health Plan. Drugs listed in the Chartered Health Plan Managed Care Formulary have been reviewed and approved by the Chartered Health Plan Pharmacy, Therapeutics and Technology (P,T&T) Committee. The drugs have been selected to provide the most clinically appropriate and cost-effective medications for patients who have their drug benefits administered through Chartered Health Plan. There may be occasions when an unlisted drug is desired for medical management of a specific patient. In those instances, the unlisted medication may be requested through the Medical Exception process.

The information contained in this Chartered Health Plan Managed Care Formulary and its appendices is provided by Chartered Health Plan, solely for the convenience of medical providers. Chartered Health Plan does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This Chartered Health Plan Managed Care Formulary is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. Chartered Health Plan does not assume responsibility

*for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. **The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.***

PREFACE

The Chartered Health Plan Managed Care Formulary is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state. Products are listed by generic name with brand name included only as a reference to assist in product recognition. Unless exceptions are noted, generally all applicable dosage forms and strengths of the drug cited are included on Formulary. Generics should be considered the first line of prescribing. **All generics, whether listed or unlisted, are covered on the Chartered Health Plan Managed Care Formulary.**

PHARMACY, THERAPEUTICS AND TECHNOLOGY COMMITTEE

The Chartered Health Plan P,T&T Committee is made up of local physicians, pharmacists and nurses. The actions of the Chartered Health Plan P,T&T Committee are communicated in a quarterly provider newsletter, which is distributed to all physicians who have received the Chartered Health Plan Managed Care Formulary. Please visit our Web site at **www.chartered-health.com** for formulary updates and recent Chartered Health Plan P,T&T decisions.

PRODUCT SELECTION CRITERIA

The Chartered Health Plan P,T&T Committee will consider all recently approved U.S. Food and Drug Administration (FDA) drugs for inclusion in the formulary. The evaluation includes a literature review; expert opinion may also be sought. Formal reviews are prepared that typically address the following information:

- Safety
- Efficacy
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications/Warnings/Precautions
- Pharmacokinetics
- Patient administration/compliance considerations
- Medical outcome and pharmaco-economic studies

When a new drug is considered for formulary inclusion an attempt will be made to examine the drug relative to similar drugs currently on formulary. In addition, entire therapeutic classes are periodically reviewed. This review process may result in deletion of a drug(s) in a particular therapeutic class, in an effort to continually promote the most clinically useful and cost-effective agents.

DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms are on formulary, examples are noted below. The general principles shown in the examples can usually be extended to other entries in the book. Any exceptions are noted.

Products on formulary include all strengths and dosage forms of the cited brand-name product.

lansoprazole

Prevacid

Capsules, oral suspension, oral disintegrating tablets, injection formulations and all strengths of Prevacid would be covered by this listing.

When a strength or dosage form is specified, only the specified strength and dosage form is on formulary. Other strengths/dosage forms of the reference product are not.

metronidazole tabs *Flagyl*
Only tablets are on formulary, not the capsules.

Extended-release and delayed-release products require their own entry.

glipizide ext-rel *Glucotrol XL*
This entry confirms that the extended-release product is on formulary.

Dosage forms on formulary will be consistent with the category and use where listed.

neomycin/polymyxin B/hydrocortisone *Cortisporin*
Since Cortisporin is listed only in the OTIC section, coverage is limited to the otic solution and suspension. From this entry, the ophthalmic solution and ophthalmic ointment, and the topical cream cannot be assumed to be on the list unless there are entries for these products in the OPHTHALMIC and DERMATOLOGY sections of the formulary.

GENERIC AVAILABILITY

Boldface type of a generic drug name in this book indicates generic availability of that product. However, not all strengths or dosage forms of the generic name in boldface type may be generically available. In some cases, **the brand name listed is a generic drug**. Examples of the latter include Levoxyl and Trivora.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. An important consideration for generic substitution is the knowledge that all approvals of generic drugs by the FDA since 1984, and many generic approvals prior to 1984, have a showing of bioequivalence between the generic versions and the reference brand-name product. To gain FDA approval:

1. The generic drug must contain the same active ingredient(s), be the same strength and the same dosage form as the brand-name product.
2. The FDA has given the generic an “A” rating compared to the brand-name product indicating bioequivalence, and has determined the generic is therapeutically equivalent to the reference brand-name product. The ratings of generic drugs are available by referring to the FDA reference, *Approved Drug Products with Therapeutic Equivalence Evaluations* (Orange Book).

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 safety profile as the prescribed product. Drug products that have a narrow therapeutic index (NTI) can also be guided by these principles. It is not necessary for the health care practitioner to approach any one therapeutic class of drug products (e.g., NTI drugs) differently from any other class, when there has been a determination of therapeutic equivalence by the FDA for the drug products under consideration. Also, additional clinical tests or examinations by the practitioner are not needed when a therapeutically equivalent generic drug product is substituted for the brand-name product.

It is recommended that generic substitution not be exercised by the pharmacist with multisource products that appear in the Orange Book and carry a “B” rating, indicating that these products cannot be considered therapeutically equivalent to other products in the group.

It is also recommended that generic substitution not be undertaken for any unrated multisource products that might be considered narrow therapeutic index, or maintenance drugs where it is known that unrated products from different labelers are not bioequivalent.

State law or regulations may dictate the ability to practice generic substitution for selected products or categories of drugs. Most forms and strengths of the following drug products are non-substitutable in District of Columbia:

Brand name (generic name)

Coumadin (warfarin)
 Depakene (valproic acid)
 Dilantin (phenytoin sodium extended)
 Mysoline (primidone)
 Tegretol (carbamazepine)
 Theochron (theophylline ext-rel)

SPECIALTY PHARMACY SERVICES

CVS Caremark will provide Chartered Health Plan members with Specialty Pharmacy Services.

CVS Caremark Specialty Pharmacy Services is a full-service specialty pharmaceutical provider. Specialty pharmaceuticals or products are used in the management of specific chronic or genetic conditions and certain catastrophic diseases such as cancer. They are often injectable or infused medications, but may also include oral agents.

CVS Caremark offers these services combined with expert pharmaceutical care management.

Medications available through CVS Caremark Specialty Pharmacy Services (Alpha List)

Actimmune	Leukine
Alphanate	leuprolide acetate (LUPRON)
AlphaNine SD	Lupron Depot
Amevive	Monarc M
Aranesp	Mononine
Avonex	Neulasta
BeneFIX	Neumega
Betaseron	Neupogen
Carimune	Norditropin
Cerezyme	NovoSeven RT
Cinryze	Nplate
Copaxone	Nutropin
Cytogam	Nutropin AQ
Eligard	octreotide acetate (SANDOSTATIN)
Enbrel	Omnitrope
Epogen	Pegasys
Exjade	PegIntron
Feiba VH	Procrit
Forteo	Profilnine SD
Fuzeon	Pulmozyme
Gammagard	Rebetol solution
Genotropin	Rebif
Gleevec	Recombinate
Helixate FS	Refacto
Hemofil-M	Remicade
Humate-P	ribavirin caps (REBETOL)
Humatrope	ribavirin tabs (COPEGUS)
Humira	Saizen
Hyalgan	Sandostatin LAR
Hycamtin	Serostim
Immune Globulin	Synagis
Increlex	Synvisc
Infergen	Temodar
Intron A	Tev-Tropin
Kineret	Thalomid
Koate-DVI	Thyrogen
Kogenate FS	TOBI
Letairis	Trelstar Depot

Trelstar LA
Vantas
Visudyne
Xeloda
Xenazine

Xolair
Zoladex
Zorbtive

This list is current as of **January 1, 2009**. Medications shown in **bold** require prior authorization. Please call the CVS Caremark Prior Authorization Department toll-free at **1-866-814-5506** to obtain a prior authorization. Orders can be faxed toll-free to **1-800-323-2445**. Products distributed by CVS Caremark and therapies covered may change. Please call CVS Caremark Connect toll-free at **1-800-237-2767** regarding medications on the list.

MEDICAL DRUG LIMITATION

The following formulary products are subject to managed drug limitations (**MDL**). The purpose of these limitations is to encourage safe and cost-effective use of therapies. Certain nonformulary medications may also be subject to managed drug limitations.

Anticonvulsants

Lyrica (pregabalin) 25 mg, 50 mg, 100 mg, 150 mg, 200 mg, 225 mg	90 capsules per 30 days (all strengths combined)
Lyrica (pregabalin) 300 mg	60 capsules per 30 days

Antiemetics

Anzemet (dolasetron)	10 tablets per 25 days
Anzemet (dolasetron) injection	5 mL per 25 days
Kytril (granisetron)	20 tablets per 25 days
Kytril (granisetron) injection	2 mL per 25 days
Marinol (dronabinol)	60 capsules per 25 days
Zofran (ondansetron) 24 mg	10 tablets per 25 days
Zofran (ondansetron) 4 mg, 8 mg	30 tablets per 25 days
Zofran (ondansetron) oral soln	150 mL per 25 days
Zofran (ondansetron) 2 mg/mL injection	20 mL per 25 days
Zofran Premix (ondansetron) 32 mg/50 mL IV	50 mL per 25 days

Antihistamines, Low Sedating

Zyrtec OTC (cetirizine) syrup	Restricted to members 12 years and younger
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Anti-infectives

Cipro XR (ciprofloxacin ext-rel) 500 mg	3 tablets per 25 days
Diflucan (fluconazole) 150 mg	2 tablets per 25 days
Monurol (fosfomycin)	1 tablet per 25 days
Zithromax (azithromycin) 250 mg	8 tablets per 15 days
Zithromax (azithromycin) 500 mg	4 tablets per 15 days

Hypnotics

Ambien (zolpidem)	14 tablets per 25 days
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Influenza

FluMist (influenza vaccine)	Restricted to members ages 2 to 49 years old
Relenza (zanamivir)	1 course of therapy (Relenza or Tamiflu) per 180 days; total of 2 treatments per 365 days

Tamiflu (oseltamivir)	1 course of therapy (Tamiflu or Relenza) per 180 days; total of 2 treatments per 365 days
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Migraine

Imitrex (sumatriptan)	9 tablets per 25 days
Imitrex (sumatriptan) injection kit	2 kits (4 injections) per 25 days
Imitrex (sumatriptan) injection vials	4 vials (4 injections) per 25 days
Imitrex (sumatriptan) 5 mg nasal spray	12 units (2 packages) per 25 days
Imitrex (sumatriptan) 20 mg nasal spray	6 units (1 package) per 25 days
Maxalt/Maxalt-MLT (rizatriptan)	6 tablets per 25 days
Zomig/Zomig-ZMT (zolmitriptan) 2.5 mg	6 tablets per 25 days
Zomig/Zomig-ZMT (zolmitriptan) 5 mg	3 tablets per 25 days

Nasal Agents

Astelin (azelastine) spray	1 inhaler per 25 days
Flonase (fluticasone) spray	1 inhaler per 25 days
Nasacort AQ (triamcinolone acetonide) spray	1 inhaler per 25 days
Nasonex (mometasone) spray	1 inhaler per 25 days
Rhinocort Aqua (budesonide) spray	1 inhaler per 25 days

Oral Contraceptives (Emergency)

Plan B (levonorgestrel)	3 kits per 365 days
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Pain Medications

butorphanol nasal spray	2 bottles per 25 days
ketorolac	20 tablets per 25 days

Skeletal Muscle Relaxants

Flexeril (cyclobenzaprine)	90 tablets per 30 days
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Smoking Cessation

Chantix (varenicline)	180 days (24 weeks) per 365 days
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MEDICAL EXCEPTION

Medical exception will be granted for members who have had one of the following:

- Documented allergy/allergic reaction to formulary agents.
- Documented failure on formulary agents.
- Documented patient stability/control issues where change to a formulary agent is contraindicated or not advisable.

To request a medical exception:

- The prescriber should call toll-free: 1-800-408-7510 to notify the Medical Management Department of the desire for a nonformulary medication.
- A form will be faxed to the prescriber to complete and return to the Chartered Health Plan Medical Management Team.
- If the medication is denied, prescriber may appeal to the Medical Director.
- In the event of an emergency, a 72-hour supply of medication will be available to the patient.

Drug coverage will be consistent with the policies of the DC Medicaid Program and the Chartered Health Plan P,T&T Committee.

