



Mercy Health Plans 2009 (661, 667, 762)

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INTRODUCTION

Mercy Health Plans and Premier Benefits are pleased to provide the 2009 *Commercial Outpatient Drug Formulary* as a useful reference and informational tool. The *Commercial Outpatient Drug Formulary* can assist practitioners in selecting clinically appropriate and cost-effective drugs for their patients who have drug benefits administered through Mercy Health Plans and Premier Benefits.

The drugs on this formulary have been reviewed by the Mercy Health Plans and Premier Benefits Formulary Management Committee (FMC) along with other physicians and pharmacists and found appropriate for formulary inclusion.

This edition incorporates drugs added to the formulary since the last edition. Plan participants with a Texas benefit will not notice formulary changes until their group renewal date.

Comments and suggestions from practicing physicians have also been incorporated to ensure that the *Commercial Outpatient Drug Formulary* is reflective of current medical practice.

PREFACE

The *Commercial Outpatient Drug 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. Brand names are included 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 in the formulary.

The *Commercial Outpatient Drug Formulary* includes a list of preferred formulary drugs. Many other drugs not listed in the *Commercial Outpatient Drug Formulary* (non-preferred drugs) may also be covered for a higher copayment, depending on a plan participant's benefit design. Certain restrictions or limitations may apply. For example, drugs used for the purpose of weight loss are excluded from the pharmacy benefit. In addition, over-the-counter (OTC) products, with the exception of insulin and diabetes monitoring products, are not included in the pharmacy benefit.

FOUR-TIER OPEN FORMULARY

The four-tier open formulary benefit establishes four levels of copayment for plan participants. Tier 1, tier 2 drugs (preferred formulary drugs) and tier 4 drugs are listed in the *Commercial Outpatient Drug Formulary*. Brand-name drugs that require the tier 3 copayment (non-preferred formulary drugs) are not listed. There are a few exceptions noted in which the preferred formulary drug requires a tier 3 copayment.

- Tier 1 - Lowest plan participant copayment and are typically those drugs classified as generic by First Databank or Medi-Span.
- Tier 2 - Intermediate plan participant copayment that is higher than a tier 1 copayment and lower than a tier 3 or tier 4 copayment; preferred (listed) drugs that may be classified as either generic or brand by First Databank or Medi-Span.
- Tier 3 - Intermediate plan participant copayment that is higher than a tier 1 or tier 2 copayment and lower than a tier 4 copayment; non-preferred (unlisted) drugs and a limited number of preferred (listed) drugs that may be classified as either generic or brand by First Databank or Medi-Span.
- Tier 4 - Highest plan participant copayment and are typically Specialty Pharmaceuticals; may be classified as either brand or generic by First Databank or Medi-Span; coverage limitations for tier 4 drugs may exist.

Most drugs are covered whether listed in the *Commercial Outpatient Drug Formulary* or not.

FOUR-TIER CLOSED FORMULARY

The four-tier formulary benefit establishes four levels of copayment/coinsurance for plan participants. Tier 1, tier 2, tier 3 and tier 4 drugs are listed in the *Commercial Outpatient Drug Formulary*.

- Tier 1 - Lowest plan participant copayment and are typically those drugs classified as generic by First Databank or Medi-Span.

Tier 2 - Intermediate plan participant copayment that is higher than a tier 1 copayment and lower than a tier 3 or tier 4 copayment; tier 2 drugs that may be classified as either generic or brand by First Databank or Medi-Span.

Tier 3 - Intermediate plan participant copayment that is higher than a tier 1 or tier 2 copayment and lower than a tier 4 copayment; tier 3 non-preferred (unlisted) drugs and a limited number of tier 3 preferred (listed) drugs that may be classified as either generic or brand by First Databank or Medi-Span.

Tier 4 - Highest plan participant copayment and are typically Specialty Pharmaceuticals; may be classified as either brand or generic by First Databank or Medi-Span; coverage limitations for tier 4 drugs may exist.

Tier 3 non-preferred (unlisted) brand-name drugs are not covered under the four-tier closed formulary benefit.

FORMULARY MANAGEMENT COMMITTEE (FMC)

The Mercy Health Plans Formulary Management Committee (FMC) includes physicians, pharmacists, and other healthcare professionals from throughout the Midwest. They must adhere to the Ethics Policy standards of the committee, and are the only voting members.

Please visit the *Commercial Outpatient Drug Formulary* Internet site at www.mercyhealthplans.com to view the most current Mercy Health Plans FMC formulary decisions.

PRODUCT SELECTION CRITERIA

The Formulary Management Committee considers all new-to-market drugs for inclusion to the formulary. All new-to-market drugs are considered non-formulary (non-covered) until committee review. The evaluation includes a literature review and expert external 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 pharmacoeconomic studies
- Cost

When a new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently on formulary. In addition, entire therapeutic classes are periodically reviewed.

Physicians are encouraged to prescribe preferred formulary drugs.

All the information in the Commercial Outpatient Drug Formulary is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than the prescribed brand-name product. Products designated in the formulary drug lists by **boldface** type have **generic availability or the brand name cited is a generic drug**. Examples of the latter include Levoxyl and Trivora.

The generic products selected for substitution are commonly prescribed and dispensed and have gone through the U.S. Food and Drug Administration's (FDA) review and approval process, with some exceptions for certain generic drugs. This FDA process assures the following requirements have been met:

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 branded product indicating bioequivalence, and has determined the generic is therapeutically equivalent to the reference brand. 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 provider 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 physician 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. Also, state laws or regulations may dictate the ability to practice generic substitution for selected products or categories of drugs.

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 products from different labelers are not bioequivalent.

DRUG EFFICACY STUDY IMPLEMENTATION (DESI) DRUGS

Drugs first marketed between 1938 and 1962 were approved as safe but required no showing of effectiveness for FDA approval. Beginning in 1962, all new drugs were required to be both safe and effective before they could be marketed. This legislation also applied retroactively to all drugs approved as safe from 1938-1962. The DESI program was established to review the effectiveness of these pre-1962 drugs, and a determination of fully effective was made for most of these products and they remain in the marketplace. A few DESI products remain classified as less than fully effective while awaiting final administrative disposition. Also classified as DESI are many products listed as identical, similar, or related to actual DESI products.

SPECIALTY PHARMACEUTICALS

Specialty pharmaceuticals are high-cost (greater than \$600 per month), injectable, oral or inhaled drugs that require close supervision and monitoring, are used to treat chronic conditions such as hepatitis, rheumatoid arthritis, psoriasis, and multiple sclerosis, and require special handling. Specialty pharmaceuticals will process at the highest tier of the pharmacy benefit and are limited to a thirty (30)-day supply.

| | | | |
|-----------|----|----------------|----|
| Actimmune | PA | Fuzeon | PA |
| Apokyn | | Gleevec | PA |
| Aranesp | | Growth Hormone | PA |
| Arcalyst | PA | Hexalen | |
| Atripla | | Humira | PA |
| Avonex | ST | Hycamtin | PA |
| Betaseron | ST | Increlex | PA |
| Buphenyl | | Infergen | PA |
| Copaxone | | Intelence | ST |
| Copegus | PA | Intron A | PA |
| Enbrel | PA | Iressa | PA |
| Epogen | | Isentress | |
| Exjade | PA | Kineret | PA |
| Forteo | PA | Kuvan | PA |

| | | | |
|--------------|----|---------------------|----|
| Letairis | PA | Sandostatin LAR | |
| Leukine | | Selzentry | PA |
| Lupron | | Somatuline Depot | |
| Lupron Depot | | Somavert | |
| Neulasta | | Sprycel | PA |
| Neumega | | Sutent | PA |
| Neupogen | | Targretin | |
| Nexavar | PA | Tasigna | PA |
| Octreotide | | Temodar | |
| Orfadin | | Thalomid | PA |
| Pegasys | PA | TOBI | |
| PegIntron | PA | Tracleer | PA |
| Procrit | | tretinoin 10 mg cap | |
| Promacta | PA | Truvada | |
| Pulmozyme | | Tykerb | PA |
| Rebetol | PA | Ventavis | PA |
| Rebif | | Vesanoid | |
| Revatio | PA | Vidaza | |
| Revlimid | PA | Xeloda | PA |
| Ribapak | PA | Xenazine | PA |
| Ribasphere | PA | Zavesca | PA |
| Ribavirin | PA | Zolinza | |
| Rilutek | | Zorbtive | |
| Sandostatin | | | |

(PA) Prior authorization required

(ST) Step therapy required

NOTE: This list may not be all-inclusive and is subject to change. Please visit www.mercyhealthplans.com for an up-to-date listing.

PRIOR AUTHORIZATION (PA)

Formulary drugs with a high potential for misuse due to limited therapeutic indications, with maximum dosing recommendations based on safety concerns, or those drugs requiring extensive monitoring for side effects may require prior authorization (PA) prior to being covered. The PA process strives to ensure that only the appropriate patients receive select therapies through an appropriateness review against specific medical criteria. Prior authorization criteria are defined by the FMC.

The following brand-name products and generic versions, if available, require prior authorization for coverage:

| | |
|--|--|
| Actimmune | Emsam |
| Actiq | Enbrel |
| Amitiza | Exjade |
| Arava | Fentora |
| Arcalyst | Flector |
| Avita (PA required if the plan participant is over 40 years old) | Fluoride Containing Vitamins and Minerals (PA required if the plan participant is over 14 years old) |
| Baraclude | Forteo |
| Brovana | Fuzeon |
| Byetta | Gleevec |
| Campral | Growth Hormones (all) |
| Copegus | Hepsera |
| Dexedrine/Dexedrine Spansule (PA required if the plan participant is over 18 years old) | Humira |
| Emend | Hycamtin |
| | Increlex |

| | |
|---|--|
| Infergen | Ribapak |
| Infertility Medications (all injectables) | Ribasphere |
| Intron A | Ribavirin |
| Iressa | Selzentry |
| Kineret | Somatuline Depot |
| Kuvan | Sporanox (capsules, solution) |
| Lamisil (tablets only) | Sprycel |
| Letairis | Strattera (PA required if the plan participant is under 6 years old) |
| Nexavar | Sutent |
| Noxafil | Symlin |
| Opana ER | Tasigna |
| Pegasys | Tekturna/Tekturna HCT |
| PegIntron | Thalomid |
| Promacta | Tracleer |
| Provigil | Treximet |
| Qualaquin | Tykerb |
| Rebetol | Tyzeka |
| Relistor | Ventavis |
| Restasis | Voltaren Gel |
| Retin-A/Retin-A Micro (PA required if the plan participant is over 40 years old) | Vfend |
| Revatio | Xeloda |
| ReVia | Xenazine |
| Revlimid | Xyrem |
| | Zavesca |

MANAGED DRUG LIMITATIONS (MDL)

The managed drug limitation program (MDL) helps promote safe, clinically appropriate drug usage. With this program there is a maximum quantity of drug product that is covered per prescription over a specific period of time. These limits are developed based on recommendations from medical experts, including the Food and Drug Administration. If a plan participant's physician believes that an additional supply of medication is needed, the medical director will review the request for medical necessity.