PRIOR AUTHORIZATION

Drugs indicated with a “**PA**” require Prior Authorization for coverage. The following information is needed when requesting a prior authorized drug:

- Patient name and identification number
- Physician name, address, and phone number
- Drug name and strength
- Patient diagnosis
- Documentation of previous medical history pertaining to the requested drug
- Pharmacy name and phone number

Please call CVS Caremark Prior Authorization department toll-free at 1-866-814-5506 to obtain prior authorization for the following medication(s):

Allergic Asthma

Xolair (omalizumab)

Antihemophilic Agents

Alphanate (antihemophilic factor)
Alphanine SD (factor IX concentrate)
Benefix (factor IX concentrate)
Feiba VH (anti-inhibitor coagulant complex)
Helixate FS (antihemophilic factor, recombinant)
Hemofil-M (antihemophilic factor)
Humate-P (AHF, human/VWF, human)
Koate-DVI (antihemophilic factor)
Kogenate FS (antihemophilic factor, recombinant)
Monarc M (antihemophilic factor)
Mononine (factor IX concentrate)
NovoSeven RT (coagulation factor VIIa)
Profilnine SD (factor IX concentrate)
Recombinant (antihemophilic factor, recombinant)
Refacto (antihemophilic factor, recombinant)

Growth Hormones and Related Disorders

Genotropin (somatropin)
Humatrope (somatropin)
Increlex (mecasermin)
Norditropin (somatropin)
Nutropin (somatropin)
Nutropin AQ (somatropin)
Omnitrope (somatropin)
Saizen (somatropin)
Serostim (somatropin)
Tev-Tropin (somatropin)
Zorbtive (somatropin)

Hepatitis C

Copegus (ribavirin)
Infergen (interferon)
Intron A (interferon)
Pegasys (interferon)
PegIntron (interferon)
Rebetol (ribavirin)

HIV

Fuzeon (enfuvirtide)

Hormonal Therapies

Eligard (leuprolide acetate)
Lupron (leuprolide acetate)
Lupron Depot (leuprolide acetate microspheres)
Trelstar LA (triptorelin pamoate)
Trelstar Depot (triptorelin pamoate)
Vantas (histrelin acetate)
Zoladex (goserelin acetate)

Irritable Bowel Disease

Humira (adalimumab)
Remicade (infliximab)

Multiple Sclerosis

Avonex (interferon beta-1a)
Betaseron (interferon beta-1b)
Copaxone (glatiramer)
Rebif (interferon beta-1a)

Psoriasis

Amevive (alefacept)
Enbrel (etanercept)
Remicade (infliximab)

Pulmonary Arterial Hypertension

Letairis (ambrisentan)

Respiratory Syncytial Virus

Synagis (palivizumab)

Rheumatoid Arthritis

Enbrel (etanercept)
Humira (adalimumab)
Kineret (anakinra)
Orencia (abatacept)
Remicade (infliximab)

Please call Chartered Health Plan Medical Management Department toll-free at 1-800-408-7510 to obtain prior authorization for the following medication(s):

Protease Inhibitors

Aptivus (tipranavir)

Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

Cymbalta (duloxetine)

STEP THERAPY

Step therapy (**ST**) requires the use of one or more prerequisite drugs that meet specific conditions prior to the use of another drug or drugs. The following drugs or drug categories require step therapy.

Acne Medications

Avita (tretinoin)
Differin (adapalene)
Retin-A (tretinoin)
Tazorac (tazarotene)

Antidiabetic Agents

Byetta (exenatide)
Symlin (pramlintide)

Antiemetic Medications

Anzemet (dolasetron)
Kytril (granisetron)
Marinol (dronabinol)
Zofran (ondansetron)

COX-2 Inhibitors

Celebrex (celecoxib)

Inhalant Solutions

Xopenex (levalbuterol) - Ages 3 and older

Lipid Lowering Agents

Zetia (ezetimibe)

Proton Pump Inhibitors

Nexium (esomeprazole delayed-rel)
Prevacid (lansoprazole delayed-rel)
Prilosec (omeprazole delayed-rel)

Topical Immunomodulators

Protopic (tacrolimus) - Ages 2 and older

OVER-THE-COUNTER MEDICATIONS

This formulary covers many over-the-counter (**OTC**) medications. Below is a partial listing of some of the many covered OTC products. This is not a complete list. Brand names are included for product recognition purposes only. You are encouraged to prescribe OTC products when clinically appropriate.

CHARTERED HEALTH PLAN OTC Formulary Products**ANTACIDS**

aluminum hydroxide (ALternaGEL)
alumina/magnesia/simethicone (Mylanta)
aluminum hydroxide/magnesium hydroxide/simethicone (Maalox Plus)
aspirin/sodium bicarbonate/citric acid (Alka-Seltzer)
calcium carbonate (Tums)
magnesium hydroxide (Phillips' Milk Of Magnesia)

ANTIBACTERIALS, TOPICAL

bacitracin
neomycin/polymyxin B/bacitracin (Neosporin)

ANTIDIARRHEALS

bismuth subsalicylate (Kaopectate)
bismuth subsalicylate (Pepto-Bismol)

ANTIEMETICS

meclizine
dextrose/fructose/phosphoric acid (Emetrol)
dimenhydrinate (Dramamine)

ANTIFUNGALS, TOPICAL

clotrimazole (Lotrimin AF)
terbinafine (Lamisil AT)
tolnaftate (Tinactin)

ANTIFUNGALS, VAGINAL

butoconazole (Femstat 3)
clotrimazole (Gyne-Lotrimin)
miconazole nitrate (Monistat)

ANTI-INFLAMMATORIES, TOPICAL

hydrocortisone

COUGH, COLD, ALLERGY**Antihistamines**

cetirizine syrup (Zyrtec)
cetirizine tablets (Zyrtec)
chlorpheniramine (Chlor-Trimeton)
clemastine (Tavist-1)
diphenhydramine (Benadryl)
loratadine (Alavert, Claritin)

Antihistamine/Decongestants

brompheniramine/phenylephrine (Dimetapp)
dextromethorphan/pseudoephedrine ext-rel (Drixoral)
loratadine/pseudoephedrine ext-rel (Claritin-D)

Decongestants

pseudoephedrine (Sudafed)

Expectorant/Antitussives

dextromethorphan/guaifenesin/phenylephrine (Robitussin CF)
dextromethorphan polistirex ext-rel (Delsym)
dextromethorphan/pseudoephedrine (Vicks 44D)
guaifenesin (Robitussin)
guaifenesin/dextromethorphan (Robitussin-DM)
guaifenesin/phenylephrine (Robitussin PE)

HEARTBURN/GAS

omeprazole magnesium delayed-rel (Prilosec OTC)
simethicone (Gas-X)
simethicone (Mylicon)
simethicone (Phazyme)

LAXATIVES

bisacodyl (Dulcolax)
cellulose powder (Unifiber)
docusate sodium (Colace)
docusate sodium/sennosides (Peri-Colace)
glycerin enema, supp (Fleet Glycerin)
magnesium citrate soln (Citroma)
mineral oil (Fleet Mineral Oil Enema)
psyllium (Metamucil)
sennosides (Senokot)
sennosides/docusate sodium (Senokot-S)
sodium phosphate/sodium biphosphate (Fleet Enema)
sodium phosphates (Fleet Phospho-Soda)

NASAL PREPARATIONS

sodium chloride nasal spray (Ocean)

NUTRITIONALS/SUPPLEMENTS

calcium carbonate/vitamin D (Os-Cal 500 + D)
calcium citrate (Citracal)

calcium citrate/vitamin D (Citracal + D)
electrolyte rehydrating solution (Pedialyte)
ferrous gluconate (Fergon)
ferrous sulfate (Feosol, Fer-In-Sol)
magnesium oxide (Mag-Ox)
multivitamins, chewable (Centrum Kids)
multivitamins, geriatric (Centrum Silver)
multivitamins with iron (Therems-H)
niacin (Niacin)
pediatric multivitamins (12 years and younger) (Poly-Vi-Sol)
pediatric multivitamins (12 years and younger) (Tri-Vi-Sol)
pediatric multivitamins with iron (12 years and younger) (Poly-Vi-Sol)
polysaccharide iron complex (Niferex-150)
prenatal vitamins (Stuart Prenatal)

OPHTHALMICS

artificial tears
ketotifen (Zaditor)
naphazoline (Naphcon)
naphazoline/antazoline (Vasocon-A)
naphazoline/pheniramine (Naphcon A)
sodium chloride (Muro-128)

OTIC

carbamide peroxide 6.5% (Debrox)

PAIN - ANALGESICS

acetaminophen (Tylenol)
aspirin (Bayer Aspirin)
aspirin buffered (Bufferin)
ibuprofen (Advil)
naproxen sodium (Aleve)

PEDICULICIDES

permethrin (Nix Creme Rinse)
pyrethrins/piperonyl butoxide (RID Shampoo)

SMOKING DETERRENTS

nicotine polacrilex gum (Nicorette)
nicotine transdermal (Nicoderm CQ)

MISCELLANEOUS, TOPICALS

ammonium lactate (Lac-Hydrin 5)
benzoyl peroxide
calamine lotion
capsaicin crm 0.025% (Zostrix)
capsaicin crm 0.075% (Zostrix HP)
chlorhexidine gluconate
hydrocortisone crm (Preparation H)
hydrocortisone crm, supp (Anusol-HC)
petrolatum/mineral oil/shark liver oil/phenylephrine oint (Preparation H)
povidone-iodine (Betadine)
pramoxine/mineral oil/zinc oxide (Anusol)
salicylic acid 17% (Compound W)
salicylic acid 17%/collodion (Duofilm)
selenium sulfide (Selsun Blue)

MISCELLANEOUS

lactase (Lactaid)
menthol/phenol (Cepastat)
saliva substitute spray (Aquoral)

EDITOR

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

Formulary Editor - Medical Management
1025 15th Street N.W.
Washington, DC 20036
Phone toll-free: 1-800-408-7510

NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. All rights reserved.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

When viewing this formulary via the Internet, please be advised that the formulary is updated periodically and changes may appear prior to their effective date to allow for client notification.

LEGEND

#	Only the dosage forms/strengths of the reference brand-name products noted and generic versions, if available, are on formulary
##	Only the brand-name product noted is on formulary
MDL	Managed Drug Limitation
OTC	Over the counter
PA	Prior Authorization Required*
ST	Step Therapy
boldface	Indicates generic availability
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification
*	To obtain Prior Authorization for selected Specialty medications call toll-free: 1-866-814-5506. To obtain Prior Authorization for non-Specialty medications call toll-free: 1-800-408-7510. See Prior Authorization section for details.

ANALGESICS

ANALGESICS, OTHER

acetaminophen	OTC	TYLENOL
NSAIDs		
aspirin	OTC	BAYER ASPIRIN
aspirin buffered	OTC	BUFFERIN
ibuprofen	OTC	ADVIL
naproxen sodium	OTC	ALEVE
ibuprofen		MOTRIN
indomethacin		
ketorolac	MDL	
naproxen		NAPROSYN
naproxen sodium		ANAPROX
salsalate		
sulindac		CLINORIL
COX-2 INHIBITORS		
celecoxib	ST	CELEBREX
GOUT		
allopurinol		ZYLOPRIM
colchicine tabs		
probenecid		
NARCOTIC ANALGESICS		
butalbital/acetaminophen/caffeine/ codeine		FIORICET w/CODEINE
butalbital/aspirin/caffeine/codeine		FIORINAL w/CODEINE
butorphanol spray	MDL	
codeine/acetaminophen		TYLENOL w/CODEINE
hydrocodone/acetaminophen		LORCET
hydrocodone/acetaminophen		LORTAB
hydrocodone/acetaminophen		VICODIN ES
propoxyphene nap/acetaminophen		DARVOCET-N
NARCOTIC ANALGESICS, CII		
fentanyl transdermal		DURAGESIC
hydromorphone		DILAUDID
morphine		
morphine ext-rel		MS CONTIN
morphine supp		
oxycodone		ROXICODONE
oxycodone/acetaminophen 5/325		PERCOCET
oxycodone ext-rel		OXYCONTIN
NON-NARCOTIC ANALGESICS		
butalbital/acetaminophen/caffeine		FIORICET
butalbital/aspirin/caffeine		FIORINAL
tramadol		ULTRAM
VISCOSUPPLEMENTS		
hylan G-F		SYNVISC
sodium hyaluronate		HYALGAN
ANTI-INFECTIVES		
ANTIBACTERIALS		
Cephalosporins		
First Generation		
cephalexin		KEFLEX

Second Generation		
cefaclor		
cefprozil		CEFZIL
cefuroxime axetil		CEFTIN
Third Generation		
cefdinir		OMNICEF
Erythromycins/Macrolides		
azithromycin	MDL	ZITHROMAX
clarithromycin		BIAXIN
clarithromycin ext-rel		BIAXIN XL
erythromycin delayed-rel		
erythromycin ethylsuccinate		E.E.S.
erythromycin stearate		
erythromycin/sulfisoxazole		
erythromycin delayed-rel		ERY-TAB
Fluoroquinolones		
ciprofloxacin ext-rel	MDL	CIPRO XR
ciprofloxacin tabs		CIPRO
ciprofloxacin susp		CIPRO susp
levofloxacin		LEVAQUIN
MDL on 500 mg ext-rel tablets.		
Penicillins		
amoxicillin		AMOXIL
amoxicillin/clavulanate		AUGMENTIN
ampicillin		
dicloxacillin		
penicillin VK		
Sulfonamide		
acetyl sulfisoxazole susp		GANTRISIN
Tetracyclines		
doxycycline hyclate		VIBRAMYCIN
minocycline		MINOCIN
tetracycline		
ANTIFUNGALS		
fluconazole	MDL	DIFLUCAN
ketoconazole		NIZORAL
nystatin		MYCOSTATIN
terbinafine tabs		LAMISIL
griseofulvin microsize		GRIFULVIN V
griseofulvin ultramicrosize		GRIS-PEG
MDL on 150 mg tablets.		
ANTIMALARIALS		
chloroquine		ARALEN
mefloquine		LARIAM
atovaquone/proguanil		MALARONE
ANTIRETROVIRAL AGENTS		
Antiretroviral Combinations		
abacavir/lamivudine		EPZICOM
abacavir/lamivudine/zidovudine		TRIZIVIR
efavirenz/emtricitabine/tenofovir		ATRIPLA
emtricitabine/tenofovir		TRUVADA
lamivudine/zidovudine		COMBIVIR