The following products are subject to managed drug limitations:

| Drug | Limit |
|----------------------------------|--|
| Actiq | 120 lozenges/25 days retail and mail |
| Amerge ¹ | 9 tablets/25 days or 27 tablets/75 days |
| Avinza, except 120 mg | 30 capsules/25 days retail and mail |
| Avinza 120 mg | 60 capsules/25 days retail and mail |
| Axert ¹ | 6 tablets/25 days or 18 tablets/75 days |
| Blood Glucose Monitors | 1 monitor/year |
| butorphanol NS ² | 2 bottles (6 mL)/25 days or 6 bottles (18 mL)/75 days |
| Duragesic | 20 patches/25 days retail and mail |
| Fentora ² | 120 tablets/25 days retail and mail |
| Flector ² | 30 patches/25 days |
| Frova ¹ | 9 tablets/25 days or 27 tablets/75 days |
| Imitrex Kit | 3 kits (6 injections)/25 days or 9 kits (18 injections)/75 days |
| Imitrex Injection | 6 injections/25 days or 18 injections/75 days |
| Imitrex Nasal Spray | 6 spray units (1 box)/25 days or 18 spray units (3 boxes)/75 days |
| Imitrex Tablets 25 or 50 mg | 18 tablets/25 days or 54 tablets/75 days |
| Imitrex Tablets 100 mg | 9 tablets/25 days or 27 tablets/75 days |
| Insomnia Medications | 14 tablets or capsules/25 days |
| Invega 3 mg tablets ² | 30 tablets/25 days or 90 tablets/75 days |

| | |
|---------------------------------------|--|
| Kadian ¹ | 60 capsules/25 days retail and mail |
| Lyrica 225 mg and 300 mg ² | 60 capsules/25 days or 180 capsules/75 days |
| Maxalt/Maxalt-MLT | 12 tablets/25 days or 36 tablets/75 days |
| Methadone 5 or 10 mg | 360 tablets/25 days retail and mail |
| Migranal Nasal Spray | 8 spray units (1 box)/25 days or 24 spray units (3 boxes)/75 days |
| MS Contin | 90 tablets/25 days retail and mail |
| Opana ER ² | 60 tablets/25 days retail and mail |
| OxyContin, except 80 mg | 90 tablets/25 days retail and mail |
| OxyContin 80 mg | 120 tablets/25 days retail and mail |
| Relenza or Tamiflu | 1 course of treatment/year |
| Relpax | 6 tablets/25 days or 18 tablets/75 days |
| Smoking Cessation Products | 180 days supply/365 days |
| Treximet ¹ | 9 tablets/25 days or 27 tablets/75 days |
| Zomig/Zomig-ZMT 2.5 mg ¹ | 12 tablets/25 days or 36 tablets/75 days |
| Zomig/Zomig-ZMT 5 mg ¹ | 6 tablets/25 days or 18 tablets/75 days |
| Zomig Nasal Spray ¹ | 6 spray units (1 box)/25 days or 18 spray units (3 boxes)/75 days |

¹ Not covered on two-tier formulary, 3rd tier on the three-tier formulary

² 2nd tier on the two-tier formulary, 3rd tier on the three-tier formulary

STEP THERAPY (ST)

Step therapy is a utilization management process much like prior authorization. It ensures members use the most clinically appropriate drug in a cost effective manner. Step therapy protocols are based on current medical findings, FDA approved drug labeling, and drug costs. Step therapy drugs are considered either “first-line” or “second-line.”

First-line drugs are drugs that are commonly prescribed, safe and effective in treating a given condition, and are typically less expensive than second-line drugs. First-line drugs and their corresponding second-line drugs are FDA approved to treat the same conditions.

Second-line drugs are not covered unless a member tries and fails a first-line therapy. If for some reason a member cannot try the first-line drug, a prescriber can request a medical exception to bypass step therapy. The request would be processed just like any other letter of medical necessity.

The following list of drugs requiring step therapy is subject to change. The application of certain step therapy protocols may vary by product and is dependent upon plan design.

| Step Therapy (Second-Line) Drug | Required First-Line Drug |
|---|--|
| Ambien CR* | zaleplon, zolpidem immediate-release or sedative hypnotic |
| Androderm* | AndroGel, Testim |
| Avonex | Copaxone or Rebif |
| Betaseron | Copaxone or Rebif |
| Cozaar/Hyzaar* | Atacand/HCT, Avapro/Avalide, Benicar/HCT or Micardis/HCT |
| Cymbalta* | venlafaxine immediate-release, or an SSRI ¹ or a TCA ² |
| Daytrana (covered with step therapy for 6 - 12 years of age only) | methylphenidate, Concerta, Focalin/XR, or Metadate CD/ER |
| Diovan/Diovan HCT* | Atacand/HCT, Avapro/Avalide, Benicar/HCT or Micardis/HCT |
| Effexor XR | venlafaxine immediate-release, or an SSRI ¹ or a TCA ² |
| Elidel | Any two medium to very high strength topical corticosteroids ³ |
| Exforge* | Azor or Diovan |
| Intelence | Rescriptor, Sustiva or Viramune |

| | |
|--|---|
| Janumet | Januvia, metformin, sulfonyleurea, sulfonyleurea combination, thiazolidinedione or thiazolidinedione combination |
| Januvia | metformin, sulfonyleurea, sulfonyleurea combination, thiazolidinedione or thiazolidinedione combination |
| Keppra XR* | immediate-release levetiracetam |
| Lexapro | A generic SSRI |
| Lunesta* | zaleplon, zolpidem immediate-release or sedative hypnotic |
| Lyrica* | Any anti-seizure medicine ⁴ , most TCAs ² , venlafaxine immediate-release, or an SSRI ¹ |
| Opana immediate-release* | Opana ER |
| Oracea* | An immediate-release doxycycline |
| OxyContin | morphine sulfate extended-release, Avinza |
| Paxil CR | A generic SSRI |
| Pristiq* | venlafaxine immediate-release, or Effexor XR, or an SSRI ¹ or a TCA ² |
| Protopic | Any two medium to very high strength topical corticosteroids ³ |
| Ranexa | Must try TWO of the following: amlodipine, atenolol, isosorbide dinitrate, isosorbide mononitrate, isosorbide mononitrate extended-release, metoprolol, metoprolol extended-release, nitroglycerin, propranolol, propranolol extended-release |
| Rythmol SR* | propafenone immediate-release |
| Sensipar | Vitamin D, Calcitriol, Hectorol, Renagel |
| Solodyn* | An immediate-release minocycline |
| Striant* | AndroGel, Testim |
| Teveten/HCT* | Atacand/HCT, Avapro/Avalide, Benicar/HCT or Micardis/HCT |
| Vyvanse (covered with step therapy for 6 - 99 years of age only) | Adderall or Adderall XR |

* If Step Therapy criteria are met, drug will process at tier 3.

¹ SSRI - Serotonin-specific reuptake inhibitor. Formulary examples include Celexa, Effexor, Effexor XR, Lexapro, Paxil, Paxil CR, Prozac, and Zoloft, and their generics, where applicable.

² TCA - Tricyclic Antidepressant. Formulary examples include amitriptyline, amitriptyline/perphenazine, maprotiline, Norpramin, Pamelor, and Tofranil, and their generics, where applicable.

³ Formulary examples of the applicable corticosteroids include Beta-Val, betamethasone dipropionate, Cordran, Cutivate, Cyclocort, desoximetasone, diflorasone diacetate, Diprolene, Diprolene AF, Elocon, Kenalog, Lidex, Synalar, Temovate, Topicort, Ultravate, and Westcort, and their generics, where applicable.

⁴ Formulary examples of anti-seizure medications include Carbatrol, Depakene, Depakote, Depakote ER, Diastat, Dilantin, Dilantin Infatabs, Felbatol, Gabitril, Keppra, Klonopin, Lamictal, Mysoline, phenobarbital, Phenytek, Tegretol, Tegretol XR, Topamax, Trileptal, Zarontin, and Zonegran, and their generics, where applicable.

EDITOR

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

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NOTICE

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LEGEND

| | |
|-----------------|---|
| # | Only the dosage forms/strengths of the brand-name product noted are on the formulary |
| † | Requires tier 3 copayment on the four-tier open formulary and 50% coinsurance on the four-tier closed formulary |
| ## | Requires tier 3 copayment on the four-tier open formulary and a tier 2 copayment on the four-tier closed formulary |
| d | DESI drug |
| AGE | Age limitations apply |
| MDL | Managed drug limitations |
| OTC | Over the counter |
| PA | Prior authorization is required |
| ST | Step therapy |
| boldface | Indicates generic availability; boldface may not apply to every strength or dosage form under the listed generic name |
| 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 |

ANALGESICS

Practice guidelines for pain management are available at: <http://www.asahq.org>

NSAIDs

| | |
|---------------------------------|-------------|
| choline magnesium trisalicylate | |
| diclofenac potassium | CATAFLAM |
| diclofenac sodium delayed-rel | VOLTAREN |
| diclofenac sodium ext-rel | VOLTAREN XR |
| diflunisal | |
| etodolac | |
| etodolac ext-rel | |
| fenoprofen | |
| flurbiprofen | ANSAID |
| ibuprofen | MOTRIN |
| indomethacin | |
| indomethacin ext-rel | INDOCIN SR |
| ketoprofen | |
| ketoprofen ext-rel | |
| meclofenamate | |
| meloxicam | MOBIC |
| nabumetone | |
| naproxen | NAPROSYN |
| naproxen delayed-rel | EC-NAPROSYN |
| naproxen sodium | ANAPROX |
| naproxen sodium delayed-rel | NAPRELAN |
| oxaprozin | DAYPRO |
| piroxicam | FELDENE |
| salsalate | |
| sulindac | CLINORIL |
| tolmetin | |

COX-2 INHIBITORS

Celebrex will process at third tier or 50% co-pay.

| | |
|-------------|----------|
| † celecoxib | CELEBREX |
|-------------|----------|

GOUT

| | |
|-----------------|----------|
| allopurinol | ZYLOPRIM |
| colchicine tabs | |
| probenecid | |

NARCOTIC ANALGESICS

Practice Guidelines for Cancer Pain Management (includes WHO analgesic ladder) are available at:

<http://www.asahq.org>

<http://www.nccn.org/professionals>

Opioid guidelines in the management of chronic non-malignant pain are available at: <http://www.asipp.org/Guidelines.htm>

| | |
|---|-------------------|
| codeine/acetaminophen | TYLENOL w/CODEINE |
| codeine/aspirin | ASPIRIN/CODEINE |
| hydrocodone/acetaminophen 10/650 | LORCET 10/650 |
| hydrocodone/acetaminophen 2.5/500 | |
| hydrocodone/acetaminophen 5/500 | LORTAB 5/500 |
| hydrocodone/acetaminophen 7.5/500 | LORTAB 7.5/500 |
| hydrocodone/acetaminophen 7.5/750 | VICODIN ES |
| propoxyphene HCl | DARVON |
| propoxyphene nap/acetaminophen | DARVOCET-N |
| codeine/acetaminophen susp (alcohol free) | CAPITAL w/CODEINE |
| hydrocodone/acetaminophen 10/300 | XODOL |

NARCOTIC ANALGESICS, CII

| | | |
|--------|-------------------------------|------------|
| | codeine sulfate | |
| MDL | fentanyl transdermal | DURAGESIC |
| | hydromorphone | DILAUDID |
| | morphine | |
| MDL | morphine ext-rel | MS CONTIN |
| | morphine supp | |
| | oxycodone caps 5 mg | OXYIR |
| | oxycodone tabs 15 mg | ROXICODONE |
| | oxycodone tabs 5 mg | |
| | oxycodone/acetaminophen 5/325 | PERCOCET |
| | oxycodone/aspirin | PERCODAN |
| MDL | morphine ext-rel | AVINZA |
| MDL ST | oxycodone ext-rel | OXYCONTIN |
| | oxycodone tabs 30 mg | ROXICODONE |

NON-NARCOTIC ANALGESICS

| | | |
|--|-----------------------------------|-----------------|
| | butalbital/acetaminophen | PHRENILIN |
| | butalbital/acetaminophen/caffeine | FIORICET |
| | butalbital/aspirin/caffeine | FIORINAL |
| | tramadol | ULTRAM |
| | butalbital/acetaminophen | PHRENILIN FORTE |

ANTI-INFECTIVES

Hepatitis: CDC recommendations on the treatment of hepatitis are available at:
<http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm>

Guidelines for the management of chronic hepatitis by the American Association for the Study of Liver Disease are available at:
<http://www.aasld.org>

HIV/AIDS: Guidelines for the treatment of HIV patients by the U.S. Department of Health and Human Services are available at:
<http://www.aidsinfo.nih.gov>

Infective Endocarditis: American Heart Association recommendations for the prevention of bacterial endocarditis are available at:
<http://www.americanheart.org>

Influenza: Recommendations of the Advisory Committee on Immunization Practices are available at:
<http://www.cdc.gov/ncidod/diseases/flu/fluivirus.htm>

International Travel: CDC recommendations for international travel are available at: <http://www.cdc.gov/travel>

Sexually Transmitted Diseases: CDC Sexually Transmitted Diseases Guidelines are available at:
<http://www.cdc.gov/std/treatment/default.htm>

Respiratory Tract Infection/Antibiotic Use/Community Acquired Pneumonia/Other: Principles of appropriate antibiotic use for treatment of nonspecific upper respiratory tract infection in adults are available at:
http://www.cdc.gov/ncidod/guidelines/guidelines_topic_ar.htm

Practice guidelines and statements developed and endorsed by the Infectious Diseases Society of America are available at:
<http://www.idsociety.org>

ANTIBACTERIALS

Cephalosporins

First Generation

| | | |
|--|------------|--------|
| | cephalexin | KEFLEX |
| | cephradine | |

Second Generation

| | | |
|--|-------------------|--------|
| | cefaclor | |
| | cefprozil | CEFZIL |
| | cefuroxime axetil | CEFTIN |

| | | |
|------------------------------------|---------------------------------|------------------|
| Third Generation | | |
| | cefdinir | OMNICEF |
| Erythromycins/Macrolides | | |
| | azithromycin | ZITHROMAX |
| | clarithromycin | BIAXIN |
| | clarithromycin ext-rel | BIAXIN XL |
| | erythromycin delayed-rel | |
| | erythromycin ethylsuccinate | E.E.S. |
| | erythromycin stearate | |
| | erythromycin/sulfisoxazole | |
| | erythromycin base | |
| | erythromycin delayed-rel | ERY-TAB |
| | erythromycin dispertabs | PCE |
| Fluoroquinolones | | |
| | ciprofloxacin | CIPRO |
| | levofloxacin | LEVAQUIN |
| Penicillins | | |
| | amoxicillin | AMOXIL |
| | amoxicillin/clavulanate | AUGMENTIN |
| | amoxicillin/clavulanate | AUGMENTIN ES-600 |
| | ampicillin | |
| | dicloxacillin | |
| | penicillin VK | |
| | amoxicillin/clavulanate ext-rel | AUGMENTIN XR |
| Sulfonamides | | |
| | acetyl sulfisoxazole susp | GANTRISIN |
| Tetracyclines | | |
| | doxycycline hyclate | VIBRAMYCIN |
| | minocycline | MINOCIN |
| | tetracycline | |
| ANTIFUNGALS | | |
| | clotrimazole troches | MYCELEX |
| | fluconazole | DIFLUCAN |
| | griseofulvin microsize | GRIFULVIN V |
| PA | itraconazole | SPORANOX |
| | ketoconazole | NIZORAL |
| | nystatin | MYCOSTATIN |
| PA | terbinafine tabs | LAMISIL |
| | griseofulvin ultramicrosize | GRIS-PEG |
| PA | voriconazole | VFEND |
| ANTIMALARIALS | | |
| | chloroquine | ARALEN |
| | mefloquine | LARIAM |
| PA | quinine sulfate | QUALAQUIN |
| ANTIRETROVIRAL AGENTS | | |
| Antiretroviral Combinations | | |
| | abacavir/lamivudine | EPZICOM |
| | abacavir/lamivudine/zidovudine | TRIZIVIR |
| | lamivudine/zidovudine | COMBIVIR |

Non-nucleoside Reverse Transcriptase Inhibitors

| | |
|-------------|------------|
| delavirdine | RESCRIPTOR |
| efavirenz | SUSTIVA |
| nevirapine | VIRAMUNE |

Nucleoside Reverse Transcriptase Inhibitors

| | |
|-------------------------------|------------|
| didanosine delayed-rel | VIDEX EC |
| stavudine | ZERIT |
| 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 | APTIVUS |

ANTITUBERCULAR AGENTS

| | |
|---------------------|-----------|
| ethambutol | MYAMBUTOL |
| isoniazid | |
| pyrazinamide | |
| rifampin | RIFADIN |
| rifabutin | MYCOBUTIN |

ANTIVIRALS

Cytomegalovirus Agents

| | |
|--------------------|--|
| ganciclovir | |
|--------------------|--|

Hepatitis Agents

| | | |
|-----------|--------------------|------------|
| PA | adefovir dipivoxil | HEPSERA |
| PA | entecavir | BARACLUDE |
| | lamivudine | EPIVIR-HBV |
| PA | telbivudine | TYZEKA |

Herpes Agents

| | |
|------------------|---------|
| acyclovir | ZOVIRAX |
| valacyclovir | VALTREX |

Influenza Agents

| | | |
|------------|--------------------------------|-----------|
| | amantadine, except tabs | |
| | rimantadine | FLUMADINE |
| MDL | oseltamivir | TAMIFLU |
| MDL | zanamivir | RELENZA |

MISCELLANEOUS

| | | |
|--|-------------------------------------|-------------|
| | clindamycin | CLEOCIN |
| | mebendazole | |
| | metronidazole tabs | FLAGYL |
| | nitrofurantoin ext-rel | MACROBID |
| | nitrofurantoin macrocrystals | MACRODANTIN |

| | |
|--|----------|
| sulfamethoxazole/trimethoprim trimethoprim tabs | SEPTRA |
| dapsone | |
| nitazoxanide | ALINIA |
| vancomycin | VANCOCIN |

ANTINEOPLASTIC AGENTS

All oral antineoplastic drug products are on formulary.

Clinical practice guidelines in oncology are available at:

<http://www.nccn.org>

<http://www.asco.org>

ALKYLATING AGENTS

| | |
|-------------------------|----------|
| cyclophosphamide | |
| busulfan | MYLERAN |
| chlorambucil | LEUKERAN |
| lomustine | CEENU |
| melphalan | ALKERAN |

ANTIMETABOLITES

| | |
|-----------------------|------------|
| mercaptopurine | PURINETHOL |
| thioguanine | |

HORMONAL ANTINEOPLASTIC AGENTS

Antiandrogens

| | |
|------------------|---------|
| flutamide | |
| bicalutamide | CASODEX |

Antiestrogens

| | |
|------------------|----------|
| tamoxifen | |
| toremifene | FARESTON |

Aromatase Inhibitors

| | |
|-------------|----------|
| anastrozole | ARIMIDEX |
| exemestane | AROMASIN |
| letrozole | FEMARA |

Luteinizing Hormone-releasing Hormone (LHRH) Agonists

| | |
|---------------------|----------|
| goserelin acetate | ZOLADEX |
| triptorelin pamoate | TRELSTAR |

Progestins

| | |
|--------------------------|-----------|
| megestrol acetate | MEGACE |
| megestrol acetate susp | MEGACE ES |

KINASE INHIBITORS

| | |
|-----------|---------|
| erlotinib | TARCEVA |
|-----------|---------|

MISCELLANEOUS

| | |
|--------------------|----------|
| etoposide | |
| hydroxyurea | HYDREA |
| mitotane | LYSODREN |
| procarbazine | MATULANE |

CARDIOVASCULAR

The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure is available at: <http://www.nhlbi.nih.gov/guidelines/hypertension>

Guidelines for the evaluation and management of cardiovascular diseases in adults are available at:

<http://www.acc.org>

<http://www.americanheart.org>

<http://www.hfsa.org>

ACE INHIBITORS

Guidelines for the use of ACE inhibitors are available at:

<http://www.acc.org>

<http://www.americanheart.org>

<http://www.diabetes.org>

<http://www.nhlbi.nih.gov/guidelines/hypertension>

| | |
|--------------|----------|
| benazepril | LOTENSIN |
| captopril | CAPOTEN |
| enalapril | VASOTEC |
| lisinopril | PRINIVIL |
| lisinopril | ZESTRIL |
| quinapril | ACCUPRIL |
| ramipril | ALTACE |
| trandolapril | MAVIK |

ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

| | |
|--------------------------------|--------|
| amlodipine/benazepril | LOTREL |
| trandolapril/verapamil ext-rel | TARKA |

ACE INHIBITOR/DIURETIC COMBINATIONS

| | |
|--------------------------------|------------|
| captopril/hydrochlorothiazide | CAPOZIDE |
| enalapril/hydrochlorothiazide | VASERETIC |
| lisinopril/hydrochlorothiazide | PRINZIDE |
| lisinopril/hydrochlorothiazide | ZESTORETIC |
| quinapril/hydrochlorothiazide | ACCURETIC |

ADRENOLYTICS, CENTRAL

| | |
|-----------------------|--------------|
| clonidine | CATAPRES |
| guanfacine | TENEX |
| clonidine transdermal | CATAPRES-TTS |

ALDOSTERONE RECEPTOR ANTAGONISTS

| | |
|----------------|-----------|
| eplerenone | INSPIRA |
| spironolactone | ALDACTONE |

ALPHA BLOCKERS

Guidelines for the use of alpha blockers in various patient populations are available at:

<http://www.nhlbi.nih.gov/guidelines/hypertension>

| | |
|-----------|-----------|
| doxazosin | CARDURA |
| prazosin | MINIPRESS |
| terazosin | HYTRIN |

ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

Guidelines for the use of angiotensin II receptor antagonists in various patient populations are available at:

<http://www.diabetes.org>

<http://www.nhlbi.nih.gov/guidelines/hypertension>

| | | |
|---|---------------------------------|-------------|
| * | candesartan | ATACAND |
| | candesartan/hydrochlorothiazide | ATACAND HCT |
| | irbesartan | AVAPRO |

| | |
|---------------------------------|--------------|
| irbesartan/hydrochlorothiazide | AVALIDE |
| olmesartan | BENICAR |
| olmesartan/hydrochlorothiazide | BENICAR HCT |
| telmisartan | MICARDIS |
| telmisartan/hydrochlorothiazide | MICARDIS HCT |

* Atacand should be reserved for members who meet CHARM (Candesartan in Heart Failure - Assessment of Reduction in Mortality and Morbidity) trial criteria.