Fusion Inhibitors		
enfuvirtide	PA	FUZEON
Non-nucleoside Reverse Transcriptase Inhibitors		
delavirdine		RESCRIPTOR
efavirenz		SUSTIVA
nevirapine		VIRAMUNE
Nucleoside Reverse Transcriptase Inhibitors		
didanosine delayed-rel		VIDEX EC
zidovudine		RETROVIR
abacavir		ZIAGEN
didanosine soln		VIDEX soln
emtricitabine		EMTRIVA
lamivudine		EPIVIR
Nucleotide Reverse Transcriptase Inhibitors		
tenofovir		VIREAD
Protease Inhibitors		
atazanavir		REYATAZ
darunavir		PREZISTA
fosamprenavir		LEXIVA
indinavir		CRIXIVAN
lopinavir/ritonavir		KALETRA
nelfinavir		VIRACEPT
ritonavir		NORVIR
saquinavir mesylate		INVIRASE
tipranavir	PA	APTIVUS
ANTITUBERCULAR AGENTS		
ethambutol		MYAMBUTOL
isoniazid		
pyrazinamide		
rifampin		RIFADIN
ANTIVIRALS		
Cytomegalovirus Agents		
ganciclovir		
valganciclovir		VALCYTE
Hepatitis Agents		
ribavirin caps	PA	REBETOL
ribavirin tabs	PA	COPEGUS
adefovir dipivoxil		HEPSERA
lamivudine		EPIVIR-HBV
ribavirin oral soln	PA	REBETOL
Herpes Agents		
acyclovir		ZOVIRAX
valacyclovir		VALTREX
Influenza Agents		
amantadine, except tabs		
oseltamivir	MDL	TAMIFLU
zanamivir	MDL	RELENZA
MISCELLANEOUS		
clindamycin		CLEOCIN
mebendazole		
metronidazole tabs		FLAGYL

nitrofurantoin ext-rel		MACROBID
nitrofurantoin macrocrystals		MACRODANTIN
sulfamethoxazole/trimethoprim		SEPTRA
trimethoprim		
dapsone		
fosfomycin	MDL	MONUROL

ANTINEOPLASTIC AGENTS

All oral antineoplastic drug products are on formulary. A list of the injectable antineoplastic agents covered on the formulary can be found in the Specialty Pharmacy Services section of the formulary.

CARDIOVASCULAR

ACE INHIBITORS

captopril		CAPOTEN
enalapril		VASOTEC
lisinopril		ZESTRIL
quinapril		ACCUPRIL
ramipril		ALTACE

ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine/benazepril		LOTREL
trandolapril/verapamil ext-rel		TARKA

ACE INHIBITOR/DIURETIC COMBINATIONS

lisinopril/hydrochlorothiazide		ZESTORETIC
quinapril/hydrochlorothiazide		ACCURETIC

ADRENOLYTICS, CENTRAL

clonidine		CATAPRES
clonidine transdermal		CATAPRES-TTS

ALDOSTERONE RECEPTOR ANTAGONISTS

spironolactone		ALDACTONE
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ALPHA BLOCKERS

doxazosin		CARDURA
prazosin		MINIPRESS
terazosin		HYTRIN

ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

irbesartan		AVAPRO
irbesartan/hydrochlorothiazide		AVALIDE
olmesartan		BENICAR
olmesartan/hydrochlorothiazide		BENICAR HCT
telmisartan		MICARDIS
telmisartan/hydrochlorothiazide		MICARDIS HCT

ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine/olmesartan		AZOR
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ANTIARRHYTHMICS

amiodarone		CORDARONE
propafenone		RYTHMOL
quinidine gluconate ext-rel		
quinidine sulfate		
sotalol		BETAPACE
sotalol		BETAPACE AF

ANTILIPEMICS

Antilipemic Combinations

ezetimibe/simvastatin		VYTORIN
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Bile Acid Resins		
cholestyramine		QUESTRAN/ QUESTRAN LIGHT
Cholesterol Absorption Inhibitors		
ezetimibe	ST	ZETIA
Fibrates		
fenofibrate		LOFIBRA
gemfibrozil		LOPID
HMG-CoA Reductase Inhibitors		
pravastatin		PRAVACHOL
simvastatin		ZOCOR
atorvastatin		LIPITOR
Niacins		
niacin ext-rel		NIASPAN
BETA-BLOCKERS		
atenolol		TENORMIN
carvedilol		COREG
labetalol		TRANDATE
metoprolol		LOPRESSOR
metoprolol ext-rel		TOPROL-XL
pindolol		
propranolol		
propranolol ext-rel		INDERAL LA
CALCIUM CHANNEL BLOCKERS		
Dihydropyridines		
amlodipine		NORVASC
nifedipine ext-rel		ADALAT CC
nifedipine ext-rel		PROCARDIA XL
Nondihydropyridines		
diltiazem		CARDIZEM
diltiazem ext-rel		CARDIZEM CD
diltiazem ext-rel		DILACOR XR
verapamil		CALAN
verapamil ext-rel		CALAN SR
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
amlodipine/atorvastatin		CADUET
DIGITALIS GLYCOSIDES		
digoxin		LANOXIN
digoxin ped elixir		
DIRECT RENIN INHIBITORS		
aliskiren		TEKTURNA
DIRECT RENIN INHIBITOR COMBINATIONS		
aliskiren/hydrochlorothiazide		TEKTURNA HCT
DIURETICS		
Carbonic Anhydrase Inhibitors		
acetazolamide		
methazolamide		

Loop Diuretics		
furosemide		LASIX
Thiazides and Thiazide-like Diuretics		
chlorthalidone		
hydrochlorothiazide		
indapamide		
metolazone		ZAROXOLYN
Diuretic Combinations		
amiloride/hydrochlorothiazide		
spironolactone/hydrochlorothiazide		ALDACTAZIDE
triamterene/hydrochlorothiazide		DYAZIDE
triamterene/hydrochlorothiazide		MAXZIDE
NITRATES		
Oral		
isosorbide dinitrate ext-rel tabs		
isosorbide dinitrate oral		ISORDIL
Sublingual		
nitroglycerin sublingual		NITROSTAT
Transdermal		
nitroglycerin transdermal		
nitroglycerin transdermal		NITRO-DUR
NITRATE/VASODILATOR COMBINATIONS		
isosorbide dinitrate/hydralazine		BIDIL
PULMONARY ARTERIAL HYPERTENSION		
Endothelin Receptor Antagonists		
ambrisentan	PA	LETAIRIS
Prostaglandin Vasodilators		
epoprostenol sodium		FLOLAN
MISCELLANEOUS		
hydralazine		
methyldopa		
midodrine		PROAMATINE
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
Benzodiazepines		
alprazolam		XANAX
chlordiazepoxide		LIBRIUM
clonazepam tabs		KLONOPIN
diazepam		VALIUM
lorazepam		ATIVAN
oxazepam		
Miscellaneous		
buspirone		BUSPAR
clomipramine		ANAFRANIL
ANTICONVULSANTS		
carbamazepine		TEGRETOL
divalproex sodium delayed-rel		DEPAKOTE
divalproex sodium ext-rel		DEPAKOTE ER
ethosuximide		ZARONTIN

gabapentin		NEURONTIN
lamotrigine		LAMICTAL
levetiracetam		KEPPRA
oxcarbazepine		TRILEPTAL
phenobarbital		
phenytoin sodium extended		DILANTIN
primidone		MYSOLINE
topiramate		TOPAMAX
valproic acid		DEPAKENE
zonisamide		ZONEGRAN
diazepam rectal gel		DIASTAT ACUDIAL
phenytoin		DILANTIN INFATABS
pregabalin	MDL	LYRICA

ANTIDEMENTIA

galantamine		RAZADYNE
donepezil		ARICEPT
rivastigmine		EXELON
tacrine		COGNEX

ANTIDEPRESSANTS

Although these agents are primarily indicated for depression, some of these are also approved for other indications, including bipolar disorder, obsessive-compulsive disorder, panic disorder, and premenstrual dysphoric disorder.

Monoamine Oxidase Inhibitors (MAOIs)

tranylcypromine		PARNATE
phenelzine		NARDIL

Selective Serotonin Reuptake Inhibitors (SSRIs)

citalopram		CELEXA
fluoxetine		PROZAC
paroxetine HCl		PAXIL
paroxetine HCl ext-rel		PAXIL CR
sertraline		ZOLOFT
escitalopram		LEXAPRO

Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)*

* Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

venlafaxine		EFFEXOR
duloxetine	PA	CYMBALTA
venlafaxine ext-rel		EFFEXOR XR

Tricyclic Antidepressants (TCAs)

amitriptyline		
desipramine		NORPRAMIN
doxepin		
imipramine HCl		TOFRANIL
nortriptyline		PAMELOR

Miscellaneous Agents

bupropion		WELLBUTRIN
bupropion ext-rel		WELLBUTRIN SR
mirtazapine		REMERON
trazodone		

ANTIPARKINSONIAN AGENTS

amantadine, except tabs		
benztropine		
bromocriptine		PARLODEL

carbidopa/levodopa		SINEMET
carbidopa/levodopa ext-rel		SINEMET CR
diphenhydramine		
ropinirole		REQUIP
selegiline tabs		
trihexyphenidyl		
entacapone		COMTAN
pramipexole		MIRAPEX
ANTIPSYCHOTICS		
Atypicals		
clozapine		CLOZARIL
risperidone		RISPERDAL
aripiprazole		ABILIFY
olanzapine		ZYPREXA
quetiapine		SEROQUEL
ziprasidone		GEODON
Miscellaneous		
fluphenazine		
fluphenazine decanoate		
haloperidol		
perphenazine		
thioridazine		
thiothixene		NAVANE
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
dextroamphetamine		DEXEDRINE
methylphenidate		RITALIN
methylphenidate ext-rel		METADATE ER
methylphenidate ext-rel		RITALIN-SR
methylphenidate ext-rel		CONCERTA
methylphenidate ext-rel		METADATE CD
HYPNOTICS		
Benzodiazepines		
flurazepam		
temazepam		RESTORIL
Nonbenzodiazepines		
chloral hydrate		
zolpidem	MDL	AMBIEN
ramelteon		ROZEREM
MIGRAINE		
Ergotamine Derivatives		
ergotamine/caffeine		CAFERGOT
Selective Serotonin Agonists		
sumatriptan	MDL	IMITREX
rizatriptan	MDL	MAXALT/MAXALT-MLT
zolmitriptan	MDL	ZOMIG/ZOMIG-ZMT
MOOD STABILIZERS		
lithium carbonate		
lithium carbonate ext-rel tabs 300 mg		LITHOBID
lithium carbonate ext-rel tabs 450 mg		
MULTIPLE SCLEROSIS		
glatiramer	PA	COPAXONE
interferon beta-1a	PA	AVONEX

interferon beta-1a	PA	REBIF
interferon beta-1b	PA	BETASERON
MUSCULOSKELETAL THERAPY AGENTS		
baclofen		
carisoprodol		SOMA
cyclobenzaprine	MDL	FLEXERIL
dantrolene		DANTRIUM
methocarbamol		ROBAXIN
tizanidine		ZANAFLEX tabs
MYASTHENIA GRAVIS		
pyridostigmine		MESTINON
NARCOLEPSY/CATAPLEXY		
sodium oxybate		XYREM
PSYCHOTHERAPEUTIC-MISCELLANEOUS		
Smoking Deterrents		
nicotine polacrilex gum	OTC	NICORETTE
nicotine transdermal	OTC	NICODERM CQ
bupropion ext-rel		ZYBAN
varenicline	MDL	CHANTIX
ENDOCRINE AND METABOLIC		
ANTIDIABETICS		
Alpha-glucosidase Inhibitors		
acarbose		PRECOSE
Amylin Analogs		
pramlintide	ST	SYMLIN
Biguanides		
metformin		GLUCOPHAGE
Biguanide/Sulfonylurea Combinations		
glipizide/metformin		METAGLIP
glyburide/metformin		GLUCOVANCE
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
sitagliptin phosphate		JANUVIA
Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations		
sitagliptin/metformin		JANUMET
Incretin Mimetic Agents		
exenatide	ST	BYETTA
Insulins		
insulin human	OTC	HUMULIN R
insulin human	OTC	NOVOLIN R
insulin isophane human	OTC	HUMULIN N
insulin isophane human	OTC	NOVOLIN N
insulin isophane human 50%/regular 50%	OTC	HUMULIN 50/50
insulin isophane human 70%/regular 30%	OTC	HUMULIN 70/30
insulin isophane human 70%/regular 30%	OTC	NOVOLIN 70/30
insulin aspart		NOVOLOG
insulin aspart protamine 70%/ insulin aspart 30%		NOVOLOG MIX 70/30
insulin glargine		LANTUS
insulin glargine		LANTUS pens

insulin lispro		HUMALOG
insulin lispro protamine/insulin lispro		HUMALOG MIX
Insulin Sensitizers		
pioglitazone		ACTOS
rosiglitazone		AVANDIA
Insulin Sensitizer/Biguanide Combinations		
pioglitazone/metformin		ACTOPLUS MET
rosiglitazone/metformin		AVANDAMET
Meglitinides		
repaglinide		PRANDIN
Meglitinide/Biguanide Combinations		
repaglinide/metformin		PRANDIMET
Sulfonylureas		
glimepiride		AMARYL
glipizide		GLUCOTROL
glipizide ext-rel		GLUCOTROL XL
glyburide		DIABETA
glyburide		MICRONASE
glyburide, micronized		GLYNASE
Supplies		
ACCU-CHEK KITS AND TEST STRIPS	OTC	
insulin syringes and needles	OTC	
lancets	OTC	
ONETOUCH KITS AND TEST STRIPS	OTC	
CALCIUM REGULATORS		
Bisphosphonates		
alendronate		FOSAMAX
Parathyroid Hormones		
teriparatide		FORTEO
CONTRACEPTIVES		
EE = ethinyl estradiol		
ME = mestranol		
Monophasic		
20 mcg Estrogen		
norethindrone acetate/EE 1/20		JUNEL
norethindrone acetate/EE 1/20		MICROGESTIN 1/20
norethindrone acetate/EE/iron 1/20		JUNEL FE
norethindrone acetate/EE/iron 1/20		MICROGESTIN FE 1/20
30 mcg Estrogen		
desogestrel/EE 0.15/30		APRI
desogestrel/EE 0.15/30		SOLIA
drospirenone/EE 3/30		YASMIN
levonorgestrel/EE 0.15/30		LEVORA
norethindrone acetate/EE 1.5/30		JUNEL
norethindrone acetate/EE 1.5/30		MICROGESTIN 1.5/30
norethindrone acetate/EE/iron 1.5/30		JUNEL FE
norethindrone acetate/EE/iron 1.5/30		MICROGESTIN FE 1.5/30
norgestrel/EE 0.3/30		LOW-OGESTREL