ANTIANGINALS

| | | |
|-----------|--------------------|--------|
| ST | ranolazine ext-rel | RANEXA |
|-----------|--------------------|--------|

ANTIARRHYTHMICS

Guidelines for the use of antiarrhythmics and cardiac glycosides in various patient populations are available at: <http://www.acc.org>

| | |
|------------------------------------|-------------|
| amiodarone | PACERONE |
| disopyramide | NORPACE |
| disopyramide ext-rel | NORPACE CR |
| flecainide | TAMBOCOR |
| mexiletine | |
| propafenone | RYTHMOL |
| quinidine gluconate ext-rel | |
| quinidine sulfate | |
| quinidine sulfate ext-rel | |
| sotalol | BETAPACE |
| sotalol | BETAPACE AF |
| dofetilide | TIKOSYN |

ANTILIPEMICS

The Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) is available at: <http://www.nhlbi.nih.gov/guidelines/cholesterol/index.htm>

Bile Acid Resins

| | |
|-----------------------|-------------------------|
| cholestyramine | QUESTRAN/QUESTRAN LIGHT |
| colestipol | COLESTID |
| colesevelam | WELCHOL |

Cholesterol Absorption Inhibitors

| | |
|------------------|-------|
| ezetimibe | ZETIA |
|------------------|-------|

Fibrates

| | |
|--------------------|--------|
| gemfibrozil | LOPID |
| fenofibrate | TRICOR |

HMG-CoA Reductase Inhibitors

| | |
|---------------------|-----------|
| lovastatin | MEVACOR |
| pravastatin | PRAVACHOL |
| simvastatin | ZOCOR |
| atorvastatin | LIPITOR |
| rosuvastatin | CRESTOR |

Niacins/Combinations

| | |
|-----------------------------------|---------|
| niacin ext-rel | NIASPAN |
| niacin ext-rel/lovastatin | ADVICOR |
| niacin ext-rel/simvastatin | SIMCOR |

BETA-BLOCKERS

Guidelines for the use of beta-blockers and beta-blocker combinations in various patient populations are available at:

<http://www.acc.org>

<http://www.nhlbi.nih.gov/guidelines/hypertension>

| | |
|---------------------|-------------|
| acebutolol | SECTRAL |
| atenolol | TENORMIN |
| carvedilol | COREG |
| labetalol | TRANDATE |
| metoprolol | LOPRESSOR |
| nadolol | CORGARD |
| pindolol | |
| propranolol | |
| propranolol ext-rel | INDERAL LA |
| metoprolol ext-rel | TOPROL-XL |
| propranolol ext-rel | INNOPRAN XL |

BETA-BLOCKER/DIURETIC COMBINATIONS

Guidelines for the use of beta-blockers and diuretic combinations in various patient populations are available at:

<http://www.acc.org>

<http://www.nhlbi.nih.gov/guidelines/hypertension>

| | |
|---------------------------------|-----------|
| atenolol/chlorthalidone | TENORETIC |
| bisoprolol/hydrochlorothiazide | ZIAC |
| nadolol/bendroflumethiazide | CORZIDE |
| propranolol/hydrochlorothiazide | |

CALCIUM CHANNEL BLOCKERS

Dihydropyridines

| | |
|---------------------|--------------|
| amlodipine | NORVASC |
| felodipine ext-rel | |
| nifedipine ext-rel | ADALAT CC |
| nifedipine ext-rel | PROCARDIA XL |
| nicardipine ext-rel | CARDENE SR |
| nisoldipine ext-rel | SULAR |

Nondihydropyridines

| | |
|-------------------|-------------|
| diltiazem | CARDIZEM |
| diltiazem ext-rel | CARDIZEM CD |
| diltiazem ext-rel | DILACOR XR |
| diltiazem ext-rel | TIAZAC |
| verapamil | CALAN |
| verapamil ext-rel | CALAN SR |
| verapamil ext-rel | VERELAN |

CALCIUM CHANNEL BLOCKER/ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

| | |
|-----------------------|------|
| amlodipine/olmesartan | AZOR |
|-----------------------|------|

DIGITALIS GLYCOSIDES

| | |
|--------------------|---------|
| digoxin | LANOXIN |
| digoxin ped elixir | |

DIURETICS

Carbonic Anhydrase Inhibitors

| | |
|-----------------------|----------------|
| acetazolamide | |
| acetazolamide ext-rel | DIAMOX SEQUELS |
| methazolamide | |

Loop Diuretics

| | |
|------------|-------|
| bumetanide | BUMEX |
| furosemide | LASIX |

Potassium-sparing Diuretics

| | |
|-----------|--|
| amiloride | |
|-----------|--|

Thiazides and Thiazide-like Diuretics

| | |
|----------------|--|
| chlorthalidone | |
|----------------|--|

| | |
|---------------------|--|
| hydrochlorothiazide | |
|---------------------|--|

| | |
|------------|--|
| indapamide | |
|------------|--|

| | |
|------------|-----------|
| metolazone | ZAROXOLYN |
|------------|-----------|

Diuretic Combinations

| | |
|-------------------------------|--|
| amiloride/hydrochlorothiazide | |
|-------------------------------|--|

| | |
|------------------------------------|-------------|
| spironolactone/hydrochlorothiazide | ALDACTAZIDE |
|------------------------------------|-------------|

| | |
|---|---------|
| triamterene/hydrochlorothiazide 37.5/25 | DYAZIDE |
|---|---------|

| | |
|---|------------|
| triamterene/hydrochlorothiazide 37.5/25 | MAXZIDE-25 |
|---|------------|

| | |
|---------------------------------------|--|
| triamterene/hydrochlorothiazide 50/25 | |
|---------------------------------------|--|

| | |
|---------------------------------------|---------|
| triamterene/hydrochlorothiazide 75/50 | MAXZIDE |
|---------------------------------------|---------|

NITRATES

Oral

| | |
|-----------------------------------|--|
| isosorbide dinitrate ext-rel tabs | |
|-----------------------------------|--|

| | |
|---------------------------|---------|
| isosorbide dinitrate oral | ISORDIL |
|---------------------------|---------|

| | |
|------------------------|------|
| isosorbide mononitrate | ISMO |
|------------------------|------|

| | |
|------------------------|---------|
| isosorbide mononitrate | MONOKET |
|------------------------|---------|

| | |
|--------------------------------|-------|
| isosorbide mononitrate ext-rel | IMDUR |
|--------------------------------|-------|

Sublingual

| | |
|---------------------------------|--|
| isosorbide dinitrate sublingual | |
|---------------------------------|--|

| | |
|--------------------------|-----------|
| nitroglycerin sublingual | NITROSTAT |
|--------------------------|-----------|

| | |
|--------------------------------|--------------|
| nitroglycerin sublingual spray | NITROLINGUAL |
|--------------------------------|--------------|

Transdermal

| | |
|---------------------------|--|
| nitroglycerin transdermal | |
|---------------------------|--|

| | |
|---------------------------|-----------|
| nitroglycerin transdermal | NITRO-DUR |
|---------------------------|-----------|

| | |
|--------------------|-----------|
| nitroglycerin oint | NITRO-BID |
|--------------------|-----------|

MISCELLANEOUS

| | |
|-------------|--|
| hydralazine | |
|-------------|--|

| | |
|-------------|--|
| methyl dopa | |
|-------------|--|

| | |
|-----------|------------|
| midodrine | PROAMATINE |
|-----------|------------|

CENTRAL NERVOUS SYSTEM

Practice guidelines for psychiatric disorders are available at: <http://www.psych.org>

ANTI-ANXIETY

Benzodiazepines

| | |
|------------|-------|
| alprazolam | XANAX |
|------------|-------|

| | |
|------------------|---------|
| chlordiazepoxide | LIBRIUM |
|------------------|---------|

| | |
|-----------------|----------|
| clonazepam tabs | KLONOPIN |
|-----------------|----------|

| | |
|-------------|----------|
| clorazepate | TRANXENE |
|-------------|----------|

| | |
|----------|--------|
| diazepam | VALIUM |
|----------|--------|

| | |
|-----------|--------|
| lorazepam | ATIVAN |
|-----------|--------|

| | |
|----------|--|
| oxazepam | |
|----------|--|

Miscellaneous

| | |
|----------|--------|
| bupirone | BUSPAR |
|----------|--------|

| | |
|--------------|-----------|
| clomipramine | ANAFRANIL |
|--------------|-----------|

ANTICONVULSANTS

Practice guidelines for the treatment of epilepsy are available at: <http://www.aan.com>

| | | |
|----------------------|--------------------------------------|-------------------|
| | 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 |
| | carbamazepine ext-rel | CARBATROL |
| | carbamazepine ext-rel | TEGRETOL-XR |
| | diazepam rectal gel | DIASTAT |
| | felbamate | FELBATOL |
| | phenytoin | DILANTIN INFATABS |
| | phenytoin sodium extended | PHENYTEK |
| MDL ST ## | pregabalin | LYRICA |
| | tiagabine | GABITRIL |

ANTIDEMENTIA

| | | |
|--|--------------------------------|--------------|
| | galantamine | RAZADYNE |
| | galantamine ext-rel | RAZADYNE ER |
| | donepezil | ARICEPT |
| | memantine | NAMENDA |
| | rivastigmine | EXELON |
| | rivastigmine transdermal patch | EXELON PATCH |

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.

Guidelines for the evaluation and management of bipolar and depressive disorders are available at: <http://www.psych.org>

Monoamine Oxidase Inhibitors (MAOIs)

| | | |
|--|------------------------|---------|
| | tranylcypromine | PARNATE |
| | phenelzine | NARDIL |

Selective Serotonin Reuptake Inhibitors (SSRIs)

| | | |
|-----------|--|----------|
| | citalopram | CELEXA |
| | fluoxetine, except 40 mg capsules | PROZAC |
| | paroxetine HCl | PAXIL |
| ST | paroxetine HCl ext-rel | PAXIL CR |
| | sertraline | ZOLOFT |
| ST | 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 |
| ST ## | duloxetine | CYMBALTA |
| ST | venlafaxine ext-rel | EFFEXOR XR |

Tricyclic Antidepressants (TCAs)

| | |
|----------------|-----------|
| amitriptyline | |
| desipramine | NORPRAMIN |
| doxepin | |
| imipramine HCl | TOFRANIL |
| maprotiline | |
| nortriptyline | PAMELOR |
| amoxapine | |

Tricyclic Antidepressant/Phenothiazine Combinations

| | |
|----------------------------|--|
| amitriptyline/perphenazine | |
|----------------------------|--|

Miscellaneous Agents

| | |
|-------------------|-------------------------|
| bupropion | WELLBUTRIN |
| bupropion ext-rel | WELLBUTRIN SR |
| mirtazapine | REMERON, REMERON SOLTAB |
| trazodone | |

ANTIPARKINSONIAN AGENTS

Practice guidelines for the diagnosis and treatment of Parkinson's disease are available at: <http://www.aan.com>

| | |
|-------------------------------|------------|
| amantadine, except tabs | |
| benztropine | |
| bromocriptine | PARLODEL |
| carbidopa/levodopa | SINEMET |
| carbidopa/levodopa ext-rel | SINEMET CR |
| ropinirole | REQUIP |
| selegiline tabs | |
| trihexyphenidyl | |
| carbidopa/levodopa/entacapone | STALEVO |
| entacapone | COMTAN |
| pramipexole | MIRAPEX |
| rasagiline mesylate | AZILECT |

ANTIPSYCHOTICS

Atypicals

| | |
|--------------------|-------------|
| clozapine | CLOZARIL |
| risperidone | RISPERDAL |
| aripiprazole | ABILIFY |
| olanzapine | ZYPREXA |
| quetiapine | SEROQUEL |
| quetiapine ext-rel | SEROQUEL XR |
| ziprasidone | GEODON |

Miscellaneous

| | |
|-----------------|--------|
| chlorpromazine | |
| fluphenazine | |
| haloperidol | |
| perphenazine | |
| thioridazine | |
| thiothixene | NAVANE |
| trifluoperazine | |

ATTENTION DEFICIT HYPERACTIVITY DISORDER

Guidelines for the evaluation and management of attention deficit hyperactivity disorder are available at:

<http://www.aacap.org>

<http://www.aap.org>

| | |
|---|-------------|
| amphetamine/dextroamphetamine mixed salts | ADDERALL |
| amphetamine/dextroamphetamine mixed salts ext-rel | ADDERALL XR |
| dexmethylphenidate | FOCALIN |

| | | |
|---------------|-----------------------------|--------------------|
| AGE PA | dextroamphetamine | DEXEDRINE |
| AGE PA | dextroamphetamine ext-rel | DEXEDRINE SPANSULE |
| | methylphenidate | RITALIN |
| | methylphenidate ext-rel | METADATE ER |
| | methylphenidate ext-rel | RITALIN-SR |
| AGE PA | atomoxetine | STRATTERA |
| AGE ST | lisdexamfetamine dimesylate | VYVANSE |
| | methylphenidate ext-rel | CONCERTA |
| | methylphenidate ext-rel | METADATE CD |

HYPNOTICS

Practice parameters for the treatment of sleep disorders are available at: <http://www.aasmnet.org>

Benzodiazepines

| | | |
|------------|------------|----------|
| MDL | estazolam | |
| MDL | flurazepam | |
| MDL | temazepam | RESTORIL |
| MDL | triazolam | HALCION |

Nonbenzodiazepines

| | | |
|------------|-----------------|--------|
| | chloral hydrate | |
| MDL | zolpidem | AMBIEN |

MIGRAINE

Guidelines for prevention and management of migraine headaches are available at: <http://www.aan.com>

Ergotamine Derivatives

| | | |
|------------|-------------------------|-----------|
| | dihydroergotamine inj | D.H.E. 45 |
| | ergotamine/caffeine | CAFERGOT |
| MDL | dihydroergotamine spray | MIGRANAL |

Selective Serotonin Agonists

| | | |
|------------|-------------|---------|
| MDL | sumatriptan | IMITREX |
| MDL | eletriptan | RELPAK |
| MDL | rizatriptan | MAXALT |

Miscellaneous

| | | |
|----------|--|--------|
| d | acetaminophen/dichloralphenazone/isometheptene | MIDRIN |
|----------|--|--------|

MOOD STABILIZERS

| | | |
|--|---------------------------------------|----------|
| | lithium carbonate | |
| | lithium carbonate ext-rel tabs 300 mg | LITHOBID |
| | lithium carbonate ext-rel tabs 450 mg | |

MUSCULOSKELETAL THERAPY AGENTS

| | | |
|--|-------------------------------|-------------------|
| | baclofen | |
| | carisoprodol | SOMA |
| | carisoprodol/aspirin | |
| | chlorzoxazone | PARAFON FORTE DSC |
| | cyclobenzaprine | FLEXERIL |
| | dantrolene | DANTRUM |
| | methocarbamol | ROBAXIN |
| | orphenadrine ext-rel | NORFLEX |
| | orphenadrine/aspirin/caffeine | |
| | tizanidine | ZANAFLEX tabs |
| | metaxalone | SKELAXIN |

MYASTHENIA GRAVIS

| | | |
|--|------------------------|-------------------|
| | pyridostigmine | MESTINON |
| | pyridostigmine ext-rel | MESTINON TIMESPAN |

NARCOLEPSY/CATAPLEXY

| | | |
|----|----------------|----------|
| PA | modafinil | PROVIGIL |
| PA | sodium oxybate | XYREM |

PSYCHOTHERAPEUTIC-MISCELLANEOUS

Alcohol Deterrents

| | | |
|----|---------------------|----------|
| PA | acamprosate calcium | CAMPRAL |
| | disulfiram | ANTABUSE |

Narcotic Antagonists

| | | |
|----|------------|-------|
| PA | naltrexone | REVIA |
|----|------------|-------|

Smoking Deterrents

| | | |
|-----|-------------------|-------------|
| MDL | bupropion ext-rel | ZYBAN |
| MDL | nicotine spray | NICOTROL NS |
| MDL | varenicline | CHANTIX |

ENDOCRINE AND METABOLIC

ANDROGENS

Clinical practice guidelines for treatment of hypogonadism are available at: <http://www.ace.com>

| | | |
|--|------------------|----------|
| | testosterone gel | ANDROGEL |
| | testosterone gel | TESTIM |

ANTIDIABETICS

Guidelines for treatment and management of diabetes are available at: <http://www.diabetes.org>

Alpha-glucosidase Inhibitors

| | | |
|--|----------|---------|
| | acarbose | PRECOSE |
| | miglitol | GLYSET |

Amylin Analogs

| | | |
|----|-------------|--------|
| PA | pramlintide | SYMLIN |
|----|-------------|--------|

Biguanides

| | | |
|--|-------------------|---------------|
| | metformin | GLUCOPHAGE |
| | metformin ext-rel | GLUCOPHAGE XR |

Biguanide/Sulfonylurea Combinations

| | | |
|--|---------------------|------------|
| | glyburide/metformin | GLUCOVANCE |
|--|---------------------|------------|

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

| | | |
|----|-----------------------|---------|
| ST | sitagliptin phosphate | JANUVIA |
|----|-----------------------|---------|

Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations

| | | |
|----|-----------------------|---------|
| ST | sitagliptin/metformin | JANUMET |
|----|-----------------------|---------|

Incretin Mimetic Agents

| | | |
|----|-----------|--------|
| PA | exenatide | BYETTA |
|----|-----------|--------|

Insulins

| | | |
|-----|---|-------------------|
| OTC | insulin human | NOVOLIN R |
| OTC | insulin isophane human | NOVOLIN N |
| OTC | insulin isophane human 70%/regular 30% | NOVOLIN 70/30 |
| | insulin aspart | NOVOLOG |
| | insulin aspart protamine 70%/insulin aspart 30% | NOVOLOG MIX 70/30 |
| | insulin detemir | LEVEMIR |
| | insulin glargine | LANTUS |
| | insulin glulisine | APIDRA |

Insulin Sensitizers

| | |
|---------------|---------|
| pioglitazone | ACTOS |
| rosiglitazone | AVANDIA |

Insulin Sensitizer/Biguanide Combinations

| | |
|-------------------------|--------------|
| pioglitazone/metformin | ACTOPLUS MET |
| rosiglitazone/metformin | AVANDAMET |

Meglitinides

| | |
|-------------|---------|
| repaglinide | PRANDIN |
|-------------|---------|

Sulfonylureas

| | |
|-----------------------|--------------|
| glimepiride | AMARYL |
| glipizide | GLUCOTROL |
| glipizide ext-rel | GLUCOTROL XL |
| glyburide | |
| glyburide | DIABETA |
| glyburide, micronized | GLYNASE |

Supplies

| | |
|------------|-----------------------|
| MDL | Accu-Chek kits |
| | Accu-Chek test strips |
| | BD insulin syringes |
| | lancets |
| MDL | OneTouch kits |
| | OneTouch test strips |

CALCIUM RECEPTOR ANTAGONISTS

| | | |
|-----------|------------|----------|
| ST | cinacalcet | SENSIPAR |
|-----------|------------|----------|

CALCIUM REGULATORS

Bisphosphonates

Guidelines of treatment and management of osteoporosis are available at:

<http://www.aace.com>

<http://www.nof.org>

| | |
|---------------------------------|----------------------|
| alendronate | FOSAMAX |
| etidronate | DIDRONEL |
| alendronate/vitamin D3 | FOSAMAX PLUS D |
| risedronate | ACTONEL |
| risedronate + calcium carbonate | ACTONEL WITH CALCIUM |

Calcitonins

| | |
|------------------------------|-----------|
| calcitonin-salmon inj, spray | MIACALCIN |
|------------------------------|-----------|

CONTRACEPTIVES

EE = ethinyl estradiol

ME = mestranol

Monophasic

20 mcg Estrogen

| | |
|------------------------------------|------------------|
| levonorgestrel/EE 0.1/20 | |
| norethindrone acetate/EE 1/20 | LOESTRIN 1/20 |
| norethindrone acetate/EE/iron 1/20 | LOESTRIN FE 1/20 |
| drospirenone/EE 3/20 | YAZ |

30 mcg Estrogen

| | |
|---------------------------------|-----------------|
| desogestrel/EE 0.15/30 | ORTHO-CEPT |
| drospirenone/EE 3/30 | YASMIN |
| levonorgestrel/EE 0.15/30 | |
| norethindrone acetate/EE 1.5/30 | LOESTRIN 1.5/30 |

| | |
|--------------------------------------|--------------------|
| norethindrone acetate/EE/iron 1.5/30 | LOESTRIN FE 1.5/30 |
| norgestrel/EE 0.3/30 | LO/OVRAL |