35 mcg Estrogen		
ethynodiol diacetate/EE 1/35		ZOVIA 1/35
norethindrone/EE 0.5/35		NECON 0.5/35
norethindrone/EE 0.5/35		NORTREL 0.5/35
norethindrone/EE 1/35		NECON 1/35
norethindrone/EE 1/35		NORTREL 1/35
norgestimate/EE 0.25/35		MONONESSA
norgestimate/EE 0.25/35		PREVIFEM
norgestimate/EE 0.25/35		SPRINTEC
50 mcg Estrogen		
ethynodiol diacetate/EE 1/50		ZOVIA 1/50
norethindrone/ME 1/50		NECON 1/50
Biphasic		
desogestrel/EE		MIRCETTE
Triphasic		
desogestrel/EE		CYCLESSA
levonorgestrel/EE		TRIVORA
norethindrone/EE		ARANELLE
norethindrone/EE		LEENA
norethindrone/EE		NECON 7/7/7
norethindrone/EE		NORTREL 7/7/7
norgestimate/EE		TRINESSA
norgestimate/EE		TRI-PREVIFEM
norgestimate/EE		TRI-SPRINTEC
norgestimate/EE	##	ORTHO TRI-CYCLEN LO
Progestin Only		
norethindrone		ERRIN
norethindrone		JOLIVETTE
Emergency Contraception		
levonorgestrel	MDL	PLAN B
Injectable		
medroxyprogesterone acetate 150 mg/mL		DEPO-PROVERA
Transdermal		
norelgestromin/EE		ORTHO EVRA
Vaginal		
etonogestrel/EE ring		NUVARING
ENDOMETRIOSIS		
leuprolide acetate	PA	LUPRON
leuprolide acetate	PA	LUPRON DEPOT
ESTROGENS		
Oral		
estradiol		ESTRACE
estropipate		OGEN
estrogens, conjugated		PREMARIN
estrogens, conjugated, synthetic A		CENESTIN
Transdermal		
estradiol		CLIMARA
estradiol	#	ESTRADERM
estradiol	#	VIVELLE-DOT

Vaginal		
estrogens, conjugated crm		PREMARIN crm
ESTROGEN/PROGESTINS		
Oral		
estrogens, conjugated/ medroxyprogesterone		PREMPHASE
estrogens, conjugated/ medroxyprogesterone		PREMPRO
GLUCOCORTICOIDS		
dexamethasone		
fludrocortisone		
hydrocortisone		CORTEF
methylprednisolone		MEDROL
prednisolone syrup		PRELONE
prednisone		
GLUCOSE ELEVATING AGENTS		
glucagon, human recombinant		GLUCAGON EMERGENCY KIT
HUMAN GROWTH HORMONES AND RELATED DISORDERS		
mecasermin	PA	INCRELEX
somatropin	PA	GENOTROPIN
somatropin	PA	HUMATROPE
somatropin	PA ##	NORDITROPIN
somatropin	PA ##	NUTROPIN/NUTROPIN AQ
somatropin	PA	OMNITROPE
somatropin	PA ##	SAIZEN
somatropin	PA ##	SEROSTIM
somatropin	PA	TEV-TROPIN
somatropin	PA	ZORBTIVE
PHOSPHATE BINDER AGENTS		
calcium acetate		PHOSLO
PROGESTINS		
medroxyprogesterone acetate		PROVERA
SELECTIVE ESTROGEN RECEPTOR MODULATORS		
raloxifene		EVISTA
THYROID AGENTS		
Antithyroid Agents		
methimazole		TAPAZOLE
propylthiouracil		
Diagnostic Agents		
thyrotropin alfa		THYROGEN
Thyroid Supplements		
levothyroxine		LEVOXYL
levothyroxine		SYNTHROID
VASOPRESSINS		
desmopressin spray, tabs		DDAVP spray, tabs
MISCELLANEOUS		
octreotide acetate		SANDOSTATIN
methylergonovine		METHERGINE
octreotide acetate		SANDOSTATIN LAR

GASTROINTESTINAL

ANTACIDS

alumina/magnesia/simethicone	OTC	MYLANTA
aluminum hydroxide	OTC	ALTERNAGEL
aluminum hydroxide/ magnesium hydroxide/simethicone	OTC	MAALOX PLUS
aspirin/sodium bicarbonate/citric acid	OTC	ALKA-SELTZER
calcium carbonate	OTC	TUMS
magnesium hydroxide	OTC	PHILLIPS' MILK OF MAGNESIA

ANTIDIARRHEALS

bismuth subsalicylate	OTC	KAOPECTATE
bismuth subsalicylate	OTC	PEPTO-BISMOL
diphenoxylate/atropine		LOMOTIL
loperamide		

ANTIEMETICS

dextrose/fructose/phosphoric acid	OTC	EMETROL
dimenhydrinate	OTC	DRAMAMINE
meclizine	OTC	
dronabinol	MDL ST	MARINOL
granisetron	MDL ST	KYTRIL
meclizine		ANTIVERT
metoclopramide		REGLAN
ondansetron	MDL ST	ZOFRAN
prochlorperazine		
promethazine		
dolasetron	MDL ST	ANZEMET

ANTISPASMODICS

dicyclomine		BENTYL
hyoscyamine sulfate		LEVSIN

CHOLELITHOLYTICS

ursodiol		ACTIGALL
ursodiol		URSO

H₂-RECEPTOR ANTAGONISTS

cimetidine		TAGAMET
ranitidine		ZANTAC

INFLAMMATORY BOWEL DISEASE

Oral Agents

sulfasalazine		AZULFIDINE
mesalamine delayed-rel tabs		ASACOL

Rectal Agents

hydrocortisone enema		
mesalamine rectal susp		ROWASA
hydrocortisone acetate foam		CORTIFOAM
mesalamine supp		CANASA

LAXATIVES

bisacodyl	OTC	DULCOLAX
cellulose powder	OTC	UNIFIBER
docusate sodium	OTC	COLACE
docusate sodium/sennosides	OTC	PERI-COLACE
glycerin enema, supp	OTC	FLEET GLYCERIN
magnesium citrate soln	OTC	CITROMA
mineral oil	OTC	FLEET MINERAL OIL ENEMA

psyllium	OTC	METAMUCIL
sennosides	OTC	SENOKOT
sennosides/docusate sodium	OTC	SENOKOT-S
sodium phosphate/sodium biphosphate	OTC	FLEET ENEMA
sodium phosphates	OTC	FLEET PHOSPHO-SODA
lactulose		
peg 3350/electrolytes		NULYTELY
peg 3350/electrolytes		GOLYTELY
sodium phosphates		VISICOL
PANCREATIC ENZYMES		
pancrelipase		VIOKASE
pancrelipase delayed-rel		CREON
pancrelipase delayed-rel		ULTRASE
pancrelipase delayed-rel		ULTRASE MT
PROSTAGLANDINS		
misoprostol		CYTOTEC
PROTON PUMP INHIBITORS		
omeprazole magnesium delayed-rel	OTC	PRILOSEC OTC
omeprazole delayed-rel	ST	PRILOSEC
esomeprazole delayed-rel	ST	NEXIUM
lansoprazole delayed-rel	ST	PREVACID
SALIVA STIMULANTS		
saliva substitute spray	OTC	AQUORAL
STEROIDS, RECTAL		
hydrocortisone crm	OTC	PREPARATION H
hydrocortisone crm, supp	OTC	ANUSOL-HC
hydrocortisone crm		PROCTOCREAM-HC 2.5%
MISCELLANEOUS		
lactase	OTC	LACTAID
simethicone	OTC	GAS-X
simethicone	OTC	MYLICON
simethicone	OTC	PHAZYME
sucrafate		CARAFATE
bismuth subsalicylate + metronidazole + tetracycline		HELIDAC
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
dutasteride		AVODART
URINARY ANTISPASMODICS		
oxybutynin		
darifenacin		ENABLEX
tolterodine		DETROL
tolterodine ext-rel		DETROL LA
VAGINAL ANTI-INFECTIVES		
clotrimazole	OTC	GYNE-LOTRIMIN
miconazole	OTC	MONISTAT
butoconazole	OTC	FEMSTAT 3
clindamycin crm		CLEOCIN
metronidazole		METROGEL-VAGINAL
terconazole		TERAZOL 3
terconazole		TERAZOL 7
clindamycin supp		CLEOCIN

MISCELLANEOUS

bethanechol		URECHOLINE
phenazopyridine		PYRIDIUM
pentosan polysulfate sodium		ELMIRON

HEMATOLOGIC**ANTICOAGULANTS****Injectable**

enoxaparin		LOVENOX
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Oral

warfarin		COUMADIN
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ANTIHEMOPHILIC AGENTS

AHF, human/VWF, human	PA	HUMATE-P
antihemophilic factor	PA	ALPHANATE
antihemophilic factor	PA	HEMOFIL-M
antihemophilic factor	PA	KOATE-DVI
antihemophilic factor	PA	MONARC M
antihemophilic factor, recombinant	PA	HELIXATE FS
antihemophilic factor, recombinant	PA	KOGENATE FS
antihemophilic factor, recombinant	PA	RECOMBIMATE
antihemophilic factor, recombinant	PA	REFACTO
anti-inhibitor coagulant complex	PA	FEIBA VH
coagulation factor VIIa	PA	NOVOSEVEN RT
factor IX concentrate	PA	ALPHANINE SD
factor IX concentrate	PA	BENEFIX
factor IX concentrate	PA	MONONINE
factor IX concentrate	PA	PROFILNINE SD

GAUCHER DISEASE

imiglucerase		CEREZYME
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HEMATOPOIETIC GROWTH FACTORS

darbepoetin alfa		ARANESP
epoetin alfa		EPOGEN
epoetin alfa		PROCRIT
filgrastim		NEUPOGEN
oprelvekin		NEUMEGA
pegfilgrastim		NEULASTA
sargramostim		LEUKINE

PLATELET AGGREGATION INHIBITORS

dipyridamole		PERSANTINE
clopidogrel		PLAVIX

PLATELET SYNTHESIS INHIBITORS

anagrelide		AGRYLIN
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IMMUNOLOGIC AGENTS**DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)**

hydroxychloroquine		PLAQUENIL
leflunomide		ARAVA
methotrexate		
adalimumab	PA	HUMIRA
anakinra	PA	KINERET
auranofin		RIDAURA
etanercept	PA	ENBREL
infliximab	PA	REMICADE
penicillamine		CUPRIMINE

IMMUNE GLOBULINS

cytomegalovirus immune globulin		CYTOGAM
immune globulin		RHOGAM
immune globulin, gamma		CARIMUNE
immune globulin, gamma		GAMMAGARD

IMMUNOMODULATORS**Interferons**

interferon alfa-2b	PA	INTRON A
interferon alfacon-1	PA	INFERGEN
interferon gamma-1b		ACTIMMUNE
peginterferon alfa-2a	PA	PEGASYS
peginterferon alfa-2b	PA	PEGINTRON

Vaccines

influenza vaccine	*	FLUMIST
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* Restricted to members ages 2 to 49 years old.

IMMUNOSUPPRESSANTS

All oral immunosuppressant drug products are on formulary. A list of the injectable immunosuppressant agents covered on the formulary can be found in the Specialty Pharmacy Services section of the formulary.

MONOCLONAL ANTIBODIES

palivizumab	PA	SYNAGIS
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NUTRITIONAL/SUPPLEMENTS**ELECTROLYTES****Potassium**

potassium chloride ext-rel		K-DUR
potassium chloride ext-rel		MICRO-K
potassium chloride liquid		

Miscellaneous

electrolyte soln, oral	OTC	PEDIALYTE
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VITAMINS AND MINERALS**Folic Acid Agents****folic acid****Prenatal Vitamins**

prenatal vitamins	OTC	STUART PRENATAL
prenatal vitamins/docusate/folic acid		CITRANATAL RX
prenatal vitamins/folic acid		VITAFOL-OB
prenatal vitamins/folic acid		VITAFOL-PN
prenatal vitamins/folic acid		PRECARE CONCEIVE
prenatal vitamins/folic acid		PREMESISRX

Miscellaneous

calcium carbonate/vitamin D	OTC	OS-CAL 500+D
calcium citrate	OTC	CITRACAL
calcium citrate/vitamin D	OTC	CITRACAL + D
ergocalciferol	OTC	VITAMIN D
ferrous gluconate	OTC	FERGON
ferrous sulfate	OTC	FEOSOL
ferrous sulfate	OTC	FER-IN-SOL
magnesium oxide	OTC	MAG-OX
multivitamins, pediatric	OTC	POLY-VI-SOL
multivitamins, pediatric	OTC	TRI-VI-SOL
multivitamins/iron, pediatric	OTC	POLY-VI-SOL
multivitamins/minerals/iron chewable	OTC	CENTRUM KIDS
multivitamins/minerals/iron, geriatric	OTC	CENTRUM SILVER
niacin	OTC	NIACIN

polysaccharide iron complex	OTC	NIFEREX-150
multivitamins/iron	OTC	THEREMS-H
cyanocobalamin inj		
ergocalciferol		VITAMIN D
fluoride drops		LURIDE
fluoride tabs		LURIDE LOZI-TABS
multivitamins/fluoride drops, tabs		
multivitamins/fluoride/iron drops, tabs		
multivitamins/iron		
vitamin ADC/fluoride drops		
vitamin ADC/fluoride/iron drops		
ferrous bisglycinate and fumarate/ folic acid/vitamins C and B12		CHROMAGEN FORTE
ferrous bisglycinate/folic acid/ vitamins C and B12		CHROMAGEN FA
ferrous bisglycinate/vitamins C and B12/intrinsic factor		CHROMAGEN
RESPIRATORY		
ANAPHYLAXIS TREATMENT AGENTS		
epinephrine		EPIPEN
epinephrine		EPIPEN JR.
ANTICHOLINERGICS		
ipratropium soln		
ipratropium, CFC-free aerosol		ATROVENT HFA
tiotropium		SPIRIVA
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ipratropium/albuterol		COMBIVENT
ANTIHISTAMINES, LOW SEDATING		
cetirizine syrup	OTC	ZYRTEC
cetirizine tabs	OTC	ZYRTEC
ANTIHISTAMINES, NONSEDATING		
loratadine	OTC	ALAVERT
loratadine	OTC	CLARITIN
ANTIHISTAMINES, SEDATING		
chlorpheniramine	OTC	CHLOR-TRIMETON
clemastine 1.34 mg	OTC	
diphenhydramine	OTC	BENADRYL
cyproheptadine		
diphenhydramine		
hydroxyzine HCl		
ANTIHISTAMINE/DECONGESTANT COMBINATIONS		
brompheniramine/phenylephrine elixir	OTC	DIMETAPP
dexbrompheniramine/pseudoephedrine ext-rel 6 mg/120 mg	OTC	DRIXORAL
loratadine/pseudoephedrine ext-rel	OTC	CLARITIN-D
brompheniramine/pseudoephedrine 4 mg/45 mg per 5 mL		
brompheniramine/pseudoephedrine ext-rel 12 mg/120 mg		
brompheniramine/pseudoephedrine ext-rel 6 mg/60 mg		
chlorpheniramine/pseudoephedrine ext-rel 8 mg/120 mg		DECONAMINE SR

chlorpheniramine/phenylephrine 1 mg/3.5 mg per mL		RONDEC DROPS
chlorpheniramine/phenylephrine 4 mg/12.5 mg per 5 mL		RONDEC SYRUP
ANTITUSSIVES		
dextromethorphan polistirex ext-rel benzonatate	OTC	DELSYM TESSALON
ANTITUSSIVE COMBINATIONS		
Narcotic		
codeine/guaifenesin liquid		
codeine/guaifenesin/pseudoephedrine		
codeine/promethazine		
hydrocodone/homatropine		HYCODAN
Non-narcotic		
dextromethorphan/guaifenesin	OTC	ROBITUSSIN-DM
dextromethorphan/guaifenesin/ phenylephrine	OTC	ROBITUSSIN CF
dextromethorphan/pseudoephedrine	OTC	VICKS 44D
guaifenesin	OTC	ROBITUSSIN
guaifenesin/phenylephrine	OTC	ROBITUSSIN PE
dextromethorphan/brompheniramine/ pseudoephedrine		
dextromethorphan/guaifenesin		
dextromethorphan/promethazine		
BETA AGONISTS		
Inhalants		
Short Acting		
albuterol soln		PROVENTIL
albuterol sulfate, CFC-free aerosol		PROAIR HFA
albuterol sulfate, CFC-free aerosol		VENTOLIN HFA
levalbuterol soln	ST	XOPENEX
ST - applies for ages 3 and older		
Long Acting		
formoterol inhalation caps		FORADIL
salmeterol xinafoate		SEREVENT
Oral Agents		
albuterol		
albuterol ext-rel		VOSPIRE ER
terbutaline		BRETHINE
CYSTIC FIBROSIS		
dornase alfa		PULMOZYME
tobramycin inhalation soln		TOBI
DECONGESTANTS		
pseudoephedrine	OTC	SUDAFED
LEUKOTRIENE RECEPTOR ANTAGONISTS		
montelukast		SINGULAIR
zafirlukast		ACCOLATE
MAST CELL STABILIZERS		
cromolyn soln		
cromolyn inhaler		INTAL

NASAL ANTIHISTAMINES		
azelastine spray	MDL	ASTELIN
NASAL STEROIDS		
fluticasone spray	MDL	FLONASE
budesonide spray	MDL	RHINOCORT AQUA
mometasone spray	MDL	NASONEX
triamcinolone acetonide spray	MDL	NASACORT AQ
STEROID/BETA AGONIST COMBINATIONS		
budesonide/formoterol		SYMBICORT
fluticasone/salmeterol		ADVAIR DISKUS
fluticasone/salmeterol, CFC-free aerosol		ADVAIR HFA
STEROID INHALANTS		
budesonide		PULMICORT
fluticasone, CFC-free aerosol		FLOVENT HFA
mometasone		ASMANEX
XANTHINES		
theophylline ext-rel tabs		
theophylline liquid		ELIXOPHYLLIN
MISCELLANEOUS		
sodium chloride soln	OTC	OCEAN
ipratropium spray		ATROVENT spray
caffeine citrate inj, soln 20 mg/mL		CAFCIT
omalizumab	PA	XOLAIR
TOPICAL DERMATOLOGY		
Acne		
Oral		
isotretinoin		ACCUTANE
Topical		
benzoyl peroxide	OTC	
clindamycin gel, lotion, soln		CLEOCIN T
erythromycin gel 2%		
erythromycin soln		
tretinoin	ST	AVITA
tretinoin	ST	RETIN-A
adapalene	ST	DIFFERIN
Actinic Keratosis		
fluorouracil		EFUDEX
fluorouracil		FLUOROPLEX
Antibiotics		
bacitracin	OTC	
neomycin/polymyxin B/bacitracin	OTC	NEOSPORIN
mupirocin		BACTROBAN
silver sulfadiazine		SILVADENE
Antifungals		
clotrimazole	OTC	LOTRIMIN AF
tolnaftate	OTC	TINACTIN
terbinafine	OTC	LAMISIL AT
ciclopirox		LOPROX
clotrimazole		
ketoconazole		NIZORAL

nystatin		MYCOSTATIN
nystatin/triamcinolone		
Antipsoriatics		
calcipotriene		DOVONEX
tazarotene	ST	TAZORAC
Antiseborrheics		
selenium sulfide shampoo 1%	OTC	SELSUN BLUE
ketconazole shampoo 2%		NIZORAL SHAMPOO
selenium sulfide shampoo 2.5%		SELSUN
Corticosteroids		
<i>Low Potency</i>		
hydrocortisone crm, oint 0.5%, 1%	OTC	
hydrocortisone crm 2.5%		
<i>Medium Potency</i>		
betamethasone valerate crm, lotion, ointment 0.1%		
hydrocortisone valerate crm, oint 0.2%		WESTCORT
mometasone crm, lotion, oint 0.1%		ELOCON
triamcinolone acetonide crm, lotion 0.025%		
triamcinolone acetonide crm, lotion, ointment 0.1%		
<i>High Potency</i>		
betamethasone dipropionate crm, lotion, ointment 0.05%		
fluocinonide crm, gel, oint, soln 0.05%		LIDEX
triamcinolone acetonide crm 0.5%		
<i>Very High Potency</i>		
clobetasol propionate crm, gel, lotion, ointment 0.05%		TEMOVATE
Emollients		
ammonium lactate	OTC	LAC-HYDRIN 5
Immunomodulators		
tacrolimus	ST	PROTOPIC
ST - applies for ages 2 and over		
Rosacea		
metronidazole crm		NORITATE
Scabicides and Pediculicides		
permethrin 1%	OTC	NIX CREME RINSE
pyrethrins/piperonyl butoxide 4%	OTC	RID SHAMPOO
lindane		
permethrin 5%		ELIMITE
malathion		OVIDE
Miscellaneous Skin and Mucous Membrane		
calamine lotion	OTC	
capsaicin crm 0.025%	OTC	ZOSTRIX
capsaicin crm 0.075%	OTC	ZOSTRIX HP
petrolatum/mineral oil/shark liver oil/ phenylephrine oint	OTC	PREPARATION H
povidone-iodine	OTC	BETADINE
salicylic acid 17%	OTC	COMPOUND W

salicylic acid 17%/collodion	OTC	DUOFILM
chlorhexidine gluconate	OTC	
pramoxine/mineral oil/zinc oxide	OTC	ANUSOL
podofilox		CONDYLOX
acyclovir oint		ZOVIRAX
becaplermin		REGRANEX
imiquimod		ALDARA
MOUTH/THROAT/DENTAL AGENTS		
menthol/phenol	OTC	CEPASTAT
chlorhexidine gluconate		PERIDEX
lidocaine viscous		XYLOCAINE VISCOUS
triamcinolone paste		
OPHTHALMIC		
Antiallergics		
ketotifen	OTC	ZADITOR
naphazoline	OTC	NAPHCON
naphazoline/pheniramine	OTC	NAPHCON A
naphazoline/antazoline	OTC	VASOCON-A
cromolyn sodium		CROLOM
Anti-infectives		
bacitracin		
erythromycin		
gentamicin		
neomycin/polymyxin B/gramicidin		NEOSPORIN
ofloxacin		OCUFLOX
polymyxin B/trimethoprim		POLYTRIM
sulfacetamide 10%		BLEPH-10
tobramycin		TOBREX
Anti-infective/Anti-inflammatory Combinations		
neomycin/polymyxin B/dexamethasone		MAXITROL
sulfacetamide/prednisolone phosphate 10%/0.25%		
tobramycin/dexamethasone		TOBRADEX
Anti-inflammatories		
Nonsteroidal		
ketorolac		ACULAR
Steroidal		
dexamethasone sodium phosphate		
fluorometholone		FML
prednisolone acetate 1%		PRED FORTE
prednisolone phosphate 1%		
loteprednol 0.5%		LOTEMAX
prednisolone acetate 0.12%		PRED MILD
Antivirals		
trifluridine		VIROPTIC
Beta-blockers		
Nonselective		
levobunolol		BETAGAN
timolol maleate		TIMOPTIC
timolol hemihydrate		BETIMOL
Carbonic Anhydrase Inhibitors		
brinzolamide		AZOPT

Mydriatics		
atropine		
Parasympathomimetics		
pilocarpine		ISOPTO CARPINE
Prostaglandins		
bimatoprost		LUMIGAN
latanoprost		XALATAN
Sympathomimetics		
brimonidine 0.2%		
dipivefrin		PROPINE
brimonidine 0.1%, 0.15%		ALPHAGAN P
Miscellaneous		
sodium chloride	OTC	MURO-128
artificial tears	OTC	
verteporfin		VISUDYNE
OTIC		
Anti-infectives		
acetic acid		
ofloxacin otic		FLOXIN OTIC
Anti-infective/Anti-inflammatory Combinations		
acetic acid/hydrocortisone		
neomycin/polymyxin B/hydrocortisone		CORTISPORIN OTIC
Miscellaneous		
carbamide peroxide 6.5%	OTC	DEBROX
benzocaine/antipyrine		