35 mcg Estrogen

| | |
|------------------------------|------------------|
| ethynodiol diacetate/EE 1/35 | |
| norethindrone/EE 0.5/35 | MODICON |
| norethindrone/EE 1/35 | ORTHO-NOVUM 1/35 |
| norgestimate/EE 0.25/35 | ORTHO-CYCLEN |
| norethindrone/EE 0.4/35 | OVCON 35 |

50 mcg Estrogen

| | |
|------------------------------|------------------|
| ethynodiol diacetate/EE 1/50 | |
| norethindrone/ME 1/50 | ORTHO-NOVUM 1/50 |
| norgestrel/EE 0.5/50 | |
| norethindrone/EE 1/50 | OVCON 50 |

Biphasic

| | |
|------------------|-------------|
| desogestrel/EE | MIRCETTE |
| norethindrone/EE | NECON 10/11 |

Triphasic

| | |
|-------------------------------|---------------------|
| desogestrel/EE | CYCLESSA |
| levonorgestrel/EE | |
| norethindrone acetate/EE/iron | ESTROSTEP FE |
| norethindrone/EE | ORTHO-NOVUM 7/7/7 |
| norethindrone/EE | TRI-NORINYL |
| norgestimate/EE | ORTHO TRI-CYCLEN |
| norgestimate/EE | ORTHO TRI-CYCLEN LO |

Extended Cycle

| | |
|-------------------------------------|------------|
| levonorgestrel/EE 0.15/30 | SEASONALE |
| levonorgestrel/EE 0.15/30 and EE 10 | SEASONIQUE |

Progestin Only

| | |
|---------------|----------------|
| norethindrone | ORTHO MICRONOR |
|---------------|----------------|

Injectable

| | |
|--|-----------------------|
| medroxyprogesterone acetate 150 mg/mL | DEPO-PROVERA |
| medroxyprogesterone acetate 104 mg/0.65 mL | DEPO-SUBQ PROVERA 104 |

Transdermal

| | |
|-------------------|------------|
| norelgestromin/EE | ORTHO EVRA |
|-------------------|------------|

Vaginal

| | |
|----------------------|----------|
| etonogestrel/EE ring | NUVARING |
|----------------------|----------|

ENDOMETRIOSIS

| | |
|-----------|---------|
| danazol | |
| nafarelin | SYNAREL |

ESTROGENS

Guidelines for treatment and management of hormone therapy and menopause are available at:

<http://www.menopause.org>

Oral

| | |
|--|-----------|
| estradiol | ESTRACE |
| estrogens, esterified/methyltestosterone | ESTRATEST |
| estropipate | OGEN |
| estropipate | ORTHO-EST |
| estrogens, conjugated | PREMARIN |
| estrogens, conjugated, synthetic A | CENESTIN |

| | |
|------------------------------------|---------|
| estrogens, conjugated, synthetic B | ENJUVIA |
| estrogens, esterified | MENEST |

Transdermal

| | |
|---------------------------|-------------|
| estradiol | CLIMARA |
| estradiol | ALORA |
| estradiol | ESTRADERM |
| estradiol | MENOSTAR |
| estradiol | VIVELLE-DOT |
| estradiol emulsion | ESTRASORB |
| estradiol transdermal gel | ESTROGEL |

Vaginal

| | |
|---------------------------|--------------|
| estradiol vaginal crm | ESTRACE |
| estradiol vaginal ring | ESTRING |
| estradiol vaginal ring | FEMRING |
| estrogens, conjugated crm | PREMARIN crm |

ESTROGEN/PROGESTINS

Oral

| | |
|---|-----------|
| estradiol/norethindrone acetate | ACTIVELLA |
| EE/norethindrone acetate | FEMHRT |
| estradiol/norgestimate | PREFEST |
| estrogens, conjugated/medroxyprogesterone | PREMPHASE |
| estrogens, conjugated/medroxyprogesterone | PREMPRO |

Transdermal

| | |
|---------------------------------|-------------|
| estradiol/levonorgestrel | CLIMARA PRO |
| estradiol/norethindrone acetate | COMBIPATCH |

GLUCOCORTICOIDS

| | |
|--------------------------------------|-----------|
| cortisone acetate | |
| dexamethasone | |
| fludrocortisone | |
| hydrocortisone | CORTEF |
| methylprednisolone | MEDROL |
| prednisolone | |
| prednisolone sodium phosphate | ORAPRED |
| prednisolone sodium phosphate | PEDIAPRED |
| prednisolone syrup | PRELONE |
| prednisone | |

GLUCOSE ELEVATING AGENTS

| | |
|-----------------------------|------------------------|
| glucagon, human recombinant | GLUCAGON EMERGENCY KIT |
|-----------------------------|------------------------|

HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS

| | |
|-----------------|----------|
| doxercalciferol | HECTOROL |
| paricalcitol | ZEMPLAR |

PHOSPHATE BINDER AGENTS

| | |
|------------------------|----------|
| calcium acetate | PHOSLO |
| lanthanum | FOSRENOL |
| sevelamer | RENAGEL |
| sevelamer carbonate | REVELA |

PROGESTINS

| | |
|------------------------------------|----------|
| medroxyprogesterone acetate | PROVERA |
| norethindrone acetate | AYGESTIN |

SELECTIVE ESTROGEN RECEPTOR MODULATORS

| | |
|------------|--------|
| raloxifene | EVISTA |
|------------|--------|

THYROID AGENTS

Antithyroid Agents

| | | |
|--|------------------|----------|
| | methimazole | TAPAZOLE |
| | propylthiouracil | |

Thyroid Supplements

| | | |
|--|-------------------------|----------------|
| | levothyroxine | SYNTHROID |
| | levothyroxine - Levoxyl | |
| | liothyronine | CYTOMEL |
| | thyroid | ARMOUR THYROID |
| | liotrix | THYROLAR |

VASOPRESSINS

| | | |
|---|--------------|-------|
| # | desmopressin | DDAVP |
|---|--------------|-------|

MISCELLANEOUS

| | | |
|--|--------------------|------------|
| | ergonovine maleate | |
| | methylergonovine | METHERGINE |

GASTROINTESTINAL

Guidelines for the treatment and management of various gastrointestinal diseases/conditions are available at:

<http://www.acg.gi.org>

<http://www.gastro.org>

ANTIDIARRHEALS

| | | |
|--|------------------------|---------|
| | diphenoxylate/atropine | LOMOTIL |
| | loperamide | |

ANTIEMETICS

| | | |
|----|------------------------|------------|
| | granisetron | KYTRIL |
| | meclizine | ANTIVERT |
| | metoclopramide | REGLAN |
| | ondansetron | ZOFRAN |
| | prochlorperazine | |
| | promethazine | |
| | trimethobenzamide caps | TIGAN caps |
| PA | aprepitant | EMEND |
| | dolasetron | ANZEMET |

ANTISPASMODICS

| | | |
|---|--|----------|
| d | atropine/hyoscyamine/scopolamine/phenobarbital | DONNATAL |
| | dicyclomine | BENTYL |
| | hyoscyamine sulfate | LEVSIN |
| | hyoscyamine sulfate ext-rel | LEVBID |
| | hyoscyamine sulfate ext-rel | LEVSINEX |

CHOLELITHOLYTICS

| | | |
|--|----------|----------|
| | ursodiol | ACTIGALL |
|--|----------|----------|

H₂-RECEPTOR ANTAGONISTS

| | | |
|--|------------|---------|
| | cimetidine | TAGAMET |
| | famotidine | PEPCID |
| | ranitidine | ZANTAC |

INFLAMMATORY BOWEL DISEASE

Oral Agents

| | | |
|--|-----------------------------|--------------------|
| | sulfasalazine | AZULFIDINE |
| | sulfasalazine delayed-rel | AZULFIDINE EN-TABS |
| | mesalamine delayed-rel tabs | ASACOL |

| | |
|-------------------------|----------|
| mesalamine ext-rel caps | PENTASA |
| olsalazine | DIPENTUM |

Rectal Agents

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

LAXATIVES

| | |
|------------------------------|------------|
| lactulose | |
| peg 3350/electrolytes | COLYTE |
| peg 3350/electrolytes | NULYTELY |
| lactulose | KRISTALOSE |
| peg 3350/electrolytes | GOLYTELY |

PANCREATIC ENZYMES

| | |
|--------------------------|--------------|
| pancrelipase | VIOKASE |
| pancrelipase delayed-rel | CREON |
| pancrelipase delayed-rel | PANCREASE MT |
| pancrelipase delayed-rel | ULTRASE |
| pancrelipase delayed-rel | ULTRASE MT |

PROSTAGLANDINS

| | |
|--------------------|---------|
| misoprostol | CYTOTEC |
|--------------------|---------|

PROTON PUMP INHIBITORS

Omeprazole, Prevacid and Protonix are the only covered proton pump inhibitors. Generic pantoprazole is not covered.

| | | |
|---|---------------------------------|----------|
| * | omeprazole | |
| † | pantoprazole delayed-rel | PROTONIX |
| † | lansoprazole delayed-rel | PREVACID |

* Coverage limited to generic equivalents only.

SALIVA STIMULANTS

| | |
|--------------------|---------|
| pilocarpine | SALAGEN |
| cevimeline | EVOXAC |

STEROIDS, RECTAL

| | |
|---------------------------------------|---------------------|
| hydrocortisone crm | PROCTOCREAM-HC 2.5% |
| hydrocortisone acetate/pramoxine foam | PROCTOFOAM-HC |

MISCELLANEOUS

| | |
|-------------------|----------|
| sucralfate | CARAFATE |
|-------------------|----------|

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

Guidelines for the management of BPH are available at: <http://www.aunet.org/guidelines>

| | |
|--------------------|---------|
| finasteride | PROSCAR |
| dutasteride | AVODART |
| tamsulosin | FLOMAX |

URINARY ANTISPASMODICS

| | |
|------------------------|-----------|
| oxybutynin | |
| darifenacin ext-rel | ENABLEX |
| oxybutynin transdermal | OXYTROL |
| solifenacin | VESICARE |
| tolterodine | DETROL |
| tolterodine ext-rel | DETROL LA |

VAGINAL ANTI-INFECTIVES

| | |
|-----------------|------------------|
| clindamycin crm | CLEOCIN |
| fluconazole | DIFLUCAN 150 mg |
| metronidazole | METROGEL-VAGINAL |
| terconazole | TERAZOL 3 |
| terconazole | TERAZOL 7 |
| clindamycin crm | CLINDESSE |

MISCELLANEOUS

| | |
|-------------------|------------|
| bethanechol | URECHOLINE |
| phenazopyridine | PYRIDIUM |
| potassium citrate | UROCIT-K |

HEMATOLOGIC

Guidelines for treatment and management of hemophilia are available at: <http://www.hemophilia.org>

ANTICOAGULANTS

Injectable

| | |
|------------|---------|
| enoxaparin | LOVENOX |
|------------|---------|

Oral

| | |
|----------|----------|
| warfarin | COUMADIN |
|----------|----------|

PLATELET AGGREGATION INHIBITORS

| | |
|------------------------------|------------|
| dipyridamole | PERSANTINE |
| clopidogrel | PLAVIX |
| dipyridamole ext-rel/aspirin | AGGRENOX |

PLATELET SYNTHESIS INHIBITORS

| | |
|------------|---------|
| anagrelide | AGRYLIN |
|------------|---------|

MISCELLANEOUS

| | |
|------------------------|---------|
| pentoxifylline ext-rel | TRENTAL |
|------------------------|---------|

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

Guidelines for the management of rheumatic diseases are available at: <http://www.rheumatology.org>

| | |
|---------------------|-----------|
| hydroxychloroquine | PLAQUENIL |
| methotrexate 2.5 mg | |
| auranofin | RIDAURA |
| penicillamine | CUPRIMINE |
| penicillamine | DEPEN |

IMMUNOSUPPRESSANTS

All oral immunosuppressant drug products are on formulary.