INDEX

- abacavir, 16
- abacavir/lamivudine, 15
- abacavir/lamivudine/zidovudine, 15
- ABILIFY, 21
- acarbose, 22**
- ACCOLATE, 31
- ACCU-CHEK KITS AND TEST STRIPS, 23
- ACCUPRIL, 17
- ACCURETIC, 17
- AC CUTANE, 32
- acetaminophen, 14**
- acetazolamide, 18**
- acetic acid, 35**
- acetic acid/hydrocortisone, 35**
- acetyl sulfisoxazole susp, 15
- ACTIGALL, 26
- ACTIMMUNE, 29
- ACTOPLUS MET, 23
- ACTOS, 23
- ACULAR, 34
- acyclovir, 16**
- acyclovir oint, 34
- ADALAT CC, 18
- adalimumab, 28
- adapalene, 32
- adefovir dipivoxil, 16
- ADVAIR DISKUS, 32
- ADVAIR HFA, 32
- ADVIL, 14
- AGRYLIN, 28
- AHF, human/VWF, human, 28
- ALAVERT, 30
- albuterol, 31**
- albuterol ext-rel, 31**
- albuterol soln, 31**
- albuterol sulfate, CFC-free aerosol, 31
- ALDACTAZIDE, 19
- ALDACTONE, 17
- ALDARA, 34
- alendronate, 23**
- ALEVE, 14
- aliskiren, 18
- aliskiren/hydrochlorothiazide, 18
- ALKA-SELTZER, 26
- allopurinol, 14**
- ALPHAGAN P, 35
- ALPHANATE, 28
- ALPHANINE SD, 28
- alprazolam, 19**
- ALTACE, 17
- ALTERNAGEL, 26
- alumina/magnesia/simethicone, 26**
- aluminum hydroxide, 26**
- aluminum hydroxide/
magnesium hydroxide/simethicone, 26**
- amantadine, except tabs, 16, 20**
- AMARYL, 23
- AMBIEN, 21
- ambrisentan, 19
- amiloride/hydrochlorothiazide, 19**
- amiodarone, 17**
- amitriptyline, 20**
- amlodipine, 18**
- amlodipine/atorvastatin, 18
- amlodipine/benazepril, 17**
- amlodipine/olmesartan, 17
- ammonium lactate, 33**
- amoxicillin, 15**
- amoxicillin/clavulanate, 15**
- AMOXIL, 15
- ampicillin, 15**
- ANAFRANIL, 19
- anagrelide, 28**
- anakinra, 28
- ANAPROX, 14
- antihemophilic factor, 28
- antihemophilic factor, recombinant, 28
- anti-inhibitor coagulant complex, 28
- ANTIVERT, 26
- ANUSOL, 34
- ANUSOL-HC, 27
- ANZEMET, 26
- APRI, 23
- APTIVUS, 16
- AQUORAL, 27
- ARALEN, 15
- ARANELLE, 24
- ARANESP, 28
- ARAVA, 28
- ARICEPT, 20
- aripiprazole, 21
- artificial tears, 35
- ASACOL, 26
- ASMANEX, 32
- aspirin, 14**
- aspirin buffered, 14**
- aspirin/sodium bicarbonate/citric acid, 26**
- ASTELIN, 32
- atazanavir, 16
- atenolol, 18**
- ATIVAN, 19
- atorvastatin, 18
- atovaquone/proguanil, 15
- ATRIPLA, 15
- atropine, 35**
- ATROVENT HFA, 30
- ATROVENT spray, 32
- AUGMENTIN, 15
- auranofin, 28
- AVALIDE, 17
- AVANDAMET, 23
- AVANDIA, 23
- AVAPRO, 17
- AVITA, 32
- AVODART, 27
- AVONEX, 21
- azelastine spray, 32
- azithromycin, 15**
- AZOPT, 34
- AZOR, 17
- AZULFIDINE, 26
- bacitracin, 32, 34**
- baclofen, 22**
- BACTROBAN, 32
- BAYER ASPIRIN, 14
- becaplermin, 34
- BENADRYL, 30
- BENEFIX, 28
- BENICAR, 17
- BENICAR HCT, 17
- BENTYL, 26
- benzocaine/antipyrine, 35**
- benzonatate, 31**
- benzoyl peroxide, 32**
- benztropine, 20**
- BETADINE, 33
- BETAGAN, 34
- betamethasone dipropionate crm, lotion, oint 0.05%, 33**
- betamethasone valerate crm, lotion, oint 0.1%, 33**
- BETAPACE, 17

BETAPACE AF, 17
 BETASERON, 22
bethanechol, 28
 BETIMOL, 34
 BIAXIN, 15
 BIAXIN XL, 15
 BIDIL, 19
 bimatoprost, 35
bisacodyl, 26
bismuth subsalicylate, 26
 bismuth subsalicylate + metronidazole + tetracycline, 27
 BLEPH-10, 34
 BRETHINE, 31
 brimonidine 0.1%, 0.15%, 35
brimonidine 0.2%, 35
 brinzolamide, 34
bromocriptine, 20
brompheniramine/phenylephrine elixir, 30
brompheniramine/pseudoephedrine
4 mg/45 mg per 5 mL, 30
brompheniramine/pseudoephedrine ext-rel
12 mg/120 mg, 30
brompheniramine/pseudoephedrine ext-rel
6 mg/60 mg, 30
 budesonide, 32
 budesonide spray, 32
 budesonide/formoterol, 32
 BUFFERIN, 14
bupropion, 20
bupropion ext-rel, 20, 22
 BUSPAR, 19
buspirone, 19
butalbital/acetaminophen/caffeine, 14
butalbital/acetaminophen/caffeine/codeine, 14
butalbital/aspirin/caffeine, 14
butalbital/aspirin/caffeine/codeine, 14
 butoconazole, 27
butorphanol spray, 14
 BYETTA, 22
 CADUET, 18
 CAFKIT, 32
 CAFERGOT, 21
 caffeine citrate inj, soln 20 mg/mL, 32
calamine lotion, 33
 CALAN, 18
 CALAN SR, 18
calcipotriene, 33
calcium acetate, 25
calcium carbonate, 26
calcium carbonate/vitamin D, 29
calcium citrate, 29
calcium citrate/vitamin D, 29
 CANASA, 26
 CAPOTEN, 17
capsaicin crm 0.025%, 33
capsaicin crm 0.075%, 33
captopril, 17
 CARAFATE, 27
carbamazepine, 19
carbamide peroxide 6.5%, 35
carbidopa/levodopa, 21
carbidopa/levodopa ext-rel, 21
 CARDIZEM, 18
 CARDIZEM CD, 18
 CARDURA, 17
 CARIMUNE, 29
carisoprodol, 22
carvedilol, 18
 CATAPRES, 17
 CATAPRES-TTS, 17
cefaclor, 15
cefdinir, 15
cefprozil, 15
 CEFTIN, 15
cefuroxime axetil, 15
 CEZIL, 15
 CELEBREX, 14
 celecoxib, 14
 CELEXA, 20
cellulose powder, 26
 CENESTIN, 24
 CENTRUM KIDS, 29
 CENTRUM SILVER, 29
 CEPASTAT, 34
cephalexin, 14
 CEREZYME, 28
cetirizine syrup, 30
cetirizine tabs, 30
 CHANTIX, 22
chloral hydrate, 21
chlordiazepoxide, 19
 chlorhexidine gluconate, 34
chloroquine, 15
chlorpheniramine, 30
 chlorpheniramine/phenylephrine 1 mg/3.5 mg per mL, 31
 chlorpheniramine/phenylephrine 4 mg/12.5 mg per 5 mL, 31
chlorpheniramine/pseudoephedrine ext-rel
8 mg/120 mg, 30
chlorthalidone, 19
 CHLOR-TRIMETON, 30
cholestyramine, 18
 CHROMAGEN, 30
 CHROMAGEN FA, 30
 CHROMAGEN FORTE, 30
ciclopirox, 32
cimetidine, 26
 CIPRO, 15
 CIPRO susp, 15
 CIPRO XR, 15
ciprofloxacin ext-rel, 15
 ciprofloxacin susp, 15
ciprofloxacin tabs, 15
citalopram, 20
 CITRACAL, 29
 CITRACAL + D, 29
 CITRANATAL RX, 29
 CITROMA, 26
clarithromycin, 15
clarithromycin ext-rel, 15
 CLARITIN, 30
 CLARITIN-D, 30
clemastine 1.34 mg, 30
 CLEOCIN, 16, 27
 CLEOCIN T, 32
 CLIMARA, 24
clindamycin, 16
clindamycin crm, 27
clindamycin gel, lotion, soln, 32
 clindamycin supp, 27
 CLINORIL, 14
clobetasol propionate crm, gel, lotion, oint 0.05%, 33
clomipramine, 19
clonazepam tabs, 19
clonidine, 17
 clonidine transdermal, 17
 clopidogrel, 28
clotrimazole, 27, 32
clozapine, 21
 CLOZARIL, 21
 coagulation factor VIIa, 28
codeine/acetaminophen, 14
codeine/guaifenesin liquid, 31
codeine/guaifenesin/pseudoephedrine, 31
codeine/promethazine, 31

COGNEX, 20
 COLACE, 26
colchicine tabs, 14
 COMBIVENT, 30
 COMBIVIR, 15
 COMPOUND W, 33
 COMTAN, 21
 CONCERTA, 21
 CONDYLOX, 34
 COPAXONE, 21
 COPEGUS, 16
 CORDARONE, 17
 COREG, 18
 CORTEF, 25
 CORTIFOAM, 26
 CORTISPORIN OTIC, 35
 COUMADIN, 28
 CREON, 27
 CRIXIVAN, 16
 CROLOM, 34
 cromolyn inhaler, 31
cromolyn sodium, 34
cromolyn soln, 31
 CUPRIMINE, 28
cyanocobalamin inj, 30
 CYCLESSA, 24
cyclobenzaprine, 22
 CYMBALTA, 20
cyproheptadine, 30
 CYTOGAM, 29
 cytomegalovirus immune globulin, 29
 CYTOTEC, 27
 DANTRIUM, 22
dantrolene, 22
 dapsone, 17
 darbepoetin alfa, 28
 darifenacin, 27
 darunavir, 16
 DARVO CET-N, 14
 DDAVP spray, tabs, 25
 DEBROX, 35
 DECONAMINE SR, 30
 delavirdine, 16
 DELSYM, 31
 DEPAKENE, 20
 DEPAKOTE, 19
 DEPAKOTE ER, 19
 DEPO-PROVERA, 24
desipramine, 20
desmopressin spray, tabs, 25
desogestrel/EE, 24
desogestrel/EE 0.15/30, 23
 DETROL, 27
 DETROL LA, 27
dexamethasone, 25
dexamethasone sodium phosphate, 34
**dexbrompheniramine/pseudoephedrine ext-rel
 6 mg/120 mg, 30**
 DEXEDRINE, 21
dextroamphetamine, 21
 dextromethorphan polistirex ext-rel, 31
**dextromethorphan/brompheniramine/
 pseudoephedrine, 31**
dextromethorphan/guaifenesin, 31
dextromethorphan/guaifenesin/phenylephrine, 31
dextromethorphan/promethazine, 31
dextromethorphan/pseudoephedrine, 31
dextrose/fructose/phosphoric acid, 26
 DIABETA, 23
 DIASTAT ACUDIAL, 20
diazepam, 19
 diazepam rectal gel, 20
dicloxacillin, 15
dicyclomine, 26
didanosine delayed-rel, 16
 didanosine soln, 16
 DIFFERIN, 32
 DIFLUCAN, 15
digoxin, 18
digoxin ped elixir, 18
 DILACOR XR, 18
 DILANTIN, 20
 DILANTIN INFATABS, 20
 DILAUDID, 14
diltiazem, 18
diltiazem ext-rel, 18
dimenhydrinate, 26
 DIMETAPP, 30
diphenhydramine, 21, 30
diphenoxylate/atropine, 26
dipivefrin, 35
dipyridamole, 28
divalproex sodium delayed-rel, 19
divalproex sodium ext-rel, 19
docosate sodium, 26
docosate sodium/sennosides, 26
 dolasetron, 26
 donepezil, 20
 dornase alfa, 31
 DOVONEX, 33
doxazosin, 17
doxepin, 20
doxycycline hyclate, 15
 DRAMAMINE, 26
 DRIXORAL, 30
dronabinol, 26
drospirenone/EE 3/30, 23
 DULCOLAX, 26
 duloxetine, 20
 DUOFILM, 34
 DURAGESIC, 14
 dutasteride, 27
 DYA ZIDE, 19
 E.E.S., 15
 efavirenz, 16
 efavirenz/emtricitabine/tenofovir, 15
 EFFEXOR, 20
 EFFEXOR XR, 20
 EFUDEX, 32
electrolyte soln, oral, 29
 ELIMITE, 33
 ELIXOPHYLLIN, 32
 ELMIRON, 28
 ELOCON, 33
 EMETROL, 26
 emtricitabine, 16
 emtricitabine/tenofovir, 15
 EMTRIVA, 16
 ENABLEX, 27
enalapril, 17
 ENBREL, 28
 enfuvirtide, 16
 enoxaparin, 28
 entacapone, 21
 epinephrine, 30
 EPIPEN, 30
 EPIPEN JR., 30
 EPIVIR, 16
 EPIVIR-HBV, 16
 epoetin alfa, 28
 EPOGEN, 28
epoprostenol sodium, 19
 EPZICOM, 15
ergocalciferol, 29, 30