Antimetabolites

| | |
|-----------------------|----------|
| azathioprine | IMURAN |
| mycophenolate mofetil | CELLCEPT |
| azathioprine | AZASAN |
| mycophenolate sodium | MYFORTIC |

Calcineurin Inhibitors

| | |
|------------------------|------------|
| cyclosporine | SANDIMMUNE |
| cyclosporine, modified | NEORAL |
| tacrolimus | PROGRAF |

Rapamycin Derivatives

| | |
|-----------|----------|
| sirolimus | RAPAMUNE |
|-----------|----------|

NUTRITIONAL/SUPPLEMENTS

Guidelines for recommended dietary intakes for vitamins and minerals are available at:
<http://www.nal.usda.gov/fnic/etext/000105.html>

ELECTROLYTES

Potassium

| | |
|--|------------|
| potassium chloride ext-rel caps 10 mEq | MICRO-K 10 |
| potassium chloride ext-rel caps 8 mEq | MICRO-K 8 |
| potassium chloride ext-rel tabs 10 mEq | |
| potassium chloride ext-rel tabs 10 mEq | K-DUR 10 |
| potassium chloride ext-rel tabs 20 mEq | |
| potassium chloride ext-rel tabs 20 mEq | K-DUR 20 |
| potassium chloride ext-rel tabs 8 mEq | |
| potassium chloride liquid | |

VITAMINS AND MINERALS

Folic Acid Agents

folic acid

Prenatal Vitamins

* prenatal vitamins w/folic acid

* The formulary includes numerous prescription prenatal vitamins, which cover the majority of prescriptions. Examples of formulary products are as follows: **Citracal Prenatal Rx**, **Duet**, **Precare Prenatal**, and **Vitafol OB/PN**.

Miscellaneous

| | |
|--|------------------|
| calcitriol (1,25-D3) | ROCALTROL |
| cyanocobalamin inj | |
| ergocalciferol (D2) | DRISDOL |
| AGE PA fluoride drops | LURIDE |
| AGE PA fluoride tabs | LURIDE LOZI-TABS |
| AGE PA multivitamins/fluoride drops, tabs | |
| AGE PA multivitamins/fluoride/iron drops, tabs | |
| AGE PA vitamin ADC/fluoride drops | |
| AGE PA vitamin ADC/fluoride/iron drops | |
| multivitamins/minerals/folic acid | FOLGARD OS |
| phytonadione | MEPHYTON |

RESPIRATORY

Guidelines to the management, prevention, or treatment of COPD and asthma are available at:
<http://www.aaaai.org>
<http://www.nhlbi.nih.gov>
<http://www.goldcopd.com>
<http://www.ginasthma.com>

The Allergy Report and guidelines for allergy-related conditions are available at: <http://www.aaaai.org>

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

Xyzal is the only covered agent in this class.

| | | |
|---|----------------|-------|
| † | levocetirizine | XYZAL |
|---|----------------|-------|

ANTIHISTAMINES, NONSEDATING

Allegra/fexofenadine is the only covered agent in this class.

| | | |
|--|--------------|---------|
| | fexofenadine | ALLEGRA |
|--|--------------|---------|

ANTIHISTAMINES, SEDATING

| | | |
|--|---------------------|----------|
| | clemastine 2.68 mg | |
| | cyproheptadine | |
| | diphenhydramine | |
| | hydroxyzine HCl | |
| | hydroxyzine pamoate | VISTARIL |

ANTIHISTAMINE/DECONGESTANT COMBINATIONS

| | | |
|--|--|---------------|
| | 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 |

ANTITUSSIVES

| | | |
|--|-------------|----------|
| | benzonatate | TESSALON |
|--|-------------|----------|

ANTITUSSIVE COMBINATIONS**Narcotic**

| | | |
|--|--|---------------------------|
| | codeine/chlorpheniramine/pseudoephedrine | |
| | codeine/promethazine | |
| | codeine/promethazine/phenylephrine | PROMETHAZINE VC w/CODEINE |
| | hydrocodone/homatropine | HYCODAN |

Non-narcotic

| | | |
|--|-------------------------------|--|
| | dextromethorphan/promethazine | |
|--|-------------------------------|--|

BETA AGONISTS**Inhalants****Short Acting**

| | | |
|--|-------------------------------------|------------------|
| | albuterol soln | |
| | albuterol sulfate, CFC-free aerosol | PROAIR HFA |
| | albuterol sulfate, CFC-free aerosol | PROVENTIL HFA |
| | albuterol sulfate, CFC-free aerosol | VENTOLIN HFA |
| | pirbuterol | MAXAIR AUTOHALER |

Long Acting

| | | |
|--|----------------------------|-------------------|
| | formoterol inhalation caps | FORADIL AEROLIZER |
| | salmeterol xinafoate | SEREVENT DISKUS |

Oral Agents

| | | |
|--|-------------------|------------|
| | albuterol | |
| | albuterol ext-rel | VOSPIRE ER |
| | terbutaline | BRETHINE |

LEUKOTRIENE RECEPTOR ANTAGONISTS

| | | |
|--|-------------|-----------|
| | montelukast | SINGULAIR |
|--|-------------|-----------|

MAST CELL STABILIZERS

| | | |
|--|----------------------|-------|
| | cromolyn soln | |
| | cromolyn inhaler | INTAL |

NASAL ANTIHISTAMINES

| | | |
|--|------------------|---------|
| | azelastine spray | ASTELIN |
|--|------------------|---------|

NASAL STEROIDS

| | | |
|---|-------------------------------------|----------------|
| * | flunisolide spray | |
| * | fluticasone propionate spray | |
| | budesonide spray | RHINOCORT AQUA |
| | fluticasone furoate spray | VERAMYST |
| | mometasone spray | NASONEX |
| | triamcinolone acetonide spray | NASACORT AQ |

* Coverage limited to generic equivalents only.

STEROID/BETA AGONIST COMBINATIONS

| | | |
|--|--|---------------|
| | budesonide/formoterol | SYMBICORT |
| | fluticasone/salmeterol | ADVAIR DISKUS |
| | fluticasone/salmeterol, CFC-free aerosol | ADVAIR HFA |

STEROID INHALANTS

| | | |
|--|-------------------------------|----------------------|
| | budesonide | PULMICORT TURBUHALER |
| | budesonide susp | PULMICORT RESPULES |
| | fluticasone, CFC-free aerosol | FLOVENT HFA |
| | mometasone | ASMANEX |
| | triamcinolone | AZMACORT |

XANTHINES

| | | |
|--|----------------------------------|--------------|
| | theophylline ext-rel tabs | |
| | theophylline ext-rel tabs | UNIPHYL |
| | theophylline ext-rel caps | THEO-24 |
| | theophylline liquid | ELIXOPHYLLIN |

MISCELLANEOUS

| | | |
|--|--------------------------|----------------|
| | ipratropium spray | ATROVENT spray |
|--|--------------------------|----------------|

TOPICAL

DERMATOLOGY

Acne

Guidelines for the care and treatment of acne vulgaris are available at: <http://www.aad.org>

Oral

| | | |
|--|---------------------|---------|
| | isotretinoin | ACUTANE |
|--|---------------------|---------|

Topical

| | | |
|--------|--|---------------|
| # | benzoyl peroxide | BENZAC AC |
| | clindamycin gel, lotion, soln | CLEOCIN T |
| | erythromycin gel 2% | |
| | erythromycin soln | |
| | erythromycin/benzoyl peroxide | BENZAMYCIN |
| | sulfacetamide/sulfur crm, gel, lotion, pads | |
| AGE PA | tretinoin | AVITA |
| AGE PA | tretinoin | RETIN-A |
| | adapalene | DIFFERIN |
| | azelaic acid | AZELEX |
| # | benzoyl peroxide | TRIAZ |
| | benzoyl peroxide gel, lotion | BREVOXYL |
| | clindamycin gel | CLINDAGEL |
| | sulfacetamide/urea | ROSULA NS |
| AGE PA | tretinoin gel microsphere | RETIN-A MICRO |

Actinic Keratosis

| | | |
|--|---------------------|------------|
| | fluorouracil | EFUDEX |
| | fluorouracil | FLUOROPLEX |

Antibiotics

| | |
|---------------------|-----------|
| gentamicin | |
| mupirocin | BACTROBAN |
| silver sulfadiazine | SILVADENE |

Antifungals

| | |
|----------------------------|------------|
| ciclopirox | LOPROX |
| clotrimazole | |
| clotrimazole/betamethasone | |
| econazole | |
| ketoconazole | NIZORAL |
| nystatin | MYCOSTATIN |
| nystatin/triamcinolone | |
| oxiconazole | OXISTAT |

Antipsoriatics

Guidelines of care for the management and treatment of psoriasis with topical therapies are available at: <http://www.aad.org>

| | |
|---------------|-----------|
| calcipotriene | DOVONEX |
| acitretin | SORIATANE |
| tazarotene | TAZORAC |

Antiseborrheics

| | |
|-------------------------------|-----------------|
| ketoconazole shampoo 2% | NIZORAL SHAMPOO |
| selenium sulfide shampoo 2.5% | SELSUN |
| sulfacetamide sodium foam 10% | OVACE |

Corticosteroids

Low Potency

| | |
|-----------------------------------|----------|
| alclometasone crm, oint 0.05% | ACLOVATE |
| desonide crm, lotion, oint 0.05% | DESOWEN |
| fluocinolone acetonide soln 0.01% | |
| hydrocortisone crm 2.5% | |
| hydrocortisone lotion 1% | |

Medium Potency

| | |
|--|----------|
| betamethasone valerate crm, lotion, oint 0.1% | |
| desoximetasone crm 0.05% | |
| fluocinolone acetonide crm, oint 0.025% | |
| fluticasone propionate crm 0.05%, oint 0.005% | CUTIVATE |
| hydrocortisone valerate crm, oint 0.2% | WESTCORT |
| mometasone crm, oint 0.1% | ELOCON |
| triamcinolone acetonide crm, lotion 0.025% | |
| triamcinolone acetonide crm, lotion, oint 0.1% | |
| flurandrenolide lotion 0.05% | CORDRAN |
| flurandrenolide tape | CORDRAN |

High Potency

| | |
|--|--------------|
| amcinonide crm, oint 0.1% | |
| betamethasone dipropionate augmented crm 0.05% | DIPROLENE AF |
| betamethasone dipropionate augmented lotion 0.05% | DIPROLENE |
| betamethasone dipropionate crm, lotion, oint 0.05% | |
| desoximetasone crm, oint 0.25%, gel 0.05% | TOPICORT |
| diflorasone diacetate crm 0.05% | |
| diflorasone diacetate emollient crm 0.05% | PSORCON E |
| fluocinonide crm, gel, oint, soln 0.05% | LIDEX |
| triamcinolone acetonide crm 0.5% | |

Very High Potency

| | |
|--|-----------|
| betamethasone dipropionate augmented gel, oint 0.05% | DIPROLENE |
| clobetasol propionate crm, gel, lotion, oint 0.05% | TEMOVATE |

| | |
|---|-----------|
| diflorasone diacetate oint 0.05% | |
| halobetasol propionate crm, oint 0.05% | ULTRAVATE |

Emollients

| | |
|-----------------------------|------------|
| ammonium lactate 12% | LAC-HYDRIN |
|-----------------------------|------------|

Immunomodulators

Guidelines for the treatment of atopic dermatitis are available at: <http://www.aad.org>

| | | |
|---------------|--------------|----------|
| AGE ST | pimecrolimus | ELIDEL |
| AGE ST | tacrolimus | PROTOPIC |

Rosacea

| | |
|-----------------------------------|-------------|
| metronidazole crm 0.75% | METROCREAM |
| metronidazole gel 0.75% | |
| metronidazole lotion 0.75% | METROLOTION |
| sulfacetamide/sulfur | PLEXION |
| azelaic acid gel | FINACEA |
| metronidazole crm | NORITATE |
| metronidazole gel 1% | METROGEL |

Scabicides and Pediculicides

| | |
|----------------------|---------|
| lindane | |
| permethrin 5% | ELIMITE |
| crotamiton | EURAX |

Miscellaneous Skin and Mucous Membrane

| | |
|------------------|----------|
| podofilox | CONDYLOX |
| acyclovir | ZOVIRAX |
| imiquimod | ALDARA |

MOUTH/THROAT/DENTAL AGENTS

Anesthetics - Topical Oral

| | |
|--------------------------|-------------------|
| lidocaine viscous | XYLOCAINE VISCOUS |
|--------------------------|-------------------|

Steroids - Mouth/Throat

| | |
|----------------------------|--|
| triamcinolone paste | |
|----------------------------|--|

Miscellaneous

| | |
|--------------------------------|---------|
| chlorhexidine gluconate | PERIDEX |
|--------------------------------|---------|

OPHTHALMIC

Preferred Practice Pattern Guidelines for the treatment of various ophthalmic conditions are available at: <http://one.aao.org>

Antiallergics

| | |
|------------------------|---------|
| cromolyn sodium | CROLOM |
| azelastine | OPTIVAR |
| emedastine | EMADINE |
| epinastine | ELESTAT |
| lodoxamide | ALOMIDE |
| loteprednol 0.2% | ALREX |
| olopatadine | PATANOL |
| pemirolast | ALAMAST |

Anti-infectives

Ointments are also available for many of the products, and they should be considered on formulary.

| | |
|--|-----------|
| bacitracin | |
| ciprofloxacin | CILOXAN |
| erythromycin | |
| gentamicin | |
| neomycin/polymyxin B/gramicidin | NEOSPORIN |

| | |
|--------------------------|----------|
| ofloxacin | OCUFLOX |
| polymyxin B/bacitracin | |
| polymyxin B/trimethoprim | POLYTRIM |
| sulfacetamide 10% | BLEPH-10 |
| tobramycin | TOBREX |
| azithromycin | AZASITE |
| gatifloxacin | ZYMAR |
| moxifloxacin | VIGAMOX |

Anti-infective/Anti-inflammatory Combinations

| | |
|---|----------------|
| neomycin/polymyxin B/bacitracin/hydrocortisone oint | CORTISPORIN |
| neomycin/polymyxin B/dexamethasone | MAXITROL |
| neomycin/polymyxin B/hydrocortisone susp | |
| sulfacetamide/prednisolone phosphate 10%/0.25% | |
| tobramycin/dexamethasone | TOBRADEX |
| gentamicin/prednisolone acetate | PRED-G |
| sulfacetamide/prednisolone acetate oint 10%/0.2% | BLEPHAMIDE SOP |

Anti-inflammatories

Ointments are also available for many of the products, and they should be considered on formulary.

Nonsteroidal

| | |
|-------------------|-----------|
| diclofenac sodium | VOLTAREN |
| bromfenac sodium | XIBROM |
| ketorolac 0.4% | ACULAR LS |
| ketorolac 0.5% | ACULAR |
| nepafenac | NEVANAC |

Steroidal

| | |
|--------------------------------|------------|
| dexamethasone sodium phosphate | |
| fluorometholone | FML |
| prednisolone acetate 1% | PRED FORTE |
| prednisolone phosphate 1% | |
| difluprednate | DUREZOL |
| fluorometholone acetate | FLAREX |
| prednisolone acetate 0.12% | PRED MILD |
| rimexolone | VEXOL |

Antivirals

| | |
|--------------|----------|
| trifluridine | VIROPTIC |
|--------------|----------|

Beta-blockers

Nonselective

| | |
|---------------------|--------------|
| carteolol | |
| levobunolol | BETAGAN |
| metipranolol | OPTIPRANOLOL |
| timolol maleate | TIMOPTIC |
| timolol maleate gel | TIMOPTIC-XE |
| timolol hemihydrate | BETIMOL |

Selective

| | |
|-----------|------------|
| betaxolol | BETOPTIC S |
|-----------|------------|

Carbonic Anhydrase Inhibitors

Topical

| | |
|--------------|---------|
| dorzolamide | TRUSOPT |
| brinzolamide | AZOPT |

Carbonic Anhydrase Inhibitor/Beta-blocker Combinations

| | |
|-----------------------------|--------|
| dorzolamide/timolol maleate | COSOPT |
|-----------------------------|--------|

Mydriatics

| | |
|----------|--|
| atropine | |
|----------|--|

Parasympathomimetics

| | |
|-------------|------------------|
| pilocarpine | ISOPTO CARPINE |
| carbachol | ISOPTO CARBACHOL |

Prostaglandins

| | |
|-------------|------------|
| bimatoprost | LUMIGAN |
| latanoprost | XALATAN |
| travoprost | TRAVATAN/Z |

Sympathomimetics

| | |
|-------------------------|------------|
| brimonidine 0.2% | |
| dipivefrin | PROPINE |
| apraclonidine | IOPIDINE |
| brimonidine 0.1%, 0.15% | ALPHAGAN P |

OTIC

Clinical practice guidelines for the treatment of otitis media are available at: <http://www.aap.org>

Anti-infectives

| | |
|------------------------------|---------------|
| acetic acid | |
| acetic acid/aluminum acetate | DOMEBORO OTIC |
| ofloxacin otic | FLOXIN OTIC |

Anti-infective/Anti-inflammatory Combinations

| | |
|-------------------------------------|---------------|
| neomycin/polymyxin B/hydrocortisone | |
| acetic acid/hydrocortisone | ACETASOL HC |
| ciprofloxacin/dexamethasone | CIPRODEX |
| ciprofloxacin/hydrocortisone | CIPRO HC OTIC |

WEB SITES

Agency for Healthcare Research and Quality
<http://www.ahrq.gov>

Alzheimer's Association
<http://www.alz.org>

American Academy of Allergy, Asthma and Immunology
<http://www.aaaai.org>

American Academy of Child & Adolescent Psychiatry
<http://www.aacap.org>

American Academy of Dermatology
<http://www.aad.org>

American Academy of Neurology
<http://www.aan.com>

American Academy of Ophthalmology
<http://www.aao.org>

American Academy of Pediatrics
<http://www.aap.org>

American Association for the Study of Liver Disease
<http://www.aasld.org>

American Association of Clinical Endocrinologists
<http://www.ace.com>

American Association of Diabetes Educators
<http://www.AADENet.org>

American Cancer Society
<http://www.cancer.org>

American College of Allergy, Asthma and Immunology
<http://www.acaai.org>

American College of Cardiology
<http://www.acc.org>

American College of Chest Physicians
<http://www.chestjournal.org>

American College of Gastroenterology
<http://www.acg.gi.org>

American College of Obstetricians and Gynecologists
<http://www.acog.org>

American College of Physicians
<http://www.acponline.org>

American College of Rheumatology
<http://www.rheumatology.org>

American Diabetes Association
<http://www.diabetes.org>

American Gastroenterological Association
<http://www.gastro.org>

American Headache Society Council for Headache Education
<http://www.achenet.org>

American Heart Association
<http://www.americanheart.org>

American Lung Association
<http://www.lungusa.org>

American Medical Association
<http://www.ama-assn.org>

American Psychiatric Association
<http://www.psych.org>

American Society of Anesthesiologists
<http://www.asahq.org>

American Society of Clinical Oncology
<http://www.asco.org>

American Society of Interventional Pain Physicians
<http://www.asipp.org>

American Urological Association
<http://www.auanet.org>

Centers for Disease Control and Prevention
<http://www.cdc.gov>

Centers for Disease Control and Prevention
Guideline topics: AIDS
<http://www.cdc.gov/hiv/pubs/guidelines.htm#treatment>

Centers for Disease Control and Prevention
Guideline topics: Sexually Transmitted Diseases
<http://www.cdc.gov/std/treatment/default.htm>

CVS Caremark
<http://www.caremark.com>

The Food and Drug Administration
<http://www.fda.gov>

Global Initiative for Asthma
<http://www.ginasthma.com>

Infectious Disease Society of America
<http://www.idsociety.org>

Institute for Safe Medication Practices
<http://www.ismp.org>

Johns Hopkins AIDS Service
<http://www.hopkins-aids.edu>

Juvenile Diabetes Research Foundation International
<http://www.jdf.org>

MedWatch
<http://www.fda.gov/medwatch>

Mercy Health Plans
<http://www.mercyhealthplans.com>

National Agricultural Library
<http://www.nal.usda.gov>

National Cancer Institute
<http://www.cancer.gov/cancerinformation>

National Comprehensive Cancer Network
<http://www.nccn.org>

National Foundation for Infectious Diseases
<http://www.nfid.org>

National Guideline Clearinghouse
<http://www.guideline.gov>

National Heart, Lung and Blood Institute
<http://www.nhlbi.nih.gov>

National Institutes of Health
<http://www.nih.gov>

National Kidney Foundation
<http://www.kidney.org>

National Osteoporosis Foundation
<http://www.nof.org>

North American Menopause Society
<http://www.menopause.org>

United States Department of Health and Human Services
<http://www.os.dhhs.gov>

World Health Organization
<http://www.who.int>

A World of Information on Pain
<http://www.pain.com>

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