ergotamine/caffeine, 21
 ERRIN, 24
 ERY-TAB, 15
erythromycin, 34
erythromycin delayed-rel, 15
erythromycin ethylsuccinate, 15
erythromycin gel 2%, 32
erythromycin soln, 32
erythromycin stearate, 15
erythromycin/sulfisoxazole, 15
 escitalopram, 20
 esomeprazole delayed-rel, 27
 ESTRACE, 24
 ESTRADERM, 24
estradiol, 24
 estrogens, conjugated, 24
 estrogens, conjugated crm, 25
 estrogens, conjugated, synthetic A, 24
 estrogens, conjugated/medroxyprogesterone, 25
estropipate, 24
 etanercept, 28
ethambutol, 16
ethosuximide, 19
ethynodiol diacetate/EE 1/35, 24
ethynodiol diacetate/EE 1/50, 24
 etonogestrel/EE ring, 24
 EVISTA, 25
 EXELON, 20
 exenatide, 22
 ezetimibe, 18
 ezetimibe/simvastatin, 17
 factor IX concentrate, 28
 FEIBA VH, 28
 FEMSTAT 3, 27
fenofibrate, 18
fentanyl transdermal, 14
 FEOSOL, 29
 FERGON, 29
 FER-IN-SOL, 29
 ferrous bisglycinate and fumarate/folic acid/
 vitamins C and B12, 30
 ferrous bisglycinate/folic acid/vitamins C and B12, 30
 ferrous bisglycinate/vitamins C and B12/intrinsic factor, 30
ferrous gluconate, 29
ferrous sulfate, 29
 filgrastim, 28
 FIORICET, 14
 FIORICET w/CODEINE, 14
 FIORINAL, 14
 FIORINAL w/CODEINE, 14
 FLAGYL, 16
 FLEET ENEMA, 27
 FLEET GLYCERIN, 26
 FLEET MINERAL OIL ENEMA, 26
 FLEET PHOSPHO-SODA, 27
 FLEXERIL, 22
 FLOLAN, 19
 FLONASE, 32
 FLOVENT HFA, 32
 FLOXIN OTIC, 35
fluconazole, 15
fludrocortisone, 25
 FLUMIST, 29
fluocinonide crm, gel, oint, soln 0.05%, 33
fluoride drops, 30
fluoride tabs, 30
fluorometholone, 34
 FLUOROPLEX, 32
fluorouracil, 32
fluoxetine, 20
fluphenazine, 21
fluphenazine decanoate, 21
flurazepam, 21
fluticasone spray, 32
 fluticasone, CFC-free aerosol, 32
 fluticasone/salmeterol, 32
 fluticasone/salmeterol, CFC-free aerosol, 32
 FML, 34
folic acid, 29
 FORADIL, 31
 formoterol inhalation caps, 31
 FORTEO, 23
 FOSAMAX, 23
 fosamprenavir, 16
 fosfomycin, 17
furosemide, 19
 FUZEON, 16
gabapentin, 20
galantamine, 20
 GAMMAGARD, 29
ganciclovir, 16
 GANTRISIN, 15
 GAS-X, 27
gemfibrozil, 18
 GENOTROPIN, 25
gentamicin, 34
 GEODON, 21
 glatiramer, 21
glimepiride, 23
glipizide, 23
glipizide ext-rel, 23
glipizide/metformin, 22
 GLUCAGON EMERGENCY KIT, 25
 glucagon, human recombinant, 25
 GLUCOPHAGE, 22
 GLUCOTROL, 23
 GLUCOTROL XL, 23
 GLUCOVANCE, 22
glyburide, 23
glyburide, micronized, 23
glyburide/metformin, 22
glycerin enema, supp, 26
 GLYNASE, 23
 GOLYTELY, 27
granisetron, 26
 GRIFULVIN V, 15
 griseofulvin microsize, 15
 griseofulvin ultramicrosize, 15
 GRIS-PEG, 15
guaifenesin, 31
guaifenesin/phenylephrine, 31
 GYNE-LOTRIMIN, 27
haloperidol, 21
 HELIDAC, 27
 HELIXATE FS, 28
 HEMOFIL-M, 28
 HEPSERA, 16
 HUMALOG, 23
 HUMALOG MIX, 23
 HUMATE-P, 28
 HUMATROPE, 25
 HUMIRA, 28
 HUMULIN 50/50, 22
 HUMULIN 70/30, 22
 HUMULIN N, 22
 HUMULIN R, 22
 HYALGAN, 14
 HYCODAN, 31
hydralazine, 19
hydrochlorothiazide, 19
hydrocodone/acetaminophen, 14
hydrocodone/homatropine, 31
hydrocortisone, 25
 hydrocortisone acetate foam, 26

hydrocortisone crm, 27
hydrocortisone crm 2.5%, 33
hydrocortisone crm, oint 0.5%, 1%, 33
hydrocortisone crm, supp, 27
hydrocortisone enema, 26
hydrocortisone valerate crm, oint 0.2%, 33
hydromorphone, 14
hydroxychloroquine, 28
hydroxyzine HCl, 30
 hylan G-F, 14
hyoscyamine sulfate, 26
 HYTRIN, 17
ibuprofen, 14
 imiglucerase, 28
imipramine HCl, 20
 imiquimod, 34
 IMITREX, 21
 immune globulin, 29
 immune globulin, gamma, 29
 INCRELEX, 25
indapamide, 19
 INDERAL LA, 18
 indinavir, 16
indomethacin, 14
 INFERGEN, 29
 infliximab, 28
 influenza vaccine, 29
 insulin aspart, 22
 insulin aspart protamine 70%/insulin aspart 30%, 22
 insulin glargine, 22
 insulin human, 22
 insulin isophane human, 22
 insulin isophane human 50%/regular 50%, 22
 insulin isophane human 70%/regular 30%, 22
 insulin lispro, 23
 insulin lispro protamine/insulin lispro, 23
 insulin syringes and needles, 23
 INTAL, 31
 interferon alfa-2b, 29
 interferon alfacon-1, 29
 interferon beta-1a, 21, 22
 interferon beta-1b, 22
 interferon gamma-1b, 29
 INTRON A, 29
 INVIRASE, 16
ipratropium soln, 30
ipratropium spray, 32
 ipratropium, CFC-free aerosol, 30
 ipratropium/albuterol, 30
 irbesartan, 17
 irbesartan/hydrochlorothiazide, 17
isoniazid, 16
 ISOPTO CARPINE, 35
 ISORDIL, 19
isosorbide dinitrate ext-rel tabs, 19
isosorbide dinitrate oral, 19
 isosorbide dinitrate/hydralazine, 19
isotretinoin, 32
 JANUMET, 22
 JANUVIA, 22
 JOLIVETTE, 24
 JUNEL, 23
 JUNEL FE, 23
 KALETRA, 16
 KAOPECTATE, 26
 K-DUR, 29
 KEFLEX, 14
 KEPBRA, 20
ketoconazole, 15, 32
ketoconazole shampoo 2%, 33
ketorolac, 14, 34
ketotifen, 34
 KINERET, 28
 KLONOPIN, 19
 KOATE-DVI, 28
 KOGENATE FS, 28
 KYTRIL, 26
labetalol, 18
 LAC-HYDRIN 5, 33
 LACTAID, 27
lactase, 27
lactulose, 27
 LAMICTAL, 20
 LAMISIL, 15
 LAMISIL AT, 32
 lamivudine, 16
 lamivudine/zidovudine, 15
lamotrigine, 20
 lancets, 23
 LANOXIN, 18
 lansoprazole delayed-rel, 27
 LANTUS, 22
 LANTUS pens, 22
 LARIAM, 15
 LASIX, 19
 latanoprost, 35
 LEENA, 24
leflunomide, 28
 LETAIRIS, 19
 LEUKINE, 28
leuprolide acetate, 24
 levalbuterol soln, 31
 LEVAQUIN, 15
levetiracetam, 20
levobunolol, 34
 levofloxacin, 15
 levonorgestrel, 24
levonorgestrel/EE, 24
levonorgestrel/EE 0.15/30, 23
 LEVORA, 23
levothyroxine, 25
 LEVOXYL, 25
 LEVSIN, 26
 LEXAPRO, 20
 LEXIVA, 16
 LIBRIUM, 19
 LIDEX, 33
lidocaine viscous, 34
lindane, 33
 LIPITOR, 18
lisinopril, 17
lisinopril/hydrochlorothiazide, 17
lithium carbonate, 21
lithium carbonate ext-rel tabs 300 mg, 21
lithium carbonate ext-rel tabs 450 mg, 21
 LITHOBID, 21
 LOFIBRA, 18
 LOMOTIL, 26
loperamide, 26
 LOPID, 18
 lopinavir/ritonavir, 16
 LOPRESSOR, 18
 LOPROX, 32
loratadine, 30
loratadine/pseudoephedrine ext-rel, 30
lorazepam, 19
 LORCET, 14
 LORTAB, 14
 LOTEMAX, 34
 loteprednol 0.5%, 34
 LOTREL, 17
 LOTRIMIN AF, 32
 LOVENOX, 28
 LOW-OGESTREL, 23

LUMIGAN, 35
 LUPRON, 24
 LUPRON DEPOT, 24
 LURIDE, 30
 LURIDE LOZI-TABS, 30
 LYRICA, 20
 MAALOX PLUS, 26
 MACROBID, 17
 MACRODANTIN, 17
magnesium citrate soln, 26
magnesium hydroxide, 26
magnesium oxide, 29
 MAG-OX, 29
 MALARONE, 15
 malathion, 33
 MARINOL, 26
 MAXALT/MAXALT-MLT, 21
 MAXITROL, 34
 MAXZIDE, 19
mebendazole, 16
 mecasermin, 25
meclizine, 26
 MEDROL, 25
medroxyprogesterone acetate, 25
medroxyprogesterone acetate 150 mg/mL, 24
mefloquine, 15
 menthol/phenol, 34
 mesalamine delayed-rel tabs, 26
mesalamine rectal susp, 26
 mesalamine supp, 26
 MESTINON, 22
 METADATE CD, 21
 METADATE ER, 21
 METAGLIP, 22
 METAMUCIL, 27
metformin, 22
methazolamide, 18
 METHERGINE, 25
methimazole, 25
methocarbamol, 22
methotrexate, 28
methyl dopa, 19
 methylergonovine, 25
methylphenidate, 21
methylphenidate ext-rel, 21
methylprednisolone, 25
metoclopramide, 26
metolazone, 19
metoprolol, 18
metoprolol ext-rel, 18
 METROGEL-VAGINAL, 27
metronidazole, 27
 metronidazole crm, 33
metronidazole tabs, 16
 MICARDIS, 17
 MICARDIS HCT, 17
miconazole, 27
 MICROGESTIN 1.5/30, 23
 MICROGESTIN 1/20, 23
 MICROGESTIN FE 1.5/30, 23
 MICROGESTIN FE 1/20, 23
 MICRO-K, 29
 MICRONASE, 23
midodrine, 19
mineral oil, 26
 MINIPRESS, 17
 MINOCIN, 15
minocycline, 15
 MIRAPEX, 21
 MIRCETTE, 24
mirtazapine, 20
misoprostol, 27
 mometasone, 32
mometasone crm, lotion, oint 0.1%, 33
 mometasone spray, 32
 MONARC M, 28
 MONISTAT, 27
 MONONESSA, 24
 MONONINE, 28
 montelukast, 31
 MONUROL, 17
morphine, 14
morphine ext-rel, 14
morphine supp, 14
 MOTRIN, 14
 MS CONTIN, 14
multivitamins, pediatric, 29
multivitamins/fluoride drops, tabs, 30
multivitamins/fluoride/iron drops, tabs, 30
 multivitamins/iron, 30
multivitamins/iron, pediatric, 29
multivitamins/minerals/iron chewable, 29
multivitamins/minerals/iron, geriatric, 29
mupirocin, 32
 MURO-128, 35
 MYAMBUTOL, 16
 MYCOSTATIN, 15, 33
 MYLANTA, 26
 MYLICON, 27
 MYSOLINE, 20
naphazoline, 34
 naphazoline/antazoline, 34
naphazoline/pheniramine, 34
 NAPHCN, 34
 NAPHCN A, 34
 NAPROSYN, 14
naproxen, 14
naproxen sodium, 14
 NARDIL, 20
 NASACORT AQ, 32
 NASONEX, 32
 NAVANE, 21
 NECON 0.5/35, 24
 NECON 1/35, 24
 NECON 1/50, 24
 NECON 7/7/7, 24
 nelfinavir, 16
neomycin/polymyxin B/bacitracin, 32
neomycin/polymyxin B/dexamethasone, 34
neomycin/polymyxin B/gramicidin, 34
neomycin/polymyxin B/hydrocortisone, 35
 NEOSPORIN, 32, 34
 NEULASTA, 28
 NEUMEGA, 28
 NEUPOGEN, 28
 NEURONTIN, 20
 nevirapine, 16
 NEXIUM, 27
niacin, 29
 NIACIN, 29
 niacin ext-rel, 18
 NIASPAN, 18
 NICODERM CQ, 22
 NICORETTE, 22
nicotine polacrilex gum, 22
nicotine transdermal, 22
nifedipine ext-rel, 18
 NIFEREX-150, 30
 NITRO-DUR, 19
nitrofurantoin ext-rel, 17
nitrofurantoin macrocrystals, 17
nitroglycerin sublingual, 19
nitroglycerin transdermal, 19
 NITROSTAT, 19

NIX CREME RINSE, 33
 NIZORAL, 15, 32
 NIZORAL SHAMPOO, 33
 NORDITROPIN, 25
 norelgestromin/EE, 24
norethindrone, 24
norethindrone acetate/EE 1.5/30, 23
norethindrone acetate/EE 1/20, 23
norethindrone acetate/EE/iron 1.5/30, 23
norethindrone acetate/EE/iron 1/20, 23
norethindrone/EE, 24
norethindrone/EE 0.5/35, 24
norethindrone/EE 1/35, 24
norethindrone/ME 1/50, 24
norgestimate/EE, 24
norgestimate/EE 0.25/35, 24
norgestrel/EE 0.3/30, 23
 NORITATE, 33
 NORPRAMIN, 20
 NORTREL 0.5/35, 24
 NORTREL 1/35, 24
 NORTREL 7/7/7, 24
nortriptyline, 20
 NORVASC, 18
 NORVIR, 16
 NOVOLIN 70/30, 22
 NOVOLIN N, 22
 NOVOLIN R, 22
 NOVOLOG, 22
 NOVOLOG MIX 70/30, 22
 NOVOSEVEN RT, 28
 NULYTELY, 27
 NUTROPIN/NUTROPIN AQ, 25
 NUVARING, 24
nystatin, 15, 33
nystatin/triamcinolone, 33
 OCEAN, 32
octreotide acetate, 25
 OCUFLOX, 34
ofloxacin, 34
ofloxacin otic, 35
 OGEN, 24
 olanzapine, 21
 olmesartan, 17
 olmesartan/hydrochlorothiazide, 17
 omalizumab, 32
omeprazole delayed-rel, 27
omeprazole magnesium delayed-rel, 27
 OMNICEF, 15
 OMNITROPE, 25
ondansetron, 26
 ONETOUCH KITS AND TEST STRIPS, 23
 oprelvekin, 28
 ORTHO EVRA, 24
 ORTHO TRI-CYCLEN LO, 24
 OS-CAL 500+D, 29
 oseltamivir, 16
 OVIDE, 33
oxazepam, 19
oxcarbazepine, 20
oxybutynin, 27
oxycodone, 14
 oxycodone ext-rel, 14
oxycodone/acetaminophen 5/325, 14
 OXYCONTIN, 14
 palivizumab, 29
 PAMELOR, 20
 pancrelipase, 27
 pancrelipase delayed-rel, 27
 PARLODEL, 20
 PARNATE, 20
paroxetine HCl, 20
paroxetine HCl ext-rel, 20
 PAXIL, 20
 PAXIL CR, 20
 PEDIALYTE, 29
peg 3350/electrolytes, 27
 PEGASYS, 29
 pegfilgrastim, 28
 peginterferon alfa-2a, 29
 peginterferon alfa-2b, 29
 PEGINTRON, 29
 penicillamine, 28
penicillin VK, 15
 pentosan polysulfate sodium, 28
 PEPTO-BISMOL, 26
 PERCOCET, 14
 PERI-COLACE, 26
 PERIDEX, 34
permethrin 1%, 33
permethrin 5%, 33
perphenazine, 21
 PERSANTINE, 28
**petrolatum/mineral oil/shark liver oil/
 phenylephrine oint, 33**
 PHAZYME, 27
phenazopyridine, 28
 phenelzine, 20
phenobarbital, 20
 phenytoin, 20
phenytoin sodium extended, 20
 PHILLIPS' MILK OF MAGNESIA, 26
 PHOSLO, 25
pilocarpine, 35
pindolol, 18
 pioglitazone, 23
 pioglitazone/metformin, 23
 PLAN B, 24
 PLAQUENIL, 28
 PLAVIX, 28
podofilox, 34
polymyxin B/trimethoprim, 34
polysaccharide iron complex, 30
 POLYTRIM, 34
 POLY-VI-SOL, 29
potassium chloride ext-rel, 29
potassium chloride liquid, 29
povidone-iodine, 33
 pramipexole, 21
 pramlintide, 22
 pramoxine/mineral oil/zinc oxide, 34
 PRANDIMET, 23
 PRANDIN, 23
 PRAVACHOL, 18
pravastatin, 18
prazosin, 17
 PRECARE CONCEIVE, 29
 PRECOSE, 22
 PRED FORTE, 34
 PRED MILD, 34
 prednisolone acetate 0.12%, 34
prednisolone acetate 1%, 34
prednisolone phosphate 1%, 34
prednisolone syrup, 25
prednisone, 25
 pregabalin, 20
 PRELONE, 25
 PREMARIN, 24
 PREMARIN crm, 25
 PREMESISRX, 29
 PREMPHASE, 25
 PREMPRO, 25
prenatal vitamins, 29
prenatal vitamins/docusate/folic acid, 29

prenatal vitamins/folic acid, 29
 PREPARATION H, 27, 33
 PREVACID, 27
 PREVIFEM, 24
 PREZISTA, 16
 PRILOSEC, 27
 PRILOSEC OTC, 27
primidone, 20
 PROAIR HFA, 31
 PROAMATINE, 19
probenecid, 14
 PROCARDIA XL, 18
prochlorperazine, 26
 PROCRIT, 28
 PROCTOCREAM-HC 2.5%, 27
 PROFILNINE SD, 28
promethazine, 26
propafenone, 17
 PROPINE, 35
propoxyphene nap/acetaminophen, 14
propranolol, 18
propranolol ext-rel, 18
propylthiouracil, 25
 PROTOPIC, 33
 PROVENTIL, 31
 PROVERA, 25
 PROZAC, 20
pseudoephedrine, 31
psyllium, 27
 PULMICORT, 32
 PULMOZYME, 31
pyrazinamide, 16
pyrethrins/piperonyl butoxide 4%, 33
 PYRIDIDIUM, 28
pyridostigmine, 22
 QUESTRAN/QUESTRAN LIGHT, 18
 quetiapine, 21
quinapril, 17
quinapril/hydrochlorothiazide, 17
quinidine gluconate ext-rel, 17
quinidine sulfate, 17
 raloxifene, 25
 ramelteon, 21
ramipril, 17
ranitidine, 26
 RAZADYNE, 20
 REBETOL, 16
 REBIF, 22
 RECOMBINATE, 28
 REFACTO, 28
 REGLAN, 26
 REGRANEX, 34
 RELENZA, 16
 REMERON, 20
 REMICADE, 28
 repaglinide, 23
 repaglinide/metformin, 23
 REQUIP, 21
 RESCRIPTOR, 16
 RESTORIL, 21
 RETIN-A, 32
 RETROVIR, 16
 REYATAZ, 16
 RHINOCORT AQUA, 32
 RHOGAM, 29
ribavirin caps, 16
 ribavirin oral soln, 16
ribavirin tabs, 16
 RID SHAMPOO, 33
 RIDAURA, 28
 RIFADIN, 16
rifampin, 16
 RISPERDAL, 21
risperidone, 21
 RITALIN, 21
 RITALIN-SR, 21
 ritonavir, 16
 rivastigmine, 20
 rizatriptan, 21
 ROBAXIN, 22
 ROBITUSSIN, 31
 ROBITUSSIN CF, 31
 ROBITUSSIN PE, 31
 ROBITUSSIN-DM, 31
 RONDEC DROPS, 31
 RONDEC SYRUP, 31
ropinirole, 21
 rosiglitazone, 23
 rosiglitazone/metformin, 23
 ROWASA, 26
 ROXICODONE, 14
 ROZEREM, 21
 RYTHMOL, 17
 SAIZEN, 25
salicylic acid 17%, 33
salicylic acid 17%/collodion, 34
 saliva substitute spray, 27
 salmeterol xinafoate, 31
salsalate, 14
 SANDOSTATIN, 25
 SANDOSTATIN LAR, 25
 saquinavir mesylate, 16
 sargramostim, 28
selegiline tabs, 21
selenium sulfide shampoo 1%, 33
selenium sulfide shampoo 2.5%, 33
 SELSUN, 33
 SELSUN BLUE, 33
sennosides, 27
sennosides/docusate sodium, 27
 SENOKOT, 27
 SENOKOT-S, 27
 SEPTRA, 17
 SEREVENT, 31
 SEROQUEL, 21
 SEROSTIM, 25
sertraline, 20
 SILVADENE, 32
silver sulfadiazine, 32
simethicone, 27
simvastatin, 18
 SINEMET, 21
 SINEMET CR, 21
 SINGULAIR, 31
 sitagliptin phosphate, 22
 sitagliptin/metformin, 22
sodium chloride, 35
sodium chloride soln, 32
 sodium hyaluronate, 14
 sodium oxybate, 22
sodium phosphate/sodium biphosphate, 27
sodium phosphates, 27
 SOLIA, 23
 SOMA, 22
 somatropin, 25
sotalol, 17
 SPIRIVA, 30
spironolactone, 17
spironolactone/hydrochlorothiazide, 19
 SPRINTEC, 24
 STUART PRENATAL, 29
sucralfate, 27
 SUDAFED, 31
sulfacetamide 10%, 34

sulfacetamide/prednisolone phosphate 10%/0.25%, 34
sulfamethoxazole/trimethoprim, 17
sulfasalazine, 26
sulindac, 14
sumatriptan, 21
 SUSTIVA, 16
 SYMBICORT, 32
 SYMLIN, 22
 SYNAGIS, 29
 SYNTHROID, 25
 SYNVISC, 14
 tacrine, 20
 tacrolimus, 33
 TAGAMET, 26
 TAMIFLU, 16
 TAPAZOLE, 25
 TARKA, 17
 tazarotene, 33
 TAZORAC, 33
 TEGRETOL, 19
 TEKTRUNA, 18
 TEKTRUNA HCT, 18
 telmisartan, 17
 telmisartan/hydrochlorothiazide, 17
temazepam, 21
 TEMOVATE, 33
 tenofovir, 16
 TENORMIN, 18
 TERAZOL 3, 27
 TERAZOL 7, 27
terazosin, 17
 terbinafine, 32
terbinafine tabs, 15
terbutaline, 31
terconazole, 27
 teriparatide, 23
 TESSALON, 31
tetracycline, 15
 TEV-TROPIN, 25
theophylline ext-rel tabs, 32
 theophylline liquid, 32
 THEREMS-H, 30
thioridazine, 21
thiothixene, 21
 THYROGEN, 25
 thyrotropin alfa, 25
 timolol hemihydrate, 34
timolol maleate, 34
 TIMOPTIC, 34
 TINACTIN, 32
 tiotropium, 30
 tipranavir, 16
tizanidine, 22
 TOBI, 31
 TOBRADEX, 34
tobramycin, 34
 tobramycin inhalation soln, 31
 tobramycin/dexamethasone, 34
 TOBREX, 34
 TOFRANIL, 20
tolnaftate, 32
 tolterodine, 27
 tolterodine ext-rel, 27
 TOPAMAX, 20
topiramate, 20
 TOPROL-XL, 18
tramadol, 14
 TRANDATE, 18
 trandolapril/verapamil ext-rel, 17
tranlycypromine, 20
trazodone, 20
tretinoin, 32
triamcinolone acetonide crm 0.5%, 33
triamcinolone acetonide crm, lotion 0.025%, 33
triamcinolone acetonide crm, lotion, oint 0.1%, 33
 triamcinolone acetonide spray, 32
triamcinolone paste, 34
triamterene/hydrochlorothiazide, 19
trifluridine, 34
trihexyphenidyl, 21
 TRILEPTAL, 20
trimethoprim, 17
 TRINESSA, 24
 TRI-PREVIFEM, 24
 TRI-SPRINTEC, 24
 TRI-VI-SOL, 29
 TRIVORA, 24
 TRIZIVIR, 15
 TRUVADA, 15
 TUMS, 26
 TYLENOL, 14
 TYLENOL w/CODEINE, 14
 ULTRAM, 14
 ULTRASE, 27
 ULTRASE MT, 27
 UNIFIBER, 26
 URECHOLINE, 28
 URSO, 26
ursodiol, 26
 valacyclovir, 16
 VALCYTE, 16
 valganciclovir, 16
 VALIUM, 19
valproic acid, 20
 VALTREX, 16
 varenicline, 22
 VASOCON-A, 34
 VASOTEC, 17
venlafaxine, 20
 venlafaxine ext-rel, 20
 VENTOLIN HFA, 31
verapamil, 18
verapamil ext-rel, 18
 verteporfin, 35
 VIBRAMYCIN, 15
 VICKS 44D, 31
 VICODIN ES, 14
 VIDEX EC, 16
 VIDEX soln, 16
 VIOKASE, 27
 VIRACEPT, 16
 VIRAMUNE, 16
 VIREAD, 16
 VIROPTIC, 34
 VISICOL, 27
 VISUDYNE, 35
 VITAFOL-OB, 29
 VITAFOL-PN, 29
vitamin ADC/fluoride drops, 30
vitamin ADC/fluoride/iron drops, 30
 VITAMIN D, 29, 30
 VIVELLE-DOT, 24
 VOSPIRE ER, 31
 VYTORIN, 17
warfarin, 28
 WELLBUTRIN, 20
 WELLBUTRIN SR, 20
 WESTCORT, 33
 XALATAN, 35
 XANAX, 19
 XOLAIR, 32
 XOPENEX, 31
 XYLOCAINE VISCOUS, 34
 XYREM, 22

YASMIN, 23
ZADITOR, 34
zafirlukast, 31
ZANAFLEX tabs, 22
zanamivir, 16
ZANTAC, 26
ZARONTIN, 19
ZAROXOLYN, 19
ZESTORETIC, 17
ZESTRIL, 17
ZETIA, 18
ZIAGEN, 16
zidovudine, 16
ziprasidone, 21
ZITHROMAX, 15
ZOCOR, 18
ZOFRAN, 26

zolmitriptan, 21
ZOLOFT, 20
zolpidem, 21
ZOMIG/ZOMIG-ZMT, 21
ZONEGRAN, 20
zonisamide, 20
ZORBTIVE, 25
ZOSTRIX, 33
ZOSTRIX HP, 33
ZOVIA 1/35, 24
ZOVIA 1/50, 24
ZOVIRAX, 16, 34
ZYBAN, 22
ZYLOPRIM, 14
ZYPREXA, 21
ZYRTEC, 30